

Agenda – Children, Young People and Education Committee

Meeting Venue:

Committee Room 5 – Tŷ Hywel

Meeting date: 30 January 2019

Meeting time: 09.30

For further information contact:

Llinos Madeley

Committee Clerk

0300 200 6565

SeneddCYPE@assembly.wales

1 Introductions, apologies, substitutions and declarations of interest

(09.30)

2 Papers to note

(09.30 – 09.35)

2.1 Letter from the Minister for Education – follow-up from scrutiny session on Estyn's 2017–18 Annual Report

(Pages 1 – 3)

Attached Documents:

CYPE(5)–04–19 – Paper to note 1

2.2 Letter from Chair to the Minister for Health and Social Services – follow-up from scrutiny session on 10 January

(Pages 4 – 5)

Attached Documents:

CYPE(5)–04–19 – Paper to note 2



2.3 Letter from the Chair to the Welsh Local Government Association and Association of Directors of Education in Wales – follow-up from the scrutiny session with the Minister for Education on 10 January

(Pages 6 – 7)

Attached Documents:

CYPE(5)-04-19 – Paper to note 3

2.4 Letter from the Children's Commissioner for Wales – Elective home education

(Page 8)

Attached Documents:

CYPE(5)-04-19 – Paper to note 4

2.5 Letter from the Children's Commissioner for Wales – Tier 4 CAMHS in-patient services in Wales

(Pages 9 – 13)

Attached Documents:

CYPE(5)-04-19 – Paper to note 5

2.6 Letter from the North Wales Perinatal Mental Health Team – follow-up from the scrutiny session with the Minister for Health and Social Services on 10 January

(Pages 14 – 17)

Attached Documents:

CYPE(5)-04-19 – Paper to note 6

2.7 Letter to the Minister for Health and Social Services – Child and Adolescent Mental Health: in-patient provision

(Pages 18 – 19)

Attached Documents:

CYPE(5)-04-19 – Paper to note 7

2.8 Letter to Welsh Health Specialised Services Committee (WHSSC)– Child and Adolescent Mental Health: in-patient provision

(Pages 20 – 21)

Attached Documents:

CYPE(5)–04–19 – Paper to note 8

3 Motion under Standing Order 17.42(ix) to resolve to exclude the public from the meeting for the remainder of the meeting and the whole of the meeting on the 13th February

(09.35)

4 Approach to scrutiny of the Healthy Weight: Healthy Wales strategy

(09.35 – 09.45)

(Pages 22 – 24)

Attached Documents:

CYPE(5)–04–19 – Private paper 1

5 Additional Learning Needs (ALN) Code – update and consideration of approach

(09.45 – 10.15)

(Pages 25 – 42)

Attached Documents:

Research Brief

6 Additional Learning Needs (ALN) Code – Welsh Government technical briefing

(10.15 – 11.15)

Charlie Thomas, Head of Additional Learning Needs (ALN) Transformation

Paul Williams, ALN Transformation Senior Officer

Catherine Lloyd, Government Lawyer

Mair Roberts, Government Lawyer

Kirsty Williams AC/AM
Y Gweinidog Addysg
Minister for Education

Eich cyf/Your ref
Ein cyf/Our ref: MA-P/KW/4635/18

Lynne Neagle AM
Chair
Children, Young People and Education Committee
National Assembly for Wales
Cardiff Bay
Cardiff, CF99 1NA

Agenda Item 2.1



Llywodraeth Cymru
Welsh Government

10 January 2019

Dear Lynne

Thank you for your letter of 11 December 2018 following the Children, Young People and Education (CYPE) Committee's scrutiny of Estyn's 2017-18 Annual Report.

I note that the Committee has requested some further information on particular areas that arose during your discussions on 6 December 2018 with Her Majesty's Chief Inspector and his Strategic Directors.

You may be aware that Estyn's 2017-18 Annual Report will be debated in Plenary on 19 February 2019. As such, I consider it would be more appropriate to respond to the questions raised by the CYPE Committee pertinent to the findings of the report during that debate or, alternatively, I would be happy to attend a meeting with the Committee following the debate to respond to any specific queries.

In your letter of 11 December the CYPE Committee asks questions that are in addition to the findings in Estyn's 2017-18 Annual Report.

In relation to the queries regarding Professor Donaldson's review of Estyn 'A Learning Inspectorate' you have asked when I will provide a formal response to the report.

I issued a written statement on 7 June 2018 welcoming the report. The review of Estyn was commissioned by Her Majesty's Chief Inspector to determine the implications of our Education reforms on the future role of the Inspectorate, and I provided my support to it. I advised at that time that I would work with Estyn and the wider education system to consider the report recommendations and their implications for our reform process.

Canolfan Cyswllt Cyntaf / First Point of Contact Centre:
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Correspondence.Kirsty.Williams@gov.wales

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.

Many of the recommendations in the report both refer to, and support, the ongoing education reforms. They help facilitate changes to align with the reforms, but also propose some differences to Estyn's role and ways of working that will build on the Inspectorate's strengths. Whilst ultimately the report and its recommendations are for Estyn to consider, some of the recommendations require joint consideration with the Welsh Government and other key stakeholders within the education system to take them forward, such as the proposal to partially suspend inspection of schools for a period of time.

It is imperative that we fully consider the impact of these recommendations. My officials are working with Estyn to do this. Before any of the recommendations are implemented, there will be a period of formal and informal consultation with stakeholders to gather views on the recommended proposals to determine the way forward. I will keep you and others informed as the work progresses.

The Committee has also asked for the latest position on the development of the Welsh Government's Assessment and Evaluation framework. In partnership with the profession and our key stakeholders in the middle tier, we are in the process of developing a new Assessment and Evaluation Framework to support the realisation of the new curriculum. Our ongoing reform of qualifications and our education system is an important part in *Our National Mission* to raise standards for and extend opportunities for all our young people. One aspect of this is the Evaluation and Improvement arrangements, which will be based on robust and continuous self-evaluation to drive improvement. I will be making more detail available at the end of January.

We have been working closely with Estyn and the OECD on the development of a national self-evaluation toolkit for learning and improvement for schools. We will be publishing the entire draft Assessment and Evaluation Framework in April for feedback and refinement.

Finally, the Committee has raised concerns about the position in schools in relation to wellbeing and has asked for an update on the steps being taken to ensure that training in relation to emotional and mental wellbeing of pupils forms part of initial teacher education and ongoing support for professional development.

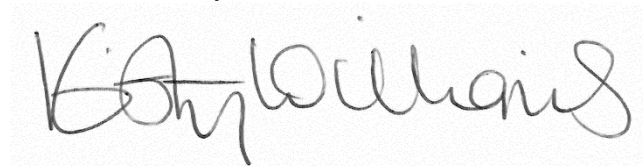
We are currently reforming the way in which initial teacher education (ITE) is delivered in Wales. A key element of our overall reform agenda is to introduce a new more rigorous approach to the accreditation of programmes of ITE, governed by the EWC, so enabling the profession to set its own entry requirements. The accreditation process for ITE programmes available from September 2019 ended in June 2018 with [four ITE providers](#) showing the real step change required with high quality provision attracting the right people with the right skills, qualifications and an aptitude for teaching, to enter the profession.

Our [new accreditation criteria](#) were published in March 2017 and require our new accredited providers to design and deliver courses that support the four purposes of a new curriculum for Wales and address the six areas of learning and experience (AoLE) in order to develop future teachers to meet the needs of all learners. All teachers in Wales are required to understand and be aware of the well-being, personal, emotional and social development of all learners. Our new ITE Partnerships will develop approaches to assist aspiring teachers to manage their own wellbeing, as well as their ability to contribute to the wellbeing of the pupils in their care. The introduction of the Health and well-being AoLE will further enable trainee teachers to support learners in this area.

The [National approach for Professional Learning](#) (NAPL) was formally launched in Autumn 2018. The NAPL is centred on the learner and embodies the four purposes of the new curriculum. The approach is designed to be responsive to school, local and national priorities and encompasses the individual learning journey of all practitioners. Since

October 2018, Professional Learning Pioneers have been furthering their work in engaging with the emerging curriculum framework through professional enquiries supported by higher education institutions across Wales. These enquiries are beginning to focus on the significant implications of the Areas of Learning and Experience (AoLEs) for teaching and learning and the ways in the skills of the wider workforce will need to be developed. Cardiff Metropolitan University is supporting professional enquiries linked to the Health and Well-being AoLE initially up until the end of the Summer term 2019. Immediate professional learning implications will be shared more widely in due course, as professional learning pioneers begin to deepen their professional enquiries during the spring term.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Kirsty Williams', is centered on a light grey rectangular background.

Kirsty Williams AC/AM

Y Gweinidog Addysg
Minister for Education

Agenda Item 2.2

Cynulliad Cenedlaethol Cymru
Y Pwyllgor Plant, Pobl Ifanc ac Addysg

National Assembly for Wales
Children, Young People and Education Committee

Vaughan Gething AM
Minister for Health and Social Services, Welsh Government

16 January 2019

Dear Vaughan,

Perinatal mental health in Wales: follow up scrutiny

Thank you for attending the Committee's session on 10 January to discuss the implementation of our perinatal mental health recommendations, published in October 2017.

The Committee welcomes the steps taken to establish a Managed Clinical Network for perinatal mental health, and the recent appointment of a clinical lead for that Network. We also welcome the ongoing work to strengthen the support available via community perinatal mental health teams.

Notwithstanding these advances, we were deeply concerned by the lack of progress in relation to the establishment of mother and baby unit provision in Wales. It is now 15 months since we called for urgent action in this area, and over 18 months since both the Welsh Health Specialised Services Committee (WHSSC) and the Welsh Government sought to assure the Committee that a shortlist of options was under consideration and decisions on a way forward imminent. While we recognise the complexities of balancing the level of demand with the maintenance of adequate levels of specialist support, it is not acceptable that we are still without adequate provision for those mothers and babies most severely affected by perinatal mental ill health.

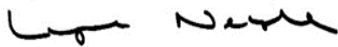
We were also concerned to learn that while some progress has been made in relation to the collection of perinatal mental health data, full and comprehensive data sets will not be available until 2022. Given the importance of using data to understand demand and service performance, we believe this work needs to be accelerated as a matter of priority. Without this information, we believe challenges relating to designing adequate service provision



will remain difficult to overcome. Despite stated aspirations to achieve parity between mental and physical health, we are sceptical that a wait of this length for the development of data sets relating to physical ill health would be acceptable.

We welcome your offer of six-monthly updates on progress in relation to the implementation of our recommendations. However, to enable us to maintain adequate, robust and fair scrutiny of your actions in this area, we request that you set out at this stage an indication of the milestones you expect to reach, on a six monthly basis, between now and the end of this Assembly. We further welcome your offer to provide the first of these updates at the end of this financial year, mapping provision and demand for services in different settings. On receipt of this update we will consider whether we need to undertake additional follow-up work, including whether drawing progress to the Assembly's attention in a Plenary statement will be necessary.

Yours sincerely,



Lynne Neagle AM
Chair



Agenda Item 2.3

Cynulliad Cenedlaethol Cymru

Y Pwyllgor Plant, Pobl Ifanc ac Addysg

National Assembly for Wales

Children, Young People and Education Committee

Aled Evans,
Chair, Association of Directors of Education in Wales (ADEW)

Cllr Debbie Wilcox
Leader, Welsh Local Government Association (WLGA)

16 January 2019

Dear both,

Progress in developing the new curriculum for Wales

On **10 January 2019** the Children, Young People and Education Committee scrutinised the Minister for Education on the Welsh Government's progress in developing the new curriculum for Wales. During the session, information provided in your **joint response to the Committee's written consultation** on this subject was discussed.

In your joint response to the Committee's consultation you raised a number of significant concerns about the steps underway to develop the new curriculum. Members put these concerns to the Minister at the session last week. The Minister and her officials expressed disappointment at reading your joint evidence, and explained that further efforts had been made – and would continue to be made – to improve communications in light of the evidence received..

In particular, the Minister and her officials commented in their evidence that:

- the information on which the joint response appeared to be based did not to draw on the latest information available to ADEW and the WLGA, including the latest versions of the draft Areas of Learning and Experience that had been shared;
- the joint evidence showed a lack of understanding of the stated vision for curriculum reform;
- ADEW's engagement with curriculum implementation board meetings had been limited;
- concerns detailed in the written evidence had not been raised in regular meetings between WLGA/ADEW representatives with relevant Welsh Ministers;



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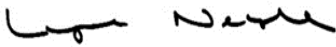
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- the apparent disconnect between the joint response and the evidence of the Regional Consortia was a matter of concern.

The Committee is keen to enable an opportunity for the WLGA and ADEW to reply to the points made in the session on 10 January, and to clarify, in particular, your respective positions in relation to each of the bullet points listed above, and any other matters raised on which you may have a view.

In light of the imminent publication of the draft AoLEs, and the Committee's desire to ensure that progress in relation to the development of the new curriculum is scrutinised in a transparent and timely manner, we would be grateful to receive your response as soon as possible, and no later than **Friday 1 February 2019**.

Yours sincerely,



Lynne Neagle AM
Chair

Cc

Kirsty Williams AM, Minister for Education, Welsh Government

Chris Llewelyn, Chief Executive, WLGA

Pierre Bernhard-Grout, ADEW Liaison/Policy Officer



Agenda Item 2.4

Comisiynydd Plant Cymru Children's Commissioner for Wales

Sally Holland

16 January 2019

Dear Chair

Elective home education

Further to our exchange of correspondence in December 2018, I write to update the Committee further in respect of the Welsh Government's proposals around elective home education and my ongoing role in scrutinising the same.

My last letter dated 12th December 2018 noted that I was due to meet with Welsh Government officials and lawyers on 17th December, to explore in more detail how my three tests for any home education policy will be met within the forthcoming revision to the guidance. I can confirm that this meeting took place and, from my perspective, was a constructive one. I was able to use the opportunity to reflect my thoughts on how the current guidance should include a much clearer expectation that existing statutory provisions available to local authorities must be followed in a timely way, should any concerns arise.

I was also able to reflect on my three tests and offer ongoing support to the Welsh Government, which will enable my office to keep continued scrutiny on the detail of the policy and how those three tests will be met. Officials confirmed to me at that meeting that the Welsh Government intends to meet all three of my tests and remain open to working with my office in order to achieve this.

I feel at present that this approach is a proportionate way to protect children's rights and ensure that the revised guidance is as strong as it needs to be in order to achieve that. However, I was clear in my message to Government; if at any time I am concerned at the content or pace of revisions to the guidance, my option to undertake a review remains.

I will keep the Committee updated should the position change in any way in relation to this important policy area.

Yours sincerely



Sally Holland
Children's Commissioner for Wales

Comisiynydd
Plant Cymru

Children's
Commissioner
for Wales

Lynne Neagle

Chair
Children, Young People
and Education
Committee

By email only

18 January 2019

Dear Lynne,

Re: Tier 4 CAMHS in-patient services in Wales.

In my appearance in front of your committee on 22nd November 2018, you asked a question around in-patient mental health units in Wales, following your attendance at a Policy Forum for Wales conference where Healthcare Inspectorate Wales presented, and had raised some concerns.

I wanted to come back to you on this issue, as I have recently visited Ty Llidiard in Bridgend as part of my routine visits to in-patient units in Wales.

I attach a letter I wrote to Professor Marcus Longley following this visit, and his response, which promises to keep me updated on the improvement works.

I also attach a letter I have written to HIW asking them to give their current view on the situation. I will update you further once I receive a reply from them.

It is clear to me that current provision is not able to provide fully for children with extremely complex needs in Wales, particularly following the recent inspection of Regis Healthcare in Ebbw Vale and the subsequent removal of Welsh patients. This is something that I will raise in my next meeting with the Minister for Health and Social Services.

Yours sincerely,



Sally

Sally Holland
Comisiynydd Plant Cymru
Children's Commissioner for Wales

Comisiynydd
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Comisiynydd Plant Cymru Children's Commissioner for Wales

Sally Holland

By e-mail only

To: Professor Marcus Longley, Chair of Cwm Taf University Health Board

19 December 2018

Dear Marcus,

Re: Ty Llidiard Child and Adolescent Mental Health Unit, Princess of Wales Hospital, Bridgend.

I recently visited the above unit, and met with young people who are currently in-patients, ward managers, teaching staff, and the senior management team.

It was very helpful for me to discuss with the staff the current situation at Ty Llidiard, following the tragic incident in March 2018.

It is encouraging to hear that action has been taken in terms of interim safety measures to ensure that the most high-risk referrals are no longer being accepted at Ty Llidiard, on the grounds that the environment of the unit is not deemed safe enough.

I am reassured to hear that plans for renovations to the built environment of Ty Llidiard are planned in the New Year, so that the unit can take on those referrals again. However, I am concerned for the children who, while these renovations are taking place, cannot be accommodated. My understanding is that they may be required to move to units in England or Scotland, often at some considerable distance from their families, if they are unable to be cared for in Ty Llidiard.

I would be grateful to be kept updated on the work to improve safety at Ty Llidiard, and the progress on ensuring that children and young people with a wider range of needs are once again able to be admitted to the unit. Please would you confirm with me the likely timescale for completion of the work and the re-admittance of children whose needs are unable to be met at the current time?

I look forward to hearing from you.

Yours sincerely,



Sally Holland
Children's Commissioner for Wales



Bwrdd Iechyd Prifysgol
Cwm Taf
University Health Board

Your ref/eich cyf:
Our ref/ein cyf:
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Chair & Chief Executive

Ms Sally Holland
Children's Commissioner for Wales
Oystermouth House
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Dear Sally

Thank you for your letter of the 19 December 2018, following your recent visit to Ty Llidiard.

I am glad to hear that you had a positive series of meetings with the young patients on the unit as well as the direct clinical and senior managerial staff on site.

The whole team has worked hard over the course of the past 9 months to respond to issues identified by HIW and also through our own rigorous root cause analysis of the tragic incident in March 2018. This is leading to a better level of care for the patients with an emphasis on the MDT approach and the greater inclusion of patients in their ongoing care and treatment decisions.

The Board has been kept briefed on the matter, in particular through the Quality Safety and Risk Committee and there has been a very constructive ongoing dialogue with WHSSC in terms of managing the short term issues of risk based admissions and also the longer term future and potential uses for the unit.

The senior consultant at Ty Llidiard has assessed that since the restricted criteria for admission have been in place (April 2018) there are 4 cases that have been patients required to be placed out of area. This is from a base of zero such instances in the previous year. The team are keen to return to a position where zero is the norm.

Return Address: Ynysmeurig House, Unit 3, Navigation Park, Abercynon, CF45 4SN

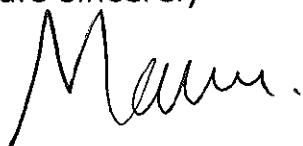
The works required to ensure that the unit can safely look after higher risk adolescents are due to commence with the anti-ligature works elements on 18 February 2019 due for completion by 11 April 2019. This work is being undertaken on a room by room basis to ensure that the unit can remain functional.

The works on the higher level security fencing are out to tender and it is anticipated that this too will be completed by late April/early May 2019.

A judgement on the criteria for admission will be kept under review and amended as soon as it is fit to do so. I will very happily keep you informed on progress.

Once again thanks for your visits and feedback which is very much appreciated.

Yours sincerely

A handwritten signature in black ink, appearing to read 'M. Longley', written in a cursive style.

**PROFESSOR MARCUS LONGLEY
CHAIR/CADEIRYDD**

Kate Chamberlain,
Chief Executive,
Healthcare Inspectorate
Wales,
Welsh Government,
Rhydycar Business Park,
Merthyr Tydfil,
CF48 1UZ

18 January 2019

Dear Kate,

Re: Tier 4 CAMHS Services in Wales

I am writing to you following concerns raised with me around provision of semi-secure in-patient CAMHS services in Wales. These concerns were raised at a scrutiny session of the Children, Young People and Education Committee by an Assembly Member who had attended a presentation by a member of your staff. In the presentation it had been noted that there have been concerns about safety in Tier 4 provision in Wales.

I recently visited Ty Llidiard, where I met with young people who are currently in-patients, ward managers, teaching staff, and the senior management team. Following this visit, I wrote to the Chair of Cwm Taf Health Board, Marcus Longley. I attach a copy of that letter, and his response.

As I wrote to Professor Longley, while I am pleased that action has been taken at Ty Llidiard to make safety improvements, I am very concerned that four vulnerable young people have been placed out of area who would otherwise have been accommodated at Ty Llidiard.

The situation, as I understand it, is that Ty Llidiard and Abergele are both in a position whereby they are operating a restricted admissions criteria, and are unable to accept higher-risk patients than they would previously have cared for.

Given the situation at Ty Llidiard and at Abergele, and the recent decision to remove all Welsh patients from the Regis Healthcare facility in Ebbw Vale, it would be helpful to have your current view on safety concerns across these settings, the provision of tier 4 CAMHS services in general, and on the future prospects for improvement across these facilities.

Yours sincerely,



Sally

Sally Holland
Comisiynydd Plant Cymru
Children's Commissioner for Wales

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Croesawn ohebiaeth yn y Gymraeg yn ogystal â'r Saesneg ac mewn amryw o fformatau
We welcome correspondence in the medium of Welsh and English as well as alternative formats

Agenda Item 2.6



Perinatal Mental Health Team
Ablett Unit, Ysbyty Glan Clwyd,
Sir Ddinbych, LL18 5UJ

Perinatal Mental Health Team
Ablett Unit, Glan Clwyd Hospital
Denbighshire LL18 5UJ

Gofynnwch am / Ask for



Ffacs / Fax

E-bost / Email

Dyddiad / Date 18.01.2019

Donnalee Williams
01745 858484 ext 2674

Donnalee.williams@wales.nhs.uk

Dear Lynne,

Following the meeting held on the 10th of January 2019 there are a few comments that have caused some concern to the North Wales Perinatal Mental Health Team, particularly in relation to the development of and perceived need for an MBU in North Wales. I have included narrative from the meeting for clarification on points made. I hope you find this helpful.

Lynne Neagle

“So, you will measure, then, as well, the numbers of women who have had to turn down a hospital bed in an adult psychiatric ward or a mother and baby unit because they didn't have a placement that was appropriate for them.”

Dr Liz Davies 11:29:21

“Yes, we do know, and the reason we know is because the community teams are so closely involved with every one of these women. So, they're not plucked from a community mental health team and put in an adult bed—they're being supported by the community team throughout, the placement in the adult bed—that can be for a variety of reasons—and then following that, placing her back into her home in the community. So, there's a really good trail for every woman.”

In response to the above statement

When women are already open to generic CMHTs, then this is possible. However 6 out of our 10 admissions to MBUs were unknown to any psychiatric services prior to the deterioration in their mental health and subsequent admission to an MBU in England. We have had a number of unsafe discharges from MBUs in England where neither the perinatal team, CMHT or local HTT were notified of discharge (despite details being provided) and no follow up arranged by the MBUs. We also continuously have to chase for discharge papers. There is no indication of any perinatal specific interventions that are recommended upon discharge, and information sharing in general is poor. This practice feels very unsafe and lacking in continuity of care for the women of North Wales.

Processes for admission to an MBU also vary depending on which one has a bed available, so procedure for admission to an MBU is not standardised. For example Manchester takes paper referrals, once accepted admission is booked, prior to confirmation of funding and transport arrangements. Brockington takes referrals over the phone; however require funding confirmation in writing before agreeing to accept an admission.



In addition to this it is impossible to look back at numbers (which pre date the implementation of the perinatal mental health team)of women who have required, accepted or turned down an acute or MBU bed as the way in which information has historically been recorded does not allow for perinatal specific disorders to be identified.

MBU Data so far –

May 2017-May 2018

6 admissions to MBUs

3 went to an acute mental health unit without baby 1st

May 2018 to Jan 2019 (not a full year)

4 admissions to MBUs

3 went to an acute mental health unit 1st

We have had a total of 12 mothers refuse to go to an MBU even though assessed as needing to go, due to distance

Vaughn Gethin

“Within north Wales, there's been a conversation with NHS England. We're not in a position where we have agreement on a detailed way forward, and the reason is that there has been an assessment of five women who would have needed to be supported within a mother and baby unit to date this year, and that isn't enough to actually create a unit within Wales solely for Wales. There have been active conversations with NHS England, though, about provision together with them—either provision in Wales, where they would actually make use of beds in Wales, or indeed the potential to purchase bed space in England for women from Wales. That hasn't been concluded, because NHS England themselves are in a position where they are not—. They either don't agree to purchase beds in Wales or to create extra capacity closer to north Wales, because they say that they think that they have enough capacity, because they think that with the extra capacity they've created within the system in England, they actually say that they've seen a reduction in assessed demand for those spaces. Now, we're not in the space where NHS England are in understanding why that is—why, despite creating more units, they've actually had less assessed demand. They've also suggested to WHSSC that the option is there to block purchase beds in England. The challenge with that is—and it's not completed—that their expectation would be that you block purchase beds regardless of the use of them. So, the bed space could be vacant, but NHS Wales would still be expected to pay for it. So, that's a conversation that is not concluded. That is where we still are”

“NHS England are planning for the population that they directly serve. We've had a conversation with them, because it is a regular part of healthcare that people transfer geographically, and in north Wales more so than most other parts of the country. People are used to going for hospital-based treatment, in particular, into north-west England. But, actually, their own planning assumptions have changed because they'd invested in perinatal community mental health services across England after we'd started, but they've seen an impact, and I think it's fair to say they themselves don't understand the reduction in demand for mother and baby units because they expanded the number they had, but the demand's reduced. Now, I can't speak for them about why that is. We're interested in having a conversation about that because, obviously, we'd want to understand that not just for cross-border purposes, but it might help to inform our own work here in Wales as well.”



The demand for MBU beds in North Wales has not decreased. We in North Wales alongside our mental health colleagues in already stretched existing services are struggling to manage women with perinatal psychiatric illness at home. This more often than not is due to not being able to identify a bed and/or women refusing to go because of the distance. Our closest MBU is Manchester (vary rarely have we been able to get a bed there). For a woman living on Anglesey, it would take over two hours to get to the Manchester MBU provided there is no traffic and excluding breaks to feed the baby. This journey would be very difficult for a mentally unwell woman, struggling with her thoughts and feelings, and a baby needing to be cared for. This journey was enough for one woman to take her own discharge as a result of being so far away and her family not being able to visit during the week due to the distance. She subsequently ended up back and forth between HTT, perinatal, CMHT and another admission to an MBU. Another woman who refused an MBU for the same reasons spent 9 months as an acute inpatient between two units within North Wales. She spent 9 months separated from her baby.

With around 7086 live births last recorded (2015) and the size of the geographical area we cover, the North Wales Perinatal Mental Health Team is not resourced to educate, detect, prevent, treat and in addition respond to crisis when we cannot access a bed, or the bed is refused due to distance, fear or inability to maintain family support during the admission. To date the North Wales team has seen 10 admissions and in addition 12 refusals. When a woman is admitted to an MBU, vary rarely is it possible for one of our practitioners to attend ward rounds and discharge planning meetings due to workload capacity (clinics are booked in for up to 8 weeks ahead). This has a significant impact on continuity of care for these women.

Michelle Brown

“Okay, thank you. I mean, I appreciate you're working on the MBU issue. In the meantime, we've got women who are being sent out of area for in-patient services. I know there are some women who would prefer to be sent out of area for various reasons, but what support's being provided to patients who are being sent out of area? And those who are refusing the option of being sent out of area—what's happening to them and what support are they getting?”

Dr Liz Davies

This goes back to the community teams having a very strong step-up, step-down type of model. So, the community teams would be involved from the beginning. They would be involved through the lady's stay in whichever unit she was at, and then be ready to receive and bed her back into her community and her home. So, it's a strong thread there that is followed.

Again I would disagree. Many women who become mentally unwell in the perinatal period are not open to CMHTs and may have had no previous involvement with psychiatric services. When being stepped up to secondary care, there is frequently a wait to be allocated a care coordinator in an already overstretched CMHT and this can take a number of weeks. In the interim there would not be a community mental health professional to attend ward rounds, discharge planning etc. Women who decline MBU admission, are not always readily accepted into secondary care and it can become a battle to achieve care coordination (as we know the threshold for perinatal women to access secondary care should be lower than it would be outside of the perinatal period).

Lynne Neagle

“And in terms of north Wales, if it's not possible to reach agreement with NHS England, is it an option to simply commission a unit in Wales for north Wales use?”

Vaughn Gethin



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

“It's always an option, but the challenge comes back to the reason why the previous unit in south Wales didn't continue, about the ability to maintain skills and quality. And it depends on the demand as well. At this point, the demand isn't there to sustain a single unit on its own in north Wales. But we have got to have an answer for how we improve the service, where that service is needed. And that still goes back to linking to the community team, and if the beds that we are going to make use of are in England, we still have to make sure that the current beds that exist are continued between the north Wales community team and wherever that specialist unit is, whether it's in Wales or whether it continues to be that the regular port of call is in England.”

There are many barriers for women in North Wales, not only with women refusing due to distance and family separation, but also we have had situations where the father has refused to allow the baby to go with the mother when she lacks capacity and he has parental responsibility. Again this is usually due to distance, not being able to visit when it is convenient for him and not knowing who is looking after his baby.

There are many things being disregarded when looking at MBU provision for North Wales, in particular the additional 12 mothers from North Wales who refused an MBU admission last year. If we had had a local MBU then these women would have been admitted with their babies. There are also instances where women with a history of serious mental illness would benefit from a short stay with their babies for example to regulate sleep or adjust medication to prevent deterioration into more severe mental illness.

Yours sincerely

DONNALEE WILLIAMS
PERINATAL MENTAL HEALTH TEAM MANAGER
NORTH WALES

Agenda Item 2.7

Cynulliad Cenedlaethol Cymru
Y Pwyllgor Plant, Pobl Ifanc ac Addysg

National Assembly for Wales
Children, Young People and Education Committee

Vaughan Gething AM
Minister for Health and Social Services, Welsh Government

24 January 2019

Dear Vaughan,

Child and Adolescent Mental Health: in-patient provision

It has come to the Committee's attention that, in light of Healthcare Inspectorate Wales's (HIW) concerns about the safety of in-patient mental health care settings in Wales, significant restrictions are currently in place in relation to the provision of in-patient care for children and young people within Wales.

To enable the Committee to scrutinise the arrangements in place, and establish whether further scrutiny is required, we have written to WHSSC as the body responsible for commissioning specialist Tier 4 CAMHS, to seek further information. I attach a copy of the letter sent and would be grateful if you could outline your understanding in relation to each of the questions posed in that letter.

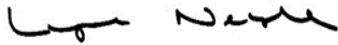
In addition, we would also welcome clarification from you about the points outlined below:

- We understand that WHSSC, in light of HIW's recent concerns, is no longer able to commission places at the private Regis in-patient facility at Ebbw Vale. We also understand that while HIW has informed English commissioners of its concerns, and of the restrictions now in place for Welsh patients, English commissioners continue to place patients from their areas in this setting. Please can you confirm what discussions, if any, you have had in relation to the care of patients at the Regis Ebbw Vale facility.
- We understand that a number of concerns exist regarding the safety of Wales's two NHS in-patient CAMHS units in Abergele and Tŷ Llidiard, Bridgend. Please can you outline your understanding of these concerns, the advice or direction you have provided to Health Boards in light of HIW's concerns, and the steps you are undertaking to ensure that the situation in both settings is being remedied.



Given the potential seriousness of the concerns raised, the vulnerability of those patients most likely to require in-patient CAMHS care, and the likely increase this will cause in the placement of children and young people further from their homes, the Committee would be grateful to receive a response to this letter as soon as possible.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'Lynne Neagle', written in a cursive style.

Lynne Neagle AM
Chair



Agenda Item 2.8

Cynulliad Cenedlaethol Cymru

Y Pwyllgor Plant, Pobl Ifanc ac Addysg

National Assembly for Wales

Children, Young People and Education Committee

Dr Siân Lewis

Managing Director of Specialised and Tertiary Commissioning,
Welsh Health Specialised Services Committee (WHSSC)

24 January 2019

Dear Dr Lewis,

Child and Adolescent Mental Health: in-patient provision

It has come to the Committee's attention that, in light of Healthcare Inspectorate Wales's concerns about the safety of in-patient mental health care settings in Wales, significant restrictions are currently in place in relation to the provision of in-patient care for children and young people within Wales. We are writing to WHSSC given your responsibility, on behalf of the Health Boards, for commissioning specialist Tier 4 CAMHS.

To enable the Committee to scrutinise the arrangements in place, and establish whether further scrutiny is required, Members would be grateful to receive responses to each of the questions below.

- Please could you confirm the current options available for patients living in Wales who require in-patient CAMHS care.
- Please could you outline the impact on current practice of the restrictions applied to in-patient mental health care settings in Wales (for example: are children and young people now being admitted to adult wards where hospitalisation is unavoidable and/or for longer whilst placements are being commissioned from England or elsewhere? Are there sufficient designated wards available? Are Health Boards instead utilising their home treatment team)
- Please describe the arrangements you have in place for monitoring and reviewing arrangements where you commission in-patient CAMHS care. Please provide information in relation to services commissioned in both Wales and England (and beyond, if relevant).



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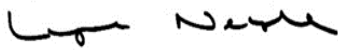
www.assembly.wales/SeneddCYPE

0300 200 6565

- Please provide information about the numbers of in-patient CAMHS places you have commissioned in Wales and outside, per month, for the last 12 months (up to and including January 2019).

Given the potential seriousness of the concerns raised, the vulnerability of those patients most likely to require in-patient CAMHS care, and the likely increase this situation will cause in the placement of children and young people further from their homes, the Committee would be grateful to receive a response to this letter as soon as possible.

Yours sincerely,



Lynne Neagle AM
Chair



Agenda Item 4

By virtue of paragraph(s) vi of Standing Order 17.42

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