

## Health & Social Care Committee

**Date:** 13th January 2022

**Venue:** Senedd Cardiff Bay

**Title:** Scrutiny of Health and Social Services Draft Budget 2022-23

### 1. Purpose

The Minister for Health and Social Services, the Deputy Minister for Social Services and the Deputy Minister for Mental Health and Wellbeing have agreed to attend the Health and Social Care Committee on the 13 January 2022 to give evidence on their Draft Budget proposals.

### 2. Introduction

This paper provides information for the Health and Social Care Committee on the Health and Social Services (HSS) Main Expenditure Group (MEG) future budget proposals for 2022-23 and also provides an update on specific areas of interest to the Committee as outlined in a letter from the Chair of the Committee dated 8<sup>th</sup> November.

### 3. Budget Overview

	<b>2022-23</b>
<b>Revenue</b>	<b>£m</b>
Revenue Baseline as @ Final Budget 2021-22	9,227.959
Baseline Adjustments	(445.000)
MEG allocation	1,018.819
<b>Revised DEL as @ Draft Budget 2022-23</b>	<b>9,801.778</b>
<b>Capital</b>	
Capital Baseline as@ Final Budget 2021-22	387.600
Baseline Adjustment	(52.600)
<b>Revised DEL as @ Draft Budget 2022-23</b>	<b>335.000</b>
<b>Overall Total HSS MEG Draft Budget 2022-23</b>	<b>10,136.778</b>

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

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

#### 4. Approach to Budget proposals

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. It supports our wellbeing objectives to provide effective, high quality and sustainable healthcare, and to protect, re-build and develop our services for vulnerable people. It also support the ongoing implementation of A Healthier Wales, our long term plan for health and social care.

This budget covers a three period from 22-23 to 24-25. The settlement is front loaded with a much larger increase in 2022-23 and lower relative uplifts in the second and third years. There are no specific Covid allocations but MEG settlements have been assessed through the budget setting process with agreement to prioritise delivery of the Programme for Government, funding for health, social care and local authorities; and to undertake a zero based review of capital to align capital budgets to the new Wales Infrastructure Investment Strategy (WIIS).

The HSS MEG will increase from a revenue baseline of £8.597 billion up to £10.05 billion by 2024-25.

The HSS MEG settlement for provides for an increase in baseline NHS revenue budgets in 2022-23 of £824m, with further increases of £250m and £200m in 2023-24 and 2024-25 respectively.

In addition to the £824m NHS funding uplift allocated for 22-23, the HSS MEG settlement also includes specific allocations for:

- Mental health £50m, increasing to £90m by 24-25
- Social care £45m, increasing to £60m by 24-25 and;
- Childcare and early years £28m, increasing to £30m by 24-25.

*(See below for further information on these areas)*

The core investment in the NHS will increase by an additional £1.274bn in this budget, taking our total baseline investment in 2024-25 to £9.683bn. This significant increase will provide the foundation for the NHS in its ongoing response to the pandemic and to support addressing the legacy on health and wellbeing.

Recurrent revenue funding of £150m for NHS recovery has already been committed from the NHS funding increase; this combined with £20m from baseline budgets will make up £170m per annum for recovery through this budget period. This funding will be allocated to the NHS to support the implementation of plans to strengthen planned care services.

To demonstrate our further commitment to addressing the impact of the pandemic on routine care, we will be investing a further £20m a year to support the implementation of a value-based approach to recovery over the medium term, with a focus on improving outcomes that matter to patients. This allocation will support NHS recovery, with a focus on delivery of high value interventions that ensure improved outcomes for patients and support service sustainability and reducing waits for treatment over the medium term. This investment will give greater focus on

delivery of outcomes that matter for patients and will complement the implementation of plans currently being developed to tackle the immediate backlog of patients waiting for treatment.

Taken together, these investments ensure we are on course to deliver against our commitment to invest £1bn for NHS recovery over the course of this Senedd.

We will also allocate £180m recurrently from 2022-23 onwards to help the NHS manage the financial impact of the pandemic on their underlying financial position, including recognising the impact the pandemic has had on productivity and efficiency. We expect the NHS to return to pre-pandemic efficiency levels as the impact of COVID on core services eases.

Whilst the future of the coronavirus pandemic is still very uncertain, we have set aside funding in this budget for ongoing Covid interventions, specifically contact tracing, testing, mass vaccination and provision of PPE to the NHS and social care. This funding will be kept under review as we work through the current challenges of the pandemic.

There will be a £31m increase in funding to support the Education and Training commissioning plan, investing in the future workforce of NHS Wales. We will also continue to provide £7m towards meeting our commitment to establish a new medical school in North Wales.

We are also investing a total of over £800m general capital for Digital Infrastructure, NHS Equipment, and NHS Infrastructure up to 2024-25.

## **Programme for Government**

The Programme for Government (PfG) has underpinned our approach to budget setting, with significant budget allocations for some of our key commitments on NHS recovery, Mental Health support, Childcare, Social Care and the Real Living Wage for social care workers.

### NHS Recovery

The NHS recovery programme started this year with an allocation of £200m of revenue and £48m of capital in 21-22. In addition to this there was an early commitment of recurrent revenue funding of £150m for recovery which has already been committed from the NHS funding increase. This was added to £20m from baseline budgets making a recurrent total of £170m per annum for recovery of planned care.

This investment will be complimented by a further £20m recurrently from 2022-23 to support NHS recovery, with a focus on delivery of high value interventions that ensure improved outcomes for patients and support service sustainability and reducing waits for treatment over the medium term.

When these are all combined this will mean a total of £818m will have been allocated towards NHS recovery over 4 of the 5 years of the current government.

### Mental Health

We will continue to prioritise mental health and well-being in 2022-23 and we are providing an additional £50m to support this. Whilst this provision will primarily support front line mental health services and also make a contribution towards the prevention of mental ill health in areas

of primary public health prevention, substance misuse and employability related support, there are a much wider range of cross- government budgets needed to support our Programme for Government commitment to support the mental health and wellbeing of the nation.

### Childcare and Early Years

Within the HSS MEG allocation there is additional funding for Childcare and Early Years of £28m in 22-23, rising to £30m recurrently from 23-24 onwards. This is part of a package of funding for Children & Families which also encompasses Flying Start and Families First in the Housing & Local Government MEG. In total across the two MEGs, there is £50m of additional funding in 22-23, rising to £70m by 24-25.

In the HSS MEG the additional £28m in 22-23 will be allocated to support our Programme for Government commitment on Early Years and Childcare, which includes supporting more families with the costs of childcare where parents are in education and training, and to increasing early year's provision to include all two year olds, with a particular emphasis on strengthening Welsh medium provision. Alongside the impacts on early years, we have also recognised the disproportionate effect on gender particularly linked to childcare. Our Childcare Offer already provides 30 hours of funded education and childcare to working parents of 3 and 4 year olds for 48 weeks a year.

### Social Care – Reform Fund

A new Social Care Reform fund of £45m has been created. The Social Care Reform Fund will rise to £55m in 2023-24 and £60m in 2024-25 and will increase the funding available to promote reform and improvement in social care, to complement the uplift provided in the Local Government settlement. We will use this funding to support the reform set out following our 'Rebalancing Care and Support' White Paper, to improve delivery and increase the sustainability of services across the social care sector.

The funding will be used to help deliver the Programme for Government commitments to reform social care for looked after children and to protect, re-build and develop our services for vulnerable people

### The Real Living Wage for Social Workers

One of our key pledges in the Programme for Government was to pay social care workers the Real Living Wage. We are now taking the necessary steps to make that happen.

Social care providers still face considerable challenges in both recruiting and retaining people with the skills needed to undertake these important roles. Improving the terms and conditions of the workforce is an important step towards improving recruitment and retention.

The uplift will be for registered social care workers in adults and children's services. That is, domiciliary care workers and social care workers in care homes. We intend that it will also reach personal assistants funded through direct payments.

We have provided funding, through the local government settlement and through the HSS MEG budget to enable local authorities and health board commissioners to commence

implementation of a Real Living Wage uplift. The funding will be available from April 2022 with workers beginning to feel the benefit in the following months.

In the New Year, we will be working closely with partners including local authority commissioners, complex care leads and others to work through all of those details about how the commitment will be implemented.

## **Well-being of future generations**

### ***Prioritise prevention/early intervention in Health and Social Care***

Our focus in this budget is to protect the Welsh population by continuing to invest in our core NHS services for the long term. We are also continuing and increasing our investment in sustainable social services. Ensuring the long term stability of our health and care services is our priority for preventative investment in this budget.

The NHS Planning Framework, which is also the Minister’s Direction to the NHS, always seeks to align with the Wellbeing of Future Generations Act and to continue to strengthen how organisations work to deliver their plans using the five ways of working. Since the beginning of the pandemic there has been a strong focus on four harms that have been the key quality context within which services and care must be provided. In June 2021, on the advice of the Technical Advisory Cell, a fifth harm was also recognised - the introduction or exacerbation of new or existing inequalities, either directly or indirectly from COVID-19.

All harms are relevant to the well-being of future generations but the need to prevent harm “from wider societal actions/lockdown” together with the new fifth harm relating to inequalities, provide a broader and longer term context to planning and investment in health and social care.



The NHS Planning Framework sets an expectation of a broad approach to prevention to be applied in all aspects of planning. This is supported by Welsh Government policy that is set out from a perspective of prevention, whether that is a more traditional public health perspective or in unscheduled care or planned care. Health Board Integrated Medium Term Plans, for example, also consider prevention in terms of models of care and decarbonisation including active travel schemes.

Preventative approaches to all physical and mental health and wellbeing will ultimately avoid escalation of conditions and illness. Opportunities for investment must be considered that will support future generations and inform future service provision. We have sadly learned throughout this public health crisis that those with underlying conditions have suffered disproportionately. Learning from COVID should provide foundations for the implementation of preventative initiatives that can make an impact on reducing all five harms.

Our aim is to take significant steps to shift our approach from treatment to prevention. The vision we have established in *A Healthier Wales* is to place a greater focus on prevention and early intervention.

## **Capital**

The overall NHS capital budget for 2022-23 will decrease by £48m to £335m from the £383m provided in 2021-22. It is important to note that this reduced figure for 2022-23 includes £50m identified for Social Care which has not previously received capital funding through this budget. As a result, the NHS specific capital budget has reduced by £98m against the 2021-22 position – a 26% reduction. The capital funding available will continue to be invested in infrastructure to support the delivery of sustainable and accessible high quality services and to take forward the transformation of healthcare provision.

The new £50m capital fund for social care will support delivery of key programme for government commitments to include the development of 50 local community hubs and the strengthening of arrangements to support the integration of health and social care and rebalance the residential care estate. This social care capital allocation will enable the Welsh Government to directly influence the transformation of social care infrastructure in line with aspirations of the Social Services & Wellbeing (Wales) Act and 'A Healthier Wales'.

NHS capital investment next year will include the on-going redevelopment and modernisation works at Prince Charles Hospital along with the continued investment in primary and community care schemes across Wales to develop a new generation of integrated health and care centres.

The reduced capital allocation will restrict the opportunities available to the NHS around decarbonisation but, where possible, these will be incorporated into scheme designs so we will continue to make progress against the net zero target. Schemes that can deliver significant carbon reductions will be targeted through joint working with the Welsh Government Energy Service and the Carbon Trust.

## **Annex: request for information from the Welsh Government to inform scrutiny of the Draft Budget 2022-23**

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

1. A breakdown of the 2022-23 Health and Social Services MEG allocations by Spending Programme Area, Action and Budget Expenditure Line (BEL).
2. Indicative 2022-23 Health and Social Services MEG allocations.
3. Commentary on each of the Actions within the Health and Social Services MEG, including an analysis and explanation of changes between the Draft Budget 2022-23 and the First Supplementary Budget 2021-22 (June 2021).
4. It would be of assistance if the analysis could highlight what, if any, changes are additional resources specifically for the response to COVID in 2021-22 (consequential and guaranteed funding from the UK Government).

See attached annex which covers the requests above.

### **Local health boards' financial performance**

**5.** Please provide an update on the overall financial performance of health boards. This should include:

- a. Those that have continued to fail to meet their financial duties.
- b. Those that have been in receipt of additional end of year and in-year financial support.
- c. Details of how the Welsh Government is supporting and working with those health boards to both address short-term challenges, improve their underlying position, and secure sustained improvement.

With the exception of Hywel Dda and Swansea Bay Health Boards, all other NHS organisations broke even at the end of the 2020-21 financial year. The net outturn for NHS Wales in 2020-21 was a deficit of £48m, an improvement from the deficit of £89m reported at the end of 2019-20. The improvement is due to the fact that Betsi Cadwaladr Health Board broke even for the first time in several years following the package of structural support announced by the former Minister for Health and Social Services in November 2020.

Four Health Boards failed to meet their statutory duty to break even over three years at the end of 2020-21. In addition to Hywel Dda and Swansea Bay, Cardiff and Vale Health Board failed the duty due to their deficit in 2018-19. Providing they deliver their forecast break even outturn at the end of this current financial year, they will have achieved their three year break even duty at the end of 2021-22. Betsi Cadwaladr Health Board is also forecast to break even in 2021-22, but will again fail their three year duty at the end of this financial year due to the deficit they incurred in 2019-20.

Welsh Government provided Hywel Dda Health Board with £16m strategic cash support in 2020-21 to finance their deficit. In line with the announcement by the former Minister for Health and Social Services in July 2020, this support is not repayable.

The objective during the last two financial years has been to ensure that NHS organisations have the funding they need to respond to the Covid-19 pandemic, and therefore to ensure financial stability is maintained or improved. Welsh Government provided an additional £1.1bn revenue funding to the NHS in 2020-21, and have allocated a further £1.1bn in 2021-22. This has enabled all organisations to maintain or improve on the financial positions for 2019-20 before the impact of the pandemic. With the exception on Hywel Dda and Swansea Bay, all organisations are forecast to break even again at the end of this financial year.

Welsh Government is providing a range of support to all NHS organisations to manage the short term challenges as well as focusing on medium and long term financial sustainability. These include:

- Support from the NHS Finance Delivery Unit (FDU), we continue to develop and improve our financial planning and monitoring mechanisms. This includes providing clear and consistent planning assumptions, monthly monitoring, and mid-year reviews to confirm forecast positions.
- Monthly peer forums for NHS Directors of Finance, Welsh Government officials and the Finance Delivery Unit to keep apprised and manage emerging risks and issues
- The production and development of system level insight on opportunities to improve resource utilisation, whilst recognising some of the constraints of the pandemic in the ability to translate these opportunities into realisable savings in the last couple of years. We expect organisations going forward to maintain or improve on their forecast savings delivery for the current financial year, and we intend to extend the national supporting mechanisms to assist with the delivery of that expectation.
- Where necessary, the Finance Delivery Unit provides targeted support for individual organisations in higher levels of escalation.
- A Value Finance Leadership Group has been established, led by the Finance Delivery Unit and attended by all Health Board Finance Directors. This Group is providing a collective leadership to embed a value-based health care approach in the development and implementation of plans, with a focus on improving outcomes for patients with sustainable use of resources.

We are due to receive NHS plans covering 2022-23 to 2024-25 by the end of February 2022. Our package of financial support for the NHS outlined in this budget, and confirmed in the revenue allocation, provides financial stability for the NHS as well as providing support for NHS recovery and other Programme for Government commitments. As a consequence, we expect organisations to develop approvable financial sustainable medium term plans.

**6.** Please indicate the level of health reserves allocated within the Draft Budget, and how you anticipate the reserves being used.



We have not allocated health reserves within this budget. All funding will be deployed to deliver NHS financial stability, meet the ongoing costs of responding to the pandemic, and support delivery of Programme for Government commitments. We are holding funding centrally within the Health and Social Services MEG to support the ongoing planning deficits within Hywel Dda and Swansea Bay into 2022-23.

**7.** Please outline your expectations for how health boards should seek to reduce their fixed costs, and what guidance the Welsh Government is providing to assist with this.

As outlined above, we expect NHS organisations to plan to deliver cash-releasing efficiency savings year on year. Organisations are currently forecasting that they will deliver over £100m savings – equating to around 1.5% - in 2021-22, despite the ongoing impact of the pandemic. We expect organisations to plan to deliver this level as a minimum in 2022-23 and going forward.

The Finance Delivery Unit have developed a toolkit for organisations to benchmark their costs and outputs across a wide range of service areas. They are working with Finance Directors to ensure this information is used proactively in the development of savings plans to underpin their medium term financial plans. In addition, organisations are being encouraged to identify ambitious decarbonisation opportunities linked to all capital schemes. These schemes are looking at how both carbon and financial savings can be maximised.

### **The impact of COVID-19 on allocations**

**8.** Please explain how the pandemic has influenced allocations to budget lines within the Health and Social Services MEG, and provide examples of any changes made to allocations as a result of COVID-19. In answering this question, please address:

- a. The assumptions underpinning allocations made as a result of the pandemic.
- b. Allocations that have been made to support additional service capacity or additional staff resource as the response to the pandemic continues, including primary, community and hospital services, social care, public health, and the vaccine programme.

As stated above, we will continue to maintain our direct COVID response for as long as is necessary. We are setting aside significant funding to continue our national responses to the ongoing pandemic including the Test, Trace and Protect programme, the ongoing vaccination programmes, and the provision of free PPE to health and social care for as long as is required. This funding will be kept under review as we work through the current challenges of the pandemic.

We have provided a significant uplift to the NHS which will provide them with financial stability as they continue to respond. There is also a significant recurrent investment in recovery to enable the NHS to refocus on treating backlog when the impact of the pandemic allows.

c. Allocations for mental health support services for the health and social care workforce.

In April 2020 we expanded the Health for Health for Professionals Wales Service. Staff experiencing symptoms of anxiety, depression, alcohol-use disorder, post-traumatic stress disorder and other conditions can benefit from the service provided. In its original form, this service was only provided to NHS doctors, but in April 2020 it was expanded in response to Covid-19, to cover the whole of the NHS workforce. Further contract developments mean that the service will be extended even further into the social care sector for 2022 to 2025 and will be provided with £4.5m of funding for that period.

The pandemic has had a significant impact on workplaces and the workforce in Wales. As the pandemic continues, a key priority is to offer support, to anyone in need, for their short and longer-term physical and mental wellbeing. The Healthy Working Wales programme provides universal support including specific Mental Health and Wellbeing across all of the public and private sector. The programme has recently updated and strengthened advice and information in the context of the pandemic and in response to insight from the literature that outlines the significant impacts the pandemic is having on mental wellbeing. Healthy Working Wales has also developed a mental wellbeing podcast for employers, to help address the key challenges and sets out how employers can best support the mental wellbeing needs of their workforce. The programme is allocated £2.3m funding for 2020 to 2023.

d. Allocations that have been made to ensure the maintenance of an adequate and appropriate supply of PPE.

The supply and distribution of high quality Personal Protective Equipment (PPE) to frontline health and social care workers continues to be a critical part of the global response to the ongoing COVID-19 pandemic and we will continue to secure sufficient PPE to meet our needs. In our Programme for Government, we have committed to provide free PPE for health and social care staff, for as long as is needed to deal with the pandemic. This, along with the maintenance of a usable contingency stockpile (currently 16 weeks based on the highest issue rate during the pandemic) will help to ensure Wales is fully resilience against future COVID-19 surges and/or future pandemics. The future costs associated with this commitment are difficult to predict with strong dependencies on the course of the pandemic, evolving Infection, Prevention & Control (IPC) guidance as well as Department for Health and Social Care (DHSC) advice on future pandemic preparedness. We are setting aside funding to continue our national responses to the ongoing pandemic including the provision of free PPE. This funding will be kept under review as we work through the current challenges of the pandemic.

## **Addressing the waiting times backlog**

9. Please provide details of how the Draft Budget will support the delivery of more routine care, and contribute to addressing the waiting times backlog. This should include how any consequential and guaranteed funding from the UK Government will be used.

As stated above, we have allocated £170m of revenue funding recurrently from 22-23 as well as £20m focussed on high value interventions.

When combined with the allocations in 21-22, this will mean a total of £818m will have been allocated towards NHS recovery over 4 of the 5 years of the current government.

Our aim is to focus on rapid, clear and targeted work, firstly to stabilise the current volume increase and then to treat the number of patients waiting for review, assessment and treatment.

This will involve:

- Service transformation, to deliver now and sustainably for the future based on prudent and value-based principles including the development of regional hubs
- NHS activity levels to return to and then exceed pre-pandemic levels
- Workforce availability and expertise to be maximised and strengthened
- Treatment and diagnostic capacity to be developed at both local and regional level, including altering, repurposing and adding infrastructure
- The ability to work with other providers to enable more rapid access to facilities and in some cases staff.
- Integrated workforce plans that maximises recruitment opportunities (domestic and overseas), innovative ways of developing and extending existing workforce, whilst supporting wellbeing.
- Increased commissioning and capital.

The £248 million allocated in 2021-22 (£200m revenue and £48m capital) is aimed at helping health boards reduce the backlog of patients waiting that has built up due to the pandemic. Health boards have been working to reduce the backlog by using alternative providers, either through outsourcing to independent providers, or by using insourcing companies to carry out the work locally. Health boards have also used their own staff in local independent facilities, as these are safe green pathways for services and hired mobile units that have been used to carry out a number of day case procedures. Some of these actions in 21-22 have been short term, and we know they have not been sufficient to replace the capacity lost due to COVID-19. With the confirmation of the recurrent recovery funding Health Boards can now plan effectively for the medium and longer term.

Over the last 18 months, a number of transformational actions have been put in place, with more outpatient appointments being carried out virtually and group sessions being held to help reduce waiting lists. The scale and scope of these changes however will need to increase to support value based and sustainable planned care service for the future.

In October 2021, we confirmed the recurrent allocation of £170m, split across health boards to support planned care recovery, with details to be articulated in their 2022-25 Integrated Medium Term Plans (IMTP's) due in February 2022. The specific areas of focus for the plans, which the allocation should support are:

- Implementation of the recommendations of the National Endoscopy Programme
- Regional cataract services in line with advice from the Planned Care programme.
- Regional plans for aspects of orthopaedic services based on the clinical strategy work currently underway and due to report in February 2022.
- Strengthened Diagnostic and Imaging services based on advice commissioned from the National Imaging Programme.
- Implementation of the Critical Care Plan developed by the Critical Care Network.
- Plans for improving cancer and stroke services

The aim is to not only support recovery of planned care services (remove the backlog), but also to build sustainable models of delivery for the future.

### **Health and social care workforce**

**10.** Please explain how the Draft Budget will contribute to the delivery of a sustainable health and social care workforce, and will reduce and control spend on agency staff.

The success of the NHS in Wales relies on developing a sustainable workforce, which responds effectively to the health and wellbeing needs of the Welsh population. The Welsh Government continues to increase investment in the education and training of healthcare professionals in order to provide effective, high quality and sustainable healthcare in Wales. More than £260m will be invested in 2022-23, a 15% increase from 2021-22 which will result in the highest number of training opportunities in Wales. The investment will further boost the NHS workforce and help reduce the need for agency staff.

The Health Education and Improvement Wales and Social Care Wales workforce strategy, launched in October 2020, sets out plans for a transformed and sustainable workforce for the future.

The Draft Budget includes a significant increase in the Local Government settlement which reflects our commitment to meeting the pressures we are seeing in social care and provides for our current estimates of the cost of introducing the real living wage in 2022-2023 which will contribute to a sustainable social care workforce.

### **Primary care**

**11.** Please provide details of the budget allocated for primary care services and investment in the primary care estate, and how this compares to amounts allocated in the last three years. In answering this question, please address the extent to which these allocations will achieve the policy aim of shifting care from hospitals to primary care or community settings.

We continue to invest in primary care through the delivery of the Primary Care Model for Wales, and in 2022-23 will build on the agreed investment provided in 2021-22 for the primary care contracts.

Planning and implementing the rebalancing of the health and wellbeing system is complex and cannot simply be tracked in terms of budgets and recording of expenditure, but through demonstrating the shift of services being delivered in both primary and community settings. We will continue to support health boards to strengthen their whole system planning through the IMTP process.

Our definition of primary care is broad as set out in the Primary Care Model for Wales. As well as those services contracted from GPs, dentists, community pharmacists and optometrists, our definition also includes the wide range of services, care and support for people's health and wellbeing in the wider community.

The NHS Health Board accounts for primary care report spend for the last 3 years of:

2020-21        £989.422 million

2019-20        £947.338 million

2018-19        £911.739 million

These figures exclude GP prescribing and are net of dental patient changes recovered

#### Primary Care Capital

Some £72m (including £4.5m as part of the 2020-21 budget) has been made available for investment in a pipeline of 19 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.

Since the inception of the programme in 2017, some £54m has been allocated against projects, £48m of this over the last three years (see profile below).

As of December 2021, of the 19 schemes, 7 are complete, 5 are on site and 7 are in various stages of business case development. The programme has taken longer than expected to deliver, given the time to develop business cases and the inevitable impact of Covid on progress.

This programme of work continues to evolve in terms of the way in which a mix of services both health and others are delivered in a collaborative way. Whilst there has been a focus on the existing GP estate, the range of schemes have seen joined up working across portfolios, health, local authorities, housing, not only in terms of new developments but re-utilising and redeveloping existing assets. Considering the impact of delivering services closer to people's homes in a range of settings including town centres.

To fully enable this programme, we are exploring the potential for borrowing arrangements in order to facilitate further tranches of capital spend over a five year period.

### General Medical Services (GMS)

- The GMS allocation to health boards funds the contractual commitment they hold with GMS contractors for the provision of GP practice services to patients.
- Welsh Government support the movement of services out of centralised secondary care into local primary and community settings as part of our prudent healthcare agenda. Health boards should be planning and supporting the movement of services with funding following from unified allocations into primary and community care.

### Cluster Funding

- We show commitment to cluster level planning by allocating £20 million a year for clusters to invest in their own solutions to meeting the health and wellbeing needs of their local population.
- Cluster-level planning and delivery is the key to unlocking innovative solutions to sustainable local services and improving access to the right care, at the right time from the right source.

### Social care

12. Please outline the planned allocation for social care, including:

- a. Any additional funding identified for 2022-23, and how such funding will be targeted.

As stated above, a new Social Care Reform fund of £45m has been put in place for 22-23. The fund will rise to £60m by 2024-25 and will increase the funding available to promote reform and improvement in social care. This complements the significant uplift provided through the Local Government settlement.

Through the Fund we will invest:

- £10m in 2022-23 in preparation to deliver our commitment to eliminate private profit from the care of looked after children during the next Senedd term; and
- an additional £3m in Social Care Wales in 2022-23, to continue the expansion of the professional registration of the social care workforce and provide ongoing support for the stabilisation and recovery of the sector through delivery of the Health and Social Care Joint Workforce Strategy.

We will also invest in the establishment of health and social care community hubs to contribute to the prevention and early intervention agenda, as well as in the ongoing work under the Chief Social Care Officer for Wales to take forward action complementary to the Race Equality Action Plan, and provide further support for groups such as unpaid carers.

As stated above, in 2022-23 a new £50m capital fund will be launched for social care to support delivery of key programme for government commitments to include the development of 50 local community hubs and the strengthening of arrangements to support the integration of health and social care and rebalance the residential care estate. This social care capital allocation will enable the Welsh Government to directly influence the transformation of social care

infrastructure in line with aspirations of the Social Services & Wellbeing (Wales) Act and 'A Healthier Wales'.

**b.** How the allocations will ensure the ongoing viability and stability of social care services, including residential and domiciliary care.

Funding will support greater understanding and policy direction with regard to models of delivery and commissioning with respect to domiciliary care; connecting with equipment and assistive technology and the interface with reablement and allied health professionals.

**c.** What support the Draft Budget will provide for unpaid carers, including evidence of specific spend on respite care.

In 2022-23, £3million will be allocated specifically to increase opportunities for unpaid carers to access respite and take a break. Building on this year's £3million respite funding to local authorities, this money will encourage innovation and support more unpaid carers to focus on their own health and well-being.

Unpaid carers will also benefit from our annual £1.245m funding allocation; the continuing Social Services Third Sector Grant and support from Regional Partnership Boards.

We are also continuing to work in coproduction with local authorities and Carers Trust Wales to roll out a national Young Carers ID card project with funding of £200,000.

This will be alongside funds in the Sustainable Social Services Third Sector grant scheme for 2020-23 and support via Regional Partnership boards and their funding streams where they benefit all ages of unpaid carer.

**d.** Measures in the Draft Budget that will improve the sustainability of the social care workforce, including contributing towards achieving parity of esteem, pay, and terms and conditions with the health care workforce.

- The significant increase in the Local Government settlement reflects our commitment to meeting the pressures we are seeing in social care. It provides for our current estimates of the cost of introducing the real living wage in 2022-2023. We have also transferred £5m of the funding from the workforce grant in the HSS MEG which was uplifted last year to support Local Authorities moving towards paying the RLW.
- In addition to the new £45m Social Care Reform Fund, we will also retain a baseline budget of £45m for the Social Care Workforce Grant.

e. The anticipated impact of the UK health and social care levy, in particular any additional or consequential funding.

The Welsh Government's settlement for the next 3 years was set out in the UK Government's budget and spending review on 27 October. This reflected Barnett consequentials arising from expenditure decisions in England, including those financed by the new health and social care levy. The Welsh Government draft Budget for the next 3 years will determine how any additional resources are utilised in Wales in line with our devolved priorities, whilst confirming that funding for health and social care will remain a core priority of our budget preparations.

**13.** Please confirm whether the allocation for social care is adequate to meet all local authorities' standard spending assessments for 2022-23, and outline how you will monitor local authorities' spend in year.

The funding provided through the settlement for 2022-23 in recognition of social care pressures is adequate to meet local authorities' funding pressures for the forthcoming financial year. The local government settlement is unhypothecated, meaning it is up to authorities how they spend this funding, to meet local needs and priorities. Acknowledging this, however, through this settlement we are directing an amount through the social care element of the formula that is equal to the sum of the pressures outlined by the WLGA and the assessment of the additional costs to local authorities of introducing the Real Living Wage for care workers. This ensures that the funding is distributed in the most equitable way, to meet the pressures across the 22 local authorities. As the local government settlement is unhypothecated, there are no plans to specifically monitor any element of local authority spend in relation to the funding included within this settlement.

### **Mental Health and Wellbeing**

**14.** Please explain how your priorities for mental health and wellbeing are reflected in the Draft Budget, and where the allocated/projected spend for these priorities can be found. In particular, the Committee would welcome details of allocations in the Draft Budget relating to:

- a. Mental health services (including the Mental Health Service Improvement Fund, and how the Draft Budget will facilitate earlier intervention and improved access to mental health services).
- b. Children and young people's mental health and wellbeing
- c. Dementia.
- d. Autism.
- e. Obesity/implementation of 'Healthy Weight, Healthy Wales'.

#### a & b. Mental Health Services & Children and Young People's

We will continue to prioritise mental health and well-being in 2022-23 and to support this will be allocating an additional £50m in the Health & Social Services portfolio. This increase will rise to £90m by 24-25.

Included in this for 22-23, will be approximately £25m that will support direct mental health policy and service integration, this will include a significant amount being invested in the NHS. Supporting front line mental health services is only one element of a wider system that also



supports primary prevention in public health, education, social services, substance misuse and other protective factors such as supporting people to stay in employment.

The £50m allocated will make a significant contribution to support our Programme for Government commitment to prioritise service redesign to improve prevention, tackle stigma and promote an approach to mental health support that ensures people will be directed to the right advice and support at the right time.

As part of the £50m increase in funding in the HSS MEG, we will be providing around £8m next year to support the implementation of the UK Mental Capacity (Amendment) Act 2019/ Liberty Protection Safeguards which support the rights of people who lack mental capacity (for instance due to brain injury, a stroke, or dementia) to consent to their health and/or social care and treatment.

There is also an increasing investment in supporting young people's mental health and well-being within the Education portfolio, a £5.5m increase is allocated for 2022-23, rising to £11.5m by 2024-25. This additional resource will include directing support to the whole systems approach across health and education.

We will continue to work across government to ensure that we maximise the impact from supporting mental health across portfolios, ensuring that supporting and protecting mental health is a key factor in any investment decisions we consider.

The Covid pandemic has put increasing pressure on a number of mental health services, in particular for young people (CAMHS) and all-age Psychological Therapies. The evidence suggests that an increase in referrals and complexity will remain as we emerge from the pandemic.

Across the Health and Social Services and Education portfolios, we are committing to further increases in Mental Health funding, over the next three years, that will total over £100m by 2024-25.

Mental health continues to be the highest area of spending by the NHS in Wales. In 22-23 the ring-fenced Mental Health budget provided to Local Health Boards will be over £760m.

#### c. Dementia

The Dementia Action Plan published in February 2018, outlines our vision for dementia care and support in Wales. However we recognise that the pandemic and the required response has had an impact on both people living with dementia and their carers. As such officials worked closely with members of the Dementia Oversight and Implementation Group to consider the impact of the pandemic and to agree priorities over the coming months. This 'companion document' to the Dementia Action Plan was published on the 21 September 2021, affirms our priority areas for action over the coming months. We have seen pressures across the system, including access to diagnostic support services, and we will earmark support to provide increased capacity in areas of demand.

#### d. Autism and Neurodevelopmental conditions

The introduction of a Statutory Code of Practice on the Delivery of Autism Services is a Welsh Government Programme for Government Commitment. A demand and capacity of all neurodevelopmental services is currently underway and will be completed by March 2022, this review will include recommendations for improvement including workforce development. £5.73m is currently delivering the implementation of the statutory code, through supporting the National Autism Team, the Integrated Autism Service, and a demand and capacity review. Further investment of £5.185m will support future policy development and improvement in neurodevelopmental services, to include actions to address assessment and diagnostic waiting times and support and will seek to expand services to include conditions such as ADHD.

e. Healthy Weight: Healthy Wales strategy

£6.63m will be allocated in 22-23 to support the Healthy Weight: Healthy Wales strategy which is the Welsh Government's long term plan to prevent and reduce obesity across Wales. It sets out a 10 year plan to prioritise early intervention and behaviour change at all levels to change our habits and promote healthy activity. The strategy is a key commitment towards a cross-government approach to reducing obesity in Wales on a population scale. The strategy has been developed from evidence of what works. This has indicated the need for a new approach which combines individual behaviour change with environmental and system change. It will utilise a combination of funding, policies and legislation to develop approaches through our environment, settings and leadership to put a strong focus on prevention. It will also deploy targeted approaches in areas of deprivation and will assist those who are already overweight or obese through a range of prevention, early intervention and specialised services. A 2022-2024 Delivery Plan will be published in early 2022 which will set out a cross-government approach.

Through the funding there is a specific allocation which will support broader engagement across children and families, examples include:

- A Children and Families Pilot has been funded through the delivery plan and is taking place in three areas Cardiff, Merthyr Tydfil and Anglesey. These pilot programmes will adopt a whole systems approach, which is drawing together practice and best evidence. A core part of this approach is the implementation of a secondary prevention Home Based Intervention for families of children in the early years from 3 – 7 years of age in line with the foundation phase.
- £2.9 million per annum until 2023-2024 in funding has been made available for health boards to develop their local adaptations of the All Wales Weight Management Pathway which will support the development and delivery of weight management services in Wales. For the first time there will be children and families specialist level 3 services delivered across Wales and the development of services and approaches based upon early intervention at level 2, including specific approaches through maternity. The revised pathway will provide compassionate support in helping people on their weight management journey and will run alongside our Healthy Weight: Healthy Wales strategy to encourage people to make healthier choices and lead more active lives.
- Ministers have agreed to the development of a new Welsh Daily Active offer for schools. The offer will adopt an age specific whole school approach, underpinned by behaviour

change and range of adaptable approaches, to complement the new curriculum. This will be responsive to evidence, provide flexibility and build in evaluation to assess health outcomes. This will also link with proposals to extend the school day.

- We have established roles for Healthy Weight Ambassadors across Wales. They are working with us to be a champion for the Healthy Weight: Healthy Wales strategy and inspire the delivery of its aims and objectives with partners across Wales, to listen, engage and promote the ethos and positive lifestyle messages of the strategy. This includes a youth Ambassador and a Family Ambassador who are broadening our engagement across the strategy.

15. The Committee would also welcome details of:

a. The percentage/proportion of the Draft Budget that is allocated to mental health and well-being, and how this compares to previous years.

	<b>Draft Budget 2022-23 £m</b>	<b>Draft Budget 2021-22 £m</b>	<b>Draft Budget 2020-21 £m</b>
<b>Mental Health ring fence in main Health Board allocation</b>	760.885	726.782	711.930
<b>Mental Health central budget in HSS MEG (BEL 270)</b>	88.212	36.260	3.029
<b>Total</b>	849.097	763.042	714.959
<b>MEG total</b>	9,801.778	8,791.128	8,366.438
<b>Percentage</b>	8.7%	8.7%	8.5%

It is important to note that whilst this represents a picture of what is visible at the Draft budget stage each year, Health Boards will spend more than the ring fenced amount on Mental Health services, as they also commit funding from their discretionary allocations.

b. Any reductions or increases relating to specific areas of the Draft Budget compared to previous years (e.g. grants being reduced or increased, or being introduced or ceasing to exist).

There have been no baseline reductions across the HSS MEG. Budget changes at BEL level are detailed in the annex attached.

### **Transformation, innovation and integration with social care**

16. Please outline how the Draft Budget will support the development of a 'whole system approach', with greater integration of health and social care, as described in A Healthier Wales. In particular, please explain how the Draft Budget balances the need to meet existing service pressures with the need to transform services and develop new models of care.

How will service transformation and integration be supported in the longer term to achieve sustained progress on the transformation agenda, ensure a focus on rolling out and mainstreaming the learning from successful pilots, and avoid reliance on continued additional funding.

In 2022 the current Integrated Care Fund (ICF) (£89m) and the Transformation Fund(TF) (£50m) , administered through regional partnership boards (RPBs), will come to an end. A new 5 year 'Health and Social Care Regional Integration Fund' will be launched from the 1st April 2022 to build on the successes of the ICF and TF, learn from experiences to date, and continue to drive the integration and transformation of health and social care. This new fund, which will also be administered through RPBS to ensure an integrated cross sector approach, has been co-designed with a range of partners and will include mechanisms such as match funding to promote sustainability and embedding of new ways of working. The fund will be rooted in driving integrated, preventative models of care and support as close to home as possible.

### **Cross-government/sector working on prevention**

**18.** Wales has high levels of chronic disease and significant concerns around unhealthy lifestyles. The pandemic has further highlighted and exacerbated this. Can you demonstrate how the Draft Budget:

a. Ensures that focus on prevention and early intervention is not being lost as a result of the pandemic.

Whilst we have to acknowledge that the delivery of some programmes have been affected by the events of the last 18 months we are maintaining investment in baseline budgets in the HSS MEG and planned programme spend in 22-23 can return to pre pandemic levels, where possible.

Current actions to address health inequalities are embedded across all activity owing to the strategic planning required by the Well-being of Future Generations (Wales) Act 2015 and through our health in all policies approach (supported by the Health Impact Assessment ('HIA') process). Consequently, it is often not possible to disaggregate budget which is specifically allocated to tackling health inequalities from the totality of government spending. However, some specific examples of government spending which contribute greatly to tackling health inequalities include interventions such as the Welsh Government's Flying Start programme.

Flying Start is a Programme for Government (PfG) Commitment. The Flying Start programme was developed based on evidence of 'what works' in providing children with the best start in life. There are four core components including funded, part-time, high quality childcare, enhanced health visiting, parenting support and speech, language and communication support. It is this combination of integrated support which is critical to its positive impact.

We are continuing to invest in our flagship Flying Start programme which reaches around 36,000 children under four, living in some of the most deprived areas across Wales. The evidence shows it is making a difference to those children who access the programme. Funding for Flying Start forms part of the Children and Communities Grant (CCG) in the Housing & Local Government MEG. An additional £40m revenue has been allocated up to 2024-25 for early help and support including for Flying Start, recognising the importance of supporting more children and families across Wales and to ensure we support our youngest children to have the best start in life.

We will also continue to invest in a range of other preventative approaches, some examples of which are detailed below:

#### Healthy Weight: Healthy Wales

The ten year Healthy Weight: Healthy Wales strategy was launched on 17 October 2019, with £6.63m funding per annum being made available for 2022-23 to 23-24. This will support the development of the plan and continue current funding commitments. The funding allocations below support children's health and wellbeing:

- Healthy Weight Pathway Transformation Fund (£2.9m)
- Children and families work with National Governing Bodies (£0.6m)
- Delivering a Systems Based Approach (£1.2m)
- Targeted Children and Families Intervention (£0.6m)

#### Early Years Integration Transformation Programme

The Early Years Integration Transformation Programme is focussed on developing a more joined-up, responsive early years system that puts the unique needs of each child at its heart, which covers the period of life from pre-birth to the end of the Foundation Phase (0-7).

We have been working with PSBs across Wales to explore how to deliver early years services in a more systematic way, applying the lessons from our existing programmes such as Flying Start and Families First.

The majority of the PSBs are now engaged in the programme as pathfinders. We are investing £6m in 2022-23 and 2023-24 to support PSBs across all Health Board regions in Wales, as they test the core components for an early years system and pilot different multi-agency delivery models and approaches, building on what works well in existing programmes such as Flying Start and Families First.

#### Healthy and Active Fund (HAF) in the HSS MEG.

Our £5.9m Healthy and Active Fund (HAF) available over 4 years (2019-2023) is funding 16 projects aiming to improve mental and physical health by enabling healthy and active lifestyles, with a particular focus on strengthening community assets. Priority has been given to projects that seek to reduce inequalities in outcomes for one or more of the following groups:

- Children and young people
- People with a disability or long-term illness
- People who are economically inactive or who live in areas of deprivation
- Older people and those around the age of retirement from work.

b. Reflects a 'whole system' joined up approach to improving people's health and well-being, and targeting key areas of concern.

#### Screening

National population screening programmes are a good example of effective equitable preventative health interventions as they are offered to all the eligible population across Wales. Approximately 45% of Public Health Wales' core budget is spent on national population screening programmes. This equates to around £35m in 2022-23. Approximate costs are provided as Public Health Wales' core funding is not ring-fenced, allowing the organisation flexibility to allocate resources according to need.

All national population screening programmes are assessed for cost effectiveness by the UK National Screening Committee (UK NSC) before recommendation. The cost assessment includes testing, diagnosis and treatment, administration, training and quality assurance costs to ensure all are economically balanced in relation to expenditure on medical care as a whole (i.e. value for money). Screening policies are subject to review by the UK NSC on a three-yearly basis unless new evidence comes to light in the intervening period. Once a recommendation is made by the UK NSC the Wales Screening Committee considers how best to implement in Wales.

Breast screening, bowel screening, cervical screening, abdominal aortic aneurysm screening and diabetic eye screening were paused for a few months at the start of the Covid-19 pandemic. Public Health Wales has received an additional £1m to support the recovery of the screening programmes and reduce backlogs.

### Cervical Screening

Cervical screening is available to all people with a cervix who are aged 25 to 64. Currently, people aged 25 to 49 receive invitations every three years. People aged 50 to 64 receive invitations every five years. The UK National Screening Committee (UKNSC) recommended the use of high-risk human papilloma virus (HPV) screening as the primary screen in the cervical screening programme in November 2015. This is a more sensitive and specific test which means that a negative result is more accurate. There are over 100 different types of HPV, but only around 13 types are associated with cancer and these are known as 'high-risk' types. The new test looks for the 13 known high-risk HPV types, which cause 99.8% of cervical cancers. Public Health Wales (PHW) fully implemented HPV primary testing into the Cervical Screening Wales programme in September 2018 and Wales was the first UK nation to do so.

In January 2019 the UKNSC recommended a programme modification to extend screening intervals from three to five years for women who test HPV negative as part of their routine screen test. At its meeting on 21 July 2020, the Wales Screening Committee (WSC) agreed to preparations being made for the extension of the screening interval for HPV negative women. Once implemented in 2022, women aged 25 to 49 who have a negative result will be considered lower risk and recalled in five years rather than three. This policy change is being made in the best interests of women's health and is not related to cost.

### Bowel Screening

Bowel Screening Wales (BSW) sends a bowel screening kit to men and women aged 60 to 74 every two years. The UKNSC first recommended bowel screening between the ages of 60 and 74 in 2011 which was subsequently implemented in Wales. However, in 2012 the UKNSC

recommended that the bowel screening programme should be expanded to include people between 50 and 74 years of age. At the time, the Wales Screening Committee (WSC) agreed that no expansion to the bowel screening programme could occur without increased health board colonoscopy capacity.

Following a review of the evidence in 2018, the UKNSC recommended FIT (faecal immunochemical testing) replace the existing gFOBt (guaiac faecal occult blood test) and be offered to men and women aged 50 to 74 years at as low a threshold as possible (down to 20µg/g). The expectation is that the sensitivity threshold will be set at a level according to the available colonoscopy capacity but with the aspiration to drive the threshold down with time. Since January 2019, BSW has been providing FIT at 150µg/g as part of the routine screening programme. This new screening test fully replaced gFOBt in September 2019.

Preparation was underway to reduce the starting age of the eligible screening population from 60 to 55 years from April 2020. However, the Covid-19 pandemic stopped this preparation and the optimisation progress of the bowel screening programme was halted in March 2020. Plans to optimise have now resumed with the intention to reduce the age range in smaller increments, which started by reducing to age 58 in October 2021. The intention is to implement the next stage by reducing the starting age for screening from 58 to 55 years during 2022-23.

Uptake of the screening programme has increased significantly since 2019 when the new easier to use and more accurate Faecal Immunochemical Test (FIT) was introduced, with the programme now achieving approximately 65% uptake (standard is 60%).

### Immunisation programmes (non-Covid)

The national flu programme continues to be provided through health boards via core funding. Currently this includes a large set of cohorts of those prioritised by the Joint Committee on Vaccination & Immunisation (JCVI). For 2021-22 extra cohorts were included to aid the response to the pandemic. Secondary schools were included for 2021-22 and currently has an uptake of over 57%. Other expansions to the programme in 2021-22 were the inclusion of healthy 50-64 year olds and primary care workers. The cost of including the extra groups was £7m for 2021-22 which was transferred to health boards. There is an intention to continue vaccinating the expanded school age group in future years as a measure to reduce the transmission of flu.

Funding for other adult vaccination programmes (such as shingles) and childhood vaccinations (such as MMR and HPV) is located within health board core budgets. Childhood immunisation programmes continued as essential services during the coronavirus pandemic, with appropriate assurance to parents and infection control measures put in place by practices. Monthly enhanced immunisation reports developed by the Vaccine Preventable Disease Programme in Public Health Wales were used to monitor the impact of COVID-19 on uptake of routine childhood immunisations across Wales. Data suggests that vaccination uptake in young children and infants has remained stable throughout the pandemic. Vaccination uptake rates on programmes given in secondary school (such as HPV and MenACWY) have been most affected during the pandemic; priority will be given to catch-up programmes in 22-23.

## Speech, Language & Communication – Early Years

We know Speech, Language and Communication (SLC) development is an important predictor of later progress in literacy. Children's poor SLC skills have an impact on a wide range of outcomes including behaviour and mental health, wellbeing and employability. That is why we have prioritised children's speech, language and communication skills as they are essential for positive long term outcomes. The Talk With Me: Speech, Language and Communication (SLC) Delivery Plan, published on 20 November 2020, seeks to drive improvement in the way in which children in Wales are supported to develop their SLC skills.

We are investing an additional £3.9m over three years to support the commitments in Talk with me the Speech, Language and Communication Delivery Plan to deliver our overarching commitment to improve outcomes for children through a fresh approach to promoting and supporting children's speech, language and communication needs.

### **Reduction of health inequalities**

**19.** Please outline how the Draft Budget will contribute to the reduction of health inequalities, including those exacerbated by the pandemic, or those resulting from a disproportionate impact of the pandemic or lockdown measures on the health or wellbeing of particular groups (such as older adults, BAME communities, or people on low incomes or who are otherwise financially insecure). The Committee would also welcome details about how the Draft Budget will ensure that the most disadvantaged are prioritised, and that there is fair access to health and care services in rural areas.

Reducing health inequalities across Wales, including rural areas, remains a Ministerial priority and the COVID pandemic has brought reducing health inequalities into even sharper focus.

Rural areas often depend on wider collaborative arrangements for delivery of care and services for its patients and to create equity of access. For example Hywel Dda and Powys health boards have developed strong relationships with partner health boards to ensure patients have access to the services they need.

Technology enabled care and digital innovation, including video consultations and remote working, have become an integral part of primary, secondary and community care, supporting people in receiving care and advice safely in their own homes. For those patients and their families, who live in rural parts of Wales, this has been especially welcome, reducing time and travel costs.

### Learning Disabilities

We are continuing our investment of £1 million to support services to support individuals with a learning disability. The pandemic impacted significantly on securing all of the improvement gains of the Improving Lives cross-government programme.



This additional investment will address the health inequalities that people with learning disabilities experience, resulting in a poorer quality of life and wellbeing outcomes than the general population. In particular, people with a learning disability are 6 times more likely to die of a treatable condition than the general population.

The key priorities will be:

- Increasing access to health checks which reduces morbidity and mortality rates;
- Implementing the recommendations of the review of learning disability specialist in-patient provision, i.e. reducing the length of stay in in-patient provision and supporting people to live in their communities;
- Reduce avoidable deaths due to diagnostic overshadowing;
- Improve the health of people with a learning disability through earlier identification of health conditions to which they are pre-disposed, eg, respiratory, gastro, cardiac, epilepsy, diabetes and early on-set dementia (from age of 40); and
- Improve community services and reduce the occurrence of crisis which leads to long term in-patient admission.

## ICT

**20.** An assessment of the costs of delivering the Welsh Government's vision for digital and data, as described in A Healthier Wales, and including increased support for digital and virtual care.

- Welsh Government continues to work closely with Digital Health & Care Wales and digital leaders across NHS Wales to forecast the cost of delivering the Welsh Government's vision for digital and data, as described in A Healthier Wales.
- This has delivered a significant increase in digital investment since A Healthier Wales was published in 2018, through the Welsh Government's Digital Priorities Investment Fund (DPIF).
- The DPIF supports digital and data transformation at the all-Wales level, through revenue and capital funding, aligned to Ministerial priorities. It is managed by Welsh Government as a portfolio of digital programmes and activity. Funds are awarded to NHS Wales organisations through a scrutiny process. The total allocation over the last three years is as follows:

o	2019-20	£50m (£25m revenue; £25m capital)
o	2020-21	£50m (£25m revenue; £25m capital)
o	2021-22	£75m (£50m revenue; £25m capital)
- The costs of delivering digital transformation are not 'one off costs' and they are forecast and planned on a year by year basis. The DPIF is only part of wider digital transformation, alongside investment through Digital Health and Care Wales (DHCW), the national digital services delivery organisation established in April 2021. Additionally, NHS Wales organisations invest in digital transformation through their discretionary revenue and capital allocations.
- At the strategic planning level, digital investment is informed by the National Digital Architecture, by the All Wales Digital Infrastructure Programme, and by other planning tools such as the Cyber Assurance Frameworks prepared by each organisation. These provide common assessment criteria and a consistent target operating model for all NHS Wales organisations, which enables a structured approach to forecasting and planning investment requirements.

- Digital investment is discussed regularly at the national level through the NHS Wales Leadership Board and Chief Executives Group, and across NHS Wales, for example through Directors of Finance and Directors of Planning peer leadership groups.
- Digital has been an important part of the response to the pandemic, which has accelerated digital transformation and the development of new digital services. For example: national systems to support contact tracing and vaccine delivery; tools to support remote working; video consultation services; and improvements to digital infrastructure.
- Welsh Government is determined to maintain the pace of digital transformation, as part of recovery and to drive the future sustainability of health and care services. It is committed to supporting several major digital programmes over the coming years. For example: the Welsh Nursing Care Records Programme, Welsh Intensive Care Information Services Programme, National Data Resource, All-Wales e-Prescribing Programme, and a new NHS Wales App through the Digital Services for Public and Patients.
- The committee will wish to note that capacity of the digital profession and wider NHS workforce is limited, and has been stretched to its limit by the pandemic. In the short term NHS Wales organisations are working hard to recruit and to secure the capacity needed to deliver against increased funding and investment. In the medium term, a strategic review of the digital health workforce and its future requirements is under way and will make recommendations in the first half of 2022.

### **Withdrawal from the European Union**

**21.** Information about any budget allocations within your portfolio as a result of the UK's exit from the EU.

### **Food Standards Agency for Wales**

In 2022-23 we will invest some additional £1,500,000 (on a recurrent basis) to meet the additional functions and responsibilities required following EU Exit. The funding is split between Core funding and law enforcement. This funding will ensure that the continued pressures on the organisations in areas such as surveillance, regulated product claims, border controls, policy development and risk assessment can be successfully delivered.

## Health, Social Care and Sport Committee - Date: 13th January 2022

Commentary on each of the Actions within the Health and Social Services MEG, including an analysis and explanation of changes between the Draft Budget 2022-23 and the First Supplementary Budget (June 2021).

<b>Action: Delivery of Core NHS Services</b>		
<b>2021-22 First Supplementary Budget June 2021 £m</b>	<b>Draft Budget 2022-23 £m</b>	<b>Change  £m</b>
8,879.666	9,218.565	338.899

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

#### **Explanation of Changes to Delivery of Core NHS Services Action Removal of 21-22 in-year Covid Allocations & Adjustments**

- **£(540.000)m** - in year COVID allocations

#### **New allocations for 22-23**

- **£786.971m** – Draft Budget 22-23 additional NHS funding
- **£6.353m** - Draft Budget 22-23 additional PHW funding
- **£29.365m** – Draft Budget 22-23 additional HEIW funding (commissioning numbers)
- **£71.819m** – Draft Budget Non fiscal resource funding 22-23

#### **Allocations within MEG for 22-23**

- **£(15.609m)** – technical adjustments Action to Action within HSS MEG, including 22-23 NHS allocation transfers and budget commitment realignments.

<b>Action: Delivery of Targeted NHS Services</b>		
<b>2021-22 First Supplementary Budget June 2021 £m</b>	<b>Draft Budget 2022-23 £m</b>	<b>Change  £m</b>
155.390	102.054	(53.336)

This action supports other various health budgets including NHS Workforce, A Healthier Wales and other health budgets.

#### **Explanation of Changes to Delivery of Targeted NHS Services Action Remove 21-22 one off in-year Adjustments**

- **£(28.169)m** in year allocation of immigration surcharge income

#### **New allocations for 22-23**

- **£11.500m** – additional allocation to A Healthier Wales BEL (Childcare Early Years funding)
- **£(5.000m)** - adjustment to A Healthier Wales Baseline Social Services

**Allocations within MEG for 22-23**

- **£(31.667m)**– technical adjustments Action to Action within HSS MEG, including 22-23 NHS allocation transfers and budget commitment realignments.

<b>Action: Support Education &amp; Training of the NHS Workforce</b>		
<b>2021-22 First Supplementary Budget June 2021 £m</b>	<b>Draft Budget 2022-23 £m</b>	<b>Change £m</b>
27.375	27.295	(0.080)

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**

**New allocations for 22-23**

- **£1.311** - additional allocation as part of Draft Budget 22-23 Workforce commissioning

**Allocations within MEG for 22-23**

- **£(1.391m)** -Technical adjustments Action to Action within HSS MEG, including 22-23 NHS allocation transfers and budget commitment realignments.

<b>Action: Support Mental Health Policies &amp; Legislation</b>		
<b>2021-22 First Supplementary Budget June 2021 £m</b>	<b>Draft Budget 2022-23 £m</b>	<b>Change £m</b>
34.157	88.212	54.055

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.

### **Explanation of Changes to Support Mental Health Policies & Legislation Action**

#### **New allocations for 22-23**

- **£50.000m** additional allocation as part of Draft Budget 22-23 Mental Health

#### **Allocations within MEG for 22-23**

- **£4.055m** Technical adjustments Action to Action within HSS MEG (Transfer of funding to ring fenced mental health budget contained in health board allocation)

<b>Action: Deliver the Substance Misuse Strategy Implementation Plan</b>		
<b>2021-22 First Supplementary Budget June 2021</b>	<b>Draft Budget 2022-23</b>	<b>Change</b>
<b>£m</b>	<b>£m</b>	<b>£m</b>
28.725	28.585	(0.140)

The majority of substance misuse funding within this action 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.

### **Explanation of Changes to Deliver the Substance Misuse Strategy Implementation Plan Action**

#### **Allocations within MEG for 22-23**

- **£(0.140m)** -Technical adjustments Action to Action within HSS MEG (22-23 NHS allocation transfer).

**Action: Food Standards Agency**

<b>2021-22 First Supplementary Budget June 2021 £m</b>	<b>Draft Budget 2022-23 £m</b>	<b>Change £m</b>
5.110	5.110	0

This Action provides funding for the Food Standards Agency (FSA) Wales. This budget allocation is provided to meet the cost of the work priorities set out in FSA's 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.

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

<b>Action: Public Health Programmes</b>		
<b>2021-22 First Supplementary Budget June 2021 £m</b>	<b>Draft Budget 2022-23 £m</b>	<b>Change £m</b>
28.171	28.180	0.009

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 and NICE

### **Explanation of Changes to Public Health Programmes**

#### **Allocations within MEG for 22-23**

- **£0.009m** – Technical adjustments Action to Action within HSS MEG, including 22-23 NHS allocation transfers and budget commitment realignments.

<b>Action: Effective Health Emergency Preparedness Arrangements</b>		
<b>2021-22 First Supplementary Budget June 2021 £m</b>	<b>Draft Budget 2022-23 £m</b>	<b>Change £m</b>
6.007	6.007	-

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.

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

<b>Action: Develop &amp; Implement R&amp;D for Patient &amp; Public Benefit</b>		
<b>2021-22 First Supplementary Budget June 2021 £m</b>	<b>Draft Budget 2022-23 £m</b>	<b>Change £m</b>
42.075	42.545	0.470

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 Develop & Implement R&D for Patient & Public Benefit Action**

#### **Allocations within MEG for 22-23**

- **£0.470m** – Technical adjustments Action to Action within HSS MEG (budget commitment realignment).

<b>Action: Social Care &amp; Support</b>		
<b>2021-22 First Supplementary Budget June 2021 £m</b>	<b>Draft Budget 2022-23 £m</b>	<b>Change £m</b>
5.335	6.035	0.700

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

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.

### **Explanation of Changes to the Social Care and Support Action**

#### **Allocations within MEG for 22-23**

- **£0.700m** – Technical adjustments Action to Action within HSS MEG (budget commitment realignment).

<b>Action: Partnership &amp; Integration</b>		
<b>2020-21 First Supplementary Budget June 2021 £m</b>	<b>Draft Budget 2022-23 £m</b>	<b>Change £m</b>
0.526	0.526	-

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.

<b>Action: Sustainable Social Services</b>		
<b>2020-21 First Supplementary Budget June 2021 £m</b>	<b>Draft Budget 2022-23 £m</b>	<b>Change £m</b>



12.715	99.715	87.000
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The majority of this Action funds the Sustainable Social Services Third Sector grant. Funding in this Action is also 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.

For 2022-23 Social Care workforce grant has been transferred to this action, plus the new Social Care Reform Fund

## Explanation of Changes to the Sustainable Social Services

### New allocations for 22-23

- **£42.000m** additional allocation as part of Draft Budget 22-23 Social Care Reform

### Allocations within MEG for 22-23

- **£45.000m-** Technical adjustment Action to Action within HSS MEG (budget commitment realignment).

<b>Action: Social Care Wales</b>		
<b>2020-21 First Supplementary Budget June 2021 £m</b>	<b>Draft Budget 2022-23 £m</b>	<b>Change £m</b>
22.613	25.613	3.000

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.

## Explanation of Changes to the Social Care Wales Action

### New Allocation for 22-23

- **£3.000m** – New allocation for SCW Draft Budget 22-23

<b>Action: Supporting Children</b>		
<b>2020-21 First Supplementary Budget June 2021 £m</b>	<b>Draft Budget 2022-23 £m</b>	<b>Change £m</b>
94.761	108.611	13.850

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

#### Remove 21-22 in-year Covid Allocations & Adjustments

- **£(4.550)m** - in year COVID allocations (2<sup>nd</sup> Supp)

#### New allocations for 22-23

- **£16.500** - New allocations as part of Draft Budget Childcare

#### Allocations within MEG for 22-23

- **£1.900m** - Technical adjustments Action to Action within HSS MEG (budget commitment realignment).

<b>Action: CAFCASS Cymru</b>		
<b>2020-21 First Supplementary Budget June 2021 £m</b>	<b>Draft Budget 2022-23 £m</b>	<b>Change £m</b>
13.652	14.725	1.073

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. 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.

### **Explanation of Changes to the CAFCASS Cymru Action**

#### **Allocations within MEG for 22-23**

- **£1.073m** – Technical adjustments Action to Action within HSS MEG (budget commitment realignment).

**HEALTH AND SOCIAL SERVICES**

RESOURCE BUDGET			£'000							COMMENTS
Action	BEL No.	BEL Description	2021-22 Final Budget	Baseline Adjustments	2021-22 Revised Baseline	2022-23 MEG to MEG Transfers	2022-23 Transfers Within MEG	2022-23 Other Allocations from / Transfer to Reserves	2022-23 Draft Budget	
Delivery of Core NHS Services	0020	Core NHS Allocations	8,129,759	-440,000	7,689,759		-47,616	786,971	8,499,783	Agreed technical transfers Draft Budget: additional NHS funding
	0030	Other Direct NHS Allocations	269,744	0	269,744		-39,279	70,669	230,465	Draft Budget: Provisional Additional Non Fiscal Resource requirement Agreed technical transfers
	0035	Digital Health and Care Wales	0	0	0		55,732	1,119	56,851	Agreed technical transfers Draft Budget: Provisional Additional Non Fiscal Resource requirement DHCW
	0050	Health Education Improvement Wales	261,478	0	261,478		11,610	29,365	302,484	Agreed technical transfers Draft Budget: additional funding (HEIW commissioning numbers)
	0250	Public Health Wales	116,320	0	116,320		6,309	31	128,982	Draft Budget: Provisional Additional Non Fiscal Resource requirement HEIW Agreed technical transfers
<b>Total Delivery of Core NHS Services</b>			<b>8,777,301</b>	<b>-440,000</b>	<b>8,337,301</b>	<b>0</b>	<b>-13,244</b>	<b>894,508</b>	<b>9,218,565</b>	Draft Budget: new funding for PHW 22-23
Delivery of Targeted NHS Services	0186	Workforce (NHS)	34,528	0	34,528		-452		34,076	Agreed technical transfers
	0060	A Healthier Wales	133,826	-5,000	128,826		-52,780	11,500	87,546	Agreed technical transfers Draft Budget: Early Years services funding
	0682	Other NHS Budgets (Expenditure)	21,070	0	21,070		12,362		33,432	Agreed technical transfers
	0682	Other NHS Budgets (Income)	-53,000	0	-53,000				-53,000	
<b>Total Delivery of Targeted NHS Services</b>			<b>136,424</b>	<b>-5,000</b>	<b>131,424</b>	<b>0</b>	<b>-40,870</b>	<b>11,500</b>	<b>102,054</b>	
Support Education & Training of the NHS Workforce	0140	Education and Training	25,680	0	25,680		-1,201	1,311	25,790	Agreed technical transfers Draft Budget: additional Education & training commissioning funding
	0185	Workforce Development Central Budgets	2,225	0	2,225		-720		1,505	Agreed technical transfers
<b>Total Delivery of Targeted NHS Services</b>			<b>27,905</b>	<b>0</b>	<b>27,905</b>	<b>0</b>	<b>-1,921</b>	<b>1,311</b>	<b>27,295</b>	
Support Mental Health Policies and Legislation	0270	Mental Health	36,260	0	36,260		1,952	50,000	88,212	Agreed technical transfers Draft Budget: additional mental health funding
<b>Total Support Mental Health Policies and Legislation</b>			<b>36,260</b>	<b>0</b>	<b>36,260</b>	<b>0</b>	<b>1,952</b>	<b>50,000</b>	<b>88,212</b>	
Deliver the Substance Misuse Strategy Implementation	1682	Substance Misuse Action Plan Fund	28,725	0	28,725		-140		28,585	Agreed technical transfers
<b>Total Deliver the Substance Misuse Strategy Implementation</b>			<b>28,725</b>	<b>0</b>	<b>28,725</b>	<b>0</b>	<b>-140</b>	<b>0</b>	<b>28,585</b>	
Food Standards Agency	0380	Food Standards Agency	3,610	0	3,610		1,500		5,110	Agreed technical transfers
<b>Total Food Standards Agency</b>			<b>3,610</b>	<b>0</b>	<b>3,610</b>	<b>0</b>	<b>1,500</b>	<b>0</b>	<b>5,110</b>	
Public Health Programmes	0233	Health Promotion	9,071	0	9,071		3,133		12,204	Agreed technical transfers
	0232	Targeted Health Protection & Immunisation	5,870	0	5,870		722		6,592	Agreed technical transfers
<b>Total Public Health Programmes</b>			<b>14,941</b>	<b>0</b>	<b>14,941</b>	<b>0</b>	<b>3,855</b>	<b>0</b>	<b>18,796</b>	
Health Improvement	0231	Health Improvement & Healthy Working	8,514	0	8,514		870		9,384	Agreed technical transfers
<b>Total Health Improvement</b>			<b>8,514</b>	<b>0</b>	<b>8,514</b>	<b>0</b>	<b>870</b>	<b>0</b>	<b>9,384</b>	
Effective Health Emergency Preparedness Arrangements	0230	Health Emergency Planning	6,025	0	6,025		-18		6,007	Agreed technical transfers
<b>Total Effective Health Emergency Preparedness Arrangements</b>			<b>6,025</b>	<b>0</b>	<b>6,025</b>	<b>0</b>	<b>-18</b>	<b>0</b>	<b>6,007</b>	
Develop & Implement R&D for Patient & Public Benefit	0260	Research and Development	42,075	0	42,075		470		42,545	Agreed technical transfers
<b>Total Develop &amp; Implement R&amp;D for Patient &amp; Public Benefit</b>			<b>42,075</b>	<b>0</b>	<b>42,075</b>	<b>0</b>	<b>470</b>	<b>0</b>	<b>42,545</b>	
Social Care and Support	0460	Safeguarding & Advocacy	2,365	0	2,365				2,365	
	0661	Older People Carers & People with Disabilities	2,197	0	2,197		1,473		3,670	Agreed technical transfers
<b>Total Social Care and Support</b>			<b>4,562</b>	<b>0</b>	<b>4,562</b>	<b>0</b>	<b>1,473</b>	<b>0</b>	<b>6,035</b>	
Partnership & Integration	0620	Partnership & Integration	227	0	227				227	
	0700	Care Sector	299	0	299				299	
<b>Total Partnership &amp; Integration</b>			<b>526</b>	<b>0</b>	<b>526</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>526</b>	
Sustainable Social Services	0920	Sustainable Social Services	12,715	0	12,715		45,000	42,000	99,715	Agreed technical transfers Draft Budget: additional Social Services funding
<b>Total Sustainable Social Services</b>			<b>12,715</b>	<b>0</b>	<b>12,715</b>	<b>0</b>	<b>45,000</b>	<b>42,000</b>	<b>99,715</b>	
Social Care Wales	0582	Social Care Wales	22,613	0	22,613			3,000	25,613	Draft Budget: additional Social Services (Social Care Wales) funding
<b>Total Social Care Wales</b>			<b>22,613</b>	<b>0</b>	<b>22,613</b>	<b>0</b>	<b>0</b>	<b>3,000</b>	<b>25,613</b>	
Supporting Children	0310	Support for Childcare and Play	80,251	0	80,251			15,500	95,751	Draft Budget: Allocation of funding Childcare Offer.
	0311	Support for Children's Rights	991	0	991			29	1,020	Draft Budget: Allocation of £0.29m in 2022-23 in respect of children's rights and funding towards Children in Wales.
	0410	Supporting Children	3,865	0	3,865				3,865	
	1085	Support for Families and Children	7,004	0	7,004			971	7,975	Draft Budget: Allocation of £0.971m in 2022-23 supporting a range of programmes aimed at helping children and parents.
<b>Total Supporting Children</b>			<b>92,111</b>	<b>0</b>	<b>92,111</b>	<b>0</b>	<b>0</b>	<b>16,500</b>	<b>108,611</b>	
CAFCASS Cymru	1268	CAFCASS Cymru	13,652	0	13,652		1,073		14,725	Agreed technical transfers
<b>Total CAFCASS Cymru</b>			<b>13,652</b>	<b>0</b>	<b>13,652</b>	<b>0</b>	<b>1,073</b>	<b>0</b>	<b>14,725</b>	
<b>HEALTH AND SOCIAL SERVICES - TOTAL RESOURCE BUDGET</b>			<b>9,227,959</b>	<b>-445,000</b>	<b>8,782,959</b>	<b>0</b>	<b>0</b>	<b>1,018,819</b>	<b>9,801,778</b>	