Cynulliad Cenedlaethol Cymru
The National Assembly for Wales

Y Pwyllgor Plant a Phobl Ifanc
The Children and Young People Committee

Dydd Mercher, 17 Mawrth 2010
Wednesday, 17 March 2010

Cynnwys
Contents

Aelodau'r pwyllgor yn bresennol
Committee members in attendance

Joyce Watson	Llafur Labour
Helen Mary Jones	Plaid Cymru (Cadeirydd y Pwyllgor) The Party of Wales (Committee Chair)
Sandy Mewies	Llafur Labour

Eraill yn bresennol
Others in attendance

Janet Hawes	Is-gadeirydd, Bwrdd Iechyd Lleol Hywel Dda Vice-chair, Hywel Dda Local Health Board
Sue Kent	Is-gadeirydd, Bwrdd Iechyd Lleol Aneurin Bevan Vice-chair, Aneurin Bevan Local Health Board

Swyddogion Cynulliad Cenedlaethol Cymru yn bresennol
National Assembly for Wales officials in attendance

Sarah Bartlett	Dirprwy Glerc Deputy Clerk
Abigail Phillips	Clerc Clerk
Helen Roberts	Cynghorydd Cyfreithiol Legal Adviser

Dechreuodd y cyfarfod am 2.50 p.m.
The meeting began at 2.50 p.m.

Cyflwyniad, Ymddiheuriadau a Dirprwyon
Introduction, Apologies and Substitutions

[1] **Helen Mary Jones:** Croeso i'r cyfarfod. Datganaf fy niolchgarwch i'r Aelodau a'r staff am eu parodrwydd i ad-drefnu'r cyfarfod mor fuan ar ôl y cyfarfod a gollwyd oherwydd ein cefnogaeth i'r streic yr wythnos diwethaf. Hefyd, diolch i'r tystion am fod yn barod i newid eu trefniadau ar fyr rybudd cymharol. Atgoffaf bawb fod croeso cynnes iddynt ddefnyddio'r Gymraeg neu'r Saesneg, a bod offer cyfieithu ar gael yn y galeri ac yn yr ystafell. Atgoffaf bawb i ddiffodd ffonau symudol, 'mwyar duon', *pagers* ac unrhyw ddyfais electronig arall, gan eu bod yn effeithio ar yr offer sain a darlledu. Nid ydym yn disgwyl ymarfer tân, felly os yw'r larwm yn canu, dylem ddilyn y tywyswyr i fan diogel.

Helen Mary Jones: Welcome to the meeting. I declare my gratitude to Members and staff for being willing to rearrange this meeting so soon after the meeting that we missed in supporting last week's strike. I also thank the witnesses for being willing to change their arrangements at relatively short notice. I remind everyone that people are welcome to use Welsh or English, and that translation equipment is available in the gallery and in the room. I remind everyone to switch off any mobile phones, BlackBerrys, pagers and any other electronic devices, as they interfere with the sound and broadcasting equipment. We are not expecting a fire drill, so if we hear the alarm, we should follow the ushers to a safe place.

[2] Gofynnaf am unrhyw ddatganiadau o fuddiant dan Reol Sefydlog Rhif 31 gan

I ask for any declarations of interest under Standing Order No. 31 from Members. I see

Aelodau. Nid oes unrhyw ddatganiad. Mae Angela Burns ac Eleanor Burnham, yn anffodus, yn methu â bod yma y prynhawn yma oherwydd ymrwymiadau yn y Siambr.

that there are none. Angela Burns and Eleanor Burnham are unfortunately unable to be with us this afternoon, due to commitments in the Chamber.

2.51 p.m.

Craffu ar Waith Byrddau Iechyd Lleol o ran Gwasanaethau Iechyd Meddwl Plant a'r Glasoed
Scrutiny of Local Health Board Work on Child and Adolescent Mental Health Services

[3] **Helen Mary Jones:** Croeso cynnes i Janet Hawes a Sue Kent. Diolch eto am fod yn barod i ad-drefnu'r dyddiad oherwydd y gweithredu diwydiannol. I atgoffa Aelodau pam ein bod wedi gofyn i chi ddod yma, mae cynnydd ar gyflwyno gwasanaethau iechyd meddwl plant a'r glasoed wedi bod yn broblem dros y 10 mlynedd diwethaf. Yr oeddem yn croesawu'r ffaith bod y Gweinidog wedi penderfynu rhoi cyfrifoldeb arbennig dros iechyd meddwl i is-gadeiryddion y byrddau newydd, ac yr ydym yn awyddus i glywed beth yw'r cynlluniau a sut y bydd pethau'n gwella. A ydych am wneud sylwadau agoriadol byr, cyn inni symud at y cwestiynau?

Helen Mary Jones: I warmly welcome Janet Hawes and Sue Kent. Thank you again for your willingness to rearrange the date as a result of the industrial action. To remind Members of why we have asked you to come in, the delivery of mental health services for children and adolescents has been a problem over the past 10 years. We welcomed the fact that the Minister decided to place special responsibility for mental health with the vice-chairs of the new boards, and we are very keen to hear what plans you have and how things are going to improve. Do you want to make some brief opening comments before we turn to the questions?

[4] **Ms Hawes:** First of all, thank you for inviting us to give evidence to the committee. We are delighted to be here, but we need to make it clear that we are here on behalf of our respective local health boards, because there are different arrangements and different responsibilities across Wales. As you have quite rightly pointed out, we, as vice-chairs, have direct responsibility for primary, community and mental health services. That is a unique position in the new organisations. That is a responsibility to the board for the strategic direction and the delivery and accountability of those services. We also have direct responsibility to the Minister. Under the new organisations' rules we will be held to account in a public meeting, with the Minister, about primary, community and mental health services once a year. We welcome that, because we think that we need to have transparency with regard to the accountability for those services.

[5] Sue and I are very aware of our responsibilities to the board and to the delivery of the targets that are in the annual operating framework. We are also very keen to see integrated services that are delivered not just in the NHS, but across local authority services and the voluntary sector, which play a key part in delivering some of our mental health services, and the way that we work with multi-agencies—such as the children and young people's partnerships, child protection boards and community safety partnerships. We have to make sure that we provide safe and effective services. The way that we are going now is about how we identify those at risk and how we do early interventions, so that we can help young people and adolescents and prevent them from being drawn into the adult system of mental health services. If we can do that at a very early stage, we can help people to live their lives more fully in the community, rather than being hospitalised.

[6] **Helen Mary Jones:** For the record, I should say that Janet is the vice-chair of Hywel

Dda Local Health Board—which is in my constituency and in Joyce's part of the world—and Sue is the vice-chair of the Aneurin Bevan Local Health Board.

[7] **Ms Kent:** I would just like to reinforce what Janet has said. In addition, I would say that the publication of this report came at an extremely opportune time, given our appointments. For me, as a vice-chair, it has a provided a lot of information that needs to be applied to the Aneurin Bevan catchment area. There are issues not only for the recommendations of the report; the content of the report is very interesting and quite worrying. I would reinforce your opening comments, Chair, regarding the importance and the concerns about child and adolescent mental health services, of which I am very much aware.

[8] **Helen Mary Jones:** Thank you; those were helpful introductory remarks. We now move to questions.

[9] **Joyce Watson:** Could you outline the responsibilities of health board vice-chairs, both in general terms and specifically in relation to CAMHS?

[10] **Ms Kent:** A vice-chair has general responsibilities as a board member and accountability with the board to the entire organisation. In particular, we have responsibility for mental health, primary care and community services, as Jan mentioned. It is extremely pertinent that it is those three areas, because they are very much integrated. If you are looking at it from a mental health perspective, the importance of having that input to primary care in particular is absolutely crucial. So, we have overall responsibility as board members to the board and particular responsibility for those three areas.

[11] **Helen Mary Jones:** You are both here primarily as representatives of your own individual boards, but to what extent are the vice-chairs co-operating with each other? Our interest, as a children's committee, is in child and adolescent mental health services, but there are other areas where there will be commonalities, as well as things that need to be delivered in different ways to meet different communities' needs. Is a level of co-operation built in?

[12] **Ms Hawes:** We have—as do the chairs of the organisations—a forum where the vice-chairs meet to discuss individual issues, share models of good practice and find out what initiatives are being taken. Some of the work that is being done around the CAMHS networks that are being set up has been as a direct result of that. There is a lead from the vice-chairs' meetings, and we have opened those meetings up to heads of voluntary organisations. We recently had a meeting with Hafal, MIND and Gofal. They brought to us some of the issues that are facing them. We have realised that, if we are going to have a clear patient pathway—I think that I speak for Sue as well—the patient must be at the centre. What we are interested in is not necessarily the processes, although we have to follow those processes, but how the patient moves through that pathway. It could be through primary care—it could be where a child or adolescent is taken to a GP, but there are other organisations involved in that, such as education institutions. It could be a health visitor, school nurse or a teacher that spots a problem. We need to engage with all those partners. We have been very keen to ensure that we have a holistic approach to looking at how to deliver CAMHS in the future.

[13] **Joyce Watson:** How confident are you that CAMHS will receive the priority that they need, given the competing demands of vice-chairs' responsibilities?

3.00 p.m.

[14] **Ms Kent:** I will put CAMHS in the context of mental health. There are three elements of mental health: older adults, adults and children and adolescents, and then there are specialist services. I see my role as ensuring that mental health is high on the agenda and, in the Aneurin Bevan LHB, we have been quite successful in that. I have seen my role, over

the past five months particularly as one of getting out on the road, meeting people and listening to what people are saying about mental health services as a totality. As a consequence of the information that I was picking up on adult mental health services, we had, within Aneurin Bevan, an extremely successful day, the week before last, bringing in all the key people and particularly finding out what the issues are from users and carers, in order to develop a strategic view and a direction for where adult mental health services go. That was with the clear understanding of the board; in fact, the majority of the board were present on that day.

[15] We have been very successful already with adult mental health, but I think that it is with CAMHS that this report is so important. Having read the report, I was particularly concerned because, from the discussions that I had had, I had not got an overall view of what the service is and whether the issues identified in the report were happening in Gwent. I was quite concerned about that and discussed it with the chair. Together we agreed that an executive director should be tasked with undertaking a mapping exercise within Aneurin Bevan, which is now taking place, comparing our practice in Gwent with this report. From that, I think that we will have a good foundation on which to take CAMHS forward. We will do it slightly differently with different aspects of mental health.

[16] Part of our board committee structure and statutory requirement is the establishment of a mental health board committee, which I chair and which has three other non-executive directors present. Primarily it is to look at how we are complying with mental health legislation within Aneurin Bevan, but at our first meeting we took the decision, which has now been supported by the board, that we will have a wider remit than that and will look at general performance issues as well as the strategic direction of various elements of mental health. I think that that is pretty exciting and it has certainly been extremely well received by officers within the organisation who can now see that mental health is going to be receiving quite a high profile.

[17] Importantly, in attendance at that meeting will be the clinical director and manager of the adult services and the clinical director and manager of CAMHS. We will all be sitting around a table at that level.

[18] **Ms Hawes:** To reinforce that, speaking on behalf of Hywel Dda health board, we recently carried out a review of advocacy services across the three counties because we were concerned about some of the issues around advocacy services for adults and the inequity of access to those services. We had a comprehensive service-user engagement programme with that, where we did not expect people to come to us.

[19] I do not like to describe people as being difficult to engage with—I think that we are difficult to engage with, not the people—but there are issues around how you access mental health fora in order to get enough information as to what service users need. What clearly came out of that were issues of advocacy for children and adolescents with mental health issues and learning disabilities and how we might look at that.

[20] That is going to be part of our review report. The next stage of this review of advocacy services will also be about how we provide advocacy for children and adolescents and, as part of that, next Monday and Tuesday, mid and west Wales regional CAMHS and early intervention networks are having an event up at Llandrindod Wells, because we need to look at the potential benefits of early intervention, as I mentioned earlier, for young people with psychosis and their families. It is not just about the young people themselves, but their support network. We shall also look at how we might strengthen cross-boundary and cross-organisational relationships to support young people and families with early psychosis and how we might even have joint appointments across different organisations in order to support that network.

[21] **Helen Mary Jones:** Thank you. Sandy is next.

[22] **Sandy Mewies:** The report recommends the development of local multi-agency plans for implementing the national plan for CAMHS. What progress, if any, has been made with the plans, and how has the restructuring of the NHS affected them?

[23] **Ms Kent:** Picking up the restructuring issue, within our LHB we see the importance of the locality structure continuing. It is really important that the momentum that was gained through LHBs working in partnership with local authorities, particularly social services and education, is not lost. Therefore, we as a board are extremely keen that the locality structure should continue and has teeth and that partnership work continues. For Aneurin Bevan LHB, the partnership is with five different local authority areas, so it is quite complex.

[24] I know that plans are being developed. One good thing that has come out of the restructuring is that at least health is one organisation. We have to work with five local authority areas, but reorganisation means that health is speaking with one voice more than it was previously in different parts of Gwent. The locality emphasis is key, because there will be slightly different requirements in different parts of the county, with different needs. For example, Newport, as an urban area, has different needs from Monmouthshire, which has particular rural issues and needs. We have to tailor our services to keep that in mind.

[25] **Ms Hawes:** Just to echo that, Assembly Members will know from our locality that we have very different profiles within the three counties; it is not just the demographics, but the fact that there are rurality issues and urban issues. We are very keen, as a board, to reinvent, almost, the county structure to ensure that we deliver what is needed in the locality, rather than having one overarching policy. One size will not fit all, as far as we are concerned, so we are working closely with county directors that have recently been appointed. In Pembrokeshire, the director of social services has taken up the joint appointment as a county director for Pembrokeshire for health and social services. That is our first move to making joint appointments, which will take social care forward as well as mental health services.

[26] **Helen Mary Jones:** Thank you. Pertinently, since I am going to ask the next question, I remind Members and witnesses that we have another half an hour on this and another 10 questions that we are hoping to get through. It is a big and complex area, so let us be as focused as we can in our questions and answers and get through as many as we can. If there are issues that we are not able to raise, we will write to you to follow those up, but we are on a very tight timescale, because Members have to get back into the Chamber to participate in debates.

[27] The next question is about in-patient capacity for children and young people. In a statement on 24 November 2009, the Minister for Health and Social Services announced that by 1 April 2010, which is almost upon us, the NHS will meet the requirement in the Mental Health Act 2007 for there to be age-appropriate provision for children and young people who need in-patient services. That is an issue that the committee has touched on several times. We have been very concerned about young people either not being able to get in-patient services at all, or having to receive those services a very long way from home or, perhaps the worst of both worlds, ending up on adult wards, especially when admitted as an emergency.

[28] This is a question about the situation in the whole of Wales, but I am very happy for you to take it from your own boards' points of view. If, through networking with the other vice-chairs, you have a take on what the national picture might look like, that would be useful to us too.

[29] **Ms Hawes:** In Mid and West Wales, as you are probably aware, a new unit has been

set up in Bridgend for children and adolescents, but I am happy to report to the committee that at the moment in Hywel Dda LHB, there are no inappropriate placements for children and adolescents. While every effort is made to accommodate them within the services that we currently provide, if they are admitted as an emergency and/or they are placed out of county, every effort is made to bring them back into the county, because we are very conscious that people need the support network of their friends and family around them to help them through the particular crisis that they face.

3.10 p.m.

[30] **Ms Kent:** The only thing that I would add to that is that work is ongoing to improve and upgrade accommodation in both Nevill Hall and the Royal Gwent hospitals in order to provide short-term inpatient care should that be required. My understanding, however, is that that is very rarely an issue within the Aneurin Bevan LHB catchment area.

[31] **Helen Mary Jones:** Thank you. Joyce, would you like to ask a supplementary?

[32] **Joyce Watson:** Yes. I shall be brief. Knowing the old Dyfed, as it was—that is what you are covering and that is why it was not called Dyfed—I would like a bit more clarity about what you said about not providing anything out of county, because it depends where you are located within the county as to whether it might sometimes be a better option to go out of county. If you are in the very northernmost part and the provision is in the southernmost part—the same applies with regard to east and west—keeping provision in county might sound wonderful, but, in practice, you could be travelling for about three hours to reach it.

[33] **Ms Hawes:** If we are talking about the Teifi Valley—the barrier, if you like, or border—then there is an issue that we cross over between the two counties there and that affects all aspects of clinical care. As for the north of the county, I am not aware of any issues. We certainly have not been putting anybody from the north of the county right down into the south of the county. We are very conscious, with our partner organisations, about ensuring that people have support as close to home as possible.

[34] **Helen Mary Jones:** Of course, it might also—to abuse my position as Chair—sometimes be more appropriate for people from Llanelli to go to Swansea than to Ceredigion.

[35] **Ms Hawes:** Absolutely.

[36] **Helen Mary Jones:** Sandy, you have the next question.

[37] **Sandy Mewies:** Thank you. Developing an appropriate workforce was identified in the joint report as a key challenge, so what skills deficits remain in the specialist CAMHS and what progress is being made to remedy them?

[38] **Ms Kent:** Workforce is part of the plan that has been produced within the Aneurin Bevan LHB. I do not believe that we have any specific issues, but I am happy to come back to you with further information.

[39] **Helen Mary Jones:** That would be useful, thank you. Did you want to add to that, Janet? No? Joyce, you have the next one.

[40] **Joyce Watson:** Staying with staffing, what developments are under way in tier 1 and tier 2 services, for example, in primary care, to develop staff capability to meet the needs of children and young people accessing CAMHS?

[41] **Ms Kent:** We already employ primary care workers within the LHB, but not to the new target of two per 100,000 of population. Further work is ongoing, but my understanding is that we are confident of reaching that target within Aneurin Bevan LHB. It is an area of considerable importance because, from discussing CAMHS with GPs, it is clear that we have to give a lot more attention to the interface between CAMHS and primary care.

[42] **Ms Hawes:** There are opportunities now, with the way that the NHS is organised, for us to have specialist posts within the whole network, right across primary, community and mental health services; to provide specialist nurse interventions, for instance.

[43] **Helen Mary Jones:** Thank you. Sandy has the next question.

[44] **Sandy Mewies:** The report also stated—and you may have touched on this—that a multi-agency and multiprofessional response to meeting the individual needs of children and young people is rare. What steps are being taken to address this problem and what progress is being made, particularly in services for those children and young people with additional needs, such as a learning disability or autism spectrum disorder or an eating disorder?

[45] **Ms Kent:** The key to this is going back to locality working and, particularly, partnership working with local authorities. It is extremely important that we continue to ensure that the partnership working established in children and young people plans and the subcommittees—in which health bodies always did play, through the old LHBs, a very considerable role—is maintained. The same is true of community safety work—those are key areas and we must ensure, as a board, that that work is ongoing and robust.

[46] **Ms Hawes:** Just to add to that, I think that it is highly likely that our local authority partners will use their scrutiny committees to ensure that we deliver on our targets and improve on service availability for children and adolescents.

[47] **Helen Mary Jones:** One concern that has been raised with us in the past, about sitting around tables in partnership with local authorities, is whether the new health boards will send people of sufficient seniority for those partnerships to be effective at bringing resources to the table; these people need to be able to make a decision without having to go back to ask somebody else. Is that a concern that local authority partners have raised with you, and do you feel that you can address it effectively?

[48] **Ms Hawes:** From Hywel Dda LHB's perspective, we have already appointed our three county directors and they will have the authority and the overall responsibility to work closely with our partner organisations in their county. They will take that to the table; they will be the people that will represent us there and we have every confidence that that will work efficiently: they will be able to commit resources, because they will also represent us on the health, social care and wellbeing partnership boards. I will be there as well, as the vice-chairman, and the chairman will be on the local service board, so the connection is made around all three areas, from the operational aspect to the strategic aspect and back again to operational matters and delivery.

[49] **Ms Kent:** It is roughly the same in Aneurin Bevan LHB, in as much as all five locality directors have been appointed and, interestingly, the Torfaen locality director role is a combined role with the local authority and the health board. That is an interesting development and I think that, in future, we will be looking much more at the integration of positions between health bodies and local authorities. Certainly in the mental health services in Newport generally, and not just in CAMHS, we now have someone with an integrated role leading on mental health in Newport.

[50] **Helen Mary Jones:** Thank you, that is helpful.

[51] **Sandy Mewies:** The report also recommends that the Assembly Government, health boards and local authorities put in place arrangements that will involve children and young people and their parents in all parts of the development, implementation and review of services. Are you able to take that forward at all?

[52] **Ms Hawes:** Our experience, from the advocacy review, of engagement with service users has taught us many lessons. For some of us whose background is in the voluntary sector, working regularly with service users, it has been a no-brainer—we knew that that is where we needed to go, but we can use the evidence that we have from that. The difficulty in engaging with children and young adolescents arises from their parents or family members or adoptive parents—because we have children from outside the county who are placed with foster families with us. We must make sure that the voice of the child or the adolescent is heard and that it is not being steered by people who may, for a variety of reasons, want to protect them but may not be doing what the child or adolescent wants.

[53] **Sandy Mewies:** Or who may not want to protect them.

[54] **Ms Hawes:** Yes.

[55] **Helen Mary Jones:** That is helpful. Do you want to add to that?

[56] **Ms Kent:** No, that is fine.

[57] **Helen Mary Jones:** Thank you. Sandy, you are next.

3.20 p.m.

[58] **Sandy Mewies:** Moving on to specialist CAMHS, LHBs are required to make sure that specialist CAMHS are available for all children and young people up to the age of 18 by March 2012. What progress is being made towards that target, and how much more work is required? You can probably talk only about your own experiences there.

[59] **Ms Hawes:** In the Hywel Dda health board, we have already put in place a bridging mechanism to make sure that people do not slip through the net when they are between the ages of 16 and 18.

[60] **Ms Kent:** You will have received evidence from David Williams about how a considerable amount of work has been done by the Aneurin Bevan board on policies and processes for this transition area. We are confident that we will meet that target and, indeed, it is one that we very much welcome. It was an area of concern for managers and clinicians in CAMHS.

[61] **Joyce Watson:** What work is under way to address the lack of child and adolescent mental health services for young offenders within secure units and in communities? I shall wait for your answer, but I also draw your attention to a recent report by the Communities and Culture Committee, ‘Children in the Secure Estate’. I was a part of that group, and the lack of such provision was a major issue identified in that report. You can access that, if you want to.

[62] **Ms Hawes:** We welcome that identification, because those of us who worked in the old LHBs were very aware of the missing links between youth offending teams and the support networks there. We are confident that we will be able to bring those matters to the fore in the new multi-agency partnerships and identify where we need to put in services.

[63] **Ms Kent:** I fully support that, and I am aware of the work that is ongoing at the

Aneurin Bevan LHB and through the CAMHS network to address this issue.

[64] **Helen Mary Jones:** Good. It is pleasing to hear that, because it has been a major concern to that committee and to us, and it also picks up on the children's commissioner's repeated concerns about the lack of follow-up for young people who may have been receiving treatment while in a young offender institution, but who leave only to enter a black hole, in some cases.

[65] **Ms Hawes:** Just to add to that, Sue and I are both from the former LHBs, and that was a frustration for us. We were not able to make the inroads that we would have liked to make because of the division between acute services and youth offending services, local authorities and the LHBs. This new organisational structure gives us the opportunity to do that, which we welcome.

[66] **Helen Mary Jones:** Thank you very much. There are two further questions to end the session. The Wales Audit Office and Health Inspectorate Wales report stated that the national service framework and annual operating targets applicable to child and adolescent mental health services have often been missed. That is completely and dreadfully obvious, and the fact that the children's commissioner has had to highlight that in his report year on year has been a source of national embarrassment, to be honest. Are you confident that those targets are now more likely to be met, once these new structures are in place and start delivering?

[67] **Ms Kent:** I am quite confident that they will be met, from inquiring and seeing evidence of improvement.

[68] **Ms Hawes:** As Sue mentioned earlier, she and I both chair the mental health monitoring groups within our organisations, where those are the sorts of questions that we would be asking.

[69] **Helen Mary Jones:** I think that the problem has been the lack of somebody at board level to ask those questions consistently. It is encouraging to hear you say that those questions will be asked. One question that has sometimes been raised with us about child and adolescent mental health services is that of resources to achieve the targets. To what extent, historically, have those services lacked the resources needed to meet the targets? Are you confident that the new structures will ensure that the resources get there to ensure that the targets are met?

[70] **Ms Hawes:** You will be aware that some money has been allocated for the CAMHS networks. We, in Hywel Dda LHB, are confident that we can ring-fence that and make sure that it is targeted at the right areas. We are in the early stages of setting up an effective and efficient service for our service users. The engagement that we will have through the networks, through our multi-agency partnerships, and through the new whole-Wales networks will enable us to share good practice, because there are models of good practice all around Wales.

[71] At the moment, there is an inequity of access to services, but we can all learn from that so that we do not need to keep reinventing the wheel. There will be cost-efficiency savings. One of the issues in the past, when we were 22 LHBs, was that it was almost impossible to share those, because there were too many sources to be tapped into, if you like. Now that we are only seven, that is good.

[72] **Ms Kent:** I have nothing further to add to that.

[73] **Helen Mary Jones:** Thank you both very much. Do Members have any further questions or comments to raise with the witnesses? I see that you do not. Thank you, both, for

making yourselves available to us. The consistent failure to deliver for the most vulnerable of our young people has been a major issue for this committee, the Health, Wellbeing and Local Government Committee, and the Culture and Communities Committee—in fact, across the Assembly. I do not wish to speak for other Members, but I have certainly been encouraged by what you have had to say today, and I am sure that we will be coming back to you in future years to see whether this positive direction of travel has made the difference that we all hope for, and that includes you in your roles and we as Assembly Members. Thank you very much indeed.

3.26 p.m.

Cynnig Trefniadol
Procedural Motion

[74]	**Helen Mary Jones:** Cynigiaf fod	**Helen Mary Jones:** I move that
	y pwyllgor yn penderfynu gwahardd y cyhoedd o weddill y cyfarfod yn unol â Rheol Sefydlog Rhif 10.37(vi).	*the committee resolves to exclude the public from the remainder of the meeting in accordance with Standing Order No. 10.37(vi).*
[75]	Gwelaf fod y pwyllgor yn gytûn.	I see that the committee is in agreement.

Derbyniwyd y cynnig.
Motion agreed.

Daeth rhan gyhoeddus y cyfarfod i ben am 3.26 p.m.
The public part of the meeting ended at 3.26 p.m.