Lesley Griffiths AC / AM Y Gweinidog lechyd a Gwasanaethau Cymdeithasol Minister for Health and Social Services



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Christine Chapman AM
Chair of the Children and Young
People Committee
The National Assembly
Cardiff Bay
Cardiff
CF99 1NA

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In response to your letter dated 1 November, please find below further information on the points you raised.

Transparency and Accountability

Presentation of Budget

I explained in Committee that the majority of core funding for Health Boards is unhypothecated, and it is for Boards to determine how they use this funding to meet the needs of their local population, including the health needs of children and young people. The presentation of the Welsh Government budget reflects this arrangement. I have no immediate plans to set separate Health Board budgets for core NHS services for children and young people.

The Welsh Government takes very seriously its commitments under the Rights of Children and Young Persons (Wales) Measure 2011, which comes into effect next year, and in particular the commitment to improve the transparency of budgeting for children and young people. The nature of the way health services are managed and funded, and particularly the information tools currently available, means that this transparency will inevitably be based in the medium term on a retrospective analysis of past expenditure, rather than a prospective future budget.

Current information on health service costs is generally based at specialty or service group level. Whilst it is possible to separately identify expenditure on some discrete services for children and young people, for example paediatric services or CAMHS services, in the main the costs of services for children and young people are not reported separately from the costs of adult services.

The limitations of budgeting and accounting for NHS expenditure in this way have been acknowledged by the NHS. All Health Boards are currently implementing financial systems to enable "patient level" costs to be calculated in the future. This is a complex programme of work as it requires Boards to improve data collection within some of their clinical systems. When these systems have been implemented and tested, which is unlikely to be for another year, they will enable most NHS expenditure to be analysed in many other ways - for examples, by age group, by treatment and by clinician.

As more detailed information becomes available in future I will endeavour to share this with the Committee. I would hope to be able to report progress on this front when the Committee considers the 2013-14 budget proposals.

Local Health Board Accountability

I do not agree with the Committee's view that there is a lack of accountability at Local Health Board level. Health Boards are directly accountable to me through their Chairs and through the Chief Executive NHS Wales for commissioning and providing safe and sustainable health services and for delivering the Government's commitments. There are a number of ways in which this accountability is exercised:

- Regular meetings between my officials and Health Board and NHS Trust Executive Directors;
- Systematic monitoring of the performance of NHS organisations by my officials across a wide range of financial and non-financial indicators as set out in the Annual Quality Framework on a monthly basis, or more frequently when required;
- Assurance provided to myself and the Welsh Government by the Healthcare Inspectorate Wales;
- Regular opportunities for me to address senior NHS management.

All these opportunities are used to ensure that NHS organisations are meeting the Governments expectations, and to ensure that plans are developed and implemented where commitments are not currently being delivered.

The Programme for Government sets out a range of indicators that we will use to measure the outcomes for children and young people from our programmes. I believe that focusing on the outcomes we are achieving for children and young people will ultimately have a greater impact than the detail of how much we are spending on these services.

Autism

The Autistic Spectrum Disorder (ASD) Strategic Action Plan for Wales, published in April 2008, considers the whole life of individuals with ASD from childhood to old age. Many of the actions detailed in the Action Plan are relevant to all ages so the policy intention is to achieve a more integrated, coordinated, 'life course' approach to responding to the needs of children and adults with Autism. For this reason it was decided to bring the policy and budget responsibilities together. Although ASD funding has transferred from the Children's Social Services Action to the Adult and Older People Action, we have no alternative plans for the utilisation of this money.

Flying Start

Your letter suggests that there may have been some conflict between our stated policy intention of doubling the number of children benefitting from Flying Start within the life of this Government, and previous information provided to the Committee. I will therefore restate, for the record, our absolute commitment to delivering this expansion, increasing the numbers of children and their families benefiting from this programme from 18,000 to 36,000 within the lifetime of this Government.

The commitment to double the number of children benefitting from Flying Start is one of our top five pledges for a fairer future. It is clearly reflected in our draft budget where we have earmarked an additional £55 million which will be used to support the first 3 years of the programme's expansion. This significant uplift in the funding, particularly in the current economic climate, marks our absolute commitment to preventative services in the early years. In addition, the Minister for Finance and Leader of the House has recently announced that £6 million of capital funding has been made available to support the expansion of Flying Start.

As I said to the Committee, I am currently considering the best way of expanding the programme. There are undoubtedly improvements we can make, and efficiencies we can generate, based on learning from previous years. However, the basis for targeting the programme has been agreed; it will focus on concentrations of families with 0-3 year olds living in Income Benefit households across Wales. This is more effective than relying too heavily on WIMD data, which includes 0-18 year olds, or free school meals data for which our target population (0-3 year olds) is not eligible. In addition, we will introduce a small element of outreach work so that more of those families that are most in need of Flying Start services can access them.

This programme is about generating the best possible outcomes for vulnerable children and their families, and there are always better ways of doing things. My officials are actively engaged in discussions with local government and LHBs about options for effective delivery.

Evidence from the Interim Evaluation Report, published in October 2010, suggests that Flying Start is starting to make a real, positive impact on children – when they go to school they are ready to learn, better behaved and more confident at mixing with other children. There is also emerging evidence from professionals and parents that suggests improvements in child development.

Flying Start is an evidenced based programme and was designed in response to evidence on what works to improve outcomes for children in the early years, particularly those from disadvantaged backgrounds. Whilst we are still learning the lessons of how to maximise the effectiveness of Flying Start we consider it a priority to start rolling out the programme to a wider cohort based on good practice and the evidence to date.

CAFCASS Cymru

Detailed discussions continue on the final budget allocation for CAFCASS Cymru. Any further funding to be allocated, over that which is in the draft budget proposals, will come from my contingency reserve and I do not foresee this having any impact on funding for other programmes.

Additional Information

I responded on the 3 November giving additional information on the provision of wheelchairs for children and child and family services.

Lesley Griffiths AC / AM
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Minister for Health and Social Services