

Children, Young People and Education Committee

From: Welsh Government

Date: 8 November 2017

Venue: Senedd Cardiff Bay

Title: Scrutiny of Draft Budget 2018-19

1. Purpose

The Committee's Chair wrote to the Cabinet Secretary for Health Well-being & Sport on 3rd August inviting him and the Minister for Social Services and Public Health to give evidence on their Draft budget proposals to the Committee and asking for a paper in respect of children's health and social services within the Health, Well-being and Sport Main (HW&S) Expenditure Group (MEG) which falls within the remit of the Children, Young People and Education Committee (CYP&E).

2. Introduction

The Draft Budget process is now in two stages. The outline budget (Stage 1) was published on 3rd October 2017, and the detailed budget (Stage 2) on 24 October. The outline budget focuses on the overall fiscal envelope for Welsh Government and the main MEG level allocations, while the detailed budget covers the Budget Expenditure Level (BEL) spending plans within each MEG.

This paper provides information for the CYP&E Committee on the Health, Well-being and Sport (HW&S) Main Expenditure Group (MEG) future budget proposals for 2018-19 and also provides an update on specific areas of interest to the Committee.

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

The detailed Draft Budget published on 24th October set out the spending plans by BEL for the HW&S MEG for 2018-19 and future years. Children's and young person's expenditure occurs across a range of budgets within the HW&S MEG. Local authorities receive funding in their revenue settlement from the Local Government MEG 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 proportion of NHS spend will be funding services provided to children. The Health, Social Care and Sport Committee will scrutinise budget plans for all planned NHS spending.

4. Legislation

We are allocating the following funding in respect of relevant legislation.

Social Services & Well-Being (Wales) Act 2014

In 2018-19 up to £0.2 million is being retained in BEL 0920 Sustainable Social Services to support national activity to ensure consistent approaches to common processes across the regions delivering duties under the Act (e.g. performance management, new approaches of practice) and facilitate third sector engagement, whilst £2.8 million of recurrent funding was transferred to the Revenue Support Grant with effect from 2017-18 to support delivery through regional partnership boards.

Regulation & Inspection of Social Care (Wales) Act 2016

The Regulation and Inspection of Social Care Wales Act 2016 received Royal Assent on 18th January 2016. As announced in the last administration, the service regulations under the Act are being developed in three phases with Phase 1 and 2 expected to come into force from April 2018 with the expectation that the Act will be fully implemented by April 2019. It is forecast that the transitional costs for CSSIW related to implementation of the Act during 2018-19 will be in the region of £1.5 million which are in BEL 0920 Sustainable Social Services.

Public Health (Wales) Act 2017

Following Royal Assent in July this year, £0.728 million has been included within the Health Improvement and Inequalities BEL (0231), to support the implementation of the Public Health (Wales) Act during 2018-19 (this excludes funding for the pharmacy provisions which is covered under NHS Primary Care BEL (0180)). This will support a range of activity, including the preparation of and consultation on subordinate legislation, as well as training and communications. A number of the policies to be implemented under the Act will directly benefit children and young people, including the development of a national obesity strategy, restrictions on smoking in school grounds and public playgrounds, and preventing the intimate piercing of children. Implementation will then continue beyond the 2018-19 financial year, corresponding with the coming into force arrangements for different aspects of the Act.

5. Children's Rights and Equalities

Impact Assessments

We have not undertaken a specific Child Rights Impact Assessment on the budget changes for the HW&S portfolio. It will be for NHS organisations to undertake local CRIAs when developing their detailed medium term plans taking account of the additional investment provided in this budget.

Equalities, sustainability and the Welsh Language

All programme publications and promotional materials we produce are printed bilingually, all services to families are provided bilingually and all of our social

media communications are posted bilingually. NHS organisations are also covered by Welsh Language Standards.

We cover issues of equality and prevention later in this paper.

Wellbeing and Future Generations Act

The First Minister published 'Prosperity for all – the national strategy' in September. It sets the aims of this Government and provides clarity about how we want Government and delivery partners to be part of a new approach to delivering priorities. The Well-being of Future Generations (Wales) Act 2015 supports the Welsh Government and delivery partners in making these important changes to the way we work.

The strategy sets out 12 revised well-being objectives and the steps we propose to take to meet them. Together with the well-being statement published alongside the strategy, these objectives set out the areas where the Welsh Government can make the greatest contribution to the seven well-being goals for Wales and provide the basis for strong partnerships with others.

By continuing to increase our investment in NHS Wales, the Welsh Government is taking account of the Act in terms of ensuring the long term sustainability of health services. Within our portfolio, we have used the Act as a basis to protect our investment in Public Health Wales NHS Trust, to support our continued ambition to shift the focus towards prevention, and to increase our investment in education and training of the health and care workforce, to ensure we have a workforce fit for the long term.

- We have used the prevention way of working to influence specific budget allocations for children and young people. Two examples are as follows: Investing in prevention of avoidable diseases through expanding the children's flu vaccination programme by an additional school year in 2017-18, and then accelerating the roll out to all primary school children in 2018-19. This is expected to significantly lower the public health impact of flu by preventing a large number of cases of disease in immunised children as well as in unvaccinated infants and older people in clinical risk groups through reduced circulation and transmission of flu.
- Health & Social Services and Education are investing in a cross cutting initiative to pilot the provision of mental health in-reach support for children in school settings. £1.4 million is being jointly invested in three pilots that will run from 2017-18 to 2019-20; one in North East Wales, one between North Gwent and South Powys and one in West Wales. The pilot schemes will test approaches on early identification and intervention for children with emotional and mental health problems. There will also be funding to support a national coordinator to support the pilots. The contribution from the Health & Social Services MEG for 2018-19 will be £0.229 million.

6. Other Information

Value for Money

Evaluation takes place as part of normal grant and project management activities. Where we directly fund Third Sector organisations, my officials undertake due diligence before a grant is awarded and then regularly review during the life of the project before payments are made. In relation to funding to health boards, we will continue to monitor performance, assess outcomes and drive the future improvement and delivery including value for money through the NHS Delivery Framework.

Implications of UK exit from the EU.

The Welsh Government established a specific team to co-ordinate European Transition issues, which is working closely with the existing team in Brussels and policy departments, including those in our portfolio. While there is a limited direct impact from EU exit on our portfolio programmes, we are working with the NHS to continue to consider the impact of Brexit proposals as they develop and employers are working in the wider UK Cavendish coalition to both assess impact and influence the UK Government on these issues.

7. Specific Areas

Child and Adolescent Mental Health Services

CAMHS funding sits within the overall mental health ring-fence allocation to health boards, which is £629 million in 2017-18. In line with the Budget Agreement with Plaid Cymru, a further £20 million will be invested in ring-fenced mental health services in 2018-19. It is for health boards to ensure expenditure is in line with the needs of their population. In 2016-17 we have invested recurrently approximately £8 million new funding into CAMHS. We do not collect data on the split of CAMHS expenditure by individual Tier of provision. Data across all CAMHS services shows expenditure of £45.8 million in 2015-16, the most recent available data. This is up from £41.3 million in 2014-15. We would expect to see this figure to rise considerably in subsequent years in line with this additional investment.

Together for Children and Young People programme

Our additional £8 million investment in CAMHS compliments and enables the work of the programme to be embedded across CAMHS services. We would expect the financial implications of the programme 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 brings efficiencies, as 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.

In 2017-18 we have provided some further financial support to ensure the programme progresses. This includes £0.135 million to fund the post of National Director of Mental Health, who also fulfils the role of Together for Children and Young People Programme Lead. We have also provided funding of £0.056 million to provide some dedicated administrative support to the post holder specifically in relation to their Programme Lead role.

NHS spend on CAMHS

We do not specify the proportion of overall NHS revenue funding that health boards should spend on CAMHS services. We are investing a further £20 million in ring-fenced mental health services in 2018-19, and we will expect health boards to invest this funding in meeting our priorities including in CAMHS services.

The percentage of Local Health Board mental health spending allocated for CAMHS since September 2015.

Figures from StatsWales show that during 2015-16 (the latest available figures) total expenditure on mental health was £683 million, comprised of CAMHS, general, elderly and other mental health. CAMHS expenditure accounted for approximately 7% of this total (£46 million). However, there will also be elements of CAMHS expenditure in general and other mental health as these headings would encompass primary mental health services, etc. It is also not a like for like comparison, comparing expenditure on CAMHS with other areas of mental health given the nature of the illnesses and differences in treatment. Adults and older people tend to 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 health boards have invested in community treatment teams. This means many more young people are treated in the community without requiring admission and facilitating a reduction in costly out of area placements.

Whether the additional, almost £8 million, invested in CAMHS will continue to be allocated on an ongoing annual basis.

Yes this has been a clear commitment. Funding has now been incorporated within health board main allocations and we continue to monitor health boards implementation of this funding.

An update on the actual expenditure on CAMHS, both the outturns for 2017-18 and predicted spend for 2018-19, broken down by Tier and/or government priorities such as neuro-developmental services, crisis CAMHS response, access to psychological therapies, local primary mental health support services, provision for those children and young

people in the criminal justice system and young people who have an early onset of a severe illness, such as psychosis.

This information is not available at the individual Tier level, as detailed above. In relation to the government priorities listed these formed the additional annual new investment in CAMHS announced during 2015-16. This funding has been incorporated within health board main allocations for the current year and forms the minimum level of spend health boards should provide and forms part of the protected ring-fence of mental health funding. This funding was broken down into the following priorities:

- £2.7 million to develop crisis intervention teams
- £2 million to develop new neurodevelopmental services
- £1.1 million to expand provision for psychological therapies
- £0.800 million to improve children's local primary mental health support
- £0.800 million to develop early intervention in psychosis teams and a further £0.318 million for third sector support workers
- £0.250 million to improve provision for those in the youth justice system

Any additional, discretionary monies (a) budgeted for and (b) spent on child, adolescent and young adult mental health.

The Committee will be aware that in recent weeks we have made some important announcements on new funding for mental health including:

- Meeting a key priority in Prosperity for All Welsh Government announced in September £1.4 million over the period 2017-18 to 2020-21 to fund pilots in north, south and west Wales. These will provide dedicated mental health in-reach support to schools, focusing on secondary schools and year six feeder primary schools in Wrexham; Denbigh; Torfaen; Blaenau Gwent; south Powys; and Ceredigion. The pilots will seek to improve the emotional resilience of children, identify children requiring more targeted interventions, signposting them in a timely manner to an appropriate provider. They will also support teachers, within their competence, in becoming more confident in identifying and dealing with issues before they escalate.
- an additional £0.500 million recurrent funding to improve the provision of eating disorder services. The focus of this funding is on strengthening the transition of young people from CAMHS to adult services, enabling CAMHS and adult services to work more closely together to meet the needs of the young person and to enable adult services to develop proven models of delivery which are commonly used in CAMHS.

- From 2018-19 we also propose additional funding, in line with the budget agreement with Plaid Cymru to increase the mental health ring-fence by £40 million over the next two years, to further strengthen mental health provision, including provision for children and young people with over £1 million new funding to further support the delivery of key priorities and the Together for Children and Young People Programme. Over the course of the next few months we will work with health boards and other stakeholders to see how this funding can be used to best effect and will make formal announcements in due course.

How expenditure on CAMHS is being tracked by the Welsh Government and the processes in place to hold Local Health Boards to account for ensuring health board expenditure is in line with the needs of their population requiring CAMHS services and the additional investment in CAMHS since 2015-16.

Any investment in CAMHS needs to be evidenced through improved service performance and provision. I am pleased that this has been the case in relation to CAMHS. We now have new services in place such as neurodevelopmental teams where there was previously no, or poor, service provision. We also have new crisis teams working extended hours during the week and with availability at the weekend where there was previously none. We are also seeing the benefits in terms of CAMHS performance and waiting times.

We continue to track health boards implementation of the additional funding announced for CAMHS in recent years and more generally ensure CAMHS performance is kept under scrutiny as part of general NHS performance monitoring arrangements.

Local authorities spend on mental health services to support children, young people and young adults.

Figures from StatsWales indicate that local authorities spent £577 million on social services for children and families in 2016-17. We do not have a further breakdown of this funding to identify the amount they spent on mental health services for children, young people and young adults. We know emotional and mental health support is provided across a range of organisation and settings. These include what we would class as clear emotional and mental health support, such as that provided by school counselling services and the £1.4 million the Cabinet Secretary for Education and I recently agreed to invest in schools mental health in-reach support.

However, it also encompasses a range of other support to children provided on a daily basis by teachers, youth workers, social workers and other professionals which all contribute to emotional wellbeing in some way. For instance having access to self-help books in libraries as part of our 'Better With Books' scheme, helps families and children understand emotional issues around bullying, bereavement, exam stress, etc. Equally the support and care

teachers provide to their pupils was highlighted in the 2016 'Making Sense' report by CAMHS service users, which stated that 39% would prefer to seek help and support from a trusted teacher. These types of intervention provide invaluable support to families and children but are impossible to quantify in financial terms.

ACEs

The Welsh Government has agreed in principle to commit to funding of £1.2 million over three years (2017 – 2020) to help resource the Wales ACE Prevention and Support Hub proposed as one of the first three programmes of work to be taken forward by Cymru Well Wales. This hub would be the centre of knowledge, evidence and expertise on ACEs for Wales. It would increase understanding of ACEs, as well as support and inspire individuals, communities and organisations to learn about ACEs and change their thinking and behaviour. This funding comes from several different cabinet portfolios, predominantly the Communities and Children, Education, Public Health and Social Services portfolios.

Public Health Wales has a budget of £0.143 million for its 1,000 Days work.

Child Health budgets

I have agreed to release programme funding of £0.168 million for a 3 year post to support the development of child health policies. The programme funding was requested to provide a dedicated resource to deliver child health policies, including work streams of the Healthy Child Wales Programme, developing a Children's Health Plan and leading on gynaecology policy.

Health boards report on an annual basis to Welsh government on breastfeeding rates within maternity care and how they are working to support this, including specialist midwives and peer support programmes. Data on breastfeeding rates is also collected as part of the Healthy Child Wales Programme. Breastfeeding rates have remained static generally in Wales and in response the Cabinet secretary for Health, Wellbeing and Sport has requested a review of breastfeeding strategic direction. In conjunction with the Royal College of Midwives, Public Health Wales and Welsh Government currently have a task and finish group reviewing best practice and future direction for Wales. The group will report recommendations early in 2018.

Additionally, all maternity units in Wales currently have the UNICEF Baby Friendly Award (which emphasises protecting, promoting & supporting breastfeeding) and meet their standards.

Healthy Child Wales Programme

The HCWP is included in Taking Wales Forward and was launched in October 2016. It sets out a universal set of planned contacts children and their families can expect from their health boards from maternity service handover

to the first years of schooling (0-7 years). These universal contacts cover three areas of intervention: screening; immunisation; and monitoring and supporting child development.

Health boards currently offer different contacts to families and are working towards providing the universal schedule contacts set out in the HCWP. The programme must be fully implemented across all health boards within 2 years, by October 2018.

The HCWP is a service led reconfiguration Programme supported by the Welsh Government and there are no direct financial costs to the WG as a result of developing/implementing the programme itself, although there are costs attendant on the evaluation of the programme.

The HCWP has a two phased process evaluation, which will include evaluating implementation progress against the programme and ensuring delivery is consistent across Wales:

- First phase- to be undertaken one year into the implementation period, (October 2017); and
- Second phase- to be undertaken at the end of the implementation period, (October 2018).

Perinatal and maternal mental health

Community perinatal mental health teams, now established within every health board, receive £1.5 million each year and act as the main source of support for mothers with maternal mental health issues.

The 'Two in Mind' project, delivered by Mind Cymru, will receive £15,720 in 2017-18 for the last stage of the project.

The budget for 2018-19 will be £1.5 million for community perinatal mental health services across every health board in Wales. The majority of this funding is contained within the ring fenced allocation for mental health. This does not include funding for specialist inpatient care, which is commissioned by WHSSC on behalf of the LHBs.

The projected budget for 2019-20 and 2020-21 is £1.5 million for community services, though health boards may add to this from their ring-fenced mental health budget.

Neonatal services

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 2018-19. WHSSC manages the majority of the health boards' budget for commissioning Neonatal Intensive Care (Level 4) and Neonatal High Dependency (Level 3)

services. The Special Care Baby Unit budget is managed by the Health Boards.

In terms of capital, budget allocations for neonatal for 2017-18 & 2018-19 are £33.396 million and £9.407 million respectively. The Welsh Government announced capital funding of £11.156 million (17-18) to support additional capacity and improvements in neonatal facilities in North Wales. The Sub Regional Neonatal Intensive Care Centre in Ysbyty Glan Clwyd will provide the best possible standards of care and clinical outcomes for mothers and their babies across North Wales, centralising intensive care at Ysbyty Glan Clwyd.

The South Wales Programme sets out the future provision of obstetric, paediatric and neonatal services across South Wales hospitals. The Welsh Government has received individual business cases from health boards to take forward the South Wales Programme. Capital proposals of £15.935 million (17-18) and £7.772 million (18-19) has been approved for additional capacity and improvements in neonatal and obstetric facilities at the University Hospital Wales in Cardiff and £6.305 million (17-18) for Cwm Taf Health Board for the delivery of remodelled services at Prince Charles Hospital.

Priorities for Neonatal services over the next 12 months include working with the Neonatal Network to secure a 24hr transport, 7 day a week neonatal transport service across South Wales and ensure that the correct critical care capacity is in place across South Wales. I also expect Health Boards to work with Neonatal Network to ensure their neonatal service plans are sufficiently robust to achieve the all Wales Neonatal Standards and improvements across the service.

From the NHS programme budgeting expenditure analysis for 2015-16 shows that £63.6 million was spent on treatment on neonatal services.

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

I expect health boards to deliver safe and sustainable neonatal services, supported by the Welsh Health Specialised Services Committee (WHSSC) and the Neonatal Network.

The Wales Neonatal Network oversees neonatal care against the All Wales Neonatal Standards and ensures regular monitoring of progress to full compliance. The Network has recently been moved into the NHS Collaborative, hosted by Public Health Wales and provides evidence based timely advice to Health Boards, Welsh Health Specialised Services Committee and Welsh Government in relation to neonatal services.

The Neonatal Network has recently revised the Neonatal standards. The standards use the most up to date evidence and best practice guidelines to make them clinically and operationally relevant. They are influenced by neonatal developments across the United Kingdom and take into account recommendations by the British Association of Perinatal Medicine (BAPM), the National Neonatal Audit Programme (NNAP), the Royal College of Paediatric and Child Health (RCPCH) Bliss and other standards published in England and Scotland.

The Standards includes the requirement for Health Boards to assess against the most recent BAPM quality indicators. Health Boards will be asked to self assess annually against the Standards, which will form part of the peer review process currently in development at the NHS Wales Health Collaborative.

The Neonatal Network are developing a dashboard that will provide evidence of compliance to the new standards (including staff compliance and cot capacity); provide assurance on the quality of neonatal services in Wales; provide a platform for monitoring the NNAP measures on an all Wales basis; and support Welsh Government business requests for information on the provision of neonatal services.

Child health inequalities

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

We continue to take action across Government to create a more equal society and to tackle inequalities in health. This includes the provision of universal access to 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.

A focus on tackling inequalities will continue to be integral to a range of policies and programmes relevant to children. For example, in the case of immunisation programmes we look to Public Health Wales and Health Boards to ensure a strong focus on tackling inequalities in uptake in those programmes. However, spend on tackling inequalities specifically is not separate from the broader programme spend. In the case of planning, we expect Health Boards to demonstrate that appropriate action is being taken to address health inequalities through their Integrated Medium Term Plans.

Ensuring children have the best start in life is a key component of efforts to reduce inequalities. The NHS is responding to that in a number of ways. For example, through the introduction of the Healthy Child Wales Programme, we aim to ensure that inequalities linked to poor child health are further reduced by ensuring that we deliver a universal service to all children in Wales, with additional support provided in response to identified need. We also continue

to provide support for work on Adverse Childhood Experiences, and to support a shift to primary and community care.

We are also working across a range of agendas with a view to supporting a health in all policies approach. This includes education and skills, where there is significant potential for the new curriculum, and the role and culture of schools, to improve health literacy and support healthier lifestyles for children; and the early years, where the focus needs to be joining up agendas so there is an integrated offer of support for the public.

School nursing framework

The allocated budget for the year 2017-18 is £18,500 across two work streams linking both school nursing and health visiting, contained within the Health Improvement & Healthy Working BEL. The first work stream aims to co-produce, with health visitors, national service performance indicators and develop a monitoring process to provide assurance and monitor best practice across the universal early years health service offer to families. The second work stream plans to scope current early years workers across statutory bodies and propose future development to support a team around child health provision both within health visiting and school nursing teams.

In 2014-15, £13,512 was allocated. This was split between: £3,180 on a conference event with school nurses from across Wales to scope what should go in the new school nursing framework; and £10,332 was spent on a part time project lead to develop a service model to address the health needs of children and young people in special schools. This 12 month project was run in three special schools in the ABMU Health Board catchment area.

In 2015-16 £33,000 was allocated of this; £28,801 was spent to support leadership development of school nurses in each health board and undertake work to develop the revised framework. In 2016-17 £19,000 was allocated, of which 16,976.00 was spent to progress leadership development programmes. This included stakeholder forums and leadership events to ensure effective rollout and sustainability of the framework with the final launch event in May of 2017. The under spend in 2015-16 and 2016-17 was due to costs being lower than expected.

No additional cost implications are anticipated regarding the revised 2017 'Supporting Learners with Healthcare Needs' statutory guidance, as it provides guidance around existing legal duties. Therefore the support provided to learners with healthcare needs should have already been in place. The guidance is about improving the planning and processes around this.

Support for disabled children and the Family Fund

The Welsh Government directly, and indirectly, supports a number of organisations providing support for disabled children. Within the HW&S portfolio from April 2016 a new three year grant, the Sustainable Social Services Third Sector grant, was introduced to support implementation of the

Social Services and Well-being (Wales) Act 2014. Nearly £22 million of grant funding was awarded to 32 organisations and projects which support children, young people and their families, looked after children and care leavers, older people, people with learning disabilities and autism, people with physical and/or sensory disabilities and carers. Applications for the grant were carefully considered as part of a competitive process matching applications to the advertised grant funding criteria and policy priorities. To ensure there was equity across sectors, the maximum award made to any organisation was £1.5 million over three years, representing 10% of the total funding available.

The Sustainable Social Services Third Sector grant is monitored through reporting of progress and face to face review at mid year and end year of annually agreed work plans which set out key performance indicators and outcomes for each funded project.

As part of the three year Sustainable Social Services Third Sector Grant, the Family Fund has been awarded £1.5 million in the three years 2016-19. The grant funding has been awarded to all grant recipients on the basis of a 5% year on year reduction, the award in the three years 2016-17 to 2018-19 is:

- 2016-17 £0.526 million
- 2017-18 £0.499 million
- 2018-19 £0.475 million

In addition in 2016-17 transitional funding of £0.400million was awarded to Family Fund to enable them to manage transition to the new grant arrangements, to help them refocus their grant making model and seek alternative funding sources. The Family Fund Trust claimed all awarded grant funding in 2016-17 and are projecting full spend against the 2017-18 award.

Prevention

Immunisation

Immunisation is an important prevention measure and remains one of the most cost effective health interventions. Ongoing support for the costs of our immunisation programme is a key area of the budget and we continue to respond to advice from the Joint Committee on Vaccination and Immunisation (JCVI) on the cost effectiveness of new and existing national immunisation programmes.

Since 2013, a number of new childhood immunisation programmes have been introduced. and changes made to existing programmes. We have allocated additional funding to Health Boards each year. In 2018-19 the children's flu programme will be expanded to include primary school years five and six. This will take the total expected spend in 2018-19 to £16 million. New programmes include rotavirus for infants, whooping cough for pregnant women to protect their new born infants, the childhood flu programme, meningitis B and meningitis ACWY. From August 2017, a new '6 in 1' vaccine has been introduced, which in addition to offering protection against

diphtheria, polio, tetanus, whooping cough and Hib, will also protect against hepatitis B.

Evidence from the roll out of the childhood flu vaccination programme elsewhere in the UK has shown that, as well as protecting the children themselves, vaccinating younger children can have a significant impact on reducing the circulation of flu virus in the community and, through a herd effect, reducing GP consultations, hospital admissions and deaths from flu. In 2017-18, the childhood programme in Wales will be extended by one additional primary school year i.e. school year 4. In 2018-19, the roll out of the programme will be accelerated to include two additional school years i.e. school years 5 and 6. This means that from 2018-19 all children aged two to eleven years will be offered the flu vaccine.

Substance Misuse

As part of our substance misuse budget allocation to Area Planning Boards, £2.75 million continues to be ring-fenced for children and young people services. Service providers who receive this money deliver a range of services which includes counselling, emotional well-being and education and prevention for children and young people under the age of 18. For those children and young people who do begin to misuse substances, the funding can be used for early identification and intervention, which is crucial to limit harm and minimise the chances of the misusing behaviour becoming entrenched and requiring specialist treatment services.

We are also finalising a new Children and Young People Outcome Monitoring Tool, which is a questionnaire children and young people who are using substance misuse services will complete together with their case worker. The aim is to gauge whether the services are delivering tangible outcomes, and how children and young people benefit. This information will strengthen the evidence basis for substance misuse services in Wales and support policy development and funding decisions. The aim is to start a trial of the questionnaire later this year, and an evaluation to be carried out early next year, with a target of starting implementation of the tool in summer 2018. This is subject to funding being made available for the evaluation.

We have secured £2.7 million of European Structural Funding to support young people aged 16-24 in recovery from substance misuse (including alcohol) and/or mental health who are not in employment, education or training (NEET). The aim is that the Out of Work Service will provide peer mentoring and specialist support to just over 3,300 young people in Wales by the summer of 2020.

We have also continued to provide nearly £2 million in funding to the All Wales Schools Liaison Core Programme. In the last academic year the programme operated in around 95% of all primary and secondary schools across Wales to educate children and young people about a range of personal and social education issues including substance misuse, internet safety, and problems associated with personal safety. This programme, which

we will keep under review as the new schools curriculum develops in Wales, is jointly funded with the Police and the Police and Crime Commissioners.

Social Services for children and young people

Adoption, Fostering and Looked after Children

Ensuring children in care enjoy the same life chances as other children is a key commitment in the programme for Government, *Taking Wales Forward* and included in the well-being objectives of our national strategy *Prosperity for All*.

This budget sits within the Cabinet Secretary for Communities and Children's portfolio. Its work contributes to reducing Adverse Childhood Experiences (ACEs) by supporting prevention and early intervention priorities and improving outcomes for children in care and those leaving care. The Government is taking this forward through a comprehensive programme of work aimed at improving outcomes for children which is led by a Ministerial Advisory Group, chaired by David Melding, AM on behalf of the Cabinet Secretary for Communities and Children.

The Ministerial Advisory Group for Improving Outcomes for Children includes representatives from across local government, health, the court system, education and housing to enable effective links and joint ownership to be delivered. The Group oversees a wide reaching work programme aimed at improving outcomes for children, involving cross-government co-operation as well as close partnership working with external stakeholders.

Last financial year, budgets were aligned with ministerial portfolios. As such, the budgets used to support the maintenance and development of adoption, fostering and looked after children transferred from the Health and Social Services MEG to the Communities and Children MEG as part of the Second Supplementary Budget. I work alongside my ministerial colleagues to discuss common priorities.

This year, we received an additional £20 million consequential funding from the UK Spring Budget for improvements in social care. £8 million of that budget was allocated to reducing the numbers of children entering care. The set of priorities listed below was agreed between ministers and Cabinet Secretaries:

- £5 million investment in expanding local authority edge of care services
- £0.850 million to roll out the Reflect project across Wales which aims to reduce the number of children being taken into care by breaking the cycle of repeat pregnancies and recurrent care proceedings
- £1.625 million to support care leavers to successful futures and independent living by providing additional resources to local authority traineeship/work placement schemes and extending the provision of personal advisers up to age 25
- £0.400 million to implement the National Fostering Framework

- £0.125 million to develop adoption support work

In addition to the consequential funding, the Cabinet Secretary for Communities and Children announced the £1 million St David's Day Fund earlier this year. This Fund allows local authorities to provide financial support to care leavers so they can successfully access employment, Education and training opportunities, improving their opportunities towards independent lives.

National Approach to Statutory Advocacy

Taking Wales Forward states that we will “examine ways of ensuring children in care enjoy the same life chances as other children and if necessary reform the way they are looked after”.

Building on this Social Care is a top 5 priority in **Prosperity for All** and is clear that children should be listened to and helped to develop positive relationships.

With our partners, we have developed a **National Approach to Statutory Advocacy** for looked after children, children in need and other specified individuals. This means a consistency of entitlement and good practice in the commissioning, delivery and awareness of statutory advocacy provision in Wales. Responsibility for this policy area falls within the remit of the Cabinet Secretary for Communities and Children.

The implementation of the National Approach has been costed at between £1 million and £1.1 million. At the Children, Young People and Education Committee's Inquiry into Statutory Provision, the Cabinet Secretary for Communities and Children gave a commitment that Welsh Government would make a contribution of up to £0.550 million to the Social Services Regional Collaboratives to deliver the active offer in full and support the approach. The rest of the funding will come from the Local Authorities' own funds.

The funding is a grant, monitored for the initial two years with quarterly monitoring reports. At the end of the first year of implementation 2018-19 the Welsh Government has committed to review the implementation.

The National Approach includes a National Standards and Outcomes Framework which has been mapped to the Well-being Statement that underpins the Social Services and Well-being (Wales) Act 2014. The Welsh Government does not deliver this activity directly but received regular monitoring meetings and reviews with the Senior Leadership Group for the National Approach.

In addition Welsh Government has awarded a 2 year contract, valued at £0.550 million per year, to Pro-Mo-Cymru for the provision of Meic. Meic is the national information, advice and advocacy helpline providing children and young people with a single point of contact via freephone, instant messaging and text. Meic is monitored on a quarterly basis through contract management meetings and KPIs. Currently options for the future delivery of

the service are being considered to ensure it aligns with developments under the Social Services and Well-being (Wales) Act.

Safeguarding

We established the National Independent Safeguarding Board under the Social Services and Well-being (Wales) Act 2014 to work with Safeguarding Children Boards and Safeguarding Adult Boards to drive improvement; to report on the adequacy and effectiveness of arrangements to safeguard children and adults and make recommendations to Ministers about how arrangements could be improved. We provide secretariat and support the work programme of the Board valued at £0.200 million per year.

We support National and regional events during safeguarding week, valued at £22,000 to raise awareness of safeguarding and related issues. We will provide generic training for practitioners in delivering Child and Adult Practice Reviews valued at £45,000.

We will provide £0.100 million grant to Cardiff and Vale Safeguarding Board to deliver the National Protection Procedures arising from the Social Services and Well-being (Wales) Act 2014 and related subordinate legislation and guidance to assist better protection for children and adults at risk of abuse, neglect or other forms of harm.

Vaughan Gething AM, Cabinet Secretary for Health, Well-being and Sport

Rebecca Evans AM, Minister for Social Services and Public Health