

## **Public Accounts Committee: Barriers to the successful implementation of the Well-being of Future Generations (Wales) Act 2015**

### **Evidence from Cardiff and Vale University Health Board, November 2020**

#### **1. Awareness and understanding of the Act and its implications**

The UHB has embraced the opportunities that the Act offers and established robust governance arrangements to ensure we meet our statutory duties and keep the Board apprised of implementation progress. We play an active role as a statutory member of both Cardiff and Vale of Glamorgan Public Services Boards (PSBs) at chair, chief executive and executive director level.

A number of development sessions have been run with the Board focusing initially on raising awareness and understanding of the Act and subsequently on exploring what more we can do to apply the Act and ensure it is embedded in core business.

We completed a leadership baseline assessment of Board members and senior leaders in the organisation (using an assessment tool) to assess perceptions of our current position regarding strategic readiness to meet the requirements of the Act. This helped us identify strategic priority and action areas requiring particular attention.

The Health Board is proud of a number of different examples of work undertaken which exemplify the Act in practice (see Demonstrator directory, below), and in January 2020 the UHB declared a climate emergency.

#### **2. The resources available to public bodies to implement the Act and how effectively they have been deployed**

There are no specific additional financial resources available to the UHB to implement the Act. Resources in the form of toolkits and guidance have been provided to public bodies by the Office of the Future Generations Commissioner (see Q3 below), and Wales Audit Office.

The UHB's well-being objectives are the objectives in our ten year strategy, Shaping Our Future Wellbeing. We articulate our contribution to the seven well-being goals and application of the sustainable development principle through the annual Integrated Medium Term Plan submitted to Welsh Government; this constitutes our organisational well-being statement. The UHB's Annual Report is the vehicle for reporting progress on achieving our well-being goals.

The Director of Public Health provides the executive lead for this agenda supported by a Consultant in Public Health, and chairs an internal steering group that delivers cohesion and strategic direction to the UHB's work in this area, ensuring that the organisation meets its statutory obligations. The UHB chair acts as a Champion of the Act, a role which provides visibility and advocacy for the work, making sure that WFGA thinking is at the heart of Board discussions.

The steering group oversees implementation of an annual Action Plan; the Action Plan 2019/20 sets four objectives around:

- supporting the statutory annual review of the UHB's well-being objectives and reviewing actions to meet UHB and partnership well-being objectives;
- identifying and supporting UHB-led WFG 'demonstrator' projects, which show action being taken to meet our well-being objectives and those of the PSBs;
- implementing a communications plan
- ensuring robust governance to provide assurance and leadership

A dedicated [Well-being of Future Generations Act](#) webpage sets out our approach to implementing the Act and includes links to key resources and examples of UHB projects which contribute to each of the well-being goals.

Our Directory of Demonstrator Projects published Sept 2019 provides a comprehensive overview of work across the UHB contributing to WFG goals and our WB objectives (including a Staff Healthy Travel Charter, Bee project, Food Cardiff and Food Vale, Hospital restaurant policy, Refit energy management programme)

<http://www.cardiffandvaleuhb.wales.nhs.uk/sitesplus/documents/1143/WFG%20UHB%20demonstrators%20list%20190902-2%20final%20%28en%29.pdf>

### **3. Support provided to public bodies by the Future Generations Commissioner**

The Future Generations Report 2020 provides a helpful assessment of where there has been positive progress and what public bodies and PSBs can learn from approaches and innovations in other parts of the public service in Wales. The report's suggestions on how barriers can be addressed will help at both a policy and process level, to bring about change in a practical way.

The FG Commissioner's self-reflection tool provided a useful vehicle for internal discussion and focus on what we could be doing better. The associated peer review and regional workshops facilitated testing of thinking and sharing of challenges and potential solutions.

Using examples from Wales and across the world, the Big Ideas publication helped to keep up momentum and motivation and provide inspiration for trying new things.

The FGC Office publishes very accessible resources, using innovative ways of engaging people and organisations, often thought-provoking and challenging traditional ways of communicating.

Staff within the Commissioner's office are readily accessible to the Health Board to provide advice or support on particular aspects of implementing the Act, and have met with Health Board colleagues on a number of occasions. The Office has also championed and disseminated good practice from public bodies across Wales, including the Health Board.

#### **4. The leadership role of the Welsh Government**

Welsh Government have published a strategy for Health and Social Care in Wales called *A Healthier Wales* (AHW). The document references ‘ten design principles’ upon which services should be planned. Alongside this exists a strategic objective of delivering the ‘quadruple aim’.

Both the design principles and the quadruple aim are highly complementary to ‘the act’ in so far as the vision which they are trying to describe. However the decision of WG not to adopt the formal wording of the act can leave organisations struggling to articulate, in the clearest sense, how its own strategic direction aligns to both AHW and the act when two different sets of language are having to be juggled.

The health system in Wales is one which is based upon planning and driven by a yearly process of developing rolling three year plans known as IMTPs (integrated medium term plans). These have to be submitted to Welsh Government for approval (or not). Each planning cycle is underpinned by a planning framework (issued by WG) against which organisations must set their plans. Whilst planning frameworks in recent years reference the need for organisations to consider the act this is done in isolation of what the rest of the framework is asking of health boards and Trusts. Just as Health Boards are expected to demonstrate that the act is a ‘golden thread’ within its plans so too WG should be ensuring the act is a golden thread through its planning framework rather than a ‘bolt on’ ask. More recent Joint Executive Team (JET) meetings between the UHB and WG have made reference to the Act, which is positive.

#### **5. Any other barriers to successful implementation of the Act (e.g. Brexit, COVID, etc)**

At the core of the act is the emphasis on making decisions which will positively impact on future generations. By the very nature of this many of these positive impacts will not be seen for many years. The Health system in Wales like many other sections of public life however has to operate within the context of ‘benefits’ often needing to be seen in much shorter timeframes due to, for example, the various political election cycles which exist and the lack of appetite by many politicians to support the service in making difficult decisions (which are the right decisions in the context of the act) because they are politically unpalatable in the context of looming elections.

In addition, as mentioned above the health system in Wales is one which is based upon planning and driven by a yearly process of developing rolling three year IMTPs. Such a planning regime can be challenging to articulate the long term generational objectives which the act asks for when Health bodies are being asked to produce short and medium term plans which inherently have to achieve financial balance in order to be considered ‘approvable’.

The Health Service, and perhaps more widely the public sector as a whole, is generally used to quantifying benefits (and therefore assessing whether something has ‘worked’) either in terms of financial or individual health benefits. Many of the outcomes required by the Act do

not easily fall directly under these categories, so measuring and evidencing outcomes to enable ongoing support and funding can be challenging; this partly requires a cultural change.

In the last year this has been compounded by the system moving towards a cycle of quarterly planning which is asking the system to take an even more short term view.

It can sometimes be challenging to make decisions which align to the act where other stakeholders have perspectives driven more by short term considerations. For example any material service changes which the organisation wishes to make must be developed in partnership with, for example, Community Health Councils (CHCs). The nature of the expectations placed on such organisations means they tend to focus on what is best for today's patient and are less likely to take a longer term view in terms of also considering benefits for the 'future patient'.

The pandemic has changed our planning horizons as reflected by Welsh Government guidance that requires us to produce quarterly plans in place of the IMTP. Additional winter pressures and the ongoing uncertainty associated with fluctuations in Covid-19 demand creates significant challenges to implementing many aspects of the Act.

After our initial phases of responding to Covid-19, the summer saw a huge effort to find innovative ways to restore essential elective services safely while retaining flexibility to deal with the uncertainties of Covid demand. On a positive note, this Covid-19 response has led to a rapid transformation of services which contribute to our wellbeing goals and which otherwise could have taken years to accomplish. For example, with more services being delivered online or by phone e.g. video consultations, over 30,000 miles of travel to appointments have been saved as well as over a tonne of CO2 emissions.

While increases in the use of technology will increase productivity to some extent, this is offset by the impact of infection prevention and control arrangements which reduce productivity. Concerns about the backlog of demand on hospital services are well documented but there is also a less quantifiable impact on care in the community. Adopting the sustainable development principle by working collaboratively to manage capacity across the system and establish integrated solutions will be key to addressing this major challenge.

In many ways, the pandemic and the need to work at speed to deliver practical solutions for our local population has cemented some of the key relationships developed through the PSBs and RPB. These will partnerships will be crucial for developing sustainable solutions to address the long term detrimental impacts on the economy and mental health.

## **6. How to ensure that the Act is implemented successfully in the future**

As a Health Board we recognise the need to continue to engage and raise awareness of the Act amongst senior leaders, clinical board managers and staff. In doing so, it will be important to demonstrate the Act's relevance, continuing to build on the set of Demonstrator Projects designed to showcase how the Act can be applied in practice.

As an organisation we have an ambitious programme of transformation across both our clinical services transformation, the transformation of our OD agenda as well as the

transformation of our wider critical enablers such as how we use and deploy technology. The organisation remain committed to placing the act at the heart of the design of the transformation as opposed to having to 'retrofit' the outcomes of the transformation with the act.

The Cardiff and Vale Regional Partnership Board (RPB) of which we one of the core statutory members, has recently agreed a new governance structure to support a population health approach which is very much aligned to the sustainable development principle. This is underpinned by a shift in thinking from services and organisations to people and places which explicitly recognises that only by improving economic, social, environmental and cultural wellbeing can we create the right conditions to support people with additional health and wellbeing needs.

On a system level further work needs to be undertaken to address the artificial boundaries which often exists between both organisations and the different sectors of public life. Such boundaries still have too much of an influence in terms of, for example, how resources flow to support the implementation of changes