

Health and Social Care Committee
Date: 16 October 2014
Title: Scrutiny of Draft Budget 2015-16

Purpose

The Committee's Chair wrote to both the Minister for Health and Social Services and the Deputy Minister on 28 July inviting them to give evidence on their Draft Budget proposals and asking them to provide a paper in relation to the Draft Budget.

Introduction

The Draft Budget was published on 30 September 2014. This paper provides information for the Health and Social Care Committee on the Health and Social Services Main Expenditure Group (MEG) future budget proposals for 2015-16.

Budget Overview

	2015-16
Revenue	£m
DEL Baseline as @ Final Budget 2013	6168.6
MEG Allocation	225.0
MEG to MEG Transfers	(5.8)
Revised DEL as @ Draft Budget 2014	6387.8
Capital	
DEL Baseline as @ Final Budget 2013	234.5
No Change	
Revised DEL as @ Draft Budget 2014	234.5
Overall Total HSS MEG	6622.3

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

Changes over Current Financial Year

The proposed changes for 2015-16 when compared to the current financial year and the indicative plans as published at Final Budget December 2013 are as follows:

	2014-15 as @ June Supplementary Budget 2014	Indicative Plans 2015-16	Proposed Budget 2015-16	Change from Supplementary Budget	Changes from Indicative Budget
Revenue	6096.6	6168.6	6387.8	291.2	219.2
Capital	300.0	234.5	234.5	(65.5)	-
Total	6396.6	6403.1	6622.3	225.7	219.2

Changes from the 2014-15 budget as published in the June 2014 Supplementary budget are summarised below:

Revenue: Increase of £291.204 million

- **£225.000 million** additional investment in line with Welsh Government's priority to support the NHS in Wales
- **£60.000 million** additional investment in line with Welsh Government's priority to support the NHS in Wales – announced in Final Budget December 2013

- **£(10.000) million** reduction in respect of non recurrent orthopaedic funding to Hywel Dda Health Board
- **£(4.998) million** in respect of Invest to Save Schemes
- **£27.000 million** in respect of Independent Living Fund funding allocated to Social Services
- **£ 0.490 million** from the Local Government and Communities MEG in respect of Feed Safety funding transferring from the RSG settlement
- **£0.335 million** from the Central Services MEG in respect of Invest to Save Schemes
- **£(4.577) million** to the Local Government & Communities MEG in respect of Integrated Family Support Services Grant into the RSG Settlement
- **£(1.166) million** to the Central Services Administration MEG in respect of the transfer of Academi Wales
- **£ (0.880) million** to the Local Government and Communities MEG in respect of Autistic Spectrum Disorder Infrastructure Grant into the Revenue Support Grant

Capital: Reduction of £ (65.500) million as a result of non recurrent funding allocated in 2014-15:

- **£(25.5) million** funding for the continued redevelopment of health services in Swansea (Morriston) within Abertawe Bro Morgannwg University Health Board
- **£(19.5) million** funding for the Health Technology Fund
- **£(3.0) million** funding for Neonatal and Paediatric services on the Glangwili hospital site within Hywel Dda University Health Board
- **£(2.5) million** funding for Health Boards to meet increases in demand for diagnostics and interventional services
- **£(2.0) million** funding for diagnostics and ambulatory care within Cwm Taf university Health Board
- **£(1.0) million** funding for Emergency Medical Retrieval and Transfer Service to provide an All Wales integrated adult, paediatric and neonatal transport service
- **£(5.0) million** funding for the phase 2 of the Children's Hospital at the University Hospital of Wales
- **£(7.0) million** funding for the Llandough Adult Acute Mental Health Unit

Changes over 2013 Final Budget Plans

Revenue – Increase of £219.202 million

- **£225.000 million** additional investment in line with Welsh Government's priority to support the NHS in Wales
- **£ 0.490 million** from the Local Government and Communities MEG in respect of Feed Safety funding transferring from the RSG settlement
- **£0.335 million** from the Central Services MEG in respect of Invest to Save Schemes
- **£(4.577) million** to the Local Government & Communities MEG in respect of Integrated Family Support Services Grant into the RSG Settlement
- **£(1.166) million** to the Central Services Administration MEG in respect of the transfer of Academi Wales
- **£ (0.880) million** to the Local Government and Communities MEG in respect of Autistic Spectrum Disorder Infrastructure Grant into the Revenue Support Grant.

Capital – No Change

Details of all transfers are shown in Annex A to this paper with a breakdown to BEL level at Annex B.

Approach to Budget Proposals

The most significant budgetary change to the DHSS MEG for 2015-16 is the inclusion of the additional funding of £225m shown within the 'Delivery of Core NHS Services' Action. Details of the rationale for this additional funding are included within the main budget documentation which was published at the time of the budget announcement on 30 September.

The main supporting evidence is contained within the recently published independent report by the Nuffield Trust. One of the main conclusions and messages from the report is that the NHS will remain affordable well into the future, provided that the NHS shares in the projected real-terms growth in the UK economy and makes the efficiency and productivity gains that Nuffield identifies as achievable.

Whilst the additional funding will help support the continued delivery of high quality safe services, the NHS will need to continue to demonstrate new innovative ways of delivering health care, with a greater focus on prevention and early intervention. These developments will be underpinned by the principles of Prudent Healthcare; an approach which we believe will help us achieve the twin aims of better outcomes for patients, as well as securing a sustainable, universal health service for the people of Wales well into the future.

In order to help the Committee's scrutiny and to provide a greater understanding of how the NHS spends its allocation of funds contained within the 'Delivery of Core NHS Services' Action line, the following section provides more information on the funding arrangements for Local Health Boards.

Funding arrangements for Local Health Boards

Within the BEL tables shown at Annex B the Delivery of Core NHS Services action line shows a budget of £5.6bn for 2015-16. Notwithstanding a few minor adjustments, this budget is the main revenue allocation budget issued to Health Boards at the beginning of the financial year. The allocation provides funding for:

- Hospital and Community Health Service (HCHS) and Prescribing revenue discretionary allocation.
- HCHS protected and ring-fenced services
- General Medical Services Contract allocation
- Community Pharmacy Contract allocation
- Dental Contract allocation

The allocation of the draft 2015-16 budget between the various funding streams shown above has not yet been finalised. However, in order to provide the Committee with an indication of how the budget will be distributed, the table below has been reproduced based on the 2014-15 recurrent allocation.

Indicative 2015-16 Health Board Revenue Allocations

Health Board	Discretionary & Prescribing Allocation	Ring Fenced Allocation	GMS Contract	Pharmacy Contract	Dental Contract	Total
	£m	£m	£m	£m	£m	£m
ABM	647.4	158.4	71.7	28.4	26.3	932.2
AB	729.9	129.5	82.4	30.6	26.4	998.8
BC	870.1	183.4	111.6	32.5	26.8	1,224.4
C&V	529.2	110.0	62.2	21.6	23.6	746.6
CT	391.4	81.7	43.9	18.0	11.2	546.2
H Dda	463.3	110.6	58.7	20.3	16.8	669.7
Powys	159.2	37.8	30.0	4.6	5.5	237.1
Total	3,790.5	811.4	460.5	156.0	136.6	5,355.0

The table above does not currently include the **additional £225m** announced in this Draft budget for 2015-16. It is intended that the majority of this funding will be allocated to individual Local Health Boards in accordance with their fair share of funding as identified by the Townsend Formula and with reference to the integrated medium term plans developed during the current financial year. The exact allocations to each Health Board will be determined following the completion of work to update the current formula, based on the most recent population trends and needs based data. This will be concluded in advance of the formal allocation letters issued in January 2015.

In addition, within the 'Delivery of Core NHS Services' Action, there are some elements of funding that are issued to Health Boards in year, based on actual costs / agreed criteria which may differ from year to year, so are not included within the above recurrent funding amounts. Examples of these items of expenditure are:

- Substance Misuse funding
- Dental and Pharmacy Trainee costs
- Community Health Council costs

LHB Discretionary Allocation

A high level historical analysis, by cost category, of the majority of the expenditure within the LHB discretionary allocation shown above, taken from the 2013-14 financial year is shown below.

LHB ANALYSIS OF EXPENDITURE BY TYPE 2013-14		
<u>REVENUE - PAY EXPENDITURE</u>	£m	£m
TOTAL NHS STAFF SALARIES AND WAGES		2704.0
TOTAL NON NHS STAFF SALARIES AND WAGES		55.2
Chairman's and non-executive members' remuneration		1.8
TOTAL REVENUE EXPENDITURE ON SALARIES AND WAGES		2761.0
<u>REVENUE - NON-PAY EXPENDITURE</u>		
Total clinical supplies	503.2	
Total general supplies and services	47.9	
Total establishment expenditure (Travel, subs, printing, stationery etc)	74.6	
Total premises and fixed plant	123.0	
Total depreciation/fixed asset impairment and reversals	174.7	
Total external consultancy staffing and consultancy	7.5	
Total miscellaneous	64.0	
TOTAL NON-PAY REVENUE EXPENDITURE		995.1
Summarised Revenue Expenditure - LHBs 2013-14		3756.0

Ring Fenced Allocation

Within the ring fenced funding allocation, the primary elements are £529m for Mental Health services, £139m is for depreciation costs and Learning Disabilities/Renal Services are £134m.

Expenditure by Programme Budget Category

A further analysis of historical expenditure can be shown by Programme Budget category. This information is produced each year but is only available approximately 8 months following the end of the financial year. Consequently the information shown below has been compiled from expenditure during the 2012-13 financial year.

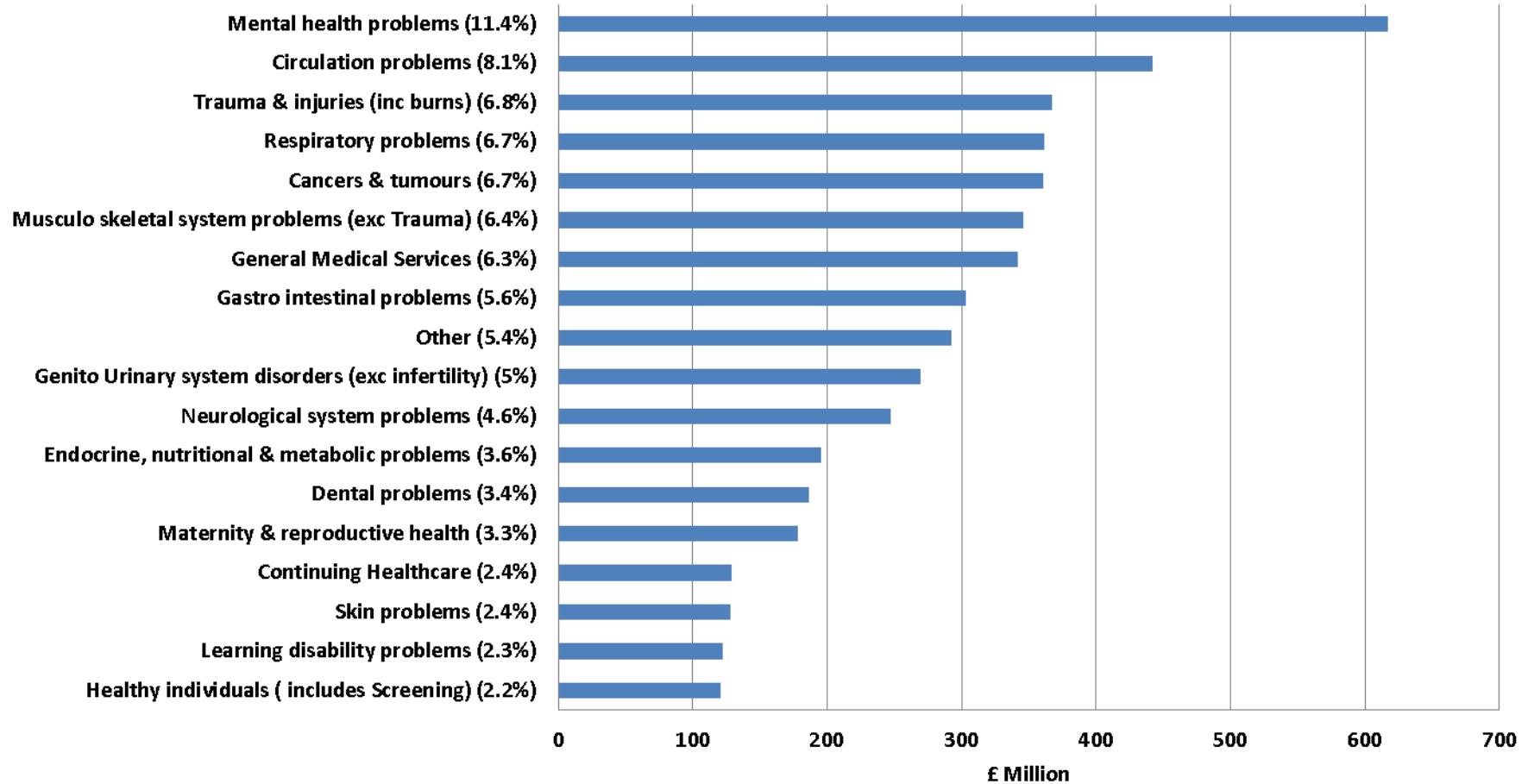
The following health condition categories account for over 90% of the total allocation within the 'Delivery of Core NHS Services Action.

- Mental Health problems
- Circulation problems
- Trauma and injuries (including burns)
- Respiratory problems
- Cancers and tumours
- Musculo skeletal system problems (exc Trauma)
- General Medical Services

- Gastro intestinal problems
- Other
- Genito Urinary system disorders (exc fertility)
- Neurological system problems
- Endocrine, nutritional & metabolic problems
- Dental problems
- Maternity and reproductive health
- Continuing Healthcare
- Skin problems
- Learning disability problems
- Healthy individuals (Prevention)

Main areas of NHS Expenditure

(by Programme Budget Category)*



The chart above illustrates the main areas of spend in the NHS in Wales. The information is drawn from the programme budgeting returns for 2012-13 and covers around 92% of the expenditure in that year (circa £5bn). NB The programme budgeting information for 2013-14 is not yet available.

*The categories of spend shown above are based on the World Health Organisation International Classification of Disease

Areas of Interest as Detailed in the Letter from the Committee Chair:

Programme for Government Commitments

Progress against all HSS Programme for Government commitments is regularly monitored to ensure that they remain on track to be delivered and that we do so in a way that achieves the intended outcomes. Bi-monthly progress reports are considered by the Ministerial Advisory Group, chaired by the Minister for Health and Social Services and attended by the Deputy Minister and senior officials. Such reports focus on areas where there is any risk to delivery, or where significant milestones have been reached. During 2014/15 a due diligence review of the DHSS-led commitments to ensure that they continue to be aligned with the developing health and social service policy environment and will deliver the improved outcomes we want to achieve. Any commitments where our approach to implementation changes in nature are reported to the Assembly through statements or debates. In addition, the Programme for Government Annual Report provides a comprehensive annual assessment of our progress in delivering each commitment. This includes reporting on a range of outcome and tracking indicators, which provides transparent evidence of the impact made by the health and social service interventions we make.

Action to deliver on the Programme for Government commitments is a fundamental part of the DHSS business planning process which allows officials to advise Ministers on what can be delivered each year, and to allow decisions to be taken on allocation of the finite resources available to Welsh Government to ensure both delivery and value for money.

Our overall focus on ensuring value for money in the way that we deliver services is reflected in the prudent healthcare approach I have taken. I have stated that we cannot go on providing interventions that do not deliver benefits, and we must concentrate resources on things that make a positive difference.

The NHS as a whole has also undergone significant service change over recent times. This re-assessment of the way that a number of significant services are delivered has helped to ensure that we maximise the value of the money that we spend.

Update on Programme for Government Commitments

GP Access

Improving access to GP services for working people is one of the Five for a Fairer Future commitments within the Programme for Government and will be delivered within an on-going investment of over **£460m** in General Medical Services. A staged approach has been developed to ensure successful delivery of this commitment. In 2014-15 there was a strong focus on improving access in GP core hours, in particular, in the evening between 5.00pm and 6.30pm.

The focus for 2015-16 will be to further improve access in core hours and outside core hours in the evening and to enable access to GP services at the weekend. Access to GP services at the weekend is being considered through a new model for planned appointments outside core hours as part of a wider review of unscheduled care including GP out of hours. Also, in order that working people have a wider choice to access GP services more conveniently during the day and late evening at a place nearer to their work place, proposals have been agreed to pilot an "out of area non

registered day patient scheme” in a small number of participating practices in Cardiff; Newport; Swansea and Wrexham in 2014-15. This pilot scheme, subject to evaluation, will be considered for extension in 2015-16.

My Health On line allows people to actively manage their own care by booking appointments and ordering repeat prescriptions on line. Whilst approximately 75% of GP practices are signed up to *My Health On line*, a smaller proportion of GP patients have signed up (approximately 35,000) to *My Health On line*. Health Boards and GPs will be encouraging more practices and more patients to take up *My Health On line* in 2015-16.

The **Common Ailments Scheme** will see continued investment of **£0.5m** in 2015-16. Available research suggests that families with young children are high users of common ailments services. We aim to explore the extent to which it supports families and measure the impact of that support through the evaluation.

The 50+ health checks programme

The ‘Add to Your Life’ programme budget of **£0.6m** in 2014-15 is being used to progress the programme’s four components. This builds on work undertaken throughout 2013-14 and includes support for the continuing development and maintenance of the online platform, continued funding for targeted community support in partnership with the Communities First programme, and a dedicated marketing budget to support the first year of national rollout. Evaluation has also been incorporated into the overall programme from an early stage. Initially this has involved a formative evaluation exercise which is due to be completed in late autumn 2014. Public Health Wales will develop proposals for the second phase of the programme to commence in 2015-16 following the results of the formative evaluation.

Designed to Smile

Our ‘Designed to Smile’ programme will see a continued investment of **£3.7m** in 2015-16. This funding is within the recurrent ring fenced dental allocation in the Delivery of Core NHS Services Action.

I am pleased to report that early data analysis suggests the decay of the average child attending schools participating in the programme is improving. The Dental Epidemiology Survey of five year olds for 2015-16 will provide clearer insight into the impact of the programme.

Palliative Care

We are continuing to provide total funding of **£6.6m** in 2015-16 for palliative care services across Wales. From 2015-16, £5.019m will transfer from the Welsh Government to Health Boards for the provision of palliative care services provided by hospices in their communities. Velindre NHS Trust will receive £1.41m, and the remainder will fund initiatives such as Cruse’s children and young adults bereavement service, peer review, and two patient and family feedback mechanisms known as Dying Well Matters and iWantGreatCare.

NHS Wales 111 Service

Our commitment is to build on the success of NHS Direct, and offer a single number for accessing out-of-hours health care in Wales, linked in to the local out-of-hours services. The intention is to achieve this through the introduction of the free to call 111 number that has been allocated by Ofcom for urgent (but non emergency) healthcare needs.

Responsibility for oversight, development and delivery of the 111 non-emergency number has been transferred to NHS Wales and is being driven by the Improving Unscheduled Care Programme Board. The cost of appointing a project leader and establishing a project team has been determined; understanding the detailed cost implications for this service will be a key component of the project between now and December.

Eye care

Our 'Wales Eye Care Service (WECS)' programme will see a continued investment of **£1.2m** for the Low Vision Service Wales, **£3.1m** for the Eye Health Examination Wales and **£6m** for the Diabetic Retinopathy Screening Service in 2015-16. This funding is within the recurrent ophthalmic allocation for the Delivery of Core NHS Services. We are providing funding of **£14.0m** in 2015-16, which has transferred into the health board revenue allocation, for treatment of Wet AMD using the drug Lucentis. As new drugs become available with the potential for more effective treatment and at reduced cost, these will be evaluated by the National Institute for Clinical Excellence (NICE) and the All Wales Medicine Strategy Group (AWMSG).

Social Services

In terms of Social Services, "Sustainable Social Services: A Framework for Action," fully captures our policy priorities until 2016 and the budget and other resources have been fully aligned to deliver the commitments. Aside from the transfers, mentioned above, to Local Government Revenue Support Grant and Public Health Wales, the Social Services budget provision of **£46m** in 2014-15 has been maintained for 2015-16. The additional element relates to the transfer in of the Independent Living Fund. The total budget figure for 2015-16 of **£67m** reflects the costs to deliver our contribution to Programme for Government commitments. It should be noted, however, that the successful delivery of many of these commitments is a shared objective across ministerial portfolios, including Tackling Poverty and Communities and Local Government. The additional £10 million for social services announced in the Draft Budget will enable local authorities to deal with immediate pressures. Taken together with the funding we have provided to local authorities and their partners to support the transition to the new arrangements under the Social Services and Well-being (Wales) Act, it will enable local authorities and health boards to have confidence in their ability to deliver new ways of working and embed new integrated arrangements

A budget of **£1m** is provided to support the delivery of the **Older Persons' Strategy** that was refreshed in 2013. **£1.1m** is set aside for the recently refreshed **Carers' Strategy**. From the Services for Children BEL **£0.9m** will provide specific budgetary support for PfG commitments in the areas of a **National Adoption Service** and **Safeguarding**. The **Integrated Family Support Services** is now fully rolled out across Wales, and the budget will transfer to the RSG in 2015-16

In last year's Draft Budget the Welsh Government was allocated an additional **£27m** from the UK Government in relation to the funding for the Independent Living Fund (ILF). As part of the UK Government's Welfare Reform programme the ILF was due to close on March 31st 2015, with responsibility for the running of the fund devolved. During 2014-15 the ILF closure date was moved to 30th June 2015 resulting in a transfer to HM Treasury of an element of this funding. This is currently under review and will be agreed as an in year budget transfer. The amount retained represents the cost of supporting the estimated 1,509 ILF recipients in Wales at 30 June 2015 when the ILF closes. We will shortly be launching a consultation to seek views on what

arrangements the Welsh Government should put in place to support recipients of the ILF in Wales after it closes. Welsh Ministers intend to make a decision in the spring of 2015 so that new arrangements are in place in good time from 30 June next year

The Social Services Programme budget is considered adequate to deliver the commitments of the PfG. However, the overwhelming majority of costs associated with the delivery of social services are through the Revenue Support Grant (RSG) to local authorities. The social service programme budget within the Department for Health and Social Services represents less than 4% of the total budget for the sector through the RSG.

In addition to DHSS wide monitoring arrangements in place the delivery of commitments is monitored through a strategic five-year approach, the Sustainable Social Services Programme. This cross-cutting framework incorporates all of our Programme for Government commitments and a monthly report is provided to the Minister regarding progress.

Innovative Financing

In May, the Finance Minister announced that a new specialist cancer care centre at Velindre Hospital will be progressed using innovative investment funding models. The capital cost of the new centre is estimated to be £210m and will facilitate access to high quality cancer services, comparable with the best in the world. The Strategic Outline Programme for the scheme is being developed by Velindre NHS Trust and it is anticipated that this will be completed in the autumn. While a number of funding vehicles are being considered, the non profit distributing (NPD) model has been identified at an early stage as a possible mechanism to deliver the scheme. This will be examined and confirmed as the scheme progresses through the business case process. Officials have had discussions with colleagues from NHS Scotland who have been involved in the delivery of such schemes to ensure the approach adopted is appropriate.

A number of other potential investment areas in the Welsh NHS are also being considered in relation to innovative financing. These are currently being scoped, but include the possible development of a primary and community care programme and an energy efficiency programme. Funding vehicles could include the introduction of a financing hub initiative, which is designed to bring together Health Boards, Local Authorities, police, and fire and rescue services and other public bodies, together with a private sector development partner.

In terms of the requirement for legislative changes, this will need to be assessed as the potential investment programmes are developed. For example, in relation to the proposed development at Velindre, it should be noted that NHS Trusts in Wales currently have the ability to borrow. However, for this and other programmes, we will need to take account of a wide range of factors, including statutory powers, to determine how the investment vehicles are to be developed and structured to deliver schemes at best value.

Provision for Legislation

Public Health Bill

It is recognised that individual proposals within the Public Health Bill could have a range of financial implications for Welsh Government. These are in the process of being fully

assessed throughout the development of legislation, including through work to produce a full Regulatory Impact Assessment. It is not expected that the Public Health Bill will incur any expenditure in the 2015-16 financial year.

Social Services Regulation and Inspection Bill

The Regulation and Inspection Bill is timetabled for a stage 2 debate in the Assembly in February 2015, and completion of Assembly legislative processes by December 2015. It is not scheduled to be enacted until April 2017, and is not anticipated to require expenditure within 2015-16.

Social Services and Well-being (Wales) Act 2014

The new Social Services and Well-being (Wales) Act provides the framework for driving the changes needed to create sustainable social services for the future. The Act will come into force in April 2016 and our programme will support the changes the Act will put in place. We know that transformation, framed through the Social Services and Well-being (Wales) Act, must be a priority for social services. This includes ensuring that people themselves have a stronger voice and greater control over the services they receive, focussing on prevention and early intervention and developing much greater focus on integration of health and social services in critical areas. The Act will be revenue neutral.

Welsh Government is supporting the shift to the new system and providing transitional support in preparation for 2016. We are allocating £3m in 2015-16 to support the implementation of the Act. This is a continuation of funding made available in 2014-15 to enable local authorities and partners to deliver the new Act. All budget lines for Social Services are targeted towards delivering the sustainable social services agenda that is underpinned by the Act. In particular, the Social Care Workforce Development Programme provides £8.4 million to invest in training for people working in social care which will be directed towards preparing them for changes resulting from the Act; a large part of this will be a grant to Local Authorities.

As noted in the Regulatory Impact Assessment which accompanied the Social Services and Well-being (Wales) Bill, further work on assessment of costs will be undertaken in the context of the development of the subordinate legislation underpinning the Act. This work will provide a clearer picture of the individual costs and benefits accruing or incurred as a result of the changes required by the Act. The outcomes of this work should be viewed against the broader background of a system developed to be revenue-neutral through shifting the focus and burden of cost towards supporting well-being, earlier intervention and citizen voice and away from late-stage, high intensity, intrusive and high cost interventions. This major change will be supported by three years of transitional funding to local government and its partners to assist them in meeting the costs of moving to a new way of working.

Human Transplantation (Wales) Act 2013

The Human Transplantation (Wales) Act 2013 will come fully into force on 1 December 2015. Implementation of the Act is now well underway, with a wide-ranging communications campaign, redevelopment of the Organ Donor Register to enable the recording of opt-out decisions, and the preparation of subordinate legislation. The overall cost of implementation remains in the region of £7.5 million over 10 years. £2 million was allocated for 2014-15 and £2.8 million in 2015-16.

Mental Health (Wales) Measure 2010

An interim report reviewing the implementation of the Mental Health (Wales) Measure 2010, showed that service users broadly felt this had made real difference to their care. More than 33,000 people have had an assessment of their mental health within primary care in the last 12 months and have been provided with information, advice and intervention as needed. Of those receiving secondary mental health services, over 90 per cent now have a Care and Treatment Plan. Independent Mental Health Advocacy services have been extended, and service users and staff have reported positive outcomes. In continuing to evaluate and monitor the Measure using independent research, satisfaction surveys and performance data, our ongoing emphasis will be on further improvements in the quality of the care provided and ensuring this good practice is shared.

NHS Redress (Wales) Measure 2008

The National Health Service (Concerns, Complaints and Redress Arrangements) (Wales) came into force on 1 April 2011. Monies have been allocated since 2010 to provide for the financial implications associated with the NHS redress arrangements made under these regulations.

For 2010-11, £1.8m was allocated based upon the cost for implementing the arrangements which included providing training for NHS staff and public communication documents. £0.5m was actually spent due to the need for the new arrangements to become established and consequently the 'run- in time required for cases to reach a conclusion. The actual amount spent in 2013-14 was £1.2 m and for 2014-15 £1.3m has been allocated. Future funding will be allocated on the basis of costs incurred from previous years.

Draft Food Hygiene Rating (Promotion of Food Hygiene Rating) (Wales) Regulations

The total estimated cost to local authorities in Wales of introducing these new regulations is estimated at £0.031 million per year for the whole of Wales although this might change as part of the consultation process. This figure includes undertaking checks on food businesses, publicity material and supporting food businesses that are non-compliant or undertaking enforcement action. There are no costs associated with revising the statutory guidance.

UK Government Legislation.

Welsh Government monitor UK legislation and are engaged with Whitehall officials on the two UK Bills before Parliament, ten UK Draft Bills, and eighteen Private Member Bills that are considered to have possible policy implications for Health and Social Services in Wales – these include:

- The Deregulation Bill,
- Assisted Dying Bill,
- Health and Social Care (Safety and Quality) Bill

Until the final Bill provisions affecting Wales are known it is not possible to identify firm financial implications. The key aim is to ensure that Wales and the Welsh Ministers are not adversely affected by any UK legislation and that opportunities for any legislation for Wales are taken.

Preventative Spend

Within the Health and Social Services MEG, many budgets are aimed at prevention spending e.g. mental health/wellbeing and substance misuse. There is also a particular focus for health in a child's early years, where the NHS serves as the main universal service. Health Boards offer programmes of health surveillance and developmental checks carried out on children from birth to school entry in order to identify any medical conditions or developmental delay that might require further investigation or treatment. These contacts are often used as opportunities for health promotion, taking into account the holistic needs and circumstances of individual children and their families. Work is currently underway to review current practices, with a view to develop a best practice model through the 'Healthy Child Wales / Plentyn Iach Cymru' programme. These budgets are not included within the £105m quoted below.

The proportion of the budget which focuses on preventing problems and eases future demand on services currently stands at £105m in 2015-16, 2% of the total revenue budget. The following items are included within the £105m

- **£81.4m** core funding is allocated to Public Health Wales. Public Health Wales deliver a number of programmes aimed at preventing ill health such as **Smoking Cessation Services, Welsh Network of Healthy School Schemes, Mental Health First Aid and the National Exercise Referral Scheme**. The funding allocation is not ring fenced for any particular activity to allow maximum flexibility in managing their resources to meet a wide range of priorities and commitments
- **£17.6m** will be allocated for Immunisation programmes – including expansion of seasonal flu programme, to include 2, 3 and 4 years olds and schools year 7, vaccination of 70 year olds for shingles along with a catch up programme for 78 year olds. Rotavirus vaccination of babies at 2 and 3 months of age and the MenC programme have been adjusted to remove an infant dose replacing it with an adolescent dose while the vaccination of university starters under 25 years of age until such time as vaccinated adolescents reach 18 years of age.
- **£8.5m** supports the **Healthy Start Scheme** which is a UK-wide statutory scheme which provides a nutritional safety net to vulnerable pregnant women, new mothers and children in families in receipt of benefits. The Healthy Start scheme is administered by the Department of Health on behalf of England, Wales, Scotland and Northern Ireland.
- The Welsh Government's '**Healthy Working Wales**' work and health programme provides employers with access to advice and support to develop policies and practices to improve the health and well-being of their staff, reduce the impact of ill-health at work, and encourage early intervention to rehabilitation. Healthy Working Wales supports over 1,000 employers per year and 27.9% of people working in Wales are employed by an employer who is engaged in the programme. The programme is jointly funded with the Department for the Economy, Science and Transport with a contribution of **£0.280m** from the Health and Social Services MEG.

- **£0.2m** has been awarded to **Alcohol Concern Cymru (ACC)** to raise awareness of alcohol misuse issues, monitoring and reporting on questionable alcohol labelling and promotions, leading on information campaigns, issuing good practice guidance and undertaking research.
- **£0.2m** is allocated to the **Healthy Ageing Programme** which is run by Age Cymru on behalf of the Welsh Government. The programme is aimed at addressing the needs of older people and helps support them to enjoy good physical, mental and emotional health and well-being. RBA performance measures have been developed to measure the outcomes of the programme.
- The Programme for Government commits us to an annual health campaign to tackle the biggest public health priorities. The **Change4Life Social Marketing Campaign** is focussed on, and addresses obesity, healthy eating, physical activity and alcohol and has over 76,000 people signed up to receive information. Funding of **£0.3m** has been agreed for 2015-16 to take forward the Change4Life programme.
- **£0.2m** supports **Lets Walk Cymru**, which is delivered by the Ramblers Association who co-ordinates and develops health related walking projects in Wales, targeting least active adults. The project complements Welsh Government aims to increase physical activity levels in Wales alongside improving access to the countryside and the coast of Wales.
- **£0.1m** has been awarded to **ASH Wales** to support the delivery of aspects of the tobacco control action plan for Wales, which aims to reduce smoking prevalence in adults across Wales to 16% by 2020. The current smoking prevalence rate is 21%.
- **£0.1m** is allocated to support the provision and delivery of **Long Acting Reversible Contraception (LARC)** within substance misuse services in Wales. The aim of the intervention is to reduce unintended pregnancies by using LARC as a way of delaying conception in drug dependent women until such time as their recovery has progressed to allow them to parent affectively.
- **£1.0m** is allocated to support investment in high quality data at both national and local level such as the Welsh Health Survey and Health Behaviour in School-aged Children survey to support investment decisions and track the impact of policies.

Working together to reduce harm - the substance misuse strategy for Wales 2008-2018:

Working Together to Reduce Harm is the Welsh Government's 10 year strategy for tackling the harms associated with the misuse of alcohol, drugs and other substances in Wales. The strategy has four priority actions areas: preventing harm; support for substance misusers – to improve their health and maintain recovery; supporting and protecting families; and tackling availability. The strategy is supported by the Substance Misuse Delivery Plan 2013-15 and almost £50m of revenue and capital funding. Progress against the commitments contained within the Delivery Plan are regularly

monitored by the Welsh Government with impact assessed through a range of performance indicators covering both substance misuse treatment services and outcomes for those individuals dealing with substance misuse. For example, drug related death figures released in September 2014 showed that in 2013, there were 208 drug poisoning deaths (involving both legal and illegal drugs) in Wales, a decrease of 6 (2.8%) compared with 2012 and 135 drug misuse deaths (involving illegal drugs), unchanged from 2012. In terms of access to substance misuse treatment 85.5% of cases in 2012-13 achieved a waiting time of within 20 working days between referral and to treatment.

Together for Mental Health, Delivery Plan 2012 – 2016:

Together for Mental Health is helping us achieve the ambitions we have set ourselves in our *Programme for Government, Sustainable Social Services for Wales: A Framework for Action* and *Together for Health*. It combined extant policy, consolidated progress to date and further embeds the ground breaking *Mental Health (Wales) Measure*. The Measure has ensured that over 90% of people in secondary mental health services now have a care and treatment plan and over 38,000 people have been assessed by their new local primary care mental health support services across Wales in its first 9 months with GP and service user satisfaction high. The strategy takes a holistic, cross-government approach, as many of the things that matter to people's mental well being - housing, employment or education, for example - lie beyond health and social care.

Outcome-focused, it emphasises the value of co-produced care and services, and is supported by the first in a series of three-year Delivery Plans (2012-16), which confirms roles and responsibilities. Clear timescales are identified, as are the measurements through which we will be able to assess progress. It outlines the contributions required from local government, the NHS, third sector, providers of education and training, employers and a range of other agencies - and the benefits which accrue - if the mental health challenge is to be effectively tackled.

Together for Health, Eye Health Care Delivery Plan for Wales 2013-2018

Health boards will make a sustained shift in resources towards delivering much more care closer to home. This will support the Wales Eye Care Services, which has built a skilled local workforce and delivered improved diagnosis and more follow-up in eye health care locally within the primary care setting.

In 2015-16, the Steering Group and subsequent advisory groups, set up to deliver the Eye Care plan recommendations, will identify ways of funding new and innovative ways of delivering care closer to the patients home, which in turn will stimulate sustainable innovation and local service improvements.

The plan takes a holistic approach to eye health care, consolidating progress to date across health, social care and third sector. It includes co-production and prudent healthcare and highlights the contributions required from NHS Wales, social care and third sector to benefit the patient.

Social Services

Within Social Services our policy approach are about promoting the well-being of people and preventing problems. If positive well-being outcomes are delivered this will remove or delay the need for services. The Social Services programme portfolio encompasses a range of activities that both meet identified need and are aimed at

reducing future demand for services. The priority for Welsh Government, and the focus of the Welsh Government's Social Services budgets is to promote and accelerate transformational change in the way services are delivered, shifting resources across the whole system towards community based provision, bringing NHS, local authority, third sector and independent provision together to enhance capacity for prevention and early intervention.

Many specific preventative initiatives carried out within the sector, such as reablement, are funded through the Revenue Support Grant to local authorities, or specific grants such as Invest to Save or Supporting People.

The **Integrated Family Support Services (IFSS)** is a statutory scheme to support the most vulnerable children and families in Wales. Services focus on families where parents have particular and challenging problems that affect the welfare of their children. Pioneer IFSS teams started work on 1 September 2010 and are now operating across Wales. We have made significant financial and other investment in building capacity and skills not just those of the IFSS teams themselves, but training professionals and others across their partnership in key techniques. These techniques help the professionals to better engage families and to embrace the ethos of working with the families strengths to empower them to effect changes in their lives.

The evaluation report found that it is still too early to form any robust conclusions about the long-term impact of IFSS on family outcomes and the sustainability or persistence of such impacts. However, the available monitoring or tracking data from the sites suggest that generally, broadly positive trajectories are still being achieved by the majority of the participating families (albeit based on relatively small numbers).

Whilst some work has been undertaken by a few of the IFSS consortia, work is being undertaken to gather more robust information in relation to the potential longer-term savings (cost avoidance) relating to the IFSS model. This work will be complete early 2015.

In 2014-15, IFSS will be fully rolled out; over **£4.5m** will be made available to local authorities and transferred to the RSG in 2015-16.

The Social Services Directorate provides significant support to the voluntary sector in Wales. Through the Family Fund Trust, Children and Families Grant and Section 64 scheme, we contribute over £7.3 million directly to the third sector. These grants support both projects and capacity within the sector. This funding is under review and we will put in place a new social services third sector funding programme aligned to our priorities for supporting prevention and early intervention to replace the current Children and Family Organisation Grant and section 64 grant schemes which come to an end in 2015.

Additionally through the implementation of the **Autistic Spectrum Disorder Strategic Action Plan**, within the Adult and Older People Action, support is provided to children and adults with autism in Wales. This includes funding for small regional projects delivered at the community level and support for adults with Aspergers Syndrome and will transfer into the RSG in 2015-16.

The Welsh Government is committed to maintaining its work to safeguard and protect the most vulnerable in society. Our safeguarding budget, **£0.6m**, which is contained

within the Children's Social Services Action supports a variety of initiatives to strengthen arrangements across Wales, in areas such as neglect, child trafficking and child sexual exploitation. Funding for the Child Death Review programme has been transferred into Public Health Wales (PHW) and this will secure the long term future of the programme. Within a flat budget for 2015-16 this work will continue to be extended as we seek to provide an equivalent framework for adult protection, including the implementation of adult practice reviews.

Progress on the Resource Allocation Formula

I met officials to discuss the progress that has been made in this area. The project has looked at international and UK research to identify the key issues to be addressed as part of the Resource Allocation Review Programme.

While the early work has identified a number of areas where we need to make improvements, it has also confirmed that there are many issues of good practice that are already included within the current "Townsend" allocation basis.

The allocation formula needs to be kept under constant review and some changes may take some time to implement. However, in light of the clear recognised demographic changes, over the last few years, and those projected going forward, I have agreed with officials a number of short term goals and improvements that must be prioritised to maximise benefits and to help achieve sustainable services in the short term. These include:

- Reviewing and fine tuning the weaknesses and limitations in collection of information and applications of the current direct needs formula e.g. information collected through the Welsh Survey;
- Aligning allocations and the formula around the key strategic objective to shift resources in line with the prudent healthcare agenda and towards earlier prevention and treatment;
- Addressing problems in funding flows between NHS organisations and communities;
- A review of continued ring-fencing of allocations within integrated health organisations, including bringing forward the mental health ring fence review into 2014; and
- To develop other funding mechanisms and incentives to ensure that the transfer of care to appropriate primary and community services is achieved.
- To develop an on going Resource Allocation Review programme to maintain, update and further develop the formula to reflect latest evidence, population needs, financial and allocation data.

The initial phase of this work is updating the "Townsend" direct needs formula with the latest available datasets on population, Welsh Health Survey, Cancer Registry, Programme Budget Costs. This update will inform the allocation of the £225m in 2015-16. The second stage of the work will be:

- reviewing the validity of datasets against other potentially suitable datasets,
- assessing whether health inequalities and deprivation are appropriately addressed and recognised and
- whether differing demographics and changes in demographics sufficiently covered

Three-year integrated medium-term Planning Arrangements

Over the last 12 months the planning system in Wales has benefited from a renewed focus. The NHS Planning Framework and NHS Finance (Wales) Act 2014 set out the intent and ambition for planning in NHS Wales and was underpinned by a programme of work from which a number of benefits have emerged, including:

- The establishment of a clear planning cycle, with clearly identified roles and responsibilities and a focus on delivery;
- through the NHS Finance (Wales) Act 2014, a statutory framework for medium term financial planning with explicit links to the primacy of effective integrated service and activity planning has been put in place;
- a robust scrutiny and approvals process around plans has been established. Plans are only approved following rigorous assessment – this process was quality assured by the Good Governance Institute; and
- planning functions within Health Boards and Trusts have been strengthened, alongside the development of stronger national arrangements.
- The position following the first planning cycle is that four organisations have approved Medium Term plans and six organisations have put in place annual plans to ensure a continued focus on delivery as they further strengthen their Medium Term Plans. These decisions were confirmed in written statements of 7 May and 27 June.

The approach and system still has scope to improve and further mature. We are in the process of refreshing the NHS Wales Planning framework, learning from the first cycle of the new process. The next Planning Framework will:

- be jointly developed with the NHS and across the DHSS
- further simplify the national planning requirements
- put the prudent healthcare agenda at the heart of the document, encouraging it to embed across the spectrum of NHS activities and processes,
- further strengthen the assessment and monitoring mechanisms
- prioritise key policy areas of primary care
- provide further clarity on the benefits and incentives attributed to having an approved medium term plan
- outline a programme of work to develop planning as a profession

All Health Boards and Trusts will be required to refresh their plans over the autumn for Submission to the Welsh Government on 31 January. They will then be scrutinised by the Welsh Government before further decisions are made.

Cross-cutting budget process - Welsh language, equalities, sustainable development and children's rights

The impact of DHSS-led policies and programmes on children, equality, sustainable development and the Welsh language is regularly assessed as part of the policy development process. The mechanism used to support this has been strengthened during 2014 with the setting up of a Joint Policy Integration and Legislation Assurance Programme Board to advise upon and monitor activity. A new Welsh Language Impact Assessment toolkit has recently been launched which will ensure that the new proposed Welsh language standards can be incorporated and that advice to Ministers demonstrate that the Welsh language considerations have been considered.

The impact assessments, which are designed to take place at key points in the policy development cycle, ensure that consideration of the Welsh Ministers' statutory duties in these areas shapes final policy and budgetary decisions. For example, in 2013-14 the budget allocated to local authorities and local health boards to deliver the **Integrated Family Support Services (IFSS)** was £4.577 million. In that period, there were 629 referrals to IFSS, a percentage of which were deemed as unsuitable and referred to other services where appropriate. 359 families undertook some form of intensive intervention. This results in an average cost per family of around £12,700.

These figures show cost of an IFSS intervention would usually be offset in the longer term by savings to local authorities achieved by more children staying in their families. This is a saving both in terms of the costs of any care provided as well as the costs of undertaking public law court proceedings to place a child or young person in care. As IFSS is focussed on addressing the needs of an entire family, it has the potential to save money in the longer term for adult treatment, health and probation services.

From the broader strategic perspective, the extensive programme to implement the Social Services and Well-being (Wales) Act from April 2016 will be subject to formal Children's Rights Impact Assessments in line with the duties under the Children's Rights Measure.

Mark Drakeford AM
Minister for Health and Social Services

Vaughan Gething AM
Deputy Minister for Health

ANNEX A to HSC Committee Paper – Scrutiny of Draft Budget.

Summary of Changes to ‘Action budget lines’ in 2015-16 when compared to indicative plans published at Final Budget November 2013.

1. Delivery of Core NHS Services

The Delivery of Core NHS Services is by far the largest Action in the MEG, with an annual revenue budget of £5 billion. The action provides the main funding for NHS care (hospital and community services). This funding is allocated to local health boards (LHBs) and NHS Trusts. It includes funding for primary care (GPs, dentists and pharmacists). There is a **net increase** of £234.765 million to this action as a result of the following transfers between Actions:

- **£14.000 million** from Delivery of Targeted NHS Services in respect of funding for WET AMD into Health Board revenue allocation
- **£2.487 million** from Delivery of Targeted NHS Services Action into the Health Board revenue allocation in respect of funding for Diabetic Retinopathy treatment costs
- **£0.150 million** from the Sponsorship of Public Health Bodies Action in respect of funding for Dental Advisors into the Dental Contract Allocation.
- **£5.019 million** from the Hospice Support Action in respect of Hospice funding into Health Board revenue allocation
- **£0.046 million** from the Delivery of Targeted NHS Services Action in respect of Shared Services
- **£0.180 million** from the Delivery of Targeted NHS Services Action in respect of Wheelchair Services into Health Board revenue allocation
- **£2.787 million** from the Deliver Targeted Health & Protection & Immunisation Activity Action in respect of immunisation costs to Health Board Allocation (£2.472m) and GMS Contract (0.315m).
- **£ (5.056) million** to the Delivery of Targeted NHS Services Action in respect of Eye Care Programmes
- **£(0.508) million** to the Delivery of Targeted NHS Services Action in respect of the Choose Pharmacy Scheme
- **£(0.150) million** to the Delivery of Targeted NHS Services Action in respect of funding for Thalidomide Trust
- **£ (0.151) million** to the Sponsorship of Public Health Bodies Action in respect of Lymphedema costs to Public Health Wales.

- **£(9.000) million** to the Delivery of Targeted NHS Services Action in respect of additional funding for the Welsh Risk Pool
- **£(0.024) million** to the Delivery of Targeted NHS Services Action in respect of rent for Sexual Assault Referral Centres
- **£(0.015) million** to the Care Council for Wales Action in respect of additional non cash funding
- **£225.000 million** additional investment in line with Welsh Government's priority to support the NHS in Wales

2. Delivery of Targeted NHS Services

This Action includes funding for specific primary care services (including Eye Care Initiatives), as well as funding for a range of other developments including: the delivery of information and technology (IM&T), solutions to the NHS in Wales and support for undergraduate Medical Education. The **net decrease** to this Action is £ (6.435) million in 2015-16. This is made up of:

Transfers between Actions:

- **£5.056 million** from the Delivery of Core NHS Services in respect of Eye Care Programmes
- **£9.000 million** from the Delivery of Core NHS Services Action in respect of funding for the Welsh Risk Pool
- **£0.508 million** from the Delivery of Core NHS Services Action in respect of funding for Choose Pharmacy Scheme
- **£0.150 million** from the Delivery of Core NHS Services Action in respect of Thalidomide Trust
- **£0.024 million** from the Delivery of Core NHS Services Action in respect of SARCS rent
- **£0.706 million** from the Deliver Substance Misuse Strategy Implementation Plan (£0.500m) and Sponsorship of Public Health Bodies (£0.206m)
- **£(0.230) million** to the Sponsorship of Public Health Bodies Action in respect of Digital Mammography Screening into Public Health Wales Allocation
- **£(0.046) million** to the Delivery of Core NHS Services Action in respect of Shared Services
- **£(0.180) million** to the Delivery of Core NHS Services Action in respect of Wheelchair Services in to Health Board Allocation
- **£(0.349) million** to the Sponsorship of Public Bodies Action in respect of NHS Healthcare Quality Improvement Scheme into Public Health Wales Allocation

- **£(14.000) million** to the Delivery of Core NHS Services Action in respect of Wet AMD funding into Health Board Allocation
- **£(6.000) million** in respect of the transfer of Diabetic Retinopathy Screening to Public Health Wales (£3.513 m) and Health Board Allocation (£2.487m)
- **£(0.243) million** to the Sponsorship of Public Health Bodies in respect of Cancer NSAG into Public Health Wales Allocation

MEG to MEG

- **£(1.166) million** to the Central Services Administration MEG in respect of the transfer of Academi Wales
- **£0.335 million** from the Central Services MEG in respect of Invest to Save Schemes

3. Support Education & Training of the NHS Workforce

This Action supports programmes of education and in-service training for the development of the NHS workforce. There is no change to this Action.

4. Support Mental Health Policies & Legislation

Core funding for mental health services is provided via the Delivery of Core NHS Services Action. In addition, this Action provides dedicated funding for the development and improvement of mental health services for child and adolescents, adults and older people in Wales in line with the Mental Health Strategy, the National Services Framework and legislation. It provides support, for example, for dementia services, eating disorders and the Veterans Service across Wales. There is no change to this Action.

5. Hospice Support

This Action provides funding for all Wales palliative care initiatives and also recurrent funding for voluntary hospices. The **net decrease** to this Action is £ (5.019) million in 2015-16 as a result of funding transferring to the Health Board revenue allocation.

6. Deliver the Substance Misuse Strategy Delivery Plan

This Action provides funding for the Substance Misuse Delivery Plan and related programmes to prevent substance misuse and support substance misusers, their carers and their families. The **net decrease** to this Action is £ (0.500) million in 2015-16 as a result of reprioritisation of funds.

7. Sponsorship of Public Health Bodies

This Action provides funding for the Public Health Wales NHS Trust, which delivers; public health services that cover health improvement and protection, public health intelligence and research, and national screening programmes for the people of Wales. The **increase** to this Action is £4.430 million in 2015-16 as is made up as follows:

Transfers between Actions:

- **£0.349 million** from the Delivery of targeted NHS services Action in respect of NHS Healthcare Quality Improvement Scheme to Public Health Wales

- **£3.513 million** from the Delivery of targeted NHS services Action in respect of Diabetic Retinopathy Screening to Public Health Wales
- **£0.151 million** from the Delivery of targeted NHS services Action in respect of Lymphedema costs to Public Health Wales
- **£0.243 million** from the Delivery of targeted NHS services Action in respect of Cancer NSGA to Public Health Wales
- **£0.148 million** from Deliver Targeted Health Protection & Immunisation Activity Action in respect of Vaccine Preventable Disease Support Programme to Public Health Wales
- **£0.152 million** from the Children's Social Services Action in respect of the Child Death Review Programme to Public Health Wales.
- **£0.230 million** from the Delivery of targeted NHS services Action in respect of Digital Mammography Screening to Public Health Wales
- **£(0.206) million** to the Delivery of targeted NHS services in respect of reprioritisation of funds
- **£ (0.150) million** to the Delivery of Core NHS Services in respect of funding for Dental Advisors to the Dental Contract Allocation.

8. Foods Standard Agency

This is used to fund the Food Standards Agency Wales, an independent Government department set up to protect the public's health and consumer interests in relation to food. There is an **increase** of £ 0.490 million to this Action as a result of a transfer from the Local Government and Communities MEG in respect of Feed Safety funding transferring from the Revenue Support Grant settlement.

9. Deliver Targeted Health Protection & Immunisation Activity

This provides funding for vaccines for the preventable diseases programme. It also funds a range of public information campaigns, as well as initiatives to tackle healthcare associated infections. There is a **decrease** of £ (2.935) million to this Action made up as follows:

- **£(2.472) million** to the Delivery of Core NHS Services in respect of immunisation costs to Health Board Allocation
- **£(0.315) million** to the Delivery of Core NHS Services in respect of immunisation costs to GMS Contract
- **£(0.148) million** to the Sponsorship of Public Health Bodies Action in respect of Vaccine Preventable Disease Support Programme to Public Health Wales

10. Promote Health Improvement & Healthy Working

This supports initiatives and action being developed to support Our *Healthy Future* including the tobacco control strategy and the provision of nurses in secondary schools. There is no change to this Action.

11. Tackle Health Inequalities & Develop Partnership Working

This supports the Inequalities in Health Fund and the Healthy Start programme. There is no change to this Action.

12. Effective Emergency Preparedness Arrangements

Funding in this Action is directed towards establishing and maintaining strategic stockpiles of pre-pandemic vaccines, antivirals, antibiotics, facemasks, respirators and consumables. Funding is also provided for the development and maintenance of other health countermeasures stockpiles to respond to accidental or deliberate release of chemical, biological radiological, nuclear and explosive substances.

This budget also funds the Hazardous Area Response Team (HART), which enables the ambulance service to provide treatments in contaminated environments or where access is difficult. There is no change to this Action.

13. Develop & Implement Research and Development for Patient & Public Benefit

This Action funds the work of the National Institute for Social Care & Health Research (NISCHR), which aims to support the creation of high-quality evidence to both inform policy and benefit patients and the public. There is no change to this Action.

14. Children's Social Services

This funds a range of programmes and policy developments to support vulnerable children, including Integrated Family Support Services and work on safeguarding and protection. There is a **decrease** of £ (4.729) million to this Action as a result of the following transfers:

- **£(0.152) million** to the Sponsorship of Public Health Bodies in respect of the Child Death Review Programme to Public Health Wales

MEG TO MEG

- **£(4.577) million** to the Local Government & Communities MEG in respect of Integrated Family Support Services Grant into the RSG Settlement

15. Adult and Older People

This Action provides funding for the implementation of the Older Persons Strategy and the implementation of the Learning Disability strategy, including the resettlement programme from long stay hospitals. It also funds commitments in the Carers Strategic Action Plan and the Carers Measure. There is a **decrease** of £ (0.880) million to this Action as a result of the following transfer:

MEG to MEG

- **£ (0.880) million** to the Local Government and Communities MEG in respect of Autistic Spectrum Disorder Infrastructure Grant into the Revenue Support Grant.

16. Social Services Strategy

This supports the implementation of the Social Services Strategy for Wales. The funding here will play an important role in developing new models of care and supporting the transformation of services. This Action includes grant scheme funding to local authorities for the workforce development programme for the whole sector and support for the Association of Directors for Social Services Cymru (ADSS Cymru), the Social Services Improvement Agency (SSIA) and the Social Care Institute for Excellence (SCIE). There is no change to this Action.

17. Care Council for Wales

The Care Council for Wales (CCW) is the social care workforce regulator in Wales responsible for promoting and securing high standards across the social services and social care workforce. There is an **increase** to this Action of £0.015million in respect of non cash funding.

18. Older People Commissioner

This provides funding for the Older People's Commissioner. This is an independent post – the first of its type in the world - which was established to ensure that the interests of older people in Wales, who are aged 60 or more, are safeguarded and promoted. There is no change to this Action

19. CAFCASS Cymru Programmes

CAFCASS CYMRU is a child-focused social work organisation, which provides expert social work advice to family proceedings courts, the County Courts and the High Court. Funding here supports the organisation's core duties, as well as obligations under the Children & Adoption Act 2006 including the provision of contact centres and contact activities. There is no change to this Action.

20. Capital

The NHS Capital Programme is supporting the delivery of 21st Century Healthcare through improving health outcomes by ensuring the quality and safety of services is enhanced; improving access and patient experience; and preventing poor health and reducing health inequalities. Examples include funding for ambulance vehicles and primary care resource centres, as well as new community hospitals and wellbeing centres. No change in capital funding