



Equality, Local Government and Communities Committee: Inquiry into Public Services Boards

Hywel Dda University Health Board has provided a response to the Equality, Local Government and Communities Committee shaped around the three key issues the committee have identified as Terms of Reference for the inquiry into PSBs:

- To gain an understanding of the structure and functions of the Public Services Boards.
- To explore the effectiveness of PSBs, resourcing and capacity.
- To gather evidence of issues or barriers that may impact on effective working, and examples of good practice and innovation.

1. Structure and functions of Public Services Boards

- 1.1 Hywel Dda University Health Board (Health Board) is a partner in three Public Services Boards (PSBs); Carmarthenshire, Ceredigion and Pembrokeshire Public Services Boards. The Health Board is represented on all three PSBs by the Chair, Director of Partnerships & Corporate Services and Director of Public Health. In addition, the Health Board has nominated a lead officer, the Head of Strategic Partnership Development, to work closely with the PSB Teams.
- 1.2 Whilst the membership of each PSB does vary, all three PSBs have a breadth of public service partners in attendance, as well as third sector organisations. This has further strengthened existing partnership working arrangements and opened up opportunities for collaboration with extended PSB partners.
- 1.3 Carmarthenshire and Pembrokeshire PSBs have made a conscious decision to elect a representative from an organisation other than the named statutory partner, as the Chairman of the Board. This provides a clear message that all PSB partners have an equal stake in the work and business of the PSB and has been well received by member organisations. Carmarthenshire PSB Chair is Barry Liles, Principal, Coleg Sir Gar. Pembrokeshire PSB Chair is Tegryn Jones, Chief Executive, Pembrokeshire Coast National Park.
- 1.4 In Ceredigion the PSB elected Cllr Elen Ap Gwyn as Chair, and in April 2018 Ceredigion PSB held its first meeting in public as part of its commitment to openness, transparency and local accountability.
- 1.5 Each PSB meets approximately once per quarter (sometimes more frequently) and the location of meetings varies in each County. Different PSB members host the meetings without charge and this is seen as a contribution in kind by PSB members.

- 1.6 Following approval of the Well-being Plans, Carmarthenshire and Ceredigion PSBs are both establishing a series of Delivery Groups to enable and drive progress against the agreed well-being objectives. Pembrokeshire PSB is taking a slightly different approach and initially will be using the PSB membership to establish the overarching work programme before delegating tasks to sub-groups.

2. **Effectiveness of PSBs, resourcing and capacity**

- 2.1 The secretariat for each PSB is provided by our partner Local Authorities, but as highlighted previously, partners each contribute meeting venues free of charge for PSB meetings. The Health Board has provided support to the PSB Teams in each county through the allocation of Officer time to support activities e.g. consultation and engagement meetings, editorial input or data collection/analysis.
- 2.2 The funding made available to PSBs by Welsh Government has been used to commission the services of a Regional Co-ordinator. This has been particularly helpful in establishing a consistent approach to the development of both the Well-being Assessments and the Well-being Plans. Whilst all the documents have a local flavour and address local need, the outline structure and developmental approach was the same. This has been beneficial to the Health Board and other partners working across multiple local authority boundaries.
- 2.3 The Health Board has been an advocate for the development of opportunities for regional PSB collaboration in order to build on the work achieved through the Regional Co-ordinator. An inaugural workshop bringing together members from each of the three PSBs, as well as Powys PSB, is being hosted in Pembrokeshire on 25th June 2018. Whilst the focus of each PSB reflects local issues there are agenda items common to each area, which means highlights the potential for more effective use of time for such discussions to be held jointly. It is hoped that following on from the first regional meeting there will be an appetite from PSB members, and the individual PSBs, to meet more regularly as a region.
- 2.4 As noted in section 1 above, Carmarthenshire and Ceredigion PSBs will be establishing a series of Delivery Groups to drive forward the well-being objectives and actions identified in the Well-being Plans. It has been agreed that PSB members will take responsibility for acting as either the Expert Lead or Chair/Vice-Chair of the Groups, with officers from PSB organisations providing officer time to support the work of the Delivery Group. This work will be in addition to organisational responsibilities as there are no new or additional resources available to deliver the PSB agenda.
- 2.5 Whilst the Health Board, along with other PSB members understand the need to make progress on areas of collective action, in order to maintain momentum the work of the Delivery and Sub-groups needs to be integrated into existing workloads. This is proving to be both a challenge and an opportunity for the Health Board at a time of substantial transformation and clinical change. It highlights however, the need to ensure that well-being objectives can be

embedded into the work of all organisations to ensure that the golden thread provides the impetus to effective collaboration and partnership action.

3. Evidence of issues or barriers that may impact on effective working, and examples of good practice and innovation

- 3.1 In all three PSBs there is a real sense of willingness and support from PSB members to make progress against the PSB well-being objectives. All partners can see the potential collective and organisational benefit of the actions that have been agreed but organisational pressures can sometimes restrict the capacity of the Health Board, and other partners to contribute as fully as they'd like to the work.
- 3.2 The WFG Act has driven the Well-being Plan to focus on areas of collective action that the PSB members can make progress on by working together. However, formal feedback received from external organisations during the consultation periods have raised different expectations and the PSBs are working to ensure that the overarching Well-being Plans continue to be "added value" focused rather than very detailed and operationally focused.
- 3.3 A lot of work is undertaken outside of the formal meetings, which is an outcome of the strong partnership working relationships which are developing. The "informal" discussions are as a direct result of the opportunity for senior leaders to meet together on a regular basis through the PSB. This is helping organisations to deliver their core business and statutory duties more effectively.
- 3.4 The PSB work will be subject to scrutiny by designated local authority overview and scrutiny committee in each area. These arrangements will take some time to mature to ensure an appropriate focus of scrutiny. At present the membership of these committees is drawn from local authority members; this might require further reflection as arrangements evolve to ensure that all named statutory bodies are included in the scrutiny assurance process, not just as a PSB member subject to scrutiny.
- 3.5 The perceived sovereignty of each PSB can be a potential barrier to closer joint working and collaboration between areas, and in this regard the leadership role of the Chair and Vice-Chair is crucial. The Health Board and other partners working across local authority boundaries are continuing to encourage joint working between PSBs across the West Wales area.