Agenda – Health, Social Care and Sport Committee

Meeting Venue:
Committee Room 3 – Senedd
Meeting date: 7 November 2018
Meeting time: 09.15

For further information contact:
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Informal pre-meeting (09.00-09.15)

1 Introductions, apologies, substitutions and declarations of interest

(09.15)

2 Scrutiny of the Welsh Government Draft Budget 2019-20: evidence session with the Cabinet Secretary for Health and Social Services and the Minister for Children, Older People and Social Care

(09.15-10.30) (Pages 1 – 217)

Vaughan Gething, Cabinet Secretary for Health and Social Services
Huw Irranca-Davies, Minister for Children, Older People and Social Care
Albert Heaney, Director Social Services and Integration, Welsh Government
Andrew Goodall, Director General for Health and Social Services/ NHS Wales Chief Executive, Welsh Government
Alan Brace, Director of Finance, Welsh Government

Research Brief
Paper 1 – Welsh Government
Paper 2 – Abertawe Bro Morgannwg University Health Board
Paper 3 – Association of Directors of Social Services Cymru
Paper 4 – Aneurin Bevan University Health Board
Paper 5 – Betsi Cadwaladr University Health Board
Paper 6 – Cardiff and Vale University Health Board

Paper 7 - Cwm Taf University Health Board
Paper 8 - Hywel Dda University Health Board
Paper 9 - Powys Teaching Health Board
Paper 10 - Welsh Local Government Association
Paper 11 - Letter from Chair of Children, Young People and Education Committee to Chair of Health, Social Care and Sport Committee regarding the scrutiny of the Welsh Government Draft Budget 2019-2020

Break (10.30-10.35)

3 Autism (Wales) Bill

(10.35-12.00) (Pages 218 - 240)

Paul Davies AM, Member in charge of the Bill
Enrico Carpanini, Legal Services, Assembly Commission
Stephen Boyce, Research Service, Assembly Commission

Autism (Wales) Bill, as introduced

Explanatory Memorandum

Research Brief
Paper 12 - Letter from Paul Davies AM to the Finance Committee

4 Paper(s) to note

(12.00)

4.1 Letter from Powys Teaching Health Board regarding the Autism (Wales) Bill

(Pages 241 - 242)

4.2 Letter from the Welsh Language Commissioner regarding the Welsh Language provision in the Autism (Wales) Bill

(Pages 243 - 247)

4.3 Letter from the National Autistic Society Cymru regarding the Autism (Wales) Bill

(Pages 248 - 251)

5 Motion under Standing Order 17.42 to resolve to exclude the public from the remainder of this meeting

(12.00)

6 Scrutiny of the Welsh Government Draft Budget 2019-20: Consideration of evidence

(12.00-12.15)

7 Autism (Wales) Bill: Consideration of evidence

(12.15-12.30)

Agenda Item 2

Document is Restricted

Health, Social Care and Sport Committee

Date: 7 November 2018
Venue: Senedd Cardiff Bay
Title: Scrutiny of Health and Social Services Draft Budget 2019-20

1. Purpose

The Committee's Chair wrote to both the Cabinet Secretary for Health and Social Services and the Minister for Children, Older People and Social Care on 30 July inviting them to give evidence on their Draft Budget proposals and asking them to provide a paper in relation to the Draft Budget.

2. Introduction

As last year, the Draft Budget process is in two stages. The outline budget (Stage1) was published on 02 October 2018, and the detailed budget (Stage 2) on 23 October. The outline budget focuses on the overall fiscal envelope for Welsh Government and the main MEG level allocations, while the detailed budget covers the Budget Expenditure Level (BEL) spending plans within each MEG.

This paper provides information for the Health, Social Care and Sport Committee on the Health and Social Services (HSS) Main Expenditure Group (MEG) future budget proposals for 2019-20 and 2020-21 for capital budgets and also provides an update on specific areas of interest to the Committee.

3. Budget Overview

	2019-20	**2020-21**
Revenue	**£m**	**£m**
2019-20 DEL Baseline as@ Final Budget 2018-19	7,528.480	
MEG allocation	289.176	
MEG to MEG Transfers	(4.450)	
Revised DEL as @ Draft Budget 2019-20	**7,813.206**	
Capital		
Capital baseline as at Final Budget 2018-19	328.138	309.988
MEG allocation	44.958	28.500
Revised DEL as @ Draft Budget 2019-20	**373.096**	**338.488**
Overall Total HSS MEG	**8.186.302**	

The table above does not include Annual Managed Expenditure (AME), which is outside the Welsh Government's Departmental Expenditure Limit (DEL).

No indicative revenue baselines have been set for 2020-21.

Details of all transfers are shown in Annex A to this paper.

4. Approach to Budget proposals

The Health and Social Services (HSS) portfolio supports our ambitions to improve the health and wellbeing of individuals, families and communities. This will be achieved through delivering the three objectives set out in Prosperity for All: quality health and care services fit for the future, promoting good health and wellbeing for everyone and building healthier communities and better environments. We have taken a long term approach in developing our spending plans for 2019-20 and 2020-21, with an emphasis on delivering our vision of integrated seamless health and social care services for the future as set out in *A Healthier Wales, our Plan for Health and Social Care.*

The Health and Social Services MEG contains the core revenue and capital funding for NHS Wales, as well as funding to support public health, social care and supporting children. We continue to prioritise investment in the Welsh NHS and we are investing an extra £287m revenue funding in the health and social care system which together with the planned increase of £220m, bringing our total additional revenue investment in 2019-20 to more than £500m.

The 2019-20 Budget allocates an additional £45m capital funding in 2019-20 and a further £28m in 2020-21 for infrastructure investment to support the delivery of sustainable and accessible high quality healthcare services and to create the environment to underpin the changes required to transforming healthcare provision and promote innovation. More specifically, the additional funding will support the delivery across a range of priorities including the primary care pipeline of projects; the next phase of the programme being undertaken by the Welsh Ambulance Services Trust (WAST) to replace ambulances with more efficient and greener vehicles; the continued support for the development of a new Velindre Cancer Centre to transform the delivery of cancer care services; and improving the provision of neonatal services.

5. A Healthier Wales

A Healthier Wales meets our commitment in *Prosperity for All* to publish a long term plan for health and social care in Wales in response to the report of the Parliamentary Review of the Long Term Future of Health and Social Care. The Plan builds on the philosophy of Prudent Healthcare to make an impact on health and wellbeing throughout life. There is an emphasis on preventing illness and supporting people to manage their own health and wellbeing, enabling people to live independently for as long as they can.

In 2019-20 we will invest a further £50m in our Health and Social Care Transformation Fund to support the development and implementation of new models of integrated health and social care. These models are supported by Regional Partnership Boards, bringing together local authorities, health boards and other partners and are built on a foundation of local innovation. Driven through our

Transformation Programme, the Fund will be used to accelerate progress and scaling up of this new service delivery. I recently announced the first programme to be supported from the Fund – the *"ME , My Home, My Community"* programme supported by the Cardiff and Vale of Glamorgan regional Partnership Board.

In the Draft Budget, we announced £192m new revenue investment to take forward our vision outlined in *A Healthier Wales*. Our Plan was developed through involvement with our key delivery partners, represented by the NHS Confederation, Welsh Local Government Association and the Wales Council for Voluntary Action. Our spending plans reflect this integrated approach to delivering our long term vision, with the new investment being distributed across the health and social system. The investment will primarily be used for preventative activities, keeping individuals as healthy and independent for as long as possible, and enabling a shift to a "wellness" system, supporting and anticipating health needs to prevent illness and reduce the impact of poor health.

We will use this investment in the following ways:

- £60m will be allocated to local health boards to enable them to develop stronger integrated medium term plans for 2019-20 and beyond which take forward the vision set out in *A Healthier Wales*. We will expect health boards to use this funding to take forward key expectations in our Plan, including increasing investment in primary care, embedding value-based healthcare with a focus on outcomes that matter to patients, and quality improvement.

- £30m will be allocated to Regional Partnership Boards to emphasise their leading role in delivering *A Healthier Wales*. We intend this new investment is used to reduce pressure by supporting improvement in children's services, helping to safely reduce the need for children to enter care. This would focus on family re-unification, and investing in preventative and early years intervention including therapeutic support children in care and adopted children. We will also include support for carers and our valuable third sector organisations.

- £30m will be allocated as a specific grant directly to local authorities to address sustainability issues in social services, including domiciliary workforce pressures. This direct funding from the Health and Social Services MEG is in addition to the £20m being provided for social services through the Revenue Support Grant, bringing the total increased investment in social services to £50m.

- £25m will be used to support nationally directed programmes for digital technology as a key enabler of transformational change, enabling more effective use of resources across the service and empowering both patients and professionals through the provision of information anywhere at anytime. We will prioritise our digital funding to support four key priority areas: infrastructure and supporting technology; innovation to support our citizens; a single electronic record; and investment in data.

- £10m will be allocated to take forward national programmes for prevention and early years.

- £15m will be used for mental health and learning disabilities, in addition to meeting our commitment as part of the 2018-19 Budget Agreement to increase the mental health local health board ring-fenced funding by £20m. We will invest in mental health in schools through the 'whole school' programme approach, wraparound mental health support for those that are homeless or vulnerably housed, perinatal mental health, and prison healthcare. We will also provide central support for learning disabilities Improving Lives programme.

- £22m will be used to take forward other supporting programmes to deliver the commitments in *A Healthier Wales*, including the Transformation Programme, improving quality and transforming clinical services.

6. Core NHS Allocation

In last year's Budget we allocated an additional £220m in 2019-20 for the NHS to meet the Nuffield gap – the Nuffield Trust's calculation of the extra funding required, on top of NHS efficiencies, to maintain the delivery of NHS Wales services at a time of increased demand and pressures. In addition, we have increased core NHS funding in this budget by a further £94.6m to meet the additional costs of the *Agenda for Change* pay deal, bringing a total increase in core NHS funding for 2019-20 of £315m.

This funding enables us to meet our commitment in *Prosperity for All* to continue the drive to improve further the standard, quality and timeliness of treatment across the NHS, ensuring access to the services people need, delivering good health outcomes for all. As well as investing in our highly-valued staff through the implementation of pay deals, we will continue to invest in improving NHS performance and meeting key service priorities, including investment in critical care.

7. Health Education Improvement Wales (HEIW)

Established on 1 October 2018, HEIW brings together three key organisations for health - the Wales Deanery, NHS Wales' Workforce Education and Development Services (WEDS), and the Wales Centre for Pharmacy Professional Education (WCPPE). The Strategic Health Authority will play a leading role in the education, training, development and shaping of the healthcare workforce in Wales; supporting high quality care for the people of Wales.

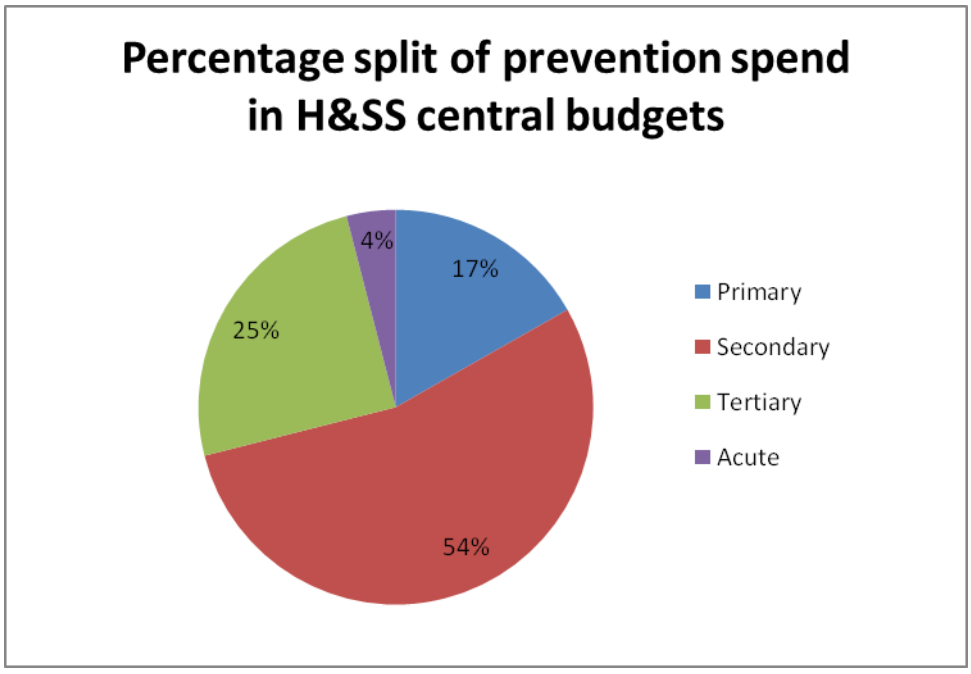
In 2019-20 funding of £195.3m has been allocated to HEIW made up of transfers from various BELs including BEL 0140 Education & Training and BEL 0186 Workforce. Further increases to the HEIW budget will be actioned in Supplementary Budgets during 2019-20 to reflect the full transfer of responsibilities to the new NHS organisation.

8. Preventative Spending

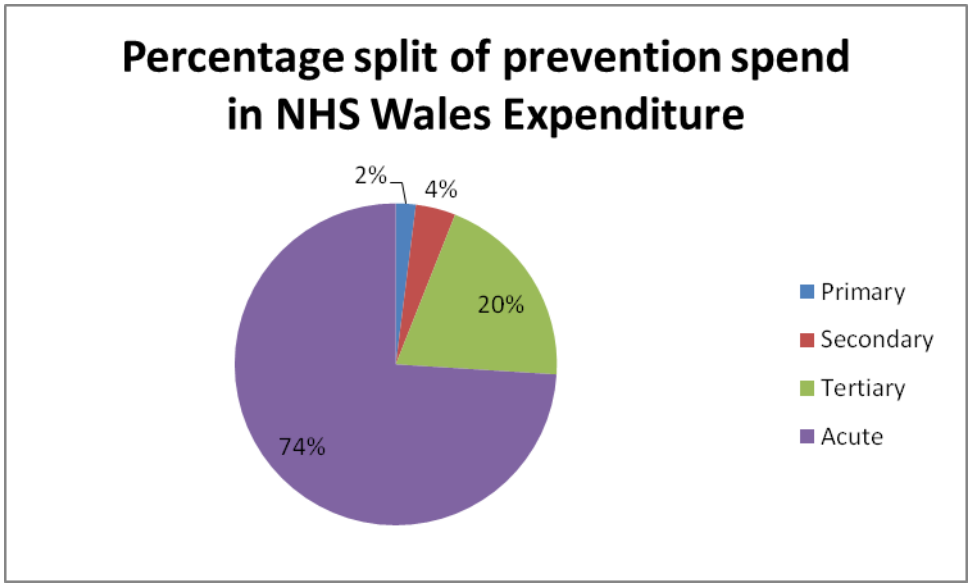
Our aim is to take significant steps to shift our approach from treatment to prevention. In looking at our preventative spend for the Health and Social Services budgets we have used the following agreed definitions:

Definition	Explanation of Definition
Primary Prevention	Building resilience (creating the conditions in which problems don't arise in the future) - **Universal approach**
Secondary Prevention	Targeting action towards areas where there is a high risk of a problem occurring. - **Targeted approach**
Tertiary Prevention	Intervening once there is a problem, to stop it getting worse and prevent it re occurring in the future - **Intervention approach**
Acute Spending	Spending which acts to manage the impact of a strongly negative situation, but does little or nothing to prevent problems occurring in the future - **Remedial approach**

We have continued the work to improve our understanding of spending on preventative activities. Using the above definitions we have undertaken a further review of our centrally held budgets and the percentage split is shown in the table below:



In addition to the above, for the first time we have reviewed and mapped the £6.1 billion NHS Wales expenditure against the same prevention categories. The indicative percentage split over the categories is shown below:



The vision we have established in *A Healthier Wales* is to place a greater focus on prevention and early intervention. This definition of prevention, now adopted across Welsh Government, will enable us to measure the success by which we shift resources towards primary and secondary preventative activities as we take forward delivery of our vision. We will continue to refine our approach to measuring our prevention expenditure in future budget planning rounds.

Public Health Wales are delivering a range of behavioural change campaigns which aim to drive forward behavioural change across the population. These aim to increase support action in order to promote health, prevent disease and reduce health inequalities. Current campaigns include:

- **Every Child Wales:** To encourage a shift in perception among the public in Wales on their lifestyle choices and their effect on the weight and long term health of their children.
- **'Help me Quit'** aims to increase the number of smokers (who are motivated to quit) accessing NHS smoking cessation services. The campaign directs smokers to the existing number used by Stop Smoking Wales, or a website or text number, where a common triage will direct smokers to the service most suitable for them.
- **Beat Flu:** To raise awareness of the need for people in at risk groups to be vaccinated against flu (September to December) and then to disseminate the "catch it, bin it, kill it" message once flu is circulating (January to March).
- **Choosing Wisely Wales:** To encourage clinicians and patients to engage in conversations about making wise treatment decisions and choosing care that avoids unnecessary tests, treatments and procedures.
- **Anti Microbial Resistance (AMR):** To raise awareness and promote behaviours that cut the unnecessary use of antibiotics, in order to slow resistance. Campaign targets the general public, health care professionals, farmers and the veterinary profession.

- **Men ACWY:** Promote uptake of Men ACWY vaccine among teenagers and new university students to protect against meningococcal group W (MenW) disease.
- **Pre-exposure Prophylaxis (PrEP):** to continued funding for the three year study into the availability of PrEP to reduce the risk of sexually-acquired HIV1 infection in adults of high risk as part of a wider HIV prevention service
- **Investing in preventing cancer:** The HPV immunisation programme started in 2008. There has been a large drop in the rates of infection with the two main cancer-causing HPV types in women and men through vaccination. This year we have agreed to expand the HPV vaccination programme to boys to protect against oral and anal cancers from 2019-20. As of June 2019 new faecal immunochemical testing (FIT) will be fully rolled out as the primary test in the bowel screening programme. The test is more accurate and sensitive and will therefore detect more cancers than current testing.

We are placing a strengthened focus on nutrition, diet and physical activity across the population through the development of a national obesity strategy – Healthy Weight: Healthy Wales, which has been legislated against through our Public Health Wales Act 2017. This will focus on both prevention and intervention and we will be consulting in due course and a final strategy will be published by October 2019. This will consider a range of proposals across government to support population change.

We are aiming to increase physical activity levels across Wales by placing a greater focus on work through existing funding to drive change. A collaborative physical activity action plan is being developed through Public Health Wales, Sport Wales and Natural Resources Wales, which will utilise joint resources and delivery. This will target delivery to influence whole population change and aim to reduce levels of sedentary behaviour across the population.

The Welsh Government funds the Food Standards Agency £3.5m per annum in order to protect public health and consumers' wider interests in food. This includes identifying opportunities to deliver consumer awareness and work with schools, catering colleges and other educational settings to increase the confidence and awareness of consumers. There has been an additional £476k allocated to the agency over a three year period in order to drive forward work to protect consumer interests and safety following European Exit.

The Healthy & Active Fund was launched in July, which delivers in an integrated way the Prosperity Fund commitments for a Well-being Bond and Challenge Fund for Sport. They fund a partnership between Welsh Government, Public Health Wales and Sport Wales and places the five ways of working at the cores of its design, delivery, monitoring and evaluation. £5m is available over three years, with the aim of improving mental and physical health by enabling healthy and active lifestyles, with a particular focus on strengthening community assets.

9. CAPITAL

We are continuing to invest in NHS infrastructure as a key enabler for the delivery of sustainable and accessible high quality services and to support the transformation of

healthcare provision. Our programme over the next two years will see the delivery of new facilities and the major redevelopments in some of our most strategic assets.

The largest element of funding is allocated for the ongoing construction of the Grange University Hospital. This 470 bed state of the art hospital is due to open in 2021. Elsewhere, significant redevelopment and modernisation works are underway at Prince Charles Hospital along with the upgrading of neonatal provision in Singleton Hospital, the University Hospital of Wales and Glangwili Hospital. In 2019-20, work will continue to progress on the development of the new Velindre Cancer Centre.

As well as schemes within the acute sector, this budget provides £11m next year to support the construction of the Cardigan Integrated Care Centre as part of the budget agreement with Plaid Cymru.

As part of this budget, an additional £4.5m has been allocated for 2020-21 to secure investment of £72m over three years to deliver a pipeline of primary and community care projects as part of the implementation of the Taking Wales Forward commitment. This underpins the key messages set out in A Healthier Wales - the long term plan for health and social care and delivers the commitment in Prosperity for All, to invest in a new generation of integrated health and care centres. This pipeline will see 19 projects across Wales being delivered by 2021.

At an all Wales level, this budget also provides £25m and £49m over the next two years for national programmes on imaging developments and digital and informatics developments respectively.

10. Committees Specific Areas of Concern

Commentary on Actions and detail of Budget Expenditure Line (BEL) allocations

The detailed budget published on 23rd October set out our spending plans for the HSS MEG by BEL. An analysis and explanation of the budget changes is set out in Annex A.

Local health boards' financial performance

- *An update on the four health boards which have continued to fail to meet their financial duties, and how the Welsh Government is supporting them to improve this position.*
    - *Progress made by each of these four health boards on delivery of their action plans. (In June 2018 the Cabinet Secretary stated that all health boards reporting financial deficits in 2017-18 have developed and published action plans, and that progress on delivery of these is being monitored by Welsh Government).*
    - *What performance/service improvements the Welsh Government expects to see from the £27m additional recurrent funding provided to Hywel Dda University Health Board from 2018-19.*

The four health boards are being supported by Welsh Government through the Escalation and Intervention Arrangements. This includes monthly Special Measures and Targeted Intervention meetings with the individual health boards focused on performance, planning and finance. As part of the arrangements the individual organisations are receiving support, as agreed with senior officials, from both the Delivery Unit and also the Finance Delivery Unit.

Welsh Government published the Special Measures improvement framework for Betsi Cadwaladr University Health Board in May 2018. This is to ensure the Board delivers on its short and medium-term expectations swiftly, whilst also planning and undertaking transformational change. The framework sets out milestones for the next 18 months in four key areas: leadership and governance; strategic and service planning; mental health; and primary care, including out-of-hours.

Welsh Government is providing intensive support, which will is being directed towards supporting improved governance and accountability, focused joint working with clinicians and partners to deliver substantial improvements, especially in planned and unscheduled care, delivery on financial turnaround and working towards developing an integrated medium-term plan for 2019-2022. This also includes funding for increasing capacity and capability within the organisation, funding for mental health and learning disabilities division to extend the pilot project 'Right Care and Repatriation Programme', and to develop the capacity and capability of the turnaround function that will including strengthening programme management and analytical demand capability. The new Health Board Chair is now chairing the finance and performance committee to drive forward improvements especially those that require structural and service changes to ensure longer term sustainability.

Progress has been seen in the three organisations in targeted intervention over the last 12 months, with both Cardiff and Vale and Hywel Dda University Health Boards achieving performance milestones. Cardiff and Vale UHB are forecasting material improvements in their financial outlook, with their forecast deficit reducing to £9.9m in 2018-19 against the £26.9m deficit in 2017-18. Hywel Dda UHB continues to face significant financial challenges, though the additional allocation following the recent zero based review has resulted in their forecast deficit for 2018-19 reducing to £35.5m from the £69.4m deficit in 2017-18.

The £27m funding from the zero based review was to underpin the Board's financial sustainability, recognising the unavoidable excess costs within their healthcare system. This financial sustainability does provide the opportunity for the Board to focus on performance/service improvements for their resident population.

In Abertawe Bro Morgannwg University Health Board, a new Chief Executive has been appointed and there have been changes to the Executive Team. There has been a gradual improvement in performance with expectation this will be sustained. In finance their forecast deficit for 2018-19 has reduced to £20m from the £32.4m deficit in 2017-18.

11. Well-being of future generations

Evidence of how the Well-being of Future Generations Act 2015 and five ways of working have influenced the budget allocations for health and social care. The Committee is particularly interested in receiving details of how, going forward, the budget will:

- *prioritise prevention/early intervention in health and social care;*
- *support sustainable, longer term funding of social care services;*
- *promote integration of health and social care services;*
- *ensure a sustainable health and social care workforce;*
- *reduce and control spend on agency staff;*
- *reduce health inequalities, and ensure fair access to health and care services in rural areas.*

The significant investment we are making in this budget to take forward delivery of the vision set out in *A Healthier Wales* demonstrates our commitment to prioritising prevention and early intervention. A significant proportion of this funding will be spent outside the hospital sector, supporting social services and primary and community health services provide care closer to home which meets the needs and preferences of individuals.

The section above outlines how we have used the five ways of working to promote integration of health and social care, through investing in services overseen by Regional Partnership Boards, as well as providing direct support to improve sustainability of social services. We are also investing £10m in nationally directed prevention and early years programmes, and £15m in support for mental health and learning disabilities, including our commitment to a whole school approach to improving emotional and mental health of children and young people. We are also investing an additional £60m in local health boards to support the development of more robust integrated plans, with a clear focus on transformation of primary care services.

The establishment of Health Education and Improvement Wales, and our investment of £195m in health education and training, demonstrates our commitment to ensuring a sustainable health workforce going forward, which complements our £18m investment in Social Care Wales. The launch of HEIW shows the Welsh Government's continued commitment to strengthening and supporting our workforce and sends a clear message that Wales is a great place for health professionals to train and work.

To ensure that new funding is directed to those areas of Wales that have the greatest health needs, we are reviewing the local health board allocation formula to take account of changes in the availability of needs data and approaches used in other health economies.

12. Transformation

Further information about how the Welsh Government intends to fund service transformation in the longer term (i.e. beyond the life of the 2 year Transformation Fund), to ensure progress on the transformation agenda can be sustained.

In this budget we have announced significant investment to take forward the transformation of services needed to deliver the vision we set out in *A Healthier Wales*. This builds on the £100m Transformation Fund that we announced earlier in

the year. In July, we issued guidance to Regional Partnership Boards and other partners on how the criteria for accessing this Fund, and I have recently announced the first proposals to be supported.

We are clear that our vision for truly integrated and seamless health and social care will ultimately be delivered over the coming years through refocusing the £9 billion that Wales spends on the NHS and social services around the Quadruple Aim. Over the next two years the Transformation Fund will support the rapid development, implementation and scaling up of new models of care, but it is not the only funding to support transformation, and we will increasing ensure that the outcomes we achieve from all our existing and new investments are aligned to the vision in *A Healthier Wales*.

13. Digital

What assessment has been made of the costs of delivering the Welsh Government's vision for digital and data, as described in A Healthier Wales.

During 2016, the NHS was asked to assess the costs of delivering against the aspirations within Informed Health and Care (published December 2015). Their broad estimate totalled £484 million, consisting of £195 million capital, and £288 million revenue. These calculations were for indicative purposes only, and spread over at least 5 years.

Currently, the informatics revenue spend within Wales is approximately 2% of the NHS Wales annual budget, equating to around £128m pa. In addition, the All-Wales Capital programme has supported £70m of investment from 2014-15 to 2018-19, with a further £49m planned over 2019-20 and 2020-21. This funding is over and above local digital and informatics developments funded from LHBs and Trusts discretionary capital funding.

There are also digital components of other national investments , for example Transforming Cancer Services programme in Velindre NHS Trust; Specialist Critical Care Centre in ABuHB; the investment in the development of the 111 service; Efficiency Through Technology funding and Intermediate Care funds to support the changes enabled by the Welsh Community Care Information System programme. More detailed assessments will be undertaken as work on the National Plan for Informatics and local IMTPs and Strategic Outline Plans develop, and individual business cases will be assessed on their value for money.

A Healthier Wales recognises digital as a key enabler of transformational change. It also outlines Welsh Government's ambition to use digital services to enable citizens to become more active participants in their own health and well-being and reinforces the aspirations within Informed Health and Care.

14. Primary care

The budget allocated for primary care services, and how this compares to amounts allocated in the last three years. To what extent is this achieving the policy aim of shifting care from hospitals to primary care/community settings.

This section sets out how the draft budget is supporting accessible and sustainable primary and community care as well as funding to enable the rebalancing of the health and care system to deliver more care closer to home, with people only travelling to hospital when this is right for them. Whilst there is not a discrete published budget line for primary care, a number of budgets across the MEG support these services.

The plans outlined below are complemented by plans for investing in digital technology for the whole health and care system.

Accessible and sustainable 24/7 local care and support
Both *Prosperity for All* and *A Healthier Wales* reinforce the role of primary care clusters as mechanisms for collaboration between health boards, local authorities, the third sector and primary care contractors to plan and provide seamless care and support for populations of between 25,000 and 100,000.

Cluster led models of seamless care and support
Our additional investment in NHS integrated plans will enable primary care clusters to implement new models of seamless care to address locally assessed priorities. These cluster models will be informed by the primary care model for Wales, which in turn supports the vision set out in *A Healthier Wales.*

The funding will also invest in work best done once for Wales, to enable and increase the scale and pace of delivery at local level. This includes national activity to communicate and engage with the public on how they can access primary care and to train the additional workforce needed.

Reformed primary care contracts
Reforming the Primary Care contracts involves four strands of activity across the Primary Care contractors: GPs, community pharmacists, dentists and optometrists. Work is underway in each of these areas to reform the approach to the contracts, with common themes including access to the right source of help for an individual's needs, building on cluster level planning and delivery for a preventive approach to care,.

General Medical Services
In 2019-20 we will continue to increase our investment in General Medical Services. This will include supporting delivery of multi-disciplinary teams through clusters; changes being proposed to the enhanced services to ensure a preventative approach to services commissioned; delivery of much stronger cluster working to develop the action in A Healthier Wales and with the reduction of the Quality and Outcomes Framework (QOF), funding is required to ensure an improved clinical pathway and quality provision for a number of treatment areas. Under the General Medical Services (GMS), contract, the direction of reform is to see a far greater emphasis on the delivery of services through collaboration at cluster level; building on the need for scale and overcoming a number of sustainability issues. Whilst cluster working by GPs is still developing, the changes being sought align with this direction of travel.

In May 2018, Welsh Government announced the introduction of a state backed scheme to provide clinical negligence for providers of GP services in Wales. The scheme is planned to come into force from April 2019. Welsh Government is committed to a Future Liability scheme and also to an Existing Liability Scheme (i.e. liabilities incurred before April 2019), subject to the completion of legal and financial due diligence and satisfactory negotiation with the Medical Defence Organisations (MDO).

Detailed due diligence is being undertaken to asses each MDOs position. GPs will be expected to contribute towards the costs of the state backed scheme which will be discussed with GPC Wales as part of the contract negotiations.

Our key priorities for General Medical Services:

- Improved appropriate access to GP and other primary care services
- Building on multi-agency cluster led planning and delivery
- Improve the sustainability of practices : Address premises and last person standing issues
- Professional Indemnity for GPs and wider practice and cluster teams
- Effective, consistent, delivery of Wales-wide Enhanced Services, with specific changes to selected enhanced services.
- Demonstrating and developing quality improvement methodology in General Practice
- Recruiting, retaining and diversifying the workforce
- Appropriate access to data to provide for an improved evidence base

Community Pharmacy

We will continue to maintain our investment in Community Pharmacy in 2019-20. We have set out five key priorities for 2018-21 and beyond for transforming pharmacy to meet its contractual obligations in fulfilling a key health function. Building resilience in high streets in towns across Wales to continue to deliver the most accessible and appropriate professional health care for patients. We want to continue to emphasise their role in access to health care and continue to work with community pharmacy helping the sector to adapt and ensure this contribution is maintained. Moving the emphasis for health care to community pharmacy as the first port of call for patients and integrating services into the wider primary care community through primary care clusters.

Increasing access further to NHS health care services and to provide a wider range of clinical services in community pharmacy - to harness this accessibility, combined with the generalist skills of pharmacy professionals, to deliver meaningful improvements in access to urgent and unscheduled care.

Our *key priorities for Community Pharmacy:*

- Access to electronic referrals and single shared electronic patient record.
- An improved awareness and understanding of quality improvement embedded in community pharmacy through contractual arrangements.
- Community pharmacists continue to diagnose and treat a wider range of acute illnesses, relieving pressure on other parts of the NHS.

- Community pharmacists accessing the Welsh GP record nationally and across all services where such access will facilitate pharmacists safely and effectively meeting urgent and unscheduled care demand.
- Communication with the public and action by other health services consistently promoting the role of community pharmacy as citizens' first port of call for treatment of common ailments and advice on medicines.

These reflect a shift in policy direction, supporting delivery and reform of the contract via whole system change focussed on health and well-being.

Dentistry
We have set out five key priorities for 2018-21 and beyond for transforming dentistry:

- timely access to prevention focussed NHS dental care;
- sustained and whole system change underpinned by contract reform;
- teams that are trained, supported and delivering value-based quality care;
- oral health intelligence and evidence driving improvement; and
- improved population health and wellbeing.

These reflect a shift in policy direction, supporting delivery and reform of the dental contract via whole system change focussed on health and well-being, with a preventive approach to care. At the heart of the change is the need for new models of care to support a more patient focussed approach and a greater use of skill mix.

Community Optometry
We have set out five key priorities for 2018-21 and beyond for transforming optometry to meet its contractual obligations in fulfilling a key health function. Building resilience in high streets in towns across Wales to continue to deliver the most accessible and appropriate professional eye health care for patients. We want to continue to emphasise their role in access to eye health care and continue to work with community optometry helping the sector to adapt and ensure this contribution is maintained. Moving the emphasis for eye health care to community optometry as the first port of call for a patient with an eye problem and integrating services into the wider primary care community through primary care clusters.

Increasing access further to NHS eye health care services and to provide a wider range of clinical services in community optometry - delivering more integrated eye care service between primary and secondary care for both scheduled and unscheduled eye health care.

Key Priorities for Optometry

- Access to electronic referrals and single shared electronic patient record.
- Communication with the public consistently to promote the role of community optometric practice consistently promoting the role of community optometry - Doctors of the eyes.
- Independent prescribing optometrists rolled out across primary care clusters.

- Placements in hospital eye departments to achieve higher qualifications in medical retina, glaucoma, independent prescribing and leadership.
- An improved awareness and understanding of quality improvement embedded in community optometry through contractual arrangements.

These reflect a shift in policy direction, supporting delivery and reform of the contract via whole system change focussed on health and well-being, with a preventive approach to care.

More care closer to home

Planned care

For eye care, we are investing £4m covering the period November 2018 to March 2020 to develop a sustainable service and implement a new outcome focused measure. This investment will be used to ensure that services are developed with primary care and the necessary pathway changes implemented This would be used to ensure that additional capacity within community services is developed including an expansion of ophthalmic diagnostic treatment centres (ODTCS) and up skilling of staff other than consultants to see appropriate patients in the correct settings. These will be sustainable changes, supported by the implementation of the lean cataract pathway that will result in efficiency savings in future years. Health boards would be required to submit their sustainability plans to the Ophthalmic Planned Care Board before any money was allocated. Claw back of this investment would take place if the plans and the new measures were not implemented by an agreed date.

For audiology services, we have set out three key priorities for 2018-21 and beyond for transforming audiology to meet its obligations in fulfilling a key health function. Building resilience in towns across Wales to continue to deliver the most accessible and appropriate professional health care for patients. We want to continue to emphasise their role in access to health care and continue to work with audiology departments helping the sector to adapt and ensure this contribution is maintained. Moving the emphasis for ear health care to community audiology as the first port of call for a patient with an ear problem and integrating services into the wider primary care community through primary care clusters.

Increasing access from two to all seven in NHS health board services and to provide a wide range of clinical services in community audiology - delivering more integrated services between primary and secondary care for both scheduled and unscheduled ear health care.

Key Priorities

- Access to audiology via direct access for patients in primary care cluster areas.
- Moving services from secondary care to primary care to improve quality and access for patients; embedding an improved awareness and understanding across Wales.
- Communication with the public consistently to promote the role of community audiology consistently promoting the role of advanced practitioners.

These reflect a shift in policy direction, supporting delivery and reform of the current secondary care service delivery via whole system change focussed on health and well-being.

Urgent care
In light of the known pressures faced during winter months and the need to provide stability to the current system of providing clinical advice for patients out of hours, two pilots are being considered.

It is proposed to run a discrete pilot aimed at GP Practices to open for pre determined sessions over the Christmas/ New Year period. In addition, a further pilot aimed at Cluster level working will run for a 4 month window to test how GMS contractors can support Out of Hours. Early indications suggest there is more appetite for GMS contractors to open their own premises for additional time, rather than undertake shifts in traditional Out of Hours settings.

Both pilots have been explored with Directors of Primary Care and Assistant Medical Directors, who are supportive of this activity. Discussions have also taken place with GPC Wales, who do not have a formal negotiating role for a pilot and have agreed to observe.

Optimising digital technology for seamless care
The use of digital technology will give people greater control and enable them to become more active participants in their own health and well-being. We will accelerate progress towards creating an online digital platform and supporting App which will transform the way in which our citizens access and interact with our health and care services. This will help people to make informed choices about their own treatment, care and support: finding the most appropriate service for their needs, contributing to and sharing information about their health and care, managing appointments and communications with professionals, and working with others to co-ordinate the care and treatment they need, so that it is delivered seamlessly. A key aspect of this is the digitalisation of 111.

15. Mental health and learning disabilities
Priorities for mental health services for the next three years. Allocations/projected spend for delivery of these. What mechanisms will be used to track spend on mental health to patient outcomes.

For mental health and learning disabilities there is £15m. There is an expectation that there will be further support made available for children's mental health and the 'whole school' programme approach which is being jointly led by education. We have also identified further work to be undertaken with housing colleagues to address the mental health needs of those whom are homeless or vulnerably housed.

Other identified priorities include support for dementia, managing the increasing demand within perinatal services, prison healthcare, further developing crisis support and central support for the learning disabilities Improving Lives programme

We will also increase the mental health local health board ring-fenced funding by £20m as part of the commitment we made in the 2018-19 Budget Agreement.

Measuring the impact of this spend will be undertaken through the IMTP process and monitoring progress against the implementation of the Together for Mental Health delivery plans in support of our strategy.

Annex A

Commentary on each of the Actions within the Health and Social Services MEG, including an analysis and explanation of changes between the Draft Budget 2019-20 and the First Supplementary Budget (June 2018).

Within the Health and Social Services MEG, we have reviewed the BEL budget structure and have established two new BELs titled:

Health Education & Improvement Wales

A new BEL to accommodate the funding for the new NHS body – HEIW which was established on 1 October 2018 and brings together three key organisations for health – the Wales Deanery, NHS Wales' Workforce Education and Development Services (WEDS), and the Wales Centre for Pharmacy Professional Education (WCPPE). The Strategic Health Authority will play a leading role in the education, training, development and shaping of the healthcare workforce in Wales; supporting high quality care for the people of Wales.

A Healthier Wales

This is a new BEL which has seen the addition of £192m next year to deliver the vision in our Plan. Our delivery partners – the NHS, local authorities, the third sector and other partners – are best placed to take forward the local innovation and co-ordination of service provision to support our vision. This funding is shown separately from the increases in core NHS funding.

Action: Delivery of Core NHS Services		
2018-19 Supplementary budget June 2018 £m	**Draft Budget 2019-20 £m**	**Change £m**
6,904.793	7,404.337	499.544

This Action supports the main funding to the NHS in Wales as well funding to Public Health Wales and the new NHS body Health Education & Improvement Wales.

Explanation of Changes to Delivery of Core NHS Services Action

- £220.000m Additional NHS funding
- £94.600m Agenda for Change funding (part of £287m additional funding)
- £195.322m HEIW transfers to create new BEL
- (£1.267m) HEIW budget transfers within the Action
- (£9.111m) recurrent baseline transfers and changes (previously actioned on a non recurrent basis)

Action: Delivery of Targeted NHS Services		
2018-19 Supplementary budget June 2018 £m	**Draft Budget 2019-20 £m**	**Change £m**
7.068	185.620	178.552

This action supports other various health budgets including NHS Workforce (not currently transferred into HEIW), and also includes the new BEL *A Healthier Wales.*

Explanation of Changes to Delivery of Targeted NHS Services Action

- £192.400m into a new BEL for *A Healthier Wales* (part of £287m additional funding)
- (£1.981m) HEIW budget transfers
- (£11.867m) recurrent baseline transfers and changes (previously actioned on a non recurrent basis)

Action: Support Education & Training of the NHS Workforce		
2018-19 Supplementary budget June 2018 £m	**Draft Budget 2019-20 £m**	**Change £m**
216.496	25.715	(190.781)

Education and training is fundamental to securing sustainable NHS services in the future. This action supports a range of activities undertaken in support of ensuring a sustainable workforce with the skills to address the demands on the service both now and in the future. The majority of the funding within this action covers the additional costs incurred by NHS UHB and Trusts in Wales for teaching (hosting) medical and dental students as part of their undergraduate studies. In addition it supports the training of a number of postgraduate training places across Wales, including clinical academic posts. Funding within this action also support Consultants clinical excellence awards which are given for quality, excellence, and exceptional personal contributions

Explanation of Changes to Support Education & Training of the NHS Workforce Action

- (£192.074m) HEIW budget transfers to new HEIW BEL
- £1.293m recurrent baseline transfers and adjustments

Action: Support Mental Health Policies & Legislation		
2018-19 Supplementary budget June 2018 £m	**Draft Budget 2019-20 £m**	**Change £m**
3.279	3.279	-

This Action supports a variety of

- Mental health policy development and delivery, including Child and Adolescent Mental Health Services (CAMHS), psychological therapies, suicide and self harm prevention, perinatal mental health support and funding for third sector organisations through the section 64 mental health grant

- Mental health legislation, including the Mental Health (Wales) Measure 2010 and Deprivation of Liberty Safeguards (DOLs)

- The healthcare needs of vulnerable groups, (those defined as having protected characteristics) including asylum seekers and refugees, support for veterans, offender health care, sexual assault referral centres, gypsies and travellers and transgender individuals.

Funding remains at the same level as in the June Supplementary Budget.

Action: Deliver the Substance Misuse Strategy Implementation Plan		
2018-19 Supplementary budget June 2018 £m	**Draft Budget 2019-20 £m**	**Change £m**
26.475	26.475	-

The majority of substance misuse funding within this action (£22.663m) is allocated to Area Planning Boards (APBs) via a funding formula to help them address the priorities outlined in our Substance Misuse Strategy 'Working Together to Reduce Harm' and the most recent Substance Misuse Delivery Plan 2016-18.

Under this budget, £2.75m, £1m and £0.300m of the funding to APBs is ring fenced for children and young people, Tier 4 (residential rehabilitation and inpatient detoxification) and counselling services respectively.

The funding compliments the Local Health Board substance misuse allocations (circa £18m) and is used to commission/purchase a range of education, prevention treatment and enforcement initiatives.

Remainder of funding within the Action supports the following:

- All Wales Schools Liaison Programme (£1.98m) - the Programme aims to operate in 100% of primary and secondary schools across Wales to deliver consistent substance misuse education at all key stages of the curriculum.
- Drug & Alcohol Initiatives (£1.002m) – this budget includes a number of areas of work which implement the Substance Misuse Delivery Plan 2016-18, through research, policy development and monitoring of work related to drug and alcohol interventions. It also supports work and resources for the Public Health (Minimum Price for Alcohol) (Wales) Bill, which going forwards – will include associated costs for communications, evaluation and implementation.
- It also includes a match funding contribution of £0.830m to the Out of Work Peer Mentoring Service – a jointly funded European Social Fund Project with Health and Social Services.

Explanation of Changes to the Deliver the Substance Misuse Strategy Implementation Plan

There is no change to this action over the June Supplementary Budget although compared to the 2019-20 budget as per Final Budget 2018-19 there is an increase of £1,980m. This is as a result of funding for the All Wales Schools Liaison Programme being reinstated after being removed in last years Draft Budget.

Action: Foods Standard Agency		
2018-19 Supplementary budget June 2018 **£m**	**Draft Budget 2019-20** **£m**	**Change** **£m**
3.516	3.712	0.196

This Action provides funding for the Food Standards Agency (FSA) Wales. The FSA receives funding of £3.516m annually. This sum includes ring fenced funding of £0.490m for the FSA to take forward feed law enforcement work.

This budget allocation is provided to meet the cost of the work priorities set out in FSAs broad 'FSA Wales Service Delivery Agreement'. The funding is provided on the basis that where there is a joint interest FSA Wales will assist the Welsh Government to take forward its priorities, including continued assistance in delivery and implementation of a statutory food hygiene rating scheme in Wales, as established by the Food Hygiene Rating (Wales) Act 2013. Additionally, that Wales' needs will be taken into account in accordance with the Welsh Government's Position Statement in response to 'Regulating our Future' as the FSA progresses its programme of regulatory reform.

Explanation of Changes to Foods Standard Agency Action

- The additional £0.196m is in respect of additional funding from the EU Transitional Fund in support of extra staff costs to support FSA Wales' preparations for EU exit.

Action: Public Health Programmes		
2018-19 Supplementary budget June 2018 £m	**Draft Budget 2019-20 £m**	**Change £m**
19.795	19.639	(156)

This action funds a variety of public health programmes such as:

- Organ & Tissue Transplantation
- Immunisation
- Payments to Public Health England who provides a number of specialist health protection services and some reference laboratory services to Wales.
- Healthy Start
- NICE

Explanation of Changes to Public Health Programmes

- (£0.156m) recurrent baseline transfers and changes (previously actioned on a non recurrent basis)

Action: Effective Health Emergency Preparedness Arrangements		
2018-19 Supplementary budget June 2018 £m	**Draft Budget 2019-20 £m**	**Change £m**
6.059	6.025	(0.034)

This action enables Welsh Government to ensure that NHS Wales is fully prepared and resilient to deal with the full range of hazards and threats identified in National Risk Assessments. This includes the highest risk of influenza pandemic and managing the health consequences of a terrorist incident involving hazardous materials.

Explanation of Changes to Effective Health Emergency Preparedness Arrangements

- (£0.034m) recurrent baseline transfers and changes (previously actioned on a non recurrent basis)

Action: Develop & Implementation Research & Development for Patient & Public Benefit		
2018-19 Supplementary budget June 2018 £m	**Draft Budget 2019-20 £m**	**Change £m**
42.505	42.075	(0.430)

This action supports the work of the Welsh Government's Division for Research and Development (R&D) which sits within the Department for Health and Social Services and leads on strategy, policy, commissioning, funding, contract management and governance of health and social care R&D in Wales.

Through its 'external brand', Health and Care Research Wales, the R&D Division provides an infrastructure to support and increase capacity in R&D, runs a range of responsive funding schemes and manages resources to promote, support and deliver research. It also participates in partnership and cross-funder activities where these bring advantages to Wales. It supports translational research with a particular focus on applied and public health research. This includes research into the prevention, detection and diagnosis of disease; the development and evaluation of interventions; and the provision, organisation and delivery of health and social care services. The Division also works to support the implementation of research findings into practice.

The Division has key relationships within Welsh Government with the Department for Economy, Science and Transport's Life Sciences and Innovation teams, the Chief Scientific Adviser for Wales and the Department for Education and Skills. The Division also works very closely with colleagues with similar roles in the other UK nations, the UK research councils, other research funders and the European Commission.

Explanation of Changes to Develop & Implementation Research & Development for Patient & Public Benefit

- (£0.430m) recurrent baseline transfers and changes (previously actioned on a non recurrent basis)

Action: Social Care & Support		
2018-19 Supplementary budget June 2018 £m	**Draft Budget 2019-20 £m**	**Change £m**
3.462	4.562	1.100

This Action provides funding for both Safeguarding and Advocacy and Older People Carers and People with Disabilities.

The programme of work for Safeguarding and Adult Advocacy primarily supports the continued implementation of the Social Services and Well-being (Wales) Act 2014 (The 2014 Act) and promotes a preventative agenda to improve outcomes for children and adults at risk. In 2019-20 the implementation of the NPP (now Wales Safeguarding Procedures) will be a priority, supporting Regional Safeguarding Boards to take this forward, along with continued support to NISB. The role of Safeguarding Boards encompasses both prevention and protection for children and adults at risk of abuse, neglect or other forms of harm.

It also funds programmes of work to support carers in carrying out their roles as carers whilst maintaining their own health and well-being. This is central to ensuring that the rights for carers in the Social Services and Well-being (Wales) Act 2014 make a real difference in supporting carers and involves a strong element of investing to save since informal, unpaid carers are estimated to provide 96% of the care in Wales, care that would otherwise have to be provided from social care budgets.

Funding to support taking forward programmes to improve the life chances of disabled people and in particular the Improving Lives Programme for People with a Learning Disability, launched in June 2018. Funding is also used to take forward actions within the Framework of Action for People with Integrated Framework for Action of Care and Support for People Who are Deaf or Living with Hearing Loss.

The Funding also partly supports the delivery of the ASD Strategic Action Plan 2016 and delivery plan, including support for the ASD National Development Team hosted by the WLGA to support delivery of the strategic priorities. This will include advice in relation to the passage of the Autism (Wales) Bill which was introduced into the Assembly in July 2018.

Explanation of Changes to the Social Care & Support Action

- The addition of £0.550m to this Action is as a result of transferring the budget for Children's advocacy from the Supporting Children Action.
- Additional £0.550m MEG to MEG from Local Government & Public Services transfer in respect of National Approach to Advocacy funding

Action: Partnership & Integration		
2018-19 Supplementary budget June 2018 **£m**	**Draft Budget 2019-20** **£m**	**Change** **£m**
0.606	0.606	-

This Action provides funding to assist with the integration of health and social services and the implementation of the Social Services and Well-being (Wales) Act 2014. In addition it also funds improvements to advice and guidance on continuing healthcare which should help people to access the support they need to meet their health needs. It also supports the consideration of a social care levy contributing to the wellbeing goals of a prosperous and resident Wales by considering options to

provide the anticipated funding required in future to meet the increasing demands for social care resulting from an ageing population.

Funding remains at the same level as in the June Supplementary Budget.

Action: Sustainable Social Services		
2018-19 Supplementary budget June 2018 £m	**Draft Budget 2019-20 £m**	**Change £m**
11.215	11.315	0.100

The majority of this Action (£6.8m) funds the Sustainable Social Services Third Sector grant. 32 projects are being supported following a competitive bidding round which support children, young people and their families, looked after children and care leavers, older people, disabled people and carers

The balance of the funding in this Action (£4.5m) is used to support delivery of the Social Services and Well-being (Wales) Act 2014, implementation of the Regulation and Inspection of Social Care Act 2016 (RISCA) and improvement of Social Care Services which deliver the changes required to achieve our vision for a social care in Wales that improves well-being and puts people and their needs at the centre of all care and support. Our principles include cultivating practice that promotes voice and control, independence, coproduction, person-centred care and prevention and early intervention approaches.

Explanation of Changes to the Sustainable Social Services Action

- The £0.100 million is as a result of non recurrent funding in respect of Disability Wales

Action: Social Care Wales		
2018-19 Supplementary budget June 2018 £m	**Draft Budget 2019-20 £m**	**Change £m**
18.038	18.038	-

This Action provides grant in aid funding to Social Care Wales a Welsh Government Sponsored body.
Social Care Wales (SCW) is funded to regulate the social care workforce, build confidence in the workforce, and lead and support improvement in social care.

Key priorities include:

- set standards for the care and support workforce, making them accountable for their work

- develop the workforce so they have the knowledge and skills to protect, empower and support those who need help
- work with others to improve services for areas agreed as a national priority
- set priorities for research to collect evidence of what works well
- share good practice with the workforce so they can provide the best response
- provide information on care and support for the public, the workforce and other organisations.

Funding remains at the same level as in the June Supplementary Budget.

Action: Older People Commissioner		
2018-19 Supplementary budget June 2018 £m	**Draft Budget 2019-20 £m**	**Change £m**
1.545	1.545	-

This action funds the Older People's Commissioner for Wales, an independent statutory commissioner. The Commissioner's role and statutory powers are defined by the Commissioner for Older People (Wales) Act 2006 and accompanying Regulations. The Act outlines the action that the Commissioner is able to take to ensure that the interests of older people are safeguarded and promoted when public bodies discharge their functions and the assistance the Commissioner may provide directly to older people in certain situations.

The Commissioner for Older People (Wales) Act 2006 and the Commissioner for Older People in Wales (Amendment) Regulations 2008 require the Commissioner to produce and submit an estimate of the income and expenditure of their office, to be examined by Welsh Ministers and laid before the assembly before the start of the financial year.

The previous Commissioner submitted her annual income and Expenditure estimate in late 2017, illustrating a need for stability in funding. The need for a stable platform of funding into 2019-20 continues. As well as operating costs, key work programmes run over financial years and will continue into 2019-20, for example Ageing Well in Wales; work to support advocacy in care homes and increased take up of adult advocacy services; Section 3 Reviews; Older people and human rights work, case work supporting older people who contact the OPCW for support and advice.

Funding remains at the same level as in the June Supplementary Budget.

Action: Supporting Children		
2018-19 Supplementary budget June 2018 £m	**Draft Budget 2019-20 £m**	**Change £m**
39.090	49.996	10.906

The bulk of funding in this action supports the childcare offer (which is subject to scrutiny by the CYP&E Committee). This action also contains his action funding for the Looked after Children Transition Grant (LACTG) which provides funding for a number of initiatives which improve outcomes for looked after children so that all children in care have the same life chances as other children. It also contains the Vulnerable Children budget which supports children who have been adopted to ensure they and their family have the necessary access to support services to begin their family life.

Explanation of Changes to the Supporting Children Action

- £(1.000)m transfer to the Children and Communities Grant in the LGPS MEG in respect of the St Davids Day Fund;
- £15.000m increase in respect of additional funding for the Childcare offer which has increased from £25m in 2018-19 to £40m in 2019-20;
- £(2.300)m transfer out of Support for Childcare and Play BEL in respect of the Out of School Childcare Grant; and,
- £0.306m allocated to the Childcare and Play BEL during restructuring of the MEGS during 2018-19 draft budget
- £(1.100)m transfer to the Social Care and Support Action in respect of Safeguarding & Advocacy

Action: CAFCASS Cymru		
2018-19 Supplementary budget June 2018 £'000	**Draft Budget 2019-20 £'000**	**Change £'000**
10,267	10,267	-

Cafcass Cymru is a demand-led operational service delivers a statutory service to the Family Court in Wales on behalf of Welsh Ministers. Cafcass Cymru practitioners work with nearly 9,000 of the most vulnerable children and young people in the family justice system, ensuring our interventions promote the voice of the child, is centred on their rights, welfare and best interests to achieve better outcomes for the child involved in the Family Justice System in Wales.

The organisation seeks to influence the family justice system and services for children in Wales, providing high quality advice to Ministers and ensuring the needs of Welsh families and children are reflected in process and policy developments.

Of the £10.267m budget, 92% is attributed to staffing costs and 8% to commissioned services and infrastructure costs. Aside from staffing and running costs for the organisation, the budget provides grant funding to support separated parents, when directed by the Family Court, to have contact with their children. The budget also funds the provision of the Working Together For Children programme which supports parents who have separated, or are separating, to better manage their own behaviour to ensure the emotional, practical and physical needs and best interest of their children are paramount.

Funding remains at the same level as in the June Supplementary Budget.

ANNEX B

Progress update

This Annex provides an update on progress against the Health, Social Care and Sport Committee's December 2017 recommendations, as set out in its report on the 2018-19 draft budget. This includes details of relevant budget allocations for 2019-20.

***The Committee recommends that the Welsh Government should identify ways in which transformation and transition funding is prioritised and made available for NHS organisations from within existing budgets*.**

Progress update:
The Fund is intended to meet the time-limited additional costs of introducing new models of health and social care. It is aimed at accelerating the wider adoption and scaling-up of new ways of working which are intended to replace or reconfigure existing services.

In particular the Fund is designed to quickly validate the 'scalability' of new models (their ability to expand from a locality to a region, or from a region to other regions) and to test whether they are 'transformative' (affordable and sustainable, changing or replacing existing approaches rather than adding an extra layer on to them).

The Fund will provide revenue funding to support time limited 'transformation projects' which support the introduction of new models. The Fund will not support the additional costs of delivering new models on a recurring basis. It will support costs which relate specifically to the 'transformation project', for example:

- Staff time – freeing up staff to develop and test new models of care, including backfilling of existing roles where necessary
- Programme infrastructure – at a national and local level, but proportionate to the scale of change
- Physical infrastructure – where possible from revenue funding, particularly application of ICT
- Double running costs – to support the transition from existing to new models of care.

Transformation Funding was originally announced as being for a two year period, covering 2018-19 and 2019-20 financial years. Based on feedback from regional partnership boards the funding period has been revised to allow more flexibility – still a two year funding period but starting from now and therefore spanning three financial years 2018-19 to 2020-21.

Ministers and officials have also been clear that the Transformation Fund is only intended to accelerate selected projects, particularly new models of care, over a time limited period. Service transformation should be a core activity for all health and social care partners, supported from their recurrent funding – "it is the £9 billion which needs to transform". We expect strong system leadership to drive the

transformative change needed across Wales, going well beyond the relatively small amount made available through the Transformation Fund itself.

There is no proportional allocation of transformation funding to geographic regions or to types of models. The Transformation Programme will aim to ensure an appropriate distribution across Wales, and to different types of models, but the ability to do this will depend on the strength of proposals received. The Transformation Programme will work with RPBs and delivery projects as required to support the development of projects across Wales, including for example targeted funding for 'second wave' adoption into new regions.

The Committee recommends that the Welsh Government and NHS Wales must prioritise prevention. This must range from interventions that deliver timely outcomes for patients to invest to save programmes such as health prevention campaigns. Investment in a preventative approach must be integral to the transformational change of NHS Wales.

Progress update:
There is a pressing need for us to prevent, and intervene earlier in long-term conditions (non-communicable diseases or chronic conditions) such as cardiovascular and chronic respiratory disease, cancer and diabetes in an evidence-based way that will bring about the maximum impact in improving health and well-being in Wales. The operational challenges of the current health and care system are not sustainable and there is a pressing need to focus on creating a healthy and sustainable society.

A Healthier Wales places a strong focus upon the role of prevention, to enable people to be supported and to remain active and independent, in their own homes, for as long as possible. This will be driven forward through enabling and encouraging good health and wellbeing throughout life and by anticipating and predicting poor health and wellbeing. This aligns with the commitment within *Prosperity for All* to develop public health campaigns which will help to shift behavioural change across the population.

To meet these aims we have placed a greater focus on the work of Public Health Wales to enhance work and capacity around behavioural insights. Work to evaluate current approaches and to scale population messages has been driven forward; this includes assessing the quality and impact of existing campaigns. There is a strong role to ensure that we are providing information, advice and taking action across sectors to promote health, prevent disease and reduce health inequalities. Plus developing essential which aim to protect the public and to continuously improve the quality, safety and effectiveness of the services we deliver.

We are placing a strengthened focus on nutrition, diet and physical activity across the population through the development of a national obesity strategy – Healthy Weight: Healthy Wales, which has been legislated against through our Public Health Wales Act 2017. This will focus on both prevention and intervention and we will be consulting in the autumn and a final strategy will be published by October 2019. We are also driving partnerships and collaborative delivery through existing funding. A

collaborative physical activity action plan is being developed through Public Health Wales, Sport Wales and Natural Resources Wales, which will utilise joint resources and delivery to engender change.

The Healthy & Active Fund was launched in July, which delivers in an integrated way the Prosperity Fund commitments for a Well-being Bond and Challenge Fund for Sport. The HAF a partnership between Welsh Government, Public Health Wales and Sport Wales and places the five ways of working at the cores of its design, delivery, monitoring and evaluation. £5m is available over three years, with the aim of improving mental and physical health by enabling healthy and active lifestyles, with a particular focus on strengthening community assets.

***The Committee recommends that the Welsh Government should develop an all-Wales efficiencies programme in order to ensure that local good practice is translated in to all Wales service-wide change*.**

Progress update:
Welsh Government has established a Finance Delivery Unit, which is being hosted by Public Health Wales NHS Trust. As part of its work programme, the Unit has developed an Efficiency Framework which is available to all NHS Wales organisations. The Framework provides a large range of costing, benchmarking and other intelligence to provide organisations with a core resource to identify opportunities for improvement and efficiency. The framework also allows sharing of good practice and examples of effective delivery of improvement programmes across organisations. The Unit will support and challenge the adoption of these opportunities by organisations in the context of support for Welsh Government intervention in organisations in escalation, and more widely in reviewing the robustness of integrated medium term plans.

***The Committee recommends that the Welsh Government's all-Wales efficiencies programme (our Recommendation 5) should include a clear focus on how capital investment will deliver efficiency savings and support transformational change*.**

Progress update:
The guidance that health organisations are expected to follow in preparing bids for accessing capital funding sets out the relevant process and considerations including fit against the criteria listed above. The Infrastructure Investment Board considers major capital investment projects. Its remit includes ensuring that all investments fit with the strategic direction of the NHS and meet the criteria

***The Committee recommends that the Welsh Government should support and hold health boards to account to prioritise capital funding for primary care and ensure it improves the physical capacity for multi-disciplinary working and promotes new models of care*.**

Progress update:
The pipeline of 19 primary care projects is being progressed. The funding for delivering these projects has increased to £72m through the provision of a further £4.5m for 2020-21 in the draft budget.

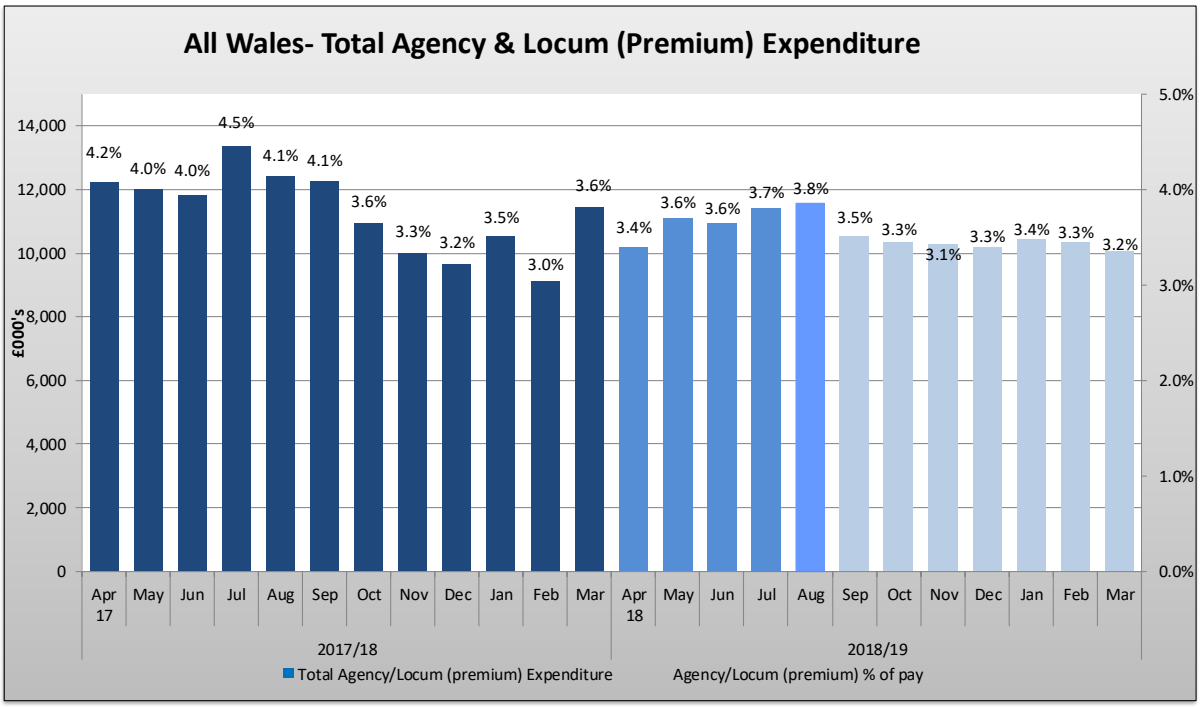
***The Committee recommends that the Welsh Government to make the strongest possible case to the UK Government / National Offender Management Service for increasing what is a relatively modest financial allocation for prisoner health in order to ensure that individuals in the secure estate in Wales, who often have above average needs, particularly in mental health, are able to receive a quality level of healthcare*.**

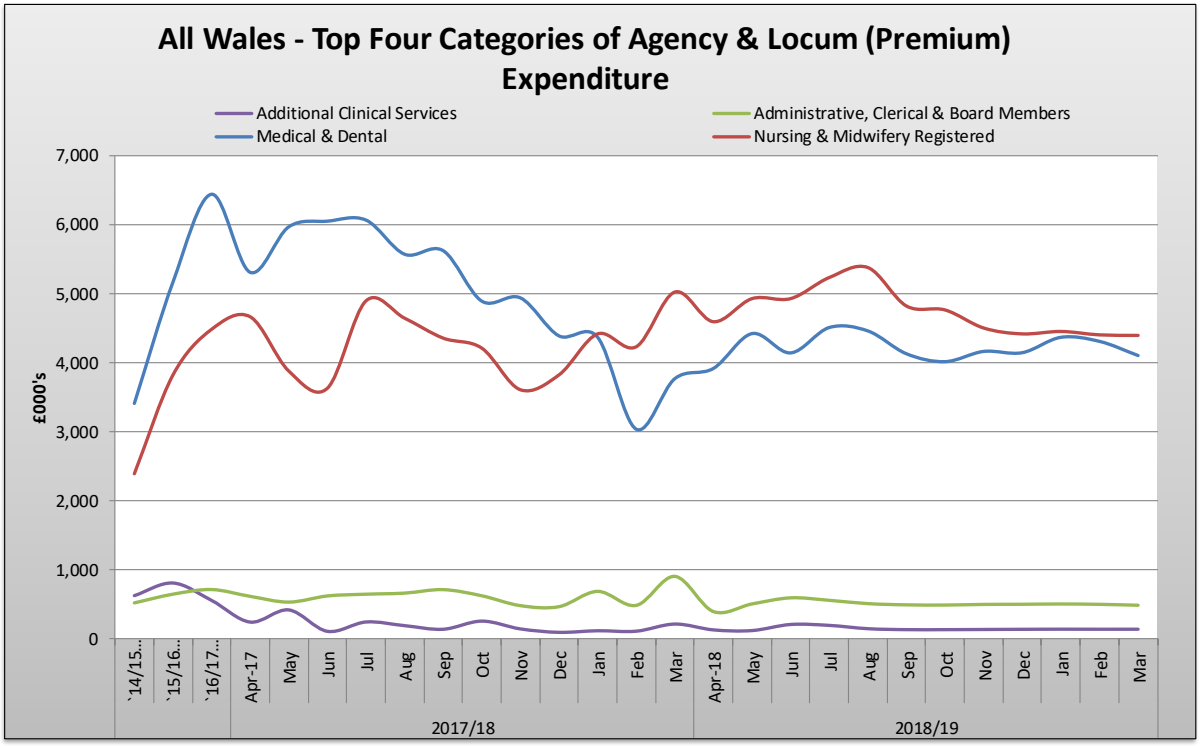
Progress update:
In response to the recommendation, officials have worked closely with health boards and HM Prison and Probation Service to develop a set of shared priorities, underpinned by a whole prison approach to improving health and well-being in public sector prisons. The priorities are being finalised and once agreed will provide the basis, along with the increasing prison population in Wales, to approach the SoS to raise concerns

The Committee recommends that, given the significant amount of NHS Wales's expenditure on agency staff, the Welsh Government should commission a review of the anomalies and perverse incentives across agency / bank arrangements with a view to making changes which significantly reduce spend.

Progress update:
Health Boards and Trusts have been implementing the requirements of the Circular and Welsh Government officials have remained in close touch with them on the practical issues arising during implementation. In addition, work coordinated through the Temporary Nurse Staffing Group has continued to focus on reduction in Agency nurse expenditure.

There is evidence of progress to reduce agency and locum spend which is reflected in the data table below.





We have not yet established a Workforce Delivery Unit as we are considering how this capacity should fit with the establishment of the new NHS Executive function set out in Healthier Wales. However, this has not been a barrier to progress as the system is still working to realise the full benefits from the controls introduced as part of the Circular and from the transfer of procurement of temporary nurse staffing onto the new all Wales Framework contract.

Officials and key colleagues working on delivering change to deployment of agency and locum staff across the NHS met on 12 October to consider experience so far

and to advise the Cabinet Secretary on the next phase of coordinated action across Wales to both reduce spend and deployment and continue to remove perverse incentives and anomalies across the system. The Cabinet Secretary will announce the actions to be included in the next phase of this work once he has considered the advice of the group.

The Committee recommends that the Welsh Government should invest in a whole-system approach to health and social care. It must ensure there is planned year-on-year additional funding available for social care and that it is sufficient to reflect increasing demands.

Progress update:
In this draft budget we are investing a further £30m in social services from within the Health and Social Services MEG, and a further £20m will be provided through the Revenue Support Grant from the Local Government and Public Services MEG.

In addition, we have provided £30m in 2019-20 for Regional Partnership Boards to take forward the development of new models of integrated health and social care services.

***The Committee recommends that the Welsh Government should ensure that recent portfolio changes do not have an adverse impact on the alignment between policies in respect of physical activity and sport and those that aim to improve health and well-being outcomes*.**

Progress update:
There is continued dialogue and action taking place across departments to drive delivery. This has included joint work on the development of 'Healthy Weight: Healthy Wales' to prevent and reduce obesity levels across Wales, which includes forward actions to increase levels of physical activity. This will be driven by an implementation board across departments. Furthermore, Sport Wales, Public Health Wales and Natural Resources have been tasked to develop collaborative actions on physical activity, which includes aligning joint outcomes and actions across organisations.

The Healthy and Active Fund (HAF) was launched in July by the Cabinet Secretary for Health and Social Services and the Minister for Culture, Tourism and Sport. The first phase investment of £5m over three years will focus on improving physical activity levels. The development and delivery of the HAF is a partnership across departments with Sport Wales and Public Health Wales.

Response to Information Request by the National Assembly for Wales: Health, Social Care and Sports Committee

ABM University Health Board

The Health Board covers a population of approximately 500,000 people and has a budget of £1.3 billion. The Health Board is a population health organisation, responsible for both the health and wellbeing of its population and for delivering high quality health and care where it is needed. Both functions are done in partnerships with a range of other organisations.

The Health Board employs around 16,500 members of staff, 70% of whom are involved in direct patient care. From April 2019 the population of Bridgend will become the responsibility of Cwm Taf Health Board.

The Health Board has four acute hospitals providing a range of services; these are Singleton and Morriston Hospitals in Swansea, Neath Port Talbot Hospital in Port Talbot and the Princess of Wales Hospital in Bridgend. There are a number of mental health hospital sites, smaller community hospitals primary care resource centres providing important clinical services to our residents outside of the four main acute hospital settings.

The Health Board is currently structured into six Service Delivery Units, comprising of the four acute hospitals, Mental Health and Learning Disabilities services and Primary and Community Care services.

The Health Board acts as the service provider for Wales and the South West of England in respect of Burns and Plastic Surgery. In addition, Forensic Mental Health services are provided to a wider community, which extends across the whole of South Wales, while Learning Disability services are provided from Swansea to Cardiff. A range of community based services are also delivered in patients' homes, via community hospitals, health centres and clinics.

The Health Board contracts with independent practitioners in respect of primary care services, which are delivered by General Practitioners, Opticians, Pharmacists and Dentists. There are 77 General Practices across the Health Board.

During 2017/18 the number of General Medical Practices in the ABMU area reduced from 73 to 66 (having reduced from 77 in the previous 3 years, mainly due to practice mergers).

The Health Board also contracts with 125 Community Pharmacies, 95 Dental practitioners (including 7 Orthodontic and two oral surgery specialists) and engages with 52 Optometry practices who provide enhanced eye care services.

The Health Board remains responsible for directly providing general medical services to the registered patients of Cymmer Health Centre (circa 2500 patients). From 1st April 2017 the Health Board was also responsible for providing managed General Medical Services in Cwmavon for 3300 patients. To enable the Health Board to deliver high quality directly managed primary care services and to maintain the best possible service to patients, the two practices merged to become one Practice team delivering services from the two Health Board premises at Cwmavon and Cymmer.

General Medical Services within Her Majesty's Prison Swansea are also provided via ABMU. Outside normal practice hours the Health Board also has responsibility for the provision of an Out of Hours GP service.

Contents

Appendices

Section	Detail
1.	An extract of the NHS Outcomes Framework of relevance to mental health services
2.	The data source summary for the Together for Mental Health outcomes
3.	The MH and LD Annual Plan for 2018-19 being appendix 3 of the Health Board Annual Plan

1. Mental Health

1.1. A detailed breakdown of spend on mental health services for the last 3 years (including how total spend compares to the ring-fenced allocation).

The ring fencing of Mental Health Services was established in 2008. The basis of the original ring fencing was determined by the Programme Budget share of costs for Mental Health Services identified by Health Boards at that time.

The Mental Health Programme Budget includes:

- Mental Health Hospital and Community Services delivered within the Health Board, including overheads and indirect costs managed out with Mental Health Operational Budgets;
- Acute services provided for patients with diagnoses within the Mental Health Programme Budget definition;
- Services provided for Health Board residents by neighbouring Health Boards;
- Specialist services commissioned for Health Board residents by WHSSC;
- Prescribing and Primary Care Services relating to mental health diagnoses; and
- Continuing Health Care provided to patients with Mental Health diagnoses.

The Programme Budget spend for the last available 3 years is summarised below and compared to the ring-fenced sum included in the Health Board Allocation Letter. (2017-18 data will not be available until December 2018).

Figure 2: Programme Budget and Ring Fence Allocation			
	2014-15	**2015-16**	**2016-17**
	£000	**£000**	**£000**
Mental Health Programme Budget:			
Pharmacists	2,023	1,817	1,464
QOF	989	913	948
Enhance Services	517	798	900
Drug Prescribing	7,530	7,166	5,596
Other Primary	707	606	1,513
Sub Total	**11,766**	**11,300**	**10,421**
ABMU Provider	72,853	74,793	79,796
Other Providers	4,503	4,455	5,021
WHSSC	10,686	8,802	11,337
CHC (WCR1 PC Section)	19,470	21,728	24,091
Other Secondary Sectors	2,291	2,405	259
Total Programme Budget	**121,569**	**123,483**	**130,925**
	2014-15	**2015-16**	**2016-17**
	£000	**£000**	**£000**
Ring Fence	**108,278**	**108,278**	**111,013**

This comparison suggests a level of spend in excess of the ring-fenced sum. However direct comparison is not valid as the ring-fence includes significant elements not under the control of Mental Health clinicians and movements in spend against Programme Budgets will be subject to numerous variables including:

- Changes in Programme Budgeting guidance and definitions;
- Changes in costing policy impacting on fully absorbed costing returns;
- Data quality changes impacting on apportionment of costs to specialty level and assignment to Programme Budget; and
- Changes in flows of activity between Health Boards.

1.2. What mechanisms are used to track spend on mental health to patient outcomes?

Mental Health and Learning Disability Services are part of the overall NHS Outcomes Framework and outcomes are reported in the performance scorecard. Appendix 1 details those outcomes relevant to the delivery of Mental Health services, NHS Outcomes Framework – Mental Health.

In addition, **The Together for Mental Health (T4MH) Delivery Plan** includes a series of measures against outcomes as defined by Welsh Government. As follows:

Figure 3: Extract from The Together for Mental Health (T4MH) Delivery Plan

Chapter One: Better Mental Wellbeing and Preventing Mental Health Problems	1. Population wide physical and mental wellbeing is improved: people live longer, in better health and as independently as possible for as long as possible.
	2. People and communities are more resilient and better able to deal with the stresses in everyday life and at times of crisis.
	3. Child welfare and development, educational attainment and workplace productivity are improved as we address poverty.
Chapter two: A New Partnership with the Public	4. People with protected characteristics and vulnerable groups, experience equitable access and services are more responsive to the needs of a diverse Welsh population.
	5. Welsh speakers in Wales are able to access linguistically appropriate mental health treatment and care where they need to do so.
	6. People in Wales have the information and support they need to sustain and improve their mental health and self manage mental health problems.
	7. People with mental ill health experience less stigma and discrimination and feel that these problems are being tackled.

	8. People feel in more control as partners in decision making about their treatment and how it is delivered.
	9. Families and carers of all ages are involved in assessments for support in their caring roles.
	10. People of all ages and communities in Wales are effectively engaged in the planning, delivery and evaluation of their local mental health services.
Chapter Three: A Well Designed, Fully Integrated Network of Care	11. Service users experience a more integrated approach from those delivering services.
	12. People of all ages benefit from evidence based interventions delivered as early as possible and from improved access to psychological therapies.
	13. Service user experience is improved, and safety, protection and dignity are ensured and embedded in sustainable services.
	14. Providers are positively managing risk, supporting people to increase their levels of hope and aspiration and enabling them to realise their full potential through recovery and enablement approaches.
Chapter Four: One System to Improve Mental Health	15. People of all ages experience sustained improvement to their mental health and wellbeing as a result of cross-Government commitment to all sectors working together.
Chapter Five: Delivering Better Mental Health	16. Staff across the wider workforce recognize and respond to signs and symptoms of mental illness and dementia.
	17. Inspirational leadership and a well-trained, competent workforce in sufficient numbers ensure a culture which is safe, therapeutic, respectful and empowering.
	18. Evidence-based high quality services are delivered through appropriate, cost effective investment in mental health.

There is a defined source of information for the above outcomes, which are set out in Appendix 2: Data Source for T4MH outcomes.

Clinicians use tools for measuring outcomes. These are not used universally but in response to identified clinical need, examples include HAD scale, PHQ9, CORE-10, and Warwick Edinburgh Mental Well-being Scales:

- HAD Scale - The Hospital Anxiety and Depression Scale is an easy to use 14 question tool in common use to gauge a person's level of anxiety and depression as they often come hand in hand.
- PHQ9 - The Patient Health Questionnaire 9 is a simple and quick to use 9 question, primary care level tool that can be used to predict the presence and severity of depression.

- CORE 10 - Clinical Outcomes in Routine Evaluation 10 is one of a number of outcome measurement tools that can be used for screening and monitoring, session by session, in relation to psychological distress. The CORE 10 version is brief for questions cover anxiety, depression, trauma, physical problems, functioning and risk to self which can be tracked over time.
- The Warwick-Edinburgh Mental Well-being scale is a 14 question scale used in monitoring mental wellbeing in the general population and also the evaluation of projects which aim to improve mental wellbeing.

The Health Board continues to engage with Welsh Government and contributes to a national project to develop a Mental Health core dataset which, linked to the roll-out of the Welsh Community Care Information System, will improve future outcome measurement. The WCCIS is the new computer system being introduced in Wales to help health and social care professionals work together to provide care closer to people's homes.

Welsh Government has established a Mental Health and Learning Disabilities Core Data Set Project Board supported by the 1,000 lives improvement team in Public Health Wales. The aims of this national project are to improve the quality of care and treatment planning, and to improve therapeutic relationships. They have published a paper on the proposed model for outcome measurement in Wales. All health boards will capture three measures: the service user experience; whether goals identified by the service user were met; and a measure to consider improvement. A subgroup is developing a work plan that will see them engage with each health board in Wales including service users and carers. We are looking forward to this support for developing consistent approaches to services user and carer focused outcome measurement in health and social care.

Whilst there are a wide range of outcome measures for Mental Health and Learning Disability services and patients, and ongoing work to define and measure outcomes, there are currently no routine processes in place for tracking spend to these outcomes. There are however well established mechanism for tracking spend.

1.3. Health board priorities for mental health services/spend for the next three years. How outcomes will be measured?

Due to the Health Board's escalation status, Targeted Intervention, it currently has an annual plan, the ABMUHB Annual Plan 2018-19.

Priorities for Mental Health and Learning Disabilities are captured within the body of the Plan and within the supporting Service Improvement Plan. The Service Improvement Plan includes measures of success. Priorities within the body of the Plan include:

- In 2017-18, the Health Board commissioned an external clinical review of Older People's Services. This concluded that there was significant potential to improve the quality of care by rebalancing the service model from an inpatient to a community-based service. The report highlighted that Welsh peer group services have a 50:50 ratio of inpatient to community services which in ABMUHB is a 70:30 ratio. To

underpin the changing service model, the Health Board has invested approximately £1.5m in Older People's Community Mental Health services and this has a supported a programme of changing service models with 18 beds being reduced in 2017-18 on a temporary basis pending consultation. Plans are in place within the overall Service Remodeling Programme for a further reduction in 2018-19 which will be phased based on the ratio levels. Further detail on the plans for and impact of these changes is included in appendix 3.

- Investment in the infrastructure to support the redesign of Learning Disabilities and Mental Health accommodation to support new ways of working.

The Service Improvement Plan includes the following specific actions on Mental Health and Learning Disabilities:

Figure 4: Specific Actions on Mental Health and Learning Disabilities from The Service Improvement Plan

Corporate Objectives	Drivers	Actions	Measures
Promoting and enabling healthier communities	Living Well	Improve access to services to support mental health wellbeing as part of the implementation plan for the Strategic Framework for Adult Mental Health and the plans for the new Health and Wellbeing Centres.	The measures are to be confirmed as part of the development of Health and Wellbeing Centres.
Delivering excellent patient outcomes experience and access	Timely access to urgent or emergency care	Development of Elderly Mental Illness, EMI, care home in-reach services to support care home staff in management of mental health needs of residents and avoid need for referral to ED or admission to acute or psychiatric inpatient care.	Reduction in admissions from EMI Care Homes on 2017-18 baseline.
	Reduction in unnecessary hospital attendance	Psychiatric liaison service to be introduced.	98% compliance with 1 hour response time from referral to assessment for psychiatric liaison services.

			Reduction in numbers of frequent mental health attendees on 2017-18 baseline.
	Reduce patient risk through reduction in avoidable delays and prolonged hospital stay	Implement measures for mental health services to general wards.	Improvement in compliance with same day admission by psychiatric liaison team on 2017-18 baseline. Reduction in numbers of patients on general wards awaiting a MH bed.

The overall strategic direction for mental health within the Health Board remains unchanged, reflecting the current all-Wales Strategy for Mental Health and Wellbeing, Together for Mental Health (T4MH), and extant policy guidance. The Health Board is fully engaged in delivering the Together for Mental Health Delivery Plan and the Mental Health Measure 2010. The Mental Health and Learning Disabilities Plan is included as Appendix 3 to the overall HB plan, see attached Appendix 3 to this response.

1.4 Do funding arrangements, including the mental health ring-fence, strike the right balance between taking a holistic approach to meeting an individual's needs, and ensuring resources for mental health are protected?

There is real merit in ring fencing mental health funding to protect resources for Mental Health. However there is a potential conflict between protection of direct Mental Health service provision and meeting the holistic mental health needs of an individual. This becomes increasingly challenging due to the complexity of patient needs which may span Mental Health and many other services.

1.5 How demand/capacity and spend on mental health services not directly provided by the health board is captured (e.g. in primary care, voluntary sector)?

The expenditure associated with care provided within primary care and by external bodies can be identified as relating to Mental Health are captured as part of the Programme Budget calculation described in 1.1.

Primary Mental Health Services are addressed through Primary Care Cluster Plans. Some examples of services to support demand include: Counselling Services provided by Third Sector, Wellbeing Counsellor attached to the Neath Hub and Active Social Prescribing to alternative sources of support.

1.6 A breakdown of spend on emotional and mental health services for children and young people (last 3 years). This should include information on all services, not only specialist CAMHS, and should be broken down by area (e.g. primary, secondary, crisis, therapeutic, voluntary sector etc.).

The majority of CAMHS services are provided by Cwm Taf University HB supplemented by some in-house provision by ABMU HB. The services provided by Cwm Taf University Health Board are managed through a Long Term Agreement, LTA, between the two health boards. Further specialist services are commissioned by WHSSC, the Welsh Health Specialised Service Committee. These are provided by Cwm Taf University Health Board and from out of area placements and services.

Figure 5: CAMHS Expenditure

Services	**Provider**	**2015-16 £000**	**2016-17 £000**	**2017-18 £000**
Core Services	Cwm Taf UHB	2,972	4,166	4,226
	ABMU HB	-	461	470
	Sub-total	**2,972**	**4,627**	**4,696**
Specialist Services	Cwm Taf UHB	794	885	1,016
	Out of Area	472	378	299
	Sub-total	**1,266**	**1,263**	**1,316**
All	**Grand Total**	**4,238**	**5,891**	**6,012**

Further analysis of the core services is provided below:

Figure 6: Further Analysis of Core CAMHS Services

Service	2015-16 £	2016-17 £	2017-18 £
Core LTA Services	2,971,873	3,244,082	3,451,252
Additional Services:			
Cwm Taf - Local Primary Mental Health Services	-	132,102	134,744
Cwm Taf - Psychological Therapies	-	181,641	185,274
Cwm Taf - Crisis Support + T4CYP	-	445,845	454,762
ABMU - Neuro Disability Development Team	-	330,256	336,861
ABMU - Early Psychosis	-	130,646	133,259
Other:			
Non-recurrent costs of high cost patient	-	162,797	-
Total	**2,971,873**	**4,627,369**	**4,696,151**

Note: T4CYP – Together for Children and Younger People

2. Primary Care/Secondary Care split

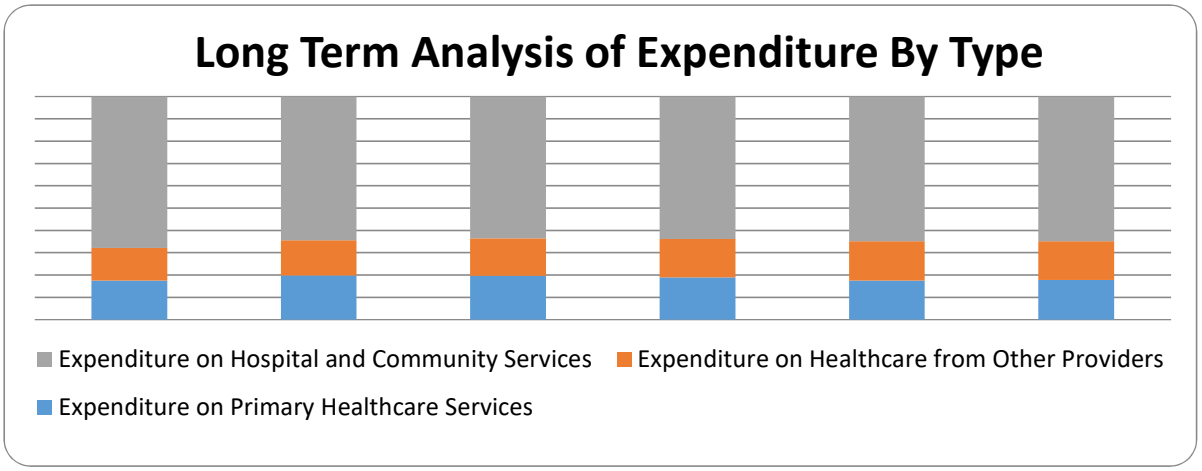
2.1. Health Board spend on Primary Care for the last three years including proportion of Health Board spending

The Health Board has seen movements in its expenditure patterns since its inception and the movements in the expenditure for the financial years 2012/13 to 2017/18 are documented below by the main expenditure headings of:

- Expenditure on Primary Healthcare Services;
- Expenditure on Healthcare from Other Providers;
- Expenditure on Hospital and Community Services;

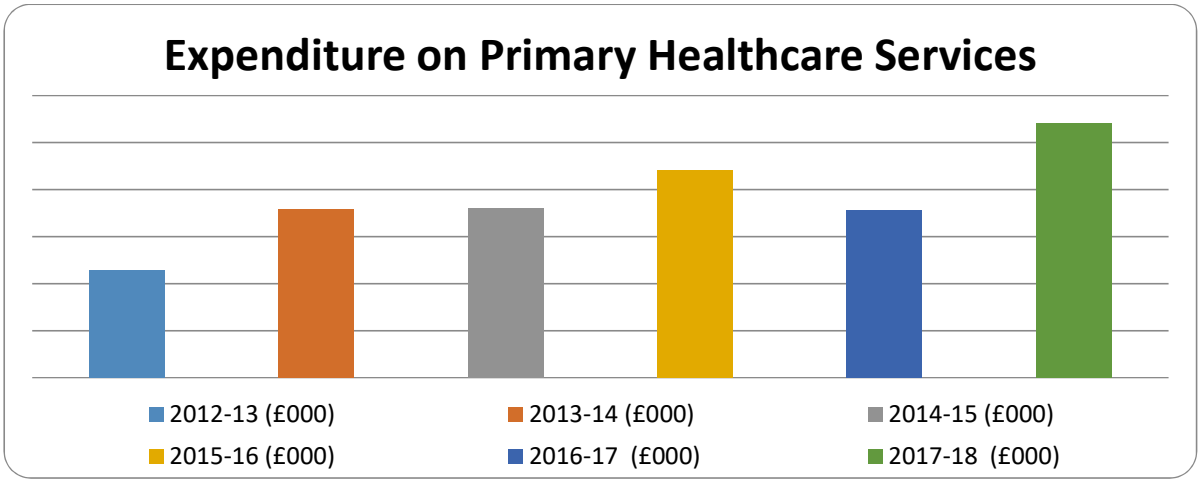
As demonstrated in the table below whilst there have been movements in each of these headings over the last 5 years, an analysis of the expenditure shows that the mix of expenditure is broadly consistent year on year.

	2012/13 £000	2013/14 £000	2014/15 £000	2015/16 £000	2016/17 £000	2017/18 £000
Primary Healthcare Services	226,411	232,867	232,967	237,071	232,790	242,052
Healthcare from Other Providers	188,769	186,724	199,632	216,761	236,363	238,469
Hospital & Community Services	881,006	762,917	756,410	802,341	868,757	887,423



Expenditure on Primary Healthcare Services

Expenditure on Primary Healthcare Services comprises expenditure on the Primary Care contracts for General Medical Services, Pharmaceutical Services, General Dental Services, General Ophthalmic Services, Prescribed Drugs and Appliances and other Primary Health Care Expenditure.



After an increase from £226m to £232m in 2013/14, expenditure on Primary Health Care Services remained consistently at around £232m over the period 2013/14 to 2014/15. In 2015/16, expenditure increased to £237m as a result of increased costs of prescribed drugs and appliances with increases in the volume of items prescribed and price increases.

In 2016/17, there was a reduction in expenditure to £233m which was due to £3.501m of rates rebates (relating to 2016/17 and previous years) in respect of GP premises following successful ratings appeals. In 2017/18, expenditure increased to £242m with the main increases being in General Medical Services of £5.7m which included increases in the costs of enhanced services and the costs of GP Out of Hours Services. Both of these areas of spend reflect a movement of services away from hospitals to a Primary Care setting.

2.2. Health Board prioritisation of capital funding for Primary Care

The Health Board has invested £1.372m in Primary Care sites since 2015. This can be broken down into these individual schemes below:

	Capital Spend £'000		
Scheme	**15/16**	**16/17**	**17/18**
Bron Y Gan , Maesteg	390	42	
Briton Ferry HC	26		
Cwmbwrla Clinic	17		
Pontardulais	33		
Brynhyfryd		20	3
Glanrhyd North Hub		440	12
Cwmafan		8	
Ystalyfera			64
Dyfed Road			317
Total	**466**	**510**	**396**

A number of other schemes have also been undertaken as Joint ventures through Primary Care revenue eg Mayhill, Vale of Neath and Porthcawl.

In addition to the above, Welsh Government has approved four large capital schemes, which are scheduled to complete before the December 2020. These four schemes are:

- Murton Clinic refurbishment £400k;
- Penclawdd Clinic refurbishment £800k;
- Bridgend Well Being Centre New Build £5m;
- Swansea Well Being Centre New Build £10m.

3. Preventative spend / integration

3.1. Can the health board demonstrate a greater focus on prevention and early intervention in its allocation of resources;

The Health Board – through its medium term plans, and supported by the allocation of resources to various service units and pathways – has always aimed to shift the focus from treatment to prevention, or at least earlier intervention.

These efforts range from measures that can be defined as primary prevention – those that seek to prevent ill health – to those that seek to intervene as early as possible when illness or risk factors are identified in order to halt or slow the progress of conditions. Examples from the last few years include:

<u>Primary prevention</u>

- Significant work to increase vaccinations and inoculations, especially for vulnerable residents. This is especially true of efforts to increase influenza vaccination, where we have undertaken a number of initiatives targeting care home residents, vulnerable adults etc. This has included general practice, community pharmacy and district nursing teams, as well as efforts to improve our own staff uptake;
- Improvement plans to increase rates of childhood vaccination and immunisation, including 2 and 5 year old boosters;
- Increasing rates of commissioning from community pharmacies in areas such as smoking cessation and flu vaccinations;
- Improved commissioning of third sector services, such as “Healthy Home” initiatives, befriending schemes, social prescribing, older people’s café, career support mechanisms etc.;
- A major scheme to pilot cardio vascular risk assessment and health checks in relatively deprived areas, to identify residents with cardio risk before it manifests in ill health;
- Work across four cluster areas to identify residents with pre-diabetic conditions with an aim to improve rates of exercise, promote healthy diet and prevent onset of diabetes. In addition, across a number of other cluster areas, a number of pilot

schemes have been introduced to promote activity, reduce obesity and increase general "healthy living" activities;

- Promotion of screening initiatives including brief GP intervention, especially in low take-up screening streams such as bowel cancer;
- Progress has been made in introducing health and wellbeing initiatives for young people to deflect from risky activity, improve levels of counselling support and promote healthy lifestyles. In addition, the introduction of primary care early years workers aims to embed healthy lifestyles, reduction of harms etc. at very early ages;
- In dental services, the introduction of the contract reforms promoted by Welsh Government has seen a step change away from "see and treat" as the model for contract remuneration, instead moving to a "see and prevent" approach. This is beginning to change attitudes of both the dental profession and patients away from treatment being the main goal of a dental appointment, and instead the creation of prevention plans and quality of care being the goal of general dental practice. This is beginning to show better levels of accessibility to dental services, especially for those for whom there have been difficulties in the past.

<u>Early intervention</u>

- Commissioning diabetes and care home enhanced services from general practice, to shift the emphasis from treatment to planning and preventive care;
- Efforts to reduce levels of inappropriate or unnecessary antibiotic prescribing, through professional education, public awareness, use of new techniques such as point of care testing for C-reactive proteins etc.;
- Adoption of an anticipatory care model of community care, which seeks to identify the future likely care and treatment needs of vulnerable and frail residents. This was successfully adopted and is gradually becoming embedded in everyday practice;
- Implementation of revised approaches to people with mild to moderate mental illness such as depression and anxiety. The aim is to "de-medicalise" care for people who instead derive more benefit from social prescribing, counselling or other treatment to reduce the likelihood of progression of mental illness. This incorporates the trialing of local area coordinators who have access to a range of services to reduce social isolation, non-medical referrals etc.;

Through its work with Public Service Board partners, the Health Board is also engaged in a number of multi-agency initiatives and programmes that have a 'health in all policies' approach, seeking to influence the risk and protective factors that have a bearing on health and wellbeing. Examples include work on housing and the wellbeing at work agendas.

3.2 What evidence can the health board provide about progress made towards more integrated health and social care services?

The Health Board works in partnership across a range of Child and Adult Primary and Community Services as identified below:

Integrated Flying Start service

Flying Start is the Welsh Government's flagship Early Years Programme for families with children who are under 4 years of age. The programme aims to make a decisive difference to the life chances of eligible children in identified Flying Start areas.

There are 18 Flying Start childcare settings based in schools across Swansea with the Health Visitors and Community Nursery Nurses co – located. These settings are grouped into 5 teams with midwives, speech and language therapists, early language workers and family facilitators allocated to a team.

The 4 Flying Start Entitlements

Health Visiting & Midwifery deliver

- An enhanced Child Health Programme for the child's first 4 years
- Smaller number of children on their caseloads
- Conduct group activities e.g. baby massage
- Midwives work with first time mothers who are under 25 years and their partners
- Midwives provide 1-1 and group support

Early Language Development

- Pathway to support language, communication and social skills
- Provided by Speech & Language Therapists and Early Years workers
- Conduct group activities e.g. Baby language and play, parent toddler, language and play for 2-3 year olds

Family Partnership

- Support families through their parenting journey and the challenges they face as a parent/carer
- Specific work with Dads

Quality Childcare for 2-3 year olds

- 5x 2.5 hours free childcare a week for 42 weeks
- Delivered through medium of Welsh and English
- Well qualified staff in settings of the highest standard
- Additional support for children with emerging or diagnosed disability

Health Visiting delivers the health Child Wales Programme, working with partners across public and third sector.

The (Healthy Child Wales Programme) HCWP will be a universal health Programme for all families with 0 – 7 year old children. The HCWP sets out what planned contacts children and their families can expect from their health boards from maternity service handover to the first years of schooling. These universal contacts cover three areas of intervention:

- Screening;
- Immunisation; and

- Monitoring and supporting child development.

ABMU is a partner organisation with Bridgend County Borough Council, South Wales Police, Police Commissioners Office and Probation Service in the development and delivery of a Multi Agency Safeguarding Hub (MASH). This concluded that the MASH approach leads to:

- Streamlined decision making through enhanced intelligence;
- Risk is collectively addressed;
- Opportunity for early intervention and prevention of repeat referrals;
- Demand being created but repeat referrals can be effectively reduced.

Safeguarding and promoting the welfare of vulnerable groups is everyone's responsibility and the evidence nationally and locally indicates that information sharing is vital to achieving this. Despite professionals' best efforts, information sharing is always a theme within any review process where improvements have to be made. The MASH provides the opportunity for agencies to do this better through co-locating professionals (either physically or through virtual means) to improve the quality of information on which decisions are based and making the sharing of this information quicker and easier.

The MASH brings key professionals together to facilitate early, better quality information sharing, analysis and decision-making, to safeguard vulnerable children, young people and adults more effectively. In addition, the development of the MASH in Bridgend coincided with the implementation of the Social Services and Well Being (Wales) Act 2014 (the Act).
Official Launch date is 16th October 2018.

In relation to Integrated Adult Community Services

One of the main, and quantifiable, pressures on current services arises from the growth in the number of people who are frail. People who are frail are also typically, though not exclusively, old and many will therefore have dementia. Identifying the potential impact on services, and resource use, from this group of people, and then focussing our efforts on meeting these needs differently through an enhanced intermediate, integrated health and social care model is therefore vital.

Working together Abertawe BroMorgannwg Univesity Health board, (ABMU HB) the City and County of Swansea (CCoS), Neath Port Talbot County Borough Council (NPT CBC) and Bridgend County Borough Council (BCBC) have developed integrated community services to tackle these pressures.

In September 2013, the four Western Bay partners approved the joint commitment for Community Services, *Delivering Improved Community Services,* through their respective Cabinets/Health Board.

Following the development of the Business Case, further work was undertaken to develop a model that continues to underpin Community Services delivery across Western Bay. The model '*What Matters to Me – Supporting our older population; The new way of working for health and social care across the Western bay region'* was developed in 2015.

Statutory requirement

There is a strong intent to improve health and wellbeing in Wales as outlined in *The Parliamentary Review of Health and Social Care in Wales - A Revolution from Within: Transforming Health and Care in Wales (Jan 2018);* which supports sustainable development through the Social Services and Wellbeing (Wales) Act 2014 and the Wellbeing of Future Generations (Wales) Act 2015.

In terms of complying with the Social Services and Wellbeing (Wales) Act 2014, integrating services to deliver the intermediate tier of services to the frail and elderly has enabled a range of services to delay, or prevent, the need for dependence on long term formal statutory service support.

- Services are available to provide the right support at the right time;
- More information and advice is available;
- Assessment is simpler and proportionate – via a central access point – one point of contact;
- Carers have an equal right to be assessed for support.

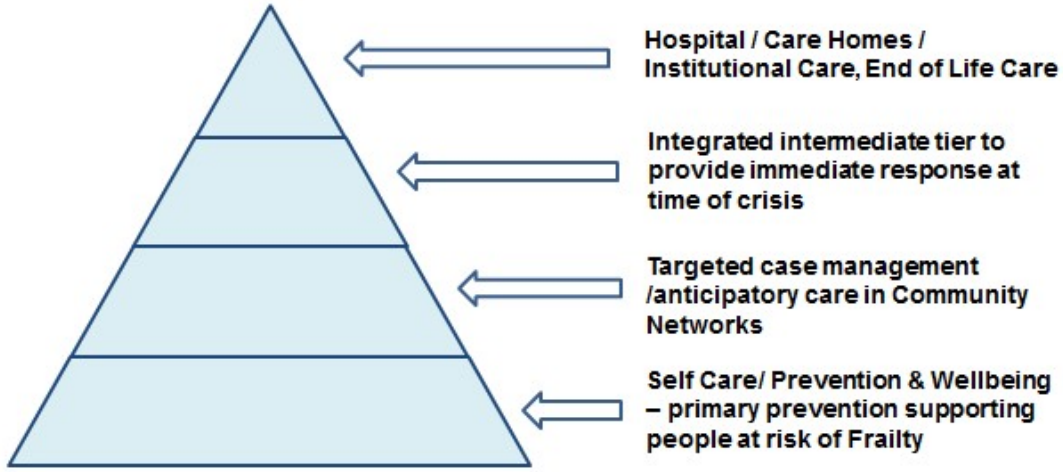
Intermediate Care Business case vs Progress to date/delivery

The integration of health and social care is making a significant contribution to the wider health and social care community as a result of the joint commitment delivering improved community services enabling:

- Support for people to remain independent and keep well;
- More people to be cared for at home, with shorter stays in hospital if they are unwell;
- A change in the pathway away from institutional care to community care;
- Less people being asked to consider long term residential or nursing home care, particularly in a crisis;
- More people living with the support of technology and appropriate support services;
- Services that are more joined up around the needs of the individual with less duplication and hand-offs between health and social care agencies;
- More treatment being provided at home, as an alternative to hospital admission;
- Services available on a 7 day basis;
- Earlier diagnosis of dementia and quicker access to specialist support for those who need it.

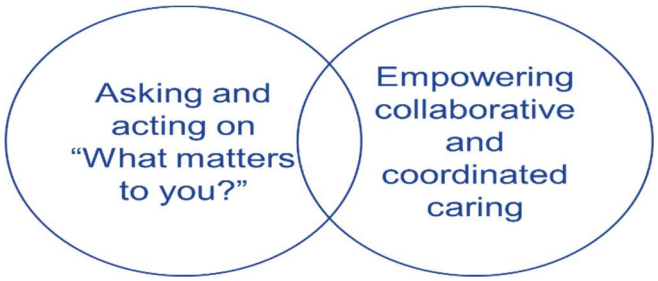
This means that we are now delivering:

1. Services that support people to remain confident independent and safe in their own homes for as long as possible and in accordance with their dignity and choice.
2. Services that are coordinated to reduce the number of unplanned admissions into hospital and long term care and support timely discharge when a hospital admission is appropriate.



In time this work will result in realignment of capacity, and a shift of resources, into community services to enable more people to receive the right assessment and service in the setting most able to meet their needs.

Two overlapping principles are central to helping us deliver our vision:
Asking and acting on "What matters to you?"



Each part of the pathway is supported by a multi-disciplinary – cross sector team from Health and Social care with the most appropriate professional supporting individuals/families as required.

Common Access Point
Access via one contact number, on the basis of that conversation, either they are offered a rapid response, advice and information or signposting, including third sector, where appropriate. Where applicable, a proportionate assessment will be undertaken to access the most suitable response or intervention.

Rapid Response
The rapid response service is available through a rapid clinical response (doctor, nurse and/or therapist). The response will be within 4 hours between 8am and 8pm. The main intention of rapid response is avoiding admission where appropriate or expediting discharge.

Access for people with Dementia
A rapid response access pathway for a person with dementia that needs support from a mental health professional during a crisis.

Step-up/Step-down Assessment
A package of care lasting up to 6 weeks, commonly in an individual's usual residential setting, which provides care and support to maximise independence. This would normally be offered where support is needed to avoid hospital admission, or when someone needs intensive support upon discharge from hospital.

Reablement
Reablement focuses on helping people to regain skills that they may have lost, due to hospital admission or illness. A package of care lasting up to 6 weeks which may include both health and social care interventions to address the client's individual needs.

Third Sector Brokerage
A third sector representative who operates as part of a Common Access Point to provide alternative solutions where statutory support is not needed.

With regional support and ICF funding, the Intermediate Care Services developed the Optimal Model:

Business case 2014 recommended delivering	**Delivery mechanism via the Optimal Model 2018**
Support for people to remain independent and keep well	**Local delivery and links to prevention; WB need to engage further to share what is being achieved; Acute Clinical Team; Reablement; Step up/step down; Third Sector Broker**
More people cared for at home, with shorter stays in hospital if they are unwell;	**Acute Clinical Teams (ACT); Reablement; Step up /step down; Domiciliary care market stability (part of wider community services)**
A change in the pathway away from institutional care to community care;	**Reducing residential care home placements due to more support being delivered at home; Reablement; Domiciliary care**
Less people being asked to consider long term residential or nursing home care, particularly in a crisis;	**ACT; Reablement; Step up/step down**

More people living with the support of technology and appropriate support services	**Local delivery**
Services that are more joined up around the needs of the individual with less duplication and hand-offs between health and social care agencies;	**Integrated Health and Social Care Teams that are also co-located; Will be enabled and enhanced by WCCIS development**
More treatment being provided at home, as an alternative to hospital admission;	**ACT; Reablement**
Services available on a 7 day basis	**ACT across all Local Authorities**
Earlier diagnosis of dementia and quicker access to specialist support for those who need it.	**Mental Health leads in each Common Access Point; Dementia Support Workers**

3.3 How will outcomes be measured, given that the benefits of preventative activity may only be seen in the longer term.

Reporting outcomes over a long period can be challenging. Below are a range of reporting outcomes used for some of the services identified.

Childhood and Healthy Child Wales Programme

Dental Health, number of dental caries
Immunisations rates
Domestic Violence rates
Flying start Service Activity Data

Public Health

Mortality figures
Morbidity figures
Public Health Outcomes Framework indicators

Optimal Adult Service Reporting and Outcomes

The key features of the optimal model are tracked from baseline for each area and key performance measures are reported to the performance sub group on a monthly basis and back to the Community service board quarterly.

- Emergency Unscheduled Hospital Admissions 65+ and 75 + Month by Month comparison between 2014—2017.

- Hospital Admissions Rates (>75) Per 1000 Population between April 14—April 17.
- Emergency Unscheduled Hospital Admissions (>75) Patients between April 14—April 17.
- Total Bed Days Consumed (Age 75+) originally admitted as an unscheduled care medical admission April 2014—April 2017.
- Emergency Unscheduled Hospital Admissions 65+ and 75 Month by Month comparison between 2014—2017.
- Total Number of People Support In a Care Home Aged 65+ between 2015—2017.
- Total Number of New Care Home Admissions Month by Month Comparison between 2014—2017.
- Care Home Admissions aged 65> between April 2014 and April 2017.
- Total Number of Funded Continuing Healthcare (CHC) new starters April 2015 - *Month* 2017.
- Total Number of people supported By CHC April 2015 — *Month* 2017
- Total Number of Funded Nursing Care (FNC) new starters April 2015 — *Month* 2017
- Total Number of people supported by FNS April 2015 – *Month* 2017
- Total Number of New Domiciliary Care Starts aged 65+, Quarter by Quarter comparison 2014—2017
- Average Domiciliary Care Hours per Client Per Month between April 2014—April 2017
- Total Number of Domiciliary Care hours provided between April 2014 and April 2017
- Rapid Response (ACT):

Analysis from the Service Evaluation suggested that the Western Bay programme is performing effectively in a number of areas; Cordis Bright (2017), further suggests investment in intermediate care services should be continued in areas showing the greatest impact.

4. Admitted patient care

4.1. The total spend for admitted patient care is derived from Patient Level Costing Returns (PLICs).

The 2017/18 Costing Returns in Wales will not be available until November 2018, following the implementation of a new All Wales Costing System. An estimate based on activity and total expenditure has therefore been included.

The figures below reflect the cost of Inpatient and Day case admissions in acute specialties (excluding Mental Health):

Admitted Care Spend £m	Elective	Emergency	Total APC
2015/16	154	220	374

2016/17	165	234	399
2017/18 est.	167	244	411

Future levels of demand and expenditure will be subject to numerous variables including:

- Demographic and social change.
- Inflation and other cost pressures.
- Technological advances.
- The impact of prevention and admission avoidance schemes.

These impact of these variables are unpredictable, taking into account the impact of ***demographic change only*** the following levels have been projected over the next three years:

Admitted Care Spend £m	Elective	Emergency	Total APC
2018/19 Demand Impact	169	246	415
2019/20 Demand Impact	171	249	420
2020/21 Demand Impact	172	251	424

5. Workforce

5.1. Progress in addressing workforce pressures identified by the health board ahead of last year's budget:

At the end of last year the Health Board reviewed its workforce recovery and sustainability programme and refocused the work to concentrate on three main areas that would address the main workforce pressures; these are Improving rostering, employee health and wellbeing and reduction of variable pay.

Improving rostering

The Health Board is implementing several measures to ensure the effective use of our resources. To support the role out of e rostering in nursing, standardised shift patterns have been introduced to reduce the variance in working arrangements and increase efficiency in providing our services.

There has been investment to migrate all nursing staff to one integrated rostering and bank system which supports efficient rostering and allows increased management scrutiny of

variable pay. This will enable us to improve our rostering practice and manage our staffing resource more effectively.

We will be implementing a reporting template based on key performance to support consistent reporting. The roll out of the rostering system is on schedule and has been well received by nursing staff.

The Health Board is also extending the use of the bank system to other professionals including Medical staff to ensure a consistent framework for the effective management of temporary staff.

Health and Wellbeing

The Health Board recognises the importance of supporting our staff to maintain their Health and Wellbeing and has focused it work in this area in enabling managers to support staff through providing training opportunities for managers in 'Mental Health in the Workplace for managers' and training in the HSE work related stress risk assessment for managers.

A key component of our work has been to improve access to health and wellbeing services and we have implemented a single point of access and established an Occupational Health early intervention wellness service. We are also working on improving our occupational health processes and making use of technology to gain efficiencies, such as using text reminders for appointments, using speech recognition software to type reports and implementing the Cohort referral module.

Plans are in place to review our service model of delivery and we are developing AHP and nurse practioner roles to support improved service delivery so staff and managers have improved access and response from our occupational health service.

Variable Pay

There are numbers of drivers affecting variable pay, and we have focused on some key areas to work on. Sickness absence remains high and we have focused on supporting managers to manage effectively. We have undertaken a best practice case study and will be rolling out the findings of this in the coming months. We have developed return to work pathways for common conditions to support managers in managing staff with these conditions and we are reviewing are phased return to work guidance to support managers and staff to manage staffs return to work following sickness absence more appropriately, giving greatly flexibility regarding the length the return to work and duties undertaken.

We have undertaken the diagnostic element of the Monitor Agency Diagnostic Tool and will be rolling out the recommendations of this this year. We have migrated migrate all nursing staff to one integrated rostering and bank system which supports efficient rostering and allows increased management scrutiny of variable pay and we are developing a proposal to have a central bank for all staff which will support greater efficiencies and ensure effective controls and management scrutiny are in place.

We have also undertaken extensive work to support nurse recruitment and we continue to engage nurses from outside the UK to help mitigate the UK shortage of registered nurses. To date we have in our employ:

- EU Nurses employed at Band 5 = 70
- Philippine nurses arrived in 17/18 and employed at Band 5 = 30
- Eight HCSW's with overseas registration have recently commenced a programme developed with Swansea University to become registered nurses in the UK.

We also hold regionally organised nurse recruitment days, these are heavily advertised across social media platforms via our communications team.

Eleven of our Health Care Support Workers (HCSW's) have been recruited to a part time degree in nursing. Seven commenced in September 2017 on a four-year programme, the remainder commenced in January 2018 on a two year nine month programme. We have also secured further external funding to offer similar places to Thirteen HCSW's in 18/19 and recruitment to these places is underway. A further thirteen of our HCSW's are currently undertaking a two-year master's programme.

We are also undertaking work to understand what our workforce of the future needs to be to deliver our services, this will include workforce redesign and the development of the unregistered workforce.

We have secured additional resource to enable to progress all elements of this work.

5.2. Actions to ensure a sustainable workforce following the UKs withdrawal from the EU - What assessment has been made of future funding needs post-Brexit?

The challenges that we face are not related solely to Brexit but to the wider UK immigration policies and regulations that are yet to be determined.

The Health Board has recruited both nursing and medical staff from the EU for some years. However, the popularity of this approach has negatively affected the numbers of EU staff available and the Health Board has therefore gone further afield to non-EU countries such as India and the Philippines to recruit Nurses and Doctors.

The Health Board has undertaken a number of actions to ensure a sustainable workforce following the UK's withdrawal from the EU, which includes:

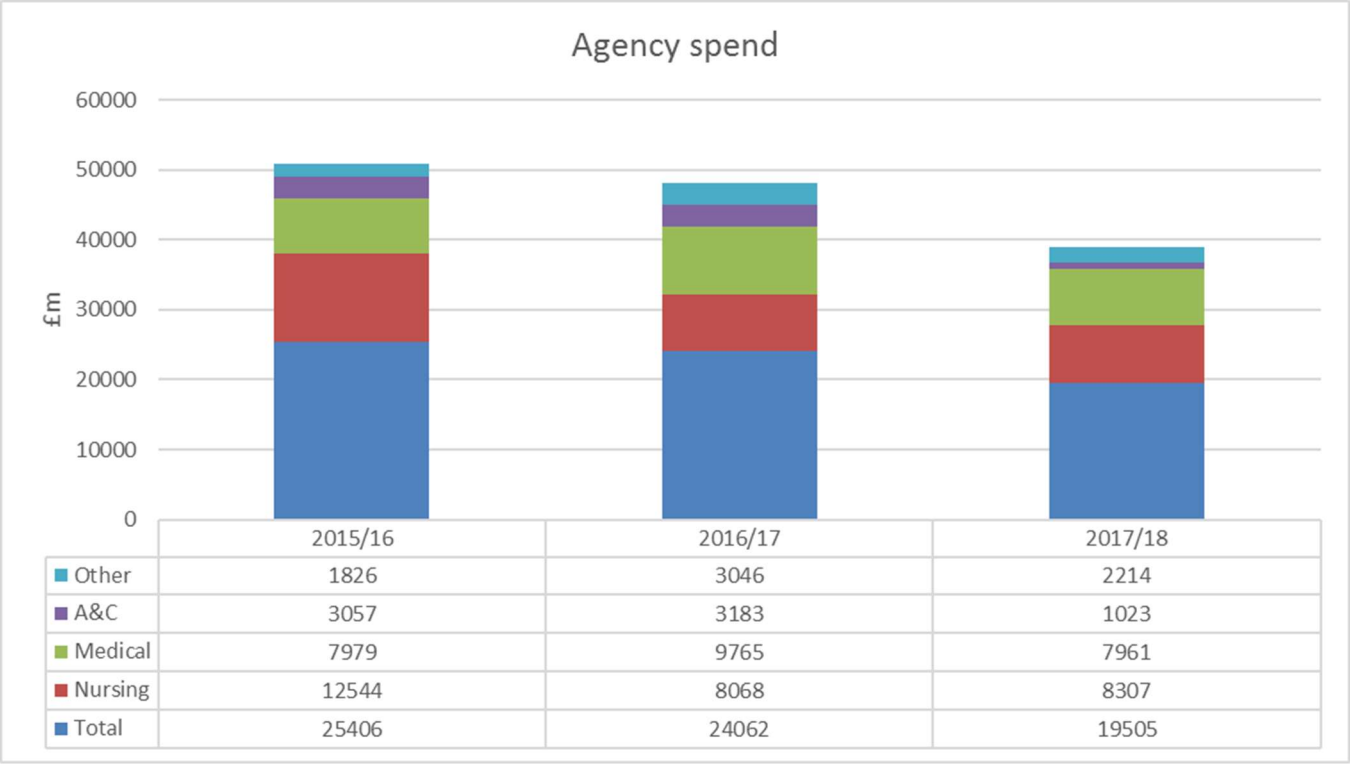
- Recruiting from non-EU counties as stated above;
- Increasing its education commissioning figures for certain professional groups;
- Supporting flexible training routes to nurse registration including; supporting Health Care support Workers (HCSWs) to undertake part time nursing degrees, supporting HCSW with overseas nurse registration to become registered nurses in the UK;

- Redesigning our workforce to utilise new and extended roles for example Physician Associates;
- Developing our non-registered workforce to address deficits within our registrant workforce by allowing them to work at the top of their license;
- Looking at innovative ways to recruit and retain our workforce.

The Health Board is currently assessing the impact of Brexit on the current EU workforce. However, as the UK government has not yet provided clarity on EU citizen's rights after the transition period of December 2020, it is difficult to assess any additional workforce costs.

5.3. Evidence about progress made in reducing and controlling spend on agency staff.

The Health Board considers reducing and controlling spend on agency staff as one of its key aims. Over the last three years there has been a reduction in agency expenditure as shown in the graph below:



	2015/16	2016/17	2017/18
Other	1826	3046	2214
A&C	3057	3183	1023
Medical	7979	9765	7961
Nursing	12544	8068	8307
Total	25406	24062	19505

The total agency spend reduced by £4.5m in 2017/18 when compared to 2016/17, the most significant reductions in agency spend were in Admin & Clerical, Medical & Dental and Additional Clinical Services staff groups.

In 2017, Welsh Government introduced changes to locum arrangements to ensure continuity of service provision and fairness in payments amongst Health Board in Wales.

The Health Board spends approximately £8m per annum (approximately 650 duties per month) on medical locum agency shifts and as a result of national changes has introduced manual reporting mechanisms to ensure compliance and reporting against the standards. Reporting processes are cumbersome and are not accurately capturing the true demand of locum duties.

Consequently, the Health Board has extended the Nurse bank functionality to manage locum shifts. The purchase and implementation of Locum on Duty will allow increased visibility of locum shifts, a robust and auditable process that is consistent and more control of shifts that are deemed to exceed the Medical capped rate that has been agreed nationally. This has the potential to provide the Health Board with up to 5% savings on internal medical locum spend then this will give the Health Board a return of £30,000 per month (£360,000 per annum).

During the last 15 months, the Health Board has been implementing an Electronic Job Planning system that records and manages Job Plans for consultants. It is recognised that job plans are becoming more flexible often with a different timetable for each week. We have also seen an increase in compressed working. Consequently, these issues increase the complexity of calculating job plans and ensuring service provision. The Health Board has invested in resources to work with Delivery Units to maximise the functionality of the system in scrutinising job plans to ensure that they are correct, in line with service demands and appropriately paid.

In 2017, the Health Board implemented a nurse bank system that allowed service managers and bank staff the ability to self-mange vacant shifts. Since implementation, the Health Board has begun the process of moving all nursing staff over to one rostering system which is integrated with the Nurse Bank module. This allows higher level of scrutiny in relation to substantive and temporary staff to ensure appropriate use of resources.

The Health Board has a high number of medical vacancies, these vacancies contribute to the expenditure on agency staff. Plans are being developed to recruit more medical staff. These include:-

Participating in the All Wales British Association of Physicians of Indian Origin Campaign in November 2018. So far the Health Board have identified thirty nine posts to recruit to. The specialties included in the initiative are T&O, Surgery, Medicine, Emergency Medicine, Mental Health, Paediatrics, Ophthalmology and Anaesthetics. For this round, BAPIO are informing candidates to sit either the IELTS or OET language tests as soon as they apply and it is hoped this will help to reduce the time from recruitment to commencing employment. Consideration is being given to undertaking a second BAPIO Campaign each year either in conjunction with All Wales or stand alone as a Health Board.

It was reported that some of the thirty nine posts are at a junior clinical fellow level and the Royal College will only sponsor senior clinical fellows at ST4 and above. It has been decided the doctors will be assessed at interview on their level of experience and those at the junior level will be asked if they wish to take up the offer of employment under a Tier 2 visa following

the changes to visa restrictions by the Home Office. We are developing innovative rotations between different specialities, which will support recruitment of doctors.

Further work this year will including developing a recruitment strategy to support recruitment too hard to fill posts, work is also been undertaken to review the skill mix required in hard fill specialties such as radiology and to support the review of junior doctors rotas. It is anticipated that this work will support the reduction of agency and locum expenditure.

Appendix 1

NHS Outcomes Framework Performance Measures

Outcome	No	Performance Measure	Target	Information Source	Reporting Frequency	Policy Area
Health care and support are delivered at or as close to my home as possible	31	Delayed transfer of care delivery per 10,000 LHB population – mental health (all ages)	12 month reduction trend	DToC Database	Monthly	Social Services & Integration
To ensure the best possible outcome, my condition is diagnosed early and treated in accordance with clinical need	70	The percentage of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral	80%	Mental Health (Wales) Measure 2010 Data Collection – Part 1 Proforma (Welsh Government)	Monthly	Mental Health, Vulnerable Groups & Offenders
To ensure the best possible outcome, my condition is diagnosed early and treated in accordance with clinical need	71	The percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS	80%	Mental Health (Wales) Measure 2010 Data Collection – Part 1 Proforma (Welsh Government)	Monthly	Mental Health, Vulnerable Groups & Offenders
My individual circumstances are considered	76	Rate of calls to the mental health line CALL (Community Advice and Listening Line) by Welsh residents per 100,000 of the population	4 quarter improvement trend	CALL Database (BCUHB)	Quarterly	Mental Health, Vulnerable Groups & Offenders
My individual circumstances are considered	77	Rate of calls to the Welsh dementia helpline by Welsh residents per 100,000 of the population	4 quarter improvement trend	CALL Database (BCUHB)	Quarterly	Mental Health, Vulnerable Groups & Offenders
My individual circumstances are considered	78	Rate of calls to the DAN 24/7 helpline by Welsh residents per 100,000 of the population	4 quarter improvement trend	CALL Database (BCUHB)	Quarterly	Mental Health, Vulnerable Groups & Offenders
My individual circumstances are considered	79	The percentage of health board residents in receipt of secondary mental health services (all ages) who have a	90%	Mental Health (Wales) Measure 2010 Data Collection –	Monthly	Mental Health, Vulnerable Groups & Offenders

Outcome	No	Performance Measure	Target	Information Source	Reporting Frequency	Policy Area	
		valid care and treatment plan (CTP)		Part 2 Proforma (Welsh Government)			
My individual circumstances are considered	80	All health board residents who have been assessed under part 3 of the mental health measure to be sent a copy of their outcome assessment report up to and including 10 working days after the assessment has taken place	100%	Mental Health (Wales) Measure 2010 Data Collection – Part 3 Proforma (Welsh Government)	Monthly	Mental Health, Vulnerable Groups & Offenders	
My individual circumstances are considered	81	The percentage of hospitals within a health board which have arrangements in place to ensure advocacy is available for all qualifying patients	100%	Mental Health (Wales) Measure 2010 Data Collection – Part 4 Proforma (Welsh Government)	Bi annually	Mental Health, Vulnerable Groups & Offenders	
I work with the NHS to improve the use of resources	83	The percentage of patients who did not attend a new outpatient appointment	12 month reduction trend	Outpatient Minimum Dataset	Monthly	Delivery & Performance	
I work with the NHS to improve the use of resources	84	The percentage of patients who did not attend a follow-up outpatient appointment	12 month reduction trend	Outpatient Minimum Dataset	Monthly	Delivery & Performance	
Quality trained staff who are fully engaged in delivering excellent care and support to me and my family	91	Percentage of staff undertaking performance appraisal	85%	Electronic Staff Record (ESR) and Medical Appraisal and Revalidation system (MARS)	Monthly	Workforce & Organisation Development	
Quality trained staff who are fully engaged in delivering excellent care and support to me and my family	92	Percentage of those who are undertaking performance appraisal who agree it helps them feel valued and improves how they do the job	Bi annual improvement	Staff Survey Pulse Survey	Bi annually	Workforce & Organisation Development	New

Outcome	No	Performance Measure	Target	Information Source	Reporting Frequency	Policy Area
Quality trained staff who are fully engaged in delivering excellent care and support to me and my family	93	Percentage of staff who are engaged	Bi annual improvement	Staff Survey Pulse Survey	Bi annually	Workforce & Organisation Development
Quality trained staff who are fully engaged in delivering excellent care and support to me and my family	94	Percentage of staff completing statutory and mandatory training	85%	Electronic Staff Record (ESR)	Quarterly	Workforce & Organisation Development
Quality trained staff who are fully engaged in delivering excellent care and support to me and my family	95	Percentage of sickness absence rate of staff	1% annual reduction	Electronic Staff Record (ESR)	Monthly	Workforce & Organisation Development
Quality trained staff who are fully engaged in delivering excellent care and support to me and my family	96	Percentage of staff who would be happy with the standards of care provided by their organisation if a friend or relative needed treatment	Bi annual improvement	Staff Survey Pulse Survey	Bi annually	Workforce & Organisation Development
I am safe and protected from harm through high quality care, treatment and support	15	The rate of laboratory confirmed *S.aureus* bacteraemias (MRSA and MSSA) cases per 100,000 population	12 month reduction trend (target of 28 per 100,000 population will begin from Oct-16)	Public Health Wales	Monthly	Nursing
I am safe and protected from harm through high quality care, treatment and support	16	The rate of laboratory confirmed *c.difficile* cases per 100,000 population	12 month reduction trend (target of 20 per 100,000 population will begin from Oct-16)	Public Health Wales	Monthly	Nursing

Others that refer to mental health and vulnerable groups but which lie outside the delivery unit....

My voice is heard and listened to	46	Percentage of the population in Wales who are registered with dementia with their GP practice	Annual improvement	GP Practice Quality & Outcomes (QOF) Disease Register & Office for National Statistics	Annually	Mental Health, Vulnerable Groups & Offenders
I am treated with dignity and respect and treat others the same	48	Percentage of GP practice teams that have completed mental health Direct Enhanced Services (DES) in dementia care or other directed training	Annual improvement	Mental Health Direct Enhanced Service Data Monitoring Return (Welsh Government)	Annually	Mental Health, Vulnerable Groups & Offenders
Inequalities that may prevent me from leading a healthy life are reduced	72	Qualitative report detailing progress against the 5 standards that enable the health and wellbeing of homeless and vulnerable groups to be identified and targeted	N/A	Improving the Health & Wellbeing of Homeless & Specific Vulnerable Groups Monitoring Return (Welsh Government)	Bi annually	Mental Health, Vulnerable Groups & Offenders

Appendix 2

TOGETHER FOR MENTAL HEALTH DELIVERY PLAN 2016-2019 QUANTITATIVE DATA SUMMARY

TOGETHER FOR MENTAL HEALTH DELIVERY PLAN 2016-2019

QUANTITATIVE DATA SUMMARY

MENTAL HEALTH MEASURE DATA	T4MH ACTIONS	SOURCE / BASELINE POSITION
PART I - Monthly referral rates - Referral to assessment wait times - Assessment to treatment times	1.1 i) 4.3 i) iii) 9.4 i)	**MONTHLY** data submitted by HB and monitored on an ongoing basis Publicly available at: http://gov.wales/statistics-and-research/mental-health-wales-measure-2010/?lang=en * Strategy lead to provide summary of findings in annual report
PART II Service Users with a Care & Treatment Plan	(Part of CTP audit process)	As Above / Delivery Unit & PHW working with health boards and teams around Care & Treatment Planning audits
PART III Number of Part III re-assessments	None	As Above
NATIONAL SURVEY DATA	**T4MH ACTIONS**	**SOURCE / BASELINE POSITION**
Mean mental wellbeing score (WEMWBS)	1.1 i) 1.3 i) 4.1 iii) 4.3 i)	**ANNUAL** data available from National Survey for Wales (WEMWBS used from 2016) Publicly available at: http://gov.wales/statistics-and-research/national-survey/?skip=1&lang=en * Strategy lead to provide summary of findings in annual report

% people reporting loneliness	2.1 i) iii)	As Above
% people reporting feeling involved in decisions about their care and support	6.3 ii)	As Above
% people rating care as good	8.4 ii)	As Above
Decreased gap in mental well-being score between most / least deprived areas in Wales	9.3 i)	As Above
No. people speaking Welsh to staff	3.2 i)	As Above
WELSH GOVERNMENT INTERNAL DATA	**T4MH ACTIONS**	**SOURCE / BASELINE POSITION**
% working population engaged in Healthy Working Wales (HWW)	1.3 i)	As of Feb 2017, 460,000 people are engaged in HWW (33% of the working population) since 2011
- No. orgs	4.2 i)	As of Feb 2017, there were 3,000 organizations signed up to TTCW

signed up to Time To Change Wales - No. TTCW champions		
26 week neuro-development al target for children and young people	8.1 ii)	WG is working with NWIS to embed this target in CCIS / IT infrastructure
26 week access to psychological therapies target	8.3 i)	WG is working with NWIS as above
Early Intervention in Psychosis access time targets	8.4 i) ii)	In discussion / not currently collected at baseline
Wait times for SCAMHS 48h urgent / 28days routine	7.1 i)	Collected monthly and monitored by WG
Healthy Working Wales data	9.2 i) ii) iii)	**In and Out of Work service data Feb 2017:** In Work Service supported 254 people Out of Work Service supported 710 people 21 employers and 29 health care professionals engaged (in work)
Housing and mental health	9.1	HAVGAPS monitoring around housing actions continues (WG)
Ring fence reports / additional funding	11.4 i) ii)	All health boards report having spent above the minimum ring-fenced amount on mental health in the past financial year. New funding is monitored regularly to ensure staff are appointed in designated work streams (inpatient psychological therapies, hospital based flexible resource teams, memory clinics, local primary mental health support services, early intervention in psychosis). This will be reported annually.

reports		
Mental Health outcomes for CYP with additional learning needs	6.2 ii)	Named WG lead to report on data (education)
% schools achieving Welsh Network of Healthy School Schemes National Quality Award	6.1 v)	Named WG lead to report on data (education)
CALL / 111 usage data (increasing)	1.1 ii)	Annual report requested from named WG lead Janet Roberts - Helplines Manager BCU Tel: 01978 366206 Email: janet.roberts2@wales.nhs.uk Mbl: 07 881 857 826 CALL, DAN, Dementia Helpline, Terrorist attack line
100% staff demonstrate formal substance misuse training	8.11 i)	Monitored by WG / some issues with ESR
DEMENTIA	**T4MH ACTIONS**	**SOURCE / BASELINE POSITION**
Increase in dementia friends / communities	10.1	Source: Alzheimer's Society Cymru * To be included in annual report
75% staff to have undertaken dementia training	10.1 4.1 ii)	**NHS Outcomes Framework** More detail about measures collected available at: http://gov.wales/topics/health/socialcare/well-being/?lang=en

('Good Work')		Reported by health boards and performance managed with vice chairs. Strategy lead to include in annual report
Number of people on GP dementia registers (50% diagnosis by 2016, increasing annually)	10.1	**NHS Outcomes Framework** (T4MH annual report)
All DGH to have psychiatric liaison service in place.	10.1 8.2 i)	**Health Boards (T4MH)** Baseline Feb 2017: Most health boards confirm a service is in place, though several are struggling to recruit for posts and resources appear to be stretched across the board. In some health boards not all DGH have operational service. For monitoring / discussion with clinical leads. Additional funding provided for this work stream which is being closely monitored re. getting staff in post
All those diagnosed referred to a HCSW	10.1	**Health Boards (T4MH)** Baseline Feb 2017: All health boards confirm that dementia health care support workers have been appointed and are in post.
1 dementia HCSW per 2 GP clusters	10.1	**Health Boards (T4MH)** To be calculated for annual report based on numbers recruited / no. GP clusters (additional funding monitoring). HB to confirm in November update
OTHER SOURCES OF ONLINE DATA	**T4MH ACTIONS**	**SOURCE / BASELINE POSITION**
Suicide rate reducing	1.2 i) T2M2	Office of National Statistics website: https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/suicidesintheunitedkingdom/previousReleases Talk to Me 2 guidance to be issued 13/07/2017. Development of regional suicide prevention plans in progress / to be monitored via National T2M2 Advisory Group / annual reports by 3 regional forums and T4MH biannual reports. Health boards report variable progress at baseline, with some awaiting national guidance. Strategy lead to follow up with regional chairs and Dr. Ann John who is leading on the strategy implementation.
Admissions for self harm	1.2 i) T2M2	Patient Episode Database for Wales (PEDW): http://www.infoandstats.wales.nhs.uk/page.cfm?orgid=869&pid=40977

		* Strategy Lead to include in annual report / see T2M2 annual report once available
Increased mental wellbeing in Children & Young People	6.3 ii) 6.1 i)	Understanding Society: https://www.understandingsociety.ac.uk/about
Decreased % children in need with mental health issues	5.2 i) 6.3 iv)	From census: https://statswales.gov.wales/Catalogue/Health-and-Social-Care/Social-Services/Childrens-Services/Children-in-Need/mentalhealthstatusofchildreninneed-by-localauthority-measure **Annual Trend:** 2014 - 7.97% 2015 - 8.21% 2016 - 7.48%
All patients prescribed anti-psychotics to have health check	8.2 ii)	Quality Outcomes Framework (QOF): http://gov.wales/statistics-and-research/general-medical-services-contract/?lang=en
WHSCC DATA	**T4MH ACTIONS**	**SOURCE / BASELINE POSITION**
Children and young people out of area placements / length of stay	7.1	WHSCC collect this information and provide reports as requested
Out of area placements for eating disorders	8.7 iii)	WHSCC collects data and provides reports to WG
OTHER DATA FROM HEALTH BOARDS	**T4MH ACTIONS**	**SOURCE / BASELINE POSITION**

Service users accessing social prescription	1.1 iii)	Health boards all reference offering social prescription in various ways in their baseline returns, but no figures have been provided. This may be difficult to track – 'signposting' is one of the interventions recorded in monthly Part I returns (Mental Health Measure), but may not be captured where this was not the primary intervention. For discussion with clinical leads / input from WAMH on this? Exercise / Book prescription rates may be available. Might be better to focus on examples of good practice / innovations?
Individuals offered follow up contact within 5 days of discharge from inpatient care	1.2 i)	This is difficult to record with current data systems / variation in recording of contacts. Most HB would be required to do a manual review of clinical records to find the information and patients are discharged to various different teams / home following admission. Follow up could come from any source (GP, PMHSS, secondary care, specialist care etc) so there is no one location to find the details. This is an item for further discussion.
Service User and Carer satisfaction survey outcomes / CTP audits	1.1 i) 3.1 ii) 4.1 iii) 4.2 ii) 4.3 i) 9.1 iii) 9.3 i) 9.4 i) 11.3 ii)	All health boards report using some form of satisfaction survey – implementation varies greatly as does follow up actions from feedback. For further discussion about how to maximize benefit from this process Number of CTP where housing needs addressed relates to actions 9.1, 9.3, 9.4 (part of DU work / audits)
Reduced frequent attenders to ED departments	8.2 iv)	All health boards report having a committee /service in place to address this issue. Information varied on baseline return
10% of mothers in contact with perinatal services	5.1 iv)	This was not requested at baseline due to the new inception of perinatal services across Wales. Health boards are in regular dialogue with Welsh Government around the implementation of perinatal services and regular discussions with key officials is taking place as data collection systems are established.
OTHER DATA	**T4MH ACTIONS**	**SOURCE / BASELINE POSITION**
Number of setting implementing PHW framework	6.1 iv)	Named PHW lead tracking information

for CYP resilience / wellbeing		
Youth Offending Team data re. access times / interface with SCAMHS	7.1 vi)	Data collected by Youth Justice Board
Veteran's Wales data on wait times, referrals	8.8 i)	Veteran's service (Cardiff & Vale) collects Wales data and health boards report in to committee
100% First night reception for prisoners / reduced use of s.135/136 / never event reports CYP in custody	8.9 i) ii) 4.5 i) 7.1 ii)	Crisis Care Concordat information is reported to WG via health boards and prisons
Duty to Review Compliance	11.5 i)	Recent workshop held with Mental Health Measure Advisory group – overlap with T4MH actions discussed and mechanisms for monitoring other actions reviewed. Further work to ensure collection of information planned with legislation manager / group. To discuss role of Communities of Practice in supporting this.
Other strategies referenced in Delivery Plan		SUBSTANCE MISUSE PLANS (8.11) T2M2 / NAG (1.2) DUTY TO REVIEW (11.5) VIOLENCE AGAINST WOMEN (9.5) DEMENTIA STRATEGY MORE THAN JUST WORDS FRAMEWORK HEALTHY CHILD WALES PROGRAMME (5.2 ii) Healthy and Sustainable HIGHER EDUCATION FRAMEWORK 6.1 T4CYP FRAMEWORK FOR IMPROVEMENT SCAMHS NPTMC ACTION PLAN (DEVELOPING)- update at next NPB EATING DISORDERS FRAMEWORK (8.7) SECURE SERVICES ACTION PLAN (8.10)

		HEALTHY WORKING WALES (9.2) SSWB / WBFG ACT MATRICS CYMRU

Appendix 3

MENTAL HEALTH AND LEARNING DISABILITIES PLAN 2018/19

Appendix 3. MENTAL HEALTH AND LEARNING DISABILITIES PLAN 2018/19

3.1 Strategic Approach

Adult Mental Health

The overall strategic direction for mental health within the Health Board remains unchanged, reflecting the current all-Wales Strategy for Mental Health and Wellbeing, Together for Mental Health (T4MH), and extant policy guidance. The Health Board is fully engaged in delivering the Together for Mental Health Delivery Plan and the Mental Health Measure 2010.

As planned in our Annual Plan 2017/18, during the year the Health Board has engaged with stakeholders and involved service users and carers in an extensive engagement exercise to develop a Strategic Framework for Adult Mental Health to inform our future service direction. This process was co-designed and co-produced with elected service user and carer representatives from our T4MH Local Partnership Board and included in-person feedback from more than 105 individuals and 170 other people or organisations through an online survey and group discussions. The process has been managed through our Commissioning Board for Mental Health and Learning Disabilities which includes wide range of stakeholders from within the Health Board, Local Authority and partner organisations. A number of wide-ranging themes were identified through the engagement exercise and the top priorities identified by service users and carers through the process are shown in the diagram.

The principles of the future optimum service model are:

• Focus on positivity – people's abilities not disabilities
• To be based on a psychosocial model focusing on the holistic needs of individuals;
• More emphasis on wellbeing at work;
• Early intervention, education and prevention underpinning all services;
• Ensuring that service users, their carers and families are central to all we do and central to resolving their issues as well as being meaningfully involved in, and influencing how and where services are developed, and their evaluation;
• Services deliver advice, support and care that maintains and promotes self-determination and independence;
• Providing a straightforward way for people to access the range of services they need, which suits them rather than us as organisations;,

- Timely access to services which are needs-led, including in rural areas, and primary care; and,
- Holistic care delivered through partnership working between health, social care and third sector services including user-led services.

There is agreement across all agencies that the views shared through the engagement process will influence the Strategic Framework and our joint priorities and there is an agreed commitment to change. A Working Group between the three Local Authorities and the Health Board has been formed to develop an optimum service model and this will also include the findings of the Alder Advice's Report, commissioned by the Western Bay Partnership into Unmet Need in Mental Health.

The emerging Strategic Framework was agreed by the Health Board in November and consultation on the final draft Framework will begin in March 2018. We will set out an agreed optimum model in the final draft Framework against which existing services will be compared and this will be agreed through the local T4MH Partnership Board. The final Strategic Framework will be approved by the Health Board and Regional Partnership Board in May 2018, with an implementation plan and transformation programme in place. The emerging priorities and principles form the basis for our plans for 2018/19 and the implementation of the Framework has been included in the Western Bay Area Plan 2018-23 as a key priority with a requirement for programme management to

ensure implementation. All partners, including service users and carers are clear that the level of change we would like to effect is undoubtedly challenging, but it is imperative that, to repay the people who have invested their time in telling us what they think will make a difference, we jointly agree and deliver on some early changes over the next 12 months. The joint priorities that are emerging for early action include:

- A single point of access for all services and ages;
- Direct provision of a crisis sanctuary service offering an out-of-hours listening and safe space service. This would be contracted from the third sector as an additional service to what we have, and will respond directly to an issue people have told us is a gap;
- Information, which is readily available for service users and carers and other professionals, in accessible formats on the range of services available to help and support them; and,
- A range of third sector peer / activity groups and support networks through a Clubhouse approach, based on a non-clinical co-production approach giving its members a place to go, meaningful work, meaningful relationships and a place to return.

Any additional ring-fenced monies allocated by Welsh Government for Mental Health will be treated on the same basis as last year. It is proposed that these available funds could helpfully be used to strengthen the low-level support, particularly in the evenings and weekends, which is currently only patchily available, across the ABMUHB area. This would allow us to start developing an earlier intervention / more preventative approach to mental health services which is an underpinning principle of the Strategic Framework.

Older People's Mental Health

The all-Wales Dementia Strategy has now been published and there is an understanding that there will be funding for the accompanying action plan for its implementation. Mental health services are already engaged in the development of the Older Person's Charter, in dementia awareness and dementia care training. We are aware that the local actions to implement the Dementia Strategy are likely to focus on education and awareness raising in all sectors, availability of information, timely response to memory assessment, care home in-reach, and increasing the availability of psychosocial and psychological interventions. The overall response to the Dementia Strategy will be overseen by our multiagency Dementia Group for the Western Bay area to ensure that improvements in care and experience for people with dementia covers all sectors and is not just seen as the role for mental health services.

During 2017/18 the Health Board commissioned an external Clinical Review of our Older People's Mental Health services and started a transformational programme of change to improve the quality and outcomes of services and to provide care 'Closer to Home'. The Clinical Review confirmed that the service model in the Health Board is too weighted towards inpatient rather than community models of care with approximately a 70% to 30% ratio of services. The report recommends remodelling towards a balance of 50:50 to support

patients and their families in the community and reduce the reliance on long term healthcare. In addition, benchmarking by the NHS Wales Delivery Unit also identified that despite judging the overall care on the wards to be of a good standard with some examples of excellence they were *''not assured that the current service model consisting of 13 wards is sustainable in relation to the staffing establishment required'.*

In 2017/18 we invested £1.6m (FYE) in Older People's community services to drive a move to a service model focused more on community rather than inpatient services. These monies have been invested in nursing, physiotherapy, occupational therapy and psychology staff to enhance our early intervention, diagnosis and treatment provision in the community in line with best practice. The process undertaken to agree the investment framework was carried out to ensure the development of a consistent community model across the three localities that addressed identified service gaps in each Local Authority area.

The overall aim is to implement a service model that would reduce the reliance on in-patient services, with more emphasis on early, community based intervention and keeping people in their own homes for as long as it is safe to do so. This reduces the risk to patient safety as it has been identified by the External Review that our current distribution of wards across multiple sites is not sustainable.

We have started to re-model services based on the investment in community services outlined above, changing our clinical models and training and development of staff. There have been reductions in length of stay which have supported the temporary closure of a suite at Tonna hospital (18 beds) in the summer of 2017. Since then the occupancy of older people's mental health wards has continued to reduce as changes to operational and clinical practice became normalised. Consequently this offers opportunities for efficiencies through further reconfiguration of the inpatient model, supported by the development of community services, during 2018/19.

Children and Adolescent Mental Health Services (CAMHS)

The provision of specialist Child and Adolescent Mental Health Services (CAMHS) has caused concerns historically because of long waiting times and the lack of support for professionals to support Children and Young People's emotional health and wellbeing. As a result, since April 2016 a new approach to tackling these issues has been taken with the Assistant Director of Strategy and Partnerships leading a new commissioning approach to these services. Both in conjunction with Cardiff & Vale and Cwm Taf University Health Board commissioners, in partnership with existing Cwm Taf CAMHS and with the relevant Delivery Units within ABMU Health Board to deliver operational responsibilities where required as services are increasingly being directly provided by ABMUHB rather than all through Cwm Taf's services.

There have been discussions through the Western Bay partnership about the importance of CAMHS being seen as a multiagency problem, which will only be resolved by a multiagency response. As a result Western Bay, for the first time, has agreed that CAMHS is a joint priority for the Regional Partnership Board consisting of ABMU Health Board and the three Local Authorities plus third sector partners. Plans are being developed to provide support for the emotional health and wellbeing of children and young people, including the joint agency development of tier 1 and 2 interventions to avoid referral into specialist CAMHS where this is not appropriate.
ABMUHB has a Delivery Plan for Services to Support the Emotional Health & Wellbeing of Children and Young People for 2017-19 with the following high-level priorities:

- Improved accessibility to local CAMHS services
- Development of a sustainable and fit for purpose workforce
- Development of NDD Service
- Securing appropriate accommodation for specialist CAMHS in Bridgend, Neath Port Talbot and Swansea areas

Cwm Taf UHB are committed to a set of principles for CAMHS and they are included within the Health Board's IMTP as follows:

1. Implementing CAPA which is a partnership approach with parents where professionals work together with families to determine what changes they are looking for and enabling them to make informed decisions about treatment options.
2. Improving links with other agencies as described above.
3. Prioritising urgent cases both through Crisis teams and robust management of waiting lists.
4. Making the best use of skills and resources by improving working relationships with primary health and with third sector colleagues who now join secondary care colleagues in intake meetings and take on those cases for whom they offer the most appropriate intervention.
5. Aim to ensure that only what is needed to be done is done by adhering to best evidence based practice through monitoring compliance with NICE guidelines and working towards reducing levels of prescribing where appropriate.
6. Introducing the regular use of ROUTINE Outcome Measure's (ROM'S) to ensure clinical practice is effective and that service users can feed back about their experience of the service.

Learning Disabilities
National commissioning guidance for learning disabilities was published in 2017and has provided the first new national strategic guidance for a considerable time. The Health Board provides Learning Disability services for three Health Board areas and it has been agreed corporately, through a joint commissioning group including Cwm Taf, Cardiff and Vale and ABMU Health Boards, that a joint Strategic Framework is developed for the modernisation of services.

At the same time the Health Board has, as part of the Recovery and Sustainability Programme, identified a range of service changes which could be implemented to deliver quality improvement, care 'Closer to Home' and better use of resources including financial savings. These include the reconfiguration of inpatient facilities to improve the quality of care for our resident populations by repatriating some of the most challenging Autistic Spectrum Disorder and complex needs patients from out of area placements, and providing care 'Closer to Home' for new patients in the future.

In order to progress these initiatives the agreement of the three commissioning Health Boards is required and a joint process has been established to take this forward, with plans to be implemented in 2018/19 as part of a longer 5 year plan.

3.2 Our Plans for 2018/19

This section describes our objectives and plans for delivery of mental health and learning disabilities in 2018/19. Specific actions relating to Unscheduled Care and Planned Care are included in the relevant Service Improvement Plans.

Priority Area	Objectives	Measures
Implementation of a Strategic Framework based on Optimum Model of services for Adult Mental Health.	Delivery of Optimum Model implementation plan in conjunction with partners. Joint priorities to be agreed for early delivery in the first 12 months. Development of business case for Acute Assessment facilities and decommissioning of Cefn Coed Hospital. Increasing access to Psychological Therapies across all ages. Simplified routes to services	Improvement in performance for access targets. Reduction in waiting times for psychological therapies. Service user satisfaction.

	Increased availability of advice information and support that helps avoid requirement for secondary care services.	
Redesign of Learning Disability Services	Develop a Strategic Framework for Learning Disability that is shared by the 3 Health Boards commissioning NHS learning disability services. Enhance skills and function of community learning disability teams to support people at times of crisis to increase likelihood of remaining in existing accommodation rather than escalating to higher levels of care. Establish a clear function for existing NHS Specialist Residential Units. Identify and establish appropriate provision of acute assessment beds based on population and need analysis. Support market development with partners to increase availability of enhanced supported accommodation to facilitate patient flow.	Reduction in numbers of out of area placements. Reduction in CHC spend.
Implementation of the Actions for Health Boards included in the Dementia Action Plan for Wales (issued Feb 2018 and currently awaiting further guidance from Welsh	More people are diagnosed earlier, enabling them to plan for the future and access early support and care if needed.	Dementia diagnosis rates recorded as part of QOF.

Government on the governance arrangements in relation to the implementation and monitoring of the plan)	Those diagnosed with dementia and their carers and families are able to receive person-centred care and support which is flexible. Each local authority area will review of actions for areas of work specific to them by Q1 for inclusion in revised Locality Plans. (The delivery plan will be revised and amended accordingly).	
Further development of Older People's Mental Health Services.	Improving patient outcomes by reducing the deconditioning effect of a hospital stay. Rebalancing the ratio of inpatient to community service resources. Shifting the Health Board's populations standardised benchmarked inpatient provision towards the UK mean thereby reaching a greater percentage of the population. Consistency in the availability of appropriately skilled staff. Future proofing the services for the increasing demands associated with changing demography	Quality of life, Functional abilities measures, patient & carer satisfaction measures. Resource ratio & UK Benchmark information Use of Bank and Agency Unmet demand & occupancy levels

Development of Regional Secure Service for Women	Improve the experience and effectiveness of secure services through gender appropriate care. To inform all Wales decision making by undertaking scoping exercises to: identify demand and capacity; explore potential clinical models; and understand service users and carer perspectives of a possible service.	Developmental stage. Desired outcome will be to get to a position where WHSSC are able to make a decision about development.
Increased capacity for gender specific locked rehabilitation provided by ABMU Health Board.	Reduce the need for locked rehabilitation placements contracted with the private sector. Provide services closer to their home area for a specific cohort of individuals with complex needs that cannot be met in a community or open rehabilitation environment due to risk issues.	Patient related Outcome Measure through use of the Recovery star. Reduction in CHC costs.
CAMHS	Potential transfer of primary care level child and adolescent mental health services from Cwm Taf to ABMU Health Board. Redesign service pathway to improve compliance with access target for LPMHSS for children, reducing waiting times for assessment	Patient related Outcome measure through application of WG prescribed questionnaire. Waiting time for primary mental health assessment <28 days. Waiting time to commence intervention following assessment.
Quality and Safety	Quality Improvement programme to use QI methodology across adult acute wards to:- • Reduce variation in risk assessment, formulation and management	TBA

	• Strengthen carer involvement in care and engagement in services • Improve record keeping • Increase use of evidence based pathways • Improve person/family centred approaches to care Development and implementation of a regional suicide Prevention action plan with partners in line with Talk To Me 2.	
Development of service to fit with the all Wales integrated Autistic Spectrum Disorder service.	Develop and implement multi-disciplinary services, assessments, proportionate to risk that are person centred. Launch of the Integrated Autism Service for the Western Bay region by November 2018	Measurement of progress against the National Standards in the IAS Model. Following launch time from referral to assessment.
Mental Health Measure	Continue to comply with the Mental Health Measure indicators taking into account the inclusion of CAMHS and Learning Disabilities data	NHS Outcomes Measures - Mental Health Measure
Workforce	Reduce sickness absence rates across the Delivery Unit Implement and reinforce ABMUHB values based culture. Undertake development work with service managers within new management structure.	Attendance levels. Reduction in vacancies. Improvement in staff satisfaction.

Revenue	Deliver financial target within ring-fenced allocation for Mental Health and Learning Disabilities.	Break even position for the Delivery Unit.
Unscheduled Care	Contribute to achieving the Health Board's targets for unscheduled care through the delivery of Psychiatric Liaison services. Achievement of 1 hour target from referral to assessment by Liaison Service in ED. Achievement of same day assessment by Liaison Service following urgent referral from acute hospital Wards. Psychiatric liaison to work with emergency department colleagues and partners to better address mental health / substance misuse needs of frequent attenders. Further development of Psychiatric care home in reach services to support care home staff in management of mental health needs of residents and avoid need for referral to ED or admission to acute or psychiatric inpatient care. Development of pathways for adults and older people requiring transfer from acute hospitals to a mental health bed to ensure that transfers take place in a timely manner and patients are cared for in the most appropriate environment.	1 hour response time performance. Reduction in numbers of frequent attenders. Length of stay of people with mental health diagnosis in acute settings (data set to be defined). Inter hospital transfers.

Planned Care	Reduction in waiting times for high intensity psychological therapies.	Performance against 26 week access target

ADSS Cymru
Leading Social Services in Wales
Yn arwain Gwasanaethau Cymdeithasol yng Nghymru

National Assembly's Health, Social Care and Sport Committee: **Scrutiny of the Welsh Government's Draft Budget 2019-20** Contribution by ADSS Cymru

Authority	[redacted]
Completed by	[redacted]
Date	28 September 2018

General Comment

The Association of Directors of Social Services (ADSS Cymru) is the professional and strategic leadership organisation for social services in Wales and is composed of statutory Directors of Social Services and the Heads of Service who support them in delivering social services responsibilities and accountabilities; a group of more than 80 social services leaders across the 22 local authorities in Wales.

As the national leadership organisation for social services in Wales, the role of ADSS Cymru is to represent the collective, authoritative voice of Directors of Social Services, Heads of Adult Services, Children's Services and Business Services, together with professionals who support vulnerable children and adults, their families and communities, on a range of national and regional issues of social care policy, practice and resourcing. It is the only national body that can articulate the view of those professionals who lead our social care services.

As a member-led organisation, it is uniquely placed as the professional and strategic leadership organisation for social services in Wales, to lead on national service development initiatives to ensure a consistent efficient and high standard of delivery for people who access care services across Wales.

ADSS Cymru is committed to using the wealth of its members' experience and expertise, working in partnership with other agencies, to influence important decisions around social care to the benefit of the people it supports and the people who work within care services.

Therefore, ADSS Cymru welcomes the opportunity to set out some of the financial pressures and concerns that our members have ahead of the Committee's scrutiny work on the Welsh Government's Draft Budget for 2019-20.

Impact of the 2018-19 Budget

While the 2018-19 budget settlement was better than initially anticipated and the additional funding in respect of Nation Living Wage (NLW) and preventative services - Looked After Children and carers respite - were welcomed, Councils were still faced with identifying further budget reductions at a time when the demand and expectation for social services has increased considerably.

Spend on social services linked to demographic pressures and social care inflation continues, for many, to exceed an affordable budget allocation. There is now little flexibility within local authority social services budgets to respond to in-year financial pressures. So much so that some authorities have had to take recourse action through the use of contingency and reserve funding. This is clearly not a sustainable position going forward.

Within Adult Social Care, the impact of the 2018-19 budget allocation has been that local government social services departments' have continued to reduce costs wherever possible. However, most have seen little reduction in actual costs. Moreover, at this stage of the transformation and integration journey, new models of delivery are proving more costly for the local authorities at least in the short to medium term. Whilst citizens are clearly benefitting from a better offer, more aligned to their aspirations and well-being outcomes, the scale of the shift of funding from secondary health care services into resilient and well resourced community approaches (including those funded by local authorities) is not at sufficient pace or scale to see a significant amount of realised savings.

Expectations of the 2019-20 Budget and financial preparedness

As leaders in social care, our expectation is that more people will be supported in community settings moving forward, as opposed to hospitals and that those associated care costs are likely to fall, at least in part, to social care departments across local authorities.

Welsh Government must acknowledge this and must better recognise the real costs of social care inflation linked to things like the NLW, new regulatory requirements and increasing citizen expectations. It has to properly recognise too, that new models of care are very expensive to implement in the short term and that demand for core services continue to increase at least at this stage of the transformation journey. If the vision is genuinely to shift secondary health care spend to better community services, this cannot be done by simply increasing health spending in primary and community services; it needs to include significant increases in the allocation available to local authorities to maintain and preferable increase, spend on social care (albeit more preventative, asset and strengths based approaches).

That is why the allocation of consequential funds relating to the block grant are crucial.

In terms of preparedness, it is an extremely challenging picture looking forward. The impact of the consecutive years of 'austerity' has been that the perceived "easier" options such as reduction in management structures and back room services have already been implemented and any future efficiency can only be realised through the reduction of direct social care service provision.

For authorities to determining their medium term financial plans, factors such as children moving through to adult services requiring support, can be built into those plans and trend data can determine the level of need to a certain extent. However, regardless of any diligent financial modeling based on this data, there continues to be unexpected expenditure that cannot be factored in due to the unpredictability of levels of needs and, in particular, high cost placements for people who are unknown to social care previously.

Directors of Social Services are also indicating that a poor settlement in 2019-20 potentially puts at risk some of the successful transformation work that has been done to date. In delivering those new models, authorities would have planned to utilise those realised savings toward more enabling and preventative approaches. This would be undone as a result of short term cuts having to be implemented simply to get authorities across the line.

ADSS Cymru have recently produced, in collaboration with the Welsh Local Government Association, two position papers examining the pressures on both Adults and Children's Services. We have included them in Annex's 1 and 2 because they provide additional added data and commentary to underpin this written evidence.

Additional financial pressures in relation to the delivery of *A Healthier Wales*

The implementation of the *A Healthier Wales* strategy will require local authorities and local health boards to work in a more integrated way. Initially, this will require financial resources to support the transition and whilst an element of this has been built in using the Government's Transformation Fund over the 2 year period, financial pressures are likely to impact authorities when that funding period comes to an end and those services will required to be mainstreamed; for example, the financial risk of recruiting permanent staff will remain with the partners post Transformation Fund. To date, transformational projects have managed to relieve some of the pressures within the health and social care system and prevented increased cost pressures but have not released significant levels of funding to reinvest in alternative service models. Moreover, whilst it is the Welsh Government's vision to see funding released from the acute to community settings, realistically, this is not going to be completed within the next two years; ADSS Cymru believes that this realisation is likely to more like 5 years to show any impact.

Sustainability of public services, innovation and service transformation

Social care is involved in developing the new models and supporting focus required to meet the needs of the population. However, social care needs proper funding to become properly sustainable. While one off funds help develop the models of care, they do not deal with the real underlying deficit in funding; offsetting future cost pressures does not pay the bills today. There is also an added anxiety that the future real costs of paying for care will necessarily escalate.

That is why ADSS Cymru is proactively working with Welsh Government, through the Delivering Transformation Grant work stream, to enable local authorities to develop more new integrated service models and most importantly, upscale them so that they work right across an authority area. ADSS Cymru can showcase genuinely integrated models of delivery, which operate seamlessly for the service user/patient. However, challenges between systems still exist, for example separate IT systems, separate terms and conditions, separate funding arrangements, free NHS provision vs charged social care, information governance etc. This piece of collaborated working will look to overcome some of those key challenges.

ADSS Cymru welcomed the announcement of the Transformational Fund for health and social care and it is working closely with its partners in local government and health, to identify how best we can utilise the funding available. There is, however, some concern in terms of the current time limited nature of the funding and how Councils will be able to sustain current and future service levels should the grant funding cease. There is a similar concern around the future of ICF funding, which we have already expressed publicly.

Whilst the £100m fund is significant, it is evident that from existing bids that to allow for more funding to be spent on the development of new models of care is going to take some time, if planned effectively. Moreover, the outcome and benefits that will flow will equally take some time to be realised as new service models become established. That is why there is some concern in terms of the long-term future of the Transformation Fund. In reality, given the scale of developments, the nature of its integration, the anticipated time to recruit and establish new working practices, the ability to 'base line' and evidence service improvements and outcomes, to limit the Fund within a 2 year timeframe is unrealistic. It currently remains unclear as to the timeframe of the 2 year fund i.e. is it limited to 2018-19 (year 1) and 2019-20 (year 2) as of September 2018, no proposals have been approved by Welsh Government.

Financial impact on regionalisation

The regionalisation agenda means that the local authorities are funding the regional activity relating to Part 9 of the Social Service and Well-being Act. While this initially came from Welsh Government via Delivering Transformation Grant funding, it is now part of the Revenue Support Grant. However, the more policy functions that are channelled regionally, the more funding will need to be put towards regional activity. Where this however, replaces current local services/functions, then that money can be released but to date, that is not the case. For example, there is a requirement for a regional commissioning function but this is on top of local commissioning functions. Also, for the pooling of budgets there will need to be regional officers to manage any regional pooled fund.

The financial impact has been variable dependent upon each service. However, on the whole, regionalisation of local authority functions has brought some financial economies of scale, in the main through streamlined management and support costs.

Investment in residential care services and domiciliary care services

Across Wales overall, there has been a reduction in the percentage of people requiring support from a placement in residential care, with the majority being maintained in the community. For the overwhelming majority, the focus should be on supporting people to remain well and safe in their own homes wherever viable, as this tends to be the preferred option for the service user. This has resulted in people with significantly more complex needs being supported in the community and in some cases it can be a more expensive option that more institutional forms of care. However, there is a need to maintain investment across the care continuum because if the system is to work to its optimum effect, those individuals who can only be safely cared for within more institutionalised forms of care and who have extremely complex needs, also require a range of additional care choices, whether in supported accommodation, residential, nursing or even more specialised settings. Meeting that level of complex need is very expensive irrespective of the setting.

All care sectors are advising local government and the NHS that their costs are increasing. These costs are recognised with growth being primarily with the NLW and other employee entitlements. This is considered likely to increase further as more staff require registration. This is at a time when the funding from Welsh Government to local government is reducing. The costs have been held to approx. 2.5% overall, however this position is difficult to sustain with increased arbitration regarding care fees.

Local authorities regularly undertake independent reviews of their care home fees to ensure that a fair fee model is in place. This review is undertaken in consultation with care home providers. Fees are adjusted to take account of any new or emerging cost pressures (e.g. NLW) and also to ensure financial sustainability for providers.

Fees are generally at a sustainable level if the disparity between the pay and conditions of social care staff contrasted with their health equivalents is accepted. However, even without rectifying this disparity, social care inflation is running at least at about 5% year on year. Recruitment and retention within the social care workforce is severely impacted by pay and conditions. This creates hidden additional costs to the system and we can reasonably hypothesise that it impacts on the extent to which citizens can realise their optimal outcomes.

In regard to domiciliary care, fees paid to care agencies are part of an agreed contract with annual inflationary uplifts agreed through consultation with care providers. Cost pressures are identified and the local authority in agreeing its fee levels, ensures that any such legitimate costs are supported (e.g. NLW).

In terms of the workforce, agency staff in some positions can be more cost effective than permanent staff. Unsecured funding such as the ICF and now the Transformation Grant, will result in increased agency usage in order to protect organisations from financial risk. There is progress regarding reducing the number of agency social work staff, however this fluctuates. Significant recruitment campaigns help but the unattractive pay and conditions of front line care makes this challenging. Until care staff are paid well for the work they do and society values that work more highly, this will remain demanding.

In terms of domiciliary care, feedback is being received by a number of local authorities from their independent providers that they are experiencing increasing difficulty in recruiting and retaining care staff. A number of providers are reporting that people leaving the sector are doing so as they can achieve a comparative wage in the retail sector with less responsibility. Whilst there has been a shift in the providers' ability to recruit over time this position has been increasing problematic over the past 2 years. With recruitment and retention of staff to this sector being more problematic than that of residential care, it places additional financial and operational burden on providers, for example, workforce planning, training etc.

One of the significant cost factors facing Councils in 2019-20 is the increased costs linked to NLW. Whilst the additional funding received in 2018-19 settlement was welcomed, there is an ongoing pressure linked to any national increase in NLW rates, these are likely to be 4%+ and will have significant cost implications upon both internal staff costs and more specifically those costs of services contracted with the third & private sector.

[redacted]
President
ADSS Cymru

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Yn arwain Gwasanaethau Cymdeithasol yng Nghymru
Leading Social Services in Wales

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WLGA and ADSS Cymru Position Statement on Adult Services

Key Facts and Figures

In 2016-17 around 150,000 care and support services were provided to over 82,000 adults (aged 18+) by Welsh Councils. This included:

- Over 31,000 domiciliary care services provided
- About 18,000 care home placements
- Over 34,000 receiving equipment and / or adaptations

Every day:

- 210 assessments were carried out
- 62 care and support plans and support plans were put in place

9 assessments were carried out every hour by Welsh Councils

1 in 5 adults in Wales report feeling lonely or isolated

1 in 4 experience mental health problems or illness at some point during their lifetime

9 in 10 prisoners have a diagnosable mental health and / or substance misuse problem

75% of carers in Wales are concerned about the impact of caring on their health over the next year

127% increase in the number of people aged over 85 by 2039

56% increase in the number of people in need of adult social care by 2035

22% reduction in Council funding since 2010 impacting on a wide range of preventative services vital in supporting health and wellbeing

£1.2bn the total amount spent on adult social care by Welsh local authorities each year

£2.2bn the wider contribution of adult services to the Welsh economy

Adult social care is one of our most vital public services. It supports adults of all ages across a wide spectrum of need to live as independently as possible and protects people from harm in vulnerable situations. Over 150,000 care and support services were provided by adult social services in Wales last year, with over 70,000 assessments of care and support needs being undertaken. Over £1.2bn was spent on adult services by Welsh Councils, which equates to around a fifth of their total budget.

It is essential in its own right for these reasons alone. But it is also essential in other ways. It touches the lives of millions, whether that be people working in the sector, those who receive services, or their informal carers, friends and family. Its paid workforce is larger than that of the NHS. It is a vital connector to other public, private and voluntary sector services. And it contributes some £2.2 billion to our national economy, creating 127,000 jobs. In short, adult social care should be everyone's concern.

The overall state of local government funding

The state of funding for adult social care cannot be seen in isolation from the state of funding for local government overall. Since 2010 Council's core grant funding has reduced by 22% after adjusting for inflation. Fast forward to today and the current and future outlook for local government funding remains extremely challenging, with any cost pressures arising during this period having to be offset by further savings. Such pressures will include, but are certainly not limited to:

⇒ **general inflation**

⇒ **increases in demand for everyday services as the population grows and ages**

⇒ **increases in core costs, such as national insurance, the National Living Wage and pension contributions**

Taking account of the path of future funding and the full range of pressures facing councils in relation to future years compared to now, the WLGA estimates that local government will face over £800m of pressures over the next 5 years. This is essential context and explains, in part, why adult social care funding remains under such enormous pressure. As the savings available in other parts of the Council disappear, inevitably it is areas such as adult services and preventative services which have to offer a significant contribution to the council's full savings requirement to help tackle the overall funding gap.

Adult Social Care

Adult social care continues to help mitigate demand pressures on the NHS and is not simply about support at the 'back door'; councils work closely with the NHS to improve self-management of conditions, prevention, community support and information and advice, which are all services that stop people presenting at the 'front door' in the first place. However, demand for services is increasing, by 2035, the number of people aged over 65 will have increased by a third and the number aged over 85 will have doubled. Spending will have to grow at 4% every year on top of general inflation to meet these pressures. Whilst day-to-day spending on local authority-organised adult social services has remained broadly flat in real terms, spending per older person has fallen by nearly 13% in real terms over the last five years in Wales, inevitably leading to impacts on services for older vulnerable people. Spending per head would have to increase by at least £129 million (24%) (2016-17 prices) between 2015-16 and 2020-21 to return to the equivalent level of spending in 2009-10, which amounts to a 2.5% year-on-year increase for adult social care services.

Pressures due to social care continue to pose the most risk to council's financial sustainability in the medium to long term. The current funding arrangements will not cover the expected increases in cost and demand facing social services. Local government's spending pressures will total around £264m in 2019-20, which includes £102m of pressures for social services. These will have to be either fully absorbed by councils (or cuts made elsewhere). As with other service areas, the main inflationary drivers are increasingly workforce costs. In the next financial year, the additional resources required for pay deals, pension contributions and the National Living Wage come to £54m and demographic pressures will add another £49m. The cumulative pressure by 2021-22 is £358m.

This is at a time when the sector is experiencing an increasingly fragile provider market, with all the signs that the difficulties will increase. We know that the recruitment and retention of care workers, particularly in the domiciliary care sector, remains a challenge and that frontline roles within the care sector are generally perceived as low-status, low-skills jobs and this is reflected in the rates of pay, with most workers being paid at or around the National Minimum Wage. Low wages in turn impact directly on the ability to recruit and retain staff particularly in the context of other sectors, including retail, being able to offer higher pay. There is a real danger that if we don't invest time and resources in bringing order to the system and truly value our social care workforce now, costs across the health and social care system will rise significantly in the future.

Despite Councils best efforts to protect spend on adult services demand continues to outstrip supply, with difficult choices having to be made to ensure the sustainability of services. In recent years, adult social care spending has been kept under control through a mix of service savings, disproportionate reductions to other services, and looking at innovative and integrated ways of delivering services. It has meant that councils have clearly prioritised adult social care and support services for vulnerable people but this is inevitably and unavoidably to the detriment of

other local services. Every council will have made their own decisions in this process but it is safe to assume that the services that had to deal with deeper reductions to funding will have included services such as libraries, leisure, and bus services. This is clearly a false economy given these universal neighbourhood services are preventative in the widest sense and contribute to wellbeing.

Prevention and early intervention has been a key focus. But as councils strive to return balanced budgets each year, the reality on the ground is that funding reductions are making it harder for councils to manage the tension between prioritising statutory duties for those with the greatest needs on the one hand and investing in services and communities that prevent and reduce future demand on the other.

All recent efforts to support adult social care are welcomed, such as the additional £10m provided for social services to deal with winter pressures. And we do not want to downplay the significance of the additional investment and the relative protection provided by Welsh Government. It has, without question, gone some way to alleviating the significant pressures facing the care and support sector, but that simply means that the cuts have not been as deep as we have seen across the border. Social care funding is now at its absolute limit and along with the growing pressures and demand facing adult services the great progress that has been made in challenging circumstances is being threatened – the need to resolve the long-term future of care and support is now urgent, along with the need for more significant investment in the shorter term.

The Way Forward

Local government are committed to working with our colleagues in health and the Welsh Government in responding to the recommendations of the Parliamentary Review and taking forward a "revolution in health and social care" through 'A Healthier Wales'. An integrated and joined up approach is viewed as the way that we will best be able to improve services and meet the increasing demands being placed on all public services in Wales. The present system is not a sustainable way forward and it impedes the ability of our committed workforce across social care and health to carry on caring for our residents to the same high standard. With the Welsh Government currently developing plans on how to spend its budget, the Government must seize the moment and demonstrate its own commitment to enabling councils and their partners to do what they do best: look after our local communities and our local residents, particularly those who are most vulnerable and have support needs.

Moving from the current system to one that is more sustainable and meets the needs of our ageing population requires a variety of responses. Undoubtedly without more funding for social care, many of the difficulties faced by the care sector will continue to grow and the impact will be felt by families. With better funding it is possible to build a wider spread of quality services and a sustainable care market – urgently needed in the short and longer term.

We are calling on the Welsh Government to:

1. Use the upcoming budget settlement to demonstrate their recognition of the context that adult social care is operating in and the challenges facing the system, including rising costs and the costs associated with supporting working age adults, not just older people by a significant uplift in funding levels. Along with recognising councils' efforts to date and the improvements those efforts have yielded; the value and core purpose of adult social care in helping people to live independently and supporting their wellbeing.

2. Avert a deepening of the crisis facing adult social care by closing the funding gap facing local government. This means adequate funding to address immediate demand pressures, particularly those facing the provider market. The recent announcement of consequential funding coming into Wales provides an opportunity to put additional funding into councils' baseline budgets so it can be counted on in future years enabling Welsh councils to plan with some surety over the next three years. Any additional funding needs to allow local authorities flexibility to best meet local demand and needs, focussed on improving outcomes for their citizens and communities.

3. Develop a balanced approach that does not give one part of the system primacy over the other in dealing with the pressures facing social care and health in the short and long-term, with health and social care treated with parity in the budget considerations, recognising that health and social care are equal partners in the aspiration of delivering one seamless health and social care system for Wales organised around the individual and their family.

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Leading Social Services in Wales

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WLGA and ADSS Cymru Position Statement on Children's Services

Key Facts and Figures

There are about 630,000 children and young people living in Wales. This includes:

- Nearly 16,000 children receiving care and support from Welsh Councils
- Just under 6,000 who are looked after by Welsh Councils

Every day last year:

- 78 children and families received advice or assistance from Councils
- 106 assessments were carried out
- 23 care and support plans were put in place

Every 4 hours a child or young person was brought into care in Wales last year

3 in 10 children in Wales are living in poverty

1 in 10 children in Wales will have a diagnosable mental health condition

Around 1 in 5 children have been exposed to domestic abuse

15%
increase in children looked after since 2010, with a 5% increase on last year

149%
increase in the number of court applications to remove children into care over the last nine years

12%
increase in children on child protection register between 2010-16

22%
reduction in Council funding since 2010 impacting on a wide range of preventative services vital in supporting children and families

30%
real terms increase in expenditure on LAC services by LA's since 2010

£3,500
the average cost per week of placing a child in residential services

Nearly **16,000** children received care and support from local authorities in Wales last year. Just under **6,000** children were 'looked after' by local authorities, a figure that has increased by nearly a quarter over 10 years. Over the same period Council's expenditure on Children's Services has increased to meet the increasing demand, with a real term increase of 30% spend on Looked After Children's Services. This comes despite Council's core grant funding reducing by **22%** after adjusting for inflation. If you take schools out, core funding has fallen by **35%**.

Rapidly increasing and complex needs, along with constrained funding is placing significant pressure on children's social care services. Councils and social care staff have coped extremely well up to now despite the exceptional pressures, however this is not sustainable in the face of further budget cuts.

With a statutory duty to safeguard and promote the well-being of looked after children and support some of our most vulnerable in our communities, Councils have committed to providing as much resource as possible to safeguard and support children and their families continuing to deliver vital services. But this commitment leaves some challenging choices elsewhere and it is important that decision makers recognise the current situation and the impact that it is having.

Key Messages

⇒ **Over the last decade the number of children in the care system in Wales has increased significantly.** The reasons why children become looked after and their needs while in the care system are complex and multifactorial.

⇒ **Recent years have seen an increase in expenditure on Children's Services at a time when Councils overall budgets have been cut.** This demonstrates the commitment that has been made by local authorities to meet the demands being placed on services by the rising numbers of looked after children. However, this is becoming unsustainable, with most local authorities now anticipating significant overspends on their children's services.

⇒ **Services for the care and protection of vulnerable children are now, in many areas, being pushed to breaking point.** The huge financial pressures councils are under, coupled with the spike in demand for child protection support, mean that the limited money councils have available is increasingly being taken up with the provision of urgent help for children and families already at crisis point, leaving very little to invest in early intervention. Hence a spiral of uninterrupted and increasing need for services is driving a mounting complexity of challenges for the most vulnerable children.

Pressures on Children's Services

WLGA and ADSS Cymru have identified four key areas where significant pressures are being experienced in relation to children's services in Wales:

1) **External demands and complexities** The on-going introduction of welfare reforms and a decade of austerity has amplified the pressures on families. Increased public awareness and reporting of potential abuse, the impact of poverty and deprivation on families and a lack of funding to help families early on before problems escalate all contribute to this. There is an increased awareness and understanding of issues such as Child Sexual Exploitation (CSE) and an increase in the number of initiatives that are aimed at early identification and intervention such as the evidence based work in respect of Adverse Childhood Experiences (ACEs), Flying Start and Families First.

2) **Placements** The increasing complexity of cases and the growing numbers of children coming into care are negatively impacting on both the availability of appropriate placements and the cost of placements. An ageing foster carer population and the increasing costs of providing residential care has a significant impact on the sector.

3) **Legislation and work with the Courts** The last few years have seen a substantial increase in the number of care applications that have been made, with a significant increase in the number of children subject to care proceedings. Increasing expectations from legal judgements create a challenging environment.

4) **Workforce** Child and family social work is challenged by high turnover and vacancy rates and a reliance on agency staff, with demand for permanent, experienced workers outstripping supply.

Urgent action is required to reduce the number of families relying on the children's social care system for support and so we are calling on Welsh Government to:

⇒ Urgently address the growing funding gap being seen in Children's Services and reinforce our shared commitment to improving the life chances of children and young people.

⇒ Use the recent announcement of additional consequential funding coming into Wales to identify new, non-ring-fenced money, that allows local authorities flexibility to best meet local demand and needs, focussed on improving outcomes for children, young people and their families and helping to ensure that children who leave the looked after system have properly planned and supported exits so that they also achieve their outcomes. Recent funding made available for Children's Services from Welsh Government has only been for specific pieces of work and to support new initiatives rather than to be able to meet increasing demand and current pressures.

⇒ Establish a new Preventative Care Fund for Wales. There is a need for a strategy of investment focused upon achieving a coherent preventative approach to improving children's outcomes. A Preventative Care Fund, focussed throughout the life-course, would enable some double running of new investment in preventative services alongside 'business as usual' in the current system until savings are realised and reinvested back into the system. This would help to stem the decline of local preventative services and provide a way to make some significant investment into new and existing preventative services.

⇒ Ensure that the funding currently provided for children's mental health and wellbeing services is used to best effect. Supporting us in tackling mental health issues and building resilient, emotionally and mentally healthy children and young people and making this a national priority.

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Aneurin Bevan University Health Board

Response to Health & Social Care Committee – request for information from Health Boards (September 2018)

Mental Health

1. Breakdown of spend on Mental Health Services (excludes Learning Disability services)

Expenditure over the last 3 years (2015-16 to 2017-18) is shown as follows:-

	2015-16	2016-17	2017-18
	£m	£m	£m
Resources			
Mental Health Division:			
Older Adult services	12.8	13.3	13.4
Adult services	14.8	17.0	17.7
Primary Care Measure	3.0	3.3	3.9
Forensic	3.6	2.9	2.9
Substance Misuse services (provided by the Health Board)	1.3	1.4	1.7
Specialist Services	1.0	1.3	1.4
Local Authority and third sector agreements	1.3	1.3	1.3
Continuing Health Care (CHC) – excluding LD/EMI	10.4	11.1	12.7
Mental Health Management/Support services	4.6	5.7	5.3
Sub-total	**52.9**	**57.2**	**60.4**
Continuing Health Care (CHC) – Elderly Mental Illness	**17.7**	**17.1**	**18.2**
Family and Therapies Division: Children's	5.7	6.1	7.5
Primary Care Division (Prescribing, GMS, Local Authority)	11.3	10.1	11.6
All other Mental Health Services: Externally Commissioned less WHSSC, overheads and activity in other Divisions	32.5	22.6	22.0
Total resources	**120.2**	**113.1**	**119.8**

Table 1:- Mental Health expenditure 2015-16 to 2017-18

	2015-16	2016-17	2017-18
Mental Health ring-fenced funding	**£m**	**£m**	**£m**
Allocation	**95.6**	**96.4**	**100.8**
Expenditure	**120.2**	**113.1**	**119.8**
Variance	**24.6**	**16.6**	**18.9**

2. Mechanisms to track spend and Health Board priorities

Through the Board's planning, performance and reporting structures, including local partnership arrangements, spend on mental health services is tracked along with associated performance indicators. As part of the Health Board's Value Based Health Care Programme, the intention is to capture patient outcome data across pathways/health conditions, at scale, and there is a programme of work in place across a range of services, including mental health services.

Health Board priorities

In addition to discretionary funding, the Health Board received ring-fenced funding in 2017/18 which has been invested in mental health services. Further ring-fenced funding has been made available in 2018/19 which the Health Board is investing in mental health services. These include the following services:

- Development of care packages in community settings

  Investment in more innovative 'In One Place' joint housing schemes, for those patients with complex needs, to access better support arrangements.

- Improving support for adults who present in crisis

  Investment in increased staff levels in acute in-patient wards and the remodelling of Crisis Resolution Home Treatment teams, providing an extended service. Following consultation with users, carers and partners an increased provision for crisis services in the community.

- Improved integration and more streamlined access to emotional and mental health services for children and young people and their families.

- Improved access to services for patients with eating disorders.

- Expansion of Psychiatric Intensive Care Unit (PICU)

An increase in local services (4 to 9 inpatient beds) should improve the pathway for patients and increase access to locally provided services. This expansion is due to be completed by March 2019.

- Implementation of WCCIS

  The implementation of the new community information system should improve management information and support improved patient care for mental health services both in and out of hospital and links between providing health and social care.

The Health Board's provision of mental health services – including financial resources - is managed across the following areas:

1. Mental Health Division

   Secondary care acute inpatient care, community services and adult mental health/learning disability continuing health care (CHC) services.

2. Family and Therapies Division

   Provides CAMHS services, Out of county children's CHC placements and paediatric psychology services.

3. Primary and Community Care Division

   GP/Primary mental health services and prescribing in primary care.

These Divisions provide specific mental health services whilst also working collaboratively to deliver a pathway approach. This includes developing long term plans, in partnership with local authorities and 3rd sector partners, through the Gwent Mental Health and Learning Disability strategic partnership arrangements.

Mental Health funding supporting other services

In addition the Mental Health Division provides support to patients in surgical and medical wards as well as the Emergency Department to ensure their mental health needs are assessed and met whilst receiving physical care. The integrated planning and delivery structures enable a more balanced and holistic approach to delivering appropriate patient care.

3. Demand and Capacity – Mental Health

The Health Board's planning processes incorporate the assessment of need and level of service provision required to deliver appropriate mental health services. This includes joint partnership arrangements which consider service priorities and develop plans, taking account of best practice evidence and benchmarking intelligence.

The Health Board recognises this is an area which needs to be developed further and has identified actions to make progress. Hospital mental health service information is captured routinely. However, information on some aspects of community and other mental health services requires further improvement. The implementation of WCCIS and collection of outcomes data for patients with mental health conditions, should help achieve a more systematic approach to planning and measuring the effectiveness of services along patient pathways.

Spend for mental health services is captured through various mechanisms, e.g. programme budgeting, Divisional financial reports and standard costing returns. Table 1 provides an example of the financial data available.

4. Emotional and Mental Health Services for children and young people

The following table provides a summary of the expenditure for mental health services (for children / young people) over the last three years:

	2015-16	2016-17	2017-18
Mental Health spend children and young and people	**£m**	**£m**	**£m**
CAMHS	3.3	4.3	4.2
Continuing Health Care (CHC) – CAMHS	0.5	0.3	0.9
Paediatric psychology	0.9	1.0	1.0
WHSSC expenditure - CAMHS / eating disorders for young people	1.1	0.5	1.4
Children and Young People -Primary care Measure Spend	0.2	0.4	0.5
Total (excludes proportion of externally commissioned spend)	**5.9**	**6.5**	**8.0**

The costs reported above include the most significant spend areas, but do not include elements such as overheads, some services commissioned with other health bodies and direct spend with the voluntary sector.

Primary Care / Secondary care spend

The following table provides an analysis of spend, which identifies that primary care services increased at a greater proportion than spend on other healthcare services between 2016-17 and 2017-18.

Extract from Health Board's annual accounts 2017/18 – cost growth

	Note	2017-18 £'000	2016-17 £'000	Increase £'000	Increase %

Primary Healthcare Services	3.1	262,060	253,163	8,897	3.5
Healthcare from other providers	3.2	334,735	324,394	10,341	3.2
Hospital and Community Health Services	3.3	666,452	658,945	7,507	1.1
Sub-Total		1,263,247	1,236,502	26,745	2.2

However, the Health Board recognises that a more appropriate analysis and measurement of spend needs to consider the level of resources used in hospital and out-of-hospital care in line with its strategic aims. As a result, work has been undertaken locally to develop a different analysis which measures spend in hospital, out-of-hospital services and overhead functions. The methodology, and its application, is still being refined and the following table provides a summary of the initial results of developing this approach.

Aneurin Bevan Health Board (Hospital v Out of hospital care) spend	Hospital (£)	Out of hospital (£)	Overhead (£)	Expenditure on Primary Healthcare services (as per Annual accounts)
2015-16	536,152,682	475,885,804	70,166,831	260,628
2016-17	581,151,745	484,796,587	77,884,088	253,163
2017-18	595,293,817	506,411,801	68,528,962	262,060
2015-16 %	49.5%	44.0%	6.5%	24.1%
2016-17 %	50.8%	42.4%	6.8%	23.4%
2017-18 %	50.9%	43.3%	5.9%	24.2%

The level of spend in out of hospital services has increased over the last three years – in cash terms - but has fluctuated in proportion to total spend. The following comments should be noted:

- Expenditure on externally commissioned acute hospital services (including specialist services) continues to increase.
- The level of overheads including estates, energy and costs and how they are apportioned requires further investigation.
- There will always be an element of cross-over in certain specialities such as therapies and therefore further work is required to validate the appropriate allocation of spend between the three broad categories.
- Specific examples of investment in out of hospital services include 'Frailty (virtual ward)' teams, ophthalmology diagnostic and treatment centres, community cardiology, minor oral surgery and pulmonary rehabilitation teams and community mental health services.

The Health Board's IMTP priorities and Clinical Futures Strategy aim to deliver care closer to home and in doing so achieve a shift in resources from hospital to out-of-hospital care. As part of this strategy, the Health Board are investing in and strengthening primary, community and social services in partnership to create the capacity to support and treat patients in their homes and local communities.

The submission of funding bids (Transformation Fund), submitted through the regional partnership arrangements, aims to support significant transformation by providing more out-of-hospital care and improving integration between health, social care and housing.

The majority of the Health Board's capital investment programme is naturally focussed on the building of the Grange University Hospital over the next three years.

However, the Board plans to invest in several primary care developments, including joint facilities with social care and the 3rd sector, where the Health Board would use revenue funding to support them. Examples include proposals being developed for Tredegar and Newport East. Working with our partners through the Regional Partnership Board, the Board plans to invest in several joint community based development schemes, providing multidisciplinary care, utilising the ICF (Integrated Care Fund) capital funding.

Preventative spend/integration

1. Prevention / early intervention

The Health Board's Clinical Futures Strategy includes a significant focus on both out-of-hospital care and prevention of ill health. This will be critical to the success of the Strategy.

Some examples where there has been an increase in preventative services include:

1. Living Well, Living Longer scheme,
2. Improved capacity and incentives to increase the uptake in vaccinations and immunisations (including staff),
3. The development of 24 hour/7 day services e.g. community nursing,
4. Weight management services,
5. Pulmonary rehabilitation services,
6. Access to smoking cessation services, and
7. Alternatives to hospital based surgical interventions where appropriate (e.g. greater access to therapy services).

The Health Board's value based approach to planning and prioritising resources to delivering improved health also means that patient outcomes will influence future priorities. In some cases, this will involve greater access to preventative services.

2. Integrated Health and Social Care Services

Integrated service developments with local authorities and the 3rd sector include the 'frailty' service (a multi-million pound investment pooled budget for Gwent), integrated community equipment service, provision of health and social care resource centres and many joint community schemes funded through partnership ICF arrangements e.g. Home First. A number of these schemes have been referred to previously.

Gwent has made significant progress in developing a pooled fund for older adult care home services in partnership between the Health Board and the five local authorities.

The measurement of outcomes is a complex area. Through its Value Based Health Care approach the Health Board has invested in ICT capability to collect outcomes data at scale, working with International Consortium for Health Outcomes Measurement (ICHOM) to develop outcome measures that can be used universally.

National Programme Budgeting data linked to Health Survey data is another approach which is available to link resources to health status.

The WCCIS system will also help capture certain outcomes based information.

Admitted patient care

The following table provides a summary of the expenditure for elective and non-elective admitted patient care over the last two years:

	Actual expenditure	
	2015-16 £m	2016-17 £m
Elective	85.23	92.28
Non-elective	243.97	251.88
Total	**329.19**	**344.16**

The forecast spend is based on the Clinical Futures Strategy and modelling projections which aim to improve performance and reduce length of stay. The number of hospital beds is expected to reduce and therefore the increase in expenditure would arise through a shift in resources and more acute and intensive use of hospital based services. The Health Foundation 'Path to Sustainability' report suggests a 3.2% growth with some offset through savings/cost avoidance. The table below illustrates the impact of spend increase assuming 1.2% and 3.2% growth scenarios.

	Forecast (£m)					
	2017-18 (£m)		2018-19 (£m)		2019-20 (£m)	
	Minimum (1.2%)	Maximum (3.2%)	Minimum (1.2%)	Maximum (3.2%)	Minimum (1.2%)	Maximum (3.2%)
Elective	93.4	95.2	94.5	98.3	95.6	101.4
Non-elective	254.9	259.9	258.0	268.3	261.1	276.8
Total	**348.3**	**355.2**	**352.5**	**366.5**	**356.7**	**378.3**

Workforce

1. Progress in addressing workforce pressures

The Health Board continues to address workforce pressures through a number of different initiatives designed to increase overall substantive staffing numbers in a cost effective way.

Medical/nursing staff – a range of different recruitment initiatives, well-being support to reduce sickness and improve retention, incentives to encourage greater but appropriate use of staff through the staff bank/locum arrangements and reduce reliance on agency staff

Developing alternative roles – such as enhanced nursing, therapy, pharmacist and physician associate roles – in primary care and hospital services.

2. Actions taken to ensure a sustainable workforce following the UK's withdrawal from the EU.

The Health Board is aware of the potential implications of the UK's withdrawal from the EU. The actions outlined previously, with regard to achieving a more sustainable and cost effective workforce, place less reliance on recruiting staff from abroad and focus on developing roles and our workforce locally to deliver future requirements. This does however still remain a significant risk.

The potential risk of lower economic growth, as a result of Brexit, leading to lower tax revenues and public spending is understood, along with potential price increases. In line with other Health Boards an NHS Wales wide approach is being undertaken to assess the financial implications post-Brexit.

The Health Foundation's report (Path to Sustainability) still provides a useful basis on which to make resource planning assumptions going forward, whilst allowing further sensitivity analysis to be undertaken in

relation to the potential impact post-Brexit on workforce costs, costs of drugs and other essential supplies.

3. Evidence about progress made in reducing and controlling spend on agency staff

The Health Board continues to focus on control and minimising the use of agency staffing. There are however service and workforce sustainability issues in specialities such as paediatrics, obstetrics and gynaecology.

The centralisation of critical and acute care services, as part of the Health Board's Clinical Futures Strategy, will consolidate some of our key medical and nursing staff, which in turn should help address some of the medical and nursing workforce pressures currently being experienced. Alongside this, the re-investment in out-of-hospital services and the development of alternative workforce roles and more integrated working with social care staff should help move towards a more sustainable workforce solution, with less reliance on agency staff.

[redacted]
Director of Finance & Procurement
September 2018

Health, Social Care and Sport Committee
Draft budget 2019-20
Request for information from health boards:
Response from Betsi Cadwaladr University Health Board

Mental health

- A detailed breakdown of spend on mental health services for the last 3 years (including how total spend compares to the ring-fenced allocation)
-

Response*:* The summary below shows spend over the last three years.

Mental Health & Learning Disabilities Division - Expenditure Analysis

	2015-16 £	2016-17 £	2017-18 £
Inpatient & Community Services - Direct Costs			
Provider Income	-2,378,650	-159,598	0
Divisional Management and Administration	2,356,555	1,850,380	3,916,062
Medical Staff and associated staffing and Departmental costs	13,909,129	14,031,119	14,180,226
Clinical Psychologists and associated staffing and Departmental costs	4,045,250	4,404,121	4,742,005
Area Services - West (Inpatient Units, Ynys Mon & Gwynedd)	9,607,908	12,368,387	11,616,144
Area Services - Centre (Inpatient Units, Conwy & Denbighshire)	11,547,932	12,781,988	15,381,979
Area Services - East (Inpatient Units, Wrexham & Flintshire)	11,754,445	13,980,505	13,696,763
Regional Specialist Services - *Rehabilitation, Medium Secure, Learning Disabilities and Substance Misuse Services*	19,916,948	21,412,278	20,674,392
Investment funding tracked separately	-11,515	163,278	36
Welsh Government Special Measures costs	778,090	1,978,057	0
	71,526,092	82,810,514	84,207,607
Continuing Healthcare costs	25,601,785	27,656,668	33,043,238
Powys Services temporarily managed within BCU	2,190,365	26,616	-2,617
TOTAL	**99,318,243**	**110,493,798**	**117,248,229**

An analysis of spend showing comparison with the ring-fenced allocation.is attached as Appendix 1.

- What mechanisms are used to track spend on mental health to patient outcomes

Response:
The Mental Health Division are currently developing a Performance Assurance Framework linked to the priorities and outcomes in the MH Strategy. This work will be further developed in line with the outcomes framework being developed by Welsh Government to capture service user experiences. The aim of the work is to have a more consistent experience of service across Wales by 2022.

- Health board priorities for mental health services/spend for the next three years. How outcomes will be measured

Response: please see above regarding the approach to measuring outcomes. The priorities for spend and services for the next three years are as set out in the strategy, Together for Mental Health in North Wales, published in April 2017. A copy can be found at Together for Mental Health in North Wales

The main priorities identified within the strategy are:

- New services and approaches will be available to promote good mental health: promotion of the five ways to wellbeing; schools-based programmes; employer-based approaches; welfare rights and money advice
- A Family approach will be taken ensuring all are attended to and the assets of the family and community are valued
- Peer support and other services will be available as a step-down option from statutory community care
- Social prescribing will be more widely available, promoting access to education, exercise, personal and creative development
- There will be new integrated teams to manage very common co-morbidities between physical and mental health, for example anxiety and COPD
- The Eating Disorder Pathway for young people which focuses on early intervention and the family will be embedded.
- The self-harm pathway for young people developed with Education will be rolled out and implemented across North Wales.
- We will improve the availability of a range of psychological therapies, including online therapeutic interventions
- People experiencing first episode psychosis will have access to the full range of NICE-approved interventions, this is a joint model Adult Mental Health and CAMHS for young people aged 14 – 25years
- There will be alternatives available to inpatient admission for those able to manage safely in more intensive community situations
- All ward environments will be fit for purpose, safe and humane
- Information about patients' history, and care and treatment plans will be available in real-time to all staff working with them
- There will be a realistic and sustainable fit between our service commitments, and the numbers and skills of staff to deliver them
- We will ensure full and effective governance of both our commissioned services, and those we directly provide.

- The extent to which allocated mental health funding is being used to support other services, for example where patients have a primary diagnosis of a mental health condition but require treatment for other health conditions. Do funding arrangements, including the mental health ring-fence, strike the right balance between taking a holistic approach to meeting an individual's needs, and ensuring resources for mental health are protected;

- How demand/capacity and spend on mental health services not directly provided by the health board is captured (e.g. in primary care, voluntary sector);

Response:

Please see detailed budget breakdown for spend including specialist services and support for people with substance misuse needs. The information demonstrates that the Health Board spends well in excess of the ring-fence on the totality of mental health needs. The priorities identified within the mental health strategy (as set out above) also demonstrate the commitment to meeting holistic needs.

Access to activity data in the community is not currently collected or monitored in line with capacity and demand. This is an area that has been identified as a key development and is currently being worked on. Monitoring of voluntary sector contracts commissioned by the health board is undertaken in relation to limited performance targets. Work is currently underway to develop the approach to ensuring commissioning is aligned to priorities within the strategy.

- A breakdown of spend on emotional and mental health services for children and young people (last 3 years). This should include information on all services, not only specialist CAMHS, and should be broken down by area (e.g. primary, secondary, crisis, therapeutic, voluntary sector etc.).

A breakdown of spend for the last three years is shown below. The CAMHS work is led through our Area Teams where the work dovetails closely with our children's activity. The Children's Transformation Board is reviewing arrangements currently and further information can be provided if required.

BCU CAMHS Actual Spend

	13/14 £	14/15 £	15/16 £	16/17 £	17/18 £
Central	4,086,382	5,980,789	6,741,102	6,461,723	7,494,422
East	3,589,096	3,160,698	3,416,072	4,044,278	3,981,183
West	1,585,193	1,526,123	1,760,592	2,079,538	2,132,674
North Wales (Bids & Network)	690,605	318,085	225,935	290,723	261,422
TOTAL BCU CAMHS SERVICE	**9,951,276**	**10,985,695**	**12,143,701**	**12,876,262**	**13,869,701**

Primary care/secondary care split

- Health board spend on primary care for the last 3 years, including as a proportion of total health board spending. To what extent is this achieving the policy aim of shifting care from hospitals to primary care/community settings;

Response: The Health Board spend on primary and community services has increased and reflects the WG policy of shifting care from hospitals to primary care and community care settings. These figures are shown below, as a proportion of total Health Board net operating costs, for the last three years:

		2017-18	2016-17	2015-16
		£'000	£'000	£'000
HB spend on Primary & Community Care for the last 3 years,		653,760	615,337	584,387
as a % proportion of total Health Board Net operating costs		43.8%	43.7%	43.2%

The Health Board is committed to promoting new models of care and multidisciplinary working, and this is articulated in the Health Board's published strategy, Living Healthier, Staying Well. The strategy and supporting documents are freely available within the Board papers of the Health Board and on the website.

The Health Board is working with a range of stakeholders to ensure we maximise multidisciplinary working. This includes working creatively with Local Authorities and the third sector to maximise the impact within our communities.

The Health Board has recently recruited a new Director of Primary Care and Community Services which will further strengthen our approach to this key agenda.
We have also strengthened our membership on the Regional Partnership Board and are developing our shared vision and model of health and social care in accordance with **A Healthier Wales.**

- The Committee's report on the 2018-19 draft budget recommended that 'the Welsh Government should support and hold health boards to account to prioritise capital funding for primary care and ensure it improves the physical capacity for multi-disciplinary working and promotes new models of care'. What progress can the health board report in relation to this recommendation

Response: The Care Closer for Home element of the Health Board strategy 'Living Healthier, Staying Well' highlights our estates challenges within primary care and community services, and this forms part of our case for change. We acknowledge that the quality of this estate varies across North Wales, and our strategy emphasises the need to further prioritise our plan of work in this area and our future work on the Health and Well-being Centres.

During recent years we have ensured a robust programme of capital work in primary care and community services and this forms part of the current work on #Care Closer to Home'. Our 2016-19 primary care projects are detailed below:

16/17	17/18	18/19
Tywyn Community Hospital and Health Centre Llangollen Healthcare Resource Centre	Flint Healthcare Resource Centre Canolfan Goffa Blaenau Ffestiniog Healthy Prestatyn Iach Bala Health Centre Criccieth Health Centre	Corwen Health Centre Waunfawr Surgery Central Denbighshire (Ruthin) North Denbighshire Community Hospital (business case)

While these estates projects are variable in size, each has benefitted from a robust approach of stakeholder engagement underpinned by a local assessment of needs and

assets. Each has been tailored to its local situation and the list illustrates a mix of rural and urban developments.

We are ensuring that we work with a range of community stakeholders and partners in our planning processes to ensure that our approach to planning and estates work fits with the five ways of working as articulated in the Well-being of Future Generations (Wales) Act 2015. We are also working with partners in new innovative ways to ensure our solutions are fit for purpose and inclusive for our communities. (e.g. links with Registered Social Landlords (RSL's), Local Authorities and the Third Sector).

We ensure that the Community Health Council is sighted on our plans through our regular planning meetings, and our estates plans are discussed regularly at Board level – thus ensuring that there is a continued focus on primary care estates as part of our drive towards a more primary care and cluster based approach and our Care Closer to Home Strategy.

Preventative spend/integration

- Can the health board demonstrate a greater focus on prevention and early intervention in its allocation of resources;
- What evidence can the health board provide about progress made towards more integrated health and social care services;
- How will outcomes be measured, given that the benefits of preventative activity may only be seen in the longer term.

Response: The Health Board is committed to promoting population health and this includes preventative activity and a focus on early intervention. Given the range of activities that can be considered within this broad heading, it is challenging to quantify precisely, as the activities cross all organisational divisions and directorates and are included within core services. The Health Board's strategy clearly focuses on these areas and we can demonstrate a growth in services in these areas. Our approach to new GMS enhanced services certainly demonstrates our commitment to focussing on these areas. There is also considerable work underway on broader preventative activities including social prescribing, community support, community navigators, arts in health and well-being. There are also examples of changing the focus of services, such as the Dolgellau Hospital Outpatients Team, who have developed a wide range of preventative and community based activities, such as health promotion work with local schools and colleges, men's health, farmers markets and many other areas. We are also working with partners to develop prevention and early intervention for children and their families, including prevention of ACEs and action to address childhood obesity amongst other areas.

The Health Board values its partnership working and the opportunities integrated working brings to improving patient care. The Health Board structure includes three Area Directors to progress close working relationships with our social care colleagues in Local Authorities and we can increasingly demonstrate closer working at all levels - strategically, and operationally at service level.

Discussions at the Regional Partnership Board (RPB) have provided a further stimulus to the work in this area, as has the publication of **A Healthier Wales**. The RPB annual report 2017/18 documents progress at this high level and the joint work underway on the RPB priorities. Our work on the Care Closer to Home element of the **Living Healthier, Staying Well** strategy clearly articulates the commitment of the Health Board to work closely with all partners to explore and develop new ways of working. We are developing Community Resource Teams which are multidisciplinary and provide an integrated response to support individuals with care needs.

The HB has adopted an outcomes focused approach in the strategy and have taken time to ensure that the key activities within the strategic programme are aligned to the Public Health Outcomes Framework. We acknowledge the challenges of demonstrating outcomes and are increasingly using a breakdown of short and longer term outcomes to ensure we can map and track progress towards the longer term. We have undertaken numerous sessions with staff to ensure this approach is embedded and understood. High level logic models are available supporting our strategy programmes and link to the Public Health Outcomes Framework.

Admitted patient care

- Spend on both elective and non-elective admitted patient care in each of the last three years. Projected demand and spend for both elective and non-elective admitted patient care for the next three years.

Response: the table below shows the spend on elective and non-elective admitted patient care taken from the accounts for the last three years. The table also shows an estimate of projected spend going forward. This is based on an assumption that the rate of increase of spend on elective care will slow as the current backlog of patients waiting longer than 36 weeks for elective care is reduced. The assumption is that non-elective spend will continue to increase over future years.

	Actual			Forecast		
	2015/16	**2016/17**	**2017/18**	**2018/19**	**2019/20**	**2020/21**
	£000	£000	£000	£000	£000	£000
Elective	282,757	300,341	319,162	327,141	330,320	333,578
Non Elective	389,297	391,395	407,202	417,382	427,816	438,512
Hospital Divisional Spend	**672,054**	**691,736**	**726,364**	**744,523**	**758,136**	**772,090**

Future spend on admitted patient care may differ from these projections as we implement interventions and initiatives set out within the **Living Healthier, Staying Well** strategy, and further develop the shift from hospital based care to primary and community services. However the impact of changing demographics and other socio-economic factors may lead to increased demand. We will therefore refresh our projections as part of the Health Board's ongoing planning processes.

Workforce

- Progress in addressing workforce pressures identified by the health board ahead of last year's budget;

- Actions taken to ensure a sustainable workforce following the UK's withdrawal from the EU. What assessment has been made of future funding needs post-Brexit;
- Evidence about progress made in reducing and controlling spend on agency staff.

Response:

Progress in addressing workforce pressures identified by the health board ahead of last year's budget - the Health Board has maintained a focus on reducing sickness, targeting stress and musculoskeletal route causes; creation of Corporate Recruitment group to oversee all recruitment activity, plus professional sub-groups that link in with careers events and training providers. A project has been identified on Roster optimisation and efficiency. Alternative models of care and skill mix have been developed to respond to specific areas, such as the development of multi-disciplinary teams in primary care to address challenges in GP recruitment, such as the inclusion of ANPs, pharmacists and therapists in the wider primary care team to reduce the demand on GP time. The Health Board has also trained and supported a first cohort of Physicians Associates.

Actions taken to ensure a sustainable workforce following the UK's withdrawal from the EU. What assessment has been made of future funding needs post-Brexit - work is being undertaken to identify particular areas of recruitment difficulty and identify alternative recruitment models which may be easier to recruit. Business continuity plans will be developed in response to any risks arising from the Brexit process and outcome.

Evidence about progress made in reducing and controlling spend on agency staff. – A Vacancy Control process has been introduced which includes Senior sign off for all agency staff, internal nurse recruitment process to enable filling of internal posts more quickly, identification of "hotspot" areas in terms of vacancies and high agency usage allowing for bespoke recruitment strategies to be deployed. A project is in place which will reduce the time taken to hire staff and reduce further the demand for agency staff. We are promoting the use of bank nursing staff to reduce the use of ad hoc agency appointments.

The chart below shows the trends in relation to agency staff across staff groups.

Agency Expenditure Chart 2016-18

Mental Health Ringfence 2016/17 to 2010/11			
	2016/17	**2015/16**	**2014/15**
	£m	**£m**	**£m**
Initial HCHS Ring-Fenced Allocation (Table B1)	114.149		
Additional adult mental health funding	1.746		
Delivery plan funding	0.225		
CAMHS	1.647		
Final HCHS Ring-Fenced Allocation (2ary Care)	117.766		
Primary Care Prescribing	10.896		
GMS (QOF and ES)	1.551		
Other Primary Care	0.581		
Total Mental Health Ring-Fenced Allocation	130.794	127.177	127.17
(Table B1)			
HCHS Directed Expenditure: CALL helpline	0.314		
(Table B2)			
Substance Misuse Ringfenced Funding	4.829		
Total MH Ringfenced Funding in Allocation	**135.937**	**127.177**	**127.17**
Programme Budgeting Return			
General mental illness	73.502	65.630	62.95
Substance Misuse			
Elderly mental illness	51.032	44.413	40.93
Child & adolescent mental health services	17.170	16.075	12.15
Other mental health problems	18.060	19.888	25.23
Total Mental Health Programme Budgeting Return	**159.764**	**146.006**	**141.28**
"Mental Health" only	142.594	129.931	129.12
Total Expenditure over Allocation Funding	**23.827**	**18.829**	**14.10**

Information Request from National Assembly for Wales: Health, Social Care and Sports Committee.

Cardiff and Vale UHB Response

Mental health

A detailed breakdown of spend on mental health services for the last 3 years (including how total spend compares to the ring-fenced allocation);

The total spend on Mental Health Services is captured in the UHBs Programme Budgeting returns. The latest set available is for the financial year 2016/17 where the UHB spent £111.6m on Mental Health Services.

	£m					
Year	HCHS	Prescribing	GMS (QOF & ES)	Other Primary Care	**Total Programme Budget Expenditure**	**Ring-Fenced Allocation**
2014/15	94.158	5.358	0.981	4.256	**104.753**	**96.453**
2015/16	96.445	4.946	1.208	4.037	**106.636**	**98.672**
2016/17	103.055	4.286	1.541	2.763	**111.645**	**99.325**

The 2017/18 values are not yet available. Note the above costs include CAMHs services.

Mental Health services forms one of eight Clinical Service Boards within the UHB. The way the Mental Health Clinical Board is managed, both with regard to service provision and budgets, are no different to any other Clinical Board in the UHB. The Clinical Board is treated equally to all other areas in respect of budget setting and financial management. It gets internally funded for agreed cost pressures e.g. pay inflation, Continuing Healthcare growth and for service specific issues, and is required to live within agreed budgets. Specific Welsh Government investment funding is passed down to Mental Health Budgets and this is consistent with investments made in other service areas. This approach is not to the detriment of Mental Health services as the UHB spends significantly more on Mental Health services than the ring fenced amount which was £12.3m in 2016/17.

What mechanisms are used to track spend on mental health to patient outcomes;

The Mental Health Clinical Board delivers Inpatient and Community based Mental Health Services. The information provides details of the monitoring mechanisms.

- Through the PARIS patient record in C&V, there is a greater ability to track patient pathways, Care and Treatment Plans and Patient formal patient outcome measures, where they are used. All formal measures such as Tier 1 Targets related to the Mental Health Measure and Psychological Interventions RTT are taken from PARIS information through the Information Warehouse.
- The service is also now more able to track strategic information through PARIS as well as manual recording in relation to key gateways such as referrals into CMHTs. We monitor the experience people have as part of that referral to help decide where to target resources. For example currently the UHB is investing in extending specialist Mental Health support in GP practices due to the poor experience of many people inappropriately referred due to lack of previous alternatives. This then informs the IMTP process.
- Third sector contract monitoring for evidence based interventions such as CCI intervention model is monitored every 6 months through contract monitoring.
- Benchmarking – Cardiff and Vale MH services are now in the sixth year of UK MH benchmarking, where information is triangulated on capacity, quality, workforce and finance. This supports investment and prioritisation decision making.
- Service User evaluation – collated formally through engagement exercises, questionnaires and third sector feedback and complaints as well as through SU representation on business and service planning meetings. Again resources targeted at areas needing improvement or development.
- Patient Outcomes measured more formally through clinical tools, particularly where there are specialist services or developing services to inform clinicians and managers of areas of efficacy and thus investment.

Health board priorities for mental health services/spend for the next three years. How outcomes will be measured;

- C&V mental health services intend expanding liaison services into GP practices, EU, Nursing Homes and Police Liaison as preventative and transformational steps. Qualitative and Quantitative outcome measures built in to the service evaluation, including activity, satisfaction, performance and Health and Wellbeing measures
- Also support to coalesce services around the 14-25 year old age group to focus on need and not age with expanded first episode psychosis services and a trauma informed service model. Clear NICE guidelines evidence base to monitor.

- To establish a Recovery college supported by peer support workers to support empowerment and education of chronic service users. To monitor flow, health and well being improvements.
- Investment in Dual Diagnosis support through the Compass Model.
- Support the 'team around the individual' with dementia with investment in community dementia liaison into community resource teams – to evaluate EU attendances, admission rates and out of hours activity.
- Outcome measures built into all these projects – both qualitative and quantitative

The extent to which allocated mental health funding is being used to support other services, for example where patients have a primary diagnosis of a mental health condition but require treatment for other health conditions. Do funding arrangements, including the mental health ring-fence, strike the right balance between taking a holistic approach to meeting an individual's needs, and ensuring resources for mental health are protected;

Mental Health ring fenced funding is not used to support other services or other health conditions.

The Programme Budgeting returns consistently illustrate that expenditure on Mental Health Services, including CHC placements, exceeds the Ring Fencing floor and include providing a holistic approach to meeting individual's needs.

How demand/capacity and spend on mental health services not directly provided by the health board is captured (e.g. in primary care, voluntary sector);

Included in the Mental Health Clinical Board direct budgets are £2.8m 3rd Sector contracts. These are monitored and reviewed every 6 months to ensure they meet the needs of the Service.

A breakdown of spend on emotional and mental health services for children and young people (last 3 years). This should include information on all services, not only specialist CAMHS, and should be broken down by area (e.g. primary, secondary, crisis, therapeutic, voluntary sector etc.).

The expenditure on CAMHs is included in the Programme Budgeting returns. The Table below details the actual breakdown of costs in more detail.

CAMHS (actual)	2015/16	2016/17	2017/18
Primary Care Services	0.490	0.513	0.538
Secondary Care Services	1.177	0.867	1.040
Commissioned from Cwm Taf	3.076	3.480	3.294
Commissioned from CCG Emotional and Wellbeing Service		0.221	0.300
Total	**4.743**	**5.081**	**5.172**

The UHB also spent £0.100m on First Episode Psychosis services in 2017/18. This will be expanded in 2018/19 through investment in the service via the Transformation and Innovation funding to £0.350m.

Primary care/secondary care split

Health board spend on primary care for the last 3 years, including as a proportion of total health board spending. To what extent is this achieving the policy aim of shifting care from hospitals to primary care/community settings;

Primary Care Expenditure (Net of Retrospective Rebates) 2015/16 – 2017/18:

	2017-18 £'000	2016-17 £'000	2015-16 £'000
Total LHB Expenditure	1,306,878	1,303,119	1,222,840
Add Back Retrospective Rates Rebate	2,995	5,997	
Total LHB Expenditure Net of Retrospective Rates Rebates	1,309,873	1,309,116	1,222,840
Gross Primary Care Expenditure	228,347	226,115	229,428
Add Back Retrospective Rates Rebate	2,995	5,997	
Total Primary Care Expenditure Net of Retrospective Rates Rebates	231,342	232,112	229,428
Primary Care Expenditure as % of Total Expenditure Net of Retrospective Rebates	18%	18%	19%

We are working with our primary care clusters to ensure the sustainability of GP services going forward as they are the foundation of our clinical service model, as outlined in our ten year strategy, 'Shaping Our Future Wellbeing'. This includes developing the primary care multi-disciplinary team, and following successful pilots using Welsh Government cluster funding, we are rolling out the provision of primary care mental health and muscular skeletal clinicians – areas which account for a significant number of GP consultations and referrals onto other services. The provision of these services in primary care will mean that patients' needs are managed within primary care and GP time will be freed up to provide more support to patients with urgent medical needs and chronic disease management. This is very much in line with Shaping Our Future Wellbeing and the model of primary care outlined in 'A Healthier Wales'. We are building on a number of areas where we have moved services from being hospital based, to be focused in the community. For example, most of our diabetes care is now provided in primary care with our hospital specialists now supporting

GPs in community clinics where this is needed. This model has been rolled out to cardiology, paediatrics and heart failure, where our secondary care consultants are providing support into primary care and community based clinics, providing the support to enable GPs to manage more patients, appropriately in primary care. Technology is also being used to facilitate more care being developed in the community with GPs being able to access specialist advice regarding the management of a patient electronically rather than having to make an outpatient referral. This is being extended as part of our outpatient improvement programme. The roles of community pharmacists and optometrists have also been expanded as part of the development of multi-disciplinary cluster service models.

The Committee's report on the 2018-19 draft budget recommended that 'the Welsh Government should support and hold health boards to account to prioritise capital funding for primary care and ensure it improves the physical capacity for multi-disciplinary working and promotes new models of care'. What progress can the health board report in relation to this recommendation.

We have a long term strategy, 'Shaping Our Future Wellbeing', in place that sets out the direction of travel to provide more care closer to home. In order to ensure that all of the infrastructure that is needed in place to facilitate delivery of the ambitions set out in the strategy, we have a programme called Shaping Our Future Wellbeing in the Community which looks at how we develop our infrastructure to support new models of care. To this end we have received capital funding from WG to support the first tranche of projects – the development of a wellbeing hub in Maelfa linked to Cardiff Council's community hub, and a wellbeing hub in Cogan linked to the Vale of Glamorgan Council's leisure facilities. In both cases we will be including primary care facilities to replace a local GP practice facility which is not fit for purpose. We are also developing a new practice facility in Pentyrch funded by Welsh Government as the current facilities are not fit for purpose. The full Shaping Our Future Wellbeing in the Community Programme will see us developing Health and Wellbeing Hubs in each of our three localities (building on the facilities at CRI and Barry Hospital, and a new facility for north Cardiff), as well as wellbeing hubs to support out primary care clusters.) This will all be subject to securing funding through the completion of business cases to secure capital funding from WG. In relation to CRI, we are anticipating that a ICF capital funding bid will be successful enabling us to work with Cardiff Council to complete phase 1 of the redevelopment of the CRI chapel converting it into a community/information centre and library for use by health and care staff, and local communities as part of the development of CRI as a health and wellbeing hub.

We know that the population of Cardiff is growing rapidly and we are working with the primary care cluster to finalise plans to expand primary care capacity to meet this rapid increase in demand. This will involve the development of a new facility for the NW area of Cardiff and expansion in NE Cardiff.

We have submitted the Shaping Our Future Wellbeing in Our Community Programme Business Case to Welsh Government. The case sets out an ambitious programme for investment in new models of primary care estate, as outlines above. It describes the process we have worked through to identify our preferred way forward and sets out the constituent capital projects we plan to implement alongside the service transformation programme, which will redesign service delivery models to focus on:-

- the health and wellbeing needs of our local population through the delivery of a social model of health;
- the promotion of healthy lifestyles;
- the reduction of health inequality;
- the planning and delivery of healthcare close to people's homes; and
- delivering services collaboratively with our partners and supporting economic growth.

Within the document we set out the case for delivery of the programme through a range of capital projects to be implemented in tranches. These will improve the effectiveness and capacity of our community based infrastructure to provide a network of flexible multi-functional accommodation solutions across Cardiff and the Vale of Glamorgan.

Over the past four years, we have used ICF funding to develop services which enable a single point of access to local authority services in order to provide early intervention and preventative support by the right member of a multi-disciplinary team. This has involved the use of independent living housing officers, for example, rather than an un-necessary referral for a full social care assessment. The models in operation in Cardiff and the Vale of Glamorgan are slightly different reflecting the different infrastructure in each of the Councils and the integrated health and social care locality model in the Vale of Glamorgan. The ICF funding has also enabled the commissioning of health and social are services (Community Response Teams, and 'discharge to assess' teams all aimed at preventing un-necessary escalation to hospital or facilitating a timely discharge to a person's home. The quarterly monitoring returns are scrutinised by the Regional Partnership Board to ensure that the expected outcomes are being developed (which are also submitted to WG).

The Cardiff and Vale Regional Partnership Board has also recently submitted a bid to the WG's newly formed Transformation Board seeking funding from the Transformation Fund that was launched with 'A Healthier Wales'. The feedback has been positive and a formal response is awaited. This will enable the Regional Partnership Board to make further progress towards the integration of health and social care (and housing) services, so that from the perspective of the person in need of care and support, they receive a seamless service which is tailored to their needs and the outcomes they want to achieve. The bid includes proposals develop the primary care clusters into locality health and social care teams, building on the progress made by the clusters to date, with a focus on prevention and early intervention, of which the expansion of the local model for 'social prescribing' is also a key element. This is aimed at tackling the issue of social isolation which was identified in our Population Needs Assessment as a key issue, and will mean that all of the assets available in

the community, including those provided through the third sector and volunteering and available to provide support to an individual and that a preventative approach is in place that means that the right support is available at the right time, avoiding un-necessary escalation of need.

Preventative spend/integration

Can the health board demonstrate a greater focus on prevention and early intervention in its allocation of resources;

The Health Board has implemented a range of measures through allocating resources to focus on prevention and early intervention. In addition to the developments described above, these include:

- Implementation of quadrivalent and trivalent flu vaccine for the at risk groups to prevent hospital admissions
- Health fairs to promote screening and wellbeing have been run in a number of clusters to provide a simple, coordinated way to educate people about healthy living practices and demonstrate a commitment to health and well-being
- Wellbeing coordinators to establish referral pathways to preventative and wellbeing services and activities in the community. They support individuals to build personal resilience in self managing their health and wellbeing through assessment and review of individual needs, development of individual wellbeing plans, and motivating behavioural change.
- Social prescribing has been developed in a number of clusters providing a systematic mechanism for linking people with wellbeing services as there is an increasing acceptance that sources of support in local communities have an important role to play alongside clinical care or even as an alternative in improving someone's individual health and wellbeing outcomes
- Diabetes education through supporting education to prevent long term complications
- Pulmonary rehabilitation in a cluster to increase ability to exercise and improve quality of life and hence reduce hospital admissions
- Third Sector brokers in the Vale facilitating more tailored and appropriate support services for local people. The brokers help to bridge the gap between statutory services and the third sector.

What evidence can the health board provide about progress made towards more integrated health and social care services;

Activity to drive the greater integration of services is taken forward through our Regional Partnership Board. We have been making significant progress in this area as recorded in the RPB annual report, as referred to in the previous sections.

Our priorities for integration 2018-2023 are

1. Older People 	**OP1.1** Building on the First Point of Contact and Single Point of Access services, further develop digital services along with easily accessible telephone, online and face-to-face access points for the region, for both professionals and the public.
	OP1.2 Develop resilient communities with local services, infrastructure and strong community networks to meet local needs where older people live**.**
	OP1.3 Develop and provide a range of future accommodation options to meet demand and enable people to remain at home for as long as possible
	OP1.4: Develop improved assessment, diagnosis and care planning practices which are built upon genuine collaboration with older people and their carers and families, so that their plans reflect what is important to them and achieves the outcomes they seek.
	OP1.5 Develop Cardiff and Vale of Glamorgan as a dementia friendly region
2. Children with complex needs 	**CYP1.1** Improve provision for children and young people with Additional Learning Needs
	CYP1.2 Improve integrated provision for children with complex needs, including the transition between children and adult services
Disability and Autism 	**LDA.1.1** People with learning disabilities are supported to maximise their independence
	LDA.1.2 People with learning disabilities are supported to play an active role in society and engage in meaningful day time activities and employment or volunteering.
	LDA.1.3 People with learning disabilities are valued and included, supported to have a voice, and able to exercise choice and control over all aspects of their lives
	LDA.1.4 People with learning disabilities are enabled to stay healthy and feel safe.
	LDA.1.5 People with learning disabilities are supported to become lifelong learners.
	LDA.1.6 Develop a new Integrated Autism Service which all agencies working in integrated, multi-disciplinary ways will provide appropriate services for children, young people and adults with an autism spectrum disorder, addressing their education, health, employment, social interaction and emotional needs
4. Integrated Family Support Services 	**IFSS1.1** Continue to provide an intensive intervention with families referred by Children's Services where there are serious child protection concerns as a result of parental / carer substance misuse, domestic abuse or mental health.
	IFSS1.2 Explore the extension of the Integrated Family Support Service model to include other parental additional needs (e.g. learning disability) and consider how it can help tackle adverse childhood experiences.
5. Adult and Young Carers 	**AYC1.1** Identify and implement a carer engagement model based on best practice
	AYC1.2 Improve physical and emotional support for young carers, including emergency and pre-planned respite and reducing the risk of Adverse Childhood Experiences (ACEs)
	AYC1.3 Improve physical and emotional support for adult carers, including emergency and pre-planned respite
	AYC1.4 Involve carers, including young carers, in the planning of hospital admission and discharge if the person they care for is in hospital
	AYC1.5 Provide easily accessible information to carers and relatives in a range of formats and languages, through existing information points, such as primary care and libraries.
	AYC1.6 Raise awareness around caring and carers among public and health and social care professionals, (e.g. adopting an approach similar to Making Every Contact Count), to ensure that carers are identified as early as possible and all involved are aware of their rights as a carer

Particular progress includes:

The First Point of Contact (FPOC) is the initial stage of triage to Preventative Services and Adult Social Care in Cardiff. Through the provision of information, advice and assistance and using better outcomes conversations, this partnership between Cardiff Council's Preventative Services and Social Care looks to find alternative solutions to social care and improve independent living and well-being outcomes.

Further triage can also include assessment with the social worker element of FPOC, who can provide a more comprehensive assessment for alternative solutions and determine eligibility for social care. As a result of skilled outcome focused discussions, FPOC are able to identify solutions and link and direct clients to other teams within preventative services where a particular intervention maybe required such as Occupational Therapy, Day Opportunities, Independent Living Officers and Disabled Facilities. However, a full understanding of a person's well-being outcomes and Independent Living needs cannot always be achieved over the phone and so a home visit can also be required

The Single Point of Access (SPoA) Service in Vale of Glamorgan provides signposting and information and advice for a range of health, local authority and third sector services. Call Handlers manage requests and triage where appropriate. They provide Information, Advice and Assistance and facilitate assessment and access to the Community Resource Service, Social Work assessment, and District Nursing. Age Connects is also located within the Customer Contact Centre through a partnership delivery structure. The objectives of the service are to:

- Reduce unscheduled admissions to hospital
- Assist with providing solutions to accelerate discharge from hospital
- Support delivery of the information, advice and assistance service
- Develop preventative services and trial new models of working
- Facilitate access to reablement for service users to independence
- Support development of greater integrated health and social care
- Deliver prudent health and social care

Accommodation Solution services have continued to be developed across the region, with Support Officers working closely with hospital staff to expedite discharges wherever possible. The team is supported by the provision of step down/step up accommodation for short term use, and also a Rapid Response and Adaptation service provided by Care & Repair. As of March 2018:

- 422 referrals have been made to the Housing Solutions Team since April 2017 from a variety of ward and hospitals across the region
- 166 patient discharges have been assisted directly by the team, with 148 being listed as Delayed Transfers of Care
- Provision of 8 step down flats have been used by 36 patients as interim accommodation following a hospital stay

- An estimated 2,278 bed days have been avoided through the use of step down accommodation over the 2017/18 financial year
- This equates to a cost avoidance saving of £639,875

The Joint Equipment Service (JES) and JES Occupational Therapist utilises a pooled budget arrangement to deliver an efficient, integrated equipment loan service to residents of Cardiff and the Vale of Glamorgan. The service enables timely discharge from hospital by providing equipment to support discharge.
3.37 In 2017/18:

- The JES arranged 35,450 deliveries and 21,293 collections
- 77% of these deliveries were made within 5 working days
- There was a 33% reduction in adult Disabled Facilities Grant (DFG) completion times (235 days to 172 days)
- 3,807 JES Occupational Therapist referrals were received, which represents a 10% increase in referrals compared to 16/17
- 1,164 DFG assessments were completed
- 99% of these cases were assessed within a 4 week waiting time

Pool Budgets From 1st April 2018 a non-risk sharing pooled budget for older people's care home accommodation has been in operation across the Cardiff and Vale of Glamorgan region. The total pooled budget equates to approximately £46m per annum, and is being managed by Cardiff Council in the first year on behalf of the three statutory organisations. Alongside this, the partners have been working together to produce an outcomes-focused joint specification and common contract for care home accommodation services across the region. These will be shared with stakeholders as part of a formal consultation process later this year.

The aim of the Integrated Care Fund (ICF) is to drive and enable integrated working between social services, health, housing and the third and independent sectors across services throughout Cardiff and the Vale of Glamorgan. A signed Memorandum of Understanding has been agreed by partners and the ICF budget is being managed as a pooled budget (albeit without a section 33 agreement).

The 2017-18 revenue funding has continued to support the following initiatives and population groups:

- older people to maintain their independence, avoiding unnecessary hospital admission and preventing delayed discharges.
- integrated services for people with learning disabilities.
- an integrated autism service in Wales; and,
- integrated services for children with complex needs;
- support the development of the Welsh Community Care Information System.

The revenue funding had the following objectives:

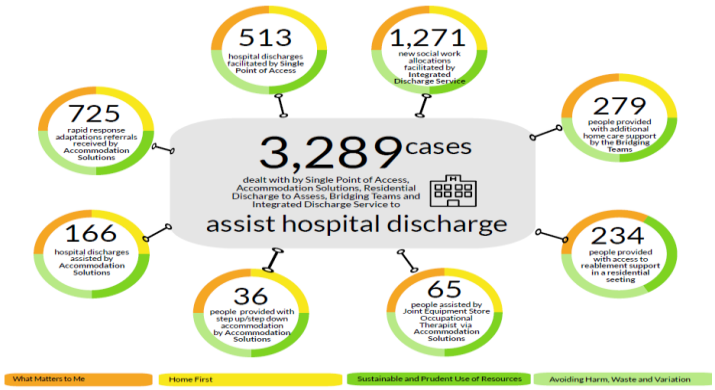
- improve care coordination between social services, health, housing, education and the third and independent sector through innovating and enhancing schemes which support frail and older people;
- develop integrated services for people with learning disabilities and children with complex needs;
- develop an integrated autism service, focusing on a multidisciplinary team to support autism in adults and enhancing existing children's neuro-developmental services;
- strengthen the resilience of the unscheduled care system;

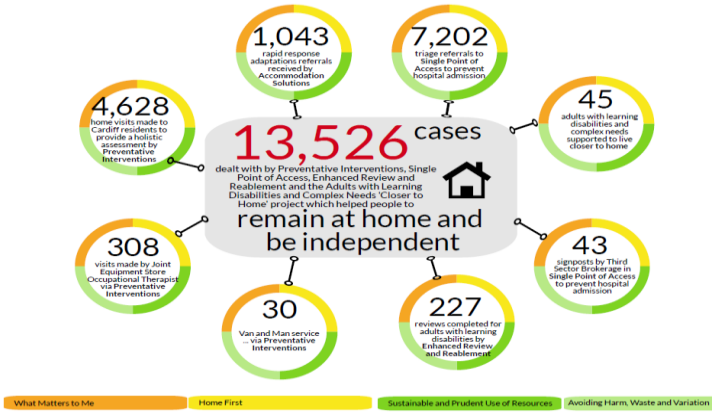
How will outcomes be measured, given that the benefits of preventative activity may only be seen in the longer term.

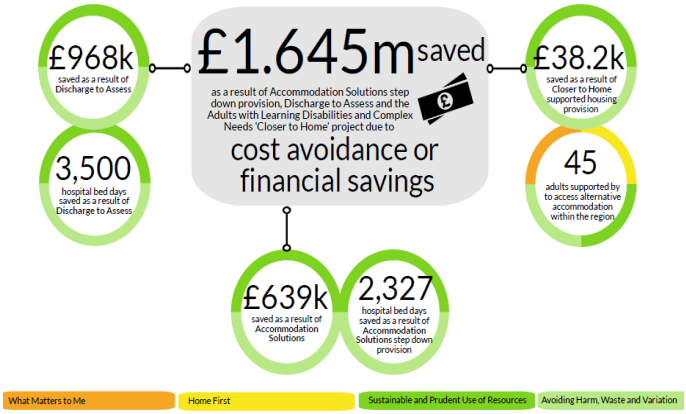
The impact of the delivery of greater integrated services is reported via the Regional Partnership Board's annual report. A suite of high level indicators is used by the Health Board to track progress in the delivery of Shaping Our Future Wellbeing. This includes measuring the continued reducing in the rate of admissions to hospital of people over 65, despite the absolute numbers increasing because of the significant growth in the population aged over 65.

The Regional Partnership Board monitors closely the impact of the services funded via the Intermediate Care Fund.

Some of the measures of impact are included below.







Admitted patient care

Spend on both elective and non-elective admitted patient care in each of the last three years. Projected demand and spend for both elective and non-elective admitted patient care for the next three years.

The total expenditure net of local income for acute admitted patient care (APC) has been taken from the UHB's costing system; the datasets supporting the Welsh Costing Returns for respective financial years. It excludes Mental Health, which is subject to a more detailed analysis in this response. The final return for 2017/18 is yet to be finalised and published, due to the ongoing implementation of the revised All Wales Costing System. As such, an estimate has been provided for this based on the provisional overall quantum.

Table 1 – Acute Admitted Patient Care Expenditure (Excl. Mental Health)

Financial Year	Elective	Non-Elective	Total
	£m	£m	£m
2015/16	145	200	345
2016/17	144	209	353
2017/18 (est.)	147	213	360

Forward projections of demand and expenditure are subject to several variables and unknowns. As such, there is a high degree of uncertainty in such profiling.

Factors that influence any forecast include, but are not limited to:

- Technological development, including advances in medicines and therapies
- The impact of preventative schemes and greater integration of health and social care
- Inflation, cost pressures and changes in government policy
- Demographic change

The projection below has considered the likely **population growth statistics only**, as the driver behind demand assumptions.

Table 2 – Acute Admitted Patient Care Catchment Growth (Excl. Mental Health)

Financial Year	Elective	Non-Elective	Total
	£m	£m	£m
2018/19 (proj.)	148	214	362
2019/20 (proj.)	149	215	364
2020/21 (proj.)	150	216	366

Workforce

Progress in addressing workforce pressures identified by the health board ahead of last year's budget;

The Workforce Plan is integrated with the service and finance objectives outlined above. In 2017/18 the Pay budgets were well managed, achieving a cumulative month 12 budget underspend of £2.54m. The focus on recurrently reducing workforce headcount and pay costs in 2018/19 will continue in order to meet the proportionate pay savings requirement of the 3% and 1%; as well as contribute towards the £9.3m improvement target to reduce our underlying deficit.

- **2018/19 Workforce WTE Plan:**

- Workforce Plans currently show 153 worked wte reduction
- Workforce cost reduction currently identified at £8.9m
- Cross Cutting Schemes target of £5 million on pay savings
- Continuation of detailed scrutiny of vacancies and variable employment costs
- Managerial and Administration costs being considered and challenged across all functions and clinical boards
- Further organisational reductions in plan - link to transformation programme described below

Detailed plans sit behind these savings and Clinical Boards and corporate areas continue to refine their plans and opportunities. The Director of Workforce & OD is leading these conversations to enable and challenge the development of integrated workforce plans.

High Level Workforce Key Performance Indicators	2018/19 Target
Sickness Absence	4.60%
PADR	85%
Voluntary Resignation Turnover (regrettable leavers)	Improvement
Job Planning Compliance (12 month review)	85%
Paybill	Underspend
Variable Pay Rate	Trend reduction
Medical Hard to Fill Vacancies	Trend reduction
Statutory and Mandatory Fire Training	85%
Increase Staff Survey Response rate	45% minimum
Improve UHB Engagement Score to above Wales average	Increase from 3.63

Key Performance Indicator	2017-18 Outturn	YTD	Monthly Actual	2018-19 Target
1 Sickness Absence Rate	4.87%	4.66%	4.84%	4.60%
2. Job Plan Compliance	50.80%	50.05%	50.15%	85.00%
3. Voluntary Resignation Turnover Rate (WTE)	6.34%	6.32%	6.37%	6.34%
4. Pay Bill Over/Underspend	-0.43%	+0.05%	-0.05%	Underspend
5. Variable Pay Rate	8.06%	8.46%	8.42%	Improve
6. Actual (Contracted) WTE	12758.00	12778.46	12778.46	12726.00
7. Fire Safety Mandatory Training Rate	65.32%	67.61%	67.61%	85.00%
8. PADR Rate	57.19%	59.35%	59.35%	85.00%

Where are we at month 5 against wte budget and plan?

- Core staffing: 38.94 wte under plan
- Variable workforce: 276.6 wte over plan
- Agency: 32.77 wte under plan

We have taken a deliberate plan to increase variable workforce as opposed to agency as these include our part-time substantive staff who work additional hours, those working overtime and bank workers, where the pay rates are below premium rates. Aligned to this our bigger plan is to recruit to the substantive vacancies.

We are underspent at month 5 cumulative against pay budget by £0.070m.

Actions taken to ensure a sustainable workforce following the UK's withdrawal from the EU. What assessment has been made of future funding needs post-Brexit;

In terms of the bigger picture, the United Kingdom's vote in the European Union (EU) referendum to leave the EU will have created significant uncertainty among the UK NHS workforce. In the UK, our EU staff are a valued and appreciated group of the 1.2 million workers in the NHS. It is important that they are provided with the certainty they need to continue living and working in the UK. NHS Employers on our behalf continue to influence the UK government's negotiating priorities and position in the interest of the NHS.

One of the main considerations for us as a local employer, to ensure a sustainable workforce, is understanding the impact on our existing staff of the new right to remain in the UK for qualifying EU citizens that will effectively replace permanent residence following Brexit. In June 2018, the Home Office launched a toolkit designed to help provide clear and consistent messaging to a wide range of audiences including: EU employees and their families, senior leaders, HR colleagues and line managers of EU staff. The scheme, which was announced in June, will allow individuals and their families to apply for pre-settled or settled status, allowing them to continue to live and work in the UK. As a Health Board we will support our staff as they apply for pre-settled or settled status.

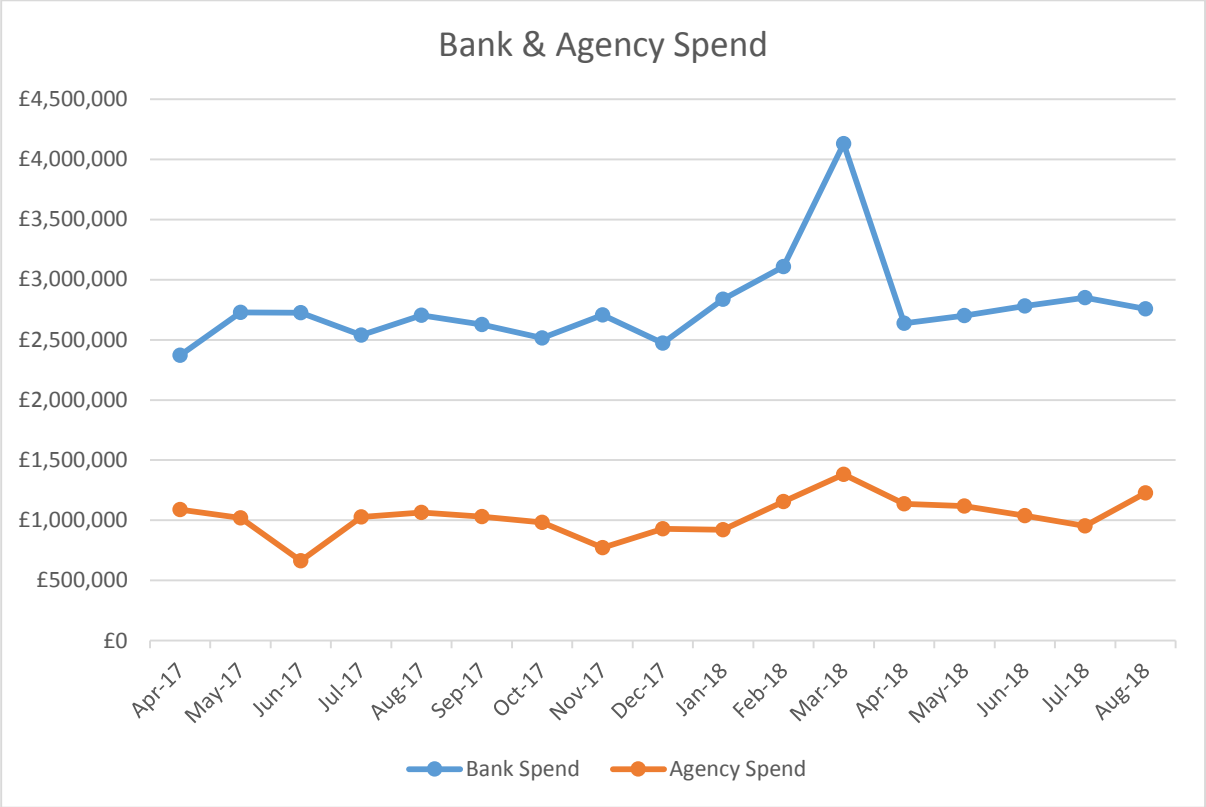
A further consideration for us is the continued supply of EU recruits to the organisation. We will continue with our plans to recruit from the EU, especially in clinical roles. We are closely monitoring the changes to immigration rules in relation to Tier 2 Certificates of Sponsorship and the current guidance, dated 23 July 2018, states that Nurses are exempt from the £30,000 salary threshold until 1 July 2019. At present, there are two sets of salary thresholds – one for new entrants, which include individuals under 25 and one for experienced workers which includes anyone aged 25 or over. The £30,000 threshold relates to experienced workers. The implication is that if we are looking to recruit a new Band 5 Staff Nurse from overseas after 1 July 2019, if they're over 25, they will have to be earning £30,000 in order to be given a Tier 2 Certificate of Sponsorship. This could impact on Band 5 Nursing recruitment from overseas, however, we await further home office guidance on this before determining if this actually poses any risk as given the Home Office recently lifted the visa cap on medics and nurses gives greater confidence that we can influence this.

Evidence about progress made in reducing and controlling spend on agency staff.

For a number of years we have been actively controlling agency expenditure, especially in nursing. We have achieved and are maintaining 100% switchover to on contract agencies and we do not engage any off contract agencies. The Welsh Government Off Contract Framework for Nursing is established to support this.
Overall UHB expenditure on agency in 17/18, 18/19 is reducing and we continue to maximise our ability to use bank workers which are paid against agenda for change pay rates, avoiding premium agency costs. (see table below).

We have seen an increase in nursing agency expenditure over the past year in certain areas such as Medicine and Surgery. We have plans to drive this expenditure down by filling vacancies and increasing capacity into the bank, however, we still anticipate an overspend in these areas needed to match the increased bed capacity and requirements of the nurse staffing act. Also the UK nursing supply remains a national shortage.
The UK shortage in supply of nurses and doctors especially in specialist areas means we still require agency workers and premium rates. Our nursing recruitment and retention strategies are aiming to address this, however, realistically the gap will continue to be a challenge as the supply of nurses in the UK is not meeting demand. We are currently working on retention strategies to slow down the leavers from band 5 nursing posts and exploring alternative ways of working to maximise use other professions e.g., Therapy, OT and Rehabilitation roles.
In Wales this year we are introducing a new way of recruiting Band 5 Student Nurses through the All Wales Student Nurse Streamlining Project. This new process will mean we avoid "competing" for student nurses with fellow health boards and should be able to predict more accurately the cohort of nurses coming into the UHB in March 2019. Also, notably, from next September we should see an increase in the supply of qualified student nurses in Wales as a direct result of the increased Education Commissioning which Welsh Government supported 3 years ago.

From November 2017 we have implemented the Welsh Government Medical and Dental Agency cap. This has meant more scrutiny than ever and has seen a reduction in medical agency expenditure in the majority of areas. Unfortunately, in areas such as Emergency Medicine, Integrated Medicine, Peadiatric Surgery, Psychiatry, this remains a challenge and we have seen an increase in internal locums as we remain unable to fill all our vacancy gaps due to the national shortage of qualified doctors, especially at middle grade. We have been more successful in recruiting to Consultant posts. We continue to monitor this with rigour through weekly Scrutiny Panels chaired by the Medical Director and through Clinical Board Director leadership.


Bank & Agency Spend
£4,500,000
£4,000,000
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Bank Spend
Agency Spend

Health, Social Care and Sports Committee

Request for Information from Health Boards

Cwm Taf UHB – 28 September 2018

Mental Health

1. **A detailed breakdown of spend on mental health services for the last 3 years (including how total spend compares to the ring-fenced allocation).**

	16/17	15/16	14/15
	£m	**£m**	**£m**
General Medical Services (including Quality Outcomes Framework and Enhanced Services)	2.2	3.0	2.9
Prescribing	3.2	3.8	4.2
Total Primary Care	**5.4**	**6.8**	**7.1**
Cwm Taf – Mental Health	43.8	40.9	40.6
Cwm Taf - CAMHS	3	2.4	2
Other Welsh providers	1.4	1.0	1.0
Other secondary care	0	2.7	1.2
WHSSC	4.1	4.0	5.7
Total Secondary Care	**52.3**	**51.0**	**50.5**
Continuing Healthcare	**19.9**	**17.4**	**17.3**
Grand Total	**77.6**	**75.3**	**75.0**

The following additional funding for Mental Health services have been received by the Health Board:

- 2015/16 – CTUHB received additional funding of £0.7m from the Welsh Government (WG) for investment in a psychological liaison service, psychological therapies, perinatal services and dementia support workers. The UHB also received £1.0m of additional WG funding for child and adolescent mental health services (CAMHS) and £0.5m Delivery Agreement funding for older persons community redesign.

- 2016/17 – The UHB received additional funding of £0.5m from the WG for inpatient psychological therapies, hospital based flexible resource and Local Primary Mental Health Support Services (LPMHSS) as well as £96k development plan funding for community outreach.

- 2017/18- The UHB received additional investment of £1.1m to support a number of developments. This funding is being used to:
  - redesign our older persons mental health services by creating Dementia Care Hubs in Treorchy and in Merthyr Tydfil.
  - Extend the Psychiatric Liaison Service and provide additional health care support worker staff on inpatient wards.

- 2018/19- The UHB received additional investment of £1.44m to support inflationary pressures upon Mental Health Services together with a commitment of a further £0.78m available to bid against to support investment and development of Mental Health Services. In addition, the Integrated Care fund had identified a sum of £0.48m being made available to bid against for the dementia action plan

The chart below illustrates the ring fenced allocation and the actual programme budget expenditure for the last 3 years of published data. Whilst we support the principle of the ring fence for this important area, it has not influenced spending decisions in CTUHB as we have consistently spent more than the ring fenced allocation.

	2016/17	2015/16	2014/15
	£m	£m	£m
Ring fenced Allocation	66.9	65.0	65.0
Total Programme Budget Return	77.6	75.3	75.0

2. What mechanisms are used to track spend on mental health to patient outcomes

Alongside monitoring and reporting of expenditure on mental health services, the Health Board's performance management arrangements and the performance dashboard track actual delivery of services to mental health patients, through a wide variety of Tier 1 and other performance measures.

3. Health board priorities for mental health services /spend for the next 3 years. How outcomes will be measured.

The Health Board has worked hard on the together for mental health plan in the region and has used this as the plan to deliver improved mental health services over the past few years and mapped into the next three years. The Health Board has utilised the Mental Health transformation fund to develop community services and capacity, crisis services and the transformation of old age mental health services, through our Valleys Life programme. The outcomes for service users will be key for us and the development of national outcomes indicators is essential.

ENHANCING FORENSIC CARE

- Reduction in ALOS in low secure units
- Reduction in number of out of area low secure placements
- Reduction in CHC costs for low secure placements
- Reduction in re-offending / readmission

BUILDING ON VALLEY LIFE – CARE FOR PEOPLE LIVING WITH DEMENTIA AND THOSE THAT CARE FOR THEM WHEREVER THEY RESIDE

- Reduced emergency admissions
- Reduced ALOS
- 7 day access to support in the community
- Increased patient, carer satisfaction
- Dietetic activity and case studies with outcome measures
- Reduction in therapist visits when evidencing occupational performance such as routines and structures in cases where there are discrepancies between the service users, family and professionals opinions of the home situation and performance.

ADVANCING PRACTICE IN ADULT MENTAL HEALTH INPATIENT CARE

- Number of clinical sessions by advanced practitioner
- Measurement of patient satisfaction of advanced practitioner interventions
- 2 case study / outcome reflections of involvement of advancer practitioner
- 2 case study / outcome reflections of therapeutic care
- 2 case study / outcome refections form recovery unit community interventions
- Retrospective review of all discharges from recovery unit for 1 year post increased recourse to establish level & range of community connections continued 3 months post discharge

ENHANCING CHILD AND ADOLESCENT MENTAL HEALTH LOCAL PRIMARY MENTAL HEALTH SUPPORT SERVICE

- Improved compliance with both Part 1 Mental Health Measure Targets

4. **The extent to which allocated mental health funding is being used to support other services, for example where patients have a primary diagnosis of a mental health condition but require treatment for other health conditions. Do funding arrangements, including the mental health ring-fence strike the right balance between taking a holistic approach to meeting an individual's needs, and ensuring resources for mental health are protected.**

   The Health board does not reallocate Mental Health funding to support other services, including services accessed by patients with existing Mental Health needs. The ring fenced allocation is assessed based upon expenditure incurred for Mental Health conditions only.

   However, the service does provide signposting and support for mental health patients in other settings, such as A&E and inpatients, particular through the Psychiatric Liaison Service.

5. **How demand/capacity and spend on mental health services not directly provided by the health board is captured (e.g. in primary care, voluntary sector).**

   Expenditure for Mental Health Services not provided by the LHB is analysed and categorised according to guidance provided in the Programme Budgeting process. This will include:
   - Specific enhanced services provided by Primary Care Contractors
   - Prescribing and dispensing costs of items classified as primarily Mental Health Treatments.
   - Continue Healthcare placements for patients with a Mental Health need.
   - Other NHS Wales Health Boards Mental Health Services for residents of Cwm Taf (see below).
   - Specialist Commissioning of Mental Health Services via WHSSC (see below).
   - Voluntary Sector agreements to support Mental Health Services (see below).

   <u>Secondary care Services from Other Health Boards and WHSSC</u>

An annual review of services is undertaken which forms part of the Health Boards IMTP, linking with local service leads, the future requirements for demand and new models of working are developed to form a commission plan.

Voluntary Sector

Cwm Taf UHB commissions services from the voluntary sector for adult mental health services, via Service Level Agreements. SLAs are currently in place with a range of voluntary organisations to provide a range of counselling, advocacy, service user involvement and recovery college support. These include:

- MIND
- Hafal,
- Gofal,
- Cruse,
- Citizens Advice,
- Eye to Eye,
- New Horizons,
- New Pathways
- Interlink

An extensive review of all the above SLAs was undertaken in 2017 in order to determine whether:

- the services commissioned continue to meet local needs and are 'fit for purpose'
- the services are aligned to the Health Board's and Directorate's strategic priorities outlined in the IMTP
- the service specifications match current service activities and are flexible to adapt to any future requirements within the SLA term
- the existing arrangements have robust and appropriate performance measures and monitoring arrangements
- value for money is demonstrated

The review resulted in changes to some SLAs to improve alignment with the above criteria, the issuing of some new 3 year SLAs along with 1 year SLAs for those services where further review and evaluation was deemed necessary during 2018/19. We intend to tender for psychological therapy services from 2019 and for all commissioned services from 2021 to ensure clearer alignment with the strategic vision we are developing for mental health services in the Cwm Taf/Bridgend area.

6. **A breakdown of spend on emotional and mental health services for children and young people (last 3 years). This**

should include information on all services, not only specialist CAMHS, and should be broken down by area (e.g. primary, secondary, crisis, therapeutic, voluntary sector etc).

Expenditure for CAMHS is included within the Mental Health programme budget expenditure. A detailed analysis is shown below:

	16/17	15/16	14/15
	£'m	£'m	£'m
Primary Care	0.1	0.1	0.1
CT Provider	2.8	2.4	2.1
WHSSC	1.5	1.0	0.9
Other Secondary care	0	1.3	0.7
Grand Total	**4.4**	**4.9**	**4.0**

Primary care/secondary care split

1. **Health board spend on primary care for the last 3 years, including as a proportion of total health board spending. To what extent is this achieving the policy aim of shifting care from hospitals to primary care/community settings.**

	17-18	16-17	15-16	14-15
	£'m	£'m	£'m	£'m
General Medical Services	48.3	46.3	45.3	45.1
Pharmaceutical Services	14.5	14.6	17.7	17.7
General Dental Services	16.2	15.4	16.2	15.8
General Ophthalmic Services	4.9	4.8	3.8	3.7
Other Primary Health Care expenditure	5.1	3.2	1.7	0.3
Prescribed drugs and appliances	55.8	55.5	56.0	55.2
Total	**144.8**	**139.7**	**140.8**	**137.8**

	17-18	16-17	15-16	14-15
	£'m	£'m	£'m	£'m
Primary Healthcare	144.9	139.8	140.8	137.8
Healthcare from Other Providers	155.8	152.2	140.1	136.5
Hospital & Community	427.5	419.8	392.7	377.1
Total Expenditure	**728.1**	**711.8**	**673.5**	**651.5**
Primary Care %	**20%**	**20%**	**21%**	**21%**

2. Whilst the value of spending on Primary Healthcare has increased from 2014/15, proportionate to total expenditure it has remained broadly static. This is because there are a number of pressures on secondary and tertiary healthcare spend, including workforce pressures, new drugs guidance, demand pressures and the improvement of specialist services.

3. **The Committee's report on the 2018/19 draft budget recommended that ` the Welsh Government should support and hold health boards to account to prioritise capital funding for primary care and ensure it improves the physical capacity for multi disciplinary working and promotes new models of care'. What progress can the health board report in relation to this recommendation.**

   We have a well-developed primary care pipeline of projects supported by the Welsh Government. This is enabling us to fund the Dewi Health Park development (which includes the provision of primary care practice from new premises) and Tonypandy Health Centre developments for example, as part of our wider primary care strategic development and improvement plans. We are also looking innovatively at the opportunities that the Transformation Fund and ICF capital funding can bring to supportive this objective, with our partners, across Cwm Taf.

Preventative spend/integration

1. **Can the health board demonstrate a greater focus on prevention and early intervention in its allocation of resources.**

   Prioritising our health and social care core funding differently, alongside non-recurrent funding sources such as: the Primary Care Pacesetter Fund, Integrated Care Fund, Delivery Plan monies, Mental Health monies and others, have supported the piloting and evaluation of innovative service models such as our integrated Stay Well@Home service, developed with partners, Inverse Care (Cardio-Vascular Disease) Health Check, Community Coordinators, Befriending, Cluster led Virtual Ward, Mental Health Valley Life Model, Community Hubs, Early Stage Cancer Diagnosis and the developing the earlier role in pathways of diagnostics.

   This evidence base for population segmentation, proactive risk management and anticipatory care and support together with a rapid,

flexible community response is part of the next phase of our transformation journey, which is the scale up and further integration of our community based health and social care.

2. **What evidence can the health board provide about progress made towards more integrated health and social care services.**

   As part of the Cwm Taf Regional Partnership Board, Cwm Taf is making good progress towards more integrated health and social care services with its partners.

   Within the context of an approved Integrated Medium Term Plan (IMTP) for Cwm Taf University Health Board (UHB), Merthyr Tydfil (MT) County Borough Council and Rhondda Cynon Taf (RCT) County Borough Council being approved as local authority 'Full Flexibility' pathfinders, and the approval of our Cwm Taf Regional Area Plan, a clear, partnership supported, transformation programme has developed.

   This programme is predicated on developing seamless services which are provided closer to home and transform outcomes for individuals and communities.

   Our track record of delivery in partnership has enabled us to be bold in developing an ambitious long term model which, aligned to 'A Healthier Wales: Our Plan for Health and Social Care', targets the necessary urgent change required to deliver a whole system approach to the provision of health and social care across Cwm Taf.

   This builds on recent successful and award-winning integrated service delivery such as our Stay Well @Home Project, which prevents unnecessary hospital admissions and facilitates earlier hospital discharge for patients where appropriate.

   Cwm Taf also has several pooled budget agreements with our partners, including an integrated equipment store and older adult care home services.

3. **How will outcomes be measured, given that the benefits of preventative activity may only be seen in the longer term.**

   With the support of our Research and Development team, as well University Partners, together with partners, we are putting a structured evaluation framework in place around the Cwm Taf Population Health and Social Care Service Model set out in our next phase of transformation.

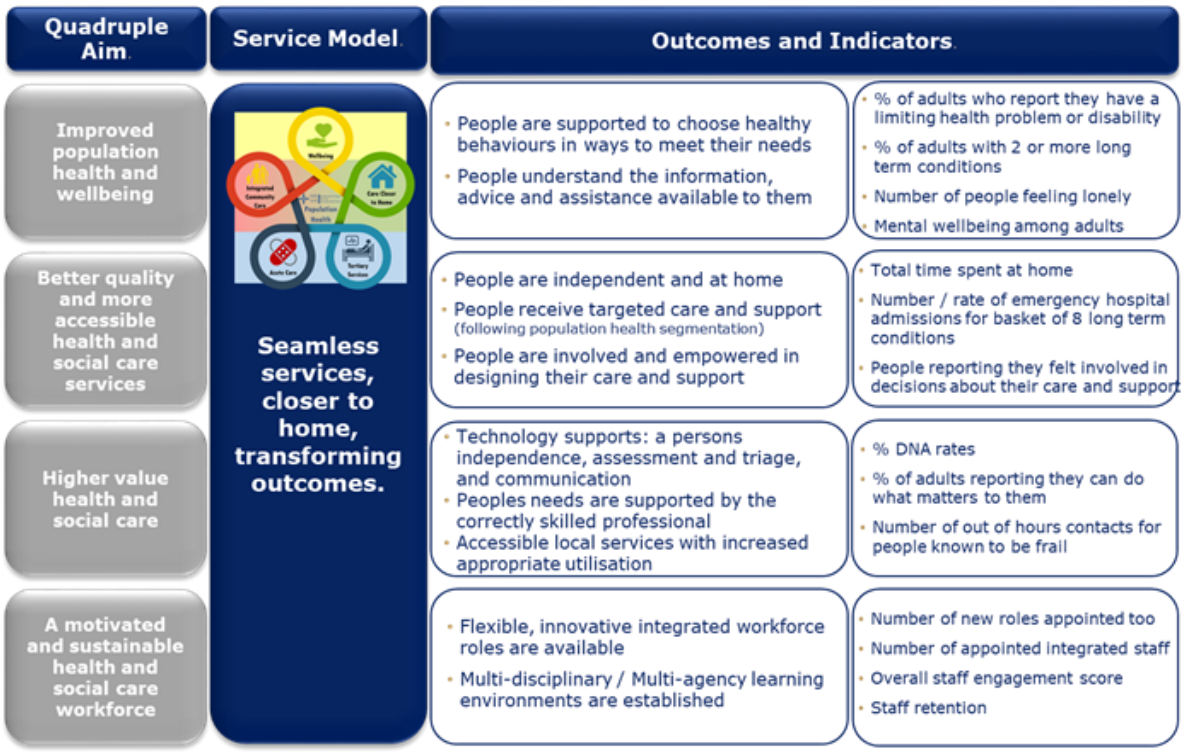
The development of an academically, robust framework provides the opportunity to significantly contribute to the evidence base for seamless health and social care.

Building on the knowledge of our transformation work to date, the following are examples of some of the measurable benefits we would expect to be able to demonstrate:

- Change in the profile of people in residential care placements
- Change in the profile of people needing long term social care interventions
- The shift of interventions from clinical environments to an individual's home environment where ever that may be
- Improved access to primary care services, i.e. reduced waiting times and patient satisfaction
- Increase in the number of people with an anticipatory care plan
- Improved patient outcomes, experience and safety (based on defined clinical need)
- A reduction in acute outpatient appointments
- A reduction in medicines management costs
- A reduction in the demand for urgent primary care out of hours services
- An increase in the support available in the community provided by the third sector
- An increase in the range of community based services accessible out of hours
- A reduction in hospital conveyances by ambulance and admissions with a reduced length of stay when someone needs acute care
- Reduction on the reliance on acute care beds – reduction in Length of Stay / Increase in time spent at home

All of the above are based on current population demographics, identified through our population assessment e.g., the growth in the elderly population living with long term multiple conditions.

Our draft outcomes are based around the quadruple aim as can be seen in the diagram below:



Admitted Patient Care

1. **Spend on both elective and non elective admitted patient care in each of the last 3 years. Projected demand and spend for both elective and non elective admitted patient care for the next 3 years.**

	2016/17	2015/16	2014/15
	£'m	£'m	£'m
Day Case	21.1	16.8	15.9
Elective IP	25.3	23.1	24.4
Non Elective IP	176.3	172.3	162.5
Admitted Patient Care	**222.7**	**212.2**	**202.8**

The Health Foundation 'Path to Sustainability' report suggests a 3.2% annual growth with potential cost avoidance of 2% so net 1.2%. However, this is before the new pay A4C and medical pay increases.

The forecasts in the table below assume an estimated increase in spend of 3% pa:

	2017/18	2018/19	2019/20	2020/21
	£'m	£'m	£'m	£'m
Day Case	21.7	22.4	23.0	23.7
Elective IP	26.0	26.8	27.4	28.2
Non Elective IP	181.6	187.0	192.6	198.4
Admitted Patient Care	**229.3**	**236.2**	**243.0**	**250.3**

Workforce

1. **Progress in addressing workforce pressures identified by the health board ahead of last year's budget.**

   Recruitment and retention difficulties pose a significant risk to the Health Board in delivering safe and effective services, as well as being a primary driver for skill-mix change and workforce modernisation. Building on the digital nurse recruitment campaign, the Health Board commissioned a PR company to develop the 'Cwm Taf offer'. The focus of this campaign was Medical & Dental and Allied Health Professionals and this recruitment strategy was designed to dovetail with Welsh Government's "TrainWorkLive" campaign.

   Our International recruitment continues and there is an ongoing supply of nurses that are under offer, as we wait for them to achieve the relevant qualification and language requirements, to be able to enter the UK and achieve NMC registration. The Health Board has also further participated in MTI initiatives in a variety of medical specialties along with skill-mix change through the use of advance practice roles and introducing new roles e.g. Physician's Associate.

   We continue to work closely with our Universities building links to encourage students to select Cwm Taf as an employer of choice**.**

   Increased workload and, to some extent, declining income has made General Practice a less attractive career for newcomers compared with locum and hospital medicine and less attractive for the continuance of older General Practitioners, with many choosing to retire early or reduce their time commitment. In addition to the recruitment and retention issues 'in hours' there is also a growing problem of recruitment for GPs sessions 'Out of Hours'. The Health Board is working on further redesign of the 'Out of Hours' workforce, encouraging a multi-disciplinary approach.

The Health Board has, for a number of years, worked with the University to support and encourage the placements of pre and post registration nurses within Primary Care. Many practices within Cwm Taf are willing to take and support students. The Health Board and GP Practices are now working together to devise a programme of work around a structured pre-registration placement within 2018. The Health Board has also facilitated a series of GP sustainability workshops with the 42 GP Practices within the Cwm Taf population, exploring ways in which demand and capacity planning, development of new roles/skills development, and cluster networking can inform an agreed collaborative workforce strategy.

The South Wales programme of work in respect of the Healthcare Alliance work to reshape the provision of health services across South East Wales, is now moving to implementation stage, which includes development of new workforce models. A significant Organisational Change Process is underway to facilitate these changes.

While recruitment is a key factor in our agency and locum spend, the Health Board recognises that levels of sickness absence are also a significant cost driver. While our sickness trajectory had been improving for over 12 months, over the winter period we have seen an increasing trend that positions us within the upper quartile across Wales. This will be a key priority wit our locally set targets over the life of the plan reducing from 5% to 4.7%. A complimentary programme of wellbeing activity, aligned to our staff engagement framework, continues with the re-assessment of the Corporate Health Standard Platinum award in February 2018.

2. Actions taken to ensure sustainable workforce following the UK's withdrawal from the EU. What assessment has been made of future funding needs post Brexit.

The Health Board is reviewing legislation and accompanying guidance notices for any right to work amendments or employer obligations required within the Brexit process, with a view to ensuring we are able to continue to recruit from EEA/EU and comply with legislation. We will continue to support the Welsh Government's "TrainWorkLive" campaign which is a global recruitment campaign to promote working within Wales. In addition, we will periodically refresh local recruitment campaigns to take into consideration any decisions made during the Brexit process.

The Health Board will also ensure that within the workforce planning process of the IMTP, it considers the impact of Brexit in the short,

medium and longer term, understanding and planning for workforce sustainability.

3. Evidence about progress made in reducing and controlling spend on agency staff

Medical Agency Locums

The Health Board has played a lead role in the design and delivery of the Welsh Government circular - Medical and Dental Agency and Locum Deployment in Wales (October 2017) which sets out the arrangements for reducing the reliance on agency locums.

Following implementation of this circular, the Health Board's average monthly spend started to reduce (from January 2018) by approximately £200k per month. The agency spend in the first quarter of 2018/19 was 11.87% of total medical spend compared to 14.54% in 2017/18.

Strategies taken by the Health Board to control agency locum spend includes a monthly scrutiny committee to review areas where there is high agency usage, requiring the Medical Director's authorisation where the hourly rate exceeds the all Wales cap. In addition, a Medical Workforce Efficiency group meets on a monthly basis to review the processes affecting supply and demand of the medical workforce, with a particular focus on e-rostering, job planning, recruitment and alternative skill sets.

Nursing

Likewise, scrutiny of agency nurse usage takes place on a monthly basis at the Executive led Nursing Workforce Group, ensuring recruitment and retention strategies are progressing to plan. The Health Board has adhered to the All Wales Nurse Framework Agreement and does not use off-framework agencies.

GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

Ein cyf/Our ref: CEO.1455.0718
Eich cyf/Your ref:

[redacted]

Dyddiad/Date: 4 October 2018

Swyddfeydd Corfforaethol, Adeilad Ystwyth
Hafan Derwen, Parc Dewi Sant, Heol Ffynnon Job
Caerfyrddin, Sir Gaerfyrddin, SA31 3BB

Corporate Offices, Ystwyth Building
Hafan Derwen, St Davids Park, Job's Well Road,
Carmarthen, Carmarthenshire, SA31 3BB

Clerk to the Committee
Health, Social Care and Sport Committee
National Assembly for Wales

By email: SeneddHealth@Assembly.Wales

Dear Clerk

Re: Draft Budget 2019/20

Thank you for the opportunity to comment on Welsh Government's Draft Budget Proposals for 2019/20.

The Health Board has welcomed the clarity provided by Welsh Government's agreement to increasing expenditure on Health in line with the Health Foundation's 2016 report. This, linked with the Welsh Government's agreement to fund the specific cost pressures affecting Hywel Dda UHB arising from the Deloitte Zero Based Review report, places the Health Board in a strong position to address its long term funding challenge.

We welcome the commitment made by Welsh Government to the results of the Parliamentary Review; and to implement this through the Healthier Wales strategy. Alongside developing pooled budget arrangements, the announcement of a £100m transformation fund will assist us in working far more effectively with our partners in West Wales to deliver seamless care.

At this stage, we are not aware of the broader discussions on the budget for 2019/20, and look forward to the opportunity to review the budget once it is shared.

The Committee asked a number of specific questions, which are answered below:

1. Mental Health

1.1 A detailed breakdown of spend on mental health services for the last 3 years (including how total spend compares to the ring-fenced allocation)

The Health Board tracks its spend against the ring-fence on an annual basis; this can only be done following the submission of Programme Budgeting information to Welsh Government at the end of the financial year. The Health Board exceeded its ring-fenced allocation in each of the last two years; 2017/18 is expected to also result in an excess of expenditure once the results are confirmed.

Year	Allocation (£'m)	Programme budgeting returns on expenditure on Mental Health Services (£'m)					Spend in excess of ringfence (£'m)
		Adult	EMI	CAMHS	Other	Total	
2015/16	76.5	41.8	19.9	4.7	10.6	77.0	0.5
2016/17	78.5	39.9	23.7	6.5	10.9	80.9	2.4
2017/18	81.6	N/A					

EMI: Elderly Mentally Ill
CAMHS: Child and Adolescent Mental Health Services

1.2 What mechanisms are used to track spend on mental health to patient outcomes

Health Services globally do not routinely capture outcome data in a systematic and robust way, which is being addressed in Wales through the 'Value' agenda. However, this approach is in its infancy and further work is needed to embed this approach in our systems. Indeed, capturing data on mental health outcomes will be significantly more challenging than in physical health given the complexity of conditions and the subjective nature of assessing outcomes.

The Health Board does, however, capture data on performance against the targets set out by Welsh Government. These include:

- Delayed Transfers of Care;
- The Mental Health (Wales) Measure 2010, parts 1-4;
- Crisis Resolution Home Treatment targets;
- Child & Adolescent Mental Health Service (CAMHS) targets for emergency response and routine assessment;
- CAMHS Autistic Spectrum Disorder (ASD) and Attention Deficit Hyperactivity Disorder;
- Medical waits;
- Psychological Therapies access;
- Adult ASD service waits; and
- Patient feedback and satisfaction.

Within the Health Board, the Mental Health Directorate participates in the performance management and assurance frameworks which are in place. These include:

- A comprehensive performance review process, which is overseen and chaired by the Chief Executive;
- Given our financial position, further detailed financial performance reviews undertaken as part of our turnaround process, again chaired by the Chief Executive;
- Operational Triumvirate Meetings, where the general manager, lead nurse and consultant meet to address operational and financial delivery challenges;
- Support provided by the NHS Wales Delivery Unit and Welsh Government meetings focusing on quality and delivery;
- NHS Wales national meetings for Senior Managers and Senior clinicians involved in Mental Health to enable sharing of best practice across Wales;
- Directorate Business, Planning and Performance Meetings with leads from across the Directorate; and
- Mental Health & Learning Disabilities Quality, Safety Experience and Assurance Sub-Committee meeting.

These mechanisms provide both an operational focus on delivering against key priorities and provide assurance to the Board that this focus is making a difference to patients and service users.

1.3 Health board priorities for mental health services/spend for the next three years

The Health Board has embarked on an ambitious change programme within Mental Health Services, *Transforming Mental Health*, which aims to fundamentally shift the services provided to ensure a patient focused approach. As a result of this, the Directorate has been in a position to complete a three year plan. This will be incorporated into the Health Board's developing health strategy over the coming planning cycle.

The plan is focused on delivering the *Together for Mental Health* plan produced by Welsh Government; and includes a specific focus on Psychological Therapies as part of Welsh Government's focus and resources allocated in this area.

1.4 How outcomes will be measured

The Health Board has developed a new post within psychology specifically to identify and clinically evaluate patient outcomes. It is expected that this will both identify appropriate outcome measures and implement methodologies to collect data in a robust way.

CAMHS work with the nationally agreed outcome measures and Adult Mental Health are in the stages of developing outcome measures on a national basis. The directorate also participates in benchmarking on a national basis for both Learning Disabilities and Mental Health services.

The Directorate also work on audits into treatment planning, with a specific focus on quality to identify opportunities to improve outcome measures.

New Mental Health Innovation and Transformation funding received in 2018 (£849,000) has supported the implementation of co-produced outcome measures attached, developed with key partners including service users and carers.

1.5 **The extent to which allocated mental health funding is being used to support other services, for example where patients have a primary diagnosis of a mental health condition but require treatment for other health conditions. Do funding arrangements, including the mental health ring-fence, strike the right balance between taking a holistic approach to meeting an individual's needs, and ensuring resources for mental health are protected**

Further work is required in this area, to ensure that a holistic approach is developed. However, specific Mental Health liaison is available within each of the general hospitals; along with Learning Disabilities facilitator roles.

The Health Board is planning to enhance support within GP clusters over 2018/19 through a network of primary care mental health nurses to support enhanced work within our communities.

1.6 **How demand/capacity and spend on mental health services not directly provided by the health board is captured (e.g. in primary care, voluntary sector)**

Data in this area is not routinely captured. Further work would be required in this area with the NHS Wales Informatics Service.

Demand and capacity information is captured with from our Third Sector commissioned services through regular contract review meetings, supported by West Wales Action for Mental Health.

1.7 **A breakdown of spend on emotional and mental health services for children and young people (last 3 years). This should include information on all services, not only specialist CAMHS, and should be broken down by area (e.g. primary, secondary, crisis, therapeutic, voluntary sector etc.)**

This data is available from the Health Board's Programme Budgeting returns, and is included below as far as available:

		2016/17	2015/16	2014/15
		£000	£000	£000
Primary		430.84	409.19	488.64
	GMS	-	32.36	35.48
	Pharmacists	66.32	65.67	96.06
	Admin & Facilities	3.17	-	-
	Out of Hours	3.55	-	-
	Drug Prescribing	355.18	309.62	355.30
	Dentists, Opticians & Other	2.61	1.55	1.79
Secondary care		6,088.30	4,259.12	4,067.69
	AB UHB	0.05	0.00	0.63
	C&V UHB	1.77	1.63	-
	HD UHB	5,062.33	2,908.47	2,538.70
	Powys tHB	-	0.39	0.34
	WHSSC	1,021.73	951.31	1,083.34
	English NHS	2.42	7.23	-
	Other providers	-	390.09	444.69
Total		6,519.14	4,668.32	4,556.33

2. Primary care/secondary care split

2.1 Health board spend on primary care for the last 3 years, including as a proportion of total health board spending. To what extent is this achieving the policy aim of shifting care from hospitals to primary care/community settings

The Health Board's spend over the last three years is outlined below:

	Primary care spend (£'m)	Total Health Board spend (£'m)	Primary care as % of total
2015/16	172.7	809.9	21.3
2016/17	172.9	862.8	20.0
2017/18	184.0	887.9	20.7

2.2 The Committee's report on the 2018-19 draft budget recommended that 'the Welsh Government should support and hold health boards to account to prioritise capital funding for primary care and ensure it improves the physical capacity for multi-disciplinary working and promotes new models of care'. What progress can the health board report in relation to this recommendation

Transforming Clinical Services (TCS) is the Health Board's strategic programme focused on shaping the future of health and care services for Hywel Dda. We are committed to delivering care away from a hospital setting and into the community and we are looking to develop a ten-year plan over the coming months to outline our overriding ambition and priorities, which will guide how we see a resource shift to community services that will be predominantly centred around an integrated preventative model of care.

3. Preventative spending / integration

3.1 Can the health board demonstrate a greater focus on prevention and early intervention in its allocation of resources

Overarching the Transforming Clinical Services (TCS) programme and the 10 year plan that will enable the resource shift into community services will be the 20 year long-term vision that will clearly articulate the Health Board's ambition for a whole system approach to an integrated model for health and wellbeing. Prevention and early intervention be central to everything that we do. This transformational journey must enable a cultural shift as well as facilitate change in the way in which we allocate resources and will be described in the form of a population health strategy over the coming months.

3.2 What evidence can the health board provide about progress made towards more integrated health and social care services

Significant efforts have been made to work far more closely with Local Authorities and the Third Sector across West Wales. These include:

- Consolidation of the statutory Regional Partnership Board for West Wales comprising senior representatives of the University Health Board, local authorities, third and independent sector alongside users and carers;
- Establishment of a regional Shadow Executive Board of the UHB and local authorities supporting the integration of health and social care and overseeing specific partnership arrangements;
- Adoption of shared strategic priorities for the Regional Partnership Board and establishment of supporting regional programmes;
- Publication of the **West Wales Area Plan 2018-23** – 'Delivering Change Together' – responding to the 2017 **Population Assessment** and setting out a shared care pathway based on the principles of prevention;
- Enhancement and integration of intermediate care, hospital avoidance and repatriation schemes through Welsh Government's Integrated Care Fund, working across sectors;
- Agreement in principle to adopt shared prevention framework and integrated population health strategy;
- Integrated approach to Information, Advice and Assistance supported by Dewis Cymru, Infoengine and NHS 111;

- Establishment of pooled fund arrangements for older people's care homes and supporting integrated commissioning arrangements (April 2018); and
- Priority areas are being identified for accelerating change; and transformation in response to *A Healthier Wales*.

The planning approach for 2019/20 will be critical to embed these developments into a sustainable approach for the Health Board which can enable us to work strategically with partners to deliver for our citizens in line with Welsh Government's *A Healthier Wales*.

3.3 How will outcomes be measured, given that the benefits of preventative activity may only be seen in the longer term

A plan for large-scale change in terms of health outcomes of large population across West Wales is being developed over the medium term.

Initially, through appropriate investment in cost-effective interventions, such as alcohol identification and brief advice, hypertension management and contraception services in primary care, with clear value in terms of return on investment will deliver early wins on defined outcomes relating to the intervention.

Prevention services, such as vaccination and immunisation provision for example, may be measured in terms of demand management and how these services can support and relieve pressure in the system. We should also include qualitative measures for prevention and early intervention services such as 'most significant change' methods to provide outcomes that importantly include the patient or user experience.

Whilst not forgetting the importance of evaluation and being able to ultimately measure the health improvement change we want to have across our population and the outcomes we will use to describe this, some of these measures may not take 20 to 30 years. For example, with the right investment we would want to be influencing the prevalence of smoking in our population in the short to medium term.

4. Admitted patient care

4.1 Spend on both elective and non-elective admitted patient care in each of the last three years. Projected demand and spend for both elective and non-elective admitted patient care for the next three years.

The Health Board's expenditure on admitted patient care is outlined below. Again, information for 2017/18 is subject to the Health Board's programme budgeting return.

	Elective care (£'m)	Non-elective care (£'m)	Total (£'m)
2015/16	81.4	137.5	218.9
2016/17	86.6	155.8	242.3
2017/18	N/A		

5. Workforce

5.1 Progress in addressing workforce pressures identified by the health board ahead of last year's budget

The Health Board has invested in supporting Health Care Support Workers to progress onto formal nurse training pathways. This has delivered our first nurses back into the Health Board ahead of traditional educational routes.

Targeted recruitment campaigns have been developed and have delivered successful outcomes to enable the replacement of high cost locum and agency workers thus stabilising the workforce in certain areas.

Establishments remain a challenge for the Health Board with a large number of vacancies still existing, however progress is being made.

5.2 Actions taken to ensure a sustainable workforce following the UK's withdrawal from the EU. What assessment has been made of future funding needs post-Brexit

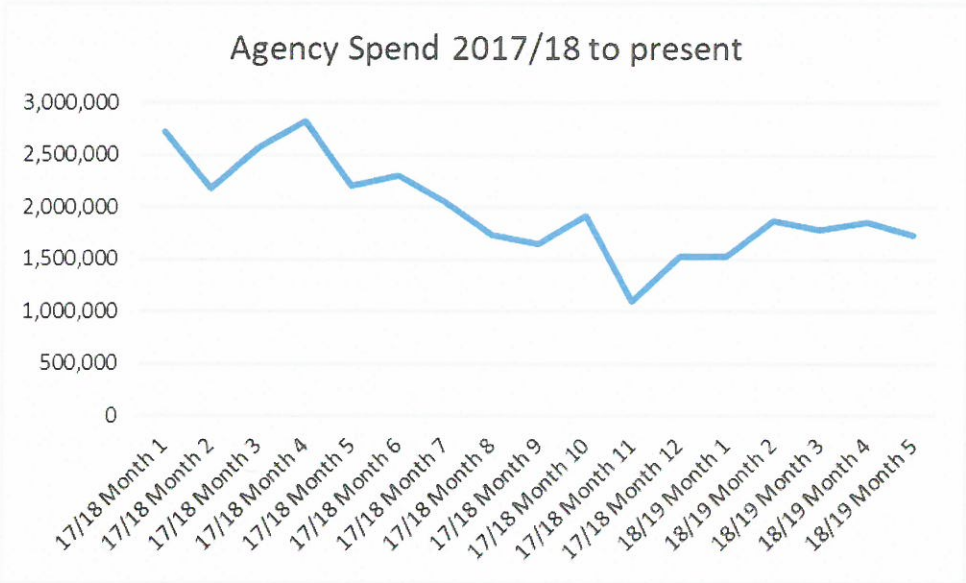
The Health Board is currently reviewing the potential impact of a no-deal Brexit (but this is dependent on what will be included). Any financial impact is yet to be assessed. The Health Board has recorded the implications on its Corporate Risk Register.

5.3 Evidence about progress made in reducing and controlling spend on agency staff.

A number of actions have taken place to continue to drive down agency spend across all staff groups below is the graph detailing the reduction in expenditure over the period April 2017 to present. Enabling actions have included targeted recruitment practice for hard to fill vacancies, further development of "grow your own" training programmes to support individuals into nurse education and also robust management of high cost premium medical agency cover requests and also off framework nurse agency requirements.

In addition to this improved efficiency in roster management and bank booking processes has also assist in reducing the need for additional staffing requests.

A weekly workforce panel is in place which scrutinises all bank and agency requests and supports decision making on recruitment to key posts within the Health Board.



I hope that this provides the Committee with a clear view of the Health Board's position on these areas.

Yours sincerely

Chief Executive

[redacted], **Cadeirydd / Chair**
Ffon / Phone: [redacted]
E-bost / Email: [redacted]

[redacted], **Y Prif Weithredwr / Chief Executive**
Ffon / Phone: [redacted]
E-bost / Email: [redacted]

GIG CYMRU NHS WALES
Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

28 September 2018

National Assembly for Wales
Health, Social Care and Sport Committee
Cardiff Bay
CARDIFF CF99 1NA

BY EMAIL: SeneddHealth@Assembly.Wales

Dear Sirs

Draft Budget 2019-20

Please find attached the information requested from Powys THB in response to the Committee's Consultation on the Government's draft Budget proposals for 2019/20. Comments are also provided in relation to the specific questions posed.

Powys THB welcomes the investment that has been made into the Welsh NHS, particularly given the challenges that we face in the years ahead. We also recognise that our future will need to embrace the integration agenda with colleagues in partner organisations and the Third Sector. We have made great strides in our strategic planning and provision of local services in Powys and welcome the encouragement of Welsh Government for joint plans for the use of some of the additional resources being made available.

Powys THB supports the submission made by the Welsh NHS Confederation to the Finance Committee on this consultation and will not repeat those points in this response.

I hope this information meets your requirements.

Yours faithfully

[redacted]

Chief Executive

[redacted]

Health, Social Care and Sport Committee Response

Powys THB

<table>
<tr><th>Mental Health</th><th>Comment and Response</th></tr>
<tr><td>A detailed breakdown of spend on mental health services for the last 3 years (including how total spend compares to the ring-fenced allocation);</td><td>

MH Spend Analysis

Notes
All figures in £000s
Spend by Programme budget category for all sectors (excluding Capital) as derived by Primary Diagnosis code
includes CAMHS and other community MH

	£000s **2015-16**	£000s **2016-17**	£000s **2017-18**
Annual Ledger value	34,643	32,393	33,627
Revenue Resource limit Total	273,120	287,151	293,246
CHC allocation	3,832	3,832	3,832
RRL excluding CHC	269,288	283,319	289,414
% of RRL excluding CHC	**12.86**	**11.43**	**11.62**
MH Ringfence as per allocation letter	28,873	28,874	28,875
MH ringfence as % RRL (excl CHC)	10.72	10.19	9.98
PB spend total	34,076	38,299	n/a
% of total PB return	**13%**	**14%**	**n/a**

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<tr><td>How demand/capacity and spend on mental health services not directly provided by the health board is captured (e.g. in primary care, voluntary sector);</td><td>

- At present no definitive system in place for demand and capacity analysis but do have a number of indicators for Primary Care including Enhanced Services Expenditure.
- Programme Budgeting Information is collected and reported to detail MH expenditure across the different Health Care sectors.
- Commissioning activity available from other providers.
- Voluntary Sector and Private Sector as per SLA Monitoring.

</td></tr>
<tr><td>What mechanisms are used to track spend on mental health to patient outcomes;
Health board priorities for mental health services/spend for the next three years. How outcomes will be measured;</td><td>

- Programme Budgeting Information is collected and reported to detail MH expenditure across the different Health Care sectors.
- Report internally and to WG against the National MH Outcome Measures.
- There is a Mental Health Partnership Plan in place against which annual assessment and reporting takes place.

</td></tr>
<tr><td>The extent to which allocated mental health funding is being used to support other services, for example where patients have a primary</td><td>

- There is no predetermined decision to cross subsidise between MH and Other Services (re funding), services are designed to meet Patients needs and deliver best outcome.
- It is difficult to differentiate, but our in house services are provided for relevant patient condition so MH funding is not subsidising other areas.

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</table>

diagnosis of a mental health condition but require treatment for other health conditions. Do funding arrangements, including the mental health ring-fence, strike the right balance between taking a holistic approach to meeting an individual's needs, and ensuring resources for mental health are protected;	• Programme Budgeting Information is collected and MH expenditure reported in detail across the different Health Care sectors. • Most likely that other service areas are subsidising some MH care, e.g. Medical cover of MH wards at certain times.
How demand/capacity and spend on mental health services not directly provided by the health board is captured (e.g. in primary care, voluntary sector); A breakdown of spend on emotional and mental health services for children and young people (last 3 years). This should include information on all services, not only specialist CAMHS, and should be broken down by area (e.g. primary, secondary, crisis, therapeutic, voluntary sector etc.).	• This information is collected via programme Budgeting as per bullet points above. • Example of Programme Budget Information for 16/17 as below with breakdown of PC and SC by Care Area • Analysis of waiting lists for Provider services and for commissioned services. **WCR 13 Programme Budgeting Return 2016/17**

LHB			Programme budget categories	Apportion-ment	Total £000s
Powys	**5**	**Total**	**Mental health problems**	**14%**	**38,299**
Powys	5	05A	General mental illness	**4%**	**11,713**
Powys	5	05B	Elderly mental illness	**4%**	**12,558**
Powys	5	05D	Child & adolescent mental health services	**1%**	**2,537**
Powys	5	05X	Other mental health problems	**4%**	**11,492**

	Primary Care							
					Direct Allocation			
Primary £000s	GMS £000s	Pharmacists £000s	Admin & Facilities £000s	Out of Hours £000s	QOF £000s	Enhanced Services £000s	Drug Prescribing £000s	Dentists Opticians & Other £000s
3,001	**635**	**357**	**568**	**0**	**307**	**16**	**1,116**	**0**
190	0	0	174	0	0	16	0	0
338	0	0	186	0	152	0	0	0
151	34	19	38	0	0	0	60	0
2,321	601	338	171	0	155	0	1,056	0

Total secondary care	Welsh Secondary Care Providers: ABM UHB £000s	AB UHB £000s	BC UHB £000s	C&V UHB £000s	CT UHB £000s	HD UHB £000s	PTHB £000s	Velindre NHST £000s	WHSSC £000s	CHC (WCR1 Comm. section) £000s	English NHS £000s	CHC (WCR1 PC section) £000s	Other Sec. Sectors £000s	Other £000s
35,298	**332**	**5,001**	**129**	**11**	**117**	**87**	**16,750**	**0**	**2,424**	**0**	**1,996**	**6,898**	**1,554**	**0**
11,523	233	2,730	72	2	0	33	2,992	0	863	0	574	4,022	0	**0**
12,219	90	2,239	29	4	117	43	5,935	0	1	0	885	2,876	0	**0**
2,386	0	1	22	1	0	1	1,875	0	479	0	8	0	0	**0**
9,170	9	31	5	4	0	11	5,947	0	1,080	0	530	0	1,554	**0**

Primary / Secondary Care Split	

Health board spend on primary care for the last 3 years, including as a proportion of total health board spending. To what extent is this achieving the policy aim of shifting care from hospitals to primary care/community settings;

Area	2015/16 £m	2016/17 £m	2017/18 £m
GMS	23.3	22.7	24.1
GDS	7.9	7.2	7.1
Pharmacy	4.4	4.5	4.4
Prescribing	28.6	28.5	29.6
Other	0.1	4.0	3.9
Total	64.4	66.8	69.2
% of Total RRL (less CHC)	23.9%	23.6%	23.9%

- PTHB has consistently spent more on GMS than the ring fenced allocation.
- To note: Community service expenditure is not captured in the above data.

The Committee's report on the 2018-19 draft budget recommended that 'the Welsh Government should support and hold health boards to account to prioritise capital funding for primary care and ensure it improves the physical capacity for multi-disciplinary working and promotes new models of care'. What progress can the health board report in relation to this recommendation.	• The Health Board has the following Capital Schemes in place or under development to improve Primary and Community Care Services a) Llandrindod – improve community and local access to services b) Machynlleth – wellbeing integrated centre including GP services c) Ystradgynlais – improve community and local access to services d) Newtown – transformational new system approach, wellbeing campus
Preventative Spend / Integration	
Can the health board demonstrate a greater focus on prevention and early intervention in its allocation of resources; What evidence can the health board provide about progress made towards more integrated health and social care services; How will outcomes be measured, given that the benefits of preventative activity may only be seen in the longer term	• As part of the IMTP process, prevention actions are identified and this is built into delivery plans and funding models, at this stage it is difficult to demonstrate a significant shift but this is expected to change with introduction of Transformational Funds and increased focus on outcomes. • Continue to invest in traditional prevention areas including immunisations, wellbeing, and education and screening programmes. • The Health Board continues to work closely with LA and other partners via the RPB and use of ICF funds, community services provided by integrated care teams, S33 pooled fund arrangements and development of Care homes S33.

<table>
<tr><td>Admitted Patient Care</td><td></td></tr>
<tr><td>Spend on both elective and non-elective admitted patient care in each of the last three years. Projected demand and spend for both elective and non-elective admitted patient care for the next three years.</td><td>
<table>
<tr><th>Area</th><th>2015/16
Actual
£m</th><th>2016/17
Actual
£m</th><th>2017/18
Actual
£m</th></tr>
<tr><td>Elective Patient Care</td><td>£42.7</td><td>£45.7</td><td>£45.9</td></tr>
<tr><td>Non elective Patient Care</td><td>£69.8</td><td>£76.6</td><td>£78.6</td></tr>
<tr><td>Total</td><td>£112.5</td><td>£122.3</td><td>£124.5</td></tr>
</table>
<table>
<tr><th>Area</th><th>2018/19
Forecast
£m</th><th>2019/20
Forecast
£m</th><th>2020/21
Forecast
£m</th></tr>
<tr><td>Elective Patient Care</td><td>£46.8</td><td>£47.7</td><td>£48.7</td></tr>
<tr><td>Non elective Patient Care</td><td>£80.2</td><td>£81.8</td><td>£83.4</td></tr>
<tr><td>Total</td><td>£127.0</td><td>£129.5</td><td>£132.1</td></tr>
</table>
(Source PTHB’s Contracted dataset; figures are for Secondary Care services in Powys and out of county. Excludes WHSSC, where no Elective Non-elective split is readily available)
</td></tr>
<tr><td>Workforce</td><td></td></tr>
<tr><td>Progress in addressing workforce pressures identified by the health board ahead of last year’s budget;

Actions taken to ensure a sustainable workforce following the UK’s withdrawal from the EU. What assessment has been made of future funding needs post-Brexit;

Evidence about progress made in reducing and controlling spend on agency staff</td><td>

Continued action around Nursing, rota management, recruitment and retention, alternative cover, longer term placements, bed configuration.
Link into national groups around workforce and National Train, Work, Live programme and Rural and Remote Health in Medical Education Programme as part of drive to improve recruitment and retention.
Powys Teaching Health Board has balanced its overall budget in the last 4 years and has concentrated pay costs to within the pay budget.

</td></tr>
</table>

WLGA EVIDENCE TO THE HEALTH, SOCIAL CARE & SPORT COMMITTEE'S SCRUTINY OF THE WELSH GOVERNMENT'S DRAFT BUDGET

SEPTEMBER 2018

CLILC • WLGA

About Us

1. The Welsh Local Government Association (WLGA) represents the 22 local authorities in Wales, and the three national park authorities and the three fire and rescue authorities are associate members.

2. The WLGA is a politically led cross-party organisation, with the leaders from all local authorities determining policy through the Executive Board and the wider WLGA Council. The WLGA also appoints senior members as Spokespersons and Deputy Spokespersons to provide a national lead on policy matters on behalf of local government.

3. The WLGA works closely with and is often advised by professional advisors and professional associations from local government, however, the WLGA is the representative body for local government and provides the collective, political voice of local government in Wales.

Introduction

4. Given the significant role that local government plays in providing essential services to citizens and communities in Wales we welcome the opportunity to provide comments to feed into the Health, Social Care and Sport Committee's scrutiny of the Welsh Government's draft budget.

5. Local government provides vital services to residents. Very often it is those people who are most vulnerable and need support across a range of services to improve life chances that rely on local services the most. The fact that councils deliver more than 1,300 various statutory duties and responsibilities demonstrates how much we do as a sector.

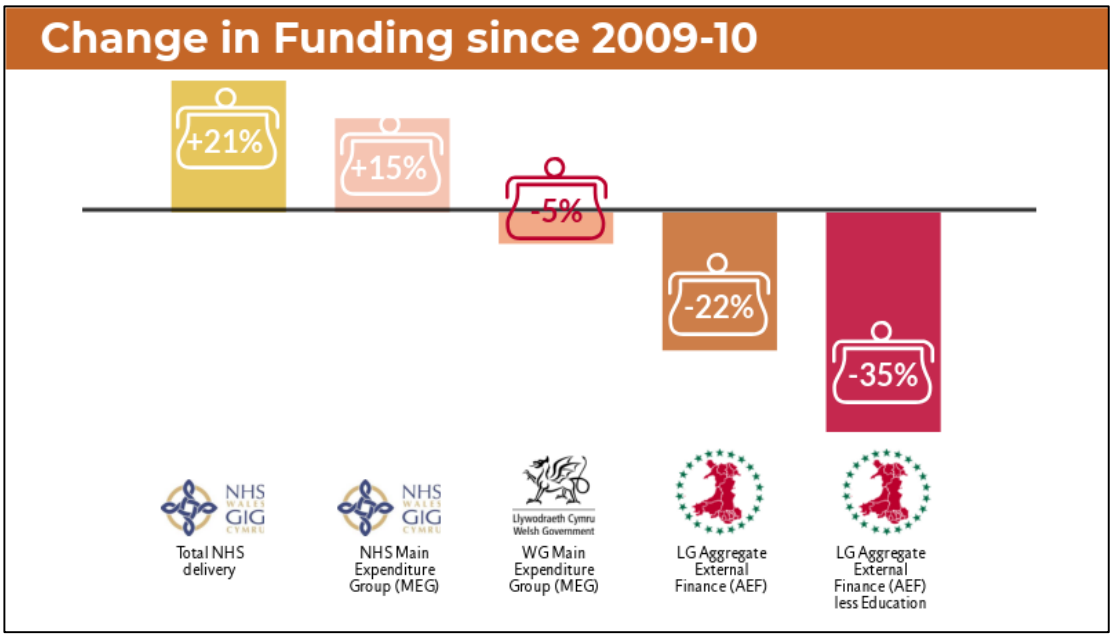
6. As the most efficient part of the public sector, councils have played their part in reducing the national deficit. However, according to the Association for Public Sector Excellence, UK local

government's spending as a share of the economy is falling sharply. In 2010/11, UK local government's current expenditure accounted for 8.4 per cent of the economy. By 2015/16, it had fallen to 6.7 per cent. By 2021/22, it will be down to 5.7 per cent.[1] Overall, Welsh local authorities will have seen cuts of over £1 billion since the introduction of austerity measures in 2010. With service pressures running at anywhere between £150m and £300m a year, the financial position is becoming unsustainable. Councils are using their medium term financial strategies to plan for future savings requirements but there are clearly risks in terms of financial resilience, not least the burgeoning costs of social care and increasing need.

7. Social care has been identified as a sector of national strategic importance by Welsh Government Ministers and 'Prosperity for All' has identified social care as one of its priority areas with the ability to have the greatest potential contribution to long-term prosperity and well-being. This comes at the same time as the Parliamentary Review into the long-term future of Health and Social Care in Wales reported that the case for change is compelling, with a need to create seamless health and care services for the people of Wales, with the recommendations being taken forward through new long term plan for health and social care, 'A Healthier Wales'. We believe that an examination of the long-term future of health and social care is vital to be able to look at how we can create a sustainable and properly funded health and social care system. This will be central to developing a new approach in Wales that is fit for future generations, particularly given the current financial and demographic pressures placed on the system.

Overall Cost Pressures faced by local government

Figure 1.

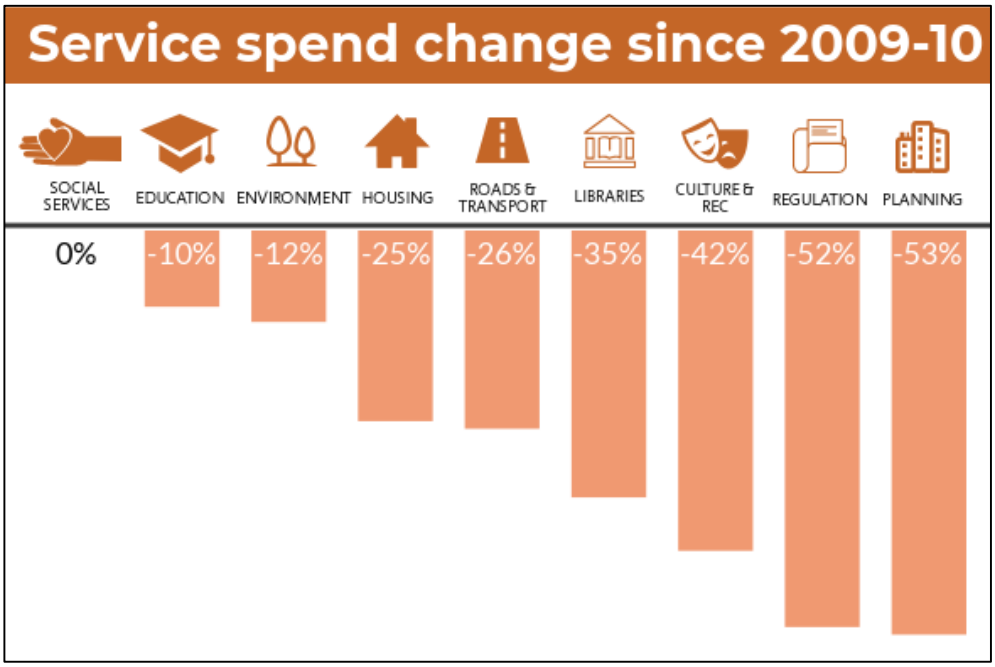


[1] http://www.apse.org.uk/apse/assets/File/Neighbourhood%20Services%20(web).pdf

8. Figure 1 above demonstrates the changes in local government funding since the onset of austerity measures in 2010. Over the last 8 years Council's core grant funding has reduced by 22% after adjusting for inflation. If you take schools out, core funding has fallen by 35%. The reality is that the relative protection of NHS spending has come at the expense of those council services provided to the most vulnerable in our society.

9. Figure 2 below shows how this reduction in funding has impacted on local government service areas.

Figure 2.



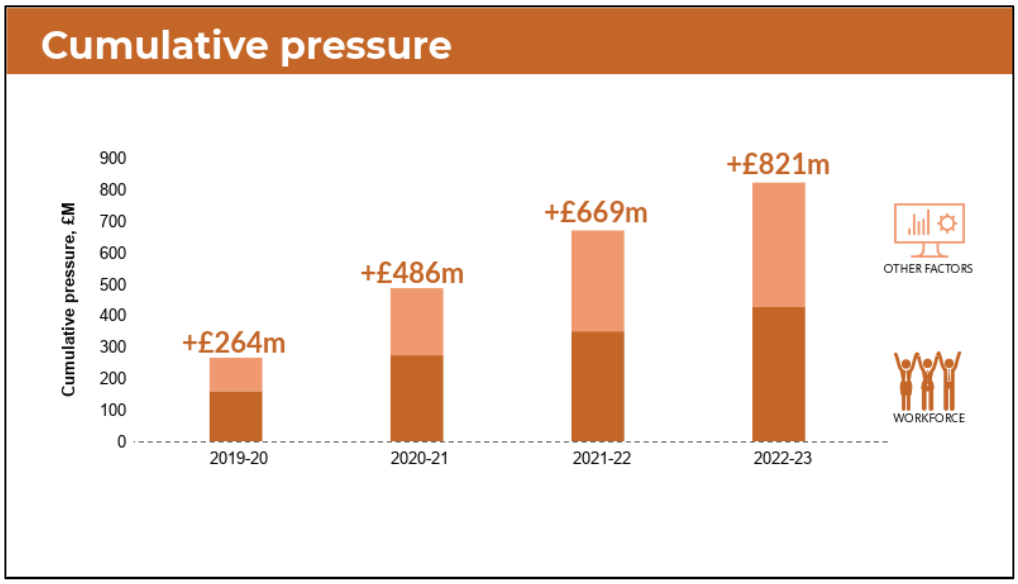
10. The statutory services of social services and education have been protected as far as possible by local government. This has meant that other non-statutory preventative community based services, such as leisure, parks, adult education, housing, transport and community facilities all of which support people's wellbeing and help to delay the point at which an individual's needs warrant a more intensive and costly intervention have faced the brunt of cuts to local authority budgets out of necessity. The report by Wales Public Services 2025, 'Austerity and Local Government in Wales: an analysis of income and spending priorities, 2009-10 to 2016-17', highlighted the significant impact that eight years of austerity have had on local public services. Cuts in the smaller but vital services have been deep, with question marks over their future sustainability if a further period of cuts were to continue.

11. Local government has kept the worst consequences of austerity at bay in recent years but its impact is now catching up with councils, threatening services that improve our lives and our communities. Councils have responded on multiple fronts. They have pursued an efficiency agenda rigorously. They are sharing staff, buildings and delivering services together. Some have had to use money that was set aside for other investments to support day-to-day services.

Wherever they can, councils have looked at different ways of delivering services and support to citizens, or taken action to reduce demand rather than making cuts.

12. However, figure 3 below demonstrates the cumulative financial pressures that will continue to mount for local government over the next four years. Just to stand still on providing current services, local government would need a revenue increase of £264m (5% of net spend) in 2019-20 and 4% the year after. During this period unavoidable workforce costs will increasingly drive inflationary pressures and in 2021-22 and the year after, the overall inflationary pressures will run at around 3% in each year. Despite the best efforts of local government against the scale of the reduction outlined, these efforts can only go so far. Without a more fundamental review of how we fund services there is little wriggle room for further cuts. The current model is not sustainable, annual incremental budgeting just stores up problems for the future.

Figure 3. Cumulative local government pressures



13. Further information on the financial pressures facing local authorities in Wales can be found in the WLGA's publication 'Fair and Sustainable Funding for Essential Local Services'[2].

Social Care Pressures

14. The local government funding position has serious consequences for wellbeing. It constrains social care which, in turn, constrains the voluntary sector and care providers. The response has been to protect social care relative to other council services. But those other services are crucial to support people's wellbeing, such as bus services, libraries and road maintenance. In this way, sorting out the long-term funding of social care therefore goes hand-in-hand with helping to sort out the long-term funding of local government. And that can only help improve people's wellbeing.

15. As with local government overall, social care funding is at its absolute limit, threatening the great progress that has been made in challenging circumstances. Innovation, prevention and performance may be some of the hallmarks of the last few years as social care has sought to

[2] Available at: https://www.wlga.wales/SharedFiles/Download.aspx?pageid=62&mid=665&fileid=1754

insulate itself from the full impact of austerity. But looking ahead, the scope to continue in this way is greatly reduced.

16. The demographic challenges facing Wales have been well documented. As a result of demographic changes primary and community care services are facing increasing and more complex demands; more people are diagnosed with one or more preventable health condition; and frail, older people increasingly have more complex needs. Across the UK nations Wales has seen the slowest overall population growth, but has the largest and fastest growing population of older people (aged 65 and over). A 2016 OECD report confirms that although the burden of chronic and complex conditions associated with increased life expectancy is increasing across the UK, it is higher in Wales than England[3]. Another key indicator, the levels of poverty (linked with ill health), is also higher in Wales than the other UK countries.

17. By 2039, the number of people aged over 85 is set to more than double (127%), with the number of people aged between 65 and 84 projected to increase by 27%. Currently around 70% of adults (aged 18+) in receipt of social services are over the age of 65 and nearly a third over the age of 85. In addition, we know that in the wider population around 28% of those aged 85 and over are in receipt of support from social services, compared with just under 3% of people aged over 18. This highlights the significant impact that an ageing population, with increasingly complex needs, will have on services.

18. At the same time Children's Services in Wales are coming under increasing pressure. Nearly 16,000 children received care and support from local authorities in Wales last year. Just under 6,000 children were 'looked after' by local authorities, a figure that has increased by nearly a quarter over 10 years. Over the same period Council's expenditure on Children's Services has increased to meet the increasing demand, with a real terms increase of 30% spend on Looked After Children's Services. Services for the care and protection of vulnerable children are now, in many areas, being pushed to breaking point. The huge financial pressures councils are under, coupled with the spike in demand for child protection support, mean that the limited money councils have available is increasingly being taken up with the provision of urgent help for children and families already at crisis point, leaving very little to invest in early intervention. Hence a spiral of uninterrupted and increasing need for services is driving a mounting complexity of challenges for the most vulnerable children.

19. Rapidly increasing and complex needs, along with constrained funding is placing significant pressure on both adult and children's social care services. Councils and social care staff have coped extremely well up to now despite the exceptional pressures, however this is not sustainable in the face of further budget cuts.

20. The Wales Public Services 2025 report, 'A delicate balance? Health and Social Care spending in Wales' focused on the difficulties local authorities are having keeping pace with spending. The

[3] OECD Reviews of Health Care Quality: United Kingdom 2016 - Raising Standards (available here: http://www.oecd.org/unitedkingdom/oecd-reviews-of-health-care-quality-united-kingdom-2016-9789264239487-en.htm)

report identifies that spending on social care for the over 65's is not keeping pace with the growth in the population of older people. The increasing over-65 population in Wales means that whilst day-to-day spending on local authority-organised adult social services has remained broadly flat in real terms, spending per older person has fallen by nearly 13% in real terms over the last five years in Wales, inevitably leading to impacts on services for older vulnerable people. Spending per head would have to increase by at least £129 million (24%) (2016-17 prices) between 2015-16 and 2020-21 to return to the equivalent level of spending in 2009-10, which amounts to a 2.5% year-on-year increase.

21. The report complements the findings from the Health Foundation report, 'The path to sustainability: Funding projections for the NHS in Wales to 2019-20 and 2030-31', recognising the twin challenges of financial and demand pressures faced by health and social care in Wales. The Health Foundation report also recognised that the health of the population depends on far more than just the quality of health care services. Key determinants of health are largely outside the control of health services and so the quality of, and spending on, social care has one of the strongest impacts on the demand for health care. It has been estimated that pressures on adult social care alone will rise by around 4.1% a year in real terms between 2015 and 2030-31, due to demography, chronic conditions and rising costs. This will require the social care budget to almost double to £2.3bn by 2030-31 to match demand.

22. Pressures due to social care continue to pose the most risk to council's financial sustainability in the medium to long term. The current funding arrangements will not cover the expected increases in cost and demand facing social services. Local government's spending pressures will total around £264m in 2019-20 (£102m for social services) which will have to be either fully absorbed by councils (or cuts made elsewhere). As with other service areas, the main inflationary drivers are increasingly workforce costs. In the next financial year, the additional resources required for pay deals, pension contributions and the National Living Wage come to £54m and demographic pressures will add another £49m. The cumulative pressure by 2021-22 is £358m.

23. The recent announcement of additional consequential funding coming into Wales as a result of the UK Government's decision to provide an extra £20bn a year by 2023 to the NHS in England provides us with an opportunity to look at providing much needed additional funding to local government which would enable Welsh councils to plan with some surety over the next three years. Any additional funding needs to allow local authorities flexibility to best meet local demand and needs, focussed on improving outcomes for their citizens and communities. Recent funding made available for social services from Welsh Government has only been for specific pieces of work and to support new initiatives rather than to be able to meet increasing demand and current pressures.

'A Healthier Wales: our Plan for Health and Social Care' and longer term funding

24. We have welcomed the recent Parliamentary Review and are working with Welsh Government and partners to take forward its recommendations through the long-term health and social care plan, 'A Healthier Wales'. We particularly support the need for increased integration and a more seamless pathway for citizens, with health and social care working more closely together to achieve this. It is hoped that if we are able to make the changes set out in the Review then we would better manage demand through a more preventative approach but also improve the experiences and outcomes for our citizens. The approach needs to be multi-faceted and will need local and national leadership and we have welcomed the inclusive approach taken by Welsh Government in the development of their long term plan.

25. It is important to note however that 'integration' is not an end in itself but a means of achieving the aims of: improving health and wellbeing outcomes for individuals and communities; improving the planning and delivery of services; and making the best possible use of health and council resources. Neither is integration a panacea for the financial challenges of the health service and local government. Joining up care and support and intervening and offering early support to keep people well is a more efficient use of resources but efficiency alone is not enough to ensure the long-term sustainability of the health and care system.

26. While local leaders can do their best to use the resources they have to support local joined-up working, there is a clear demand for national government to provide sufficient funding to support integration and give local leaders the space to develop and deliver their own plans. We have welcomed the Cabinet Secretary's announcement of a £100m Transformation Fund to support some of the work around the development of new models of service and the role that the Regional Partnership Boards will play in taking much of this work forward, providing the opportunity to use these Boards as the vehicle for integrated approaches across health and social care and looking at how the £100m transformation fund is best used to support the development of new models of services across regions. We believe that the Boards should be the key mechanism for joint planning and decision-making, ensuring shared leadership across health and social care.

27. However, we are also mindful that the transformation fund announced is time limited, for a two-year period, and whilst a welcome addition to the Integrated Care Fund does not provide a long-term solution, nor sufficient additional funding in the longer-term to resolve the issues and pressures facing social care and local government. Funding pressures on social care have severe consequences for the NHS, increasing demand on hospitals and more costly acute care. This goes both ways and what the NHS does or does not do can impact equally on social care. Reductions in services such as incontinence treatment, stroke rehabilitation and NHS continuing care increase pressures on social care. We know these problems are only going to get worse as demand grows with the needs of our ageing population. This all points to the need to urgently reform our current arrangements and take on the complex task of developing a long term sustainable funding framework for social care.

28. It is therefore welcomed that the long-term plan identifies the need to achieve a sustainable funding model for health and social care, recognising that health and social care currently consume a growing proportion of the Welsh Government's budget, at the expense of other public service areas, which also have a great influence on the health and wellbeing of the people of Wales.

29. In light of the now delayed UK Government's Green paper on social care, the LGA have recently published their own green paper to kick-start a desperately-needed debate on how to pay for adult social care. WLGA have had our first detailed discussions with the LGA to explore a Welsh dimension to their Green Paper and Gerry Holtham's work on a common insurance fund will feed into this. The LGA are undertaking an eight-week consultation across all councils on options for how the system could be improved and the radical measures that need to be considered given the scale of this funding crisis. They are examining solutions for social care in the long-term including:

    - Increasing income tax for taxpayers of all ages – a 1p rise on the basic rate could raise £4.4 billion in 2024/25
    - Increasing national insurance – a 1p rise could raise £10.4 billion in 2024/25
    - A Social Care Premium - charging the over-40s and working pensioners an earmarked contribution (such as an addition to National Insurance or another mechanism). If it was assumed everyone over 40 was able to pay the same amount (not the case under National Insurance), raising £1 billion would mean a cost of £33.40 for each person aged 40+ in 2024/25.
    - Means testing universal benefits, such as winter fuel allowance and free TV licences, could raise £1.9 billion in 2024/25
    - Allowing councils to increase council tax – a 1 per cent rise would generate £285 million in 2024/25

30. It is vital that we, in Wales, consider this approach and ensure that we have seamless planning, commissioning and sustainable funding of services for the future rather than using piecemeal measures to get us from one year to the next. The need to resolve the long-term future of care and support is now urgent.

31. It is important to remember that the policy options that we consider do not change the total cost of the care system, rather they change the way in which those costs are paid for and by whom and that while planning for the future, and to pave the way for long-term reform, we must address more immediate short-term pressures, such as the fragility of the care provider market.

Prevention

32. We retain a firm belief that investment in preventative services must be the core priority for Welsh Government, in line with the philosophy of both the Social Services and Well-being Act and the Wellbeing of Future Generations Act and in terms of sound budgetary policy. At the same time as seeing many preventative services in local government facing severe cuts, in the NHS available funds have been targeted at delivering improved performance in secondary care services, most notably to address referral to treatment waiting times. Pressure on hospital services has never

been greater and NHS organisations have therefore struggled to redirect resources into preventative services based in primary and community settings.

33. It is imperative that we stem the decline of local preventative services and that we find a way to make some significant investment into new and existing preventative services based in primary and community settings. The WLGA has previously called for the establishment of a new Preventative Care Fund for Wales. This fund, focussed throughout the life-course, would enable some double running of new investment in preventative services alongside 'business as usual' in the current system until savings are realised and reinvested back into the system. Appendix 1 provides further detail on how this fund may look.

34. Preventative spend requires an understanding of the root cause of the problem and tackling that, not just the symptoms of the problem. If there is a lack of understanding and a lack of willingness to address the root causes then services will be faced with a never ending and increasing number of these cases for future generations. Simplistically, common root causes if not addressed will exacerbate the situation and if addressed and funded there will still be a 'backlog' of those currently affected by their conditions which also needs funding until the preventative measures have their full effect.

35. Another issue is the time that it takes to realise significant savings or improvements in social outcomes. One of the few studies that attempts to quantify the preventative impact of the Social Services and Well-being Act is the LE Wales' Paying for Social Care report. Over a 24-year period the costs of Adult Social care are estimated to increase by 114% in the base line scenario, under the preventative scenario they increase by 108%. Whilst this should provide some savings in the long term holding off the need for more costly interventions, which are worth realising, these preventative services still need to be supported and developed, requiring additional investment. It is unlikely however that they will release the significant savings expected, particularly within the context of a population living longer, increasingly with multiple conditions which need support for longer.

36. The Welsh Government's investment in the Integrated Care Fund (ICF), has been welcomed by local government and has led to the introduction of a number of preventative services across Wales. All regions have reported that the ICF has developed a culture of collaboration with improved communication and decision making across all sectors. There is an enhanced understanding of what different partners can provide, with improved knowledge of good practice within the region that can be developed and shared more widely. The fund has also increased capacity to improve outcomes for people and to deal with demand for services. Some areas of good practice include single point of access, the establishment of intermediate care teams (ensuring the provision of co-ordinated services across health and social care), rapid response teams, social care or third sector staff working alongside health staff in hospital to prevent delayed discharges, extending the range of rehabilitation / reablement services (including the use of intermediate care flats as part of a wider health, social care and community complex).

37. Its success comes from providing dedicated resources, supported by focused leadership, joint decision-making and governance, to enable public services to concentrate and deliver transformational change. The introduction of the ICF has evidenced the benefits of joint planning and joint decision making and we believe more can be done. For example, by bringing oversight of

the Primary Care Fund under the newly established Regional Partnership Boards, as the ICF currently is, to enable us to fully examine opportunities for integrated working.

38. In terms of the Welsh Government's agenda around wellbeing, the WLGA believe that the time is right for a full examination of the transfer of the public health improvement role, into local government. This would provide an opportunity for local authorities to have a significant influence and more joined up approach over the broader determinants of people's health – their local environment, housing, transport, employment, and their social interactions – all of which are linked to local authorities core roles and functions and can play an important part in improving the health and well-being of their citizens.

Conclusion

39. We believe there is a clear need for Welsh Government to fully recognise and address the immediate funding pressures facing the social care sector. Whilst the relative protection in funding provided to local authority social services has been welcomed, on too many occasions the approach to providing additional funding for the NHS has been to take from one to pay for the other, with local government and social care experiencing reduced budgets in order to protect the NHS. The demand for NHS services cannot be isolated from the quality of other public services – the sustainability of the NHS is intertwined with the sustainability of other public services, most crucially social care.

40. We recognise all the built-up pressures and demands on the Welsh budget. The position in the NHS is also fully acknowledged. It is the case however that the health budget has had a level of significant protection which has seen increases over the past 5 years. The local government budget conversely is now back at its 2004-05 levels. Bearing in mind the scale of the pressures in this paper this fact must be at the forefront of budget considerations over the next five years. It is essential that we develop a balanced approach that does not give one part of the system primacy over the other in dealing with the pressures facing social care and health in the short and long-term with health and social care treated with parity in the budget considerations, recognising that health and social care are equal partners in the aspiration of delivering one seamless health and social care system for Wales organised around the individual and their family.

41. Social services are one of our most vital public services, supporting people of all ages across a wide spectrum of need to live as independently as possible and providing valuable protection from harm in vulnerable situations. In a world of increasingly limited resources and ever increasing demand, there is a need for the Welsh Government to turn their ambition of social services being a sector of national strategic importance into a reality. Investment will improve outcomes for the most vulnerable people in society helping to ensure the sustainability of the social care market and having a significant positive impact on people's lives.

Appendix 1 - Preventative Integrated Care Fund for Wales

The WLGA has welcomed the Integrated Care Fund established by Welsh Government (originally the Intermediate Care Fund) but has also called for this Fund to be accompanied by a separate transformation fund with the aim of implementing new prevention strategies that will drive real change and improvements in the availability of preventative services. Increasing demand and financial pressures mean there is an urgent need to focus and invest more on prevention, reducing the demand for more complex and expensive services and making the most efficient and effective use of health and social care resources. We would like to see a Preventative Integrated Care Fund established, which builds on the success factors from the Integrated Care Fund (e.g. joint decision-making; focused interventions based on need and demand) to develop more preventative services, speed up service integration, particularly in relation to primary and community based services so that communities can benefit from a more coordinated and holistic approach to health management, social care and well-being.

While local government already receive funding for social care, and they have the freedom in principle to spend other sources of income on these types of preventative initiatives, they cannot do it within existing budgets at the scale required and during this prolonged period of austerity. It is also difficult for local authorities to build a business case to invest scarce resources in initiatives where the financial benefits will in the main accrue to other agencies such as the NHS or the benefits system, or where the financial return won't be realised for many years.

We recognise that providing additional financial support is exceptionally challenging, especially given the financial pressures across the public sector. However, the alternative is that without resources specifically for community, primary and secondary prevention, there is a risk that we won't see the radical step change required to reduce impacts on the NHS and social care.

We need to shift from a service that reacts when people have acute need or a crisis to one which focuses on prevention to reduce demand for acute services. We believe a new and additional fund specifically for this purpose is necessary to provide a stable funding environment for existing services to make the shift to a system geared more towards prevention – which would include easing the transition from hospital to community-based services.

The introduction of a Preventative Integrated Care Fund would enable some double running of new investment in preventative services alongside 'business as usual' in the current system, until savings can be realised and reinvested into the system – as part of wider local prevention strategies.

There is general recognition of the benefits of prevention – and it is now codified in the Social Services and Well-being (Wales) Act – but very little has been done at the scale that will be necessary to see meaningful impact.

There is a need for flexibility at the local level, provided through additional funding, to enable local authorities and partners to make the scale of changes necessary, with a focus on transformation of preventative services rather than a fund that maintains the existing provision of services. This includes a need to consider:

- Integrated primary and community based teams
- Strong community services linked with social care provision
- Examining how our nursing and residential home residents can be cared for in a fundamentally different way.
- Carving out space and time for people to do the work

Cynulliad Cenedlaethol Cymru
Y Pwyllgor Plant, Pobl Ifanc ac Addysg

National Assembly for Wales
Children, Young People and Education Committee

Dr Dai Lloyd AM
Chair, Health, Social Care and Sport Committee
National Assembly for Wales
By Email

18 October 2018

Dear Dai,

Scrutiny of the Welsh Government Draft Budget 2019-20

In advance of our respective committees' scrutiny of the Welsh Government's Draft Budget 2019-20, I wanted to write to inform you of the Children, Young People and Education Committee's proposed approach.

I wrote to relevant Welsh Government Cabinet Secretaries and Ministers in August 2018 to request written information to inform our scrutiny. My letter to the Cabinet Secretary for Health and Social Services and the Minister for Children, Older People and Social Care has been published, and may be of interest to you given the overlapping nature of our remits. To avoid any unnecessary duplication of effort, if there are any issues of relevance to children's health and social services that you would like us to cover in our scrutiny of the Welsh Government, please let me know.

I also wanted to draw to your attention that, in light of our recent inquiry into the emotional and mental health of children and young people, and the findings of our Mind over Matter report, one of the areas we are likely to focus on is the funding available for the emotional and mental health of children and young people, including the funding available for children and adolescent mental health services (CAMHS). Again, if there are any particular issues relating to the emotional and mental health of children and young people that you would like us to cover, please get in touch.

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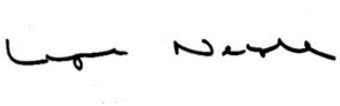
I hope this letter is of use to you, and will enable us to share any relevant information with one another.

Yours sincerely,



Lynne Neagle AM
Chair

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Paul Davies AM/AC
Aelod Y Ceidwadwyr Cymreig dros Preseli Penfro
Conservative Member for Preseli Pembrokeshire

Llyr Gruffydd AM
Chair, Finance Committee
National Assembly for Wales

31 October 2018

Dear Llyr,

Autism (Wales) Bill

Further to my appearance before the Finance Committee to give evidence on the Autism (Wales) Bill, I would like to clarify a miscalculation in my evidence. You will be aware that, whilst it has not been possible to provide an accurate figure for the total costs of autism in Wales, the estimated figure included in the RIA is £1.1 billion per year. The RIA refers to a reduction of 1% in autism spend resulting in a saving of £1million annually, a figure I also referred to in my evidence to the Finance Committee. However, this is an under estimation of the potential savings as, based on a total cost of £1.1 billion, a 1% reduction in autism spend would actually result in annual savings of £11 million, which is a far more substantial benefit. I would be grateful if this revised figure could be taken into consideration during the Finance Committee's continued scrutiny of the Bill.

I am copying this letter to the Chair of the Health, Social Care and Sport Committee.

Yours sincerely,

Paul Davies AM
Preseli Pembrokeshire
Leader of the Welsh Conservative Assembly Group

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[redacted]

Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

CS/RM

18 October 2018

Mr Dai Lloyd, AM
Chair, Health, Social Care and Sport Committee
National Assembly for Wales
Cardiff Bay
Cardiff
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Dear Mr Lloyd,

Autism (Wales) Bill

I write to offer my sincere apologies for being unable to attend on 11th October 2018 to provide evidence to the Health, Social Care and Sport Committee (the Committee) in respect of the scrutiny inquiry on the Autism (Wales) Bill. Unfortunately, I was called to attend a court hearing as a witness and was therefore required to prioritise this.

I would like to take this opportunity to confirm that the evidence that I would have provided, had I been able to attend, would have been in-line with the Welsh NHS Confederation's response, submitted to the Committee in September 2018.

Within that response, the Welsh NHS Confederation confirms that Health Boards and Trusts across Wales have made significant progress in recent years to deliver high quality services to people with autism. In many areas, Health Boards have reconfigured their services to improve quality and access. This progress and improvement has been made possible thanks to closer collaboration between NHS Wales organisations and Local Government. Areas of best practice have recognised that achieving the best possible outcome for the patient must be the key priority of NHS services above all else.

In addition, integrated working has also allowed individuals and teams across health and social care to come together and share ideas to tackle

the increasing workforce and financial challenges. Within this context, I believe that NHS Wales can develop and improve its services for people with autism further by looking more closely at ways to scale-up examples of best practice and drive transformation, as set out in the Parliamentary Review of Health and Social Care and included within the Welsh Governments recently published "A Healthier Wales" Plan, rather than turning to the introduction of legislation.

Yours sincerely

[redacted]

Chief Executive

[redacted]

Meri Huws
Comisiynydd y Gymraeg
Welsh Language Commissioner

Comisiynydd y Gymraeg
Welsh Language Commissioner

Dai Lloyd AM
Chair of the Health, Social Care and Sport Committee
National Assembly for Wales
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29/10/2018

Dear Chair

Autism (Wales) Bill

The Health, Social Care and Sport Committee are currently at stage 1 scrutiny of the Autism (Wales) Bill. I would therefore like to take this opportunity to highlight the need to consider the Welsh language further on the face of the Bill. In particular:

- I welcome the reference made to the Welsh language in the Bill. However I do not think that it goes to the root of the Bill's intention 'to make provision for meeting the needs of children and adults with autism spectrum disorder in Wales and protecting and promoting their rights, and for connected purposes' in the context of Welsh speakers with autism spectrum disorder and their families in Wales.

- I believe that a specific clause should be included in the Bill which states that the Welsh language should be a consideration when making all of the provisions required in 2(1) of the draft Bill. In particular, a clause should be included which requires the autism strategy to make provision to **ensure** that an appropriate range of services and personnel **are** provided to meet the care needs of persons with autism spectrum disorder along with their families and carers.

- I would encourage you to consider the provisions for the Welsh language in the Additional Learning Needs and Education Tribunal (Wales) Act 2018[1] and the Social Services and Well-being Act (Wales) 2014[2] when scrutinising the draft Bill.

[1]Please see sections 12 (6) and 12 (7), although there are also other relevant sections.
[2]https://www.legislation.gov.uk/anaw/2014/4/pdfs/anaw_20140004_en.pdf

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Comisiynydd y Gymraeg
Welsh Language Commissioner

- I believe that the guidance issued by the Welsh Ministers in accordance with section 4 of the proposed bill should include specific guidance regarding the need to provide Welsh language services and the need to train and plan the workforce in order to do so.

- I would encourage you strongly to consider including provisions regarding data collection on people who wish to receive Welsh language services; the degree to which that demand is met; and data on practitioners in the field.

- I would encourage you to consider including provision to ensure that campaigns to improve awareness and understanding of the needs of those with autism spectrum disorder raise awareness of the needs of Welsh and bilingual speakers with autism spectrum disorder.

1. The principal aim of the Commissioner in exercising her functions is to promote and facilitate the use of the Welsh language. In doing so the Commissioner seeks to increase the use of the Welsh language with regard to the provision of services, and via other opportunities. In addition, she will also address the official status of the Welsh language in Wales and, by imposing standards, place statutory duties on organisations to use Welsh. One of the Commissioner's strategic objectives is to influence the consideration given to the Welsh language in terms of policy development, as is the case here in relation to the investigation's terms of reference. Further information on the Commissioner's work can be found on the website www.comisiynyddygymraeg.cymru.

2. **Background**
In my response to the consultation on the proposed Autism Bill in November 2017[3] I highlighted the need to consider the Welsh language as an overarching issue in policy areas and the need to put the Welsh language on the face of the proposed legislation as introduced. I highlighted the fact that action 1.1 in the *More than just words Follow-on Strategic Framework...*(Welsh Government, 2016) also includes a commitment to do so.

3. *More than just words...Follow-on Strategic Framework...*(2016)[4]

   The *More than just words* frameworks were published due to the Welsh Government's acknowledgement that there is a lack of health and care services available for patients through the medium of Welsh. In particular there is recognition that receiving Welsh language services is a clinical need and necessity for people in certain groups, including those with learning disabilities. The framework also underlines the importance of the active offer when providing services noting that 'it

[3] http://senedd.assembly.wales/documents/s69955/AWB64%20Welsh%20Language%20Commissioner%20Welsh%20only.pdf [Welsh only]

[4] https://gov.wales/topics/health/publications/health/guidance/words/?skip=1&lang=en

is the responsibility of NHS Wales and social services to deliver appropriate services, which include meeting people's linguistic needs. Only by doing this can they provide a service that is safe and effective'.[5] The current framework includes actions that must be taken in relevant areas to ensure services are provided in Welsh to those who wish to receive them and without them having to ask for them. These areas include the following:

- National and local leadership, and national policy
- Mapping, auditing, data collection and research
- Service planning, commissioning, contracting and workforce planning
- Promotion and engagement
- Professional education
- Welsh in the workplace
- Regulation and inspection

4. I highlighted a number of these areas in my response to the consultation on the Bill last year. In particular I stated that I am aware that a number of Welsh speakers face difficulties when receiving a diagnosis through the medium of Welsh, and that opportunities to improve access to diagnosis through the medium of Welsh should be maximised, including in legislation. I also stated that the bill should ensure that Welsh language autism services are offered actively and provided. In that regard I also stated the importance of workforce planning so that the workforce can respond positively to Welsh speakers' linguistic needs when offering services. In addition, I stated that I would welcome any contribution that the proposed legislation could make to enrich the evidence base in order to set a baseline and track progress in relation to the need for Welsh language autism services; the workforce's ability to meet the need and the success of access to Welsh language services.

5. **Autism (Wales) Bill**

In 2(1)(g)(v), the Bill makes reference to the need for the proposed autism strategy to 'outline how the needs of persons with autism spectrum disorder are to be met by relevant bodies in respect of access to Welsh language services'. I welcome this reference in response to comments made during the consultation on the proposed Bill. However, I do not believe the response is sufficient to answer the points I raised in the original consultation, nor does it contribute to facilitating the objectives of *More than just words.* As a result, neither does it go to the root of the Bill's intention 'to make provision for meeting the needs of children and adults with autism spectrum disorder in Wales and protecting and promoting their rights, and for connected purposes' in the context of Welsh speakers with autism spectrum disorder and their families in Wales. Essentially, all that is in included in this clause is a requirement to outline how Welsh speakers' access to autism services will be met. There is nothing in the Bill which makes provisions to ensure those services are provided by considering matters such as what is the need for services, service

[5] Ibid, p. 11.

Comisiynydd y Gymraeg
Welsh Language Commissioner

planning, workforce planning, training, the need for suitable diagnostic tests, lack of data etc.

6. I believe that a specific clause should be included in the Bill which states that the Welsh language should be a consideration when making all provisions imposed in 2(1). In particular, a clause should be included which requires the autism strategy to make provision to **ensure** that an appropriate range of services and personnel **are** provided to meet the care needs of persons with autism spectrum disorder along with their families and carers. In this regard, I would encourage you to consider the provisions in the Additional Learning Needs and Education Tribunal (Wales) Act 2018[6]. This legislation make provision for authorities that prepare or maintain an individual development plan for a child or young person and, in doing so specify that a particular kind of additional learning provision should be provided in Welsh, must take all reasonable steps to secure that it is provided to the child or young person in Welsh. I would also encourage you to consider the well-being outcomes in terms of the Welsh language published in accordance with the Social Services and Well-being (Wales) Act 2014[7], which are that individuals can say 'I get care and support through the Welsh language if I need it.' The act makes provisions regarding the Welsh language including the language of assessments, considering the Welsh language when commissioning and providing care, and in individual care plans prepared in accordance with the Act. Section 14(1) states that local authorities and each Local Health Board must jointly assess the range and level of services required to meet the care and support needs of people in the local authority's area. They must also jointly assess the actions required to provide the range and level of services identified through the medium of Welsh. I would encourage you to consider the provisions of these acts when scrutinising the draft Bill.

7. **Section 4, Guidance by the Welsh Ministers**

In addition to the provisions above, I believe that the guidance issued by the Welsh Ministers in accordance with section 4 of the proposed bill should include specific guidance regarding the need to provide Welsh language services and the need train and plan the workforce in order to do so.

8. **Section 6, Data on autism spectrum disorder**

As the requirements regarding data collection in the *More than just words* strategy prove, there is an urgent need for more data on the care needs and services of Welsh speakers in order to make better plans to meet those requirements. I would strongly encourage you to consider including provisions regarding data collection on people who wish to receive Welsh language services; the degree to which that demand is met; and data on practitioners in the field.

[6] http://www.legislation.gov.uk/anaw/2018/2/pdfs/anaw_20180002_en.pdf Please see sections 12 (6) and 12 (7), although there are also other relevant sections.
[7] https://www.legislation.gov.uk/anaw/2014/4/pdfs/anaw_20140004_en.pdf

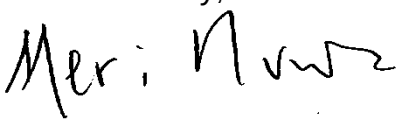
Comisiynydd y Gymraeg
Welsh Language Commissioner

9. **Section 7, Awareness campaign**

I would encourage you here to consider including provision to ensure that campaigns to improve awareness and understanding of the needs of those with autism spectrum disorder raise awareness regarding the needs of Welsh and bilingual speakers with autism spectrum disorder.

I look forward to seeing full consideration being given to the Welsh language and the above matters as you and the Committee scrutinise this Bill to ensure that the Bill meets the needs of Welsh speakers with autism spectrum disorder.

Yours sincerely,



Meri Huws
Welsh Language Commissioner

Agenda Item 4.3

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[redacted]

2 Tachwedd 2018

Dai Lloyd AM/AC
Cadeirydd y Pwyllgor Iechyd, Gofal Cymdeithasol a Chwaraeon / Chair, Health, Social Care and Sport Committee
Cynulliad Cenedlaethol Cymru / National Assembly for Wales
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Annwyl Dai Lloyd

During your latest evidence session on the Autism (Wales) bill, the Committee asked a number of questions on the development of the integrated autism service that is funded by the integrated care fund up until 2021.

As part of the Welsh Government's evidence it said that the funding was given to areas that did not have an integrated service to help with the preparatory work to get the services up and running.

This means that the Betsi Cadwaladr Health Board spent £508,000 of funding in April 2017-April 2018 with no service in place. Likewise, Western Bay and West Wales each received £318,200 in the same period, with no service in place. This is significant investment from the Welsh Government but there is no information on how this spend benefitted autistic people and their families in those areas.

Similarly the Welsh Government said that the service would have a 'staged roll-out'. The service was planned to begin with Aneurin Bevan, Cardiff and the Vale, Cwm Taf and Powys in October 2016 with Hywel Dda operating from October 2017, Abertawe Bro Morgannwg from January 2018 and Betsi from August 2018. However, as the Committee heard, the timetable isn't being met and autistic people and their families who were promised a service are still waiting for it to be launched.

Furthermore, at the recent meeting of the Cross Party Autism Group, the North Wales IAS said that although it had launched its service in June 2018, it wasn't staffed to capacity and couldn't for example provide diagnosis for adults, despite this being a core element of the service.

We remain concerned about where funding for the IAS has been directed, lengthy delays in developing the services across Wales and the services' capacity to assess and meet the needs of those whose expectations have been raised by commitments that have not been followed through. The Cabinet Secretary painted a picture of calm, considered and timely roll-out of the service, however we are not aware of any evidence to support this description.

A table of the ICF funding for the integrated service is attached to this letter for Members along with the timetable for the staged roll-out.

Committee Members asked the Cabinet Secretary about the outcome measures and reporting arrangements for the integrated autism service. We understand that an evaluation of the integrated autism service and action plan is due to be published in January 2019.

While we welcome that report, we are concerned that, to our knowledge, there is no consistent reporting framework being used across the services to measure performance, and outcomes. This inconsistency was raised by Committee Members during the evidence session as each service may be measuring slightly different things. Committee Members also asked when we could expect specific evaluation of each service, and it was suggested that this could be after about 12 months of the service being launched. Three services have been in operation for over a year and it is therefore concerning that this data wasn't available to Committee Members.

During the scrutiny process there have been a number of discussion on the use of NICE guidelines in relation to the Bill. As the Committee may be aware the guidelines are based on clinical excellence, cost-effectiveness and, according to NICE's website, supported by five of the Royal Colleges and the British Psychological Society[1]. There seems to be a discrepancy therefore between the evidence given by the Royal Colleges to the Committee and their actual support for NICE quality standards.

The Cabinet Secretary said there was an increase in demand for a diagnosis in Northern Ireland as a result of autism legislation there. The WG written submission says that according to the Department of Health report on implementation of the Act found that:

> 'it was not possible to guarantee early intervention as outlined in the Autism Strategy without additional funding to further develop autism-specific assessment services, and to extend the portfolio of available family support.'

However the same paragraph goes on to say that:

> 'provision of general support is not predicated on a diagnosis.'

We would question the validity of tying this increase in demand to legislation. In Wales, where similar legislation doesn't exist, a similar increase in demand has also taken place. In Duncan Holtham original evaluation report on the ASD Action Plan, it says:

> 'Increased awareness of ASD has contributed to increased rates of identification. This in turn has contributed to sharply increased rates of diagnosis among school age pupils in Wales, from approximately 0.2 per cent in 2003/2004 to 1 per cent by 2012/13.'

Finally, I was concerned to hear that the integrated autism service practitioners were describing the 26-week diagnostic timescale as 'aspirational', and therefore welcome the commitment from the Cabinet Secretary that he will provide the Committee with the waiting times.

I hope the Committee will find this additional information helpful

Yn gywir iawn

[redacted]

[1] NICE Quality Standard 51; *Supporting Organisations*: https://www.nice.org.uk/guidance/qs51

Appendix : ICF Funding and Implementation Chart for the Integrated Autism

	April 2016 – March 2017 (£)	April 2017 – March 2018 (£)	April 2018 – March 2019 (£)	**Total since April 2016**	IAS Launch
Cardiff and Vale	204,000	367,000	367,000	**938,000**	Sept 27th 2017
Cwm Taf	204,000	367,000	367,000	**938,000**	March 5th 2018
Gwent	249,000	458,000	458,000	**1,165,000**	August 2017
West Wales		318,200	398,000	**716,200**	Not Launched
North Wales		508,000	652,000	**1,160,000**	27th June 2018
Powys	188,000	336,800	337,000	**861,800**	July 12th 2017
Western Bay		318,200	398,000	**716,200**	Not Launched
Total	**845,000**	**2,673,200**	**2,977,000**	**6,495,200**	

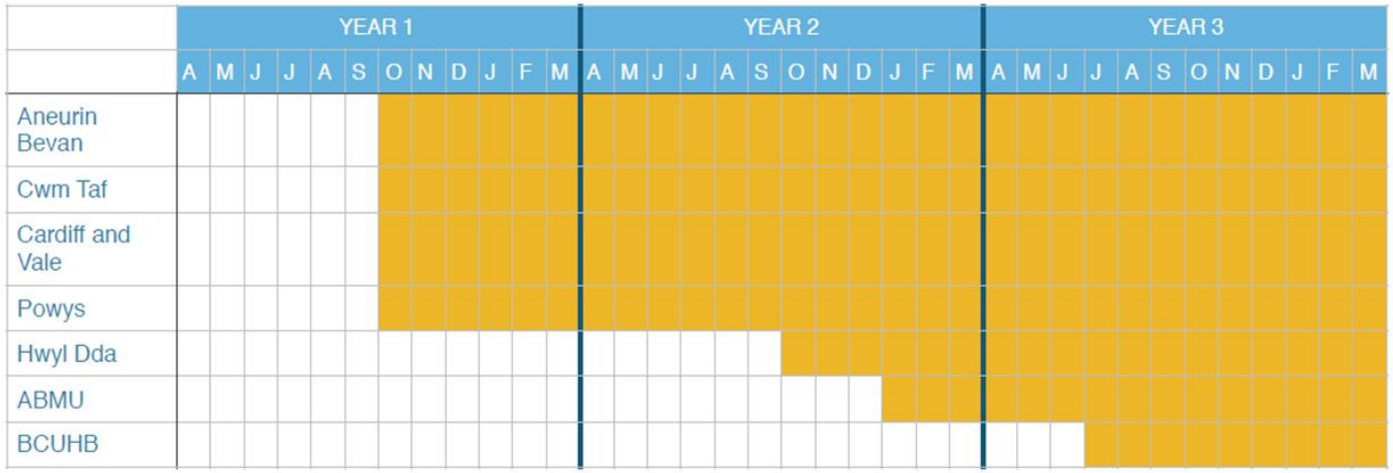
Source: Integrated Autism Service indicative allocation spend in ICF Guidance for 2016/17, 2017/18 and 2018/19, Welsh Government

Implementation

The service will be developed and implemented on a health board footprint and will be delivered through regional partnership boards, this will promote partnership working between health, local authorities and third sector organisations.. The programme roll out will be supported by the Welsh Government in partnership with WLGA/PHW. It is essential that the service is developed as a national approach to ensure there is consistency of practice across Wales. A repeated criticism of autism services is that because of local and regional differences in how services are configured there is a perception of a post-code lottery as services can be very different in often neighbouring areas.
To support consistent delivery of a national approach and to share good practice across areas, a time limited implementation team will be established. This team will be managed by the ASD National Lead who will have national oversight of the programme delivery. The team will be based within WLGA/PHW.

There will be a planned and phased approach to implementation. Each area will be supported to develop supportive governance structures, agreements and work plans developed and staff recruited before the service can begin. This staged approach will mean that learning can be shared and approaches cascaded to ensure a cost effective roll out.

The development of the integrated ASD service will take place over three years with additional health boards coming on stream each year.



Source: National Autism Service: Background and Guidance Information. Welsh Government, Welsh Local Government Association and Public Health Wales.