The Well-being of Future Generations (Wales) Act 2015: Enablers and Barriers to new ways of working

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Executive Summary

The Well-being of Future Generations Act Wales 2015 is an ambitious piece of legislation and its implementation will be an important element of the achievement of successful outcomes for the people of Wales. The Act requires public bodies in Wales to put the legislation in place and this requires new ways of thinking about the kinds of policy and their impacts both now and in the future. This report outlines the key enablers and barriers which have been identified through an examination of existing literature within the field and also the views of some key stakeholders in the planning and delivery of public services in Wales. The purpose of the review is to provide Public Health Wales with an insight into the experience of services and organisations which have addressed these ways of working, the views of individuals working within a number of sectors and to identify some recommendations to a successful implementation of the legislation. Although prepared specifically for Public Health Wales, the key ideas and knowledge in this report will be relevant and applicable to a wide range of organisations.

There are a number of enablers to the implementation of the Well-being of Future Generations Act. Firstly, the ways of working outlined in the Act should be seen as an inter-connected whole. This will require another important enabling factor - effective, adaptive systems leadership. Although organisational processes will need to change it is important that organisations focus on developing innovative, creative systems leaders who are keen to improve outcomes as defined by service users.

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1. Introduction

This document has been prepared, at the request of Public Health Wales, by Catherine Farrell and Jennifer Law at the University of South Wales in relation to the enablers and barriers to the successful implementation of the Well-Being and Future Generations (Wales) Act, 2015. This legislation is aspirational for the citizens of Wales in terms of the objectives for the future. It outlines a future around a more equal, prosperous, healthier, sustainable, globally responsible Wales with cohesive resilient communities adopting sustainable development practices and which also respects the culture and language of communities. This future will require significant changes for many public organisations in Wales in terms of their current activities and will need them to engage much more fully with each other to deliver services which are fully oriented around citizen's needs. Organisations will have to collaborate and work across services and professions to deliver system change to achieve the well-being goals identified in the legislation. New and innovative ways of working will be required and those involved in leading, managing and delivering public services will all need to fully adapt to this changed agenda.

The Well-being of Future Generations (Wales) Act 2015 focuses on improving the social, economic, environmental and cultural well-being of Wales. The Act outlines a series of approaches and ways of working that are interconnected and should have a cumulative impact. All public bodies in Wales need to set objectives which maximise their contribution to the 7 well-being goals. This outcomes based approach requires organisations to set objectives which outline how they will contribute to not just one goal, but to all seven. It also means that they need to demonstrate that they recognise how their work may connect with that of other organisations. Public bodies must operate in accordance with the sustainable development principle. This means that bodies must act in a manner which seeks to ensure that the needs of the present are met without compromising the ability of future generations to meet their needs. There are five ways of working that organisations need to engage with so that they can show they have applied the sustainable development principle. These are:

- Long term - the importance of balancing short-term needs with the need to safeguard the ability to also meet long-term needs;

- Prevention - how acting to prevent problems occurring or getting worse may help public bodies meet their objectives;
- Integration - considering how one organisation's well-being objectives may impact on each of the well-being goals or on the objectives of other public bodies;
- Collaboration – services and organisations acting in collaboration with each other;
- Involvement - the importance of involving people with an interest in achieving the well-being goals, and ensuring that those people reflect the diversity of the area which the body serves.

The Act also establishes statutory Public Service Boards (PSBs), based on local authority boundaries which are made up of the local authority, the health board, Natural Resources Wales and the Fire and Rescue Service plus other invited organisations. These boards must assess the state of wellbeing in the local area, set out objectives in a Local Wellbeing Plan and take all reasonable steps to meet those objectives. The board must also operate in accordance with the sustainable development principle. The Future Generations Commissioner and the Auditor General will hold public bodies to account and local authority scrutiny committees will ensure effective scrutiny of public service boards.

Public Health Wales is one of the 44 public bodies included in the Act and its' remit and networks mean that it can also play a role in supporting Public Service Boards. This agenda will be much wider than health, and Public Health Wales will need to embrace it as will all organisations in Wales. Old ways of operation in single service sectors will not be appropriate for modern needs, where working across boundaries with shared goals and principles will be required. As organisations in Wales take on this agenda, there will be many challenges and opportunities and understanding and recognising these will be central to the success or otherwise of attempts to implement this ambitious piece of legislation.

This report outlines the key enablers and barriers which have been identified through an examination of existing evidence and also presents the views of some key stakeholders in the planning and delivery of public services in Wales. We draw on evidence from a range of organisations, countries and policies including previous attempts to encourage sustainable development in the work of public services (Blair and Evans, 2004). The purpose of the review

is to provide Public Health Wales with an insight into the experience of services and organisations which have addressed these ways of working, the views of individuals working within a number of sectors and to identify some recommendations to a successful implementation of the legislation. Although prepared specifically for Public Health Wales, the key ideas and knowledge in this report will be relevant and applicable to a wide range of organisations.

2. Methods

For the purposes of this report, we have reviewed a range of literature within the broad fields of each of the five ways of working and focused in particular on the barriers and enablers to securing these activities and putting them into practice. The references to the evidence which has been reviewed are presented at the end of the document. Searches were undertaken of both academic and grey literature using search engines of FINDIT, Google and Google scholar. Initial search terms used were enablers and barriers+ each of the five ways of working under the Future Generations Act and also the enablers and barriers+ sustainable development. We then searched again for implementation+ each of the ways of working, and managing change+ each of the ways of working.

In addition to the literature search, we have undertaken interviews with key stakeholders across the public and voluntary sectors. In particular, those we spoke to were from health, local government, Welsh government and the wider public service including the Future Generations Commissioner and her office and the voluntary sector. In total, we spoke to 15 individuals who have given us their views on both the need to work in new ways under the legislation and the capacity of organisations to respond fully to this agenda, particularly focusing on the enablers and barriers to change. Future research could develop this further by interviewing project leads about what they did to enable the five ways of working in their organisation.

3. Literature – Implementing Change: Enablers and Barriers

Implementing change can be difficult both within services and also at the organisational level and for any organisation, managing change effectively is key to success. There is general acceptance of the key elements that enable organisational change. These general guidelines will be relevant to the WFG Act and are outlined below. They are followed by a detailed examination of the specific enablers and barriers to the ways of working required under the Act.

Implementing change is widely recognised as a challenge but factors identified as helping to determine successful change in the public sector include ensuring and communicating the need for change, providing a plan for implementation, building internal support and overcoming resistance, ensuring top management support and commitment, building external support, providing adequate resources, institutionalising the changes, and pursuing comprehensive change (Fernandez and Rainey, 2006). The next section moves beyond these general guidelines to examine the evidence on the enablers and barriers to each of the ways of working.

A. Enablers and Barriers – Long Term

This issue is concerned with the need to balance short-term demands with the requirement to also work in the long term. Section 5 of the Act states that:

> *"a public body must take account of the importance of balancing short term needs with the need to safeguard the ability to meet long term needs, especially where things done to meet short term needs may have detrimental long term effect".*

As well as working to ensure that long term planning is not undermined by short term needs, long term planning requires new and fresh thinking. Peter and Jarratt (2015, p.49) highlight that:

> *"research has established that long-term planning designed around structured, historically-driven, analytical processes will encourage strategic conversations around recognised trends that are not necessarily good predictors of future environments. The employment of traditional environmental analysis approaches in the strategising phase of long term planning has been described as restricting strategic conversations within recognised boundaries, and thus failing to capture the uncertainties of fast changing environments or to distil unrealised future impacts. Underestimating the uncertainty of the future can lead to*

> *developing strategies that neither defend against future threats nor take advantage of the opportunities that higher levels of uncertainty may provide".*

This is a powerful quotation indicating that long term planning cannot be fully effective if it is within the confines of existing structures and processes. It is also argued in this quotation that traditional strategic conversations will not be enough to take us into full and proper long term thinking. Long term thinking therefore requires new and different ways of working so that the future can be reflected in policy. It is generally recognised that: *"most policy making is short-termist, reactive and uncoordinated"* (House of Commons, 2015, p.5).

Long term thinking is not concerned with predictions and acting on these but is more about using information and data sources which are available to us on the situation which exists today and identifying what these inform us about the trends in the future. Long term thinking about tomorrow and the future is therefore an informed version of today and the future (Rhisiart, 2017). Long term thinking can be both rational and also incremental (Peter and Jarratt, 2015), meaning that planning which is organised and structured (rational) and that which is built up and built upon (incremental) are both focused on future thinking and establishing long term and effective change.

Long term planning can be undermined both by funding streams which are allocated for particular projects and also by 'silo' working. The complexities of different funding arrangements and also ring fenced money can lead to very sector based solutions which may not be the most appropriate in the light of the WFG Act. The Williams (2014) report in particular highlighted the extent of different funding arrangements in Wales and clearly planning in a more long term mode requires predictable and stable funding. A number of reports have also clearly identified the need to move towards long term solutions as demands increase (Netherwood Sustainable Futures and PWC, 2014). In this sense, long term planning and thinking is often associated with one of the other ways of working: prevent. In some fields such as sustainable development, this focus on the long term has had the objective of preventing or reducing significant future problems such as climate change. In other policy areas, there is more focus on aspects such as the increasingly ageing population and the need to prevent ill-health. Future thinking is also connected to integration and collaboration: witnesses providing

evidence to the Public Administration select committee commented on the inter-connected nature of future challenges (House of Commons, 2015).

Although there are many reasons for a long-term focus by organisations, there are a number of barriers to this. One is the short-termism of the electoral cycle (PAC, 2007). Short term needs can be very pressing and there can be a political need to be seen to be doing something now. It can also be difficult to be accountable to future generations – those who elect politicians feel much more important than those not yet born. In addition, many organisations have myopia. They cannot see the danger or opportunities ahead or the consequences of decisions that they make. There are a number of possible solutions to this problem. Levitt's (1960) research, which comes from a marketing perspective and published nearly 60 years ago, suggests that organisations should re-focus on the customer and make sure that they are thinking about what they want to achieve, rather than on what they are producing. There is a suggestion here about the need to focus on citizen outcomes rather than outputs which ties closely with the Future Generations Act. Levitt (1960) suggests that leadership is central to this and leaders should focus on goals and vision and on communicating that vision throughout the organisation. This theme of mission also comes up in more recent work on the topic focused on local government: *"the foundation to enabling a longer-term time frame and longer-term decision making is the organisation's vision and mission"* (Netherwood Sustainable Futures and PWC, 2014, p. 25). This vision needs to draw on internal and external stakeholders' perspectives as well as intelligence gained from scanning the environment. Other factors identified include developing new staff capabilities, thinking of local government in a more holistic way, managing costs to deliver resilient services, and ensuring there are effective controls through open and citizen centred scrutiny and governance. Issues relating to capacity were also highlighted in a report by the House of Commons (2015, p.46) that argued: *"obstacles like inadequate skills, inconsistent use of language, jargon, mistrust and above all, a lack of cross-government working, must be addressed"*.

Other possible enablers to a long term vision include institutions or organisations to represent their view and this is evident in the role of the Commissioner for Future Generations created as part of the WFG Act. There are a number of future-focused initiatives globally, but to date there has not been a systematic examination of them or their impacts. In recent years, the Parliaments of Canada, Finland, Hungary, Israel, and Malta have all created institutions with

an explicit future orientation. The earliest of these were Malta, Finland and Israel (1993, 1994 and 1995 respectively). These institutions vary in type, functions and significance and are independent of the executive (FDSD, 2010). Individual evaluations of these initiatives are patchy and there has been no research which systematically compares the type and effectiveness of these initiatives and their implications for wider lessons to be drawn. In practical terms, a number of organisations have attempted to develop long-term scenarios for a place and these have been useful in supporting them in thinking about the future. Both Newport Council (Netherwood and Brown, 2015) and Swansea Council (Netherwood Sustainable Futures and PWC, 2014) developed these and found them a useful device to engage officers and members. Another approach to developing skills is outlined in the case study of Canada below.

CASE STUDY EXAMPLE: Long Term: Developing skills of Public Servants in Canada

> "Policy Horizons Canada was set up by Janice Charette, the Clerk of the Privy Council, (Canadian equivalent to Cabinet Secretary) in 2011. This addressed the need for Deputy Ministers (equivalent to Permanent Secretaries) to be exposed to long-term thinking, fresh ideas and challenge. The organisation employs around 25 staff and relies on a large number of external experts. It is funded by the Department for Employment and Social Development but is governed by a committee made up of Deputy Ministers from across the Canadian federal Government. It produces outputs, largely unpublished, intended to inform and challenge the whole of Government. Its aim as the centre of foresight is not to build foresight units within departments, but to build capacity for long-term thinking among public servants. A number of officials in senior roles across the Canadian federal government have spent a period within Policy Horizons Canada, and therefore comprise the 'community of strategists'. (House of Commons, 2015). The organisation exists to identify emerging policy issues and help build foresight capacity.
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> Source: http://www.horizons.gc.ca/eng

Netherwood Sustainable Futures and PWC (2014) suggest that a future thinking is a significant challenge and will require organisations to be agile, innovative and adaptive. They also provide a Generation 2050 self-assessment for organisations to reflect on to identify their readiness for this way of working. Lessons from the early adopters demonstrates that there will need to be changes to organisational systems and processes but that responding meaningfully to the WFG Act is about much more than these 'mechanics' (Netherwood and Brown, 2015).

FROM THIS EVIDENCE, THE FACTORS FOR ENABLING CHANGE ARE:

- Developing capacity/ skills amongst officials and politicians (in using future trends data, identifying risk, working collaboratively, self-awareness, being innovative, creative and critical thinking skills);
- Predictable and long term funding;
- Leaders encouraging a focus on outcomes, drawing on stakeholders' perspectives;
- Leadership and culture for the long-term;
- Leaders encouraging thinking of integrated approaches and solutions.

B. Enablers and Barriers - Prevention

The field of prevention in public services is a relatively recent one. In the field of social care, for example, Abendstern et al (2014) highlight that the focus of policy and practice during the 1990s was on the targeting of services towards those with the greatest need. Prevention was viewed in relation to reducing the numbers of individuals entering long-term care facilities and was regarded as of value to those with low-level needs. A wider definition is now accepted, relating to the nature of services themselves, irrespective of who might access them. Godfrey and Randall (2003, p.7) have defined such services as preventing or delaying *"the need for more costly, intensive services"* putting in place *"strategies and approaches which promote the quality of life of older people and their engagement with the community"*. Abendstern et al (2014, p. 729) argue that *"prevention, comprising services that seek to delay deterioration of existing conditions and circumstances or prevent their occurrence by early access to support, is recognised as having an important role in adult social care"* and this would be relevant in other services too. Prevention therefore is concerned with focusing on existing support and keeping individuals within their communities whilst reducing the need for future services.

In relation to 'prevent', Section 5 of the WFG Act states that public body must take account of *"how deploying resources to prevent problems occurring, or getting worse may contribute to meeting the body's well-being objectives, or another body's objectives"*.

The service which has made the greatest shift to preventative services is the Fire and Rescue service. Matheson et al (2011) argue that the shift from putting out fires to the prevention of them started in 1995 when a critical Audit Commission report questioned the value for money within the service (Audit Commission, 1995) and drew attention to the way in which funds were allocated to the service. At this time, funds were allocated on the basis of the number of house fires which had been attended in the previous year and the system incentivised attending house fires and penalised those putting in place fire prevention work. Also, in 2004 the Fire and Rescue Services Act placed a statutory duty on Fire and Rescue Authorities to promote fire safety and to focus on prevention.

Within the FRS, the move to preventative work often involved partnerships, such as community safety partnerships, and this was challenging for the organisations involved. Matheson et al (2011, p.455) argue that *"culturally, there are great differences in many aspects of these organisations and getting representatives to share information and allow each other to participate equally has been problematic".* Sullivan et al (2006) also drew attention to the challenges involved in community leadership around culture.

The issue of prevention is one that is widely recognised in the literature as not yet having had enough success. In England, a recent piece of work by the House of Lords Select Committee for Long Term Sustainability of the Health Service identified that *"there is still widespread dissatisfaction with the prevention agenda"* (House of Lords, 2017 p.80). Prevention clearly connects with the other ways of working such as long term thinking, integration, collaboration and involvement. The Committee talk of the cut backs in funding in public health and the lack of progress in terms of prevention, indicating that this is typical of the *"short sighted and compartmentalised thinking that seems to prevail across health policy"* (House of Lords, 2017, p.82).

There is only limited literature on prevention as an approach that an organisation (or system) could take. This is largely confined to health care, although there are elements from the fire and rescue service. There is also some discussion of this in relation to Children's services which moved to a paradigm of prevention through a 'risk and protection focus' in the late 1990s. This approach included national policies such as Sure Start, which aimed to reduce risk

and enhance protective factors for children (France and Utting, 2005). In primary health care, there has been a recognition that not enough time is spent on prevention and that is linked to competing demands on the physician (Jaen and Nutting, 1994). In this field, factors that appear to influence the focus on prevention include attitudes, a lack of time and knowledge on the part of the physician and patient, financial rewards and cues in the organisational environment. Others have also identified a lack of time as being key (Yarnall et al, 2003). In relation to Children's services, partnership working was important for prevention, but this was sometimes difficult to put in place. A further barrier was the time taken to show the results of prevention (France and Utting, 2005). Similar issues have been identified for Fire and Rescue Services: there is a need for shared funding, a willingness to share data, a vision on the part of the Chief Fire officer and a willingness to develop a new diverse skill set for existing staff (Mansfield, 2015). These issues are identified in the case study below.

CASE STUDY EXAMPLE: Prevention, Collaboration, Integration: Greater Manchester Fire and Rescue Service, North West Ambulance Service and Greater Manchester Police

> Greater Manchester Fire and Rescue Service (GMFRS) has been working closely with North West Ambulance Service (NWAS) and Greater Manchester Police (GMP) to improve the quality of life outcomes for people in a way that also reduces impact on blue light services, benefits the National Health Service and Public Health provision, and realises financial benefits for all partners. This has resulted in the development of the concept of Community Risk Intervention (CRI) which promotes the reduction of risk whilst also providing a response to high volume, low priority calls, such as incidents relating to Concerns for Welfare and mental health issues.
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> In the first six months of the CRI team pilot, involving just three teams based in Wigan, Wythenshawe and Salford, evidence showed that they have added more than £13m of value to Greater Manchester at a cost of less than £800k. The team pilot built on the successful prevention work carried out over the last 10 years by GMFRS by providing specific home safety advice to those identified as being at higher risk from fire, falls, burns, crime and poor health, and fitting equipment to reduce that risk. The findings from this case study indicate that a preventative approach helps to reduce demand for all three emergency services and adult local authority social care services. As well as providing a prevention service, they also responded to calls from GMP involving low level mental health.
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> An issue raised in an interview with some participants in this case is the co-terminosity of the boundaries of the organisations involved. Where boundaries were the same, this eased collaboration and enabled the sharing of certain information relating to areas or individual families with high demand so that resources could be targeted in order to 'prevent' repeat services. For example, where GMFS had data relating to repeat calls from the police, they used this to target fire safety advice and their 'call outs' and those of the Ambulance service were reduced as a result. Whilst the boundaries are not coterminous with the Ambulance service and data could not be directly mapped on to the data for either the police or the fire and rescue service, most information was relevant. There are strong personal relationships which exist between the senior staff of the three services and the willingness to collaborate for the greater good of all of the services is prominent. In this example, there was evidence that through collaborating, an investment in one service led to savings in others in the long term.
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> Source: http://www.manchesterfire.gov.uk/media/2258/crit_briefing_leaflet.pdf

FROM THIS EVIDENCE, THE FACTORS FOR ENABLING CHANGE ARE:

- Funding (including providing rewards for prevention);
- Vision and leadership;
- Approaches to changing staff attitudes about the need for prevention;
- Provision of cues in the environment;
- Time (in cases of doctors undertaking preventative work with patients);
- Development of staff to widen and enhance skill set
- Coterminous organisational boundaries and a willingness to share information;
- Personal networks and trusting relationships to ensure that collaboration is delivered.

C. Enablers and Barriers - Integration

Integrated working is a complex issue and the need to become more integrated across services is not unique in Wales or the UK. In section 5 of the WFG Act, integration relates to *"the need to take an integrated approach, by considering how –*

- *the body's well-being objectives may impact upon each of the well-being goals.*
- *the body's well-being objectives may impact upon each other or upon other public bodies' objectives, in particular where steps taken by the body may contribute to meeting one objective but may be detrimental to meeting another".*

Integration requires 'systems thinking' where individuals and organisations examine the linkages and interactions that occur both within their organisation and beyond it. In the guidance, the definition includes an assessment of the impact that their activities are likely to have on all of the seven well-being goals and on the objectives of other organisations. The implication here is that they need to look outwards and more widely to consider the effects they have on the national well-being goals (outcomes) and on other parts of the system. This relates to Friedman's (2009) ideas about results based management where he makes a distinction between performance accountability where organisations focus on the performance of an agency or service (performance accountability) and the impact on the population more generally (population accountability). Integration requires organisations to move beyond thinking about the services that they provide towards accountability for a client population, and in some cases, the well-being of a whole population. The aim is to avoid a silo approach where organisations may be unaware of other organisations or on the impact that their activity might

have on them. The guidance refers to actions relating to integration when planning objectives, reporting them, governance, performance management and also highlights the connection with collaboration: here organisations are encouraged to discuss if there are opportunities resulting from the organisations' reflection on its objective setting and consideration of interconnections with those of other organisations. This is often called 'systems thinking'.

The case studies below provide examples of integrated planning with an outcome focus. The levels of integration differ between the cases. In Canada the focus was on integration with other horizontal partners and in the two other cases the integration is both horizontal (between partners) but also vertical (with national government own outcome targets).

CASE STUDY EXAMPLE: Integrated Planning. Canadian Integrative Community Sustainability Plans

> In Canada, local municipalities have produced Integrative Community Sustainability Plans since 2005. There was little guidance provided by government but many academic and professional sources provided templates and advice. These highlight the need to engage the community in developing the plans, and in working with others to ensure integration at different levels of government and with different agencies. The barriers can be overcome by active community engagement processes, political will and effective accountability (Ling et al, 2009).

Although these plans have a number of similarities with the WFG Act requirements, there are also clear differences. A key difference is that there are no overarching national goals that they need to connect to and that there is considerable scope for variation in how the plans are developed and implemented (Stuart et al, 2016).

CASE STUDY EXAMPLE: Integration, Outcome focus, Collaboration. Children's Services in England.

> In 'outcomes based accountability', partners come together to achieve particular objectives. Evidence from Children's services in England indicates that it has been useful in getting organisations together to discuss working practices and in building relationships. It enabled people to get together with a common focus. Factors that were useful in implementation included getting high level commitment from leaders, training, using examples of success to gain further commitment, and involving as many partners as possible (Chamberlain et al, 2010).

CASE STUDY EXAMPLE: Integration, Outcome focused planning. Local Outcome Agreements in Wales

> Local authorities in Wales operated outcome agreements in which they committed to try and achieve specific outcome targets and were rewarded financially for doing so by the Welsh Government. Evidence on this indicated that managers found the focus on outcomes to be motivating as it reflected

> their own public service motivation or ethos. The drive to achieve outcomes rather than processes also provided a common goal which many used to provide a clear vision and direction for partner organisations (Law, 2013).

In addition to 'systems thinking', there are other aspects of integration such as structural (joining organisations or services together) and behavioural (organisations or services working together without a formal organisational structure). These are often used interchangeably in the literature. In this report, we have identified evidence on these latter types of integration in the next section – collaboration - so that our report best fits with the definitions used in the Welsh Government guidance which accompanies the legislation. Taken together, these approaches – systems thinking, behavioural and (sometimes) structural, are often referred to as 'whole systems working' which draws on the idea that services which are fragmented provide poor services for users and do not deliver either optimum outcomes or efficiency (Ham and Walsh, 2013). Systems working is argued to lead to change: *"a. from silo service delivery towards integrated public service reforms and economic growth; b. from efficiency gains for one organisation to demand management across a system; c. from services to outcomes in a place; and d. from political vision for the council to political vision for the place"* (Randle and Anderson, 2017). The Welsh government guidance encourages public bodies to integrate and also to collaborate, which jointly may lead to the creation of 'systems working'.

Some of the enablers to systems thinking in public health have been identified (in order of importance as rated by public health officials in the US) as expanding cross-category funding, supporting dynamic and diverse networks, the use of systems measures and models, inspirational integrative learning, prominent systems perspectives and paradigms which show potential of systems approach, fostering systems planning and evaluation, and utilising system incentives (Trochim et al, 2006). A number of these relate to the broader guidance around managing change such as inspiring change and showing the potential of the desired change, institutionalise the change and the provision of incentives.

IDeA (2006) has described 'whole systems' working:

> *"it means looking beyond the provision of health and social care services and embracing the wider spectrum of issues that impact on people's quality of life. While priorities will differ from locality to locality, these may include housing and the home, neighbourhood, occupation, social networks, getting out and about, income, information, health and healthy living".*

Welborun et al (2012, p. 5) suggest that leadership is crucial for effective systems working and indicate that leaders should:

- *''Go out of your (their) way to make new connections;*
- *Adopt an open, enquiring mindset, refusing to be constrained by current horizons;*
- *Embrace uncertainty and be positive about change – adopt an entrepreneurial attitude;*
- *Draw on as many different perspectives as possible; diversity is non optional;*
- *Ensure leadership and decision-making are distributed throughout all levels and functions;*
- *Establish a compelling vision which is shared by all partners in the whole system;*
- *Promote the importance of values – invest as much energy into relationships and behaviours as into delivering tasks".*

Similarly, Randle and Anderson (2017) suggest that in order to build what they describe as 'collaborative system architecture' there is a need to have:

- Place based strategies and plans;
- Collaborative governance;
- Place based outcomes that represent shared goals;
- Place based funding and commissioning;
- Culture change and people development;
- Collaborative, integrated delivery that intervenes early;
- Collaborative learning and evaluation, including data that is shared;
- Collaborative platforms: digital and physical; and
- Effective communications and engagement.

FROM THIS EVIDENCE, THE FACTORS FOR ENABLING CHANGE ARE:

- Leaders encouraging staff to focus on outcomes, rather than on what the organisation delivers;
- Ensuring that high level commitment to this way of working is evident to all staff;
- Developing styles of leadership for leading systems, rather than just individual organisations;
- Engaging with service users, citizens and partners;
- Using examples of success to build confidence and commitment.

D. Enablers and Barriers - Collaboration

There are a number of terms used to describe organisations and services coming together to deliver services. Frequently within the academic and professional public service literature, collaboration, integration and partnership working are used interchangeably. We have discussed integration and systems thinking in the previous section, and here we consider systems working (which incorporates integration and collaboration). Under the legislation, collaboration refers to *"acting in collaboration with any other person (or how different parts of the body acting together) could assist the body to meet its well-being objectives, or assist another body to meet its objectives"*.

Despite a Government agenda in Wales of collaboration in a range of different services, evidence up to the passing of the Future Generations Act suggests that there had not been sufficient collaboration across organisations in service planning or delivery (Williams, 2014). There are many examples of good practice, but the evidence in the Williams (2014) report indicates that organisations and services continue to operate within their own traditional areas and there is an unwillingness to 'let go' of some responsibilities. Since the Williams review, the regional working agenda is now much more of a feature of public service delivery in Wales and this exists in services such as education (regional consortia) and the Fire and Rescue Service (Wales National Issues Committee) amongst others. There are also strong partnerships in existence in some services including environmental health in some of the south east Wales local authorities and some further details are presented about this below. In addition, the City Region agenda in both south and north Wales is a huge driver to bringing a range of partners together for economic benefits.

There are a number of lists of enablers and barriers to partnership working or collaboration. Sloper (2004, p.) highlights that *"reviews of evidence on multi-agency working provide consistent findings on facilitators and barriers, including: clear aims, roles and responsibilities and timetables that are agreed between partners; a multi-agency steering group, commitment at all levels of the organizations involved and good systems of*

communication and information sharing, including IT systems, are central; support and training for staff in new ways of working is needed. There is some evidence that inter-professional programmes of continuing education can help to remove barriers to joint working. Existing research provides useful information for organizations developing multi-agency services". A similar list is provided by Randle and Anderson (2017) in their analysis of the building blocks of system infrastructure: place based strategies and plans, collaborative governance, shared outcomes and accountability, collaborative funding and commissioning, culture change and people development, delivery, data evidence and evaluation, shared digital or physical spaces and communication and engagement.

In relation to Public Health, partnership working is recognised as crucial. Taylor-Robinson et al (2012) argue that "*partnership working is widely advocated in order to implement strategies to influence the wider determinants of health and health inequalities, and thus secure population health improvement"*. Partnership arrangements are frequently put forward in "recognition that no single agency can possibly embrace all the elements that go to contribute to a policy problem or its solution" (Hunter et al, 2011). It has been argued that *"effective public health provision in the UK has often been characterised by this type of strategic partnering"* and this reflects the closer working between health organisations and local government over the last 15 years (Taylor-Robinson et al 2012). The key finding from this study is that respondents were positive about this model of working and recognised that this approach is more likely to positively influence the health agenda and also impact on inequalities in health. Respondents felt that one of the key facilitators to partnership working was joint appointments between the organisations involved.

There is also some evidence within the literature about collaboration in public services. Ellins and Glasby (2011) present the findings of a national survey into the way local authorities and primary care trusts in England undertake the joint strategic needs assessment. The study identified barriers and enablers to joint working and the implications for future policy in terms of health and social care partnerships. The findings indicate that respondents felt that joint working should be judged not just on the data generated by it but also on the extent to which it provides a platform for driving wider changes in the health and social care system. In order for change to be delivered, respondents felt that there were a number of areas which need to be embedded into the system. These are termed 'critical success factors' and include:

- *"A commitment to seeing joint as a live and continuous process, rather than a one-off exercise and a document on a shelf.*
- *The importance of time to build relationships and influence long-term change.*
- *Local organisational commitment to joint working and to acting on the results, including senior commitment and support from local politicians.*
- *Joint commissioning functions and strategies, to underpin joint working and support collective action across health and social care communities to meet identified needs.*
- *The ability to link specific work around joint working into broader strategic planning processes"* (Ellins and Glasby, 2011, p. 39).

In another study, Fuller et al (2011) reviewed a range of evidence around joint working in mental health in Australia. The findings indicate that in planning mental health services, planners need to have *"joint clinical team problem solving; staff attributes, capacity and support; physical infrastructure; planning and decision making based on evidence of outcomes; and supportive leadership"*. On the basis of this, the authors suggest that greater integration will be promoted where there is collaborative planning of services, where workforce skills are developed within the integrated agenda and also where new integrated performance indicators are identified which reflect the performance of integrated primary mental health services.

In a study of collaboration between primary care services and the probation service, (Parkes et al 2012), the main barriers to collaborative and joint working were communication, in particular, low levels of communication, little evidence of joint working, understanding and education between primary care and probation. Some of these issues were also raised by Mankin et al (2004, p.3) which focused on complex collaborations. A number of key principles for developing effective complex collaborations include leadership, communication, attitudes, expectations and norms, learning and monitoring progress and finally, fun and playfulness!. The authors develop the concept of 'complex collaborations' in which complexity is a *"continuum, not an 'either/or' situation. Therefore, the important issue is not whether a collaboration is complex or not, but how complex it is. The more complex the collaboration, the more effort required to make it work. The challenge is to overcome the difficulty and compensate for the complexity".*

One of the difficulties associated with collaborative working is that the evidence base does not always indicate that it leads to improvements in performance. In a NAO study of joint working, the findings suggest that *"embedding new ways of working and developing trust and understanding between organisations and their leaders are vital to successful integration. This can take many years because the cultures and working practices in the health and local government sectors are very different"* (NAO, 2017, p.8).

The National Audit Office (2017, p.10) outline three main barriers to integration between health and social care services in England. These are "*misaligned financial incentives, workforce challenges and reticence over information-sharing and are long-standing and ones which we have identified in our reports dating back to 2003"*. They also indicate that, to date, although there have been some small improvement to services, that there have not been financial benefits or significant performance improvements. A further concern is that there is a risk that joint working will be side-lined as organisations focus on financial sustainability.

In a number of the initiatives which were reviewed, the programmes were led by the NHS without significant involvement from local government so there are some cautions relating to the extent to which this is directly transferable to WFG Act. In addition, many of the initiatives were voluntary so they may be further limitations on the transferability of findings. Under the Act, Public Service Boards are statutory and this is a key change from the pre-existing Local Service Boards (LSBs). It may be that PSBs and other elements of the WFG Act will support some of the enabling elements highlighted in the literature above such as collaborative governance, place shaped strategies and plans, and local outcomes and accountability. The Case study below includes a number of these enabling factors and illustrates how the ways of working under the WFG Act are inter-connected.

CASE STUDY EXAMPLE: Collaboration, Integration, Involvement, Prevention and Outcomes: Shared Regulatory Services.

> The Shared Regulatory Service (SRS) is a partnership between Bridgend, Cardiff and the Vale of Glamorgan Council (hosted by the Vale council). This was set up to ensure that partners could still deliver services that protected the public and were resilient and better placed to meet future demands, despite the cuts driven by austerity measures. SRS is responsible for environmental health, trading standards and licensing across the geographical area of the three councils. At the outset there was a desire to be innovative and to re-position the services. Innovative approaches were taken in designing

the new organisation, moving away from 'siloed', professionally based services, to an integrated approach. Staff are now organised into Commercial Services (activities relating to businesses), Neighbourhood Services (activities relating to residential properties or the community) and Enterprise and Specialist services (specialist areas of work and income generating services) and as a result of additional training, are able to work across professional boundaries, operating in joined up, multi skilled teams. Staff work agilely, travelling across the area and using any of the 'hubs' when they want to work from an office. This is enabled by a cloud based IT reporting platform that means that officers can access case files wherever they are for the entire partnership footprint. The integration is designed to focus on the service user and to place their needs at the heart of the service delivered. One officer said that "in the past a customer like a manager of a petrol station might have been visited by about 6 different council officers from different professional areas. Now we have reduced that to one, or at most two". The service has redesigned its performance management framework from one that was largely output driven, to focus on outcomes and the impact that the service makes on citizens, businesses and communities. The service has also enhanced its engagement with customers to ensure that they are educated about their responsibilities thereby seeking to prevent problems occurring.

Political oversight of the partnership operates through a Joint Committee, which is equally represented by Cabinet Members and Public Protection Committee Chairs from each Council. Savings in the region of £1.4 million have been achieved on a £10 million combined budget.

This has involved significant change for all involved. A number of factors have helped in this process. Senior managers from each of the authorities had worked together on projects previously and through that, had built trusting relationships. Political leaders were supportive and time and effort continues to be spent on communicating with them effectively, both formally and informally. Staff were engaged in helping to design the service, with groups of staff from different levels working in teams to develop proposals. Throughout this process, leadership has been key. Managers have helped to create a vision of a radically different way of providing services and in putting this in to practice, have built positive, two-way relationships with customers, political leaders and staff.

http://www.srs.wales/en/About-Us/About-Us.aspx).

FROM THIS EVIDENCE, THE FACTORS FOR ENABLING CHANGE ARE:

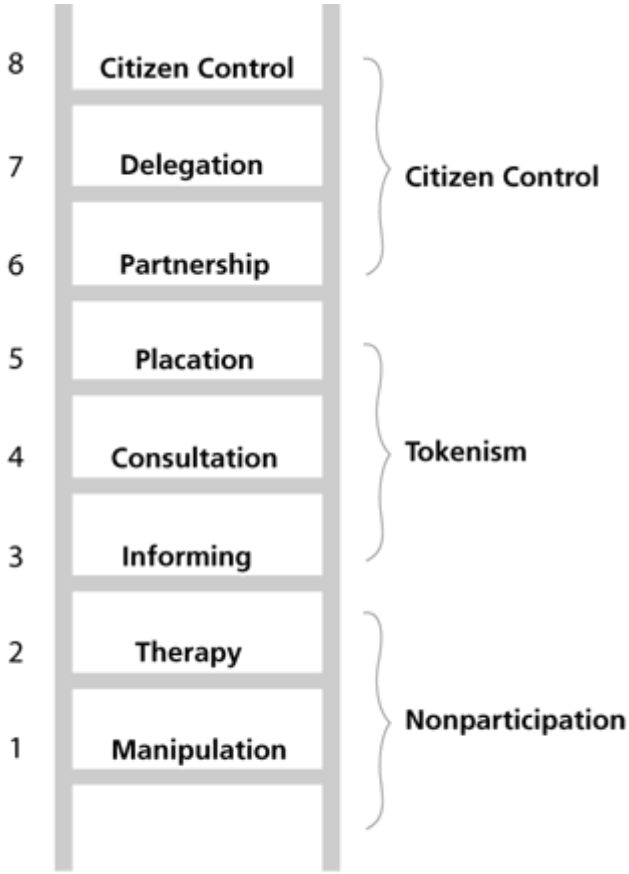
- Joint governance arrangements ensure that organisations 'buy into' the collaboration and are not threatened with 'takeovers';
- Where staff can see the benefits in relation the information available (including IT), they are more likely to support it;
- Effective leadership and vision;
- Trusting relationships between partners, staff and politicians;
- Frequent and continuing communication with stakeholders;
- Shared space can be helpful in building relationships
- Early 'wins' for staff involved in the activity can assist with success.

E. Enablers and barriers - Involvement

There is a great deal of research which has been conducted about the value of involving the public in services as the drive to improve this element has been in place since the 1980s. Involvement refers to *"the importance of involving other persons with an interest in achieving the well-being goals and of ensuring those persons reflect the diversity of the population of Wales (where the body exercises functions in relation to the whole of Wales), or the part of Wales in relation to which the body exercises functions"* (Section 5, WFG Act).

In terms of involving the public, a seminal piece of work which continues to be widely cited is Arnstein's (1969) 'ladder of participation' in which there is a 7 rung ladder where the steps represent increasing levels of citizen involvement and participation. The ladder is presented in Figure 1 below. Clearly, where citizen participation is not desired on the part of professionals and not central in service delivery and design, this is identified as 'non-participation' and 'tokenistic'. Citizen control is the highest level of involvement and would be where citizens have control of both the delivery of a service and also the decisions on its development.

Figure 1: Arnstein's Ladder – Degrees of Citizen Participation



Arnstein's Ladder (1969)
Degrees of Citizen Participation

This degrees of participation ladder is a useful one for practitioners to think about in terms of identifying the level of involvement which is appropriate for different services. There is a consensus within the practitioner literature that greater levels of public involvement are positive, but the challenges to those responsible for services where there is the highest level of citizen participation – citizen control – should be recognised. These will include for example, tension with professionals who have been trained and who feel that their contribution is undervalued in comparison with that of citizens. In some services, lower levels of involvement might be the objective.

An early attempt to identify the objectives of community involvement and participation are presented by Samuel in 1986. Samuel argued that "community participation may be thought of as an instrument of empowerment. According to this view, development should lead to an

equitable sharing of power and to a higher level of people's, in particular the weaker groups', political awareness and strengths". There is an association then between citizen involvement and empowerment.

The term 'co-production' has been attached to the area of public involvement and this is where *"professionals and citizens make better use of each other's assets, resources and contributions to achieve better outcomes or improved efficiency"* (Governance International, 2017). A similar definition is the *"contribution of resources by service users and providers to raising the quantity and /or quality of provision of a service or in some cases their contribution to ensuring that the service was provided at all"* (Boviard et al, 2015, p.2). In terms of health and health care, examples of activities highlighted by Boviard et al (2015) as being popular in his research of five different countries include encouraging citizens to take more exercise and citizens going to their GP for a health check. The least practiced activities include citizens participating in a health group. This research highlights that citizens are more likely to be involved in activities where the service is viewed as "salient". In other areas where citizens are expected to make changes to their personal lifestyle, citizens are less likely to be engaged.

The Welsh Government has published two reviews of public involvement and participation and these documents summarise the evidence supporting co-production by Bovaird and Loeffler "*Bringing the power of the citizen into local public services*" (2014) and another review by Bovaird is focused on the role of local communities in governance "*Community Democratic Governance: Evidence Synthesis and Advice*" (2014). In the first of these reports, some of the barriers to co-production are presented. These are:

- Funding and commissioning barriers – funding can often be ring-fenced for particular activities whilst co-production initiatives might be wider and outcome focused;
- Evidencing Value – co-produced services can have long term and complex outcomes which may not be easily evidenced;
- Funding streams and aligning benefits – co-produced services can have a cost in one area and benefit in another;
- New skills training for those working in the field around developing people (rather than processing them);

- Risk aversion – co-production might be identified by politicians, managers and professionals as 'high risk' and it is "seen to be more unpredictable than that of more passive users" (p.28);
- Underdeveloped IT systems which do not have 'customer insight' information;
- Challenges to staffing, in particular professionals and their status

Aside from the barriers around co-production, how might citizens be more involved and participate in service co-production? The areas where co-production might be introduced and developed are:

- Co-commissioning – bringing in citizens to advise on services for the future;
- Co-design – citizen inputs into how services should be presented;
- Co-delivery- where citizens are involved in service delivery.

In relation to community and democratic governance and the involvement of citizens, the key arguments supporting greater public involvement centre on four different rationales:

- Civic – more citizen participation and active communities;
- Social – increased citizen well-being and stakeholder collaboration;
- Political – more accessibility, responsiveness and accountability;
- Economic – increased efficiency and effectiveness.

Whilst the need to involve citizens and the benefits are well documented, the difficulty in engaging a representative sample is also widely recognised (Ranson et al, 2005). Associated with this, is the challenge to ensure that once the volunteers are in place, those within the system should ensure that they minimise the professional language and acronyms which might serve to exclude citizens (Farrell and Jones, 2001). Fung (2015, p.521) also highlights some of the issues relating to involving the public:

> *"although the number of participatory governance innovations seems to have proliferated in recent years, the reach of many of those innovations is quite limited, even to the point of rendering them trivial. This is the park bench problem. When a city grants residents the power to decide which colour that their park benches should be painted, this increases citizen participation, but not in a meaningful way. There are many different ways to restrict participation so that, at the limit, it is trivial: participants exercise little influence over outcomes, the agenda of issues that they consider can be highly constrained, or the resources and authorities invested in a participatory process can be tiny. Triviality jeopardizes participatory governance in several ways. Most importantly, a trivial form of citizen participation will almost certainly result in widespread disappointment".*

Clearly, where citizens give up their time to volunteer and are not involved in a significant way, they may inevitably become disillusioned.

The WFG Act also refers to the need to involve the public but also to ensure that the citizens who are involved in these activities are a diverse group of people and reflect the diversity of the population which is being served. There is a need to think about issues such as including those with protected characteristics and under-represented groups. Public Health Wales and all public bodies will have to work hard to encourage diversity in the groups it consults with. There are bodies including the NHS Centre for Equality and Human Rights who will be able to offer guidance here.

In seeking to introduce this sort of change in organisations, evidence indicates that leadership is important. Robson et al (2003) found that a consistent commitment to user-centred user involvement and supportive leaders were both crucial. However, the "sustainability of progress was often fragile because it depended on variables such as organisational and individual commitment, leadership style, key individuals and availability of resources".

Overall, to summarise, there is a need to involve citizens in a meaningful way in order for this way of working to embed itself in practice. There are a number of levels of citizen involvement and those responsible for services could map this on the 'ladder of participation' as this clearly articulates what level citizens are involved and whether this is appropriate within a service. There is always an issue in terms of which members of the public become involved and the challenge for everyone is to ensure that there is ample opportunity for all citizens to express their views and feed into the appropriate processes.

CASE STUDY EXAMPLE: Involvement: Street Cleaning in Lambeth Council

In a recent study of citizen involvement for the ESRC which focused on Lambeth local council and was conducted in 2016, researchers found that there were positive benefits from community participation in the area of street cleaning. The key findings are that:

- "Residents are interested and willing to co-produce public services – but incentives help to ensure that initial enthusiasm is sustained and leads to actual activity.
- Different types of incentives led to different types of activities and outcomes:
    - Community-wide incentives led to more people being aware of the scheme and improved perceptions of social interaction in the local area

- Incentives focusing on individual identity (as a Street Champion) led to higher satisfaction with the local area and a reduction in the perception of problems caused by anti-social behaviour".

The research also found that the benefits of community involvement in this area were greater "beautification (such as street planters)" and also "positive impact in community interaction and social capital".

Source - http://www.esrc.ac.uk/news-events-and-publications/evidence-briefings/involving-residents-in-public-service-provision/

In terms of the policy implications from this example, the researchers found that *"citizens can be involved in the delivery of some local services, but the degree of participation depends on the incentives - in the trial scheme, a simple invitation from the council led to some activity, while offering incentives led to more engagement"*. The form which incentives take clearly do not have to be monetary. The key finding is that citizen inputs and participation are really important particularly in labour-intensive services, but their inputs should not replace the actions by the statutory organisation. In this example, the type of involvement was closest to partnership on Arnstein's ladder, as citizens were fully involved as a partner in the process. In other services, it might be that a higher level of participation is required from citizens to make services more effective. The value of the ladder is that it can support practitioners and policy makers to identify what level of involvement is being aimed at.

Case Study Example: Involvement, Outcome focus: Wales-wide Examples

This web site includes a number of examples of excellent co-production practices across Wales**http://www.goodpractice.wales/SharedFiles/Download.aspx?pageid=96&mid=187fileid=78.** Included here are examples from a range of services, both statutory and non-statutory. Key features from the case studies are:

"There are four essential features of transformative co-production which together make it different from anything that has preceded it:

1 : Relationships of equality and reciprocity
Co-production is based on a re-alignment of the relationship between service providers, citizens and the state, shifting from paternalism to an equal partnership within which everyone is acknowledged as having something to contribute and something to learn.

2 : Whole-system approach
Co-production isn't an add-on. It requires behaviour and culture change, establishing equal and reciprocal relationships across all aspects of public service provision – commissioning, design, delivery and evaluation.

3 : Outcomes-based process
Much of our public service provision is led by organisational priorities. The co-production process focuses on what's important to the individual, their family, friends and communities.

4 : Radical aim
The operational aim of co-production is shared power and shared responsibility. The overarching aim is social justice"

(http://www.goodpractice.wales/SharedFiles/Download.aspx?pageid=96&mid=187&fileid=78).

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Case Study Example: Involvement. Aneurin Bevan Health Board

The Aneurin Bevan University Health Board has had a long-standing commitment to the involvement of the public in the planning and design of health services. During Autumn 2016 it invested in a small Engagement Team headed by an Associate Director of Engagement with a direct reporting line to the Chief Executive and accountability to the Board. The Team has made a commitment to being actively present in communities for at least one full day a week and working with partner organisations and alongside internal services to affect change as a result of what they learn and hear. This community presence is anticipated to develop in 4 levels of maturity:

Level 1	Early presence seeks to build awareness, establish community connections, build trust, share information, open a means of dialogue and questioning, and enable recognition
Level 2	A second anticipated stage of maturity reflects the opportunity to engage on particular topics (service area testing, understanding behaviours etc).
Level 3	A third maturity step is that of real dialogue and influence, of major service change and as necessary more complex conversations
Level 4	A fourth step is anticipated as community mobilisation and activation, communities organising themselves and using their own assets for behavioural and or service change.

The approach of the Health Board is summarised here:

'*ABUHB engages'* is the current working umbrella term for all engagement opportunities. There are 4 key kinds of activity within this:

Engage4Change (Street level engagement)	The Engagement Team has committed to be in areas of high footfall in one of the 5 areas of Gwent every week. As such there is a rolling programme underway of Health Board presence in neutral public spaces such as supermarkets, market halls, one stop shops and leisure centres, offering the opportunity to reach into communities to hear their thoughts and views in a neutral environment. This appears to be an approach welcomed by the general population. It also ensures that many more people than those who you may engage through a public meeting are involved and having their voices heard and acted upon.
Better2gether	This is where the Health Board works alongside partners to engage/involve people who others are also seeking to engage. This enables strong partnership working, the sharing of resource and the ability to collaborate regarding joint solutions to challenges shared. Many organisations have been extremely generous in enabling our participation in their existing activities.
Community Connects	This activity relates to when the Health Board reaches into particular communities (either of common interest or geographically specific) Examples of this are Town Councils, Womens Institute Groups and engagement with muslim men through the mosques in Newport.

Service Redesign and Development	This is a much more internally focussed activity and sees the engagement team support clinicians and managers from across the organisation to ensure any change in service is compliant with the guidance in respect of NHS service change in Wales and is designed in a manner which is appropriate to elicit best possible involvement from the population of Gwent.

The Health Board has also created a citizens network where members of the public can get involved in discussions about health and well-being in their area with a commitment for 2 formal public fora per year per local authority area.

Over the past 15 months, just over 13, 000 people have been involved through conversation about their thoughts experiences and ideas with citizen view a strong component of service delivery and change moving forward.

FROM THIS EVIDENCE, THE FACTORS FOR ENABLING CHANGE ARE:

- Leadership, vision and commitment;
- Resources (staff and dedicated financial resources) can be helpful;
- Resources (not always financial) to incentivise citizens;
- Type of service – it is more likely that citizens will become involved in 'labour-intensive' services. This is probably because these are most visible in comparision with citizen participation on a board which is less visible;
- Focusing on outcomes that matter to the service user

F. Overarching Enablers and Barriers

There are a number of overarching enablers and barriers to implementing the WFG Act and the ways of working. These are firstly, the interconnected nature of the five ways of working, secondly, other elements of the Act such as the Commissioner for Future Generations and the role of audit and thirdly, issues such as leadership.

These five ways of working should not be considered in isolation – they are interconnected and if implemented, could enable a collaborative, integrated, user focused system preventing problems and which focuses on the long term. The different ways of working will interact and can act as a 'virtuous circle' of enablers. For example, one of the enablers to integration identified by Wilson et al (2015) is having outcome focused goals and engaging stakeholders in the process. Similarly, long term thinking is enabled by having a clear vision and goals (outcomes). Other enablers of long term thinking are citizen involvement and thinking about local government in a more holistic, or integrated way (Netherwood Sustainable Futures and

PWC, 2014). Of course, there is a possibility of a 'vicious circle' emerging too as if organisations do not think in an integrated way, any attempt at collaboration is likely to be less successful. Similarly, integration and collaboration which do not engage the service user or focus on outcomes will not be effective.

In addition, there are other aspects of the Act which may in themselves, operate as either enablers or barriers. These include the Future Generations Commissioner and the role of audit as well as the planning and reporting process with its focus on outcomes, well-being objectives and well-being goals.

There are also other enablers and barriers which will 'cross' these different ways of working. Key amongst these is leadership. This has been identified as an enabler in virtually every report or article studied. Specific aspects of this include creating a vision or a goal to work towards. Often the idea of distributed leadership is highlighted, as is a focus on systems leadership rather than organisational leadership. This will require the building of trust and positive relationships between individuals and a range of organisations. This is highlighted as an enabler to many of the ways of working such as prevention, collaboration and involvement. There is also a role for leaders is ensuring that organisations and systems are not 'myopic' and that they can play a role in delivering sometimes radical change. Another enabler to effective implementation is engaging with staff to communicate a vision of change, and to demonstrate commitment to these ways of working. This can be supported by illustrating the benefits and 'wins' of this to service users. Some of the barriers that are frequently mentioned are institutional and may be more difficult to change. These include funding streams that can encourage silo working or short term activities. Other potential barriers identified in the literature are the relatively short term political cycle and a lack of integration at the level of national government.

Ensuring the implementation of these ways of working will be a challenge. A number of these overarching issues are identified in an earlier study of sustainable development that highlighted a need for understanding of sustainable development, a change in culture, increased political commitment, enhanced collaborative working, involvement and performance management and inspection that focuses on sustainable development criteria (Blair and Evans, 2004). However, although the report found that there was not enough progress in 2004, it is possible that the

context is now sufficiently different for a successful outcome. Sustainable development is now a legislative requirement as a result of the WFG Act, austerity has forced many to think in new ways and there may now be more enabling factors than barriers. Despite the challenge of implementing the WFG Act, the vast majority of organisations will already have experience of at least some of the ways of working and effective systems leadership should support them in developing this agenda further.

4. Review of Interviews

For the purposes of this review, a number of key people have been consulted about the wider agenda around the WFG Act. We spoke to some who were working in the area of equality in the health boards, others consulted are those connected to the implementation of the Well-being of Future Generations Act in health boards and trusts, as well as organisations such as the Welsh Local Government Association (WLGA), the Future Generations Commissioner and Equality and Human Rights Commission. Those who have been involved are listed below:

- Rhiannon Beaumont Wood, Executive Director of Quality, Nursing and Allied Health Professionals, Welsh Government;
- Tracey Breheny, Deputy Director – Substance Misuse – Health and Social Care Directorate;
- Paul Dear – Head of Equalities, Welsh Government;
- Claire Germain, Welsh Government, Lead for PSBs in Welsh Government;
- Kate Hamilton, Office of the Future Generations Commissioner;
- Sian Harrop-Griffiths – Head of Strategy, Abertawe Bro Morgannwg University Health Board;
- Katrin Holzinger, Wales Audit Office;
- Sophie Howe, Future Generations Commissioner;
- Ruth Marks, Chief Executive of Wales Council for Voluntary Action;
- Marcia Morgan, Head of Equalities in Health and Social Care, Welsh Government;
- Kay Myatt, Leadership and Organisational Development, ABMU;
- Eryl Powell, Consultant in Public Health and lead for ABHB;
- Gill Richardson, Director for Public Health in ABHB, lead for the FG Act;
- Neville Rookes, Welsh Local Government Association;
- Paula Waters, Public Health Wales;
- Jane Williams Equalities Officer, ABMU.

Our interviewees all talked about the requirements of the legislation and the need for their role and that of their organisations to operate in line with the five ways of working. A range of quotations from those we consulted is presented here. Comments relate firstly to the five ways of working and then we draw on some thoughts which are more 'overarching' in nature. If the interviewee is from a health board we have identified that as 'HB', otherwise to ensure anonymity, we have not identified the other interviewees.

Long Term –

"Long term is to me the challenge. All of the rest (the ways of working), we have pretty good sign up" (HB).

"I remember talking to XXX LHB about a cardiovascular project saying that you will see the beginning of a difference in 10 years time but don't expect an instant return. But you will get a return. You need to have quite a bit of trust to fund something knowing that the return will be long term" (HB).

"Funding can be short term" (HB).

"Cycle of politics and elections in local government".

"Short term targets from Welsh Government are a barrier to long term thinking".

Short term acute pressures "that very much drives the direction of boards" (HB).

"In terms of future thinking/ long term. People need to think about the future in stages – what will things look like in 30 years if we don't do anything? What do we need to do about that? What would we need to do this year, what by 5 years time, what by 15 years time, what by 20 years? Politicians can think of it in terms of a legacy that they leave – they won't see the whole thing through themselves".

"Barriers are the lack of information. Public bodies will also point to Welsh Government and the short term funding that they get from them".

"If we deal with the short term we are only looking at the symptoms – what we really need to do is look at the root cause".

Prevent – a number felt that this was the aspect that the health service had signed up to most.

"*In the heath sector, people realise that you have to do this as you can't possibly continue in the way that you were. Interest in this is much greater than it was. I don't think there is a single division now that isn't trying to do something in relation to prevent" (HB).*

"Public Health and primary care work closely together in this health board" (in relation to prevent). This has stayed embryonic in some places where it should have grown previously" (HB).

Integration

"We have been working in silos – lots of problems inter-connect. For example, we could look at education results and perhaps those would be improved if poverty was improved? We need to think about whether there is a common cause of our problems.

"There are lots of different policies and legislation that come from Welsh Government that local authorities find it difficult to make sense of. They are not joined up in Welsh Government and then local authorities have to work to join them up in practice".

"Challenge for us in our health board is that we have 3 PSBs in our area. Better for us if this was just the one" (HB).

"A number of boards tell me that having more than one PSB in their area creates complexity and is a barrier to integration".

"It would be useful if things were more integrated from the Welsh Government, especially the planning bit of Welsh Government" (HB).

Collaboration

"There is a lot of effort put in to partnership working. Barriers – always true that there are individual organisational pressures that can make it very difficult. Organisations need to build relationships. The WFG Act will put this higher up the agenda. LSBs were not statutory so it was not seen to be as important, but as PSBs are statutory that should make a difference".

"The number of issues that a PSB focuses on could be an enabler or a barrier. Focus on too many and not enough time/ impetus to get things done. If you focus on a few then it should be easier to see results. Let's focus on a selection of challenges that we can solve. Prioritise some bite sized chunks that are the biggest challenge. That would be a massive departure from LSBs. LSBs tended to have loads of data, develop loads of plans and then commission projects, get updates on them but that misses the point of having all of those senior people in the room who have got authority to do important things. There is a lot of collective brain power that wasn't really used in LSBs".

Consultation

"Our engagement team is quite small. We could do with something on cultural issues and how to do multi-cultural engagement. Could focus on groups like ex-offenders, veterans etc, look at an expanded role in relation to their core business" (HB).

"Local authorities talk about "hard to reach groups" a lot but they could do more to find them".

"Public services are notorious for delivering services they have always delivered because they can. They have never really asked the question 'do you need this'? Lessons from the Social services and Well-being act are that you should ask people and talk to them first. So, involve could be about asking people what is the need for a service, not just asking them how good it is. We need to ask them in terms of designing a system, and then also focus on prevent, integrate, collaborate".

Overarching enablers and barriers

Barrier or enabler? – "the role of audit could be either of these. WAO are trying to ensure that audit will be an enabler, but organisations may have a different view on this. WAO recognise that it is an era of transition at the moment and they will build this in to their approach to audit in the short term. WAO do not want to drive things in the wrong direction. They hope to be able to provide insight to organisations about how to improve, to give examples of good practice".
"Resources are a barrier at the moment. The 5 ways of working are not a hierarchy. You have to consider all of them at the same time. If we don't do anything, where will be in 30 years time? Is that acceptable? What do we need to do to ensure that we don't end up there? Financial resources are needed to ensure that we can introduce preventative measures as well as dealing with current issues. Finance problems are also capacity issues as we don't have staff to do the work if we don't have the money.

"The Act could be an enabling framework for some. It's allowing me to do the things that I wanted to do. It can be an opportunity".

"In relation to the five ways of working – most public bodies do some of them some of the time. The act will require them to do all of them, all of the time".

Have found it useful as "we are starting to think about things that we might have previously put into the 'too hard box' and the legislation is encouraging us to go there" (HB).

"Organisations just think – we need to do xx, but they don't think about the root cause. They focus too much on 'let's do x".

"Now that we have the Act we need to think about whether we have the right culture in place".

5. Summary and Making Progress towards the Successful Implementation of the Well-being of Future Generations Act in Public Health Wales

Whilst the need to work in the new ways under the legislation was agreed upon, the vast majority of interviewees recognised the challenges for the future. In essence, these might be identified as the 'must do, but really hard' activities. Public services have moved significantly away from traditional approaches to service delivery in which citizens who were identified as being in need were simply provided with services as directed by professionals. Thus, for example, when they were ill, they were taken into hospital and kept there until they were 'better' and when they did 'wrong', they were locked away in prison. This was a world in which many professionals operated in their own networks and solutions to problems were mostly set within separate professional fields. There is now a recognition by many, of the need for further, more radical change and the Well-being of Future Generations Act may support this change.

As highlighted in section 3F of this report, there are a number of enablers and barriers to implementing the new ways of working. The extent to which these enablers and barriers operate will vary between departments, services, organisations, systems and geographical areas. For Public Health Wales, there are some specific issues to consider which may impact on the enablers and barriers. We identify a number of them here but of course there may be more enablers and barriers that will be clear to those within the organisation itself. For the purposes of the WFG Act, PHW is a public body and is required to comply with the five ways of working. It does not have a formal role on PSBs, although its remit of public health is a significant one in the work that the PSBs will undertake. PHW will therefore want to consider how it will best liaise and make connections with these organisations and therefore play a role in system leadership locally as well as nationally. It will need to reflect on how best to build relationships and trust and how it can influence and support the work of PSBs.

One of the enabling factors identified is having an outcome focus. This can help to provide a vision and a goal for organisations to jointly work towards. This may be easier for some parts of PHW than others. For the majority of staff who work in screening and in laboratories, this may be easier, but other areas may find this more difficult. Some of the work of PHW is distant from the 'user focused' end of delivering outcomes. Therefore, it may be difficult for staff to

see how they contribute to the overall outcomes. Leaders could play a role here in identifying the contribution that all groups make towards particular outcomes, regardless of how close or far they are away from the end-user. For example, evidence on how organisations have used the Adverse Childhood Experiences Report and the changes they have made to services (and the impact they have on service users) as a result of it would demonstrate the impact of research conducted by PHW staff.

Much of this report has highlighted the need for system leadership. This concept is one that PHW has already engaged with and is committed to developing as outlined in the strategic plan 2015-18. The organisation has indicated that it will "adopt and implement a multi-agency systems approach to achieving significant improvements in our nation's health" (PHW, 2015, p.40). The first year of the WFG Act would be a good time for PHW to reflect on how effectively this is working. A number of case studies from the early adopters highlighted the need to adapt organisational systems and processes but also reflected on the importance of not getting stuck on this, to the neglect of broader enablers such as leadership.

Systems leadership will require new values and behaviours across all organisations. As argued by the NHS Leadership Academy "a key feature of public service work has been the blurring of organisational, professional and geographical boundaries as services are integrated and transformed, resources pooled or shared and staff deployed more flexibly" and a new approach to leadership is needed (NHS Leadership Academy, 2017). Academi Wales has set out a shared set of 'Welsh Public Service Values and Leadership Behaviours' (Academi Wales, 2016) which will be useful for individuals and organisations to use to self-assess and to develop themselves to best support the implementation of the WFG Act (Appendix 1).

The Academi 'Public Service Values and Leadership Behaviours' will be very useful in driving forward change in organisations. They capture the systems leadership thinking which has clearly been identified as crucial for organisational change and also the outcome focus which is needed for integrated working across services (and organisations). They also reflect the agenda around citizen and user focused services. All organisations in Wales need to use the values and behaviours to guide how how they work, change culture and shape the behaviour of individuals. Academi refer to this as a 'One Wales Public Service' which is focused on

service and not structures (https://academiwales.gov.wales/pages/one-welsh-public-service).

Academi highlight that the values are

> *"about improving the economic, social, environmental and cultural well-being to help us create a Wales that we want to live in now and in the future. It is a way of thinking and behaving – developing a future where we can all work together with a joint purpose, having shared vision and values. … Living these values means being autonomous yet accountable, being both brave and bold and creating a culture that is open and transparent where people achieve their potential. The values and behaviours are complementary rather than in conflict with values and leadership behaviours that exist locally for you and your organisations".*

A key factor for enabling change will be getting leaders to respond to and use the 'One Wales Public Service' within their organisations to drive service change. Evidence indicates that organisations will need to develop the capacity of their staff, politicians and partners. There are a number of self-assessment tools which have been produced in reports such as Generation 2050 and the Welsh Local Government Early Adopters programme that PHW could use to self-assess their readiness for these new ways of working.

6. Conclusion and recommendations for Public Health Wales

Much of the argument and evidence indicates that public health is an especially complex field and one which requires effective systems leadership. Within the context of the WFG Act, there is an opportunity for Public Health Wales to use its existing networks and contacts and build on these to lead on a more integrated agenda for the benefit of the people of Wales.

As evidenced in this review, there are clearly a number of enablers and barriers to each of the ways of working and many organisations will be familiar with some of these already. The wellbeing goals will be demanding and these should drive activity in the future rather than the needs of single organisations. There is a duty for all 44 organisations to move swiftly on this agenda. Whilst there are some gaps in terms of the evidence supporting all of the ways of working particularly around collaboration, the need to meet the well-being goals has to be a priority.

We have identified the need to see the five ways of working as an integrated whole that should, if done well, lead to a virtuous circle. Whilst organisational processes will need to change, it is the bigger issues such as adaptive systems leadership which will be key to success. This incorporates issues such as changing culture, developing staff capacity, and ensuring distributed and adaptive leadership exists throughout organisations and networks. Getting public service professionals and organisations to sign up to the values developed by Academi Wales will go some way towards cultural change. Training events which are cross sector will also be important to develop learning and promote the establishment of extended networks and trusting relationships which become even more important in the new ways of working. Systems leadership will be in keeping with this agenda as will new joint governance arrangements focused on sharing responsibilities, delivery and also risk.

Recommendations

We have identified a number of recommendations focused on the implementation of change to ensure that public services in Wales meet not just the requirements of the Future Generations Act but to ensure that these practices are fully embedded in all services. These are set out below:

- To use both the academic and case study evidence from this review to enable change;
- The promotion of new approaches to leadership – particularly adaptive systems leadership in the development of all staff and to ensure that job roles are more service rather than organisationally focused;
- A reflection and self-assessment of how PHW will contribute to systems leadership (not just in relation to health);
- Consider how PHW will engage effectively with PSBs and lead an agenda focused on the implementation of change;
- Joint training events and shared guest talks with organisations outside Public Health Wales. A possibility here is to use the networks within the Public Service Boards for these activities;
- Examine the ways which PHW can incorporate these ways of working into existing processes such as its strategic and operational plans;
- Lead on the development and enhancement of networks and to allow trust to flourish.

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Appendix 1: Academi Wales Values and Behaviour

VALUE

Working for the Long Term: To safeguard the ability of future generations to meet their own needs, requires real long-term integration and collaboration addressing the well-being of people and communities, economic prosperity and the health of the natural environment.

BEHAVIOUR

Long term: The importance of balancing short term needs with the need to safeguard the ability to also meet long-term needs.

VALUE

Always Growing and Improving: We will be at our best for citizens and each other by choosing positive attitudes and behaviours, embracing learning and development and sharing ideas on ways to improve and deliver public services.

BEHAVIOUR

Prevention: How acting to prevent problems occurring or getting worse may help public bodies meet their objectives.

VALUE

Working Together: Where everyone involved in the delivery of public services, values others contributions, shares common principles and collaborates for the benefit of the people of Wales, within and across organisational boundaries and sectors.

BEHAVIOUR

Integration: Considering how the public body's well-being objectives may impact upon each of the well-being goals, on their other objectives, or on the objectives of other public bodies.

VALUE

Treating Everyone With Respect: Recognising, valuing and respecting the diversity of the people of Wales is central to seeing people as individuals and doing the right thing, at the right time and in the right place for citizens and each other.

BEHAVIOUR

Collaboration: Acting in collaboration with any other person (or different parts of the body itself) that could help the body to meet its well-being objectives.

VALUE

Putting Citizens First: Our organisations need to be focused on the needs of the people of Wales. This requires us to genuinely involve people in decision making which impacts them and their communities.

BEHAVIOUR:

Involvement: The importance of involving people with an interest in achieving the well-being goals, and ensuring that those people reflect the diversity of the area which the body serves.