

Children, Young People and Education Committee

Date: January 2016

Title: Scrutiny of Draft Budget

Purpose

To provide an evidence paper in respect of children’s health and social services within the Health and Social Services Main Expenditure Group (MEG) which falls within the remit of the Children, Young People and Education Committee (CYP&E).

NB: (At this stage the committee does not plan to undertake a specific oral evidence session)

Introduction

The Draft Budget was published on the 8 December 2016. This paper provides information for the Children, Young People and Education Committee (CYP&E) on the future budget proposals for 2016-17.

Children’s and young person’s expenditure occurs across a range of budgets. There are two specific actions made up of four BELs within the Health and Social Services (HSS) MEG that cover children’s services these are:

Action: Children’s Social Services

- Grants in Support of Child and Family Services
- Advocacy
- Services for Children

Action: CAFCASS CYMRU Programmes

- CAFCASS Cymru.

Budget Overview –

The table below shows the budgets for these two actions/BELs as at Draft Budget. There are no changes from the revised 2015-16 baselines.

Revenue	2016-17
Children’s Social Services	£m
Grants in Support of Child & Family Services	4.6
Advocacy	1.0
Services for Children	1.0
Total Children’s Social Services Action	6.6
CAFCASS Cymru Programmes	
CAFCASS Cymru – Baseline	10.2
Total CAFCASS Cymru Programmes Action	10.2
Total Budget	16.8

In addition to this, local authorities receive funding in their revenue settlement to deliver on their children and family services.

NHS service provision in relation to children, children's medical conditions and general health of children is funded primarily through the annual revenue allocations to health boards. Given the universal nature of health services, planned spending is not routinely identified by age category. However, a significant proportion of NHS spend will be funding services provided to children.

- It is for health boards to determine the best use of funding across all their areas of responsibility, informed by an assessment – with local partners – of the health and wellbeing needs of their local population. A range of national policies and measures exist to inform planning decisions, each carrying a focus on the need for effective investment in services for children and young people and the need for preventative and early intervention approaches. These include, but are not limited to: the National Service Framework for Children, Young People and Maternity Services in Wales
- Building a Brighter Future
- Fairer Health Outcomes for All
- A number of condition-specific NHS delivery plans

There is a particular focus on health and wellbeing during a child's early years, where NHS services are the main universal service. Health boards offer programmes of health surveillance and developmental checks which are carried out from birth to school entry in order to identify any medical conditions or developmental delay which may require further investigation, active monitoring or treatment. These regular contacts are often used as opportunities for health promotion with both children and the family, taking into account the holistic needs and circumstances of individual children, their parents and wider families. Work is currently underway to review current practices and develop a best practice model through the 'Healthy Child Wales / Plentyn Iach Cymru' programme.

Areas of interest as Detailed in the Letter from the Committee Chair

Children's Rights and Equalities

The Children and Young Persons (Wales) Measure 2011 places a duty to have due regard to the UNCRC on all Ministers and they must be fully aware of the duty when they make their decisions, including budgetary decisions.

In May 2014 the Welsh Government updated its Children's Rights Scheme which sets out the arrangements that the Welsh Ministers must have in place to ensure that they comply with the duty. The Children's Rights Scheme 2014 establishes robust processes to ensure that the Ministers act in compliance with their duty under section 1 of the Measure.

An integrated impact assessment approach has been undertaken for the 2016-17 Budget, which incorporates consideration of all duties and mandatory

impact assessments. Children's rights and the UNCRC have been considered as part of this integrated impact assessment approach.

Child and Adolescent Mental Health Services (CAMHS)

The NHS led Together for Children and Young People programme aims to ensure the NHS and partners make the whole CAMHS pathway, from primary care to very specialist services, work more effectively and holistically for children and young people ensuring that people are seen by people appropriate to their needs.

The £7.6m investment I announced in 2015 which represents an 18% increase on annual spend on CAMHS, supports this work, specifically targeting areas where the programme seeks to improve provision. For example in relation to neurodevelopmental diagnosis and treatment (£2m) and the provision of services for young people in primary care (£0.8m). Any further investment needed in CAMHS will be assessed as the programme is implemented.

The additional funding of £7.6m sits within the total mental health ring-fence. All health boards will be required to submit detailed updates against their planned new services to the Welsh Government before the resources are released – this includes evidence of impact on waiting times and lists.

The PWC review did not recommend any ring fence of the CAMHS resources. I have already confirmed that the wider mental health ring fence will remain in place. Introducing a further ring-fence could be counterproductive to what we are seeking to achieve in CAMHS particularly for older adolescents. For example early intervention in psychosis funding is specifically aimed at 14-25 year olds based on clinical evidence as to age of onset. We are seeking to ensure that CAMHS and adult mental health services work closer to manage the needs of young people but also operate prudently. It is also the case that, a young person has the right to express their wishes over where and how they receive their treatment. A 17 year old living and working as an adult may prefer to receive adult services, whilst a less mature 19 year old may feel happier to continue to work with CAMHS.

Improving Neo-natal Care;

A full update about progress against the recommendations of the neonatal care review was provided to the committee chair in July 2015.

Progress is as follows:

- Besti Cadwaladr University Health Board – The business case for the Sub Regional Neonatal Intensive Care Centre (SuRNICC) is progressing. Funding of £1.4m has been provided to the health board to develop the business case and undertake some infrastructure works at Ysbyty Glan Clwyd. The outline business case is expected to be received for scrutiny by Welsh Government officials during December with work then beginning on the full business case.

- Cardiff and Vale University Health Board – funding of £7.5m has been provided for a temporary facility and the first phase of the development of the neonatal service at the University Hospital of Wales,
- Cwm Taf University Health Board – a business case is being developed
- Hywel Dda University Health Board – the second phase of the Neonatal development at Glangwili Hospital is being developed.

A ministerial commitment has been made to the fund, this investment, subject to the normal business case assurances.

Reducing Childhood Obesity;

In 2015, two Change4Life campaigns, with a focus on children's diets and levels of physical activity, have been delivered. A six week campaign, 'Sugar Swaps', was delivered in January and February, which encouraged families with children to make simple changes to reduce the amount of sugar in their children's diets. More than 6,500 new families signed up for the campaign, adding to the 70,000 plus who have already registered for Change4Life.

In November, an eight week campaign, Games4Life, was launched focusing on increasing children's levels of physical activity to support them in reaching the Chief Medical Officer's guidance of achieving a minimum of 60 minutes of activity daily.

To support the full implementation of the Obesity Pathway, Public Health Wales, working with health boards, has developed service specifications for a level three service for children. On adoption of the service specification, health boards will update their plans for developing comprehensive children's obesity services that address all levels of the pathway.

Public Health Wales, as part of their focus on obesity prevention in the early years, are developing a '*10 Steps to a Healthy Weight*' programme, bringing together advice and guidance on eating fruit and vegetables every day, avoiding sugar containing drinks and breastfeeding babies, and other pieces of advice. A communications plan is being finalised to support the 10 steps programme with a view to launching in April 2016.

The third Child Measurement Programme for Wales 2013-14 report was published in May 2015. This reported that obesity rates among reception age children in Wales have remained stable over the past two years, stemming the rise seen previously. However, 14.6% of four to five-year olds in Wales were overweight and 11.8% were obese. There was also a strong relationship between obesity levels and deprivation, but no widening of the gap between the most and least deprived areas was reported last year.

Improving Children's Oral Health

We are making good progress with the 'Designed to Smile' programme which is aimed at tackling oral health inequalities in our most disadvantaged communities. The latest published data (December 2014) shows uptake rates are increasing year – on - year and there are currently 92,948 children in

1,452 schools and nurseries across Wales participating in the programme (59.5% of all children from pre-school to year two in Wales).

Data from the latest survey of five - year - olds undertaken by the Welsh Oral Health Information Unit published in 2013 shows that overall the dental health of five - year olds has improved by 6%, and by 17% in children attending schools participating in the programme. The findings of the survey are very encouraging and are to be welcomed. Dental disease levels in children are improving in Wales across all social groups. There is no evidence of widening inequalities. This is in contrast with previous surveys when improved decay levels were usually associated with widening inequality. We will have a better understanding of the full impact of the programme following the next survey of five year olds due to be published in 2016.

In March 2015, the Welsh Oral Health Information Unit published its first survey of the dental health of three year olds. It shows that amongst those children with decay, the average number of teeth affected by decay in Wales (2.9) below the English average (3.1) and lower still than the North West of England (3.3) (- based on previous child oral health surveys this is the most appropriate comparator for Wales).

Improving Adoption Services - EDIT

The National Adoption Service was launched in November 2014, and is delivered through five regional adoption services supported by a national director of operations, advisory group and governance board. The central functions are hosted by Cardiff council.

The National Adoption Service is led and delivered by local government, working collaboratively and in partnership with the voluntary adoption agencies. The new arrangements are underpinned by legal directions issued in March 2015. The regional adoption services and the central functions of the National Adoption Service are also funded by local government.

The Welsh Government funds the Wales Adoption Register, which is a function of the Welsh Ministers. The register was established in April 2014, replacing the previous England and Wales register. Originally contracted out to the British Association for Adoption and Fostering (BAAF), it was transferred to the National Adoption Service in September 2015 when BAAF went out of business. The register is an integral part of the National Adoption Service, and is one of its central functions. The Welsh Government has awarded the National Adoption Service a grant of £0.63m to manage the register from September 2015 to 31 March 2016, plus a one-off payment of £0.004m for a software upgrade.

In 2016-17 the National Adoption Service will be undertaking a review of the register's functionality to align it more closely with the National Adoption Service's performance framework standards. I have provisionally agreed funding of up to **£0.076m** for 2016-17 to continue to run the register for a further year, plus an additional £0.004m to extend the software license.

In 2015-16, the Welsh Government also awarded the National Adoption Service a grant of £0.110m for the development of a strategic approach to adoption support services, the National Adoption Service's communication with adopters and adopted children, and professional approach to the recruitment of adopters.

Programme for Government

Back in 2011, we, put forward the most ambitious and comprehensive Programme for Government since devolution, which now includes 547 separate commitments covering the breadth of the services we are responsible for. We did so in the knowledge that the outlook for public finances was challenging.

Dealing with austerity has been a major test for the Welsh Government and devolution as a whole, but we have delivered by maintaining a firm focus on delivery and supporting those most in need. We have done this through setting four overarching priorities on behalf of the people of Wales, on health and health services, educational attainment, growth and jobs, and supporting children, families and deprived communities. On each of these key priorities, we have focused our resources in order to make a difference to people's lives.

As a Government we have also remained committed to the principle of transparency so this Government can be judged on its record. Since 2011 we have published an annual report to provide a transparent account of what is being done and what is being achieved against our 547 commitments measured by 336 outcome and performance indicators.

We published the final Programme for Government annual report in June 2015 which showed that more than 95 per cent of our commitments have either been delivered, or are on track to be delivered.

Outcomes Frameworks

We have recently published the NHS Outcomes Framework and issued the draft Public Health Outcomes Framework for Wales for consultation. The frameworks will help us measure how much of a real difference services are making to peoples' lives, including children and young people. The NHS Outcomes Framework will measure delivery across a wider area than just acute hospitals to reflect the structure and accountability of the health boards. It makes a step towards including health and well being across the whole of the NHS and wider partners. The Public Health Outcomes Framework for Wales, which has been developed in the context of other strategies and frameworks seek to improve the health of the people of Wales, links to the national indicators for the Wellbeing of Future Generations (Wales) Act 2015, which are also currently undergoing consultation and development.

This approach will strengthen the requirement for people centered services including involving people in contributing directly to their own well-being.

Social Services

Our policy in relation to social services, set out in *Sustainable Social Services: A Programme for Action* and enacted through the Social Services and Well-being (Wales) Act 2014, is to consider children and young people in the context of their families and communities. This means that many of our interventions, such as the Integrated Family Support Service (IFSS), provide services within this framework. Whilst the transition to the new system of regulation established by the Regulation and Inspection of Social Care (Wales) Bill will not begin until 2018- 19, significant work will be carried out in conjunction with the sector and stakeholders in 2016/17 in developing Regulations, guidance and our approach to transition. Details of budgetary requirements identified in the Regulatory Impact Assessment are included below.

The delivery of social services Programme for Government commitments is monitored through the strategic five-year approach, the Sustainable Social Services Programme. This cross-cutting programme and project management approach incorporates all our Programme for Government commitments and a monthly report is provided to the Minister regarding progress.

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

The additional £21m for social services announced in the Draft Budget will enable local authorities to focus on service transformation supported by the new legislation.

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.

Costs associated with Programme for Government Commitments

In preparing for future financial restraints, we have sought to target investment to maintain the focus of our spending plans on our main priorities of: health and health services; growth and jobs; educational attainment; and supporting children, families and deprived communities. [This will include investment on the delivery of those ongoing Programme for Government commitments.]

Designed to Smile

Our 'Designed to Smile' programme will see a continued investment of **£3.7m** in 2016-17. This funding is within the recurrent ring fenced dental allocation in the Delivery of Core NHS Services action

Childhood Obesity

The all Wales obesity pathway sets out a tiered approach for the prevention and treatment of obesity, from community-based prevention and early intervention to specialist medical and surgical services.

To support the pathway a number of national initiatives are in place to encourage and support children and young people to eat a healthy balanced diet and be more physical active. This includes programmes such as Change4Life with a budget of £0.3m in 2016-17.

School Nursing

A commitment to the universal provision of public health nursing to all school children was imbedded in the One Wales manifesto commitment - *A Framework for a School Nursing Service for Wales* (2009). Following a consensus conference on school nursing in March 2015, the Chief Nursing Officer has been working with school nurses during 2015-16 to refresh the framework for School Nursing. A first draft will be developed by March 2016.

Health Needs of Children in Special Schools

Although the framework refers to the provision for children identified as having special needs who are educated in state maintained secondary schools, there is no reference to those educated in special schools.

A scoping exercise to establish the health needs of children in special schools, was completed at the end of November 2013. Based on recommendations from the report a pilot of 'a team around the family' approach for children in special schools is being undertaken in Abertawe Bro Morgannwg University Health Board area. The project started in November 2014 and will run for 12 months.

Teenage Pregnancy

The Welsh Government is funding the provision and delivery of long acting reversible contraception (LARC) within substance misuse services in Wales from 2014 to 2017 with an aim to reduce unintended pregnancies in drug dependent women until such time as their recovery has progressed to allow them to parent effectively.

The Welsh Government funded Public Health Wales to deliver the teenage pregnancy grant project (Empower to Choose) across health boards from 2010 to 2014. Young women who conceive as teenagers are at greater risk of further repeat teenage conceptions - encouraging the uptake of LARC has the potential to have a meaningful impact upon teenage conception rates. There is no additional budget for this in 2016-17.

Preventative Spend

Identifying the resources attached to preventative spend is complex, and conclusions will vary depending on definitions and criteria used. Broadly, prevention can be divided in three aspects:

Primary prevention aims to stop diseases before they start. Approaches to help people to achieve good health and maintain their wellbeing, such as

good housing, educational attainment crime reduction and so on, are all part of primary prevention. A large part of primary prevention is about providing education and environmental change to help people help themselves. However, immunisation is also an example of this approach, and one which involves a healthcare intervention.

Secondary prevention aims to identify health problems at an early and treatable stage, prompting the necessary treatment. Most secondary prevention involves some kind of healthcare intervention, such as a screening test.

Tertiary prevention is focused on people who already have a longstanding health condition, such as diabetes, and can pick up any predictable complications and manage them as effectively as possible. Diabetic retinopathy screening is an example of this approach. A great deal of tertiary prevention takes place in primary care, as part of looking after people with chronic health problems.

Caution is needed when considering the implications of preventative spend. Prevention has sometimes been promoted as simultaneously improving public health and saving money, but no linear relationship of that sort is likely. Preventing preventable harms releases money for other health and social care purposes. An important distinction, therefore, needs to be drawn between possible savings within a particular disease area and reducing the NHS and social care budget overall. The former are important and worth pursuing even if the overall effect on the latter is more complex.

Resources that are attached to preventative spend are not always attributable to age cohorts. For instance, a significant proportion of secondary and tertiary prevention work will be undertaken in primary and community care, and a proportion of this will be in relation to children and young people, though the discrete levels of spend will not be easily identifiable.

The majority of Public Health Wales' spend can be attributed to prevention. £86.0m is allocated to Public Health Wales core funding. This enables Public Health Wales to deliver a range of public health services which cover health improvement and protection, therefore Public Health Wales has a key role to play in supporting the delivery of many actions in relation to improving public health and reducing health inequalities in children and young people. The funding allocation is not ring fenced for any particular activity to allow maximum flexibility in managing its resources to meet a wide range of priorities and commitments.

Public Health Wales delivers a number of health improvement programmes aimed at preventing ill health including the Welsh Network of Healthy School Schemes, Healthy and Sustainable Pre-School Scheme, a peer led smoking prevention programme, the National Breastfeeding Programme, Mental Health First Aid and the Child Measurement Programme.

The programmes delivered by Public Health Wales address a number of actions within the Public Health Wales Observatory report *Health of Children and Young People in Wales* such as increasing levels of physical activity, reducing unhealthy eating, reducing smoking prevalence, reducing harm from alcohol and drugs, reducing teenage pregnancy, improving mental well-being and reducing accidents and injuries and targeting obesity levels identified within the Child Measurement Programme 2012-13 report.

Screening programmes are important public health initiatives as they allow for the early detection and treatment of potential health problems.

Approximately 45% of Public Health Wales' core budget is spent on national population screening programmes (£36.6m in 2015-16). Key highlights for children and young people include:

New-born Bloodspot Screening Wales (NBBSW) (NBBSW) which currently screens babies at five to eight days old for five conditions where early detection and treatment will improve the long-term outcome for the child. Four new tests - homocystinuria, maple syrup urine disease, glutaric aciduria type 1 and isovaleric aciduria were incorporated into this screening programme in January 2015. In addition, the rollout across Wales of combined Down's syndrome screening was completed in September 2015.

One or two babies in every 1000 are born with a hearing loss that may affect their speech and language development.

New-born Hearing Screening helps to find those babies and offer help and support from the start. The coverage rates are excellent with screening being offered to 99.9% of eligible babies and 99.4% tested, with very few parents declining the screen.

Public Health Wales deliver a number of health improvement programmes aimed at preventing ill health such as the Welsh Network of Healthy School Schemes, Healthy and Sustainable Pre-School Scheme, a peer led smoking prevention programme, National Breastfeeding Programme, Mental Health First Aid and the Child Measurement Programme.

Immunisation will see an investment of £17.6m in 2016-17. This funding is allocated for new and existing immunisation programmes, including:

- The expansion of the seasonal flu programme to include two, three and four- year olds not in school and children in school reception classes and year one, two and three.
- The new routine MenB programme for infants introduced in October 2015.
- The new MenACWY programme for adolescents and first time university entrants, to protect against the recent rise in MenW cases, introduced in September 2015.

Immunisation is a key prevention measure. All immunisation programmes are based on expert advice from the Joint Committee on Vaccination and Immunisation (JCVI), an independent UK panel. Cost effectiveness is

assessed by JCVI prior to introduction and programmes are continuously kept under review to take account of changes in the latest scientific evidence.

Healthy Start

£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. This work supports action 8.1 within the Public Health Observatory report Health of Children and Young People in Wales to reduce unhealthy eating. In addition the Healthy Start Scheme will have a positive impact on reducing obesity levels identified within the Child Measurement Programme 2013-14 report.

Change4Life Social Marketing Campaign

The Programme for Government committed 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. The work delivered by Change4Life will have a positive impact on the obesity levels identified within the Child Measurement Programme 2013-14 report. Funding of £0.3m has been agreed for 2016-17 to take forward the Change4Life programme post the Programme for Government commitment.

ASH 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, including supporting the Welsh Government in preventing the uptake of smoking. The current smoking prevalence rate is 20%. Actions on smoking have two main aims:

- to stop people from taking up smoking, and
- to support smokers to quit.

Actions to stop people starting to smoke will be largely aimed at children and young people.

Social Services

Within social services our policy approach is based on the well-being of people and on considering children and young people in the context of their families and communities. The well-being definitions and the overarching duties deriving from the Social Services and Well-being (Wales) Act 2014 are about promoting the well-being of people and that is fundamentally about preventing problems. If positive well-being outcomes are delivered this will remove or delay the need for services. The social services programme portfolio, which includes delivery of the Social Services and Well-being (Wales) Act, encompasses a range of activities that both meet identified need and are aimed at reducing future demand for services. The priority for Welsh Government for social services as underpinned by the Act, 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.

The social services families portfolio encompasses a range of activities that incorporate both preventative and non preventative intervention. Many specific preventative initiatives carried out within the sector are funded through the Revenue Support Grant (RSG) to local authorities, or specific grants such as Invest to Save or Supporting People.

Specific Commitments/Programmes relating to Children and Young People

Some of the Welsh Government's specific commitments in social services that impact directly on children and their families are delivered with dedicated funding through the MEG. This includes £0.9m within the Services for Children Action which provides specific budgetary support for Programme for Commitments in the areas of a National Adoption Service and Safeguarding.

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. The scheme has been rolled out across Wales through local government and £4.6m transferred to the Revenue Support Grant in 2015-16 recurrently.

The social services directorate provides significant support to the third sector in Wales. Following engagement with stakeholders and with representatives of the third sector, including the Health and Social Care Alliance of Alliances, a new third sector grant has been established from April 2016. After a competitive bidding round in 2015-16, funding will be provided to third sector organisations to help deliver our strategic agenda for sustainable social services and the Social Services and Well-being (Wales) Act supporting prevention and early intervention.

The Welsh Government is committed to maintaining its work to safeguard and protect the most vulnerable in society. Our safeguarding budget of £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 sits with Public Health Wales and this will secure the long term future of the programme.

Major Condition Delivery Plans

Working in partnership with NHS Wales and wider stakeholders, the Welsh Government has developed a suite of major condition plans to improve services and patient outcomes. A number of these delivery plans contain children and young people sections or actions related to paediatric services. The diabetes plan contains a children and young people chapter which

highlights diabetes as one of the most common chronic diseases in childhood and the need to support children and young people to achieve good blood glucose control.

NHS Wales delivers paediatric diabetes care through 14 units which as part of the plan are networked and have a network lead supported by a national coordinator which works across health boards to improve care. Service standards and outcomes are monitored through the national paediatric diabetes audit and service models are subject to a peer review process to improve provision.

It is not possible to quantify the level of investment made in these services but substantial work is underway in order to improve provision, transition and outcomes. In particular new structured diabetes education materials are being developed and rolled out by the paediatric diabetes network as part of the £1m investment in the diabetes delivery plan. The annual report on the diabetes plan shows progress in some key areas, such as a decline the proportion of children and young people with diabetic ketoacidosis (a life threatening complication) and increases in the number of children and young people receiving the key annual care processes.

The Respiratory Health Delivery Plan was published in 2014; its implementation group is developing a children and young people addendum to provide more detail on its approach to paediatric respiratory services. Across the respiratory and cancer plans, the ban on smoking in public places and in cars carrying children will help to reduce exposure to tobacco smoke and reduce the risk of developing respiratory disease and cancer. The cancer plan is also taking forward the children and young people standards for cancer and a number of plans include work to improve lifestyles and reduce risk factors which will impact on children and their risk of developing disease.

In 2015 a dedicated national paediatric specialist post was created to support children and young people with lymphoedema - the post is the first of its kind in the UK and will help to ensure more lymphoedema care for the children with this condition in Wales will be provided closer to home in the future, instead of families facing long journeys to specialist centres in London and Liverpool.

The End-of- Life Delivery plan includes paediatric palliative care. Palliative care funding was provided for an all Wales national clinical lead in transition for palliative care. This is the only post of its kind in the UK. Until recently, this was a part-time post, however, last month Ty Hafan agreed to fund an expansion of the post to provide further cover paediatric palliative care consultant provision. Ty Gobaith has also established a dedicated transition team and multi-agency group considering improving the transition process for life-limited young adults.

The clinical network for paediatric palliative care services in Wales plays a key role in facilitating the delivery of appropriate specialist care wherever a child is located in Wales. This network reports directly to the implementation board.

Wales also has an out of hours telephone advice service for paediatric palliative care.

The Neurological Delivery Plan published in 2014 also has a chapter on children and young people. It acknowledges children and young people with serious neurological conditions achieve the best quality of life, through the provision of excellent diagnosis, investigation, intervention, management and information. It is taking forward the children and young people standards for neuroscience services. Some work has been undertaken to improve transition from children to adult services but it is recognised work in relation to paediatric services needs to be given greater prominence within the implementation group

Provision for Legislation

Social Services and Well-being (Wales) Act 2014

The Social Services and Well-being (Wales) Act 2014 provides the framework for driving the changes needed to create sustainable social services for the future. The Act will come into force on 6 April 2016 and our implementation programme supports the changes the Act will put in place. We know that transformation, framed through the 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.

In the longer term, as set out in the regulatory impact assessment accompanying the Bill, the Act will be revenue neutral.

Costs and benefit analysis for the subordinate legislation that underpins the Act has been included in regulatory impact assessments published as part of the explanatory memoranda that accompany the laid regulations. This work has provided a clearer picture of the limited individual costs and benefits accruing or incurred as a result of the changes required by the Act. This 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 has been 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.

In the short term, the Welsh Government is supporting the shift to the new system and providing transitional support in preparation for 2016. We have allocated £3m in 2015-16 to support the implementation of the Act. This is a continuation of funding made available in 2013-14 and 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 2015-16, the social care workforce

development programme provides £7.2 million to invest in training for people working in social care which will be directed towards preparing them for changes resulting from the Act.

We are allocating £ 4.3m in 2016-17 to support the delivery of the new legislative framework for social services put in place by the Social Services and Wellbeing (Wales) Act 2014. All social services budget lines will continue to underpin the policy that the Act delivers and planning for implementation of the regulation and inspection of social care (Wales) Bill.

Regulation and Inspection of Social Care (Wales) Bill

The regulatory impact assessment accompanying the Bill estimated £1.5m of Welsh Government expenditure in 2016-17 to cover the estimated costs of transition from the current system of regulation under the Care Standards Act 2000 to the new system established under the Bill. Ongoing discussions between regulatory bodies and Ministers, as well as re-profiling over a longer timeframe are likely to reduce this overall requirement for 2016-17.

Public Health (Wales) Bill

The Public Health (Wales) Bill was introduced to the National Assembly for Wales on 8 June 2015. Protecting the health of children, and preventing future health harms, is a key purpose of the Bill. The Bill contains provisions relating to restricting the use of tobacco and nicotine products in enclosed public places, a register of retailers of tobacco and nicotine products and the offence of handing over tobacco or nicotine products to persons under 18 all seek to protect children by preventing access to tobacco and nicotine products, and reinforcing the progress made in recent years to denormalise smoking behaviour. The provisions relating to special procedures and the prohibition on performing an intimate piercing on a child under the age of 16 also provide important protections for children in Wales.

The regulatory impact assessment accompanying the Bill at introduction estimated £0.720m of Welsh Government expenditure in 2016-17. If the Bill is passed by the National Assembly, this will include staff costs relating to developing regulations, along with other early implementation costs. The costs relate to the Bill as a whole, but as a central theme of the legislation is protecting the health of children, a significant proportion of the overall costs will be relevant to children and young people. The costs as presented are subject to change as the Bill proceeds through Assembly scrutiny, and it is also envisaged that some savings could be made as aspects of implementation are coordinated across different parts of the Bill.

Smoke-free Premises etc. (Wales) (Amendment) Regulations 2015

The Regulations came into force on October 1. It is now an offence for a person of any age to smoke in a private vehicle when someone under the age of 18 is present and; for a driver (including a provisional driver) not to stop someone smoking in these circumstances. The rules do not apply to e-cigarettes. The Highway Code has been updated to reflect the new Regulations. An awareness raising campaign ran between mid-September

and end of October and advertising was targeted to areas of deprivation. There are no costs to be incurred in 2016-17.

Human Transplantation (Wales) Act 2013 (enacted in full on 1 December 2015): The Regulatory Impact Assessment accompanying the Bill estimated £0.5 million of Welsh Government expenditure in 2016-17. This expenditure will cover communications activity (including communicating with 17 year olds); some remaining work relating to the redevelopment of the Organ Donor Register; the processing of additional registrations, and various pieces of evaluation work connected with the new legislation. The budget has been revised to £0.6 million due to re-profiling of some elements of the budget from the previous two years in relation to work being done on the Organ Donor Register and research programme.

Advocacy

Advocacy functions transferred to the Children's Social Services action within the health and social services MEG from the Children, Young People and Families action within the communities and tackling poverty MEG. This was actioned as a machinery of government transfer as a result of the change in Ministerial portfolios.

Advocacy can ensure that people's views wishes and feelings are at the heart of ensuring they are able to determine and co-produce their well-being outcomes.

The Social Services and Well-being (Wales) Act 2014 reinforces the existing rights and entitlements of looked after and other specified children. We are working with local government, providers and the Children's Commissioner to develop a national approach to advocacy that secures equity of access and awareness.

The Act also recognises the importance of access to advocacy support for all ages by embedding consideration of peoples' needs for advocacy, as part of a co-ordinated framework for identifying and helping those with care and support needs.

A code of practice about the exercise of social services functions in relation to Advocacy under part 10 and related parts of the Social Services and Well-being (Wales) Act 2014 has been co-produced by a technical working group made up of representatives encompassing disability; learning disability; carers, independent living, children, older people, local government, local health boards and the Children's and Older People's Commissioners.

The consultation on the draft code of practice ended on 31 July. Following analysis of the consultation responses the code has been amended to include refinement of when a local authority must provide independent professional advocacy has taken place. The code was laid on 3 November.

Health and Social Services Integrated Impact Assessment on the Budget 2016-17

OVERVIEW OF THE PORTFOLIO

The Department supports the Minister for Health and Social Services by developing and delivering policies that provide a sustainable health and social service for Wales and provides the foundation for other interventions aimed at improving health and well-being outcomes for the people of Wales.

The portfolio includes some of the key priorities for the NHS centred around ensuring the quality and safety of services, improving access to services and patient experiences and preventing poor health and reducing health inequalities for all. Our decision to allocate additional funding of £293m for health and £21 million increase in the Revenue Support Grant for social services in 2016-17 recognises that providing a sufficient and sustainable health and social care settlement is a vital consideration not just for society as a whole, but also recognises the disproportionately positive impacts on protected groups. This funding will be used to maintain access to quality acute services when these are needed, promote the continued development of primary and community services closer to home and increase funding available for mental health services and older people. By applying prudent healthcare principles, we will aim to correct the balance between over and under-treatment of care. As we stated last year, research suggests that spending on public services such as health and education reduces inequality by benefitting low-income households more than rich ones. The total equalising effect, and that of different spending programmes, can be quantified and programmes can be ranked from most pro-poor to most pro-rich. Per head, the NHS spends more on older people and on young children, and households containing both these individuals are concentrated in below-average income groups.

Reducing health inequalities, improving the health outcomes of children and families living in low income households and addressing the Inverse Care Law are central to the aims of our Tackling Poverty Action Plan. The Health and Social Services portfolio aims to promote, protect and improve the health and well-being of everyone in Wales by delivering high quality health and social care services, including funding NHS Wales and setting a strategic framework for adult and children's social care services as well as the regulation and training of the social care workforce. The Social Services portfolio also provides significant support for the voluntary sector in Wales.

Where there are inequalities in health, we work across Government to tackle the social, economic and environmental and cultural influences that affect health and well being.

Spend Profile

Fiscal Resource DEL Limit			
SPA	Revised Budget 2015-16	2016-17 Changes	2016-17 New Plans Draft Budget
	£m	£m	£m
NHS Delivery	6018.229	244.851	6263.080
Health Central Budgets	231.155	(0.464)	230.691
Public Health & Prevention	158.576	0.334	158.910
Social Services	68.470	(0.075)	68.395
CAFCASS Cymru	10.162	-	10.162
Totals	6486.592	244.646	6731.238

Key Changes to Spend

- Additional funding for Health of £293m;
- Primary and Community based care – Through the additional funding for health £30m is being allocated to increase the funding for the Intermediate Care Fund to £50m in 2016-14;
- Mental Health Services and Older People – of the additional £293m allocated £30m to increase funding available for mental health and services for older people;
- Social Services – allocated an additional £21m to the Revenue Support Grant;
- Preventative interventions in wider Social care – Protecting the Supporting People programme; and
- Public Health – we are protecting investment in programmes to improve public health. Dedicated budgets for Public Health and Prevention will increase by £0.334m from £158.576m in 2015-16 to £158.910m in 2016-17. The increase reflects transfer and or expansion of public health programmes.

Health - Impacts

Spending on the NHS is important but providing high quality care when people are sick is only part of the solution to good health. We also have a collective responsibility to prevent poor health arising where possible. A renewed focus on prevention is particularly important when we consider the need to safeguard the future health of children and young people. The importance of rebalancing the health system in Wales towards prevention has been noted in a number of key strategic documents including Together for Health.

A focus on prevention across strategic Welsh Government programmes and policies is wholly consistent with principles of prudent health care, as it involves taking action at points which maximise the potential for long term

benefits, both in terms of health gain and in reducing the higher long term costs associated with preventable ill health. Preventative work is also a crucial component in a renewed partnership between government and the public, whereby the Welsh Government has a responsibility to provide and promote social conditions which are conducive with good health, with a corresponding responsibility on all of us as individuals to act in ways which promote and protect our own health and wellbeing.

Our activity in this area ranges from programmes focused on promoting positive lifestyle messages and supporting people to become better informed about their health and wellbeing, through to immunisation and vaccination programmes, supporting preventative public health services such as smoking cessation services, and regulating aspects of the wider social environment. This also involves working in close partnership with a range of stakeholders, including Public Health Wales, other NHS organisations, local authorities and voluntary sector organisations.

As the NHS is free at the point of use –although not free of obligation the additional funding being issued in 2016-17, as well as the existing core funding allocated to Health Boards, will make a significant contribution to the tackling poverty and inequality agenda. Work to prevent avoidable ill health also makes a crucial contribution to the this agenda, as the positive impact of many of our public health priorities falls disproportionately on the most disadvantaged individuals, families and communities. Examples of such cross-government action include the breadth of action being taken forward through the Tackling Poverty Action Plan and Fairer Health Outcomes for All.

With trends indicating rising demand in the number being treated for illness, unscheduled care and social care, , we have taken an integrated approach to allocating funding to Health and Social Care which also recognises the significant positive impacts on protected groups. Our approach is to help citizens take responsibility for their health and wellbeing through the co-production approach, as well as developing a preventative primary and community care led NHS. This requires a sustained shift in financial and workforce resources to deliver more health care in the community. This approach includes greater collaboration between the health services, local government, and the third and independent sector. Services should be provided at or close to home, designed to prevent problems and detect ill health early, avoid the need for hospital and support prompt discharge, and enable people to die in their preferred place of care such as in their own home. The vast majority of the expenditure related to this approach is provided directly to the NHS in the block grant. The policy framework aims to steer the configuration of NHS services and those resources toward this primary and community care focused model.

For the additional NHS funding of £200m within the Delivery of Core NHS Services, each Health Board will be required to consider the impact of their spending decisions when their main allocations are set out as part of the Health Board Revenue Allocations that are issued later in December.

Each Health Board now has to produce a three year integrated plan and as part of the planning requirements within the NHS Wales Planning Framework they are required to demonstrate how their integrated plan is reflecting the responsibilities of the Equality Act 2010. Health Boards are therefore required to demonstrate how they are considering all of the protected characteristics as part of their duty under the Act and also ensure the rights of children are considered.

The current NHS Planning Framework also references the need to consider planning for the needs of specific groups that includes:

- Consideration of cultural diversity in communities and the health needs of specific groups,
- reflecting the particular challenges faced in urban and rural communities, including deprivation,
- considering the Welsh language.

Evidence and Engagement

The report from the Nuffield Trust, published in June 2014, on the funding pressures facing the NHS in Wales highlighted that if 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, it will remain affordable. The NHS in Wales has already had significant success in these areas, through measures such as improvements in efficiency and productivity, reductions in the length of stay in hospitals and reductions in hospital admissions. Independent analysis by the Nuffield Foundation, Kings Fund and Health Commission however, demonstrates clearly that planned increases in health funding over the next CSR period will be 0.9% per annum, well below the projected growth in the UK economy.

Primary and Community Based Care

The overwhelming majority of healthcare in Wales is delivered in the community, close to patients' homes. The Intermediate Care Fund has been a key driver for partnership working across health and social care, with the third and independent sector to develop services to help older people maintain their independence. This includes the provision of care and support at home and in the community to avoid unnecessary hospital admission and to prevent delayed discharges from hospital. Through the additional funding for health, £30m is being allocated to increase funding for the Intermediate Care Fund to £50 million in 2016-17.

Mental Health

We continue to recognise the important role of mental health services in improving patient outcomes. In June of 2015 we announced nearly 16 million of new money and from the recent CSR round we allocated £30m of the £293m to increase funding available for mental health services as well as funding for older people. In line with our integrated approach to health and social care, we remain committed to this promise so as to help make further improvements in a number of key areas, including child and adolescent mental health services and dementia care to benefit key groups.

Impacts

Our Strategy *Together for Mental Health* aims to address stigma and discrimination and tackle inequalities. There has been a commitment to a mental health ring fence since September 2008 to protect the amount of money within this NHS budget and an explicit statement that whilst savings can be made any savings accrued cannot be spent outside the ring fence. This has been reviewed as agreed in our delivery plan for the strategy and the independent report is published on our website. Stigma and discrimination suffered by people experiencing mental health problems and mental illness are reduced with the supporting action outcome *People with protected characteristics and vulnerable groups experience equitable access and services are more responsive to the needs of a diverse Welsh Population*. Progress is being made on specific delivery plan actions in this area.

Child and Adolescent Mental Health Services (CAMHS)

In relation to our requirements in legislation to account for the specific needs of children and young people, the provision of Child and Adolescent Mental Health Services (CAMHS) continues to be a priority area for improvement. We continue each year to make an additional £7.65m available to improve the range of CAMHS provision, an increase of 18% in a single year, which will also enable repatriation of more young people currently sent out of Wales for treatment, with a resulting saving in these costly placements.

We are also promoting the development of consistent community intensive treatment teams across all of Wales and the early identification of psychosis and support for young people who present in crisis in the current year. Evidence shows that early identification and community based treatment could reduce admission rates and length of stay for severely ill adolescents. Research is increasingly endorsing the benefits of assertive outreach and supports the need for the development of local partnership arrangements across agencies. This is in line with prudent healthcare and wherever possible, when risk allows, young people should be cared for in the community as near to home as possible.

The CAMHS improvement programme has been in place since 2014-15 and will continue in 2016-17. This involves a cultural shift in provision to ensure the small and specialist CAMHS resource can focus on those with the most enduring mental illness. Taking this forward CAMHS will need to build, maintain and strengthen partnerships with other agencies in local authority social care and elsewhere. Multidisciplinary teams working in Integrated Family Support Services and initiatives such as the health component of Flying Start are central to ensuring those with the most need have access to specialist CAMHS at the earliest opportunity; and also ensuring no disadvantage to those with lower level mental illness, who can be dealt with by other agencies, with appropriate CAMHS support, reducing stigmatisation.

Looked after children and young offenders

Evidence shows that looked after young people have higher levels of attachment disorder. Similarly those in the youth offending system also have

higher levels of mental ill health. Identifying and addressing the mental health needs of these vulnerable groups early can ensure that they are able to fully integrate and engage in school and their wider communities. It can also help rehabilitation and reduced recidivism among young offenders. To support this we have made an additional £250,000 available since 2015-16 to improve the way in which CAMHS works with youth offending teams.

Gypsies and Travellers

In July 2015 'Travelling to Better Health' was published. This responds to an identified and evidenced need to improve access to and improve healthcare services for Gypsies and Travellers. This is focused towards several *Programme for Government* commitments, namely to improve access and patient experience and prevent poor health and reduce health inequalities by assisting healthcare practitioners in working effectively with Gypsies and Travellers. The guidance was produced in liaison with Gypsies and Travellers throughout all stages and provides advice on professional practice which could encourage greater participation in health and health services. The Travelling to Better Health guidance is supported by a number of outcome measures for health boards to assist with its effective implementation. Whilst financial implications in the current year are marginal, in the longer-term, following consultation and further implementation of the guidance, there may be further financial implications, particularly in respect of ensuring the NHS has knowledge, understanding and training of healthcare staff in relation to this community.

Services for people with a co-occurring mental health and substance misuse problem

In September 2015 the service framework for the treatment of people with a co-occurring mental health and substance misuse problem was published. This guidance is designed to inform and influence the delivery of integrated and collaborative practice in the delivery of mental health and substance misuse services for adults, children and young people. Again financial implications are marginal within this current year however there may be further financial implications in the implementation of this guidance particularly in relation to training afforded to front line staff.

Work has been ongoing in a number of additional areas including supporting the introduction of a Crisis concordat between Police, NHS and other partners to improve responses to people in contact with the police with mental health problems, and in particular addressing the health needs of asylum seekers and refugees.

Veterans

Since 2014-15 we have made an additional £100,000 available annually as part of the investment in psychological therapies to improve waiting to treatment times for our veterans' mental health service, Veterans NHS Wales. This is complemented by ongoing work between the service and Public Health Wales to implement the outcomes of a review undertaken in 2014 and which will make the service more responsive to the needs of veterans who are referred to the service. Demand for the service is predicted to increase, (by

Royal British Legion and other major service charities) as a result of recent action in Afghanistan and increasing numbers of service leavers as a result of military redundancies.

Mental health is one of the four priority areas for early action identified in the strategic Welsh language framework – *More than Just Words*. The June 2013 User Satisfaction Survey (Fundamentals of Care Audit) showed that 98% of patients were “receiving full information about [their] care in a language and manner sensitive to [their] need”. To support this further we have ensured the four most popular books under the *Book Prescription Wales* Scheme have been translated into Welsh and are available on CD. Locally, Betsi Cadwaladr UHB’s Welsh Language initiatives include developing a bilingual service user pathway to match Welsh speaking service users with bilingual mental health workers and identify unmet need.

The Alzheimer’s Society Cognitive Assessment Toolkit is now extensively used across primary care as a diagnostic tool, and widely recognised by professional bodies, including the Royal Colleges of GPs and Psychiatrists. It continues to play a crucial role in increasing GPs’ understanding and in promoting greater understanding and excellence. Language of choice is especially important, not least because the changes associated with dementia can leave first language Welsh speakers without the ability to communicate readily in anything but their mother tongue. Bangor University have recently completed the translation of this resource, meaning greater choice for Welsh-speaking clinicians and patients.

There is a clear link between mental health problems and poverty. Studies have found that people with mental illness have the lowest employment rate for any group of disabled people. They also arguably experience greater poverty, less adequate housing and greater social isolation. It is important that our efforts to tackle poverty recognise this. We know that reduced incidence of mental health problems are important for healthy functioning communities, improving social cohesion, social inclusion and prosperity. We know that those in the most deprived areas of Wales are more likely to suffer the most from poor mental health and a higher incidence of mental illness.

Budgets impact directly and indirectly on socio-economic disadvantage, tackling poverty and building sustainable communities, contributing to direct employment of people within the mental health field, particularly the Third Sector supported through S64 grant funding. Our work also supports vulnerable people by promoting recovery which helps them live independently and participate economically. Evidence shows mental illness is one of the key reasons for workforce absenteeism and a significant factor for a number of the long term economically inactive. Being in employment is particularly protective against living in poverty. Promoting mental wellbeing and establishing accessible support services will reduce the numbers of people unable to work due to mental illness and for those in work, promote speedier recovery, reducing time off work and enabling them to return to work sooner. We are finalising details for a new programme of peer support to help nearly 6000 people with substance misuse and mental health issues into or closer to

employment supported in part by the European Social Fund. There is another peer support programme that will also help people who are in work and experiencing health problems sustain employment.

A key theme of our approach is to address problems early in life to prevent them developing into more serious issues during adulthood. 1 in 10 children between the ages of 5 and 16 will experience, to differing degrees, a period of challenge to their mental wellbeing. In addition many children act as carers and have to support parents/guardians who are themselves mental ill health sufferers. They require support to fulfil their role, including information and advice.

At the other end of the age spectrum, improving care, support and awareness of Dementia is a key priority. Dementia is a considerable cost to both public and private finances, with numbers increasing as the population ages. A large proportion of the cost is borne by carers and can be a significant contributor to household poverty. Dementia UK estimates £690m p.a. is lost in income for carers who have to give up employment or reduce work hours. The cost is also personal, as the carer often has to sacrifice their social life to provide dedicated, 24/7, care.

The seriously negative impact of welfare reform in Wales is well set out in a paper *and a paper "Welfare reform - The health Impact on people with a serious mental illness"*, produced by the third sector organisation, Hafal. It describes how the current reforms to the welfare benefits system cause difficulty for people in Wales who have a serious mental illness and how this reinforces the existing inequalities in health and social care outcomes faced by people who experience mental ill-health.

Evidence

Recurrent investment from 2011-12 of £3.5 million is supporting ground breaking mental health legislation the Mental Health (Wales) Measure 2010, which commenced in 2012. This investment has meant that there are now Local Primary Care Mental Health Support Services delivered locally across Wales. Between April 2013 and September 2015, over 80,000 primary mental health assessments were undertaken (prior to the implementation of the Measure this service was not available). The average number of assessments per month is 2,669.

The Measure also ensures a statutory right to a holistic care and treatment plan for service users in secondary care, regular review and rights to re-assess services following discharge. Between April 2013 and October 2015 there were on average 24,767 Welsh residents in receipt of secondary mental health services each month. The Measure also invested £1.5 million in ensuring advocacy for all mental health inpatients whether detained or not

Section 48 of the Measure placed a duty on the Welsh Ministers to review the operation of the Measure for the purposes of publishing one or more reports within four years of commencement. The final duty to review report was laid

before the National Assembly for Wales in December 2015. The review has drawn on information from a wide variety of sources including:

- task and finish groups convened from a range of stakeholders to consider specific issues
- independent commissioned research
- service user and general practitioner satisfaction surveys
- third sector surveys and comment
- compliance with the legal requirements of the Measure
- quantitative performance measures
- the Health and Social Care Committee's post legislative scrutiny of the Measure recommendations

and supports the Health and Social Care Committee's findings that the Measure has improved services, but additionally that it has been value for money, and that improvements are continuing.

A mental health core data set, including outcomes from a service user perspective will evaluate the impact of the strategy. It will include measuring outcomes from a service user perspective and will also capture ethnicity data in all NHS psychiatric inpatient settings. We are continuing to develop this with the NHS Equality and Human Rights Unit and Diverse Cymru.

The Together for Mental Health Strategy (2012) describes how mental health is a key driver for social and economic development. The increased mental health budget, for both adult and children's services will ensure Wales is at the forefront of promoting good mental health and tackling mental illness when it arises. The Strategy is an integrated cross Government strategy ensuring health social care and wider partners such as housing education and police work collaborate to achieve its outcomes. Age inclusive for children it embeds UNCHR within the approach. The strategy seeks to ensure continuous improvement and consequently has three year delivery plans across its ten year lifespan. The first three year plans and the findings, alongside significant stakeholder engagement have informed the next delivery plan being drafted to cover the period 2016-19. This plan will be subject to formal consultation between January – March 2016 and is due to be published in June 2016.

Many people with mental health conditions are regarded as disabled under the definition of the Equality Act 2010. This strategy aims to reach positively to the heart of tackling inequalities. Welsh Language matters are fully considered in relation to the Strategy and its delivery plan and for those where need is highest particular attention given e.g. those with dementia who have a clinical need for assessment in their first language.

New investment in mental health services, will directly impact the long term economic development of Wales through the creation of specialist and high quality posts within the NHS. It will also help grow the workforce for the future. More generally the investment will support tackling poverty by improving educational attainment in children and young people. Funding is

also being targeted at young people in the criminal justice system, which research by the Prison Reform Trust shows have higher levels of mental health needs. Ensuring their needs are met in a timely manner will reduce recidivism among this group promoting their rehabilitation back into society.

For adults with mental health problems supporting recovery and keeping people in work if they develop mental health problems and allowing them to re-engage with the workplace as they recover also assists economic development as does support for their carers to continue within the workplace to reduce poverty.

A significant amount of the new 2015-16 mental health investment (£5.5m) has been targeted at supporting and improving dementia services.,. This includes £4.05m to help establish psychiatric liaison teams at each district general hospital in Wales to support staff in providing timely mental health assessments and reduce length of stay and re admission rates, £500,000 of new investment for Occupational Therapy support workers in older person mental health units to improve daily activities and quality of care and £800,000 of new funding for new Primary Care-based Dementia Support Workers.

The Welsh population is aging and as a result the incidence of dementia will increase. Research conducted, by the Alzheimer's Society, for its report Dementia UK: Second edition, suggests that there will be 850,000 people living with dementia in the UK by 2015. They estimated that this will cost the UK £26 billion a year. Two-thirds (£17.4 billion) of the estimated cost of dementia is paid by people with dementia and their families, either in unpaid care (£11.6 billion) or in paying for private social care. Improving services for dementia sufferers not only improves their quality of life but also those of family members who contribute to their care particularly where this involves giving up work to support their relations. This impacts their own quality of life and investment in new services will also therefore prevent poverty amongst the wider population and promote the priorities of the Wellbeing of Future Generations (Wales) Act.

In relation to the other protected characteristics it can be demonstrated that the investment provided from 2015-16 will bring wider benefits. In particular in new funding to perinatal services of £1.5 m (maternity and age protected characteristics) will improve the attachment process between mother and child which is known to improve outcomes for the child and family and prevent risks of problems in later life. The funding is being used to establish community based specialist perinatal services across every health board in Wales.

We are also providing £3m (£1.9m adults and £1.1m children) to increase access to psychological therapies. The National Psychological Therapies Management Committee has produced an action plan which provides a tool to assist health boards in developing a workforce with the competencies to deliver psychological therapies. Health boards have submitted their proposals using this framework to show how they intend to improve access to

psychological therapies. This initiative also supports individuals who may have suffered stigma and discrimination as a result of sexual orientation, disability, race, religion and belief, contributing to community cohesion.

Integration and collaboration is at the heart of this work, particularly in relation to longer-term care support for older people with dementia, where housing provision and local authority care and support form part of the wider package of support for this community. The same multi service approach is needed to support the emotional and mental health of children and young people, where NHS provision is one part of a service which spans, youth work, LA children services and social services, schools counselling and others.

Where mental health services are concerned it is a clear expectation that service users are actively engaged and co-produce as equal partners in both their own care choices and development of services. Service users input their views by participation on the local and national partnership boards as well as stakeholder and other groups, with a National Service User forum, which has specific requirements to ensure that those from protected groups such as BME are represented on the forum meeting three times a year. Work is also being undertaken by Public Health Wales 1000 Lives Improvement Service, the third sector and service users to produce service users' goal-based outcome measures which allow service users to report their perception of the achievement of outcomes important to them.

Continuous Improvement

Together for Mental Health enables us to measure the success of our work through a range of outcome measures, both specific to mental health and more general indicators of wider change.

Social Services

Younger, older and disabled people are more likely to depend upon the social care which public services provide. In this context projections show demographic changes and increasing public expectation alongside increases in the occurrence of specific conditions more common in older people, such as dementia will increase pressure on care costs. We know that carers, disabled people and others who are vulnerable are more likely to be in poverty and experience social exclusion. At the same time these same trends suggest that under the right circumstances preventative measures can improve well-being and realise public money for reinvestment in services over the longer term. This analysis supports our decision to place social services amongst the key considerations for this Draft Budget.

Our decision to allocate an additional £21m to the Revenue Support Grant for social services recognises the importance of focusing on supporting and accelerating transformational change across the health and social care system in order to address these challenges, with a particular focus on frontline delivery. Indeed, the Auditor General for Wales in his recent report *A Picture of Public Services 2015* recognised that spending on social care in Wales has been protected more than most other parts of the UK.

Our key priorities for social services are embodied in the Sustainable Social Services for Wales programme and implementation of the Social Services and Well-being (Wales) Act. These place emphasis on the well-being of people who need care and support and carers who need support alongside ensuring people have a much stronger voice and greater control over the services they receive; simplifying the way services are delivered, and improving the well-being of all people living in Wales.

By protecting vital programmes such as the Supporting People programme we have recognised the important contribution that social care has on the most vulnerable, whether through reasons of old age, disability or the need to safeguard children. This programme not only provides housing-related support for some of Wales' most vulnerable and socially excluded it also helps individuals and families who are homeless or at risk of becoming homeless to find and keep their home and live independently, as well as making a key contribution to our Tackling Poverty agenda. The programme is an example of action which can be taken to prevent or reduce the need for more costly interventions by the NHS and/or social care. It helps individuals and families and, in some cases, supports people who fall into the criminal justice system.

Gross public expenditure on social care was over £1.96 billion in 2014-15, with £0.2 billion raised in fees as many adult social services are means-tested. Almost all of this expenditure is funded by local government. Demographic pressures through increasing life expectancy, both for older people and people who are disabled, together with a growth in demand for children's services has led to social services expenditure more than doubling since 2001-02. Local Authorities have the statutory duty to deliver social services and provision is a mix of direct delivery and commissioned services from independent and third sector providers.

The Welsh Government's budget for social services has provided funding to support delivery of the legislative framework; work in partnership with service users, local authorities, the third sector, independent sector and other partners to coproduce a strategic direction for the sector in Wales, and to foster and accelerate transformational change in the way in which social care is delivered to the citizens of Wales as set out in Sustainable Social Services for Wales: a Framework for Action. The focus for 2016-17 will be on ensuring implementation and delivery of the Social Services and Well-being (Wales) Act

By reducing the number of looked after children the funding that would have been spent can be redirected to support the family to ensure children are not taken into care.

The budget for 2016-17 includes the transfer of £27m from the Department of Work and Pensions to the Welsh Government in respect of the Independent Living Fund - now the Welsh Independent Living Grant

Impacts

Welsh Government's budgets for social services support the implementation of the Social Services and Well-being (Wales) Act. The Act provides the statutory framework to deliver the Welsh Government's commitment to ensuring the provision of care and support to people of all ages, as part of families and communities. The Act places a significant focus on improving outcomes and wellbeing through prevention and early intervention, particularly to ensure there is care and support to meet the needs of vulnerable people. This includes children, older people, carers and disabled people.

Implementation and development of regulations, codes of practice and statutory guidance deriving from the Act has been a priority to prepare for the coming into force date of 6 April 2016. The focus on increasing preventative social services and early intervention are at the heart of *Sustainable Social Services: A Framework for Action*, and duties and powers to implement this change have now been made law through the Act.

Further legislation to enhance the quality of care for vulnerable people is being taken forward through the development of the Regulation and Inspection of Social Care (Wales) Act which will make changes to the role of inspection and, where necessary, strengthen the ability to tackle service failures such as those found by Operation Jasmine in residential and nursing home provision across Gwent in the early 2000s.

The social care workforce is a significant part of the Welsh labour market. In 2015-16, the Social Care Workforce Development Programme provided £7.15 million to invest in training for people working in social care to improve the quality and management of Social Services provision in Wales; with a focus in 2015-16 on which will be directed towards preparing them for changes resulting from the Act. The majority of this grant funding is delivered directly to Local Authorities. £1m of the grant is provided to Care Council for Wales to fund the development of the national training programme for the implementation of the Act.

The intention is to ensure that current recipients of the Independent Living Fund will continue to receive support following the transfer of funding. In the short term the transferred funding is being provided to local authorities to enable them to continue to financially support those who used to receive payments from the Fund. In 2016 the Welsh Government will be working with representatives of stakeholders to development arrangements for the long term.

Engagement

Coproduction of new social services policies together with service users, professionals and all delivery partners is embedded in the Sustainable Social Services Programme and all of the legislative changes set out in the Social Services and Well-being (Wales) Act and the Regulation and Inspection of Social Care (Wales) Bill. A National Partnership Forum for Social Services, established by the former Deputy Minister for Social Services, continues to bring together political and non-executive leaders from across all parts of the

social care and health system in order to shape a shared agenda for change. The national social services citizen panel for Wales brings direct service user experience into the heart of Welsh Government policy making. Formal consultations have been utilised as part of the development and shaping of social services legislative reforms and impact assessments have been undertaken on each piece of secondary legislation.

Following engagement with stakeholders through a workshop attended by approximately 200 delegates and with representatives of the Third Sector, including the Health and Social Care Alliance of Alliances, a new Third Sector Grant has been established for 2016-17 to underpin the delivery of the Social Services and Well-being (Wales) Act. Following a competitive bidding round, funding will be provided to Third Sector organisations to help deliver that legislation and policy.

Evidence

Social services support approximately 80,000 adults, providing statutory care for people with mental health problems, physical and learning disabilities and frail older people. Over 35,000 children in Wales were referred to social services in 2014-15. Child protection registers record 2,940 cases of neglect, emotional, physical and/or sexual abuse. There are 5,615 looked-after children in Wales.

The Sustainable Social Services Programme and implementation of the Social Services and Well-being (Wales) Act focus on supporting and accelerating transformational change across the health and social care system in order to address these challenges and ensuring services focus on prevention and early intervention.

Continuous improvement

Key priorities for social services are embodied in the Sustainable Social Services for Wales Programme, These include ensuring citizens have a much stronger voice and greater control over the services they receive, simplifying the way that services are delivered, and improving the well-being of all our citizens. A particular focus for 2016-17 will be the coming into force of the Social Services and Well-being (Wales) Act.

Public Health

With an ageing population it is vital we work with people to help protect their health as they get older. By protecting our investment in public health we are committed to providing greater control over health and well-being and faster access to advice and services for those who need it most.

Budgets for health promotion, health protection and prevention will increase in 2016-17. The increase reflects expansions of public health programmes such as immunisation and screening. Examples of the impact of these programmes include around 35,000 children in Wales having primary immunisations and boosters every year; more than 400,000 people aged 65 or over having flu vaccinations and providing more than 111,000 patients with Diabetic Retinopathy Screening services. With these services the aim is progressive

universalism, helping everyone in the community, but targeting support in accordance with need. So for example, more effort is currently being put into making sure that groups who are not taking up health screening opportunities are helped to do so.

The increase in funding to **Public Health Wales (PHW)** mainly represents a transfer of budget and commitments into the core funding allocation for PHW. The core funding enables Public Health Wales to deliver its functions as set out in legislation, including services that cover health improvement and protection, public health intelligence and research, and national population screening programmes for the people of Wales. PHW supports the delivery of many of the actions in relation to improving public health and reducing inequalities in healthy life expectancy.

The transfer of additional **immunisation funding** will increase the existing immunisation budgets within each Health Board and is representative of the expanding immunisation programme in Wales. The expansion includes the inclusion of rotavirus and influenza immunisations for children; a new routine shingles vaccination programme for people aged 70 years; and a time limited catch up programme has been introduced for first time for university entrants under 25 years of age who are at increased risk of Meningitis C. Health Boards have been receiving additional in-year funding for immunisations in previous years so this transfer merely confirms arrangements that have been in place for some time and will now allow HBs to plan with more certainty for this important policy area. Immunisation is a universal service. The aim is to create “herd immunity”, so protecting all parts of the community equally.

Public health actions can contribute to the **prudent healthcare agenda**, and so improve the impact of spending by for example by:

- helping empower people and their communities to take more control of their health on the basis of co-production; and
- developing effective prevention and early interventions that can avoid expensive problems later on.

For example, the funding for NHS Occupational Support Service (£0.163m) is based on the link between the health and wellbeing of staff and the quality of service delivery. It supports efforts to reduce the impact of sickness absence on NHS Wales by providing specialist support for doctors, who suffer higher incidence of common mental health problems than other professionals groups.

During the age of austerity, and in light of our increasing and aging population leading to increased demand on the NHS, our policy is to move away from focusing on ill health and an over reliance on hospitals. Our approach is to help citizens take responsibility for their health and wellbeing through the **co-production** approach, as well as developing a preventative primary and community care led NHS. There is a strong emphasis on the redesign of primary and community care services as population needs are identified. Every opportunity will be taken to ensure that services work as effective teams with a shared focus on the needs of individuals and local communities,

delivering improved population health through strengthened primary and community care in partnership with the role the public must also play in their own health and wellbeing. The support of PHW through its Primary Care Medical Advisory Team, Primary Care Quality and Information Service and the Public Health Observatory is vital for this work, including action to mitigate inequalities and the effects of poverty and in particular to reverse the 'Inverse Care Law'.

The aim is increasingly to refocus services on improving health and wellbeing for all, with the pace of improvement increasing in proportion to the level of disadvantage. This commitment means keeping our aspiration to improve healthy life expectancy for everyone and to close the gap between each quintile of deprivation by an average of 2.5%, but looking for new ways of using the available resourcing. Our work also supports one of the three strategic objectives in the Child Poverty Strategy which is to reduce the inequalities that currently exist in the health, education and economic outcomes of children and families living in low income households.

We fund priority campaigns, projects and services which target improvements at those in need, such as the Healthy Start (£8.5m) benefit scheme which provides a nutritional safety net to pregnant women and young children in disadvantaged families. Ongoing support for the costs of the immunisation programme is a key area of preventative spend (£17.6m) and there is also investment in high quality data at both national and local level such as the Welsh Health Survey to support investment decisions and track the impact of policies. A number of budget lines relate to the sponsorship of public bodies such as Public Health Wales (£80.5), which has seen a £4.4m increase in 2016-17

The new developments in health planning and in primary care are establishing the basis for a better focus on the needs of the whole population. Small area planning will enable primary and community care services to target better the different needs of different groups and there is a growing willingness across the NHS and social services to share information and pool efforts to improve the health and well-being of the whole population. The development of small-area population planning should have increasing impact on service design and on health over the coming years.

With an ageing population it is vital that we work with people to help protect their health as they get older. The new over 50s health check offers everyone over 50 years of age easily accessible advice on their health and sources of help providing targeted users with greater control over their health and wellbeing, faster access to advice and services and help overcome problems of health literacy. This was piloted in Communities First areas both to give it a strong basis there and to ensure it is easy to access and use e.g. the LIFT programme.

We also recognise that the health service and wider health sector play a crucial part in underpinning and stimulating our economy, helping to tackle economic deprivation and reducing the economic drivers of ill health. The

NHS has a considerable weight in the national economy, in employment, procurement, capital investment and innovation. Increasingly the opportunities are being taken to use the influence and budget of the NHS to influence people's chances of good health through enhanced employment and contributing to prosperity. Our programmes seek to mitigate the impact of poverty and improve people's life chances supporting objectives outlined in the Welsh Government's Tackling Poverty Action Plan.

We also recognise that the health service and wider sector plays a crucial part in underpinning and stimulating our economy, helping to tackle economic deprivation and reducing the economic drivers of ill health. The Division for Social Care and Health Research (DSCHR) provides an infrastructure to support and increase capacity in Research and Development (R&D), runs a range of responsive funding schemes and manages the NHS R&D funding allocation. Numerous ground-breaking discoveries through research have resulted in novel and innovative ways of preventing and treating illness, reduce harm / waste / variation, tackle poverty and inequality, as well as the ongoing funding of the R&D component of healthcare innovation. In 2015 £10m was allocated to promote Efficiency Through Technology in NHS Wales. This fund will continue into 2016-17 and is intended to accelerate the demonstration, evaluation and adoption of new products and services into practice, increasing efficiency and providing patients with better outcomes, in accordance with the principles of Prudent Healthcare.