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Auditor General for Wales

# Implementing the Well Being of Future Generations Act – **Cwm Taf Morgannwg University Health Board**

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The team who delivered the work comprised Emily Howell and Philip Jones

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# Summary report

## Background

- 1 In accordance with the Well-being of Future Generations (Wales) Act 2015 (the Act) the Auditor General for Wales (the Auditor General) is statutorily required to examine public bodies to assess the extent to which they have acted in accordance with the sustainable development principle when:
  - a. setting their wellbeing objectives; and
  - b. taking steps to meet them.
- 2 The Act defines the sustainable development (SD) principle as acting in a manner: '...which seeks to ensure that the needs of the present are met without compromising the ability of future generations to meet their own needs'.
- 3 The Auditor General must provide a report on his examinations to the National Assembly for Wales at least a year before each Assembly election. The first such report must be published by 2020, before the 2021 Assembly election.
- 4 In May 2018, the Auditor General published a preliminary report, [Reflecting on Year One – How have public bodies responded to the Well-being of Future Generations Act \(2015\)](#). He concluded that public bodies support the principles of the Act and are taking steps to change how they work.
- 5 During 2018 and 2019, the Auditor General is undertaking examinations across the 44 bodies covered by the Act to inform his 2020 report to the National Assembly. In developing our approach to undertaking the examinations, we engaged with a range of stakeholders and carried out pilot work during 2017-18. We have also worked closely with the Future Generations Commissioner.
- 6 The preliminary work we undertook in 2017 included a consideration of how public bodies had set their wellbeing objectives. The principal focus of our 2019 work is the way in which public bodies are taking steps to meet their wellbeing objectives.
- 7 We undertook our review at the Cwm Taf Morgannwg University Health Board (the Health Board/Trust) during May 2019 to August 2019.

## Focus of the work

- 8 We examined the extent to which the Health Board is applying the five ways of working through a step being taken to meet a wellbeing objective. Specifically, we reviewed the development of an early years' vulnerability profiling model. (described in [Appendix 1](#)).
- 9 [Exhibit 1](#) summarises the five ways of working as defined in the Welsh Government's [Well-being of Future Generations \(Wales\) Act 2015 The Essentials](#) document. [Appendix 2](#) outlines positive indicators for each of the five ways of working that we have identified and used as part of our examination.

## Exhibit 1: the 'five ways of working' as defined by the Welsh Government

### The Five Ways of Working

**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 the public body's wellbeing objectives may impact upon each of the wellbeing goals, on their other objectives, or on the objectives of other public bodies.

**Collaboration** – Acting in collaboration with any other person (or different parts of the body itself) that could help the body to meet its wellbeing objectives.

**Involvement** – The importance of involving people with an interest in achieving the wellbeing goals, and ensuring that those people reflect the diversity of the area which the body serves.

- 10 We also aimed to carry out a high-level review of how the Health Board has continued to embed the SD principle through the development of its corporate arrangements and business processes, since our baseline work in 2017. The Health Board's wellbeing objectives are reflected in its 3-year Integrated Medium Term Plan (IMTP), and its self-assessment to the Future Generations Commissioners Office, in 2019, reflects positive further intentions. However, based on the Health Board's self-assessment, it appears that little progress has been made and the Health Board has not provided us with any further evidence on corporate arrangements.
- 11 Our review has therefore been limited to examination of a step being taken to address one of the Health Board's well-being objectives. This report sets out our findings on the Health Board's approach to applying the five ways of working in the 'development of an early years vulnerability profiling model' (the step).

## Main findings

- 12 Our examination found that the Health Board's work with partners to develop a vulnerability profiling model has a strong focus on the five ways of working but the Health Board acknowledges it could involve citizens in developing the model further.
- 13 We reached this conclusion because:
  - the approach is designed to improve well-being by anticipating problems in both the short and long-term but the Health Board and its partners need to start to identify how to resource the work after the pilot phase is completed;
  - the vulnerability profiling model promotes an evidence-based preventative approach to improving well-being outcomes for children although the evidence will need to be continuously reviewed to strengthen the model over time;

- the Health Board has considered how the vulnerability profiling model can contribute to national goals and help to deliver partners' wellbeing objectives, although it will need to overcome barriers from their different ways of working;
- the Health Board is collaborating with its partners on the basis of experience, skills and resources but will need to be clear about expectations and responsibilities; and
- the Health Board has involved a wide range of stakeholders in the early work and recognises that it needs to involve citizens and have a clear communication and engagement plan.

14 Our detailed findings are discussed later in this report.

## Opportunities for improvement

- 15 As the main provision of the Act came into force in 2016, it is inevitable that public bodies will need time to fully effect that change. We recognise that this is a transition period and that all public bodies are on a learning path.
- 16 We presented our findings at a workshop of key representatives involved in the development of the early years vulnerability profiling model in July 2019. At this workshop the Health Board considered our findings, identified opportunities for improvement in relation to the step and began to consider a detailed response.
- 17 **Exhibit 2** sets out the Health Board's opportunities for improvement (I), which are intended to support continued development and embedding of the SD principles and five ways of working.

### Exhibit 2: opportunities for improvement

Opportunities for improvement	
<b>Ways of working</b>	
<b>Long term</b>	
I1	Begin to explore the potential for long-term funding prior to completion of the pilot, so that momentum can be sustained in the event of a successful outcome.
<b>Prevention</b>	
I2	Continue gathering evidence on the causes of vulnerability to inform the model over time.
<b>Integration</b>	
I3	The Health Board and its partners have different ways of working and need to work together to recognise those differences in order to overcome any barriers they may present.
<b>Collaboration</b>	
I4	Agree the terms of reference for the Steering Group to ensure good governance, with a clearly defined remit, responsibilities and accountabilities.

## Opportunities for improvement

### Involvement

- 15 Plan a follow-on system-wide engagement event to inform people about progress to date and to pave the way for the next phase of development, ensuring that it includes people with appropriate technical and governance expertise.

- 18 The Health Board's management response will be inserted as **Appendix 3** once developed and agreed. The final report will be published on the Wales Audit Office website after consideration by the Board or a relevant board committee.

# Detailed report

## Examination of the development of an early years vulnerability profiling model

The Health Board's work with partners to develop a vulnerability profiling model has a strong focus on the five ways of working but the Health Board acknowledges it could involve citizens in developing the model further

- 19 We examined the step defined as **developing an early years vulnerability profiling model**. It forms part of the Health Board's response to its Well-being Objective 2: 'to help people live long and healthy lives and overcome any challenges'. The first year of this project has included a pilot to test the feasibility of the step before further implementation.
- 20 Further information on the step is set out in [Appendix 1](#).

The approach is designed to improve well-being by anticipating problems in both the short and long-term but the Health Boards needs to identify how it will be resourced after the pilot phase

- 21 We looked for evidence of:
- a thorough understanding of current and long-term needs and the associated challenges and opportunities;
  - planning over an appropriate timescale;
  - resources allocated to ensure long-term benefits; and
  - appropriate monitoring and review.
- 22 We identified the following strengths:
- use of an evidence review to help establish key data that will identify risk of vulnerability and to demonstrate effective interventions to prevent or mitigate risk, both now and as the individual's risk profile changes over time;
  - the Health Board and its partners recognise that the data collected on vulnerability will also help inform further development of social and educational data, eg for those not in education, employment or training (NEETS), to provide a more holistic picture;
  - improvement of the data sharing processes between the Health Board and its partners to achieve better outcomes for service users in the short-term and long-term; and
  - agreement by partners of targets to monitor and review the work, and also to inform the steering group and feedback to executive team.



- 23 We identified the following learning points:
- the Health Board and its partners recognise they need to begin to explore the potential for long-term funding prior to completion of the pilot, so that they can sustain the momentum in the event of a successful outcome; and
  - the Health Board and its partners need to agree on how to monitor the impact of this step on the wellbeing objectives.

**The vulnerability profiling model promotes an evidence-based preventative approach to improving well-being outcomes for children although the evidence will need to be continuously reviewed to strengthen the model over time**

- 24 We looked for evidence of:
- a thorough understanding of the nature and type of problem the step could help prevent from occurring or getting worse;
  - resources allocated to ensure preventative benefits will be delivered; and
  - monitoring and review of how effectively the step is preventing problems from occurring or getting worse.

- 25 We identified the following strengths:
- those involved in this step were clear that their definition of 'early years' included pre-conception, to allow for timely identification of vulnerability, leading to intervention and prevention;
  - identifying risk factors for vulnerability at the earliest opportunity should enable services to target preventative action. For example, it has the potential to reduce the number of children who are looked after; reduce Adverse Childhood Experiences; and
  - improve health and well-being for pregnant women, their infants and their families.

- 26 We identified the following learning points:
- the Health Board and its partners will need to continue gathering evidence on the causes of vulnerability to inform the model over time.

**The Health Board has considered how the vulnerability profiling model can contribute to national goals and help to deliver partners' wellbeing objectives, although it will need to overcome barriers from their different ways of working**

- 27 We looked for evidence of consideration of:
- how this step could contribute to the seven national well-being goals;

- how delivery of this step will impact on the Health Board's well-being objectives and wider priorities; and
- how delivery of this step will impact on other public bodies' well-being objectives.

28 We identified the following strengths:

- the Health Board's delivery plan sets out how the vulnerability profiling protocol will contribute to the seven wellbeing goals.
- we heard that the WFG Act has focused people's minds, to agree a way to work towards common goals. Partners are clear about expected outcomes. For example, keeping people out of care and off child protection registers.
- the step leads told us that they have received significant support from the PSBs and the executives from each of the partner organisations, with recognition that the work will contribute effectively to their respective well-being objectives and priorities.
- an Early Years Strategy is being developed by Merthyr Tydfil County Borough Council as a result of this step. They are using the same language to ensure that there is a 'golden thread' of information so that services can be offered in ways which are more beneficial to citizens.

29 We identified the following learning points:

- the Health Board recognises that the partners have different ways of working and they will need to work together to recognise those differences in order to overcome any barriers they may present.

## **The Health Board is collaborating with its partners on the basis of experience, skills and resources but will need to be clear about expectations and responsibilities**

30 We looked for evidence that the Health Board:

- has considered how it could work with others to deliver the step (to meet its well-being objectives, or assist another body to meet its well-being objectives);
- is collaborating effectively to deliver the step; and
- is monitoring and reviewing whether the collaboration is helping it or its stakeholders meet well-being objectives.

31 We identified the following strengths:

- in working together to develop the vulnerability profile of risk the partners are:
  - developing a data sharing protocol to ensure a robust approach to the exchange of information between them;
  - identifying gaps in existing information sources which will need to be addressed; and

- defining which factors will need to be included in the vulnerability profiling model.
- the Health Board together with its partners are considering General Data Protection Regulation issues relevant to the step through the project steering group.
- the Health Board works closely with partners and has a multi-agency Steering Group which includes representatives from each organisation. The Steering Group reports developments on the step to Welsh Government every six months.
- the Health Board and its partners told us that constructive working relationships across partner organisations are having a positive impact on delivery. They have been forming strong relationships for many years (eg through Flying Start Wales<sup>1</sup>). Because of this they had confidence to take on this complex work which has consolidated their trust in each other.
- the Health Board and its partners plan to share the work according to their respective experience, skills, and resources. For example, the technical aspects of the database are being led by Rhondda Cynon Taf Council because of their capacity and resources in developing vulnerability factors in relation to those who are not in employment, education or training.
- partners are developing a common understanding of the terminology associated with the issues.

32 We identified the following learning points:

- the project Steering Group is aware of issues for all partners around capacity and different software systems and will need to resolve them going forward.
- the Steering Group has not set out its terms of reference. This will need to be addressed to ensure good governance, with clearly defined remit, responsibilities and accountabilities.

## The Health Board has involved a wide range of stakeholders in the early work and recognises that it needs to involve citizens and have a clear communication and engagement plan

33 We looked for evidence that the Health Board has:

- identified who it needs to involve in designing and delivering the step;
- effectively involved key stakeholders in designing and delivering the step;
- used the results of involvement to shape the development and delivery of the step; and
- sought to learn lessons and improve its approach to involvement.

<sup>1</sup> Flying Start Wales is a Welsh Government scheme aimed at improving the life chances of children aged under 4 and their families living in disadvantaged areas.

34 We identified the following strengths:

- a system-wide event engaged a wide range of stakeholders<sup>2</sup>. It was during this event that partners agreed the need to more effectively share information and develop a model to identify vulnerability; and
- the involvement of people from vulnerable groups provided a perspective based on their experience and views about how things should change to meet future needs.

35 We identified the following learning points:

- the Health Board chose not to involve the wider public in the early development stages of the model because they did not know if it would prove technically feasible to proceed. The Health Board recognises that this engagement will need to be done after the pilot is complete.
- a communication / engagement plan was not in place for the initial development of the step, but the Health Board recognises the benefit of devising one going forward; and
- the Health Board and its partners identified that it would be helpful to arrange a follow-on system-wide engagement event as an opportunity to:
  - communicate the progress made to date in developing the model and to set out what the next phase of development will entail; and
  - engage with people with technical and governance expertise who might help with the next phase of development.

<sup>2</sup> Stakeholders included: a range of health professionals such as midwives, health visitors, school nurses, GP representatives and other primary care staff; local authority staff; and representatives from other agencies such as education, police, probation, Natural Resources Wales and Welsh Government.

# Appendix 1

## The Step

### Information provided by the Health Board on the step to develop an early years vulnerability profiling model

The step examined forms part of Cwm Taf University Health Board's response to its Wellbeing Objective 2 'to help people live long and healthy lives and overcome any challenges' and is defined as **developing an early years vulnerability profiling model with its partners.**

One of the main issues identified in the Systems Engagement Event for the First 1000 Days was the need to more effectively share information between local service partners. The information is needed to enable the right support to prevent babies and children being taken into care, and to improve outcomes for pregnant women and children in the early years, including for school readiness. For the purpose of this project 'early years' includes preconception, pregnancy and children and families up to the age of seven.

The Health Board has agreed with its partners to work towards a data sharing protocol to help identify risk factors for vulnerability. Profiling the local population at individual and family level enables targeted prevention and early intervention actions to take place, stopping problems before they arise and maximising the potential impact of any actions taken.

The work is being led through a multi-agency steering group, chaired by a public health consultant who leads the Healthy People Objective of the Wellbeing Plan. The Health Board supports this work with key health professionals from sexual health, midwifery, health visiting and school nursing, along with ICT and information governance leads.

The first year of this project has included a pilot to test the feasibility of the step before further implementation.

# Appendix 2

## The Five Ways of Working

The table sets out 'positive indicators' for each of the five ways of working that we have identified and used to help inform our assessments of the extent to which bodies may be applying the SD Principle. We do not intend the indicators to be used as a 'checklist'. We have used them as 'indicators' to help us to form conclusions, rather than 'determinants' of the extent to which a body is acting in accordance with the SD Principle in taking steps to meet its wellbeing objectives.

### Exhibit 4: the five ways of working

#### What would show a body is fully applying the long-term way of working?

- There is a clear understanding of what 'long term' means in the context of the Act.
- They have designed the step to deliver the wellbeing objective/s and contribute to the their long-term vision.
- They have designed the step to deliver short or medium-term benefits, which are balanced with the impact over the long-term (within the project context).
- They have designed the step based on a sophisticated understanding of current and future need and pressures, including analysis of future trends.
- Consequently, there is a comprehensive understanding of current and future risks and opportunities.
- Resources have been allocated to ensure long-term as well as short-term benefits are delivered.
- There is a focus on delivering outcomes, with milestones/progression steps identified where outcomes will be delivered over the long term.
- They are open to new ways of doing things which could help deliver benefits over the longer term.
- They value intelligence and pursue evidence-based approaches.

#### What would show a body is fully applying the preventative way of working?

- The body seeks to understand the root causes of problems so that negative cycles and intergenerational challenges can be tackled.
- The body sees challenges from a system-wide perspective, recognising and valuing the long-term benefits that they can deliver for people and places.
- The body allocates resources to preventative action that is likely to contribute to better outcomes and use of resources over the longer term, even where this may limit the ability to meet some short-term needs.
- There are decision-making and accountability arrangements that recognise the value of preventative action and accept short-term reductions in performance and resources in the pursuit of anticipated improvements in outcomes and use of resources.

#### **What would show a body is taking an 'integrated' approach?**

- Individuals at all levels understand their contribution to the delivery of the vision and wellbeing objectives.
- Individuals at all levels understand what different parts of the organisation do and proactively seek opportunities to work across organisational boundaries. This is replicated in their work with other public bodies.
- Individuals at all levels recognise the cross-organisation dependencies of achieving the ambition and objectives.
- There is an open culture where information is shared.
- There is a well-developed understanding of how the wellbeing objectives and steps to meet them impact on other public sector bodies.
- Individuals proactively work across organisational boundaries to maximise their contribution across the wellbeing goals and minimise negative impacts.
- Governance, structures and processes support this, as do behaviours.

#### **What would show a body is collaborating effectively?**

- The body is focused on place, community and outcomes rather than organisational boundaries.
- The body has a good understanding of partners' objectives and their responsibilities, which helps to drive collaborative activity.
- The body has positive and mature relationships with stakeholders, where information is shared in an open and transparent way.
- The body recognises and values the contributions that all partners can make.
- The body seeks to establish shared processes and ways of working, where appropriate.

#### **What would show a body is involving people effectively?**

- Having an understanding of who needs to be involved and why.
- Reflecting on how well the needs and challenges facing those people are currently understood.
- Working co-productively, working with stakeholders to design and deliver.
- Seeing the views of stakeholders as a vital source of information that will help deliver better outcomes.
- Ensuring that the full diversity of stakeholders is represented and they are able to take part.
- Having mature and trusting relationships with its stakeholders where there is ongoing dialogue and information is shared in an open and transparent way.
- Ensure stakeholders understand the impact of their contribution.
- Seek feedback from key stakeholders which is used to help learn and improve.

# Appendix 3

## The Health Board's management response to improvement opportunities

The Health Board considered our findings at the workshop held in July 2019, and agreed several improvement opportunities regarding work in relation to Education Programmes for Patients and the contribution they make to improved population health and well-being. The following table presents the actions that the Health Board has identified in response.

### Exhibit 5: management response to improvement opportunities

Opportunities for improvement	Actions	Responsibility and timescale
<b>Long-term</b>		
I1 Begin to explore the potential for long-term funding prior to completion of the pilot, so that momentum can be sustained in the event of a successful outcome.	The Health Board recognises this is a challenge. Funding has been agreed for 2020/21 from the Early Years Pathfinder grant. This is a pilot, the outcomes of which will need to be considered by the PSB and WG to determine if there is value taking this work forward in the long-term across CTM and Wales. If the pilot is successful and accepted as a more effective mechanism to target support, the longer term future role out and delivery will need to be discussed with Welsh Government, in the context of Cwm Taf Morgannwg as well as any benefit to other regions of Wales.	Responsible person(s): Angela Jones  To be achieved by: February 2020



Opportunities for improvement	Actions	Responsibility and timescale
<b>Prevention</b>		
<p>12 Continue gathering evidence on the causes of vulnerability to inform the model over time.</p>	<p>This is a resource intensive commitment at a local level. It was intended to be a one off piece of work to inform the pilot. There is no capacity locally to take this forward. It will be shared with the Early Years Pathfinder programme and the F1000Ds network. If it is considered beneficial to update it nationally, periodically, it would be agreed at a future date. Public Health Wales could potentially take a lead on this as a once for Wales approach.</p>	<p>Responsible person(s): To be determined</p> <p>To be achieved by: To be discussed.</p>
<b>Integration</b>		
<p>13 The Health Board and its partners have different ways of working and need to work together to recognise those differences in order to overcome any barriers they may present.</p>	<p>This is well recognised. One of the key areas is to try to get consistency of approach across 3 LA areas when requesting/commissioning of services from the UHB. There have been discussions to highlight the need for consistency in the provision of Maternity and Health visiting services so that staff are not requested to provide different services in different areas. Also acknowledgement of different IT software systems in different LA's. This has led us to look at whether SAIL could be used to overcome this issue.</p> <p>The joint working in pilots like this presents the opportunities to recognise differences, learn together and build trust across the system. For example, different organisations have different capacities and experience in undertaking analysis. For this reason, the multi-agency group agreed that Rhondda Cynon Taf would pilot this project as they had a bigger team with experience in profiling children and young people at risk of not being in education, employment or training (NEET). It was agreed that all local authorities would be on the Steering Group so that the learning and barriers could be explored jointly.</p>	<p>Responsible person(s): Angela Jones</p> <p>To be achieved by: March 2021</p>

Opportunities for improvement	Actions	Responsibility and timescale
<b>Collaboration</b>		
I4 Agree the terms of reference for the Steering Group to ensure good governance, with a clearly defined remit, responsibilities and accountabilities.	Terms of reference have now been agreed along with an action plan detailing responsibilities for facilitate good governance. This will be updated if funding is secured to complete this pilot.	Responsible person(s): Angela Jones  To be achieved by: Completed November 2019.
<b>Involvement</b>		
I5 Plan a follow-on system-wide engagement event to inform people about progress to date and to pave the way for the next phase of development, ensuring that it includes people with appropriate technical and governance expertise.	<p>This is would add value and help communication and consideration will be given to this later in the pilot. Two qualitative involvement projects are planned to inform the next phase of this pilot:</p> <ul style="list-style-type: none"> <li>• Pregnant women, parents of young children and wider public views on data sharing for this purpose.</li> <li>• Political leaders and senior staff of partner organisations for views on sharing data for this purpose and any concerns or barriers to implementation.</li> </ul> <p>This will be picked up through the Vulnerability Profiling work stream.</p>	Responsible person(s): Angela Jones  To be achieved by: June 2020
Included in the report but not in the management response Paragraph 10: No evidence of progress on Corporate Arrangements	This is a recognised need within the Health Board and consideration will be given to this. The findings of this audit will be reported back through the Audit Committee of the Health Board to consider the findings, opportunities to strengthen corporate assurance and oversight and respond accordingly. The Committee meets quarterly and the report will go to the next available Committee upon receipt by the Health Board. Any actions identified will be monitored through the Audit Committee.	Responsible person(s): Prof Kelechi Nnoaham  To be achieved by: June 2020

Opportunities for improvement	Actions	Responsibility and timescale
	<p>In recognition of the partnership context of this work stream, it will also be reported back to the Cwm Taf and Bridgend Public Services Boards and the Children and Young People’s Sub Group of the Cwm Taf Morgannwg Regional Partnership Board. Any actions identified will be reported upon through these mechanisms also.</p> <p>Work is underway to explore how the corporate arrangements for WbFG within CTMUHB can be strengthened. This will include clarity around the assurance, Governance and oversight as well as incorporating the legislation into planning processes.</p>	

We will monitor the Health Board’s progress in implementing these actions, and the extent to which they address the issues we have identified in our findings, through our future programmes of work.

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