

# Contents

<b>Preface</b> .....	<b>1</b>
<b>Chapter 1: Introduction and Purpose</b> .....	<b>3</b>
Background	
Requirement	
Changes for this Round	
<b>Chapter 2: The Requirement</b> .....	<b>5</b>
The Welsh Assembly Government’s Vision	
The Strategic Context	
Community Strategies and Plan Rationalisation	
Health, Social Care and Well-being Strategies	
<b>Chapter 3: Roles and Responsibilities</b> .....	<b>17</b>
Co-operation	
Giving the Public and Partners a Voice	
<b>Chapter 4: Developing the Strategy</b> .....	<b>23</b>
Reviewing the Previous Strategy Round	
Needs Assessment and Service Mapping	
Creating a Joint Vision	
Setting Objectives	
Prioritisation	
Authorisation and Consultation	
Implementation	
Local Monitoring and Review	
Keeping the Community Informed of Progress	
<b>ANNEXES</b>	
Annex A - Changes to the Regulations.....	38
Annex B - The Health, Social Care and Well-being Strategies (Wales) (Amendment) Regulations 2007.....	40
Annex C - An Integrated Approach to Strategies.....	43
Annex D - Requirements for the Strategies.....	45
Annex E - Indicative Timetable.....	47

## Preface

Section 40 of the National Health Service (Wales) Act 2006 (the 2006 Act) (which replaces section 24 of the National Health Service Reform and Healthcare Professions Act 2002) provides for a duty to be placed on each Local Health Board (LHB) and Local Authority (LA) in Wales to jointly formulate and implement a strategy for the health and well-being of its local population, and to have regard to that strategy in exercising their functions. The 2006 Act further confers upon the National Assembly for Wales the powers to make regulations and guidance which make further provision about these strategies.

On the 29<sup>th</sup> January 2003, the National Assembly for Wales made the *Health, Social Care and Well-being Strategies (Wales) Regulations 2003* (SI 2003 No 154 (W.24)) (the Existing Regulations) that came into force on the 31<sup>st</sup> March 2003. The Existing Regulations set out the procedure for Local Health Boards and Local Authorities in formulating and implementing the Health, Social Care and Well-being Strategy for their local area.

At the same time, the Welsh Assembly Government issued two guidance documents: *Health, Social Care and Well-being Strategies: Preparing a Strategy* (statutory guidance under section 24(7) of the NHS Reform and Health Care Professions Act 2002), and *Health, Social Care and Well-being Strategies Policy Guidance*.

The first draft strategies were developed by the end of March 2004, and following public consultation were adopted by Local Authorities, Local Health Boards and many local partners by the end of December 2004. The strategies became operational from 1 April 2005 to cover the 3 year period 2005-2008.

In anticipation of the next round of Health, Social Care and Well-being Strategies in April 2008, the Welsh Assembly Government has reviewed and revised the Statutory Guidance and made amendments to the Existing Regulations.

This document sets out the changes to the Statutory Guidance and the Existing Regulations. The main changes to the Existing Regulations include changing the operative period of the strategy from five years to three years, removing the need for a separate consultation on the Needs Assessment, removing the duty to provide the Assembly with written details why the parties have not entered into a commissioning arrangement for secondary care services, and other more technical amendments. More details on the changes can be found at **Annex A**.

The new regulations will be known as the ***Health, Social Care and Well-being Strategies (Wales) (Amendment) Regulations 2007*** and they will come into force on the **1<sup>st</sup> April 2007**. A copy of the Regulations can be found in **Annex B**.

The development of this, the second round of Health, Social Care and Well-Being Strategies, is an opportunity further to strengthen collaboration and integration between all local partners, both statutory and non-statutory, with the aim of significantly improving the health and wellbeing of the people of Wales. The strategies should also focus on creating and delivering high quality citizen-focused services, built around genuine and open engagement with service users, their carers, staff and the general public.

# Chapter 1: Introduction and Purpose

## Background

- 1.1 This Statutory Guidance is issued to support the second round of Health, Social Care and Well-Being Strategies (HSCWBs), and builds on and is intended to replace the two guidance documents *Health, Social Care and Well-being Strategies: Preparing a Strategy* and *Health, Social Care and Well-being Strategies: Policy Guidance*, issued in 2003 to guide the first round.
- 1.2 In accordance with the Government's response to *Making the Connections: Delivering Beyond Boundaries*, Local Service Boards will be established in each local area during 2007/08, the year in which the next round of strategies will be produced. The Boards will, as far as they are able, engage with the production of the new round of HSCWBs and help to ensure that they take account of and link appropriately to other local strategies and are founded on strong local commitment to delivery. They will have an important role in ensuring that difficult issues emerging from the findings are confidently managed.

## Requirement

- 1.3 The main requirement for the second round of the HSCWBs will be that in each area the agreed strategy:
  - (i) presents a consolidated vision of what the local partnership – led and informed by the statutory partners - expect success to look like in March 2011; and
  - (ii) acts as the commissioning context for the statutory bodies in using their resources jointly to achieve this vision.
- 1.4 Within the context set by *Designed for Life* and *Fulfilled Lives, Supportive Communities* of aiming for much better health and well-being and for world class health and social care services, the strategy must deliver demonstrable improvements in health and well-being and streamlined and effective health and social care services offering consistently high standards of care.

- 1.5 In preparing the strategy and especially at the needs assessment stage, there must be a wide-ranging look at the factors that affect health and well-being and opportunities for improvement. However, the process must lead to clear choices and the final strategy must focus tightly on delivery of real improvement.
- 1.6 The Regulations require statutory bodies to consult with neighbouring bodies, and, wherever necessary, they should engage with others on cross-boundary issues.

### **Changes for This Round**

- 1.7 This revised guidance reflects feedback by each local partnership at the end of the first year, and comments received through public consultation.
- 1.8 Changes from the Existing Regulations are mentioned in the text below as they arise, and are summarised in **Annex A**. A copy of the new Regulations (*The Health, Social Care and Well-being Strategies (Wales) (Amendment) Regulations 2007*) is provided in **Annex B**. These will come into force on the **1<sup>st</sup> April 2007**, to allow sufficient time for local partnerships to prepare the HSCWBS for implementation by April 2008.
- 1.9 The new round must link to changed agendas. Children and Young People's Plans (CYPPs) will run for 3 years from April 2008, as will the next strategic framework for *Designed for Life*. Therefore, it has been decided that the next round of HSCWBSs will also run for 3 years from April 2008.
- 1.10 The revised guidance also reflects the results of the plan rationalisation exercise, which means that the requirement to undertake Air Quality Action Plans has been subsumed into the Health, Social Care and Well-being Strategy.

## Chapter 2: The Requirement

### The Welsh Assembly Government's Vision

- 2.1 *Wales: A Better Country* sets out the Welsh Assembly Government's guiding vision of a fairer, more prosperous, healthier and better educated country, rooted in a commitment to social justice and to putting health and wealth creation that is sustainable at the heart of policy-making.
- 2.2 The concept of well-being continues to provide a strong test of the extent to which policies are coming together to reduce inequalities and to promote sustainable development. A high level of well-being is a feature of strong and vibrant communities. 'Health and well-being' is one of the six key themes of the Community Vision Framework which guides the work of Communities First Partnerships.
- 2.3 An individual's or community's well-being depends on many issues, including:
  - (i) people's interest and engagement in the community, and their sense of control over their own lives;
  - (ii) happiness and feelings of confidence and self-esteem;
  - (iii) being treated with dignity and respect;
  - (iv) access to affordable, nutritious food;
  - (v) a sense of security – financial and otherwise;
  - (vi) access to services, facilities and opportunities;
  - (vii) the care and support that is available when needed;
  - (viii) comfort and overall quality of life;
  - (ix) spiritual needs and respect for faith and religion;
  - (x) access to affordable, safe, secure and appropriate housing;
  - (xi) protection from crime and disorder; and
  - (xii) people's work, home and recreational environments.

## The Strategic Context

- 2.4 Since the issue of the initial guidance, many new developments have occurred. Major ones are identified in Box A. Other policy developments that will affect the development and implementation of the next round of HSCWBSs are listed in Box B. The broad policy environment also includes important developments relating to equality mainstreaming, economic development, transport, sport, culture, the environment, climate change and other areas, within an overall commitment to sustainable development. The opportunities these offer to generate improvements in health and well-being also should be noted in developing the HSCWBSs.
- 2.5 The issues identified both in the report of the *Review of Health and Social Care in Wales* and elsewhere – a mismatch between the balance of health and social care needed and that currently available resulting in avoidable health and social problems, unforeseen changes in demand, and delays across the system – are well understood.
- 2.6 A twin-track approach - both tackling the causes and aiming to improve service outcomes - reflecting the advice in Professor Townsend's report, *Targeting Poor Health* - is intended to address this. Strong Community Strategies and partnerships at local level (including links to Communities First Partnerships), and alignment of national strategies and frameworks, will be essential to ensure that efforts in one part of the system are not hampering the progress of others.
- 2.7 The Assembly Government has developed an interlocking set of policies and strategies to respond to these issues and HSCWBSs with CYPPs will together be the local mechanisms for driving these. Local Service Boards will help ensure successful integration of activity across the local partners in policy implementation (see Annex C).
- 2.8 Stretching targets to improve health and reduce differences in health have been set for 2012. *Health Challenge Wales* calls on everyone to do as much as possible to improve health and well-being. As individuals, we can do more to protect and promote our own health and that of our families.

- 2.9 The NHS, Local Authorities, the voluntary sector and others can enhance their role as advisors, educators, advocates and community developers. In their role as employers, providers of service, purchasers and commissioners, they need to take account of the Welsh Health Circular *Healthy Sustainable Wales – the NHS Contribution* (WHC 2006(029) and the Sustainable Development Framework being developed for local government.
- 2.10 The Welsh Local Government Association document *The Route to Health Improvement* offers a robust response to this challenge, and can help increase the positive impact that core services have on the health and well-being of local communities.
- 2.11 *Designed for Life* sets out the Welsh Assembly Government's ambitious 10-year framework to create world class health and social care in Wales, and its partner document *Fulfilled Lives, Supportive Communities* sets out in the renewed vision for social care. A new public health strategy will set the context for improving health and reducing health inequalities.
- 2.12 The guidance for the first round of HSCWBSs indicated that a complementary national priorities document from the Assembly Government setting out policy objectives over the period addressed by the strategies would be issued. *Designed for Life* did this in part. Following the 2007 Assembly elections it is anticipated that a National Priorities document will be issued to support the second round of strategies.

### **Box A – Major New Policy Developments**

- issue of the report of the *Review of Health and Social Care in Wales*, advised by Sire Derek Wanless
- conclusion of the Review of National Health Bodies
- issue of *Health Challenge Wales, Designed for Life and Fulfilled Lives, Supportive Communities*, and developments such as NHS reconfiguration, the 2009 waiting time targets, the DECS project on emergency care services and a new NHS Quality Improvement Plan
- *Healthy Sustainable Wales - The NHS Contribution WHC 2006(029)*
- implementation of the *Strategy for Older People in Wales* and the publication of the *Healthy Ageing Action Plan* and the *National Service Framework for Older People*
- implementation of the Children Act 2004 duties to co-operate in service planning and delivery and *Rights to Action*
- consultation on regulations and guidance on Looked after Children (initiated under Standing Order 31 procedures)
- publication of *Keeping Us Safe: Report of the Safeguarding Vulnerable Children Review*
- publication of the *National Service Framework for Children, Young People and Maternity Services*, and *Food and Fitness - Promoting Healthy Eating and Physical Activity for Children and Young People in Wales*
- issue of the *All-Wales Youth Offending Strategy* and the *Strategy for Tackling Domestic Abuse in Wales*
- development of the Learning Disability Strategy through *Service Principles and Service Responses*
- issue of the Mental Health Promotion Action Plan and the National Service Framework, *Raising the Standard*
- conclusion of the plan rationalisation exercise, meaning that a number of existing social services plans will fall away, and that there is a need to articulate clearly the links with discontinued and remaining strategies
- issue of *Making the Connections* and *Making the Connections - Delivering Beyond Boundaries*
- new equality legislation
- Mental Capacity Act 2005

- development of Community Safety Partnerships and local substance misuse actions plans
- development of a Substance Misuse Treatment Framework for Wales and the rollout of its component modules including commissioning guidance
- introduction of new contractual arrangements for NHS staff (the new General Medical Services contract, the consultant's contract, *Agenda for Change* and the European Working Time Directive)
- publication of the Building Strong Bridges policy document which reflects on the wide range of voluntary sector organisations as key players in service provision.
- issue of new generic *Communities First* guidance
- issue of the *National Homelessness Strategy 2006-08* and *Supporting People*
- issue of *Designed to Tackle Cancer* in Wales
- issue of revised community planning guidance
- *Iaith Pawb*: the Welsh Assembly Government's National Action Plan for a Bilingual Wales and the Welsh language schemes of individual organisations schemes
- *The Review of Sexual Health Services 2003*
- Welsh Assembly Government Race, Disability and Gender Schemes
- issue of new commissioning guidance for health and social services and an associated development programme
- issue of the *Community Services Framework* and the *Welsh Chronic Conditions Management Model and Framework*

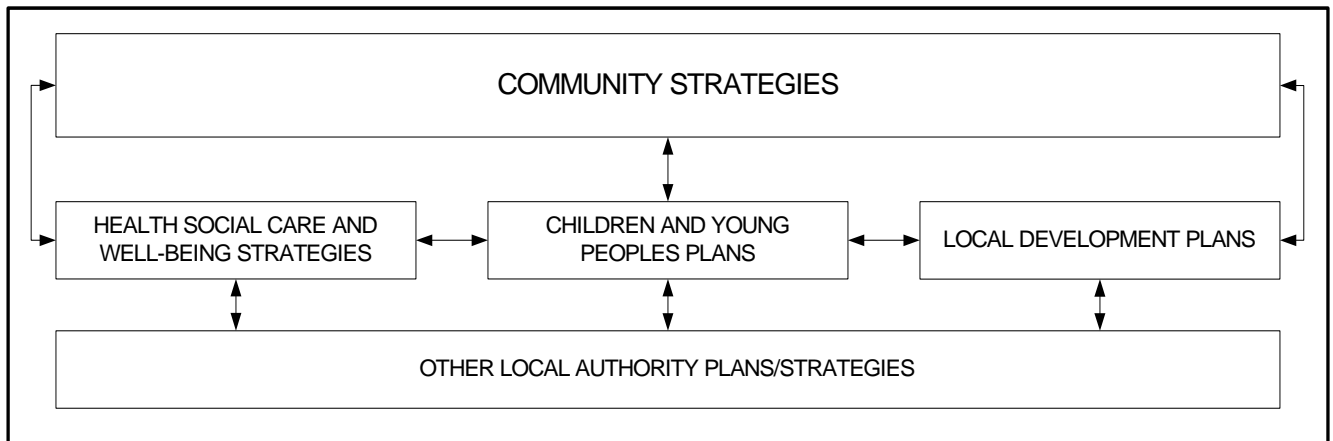
### **Box B – Future Policy Developments Which Will Influence HSWBs**

- forthcoming issue of the new Public Health Strategy, with its emphasis on eliminating health inequalities – expected early 2007
- expansion of the Communities First Programme to include the areas identified in the top 10% of deprivation in the Welsh Index of Multiple Deprivation 2005
- next substance misuse strategy to run from April 2008
- revision of *Iaith Pawb* autumn 2007
- Welsh Assembly Government *Single Equality Impact Assessment Toolkit*
- Guidance on the preparation of Children and Young People's Plans

## Community Strategies and Plan Rationalisation

2.13 Part 1 of the Local Government Act 2000 places a duty on each Local Authority in Wales to prepare a community strategy to promote and improve the economic, social and environmental well-being of their areas and to contribute to the achievement of sustainable development in the United Kingdom. Following the plan rationalisation exercise, which reviewed the statutory plans that Local Authorities and partners are required to produce, only four remain: (i) the Community Strategy; (ii) the HSCWBS; (iii) the Children and Young People's Plan (CYPP); and (iv) the Local Development Plan.

2.14 The local Community Strategy provides an overarching statement covering a 10-15 year period and will need to be informed by and reflect the strategic priorities set out in the CYPP, HSCWBS and Local Development Plan (see Fig 1).



*Fig 1 Local Strategic Planning Framework*

- 2.15 In accordance with *Making the Connections: Delivering Beyond Boundaries*, the existing Community Strategy Partnerships will evolve into Local Service Boards. The Local Service Boards will lead the development and delivery of the Community Strategy and are intended to provide the hub around which existing partnerships, including partnerships for Health, Social Care and Well-Being, for Children and Young People and for Community Safety will function. It will remain the responsibility of the local thematic partnerships to manage the delivery of objectives associated with their areas of operation.
- 2.16 The role of the Local Service Board will be to provide support to the implementation of key local strategies and plans. This may include tackling barriers to cooperation and delivery, providing a challenge to partnerships and taking action to enhance capacity and expertise in partnerships. Further information is provided in the consultation document *Making the Connections - Local Service Boards in Wales*. Revised Community Planning Guidance will be issued for consultation in summer 2007.
- 2.17 During both preparation and implementation, the four plans should be interlinked and cross-refer to one another, and their overall impact continually reassessed. It is important that all partners, stakeholders and the local community are clear how the rationalisation process will be taken forward at local level.
- 2.18 Where, following the rationalisation process, major plans and strategies no longer have to be submitted to the Welsh Assembly Government, it is important that Local Authorities continue to ensure that strategic goals are met and monitored. They may choose to do this by developing their own plans or by maintaining current planning arrangements aligned as necessary with the four statutory plans, or by ensuring that the issues are addressed through the four statutory plans. Being clear on the chosen approach will enable them, if subject to inspection, to evidence how they translate strategy into action and monitor progress.

- 2.19 The Children and Young People's Plans will be the defining statement of strategic planning intent and priorities for all children and young people's services in the area. In this respect it will act as the reference point for all other plans. The priorities and commitments set out in the CYPP should be referred to, where necessary, in other plans. For example the Community Strategy, HSCWBS and other relevant local authority plans that remain after plan rationalisation. They should also be in the plans of non-devolved services such as the statutory Youth Justice Plans, police and the National Offender Management Service, and in the shorter term (annual) operational plans of all partner agencies.
- 2.20 *Stronger Partnerships for Better Outcomes and Safeguarding Children: working together under the Children Act 2004* give advice on co-ordination of planning across Local Safeguarding Children Boards, Children and Young People's Partnerships, Health Social Care and Well-being Partnerships and Community Safety Partnerships, where there is a common core membership of statutory partners (for this, see Annex 1 of *Stronger Partnerships for Better Outcomes*).
- 2.21 While the CYPP is the main strategy relating to children, the HSCWBS must address both the fact that children will use other services besides those specifically designed for them and the need to ensure good transitional arrangements for children moving from children's to adult services. In addition, some services to adults (such as those for substance misuse, mental health and learning disability) have direct implications for children's services in relation to how they support adults in their role as parents. Accordingly, the HSCWBS must be coherent with and reflect the priorities set out in the CYPP - which will run concurrently with the HSCWBS - through cross-reference, appropriate links and summarising of key points. Where necessary, there can be duplicate content in the two plans to ensure full clarity as to intentions and intended actions.
- 2.22 As part of the changes in the Regulations, the Children's Services Plans will from 2008 become the CYPP, and neither that nor the Community Care Plan nor the Health Improvement Plan will need to be annexed to the HSCWBS.

- 2.23 In relation to housing, Supporting People Operational Plans will continue to apply until March 2008. By that date a decision will be given on their future.
- 2.24 As a result of the plan rationalisation exercise the statutory duty for Local Authorities to undertake Air Quality Action Planning (AQAP) has been subsumed within the HSCWBS. The Local Air Quality Management Regime set out under Part IV of the Environment Act (1995) requires Local Authorities to review and assess the air quality within their area against a series of objectives set out within the United Kingdom Air Quality Strategy and concurrent Air Quality (Wales) Regulations 2000 and Air Quality (Amendment) (Wales) Regulations 2002.
- 2.25 Local Authorities have to designate those parts of their areas, where the prescribed Air Quality Objectives are not likely to be met by, or at any point beyond, the relevant deadlines as 'Air Quality Management Areas' (AQMAs). Where Local Authorities have designated AQMAs, they have a duty to produce an 'Air Quality Action Plan'. This plan must set out what measures the Authority intends to introduce in pursuit of air quality objectives. The requirements are set out in the Local Air Quality Management guidance documents *LAQM. PG (03)* and *LAQM. TG (03)*. Additional guidance for Local Authorities outlining the details and implications of subsuming AQAP duties within the HSCWBS will be issued by the close of 2007.
- 2.26 Only the AQAP duties under LAQM have been subsumed into the HSCWBS. The duties for local authorities to continually review and assess air quality within their jurisdictions remain a statutory requirement under LAQM that must be fulfilled by local authorities.

## **Health, Social Care and Well-being Strategies**

2.27 The HSCWBSs are unique in that the Local Authority and the Local Health Board are jointly responsible in law for the planning of services which promote the health and well-being of the community, and the delivery of appropriate treatment and care as an integrated concept.

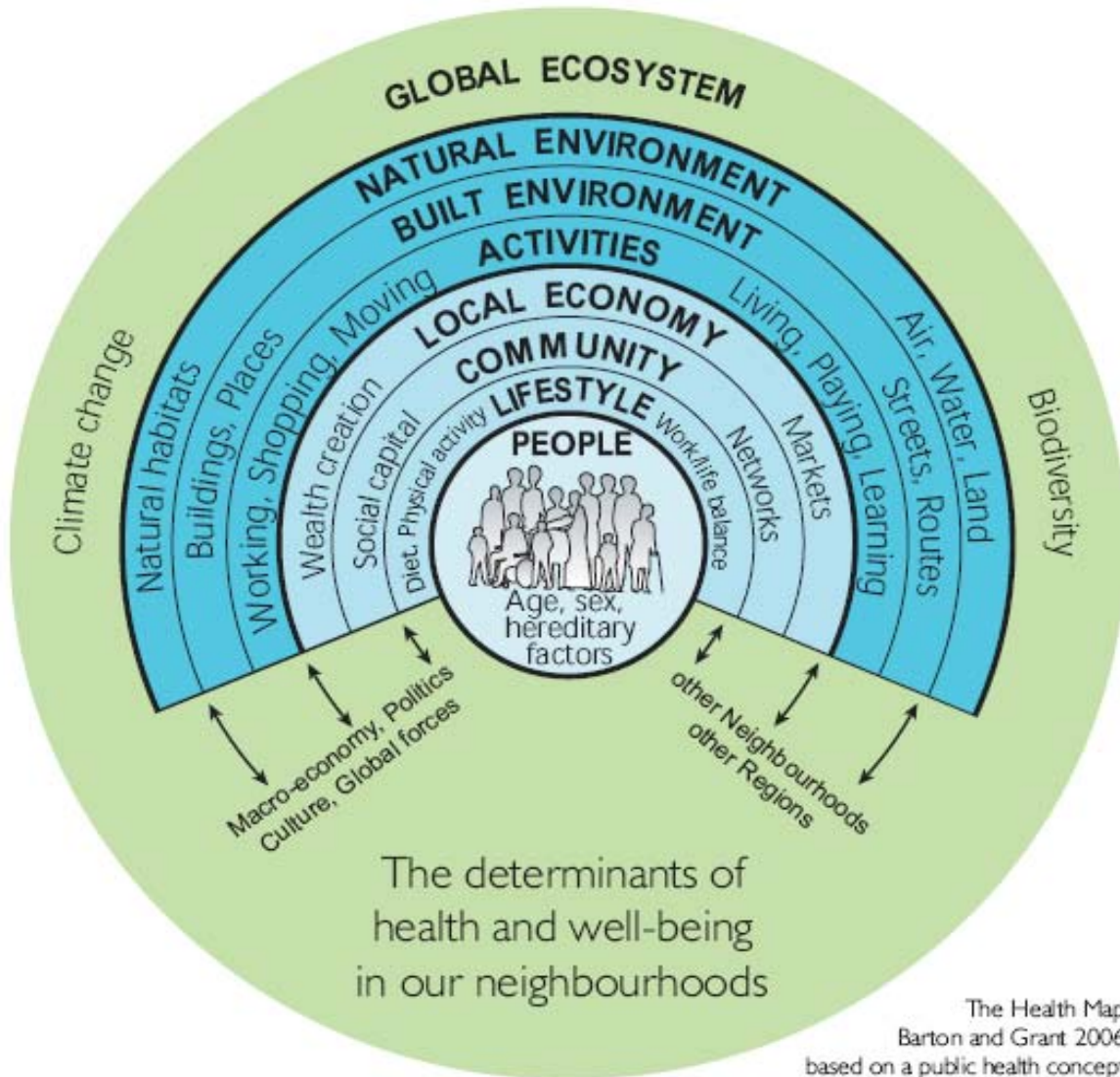
2.28 The aims of the strategy will be to improve health, social care and well-being for the local population by:

- (i) addressing the full range of issues that affect people's health, social care and well-being, addressing the broad public health agenda at local level to achieve health gain targets through the most appropriate and effective local response (fig 2 gives a sense of the complex interplay of factors which affect health; many of these are in some way amenable to the influence of local agencies involved in preparing the HSCWBS);
- (ii) improving the provision, quality and delivery of and access to more integrated NHS, local government, voluntary sector and private sector services and other functions which affect health, social care and well-being, giving full recognition to the need to develop bilingual services;
- (iii) establishing a stronger basis for planning, investment, commissioning and performance review at the local level; and
- (iv) promoting joint delivery of the vision.

2.29 The HSCWBS must provide a co-ordinated response to all the policy objectives and requirements relating to health and social care services in the local area, including:

- (i) tackling the social determinants of health e.g. employment, housing, good nutrition, crime and fear of crime;
- (ii) promoting self care and independent living;
- (iii) making a sharp shift towards positive health promotion, illness prevention and early intervention;
- (iv) moving care closer to users;
- (v) improving service quality to meet published standards; and
- (vi) identifying and reducing inequality.

- 2.30 Efforts to avoid poor health must harness contributions from across the full range of local government functions, including public health, community safety, health promotion and environmental protection and improvement, housing and housing-related support, public (including community) transport, leisure and social services, as well as an enhanced contribution to the prevention agenda from of the NHS.
- 2.31 The Health, Social Care and Well-being Strategies (Wales) Regulations 2003 set out the issues that the HSCWBSs need to address, and these are listed in **Annex D**. In essence, these include:
- (i) existing and emerging health and well-being needs, including risks and the factors that influence health and well-being;
  - (ii) existing services and gaps in services; and
  - (iii) identifying and securing services to improve health and well-being, with attention to the resources required.
- 2.32 The operative period of the HSCWBS will be three years from April 2008 to March 2011. It is recognised that health improvement is a long-term process. Nonetheless, a 3 year strategy framework is sufficient to accommodate at least some significant improvements, and local partnerships should be working together towards even better outcomes over the longer term.



The Health Map  
 Barton and Grant 2006  
 based on a public health concept  
 by Whitehead and Dahlgren, The Lancet 1991

**Fig 2 The Health Map**

## **Chapter 3: Roles and Responsibilities**

- 3.1 The Local Authority and the Local Health Board are the bodies jointly responsible in law for formulation and implementation of the local strategy. The Local Authority has major functions in relation to health protection, environmental, economic and social well-being that position it to co-deliver with partners the public health improvement agenda at the local level, in addition to being a provider of high quality direct care and support to vulnerable groups. It also has responsibility for undertaking Air Quality Action Planning. The Local Health Board will lead on NHS services.
- 3.2 The Local Authority, Local Health Board and all bodies that sign up to the strategy should be able to demonstrate how they are changing their investment priorities and delivering improvements in line with strategy objectives.

### **Co-operation**

- 3.3 The Existing Regulations impose on the Local Authority and the Local Health Board a duty of co-operation with named bodies. These include:
- (i) NHS Trusts;
  - (ii) Health Commission Wales (Specialist Services);
  - (iii) Community Health Councils;
  - (iv) County Voluntary Councils; and
  - (v) other voluntary, business and private organisations with an interest in the provision of health and well-being services.
- 3.4 This duty is extremely important to ensure that needs are fully explored, and that alternative response options are weighed. Strategy preparation must be an open process, aiming to secure the best possible combination of services and eliminating problems at the interface between service elements.

- 3.5 All organisations, bodies and groups involved in the process of co-operation should have internal arrangements in place to enable them to sign up to the agreed strategy.
- 3.6 The statutory bodies should also involve organisations, bodies and groups who have a valuable contribution to make to the process. Many different groups were mentioned during the consultation and are named in Box C. This list is not to be considered exhaustive. The Welsh Assembly Government expects Local Authorities and Local Health Boards actively to involve these and patients, service users and carers in needs assessment and strategy formulation, implementation and review. Local Authorities and Local Health Boards should support and encourage those with whom they are co-operating to help them make an effective contribution.

**Box C – Sources of Advice and Assistance in Preparing the HSCWBS**

- Wales Council for Voluntary Action
- Wales Centre for Health
- town and community councils
- Communities First Partnerships
- community groups representing Welsh speakers
- minority ethnic communities
- community care user groups
- Regional Protection of Vulnerable Adults Forums
- Substance Misuse Action Teams and substance misuse services
- the Environment Agency
- the Countryside Council for Wales
- GPs, pharmacists, dentists, optometrists, social workers and community health staff
- Housing Associations, local authority housing services and housing-related support providers
- tenants and residents groups
- older people's forums
- children and young people's groups
- local patient and carer's groups including young carer's groups
- domestic abuse forums

- the police
- prison and probation services
- Youth Offending Teams
- Community Safety Partnerships
- the National Offender Management Service
- senior people working in key organisations e.g. executives, Councillors and Board members

- 3.7 It is very important that NHS Trusts play a full part in this process. They assist in the major shift in services which is essential to achieve significant improvements in health and a rebalancing of services.
- 3.8 *Designed for Life* made a strong commitment to giving staff and users a lead role in the design of new services, as they know best what it is like to work in and receive care in Wales. This needs to be actioned.
- 3.9 Regulations require the Local Authority and Local Health Board, in consultation with those with whom they are required to co-operate to prepare a procedure for co-operation. The statutory bodies must ensure that they have arrangements in place that encourage all bodies with whom they have a duty to co-operate to participate in the process of strategy development and implementation. Furthermore, they should ensure that all partners are content with the arrangements for their involvement.
- 3.10 Local Authorities and Local Health Boards will need to decide how to manage and formalise their respective responsibilities and accountabilities, as will all other organisations involved in the co-operative procedure. Each organisation will need to decide which officers to involve in each stage of the process. Local Authorities will need to decide on the role of elected members in the procedures and other organisations must decide how to involve their Board Members.

## Giving the Public and Partners a Voice

3.11 The formulation and implementation of strategies will require a whole systems approach with all partners working together to ensure that public engagement and community involvement is as inclusive as possible. Section 11 of the Health and Social Care Act 2001 places a statutory duty on Local Health Boards and NHS Trusts to involve patients and the public in the planning and decision-making processes.

3.12 Local people rely on health and social care services, and provide the workforce for them. Their daily lives are affected by services' performance. Many help to improve outcomes through volunteering, community work, and simply as good neighbours. In all of these roles, local people have ideas and insights to contribute to the strategy. Local bodies should involve the community throughout the process, and consider:

- (i) treating all involvement as a process, not an event;
- (ii) ensuring all involvement is meaningful - and always feeding back decisions taken on issues;
- (iii) involving a wide-range of people through the many networks, forums and voluntary sector groups operating at a local level;
- (iv) involving senior people - executives, Councillors and Board members - in participative events;
- (v) reaching out to those who tend not to participate and actively facilitating their involvement; and
- (vi) being creative in how to engage people - town hall meetings are not for everyone.

3.13 Community Health Councils can make a significant contribution in helping develop links with and engage patients and the public in strategy development. The voluntary sector also includes important partners, accessible in part through the *Building Strong Bridges* Health and Social Care Facilitators and Communities First Co-ordinators. The processes of public engagement, when supported by committed leaders, offer a major opportunity to develop broader community understanding of the challenges to health and health care, and to establish a positive on-going dialogue with the community and its constituent groups. Existing guidance on engagement and consultation set out in Welsh Health Circular *Shaping Health Services*

*Locally* WHC (2004) 084 should be followed and further advice is included in the Community Services Framework.

- 3.14 The Communities First (CF) Partnerships bring together representatives from Local Authorities, public agencies and the voluntary and private sectors. They have a specific remit to devise and implement strategies which address the issues arising from deprivation, and 'health and well-being' is one of their key themes. The area covered by the programme is due to expand in the near future to cover up to 10% of the most deprived amongst the Welsh population. CF Partnerships are a means of accessing this sector of the population and engaging them in the health improvement agenda.
- 3.15 The Assembly Government will expect local partnerships to be able to evidence how they have engaged with their local community in a range of ways other than the 12 week formal consultation period which comes at the end of the process of strategy development.
- 3.16 The National Strategic Framework for Community Development in Wales highlights the importance of and methods of achieving effective engagement in making strategies. Support for this can come from Community Development Cymru and the Community Development Foundation for Wales.
- 3.17 Local Health Boards and Local Authorities will no longer be required to formally consult with stakeholders and the local population about the Needs Assessment element of the strategy before formulating their draft strategies, but must formally consult on their draft strategy. Consultation must be inclusive and must include the bodies listed in paragraph 3.3, and the Welsh Assembly Government (including Health Commission Wales), the local population, neighbouring Local Authorities and Local Health Boards, and other persons or organisations who are likely to be substantially affected by the strategy. Patients, users and carers will need to be consulted. Those mentioned in Box C have a role here too and Box D identifies some of those whose interests and views must not be overlooked.

3.18 In line with the UN Convention on the Rights of the Child, children and young people should be consulted and have their voices heard and receive responses on issues which affect them in ways that are relevant and appropriate to them.

**Box D – Groups Whose Needs, or Some of Whose Needs, are Sometimes Neglected by Mainstream Services**

- carers
- minority ethnic communities
- people who are homeless or insecurely housed
- disabled people
- juvenile offenders, young adult offenders and adult offenders in the criminal justice system
- those having completed a custodial or community sentence who need continuing care in the community
- Welsh speakers and others who need to access services in a language other than English, including those who rely on signing and lip-reading
- asylum seeking and refugee adults and children
- Gypsy and Traveller communities
- migrant communities
- carers groups
- Regional Protection of Vulnerable Adults Forums
- substance misusers
- people with mental health problems
- students
- people with serious but not common illnesses
- those suffering from domestic abuse
- people living in rural areas
- children whose needs alter as they make the transition from children's services to adult services
- vulnerable older people

3.19 The Local Authority and Local Health Board need to agree the most efficient and effective way of meeting their duties to consult with interested bodies and the public. They must agree this with bodies with whom they are required to co-operate.

## **Chapter 4: Developing the Strategy**

- 4.1 The process of developing the strategy will need to be undertaken as a sequence of phases:
- (i) reviewing the previous strategy round;
  - (ii) needs assessment and service mapping;
  - (iii) creating a joint vision;
  - (iv) setting objectives;
  - (v) prioritisation;
  - (vi) authorisation and consultation;
  - (vii) implementation;
  - (viii) monitoring and review; and
  - (ix) keeping local stakeholders and the public informed of progress.
- 4.2 Throughout the process, all departments of the Local Authority must be actively involved, as each has a contribution to make.
- 4.3 In response to a request received during the consultation, a suggested timetable for managing the strategy development process is included at annex E.

### **Reviewing the Previous Strategy Round**

- 4.4 Local partnerships will want to review progress made against the objectives set out in the first round of HSCWBSs, to help inform the content of the second round.

### **Needs Assessment and Service Mapping**

- 4.5 In the first round of strategy development partners were required to consult widely on the Needs Assessment stage of the process. This requirement has been removed in the second round but partners will be expected to involve and engage the local community and stakeholders throughout the process, and not simply during the formal consultation stage at the end of the process. In this way, the views of those who use and provide the services can be fully integrated.

- 4.6 The needs assessment for this round should update that previously undertaken, and focus on a deeper analysis of the needs of particular groups (including those in Box C) and geographical areas. It should map:
- (i) local needs in relation to health, social care and well-being, including an analysis of the social determinants of health;
  - (ii) interventions that can address the needs uncovered; and
  - (iii) local services, including a gap analysis.
- 4.7 The needs assessment must reflect the developing equality agenda. This will require a more careful analysis of the diverse needs of different groups and the response to them. The Disability Rights Commission has suggested that the following analysis framework be used in the case of impairment groups:
- (i) physical impairment;
  - (ii) visual impairment;
  - (iii) hearing impairment;
  - (iv) mental health condition;
  - (v) learning disability (such as Down's syndrome or dyslexia) or cognitive impairment (such as autistic spectrum disorder); and
  - (vi) long-standing illness or health condition such as cancer, HIV, diabetes, chronic heart disease, or epilepsy.
- 4.8 Such an approach could support the development of a more consistent basis for analysis, and allow fuller understanding of associated physical health inequalities, and issues of exclusion regarding opportunities to participate in family, parenting, work and community life and issues of choice, control, freedom and dignity. The needs assessments should additionally consider the extent of demand for communication support, advocacy support, mental health support and equipment support for disabled people.

- 4.9 Needs assessment should be viewed as part of an ongoing process, not as a one-off exercise. It should also feed into the needs assessment for other strategies, and utilise information collected from other needs assessment exercises such as that for Community Safety, and inform the more detailed commissioning strategies which follow from it. The National Public Health Service will have a major role in the needs assessment, as will the Welsh Local Government Data Unit and the Wales Centre for Health. The wide range of voluntary sector organisations and Communities First Partnerships are also well placed to actively contribute to the needs assessment of local communities.
- 4.10 The needs assessment should draw on a broad range of sources of advice, local national and international research materials and evidence from service users, including in the longer term information from care plans, and data held by agencies such as Disability Wales. It should include specific linguistic needs.
- 4.11 The service mapping should analyse how people move through services - for example, in health services identifying existing care pathways from initial service access through different stages of referral, and how they can be improved. The aim must be to support the development of a balanced set of services that shift the focus towards prevention and early intervention, reduce social exclusion and promote independence.

### **Creating a Joint Vision**

- 4.12 The value of a local strategy is that it allows for an integrated consideration of all the tasks to be undertaken and that the total resources in the area can be brought to bear on achieving the maximum impact. It can engage those working in sectors where the health impact is indirect, e.g. housing and transport, and draw out those areas of endeavour where there is added value and synergy in joint working across organisations. Local partners collectively need to agree a vision of what success looks like.

4.13 The strategies must improve life chances across the broad field of health and well-being, including:

- (i) social, economic and environmental factors which have an impact on people's life circumstances;
- (ii) choices people make with regard to lifestyle issues;
- (iii) capacity for self care and ability to engage with society;
- (iv) elements of health services; and
- (v) a continuing ability to live independently.

4.14 Strategies should clearly deal with the following issues, making appropriate links across them:

- (i) health promotion and illness prevention through a clear, area-wide response to Health Challenge Wales, firmly led by the statutory bodies, but aiming to develop among the local community a sense of personal and shared responsibility for their own health and that of their families and those they deal with;
- (ii) a firm response to Fulfilled Lives, Supportive Communities, which requires Local Authorities to assess the implications of the strategy for their services and establish a clear way ahead for social services, demonstrating leadership and grip in creating services that strengthen inclusion, prevention and protection, rebalance services towards support in the home and better meet the needs of different users and their carers;
- (iii) a full local response to Designed for Life, that demonstrates a commitment to create sustainable services that:
  - meets the needs of patients in different service streams - health promotion, emergency care, elective care - and supports those with long term or chronic conditions, with particular attention to frail and vulnerable groups;
  - provides easy access to the right equipment and expertise in and close to home, in local acute settings, in specialist and critical care centres, and for tertiary care;
  - plans and co-ordinate services on a regional basis to ensure that every patient receives the right care safely and as close to home as possible, and that any referral between services is safe, effective and convenient;

- meets standards and improve quality in all its dimensions in line with the new Quality Improvement Plan for the NHS; and
  - (iv) addressing poor local air quality and the formulation of effective and fit-for-purpose action where appropriate.
- 4.15 Services and transport access to services must be considered together. New plans developed by the regional transportation consortia will come into force in April 2008 to coincide with the coming into force of the new HSCWBSs and the development processes can be aligned.
- 4.16 Services and the workforce required to deliver those services must also be considered together. For the NHS in Wales, new, fully integrated arrangements for workforce planning, developed under *Designed to Work* (July 2006), will also come into force in April 2008 and during 2007/08 there will be transitional arrangements leading up to the change.
- 4.17 The overall result should be a vision that draws together in a robust and convincing way how partners will:
- (i) put in place the activities, care models and service patterns that will address the requirement set out in Annex D;
  - (ii) secure the infrastructure that they believe will deliver these services; particularly in the case of certain acute health services, some infrastructure will sometimes be located beyond their own authority boundaries; and
  - (iii) collaborate with other partners to commission services which they will not commission alone.
- 4.18 In creating and implementing the vision, partners will need to attend to their responsibilities in relation to:
- (i) reducing inequalities and promoting social inclusion and social justice;
  - (ii) promoting a bilingual Wales;
  - (iii) sustainable development;
  - (iv) the Wales Spatial Plan; and
  - (v) a citizen focus.

## *Reducing Inequalities and Promoting Social Inclusion and Social Justice*

- 4.19 Inequalities in health are often a reflection of other inequalities and both need to be addressed through local action. The local focus offers an opportunity for both analysis and action targeted at the root causes. Health and well-being must not be considered simply in terms of the existing, easy-to reach population and care must be taken not to oversimplify a complex picture.
- 4.20 Within the broad categories identified in Box C, there may be groups with particular needs. Examples include people with a mental health problem or learning disability who, according to a recent report, have disproportionately poor physical health and teenage parents and their children who are more likely than their peers to experience lower social outcomes. The strategies should review access to services for these and similar groups and demonstrate that their needs will be addressed better in future. The Welsh Assembly Government's Service Development and Commissioning Guidance for Selected Minority Groups (asylum seekers, Gypsies and Travellers, homeless people and the minority ethnic community) issued in June 2006 should be used to help tackle the health needs of these groups.
- 4.21 The Welsh Assembly Government is working to mainstream the equality and diversity agenda, and promote an integrated approach to all equality strands including race, disability, gender, age, sexual orientation, religion/belief and language, and will expect local bodies to do the same. These issues must be fully taken into consideration during the needs assessment, strategy development and consultation phases, paying due attention to the statutory obligations of the local bodies.

## *Promoting a bilingual Wales*

4.22 *Iaith Pawb* sets out the Assembly Government's commitment to Wales becoming a truly bilingual country, and refers to '*the importance of being able to deliver services in the service users' language of choice in key service areas such as health and social care...'*. For specific groups, in particular children and young people, those with learning disabilities or mental health problems, research has shown that it is particularly important that services are delivered in their first language. Local strategies should ensure that each stakeholder organisation gives full regard to its Welsh language scheme in designing services for local people.

## *Sustainable Development*

4.23 The Welsh Assembly Government has a statutory responsibility to embed sustainable development in its planning and policy, and a strong commitment to sustainable development must inform both the preparation and implementation of the strategies. WHC (2006) 029: *Healthy Sustainable Wales – the NHS Contribution* requires all NHS organisations to develop a sustainable development policy and action plan by March 2008. The Welsh Local Government Association and Forum for the Future are developing a Sustainable Development Framework defining what sustainable development means for Local Authorities at both a strategic and core service level, elements of which are already available.

## *The Wales Spatial Plan*

4.24 All local bodies will be aware of *People, Places, Futures - The Wales Spatial Plan* and already engaged in their local area group. HSCWBSs should be developed against the background of the general principles of the Spatial Plan and the particular issues identified in each local spatial plan area, and, where relevant, for example in the case of changes to major facilities, issues should be raised in the spatial plan arena.

## *A Citizen Focus*

4.25 In *Making the Connections*, the Government has committed itself to develop citizen-focused services, in which people have a voice in service design, management and delivery. Guidance has been issued on the core principles for customer service; a further policy statement is planned for Summer 2007 on engaging citizens and communities more widely. This must be reflected in designing and implementing the strategies.

### **Setting Objectives**

4.26 There was acceptance in the consultation on the draft guidance that this round should sharpen the focus on outcomes, on the basis that this would:

- (i) focus all concerned upon the baseline position and the comparative baselines compared with others;
- (ii) allow progress to be assessed;
- (iii) allow local bodies to learn from those performing better or to work together to improve; and
- (iv) spur the centrally funded improvement bodies (the National Leadership and Innovation Agency for Health (NLIAH) , the Social Services Improvement Agency and the Wales Centre for Health, WORD to generate evidence and support for how improvement might best be achieved.

4.27 The Welsh Local Government Association has led work to develop shared outcome indicators and in parallel the Welsh Assembly Government is developing system level indicators. This work needs to be brought together in the context of the new approach to local delivery, and a paper setting out the way ahead nationally is in preparation.

4.28 At local level, as part of the process of strategy development, for each priority, a baseline measurement should be identified related to the latest measured position available. Outcomes need to be agreed jointly by statutory and other partners which will then form the basis of performance monitoring. This will enable local partnerships to indicate clearly to both the Welsh Assembly Government and their local community and stakeholders, what progress is been made during implementation of the strategies.

### **Prioritisation**

4.29 While the strategy preparation process and especially the needs assessment must look to a wide understanding of issues that affect health and well-being and opportunities for improvement, the final strategy must focus tightly on delivery of real improvement.

4.30 There must be clarity about the priorities to be addressed in each HSCWBS. The purpose of the HSCWBS is twofold - to identify the needs of local people and ensure that appropriate services are in place to address those needs, and to ensure that national service quality standards and objectives are met.

4.31 The Welsh Assembly Government at a national level has identified a range of priorities which it has determined need to be addressed in order to improve the health and well-being of the population of Wales. These will be set out in the national priorities document referred to earlier (see section 2.12 above).

4.32 Local partners may feel that with limited resources they are unable both to meet national requirements and to address what they see as local priorities. The Welsh Assembly Government expects clearly identified national priorities to be addressed; local partnerships need to determine exactly how local partners can work together to ensure those national priorities are addressed in a way that most suits the local population, its needs and circumstances.

4.33 Where there are local priorities that have not been identified at a national level, it is for local partnerships to agree how best they should be dealt with.

- 4.34 The HSCWBS will focus on the national priorities together with key local priorities. These local priorities must be signed up to by both statutory partners and by the key stakeholders locally, and, along with the national priorities, will form the basis for joint performance monitoring which will be introduced as part of this round of HSCWBSs.
- 4.35 Local bodies will need to undertake an Equality Impact Assessment on their strategies.

### **Authorisation and Consultation**

- 4.36 The statutory partners will need to consider how the draft strategy will be approved for consultation and, following consultation and the incorporation of any amendments, how the final strategy is approved prior to its publication. Approval is required both at the relevant partnership meeting and at formal meetings of the two statutory partners i.e. the Local Health Board at its public meeting and the Local Authority through its full council, according to local arrangements. Other partners such as NHS Trusts and the local voluntary sector will be expected to indicate explicitly to their Boards or equivalent how they will be contributing to and working with their Local Health Board and Local Authority partners to make the strategy a reality.
- 4.37 The approved strategies should be made widely available in a wide variety of paper and electronic forms to ensure easy access, supported by a communication strategy to engage the whole community in implementation.

### **Implementation**

- 4.38 Implementation will require joint action by many agencies and bodies, and strong community engagement. It will need to be led by the Local Health Board and Local Authority in partnership with all other key stakeholders, both statutory and voluntary, as well as the independent sector, service users, carers and the local community. All parties have a role to play and need to be active participants, calling on their skill, expertise and local knowledge.

4.39 Implementation of the strategies will require:

- (i) a focus on health improvement;
- (ii) service redesign and capital investment;
- (iii) workforce redesign and development, and full integration of workforce planning into service planning;
- (iv) commissioning; and
- (v) financial planning.

#### *A Focus on Health Improvement*

4.40 A determined effort to improve health and tackle social determinants will require a strong drive across local government, the NHS and the wider community. Local bodies need to promote health, through for example supporting more active lifestyles and better nutrition across the board, and strengthen prevention – to reduce the burden of disease and dependency on both their community and the services they provide. This will involve a critical review of existing policies, co-ordinated targeting of directly employed resources, and commissioning of other bodies. In doing so, the Local Authority and Local Health Board will wish to make use of health impact assessment as a tool that can assist the development of an integrated approach.

#### *Service Redesign and Capital Investment*

4.41 Implementation must create new models of care, based firmly around the needs of services users. The new models must interpret into local circumstances the relevant national policy documents including the National Service Frameworks, the frameworks for elective, emergency and chronic conditions, and national standards, working with users and professionals.

4.42 In particular there must be close involvement of NHS Trusts to ensure that they meet the 26-week waiting times target by 2009 and this will require radical changes to traditional forms of service delivery.

4.43 In some cases there will need to be changes in the use of buildings or new capital investment, in both the NHS and social care sectors. Wherever possible, alternative, better use of facilities should be considered, such as using redundant land or buildings to support new service provision in innovative and creative ways.

- 4.44 In taking decisions on service change or investment, local bodies should meet all planning requirements and fully consider the Spatial Plan and sustainability implications. Changes will need to be concerted across different agencies and discussed with the local community.
- 4.45 Depending on the extent of the proposal, there may be a requirement to undertake a Strategic Environmental Assessment and, more often than not, best practice would indicate the need for a Sustainability Appraisal as part of the process.

#### *Workforce Redesign and Development*

- 4.46 To achieve the objectives set for Wales, this second round of HSCWBSs must drive the reshaping of the NHS Wales and social care workforce, not just in respect of numbers and the skill mix of staff, but also in developing new ways of working to deliver service modernisation. Opportunities should be taken to recruit additional Welsh language skills to the workforce and to train and enable staff with existing but limited language skills to develop them. It is important that the need to strengthen the overall capacity to promote public health is also addressed.
- 4.47 The development and implementation of the strategies must be closely aligned to workforce planning across the health and social care fields. The necessity for service redesign, the recent introduction of new contracts for medical consultants and the independent contractors in primary care (general practitioners, dentists and pharmacists), together with the roll out of *Agenda for Change* and the full introduction of the European Working Time Directive in 2009 require the health service radically to change its workforce planning arrangements. Separate guidance on these arrangements will issue shortly.
- 4.48 The flexibility provided through *Agenda for Change* supports NHS employers in redesigning roles and introducing new ways of working, and when combined with the new arrangements that place workforce planning alongside service development and financial planning should ensure that future workforce development is more closely aligned to the future requirements of employers.

- 4.49 Similar pressures are being experienced in relation to changes to the social care workforce with particular difficulties in terms of recruitment and retention.

### *Commissioning*

- 4.50 The HSCWBSs will be the main driver for commissioning health improvement and health and social care services. Each Local Health Board and Local Authority will need to make very explicit how this is done. Each must work closely with partners, including the voluntary and independent sectors, and in consultation with users, carers and their representatives to produce detailed commissioning strategies for major service areas – such as children and young people, older people, learning disabilities, physical and sensory disability, mental health, elective care, emergency care and chronic disease management. The health promotion/illness prevention agenda needs to be considered across all service areas as an integral element. Joint commissioning guidance is planned in respect of children and young people's services. The approach to commissioning will need to evolve over time and commissioning guidance will set out in more detail how Local Health Boards will be expected to pool their capacity to drive change. Improved commissioning practice, including the recognition of the workforce implications of service change, will be a major focus of NLIAH in the year 2007/08. New social services commissioning guidance will be issued during 2007.
- 4.51 Local Health Boards and Local Authorities will no longer be required to provide the Assembly Government with detailed reasons why they have not entered into a commissioning arrangement, or to publish these reasons as part of their strategy.

### *Financial Planning*

- 4.52 This round of strategies will need to make explicit links between resource allocation for each partnership area, the services that will be commissioned for the local population and the workforce that will be required to deliver these services. Partnerships will be expected to re-examine the potential offered by Flexibilities under the Health Act 1999.

4.53 To make the HSCWBS more robust and support its implementation, each must be backed by a financial strategy. This will indicate how major policy changes such as the strengthening of community-based services will be undertaken. The Assembly Government will issue resource guidance to support this process.

### **Local Monitoring and Review**

4.54 Statutory partners will be expected to produce a brief public annual report on progress. The National Public Health Service can play a supportive role in reviewing progress across Wales on a common basis. In addition, Public Health Directors will be required to publish an annual report, especially highlighting progress in tackling inequalities in health and the social determinants of health. Separate guidance will be issued on these matters.

4.55 Local Authorities report on their performance through local scrutiny arrangements and through the national performance indicators and core dataset developed within the local government performance management framework. They are also subject to reviews and performance evaluations from the relevant inspectorate. NHS bodies are also required to report in accordance with the requirements of their performance framework.

4.56 The statutory partners should determine how they will monitor and manage the performance of services subject to the strategy, taking into account national guidance. They should concentrate on key performance indicators (serving as proxies for more comprehensive measures of performance), complemented by systematic service user/patient feedback, quality audits and external reviews, with a focus on improved outcomes for people in need. The paper referred to in 4.26 above will assist in this process. Data collection will need to reflect the need to meet the equality duty.

4.57 The relevant external review bodies (inspectorates, audit bodies and others) are parties to the *Concordat between Bodies Inspecting, Regulating and Auditing Health and Social Care in Wales*. They will work increasingly together to support the improvement of services and eliminate unnecessary burdens of external review.

- 4.58 The strategy should include a section on monitoring and review so that all partners, the local community, neighbouring Authorities and the Welsh Assembly Government know what to expect and how they will be involved.
- 4.59 In developing, implementing and reviewing the strategy the Local Authority and Local Health Board should make use of *Healthy Sustainable Wales – The NHS Contribution*, the WLGA Sustainable Development Framework and existing locally developed integration tools, These will help signpost the need for specific health impact assessment.
- 4.60 For Air Quality Action Plans Local Authorities are required under Section 84(4) to keep their plans under constant review. It is expected that this would be maintained through the completion of compulsory annual progress reports and periodic plan revisions, as set out in Policy Guidance document *LAQM. PG (03)*.

### **Keeping the Community Informed of Progress**

- 4.61 It is important to feed back on progress made against achieving the objectives set out in the HSCWBSs to all partners, stakeholders and the local communities. Each partnership will evolve its own arrangements for this.

## Annex A –Changes to the Regulations

Section 40 of the National Health Service (Wales) Act 2006 (the 2006 Act) (which replaces section 24 of the National Health Service Reform and Healthcare Professions Act 2002) provides for a duty to be placed on each Local Health Board (LHB) and Local Authority (LA) in Wales to jointly formulate and implement a strategy for the health and well-being of its local population, and to have regard to that strategy in exercising their functions. The 2006 Act further confers upon the National Assembly for Wales the powers to make regulations and guidance which make further provision about these strategies.

On the 29<sup>th</sup> January 2003, the National Assembly for Wales made the Health, Social Care and Well-being Strategies (Wales) Regulations 2003 (SI 2003 No 154 (W.24) (the Existing Regulations) that came into force on the 31<sup>st</sup> March 2003. The Existing Regulations set out the procedure for Local Health Boards and Local Authorities (the Responsible Bodies) in formulating and implementing the Health, Social Care and Well-being Strategy for their local area.

In anticipation of the development of the next Health, Social Care and Well-being Strategies in April 2008, the Assembly is revising the Guidance. To complement these changes, and to take into account the new Commissioning Framework (to be issued shortly), the Existing Regulations will be amended. The new regulations will be known as the ***Health, Social Care and Well-being Strategies (Wales) (Amendment) Regulations 2007*** (the Regulations) and they will come into force on the **1<sup>st</sup> April 2007**. A copy of the Regulations can be found in **Annex B**.

The amendments are:

- (i) Deleting reference to “Health Authority” [Regulation 2]. This is no longer required as a result of the abolition of Health Authorities in Wales;
- (ii) Removing the need for Responsible Bodies to consult before formulating their strategies [Regulation 4(3)]. This change was identified as desirable by local partnerships in their Annual Reports, and will effectively mean that there will be no requirement to consult with the local population and with any other representative bodies or people whose interests are likely to be affected by the strategy, before formulating their strategies.

- (iii) Including in the list of matters which the strategy must address (under the sub-section inequalities in health and well-being) [Regulation 5(2)(f)(v)], the need for the strategy to address inequalities relating to disability, race, gender, language, age, sexual orientation, and religion and belief. This brings the Regulations and Guidance in line with new legislative requirements;
- (iv) Removing the requirement for the Responsible Bodies to provide the Assembly with full and detailed reasons why it has not entered into a commissioning arrangement for secondary care services [Regulation 6(2) and (3)]. Regulation 6 will provide a vehicle for establishing commissioning arrangement groups in local authority areas that will include representatives from local government. It is proposed these groups will feed into the new Regional Commissioning Unit structure;
- (v) Updating references to other strategies and plans [Regulation 7], including:
  - a reference to *Children and Young People's Plans* to be produced under section 26(1) of the Children Act 2004 [Regulation 7(1)(a);
  - removing the duty for *Children's Services Plans*, *Community Care Plans* and *Health Improvement Plans* to be published with and be annexed to the Health, Social Care and Well-being Strategy [Regulations 7(2), 7(4) and 7(5)];
  - replacing the reference to section 28 of the Health Act 1999 with *section 17 of the National Health Service (Wales) Act 2006* (the 2006 Act) [Regulation 7(1)(c)]. This is to effect the coming into force of the 2006 Act prior to the coming into force of these Draft Regulations – 1st April 2007;
- (vi) Changing the operative period of the strategy from five years to three years from 2008 [Regulation 10(4)]. This will complement existing local authority and health sector planning requirements, and will align with the Children and Young People's Plans effective from 2008-2011.

# Annex B – The Health, Social Care and Well-being Strategies (Wales) (Amendment) Regulations 2007

NATIONAL ASSEMBLY FOR WALES

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STATUTORY INSTRUMENTS

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**2007 No. (W. )**

## **NATIONAL HEALTH SERVICE, WALES**

### Health, Social Care and Well-being Strategies (Wales) (Amendment) Regulations 2007

#### **EXPLANATORY NOTE**

*(This note is not part of the Regulations)*

1. These Regulations amend the Health, Social Care and Well-being Strategies (Wales) Regulations 2003 (S.I. 2003/154 (W.24)) (“the principal Regulations”).
2. These Regulations—
  - (a) amend regulation 2(i) of the principal Regulations by removing Health Authority from the definition of “NHS Body” (regulation 2(2));
  - (b) amend regulation 4 of the principal Regulations to remove the need for responsible bodies to consult before formulating their strategies (regulation 2(3));
  - (c) extend regulation 5(2)(f)(v) of the principal Regulations to include the need for the strategy to address inequalities relating to disability, race, gender, language, age, sexual orientation, religion and belief (regulation 2(4));
  - (d) amend regulation 6 of the principal Regulations to remove requirements placed on responsible bodies in the event of them proposing not to enter into commissioning arrangements (regulation 2(5));
  - (e) amend regulation 7 of the principal Regulations to include in regulation 7(1) plans made under section 26 of the Children Act 2004; replace the reference in regulation 7(1)(c) to section 28 of the Health Act 1999 with section 17 of the National Health Service (Wales) Act 2006 and to remove the requirement in regulations 7(2), 7(4) and 7(5) to publish plans listed in regulation 7(1) as part of the strategy (regulation 2(6));
  - (f) amend regulation 10 of the principal Regulations to reduce the operative period for each strategy to 3 years (regulation 2(7)).
3. A Regulatory Appraisal on the effect these Regulations will have on the costs of business have been prepared and placed in the Library of the National Assembly for Wales. Copies may be obtained from the Strategy Unit, the Department of Health and Social Services, the National Assembly for Wales, Cathays Park, Cardiff, CF10 3NQ.

**2007 No. (W. )**

**NATIONAL HEALTH SERVICE, WALES**

**Health, Social Care and Well-being Strategies (Wales) (Amendment)  
Regulations 2007**

*Made* 2007

*Coming into force* 1 April 2007

The National Assembly for Wales, in exercise of the powers conferred by section 40(4), (5), (6) and (9) and section 203(2) of the National Health Service (Wales) Act 2006(), makes the following Regulations—

**Title, interpretation and commencement**

- a) **1.**—(1) The title of these Regulations is the Health, Social Care and Well-being Strategies (Wales) (Amendment) Regulations 2007.
- (2) These regulations come into force on 1 April 2007.
- (3) In these Regulations “the principal Regulations” (“*y prif Reoliadau*”) means the Health, Social Care and Well-being Strategies (Wales) Regulations 2003().

**Amendment of the principal regulations**

- 2.**— The principal Regulations are amended in accordance with the following provisions of this regulation.
- (1) In regulation 2(i), omit the words “Health Authority” where they first occur.
- (2) In regulation 4(3), omit all the words to the end of that paragraph after the words “the responsible bodies shall co-operate with the persons or bodies listed in regulation 3(1)”.
- (3) In Regulation 5(2)(f)(v), after the words “well-being,” insert the words “including inequalities which relate to race, disability, gender, language, age, sexual orientation and religion and belief”.
- (4) In regulation 6, omit paragraphs (2) and (3).
- (5) Regulation 7 is amended in accordance with the following provisions:
- (a) after paragraph (1)(a), insert the following subparagraph “(aa) children and young people’s plans under section 26(1) of the Children Act 2004”;
- (b) in paragraph (1)(c), replace the words “section 28 of the Health Act 1999” with “section 17 of the National Health Service (Wales) Act 2006”;
- (c) in paragraph (2), omit all the words to the end of that paragraph after the words “the plans listed in (1) above” ;
- (d) in paragraph (4), omit all the words to the end of the paragraph after the words “as part of their duty to prepare a strategy”;

(e) in paragraph (5), omit all the words to the end of the paragraph after the words “as part of their duty to prepare a strategy”.

(6) In regulation 10(4), substitute the figure “3” for the figure “5”.

Signed on behalf of the National Assembly for Wales under section 66(1) of the Government of Wales Act 1998().

Date

The Presiding Officer of the National Assembly

## **Annex C - An Integrated Approach to Strategies**

The HSCWBS must draw together and integrate the local response to a number of major national policies and strategies. This annex indicates how these are connected.

In preparing the strategies, and in interpreting this annex, it is important to bear in mind the points made in chapter 2 of the main guidance above about the need to link development of the HSCWBS to work on the Community Strategy, the Children and Young People's Plan and the Local Development Plan

On the basis of the Wanless review, four streams of action are required to correct the imbalances in services and improve health in Wales:

- (i) improving health, quality of life and wellbeing;
- (ii) improving care pathways;
- (iii) changing the pattern of services; and
- (iv) improving processes and systems that support care.

A number of major elements that support this process are shown in the figure below; though the total strategic planning picture is broader than this. Although the strands shown feed into the HSCWBS, in line with plan rationalisation, they, along with a range of other inputs, will also feed, into the Community Strategy, the Children and Young People's Plan and the Local Development Plan. Moreover, there are other strands which might have been included, for example regarding carers, and there will certainly be more to say on social care as implementation work on Fulfilled Lives, Supportive Communities proceeds.

The broad strategic context is set out in a number of major strategies, including those shown on the left. These then feed through the four action streams:

- (i) improving health - the key drivers will be the new public health strategy, building on Health Challenge Wales, supplemented by documents focused on specific problems – e.g. mental health promotion – on sectoral action that influences the social determinants of health – e.g. housing and the economy, and work on broad social groups such as the Older Peoples' Strategy ;

- (ii) improving care pathways – these include National Standards, the National Service Frameworks and the work on specific service elements such as the Chronic Conditions Model and Framework, the Developing Emergency Care Services Strategy (DECS) and the Project 2009 work on meeting the 2009 access targets
- (iii) Changing the pattern of services – work across Wales on the acute services review now needs to be complemented by detailed reviews of community-based services based on the Community Services Framework
- (iv) Improving processes and systems that support care – a number of reviews have been undertaken following on from the Wanless Review, Designed for Life and the Making the Connections programme, and these will be supported by the improvement agencies

Much work has already been taken forward relating to the above strategies, some have only recently or not yet been issued by the Assembly. The challenge in this round of HSCWBS is to ensure that the various work streams come together into one cohesive whole.

## Annex D - Requirements for the Strategies

The Health, Social Care and Well-being Strategies (Wales) Regulations 2003 set out (in regulation 5(2)) that a Health, Social Care and Well-being Strategy must address:

- a) the state of health and well-being of the local population;
- b) the health and well-being needs of the local population;
- c) the existing provision of health and well-being services to the local population;
- d) gaps or deficiencies in the provision of health and well-being services to the local population;
- e) risks to the health and well-being of the local population;
- f) factors affecting the health and well-being of the local population, including:
  - (i) social, economic and environmental factors;
  - (ii) health promotion and education, health protection and nutrition;
  - (iii) the safety of food (and "food" for the purpose of this regulation has the meaning given in section 1 of the Food Safety Act 1990)[\[7\]](#);
  - (iv) community development and regeneration and sustainable development;
  - (v) inequalities in health and well-being, (***this has been amended to include the need for the strategy to address inequalities relating to race, disability, gender, language, age, sexual orientation, and religion and belief***);
  - (vi) the access of the local population to health and well-being services and inequalities in access to such services;
  - (vii) the availability of and access of the local population to public and community transport;
  - (viii) the availability of and access of the local population to education, training and employment; and
  - (ix) the standard and condition of housing of the local population;

- g) the anticipated health and well-being needs of the local population throughout the operative period;
- h) the improvement of the health and well-being of the local population;
- i) the provision of health and well-being services which will be required throughout the operative period to meet the health and well-being needs of the local population, and the effectiveness and efficiency of such services;
- j) the means of commissioning and delivery of health and well-being services;
- k) the financial or other resources which will be required to implement the strategy; and
- l) any directions or guidance given by the Assembly pursuant to section 24(7)(a) or (b) of the 2002 Act. \*

\* *Section 40(7) of the National Health Service (Wales) Act 2006 replaces Section 24(7) of the National Health Service Reform and Healthcare Professions Act 2002*

## Annex E– Indicative Timetable

Whilst it is for local partnerships to determine their own timetable for the development and public consultation on their HSCWB strategy, requests were made during consultation on the draft guidance for an **indicative timetable**. A proposed timetable is set out below.

Each local partnership will have its own arrangements and a programme of meetings of its statutory bodies. It will be for local determination what arrangements the partners have in place to sign off the draft strategy document ahead of consultation and the final document (incorporating changes following consultation) ahead of printing. It is important however, that these arrangements are either scheduled into the existing cycle of meetings, or an extraordinary meeting arranged as soon as possible.

March 2007:	}	Final HSCWB Guidance issued
April 2007:	}	
May 2007:	}	Draft HSCWB Strategy developed in
June 2007:	}	conjunction with all partners, along with
July 2007:	}	input from service users, carers
Aug 2007:	}	and the public
Sept 2007:	}	
Oct 2007:	}	Partners agree draft document for formal public
Nov 2007:	}	consultation which must run for a minimum of 12
Dec 2007:	}	weeks (account should be taken of the Christmas
Jan 2008:	}	holiday period)
Feb 2008:	}	Consultation responses considered and draft HSCWBS
		amended & translated
Mar 2008:	}	All partners to sign off final strategy. Print for publication
		& circulate
April 2008:	}	Implementation of 2 <sup>nd</sup> HSCWB Strategy

*It should be stressed that this is a **suggested** timetable only and has been produced following requests received during the consultation process. It is for local partnerships to determine their own timetable, dependent on their own requirements, but with the end date in mind of implementation of the second round of HSCWB Strategies commencing from April 2008.*