



NHS  
WALES  
GIG  
CYMRU

# Health, Social Care and Well-being Strategies

## Policy Guidance



Llywodraeth Cynulliad Cymru  
Welsh Assembly Government



**Welsh Assembly Government**

**Health, Social Care and Well-being  
Strategies: Policy Guidance**



# Health, Social Care and Well-being Strategies: Policy Guidance

## Contents

	<b>Page</b>
Health, Social Care and Well-being Strategies: Key Features	1
Chapter 1 Purpose	3
Chapter 2 Welsh Assembly Government's Vision	5
* 'Well-being in Wales'	
* Health and Well-being	
* Community Strategies	
* National Health, Social Care and Well-being Strategy	
* Local Health, Social Care and Well-being Strategies	
* Commissioning for NHS Secondary Care Services	
* Statutory Basis: NHS Reform and Health Care Professions Act 2002	
Chapter 3 Principles and Aims	13
Chapter 4 Roles and Responsibility:	19
* Introduction	
* Co-operation, Consultation and Public Participation	
* Roles and Responsibilities of Local Authorities and Local Health Boards	
* Roles and Responsibilities of Other Statutory and Non-statutory Stakeholders	
Chapter 5 Role of the Welsh Assembly Government	31
* Setting the Agenda	
* Performance Management	
* Monitoring and Review	
* Support and Advice	

Chapter 6 Partnership Working	35
* Partnership Working	
* Training, Organisational Development and Support	
Chapter 7 Information Sharing	39
Chapter 8 Local Monitoring and Review	43
Annex A Audit Commission Check List - Critical Success Factors for Interagency Working	47
Annex B Health Impact Assessment	49
Annex C Boxes Diagram – Strategy Relationships	51
Annex D Welsh Assembly Government - National Policy Context	53
Annex E Glossary of Terms	59

## Contact point and Enquiries

General enquiries about this draft guidance should be directed to:

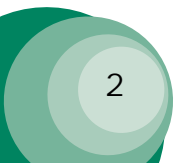
Rob Heaton-Jones  
Health Services Policy and Development Team  
Welsh Assembly Government  
Cathays Park  
Cardiff  
CF10 3NQ

Telephone: 029 2082 3286

Email: [Rob.heaton-jones@wales.gsi.gov.uk](mailto:Rob.heaton-jones@wales.gsi.gov.uk)

# HEALTH, SOCIAL CARE AND WELL-BEING STRATEGIES KEY FEATURES

- \* A partnership strategy.
- \* An integrated and multi-disciplinary approach to local authority and NHS strategic planning for health, social care and well-being.
- \* First Strategy - 3 year timescale. 5 year Strategies thereafter.
- \* Links to the all-Wales Health, Social Care and Well-being Strategy to be produced by the National Assembly.
- \* Covers local authority area, and recognises issues that impinge or are affected by neighbouring areas.
- \* Local authority and local health board jointly responsible for needs assessment and Strategy formulation and implementation.
- \* Local authorities and local health boards under a duty to co-operate with NHS Trusts, Health Commission Wales (Specialist Services), Community Health Councils, County Voluntary Councils, voluntary organisations, businesses and private bodies in:
  - ✓ Identifying process for co-operation;
  - ✓ Needs assessment;
  - ✓ Strategy formulation and review.
- \* Local health boards and NHS Trusts under a statutory duty to involve patients and the public in planning and decision making processes.
- \* An integrated approach to local authority and NHS strategic planning for carers and carers services.
- \* Underpinned by comprehensive health and well-being needs assessment.
- \* Addresses full range of issues affecting health and well-being.
- \* Puts action to improve health and reduce health inequalities as an equal priority to effective and efficient health care services.
- \* Identifies areas for tackling health inequalities.
- \* Addresses public health agenda at local level.
- \* Supports implementation of the Community Strategy and other local strategies and frameworks.
- \* Develops the prevention role of local authority services and health services.
- \* The basis for the commissioning strategy for NHS services and local authority health related services.
- \* Strategic context for annual operational planning.
- \* Joint planning, review and performance management.



# Chapter 1: Purpose

1.1 This guidance supports statutory guidance set out in *'Health, Social Care and Well-being Strategies: Preparing a Strategy'*<sup>1</sup> and should be read in conjunction with that guidance. It provides advice to local authorities, local health boards, NHS Trusts, Health Commission Wales (Specialist Services), Community Health Councils (CHCs), County Voluntary Councils (CVCs), voluntary organisations, local businesses and other organisations, patients, service users and carers and local communities on the implementation of the Welsh Assembly Government's policy on Health, Social Care and Well-being Strategies.

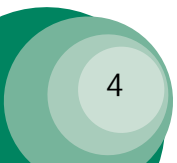
1.2 The guidance:

- \* describes the Welsh Assembly Government's vision for Health, Social Care and Well-being Strategies;
- \* sets out the policy on Health, Social Care and Well-being Strategies;
- \* identifies the principles which underpin implementation of Strategies policy;
- \* describes roles and responsibilities of both statutory and non-statutory stakeholders;
- \* describes the role of the Welsh Assembly Government;
- \* provides guidance on partnership working;
- \* provides guidance on information sharing and exchange;
- \* provides advice on local monitoring and review of Strategies.

1.3 The guidance was developed by the NHS Structural Change Partnerships Project team in collaboration with a working group representing key stakeholder interests, including the Welsh Local Government Association, local authorities, Association of Directors of Social Services, Health Authorities, Local Health Groups, NHS Trusts, the Wales Council for Voluntary Action and representatives of the independent care home sector.

---

1 *'Health, Social Care and Well-being Strategies: Preparing a Strategy'*, Welsh Assembly Government, 2003.



# Chapter 2: Welsh Assembly Government's Vision

## 'Well Being in Wales'<sup>2</sup>

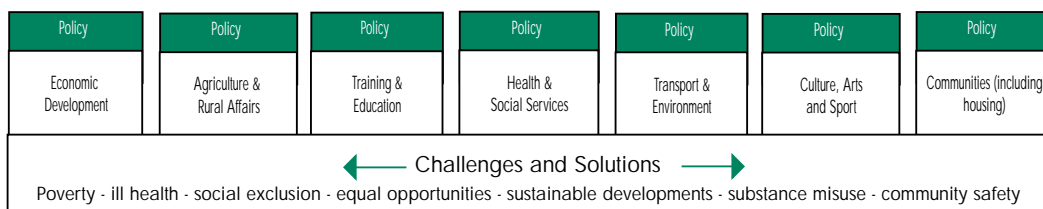
2.1 The Welsh Assembly Government is committed to using its policies and programmes together to deliver equality of opportunity, to generate social inclusion and to promote sustainable development. Through this, it wishes to achieve:

- \* A prosperous Wales
- \* A fairer Wales
- \* A Wales that is fit for the future

2.2 Complex problems require solutions that cut across what in the past have often been seen as quite separate policy areas. The Assembly Government's approach recognises that to address the challenges, new ways of delivering policies, programmes and public services are needed in order to make a real difference to the people of Wales. 'Well Being in Wales', sets out the Welsh Assembly Government's vision for an integrated approach in which different policies and programmes add value to each other, in tackling the economic, social and environmental factors that affect people's health. It was adopted by the Assembly in December 2002 following plenary debate.

2.3 This intersectoral approach is reflected in the Assembly Government's strategic plans<sup>3 4</sup> and is reinforced by the recommendations of the Townsend Review<sup>5</sup> on the allocation of NHS resources which the Assembly has adopted.

Diagram 1: Organisation of policy responsibilities and crosscutting challenges



2 Well Being in Wales, Welsh Assembly Government, 2003.

3 Better Wales, The National Assembly for Wales, April 2000.

4 Plan for Wales 2001, The Government of the National Assembly for Wales, October 2001.

5 Targeting Poor Health, Townsend Review of Resource Allocation, National Assembly for Wales, 2001.

2.4 Local Health, Social Care and Well-being Strategies should support the principles of 'Well Being in Wales' at local level.

## Health and Well-being

2.5 The concept of well-being provides 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.

2.6 An individual's or a community's well-being depends on several things. These include (and in no specific order of priority):

- \* People's interest and the extent to which there is a sense of engagement in, and sense of access to, the community
- \* Happiness and feelings of confidence and self-esteem
- \* Health and safety
- \* Security – financial and otherwise
- \* The services, facilities and opportunities available to everyone
- \* The care and support that is available when needed
- \* People's comfort and overall quality of life
- \* Spiritual issues, faith and religion
- \* Protection from crime and disorder

## Community Strategies

2.7 Local authorities have been given a statutory duty to work with others to prepare community strategies aimed at promoting the economic, social and environmental well-being of people in the local area and contributing to sustainable development<sup>6</sup>.

2.8 The mix of social, economic and environmental factors that affect individuals' lives determines their health and well-being. Well-being can only be improved in the long term by addressing these factors. There is therefore a strong coherence between the purpose of Community Strategies and Health, Social Care and Well-being Strategies.

---

6 Local Government Act 2000, section 4.

## The National Health, Social Care and Well-being Strategy

2.9 The Welsh Assembly Government will prepare a longer term unified Health, Social Care and Well-being Strategy that will serve as a foundation on which to build service, workforce, estates, information and financial planning at national level, and this will complement the development of local Strategies. The intention will be to provide strategic direction and bring together high level planning and development work within a single system, setting out intentions over a 5-year period and drawing together objectives in the health, social care and well-being sector.

2.10 This strategic approach will provide the context against which decisions are taken at Assembly level on target-setting and resource allocation, and will inform central commissioning. Together with local Health, Social Care and Well-being Strategies, it will inform annual commissioning at primary and secondary care level.

2.11 The aim will be to have an initial plan and a development process in place by the summer of 2003; and issue later in 2003/04 a fuller version for the 5 year period 2004/05-2008/09 to support the development of local Health, Social Care and Well-being Strategies.

2.12 Revised arrangements will be developed in the NHS for the preparation of Service and Financial Frameworks (SaFFs) and performance agreements, and these will be covered by performance management/performance improvement systems.

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

2.13 The Welsh Assembly Government wants to see all relevant local partners included in a strategic approach to addressing the health and well-being of the population of the local area. This guidance supports that vision and gives effect to policies in 'Improving Health in Wales – A Plan for the NHS with its Partners'<sup>7</sup> which seek to promote and improve joint working between the NHS, local government, the voluntary sector and the private sector.

2.14 The Health, Social Care and Well-being Strategies are unique in that the local authority and the local health board will be jointly responsible in law for the planning of NHS services and health-related local authority services. To ensure an inclusive approach the local authority and the local health board are required to co-operate with NHS Trusts, Health

---

7 'Improving Health in Wales, A Plan for the NHS and its Partners', The National Assembly for Wales, 2001.

Commission Wales (Specialist Services), the local Community Health Council (CHC), the County Voluntary Council (CVC) and voluntary sector and private sector organisations in the area<sup>8</sup>. The local authority and local health board responsible for Strategy formulation and implementation must also ensure that there is wider stakeholder and community involvement. It will be important to ensure active participation of patients, service users and carers in the development and review of the local Strategy.

**2.15** In line with the principles of 'Freedom and Responsibility in Local Government'<sup>9</sup>, the regulations governing Strategy preparation provide for the integration of the Health Improvement Plan<sup>10</sup>, the Social Care Plan<sup>11</sup> and the Children's Services Plan<sup>12</sup>. The statutory basis for these plans remains but will be discharged via the Health, Social Care and Well-being Strategy. This will achieve not only a more integrated and comprehensive approach to planning but will also rationalise some of the existing planning processes.

**2.16** The first Health, Social Care and Well-being Strategy will be a three-year local Strategy which should be adopted by the local health board and the local authority by 31st December 2004. The operative period of the first Strategy will be 1st April 2005 – 31st March 2008<sup>13</sup>. Subsequent Health, Social Care and Well-being Strategies will have an operative period of five years.

**2.17** The Strategy should span the whole spectrum from preventative action and regulation to improve health and reduce the risk of ill-health through to care services provided by the local authority, the NHS, the voluntary sector and the private sector. This will include primary health care, community health services, hospital and specialist health services, long term domiciliary or nursing and residential care, and services for children and for carers including young carers. The local Strategy will embrace public health at local level. It will reflect the need to tackle the underlying factors which lead to poor health: for example poor housing and other environmental factors, poor education, substance misuse, community safety issues and unemployment. In so doing, it will contribute to the improvement of health, well-being and prosperity as well as to reduce health inequalities. It will provide the strategic context within which more detailed service delivery and operational plans will be taken forward by all partners.

---

8 National Health Service, Wales, The Health, Social Care and Well-being Strategies (Wales) Regulations 2003, regulation 3 & 4.

9 'Freedom and Responsibility in Local Government', A Policy Statement from the Welsh Assembly Government, March 2002.

10 Health Act 1999, section 28.

11 The National Health Services and Community Care Act 1990, section 46.

12 The Children Act 1989, Schedule 2, paragraph 1A.

13 National Health Service, Wales, The Health, Social Care and Well-being Strategies (Wales) Regulations 2003, regulation 10.

2.18 The Health, Social Care and Well-being Strategies will need to develop and exist alongside other strategic approaches and partnerships required at local level to ensure that important issues are tackled in a focused and co-ordinated way. These include, in particular, Children and Young People's Framework Partnerships, Community Safety Partnerships and Communities First.

2.19 The Welsh Assembly Government regards the Community Strategy Partnership as the key overarching partnership for each local authority area and the local Community Strategy as the overarching strategy. It is through the Community Strategy that the local authority and its partners will be able to check that there is coherence and clarity between the strategies which have a more specific focus; that they are mutually supportive and sustainable; and that they avoid duplication of effort.

2.20 As well as the Welsh Assembly Government's priorities and objectives the Health, Social Care and Well-being Strategy will both inform and reflect the headline strategic objectives and priorities set out in the local Community Strategy, and support its implementation. The Health, Social Care and Well-being Strategy will be prepared on a more detailed and focused level, ensuring that certain specific needs are highlighted so that they will be included in annual operational and service plans.

2.21 Sector or service specific annual, operational or business plans prepared to support implementation of the Health, Social Care and Well-being Strategy will include Annual Service and Commissioning Plans prepared by local health boards, NHS Trust operational and business plans and Service and Financial Frameworks (SaFFs).

2.22 Local authority social services plans – Children's Services Plans and Social Care Plans<sup>14</sup> - while integrated into the Health, Social Care and Well-being Strategies remain the key operational statement of services to be delivered for vulnerable children and young people and adults, respectively.

2.23 The Health Social Care and Well-being Strategy will address the needs of carers and issues that are important to them. Detailed annual Carers' Plans will still be needed for operational planning and monitoring purposes.

2.24 Joint operational plans, including business plans for specific Health Act 1999 'Flexibilities'<sup>15</sup> projects are likely to be required for some aspects of service delivery. Parties to a joint operational plan may include the

---

14 Social Service Guidance on Planning, National Assembly for Wales, 2000.

15 Health Act 1999 Flexibilities for Joint Working between Health and Local Government – Guidance Document, National Assembly for Wales, December 2000.

local authority, NHS bodies, voluntary organisations, businesses and private bodies, depending on the service being delivered. The annual plans will inform strategy monitoring and review.

## Commissioning for NHS Secondary Care Services

**2.25** This section provides a brief introduction to provisions governing planning and commissioning of NHS secondary care services. Full guidance is available in "Planning and Commissioning NHS Services: Guidance".

**2.26** Regulations<sup>16</sup> require that in formulating their Strategy the local health board and local authority consider whether the interests of the local population would be best served and whether there would be cost and clinical effectiveness in commissioning and delivering secondary care services by entering into a commissioning arrangement. If the local health board and local authority decide not to enter into a commissioning arrangement regulations require that the Welsh Assembly Government is consulted and given full and detailed reasons for that decision. The Welsh Assembly Government's response should be taken into account by the local health board and local authority in making its final decision about commissioning secondary care services. The Welsh Assembly Government should be given details of the alternative arrangements proposed. If the local health board and local authority decide not to enter into a commissioning arrangement they must set out their reasoning in the published Strategy.

**2.27** The secondary care commissioning arrangements are intended to:

- \* drive and shape change in service delivery over time;
- \* obtain the critical mass needed to achieve viable service provision based on the aggregated needs of commissioners;
- \* ensure best value through the delivery of services to a common standard and specification to neighbouring areas;
- \* strengthen the negotiating position of partners in agreeing service provision with providers;
- \* ensure effective use of management resources in local health boards, NHS Trusts and local authorities;

---

16 National Health Service, Wales, The Health, Social Care and Well-being Strategies (Wales) Regulations 2003, regulation 6.

- \* ensure effective clinical governance by addressing issues such as strategic capacity, consultation and patient involvement, clinical risk management, clinical risk audit, research and effectiveness, and staff management and development.

2.28 In each local authority/local health board area a secondary care commissioning group will be formed to co-ordinate the commissioning of secondary care services for the local population. This arrangement will be the prime mechanism for ensuring secondary care services are appropriately planned and secured.

## **Statutory Basis: The NHS Reform and Health Care Professions Act 2002**

2.29 Section 24 of the National Health Service Reform and Health Care Professions Act 2002 (the 2002 Act) gives effect to the Welsh Assembly Government's commitment to ensure joint working in the development and implementation of local strategies for health and well-being. Section 24 places a duty on each local health board and each local authority to formulate and implement a Health and Well-being Strategy for the area. Regulations prepared under section 24 of the 2002 Act provide a regulatory framework which governs local authority and local health board in Strategy formulation, consultation and publication.



# Chapter 3: Principles and Aims

## 3.1 Principles

### a. local leadership and responsibility

- \* Local health board and local authority joint leadership of Strategy formulation and implementation;
- \* Local authority role in community leadership, ensuring that Strategies are firmly linked to the Community Strategy<sup>17</sup>;
- \* The local authority and local health board will each formally adopt the Strategy;
- \* All other 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 adopted Strategy;
- \* The local authority, local health board and all organisations/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 provisions.

### b. local co-ordination

- \* A new approach to planning for health, social care and well-being which brings together the local government and NHS planning cycles;
- \* Formulation of a local Strategy will set the local strategic planning framework for health and well-being;
- \* Strategies to embrace the wide range of local government functions which contribute to locally led action on health and well-being, including public health, community safety, health promotion and environmental services, housing, public (including community) transport, leisure services and social services, as well as the whole range of NHS services.

---

17 Preparing Community Strategies – Guidance to Local Authorities from the National Assembly for Wales, August 2001.

### c. local co-operation

- \* Co-operation with NHS Trusts, CHCs, CVCs and representatives of voluntary organisations, local businesses and the private sector concerned with or with an interest in health and well-being<sup>18</sup>;
- \* Involvement of organisations, bodies and groups which may ordinarily be at risk of being marginalised from these processes;
- \* Active involvement of patients, service users and carers in needs assessment and Strategy formulation, implementation and review;
- \* Co-operation with Health Commission Wales (Specialist Services)<sup>19</sup>;
- \* Local authorities and local health boards to support and encourage those with whom they are co-operating to help them make an effective contribution;
- \* All statutory and non-statutory bodies involved in Strategy formulation and implementation should have an understanding of the issues and should be able to demonstrate a commitment to improving health and well-being.

### d. local analysis

- \* Social inclusion and equality of opportunity and access, recognising the needs and contributions of all groups particularly, carers, children and young people, older people, ethnic minorities, people who are homeless, disabled people and people with learning disabilities;
- \* Strategy formulation underpinned by a robust and holistic assessment of the health and well-being needs of the local community.

---

18 National Health Service, Wales, The Health, Social Care and Well-being Strategies (Wales) Regulations 2003, regulation 3.

19 National Health Service, Wales, The Health, Social Care and Well-being Strategies (Wales) Regulations 2003, regulation 3 (1) (d), requires co-operation with the Assembly. The intention of that provision is to ensure co-operation with Health Commission Wales (Specialist Services). It is not the intention that local arrangements involve formal co-operation with the Assembly other than Health Commission Wales (Specialist services).

## 3.2 The aims of the Strategy are:

### a. improving health, social care and well-being

- \* Improve the health, social care and well-being of the local population by addressing the full range of issues that affect people's health, social care and well-being;
- \* Address the broad public health agenda at local level;
- \* Identify and tackle health inequalities;
- \* Address health gain targets and the most appropriate and effective local responses to their achievement;
- \* Enhance the prevention role of both local authority services and health care services.

### b. improving services

- \* Improve the provision, delivery and access to NHS, local government, voluntary sector and private sector services and other functions which affect health, social care and well-being;
- \* Provide the opportunity to integrate the strategic and operational responses of different bodies to the health and well-being needs of the local population.

### c. better planning and investment

- \* Pave the way for changes in the way investment is prioritised and services and other functions are delivered in response to need and priorities;
- \* Promote partnership working by building the confidence, trust and influence of a wide range of stakeholders, including patients, service users and carers and the local community, in the NHS and local government planning processes;
- \* Provide a basis for joint investment decisions by the local authority and local health board;
- \* Provide a basis for commissioning decisions about local authority health related services, NHS services and jointly funded or provided services;
- \* Foster an inclusive and open approach to planning, commissioning and performance review.

### 3.3 Each local Strategy will:

- \* Include a clear statement of its scope, aims and objectives;
- \* Include clear evidence of how the values and principles of partnership, fairness, openness, inclusiveness, efficiency, effectiveness, accessibility, flexibility, integration, responsiveness, accountability and promoting independence have been used to set the priorities and make decisions;
- \* Identify and address factors affecting the health and well-being of the local population, including<sup>20</sup>:
  - social, economic and environmental factors;
  - health promotion and education, health protection and nutrition;
  - food safety;
  - community development and regeneration and sustainable development;
  - inequalities in health and well-being;
  - access to services and facilities;
  - consideration of the accessibility of public and community transport, eg by the development of 'Travel Plans';
  - availability of and access to education, training and employment;
  - the condition of and access to local housing.
- \* Develop a clear set of priorities for action over the period of the Strategy, taking account of local needs, priorities and resources and the national all-Wales policy context, priorities and health gain targets;
- \* Present health and well-being improvement proposals based on the local priorities identifying partner contributions and specific targets and milestones for monitoring;
- \* Provide the strategic context for service or sector operational and business plans;

---

<sup>20</sup> National Health Service, Wales, The Health, Social Care and Well-being Strategies (Wales) Regulations 2003, regulation 5(f).

- \* Provide the basis for priority setting and decision-making by 'secondary care commissioning groups'. NHS secondary care service agreements will be determined on the basis of the priorities of the 'secondary care commissioning groups';
- \* Identify key strategic issues that need to be addressed to support Strategy implementation, for example, research and development, human resources, information management and technology, capital development; and
- \* Show how the Health, Social Care and Well-being Strategy links with other relevant plans, including the Community Strategy, Children and Young People's Framework and the Community Safety Strategy.

3.4 Further guidance on the statutory requirements underpinning Strategy formulation and on the form, content and preparation of a Strategy is provided in the Welsh Assembly Government's guidance document *'Health, Social Care and Well-being Strategies: Preparing a Strategy'*, which should be read in conjunction with this policy guidance.



# Chapter 4:

## Health, Social Care and Well-being Strategies – Roles and Responsibilities

### Introduction

4.1 The local authority and the local health board are the bodies jointly responsible in law for formulation and implementation of the local Strategy.

4.2 Regulations governing the preparation of local Strategies do not prescribe the establishment of a partnership or its composition. However, it is clear that a partnership approach will be required to formulate and implement the Strategy. The local authority and local health board should, where necessary, develop or enhance existing local partnership arrangements to ensure that their duties of co-operation and consultation are discharged in an open and inclusive way. Those with whom the local authority and the local health board must co-operate should be content with the partnership process used for strategy development.

### Co-operation, Consultation and Public Participation

4.3 The duties of co-operation<sup>21,22</sup> and consultation<sup>23</sup> are distinct.

#### Co-operation

4.4 The Welsh Assembly Government intends that those with whom the local authority and the local health board have a duty of co-operation should be actively involved in needs assessment and decision-making and priority setting for Strategy formulation. The Welsh Assembly Government expects local authorities and local health boards to actively involve patients, service users and carers in needs assessment and Strategy formulation. The police should also be involved in needs assessment and Strategy formulation, especially in connection with the links between Health, Social Care and Well-being Strategies and Community Safety Strategies.

---

21 National Health Service, Wales, The Health, Social Care and Well-being Strategies (Wales) Regulations 2003, regulation 3.

22 Crime and Disorder Act 1998, section 5(2), SI No. 2452, 1998.

23 National Health Service, Wales, The Health, Social Care and Well-being Strategies (Wales) Regulations 2003, regulation 9.

4.5 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. Partnership processes developed for example, for Community Strategies, Health Alliances, Community Safety Strategies or Children and Young People's Frameworks can be used or built upon for this purpose. The local procedure for co-operation will be the foundation for needs assessment and formulation of the Strategy. In return, NHS Trusts, Health Commission Wales (Specialist Services), CHCs, CVCs, voluntary organisations, private bodies, businesses and other bodies and groups are expected to make a positive contribution to co-operative working, needs assessment, Strategy formulation, implementation and review. It may be useful for all organisations involved in the co-operative process to devise local protocols for working together.

4.6 Local authorities and local health boards will need to decide how to manage 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.

### Consultation

4.7 Consultation<sup>24</sup> on needs assessment and on the draft Strategy must include:

- \* NHS Trusts
- \* Health Commission Wales (Specialist Services)
- \* The Welsh Assembly Government
- \* CHCs
- \* CVCs
- \* other voluntary, business and private organisations with an interest in the provision of health and well-being services
- \* the local population
- \* neighbouring local authorities and local health boards

---

24 National Health Service, Wales, The Health, Social Care and Well-being Strategies (Wales) Regulations 2003.

- \* other persons or organisations who are likely to be substantially affected by the Strategy.

The regulations prescribe the Assembly as a body with whom local authorities and local health boards must co-operate and consult. For purposes of co-operating on needs assessment and Strategy formulation this is to ensure the involvement of Health Commission Wales (Specialist Services). In undertaking consultation on the draft Strategy, local authorities and local health boards should consult both Health Commission Wales (Specialist Services) and the Welsh Assembly Government.

**4.8** Consultation on needs assessment and the draft Strategy must be inclusive and far reaching. Patients, service users and carers will need to be consulted, through for example local patients forums, local carers' consultative groups, youth forums, young carers' groups, community care users groups, and tenants and residents groups. In line with the UN Convention on the Rights of the Child, young people should be consulted and have their voices heard on issues which affect them in ways that are relevant and appropriate to them.

**4.9** Wider consultation is for local determination, but may include, for example, the police authority, Town Councils and Community Councils, the National Public Health Service, multi-agency public protection panels, Community Safety Partnerships, Children and Young People's Framework Partnerships; and other local partnerships.

**4.10** 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. The means of consultation with the community on both needs assessment and on the draft Strategy are for local determination, but likely to involve, for example:

- \* Public meetings, seminars and workshops;
- \* Questionnaire surveys;
- \* Newsletters;
- \* Public notices;
- \* Wide circulation of the draft strategy in forms which make it easily accessible to all sectors of the community, including minority ethnic groups, people with learning disabilities, disabled people and young people and children.

## Public Participation

4.11 The formulation of Strategies will require a whole systems approach to public participation and community involvement.

4.12 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.

4.13 Patient and public involvement mechanisms in the NHS are supported by Welsh Assembly Government guidance<sup>25</sup> which sets out clear principles and methodologies. This guidance supports NHS bodies in producing patient and public involvement action plans and strategies.

4.14 Strategies offer considerable opportunities for the creation of joint involvement mechanisms which are both creative and supportive. To underpin this process the Welsh Assembly Government is keen to promote the establishment of public involvement networks as a means of sharing good practice, knowledge, problems and solutions and in offering support to those working towards a common purpose. Networks offer a flexible and responsive approach which can facilitate the promotion of learning, sharing and innovative approaches to local problems.

4.15 Public participation mechanisms to support Strategy formulation should use and/or build upon existing or newly developed mechanisms and structures such as those developed for Community Strategies; Health Alliances; Communities First Partnerships; Community Safety Partnerships or Children and Young People's Framework Partnerships, which will include Early Years Development and Childcare Partnerships.

4.16 Further information on the development of public involvement mechanisms including training and the development of networking links with all agencies involved with health, social care and well-being is being prepared by the Welsh Assembly Government in association with the NHS and CHCs ('Signposts II').

## Roles and Responsibilities of Local Authorities and Local Health Boards

4.17 Local authorities and local health boards will be able to tap into valuable knowledge and experience of developing partnership working which will be essential to the formulation and implementation of the Health, Social Care and Well-being Strategy. They should be able to draw on this in devising procedures for co-operation and establishing

---

25 'Signposts - A Practical Guide to Public and Patient Involvement in Wales', Welsh Assembly Government, 2001.

effective working relationships for formulation and implementation of Strategies. Consultation with those with whom they are required to co-operate, the local authority and the local health board will jointly make the final decision on the procedure for co-operation.

**4.18** Health, Social Care and Well-being Strategies will incorporate and be successors to Health Improvement Programmes (HIPs), led by the former Health Authorities. The experience of the NHS and its partners in formulating HIPs will be important in developing arrangements for the formulation and implementation of Strategies.

**4.19** As identified in Chapter 2, one of the key functions of the Community Strategy and the Community Strategy Partnership is to help ensure that connections are made between strategies which focus on similar issues from different perspectives. It is essential that, as part of their community leadership role, local authorities work with their partners to ensure links are made between the Health, Social Care and Well-being Strategy and other strategies, local action plans and partnerships, so that activities are complementary and not duplicated. Local authorities should also work with all these partnerships to help them reshape and target their policies and programmes, as necessary, to ensure that they are consistent with the Health, Social Care and Well-being Strategy. Advice and feedback should be provided to other partnerships on the progress and experiences of the partnership process developed to produce the Health, Social Care and Well-being Strategy.

**4.20** The local authority and the local health board are each required formally to adopt the Strategy<sup>26</sup>. This will need to be done by the Board of the local health board and, in the case of the local authority, will need to be approved by the full Council<sup>27</sup>, on submission by the council's executive or board. Section 24 (3) of the 2002 Act requires the local authority and the local health board to have regard to the Strategy in the exercises of their functions.

**4.21** Local authority officers are accountable to their authority. Elected Members are accountable to the local electorate.

**4.22** Local health board officer and non-officer members are accountable to their Board. Board Chairs are directly accountable to the Minister for Health and Social Services. Local health board Chief Executives are directly accountable to the Director of NHS Wales.

---

26 National Health Service, Wales, The Health, Social Care and Well-being Strategies (Wales) Regulations 2003, regulation 10.

27 The Local Authorities Executive Arrangements (Functions and Responsibilities) (Wales) (Amendment) Regulations 2003 and the Local Authorities (Alternative Arrangements) (Wales) (Amendment) Regulations 2003.

4.23 Local health boards include representatives of the voluntary sector and a carer is one of the lay-members of each Board. These representatives will make a valuable contribution to ensuring that the local health board fulfils its duties of co-operation in respect of Strategy development.

### Strategy Planning Team

4.24 Jointly the local authority and the local health board will need to decide how they are going to manage formulation and deliver strategy implementation and the processes to support it. They will need to think about:

- \* Whether a local authority/ local health board joint strategy planning team is needed and, if so, whether the team already exist in a form that can be adapted to deliver the new duty;
- \* If a joint team is not the answer for the local area - what other arrangements will be needed to ensure co-ordination and a clear joint understanding of how they will work together;
- \* If a joint team is the answer where will it be located;
- \* What membership and management arrangements are needed;
- \* How will it be funded (possibly using pooled budgets under Health Act 1999 Flexibilities); and
- \* How will the team (or other arrangements) engage with others to ensure partnership working.

The bodies with whom the local authority and the local health board are required to co-operate should be content with the arrangements which the local authorities and local health board propose to put in place.

### Children and Young People's Frameworks

4.25 The Assembly Government's Strategy for Children and Young People - Framework for Partnership, is founded on UN Convention on the Rights of the Child. Local Children's and Young People's Partnerships have been asked to draw up Frameworks (plans) that will be key to improving the well-being and quality of life for children and young people aged 0-25 years. The Children and Young People's Framework Partnership has the lead on strategic planning for this group and for ensuring that this responsibility is exercised in a multidisciplinary way across all responsible agencies, including the health service. It also requires the involvement of

voluntary sector representatives and participation of children, young people and their families. Framework Partnerships have been established in every local authority in Wales and plans have been received for the initial 5-year period - April 2003 to March 2008.

4.26 The Framework will already have been agreed jointly - the Partnership includes representatives of the health service - and this will assist the process for incorporation of the relevant parts into the Health, Social Care and Well-being Strategy. This model recognises the Framework Partnerships' overall responsibility for setting the strategic direction for all provision affecting children and young people and the investment that has been made in establishing Partnerships on this basis. Successful integration of the processes for formulating the Framework and Health, Social, Care and Well-being Strategy will be achieved if the Framework retains the focus for strategic planning for children and young people.

4.27 The Social Services Children's Plan deals with the needs of and provision for the most vulnerable children and young people and is therefore a significant part of each authority's Children and Young People's Framework and an integral part of the Health, Social Care and Well-being Strategy.

### Community Safety Partnerships

4.28 The Crime and Disorder Act 1998 (the 1998 Act), placed a statutory responsibility on partnerships of chief officers of local authority areas and the police, working with police authorities, probation committees and others prescribed by Order, to formulate and implement local strategies for the reduction of crime and disorder. The prescribed bodies the Partnerships should draw into their work include NHS trusts and Drug and Alcohol Action Teams (DAATs). The Act required the Partnerships to carry out local analyses, or audits, to inform the strategies. The first strategies had to be in place for April 1999 to be reviewed after three years. Reviews have now taken place and revised strategies were prepared for April 2002.

4.29 The Welsh Assembly Government is designated under the 1998 Act as one of the bodies working in co-operation with the Partnerships. The designation recognises that although responsibility is not devolved, the Assembly has direct responsibility for a number of the bodies involved in the Partnerships such as local authorities and the NHS.

4.30 There are 22 Partnerships in Wales based on unitary authority areas. Every local authority has a designated Community Safety Officer who manages strategic activity jointly with the local police Basic Command

Unit. In addition to their responsibility for operational policing, the Welsh police forces play a key role in the crime prevention and reduction agenda. Within each of the forces are community safety teams of specialist officers who work very closely with other agencies. The police often lead on local projects, funded from the centre, to tackle crime hotspots, burglary and drug related crime, for example. Throughout Wales forces have committed community police officers who are based in and work with the most deprived communities.

**4.31** All organisations within the Partnerships have to adhere to the requirements of Section 17 of the 1998 Act which places a duty on them to exercise their functions with due regard to their likely effects on crime and disorder and to do all they can to prevent crime and disorder. Thus, within a local authority for instance, the whole range of different departments, from planning to social services to housing, must all take account of the community safety dimension and consider how they can contribute to it.

**4.32** The prevention of crime and disorder has obvious significance for health service providers. The results of violent crime, from street fights or domestic violence, for example, costs the NHS in England and Wales billions of pound a year and the same is true of drug and alcohol abuse. Violence against NHS staff is also an issue, affecting both primary and secondary health workers. Crime can also take its toll on people's mental health, particularly if they have become victims. Older people who have been burgled, for example, have been found to go into residential care sooner than those who have not been victimised. Fear of crime too has a debilitating effect and can lead to levels of anxiety and depression which require medical intervention.

**4.33** The Police Reform Act 2002 has significant implications for the Partnerships. That Act adds additional responsible authorities - police authorities, fire authorities and local health boards - to the two currently responsible for crime reduction strategies. These provisions will take effect in Wales from 1 April 2003 and highlight the key role that local health boards have to play in the crime reduction agenda.

**4.34** The need for health service involvement is underpinned by another new requirement of the Police Reform Act 2002- that the Partnerships formulate and implement strategies for substance misuse, alongside those for reducing crime and disorder; this is the first time that substance misuse strategies have been given a statutory footing. Bringing both strategies under the ambit of Crime and Disorder Reduction Partnerships points up the very clear links between drugs, alcohol and crime. The Partnerships in Wales are being encouraged to adopt the name of Community Safety Partnership to reflect their broader responsibilities.

4.35 In summary, the statutory requirement that local health boards play a full part with other local partners in the field of community safety is enshrined in Sections 97 and 98 of the Police Reform Act 2002. It is crucial that their role in this is taken fully into account in the development of Health, Social Care and Well-being Strategies. Section 17 of the Crime and Disorder Act 1998 will now apply to the local health boards also and brings a requirement that the need to reduce crime is mainstreamed through all their policy making.

## **Roles and Responsibilities of Other Statutory and Non-statutory Stakeholders**

4.36 NHS Trusts, Health Commission Wales (Specialist Services), CHCs, CVCs, voluntary organisations, businesses, private bodies and other groups actively involved in the co-operative process for needs assessment and Strategy development are expected to agree and sign up to the local Strategy. These organisations and bodies need to establish internal arrangements to enable them to do this.

### **NHS Trusts**

4.37 As the principle providers of secondary and community health services NHS Trusts have a vital role in needs assessment and Strategy development.

### **Health Commission Wales (Specialist Services)**

4.38 Health Commission Wales (Specialist Services) will be established as an executive agency within the National Assembly for Wales. It will be responsible for:

- \* Providing the strengthened specialist health services commissioning of tertiary and other highly specialist acute services throughout Wales;
- \* Giving advice to NHS Wales on the commissioning of specialist secondary and regional services;
- \* Providing dedicated guidance, support and facilitation in relation to specialised acute services commissioning;
- \* Being the first source of arms-length independent advice and guidance on difficult issues relating to specialised services.

4.39 The Agency will be a well-defined business unit with a clear focus on delivering specified outputs within a framework of accountability. The responsibility for performance and financial management will rest with the Chief Executive, who will be accountable to the Director of NHS Wales. Performance will be managed by the Welsh Assembly Government. There will be a National Commissioning Board with an independent Chair and made up of stakeholder representatives from the NHS, partner organisations and the Welsh Assembly Government. The Chair will report to the Minister for Health and Social Services. The Board will consider and make recommendations on an annual commissioning procurement plan and 3 year programme. The Board will also be responsible for monitoring and reporting on performance.

### Community Health Councils

4.40 Community Health Councils (CHCs) will have an important role in co-operative working arrangements for needs assessment and Strategy development.

### County Voluntary Councils and other Voluntary/Community Sector Organisations

4.41 County Voluntary Councils (CVCs) represent the generic interests of voluntary sector providers of both services and advice, and voluntary sector organisations advocating or promoting the interests and needs of particular groups or sectors of the community. CVCs or other local councils will have a significant role in the co-operative working arrangements for needs assessment and Strategy development.

4.42 There are also key umbrella and individual voluntary sector organisations which are concerned with or have an interest in the health and well-being issues and services. It is important that these organisations have the opportunity to co-operate in needs assessment and Strategy development. Voluntary organisations and bodies which may fall into this category include for example:

- \* the Carers' Alliance and local carers' consultative groups, Age Alliance, local MIND groups, local Age Concern Groups and voluntary organisations working with homeless people;
- \* organisations which provide health and social care services, eg the Alzheimer's Society, Hafal (formerly the National Schizophrenic Fellowship), the Stroke Association.

4.43 Voluntary organisations providing services and those concentrating on advocacy or self-help activities are likely to have different, but equally beneficial, contributions to make to Strategy development.

## Private and Business Organisations

4.44 Businesses and private bodies concerned with or with an interest in the health and well-being issues and services, will have the opportunity to co-operate in needs assessment and strategy formulation and review.

4.45 Organisations and bodies which may fall into this category include, for example:

- \* Trade associations representing the nursing and residential home sector, eg Care Forum Wales, the Registered Nursing Homes Association (RNHA);
- \* Trade associations representing providers of domiciliary and respite care, eg UK Home Care Association (UKHCA);
- \* Local businesses providing employment to people with learning or physical disabilities;
- \* Chambers of Commerce;
- \* Local employers' organisations;
- \* Private companies and other organisations involved in public and community transport, for example, the Community Transport Association, the Association of Transport Co-ordinating Officers and the National Federation of Bus Users.

4.46 In many areas existing Community Strategy Partnership arrangements will provide the opportunity for this participation. The local health board and local authority may wish to seek advice from the Confederation of British Industry (CBI), Business in the Community or the Federation of Small Businesses on how to involve the private sector.

## Other groups and organisations with an interest in Strategy development

4.47 Organisations and bodies which may fall into this category include, for example:

- \* Local Town and Community Councils;
- \* Local training and education bodies;
- \* Employment Service (Job Centre+);
- \* Careers Wales;

- \* ELWa;
- \* Sector Skills Councils;
- \* Professional bodies representing NHS, public health, environmental health, social care and other professional interests;
- \* Trade Unions;
- \* Registered Social Landlords;
- \* Local Children and Young People's Forum;
- \* Care and Repair Agencies;
- \* Race Equality Councils.

# Chapter 5:

## Role of the Welsh Assembly Government

### Setting the Agenda

5.1 The Welsh Assembly Government is responsible for developing partnership and joint working policy at National level. This includes:

- \* Setting and publishing national priorities for Health and Well-being;
- \* Identifying health gain targets and monitoring their implementation. (In response to *Improving Health in Wales*, an Expert Group was established to review the existing health gain targets and establish new targets for the period up to 2007. The group also has responsibility for taking forward the work on developing determinants of health indicators. The new health gain targets and indicators, due to be published in March 2003, will provide the focus and direction for improving health and reducing health inequalities in Wales. Local health boards and local authorities are expected to undertake action which will support the achievement of the new health gain targets and indicators, and identify local milestones to the achievement of targets);
- \* Providing guidance and advice on joint working and Health Act 1999 Flexibilities<sup>28</sup>;
- \* Supporting partnership working by supporting evaluation and the dissemination of best practice;
- \* Monitoring the performance of the NHS and local government through performance management systems, National Services Frameworks and local authority policy agreements.

5.2 The establishment of the Health and Well-being Partnership Council will provide a National forum for discussion and review of national policies, priorities and direction of travel.

---

28 Health Act 1999, section 31. The National Health Service Bodies and Local Authorities Partnership Arrangements (Wales) Regulations 2000.

## Performance Management

5.3 The Welsh Assembly Government is working with local authorities and NHS bodies on the development of performance management frameworks covering the range of factors important in evaluating service delivery. These are well developed in Social Services and are being revised in the NHS. In time they will also need to be extended to other areas of local government activity related to the delivery of Strategies. Performance management frameworks should provide for both formal reporting against performance indicators as well as wider evaluation and inspection procedures. They should support planning and accountability arrangements as well as agencies' own internal performance management processes. It is intended that these should increasingly be jointly developed to cover and inform those jointly managed objectives which the strategies will address.

5.4 The Assembly Government and local authorities have agreed three-year Policy Agreements in key areas of social care, education, environment and transport. These Policy Agreements set individual targets against National performance indicators and will be used to measure progress. The current policy agreements clearly identify social care as one of the shared priorities of local government and the Welsh Assembly Government. The Welsh Assembly Government will be monitoring the targets agreed individually with each local authority. The development of the Health, Social Care and Well-being Strategies and Community Strategies will coincide with the development of the next round of policy agreements, creating the scope for key objectives of those strategies to be linked to policy agreements. This will maintain the link between local and national priorities.

5.5 The Wales Programme for Improvement, which incorporates local authorities' statutory duty to seek continuous improvement under the Local Government Act 1999, requires local authorities to assess and determine their priorities for improvement in the light of the overall priorities identified in the Community Strategy. Since the Health, Social Care and Well-being Strategy will inform and reflect those key elements of the Community Strategy relating to health and social care and their impact on well-being, the local authority's improvement plan should in due course contain any priority actions which the authority itself needs to take to improve its own performance to support the delivery of the Health, Social Care and Well-being Strategy.

5.6 The Wales Programme for Improvement also puts great emphasis on performance management. To support performance management and promote public accountability, the Welsh Assembly Government has set a limited number of statutory performance indicators across the range of local government responsibilities, using powers in the Local Government

Act 1999. The Welsh Assembly Government is currently supporting a Local Government Data Unit project to review performance measures applied to local government. This will include not only the Wales Programme for Improvement statutory indicators but also other nationally determined performance measures as they relate to local government.

5.7 Local health boards will be subject to performance management through the Regional Offices of the Assembly. The approach will reflect the principles set out in the report of the Performance Management Task and Finish Group – entitled *'Getting Better'*<sup>29</sup>, and be based on the principle of continuous improvement. Within any given time period, assessment of performance may take into account a number of elements. These will include delivery of specific national targets set for that period, performance against national standards and strategies, and improvement where shortfalls are identified through the balanced scorecard or in other ways. Good performance will be recognised; continued poor performance will be the subject of sharp scrutiny and possible sanctions.

## Monitoring and Review

5.8 Regulations<sup>30</sup> require the local health board and local authority to report annually to the Welsh Assembly Government on the Strategy. The Welsh Assembly Government will provide separate guidance on the form and content of this report: this will not be an overly bureaucratic or burdensome process.

5.9 During the first years of Strategy formulation and implementation the Welsh Assembly will work closely with local health boards and local authorities and others involved to ensure that Strategies and the processes for their development are realistic, accountable and affordable, and that responsibilities have been properly discharged. The operative period of three years for the first Strategy provides the opportunity for learning and review ahead of developing the full 5 year Strategy from 2008.

5.10 In addition, the Welsh Assembly Government will monitor strategy development and arrangements for co-operation through information about the partnership process which will be included in each local Strategy. Monitoring will also take place through the Health and Well-being Partnership Council, the Voluntary Sector Partnership Council, the Local Government Partnership Council and the Business Partnership Council and via the Minister for Health and Social Services' regular meetings with representatives of key stakeholders.

---

29 *'Getting Better – A Framework for Continuous Improvement for Health and Health Services in Wales'*, The Report of the Performance Management Task and Finish Group, January 2002.

30 National Health Service, Wales, *The Health, Social Care and Well-being Strategies (Wales) Regulations 2003*, regulation 10(5).

## Support and Advice

5.11 Together the NHS Wales Department, Office of the Chief Medical Officer, Social Policy Department and other departments of the Welsh Assembly Government will:

- \* Provide advice to all organisations on the formulation and implementation of Strategies;
- \* Provide support and advice to the local authority and local health board teams who will be managing the process;
- \* Monitor and evaluate strategy implementation and the effectiveness and success of partnership working; and
- \* Provide advice and support on the establishment of secondary care commissioning groupings and monitor their operation and effectiveness.

5.12 The Welsh Assembly Government expects local authorities and local health boards to work jointly and inclusively to deliver the full range of Strategy obligations under regulations and guidance. Where if a local health board and the local authority fail to make effective arrangements to formulate and implement a Strategy for the area, the Welsh Assembly Government will in discussion with those bodies seek to facilitate a positive and constructive way forward.

5.13 If any of the bodies with whom the local authority and the local health board must co-operate perceives that they are not fully engaged in the processes for determining arrangements for co-operation, needs assessment, and Strategy development, the Welsh Assembly Government will actively seek to facilitate a constructive way forward. This will seek to accommodate all interests in a realistic and workable way.

5.14 Should discussion and facilitation fail to establish a constructive and effective way forward, the National Assembly may choose to exercise its direction making powers under section 24 of the 2002 Act. The powers would allow the National Assembly to give directions in respect of local authority, local health board and NHS Trust activity in connection with Strategies.

# Chapter 6: Partnership Working

## Partnership Working

6.1 Development of Health, Social Care and Well-being Strategies represents a step change in local government and NHS joint planning. This new approach to planning will evolve over time as new procedures and partnerships develop. This will depend on the adoption and development of robust partnership principles. Those developed by the Nuffield Institute provide an excellent starting point<sup>31</sup>:

- \* Recognise and Accept the Need for Partnership
- \* Develop Clarity and Realism of Purpose
- \* Ensure Commitment and Ownership
- \* Develop and Maintain Trust
- \* Create Robust and Clear Partnership Working Arrangements
- \* Monitor, Measure and Learn

In addition all those involved in Strategy development should refer to the Audit Commission checklist of Critical Success Factors for Interagency Working set out at Annex A.

6.2 As joint leaders in the process the local authority and local health board will need to demonstrate and facilitate partnership and co-operative working, both within and between organisations, to ensure delivery of their statutory duties. This will require action and engagement on several levels:

- \* Political championship and leadership;
- \* Executive team championship, leadership and the mainstreaming of partnership;
- \* Interface with the various bodies with whom the local authority and local health board are required to co-operate with in strategy formulation;
- \* At the various interfaces with the public, including patients, service users and carers;

---

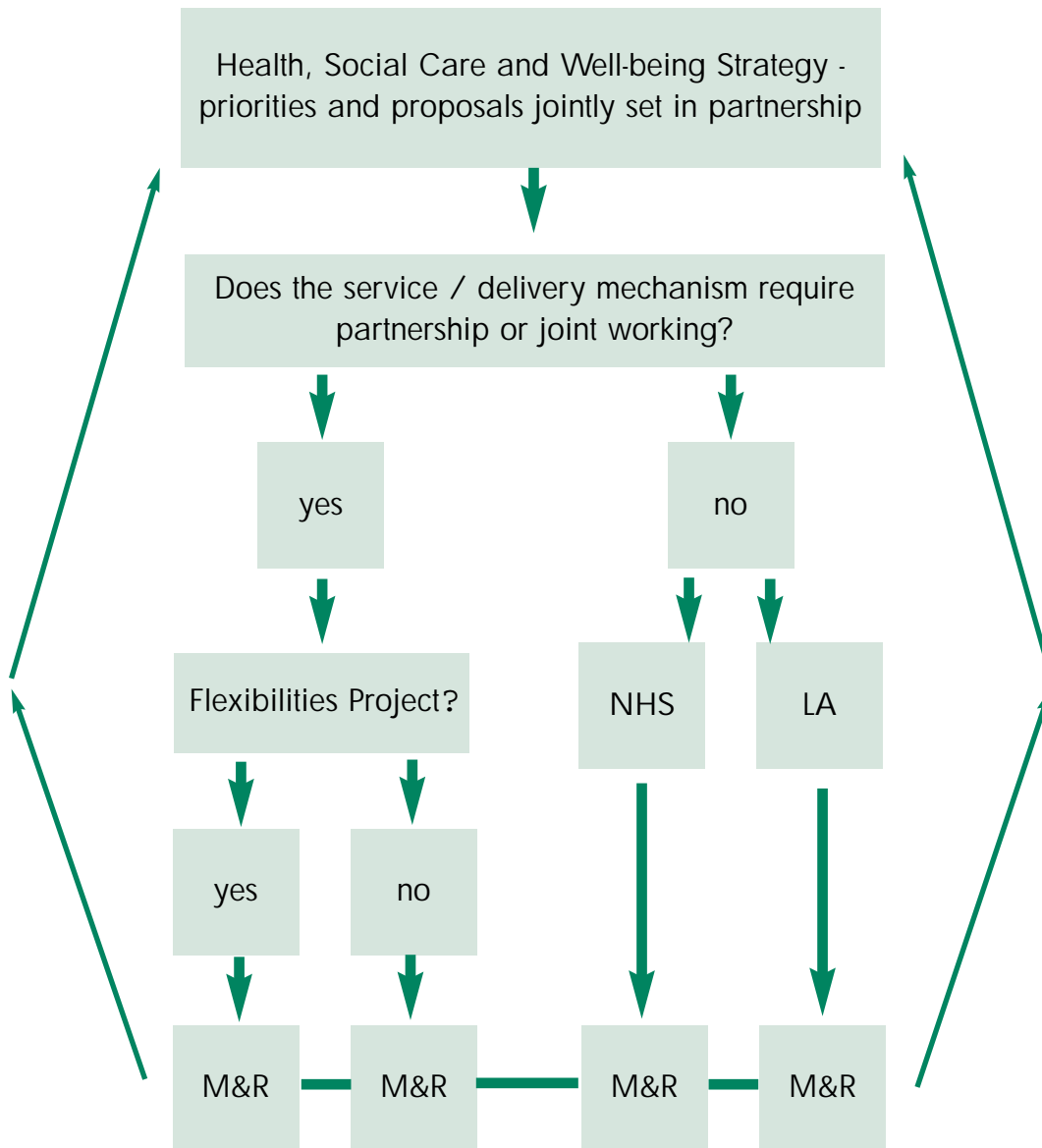
31 What Makes a Good Partnership: A Partnership Assessment Tool, Nuffield Institute.

- \* Operational service delivery where a joined-up or joint service is the appropriate response for patients, service users and carers (possibly using Health Act 1999, Flexibilities).

6.3 A partnership approach to working will be needed at the various stages of Strategy development and implementation. In accordance with the regulations it will be for local partners to determine the most effective relationships and processes for their local area. There will be a need to involve the most appropriate representatives for decision making and delivery at different stages in the process. It may be useful for all organisations involved to devise local protocols for working together.

6.4 Strategy formulation, ie the **joint** determination of priorities and proposals for the wide range of action and provision to improve the health and well-being of the population will in many areas and across many activities and services require implementation through mainstream provision by either the NHS or local government. This might be, for example, road safety measures delivered by the local authority, or social services for vulnerable adults and/or their carers provided by the local authority, and possibly delivered by a local voluntary body or private sector provider. It might be mainstream NHS provision of acute coronary care services or the provision of maternity services either in hospital or in the community.

6.5 On the other hand, some responses to strategy priorities and proposals will require joint or joined-up activity and/or service delivery, involving the NHS and local government working together, or with the voluntary sector or the private sector. Joint or joined-up services at the NHS/local government interface will be particularly important. Examples include rapid response teams to keep older people out of hospital, services for disabled children, early intervention and community based mental health services, support and rehabilitation services to prevent relapse following substance misuse treatment. In implementation of the Strategy local authorities and local health boards need to be aware that the 'Flexibilities' provisions of the Health Act 1999 can be used to jointly deliver services at the interface between the NHS and any health-related function of local authorities.



M&R= Monitoring and Review

Service delivery might be via voluntary sector or independent sector – contractual arrangements.

## Training, Organisational Development and Support

6.6 Investment in training, support and guidance to develop and establish the key characteristics of effective partnership working will be important to the successful formulation of local Strategies. A key aim is the development of effective partnership arrangements that can take on the challenge of developing innovative, effective and joined-up interventions to improve the health and well-being of the whole community. The development of joint and integrated training opportunities for local authority and NHS leaders, senior teams and staff, together with staff and representatives from the voluntary and other sectors will be important to this process.

6.7 The use of language will be important to the development of successful partnership working. It will be essential for decision makers and service providers in local authorities, NHS bodies, voluntary organisations and private groups and bodies share a common understanding of the issues at hand and the appropriate responses by using clear and unambiguous language. Early joint training opportunities on these issues are strongly recommended.

## Chapter 7:

# Information Sharing and Exchange

7.1 It is vital to effective strategy formulation and implementation that local authorities, local health boards, NHS Trusts, Managed Clinical Networks, Health Commission Wales (Specialist Services), the National Public Health Service and others share and exchange information where appropriate and in accordance with legal requirements.

7.2 There are three stages involved:

- \* First, the use of data and information to establish local need to feed into the Health, Social Care and Well-being Strategy for the area. A list of available data sets, which may be used to support needs assessment, is given at Annex A of 'Preparing a Strategy'. Information from these data-sets should be aggregated and/or anonymised before it is exchanged between partners;
- \* Second, development of the Strategy itself;
- \* Third, implementation of the Strategy.

7.3 Health, Social Care and Well-being Strategies are planning documents and should not, therefore, contain any information that may lead to the identification of individuals. Local authorities, local health boards and others will need to ensure that sharing the information which they need to formulate their strategies meets all extant legal requirements. However, the sharing of information that cannot identify individuals (e.g. aggregate level or anonymised information) is unlikely to be objectionable.

7.4 Whenever local authorities, local health boards and others are processing personal data they will need to comply with the Data Protection Act 1998 (including, in particular, each of the 8 data protection principles). In the fields of health, social care and well-being services it is inevitable that "sensitive personal data" will be involved. This is described by the Data Protection Act as including information relating to an individual's physical and mental health, racial or ethnic origin, sexual life and the commission or alleged commission of any offence. Stricter conditions apply to the processing of sensitive personal data under the Data Protection Act. The Data Protection Act requires that in order to share or exchange personal data local authorities, local health boards and others will need to ensure that this is lawful, fair, necessary (in the sense that it meets the relevant conditions in Schedules 2 and 3 of the Data Protection Act), adequate, relevant and not excessive for that purpose.

**7.5** As referred to above, in order to process (e.g. share or exchange) sensitive personal data, local authorities, local health boards and others will also need to be satisfied that they can meet at least one condition from Schedule 2 **and** at least one condition from Schedule 3 of the Data Protection Act. Some of the conditions from Schedule 3, which are likely to be relevant, are set out below. However, it should also be noted that the Lord Chancellor can specify further conditions by order under the Data Protection Act<sup>32</sup>. Some of the relevant conditions from Schedule 3 of the Data Protection Act are:

- i. the data subject has given their explicit consent;
- ii. it is necessary to protect the vital interests of the data subject or another person where it is not possible to obtain their consent (this will apply in very few cases);
- iii. it is necessary for the exercise of functions conferred by or under any enactment; or
- iv. it is necessary for medical purposes and is undertaken by a health professional or person who owes a similar duty of confidentiality. 'Medical purposes' includes preventative medicine, diagnosis, research, provision of care and treatment and management of healthcare services.

**7.6** It is a requirement of the Data Protection Act (first data protection principle) that personal data is processed fairly **and lawfully**. Local authorities, local health boards and others will need to satisfy themselves that they have the legal power to share or exchange personal data and that there is no legal restriction on their ability to do so. A legal restriction may exist, for example, because legislation prohibits the disclosure of identifiable individual information, or alternatively, because the use of such information would breach a duty of confidence owed to the individual who is the subject of the information. The common law duty of confidentiality requires that unless there is a statutory requirement to use information that has been provided in confidence, it should only be used for purposes that the subject has been informed about and has consented to. In some cases, confidential information may be used (e.g. disclosed) and the duty of confidence overridden, if there is a clear public interest in doing so (e.g. for the purposes of the prevention or detection of crime). However, this is a complex area and, if faced with such a situation local authorities, local health boards and others may need to take legal advice and in some of

---

32 At the time of publication of this guidance the Lord Chancellor has made the following orders - Data Protection (Processing of Sensitive Personal Data) Order 2000, SI 2000/417.

Data Protection (Processing of Sensitive Personal Data) (Elected Representatives) Order 2002, SI 2002/2905.

those cases, they may not be able to share the information. In some cases, there may also be human rights considerations that will need to be taken into consideration and again local authorities, local health boards and others may need to take legal advice on those issues.

**7.7** One of the requirements for NHS bodies flowing from the Caldicott Report (December 1997)<sup>33</sup> is that an agreed, signed protocol must be in place to cover the sharing of patient information between agencies. A function of the Caldicott Guardian is to review and monitor information sharing protocols internally and across organisational boundaries.

**7.8** Local authorities and local health boards may wish to work with other local partners to establish their own local protocols for information exchange. Such protocols should enable partner organisations to make a commitment to applying, for example, a code of practice, minimum standards or local operational protocols. This should be consistent with the principles outlined in the Welsh Assembly Government's document entitled '*Guidance on Protocols for Sharing Information*'<sup>34</sup> which will be published in 2003.

---

33 The Caldicott Committee: Report on the Review of Patient-Identifiable Information, December 1997, Department of Health.

34 Guidance on Protocols for Sharing Information, Welsh Assembly Government, 2003.



## Chapter 8: Local Monitoring and Review

**8.1** The operative period for the first Strategy is three years. By the end of the three-year period the local health board and the local authority must have formulated a new strategy and must adopt it at the end of the operative period of the first strategy. This process will require substantial evaluation and review of the existing adopted strategy and a full needs assessment to inform formulation of the next strategy. This must be undertaken in co-operation with the NHS Trust, Health Commission Wales (Specialist Services), the CVC, the CHC and representatives of local businesses and voluntary organisations concerned with or with an interest in health and well-being. The second and subsequent Strategies will have an operative period of five years and reviews will follow that cycle.

**8.2** In addition, the regulations require that the local health board and the local authority review the Strategy annually. This must be done in co-operation with the NHS Trust, Health Commission Wales (Specialist Services), the CHC, the CVC and representatives of voluntary organisations and local businesses concerned with or with an interest in health and well-being. The results of the annual Strategy review will be reported to the Welsh Assembly Government.

**8.3** At local level, the local health board and local authority with partners will need to determine:

- \* Systems for monitoring, reviewing and performance managing the partnership process which deliver the strategy;
- \* Systems and method for monitoring, reviewing and performance managing the impact and outcomes of the strategy itself. This will need a clear relationship with existing and developing performance management procedures in the NHS and in local government. These include: the NHS Performance management system, Clinical Governance monitoring arrangements, Social Services performance management arrangements, and Welsh Assembly Government policy agreements with local authorities. Reviews must include an assessment of whether milestones and outcomes have been achieved. Evidence of performance against targets will need to be provided.

**8.4** 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. The following questions might be asked:

- \* How was the strategy formulated and delivered?
- \* Was the process right?
- \* Did it work?
- \* Did it suit all partners?
- \* Did they meet the needs of the whole community?
- \* Were the views of local people, including children and young people reflected in the strategy;
- \* Were the strategy action and services responses and outcomes right?
- \* Whose needs were not met?
- \* Was expenditure cost effective?
- \* Was operational level joint working effectively delivered, e.g. how did we perform on managing delayed transfer of care?
- \* Have local authority housing, education, transport, leisure services and public health departments been involved as fully as they ought?

**8.5** Where this analysis reveals shortcomings in either process or outcome the local authority and local health board should in co-operation with partners identify the means of overcoming them. As with all the stages involved in developing the Strategy, the local authority, local health board and other partners should consider the scope for co-ordinating monitoring, review and evaluation work with that being done for related strategies.

**8.6** In implementing and reviewing the Strategy 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. Health impact assessment uses a combination of methods and tools to enable a judgement to be made on the potential effect on people's health and well-being, of policies, programmes or other developments. It includes consideration of possible differences in the distribution of effects across the population thus enabling inequalities in health to be considered. The Welsh Assembly Government is committed to the use of health impact assessment and local health boards and local authorities will wish to utilise it as part of the development and implementation of their Health, Social

Care and Well-being Strategy. Health impact assessment can assist the process of developing and reviewing the Strategy by making more explicit the interactions between people's health and different policy areas and services. As an approach that encourages and facilitates partnership and multi-disciplinary working, and the involvement of local people, it can add value by providing opportunities for joint learning, discussion of plans and proposals, and bridge building with communities. A more detailed description of health impact assessment is provided in Annex B.



### Audit Commission Check List Critical Success Factors for Interagency Working<sup>35</sup>

#### 1. Getting Started

*There are a number of important issues that need to be considered when embarking on partnership working.*

- \* Clarity of Purpose
- \* Appropriate Structure
- \* Identifying the right organisations and individuals
- \* Reviewing overlap with existing forums and partnerships
- \* Having a clear "route map"

#### 2. Operating efficiently and effectively

*Once established, partnerships must address a number of key issues in order to operate efficiently and effectively*

- \* Building trust and understanding between agencies
- \* Maintaining commitment and attendance
- \* Linking stratagem to mainstream activities and budgets in partners agencies
- \* Effective decision making
- \* Clear roles and responsibilities
- \* Focus on action and outcomes
- \* Making best use of staff
- \* Avoiding "partnership overload"

#### 3. Reviewing performance and impact

*All partnerships need to evaluate whether their work is having its intended impact and ensure that the appropriate accountability arrangements are in place.*

- \* Framework for managing and measuring performance
- \* Demonstrating value for money
- \* Being accountable

---

<sup>35</sup> Audit Commission, Critical Success Factors for Interagency Working, December 2001.



### Health Impact Assessment

Health impact assessment uses a combination of methods and tools to enable a judgement to be made on the potential effect(s) on people's health and well-being of policies, programmes or other developments. It includes consideration of possible differences in the distribution of effects across the population thus enabling inequalities in health to be considered.

The Welsh Assembly Government is committed to the use of health impact assessment and local health boards and local authorities will wish to utilise it as part of the development and implementation their Health, Social Care and Well-being Strategy.

Health impact assessment can help to:

- \* Ensure that the health consequences of decisions – positive and/or negative – are not overlooked
- \* Identify new opportunities to protect people's health and, equally importantly, identify new opportunities to improve health by building action into other local services, activities and developments.

Health impact assessment can assist the process of developing and reviewing the strategy by making more explicit the interactions between people's health and different policy areas and services. As an approach that encourages and facilitates partnership and multi-disciplinary working, and the involvement of local people, it can add value by providing opportunities for joint learning, discussion of plans and proposals, and bridge building with communities.

Health impact assessment is particularly useful when used in advance of plans or proposals for action (prospective assessment). However, it can also add value after a programme has finished or after an unplanned event has happened (retrospective assessment), or at the same time as plans are being implemented (concurrent assessment). It offers a systematic means of taking health into account as part of planning and decision-making processes.

The process has a number of stages. The first stage - screening - is relatively simple and easy to do but is important, as it is the trigger for subsequent stages. To be successful and sustainable, screening needs to be embedded in corporate planning and review processes.

The screening stage involves initial consideration of the relevance to people's health of a specific policy, programme or development and how it might affect it. If some relevance to health is identified, other stages of health impact assessment may come into play. The stages include a scoping stage to determine the focus, extent and added value of an assessment. The assessment itself can take the form of a rapid appraisal (which can be thought of in terms of hours or days) or a more detailed study (months/years).

Health impact assessment is a flexible approach that can be adapted to suit the working practices and procedures of different organisation and partnerships and alliances. For both the screening stage and the subsequent assessment stage, it can be used as a stand-alone process or as an integrated part of other forms of impact assessment.

Health impact assessment is relevant to organisations and groups in the public, private and voluntary sectors. There are several roles within the health impact assessment processes and some of these are interchangeable. The screening process and tools require corporate ownership and individual assessments require someone to have clear lead responsibility. Individuals in some organisations may undertake a health impact assessment while others may advise on or contribute to it.

As part of the Assembly Government's development programme for health impact assessment, set out in its guidance document *Developing Health Impact Assessment in Wales*, several pilot assessment projects have been undertaken. These provide a source of further guidance and learning on the development and use of the approach. A Health Impact Assessment Support Unit has been established by the Assembly Government to support the further development and use of health impact assessment. The Unit is a partnership between the Regeneration Institute and the School of Social Sciences at Cardiff University, and the Department of Epidemiology, Statistics and Public Health at the University of Wales College of Medicine.

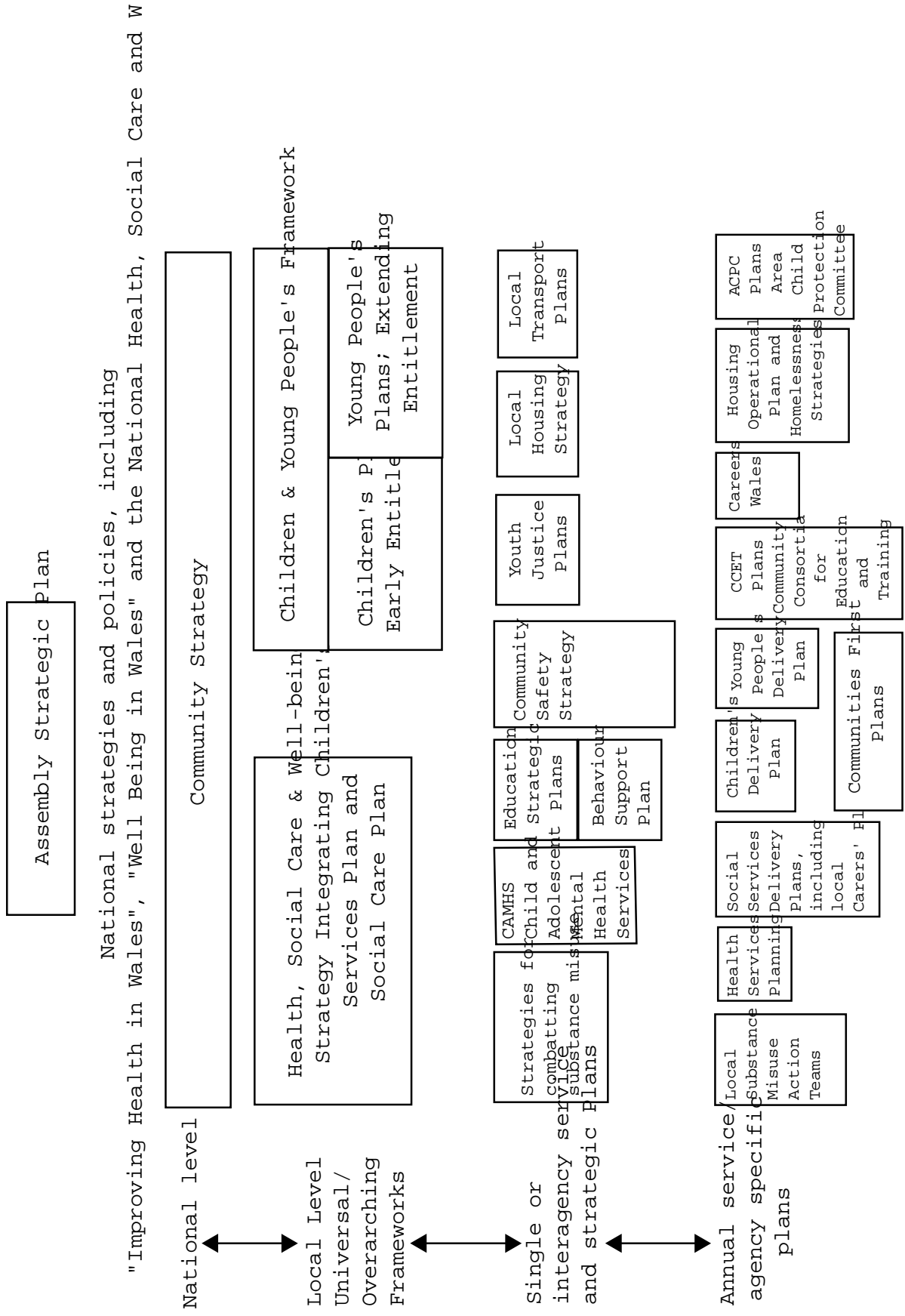
The contact details are:

Professor Gareth Williams/Dr Eva Elliott  
Welsh Health Impact Assessment Support Unit  
School of Social Sciences  
Cardiff University  
Glamorgan Building  
King Edward VII Avenue  
Cardiff, CF10 3WT  
Tel: 029 2087 5500      029 2087 7133  
Fax: 029 2087 4175  
Web: [www.whiasu.cardiff.ac.uk](http://www.whiasu.cardiff.ac.uk)

Further guidance on health impact assessment is being prepared by the Unit and will be circulated to recipients of this guidance.

# Boxes Diagram - Strategy Relationships

## Annex C





### Welsh Assembly Government - National Policy Context

#### A Framework for the Control of Communicable Disease in Wales

Publication info: Welsh Assembly Government, 2001

#### A Winning Wales

Publication info: Welsh Assembly Government, 2001

[http://www.wales.gov.uk/themesbudgetandstrategic/content/neds/awinni  
ngwales-0302-e.pdf](http://www.wales.gov.uk/themesbudgetandstrategic/content/neds/awinni<br/>ngwales-0302-e.pdf)

#### Better Homes for People in Wales: A National Housing Strategy for Wales

Publication info: Welsh Assembly Government, 2001

#### Building Strong Bridges

Publication info: Welsh Assembly Government, 2002

[http://www.wales.gov.uk/healthplanonline/health\\_plan/content/building-  
strong-bridges-e.pdf](http://www.wales.gov.uk/healthplanonline/health_plan/content/building-<br/>strong-bridges-e.pdf)

#### Caring About Carers: A Strategy for Carers in Wales: the First Report

Publication info: National Assembly for Wales, 2001

[http://10.6.6.10/http://www.wales.gov.uk:80/subisocialpolicy/content/  
carers/caring1-e.pdf](http://10.6.6.10/http://www.wales.gov.uk:80/subisocialpolicy/content/<br/>carers/caring1-e.pdf)

#### Caring About Carers: A Strategy for Carers in Wales: the Second Report

Publication info: National Assembly for Wales: Welsh Assembly Government, 2002

<http://www.wales.gov.uk/subisocialpolicy/content/carers/carers2-e.pdf>

#### Children and Young People: a Framework for Partnership

Publication info: National Assembly for Wales, 2000

[http://www.wales.gov.uk/subichildren/content/consultations/young/q26  
2a360%20english.pdf](http://www.wales.gov.uk/subichildren/content/consultations/young/q26<br/>2a360%20english.pdf)

#### Community Transport in the Welsh Transport Network

Publication info: National Assembly for Wales: Welsh Assembly Government, 2002

[http://www.wales.gov.uk/subitransport/content/policy/community/  
default.htm](http://www.wales.gov.uk/subitransport/content/policy/community/<br/>default.htm)

#### Criminal Justice and Court Services Act 2000, sections 67 & 68, Home Office Initial Guidance

Publication info: Home Office, 2000

### Crime Reduction Strategy, 1999

Publication info: Home Office, 1999

<http://www.crimereduction.gov.uk/crssummary.htm>

### Developing Health Impact Assessment in Wales

Publication info: National Assembly for Wales, 1999

### Developing Local Health Alliances

Publication info: National Assembly for Wales, 1999

### Emergency Pressures Planning Guidance 2002-3

Publication info: National Assembly for Wales: Welsh Assembly Government, 2002

<http://www.wales.nhs.uk/documents/em-press-plan-guide-e2.pdf>

### Extending Entitlement: Supporting Young People in Wales – Directions and Guidance

Publication info: National Assembly for Wales: Welsh Assembly Government, 2002

<http://www.wales.gov.uk/subieducationandtraining/content/sfyp/contents-e.htm>

### Flexibilities for Joint Working between Health and Local Government – Guidance Document

Publication info: National Assembly for Wales, 1999

[http://www.wales.gov.uk/subisocialpolicy/content/pdf/health\\_lg\\_e.pdf](http://www.wales.gov.uk/subisocialpolicy/content/pdf/health_lg_e.pdf)

### Food and Well-being: Reducing Inequality through a Nutrition Strategy for Wales

Publication info: Food Standards Agency (Wales), 2003

<http://www.food.gov.uk/multimedia/pdfs/foodandwellbeing.pdf>

### Freedom and Responsibility in Local Government: A Policy Statement from the Welsh Assembly Government

Publication info: National Assembly for Wales: Welsh Assembly Government, 2002

<http://www.wales.gov.uk/subilocalgov/content/freeresponse-e.pdf>

<http://www.cymru.gov.uk/subilocalgov/content/freeresponse-w.pdf>

### Guidance on Protocols for Information

Publication info: National assembly for Wales: Welsh Assembly Government, 2003

### Health in Wales: Chief Medical Officer's Report: 2001/2002

Publication info: National Assembly for Wales: Welsh Assembly Government, 2002

<http://www.wales.gov.uk/subihealth/content/reports/cmo2002-e.htm>

<http://www.cymru.gov.uk/subihealth/content/reports/cmo2002-w.htm>

### Targeting Health Improvement for All: a Consultation Document

Publication info: National Assembly for Wales: Welsh Assembly Government, 2002

### Improving Health in Wales: A Plan for the NHS and its Partners

Publication info: National Assembly for Wales, February 2001  
<http://www.wales.gov.uk/healthplanonline/index.htm>  
<http://www.cymru.gov.uk/healthplanonline/index.htm>

### Improving Health in Wales: The Future of Primary Care: a Consultation Document

Publication info: National Assembly for Wales, 2001  
<http://www.wales.gov.uk/subihealth/content/consultations/primcare-e.pdf>

### Meeting the Skills and Productivity Challenge

Publication info: Department for Education and Skills/National Assembly for Wales/Scottish Executive/Northern Ireland Assembly  
<http://www.ssda.org.uk/pdfs/meetsschal.pdf>

### Performance Management – a Strategy for Social Services in Wales

Publication info: National Assembly for Wales, 2001  
<http://www.wales.gov.uk/subisocialpolicy/content/perform-e.pdf>

### Plan for Wales 2001

Publication info: National Assembly for Wales, October 2001  
<http://www.planforwales.wales.gov.uk>

### Planning Policy Wales

Publication info: National Assembly for Wales  
<http://www.wales.gov.uk/subiplanning/content/planningpolicy/final/contents-e.htm>

### Preparing Community Strategies – Guidance to Local Authorities from the National Assembly for Wales

Publication info: National Assembly for Wales, August 2001  
<http://www.wales.gov.uk/subilocalgov/content/guidance/communitystrat-e.pdf>

### Preparing Local Housing Strategies: Guidance to Local Authorities in Wales from the Welsh Assembly Government

Publication info: National Assembly for Wales: Welsh Assembly Government, 2002

### Promoting Health and Well Being: Implementing the National Health Promotion Strategy

Publication info: National Assembly for Wales, 2001

### Sector Skills Development Guide

Publication info: Sector Skills Development Agency/ Department for Education and Skills/National Assembly for Wales/Scottish Executive/Northern Ireland Assembly  
[http://www.ssda.org.uk/cgi-bin/go.pl/news/show\\_latest.html?uid=16](http://www.ssda.org.uk/cgi-bin/go.pl/news/show_latest.html?uid=16)

### Signposts - A Practical Guide to Public and Patient Involvement in Wales

Publication info: Welsh Assembly Government, 2001  
<http://www.wales.gov.uk/subihealth/content/nhs/signposts/signposts-e.pdf>

### Skills and Employment Action Plan for Wales 2002

Publication info: National Assembly for Wales: Welsh Assembly Government, 2002  
<http://www.wales.gov.uk/education/Employment/pdf/s/skillsandemploymentactionplan.pdf>

### Social Services in Wales 2000-2001: the Report of the Chief Inspector

Publication info: Welsh Assembly Government/Social Services Inspectorate Wales, 2002  
[http://10.6.6.10/http://www.wales.gov.uk:80/subisocialpolicy/content/report/ci-report9900\\_e.pdf](http://10.6.6.10/http://www.wales.gov.uk:80/subisocialpolicy/content/report/ci-report9900_e.pdf)

### Social Services Guidance on Planning

Publication info: National Assembly for Wales/Social Services Inspectorate for Wales, 2000

### Tackling Coronary Heart Disease in Wales: Implementing Through Evidence

Publication info: National Assembly for Wales, 2001  
<http://www.wales.gov.uk/subihealth/content/keypubs/pdf/coronary-heart-disease-e.pdf>

### Tackling Substance Misuse in Wales: A Partnership Approach: The National Assembly's 8 year Strategy to Tackle Substance Misuse

Publication info: National Assembly for Wales, 2000  
<http://www.wales.gov.uk/subisocialpolicy/content/direct/Substance%20Misuse%20English.pdf>

### Targeting Poor Health: Townsend Review of Resource Allocation

Publication info: National Assembly for Wales, 2001  
[http://www.wales.gov.uk/healthplanonline/health\\_plan/content/townsend-report-e.htm](http://www.wales.gov.uk/healthplanonline/health_plan/content/townsend-report-e.htm)

### The Air Quality Strategy for England, Scotland, Wales and Northern Ireland

Publication info: DEFRA and the devolved administrations in Scotland, Wales and Northern Ireland, 2000

<http://www.wales.gov.uk/subienvironment/topics-e-htm #1>

### [The Air Quality Strategy for England, Scotland, Wales and Northern Ireland - Addendum](#)

Publication info: DEFRA and the devolved administrations in Scotland, Wales and Northern Ireland, 2003

<http://www.wales.gov.uk/subienvironment/topics-e.htm #1>

### [The Homelessness Commission: Report to the Minister for Finance, Local Government and Communities](#)

Publication info: National Assembly for Wales, 2001

[http://www.wales.gov.uk/subihousing/content/homelessness\\_commission\\_e.html](http://www.wales.gov.uk/subihousing/content/homelessness_commission_e.html)

### [The Strategic Framework for Promoting Sexual Health in Wales](#)

Publication info: National Assembly for Wales: Welsh Assembly Government, 2000

[http://www.hpw.wales.gov.uk/English/topics/sexualhealth/sexhlthstrategy\\_e.pdf](http://www.hpw.wales.gov.uk/English/topics/sexualhealth/sexhlthstrategy_e.pdf)

[http://www.hpw.wales.gov.uk/Cymraeg/resources/reportsandpapers/sexhlthstrategy\\_w.pdf](http://www.hpw.wales.gov.uk/Cymraeg/resources/reportsandpapers/sexhlthstrategy_w.pdf)

### [When I'm 64 and More: The Report from the Advisory Group on a Strategy for Older People in Wales](#)

Publication info: National Assembly for Wales: Welsh Assembly Government, 2002

<http://www.wales.gov.uk/subisocialpolicy/content/older/olderpeople-e.pdf>

### [Well Being in Wales](#)

Publication info: National Assembly for Wales: Welsh Assembly Government, 2002

<http://www.wales.gov.uk/subihealth/content/wellbeing/full-doc-e.pdf>



### Glossary of Terms

Adopted Strategy	Final Strategy adopted by local authority and local health board after formal consultation. The bodies with whom the LA and LHB are required to co-operate need to be able to sign-up to the adopted Strategy.
Anonymised information	Information which does not identify an individual directly, and which cannot reasonably be used to determine identity. Anonymisation requires the removal of name, address, full post code and any other detail or combination of details that might support identification. Codes or other unique references are identifiers to those who have access to the 'key' or index, but not to those who are effectively denied such access.
Audit	A cyclical evaluation and measurement of important features of a service.
Balanced Score Card	An approach that assesses and captures the capability and performance of an organisation at a number of inter-related levels and its ability to meet and sustain its objectives over the long term.
Carer	A person who looks after family members, partners or friends in need of help because they are ill, frail or have disability. The care they provide is unpaid.
Children in need	Those whose vulnerability is such that they are unlikely to reach or maintain a satisfactory level of health and development, or their health and development will be significantly impaired without the provision of services.

Commissioning Arrangement	Groupings formed for the Commissioning of Secondary Care Services. (Separate guidance will be published on these arrangements).
Community care	The provision of services and support to people who have problems resulting from ageing, mental illness, learning disability or physical or sensory disability who need to be able to live as independently as possible in their own homes, or in "homely" settings in the community.
Community Health Councils (CHCs)	Represent the health interests of local people and provide advice on health services.
Community Regeneration	The improvement of the lives of people in a community by involving them in making it more active or successful.
Confidential Information	Information is confidential where it is reasonable for an individual who provides it to believe that it will be held in confidence and it has been neither anonymised nor pseudonymised.
Consent	Any freely given, specific and informed decision of his/her wishes by which the data subject signifies his/her agreement to personal data related to him/her being processed.
Determinants of health	These are the roots of health and relate to factors which promote good health. These factors may not directly cause illness, disability or death, but represent risks of future disease. These include individual risks (e.g. genetic inheritance and lifestyle behaviours such as smoking), social determinants (e.g. income, education, employment, housing, healthy environments), and service related factors (e.g. access to effective health services).

Draft Strategy	Drafted following needs assessment. A consultation draft agreed by the local authority and local health board and these with whom they are required to co-operate.
Evaluation	Analysis of a project, programme, or policy to assess how successful or otherwise it has been, and what lessons can be learnt for the future. The terms 'Policy evaluation' and 'Post-project evaluation' are often used to describe evaluation in those two areas. Typically, evaluations are interested in addressing "what works for whom in what context". A wide range of methods can be adopted to achieve such analysis usually in combination and dependent on the area under investigation.
Explicit consent	Consent in which agreement is expressed orally or in writing.
Health Gain	The improvement of health.
Health Impact Assessment	Uses a combination of methods and tools to enable a judgement to be made on the potential effect(s) on people's health and well-being of policies, programmes or other developments. It includes consideration of possible differences in the distribution of effects across the population thus enabling inequalities in health to be considered.
Health Improvement Plan (HIP)	Strategic plan for the NHS, based on collaboration with partners in the health agenda. Three to five year plans, co-ordinated by health authorities, which have joint aims of improving health in its broadest sense and improving the delivery of health care services.

Health Inequalities	The outcome of socio-economic inequalities in living standards and life chances and in the risk factors and exposures with which they are associated. In general, poorer health is associated with populations or groups who in terms of their socio-economic status, gender, race, or ethnicity are less well off than the average in that they have lower income, lower educational attainment etc. It is increasingly recognised that it is the distribution of the wider determinants of health that determines health inequality.
Health Promotion	Health promotion is the process of helping people to improve the quality of their lives by increasing the control or influence they have over the determinants of health that affect them.
IM&T	Information Management and Technology: embraces the management of information (its collection, retrieval, distribution, analysis and use), as well as the technology used to accomplish it.
Implicit consent	Consent which is inferred by the person's actions in the light of facts that they are, or ought to be aware of, including their option of saying 'no'.
Indicators	An indicator is a measure for monitoring change and tracking trends over time. Indicators serve a number of purposes including: Identifying change both nationally and locally, to support monitoring the achievement of targets; Providing information on progress to date and identifying gaps for action; and Providing the basis for reviews, reports and evaluations.

Information Sharing Protocols	Documented rules and procedures for sharing confidential patient information between two or more organisations or agencies.
Infrastructure support	Support services such as information technology and buildings maintenance and equipment that allow organisations to provide healthcare and carry out their functions.
Local inequalities	Focus on a range of inequalities on a local or specified area.
Monitoring	Following implementation, monitoring is the systematic collection of financial, management and outcomes information during implementation. This information should be fed back to allow necessary steps to be taken to ensure benefits from the policy or project are realised.
Needs Assessment	Needs assessment is a method of identifying unmet health, well-being and social care needs of a population in a systematic way. It provides the information upon which decisions about tackling those unmet needs can be made.
Objective	Statement of what a plan is intended to achieve, a description of intended outcome, normally in numerical terms – to reduce or increase the level/occurrence of a certain factor. An objective should be Specific, Measurable, Agreed, Realistic, Timed, Evaluated and Reviewed.
Planning	A process of turning policy into programmes of action that enables the setting of objectives and priorities, allocation of resources and review of the results so that learning fed back into the decision-making process.

Primary Care	First contact, continuous, comprehensive and co-ordinated care provided to individuals and populations undifferentiated by age, gender, disease and organ systems.
Pseudonymised information	Information that retains a key (eg numerical identifier) that can be tracked back to an individual by someone with access to the 'de-code' data.
Review	A wide-ranging investigation that looks at whether programme or policy objectives themselves remain valid. Reviews may be designed to focus on a single programme or policy, on a themed basis (e.g., grant schemes, social inclusion, etc.), or on the role of an organisation (e.g., ASPBs). Reviews will usually involve a number of activities drawing on the approaches adopted in more detail in appraisal and evaluation. Typically one or more of the following will be adopted: desktop research using programme or policy documents; examination of monitoring information; interviews with staff and/or stakeholders; leading to analysis examining a range of options. In some cases, evaluation is designed and timed to feed-into review.
Secondary Care Services	Secondary care services means services for or in connection with the prevention, diagnosis or treatment of illness which are mainly provided at or from a hospital.
Service planning	Process that takes place at a service level on which the day-to-day delivery of services is based. May range from a statutory requirement and long term strategy to detailed short-term business plans.
Social Inclusion	A safer society where everyone, young and old, has the chance to fulfil their potential and get involved.

Social Services	<p>Provided by local authorities for adults and children in their locality who are deemed through eligibility criteria to be in sufficient need or at sufficient risk to qualify for care or training.</p>
Stakeholders	<p>Individuals or groups who depend on the organisation and on whom, in turn, the organisation depends. Specific events/issues can trigger the formation of stakeholder groups - individuals may belong to more than group and also stakeholder groups will line-up differently depending on the issue or strategy in hand.</p>
Strategy	<p>Draft Strategy – drafted following needs assessment. A consultation draft agreed by the local authority and local health board and these with whom they are required to co-operate.</p> <p>Adopted Strategy – Final Strategy adopted by local authority and local health board after formal consultation. The bodies with whom the LA and LHB are required to co-operate need to be able to sign-up-to the adopted Strategy.</p>
Travel Plan	<p>Typically a package of practical measures to encourage staff to choose alternatives to single-occupancy car-use, and to reduce the need to travel at all for their work. A plan should be tailored to a particular site and include a range of measures which will make a positive impact at that site.</p>

Voluntary Organisation	<p>Bodies (other than local authorities or other public bodies) whose activities –</p> <p>(a) are carried on otherwise than for profit, and</p> <p>(b) directly or indirectly benefit the whole or any part of Wales (whether or not they also benefit any other area).</p>
Vulnerable Adults	<p>A person over 18 years of age who is or may be in need of community care services by reason of mental or other disability, age or illness and who is or may be unable to take care of himself or herself, or unable to protect himself or herself against significant harm or serious exploitation.</p>