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Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

Bloc 5, Llys Carlton, Parc Busnes Llanelwy,
Llanelwy, LL17 0JG

Block 5, Carlton Court, St Asaph Business
Park, St Asaph, LL17 0JG

Ms Neagle

National Assembly for Wales
Children, Young People and Education
Committee

Dear Ms Neagle,

Ein cyf/Our ref: 20191011

Eich cyf/Your ref: 20191011

☎: 01745 448788 ext 6395

Gofynnwch am/Ask for: Faye Pritchard

E-bost/Email:

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Dyddiad/ Date: 11th October 2019

RE: Welsh Government Draft Budget 2020-21

Further to your letter of 6th August 2019, relating to the National Assembly for Wales's Children, Young People and Education Committee scrutiny of the Welsh Government on its Draft Budget.

We welcome the Committee's continued focus on the funding of the emotional and mental health of children and young people in Wales.

We have prepared our responses to the specific points listed in the annex to your letter, which are set out in the appendix to this letter.

Yours sincerely,

Sue Hill
Cyfarwyddwr Gweithredol Cyllid
Executive Director of Finance

In terms of the specific financial related questions:

The following table summarises the total Health Board budget and expenditure for Children's Services across the key service headings for the last 5 full financial years and the current 2019/20 financial year for the first 6 months to date.

This table also shows total Agency expenditure in each of the financial years along with the net total whole time equivalent (WTE) vacancies across all of Children's Services. It also shows the total Health Board Budget and the total budget for Mental Health Services, and the Children's Services Budgets as a proportionate share each:

Key Service Area	2014/15		2015/16		2016/17		2017/18		2018/19		2019/20	
	Budget	Spend	Budget	Spend	Budget	Spend	Budget	Spend	Budget	Spend	Budget	Spend *
	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's
Emotional Health	10,316	10,198	11,534	11,304	12,693	11,955	12,393	12,601	12,223	11,507	13,034	6,340
Community Services	14,670	15,183	13,732	12,655	14,251	13,419	14,827	14,346	16,370	16,581	18,032	8,448
Acute Services	17,716	18,520	19,971	19,975	20,496	21,755	23,185	23,879	25,083	25,534	25,775	13,106
Corporate Children's	4,091	4,943	4,627	4,463	4,568	4,895	4,381	5,382	5,073	5,559	6,748	2,936
Total Children's	46,793	48,843	49,864	48,397	52,008	52,024	54,785	56,209	58,749	59,182	63,590	30,830
Agency Spend		645		1,389		3,475		1,802		1,838		1,623
WTE Vacancies		26		80		57		43		75		112
Total HB Budget	1,281,462		1,332,001		1,377,106		1,453,295		1,490,607		1,563,562	
Children's % share	3.7%		3.7%		3.8%		3.8%		3.9%		4.1%	
Total MHL Budget	105,183		98,279		103,908		108,545		116,931		125,765	
Children's % share	44%		51%		50%		50%		50%		51%	

Based on the NHS Wales Costing Returns, the Health Board average CAMHS cost per Children's population for 2018/19 was £113.

In relation to the question of additional funding allocated to Children's Services, the key and material elements are listed below:

- 2019/20 Mental Health Improvement Fund £1.4 million
- 2018/19 WG Psychological Therapies investment £0.2 million
- 2017/18 SuRNICC Investment £2.6 million
- 2015/16 WG CAMHS investment £1.6 million

The Health Board has successfully applied for funding from the Transformation Fund for a Children's bid, which was approved for 2019/20 going into 20120/21.

Children's Services in North Wales have also benefited from the ongoing investment through the Integrated Care Fund (ICF) during the last 5 years, with a £4.2 million allocation for the current 2019/20 Financial Year.



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Given that the ICF Monies are non-recurrent or time-limited funding, there is a need to understand how we can ensure that the £4.2million funding is incorporated into core Children's service budgets which would be a significant challenge for North Wales, both across Health & Social Care.

In relation to Service, Staffing and Operational pressure:

Neurodevelopment Services:

To date the focus of the service has been about achieving the national assessment targets through various means, and whilst the Health Board has recently been successful in obtaining funding to close the current capacity demand gap for the assessment element, there is still a requirement to develop and support the roll-out of interventions and education on a recurrent and sustainable basis. This requires recurrent and sustainable investment.

CAMHS:

Clearly the additional funding supporting Health clusters and universal service will facilitate service and performance improvement. However, a large pressure and gap remains in the two extremes of our services; Crisis care in the community (the Health Board has an investment / transformation bid ready for submission at the earliest opportunity; and at the other end we have to invest in the early intervention and prevention work, particularly the roll-out and expansion of provision of the CAMHS in-Reach Pilot.

Staffing:

Staffing is a key challenge and particular in the Medical Profession; underlying recruitment and retention; the need to create additional sponsored Medical training places; the need to look at both overseas recruitment and a temporary increase to the Agency CAP for this profession to provide the staffing while our other action produce long term and sustainable results.

Notwithstanding a recent extremely successful "recruitment weekend", there is a significant shortage of suitably qualified and experienced Band 5 / 6 CAMHS Nursing staff.

Equally there is a need to find (or create) ways to use the workforces that are already available to us (assistant psychologic list) with some additional training to take on roles that they would be able to support. Increasing the training placements for core professional (RNMH, Psychologist) and provide a structured career pathway supported by dedicated Practitioners.



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Operational Pressures:

The key and most significant operational pressure is capacity. Currently, the Health Board is focusing on factors to reduce demand or at least to stem the growth, including but not limited to Cluster level working and CAMHS in school work. Crisis work (non-inpatient) is currently provided in the main from the community service capacity, i.e. when a case becomes “in crisis” it means the case holder has to prioritise the case and postpone planned work, the aforementioned Crisis Bid this would prevent this.