

Annex C: Health and Social Services Integrated Impact Assessment on the Budget 2016-17

OVERVIEW OF THE PORTFOLIO

The Department supports the Minister for Health and Social Services by developing and delivering policies that provide a sustainable health and social service for Wales and provides the foundation for other interventions aimed at improving health and well-being outcomes for the people of Wales.

The portfolio includes some of the key priorities for the NHS centred around ensuring the quality and safety of services, improving access to services and patient experiences and preventing poor health and reducing health inequalities for all. Our decision to allocate additional funding of £293m for health and £21 million increase in the Revenue Support Grant for social services in 2016-17 recognises that providing a sufficient and sustainable health and social care settlement is a vital consideration not just for society as a whole, but also recognises the disproportionately positive impacts on protected groups. This funding will be used to maintain access to quality acute services when these are needed, promote the continued development of primary and community services closer to home and increase funding available for mental health services and older people. By applying prudent healthcare principles, we will aim to correct the balance between over and under-treatment of care. As we stated last year, research suggests that spending on public services such as health and education reduces inequality by benefitting low-income households more than rich ones. The total equalising effect, and that of different spending programmes, can be quantified and programmes can be ranked from most pro-poor to most pro-rich. Per head, the NHS spends more on older people and on young children, and households containing both these individuals are concentrated in below-average income groups.

Reducing health inequalities, improving the health outcomes of children and families living in low income households and addressing the Inverse Care Law are central to the aims of our Tackling Poverty Action Plan. The Health and Social Services portfolio aims to promote, protect and improve the health and well-being of everyone in Wales by delivering high quality health and social care services, including funding NHS Wales and setting a strategic framework for adult and children's social care services as well as the regulation and training of the social care workforce. The Social Services portfolio also provides significant support for the voluntary sector in Wales.

Where there are inequalities in health, we work across Government to tackle the social, economic and environmental and cultural influences that affect health and well being.

Spend Profile

Fiscal Resource DEL Limit			
SPA	Revised Budget 2015-16	2016-17 Changes	2016-17 New Plans Draft Budget
	£m	£m	£m
NHS Delivery	6018.229	244.851	6263.080
Health Central Budgets	231.155	(0.464)	230.691
Public Health & Prevention	158.576	0.334	158.910
Social Services	68.470	(0.075)	68.395
CAFCASS Cymru	10.162	-	10.162
Totals	6486.592	244.646	6731.238

Key Changes to Spend

- Additional funding for Health of £293m;
- Primary and Community based care – Through the additional funding for health £30m is being allocated to increase the funding for the Intermediate Care Fund to £50m in 2016-14;
- Mental Health Services and Older People – of the additional £293m allocated £30m to increase funding available for mental health and services for older people;
- Social Services – allocated an additional £21m to the Revenue Support Grant;
- Preventative interventions in wider Social care – Protecting the Supporting People programme; and
- Public Health – we are protecting investment in programmes to improve public health. Dedicated budgets for Public Health and Prevention will increase by £0.334m from £158.576m in 2015-16 to £158.910m in 2016-17. The increase reflects transfer and or expansion of public health programmes.

Health - Impacts

Spending on the NHS is important but providing high quality care when people are sick is only part of the solution to good health. We also have a collective responsibility to prevent poor health arising where possible. A renewed focus on prevention is particularly important when we consider the need to safeguard the future health of children and young people. The importance of rebalancing the health system in Wales towards prevention has been noted in a number of key strategic documents including Together for Health.

A focus on prevention across strategic Welsh Government programmes and policies is wholly consistent with principles of prudent health care, as it involves taking action at points which maximise the potential for long term benefits, both in terms of health gain and in reducing the higher long term

costs associated with preventable ill health. Preventative work is also a crucial component in a renewed partnership between government and the public, whereby the Welsh Government has a responsibility to provide and promote social conditions which are conducive with good health, with a corresponding responsibility on all of us as individuals to act in ways which promote and protect our own health and wellbeing.

Our activity in this area ranges from programmes focused on promoting positive lifestyle messages and supporting people to become better informed about their health and wellbeing, through to immunisation and vaccination programmes, supporting preventative public health services such as smoking cessation services, and regulating aspects of the wider social environment. This also involves working in close partnership with a range of stakeholders, including Public Health Wales, other NHS organisations, local authorities and voluntary sector organisations.

As the NHS is free at the point of use –although not free of obligation the additional funding being issued in 2016-17, as well as the existing core funding allocated to Health Boards, will make a significant contribution to the tackling poverty and inequality agenda. Work to prevent avoidable ill health also makes a crucial contribution to the this agenda, as the positive impact of many of our public health priorities falls disproportionately on the most disadvantaged individuals, families and communities. Examples of such cross-government action include the breadth of action being taken forward through the Tackling Poverty Action Plan and Fairer Health Outcomes for All.

With trends indicating rising demand in the number being treated for illness, unscheduled care and social care, , we have taken an integrated approach to allocating funding to Health and Social Care which also recognises the significant positive impacts on protected groups. Our approach is to help citizens take responsibility for their health and wellbeing through the co-production approach, as well as developing a preventative primary and community care led NHS. This requires a sustained shift in financial and workforce resources to deliver more health care in the community. This approach includes greater collaboration between the health services, local government, and the third and independent sector. Services should be provided at or close to home, designed to prevent problems and detect ill health early, avoid the need for hospital and support prompt discharge, and enable people to die in their preferred place of care such as in their own home. The vast majority of the expenditure related to this approach is provided directly to the NHS in the block grant. The policy framework aims to steer the configuration of NHS services and those resources toward this primary and community care focused model.

For the additional NHS funding of £200m within the Delivery of Core NHS Services, each Health Board will be required to consider the impact of their spending decisions when their main allocations are set out as part of the Health Board Revenue Allocations that are issued later in December. Each Health Board now has to produce a three year integrated plan and as part of the planning requirements within the NHS Wales Planning Framework

they are required to demonstrate how their integrated plan is reflecting the responsibilities of the Equality Act 2010. Health Boards are therefore required to demonstrate how they are considering all of the protected characteristics as part of their duty under the Act and also ensure the rights of children are considered.

The current NHS Planning Framework also references the need to consider planning for the needs of specific groups that includes:

- Consideration of cultural diversity in communities and the health needs of specific groups,
- reflecting the particular challenges faced in urban and rural communities, including deprivation,
- considering the Welsh language.

Evidence and Engagement

The report from the Nuffield Trust, published in June 2014, on the funding pressures facing the NHS in Wales highlighted that if the NHS shares in the projected real-terms growth in the UK economy and makes the efficiency and productivity gains that Nuffield identifies as achievable, it will remain affordable. The NHS in Wales has already had significant success in these areas, through measures such as improvements in efficiency and productivity, reductions in the length of stay in hospitals and reductions in hospital admissions. Independent analysis by the Nuffield Foundation, Kings Fund and Health Commission however, demonstrates clearly that planned increases in health funding over the next CSR period will be 0.9% per annum, well below the projected growth in the UK economy.

Primary and Community Based Care

The overwhelming majority of healthcare in Wales is delivered in the community, close to patients' homes. The Intermediate Care Fund has been a key driver for partnership working across health and social care, with the third and independent sector to develop services to help older people maintain their independence. This includes the provision of care and support at home and in the community to avoid unnecessary hospital admission and to prevent delayed discharges from hospital. Through the additional funding for health, £30m is being allocated to increase funding for the Intermediate Care Fund to £50 million in 2016-17.

Mental Health We continue to recognise the important role of mental health services in improving patient outcomes. In June of 2015 we announced nearly 16 million of new money and from the recent CSR round we allocated £30m of the £293m to increase funding available for mental health services as well as funding for older people. In line with our integrated approach to health and social care, we remain committed to this promise so as to help make further improvements in a number of key areas, including child and adolescent mental health services and dementia care to benefit key groups. **Impacts**

Our Strategy *Together for Mental Health* aims to address stigma and discrimination and tackle inequalities. There has been a commitment to a mental health ring fence since September 2008 to protect the amount of money within this NHS budget and an explicit statement that whilst savings

can be made any savings accrued cannot be spent outside the ring fence. This has been reviewed as agreed in our delivery plan for the strategy and the independent report is published on our website. Stigma and discrimination suffered by people experiencing mental health problems and mental illness are reduced with the supporting action outcome *People with protected characteristics and vulnerable groups experience equitable access and services are more responsive to the needs of a diverse Welsh Population*. Progress is being made on specific delivery plan actions in this area.

Child and Adolescent Mental Health Services (CAMHS)

In relation to our requirements in legislation to account for the specific needs of children and young people, the provision of Child and Adolescent Mental Health Services (CAMHS) continues to be a priority area for improvement. We continue each year to make an additional £7.65m available to improve the range of CAMHS provision, an increase of 18% in a single year, which will also enable repatriation of more young people currently sent out of Wales for treatment, with a resulting saving in these costly placements.

We are also promoting the development of consistent community intensive treatment teams across all of Wales and the early identification of psychosis and support for young people who present in crisis in the current year. Evidence shows that early identification and community based treatment could reduce admission rates and length of stay for severely ill adolescents. Research is increasingly endorsing the benefits of assertive outreach and supports the need for the development of local partnership arrangements across agencies. This is in line with prudent healthcare and wherever possible, when risk allows, young people should be cared for in the community as near to home as possible.

The CAMHS improvement programme has been in place since 2014-15 and will continue in 2016-17. This involves a cultural shift in provision to ensure the small and specialist CAMHS resource can focus on those with the most enduring mental illness. Taking this forward CAMHS will need to build, maintain and strengthen partnerships with other agencies in local authority social care and elsewhere. Multidisciplinary teams working in Integrated Family Support Services and initiatives such as the health component of Flying Start are central to ensuring those with the most need have access to specialist CAMHS at the earliest opportunity; and also ensuring no disadvantage to those with lower level mental illness, who can be dealt with by other agencies, with appropriate CAMHS support, reducing stigmatisation.

Looked after children and young offenders

Evidence shows that looked after young people have higher levels of attachment disorder. Similarly those in the youth offending system also have higher levels of mental ill health. Identifying and addressing the mental health needs of these vulnerable groups early can ensure that they are able to fully integrate and engage in school and their wider communities. It can also help rehabilitation and reduced recidivism among young offenders. To support this we have made an additional £250,000 available since 2015-16 to improve the way in which CAMHS works with youth offending teams.

Gypsies and Travellers

In July 2015 'Travelling to Better Health' was published. This responds to an identified and evidenced need to improve access to and improve healthcare services for Gypsies and Travellers. This is focused towards several *Programme for Government* commitments, namely to improve access and patient experience and prevent poor health and reduce health inequalities by assisting healthcare practitioners in working effectively with Gypsies and Travellers. The guidance was produced in liaison with Gypsies and Travellers throughout all stages and provides advice on professional practice which could encourage greater participation in health and health services. The Travelling to Better Health guidance is supported by a number of outcome measures for health boards to assist with its effective implementation. Whilst financial implications in the current year are marginal, in the longer-term, following consultation and further implementation of the guidance, there may be further financial implications, particularly in respect of ensuring the NHS has knowledge, understanding and training of healthcare staff in relation to this community.

Services for people with a co-occurring mental health and substance misuse problem

In September 2015 the service framework for the treatment of people with a co-occurring mental health and substance misuse problem was published. This guidance is designed to inform and influence the delivery of integrated and collaborative practice in the delivery of mental health and substance misuse services for adults, children and young people. Again financial implications are marginal within this current year however there may be further financial implications in the implementation of this guidance particularly in relation to training afforded to front line staff.

Work has been ongoing in a number of additional areas including supporting the introduction of a Crisis concordat between Police, NHS and other partners to improve responses to people in contact with the police with mental health problems, and in particular addressing the health needs of asylum seekers and refugees.

Veterans

Since 2014-15 we have made an additional £100,000 available annually as part of the investment in psychological therapies to improve waiting to treatment times for our veterans' mental health service, Veterans NHS Wales. This is complemented by ongoing work between the service and Public Health Wales to implement the outcomes of a review undertaken in 2014 and which will make the service more responsive to the needs of veterans who are referred to the service. Demand for the service is predicted to increase, (by Royal British Legion and other major service charities) as a result of recent action in Afghanistan and increasing numbers of service leavers as a result of military redundancies.

Mental health is one of the four priority areas for early action identified in the strategic Welsh language framework – *More than Just Words*. The June 2013 User Satisfaction Survey (Fundamentals of Care Audit) showed that 98% of

patients were “receiving full information about [their] care in a language and manner sensitive to [their] need”. To support this further we have ensured the four most popular books under the *Book Prescription Wales* Scheme have been translated into Welsh and are available on CD. Locally, Betsi Cadwaladr UHB’s Welsh Language initiatives include developing a bilingual service user pathway to match Welsh speaking service users with bilingual mental health workers and identify unmet need.

The Alzheimer’s Society Cognitive Assessment Toolkit is now extensively used across primary care as a diagnostic tool, and widely recognised by professional bodies, including the Royal Colleges of GPs and Psychiatrists. It continues to play a crucial role in increasing GPs’ understanding and in promoting greater understanding and excellence. Language of choice is especially important, not least because the changes associated with dementia can leave first language Welsh speakers without the ability to communicate readily in anything but their mother tongue. Bangor University have recently completed the translation of this resource, meaning greater choice for Welsh-speaking clinicians and patients.

There is a clear link between mental health problems and poverty. Studies have found that people with mental illness have the lowest employment rate for any group of disabled people. They also arguably experience greater poverty, less adequate housing and greater social isolation. It is important that our efforts to tackle poverty recognise this. We know that reduced incidence of mental health problems are important for healthy functioning communities, improving social cohesion, social inclusion and prosperity. We know that those in the most deprived areas of Wales are more likely to suffer the most from poor mental health and a higher incidence of mental illness.

Budgets impact directly and indirectly on socio-economic disadvantage, tackling poverty and building sustainable communities, contributing to direct employment of people within the mental health field, particularly the Third Sector supported through S64 grant funding. Our work also supports vulnerable people by promoting recovery which helps them live independently and participate economically. Evidence shows mental illness is one of the key reasons for workforce absenteeism and a significant factor for a number of the long term economically inactive. Being in employment is particularly protective against living in poverty. Promoting mental wellbeing and establishing accessible support services will reduce the numbers of people unable to work due to mental illness and for those in work, promote speedier recovery, reducing time off work and enabling them to return to work sooner. We are finalising details for a new programme of peer support to help nearly 6000 people with substance misuse and mental health issues into or closer to employment supported in part by the European Social Fund. There is another peer support programme that will also help people who are in work and experiencing health problems sustain employment.

A key theme of our approach is to address problems early in life to prevent them developing into more serious issues during adulthood. 1 in 10 children between the ages of 5 and 16 will experience, to differing degrees, a period of

challenge to their mental wellbeing In addition many children act as carers and have to support parents/guardians who are themselves mental ill health sufferers. They require support to fulfil their role, including information and advice.

At the other end of the age spectrum, improving care, support and awareness of Dementia is a key priority. Dementia is a considerable cost to both public and private finances, with numbers increasing as the population ages. A large proportion of the cost is borne by carers and can be a significant contributor to household poverty. Dementia UK estimates £690m p.a. is lost in income for carers who have to give up employment or reduce work hours. The cost is also personal, as the carer often has to sacrifice their social life to provided dedicated, 24/7, care.

The seriously negative impact of welfare reform in Wales is well set out in a paper *and a paper "Welfare reform - The health Impact on people with a serious mental illness"*, produced by the third sector organisation, Hafal. It describes how the current reforms to the welfare benefits system cause difficulty for people in Wales who have a serious mental illness and how this reinforces the existing inequalities in health and social care outcomes faced by people who experience mental ill-health.

Evidence

Recurrent investment from 2011-12 of £3.5 million is supporting ground breaking mental health legislation the Mental Health (Wales) Measure 2010, which commenced in 2012. This investment has meant that there are now Local Primary Care Mental Health Support Services delivered locally across Wales. Between April 2013 and September 2015, over 80,000 primary mental health assessments were undertaken (prior to the implementation of the Measure this service was not available). The average number of assessments per month is 2,669.

The Measure also ensures a statutory right to a holistic care and treatment plan for service users in secondary care, regular review and rights to re-assess services following discharge. Between April 2013 and October 2015 there were on average 24,767 Welsh residents in receipt of secondary mental health services each month. The Measure also invested £1.5 million in ensuring advocacy for all mental health inpatients whether detained or not

Section 48 of the Measure placed a duty on the Welsh Ministers to review the operation of the Measure for the purposes of publishing one or more reports within four years of commencement. The final duty to review report was laid before the National Assembly for Wales in December 2015. The review has drawn on information from a wide variety of sources including:

- task and finish groups convened from a range of stakeholders to consider specific issues
- independent commissioned research
- service user and general practitioner satisfaction surveys
- third sector surveys and comment

- compliance with the legal requirements of the Measure
- quantitative performance measures
- the Health and Social Care Committee's post legislative scrutiny of the Measure recommendations

and supports the Health and Social Care Committee's findings that the Measure has improved services, but additionally that it has been value for money, and that improvements are continuing.

A mental health core data set, including outcomes from a service user perspective will evaluate the impact of the strategy. It will include measuring outcomes from a service user perspective and will also capture ethnicity data in all NHS psychiatric inpatient settings. We are continuing to develop this with the NHS Equality and Human Rights Unit and Diverse Cymru.

The Together for Mental Health Strategy (2012) describes how mental health is a key driver for social and economic development. The increased mental health budget, for both adult and children's services will ensure Wales is at the forefront of promoting good mental health and tackling mental illness when it arises. The Strategy is an integrated cross Government strategy ensuring health social care and wider partners such as housing education and police work collaborate to achieve its outcomes. Age inclusive for children it embeds UNCHR within the approach. The strategy seeks to ensure continuous improvement and consequently has three year delivery plans across its ten year lifespan. The first three year plans and the findings, alongside significant stakeholder engagement have informed the next delivery plan being drafted to cover the period 2016-19. This plan will be subject to formal consultation between January – March 2016 and is due to be published in June 2016.

Many people with mental health conditions are regarded as disabled under the definition of the Equality Act 2010. This strategy aims to reach positively to the heart of tackling inequalities. Welsh Language matters are fully considered in relation to the Strategy and its delivery plan and for those where need is highest particular attention given e.g. those with dementia who have a clinical need for assessment in their first language.

New investment in mental health services, will directly impact the long term economic development of Wales through the creation of specialist and high quality posts within the NHS. It will also help grow the workforce for the future. More generally the investment will support tackling poverty by improving educational attainment in children and young people. Funding is also being targeted at young people in the criminal justice system, which research by the Prison Reform Trust shows have higher levels of mental health needs. Ensuring their needs are met in a timely manner will reduce recidivism among this group promoting their rehabilitation back into society.

For adults with mental health problems supporting recovery and keeping people in work if they develop mental health problems and allowing them to re-engage with the workplace as they recover also assists economic

development as does support for their carers to continue within the workplace to reduce poverty.

A significant amount of the new 2015-16 mental health investment (£5.5m) has been targeted at supporting and improving dementia services.. This includes £4.05m to help establish psychiatric liaison teams at each district general hospital in Wales to support staff in providing timely mental health assessments and reduce length of stay and re admission rates, £500,000 of new investment for Occupational Therapy support workers in older person mental health units to improve daily activities and quality of care and £800,000 of new funding for new Primary Care-based Dementia Support Workers.

The Welsh population is aging and as a result the incidence of dementia will increase. Research conducted, by the Alzheimer's Society, for its report Dementia UK: Second edition, suggests that there will be 850,000 people living with dementia in the UK by 2015. They estimated that this will cost the UK £26 billion a year. Two-thirds (£17.4 billion) of the estimated cost of dementia is paid by people with dementia and their families, either in unpaid care (£11.6 billion) or in paying for private social care. Improving services for dementia sufferers not only improves their quality of life but also those of family members who contribute to their care particularly where this involves giving up work to support their relations. This impacts their own quality of life and investment in new services will also therefore prevent poverty amongst the wider population and promote the priorities of the Wellbeing of Future Generations (Wales) Act.

In relation to the other protected characteristics it can be demonstrated that the investment provided from 2015-16 will bring wider benefits. In particular in new funding to perinatal services of £1.5 m (maternity and age protected characteristics) will improve the attachment process between mother and child which is known to improve outcomes for the child and family and prevent risks of problems in later life. The funding is being used to establish community based specialist perinatal services across every health board in Wales.

We are also providing £3m (£1.9m adults and £1.1m children) to increase access to psychological therapies. The National Psychological Therapies Management Committee has produced an action plan which provides a tool to assist health boards in developing a workforce with the competencies to deliver psychological therapies. Health boards have submitted their proposals using this framework to show how they intend to improve access to psychological therapies. This initiative also supports individuals who may have suffered stigma and discrimination as a result of sexual orientation, disability, race, religion and belief, contributing to community cohesion.

Integration and collaboration is at the heart of this work, particularly in relation to longer-term care support for older people with dementia, where housing provision and local authority care and support form part of the wider package of support for this community The same multi service approach is needed to

support the emotional and mental health of children and young people, where NHS provision is one part of a service which spans, youth work, LA children services and social services, schools counselling and others.

Where mental health services are concerned it is a clear expectation that service users are actively engaged and co produce as equal partners in both their own care choices and development of services. Service users input their views by participation on the local and national partnership boards as well as stakeholder and other groups, with a National Service User forum, which has specific requirements to ensure that those from protected groups such as BME. are represented on the forum meeting three times a year. Work is also being undertaken by Public Health Wales 1000 Lives Improvement Service, the third sector and service users to produce service users' goal-based outcome measures which allow service users to report their perception of the achievement of outcomes important to them.

Continuous Improvement

Together for Mental Health enables us to measure the success of our work through a range of outcome measures, both specific to mental health and more general indicators of wider change.

Social Services

Younger, older and disabled people are more likely to depend upon the social care which public services provide. In this context projections show demographic changes and increasing public expectation alongside increases in the occurrence of specific conditions more common in older people, such as dementia will increase pressure on care costs. We know that carers, disabled people and others who are vulnerable are more likely to be in poverty and experience social exclusion. At the same time these same trends suggest that under the right circumstances preventative measures can improve well-being and realise public money for reinvestment in services over the longer term. This analysis supports our decision to place social services amongst the key considerations for this Draft Budget.

Our decision to allocate an additional £21m to the Revenue Support Grant for social services recognises the importance of focusing on supporting and accelerating transformational change across the health and social care system in order to address these challenges, with a particular focus on frontline delivery. Indeed, the Auditor General for Wales in his recent report *A Picture of Public Services 2015* recognised that spending on social care in Wales has been protected more than most other parts of the UK.

Our key priorities for social services are embodied in the Sustainable Social Services for Wales programme and implementation of the Social Services and Well-being (Wales) Act. These place emphasis on the well-being of people who need care and support and carers who need support alongside ensuring people have a much stronger voice and greater control over the services they receive; simplifying the way services are delivered, and improving the well-being of all people living in Wales.

By protecting vital programmes such as the Supporting People programme we have recognised the important contribution that social care has on the most vulnerable, whether through reasons of old age, disability or the need to safeguard children. This programme not only provides housing-related support for some of Wales' most vulnerable and socially excluded it also helps individuals and families who are homeless or at risk of becoming homeless to find and keep their home and live independently, as well as making a key contribution to our Tackling Poverty agenda. The programme is an example of action which can be taken to prevent or reduce the need for more costly interventions by the NHS and/or social care. It helps individuals and families and, in some cases, supports people who fall into the criminal justice system.

Gross public expenditure on social care was over £1.96 billion in 2014-15, with £0.2 billion raised in fees as many adult social services are means-tested. Almost all of this expenditure is funded by local government. Demographic pressures through increasing life expectancy, both for older people and people who are disabled, together with a growth in demand for children's services has led to social services expenditure more than doubling since 2001-02. Local Authorities have the statutory duty to deliver social services and provision is a mix of direct delivery and commissioned services from independent and third sector providers.

The Welsh Government's budget for social services has provided funding to support delivery of the legislative framework; work in partnership with service users, local authorities, the third sector, independent sector and other partners to coproduce a strategic direction for the sector in Wales, and to foster and accelerate transformational change in the way in which social care is delivered to the citizens of Wales as set out in Sustainable Social Services for Wales: a Framework for Action. The focus for 2016-17 will be on ensuring implementation and delivery of the Social Services and Well-being (Wales) Act

By reducing the number of looked after children the funding that would have been spent can be redirected to support the family to ensure children are not taken into care.

The budget for 2016-17 includes the transfer of £27m from the Department of Work and Pensions to the Welsh Government in respect of the Independent Living Fund - now the Welsh Independent Living Grant

Impacts

Welsh Government's budgets for social services support the implementation of the Social Services and Well-being (Wales) Act. The Act provides the statutory framework to deliver the Welsh Government's commitment to ensuring the provision of care and support to people of all ages, as part of families and communities. The Act places a significant focus on improving outcomes and wellbeing through prevention and early intervention, particularly to ensure there is care and support to meet the needs of vulnerable people. This includes children, older people, carers and disabled people.

Implementation and development of regulations, codes of practice and statutory guidance deriving from the Act has been a priority to prepare for the coming into force date of 6 April 2016. The focus on increasing preventative social services and early intervention are at the heart of *Sustainable Social Services: A Framework for Action*, and duties and powers to implement this change have now been made law through the Act.

Further legislation to enhance the quality of care for vulnerable people is being taken forward through the development of the Regulation and Inspection of Social Care (Wales) Act which will make changes to the role of inspection and, where necessary, strengthen the ability to tackle service failures such as those found by Operation Jasmine in residential and nursing home provision across Gwent in the early 2000s.

The social care workforce is a significant part of the Welsh labour market. In 2015-16, the Social Care Workforce Development Programme provided £7.15 million to invest in training for people working in social care to improve the quality and management of Social Services provision in Wales; with a focus in 2015-16 on which will be directed towards preparing them for changes resulting from the Act. The majority of this grant funding is delivered directly to Local Authorities. £1m of the grant is provided to Care Council for Wales to fund the development of the national training programme for the implementation of the Act.

The intention is to ensure that current recipients of the Independent Living Fund will continue to receive support following the transfer of funding. In the short term the transferred funding is being provided to local authorities to enable them to continue to financially support those who used to receive payments from the Fund. In 2016 the Welsh Government will be working with representatives of stakeholders to development arrangements for the long term.

Engagement

Coproduction of new social services policies together with service users, professionals and all delivery partners is embedded in the Sustainable Social Services Programme and all of the legislative changes set out in the Social Services and Well-being (Wales) Act and the Regulation and Inspection of Social Care (Wales) Bill. A National Partnership Forum for Social Services, established by the former Deputy Minister for Social Services, continues to bring together political and non-executive leaders from across all parts of the social care and health system in order to shape a shared agenda for change. The national social services citizen panel for Wales brings direct service user experience into the heart of Welsh Government policy making. Formal consultations have been utilised as part of the development and shaping of social services legislative reforms and impact assessments have been undertaken on each piece of secondary legislation.

Following engagement with stakeholders through a workshop attended by approximately 200 delegates and with representatives of the Third Sector, including the Health and Social Care Alliance of Alliances, a new Third Sector

Grant has been established for 2016-17 to underpin the delivery of the Social Services and Well-being (Wales) Act. Following a competitive bidding round, funding will be provided to Third Sector organisations to help deliver that legislation and policy.

Evidence

Social services support approximately 80,000 adults, providing statutory care for people with mental health problems, physical and learning disabilities and frail older people. Over 35,000 children in Wales were referred to social services in 2014-15. Child protection registers record 2,940 cases of neglect, emotional, physical and/or sexual abuse. There are 5,615 looked-after children in Wales.

The Sustainable Social Services Programme and implementation of the Social Services and Well-being (Wales) Act focus on supporting and accelerating transformational change across the health and social care system in order to address these challenges and ensuring services focus on prevention and early intervention.

Continuous improvement

Key priorities for social services are embodied in the Sustainable Social Services for Wales Programme, These include ensuring citizens have a much stronger voice and greater control over the services they receive, simplifying the way that services are delivered, and improving the well-being of all our citizens. A particular focus for 2016-17 will be the coming into force of the Social Services and Well-being (Wales) Act.

Public Health

With an ageing population it is vital we work with people to help protect their health as they get older. By protecting our investment in public health we are committed to providing greater control over health and well-being and faster access to advice and services for those who need it most.

Budgets for health promotion, health protection and prevention will increase in 2016-17. The increase reflects expansions of public health programmes such as immunisation and screening. Examples of the impact of these programmes include around 35,000 children in Wales having primary immunisations and boosters every year; more than 400,000 people aged 65 or over having flu vaccinations and providing more than 111,000 patients with Diabetic Retinopathy Screening services. With these services the aim is progressive universalism, helping everyone in the community, but targeting support in accordance with need. So for example, more effort is currently being put into making sure that groups who are not taking up health screening opportunities are helped to do so.

The increase in funding to **Public Health Wales (PHW)** mainly represents a transfer of budget and commitments into the core funding allocation for PHW. The core funding enables Public Health Wales to deliver its functions as set out in legislation, including services that cover health improvement and protection, public health intelligence and research, and national population

screening programmes for the people of Wales. PHW supports the delivery of many of the actions in relation to improving public health and reducing inequalities in healthy life expectancy.

The transfer of additional **immunisation funding** will increase the existing immunisation budgets within each Health Board and is representative of the expanding immunisation programme in Wales. The expansion includes the inclusion of rotavirus and influenza immunisations for children; a new routine shingles vaccination programme for people aged 70 years; and a time limited catch up programme has been introduced for first time for university entrants under 25 years of age who are at increased risk of Meningitis C. Health Boards have been receiving additional in-year funding for immunisations in previous years so this transfer merely confirms arrangements that have been in place for some time and will now allow HBs to plan with more certainty for this important policy area. Immunisation is a universal service. The aim is to create “herd immunity”, so protecting all parts of the community equally.

Public health actions can contribute to the **prudent healthcare agenda**, and so improve the impact of spending by for example by:

- helping empower people and their communities to take more control of their health on the basis of co-production; and
- developing effective prevention and early interventions that can avoid expensive problems later on.

For example, the funding for NHS Occupational Support Service (£0.163m) is based on the link between the health and wellbeing of staff and the quality of service delivery. It supports efforts to reduce the impact of sickness absence on NHS Wales by providing specialist support for doctors, who suffer higher incidence of common mental health problems than other professionals groups.

During the age of austerity, and in light of our increasing and aging population leading to increased demand on the NHS, our policy is to move away from focusing on ill health and an over reliance on hospitals. Our approach is to help citizens take responsibility for their health and wellbeing through the **co-production** approach, as well as developing a preventative primary and community care led NHS. There is a strong emphasis on the redesign of primary and community care services as population needs are identified. Every opportunity will be taken to ensure that services work as effective teams with a shared focus on the needs of individuals and local communities, delivering improved population health through strengthened primary and community care in partnership with the role the public must also play in their own health and wellbeing. The support of PHW through its Primary Care Medical Advisory Team, Primary Care Quality and Information Service and the Public Health Observatory is vital for this work, including action to mitigate inequalities and the effects of poverty and in particular to reverse the ‘Inverse Care Law’.

The aim is increasingly to refocus services on improving health and wellbeing for all, with the pace of improvement increasing in proportion to the level of

disadvantage. This commitment means keeping our aspiration to improve healthy life expectancy for everyone and to close the gap between each quintile of deprivation by an average of 2.5%, but looking for new ways of using the available resourcing. Our work also supports one of the three strategic objectives in the Child Poverty Strategy which is to reduce the inequalities that currently exist in the health, education and economic outcomes of children and families living in low income households.

We fund priority campaigns, projects and services which target improvements at those in need, such as the Healthy Start (£8.5m) benefit scheme which provides a nutritional safety net to pregnant women and young children in disadvantaged families. Ongoing support for the costs of the immunisation programme is a key area of preventative spend (£17.6m) and there is also investment in high quality data at both national and local level such as the Welsh Health Survey to support investment decisions and track the impact of policies. A number of budget lines relate to the sponsorship of public bodies such as Public Health Wales (£80.5), which has seen a £4.4m increase in 2016-17

The new developments in health planning and in primary care are establishing the basis for a better focus on the needs of the whole population. Small area planning will enable primary and community care services to target better the different needs of different groups and there is a growing willingness across the NHS and social services to share information and pool efforts to improve the health and well-being of the whole population. The development of small-area population planning should have increasing impact on service design and on health over the coming years.

With an ageing population it is vital that we work with people to help protect their health as they get older. The new over 50s health check offers everyone over 50 years of age easily accessible advice on their health and sources of help providing targeted users with greater control over their health and wellbeing, faster access to advice and services and help overcome problems of health literacy. This was piloted in Communities First areas both to give it a strong basis there and to ensure it is easy to access and use e.g. the LIFT programme.

We also recognise that the health service and wider health sector play a crucial part in underpinning and stimulating our economy, helping to tackle economic deprivation and reducing the economic drivers of ill health. The NHS has a considerable weight in the national economy, in employment, procurement, capital investment and innovation. Increasingly the opportunities are being taken to use the influence and budget of the NHS to influence people's chances of good health through enhanced employment and contributing to prosperity. Our programmes seek to mitigate the impact of poverty and improve people's life chances supporting objectives outlined in the Welsh Government's Tackling Poverty Action Plan.

We also recognise that the health service and wider sector plays a crucial part in underpinning and stimulating our economy, helping to tackle economic

deprivation and reducing the economic drivers of ill health. The Division for Social Care and Health Research (DSCHR) provides an infrastructure to support and increase capacity in Research and Development (R&D), runs a range of responsive funding schemes and manages the NHS R&D funding allocation. Numerous ground-breaking discoveries through research have resulted in novel and innovative ways of preventing and treating illness, reduce harm / waste / variation, tackle poverty and inequality, as well as the ongoing funding of the R&D component of healthcare innovation. In 2015 £10m was allocated to promote Efficiency Through Technology in NHS Wales. This fund will continue into 2016-17 and is intended to accelerate the demonstration, evaluation and adoption of new products and services into practice, increasing efficiency and providing patients with better outcomes, in accordance with the principles of Prudent Healthcare.