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Deputy Minister for Mental Health & Wellbeing**



**Llywodraeth Cymru  
Welsh Government**

Russell George MS

Chair, Health and Social Care Committee

21 December 2022

Dear Russell,

Please see attached our response to the specific issues raised by Members in your correspondence of 28 October 2022, prior to the Welsh Government Draft Budget scrutiny session scheduled for 11 January 2023.

Yours sincerely,

Three handwritten signatures in blue ink. From left to right: Eluned Morgan, Julie Morgan, and Lynne Neagle.

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**Welsh Government**

**Health & Social Care Committee - Scrutiny of Health and Social Services Draft  
Budget 2023-24**

**Date: 11 January 2023**

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## **Purpose**

The Minister for Health and Social Services, the Deputy Minister for Social Services and the Deputy Minister for Mental Health and Well-Being have agreed to attend the Health and Social Care Committee on the 11 January 2023 to give evidence on their Draft Budget proposals.

## **Introduction**

This paper is an update on specific areas of interest to the Committee as outlined in a letter from the Chair of the Committee dated 8 November 2022.

## **Budget Overview**

	<b>2023-24</b>
<b>Revenue</b>	<b>£m</b>
Revenue Baseline as @ Final Budget 2022-23	9,793.30
Baseline Adjustments	(4.3)
Budget Reprioritisation	(23.7)
MEG allocation	457.80
Transfer in of existing budget (CCG grant)	160.20
<b>Revised DEL as @ Draft Budget 2023-24</b>	<b>10,383.30</b>
<b>Capital</b>	
Capital Baseline as@ Final Budget 2022-23	339.3
Additional Allocation	35.7
<b>Revised DEL as @ Draft Budget 2023-24</b>	<b>375</b>
<b>Overall Total HSS MEG Draft Budget 2023-24</b>	<b>10,758.30</b>

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

## **Approach to Budget proposals**

The Health and Social Services Main Expenditure Group (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 well-being objectives to provide effective, high quality and sustainable healthcare, and to protect, re-build and develop our services for vulnerable people. It also supports the ongoing implementation of A Healthier Wales, our long term plan for health and social care.

This budget covers a two year period from 2023-24 to 2024-25. The MEG settlements have been assessed through the budget setting process with agreement by Cabinet to, as far as possible, protect front line core services.

The draft budget for 2022-23 provided for an increase in recurrent NHS funding of £824million, although this budget was set at a time when inflation rates were expected to plateau at around four per cent, and before the war in Ukraine created significant rises in energy prices.

With this funding we were able to provide a core uplift of £180million, at the beginning of the 22-23 financial year, to NHS organisations to meet core cost and demand growth and along with the £170million funding we allocated to support the recovery of planned care, these will be recurrent for 23-24.

The HSS MEG will increase from the adjusted revenue baseline of £9.789billion up to £10.383billion for 2023-24 and £10.613billion for 2024-25.

The HSS MEG settlement provides for a net increase in the 'Delivery of Core NHS Services' BEL in 2023-24 of £407.3million, with a further increase of £204million in 2024-25.

In addition to the NHS funding uplift allocated for 2023-24, the HSS MEG settlement also includes specific allocations for:

- Mental health £75million for 2023-24, increasing to £90million by 2024-25
- Social care £55million, increasing to £60million by 2024-25 and;
- Childcare & early years £28million allocated in 2022-23, increasing to £30million in 2023-24.

Recurrent revenue funding of £170million for NHS recovery remains in place for 2023-24 and this funding will be allocated to the NHS to support the implementation of plans to strengthen planned care services and help reduce hospital waiting times.

We will also continue to invest in a value-based approach to recovery over the medium term, with a focus on improving outcomes that matter to patients; £19million is allocated in 2023-24 for this. This allocation will also 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 £1billion for NHS recovery over the course of this Senedd.

We have set aside funding in this budget for ongoing Covid interventions, specifically testing, contact tracing, mass vaccination and provision of PPE to the NHS and social care. This funding has been scaled back, in line with plans, in 2022-23 and will be kept under review as we work through the ongoing challenges of Covid.

There will be a £17.8million increase in funding to support the Education and Training commissioning plan, investing in the future workforce of NHS Wales. This will be our largest ever investment in workforce training for the NHS. We will also continue to provide £7million towards meeting our commitment to establish a new medical school in North Wales.

We are also investing over £657million general capital for Digital Infrastructure, NHS Equipment, and NHS Infrastructure across 2023-24 and 2024-25. With additional capital investments for Social Care of £105million across 2023-24 and 2024-25.

We are also allocating an additional £10million to support the expansion of Flying Start to help meet the Programme for Government commitment to deliver a phased expansion of early years provision to include all two-year-olds (Phase One), with a particular emphasis on strengthening Welsh medium provision. This is also a key element of the cooperation agreement with Plaid Cymru.

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

- 1. A breakdown of the 2023-24 Health and Social Services MEG allocations by Spending Programme Area, Action and Budget Expenditure Line (BEL).**

Please refer to Annex A.

- 2. Indicative Health and Social Services MEG allocations for 2024-25 and 2025-26.**

The indicative budget allocations for 2024-25 are included in the BEL tables at Annex A. We do not have indicative budgets for 2025-26.

- 3. Commentary on each of the Actions within the Health and Social Services MEG, including an analysis and explanation of changes. The baseline for this purpose should be consistent with the baseline set out in the budget narrative and expenditure tables.**

Please refer to Annex B.

### **Other information**

In addition to the four usual themes of value for money, prioritisation, preventative spending and affordability, and an indication of how the Well-being of Future Generations Act 2015 and its five ways of working have influenced the budget allocations for health and social care, the Committee would like to receive information on the following (where not already covered in the commentary on each Action).

### **Putting people at the heart of health and social care**

- 4. Please provide details of how the draft budget allocations for primary care services, including investment in the primary care estate and primary care networks, will contribute to the Welsh Government's policy aim of shifting care from hospitals to primary care or community settings. How will you assess whether the allocations are achieving the intended outcomes.**

In order to reflect the fact that Health Boards will be under severe financial constraints as a result of inflationary pressures, they have been given only a few priorities in terms of guidelines in terms of priorities within their IMTPs. The first priority is the work to implement changes to improve delayed transfers of care and shift to community care. A proportion of the budget will be held back to incentivise closer cooperation between health and local government and to promote a shift to community care from secondary care.

Clusters were established as mechanisms to orientate planning away from individual service priorities and towards the needs of individuals and communities using all the resources available in each cluster area to the greatest effect.

A cluster brings together all local services involved in health and care across a geographical area, typically serving a population between 25,000 and 100,000. Working as a cluster ensures care is better co-ordinated to promote the well-being of individuals and communities.

Clusters are at the heart of the Primary Care Model for Wales, which supports the delivery of the vision in A Healthier Wales of an integrated health and care service focused on promoting health and well-being and designed to deliver access to the right care at the right time from the right professional or service at or close to home. A Healthier Wales recognises people should only go to a district general hospital if this is the only place that the treatment that individual can be provided

During 2023-24, we are accelerating cluster working and making the distinction between their planning and delivery functions. By March 2024, Professional Collaboratives will be established for GPs, pharmacists, optometrists, dentists, allied health professionals and nurses. These Collaboratives are represented at the cluster to optimise multi professional service delivery. To strengthen the cluster planning function, health boards and their local authority partners have established pan cluster planning groups (PCPGs) which, as they embed, can better align local planning with strategic planning at Regional Partnership Board (RPB) level. As RPB and PCPG planning strengthens, this should rebalance the health and care system with its workforce and investment away from hospitals and illness towards a focus on health and well-being in our communities.

A range of national actions to support the rebalancing of the health and care system into a locally accessed wellness service is led through the Rebalancing Care

Programme, the Strategic Programme for Primary Care, the Six Goals for Urgent and Emergency Care. From 2023-24 the Planned Care Programme will begin to drive the implementation of national care pathways designed to move from an episodic, medical model of care to a whole person and lifetime social model with more emphasis on self-care, prevention, and local services.

To help bring local services together to collaborate through clusters and to deliver better access to the right professionals, we are taking the following actions:

### **General Medical Services**

The Welsh Government is investing over £17million in General Medical Services (GMS) through the GMS contract agreement for 2022-23. This agreement was announced on 28 October 2022 as a result of tripartite negotiations between Welsh Government, NHS Wales and GPC Wales and sees contract changes which will improve services for patients and reduce the administrative burden for GPs, enabling them to focus on providing high-quality care.

This will introduce the greatest change to the GMS contract since 2004. Subject to consultation in spring 2023, a new streamlined Unified Contract will come into force from 1 October 2023. The Unified Contract aims to simplify what services all GP practices in Wales must provide. We expect this to remove unnecessary bureaucracy for GPs and their teams, as well as making it clearer for citizens to understand what services that can expect to receive from GPs anywhere in Wales.

We are continuing to take steps to improve access to GMS. In 2019 our Access Standards put us on a path to improvement and ensuring consistency across Wales. Achievement has increased year on year over the past three years, with 89 per cent of practices now achieving all standards. We have continued to build on this approach: in April 2022 we introduced changes to the GP contract to improve access to appointments and to resolve the issues around the '8am bottleneck'. The contact agreement for 2022-23 will further lock-in our expectations on access, as practices move from demonstrating they have achieved the Access Standards, to being contractually mandated to maintain them from April 2023.

We are continuing to invest in our primary care workforce to strengthen and improve the capacity within the service. In 2021 we provided an additional £2million funding to support additional capacity in GMS through the challenging winter period. This

was increased to £4million from 1 April 2022 for the next three financial years. To meet the complex health needs of people in Wales, a diverse range of roles working together across primary care is needed. This enables people see the right person for their needs and, importantly, this is not always a GP.

### **Community Pharmacy**

There is continued investment via the Community Pharmacy Contractual Framework to provide the Clinical Community Pharmacy Service and Community Pharmacy Independent Prescribing Service across Wales, supporting people to have access to free advice and treatment in the community, often without the need to wait for an appointment.

### **Integrated Health and Care Centres**

The Programme for Government commitment to develop integrated health and social care community hubs and centres will provide opportunity to support the delivery of seamless services through creating local single points of access and co-location of staff and services delivering integrated care pathways.

Projects will be fully aligned to the principles of the Primary Care Model for Wales and A Healthier Wales: Long Term Plan for Health and Social Care (2019), in providing a whole system approach that demonstrates integration of health, social care, local authority and voluntary sector services. This has facilitated collaboration and consultation to reach a consensus on the type of primary care provision that patients and staff believe gives the best support to people, gives easy access to local services for care and which technological solutions improve access to support self-care.

The vision is focused on flexible functions and adaptable design that supports changing service provision. Feedback from engagement activities has highlighted the following key principles that are important elements of the future development of the primary care estate in Wales:

- The importance of establishing new facilities as a focus for the wider community.
- The need to move away from single partner pure General Medical Services models, in favour of more sustainable, collaborative, co-located multi-disciplinary services.

- The need to optimise the use of the wider public estate (e.g., libraries and community halls).
- Recognition that separation of unscheduled / urgent primary and community care pathways may require different facilities.
- No 'one-size-fits-all' design approach – the strategy must be flexible and able to respond to local needs.
- The importance of equity for all patients in terms of access, service offer, and environment is of critical importance.

### **Rehabilitation Care and Support**

Older people who are also frail are more likely to have unplanned admissions and are more susceptible to healthcare associated infections, delirium and difficulties in maintaining good nutrition, hydration and skincare. As a result, frail older people usually have longer stays, higher mortality and rates of readmission, and they are more likely to be discharged to residential care (think frailty, NHS Improvement Scotland).

Frailty pathways, based on immediate assessment of frailty and access to a multi professional teams (comprising as a minimum of geriatricians, older people's nurses, occupational therapists and physiotherapists) will deliver rapid improvement.

Redesignating wards for older people as step-up or step-down intermediate beds (as we are doing for the community capacity step down to recover work) will only succeed if additional occupational therapists and physiotherapists are deployed to facilitate patients' rehabilitation and discharge and the principle of not referring to a care home from an acute bed (D2RA) is applied.

To reduce admission altogether, hospital at home (e.g., GP-led or virtual wards); front door turnaround (Stay Well at Home) and Community Resource Teams delivering 'step up' as well as 'step down' care are critical tools.

The issue at present is too many health boards are retaining their occupational therapy and physiotherapy resource on medical, surgical or orthopaedic wards with no frailty pathway and are not maximising provision of rehabilitation and admission avoidance services. This prevents effective action to reduce length of stay (LOS) and flow.

The Allied Health Professions (AHP) Framework: Looking Forward Together sets the vision for the transformation of AHPs services including increased access, a greater proportion of the workforce in primary and community services, and the increase of community rehabilitation.

The National AHP Lead for Primary and Community Care is a member of the Strategic Programme for Primary Care team and is leading work to develop the AHP Professional collaboratives as part of the Community infrastructure and Accelerated Cluster Development Programme. They are working with a national Primary Care AHP leadership group to agree how best to support the Pan Cluster Planning Groups to commission multi professional services for specific populations.

A 'kick-start' is needed to shift AHP resource into these services. Preferably this would be a statement or requirement to do this as part of either the Strategic Primary Care Programme or the Six Goals programme, which ideally should be underpinned by funding. In 2022, £5million was identified to increase access to allied health professionals in primary and community services. This now should be recurrent from April 2023 in order to ensure the transformation of AHPs from hospital-based provision to direct access primary and community services which 'pull' people out of hospital back home, based on the D2RA pathways and prevent admissions by providing community alternatives to admission. Integrated, community based AHP services will deliver the common aims of all of the National programmes. Without investment it will be difficult to initiate the change required in AHP working and thus support the workforce to deliver the Programme for Government Commitment to increase access to health professionals.

## **Dentistry**

Funding of £167.7million is allocated to health boards for the provision of NHS dental services per annum. This is supplemented by the Patient Charge Revenue giving a total budget of just under £202million. The dental budget has been increased in line with the Doctors' and Dentists Review Body recommendation for 2022-23 with no reduction proposed in the draft budget for 2023-24.

We are currently working on a programme of reform in dentistry which aims to move from a system based on achieving Units of Dental Activity (UDA) to a system that can address inequalities by focussing on the risks and needs of patients but built on a foundation of prevention. This approach will improve access and quality of services.

Since April 2022 dental practices have been offered the opportunity to opt-in to a contract variation that replaces the old Unit of Dental Activity (UDA) measure with volume metrics. With 90 per cent of contracted dental funding now working under reform arrangements good progress has been made in embedding this approach.

The burden of oral disease remains high in the population, despite being predominantly non-communicable and preventable. The primary oral diseases are tooth decay (caries) and gum disease (periodontitis). Oral health disease can be prevented through a combination of dietary modification (reduction in sugar, alcohol, and tobacco consumption), regular toothbrushing with a fluoride-containing toothpaste, and guidance from dental professionals including the supplemental application of fluoride varnish.

Specifically on prevention five per cent of the contract value for each practice participating in contract reform is directly linked to achieving a volume metric on providing fluoride varnish to patients for whom it would be of benefit.

In terms of measuring outcomes dental reform introduces the use of the Assessment of Clinical Oral Risk and Needs (ACORN) tool which categorises patients as Red, Amber, Green for caries, periodontal and social history. The data generated by using this tool will provide a better picture of the oral health of the population and enable us to track improvement at both local and national levels.

### **Designed to Smile**

Designed to Smile (D2S) is a national programme, which follows public health principles of proportionate universalism<sup>i</sup>. It is based on delivering approaches recommended in NICE guidance<sup>ii</sup>. Funding for D2S is included in the overall health board allocations with a total allocation of just under £4million per year. This remains unchanged for 2023-24.

D2S comprises a universal preventative programme for children from birth, integrated within the Healthy Child Wales Programme and a targeted preventative programme for nursery and primary school children, involving the delivery of nursery and school-based toothbrushing and fluoride varnish programmes for children to help protect teeth against decay.

The aims are to start good habits early, by giving advice to families with young children and encouraging regular attendance to a dental practice. This element of



D2S is aligned to the Healthy Child Wales programme and its approach to provision of universal and enhanced support. Children requiring enhanced support are supplied with toothbrushing home packs and feeder cups. All primary schools in Wales are encouraged to participate in the Welsh Network of Healthy Schools, and within that, incorporate good practice for healthy behaviours as part of a 'whole-school' approach. This includes healthy eating for oral health and oral hygiene, and policies on food and drink provision within the setting. D2S works closely with Healthy Schools Co-ordinators and the Nutrition Skills for Life programme. D2S teaching resources are universally available on Hwb (<https://hwb.gov.wales/>) to support teaching professionals providing oral health education and raising awareness of the importance of oral health.

D2S delivers a targeted preventative programme for nursery and primary school children involving the delivery of nursery and school-based toothbrushing and fluoride varnish programmes for children to help protect teeth against decay. Toothbrushing home packs are also supplied to encourage good habits at home. These aspects of D2S are targeted to more disadvantaged areas of Wales, with approximately 70 per cent of nurseries and schools invited to participate. Children up to and including Year Two (six to seven-year-olds) are included. Additionally, all nurseries with Flying Start status, and all schools with Additional Learning Needs provision are invited to participate.

2022-23 has principally been a recovery year post-pandemic, however we are confident that this programme will be fully re-established in 2023-24.

**5. Please provide details of the allocations in the draft budget for prevention and early intervention, and how you will assess whether the allocations are achieving the intended outcomes. Will the allocations enable a 'whole system' joined up approach to improving people's health and well-being, in addition to targeting resources (and achieving measurable outcomes) in areas of key concern.**

Our focus continues towards taking significant steps to shift the approach from treatment to prevention and early intervention. This is embodied in the vision we have established in A Healthier Wales, where we place a strong focus on prevention

and early intervention to help enable and encourage good health and well-being throughout life.

Current actions to address prevention and early intervention are embedded across a wide range of activity. Health Boards in Wales have a core responsibility for the health and well-being of their populations, and much of their prevention work will be funded through their core allocations. This includes work they undertake in partnership through Public Service Boards and Regional Partnership Boards. A core purpose of Public Health Wales is to reduce inequalities, increase healthy life expectancy and improve health and well-being for everyone in Wales, now and for future generations. Their core funding through this budget for 2023/24 is £134million.

Due to the strategic planning required by the Well-being of Future Generations (Wales) Act 2015, and through our health in all policies approach which is supported by the Health Impact Assessment (HIA) process, it is often not possible to disaggregate budgets to determine what is specifically allocated to prevention from the totality of government spending. However, some specific examples do exist including the Prevention and Early Years funding with a value of £7.2million per annum, which is allocated to Local Health Boards (LHBs) and Public Health Wales (PHW) to act as seed funding to support prevention activity. For 2022-23, 2023-24 and 2024-25, ministers have directed recipients of the funding to use the majority of it to support efforts to tackle smoking in pregnancy, the establishment of a Help Me Quit in Hospital service, and support for prevention aligned with the Healthy Weight: Healthy Wales strategy. Our governance structures, cross government working and collaborations with Health Boards and PHW enable us to have a whole system approach, and to embed evaluation into projects.

Developing a whole systems approach to the prevention and reduction of those overweight and obese, is entrenched into the Healthy Weight: Healthy Wales delivery plan for 2022-24. Officials are working with PHW and local public health teams to build on the role of seven regional co-ordinators and the wide range of health professionals who form an integral part of the system to make change in our eating and activity habits: and consider how each part of the system plays its part in addressing this change. This is being supported by an allocation of £1.2million through the Healthy Weight: Healthy Wales strategy budget.

Alongside this, funding has been targeted towards specific programmes of prevention and early intervention, including £600,000 to support a Children and Families pilot, which is being trailed in Ynys Mon, Merthyr Tydfil and Cardiff; and £1million for the development of an All-Wales Diabetes Prevention Programme (AWDPP), which is delivered across all seven health boards. Evaluation has been built into these programmes, with specific programme boards developed to support delivery and monitor success. Each programme within the Healthy Weight: Healthy Wales, delivery of the revised All-Wales weight management pathway has commenced across all seven health boards. Level one of the pathway focuses on prevention and early intervention and health boards have been supported in developing their delivery plans to support local populations. A national level one digital offer for weight management has been developed by PHW to support this work further, and officials are monitoring success through regular monitoring and discussions at the Evaluation, Research and Outcomes sub-group as specific agenda items arise.

We also have a significant focus on improving chronic condition management to reduce disease progression and the risk of developing secondary complications. Our approach is set out in a series of quality statements for major clinical services, such as heart disease, stroke, respiratory disease, kidney disease and neurological conditions. These statements set out what good clinical services should look like to support the NHS in Wales to plan services. They also include nationally agreed clinical pathways and clinical management guidelines to support NHS services to focus on delivering excellent chronic condition management. We have clinical leadership teams in place in these condition areas that work with services to collect data and improve core provision. For instance, the quality of routine disease management for COPD and asthma is monitored through the National Asthma and COPD Audit Programme. The national clinical lead for respiratory medicine works with health boards in Wales to respond to these findings and develop supportive tools that can help to encourage more consistent and high quality healthcare interventions. This is supported by patients' groups, pulmonary rehabilitation and the provision of self-management apps that can help people to become experts in managing their condition.

We are also developing a Quality Statement for Diabetes that will have a key focus on key care process completion, access to structured education, the achievement of

treatment targets and the introduction of remission service for people with type 2 diabetes. This will build upon the Diabetes Remission Project for 150 patients across Wales to facilitate weight loss and diabetes remission and/or regression. It will enable dieticians across all seven health boards to provide intensive support to 150 patients over a 12-month period and 100 per cent funding of the meal replacement product. Clinical trials have shown that weight management is an effective intervention for those with pre-diabetes in preventing progression onto diabetes and to place type 2 diabetes into remission. The intervention involves withdrawal of antidiabetic and antihypertensive drugs, a total diet replacement formula of 825-853 calories daily for three to five months, followed by the stepped re-introduction of food over two to eight weeks, and structured support for long term weight loss maintenance. Participants will be given intensive diabetic support over a period of 12 months which includes cognitive behaviour therapy.

In addition to this people who are referred onto new pathways of care

will be referred to sources of guidance and support necessary to maximise their chances of successful outcomes, including on healthy behaviours and issues specific to their condition.

### **Importance of Vaccination – as a preventative health measure**

Vaccination is a critical part of NHS Wales delivery to protect our citizens and communities and has an important role in both prevention and response to serious disease. The World Health Organisation estimates that vaccination prevents up to three million deaths worldwide every year. Vaccinations have a positive preventative effect on severe disease – reducing the number of people who need healthcare and saving people from harms which can have lifelong effects – and mortality for our population.

Ensuring that we are all immunised against diseases is important for our personal health management and in preventing both epidemics and severe levels of illnesses which could overwhelm the NHS. There is also a strong value for money element to vaccination as a health prevention mechanism. Evidence suggests, for example, the financial return on investment of the UK MMR programme was approximately 14:1.

Through the National Immunisation Framework, published in October 2022, we are applying lessons learned from the pandemic and informing decisions on deploying all vaccination programmes. Through making vaccination more accessible and acceptable, our aim is to make sure that we maximise uptake and ensure equality. Fundamental to this aim are patient centred services to improve health and well-being and protection from preventable harm for the current and future generations in Wales.

We are now implementing the National Immunisation Framework and the NHS Executive will have a key role to play in this going forward. A whole system approach is needed to engage in a culture of improvement. In line with the principles of prudent healthcare, it is essential to promote systematic efforts to reduce inappropriate variation, by using evidence-based practices consistently and transparently.

Service efficiencies are also an important element the new Framework and our approach to vaccination. We have seen this with the introduction of co-administration of the autumn COVID-19 booster and flu vaccination this winter. We will continue to look for opportunities like this across our vaccination programmes.

Health board accountability will remain unchanged, with boards assessing local need, commissioning, performance managing and evaluating provision in line with the national strategic direction. Our intention is to support that process, enable improvements and maximise uptake across all immunisation programmes.

**6. Please outline how your priorities for mental health and well-being are reflected in the draft budget across Welsh Government portfolios and MEGs, and how the impact of the allocations will be assessed to ensure they are achieving the intended outcomes. Please also provide details of:**

- **Any reductions or increases relating to specific mental health allocations compared to previous years (e.g., grants being reduced or increased, or being introduced or removed).**
- **Allocations in the draft budget relating to mental health services; children and young people's mental health and well-being; dementia;**

## **autism and neurodiversity; and implementing 'Healthy Weight, Healthy Wales'.**

### **Mental Health**

We will continue to prioritise mental health and well-being, demonstrated by the fact that despite ongoing budget pressures, we have prioritised the protection of the mental health and well-being aspects of the budget.

We will prioritise the implementation of the mental health workforce plan, which includes NHS, local authorities and the voluntary sector. The development of this long-term plan for the mental health workforce is a key action in our Together for Mental Health Delivery Plan to support service improvements and to ensure a stable and sustainable mental health workforce.

Within the NHS Planning Framework 2023-2026, mental health and CAMHS has been defined as one of the ministerial priorities and this will enable a vehicle for us to assess the impact of allocations.

Modelling undertaken to inform the preparation for the Welsh Government published in March 2022, suggested a potential increase of between 20 to 40 per cent in primary care mental health services and 20 to 25 per cent in secondary services (based on NHS benchmarking and published data). This evidence allowed us to secure additional resources to support mental health and well-being with £50million in 2022 to 23, £75million in 2023-24 and rising to £90million in 2024 to 25.

Within 2022-23 the £50million has included around £25million to directly support mental health services, with the remainder of funding being utilised to support key areas which impact on mental health including substance misuse issues, employability and prevention. This enabled us to ensure we both supported the recovery of services but that we retained flexibility to support the service developments identified with the Together for Mental Health Delivery Plan 2019-2022.

### **Mental Well-being**

Improving the mental well-being of Wales is at the heart of everything we do, thanks to our ground-breaking Well-being of Future Generations Act and is included within Connected Communities, our strategy for tackling loneliness and social isolation, and our mental health strategy, Together for Mental Health.

Our new national milestone aims to improve adult and children's mean mental well-being and eliminate the gap in mean mental well-being between the most and least deprived areas in Wales. To achieve this, we will identify and understand interventions that help people feel resilient and part of a community and look at evidence to support these and other interventions. We will recognise what is already happening across Wales and determine where there are gaps, and we will bring this all together with tangible actions in the mental well-being section of the new mental health strategy for Wales.

### **Substance Misuse**

Substance misuse is a major health issue which affects individuals, families and communities. Tackling substance misuse, and the stigma associated with it, continues to be a priority for the Welsh Government.

We currently invest almost £64million in our substance misuse agenda, of which over £36million goes to our Area Planning Boards through our Substance Misuse Action Fund. These allocations increased by £11million from £25million to £36million in 2022-23 as part of the Budget.

This includes:

- £3million to support ongoing alternative Opioid Substitution Therapy (Buprenorphine) for at-risk ex-heroin users.
- £4million to help address waiting times, implement recommendations within the Alcohol-Related Brain Damage Framework and support service improvements including developing trauma informed services.
- An increase of £1million to the residential rehabilitation ring-fenced allocation to support the rise in demand for these services since the onset of the pandemic.
- An increase of £1million to the ring-fenced children and young people's allocation to £3.75million. In addition, we have committed to increase this amount to £5.25million and £6.25million in 2023-24 and 2024-25 respectively.
- £2million to support services for people with housing and complex needs, including co-occurring mental health and substance misuse. We know the pandemic has disproportionately affected those with the most complex needs and vulnerabilities. This funding will also increase over the coming two years to a total of £4.5million in 2024-25.

We are currently considering the successor to the current Substance Misuse Delivery Plan 2019-22, which will be developed in the coming year. Early engagement on this has already commenced with key stakeholders. This will also include the development of a Substance Misuse Outcomes Framework to ensure we are measuring the impact on intended outcomes.

### **Neurological services**

We continue to prioritise improvements in neurodevelopmental services, on 6 July we announced an additional £12million funding over three years up to March 2025, £4.5million is available in 2023-24 to deliver an improvement programme taking a whole systems approach focussing on early intervention, family support and sustainable assessment and support services. We will separately continue to support and develop the successful Integrated Autism Service and the National Autism Team which is supporting delivery of our improvement aims.

### **Healthy Weight: Healthy Wales**

The delivery of Healthy Weight: Healthy Wales is being supported in 2022-24 by an allocation of £6.6million per annum. Across this period, children, young people, and adults will be supported in achieving and maintaining a healthy weight through a range of evidence-based programmes which have been developed with evaluation built in to monitor success.

### **School Health Research Network (SHRN) Student Health and Well-being survey**

The SHRN Student Health and Well-being Survey, which takes place every two years, provides high quality data on the health and well-being of young people aged 11–16 in Wales. More than 120,000 students took part in the survey in 2021/22. A feasibility study is currently also being undertaken on extending SHRN and the associated survey to the primary school sector.

### **Budget**

Earlier this year, the Minister for Education and Welsh Language and Deputy Minister for Mental Health and Well-being agreed to jointly make available:

- £433,019 in the 2022-23 financial year and £257,210 in the 2023-24 financial year for work on the SHRN Student Health and Well-being Survey in secondary schools.



- £438,982 in the 2022-23 financial year and £455,370 in the 2023-24 financial year for completion of a feasibility study on extending SHRN and the associated Student Health and Well-being Survey to primary schools.
- The budget is split between BEL 0231 Health Improvement & Healthy Working and the Whole Schools Approach programme within BEL 0270 Mental Health.

### **Value of SHRN**

The high-quality data gathered is being put to a number of uses:

- to monitor a range of health and well-being indicators (e.g., mental well-being, healthy lifestyles), used not only by Welsh Government but schools, local authorities and a range of partners such as Estyn, as well as for international comparisons.
- for schools to plan and monitor their own health and well-being policies and activities, particularly important in light of curriculum changes in Wales.
- to inform the evaluation of Welsh Government priorities, such as the Whole School Approach to Emotional and Mental Well-being.

A data infrastructure facilitates data linkage studies and assists with attracting research funding to Wales (e.g., the Wolfson bid had a theme designed around SHRN). Investment has allowed us to expand the reach of study, with the large sample size allowing further analysis of protected characteristics, something not possible with many existing data sets of this nature. The ability to extend this work to the primary school sector is helping to tackle a longstanding evidence gap. Working across policy areas in a joined-up way is seen as being particularly important, given the important role school plays in the health and well-being of young people.

### **Social Prescribing**

We are committed to developing and introducing a national framework for social prescribing which delivers a vision of social prescribing in Wales that is of a consistent, high-quality standard across the country. A quarter of a million pounds has been committed for 2023-24 and 2024-25 to assist the delivery of a work programme supporting the implementation of a national framework for social prescribing.

**7. How will the draft budget allocations mitigate the public health impact of the rising costs of living, including the impact on the physical and mental health and well-being of people in Wales, unpaid carers and the health and social care workforce.**

The Welsh Government recognise the impact of the cost-of-living crisis on the health and well-being of the population, and we are doing everything we can to support people through this cost-of-living crisis by providing targeted help to those who need it the most and through programmes and schemes which put money back in people's pockets. In this financial year, this is worth some £1.6bn across the totality of the Welsh Government budget.

The draft budget allocations will continue to offer support to those in the most need, through a variety of gross government programmes and schemes. For example, we will continue to offer Healthy Start vouchers to provide extra support to purchase healthy fruit and vegetables during pregnancy and for parents of young children. We will also continue to invest in our whole system approach to improve mental well-being in schools and easy to access mental health support, for instance our CALL helpline and online therapy.

Cabinet have agreed in the draft budget to maintain funding for the Discretionary Assistance Fund at current levels for the next two financial years (£38.5million), providing an additional £18.8million per annum on to the baseline budget. The Minister for Social Justice is exploring policy options regarding the current flexibilities and the operation of the new contract beginning in April 2023 and will make an announcement when plans are finalised. Partners report this fund is an essential lifeline, particularly during the cost-of-living crisis. Since April 2022 it has provided nearly £20million of support to our most financially vulnerable, which includes support for off-grid fuel payments.

There will continue to be collective efforts to put money back into people's pockets, through programmes like the free childcare offer, universal free school meals as well as maintaining existing support, such as free prescriptions.

We recognise the impact being out of work can have on the well-being of the workforce, and our draft budget will enable us to provide continued In-Work Support until March 2025 that builds upon the current European funded In-Work Support Service to expand the support from its current delivery in North and Southwest

Wales to all of Wales from April 2023. This will enable a greater number of people who are absent from work, or at risk of becoming absent due to their physical or mental ill-health, to receive free occupational health support to remain in work.

We are also providing continued employability support for people who are recovering from mental ill-health and/or substance misuse and who are out of work. This peer mentoring support is being provided until March 2025 and will help the most marginalised people furthest from the labour market into sustainable employment, raise household income and provide a route out of poverty bringing security to individuals, families and communities.

The draft budget provides for the continuation of our successful Carers Support Fund. Established in 2020, the fund aims to mitigate the financial impact of the rising cost of living on unpaid carers via direct grants and the development of local support services. The fund has proven successful in reducing immediate financial hardship whilst also linking more unpaid carers to ongoing support. Since its launch it has benefitted over 10,000 unpaid carers. In 2021- 22, 33 per cent of beneficiaries were previously unknown to services. In some areas this figure was as high as 70 per cent. Therefore, via this scheme, more unpaid carers are accessing preventative support to improve their mental health and well-being.

### **Real Living Wage**

Introducing the Real Living Wage for social care workers has been a priority for the Welsh Government and a key commitment in our programme for government to build an economy based on the principles of fair work, sustainability and the industries and services of the future. Delivering improved pay through the uplift of the Real Living Wage included in our draft budget will help to address low pay associated with the sector, support the cost-of-living crisis and increase the attractiveness of social care work. The Real Living Wage makes a difference to lives and livelihoods and it is the difference that ensures work pays and living costs can be met.

The urgency of the recruitment and retention crisis in the social care sector will also have a major impact on other key priorities across health and social care. Social Care workers play a key role in supporting the vision of A Healthier Wales that everyone in Wales should have longer healthier and happier lives, able to remain active and independent, in their own homes, for as long as possible. The Real Living Wage uplift will provide some assurances around the loss of workers from the sector

and will support the wider agenda in increased burdens on unpaid carers, tackling delayed transfers of care from hospital, reduced hospital admissions, a reduction in the number of people who are able to receive care at home and increased pressure on care homes.

### **Innovating for improvement**

**8. 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.**

Significant funds have been provided through Regional Partnership Boards (RPBs) to support Health and Social Care partners to work closer together and develop six national models of integrated care that will offer preventative, seamless services for people in the community.

These resources include the five year Regional Integration Fund, providing £144.6million a year of revenue funds to support transformation and the newly established £50million Integration and Rebalancing Capital Fund which is directly supporting the Government’s ambition to establish 50 integrated health and care hubs across Wales.

The Regional Integration Fund will establish six national models of integrated care, all of which are designed to take an integrated, whole system approach with a key focus on prevention. However, three of the models are specifically and directly working to create community capacity that is essential to addressing our system pressures. These are:

- **Preventative community co-ordination:** Supporting activity like social prescribing and helping people connect with support service local to them.
- **Complex care closer to home:** Helping people to stay well at home and prevent the need for hospital admission
- **Home from hospital:** Helping people to move from hospital back closer to home, into their community safely and swiftly with the aim of preventing the

detrimental deconditioning that occurs with unnecessary extended stays in hospital

RPBs have bolstered the projects directly contributing to building community capacity in readiness to support the winter pressures, providing an additional >360 step down beds to date.

The remaining three models of care which will also play a role in reducing pressures on statutory services focus on:

- Promoting good emotional health and well-being.
- Helping families to stay together and therapeutic support for children who are looked after.
- Accommodation based solutions.

**9. 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. How will the Regional Innovation Fund be deployed and what measurable outcomes is Welsh Government expecting?**

The Health and Social Care Regional Integration Fund (the RIF) builds on the learning and progress made under the previous Integrated Care Fund (ICF) and Transformation Fund (TF) and will seek to create sustainable system change through the integration of health and social care services. The main aim of the RIF is to establish and mainstream at six new national models of integrated care. Following on from the investment made and testing conducted by the ICF and the TF these six models of care are in various degrees of development, with some project activity now at the stage of being ready for mainstreaming with others still in early stages of development.

An outcomes framework has been developed for the RIF. This presents two high-level specific person-centred intended outcomes as well as a suite of indicators and measures for each Model of Care. The outcomes framework provides examples of what is expected from the national models of integrated care. Results Based

Accountability (RBA) is being used to measure progress, and to understand and report the role that the national models of integrated care have played in supporting people (i.e., whether they have worked, what has been changed, and what has been learned). This reporting methodology also captures people's experiences of the national models of integrated care, to show what worked, for whom, and in which contexts/circumstances. This will provide a richer understanding of the impact and benefits of an outcome in improving people's well-being needs.

It is expected that there will be consistency in the use of valid tools (measures) for the funded national models of integrated care and support services. This will include tools that indicate/measure distance travelled by individuals as a result of the support they have received. Regions have been encouraged to use standardised tools such as *Most Significant Change*, Outcome Stars, and measures such as the Warwick Edinburgh Mental Well-being Scale (WEMWBS) and the EQ-5D. The aim of providing both the outcomes framework and a robust monitoring and reporting process to ensure consistency and comparability which was a challenge for both the ICF and TF evaluators.

In addition, the RIF is a five-year fund that has long term sustainability at its heart by the way of match funding. Currently, partner match funding is expected from year one with 10 per cent expected for accelerating change and 30 per cent for embedding models.

Alongside long-term funding, this tapered support is a key feature of the RIF. Its purpose is to ensure national models of care are embedded and mainstreamed into core service delivery by attracting support from the core budgets of statutory organisations. However, we recognise that the financial landscape has shifted since the launch of the RIF and we may need to review our ambitions on this in the short to medium term future.

RIF has helped to contribute to the 500 additional community care beds or equivalent, which will help delayed transfer of care this winter.

**10. Please provide an assessment of the revenue and capital 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. This should also include details of spending on digital which has been funded through the Regional Innovation Fund\*, and details of the proportion of spending through the RIF that has been spent on digital and data. (\*Please note, RIF is Regional Integration Fund).**

The Digital Priorities Investment Fund (DPIF) budget for 2023-24 is £45million Revenue and £20million Capital. This will deliver Digital Transformation within Health and Social Care sectors, as originally outlined in A Healthier Wales and re-validated in the refresh Digital Health and Social Care Strategy.

DPIF is targeted with supporting the transformation of health and social care in Wales. It does so by providing strategic funding for digital projects and programmes in health and social care which create benefits for citizens and professionals. These projects and programmes include strategic priorities such as:

- the Digital Services for Public and Patients (DSPP, developing the NHS Wales App),
- the National Data Repository (NDR, the centralisation of patient records to make this data accessible across systems and across health board boundaries),
- the Welsh Community Care Information System (WCCIS, the sharing of health and social care records seamlessly between health boards and local authorities) and;
- the Digital Medicines Transformation Portfolio (DMTP, the digitisation of the prescriptions and medicines journey across Wales, previously referred to as ePrescribing).

In 2023-24, DPIF already has commitments of around £31million of the £45million revenue budget. We will be approving further proposals from NHS and Social Care organisations in the next few months. These all contribute to the PfG commitment of “Invest in and roll-out new technology that supports fast and effective advice and treatments.

As part of our working process, with Digital Directors in the NHS, we challenge proposals to ensure that each one delivers value to patients and professionals quickly, commensurate with the investment they are seeking.

We have ring-fenced money within DPIF for the Digital Medicines Transformation Portfolio, a PfG commitment (“Introduce e-prescribing and support developments that enable accurate detection of disease through artificial intelligence”). To ensure that this continues with the pace demonstrated to date, £8.7million has been committed recurrently for 2023-24 for Digital Medicines, with a further £4.3million ringfenced for proposals expected in the coming months. We also intend to ring-fence money within DPIF for artificial intelligence proposals to allow these to be funded. We are currently working with stakeholders in the NHS and Social Care to determine the type of proposals we can expect and how they would address this part of the commitment.

There is a clear recognition that technology has an increasing role to play in helping people to self-care, stay well and live independently. This became increasingly evident during the Covid 19 pandemic which forced individuals, communities and service providers to think differently about how they supported people’s individual well-being. Our aim is that by the end of the five-year Regional Integration Fund we will have established and mainstreamed at least six new national models of integrated care so that citizens of Wales, wherever they live, can be assured of an effective and seamless service experience in relation to:

- Community based care – prevention and community coordination
- Community based care – complex care closer to home
- Promoting good emotional health and well-being
- Supporting families to stay together safely, and therapeutic support for care experienced children
- Home from hospital services
- Accommodation based solutions

To effectively deliver these national models of care, Regional Partnership Boards were asked to consider and make good use of several key enabling tools, one of which was technology and digital solutions, with examples including:

- Self-care apps
- Digital reporting solutions
- Home technology and SMART homes



- Virtual information, advice and consultation

Given that digital systems are built in as an integral part of the delivery of these six models of care, we do not hold specific financial breakdown on the level of investment in technology and digital solutions.

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

#### **11. 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.**

Workforce issues will continue to be a significant concern going forwards. Continuing recruitment of fully trained registered professionals and healthcare workers will be very challenging in the aftermath of several years of focus on Covid 19 and in a competitive employment market, with skills shortages and global workforce challenges for the health and social sectors.

We are providing a sustainable solution to Welsh NHS staffing by investing in the training of people for the future. In 2023-24 we are making our highest ever financial investment in workforce training, but we must also focus on ways to deploy our existing and future workforce more effectively. There are no quick fixes, however we must look at all innovative approaches to change not only our ways of working but also our ways of thinking. One area of particular focus will be the use of agency workers and actions that can be used to reduce spend in this area.

We are very concerned about the level of agency and locum expenditure and will be working with the relevant organisations to focus on managing this expenditure whilst working closely with trade unions. It is our aim for work to be carried out quickly to clearly understand the current position, reducing expenditure and reliance on agency and locum staff as soon as possible, and to ensure we are in a better position going forward. Through a national framework we will consider limits and targets for agency and locum deployment and expenditure, underpinned by standard operating systems.

## **Real Living Wage**

Rising living costs and pay disparity in the social care sector mean that pay and conditions are accepted as significant factors in recruitment and retention within domiciliary care and care homes. The pandemic has placed even more pressure on this already struggling sector and has reinforced the importance of having a workforce strategy that crosses both health and social care. Provision of the Real Living Wage uplift will have a longer-term beneficial effect on sufficient care being delivered and could ease the pressure across the health and social care system.

## **Workforce and Sustainable Social Services Grant**

In recognition of the important role that local authorities play in delivering core social services, the Welsh Government has provided recurrent funding to the sector in the form of a Workforce and Sustainable Social Services grant. The criteria for the use of the grant have been broadly set. Local authorities have been able to use the funding to support increases to pay, but also for other interventions aimed at supporting the delivery of sustainable social care services to ensure that they were better placed to meet increased or unexpected demand. This grant has been issued annually to local authorities since 2019 and will be £45million for 2023-24.

To support the development of a qualified workforce we are providing over £1.4million in 2023-24 to improve the financial package of support for the Social Work degree continuing the Bursary uplift for new students starting in 2022 and an uplift for existing students. In addition to this within the Social Care Reform Fund [£400,000 of] funding is being provided to continue to support the delivery of the Programme for Government commitments to Increase apprenticeships in social care and to recruit more Welsh speakers into social care.

Within the core SSID budgets funding was allocated to support the Social Care Fair Work Forum's work in improving terms and conditions for social care staff. This includes developmental work on a pay and progression framework for the sector; a framework for collective bargaining to be tested with the sector; as well as developing a campaign to increase awareness of workforce rights amongst staff and securing a stronger voice for employees.

Social Care Wales has also been funded across 2022 to 2025 to support the sector with innovation and across social care. This includes coaching support to build relationships, confidence, and skills in innovation and developing an approach to skills building to help embed innovation into practice. This will identify the skills people need, those they have, where they can access skills development and any gaps or further development needed.

SCW will continue to lead on the Joint HEIW and SCW Workforce Strategy for Health and Social Care was published in 2020. It is a ten year plan for the sector, with actions across seven themes which are: An engaged, healthy and motivated workforce; attraction and recruitment; seamless workforce models; building a digitally ready workforce; excellent education and learning; leadership and succession, and workforce supply and shape. The Social Care Wales workforce development grant programme (SCWWDP) is a large fund to help the social care sector workforce develop in Wales. The grant helps fund a range of work programmes, including learning, development and qualifications. Also, the WeCare.Wales campaign promotes a variety of roles available in social care through web based materials and television adverts. These web-based materials are used across the independent and public sector to support recruitment into care roles for example through careers fairs, work with employability partners such as Careers Wales, and other outreach activities. All this is aimed at promoting the profession and making it sustainable for the long term.

**12. What provision has been made in the draft budget to build and maintain the morale and physical and mental health and well-being of the health and social care workforce, including volunteers and unpaid carers, and how will you assess the impact of these measures.**

Unpaid carers consistently state that not being able to take a break from caring has a negative impact on their mental health and well-being. In response, we are investing £9million over three years to set up a short breaks scheme; £3.5million is allocated to the scheme in 2023-24. Following a competitive process, Carers Trust Wales (CTW) has been appointed as the national coordinating body and will work with Regional Partnership Boards and the third sector to develop locally based projects that provide unpaid carers with a choice of a short breaks tailored to meet their

individual need. CTW will also evaluate the impact of the scheme. A short break could be anything from the chance to learn a new skill, visit the gym, purchase garden furniture or take a trip away. The key aim is to provide unpaid carers with a chance to de-stress and take action to maintain their own health and well-being.

We also continue to fund Carers Wales to deliver the Carer Well-being and Empowerment project. Funded via the Sustainable Social Services third sector grant scheme, the purpose of the project is to inform, support and empower unpaid carers to manage their caring role whilst looking after their own health and well-being. Carers Wales supports unpaid carers to look after their own well-being, do what matters to them and make the most of their lives.

One million pounds is allocated to health boards to support unpaid carers when the person they care for is admitted to or discharged from hospital. Evidence from local health boards and their carer partnerships regarding how the allocation was utilised in 2021-22, show examples of activity already underway to improve communications with unpaid carers in the hospital setting, and engage them in the discharge process.

In terms of mental health and well-being support for health & social care staff, we will continue to support the Canopi service which has been contracted by Welsh Government for three years up to 31 March 2025 at £1.5million per annum.

Canopi offers access to free, non-emergency, confidential, mental health and well-being support to all NHS and Social Care staff working in Wales.

Canopi aims to:

- deliver sustainable, high quality, multi-tiered psychological and mental health support to the NHS and social care workforce in Wales.
- build and increase collaboration with organisations across social and health care.
- contribute to the positive promotion of mental health.
- work alongside and complement existing mental health and well-being support services.
- enable disclosure for those who feel unable to access employer-based services.

Canopi was formally launched on 26 May 2022 (the predecessor service being Health for Health Professionals Wales). Since its launch, Canopi has seen a continual trend towards growth and increased sector awareness in both health and

social care staff and have supported 1,500 clients from both sectors. Canopi will continue to co-produce the service with people with lived experience, reflect prudent care principles and adopt a continual service improvement approach. The developing needs of the workforce will be regularly reviewed, assessed, and addressed through strategic collaboration, data analysis and feedback.

### **Health inequalities and inequities**

- 13. Please outline how the Draft Budget will contribute to the reduction of health inequalities, this should detail 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. The Committee would also welcome information about how the Draft Budget will target inequalities which have been exacerbated by the pandemic, or those resulting from a disproportionate impact of the pandemic on the health or well-being of particular groups (such as older adults, people from black and ethnic minority communities, or people on low incomes or who are otherwise financially insecure).**

We aim to improve mental health and well-being by reducing inequalities through a focus on strengthening protective factors. There is a specific focus on this approach as part of the current Together for Mental Health Delivery Plan for Wales. This was a particular focus when we refreshed the plan in October 2020 as we strengthened those areas that are protective for good mental health. This is underpinned by a range of commitments being taken forward across different Welsh Government departments, such as improved access to financial inclusion and advice services and programmes that support people with mental health conditions into employment or to remain in work. This work is monitored through the Welsh Government's Mental Health and Substance Misuse Programme Board. Membership of the Programme Board includes officials from relevant Welsh Government Departments.

The attainment of the Well-being Goals of the Well-being of Future Generations (Wales) Act 2015 is a key driver in all our policy decisions. Given, this includes A Healthier Wales and A More Equal Wales, action on health inequalities is mainstreamed across the breadth of Welsh Government activity and budget

allocations. Our health in all policies approach (supported by the Health Impact Assessment process) and our integrated approach to setting budget allocations, means it is not possible to quantify exact figures from the totality of budget allocations which are solely related to reducing health inequalities.

However, specific examples of government spending which contribute significantly to tackling health inequalities include our Flying Start programme and our work to address two of the biggest causes of health inequalities in Wales: obesity and smoking. Over the course of the pandemic, smoking and obesity were identified as key risk factors which contributed to poorer outcomes for people who contracted COVID-19. Given smoking and obesity rates are generally higher amongst certain groups of people (including those living in the most deprived areas and those from some ethnic minority backgrounds), we know these risk factors played a key role in exacerbating health inequalities over the course of the pandemic. On obesity, our Healthy Weight: Healthy Wales 2022-24 Delivery Plan features action to reduce diet and health inequalities across the population at its core. On smoking, our Tobacco Control Strategy and our first two-year delivery plan for 2022-24 features tackling inequality as one of the strategy's core themes.

Turning to core allocations made to local health boards, ministers expect action on health inequalities to be at the core of all of the NHS's work. In this regard, the NHS Planning Framework issued to local health boards confirms that action on health inequalities should be a golden thread throughout Integrated Medium-Term Plans. For this reason, similarly to the Welsh Government, it is not possible to distinguish specific aspects of health boards' core funding allocations which are directed solely to addressing health inequalities. Nevertheless, specific examples of programmes of work involving health boards which contribute to efforts to address health inequalities include the recent designation of the Gwent Public Service Board area as a Marmot Region, and also the Well North Wales project.

### **Delivering a post-pandemic reset**

**14. 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:**

- **The assumptions underpinning allocations made as a result of the pandemic, including how you will ensure there are sufficient contingency funds in place should the situation escalate from Covid Stable to Covid Urgent.**
- **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.**
- **Allocations for mental health support services for the health and social care workforce.**
- **Allocations that have been made to ensure the maintenance of an adequate and appropriate supply of PPE.**

Our assumptions in the budget allocation for the continued support for Covid are based on a Covid Stable scenario, that is, we expect to encounter additional waves of infection and expect new variants to emerge, and some may become dominant. But these waves will not put unsustainable pressure on the health and social care system. Vaccines and other pharmaceutical interventions are expected to remain effective in preventing serious illness, in the vast majority of cases. We consider this the most likely scenario, but on-going surveillance will be important to aid our policy and planning not only for Covid but for future pandemics.

Our funding will support a Covid Stable scenario and provide the basis to enable us to plan and step up in a Covid Urgent scenario. New variants could emerge that have a high level of vaccine escape or other mutations that put large numbers of people at risk of severe illness, as seen during the alpha wave in December 2020. The funding does not cover the implementation and potential scale up of activity that may be required in a Covid Urgent scenario.

The main programme areas the funding will support include:

- Test and trace
- Surveillance
- Vaccination programme

- PPE provision to the NHS and social care

The planned funding also provides additional capacity within the health protection system to support screening for asylum seekers, communicable disease outbreaks and winter planning.

During 2022-23, we have scaled back elements of our Covid response in line with the removal of legal restrictions at the end of May, and have rolled out a successful vaccination programme resulting in less harm and serious illness. We have significantly reduced our testing and tracing activity and, with fewer outbreaks, seen a reduction in demand for PPE. Our funding for 2023-24 will provide additional service capacity within health and care in the key areas listed, as we transition to longer term sustainable arrangements.

Our plans for 2023-24 enable us to maintain a health protection system that manages Covid stability for the future. This will include maintaining a base level of infrastructure in order to be able to flex upward, should the need arise. This funding will be kept under review as we work through the ongoing implications of the status and level of Covid infections, other threats and hazards and ensure we are prepared for future pandemics. This will build on the learning, investments and capability we have developed in our response to the Covid pandemic including the NHS Wales laboratories testing facilities, tracing systems and genomics.

We have also invested in our own approach on surveillance, statistical modelling and early warning. This will help us to identify any future threats including changes in Covid variants. This all strengthens our emergency response to future threats and maintaining the level of countermeasures needed, including PPE and medicines, in order to respond effectively when needed.

We have also invested recurrently in new, specific programmes, that were put in place as a result of the Covid pandemic, for example:

- Long Covid Adferiad (Recovery) Programme
- Continuation of online STI testing – started during the pandemic to support the existing service.
- R&D Covid evidence centre



One of our key investments has been the Covid vaccination programme that will continue into 2023-24, with funding set aside to support delivery. As referenced earlier in this response, this is now our key preventative measure that has had the most impact in reducing the spread of Covid and the severity of symptoms when individuals get the virus. Following publication of [The National Immunisation Framework for Wales](#), the focus now is on implementation of the priorities and new ways of working it describes. With a transition towards a more sustainable, business-as-usual footing, all vaccination programmes are integrated and the lessons from our pandemic experience are learned and applied across our vaccination programmes.

Service efficiencies are an important element in the new Framework and our approach to vaccination. We have seen this with the greater focus on co-administration of the autumn COVID-19 booster and flu vaccination this winter. We will continue to look for opportunities like this across our vaccination programmes.

As described above (p.34), addressing the mental health and well-being support for health and social care staff will continue to be supported by the Canopi service, which has been contracted by Welsh Government for three years up to 31 March 2025 at £1.5million per annum.

We have set this budget based on Covid stable and will continue to maximise every pound of funding to support core front line services as they continue to recover. Our ability to flex and respond if Covid response costs are rising is limited within the HSS MEG and if we have to move to a higher level response, the contingency measures will require a whole Government effort.

**15. What allocations are included in the draft budget for tackling the waiting times backlog. In your answer, please explain what assessment has been made of the impact and outcomes of resources allocated during 2022-23, and how allocations in the 2023-24 draft budget will be targeted.**

We have allocated £170million this year to health boards in Wales to address the planned care backlog. This money is recurrent for the NHS and will be utilised to support the delivery of the transforming planned care recovery and transformation

programme launched in April 2022. The Minister has been clear that it will take the whole Senedd term for the NHS to recover from the pandemic.

### **The additional £170million investment**

The monies were put into the system in advance of the programme launch in April 2022. As such, organisations made individual choices as opposed to being led by the strategic direction we now follow. This has meant opportunities such as regional working were being missed, however some regional opportunities are now being developed, such as regional diagnostics.

Organisations focused the resources largely in the following areas:

- Maximizing internal capacity
- Bringing infrastructure on site – e.g., operating theatres
- Additional capacity with private sector
- Diagnostics
- Improvements in urgent care pathways to reduce the possibility of cancellations

Key headlines from the specialty data summary received by the FDU include:

- Ophthalmology £18million, activity 39,945
- Orthopaedics £13million, activity 18,519
- Planned Care / Various /Multiple specialities accounts for c. £42million
- Unscheduled Care/Urgent Care/Medicine £22million

We have seen added capacity in outpatients, but it has taken time for this data to come through, and it is not represented in every specialty.

### **£15million planned care transformation fund**

To date there has been £3.4million of the planned care transformation fund been issued in Q1/Q2, with funding for Q3/Q4 being released in line with project reviews and delivering against project milestones. Below are key areas of impact seen in the first six months, other areas are more long-term and transformational, with benefits not evident in the first six months.

## **Outpatient transformation projects**

Outpatient transformation projects are supporting the implementation of innovative approaches and initiatives that contribute towards sustainable transformation of outpatients. This includes working with primary care teams to look at the flow of referrals and identify what referrals needs to come through. Between April and August 2022 there has been a total reduction of referrals (18,802) across all health boards for the seven planned care speciality. This is against an overall increase in referral, rising above the same period in 2019 which was pre-covid. Evidence of significant reduction in referrals across all health boards in orthopaedics (down by over 18,800) and ENT (down by over 6,300) suggest that national work in these areas is showing an early impact.

## **Alternatives to follow-up**

Across Wales, from April 2022 to September 2022, 89,000 See On Symptom (SOS) & Patient Initiated Follow-Up (PIFU) pathways have commenced which is an alternative to the traditional, in-person follow-up appointment. It is anticipated that of the 89,000 pathways, 10 per cent may convert to requiring a follow-up appointment. However, the reduction in the number of follow up appointments needed (approximately 80,100) could provide additional capacity for new appointments. This is an area of priority for next year's plans.

## **Teledermoscopy**

Evidence from both Aneurin Bevan and Hywel Dda has shown that circa 50 per cent of the patients that have accessed the Teledermoscopy service have been discharged (compared to 25 per cent discharge previously). Specialists are able to undertake 24 digital reviews where previously they would do 12 in-person reviews during the same session. Health Boards with Telederm in place Swansea Bay, Aneurin Bevan and more recently Hywel Dda have zero or reducing numbers over 52 weeks at outpatients.

## **Validation**

A centrally operated validation company has been secured to support wide scale validation across three Health Boards: Betsi Cadwaladr, Cwm Taf Morgannwg and Swansea Bay. Evidence so far at Betsi Cadwaladr indicates an 18 per cent removal rate, based on 7,786 admin validation and 6,386 telephone validation. By the end of

December 2022, 41,594 will have been validated at Betsi Cadwaladr, 39,228 at Cwm Taf Morgannwg, 31,900 at Hywel Dda and 30,582 at Swansea Bay.

### **Moving forward**

The funding has been allocated on a recurrent basis. Health boards, as part of their plans, are continuing to look to maximise elective activity whilst balancing the demands of urgent and emergency care. Health boards continue to explore opportunities to outsource patients and to insource activity.

### **Social care**

#### **16. Please outline the planned allocation for social care, including:**

- **Any additional funding identified for 2023-24, and how such funding will be targeted.**
- **How the allocations will ensure the ongoing viability and stability of social care services, including residential and domiciliary care.**
- **What support the draft budget will provide for unpaid carers, including evidence of specific spend on respite care and financial support for carers.**
- **Measures in the draft budget that will improve the sustainability of the social care workforce.**
- **How the draft budget will help the social care sector to respond to rising costs of living, including rising energy costs. In your answer, please provide evidence of specific spend to support domiciliary care workers, and unpaid carers and disabled people, and their families.**

The Social Care Reform Fund was introduced in April 2022 to support activity to promote reform and improvement in social care, to complement the funding provided in the Local Government settlement.

The Social Care Reform Fund is used to support the reform of Social Care, 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.

Our Programme for Government contains a number of commitments that set out our vision for children's services in Wales. Our ambition is for whole system change and, at its heart, we want to see more children and young people being enabled to live with their families and in their home neighbourhoods with many fewer needing to enter care. We also want to ensure the period that young people are in care is as short as possible.

We are committed to keeping families together. Our vision is to redesign how we look after children and young people so we can do the best for our young people, their families, and communities by providing services that are locally based, locally designed and locally accountable. It is about putting in place the right type of care for each child: reforming and joining up services for looked after children and care leavers, providing additional specialist support for children with complex needs and better supporting those who care for children.

The increase in the Social Care Reform Fund of £10million to £52million in 2023-24 and reallocation of the total available funding will be used to enhance the support provided to the Programme for Government Commitments to our vision for children's services in Wales. Funding has been awarded to Local Authorities to support proposals to deliver these commitments.

### **Eliminating profit from the care of looked after children**

The allocation in the Social Care Reform Fund for eliminating profit from the care of looked after children has increased from £10million in 2022-23 to £16million in 2023-24.

Our Programme for Government contains a number of commitments that set out our vision for children's services in Wales. Our ambition is for whole system change and, at its heart, we want to see more children and young people being enabled to live with their families and in their home neighbourhoods with many fewer needing to enter care. We also want to ensure the period that young people are in care is as short as possible.

We are committed to keeping families together. Our vision is to redesign how we look after children and young people so we can do the best for our young people, their families, and communities by providing services that are locally based, locally designed and locally accountable. It is about putting in place the right type of care for each child: reforming and joining up services for looked after children and care

leavers, providing additional specialist support for children with complex needs and better supporting those who care for children.

As part of the Co-operation Agreement between the Welsh Government and Plaid Cymru, there is a clear commitment to 'eliminate private profit from the care of children looked after' as a key component of this radical agenda.

Feedback from children and young people suggests they have strong feelings about being cared for by privately owned organisations that make a profit from their experience of being in care. The Welsh Government does not believe there should be a market for care for children, or that profits should be made from caring for children facing particular challenges in their lives and intends to bring forward legislation to end this. This means the future care of children that are looked after in Wales will be provided by public sector, charitable or not-for-profit organisations.

Our aim is to ensure that public money invested in the care of children looked after does not profit individuals or corporate entities, but instead is spent on children's services to deliver better experiences and outcomes for children and young people, addressing service development and improvement and further professional development for staff. We intend to focus, in the first instance, on children's residential care and foster care.

Over the remainder of this Senedd term we need to focus on working with care experienced children, local authorities and partners to increase public and not-for-profit provision so there is a strong foundation to make a transition to not-for-profit care that meets the needs and entitlements of children and young people

### **Radical Reform**

The allocation in the Social Care Reform Fund for radical reform of children's services has increase from £3million in 2022-23 to £10million in 2023-24.

We have committed through our Programme for Government to explore radical reform of current services for looked after children and care leavers in order to deliver a new vision and ambition for children's services, based on consistent practice, less risk averse behaviours and national restorative approaches adopted across Wales. Achieving this vision is not solely the responsibility of local authorities; it requires partnership working across public services and third sector organisations.

The programme will deliver preventative interventions for families with children on the edge of care including parental advocacy services, family group conferencing, Family Justice reform and a national practice framework. It will also require greater intervention and support for local authorities who are not delivering on our ambition to substantially reduce the number of children in care and this has been the focus of recent ministerial visits to local authorities and will continue to be so for the remainder of these visits.

### **Real Living Wage**

The Draft Budget for 23-24 will include recurrent funding of around £70million in total, to raise the wages of social care workers, as part of our wider commitment to protect frontline public services. The uplift will apply to registered workers in care homes and domiciliary care (both adults and children's services) and registered domiciliary care workers in supported living settings. It will also be received by all personal assistants funded through a local authority direct payment.

Delivering improved pay through the Real Living Wage will help to address low pay associated with the sector and increase the attractiveness of social care work. This delivers not only improvements for social care workforce, but improved workforce retention and outcomes for people receiving care and support. While the uplift to the Real Living Wage alone will not address all challenges within Social Care, it will contribute to the sustainability and longer-term ambition to raise the profile of the sector as a professional place to work, enhance opportunities for individuals to progress their careers, and to help improve recruitment and retention. The Real Living Wage for Social Care workforce aims to integrate with the Social Care Fair Work Forum's recognition of low pay challenges in the sector. It also connects with policy objectives in the Welsh Government Health and Social Services Group around the promotion of the health and well-being of people using services. It contributes to allow individuals to achieve positive outcomes and can positively impact workforce capacity and morale.

### **Social Worker Bursary**

Funding will be provided for additional financial support for student social worker bursaries to help students who started their courses in 2021-22 and in September 2022 to continue with their studies and help ensure that we have a sustainable supply of future social workers.

The enhanced financial support will be available for both undergraduate and postgraduate students in Wales via the Social Work Bursary. The increase to the bursary brings our funding for this programme to almost £10million over the next three years to assist with the training of future social workers. Of this £10million package of funding, the changes we are making total £3.5million across the three years. This represents a more than 50 per cent increase on the current bursary for both undergraduates and postgraduates.

Social workers carry out a vital role within our communities, supporting people to take charge of their own lives. They are at the core of our social care system and key to the delivery of effective care. The student Social Work bursary supports people with the right skills and attributes to be able to undertake social work training and aims to contribute to the growth of a sustainable social work workforce in Wales and is a contribution to the costs incurred by individuals training to be social workers.

### **Workforce and Sustainable Social Services grant (workforce grant)**

In recognition of the important role that local authorities play in delivering core social services, the Welsh Government has provided recurrent funding to the sector in the form of a Workforce and Sustainable Social Services grant. The criteria for the use of the grant have been broadly set. Local authorities have been able to use the funding to support increases to pay, but also for other interventions aimed at supporting the delivery of sustainable social care services to ensure that they were better placed to meet increased or unexpected demand. In practice, the funding has been used for a variety of measures from salary uplifts to actions aimed at supporting the delivery of services.

This grant has been issued annually to local authorities since 2019 and will £45million for 23-24.

In addition to the annual funding settlement for local authorities via the Revenue Support Grant to meet their statutory duties to provide support to unpaid carers, £3.5million is allocated to continue the Short Breaks Scheme which will increase opportunities for unpaid carers to take a break from their caring role.

The Carers Support Fund (£1.75million in 2023-24) will support unpaid carers to cope with the rising cost of living via the provision of grants to buy basic essential items, such as food, household and electronic items or access to counselling, financial advice, well-being and peer support.



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

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

- **The projected end of year financial position for health boards, including identification of those that have continued to fail to meet their financial duties**
- **Those that have been in receipt of additional end of year and in-year financial support, the extent of that support and the planned duration.**
- **Details of how the Welsh Government will support and work with health boards to bring NHS Wales back into financial balance.**
- **Information about what provision is being made in response to rising energy costs.**

We were aware that 2022-23 would be a year of transition for the NHS financially as it moved away from a reliance on the significant levels of non-recurrent funding that had been provided during the two previous financial years to support the response to the Covid pandemic. The continued impact of the pandemic into 2022-23 meant that the cost of these responses would need to continue despite the ending of this non-recurrent financial support.

The draft budget for 2022-23 provided for an increase in recurrent NHS funding of £824million, although this budget was set at a time when inflation rates were expected to plateau at around four per cent, and before the war in Ukraine created significant rises in energy prices. With this funding we were able to provide a core uplift of £180million at the beginning of the financial year to NHS organisations to meet core cost and demand growth. This was in addition to the £170million funding we had allocated to support the recovery of planned care. We also set aside funding to meet the costs of the NHS pay award, and to meet the costs of the national Covid response programmes, including the vaccination, testing and tracing programmes, and the provision of PPE to health and social care.

During the planning process for 2022-23, NHS organisations confirmed that ongoing costs from the pandemic as well as significant new inflationary costs would be much

greater than the funding we were able to provide. To provide a consistent approach to the development and delivery of financial plan, Welsh Government confirmed that it would provide additional funding, when available, to meet these exceptional cost items. Even with this additional support, three health boards (Cardiff and Vale, Cwm Taf Morgannwg and Hywel Dda) were unable to present balanced financial plans for 2022-23.

During the course of the financial year, three more health boards (Aneurin Bevan, Betsi Cadwaladr and Powys) have reported a significant variation from their plans with in-year forecast deficits. The reasons for these deficits are largely due to the inability of organisations to deliver against their initial savings plans; high levels of variable pay particularly agency costs; the need to maintain unfunded bed capacity; and significant increases in the cost and demand for continuing healthcare. As a consequence, the forecast outturn for NHS Wales as at month eight is a deficit of £167million. All six health boards reporting a deficit will fail their statutory break-even target at the end of the financial year if an outturn deficit is confirmed.

Swansea Bay University Health Board, the three NHS Trusts and two Special Health Authorities are continuing to forecast a balanced financial outturn. In July, the Minister for Health and Social Services approved a recurrent allocation of £24.4million to Swansea Bay in recognition that they were significantly underfunded against the resource allocation formula compared to other boards, and in support of their integrated medium-term plan.

The deterioration in the NHS financial position is a reflection of the significant challenges that organisations are experiencing this year in managing significant levels of emergency care and inflationary pressures, but it is not a position that Welsh Government is prepared to support or underwrite. The three health boards that presented deficits in their financial plans have been placed in a higher level of escalation, and officials and the Finance Delivery Unit are now working closely with these organisations to develop a clear understanding of the reasons for their deterioration, and to develop a pipeline of opportunities to enable them to work towards recovering financial stability. Whilst no formal action has yet been taken with the three health boards who have reported in-year deficits, officials and the Finance Delivery Unit are working closely with these organisations as well as they develop and implement financial recovery plans.

As outlined above, Welsh Government is providing funding in the current financial year to meet the exceptional costs of increased energy prices being experienced by NHS organisations.

### **Impact of the draft budget on particular groups and communities**

#### **18. How have you taken gender budgeting into account in this budget when preparing your expenditure plans.**

We aim to improve mental health and well-being by reducing inequalities through a focus on strengthening protective factors. There is a specific focus on this approach as part of the current Together for Mental Health Delivery Plan for Wales and where relevant has included gender specific actions, for instance perinatal mental health.

As we develop the successor to Together for Mental Health, Talk to me 2 strategies and substance misuse delivery plan we will be considering our priorities for our forthcoming work. This will include the development of an integrated impact assessment that will enable to consider the impacts across protected characteristics, including gender.

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.

We have introduced a Quality Statement on women's health and work is being undertaken by health boards to turn this into a comprehensive ten year action plan. A key part of this plan will be to ensure that we have better data to assess the gender divide when it comes to health and care.

#### **19. Please outline what assessment has been made of the impact of the draft budget allocations on particular groups or communities, including women and girls, black and ethnic minority communities, children and young people, and older people.**

As part of the modelling work undertaken for mental health, referenced in question six, we recognised the disproportionate impact that the pandemic has had on some groups, including people from Black, Asian and Minority Ethnic communities and for children and young people. This in turn has informed the budget allocation over the

last couple of years and our policy responses. An example of which was the establishment of a task and finish group (chaired by the Wales Alliance for Mental Health) with the third sector and community organisations looking at ways to improve the access to and quality of support in mental health services for people from Black, Asian and Minority Ethnic communities. This work will inform our successor mental health strategy development outlined in question 18.

### **Real Living Wage**

The policy behind the uplift of the Real Living Wage was developed in partnership with stakeholders across the social care sector and informed by focussed surveys. A full integrated impact assessment was also undertaken which considered a number of areas including equality and children's rights. In addition, the Social Care Fair Work Forum was established to implement the Fair Work Commission's objectives across social care in Wales. As part of this work the Forum provided the advice to ministers on the roll-out of the Real Living Wage commitment where all groups and communities would have been considered.

The pandemic has revealed society's dependence on work that is disproportionately done by women as unpaid carers and as employees within care and social work. Evidence shows the majority of social care workers are women aged over 40 who are not financially independent despite being in full time work. Delivering improved pay through the Real Living Wage will help to address low pay associated with the sector and increase the attractiveness of social care work. The uplift to the Real Living Wage fund has already had a positive impact on equalities as the uplift also applied to all groups working within social care including part time workers and ethnic minority groups. People with enduring health issues who are on sick leave, pregnant women (who may also have taken time off) and parents or guardians on maternity, paternity or adoption leave have also received the uplift if in eligible posts.

### **Transformation Programme**

Although not specific to any particular groups or communities, the Transformation Programme through A Healthier Wales continues to support transformational pilot projects across multiple disciplines aimed at short, sharp interventions that can be scaled up to a national level and integrated into mainstream services once the

benefits of an improved service and/or financial efficiencies has been evidenced for the people of Wales.

A few examples of projects or roles funded by the Transformation Project that are specific to particular groups or communities are listed below:

- **Bloody Brilliant – (Girls, Young People)** – The Transformation Project aims to build upon the success of the Women’s Health Implementation Group (WHIG) development of the Bloody Brilliant menstrual awareness resource, which empowers young people who have periods to open up the conversation around period health so young people do not have to suffer in silence. The Transformation Programme has committed to additional funding to re-survey (post covid) young people to see what they would like included next, e.g., period education and whether it is integrated into the Curriculum for Wales, Social Media content such as YouTube channels, TikTok and Snapchat presence. This funding will allow the Bloody Brilliant team to develop content around ‘Who has a period’ and work closely with the equality team to ensure correct gender identity inclusive language is used and recognise disabled and cultural challenges associated with periods.
- **Secondee into the Tropical Health & Education Trust (THET) – (Equity in healthcare)** – The *Experts in our Midst: recognising the contribution diaspora NHS staff make to global health* report published in 2021 examined the role diaspora health workers (defined in this context as NHS staff with heritage from low- and middle-income countries [LMICs]) play in healthcare in the UK and in LMIC health systems. Their contribution is significant, for example bringing experiences and cultural understanding to the NHS and returning financial and practical contributions to countries of heritage. The report also shows how these contributions are under-recognised and under-valued, with detrimental effects on individuals, the NHS, and health systems globally. The report’s recommendations encourage THET, the NHS, Health Partnerships, and governments to better understand and support the power of diaspora health workers. For the NHS, THET argues that this is fundamental to developing an inclusive and anti-racist culture, in which all staff feel valued and a sense of belonging. Since its publication, the report has been gaining traction with key bodies including Health Education England and the Department of Health and Social Care. THET is now developing a ‘diversity

network' to create a multidisciplinary membership of NHS leaders, NHS equality and diversity champions, and Health Partnerships. The overall aim is that participating organisations better see and feel the benefits of valuing diaspora relationships with countries of heritage. The Transformation Programme has committed funding for a secondee from NHS Wales to be embedded in the core group. They will build on THET's existing pilot 'Diversity Network', developing and implementing a diaspora engagement plan that delivers the organisation's broader objectives. They will focus on bringing maximum benefits to the NHS across the UK and to global health systems, and will lead interactions with existing and prospective Network members, including NHS trusts and boards, diaspora professional associations and Health Partnerships, and will convene and maintain a steering group of international experts to lead the work.

- **Maternity and Neonatal Safety Support Programme – (Women, Children and young people)** - There are a number of drivers for change including population health and demographic trends, the need for quality improvement, workforce pressures and emerging evidence from various reports and deep dives into the service. Specific reports and audits which indicate significant issues with the safety of Maternity and Neonatal Services in Wales include:
  - ❖ The ***RCOG: Review of Maternity Services at Cwm Taf Heath Board (January 2019)***
  - ❖ **Healthcare Inspectorate Wales – National Review of the quality and safety of maternity services - Phase One Report**
  - ❖ Three **Maternity and Neonatal Audit reports** have been published in October 2021 and all have recommendations to improve the safety for mothers and babies:
    - 1) **National Perinatal Mortality Review Tool Report – *Learning from Standardised Reviews When Babies Die*** published 13 October 2021
    - 2) **MBRRACE-UK Perinatal Mortality Surveillance Report UK Perinatal Deaths for Births from January to December 2019** published 14 October 2021
    - 3) The **National Maternity and Perinatal audit** published 14 October 2021

The programme's key driver is to improve the safety, experience and outcomes of maternal and neonatal care and provide support to enable teams

to deliver a high-quality healthcare experience for all pregnant people, babies and families across maternity and neonatal care settings in Wales.

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<sup>i</sup> Marmot M. Social determinants of health inequalities. *Public Health* (2005). 365:6

<sup>ii</sup> National Institute for Health and Care Excellence. Guidance PH55 Oral Health: local authorities and partners (2014) <https://www.nice.org.uk/guidance/ph55>

HEALTH AND SOCIAL SERVICES

RESOURCE BUDGET			£'000													COMMENTS
Action	BEL No.	BEL Description	2022-23 Final Budget March 2022	2023-24 Indicative Final Budget March 2022	2023-24 Budget Reproritisiation	MEG to MEG Transfers	Transfers Within MEG	Allocations to / from Reserves	2023-24 Draft Budget December 2022	2024-25 Indicative Final Budget March 2022	2024-25 Budget Reproritisiation	MEG to MEG Transfers	Transfers Within MEG	Allocations to / from Reserves	2024-25 Indicative Draft Budget December 2022	
	0020	Core NHS Allocations	8,253,211	8,503,211			-3,861		8,611,185	8,703,211			-3,861		8,811,881	
							-1,275						-1,275			
							-1,069						-1,069			
							-754						-754			
							-1,085						-1,085			
							165						165			
							-440						-440			
							-550						-405			
							-5,000						-5,000			
							-55						-55			
							-414						-414			
							-1,405						-1,405			
							-60						-60			
							-68						-68			
							-5,000						-5,000			
							-2,208						-2,208			
							-941						-1,000			
							-3,885						-3,885			
							-589						-589			
							150						150			
							-1,000						-300			
							-4,104						-4,104			
							210						210			
							85						85			
							108						108			
							1,075						1,075			
							1,400						1,400			
							80						80			
							-150						-150			
							1,000						1,000			
							2,901						2,901			
							-1,386						-1,386			
							2,000						2,000			
							-1,399						-1,399			
							-10,000						-10,000			
							-7,280						-7,280			
							-2,500						-2,500			
							-9,722						-9,722			
								165,000						165,000		
Delivery of Core NHS Services	0020	Core NHS Allocations - Non cash	246,572	246,572				5,000	251,572	246,572				8,000	254,572	
	0030	Other Direct NHS Allocations	230,465	230,465			440		228,598	230,465			440		228,453	
							550						405			
							222						222			
							55						55			
							414						414			
							60						60			
							2,208						2,208			
							1,000						1,000			



HEALTH AND SOCIAL SERVICES

RESOURCE BUDGET			£'000													COMMENTS
Action	BEL No.	BEL Description	2022-23 Final Budget March 2022	2023-24 Indicative Final Budget March 2022	2023-24 Budget Reprioritisation	MEG to MEG Transfers	Transfers Within MEG	Allocations to / from Reserves	2023-24 Draft Budget December 2022	2024-25 Indicative Final Budget March 2022	2024-25 Budget Reprioritisation	MEG to MEG Transfers	Transfers Within MEG	Allocations to / from Reserves	2024-25 Indicative Draft Budget December 2022	
							43						43			
							-210						-210			
							150						150			
							-2,022						-2,022			
							-4,777						-4,777			
	0035	Digital Health and Care Wales	46,248	46,248			106		47,629	46,248			106		47,629	
							1,275						1,275			
	0035	Digital Health and Care Wales - Non cash	10,603	10,603					10,603	10,603				1,000	11,603	
	0050	Health Education Improvement Wales	301,933	301,933			1,069		311,202	301,933			1,069		311,202	
							1,085						1,085			
							-165						-165			
							7,280						7,280			
	0050	Health Education Improvement Wales - Non cash	551	551					551	551					551	
	0045	New BEL NHS Executive	0	0			2,022		13,112	0			2,022		13,112	
							5,000						5,000			
							2,448						2,448			
							1,386						1,386			
							29						29			
							450						450			
							4,777						4,777			
							-3,000						-3,000			
	0250	Public Health Wales	128,982	128,982			3,861		136,656	128,982			3,861		136,656	
							3,885						3,885			
							-43						-43			
							-29						-29			
<b>Total Delivery of Core NHS Services</b>			<b>9,218,565</b>	<b>9,468,565</b>	<b>-12,722</b>	<b>0</b>	<b>-14,735</b>	<b>170,000</b>	<b>9,611,108</b>	<b>9,668,565</b>	<b>-12,722</b>	<b>0</b>	<b>-14,184</b>	<b>174,000</b>	<b>9,815,659</b>	
Delivery of Targeted NHS Services	0186	Workforce (NHS)	34,076	34,076			339		34,234	34,076			339		34,234	
							-181						-181			
	0060	A Healthier Wales	80,546	79,646	-8,500				71,061	76,346	-8,500				67,761	
0682	Other NHS Budgets (Expenditure)	29,116	28,750					22,532	28,939					22,721		
	0682	Other NHS Budgets (Income)	-53,000	-53,000					-53,000	-53,000					-53,000	
<b>Total Delivery of Targeted NHS Services</b>			<b>90,738</b>	<b>89,472</b>	<b>-8,500</b>	<b>0</b>	<b>-6,145</b>	<b>0</b>	<b>74,827</b>	<b>86,361</b>	<b>-8,500</b>	<b>0</b>	<b>-6,145</b>	<b>0</b>	<b>71,716</b>	
Support Education & Training of the NHS Workforce	0140	Education and Training	25,790	25,790			754		30,030	25,790			754		30,030	
							-339						-339			
							1,405						1,405			
							-80						-80			

HEALTH AND SOCIAL SERVICES

RESOURCE BUDGET			£'000													COMMENTS
Action	BEL No.	BEL Description	2022-23 Final Budget March 2022	2023-24 Indicative Final Budget March 2022	2023-24 Budget Reprioritisation	MEG to MEG Transfers	Transfers Within MEG	Allocations to / from Reserves	2023-24 Draft Budget December 2022	2024-25 Indicative Final Budget March 2022	2024-25 Budget Reprioritisation	MEG to MEG Transfers	Transfers Within MEG	Allocations to / from Reserves	2024-25 Indicative Draft Budget December 2022	
							2,500						2,500			
	0185	Workforce Development Central Budgets	1,505	1,505			181		1,686	1,505			181		1,686	
<b>Total Delivery of Targeted NHS Services</b>			<b>27,295</b>	<b>27,295</b>	<b>0</b>	<b>0</b>	<b>4,421</b>	<b>0</b>	<b>31,716</b>	<b>27,295</b>	<b>0</b>	<b>0</b>	<b>4,421</b>	<b>0</b>	<b>31,716</b>	
<b>Support Mental Health Policies and Legislation</b>	0270	Mental Health	88,212	113,212			-5,400						-5,400			
							-5,400						-5,400			
							-150						-150			
							-378						-440			
							-250						-250			
							-14,000						-16,000			
							-108						-108			
							-1,075						-1,075			
							-1,400						-1,400			
							-450						-450			
<b>Total Support Mental Health Policies and Legislation</b>			<b>88,212</b>	<b>113,212</b>	<b>-1,000</b>	<b>0</b>	<b>-28,611</b>	<b>0</b>	<b>83,601</b>	<b>128,212</b>	<b>-1,000</b>	<b>0</b>	<b>-30,673</b>	<b>0</b>	<b>96,539</b>	
<b>Substance Misuse Action Fund</b>	1682	Substance Misuse Action Fund	28,585	28,585			5,400						5,400			
							14,000			47,985	28,585			16,000		49,985
<b>Total Deliver the Substance Misuse Strategy Implementation</b>			<b>28,585</b>	<b>28,585</b>	<b>0</b>	<b>0</b>	<b>19,400</b>	<b>0</b>	<b>47,985</b>	<b>28,585</b>	<b>0</b>	<b>0</b>	<b>21,400</b>	<b>0</b>	<b>49,985</b>	
<b>Food Standards Agency</b>	0380	Food Standards Agency	5,110	5,110						5,110	5,110				5,110	
<b>Total Food Standards Agency</b>			<b>5,110</b>	<b>5,110</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>5,110</b>	<b>5,110</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>5,110</b>	
<b>Public Health Programmes</b>	0233	Health Promotion	13,204	12,204			-150			13,643	12,204				12,943	
													589			
							1,000						300			
	0232	Targeted Health Protection & Immunisation	6,592	6,592			941		7,533	6,592			1,090		7,682	
<b>Total Public Health Programmes</b>			<b>19,796</b>	<b>18,796</b>	<b>0</b>	<b>0</b>	<b>2,380</b>	<b>0</b>	<b>21,176</b>	<b>18,796</b>	<b>0</b>	<b>0</b>	<b>1,829</b>	<b>0</b>	<b>20,625</b>	
<b>Health Improvement</b>	0231	Health Improvement & Healthy Working	9,384	9,384			5,400						5,400			
							378						440			
							250			12,011	9,384			250		12,073
							-2,901						-2,901			
<b>Total Health Improvement</b>			<b>9,384</b>	<b>9,384</b>	<b>-500</b>	<b>0</b>	<b>3,127</b>	<b>0</b>	<b>12,011</b>	<b>9,384</b>	<b>-500</b>	<b>0</b>	<b>3,189</b>	<b>0</b>	<b>12,073</b>	
<b>Effective Health Emergency Preparedness Arrangements</b>	0230	Health Emergency Planning	6,007	6,007			40			6,047	6,007				6,047	
<b>Total Effective Health Emergency Preparedness Arrangements</b>			<b>6,007</b>	<b>6,007</b>	<b>0</b>	<b>0</b>	<b>40</b>	<b>0</b>	<b>6,047</b>	<b>6,007</b>	<b>0</b>	<b>0</b>	<b>40</b>	<b>0</b>	<b>6,047</b>	
<b>New Action Citizen Voice Body</b>	0220	New BEL Citizen Voice Body	0	0			4,104			5,503	0		4,104		5,503	
							1,399						1,399			
<b>Total Citizen Voice Body</b>			<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>5,503</b>	<b>0</b>	<b>5,503</b>	<b>0</b>	<b>0</b>	<b>5,503</b>	<b>0</b>	<b>5,503</b>		
<b>Develop &amp; Implement R&amp;D for Patient &amp; Public Benefit</b>	0260	Research and Development	42,545	42,545			5,000			46,545	42,545				46,545	
							-1,000						-1,000			
<b>Total Develop &amp; Implement R&amp;D for Patient &amp; Public Benefit</b>			<b>42,545</b>	<b>42,545</b>	<b>-1,000</b>	<b>0</b>	<b>5,000</b>	<b>0</b>	<b>46,545</b>	<b>42,545</b>	<b>-1,000</b>	<b>0</b>	<b>5,000</b>	<b>0</b>	<b>46,545</b>	
<b>Social Care and Support</b>	0460	Safeguarding & Advocacy	3,365	2,365						2,365	2,365				2,365	
	0661	Older People Carers & People with Disabilities	3,670	3,670			150		2,820	3,670			150		2,820	
<b>Total Social Care and Support</b>			<b>7,035</b>	<b>6,035</b>	<b>0</b>	<b>0</b>	<b>-850</b>	<b>0</b>	<b>5,185</b>	<b>6,035</b>	<b>0</b>	<b>0</b>	<b>-850</b>	<b>0</b>	<b>5,185</b>	

HEALTH AND SOCIAL SERVICES																
RESOURCE BUDGET			£'000													COMMENTS
Action	BEL No.	BEL Description	2022-23 Final Budget March 2022	2023-24 Indicative Final Budget March 2022	2023-24 Budget Reprioritisation	MEG to MEG Transfers	Transfers Within MEG	Allocations to / from Reserves	2023-24 Draft Budget December 2022	2024-25 Indicative Final Budget March 2022	2024-25 Budget Reprioritisation	MEG to MEG Transfers	Transfers Within MEG	Allocations to / from Reserves	2024-25 Indicative Draft Budget December 2022	
Partnership & Integration	0620	Partnership & Integration	227	227					227	227					227	
	0700	Care Sector	299	299					299	299					299	
Total Partnership & Integration			526	526	0	0	0	0	526	526	0	0	0	0	526	
Sustainable Social Services	0920	Sustainable Social Services	99,715	109,715					109,715	114,715					114,715	
	Total Sustainable Social Services			99,715	109,715	0	0	0	0	109,715	114,715	0	0	0	0	114,715
Social Care Wales	0582	Social Care Wales	25,383	25,383					25,383	25,383					25,383	
	0582	Social Care Wales - Non cash	230	230				-30	200	230				-30	200	
Total Social Care Wales			25,613	25,613	0	0	0	-30	25,583	25,613	0	0	0	-30	25,583	
Supporting Children	0310	Support for Childcare and Play	96,851	99,851					99,851	101,351					101,351	
	0311	Support for Children's Rights	1,020	1,020					1,020	1,020					1,020	
	0410	Supporting Children	4,865	3,865					3,865	3,865					3,865	
	1085	Support for Families and Children	6,720	6,520				-810	5,710	5,870				-810	5,060	
	1087	New BEL Entry CCG BEL Transfer	0	0		160,235	810	10,000	171,045	0		167,685	810	10,000	178,495	
Total Supporting Children			109,456	111,256	0	160,235	10,000	0	281,491	112,106	0	167,685	10,000	0	289,791	
CAFCASS Cymru	1268	CAFCASS Cymru	14,725	14,725			470		15,195	14,725			470		15,195	
	Total CAFCASS Cymru			14,725	14,725	0	0	470	0	15,195	14,725	0	0	470	0	15,195
HEALTH AND SOCIAL SERVICES - TOTAL RESOURCE BUDGET			9,793,307	10,076,841	-23,722	160,235	0	169,970	10,383,324	10,294,580	-23,722	167,685	0	173,970	10,612,513	

CAPITAL BUDGET			£'000													COMMENTS	INVESTMENT AREA(S)
Action	BEL No.	BEL Description	2022-23 Final Budget March 2022	2023-24 Indicative Final Budget March 2022	2023-24 Budget Reprioritisation	MEG to MEG Transfers	Transfers Within MEG	Allocations to / from Reserves	2023-24 Draft Budget December 2022	2024-25 Indicative Final Budget March 2022	2024-25 Budget Reprioritisation	MEG to MEG Transfers	Transfers Within MEG	Allocations to / from Reserves	2024-25 Indicative Draft Budget December 2022		
Delivery of Core NHS Services	0020	Core NHS Allocations	284,219	309,908			2,572		337,480	319,908					319,908		
	Total Delivery of Core NHS Services			284,219	309,908	0	0	27,572	0	337,480	319,908	0	0	0	0	319,908	
Substance Misuse Action Fund	1682	Substance Misuse Action Fund	5,072	5,072			-2,572		2,500	5,072					5,072		
	Total Deliver the Substance Misuse Strategy Implementation			5,072	5,072	0	0	-2,572	0	2,500	5,072	0	0	0	0	5,072	
New Action Citizen Voice Body	0220	New BEL Citizen Voice Body	0	0					0	0					0		
Total Citizen Voice Body			0	0	0	0	0	0	0	0	0	0	0	0	0		
Social Care Wales	0582	Social Care Wales	20	20					20	20					20		
	Total Social Care Wales			20	20	0	0	0	0	20	20	0	0	0	0	20	

HEALTH AND SOCIAL SERVICES																
RESOURCE BUDGET			£'000													COMMENTS
Action	BEL No.	BEL Description	2022-23 Final Budget March 2022	2023-24 Indicative Final Budget March 2022	2023-24 Budget Reprioritisation	MEG to MEG Transfers	Transfers Within MEG	Allocations to / from Reserves	2023-24 Draft Budget December 2022	2024-25 Indicative Final Budget March 2022	2024-25 Budget Reprioritisation	MEG to MEG Transfers	Transfers Within MEG	Allocations to / from Reserves	2024-25 Indicative Draft Budget December 2022	
Sustainable Social Services	0920	Sustainable Social Services	50,000	60,000			-25,000		35,000	70,000					70,000	
Total Sustainable Social Services			50,000	60,000	0	0	-25,000	0	35,000	70,000	0	0	0	0	70,000	
HEALTH AND SOCIAL SERVICES - TOTAL CAPITAL BUDGET			339,311	375,000	0	0	0	0	375,000	395,000	0	0	0	0	395,000	

RESOURCE BUDGET - AME			£'000							COMMENTS
Action	BEL No.	BEL Description	2022-23 Final Budget March 2022	2023-24 Indicative Final Budget March 2022	2023-24 Changes	2023-24 Draft Budget December 2022	2024-25 Indicative Final Budget March 2022	2024-25 Changes	2024-25 Indicative Draft Budget December 2022	
NHS Impairments	0025	NHS Impairments and Provisions - AME	186,420	190,257	21,921	212,178	127,172	83,611	210,783	
Total NHS Impairments			186,420	190,257	21,921	212,178	127,172	83,611	210,783	
HEALTH AND SOCIAL SERVICES - TOTAL RESOURCE AME BUDGET			186,420	190,257	21,921	212,178	127,172	83,611	210,783	

HEALTH AND SOCIAL SERVICES - SUMMARY	2022-23 Final Budget March 2022	2023-24 Indicative Final Budget March 2022	2023-24 Changes	2023-24 Draft Budget December 2022	2024-25 Indicative Final Budget March 2022	2024-25 Changes	2024-25 Indicative Draft Budget December 2022
Resource	9,793,307	10,076,841	306,483	10,383,324	10,294,580	317,933	10,612,513
Capital	339,311	375,000	0	375,000	395,000	0	395,000
Total Resource & Capital	10,132,618	10,451,841	306,483	10,758,324	10,689,580	317,933	11,007,513
Total AME	186,420	190,257	21,921	212,178	127,172	83,611	210,783
HEALTH AND SOCIAL SERVICES - TOTAL BUDGET	10,319,038	10,642,098	328,404	10,970,502	10,816,752	401,544	11,218,296

## Health and Social Care Committee - Date: 11th January 2023

Commentary on each of the Actions within the Health and Social Services MEG, including an analysis and explanation of changes between the Draft Budget 2023-24 and the Final Budget 2022-23.

Action: Delivery of Core NHS Services					
Final Budget 2022 (2023-24) £m	Change £m	Draft Budget 2023-24 (2023-24) £m	Final Budget 2022 (2024-25) £m	Change £m	Draft Budget 2023-24 (2024-25) £m
9,468.565	141.673	9,610.238	9,668.565	146.224	9,814.789

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

### Explanation of Changes to Delivery of Core NHS Services Action

#### New allocations for 23-24 and 24-25 (Recurrent)

- **£165.000m** - Draft Budget 23-24 and 24-25 additional funding Fiscal Resource;
- **£5.000m (23-24) and £9.000m (24-25)** - Draft Budget additional Non Fiscal Resource funding.

#### Budget Prioritisation Exercise Reduction

- **(£12.722m)** – Draft Budget recurrent 23-24 and 24-25 reductions.

#### Budget adjustments within HSS MEG for 23-24 and 24-25

- **(£15.605m) for 23-24 and (£15.054m) for 24-25** – recurrent technical adjustments Action to Action within HSS MEG, including 23-24 NHS allocation transfers and budget commitment realignments.

<b>Action: Delivery of Targeted NHS Services</b>					
<b>Final Budget 2022 (2023-24) £m</b>	<b>Change £m</b>	<b>Draft Budget 2023-24 (2023-24) £m</b>	<b>Final Budget 2022 (2024-25) £m</b>	<b>Change £m</b>	<b>Draft Budget 2023-24 (2024-25) £m</b>
89.472	(14.645)	74.827	86.361	(14.645)	71.716

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**

#### **Budget Prioritisation Exercise Reduction**

- **(£8.500m)** – Draft Budget recurrent 23-24 and 24-25 reductions.

#### **Budget adjustments within HSS MEG for 23-24 and 24-25**

- **(£6.145m)** – recurrent technical adjustments Action to Action within HSS MEG, including 23-24 NHS allocation transfers and budget commitment realignments.

<b>Action: Support Education &amp; Training of the NHS Workforce</b>					
<b>Final Budget 2022 (2023-24) £m</b>	<b>Change £m</b>	<b>Draft Budget 2023-24 (2023-24) £m</b>	<b>Final Budget 2022 (2024-25) £m</b>	<b>Change £m</b>	<b>Draft Budget 2023-24 (2024-25) £m</b>
27.295	5.291	32.586	27.295	5.291	32.586

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**

#### **Budget adjustments within HSS MEG for 23-24 and 24-25**

- **£5.291m** – recurrent technical adjustments Action to Action within HSS MEG, including 23-24 NHS allocation transfers and budget commitment realignments.

<b>Action: Support Mental Health Policies &amp; Legislation</b>					
<b>Final Budget 2022 (2023-24) £m</b>	<b>Change £m</b>	<b>Draft Budget 2023-24 (2023-24) £m</b>	<b>Final Budget 2022 (2024-25) £m</b>	<b>Change £m</b>	<b>Draft Budget 2023-24 (2024-25) £m</b>
113.212	(29.611)	83.601	128.212	(31.673)	96.539

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 Budget Prioritisation Exercise Reduction**

- **(£1.000m)** – Draft Budget recurrent 23-24 and 24-25 reductions.

#### **Budget adjustments within HSS MEG for 23-24 and 24-25**

- **(£28.611m) for 23-24 and (£30.673m) for 24-25** – recurrent technical adjustments Action to Action within HSS MEG, including 23-24 NHS allocation transfers and budget commitment realignments.

<b>Action: Substance Misuse Delivery Plan</b>					
<b>Final Budget 2022 (2023-24) £m</b>	<b>Change £m</b>	<b>Draft Budget 2023-24 (2023-24) £m</b>	<b>Final Budget 2022 (2024-25) £m</b>	<b>Change £m</b>	<b>Draft Budget 2023-24 (2024-25) £m</b>
28.585	19.400	47.985	28.585	21.400	49.985

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 most recent Substance Misuse Delivery Plan 2019-22.

**Explanation of Changes to the Substance Misuse Delivery Plan Action Fund Budget adjustments within HSS MEG for 23-24 and 24-25**

- **£19.400 for 23-24 and £21.400 for 24-25** – recurrent technical adjustments Action to Action within HSS MEG, including 23-24 budget commitment realignments.

<b>Action: Food Standards Agency</b>					
<b>Final Budget 2022 (2023-24) £m</b>	<b>Change £m</b>	<b>Draft Budget 2023-24 (2023-24) £m</b>	<b>Final Budget 2022 (2024-25) £m</b>	<b>Change £m</b>	<b>Draft Budget 2023-24 (2024-25) £m</b>
5.110	0	5.110	5.110	0	5.110

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 Final Budget.



<b>Action: Public Health Programmes</b>					
<b>Final Budget 2022 (2023-24) £m</b>	<b>Change £m</b>	<b>Draft Budget 2023-24 (2023-24) £m</b>	<b>Final Budget 2022 (2024-25) £m</b>	<b>Change £m</b>	<b>Draft Budget 2023-24 (2024-25) £m</b>
18.796	2.380	21.176	15.796	1.829	20.625

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**

#### **Budget adjustments within HSS MEG for 23-24 and 24-25**

- **£2.380m for 23-24 and £1.829m for 24-25** – recurrent technical adjustments Action to Action within HSS MEG, including 23-24 NHS allocation transfers and budget commitment realignments.

<b>Action: Effective Health Emergency Preparedness Arrangements</b>					
<b>Final Budget 2022 (2023-24) £m</b>	<b>Change £m</b>	<b>Draft Budget 2023-24 (2023-24) £m</b>	<b>Final Budget 2022 (2024-25) £m</b>	<b>Change £m</b>	<b>Draft Budget 2023-24 (2024-25) £m</b>
6.007	0.040	6.047	6.007	0.040	6.047

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

### **Explanation of Changes to Effective Health Emergency Preparedness Arrangements**

#### **Budget adjustments within HSS MEG for 23-24 and 24-25**

- **£0.040** – recurrent technical adjustments Action to Action within HSS MEG (budget commitment realignment).

<b>Action: Citizen Voice Body</b>					
<b>Final Budget 2022 (2023-24) £m</b>	<b>Change £m</b>	<b>Draft Budget 2023-24 (2023-24) £m</b>	<b>Final Budget 2022 (2024-25) £m</b>	<b>Change £m</b>	<b>Draft Budget 2023-24 (2024-25) £m</b>
0.000	5.503	5.503	0.000	5.503	5.503

The Citizen Voice Body is a new, independent Body that will engage with people all over Wales to represent the interests of the public in respect of health services and social services. It will be at the heart of conversation with the Welsh public, working together with NHS bodies and local authorities, and alongside other public, independent and volunteer organisations to seek out and strengthen the voice of citizens within the health and social care landscape. The Citizen's Voice Body will also provide a complaints advocacy service to help people who need to make complaints about the Health or Social services they have received.

**Explanation of Changes to Citizen Voice Body  
Budget adjustments within HSS MEG for 23-24 and 24-25**

- **£5.503m** – recurrent budget commitment realignments Action to Action within HSS MEG for the creation of a budget for the newly established Citizen Voice Body.

<b>Action: Develop &amp; Implement R&amp;D for Patient &amp; Public Benefit</b>					
<b>Final Budget 2022 (2023-24) £m</b>	<b>Change £m</b>	<b>Draft Budget 2023-24 (2023-24) £m</b>	<b>Final Budget 2022 (2024-25) £m</b>	<b>Change £m</b>	<b>Draft Budget 2023-24 (2024-25) £m</b>
42.545	4.000	46.545	42.545	4.000	46.545

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**

#### **Budget Prioritisation Exercise Reduction**

- **(£1.000m)** – Draft Budget recurrent 23-24 and 24-25 reductions.

#### **Budget adjustments within HSS MEG for 23-24 and 24-25**

- **£5.000m** – recurrent technical adjustments Action to Action within HSS MEG (budget commitment realignments).

<b>Action: Social Care &amp; Support</b>					
<b>Final Budget 2022 (2023-24) £m</b>	<b>Change £m</b>	<b>Draft Budget 2023-24 (2023-24) £m</b>	<b>Final Budget 2022 (2024-25) £m</b>	<b>Change £m</b>	<b>Draft Budget 2023-24 (2024-25) £m</b>
6.035	-0.850	5.185	6.035	-0.850	5.185

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**

#### **Budget adjustments within HSS MEG for 23-24 and 24-25**

- **(£0.850m)** – recurrent technical adjustments Action to Action within HSS MEG (budget commitment realignment).

<b>Action: Partnership &amp; Integration</b>					
<b>Final Budget 2022 (2023-24) £m</b>	<b>Change £m</b>	<b>Draft Budget 2023-24 (2023-24) £m</b>	<b>Final Budget 2022 (2024-25) £m</b>	<b>Change £m</b>	<b>Draft Budget 2023-24 (2024-25) £m</b>
0.526	0	0.526	0.526	0	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 Final Budget 2022.

<b>Action: Sustainable Social Services</b>					
<b>Final Budget 2022 (2023-24) £m</b>	<b>Change £m</b>	<b>Draft Budget 2023-24 (2023-24) £m</b>	<b>Final Budget 2022 (2024-25) £m</b>	<b>Change £m</b>	<b>Draft Budget 2023-24 (2024-25) £m</b>
109.715	0	109.715	114.715	0	114.715

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

Funding remains at the same level as in the Final Budget 2022.

<b>Action: Social Care Wales</b>					
<b>Final Budget 2022 (2023-24) £m</b>	<b>Change £m</b>	<b>Draft Budget 2023-24 (2023-24) £m</b>	<b>Final Budget 2022 (2024-25) £m</b>	<b>Change £m</b>	<b>Draft Budget 2023-24 (2024-25) £m</b>
25.613	-0.030	25.583	25.613	-0.030	25.583

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 allocations for 23-24 and 24-25 (Recurrent)**

- **(£0.030m)** - Draft Budget recurrent additional Non Fiscal Resource funding.

<b>Action: Supporting Children</b>					
<b>Final Budget 2022 (2023-24) £m</b>	<b>Change £m</b>	<b>Draft Budget 2023-24 (2023-24) £m</b>	<b>Final Budget 2022 (2024-25) £m</b>	<b>Change £m</b>	<b>Draft Budget 2023-24 (2024-25) £m</b>
111.256	170.235	281.491	112.106	177.685	289.791

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**

#### **MEG to MEG transfers (Recurrent)**

- **£160.235m (23-24) and £167.685m (24-25)** – Recurrent transfer of Children & Communities Grant funding into HSS MEG.

#### **Budget adjustments within HSS MEG for 23-24 and 24-25**

- **£10.000m** – recurrent technical adjustments Action to Action within HSS MEG (budget commitment realignment).

<b>Action: CAFCASS Cymru</b>					
<b>Final Budget 2022 (2023-24) £m</b>	<b>Change £m</b>	<b>Draft Budget 2023-24 (2023-24) £m</b>	<b>Final Budget 2022 (2024-25) £m</b>	<b>Change £m</b>	<b>Draft Budget 2023-24 (2024-25) £m</b>
14.725	0.470	15.195	17.725	0.470	15.195

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**

#### **Budget adjustments within HSS MEG for 23-24 and 24-25**

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