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Dyddiad/Date: 4 October 2018

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Clerk to the Committee
Health, Social Care and Sport Committee
National Assembly for Wales

By email: SeneddHealth@Assembly.Wales

Dear Clerk

Re: Draft Budget 2019/20

Thank you for the opportunity to comment on Welsh Government's Draft Budget Proposals for 2019/20.

The Health Board has welcomed the clarity provided by Welsh Government's agreement to increasing expenditure on Health in line with the Health Foundation's 2016 report. This, linked with the Welsh Government's agreement to fund the specific cost pressures affecting Hywel Dda UHB arising from the Deloitte Zero Based Review report, places the Health Board in a strong position to address its long term funding challenge.

We welcome the commitment made by Welsh Government to the results of the Parliamentary Review; and to implement this through the Healthier Wales strategy. Alongside developing pooled budget arrangements, the announcement of a £100m transformation fund will assist us in working far more effectively with our partners in West Wales to deliver seamless care.

At this stage, we are not aware of the broader discussions on the budget for 2019/20, and look forward to the opportunity to review the budget once it is shared.

The Committee asked a number of specific questions, which are answered below:

1. Mental Health

1.1 A detailed breakdown of spend on mental health services for the last 3 years (including how total spend compares to the ring-fenced allocation)

The Health Board tracks its spend against the ring-fence on an annual basis; this can only be done following the submission of Programme Budgeting information to Welsh Government at the end of the financial year. The Health Board exceeded its ring-fenced allocation in each of the last two years; 2017/18 is expected to also result in an excess of expenditure once the results are confirmed.

Year	Allocation (£'m)	Programme budgeting returns on expenditure on Mental Health Services (£'m)					Spend in excess of ringfence (£'m)	
		Adult	EMI	CAMHS	Other	Total		
2015/16	76.5	41.8	19.9	4.7	10.6	77.0	0.5	
2016/17	78.5	39.9	23.7	6.5	10.9	80.9	2.4	
2017/18	81.6	N/A						

EMI: Elderly Mentally Ill

CAMHS: Child and Adolescent Mental Health Services

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

Health Services globally do not routinely capture outcome data in a systematic and robust way, which is being addressed in Wales through the 'Value' agenda. However, this approach is in its infancy and further work is needed to embed this approach in our systems. Indeed, capturing data on mental health outcomes will be significantly more challenging than in physical health given the complexity of conditions and the subjective nature of assessing outcomes.

The Health Board does, however, capture data on performance against the targets set out by Welsh Government. These include:

- Delayed Transfers of Care;
- The Mental Health (Wales) Measure 2010, parts 1-4;
- Crisis Resolution Home Treatment targets;
- Child & Adolescent Mental Health Service (CAMHS) targets for emergency response and routine assessment;
- CAMHS Autistic Spectrum Disorder (ASD) and Attention Deficit Hyperactivity Disorder;
- Medical waits;
- Psychological Therapies access;
- Adult ASD service waits; and
- Patient feedback and satisfaction.

Within the Health Board, the Mental Health Directorate participates in the performance management and assurance frameworks which are in place. These include:

- A comprehensive performance review process, which is overseen and chaired by the Chief Executive;
- Given our financial position, further detailed financial performance reviews undertaken as part of our turnaround process, again chaired by the Chief Executive;
- Operational Triumvirate Meetings, where the general manager, lead nurse and consultant meet to address operational and financial delivery challenges;
- Support provided by the NHS Wales Delivery Unit and Welsh Government meetings focusing on quality and delivery;
- NHS Wales national meetings for Senior Managers and Senior clinicians involved in Mental Health to enable sharing of best practice across Wales;
- Directorate Business, Planning and Performance Meetings with leads from across the Directorate; and
- Mental Health & Learning Disabilities Quality, Safety Experience and Assurance Sub-Committee meeting.

These mechanisms provide both an operational focus on delivering against key priorities and provide assurance to the Board that this focus is making a difference to patients and service users.

1.3 Health board priorities for mental health services/spend for the next three years

The Health Board has embarked on an ambitious change programme within Mental Health Services, *Transforming Mental Health*, which aims to fundamentally shift the services provided to ensure a patient focused approach. As a result of this, the Directorate has been in a position to complete a three year plan. This will be incorporated into the Health Board's developing health strategy over the coming planning cycle.

The plan is focused on delivering the *Together for Mental Health* plan produced by Welsh Government; and includes a specific focus on Psychological Therapies as part of Welsh Government's focus and resources allocated in this area.

1.4 How outcomes will be measured

The Health Board has developed a new post within psychology specifically to identify and clinically evaluate patient outcomes. It is expected that this will both identify appropriate outcome measures and implement methodologies to collect data in a robust way.

CAMHS work with the nationally agreed outcome measures and Adult Mental Health are in the stages of developing outcome measures on a national basis. The directorate also participates in benchmarking on a national basis for both Learning Disabilities and Mental Health services.

The Directorate also work on audits into treatment planning, with a specific focus on quality to identify opportunities to improve outcome measures.

New Mental Health Innovation and Transformation funding received in 2018 (£849,000) has supported the implementation of co-produced outcome measures attached, developed with key partners including service users and carers.

- 1.5 The extent to which allocated mental health funding is being used to support other services, for example where patients have a primary diagnosis of a mental health condition but require treatment for other health conditions. Do funding arrangements, including the mental health ring-fence, strike the right balance between taking a holistic approach to meeting an individual's needs, and ensuring resources for mental health are protected**

Further work is required in this area, to ensure that a holistic approach is developed. However, specific Mental Health liaison is available within each of the general hospitals; along with Learning Disabilities facilitator roles.

The Health Board is planning to enhance support within GP clusters over 2018/19 through a network of primary care mental health nurses to support enhanced work within our communities.

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

Data in this area is not routinely captured. Further work would be required in this area with the NHS Wales Informatics Service.

Demand and capacity information is captured with from our Third Sector commissioned services through regular contract review meetings, supported by West Wales Action for Mental Health.

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

This data is available from the Health Board's Programme Budgeting returns, and is included below as far as available:

		2016/17	2015/16	2014/15
		£000	£000	£000
Primary		430.84	409.19	488.64
	GMS	-	32.36	35.48
	Pharmacists	66.32	65.67	96.06
	Admin & Facilities	3.17	-	-
	Out of Hours	3.55	-	-
	Drug Prescribing	355.18	309.62	355.30
	Dentists, Opticians & Other	2.61	1.55	1.79
Secondary care		6,088.30	4,259.12	4,067.69
	AB UHB	0.05	0.00	0.63
	C&V UHB	1.77	1.63	-
	HD UHB	5,062.33	2,908.47	2,538.70
	Powys tHB	-	0.39	0.34
	WHSSC	1,021.73	951.31	1,083.34
	English NHS	2.42	7.23	-
	Other providers	-	390.09	444.69
Total		6,519.14	4,668.32	4,556.33

2. Primary care/secondary care split

- 2.1 Health board spend on primary care for the last 3 years, including as a proportion of total health board spending. To what extent is this achieving the policy aim of shifting care from hospitals to primary care/community settings

The Health Board's spend over the last three years is outlined below:

	Primary care spend (£'m)	Total Health Board spend (£'m)	Primary care as % of total
2015/16	172.7	809.9	21.3
2016/17	172.9	862.8	20.0
2017/18	184.0	887.9	20.7

- 2.2 The Committee's report on the 2018-19 draft budget recommended that 'the Welsh Government should support and hold health boards to account to prioritise capital funding for primary care and ensure it improves the physical capacity for multi-disciplinary working and promotes new models of care'. What progress can the health board report in relation to this recommendation

Transforming Clinical Services (TCS) is the Health Board's strategic programme focused on shaping the future of health and care services for Hywel Dda. We are committed to delivering care away from a hospital setting and into the community and we are looking to develop a ten-year plan over the coming months to outline our overriding ambition and priorities, which will guide how we see a resource shift to community services that will be predominantly centred around an integrated preventative model of care.

3. Preventative spending / integration

3.1 Can the health board demonstrate a greater focus on prevention and early intervention in its allocation of resources

Overarching the Transforming Clinical Services (TCS) programme and the 10 year plan that will enable the resource shift into community services will be the 20 year long-term vision that will clearly articulate the Health Board's ambition for a whole system approach to an integrated model for health and wellbeing. Prevention and early intervention be central to everything that we do. This transformational journey must enable a cultural shift as well as facilitate change in the way in which we allocate resources and will be described in the form of a population health strategy over the coming months.

3.2 What evidence can the health board provide about progress made towards more integrated health and social care services

Significant efforts have been made to work far more closely with Local Authorities and the Third Sector across West Wales. These include:

- Consolidation of the statutory Regional Partnership Board for West Wales comprising senior representatives of the University Health Board, local authorities, third and independent sector alongside users and carers;
- Establishment of a regional Shadow Executive Board of the UHB and local authorities supporting the integration of health and social care and overseeing specific partnership arrangements;
- Adoption of shared strategic priorities for the Regional Partnership Board and establishment of supporting regional programmes;
- Publication of the **West Wales Area Plan 2018-23** – 'Delivering Change Together' – responding to the 2017 **Population Assessment** and setting out a shared care pathway based on the principles of prevention;
- Enhancement and integration of intermediate care, hospital avoidance and repatriation schemes through Welsh Government's Integrated Care Fund, working across sectors;
- Agreement in principle to adopt shared prevention framework and integrated population health strategy;
- Integrated approach to Information, Advice and Assistance supported by Dewis Cymru, Infoengine and NHS 111;

- Establishment of pooled fund arrangements for older people's care homes and supporting integrated commissioning arrangements (April 2018); and
- Priority areas are being identified for accelerating change; and transformation in response to *A Healthier Wales*.

The planning approach for 2019/20 will be critical to embed these developments into a sustainable approach for the Health Board which can enable us to work strategically with partners to deliver for our citizens in line with Welsh Government's *A Healthier Wales*.

3.3 How will outcomes be measured, given that the benefits of preventative activity may only be seen in the longer term

A plan for large-scale change in terms of health outcomes of large population across West Wales is being developed over the medium term.

Initially, through appropriate investment in cost-effective interventions, such as alcohol identification and brief advice, hypertension management and contraception services in primary care, with clear value in terms of return on investment will deliver early wins on defined outcomes relating to the intervention.

Prevention services, such as vaccination and immunisation provision for example, may be measured in terms of demand management and how these services can support and relieve pressure in the system. We should also include qualitative measures for prevention and early intervention services such as 'most significant change' methods to provide outcomes that importantly include the patient or user experience.

Whilst not forgetting the importance of evaluation and being able to ultimately measure the health improvement change we want to have across our population and the outcomes we will use to describe this, some of these measures may not take 20 to 30 years. For example, with the right investment we would want to be influencing the prevalence of smoking in our population in the short to medium term.

4. Admitted patient care

4.1 Spend on both elective and non-elective admitted patient care in each of the last three years. Projected demand and spend for both elective and non-elective admitted patient care for the next three years.

The Health Board's expenditure on admitted patient care is outlined below. Again, information for 2017/18 is subject to the Health Board's programme budgeting return.

	Elective care (£'m)	Non-elective care (£'m)	Total (£'m)
2015/16	81.4	137.5	218.9
2016/17	86.6	155.8	242.3
2017/18	N/A		

5. Workforce

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

The Health Board has invested in supporting Health Care Support Workers to progress onto formal nurse training pathways. This has delivered our first nurses back into the Health Board ahead of traditional educational routes.

Targeted recruitment campaigns have been developed and have delivered successful outcomes to enable the replacement of high cost locum and agency workers thus stabilising the workforce in certain areas.

Establishments remain a challenge for the Health Board with a large number of vacancies still existing, however progress is being made.

5.2 Actions taken to ensure a sustainable workforce following the UK's withdrawal from the EU. What assessment has been made of future funding needs post-Brexit

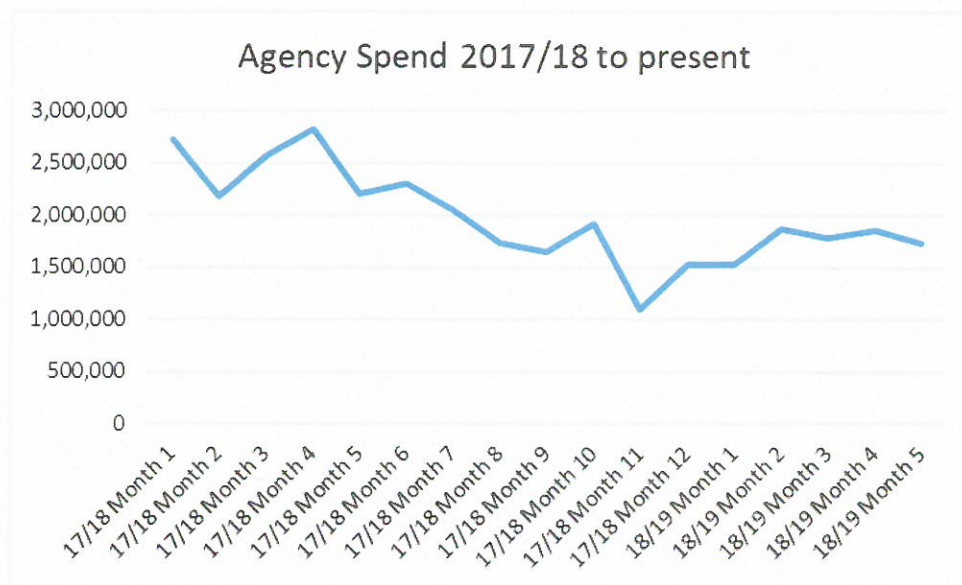
The Health Board is currently reviewing the potential impact of a no-deal Brexit (but this is dependent on what will be included). Any financial impact is yet to be assessed. The Health Board has recorded the implications on its Corporate Risk Register.

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

A number of actions have taken place to continue to drive down agency spend across all staff groups below is the graph detailing the reduction in expenditure over the period April 2017 to present. Enabling actions have included targeted recruitment practice for hard to fill vacancies, further development of “grow your own” training programmes to support individuals into nurse education and also robust management of high cost premium medical agency cover requests and also off framework nurse agency requirements.

In addition to this improved efficiency in roster management and bank booking processes has also assist in reducing the need for additional staffing requests.

A weekly workforce panel is in place which scrutinises all bank and agency requests and supports decision making on recruitment to key posts within the Health Board.



I hope that this provides the Committee with a clear view of the Health Board's position on these areas.

Yours sincerely

A handwritten signature in black ink that reads "Steve Moore". The signature is written in a cursive style with a large, looping initial "S".

Steve Moore
Chief Executive