

Health and Social Care Committee

Meeting Venue:
Committee Room 1 – Senedd

Meeting date:
17 October 2013

Meeting time:
09:10

Cynulliad
Cenedlaethol
Cymru

National
Assembly for
Wales



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Agenda

(09:10 – 09:15 Pre-meeting)

1 Introductions, apologies and substitutions

2 Inquiry into the work of Healthcare Inspectorate Wales: Panel 1 – CSSIW and Wales Audit Office (09:15 – 10:15) (Pages 1 - 41)

Imelda Richardson, Chief Executive, CSSIW

Huw Vaughan Thomas, Auditor General for Wales

Dave Thomas, Director Health & Social Care, Wales Audit Office

3 Inquiry into the work of Healthcare Inspectorate Wales: Panel 2 – Local Health Board representatives (10:15 – 11:05) (Pages 42 - 58)

Andrew Goodall, Chief Executive of Aneurin Bevan University Health Board

Carol Shillabeer, Nurse Director of Powys Teaching Health Board

(11:05 – 11:15 Break)

4 Inquiry into the work of Healthcare Inspectorate Wales: Panel 3 – Board of Community Health Councils in Wales and Patients Association (11:15 – 11:45) (Pages 59 - 66)

Cathy O’Sullivan, Acting Director, Board of CHCs

Katherine Murphy, Patients Association

5 Inquiry into the work of Healthcare Inspectorate Wales: Panel 4 – Welsh Independent Healthcare Association (WIHA) (11:45 – 12:15)
(Pages 67 - 81)

Nicola Amery, Chair of Welsh Independent Healthcare Association, Hospital Manager, Cardiff Spire Hospital

Steve Bartley, immediate past Deputy Chair of WIHA, Registered Manager, Ludlow Street

Karen Healey, Chair of the Senior Nurse Group, Director of Nursing Vale Healthcare

6 Motion under Standing Order 17.42 to resolve to exclude the public from the meeting for the following business:

Items 7, 8 and 11.

7 Inquiry into the work of Healthcare Inspectorate Wales – private wash-up discussion (12:15 – 12:25)

8 Legislative Consent Memorandum: Care Bill (12:25 – 12:30) (Pages 82 - 89)

(12:30 – 13:30 Lunch Break)

9 Welsh Government Draft Budget 2014/15 – Ministerial scrutiny session (13:30 – 15:00) (Pages 90 - 138)

Ministerial scrutiny session

Mark Drakeford AM, Minister for Health and Social Services

Gwenda Thomas AM, Deputy Minister for Social Services

David Sissling, Director General, Health and Social Services

Martin Solis, Director of Finance

10 Papers to note (Pages 139 - 141)

Letter from the Deputy Minister for Social Services: Social Services and Well-being (Wales) Bill (Page 142)

Letter from the Chair of the Finance Committee: Scrutiny of the Welsh Government's Draft Budget – Equality Scrutiny Toolkit for Committees (Pages 143 - 146)

11 Welsh Government Draft Budget 2014/15 – private wash-up discussion (15:00 – 15:30)

Agenda Item 2

Document is Restricted

The National Assembly for Wales' Health and Social Care Committee

Inquiry into the work of Healthcare Inspectorate Wales (HIW) Submission by the Chief Inspector, Care and Social Services Inspectorate Wales

Introduction

1. The role of the Care and Social Services Inspectorate Wales (CSSIW) is to encourage the improvement of social care, early years and social services by regulating, inspecting and reviewing services. We provide professional advice on care and social services issues to Welsh Ministers and policy makers. Our aim is to raise standards, improve quality, promote best practice and tell people about social care.
2. Our work covers the whole of Wales. We review services at both a national and local level so we can provide public assurance about the quality of services, suggest ways of improving services, and help safeguard the interests of service users and their carers. We inspect and review the performance of local authorities on specific topics, eg safeguarding. We regulate and inspect services for everyone from the very young to older people.
3. The delivery of better social care services for the people of Wales is absolutely dependent on effective collaboration and partnerships between health and social care services. CSSIW and its fellow inspectorates in Wales are committed to promoting, supporting and monitoring progress with this objective. This means designing our methodologies and processes so that they can properly assess and report on services that increasingly cross organisational and geographical boundaries. This also means that we need to demonstrate that we can work effectively and efficiently with other inspectorates, including HIW. This submission will concentrate on the effectiveness of our working relationship with HIW, focusing on progress with collaboration and information sharing between the two inspectorates. The next section outlines the main components of our work together and highlights the progress made. This is followed by a more critical assessment of the strengths and challenges for HIW in achieving an effective working relationship with CSSIW and the other inspectorates.

Progress with collaboration and information sharing

4. Joint and collaborative working between HIW and CSSIW has, in various forms, been developing and strengthening for a number of years. The two inspectorates collaborated to coordinate and strengthen their respective inspections of adult protection in 2009-10. Both reports were published on the same day with a joint press release and a joint

statement on the key issues across health and social care in Wales arising from the inspections. ¹At a regional level, HIW regularly invite CSSIW colleagues to attend the annual summits in which evidence and intelligence concerning the performance of health boards is brought together to inform future inspection and review programmes. These and other examples of joint working were framed and supported by the concordat for bodies regulating and auditing health and social care published in 2005. In order to move joint working on to the next level, HIW and CSSIW, together with colleagues from the Wales Audit Office (WAO) and Estyn, signed, in January 2011, a strategic agreement to share information and to coordinate the planning and delivery of work. ²This provides the framework for the programme of joint work coordinated through the *Inspection Wales* Programme.

5. Significant progress with collaborative working has been achieved through *Inspection Wales*. This includes:
 - the launch of a joint website for the inspectorates;
 - the delivery of joint training;
 - the use of common induction material for new staff;
 - the agreement of an information sharing protocol;
 - the identification of a programme of joint inspections and reviews; and (very recently)
 - the agreement of a protocol for the joint handling of serious concerns in local government and health sectors.

HIW, as a full member of Inspection Wales, has contributed to the progress made and to the plans for further development of joint working between the inspectorates.

6. For the last two years CSSIW and HIW have worked together to produce a joint report on the operation of the Deprivation of Liberty Safeguards (under the Mental Capacity Act 2005). Both organisations have a statutory responsibility to report on progress in health and social care respectively. The production of a joint report is a tangible demonstration of a willingness to work together in an area of common interest and with a subject matter that requires an overview across the sector. ³The two inspectorates have also worked closely for many years in relation to investigations into circumstances where a service user known to mental health services is involved in a homicide. HIW lead on this, but involve CSSIW in the investigation as necessary.
7. The two inspectorates collaborated successfully to review the National Services Framework for Older People in Wales (NSF), publishing a joint review in January 2012.⁴

¹ Adult Protection and Safeguarding in Wales, Key issues across Health and Social Care in Wales, March 2010.

² Working Collaboratively to Support Improvement A Strategic Agreement between Care & Social Services Inspectorate Wales (CSSIW) Estyn Healthcare Inspectorate Wales (HIW) Wales Audit Office' January 2011.

³ Deprivation of Liberty Safeguards, Annual Monitoring Report for Health and Social Care, March 2013.

⁴ Growing Old My Way, A review of the impact of the National Services Framework for Older People in Wales, January 2012.

8. A further significant example of joint work between CSSIW and the inspectorates, including HIW, is our work in relation to the quality of safeguarding practice in Pembrokeshire. Concerns about the quality of safeguarding practice in education and youth services in Pembrokeshire arose following a joint inspection of education services by Estyn, including inspectors from CSSIW and WAO in June 2011. In November 2011, HIW joined CSSIW, Estyn, Her Majesty's Inspectorate of Constabulary (HMIC) and Her Majesty's Inspectorate of Probation (HMIP) to review the interagency arrangements and practice to safeguard and protect children in Pembrokeshire. As part of this review HIW made a valuable contribution by reviewing the cases of alleged abuse (including potential abuse) by health staff over a four year period.
9. These are only two examples of several where HIW have contributed to joint work on inspections and reviews

The effectiveness of collaboration and information sharing by HIW - strengths and challenges.

Lack of a statutory framework

10. CSSIW's work in local government is required to reflect the statutory provisions of the Local Government (Wales) Measure 2009, which placed a duty upon the relevant regulators to share information and established a coordinating role for the Auditor General for Wales. There is no equivalent statutory requirement in relation to the health sector. Much can be achieved through voluntary agreements and protocols, as demonstrated by the Inspection Wales programme. The challenge is the extent to which those voluntary arrangements will suffice for the future. It is entirely understandable that HIW, like any organisation, will, in extremis, focus on those priorities that deliver its statutory responsibilities. Building a requirement for collaboration and information sharing across health and social care in future legislation would set a clear direction for the inspectorates. It would also, of course, raise the need to plan for the way in which resources will be allocated to that priority.

Capacity

11. Our experience of joint work with HIW is that a genuine commitment to collaboration and information sharing is constrained by the capacity to deliver competing priorities. This is particularly the case in relation to engagement with CSSIW in our more routine evaluative work delivered by our three regional teams. This work is increasingly concerned with services such as reablement in which health and social services are working closely together. The role of strategic commissioning across health and social care and the delivery of effective joint service responses needs to be at the core of adult social services. It appears to be more difficult for HIW to participate in discussions and meetings about

this work than it is for them to engage with us about thematic or national reviews. This relates to the lack of time available for joint work given the demands on HIW to deliver its own programme of routine evaluative work.

The model for delivering inspections and reviews

12. HIW sets out a three year programme that is revised and updated as circumstances and priorities change. Central to the delivery of the programme is the use of a pool of 200 or so external reviewers - health and social care professionals and members of the public, to support the delivery of its programme. This model delivers up to date expertise from the front line to the inspection team and, through the three year programme, gives a sense of direction beyond one business year. This approach, however, raises some challenges which are discussed below.
13. The dependency on external reviewers can, at times, mean that the core team at HIW can appear short of knowledge and experience of health and social care. Individuals who are very experienced and skilled in designing and planning the delivery of an inspection do not necessarily have the familiarity with the subject matter that can help to convey credibility and authority. This may not be a concern for inspection teams on site, which largely consist of external reviewers; but it can be problematic for others who engage with the inspectorate outside of inspection fieldwork. At times, it can appear that HIW have difficulty in fielding the right person at the right time, this includes meetings and discussions about joint work and joint interests. At other times, for example at the annual summits, the evidence presented for the conclusions reached about the performance of health services is not always clear and persuasive. It can also be difficult to follow through and see how the outcomes from the summits are driving improvement for patients.
14. The need for HIW to deliver its core programme of activities every year to help ensure that safe and quality healthcare services are provided to the citizens of Wales, can be in tension with its desire to deliver other aspects of its three year programme. This feature is not unique to HIW. All the inspectorates need to manage competing demands and a reordering of priorities can be an entirely appropriate response to circumstances. The challenge for HIW, CSSIW and the other inspectorates is to respond to the agenda for health and social care integration that has been given further impetus recently by the Minister for Health and the Deputy Minister for Social Services. A searching examination of models, methodologies, and resources across all the relevant inspectorates, including HIW, is a prerequisite to further progress.

Conclusion

15. This brief submission has described the progress and some of the challenges in the information sharing and collaboration between HIW and CSSIW. While it has made some critical comments, these need to be seen in a context of genuine and strenuous effort on the part of the two inspectorates to work effectively together. The positive examples noted in the first part of this paper could be supplemented by many more and the *Inspection Wales* programme is a groundbreaking endeavour. Building for the future, however, requires development of the legal framework, resource capacity and business models for both HIW and its partner inspectorates.



WALES **AUDIT** OFFICE
SWYDDFA **ARCHWILIO** CYMRU

Health and Social Care Committee: Inquiry into the Work of Healthcare Inspectorate Wales

Submission from the Auditor General for Wales

Issued: September 2013

Document reference: 522A2013

Introductory comments

1. I am grateful for the opportunity to contribute to the Committee's inquiry into the work of Healthcare Inspectorate Wales (HIW). The Wales Audit Office and HIW work together closely on a range of matters relating to the external review of NHS bodies in Wales. In addition to this bilateral working, the Wales Audit Office and HIW, along with Estyn and CSSIW work closely together as part of a wider collaborative working programme under the aegis of the Inspection Wales initiative.
2. The evidence presented here is drawn from our experiences of our joint working with HIW, and a wider consideration of how the external review of NHS bodies in Wales needs to evolve in the context of the Francis Report following the inquiry into Mid Staffordshire NHS Foundation Trust. The evidence has been set out under two main headings:
 - HIW's fitness for purpose to deliver its functions
 - Effectiveness of collaborative working arrangements

HIW's fitness for purpose to deliver its functions

Independence

3. HIW's main functions and responsibilities are drawn from the following legislation:
 - Health and Social Care (Community Health and Standards) Act 2003
 - Care Standards Act 2000 and associated regulations
 - Mental Health Act 1983 and the Mental Health Act 2007
 - Statutory Supervision of Midwives as set out in Articles 42 and 43 of the Nursing and Midwifery Order 2001
 - Ionising Radiation (Medical Exposure) Regulations 2000 and Amendment Regulations 2006
4. HIW carries out its functions on behalf of Welsh Ministers and, although part of the Welsh Government, protocols have been established to safeguard its operational autonomy. The arrangements in place to safeguard HIW's operational independence from Ministers and the Welsh Government are important and any review of HIW's functions should ensure that these are not weakened in any way.
5. HIW has the ability to place NHS bodies under 'special measures'. Notwithstanding the fact that further clarity is needed on what constitutes special measures, it is noted that these powers are delegated to HIW and can only be enacted with Ministerial agreement. This is an arrangement that merits review given that it creates the potential to fetter HIW's ability to act autonomously, independently and swiftly should it encounter concerns at an NHS body that warrant the urgent use of special measures.

Breadth of role and capacity

6. Since its creation, HIW has taken on an increasing number of responsibilities. However, it is questionable as to whether HIW's capacity in terms of staff numbers and grade mix has grown proportionally to match these responsibilities. It is accepted that HIW will rely on a bank of peer and lay reviewers to undertake much of its direct inspection work, but it still needs a central core of staff with appropriate skills and experience to direct and manage an increasingly challenging programme of work.
7. The Committee's inquiry therefore provides a timely opportunity to review whether HIW has sufficient capacity to fully discharge its functions and responsibilities. Consideration should be given to whether it is necessary to rationalise some of HIW's functions so that they can be delivered more realistically within the resources HIW currently has. The alternative approach would be to increase HIW's capacity as part of a systematic 'form following function' review.
8. One noticeable impact of HIW's limited resources is on its ability to deliver its published programme of work¹. This programme sets out a sizeable number of thematic reviews in areas of special interest, alongside a full programme of regulatory and inspection activity. The list of thematic reviews has at times proved to be more aspirational than resource based. Capacity constraints and the need to be reactive to unforeseen incidents and concerns have made it difficult for HIW to start several of their thematic reviews within the timescales originally set out.
9. I am concerned that if HIW maintains a long and aspirational programme of reviews there will be a risk that important topics will not get considered in a timely fashion, or may be not at all. It could be that other organisations, including the Wales Audit Office, are better placed to examine these issues but will not take them forward because they appear in HIW's work programme. It is therefore vitally important that HIW maintains a realistic and confirmed programme of work so that other stakeholders are clear about their plans.
10. Furthermore, it is imperative that any plans to increase HIW's resources are considered in light of the work of other bodies that undertake external review in the NHS so as to avoid unnecessarily duplication and ensure each external review body focuses on its core purpose, as part of a coherent overall framework of external review and assurance. In that respect consideration should be given to which aspects of HIW's work offer scope for greater impact, and which HIW should consequently focus its attention on. This is considered further in the following section.

¹ Healthcare Inspectorate Wales Three Year Work Programme, 2012-2015, August 2012:
www.hiw.org.uk/Documents/477/HIW%203%20Year%20Work%20Programme%202012-2015%20-%20Final%20-%20English%20-%20PDF%20-%20Web.pdf

Maintaining a focus on core functions & building on key strengths

11. Regardless of the capacity that HIW has, consideration needs to be given to securing the best use of those resources to deliver its core function of ensuring patients receive safe, effective and high quality healthcare services.
12. HIW's work programme contains a broad base of regulatory and inspection work which collectively supports the delivery of the organisation's functions and roles. However, in the context of the shocking events uncovered at the Mid Staffordshire NHS Foundation Trust, HIW's unannounced spot checks on dignity and essential care represent for Wales a real strength that needs to be consolidated and built upon. An expansion of this approach so that it covered a wider base of healthcare settings would be a powerful way of commenting on the reality of service provision and holding organisations to account for the patient services they provide.
13. Another prominent feature of HIW's work has been its commentary on mental health services in Wales, and in particular its work to investigate some of the tragic homicides perpetrated by mental health service users. Through this work, HIW has built up an expertise that should be used more explicitly to help secure the continued development of safe and effective mental health services in Wales.
14. Conversely, HIW's role in reviewing compliance with the standards for health services in Wales is an area that perhaps offers scope for review. The standards rightly underpin HIW's inspection and regulatory work and HIW's work programme includes a commitment to undertake annual testing and validation of healthcare organisations' adoption of the standards. HIW has signalled its intention to move towards the encouragement of self-assessment by healthcare organisations. This is a sensible approach which offers a more sustainable way of embedding the standards into healthcare organisations, and enables HIW to work with other external review bodies in validating NHS bodies' self-assessments where appropriate. It is understood that HIW plan to develop a number of 'service specific modules' in areas such as end of life care, cancer services and mental health services to support this aim. To date limited progress has been made with this work, but the Wales Audit Office nonetheless looks forward to working with HIW as and when it gets rolled out.
15. The Welsh Government's response to the Francis Report² makes reference to plans to create a refreshed framework for the standards for health services. This offers the opportunity to consider and clarify the role that HIW should play in ensuring compliance with the standards, working with other external review bodies as appropriate.

² Delivering Safe Care, Compassionate Care: Learning for Wales from the Report of the Mid Staffordshire NHS Foundation Trust Public Enquiry, Welsh Government, July 2013 :

www.wales.gov.uk/topics/health/publications/health/reports/safecare/?lang=en

Effectiveness of collaborative working arrangements

16. HIW and the Wales Audit Office have well developed bilateral arrangements for operational joint working and information sharing. This is supported by an operational protocol³ and bi-monthly joint senior management meetings. The arrangements permit the on-going sharing of information and intelligence on NHS organisations. This provides an opportunity for both organisations to jointly consider when escalation and intervention is necessary, and in what form. The recent joint review work undertaken at Betsi Cadwaladr University Health Board⁴ is a good example of these arrangements working in practice.
17. More broadly, HIW has looked to play a lead role in developing information sharing arrangements amongst the external review bodies working in the NHS through facilitating annual healthcare summits and via a Concordat Forum. The on-going development and evolution of these initiatives has, in no small part, been down to HIW's commitment and energy and their inclusive approach to the facilitation of the events.
18. Along with the Wales Audit Office, Estyn and CSSIW, HIW is also part of the Inspection Wales initiative, set up to deliver the commitments set out in a joint strategic agreement⁵. This is a further example of HIW's commitment to joint and collaborative working. However, the capacity constraints identified earlier have sometimes made it difficult for HIW staff to engage fully with some Inspection Wales working groups. It should be noted, however, that this challenge is not unique to HIW.
19. The positive bilateral working relationship between HIW and the Wales Audit Office provides a platform from which further joint working can be developed. One key area that would benefit from this relates to the assessment of the robustness of governance and assurance mechanisms in NHS bodies. The Public Audit Wales Act 2004 confers a duty on the Auditor General to be satisfied that NHS bodies have proper arrangements in place to secure efficiency, effectiveness and economy in their use of resources. This duty cannot be discharged without an examination of the arrangements in place for corporate governance and internal control. Similarly, HIW will rightly need to look at the extent to which organisations' clinical governance arrangements support the delivery of safe and effective services. A holistic approach to the review of governance is required as there are clear links between financial management, use of resources and quality of care, as demonstrated by the findings of the joint review work at Betsi Cadwaladr University Health Board. It could be argued

³ Operational Protocol between Healthcare Inspectorate Wales and the Wales Audit Office, October 2012: www.wao.gov.uk/news/news_4874.asp

⁴ An Overview of the Governance Arrangements at Betsi Cadwaladr University Health Board, A Joint Review Undertaken by Healthcare Inspectorate Wales and the Wales Audit Office, June 2013: www.wao.gov.uk/assets/englishdocuments/Betsi_Cadwaladr_Joint_Review_HIW_and_WAO.pdf

⁵ Working Collaboratively to Support Improvement: A Strategic Agreement between the Care and Social Services Inspectorate for Wales, Estyn, Healthcare Inspectorate Wales and the Wales Audit Office, March 2011: www.wao.gov.uk/assets/englishdocuments/Strategic_Agreement_E.pdf

that this holistic approach would be more easily achieved if it were undertaken by a single organisation. However, the joint review work at Betsi Cadwaladr University Health Board has demonstrated that HIW and the Wales Audit Office can work together seamlessly to provide a joint perspective, with the process being enriched by the different skill sets that each organisation can bring.

Concluding comments

20. The Committee's review into the work of HIW is timely given the context of the Francis Inquiry into the failings at Mid Staffordshire NHS Foundation Trust. It is vitally important that Wales has a system of external review and assurance that contributes fully to the shared goal of maintaining safe and effective NHS services. The functions delivered by HIW are central to that aim and there are specific areas where HIW has developed a unique and specialist skill set that should be built upon and further developed, alongside a programme of collaborative working with other external review bodies. That would help target HIW's finite resources on the activities that offer the greatest scope for providing the citizens of Wales with independent assurance on the quality and safety of healthcare services.

Huw Vaughan Thomas
Auditor General for Wales



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Agenda Item 3

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[The work of the Healthcare Inspectorate Wales](#)

Evidence from Aneurin Bevan Health Board – HIW 27

Aneurin Bevan Health Board

Comments regarding the National Assembly for Wales’ Health and Social Care Committee’s Short Enquiry into the work of Healthcare Inspectorate Wales (HIW)

Aneurin Bevan Health Board welcomes the opportunity to provide comments with regard to the above enquiry into the work of Healthcare Inspectorate Wales (HIW).

Firstly, the Health Board wishes to emphasise the importance of having a strong and independent regulator focused on the quality and safety of the provision of health services in Wales. The criticality of this is clear to ensure Welsh Government, NHS organisations and most importantly patients, their families and carers in Wales are given assurance that NHS services are independently assessed and evaluated based on a common framework of standards and expectations with regard to the quality and safety of services. It is suggested, however, that HIW currently has more work to do to ensure that its important work is known and understood by the people of Wales and therefore, that it is seen and considered to be an important and trusted source of assurance for patients and the public.

It is crucially important for the NHS Wales in order to work openly and transparently and clearly in the interests of patients and the public that we have a regulator that is high profile, instils confidence and demonstrates that it is making considered judgements. Also, an inspectorate that seeks to ensure that NHS services continue to improve, meet patient needs and also patient expectations.

Aneurin Bevan Health Board also wishes to highlight the importance of having an independent regulator such as Healthcare Inspectorate Wales as a source of advice, guidance and challenge for the service. The Health Board’s relationship with HIW over recent years has always been

appropriately challenging and constructive, but also developmental. The Health Board has worked closely with HIW on a number of key, high profile areas, such as Homicide Reviews, Serious Case Reviews and specific issues such as the period when the Health Board's Maternity Services, albeit prior to the establishment of the Health Board, were placed in Special Measures. The Health Board has actively worked with HIW to ensure the new organisation responded to their concerns with regard to maternity services and with their support and guidance had the special measures status removed following a demonstration of real improvement in performance and quality of our maternity services.

Also, in relation to Homicide Reviews, as the Committee will be aware, these are very difficult periods of time with many associated sensitivities for the families concerned and also those involved from our local services. However, HIW responded to these instances with professionalism and sensitivity. These were difficult discussions for public services and the NHS in particular. However, HIW provided constructive criticism from both professional and patients and service user perspectives. Although HIW worked with us closely and advised our response they were able to maintain and protect their independence as a regulator, but also be clear about expected standards and how these could be achieved to ensure the Health Board's and our partners responses were compassionate and appropriate to provide the required assurance of service improvement going forward.

The Health Board also has experience of HIW's approach to unannounced service visits with regard to standards of services, especially in relation to cleanliness checks at our hospitals and facilities. These have been undertaken professionally and the reports received have been constructive and helpful to further inform service improvement. However, on a number of occasions there has been a time lag in receiving the final reports, which has meant that when they are published they are somewhat out of date and are historical as services have improved. However, at the time of publication this is not always made clear and it can undermine confidence in current services. Also, an area of clarity in this area, would be with regard to the role of HIW vis-a-vis the role of Community Health Councils in their inspection visits as it is currently not clear how much liaison takes place between HIW and CHCs and whether assurance could be taken from the range of visits undertaken by each body to provide a co-ordinated approach for the future.

The Health Board has reflected that working with and responding to HIW does require a significant investment in time and resources, but this investment does provide added value for the organisation and most importantly builds trust and provides clarity with regard to expectations. The Health Board continues to be very supportive of the Standards for Health Services in Wales and the Board, Executive Team and service levels throughout the organisation and continue to have regular contact with HIW under the banner of the Standards. However, this emphasises even more, the need to ensure that contact is regularised and continues over time to ensure that the profile of HIW within and outside organisation continues to build and is understood.

It is also important therefore, that HIW does not work in isolation and triangulates its work with other key bodies, such as the Ombudsman's Office, Wales Audit Office and the Care and Social Services Inspectorate for Wales (CSSIW). The relationship with CSSIW has become increasingly important over recent years in terms of the increasing levels of joint provision between Health, Social Care, the Third Sector and the Independent Sector to ensure that patients and service users receive seamless and integrated care. Therefore, further consideration needs to be given with regard to how the integrated nature of these services will be regulated and inspected and how their performance and quality is assessed going forward. The Health Board is aware of the Concordat that is in place between auditors, inspectors and regulators, but it is still not clear how effective the Concordat has been in sharing approaches, avoiding duplication and providing an integrated approach to inspection and regulation in an environment where increasingly partnership delivery and the requirements of partnership governance are a daily reality.

Therefore, it would be helpful going forward if HIW and the range of auditors, inspectors and regulators could better co-ordinate their reviews. It is suggested that reviews could be themed across these bodies and that collective and joined up activity could be undertaken to contribute to integrated reviews. This would provide better alignment with regard to expected standards and clarity for inspected bodies and services. It would also provide integrated outputs and shared observations, which would triangulate views and enable organisations and services to respond in integrated and whole system ways.

Finally, the Health Board considers that it is crucially important following the publication of the Francis Report in England with regard to the Mid Staffordshire Foundation NHS Trust and HIW's recent work in Wales with

regard to Betsi Cadwaladr University Health Board that securing the future of a clearly independent regulatory role for the NHS in Wales is fundamental and lessons could be learned from the role and activities of the Care Quality Commission in England. Regulation and inspection in Wales needs to be progressive drawing on developmental practice nationally and internationally, especially as the governance systems of the NHS and partners are changing and the visibility of patient experiences and expectations are rightly brought to the fore. It will be important that our regulators and inspectors are ahead of this change and are able to pick up this new intelligence and ways of working to provide a clear framework of standards, expectations and inspections which is clearly focused on getting things right for patients and service users the first time and every time.

The Health Board hopes that these comments are helpful. If you require any additional information with regard to this response, please do not hesitate to contact us.



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[The work of the Healthcare Inspectorate Wales](#)

Evidence from the Betsi Cadwaladr University Local Health Board – HIW 07

Dear Sirs

Re: Short inquiry into the work of Healthcare Inspectorate Wales (HIW)

Further to your letter dated 23rd July 2013 inviting the organisation to contribute to the inquiry on the above, please find below the response on behalf of Betsi Cadwaladr University Local Health Board.

1. The effectiveness of HIW in undertaking its main functions and statutory responsibilities.

- 1.1 Overall the health board is confident that HIW is broadly effective in undertaking its main statutory functions and responsibilities.
- 1.2 There are many examples where reviews such as those undertaken for IR(ME)R have been well-structured and provided a positive learning experience for staff and in turn improved outcomes for patients. The process has been undertaken with scrutiny and rigour and has been most effective when the reviewers are experienced and offer constructive challenge.
- 1.3 The Health Board recognises the value of the Standards for Health Services, and the benefit to patients of using the self assessment tool in an honest and rigorous way. However, the Health Board feels that since the process of monitoring the standards is now on a self-assessment basis, we have lost the added benefit of having the opportunity to benchmark with other HBs
- 1.4 On occasion, there has been a lack of clarity in relation to the unique role of HIW in some investigation process. This should routinely be agreed and formalised.
- 1.5 We should ensure that there are always clearly defined timescales for production of reports. Reports following inspections received from HIW have taken up to 12 months to be returned to the organisation. During this time the organisation can have moved on considerably and the reports therefore do not provide a full or balanced picture of the service/ work that is now in place.



2. The investigative and inspection functions of HIW, Specifically its responsibility for making sure patients have access to safe and effective services, and its responsiveness to incidences of serious concern and systematic failures.

2.1 HIW have responded promptly to request for additional investigations and inspections which are necessary when serious concerns are raised.

2.2 Individual Serious concerns are routinely reported to the Quality and Safety Improvement Branch of the Welsh Government. The Health Board believe it would be helpful to clarify the relationship between HIW and WG in this area.

3. The overall development and accountability of HIW, including whether the organisation is fit for purpose.

3.1 The Health Board believes it would be beneficial to clarify the role of HIW in relation to its various functions with a clear focus on patient outcomes; patient safety, and patient experience.

3.2 It is more important than ever that we are in a position to give to the public an open and honest account of the quality and safety of the services we provide. HIW provides a pivotal external source of assurance and therefore needs to be resourced and organised appropriately to deliver a level of independent challenge and scrutiny.

4. The effectiveness of working relationships, focusing on collaboration and information sharing between HIW, key stakeholders and other review bodies.

4.1 Working relationships with the staff at HIW are reported as being positive, with staff being approachable and willing to help with any queries that are raised.

4.2 As stated Serious Incidents are reported to Welsh Government. It is understood that they then share a number of these with HIW. However the Health Board are not clear as to the criteria for determining which incidents WG might share and the role expected of HIW in relation to these. Clarity regarding the relationship between HIW and the Quality and Safety Improvement Branch would be welcomed

5. Consideration of the role of HIW in strengthening the voice of patients and the public on the way health services are reviewed



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University Health Board

Work to strengthen the way in which the voices and views of patients and the public are embedded in reviewing health services is vitally important. Any such approach would need to ensure that due regard was given to ensuring that diversity and equality issues were attended to so that boards could take account of the experiences of different groups within the community.

6. Safeguarding arrangement, specifically the handling of whistleblowing and complaints information.

These serious and sensitive issues could be better managed and coordinated within a clear and agreed process between health boards and HIW. This will ensure that there is provision of accurate, timely and balanced information which is integrated with any other relevant informal sources of intelligence for consideration, assessment and action as appropriate.

Yours sincerely

Dr Martin Duerden

Cyfarwyddwr Meddygol a Gwasanaethau Clinigol Dros Dro
Acting Medical Director and Director of Clinical Services

Angela Hopkins

Executive Director of Nursing,
Midwifery and Patient Services



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NHS
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Bwrdd Iechyd Prifysgol
Caerdydd a'r Fro
Cardiff and Vale
University Health Board

Ysbyty Athrofaol Cymru
University Hospital of Wales
UHB Headquarters
Heath Park
Cardiff, CF14 4XW

Parc Y Mynydd Bychan
Caerdydd, CF14 4XW

Eich cyf/Your ref:
Elin cyf/Our ref: AC-jb-10-2970
Welsh Health Telephone Network:
Direct Line/Llinell uniongychof: 02920 745681

Adam Cairns
Chief Executive

9 October 2013

Mr David Rees AM
Chair, Health & Social Care Committee
National Assembly for Wales
Cardiff Bay
Cardiff
CF99 1NA

Dear Mr Rees

Inquiry into the work of Healthcare Inspectorate Wales

Further to your correspondence dated 23 July 2013 which was not received in our Health Board until recently, I am grateful for the opportunity to provide comments in response to your inquiry aligned with the set Terms of Reference.

The Health Board has sought views from those who have participated and/or experienced Healthcare Inspectorate Wales related work.

The effectiveness of HIW in undertaking its main functions and statutory responsibilities

1. Whatever the related reasons, it is clear that HIW have struggled to deliver against its published work programme and whilst the programme was developed from engagement with the service and other stakeholders, it is important that planned work is delivered in a timely manner and can demonstrate that it is delivering improved experiences and outcomes for those who use the NHS.

The investigative and inspection functions of HIW, specifically its responsibility for making sure patients have access to safe and effective services, and its responsiveness to incidences of serious concern and systematic failures

2. With inspection/review teams populated by reviewers mainly from outside Wales it is very important that robust induction arrangements are in place to ensure reviewers understand the Welsh system in advance of commencing reviews.
3. There have been occasions when the Inspectorate have not responded to timescales set by them, with extensive delays in receiving some reports. On one occasion the UHB waited over a year to receive its IRMER inspection report. More recently in the absence of Mental Health Act monitoring visits, the Health Board wrote to HIW expressing concern that such visits had not taken place throughout 2012/13. These have since recommenced.



4. Ensuring 'expert' reviewers remain key members of review teams, remains an important element of any review eg unannounced cleanliness inspections. However, there has been occasion when a ward (in a Health Board with over 90 wards) has undergone repeat visits / inspections, when the vast majority have not.

The investigative and inspection functions of HIW, specifically its responsibility for making sure patients have access to safe and effective services, and its responsiveness to incidences of serious concern and systematic failures

5. Clearly the need for an effective and robust regulatory function that independently provides scrutiny and assurance that Health Boards with Social Care partners are discharging safe and effective services for the public is an essential component for any effective regulatory system.
6. It is also important that the arrangements organisations have in place to self regulate how they commission and provide care are tested by the regulator in order to provide assurance. In a strong system of self assessment, the service should identify any issues of concern with regards safe and effective care and where required demonstrate to the regulator actions taken and/or planned in response.

The overall development and accountability of HIW, including whether the organisation is fit for purpose

7. Like many public serving bodies in Wales, HIW have experienced significant change over recent years, which has impacted on its delivery of its planned work programme. A more integrated approach with or at least between CSSIW and HIW may benefit the welsh public, as increasingly care is delivered to patients with and across partner agencies.
8. In our experience, where issues of serious concern have been raised, HIW have responded promptly. A strong collaborative relationship between the Health Board and the Regulator is to be encouraged.

The effectiveness of working relationships, focusing on collaboration and information sharing between HIW, key stakeholders and other review bodies

Consideration of the role of HIW in strengthening the voice of patients and the public in the way health services are reviewed

9. The Health Board would strongly encourage robust and effective working relationships with a strong foundation on information sharing and collaborative working between all interested parties. It is important that patients and their representatives are engaged in the work of regulators ensuring they have an opportunity to inform and strengthen regulatory work.
10. Some two years ago, HIW briefly introduced relationship managers who liaised directly with senior managers within health organisations. This arrangement

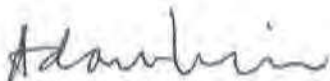
worked well for the service and from feedback, by HIW also, unfortunately this was not sustained by HIW and to improve working relationships, collaboration and information sharing it may be beneficial to reconsider such an arrangement.

Safeguarding arrangements, specifically the handling of whistleblowing and complaints information

11. Creating a more open and transparent culture within health will reduce reliance on 'whistleblowing' arrangements which traditionally staff, for whatever reason, appear reluctant to use. The role of HIW aligned with the role of the Public Services Ombudsman Wales (PSOW) in dealing with and responding to complaints about health services needs clarification.
12. Clarity around the objectives and intended outcome of any work between HIW and Health Boards at the outset of any engagement would also be beneficial to all parties. Better engagement, not least to support context, would seem sensible when considering the findings from unannounced visits. These visits whilst useful do not provide the opportunity for the service to engage and help inform the overall conclusions made by inspectors.

Should you require any further related information, please do not hesitate to contact me.

Yours sincerely



Adam Cairns
Chief Executive

cc Ruth Walker, Director of Nursing

[National Assembly for Wales](#)
[Health and Social Care Committee](#)
[The work of the Healthcare Inspectorate Wales](#)

Evidence from the Hywel Dda Health Board – HIW 03

12th September 2013

Health and Social Care Committee
National Assembly for Wales

Email: HSCCommittee@wales.gov.uk

Dear Sir / Madam

Inquiry into the work of Healthcare Inspectorate Wales – Call for Evidence

With reference to the above, as requested please see attached copy of Hywel Dda Health Board's response.

Please do not hesitate to contact me if you have any queries.

Yours faithfully



Chris Wright
Director of Corporate Services

Enc

Hywel Dda Health Board's response to the National Assembly for Wales Short Inquiry into the work of Healthcare Inspectorate Wales (HIW)

1. The effectiveness of HIW in undertaking its main functions and statutory responsibilities.

1.1 The role of HIW in terms of adult safeguarding in the NHS is less clear than the role of CSSIW and they are certainly much less visible in terms of participating in adult protection referrals about the NHS. HIW also has a specific role around the use of the Mental Health Act.

2. The investigative and inspection functions of HIW, specifically its responsibility for making sure patients have access to safe and effective services, and its responsiveness to incidences of serious concern and systematic failures.

2.1 On behalf of the citizens of Wales, HIW provides independent and objective assurance of the quality, safety and effectiveness of healthcare services, making recommendations to healthcare organisations to promote improvements.

2.2 It is questioned how this purpose can be reliably fulfilled when an inspection is as only as good as the time it was conducted. There cannot be an over reliance on self assessment as a process for Health Boards to demonstrate their effectiveness. This must be triangulated with intelligence from other sources/outcome measures in order to provide transparent and rigorous assurance about the safety and effectiveness of NHS services. This is also applicable to nursing agencies and the independent sector.

2.3 However, the observation and engagement with patients during inspections is seen to be effective as evidenced through the reports reviewed. It is very disappointing that in HIW's Dignity and Essential Care themes, Human Rights and Standards for Health Services in Wales they fail to identify the importance of Standard 11 of the SfHSW.

2.4 The Health Board is unable to comment on HIW's responsiveness to incidences of serious concern and systematic failures, but they should be able to demonstrate rigour in their statutory duties to recognize early where there may be signs of systemic failures. There should be a system of regulation and inspection which is proactive and able to identify and respond to early warning signs rather than reactive to a serious issue as seen in Winterbourne View when the response was to prioritise inspection of all Learning Disability Services registered with HIW. The system of inspection should be sufficiently effective as to give confidence that the service is safe. Services which are essentially 'closed' should have more frequent unannounced inspections working collaboratively between the regulator and commissioners of care in those services.

2.5 It has been recognised that a key role for HIW is to 'close the loop' on incidents, however this needs to be further developed and embedded by the inclusion of learning the lessons from events. An example in mental health is when an event occurs this is reported to Welsh Government and HIW are involved, however the Wales wide learning from these events are not shared nationally across Wales in a formal process. Senior Nurses and Managers may share this intelligence with colleagues informally, but there is no formal process for the national learning to take place.

2.6 This is currently being addressed by a Serious & Untoward Incident (SUI) Task & Finish Group, which includes Senior Nurses and Managers across Wales from Health

Boards, Welsh Government, HIW and links with National Patient Safety Agency (NPSA), it is facilitated by Public Health (NLIAH) and chaired by the Vice-Chair of ABMUHB. This work is not yet complete but it is anticipated it will address the way in which we learn the lessons from events across Wales. This principle should be applied to all services and HIW events.	
3. The overall development and accountability of HIW, including whether the organisation is fit for purpose.	
3.1	Please refer to section 2 if formal and expanded would influence the overall development and accountability of HIW.
4. The effectiveness of working relationships, focusing on collaboration and information sharing between HIW, key stakeholders and other review bodies.	
4.1	Please refer to section 2 which describes a very helpful extension of collaboration between HIW and services.
4.2	The effectiveness of working relationships with Local Authorities in adult safeguarding concerns which involve NHS services has not been seen to be clear. HIW should recognize the role that Local Authorities have in adult safeguarding and engage them in providing information relevant to reviews which should enhance the triangulation of intelligence. Further involvement of Local Authorities will enable HIW to understand the challenges in referring NHS concerns to adult protection procedures where Local Authorities maintain the Designated Lead Manager function in the absence of Health Designated Lead Managers.
4.3	HIW and CSSIW appear to have an effective working relationship which has been seen through the recent joint review of DOLs.
5. Consideration of the role of HIW in strengthening the voice of patients and the public in the way health services are reviewed.	
5.1	The engagement of patients in providing feedback on their experience of health care services is integral to assessment and development and HIW are seen to engage patients in their visits as evidenced through their inspection reports. This is definitely a concept that would add to HIW processes.
6. Safeguarding arrangements, specifically the handling of whistle blowing and complaints information.	
6.1	HIW's independent review of Glan Clwyd Hospital in Betsi Cadwaladr Health Board was broader in terms of safeguarding and protection. This has not been evidenced previously through other inspection reports and it is suggested the former approach is one which should be endorsed for rigour and consistency across the NHS in Wales.
6.2	It is clear through the Serious Care Review at Winterbourne View Hospital and the Francis Report that the requirement for organisations to have a whistle blowing policy is not enough. HIW should ensure that in addition to checking if Health Boards, the independent health care providers and primary care services have in place whistle blowing policies, they should also review evidence of implementation. The availability of a policy is not evidence that it is implemented. The need for this is further evidenced through research into raising concerns and whistle blowing.
6.3	The handling of complaints which may meet the threshold for POVA in NHS

services is evolving and it appears that we cannot be confident in terms of consistency in what is referred to adult protection procedures across the NHS in Wales. The NHS Professional Leads for Safeguarding Adults at Risk are to carry out a scoping exercise to assess the position of each Health Board and work together towards achieving that consistency. HIW's inspection role should enable monitoring of consistency in this area of practice across the NHS in Wales.

- 6.4 In terms of the future for adult safeguarding and HIW's role, there will be an opportunity to review how Health Boards in Wales are fulfilling their statutory duties in accordance with Section 7 of the Social Care and Well being (Wales) Bill, specifically, the duty to report which has been a concern highlighted through the review of In Safe Hands (2010) and HIW's review of adult protection arrangements in the NHS in Wales. (2010).

Powys Teaching Health Board

Short Enquiry into the work of Healthcare Inspectorate Wales

- The remit of HIW and CSSIW respectively should be examined in relation to both potential gaps in system regulation and any overlap. Given the increasing level of integration across health and social care in particular, the challenge will be for the system regulators to review and modify their role and function in order to effectively regulate the potentially high risk of health and social care in a more coordinated and consistent way. An example is the system regulation of care homes. A significant amount of NHS commissioned healthcare (particularly nursing) is provided via the independent sector, with some clients such as those meeting continuing NHS healthcare eligibility having particularly complex needs. Because these homes are not seen as independent sector hospitals they are not regulated by HIW, but instead by CSSIW who as part of their regulation teams do not necessarily have the experience of healthcare provision that HIW would have access to.
- The roles of HIW and CSSIW in inspecting health and social care settings may be separate for a good reason, but the boundaries are not necessarily clear, and by having two separate organisations, the potential for elements ‘falling through the gaps’ exists. Intermediate care settings, in particular, do not seem to fit easily into the model. Perhaps one accountable organisation with specialists in the appropriate fields would be one way to reduce that risk.

- HIW does not have, as far as [we](#) know, dedicated pharmacy support. Consequently its ability to inspect health care settings, particularly outside the managed NHS, is hampered.
- Care homes with nursing beds have some services commissioned by Health Boards. The content of quality agreements between the two should be part of the inspection.
- Recommendations from the Keogh review should be considered in strengthening the inspection regime.

Best wishes

Amanda

Dr Amanda Smith
Executive Director of Therapies and Health Science
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SUBMISSION TO THE
HEALTH AND SOCIAL
CARE COMMITTEE –
INQUIRY INTO
HEALTHCARE
INSPECTORATE WALES

Community Health Councils (CHCs) are the local link between those who plan and deliver the National Health Service in Wales, those that regulate it, and those who use it.

CHCs are the independent lay organisations that were established in 1974 to monitor and review the operation of local health services and to recommend improvements. CHCs have a legal duty to represent the interests of the patient and the public in the NHS by;

- **scrutinising service performance and delivery**
- **making recommendations for improvements in the standard of health care**
- **providing a Complaints Advocacy service**
- **seeking the patient views and experiences of NHS services patient and public surveys**
- **providing an enquiries and signposting service**
- **Inspection and monitoring the quality of local services**
- **reflecting patients and public views in their deliberations and to ensure that those views are adequately addressed by the NHS.**

THE EFFECTIVENESS OF HIW IN UNDERTAKING ITS MAIN FUNCTIONS AND STATUTORY RESPONSIBILITIES.

Whilst we recognise the constraints placed on HIW in regard to current resource and capacity to undertake their role, the following concerns have been highlighted by CHCs over the last few years:

- Long delays between inspections and the publication of the final report where the findings and recommendations may have lost relevance for the service provider and for patients.
- Failure to involve CHCs in prior to the publication of reports. For many CHCs the first they will hear about an inspection report is through the media.
- Inadequate information exchange. CHCs gather information on the patient experience of NHS services through a range of methods including; trends in enquiries, complaints, surveys, and inspections, this information is invaluable to informing the focus of inspection and service reviews, yet it is unclear if, or how this information is used by HIW. The intelligence gathered by CHCs is not utilised effectively and there is considerable scope to for improvement in delivering consistent information from CHCs in Wales to enable HIW to put the patient experience of services at the centre of their activities.

THE INVESTIGATIVE AND INSPECTION FUNCTIONS OF HIW, SPECIFICALLY ITS RESPONSIBILITY FOR MAKING SURE PATIENTS HAVE ACCESS TO SAFE AND EFFECTIVE SERVICES, AND ITS RESPONSIVENESS TO INCIDENCES OF SERIOUS CONCERN AND SYSTEMATIC FAILURES.

THE EFFECTIVENESS OF WORKING RELATIONSHIPS, FOCUSING ON COLLABORATION AND INFORMATION SHARING BETWEEN HIW, KEY STAKEHOLDERS AND OTHER REVIEW BODIES.

CHCs conduct inspections on a very regular basis, where each week across Wales, CHCs are in direct contact with patients, families and carers. These inspection functions must complement each other if effectiveness and efficiency is to be achieved. CHCs can act with immediacy when they receive reports of patient concerns about the quality of care provided, and can work with HIW to monitor the progress towards improving the patient experience of services.

CHCs also provide information on the trends in service failures through their Complaints and Enquiry services, and we would argue that the people best placed to identify the quality of the service are those that receive it. Greater emphasis should be on the utilising the available information on the patient experiences of services.

Concerns have been raised by CHCs about the gap in the inspection of community based services, community hospitals and care homes. The different contract and quality monitoring, and inspection functions between Health Boards and Local Authorities, and

those functions of HIW and CSSIW need to be clarified. CHCs perceive it to be uncoordinated, and lacking in meaningful engagement with patients, families and carers. CHCs are uniquely placed to offer effective mechanisms for ensuring the patients voices are heard and headed by service providers and regulators; hence we welcome the current development of the working protocol between HIW and the Board of CHCs in Wales.

With the increasing delivery of services in patients own homes, the nuance between what constitutes health or social care is of little interest to the patient, their families and carers. What matters to them, is that they have the right services for their specific needs. The blurring between health and social care and joint service delivery, requires a shift in the way in which health and social care is quality monitored, inspected, and how the patient experiences can inform the planning, delivery and regulation of services.

THE OVERALL DEVELOPMENT AND ACCOUNTABILITY OF HIW, INCLUDING WHETHER THE ORGANISATION IS FIT FOR PURPOSE.

We welcome the approach adopted by the new Chief Executive of HIW to establish a Strategic Advisory Board. It is essential that the activities of HIW are scrutinised effectively.

CONSIDERATION OF THE ROLE OF HIW IN STRENGTHENING THE VOICE OF PATIENTS AND THE PUBLIC IN THE WAY HEALTH SERVICES ARE REVIEWED.

Although we recognise that work is underway to establish more effective patient and public engagement by HIW, and that HIW monitor the delivery of NHS patient engagement plans, CHCs are concerned that opportunities are lost by not working in collaboration with other organisations to strengthen the patient voice in the planning and delivery of services, and in ensuring that the patient experience is captured on a systematic and consistent basis.

SAFEGUARDING ARRANGEMENTS, SPECIFICALLY THE HANDLING OF WHISTLEBLOWING AND COMPLAINTS INFORMATION.

Although HIW does not have a role to investigate individual complaints, there is significant information gathered by CHCs on patient concerns, which is not effectively utilised. There are also opportunities for more formal referrals systems to the services CHCs provide. Patients and families who have experienced trauma, or are grieving, require more than a signposting service from HIW. People require a more sensitive approach through direct referral to a service that can provide the support they need to express their concerns and resolve their issues. CHCs would welcome the opportunity to explore this approach with HIW.

CONTACT DETAILS

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Patients Association Submission to the Wales Health and Social Care Committee investigation into the Health Inspectorate Wales.

20th September 2013

About the Patients Association

The Patients Association is a national health and social care charity which for over 50 years has advocated for better access to accurate and independent information for patients and the public; equal access to high quality health care for patients; and the right for patients to be involved in all aspects of decision making regarding their health care.

Our Helpline handles thousands of calls each year from Patients in England and Wales, and dispenses advice on any non-legal or non-clinical issues relating to health or social care.

The basis of this submission

The information in this submission is based on the information we have heard via our Helpline, our experiences of the Health Inspectorate Wales and our more comprehensive contact with the regulatory system in England.

As part of this submission we have also examined the work of the HIW and have examined in detail its website. We have sought to structure the submission by responding in turn to the terms of reference contained in the inquiry:

The effectiveness of HIW in undertaking its main functions and statutory responsibilities

It is extremely difficult to assess the effectiveness of the HIW and we do not attempt to make any judgement in this submission on its historical performance in detecting and tackling poor care amongst healthcare providers in Wales.

From the calls that the Patients Association receives to its Helpline from patients in Wales it is clear that patients do have concerns about the care being delivered there. Whilst we have considerably less callers from Wales than we do England there are clear trends to the calls that we do receive, notably

- Concerns about waiting times

The Patients Association PO Box 935 Harrow Middlesex HA1 3YJ Helpline tel: 0845 608 4455 / 020 8423 8999
Office tel: 020 8423 9111 fax: 020 8423 9119 e mail: mailbox@patients-association.com web: www.patients-association.com

Vice Presidents – Dr Phil Hammond Dr Evan Harris Prof Ian Hutchison Sir Donald Irvine
Baroness Kennedy of the Shaws Baroness Masham of Ilton Angela Rippon Lynn Faulds Wood Dr Andrew Pearson

Supporters – Lord Clement-Jones Dr Thomas Stuttaford Dr Brian Iddon

- Difficulties in accessing services
- A desire by patients to have more information about their healthcare
- A concern that sufficient mechanisms are not in place to tackle poor care where it occurs.

We would suggest that at present the HIW is not providing patients with useful information about the regulatory actions that have been taken against healthcare providers in their local area. At present the HIW website simply provides a list of the most recent regulatory decisions that have been taken.

We would strongly urge the HIW to redesign its website to make it possible for patients to easily discover the regulatory history of all healthcare providers.

The low numbers of patients that have contacted our Helpline that had previously sought contact with the HIW have suggested that they found it unresponsive to their concerns, with one typical comment being “They told me a lot about what they would do, but I don’t know what they did”.

We would suggest that HIW needs to be more transparent and open about the enforcement actions that have been taken and the powers that it has, in order to improve its standing amongst patients.

The investigative and inspection functions of the HIW, specifically its responsibility for making sure patients have access to safe and effective services, and its responses to incidences of serious concern and systematic failures

The Patients Association is not best placed to comment on the day to day performance of HIW. However it would be our observation that patients in Wales **in general** would not be able to comment on its performance, because it is difficult to determine any real link between what patients may tell the HIW and any regulatory action.

The overall development and accountability of HIW, including whether the organisation is fit for purpose

We believe that a key deficiency of the HIW at present is its lack of accountability to the general public, because it does not at present provide the public with sufficient information for it to make judgments about the effectiveness of HIW.

In seeking to respond to this question we have tried to investigate the regulatory actions taken by HIW in recent years but this has proven to be impossible as the information simply does not appear to be available in a form which enables conclusions on effectiveness to be reached.

The effectiveness of working relationship, focusing on collaboration and information sharing between HIW, key stakeholders and other review bodies

The Patients Association has a strong working relationship with the Care Quality Commission and makes the CQC aware of all cases heard by its Helpline which fall within the organisations remit. A number of regulatory actions have been prompted by this information and patients have been made safer as a result.

The Patients Association PO Box 935 Harrow Middlesex HA1 3YJ Helpline tel: 0845 608 4455 / 020 8423 8999
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We do not have a similar relationship with the HIW although we have met with representatives of the HIW in the past.

In conjunction with our other comments in this submission we would urge HIW to seek to implement a strategy of greater engagement with patient groups as a matter of urgency, to develop relationships built on mutual information sharing in the best interests of patients and the public.

Consideration of the role of HIW in strengthening the voice of patients and the public in the way health services are reviewed

The Patients Association believes that regulators have a vital role in both protecting patients and providing an effective conduit for patient concerns.

However if it is to achieve this it is our opinion that HIW needs to improve its ability to understand what those concerns are. The lines of feedback between the public and the organisation are not immediately clear, and there is no easy way for patients to feed concerns into HIW.

Regulation only works effectively when it is driven by service users. The CARE quality commission website contains a clear route for patients to raise a concern about their care provider. There does not appear to be a clear link on the HIW website, and most of its content appears to be directed at service providers rather than users. The Patients Association and the Care Quality Commission produced a leaflet which is distributed in hospitals, care homes, GP surgeries and to members of the public through our Ambassador programme encouraging patients to 'tell us about their care' positive and negative experiences.

It is our observation that there needs to be a fundamental focus shift at the HIW, with establishing the concerns of patients becoming its primary focus.

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Evidence from the Welsh Independent Healthcare Association – HIW 28



Response to the National Assembly for Wales' Health and Social Care Committee Inquiry into the work of Health Inspectorate Wales (HIW)

1. Introduction

- 1.1. The Welsh Independent Healthcare Association (WIHA) is a representative association of the vast majority independent acute and mental health hospitals in Wales. WIHA represents the interests of a number of healthcare organisations in order to make a positive contribution to public policy regarding healthcare in Wales.
- 1.2. This submission is made on the basis that:
 - All **WIHA members are registered and inspected by HIW** and have extensive and in-depth experience of it.
 - **HIW recognises WIHA as the representative organisation for independent healthcare in Wales** and meetings are held between HIW officials and WIHA members every six months.
- 1.3. Furthermore, WIHA considers it critical that the registration and inspection programme for its members is robust, credible and can withstand scrutiny, particularly in light of the recent scandals. This is key to ensuring that the public maintains confidence in our sector and the regulatory framework under which WIHA members operate. Beyond that, the inspection process sits at the heart of the continual improvement WIHA members try to achieve as service providers.
- 1.4. WIHA welcomes the opportunity to comment on this inquiry and looks forward to presenting oral evidence to the Committee. For a full list of WIHA members, please see: [WIHA membership list](#)
- 1.5. For information, the WIHA 2012/13 Credentials document¹ profiles the independent healthcare sector across Wales. The following statistics demonstrate the size of the sector:
 - The sector managed 147,686 bed days in 2012-13.

¹ A PDF version of WIHA 2012/13 Credentials is attached with this submission.

- Of these bed days nearly 121,000 were in the mental health sector.
- Acute hospitals treated more than 16,000 inpatient/day-case episodes.
- The independent healthcare sector in Wales employs more than 2,100 people.

2. The effectiveness of HIW in undertaking its main functions and statutory responsibilities.

- 2.1. WIHA (through the Independent Healthcare Advisory Services) has experience of the healthcare regulatory systems in Scotland, England and Northern Ireland and notes the drive to support continual improvement in the quality of healthcare across all system regulators. Through this comparison WIHA considers that HIW is undertaking its main functions and statutory responsibilities but are pleased to note that HIW recognises the need to continually improve.
- 2.2. Indeed, **the policy framework to enable HIW to effectively undertake its main functions does exist. The challenge HIW faces is working this out in practice.** For example, HIW states its role as being ‘to independently assure the quality and safety of healthcare in Wales’. In this regard, WIHA would welcome the opportunity to discuss the wider integration of the ‘Improving Quality Together Framework’ in Wales with the Committee.
- 2.3. **HIW could improve in respect of its stated values of efficiency and effectiveness**, for example with respect to **accessibility of information on the HIW website**. Reports are found under ‘Publications’, an area which would usually include key publications such as standards. However the standards are within a document section which is not easy to navigate. The section on Independent Healthcare Standards points the user to an area on ‘Technical Guides’. These guides relate to the previous standards and the information is out of date, as is other information on the website. In general, the HIW website is not intuitive for users to navigate. This is also a **missed opportunity in terms of enabling members of the public to access timely and accurate information about healthcare providers**.
- 2.4. The **timescales for the production of inspection reports are unacceptably long**. WIHA members report waiting for between one and two years for reports in some cases.
- 2.5. HIW responses to questions from WIHA members about registration changes are also a long time coming and can have an adverse business impact on providers.

3. The investigative and inspection functions of HIW, specifically its responsibility for making sure patients have access to safe and effective services, and its responsiveness to incidences of serious concern and systematic failures.

- 3.1. WIHA members report that **annual inspections do not occur routinely**. This does not meet HIW’s plan as set out in its [Three Year Work Programme 2012-2015](#) which states that HIW would “undertake annual validation and testing of how healthcare organisations comply withthe standards.....”. HIW does not provide timely information to providers and that which is provided is not relevant to the planned work programme.
- 3.2. WIHA has been calling for **greater transparency and governance in the performance standards of HIW’s registration and inspection procedures** for a number of years. This was a key part of the consultation on the introduction of Registration Fees in April 2011. At subsequent HIW/WIHA

meetings, HIW agreed to establish some operational standards that would be put out for consultation and that it could work towards. Unfortunately this has not materialised. The following are some **proposed operational standards** that HIW could consider as a starting point:

- Registration approach and timescales for visits, reports, notifications, announcements.
- Publish methodology and milestones, e.g. on inspection regimes and required timescales for annual announced and unannounced visits.
- Reporting and feedback deadlines, e.g. draft report within 28 days.
- Communication deadlines and notice periods.
- Transparency of approach to inspections, i.e. inspection template, self-assessment etc.

3.3. **Recruitment and under-staffing issues** at HIW has a real impact on independent healthcare providers, primarily in terms of the untimely production of reports and skill-mix of inspectors.

3.4. HIW have found it difficult to keep the routine registration and inspection work going in view of the recruiting process taking precedence.

3.5. Given its under resourcing issues, HIW has resorted to using of lay inspectors. While WIHA recognises the value lay inspectors can bring (as Experts by Experience), they should not replace a clinical inspector with knowledge and experience of the services they are inspecting.

3.6. WIHA also recognises that HIW faces an on-going challenge in terms of the diversity in the organisations that fall within the scope of its statutory responsibilities. However it is not acceptable for an independent healthcare provider to be inspected by someone with limited knowledge of the service. This is particularly so when vulnerable service users are affected, for example in mental health and learning disability services.

3.7. **The key issue for HIW is to improve the quality monitoring of its registration and inspection process, in terms of timeliness, consistency and transparency.** Peer inspectors, seconded from the NHS or independent healthcare sector, could contribute to this process however other methods are needed as this could lead to an increase in regulatory fees.

4. The overall development and accountability of HIW, including whether the organisation is fit for purpose.

4.1. WIHA understands that **HIW is undergoing a fundamental review following the Francis Report** and will be consulting on its three year plan this Autumn. WIHA has had sight of the proposed changes to the way HIW operates and would support the following:

- Becoming more intelligence driven.
- More collaborative – not attempting to do everything and instead drawing on other sources.
- Being more balanced and proportionate - Balanced through coverage and proportionate through validated self-assessment. Peer review and the minimum frequency of visits in relation to risk. Organisational governance responding to issues and concerns with the use of Action Plans.
- Responding appropriately to the NHS and independent sector.

- 4.2. WIHA seeks clarity on the proposed change to the way HIW operates, namely: *Seeking maximum value across all providers.*

System regulators are generally required to work towards full cost recovery of regulatory costs. WIHA is unclear if this is the intention of the above statement. Either way HIW must ensure transparency across the fees scheme, and that the methodologies which HIW incurs in meeting its statutory responsibilities, are reasonable costs. HIW also need to demonstrate that all sectors subject to the HIW regulation are charged fairly and equitably with no cross subsidisation.

- 4.3. Finally, despite WIHA's support for HIW's proposed changes to the way it operates, the present state of affairs is that HIW is inadequately resourced and the staffing shortfall continues to have a negative impact on HIW's fitness for purpose.

5. The effectiveness of working relationships, focusing on collaboration and information sharing between HIW, key stakeholders and other review bodies.

- 5.1. WIHA appreciates the opportunity it has to meet with HIW on a six monthly basis. Meetings are open and constructive and HIW staff are generally responsive to WIHA suggestions.
- 5.2. A recent initiative of HIW conferences has proved a very good information sharing opportunity for mental health and learning disability facilities.
- 5.3. The Complaints Operating Protocol between HIW and ISCAS (the Independent Sector Complaints Adjudication Service)² is to be commended and demonstrates a positive working relationship with the independent sector.
- 5.4. Areas for development:
 - There appears to be a blurring of roles between HIW and SSCT (Secure Services Contracts Team) and conflicts of opinions occur between these two organisations which has a negative impact on providers. WIHA suggests that a three way discussion between WIHA, HIW and the SSCT might work towards resolving this.
 - The HIW website could be improved in terms of information sharing with key stakeholders.

6. Consideration of the role of HIW in strengthening the voice of patients and the public in the way health services are reviewed.

- 6.1. HIW is in a unique position to achieve this. However, WIHA would suggest that HIW employs its website to greater effect for the benefit of patients and the public. For example, the Care Quality Commission (CQC) website has an excellent 'For the Public' section. This includes a 'Tell us your experience' function where patients are able to provide feedback on both poor and good

² ISCAS has been established for over 12 years and continues to be the recognised complaints management framework in the independent healthcare sector across the UK. An ISCAS Code of Practice sets out the standards that ISCAS members agree to meet when handling complaints about their services.

care. The CQC website also has interactive information on ‘Involving people’ and ‘Working with local groups’.

7. Safeguarding arrangements, specifically the handling of whistleblowing and complaints information.

7.1. A WIHA member has raised specific issues in relation to improvements that could be made to the scope of notifications in relation to safeguarding patients however; this is a matter that would require an amendment to regulations. Therefore the majority view of WIHA members is that these would appear to be adequate.

8. Further WIHA member concerns about Healthcare Inspectorate Wales

8.1. In addition to the terms of reference questions above, WIHA canvassed its members on any other concerns about HIW:

Concerns about HIW	Recommendations to address these concerns
Anecdotally WIHA is aware of alleged inconsistencies in HIW’s approach to staffing levels in the NHS and independent sector.	Examine the evidence to determine whether inconsistencies do indeed exist.
When providers call HIW for advice the information they receive is not always consistent.	HIW to develop standard operating protocols for independent healthcare providers. This could include the use of FAQs and sharing messages between HIW and providers on the HIW website.
HIW give providers short time frames to provide information, which is not reciprocated.	HIW to develop standard operating protocols (as suggested above) and apply them to all healthcare providers.

9. HIW’s strengths/aspects of the organisation that work well

9.1. WIHA has referred to some of HIW’s strengths above. In addition, WIHA would like to note that historically, HIW have developed their regulatory instruments for the independent healthcare sector in a fair and proportionate manner. The last review of Welsh independent healthcare standards maintained healthcare specific standards when in England general ones were developed – this was a mistake made by England. The standard HIW ones are proportionate and have a relevant context for the sector.

10. Concluding remarks

10.1. If you have any queries about the content of this response, please do not hesitate to follow up with Sally Taber directly. As mentioned above, WIHA looks forward to presenting oral evidence to the Committee.

10.2. WIHA hopes that this response contributes to a positive way forward, as members have a genuine desire to support HIW in as open and constructive a way possible.

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Investment in the latest equipment is essential for the care of our patients

The Mental Health sector provided **120,800** patient bed days in 2012-2013

The acute sector provided over **16,000** in-patient/day case episodes in 2012-2013



WIHA members ensure their staff receive high quality training and development to ensure continuing high levels of care

Introduction

The past year has seen a number of changes in the independent sector, both in terms of acute provision and mental health regulation. Nevertheless, and despite the challenging economic climate, many thousands of patients have used the services and treatments provided by independent hospitals in Wales.

Yet the understanding of the sector's scale and contribution remains somewhat variable across our communities. We employ more than 2,100 people and treat tens of thousands of patients every year, either as inpatients or on an outpatient basis. Furthermore, we are working more and more closely in an advisory and collaborative way with both the Welsh Government and Local Health Boards. Our collective activity therefore does make a real and meaningful contribution to both healthcare provision and the economy in Wales.

The Welsh Independent Healthcare Association (WIHA) was formed several years ago and aims to provide a single co-ordinated voice to facilitate consultation and share practice across the sector, helping to streamline communication and avoid repetition and engagement with a multiplicity of individual organisations.

We have compiled this booklet to provide some key facts and figures about the independent healthcare sector in Wales. A detailed summary is available of the result of the audit.

I hope you find this booklet helpful and please do contact me if you would like more information about the WIHA, its members, or the work of the independent health sector in Wales.

Thank you.

Nicola Amery,
Chairman WIHA

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Email: nicola.amery@spirehealthcare.com

About the Independent Health Sector

The WIHA is made up of:

- 6 acute independent hospitals
- 6 mental health organisations (comprising 23 units)

All of these hospitals collaborate with a wide range of stakeholders, including patients, consultants and their professional associations, regulatory bodies, intermediaries, Local Health Boards, GPs and community health services.

The six acute independent hospitals which took part in this audit:

- Treated more than 16,000 inpatient/day cases in the period 2012-13.
- Managed more than 26,500 bed days in the same period.

The six mental health organisations (comprising 23 units):

- Managed nearly 120,800 bed days, again in the same period
- All of the NHS funded bed days.

All WIHA members have a commitment to quality assurance as a key part of the delivery of safe and effective services to patients, and they have systems in place to identify the central cause of any issues raised which help to ensure that problems do not recur.

In addition, the sector makes a sizeable contribution to both Welsh employment and the Welsh economy by providing employment for a large number of people, while the vast majority of the goods and services are bought locally.

These include areas such as foodstuffs, supplies, engineering support, grounds maintenance, building and construction.



Our patients rate the level of care they receive extremely highly



Total staff in sector

2,158

Acute inpatients discharges

6,084

Acute outpatient attendance

154,396



Ensuring the Quality of Clinical Care

Patients in the independent sector receive high standards of clinical care, and are treated in high-quality facilities by leading consultants using some of the latest technology.

WIHA members have stringent measures in place to combat Methicillin Resistant Staphylococcus Aureas (MRSA) and other hospital acquired infections.

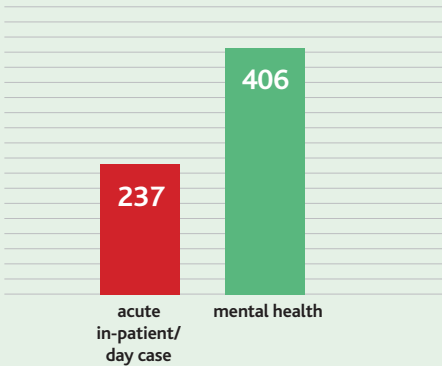
As a result, no incidences of hospital acquired MRSA Bacteraemia or Clostridium Difficile were recorded in the WIHA acute hospitals completing the questionnaire in 2012/2013, and they managed a total of 26,905 bed days.

97%
of patients
would recommend
the hospital
to others

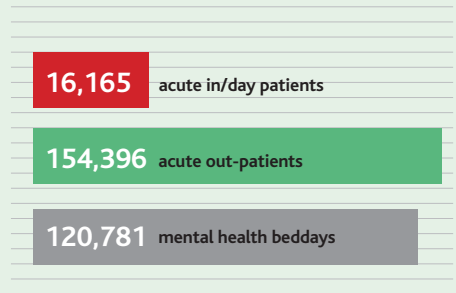


Summary of results of the audit

number of beds



number of patients treated



levels of patient satisfaction and complaints

All the independent sector organisations in the audit have high rates of patient satisfaction. The average results in 2012/13 for the WIHA group were:

- **97%** of patients surveyed would recommend the hospital to others
- **99%** of patients rated the service as either excellent, very good, or good.
- **99%** of patients rated the cleanliness of the facility as excellent, very good or good.



Quality assurance

The independent health sector receives very few complaints.

- In the mental health hospitals complaints represented just 0.1 per cent of patient days.
- The number of complaints made in the acute hospitals represented less than 0.1 per cent of all attendances.

99% rated the cleanliness of the hospital as excellent, very good or good

Complaints across the sector represented less than **0.1%** of all patient activity

Gofalu am Gleifion dros Gymru

Caring for patients across Wales

Organisations who are members of WIHA and supplied data for this document:

Acute Surgical:

- BMI Werndale Hospital, Carmarthen
- Spire Yale Hospital, Wrexham
- Sancta Maria, Swansea
- Spire Cardiff Hospital, Cardiff
- St Josephs, Newport
- Vale Healthcare, Hensol

Mental Health:

- Partnership in Care, Llanarth Court Hospital, Raglan
- Ludlow Street Healthcare
- The Priory Group
- The Cambian Group
- Lighthouse Healthcare, Phoenix House
- Rushcliffe Independent Hospitals

Organisations not participating are Mental Health UK and Pastoral Healthcare

Produced by Welsh Independent Healthcare Association with grateful thanks to Lene Gurney, Independent Healthcare Advisory Services (IHAS) a division of the Association of Independent Healthcare Organisations (AIHO) (lenegurney@independenthealthcare.org.uk).

Further information about the WIHA can be found at www.independenthealthcare.org.uk/wiha

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Health and Social Care Committee
Date: 17 October 2013
Venue: Committee Room1 – Senedd
Title: Scrutiny of Draft Budget

Purpose

The Committee's Chair wrote to both the Minister for Health and Social Services and the Deputy Minister for Social Services on 8 August inviting them to give evidence on their Draft Budget proposals and asking them to provide a paper in relation to the Draft Budget.

Introduction

The Draft Budget was published on the 8 October 2013. This paper provides information for the Health & Social Care Committee on the Health and Social Services Main Expenditure Group (MEG) future budget proposals for 2014-15 and indicative plans for 2015-16.

Budget Overview

	2014-15	2015-16
Revenue	£m	£m
DEL Baseline as @ Final Budget 2012	5955.7	5955.7
MEG Allocation	180.0	240.0
MEG to MEG Transfers	(38.5)	(43.5)
Transfer to Other Government Department	(0.6)	(0.6)
Baseline Adjustments		17.0
Revised DEL as @ Draft Budget 2013	6096.6	6168.6
Capital		
DEL Baseline as @ Final Budget 2012	239.5	219.5
MEG Allocation	42.5	15.0
Revised DEL	282.0	234.5
Overall Total HSSC MEG	6378.6	6403.1

The table does not include Annually Managed Expenditure (AME), which is outside the Welsh Government's Departmental Expenditure Limit (DEL).

Changes over Current Financial year

The proposed changes for 2014-15 when compared to the current financial year and the indicative plans as published at Final Budget November 2012 are as follows:

	2013-14 as @ June Supplementary Budget 2013	Indicative Plans 2014-15	Proposed Budget 2014-15	Change from Supplementary Budget	Changes from Indicative Budget
Revenue	5940.5	5955.7	6096.6	156.1	140.9
Capital	241.7	239.5	282.0	40.3	42.5
Total	6182.2	6195.2	6378.6	196.4	183.4

Changes from the 2013-14 budget as published in the June 2013 Supplementary budget are summarised below:

Revenue:

- **£180.0 million** additional investment in line with Welsh Government's priority to support the NHS in Wales
- **£(32.9) million** transfer to the Local Government MEG in respect of funding for Learning Disabilities grant into the RSG settlement.
- **£(3.2) million** transfer to the Local Government MEG in respect of funding for First Steps Package into the RSG settlement
- **£(2.4) million** transfer to the Central Services Administration MEG in respect of repayment of Invest to save Schemes
- **£27.3 million** within the 2014-15 baseline as agreed at Final Budget November 2012 in respect primarily of funding to transfer to the RSG settlement
- **£(0.6) million** to Department of Health in respect of our contribution to the National Institute for Biological Standards and Controls
- **£(12.2) million** in respect of a baseline adjustment

Capital:

- **£42.5 million** additional capital, comprising £19.5m for the Health Technology Fund and £23m to support priorities in the Wales Infrastructure Investment Plan.
- **£(2.1) million** non recurrent funding in respect of Glanrhyd Low Secure Mental Health Unit and Cylch Caron

Changes over 2012 Final Budget Plans

Changes from the indicative plans for 2014-15 published at Final Budget November 2012 are as follows:

Revenue:

- **£180.0 million** additional investment in line with Welsh Government's priority to support the NHS in Wales.
- **£(32.9) million** transfer to the Local Government MEG in respect of funding for Learning Disabilities grant into the RSG settlement.
- **£(3.2) million** transfer to the Local Government MEG in respect of funding for First Steps Package into the RSG settlement
- **£(2.4) million** transfer to the Central Services Administration MEG in respect of repayment of Invest to save Schemes
- **£(0.6) million** to Department of Health in respect of our contribution to the National Institute for Biological Standards and Controls

Capital:

- **£ 42.5 million** settlement comprising £19.5m for the Health Technology Fund and £23m to support priorities in the Wales Infrastructure Investment Plan.

Details of all transfers are shown in Annex A to this paper with a breakdown to BEL level at Annex B.

Approach to Budget Proposals

The Welsh Government's aims and priorities for health and social services are set out in Together for Health, Sustainable Social Services and the Programme for Government. The decisions taken by Government around budgets are made in support of the aspirations set out in those documents.

NHS

The NHS is wider than just the management of ill health. It provides the foundation for other interventions aimed at improving health outcomes for the people of Wales. Our commitments for the NHS are centred around ensuring the quality and safety of services is sustained, maintaining access to services and patient experiences and preventing poor health and reducing health inequalities for all. We have seen some tangible improvements in the efficiency and effectiveness of the NHS, despite the challenging financial climate. However, rising levels of demand and pressures are increasing the scale of the challenge the NHS is facing.

When we published our response to the Francis Report in July, we set out our intention to undertake a review into the NHS budget. It has provided an opportunity to examine the health service with a critical eye and ensure it is in the best shape to deliver the safe, compassionate care patients deserve.

The focus of the review has been to ensure it reflects the lessons to be learned from the Francis Review Report, that it acknowledges the additional burdens that face the health service and to ensure that there is a proper match between the quality of care and patient safety issues and the budgets that support them. The outcome of this work has informed our budget proposals and that is why we are providing additional funding of £180m in 2014-15 and £240m in 2015-16, to support the NHS in Wales.

While the increase in funding will help the NHS respond to the challenges being faced by health services across the UK and wider it will not by any means relieve all pressures that the NHS faces. That is why we are continuing to drive change in the NHS, to explore all opportunities to identify efficiency savings and to manage our costs in order to deliver safe and sustainable services against the backdrop of repeated reduction in the Welsh Government's budget.

Delivery of Sustainable Social Services

For social services, we continue to focus our work on delivering the commitments laid out in Sustainable Social Services and the Programme for Government. Whilst this budget does not directly fund social care across Wales, it does support the policy transformation required. This includes a major Welsh Government Bill (the Social services and Well-being (Wales) Bill) and the publication of a White Paper on Regulation and Inspection. A key element of both the Bill and the White Paper will be the associated transitional costs for providers and the workforce.

We know that transformation must be a priority for social services and this includes developing much greater focus on integration of health and social services in critical areas. Without such a transformation, services will not be sustainable over coming years. We expect to see much more change and innovation in the way social services and their partners co-produce new solutions with citizens and communities, in order to protect and sustain in the community those most in need of support.

The Social Services element of the MEG provides funding for a number of key areas. The budget provides significant support to the voluntary sector in Wales. Through the Family Fund Trust, Children and Families Organisation Grant, Section 64 scheme, we contribute £7.3 million directly to the third sector. These grants support both projects and capacity within the sector, enabling it to meet the expectations of Sustainable Social Services. In addition funding is utilized to support the regulation and training of the social care workforce (Care Council for Wales £10m and Social Care Workforce Development Grant £8.2m), to help deliver new safeguarding arrangements and to support improvement within the sector.

NHS Capital Programme

We are allocating additional capital of £58m, £43m in 2014-15 and £15m in 2015-16, to support a number of health projects. This is made up of £38m, in line with the priorities set out in Wales Infrastructure Investment Plan and £20m in 2014-15 in respect of the Health Technologies Fund.

In respect of 2014-15, £23 million is associated with the following investment schemes:

- **£3 million - Abertawe Bro Morgannwg University Health Board– Health Vision Swansea.** This phase of the redevelopment aims to replace the obsolete buildings on the Morryston Hospital site which provide clinical services and which are beyond their useful life, enabling greater efficiency in service provision.
- **£5 million - Betsi Cadwaladr University Health Board - Redevelopment at Ysbyty Glan Clwyd.** The continued redevelopment and refurbishment of Ysbyty Glan Clwyd will enable the Health Board to redesign and relocate a number of departments and services, allowing the hospital to improve the quality of care.
- **£10 million - Cardiff & Vale University Health Board - Adult Mental Health Unit at Llandough.** This development will support the earlier delivery of improved facilities and services for people with mental illness in South Wales. The scheme will improve the quality, safety and effectiveness of in-patient care through a purpose designed facility at Llandough hospital.
- **£5 million - Cardiff & Vale University Health Board.** This is the final phase of a scheme to provide a centre of excellence for children’s hospital services which will provide local services to meet the needs of the population across South Wales and beyond.

Areas of Interest as detailed in the Letter from the Committee Chair.

Programme for Government Commitments

21st Century Healthcare

Improving access to GP services for working people is one of the *Five for a Fairer Future* commitments and will be delivered within an on-going investment of **£450m** in General Medical Services. A staged approach has been developed to ensure successful delivery of this commitment.

The first phase, delivered during 2012-13, focussed on ensuring adequate capacity and appropriate distribution of appointments within contracted hours between 8.00am and 6.30pm to meet the needs of working people. There are no additional cost implications associated with the first phase.

The second phase, for delivery during 2013-14, relates to extending the availability of planned appointments outside contracted hours and focuses primarily on additional later evening appointments after 6.30pm or early morning appointments as required to meet the reasonable needs of patients. The current estimated costs for increasing the number of practices offering the extended opening Directed Enhanced Service on one or two evenings a week to 30% of practices in 2013-14 and 50% of practices in 2015-16 is approximately £1.8m and £3.1m respectively. The intention is to deliver this second phase within existing budgets by reviewing the current Health Boards spend on existing enhanced services and realigning this with key priorities such as GP access.

Further work has been commissioned to develop an innovative model for access to GP services at the weekend, with access to planned appointments on the weekend expected to commence during 2014-15.

The **Common Ailments Scheme** will see investment of **£0.5m** in 2014-15. The scheme aims to improve access to treatment by encouraging patients to use their local pharmacy for advice and treatment on a range of common complaints rather than going to their GP. This will speed up access and by releasing GP time, improve access for patients suffering with more complex conditions. The initiative has been launched in parts of Rhondda Cynon Taf and North West Wales in October 2013. A robust evaluation will inform decisions on a national Common Ailments Service. Available research suggests that families with young children are high users of common ailments services. We aim to explore the extent to which it supports families and measure the impact of that support through the evaluation.

The 50+ health checks programme – The overall aim of this programme is to make a positive contribution to improving health and wellbeing for people aged over 50, by providing high quality information and advice, promoting and enabling behaviour change where appropriate and facilitating access to relevant services and sources of support. Provision of **£0.6m** for 2014-15 has been made available to support activity across all the programme components as we move into full national implementation. Dedicated staff resource is also funded in Public Health Wales to lead on the development and coordination of the programme and its four components.

The programme comprises a holistic online self assessment, which individuals will complete to get personally tailored feedback on a range of specific lifestyle and wellbeing issues. Supported by telephone and community based health professionals to maximise participation, this approach will be field tested and evaluated from the outset, with the findings used to inform the on-going development of the programme, and to seek potential opportunities to integrate with other relevant ICT programmes.

Public Health Wales is leading on the development of the overall programme, which has included securing appropriate input from professionals, stakeholders and potential service users in the design and development phase. Phased implementation is scheduled to begin in late 2013, beginning with initial field testing in ten Communities First cluster areas. Promotion and targeted community support will then be gradually phased in, prior to full national implementation in 2014.

Design to Smile

Our 'Designed to Smile' programme will see a continued investment of **£3.7m** in 2014-15. This funding is within the recurrent ring fenced dental allocation in the Delivery of Core NHS Services Action. The programme is operating in deprived areas across the whole of Wales. The programme currently involves 1,211 nurseries and schools across Wales. In total, 78,350 children participate in the daily brushing programme (43.2% of all children from nursery to Year 2 in Wales). The 2011/12 dental survey of 5 year old children shows a 6% decrease in the proportion of children with experience of dental decay in Wales (47.6% in 2007/08 falling to 41.4%). Dental disease levels in children are improving in Wales across all social groups. There is no evidence of widening inequalities. This is in contrast with previous surveys when improved decay levels were associated with widening inequality.

Substance Misuse

We are continuing to invest **£50m** annually to support "*Working Together to Reduce Harm*", our 10 year Strategy for tackling the harm associated with the misuse of drugs, alcohol and other substance in Wales. The Strategy is supported by a three year Substance Misuse Delivery Plan (2013-15), published in February 2013. The Strategy and associated Delivery Plan will deliver on the related Programme for Government commitments, such as reducing the numbers of drug and alcohol related deaths in Wales, tackling the harm caused by drug and alcohol misuse and improving treatment outcomes for substance misuse. We will continue to monitor our progress against the outcomes we want to see achieved through our substance misuse investment through the governance arrangements we have established to drive delivery and the Programme for Government Annual report.

Palliative Care

We are continuing to provide total funding of **£6.6m** in 2014-15 for palliative care. £3.9m for Local Health Boards to provide for clinical sessions, community pharmacy, clinical nurse specialist posts, specialist paediatric posts, a post to support transition from Child to Adult services, clerical support and data entry posts. This funding also supports peer review, and two patient and family feedback mechanisms known as Dying Well Matters and iWantGreatCare. £2.5m for Hospices for the provision of specialist palliative care services, for example to ensure a 24/7 rota of specialist

palliative care advice is in place, to support specialist nursing, to fund consultant sessions and to provide data entry clerks to ensure robust information processes are in place. £0.2m is provided to Cruse to provide a children and young adults bereavement service.

NHS Direct 111 Service

Our commitment is to *Build on the success of NHS Direct, and offer a single number for accessing out-of-hours health care in Wales, linked in to the local out-of-hours services*. The intention is to achieve this through the introduction of the free to call 111 number that has been allocated by Ofcom for urgent (but non emergency) healthcare needs. Policy regarding this is currently being developed; this will include costs but these have not been determined at present.

Wet AMD

We are continuing to provide funding of **£10.8m** in 2014-15 for treatment of Wet AMD using the drug Lucentis. As new drugs become available with the potential for more effective treatment and at reduced cost, these will be evaluated by the National Institute for Clinical Excellence (NICE) and the All Wales Medicine Strategy Group (AWMSG).

Eye care

Funding of **£3.1m** is provided for eye care services in Wales. This funding is used to preserve sight through the early detection of eye disease and to provide help to those who have visual impairment for which further treatment is not appropriate

Social Services

In terms of Social Services the Programme for Government (PfG), building on Sustainable Social Services: A Framework for Action fully captures our policy priorities until 2016 and the budget and other resources have been fully re-orientated to deliver the commitments. Budget provision of **£46m** in 2014-15 and **£73m** in 2015-16 has been maintained and reflects the costs to deliver our contribution to the PfG commitments. It should be noted, however, that the successful delivery of many of these commitments is a shared objective across ministerial portfolios, including Tackling Poverty and Communities and Local Government.

The Social Services budget will rise by **£27m** in 2015-16 with the transfer in, from UK Government as part the Welfare reform programme, of the funding for the Independent Living Fund (ILF). This represents the cost of supporting the estimated 1,509 ILF recipients in Wales at 31 March 2015. We will shortly be launching a consultation to seek views on what arrangements the Welsh Government should put in place to support recipients of the Independent Living Fund (ILF) in Wales after it closes. Welsh Ministers intend to make a decision in the spring of 2014, so that new arrangements are in place from 1 April 2015.

For Social Services, the Programme budget as laid out is considered adequate to deliver the commitments of the PfG. However, the overwhelming majority of costs associated with the delivery of social services are through the Revenue Support Grant (RSG) to local authorities. The social service programme budget within the Department for Health and Social Services represents less than 4% of the total budget for the sector through the RSG.

In Social Services, the delivery of commitments is monitored through a strategic five-year approach, the Sustainable Social Services Programme. This cross-cutting framework incorporates all of our Programme for Government commitments and a monthly report is provided to the Deputy Minister and Minister regarding progress. Alongside this approach, an annual report on the outcomes associated with the PfG is produced for the Department.

Some of the Welsh Government's specific commitments in social services are delivered with dedicated funding through the MEG:

A budget of **£1m** is provided to support the delivery of the **Older Persons' Strategy** that was refreshed in 2013. **£1.1m** is set aside for the recently refreshed **Carers' Strategy**. From the Services for Children BEL **£5.6m** will provide specific budgetary support for PfG commitments in the areas of a **National Adoption Service, Safeguarding and Integrated Family Support Services**.

Equality Impact Assessments

In setting the budgets for 2014-15, consideration of equality impacts has been given to all of the protected groups in Wales throughout and has assisted in our decision making process. Through its internal business planning process the Department for Health & Social Services ensures that our priorities – as set out in the Programme for Government– can be delivered effectively and within budget.

You have asked about the link between spend and the outcomes associated with our PfG commitments this is reported upon annually through the Programme for Government Annual Report each Spring.

Provision for Legislation

We have carefully considered the cost implications of our legislative programme.

The Human Transplantation (Wales) Act received Royal Assent in September 2013. The overall cost of implementing the legislation will be approximately £7.5m over 10 years however this is more than offset by the savings made from transplanted patients not having their conditions managed medically. We have allocated **£1.9m** in 2014-15 and **£2.8m** in 2015-16 within the Delivery of Targeted NHS Services Action to support implementation of the Bill.

The Social Services and Well-being (Wales) Bill is currently undergoing scrutiny by the National Assembly for Wales. As set out in the Regulatory Impact Assessment, the system wide impact of the Bill is expected to be cost neutral over the long term and when taking into consideration anticipated benefits. However, some areas of one off transitional costs have been identified and these include training, dissemination of information and costs to the Welsh Government of implementing the changes. **£2.1m** has been provided to support the transformation costs associated with Sustainable Social Services, which will include support to enable local and regional delivery of the transition arrangements.

The National Health Service Finance (Wales) Bill was introduced into the National Assembly on 30 September 2013. The aim of this Bill is to provide increased flexibility to Local Health Boards to break even over a rolling three financial years. Additional costs associated directly with the introduction of the Bill are estimated to be £0.121m. This primarily relates to additional audit fees charged by the Wales Audit Office. A clear framework of financial controls and accountability are contained within the planning and escalation process which supports the Bill. This will see a requirement for more rigorous scrutiny of the Local Health Board plans by the Welsh Government in order to gain assurance as to their robustness and deliverability and thus approve any adjustments to finance resource limits.

Mental Health (Wales) Measure 2010

In line with the Mental Health (Wales) Measure 2010 (the Measure) Explanatory Memorandum / Regulatory Impact Assessment of 2010, **£5.5m** is being provided to support the provision of services under Part 1- Local Primary Mental Health Support Services and Independent Mental Health Advocacy under Part 4 of the Measure. This funding transferred into the core NHS revenue allocation in 2013-14 and is included in the Mental Health ring-fenced allocation.

The Duty to Review the Measure will report on the use of these services and **£0.1m** is being invested in the commissioning of independent research to support the review. **£0.3m** was also provided, as part of the planned implementation spend, to support the development and dissemination of the Care and Treatment planning learning resources by the University of Lincoln.

NHS Redress (Wales) Measure 2008

The National Health Service (Concerns, Complaints and Redress Arrangements) (Wales) came into force on 1 April 2011. Monies have been allocated since 2010 to provide for the financial implications associated with NHS redress arrangements made under these regulations.

For 2010-2011, £1.8m was allocated based upon the cost for implementing the arrangements, which included providing training for NHS staff, producing guidance and public communication documents. For 2011-2012 the budget increased to £2.2m. The assumption being with the introduction of the redress arrangements and increased awareness of the public cost associated with redress costs for the NHS would increase.

Future budgets have been allocated on the basis of costs incurred from previous years. £1.3m was allocated for both 2012-2013 and 2013-2014. For 2014 – 2015, **£1.3m** has been allocated, however this may be subject to review depending on the final costs for 2013 – 2014.

Food Hygiene Rating Wales Act 2013 – The Act will require food authorities to inspect and produce food hygiene ratings for food business establishments in their area, using criteria published by the Food Standards Agency (FSA). The operator of an establishment that has been rated will be provided with a sticker (or stickers) showing their food hygiene rating which they will be required to display at their establishment. This will enable consumers to make informed choices of where to eat

or buy food. Provision of **£0.1m** has been made available in 2014-15 to implement this Bill.

Public Health Bill

I have asked officials to explore potential for developing legislative proposals in a number of public health policy areas, and further information will be available at the appropriate stage. Consideration of the financial implications of individual proposals will form an important part of this developmental work. Any developmental work requiring expenditure during the 2014-15 financial year will need to be met from existing budgets and will take account of guidance relating to legitimate costs for developing policy and legislation.

Cosmetic Piercing Bill

Officials are exploring the legislative options for cosmetic piercing. There would be some minor financial implications for local authorities who will be required to enforce the new legislation. These costs would be minimal as local authorities will be able to enforce the new legislation as part of their existing programmed routine inspections of cosmetic piercers. There may be a small additional burden if they are required to investigate individual complaints of underage piercing. It is anticipated at this time, that these costs will be absorbed by local authorities within existing resources. There are also costs to the Welsh Government in developing the policy and engaging stakeholders and in drafting the legislation and taking it through the legislative processes. These costs will be covered from within existing funding.

Regulation and Inspection Bill

Funding of **£0.3m** has been identified for engagement surrounding the Regulation and Inspection Bill during 2013-14 within the budget allocated to support the delivery of the Sustainable Social Services change programme. There will be engagement activity undertaken during 2014-15 relating to the Bill costs which will be met from within existing budgets.

UK Government Legislation

DHSS Policy Officials monitor UK legislation and are engaged with Whitehall colleagues on the 6 UK Bills before Parliament, 3 UK Draft Bills, and 16 Private Member Bills that are considered to have possible policy implications for Health and Social Services in Wales – these include:

- the Care Bill,
- Children and Families Bill,
- Prisons (Drug Testing) Bill and
- Bills relating to driving under the influence of drink or drugs.

Until the final Bill provisions affecting Wales are known it is not possible to identify firm financial implications. The key aim of Policy Officials is to ensure that Wales and the Welsh Ministers are not adversely affected by any UK legislation and that opportunities for any legislation for Wales are taken.

Preventative Spend - Health

Within the Health and Social Services MEG, many budgets are aimed at prevention spending e.g. mental health/wellbeing and substance misuse. There are a number

of specific budgets which focus on preventing problems and easing future demand on services.

Public Health Campaign – Change4Life

Funding of **£0.3m** has been agreed for 2014-15 to take forward the Change4Life programme. Spend on Change4Life covers obesity and alcohol misuse and has over 76,000 people signed up to receive information.

Together for Health, the 5 year vision for the NHS in Wales set out a renewed focus on prevention. This built on Our Healthy Future, Wales' public health strategic framework, which recognised the need for health and social services to place greater emphasis on prevention and early intervention and, where appropriate, for individuals to take more responsibility for their own health and wellbeing and that of their families.

In line with this strategic approach, we have established a comprehensive set of interlocking initiatives aimed at promoting and protecting health through life and enabling people to make the most of their lives. These initiatives are subject to constant refinement and retuning as needs, opportunities and behaviour change. This is evidenced by the review of health improvement programmes conducted by Public Health Wales. In addition, we seek to supplement our initiatives with new approaches where evidence supports this.

Our initiatives also contribute to broader Welsh Government agendas, in particular tackling poverty (including action to reduce teenage pregnancy), promoting growth and jobs (including Healthy Working Wales) and giving children a good start in life (including immunisation programmes).

A significant proportion of the prevention spending funds the Sponsorship of Public Health Bodies. This provides the core funding allocation for Public Health Wales and some limited funding for specialist services provided by Public Health England.

Public Health Wales delivers a range of public health services that cover health improvement and protection, public health intelligence and research, and national population screening programmes for the people of Wales. As such, Public Health Wales has a key role to play in supporting the delivery of many of the actions in relation to improving public health and reducing inequalities in healthy life expectancy.

Screening programmes are important public health initiatives as they allow for the early detection and treatment of potential health problems, they are offered to all eligible populations in Wales. Approximately 45% of the core budget for Public Health Wales is spent on screening services (this equates to approximately **£34.5m** in 2013-14). Approximate costs are provided as PHW's core funding is not ring-fenced, allowing the organisation flexibility to allocate resources according to need. Key highlights:

- In December 2012, Breast Test Wales became the first breast screening service in the UK to become fully digital, providing an improved breast

screening experience and service to women in Wales.

- It was also very pleasing that in June 2013, parents of newborns were offered screening for Sickle Cell Disorders for the first time as part of the Newborn Bloodspot Screening programme.
- In May 2013, the Abdominal Aortic Aneurysm (AAA) screening programme was launched. The Wales Abdominal Aortic Aneurysm (AAA) Screening programme offers abdominal aortic aneurysm screening to 65 year old men living in Wales. It is the first screening programme in Wales specifically for men.
- Policy changes to the cervical screening programme were implemented in September 2013. From this date, women will be invited for screening from age 25 (rather than 20) and women aged 50+ invited for screening every 5 years (previously 3 years). These policy changes are a service improvement and based on the latest available evidence, which suggests screening women aged 20-24 may cause more harm than good, and that 5 yearly screening for women aged 50+ offers the same level of protection as screening on a 3 yearly basis.
- The newborn hearing screening programme continues to provide an excellent level of service. At the end of 2012-13 99.6% eligible babies entered the programme and 100% of those completed it. Uptake rates for the cervical and bowel cancer screening programmes have not been as good as they could be. Raising the cervical screening starting age to 25 years in autumn 2013 is expected to impact positively on uptake rates.

The national screening programmes form a part of Public Health Wales' quality and delivery framework which will be reported on at quarterly quality and delivery meetings and at the internal delivery board. The programmes are reported on at bi-annual Joint Executive Team meetings. In terms of value for money, screening programmes are a key topic in the Wales Audit Office's annual review of PHW. The most recent review specifically featured arrangements for securing efficiency, effectiveness and economy in the use of resources

Healthy Working Wales has funding of **£0.2m** - Helping people get and keep work is good for their health and there are a number of programmes aiming to help here. The Healthy Working Wales programme is under continued development and recent key actions include:

- the provision of advice and support to a range of employers across all sectors to improve health and well being at work;
- the integration and rationalisation of existing websites;
- the development of web based advice to support individuals who are in work with a health problem;
- providing training which is accredited and delivered by the RCGP, to support GPs with the fit note and the fitness for work consultation.

The next stage is to explore opportunities to use the Healthy Working Wales programme and existing related ESF projects, to develop a strategic bid for ESF in 2014. The vision is an integrated service, providing support to help retain people in work with a health problem; return people to work who are currently on sickness absence; and to support people who are out of work with a health problem, to return to work.

Inverse Care Law Programme - The Inverse Care Law Programme is supporting more rapid progress in two areas (one in Aneurin Bevan and the other in Cwm Taf), where socio-economic challenges are particularly marked. This work will test innovative models of primary and community services to ensure that more rapid progress is made to reduce inequity. The Boards are undertaking detailed local analyses at present with an initial focus on the management of cardiovascular disease.

Tobacco Control Action Plan/Tobacco Control Delivery Plan

Funding of **£1.0m** within the Promote Health Improvement & Healthy Working Action covers Welsh Government-funded media campaigns, grant funding to ASH Wales and the development of legislation. In addition, Public Health Wales and LHBs fund smoking prevention and cessation services.

We have recently introduced a Tier 1 target for LHBs on smoking cessation. They now have to demonstrate that 5% of their smoking population have made a quit attempt using a stop smoking service, and that 40% of them have successfully quit after 4 weeks.

There is money within Public Health Wales' core budget to run Stop Smoking Wales, the national smoking cessation service. PHW is also running pilot work on smoking in pregnancy in order to identify most effective practice in helping pregnant smokers to give up. Pharmacy services also offer a smoking cessation service.

The ASSIST programme is being rolled out to secondary schools in Wales. This is an evidence-based programme to discourage young people from taking up smoking, and again comes from the Public Health Wales core budget.

For these reasons, reducing smoking prevalence and exposure to second-hand smoke is a priority of *Our Healthy Future*, the public health strategic framework for Wales; and in *Fairer Health Outcomes for All* which sets out the Welsh Government's strategy for reducing health inequities. It also contributes to other strategies, e.g. the maternity services strategy and our new eye care plan.

The Tobacco Control Delivery Board meets quarterly. Its role is to drive forward, support and oversee the progress of the Tobacco Control Delivery Plan, which sets out the responsibilities and timescales for each action within the Tobacco Control Action Plan for Wales.

Smoking cessation attempts will be monitored half-yearly via the Tier 1 targets for Health Boards. Success in reducing adult smoking levels is measured via the Welsh Health Survey which reports annually. Smoking amongst 11-15 year-olds is measured 4-yearly via the Health Behaviour in School-aged Children study.

Individual items in the plan are evaluated separately as appropriate, e.g. the Fresh Start Wales smoking in cars campaign.

Together for Health Cancer Delivery Plan

There is no specific budget allocated to the Cancer Delivery Plan or for any service specific delivery plan. The Plans provide a focus for LHBs and Trusts to make decisions about the services they provide. Funding of **£0.4m** within the Delivery of Targeted NHS Services Action covers the administrative costs of the plans and a number of small specific projects. For example, £25k matched funding of the All Wales Cancer Patient Experience Survey

The Cancer Delivery Plan is not about new resources but about focussing activity on improving patient outcomes. The actions set out in the plan focus in particular on prevention and early diagnosis. For example activity to drive down smoking has already been provided in this document; the plan reinforces these messages

Published in June 2012 the Delivery Plan highlights what is expected from NHS cancer care by 2016. The document is deliberately short to provide focus on high impact areas. It sets out the outcomes we expect to see and a series of performance measures to monitor progress in delivering improved outcomes. The Delivery Plan sets out action to improve outcomes in 5 key areas: preventing cancer; detecting cancer quickly, delivering fast, effective treatment and care; meeting people's needs; and caring at the end of life. Outcomes in these areas are supported by actions to improve information and target research.

50 people are diagnosed with Cancer every day in Wales and around 17,000 on an annual basis. A higher proportion of people die from cancer in Wales as compared to the rest of the UK. The age standardised cancer mortality rate in Wales is 183 deaths per 100,000 population compared to 176 deaths per 100,000 population in the UK. In 2011-2012 cancer accounted for 6.6% of all NHS expenditure in Wales, £356.8 million. It is therefore appropriate that we set out a clear focus for LHBs and Trusts on the prevention of cancer.

An annual report was produced in December 2012 and a further report will be published this year. In this way we will monitor progress against the plan. The transparent publication of data and LHB and Trust plans will also allow those with an interest in cancer to assess progress and provide challenge.

Vaccination and immunisation programmes

Funding of **£7.6m** is provided for these programmes in 2014-15 and is contained **within** the Promote Healthy Improvement & Working Action for immunisation as well as funding provided through Local Health Boards annual allocations. In addition to the current programmes, the Joint Committee on Vaccination and Immunisation (JCVI) has recommended a series of changes to the national vaccination and immunisation programmes e.g.

- **Meningitis C:** From June 2013, changes have been made to the current schedule for administering the MenC vaccine. The second priming dose currently given at four months has been discontinued and replaced by a booster dose given in adolescence.

- **Rotavirus:** From July 2013, the introduction into the childhood immunisation schedule of a vaccine to protect babies against rotavirus.
- **Shingles:** From September 2013, the introduction of a routine shingles vaccination programme for people aged 70 years and a “catch up” programme for people aged 71 to 79 years. The “catch up” is being phased due to vaccine availability and will begin with people aged 79 years.
- **Childhood Flu:** In autumn 2013, the flu immunisation programme will be extended to include children at 2 and 3 years of age and children in school year 7 using a nasal spray vaccine. This is the first step of the phased introduction over a number of years of immunisation against flu for all children aged two to 16 years.

The final costs of the programmes will depend on the level of uptake. The Welsh Government is committed to funding the full implementation

KALYDECO

In May of this year I gave approval for the use of Kalydeco, an innovative, transformational oral treatment for cystic fibrosis. There are currently 13 patients eligible for treatment in Wales at a cost of £0.180m per patient per year.

Preventative Spend and Social Services

Within Social Services our policy approach is based on the well-being of people. The well-being definitions and the overarching duties are about promoting the well-being of people and that is fundamentally about preventing problems. If positive well-being outcomes are delivered this will remove or delay the need for services. The Social Services programme portfolio encompasses a range of activities that both meet identified need and are aimed at reducing future demand for services.

Many specific preventative initiatives carried out within the sector, such as reablement, are funded through the Revenue Support Grant to local authorities, or specific grants such as Invest to Save or Supporting People. The Department supports these developments through its leadership and programme approaches, but does not directly fund them.

The **Integrated Family Support Services (IFSS)** is a statutory scheme to help some of the most vulnerable children and families in Wales. Services focus on families where parents have particular and challenging problems that affect the welfare of their children. IFSS teams started work on 1st September 2010 and by 2014 will operate across Wales. We have made significant financial and other investment in building capacity and skills not just those of the IFSS teams themselves, but training professionals and others across their partnership in key techniques. These techniques help the professionals to better engage families and to embrace the ethos of working with the families strengths to empower them to effect changes in their lives. In 2013-14, when IFSS is fully rolled out, over **£4.5m** will be made available to local authorities (who must agree expenditure with their LHB partners). Funding profiles will be agreed through the regional statutory IFSS Boards, to support a minimum of 10 statutory IFS team across Wales. This funding

level is scheduled to be maintained for the 2014-15 and 2015-16 and is contained within the Children's Social Services Action.

The Social Services Directorate provides significant support to the voluntary sector in Wales. Through the Family Fund Trust, Children and Families Grant and Section 64 scheme, we contribute over £7.3 million directly to the third sector. These grants support both projects and capacity within the sector, often directly aiding the most vulnerable in society. For example:

- The Family Fund Trust, which receives annual funding of **£2.6m** contained within the Children's Social Services Action, provides grants and information in relation to children's care including holidays, transport, household equipment and driving lessons to families of severely disabled children up to the age of 18.
- The Children and Family Organisation Grant (**£1.4m** within the Children's Social Services Action) supports a variety of organisations and initiatives. Examples include money to Voices from Care providing support to Looked after Children and care leavers, and the Fostering Network who support and advise those who act as foster carers across Wales.
- The Section 64 grant scheme (**£3.3m**, within the Adult and Older People Action) supports a large number of third sector organisations helping vulnerable people in Wales including Disability Wales, Mencap Cymru and the Wales Mobility and Driving Assessment Service. An example of the community level support it provides is the funding for a part-time advocacy worker for hearing impaired, through the British Deaf Association.

Additionally through the implementation of the **Autistic Spectrum Disorder Strategic Action Plan**, (**£1.9 million** within the Adult and Older People Action) is provided to support children and adults with autism in Wales. This includes funding for small regional projects delivered at the community level and support for adults with Aspergers Syndrome.

Additionally, the Welsh Government is committed to maintaining its work to safeguard and protect the most vulnerable in society. Our safeguarding budget (£0.7m) which is contained within the Children's Social Services Action supports a variety of initiatives to strengthen arrangements across Wales, in areas such as neglect, child trafficking, child sexual exploitation and child death reviews. Within a flat budget for 2014-15 this work will continue to be extended as we seek to provide an equivalent framework for adult protection, including the implementation of adult practice reviews.

Funding arrangements for Local Health Boards

Within the BEL tables shown at Annex B the Delivery of Core NHS Services budget line shows a budget of £5.3bn for 2013-14. Notwithstanding a few minor adjustments this budget is the main revenue allocation budget issued to Health Boards at the beginning of the financial year. The allocation provides funding for:

- Hospital and Community Health Service (HCHS) and Prescribing revenue discretionary allocation.
- HCHS protected and ring-fenced services
- General Medical Services Contract allocation
- Community Pharmacy Contract allocation
- Dental Contract allocation

The allocation of the draft 2014-15 budget between the various funding streams shown above has not yet been finalised. However, in order to provide the Committee with an indication of how the budget will be distributed, the table below has been reproduced from the 2013-14 allocation.

	Discretionary & Prescribing Allocation	Ring Fenced Allocation	GMS Contract	Pharmacy Contract	Dental Contract	Total
	£m	£m	£m	£m	£m	£m
ABMU HB	614.5	156.7	70.4	28.5	25.4	895.5
AB HB	696.9	127.2	80.7	30.5	25.5	960.8
BCU HB	829.5	182.2	110.5	32.5	25.9	1180.1
C&VUHB	503.5	107.2	60.4	21.6	22.9	715.6
Cwm Taf HB	372.7	79.6	43.1	18.0	10.8	524.2
Hywel Dda HB	440.2	119.5	57.7	20.3	16.2	654.0
Powys HB	152.2	38.8	29.6	4.6	5.3	230.5
Total	3609.5	811.2	452.4	156.0	132.0	5161.0

Review of the Resource Allocation

We pursued the implementation of the 'Townsend' direct needs formula between 2003-04 and 2007-08. During this period we received increases in our budget each year. Funding adjustments were only made to the growth element of the budget that each Health Board received. No further progress has been made since the formation of the 7 integrated Local Health Boards in 2009. This is primarily as a consequence of there being no growth funding.

As part of the work to introduce a new Finance Regime for the NHS, as set out in our strategic document 'Together for Health', a review of the resource allocation is being carried out. The project - includes:

- Developing a resource allocation formula that can be applied both at Local Health Board level and to support further distribution of resources by Health Boards at locality level.
- Ensuring that the needs weighting reflects relevant factors such as demographics and inequalities.

This will be a substantial project that will take some time to fully develop and implement. Consequently the first stage of implementation is unlikely to be before the 2015-16 financial year

Service Reconfiguration

All Health Boards and Trusts are expected to produce and sign off balanced medium term (3 year plans), which demonstrate connectivity between key components of the plan; health needs assessment and prevention, quality and safety, performance, workforce, service change, and finance over a three year period.

In respect of capital, the schemes included in the reconfiguration plans have been reviewed and where agreed plans are in place. These are now being given priority in terms of funding support from the future health capital budget. For example,

within Betsi Cadwaladr UHB funding of **£5m** has recently been approved for major improvements to Tywyn Hospital in Gwynedd. In relation to the South Wales Programme, we are in regular dialogue with NHS organisations to identify and manage investment opportunities as they emerge.

In terms of revenue, as plans become finalised i.e. after the consultation process and the LHBs move onto the implementation phase, then the requirement is for the revenue impact to be captured in the 3 year integrated plans. All reconfiguration plans are expected to plan service change that is sustainable and affordable within the current funding envelope.

Children's Social Services budget

The restructuring of the portfolios across the Welsh Government meant responsibility for Children and Young People moved to the Minister for Communities and Tackling Poverty. This incorporated a number of key policy and funding areas including Flying Start, Families First, Childcare, Play, Children's Rights and the Children's Commissioner. Almost all of these budgets were clearly demarcated and moved across the portfolios without any concern. The only area to require further discussion was the Children and Families Organisational Grant scheme. Which has budget provision within both MEGs. Arrangements have been put in place to ensure synergy across the newly created schemes. The social services budget has not been impacted by the transfer across portfolios.

ANNEX A to HSC Committee Paper – Scrutiny of Draft Budget.

Summary of Changes to ‘Action budget lines’ in 2014-15 when compared to indicative plans published at Final Budget November 2012.

1. Delivery of Core NHS Services

The Delivery of Core NHS Services is by far the largest Action in the MEG, with an annual revenue budget of £5 billion. The action provides the main funding for NHS care (hospital and community services). This funding is allocated to local health boards (LHBs) and NHS Trusts. It includes funding for primary care (GPs, dentists and pharmacists). There is a net **increase** of £350.814 million to this action as a result of the following transfers between Actions:

- **£169.740 million** from Delivery of Targeted NHS Services in respect of the transfer of the Depreciation Budgets
- **£3.720 million** from Support Mental Health Policies and Legislation into the HB revenue allocation, in respect of funding for mental health services including CAMHS
- **£0.321 million** from Delivery of Targeted NHS Services into the HB revenue allocation in respect of funding for Shared Services.
- **£0.100 million** from Delivery of Targeted NHS Services into the HB revenue allocation, in respect of funding for wheelchair services
- **£0.096 million** from Delivery of Targeted NHS Services into the HB revenue allocation, in respect of funding for blood disorders
- **£(1.525) million** to the Delivery of Targeted NHS Services in respect of Wales Eye Care Services
- **£(0.617) million** to the Sponsorship of Public Health Bodies into Public Health Wales Allocation
- **£(1.021) million** to the Delivery of Targeted NHS Services in respect of funding for Shared Services
- **£180.000 million** allocation in recognition of Francis and associated pressures on the NHS

2. Delivery of Targeted NHS Services

This Action includes funding for specific primary care services (including Eye Care Initiatives), as well as funding for a range of other developments including: the delivery of information and technology (IM&T), solutions to the NHS in Wales and

support for undergraduate Medical Education. The **net decrease** to this Action is £(168.283) million in 2014-15. This is made up of:

Transfers between Actions:

- **£(169.740) million** to the Delivery of Core NHS Services in respect of the Depreciation Budgets
- **£(0.100) million** to Delivery of Core NHS Services in respect of Wheelchair services
- **£(0.321) million** to Delivery of Core NHS Services in respect of Shared Services
- **£(0.096) million** to Delivery of Core NHS Services in respect of Blood Disorders
- **£(0.380) million** to Sponsorship of Public Bodies in respect of funding into Public Health Wales core allocation
- **£(4.037) million** to Sponsorship of Public Bodies in respect of funding into Public Health Wales core allocation
- **£1.525 million** from Delivery of Core NHS Services in respect of WECS
- **£1.021 million** from Delivery of Core NHS Services in respect of Shared Services
- **£6.212 million** from across the MEG in respect of reprioritisation

MEG to MEG Transfers

- **£(2.367) million** to the Central Services & Administration MEG in respect of their repayment of Invest to save projects by the NHS

3. Support Education & Training of the NHS Workforce

This Action supports programmes of education and in-service training for the development of the NHS workforce. The **net decrease** to this Action is £ (1.995) million in 2014-15. This is made up of:

Transfers between Actions:

- **£0.084 million** from the Sponsorship of Public Bodies in respect of transfer from Public Health Wales
- **£(2.079) million** to the Delivery of Targeted NHS Services in respect of reprioritisation within MEG

4. Support Mental Health Policies & Legislation

Core funding for mental health services is provided via the Delivery of Core NHS Services Action. In addition, this Action provides dedicated funding for the development and improvement of mental health services for child and adolescents, adults and older people in Wales in line with the Mental Health Strategy, the National Services Framework and legislation. It provides support, for example, for dementia services, eating disorders and the Veterans Service across Wales. The **net decrease** to this Action is £ (3.720) million in 2014-15. This is in respect of funding for mental health services including CAMHS into the HB revenue allocation

5. Hospice Support

This Action provides funding for all Wales palliative care initiatives and also recurrent funding for voluntary hospices. The **net decrease** to this Action is £ (0.434) million in 2014-15 as a result of reprioritisation within MEG

6. Deliver the Substance Misuse Strategy Implementation Plan

This Action provides funding for the Substance Misuse Implementation Plan and related programmes to prevent substance misuse and support substance misusers, their carers and their families. There is no change to this Action

7. Sponsorship of Public Health Bodies

This Action provides funding for the Public Health Wales NHS Trust, which delivers; public health services that cover health improvement and protection, public health intelligence and research, and national screening programmes for the people of Wales. The **net increase** to this Action is £3.742 million in 2014-15 as is made up as follows:

Transfers between Actions:

- **£4.037 million** from the Delivery of targeted NHS services in respect of transfer of NLIAH services
- **£0.380 million** from the Delivery of targeted NHS services in respect of transfer of Equality Unit
- **£0.617 million** from the Delivery of Core NHS Services in respect of AAA Screening
- **£(0.683) million** to the Delivery of targeted NHS services in respect of reprioritisation of the MEG

UK Government Transfer

- **£(0.609) million** to the Department of Health in respect of our contribution to the National Institute for Biological Studies

8. Foods Standard Agency

This is used to fund the Food Standards Agency Wales, an independent Government department set up to protect the public's health and consumer interests in relation to food. There is a **net decrease** of £ (0.200) to this Action as a result of reprioritisation within the MEG.

9. Deliver Targeted Health Protection & Immunisation Activity

This provides funding for vaccines for the preventable diseases programme. It also funds a range of public information campaigns, as well as initiatives to tackle healthcare associated infections. There is a decrease of £ (0.150) million to this Action as a result of reprioritisation within the MEG.

10. Promote Health Improvement & Healthy Working

This supports initiatives and action being developed to support *Our Healthy Future* including the tobacco control strategy and the provision of nurses in secondary schools. There is a **decrease** of £ (1.416) million in 2014-15 as a result of the following transfers between Actions:

- **£(1.332) million** to the Delivery of Targeted NHS Services in respect of reprioritisation within MEG
- **£(0.084) million** to the Supported Education & Training of the NHS Workforce in respect of Occupational Health Bursaries

11. Tackle Health Inequalities & Develop Partnership Working

This supports the Inequalities in Health Fund and the Healthy Start programme. There is no change to this Action.

12. Effective Emergency Preparedness Arrangements

Funding in this Action is directed towards establishing and maintaining strategic stockpiles of pre-pandemic vaccines, antivirals, antibiotics, facemasks, respirators and consumables. Funding is also provided for the development and maintenance of other health countermeasures stockpiles to respond to accidental or deliberate release of chemical, biological radiological, nuclear and explosive substances.

This budget also funds the Hazardous Area Response Team (HART), which enables the ambulance service to provide treatments in contaminated environments or where access is difficult. There is a **decrease** of £ (0.900) million as a result of reprioritisation within MEG

13. Develop & Implement Research and Development for Patient & Public Benefit

This Action funds the work of the National Institute for Social Care & Health Research (NISCHR), which aims to support the creation of high-quality evidence to

both inform policy and benefit patients and the public. There is a **decrease of £0.434 million** as a result of reprioritisation within MEG

14. Children's Social Services

This funds a range of programmes and policy developments to support vulnerable children, including Integrated Family Support Services and work on safeguarding and protection. There is no change to this Action.

15. Adult and Older People

This Action provides funding for the implementation of the Older Persons Strategy and the implementation of the Learning Disability strategy, including the resettlement programme from long stay hospitals. It also funds commitments in the Carers Strategic Action Plan and the Carers Measure. There is a **decrease** of £ (36.106) million to this Action as a result of the following transfers:

MEG to MEG

- **£(32.906) million** to the Local Government and Communities MEG in respect of Learning Disabilities Grant into the Revenue Support Grant
- **£(3.200) million** to the Local Government and Communities MEG in respect of First Steps Package into the Revenue Support Grant

16. Social Services Strategy

This supports the implementation of the Social Services Strategy for Wales. The funding here will play an important role in developing new models of care and supporting the transformation of services. This Action includes grant scheme funding to local authorities for the workforce development programme for the whole sector and support for the Association of Directors (ADSS), Social Services Improvement Agency (SSIA) and Social Care Institute for Excellence (SCIE). There is an **increase** of £0.378 million in 2014-15 as a result of re-directed funding from the Care Council for Wales Action towards supporting training costs associated with the implementation of the Social Services and Well-being (Wales) Bill.

17. Care Council for Wales

The Care Council for Wales (CCW) is the social care workforce regulator in Wales responsible for promoting and securing high standards across the social services and social care workforce. There is a decrease to this Action of £0.378 million in respect of efficiency savings that CCW has made over the last two years. This transfer realigns the published CCW budget with their actual annual allocation. These efficiency savings have been achieved from the running costs of CCW whilst the Social Work Student bursary scheme has been protected.

18. Older People Commissioner

This provides funding for the Older People's Commissioner. This is an independent post – the first of its type in the world - which was established to ensure that the interests of older people in Wales, who are aged 60 or more, are safeguarded and promoted. There is no change to this Action

19. CAFCASS Cymru Programmes

CAFCASS CYMRU is a child-focused social work organisation, which provides expert social work advice to family proceedings courts, the County Courts and the High Court. Funding here supports the organisation's core duties, as well as obligations under the Children & Adoption Act 2006 including the provision of contact centres and contact activities. There is no change to this Action.

20. Capital

The **NHS Capital Programme** is supporting the delivery of 21st Century Healthcare through improving health outcomes by ensuring the quality and safety of services is enhanced; improving access and patient experience; and preventing poor health and reducing health inequalities. Examples include funding for ambulance vehicles and primary care resource centres, as well as new community hospitals and wellbeing centres.

There is an increase of £42.5 million additional capital funding, £19.5 million for Health Technologies fund and £23 million in line with the priorities set out in Wales Infrastructure Investment Plan.

REVENUE BUDGET - Departmental Expenditure Limit					
Actions/BELs	2013-14 Supplementary Budget June 2013	2014-15 Indicative Plans Restated Final Budget	2014-15 Changes	2014-15 New Plans Draft Budget	2015-16 New Plans Draft Budget
BEL 0020 - LHBs, Trusts and Central Budgets	5,049,874	5,040,262	350,814	5,391,076	5,441,076
Delivery of Core NHS Services	5,049,874	5,040,262	350,814	5,391,076	5,441,076
BEL 0180 - NHS Primary Care	64,718	59,057	723	59,780	59,780
BEL 0682 - Other NHS Budgets	295,152	304,419	-155,796	148,623	143,625
BEL 0186 - Workforce (NHS)	49,676	50,201	-8,727	41,474	41,474
BEL 0257 - Information Central Budgets	31,293	31,293	-4,473	26,820	26,820
BEL 0265 - Patient Safety, Quality and Improvement	3,961	3,961	-10	3,951	3,951
BEL 0275 - Chronic Diseases	242	242	0	242	242
Delivery of Targeted NHS Services	445,042	449,173	-168,283	280,890	275,892
BEL 0140 - Education and Training	185,191	185,408	-2,537	182,871	182,871
BEL 0185 - Workforce Development Central Budgets	1,679	737	542	1,279	1,279
Support Education & Training of the NHS Workforce	186,870	186,145	-1,995	184,150	184,150
BEL 0270 - Mental Health	7,531	7,531	-3,720	3,811	3,811
Support Mental Health Policies & Legislation	7,531	7,531	-3,720	3,811	3,811
BEL 0286 - Hospice Support	7,028	7,028	-434	6,594	6,594
Hospice Support	7,028	7,028	-434	6,594	6,594
Substance Misuse	27,475	27,475	0	27,475	27,475
Deliver the Substance Misuse Strategy Implementation Plan	27,475	27,475	0	27,475	27,475
BEL 0250 - Public Health	76,607	77,216	3,742	80,958	80,958
Sponsorship of Public Health Bodies	76,607	77,216	3,742	80,958	80,958
BEL 0380 - Foods Standard Agency	3,442	3,442	-200	3,242	3,242
Food Standards Agency	3,442	3,442	-200	3,242	3,242
BEL 0232 - Targeted Health Protection & Immunisation	9,864	9,864	-150	9,714	9,714
Deliver Targeted Health Protection & Immunisation Activity	9,864	9,864	-150	9,714	9,714
BEL 0231 - Health Improvement & Healthy Working	6,387	6,387	-1,416	4,971	4,971
Promote Healthy Improvement & Healthy Working	6,387	6,387	-1,416	4,971	4,971
BEL 0280 - Inequalities in Health Fund	1,177	1,177	0	1,177	1,177
BEL 0400 - Welfare Food	8,504	8,504	0	8,504	8,504
Tackle Health Inequalities & Develop Partnership Working	9,681	9,681	0	9,681	9,681
BEL 0230 - Health Emergency Planning	7,612	7,612	-900	6,712	6,712
Effective Health Emergency Preparedness Arrangements	7,612	7,612	-900	6,712	6,712
BEL 0260 - Research & Development	43,799	43,799	-434	43,365	43,365
Develop & Implement Research and Development for Patient & Public Benefit	43,799	43,799	-434	43,365	43,365
BEL 0420 - Grants in Support of Child & Family Services	4,551	4,551	0	4,551	4,551
BEL 0460 - Services for Children	5,766	5,766	0	5,766	5,766
Children's Social Services	10,317	10,317	0	10,317	10,317
BEL 0661 - Older Persons Strategy	1,031	1,031	0	1,031	1,031
BEL 0620 - Community Services for Adults	5,506	38,412	-32,906	5,506	32,506
BEL 0700 - National Strategy for Carers	4,295	4,295	-3,200	1,095	1,095
Adult & Older People	10,832	43,738	-36,106	7,632	34,632
BEL 0920 - Social Services Strategy	15,943	15,943	378	16,321	16,321
Social Services Strategy	15,943	15,943	378	16,321	16,321
BEL 0582 - Care Council for Wales (Revenue)	10,372	10,372	-378	9,994	9,994
Care Council for Wales	10,372	10,372	-378	9,994	9,994
BEL 0662 - Older People Commissioner	1,715	1,715	0	1,715	1,715
Older People Commissioner	1,715	1,715	0	1,715	1,715
BEL 1268 - CAFCASS Cymru - Revenue	10,162	10,162	0	10,162	10,162
CAFCASS Cymru Programmes	10,162	10,162	0	10,162	10,162

Total Revenue - Health & Social Services	5,940,553	5,967,862	140,918	6,108,780	6,180,782
CAPITAL BUDGET - Departmental Expenditure Limit					
Actions	2013-14 Supplementary Budget June 2013	2014-15 Indicative Plans Restated Final Budget	2014-15 Changes	2014-15 New Plans Draft Budget	2015-16 New Plans Draft Budget
BEL 0020 - Trust and LHB Capital	226,375	224,275	45,171	269,446	219,446
BEL 0682 - Other NHS Budgets	1,000	1,000	-171	829	829
Total NHS Delivery	227,375	225,275	45,000	270,275	220,275
Deliver the Substance Misuse Strategy Implementation Plan	5,072	5,072	0	5,072	5,072
Total Health Central Budgets	5,072	5,072	0	5,072	5,072
Effective Health Emergency Preparedness Arrangements	4,492	4,492	0	4,492	4,492
Total Public Health & Prevention	4,492	4,492	0	4,492	4,492
General Capital Funding	4,691	4,691	0	4,691	4,691
Care Council for Wales	20	20	0	20	20
Total Social Services	4,711	4,711	0	4,711	4,711
Total Capital - Health & Social Services	241,650	239,550	45,000	284,550	234,550
REVENUE BUDGET - Annually Managed Expenditure					
Actions	2013-14 Supplementary Budget June 2013	2014-15 Indicative Plans Restated Final Budget	2014-15 Changes	2014-15 New Plans Draft Budget	2015-16 New Plans Draft Budget
NHS Impairments and Provisions	136,890	213,428	-47,333	166,095	165,400
Total NHS Impairments and Provisions	136,890	213,428	-47,333	166,095	165,400
Total AME - Health & Social Services	136,890	213,428	-47,333	166,095	165,400
Health & Social Services					
2013-14 Supplementary Budget June 2013	2014-15 Indicative Plans Restated Final Budget	2014-15 Changes	2014-15 New Plans Draft Budget	2015-16 New Plans Draft Budget	
Revenue DEL	5,940,553	5,967,862	140,918	6,108,780	6,180,782
Capital DEL	241,650	239,550	45,000	284,550	234,550
Total DEL	6,182,203	6,207,412	185,918	6,393,330	6,415,332
Annually Managed Expenditure	136,890	213,428	-47,333	166,095	165,400
Total - Health & Social Services	6,319,093	6,420,840	138,585	6,559,425	6,580,732

Agenda Item 10

Health and Social Care Committee

Meeting Venue: Committee Room 1 – Senedd

Meeting date: Wednesday, 9 October 2013

Meeting time: 09:05 – 11:23

Cynulliad
Cenedlaethol
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National
Assembly for
Wales



This meeting can be viewed on Senedd TV at:

http://www.senedd.tv/archiveplayer.jsf?v=en_200000_09_10_2013&t=0&l=en

Concise Minutes:

Assembly Members:

David Rees (Chair)
Leighton Andrews
Rebecca Evans
William Graham
Elin Jones
Darren Millar
Lynne Neagle
Gwyn R Price
Lindsay Whittle
Kirsty Williams

Witnesses:

Baroness Finlay of Llandaff
Veronica Snow, Powys Teaching Health Board
Mark Drakeford, Minister for Health and Social Services
Gwenda Thomas, Deputy Minister for Children and Social Services
Kevin Flynn, Director Delivery & Deputy Chief Executive of NHS Wales, Welsh Government
Albert Heaney, Director of Social Services, Welsh Government
Dr Grant Robinson, Clinical Lead for Unscheduled Care

TRANSCRIPT

View the [meeting transcript](#).

1 Introductions, apologies and substitutions

1.1 No apologies were received.

2 Social Services and Well-being (Wales) Bill: Stage 2 – Order of Consideration

2.1 The Committee agreed the order of consideration for its Stage 2 scrutiny of the Social Services and Well-being (Wales) Bill.

3 Motion under Standing Order 17.42 to resolve to exclude the public from the meeting for the following business:

3.1 The motion was agreed.

4 Unscheduled care – briefing on work of ministerial advisory group

4.1 The Committee discussed the work of the ministerial advisory group on unscheduled care with Baroness Finlay of Llandaff and Veronica Snow from Powys Teaching Health Board.

5 Unscheduled care – preparedness for winter 2013/14

5.1 The Minister for Health and Social Services and the Deputy Minister for Social Services, and their officials, responded to questions from the Committee.

5.2 The Minister agreed to:

- provide clarification of the arrangements to provide children with flu vaccinations via general practice or school, and the relevant ages when such vaccination takes place;
- provide a link to the annual report of GP practice performance against the relevant Quality Outcome Framework;
- provide further detail on the policy of offering elective treatment outside the Welsh NHS if the service does not have the capacity to deliver due to winter pressures; and
- consider undertaking a piece of work to assess the impact of delays to elective care on unscheduled care in Wales.

5.3 The Deputy Minister noted that she would provide the Committee with details of the integrated care projects underway in Wales.

5.4 The Committee agreed to write to the Minister to:

- note that it will return to this subject during Spring/Summer 2014 in order to:
 - (i) review progress during winter 2013/14;

- (ii) consider the findings of the Public Accounts Committee's forthcoming inquiry on *unscheduled care and the role of local primary care*; and
- (iii) consider whether a wider inquiry on unscheduled care is necessary in light of points (i) and (ii).
- request further information on how consideration will be given to providing surge capacity across the health and social care system, not hospitals alone, over the winter period; and
- request further information on the rationale that will be adopted to distribute the additional £150 million allocated to the health and social services portfolio for the 2013-14 financial year.

6 Papers to note

6.1 Letter from the Older People's Commissioner for Wales

6a.1 The Committee noted the letter from the Older People's Commissioner for Wales.

7 Forward Work Programme

7.1 The Committee discussed its forward work programme for the post-Christmas period.

7.2 The Committee agreed to undertake a short inquiry on addiction to prescription and over-the-counter medicines in new year 2014. The committee will consider a scoping paper for the inquiry at a future meeting.

7.3 The Committee agreed to invite the Chief Dental Officer to a future meeting to:

- provide an update on the dental pilot project; and
- explore the scope of a potential future inquiry on access to NHS dentistry.



Llywodraeth Cymru
Welsh Government

Gwenda Thomas AC / AM
Y Dirprwy Weinidog Gwasanaethau Cymdeithasol
Deputy Minister for Social Services

Ein cyf/Our LF/GT/0975/13

David Rees AM
Chair
Health and Social Care Committee
Cardiff Bay
Cardiff
CF99 1NA

7 October 2013

Dear David,

Thank you for meeting with me on 3 October to discuss your Committee's Stage 1 report on the scrutiny of the Social Services and Well-being (Wales) Bill. You asked if I could provide you with further information about my responses to your recommendations. As we noted during the meeting, I am not required to provide a recommendation by recommendation response to your report but I appreciate that you will find it helpful for me to do so. I therefore attach for you a table setting out a summary of my thinking in accepting and rejecting your recommendations.

As I set out in my letter of 25 September, I have accepted recommendations to make five Government amendments. In addition to this, I have accepted recommendations to make a series of Written and Oral Statements to provide further information on a range of issues. These include:

- a major policy statement on Assessment and Eligibility that I will be making before the end of October;
- a statement on children's social care which will cover issues such as disabled children and which I intend to make an annual statement;
- a statement on funding for the Bill which will supplement the statement I have already made and correspondence to the Finance Committee; and
- my annual statement on safeguarding.

I hope you will agree that I have been positive in my overall response to your report. Of course the correct place for me to respond more fully to the recommendations is during the Stage 1 debate on 8 October to which I look forward.

Yours sincerely

Gwenda Thomas AC / AM
Y Dirprwy Weinidog Gwasanaethau Cymdeithasol
Deputy Minister for Social Services

Bae Caerdydd • Cardiff Bay
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CF99 1NA
Wedi'i argraffu ar bapur wedi'i ailgylchu (100%)

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Printed on 100% recycled paper

Social Services and Well-being (Wales) Bill

Summary of the Deputy Minister for Social Services' Responses to Health and Social Care Committee Stage 1 Report Recommendations

No	Theme	Summary of Recommendation	Summary of Response from the Deputy Minister
1	Statutory Principles	<i>"We recommend that the Deputy Minister considers these draft principles and either brings forward an amendment to put them on the face of the Bill or takes them into account in bringing forward her own set of statutory principles".</i>	<p>I am legislating for a clear new direction for social care in Wales through this Bill and I believe that embedding the core principles throughout the provisions, rather than simply including a list of statutory principles on the face of the Bill is the best way of achieving the systemic change that is needed.</p> <p>In this way the Bill already does contain the most important principles. For example, section 4(1) relating to overarching well being duties contains the general principle that persons exercising functions under the Act must seek to promote the well-being of people who need care and support, including carers. Subsections (2), (3) and (4) are all statements of principle which apply to a person when exercising functions in relation to an individual.</p>
2	Definitions	<i>"We recommend that the Deputy Minister give consideration to how the social definition of disability could be embedded in practice, for example through Regulations or Codes of Practice, to place those principles into context and to set out how services should be designed and delivered to reflect them".</i>	<p>I have already indicated my intention to explore how we can translate the social model of disability in to subordinate legislation for this Bill. This is an area which will continue to be explored and part of that work will entail the translation of the concept of the social model in to service guidance which could be contained within the Code(s) of Practice.</p>

3	Definitions	<p><i>“We recommend that the Deputy Minister give consideration to an alternative definition (of ‘adult at risk’) such as that used in Section 3 of the Adult Support and Protection (Scotland) Act 2007 ...we recommend that the Deputy Minister extends the definition to include the issue of coercive control.”</i></p>	<p>The definition of an 'adult at risk' has been developed to be as broad ranging as possible. This provision will ensure that all cases currently subject to the Protection of Vulnerable Adult processes are encompassed in the definition.</p> <p>Coercive control is already encompassed within the definition of 'adult at risk'. One element of the 'adult at risk' definition is an adult who is "experiencing or at risk of abuse or neglect". The Bill includes a definition of abuse at section 166 that says "abuse" means physical, sexual, psychological, emotional or financial abuse." My view therefore is that this definition is wide enough to include coercive control.</p>
4	Well-being Duties	<p><i>“We recommend that the Deputy Minister considers Option A (see full report) in the appended legal advice note and, should she be minded to accept this Option, we recommend that she brings forward the necessary amendments to Section 2(2).”</i></p>	<p>The definition of well-being in the Bill isn't new. It is based on that included in the Children Act 2004. What the Bill does is extend the definition to all people.</p> <p>The definition is therefore recognisable and provides consistency and continuity. It gives rights and entitlements and as such is a key aspect of the Bill. The whole focus of our policy and the Bill is about achieving outcomes and I am clear about the well-being outcomes that this Bill embraces.</p> <p>There is work on-going to bring together an overall approach on well-being (the harmonisation that is talked about in the report) and officials are working very closely with colleagues across the Welsh Government to align the work on well-being.</p>
5	Well-being Duties	<p><i>“We recommend that any definition of “well-being” should be accompanied by a Code of Practice setting out how the individual components listed in the definition of ‘well-being’ interact with each other and with other duties in the Bill.”</i></p>	<p>The Well-being Statement already addresses this and the National Outcomes Framework will pave the way for these issues to be dealt with in the Code(s).</p>

<p>6</p>	<p>Well-being Duties</p>	<p><i>“...if our recommendation is not accepted we recommend that the existing definition of well-being should make reference to suitable housing and independent living.”</i></p>	<p>I do not believe that explicit reference needs to be made to these areas. The definition of well-being is grounded in the Children Act 2004, is well understood and extending these rights and entitlements to adults is the way forward.</p> <p>Further, whilst the provision of suitable housing may contribute towards a person's physical and mental health and emotional well-being, this does not mean that suitable housing is being measured as an outcome in the same way as a person's health can be measured. Nevertheless, in developing the Social Services National Outcomes Framework and a further iteration of the Well-being Statement, we will be exploring how we include aspects of housing and other types of accommodation in the Outcome Measures.</p> <p>In relation to the inclusion of independent living, the Bill provides for independence which will be achieved through various means, including within the definition of well-being itself. Section 2(4)(a) states that for adults, well-being includes control over day to day life in terms of domestic, family and personal relationships.</p>
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7	Preventative Services	<p><i>“ We share witnesses’ concerns that the preventative duty is weaker on health services than local authorities and recommend that the duties on LHBs to have regard to the importance of achieving the purpose of preventative services should be strengthened to equate with the duties on local authorities in section 6 (1).”</i></p>	<p>Care and support for people with eligible needs is a function of local authority social services. Under the Bill local authorities have a clear general duty to develop and deliver a range of services to prevent or delay need developing . Section 6(2) sets out the areas upon which they must focus in meeting this duty.</p> <p>Section 6(5) already requires LHBs to contribute to and support authorities in this duty by making available a range of NHS functions. Such cooperation already takes place - in re-ablement services for the elderly or sick on discharge from hospital and in Families First, where health visitor involvement is necessary to assess and meet health contributions to the well-being outcomes for users.</p> <p>In their planning local authorities and LHBs will be required to contribute, with other partners, towards the priority outcomes set out in the statutory outcome measures framework. The LHB as the health partner is therefore obliged to consider the contribution and direct provision it can make to assist the local authority to deliver the local preventative agenda.</p>
8	Preventative Services	<p><i>“We recommend that guidance or Code(s) which set out the ways in which these duties (preventative services) should be discharged by local authorities and their partners, and how this relates to other duties, would provide the clarity that is needed.”</i></p>	<p>The Bill provides for this through the Code(s) of Practice and guidance that will set out expectations on local authorities, LHBs and other partners to develop and deliver a range of services to meet the needs of the local population.</p>
9	Preventative Services	<p><i>“We recommend that there should be a duty on local authorities and their partners to publish a statement on preventative services and how these services may be accessed, which would enable both professionals and service users to understand the scope and purpose of such services.”</i></p>	<p>Section 5 provides for a joint local authority/LHB needs assessment of the local population, including the range and level of preventative services required. These duties will be discharged by the single integrated plan that will drive the development of services in each local authority area. Section 5(3) makes provision so that the plan with this information must be published. Details of how publication is to be carried out will be set out in guidance.</p> <p>In addition, under section 8 the local authority must provide to the local population information, advice and assistance about the care and support and preventative services available and how to access them, to which the LHB must add information about the contribution it is making.</p>

10	Assessments	<p><i>1: We ... recommend that the Deputy Minister considers bringing forward amendments to Sections 10(1) and 17(5)(a) of the Bill to facilitate the delegation of assessments to the most appropriate person.</i></p> <p><i>2: We also considered Section 18 of the Bill, which sets out Regulations on the conducting of needs assessments and outlines the requirements which could be imposed. We recommend that these Regulations are necessary and that a national standard for assessments should be set out in these Regulations.</i></p>	<p>The Bill already provides for delegation of the type set out in the recommendation though a regulation-making power under section 18(2)(b) which will enable the Welsh Ministers to say when local authorities may authorise other parties to carry out assessments.</p> <p>Through this there will be a greater role for primary care and in some cases secondary care professionals to carry out low level assessment. However, ultimate responsibility for the assessment will remain with the local authority.</p> <p>In relation to the second element of the recommendation the framework of regulation that will be developed under section 18 will itself provide for a 'national standard' for assessment.</p>
11	Assessments	<p><i>"We recommend that the Deputy Minister considers providing further clarity on the definition of 'proportionate assessment' in Regulations and detail of how she envisages they will work in practice."</i></p>	<p>The Assessment and Eligibility Framework (which will be set out in Regulations and the Code(s)) will outline the future arrangements and clarify and provide other examples of what is meant by 'proportionate' in terms of the individual's needs, outcomes and wider social and environmental factors and so on.</p>
12	Refusal of Assessment	<p><i>"We are broadly content with provisions in the Bill that enable adults to refuse an assessment although we are concerned about how these provisions deal with cases whereby adults may be coerced into refusing an assessment, for example in cases of abuse. We recommend that the Deputy Minister gives further consideration to this concern."</i></p>	<p>I have given consideration to this matter and am content that there are sufficient safeguards built into the primary law and will be matched in the Code(s). Section 11(2) provides added protection in that the refusal of an adult does not discharge the local authority's duty to assess in a number of scenario including if:</p> <ul style="list-style-type: none"> • the local authority is satisfied that the adult lacks capacity and; • it is the person's best interest; or • the local authority suspects that the person is experiencing or at risk of abuse or neglect.

13	Refusal of Assessment	<p><i>“We recommend that this Section 14 of the Bill be undertaken in the ‘best interests of the child’ but in a manner that is in accordance with Article 8.”</i></p>	<p>It is my view that section 14, when taken with other provisions in the Bill, provides the right balance between the duties of local authorities to protect a child and the right of a family in terms of potential state intervention.</p> <p>I do not believe that the provision dilutes either position but rather, recognises the fine balance local authorities face in their determination of a child’s best interest and Article 8. Section 14(2) of the Bill provides a range of circumstances where the local authority’s duty will not be overridden.</p> <p><i>Significant harm</i>, as defined in the Children Act 1989, is the threshold in care proceedings for intervention by the state. The threshold in section 14 of the Bill states “<i>suspect the child is experiencing, or at risk of abuse, neglect or other kinds of harm</i>”. This is a lower threshold and offers protection to a greater number of people.</p> <p>The local authority application will need to balance its deliberation against the principle aims of the Bill and particular emphasis in section 2(4) (a) about <i>the importance of the upbringing of a child by their family</i>.</p> <p>For these reasons I feel that the Bill strikes the best balance as currently drafted.</p>
14	Refusal of Assessment	<p><i>“We recommend that the circumstances in CASE 1 in Section 14(2), in which the local authority retains its duty to undertake an assessment, despite a refusal, should be amended to place the onus on local authorities to have ‘reason to believe’ rather than ‘suspect’ that the child is experiencing or at risk of abuse, neglect or other kinds of harm.”</i></p> <p><i>“We also recommend that CASE 2 in Section 13 (2), be amended accordingly.”</i></p>	<p>I feel that the term ‘<i>suspect</i>’ is stronger and is well established and understood in social work training and practice. ‘<i>Suspect</i>’ is followed through with an investigation of the facts and evidence.</p> <p>‘<i>Reason to believe</i>’ assumes there is already evidence of concern.</p> <p>Keeping the test as “suspect” therefore provides wider protection to individuals.</p>

15	Portability	<p><i>“We welcome provisions in Section 40 (2) of the Bill which requires an authority, to which an eligible person moves, to meet the care and support needs set out in the person’s existing care plan until it completes its own review and assessments.</i></p> <p><i>While we believe that this provision will help to ensure gaps in care are avoided, we note that it is only to be used as an interim measure and involves reassessment or review by the receiving authority.</i></p> <p><i>We also believe that the transfer of information between authorities needs to be done in a timely manner and recommend that an amendment to Section 40 (1) (b) be brought forward to reflect this.”</i></p>	<p>Although I agree with the Committee as to the importance of the timely transfer of information, I believe this issue is better dealt with in subordinate legislation. The detailed arrangements of the portability scheme including timelines for the transfer of information will be set out in Regulation powers under section 40(6) and the Code(s) of Practice.</p> <p>Both will be very clear about the sending and receiving authorities responsibilities in ensuring continuity of care and where necessary support for the carer if the person has one.</p>
16	Portability	<p><i>“We believe there is potential for Section 40(2)(d) of the Bill to be misinterpreted in that a person moving from one authority to another would have to restart the assessment process from the beginning. Therefore, we recommend the Deputy Minister brings forward an amendment to redraft the wording of Section 40(2) (d) to read: ‘(d) assess, reassess or review whether the person has needs for care and support, and, if the person does, what those needs are, have in regard in particular to any change in the person’s needs for care and support arising from the move.’”</i></p>	<p>As with Recommendation 15, I believe that the Regulations and Code(s) of Practice will set out the detailed arrangements. Part of the information transferred between the authorities will be the persons care plan. The receiving authority will need to have regard to information in the plan when carrying out the assessment. If the person has different needs to that in the original plan, the authority will have to advise the person of the changes, including any change in the cost, to providing the care.</p> <p>The local authority response to address need and meet an individual’s outcomes will also differ depending on local provision in the new area and the individual’s unique circumstances.</p>

17	Portability	<p><i>“We are concerned that there is scope for section 40 of the Bill to be misinterpreted. We believe that there is risk of raising expectations on what this section of the Bill will deliver in practice. For example, we believe there is potential for the expectation that an existing care package provided by the sending authority would be replicated in the receiving authority.</i></p> <p><i>To address this concern and add clarity to the intention of this section, we recommend that the title of this section be amended to read ‘portability of care plans’ rather than ‘portability of care and support’.”</i></p>	<p>I do not believe that the section title is misleading nor do I believe that the alternative proposed is an improvement on that already in the Bill. If on further examination it is considered that there is a need for clarity in greater detail then it can be dealt with in the Code(s) of Practice.</p> <p>However, in light of the Committee’s views in this matter, I intend to include this issue within the Written Statement which I will be making in response to Recommendation 18.</p>
18	Portability	<p><i>“We are unclear about cross border portability, since the Bill only applies to portability within Wales and not those coming into Wales. Therefore we recommend that the Deputy Minister clarifies the arrangements for individuals coming into Wales before the end of Stage 2.”</i></p>	<p>I welcome the Committee’s comments in this area and I wish to be clear that the term ‘portability’ relates to the provision of care and support within the local authorities of Wales only and not in relation to the provision of care and support across the borders with England, Scotland and Northern Ireland. Officials are however continuing to work together with those from the UK Government’s Department of Health, Department of Education and Scotland and Northern Ireland colleagues, to ensure the smooth continuity of care across our borders.</p> <p>In line with the recommendation of the Committee I will be making a written statement on this matter before the end of Stage 2.</p>

19	Portability	<p><i>“We welcome the Deputy Minister’s reconsideration of her position on the inclusion of portable care plans for carers in the Bill and recommend that she bring forward an amendment to this effect.”</i></p>	<p>I have now considered this issue in detail. The content of the Explanatory Note makes clear that section 40 places a responsibility on the receiving authority to also consider the care and support arrangements for the carer and to provide such information as it considers necessary. It states ‘...when the ‘receiving authority’ is satisfied that the person is moving to its area it must notify the ‘sending authority’ of this, provide the eligible person and their carer if they have one with appropriate information and review the care and support plan and support plan.’</p> <p>In essence, what this means is that the carer’s support plan is required to be reviewed in any case when a service user and their carer move. I therefore no longer feel that an amendment to the Bill in this area is required.</p>
20	Eligibility	<p><i>“1. We note the Deputy Minister’s commitment to bringing forward a major policy statement on eligibility and recommend that she supplements this with an oral statement in Plenary before the end of Stage 2.</i></p> <p><i>2. Eligibility is central to the success of the Bill and therefore we believe that this Committee should have the opportunity to robustly scrutinise the draft regulations on eligibility with sufficient time to review, question the Deputy Minister, and report as a Committee on the draft regulations before Stage 3 proceedings take place in early 2014.</i></p> <p><i>3. We recommend that regulations relating to eligibility criteria are subject to a super affirmative procedure.”</i></p>	<p>In relation to the first part of the Committee’s Recommendation, I can confirm that I will be making a major policy statement during the Autumn term.</p> <p>However, in relation to the second part, the draft Regulations will not be available within the time frame suggested by the Committee but will be developed through engagement with stakeholders over the Autumn and Winter. I believe however that the statement to which I refer above, and my earlier commitment to Committee to provide policy intent of major regulations by December of this year, will help satisfy the request for information about these important issues.</p> <p>As regards the third part of the Committee’s recommendation, I retain my view that the Affirmative procedure will allow for sufficient scrutiny and consultation.</p>
21	Eligibility	<p><i>“We recommend that should the Deputy Minister accept our recommendation to include statutory principles on the face of the Bill (referred to in recommendation 1), any future Regulations setting out the national eligibility criteria should</i></p>	<p>As I do not think that statutory principles are required on the face Bill (Recommendation 1), this Recommendation is not applicable.</p>

		<i>cross reference to these principles.”</i>	
22	Eligibility	<i>“ We recommend that the Deputy Minister sets out how these amendments will secure the rights as currently set out in Section 17 of the Children Act 1989.”</i>	<p>I recognise the need for further detail in this area and will be looking to respond to these issues either through a Written Ministerial Statement on Children’s Social Care or in my policy statement about assessment and eligibility referred to in my response to recommendation 20 above.</p> <p>In the meantime it is important to remember that section 17 of the Children Act 1989 does not afford a right to an individual child and family. It is a general duty on local authorities to ensure they have a range of services to support Children in Need and their families.</p> <p>These are now in the main provided for in section 6(2).</p>
23	Eligibility Framework	<i>“We recommend the Deputy Minister considers the potential impact arising from the transition from existing eligibility criteria to a new national eligibility framework.”</i>	<p>I wrote to the Health and Social Care Committee on 20 May 2013 to emphasise that transition of people’s care on the switch over to the new system will be a priority for local authorities and that arrangements will be in place.</p> <p>That letter sets out further details which address this recommendation.</p>
24	Duty to meet the care and support needs of a child	<i>“We recommend that the development of the eligibility framework takes full account of the need for early intervention to promote the well-being and welfare of children.”</i>	<p>I have agreed to a number of changes to the Assessment and Eligibility Framework that, among other matters, place a greater emphasis on local authorities’ duties to promote and consider early intervention and preventative services to meet need, including those who do not have an eligible need.</p> <p>These are set out in the Written Statement I published on 19 July along with details of the amendment that will further strengthen the accountability of local authorities to consider how to meet individual need.</p>

25	Charging	<p><i>“1. We recommend that the powers to charge 16 and 17 year olds should be removed from the Bill.</i></p> <p><i>2. We recommend that the Deputy Minister provides greater clarity on the circumstances in which charges would be imposed for these services.”</i></p>	<p>Regulations under section 46 provide the Welsh Ministers with powers to <i>specifically exclude 16/17 years from charging and any other groups as necessary</i>. Retaining the powers to charge, but putting in place this safeguard through regulations enables the future proofing of the Bill so that the Welsh Government, and future Governments, can respond to changes depending on the policy of the day and social and economic environment. I do not therefore wish to remove it from the Bill.</p> <p>However, I recognise the Committee and stakeholder interest in this matter and further clarification of the circumstances in which charges would be made will be available in the form of policy for regulations, in guidance and in forthcoming Ministerial Statements.</p>
26	Transition from Children’s to Adults Services	<p><i>“...we recommend that an amendment is brought forward to place a clear statutory duty on the face of the Bill that will set out clear duties for local authorities and other partner bodies in managing the transition process.”</i></p>	<p>Whilst I do not accept the need for an amendment I do however accept the principle of this recommendation. I am of the view that these arrangements are best accommodated within the Code(s) of Practice and through the Eligibility Framework that will be sensitive to different circumstances including the transition into adulthood.</p>
27	Information, Advice and Assistance	<p><i>“We recommend that the Bill is amended to include reference to ‘accessible’ information.”</i></p>	<p>The Equality Act 2010 includes provisions requiring public authorities to publish the steps it takes to meet the equality objectives for the general equality duty in section 149, in a way which is accessible to those with “protected characteristics” under that Act.</p> <p>Therefore whilst the Bill does not include a reference to accessible information in this section, to the extent that its equality objectives extend to the provision of information, advice and assistance any such information will need to be ‘accessible’.</p> <p>Furthermore, there will be a requirement for such accessibility placed on Local Authorities and their partners in the Code of Practice and Regulations and in the arrangements setting out the role and function of the future Information, Advice and Assistance (IAA) services.</p>

28	Independent Advocacy	<i>“We recommend detail on who will be entitled to receive independent advocacy is provided before the start of Stage 2.”</i>	<p>I issued a Written Statement on the Statutory Framework for Advocacy on 12 June which set out the broad scope of the Framework to enable Regulations to prescribe categories of people and/or circumstances. The Statement also set out those circumstances in which the Government intends to bring forward future Regulations to ensure advocacy is available for:</p> <ul style="list-style-type: none"> • people who are at risk • people who may lack capacity or have very complex needs and have no wider family community networks. <p>Later this Autumn the Commissioner for Older People will report on the early work in this area to inform the business case. Further statements will then follow in due course in line with policy and resources developments.</p>
29	Independent Advocacy	<i>“We recommend the Deputy Minister considers the need for appropriate quality assurance (for the regulation and inspection of independent advocates) and provides detail on how this will operate in practice before the end of Stage 2.”</i>	As I stated during my last Committee appearance, this matter will be dealt with via the White Paper on the future of Regulation and Inspection of Care and Support in Wales which was published for consultation on 30 September.
30	Direct Payments	<i>“We considered the differing views of witnesses on whether direct payments should become the default method of service provision and these were reflected in a range of views within the Committee. We did not reach a unanimous view on this issue but the majority of Committee Members did not wish to see direct payments as a default method of service provision.”</i>	I welcome the Committee’s consideration of stakeholder views in this area and have noted the majority view taken by the Committee.

31	Direct Payments	<p><i>“... we recommend that the Deputy Minister considers amending Section 34 to place a duty on local authorities to promote Direct Payments.”</i></p>	<p>Earlier this year, in response to Mark Isherwood AM's Member Proposed Bill for an 'opt out' system for Direct Payments, I agreed that the Welsh Government would give greater emphasis to increasing the number of direct payment recipients through the Social Services and Well-being (Wales) Bill to address concerns about the low level of take-up.</p> <p>I can confirm that in response to this and to the recommendations of the Committee that I am minded to bring forward Government Amendments in this area.</p>
32	Direct Payments	<p><i>“We have considered Section 34 of the Bill and are concerned about the breadth of Sections 34 (3) (c) (i) and 34 (4) (d) (i) which provide that local authorities may not be required or allowed to make direct payments if they are not satisfied that this would be an appropriate way of meeting needs. We consider these sub Sections allow local authorities too much discretion to decide whether to provide direct payments and we therefore recommend that they are removed. However, in strengthening the promotion of direct payments we would expect the Deputy Minister to put in place provisions for safeguarding users of direct payments against the misuse of the money by others.”</i></p>	<p>In considering their responsibilities under section 34, local authority must have regard to section 4(3) of the Bill which states that the adult is best placed to judge their own wellbeing.</p> <p>Section 34 however provides additional protection for those who may lack capacity or individuals who may be coerced into agreeing to a Direct Payment. I feel that this is a sufficient safeguard.</p>

33	Direct Payments	<p><i>“We recommend that the Deputy Minister considers extending the provision of Direct Payments to people in receipt of joint health and social care packages.”</i></p>	<p>Where a package is genuinely a joint one, the individual may receive Direct Payments for the social care element but not for the medical interventions provided by the NHS (e.g. district nursing). The problems arise where that person has become eligible for Continuing NHS Healthcare, when the whole cost is picked up by the NHS. This means that the individual loses the right to receive Direct Payments even for the social care elements of the package.</p> <p>It is not my intention to introduce a power for the NHS to make Direct Payments. My officials are gathering evidence from various groups of stakeholders (including the All-Wales Direct Payments Forum) about the approaches that have been adopted across Wales to maximise the control that individuals who need social care and health elements in their packages have over those packages.</p> <p>We are also considering these issues as part of the review of Continuing NHS Health Care which will be reporting to me this Autumn.</p>
34	User and community-controlled providers	<p><i>“We recommend that the Deputy Minister brings forward an amendment to Section 7 (1) (d) to either include the independent sector or remove reference to ‘third sector organisations’.”</i></p>	<p>The policy underpinning this section of the Bill relates to the overall intent to promote social enterprises, co-operatives and service user led models as a component of service transformation. It is not intended as a general duty to promote local markets.</p> <p>What we are seeking to achieve is to promote a model of delivery and that model of delivery is open to all. This is a way of ensuring that we embrace co-production by promoting reciprocity. This is about planning, organising and delivering services in ways that promote well-being and participation.</p> <p>The Committee will however wish to be aware that I am minded to bring forward an amendment to this section to clarify that the promotion of preventative services from third sector organisations encompasses social enterprises and co-operative organisations.</p>

35	User and community-controlled providers	<p><i>“We recommend that the Deputy Minister provides guidance on the governance arrangements for social enterprises to ensure they are managed in a robust manner that is consistent with the aims of the Bill.”</i></p>	<p>I agree that it is essential that robust governance arrangements are put in place, but I believe that this must apply across social enterprise more widely and is not particular to the social care sector.</p> <p>Support and guidance is available through the Wales Co-operative Centre whatever the sector and we would want to encourage people to access that support. There is wider work underway at the moment in respect of the Welsh Co-operatives and Mutuals Commission and we will work closely with colleagues to ensure that any recommendations from that are built in to the work we are doing in this area.</p> <p>The White Paper on the future of Regulation and Inspection of Care and Support in Wales provides an opportunity to consider how regulation and inspection can contribute to the robustness of new models of service such as social enterprises, co-operatives and user led services.</p> <p>Although I do not feel that this is an issue that rests entirely with the Social Services and Well-being (Wales) Bill I do accept the principle of this recommendation.</p>
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36	Adult Protection and Support Orders	<p><i>“We welcome the Deputy Minister’s intention to bring forward an amendment to include powers of removal in the Bill should this matter be resolved. However, if matters remain unresolved we recommend that the Deputy Minister does not repeal Section 47 of the National Assistance Act 1948.”</i></p>	<p>It is important for me to clarify the recommendation was not my intention to give the impression that the provision establishing Adult Support and Protection Orders will be amended so as to provide Social Services with the ability to 'remove' an adult suspected of being at risk of abuse.</p> <p>In keeping with the general principles of the Bill, it will be the wishes of an 'adult at risk' that are key to any support given. It is the role of Social Services to negotiate and persuade an 'adult at risk' to accept support, even those who are reluctant.</p> <p>Section 47 of the National Assistance Act 1948, provides for Social Services to apply for an Order to remove an adult with capacity <u>living in insanitary conditions</u>. I accept the Law Commission’s view as contained in its Review of Adult Social Care Law that in the modern age the state should not have the power to detain people in this way. As I understand it, the UK Government’s Care Bill is also repealing this provision as it applies in relation to England.</p>
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37	Regional Safeguarding and Protection Boards	<p><i>“1. We recommend that the Deputy Minister remove powers in the Bill allowing the merging of regional adult and children safeguarding boards.</i></p> <p><i>2. If the Deputy Minister is not minded to remove powers to combine regional safeguarding boards we recommend that she provides further information on the rationale for including powers in the Bill to merge such boards and detail on the procedure for merging boards.</i></p> <p><i>3. We also recommend that any decision to merge boards should be subject to a super affirmative procedure.”</i></p>	<p>The merging of Adult and Children's boards is a permissive power which I have been clear I have no current plans to use. I have also stated in Committee that the use of this power would only take place if and when there is clear evidence that doing so would help strengthen safeguarding arrangements for everyone. This is a Bill for a generation and this provision allows Ministers to consider further arrangements at a future date with which to break down barriers based on age, without having to revisit primary legislation.</p> <p>Regarding the second part of the recommendation, I accept the need to provide further information and will deal with this issue through my annual Written Statement on Safeguarding which I will make in the Autumn.</p> <p>As regards the third part, in light of the Stakeholder and Committee interest in this area I am minded to bring forward an amendment which will require the super-affirmative procedure to apply if and when subordinate legislation is brought forward regarding the decision to merge Children's and Adults boards.</p>
38	Regional Safeguarding and Protection Boards	<p><i>“We note that the Deputy Minister's decision to include powers to combine safeguarding boards stems from advice in a report from the Wales Safeguarding Children Forum. We ask that this report is re-published and the Deputy Minister makes an oral statement to plenary on this issue before the end of Stage 2 proceedings.”</i></p>	<p>The report of the Wales Safeguarding Children's Forum is available on the Welsh Government website: http://wales.gov.uk/topics/childrenyoungpeople/publications/forum/?lang=en.</p> <p>I will also be referring to this issue in my annual Written Statement on Safeguarding which I will make in the Autumn.</p>

39	Regional Safeguarding and Protection Boards	<p><i>“We note that Section 111 (2) of the Bill lists Safeguarding Board partners but omits mention of the Probation Service. We recommend that this Section is amended to include reference to the Probation Service.”</i></p>	<p>I appreciate the Committee’s position on this matter and I would be minded to bring forward amendments at Stage 2</p> <p>It should be noted however that Probation functions are vested in the Secretary of State under the Offender Management Act 2007 and it is not possible to include the <u>full</u> range of probation functions without the consent of the relevant Secretary of State. As a result any amendment will need to be made in such a way that takes this issue into consideration.</p>
40	Regional Safeguarding and Protection Boards	<p><i>“We note the Deputy Minister’s intent to develop safeguarding policies on six geographical footprints. We recommend that she provides further information on the footprints and the rationale behind her intent.”</i></p>	<p>I am aware that a number of new Safeguarding Boards - for both adults and children - have already been established well in advance of the legislation coming into place. My annual Written Ministerial Statement on Safeguarding will include further clarification of the rationale for moving to the public service delivery footprint of six Safeguarding Board areas.</p> <p>This coherent, common footprint will enable and support joint working across local government, health and police services, reducing complexity and duplication.</p>

41	National Independent Safeguarding Boards	<p><i>“Having considered the evidence we are of the view that there should be separate national safeguarding boards for adults and children.</i></p> <p><i>1. We recommend that the Deputy Minister brings forward an amendment to this effect.</i></p> <p><i>2. However, if the Deputy Minister is not minded to accept this recommendation we recommend that as a minimum there should be one national safeguarding board with two elements to it, one representing adults and the other representing children.”</i></p>	<p>In line with the people model and the aim of breaking down barriers based on age, I am convinced of the need for a National Independent Safeguarding Board that provides Wales-wide strategic leadership in relation to safeguarding people, both children and adults. This is what the Bill currently provides for and I am not minded to change this position.</p> <p>As the National Board identifies issues and areas of work, there will, on occasion, be work that will only be of significance to children or adults. I do not feel however that there is any need to formalise these arrangements on the face of the Bill by prescribing that the Board should have two elements. To do this risks losing the potential for joint learning which is what you would expect to see the National Board championing. The Board needs to have sufficient flexibility to assess its priorities and react to them and the legislation needs to enable it to do exactly that.</p> <p>Regulations can also make provisions about the constitution and membership of Boards (allowing us to prescribe those with experience in the field of adult and children’s safeguarding) and other matters such as the content of the Board’s reports.</p>
42	Due Regard to the United Nations Convention on the Rights of the Child	<p><i>“...we recommend that the Deputy Minister makes a statement, prior to the end of Stage 2, on how the scheme of legislation accompanying this Bill will include Regulations and Code(s) of Practice will promote and protect the underpinning principle of the best interest of the child throughout the Bill.”</i></p>	<p>I will be making a Written Statement on an annual basis about Children’s Social Care with the first statement being made in the Autumn. I will ensure that the issues the Committee raises are included within these forthcoming statements.</p>
43	Case for Separate Legislation	<p><i>“We recommend that the Deputy Minister issues an oral statement, before the end of Stage 2, detailing the rationale for moving from having a separate Bill for children to a people focussed Bill.”</i></p>	<p>I intend to address this during the debate on the general principles of the Bill on the 8October but would be happy to make a further statement should it be felt that this is necessary.</p>

44	Section 88: Young people entitled to support under Sections 89 to 94	<i>"We share the concerns of witnesses regarding the use of categories 1-5 in reference to care leavers and are uncomfortable with such terminology being similar to that used within the criminal justice systems. We recommend that alternative terminology should be used."</i>	During my evidence session with the Health and Social Care Committee on 6 June, I asked members to suggest alternative terminology but this was not forthcoming in its report. In light of this, and the fact that Stakeholders who have raised this matter directly with officials have also been unable to provide alternatives, I am not minded to change the terminology at this point. We will however continue to consider alternative terminologies which could be used in the Code(s) of Practice and in operational arrangements.
45	Disabled Children	<i>"...we...recommend the Deputy Minister provides an oral statement on how the existing rights for disabled children will be preserved in the Bill."</i>	I will be making a Written Statement on an annual basis about Children's Social Care with the first Statement being made in the Autumn. This presents a good opportunity to meet the Committee's recommendation in this important area.
46	Disabled Children	<i>"We...recommend that section 12(1) be amended to read 'that a child may need care and support by virtue of being disabled or otherwise'. In order to reflect the 'people' model promoted in the Bill we recommend that section 10(1) be amended accordingly to provide the same assurance for disabled adults."</i>	I do not believe there is a need to include this level of specificity in either of these provisions. Adding further definitions and references to disability in this way also has the potential for reinforcing the medical model which some stakeholders have expressed opposition to and at a time when I am considering how to build into subordinate legislation, a greater emphasis on the social model.
47	Adoption Services	<i>We recommend that the Deputy Minister make a clear policy statement, prior to the end of stage 2, setting out how post adoption support services will be delivered."</i>	Through the National Adoption Service we aim to improve Post Adoption Support Services, to make sure they are equitable throughout Wales. I have already said that I will use my powers of direction in this regard should the Service discover there be a need to do so. I will however make a further statement on this matter before the end of Stage 2.
48	Codes of Practice and National Outcomes Framework	<i>"We recommend that in departing from Codes, local authorities must publish a policy statement on the eligibility criteria they are proposing to use and receive agreement from Welsh Ministers to depart from the Code."</i>	The Bill provides for this to happen and section 124(4) (a) and (b) covers this area. Section 125 (2) provide 'for Welsh Ministers to direct local authorities to take any action...for the purpose of securing the exercise of functions...in accordance with the relevant Code'. It is my intention to ensure that there is consistency and transparency in the application of the Code(s) of Practice.

49	Codes of Practice and National Outcomes Framework	<i>“We recommend that the Deputy Minister sets out how stakeholders will be involved in the development of draft Codes prior to this consultation taken place.”</i>	I will ensure that officials work with stakeholders in the development of subordinate legislation (as is a matter of course) and we will be clear how stakeholders can input into the development of draft codes in this area ahead of consultation beginning.
50	Cooperation and Partnership Working	<p><i>1. We are persuaded by the evidence received in favour of fully integrated health and social care and believe that a separate Bill on integrated care, such as the legislative approach currently being considered in Scotland, would provide a better opportunity to address barriers to integrated working. We recommend that the Deputy Minister considers bringing forward a separate Bill on this issue.</i></p> <p><i>2. Should the Deputy Minister not be minded to accept our recommendation calling for a separate Bill, we recommend that Sections 147, 148 and 149 be strengthened by amending all references in these Sections from ‘may’ to ‘must’.</i></p>	<p>I am strongly of the view that removing the provisions for integrated working would have the effect of removing one of the core features which makes the Bill. As I said in a recent plenary debate on this matter the Bill sets out an approach to care and support based on seeing people as part of their families and communities. It aims to ensure that duties in respect of co-operation and partnership, link through to duties to individuals. This is a basic premise of the Bill.</p> <p>Separating out the legal framework for co-operation and partnership would therefore weaken the overall approach and diminish the impact of strong co-operation and partnership through the whole system.</p> <p>I do however recognise the Committee’s view that sections 147, 148, 149 and 150 would benefit from strengthening and as a result I am minded to bring forward amendments to the Bill at Stage 2.</p>

51	Barriers to Cooperation and Partnership Working	<p><i>"...believe that local authorities should have the ability to employ professionals with both health and social care competencies, and recommend that the restrictions set out in Sections 31 (4) and (5) are removed."</i></p>	<p>I believe that this restriction must remain. Nursing is an NHS function and nurses are registered by the Nursing and Midwifery Council. A local authority cannot employ nurses to undertake NHS nursing functions.</p> <p>However the prohibition does not and should not act as a barrier to the establishment of multi-disciplinary teams. Often such teams are managed by the local authority and LHB or jointly under a Partnership Agreement provided for by NHS (Wales) Act 2006. You will know that Integrated Family Support Service teams established under the Children and Families Measure 2010 include health visitors and mental health nurses.</p>
52	Barriers to Cooperation and Partnership Working	<p><i>"...recommend there is a need for such Regulations to outline details of professional governance arrangements in order to prevent disputes between partners on how such arrangements should operate."</i></p>	<p>If the recommendation relates to section 146 and 147 Partnerships, then my view is that the regulation making powers in section 147(3) are broad enough to enable for the Partnership Board to put in place governance for disputes between partners.</p>
53	Collaboration and Pooled Budgets	<p><i>"We note the views of witnesses that for the Bill to succeed there needs to be a greater sharing of resources between local authorities and local health boards. We believe that the greater use of pooled budgets would assist partnership working and promote seamless cooperation as called for by health and social care partners.</i></p> <p><i>Our recommendation 50 reflects our view that provisions in section 148 of Bill, which provides that a local authority and local health board may pay towards the establishment and operation of partnership arrangements by making payments directly or in to a pooled fund' and by providing staff, goods, services, accommodation and other resources', should be strengthened."</i></p>	<p>This recommendation can be put into effect via the changes I am minded to bring forward in response to Recommendation 50.</p>

54	Complaints and Representations	<p><i>“We agree with the Ombudsman that the process for handling complaints when multiple agencies are involved should also be simplified. We recommend that the Deputy Minister give consideration to this matter and we request further clarification on her proposals for the management of complaints.”</i></p>	<p>Although this matter when considered in its totality falls outside the scope of the Bill, the process for handling complaints when multiple agencies are involved is being given consideration in the development of the new Social Services complaints procedure.</p> <p>The Regulations and guidance for the new two stage procedure will be subject to consultation in the Autumn and I will be issuing a Written Statement about the consultation at the time.</p> <p>Regulation making powers under the Bill will enable the Welsh Ministers to make similar Regulations in future under the Bill. I therefore accept this recommendation.</p>
55	Complaints and Representations	<p><i>“We note the Ombudsman views on the role of independent advocacy in the complaints process and agree the importance of independent advocacy in providing assistance to those who need it in presenting their complaints effectively.”</i></p>	<p>Whilst I note that this is not a recommendation of the report, The Committee’s conclusions in this area are welcome and I would hope that the proposed amendment in this area, which I announced in a written statement before the Summer recess, will help address concerns of the Committee and the Ombudsman.</p>
56	Funding Transformational Change	<p><i>“We note the Deputy Minister’s views on the possibility of phased implementation so that costs are offset by benefits and her commitment to providing further information on this prior to this Committee having to vote on the Bill. We recommend that the Deputy Minister make this information available prior to the end of Stage 2 and provide clarity on how phased implementation will work in practice”.</i></p>	<p>The Committee will wish to note my recent Written Statement on finance and funding for the implementation of the Bill. In this statement I announced that £1.5m of funding for implementation is to be allocated this financial year and also set out my thinking on the collaborative approach that implementation would require.</p> <p>I am also aware of the recent report from the Institute of Public Care at Oxford Brookes University which contains a number of recommendations on implementation.</p> <p>I wish to consider this report, and also the work of officials in developing an approach to implementation and will be looking to provide further information to Committee before the end of Stage 2.</p>

57	Training	<p><i>“We welcome the Deputy Minister’s commitment to allocating additional funding for work force training but are concerned about the lack of detail made available on this funding. We are concerned that such funding is only provided for local authorities and that the Regulatory Impact Assessment pays insufficient regard to other partners. We recommend that the Deputy Minister give further consideration to these matters”.</i></p>	<p>My officials have already begun a process of consultation with practitioners to develop a National Training Plan.</p> <p>This work is being taken forward as part of the Sustainable Social Services Programme and the most recent engagement on this matter took place on 17 July. One of the key messages from this session, the purpose of which was to consider the training implications of the Bill, was that “audiences outside of the social care sector are as much of a priority as those within the sector”.</p> <p>The development of a National Training Plan (and of the implementation plan itself) will result in further detail becoming available during the passage of the Bill. As part of this, further consideration will have to be given to the specific issue of training for partners other than Local Authorities, including those from the Health sector. I therefore accept this recommendation.</p>
58	Resource Implications from Assessing and Meeting the Needs of Carers	<p><i>“We support the extension of the definition of carer and accept that, if the Bill is to improve services for carers, this will incur costs, both in terms of additional assessments and services. We believe that further details of these costs are needed and that is not reflected in the information made available to date. We recommend that the Deputy Minister provides further information on this matter prior to the end of Stage 2.”</i></p>	<p>I accept that the extension of support to carers is likely to result in additional costs and that these costs would arise in relation to assessment and meeting of needs.</p> <p>Provisions for this are predominantly contained in sections 18 and 26-29 of the Bill. These sections will be underpinned with further detail developed under subordinate legislation in the form of Regulations. I have been clear that whilst work on developing policy intent for subordinate legislation will take place in parallel with the Bill, the consultation and making of Regulations will take place from 2014 and will be subject to their own RIA procedure.</p> <p>This means that although further detail on the intent for Regulations will be provided before the end of Stage 2, this does not equate to costs being known.</p>

59	Repeals	<i>“We recommend that a specific reference to ‘aids and adaptations’ is added to the list set out in Section 20 (2).”</i>	<p>My intention in regards to section 20 was that the list should be short and broad line with the Law Commission’s recommendations, its Review of Adult Social Care Law having concluded that the list of services “must be as straightforward as possible and include the minimum number of categories”.</p> <p>However in light of committee and stakeholder feedback and given that the list is illustrative of the kind of things which can be provided or arranged to meet needs for care and support (rather than exhaustive) I would be minded to bring forward an Amendment at Stage 2 in line with the recommendation of the Committee.</p>
60	Repeals	<i>“We ... recommend that Section 20 (2) of the Bill should be amended to make it clear that the list ‘should include but is not an exhaustive’ list of examples of what may be provided or arranged to meet needs under Section 21 to 29.”</i>	<p>I feel that this is already dealt with in the Bill. The section refers to the list as ‘examples’ and that needs to be clearly understood. It enables wide scope for local authorities to respond to a person’s care and support needs in creative ways that matter to them. The Explanatory Notes contained within the Explanatory Memorandum also provide clarity on this issue. I therefore do not see the need to bring forward an amendment.</p>
61	Repeals	<i>“We...recommend the Deputy Minister provide further assurances that the repeal of the Carers Strategies (Wales) Measure 2010 will not undermine the existing rights and entitlements of Carers.”</i>	<p>The decision to repeal the Carers Strategies (Wales) Measure 2010 when the provisions of the Bill come into force in 2016 is not intended to dilute the vitally important focus on carers which the Measure sought to develop.</p> <p>There should be no reduction in the capacity or willingness of partners to work together to support carers. I do not see why the work that has already started under the Measure should not continue.</p> <p>The Measure will be overtaken by a wholly new system of enhanced entitlements for carers. The Bill will, for the first time, give carers equivalent rights to the people that they care for. One of the most significant rights that carers will have under the Bill is that a local authority will be under a duty to meet the needs of carers who have eligible needs (see sections 26 and 27).</p> <p>They will also have a much stronger right to an assessment under Section 15 whilst Section 8 will ensure that carers can readily</p>

			<p>access information, advice and assistance about the type of support and services available in their community and how the system works. This will play a crucial role in signposting and assisting carers in accessing, amongst other things - preventative support services.</p> <p>There will also be a requirement for a population level well-being assessment to be carried out jointly by local authorities and Local Health Boards. This is being done via an amendment to the NHS Act (Wales) 2006. I intend to use the Code(s) of Practice to direct in this area and I am looking to do so in relation to carers, care leavers and Looked after Children.</p> <p>I will be writing to the Committee before the end of Stage 2 on this matter.</p>
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2 October 2013

To: David Rees, Chair of HSC

Dear David

Scrutiny of the Welsh Government's Draft Budget – Equality Scrutiny Toolkit for Committees

In advance of the Welsh Government publishing its draft budget next week, I am writing to draw your attention to an equality scrutiny toolkit that has been developed for Members, to help build equality considerations into their budget scrutiny.

The two-page 'Fairness in Finance' toolkit has been designed by the Research Service in consultation with the Equality and Human Rights Commission. The Chair of the Communities, Equality and Local Government Committee, which conducted an inquiry into equality considerations in the Welsh Government's budget in 2012, has also been consulted.

Committee Members will be able to use this toolkit alongside their committee-specific budget briefing, and the training delivered to Members and their support staff by the head of CIPFA.

I hope that your Committee finds the toolkit useful in support of its financial scrutiny work.

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Croesewir gohebiaeth yn y Gymraeg a'r Saesneg/We welcome correspondence in both English and Welsh

Yours sincerely

A handwritten signature in black ink that reads "Jocelyn Davies". The signature is written in a cursive style with a small dot above the 'i' in Davies.

Jocelyn Davies AM

Enc: Fairness in Finance toolkit

Fairness in Finance

A toolkit for scrutinising equality considerations in budgets

This toolkit aims to help Members build equality considerations into their financial scrutiny work to ensure financial decisions are fair. It complements briefing on general principles of financial scrutiny that is being delivered to Members and AMSS by the Head of CIPFA, Angela Scott and the Research Service.

Why is fairness in finance important?

The Welsh Government has a statutory equality duty under Section 77 of the *Government of Wales Act 2006*, and along with all public authorities in Wales, is also subject to the general equality duty in the *Equality Act 2010*.

The law requires public authorities to demonstrate that they have had 'due regard' to the aims of the equality duty in their decision making. For the budget process, this means the Welsh Government should have:

- assessed the equality impacts of its financial decisions during the **formative stage**, and if necessary considered different options and scenario testing;
- made financial decisions based on the best available **evidence**;
- been open and transparent by **engaging** beforehand with those who would be affected by its decisions.

Suggested considerations

When scrutinising financial decisions in terms of equality, Members may find it useful to consider the following questions:

How do decisions about budget allocations relate to the Welsh Government's Strategic Equality Plan (SEP) and objectives?

Scrutiny of the budgets should include holding the Welsh Government to account on how the proposed allocations will meet the objectives of its statutory **Strategic Equality Plan**, and championing the citizens' voice and public concerns about impacts on particular protected groups.

Is the purpose of the financial proposal clearly set out, and have the potential impacts been identified?

A robust **equality impact assessment** (EIA) will illuminate the impact of an increase or decrease in funding on different groups of people. It helps to **target resources where they are most needed**.

EIAs also offer a way of identifying potential problems, and for making small, **preventative** interventions at an early stage which remove the need for expensive remedies further down the line.

Where the Government is proposing changes to allocations, an equality impact assessment should set out the reasons for the change, the expected impact on protected groups, and the intended outcome.

It is also important to think about how individual financial proposals might relate to one another - a series of changes to different policies or services could have a cumulative impact on particular protected groups.



Has the impact assessment considered all available evidence? Are there any gaps in the data available, and if so how is this being addressed?

Public authorities should consider the information and research already available locally and nationally. The assessment of impact on equality should be underpinned by up-to-date and reliable information about the different protected groups that the proposal is likely to impact on.

A lack of information is not a sufficient reason to conclude that there is no impact.

Have potential positive and negative impacts been identified?

It is not enough to state simply that a policy will impact on everyone equally; there should be a more in-depth consideration of available evidence to see if particular protected groups are more likely to be affected than others. Equal treatment does not always produce equal outcomes; sometimes authorities will have to take particular steps for certain groups to address an existing disadvantage or to meet differing needs.

Have those likely to be affected by the proposal been effectively engaged?

Engagement is crucial to assessing the impact on equality. There is no explicit requirement to engage people under the equality duty, but it will help to improve the equality information that is used to understand the possible impact of policy on different protected groups. No-one can give a better insight into how proposed changes will have an impact on, for example, disabled people, than disabled people themselves.

What has changed as a result of the impact assessment? Are there plans to alleviate any negative impacts?

Where the assessment indicates a potential negative impact, consideration should have been given to reducing or mitigating this impact, supported by an action plan that identifies responsibilities for delivery and timescales for implementation. This is crucial to reduce the likelihood that difficult decisions that need to be taken do not create or perpetuate inequality.

What plans are there to monitor the *actual* impact and outcomes from the proposal? What are the timeframes, and what mechanisms are in place to respond to any concerns? Can improved outcomes be demonstrated?

Although impact assessments can help to anticipate a proposal's likely effect on different communities and groups, in reality the full impact of a decision will only be known after it is introduced. It is therefore important to have robust arrangements for reviewing the actual impact of the proposals, and to be able to demonstrate improved outcomes through a reporting process.

This paper was produced by the Research and Committee Services, with assistance from the Equality and Human Rights Commission (EHRC).

