Health, Social Care and Sport Committee
Draft budget 2019-20
Request for information from health boards:
Response from Betsi Cadwaladr University Health Board

Mental health

- A detailed breakdown of spend on mental health services for the last 3 years (including how total spend compares to the ring-fenced allocation)
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Response*:* The summary below shows spend over the last three years.

Mental Health & Learning Disabilities Division - Expenditure Analysis

	2015-16 £	2016-17 £	2017-18 £
Inpatient & Community Services - Direct Costs			
Provider Income	-2,378,650	-159,598	0
Divisional Management and Administration	2,356,555	1,850,380	3,916,062
Medical Staff and associated staffing and Departmental costs	13,909,129	14,031,119	14,180,226
Clinical Psychologists and associated staffing and Departmental costs	4,045,250	4,404,121	4,742,005
Area Services - West (Inpatient Units, Ynys Mon & Gwynedd)	9,607,908	12,368,387	11,616,144
Area Services - Centre (Inpatient Units, Conwy & Denbighshire)	11,547,932	12,781,988	15,381,979
Area Services - East (Inpatient Units, Wrexham & Flintshire)	11,754,445	13,980,505	13,696,763
Regional Specialist Services - *Rehabilitation, Medium Secure, Learning Disabilities and Substance Misuse Services*	19,916,948	21,412,278	20,674,392
Investment funding tracked separately	-11,515	163,278	36
Welsh Government Special Measures costs	778,090	1,978,057	0
	71,526,092	82,810,514	84,207,607
Continuing Healthcare costs	25,601,785	27,656,668	33,043,238
Powys Services temporarily managed within BCU	2,190,365	26,616	-2,617
TOTAL	**99,318,243**	**110,493,798**	**117,248,229**

An analysis of spend showing comparison with the ring-fenced allocation.is attached as Appendix 1.

- What mechanisms are used to track spend on mental health to patient outcomes

Response:
The Mental Health Division are currently developing a Performance Assurance Framework linked to the priorities and outcomes in the MH Strategy. This work will be further developed in line with the outcomes framework being developed by Welsh Government to capture service user experiences. The aim of the work is to have a more consistent experience of service across Wales by 2022.

- Health board priorities for mental health services/spend for the next three years. How outcomes will be measured

Response: please see above regarding the approach to measuring outcomes. The priorities for spend and services for the next three years are as set out in the strategy, Together for Mental Health in North Wales, published in April 2017. A copy can be found at Together for Mental Health in North Wales

The main priorities identified within the strategy are:

- New services and approaches will be available to promote good mental health: promotion of the five ways to wellbeing; schools-based programmes; employer-based approaches; welfare rights and money advice
- A Family approach will be taken ensuring all are attended to and the assets of the family and community are valued
- Peer support and other services will be available as a step-down option from statutory community care
- Social prescribing will be more widely available, promoting access to education, exercise, personal and creative development
- There will be new integrated teams to manage very common co-morbidities between physical and mental health, for example anxiety and COPD
- The Eating Disorder Pathway for young people which focuses on early intervention and the family will be embedded.
- The self-harm pathway for young people developed with Education will be rolled out and implemented across North Wales.
- We will improve the availability of a range of psychological therapies, including online therapeutic interventions
- People experiencing first episode psychosis will have access to the full range of NICE-approved interventions, this is a joint model Adult Mental Health and CAMHS for young people aged 14 – 25years
- There will be alternatives available to inpatient admission for those able to manage safely in more intensive community situations
- All ward environments will be fit for purpose, safe and humane
- Information about patients' history, and care and treatment plans will be available in real-time to all staff working with them
- There will be a realistic and sustainable fit between our service commitments, and the numbers and skills of staff to deliver them
- We will ensure full and effective governance of both our commissioned services, and those we directly provide.

- The extent to which allocated mental health funding is being used to support other services, for example where patients have a primary 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;

- 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);

Response:

Please see detailed budget breakdown for spend including specialist services and support for people with substance misuse needs. The information demonstrates that the Health Board spends well in excess of the ring-fence on the totality of mental health needs. The priorities identified within the mental health strategy (as set out above) also demonstrate the commitment to meeting holistic needs.

Access to activity data in the community is not currently collected or monitored in line with capacity and demand. This is an area that has been identified as a key development and is currently being worked on. Monitoring of voluntary sector contracts commissioned by the health board is undertaken in relation to limited performance targets. Work is currently underway to develop the approach to ensuring commissioning is aligned to priorities within the strategy.

- 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.).

A breakdown of spend for the last three years is shown below. The CAMHS work is led through our Area Teams where the work dovetails closely with our children's activity. The Children's Transformation Board is reviewing arrangements currently and further information can be provided if required.

BCU CAMHS Actual Spend

	13/14 £	14/15 £	15/16 £	16/17 £	17/18 £
Central	4,086,382	5,980,789	6,741,102	6,461,723	7,494,422
East	3,589,096	3,160,698	3,416,072	4,044,278	3,981,183
West	1,585,193	1,526,123	1,760,592	2,079,538	2,132,674
North Wales (Bids & Network)	690,605	318,085	225,935	290,723	261,422
TOTAL BCU CAMHS SERVICE	**9,951,276**	**10,985,695**	**12,143,701**	**12,876,262**	**13,869,701**

Primary care/secondary care split

- 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;

Response: The Health Board spend on primary and community services has increased and reflects the WG policy of shifting care from hospitals to primary care and community care settings. These figures are shown below, as a proportion of total Health Board net operating costs, for the last three years:

		2017-18	2016-17	2015-16
		£'000	£'000	£'000
HB spend on Primary & Community Care for the last 3 years,		653,760	615,337	584,387
as a % proportion of total Health Board Net operating costs		43.8%	43.7%	43.2%

The Health Board is committed to promoting new models of care and multidisciplinary working, and this is articulated in the Health Board's published strategy, Living Healthier, Staying Well. The strategy and supporting documents are freely available within the Board papers of the Health Board and on the website.

The Health Board is working with a range of stakeholders to ensure we maximise multidisciplinary working. This includes working creatively with Local Authorities and the third sector to maximise the impact within our communities.

The Health Board has recently recruited a new Director of Primary Care and Community Services which will further strengthen our approach to this key agenda.
We have also strengthened our membership on the Regional Partnership Board and are developing our shared vision and model of health and social care in accordance with **A Healthier Wales.**

- 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

Response: The Care Closer for Home element of the Health Board strategy 'Living Healthier, Staying Well' highlights our estates challenges within primary care and community services, and this forms part of our case for change. We acknowledge that the quality of this estate varies across North Wales, and our strategy emphasises the need to further prioritise our plan of work in this area and our future work on the Health and Well-being Centres.

During recent years we have ensured a robust programme of capital work in primary care and community services and this forms part of the current work on #Care Closer to Home'. Our 2016-19 primary care projects are detailed below:

16/17	17/18	18/19
Tywyn Community Hospital and Health Centre Llangollen Healthcare Resource Centre	Flint Healthcare Resource Centre Canolfan Goffa Blaenau Ffestiniog Healthy Prestatyn Iach Bala Health Centre Criccieth Health Centre	Corwen Health Centre Waunfawr Surgery Central Denbighshire (Ruthin) North Denbighshire Community Hospital (business case)

While these estates projects are variable in size, each has benefitted from a robust approach of stakeholder engagement underpinned by a local assessment of needs and

assets. Each has been tailored to its local situation and the list illustrates a mix of rural and urban developments.

We are ensuring that we work with a range of community stakeholders and partners in our planning processes to ensure that our approach to planning and estates work fits with the five ways of working as articulated in the Well-being of Future Generations (Wales) Act 2015. We are also working with partners in new innovative ways to ensure our solutions are fit for purpose and inclusive for our communities. (e.g. links with Registered Social Landlords (RSL's), Local Authorities and the Third Sector).

We ensure that the Community Health Council is sighted on our plans through our regular planning meetings, and our estates plans are discussed regularly at Board level – thus ensuring that there is a continued focus on primary care estates as part of our drive towards a more primary care and cluster based approach and our Care Closer to Home Strategy.

Preventative spend/integration

- 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.

Response: The Health Board is committed to promoting population health and this includes preventative activity and a focus on early intervention. Given the range of activities that can be considered within this broad heading, it is challenging to quantify precisely, as the activities cross all organisational divisions and directorates and are included within core services. The Health Board's strategy clearly focuses on these areas and we can demonstrate a growth in services in these areas. Our approach to new GMS enhanced services certainly demonstrates our commitment to focussing on these areas. There is also considerable work underway on broader preventative activities including social prescribing, community support, community navigators, arts in health and well-being. There are also examples of changing the focus of services, such as the Dolgellau Hospital Outpatients Team, who have developed a wide range of preventative and community based activities, such as health promotion work with local schools and colleges, men's health, farmers markets and many other areas. We are also working with partners to develop prevention and early intervention for children and their families, including prevention of ACEs and action to address childhood obesity amongst other areas.

The Health Board values its partnership working and the opportunities integrated working brings to improving patient care. The Health Board structure includes three Area Directors to progress close working relationships with our social care colleagues in Local Authorities and we can increasingly demonstrate closer working at all levels - strategically, and operationally at service level.

Discussions at the Regional Partnership Board (RPB) have provided a further stimulus to the work in this area, as has the publication of **A Healthier Wales**. The RPB annual report 2017/18 documents progress at this high level and the joint work underway on the RPB priorities. Our work on the Care Closer to Home element of the **Living Healthier, Staying Well** strategy clearly articulates the commitment of the Health Board to work closely with all partners to explore and develop new ways of working. We are developing Community Resource Teams which are multidisciplinary and provide an integrated response to support individuals with care needs.

The HB has adopted an outcomes focused approach in the strategy and have taken time to ensure that the key activities within the strategic programme are aligned to the Public Health Outcomes Framework. We acknowledge the challenges of demonstrating outcomes and are increasingly using a breakdown of short and longer term outcomes to ensure we can map and track progress towards the longer term. We have undertaken numerous sessions with staff to ensure this approach is embedded and understood. High level logic models are available supporting our strategy programmes and link to the Public Health Outcomes Framework.

Admitted patient care

- 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.

Response: the table below shows the spend on elective and non-elective admitted patient care taken from the accounts for the last three years. The table also shows an estimate of projected spend going forward. This is based on an assumption that the rate of increase of spend on elective care will slow as the current backlog of patients waiting longer than 36 weeks for elective care is reduced. The assumption is that non-elective spend will continue to increase over future years.

	Actual			Forecast		
	2015/16	**2016/17**	**2017/18**	**2018/19**	**2019/20**	**2020/21**
	£000	£000	£000	£000	£000	£000
Elective	282,757	300,341	319,162	327,141	330,320	333,578
Non Elective	389,297	391,395	407,202	417,382	427,816	438,512
Hospital Divisional Spend	**672,054**	**691,736**	**726,364**	**744,523**	**758,136**	**772,090**

Future spend on admitted patient care may differ from these projections as we implement interventions and initiatives set out within the **Living Healthier, Staying Well** strategy, and further develop the shift from hospital based care to primary and community services. However the impact of changing demographics and other socio-economic factors may lead to increased demand. We will therefore refresh our projections as part of the Health Board's ongoing planning processes.

Workforce

- Progress in addressing workforce pressures identified by the health board ahead of last year's budget;

- 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;
- Evidence about progress made in reducing and controlling spend on agency staff.

Response:

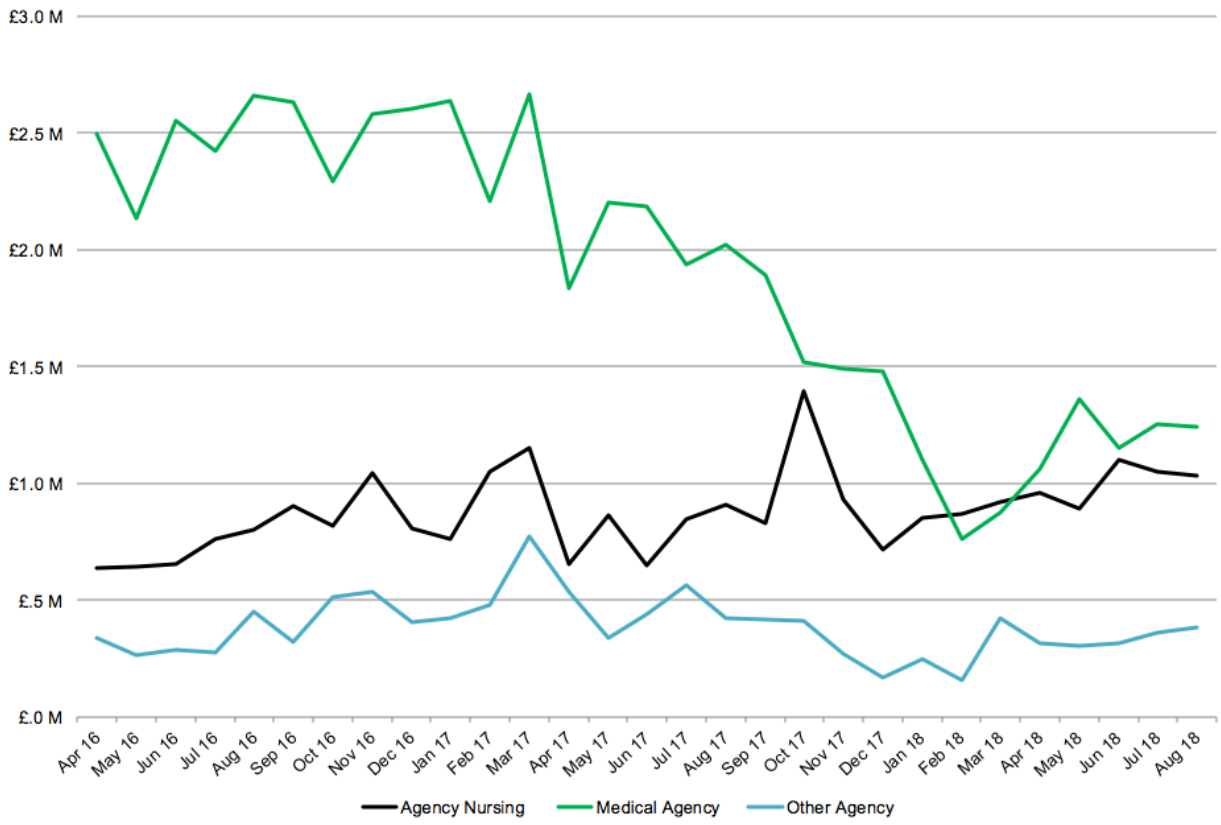
Progress in addressing workforce pressures identified by the health board ahead of last year's budget - the Health Board has maintained a focus on reducing sickness, targeting stress and musculoskeletal route causes; creation of Corporate Recruitment group to oversee all recruitment activity, plus professional sub-groups that link in with careers events and training providers. A project has been identified on Roster optimisation and efficiency. Alternative models of care and skill mix have been developed to respond to specific areas, such as the development of multi-disciplinary teams in primary care to address challenges in GP recruitment, such as the inclusion of ANPs, pharmacists and therapists in the wider primary care team to reduce the demand on GP time. The Health Board has also trained and supported a first cohort of Physicians Associates.

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 - work is being undertaken to identify particular areas of recruitment difficulty and identify alternative recruitment models which may be easier to recruit. Business continuity plans will be developed in response to any risks arising from the Brexit process and outcome.

Evidence about progress made in reducing and controlling spend on agency staff. – A Vacancy Control process has been introduced which includes Senior sign off for all agency staff, internal nurse recruitment process to enable filling of internal posts more quickly, identification of "hotspot" areas in terms of vacancies and high agency usage allowing for bespoke recruitment strategies to be deployed. A project is in place which will reduce the time taken to hire staff and reduce further the demand for agency staff. We are promoting the use of bank nursing staff to reduce the use of ad hoc agency appointments.

The chart below shows the trends in relation to agency staff across staff groups.

Agency Expenditure Chart 2016-18



Mental Health Ringfence 2016/17 to 2010/11			
	2016/17	**2015/16**	**2014/15**
	£m	**£m**	**£m**
Initial HCHS Ring-Fenced Allocation (Table B1)	114.149		
Additional adult mental health funding	1.746		
Delivery plan funding	0.225		
CAMHS	1.647		
Final HCHS Ring-Fenced Allocation (2ary Care)	117.766		
Primary Care Prescribing	10.896		
GMS (QOF and ES)	1.551		
Other Primary Care	0.581		
Total Mental Health Ring-Fenced Allocation	130.794	127.177	127.17
(Table B1)			
HCHS Directed Expenditure: CALL helpline	0.314		
(Table B2)			
Substance Misuse Ringfenced Funding	4.829		
Total MH Ringfenced Funding in Allocation	**135.937**	**127.177**	**127.17**
Programme Budgeting Return			
General mental illness	73.502	65.630	62.95
Substance Misuse			
Elderly mental illness	51.032	44.413	40.93
Child & adolescent mental health services	17.170	16.075	12.15
Other mental health problems	18.060	19.888	25.23
Total Mental Health Programme Budgeting Return	**159.764**	**146.006**	**141.28**
"Mental Health" only	142.594	129.931	129.12
Total Expenditure over Allocation Funding	**23.827**	**18.829**	**14.10**