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Agenda - Children, Young People and Education Committee

Meeting Venue:
Committee Room 1 - Senedd
Meeting date: 7 February 2018
Meeting time: 08.50

For further information contact:
Llinos Madeley
Committee Clerk
0300 200 6565
SeneddCYPE@assembly.wales

Private Pre - meeting

(08:45 - 09:00)

1 Introductions, apologies, substitutions and declarations of interest

(09:00)

2 Inquiry into the Emotional and Mental Health of Children and Young People - Evidence session 17

(09:00 - 10:00)

(Pages 1 - 2)

Royal College of General Practitioners

Dr Jane Fenton-May, Vice-Chair - Policy and External Affairs

Dr Rob Morgan, Executive Officer

Attached Documents:

Research Brief

CYPE(5)-05-18 - Paper 1 - Royal College of General Practitioners

Cynulliad Cenedlaethol Cymru
National Assembly for Wales

3 Inquiry into the Emotional and Mental Health of Children and Young People – Evidence session 18

(10:00 – 10:55) (Pages 3 – 20)

Representatives from Local Health Boards

John Palmer, Chief Operating Officer – Cwm Taf University Health Board

Melanie Wilkey, Head of Outcomes Based Commissioning – Cardiff and Vale University Health Board

Rose Whittle, Head of Operations and Delivery, Community Child Health Directorate – Cardiff and Vale University Health Board

Angela Hopkins, Interim Director of Nursing and Patient Experience – Abertawe Bro Morgannwg University Health Board

Nick Wood, Chief Operating Officer – Aneurin Bevan University Heath Board

Paper 5 – Abertawe Bro Morgannwg University Health Board – TO FOLLOW

Attached Documents:

CYPE(5)-05-18 – Paper 2 – Cwm Taf University Health Board

CYPE(5)-05-18 – Paper 3 – Cardiff and Vale University Health Board

CYPE(5)-05-18 – Paper 4 – Aneurin Bevan University Health Board

CYPE(5)-05-18 – Paper 5 – Abertawe Bro Morgannwg University Health Board – TO FOLLOW

Break

(10:55 – 11:05)

4 Inquiry into the Emotional and Mental Health of Children and Young People – Evidence session 19

(11:05 – 12:00)

(Pages 21 – 63)

Representatives from Local Health Boards

Warren Lloyd, Consultant Psychiatrist - Hywel Dda University Health Board

Liz Carroll, Head of Nursing, Mental Health & Learning Disabilities - Hywel Dda University Health Board

Peter Gore-Rees, Consultant Child and Adolescent Psychiatrist - Betsi Cadwaladr University Health Board

Alberto Salmoiraghi, Consultant Psychiatrist – Betsi Cadwaladr University Health Board

Rhiannon Jones, Interim Director for Community and Mental Health services - Powys Teaching Heath Board

Attached Documents:

CYPE(5)-05-18 - Paper 6 - Hywel Dda University Health Board

CYPE(5)-05-18 - Paper 7 - Betsi Cadwaladr University Local Health Board

CYPE(5)-05-18 - Paper 8 - Powys Teaching Health Board

For information the NHS Welsh Confederation paper also relates to items 3 and 4.

CYPE(5)-05-18 - Paper 9 – Welsh NHS Confederation

5 Inquiry into the Emotional and Mental Health of Children and Young People - Evidence session 20

(12:00 - 12:50) (Pages 81 - 85)

Welsh Health Specialised Services Committee (WHSSC)

Carole Bell, Director of Nursing

Carl Shortland, Senior Planner

Robert Colgate, Associate Medical Director

Attached Documents:

CYPE(5)-05-18 – Paper 10 – Welsh Health Specialised Services Committee

6 Paper(s) to note

(12:50)

6.1 Letter from the Cabinet Secretary for Health & Social Services and the Minister for Children & Social Care – further information following the meeting on 22 November

(Pages 86 – 87)

Attached Documents:

CYPE(5)-05-18 – Paper to note 1

6.2 Letter from the Cabinet Secretary for Education – Welsh Baccalaureate

(Pages 88 – 90)

Attached Documents:

CYPE(5)-05-18 – Paper to note 2~

6.3 Letter to the Cabinet Secretary for Education from the National Education Union Cyrmu, the Voice the Union and UCAC

(Pages 91 – 93)

Attached Documents:

CYPE(5)-05-18 – Paper to note 3

6.4 Letter from Cabinet Secretary for Education – Details of the key checkpoint dates ahead of the release of the new curriculum in April 2019

(Pages 94 – 96)

Attached Documents:

CYPE(5)-05-18 – Paper to note 4

6.5 Additional information from representatives from NHS emergency duty teams and crisis care practitioners following the meeting on 10 January

(Pages 97 - 98)

Attached Documents:

CYPE(5)-05-18 - Paper to note 5

6.6 E-mail to the CYPE Committee by members of Fair Deal for Supply Teachers - including their letter to the Cabinet Secretary for Education

(Pages 99 - 109)

Attached Documents:

CYPE(5)-05-18 - Paper to note 6

6.7 Letter from the Cabinet Secretary for Education regarding Welsh medium text books for qualifications

(Pages 110 - 112)

Attached Documents:

CYPE(5)-05-18 - Paper to note 7

7 Motion under Standing Order 17.42(ix) to resolve to exclude the public from the meeting for the remainder of the meeting

(12:50)

8 Inquiry into the Emotional and Mental Health of Children and Young People - Consideration of the evidence

(12:50 - 13:00)

Cynulliad Cenedlaethol Cymru | National Assembly for Wales
Y Pwyllgor Plant, Pobl Ifanc ac Addysg | Children, Young People and Education Committee
Ymchwiliad i Gwella Iechyd Emosiynol ac Iechyd Meddwl Plant a Phobl Ifanc | Inquiry into The Emotional and Mental Health of Children and Young People
EMH 67
Ymateb gan: Coleg Brenhinol Meddygon Teullu
Response from: Royal College of General Practitioners

January 2018

RCGP Wales welcomes the opportunity to respond to the National Assembly for Wales' Children, Young People and Education Committee's inquiry on the emotional and mental health of children and young people in Wales.

The Royal College of GPs Wales represents a network of around 2,000 GPs, aiming to improve care for patients. We work to encourage and maintain the highest standards of general medical practice and act as the voice of GPs on resources, education, training, research and clinical standards.

When GPs identify people with problems there are inconsistent services available for them across Wales. We continue to be concerned that access to Children and Adolescent Mental Health Services (CAMHS) are poor in parts of Wales, despite reviews. We acknowledge that the service is restricted to those in need to specialist services but the criteria for assessment can be limited. The reconfiguration of services in some areas has not improved services. Some children may have to travel long distances for consultations or inpatient services. This can put additional strains on families. This is made worse when other children in the family have to be cared for by others while parents are supporting the child having assessments or treatment. This can result in emotional ill health for the other family members.

The Mental Health Measure and the development of Primary Care Mental Health Support Services may have been introduced and reviewed, but access to these services for children and young people is limited due to lack of experience and professional capacity within teams. GP counselling services are not available to children and adolescents. Improving links with schools

and school nursing services to develop these services would be better and prevent children missing classes.

Despite the development of a new pathway, transition can cause problems as there still remain some services which have no clear adult equivalent and older teenagers may neither engage with paediatric services or adult services. Transition to general practice of young people with specialist needs should never be the norm on the basis that there is no adult service that is not ring fenced by exclusion arrangements.

Cynulliad Cenedlaethol Cymru | National Assembly for Wales
Y Pwyllgor Plant, Pobl Ifanc ac Addysg | Children, Young People and Education Committee
Ymchwiliad i Gwella Iechyd Emosiynol ac Iechyd Meddwl Plant a Phobl Ifanc | Inquiry into The Emotional and Mental Health of Children and Young People
EMH 34
Ymateb gan: Bwrdd Iechyd Prifysgol Cwm Taf
Response from: Cwm Taf University Health Board

Specialist CAMHS

- **The extent to which new (and/or reconfigured) services are helping to reduce waiting times in specialist CAMHS. Whether the improvements in waiting times Welsh Government expected from CAMHS have been met.**

  The new funding that was released was for the following areas:
  1. Neurodevelopmental
  2. Primary CAMHS
  3. Crisis
  4. First Episode Psychosis (14-25)
  5. Psychological Therapies

  Of these funding streams the ones that have had a direct impact on specialist CAMHS are the Psychological Therapies and the Crisis posts. The Psychological Therapies posts have increased the therapeutic time that is able to be delivered within CAMHS within the generic specialist CAMHS teams. The Crisis Teams have impacted by acting as a front line service to A&E and GP's if a patient presents in Crisis - however the demand for this type of service since they have been put in place has grown significantly.

  The ND funding has gone into the ND service that is a cross directorate provision and was to provide additional resources not replacement for what was already being provided. CAMHS had identified the resource which was at that time being used for ND services and had invested that into the tea. The investment in ND has

meant a more co-ordinated approach to the provision of services but has not impacted on those cases that were appropriate referrals for Specialist CAMHS. The investment into Primary CAMHS in Cwm Taf has partly filled a gap that was left when the Local Authority withdrew the funding for 5 Primary Mental Health posts a few years ago. The demand for PCAMHS services remains high due to the Mental Health Measure Part 1 referrals. The First Episode psychosis posts in Cardiff and Vale and ABM have both gone into Adult services which has meant that there has been little impact in SCAMHS. In Cwm Taf the posts are more integrated into CAMHS and are working with the generic teams.

The expected improvements in waiting times (ie the 28 day target) is not being met in all areas. It was achieved at year end, however this was due to waiting list initiatives that were put in place using slippage on the funding allocated to CAMHS. Due to the significant recruitment process that CAMHS has gone through over the last year there has been a great degree of instability in the service due to staff movement into new posts and the subsequent backfill of posts. CAPA has now been implemented in all three Health Boards in the Cwm Taf Network and we are anticipating that there will be a decrease in the waiting times once this is fully embedded as has been demonstrated by the service in Cwm Taf where CAPA was implemented in April.

- **What the data tells us about the variations in practice (equity of access) across Wales.**

Acceptance rates into Specialist CAMHS vary across Wales, with the publication of all Wales referral criteria anticipated during later this year more equity should result, with some small local variation to reflect local needs.

- **The extent to which changes have addressed the over-referral of children and young people to CAMHS.**

There has been an increase in referrals into Primary CAMHS which is related to implementation of Mental Health (Wales) Measure for Part 1.

This has resulted in increased numbers of referrals coming into the service requesting a Part 1 assessment, and limited opportunities to address the other elements of Part 1 within a very small resource.

The number of referrals accepted by Specialist CAMHS the service has decreased slightly from 72% in September 2016 to 67% for August with an average being 70% accepted into the service over the last 12 months. There is an average of around 30% who are inappropriately referred into the service. The new referral criteria that are about to be released should provide more consistency to the referrers into the service on what an appropriate referral is into S-CAMHS.

- **Referrals and access to CAMHS by individual Health Board, including the restrictions and thresholds imposed by CAMHS.**

There have been national referral criteria that have recently been developed by the all Wales CD's group that will shortly be sent out for adoption this will ensure that the standards and criteria for access to specialist CAMHS are the same throughout Wales.

- **Whether the changes have helped to improve specialist CAMHS' ability to respond out of hours and at times of crisis; whether out of hours care is working effectively, and specifically looking at the needs of those children and young people who present and are assessed at hospital A&E departments.**

The Crisis teams have enabled greater access to CAMHS due to the enhanced hours and ability to quickly respond when needed. This has enabled the generic specialist CAMHS teams to concentrate on the core work and not be called out to deal with emergencies as frequently. We are pleased to report however that our Crisis Teams are generally achieved the Welsh Government 48 hour target. Work needs to be done on developing more robust pathways between Crisis Teams and the Inpatient

Service in Bridgend – discussion is planned around this issue with the Inpatient Clinical Lead and Crisis teams in ABMU, Cardiff & Vale, Cwm Taf.

- **Whether there is sufficient in-patient capacity in Wales.**

The general admission capacity is appropriate for South Wales. There are a number of out of area patients at times when there are patients who present who cannot be managed safely within a general CAMHS unit as the environment is not appropriate to meet their needs.

The model of service currently in the CAMHS Inpatient Unit is one of assessment and a combination of inpatient and home leave. We encourage home leave as soon as clinically appropriate to maintain links with family, school etc. I would therefore suggest that inpatient capacity is sufficient (in South, Mid and West Wales).

There are discussions underway with WHSSC on adapting Ty Llidiard in order to cater for some of these patients who need conditions of Low Security as this is currently purchased from the independent sector. In addition there is currently a lack of inpatient provision for patients with LD, Neurodevelopment and Forensic presentations within Wales.

In our experience the Services to support looked after children in residential homes are not always adequate in South Wales although not primarily inpatient CAMHS concern there has been pressure placed on the Tier 4 unit due to inadequate residential placements.

<u>Funding</u>

- **Annual expenditure on CAMHS in cash terms and as a percentage of the overall spending on mental health, by local Health Board.**

The 16/17 expenditure on the Cwm Taf element of the Camhs service (i.e. excluding services provided to other commissioners including C&V UHB, ABM UHB, Tier 4 and Fact) was £3.9m. These are not fully absorbed costs as this data will not be available until October when the programme budgeting returns are completed. The expenditure in 16/17 on Cwm Taf

Mental health services (again not fully absorbed costs) was £47.6m. Therefore the Cwm Taf Camhs spend in 16/17 was approximately 8% of the Mental health spend.

- **The extent to which access to psychological therapies for young people has improved. Whether there has been a subsequent reduction in the use of medication for young people.**

The new funding for psychological therapies has increased provision however we are still in a period of transition. Some young people in the system who had previously only been prescribed medication are still not accessing a talking therapy. This is gradually being addressed although the final result – i.e. a reduction in prescribing – will not be seen for some time..

We are now able to offer DBT for young people with emerging personality problems as a treatment stream across the Network. There is still a shortage of provision in the Network for the treatment of children and young people with attachment problems. This group, along with those with gender identity problems, are an increasing proportion of our referrals and require the development of specific treatments..

- **How the additional funding has been used to improve provision for children and young people in local primary mental health support services.**

The additional funding for LPMHSS has enabled PCAMHS to expand the provision for Part One assessments and interventions. There was limited funding given when the Measure was introduced (1 worker in Cwm Taf and 1 worker in C&V, none in ABM) and the demand for this service is much greater than expected. There are plans in place to deal with the backlog of patients waiting including linking back in with schools in order to

The withdrawal of funding for Primary Mental Health Services has had a detrimental effect on services being able to provide the preventative work in schools etc leading to increased referrals into the Service.

- **The extent to which the funding has been used to meet the needs of vulnerable children and young people, for example, children who are in care, children and young people with ADHD and autistic spectrum disorders, and those who are already in or at risk of entering the youth justice system, including those who are detained under section 136 of the Mental Health Act 1983.**

There has be a funding utilised to establish designated Neurodevelopmental Disorder teams within Cwm Taf. This team is multidisciplinary and is nurse lead, bringing together CAMHS, Child Health and Therapies into one service. There is now a single point of entry into ND services and links have been made with the 3rd sector to provide support. The Integrated Autism Funding Team is now starting to take shape and this will enhance current provision across the age range.

The funding for forensic services is being utilised to enhance current Forensic Service provision most new staff have started in post, others are currently in the process of being recruited.

- **The effectiveness of current planning and commissioning arrangements to address the needs of young people who have early onset of a severe mental illness, such as psychosis.**

The planning and commissioning arrangements are inconsistent across the Network. Within Cwm Taf the Early intervention Psychosis team is embedded within CAMHS and is working well with the generic teams when there are presentations that emerge. These teams are based within Adult Services in ABM and C&V Health Boards.

Transition to Adult Services

- How well planned and managed transitions to adult mental health services are.

There are transition protocols that have been developed across each Health Board area and regular transition meetings are in place with Adult services in order to ensure that this process is as smooth as possible. The transition process ideally begins 6 months before the 18th birthday.

Links with Education (emotional intelligence and healthy coping mechanisms)

- The work being done to ensure children and young people are more resilient and better able to tackle poor mental well-being when it occurs including:
  1. The development of the Health and Wellbeing Area of Learning and Experience as part of the new curriculum.

  Much work is being undertaken in this area as local multi agency plans, strategies and statements of intent are developed in partnership.

  There are various work programmes being worked on locally to look at opportunities to redesign the way we work collaboratively across the region including developing work with the Third Sector.

  The ALN Bill is also being supported locally with a number of forums looking at the potential impacts on services and the ways in which we work collaboratively in the future.

  2. Children's access to school nurses and the role schools nurses can play in building resilience and supporting emotional wellbeing.

Each school has a named school nurse who works closely with the Head Teacher and school staff. For our comprehensive schools this includes an open access drop in session for pupils for emotional health and wellbeing. The service is able to support and signpost young people to services, for example, sexual health services.

3. The extent to which health, education and social care services are working together.

There is a significant amount of joint working across all partners across the Cwm Taf region. There is a multi agency CYP Emotional and Mental Health Delivery Group that sits under the structure of the Together for Mental Health Board, that has been recently reviewed to strengthen its membership and links across all services areas.

Many of the questions relate to specialist CAMHS but emotional and mental health in its broader sense spans much wider that Sp CAMHS with all partners in Social Services, Education, Paediatrics etc playing key roles in supporting children and young people with a wide range of support needs.

4. The take up and current provision of lower level support and early intervention services, for example, school counselling services.

The Committee will consider the evidence it receives as part of this inquiry in the context of the implementation of the Social Services and Well-being (Wales) Act 2014, the Well-being of Future Generations (Wales) Act 2015 and the Rights of Children and Young Persons (Measure) Wales 2011.

Cynulliad Cenedlaethol Cymru | National Assembly for Wales
Y Pwyllgor Plant, Pobl Ifanc ac Addysg | Children, Young People and Education Committee
Ymchwiliad i Gwella Iechyd Emosiynol ac Iechyd Meddwl Plant a Phobl Ifanc | Inquiry into The Emotional and Mental Health of Children and Young People
EMH 55
Ymateb gan: Bwrdd Iechyd Prifysgol Caerdydd a'r Fro
Response from: Cardiff and Vale University Health Board

The Committee's Inquiry will consider whether the review of CAMHS - the 'Together for Children and Young People Programme' is on track to deliver the 'step-change' in CAMHS services that is needed. The Committee's Inquiry will consider:
Specialist CAMHS

- The extent to which new (and/or reconfigured) services are helping to reduce waiting times in specialist CAMHS. Whether the improvements in waiting times Welsh Government expected from CAMHS have been met.

Significant improvements have been made as a result of investment into new services. Further work is required to ensure systematic and sustainable improvement. Waiting lists have been dramatically reduced in 2016/17 throughout CAMHS.

- What the data tells us about the variations in practice (equity of access) across Wales.

The crisis team are seeing all referrals within 48hours. In the other services (Specialist CAMHS, Primary Mental Health and the Emotional Wellbeing Service) new referrals are assessed in chronological order of the referral date. With Neurodevelopment that is not always the case as a significant amount of data from various sources must be collated prior to an assessment and therefore is subject to external processes and delays. As yet there is no consistent reporting agreed for ND cases

- The extent to which changes have addressed the over-referral of children and young people to CAMHS.

In Cardiff and Vale UHB The introduction of daily Referral Management Meetings involving Specialist CAMHS, Primary Mental Health and the Emotional Wellbeing Service have reduced the referrals deemed 'inappropriate' and encouraged a better working practice so that young people are directed to the best placed service for their needs. Also work has been on-going with GPs, Schools, services in the voluntary sector (including Barnardos, Action for Children, Adoption Society, Team Around the Family and more) and young people in the Cardiff Youth Council and Vale Youth Council to improve awareness of the services available and their referral criteria.

- Referrals and access to CAMHS by individual Health Board, including the restrictions and thresholds imposed by CAMHS

Draft criteria at a national level has been developed it does mean that access to CAMHS is restricted to those with Mental Illness and cannot meet the perceived need from other agencies for those with Emotional /Behavioural need.

- Whether the changes have helped to improve specialist CAMHS' ability to respond out of hours and at times of crisis; whether out of hours care is working effectively, and specifically looking at the needs of those children and young people who present and are assessed at hospital A&E departments.

The crisis team are seeing urgent cases within 48 hours and the emergency cases are seen in A&E out of hours. They work with Specialist CAMHS, Primary Mental Health, Emotional WellBeing Service, First Episode Psychosis and Forensic CAMHS for follow up care as the needs of the young person dictates.

- Whether there is sufficient in-patient capacity in Wales.

The key issue relates to the type of case that is taken into the unit in South Wales and their ability to support a complex mix of cases in a small unit. There is no facility for children with LD and co-morbid Mental Health issues

Funding

- Annual expenditure on CAMHS in cash terms and as a percentage of the overall spending on mental health, by local Health Board.

- The extent to which access to psychological therapies for young people has improved. Whether there has been a subsequent reduction in the use of medication for young people.

Probably it is too early to measure a direct impact

- How the additional funding has been used to improve provision for children and young people in local primary mental health support services

Due to the introduction of the Part 1 Mental Health Measure in Wales as a Tier 1 target, the Primary Mental Health team have been forced to reduce delivering their early intervention and prevention training to professionals. Referrals for Part 1 assessments have increased significantly since the measure was introduced. This is obviously an unintended consequence. Locally Cardiff and Vale UHB are looking at ways to enhance the preventative role

- The extent to which the funding has been used to meet the needs of vulnerable children and young people, for example, children who are in care, children and young people with ADHD and autistic spectrum disorders, and those who are already in or at risk of entering the youth justice system, including those who are detained under section 136 of the Mental Health Act 1983.

The funding has enabled the Recruitment of a dedicated LAC Psychologist and launch of the Neuro Development team specifically for ADHD and ASD diagnosis.

Forensic CAMHS has not shown improvements so far.

- The effectiveness of current planning and commissioning arrangements to address the needs of young people who have early onset of a severe mental illness, such as psychosis.

Transition to Adult Services

- How well planned and managed transitions to adult mental health services are.

For children and young people with enduring mental illness there are good pathways in place. The early psychosis service will also deliver

improvements. The ND team are working closely with the Integrated Autism service to ensure good transition#

Links with Education (emotional intelligence and healthy coping mechanisms)

- The work being done to ensure children and young people are more resilient and better able to tackle poor mental well-being when it occurs including:
- The development of the Health and Wellbeing Area of Learning and Experience as part of the new curriculum.

Primary Mental Health provided a support service to Schools and PRUs training staff to deliver sessions in emotional intelligence and building resilience in young people. However, this has been reduced and is no longer as widely available due to a need to focus on the Part 1 measure.

- Children's access to school nurses and the role schools nurses can play in building resilience and supporting emotional wellbeing.

It seems that the school nurses are under utilised. Their skills could be put to far more productive use than they are though they should also received clinical supervision which they are currently not receiving.

- The extent to which health, education and social care services are working together.
- The take up and current provision of lower level support and early intervention services, for example, school counselling services.

The school counselling service in most schools is over subscribed. They were finding that they were ill equipped to deal with young people that require a higher level of intervention but are unable to get them referred and feel they cannot discharge them as they need help. The Emotional Well Being service should help with this and the school counsellors are more aware of this now.

The Committee will consider the evidence it receives as part of this inquiry in the context of the implementation of the Social Services and Well-being (Wales) Act 2014, the Well-being of Future Generations (Wales) Act 2015 and the Rights of Children and Young Persons (Measure) Wales 2011.

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EMH 09
Ymateb gan: Bwrdd Iechyd Prifysgol Aneurin Bevan
Response from: Aneurin Bevan University Health Board

1. **The extent to which new (and/or reconfigured) services are helping to reduce waiting times in specialist CAMHS. Whether the improvements in waiting times Welsh Government expected from CAMHS have been met.**

It has been suggested that 72% of children who are adopted from the care system in the UK will have experienced abuse and neglect (Selwyn, Meakings & Wijedasa, 2015). There is a body of evidence (e.g. Jaffee & Christian, 2014) demonstrating the long term consequences of early adversity (such as maltreatment or drug/alcohol misuse during pregnancy). Numerous studies demonstrate that early exposure to trauma, neglect, abuse and the absence of a secure attachment figure from birth has a profound impact on the later development of mental and physical health (Feeney, 2000). Advances in neuroimaging and neurobiology is also beginning to demonstrate that early trauma through exposure to abuse and neglect has a significant impact at the structural and functional level of the child's brain (e.g. McCory, De Brito, & Viding, 2010; CDCHU, 2012; Jaffe and Christian, 2014). Wales Adoption Cohort Study by Cardiff University, examined the presence of Adverse Childhood Experiences (ACES) in the cohort. This showed that 47% of children had experienced at least 4 Adverse Childhood Experiences (ACES) before they were placed for adoption. This places them in the highest risk group for later life difficulties.

A large number of adopted children present with complex needs throughout childhood and into adolescence which can be extremely distressing for the whole family system (Selwyn & Meakings, 2015). There remains significant concern that this population often has complex needs with few services available to provide timely and skilled interventions, based in a good understanding of the unique issues facing both adoptive parents and their

children (Ottaway, Holland & Maxwell, 2014). It is has been suggested that Specialist Child and Adolescent Mental Health Service (S-CAMHS) have been increasingly focused on diagnosable mental health disorders as a way to manage increasing demand and reducing budgets and those children living with the consequences of trauma are frequently excluded from these services (Silver, *et al*, 2015). As a result many children and families who are living with the consequences of early trauma are simply not receiving the support they require.

In order to respond to this unmet need the Aneurin Bevan Child and Family Psychology and Therapies Team has developed a small team of Clinical Psychologists (approximately 1 WTE) who work alongside the South East Wales Adoption Service, providing training, consultation and advice to both staff and families and also direct therapy to children and their families where this is indicated. Feedback from professionals and families has been positive, in both supporting other professionals to adopt these psychological ideas within their work with families, but also in reducing the number of children they may previously have referred to CAMHS services.

Examples of qualitative feedback:

a. *"The psychologists we have met have been the only professionals in the adoptive support system who truly understand Developmental Trauma and have the training and expertise to offer genuine assistance to us" (Adoptive parent)*

b. *"They answered all our questions, gave really good advice. Came out feeling positive, with a clear idea of what we need to do and continue to do" (adoptive parent)*

c. *"A psychological perspective on the issues presented by the child and useful strategies to present to the family in relation to helping them understand the presenting behaviours and endeavour to address them" (professional)*

We believe that if access to psychological services and therapies are offered as standard, and right from the beginning of the adoption journey, it will serve to avert the narrative of failure for families when they need some

additional support, and over the longer term result in a reduction in the number of adopted children being referred to CAMHS services.

2. ▪ **What the data tells us about the variations in practice (equity of access) across Wales.**

Review of adoption support services indicate that there is significant variation in the accessibility of mental health services for adoptive children across Wales. It has been suggested that the mental health needs of adoptive children could be better supported if they received the same priority access in education and health as Looked after Children, as the lifelong impact of developmental trauma does not end once a permanent family home has been established.

3. ▪ **The extent to which changes have addressed the over-referral of children and young people to CAMHS.**

We have anecdotal feedback from many of our social work colleagues working with adoptive families that they are now less likely to refer to CAMHS for support with mental health issues as a result of being able to access psychological consultation and intervention within the SEWAS service. It is proposed that through joint investment from both social care and local health boards, that provision of appropriate support, based upon a good understanding of the impact of developmental trauma, could be provided for adoptive families. It is suggested that if this support was made routinely available to families this would have the impact of addressing the over-referral of children and young people to CAMHS.

4. ▪ **Referrals and access to CAMHS by individual Health Board, including the restrictions and thresholds imposed by CAMHS**

In response to restrictions and thresholds imposed, the Heads of Child and Family Psychology Service, alongside our partners in specialist CAMHS, dedicated a proportion of Clinical Psychology time into adoption services to ensure that this population has improved access to Clinical Psychologists, who have a good understanding of the impact of developmental trauma on a child’s mental health.

5. ▪ **The extent to which access to psychological therapies for young people has improved. Whether there has been a subsequent reduction in the use of medication for young people.**

It is suggested that the increased emphasis on diagnosable mental health disorders to reduce the demand of CAMHS services, has meant that the emotional, psychological and developmental consequences of early developmental trauma are being routinely excluded. Given that that traditional CAMHS services are designed to offer focused time-limited interventions around a discrete ‘problem’, it is suggested that psychological services to address the emotional/mental health needs of adoptive children and their families are best placed within local authority settings where they would be more able to offer timely, light touch interventions across the whole adoption journey rather than interventions being based upon a referred ‘problem’

6. **The extent to which the funding has been used to meet the needs of vulnerable children and young people, for example, children who are in care, children and young people with ADHD and autistic spectrum disorders, and those who are already in or at risk of entering the youth justice system, including those who are detained under section 136 of the Mental Health Act 1983.**

It is suggested that greater consideration and understanding of the impact of developmental trauma is required when assessing young people for neurodevelopmental disorders. Research suggests that those children with a higher ACE score are also more likely to be diagnosed with ADHD (Brown et al, 2017). It is suggested that there is too much emphasis on the assessment of whether a certain constellation of behaviours are present, which might fulfil the criteria for a diagnostic label, with far less importance being placed upon how we might understand these difficulties within the child’s context and most importantly how we can best support these families to address these challenges.

7. **Links with Education (emotional intelligence and healthy coping mechanisms)**

There has been a lot of positive work undertaken by adoption UK in terms of producing a booklet for schools and also delivering training to schools, which for some adoptive families has made a significant difference to their child's experience whilst in school. There does however continue to exist a huge variation in the knowledge and skills within education regarding adoption issues and the impact of early trauma on a child's developing emotional well being and their ability to form healthy relationships with others. In some schools the belief that a child who is adopted has somehow been 'fixed' by virtue of their adoption status continues to pervade. It is suggested that education authorities need to consider the emotional needs of an adoptive child to be the same as a child within the looked after system, and that the same level of support be provided for these children.

Educational staff will continue to need ongoing training and support to understand and implement the types of educational interventions needed in order that these children are able to feel safe enough to settle and to learn within the classroom. Greater understanding is needed of the impact of developmental trauma on the child's developmental stage, and why many adopted children will demonstrate delays in their ability to attend, apply focused concentration and build collaborative relationships with their peers.

Cynulliad Cenedlaethol Cymru | National Assembly for Wales
Y Pwyllgor Plant, Pobl Ifanc ac Addysg | Children, Young People and Education Committee
Ymchwiliad i Gwella Iechyd Emosiynol ac Iechyd Meddwl Plant a Phobl Ifanc | Inquiry into The Emotional and Mental Health of Children and Young People
EMH 10
Ymateb gan: Bwrdd Iechyd Prifysgol Hywel Dda
Response from: Hywel Dda University Health Board

Dear Committee,

Re: Children, Young People and Education Committee
C292- Inquiry on the emotional and mental health of children and young people in Wales, Specialist CAMHS

Following the request across the Hywel Dda UHB footprint for comments on C292: Inquiry on the emotional and mental health of children and young people in Wales Specialist CAMHS, the responses received have been formulated into the key responses for each area outlined within the Consultation.

The responses received were from the following range of Professional disciplines:

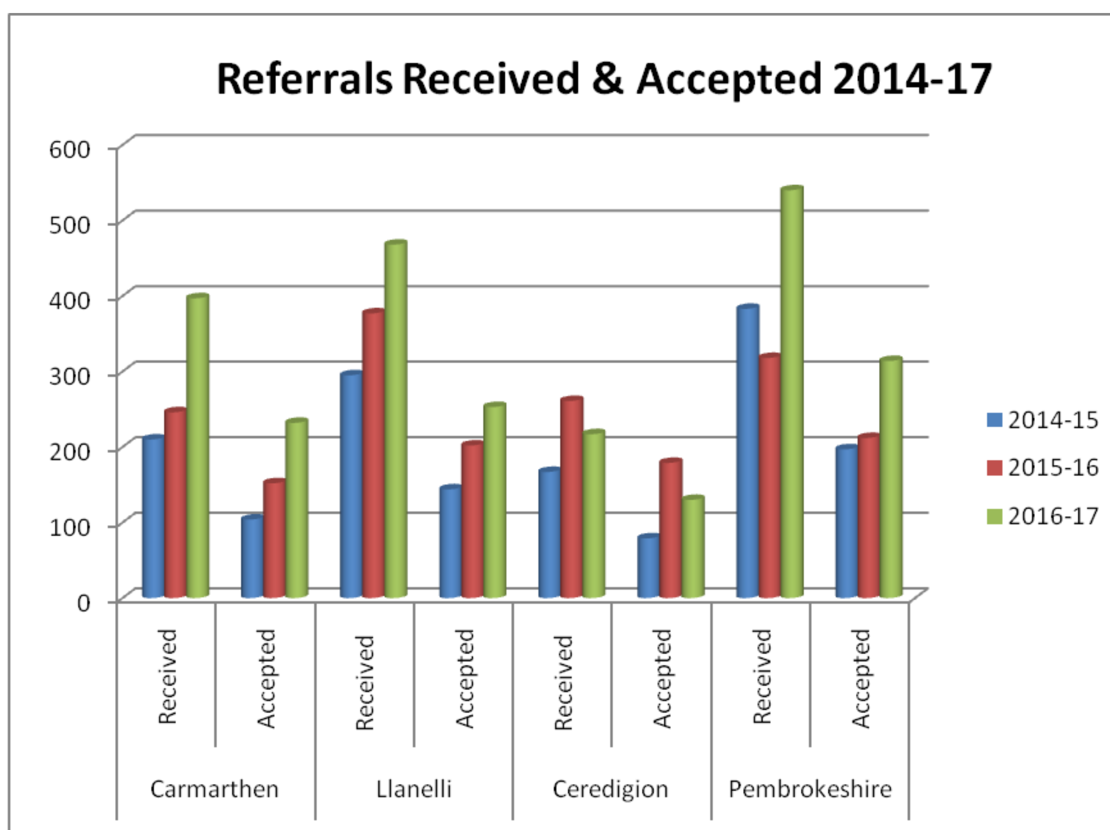
- S-CAMHS Practitioners
- Clinical Psychologists
- Consultant Psychiatrists
- School Health Nurses
- Health Visitors
- Paediatricans
- Physiotherapists
- Occupational Therapists
- Education representative

S-CAMHS

- The S-CAMHS Service within the Hywel Dda University Health Board does not have any waiting lists for assessment or treatment and fully meets the current performance targets of 48 hours (emergency response) and 28 days (routine response). This is due to the service adopting fully, a new service model called Choice and Partnership Approach (CAPA), which is a model based on demand and capacity planning, ensuring the client is placed at the forefront of service provision.
  A number of comments were received on access to S-CAMHS and the waiting times which include positive and negative experiences. Comments received from School Nurses include: "waiting times for referrals seem to have improved and are timely"; "waiting times to see S-CAMHS is good and, when accepted, overall waiting time to be seen is good"; whilst a Health Visitor reported "referral criteria restrictive and pathway not clear" and "it would be helpful to have stronger links/working relationships to improve communication".
- The service has, in line with other S-CAMHS Services across Wales, seen a consistent increase in referrals however the reason for referral continues to be in respect of emotional wellbeing not mental health disorders. Whilst S-CAMHS Services have increased in respect of capacity, they cannot meet every need from every service. The purpose of the Together for Children and Young People Programme was to promote resilience through early intervention and prevention and required a multi-agency approach. Whilst considerable work/developments have been achieved, there is still a considerable way to go for all agencies and services to understand their role in meeting the emotional wellbeing needs of their population, managing their own expectations and service gaps, and not to blame S-CAMHS for the lack of provision. A number of comments were received in respect of co-morbidity between health conditions and emotional health with S-CAMHS being seen as the service who should address this. However, having identified a service need, opportunities should be explored for developing additional services. CAMHS is, and remains, "Everybody's Business" (Welsh Government), however there clearly remains a high expectation that one small service should meet all the emotional and mental health needs of its population. Clinicians within S-CAMHS commented ""single point of access has provided equity across the service"; "responses to out of hours crisis has improved significantly with the new crisis team"; "gaps and shortfalls in other services need

financial support to reduce demand on S-CAMHS". A recent Service User Satisfaction Audit revealed significant satisfaction by the service delivered.

	Carmarthen		Llanelli		Ceredigion		Pembrokeshire		Total	
	Received	Accepted	Received	Accepted	Received	Accepted	Received	Accepted	Received	Accepted
2014-15	210	104	295	144	167	79	383	197	1055	524
2015-16	246	152	377	202	261	179	318	212	1202	745
2016-17	397	232	468	253	217	130	540	314	1622	929



- Single Point of Access was introduced for all referrals in 2017 within the S-CAMHS for children and young people. This system ensures that every referral is dealt with by a trained practitioner; the referrer is contacted alongside the young person and/or the Parent/Carer. Following this information gathering, a mutual decision is reached on the most appropriate service for the young person. This outcome is followed by a written response to the referrer and, where appropriate, they are signposted to the appropriate service if they do not need a mental health service ie: school counselling, Team Around the Family (TAF) etc.

- S-CAMHS has a newly developed Crisis Assessment and Treatment Team which is operational 7 days a week, who are able to provide an urgent response to a crisis situation. In particular they respond to Accident and Emergency Departments and support the Police in respect of preventing and reducing the use of Section 136 by providing a timely response (within 4 hours). The Crisis Team is also able to support local S-CAMHS Services across the Health Board area by undertaking an urgent assessment, providing additional support for young people during evenings and weekends and supporting local Paediatric and Emergency departments. This team also provides a 7 day a week service to the Paediatric ward providing mental health/psychosocial assessments for young people admitted following self harm – the benefits of this are earlier discharge with community support and a reduction in bed days, as the patients can be discharged in a timely manner following assessment. The service has been further expanded to increase accessibility, as since September 2017, the crisis service for children and young people is now operational on a 24 hour basis with the Adult Mental Health Crisis Team providing a crisis response during the hours of 21:00 hours and 09:00 hours. This is a collaborative service with adult staff receiving joint training on the needs of young people and the legal frameworks for children and young people.
- Following the recurrent funding in 2015/16 for Neurodevelopmental Disorders, a new Integrated Autistic Disorder Service (ASD) was established. All posts within this service have been fully recruited into and the service has focused on addressing the historic waiting list with excellent progress, having reduced the 6 year waiting list to 18 months. Alongside this, the service is also able to meet the new 26 week performance target for referral to assessment for all new referrals. This service also includes post diagnostic support/interventions and is linking closely with the new Integrated Autism Service (IAS) being developed within the Health Board with Adult Mental Health Services and Local Authority colleagues. Plans are underway to expand the provision of services to include working with anxiety and behaviours that challenge.
  Comments received in respect of access to the ASD Service include "it is acknowledged that monies received to improve waiting times and diagnosis for ASD is making a difference". Other comments include "there are a number of young people with ADHD/ODD/ASD who are on antipsychotic medication and they should be seen by CAMHS too". Education Representative commented that "Autism Disorder Clinics (ASC) clinics are working well and reducing waiting times".

It appears that many services continue to have expectations that the responsibility for all emotional and mental health concerns, including the prescribing of medications, rests solely with S-CAMHS. This requires further exploration in addition to resources being made available to improve the interface between services and ultimately prevent children being referred to a mental health service, when their needs can clearly be addressed at a lower level.

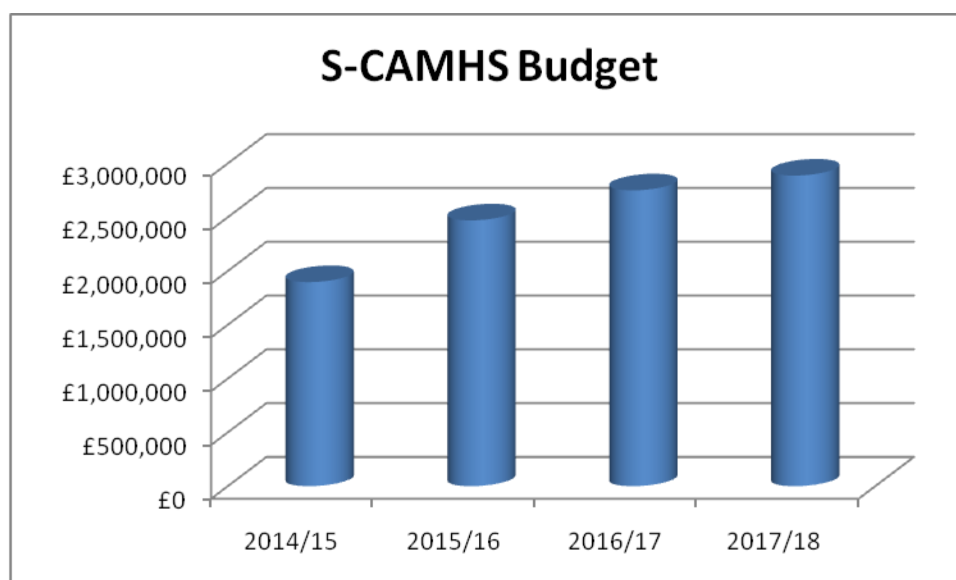
- The majority of comments from School Health Nurses indicated "excellent links with S-CAMHS Staff" reporting that "advice could be easily sought and referrals were dealt with in a timely manner". Other practitioners in the Iechyd Dda Health Team reported "excellent links and collaborative working".
- Alongside this in comparison were a number of comments received in respect of a lack of clarity in respect of the thresh hold criteria to access S-CAMHS was still restrictive and the referral pathway was not clear – "referral criterion restrictive and referral pathway not clear". There is, therefore further work to be done to address this and improve communication across all services, as it is only recently that a pan Wales approach has been adopted to standardising referral criteria for S-CAMHS and this will need to be communicated and shared across all stakeholders.
- There continues to be a misunderstanding of the role and function of the S-CAMHS Service with a number of stakeholders expecting the service to provide services for all emotional distress and this is demonstrated in the high number of referrals to the S-CAMHS Service which do not meet the criteria. The S-CAMHS Service provides Primary and Secondary mental health services and there are pockets of excellent joint working such as in Pembrokeshire, where each school holds a multi-agency consultation review panel, where teachers or school nurses can discuss a young person causing concern. The Primary Mental Health Worker (PMHW) provides advice on potential solutions, signposts to other agencies and/or facilitates access to S-CAMHS Services.
- The Consultation included observations that there is a growing demand on mental health services with increased referrals, however a considerable number of referrals would benefit from support and intervention from other services such as School Counselling prior to referral to a Specialist Mental Health Service. A significant amount of time is spent by Clinicians providing alternative options to referrers.
- Access to the In-patient Mental Health Unit for children and young people has improved for our population, with a quicker response time for assessments and

more timely access for admission. This service however is only available office hours, Monday-Friday, which means that any emergencies during the night or weekends, which require admission, result in a admission to an Adult Mental Health Ward.

Funding

- The Core Budget for S- CAMHS for the past 4 consecutive years demonstrates a year on year increase in core funding/expenditure:

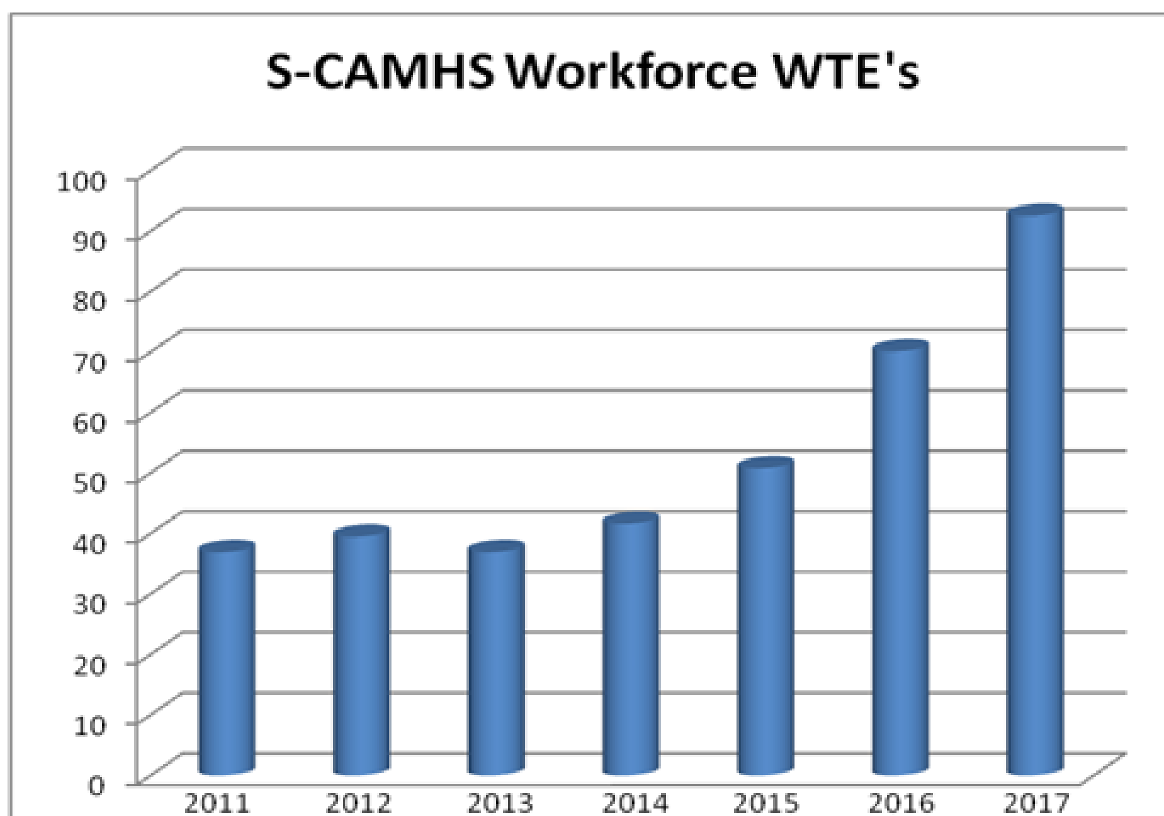
Year	S-CAMHS Budget	% Mental Health Budget
2017/18	£2,887,295	4.41%
2016/17	£2,749,978	4.18%
2015/16	£2,470,913	3.91%
2014/15	£1,897,193	3.15%



- Following the provision of additional recurrent funding Hywel Dda University Health Board received in total £873,097 for the period 2015/16. Further to this additional investment, a total of 28 new staff have been recruited which includes a range of professionals: Clinical Psychologist, Dietition, Occupational Therapist, Registered

Mental Health Nurses and Health Care Support Workers. A comment from a School Nurse supports the need for core funding "the demand on S-CAMHS is high and funding should be granted to ensure a safe, effective and efficient service can be delivered", whilst another colleague stated "more staff is required to deal with the growing demand in mental health".

- In 2016/17, further recurrent funding of £37,000 was received to strengthen joint working between the Early Intervention Team for Psychosis and the third sector. This has resulted in an innovative service development with MIND, which will provide additional support for young people to engage in training, attend college courses, voluntary work or employment.
- The budget for S-CAMHS over the past three years has improved considerably as outlined in the core budgets descriptor.
- The additional budget has enabled the S-CAMHS Workforce to increase substantially over the past 3 years as outlined below



- A number of comments were received in respect of the funding provision, highlighting that services may be unevenly distributed however the Hywel Dda University Health Board provides Mental Health Services for children across three counties and a significant number of these services are specialist services, which cover the three counties and therefore staff travel a wide geographical area.
- Following the additional funding of £129,785, S-CAMHS has developed an Psychological Therapy Service, which includes a range of psychological modalities, which has increased both the choice of psychological therapy in addition to ensuring evidence based practice is consistently applied. The additional provision has secured a new Service Lead who is also trained in Cognitive Behaviour Therapy and 3 additional Cognitive Behaviour Therapists to improve access to psychological therapy as a first line intervention. The Psychological Therapy team also includes Systemic Psychotherapists, Psychodynamic Psychotherapist and Art Psychotherapist, which ensures a range of psychological approaches dependant on need.
- The additional funding of £94,389 for Primary Mental Health Services has enabled the recruitment of additional staff and the services provided are not only for Part 1 of the Mental Health (Wales) Measure but a broader remit with referrals from all agencies being accepted and the provision of training to both Education services, YOPS and Fostering Agencies.
- The Neurodevelopmental service is an Integrated Service model between S-CAMHS and Child Health Services as historically, all services for Autistic Spectrum Disorder were seen under Child Health Services. The additional funding of £235,972, along with realigned resources from Child Health, has enabled the Health Board to provide a comprehensive assessment and post diagnostic service for ASD which is making considerable progress in reducing the historic waiting list and meeting the new 26 week performance target.
- S-CAMHS has in place, robust Service Level Agreements with the three Youth Offending Teams, which provides a Mental Health Link Nurse and access to the Mental Health Advisor for complex cases and Forensic assessments.
- S-CAMHS hosts the Early Intervention in Psychosis Service (EIP) focused on young people age 14-25 who may be at risk of developing a psychosis. This team consists of 7 staff who are trained to assess and provide Psychological treatments for this high risk group, in line with the evidence base (Nice

Guidance) and National Standards and pathways. The service is provided for At Risk Mental States and those young people who present with psychosis.

Transition to Adult Services

- Comments received in response to this area highlighted a lack of awareness of the transitional arrangements in place between S-CAMHS and Adult Mental Health Services. All young people who require transition, due to their ongoing mental health needs, would be under the remit of S-CAMHS Secondary Mental Health Services and therefore subject to a Care and Treatment Plan (Mental Health (Wales) Measure 2010). As part of this process, all professionals involved in the young person's care and treatment, including GP's and School Nurses, would be involved in the transition process. Transitions across all services are extremely anxiety provoking and therefore it is important we ensure the needs of the young person are at the centre of this process. From a comment received from a School Nurse "noticed that S-CAMHS are meeting young people in school and liasing with school staff prior to discharge which is a helpful transition process".
- The Health Board has a Transition Guidance/Pathway in place and the relationships between S-CAMHS and Adult Mental Health Services have improved through discussion and sharing of experiences, with Transition Workshops planned for the Autumn to improve this further and implement the new Admission Guidance and Young People's Passport that has been developed by the T4CYP and Barnardo's.
- The Head of S-CAMHS within Hywel Dda University Health Board chaired the work stream on Care Transitions for the Together for Children and Young People (T4CYP) which sets out a model for good transitions across services and which has been officially launched this year. These two documents outlined above will assist all Health Boards to improve the process and experiences of all young people who require transition.

Links to Education

- Consultation responses included an increased awareness that Schools were becoming more proactive in the emotional resilience of young people and, in

particular, the Pilots undertaken in Pembrokeshire Schools had had good outcomes. There was a clear concensus this should be rolled out across other areas and that the use of Education Learning Support Assistants (ELSA's) in Schools was having a good effect.

- School Nurses in particular reported "good links between S-CAMHS and also acknowledged the Bilingual Resource "Getting the Low Down", an emotional wellbeing resource for Education DVD, as a positive benefit, is supporting schools to address emotional and mental health issues as part of the Personal Health Curriculum.
- Comments received from an Education representative identified the need to "work more closely in the future on pathways to build capacity in schools so we begin to reduce referrals for low level needs. On the preventative side I think the work we have developed with CAMHS and nursing to promote integrated working is really showing some positive signs".
- Reference was made to the needs of children who were home schooled and children with complex needs, to ensure equity of services – the S-CAMHS Service is available for all children/young people, therefore this needs to be clearly communicated between services.
- There are examples of excellent practice where the Local Authority have commissioned additional services to address low level emotional health and wellbeing concerns. In Pembrokeshire, the Emotional Health & Being Team has made a considerable difference in the number of referrals to S-CAMHS and the referrals received are appropriate for a Mental Health Service.
- Consideration should be given to the development of new services with the Third Sector, who provide excellent programmes, however these services are reliant on recurrent funding and the majority are time-limited projects.

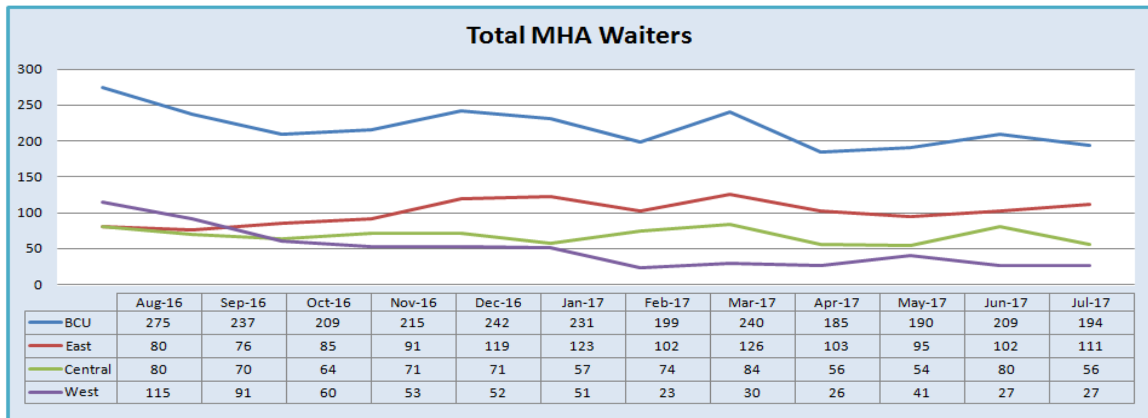
Angela Lodwick
Head of Service - Specialist CAMHS & Psychological Therapies
On behalf of Hywel Dda University Health Board

Cynulliad Cenedlaethol Cymru | National Assembly for Wales
Y Pwyllgor Plant, Pobl Ifanc ac Addysg | Children, Young People and Education Committee
Ymchwiliad i Gwella Iechyd Emosiynol ac Iechyd Meddwl Plant a Phobl Ifanc | Inquiry into The Emotional and Mental Health of Children and Young People
EMH 56
Ymateb gan: Bwrdd Iechyd Lleol Prifysgol Betsi Cadwaladr
Response from: Betsi Cadwaladr University Local Health Board

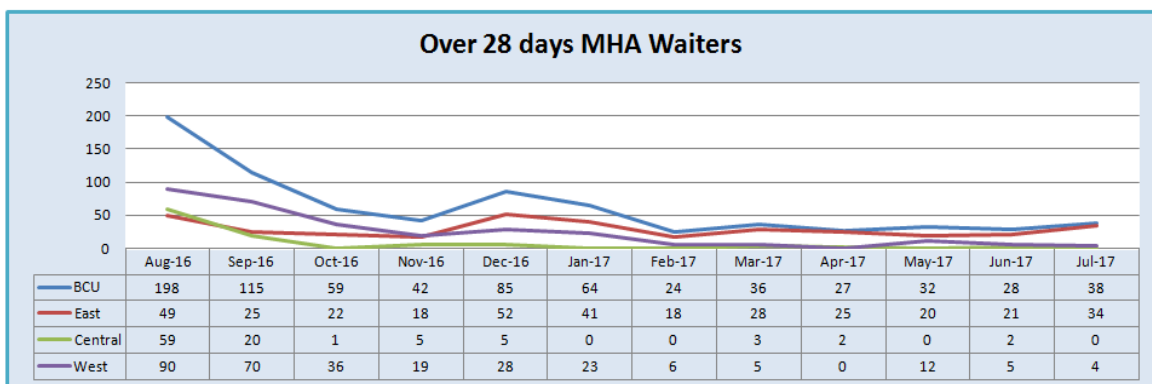
Specialist CAMHS

1. **The extent to which new (and/or reconfigured) services are helping to reduce waiting times in specialist CAMHS. Whether the improvements in waiting times Welsh Government expected from CAMHS have been met.**
   CAMHS services across North Wales have made significant improvement through investing new funding in service development in primary mental health and psychological therapies, and reconfiguring and investing in neurodevelopment services. Progress has been excellent. It is acknowledged that improvements to date need to be maintained and developed – further work is needed to make this happen, operational plans are in place.

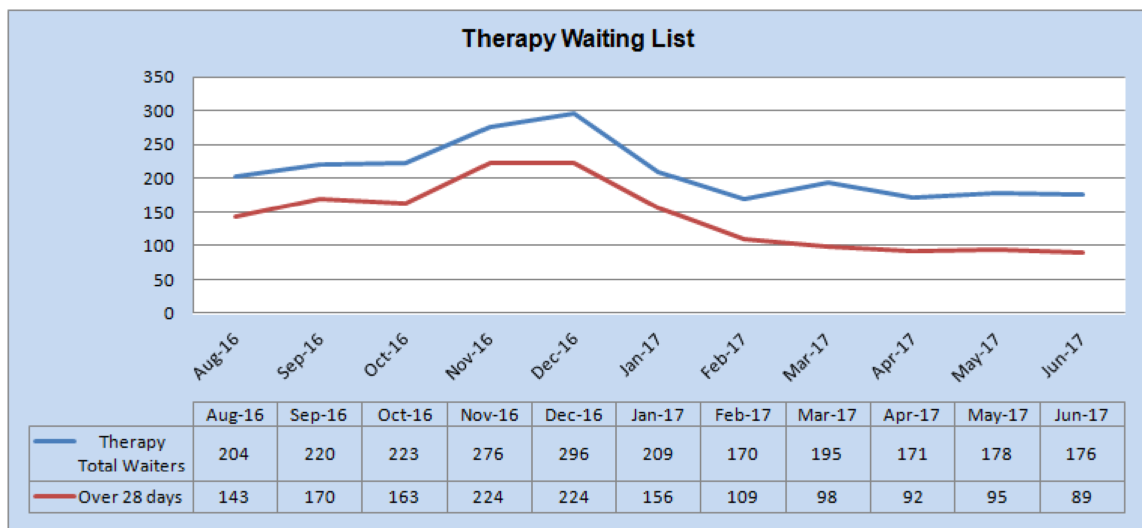
   Improvements in waiting times for primary mental health assessment and intervention met Welsh Government targets across the Health Board during 2016 – 2017. It has been challenging to maintain these improvements in all teams in light of staff turnover and maternity leave, combined with difficulties in recruiting to vacancies. New ideas are being tried to increase the appeal of North Wales to potential applicants from outside the area.
   The graphs below demonstrate the improvement in waiting times; all teams have met the Mental Health Measure assessment target since March 2017. Further capacity needs to be identified for all teams to meet and maintain the intervention target.



	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17
BCU	275	237	209	215	242	231	199	240	185	190	209	194
East	80	76	85	91	119	123	102	126	103	95	102	111
Central	80	70	64	71	71	57	74	84	56	54	80	56
West	115	91	60	53	52	51	23	30	26	41	27	27



	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17
BCU	198	115	59	42	85	64	24	36	27	32	28	38
East	49	25	22	18	52	41	18	28	25	20	21	34
Central	59	20	1	5	5	0	0	3	2	0	2	0
West	90	70	36	19	28	23	6	5	0	12	5	4



	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17
Therapy Total Waiters	204	220	223	276	296	209	170	195	171	178	176
Over 28 days	143	170	163	224	224	156	109	98	92	95	89

2. What the data tells us about the variations in practice (equity of access) across Wales (the following response refers to North Wales)

In preparing for the introduction of the Mental Health (Wales) Measure 2010, an integrated primary and secondary care approach to redesigning

the service for children and young people was adopted in North Wales. Entry into services for children and young people was redesigned, and all specialist CAMHS teams introduced a standard procedure for access – the specialist CAMHS single points of access. These operate on a Local Authority area basis and have developed considerably over time. They have reduced variation in thresholds for acceptance into the service and increased consistency of response through the implementation of standard access criteria. Children and young people no longer wait on waiting lists without first being discussed where necessary with the professional who has requested involvement to determine the level of need. If necessary, conversations will also be held with the parent/carer. Those who need the help of the specialist service are booked in for primary mental health assessment and where required, primary or secondary mental health services will be offered. Primary and secondary care services are available from all teams who deliver both in a seamless manner, allowing assessment and intervention to be tailored and matched to the needs of the individual. Those who do not need the direct help of specialist services but who have some needs can access help from a professional working in front line services who themselves can access support and consultation from a specialist mental health professional.

More recently, there has been a move towards delivering specialist CAMHS SPoA in communities via links into GP practice (pilot underway in Denbighshire), schools (most areas have formalised arrangements for regular contact with secondary schools), and the introduction of standardised pathways, initially in Education but with potential for roll out to other agencies for jointly managing initial risk in self harm and suicidal behaviour.

Some years ago, one area (Conwy & Denbighshire) introduced the Choice and Partnership Approach (CAPA), a framework for managing demand and throughput in specialist CAMHS. CAPA uses language to promote engagement and choice, and aims to engage with families from a position of shared responsibility for change. Anglesey and Gwynedd, and Flintshire and Wrexham have recently introduced CAPA. This will bring all teams in

line with the same framework for managing demand and throughput. This will increase consistency in the style of first appointments and emphasise goal focused working. The same outcome measures are also being introduced in all teams. This is work in progress.

3. **The extent to which changes have addressed the over-referral of children and young people to CAMHS**

The introduction of single points of access in specialist CAMHS has proactively invited discussion with referrers about any and all concerns about children and young people's mental health. This has allowed all the specialist CAMHS services to introduce standard responses based on need at the point of entry, resulting in an overall reduction of inappropriate referrals with signposting, and faster responses for those who need the service the most.

Work with GP Clusters and Primary health care teams to ensure that they are supported in discussing potential referrals and risk management of young people receiving care and treatment. This has been welcomed by the GPs.

4. **Referrals and access to CAMHS by individual Health Board, including the restrictions and thresholds imposed by CAMHS**

Specialist CAMHS SPoAs are available for children and young people age 0 – 18 years where there is a concern about emotional or mental health. Providing the child or young person is resident in the relevant Local Authority area, there are no restrictions imposed on referrers requesting help. All specialist CAMHS teams operate with standard access criteria for SpoA, standard 'offers' from SPoA and standard definitions of presentations requiring primary mental health assessment and secondary care.

As outlined in 3 above, children and young people who need the help of the specialist service are booked in for primary mental health assessment and where required, primary or secondary mental health services will be offered post assessment. Primary and secondary care services are delivered

by all teams who deliver both in a seamless manner, allowing assessment and intervention to be tailored and matched to the needs of the individual. Those who do not need the direct help of specialist services but who have some needs can access help from a professional working in front line services who themselves can access support and consultation from a specialist mental health professional.

5. **Whether the changes have helped to improve specialist CAMHS' ability to respond out of hours and at times of crisis; whether out of hours care is working effectively, and specifically looking at the needs of those children and young people who present and are assessed at hospital A&E departments.**

   Crisis responses are not yet where we want them to be but considerable development has occurred. New funding has resulted in weekend cover in all district general hospitals. This has led to earlier completion of initial primary mental health assessments including risk assessments of young people admitted in crisis. Hospital cover is now in place as follows;

   - **Ysbyty Gwynedd (West Area)** – The CAMHs hospital team is based on the Paediatric ward and currently operate six days per week. The team undertake assessments and follow up appointments offering short packages of work where required.
   - **Ysbyty Glan Clwyd (Central Area)** – The seven day service became operational following additional recruitment in April 2017 with CAMHS clinicians based on the paediatric ward between 0900 – 1700 on Saturdays, Sundays and bank holidays. During the week a team of CAMHS clinicians undertake primary mental health assessments and safety planning on the ward as required. Additional recruitment has taken place with two new band 6 nurses due to commence to extend capacity for the services to provide direct same day clinic or community based urgent assessments or joint consultation to prevent avoidable hospital admissions. The team will also be involved in further self-harm consultation pathway training to professionals in non-education based third sector or statutory services.

- **Ysbyty Wrexham Maelor (East Area)** – A 7 day service has operated at the Maelor Hospital since April 2016 with CAMHS clinicians based on the Paediatric Ward on Bank Holidays and Saturday and Sundays from 09.00 – 17.00. They provide risk assessments, action plans and advice to staff, young people and their families. During the week days there are dedicated CAMHs clinicians that undertake risk assessments on the ward as required.

Consultant Child and Adolescent Psychiatrists have extended their working hours so that face to face emergency assessments can be carried out between the hours of 9.00 am and 5.00pm 7 days per week throughout the year. This ensures that all children and young people requiring an urgent psychiatric assessment including section 136 assessments under the mental health act can be seen within 24 hours.

The number of S136 assessments undertaken by Consultant Child and Adolescent Psychiatrists has increased:

- 2015/16 – 38% of S136 assessments were undertaken by Consultant Child and Adolescent Psychiatrists
- 2016/17 – 88% of S136 assessments were undertaken by Consultant Child and Adolescent Psychiatrists
- 2017/18 Apr – Jun – 77% of S136 assessments were undertaken by Consultant Child and Adolescent Psychiatrists

In addition Consultant Child and Adolescent Psychiatrists provide a regional telephone on call cover rota that allows access to advice by phone to colleagues in paediatrics and adult mental health out of hours.

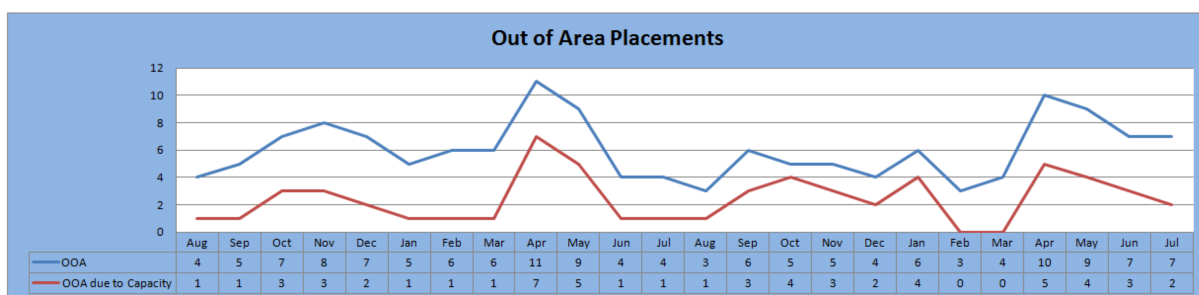
Arrangements are in place for initial crisis assessments to be undertaken out of hours by adult mental health staff for 16 and 17 yr olds and paediatric staff for children up to and including age of 15 years.

6. **Whether there is sufficient in-patient capacity in Wales.**

Access to inpatient beds continues to be challenging. In North Wales there is very significant use of acute paediatric beds to manage brief crisis

admissions. Each of the North Wales district general hospitals now has dedicated CAMHs staff working 6/7 days per week on the acute paediatric units.

There has also been an ongoing need for out of area referrals for specialist tier 4 psychiatric in patient treatment. The graph below details the number of OOA placements each month and of those which were due to capacity in the Unit. The unit wasn't able to take admissions between April and the end of May 2017.



	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul
OOA	4	5	7	8	7	5	6	6	11	9	4	4	3	6	5	5	4	6	3	4	10	9	7	7
OOA due to Capacity	1	1	3	3	2	1	1	1	7	5	1	1	1	3	4	3	2	4	0	0	5	4	3	2

It has not been possible to designate age appropriate beds within adult mental health for older adolescents due to pressures within the adult mental health service and this in turn has contributed to reduced access to beds for older adolescents and a requirement for out of area referrals

Recruitment difficulties led to a temporary reduction in the North Wales tier 4 inpatient unit.

The requirement for inpatient capacity is directly linked to the quality and effectiveness of intensive community interventions and the capacity of community services to take positive risks. This has been significantly enhanced with the new investment.

There will need to be ongoing review of the requirement for access to beds and overall inpatient capacity. It is anticipated with full recruitment to the inpatient staff team and ongoing development of the community service that there will be sufficient capacity. The service are currently undertaking a review into crisis services with partners (Adult Mental Health, North Wales Police, Paediatrics, Emergency Dept, CAMHS Tiers 3 and 4, Local Authority) to review this.

When there is a need for Psychiatric intensive care this will always need to be outside North Wales as there is insufficient need to warrant development of this service in North Wales

Funding

7. Annual expenditure on CAMHS in cash terms and as a percentage of the overall spending on mental health, by local Health Board.

- 2016 -17 expenditure on CAMHs - £8,581,203
- Percentage of the overall spending on Mental Health – 6.63%

8. The extent to which access to psychological therapies for young people has improved. Whether there has been a subsequent reduction in the use of medication for young people.

All teams now offer cognitive behavioural therapy (CBT), family and systemic psychotherapy, dialectical behaviour therapy (DBT), and eye movement desensitisation and reprocessing (EMDR).

Behaviourally focused parent skills training and Video Interaction Guidance (VIG) focusing on attachment relationships is being delivered in teams where early years work has progressed. Gaps exist in the availability of Child and Adolescent Psychotherapy, Interpersonal Therapy (IPT) and behavioural interventions for those with complex difficulties. Further development is required so that all teams are able to deliver the same things to all families.

A regional approach to the assessment and management of young people presenting with eating disorders is now underway using the Maudsley model. Training has been delivered to practitioners from all teams and one consistent assessment and treatment approach is now in operation.

New funding has supported the development of 3 new posts in family and systemic psychotherapy, 1 new post in child and adolescent psychotherapy

and 1 part time post in training and supervision of CBT – accredited modules are available at Level 6 and Level 7 in partnership with Bangor University with additional modules for CBT relating to specific disorders in development. Over 40 staff have completed Level 6 and 7 modules which has increased access, raised standards and improved quality.

Neurodevelopmental services have seen an increase in funded capacity for specialist roles including clinical leadership and access to psychological interventions which were not previously available. In addition there has been an increase in capacity from Nursing, Clinical Psychology and Psychiatry for specialist input to young people with First Episode Psychosis (FEP), including delivery of psychological therapies; working jointly with colleagues from Adult Mental Health in shaping services for early detection and intervention for young people.

A plan for consolidation and further development of psychological therapies is being finalised, so priorities are clear in all teams. The goal is to further develop formulation driven approaches to the delivery of psychological therapies in the context of children's development within families. This work will also link to regular review of NICE guidelines in all teams, and to national work on the development of psychological therapies for children and young people.

We do not have access to data that can test out whether the development of psychological therapies has had a subsequent impact on prescribing of medication, and even if we had, this would not necessarily confirm a causal relationship. It is worth exploring whether there has been an increase in the number of young people who are being offered and accessing psychological therapies prior to receiving medication, and in parallel alongside the use of medication, through using audit in teams. The NICE guideline for depression was updated in March 2015 and specifically refers to considering the use of medication at the onset of treatment for moderate to severe depression in combination with psychological therapies.

9. **How the additional funding has been used to improve provision for children and young people in local primary mental health support services.**

The Health Board welcomed the Welsh Government investment into CAMHS this investment has led to the development of SPoA in each team and cover is now available every day of the week Monday – Friday. As outlined in answers above, access criteria and responses at the point of referral into the service are now standardised, and include the option of support to front line colleagues working in primary care, Education, Social Services and third sector agencies where children and young people's needs do not require direct input from the specialist team.

In addition, developments alongside and with local area departments of Education have led to the introduction of a pathway for managing initial risk in self harm and suicidal behaviour when presenting in schools, this work is being rolled out in all counties. A jointly led prevention of anxiety programme is also underway in all areas with local plans for development and sustainability in progress.

Support to primary care services is growing in all areas, and includes 'hubs' in schools where specialist CAMHS staff visit secondary schools on a regular basis; regular delivery of training and consultation and parallel implementation of the 5 ways to Wellbeing and Better with Books schemes. One area has worked in partnership with primary care cluster leads to develop a senior post to work alongside GPs and other staff in North Denbighshire, starting September 2017. Links to cluster leads in neighbouring areas is planned.

10. **The extent to which the funding has been used to meet the needs of vulnerable children and young people, for example, children who are in care, children and young people with ADHD and autistic spectrum disorders, and those who are already in or at risk of entering the youth justice system, including those who are detained under section 136 of the Mental Health Act 1983.**

West Area

- The service have recently developed guidance to provide clarity for all other health and statutory professionals about their roles and where to seek help appropriately. Primary health care team are encouraged to proactively identify Children Looked After who are presenting with emotional health difficulties. Where this highlights emotional health needs, we recommend that the Looked After Children's Nurse completes a Strengths and Difficulties Questionnaire with the young person and their carers. The CAMHS clinicians who provide consultation can support in the interpretation of these screening questionnaires. It is recommended that whenever there is an identified unmet emotional health need this is recorded. These are audited regularly by CAMHS and can inform any future service change.

- The West Service meet regularly with Anglesey Social Services. Discussions involve the appropriateness of referrals to Social Services and the pathway for these and some joint training. Development of partnership working with Gwynedd Social Services.

Central Area

- Arrangements are in place to provide a range of consultation opportunities to social services and foster carers via SPoA, working together meetings or other interface meetings across both counties.
- In Conwy joint consultation from CAMHS systemic psychotherapist in partnership with the social services therapeutic team is offered to front line social workers and team managers. The social services "Edge of care" is now attended by a specialist CAMHS clinician in order to contribute a psychological formulation based understanding of the needs of individual children and young people at risk of or entering the care of the local authority. Team managers across the two services have close working relationships which facilitate timely and appropriate responses where concerns arise about risks of placement breakdown or other increased vulnerability in looked after children.
- The Denbighshire CAMHS team has close working relationships with the social services therapeutic team held within IFSS. This facilitates early consultation, assessment and intervention for looked after children in

the authority. In addition CAMHS have a rolling 2 day placement for a member of the IFSS team to work within the CAMHS which facilitates joint learning and skill acquisition in both services and seamless care for young people requiring the support of both services.

- Bi-monthly working together meetings are held in both counties where senior clinicians, team managers and service managers meet to discuss complex cases and any learning in relation to these, agree joint service development and training initiatives and resolve or celebrate any interface issues between the services. Terms of reference are in place and action logs are completed for each meeting. At present the services are working together to develop a clear joint working pathway to best meet the needs for children looked after.

East Area

- The additional funding has increased the clinicians with dedicated time to work with vulnerable young people. A dedicated CAMHS Looked After Team offer assessment and tailored interventions to all children & young people Looked After this has also been extended to include the support for those adopted – this work is provided on a long term basis. These staff work closely with the Social Services and the Third Sector and a dedicated project for looked after children which is jointly commissioned. Regular consultation meetings are in place with the various Social Work Teams and CAMHS input into the multi-agency training programme.

A recent review of CAMHS response to Child Sexual Exploitation has been undertaken and training has been provided across North Wales for all CAMHS staff and identified leads nominated in each service. Close working relationships with North Wales Police (ONYX) and Barnardos enables improved information sharing and response to these vulnerable young people.

All Youth Justice Services (YSJ) across North Wales have seconded CAMHS staff allocated, to ensure that young people, either already within the YJS or at risk of entering the system and are involved with the Bureau, are able

to access timely assessments and interventions as required. YOT have added to this investment to meet the current demand.

The YJS CAMHS Clinicians also provide training and consultation to partners in the YJS. In Flintshire there is close working with the Substance Misuse services for those young people with dual diagnosis issues.

All YJS have access to Consultant Psychiatrists / Mental Health Advisors to consult on complex cases and are currently extending the provision from the FACTS service with the additional monies, the agreed provision to North Wales was 0.8 WTE psychology post which has subsequently been increased to a full time post – this post is likely to be appointed to on the 6th October this year and will provide additional time to general FACTS work as well as support for the Enhanced Case Management approach in Flintshire and subsequently the other YOTs in the BCUHB area. FACTS continues to work very closely with the YJB, YOT managers, MH Advisors and other stakeholders to ensure that the work undertaken by FACTS from all funding streams is in keeping with local need and national strategy.

In Flintshire YJS, the Trauma Recovery Mode / Enhanced Case Management Pilot has increased the involvement of CAMHS and positive outcomes have been demonstrated for the young people involved.
At a Strategic Level, CAMHS Management are represented on the YJS Executive Boards and attend the North Wales Criminal Mental Health Justice Board as well as Substance Misuse Area Planning Board.

The new investment has enabled the development of a specific Neurodevelopmental Service which supports children, young people and their families with diagnosis of ADHD and Autistic Spectrum Disorders. This includes assessments and tailored intervention packages, parenting programmes / support groups, group work and a helpline. Pathways have been developed in each Area. A waiting list target of 26 weeks from referral to start of assessment is to be introduced; latest figures indicate that there are 1,013 children and young people waiting for a Neurodevelopmental Assessment with the longest wait being at 86 weeks. Additional

investment is required into the Neurodevelopmental services to meet and maintain the target and to develop intervention services.

There has been a significant increase in the number of young people brought to the designated places of safety under a Section 136 of the Mental Health Act, as shown in the table below. It is important to note that of the total 16 attendances, one young person aged 16 years attended six times in April and four times during May. The young person is known to CAMHS Tier 3 and Social services, has become a Looked after Child and is now placed out of area by the LA.

This increase has occurred mainly in area East. Work is underway to review the situation and work with partner agencies and colleagues from Adult Mental Health services to address concerns and identify ways to improve the situation. Commissioning a service to support the development of participation is underway, this work will talk to young people and their families who have been admitted via Section 136 (including retrospective cases).

S136 Assessments Undertaken	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
2014-15	1	1	2	1	1	4	4	3	3	0	1	2	23
2015-16	2	0	7	1	0	0	2	1	2	1	0	3	19
2016-17	4	7	1	2	4	4	6	3	3	1	3	4	42
2017-18	12	6	3	7									28

Consultant Child Psychiatrists are now available 7 days per week between the hours of 9.00 – 5.00 ensuring that all children and young people can be assessed within 24 hours. Arrangements are in place for initial assessments of 16 and 17 yr olds to be carried out by adult psychiatrists out of hours. Paediatric medical staff are available to carry out initial medical assessments of children aged up to and including 15 years out of hours

Consultant Child Psychiatrists are available by phone on a regional rota out of hours to provide telephone advice

Young People Not in Employment Education or Training – ADTRAC

CAMHS across North Wales is directly involved in a new three year European Social Funded project focusing on young people age 16 – 24 years who are not in employment education or training. In close partnership with Coleg Llandrillo Menai and all six Local Authorities, mental health practitioners and Assistant Psychologists will work as part of Local Authority hosted multidisciplinary teams to support non specialist staff and young people in addressing emotional and behavioural difficulties which create barriers to work and/or education, and where necessary, facilitating referral onto core services.

11. The effectiveness of current planning and commissioning arrangements to address the needs of young people who have early onset of a severe mental illness, such as psychosis.

A North Wales Steering Group has been established, meeting on a monthly basis. Representatives from all areas attend the meeting, which is chaired by Dr Mike Jackson, Consultant Clinical Psychologist in first episode psychosis. The purpose of the steering group is to liaise and network, and establish and agree clear plans for development and sustainability.

Dedicated staffing in the teams for the First Episode Psychosis service, established through new funding, are as follows:

West – 1 Consultant session, 0.30wte Nurse and 0.30wte Psychology.
East – 1 Consultant session, 0.40wte Nurse and 0.40wte Psychology.
Central – 1 Consultant session, 0.30wte Nurse and 0.30wte Psychology.
In area West, a dedicated team has been established, building on an existing arrangement within adult mental health clinical psychology; this has resulted in new jointly funded clinical psychology and nursing posts working entirely within the first episode psychosis speciality. This is the model aspired to for all areas. Different arrangements currently exist in areas Central and East with dedicated CAMHS sessions from disciplines as outlined above. Commissioning additional capacity to add to these

sessions is the goal, the steering group is leading the development of a Business case to address these gaps.

Transition to Adult Services

12. How well planned and managed transitions to adult mental health services are

A shared policy is now in place, jointly developed across Adult Mental Health and CAMHS, which was launched in March 2016, implementation of which is due to be audited, to include feedback from young people and their families. Observations thus far indicate that transition needs a lot more work and much earlier conversations between services to ensure the continuity of care, including a requirement for Adult Mental Health to identify a named link sooner.

Links with Education (emotional intelligence and healthy coping mechanisms)

13. The work being done to ensure children and young people are more resilient and better able to tackle poor mental well-being when it occurs including:

a. The development of the Health and Wellbeing Area of Learning and Experience as part of the new curriculum

Within BCUHB there is a North Wales Transformation Group with representation from the Local Authorities – Social Services and Education, Voluntary sector, North Wales Police, Youth Justice; and health services – Midwifery, Paediatrics, CAMHs, Health Visiting School Nursing, Disabilities, Adult mental Health, Safeguarding, Public Health Wales.

This group has been discussing the development of the Health and Wellbeing Area of Learning and Experience within the new curriculum and are keen to contribute to developing the vision and key deliverables for this.

Further discussions with the Association of Directors of Education Wales are planned.

The six Local Authorities (directors and heads of service) and the Health Board directors meet on a monthly basis to discuss shared priorities, the needs of children and young people are a high priority for this group, Public Service Boards and Part 9 Board. Specifically the prevention of Adverse Childhood Experiences and intervention to support those affected, the First 1000 days and children with complex needs. Building child and family resilience is a shared goal for partners.

b. Children's access to school nurses and the role schools nurses can play in building resilience and supporting emotional wellbeing

A baseline assessment of the All Wales Standards for School Nurses for the promotion of Emotional Wellbeing and Supporting the Needs of School Age Children has been undertaken by the Child Psychology Lead with School Nursing Service Managers and Operations Manager

Each of the 22 standards within the competency framework have been RAG scored for each Area and initial discussions around actions required to achieve compliance were held. A baseline document is to be produced by the end of August 2017 along with an Action Plan detailing priorities by quarter.

c. The extent to which health, education and social care services are working together.

Child and Adolescent Mental Health Service (CAMHS) leads in BCUHB Children's Services are aware of the WG proposal to pilot two 'CAMHS-Schools In-reach' projects in North Wales, one in Denbighshire and one in Wrexham. Strong joint working relationships already exist in North Wales between CAMHS and Education, the pilots will therefore build on work that is already underway between specialist CAMHS and Education in each area. The pilots are planned to run from the end of 2017 to the end of 2020, allowing for two full academic years of intervention.

Local work to identify leadership roles and define how each pilot will work is now required. It is important that new development dovetails with existing arrangements and interventions to avoid duplication and wherever possible to address gaps.

Gwynedd and Mon are going ahead with the Nurturing Schools programme. This work is being led by the CAMHS Education lead. The National Nurturing Schools Programme is a programme that allows staff to develop and embed a nurturing culture throughout their schools, enhancing teaching and learning, promoting healthy outcomes for children and young people, all by focusing on emotional needs and development as well as academic learning in a whole-school environment. The programme is based on the six principles of nurture that have successfully underpinned nurture groups for over 40 years but does not replace nurture groups as a more focused intervention for those identified in need of nurture group provision.

As referred to earlier the Self Harm Pathway is being rolled out with each Education Authority. This has included training of teachers and identify a champion within the school to take a lead. This pathway is being rolled out across north Wales, with the plan to extend it further to Primary Care and North Wales Police.

d. The take up and current provision of lower level support and early intervention services, for example, school counselling services.

As outlined above, regular contact with secondary schools including school based counsellors, delivery of SPoAs, delivery of consultation and training provision is underway in all areas. Specific early and preventive interventions led by CAMHS include the prevention of anxiety cognitive behavioural focused ‘Friends’ suite of programmes; Seasons for Growth, a programme focused on loss and bereavement; Five Ways to Wellbeing and Better with Books; each Local Authority has engaged in discussion and delivery of programmes is negotiated and driven locally with development at different stages. Data on the numbers of children and young people who have benefitted directly from these interventions is not currently available.

School Counselling data is available through Education services.

Feedback from Stakeholders – Local Authorities, Therapies and Youth Justice

The BCUHB Children's Transformation Group has representation from the Voluntary sector, Youth Justice, Police, Local Authorities and all aspects of children's health services. This paper was shared with the group who have provided comments.

The theme running through these comments included the need to work more closely in partnership with the Local Authority and Youth Justice to enable those children experiencing mental health crisis' to have more timely joined up service provision.
The Local Authorities that responded do not believe that they have seen the impact of the WG investment, they have not seen a reduction in referrals to social services for children with mental health needs or a reduction in their out of area placements.
Two of the Local Authorities raised issues regarding CAMHS practitioners advising that children needed to be in a stable placement for therapy to be commenced, this is being addressed locally.

Although CAMHS and Social Services per Local Authority meet at a practitioner and or team leader level, strategic meetings are not happening in four out of the six Local Authority Areas which will be addressed.

CYPE(5)-05-18 – Paper 8

Cynulliad Cenedlaethol Cymru | National Assembly for Wales
Y Pwyllgor Plant, Pobl Ifanc ac Addysg | Children, Young People and Education Committee
Ymchwiliad i Gwella Iechyd Emosiynol ac Iechyd Meddwl Plant a Phobl Ifanc | Inquiry into The Emotional and Mental Health of Children and Young People
EMH 11
Ymateb gan: Bwrdd Iechyd Addysgu Powys
Response from: Powys Teaching Health Board

Lead Director	Executive Director of Primary, Community Care and Mental Health
Author	Julie Richards, Women and Children's Service Manager Mary O'Grady, Head of CAMHS and LD
Service	Child and Adolescent Mental Health

Inquiry	**Powys Response**
Specialist CAMHS	
The extent to which new (and/or reconfigured) services are helping to reduce waiting times in specialist CAMHS. Whether the improvements in waiting times Welsh Government expected from CAMHS have been met.	The current service provision is predominately reactive with little opportunity for proactive opportunity to focus on creating resilience for dealing with emotional health and wellbeing pressures such as exam pressure or skilling up stakeholders with Mental Health first aid skills. Waiting times have fluctuated over the past year with periods when the target has been exceeded and periods when it has been of concern. This has been due to increased referrals over some periods and also a reduction in staffing. The addition of dedicated time for crisis work ensures that the 48 urgent assessments are completed on time. The service received an increased number of referrals between January and March 2017 which has adversely affected the targets both in respect of assessment and interventions. Due to increasing demands, inadequate

	responsiveness and non-compliance with Mental Health measure a CAMHS service review is currently being undertaken. The 1st stage approach of the review has been undertaken with the following scope: • Primary Mental Health and Specialist CAMHS provision for Children and Young People in Powys • Specialist CAMHS provision for Children and Young People in Powys • Administrative and infrastructures to support Primary Mental Health & CAMHS. It is recognised that similar work should be considered for the Emotional Health and Wellbeing agenda and the Together for Children and Young People (T4CYP) framework.
What the data tells us about the variations in practice (equity of access) across Wales	The outcome of the All Wales Benchmark exercise (2016) reflected a positive comparative picture for Powys but there some key points to consider such as the higher senior nurse bands and plans for managing DNA rates (7% for Powys) such as a text service to follow up. The outcomes from the External Quality Network for Community CAMHS (QNCC) which included patient experience and identified key areas for development • Proactive offer of training, development and consultation to wider stakeholders • Initial appointment has been offered in a timely way but delay from assessment to intervention plans • All stakeholders not being able to directly refer

	• Variance on availability of identified duty doctor The CAMHS service review will be able to utilise the information from the National Benchmarking report and recommendations from QNCC to improve services. Care and Treatment plan audit for Powys CAMHS – There was excellent feedback on the standard of Care and Treatments plans, Smart orientated goals and evidence of person centred planning. They also highlighted the compliance with WARRN, an exemplar example of person centred letter to support transition to Adult services and relationships / engagement with young people, parents / stakeholders such as Education.
The extent to which changes have addressed the over-referral of children and young people to CAMHS	In Powys there is still a view of over referrals to CAMHS. PMHW posts are now filled therefore discussion with relevant refers including GP's is now taking shape. The CAMHS service review is undertaking an audit of 3 months worth of referrals to understand: ▪ Where the referral came from ▪ What the referrer was looking for ▪ How the service met the need ▪ Patterns of referral and demand By developing this level of understanding, the new service model will be better able to address the over-referral of children and young people to CAMHS.

Referrals and access to CAMHS by individual Health Board, including the restrictions and thresholds imposed by CAMHS

The table below highlights that referral numbers have continued to stay high. The CAMHS review currently being undertaken has led to a more detailed review of referrals with a breakdown of the GP referrals as part of the Welsh Government Mental Health Measure with the service now considering two figures, GP referrals (Mental Health Measure) and in brackets all referrals.

The timeliness of assessments and interventions has recently been an area of concern and although the target of 80% has not yet been achieved the position is improving.

	May	June	July
No of referrals	40 (51)	27 (43)	35 (53)

Despite the continuation of increasing referrals the service has been able to address the target figure and as can be seen from the table below the service is almost on target. The service utilised all staff who are able to do assessments i.e. crisis and CITT staff who would not normally undertake this task as routine to their posts.

Assessments	May	June	July
Within 28 days	22 (59.5%)	9 (33%)	15 (78.9%)
Between 28 and 56	7	8	2
57 +	8	10	2

Concentration on undertaking assessments and the increased number of referrals can have a knock on effect to targets for both assessment and interventions. The service has also addressed the situation and again the target is almost met.

Interventions	May	June	July

Within 28 days	9 (40.9%)	3 (17.6%)	11 (78.5%)
Between 28 and 56	7	7	1
57 +	6	7	2

The issues raised above and the structure of the team are being addressed in the CAMHs review focusing on demand and capacity.

	May	**June**	**July**
Care and treatment plans	**96.6%**	**96.3%**	**100%**

Whether the changes have helped to improve specialist CAMHS' ability to respond out of hours and at time of crisis; whether out of hours is working effectively, and specifically looking at the needs of those children and young people who present and are assessed at hospital A&E departments.	The service has recently faced a number of escalating concerns and crisis situation with increase demand / referral to specialist CAMHS service, challenges with geography and links to commissioned services and timely access to crisis & tier 4 pathways when critical situations arise. Powys does not have an A & E therefore all young people presenting in A & E do so in neighbouring DGH's. This can be up to seven hospitals with two being across the border in England. This gives some additional complications as service specs each area do differ. This is further complicated in England as arrangements are different for admission to Tier 4 beds. The situation then for Out of Hours is an added complication. Significant problems are experienced in the North East of Powys with vulnerable young people presenting to Royal Shrewsbury Hospitals (SaTH). The cross border challenges often result in PTHB CAMHS patients

	experiencing unacceptable delays in assessment and treatment when accessing hospital services through A&E in SaTH. The RAID service available in SaTH A&E is delivered by South Shropshire Foundation Trust and is an adult only service. In addition, SaTH are not responsible for the delivery of CAMHS in Shropshire. SaTH are only been able to manage the situation by holding the patient in A&E, which is not a conducive environment or, by admission to a general medical bed while waiting for a mental health assessment and therefore fulfilling their duty of care. Many are young adults and not suitable for paediatric ward admission nor is it a suitable environment in the majority of cases. Staff are doing their best to respond and provide effective care for young people with complex needs, but there is definite room for improvement with strengthened interagency relationships, care coordination and oversight.
Whether there is sufficient in-patient capacity in Wales	Powys does have young people in inpatient Tier 4 units in England due to capacity within Wales and the appropriateness of units. There continues to be ongoing delay in arranging Tier 4 admission with a recent case taking 14 days (26th August until 5th September). The challenges of WHSCC commissioning, all Wales gatekeeper roles and Psychiatric completion of Forms 1 and 2 will be raised at a planned roundtable discussion to influences

	changes in process that are needed for the future Powys CAMHS model.
Funding	
Annual expenditure on CAMHS in cash terms and as a percentage of the overall spending on mental health, by local Health Board	The direct spending on CAMHS (budget) is **£1.201m** (this excludes WHSSC or commissioned services). The allocation for the Health Board is **£301.618m**, therefore CAMHS is **0.39%** of the total allocation for the Health Board. The total Mental Health budget is **£23.699m** (£22.498m MH + £1.201m CAMHS). CAMHS equates **5.06%** of the mental health total budget.
The extent to which access to psychological therapies for young people has improved. Whether there has been a subsequent reduction in the use of medication for young people.	Powys does not currently record the number of young people on medication in a way that can be compared between periods. We are therefore not in a position to ascertain whether the changes to psychological therapies and any changes that this has made in the reduction in medication. Powys is currently undertaking a review of its CAMHS services to ascertain if the structure is appropriate for the needs of the young people.
How the additional funding has been used to improve provision for child and young people in local primary mental health support services.	The CAMHS service benefitted from Welsh Government investment to develop a number of posts to support the primary mental health and specialist CAMHS service which has included the implementation of the Crisis Intervention Treatment team (CiTT), Crisis Intervention Practitioner roles, High Intensity posts and Psychological wellbeing practitioner.

	Powys now has 3 primary mental health workers who are working with schools, partner agencies and GP's.
The extent to which the funding has been used to meet the needs of vulnerable children and young people, for example, children who are in care, children and young people with ADHD and autistic spectrum disorders, and those who are already in or at risk of entering the youth justice system, including those who are detained under section 136 of the Mental Health Act 1983.	Following a long period of recruitment challenges, we have now successfully appointed a Clinical Nurse Lead for the Neurodevelopment service who is due to start on the 16th October 17, This recruitment will enable us to extend the existing SCAT process into a wider Neurodevelopmental service. We are also interviewing for a band 6 Neurodevelopmental Nurse for the North of Powys. CAHMS and the Youth Justice Service are working together on the development of a psychologist post to advice and work with young people through the Enhanced Case management model but combining it to provide support for children and young people who are LAC and experience many changes of placement. CAMHS provide a CPN to the YJS to support those children and young people who are in the criminal justice system or are at risk of entering it. Powys has very few young people detained under section 136 of the Mental Health Act but nevertheless work constructively with partners when this does occur. These young people would fall into the remit of the Crisis workers.
The effectiveness of current planning and commissioning arrangements to address the needs of young people who have	The funding provided for young people who have early onset psychosis was incorporated into the funding for the Crisis Practitioners in Powys.

early onset of a severe mental illness, sus as psychosis.	The Crisis Practitioners case manage these cases. All Adult Mental Health Services have recently returned to Powys and it is therefore now timely to discuss the planning and commissioning of such services.
Transition to Adult Services	
How well planned and managed transitions to adult mental health services are.	Transitions to adult mental health services in general are well planned. There is a transition policy in place which is being reviewed in light of the guidance that has been recently published in T4CYP. This will also form the basis of transitions planning across children and young people, not just in relation to mental health. There is a transitions working group and a regular monthly meeting to consider all young people in transition.
Links with Education (emotional intelligence and healthy coping mechanisms)	
The work being done to ensure children and young people are more resilient and better able to tackle poor mental health well-being when it occurs including: 1. The development of the Health and Wellbeing Area of Learning and Experience as part of the new curriculum.	Schools in Powys are positive about the focus on Wellbeing in the new curriculum. There is wide, and growing understanding of the importance of readiness to learn, to learning. Several pioneer schools are already implementing parts of the curriculum into their whole -school approach. In addition, there are many ways in which schools are already supporting pupil's mental health and well-being. For example, our regional consortia, ERW, has provided training in Emotion Coaching and Attachment Awareness. Schools support (and usually host) TAFs (Teams Around the Family), working with Action for Children (Primary) and the Youth Intervention Service (Secondary). YIS meet with High schools termly to

	review all their pupils, focussing on attendance, exclusions and pupils at risk of becoming 'neets' (not in education, employment or training. Most Primaries have adopted the Incredible Years approach and support/signpost to parenting classes. Many run nurture groups and similar programmes (e.g. Thrive, Kiva and more) to support pupils holistic needs. Many High schools run Kiva or other supportive approaches and have counsellors available for pupils. In short, the new focus on well-being will 'spotlight' and increase the good work that is already taking place. PTHB are taking part in the CAMHS schools in-reach project and are one of 3 pilots over the course of 2017 to July 2020, ensuring two full academic years are covered. Working with North Gwent, services in South Powys will work to better link schools, health and social services using a multidisciplinary model and formal "face to face" liaison combined with a telephone model, with regular, named link professionals working across schools and health teams. To reduce emotional distress and prevent mental illnesses by offering early support, and appropriate referrals and interventions as appropriate. This will be achieved through: ▪ Support for teachers to better understand childhood distress, emotional and mental health problems, and reduce stress in teachers concerned about their pupils. To be achieved through education and up-skilling teachers to recognise and deal with low level mental and emotional distress within their competence; ▪ Ensuring that when teachers identify issues which they consider outside their competence and skills then liaison, consultancy and advice is available in a timely fashion from CAMHS to enable the young persons needs to be met either by CAMHS or to

	advise where best to refer on (e.g. Local Primary Mental Health Support Services), and to support the teacher and school in providing for the young person's educational needs; and ▪ Ensuring systems are in place to share appropriate information between CAMHS and schools, shared care arrangements are agreed between CAMHS and schools for those young people requiring more intensive support, and that arrangements are in place to escalate/de-escalate as the young person's needs dictate. These pilots are linked to other agendas aimed at improving the emotional wellbeing of children and young people. An integrated approach is important to ensure the best possible outcomes for children and young people, in line with the Well-being of Future Generations (Wales) Act 2015: • The development of the new curriculum and in particular the Health and well-being Area of Learning and Experience (AoLE). • Changes to Initial Teacher Education to ensure practitioners are equipped to deliver the new curriculum, using research-informed practice. • Changes to the professional learning approach for teachers, which offers consistency of approach for teachers. • School improvement plans, and the importance of a comprehensive 'whole school' approach to well-being. • The Adverse Childhood Experiences (ACE) agenda and the establishment of the ACE Support Hub. • Families First which aims to improve outcomes for families to ensure they are confident, nurturing and resilient and enjoy healthy relationships.

	• The Welsh Network of Healthy School Schemes (WNHSS) - all of the proposed pilot schools are part of the network. Expected outcomes of the pilot: ▪ Teachers feel more supported and able to mange low level problems without anxiety. Measured through questionnaires and evaluation interviewing. ▪ Children are more emotionally resilient and fewer require assessment by specialist CAMHS as issues are identified and resolved earlier, and there are fewer inappropriate referrals to CAMHS. ▪ Earlier identification of those few children who are developing serious mental health problems with appropriate referral on to services and reduced later demand on provision
2. Children's access to school nurses and the role schools nurses can play in building resilience and supporting emotional wellbeing.	All school nurses are trained in mental health first aid and deliver the APAUSE programme which aims to develop positive changes in young people's knowledge, attitudes and behaviour around sex and relationships, including myth-busting, resisting unwanted peer pressure and raising confidence and self-esteem.
3. The extent to which health, education and social care services are working together.	PTHB and Powys County Council continue to work closely together. This is assisted by the Chief Executive of PTHB having a joint role of Strategic Director of People within Powys County Council with responsibility for both Children and Adult Social Care. PTHB are currently engaging in a recommissioning exercise with education and social care colleagues regarding the Families First funding.

	The Neurodevelopment service will use a single point of access, managed on a partnership basis. Counselling services are commissioned through the CYPP and families first steering group.
4. The take up and current provision of lower level support and early intervention services, for example, school counselling services	Lower level support provision is mainly offered through the: **Youth Intervention service** This is a targeted intervention through families first commissioning and managed through the youth service. All young people are voluntarily referred to the service a 6 month snap shot shows issue. Jan – April 17 – 139 young people were supported individually. 175 young people supported through group work. They have supported schools to run sessions on emotional wellbeing, Joe Blagg, FRIENDS and in 3 high schools in the North of Powys the YIS worker continues to run basketball sessions to promote constructive use of leisure, team work and health lifestyles. The reason for referral that give an indication that it would be linked with emotional and metal health are as follows: Anger – 15 Emotional wellbeing – 77 Learning and behaviour – 64 Self esteem 34 Family issues 16 Experiencing mental health issues – 3 Staff have been trained in CBT approaches to assist in the direct intervention with the young people for those young people who would benefit from such an intervention. **School and online counselling**

This is provided through commissioned services. In 2016 – 17 the number of young people accessing the service was

	Q1	Q2	Q3	Q4
School based	200	168	174	200
online	138	175	193	174

Average new referrals per month were 43 over the year this breaks down as

TAF in 2016/17, there were 76 TAF cases which showed an improvement in their Health & Wellbeing out of 88 cases (86.4%).

Cynulliad Cenedlaethol Cymru | National Assembly for Wales
Y Pwyllgor Plant, Pobl Ifanc ac Addysg | Children, Young People and Education Committee
Ymchwiliad i Gwella Iechyd Emosiynol ac Iechyd Meddwl Plant a Phobl Ifanc | Inquiry into The Emotional and Mental Health of Children and Young People
EMH 44
Ymateb gan: Conffederasiwn GIG Cymru
Response from: Welsh NHS Confederation

Introduction

1. The Welsh NHS Confederation welcomes this opportunity to respond to the Children, Young People and Education Committee's inquiry into the emotional and mental health of children and young people. Our response provides an all-Wales view, with individual Health Boards providing their own specific responses to the Committee.

2. The Welsh NHS Confederation represents the seven Local Health Boards and three NHS Trusts in Wales. We support our members to improve health and well-being by working with them to deliver high standards of care for patients and best value for taxpayers' money. We act as a driving force for positive change through strong representation and our policy, influencing and engagement work.

3. Our response will address the Terms of Reference of the inquiry in turn.

1. Specialist CAMHS

a. The extent to which new (and/or reconfigured) services are helping to reduce waiting times in specialist CAMHS. Whether the improvements in waiting times that Welsh Government expected from CAMHS have been met;

4. Children and Adolescent Mental Health Services (CAMHS) across Wales have improved as a result of new investment and funding in primary mental health, psychological therapies and reconfiguring neurodevelopment services. Innovative working practices have been rolled out across Health Boards and CAMHS generally have undergone

a period of expansion and service development. However, it is acknowledged that improvements need to be maintained and delivered consistently across Health Board areas. Also, additional funding to boost Tier 3 Teams (second-line specialist services provided by teams of staff from within specialist CAMHS) within CAMHS has led to increased quality of service provision across Wales.

5. Timely intervention is key to avoiding the development of complex and enduring mental disorder and illness. Since the introduction of the Mental Health (Wales) Measure, referrals to Local Primary Mental Health Support Services (LPMHSS) have been high and most Health Boards are meeting the 28-day Part 1 target. There has also been Welsh Government investment in talking therapies over the last 3 years in CAMHS in secondary care resulting in many more practitioners trained in a broader range of treatment options, such as Cognitive Behavioural Therapy (CBT) and Dialectical Behaviour Therapy (DBT).

b. What the data tells us about the variations in practice (equity of access) across Wales;

6. In preparing for the introduction of the Mental Health (Wales) Measure 2010, Health Boards have largely redesigned the entry services for children and young people through integrated primary and secondary care approaches. In some areas, specialist CAMHS teams have introduced a standard procedure for access, the specialist CAMHS single points of access (SPoA), which operate on a Local Authority area basis and have been developed considerably over time. SPoA have reduced variation in thresholds for acceptance into the service and increased consistency of responses through the implementation of standard access criteria. Children and young people no longer wait on a waiting list without first discussing the level of need with the professional who has requested CAMHS involvement.

7. There has also been a move towards delivering specialist CAMHS SPoA in communities via links into GP practice, schools, and the introduction of standardised care pathways. There is the potential for

roll out to partner agencies for jointly managing initial risk in self harm and suicidal behaviour. CAMHS are also utilising the positive feedback of the National Benchmarking Report (2016)[i] and recommendations from the Quality Network for Community CAMHS (QNCC)[ii] to improve services on an all-Wales basis.

c. **The extent to which changes have addressed the over-referral of children and young people to CAMHS;**

8. Generally, there is a growing demand on CAMHS with increased referrals across Wales. Health Boards have adopted unique approaches better to understand this trend and are identifying specific target areas. For example, in Powys Teaching Health Board, CAMHS are undertaking a three-month audit of referrals to improve understanding of where the referral came from; what the referrer was looking for; how the service met the need; and patterns of referral and demand. By developing this level of understanding, the Health Board will be in a better position to address the over-referral of children and young people to CAMHS.

9. Other Health Boards have introduced a referral guidance document and have invested time in supporting professionals and GP practices on general referrals. The result has been an improvement in the quality of referrals and greater clarity around the inclusion and exclusion criteria (especially for GPs).

10. In Aneurin Bevan UHB, a senior clinician carries a 'consultation phone'. The phone is accessible for all potential referrers from 9am - 5pm, Monday to Friday, for one to one pre-referral conversation and consultations, acting as a filter.

11. Specialist CAMHS in Wales have also been working on SPoA initiatives which has allowed services to introduce standard responses based on need at the point of entry. This has brought about an overall reduction of inappropriate referrals with signposting, and faster responses for those who need the service the most.

d. Referrals and access to CAMHS by individual Health Board, including the restrictions and thresholds imposed by CAMHS;

12. Specialist CAMHS SPoA are available for children and young people aged 0 – 18 years where there is a concern about their emotional or mental health. If a child or young person is resident in a relevant Local Authority area, there are no restrictions imposed on them requesting help.

13. Children and young people who need the help of a specialist service are booked in for primary mental health assessment and where required, primary or secondary mental health services will be offered post-assessment. Primary and secondary care services are delivered by teams who deliver both in a seamless manner, allowing assessment and intervention to be tailored to the needs of the individual. Those who do not need the direct help of specialist services, but who have some needs, can access support from a professional working in frontline services, who themselves can access support and consultation from a specialist mental health professional.

14. As for the timeliness of assessments, the picture is largely positive across Health Boards, with most CAMHS consistently achieving the 80% target of delivering an assessment within 28 days of referral – some Health Boards have achieved a percentage of more than 93%. One of the most significant ways that has allowed Health Boards to succeed in this area is by utilising all staff members who are able to carry out assessments instead of referring patients immediately to a designated professional e.g. crisis and Community Intensive Therapy Teams who would not normally undertake this task as an ordinary part of their role.

15. It is acknowledged however that while these percentages are positive, they are not a reliable indicator of how many children and young people are accessing the appropriate services. It is often the case that professionals refer a child or young person to a specific

service according to his/her needs – it is often the case that the child or young person will be required to wait for an additional length of time before receiving the most appropriate service.

e. **Whether the changes have helped to improve specialist CAMHS' ability to respond out of hours and at times of crisis; whether out of hours care is working effectively, and specifically looking at the needs of those children and young people who present and are assessed at hospital A&E departments;**

16. Health Boards have established designated teams to address crisis situations and out of hours services. In Hywel Dda UHB, a Crisis Assessment and Treatment team provides mental health/psychosocial assessments for young people admitted following self-harm. The benefits of this are earlier discharge with community support and a reduction in bed days, as the patient can be discharged in a timely manner following assessment. The service has been further expanded to increase accessibility, and since September 2017, the crisis service for children and young people has become operational on a 24-hour basis with the Adult Mental Health Crisis Team, which provides a crisis response during the hours of 21:00 hours and 09:00 hours.

17. In Aneurin Bevan UHB, a Crisis Outreach Team has been developed which has led to a decrease in total admissions to Tier 4 inpatient care (very specialised interventions and care, including inpatient psychiatric services for children and adolescents) and a significant reduction in in-patient stay for those who need time in hospital. The team works flexibly to suit the requirements of families in crisis and is closely connected with other teams within specialist CAMHS. This supports seamless movement between teams for patients as determined by clinical needs. Also, a dedicated 5-practitioner emergency liaison team at the Health Board has led to significant improvements in responding to emergency and crisis presentations.

18. Health Boards on the English border face unique geographical challenges – where vulnerable young people are accessing hospital

services across the border. This often means that these patients experience lengthy delays in assessment and treatment when they are eventually referred to Health Boards in Wales due to the significant differences between the English and Welsh systems. The situation is made more challenging in instances where a patient seeking support for a mental health condition presents themselves at an English A&E unit because their place of residence is a considerable distance from the nearest centre in Wales that delivers CAMHS. Such environments are not conducive to a patient's emotional health at such a vulnerable time.

f. Whether there is sufficient in-patient capacity in Wales;

19. Generally, there is sufficient in-capacity in Wales. A useful measure of whether there are sufficient beds is how often Health Boards use out of area placements. Health Boards have found some units to be more flexible and accessible since the Care and Social Services Inspectorate Wales' review[iii] of such placements was carried out. However, due to capacity issues and (very occasionally) the specialist needs of patients, Health Boards have, on some occasions been required to seek out of area placements with the support of the Welsh Health Specialised Services Committee (WHSCC).

20. It has not been possible for some Health Boards to designate age appropriate beds within adult mental health services for older adolescents due to pressures within the adult mental health service. In some cases, this has contributed to reduced access to beds for older adolescents and a requirement to further utilise out of area referrals.

21. The requirement for inpatient capacity is directly linked to the timeliness, quality and effectiveness of intensive community interventions and the capacity of community services to take positive risks. Several Health Boards have found that this has been significantly enhanced with the new investment from Welsh Government.

22. However, there is a need to undertake an ongoing review of the requirement for access to beds and overall inpatient capacity in Wales to address this challenge more specifically. Sufficient capacity may potentially be achieved with full recruitment to inpatient staff teams and ongoing developments in community services. Moreover, there is still considerable work to be done for all agencies and services to understand their role in meeting the emotional well-being needs of their population, and managing their own expectations and service gaps. There remains an expectation within society that one small service within the Health Board should meet all the emotional and mental health needs of its local population, which is largely unrealistic, and with increased support in primary and community care, more preventative support is being provided by the whole NHS workforce.

2. Funding

a. Annual expenditure on CAMHS in cash terms and as a percentage of the overall spending on mental health, by local Health Board;

23. Individual members will provide specific figures relating to their own Health Board areas on this question. Expenditure on CAMHS nationally in recent years is provided below:

Expenditure on mental health services by category in £ over recent years[iv]

	2009/10	2010/11	2011/12	2012/13	2013/2014	2014/2015	2015/2016
General mental	306,627	327,713	316,356	254,377	271,147	305,874	310,624

illnes s							
CAMHS	43,814	41,928	42,819	42,846	40,248	41,320	45,818

24. Transition from CAMHS to adult mental health services usually takes place on a person's 18th birthday and this can present a number of challenges. Problems can emerge through the transition of young people into adult mental health services as this marks a change in clinical staff, a change in environment, and a different approach to treatment. Age-appropriate services are important for safeguarding and therapeutic reasons. The threshold for adult mental health services is high, which often results in a gap in service for young people, particularly for those with neurodevelopmental problems, personality disorders and moderate/severe anxiety and affective disorders.

25. Together for Children and Young People is chaired by Carol Shillabeer, Chief Executive of Powys Teaching Health Board and lead Chief Executive for mental health, and supported by an independent external expert and an expert reference group. The Programme is working at pace to reshape, remodel and refocus emotional and mental health services for children and young people. The Programme is now entering its third year and has work streams that cover health services, education and social care services.

b. The extent to which access to psychological therapies for young people has improved. Whether there has been a subsequent reduction in the use of medication for young people;

26. Access to psychological therapies in Wales has largely improved following the provision of additional recurrent funding. Health Boards have recruited new members of staff across a range of professional disciplines including Clinical Psychologists, Dietitians, Occupational Therapists, Registered Mental Health Nurses and Health Care Support Workers. There has also been a number of innovative service

developments across Wales with organisations such as MIND, which provide additional support for young people to engage in training, attend college courses, and take part in voluntary work or employment.

27. Investment in a number of treatment options means more children and young people across Wales can now be offered the appropriate evidence-based approaches for their conditions. Examples include Dialectical Behaviour Therapy, Eye-Movement Desensitisation and Reprocessing (EMDR) therapy, Cognitive Behavioural Therapy, Child Psychodynamic Psychotherapy and Video Interaction Guidance (VIG).

28. Health Boards across Wales are looking to develop formulation-driven approaches to deliver psychological therapies in the context of children's development within families. A formulation-driven approach in this context refers to a hypothesis about the mechanisms causing and maintaining the child or young person's condition before consideration is given to the most appropriate treatment options. This work will link to regular reviews of NICE guidelines and the national work on the development of psychological therapies for children and young people.

c. How the additional funding has been used to improve provision for children and young people in local primary mental health support services;

29. Welsh Government investment has been utilised by Health Boards to make significant progress in a variety of areas, including the implementation of Crisis Intervention Treatment teams (CITT), Crisis Intervention Practitioner roles, High Intensity posts and Psychological well-being practitioners.

30. An increase in the number of primary mental health workers has also facilitated closer working with GPs, schools and partner agencies. The additional funding has enabled Health Boards to ensure that the

recruitment of additional staff members are not restricted to Part 1 of the Mental Health (Wales) Measure, thereby allowing for a greater number of referrals from all agencies being accepted and the provision of training to education services and fostering agencies.

31. Further key developments in this area include new developmental roles working within enhanced governance structures; the development of a robust community of practice of LPMHSS staff working with children and young people; the standardisation of assessment processes; the initial implementation of a multi-agency, SPoA model in Local Authority areas; implementation of new managerial supervision structures; and work with specialist CAMHS to streamline referral processes to name a few.

d. The extent to which the funding has been used to meet the needs of vulnerable children and young people, for example, children who are in care, children and young people with ADHD and autistic spectrum disorders, and those who are already in or at risk of entering the youth justice system, including those who are detained under section 136 of the Mental Health Act (1983);

32. Health Boards have supported a range of initiatives to enhance services for vulnerable children in recent years, with different projects currently operational across Wales. Examples include the Multi-Disciplinary Intervention Service Torfaen (MIST) project, the Family Intervention Team (FIT) and professional Psychologists working closely with foster and adoptive teams.

33. Expansions within Child and Adolescent Learning Difficulties services (CALDS) have improved access to evidence-based assessments and interventions for young people with moderate to severe learning difficulties.

34. In relation to those detained under section 136 of the Mental Health Act (1983), the Welsh Government, police forces, the NHS, councils and other agencies signed the Mental Health Crisis Care

Concordat in December 2015. The Concordat sets out how partners can work together to deliver a quality response when people with acute mental health crisis need help, have contact with the Police and who are likely to be detained under section 135 or section 136 of the Mental Health Act 1983. Partners who have signed up to the Concordat are committed to work to reduce the use of powers of detention under section 135 or 136 of the Act, to cease to use police custody suites as a place of safety and to ensure there is access to mental health professional advice 24 hours a day at the point of crisis. Through working with a range of partners, the Concordat has developed pathways of care which has led to significantly fewer numbers of people in a mental health crisis taken into custody.

35. These instances are generally uncommon in Wales. There is evidence that some Health Boards' CAMHS are actively involved in local task and finish groups established to roll out the recommendations from the National Concordat regarding crisis presentations. Furthermore, specialist CAMHS have in place robust Service Level Agreements with Youth Offending Teams within their localities which provide a Mental Health Link Nurse and access to a Mental Health Advisor for complex cases and Forensic assessments when required. The exception to this lies in the North East of Wales, where the Local Health Board has undertaken work to review the situation, and has agreed to work with partner agencies and colleagues from Adult Mental Health services to address concerns and identify ways to address these challenges. Commissioning a service to support the development of participation is already underway, which will directly involve young people and their families who have been admitted via Section 136 (including retrospective cases).

e. The effectiveness of current planning and commissioning arrangements to address the needs of young people who have early onset of a severe mental illness, such as psychosis.

36. Health Boards across Wales have made significant progress in establishing specific teams to address the needs of children and young

people presenting early signs of a severe mental illness. Examples in South Wales include the Early Intervention Psychosis service (EIS) in Gwent, which works closely with the Health Board's CAMHS when psychosis is suspected or identified in young people. £156,000 of new funding was recently diverted into the EIS to boost evidenced based interventions for young people with psychosis.

37. In north Wales, a steering group has been established, which meets once a month, and is chaired by a Consultant Clinical Psychologist in first-episode psychosis. In the Western area of the Health Board, another dedicated team has been established, building on an existing arrangement within adult mental health clinical psychology. This has resulted in new jointly-funded clinical psychology and nursing posts working entirely within the first-episode psychosis speciality. The intention is to replicate this model across the Health Board area, and commissioning additional capacity to support this challenge is the goal - the steering group is leading the development of a business case to move towards a consistent model.

3) Transition to Adult Services

a. How well planned and managed transitions to adult mental health services are;

38. While transitions to adult mental health services in general are well planned across Health Boards, there remains a lack of awareness of the transitional arrangements in place between specialist CAMHS and adult mental health services. All young people who require transition, due to their ongoing mental health needs, would be under the remit of specialist CAMHS Secondary Mental Health Services and therefore subject to a Care and Treatment Plan (Mental Health (Wales) Measure 2010). As part of this process, all professionals involved in the young person's care and treatment, including GPs and School Nurses, are involved in the transition process.

39. Health Boards have introduced their own policies to address these challenges however, with an emphasis on ensuring that ongoing

patient needs are met. The introduction of a 'transition passport' is a positive step in this direction, which helps to facilitate a smoother transition from CAMHS to adult mental health services. There is evidence also of Health Boards having undertaken audits and feedback exercises on the policies in place – observations to date have indicated that despite recent developments, further work needs to be done around facilitating conversations between services at a much earlier stage than is the case, to ensure continuity of care.

4) Links with education (emotional intelligence and healthy coping mechanisms)

a. The development of the Health and Well-being Area of Learning and Experience as part of the new curriculum;

40. In September 2017, the Welsh Government announced that children with emotional and mental health problems will receive early help at school from teams of experts as part of a unique initiative. Pupils at 28 secondary schools, six middle schools and 190 primary schools in north-east, south-east and west Wales will take part in pilot studies. Results conclude in the summer of 2020 and a process of evaluation will then take place before a decision is made on whether to extend the initiative across Wales.

41. Schools are becoming more proactive in the emotional resilience of young people, and Health Boards have reported a number of positive outcomes following previous pilot studies. There is clear agreement that these initiatives could be rolled out across NHS Wales and that the use of Education Learning Support Assistants (ELSAs) in schools is having a range of positive effects.

42. More specifically, the North Wales Transformation Group has been established and has representation from the Local Authorities. The group has been discussing the development of the Health and Well-being Area of Learning and Experience within the new curriculum and are keen to contribute to developing the vision and key deliverables for this. Further discussions with the Association of

Directors of Education Wales are planned. Health Boards are working to improve links between schools, health and social services using a multi-disciplinary model and formal "face to face" liaison combined with a telephone model, with regular, named link professionals working across schools and health teams. The strategic objective is to reduce emotional distress and prevent mental illness by offering early support, and appropriate referrals and interventions.

43. There is a clear need to provide support for teachers to better understand emotional and mental health conditions in children, and have the skills to support their pupils. This is to be achieved through education and up-skilling teachers to recognise and deal with low level mental and emotional distress within their competence. Health Boards are taking positive steps to ensure that when teachers identify issues which they consider to fall beyond their professional remit, then consultancy and advice is available in a timely fashion from the Health Boards' CAMHS to enable the young persons' needs to be met either by CAMHS or to advise where the appropriate service can be accessed quickly (e.g. via LPMHSS).

b. Children's access to school nurses and the role Schools Nurses can play in building resilience and supporting emotional well-being;

44. There is evidence that, following the Cabinet Secretary's announcement in May 2017 that every secondary school and their cluster primaries will have an identified School Nurse and associated health team who will be accessible for support and advice both during and outside of term time, a baseline assessment of the 'All Wales Standards for School Nurses for the promotion of Emotional Well-being of School Age Children' has been undertaken in some areas. Some Health Boards have used a traffic light rating system to score each of the 22 standards within the competency framework, and are looking to produce an 'Action Plan' type document in due course.

45. There is evidence that some Health Boards have taken steps to ensure that School Nurses across the Health Board area are trained in mental health first aid and deliver the Added Power and Understanding in Sex Education (APAUSE) programme. The Programme aims to develop positive changes in young people's knowledge, attitudes and behaviour around sex and relationships, including myth-busting, resisting unwanted peer pressure and raising confidence and self-esteem. Health Boards have also adopted other approaches to building resilience and supporting emotional well-being among children, such as through 'drop-in' sessions and sustained efforts more generally to raise awareness of these challenges with education partners.

c. The extent to which health, education and social care services are working together;

46. Health Boards across Wales are taking positive steps towards piloting CAMHS 'schools in-reach' projects to increase collaborative working between health, education and social care services. Current pilot studies are focusing largely on raising awareness of mental health services in the community and promoting early intervention. Some Health Boards have supported these developments by hosting a series of workshop sessions in local schools on a variety of topic areas including eating disorders following the Welsh Government statement in August 2017 that an additional £500,000 per year will be invested in improving the care young people with eating disorders receive when they turn 18. Currently, CAMHS deliver a family-based treatment approach up to age of 18, whereas adults' services deliver an individualised model of treatment from the 18th birthday, which may or may not include the involvement of family members in the treatment. Funding will enable the recruitment of new specialist staff and for existing specialist staff to increase the time available to support young people with eating disorders. Other workshops under the 'schools in-reach' project are focusing on topics including coping with strong emotions, mindfulness strategies and early intervention in psychosis.

47. There is strong evidence also of School Nurses reporting good links between individual teams within CAMHS, and the use of a bilingual DVD, which acts as an emotional well-being resource, has also showed signs of being effective in raising awareness of the relationships between health, education and social care services. There is however a need to increase capacity within schools further to reduce the number children and young people presenting low level needs, and subsequently, reduce demand on CAMHS when effective treatment options can be provided in other settings. There are also examples of excellent practice where Local Authorities have commissioned additional services to address low level emotional health and well-being concerns for vulnerable children and young people.

d. The take up and current provision of lower level support and early intervention services, for example, school counselling services;

48. While there is considerable evidence of early intervention services being provided by Health Boards in partnership with schools, data on the number of children and young people who have benefitted from these services, and to what extent, is not held by all Health Boards. The data that is available however shows that a similar number of children and young people are participating in individual and group-based activities in settings where given the opportunity to do so. Group sessions often take place in school settings and take the form of sports games that require teamwork, communication, resilience and promote healthy lifestyles. The available data also reveals a significant number of children and young people accessing online materials when seeking advice – consideration should be given to whether a more substantial bank of online materials could be produced to increase uptake further, particularly if new materials were to involve the third sector.

5) Conclusion

49. Health Boards across Wales have adopted unique approaches to deliver the step-change in CAMHS that is needed. Whilst challenges around capacity and population engagement persist, there is strong evidence that mental health services for children and young people are becoming more accessible, are being delivered in more community settings outside traditional GP surgeries, and are better placed to address the challenges faced by children and young people in a more streamlined manner.

50. Health Boards are continuing the drive towards collaborative working across CAMHS and are realising the potential of staff members' individual skill sets in delivering the well-being outcomes that matter to children and young people. By ensuring that positive action is taken towards addressing challenges around capacity and cross-border issues in some areas, there is strong evidence that recent developments in CAMHS are well-placed to deliver the step-change that is needed.

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[i] https://www.nhsbenchmarking.nhs.uk/news/2016-benchmarking-of-adult-and-older-peoples-mental-health-services-findings-published

[ii] http://www.rcpsych.ac.uk/pdf/Quality%20Network%20for%20Community%20CAMHS%20Brochure.pdf

[iii] http://cssiw.org.uk/docs/cssiw/report/150130lacen.pdf.

[iv] Source: StatsWales https://statswales.gov.wales/Catalogue/Health-and-Social-Care/Health-Finance/NHS-Programme-Budget/nhsexpenditure-by-budgetcategory-year

Cynulliad Cenedlaethol Cymru | National Assembly for Wales
Y Pwyllgor Plant, Pobl Ifanc ac Addysg | Children, Young People and Education Committee
Ymchwiliad i Gwella Iechyd Emosiynol ac Iechyd Meddwl Plant a Phobl Ifanc | Inquiry into The Emotional and Mental Health of Children and Young People
EMH 38
Ymateb gan: Pwyllgor Gwasanaethau Iechyd Arbenigol Cymru
Response from: Welsh Health Specialised Services Committee

1 Background

1.1 In 2009 there was consultation on specialised services for Wales, which recommended improvements on how the NHS in Wales planned and secured specialised services. Following this consultation, in 2010 the seven Local Health Boards in Wales established WHSSC to ensure that the population of Wales has fair and equitable access to the full range of specialised services. In establishing WHSSC to work on their behalf, the seven Local Health Boards recognised that the most efficient and effective way of planning these services was to work together to reduce duplication and ensure consistency.

1.2 Accordingly, WHSSC is a joint committee of each Local Health Board in Wales. It was established under the Welsh Health Specialised Services Committee (Wales) Directions 2009 (2009/35). The Joint Committee was a new arrangement and, brings Local Health Boards in Wales together to plan specialised services for the population of Wales. This is a fundamental change in the way these services are planned and has required the creation of new systems and processes to reflect these new arrangements. These have included completely new corporate and financial reporting arrangements. WHSSC is a "hosted body" and at the moment it is hosted by Cwm Taf University Health Board.

1.3 WHSSC plans, secures and monitors the quality of a range of specialised services. The specialised services include mental health services, which itself includes specialist perinatal beds.

1.4 In terms of budget, every year WHSSC receives money from the LHBs to pay for the specialised healthcare for everyone who lives in Wales and is entitled to NHS care. The Chief Executives of those health bodies are members of the Joint Committee who meet and decide how much of their annual budgets will be allocated to WHSSC. The Joint Committee is chaired by an Independent Chair who is appointed by the Cabinet Secretary for Health, Wellbeing and Sport. The amount of money which is allocated is based on the previous year's budget and what demands were made during a particular year for a particular type of specialised service through an agreed Integrated Medium Term Plan (IMTP).

2 Specialist CAMHS Services

2.1 Current Commissioning Arrangements

WHSSC is only responsible for commissioning inpatient provision for CAMHS (age 12-17 inclusive) on behalf of the seven local health boards in Wales. Two Local Health Boards are commissioned by WHSSC to provide this service for Welsh residents as follows:-

2.1.1 Betsi Cadwaladr University Health Board (BCUHB) provides 12 beds on a single ward for the North from the North West Adolescent Service (NWAS) which is located at Abergele Hospital. A 2nd 7 bedded ward is not currently commissioned.

2.1.2 Cwm Taf University Health Board (CTUHB) provides 15 beds for the South from Ty Llidiard which is located on the Princess of Wales site at Bridgend. These beds are provided flexibly over the 14 bed main ward & a 5 bed high intensity area. This arrangement was introduced in April 2015 following new investment by WHSSC in excess of £600k.

2.1.3 In addition to these beds WHSSC commissions services from other non NHS Wales providers through a National Framework Agreement in the first instance and then from other designated service providers on an individual cost per case basis.

2.1.4 Access to all inpatient beds is controlled by clinical gatekeepers who work in the 2 NHS units. The responsible clinician in a Health Board will refer a patient to the gatekeeper for an assessment and a clinical opinion indicating the type and level of service will be established. If an inpatient stay is required the gatekeeper will consider if the patient needs can be met by the NHS service and arrange the admission. The 2 NHS services do not provide services for Forensic (Medium or Low Secure) patients or some specific patient needs eg primary LD.

2.1.5 If the NHS service cannot admit patient due to capacity or specific needs the Health Board will identify a suitable placement from providers on the National Framework and make referral. WHSSC will confirm funding at the agreed daily bed rate to the provider by issuing a patient placement agreement on receipt of funding request form supported by letter from clinical gatekeeper.

2.1.6 If no framework beds are available the same process is completed but funding needs to be agreed at a daily bed rate on an individual basis.

2.1.7 WHSSC is only responsible for Tier 4 inpatient services but the new £7.65m investment by Welsh Government has increased support to CAMHS patients in the community and the enhanced community support provision in LHBs has both reduced lengths of stay in inpatient services and prevented inpatient admissions.

3 Inpatient CAMHS Provision

3.1 NHS Units

3.1.1 WHSSC pays the provider Health Boards for the Inpatient CAMHS units as a contract line of its Long Term Agreement. The contract is performance managed throughout the year and reviewed on an annual basis.

The 2017/18 contract values are shown below:-

BCUHB – 12 bed NWAS service £2.766m

CTUHB – 15 bed Ty Llidiard Service £3.694m

3.1.2 Since the expansion of the community intensive treatment teams and the introduction of the new flexible arrangements at Ty Llidiard the number of out of area placements in the South has reduced significantly.

3.1.3 The impact of these teams in the North has been adversely affected by the significant workforce problems experienced in both the inpatient and community services in BCUHB. The inpatient service has been operating on reduced bed capacity over the last 12 months but WHSSC have agreed recovery plan with BCUHB and the service is expected to increase its bed capacity back to commissioned levels over the next few months.

3.1.4 The direct consequence of these problems has been a marked increase in out of area placements from BCU with additional 6-8 patients in beds over last 12 months.

3.2 Out of Area Placements

3.2.1 A National Framework Agreement for non NHS Wales CAMHS inpatient beds was introduced in April 2015 following the success of an earlier Framework for Adults with Mental Health & Learning Disabilities. This Framework was signed off by the Minister and is overseen by the Quality Assurance and Improvement Team (QAIT) working on behalf of WHSSC and the LHBs. Providers on the Framework agree to deliver services against set of standards and are audited by QAIT to provide quality assurance of the services used.

3.2.2 Whilst NHS Wales does not have any secure CAMHS inpatient beds there is a new Low Secure provider (Regis Healthcare) on the Framework whom offer services within Wales at Ebbw Vale Hospital. The majority of Welsh patients needing this level of care have been placed in Wales with this provider since the inception of the Framework.

3.2.3 The total budget for CAMHS out of area placements for 2017/18 is £2.752m with a further £1.301m for Forensic patients in Medium or Low Secure care.

3.2.4 In 2014/15 prior to the Framework Commencement and new investment WHSSC funded 6,392 beddays in out of area CAMHS beds. By 2016/17 this had reduced significantly to 3,926 beddays a reduction of 39%.

3.2.5 It should also be noted that 2,133 (54%) of the 3,926 beddays in 2016/17 were provided by Regis Healthcare in Wales at Ebbw Vale Hospital.

3.2.6 Over the 3 year period from 2014/15 to 2016/17 the number of beddays provided in England has reduced by more than 70% from 6,392 to 1,793.

3.2.7 Further details of the number and type of out of area placements are attached in Appendix 1.

Section recovered as requested by Welsh Health Specialised Services Committee

Vaughan Gething AC/AM
Ysgrifennydd y Cabinet dros Iechyd a Gwasanaethau Cymdeithasol
Cabinet Secretary for Health and Social Services

Huw Irranca-Davies AC/AM
Y Gweinidog Gofal Cymdeithasol a Phlant
Minister for Children and Social Care

Llywodraeth Cymru
Welsh Government

Ein cyf/Our ref : MA P HID 4289 17

Lynne Neagle AM
Chair,
Children, Young People and Education Committee
National Assembly for Wales
Cardiff Bay,
Cardiff
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22 January 2018

Dear Lynne,

Following the Children, Young People and Education Committee held on 22 November 2017, we wrote to you on 1 December providing further information arising from discussions at that meeting. We advised that for 2018-19 the Flying Start and Families First allocations to local authorities would be maintained at 2017-18 levels - £76.052 million and £38.352m respectively.

In line with common budgetary practice and over a number of years grant allocations for Families First and Flying Start to local authorities have included an element of over-programming, i.e. the funding allocated has exceeded, by a small margin, the budget available. Over-programming helps to ensure that budgets are fully spent and avoids underspends.

In 2018-19 local authorities have the ability to move funds through the offer of extended flexibilities between a number of grant programmes. This flexibility is designed to help improve and integrate service delivery to better support vulnerable families and people across Wales. This flexibility will also provide more opportunities to manage and minimise potential underspends. Consequently having reviewed our approach to over-programming, we have determined the current level of over-programming is no longer required and that underspends will be better managed through utilising the funding flexibilities now available.

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Rydym yn croesawu derbyn gohebiaeth yn Gymraeg. Byddwn yn ateb gohebiaeth a dderbynnir yn Gymraeg yn Gymraeg ac ni fydd gohebu yn Gymraeg yn arwain at oedi.

We welcome receiving correspondence in Welsh. Any correspondence received in Welsh will be answered in Welsh and corresponding in Welsh will not lead to a delay in responding.

Reducing the level of over-programming is a prudent and sensible approach to avoid any risk of over-spending.

Local authority allocations for 2018-19 have therefore been reduced very slightly, by 1.8%. We do not expect this reduction to impact upon service delivery. The Families First and Flying Start budgets remain at the same level as 2017-18.

Yours sincerely

Vaughan Gething AC/AM
Ysgrifennydd y Cabinet dros Iechyd a Gwasanaethau Cymdeithasol
Cabinet Secretary for Health and Social Services

Huw Irranca-Davies AC/AM
Y Gweinidog Gofal Cymdeithasol a Phlant
Minister for Children and Social Care

Kirsty Williams AC/AM
Ysgrifennydd y Cabinet dros Addysg
Cabinet Secretary for Education

Eich cyf / Your ref
Ein cyf / Our ref : MA(P)/KW/4648/17

Lynne Neagle AM
Chair
Children, Young People and Education Committee

23 January 2018

Dear Lynne,

I am happy to provide further information regarding the Welsh Baccalaureate Qualification (WBQ).

The status of the Welsh Baccalaureate at post-16

I encourage schools and colleges to move towards universal adoption of the redesigned WBQ in two main ways: the wealth of supporting evidence and through planned performance measurement.

Firstly, the *Review of Qualifications for 14 to 19-year-olds in Wales*, Estyn[1] and Qualifications Wales[2] were clear that the WBQ is valuable - even more so where there is full adoption as there is often a broader range of activities in these colleges and schools for young people. The new WBQ Skills challenge Certificate is a Level 3 graded qualification and has added extra rigour to the qualification. The development of the WBQ was itself evidence-based and involved HEIs, employers and experts from across the UK. This approach is working and there is broad support for the WBQ. Qualifications Wales noted in their report in March last year that, '*In general, there is widespread support for the Welsh Baccalaureate and its aims of developing learners' skills and experiences for further study and employment.*'

Secondly, with regards to monitoring arrangements, as part of the planning and funding arrangements, the Welsh Government collects data on the planned WBQ take-up from local authorities and further education institutions and we monitor these figures through the year. In this process, I expect them to report to us on their approach to reaching full adoption by 2019/20.

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[1] Welsh Baccalaureate Qualification provision at level 3 in secondary schools. Estyn, July 2012
[2] Review of the implementation of the new Welsh Baccalaureate from September 2015. Qualifications Wales,

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We welcome receiving correspondence in Welsh. Any correspondence received in Welsh will be answered in Welsh and corresponding in Welsh will not lead to a delay in responding.

Therefore, we will expect the WBQ to be offered in the programmes of learning for all 16-19 learners. My predecessor issues a Ministerial Written Statement in 2014 noting a transition period with an expected year-on-year increase of take up. This has been further clarified in the guidance you noted to being full adoption to deliver the WBQ for enrolment in 2019/20.. Until then, we won't be imposing financial penalties for failure to meet this target. I have not yet reached a conclusion on the monitoring or incentivisation of the WBQ from 2019/20.

With respect to the 'where appropriate' point, the guidance document, *The post-16 Welsh Baccalaureate: recording and measuring outcomes* clearly notes that "…the aim is that those learners entering the post-16 Welsh Baccalaureate will be entered at ***the appropriate level for the learner.***" My annual letter to the post-compulsory school sector outlining my priorities also makes clear the appropriateness of the WBQ. For instance, I would not expect learners to sit a post-16 WBQ at Level 2 if they have already achieved this level. I am happy to share this letter with the Committee.

Headteachers and principals are expected to use their professional judgement in determining the right learning programme for their learners, which will include considerations of the young person's well-being and their ability to reach their potential. There are no criteria that can accurately determine who these apply to beyond the exemptions in this guidance, and school and college leaders are best placed to reach those decisions.

In terms of future encouragement, as part of the new suite of post-16 performance measures, we will be including measures for WBQ achievement, although no final decision has yet been made on when these will be published for individual schools and colleges.

The view of universities

The purpose of my letter to university vice-chancellors was to update them on changes on the WBQ to reassure them of the added rigour in the reformed qualifications. I did not request responses. Officials had previously tested the admissions policies with universities and their faculties, and I have asked officials to keep this updated. In the meantime, they are engaging with Russell group, and other, universities to brief and reassure admissions officers and respond to any questions regarding the value of the WBQ. UCAS note that phasing in of the WBQ as a national entitlement will increase take-up, meaning that admissions tutors will see a number of iterations of the Welsh Baccalaureate:

We know that a number of Russell Group universities, are clear that they value the WBQ and are taking an increasingly flexible approach to recognising it in their offers. Those that don't accept as a specific entry requirement still value it for the broader skills and experiences that it gives the young person, and it can enhance applications.

As a final point on this, I would remind the Committee that the value of the WBQ goes beyond university entry.

Qualifications Wales review

In March 2016, Qualifications Wales led and published their *Review of the implementation of the new Welsh Baccalaureate from September 2015*. Within that review was a recommendation for them to review how the Skills Challenge Certificate is assessed and structured. I understand that the review will be published in the new year. This evidence will help the Welsh Government keep the WBQ under review.

Yours sincerely

Kirsty Williams AC/AM
Ysgrifennydd y Cabinet dros Addysg
Cabinet Secretary for Education

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Cabinet Secretary for Education
Welsh Government
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22nd January 2018

Report on the Teachers' Professional Learning and Education inquiry[1]

Dear Cabinet Secretary,

You will be aware of the Children, Young People and Education Committee's (CYPEC) recent Report into "Teachers' Professional Learning and Education", published in December.

We are grateful for the time which the CYPEC has put into considering these critical issues and welcome the Conclusions of the report, especially:

"Conclusion 1. The education workforce is not currently prepared for the implementation of the new curriculum."

and

"Conclusion 4. Teachers' professional development should be valued in its own right, and recognised as tool for support (*sic*) teacher growth, rather than as a performance management tool."

We would welcome any opportunity to assist you with shaping how these conclusions become a reality for the workforce, especially in light of the way in which the recommendations of the report highlight issues around training and workload. These are issues which we have consistently raised with your Officials over a number of years, and which you will note came out as strong concerns for the whole workforce

[1] http://www.assembly.wales/laid%20documents/cr-ld11338/cr-ld11338-e.pdf

(including supply teachers) in the Education Workforce Council's Workforce Survey[2].

Indeed, many of the CYPEC's recommendations are very welcome as we strongly believe that professional learning opportunities for all staff are critical to delivering the Curriculum for Wales.

However, we have very serious concerns about Recommendations 19[3], 20 and 21.

Recommendation 19

We believe that this recommendation contradicts the findings of the Committee in Conclusion 4. We have always been led to believe from our engagement with the Welsh Government that the new Professional Standards for Teaching and Leadership have been created to provide a resource for teachers to take ownership of their own professional development and not as a tool for performance management.

We would also highlight that within the Professional Standards for Teaching and Leadership there are clear 'baseline' expectations that must be met for the award of Qualified Teacher Status (QTS) and for successful completion of statutory induction[4]. For us, these describe a "measure to identify the standards expected of a teacher in order to undertake their role effectively" and we feel strongly that no further such measure is required.

Recommendations 20 and 21

We also have serious concerns about Recommendations 20[5] and 21. We believe that these recommendations are predicated on a misunderstanding about the intended purpose of the standards which, as stated above, we have been reassured are quite separate from disciplinary procedures. These standards are not a Code of Conduct, but rather, a backdrop to professional development..

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[2] https://www.ewc.wales/site/index.php/en/research-statistics/national-education-workforce-survey

[3] Recommendation 19. The Cabinet Secretary should consider the extent to which the new professional standards provide an adequate baseline for teacher performance, and revise the standards to include a measure to identify the standards expected of a teacher in order to undertake their role effectively.

[4] http://learning.gov.wales/docs/learningwales/publications/170901-professional-standards-for-teaching-and-leadership-en.pdf

[5] Recommendation 20. The remit of the Education Workforce Council should be extended to include responsibility for professional standards.

The Education Workforce Council already has the power to investigate and hear allegations of unacceptable professional conduct and serious professional incompetence, and to monitor Induction and hear Induction appeals for teachers. We cannot understand on what basis or for what reasons the Committee would want to recommend further powers to suspend teachers.

Were the EWC elected and governed by members of the professions it represents, we could perhaps envisage an extension of its remit to include responsibility for professional standards. However, until the EWC is democratically elected, we are unable to support any extension of its remit.

We trust that you will have our concerns in mind when responding to the CYPEC's Report, and would welcome any opportunities discuss the Report with you further.

Yours sincerely,

David Evans – National Education Union Cyrmu

Keith Bowen – National Education Union Cyrmu

Elizabeth Williams – Voice the Union

Elaine Edwards – UCAC

CC: Lynne Neagle AM, Chair, Children, Young People and Education Committee

Kirsty Williams AC/AM
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23rd January 2018

Dear Lynne

When I attended the Children, Young People and Education Committee in December, I indicated that I would provide details of the key checkpoint dates ahead of the release of the new curriculum in April 2019 in draft form for feedback purposes.

At each checkpoint:

- Each AoLE group shares their latest thinking with the Curriculum and Assessment Group (CAG). The role of CAG is to provide independent evidence, credible and confident challenge and support to the Pioneer Schools Network.

- The latest thinking of AoLE groups is also shared with the following expert groups for feedback. These groups provide assurance on the overarching quality of the development process:
  - Independent Advisory Group (chaired by Professor Graham Donaldson);
  - Foundation Phase expert panel;
  - National Digital and Learning Council; and
  - Literacy and Numeracy Panel.

- AoLE groups also share their proposals with experts for feedback on an AoLE and/or disciplinary basis

- An update is published following the Checkpoint.

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Rydym yn croesawu derbyn gohebiaeth yn Gymraeg. Byddwn yn ateb gohebiaeth a dderbynnir yn Gymraeg yn Gymraeg ac ni fydd gohebu yn Gymraeg yn arwain at oedi.

We welcome receiving correspondence in Welsh. Any correspondence received in Welsh will be answered in Welsh and corresponding in Welsh will not lead to a delay in responding.

The details of each Checkpoint are detailed below:

Checkpoint 1: CAG Meeting 5 & 6 June 2017

Each AoLE group provided a paper to CAG outlining:

- How the AoLE contributes to the four purposes;
- The scope and boundaries of the AoLE;
- How best to present the various components of the AoLE;
- An understanding of the presumed levels of specificity within the AoLE;

Outcome: CAG provided feedback and were content with the approach and progress and an executive summary of the AoLE reports was published and shared with the education sector.

Link to update: http://gov.wales/docs/dcells/publications/170707-new-curriculum-for-wales-story-so-far-en-v2.pdf

Checkpoint 2: CAG Meeting 4 & 5 December 2017

Each AoLE group has developed the following:

- A statement defining 'what matters' in the context of the AoLE
- Initial titles for strands of 'what matters' – this includes a rationale regarding why the concept 'matters' to qualify the statement.
- A further developed 'what matters' key concept to provide an indication of the AoLE groups' thinking. This includes a short narrative of progression

Outcome: CAG provided feedback on the overall purpose and role of the 'what matters' statements to ensure consistency and coherence before the beginning of the work on progression underpinning these statements. It also provided each AoLE group with advice for refining and developing the 'what matters' statements and supporting narratives. An update on progress will be shared by the end of January.

Checkpoint 3: CAG Meeting 30 April & 1 May 2018

- Between January and April each AoLE will work with the CAMAU project to articulate progression frameworks in each of the AoLEs from 3-16. The CAMAU project (Glasgow University and University of Wales, Trinity Saint David) is providing academic support and international research to support the development of progression in each AoLE.
- **CAG will review progress.**

Checkpoint 4: CAG Meeting July (virtual meeting)

- Between April and July, Professional Learning pioneers (independent of the design process) will work with CAMAU to test the ‘what matters’ statements and the initial progression frameworks at their schools.
- With CAMAU, the curriculum pioneers will also further develop and refine the progression frameworks and develop draft achievement outcomes for progression reference points.
- **CAG will review progress.**

Checkpoint 5: CAG Meeting 13 & 14 November 2018

- Further meeting to review progress.

Yours sincerely

Kirsty Williams AC/AM
Ysgrifennydd y Cabinet dros Addysg
Cabinet Secretary for Education

At the meeting on 10 January representative from NHS Emergency Duty Team / Crisis Care Practitioners agreed to provide a note on the proportion of young people presenting to the crisis teams in the different Health Boards who are waiting for a CAMHS assessment or are already under the care of CAMHS. The following information has been received.

Information from Cwm Taf University Health Board

From all of the cases referred to Cwm Taf CAMHS Crisis Liaison Team (between 1st April 2016 to 1st December 2017), only the following figures below were open within Secondary CAMHS and PCAMHS, the rest of our referrals were either unknown to CAMHS Services or at least not current/awaiting, to CAMHS services:

- 152 Children and Young People who are currently open and receiving an intervention with Secondary CAMHS, at time of referral to Cwm Taf CAMHS Crisis Liaison Team.

- 23 Children and Young People who were waiting to be seen by CAMHS for assessment, at time of referral to Cwm Taf CAMHS Crisis Liaison Team.

- 5 Children and Young People who are currently open and receiving an intervention with PCAMHS, at time of referral to Cwm Taf CAMHS Crisis Liaison Team.

- 5 Children and Young People who were waiting to be seen by PCAMHS, at time of referral to Cwm Taf CAMHS Crisis Liaison Team.

Information from Powys Teaching Health Board

From 16th September 2016 to 31st December 2017 there has been a 138 referral to the Powys Crisis Practitioners.

The following figures below are a breakdown of the referrals:

- 23 Children and Young people who are currently open and receiving an intervention from Powys CAMHS.

- 63 Children and Young people received an assessment from a Crisis Practitioner and then went onto receive additional services from Powys CAMHS.

- 52 Children and Young people received an assessment from a Crisis Practitioner but did not require any additional services and were discharged.

Below is a breakdown of the services that the 86 Children and Young people received:

- Input from Consultant Psychiatry – 25

- Input from Primary Mental Health Worker – 20

- Input from CITT (Co-ordinated Intervention Treatment Team) – 8

- Input from Specialist CAMHS – 33

All received an assessment from Crisis Practitioners within the 48 hr requirement.

E-mail sent to all Members of the CYPE Committee by members of Fair Deal for Supply Teachers – 30 January 2018

Dear Members of the CYPE

Please find attached our letter sent to the Education Secretary today (30.01.18). We would welcome your views on it.

Fair Deal for Supply Teachers
30th January 2018

Kirsty Williams
Cabinet Secretary for Education
Welsh Assembly Government

Dear Kirsty,

A group of supply teachers from Fair Deal for Supply Teachers came to see you in October 2017. We would be interested to know what progress has been made since our meeting.

The Supply Model Taskforce Report stated that '*supply teachers should be able to expect pay and conditions appropriate to their qualified teacher status. They should be free to continue in supply teaching as a lifestyle choice or use supply as a step towards permanent employment*'.

The system still exists in Scotland where supply teachers are employed by the local authority and not by agencies. In Northern Ireland, supply teachers are paid to scale through a centralised register.

In Wales, although schools and local authorities can negotiate fees with commercial supply agencies as outlined above, they must also, according to Effective Management of School Workforce Attendance (Dec 2017) "*...Be mindful of the School Teacher's Pay and Conditions Document and should consider this document when reaching an agreement on the terms of contract and the impact on the supply teacher.*"

There has been an increase in the number of teachers employed by New Directions since some authorities closed their supply lists and even those counties that still operate a list have teachers working in the authority that go via an agency. New Directions have some 3135 supply teachers on their books, this is a huge proportion of the number registered with the EWC. ND has profited greatly from being the 'Preferred Supplier' and it looks increasingly likely they will continue to have this status when it is reviewed by the NPS later this year.

Surely all agencies used by schools should provide the same standards that are demanded of the Preferred Supplier?

In some parts of Wales some supply teachers are getting as little as £80 a day. This equates to £15,600 p.a. which is £7,317 below the rate of a newly qualified teacher (NQT). Schools are not seeing the benefit of this wage reduction as they pay a higher amount to agencies. The difference is going into private pockets.

Wrexham employ staff direct to Welsh Medium Schools and for SEN schools but use agencies for English medium schools. Surely this is a form of discrimination? Welsh speaking teachers get paid to scale and access TPS and English medium teachers don't.

Agencies are unable to offer the same pay and conditions to supply teachers as local authorities. This is inequality of opportunity. It is grossly unfair.

We have found schools using unqualified staff, employing cover supervisors, teaching assistants and HLTAs to fill the role of a qualified teacher. Through FOIs we have figures on this and they are concerning. Rates for cover supervisors can be as little as £55 a day. When we met with you and explained this you were quick to point out that this was illegal. It might well be illegal, but it is still happening.

According to *Effective Management of School Workforce Attendance (Dec 2017)*

2.14:

Within the context of the school's cover arrangements, the headteacher should ensure that where cover is provided by a non-qualified teacher for example cover supervisor, no active teaching is taking place, as per the statutory requirements set out in the Education Workforce Council Regulations as above.

How can it be right that a child has even *one* day where teaching is not taking place because of the use of unqualified staff?

As part of their Manifesto NUT Cymru (now NEU) has made a series of recommendations to ensure that children in Wales have the best quality of teaching available.

We value the contribution made by teaching assistants, but all teaching must be led by a qualified teacher. The roles of teachers and TAs are complementary but not interchangeable. No teaching assistant should be exploited to fill a vacant teaching position. (March 2016)

Task Force Recommendation 10 states:
"*Work towards an 18 month timetable to bring forward proposals to support alternative delivery models whilst considering the transitional arrangements and implications for the current National Procurement Service Framework arrangement."*

Numerous questions have been brought up in the Senedd on this matter but the pace of anything changing is extremely slow. Is it likely that this will be completed within the timeframe? What transitional arrangements have been made?

Every day that goes by a supply teacher employed by an agency is missing out on a day's pay that is appropriate pay with access to the Teachers' Pension Scheme. Employers' contribution to Teachers Pension Scheme is 16.48 % whereas schemes

via agencies are poor. Some of us have been doing that for years and will never get back lost income we could have had under the old system of being paid to scale by the LA.

Other professionals – such as social workers and nurses are not subjected to this practice of being paid less than a contracted worker, they would not dream of working for a rate that is less than their worth, it simply does not happen - and rightly so! Why has this been allowed to happen to teachers?

We welcome that you have put in place the scheme to help 50 NQTs to become part of a cluster supply scheme. However, this is a temporary measure which helps a tiny minority of NQTs registered in Wales. It does not provide a long term solution which is urgently needed for this vital workforce, it is of no help to the other supply teachers employed by agencies.

Questions have been brought up time and time again in the Senedd, we see little action forthcoming other than us told being that there will be change after devolved powers. We are desperate for change now. Supply Teachers are leaving the profession and unless changes happens soon we could see there a situation where there will not be enough qualified staff to cover absences. Time is of the essence, there is only a small window of time between the devolution of teachers' pay and condition to Wales (April 2018) and the decision about whether to renew New Directions’ contract and continue with the supply agency model (August 2018) or to use a different cooperative, non-private model.

Please could you let us know how the research into other models is going and when the new model will be able to take place. What are these "complex legal and policy issues" you claim might prevent you regulating the private sector?

In conclusion, we need to recognise that the ultimate losers in the terrible situation are the young people of Wales, who continue to slide down the education rankings. A respected and well remunerated education workforce should be reinstated as a matter of urgency if the Welsh Government really want to improve Pupil Outcomes.

Apologies for the length of this letter, but we are really passionate about this cause and hope this gives you a better insight into our shocking situation.

We have attached some anonymised Supply Teacher stories which make really uncomfortable reading.

Yours sincerely and with hope for positive change as soon as possible.

Supported by the qualified teachers below, all of whom work in Wales as supply teachers and are registered with EWC. These teachers are all members of our network.

Angela Sandles	Ann Finch
Sheila Jones	Mark Hawes
Ruth Treen	Ann Shaw
Dawn Wood	L Rees-Jarman

Yvette Carnegie	Sian Gaches
Adele Morris	Emma Allan
Cathy Grunis	Victoria Griffiths
Rose Howard	Delyth Hartsholm
Joanne Bond	Sian Parry
Rach Ford Rouse	Gaynor Ansell
Marian Hayden	Ben Boult
Emma Hampton	Rebecca Archard
Beatrice Pearce	Catrin Duncan
Debs Hamer	Kate James
Kate Bradley	Claire Taylor
Kathryn Amesbury	Ceri MacFarlane
Darren Perks	Becky Clements
Susan Woodley	Sarah McCreath
Harriet McDonald	Delyth Mair
Maxine Warren	Melanie Morgan
Joanne Furber	Jo Davenport
Deborah Jones	Cathryn Rowlands
Julie Slater	Paul Robson
Anna Tuhey	Lyndon Watkins
Lynne Davies	Rebecca Wrench
Tanya Williams	Zainab Abubakar
Steph Gardiner	Jackie Howells
Anthony Eccles	Sheila Treherne
Isobel Norris	Theresa Williams
Seren Berry	

We asked teachers for tales of Supply Teaching and the following are a selection of those sent to us.

Supply Teacher 1

Teacher 1 here re AWR: I worked last year for 2 full terms on £85 then £95 a day....spoke to ND today re Swedish Derogation...wasn't asked to sign waiver during last year because I signed it 7 years ago with regard to working in a different school....didn't realise I was signing my rights away for ever at that time as I had just started back on supply. Could kick myself, apparently once it's signed that's it!

Hate to say it, but can't afford to lose the little work with ND that I have, as I'm only 52 and NEED to work...they are already annoyed with me for joining another agency and asking too many questions! I hope you have some success I am so angry at myself for signing the bloody thing 7 years ago when I had no idea what it really meant!

Supply Teacher 2
New directions do not pay AWR! You sign a guaranteed work contract and it's in there that you sign away rights. They didn't tell me this, I found out once I was on a long term and asked about it. Was told that schools won't pay more.

I guess they don't make you sign contract but it was highly recommended early on. If you don't I doubt they'll give you long term work, they would give it to someone who did sign.

Supply Teacher 3 (Secondary science teacher)

Fuming!!! 😤 I'm forced to work as a science technician whilst my school uses cover supervisors to teach. They're not registered or qualified as teachers but they fill the roles of teachers at a reduced cost to the school. It's not temporary it's time tabled.!!!!

Supply Teacher 4
Just seen your post about signing away AWR - I had to with ND. It was basically implied that they wouldn't send me back to the school if I didn't.

Supply Teacher 5

Though I am now on a full time contract, when I was a Supply Teacher with Bay Resourcing

I was asked to sign away from the AWR and when I refused, they locked me out of my account and stopped my expenses. I didn't sign up for it and still got paid my measly wage, luckily I landed the class teacher role I have now. I found BR's bullying tactics extremely unsavoury, honestly, I don't know what I would have done if I hadn't got this job.

Supply Teacher 6
It really is shocking. I don't think I had any idea until I joined ND the first time. Working in my last school I worked with two agency supply teachers who had both signed Swedish Derogation contracts, not knowing what they were or the implications. One was in tears when she enquired about AWR and was told she had signed away her rights. The other was an NQT initially (she completed her NQT) and she was earning less than an NQT and couldn't earn more due to signing the Swedish Derogation contract. It was only by chance I had heard of Swedish derogation contracts, I had read about them somewhere otherwise I wouldn't have known.
Feel free to use my comments re my account manager saying I would have to sign a Swedish derogation contract.... it's appalling, truly is!

Supply teacher 7

The joys of supply ...being told by the office staff after doing long term for 9 weeks that I am only wanted tomorrow afternoon and that's it, no need to return.
Makes me a little sad as their seems to be very little respect for what we do.

Supply Teacher 8

Work is extremely quiet. Was asked to complete a dual registration with EWC to undertake LSA work. It goes against the grain however it's better than nothing at this stage. I have secured a full week next week as an LSA in a local school. I have also joined a care company to assist with an additional source of income. Some evening and weekends. Hopefully things will pick up in the new year. Must remain optimistic! (Hope you are doing well)

Supply Teacher 9

It’s the lack of work, only 6 days since July and I’m a technology specialist, only one of the days in my own subject area, being paid £120 before tax for the day on M6........sent into challenging schools with poor support from the school especially when I am teaching known disruptive and aggressive pupils.

Supply Teacher 10

Tbh I'm not currently working a supply teacher. My fear over over months with no wage if the schools went on another saving drive meant I took a post as a Cover Supervisor in a school I've previously worked in. I became a supply after I graduated and was one of the first to complete NQT on it. Took lot longer than necessary as EWC weren't prepared.

I'm debating leaving all together. My subject is history and they've trained way too many of us. Careers been so chop and change due to temp contracts and supply. Need some stability.
I love the pupils. Love my subject. Heck even the job itself, marking and all but just very down waiting for a permanent job.
Yeah it's frustrating. Everything that could have gone wrong has gone wrong. The way we were treated doing NQT year was appalling and I actually have a lot worse that I could say. Union were told at time and had no interest. I was basically told that I was lucky I could do it on supply.

Supply teacher 11
Oh my god! A school this morning told me that they'd be happy to pay me directly on supply. The head told me to phone the council to get it all set up after I said I'd work for £10 per day less than what my agency pays. Council referred me back to the school for the paperwork to be put in place. Secretary then said it wasn't as simple as all that; waffled on about how there's "no vacancy as such", the auditors would ask questions, she'd "have" to refer me to ND if she rang the county etc. I told her that the Welsh Govt had told me that there is NO OBLIGATION to use ND and that they'd told me schools can choose to employ via the local authority so she's now looking into it for me. I stressed that the last thing I want is to cause any difficulties for the school.
Any advice? I don't want to contact the director of education's office for fear of him trying to put obstacles in the way of anyone attempting to offer to work for less than the agencies fees.

Pay slip for a supply teacher paid direct 24 years ago, this was not full time! £16.47 an hour. Sent in by Supply Teacher whose mother did supply back in the day.

DESCRIPTION	HRS-ETC	RATE	AMOUNT
ENCE BROWN 1NOV-30NOV DEPARTMENT HOURS	110.50	16.4679	1819.71
		TOTAL PAY	1819.71
PAYE INCOME TAX			417.25
		TOTAL DEDUCTIONS	417.25
MONTH ENDED 31 DEC 94		NET PAY	1402.46

TAXABLE PAY THIS EMPLOYMENT	11437.9
TAX THIS EMPLOYMENT	2520.2

Supply Teacher 12

I worked 3 years exclusively for one school in Newport. Asked about AWR and was told school would not pay it. I asked repeatedly for more than £90 (I was UPS3), they told me no one was paid more than £90, in my experience it was only men who got more than £90, one day a male supply teacher walked into the school and I asked him how much he was getting and he told me he had been on £95 for a long time. Needless to say I got the £95 then! I took over a year 6 class while teacher was on Welsh Secondment, did everything, parents' evenings, assessments and the usual planning and marking for no extra whatsoever. The agency took a £40 a day cut for 3 years, all they did was process my pay as the school asked me to do the days, and the agency would ring me occasionally to find out what days I would be working in the school.

Teacher 13
I left my permanent job in 2009. I was on UPS3.
I began working for New Directions in May 2010. Over the last 7 years I have asked for a pay rise a few times . I asked again in July 2017 . I asked for £5 a day extra . I was told by consultant she didn't know how she could do that. I suggested ND took less in fees ! I was told feedback from schools were good or excellent . She said she would ask manager and to get back to her at end of summer holidays . I emailed at beginning September. No reply .

Asked to go on another assignment in October , asked about rise was told still under review. Have resigned from New Directions as a result . Have casual supply with County paying £135 a day as no agency involved .

Supply Teacher 14

£90 is the best I get with my agency and I've only been teaching a year and half still NQT. They contacted me saying I was coming up to 12 weeks doing part time in a school and the school couldn't afford to pay me more so I could either sign contract to stay on same pay or I'd have to leave that school for 6 weeks. School local and nice but mentioned it to them in passing they didn't know anything about it. I've contacted union to make them aware of this happening. I've told I'll do it for this school but they need to ask other schools in future. I don't even know what I would have been paid anyway.

Supply Teacher 15

I worked for an agency for 3 years from 2011 to 2014. I started on £90 a day with an extra £10 if I had to travel for more than half an hour to get to a school…
My gripes are as follows:
1) Generally poor pay, well below the £178 per day I would have been earning via the LEA. I didn't get any pay rises, only a pay cut in the form of "payroll processing fees".
2) As I'm in my 50s the lack of pension provision was a huge concern.
3) I was asked several times to go to schools without it being made clear that it was as a cover supervisor. I soon got into the habit of double checking that I was going as supply and what pay I was getting per day. I kept telling them not to bother asking me to go as a CS as I was not prepared to do it. This didn't stop them trying it on. They also kept asking me to do Primary which, as a secondary teacher, I soon decided I did not feel adequately equipped to do.
4) After about a year they started taking off £3.50 per day for "payroll processing" and I was told I could not avoid this (e.g. by using PAYE instead). The tax I was able to claim back was always non-existent or pennies in my case as I wasn't earning enough to pay tax in the first place. When I discussed this on the phone with agency staff they made it sound like the umbrella company was a huge benefit to me, which of course it wasn't. In the end I stopped putting in the claim for travel/food expenses etc because I never got anything back though it took an hour or so every month to do the paperwork.
5) I found out by a bit of detective work on Google that the payroll processing company attached to this agency (the umbrella company) was managed by the

husband of the person who ran the agency. This looked seriously dodgy to me. Please don't quote me on it but it was there in black and white in company documents available online

6) On one occasion I had travelled for 45 minutes to get to a Bridgend school for it to be cancelled at the last minute. I was then asked to turn round and travel to Newport (I live in Barry so this was the opposite direction and total travel time would have been about 2.5 hours). I refused and insisted they pay me for the travel expenses and an hour of my time for my time wasted so far. I was told no as my contract says cancellations will not be paid for. I then sent a letter to the director of the agency insisting the travel money (I'd calculated it on Google Maps) was paid as I had left the house 45 minutes before the cancellation so as far as I was concerned this was different to a cancellation while still at home. The money was not in my next pay slip so I had to request it again. It was eventually paid but not without a lot of hassle.

7) I asked for pay rises on more than one occasion but never got one. At the end I was earning £86.50 per day after payroll processing was taken off (less than 50% of my statutory pay with threshold etc).

In the end, after all of the above problems, I decided to leave this agency. It was very fortunate that I was then able to get work in my present school, where I had worked as a supply with the LEA years ago and with the agency. It turned out they had fallen out with this agency too and so took up my offer of direct work. I was already still on the Vale of Glamorgan Payroll from previous employment which made things a lot easier. I have now worked on day to day supply with my current school for 3.5 years and realise I have been incredibly lucky. I am on UPS 1 and am paying into my pension again. I haven't done any more agency work since April 2014. I need the above to remain confidential in case the agency find out and the school are asked for Finder's Fees. They may not have a case as I had worked in the school before, though several years earlier, so technically was known to them… I'd be happy for this information to be used as a case study but would prefer for the school at least to remain anonymous for obvious reasons.

Supply Teacher 17

I'm supposed to be UPS but it would price me out of the supply market. ND pay me 120 a day but that includes holiday pay so I think it works out at 105. I should be on and am paid £157.60 a day by the county . I also worked for Excell a few years ago who would negotiate my wage so in regular schools I was paid to scale which was lovely but unfortunately again I priced myself out of the market. ND have sent me to nearly every school in two counties which means schools are reluctant to use me directly for maternity cover Tec as ND would insist on a Finders' Fee. Another obstacle I have encountered is when teachers go on

courses the allowance for supply is 200 a day. When being paid directly by the school I cost the school £218.70 a day. So long term cover for sabbatical is difficult. I have got round this with one school by not being paid for my ppa, but that also means I cannot be on the premises during this time as I am not covered by the insurance. It is just a constant barrier of hoops to jump through.

Kirsty Williams AC/AM
Ysgrifennydd y Cabinet dros Addysg
Cabinet Secretary for Education

Llywodraeth Cymru
Welsh Government

Eich cyf/Your ref
Ein cyf/Our ref: MA-P/KW/0162/18

Lynne Neagle AM,
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31 January 2018

Dear Lynne,

Thank you for your letter dated 8 January which raises a number of questions on Welsh medium text books for qualifications following the Children, Young People and Education Committee's scrutiny of Qualifications Wales' annual report for 2016-17.

May I begin by saying that I am committed to doing all that I can to ensure that appropriate resources for qualifications are available to our practitioners and learners, in both Welsh and English at the same time. That is why last spring I held a summit with relevant stakeholders to look into how we can work together to find solutions to the delays with the production of some resources that we experienced during the latest round of reforms to qualifications.

Looking to the future, equal rights for both languages needs to be at the centre of planning for the new curriculum for Wales. Let me reassure you that the specific needs of Welsh medium teaching and learning will be fully considered as the arrangements for the new curriculum structure, including assessment arrangements, are developed.

Turning to your specific questions, responsibility for defining what 'sufficiency' means in relation to the availability of resources to support the delivery of qualifications rests with Qualifications Wales as the independent regulator.

Work on identifying the teaching and learning resources needed to support the reformed qualifications began in 2014 when Welsh Government brought together a group of key stakeholders, including WJEC, the regional education consortia and from 2015, Qualifications Wales. We supplemented this by establishing panels of practitioners to consider specific Welsh medium requirements in order ensure the Welsh Government focussed its support where it was most needed.

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Rydym yn croesawu derbyn gohebiaeth yn Gymraeg. Byddwn yn ateb gohebiaeth a dderbynnir yn Gymraeg yn Gymraeg ac ni fydd gohebu yn Gymraeg yn arwain at oedi.

We welcome receiving correspondence in Welsh. Any correspondence received in Welsh will be answered in Welsh and corresponding in Welsh will not lead to a delay in responding.

The Welsh Government, within the annual budget for commissioning educational resources, allocates grant funding to WJEC to produce Welsh-medium versions of textbooks which are produced by commercial publishers in England to support the WJEC specifications. Up to £1.3m has been awarded over the 2016-18 financial years. The WJEC also provides a guaranteed sales purchase scheme to the publisher as part of the grant arrangement. This ensures that Welsh-medium and bilingual schools are provided with free copies of the resources published.

In the case of subjects where textbooks are not produced in either Welsh or English, WJEC have produced a range of bilingual digital materials which are free of charge to schools and are available on the resources section of the WJEC's website. Welsh Government also commissioned additional Welsh-medium resources following holding a series of resources needs identification panels between summer 2015 and autumn 2017. It also grant funded the regional consortia over £3.4m in 2016-17 and £2m in 2017-18 to provide support to schools to prepare to deliver the new qualifications which included the development of resources in both Welsh and English.

On the suggestion of combining the production of Welsh-medium text books with other text books, the publishing of educational textbooks is market driven with commercial publishers deciding on which titles to commission. While the Welsh Government has no power over commercial decisions made by these companies, my officials continue to liaise with publishing houses to consider options for the future.

I hope you find this response helpful.

Yours sincerely

Kirsty Williams AC/AM
Ysgrifennydd y Cabinet dros Addysg
Cabinet Secretary for Education