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**Chief Executive**

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**GIG**  
CYMRU  
**NHS**  
WALES

Bwrdd Iechyd  
Addysgu Powys  
Powys Teaching  
Health Board

28 September 2018

National Assembly for Wales  
Health, Social Care and Sport Committee  
Cardiff Bay  
CARDIFF CF99 1NA

BY EMAIL: [SeneddHealth@Assembly.Wales](mailto:SeneddHealth@Assembly.Wales)

Dear Sirs

### **Draft Budget 2019-20**

Please find attached the information requested from Powys THB in response to the Committee's Consultation on the Government's draft Budget proposals for 2019/20. Comments are also provided in relation to the specific questions posed.

Powys THB welcomes the investment that has been made into the Welsh NHS, particularly given the challenges that we face in the years ahead. We also recognise that our future will need to embrace the integration agenda with colleagues in partner organisations and the Third Sector. We have made great strides in our strategic planning and provision of local services in Powys and welcome the encouragement of Welsh Government for joint plans for the use of some of the additional resources being made available.

Powys THB supports the submission made by the Welsh NHS Confederation to the Finance Committee on this consultation and will not repeat those points in this response.

I hope this information meets your requirements.

Yours faithfully

[REDACTED]

**Chief Executive**

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**Health, Social Care and Sport Committee Response**

**Powys THB**

Mental Health	Comment and Response																																												
<p>A detailed breakdown of spend on mental health services for the last 3 years (including how total spend compares to the ring-fenced allocation);</p>	<p><b><u>MH Spend Analysis</u></b></p> <p><b><u>Notes</u></b>  <b>All figures in £000s</b>  Spend by Programme budget category for all sectors (excluding Capital) as derived by Primary Diagnosis code includes CAMHS and other community MH</p> <table border="1" data-bbox="655 604 1335 1228"> <thead> <tr> <th></th> <th>£000s</th> <th>£000s</th> <th>£000s</th> </tr> <tr> <th></th> <th><b><u>2015-16</u></b></th> <th><b><u>2016-17</u></b></th> <th><b><u>2017-18</u></b></th> </tr> </thead> <tbody> <tr> <td>Annual Ledger value</td> <td>34,643</td> <td>32,393</td> <td>33,627</td> </tr> <tr> <td>Revenue Resource limit Total</td> <td>273,120</td> <td>287,151</td> <td>293,246</td> </tr> <tr> <td>CHC allocation</td> <td>3,832</td> <td>3,832</td> <td>3,832</td> </tr> <tr> <td>RRL excluding CHC</td> <td>269,288</td> <td>283,319</td> <td>289,414</td> </tr> <tr> <td><b>% of RRL excluding CHC</b></td> <td><b>12.86</b></td> <td><b>11.43</b></td> <td><b>11.62</b></td> </tr> <tr> <td>MH Ringfence as per allocation letter</td> <td>28,873</td> <td>28,874</td> <td>28,875</td> </tr> <tr> <td>MH ringfence as % RRL (excl CHC)</td> <td>10.72</td> <td>10.19</td> <td>9.98</td> </tr> <tr> <td>PB spend total</td> <td>34,076</td> <td>38,299</td> <td>n/a</td> </tr> <tr> <td><b>% of total PB return</b></td> <td><b>13%</b></td> <td><b>14%</b></td> <td><b>n/a</b></td> </tr> </tbody> </table>		£000s	£000s	£000s		<b><u>2015-16</u></b>	<b><u>2016-17</u></b>	<b><u>2017-18</u></b>	Annual Ledger value	34,643	32,393	33,627	Revenue Resource limit Total	273,120	287,151	293,246	CHC allocation	3,832	3,832	3,832	RRL excluding CHC	269,288	283,319	289,414	<b>% of RRL excluding CHC</b>	<b>12.86</b>	<b>11.43</b>	<b>11.62</b>	MH Ringfence as per allocation letter	28,873	28,874	28,875	MH ringfence as % RRL (excl CHC)	10.72	10.19	9.98	PB spend total	34,076	38,299	n/a	<b>% of total PB return</b>	<b>13%</b>	<b>14%</b>	<b>n/a</b>
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<p>How demand/capacity and spend on mental health services not directly provided by the health board is captured (e.g. in primary care, voluntary sector);</p>	<ul style="list-style-type: none"> <li>• At present no definitive system in place for demand and capacity analysis but do have a number of indicators for Primary Care including Enhanced Services Expenditure.</li> <li>• Programme Budgeting Information is collected and reported to detail MH expenditure across the different Health Care sectors.</li> <li>• Commissioning activity available from other providers.</li> <li>• Voluntary Sector and Private Sector as per SLA Monitoring.</li> </ul>																																												
<p>What mechanisms are used to track spend on mental health to patient outcomes; Health board priorities for mental health services/spend for the next three years. How outcomes will be measured;</p>	<ul style="list-style-type: none"> <li>• Programme Budgeting Information is collected and reported to detail MH expenditure across the different Health Care sectors.</li> <li>• Report internally and to WG against the National MH Outcome Measures.</li> <li>• There is a Mental Health Partnership Plan in place against which annual assessment and reporting takes place.</li> </ul>																																												
<p>The extent to which allocated mental health funding is being used to support other services, for example where patients have a primary</p>	<ul style="list-style-type: none"> <li>• There is no predetermined decision to cross subsidise between MH and Other Services (re funding), services are designed to meet Patients needs and deliver best outcome.</li> <li>• It is difficult to differentiate, but our in house services are provided for relevant patient condition so MH funding is not subsidising other areas.</li> </ul>																																												

diagnosis of a mental health condition but require treatment for other health conditions. Do funding arrangements, including the mental health ring-fence, strike the right balance between taking a holistic approach to meeting an individual's needs, and ensuring resources for mental health are protected;

- Programme Budgeting Information is collected and MH expenditure reported in detail across the different Health Care sectors.
- Most likely that other service areas are subsidising some MH care, e.g. Medical cover of MH wards at certain times.

How demand/capacity and spend on mental health services not directly provided by the health board is captured (e.g. in primary care, voluntary sector);

- This information is collected via programme Budgeting as per bullet points above.
- Example of Programme Budget Information for 16/17 as below with breakdown of PC and SC by Care Area
- Analysis of waiting lists for Provider services and for commissioned services.

A breakdown of spend on emotional and mental health services for children and young people (last 3 years). This should include information on all services, not only specialist CAMHS, and should be broken down by area (e.g. primary, secondary, crisis, therapeutic, voluntary sector etc.).

**WCR 13 Programme Budgeting Return 2016/17**

LHB				Programme budget categories	Apportionment	Total £000s
Powys	5	Total	Mental health problems		14%	38,299
Powys	5	05A	General mental illness		4%	11,713
Powys	5	05B	Elderly mental illness		4%	12,558
Powys	5	05D	Child & adolescent mental health services		1%	2,537
Powys	5	05X	Other mental health problems		4%	11,492

Primary Care								
Primary £000s	GMS				Direct Allocation			
	GMS £000s	Pharmacists £000s	Admin & Facilities £000s	Out of Hours £000s	Q O F £000s	Enhanced Services £000s	Drug Prescribing £000s	Dentists Opticians & Other £000s
3,001	635	357	568	0	307	16	1,116	0
190	0	0	174	0	0	16	0	0
338	0	0	186	0	152	0	0	0
151	34	19	38	0	0	0	60	0
2,321	601	338	171	0	155	0	1,056	0

Total secondary care	Welsh Secondary Care Providers									CHC (WCR1 Comm. section) £000s	English NHS £000s	CHC (WCR1 PC section) £000s	Other Sec. Sectors £000s	Other £000s	
	ABM UHB £000s	AB UHB £000s	BC UHB £000s	C&V UHB £000s	CT UHB £000s	HD UHB £000s	PTHB £000s	Velindre NHST £000s	WHSSC £000s						
35,298	332	5,001	129	11	117	87	16,750	0	2,424	0	1,996	6,898	1,554	0	
11,523	233	2,730	72	2	0	33	2,992	0	863	0	574	4,022	0	0	
12,219	90	2,239	29	4	117	43	5,935	0	1	0	885	2,876	0	0	
2,386	0	1	22	1	0	1	1,875	0	479	0	8	0	0	0	
9,170	9	31	5	4	0	11	5,947	0	1,080	0	530	0	1,554	0	
<b>Primary / Secondary Care Split</b>															
Health board spend on primary care for the last 3 years, including as a proportion of total health board spending. To what extent is this achieving the policy aim of shifting care from hospitals to primary care/community settings;	<b>Area</b>	<b>2015/16</b>	<b>2016/17</b>	<b>2017/18</b>											
		<b>£m</b>	<b>£m</b>	<b>£m</b>											
	GMS	23.3	22.7	24.1											
	GDS	7.9	7.2	7.1											
	Pharmacy	4.4	4.5	4.4											
	Prescribing	28.6	28.5	29.6											
	Other	0.1	4.0	3.9											
	<b>Total</b>	<b>64.4</b>	<b>66.8</b>	<b>69.2</b>											
% of Total RRL (less CHC)	23.9%	23.6%	23.9%												
	<ul style="list-style-type: none"> <li>PTHB has consistently spent more on GMS than the ring fenced allocation.</li> <li>To note: Community service expenditure is not captured in the above data.</li> </ul>														
The Committee's report on the 2018-19 draft budget recommended that 'the Welsh Government should support and hold health boards to account to prioritise capital funding for primary care and ensure it improves the physical capacity for multi-disciplinary working and promotes new models of care'. What progress can the health board report in relation to this recommendation.	<ul style="list-style-type: none"> <li>The Health Board has the following Capital Schemes in place or under development to improve Primary and Community Care Services <ul style="list-style-type: none"> <li>a) Llandrindod – improve community and local access to services</li> <li>b) Machynlleth – wellbeing integrated centre including GP services</li> <li>c) Ystradgynlais – improve community and local access to services</li> <li>d) Newtown – transformational new system approach, wellbeing campus</li> </ul> </li> </ul>														
<b>Preventative Spend / Integration</b>															
Can the health board demonstrate a greater focus on prevention and early intervention in its allocation of resources; What evidence can the health board provide about progress made towards more integrated health and social care services; How will outcomes be measured, given that the benefits of preventative activity may only be seen in the longer term	<ul style="list-style-type: none"> <li>As part of the IMTP process, prevention actions are identified and this is built into delivery plans and funding models, at this stage it is difficult to demonstrate a significant shift but this is expected to change with introduction of Transformational Funds and increased focus on outcomes.</li> <li>Continue to invest in traditional prevention areas including immunisations, wellbeing, and education and screening programmes.</li> <li>The Health Board continues to work closely with LA and other partners via the RPB and use of ICF funds, community services provided by integrated care teams, S33 pooled fund arrangements and development of Care homes S33.</li> </ul>														

<b>Admitted Patient Care</b>																				
Spend on both elective and non-elective admitted patient care in each of the last three years. Projected demand and spend for both elective and non-elective admitted patient care for the next three years.	<table border="1"> <thead> <tr> <th>Area</th> <th>2015/16 Actual £m</th> <th>2016/17 Actual £m</th> <th>2017/18 Actual £m</th> </tr> </thead> <tbody> <tr> <td>Elective Patient Care</td> <td>£42.7</td> <td>£45.7</td> <td>£45.9</td> </tr> <tr> <td>Non elective Patient Care</td> <td>£69.8</td> <td>£76.6</td> <td>£78.6</td> </tr> <tr> <td><b>Total</b></td> <td><b>£112.5</b></td> <td><b>£122.3</b></td> <td><b>£124.5</b></td> </tr> </tbody> </table>	Area	2015/16 Actual £m	2016/17 Actual £m	2017/18 Actual £m	Elective Patient Care	£42.7	£45.7	£45.9	Non elective Patient Care	£69.8	£76.6	£78.6	<b>Total</b>	<b>£112.5</b>	<b>£122.3</b>	<b>£124.5</b>			
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<p><i>(Source PTHB's Contracted dataset; figures are for Secondary Care services in Powys and out of county. Excludes WHSSC, where no Elective Non-elective split is readily available)</i></p>																				
<b>Workforce</b>																				
<p>Progress in addressing workforce pressures identified by the health board ahead of last year's budget;</p> <p>Actions taken to ensure a sustainable workforce following the UK's withdrawal from the EU. What assessment has been made of future funding needs post-Brexit;</p> <p>Evidence about progress made in reducing and controlling spend on agency staff</p>	<ul style="list-style-type: none"> <li>Continued action around Nursing, rota management, recruitment and retention, alternative cover, longer term placements, bed configuration.</li> <li>Link into national groups around workforce and National Train, Work, Live programme and Rural and Remote Health in Medical Education Programme as part of drive to improve recruitment and retention.</li> <li>Powys Teaching Health Board has balanced its overall budget in the last 4 years and has concentrated pay costs to within the pay budget.</li> </ul>																			