

Children, Young People and Education Committee

Date: November 2016

Title: Scrutiny of Draft Budget

Purpose

To provide an evidence paper in respect of children's health and social services within the Health, Well-being and Sport 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 18 October 2016. This paper provides information for the Children, Young People and Education Committee (CYP&E) on the future budget proposals for 2017-18 in the Health, Wellbeing and Sport MEG.

Children's and young person's expenditure occurs across a range of budgets, and local authorities receive funding in their revenue settlement to deliver on their children and family services. Following the changes in Ministerial portfolios and associated transfer of budgets supporting activities for children to the Communities and Children MEG, there are no hypothecated budgets for children's services within the Health, Well-being and Sport MEG.

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.

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

Neonatal services

The budget allocated to meet the neonatal national standards; the Government's priorities for neonatal services for the next 12 months and in the longer term; and how the budget allocation for 2017-18 will help to drive change / deliver performance improvement;

A budgetary breakdown of the revenue allocation for neonatal services for 2017-18, including expenditure by Welsh Health Specialised Services Committee (WHSSC);

Levels of expenditure on neonatal services in Wales each year, since 2008, by LHB, including WHSSC spending (following increased investment from the

Welsh Government for neonatal services in 2008, helping to establish a clinical network, improve staffing levels and transport provision);

Specific information about the budget allocation and expenditure for neonatal transport services, including confirmation that sufficient funding has been provided in the budget allocations for 2017-18 to provide a full time service in South and North Wales and for a dedicated ambulance service in West Wales.

Comprehensive detail of costs, expenditure, staffing and vacancy levels within Welsh Neonatal services.

Information on how expenditure on neonatal services is tracked by the Welsh Government and the processes in place to hold LHBs to account for ensuring that neonatal services have the funding and staffing they need to meet national standards.

Neonatal services

The Government expects health boards to deliver safe and sustainable neonatal services, supported by the Welsh Health Specialised Services Committee (WHSSC) and the Neonatal Network, with an expectation that every neonatal unit be appropriately staffed to meet population need within the next five years. All health boards have made progress against the all Wales neonatal standards since 2008. They report on their compliance against the Standards twice a year to the Neonatal Network which uses this information to support the health boards to continue to make improvements to their services.

Staffing Establishment

As at March 2016 only 4 out of the 11 neonatal units have establishments that meet the All Wales Standards. This is an improvement from 2/11 reported as at September 2015. Staff to meet the All Wales Standards is based on the Direct care nurse establishments (see table)

Based on the declared cot numbers (shown in section 3) as at March 2016, Table 1 demonstrates that:

- 479.39 wte direct care nurses are needed across the Network to meet the standards
- 459.71 wte direct care nurses are available on establishments across Wales

This represents a shortfall of 19.68 wte nurses, although the actual shortfall is based on direct care staff `in post` which is 431 wte, so this brings the shortfall of nurses to meet the standards to 48.39 wte, an improvement from 78.07 wte reported as at September 2015.

Direct Care Establishment to meet the Standards as at March 2016

Units	Establishment to meet All Wales Standards	Direct Care Establishment	Shortfall in Establishment	Direct care staff in post	Shortfall in post v establishment	% compliance Establishment	% compliance Staff in post
Glangwili	28.45	39.90	-11.45	33.80	-5.35	140.25	118.80
Princess of Wales	27.03	23.41	3.62	23.39	3.64	86.61	86.53
Singleton	78.24	68.55	9.69	64.83	13.41	87.62	82.86
SOUTH WEST	133.72	131.86	1.86	122.02	11.70	98.61	91.25
Prince Charles	22.76	20.44	2.32	20.34	2.42	89.81	89.37
Royal Glamorgan	28.45	29.19	-0.74	24.94	3.51	102.60	87.66
University Hosp of Wales	82.51	89.46	-6.95	90.12	-7.61	108.42	109.22
SOUTH CENTRAL	133.72	139.09	-5.37	135.40	-1.68	104.02	101.26
Aneurin Bevan	96.73	97.20	-0.47	92.78	3.95	100.49	95.92
SOUTH EAST	96.73	97.20	-0.47	92.78	3.95	100.49	95.92
SOUTH NETWORK	364.17	368.15	-3.98	350.20	13.97	101.09	96.16
Ysbyty Gwynedd	24.18	21.52	2.66	14.70	9.48	89.00	60.79
Ysbyty Glan Clwyd	45.52	38.52	7.00	34.58	10.94	84.62	75.97
Wrexham Maelor	45.52	31.52	14.00	31.52	14.00	69.24	69.24
NORTH NETWORK	115.22	91.56	23.66	80.8	34.42	79.47	70.13
WALES NETWORK	479.39	459.71	19.68	431.00	48.39	180.56	89.91

In the Neonatal Capacity Review as at March 2016, the establishment to meet the All Wales Standards in Table 1 column 1; an uplift of 27% has been applied which equates to 5.69 wte to accommodate expected leave (annual, sickness, maternity, mandatory training and CPD).

Health board neonatal services are funded through the annual discretionary revenue allocation and health boards will set out their local priorities with regards to neonatal services in their Integrated Medium Term Plans (IMTP), which will also detail their neonatal budget allocation to WHSSC for 2017-18. Health boards are unable to disaggregate their neonatal spend for the years since 2008, but budget allocation for WHSSC is available from 2010-11 onwards.

WHSSC manages the majority of the health boards' budget for commissioning Neonatal Intensive Care (Level 4) and Neonatal High Dependency (Level 3) services. Despite public services austerity, this budget has increased from £11.5 million in 2010-11 to £13.4 million in 2016-17. To support further improvement to services, WHSSC is currently working with the health boards on a transfer of Special Care Baby Unit budget into WHSSC from 2017-18 to enable neonatal system funding flows to follow the activity through the system.

In addition to the 24 hour, 7 days a week, neonatal transport service operating across North Wales, WHSSC are considering options for developing similar levels of service across South Wales.

Any further information on the business plan for a new £18m Glan Clwyd neonatal unit and the upgrading of the neonatal service at the Royal Gwent Hospital, and associated costs.

I have approved the full business case (FBC) for the development of a Sub-Regional Neonatal Intensive Care Centre (SuRNICC) at Glan Clwyd Hospital as part of the development of the overall service model for neonatal care in North Wales. In approving the FBC, I have agreed to allocate capital funding of £17.919 million which will provide an additional six cots, an obstetric theatre and additional inpatient beds. Construction will start in November this year and the new facility is planned to open by March 2018. It is intended to have an immediate impact once opened, with the Health Board noting that in its first year of operation it should reduce the number of unplanned transfers out of North Wales by 50%.

I have also approved capital funding of £2.120 million in 2016-17 for the reconfiguration of the current neonatal unit at the Royal Gwent Hospital, Newport with investment primarily targeted at increasing space between cots to provide an improved environment to manage risks around infection control, to better facilitate clinical interventions and to provide a more appropriate environment for parents. It is anticipated that this development will complete by the end of this financial year.

Child Health inequalities

In the context of preparing for an aging population and severe pressure on health and social care services, how is the Welsh Government planning to tackle child health inequalities and how this is reflected in the budget allocations for 2017-18?

Wales is not unique in having a social gradient in health: health gets progressively better as the socioeconomic position of people and communities improve. Conversely, we know children growing up and living in low income households are much more at risk of having poorer physical and mental health outcomes. This calls for both targeted and universal actions across the gradient. We know that to create a more equal society we need to provide universal access to high quality primary care, quality services in the early years, an inclusive education and learning system, good quality employment and working conditions, as well as healthy environments for all.

The Well-being of Future Generations Act also places a more equal Wales as a goal of all public services and action to tackling inequalities is a feature of a range of Government commitments, including employment programmes, quality housing, and access to childcare.

In programmes specific to health and care, a focus on tackling inequalities needs to be inherent in a range of policies, to ensure care is provided in a way that is proportionate to need. To take the example of immunisation programmes, Government looks to Public Health Wales and Health Boards to ensure a strong focus on tackling inequalities in uptake in those programmes.

The spend on tackling inequalities specifically is not however separate from the broader programme spend.

There are some examples of activity that we anticipate having a particular focus on reducing inequalities. For example, we want 'to give every child the best start in life' through our new Healthy Child Wales Programme (HCWP) which sets out a prudent, systematic, evidence based approach to child health surveillance and screening. At its core is reduction of inequity by ensuring the delivery of a universal service to all children in Wales, with additional support provided in response to identified needs. Our Health Boards are required to demonstrate that appropriate action is being taken to address health inequalities through their Integrated Medium Term Plans. We expect to see particular progress through the ongoing development of primary care clusters, design and support to provide more person-centred services, and through implementation of the Healthy Child Wales Programme.

CAMHS

Information on funding for specialist Child and Adolescent Mental Health Services (CAMHS) for 2017-18

CAMHS funding sits within the overall mental health ring-fence allocation to health boards of £600m. It is for health boards to ensure expenditure is in line with the needs of their population requiring CAMHS services. We would expect to see funding increase in line with the almost £8m we have invested in CAMHS since 2015-16.

What assessment has been made of financial implications of delivering the Together for Children and Young People Programme (T4CYP) for 2017-18

We would expect the financial implications to be cost neutral or even generate efficiencies which can be reinvested back into CAMHS, as the Programme is about ensuring the existing system works better for young people. For example reducing inappropriate referrals will bring efficiencies. Not only are these referrals not in the interests of the young person, but they take up valuable clinical assessment time. Time which should be spent working with those young people with the greatest need of a specialist mental health service

What assessment has been made on the percentage of LHB mental health spending allocated for CAMHS in 2015-16 and 2016-17

Expenditure needs to match need and what we have seen since September 2015, as a result of our new investment, is that CAMHS waiting lists are reducing. Reversing for the first time the year on year increases previously seen. Unrealistic comparisons have previously been made between funding for CAMHS and adult or older people's services. The nature of mental illness within adults and older people means they often have more enduring conditions, which require expensive hospitalisation more regularly and for

longer periods. Our priority in CAMHS has been that hospitalisation should always be the last resort, which is why, since 2015, all health boards have invested in CAMHS community treatment teams. This means many more young people are treated in the community without requiring admittance and facilitating a reduction in costly out of area placements

Whether the additional £7.6 million allocated to CAMHS, announced in May 2015, will continue to be allocated on an ongoing annual basis

This is recurrent funding and has further increased with our announcement earlier this year of an additional £318,000 recurrently to fund support workers to work with those young people experiencing the most severe mental ill-health.

An update on the actual expenditure for the initial rounds of this funding, both the out-turns for the financial year 2015-16 and the predicted spend for 2016-17, which was intended to fund:

- £2m to develop neuro-developmental services, including those for ADHD and autistic spectrum disorders;
- £2.7m to improve out-of-hours and crisis CAMHS response;
- £1.1m to expand access to psychological therapies, including increasing talking therapies as an alternative to medication;
- £800,000 to improve local primary mental health support services;
- £250,000 to expand provision for children and young people in the criminal justice system; and
- £800,000 to address the needs of young people who have an early onset of a severe illness, such as a psychosis.

Recruiting specialist staff takes time, particularly given the scale of recruitment, not just in CAMHS but across all mental health, as a result of the over £22m additional funding we announced. This could potentially have depleted and destabilised existing services, as practitioners and clinicians sought new challenges and, or promotion in the new services created by the investment. As a result health boards have had to carefully manage the recruitment process.

In late 2015 and early 2016 we sought progress updates from health boards which included anticipated spend to March 2016. This comprised the cost of staff recruited, funding for existing staff to run additional clinics to speed access and address waiting lists, and training both new and existing staff. A similar approach has been taken this year and health boards have been asked to report their anticipated outturn expenditure to March 2017. The results are in the table below:

Health Board	2015-16 £m	Anticipated 2016-17 £m
Aneurin Bevan	0.097	0.726
Betsi Cadwaladr	0.589	1.645
Cwm Taf	0.394	0.734
Abertawe Bro Morgannwg	0.323	0.948
Cardiff and Vale	0.300	1.176
Hywel Dda	0.208	0.844
Powys	0.088	0.296
Total	1.999	6.369

ANNEX B

Health, Wellbeing and Sport Integrated Impact Assessment on the Budget 2017-18

OVERVIEW OF THE PORTFOLIO

The portfolio develops and delivers policies that provide a sustainable health and social service for Wales and provides the foundation for other interventions aimed at creating a healthy and active Welsh population.

Our aim is to help people take care of their own health and wellbeing through the co-production approach – people making informed and shared decisions about their health with their healthcare professionals. We are transforming the NHS so more care is provided in local communities, closer to people's homes rather than in hospital. This requires a sustained shift, through collaboration in financial and workforce resources, to deliver more healthcare in communities – we are continuing to improve access to GP surgeries and investing in the primary care workforce. We will also work with schools to promote physical activity and awareness of healthy lifestyle choices.

Our decision to allocate additional funding of £265 million for health in 2017-18 recognises that providing a sufficient and sustainable settlement is a vital consideration not just for society as a whole, but also recognises the disproportionately positive impacts on protected groups

Spend Profile

Fiscal Resource DEL Limit				
SPA	Supplementary Budget 2016-17	Baseline Changes	2017-18 Changes	2017-18 New Plans Draft Budget
	£m	£m	£m	£m
NHS Delivery	6263.080	14.619	285.789	6563.488
Health Central Budgets	230.691		(14.921)	215.770
Public Health & Prevention	159.260		3.044	162.304
Social Services	67.335		(3.622)	63.713
Sports & Physical Activity	22.605	(0.261)		22.344
Totals	6742.971	14.358	270.290	7027.619

Key Changes to Spend

- Additional funding for NHS of £240m;
- An additional £1 million for End of life Care
- Investing £1 million in gender identity and eating disorders programmes
- An additional £7 million to support recruitment and retention of healthcare professionals, including attracting more GPs and training more nurses and other health professionals.
- We are continuing to spend £50 million on the Intermediate Care Fund to keep people out of hospital

ANNEX B

- Social Services – targeted an additional £25m in the Revenue Support Grant for social services;
- Public Health – we are protecting investment in programmes to improve public health; and
- New Treatment Fund – an additional £16m a year over the life of this Government, to facilitate access to innovative medicines.

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

We must meet the health needs of our ageing population, while also responding to the growing demand for healthcare and the persistent gap between the health of the richest and poorest communities in Wales. Our decision to provide an additional £240m for the NHS in Wales will ensure the sustainability of the service and help to transform the provision of care.

For the additional NHS funding of £240m 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 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.

Evidence and Engagement

Additional investment in the NHS will enable continuation to meet the ongoing growth in demand and costs of services that have been described in the Nuffield Trust and Health Foundation reports. The increase in funding to the NHS is based on evidence from the latest Health Foundation model to reflect the latest assumptions on spending pressures and efficiencies in the NHS. 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

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.

ANNEX B

The Public Health Wales NHS Trust (PHW NHST) grant budget is £88.7 million, and funds core NHS public health services, such as screening and health protection. As an NHS organisation, PHW NHST will face ongoing inflationary cost increases, and some demand and service pressures. Therefore, it is proposed at this point to maintain the current PHW NHST budget at current levels in cash terms, which will require the organisation to find annual efficiencies to offset cash growth.

Budgets for health promotion, health protection and prevention have remained the same in 2017-18. Programmes such as immunisation and screening are protected and the impact of these programmes include around 140,000 children in Wales having primary immunisations and boosters every year; over 99,000 children and more than 420,000 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 proportionate 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.

Over half of adults and a quarter of 4-5 year olds are overweight or obese, and we continue to invest a range of policies and programmes to tackle obesity. The cost of overweight and obesity to the NHS in Wales runs into hundreds of millions every year, with type 2 diabetes, for which obesity is the major risk factor, taking 10% of the total NHS budget. Those with a BMI greater than 40 are now also offered the seasonal flu vaccine.

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.

Immunisation funding will support the new meningitis B and meningitis ACWY programmes as well as expansion of the seasonal flu campaign for children. Immunisation is a universal service impacted by increasing populations. 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.

ANNEX B

For example, Healthy Working Wales (£0.195m) supports employers across all sectors to develop policies and interventions to promote the health and well-being of their staff and reduce the impact of ill-health on work. Healthy Working Wales attracts joint funding from the economy portfolio (£0.6m) and currently impacts on 460,000 employees in over 3000 employers in Wales. The programme now includes an In-Work Support Service (0.214m) which is supported by £3.2m of European Structural Funds to support people who are most at risk of long term sickness absence, to return to work – it aims to support 4000 people and 500 employers over 3 years...

With an ageing population it is vital that we work with people to help protect their health as they get older. 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.

In 2015 the then Health and Social Services Minister announced a protected investment of £10m to support an Efficiency Through Technology Programme (ETT programme). This funding is awarded on a competitive basis to NHS organisations to support the rapid evaluation and adoption of new technology products and services, with an emphasis on efficiency, improved outcomes for patients, and scaling approaches to the all-Wales level. The ETT Programme also supports national projects to encourage technology development, innovation, industry engagement, and international partnerships (including EU networks and funding opportunities). All projects are actively managed to ensure value for money and the ETT funding has achieved a good match funding ratio. Evaluation is embedded in all projects, as well as at programme level. The ETT Programme will continue into 2017-18.

New Treatment Fund

The introduction of the new treatment fund will support the early introduction of the newest and most innovative high-cost medicines which have been recommended by NICE or AWMSG. We will make £80m available over the life of this government to ensure new medicines, which address unmet clinical need and represent a significant step forward for the treatment of life-limiting and life-threatening diseases are available. This will be delivered consistently across Wales as soon as possible following a positive recommendation by either NICE or AWMSG.

The fund has developed from our experience of making new high-cost treatments for a range of life-changing conditions available to people in Wales. In 2015-16, the Welsh Government provided significant funding from its central reserves to enable the NHS to fund four new treatments for hepatitis C and a new treatment for a rare, genetic and progressive disease

ANNEX B

called atypical Haemolytic Uraemic Syndrome (aHUS). The medicines represented a major step forward in treatment and secured significant health and social benefits for patients. It is essential the new treatment fund is operated transparently and is widely understood. Work is progressing to develop a mechanism to manage the fund effectively. We anticipate the fund will be operational by December.

Mental Health

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. We continue to recognise the important role of mental health services in improving patient outcomes.

Impacts

Our Strategy *Together for Mental Health* aims to address stigma and discrimination and tackle inequalities. Tackling stigma and discrimination continues to be a priority area within the *Together for Mental Health* 2016-19 delivery plan. In addition a priority within our new Programme for Government is to 'Work to ensure that mental health discrimination is ended'. The new delivery plan also includes a key action 'To reduce inequalities for vulnerable groups with mental health needs, ensuring equitable access and provision of mental health services'

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 £7.968m available to improve the range of CAMHS provision. Specifically this funding will help improve specialist child and adolescent mental health services (CAMHS) ability to respond out of hours and at times of crisis, expand access to psychological therapies for young people, improve provision for children and young people in local primary mental health support services, ensure services intervene early to meet the needs of young people who develop psychosis and to develop appropriate services for young people with neuro-developmental needs, such as ADHD and autistic spectrum disorders.

The CAMHS improvement programme (*Together for Children and Young People*) has been in place since 2015 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

ANNEX B

mental illness, who can be dealt with by other agencies, with appropriate CAMHS support, reducing stigmatisation.

Actions included within the plan also include preventative services – both universal and targeted, the latter of which focuses at higher risk areas and therefore links in with goals defined in the child poverty strategy

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.

Additionally there are actions in the 2016-19 delivery plan, which health boards working with support of the Welsh Government (Health and Social Services) to publish an agreed care pathway for vulnerable young people such as looked after and adopted children to ensure appropriate referrals and support services are provided between CAMHS / other specialist mental health services / local authority and youth justice system by December 2017.

Vulnerable Groups

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. 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.

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 considered marginal within this current year however there maybe further financial implications following receipt of the actions plans from local mental health partnership boards / substance misuse area planning boards

Work has been ongoing in a number of additional areas including supporting the introduction of a Crisis concordat between Police, NHS and other partners

ANNEX B

to improve responses to people in contact with the police with mental health problems, a working group of key stakeholders is in place to ensure the implementation of the published *Crisis Care Mental Health Concordat*.

We will also issue a pathway for care, to ensure access for refugee and asylum seekers to general mental health and specialist Post Traumatic Stress Disorder (PTSD) provision **by January 2017**.

Mental health is 1 of the 4 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.

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. In September we launched 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 have a mental health problem, and many

ANNEX B

more have behavioural issues. 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. Within the 2016-19 delivery plan we have committed to produce a dementia strategic plan by the end of the calendar year which will be then subject to formal consultation.

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 August 2016, over 110,000 primary mental health assessments were undertaken (prior to the implementation of the Measure this service was not available).

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 Centre for Equality and Human Rights 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, to ensure that there is consideration as to next steps for improvement, it has considered the first three year plan 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

ANNEX B

need is highest particular attention given e.g. those with dementia who have a clinical need for assessment in their first language.

This investment 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. For example the nursing workforce in CAMHS is expected to increase by around two-thirds as a result of this investment.

More generally the investment will support tackling poverty by improving educational attainment in children and young people, which is at the heart of the spending plans. Evidence shows that the increase in referrals to child and adolescent mental health services in recent years (with over a 100% increase in referrals over four years) is, in part, attributable to referrals for neurodevelopmental conditions. £2m of funding is being targeted at developing services to diagnose and treat these conditions which will bring direct benefits to the attainment of young people, as a result of their being able to engage fully in their education. 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 this supports recovery and keeping people in work if they develop mental health problems and allowing them to re-engage with the workplace as they recover which supports economic development as does support for their carers to continue within the workplace to reduce poverty.

The Welsh population is aging and as a result the incidence of dementia will increase. Improving services for dementia sufferers not only improves their quality of life but also those of family members who have to shoulder the burden and cost of caring for them, many of whom have to give 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 Future Generations (Wales) Act.

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