



**AGENDA**

**10.00 am**

**Tuesday, 18th October, 2022**

**Venue:- Virtual**

<b>TIME</b>	<b>ITEM</b>	<b>OWNER</b>	<b>PAGE(S)</b>
5 minutes	<b>ITEM 1. WELCOME, INTRODUCTIONS &amp; APOLOGIES</b>	Chair	
5 minutes	<b>ITEM 2. DECLARATION OF INTEREST</b>  To receive disclosures of personal interest from Members in accordance with the Code of Conduct.  <b>Note:</b>  <ol style="list-style-type: none"><li>Members are requested to identify the item number and subject matter that their interest relates to and signify the nature of the personal interest; and</li><li>Where Members withdraw from a meeting as a consequence of the disclosure of a prejudicial interest they <b>must</b> notify the Chair when they leave.</li></ol>	Chair	
5 minutes	<b>ITEM 3. ACTIONS FROM PREVIOUS MEETING - FOR APPROVAL BY PSB</b>  Action notes from the PSB meetings held on the 26 <sup>th</sup> April 2022	Chair	5 - 12
5 minutes	<b>ITEM 4. REVIEW OF CHAIR'S POSITION AND TERMS OF REFERENCE</b>  Items rolled forward from the cancelled July meeting. Members to consider the position of Chair and Vice Chair for Cwm Taf PSB as required under the Terms of Reference.  Members to review the Terms of Reference (last undertaken in July 2021).	PSB Officers/AL L	13 - 30
10 minutes	<b>ITEM 5. MID-YEAR BUDGET REVIEW</b>	Paul Griffiths	

	Members to receive an update on the PSB budget and note the current position.		
20 minutes	<p><b>ITEM 6. LLOYDS BANK FOUNDATION: CHILDREN AND YOUNG PERSON'S MENTAL HEALTH IN MERTHYR TYDFIL</b></p> <p>Receive an update on the work being undertaken by VAMT with the support of Lloyds Bank Foundation in relation to CYP Mental Health and system change.</p> <p>Members to consider the next steps and opportunities for the region.</p>	Harriet Balance and Sharon Richards	
25 minutes	<p><b>ITEM 7. EYE-TO-EYE MALE MENTAL HEALTH WORK</b></p> <p>Presentation to the Board on the work of the Eye-to-Eye service and viewing of the campaign video.</p> <p>Board to consider how it can use and support this work.</p>	Alison Theaker	
<b>5 MINUTES BREAK FOR BRIDGEND MEMBERS TO JOIN</b>			
20 minutes	<p><b>ITEM 8. HEALTHY WEIGHT HEALTHY WALES</b></p> <p>To receive a presentation on the HWHW strategy in the context of inequalities</p>	Dan Clayton	
30 minutes	<p><b>ITEM 9. CWM TAF MORGANNWG PSB: DEVELOPING THE WELL-BEING PLAN BOARD MERGER SUPPORT TEAM STRUCTURE</b></p> <p>Members to receive an update on the work and discuss next steps, including involvement in supporting and steering the work.</p>	ALL	31 - 50
5 minutes	<p><b>ITEM 10. ANY OTHER BUSINESS</b></p> <p>To consider any other business as the Chair feels appropriate.</p>	Chair	
minutes	<p><b>ITEM 11. DATE OF NEXT MEETING</b></p> <p>TBC (dependent on merger timetable)</p> <p>Reminder of upcoming events:  <i>9 November.</i> Creating Health; Whole System Approach to Healthy Weight Event  <i>15 November.</i> Cwm Taf Morgannwg PSB merger session</p>	Chair	
minutes	<p><b>ITEM 12. INFORMATION REPORTS</b></p> <p>CSP Review update; Example documents from Gwent PSB; Practical Guide to Health Impact Assessments</p>	Chair	51 - 110

**N.B.** *As you are aware all statutory Board Members (or their nominated deputies) need to be in attendance for the meeting to be quorate. If you are unable to attend the meeting could you please ensure that your nominated deputy is in attendance and advise accordingly.*

This page is intentionally left blank



## CWM TAF PUBLIC SERVICES BOARD

Minutes of the virtual meeting of the Cwm Taf Public Services Board held on Tuesday, 26 April 2022 at 10.00 am.

<b>PRESENT</b>	
Mark Brace (MB), Chair	Assistant Police & Crime Commissioner and Chair of Bridgend PSB
Lisa Mytton (LM)	Merthyr Tydfil County Borough Council
Chris Bradshaw (CB)	Rhondda Cynon Taf County Borough Council
Paul Mee (PM)	Rhondda Cynon Taf County Borough Council
Ellis Cooper (EC)	Merthyr Tydfil County Borough Council
Karen Vowles (KV) for Sharon Richards	Voluntary Action Merthyr Tydfil
Andy Robinson RL for Mike Evans	Natural Resources Wales
Pauline Richards (PR)	Interlink RCT
Huw Jakeway (HJ)	South Wales Fire & Rescue
Emrys Elias (EE)	Cwm Taf Morgannwg UHB
Richard Jones (RJ)	South Wales Police
Linda Prosser (LP)	Cwm Taf Morgannwg UHB
Angela Jones (AJ) RL for Kelechi Nnoaham	Public Health Wales
<b>IN ATTENDANCE</b>	
Kirsty Smith (KS)	PSB Senior Officer
Lisa Toghill (LT)	PSB Senior Officer
Sarah Daniel (SD)	Rhondda Cynon Taf County Borough Council
Yula Kampouroupoulou (YK)	Rhondda Cynon Taf County Borough Council
John Heneghan (JH)	Centre for Local Economic Strategies, for Item 5
Karen Bateson	Parent-Infant Foundation, for Item 6
Helen Hammond	Bridgend Public Services Board
<b>APOLOGIES</b>	
Kelechi Nnoaham (KN)	Public Health Wales, Cwm Taf Morgannwg
Cllr A Morgan (AM)	Rhondda Cynon Taf County Borough Council
Paul Mears (PM)	Cwm Taf Morgannwg UHB
Mike Evans (ME)	Natural Resources Wales
Stephen Jones (SJ)	South Wales Police
Eirian Evans	National Probation Service
Sharon Richards (SR)	VAMT

No	Outcome. Example: Decision/Direction/Approval/Next Steps
1.	<p><b>WELCOME, INTRODUCTIONS &amp; APOLOGIES</b></p> <p>The Chair welcomed Members of the PSB to the meeting and apologies of absence were also provided. It was noted that the meeting was not quorate due to an absence from RCT and agreed that any decision-making requirements could be carried forward.</p>
2.	<p><b>DECLARATION OF INTEREST</b></p> <p>There were no declarations of interest pertaining to the agenda.</p>
3.	<p><b>ACTIONS FROM PREVIOUS MEETING - FOR APPROVAL BY PSB</b></p> <p>The Action notes of the 18<sup>th</sup> January 2022 were approved as an accurate reflection of the meeting. The following updates were provided regarding noted actions:</p> <p>Item 4: Vice-Chair Position: The position of Vice Chair remains vacant.</p> <p>Item 6: Well-being Assessment: Information was supplied from partners to inform the work. The consultation went 'live' as planned and closed on 24 March in line with the beginning of the pre-election period.</p> <p>Item 9: PSB Roadmap: Members were tasked with considering the 2018-23 Plan and Objectives, and items to roll forward for future / ongoing focus at the April PSB. This will be picked up under item 4 and we look forward to discussion and contributions. Leads have been provided with a template to consider helping frame and inform the conversation.</p> <p>Item 10: Climate and Nature Emergency: workshops for the CTM region are scheduled for 27 April 2022.</p> <p>AOB: Update from JOSCS and drafting a joint letter to WG. Since this action was last agreed, notice has been received from WG that the Minister would like to meet with PSB chairs and so the communication is not needed.</p>
4.	<p><b>UPDATE ON CWM TAF WELL-BEING OBJECTIVES AND STOCKTAKE BEFORE MERGER</b></p> <p>The Chair reminded partners of prior conversations and the intention to treat this meeting as a 'line in the sand', framed in the context of this being the transition period of us becoming a regional PSB. In advance of the meetings, Leads were requested to highlight progress and successes, where progress has not been expected and what future considerations could be in the context of a regional board and working with other partnerships.</p> <p><b><u>Thriving Communities</u></b></p> <p>Paul Mee (PM) gave Members an overview of the work undertaken within</p>

this Objective, specifically from the RCT perspective. It was advised that the work focused on establishing new community hubs and neighbourhood networks, and re-establishing those set up prior to the pandemic. In RCT, 250 groups have been engaged across the Borough which has permitted for stronger relationships to be developed. PM informed Members of numerous supporting work which has been established, including the distribution of some £330k in grants through the networks and stressed the importance of building on the work already in place.

PM continued that the focus going forward will be aimed towards co-production with communities to meet local need and develop stronger partnership engagement. PM noted the importance of public sector partnerships as a tool to develop further networks which will further progress the work currently being undertaken, particularly in relation to sustainability and co-located services. More work is still needed to understand and capture the benefits surrounding social value and statutory services which will be a key factor moving forward. Community cohesion is also a key thread in this work, so the work will also look to make links with the Community Safety Partnership.

Lisa Toghill (LT) provided Members with a brief update from Chris Hole on the Calon Las developments and the links to Pen-Y-Dre High School within the 'community zone' area as a community focused school and confirmed the Hubs involvement in a large research project with Cardiff Metropolitan University. They are awaiting the findings of this work, which will be shared with the PSB once available.

Ellis Cooper (EC) advised Members of the Merthyr Tydfil's Councils aim in addressing poverty and inequality across the Borough and the importance of developing strategic approaches on the work already in place.

### **Healthy People**

Angela Jones (AJ) reminded Members that the focus of Healthy People aspects is targeted towards the 'First 1,000 Days' and best start in life. AJ informed Members that the main foci of the service was aimed towards reducing low birth rates, the number of babies taken into care and school readiness. One of the most significant breakthroughs in achieving this work has been in achieving data sharing between the local authority, health board and the police, supported by Swansea University and SAIL, to identify vulnerable women and families in RCT as the pilot. Bringing the information together has allowed for the looking at and weighting of risk factors that can cause low birth rates and babies being taken into care, and the development of a 'RAG' rating for families to inform interventions. This work has also been linked to Flying Start and those families outside of the provision areas, and informed an evidence map of effective interventions.

AJ advised Members that the CHOICE project work has also been underway, with outreach work focusing on reducing unplanned pregnancies in vulnerable women by advising them on how to access long-acting reversible contraception (LARC); the prevention strategy has engaged with 300 women likely to have children taken into care and had a take-up rate of around 50%.

With both areas of work having a proven concept, AJ noted that the focus for going forward is on further roll-out including Merthyr and Bridgend. For the CHOICE project, this includes carrying out a cost / consequence analysis.

### **Tackling Loneliness and Isolation**

Karen Vowles (KV) gave Members an overview of the work within this cross-cutting theme. KV discussed the creation of Loneliness Champions and developed a new referral pathway into community well-being coordinators, at Interlink and Voluntary Action Merthyr Tydfil. Thus far, 6 Champions have been developed with South Wales Fire and Rescue Service based in stations in Aberdare, Abercynon and Merthyr Tydfil. Further Champions hope to be established with South Wales Police, RCT and Merthyr local authorities to progress the project further.

Members were informed of a pilot project currently being undertaken with 10 pupils in Pen-Y-Dre High School in Merthyr Tydfil from years 7-10. Co-produced questionnaires were developed with the students regarding their experience with loneliness and their coping strategies both emotionally and socially. KV noted that part of the questionnaire is based on the accredited Campaign to End Loneliness measurement tools and will be offered to all pupils. The findings will be shared with the partnerships operating in the region.

KV advised Members that the Befriending Network has been firmly established providing opportunities to share good practice, undertake training and establish a cohesive delivery of services for people experiencing loneliness. The Network membership is currently 35 services who are delivering a form of befriending.

Work is ongoing to support community groups to re-establish themselves post pandemic with funding information, guidance regarding health & safety information and Covid compliance. A new group which has been set up in Merthyr Tydfil, specifically focused on people from the Kerala community. Many of the adults are working within the NHS and felt isolated from their community. This group of 72 families now has a support network in place for both the children and adults, as well as an opportunity to celebrate their culture through music, dance, food and song.

Going forward KV acknowledged issues surrounding capacity for the role especially covering the two local authority areas with one post. Also noted for concern was volunteer and staff 'burn out' where people had taken on so much to help during the pandemic that they were now struggling themselves, and consideration needs to be given to how other organisations can support. There is a push to recruit new volunteers; plans to promote volunteering are currently underway for both Mental Health Awareness Week 9<sup>th</sup> May and Volunteers Week 6<sup>th</sup> June 2022.

There was no update on the Strong Economy Objective as this is largely covered under agenda item 5.

The Chair welcomed the updates and noted the achievements being made



	<p>that needs to be celebrated in the upcoming Annual Report. Positive progress was remarked on by Members and the Leads were thanked for their updates.</p> <p><b>Action:</b> Leads to feed their information to the PSB Officers for the Annual Report</p>
5.	<p><b>COMMUNITY WEALTH BUILDING: CWM TAF MORGANNWG</b></p> <p>John Heneghan (JH) presented Members with a brief overview of the work being undertaken around progressive procurement and community wealth building in the region.</p> <p>JH advised Members that the programme had been run for a period of 18 months and came to conclusion in December 2021. The premise behind the work is a people-based approach focused on delivering an inclusive economy that aimed to increase the flow of wealth back into local economies and focused on 5 key principles for consideration which include, Finance, Workforce, Spending, Land and Poverty and Inclusive Ownership.</p> <p>JH informed Members that the approach taken in Cwm Taf Morgannwg was focused on increasing knowledge of the potential local supplier base, improving buyers' awareness of potential local supply and suppliers particularly in relation to lower value contracts, considering changes in the procurement policy, exploring the potential to develop a collaborative or shaped approach and lastly, levelling the playing field and increasing opportunities for third sector businesses. It was also noted that this work had influenced WG policy in relation to WPPN 05/21.</p> <p>JH noted that the focus going forward would be to develop new relationships in procurement in order to stimulate a real momentum in the area and how it can be sustained and progressed forward, as well as thinking more holistically and incorporating the other principles of CWB.</p> <p>Discussion ensued and Members agreed on the importance of this as a tool to build local communities economies as generative rather than extractive. AJ advised of research currently being undertaken by the Health Board which is focused on creating local wealth and employment. AJ acknowledged the importance and opportunity of public sector bodies as to collaborate with JH to enhance local community wealth further.</p> <p>LP advised the significance of supporting small local businesses break into the market and reinforced the importance of working collectively moving forward. CB noted the complexities of the procurement route and advised Members in order to grow community wealth, it's vital that all Local Authorities look at the information within the spend analysis, and at the data organisations hold as the context needs to be considered, e.g. employing national contractors who then sub-contract the work locally.</p> <p>Partners with a broader</p> <p><b>Action:</b> JH to share findings from work in other cluster areas</p> <p><b>Action:</b> Members to contact JH for their organisational spend analysis, based on outputs from Atamis system.</p> <p><b>Action:</b> Members to re-visit the information in the spend analysis for feeding back to PSB.</p>

6.	<p><b>RESEARCH FINDINGS FROM EARLY YEARS TRANSFORMATION BOARD</b></p> <p>Karen Bateson (KB) shared a presentation which highlighted the findings from the Early Years Transformation Board. KB reminded Members of the key purpose of the project, which was targeted towards support for Parent-Infant Relationships and ensuring children’s needs are met by secure relationships as a life-long foundation for safety, learning, mental and physical health.</p> <p>KB advised the regionally 20% of babies are experiencing parent-infant relationship difficulties which results in influencing their later outcomes in education, mental health, social skills, and employment; as a result, specialist provisions are required. KB highlighted the numerous service recommendations within the report targeting workforce training, care pathways etc which will aim to improve the service provided in CTM. However, KB recognised the need for community partnerships and funding which will improve infant-parent relationships.</p> <p>KB noted the key findings in CTM which included the excellent services offered on a universal and targeted level to families. For example, in Merthyr Early Year Hubs and Flying start teams where services were aimed at reducing the risk factors and increasing the protective factors. KB advised Members of the biggest gap identified within the findings relating to specialist provision in assessment and antenatally. Lastly, it was identified that mostly everyone such as Staff Practitioners, Managers, Senior Leaders and (487) local parents wanted to know more on how to build better parent-infant relationships during the ‘First 1000 Days’.</p> <p>KB noted that moving forward the aim will be targeted towards reducing the number of families dropping out the system due to being pinballed around. CTM will provide further training and pre-qualification training to staff along with working with Early Year Transformations in order to address the gap. KB explained that the vision is to develop a whole system approach and ensuring specialist input is being integrated with statutory and targeted service.</p> <p>Members were pleased with the findings and recognised the value of the work towards safeguarding young children and their futures as part of the Wellbeing and Future Generations Act (Wales) 2015.</p> <p><b>Action:</b> KB presentation to be shared with Members</p>
7.	<p><b>WELL-BEING ASSESSMENT: UPDATE AND REQUIREMENT</b></p> <p>The Chair advised Members that the publication of the Well-being assessment will be ready for publication as scheduled and directed Members to the feedback provided on the draft assessment from WG, NRW, Merthyr Tydfil CBC and Office of Future Generations Commissioner, and thanks were given for the comments on the work, and suggestions moving forward.</p>

	<p>Members were requested to utilise their social media platforms to ensure the assessment is published and broadcasted as widely as possible to the public and partners.</p> <p><b>Action:</b> Members to promote the publication of the CTM Well-being Assessment across social media channels</p>
8.	<p><b>UPDATE ON THE PSBS' ANNUAL REPORT</b></p> <p>The Chair advised Members that this will be the last Cwm Taf PSB Annual Report for the Well-being Plan 2018 – 2023, and before the merger with Bridgend PSB.</p> <p>Members were advised that the structure will be in line with previous reports and were asked to contact KS to input any points within the Annual Report, particularly the Leads based on their updates earlier in the meeting.</p> <p><b>Action:</b> Members to link in with PSB Officers to support and inform the Annual Report</p>
9.	<p><b>CWM TAF MORGANNWG PUBLIC SERVICES BOARD AND COMMUNITY SAFETY PARTNERSHIP REVIEW</b></p> <p>PM provided Members with an overview in relation to the Community Safety Partnership Board. It was advised that work has been undertaken with the support of Chief Executives and Chief Superintendent in terms commissioning a review into creating a Cwm Taf Morgannwg Regional Community Safety Partnership. At present, there are two Community Partnerships Boards (Bridgend &amp; Cwm Taf), as with the PSBs.</p> <p>PM noted to Members that the overall aim is to establish a single CSP for the CTM region and attaining funding. In relation to processes, PM advised Members that an external consultant will be commissioned in order to identify external resources to support the piece of work.</p> <p>The Chair inquired whether the new CSP Board intends on reporting to the Public Service Board. PM confirmed that regional arrangements will involve the new CSP Board will report into PSB, and it will be for the PSB to consider the mechanisms for this.</p> <p>Moving on to the PSB arrangements, KS shared a presentation outlining the foci for the coming 12 months: the development of the regional Well-being Plan and Board merger. KS advised Members that by May 2023 the regional Well-being Plan will be published. In the meantime, Cwm Taf PSB will continue developing the 2021-22 Annual Report (published July 2022), continuing to deliver against existing Well-being objectives, review performance management arrangements support ongoing relationships with strategic partners. KS advised Members of the need to create a transition group to progress and steer work on the new Well-being Plan and merger. A regional PSB support grant of £69,803 for 2022-23 has been made available to be spent on specific criteria as highlighted in the presentation, as well as additional funding which has been</p>

	<p>made available to support the merger, for instance through facilitated workshops.</p> <p>Following the presentation, the Chair encouraged Members to volunteer as part of the transition group in order the further support the movement of the merger. AJ and HJ each said they would be involved in the transition group.</p> <p><b>Action:</b> KS to send out the timetable to Members to highlight the deadlines to work towards.</p>
10.	<p><b>ANY OTHER BUSINESS</b></p> <p>EC passed on a message from Alyn Owen (Merthyr) and Louise Davies (RCT) for Members regarding the Ukraine Refugee Programme. A gap which has been identified for a small coordination group for the region for oversight and information sharing. EC advised Members to select representatives from the Local Authorities, Police and Health.</p>
11.	<p><b>DATE OF NEXT MEETING</b></p> <p>The Chair noted the next meeting date as the of the 19 July 2022 followed by the 18 October 2022. These markers have not yet been issued so Members are asked to reserve the time, and consider holding one of the remaining meetings in person.</p>
12.	<p><b>INFORMATION REPORTS</b></p> <p>Living wage presentation, as shared with Bridgend PSB.</p>

**The meeting closed at 12.01 pm**

**Mr M Brace  
(Chairman)**

## CWM TAF PUBLIC SERVICES BOARD DRAFT Terms of Reference – review July 2020

### **BACKGROUND**

The Well-being of Future Generations (Wales) Act 2015 seeks to improve the social, economic, environmental and cultural well-being of Wales. It will make the public bodies listed in the Act think more about the long-term, work better with people, communities and each other; look to prevent problems and take a more joined-up approach. Public bodies need to make sure that when making decisions they take into account the impact they could have on people living their lives in Wales now and in the future. There ways of working that public bodies need to think about to show that they have applied the sustainable development principle:

- Long-Term
- Integration
- Early Intervention
- Collaboration
- Prevention
- Involvement

Following these ways of working will help us work together better, avoid repeating past mistakes and tackle some of the long-term challenges we are facing. The Act sets out the requirement for Public Services Boards (PSBs) to be established for each local authority area in Wales. Any reference to a PSB is a reference to the members of that Board acting jointly.

### **WHY CWM TAF?**

Both previous Local Service Boards indicated a willingness to align more closely, including developing joint needs assessments, plans and performance reporting.

Following the work undertaken by the previous Cwm Taf Regional Collaboration Board in relation to reviewing and rationalising partnership working to deliver effective sustainable arrangements for the future, it was agreed that a Cwm Taf Public Services Board be constituted in line with the requirements of the Well-being of Future Generations Act. This is fully supported by all strategic operational leads, Welsh Government and all key partners.

Drivers for change include:

- The need to maximise capability and capacity, delivering services in an efficient and effective way that represent value for money – both operational and support functions;
- The findings of the Casey review and circumstances surrounding Rotherham i.e. the need for clear robust governance leading to improved scrutiny and accountability;
- The Well-being of Future Generations Act/The Social Services and Wellbeing Act. The Welsh Audit Office Review of Public Services Boards and Sustainable Development Principle Examinations provide an update on how the Act is being delivered;
- WG announcement of a climate change emergency in April 2019;
- Impact of Covid-19 pandemic, particularly where this has compounded the devastation caused by flooding in early 2020;
- Publications from Office of Future Generations Commissioner, including Art of the Possible and Journey Checkers;
- The opportunity presented by the need for a Public Service Board structure;
- The drive for collaboration;
- Sustainability of all partners to service complex, bureaucratic and multiple arrangements;
- Previous reviews undertaken by both Local Authorities in 2010 – 2012, WLGA review of Strategic Partnerships released June 2020;
- Impact on partners having to service two different sets of governance;
- The requirement for improved and streamlined performance reporting regime; and
- Improved service delivery for our local communities.

In light of conversations, the Board also commits to looking beyond the borders of Cwm Taf and increasingly consider working at a regionally within the Cwm Taf Morgannwg University Health Board boundaries as of 1 April 2019. See Appendix 3 for guidance on the merging of Boards.

## PURPOSE OF THE GROUP

Cwm Taf Public Services Board (PSB) is a merged Public Services Board, covering the areas of Merthyr Tydfil and Rhondda Cynon Taf (RCT). The PSB aims to act as the principal strategic leadership forum for the planning, commissioning and delivery of public services across organisational boundaries to achieve better outcomes for the people of Cwm Taf. It will seek to understand the major issues faced by each partner organisation, to become a more transparent Board through publishing data and performance and will move from a reactive to a preventative agenda.

The Board's aims are:

- To improve the quality of life and outcomes for citizens of Merthyr Tydfil and Rhondda Cynon Taf (the Cwm Taf area);
- To provide proactive, collective leadership in tackling the most challenging issues facing public services in the planning, commissioning and delivery of services to the citizens of Cwm Taf;
- To stimulate dialogue, co-ordination and co-operation between local, regional and national public sector organisations to improve and integrate service delivery for the citizen;
- To remove “blockages” or other obstacles by minimising bureaucracy and the preventative effectiveness of organisational boundaries;
- To celebrate success in the delivery of services for citizens of Cwm Taf;
- To consider ‘best value’ and prudence in the expenditure of public service resources and to explore areas where collaborations/ integration would provide greater efficiencies and improved outcomes; and
- To involve citizens in influencing how we deliver public services.

The Wellbeing of Future Generations (Wales) Act 2015 lays down seven national Well-being Goals:

A Prosperous Wales	A Resilient Wales	A Healthier Wales	A More Equal Wales	A Wales of Cohesive Communities	A Wales of Vibrant Culture and Thriving Welsh Language	A Globally Responsible Wales
--------------------	-------------------	-------------------	--------------------	---------------------------------	--	------------------------------

The Act makes it clear that the listed public bodies **MUST** work together to achieve **ALL** of the goals, not just one or two.

## **MEMBERSHIP**

The Well-being of Future Generations Act (section 29) outlines requirements for membership of each PSB setting out a clear structure. Cwm Taf PSB must have **STATUTORY PARTNERS** consisting:

- (a) The Councillors elected as Executive Leaders of Merthyr Tydfil County Borough Council and RCT County Borough Council (the local authority) or the elected Mayors;
- (b) The head of the authorities' paid service designated under section 4 of the Local Government and Housing Act 1989;
- (c) Either the Chair, Chief Executive or both for Cwm Taf Morgannwg University Health Board (the local Health Board for the area which falls within the local authority areas);
- (d) Either the Chief Officer, Chairman or both for South Wales Fire & Rescue Service; and
- (e) The Chief Executive for the Natural Resources Body for Wales.

The individuals referred to above may designate another individual to represent the organisation on their behalf.

All members (formally designated or otherwise) must be present for a meeting of the PSB to be quorate.

Unanimous agreement of the statutory members is needed in relation to fulfilling the Boards' statutory duties (e.g. to publish assessments of local well-being, local well-being plans and annual progress reports).

Cwm Taf PSB **must** also invite the following persons to participate in the activity of the board. These **INVITED MEMBERS** must include:

- (a) the Welsh Ministers;
- (b) the Chief Constable of South Wales Police (the police force for a police area any part of which falls within the local authority area);
- (c) the Police and Crime Commissioner for South Wales Police (the police area any part of which falls within the local authority area);
- (d) a person required by arrangements under section 3(2) of the Offender Management Act 2007 (c.21) to provide probation services in relation to the local authority area; and
- (e) Interlink RCT and/or Voluntary Action Merthyr Tydfil (at least one body representing relevant voluntary organisations (whether or not the body is known as a County Voluntary Council)).

The Board may issue additional invitations to **OTHER PARTNERS** to participate in the activity of the PSB, even if that person also exercises other functions. Any reference to participating in the activity of the PSB refers to working jointly with the Board, any member of it or any other person who accepts an invitation to participate under this section, or anything the PSB does under Section 36 of the Act (Wellbeing Duty).

The **OTHER PARTNERS** of a PSB described in the Act are:

- a) a community council for a community in an area which (or any part of which) falls within the local authority area;
- b) the Public Health Wales NHS Trust;
- c) a Community Health Council for an area which (or any part of which) falls within the local authority area;
- d) National Park authority for a National Park in Wales any part of which falls within the local authority area;
- e) Higher Education Funding Council for Wales;
- f) an institution in the further education sector or the higher education sector situated in whole or in part within the local authority area;
- g) Arts Council of Wales;
- h) Sports Council for Wales;
- i) National Library of Wales;
- j) National Museum of Wales.

This is not an exhaustive list and the PSB may invite any other person who exercises functions of a public nature to participate in the board in expressing their views, contributing to agenda items and providing an advisory role.

Cwm Taf PSB will adhere to the guidance with regards to its membership; a list of the agreed PSB's membership can be found in the **Formal Commitment to Partnership** appended to this document (**Appendix 1**).

'Other partners' of the PSB **do not** become members of the PSB as a result of accepting the invitation. **Membership will be reviewed bi-annually.**

PSB members will be expected to provide the Board with any data held which is relevant to the work and issues being undertaken collaboratively.

To ensure opportunities for PSB scrutiny are capitalised upon; a member of the Scrutiny Committee will be invited to attend PSB meetings regularly **AS AN OBSERVER** to secure first-hand experience of the type of discussion/debate/challenge occurring at each PSB meeting.

### **ROLES AND RESPONSIBILITIES**

Cwm Taf PSB will create long-term sustainable partnership and provision through:

- Establishing objectives that reflect the vision of the PSB for the area of an integrated and effective public service that provides the best possible outcomes for our citizens and communities;
- Committing to consistently supporting the Board and participate in reviews and working groups as appropriate;
- Establishing common priorities and targets, agreed actions and milestones that drive and lead to demonstrable, positive and sustainable change in Cwm Taf;
- Supporting the co-ordination and development of key strategies and plans;
- Ongoing sharing and appraisal of the values that shape the work of the Board;
- Establishing the conditions for continuous improvement in practice and performance;
- Fostering an ethos of success and achievement across partners with statutory and non-statutory responsibilities and the wider community;
- Supporting the sharing of good practice, expertise and resources for the benefit of all stakeholders across Cwm Taf;
- Acting as a problem solving body with responsibility for identifying and resolving any intractable problems that arise out of joint working and which could limit the delivery of outcomes.
- Determining appropriate and proportionate resourcing of the PSB's collective functions (a responsibility for all **statutory members** equally), including consideration of funding, shared expertise, exploring use of shared assets and pooled budgets.
- Exploring ways of working with other partnership structures working in the Cwm Taf Morgannwg region, particularly the Cwm Taf Morgannwg Regional Partnership Board (RPB), Regional Collaborative Committee (RCC) and Bridgend PSB.

**Position Descriptions** have been drafted outlining expectations of PSB members, with a separate description being generated for the role of PSB Chair and Vice Chair (see **Appendix 2**).

To ensure partnership activities are co-ordinated, efficient and effective; the PSB will oversee the following key tasks:

- Undertaking a comprehensive assessment of the state of well-being in Cwm Taf (including managing the consultation element of the assessment process);
- Preparing and publishing a Local Well-being Plan (including managing the consultation element of the assessment process);
- Preparing and producing an Annual Report outlining its activity and how this has impacted on the seven Wellbeing Goals laid down in the Act. The first Report will be published no later than 14 months after the publication of the Well-being Plan, and then within 12 months for each subsequent report;
- Repeat the Assessment, Planning and Reporting cycle as required under the Act, or in response to potential changes to the Board (such as merger) or in response to significant changes or critical incident.
- Demonstrating joint responsibility for ensuring a sustainable development approach can be evidenced to activities aimed and securing improved outcomes for communities;
- Responding to the requirements of the designated local authority Scrutiny Committee, producing evidence to support outcomes claimed and providing clarification on key elements of the Board's activities.
- Developing effective performance management processes for monitoring progress made against the PSB's priorities and how these demonstrate impact on the 7 Well-being Goals laid down in the Act;
- Identifying opportunities to increase and align funding to support identified priorities. Communicating with all stakeholders, partners, staff in member organisations across Cwm Taf to offer updates on key issues; and
- Supporting quality assurance and improvement and devising better systems to measure outcomes.

Sometimes, individual topics for discussion at Board meetings may affect some organisations more than others. Nevertheless, members will respect and value the positive contributions of all Board members to any business of the Board.

PSB members will communicate and promote the role of the PSB and the Well-being Plan within their own organisations and with other organisations and partnerships.



PSB members will engage in two way communication within their organisations on cascade updates on key PSB matters being considered by the Board.

REVIEW

## WIDER PARTICIPATION

The PSB should seek to involve the people and communities of Cwm Taf, including children and young people, Welsh-speakers and those with protected characteristics, in all aspects of its work. It is vital that the board takes account of the importance of involving people with an interest in achieving the well-being goals and of ensuring those persons reflect the diversity of the population of the area the Board serves.

The Board should acknowledge that citizen involvement should go beyond participation in community planning. Citizen voice can be a powerful tool for understanding where system failings are occurring, where lack of coordination between service providers is wasting resources without improving outcomes, for redesigning services around people, and for scrutinizing service effectiveness.

For example it is recognised that activities of major local private sector employers can have a big impact on an area's well-being. The PSB could invite such employers to attend a Board's meeting to raise concerns and make suggestions about what the PSB should do, and what employers and the private sector could contribute to achieve the Board's objectives. The Board would, however, have to be clear about the capacity in which the employer was attending (i.e. not to participate in the Board's activity as an invited participant but to make representations and express views).

Similarly there is nothing to stop the Board from inviting groups representing other interests, such as local private sector employers, trade unions or campaign groups active in Cwm Taf, from attending Board meetings for similar purposes. However, the Board should take care to ensure the propriety and impartiality of the board's processes and be alive to the risks of any perception arising that a particular group is being afforded excessive access to, or influence over, a board's deliberations and activities.

REVIEW

## GOVERNANCE AND MANAGEMENT

At the first meeting of the Public Service Board, decisions will be made regarding who will Chair the Board; the identification of a Vice Chair and the frequency and venue of future meetings etc.

The position of Chair and Vice Chair will be reviewed on an annual basis. Both positions are available to all Members (statutory and invited) and a person can stand for both or either role. The Chair and Vice Chair cannot be from the same organisation and ideally, they should not represent the same sectors.

In the event of the Chair or Vice Chair standing down, a vote will be called at the next scheduled meeting. Where there are multiple candidates for a role, a private vote will be held. A vote will be held for each position – it is not assumed that the person who receives the second highest tally of votes becomes the Vice Chair.

Where the existing Chair and/or Vice Chair indicates their intention to continue in the role, a vote will only be required if other Members put themselves forward.

The board must also hold a “mandatory meeting”, no later than 60 days after each subsequent ordinary election of councillors. Ordinary elections are where all seats on a council are up for election or re-election.

PSB meetings will be held on a quarterly basis with a schedule of meeting dates circulated and agreed at the start of each financial year. Extra meetings may be called where 50% of the members identify the need.

The Local Authorities will be required to provide administrative support to Cwm Taf PSB, including ensuring the Board is established and meets regularly; preparing the agenda and commissioning papers for the meetings; inviting participants and managing attendance; work on the Annual Report and preparing evidence for scrutiny.

Full commitment is required from PSB members expected to attend meetings. If they are unable to attend a specific meeting, a **senior level substitute** should be designated to attend in their place. Designated substitutes will be nominated in advance. The substitute should have the authority to participate in decision-making and the Chair should be notified of such arrangements in advance of the meeting. **To make decisions a meeting will need to be quorate.**

Although the decisions of the Board are not legally binding upon the Public Service Board members, it is expected that each organisation implement decisions according to their own respective governance arrangements. Decisions, recommendations and updates made by the Board will be fed into other relevant local, sub-regional, regional and national bodies through minutes of the meetings and representation as appropriate.

## ACCOUNTABILITY

Structure as at July 2020:



## WAYS OF WORKING

Guidance from Office of Future Generations Commissioner, the WLGA Review of Strategic Partnerships Report (June 2020) and WAO review of Public Services Boards demonstrate the intention for Boards to concentrate on delivering

fewer, more outcome based Objectives and governance structures should support this including clear terms of reference, risk register, prevention strategy and lines of accountability.

The Board will seek to create meetings with the appropriate level of attendance that facilitate effective debate and decision making, linked by skilled Chairs of the Strategic Partnership Board and Thematic Boards (see structure) to ensure consistency. This will create a challenging, yet supportive environment, where broader themes are more effectively explored and will negate the need for multiple smaller meetings at a lower level.

In line with the Well-being of Future Generations Act and the sustainable development principle, the Board must act in a manner which seeks to ensure that the needs of the present are met without compromising the ability of future generations to meet their own needs and the work of the Board should clearly demonstrate how it has collaborated, integrated and involved others, and how it has considered the preventative and long term aspects of its work. The Board must consider 'how' it is working as a way of achieving its Objectives and positive outcomes for the citizens of Cwm Taf.

### Well-being goal

A more prosperous Wales

### Description

An innovative, productive and low carbon society which recognises the limits of the global environment and therefore uses resources efficiently and proportionately (including acting on climate change); and which develops a skilled and well-educated population in an economy which generates wealth and provides employment opportunities, allowing people to take advantage of the wealth generated through securing decent work.

A resilient Wales

A nation which maintains and enhances a biodiverse natural environment with healthy functioning ecosystems that support social, economic and ecological resilience and the capacity to adapt to change (for example climate change).

A healthier Wales

A society in which people's physical and mental well-being is maximised and in which choices and behaviours that benefit future health are understood.

A more equal Wales

A society that enables people to fulfil their potential no matter what their background or circumstances (including their socio-economic background and circumstances).

A Wales of cohesive communities

Attractive, viable, safe and well-connected communities.

A Wales of vibrant culture and thriving Welsh language

A society that promotes and protects culture, heritage, and the Welsh language, and which encourages people to participate in the arts, and sports and recreation.

A globally responsible Wales

A nation which, when doing anything to improve the economic, social, environmental and cultural well-being of Wales, takes account of whether doing such a thing may make a positive contribution to global well-being.

The Cwm Taf Strategic Partnership Board is comprised of strategic operational leads to robustly support the Public Services Board, with clear accountability. The Strategic Partnership Board, supported by a PSB Support Team is responsible for developing, implementing and maintaining delivery against the Well-being Plan. The Strategic Partnership Board should act as a "clearing house" for the PSB and also back into individual organisations.

The collaborative partnership support team will service the PSB meeting structures, allowing for a shared resource approach, which will better equip both local authorities and other PSB partners in coping with the demands in preparing for and implementing the Well-being of Future Generations and the Social Services and Well Being Acts.

**Each group supporting the work of the PSB must contain at least one PSB member** and can contain any invited participant or other partner as appropriate to the task.

Any sub-groups brought together must be guided by the PSB Terms of Reference. **Any and all recommendations taken by a group must be jointly reached and agreed by the Public Services Board**

REVIEW

## **CONSTRUCTIVE CHALLENGE**

There is an expectation that constructive challenge amongst colleagues, within agencies and between agencies will take place with scrutiny and challenge occurring both internally by the Board and externally through local authority Scrutiny Committee; the Future Generations' Commissioner and WAO.

This process will require all parties to demonstrate:

- Clear commitment to the ultimate goal i.e. making a positive difference to the lives of people who live in Merthyr Tydfil and Rhondda Cynon Taf;
- A willingness to understand and respect individual organisational views;
- Transparency and openness;
- A full awareness of the governance agreements under which the PSB operates;
- A willingness to listen to the views of other parties, even if they appear challenging to their own, and
- effective communication – active listening skills;
- Preparedness to fully utilise the wide range of skills, knowledge and experience which will be at the disposal of the Board.

## **RESOLVING DISAGREEMENTS**

From time to time disagreements may arise between members of the Board. Disagreements can be the result of healthy and constructive challenge and robust dialogue as part of the Board's role. Examples of subjects where disagreements might occur include:

- Communication;
- Lack of clarity about roles and responsibilities;
- Decision making;
- Progressing plans; and
- Issues related to performance management.

All members have a duty to act assertively and proactively to resolve disagreements. All members should challenge – and feel free to challenge - the policies or practice(s) of other organisations or individuals where they are concerned practice is failing to meet the desired outcomes. Resolution of any disagreements should be sought within the shortest timescale possible.

Initially, the Board will utilise a collaborative-style methodology to resolve any conflict (s) or disagreements. The collaboration style involves parties working together to resolve issues, with a 'win-win' attitude clearly focused on making a positive difference to the lives of people who live in Merthyr Tydfil and Rhondda Cynon Taf. If necessary other ways of resolving disputes, such as mediation, will be used. Where mediation is used the parties must agree on the final, binding resolution.

## **FUTURE GENERATION COMMISSIONER**

The Future Generations Commissioner for Wales' role is to act as a guardian for the interests of future generations in Wales, and to support the public bodies listed in the Act to work towards achieving the wellbeing goals. The Commissioner will be supported by an Advisory Panel.

Cwm Taf PSB will play its part to the full, taking all reasonable steps to work effectively with the Future Generations Commissioner:

- the Commissioner will be a statutory consultee for both the assessment of wellbeing and the draft Wellbeing Plan;
- PSB members will consider the content of any research undertaken by the Commissioner and members of their Advisory Panel; the Future Generations Report produced by the Commissioner will be a key reference document;
- PSB members will respond to any enquiries/recommendations received from the Commissioner within the deadlines laid down.

## **OTHER RESPONSIBILITIES**

The Board will strive to work in accordance with all legislation and in particular:

- The United Nations Convention on the Rights of the Child
- The National Principles for Public Engagement in Wales
- The National Standards for Children and Young People's Participation
- Welsh Language (Wales) Measure 2010
- Biodiversity (the Natural Environment and Rural Communities Act 2006)
- Environment Bill 2015
- Equality Act 2010
- Public Sector Equality Duty
- Social Services and Wellbeing Act 2014
- Children and Families (Wales) Measure 2010 and the eradication of child poverty

The Cwm Taf Public Services Board, through its Wellbeing Plan, will seek to fulfil the discharge of its statutory duties<sup>1</sup> in relation to:

- The Community Planning process envisaged by the Local Government (Wales) Measure 2009;
- Making arrangements to promote co-operation with a view to improving well-being of children (Children's Act 2004);
- The preparation of a strategy to respond to the requirements of the Children and Families (Wales) Measure 2010 for contributing to the eradication of child poverty;
- The duty to formulate and implement a Strategy for the reduction crime and disorder; Strategy for combating the misuse of drugs, alcohol and other substances; and a Strategy for the reduction of reoffending (Crime and Disorder Act 1998);
- The scheme for provision of local primary mental health support (Mental Health (Wales) Measure 2010);
- New plans be produced in response to the assessment of needs under the Social Services and Wellbeing Act (2014);
- Preparation of a local Strategy as required under Section 5 of the Violence Against Women, Domestic Abuse and Sexual Violence (Wales) Act 2015;
- Preparation of strategies to promote and facilitate the use of Welsh language.

## **REVIEW**

Persons attending the PSB will be required to review the relevance of the work of the Board **ANNUALLY**.

The Terms of Reference for the Board should be reviewed **ANNUALLY** by all members; this will be placed as an event on the Forward Plan for the first meeting of the reporting year. Additional reviews can be undertaken as required.

Under the Act, the PSB must review its terms of reference at each meeting held after the date of each ordinary local government election.

---

<sup>1</sup> Welsh Government Statutory Guidance for the Wellbeing of Future Generations Act (Wales) 2015 SPSF3 – Collective Role Annex A

## APPENDIX 1

### Formal Commitment to Partnership Agreement (PSB Membership at July 2020)

Members of the Board, in signing this agreement, are confirming their continuing commitment, on behalf of their member organisation/partnership, to work together to deliver the public service priorities from the Wellbeing Plan across Cwm Taf.

Officer Title	Organisation/Agency/Partnership	Signed	Date
<b>Statutory Members</b>			
Chief Executive	Merthyr Tydfil County Borough Council		
Chief Executive	RCT County Borough Council		
Leader	Merthyr Tydfil County Borough Council		
Leader	RCT County Borough Council		
Chair and/or	Cwm Taf Morgannwg University Health Board		
Chief Executive	Cwm Taf Morgannwg University Health Board		
Operations Manager	Natural Resources Wales		
Chief Fire Officer	South Wales Fire & Rescue Service		
<b>Invited Participants</b>			
Chief Constable	South Wales Police		
Deputy Police & Crime Commissioner	Police & Crime Commissioner's Office		
Chairperson	Voluntary Action Merthyr Tydfil		
Chairperson	Interlink RCT		
Chief Officer	National Probation Service		
Chief Officer	Community Rehabilitation Company		
Welsh Ministers	WG Representative		
<b>Other Participants</b>			
Director	Cwm Taf Morgannwg Public Health Team		
Chair	Cwm Taf Morgannwg Regional Partnership Board		
	Chair of Cwm Taf Strategic Partnership Board		
	Well-being Objective Leads as required		



### Position Description - Chair of Public Services Board

The Chair of the Public Services Board (PSB) provides leadership to the Board to ensure it functions effectively. The Board believes that it is in the best interests of stakeholders for the PSB to have the flexibility to determine the most qualified and appropriate individual to serve as Chair of the Board. The Chair must serve impartially.

The position of Chair and Vice Chair will be reviewed on an annual basis.

The duties and responsibilities assigned to the Chair may vary in line with their skills and experience. The PSB will select a Vice Chair who will be assigned certain leadership responsibilities, which are designed to increase Board effectiveness, maintain PSB independence and provide oversight of management.

Key duties and responsibilities of the Chair are listed below:

1. Plan the PSB's annual schedule of meetings and agendas, and forward work plan in consultation with other Members and the PSB Support Team as appropriate. Consideration will also need to be given to the meeting schedule of aligned Boards.
2. Coordinate with the Vice Chair; the Chair of the Cwm Taf Strategic Partnership Board and the PSB Support Team to ensure that the Board receives the appropriate quantity and quality of information in a timely manner to enable it to make informed decisions.
3. Chair all meetings of the Board and ensure that meetings are conducted efficiently and effectively.
4. Call, and Chair, special meetings, if necessary.
5. Facilitate full and candid PSB discussions, ensure all Members express their views on key matters and assist the Board in achieving a consensus.
6. Develop teamwork and a cohesive Board culture and facilitate formal and informal communication with and among PSB members, as well as challenge.
7. Help ensure that action items established by the Board are tracked and appropriate follow-up action is taken as necessary.
8. Make recommendations to the Strategic Partnership Board Chair as to Partnership Board's membership, for approval by the Board.
9. To ensure that future partnership structures will concentrate on delivering fewer, more outcome based meetings with clear terms of reference, governance and accountability.
10. Be authorised to attend all PSB-related meetings and events, as appropriate. Attend aligned Boards (e.g. Cwm Taf Morgannwg RPB) as the PSB representative.
11. Attend scrutiny sessions which focus on the role of the PSB and decisions it has taken, responding to any and all questions posed by the Scrutiny Committee and feeding back any thoughts and recommendations made by them.
13. Collaborate with PSB colleagues to identify and recruit new Board members.
14. Collaborate with the Chair of the Strategic Partnership Board and the PSB Support Unit on the performance and structure of the Board and its subgroups, including the performance of individual members.
15. Any other duties arising as a result of externally controlled requirements which affect the collaborative work of the Board

## Position Description – Vice-Chair of Public Services Board

The Vice-Chair of the Public Services Board (PSB) supports the Chair in providing leadership to the Board to ensure it functions effectively. In the event of the Chair being unavailable, the Vice-Chair leads a PSB meeting / agenda item. The Board believes that it is in the best interests of stakeholders for the PSB to have the flexibility to determine the most qualified and appropriate individual to serve as Vice-Chair of the Board. The Vice-Chair must serve impartially.

The position of Chair and Vice Chair will be reviewed on an annual basis. Separate votes will be carried out to appoint the Chair and Vice-Chair.

The duties and responsibilities assigned to the Chair may vary in line with their skills and experience. The PSB will select a Vice Chair who will be assigned certain leadership responsibilities, which are designed to increase Board effectiveness, maintain PSB independence and provide oversight of management.

Key duties and responsibilities of the Vice-Chair are listed below:

1. Assist in planning the PSB's annual schedule of meetings and agendas, and forward work plan in consultation with other Members and the PSB Support Team as appropriate. Consideration will also need to be given to the meeting schedule of aligned Boards.
2. Coordinate with the Chair; the Chair of the Cwm Taf Strategic Partnership Board and the PSB Support Team to ensure that the Board receives the appropriate quantity and quality of information in a timely manner to enable it to make informed decisions.
3. Support the Chair to call special meetings, if necessary.
4. Support the facilitation of full and candid PSB discussions, ensure all Members express their views on key matters and assist the Board in achieving a consensus.
5. Develop teamwork and a cohesive Board culture and facilitate formal and informal communication with and among PSB members, as well as challenge.
6. Help ensure that action items established by the Board are tracked and appropriate follow-up action is taken as necessary.
7. In liaising with the Chair, make recommendations to the Strategic Partnership Board Chair as to Partnership Board's membership, for approval by the Board.
8. To ensure that future partnership structures will concentrate on delivering fewer, more outcome based meetings with clear terms of reference, governance and accountability.
9. Be authorised to attend all PSB-related meetings and events, as appropriate. Attend aligned Boards (e.g. Cwm Taf Morgannwg RPB) as the PSB representative where the Chair is unavailable.
10. Collaborate with PSB colleagues to identify and recruit new Board members.
11. Collaborate with the Chair of the PSB, Chair of the Strategic Partnership Board and the PSB Support Unit on the performance and structure of the Board and its subgroups, including the performance of individual members.
12. Any other duties arising as a result of externally controlled requirements which affect the collaborative work of the Board

## Position Description: PSB Member

Public Service Board members will work together to provide leadership, direction and vision to ensure that the collaborative activities undertaken makes positive impact on the jointly agreed outcomes.

Local integrated planning will only be effective if statutory members of the Public Services Board take joint-responsibility themselves for securing improvement, with local democratic processes providing appropriate challenge and support.

### Term

- Statutory Members: will serve for as long as they retain their positions.
- Invited Participants: will serve for as long as they retain their position.
- Other Participants: will serve a term of involvement mutually agreed through direct discussions with the Board.

### Meetings

The PSB meets at least four (4) times annually. Board members may also be assigned to working subgroups and task and finish groups that require participation and attendance.

Key duties and responsibilities of a member are listed below:

- Establish mission, vision, goals and objectives for the PSB and its Integrated Service Delivery.
- Determine the PSB's structure and assure compliance with any impacting laws and by-laws.
- Establish, enforce and adhere to the jointly agreed Term of Reference.
- Participate and ensure that the Board complies in its statutory duties regarding undertaking an Assessment of Well-being, agreeing and setting Well-being Objectives and developing and publishing a local Well-being Plan.
- Any Member of the Board may request that an item be added to the Agenda. Requests should be sent to the PSB Support Team no later than four weeks before the scheduled meeting.
- Participate in the creation and publication of the Annual Report of progress, covering the PSB reporting period (currently July – June).
- Receive recommendations and feedback from the Joint Overview and Scrutiny Committee for Cwm Taf PSB.
- Actively engage in performance management activities related to the work of the PSB and delivery of its Well-being Plan.
- Ensure that all opportunities for involvement are taken: with citizens – particularly those we are typically under-represented or 'hard to reach', interested parties, workforce, partners, Commissioners, other relevant Boards and government bodies.
- Ensure a commitment to collaboration and outcome-driven Integrated Service Delivery.
- Distribute information to and from the Board to the agency/group you represent, including around 'future trends' data and relevant performance indicators.
- Provide leadership in "barrier busting" activities that impair integrated services. Provide in kind resources to each of the agreed upon outcomes.
- Attend all regularly scheduled meetings or ensure attendance by a suitably skilled appointed deputy.
- To ensure that future partnership structures will concentrate on delivering fewer, more outcome based meetings with clear terms of reference, governance and accountability.
- Bring decision-making authority to the collaborative table.
- Serve as an interpreter, information source and 'good will ambassador' to the community.

## APPENDIX 3

### Merging Boards

The Act provides for two or more Public Services Boards to be able to merge and to collaborate if it would assist them in contributing to the achievement of the well-being goals.

Under Guidance in Shared Purpose, Shared Future 3: Collective Role, boards may merge only if—  
(a) the same Local Health Board is a member of each board seeking or being directed to merge, and  
(b) no other Local Health Board is a member of any of those boards.

If two or more boards merge, then references in Part 4 of the Act to a PSB must be construed as references to the merged board, and references in Part 4 to a local authority area must be construed as references to the combined areas of the local authorities that are statutory members of the merged board. This is currently the case when referring to Cwm Taf PSB.

In approaching a merger, Bridgend and Cwm Taf PSBs have indicated that they will spend time collaborating in the lead up. Under the guidance, a Board are considered to be collaborating if it—

- (c) co-operates with another board,
- (d) facilitates the activities of another board,
- (e) co-ordinates its activities with another board,
- (f) exercises another board's functions on its behalf, or
- (g) provides staff, goods, services or accommodation to another board.

Where boards have decided to merge or collaborate, a clear rationale for reaching that determination should be formally documented and considered and any such decision should be formally recorded in the minutes along with the board's determination that they consider the merger or collaboration would assist them in contributing to the achievement of the well-being goals.

REVIEW

## APPENDIX 4

### DEFINITION OF TERMS

<b>Sustainable Development</b>	the process of improving the economic, social, environmental and cultural well-being of Wales by taking action, in accordance with the sustainable development principle (see section 5 of the WFG Act), aimed at achieving the wellbeing goals (see section 4 of the WFG Act)
<b>Wellbeing Duty on Public Bodies</b>	Each public body must carry out sustainable development; the wellbeing duty relates to any action a public body takes in carrying out sustainable development must include: <ul style="list-style-type: none"> <li>- setting and publishing objectives (“well-being objectives”) that are designed to maximise its contribution to achieving each of the well-being goals, and</li> <li>- taking all reasonable steps (in exercising its functions) to meet those objectives.</li> </ul>
<b>Assessment of local wellbeing</b>	<p>An assessment of local wellbeing must be produced a minimum of 1 year prior to the first iteration of the Wellbeing Plan being produced and approved. The assessment of local wellbeing must:</p> <ul style="list-style-type: none"> <li>- set out which community areas comprise the area of the board;</li> <li>- include an analysis of the state of well-being in each community area and in the area as a whole;</li> <li>- include an analysis of the state of well-being of the people in the area;</li> <li>- include any further analysis that the board carries out by reference to criteria set and applied by it for the purpose of assessing economic, social, environmental and</li> <li>- cultural well-being in the area or in any community situated in the area;</li> <li>- include predictions of likely future trends in the economic, social, environmental and cultural well-being of the area; and</li> <li>- include any other related analytical data and information that the board considers appropriate.</li> </ul> <p>Each board must publish its assessment no later than a year before it publishes its local well-being plan. Since the Act provides that the local well-being plan must be published no later than one year after an ordinary election, as defined in section 26 of the Local Government Act 1972, in practice this means the assessment of local wellbeing would be published within the 12 months preceding each ordinary local government election.</p>
<b>Positive Outcome</b>	A result or consequence which leads to an improvement in situation.
<b>Financial year</b>	The period of 12 months ending at 31 March.
<b>Local Authority</b>	A County Council or County Borough Council in Wales.
<b>Local Health Board</b>	A Local Health Board established under section 11 of the National Health Service (Wales) Act 2006.
<b>Annual Report</b>	Each Public Services Board must prepare and publish a report: <ul style="list-style-type: none"> <li>- no later than 14 months after the publication of its local well-being plan; and</li> <li>- subsequently no later than one year after the publication of each previous report under this section.</li> </ul>

This page is intentionally left blank



## CWM TAF PUBLIC SERVICES BOARD (PSB)

Date 18 October 2022

### Item 9: Draft Objectives 2023 – 2028 and Board Merger

<b>Author/s:</b>	<b>Bridgend and Cwm Taf PSB Support Officers</b>
<b>Contact:</b>	<b>Kirsty Williams, <a href="mailto:Kirsty.smith3@rctcbc.gov.uk">Kirsty.smith3@rctcbc.gov.uk</a></b>
<b>Classification:</b>	<b>None</b>
<b>Reason for exemption:</b>	<b>N/A</b>

## 1. PURPOSE OF REPORT

To provide Members of Bridgend and Cwm Taf PSB with a summary of the work done to date in drafting the regional Well-being Objectives for Cwm Taf Morgannwg, drawing on learnings from the [Cwm Taf Morgannwg Well-being Assessment](#) and stakeholder sessions.

To provide Members with an update on bringing together the two Public Services Boards and gain commitment for the proposed next steps for the merger and development of the Cwm Taf Morgannwg Well-being Plan 2023 - 2028.

## 2. RECOMMENDATIONS/TASK

Members are asked to:

1. Agree to the framework set out below (appendix one) based on the demonstrated evidence base from the Assessment and stakeholder sessions.
2. Consider the two thematic areas identified and agree to them as the basis for the regional Well-being Objectives for 2023 – 2028. Consider the draft wording.
3. Agree to using a Health Impact Assessment approach to developing the Plan and to the creation of a working group to support this, ensuring PSB commitment and ownership (nominations to PSB Officers by 28 October).
4. Ensure attendance (or that of an appropriate representative) at 15 November session to consider structure, form and vision for the merged PSB.
5. Commit to the engagement and involvement work needed for the development of the Plan.

## 3. BACKGROUND

**3.1** Ahead of the publication of the Cwm Taf Morgannwg Well-being Plan 2023 – 28, the PSB needs to develop its Well-being Objectives. Based on learnings from the Assessment, conversations with our communities, dialogue with other partnership structures (such as the Regional Partnership Board), consultation with the Office of Future Generations Commissioner and feedback from stakeholder sessions, there have been two clear emerging priorities around 'Safe' communities and 'Green' communities – see appendix one.

**3.2** We ask that Members consider these thematic areas and agree to them as Objectives for the region. The framework set out in appendix one demonstrates the evidence base for arriving at these Objectives under the overarching ambition of creating 'A more equal Cwm Taf Morgannwg'. We would welcome discussion for the wording and language used for naming and describing these Objectives to be used in both the Plan and in engagement work.

**3.3** We have met with colleagues from Public Health Wales and have been offered support in taking a Health Impact Assessment approach to develop the Plan. We believe that this approach will encourage broader system-wide thinking and considerations of the wider determinants of health. It will also help us to understand the health and well-being impacts and consequences that our Objectives, and the steps we take to meet them, could have. A practical guide to Health Impact Assessments has been included in the Information Papers pack.

We ask that Members approve this approach and nominate officers to be part of a working group to support the drafting of the Well-being Plan. This will ensure that buy-in, commitment and ownership of the Plan from across the partnership.

**3.4** A joint planning workshop is scheduled for 15 November to:

- consider the experience of both Boards about what they have learnt about governance, terms of reference, meeting arrangements, working and business support, engagement and communications.
- propose and agree initial working arrangements for the joint board drawing on these lessons.

This will be a vital session for the creation of one, regional Cwm Taf Morgannwg Public Services Board operating in early 2023 ahead of the publication of the Well-being Plan by May 2023. We urge Members to attend the session, or in the event of being unavailable to ask an appropriate colleague to attend as your representative.

**3.5** As Members will be aware, as a region we were successful in securing support from Coproduction Network Wales for a five-year project. This started with the Well-being Assessment and continues as we develop the Plan. We are committed to improving how we involve and work with our communities to draft and deliver on the Well-being Plan. As per the timeline created for the Plan, we will be starting statutory consultation in November following approval of the Objectives and ask that Members consider how they can support this involvement work.

Action	Start Date	End Date
Agree a set of draft local objectives (based on the assessment of well-being) (3 monthly sessions plus 4 weeks drafting)	06/5/22	31/7/22
Drafting and seeking advice from Commissioner (14 weeks)	1/8/22	7/10/22
Community and Stakeholder Involvement (14 weeks)	1/8/22	7/10/22
Final draft (4 weeks)	7/10/22	4/11/22
Statutory Consultation (12 weeks)	7/11/22	27/1/23
Analysis and final drafting and sign off by PSB (approx. 6 weeks)	30/1/23	10/3/23
Formal approval at meetings of the statutory members (4 weeks)	13/3/23	7/4/23
Translation and publication (3 weeks)	10/4/23	28/4/23

Along with colleagues from the Coproduction Network, we will be holding a workshop to bring together communication and engagement leads from across the region and partnerships, as we did with the Assessment. We ask that Members commit to this approach and identify relevant colleagues within their organisation and networks to involve.

#### **4. CURRENT AND FUTURE REQUIREMENTS**

The publication of a Well-being Plan by May 2023 is a statutory requirement for Public Services Boards. The recommendations set out in this paper detail the requirements needed from the partnership to meet this requirement and achieve the intention of being one Cwm Taf Morgannwg in early 2023.



## 5. CONCLUSION

Members are asked to:

1. Agree to the framework set out below (appendix one) based on the demonstrated evidence base from the Assessment and stakeholder sessions.
2. Consider the two thematic areas identified and agree to them as the basis for the regional Well-being Objectives for 2023 – 2028. Consider the draft wording.
3. Agree to using a Health Impact Assessment approach to developing the Plan and to the creation of a working group to support this, ensuring PSB commitment and ownership (nominations to PSB Officers by 28 October).
4. Ensure attendance (or that of an appropriate representative) at 15 November session to consider structure, form and vision for the merged PSB.
5. Commit to the engagement and involvement work needed for the development of the Plan.

## A More Equal Cwm Taf Morgannwg

Our Well-being Assessment told us that the communities in Bridgend, Merthyr Tydfil and Rhondda Cynon Taf have a lot to be proud about. However, not all communities have fair access to opportunities and face different challenges that impact on well-being. We've taken learnings from the Assessment to identify two areas where we will work together locally to tackle these inequalities in relation to our lifestyles, our communities, and our environment to improve the well-being for people living here now and building towards a fair future.

### In delivering the Plan, the PSB commits to:

- Involvement and citizen voice shaping design and provision, maximising opportunities for working with Coproduction Network.
- Members acting as anchor organisations (assets, workforce, procurement practices).
- Establishing a *regional* governance (based on form and function “spirit of Covid”) that drives *local* delivery (based on need and improving equity) and campaigns at a *national* level on behalf of our communities.
- Knowing: Improving intelligence across the region, agencies and partnerships. Understanding the wider determinants of health and behaviours.
- Systems thinking and being outcome focused.

### Objective One: SAFE

**Example wording**

Cohesive Communities  
 Belonging, Connecting  
 Living well

Communities feel safer and fairer for everyone

*Outcome / Future Ambition:*

Communities are safe, inclusive and feel cohesive (for everyone living, working, and visiting there / where people are happy and healthy)

Healthy local neighbourhoods

### Objective Two: GREEN

**Example wording**

Sustainable Communities  
 Protecting  
 Living a sustainable life

Valuing and using what we have (responsibly), changing what we can

*Outcome / Future Ambition:*

Communities are managing the impact of climate change in their area (and preventing the emergency getting worse)

Sustainable and resilient local neighbourhoods

**From our workshops**

- Community ownership of local assets, spaces, decisions
- Local businesses, supporting town/community centres/ keep spend local
- Social prescribing, wellbeing on the doorstep, community support
- Local culture, valuing distinctive, diverse expressions of culture, sport, music etc. tourism offers
- Free local opportunities to come together
- Impact of substance misuse, violence, domestic violence in our communities.
- Young people feeling part of the community
- Opportunities to come together, be outside together
- Fun on the doorstep – local activities, community activities, cultural opportunities, local tourism offer
- 20-minute neighbourhoods

**From our Well-being Assessment**

- Percentage of ethnic minority groups in the area is lower than Wales average
- Pride in place (who we are and where we've come from)
- Young people don't feel listened to.
- Men most likely to feel safe, over 75s least likely. Perceptions of increase in crime in least affluent areas
- Sept 2019 – Aug 2020 more reports of DA
- Belonging, cultural well-being of communities
- Volunteering
- Welsh language and culture, eisteddfod
- "Cost of living is going up but my wage isn't". Men earn more than women
- Quality of rented accommodation was low. Buying houses was linked to feelings of security.
- Socialising linked to mental health
- Dementia rates likely to increase
- Ageing population, fewer younger people
- Balance of data showing poverty but people showing pride
- Transport links are needed for people to socialise and use leisure and arts, and jobs
- Safe affordable leisure is important
- Affordable childcare will help people into work.
- Equal opportunities: More people with disabilities want to enter work and have opportunities, carers and young people
- Mental ill health higher in least affluent areas. Worrying about money is one of the biggest contributors to poor well-being

**From our workshops**

- Transport and service planning that means that much of what we need is accessible locally, hubs, active travel, connected communities, digital inclusion
- Local food, accessibility of affordable food, local growing, local producers
- Acting locally to improve places for nature and enhance biodiversity
- Reducing pollution and waste
- Future skills
- Learning about living healthily, locally, sustainably
- Access to healthy choices locally
- Physical activity opportunities, local activities, green spaces
- Staff health and wellbeing

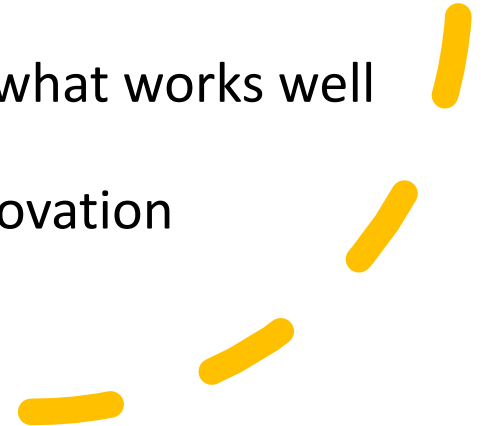
**From our Well-being Assessment**

- Concerns that changing population puts pressures on the environment, and changes housing needs
- Volunteering
- Industrial past shaping our future: opportunities and challenges
- Successfully attracting investment due to nature
- Used green spaces more during Covid. Those less well off used green spaces less
- 40,000 properties at risk from flooding and likely to increase
- Biodiversity needs strengthening
- Using resources better, costliness of flytipping
- Quality housing will help with heating, fuel poverty, noise insulation and exposure
- Green spaces are valued for family time
- Responsible planning, including fast food outlets (littering)
- Success of food prosperity networks
- Increasing number of people in work have an income below the poverty line
- High levels of diabetes, more men than women. Levels of obesity are high in all age groups (South Cynon intervention pilot).

<p><b>Our communities told us: local voices</b></p> <ul style="list-style-type: none"> <li>• The importance of socialising – reduced loneliness and contributions to good mental health</li> <li>• Role of communities on mental and physical well-being</li> <li>• The ability to socialise was noted as being beneficial to specific groups including parents of disabled children and adults.</li> <li>• Access of leisure (and entertainment) featured prominently. Safe, affordable leisure important – and the transport to get there.</li> <li>• Importance of family, friends and social cohesion. Good relationships increased community participation.</li> <li>• Generational opinions of ‘acceptable behaviour’ and ‘respect’</li> <li>• Promotion of Welsh language and culture important. Pride in cultural identity.</li> <li>• Need for safe spaces for younger people.</li> <li>• Equality in employment</li> <li>• Importance of belonging</li> <li>• A living wage would improve people’s standard of life. Better jobs out of area, and employment needed for self-esteem and independence.</li> <li>• Training and skills linked to prospects and confidence.</li> <li>• Investment in town centres and high streets important</li> <li>• Negative perceptions (of the area) impact on people’s well-being</li> <li>• Crime rates, ASB and drugs were a cause for concern. Desire for increased police presence, lighting and CCTV</li> </ul>	<p><b>Our communities told us: local voices</b></p> <ul style="list-style-type: none"> <li>• More can be done about recycling: awareness (soft plastics) and personal responsibility</li> <li>• People feel fortunate for the green spaces on their doorstep and use them for a range of reasons, inc mental &amp; physical health</li> <li>• Poor pathways and maintenance are a barrier to people using the outdoors.</li> <li>• People talked about climate change, but in the context of flooding and flood prevention</li> </ul> <p>Quality of (rented) accommodation</p> <ul style="list-style-type: none"> <li>• Issues of safety outside were linked to environmental wellbeing. Spaces feel less safe after dark.</li> </ul>
<p><b>From the previous Plans / since 2018 / Building on:</b></p> <ul style="list-style-type: none"> <li>• Community Safety Partnerships</li> <li>• Workforce wellbeing</li> <li>• Community Hubs</li> <li>• Healthy Weight Healthy Wales</li> <li>• Community response to Covid (and Cost of Living)</li> <li>• Connected Communities Strategy and Loneliness and Isolation development officer role</li> </ul>	<p><b>From the previous Plans / since 2018 / Building on:</b></p> <ul style="list-style-type: none"> <li>• Green Networks</li> <li>• Social prescribing</li> <li>• Carbon Zero Plans</li> <li>• Area Statements</li> </ul>

# Stakeholder conference - What worked well from current working

- Professional networks are important and valuable
- Crisis management – covid showed how we can work together
- Trusting relationships
- From a 3<sup>rd</sup> sector perspective – we found barriers were tackled – bureaucracy was reduced – worked for better together – never experienced before in partnership working
- Sub-boards
- Capturing community voice - Data shows that people/communities can find solutions – rather than having them created for them
- Collaborative conversations - learning from each other - Sharing opportunities
- Good at initiatives – review them to see what works well and how to expand them
- Bureaucracy and structures can stifle innovation



# Gwent PSB – strengths and challenges



## Strengths

- Desire to strengthen governance, collaborative accountability, clearer partnership landscape Excellent pre-existing working relationships among members and strong will to get this over the line
- Build on current networks, create links to regional partnerships
- Strengths in single identity, branding, social media, engagement

## Ongoing challenges

- regional scrutiny panel, performance management framework
- Concerns - Democratic Challenge and loss of local accountability, Concerns that local delivery would be weakened
- Yet to agree a consistent local vs regional delivery landscape


**Additional Membership-** Chair SWFRA, Welsh Government, National Probation Service, 2 x CVCs **PLUS** Public Health Wales, RSL representative, USW further education representative

**Practicalities** – 2 year rotation of chairing and facilitation. Simple terms of reference based on the guidance. 'The 'governance' bits are a necessary evil'

# Gwent PSB - Opportunities

- Ability to develop a high level set of Gwent Well-being Objectives
- Ability to continue to commission and develop regional projects- landscape scale, shared expertise, economies of scale
- Ability to strengthen governance alignment around other regional boards- Community Safety Review and Regional Partnership Board- align strategic priorities
- Ability to solve the sticky problems- most senior leadership in the region
- Local Delivery Groups will continue to respond to local data and Community Area Assessments and contribute to regional projects
- Potential that Regional Scrutiny, when formed, could solve some other 'governance gaps' e.g. the RPB
- Will demonstrate a response to the WG review of partnerships and the Audit Wales review on the effectiveness of PSBs

## Next Steps

- November 2022 - Joint Planning workshop Facilitated by Professor Keith Moultrie, Oxford Brookes University
  - January 2023 – Shadow joint Cwm Taf Morgannwg PSB
  - What do we want this session to do for us?
  - What do we want to keep/ change from current ways of working in Bridgend
- 



## Cwm Taf and Bridgend PSBs' draft well-being objectives and steps (2023-28)

Advice of the Office of the Future Generations Commissioner for Wales

5<sup>th</sup> October 2022

### Advice on your draft well-being objectives and steps

We thank you for involving us from an early stage as you develop your well-being plan. It has been positive to hear your reflections on progress towards your previous well-being plan, and continuing engagement from the well-being assessment to inform your thinking.

Officers have shown a good understanding of the information from the well-being assessment and involvement activities, what these are indicating as the biggest issues facing your communities and what the communities would like to see in the future.

We thank your officers for regular and open communication throughout the process of drafting the well-being plan. This has enabled us to tailor our support to where it is most of use, providing iterative advice on specific themes and concepts as objectives and steps are developed.

With this in mind, the below written advice summarises the conversations and advice during the 14-week consultation period, with Annex 1 detailing the activity through this period.

The statutory guidance for Public Service Boards (PSB) states '*in setting its local objectives a board must also take into account the latest Future Generations Report.*' As we have discussed, alongside our iterative advice directing you to relevant chapters and recommendations of the report, we share with you Annex 2 detailing recommendations from the Future Generations Report 2020. We encourage you to ensure you are taking these into consideration with respect to your proposed steps. Most chapters within the report have recommendations listed for public bodies and PSBs on the last few pages.

#### **20 Minute Neighbourhoods**

Your officers discussed with us that a key theme arising from involvement exercises is a desire to explore a '20 minute neighbourhood' concept. They had identified the Three Horizons Session with Natural Resources Wales as an opportunity to develop this concept further, and we thank officers for extending the invite for us to attend. However, officers shared concerns that this concept may be difficult to implement in more rural areas; and additionally, they reflected that the well-being assessment showed obesity as a key issue for the area, which had not been improved by previous actions, so sought advice on how this could be integrated.

We shared with officers examples of how the 20 minute neighbourhood concept had been implemented in rural areas including [Scotland](#) and the case study produced on how it has been implemented in the [Brecon Beacons](#).

We advised that in using the five ways of working and seeking maximising contribution towards all of the well-being goals we can see how this concept can support the work to tackle some of the more embedded issues in the area, such as obesity.

We signposted officers to the relevant chapters from the Future Generations Report 2020 including those on [Transport](#) and [Land use planning and Placemaking](#). There are also relevant recommendations from the [Healthier Wales](#) chapter, that public bodies should

- "Play their part in enabling an active nation; increasing the benefits of physical activity for everyone;" and
- "Prioritise placemaking and designing-in community health and well-being – enabling places to support the health and well-being of people and communities."

We advised that in designing a 20minute neighbourhood, consideration should be given to what statutory support services can be offered, how current and predicted demographics can inform placement of services such as doctors surgeries and schools. Other things to consider include e.g. places of worship in relation to existing residents and if providing sanctuary to refugees.

### **Anchor Organisations**

As discussed, we welcome that you are looking at how the PSBs can act as anchor organisations within the region. We appreciate the challenges and resources required to move to a regional PSB, however we are pleased to see you identify and look to utilise the opportunities this can present in reviewing your governance structures to align and harness the collective power of the PSB, while realistically reflecting on the areas where you have the levers to add value.

We discussed the cost of living crisis, and the potential impact of Brexit and the war in Ukraine on your communities. We advised that, while there are significant pressures and challenges in the here and now, such as the cost of living crisis, we stress the importance of PSBs exploring and developing longer-term solutions that help address underlying causes and mitigate impacts in your communities. We discussed how this could be encompassed by some of the actions you have already identified you could undertake as 'anchor organisations' e.g. in becoming Living Wage employers and through your procurement.

We shared the example of Cardiff's [Living Wage City Partnership](#) that was established "to promote the benefits of the Living Wage and to help deliver a more equal Cardiff". The partnership is led by the Council and now has 182 Cardiff Living Wage employers signed to the scheme, including other public bodies such as the Cardiff and Vale University Health Board. This is a good example of the role of public bodies and boards as leaders within their region.

Additionally Public Health Wales have [resources on fair work](#) which you may find helpful.

We have also spoken of the roles of community organisations as anchor organisations in building cohesive communities. In the Future Generations Report chapter on [Cohesive Communities](#), we highlighted the role of community organisations including: bringing in outside investment, targeting resources to meet local needs and taking innovative approaches. In that chapter we also recommended that public bodies and boards "value the role and potential of community anchor organisations can play in building cohesive communities" and that they "enable people to be active in their communities by creating the conditions where they can do the things that matter to them". Please also consider our [Journey to A Wales of Cohesive Communities](#).

You raised that transport is a high priority for many of the people within your communities as they are employed within sectors, like retail, where they are unable to work from home and still commute to work. Additionally, that public transport provision is currently linear to and from Cardiff, making travel across the communities difficult unless commuting by car. You reflected that despite the desire to address these issues, and Transport for Wales being an active member of the PSB, you do not currently have the levers, however you can see possible future opportunities especially in light of the Corporate Joint Committees.

We discussed ways that you could use either the well-being statement or 'cross-cutting themes' of your well-being plan to identify areas you will keep as a watching brief as and when the opportunities arise. You also rightly identified how your actions as 'anchor organisations' through e.g. procurement can support the creation of jobs within the local communities.

We have shared recommendations from the [Globally Responsible Wales](#) chapter of our Future Generation Report 2020, that public bodies should focus on:

- "Making the right financial decisions now, to enable future generations to thrive."
- "Ensure our supply chains are fair, ethical and sustainable."

Further resources that may be of use for you is the [Interim learning report](#) of the City & Hackney anchor network and this article about the [NHS as an anchor institution](#).

Following the Three Horizons Session, which we were pleased to be a part of, we referred you to the [Statutory Guidance, Chapter 2](#) (Public Bodies and PSB's) and [Chapter 2 \(procurement\)](#) of the Future Generations Report.

### **Performance Measures**

We welcome that you are already considering how best to measure progress as you deliver your well-being plan, and that you are measuring 'what matters'. We discussed that this is something a number of PSBs are considering and that our advice on previous reporting is to include case studies that demonstrate the impact activities have achieved, and how you can use your involvement processes to consider 'what good' would look like if you were to achieve your objectives.

We have signposted you to training being provided by Academi Wales and resources such as New Economics Foundation and Thriving Places Index. You may find it useful to use the [self-reflection tool](#) we co-produced with public bodies, which received positive feedback that the process allowed people to bring colleagues together from across the organisation to collectively and honestly understand how the organisation was progressing towards objectives, seeking to maximise contribution to the seven national well-being goals and use the five ways of working to do so. Some public bodies told us they intend to use this method to put together their annual reports and corporate plans.

### **Draft Objectives and Steps**

We were pleased to see the approach taken to developing the objectives and steps. The framework used clearly identifies the 'why' including evidence basis of both the well-being assessment and involvement activities and any potential concerns/threats in delivery, and how these have led to the objectives, steps and cross-cutting themes for your draft well-being plan.

We thank officers for sharing with us the draft objectives and steps as they develop, we welcome your intention for meaningful engagement through the public consultation period, and that you anticipate making changes as a result of the public consultation. As such our advice has been based on draft themes and links including:

#### *Cross cutting themes and approaches*

The majority of our advice in this area is covered above under 'Anchor Organisations'. Additionally, we are pleased to hear of your intention to work closely with Public Health Wales to apply the Health Impact Assessment across the objectives and steps. We shared with you [Wales Health Impact Assessment Support Unit](#)

The importance you have placed on involvement and continuing conversations, while reflecting on challenges and the effectiveness of your involvement approaches is noteworthy. You requested advice as to approaches and contacts for this and we have shared with you the [Involvement Annex](#) of the Future Generations Report, and our [Journey to Involvement](#). We have advised on how you can reach those who are seldom heard and have connected you with organisations such as Ethnic Youth Support Team and Homestart Cymru.

It is positive that you will be working closely with Co-Production Cymru and the Regional Partnership Board on the public engagement phase of drafting your well-being plan. As the engagement plans develop, we are happy to further advise and connect you as discussed, with e.g. University of South Wales and [Business in the Community](#).

From the drafts you have provided, we can see the potential for these to develop into strong objectives and steps. As you progress in developing your well-being plan, we recommend you consider Chapter 4 of the Future Generations Report which includes a helpful guide for '[Setting good well-being objectives](#)'. Your plan should evidence how you have applied the five ways of working and considered maximising contribution towards the well-being goals. The steps should hold the detail of how the objectives will be achieved and should be specific, measurable, achievable, relevant and time-bound (SMART).

*Draft Objective: Communities are safe, inclusive and feel cohesive (for everyone living, working, and visiting there / where people are happy and healthy).*

We have recommended involving local Town and Community Councils and also using the 'Cultural lens' to develop this objective and step further, e.g. we discussed the impact the cost of living crisis could have on access to physical activity and the work Arts Council Wales are doing around the 'green agenda'. It was positive to hear officers' ideas for opportunities to encourage the use of the Welsh language within day to day and leisure activities, in partnership with the Urdd. The Welsh Language Commissioner's Office have advised that your well-being plan should align with your Welsh Language Promotion Strategy, and this may be helpful for you in identifying which local partners to engage with. We have attached the Welsh Language Commissioner's resources '[Considering the Welsh language in the Local Well-being Plans](#)' and '[standards relating to promoting the Welsh Language](#)' which we hope you will find helpful.

We signposted officers to our '[Journey to A Wales of Vibrant Culture & Thriving Welsh Language](#)' and the chapter on [this goal](#) within our Future Generations Report. Recommendations from the report which may be relevant are:

- "Involve arts, language and culture practitioners and organisations in setting their objectives and steps."
- "Support people to engage with culture in their daily working and recreational lives and bring out the best in our cultural professionals."
- "Use cultural and linguistic interventions to address wider societal issues."
- "Enable our citizens to access and engage with their own and other cultures."

Additionally, we shared with you information on an 'Intercultural City approach' to promote the Welsh language whilst also recognising and celebrating the other cultures, languages, and communities such as through '[City of Sanctuary](#)'

Regarding the theme of a step to support refugees, we have directed officers to the recommendation from The Future Generations Report in the Chapter a [Globally Responsible Wales](#):

- "Ensure Wales is welcoming, safe and fair to all."

And have further advised that you review the Welsh Government's [Nation of Sanctuary strategy](#) to identify any ways to improve your approach to refugees and asylum seekers through setting collective well-being objectives. PSBs should consider how to develop a coordinated and integrated approach to refugees and asylum seekers. As a Nation of Sanctuary, refugees should have access to a full wrap-around service, ensuring their safety and providing access to public services. We also shared with you Victim Support's recent report about the experience of hate crime amongst children and young people in Wales: '[Its Soul Destroying](#)'.

*Draft Objective: Communities are managing the impact of climate change in their area (and preventing the emergency getting worse)*

As above, we recognised where you are already demonstrating good practice, such as Rhondda Cynon Taf's [decarbonisation plan](#), how this objective would be supported by your approach to be anchor organisations and the 20 minute neighbourhood approach. This also is a positive demonstration of integration, and that you are thinking about your draft objectives as a collective whole. You highlighted how your communities had experienced flooding immediately prior to Covid-19, we advised you consider our report [Inequalities in a Future Wales](#) which was developed in collaboration with Public Health Wales and contains recommendations on how you can support your communities as we see the impacts of climate change, phase 2 of Inequality in a Future Wales will be published shortly in collaboration with Public Health Wales.

We shared with you additional information and connections including:

- Natural Resources Wales' short paper on the potential action and steps PSBs can take to help address the climate and nature emergency.
- School of International Futures [Putting Intergenerational Fairness Into Practice](#)
- [Food Sense Wales](#) aims to influence how food is produced and consumed in Wales
- [Social Farms and Gardens](#)

In developing this objective and steps further we recommend considering the Future Generations Report chapters [A Resilient Wales](#), and [Decarbonisation](#).

You raised that, while you wish to prepare your communities for jobs of the future, there are also clear skills gaps in your communities preventing them from accessing roles above entry level as these become available, and that experience in team management (for example) are likely to be skills required in the immediate term and the future.

We advised that you should take into account the Future Generations Report chapters on [Skills](#) and [A More Prosperous Wales](#), and consider how you could integrate this work with your draft objectives e.g. through procurement, by "Championing the increasing demand for 'softer skills'", and as per the recommendation in [Chapter 2](#) consider how as 'anchor organisations' you could implement a 'Real Life Fast Tack' programme in order to bring a variety of skills, perspectives and experiences to the public services of the future.'

We advised that Bridgend College are keen to engage with the PSB on preparing people for work and will be an important partner within the arena, alongside other academic institutions who are often applying for funding to upskill the local community, e.g. University of South Wales. We would be happy to help connect you.

We also discussed that while there can be a tendency to compartmentalise some issues, or defer to other networks such as Regional Skills Partnerships or Growth/City Deals on policy areas such as this, PSBs should recognise they can be a key influencer and informer on these areas of work and many of the same individuals and organisations sit around the table.

## Annex 1

## Summary of activity between Cwm Taf and Bridgend PSB and the Office of the Future Generations Commissioner during the 14 week consultation period

Below is a record of correspondence during the statutory consultation period:

Date	Activity	Comments
29 <sup>th</sup> June 2022	Email from CTM	Triggering the 14 week consultation period.
12 <sup>th</sup> July 2022	First meeting between CTM and OFGC.	Agreed timescales. Agreed points of contact Discussed process including in merging the PSB's and reflections from the well-being assessment Ongoing dialogue welcomed and agreed to meet again.
3 <sup>rd</sup> August 2022	Meeting between CTM and OFGC	Discussed progress Advice sought on 20minute neighbourhoods and anchor organisations.
11 <sup>th</sup> August 2022	Email from OFGC	Signposting to: <ul style="list-style-type: none"> <li>• Relevant chapters of the Future Generations Report</li> <li>• Organisations and case studies</li> <li>• Resources e.g. State of Natural Resources Report 2020</li> </ul>
18 <sup>th</sup> August 2022	Email from CTM	Sharing draft objectives and themes for steps.
30 <sup>th</sup> August 2022	Meeting between CTM and OFGC	Discussed draft objectives and steps. Discussed focus of the Three Horizon Session Discussed approach/ideas for Welsh Language and Culture.
13 <sup>th</sup> September 2022	Email from OFGC	Provided interim advice on the draft objectives and steps Sharing NRW's paper on steps PSB's can take Signposting to: <ul style="list-style-type: none"> <li>• Relevant chapters of the Future Generations Report</li> <li>• Organisations and case studies</li> <li>• Resources e.g. <a href="#">Wales Health Impact Assessment Support Unit</a> and <a href="#">Inequality in a Future Wales Report</a></li> </ul>
20 <sup>th</sup> September 2022	Three Horizon Session	Representative from OFGC attended the session, to feed in where actions were 2- and identify where ideas generated could be supported by the office's resources e.g. the Future Generations Report
26 <sup>th</sup> September 2022	Email from OFGC	Following the session raising themes of corporate change, signposted to: <ul style="list-style-type: none"> <li>• Chapter 2 of the Future Generations Report</li> <li>• Welsh Government Statutory Guidance</li> </ul>
26 <sup>th</sup> September 2022	Meeting between CTM and OFGC	Discussed outcomes of the Three Horizons session Confirmed next steps for advice and following the statutory 14 week period.

		<p>Advice sought on:</p> <ul style="list-style-type: none"> <li>• Performance measures and approaches</li> <li>• Involvement for the public consultation</li> </ul>
29 <sup>th</sup> September 2022	Email from OFGC	Sharing resources for performance measurement
3 <sup>rd</sup> October 2022	Email from OFGC	Warm introduction to organisations e.g. EYST and Homestart Cymru
4 <sup>th</sup> October	Final meeting between CTM and OFGC	<p>Advice sought on transport, cost of living crisis and skills.</p> <p>Discussed written advice and next steps.</p>

This page is intentionally left blank



# Cwm Taf and Bridgend PSBs Joint Planning Workshop 15 November 2022

## 1 Introduction

Cwm Taf and Bridgend Public Service Boards (PSB) were separately established in 2016 as one of the requirements of the Wellbeing of Future Generations 2015 (Wales) Act. Their responsibilities include:

- Assessing the state of economic, social, environmental and cultural well-being.
- Setting objectives that are designed to maximise the PSB partners contribution to the social, economic, environmental and cultural well-being goals outlined in the Act.
- Doing this in accordance with the sustainable development principle and the impact they could have on people living their lives in Wales in the future.

They are currently exploring how they might best merge their responsibilities and their tasks under one single PSB to enable them to be more effective and more joined-up in their work. Plans are developing well. Colleagues are currently working towards a joint wellbeing plan, and it is intended that an initial meeting of the joint Board will take place in early 2023. Prior to this, a workshop is planned on 15 November for members of both PSBs to consider future governance and working arrangements.

## 2 Workshop purpose and deliverable

The purpose of the workshop is:

- To share the experience of both Boards about what they have learnt about governance, terms of reference, meeting arrangements, working and business support, engagement and communications.
- To propose and agree initial working arrangements for the joint board drawing on these lessons.

Following the workshop the discussions will be written up into a set of working arrangements for the joint board members to review at their first meeting and hopefully adopt to steer it for the first year of operation.

## 3 Workshop programme

The following programme for the workshop is proposed:

### **Part 1: Introduction and overview**

- Welcome and Introductions – Chair (10 minutes)

- A brief overview of progress on the joint board to date including the joint plan (20 minutes)

### **Part 2: A review of learning from both Boards**

- Introduction to review session and key areas to cover including governance, terms of reference, meeting arrangements and style, working and business support, engagement and communications (15 minutes)
- Small mixed groups to share learning (things to keep and things to avoid) and propose key elements of future working on flipchart (30 minutes)
- Plenary feedback on learning on flipcharts (30 minutes)

### **Part 3: Future arrangements**

- Different small mixed groups to work up proposals for future working in key areas agreed in the plenary – one area per group (30 minutes)
- Plenary sharing and testing of proposals (45 minutes)
- Final review of work completed and to be done (15 minutes)
- Close and working lunch.

## **4 Logistics**

- The meeting is planned for 9.30am to 1pm followed by lunch until 1.30pm on Tuesday 15 November
- It will be held at a venue to be agreed and attendance is face-to-face only.
- The space will need to include seating at tables (cabaret style) for up to 45 people
- We will need space to break the meeting into up to 6 small working groups during the morning.
- We will need one projector and one screen and up to 6 flipcharts or pads of paper and pens.
- It would be helpful for badges to be provided for participants and for a register to be kept of attendance.
- The workshop facilitation will be prepared, undertaken and written up by Keith Moultrie

## **5 Preparation**

If the above outline is agreed then the following actions will be needed:

- Relevant materials on the draft plan and any other relevant materials or updates on progress sent to Keith.
- Keith prepare a set of slides to steer the meeting based on the above.
- Arrange a liaison meeting early November to confirm arrangements and key messages from Chair.

**Institute of Public Care**  
**6 October 2022**

## Gwent Area Public Services Board Local Delivery Group - Caerphilly Terms of Reference

Prepared with reference to the Welsh Government Statutory guidance: SPSF 3 Collective Role (Public Services Boards) “Shared Purpose Shared Future” and Schedule 3 of the Well-being of Future Generations (Wales) Act 2015.

### Status

1. The Gwent Area Public Services Board (hereafter the Gwent Public Services Board, or, the Board) is a statutory board established by the Well-being of Future Generations (Wales) Act 2015.
2. The former five local Public Services Boards, covering the geographical local authority areas of Blaenau Gwent CBC, Caerphilly CBC, Newport CC, Monmouthshire CC and Torfaen CBC, have agreed to merge under Section 47(1) of the Act to assist them in delivering the well-being goals for Wales.

### Purpose

3. The purpose of the Board is to improve the economic, social, environmental, and cultural well-being of the combined area, referred to as ‘Gwent’.
4. In pursuing this purpose, the Board will contribute to the national well-being goals and its Vision Statement.
  - A prosperous Wales
  - A resilient Wales
  - A healthier Wales
  - A more equal Wales
  - A Wales of cohesive communities
  - A Wales of vibrant culture and thriving Welsh language
  - A globally responsible Wales

### VISION STATEMENT

The shared long-term vision of all partners for the Gwent area is for sustainable communities, supported by actions that enhance the quality of life for all. This means we need to make sure that when making decisions, we take into account the impact they could have on people living their lives in Wales in the future.

### Main Tasks

5. The Board has four main tasks:
  - To prepare and publish an assessment of the economic, social, environmental and cultural well-being of the Gwent area.

- To prepare and publish a Local Well-being Plan for the Gwent area setting out well-being objectives and the steps it proposes to take to meet them.
- To take all reasonable steps to meet the objectives they have set.
- To prepare and publish an annual report that sets out the Board's progress in meeting the well-being objectives.

## Principles and Values

6. Sustainable development is the overriding principle of the Board's activities. This means acting in a manner which seeks to ensure that the needs of the present are met without compromising the ability of future generations to meet their own needs.
7. The Board will operate with mutual respect and challenge, in the spirit of collaborating to improve the well-being of the area. Members will seek to be at the forefront of planning, will be inquisitive of new approaches, and will act to bring their combined resources to bear to make any changes in partnership delivery that are needed to secure the well-being of future generations.
8. This means working in ways that take into account:
  - **Long term:** The importance of balancing short-term needs with the need to safeguard the ability to also meet long-term needs.
  - **Prevention:** Understanding the root causes of issues that affect well-being and acting to prevent problems occurring or getting worse.
  - **Integration:** Considering how the Board's well-being objectives may impact upon each of the well-being goals, on their other objectives, or on the objectives of other public bodies.
  - **Collaboration:** Acting in collaboration with any other person that could help the Board to meet its well-being objectives.
  - **Involvement:** The importance of involving people with an interest in achieving the well-being goals and ensuring that those people reflect the diversity of the area which the body serves.
9. In addition, the Board, will strive to work in accordance with:
  - The United Nations Convention on the Rights of the Child
  - The National Principles for Public Engagement in Wales
  - The National Standards for Children and Young People's Participation
  - Welsh Language (Wales) Measure 2010
  - Equality Act 2010
  - Public Sector Equality Duty

## Membership

### *Statutory Members*

10. The statutory members of the Board are:
  - **Blaenau Gwent County Borough Council** (Leader and Chief Executive)

- **Caerphilly County Borough Council** (Leader and Chief Executive)
  - **Newport City Council** (Leader and Chief Executive)
  - **Monmouthshire County Council** (Leader and Chief Executive)
  - **Torfaen County Borough Council** (Leader and Chief Executive)
  - **Aneurin Bevan University Health Board** (The Chair and Chief Executive)
  - **South Wales Fire and Rescue Service** (The Chair and Chief Officer)
  - **Natural Resources Wales** (Chief Executive)
11. Individuals may be designated to represent any of the named persons above. Council Leaders may only designate another member of the Council's Cabinet to represent them.
12. Any designated representatives should have the authority to make decisions and commit resources on behalf of their organisation.

#### *Invited Participants*

13. The following statutory invitees are invited to participate in the board's activity:
- The Chief Constable of Gwent Police
  - The Gwent Police and Crime Commissioner
  - National Probation Service for Wales
  - Gwent Association of Voluntary Organisations
  - Torfaen Voluntary Association
  - The Welsh Ministers
14. The following non-statutory invitees, exercising functions of a public nature, are invited to participate in the board's activity:
- Local Director of Public Health and Strategic Partnerships
  - A representative of the Registered Social Landlords in the region
  - A representative from the tertiary academic sector
  - A representative (Chair or Vice-Chair) from the Gwent Strategic Well-being Action Group
15. Invited participants are not required to accept their invitation.
16. Invited participants are not members of the Board. They are entitled to make representations to the board about the assessments of local well-being and local well-being plan, take part in Board meetings and provide other advice and assistance.
17. Invited participants will be asked to join the Board via a letter from the Chair setting out the reasons for the invitation and the expectations upon the invitee.
18. Having joined the Board, invited participants will participate in meetings in the same way as statutory members.

*Observer*

19. The Board will invite the Chair (as an alternate Vice-Chair) of the Regional Scrutiny Committee to attend Board meetings as an observer.

*Other partners*

20. The Board will work with key partners either directly, or through Local Delivery Groups, who exercise functions of a public nature and who; have a material interest in the well-being of the area; deliver important public services; and are involved in the in the preparation, implementation and delivery of the work of the board.
21. These partners will include, but are not limited to:
  - Community Health Councils
  - Town & Community Councils
  - Registered Social Landlords
  - Tertiary Colleges
  - National Park Authorities
  - Higher Education Funding Council for Wales
  - Further or Higher Education institutions
  - Arts Council of Wales
  - Sports Council for Wales
  - National Library of Wales
  - National Museum of Wales

**Quorum**

22. The quorum of a public services board meeting is all its statutory members.

**Decision Making**

23. Members will appoint a Chair and Vice Chair from the statutory members or the invited participants, to hold office for two years.
24. Board decisions, for example the agreement of the assessment of local well-being and the local well-being plan, are only valid when made jointly and unanimously by all statutory members and with all statutory members in attendance.
25. Other Board decisions will be agreed by consensus but may be taken by vote carried by a simple majority.

26. In the event of a disagreement between members it is the responsibility of the Chair to mediate an agreement and to ensure that this is presented to the next available meeting of the Board or to a special meeting if required.

### **Mandatory Meetings**

27. The Board will hold a “mandatory meeting” chaired by one of the constituent local authorities, no later than 60 days after each subsequent ordinary election of councillors.
28. At this meeting the Board will:
  - a) Nominate a Chair and Vice-chair
  - b) Determine when and how often it meets
  - c) Review and agree its terms of reference

### **Ordinary Meetings**

29. Ordinary meetings of the Board will take place, as a minimum, every three calendar months at a time and venue to be agreed by the members. Members may attend virtually.
30. Each meeting may consider, but not be limited to, the following agenda items:
  - Welcome and apologies
  - Declarations of interest
  - Minutes of the last meeting
  - Progress on well-being objectives
  - Forward work plan
  - Public questions and communication

Minutes of meetings, and relevant reports, will be on the Gwent Public Services Board’s website.

### **Sub-groups**

31. The Board is able to establish sub-groups to support it in undertaking its functions and the board can authorise sub-groups to exercise a limited number of functions.
32. Each sub-group of a public services board must include at least one statutory member of the board, who can choose an appropriate representative to attend to contribute to the work of the sub-group. The sub-group can include any invited participant or other partner.
33. Sub-groups’ functions will be guided by these PSB terms of reference.
34. Sub-groups cannot be authorised to:
  - (a) invite persons to participate in the board’s activity

- (b) set, review or revise the board's local objectives
  - (c) prepare or publish an assessment of well-being
  - (d) consult on an assessment of well-being or to prepare a draft of an assessment for the purposes of consulting
  - (e) prepare or publish a local well-being plan
  - (f) consult on a local well-being plan or to prepare a draft of a local well-being plan for the purposes of consulting
  - (g) review or amend a local well-being plan or to publish an amended local wellbeing plan
  - (h) consult on an amendment to a local well-being plan
  - (i) agree that the board merges or collaborates with another public services board
35. The matters above require all statutory members to act jointly and so must be taken by the Board itself.
36. Whilst sub-groups cannot themselves be authorised to finalise and approve the assessment of local well-being, or the local well-being plan, it is expected that they will play an important role in researching and developing those products in draft.
37. The aims of each sub-group will be determined by the Board when the sub-group is established.
38. Each sub-group will prepare terms of reference and the Chair of the sub-group will submit them to the Board for approval.
39. The following sub-group is currently established:
- Gwent Strategic Well-being Action Group.** The aim of this sub-group is:
- To act as the officer support group to the Board
  - To prepare the local assessment of well-being and Gwent Well-being Plan
  - To ensure that regional activity that contributes to the Board's well-being objectives is delivered in collaboration
  - To liaise with Welsh Government and the Office of the Future Generations Commissioner on behalf of the Board
  - Facilitate the relationship, continuity and reporting between regional activity and the work of the Local Delivery Groups
  - Provide evidence to the Regional Scrutiny Committee
  - To ensure that the work of the partnership is open and transparent and that it's activity and performance is available on the Gwent Public Services Board's website
  - To prepare an annual report on behalf of the Gwent Public Services Board
41. The following sub-groups will be established to operate in each geographical local authority area:



**Local Delivery Groups.** The aim of each of the five sub-groups is:

- To ensure the delivery of local actions that contribute to the Board's well-being objectives
  - To contribute to any regional activity that contributes to the Board's well-being objectives
  - To involve local communities, local community areas and any person or group with an interest in the well-being of the area covered by the partnership
  - To take forward any actions of a local nature set out in the Gwent Well-being Plan
  - To report as requested through local democratic scrutiny arrangements
  - To report as requested to the Regional Scrutiny Committee
  - To report on activity to the Gwent Public Services Board as required
  - To ensure that the work of the partnership is open and transparent and that its activity and performance is available on the Gwent Public Services Board's website
  - Continue to deliver 2018-23 Local Well-being Plans
42. Local Delivery Groups will comprise senior officer representatives of the statutory and invited partners of the Board who will have the ability to take decisions and direct resources within the area they operate.
43. The Gwent Public Services Board will ensure the continued effectiveness and operation of Local Delivery Groups and will hold themselves to mutual regional account should the performance of a Local Delivery Group fall below expectations.

### **Support**

44. Administrative support for the Board will be provided by one of the five local authorities on a two-year cycle, timed with the two-year cycle of the Chair and Vice-Chair. Where the Chair is the Leader of one of the local authorities the administrative support will be provided by that local authority. This includes:
- Ensuring the Board is established and meets regularly
  - Preparing the agenda and commissioning papers for meetings
  - Inviting participants and managing attendance
  - Ensuring the Gwent Public Services Board website is current, open and transparent
  - Work on the annual report
  - Preparation of evidence for Regional Scrutiny
45. Ensuring that the functions of the Board are properly resourced is the responsibility of all members equally. Members may provide advice,

assistance, and other 'in kind' resources to the board for instance in the form of analytical or professional expertise.

46. Invited participants and other partners may also provide advice, assistance, and other 'in kind' resources to the Board for instance in the form of analytical or professional expertise.

### **Wider Engagement**

47. The Board's citizen focus means it will engage in a purposeful relationship with the people and communities in the area, including children and young people, Welsh-speakers and those with protected characteristics (Equality Act 2010), in all aspects of its work. The Board will also take account of people with an interest in achieving the well-being goals and will ensure those persons reflect the diversity of the population of the Gwent area. It will abide by the National Principles for Public Engagement in Wales and the National Standards for Children and Young People's Participation.
  - The Board encourages dialogue with persons and bodies who have an interest in the well-being of the area and will consider any questions raised through the administrative support to the Board. Contact is facilitated by the Public Services Board website and meeting papers will be published on the website one week in advance.
  - Interested parties can be invited to make presentations to the Board on any items that are being considered. The Board will take care, however, to ensure the propriety and impartiality of processes and be alive to the risks of any perception arising that a particular group is being afforded excessive access to, or influence over the Board's deliberations.
  - The Board will take additional steps outside of meetings to ensure that the public voice is heard and helps to shape both the well-being assessment and well-being plan. This is expected to include consultation exercises and opportunities for people to raise and debate ideas through online and offline engagement arrangements.
  - The Board will seek advice and guidance from the Future Generations Commissioner as and when appropriate.
  - The Board is subject to scrutiny through the Regional Scrutiny Committee and this process provides a further route for public engagement. The Board will ensure the scrutiny committee has adequate engagement with a wide range of relevant stakeholders who can help hold PSBs to account.

### **Performance and Reporting**

48. The Board will adopt a robust performance management framework and will ensure that it is measuring outcomes and progress towards its well-being objectives. The performance will be examined at each meeting and progress will be publicly available on the Gwent PSB website.

49. The Board will prepare and publish a report no later than 14 months after the publication of its first local well-being plan. This will enable the board to report on the full year's activity.
50. Subsequently, an annual report will be published no later than one year after the publication of each previous report.
51. In the year following an ordinary local government election, when a new local well-being plan is being prepared and published, there is no requirement to also produce an annual report.
52. The Annual Report will set out the steps taken since the publication of the Board's most recent local well-being plan to meet the objectives set out in the plan. It can also include any other information the Board thinks would be appropriate.
53. A copy of the Annual Report will be sent to the Welsh Ministers, the Future Generations Commissioner, the Auditor General for Wales and to the Regional Scrutiny Committee

### **Regional Scrutiny**

54. The role of scrutiny is to provide challenge and support to secure continuous improvement for the Board.
55. In order to assure democratic accountability, there is a requirement for a designated local government scrutiny committee to scrutinise the work of the Public Services Board. The scrutiny will be provided by a Regional Scrutiny Committee to be supported by one of the constituent local authorities.
56. Welsh Ministers have a power to refer a plan to the scrutiny committee if it is not considered sufficient; for example, due to an adverse report by the Future Generations Commissioner for Wales or a concern statutory duties are not being met.
57. The Regional Scrutiny Committee can require any member of the board to give evidence, but only in respect of the exercise of joint functions conferred on them as a member of the Board.
58. The Regional Scrutiny Committee must send a copy of any report or recommendation it makes to the Welsh Ministers, the Commissioner and the Auditor General for Wales.

### **Openness and Transparency**

59. The openness and transparency of the PSB is important for all members organisations, but particularly in the light of responsibilities placed on the members with democratic accountability – that is, the local authorities, the fire and rescue service and the health board. The PSB is committed to encouraging the involvement of other organisations and the general public with an interest in the well-being of the Gwent region. It is especially keen to

encourage interest and participation from people who have not been engaged before. The PSB will therefore commit to:

- Make publicly available on the Gwent PSB website: agendas, reports and other relevant papers for business meetings as well as reports on performance such as against targets for the Well-being Plan.
- Welcome questions from the public via its website
- Making recordings of business meetings available on the website (although it should be noted that it may be necessary to hold closed portion of meetings in certain circumstances where the matter under discussion was sensitive, identified individuals, or would result in a conflict of interest).
- Providing a Communications Officer, on a rotational basis from member organisations, to help raise awareness of and publicise the work of the PSB including to live tweet during meetings.

### **Correspondence with the PSB**

60. Any Correspondence received by the Chair in respect of the PSB where matters require a response, this will generally be dealt with by the Chair. However, anything that requires the collective views of members will be circulated to gather those views before a response is sent, by the Chair.
61. Additionally, it has been made clear to most regular corresponding organisations that items should also be sent to the constituent members. However, the coordinating local authority will ensure that any relevant correspondence received by the Chair only is also shared among all PSB members. And where correspondence is received which is more obviously a matter for a single organisation, this will be passed on for that member to deal with.

### **Review and Amendment**

62. While the Board must review these terms of reference at the mandatory meeting, the Board may review, and agree to amend it at any time providing all statutory members agree.

*Agreed: 1<sup>st</sup> October 2021*

*Amended: Draft 22<sup>nd</sup> June 2022*

*Amended:*

*Amended:*

# Health Impact Assessment

A practical guide



# Foreword



It gives me great pleasure to write a brief foreword to this practical guide to health impact assessment. HIA in Wales has developed strongly over the last few years. It was first proposed, in Better Health, Better Wales (1998), as an important strand in the development of public health policy for the new Wales. That seminal document, published at the point of transition from a Welsh Office to a Welsh Assembly, proposed HIA as a mechanism for action across policy areas, and as a means to facilitate decisions relating to longer term, sustainable health gains. The new Assembly tested the methodology on a small number of pilot projects before committing itself to the development of a Wales (formerly Welsh) Health Impact Assessment Support Unit in 2001, which has just entered its second decade.

The purpose of the Unit was to develop the capacity of local government and other organizations to undertake HIA. This was largely achieved through training, often using real HIAs as a training opportunity, and providing a web-based resource. The Unit also had a remit to respond to members of the public or community groups who might be interested in the use of HIA in relation to developments that affected them. From the outset research skills in WHIASU have improved the evidence-gathering components of HIA, and case studies have been used as a way of reflecting on and evaluating different kinds of HIA as well as theorizing the contribution of HIA to health knowledge more broadly. HIAs on housing regeneration and opencast mining have yielded influential papers in environmental, health, and sociological publications, giving HIA in Wales an international profile.

The combination of practical guidance and theoretical development has been the hallmark of the Unit, and it is perhaps for this reason that it has continued to grow, notwithstanding the changes and developments taking place around it. It now stands as an excellent example of what can be done in a partnership arrangement between an NHS body, Public Health Wales, and an academic institution, Cardiff University. As the themes of 'health in all policies', 'sustainable health' and 'connected communities' become more and more prominent in Wales, and beyond, the role of health impact assessment will become increasingly important. This practical guide is an excellent contribution to that continuing process.

## Wales HIA Support Unit

Chloe Chadderton  
Eva Elliott  
Liz Green  
Julia Lester  
Gareth Williams

[www.whiasu.wales.nhs.uk](http://www.whiasu.wales.nhs.uk)

# Contents

Introduction	2
What is Health Impact Assessment?	4
- Principles of HIA	5
- HIA and Equity	6
- HIA in Wales	7
- Types of HIA	8
Conducting a Health Impact Assessment	9
- Step 1: Screening: deciding whether to undertake a HIA	9
- Step 2: Scoping: deciding the focus, methods and work plan	11
• Type of assessment	11
• Steering group	12
• Roles and responsibilities	12
• Stakeholders	13
• Identifying methods	13
- Step 3: Appraisal of Evidence: identifying the health impacts	14
• Evidence, data and methods	14
• Sources of evidence	14
• Gathering and using information	15
• Describing the impacts	16
• Involving people	17
• Types of knowledge	17
• Participatory workshops	18
• Interviews and focus groups	19
• Quantification and Prediction of Effects	20
- Step 4: Reporting and Recommendations	22
- Step 5: Monitoring and Evaluation	23
• Quality Review	23
Appendix 1: Health and Well-being Determinants Checklist	24
Appendix 2: Vulnerable/Disadvantaged Groups Checklist	25
Appendix 3: HIA Screening/Appraisal Tool and Record Sheet	26
Appendix 4: HIA Scoping Checklist	29
Links and Information	30
Evidence and Knowledge	32
Glossary of Terms	35
References	37

# Introduction

This guide, produced by the Wales Health Impact Assessment Support Unit (WHIASU)<sup>1</sup> describes the process, provides methods and lists resources to support Health Impact Assessment (HIA). HIA is a process that considers how the health and well-being of a population may be affected by a proposed action, be it a policy, programme, plan, project or a change to the organisation or delivery of a particular public service.

The Welsh Government has taken a keen strategic policy interest and international lead in HIA (Welsh Assembly Government, 2003; 2007) and is committed to developing its use as a key part of strategies to improve health and reduce inequalities. This stems from a need to improve the health of a population where the data still demonstrate high and unacceptable levels of poor health and health inequality (Data Wales, Welsh Index of Multiple Deprivation 2011).

The guide is aimed at anyone who might lead, commission, participate or be affected by the recommendations of a HIA. It is intended as a generic assessment tool which can be used to support the process at national and local levels. However, the tool may need to be adapted and developed to suit the particular organisation and proposal in question. This guidance document is complemented by a range of downloadable resources to use when undertaking a HIA. There are also additional 'mini' guides on quality review and commissioning health impact assessments.

## What do we mean by health and well-being?

HIA is underpinned by a social or holistic model of health rather than a biophysical model which is narrowly focused on the avoidance of disease and illness. Within HIA, health is understood as a positive concept which encompasses mental, physical and social well-being. It is difficult to understand the concept of health as something distinct from the ways in which we live and the society of which we are a part. This implies two things - firstly, that health means different things to different people living in particular times and places and secondly, that health outcomes, however we may understand and/or measure them, are shaped by wider social and economic processes.

The best known definition of the social model of health is one that was produced by the World Health Organisation (WHO) in 1948 which stated that:

**'Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.'**

(WHO, 1948)

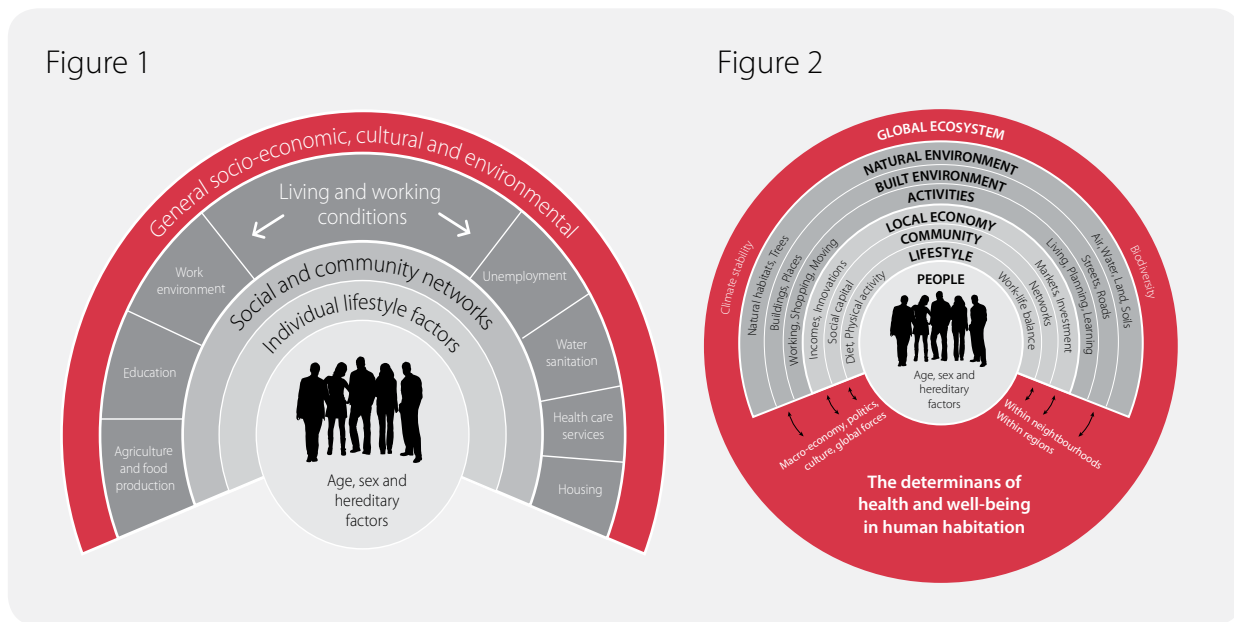
---

<sup>1</sup> WHIASU was established in 2001 and provides advice, support, guidance, training and research for health impact assessments across Wales. Funded by the Welsh Government through Public Health Wales, the unit has an international reputation for best practice in HIA.



If we see our health as being shaped by wider social processes, then the policies, programmes and projects that national or local governments develop and support are likely to be important opportunities or threats to the health of individuals, groups, communities and whole populations. Whilst the availability and quality of health services are likely to be important, particularly when we are ill, the quality and distribution of social and economic resources are likely to be more important to the health of a population.

A social determinants framework, such as the model developed by Dahlgren and Whitehead (1991) (Fig.1), provides an opportunity to consider how a proposal may impact in different ways on different groups of people, and focuses on the particular contexts in which people live. Barton and Grant (1998) (Fig. 2) adapted and developed this model to provide an ecologically based framework that was aligned more with the planning of people’s lived environments.



Some impacts on health determinants may be direct, obvious and/or intentional, whilst others may be indirect, difficult to identify and unintentional. HIA tries to anticipate and mitigate for these effects.



# What is Health Impact Assessment?

The European Centre for Health Policy (1999) Gothenburg Consensus is widely accepted as the seminal definition of Health Impact Assessment and defines it as:

*'A combination of procedures, methods and tools by which a policy, programme or project may be judged as to its potential effects on the health of a population, and the distribution of those effects within the population.'*

However, alternative definitions have recently been proposed (Elliott et al. 2010) as the practice of HIA has evolved:

*'...a process through which evidence (of different kinds), interests, values and meanings are brought into dialogue between relevant stakeholders (politicians, professionals and citizens) in order imaginatively to understand and anticipate the effects of change on health and health inequalities in a given population.'*

The second definition recognises that the direction and nature of health impacts are not obvious or universally accepted, are subject to debate and involve different ideas about what health is and what the conditions for health should be. HIA nonetheless provides a framework through which different views of evidence and health can both be made explicit and scrutinized.

HIA is a systematic, objective and yet flexible and practical way of assessing both the potential positive and negative impacts of a proposal on health and well-being and suggests ways in which opportunities for health gain can be maximized and risks to health minimised. HIA looks at health in its broadest sense, using the wider determinants of health as a framework (Appendix 1 – Health and Well-Being Determinants Checklist). Importantly, HIA highlights the uneven way in which health impacts may be distributed across a population and seeks to address existing health inequalities and inequities as well as avoid the creation of new ones. HIA is a tool to support decision making (Taylor, 2002) and, as such, it can inform decision makers and communities of the potential health and well-being impacts and consequences of a proposal or policy. HIA is not in itself the means of making a decision on whether a policy, proposal or programme should proceed. It is a way of harnessing a wide range of evidence and assessing its relevance and application to a particular local, regional or national context.

However, there are different kinds of knowledge, some of which is the contextual knowledge that communities have of the places in which they live. Furthermore, the decisions that are made may have a profound effect on people's quality of life. Questions of knowledge and values are therefore closely connected and there is a need to ensure that the processes for assessing evidence of all kinds are robust, inclusive and transparent.

## Principles of HIA

The Gothenburg Consensus makes explicit the values of HIA: the HIA process should be open, involving a wide range of stakeholders; **transparent**, including the documenting of the process; **ethical**, in its use of evidence and methods of participation; **equitable**, through a presumption in favour of reducing health inequalities; **robust**, in its methods for consideration of evidence and participation; **participatory**, by actively engaging with and involving stakeholders from a wide range of organisations through appropriate methods; **sustainable**, through consideration of impacts that are short and long term, direct and indirect, in order to inform sustainable policies, programmes and projects; and **democratic**, emphasising the rights of people to participate in major decisions that affect their lives and, through HIA, enabling people to actively participate and contribute to decision making processes.

### Benefits of HIA

#### *Health Knowledge and Action*

- Increases awareness across sectors of how decisions may affect health
- Identifies the connections between health and other policy areas
- Co-ordinates action between sectors to improve and protect health

#### *Organisational Development*

- Potentially reduces demand on NHS and social care services by investing in healthy policies, programmes and projects that prevent ill-health
- Makes the decision making processes more transparent
- Promotes evidence-based planning and decision-making

#### *Communities*

- Promotes greater equity in health
- Proposes actions to maximise health benefits and minimise the health risks
- Involves the communities who will be affected by a proposal
- Supports the development of environments and services that meet local needs
- Enhances public/citizen engagement

## HIA and Equity

A consideration of health inequalities and action to improve equity is a key driver for HIA in Wales and should be a component of any health impact assessment. All HIAs that have been conducted and supported by WHIASU in Wales have systematically considered inequalities and the impacts on a range of vulnerable groups within the population and assessed the extent and distribution of them. These groups can, for example, include older people, children and young people, those who suffer from chronic conditions, or those who are geographically isolated.

Whilst health inequalities refer to systematic differences in the health status of different groups of people in a population, health inequities have an explicitly ethical dimension. A useful way of understanding health inequities is to see them as differences in health status which are unnecessary, avoidable, unfair and unjust (Whitehead 1992). The Welsh Government's Public Health Strategy technical document 'Fairer Health Outcomes for All' (WAG, 2010) reflects this notion.

The public sector Equality Duty (that came into force in April 2011) requires public bodies to consider all individuals when carrying out their day to day work – in shaping policy, in delivering services and in relation to their own employees. The Equality Duty supports good decision making – it encourages public bodies to understand how different people will be affected by their activities, so that their policies and services are appropriate and accessible to all and meet different people's needs. By understanding the effect of their activities on different people, and how inclusive public services can support and open up people's opportunities, public bodies can be more efficient and effective.

HIAs that have an equity focus are based on the principle of social and environmental justice and fairness for all. A framework to ensure that HIAs have an explicit equity focus is being developed in Wales along with a number of European Union countries. Resources to accompany this guidance will be updated as more equity-focused HIAs are conducted and evaluated. However, it should be emphasised that the aim of HIA in Wales is to avoid inequity and promote equity within this framework using the best available knowledge and evidence. The framework will ensure that future HIAs improve their capacity to inform the development of equitable policies, programmes and projects.

## HIA in Wales

In preparation for a new National Assembly for Wales, 'Better Health, Better Wales' (Welsh Office 1998) described the need to tackle the social and economic determinants of health and aimed to develop HIA in Wales as a means to support health promotion and prevention initiatives. At a strategic level, the publication of 'Making the Connections' (Welsh Assembly Government, 2004) aimed to support the integration of health across all sectors and a consideration of 'Health in all Policies' (HiAP) (WHO, 1999). A focus on integrating 'Health in All Policies' has led to HIA being seen as a key element of raising awareness of health and well-being in other sectors within Wales and supporting this preventative and health promotion agenda.

An example of political recognition that HIA has gained is in the 'One Wales' document of the Labour/Plaid Cymru Coalition government (2007) which committed the Welsh Government to the use of HIA in relation to open cast mine applications.

HIA is not a statutory requirement in Wales (or anywhere in the UK) but the Welsh Government increasingly regards it as best practice to consider health and well-being specifically in non-health domains. In a wide range of areas, including road and rail transport, minerals, waste and land use planning, HIAs are referred to in Welsh Government guidance:

- Technical Advice Note (TAN) 21<sup>2</sup> for waste advises that HIAs be conducted for the Wales Waste Strategy and its associated Plans;
- Draft Ministerial Interim Planning Policy Statement (DMIPPS) 02/06<sup>3</sup> supports a consideration of health and well-being at a local level and is supplementary guidance to Planning Policy Wales for large planning applications and Local Development Plans (LDPs);
- Welsh Transport Appraisal Guidance (WelTAG)<sup>4</sup> for transport requires a HIA to be undertaken for certain types of transport proposals;
- Minerals Technical Advice Note (MTAN) 2: Coal<sup>5</sup> for minerals and coal mining developments requires a HIA with community participation to be conducted.

Whilst these are examples of where HIA is explicitly identified as a requirement, it should be recognized that the considerable benefits conferred by conducting a HIA should ensure that this is a preferred and normal process for all strategic policy, programme and project developments, across all departments, directorates and sectors.

The increased use and application of HIA has highlighted some major challenges - including the knowledge and resources required to undertake a HIA, who and how to commission a HIA and the impartiality and quality of HIAs undertaken by private consultants. The understanding of 'health' has also proved problematic in many traditionally 'non-health' arenas and this can cause tension in the practice of HIA as it encompasses a broader view of health.

<sup>2</sup> <http://wales.gov.uk/topics/planning/policy/tans/tan21/?lang=en>

<sup>3</sup> [www.wales.nhs.uk/sites3/docopen.cfm?orgid=522&id=124565](http://www.wales.nhs.uk/sites3/docopen.cfm?orgid=522&id=124565)

<sup>4</sup> <http://wales.gov.uk/topics/transport/publications/weltag/?lang=en>

<sup>5</sup> <http://wales.gov.uk/topics/planning/policy/mineralstans/2877461/?lang=en>

## Types of HIA

There are three main types of HIA - Prospective, Concurrent and Retrospective.

*Prospective HIA* – at the start of the development of a project, proposal or plan.

*Concurrent HIA* – runs alongside the implementation of the project (or policy)

*Retrospective HIA* – assesses the effect of an existing project or policy and can be used as an evaluation tool. Retrospective assessments can also be made of unexpected events, as a way of learning lessons for future similar events.

HIA is best used prospectively during the development of a proposal. The process should be activated late enough in a proposal's development to be clear about its nature and purpose, but early enough to be able to influence its design and/or implementation.

Within any of the above, HIA can take one of three different forms, depending on the focus and the time and resources available - Desktop, Rapid or Comprehensive.

A *Desktop* HIA exercise can take hours or a day and can encompass a small number of participants around a table using existing knowledge and evidence to assess a proposal, policy or plan.

A *Rapid* HIA can take days or weeks and usually includes the establishment of a small steering group and often uses the approach of a participatory stakeholder workshop – it typically involves a brief investigation of health impacts, including a short literature review of quantitative and qualitative evidence and the gathering of knowledge and further evidence from a number of local stakeholders.

*Comprehensive* HIAs are more in-depth and can take months to complete. They may be time intensive, financially costly, require extensive literature searches and the collection of primary data. This type of HIA is more suited to more complex proposals.

Often, however, a HIA may fit in between two of these categories as the approach taken will be determined by the nature of the proposal, the timescales involved and the human, organisational and financial resources available to undertake the process.

# Conducting a Health Impact Assessment

There are five main steps to HIA and, while some may regard it as a linear process, HIAs are most useful and effective when the process is iterative. It is systematic yet flexible to particular timescales and circumstances and, although it may appear technical, it is very straightforward to follow. The five steps are:

- Screening
- Scoping
- Appraisal of Evidence/Assessment
- Reporting and Recommendations
- Monitoring and Evaluation

## STEP 1: Screening – Deciding whether to undertake a HIA

Screening takes an initial look at the potential impacts of the proposal on the local population and any specific vulnerable groups defined within it. It should highlight any potential health risks or benefits and any groups that may be particularly affected. The outcome of screening is a decision whether or not to undertake HIA and, if so, to determine what type of HIA will be required. It should also provide an explanation of how the decision was reached.

### Purpose

There needs to be a simple way of identifying which proposals should undergo a desktop, rapid or comprehensive assessment. In its simplest form 'screening' means stepping back as early as possible in the planning and development process to ask the question:

*"Could this proposal have an impact on, or implications for, people's health and well-being or any factors which determine people's health?"*

This stage provides a preliminary picture of the potential health impacts on relevant populations in order to help the decision making process. In particular it will indicate:

- Whether the proposal is likely to impact on health.
- Which sections of the population, particularly vulnerable groups, are likely to be affected (An indicative list of vulnerable and/or disadvantaged groups is provided in Appendix 2)
- The possible scale of the impacts and whether these are likely to be positive or negative.
- Whether a desktop, rapid or comprehensive HIA is needed.

Screening sessions can be completed by a small group with input from the proposer of the HIA and other relevant stakeholders including local authority representatives, public health professionals, the developer or proposer of the project (where possible), and relevant experts and representatives from key stakeholder groups, including community and voluntary sector members. It may be done at a short meeting or through individual discussions. This stage should not be conducted by one person.

## Preparation

Before meeting with wider stakeholders it is important to ensure that there is a clear description of the proposal and its rationale, aims and objectives. A basic profile of the people living in the population area likely to be affected, where possible, may also be helpful. These should be circulated to all participants in good time before the meeting. Participants may not be familiar with HIA so an overview of what HIA is and what is expected at this stage is important.

## Recording the information

The health impact assessment screening/appraisal tool (Appendix 3) provides a means of recording the information behind the decision whether or not to undertake a HIA, thus providing the justification as to why a health impact assessment has or has not taken place.

It is important to note that screening is not always undertaken. This could be for a number of reasons including; national legislation and guidance which makes it mandatory to carry out a HIA; it may be deemed best practice by local policy makers and planners; it may be thought to support community health concerns; or it may be required by a funding organisation.



## STEP 2: Scoping – Determining the focus, methods and work plan

### Purpose

This stage involves asking a number of questions and making a number of decisions to establish the terms of reference, roles and responsibilities and agreed plan for the health impact assessment.

### Timescales

It is essential to establish the decision-making timescales of the proposal to ensure that the HIA can have an opportunity to inform decisions. There may be a number of opportunities to do this but knowing the timings of these and what evidence or recommendations might usefully be provided by the HIA is essential.

### Geographical boundaries

It is important to agree the geographical boundaries of the HIA. There may be impacts that impinge on populations beyond those directly affected by the proposal so it will be important to make a decision as to where the boundaries are set and the reasons for this decision.

### Resources

There is a need to clarify what resources are available in terms of additional funding and people's time. It is important to develop an approach which makes the best use of the resources available.

### Internal and External support

Concerns about the time and costs of HIA are sometimes expressed. Whilst in some cases HIA can be free from specific costs and viewed as a different approach to developing a proposal, in many cases additional costs may be required to co-ordinate, gather evidence and write a HIA report. Commissioning someone experienced in HIA is one option whilst alternative options, such as secondments, are another. Secondments are an opportunity for the individuals who are seconded to develop HIA skills and for the organisation to test the usefulness of the process.

### Type of assessment

How in-depth the assessment will be is dependent on the timescales, the resources available and the complexity of the project. Rapid assessments usually involve a small number of meetings, a stakeholder workshop and production of a short report. More comprehensive assessments can take months and involve systematic literature reviews, new data collection and expert analysis. It is important for the type of HIA being undertaken to be appropriate for the proposal under consideration.

Previous research has suggested that a three meeting approach is the one that most organisations have the capacity to accommodate whilst allowing time for research based and other evidence to be identified and assessed (Lester, 2004).

## Steering group

A steering group is not essential but can provide an effective means of sharing ownership and responsibility for the HIA and enable the distribution of tasks. The size will depend on the length and complexity of the project, with an ideal number being between 6 and 12. Representatives of key stakeholder groups or organisations should be involved as this helps to promote wider participation in, and ownership of, the process.

A mix of skills and expertise also helps to ensure that the process maximises the practical and academic resources required to develop a good quality HIA. Depending on the type and complexity of the proposal, these skills may include community involvement or development, research, project management and policy analysis.

People with specific knowledge and expertise may be needed. This is likely to include public health, but may also include specialist knowledge in the social sciences, epidemiology, environmental health or health economics. Community representatives and local residents have particular insights as to how proposals will affect local people and their involvement in a steering group should be considered.

The decision to set up a steering group will depend on circumstances, though a preliminary steering group should be identified at the end of the screening process. This will enable a broad group of people to participate in the scoping process. One of the first tasks of the steering group is to agree membership and how often the group should meet within the timescale available.

The appointment of a chair should be someone who is felt to be fair, impartial and respected by different interest groups.

## *Roles and responsibilities*

There will be a range of tasks involved at various stages during the HIA, responsibility for which should be agreed at this stage. These may include:

- chairing of meetings
- taking and circulation of minutes
- booking venues for meetings
- sending invites to stakeholders
- writing reports

More general roles of the steering group also need to be agreed so that members are clear what is expected of them. For instance, members of the steering group may themselves be responsible for providing access to certain forms of information or evidence, or in accessing specific groups of people as part of gathering particular viewpoints. They are also expected to make comments on any drafts of the scoping report (where one is produced) and on the final report or set of recommendations.

## Stakeholders

Stakeholders are those that are involved in the development of the proposal and those who are likely to be affected by the proposal. Their involvement is important for the reasons stated above. Representatives of key stakeholders should be invited onto the steering group if one is formed. However, it may also be appropriate to obtain particular stakeholder views as part of the appraisal. It is important that methods used for involving people in HIA are appropriate to the group or individuals being engaged; for example, some people may be more comfortable in a small focus group than a participatory workshop.

## Focus of appraisal

To ensure the best use of scarce resources, there is a need to focus on those impacts that are most likely to occur and have the greatest potential impact on health and inequalities. The screening sheet should be used to identify which areas of impact the appraisal should focus on. However, it is important to remember that HIA is an iterative process, and impacts may emerge during the assessment stage that were not identified during screening or scoping.

## Identifying methods

The methods for assessing potential health impacts will depend on the nature and complexity of the proposal, the approach to HIA adopted (desktop, rapid or comprehensive) and the resources and time available. This will be partly a pragmatic decision and partly a decision about what kind of evidence will provide the best judgement or prediction of impact on the determinants in question and on which population groups. Options include a coherent mix of literature review, policy analysis, quantitative modelling, qualitative data collection (in the form of focus groups, interviews or workshops) and/or stakeholder meetings. It is likely that a combination of qualitative and quantitative data will provide the most useful and robust evidence base, and these are explored in more detail in the next section.

A scoping checklist is provided in Appendix 4.



## STEP 3: Appraisal of Evidence – Identifying the health impacts

### Purpose

This is the key stage of health impact assessment. The purpose is to gather information about the potential nature, size, likelihood and distribution of the proposal's health impacts. It also provides an opportunity to suggest possible ways of maximising the health benefits and minimising the risks, particularly to those whose health may be most vulnerable or the most disadvantaged population groups. It also provides an opportunity to identify and suggest actions that might address 'gaps' in the proposal or plan.

Although HIA is not in itself a research method, it draws upon a range of sources of information and methods for collecting and analysing data, to which appropriate methodological rules and procedures will apply.

### Evidence, data and methods

HIA has traditionally favoured more quantitative, epidemiological methods to collect and analyse data. However, many HIAs are concerned with investigating and answering questions about the likely impact on the general health and well-being of populations and communities, for which a combination of qualitative and quantitative methods and data sources will be necessary to provide the most holistic view of impacts.

Where an estimation of the size of an impact is measurable and desirable then quantitative methods may be most appropriate. For instance, it may be possible to estimate the increase of pollution particulates due to changes in traffic flow and the resultant impact on the health status of nearby residents. However, the closure of a school, for example, can have a range of impacts which may only be accessed through more qualitative methods that explore people's experiences, perspectives and feelings.

The amount of time devoted to evidence collection will depend on the nature of the proposal being assessed and the resources available. However, tasks can sometimes be shared between steering group members.

### Quick Summary of Sources of Evidence

Evidence can exist in many forms and it is important to make use of what is available within the time and resources available. Below is a list of possible sources of evidence (the list is a guide and not meant to be exhaustive). Some may not be appropriate and/or easily attainable for the proposal or population being assessed.

*Information on existing population*

- Routinely collected local statistics (e.g. on health, unemployment, crime and air quality)
- Surveys of local conditions
- Community profiles (e.g. through community mapping)
- Local concerns and anxieties (where documented)
- Secondary analysis of existing local data
- Opinion surveys
- Other local surveys/research

*Expert opinion (knowledge)*

- Views of residents and professionals with local knowledge and insight
- Views of individual academics or professionals with knowledge in a specialist area
- Organisations which provide advice on particular subjects (e.g. on transport research)

*Wider evidence*

- Research published in academic journals accessed through special literature searches in libraries or on the Internet
- Research conducted or commissioned by statutory, voluntary or private organisations
- Predictions from models
- Information about similar proposals implemented elsewhere (case studies)

## Gathering and using information

The term 'evidence' can be off-putting. It has legal and scientific overtones that suggest that only people with highly specialist skills can access and understand it. It can also suggest that no judgement can be made without very robust and scientific information to back it up.

However, in the real world, where the relationships between people and the places where they live are highly complex, evidence to predict a future effect is thin on the ground. In fact, some of the most valuable evidence is already available in the form of local insights, both professional and lay (see section on knowledge). With high speed electronic communication accessible to most organisations and the increasing sophistication of search engines, research evidence is becoming more easy to find. There are a number of interactive public health and other data websites available. However, there is a need to ensure that the information gathered from the internet is valid, reliable and credible.

'A Guide to Reviewing Published Evidence for use in Health Impact Assessment' (Mindell, 2006) provides useful information to support HIA practitioners when assessing the quality and type of evidence included in HIAs.

Thus, skills in the critical appraisal of qualitative and quantitative research evidence will be valuable here. The aim is to apply the research evidence to the particular local contexts in question and this is where local professional and scientific experts as well as local communities will be important.

### Population profiles

Use should be made of any information or data that is available on the characteristics of the local population. A population profile may include some or all of the following as appropriate:

- General attributes of the population (including size, density, age, gender, income and employment, socio-economic status etc.)
- Health status, particularly of the population groups already identified as vulnerable and likely to benefit or be harmed by the proposal
- Quality of life indicators
- Environmental information – housing, transport, and condition of air, water and soil
- Local people's views of the area and of the services provided

This will not only provide a current picture of the locality or the population in question but can also provide a basis for any subsequent evaluation.

At this stage, the Screening/Appraisal Tool can be completed using the checklists for health and well-being determinants and vulnerable population groups respectively (see Appendices 1 and 2).

### Describing the impacts

There are a number of ways in which the potential impacts may be described. Where possible, the following should be assessed:

- The nature of the impact – how will the proposal affect health and will the impact be positive or negative?
- The likelihood of the impact - is the likelihood of the impact of the proposal definite, probable or speculative?
- The scale and significance of the impact - what proportion of the population is likely to be affected? How severe or beneficial will the impact be?
- The timing of the impact - will the impact be in weeks, months, years? In some instances the short-term risks to health may be worth the long-term benefits.
- The distribution of the effects - will the proposal affect different groups of people in different ways? A proposal that is likely to benefit one section of the population may not benefit others. In some cases, the assessment will identify ways in which members of the least healthy or most disadvantaged populations could be helped. This can be an important contribution to reducing the health inequalities that exist between some communities.

## Involving people in HIA

### *Knowledge*

There should be a focus not only on evidence of 'what works', but also on knowledge and understanding of factors that affect people's health and well-being. People with specialist knowledge may be helpful on technical questions. For instance, what levels of pollutants a process will produce, how smoke will be distributed, how a particular chemical is likely to affect humans, what the traffic flows will be along a road, how many jobs a particular proposal could create and so on. Some of this specialist knowledge may be available within the Local Authority, Health Board, Public Health Wales, Health Observatories or in other agencies. Environmental Health Practitioners are a prime example in this regard. Universities could also be a useful resource.

Local residents will be able to give their views of how a proposal is likely to impact on their living conditions, a perspective that can only come from lived experience. They can provide the contextual knowledge that is often missing from purely quantitative evidence. This type of qualitative data for HIA can be obtained through participatory workshops (see section on rapid participatory workshops below), interviews or focus groups, with the stakeholder groups using the wider determinants of health as a systematic and flexible framework. It is also possible to use more innovative techniques such as walking interviews or photographs. Photovoice<sup>6</sup> is a community development approach that enables people to highlight issues that are important to them through the use of photographs. These approaches are particularly useful in HIAs of neighbourhood regeneration programmes, where people may feel that they can express themselves more clearly if they can show the researcher or HIA leader their neighbourhood or use visual materials that they have produced.

### *Citizen and Communities Participation in HIA*

There is a strong political commitment both within Wales and the UK as a whole to increase participation and improve the nature of democracy, by giving local populations and people a voice and attempting to put the citizen and communities at the heart of decision making processes (WAG 2008). However, the idea of 'community' is not straightforward and can be even more complicated by the way that researchers, policy makers and citizens themselves use the term.

The range of published and unpublished literature on the subject of HIA and citizen/community involvement seems to agree that participation is something that should be encouraged. Participation can be a key contributor to informing both the population and the decision makers of the way that policies can have a real impact on people's day to day lives - that lay knowledge can provide a richer understanding of community and the issues that more 'traditionally robust evidence' cannot give (Elliott and Williams, 2008).

There are a number of potential ways to involve people in HIA: these include steering groups (see previous section), participatory workshops, focus groups and interviews which will be discussed in further detail.

---

<sup>6</sup> [www.photovoice.org](http://www.photovoice.org)

WHIASU's research 'Involving the Public in Health Impact Assessment in Wales' (Chadderton et al., 2008) identified numerous benefits of public participation in HIA. These included:

- *For individuals...*
  - Self-efficacy, self-esteem and self confidence
  - Awareness of the determinants of health
  - Knowledge of partnership working and decision making
  - Empowerment
  - Access to decision makers
- *For communities...*
  - Collective efficacy, action and empowerment
  - Strengthening and creating new social networks and relationships
  - Collective responsibilities
- *For organisations...*
  - Partnership working
  - Better understanding of local knowledge and personal experience
  - Understanding of and effectiveness in meeting local needs
  - Collective responsibility in decision making

However, it has to be acknowledged that there can be potential pitfalls to avoid. These include:

- Apathy and consultation fatigue
- Poor timing of workshops and lack of resources
- Lack of confidence to participate
- Participants and environment – not just the 'usual suspects' (e.g., not necessarily local councillors or leaders of pressure groups, but people who actually live in the relevant localities and are likely to suffer the greatest impact)
- Jargon and terminology – need to tailor language appropriate to the audience
- Mis-selling and raising expectations – it must be made explicit what the HIA can and cannot do
- Difficulty in making contact with 'hard to reach' groups
- Ensuring that HIA does not just focus on negative impacts to prevent a proposal

### *Rapid Participatory Workshops*

A participatory stakeholder workshop can be a useful tool for engaging with stakeholders and also provides an insightful source of data which can inform the HIA by highlighting important issues that may not have been considered without input from stakeholders.

A participatory workshop is easy to organise and can take several hours to a day to conduct. The scoping checklist (see Appendix 4) can help identify potential stakeholders to invite to attend. Workshops need to be tailored to the needs of the stakeholders (particularly avoiding unfamiliar language/jargon), explain the HIA and what it can and cannot do. Importantly, accountability must be maintained throughout the process with public contributions recognised and respected within it.



The format of the workshop is flexible but should contain a number of key elements: an overview of the proposal being considered, an outline of what HIA is and what it can achieve, and a systematic working through of the wider determinants of health checklist identifying potential positive and negative impacts. A further output from the workshop should be a series of recommendations (based on discussion around the wider determinants), formulated to inform decision making.

### *Community (led) HIA*

Community HIA is a term that encompasses HIAs that may be led by communities, ones with a significant community involvement or ones in which the HIA is requested or initiated by the community but led by, for example, the local authority, public health team or health board. Community HIAs follow the same systematic and robust process. WHIASU has supported several community led HIAs and the reports and case studies are published on the WHIASU website ([www.whiasu.wales.nhs.uk](http://www.whiasu.wales.nhs.uk))

### *Interviews and focus groups*

If a participatory workshop is not appropriate as a method of engagement and data collection, or where issues may need to be explored in more depth, interviews and focus groups are useful tools to use to collect primary data as part of the assessment.

Focus groups- these provide an opportunity to discuss potential health and well-being impacts in more detail and can either be used as a stand-alone methodology or to investigate issues raised in the participatory workshop setting in more detail. Advantages of the focus group approach are:

- Interaction may be easier in a smaller group and participants may feel more comfortable discussing issues within that environment
- Existing groups (e.g. mother and toddler groups) can be tapped into
- They provide the opportunity to focus on those groups likely to be most affected by the proposal
- That more clarification and discussion of points may be possible and a greater depth of understanding about local contexts and concerns can be sought

An experienced facilitator will be able to ensure that the discussion remains 'on topic' and that all participants have the opportunity to participate in the discussion.

Individual interviews - as with focus groups, individual interviews provide the opportunity to collect detailed primary data to inform the HIA. By conducting one-to-one interviews, people's experiences can be explored more deeply and concerns over potential health impacts can be more meaningfully contextualised. However, one-to-one interviews can be time consuming and resource intensive so may be more suited to comprehensive HIA.

## Quantification and Prediction of Effects

### *Exposure and Dose Response*

Exposure and dose response can be useful to estimate exposure in mainly clinical or environmental situations – instances in which one can obtain large amounts of precise technical data and measurements (although it is important to remember that quantification of health impacts can be just as speculative as other forms of prediction and is heavily reliant on the quality of data used for estimation). It will assess how big a change there will be within the population exposed and what the resulting effect on that population will be. However, using this form of evidence can be complex and there are detracting factors to using this methodology alone in predicting potential health impacts. In the example of exposure to pollutants, there may be a time delay in any positive or negative outcomes presenting themselves. A dose response curve looks only in isolation and does not consider any cumulative effects, nor any other contributing factors, and there may be groups within the population who could be more susceptible to any effect or disease than the population as a whole. This can make quantifying impacts in public health terms challenging.

### *Formal Modelling*

Formal modelling can be helpful in identifying, describing and predicting potential health effects and impacts on the population. Modelling techniques can be used alongside those of dose response methods and can be particularly helpful when used to assess clinical and environmental interventions such as prediction of impacts of smoking, alcohol consumption or particulate emissions into the atmosphere. Again, these tend to use epidemiological and/or toxicological evidence in order to forecast impacts. These techniques are a mathematical way of identifying potential health impacts by making a set of assumptions about causality and making logical projections to predict the size of any effects or outcomes. For example, a model may assume that if A happens, at B time or circumstances then, C will be the result. Data and assumptions can be modified to give different scenarios and project different outcomes – which may be described as beneficial or detrimental. These can be used to support decision making processes.

There are several examples of models being used by groups in Europe including BoD, ENHIS X-Prob (Mekel 2007). These also include DYNAMO-HIA<sup>7</sup>, which is a European web based tool created as part of a project that was established in 2007 to support the prediction of health impacts on the wider determinants of health in European policies.

Whilst this technique can be helpful there are, as with dose response methods, some drawbacks. The model is only as good as the assumptions made and the data used in them and again they do not give a broader picture of how the population or community's health and well-being will be affected. Whilst predictions can be made, it may be hard to assure the certainty of these predictions or variation in them. Therefore, any results from models or quantitative methods should always be synthesised with other evidence and research – including collaboration with other agencies and participation with communities to build a more rounded and balanced view of any health and well-being impacts.

---

<sup>7</sup> [http://www.dynamo-hia.eu/object\\_class/dyhia\\_features.html](http://www.dynamo-hia.eu/object_class/dyhia_features.html)

### *Causal Diagrams and Mapping*

Causal diagrams<sup>8</sup> and mapping of impacts can be a useful way of visualising the potential health impacts of a proposal. Drawing a diagram can pictorially differentiate any impacts, their nature and size and any potential changes on health and well-being. This type of map should be refined and evolve as the HIA progresses.

A causal diagram can link paths together and highlight interactions between them. It can be used as a brainstorming start to a HIA, at the scoping stage or to illustrate the impacts as you go along. Pathways can be discussed and left in or removed during the process (depending on the knowledge and evidence gathered) to provide a final diagram or map.



---

<sup>8</sup> <http://www.apho.org.uk/resource/view.aspx?RID=82294> – Examples of causal diagrams and mapping for HIA

## STEP 4: Reporting and Recommendations

Once the evidence and data have been collected and the HIA coordinator and/or steering group is satisfied that there are no major gaps, a set of recommendations should be developed, informed by the previous stages of the HIA. These recommendations should aim to maximize any potential health and well-being benefits and mitigate potential negative impacts. They can be an opportunity to 'fill in' any identified gaps within the proposal and readdress any health (or other) inequalities that may be caused.

Recommendations need to be:

- Clear and concise
- Realistic
- Achievable
- Manageable in number
- Impartial
- Reflective of all evidence and representatives' views
- Agreed by consensus

### Reporting

The information gathered in the assessment stage should be collated and presented in a form that is accessible to the intended audience. There are many possible formats ranging from a simple list, table of the workshop findings or completed screening tool, to a more comprehensive report. The format and style of the report needs to take account of the target audience(s) and be fit for purpose in terms of length, language and use of terminology. In terms of best practice, if a comprehensive, technical HIA has been completed with several hundred pages and appendices, then a non-technical summary and a glossary of terms should also be provided in an easy to understand format.

A draft report should be circulated to agreed reviewers and/or participants to incorporate comments, additions and alterations and reach an agreed consensus. The final report should then be disseminated to key decision makers and other agreed individuals and organisations.

The Wales Health Impact Assessment Support Unit currently holds a database of completed assessments and reports on its website which may be useful when looking for guidance on how to compile a report.

## STEP 5: Monitoring and Evaluation

### Purpose

This should be an integral part of the process post implementation of the decision, but this important step is often neglected or overlooked. As the aim of a health impact assessment is to inform decision-making, it is useful to evaluate how the information was used, its usefulness as seen by its target audience(s) and whether or not it influenced decision-making and developments. This will help to assess how effective the HIA process is in influencing decisions within individual local authorities and throughout Wales. Organisations may like to develop their own monitoring forms and systems to ensure that HIAs are reviewed in the light of decisions made.

Reports also provide an opportunity to reflect on the HIA, the time and resources used, what worked well, and how difficulties were overcome. Documents of this kind provide a source of learning and should be shared as the basis for future development. A dissemination form is available on the WHIASU website which provides the opportunity for sharing experiences with other people and organisations that are using HIA throughout Wales.

### Quality Review for HIA

How do we ensure that HIAs are fit for purpose, representative of the views of a wide range of relevant stakeholders, robust and conducted according to best practice?

HIAs are conducted by a whole range of individuals and organisations – from community groups to private specialist consultancies. To be confident that a HIA report is of high quality, it may be useful to undertake a quality review using a structured tool. This will enable a critical appraisal of the report, the outcome of which can then influence what happens next, for example, whether further work needs to be undertaken. A formal review may need to be undertaken to provide reassurance that a HIA being submitted as part of a funding bid has covered all bases, to approve the report or to address community concerns. A number of review tools are available, and these can be downloaded from the resources section of the WHIASU website.



# APPENDIX 1 – Health and Well-Being Determinants Checklist

(This list is a guide and is not exhaustive)

## 1. Lifestyles

Diet	Sexual activity
Physical activity	Other risk-taking activity
Use of alcohol, cigarettes, non-prescribed drugs	

## 2. Social and community influences on health

Family organisation and roles	Social isolation
Citizen power and influence	Peer pressure
Social support and social networks	Community identity
Neighbourliness	Cultural and spiritual ethos
Sense of belonging	Racism
Local pride	Other social exclusion
Divisions in community	

## 3. Living/ environmental conditions affecting health

Built environment	Green space
Neighbourhood design	Community safety
Housing	Smell/odour
Indoor environment	Waste disposal
Noise	Road hazards
Air and water quality	Injury hazards
Attractiveness of area	Quality and safety of play areas

## 4. Economic conditions affecting health

Unemployment	Type of employment
Income	Workplace conditions
Economic inactivity	

## 5. Access and quality of services

Medical services	Public amenities
Other caring services	Transport including parking
Careers advice	Education and training
Shops and commercial services	Information technology

## 6. Macro-economic, environmental and sustainability factors

Government policies	Biological diversity
Gross Domestic Product	Climate
Economic development	

# APPENDIX 2 - Vulnerable/Disadvantaged Groups Checklist

(Please note that this list is a guide and is not exhaustive)

The target groups identified as vulnerable or disadvantaged will depend on the characteristics of the local population and the nature of the proposal itself. The most disadvantaged and/or vulnerable groups are those which will exhibit a number of characteristics, for example, children living in poverty. This list is therefore just a guide and it may be appropriate to focus on groups that have multiple disadvantages.

## *Age related groups\**

- Children and young people
- Older people

## *Income related groups*

- People on low income
- Economically inactive
- Unemployed/workless
- People who are unable to work due to ill health

## *Groups who suffer discrimination or other social disadvantage*

- People with physical or learning disabilities/difficulties
- Refugee groups
- People seeking asylum
- Travellers
- Single parent families
- Lesbian and gay and transgender people
- Black and minority ethnic groups\*\*
- Religious groups\*\*

## *Geographical groups*

- People living in areas known to exhibit poor economic and/or health indicators
- People living in isolated/over-populated areas
- People unable to access services and facilities

The impact on the general adult population should also be assessed. In addition, it may be appropriate to assess the impact separately on men and women.

\* Could specify age range or target different age groups for special consideration.

\*\* May need to specify.

## APPENDIX 3 - HIA Screening/Appraisal Tool and Record Sheet

This Screening/Appraisal Tool can be used as a framework and starting point for both 'screening' and 'appraisal' but it is flexible and should be adapted for local contexts. It is important to consider who is likely to be affected by a proposal alongside the assessment about what the impacts might be and how they might be mitigated. A list of population groups that are particularly vulnerable to the causes of ill health is provided in Appendix 2. The overall impact on the population should also be assessed. A more detailed health and well-being checklist is provided in Appendix 1 to help with the identification of which health determinants are likely to be affected by a proposal. Again, this list is not exhaustive.

If used for 'screening', it is important to remember that this is a preliminary assessment of what the impacts might be - not too much detail is necessary or possible at this stage. However, if used as the basis for a rapid assessment, more detail should be considered and evidence submitted or sought.

Realistic recommendations can be listed at the end of the session. These can be enhancements to maximise opportunities or mitigation for detrimental impacts or a recommendation for a further assessment. Next steps can be documented.

There is no fixed way of making a decision to conduct a health impact assessment. However, the screening tool should help to ask: are there significant impacts, missed opportunities or scope for improvements for all or some groups? If, on balance, the proposal would appear to benefit from a more in-depth HIA, then an appraisal should be initiated.



## Health Impact Assessment Screening Record Sheet

Ready to use screening record sheets are available to download from the WHIASU website.

Typically, the following information would be recorded:

- Who is conducting the HIA
- Title of programme, policy or project
- Description (including key aims and objectives)
- Nature of Evidence considered/to be used (including baseline data, technical and qualitative research, expert and community knowledge)
- Key population groups affected by the programme, policy or project (using the list of vulnerable and disadvantaged groups included in Appendix 2) as a guide).

Using the **determinants of health and well-being checklist** (included in Appendix 1), consider how (in what way either positively or negatively), and to what extent (significant/moderate/minimal impact) these groups within the population and the general population itself may be affected by the proposal or that the proposal may have implications for - and summarise it for each section on the screening sheet below.

Ask the question:

*'How does this proposal impact upon these determinants, for example, physical activity or diet (within Lifestyles section) in a positive or negative way?'*

## Sample screening/assessment record sheet

	Lifestyles		Vulnerable Groups/ Distribution
	(Positive) +	(Negative) -	
Diet			
Physical activity			
Use of alcohol, cigarettes, non- prescribed drugs			
Sexual activity			
Other risk taking activity			
Other...			

## Recommendations

**Are the impacts that have been identified above enough to warrant a more comprehensive health impact assessment?**

Yes / No

If No, what are the reasons for not conducting an assessment

**Do any additional actions need to be taken as a result of this HIA process?**

Yes / No

If Yes, please outline (list recommendations and/or mitigation/enhancement here)

If a further HIA is required, outline next steps (e.g. Date and time of scoping meeting)

**Have there or will there be other impact assessments conducted? i.e. Equality Impact Assessment, Environmental Impact Assessment. Or will this form part of one?**

If Yes, please outline

## APPENDIX 4 – HIA Scoping Checklist

A ready to use HIA Scoping Checklist is available to download from the WHIASU website.

This stage establishes the terms of reference and agreed plan for a HIA. It involves asking questions and making decisions in relation to undertaking the assessment.

It is not necessary for a screening tool or session to have been completed previously. However, a screening tool is useful and beneficial for helping to determine the focus of the HIA. Ideally, the scoping should not be completed in isolation. These questions should be read in conjunction with the earlier Scoping section guidance (STEP 2: Scoping).

- What are the timescales for the assessment? (When do crucial decisions need to be made?)
- What financial and human resources are available?
- What are the geographical boundaries of the project? (Is it necessary to consider the impact on people in other areas or communities that may be affected?)
- What kind of assessment is necessary and/or possible in the time available – desktop, rapid or comprehensive?
- Should the assessment be an in-house exercise or should someone be commissioned to do the appraisal?
- Should a steering group be set up and who should be involved?
- What elements of the policy/project/plan should the appraisal focus on? (The screening tool should determine this.)
- Who are the stakeholders?
- What are the roles and responsibilities of those involved in the HIA? (May not be able to answer this now – could decide after first steering group meeting or at a separate meeting)
- What methods will be used to collect evidence?



# Links and Information

The following links provide tools, resources and other learning associated with using the HIA process. Some provide access to case studies which are particularly useful as evidence to support or challenge preliminary judgements about the potential impacts of proposals.

## Wales Health Impact Assessment Support Unit

[www.whiasu.wales.nhs.uk](http://www.whiasu.wales.nhs.uk)

Publication of HIA reports, guides, research and news. Includes separate sections on 'HIA and Planning' and 'Case Studies Leaflets' and 'Case Study Reports'.

## Welsh Government

<http://new.wales.gov.uk/topics/health/improvement/communities/healthimpact/?jsessionid=L31JTdyCdFrr3YKNM623ch8nSpy7R8H9vLPKWPDFHzJkS0V3x9Nj!136109946?lang=en>

Information with regard to all aspects of Welsh Government policies and strategies in relation to health and well-being.

## Chief Medical Officer Wales

<http://new.wales.gov.uk/topics/health/ocmo/?lang=en>

Includes case studies of HIAs funded by the Welsh Government and provides access to relevant policy documents and information on other areas of relevant work in public health being conducted in Wales.

## Public Health Wales

<http://www.wales.nhs.uk/sitesplus/888>

Public Health Wales have supported several HIAs and details and information can be found on this site. There is a health data and intelligence section which includes an interactive statistical map of Wales.

## HIA Gateway

[http://www.apho.org.uk/default.aspx?QN=P\\_HIA](http://www.apho.org.uk/default.aspx?QN=P_HIA)

Information, resources, case studies, sources of evidence and networks to support the use of HIA.

## London Health Commission

<http://www.london.gov.uk/lhc/hia/>

HIA section contains useful guidance and has details of the assessments conducted on all the statutory mayoral strategies.

## The World Health Organisation (WHO)

<http://www.who.int/hia/en/>

Provides access to case studies, tools, sources of evidence on the relationships between key determinants of health and other information on current developments.

## The European Centre for Health Policy (ECHP)

<http://www.euro.who.int/en/home>

Part of the World Health Organisation (WHO) Regional Office for Europe, it provides workshops and meetings to develop and disseminate ideas and good practice on HIA.

## The International Health Impact Assessment Consortium (IMPACT)

<http://www.liv.ac.uk/ihia/>

Database of resources and access to the Merseyside Guidelines on HIA.

## The International Association for Impact Assessment (IAIA)

<http://www.iaia.org/>

Provides support and a forum for discussion and ideas for individuals and organisations involved in different forms of impact assessment evidence on links between determinants of health. This site provides information on both the links between determinants, policy areas and health, as well as what is known about the impact of particular interventions on health.

## National Institute for Clinical Excellence (NICE)

<http://www.nice.org.uk/>

Contains summaries of reviews and full reports commissioned or carried out by NICE, as well as links to other organisations. The 'resources and links' section contains reports from NICE and the 'research and evidence' section contains useful information.

## HIA Blog

<http://healthimpactassessment.blogspot.com/>

Contains updated news, reports and information on HIA from around the world.

## Institute for Public Health in Ireland

<http://www.publichealth.ie/hia>

Contains useful evidence reviews for HIA, HIA guides, information and reports.

## Scottish HIA Network

<http://www.healthscotland.com/resources/networks/HIAresources.aspx>

Contains useful context to using HIA in Local Development Plans and SEAs, HIA guides, information and reports.

## Department of Health in England

[http://www.dh.gov.uk/en/Publicationsandstatistics/Legislation/Healthassessment/DH\\_647](http://www.dh.gov.uk/en/Publicationsandstatistics/Legislation/Healthassessment/DH_647)

Provision of reports, evidence reviews, policy documents and other HIA related material relevant to England and the devolved nations.

# Evidence and Knowledge

## Evidence on links between the determinants of health

These sites provide information on both the links between determinants, policy areas and health, as well as what is known about the impact of particular interventions on health.

### National Institute for Clinical Excellence

[www.nice.org.uk/](http://www.nice.org.uk/)

See 'Links and Information' section.

### World Health Organization (WHO) Regional Office for Europe

[www.who.dk/healthtopics/TopPage](http://www.who.dk/healthtopics/TopPage)

Information on the links between determinants of health. Also hosts the Health Evidence Network, primarily for public health decision making in the WHO European Region. This has two key components: an 'answers to questions' section where you can post your queries and a 'sources of evidence' resource list.

### NHS Centre for Reviews and Dissemination (CRD), University of York

[www.york.ac.uk/inst/crd/](http://www.york.ac.uk/inst/crd/)

Provides summaries of reviews conducted by CRD about what is already known about the effectiveness of interventions to improve health and tackle ill health. Most are about medical treatments but it also includes comprehensive evidence from systematic reviews of relevance to implementing the wider public health agenda. The site also includes the Database of Abstracts of Reviews of Effects (DARE) database which provides abstracts of quality assessed systematic reviews. Some of these deal with the wider determinants of health.

### The Campbell Collaboration

[www.campbellcollaboration.org](http://www.campbellcollaboration.org)

Provides access to evidence on the effects of a number of social, educational and criminal justice interventions.

### The Cochrane Collaboration

<http://www.cochrane.org/>

Provides evidence based health and health care research information.

### Trip Database

[www.tripdatabase.com](http://www.tripdatabase.com)

Searches over 55 sites with good quality medical and health related information and research. Provides access to 'evidence-based' material on the web as well as articles from highly rated online medical journals such as the British Medical Journal. Although medically focused, it is possible to access evidence relating to the wider determinants of health.

## Health Evidence Bulletins Wales

<http://hebw.uwcm.ac.uk>

Reviews a range of evidence for a number of topics, including cancer, injury prevention, healthy environments and mental health.

## Bandolier

<http://www.jr2.ox.ac.uk/bandolier/>

The evidence section collects information under a number of health topics. Most of it is medical but the Healthy Living section provides evidence on lifestyle interventions and health.

## Medical Research Centre (MRC) Social and Public Health Science Unit, University of Glasgow

[www.sphsu.mrc.ac.uk/](http://www.sphsu.mrc.ac.uk/)

The aim of the Unit is 'to promote human health via the study of social and environmental influences on health'. Of particular interest will be the section evaluating the health effects of social interventions. The unit focuses on non healthcare sector areas such as housing and regeneration as well as hosting the ESRC Centre for Evidence Based Public Health Policy.

## Economic and Social Research Council (ESRC) Centre for Evidence Based Public Health Policy (based at the MRC's Social and Public Health Science Unit at Glasgow University)

<http://www.sphsu.mrc.ac.uk/index.php>

Set up to 'respond to the growing demand for rational and effective policy interventions based on an informed understanding of 'what works'. A number of studies are currently underway.

## The Collaboration for Accidents and Injury Control (CAPIC)

[www.capic.org.uk/](http://www.capic.org.uk/)

A virtual organisation, open to everyone and run by a steering group of people and organisations who have an interest in injury prevention. One of their roles is to promote the evaluation of injury prevention initiatives. They provide references regarding published research, in several topic areas, as well as current research studies conducted by CAPIC members. Also provide information on current initiatives in Wales and beyond.

## Crime Reduction

[www.crimereduction.gov.uk](http://www.crimereduction.gov.uk)

Aims to provide community safety and crime prevention practitioners with information and advice to reduce crime and anti-social behaviour in their local area. Contains evidence on a broad range of topics from CCTV to racially motivated crime.

## Transport Research Laboratory

[www.trl.co.uk](http://www.trl.co.uk)

Wide range of research on road safety, impact on traffic flow and environmental issues such as noise and traffic emissions.

## Highways Department

[www.highways.gov.uk](http://www.highways.gov.uk)

Commissions and conducts research on a number of road traffic issues such as air quality, traffic calming and the community effects of traffic congestion and its relief.

## The European Foundation for the Improvement of Living and Working Conditions

[www.eurofound.ie](http://www.eurofound.ie)

Describes itself as a tripartite European Union body set up to contribute to the planning and establishment of better living and working conditions. Provides information on the links between employment conditions and health.

## Institute of Rural Health (IRH)

[www.rural-health.ac.uk](http://www.rural-health.ac.uk)

Conducts wide-ranging research on issues relating to health and the rural environment.

## Planet Health Cymru

<http://www.planethealthcymru.org/>

Planet Health Cymru provides a 'one stop shop' to aid collaborative working, detailing key information, tools, documents and examples of current practice for use by practitioners working in planning, transport, urban design, development, architecture and public health, as well as anybody who has a responsibility in improving the nation's health.

## Public Health Wales Observatory

<http://www.publichealthwalesobservatory.wales.nhs.uk/>

The Public Health Wales Observatory is a team within Public Health Wales. Its staff are skilled in public health data analysis, evidence finding and knowledge management. The Observatory is the place where decision makers and the public can obtain useful public health information about the people of Wales.

## Office for National Statistics

[www.statistics.gov.uk](http://www.statistics.gov.uk)

Census data and population information related to determinants.

## Welsh Index of Multiple Deprivation

<http://wales.gov.uk/topics/statistics/theme/wimd/wimd2011/?lang=en>

The WIMD is the official measure of deprivation in small areas in Wales. It is constructed from data around eight types of deprivation: income, housing, employment, access to services, education, health, community safety and physical environment.



# Glossary of terms

## Environmental Impact Assessment (EIA):

The process of identifying, predicting, evaluating and mitigating the biophysical, social, and other relevant effects of development proposals prior to major decisions being taken and commitments made (International Association of Impact Assessment).

## Environmental Justice:

The fair treatment and meaningful involvement of all people regardless of race, colour, national origin, or income with respect to the development, implementation, and enforcement of environmental laws, regulations, and policies (US Environmental Protection Agency).

## Health Impact Assessment (HIA):

A combination of procedures, methods and tools by which a policy, programme or project may be judged as to its potential effects on the health of a population, and the distribution of those effects within the population (European Centre for Health Policy).

## Health inequality:

Differences in health status or in the distribution of health determinants between different population groups. Some health inequalities are attributable to biological variations or free choice and others are attributable to the external environment and conditions mainly outside the control of the individuals concerned. In the first case it may be impossible or ethically or ideologically unacceptable to change the health determinants and so the health inequalities are unavoidable (World Health Organisation).

## Health inequity:

Where the uneven distribution of health inequalities is unnecessary and avoidable as well as unjust and unfair, the resulting health inequalities also lead to inequity in health (World Health Organisation).

## Social/wider determinants of health:

Determinants of health are factors which influence health status and determine health differentials or health inequalities. They are many and varied and include: natural and biological factors, such as age, gender and ethnicity; behaviour and lifestyles, such as smoking, alcohol consumption, diet and physical exercise; the physical and social environment, including housing quality, the workplace and the wider urban and rural environment; and access to health care. (World Health Organisation).

## Social justice:

the distribution of advantages and disadvantages within a society (Oxford English Dictionary).

### Steering group:

A group of people brought together to oversee a piece of work such as a HIA. Typically, a steering group might be made up of representatives of relevant professional groups, key statutory agencies and the local community and its terms of reference might include overseeing development and progress of the work; agreeing the methodological framework and timescales; providing an input of local knowledge and information; acting as a bridge between partners; facilitating the implementation of the assessment's recommendations; and helping to assimilate and disseminate the emerging lessons (World Health Organisation).

### Strategic Environmental Assessment (SEA):

SEA aims to increase the consideration of environmental issues during decision making related to strategic documents such as plans, programmes and strategies. It identifies the significant environmental effects that are likely to result from the implementation of the plan or alternative approaches to the plan. The findings of the assessment are presented in an environmental report that is consulted upon, with the public, alongside a draft of the plan. Issues raised in the report and in responses to the consultation must be considered by the plan-maker before the plan is formally adopted (Environment Agency).

# References

- Barton H. and Grant M (2006) A health map for the local human habitat. *The Journal of the Royal Society for the Promotion of Health*, 126: 252-253.
- Chadderton C, Elliott E and Williams GH (2008) *Involving the Public in HIA: An evaluation of current practice in Wales*. Cardiff School of Social Sciences, Cardiff University.
- Dahlgren G and Whitehead M (1991) *Policies and strategies to promote social equity in health*. Stockholm, Institute for Futures Studies.
- Data Wales website. <http://www.dataunitwales.gov.uk/ProductsServices.asp?cat=235>. Accessed 23 August 2011.
- Elliott E, Harrop E, and Williams GH (2010) Contesting the science: public health knowledge and action in controversial land-use developments, in P. Bennett, K Calman, S Curtis and D Fischbacher-Smith (eds) *Risk Communication and Public Health (second edition)*, Oxford: Oxford University Press.
- Elliott E and Williams G (2008) Developing Public Sociology through health impact assessment (HIA). *Sociology of Health & Illness*, Vol 30 No 7 pp 1101-1116.
- European Centre for Health Policy (1999) *Health Impact Assessment: Main concepts and suggested approach (Gothenburg Consensus)*, Brussels: European Centre for Health Policy.
- European Commission (2001) Directive 2001/42/EC - Strategic Impact Assessment.
- European Commission (1985) Directive 85/337/EEC – Environmental Impact Assessment.
- European Portal for Action on Health Inequalities website <http://www.health-inequalities.eu/HEALTHY/EN/events/> (Accessed November 28th 2011).
- Lester C and Temple M (2004) Rapid collaborative health impact assessment: a three-meeting process. *Public Health* Volume 118, Issue 3, April 2004, pp 218-224.
- Mekel O (2007) The Quality of prediction in HIA and organisational constraints. European Meeting on Health and Health Systems Impact Assessment, Lisbon, 2007. Workshop presentation.
- Mindell J et al (2006) A Guide to Reviewing Published Evidence in Health Impact Assessment.
- Taylor L et al (2002). *Introducing Health Impact Assessment (HIA): Informing the decision-making process*. Health Development Agency, London.
- Welsh Office (1998) *Better Health, Better Wales*. Cardiff: Welsh Office.
- Welsh Assembly Government (2008) *Developing Local Participation Strategies*.
- Welsh Assembly Government (2003) *Wales: a better country*, Cardiff: Welsh Assembly Government.
- Wanless (2003) *The Review of Health and Social Care in Wales*. Report of Project Team Department of Health.
- Welsh Assembly Government (2004) *Making the Connections: Delivering better services for Wales*.

Welsh Assembly Government (2004) *Improving Health and Reducing Inequalities: A practical guide to health impact assessment*.

Welsh Assembly Government (2007) *One Wales - A progressive agenda for the government of Wales*.

Welsh Assembly Government (2008) *Welsh Transport Appraisal Guidance (WelTAG)*.

Welsh Assembly Government. (2002) *Technical Advice Note 21*.

Welsh Assembly Government. (2009) *Minerals Technical Advice Note 2: Coal*.

Welsh Assembly Government. (2006) *Draft Ministerial Interim Planning Policy Statement 02/06*.

Welsh Index of Multiple Deprivation <http://wales.gov.uk/topics/statistics/theme/wimd/wimd2011/?lang=en> (Accessed 23rd August 2011).

Welsh Government (2011) *Fairer Health Outcomes for All: Reducing Inequalities in Health*. Strategic Action Plan (working document).

Whitehead, M (1992) *The health divide in inequalities in health: The Black Report*. Harmondsworth, Penguin.

World Health Organisation (1948). Preamble to the Constitution of the World Health Organisation as adopted by the International Health Conference, New York, 19-22 June, 1946; signed on 22 July by the representatives of 61 States (Official Records of the World Health Organisation, no.2,pp.100) entered into force on 7 April 1948.

World Health Organisation (1999) *Health 21: The health for all policy framework for the WHO European Region*. European Health for All Series No.6. Copenhagen: World Health Organisation.

World Health Organisation (1999) *Health impact assessment: Main concepts and suggested approach*. Copenhagen: World Health Organisation.

## Reviewing Community Safety Partnerships in Cwm Taf Morgannwg

As you will be aware, partners across Cwm Taf Morgannwg region have committed to a review of existing Community Safety arrangements in Bridgend and Cwm Taf (covering the RCT and Merthyr Tydfil areas) with a view to establishing a single Community Safety Partnership for the region.

Practice Solutions Ltd are delighted to have been appointed to lead this review. Over the next few months, our small team of consultants will be undertaking a detailed analysis of current arrangements, identifying effective practice in other regions and, critically, engaging with relevant stakeholders to obtain views on opportunities and challenges, and to co-produce a solution that works for Cwm Taf Morgannwg. We will submit our recommendations early in 2023 and subject to agreement and approval, the aim is that any new arrangements could be adopted by the start of the new financial year.

You will hear more shortly about how we plan to take forward discussions with stakeholders. We will be linking with existing forums where possible, to minimise the burden on partners and optimise opportunities for engagement.

If you have any immediate questions about this work, please contact Martyn Palfreman at Practice Solutions, email [martyn@practicesolutions-ltd.co.uk](mailto:martyn@practicesolutions-ltd.co.uk).

This page is intentionally left blank



Bwrdd Gwasanaethau Cyhoeddus  
**Gwent**  
Public Services Board

Page 103

## Development of the Gwent PSB

Kathryn Peters- Corporate Policy Manager Caerphilly CBC

# Drivers

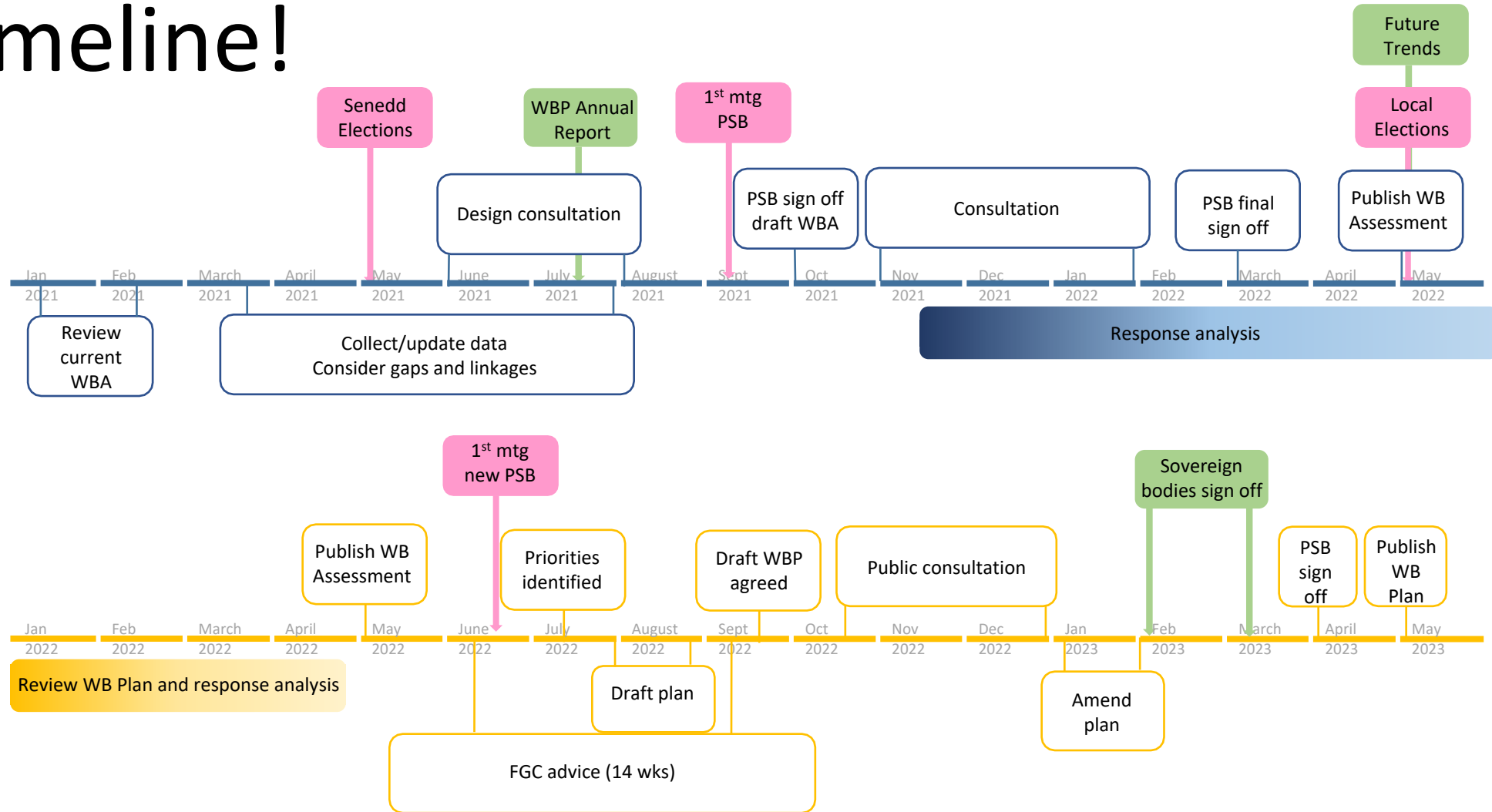
- Desire of the PSB members in Blaenau Gwent, Caerphilly, Newport, Monmouthshire and Torfaen to act regionally- strengthen governance, collaborative accountability, clearer partnership landscape (links to other regional boards- RPB, VAWDASV, APB etc.)
- Former G10 senior officer group- 5 x LAs (CXs and Leaders), Police, Fire, Health, Natural Resources Wales
- Regional bodies- Gwent Police and ABUHB coterminous with the 5 LAs
- Supra-regional bodies- SWFRS, Natural Resources Wales and Welsh Government
- Existing cross-border, cross-sectoral policy officer group
- Initial paper requested of GSWAG 10 March 2020 followed by direction from G10 to develop a Gwent PSB by Sept 21



# Timeline

- Paper to final G10 meeting **June 2021** to agree:
  - Draft Terms of Ref of the new PSB
  - Additional Membership- Chair SWFRA, Welsh Government, National Probation Service, 2 x CVCs  
**PLUS** Public Health Wales, RSL representative, USW further education representative
  - Formation of a Regional Scrutiny Committee
  - Performance Management Framework
  - Links to other regional boards
  - Gwent Well-being Assessment (2022) and Gwent Well-being Plan (2023)
  - Facilitation of the PSB- 2 year rotation
  - Charing arrangements- 2 year rotation
- Reports to all 5 PSBs
- Reports to all 5 Scrutiny Committees
- Reports to all 5 Councils
- Reports to internal governance of the member bodies
- Nomination and induction of new members
- First meeting **Sept 21**

# Timeline!



# Challenges

- Aligning 5 sets of Terms of Reference
- Democratic Challenge- loss of local accountability
- Concerns that local delivery would be weakened
- Concerns of very local members e.g. Town and Community Councils
- Agreeing the Chair of the PSB
- Yet to resolve Regional Scrutiny- what goes where, how can we be consistent?
- Yet to resolve the Performance Management Framework
- Yet to agree a consistent local vs regional delivery landscape
- The 'governance' bits are a necessary evil

# Strengths

- Excellent pre-existing working relationships among members
- Strong will to get this over the line
- Strong regional policy capacity and pre-existing working relationships
- First Gwent Regional Assessment of Well-being is regarded as a solid document by external stakeholders
- GSWAG- (temporary governance group)- Communications and Engagement Group- Local Delivery Groups (consistent membership)
- History of regional projects since 2018- Gwent Green Grid, Public Sector Fleet Review, Public EV charging using OLEV + WG funding etc.
- Single identity, website, social media, engagement approach, openness and transparency- meetings recorded/public questions

# Opportunities

- Ability to develop a high level set of Gwent Well-being Objectives
- Ability to continue to commission and develop regional projects- landscape scale, shared expertise, economies of scale
- Ability to strengthen governance alignment around other regional boards- Community Safety Review and Regional Partnership Board- align strategic priorities
- Ability to solve the sticky problems- most senior leadership in the region
- Local Delivery Groups will continue to respond to local data and Community Area Assessments and contribute to regional projects
- Potential that Regional Scrutiny, when formed, could solve some other 'governance gaps' e.g. the RPB
- Will demonstrate a response to the WG review of partnerships and the Audit Wales review on the effectiveness of PSBs



**Any Questions?**