

Agenda – Children, Young People and Education Committee

Meeting Venue:

Committee Room 1 – Senedd

Meeting date: 16 May 2019

Meeting time: 09.15

For further information contact:

Llinos Madeley

Committee Clerk

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Private pre-meeting

(09.15 – 09.30)

1 Introductions, apologies, substitutions and declarations of interest

(09.30)

2 Children (Abolition of Defence of Reasonable Punishment) (Wales) Bill – evidence session 6

(09.30 – 10.30)

(Pages 1 – 25)

Police representatives

Jeff Cuthbert, Police and Crime Commissioner for Gwent and Chair of the All
Wales Policing Group

Matt Jukes, Chief Constable for South Wales Police

Attached Documents:

Research Brief

CYPE(5)–15–19 – Paper 1



Break

(10.30 – 10.45)

3 Children (Abolition of Defence of Reasonable Punishment) (Wales) Bill – evidence session 7

(10.45 – 11.45)

(Pages 26 – 34)

British Association of Social Workers (BASW) Cymru

Allison Hulmes, National Director for Wales

Attached Documents:

CYPE(5)–15–19 – Paper 2

4 Papers to note

(11.45)

4.1 Children (Abolition of Reasonable Punishment) (Wales) Bill – Letter from the Welsh Youth Parliament

(Pages 35 – 36)

Attached Documents:

CYPE(5)–15–19 – Paper to note 1

4.2 The Emotional and Mental Health of Children and Young People – follow-up: Update from the Minister for Health and Social Services on the Committee's Mind over Matter Report

(Pages 37 – 62)

Attached Documents:

CYPE(5)–15–19 – Paper to note 2

**4.3 The Emotional and Mental Health of Children and Young People – follow-up:
Update from the Together for Children and Young People (T4CYP)
Programme**

(Pages 63 – 92)

Attached Documents:

CYPE(5)-15-19 – Paper to note 3

CYPE(5)-15-19 – Paper to note 3 – Annex

**4.4 Letter from the Minister for Health and Social Services – acknowledgement of
the Committee's response to the Welsh Government consultation on Healthy
Weight: Healthy Wales**

(Page 93)

Attached Documents:

CYPE(5)-15-19 – Paper to note 4

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

(11:45)

**6 Children (Abolition of Defence of Reasonable Punishment) (Wales)
Bill – consideration of the evidence**

(11.45 – 12.00)

Document is Restricted

Consultation on the Children (Abolition of Defence of Reasonable Punishment) (Wales) Bill

Tystiolaeth i'r Pwyllgor Plant, Pobl Ifanc ac Addysg ar gyfer craffu Cyfnod 1 (Saesneg yn unig)	Evidence submitted to the Children, Young People and Education Committee for Stage 1 scrutiny
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Organisation: Welsh Chief Officer Group and All Wales Policing Group

1 The Bill's general principles

1.1 Do you support the Children (Abolition of Defence of Reasonable Punishment) (Wales) Bill?

Yes

1.2 Please outline your reasons for your answer to question 1.1

(we would be grateful if you could keep your answer to around 1000 words)

The Four Welsh Police Forces in Wales have noted that the Bill to remove the Defence of Lawful Chastisement is intended to protect and promote Children's rights in line with the United Nations Convention on the Rights of the Child. Policing within the UK currently follows national strategy provided by the National Police Chiefs' Council, and the National Chief's Council Lead for the Child Centred Policing portfolio is currently reshaping the current strategy which will be based on the UNCRC Rights of a Child. We therefore support the approach to removing the physical defence of Lawful Chastisement of a child in Wales.

Whilst supporting this bill, we conclude that further careful consideration would be required in relation to the following potential barriers.

1.3 Do you think there is a need for legislation to deliver what this Bill is trying to achieve?

(we would be grateful if you could keep your answer to around 500 words)

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2 The Bill's implementation

2.1 Do you have any comments about any potential barriers to implementing the Bill? If no, go to question 3.1

(we would be grateful if you could keep your answer to around 500 words)

We recognise the need for a sufficient and prolonged time period within the planning of this change to allow a comprehensive awareness and education campaign to explain to the public regarding the removal of this defence. This education campaign must include information on how the removal of reasonable punishment will benefit the long term objectives of Welsh Government, and allow the public to understand how this will improve the wellbeing and safety of children. This will assist the cultural and social change required to make the 'smacking' of children unacceptable within a progressive society.

All reports of alleged criminal behaviour currently result in the recording of a 'crime' which include allegations where a parent has 'smacked' a child. This recording can be disclosed when CRB/DBS checks are undertaken whether or not the crime is prosecuted or indeed proven. If this Bill is formally introduced and passed, we would need to consider how we record such matters whilst continuing to ensure our crime recording in Wales is consistent with the rest of the UK and in line with Home Office Counting Rules.

Upon removal of the defence, we are concerned regarding the practicality of cross-border issues, specifically in terms of DBS checks and how the proposals would work for someone who lives outside Wales who is charged for an offence within Wales.

The Explanatory Memorandum for the Bill outlines references to joint working between partner agencies which includes involvement from the Police. Whilst it is clear that there is no legislative competence to impose duties upon the police, we presume that the further clarification to be provided will impose duties upon local authorities and other partners to cooperate with us.

The support available upon the removal of the defence is predicated upon an effective multi-agency approach being in place in all areas. It is outside our control to mandate the same and we are conscious of the other pressures upon all public services.

Additionally, the risk of malicious reporting against parents or professionals due to disputes or disagreements within either personal or professional settings needs to be addressed and considered further.

As the removal of the defence will only be applicable in Wales, consideration is needed between the Welsh Government and the Four Welsh Police Forces with regards to how a visitor from England would be made aware that the defence for reasonable chastisement does not exist in Wales when it does in England. To contextualise this, during summer

month's areas of Wales experience an influx of tourists. During their stay in Wales they may 'reasonable chastise' their child to the degree afforded by law in England. Taking this point further, clear guidance and training will be required for our frontline responders to apply their professional judgement in situations as outlined above.

Policing in Wales follows the same guidance on Disclosure as part of a Criminal Records Bureau Check as England. Therefore, clarity is required on the potential impact the changes to the defence would have on a person depending on which country they reside in. For example, an allegation to Police that a child has been 'smacked' would result in a crime being recorded (in line with the National Crime Recording Standards and Home Office Counting Rules). In advanced CRB checks, the recording of a crime can be disclosed whether or not the crime is prosecuted or even proven. In certain circumstances, a crime in England where the defence will remain may be closed with little investigation due to the defence, where in Wales the removal of the defence will result in a further and more detailed investigation.

In a similar vein to CRB, Policing in Wales utilises computer databases shared with all forces in England and Wales. The removal of the defence may create a situation where different level and detail of information is uploaded and shared according to the country of residence of the person.

Notwithstanding the removal of the defence is welcome, in terms of Adverse Childhood Experiences it is our view that the implementation team should consider that in some cases the evidence of a child against their parent would be needed to support and proceed with a prosecution. In these cases, to prevent interference with the prosecution and as part of a safeguarding measure the child or parent would not be able to reside together. This may have an unintended consequence on our partner agencies who will be required to provide alternative accommodation for the child and in single parent families this is even more acute. Whilst the assault of the child and their immediate safeguarding concerns are of paramount, the impact (emotionally) that the removal of a parent(s) from a family setting may have on the child should not be underestimated. As a result, Safeguarding teams need to be resourced for referrals to ensure there is no deviation from other safeguarding business.

Whilst we recognise that the current number of crimes recorded in Wales whereby lawful chastisement has been used as a defence is relatively low, we would need to consider how this Bill will impact our current resources within the specialist departments that record and investigate such crime and referrals. This may require us to uplift the resources available in such departments which could therefore have a financial impact or possibly effect staffing levels on the frontline.

2.2 Do you think the Bill takes account of these potential barriers?

(we would be grateful if you could keep your answer to around 500 words)

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3 Unintended consequences

3.1 Do you think there are there any unintended consequences arising from the Bill? If no, go to question 4.1

(we would be grateful if you could keep your answer to around 500 words)

-

4 Financial implications

4.1 Do you have any comments on the financial implications of the Bill (as set out in Part 2 of the Explanatory Memorandum)? If no, go to question 5.1

(we would be grateful if you could keep your answer to around 500 words)

-

5 Other considerations

5.1 Do you have any other points you wish to raise about this Bill?

(we would be grateful if you could keep your answer to around 1000 words)

-

Consultation on the Children (Abolition of Defence of Reasonable Punishment) (Wales) Bill

Tystiolaeth i'r Pwyllgor Plant, Pobl Ifanc ac Addysg ar gyfer craffu Cyfnod 1 (Saesneg yn unig)	Evidence submitted to the Children, Young People and Education Committee for Stage 1 scrutiny
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Organisation: British Association of Social Workers (BASW) Cymru

1 The Bill's general principles

1.1 Do you support the Children (Abolition of Defence of Reasonable Punishment) (Wales) Bill?

- Yes

1.2 Please outline your reasons for your answer to question 1.1

(we would be grateful if you could keep your answer to around 1000 words)

BASW Cymru welcomes the opportunity to respond to this consultation on the Children (Abolition of Defence of Reasonable Punishment) (Wales) Bill. As the Professional Association for Social Work in Wales, BASW Cymru exists to promote the best possible social work services for all who may need them, often societies most vulnerable. This of course, includes children.

Article 19 of the United Convention on the Rights of the Child (UNCRC) states:

1. States Parties shall take all appropriate legislative, administrative, social and educational measures to protect the child from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse, while in the care of parent(s), legal guardian(s) or any other person who has the care of the child.
2. Such protective measures should, as appropriate, include effective procedures for the establishment of social programmes to provide necessary support for the child and for those who have the care of the child, as well as for other forms of prevention and for identification, reporting, referral, investigation, treatment and follow-up of instances of child maltreatment described heretofore, and, as appropriate, for judicial involvement.

BASW Cymru believes that the proposal for giving children equal protection from assault will allow for the removal of a legal defence that is out-dated and runs counter to the UNCRC and progressive policies of the Welsh Government. The current law relating to physical punishment sits at odds with many progressive policies relating to children's rights in Wales. In 2011 Wales was the first country in the UK to make the UNCRC part of domestic law, the Rights of Children and Young Persons (Wales) Measure 2011 requires Welsh Government to have due regard to the United Nations Convention on the Rights of the Child (UNCRC) in the exercising of all of its functions. The Welsh Government has consistently reiterated the importance of early intervention and prevention and this is enshrined in the Social Services and Wellbeing (Wales) Act 2014. Legislation in this area will provide Wales with an opportunity to further its progressive agenda in relation to the human rights of children and young people. It will ensure that children's right to live free from violence is made real, prevent children and young people from being given mixed messages about violence and ensure that there is no risk that physical punishment will escalate into physical abuse.

A total ban on all physical punishment of children is clear and unambiguous, whereas the current defence of 'reasonable chastisement' is open to interpretation and can create confusion, uncertainty and gives a clear message that children – the most vulnerable members of our society, do not enjoy equal rights to adults.

As Article 19 of the UNCRC states children, like adults, 'have the right to be protected from being hurt and mistreated, physically or mentally'. There is clear evidence to suggest that physical chastisement is not in the best interests of the child and there are other, more appropriate ways of chastising children who have misbehaved. Physical punishment is a human rights issue, law reform to abolish all physical punishment of children is an obligation under international law. Article 19 of the United UNCRC sets out the States obligation to protect children from violence. A defence to assault of children justified under current Welsh legislation, are a breach of the right to respect for physical and psychological integrity protected by Article 8 of the European Convention on Human Rights (ECHR).

The UK has come under repeated criticism from the Council of Europe and the European Union for not honouring its international human rights commitments to provide children with protection from assault. Bruce Adamson, the Children and Young People's Commissioner for Scotland argues that, 'as consensus builds internationally, the position in Scotland is becoming increasingly untenable'. The same can also be said of Wales with Sally Holland, the Welsh Children's Commissioner stating that "Hitting or smacking a child is never loving or caring..."

BASW Cymru believes there are key advantages to giving children equal protection from assault. These are drawn from the report 'Equally Protected? A review of the evidence on the physical punishment of children' (Report commissioned by the NSPCC Scotland, Children 1st, Barnardo's Scotland and the Children and Young People's Commissioner Scotland).

1.No long-term ill effects.

According to Professor Michael Marmot referenced in the above report “The international evidence could not be any clearer – physical punishment has the potential to damage children and carries the risk of escalation into physical abuse.” There is strong and consistent evidence that physical punishment is harmful and damages children’s wellbeing. According to academic research on the issue of physical chastisement, undertaken by Dr Anja Heilman of the London School of Economics, multiple meta-analyses show evidence which highlights a correlation between physical punishment and increased aggression, anti-social behaviour and depression and anxiety in children, likely to carry on into adulthood. Similarly, there is evidence to suggest that individuals who experience physical punishment as a child, are more likely to engage in physical and verbal aggression with their spouses as adults. This evidence was presented at the June 2017 seminar in Edinburgh ‘Can Scotland still be the best place to grow up if we hit our children? Although not all children who are physically punished as children will display these tendencies, a change in the law would encourage parents to use alternative methods of discipline and would send a clear signal that physical punishment is ineffective, whilst also helping to mitigate any concerns of long-term ill effects in children.

2.Children will be given consistent messages about violence not being tolerated.

BASW Cymru believes that giving parents the legal defence of ‘reasonable punishment’ could send a contradictory and confusing message to children – “if it’s okay for my mum and dad to hit me, why is not okay for my mum and dad to hit each other, or for me to hit my friends?” Children may model this behaviour and could then find themselves being punished for doing so. Removing this defence will send a clear message that violence is unacceptable, in any form, with a zero-tolerance approach to all types of violence in Wales, beginning as a child and continuing throughout adult life. It also helps mitigate the risk of the cycle continuing, as children will not be given an opportunity to absorb this as learned behaviour and go on to physically punish their own children physically.

3.There will be no risk of physical punishment escalating to physical abuse

BASW Cymru believes that there is a risk of physical punishment escalating into physical abuse and changing the law could help to prevent this from happening. As Bruce Adamson, the Children and Young People’s Commissioner for Scotland argues: “There is no such thing as a reasonable level of violence. Legalised violence against children in one context risks tolerance of violence against children generally.”

1.3 Do you think there is a need for legislation to deliver what this Bill is trying to achieve?

(we would be grateful if you could keep your answer to around 500 words)

BASW Cymru believes that there is a need for legislation to deliver what this Bill is trying to achieve. Although changing legislation will not immediately solve problems, it will help to facilitate a cultural change, examples of this are the smoking ban and wearing seat belts in cars, which are now accepted as societal norms. A national campaign needs to be implemented for awareness raising purposes, ensuring this will be more universal and less stigmatising for parents who currently use physical punishment as a form of chastisement. It would also provide families with accurate and up to date information about the parenting choices they make.

Studies which have shown that public support for, and prevalence of, physical punishment declined before the introduction of legal bans in other parts of world and continued to decline afterwards. A 2010 review of countries that have reformed the law in this area found that public acceptance of equal protection follows on from legal change, alongside a decline in severe physical abuse. As an example, prior to legal change in Sweden in 1979, polling indicated that over 50% of the public were supportive of physical punishment. Following legal change public support for physical punishment steadily decreased and in 2000 data suggested that just a "few per cent" of parents used physical punishment. The Swedish Government reported 30 years on that the "abolition of corporal punishment, along with the debate that preceded it and the publicity campaigns that followed, has had a major impact on children's lives." A report on the study into preventing child abuse and neglect undertaken by the American National Centre for Injury Prevention and Control, links smacking children with long-lasting negative effects. The report found that legislative approaches to reduce physical punishment "can help establish norms around safe, more effective discipline strategies to reduce the harms of harsh physical punishment, particularly if paired with engagement and education campaigns".

BASW Cymru believes that there is a risk of physical punishment escalating into physical abuse and changing the law could help to prevent this from happening. The Children's Commissioners in Wales and Scotland are unequivocal in their approach to smacking children. Sally Holland the Wales Commissioner is clear that, "As a society we would be appalled if a vulnerable adult would be hit if they were misbehaving or in harm's way. Why on earth would we defend a position that would allow children be punished in the same way?" Bruce Adamson, the Children and Young People's Commissioner for Scotland argues: "There is no such thing as a reasonable level of violence. Legalised violence against children in one context risks tolerance of violence against children generally." Children 1st in Scotland highlighted several Serious and Significant Case Reviews in the UK, where physical punishment was referenced including:

- Heidi Koseda (1984) Four-year old beaten and starved to death by mother's boyfriend, who was punishing her for "being greedy".
- Kimberley Carlile (1986) Four-year-old imprisoned and beaten by her stepfather for "being naughty" and refusing to accept him as her new father.
- Liam Johnson (1987) Three-year old beaten to death by his father, Robert Johnson. Johnson's girlfriend later said, "He was so powerful that when he smacked his son's he sometimes knocked them off their feet."
- Leanne White (1992) Three-year-old beaten to death by her mother and her boyfriend. A neighbour reported Leanne's screams and the boyfriend saying, "If you do that again, I'll thrash you."
- Lauren Wright (2000) Six-year-old beaten to death by her stepmother. People in her village had seen her being hit but felt powerless to intervene.
- Carla Nicole Bone (2002) 13 -month-old murdered by her mother's boyfriend who was "disciplining" her for refusing to walk. He told the police it started with "not-excessive smacks... It was the way I was brought up. It never did me any harm."
- Kieran Edwards (2007) 21-month year-old who died after being shaken and struck by his step-father because he was "messaging about and struggling".

In speaking about their own legal reform 30 years on the Swedish Government has stated: "Violence that was once a family secret is more likely to be reported today because we are less likely to excuse or minimise instances of physical abuse of children by parents or others close to them."

Families often resort to physical punishment due to a momentary loss of control, or because this is all they know. Many parents have grown up in a household where this was how they were disciplined and as a result it becomes a learned parenting behaviour/model/cycle). BASW Cymru believes that it's an imperative that legislative change be accompanied by support services and information for parents that conveys messages about positive parenting and alternatives to physical punishment instead of introducing a 'blame' culture, where they risk being criminalised instead of supported and educated about appropriate and less harmful parenting strategies. Children's Social Workers can find themselves in the situation of trying to define and communicate to parents what "reasonable chastisement" means in the eyes of the law as it currently stands, and at what point these cross a threshold and become a child protection issue. By prohibiting all physical chastisement of children, there will be no further scope for ambiguity and there will be a real opportunity to 'bust' many of the myths surrounding the current legislation. Social Workers often work in highly charged and contested environments - this probably applies more to social work with children and

families, so Social workers (and parents) will be able to operate within a much clearer legal framework.

2 The Bill's implementation

2.1 Do you have any comments about any potential barriers to implementing the Bill? If no, go to question 3.1

(we would be grateful if you could keep your answer to around 500 words)

None

2.2 Do you think the Bill takes account of these potential barriers?

(we would be grateful if you could keep your answer to around 500 words)

None

3 Unintended consequences

3.1 Do you think there are there any unintended consequences arising from the Bill? If no, go to question 4.1

(we would be grateful if you could keep your answer to around 500 words)

The legal competency of Social Workers needs to be analysed and supported throughout their careers. Attrition rates for post qualifying education and learning is significant in Wales and the CPEL framework is into its 4th iteration, so there are clearly barriers to Social Workers being able to complete post-qualifying education and learning which impacts on their competency and judgement. Although a complete ban on the defence of 'reasonable chastisement' is fully supported by BASW Cymru and will help provide clarity, the legal competency of Social Workers impacts on their skills, knowledge and confidence when making crucial decisions about safeguarding thresholds. Robust decision making about thresholds by Social Workers, will need to be evidenced following a ban, to allay any fears about 'criminalisation' of parents and the misbelief that an outright ban on the 'reasonable defence' is causally attributable to increased safeguarding referrals.

The Social Work workforce is also under real pressure. Research undertaken by Bath Spa University on behalf of the British Association of Social Workers and Social Work Union reveals that:

- Working conditions for social workers in Wales are as bad as – if not worse than – the rest of the UK. Note that various studies have demonstrated that should working conditions remain in a poor state (as they are here) for an extended period of time it will lead to higher levels of

sickness absence, turnover, and more mistakes/poorer performance at work. This seems to be the case in social work – levels of sickness absence due to stress and mental illness are among *the highest of all employment sectors in the UK, and there is a chronic under-recruitment problem.*

•Therefore, the following four working conditions scored the same as the rest of the country. That is, they scored in the 5th percentile. This means that scoring is worse than 95% of the rest of the UK population, according to benchmark figures. These benchmarks were drawn from a variety of public and private sector employees, employers, and a variety of work sectors.

- o Demands: the amount of work that individual employees have on.
- o Relationships: suggests that relationships between staff can at times be strained.
- o Role: social workers do not have a good idea of their specific role in the organisation.
- o Change: social workers felt that organisational change is poorly communicated.
- The remaining three working conditions are poorer on average for Wales' social workers than they are for the rest of the UK.
 - o Control: social workers in Wales have a distinct lack of control in the way that they do their work.
 - o Managerial Support: this suggests that social workers have a lack of support from management in their organisations.
 - o Peer Support: although this scored better than the six other conditions (25th percentile), it was still worse than the UK average and worse than 75% of the UK benchmark scoring.

These research findings present real challenges to a profession that will play a significant role in affecting cultural change and undertaking a direct work role in families, following an outright ban of the 'reasonable chastisement' defence.

4 Financial implications

4.1 Do you have any comments on the financial implications of the Bill (as set out in Part 2 of the Explanatory Memorandum)? If no, go to question 5.1

(we would be grateful if you could keep your answer to around 500 words)

It is important that parents are not criminalised, and resources need to be put in place for families to prevent this from happening. Extra support - both emotional and financial - needs to be provided for those families who have children with learning disabilities and complex needs as this behaviour may at times, be particularly challenging.

It is imperative that resources are put in place to provide the necessary support and education for parents bringing up children. Many parenting support services in Wales have already been withdrawn as a result of deeply entrenched austerity measures and welfare reform that families are stretched well beyond their means, and that some parents are struggling more than ever to provide safe, nurturing care. Difficulties in families have become more complex and are often inter-generational. The resilience of the wider family and communities to support struggling nuclear families, is compromised. There must be a commitment from government to provide the necessary supports to change the culture around smacking and to provide more parenting support in general. In the long term, this will be more cost effective than prosecuting and criminalising struggling parents, without factoring in the future financial and personal costs, associated with adverse childhood experiences (ACE's), of which being physically abused, is a risk factor.

Welsh Government must consider the impact on the social care sector of supporting a culture shift away from physical chastisement towards more a positive parenting models at a time when children's services are under extreme pressure. Geraint Hopkins, Deputy spokesperson for children at the WLGA believes that "The system is very near at crisis point...Unless we significantly look at the resources available to children's services in Wales...we're going to be in serious trouble...it's getting to the point now where we're really at crisis level."

There are resource issues with regards to the people responsible for assessing circumstances and supporting parents (e.g. social workers, social care workers and health workers) - the ones who will play the most significant part in supporting families through this change. These issues of resourcing and support need to be taken into consideration if pushing forward the reform, to ensure the transition is as smooth as possible and can progress in a fair way.

A national campaign to help facilitate change will be costly. As will providing education programmes for workers and parents and investing in systemic and early support for families. This-being-said, an initial cost in terms of investment in positive parenting and awareness raising should not be a barrier to doing the right thing for children. In the long term BASW Cymru is confident that the removal of the legal defence, alongside a public awareness-raising campaign and sustained investment in early intervention and systemic family support, will ease the burden on public services. Ultimately, it should lead to a reduction in cost, as the balance shifts from demand for expensive crisis management and intervention.

5 Other considerations

5.1 Do you have any other points you wish to raise about this Bill?

(we would be grateful if you could keep your answer to around 1000 words)

None

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

01 MAY 2019

CHILDREN (ABOLITION OF DEFENCE OF REASONABLE PUNISHMENT) (WALES) BILL

Dear Members of the Children, Young People and Education Committee,

The Welsh Youth Parliament met recently in their regions, and were grateful for the opportunity to take part in the evidence-gathering process for Stage 1 of the Children (Abolition of Defence of Reasonable Punishment) (Wales) Bill.

A session was held which enabled the Welsh Youth Parliament Members to learn more about the role of Committees, and the legislative process. A more detailed discussion was then held on the principles of the Bill, facilitated by the Education and Youth Engagement team.

A secret ballot vote followed this discussion, and Welsh Youth Parliament Members were asked to vote on the following question: **Do you support the principles of the Children (Abolition of Defence of Reasonable Punishment) (Wales) Bill?**

The result of the vote is as follows:

<i>VOTE</i>	<i>NUMBER</i>
Yes	42
No	12
Abstain	2
Not present to vote	4

Thank you once again for this unique opportunity to engage with, and feed directly into, scrutiny of a live piece of legislation.

Kind regards,

Welsh Youth Parliament

Vaughan Gething AC/AM
Y Gweinidog Iechyd a Gwasanaethau Cymdeithasol
Minister for Health and Social Services

Kirsty Williams AC/AM
Y Gweinidog Addysg
Minister for Education



Llywodraeth Cymru
Welsh Government

Ein cyf/Our ref: MA-P-VG-1242-19

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

2 May 2019

Dear Lynne,

We committed to provide an update to the Children, Young People and Education Committee on our progress towards implementing our response to the Mind Over Matter report by the end of March 2019. We are pleased to be able to report good progress in a number of key areas, for instance the establishment of the Whole School Approach Programme and announcing a significant investment of £7.1m in 2019-2020 to underpin the actions that we set out in this response. We have also continued to actively engage stakeholders to ensure that this meets their needs and is delivered in a joined up and multi-agency fashion.

In the round we believe that our work in this area will fulfil the Committee's calls for action contained in Mind Over Matter and meet our obligations to children's mental health and emotional wellbeing as set out in Prosperity for All; Education in Wales: Our National Mission; Together for Mental Health Strategy and related Committee reports.

The recommendations and associated sub actions in the Mind Over Matter report are ambitious and constitute a substantial programme of work. In this context, it is important to acknowledge that over the last year there have been three other high profile Assembly Scrutiny Committee inquiries and related reports calling for an increase focus and pace of improvement in specific areas of mental health – with a further two related inquiries commencing in February. So whilst we can assure you that the mental health and emotional wellbeing of our children and young people is our key priority area, we have taken a phased approach to implementing the actions in our response to Mind Over Matter. This is to ensure coherence in our activity to deliver our responses to related committee reports and to enable partners to take a coordinated and phased response to the range of priorities included across the reports.

This is reflected in this letter where we provide updates to our responses on each of the Mind Over Matter recommendations. You will see that there are areas we have focused

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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.

resources and activity initially, and others where we set out proposed activity to complete in the longer term.

Whole school approach

Our focus since September 2018 when we announced the formation of the Joint Ministerial Group on a Whole School Approach has been the establishment of the infrastructure and programme of work for the whole school approach to mental health and emotional wellbeing, which we believe broadly captures the issues reported in Mind Over Matter. This narrative includes a number of “we will” statements: these set out practical actions we intend to take to work with schools, health boards and other partners to support the whole school approach.

Taking activity forward in partnership

Following the July 2018 plenary debate on Mind Over Matter and the Welsh Government’s response, we reflected over the summer on what more is needed to ensure the whole system of mental health and emotional wellbeing services, working around the school as the hub of the community, is able to effectively meet the needs of children and young people.

As a result on 7 September 2018, we announced the establishment of a Joint Ministerial Task and Finish Group to advise and support implementation of a consistent ‘offer’ for children and young people by those involved in schools and in working with schools. This entailed establishing robust governance and engagement mechanisms in order to ensure accountability and delivery of this agenda.

We are confident that the Group has the necessary diverse and senior stakeholder representation required to drive forward the work that has come out of Mind Over Matter, and other activity, as part of a whole school and whole system approach. We are particularly pleased that you, as the Chair of the CYPE Committee, and the Children’s Commissioner for Wales have agreed to join the Group as observers with full rights of participation and we value the advice and challenge that you provide. The Group has met twice since its establishment in September 2018 (October 2018 and March 2019). The intention is the group will meet three times a year. Full membership of the group is attached at annex B.

The Task and Finish Group is guided and advised by two key groups: a Stakeholder Reference Group (SRG) and Youth Stakeholder Group. These groups both advise the Task and Finish Group and provide perspectives of those engaging with young people, education and mental health services on a regular basis. The SRG meets three times a year on a similar schedule to the Task and Finish Group and has formed a number of subgroups to drive forward key pieces of work and will meet more frequently. The SRG met for the first time in January 2019 and subgroups began to meet separately in the spring of 2019.

The youth stakeholder group is constituted of young people between the ages of 13 and 24. We worked with Children in Wales to put the call out for interested children and young people and were delighted when more than 60 children and young people put themselves forward. The calibre of applicants was extremely high, and so although we had initially been seeking 15 young people, we extended the size of the group to 25. These young people come from diverse geographical and social backgrounds and we have been impressed with their knowledge and enthusiasm for the subject. The group will meet approximately every two months, meeting first in January 2019 and for the second time in early April 2019. This group contributes guidance and coproduction of policy to both the Task and Finish Group

and the Together for Children and Young People programme (T4CYP). The work programme of this group is currently under development and will be finalised by the summer of 2019.

We will be pleased to facilitate a meeting between the Committee and the youth stakeholder group at some future and mutually convenient date.

Whilst it has already been acknowledged that in this time of continuing austerity resources are limited, we have agreed joint funding to establish a small team working across Education, Health and other portfolios to take this work forward and provide secretariat support for the Task and Finish and other Groups. In addition, of the £7.1 million agreed in funding for 2019-2020 for mental health services for children and young people, £2.5 million has been agreed to support the work of the whole school approach.

Communications

Network and relationship building with partners in both the statutory and voluntary sector is an important element of ensuring the whole school approach is embedded across sectors and ensuring work is aligned across the whole system in a joined-up fashion. Supporting this Welsh Government and T4CYP held a workshop in September 2018 attended by 70 stakeholders, to examine the issues.

We will make this an annual event to test our assumptions and ensure that activity remains on track to deliver.

A key early focus for this work has been to build and maintain links with complimentary activity occurring elsewhere and develop communications more generally. In this respect the Group will work closely with:

- The Together for Children and Young People Programme, with a particular focus on activity which supports the expansion of primary care mental health services and the development of joint working and referral pathways with schools.
- The Together for Mental Health Partnership Board, and the All-age Mental Health Network
- The Association of Directors of Education Wales, following its January 2019 conference which focused on Wellbeing. Discussions are now in hand to take forward the outcomes from the conference, ensuring they are coterminous with implementation of the whole school agenda.

Presentations and links have also been made since December at:

- The Education Strategic Stakeholder Group, with updates on activity in December 2018 and March 2019
- The NHS Confederation Wales Conference in February 2019
- The All-Wales School Nursing Conference in February 2019

These events were hugely beneficial, providing an opportunity to open dialogue and engage with practitioners tackling issues of mental health and wellbeing on a daily basis.

We will continue to connect with the sector at events of this nature over the next two years to strengthen the relationships we have begun to cultivate. To ensure transparency and aid engagement we are developing a communications plan to promote the work of the Group to as wide an audience as possible, with a focus on schools and parents/carers.

Improving services for children and young people

We have maintained our focus on improving both primary and secondary CAMHS and whilst meeting the target for access to CAMHS remains a challenge for health boards, we have seen significant improvement. Whilst we recognise the need for further improvement, since August 2017 we have seen almost a 45% decrease in children and young people waiting over 4 weeks to access support.

Its important to note the context and challenge of improving and sustaining timely access performance for children and young people in the context of increasing demand for services. For instance, in October the referral rate to LPMHSS for under 18s spiked to broadly double from the previous month (500 to 1000) and has since remained above the usual average of 600 referrals per month.

Whilst there continues to be variation we have invested a further £1 million this year to provide additional assistance to those LHBS needing to improve their performance – both for primary and specialist CAMHS. This funding was provided on the condition that health boards achieve the outcomes set on in their improvement plans and target additional support in future years to meet waiting time targets on a sustainable basis.

We also required health boards to develop detailed action plans for the improvement of LPMHSS and supporting children and young people's resilience and well-being. The plans were received in October 2018 and include actions to achieve sustainable improvements to performance and to support prevention and early intervention to reduce the overall demand for services.

To further inform this work we also commissioned the NHS Delivery Unit to conduct review to help us understand how LPMHSS are accessed and delivered to children and young people across Wales. This work will conclude in April and the DU will provide individuals reports for each health board to inform local improvements plans and will also provide a thematic review for Welsh Government.

In 2019-20, we will provide invest a further £3.2 million to support improvement to both primary and secondary CAMHS. Funding will be released to health boards once robust improvement plans have been agreed which are informed by the findings in the DU review, have a focus on early intervention and prevention and demonstrate links to the whole school approach. We will also provide an additional £1.4m to Regional Partnership Boards to increase access to lower tier, community based services for children and young people

Our priorities for 2019-20

As Mind Over Matter highlighted, one of the key factors in improving mental health and wellbeing outcomes for children and young people is support and provision for young people before their issues escalate to needing specialist CAMHS. This can take the form of both universal services such as are promoted through the Welsh Network of Healthy School Schemes (WNHSS), and targeted low-level interventions like school counselling, nurture provisions or emotional literacy support assistants (ELSAs). It is crucial for schools and local authorities to have good information on the effectiveness of mental health and wellbeing interventions so they can choose programmes that are suitable for their local context. We have developed a programme of work over the next two years to strengthen universal provision and extend the availability of low-level targeted interventions.

One of the key issues that Mind Over Matter identified is the importance of improving service provision for the 'Missing Middle': children and young people whose need is greater than current universal and low-level provision, but who are ineligible for specialist CAMHS intervention. The Welsh Government is working closely with T4CYP to address this issue, aiming to strengthen provision from both 'ends': making assessment and specialist interventions more easily accessible to those who need it, and increasing the abilities of schools and non-medical providers to support children and young people struggling with issues of wellbeing and mental health. We have identified joint working as a focus for our work in the next year.

We are committed to ensuring that there is no wrong door for children and young people to turn to when they are seeking help. We are working in a multi-agency manner to improve confidence of all members of the school staff to respond to children and young people talking about mental health and wellbeing issues they may be experiencing, and to effectively signpost them to services. The CAMHS in-reach pilots have already begun working in this area and will provide an interim formal evaluation in December 2019. In advance of this we will work with Public Health Wales and the local health boards to disseminate early learning and good practice arising from the pilots over the course of the summer and autumn of 2019.

The new curriculum is the anchor around which our work to improve mental health and emotional wellbeing will be centred. One of the four purposes of the new curriculum for Wales is to support children and young people to become healthy confident individuals who are building their mental and emotional well-being by developing confidence, resilience and empathy. The four purposes will be at the heart of the new curriculum and are a starting point for all decisions on the development of the new curriculum and assessment arrangements.

The Health and Well-being AoLE will draw on subjects and themes from mental, physical and emotional wellbeing and will also consider how the school environment supports children and young peoples' social, emotional, spiritual and physical health and well-being. As part of developing the Area, pioneers have considered evidence and expertise on how reflective practice can support mental and emotional well-being. Ensuring the integration of mental health and wellbeing into the curriculum has been identified as a key priority for the work of the Task and Finish Group and officials and wider stakeholders have been working together to ensure this. Guidance on the new curriculum is being issued for consultation in April 2019.

Whilst the importance of the new curriculum in this agenda cannot be understated, it does not stand alone. Developing a whole school approach needs to be an end-to-end process involving the whole school environment and starting with each school understanding its own landscape.

Schools share much in common, but each school faces its own challenges and each school first needs to understand those challenges and the issues in order to address them. This is the role of the school leadership team, but it has to be everyone's business and the whole school 'team' needs to buy into the process to ensure it honestly and accurately reflects on those issues and the mitigating action required to address them.

We will work with schools to support the self-evaluation of their emotional and mental wellbeing landscapes, through the provision of evaluation tools and data analysis, and provide them guidance on how to develop and implement an action plan to address issues highlighted from evaluation. All action plans will be consistent with the ethos of the whole

school approach, addressing a wide range of wellbeing issues and involving children and young people in their production.

We will provide a framework and guidance for schools on how to develop their plan, including:

- How best to tackle stigma and discrimination
- a 'toolkit' of evidence based resources including preventative, universal and targeted evidence based resources for both children and young people and teachers
- agreed care pathways for professionals and multiagency working
- other practical sources of advice and support for schools, including third sector provision.

We will support the development of effective and consistent impact measures which can help schools assess the effectiveness of their plans and develop new plans.

The schools framework will include many of those actions and commitments contained within the relevant recommendations update below.

We will build on the work done in integrating mental health and emotional wellbeing into Initial Teacher Training (ITT), and commission bespoke training packages for teachers and other school staff on mental health and wellbeing. These will be available for teachers and other school staff as part of their continuing professional development. We recognise that teachers and wider school staff must underpin a whole school approach to mental health and emotional wellbeing and that they must be supported to enable them in turn to support children and young people.

Welsh Government update to the CYPE Committee Mind Over Matter recommendations (March 2019)

Key Recommendation

That the Welsh Government make the emotional and mental well-being and resilience of our children and young people a stated national priority. This status should bring with it a commitment to:

- 1. provide adequate and ring-fenced resource for our schools to become community hubs of cross-sector and cross-professional support for emotional resilience and mental well-being. Schools cannot shoulder this responsibility alone - the support of other statutory and third sector agencies, most notably health, is essential;**
- 2. ensure that emotional and mental health is fully embedded in the new curriculum;**
- 3. ensure that everyone who cares, volunteers or works with children and young people is trained in emotional and mental health awareness, to tackle issues of stigma, promote good mental health, and enable signposting to support services where necessary. This should include working with professional bodies to embed training in initial qualifications and continuous professional development; and**
- 4. publish every two years an independent review of progress in this area. This process should involve children and young people throughout.**

Our actions in recent years demonstrate our commitment to improve emotional wellbeing and mental health. This is demonstrated in the way in which our strategic intent is translated into practical action in all we do. Mental Health continues to be one of Prosperity for All's six key themes and its intent is reiterated and embedded in:

- Our National Mission, which seeks to promote strong and inclusive schools committed to excellence, equity and well-being, as one of its four enabling objectives.
- A Healthier Wales: our Plan for Health and Social Care, which reiterates our priorities for the nation's wellbeing.
- Together for Mental Health, which further defines the actions we will take to build emotional resilience, tackle stigma and discrimination and support people experiencing poor mental health.

This strategic intent translates into practical action and we are actively engaged with our stakeholders to build effective policy and practice. Most notably in relation to our announcement in September 2018 that we would jointly establish a Ministerial Task and Finish Group to advise us on what more needs to be done to support children and young people's mental health.

We have also committed significant investment to support this approach and reference to additional funding is made throughout this response. For ease, Annex A includes a summary of all investment outlined within this response.

(1) Supporting schools

Since publication of our original response we have continued to build on this good work. Our Ministerial Task and Finish Group is working to bring together all strands of activity occurring, be that activity directly initiated by the Welsh Government, or initiated elsewhere within the wider public and third sectors. We are mapping the interdependencies, highlighting where gaps in provision exist and putting in place plans to fill those gaps. The ultimate aim is to develop a whole school approach framework. This is not intended as a one-size-fits all approach, rather a set of common principles all can agree to promote consistency and equity of access. It needs to be underpinned by:

- schools understanding its own challenges, needs and priorities.
- having access to a range of evidence based services which address awareness raising; tackling stigma and discrimination; early identification and intervention; provision of universal and targeted interventions.
- services working together to meet identified need.
- regular validation and evaluation so the school knows what is working, what is not and that its student and staff's needs are being met.

To realise this commitment we have made available up to £300,000 jointly from Health and Education budgets to resource this work. In addition in January 2019 an additional £7.1m was made available from the Health budget to support children's mental health, including our whole school approach work, split as follows:

c.£2.5m to support the Whole School Approach, ;
c.£3.2m additional support for CAMHS and early intervention; and,
c.£1.4m additional support for community based low level preventative and early intervention routed through RPB.

(1/3) Supporting schools and communities

Recognising that, with young people spending only a proportion of their waking lives in school, community based youth work and youth services have the potential to play a significant role in supporting young people, we have invested unprecedented levels of funding in these vital services in 2019/20.

This £10m pot of funding, via the Youth Support Grant, includes £2.5m to tackle mental/emotional health and wellbeing issues through youth work approaches, £3.7m to tackle youth homelessness, and a 10% uplift to the core budget associated with the grant, which focuses on youth work and youth engagement and progression activities.

In submitting their plans, local authorities were asked to work collaboratively with a range of partners in developing provision that meets the needs of young people in their local area. The criteria associated with the grant, while allowing flexibility to account for local needs, place an expectation on the development of early identification systems, referral mechanisms, signposting, and pathways of support, practitioner training and partnership working across services to ensure a coherent offer of support to young people.

Our work on Community Focussed Schools includes £15 million made available for works that will extend school services for both families and the wider community. A substantial number of bids were received and are being assessed in anticipation of works beginning early in the next financial year. The bids included a range of interventions that will facilitate wider community use of schools / colleges and community hubs; including improved community facilities and co-location of services.

(2) New curriculum

The new curriculum will support learners to develop their ability to focus their attention, and be aware of, how they are perceiving, thinking and feeling during their experiences. This gives learners the opportunities to build skills of self-awareness and empathy. Self-awareness allows learners to be receptive and reflective, which helps them to adapt their behaviour and actions to different situations. As a result, learners begin to understand that the mental health and emotional well-being of others is affected by their own and others' life experiences which enables learners to act with empathy, compassion and kindness for themselves and others.

(3) Staff training

Our Task and Finish Group work will consider a tiered approach to training with an initial focus on all-school staff. This will seek to ensure all staff have access to training based on their level of need and are either aware, informed or specialist as appropriate.

In relation to on-going professional development, The National Approach to Professional Learning for teachers was launched as scheduled in autumn 2018 in a series of regional conferences. To support the roll-out £24million has been committed to support professional learning over 18 months (£9 million in 2018/19 and £15 million in 2019/20)

Critical Collaborative Professional Enquiry cycles are ongoing with Professional Learning Pioneers and their cluster schools including in the Area of Learning Experience for Health and Wellbeing, and Digital Professional Learning resources are beginning to be commissioned via regions.

Criteria for the accreditation of initial teacher education programmes was developed and published in March 2017. Following independent accreditation four ITE partnerships will be delivering programmes of ITE in Wales from September 2019. As part of meeting the

requirements of accreditation these will ensure new teachers are able to teach the four purposes of the curriculum and the areas of learning and experience.

It is expected that partnerships will develop in student teachers effective approaches to their own, colleagues, and learners well-being; providing opportunities for understanding the role of wellbeing in effective learning, including the ability to identify pupils who are at risk of experiencing poor wellbeing and provide opportunities for students to examine the most effective models deployed by schools and their partners to improve the wellbeing of all learners.

The ITE Partnerships will also develop approaches to assist aspiring teachers to understand the importance of research informed practice, so that teachers are taught the importance of keeping up to date with research, such as research on learners' mental health and wellbeing, to inform their teaching practice on an ongoing basis throughout their working lives.

To teach in maintained schools, ITE Providers will assess student teachers who must meet the requirements of Qualified Teacher Status as described under the new professional teaching standards.

T4CYP will provide more information on the work they have undertaken in this area as part of their direct response to the CYPE Committee.

(4) Evaluation and review

In relation to the work of our Ministerial Task and Finish Group we are committed that this work should be as transparent as possible. To this end we will be developing a webpage to promote activity and promote engagement. We will publish an annual report on progress, with the first such report at the end of 2019/early 2020. We will involve our Youth Stakeholder Group of 24 young people in the development of this report.

1. That the Welsh Government publish, within three months of this report's publication, a route map of how health (led by the Together for Children and Young People Programme) and education (led by the Health and Well-being Area of Learning Experience) will work together to inform the new curriculum. This route map should contain clear milestones and specify the agencies or individuals responsible for delivery.

Our ambitious aims for the new national curriculum and, in particular, the Health and Wellbeing Area of Learning and Experience (AoLE) are central to the work of our Joint Ministerial Task and Finish Group.

Maintaining connections and ensuring joint working, where appropriate, with associated activity, such as the Together for Children and Young People Programme, is also a priority. Enabling this, the Chair of the Together for Children and Young People Programme Board is a standing member of the Ministerial Group. In developing the Health and Wellbeing AoLE we have worked closely with Professor Robin Banerjee, who sits on the Expert Reference Group of T4CYP.

The curriculum is being published for consultation in April 2019. The draft AoLE includes a "What matters" strand focusing on mental and emotional well-being and is intended to be used together with four other "What Matters" to promote a holistic approach to health and well-being. Over the spring and summer terms, pioneers in the AoLE working group will identify implications for a whole school approach.

Our CAMHS School in Reach staff are already supporting the proposed AoLE through their delivery of training with school staff and others to utilise and implement mental wellbeing resources and delivery. This should be linked to the “What matters” statements and the Welsh Network of Healthy School Schemes National Quality Award.

2. That the Welsh Government prioritise the work of improving measurement of well-being in schools within the inspection framework in order to drive activity and performance. The development of these measures should involve all relevant stakeholders to ensure that they are fit for purpose and do not lead to unintended consequences. Most importantly, children and young people should be involved in the process of preparing these measurements to ensure that they capture correctly the factors that influence their well-being. These measures should be available within six months of this report’s publication, or form part of the report of the independent review of the implications of the educational reform programme in Wales for the future role of Estyn, whichever is the earliest.

Estyn’s inspection framework, which focuses on health and wellbeing of pupils and staff forms an important part of the work of the Ministerial Group.

Estyn’s 2018-19 remit included a commitment to review the health and wellbeing area of learning and experience in primary and secondary schools in a holistic approach. The final report is due to be published in the summer of 2019 and will consider the school’s impact on children’s health and wellbeing including:

- the moral leadership from the headteacher, other senior leaders and the governing body
- a climate which promotes the UNCRC and to the voice of the child
- staff-staff, staff-learners and learners-learners relationships
- providing a curriculum that meets the needs of learners (both for now and their future), implemented with learning experiences that support and challenge pupils about their health and wellbeing
- strong and responsive care, support and guidance
- an environment that promotes health and wellbeing
- effective partnerships with external agencies
- effective communication and partnership working with parents
- supportive professional learning for all staff

Our Ministerial Group will consider the results and recommendations arising from the report once published.

Supporting schools, the self-evaluation framework will also enable schools to review and benchmark their own internal understanding of pupil and staff wellbeing, defining well-being in education and describing effective practice. A draft of the toolkit is expected to be made available in September 2019.

The Minister for Education is currently considering proposed items for Estyn’s remit for 2019-20 which includes a thematic review to undertake further work on emotional wellbeing and mental health activity in schools. We will also ask our Youth Reference Group to consider Estyn’s work on developing pupil wellbeing measurement.

3. That the Welsh Government undertake a review of the numerous emotional and mental well-being initiatives underway in Wales’s schools, with a view to

recommending a national approach for schools to adopt, based on best practice. The Welsh Government should work with exemplar schools such as Ysgol Pen y Bryn in Colwyn Bay to develop elements of this national approach, including but not limited to mindfulness.

Linked to updated response to key recommendation (1) above. We have commenced mapping as part of the development of a school's framework. We are collecting information on evidence based interventions which schools can choose to adopt, having regard to their individual needs. As detailed above this is not intended as a one-size-fits all approach, rather a set of common principles all can agree to promote consistency and equity of access, underpinned by:

- schools understanding its own challenges, needs and priorities.
- having access to a range of evidence based services which address awareness raising; tackling stigma and discrimination; early identification and intervention; provision of universal and targeted interventions.
- services working together to meet identified need.
- regular validation and evaluation so the school knows what is working, what is not and that its student and staff's needs are being met.

4. That the Welsh Government, while undertaking the review we call for in recommendation 3, work in the meantime with the Samaritans to develop its Delivering Emotional Awareness and Listening (DEAL) Programme for wider use in schools in Wales. Subject to the results of the DEAL evaluation that is underway, the Welsh Government should fund the extension of the programme to the primary school sector.

See recommendation (3) above and (16) below. We are collecting information on a range of evidence based interventions and programmes, though are not able to promote any one over another and it is for schools to decide whether to adopt a specific initiative having regard to their own needs and circumstances.

5. That the Welsh Government commission a mapping exercise of the availability of non-teaching staff in schools to support emotional and mental health and well-being, and the anticipated level of future need. This exercise should provide an outline of how any shortcomings will be addressed.

The baseline, mid and end staff surveys within the evaluation of the CAMHS school in-reach pilots will give an evidence base of staff wellbeing and attitude to own and wider mental health/wellbeing.

The South East Wales CAMHS school in-reach pilot has already begun to develop staff wellbeing training with the delivery of full-day workshops for up to 50 members of staff, including 'Senior Leadership Teams and/or wellbeing teams.

The work of the pilots will enable a starting point for mapping training availability, needs assessment and skills development across school staff and others within the learning environment.

Following the delivery and evaluation of this activity we will consider the potential to roll this out more widely across Wales given the likely resource implications.

Availability of teaching and non-teaching staff in schools will also be considered as part of our plans for professional development in the workforce (see our response above to part 3 of the key recommendation).

The First Minister made a manifesto commitment to require specialist educational support services, including Educational Psychology Services, to work more strategically across Wales to improve access to such services. We will work with the relevant stakeholders to consider how this could be applied in practice in coming years.

6. That the Welsh Government assess the quality of the statutory school counselling available, not least how the service copes with increasing demand, tackles stigma and meets the needs of children and young people. This should include consideration of providing counselling support online and outside lessons/school, and for those younger than 11 years old.

We are in the process of working with local authority counselling leads, the British Association for Counselling and Psychotherapy and other key stakeholders to produce a revised local authority counselling toolkit. Our intention is to formally consult on the revised toolkit during the summer. The toolkit will provide practical support for counsellors and managers of counselling services and for those with day to day responsibility for mental health issues in schools (such as head teachers and governing bodies of all primary and secondary schools in Wales) as well as in community settings. It will provide the information they need to provide a high quality service, delivering value for money and improved outcomes for children and young people, and to provide other stakeholders with the information they need to work collaboratively with counselling services.

As part of this work we will also explore with them trends in demand and the capacity of the service to meet current and future demand. A key priority will be to explore how counselling works with other providers and in particular the relationships and support with Local Primary mental Health Support Services (LPMHSS). Local Authorities in each health board area are formally partners in joint schemes under Part 1 of the Mental Health (Wales) Measure for the delivery of LPMHSS. This partnership ideally provides an opportunity for LAs to review counselling demand/provision with LPMHSS leads to inform a capacity and demand analysis and “fit” of various provision. We will engage LPMHSS leads in this work as they have the detail of the type and demand for counselling interventions for CYP referred to their service.

A key priority for us during 2019 is the development of online counselling provision for children which extends across Wales and as detailed in our original response we will work with those local authorities currently offering on-line provision to establish best practice.

Our intention is that online provision is available as one aspect of an intervention which also includes face to face provision. The key issues we wish to explore are the practicalities in terms of:

- Impact on the ability of existing services to provide and deliver an online resource alongside more traditional provision (i.e. the supervision and monitoring implications)
- what the referral criteria should be
- How to best to evaluate the service

We are looking to supplement school counselling with provision such as online Cognitive based Therapy (CBT). We commissioned Health Technology Wales to provide advice regarding online CBT which reported in December 2018. We also commissioned a literature review to consider the effectiveness of online interventions for Children and young people. The research reported in January 2019 and indicates that there is

potential for success, but existing interventions need to be evaluated more for this age group.

Both reports suggest online interventions to treat mental health should be used alongside face-to-face interventions. We are therefore considering the findings from this work to inform our next steps.. This will include considering the potential to extend existing adult online CBT packages to 16-17 years olds.

7. That the Welsh Government issue interim guidance to health and education services (and other relevant statutory bodies) about the support they should deliver for emotional and mental health in schools. This should specify the support that they should expect from each other as statutory services. This guidance should remain in place, and should be resourced adequately, until the findings of the in-reach pilots are reported to us and others. The guidance should be issued within three months of our report's publication and reviewed after the in-reach pilots conclude.

We held a multi-agency stakeholder workshop in September 2018 where we developed our strategic intent alongside key stakeholders on the support that health and education should be providing schools. This intent was reiterated at the ADEW Conference in January which focused on developing new ways of working between health and social services to support schools.

Our Ministerial Group will examine the existing support pathways and the public service interdependencies, with a view to ensuring consistency and equity across all Wales. To support them in this the CAMHS School in Reach pilots have mapped existing support services in locality areas to inform referral pathways. Referral pathways have been developed and identified to support schools for early intervention and more specialist services. This is inclusive of pupil and staff support for mental wellbeing. Evaluation plans for the in-reach are in place with an interim report expected in December 2019 (final report December 2020). This will provide evidence of the effectiveness of referral pathways and understanding of service availability for signposting.

These will need further reviewing in line with our plans to strengthen Local Primary Mental Health Support Services, so that primary care mental health can work effectively and deliver services where appropriate for school settings. LHB improvement plans for 2019-20 will need to demonstrate clear link to the whole school approach and we will bring forward more detailed proposals as our plans develop throughout 2019.

8. That the Welsh Government pilot the role of “guidance teacher” in Wales, or adopt another model that allocates responsibility for the emotional and mental health of pupils to a lead member of teaching or non-teaching staff.

Our aim is to promote a whole school culture where everyone is responsible for supporting students, colleagues and their own wellbeing. However, whilst the whole school body can have a role and responsibility, they cannot all be accountable. We need to be clear that the school senior leadership team is ultimately accountable for compliance with and ensuring that emotional and mental wellbeing permeates all aspects of the school environment.

However, to support the leadership team, and aid development and implementation of a whole school approach framework in individual schools, each school should have an appointed named person who leads and acts as co-ordinator, a source of advice to others, and as an advocate and champion for wellbeing. Schools involved in the WNHSS

will already have a Healthy Schools Coordinator and it may be appropriate for this person to act in both roles.

9. WG make available the management and data tracking progress in relation to LPMHSS waiting times for assessment and interventions for cyp since the commencement of the provisions of the M H Measure 2010

It is our intention that from April 2020 data on LPMHSS waiting times for assessment and interventions for children and young people will be published routinely. The NHS Delivery Unit is working with LHBs and data standards as part of the peer review of primary Children and Adolescent Mental Health Services (CAMHS) to ensure the data is of sufficiently robust quality, ahead of publication.

10 WG set out an improvement plan for LPMHSS for cyp. This should provide an assessment of the current levels of provision, anticipated demand for services over the next 5-10 years and estimated level of resource needed to join the two. It should also outline how LPMHSS will engage other statutory and third sector services, and to provide the most accessible, appropriate and timely ‘intermediate’ support services to bridge the gap between emotional resilience support on the one hand, and specialist CAMHS on the other. The improvement plan should outline clearly the pathways available for children and young people so that signposting to and between each level of services is clearer and simpler. It should make explicit reference to how LPMHSS should liaise with schools in particular.

To support health boards to target action to improve services, the NHS Delivery Unit are expected to report on the review of primary Children and Adolescent Mental Health Services (CAMHS) in April 2019. The Delivery Unit will produce individual reports for each health board and a thematic report for Welsh Government.

We will invest a further £3.2 million to support CAMHS and early intervention services in 2019-20. Part of this funding will be used specifically to support the implementation of actions in response to findings in the DU reports. Funding will be released to health boards once robust improvement plans have been agreed, which link explicitly to the whole school approach.

In the interim the Minister required all health boards to prepare initial improvement plans which included:

- Improving performance against LPMHSS targets and ongoing sustainability
- Working through Regional Partnership Boards and Public Service Boards to promote interventions that support emotional resilience and wellbeing of CYP;
- Training and development of workers outside the NHS who work with CYP;
- Prevention and early intervention activities that reduce demand on CAMHS and build resilience; and
- Raising the quality of data around CYP mental health and wellbeing better to inform policy and practice.

More details on progress will be included in the Together for Children and Young People programme response which will be sent to the Committee separately.

11 WG ensure:

- 1. consistent pathways for all sCAMHS services based on the national referral criteria once agreed, are implemented by all health boards (and related agencies where relevant) within six months of this report’s publication.**

- 2. Each pathway is accompanied by defined standards against which all health boards can be measured and benchmarked consistently**
- 3. Information is made publicly available so that health boards and WG can be held to account for performance in a transparent and well-informed way.**

This work is being taken forward by Together for Children and Young People and an update on progress will be included in the T4CYP programme response which will be sent to the Committee separately.

However, Welsh Government continues to monitor the performance of health boards in meeting current waiting time targets and the implementation of the core data set will strengthen outcome data available.

12 WG outline as a matter of urgency, and within three months of this report's publication, how it intends to address the challenges faced by the group of cyp who do not meet the threshold for sCAMHS but for whom alternative services are not available – the so called 'missing middle'. This should include:

- 1. Detailed steps it will take over the next six months to ensure that their needs are met and that relevant agencies are held to account for delivery**
- 2. Account of the consideration given to focusing on referral criteria on levels of distress experienced by cyp (the source of which can be behavioural, social and/or medical in nature) rather than on a medically defined, diagnosis basis alone. This should include consideration of replacing the pyramid model of care with the iceberg model of care presented during committee evidence**

In addition to the Whole School approach programme of work, there is wider activity as part of the T4CYP programme which will support those children who do not meet the threshold for sCAMHS. This includes the NHS Delivery Unit reporting on the review of primary Children and Adolescent Mental Health Services (CAMHS) in April 2019 .s. We will provide an additional £3.2 m for CAMHS in 2019-20 which will include the requirement for health boards to re-model service towards a more preventative approach. In addition, we are providing £1.4m to Regional Partnership Boards to strengthen community based low tier services.

13 That the Welsh Government develop an immediate recovery plan for neurodevelopmental services in Betsi Cadwaladr University Health Board to address the unacceptably long waiting times faced by over 1000 children and young people.

We continue to support BCU and neurodevelopment teams across Wales to deliver services within the 26 week target for assessment.

In November 2018, BCU provided an improvement plan in order to deliver services within the 26 week target.

Despite some initial improvements, the BCU ND service continues to struggle to meet the demand for the service across the North Wales area. Whilst the use of an external provider did provide some additional capacity for the a period, the LHB understand that they need to put in arrangements in place to ensure the capacity of the service can meet the increasing demand. As part of this work the LHB conducted a deep dive in January which provided assurance that the All Wales Neuro-development pathway has been implemented across all three Areas with a good quality of care being provided to those children and families assessed and supported. However this exercise recognised that

waits are of significant concern and are on the Area risk registers, with business cases to increase capacity in the service being discussed

The area teams have developed action plans to make stepped improvements and are working closely together to develop the service model in partnership with referrers, particularly education and the community assets. For example parenting support from Team around the Family and Family Centres in an attempt to reduce the demand and improve the access to alternative support.

Welsh Government will be meeting the relevant Executive Directors in early April to discuss further.

14 WG prioritise work to ensure qualitative measures of performance are developed to sit alongside existing referral to assessment waiting time data within six months of this report's publication. This information should be transparent and made publicly available so that those responsible can be held to account for service delivery and performance.

Following a CAMHS network review of data currently collected within CAMHS services, recommendations have been presented to the project steering board. The Board agreed the core dataset which now progress through to the next stage of the process.

In addition, a common set of forms has been developed for use across mental health services, including forms specific to CAMHS. These forms will be piloted ahead of the system going live.

This activity means that by 2022, the core dataset will be fully implemented in Wales and a set of reports showing outcomes for people using services will be collected from the national data resource, through NWIS. This is a core commitment within the T4MH draft delivery plan 2019-2022.

An additional update on progress will be included in the Together for Children and Young People programme response which will be sent to the Committee separately.

15 WG, within six months of this report's publication, in relation to crisis and out of hours care:

- 1. Work with police forces to scope the proposed all-Wales triage model which would see mental health practitioners situated in police control rooms to provide advice when cyp (and other age groups, if appropriate) present in crisis**
- 2. Outline how resources could be directed towards enabling crisis teams in all health boards to provide training and cascade expertise to other frontline services, particularly colleagues in A&E, in border areas (to improve cross border relations with those centres most often accessed by Welsh domiciled patients), and in schools (to normalise conversations about suicide and self-harm in particular).**
- 3. Ensure that follow-up support is being provided by health boards after discharge, provide information on how health boards monitor this provision and commit to making this information publicly available to ensure transparency and accountability**

4. **Ensure all health boards are adhering to the requirement to hold designated beds that could be staffed adequately for under 18s in crisis, indicating how this will be monitored and reported in future and what steps will be taken if such beds are not available**
5. **Implement with pace and in a uniform way across health boards the single point of access approach to specialist services, to ensure timely and appropriate access to support, urgent or otherwise**
6. **Reflecting on the results of the review of crisis care, outline what more needs to be done to deliver a safe and cost-effective 24/7 crisis care service in all areas, how that will be done and by when**

Part 1 and 6

The Mental Health Crisis Care Assurance Group has developed a new national delivery plan and Regional Mental Health and Criminal Justice groups are refreshing local plans to align. Underpinning the commitment to improve end to end crisis care, is an agreement that approaches need to be developed at a system level and be evidence-based to enable equitable access to good crisis care across Wales. The following approach has been agreed and is being implemented to improve crisis care:

- 1.Strengthening the data set for monitoring the use of section 135 and 136 in Wales

A revised data set has been developed by the MHCC and is being piloted by all partners ahead of formal implementation, subject to approval via the WISB. The data set will be published on a quarterly basis (currently annually) to aide more regular monitoring pending assurance of the statistical accuracy of reporting. This will be dependent on all agencies completing relevant operational data. The ability to report and monitor the use of s.135 or s.136 for under 18s is retained in the data set.

- 2.Supporting approaches to develop the evidence about what works

We made crisis and out of hours care a priority in the Mental Health Transformation Fund in 2018-19. Around £1 m was secured to support expansion of current programmes and testing new approaches. Funded schemes include a street triage pilot in BCU placing mental health practitioners in police control rooms. A similar pilot in Gwent in partnership between South Wales Police and Aneurin Bevan HB is being independently evaluated which will report in the summer.

Improving crisis and out of hours care is a priority for NHS Wales in 2019-20 and will be supported with additional funding .. Funding will be allocated once improvement plans have been agreed.

- 3.Developing our understanding about how people access urgent/out of hours MH support

All partners recognise the need to better understand how people, being categorised as having issues relating to mental health access services and inform systemic improvement. The National Collaborative and Commissioning Unit will be commissioned in 2019-20 to do a rapid, urgent mental health access review to help understand:

Contact-*When are persons contacting the service? What services are they contacting?*

Condition- *What issues are persons contacting services with, mental illness, emotional distress, substance misuse, social isolation?*

Conveyance – *when people contact the service how do they move from the point of contact to the service delivery point?*

Part 4. As part of our routine monitoring we have reviewed the SUIs relating to designated beds over a 4 year period. In addition, the CAMHS ED Network regularly review the use of designated beds across Wales.

As stated in the WG [Admissions guidance](#) published in 2015, we expect LHB's to inform the Welsh Government as to their designated wards annually by 1 April, and to clarify whether admissions of children and young people under 18 have been to designated or non designated wards. In the next 2 weeks we will write to health boards to undertake our annual monitoring. This provides a further opportunity to remind organisations of their responsibilities in this area.

Part 5 T4CYP update will provide further detail of progress

16. WG in relation to suicide specifically work with expert organisations to:

- 1. Provide within three months of this report's publication guidance to schools on talking about suicide and self harm, to dispel the myth that any discussion will lead to contagion**
- 2. Work with expert organisations to prioritise the issuing of guidance to schools where there has been a suicide or suspected suicide**
- 3. Ensure basic mental health training, including how to talk about suicide, becomes part of initial teacher training and continuous professional development, so that all teachers are equipped to talk about it.**

The December 2018 Everybody's Business Report on Suicide Prevention in Wales by the Health and Social Care Committee called on the Welsh Government to implement this recommendation.

Our response reiterated our acceptance in principle, noting that this has been included in the Ministerial Group's remit and that activity has commenced, as part of our Talk to Me 2 Strategy, by the National Advisory Group on Suicide and Self-Harm to address aspects of this recommendation:

Guidance will be published in April 2019 on management of Self Harm and Suicide in schools after a collaborative workshop with education, health and Samaritans representatives that build on existing good practice.

In addition the lead of the Advisory Group is working with Mind and the Royal College of Psychiatrists on a schools skills and competency based learning package on self-harm with films and other resources which will be available for training of school staff in approximately.

We will work with the Advisory Group to support their work and ensure that schools are aware and make use of these valuable resources once available.

Self-harm/suicide prevention pathways have also been developed in CAMHS School in Reach pilot areas. This will be shared with schools within the pilot areas for information. Mental Health First Aid training is being implemented within schools in 2 pilot areas, ABUHB and BCUHB.

We will evaluate all in-reach activities to ensure their levels of impact and effectiveness. Evaluation activity is ongoing, with initial results due December 2019.

In addition, reform of initial teacher education (ITE) will require 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, including Health and well-being. From the Autumn Term 2018, Professional Learning Pioneers have been leading cycles of action inquiry with the wider schools network, focused on early interaction with the draft curriculum to identify immediate professional learning requirements.

17 WG:

- 1. Engage as a matter of urgency in addressing the reduced capacity in the n Wales IPU**
- 2. Provide in its response to this report an action plan detailing the practical support it is going to give to BCU to return the unit to its commissioned capacity of 12 beds by summer 2018.**

We have robust arrangements in place to ensure the quality and safety of specialist mental inpatient settings and to manage the need for services when restrictions are in place in a particular unit whilst any necessary improvement work is undertaken. This includes making placements via the national framework contract to place individuals in suitable independent facilities.

WHSSC and WG provided the Chair of the Committee with a specific update on this area of work in a letter in February.

NWAS was placed into formal escalation process by Welsh Health Specialised Services Committee (WHSSC) in August 2017. The process was initiated due to unsatisfactory occupancy levels with performance dropping below 50% and the subsequent knock on effect in the number of out of area placements (OoA).

A major contributing factor to the poor performance was the reduction in operational beds from commissioned capacity of 12 to 6 due to significant workforce issues including sickness and recruitment.

There has been a marked improvement in performance during 2018/19 with the NWAS unit operating with at least 10 beds available. At certain points during the year this has increased to the full 12 beds but this continues to fluctuate due to patient acuity and staffing levels. The next escalation meeting is scheduled for early April.

18 WG use the results of the review of IPU capacity in Wales to:

- 1. Provide as many services as close to home as possible for Welsh cyp**
- 2. Engage in dialogue with NHS E about options for the creation of very specialist IP beds that could serve populations both sides of the border**
- 3. Explore the viability of using spare IPU capacity on the NHS estate to provide step-down services for those leaving placements.**

Part 1 Welsh Government remain committed to ensure that young people requiring inpatient care should receive this as close to home as possible, with the default being one of the two Welsh CAMHS inpatient units. However, there will be times when young

people, requiring high needs care will need to be cared for at a very specialist centres in England which provide services for the whole of the UK.

Part 2. A Review paper was discussed by the National Network Board in December. The recommendations are being considered by the CAMHS Network, QAIS & WHSSC and will inform the review of the National Framework during the Summer.

WHSSC are working with the 2 NHS inpatient units to address the key workforce issues that will need to be resolved to support future developments.

19 WG in light of the importance of the transition period in retaining engagement with support services and the heightened vulnerabilities of young people as they enter adulthood, require health boards and LAs to report to them on a six monthly basis:

- 1. Steps taken to ensure implementation of the transition guidance**
- 2. Assessment of their level of adherence to the guidance**
- 3. The challenges they encounter when seeking to deliver smooth transitions and how they are mitigating those risks**

Part 1

The work to formally review the T4CYP Care Transitions guidance and passport by Dec 2020. This work is planned to commence in June 2019 and beginning with the Youth Stakeholder Group who will consider the guidance and passport and feed back to the T4CYP.

Welsh Government is also developing Care Transition Guidance for wider NHS services. We are working to ensure the wider NHS Care Transitions Guidance reflects the needs and requirements for children and young people within mental health services. Having allowed 12 months for the Good Transitions Guidance to embed, our focus in 2019 will be to test the implementation of this guidance which will in turn inform the formal review in 2020.

As part of the Care Transitions Workstream of T4CYP it was noted that nationally and internationally there are various models of transition within services covering individuals aged 0-25. Welsh Government will shortly commission a literature review of international and national evidence, alongside a small discussion group/cohort to provide experiential evidence. This work will report by October 2019 and will be used inform the next steps.

Part 2 and 3

The work through 2019 will provide further information to determine the level of adherence to the guidance and challenges. We will also seek detail regarding the action health boards have taken to mitigate any issues they are experiencing

20 WG in light of current variation in provision and the crucial role therapeutic interventions have to play, set out a national action plan for the delivery of psychological therapies for cyp. As a minimum this should include:

- 1. Outline how primary, secondary and specialist services will work together to ensure a range of therapeutic services across the spectrum of need are delivered effectively**

2. **Plans for developing and maintaining a stream of sufficiently trained (and regulated/registered) practitioners**
3. **Details of the proposed review of prescribing trends for cyp with emotional, behavioural and mental health problems, building on previous work undertaken by Prof Ann John and including an assessment of whether other interventions have impacted these trends, to begin in the next 12-18 months**
4. **Assessment of the plan's financial implications and affordability and how its outcomes will be measured**

Following publication of Matrics Cymru in 2017 a review of lessons learned is currently being taken forward and will inform the development of the Matrics for CYP. In the meantime, all health boards have taken initial action, backed by additional funding to improve services in their area.

All HBS have submitted costed proposals against the Psychological therapies fund in 2018.19. This fund has been agreed to continue into future financial years with monitoring.

This includes improvements to the range of therapies offered, workforce training and development, reducing wait times and better working between primary and secondary care.

An update on progress will be included in the Together for Children and Young People programme response which will be sent to the Committee separately.

21 WG within six months of this report's publication commission a review of current provision – and need for – advocacy services for cyp accessing all mental health services, not just those in inpatient settings. This should be undertaken in consultation with key stakeholders such as the CCfW, National Youth Advocacy Services, commissioned providers of services, and cyp. Based on the review WG should assess the viability of providing an active offer of advocacy to all cyp entering mental health services and publish a full account of its conclusions.

Welsh Government and the Together for Children and Young People Programme will jointly commission a review of the current provision of and need for advocacy services for CYP accessing all mental health services by the summer. This work will be delivered in consultation with key stakeholders including the Children's Commissioner, the National Youth Advocacy Service, Commissioned provider of services and CYP, and will align with the wider review of advocacy services in response to the Children's Commissioner's recommendation in her most recent Annual Report.

22. WG work across agencies to ensure the emotional and mental health needs of cyp are assessed on entry to care and the youth justice system, and routinely thereafter. This will help inform planning of adequate provision of multidisciplinary support to meet their often complex needs in a timely and appropriate way.

The mental health and well-being of children and young people in care is a key priority in the Improving Outcomes for Children Work Programme which is overseen by the Improving Outcomes for Children Ministerial Advisory Group. As part of the work programme, NSPCC and Voices from Care have produced a report into the emotional and mental health of care experienced children and young people; the report is entitled 'Listen. Act. Thrive'. The full report has been published and we will be considering the recommendations at a future Ministerial Advisory Group meeting.

An update on progress will be included in the Together for Children and Young People programme response which will be sent to the Committee separately

23 WG within six months of publication of this report undertake an urgent piece of work on the provision of emotional, behavioural and mental health support for LAC and adopted children. This should:

- 1. Be informed by the activity of the MAG on LAC and T4CYP's work**
- 2. Consider, in the case of LAC, the extent to which public bodies are adhering to their responsibilities as corporate parents to provide both physical and emotional support they need.**

Recently, we have invested £15m into the Integrated Care Fund to support prevention and early intervention services for care experienced children and young people. Regional Partnership Boards working across, health boards, local authorities and third sector organisations to develop proposals which meet the need of their looked after children populations. The ICF guidance encourages proposals which feature therapeutic support services for looked after children and children who have been adopted.

An update on progress will be included in the Together for Children and Young People programme response which will be sent to the Committee separately.

24 WG within three months of this report's publication action evidence received from the RCP&CH that it needs to establish an overarching group "with teeth" to manage the joint working that is needed between statutory and 3rd sector organisations to deliver effective and timely emotional and mental health services.

Since the publication of the committee report, the Joint Ministerial Task and Finish Group on the Whole School Approach has been convened. This brings together the key strategic stakeholders from across education, health, the wider public and third sectors. The Ministerial Task and Finish Group is supported by

- a stakeholder reference group to ensure the broad range of agencies with a role in delivering a whole school approach have a meaningful engagement in this programme and
- a Youth Stakeholder Group to ensure that children and young people also have the opportunity to directly feed in their views as activity progresses.

The Joint Ministerial Task and Finish Group on the Whole School Approach does not exist in isolation, and sits within broader arrangements which oversee, develop and assure approaches to improve the mental health and well-being of children. For instance the Improving Outcomes for Children Ministerial Advisory Group continues to deliver a 3 year change programme (2017-2020) and to advise on the additional targeted support that is required across Government to deliver improved outcomes for care experienced children and young people. This is in addition to the NHS Wales Mental Health Network, established in 2018 to drive, facilitate and enable transformational change and sustained improvement for NHS commissioned and/or delivered mental health services.

The Children Young People and Families Delivery Assurance Group has also been in place since 2013. With the groups now in place to support the Whole School Approach and the All Age All Wales Mental Health Network Board, officials are considering the requirements and suitable membership for this group.

An update on progress by the Together for Children and Young People programme, will be provided in the response which will be sent to the Committee separately.

25 WG ensure all health boards respond promptly and comprehensively to surveys on workforce numbers conducted by the Royal Colleges in Wales. This will help enable the design of services that take into account staffing capacity and respond in an effective and innovative way to any shortages.

Health Education and Improvement Wales is now operational and is the lead organisation for workforce planning. As part of its workplan, HEIW are developing a Workforce Strategy for Wales which will include the workforce providing mental health services for children and young people.

We continue to expect health boards to consider any relevant surveys undertaken that impact on workforce planning and if appropriate to work with Royal Colleges and others to inform the design of services.

26 WG ensure the T4CYP undertake a comprehensive piece of work on the current and future availability of Welsh language emotional and mental health support services

An update on progress will be included in the Together for Children and Young People programme response which will be sent to the Committee separately.

27 WG require LHBs to report expenditure on emotional and mental health services for cyp in a uniform way to increase accountability and transparency. This data should include information on all services, not sCAMHS only and should be broken down by area (e.g. primary, secondary, crisis, therapeutic, third sector, etc).

We continue to focus on monitoring through outcomes for the people using services in Wales. Our activity under recommendation 14 relating to qualitative measures of performance will provide more information on how services are delivering across Wales.

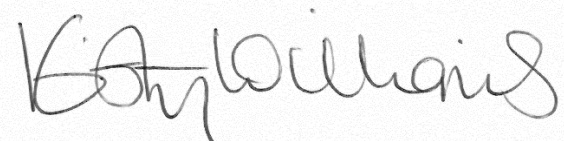
The annual Statistical Release for NHS Expenditure Programme Budgets is published on stats Wales and covers all Local Health Board expenditure and the expenditure of the Public Health Wales NHS Trust, analysed by programme of care, including expenditure on primary care services, such as GPs and dentists, as well as secondary care services, such as hospitals. A new release for 2017-18 will be published in April 2019.

Yours sincerely,



Vaughan Gething AC/AM

Y Gweinidog Iechyd a Gwasanaethau Cymdeithasol
Minister for Health and Social Services



Kirsty Williams AC/AM

Y Gweinidog Addysg
Minister for Education

Summary of funding outlined in the response	Total	Type
CAMHS(announced January 2019) <ul style="list-style-type: none"> • c.£2.5m to support the Whole School Approach, ; • c.£3.2m additional support for CAMHS and early intervention; and, • c.£1.4m additional support for community based low level preventative and early intervention routed through RPB. 	£7.1million	Recurring expenditure
Youth Support Grant <ul style="list-style-type: none"> • £2.5m to tackle mental/emotional health and wellbeing issues through youth work approaches, • £3.7m to tackle youth homelessness, and • a 10% uplift to the core budget associated with the grant, which focuses on youth work and youth engagement and progression activities. 	£10million	Grant funding
Community Focussed Schools made available for works that will extend school services for both families and the wider community	£15million	Pilots through 2019/20
The National Approach to Professional Learning for teachers, supporting the roll-out £24million has been committed to support professional learning over 18 months (£9 million in 2018/19 and £15 million in 2019/20)	£24million	2018/19 and 2019/20 only
£15m into the Integrated Care Fund to support prevention and early intervention services for care experienced children and young people.	£15million	2019/20 and 2020/21
Improving crisis and out of hours care is a priority for NHS Wales, £1m for 2018-19 and will be supported with an additional funding (amount tbc in 2019-20).	£1million	2018/19
Additional funding for psychological therapies of £5.5 million annually from 2018-19 to support implementation of the Matrics Cymru, including for children and young people.	£5.5million	Recurring expenditure
Additional funding of £250,000 since 2015-16 to support the needs of young people in the youth justice system	£250,000	Recurring expenditure
Funding for the CAMHS school in-reach pilot, to test a number of approaches to joint working across education, the NHS and the third sector	£1.4million	Pilot concludes in Summer 2020

Membership of the Joint Ministerial Task and Finish Group

Minister for Health and Social Services and Minister for Education	Joint Chairs
Chair Children, Young People and Education Committee	Lynne Neagle AM ¹
Children's Commissioner for Wales	Sally Holland ²
LHB Vice Chair representative	Charles Janczewski
NHS Lead Chief Executive for Mental Health	Carol Shillabeer
CMO Adviser on Child and Adolescent Psychiatry	Dr Dave Williams
Public Health Wales Director of Health Improvement	Dr Julie Bishop
Association Directors of Education Wales	Aled Evans
Primary Head-teacher	Paula Vaughan
Secondary Head-teacher	Chris Parry
Association Directors of Social Services, Heads of Children's Services	Andrew Jarrett
SWG Director Mental Health, Corporate Services and Governance	Joanna Jordan
SWG Director of Education	Steve Davies
SWG Director of Social Services and Integration	Albert Heaney
SWG Director Communities & Tackling Poverty	Jo-Anne Daniels
Chief Medical Officer	Dr Frank Atheron
SWG SMO (GPs)	Dr Liz Davies
Chief Nursing Officer	Prof. Jean White
Estyn	Mark Campion
LA Schools Consortia	Debbie Hartevelde
DECIPHer (schools health research network)	Prof Simon Murphy
LHB clinical psychologist	Liz Gregory
WLGA	Cllr Huw David

¹ observer

² observer

CS/AE

3 April 2019

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

Dear Ms Neagle

Mind Over Matter Report Follow-up: Together for Children and Young People Programme Update

Thank you for the opportunity to provide an update to the Committee on the work of the Together for Children and Young People Programme. As you will be aware the Programme was established in 2015 and is due to come to a close at the end of October this year. As Chair of the Programme and on behalf of the Programme Board, I am pleased to see the continued priority given to children and young people's mental health and welcomed the 'Mind Over Matter' report published by the Committee in 2018. As the report concluded there has been demonstrable improvement in the way services are provided, particularly specialist CAMHS, and improved access to services including reduced waiting times has been achieved. The Programme and the wider CAMHS community however recognise that there is more to do in this area.

The update report attached outlines the work of the Programme against its terms of reference and seeks to give a realistic view of progress and where more work is underway during the life of the Programme. A rating of red, amber, green has been used to display this, with many areas in the amber range indicating that further work is underway. I would draw your attention to some key priorities for the Programme during this year.

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Firstly, the most significant area of work is the development of a national Framework for Early Help and Enhanced Support. Capitalising on the learning from the approach taken to generate the Whole School Approach work, building resilience and support for children and young people in schools, the Programme will draw together a broad range of key stakeholders in developing the Framework. This will, in reference to the 'Mind Over Matter' report, help to make further progress to address the issue of the 'missing middle.'

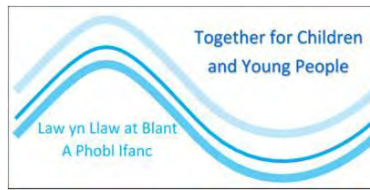
The second key area of work is the transition or legacy beyond the life of the Programme. The landscape and context in Wales has changed considerably since the establishment of the Programme and Welsh Government emphasis on Regional Partnership Boards and Public Service Boards provides an opportunity for stronger multiagency work in the area of children and young people's mental health. Further, the investment made available by Welsh Government, including the Integrated Care Fund and the Transformation Fund associated with 'A Healthier Wales' provides an opportunity for investment locally. The Programme will be working with the Children's Commissioner in having productive dialogue with RPBs to identify and maximise opportunities for local developments.

I hope the Committee finds the information provided helpful. Please do not hesitate to get in touch should clarification or further information be required.

Yours sincerely



Carol Shillabeer
Chair, Together for Children and Young People Programme



Together for Children and Young People (T4CYP) Programme: Update Report

Introduction

The T4CYP Programme is an NHS-led, government sponsored, multiagency programme for the improvement of emotional and mental health for children and young people in Wales. This report provides an update on the work of the Programme, and seeks to make specific reference to the findings and recommendations of the Children, Young People and Education Committee in its report 'Mind Over Matter' published in 2018.

The Programme was established in 2015 with the following key areas of priority:

1. Evidence based needs assessment
2. National policy and other guidance
3. Equity of access to CAMHS
4. Planning processes and more mature commissioning
5. Resilience building for children and young people
6. Neurodevelopmental services
7. Early intervention approaches
8. Psychological therapies
9. Future role and models of specialist CAMHS
10. Transition
11. Framework for Action
12. Understanding progress and implementation of local plans
13. Engagement of stakeholders including young people
14. Contributing to the overview of workforce development
15. Coordinating the programme of work, agreeing priorities with stakeholders and reviewing progress
16. Sharing learning and good practice on improving emotional and mental health services for children and young people with partner agencies.

The Programme was established to run for three years and is supported by an Expert Reference Group (ERG), chaired by Dame Professor Sue Bailey, and made up of experts from academia, local government leadership, CAMHS service, health board leadership, and the Children's Commissioner. The purpose of the ERG is to check, challenge and support the work

of the Programme. The Programme during its first three years established an annual stakeholder conference to help understand the key issues experienced by stakeholders, to check on progress as improvements were implemented and to set key priorities for action. The programme was extended to a fourth year and is due to close in October 2019. This report has been developed aligned to the T4CYP key priority areas to ensure transparency of progress against its purpose. Appendix 1 maps the areas of the programme to the recommendations from the Mind Over matter report for ease of cross referencing.

Progress against programme key priorities

The specific areas of work outlined within the key priority areas are listed below with the associated programme deliverables.

1. Evidence based needs assessment (green)

Significant progress has been made in relation to understanding the needs of children and young people, the prevalence of emotional and mental health disorders and the pattern of provision of services. Evidence and understanding is continuing to grow given the focus on children and young people's mental health across the UK and internationally.

Needs Assessment (June 2016): a comprehensive overview of the mental health and wellbeing of children and young people. The report sets out the data and evidence in respect of mental health issues, including the prevalence, risk and protective factors.

Baseline Variations and Opportunities (BVO) Audit of sCAMHS (March 2016): the first comprehensive assessment of sCAMHS provision across Wales. It highlighted variations in practice and opportunities for improvement to health boards and as a result good practice has been widely shared and service improvement targeted. Regular reviews are now well established and data continues to be updated annually through the National NHS CAMHS Benchmarking Exercise (see point 12). Further benchmarking in subsequent years has shown areas of improvement and highlighted health boards that require more work. This is overseen through the NHS Wales CAMHS Network Group.

Evidence based planning: The T4CYP programme is working with colleagues across networks to drive improvements in intelligence. The NHS Digital prevalence report in England provides an up to date picture of prevalence and makes future predictions that can should inform future priorities. The Programme has established strong links with the Mental Health Coalition as part of the home countries work. Links to the coalition exchange event are inserted below.

<https://www.goodpractice.wales/SharedFiles/Download.aspx?pageid=185&mid=326&fileid=848>

<https://www.goodpractice.wales/SharedFiles/Download.aspx?pageid=185&mid=326&fileid=847>

The NHS Digital report, although developed based on the population of England, is a useful source of prevalence information for planning in Wales. There are key messages within the report including:

- One in eight 5-19 year olds had a mental disorder in 2017 (note – mental disorder is identified using the International Classification of Diseases, ICD 10, standardised diagnostic criteria).
- There has been a slight increase in overall rates of mental disorder.
- Emotional disorder rates have increased, whilst other disorder types were stable.
- Rates of mental disorder were higher in older age groups, particularly young women.

This type of prevalence information is assisting significantly in shaping services moving forward.

The link to the full report:

<https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-of-children-and-young-people-in-england/2017/2017>

The Social Services and Wellbeing Act and the Wellbeing of Future Generations Act place responsibility on Regional Partnership Boards and Public Service Boards to conduct regular assessments of needs for their population. The introduction of WCCIS with enhanced coding and the ongoing participation in the NHS benchmarking process will enable organisations and the Mental Health Network for NHS Wales to continue to focus on evidence based needs assessment for service improvement.

2. National policy and other guidance **(green)**

The policy and legislative landscape has changed during the Programme with the Social services and Wellbeing Act and the Wellbeing of Future Generations Act being taken forward in practice. When discussing legislative frameworks with other UK networks, a sense of progression in Wales is expressed that is supportive to the improvements needed for addressing emotional and mental health issues. The Mental Health measure is key and the changes to access times in relation to children and young people seen as an important step.

There is however further work to do in this area, including maximising the potential of regional planning and service delivery through Regional Partnership Boards. This remains a key priority for the remainder of the Programme. There is some evidence that several RPBs have identified children and young people's emotional and mental health as a priority and the Transformation Fund established by Welsh Government under 'A Healthier Wales' is being utilised to drive forward new models of care.

Key Principles to Improve Mental Health and Wellbeing for Children and Young People:

This guide, widely shared, enables all professionals working with children and young people to understand the legislative requirements and guidance outlined within the United Nations Convention on the Rights of the Child (UNCRC). All guidance issued by the

programme is supported by legislation and policy/guidance issued by UK Government, Welsh Government, National Institute for Health and Care Excellence (NICE) and NHS Wales. The implementation of this in NHS CAMHS will be reviewed through the peer review process being established through the Network.

3. Equity of access to CAMHS (amber)

The role of the Programme is to assist services to improve equity of access, to work together as a CAMHS community and to share learning for improvement. It is the role of individual health boards and the Welsh Government to performance manage services and organisations.

Framework for Improvement for sCAMHS: This Framework was developed early in the programme, with the specialist CAMHS community to seek to support identification of service improvement opportunities and enable a more consistent approach to provision. The CAMHS Network operates across all areas of Wales and is a strong focus for improvement and sharing. (see point 9) ensures consistent access criteria and standards.

Vulnerable Groups (October 2016): In partnership with Wales Alliance for Mental Health, young people with protected characteristics shared their experiences with statutory and third sector colleagues. Service improvement feedback was shared with health board leads to ensure that this becomes part of local service delivery.

The Programme recognises that for some vulnerable groups access to help and support remains challenging. Specific work examining the way in which services, working together, can support at an earlier stage and offer enhanced intervention is underway within the Early Help and Enhanced Support work stream. The T4CYP work stream will deliver proposals for best practice and service development to enable targeted support and interventions to those most at risk of developing emotional and mental health problems or showing early signs of mental disorders. There will be a specific focus for children who are in, or on the edge of, Care and young people outside of mainstream education, particularly those children not in education, employment or training (NEET). The work will also link to the Ministerial Advisory Group on Outcomes for Children and the Whole School Approach programme. The specific frameworks are planned to be developed and tested prior to the end of the Programme in October 2019. The recruitment of the National Youth Stakeholder Group will help to drive the engagement plans, beyond the lifespan of the programme, with an ambition of fully realising co-production of future resources and service delivery at a national, regional and local level.

4. Planning processes and more mature commissioning (amber)

Good progress has been made in relation to planning and commissioning although there is more to do. The CAMHS Network, established in 2014, has formed a core part of specialist CAMHS planning across Wales and the ability of the specialist CAMHS community to work collaboratively has significantly increased. This new collaboration led to the development

of the **Framework for Improvement for sCAMHS** (see point 9). The Welsh Government requirements regarding Integrated Medium Term Plans also has a requirement for organisations to demonstrate how they are making improvements to meet the needs of children and young people's mental health. In all regions (health board footprints) the Mental Health Partnerships form a focus for multiagency service planning, including a remit for the children's agenda.

Commissioning Specification for sCAMHS Inpatient Care: Developed to improve consistency in access criteria and provision, the specification draws on best practice and outlines the requirements of services whether provided by the NHS or any other sector provider. The specification has been implemented by the Welsh Health Specialised Services Committee (WHSSC) as the commissioner for sCAMHS inpatient services. It is recognised however that inpatient services across the UK are experiencing high demand and further work is underway to explore further opportunities for service development in this area.

As highlighted earlier, the potential for Regional Partnership Boards to drive forward mature needs assessment, planning, commissioning and integrated delivery is significant. The Programme in its final period will work to help progress these opportunities, and is encouraged that the Welsh Governments Integrated Care Fund Guidance has added a focus on children and young people's emotional and mental health as a priority. In addition, several RPB's across Wales have successfully sought transformation funds to develop innovative multiagency services based on local needs.

5. Resilience building for children and young people (amber)

First 1000 days and Adverse Childhood Experiences: Since the establishment of the Together for Children and Young People Programme other key Programmes have been developed. Close links are in place with the work of the Cymru Well Wales (formerly United in Improving Health) initiative and the First 1000 days programme.

DVD: Shared Stories (June 2016) highlighting the experiences of 2 young people within the school environment. This work and the wider views of children and young people helped to identify the need for a transformative approach to the development of schools as a place for enhancing emotional and mental health. The CAMHS In-reach programme was developed to test new ways of working within the school environment, bringing expertise and advice into schools to support both teachers and students more widely.

Whole School Approach: The T4CYP programme facilitated the development of a cross policy approach focussing on the development of a "Whole School Approach". Bringing together key stakeholders into a wider, facilitated workshop enabled a broad range of ideas to be heard to help inform a new Framework. The joint Ministerial Task and Finish Group and the supporting WG policy team will be taking forward this work. Following the T4CYP programme's role in facilitating the Whole School Approach, the same approach to develop the work around the "Missing Middle" is now underway. A cross sector stakeholder workshop will be held in June 2019 focusing on the area of Early Help and

Enhanced Support. A comprehensive Framework will be established that is intended to support local planning and development in this area. This is an ambitious element of work and the T4CYP Programme will give key focus to this throughout the remainder of the Programme. Importantly the engagement and sponsorship of wider sector partners is critical. The Welsh Local Government Association (WLGA) has already signalled strong commitment and others such as Police and Youth Justice will be key alongside health, education and social care.

6. Neurodevelopmental services (amber)

Members of the National Assembly for Wales will be familiar with some of the core elements of neurodevelopment services given the recent consideration of the private members Bill on Autism. This is an area where specific focus, strong clinical leadership and a developing community of practice has brought improvements. There is however a significant challenge ahead as the demand for support continues to grow. The NHS Digital study in England of Prevalence and Future Predictions for children and young people's mental health has drawn out some key findings. One in eighteen (5.5%) pre-school children in their study were identified with at least one mental health disorder (ICD 10 categorisation) including behavioural disorders (2.5%) and Autism Spectrum Disorder (1.4%). Practitioners in this field are advising a significant increase in demand for services locally, putting pressure on the ability to meet access times standards. A broader dialogue is needed regarding a whole system approach to neurodevelopmental and associated presentations and this will be considered as part of the Early Help and Enhanced Support work highlighted above. This could include the development of 'A Perfect World' model.

National neurodevelopment (ND) pathway (June 2016): This early work led to a common integrated care pathway with a single point of access in each local area across Attention Deficit Hyperactivity Disorder (ADHD) and Autistic Spectrum Disorder (ASD). Welsh government investment has supported the development of these services locally, in some areas providing a service where there was an absence of one previously. This means that children with all neurodevelopmental conditions should receive a common approach to their assessment based on best practice evidence and NICE guidelines. Whilst good progress has been made through these teams, it is clear that demand on the new services is increasing and some services are reporting an increased length of time for assessment to take place. Work is underway to understand the demand and capacity relating to these services which should report late summer/early autumn.

Clinician's toolkit for Autistic Spectrum Disorder (ASD) (June 2016): The Clinician's Toolkit, developed in partnership with the WLGA National ASD Development Project, provides NICE compliant evidenced based practice in assessment and diagnosis. This means that all children and young people should receive a standardised assessment and signposting to appropriate services. An equivalent toolkit for Attention Deficit Hyperactivity Disorder (ADHD) is under development, with links to Toolkits provided below.

ADHD Clinicians' toolkit resource - [Neurodevelopment Diagnostic Assessment Pathway](#)

ADHD Clinicians' toolkit resource - [Consensus All Wales Guideline for Monitoring Children Receiving Medication for Attention Deficit Hyperactivity Disorder \(ADHD\)](#)

ADHD Clinicians' toolkit resource - [Template to Request School Report](#)

ND Dataset: Improving data is a critical area for development in relation to neurodevelopment services. Work is being taken forward with Welsh Government to develop standardised data/metrics for national monitoring, including performance and quality standards. The performance data should be available (possibly in shadow form) for the first time at the end of March 2019 and should provide the baseline position.

7. Early Intervention approaches (amber)

Early Help and Enhanced Support: This is a key area for the final phase of the Programme and has been reshaped to include 'Early Help and Enhanced Support'. The Committee, in the Mind Over Matter report, gave particular focus to the need to progress the planning and delivery of joined up approaches for children, young people and families whose needs are out with specialist CAMHS per se. This work stream sets out to develop a Framework that can support local planning and service delivery across the sectors. The workshop planned for June 2019 is intended to bring together different sectors to explore a common set of principles (vision), outcomes including individual goal based outcomes based on the 'What Matters' principle, and the potential menu of service options. There is particular need to ensure join up with existing ministerial policy and implementation groups such as the Outcomes for Children Ministerial Advisory Group and the Whole School Approach work.

Directory of Best Practice (published August 2017): The Programme has already published material aimed at supporting local partnerships and services to develop their early help provision. This publication focused on highlighting support schemes for vulnerable children and young people reviewed in partnership with the Early Intervention Foundation, who have supported the Programme since its establishment. The directory also provides guidance to enable health and social care to expand high quality support provided by non-mental health professionals, thus encouraging a broader range of interventions.

Pathway for Local Primary Mental Health Support Services (published August 2017): By setting out consistent models of care in line with the Mental Health (Wales) Measure, the pathway strengthens the role of primary care mental health support services ensuring that they are better able to support other agencies in effectively managing the needs of children and young people. The NHS Delivery Unit are currently reviewing all local primary mental health support services (LPMHSS) care services across Wales, focusing on the models of care and their implementation, the impact and the challenges of services. The Review is due to report in May 2019 and should form part of a core contribution to the development of the Framework for Early Help and Enhanced Support. A comprehensive exercise to establish stakeholder (including service user) feedback relating to local primary mental health support services is underway aligned to the review work of

the Delivery Unit. This will further enhance the picture of services across Wales and identify areas for further development and improvement.

8. Psychological therapies (amber)

The direct leadership of this aspect of development rests with the National Psychological Therapies Committee and therefore the Programme has sought not to duplicate this work. The development of Matrix Cymru relating to children and young people's psychological therapies is underway and this work will link in with the broader development on Early Help and Enhanced Support.

The Programme has welcomed the additional funding allocated by Welsh Government in relation to psychological therapies for children and young people and it is expected that the Matrix Cymru work will act as a guide for targeting the additional investment.

- £1.1m Welsh Government funding (as part of the £7.65m additional CAMHS investment) provided to health boards to further develop psychological therapy provision for children and young people in Wales.
- £7.1m will help to protect, improve and support the mental health of children and young people in Wales

<https://gov.wales/newsroom/health-and-social-services/2019/mental-health/?lang=en>

9. Future role and models of specialist CAMHS (sCAMHS) (amber)

The Programme gave considerable focus to the specialist CAMHS aspects of service provision over the first two years. As the Committee recognised in its Mind Over Matter report, considerable progress has been made. The Programme however agrees that there is further work to do in this area.

Framework for Improvement for sCAMHS (June 2016): Early work of the Programme focused on developing collaboratively a Framework for Improvement. This set out a clear definition and referral criteria for sCAMHS to ensure that children and young people across Wales receive an equitable service across the areas of enhanced access, advice, liaison and assessment and care co-ordination. It is supported by care pathways for crisis care, eating disorder services and early intervention in psychosis. New models of care provided through the increased CAMHS investment have been implemented. Prior to programme close the Framework for Improvement will be refreshed enabling a reflection of the key areas that continue to require focussed attention.

A number of other key areas have been progressed since the Programme last updated the Committee including:

- 2 additional pathways on management of self-harm in the community and psychiatric liaison.
- Guidance to improve care and treatment planning for young people.
- Guidance for GPs and others who refer in to sCAMHS.
- Guidance for young people and their families drawn up in partnership with Hafal and Young Wales.
- Data Driven Project: Complete a review of work of existing measures; data quality and consistency; demand and capacity and NHS benchmarking. This will form part of the VCs work programme to support.
- Guidance for Schools and professionals to manage Self Harm – developed through the Talk to Me 2 policy steering group

The work relating to specialist CAMHS continues to be progressed via the CAMHS Network Group, which has retained strong commitment from all health boards in Wales. Priorities in the final phase of the programme include

Advocacy: Finalise a review of the current provision of and need for advocacy services for children and young people accessing all mental health services. This work is being undertaken in partnership Welsh Government and in consultation with key stakeholders including the Children’s Commissioner, the National Youth Advocacy Service, Commissioned provider of services and children and young people themselves.

In patient Framework: There continues to be significant demand pressures for inpatient care throughout the UK. A review of the service approach as part of the Acute Admission Framework including standard specification will take place by April 2020 to consider the NHS and independent sector provision and agreed future actions for the medium to long term. This will be informed by a review of the current in -patient performance (Wales) including workforce challenges and opportunities in order to meet current and future provision.

Welsh Language: A review of current availability of Welsh language emotional and mental health services, identifying future areas of need and development of an implementation plan for improvement.

Integrated working: Further develop the opportunities for more joined up care between health, social services and potentially youth justice in relation to inpatient and residential support. Review community intensive team and the potential for further development including liaison with the Police (this work to include consideration of advocacy provision)

10. Transition (amber)

Transition Guidance for professionals (published August 2017): This guidance sets out a model for a seamless transition together with a set of key principles to be used across all areas of transition. This should ensure that all services are aware of the need to

communicate and work flexibly with the young person in their care to deliver a planned, flexible transition, based on individual need.

Young Person's Transition Passport (published August 2017): The Passport, developed in partnership with young people, provides an individual transition plan outlining the information and support that agencies should provide enabling focused support for young people as they move into adult services. The passport has been designed for use alongside the Care and Treatment Plan and should be implemented 6 months before and after transition. A review of the impact of both the guidance and the Passport is due to commence in summer 2019.

Transition in Health Settings: The Programme is connecting to the wider work regarding transition from children's to adult services. The Children's Commissioner is currently examining the area and the Programme will continue to feedback on the progress being made in relation to children and young people's mental health transition.

11. Framework for Action (amber)

The priorities of the Programme in its first stage related largely to specialist CAMHS. The Framework for Improvement in this area was built through collaboration and informed by multiple sources including the views of young people. This work will be reviewed and refreshed as the Programme moves through the focussed work on Early Help and Enhanced Support, capitalising on the progress made and the additional investment made by Welsh Government.

Framework for Action (July 2015): Developed in consultation with a broad range of stakeholders the Framework offered local health boards a guide for service development. This will be reviewed and refreshed as part of the Early Help and Enhanced Support workshop in summer 2019.

Annual Conference Events: These regular events have been key in supporting a check and challenge approach to the work of the Programme and in particular identifying key areas of focus. More latterly the work on facilitating a whole school approach and in the near future the early help and enhanced support has taken a more targeted approach.

12. Understanding progress and implementation of local plans (amber)

It is important to stress to the Committee that the Programme does not have a remit for performance managing local services. It has been key however to understand how local services have been developing through collaborative efforts in particular, and to focus in on the areas of practice and service that present most challenge. The Programme therefore has focused its efforts in the following ways.

NHS CAMHS Annual National Benchmarking Exercise: This provides health boards with feedback on performance across Wales as well as the benchmarked position against the rest of the UK. This acts as a lever for service improvement and an opportunity to share

best practice. The benchmarking has now been undertaken each year for 5 years and therefore is particularly helpful in assessing movement over time. It is important to note however that Benchmarking in itself is not necessarily a judgment of how effective a service is and therefore other sources of information are also used to inform service development.

Health Board Annual Progress Statements (June 2017): Each health board is encouraged to reflect on the progress made in taking forward innovative and responsive CAMHS services in line with the implementation of the *sCAMHS Framework for Improvement*.

Peer Visits: A Peer Review/Visit approach has been developed by the CAMHS Network Group and supported by the T4CYP Programme. This further cements the collaborative approach developed over recent years. A recent visit to BCUHB for example examined the community services, community intensive support team and the inpatient service provision.

13. Engagement of stakeholders including young people (amber)

Engagement of children and young people: Engagement with young people has underpinned the work of the programme through close links with the Children's Commissioner's office, Children in Wales and the High Needs Collaborative *Making Sense* initiative. The establishment of the National Youth Stakeholder Group and links with the National Youth Parliament are positively developing. This has also included specific engagement events to inform products and service improvement. Future focus needs to develop clear connections at a more regional and local level and will be explored as part of the Early Help and Enhanced Support work.

Expert Reference Group (ERG): The T4CYP programme has a robust governance structure in place which includes an Expert Reference Group (ERG) which advises and challenges programme direction. The ERG meetings include key presentations that inform future discussion and action. Examples can be found below

<https://www.goodpractice.wales/SharedFiles/Download.aspx?pageid=185&mid=326&fileid=850>

<https://www.goodpractice.wales/SharedFiles/Download.aspx?pageid=185&mid=326&fileid=851>

14. Contributing to the overview of workforce development (amber)

This is an area of particular development at an All Wales level. With the establishment relatively recently of Health Education and Improvement Wales working together with Social Care Wales, a national health and social care workforce strategy is being developed. The 10 year strategy will provide a focus for enhanced workforce planning across sectors as well as the development of education and training approaches. The all age Mental Health network will feed into this work.

The Programme has actively supported the work of the CAMHS Network group in terms of widening opportunities for workforce development. This however is an area that will require further considerable work across sectors in order to meet the challenges of the supply of workforce in particular.

15. Coordinating the programme of work, agreeing priorities with stakeholders and reviewing progress (green)

An outline of the programme arrangements, priorities, stakeholder engagement and progress has been provided throughout this report. The Programme itself can be viewed in 3 phases. The early work of the Programme focused on supporting improvements and development in specialist CAMHS, particularly given the service pressures including extended waiting times. Whilst there is more work to do in this area, the position has improved over time. The second phase of the Programme has sought to help progress an understanding and approach to universal support in building resilience. Recognising the specific role of schools, the Programme was pleased to have been able to support the thinking on the Whole School Approach. This work does not sit directly with the Programme, although is closely aligned. The final phase of the Programme relates to Early Help and Enhanced Support. Capitalising on the learning from the approach with the Whole School Approach, this work will bring together the different sectors, developing a Framework to guide service development and improvement.

The Programme is giving particular regard to the transition at programme end to other mechanisms. Of particular note is the potentially critical role that Regional Partnership Boards could play, and in some areas of Wales this is already evident. Working with the Children's Commissioner, the Programme is seeking to identify ways in which to assist RPBs in local planning and commissioning of children and young people's mental health services.

Following a detailed programme review in 2018 / 2019 it was concluded that the Programme has seen improvements in the following areas:

- Increased provision and quality improvements of specialist Child and Adolescent Mental Health Services (sCAMHS)
- Increased provision of community intensive services across Wales
- Improved waiting times, recognising that there is more to do to ensure sustainability
- Reduction in inappropriate out of area placements, again however recognising the pressure of demand for inpatient services
- Engagement of Children and Young People (CYP) – Hafal report and the clear recommendation arising from the publication
- Neurodevelopmental (ND) Services: New national pathway development currently being implemented

Consideration for the final phase of the Work Programme:

- A direct link has been made to the findings in the "Mind Over Matter" report.
- The clear views of the constituents of the current work streams and connected stakeholders.
- The programme's progress to date and areas of work that were planned / needed to continue to be developed / embedded.

- Recognition that the mandate for the T4CYP programme runs until the end of October 2019; and consideration of the Welsh Governments Together for Mental Health (T4MH) delivery plan which will run 2019 – 2022.
- The need to establish a legacy and the importance of Regional Partnership Boards (RPB's).

The focus for the remainder of the Programme is therefore based upon the following key summarised areas:

1. Development a national framework supporting Early Help and Enhanced Support. This will include the work undertaken to review all primary mental health support services in Wales, the broader development of psychological therapies, service responses for vulnerable groups and consideration of neurodevelopment for example.
2. Whole school approach and the interdependencies with the work of the newly formed team for Whole School Approach and the Early Help and Enhanced Support.
3. Co – production with the Youth Stakeholder reference group and the potential to build links into regional structures.
4. In relation to specialist CAMHS, further work in inpatient provision model, service specification and the opportunities to develop more integrated care approaches across health and social care.
5. Considering a “perfect world picture” of Neurodevelopment services in order to help inform future planning
6. Build further the networks for sharing experience and practice including through a home countries group.
7. Reviewing the care transition guidance and passport in practice, including consideration of 0-25 model pathways.
8. Enable legacy/transition beyond the life of the Programme specifically including links to Regional Partnership Boards (RPBs) and Mental Health Partnerships.

16. Sharing learning and good practice on improving emotional and mental health services for children and young people with partner agencies (green)

The Programme has strived to help build connections, networks and collaborations. There has been in general strong commitment to the Programme by different sector and this has brought a wealth of knowledge, experience and enthusiasm to this work. The points below demonstrate some of the examples that the Programme has either generated or been a key sponsor/supporter of.

Annual Conference Events: These have provided stakeholders with the opportunity to listen to a wide range of speakers and to share experiences and recommendations for future development. The priority for 2018 focused on supporting thinking in relation to the “whole school approach” enabling engagement across and beyond traditional partners. The initial event was hosted by T4CYP. This area of work has now been transitioned into the Welsh Government newly established “whole school approach” team.

Momentum in this area has continued beyond the work of Welsh Government including the Association of Directors in Wales (ADEW) conference which was held in January 2019. Planning is now well underway for the Early Help and Enhanced Support workshop, being supported by the WLGA.

The final event planned for 2019 relates to Programme transition and will form part of a home countries workshop to coincide with world mental health day in October 2019.

National Youth Stakeholder Group: This was established in partnership with Welsh Government and supported by Children in Wales. The diverse group of young people between the ages of 14 – 25 are central to the co-production of future areas of work. Discussions have already taken place regarding the link to the National Youth Parliament which has confirmed emotional wellbeing and mental health as its key priority.

Future Regional Coproduction: The volume and quality of applicants for the National Youth Stakeholder Group (67) could support the voice children and young people in the work being undertaken at Regional Partnership Board level. The specific emphasis of Welsh Government in the Integrated Care Fund guidance (2019/20) draws out the need for RPBs to consider children and young people's emotional and mental health.

<https://gov.wales/docs/dhss/publications/180329icf-en.pdf>

Newsletters: These have been issued to a wide range of stakeholders to update on progress have received positive feedback. Editions specifically edited for children and young people are developed and Newsletter # 7 was an interactive newsletter.

Newsletter # 8 will be co produced by the newly established Youth Stakeholder Group.

<https://www.goodpractice.wales/SharedFiles/Download.aspx?pageid=185&mid=326&fileid=830>

<https://www.goodpractice.wales/SharedFiles/Download.aspx?pageid=185&mid=326&fileid=831>

You Said We Did: In addition to newsletters regular updates that outline the action to respond to key issues identified by children and young people, reflecting that their input is leading to tangible action. This also includes social media platforms and proactive awareness plans such as the week long programme of events as part of the Children and Young People Mental Health Awareness week February 2019. Key partners for this event included the CYP Mental Health Coalition (England), Intellectual Property Office, Ebbw Fawr Community School, Welsh NHS Confederation Conference, links with WLGA and the Childrens Commissioners team. The work is supported by a clear stakeholder map which identifies current and future stakeholders

<https://www.goodpractice.wales/SharedFiles/Download.aspx?pageid=185&mid=326&fileid=849>

T4CYP Website: This is hosted by the Welsh Local Government Association as part of Good Practice Wales and provides an easy to navigate on-line resource for children and young people, their families and carers as well as those partners that work with them. It contains

a range of documents and links to useful resources, identifying best practice across all of the programme areas and sharing programme products. www.goodpractice.wales/T4CYP

Conclusion

The report sets out the progress made since the inception of the Together for Children and Young People Programme in February 2015. Significant progress has been made in relation to understanding the needs of children and young people, the prevalence of emotional and mental disorders and the pattern of provision of services. Evidence and understanding is continuing to develop, given the focus on children and young people's mental health across the UK and internationally.

The report highlights the areas of improvement and in doing so, makes specific reference to the findings and recommendations of the Children, Young People and Education Committee in its report 'Mind Over Matter' published in 2018. These include the increased provision and quality improvement of specialist child and adolescent mental health services, increased provision of community intensive services across Wales, improved waiting times, a reduction in inappropriate out of area placements and the development of a new national pathway for neurodevelopmental services.

Following the development of the initial CYP Hafal report, the programme has developed a National Youth Stakeholder Group in partnership with the Whole School Approach team at Welsh Government. The Group will help to drive engagement plans beyond the lifespan of the programme, with an ambition of fully supporting co-production at a national, regional and local level.

There remain key areas of work for the Programme to support and the report has sought to highlight those that will have a particular focus during the remainder of the Programme. Importantly, developing a Framework for Early Help and Enhanced Support is key which is intended to move forward the work around what the Committee called the 'Missing Middle' in its report.

The information provided in this report will be supplemented by a summary of service data/information, which will be submitted at the end of April 2019 and will include the most up to date information based on the full 2018/19 reporting year.

T4CYP Priority	Rating	Link to Mind Over Matter Report Recommendation
1. Evidence based needs assessment	14	14
2. National policy and other guidance	14	14
3. Equity of access to CAMHS	22, 23	22, 23
4. Planning processes and more mature commissioning	18, 18.1, 18.2, 18.3	18, 18.1, 18.2, 18.3
5. Resilience building for children and young people	3	3
6. Neurodevelopmental services	10, 11.1, 11.2, 13. 17. 17.1, 17.2, 20,	10, 11.1, 11.2, 13. 17. 17.1, 17.2, 20,
7. Early intervention approaches	10	10
8. Psychological therapies	4, 5, 12, 12.1, 12.2, 20, 20.1, 20.2, 20.4	4, 5, 12, 12.1, 12.2, 20, 20.1, 20.2, 20.4

T4CYP Priority	Rating	Link to Mind Over Matter Report Recommendations
9. Future role and models of specialist CAMHS		15.4, 15.5, 21, 23, 23.1, 23.2, 26
10. Transition		19, 19.1, 19.2, 19.3
11. Framework for Action		12, 12.1, 12.2
12. Understanding progress and implementation of local plans		10
13. Engagement of stakeholders including young people		
14. Contributing to the overview of workforce development		25
15. Coordinating the programme of work, agreeing priorities with stakeholders and reviewing progress		
16. Sharing learning and good practice on improving emotional and mental health services for children and young people with partner agencies.		



Together for Children and Young People Programme

Information submission to the Children, Young People and Education Committee

April 2019

1. Introduction

This information is provided as a companion document to the evidence submitted to the Committee on the overview of progress of the Together for Children and Young People programme. It seeks to set out key elements of the performance and benchmarking information that assists in understanding the previous and current position on a number of indicators. The information set out below is from a number of sources and historical trend data has been made available where comparable information has been recorded over a period of time.

2. Information sources

One of the key elements of the Programme was to seek to improve the ability of meaningful information to guide service development and aid a judgement on performance. The NHS Benchmarking Network (NHSBN) runs an annual CAMHS collection, covering inpatient and community services. Every Welsh Health Board now takes part in this collection and has done since 2015. Data is submitted directly by Health Boards to NHSBN, who then analyse and validate the data with the Health Boards. The other key source of information for the purpose of this supplementary report is the Welsh Health Specialist services Committee (WHSSC) information collected from providers of tertiary (inpatient) services.

Some information streams are under development, with neurodevelopmental service information collection and validation processes being tested, with an intent for publication by March 2020.

3. Specialist CAMHS: Referrals

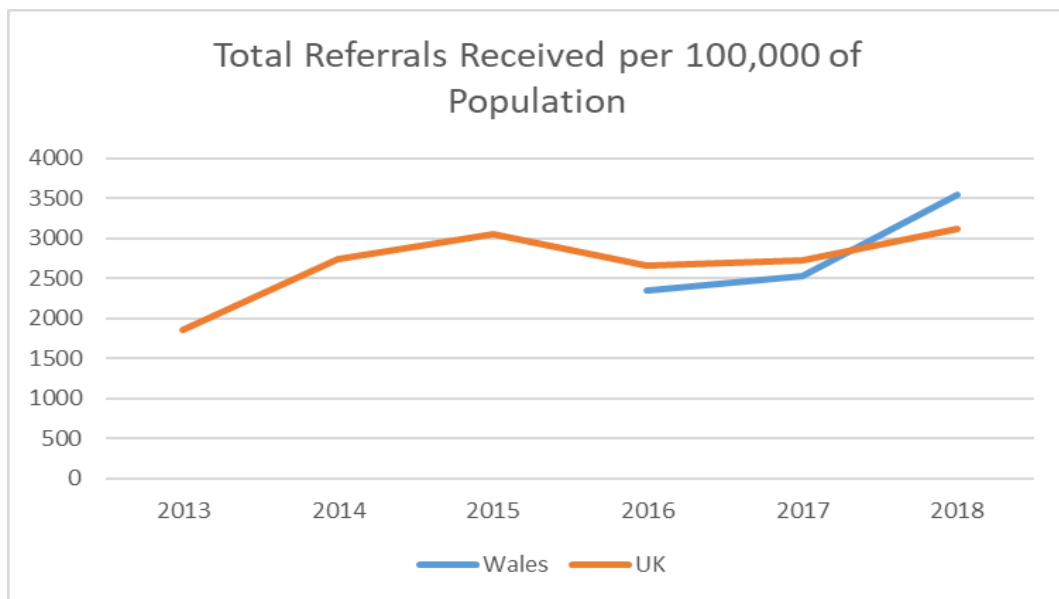
Wales has experienced a 51% increase in referrals from 2016 to 2018 (3 years period), in comparison to the broader UK increase of 68% increase from 2013 to 2018 (1,857 per 100,000 population to 3,113 per 100,000 population). Wales now has a higher number of total referrals received (3,539 per 100,000 population in 2018) than the UK (3,113 per 100,000 population in 2018). Graph 1 below indicates the comparator benchmarking information.

There was a 61.5% increase in referrals to CAMHS in Wales during the two year period. This means a significant increase in the number children and young people being referred by GPs or other services. It will be key to understand the 2019 data in relation of the continuation of the increased rate of referral.

There are multiple reasons for an increase in referrals, however the underlying prevalence of mental health concerns in children and young people is thought to have increased by less than 2 percentage points according to the NHS Digital Prevalence study in England. Greater awareness of mental health matters, and improved access times and modes may be the key reasons for increasing referrals.

Graph 1 - Total Referrals received per 100,000 of Population

Source: NHS Benchmarking Data

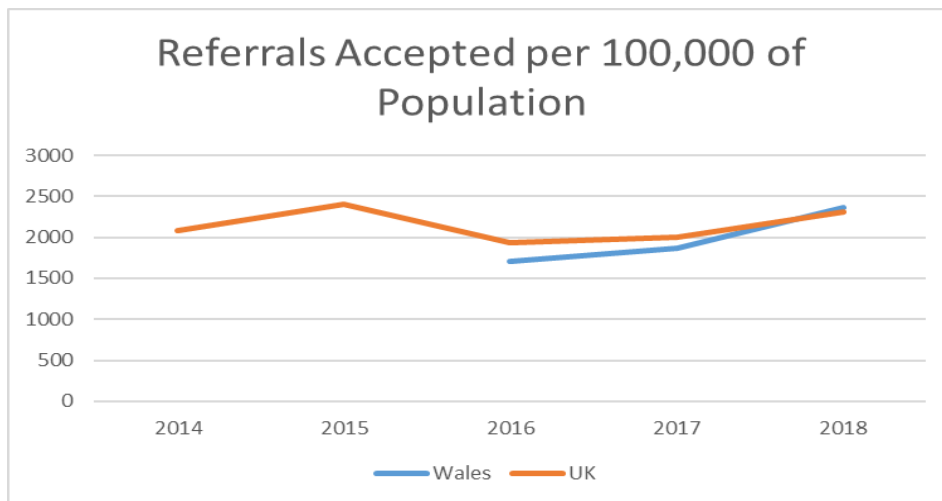


4. Specialist CAMHS: Referrals Accepted

Referral acceptance rate is the proportion of referrals received which were accepted for assessment by the CAMHS teams. There has been an increase of 39% in accepted total referrals from 2016 to 2018. Wales is now largely comparable with the rest of the UK based on 100,000 population. Graph 2 outlines the key comparator trend. Noting that the first reporting year was 2016, it will be important for further years benchmarking for Wales to be gathered. There could be multiple factors relating to an increase in accepted referrals including some of the new 'up-front' discussions taking place regarding potential referrals, the increased capacity of specialist CAMHS teams and a greater understanding by referrers as to the role and function of specialist CAMHS.

Graph 2 - Referrals Accepted per 100,000 of Population

Source: NHS Benchmarking

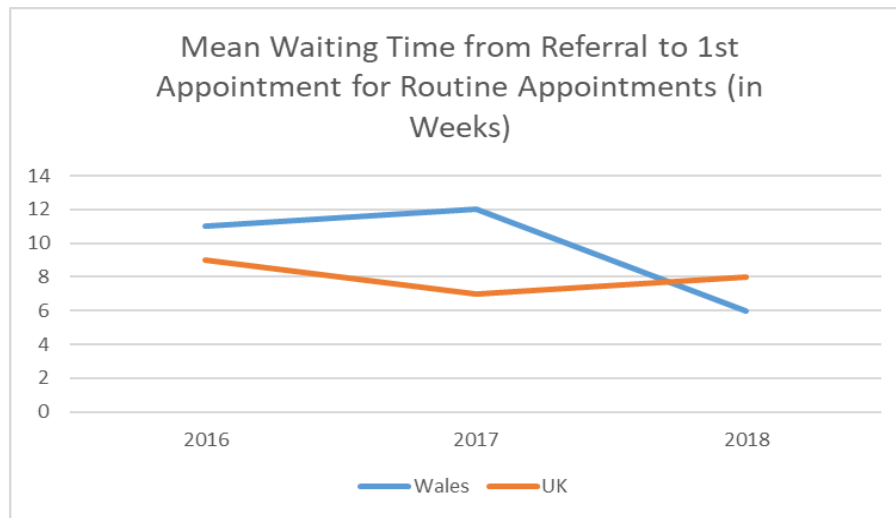


5. Specialist CAMHS: Waiting Times

Wales has seen a 45% reduction in the mean waiting time from 11 weeks in 2016 to 6 weeks in 2018. Wales is now reporting a lower mean waiting time to first appointment than the UK. It is fully recognised that some people will be experiencing a longer wait, however since the introduction of the new waiting times standard for children and young people there has been a significant improvement in access times. Ensuring that this can be sustained is key, particularly given the rising number of referrals and the increased referral acceptance rate. Graph 3 outlines the comparator position of Wales and the rest of the UK.

Graph 3 - Mean Waiting Time from Referral to 1st (routine) Appointment

Source NHS Benchmarking



6. Specialist Inpatient CAMHS

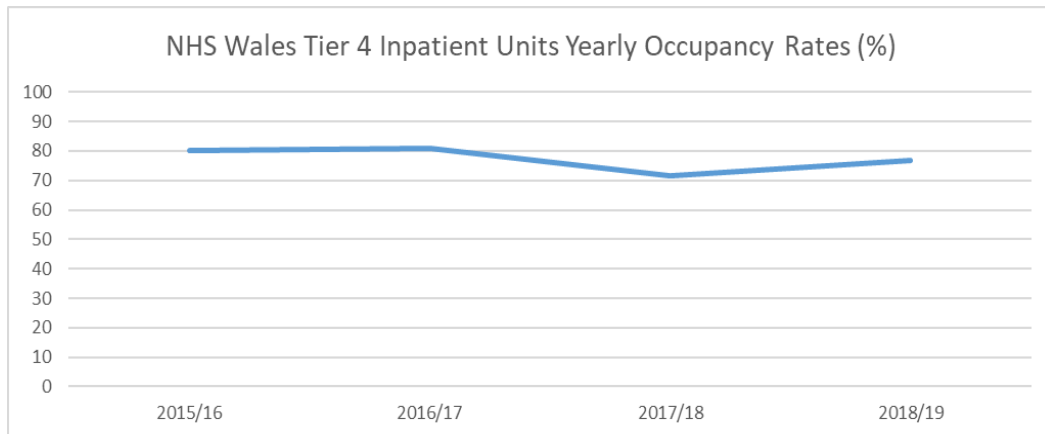
There are 4 key indicators drawn together in this report that demonstrate the position of specialist inpatient CAMHS. These include the occupancy rates, numbers of admissions, out of area placements and workforce information.

There is a recommended 85% occupancy level for inpatient facilities to maintain sufficient flexibility to manage variation in demand. Wales has seen a largely consistent occupancy level when taking the annual data, with a slight reduction of in the bed occupancy of 4% in 2017/2018 (equivalent to approximately one person) as demonstrated in graph 4 below. This occupancy level is despite the introduction of the Community Intensive Service.

Not highlighted in the graph below, there does appear to be a particular increase in demand during the months of September and October, and January and February.

Graph 4 – NHS Wales Tier 4 Inpatient Units Yearly Occupancy Rates

Source: WHSSC Monthly Returns

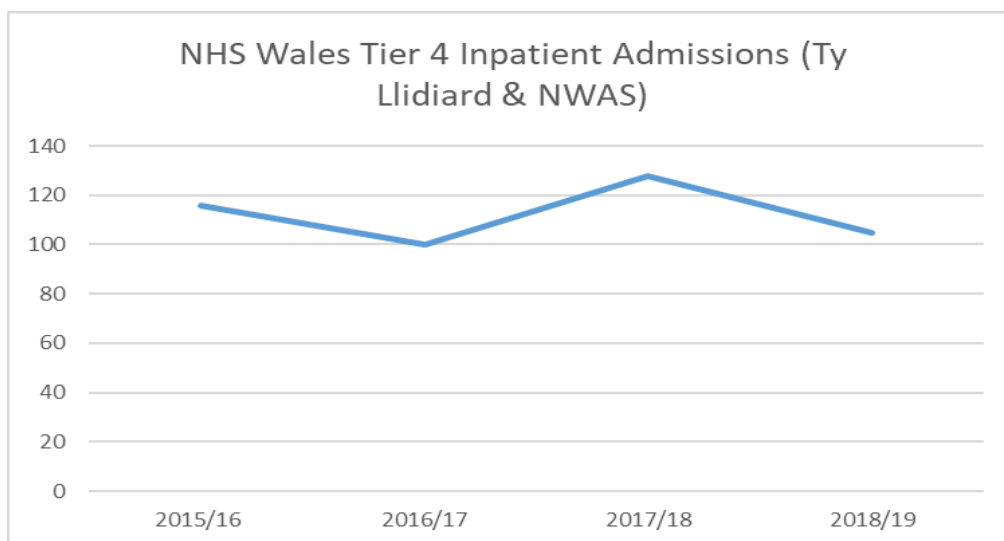


As outlined in Graph 5 below, there has been a reduction in the number of admissions to the South Wales inpatient unit (Ty Llidiard) from 90 in 2015/16 to 76 in 2018/19, with an increase in the number of admissions to North Wales inpatient unit (NWAS) during the same period from 26 to 29.

Coupled with the occupancy rates above and the out of area placements data below (graph 6) there is evidence to suggest that this is an overall stability in the numbers of young people requiring inpatient support. Given the increased number of referrals the expected increase in inpatient episodes appears to have been managed through the introduction of the Community Intensive Teams and their focus on early intervention and support closer to home.

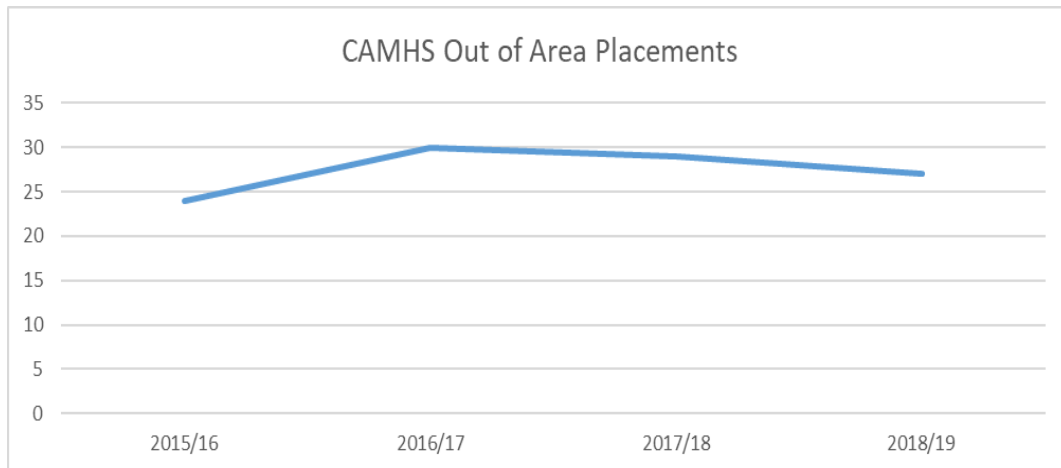
Graph 5 – NHS Wales Tier 4 Inpatient Admissions

Source: WHSSC Monthly returns



Graph 6 - CAMHS Out of Area Placements

Source: WHSSC Monthly Returns

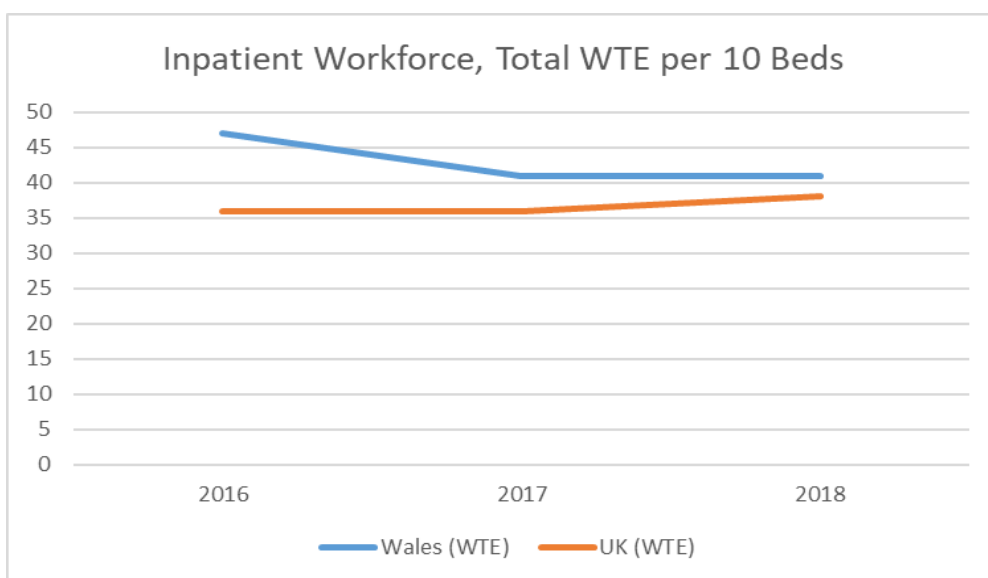


Wales is seeing a return to the 2015/16 number of out of area placements after an increase in 2016/17.

An out of area placement can be within Wales (independent sector) or in England (NHS or independent sector). The reasons for using an out of area placement could be because of lack of capacity within NHS Wales units or because the person has specialist needs, such as learning disability or requires a high level of security. Young people who are placed out of area have the support of quality assurance reviews of their care and case management to support a return to home or close to home as soon as possible.

Graph 7 - CAMHS Inpatient Workforce, Total WTE per 10 Beds

Source: NHS Benchmarking



There has been a decrease in the number of whole time equivalents per 10 beds in Wales from 47 in 2016/17 to 41 in 2018/19, however Wales has more WTE per 10 beds (41) compared to the rest of the UK (38). There has been a

shift in some staff from an inpatient setting to the community setting, as well as an overall shortage of workforce supply in some professions.

7. Community CAMHS

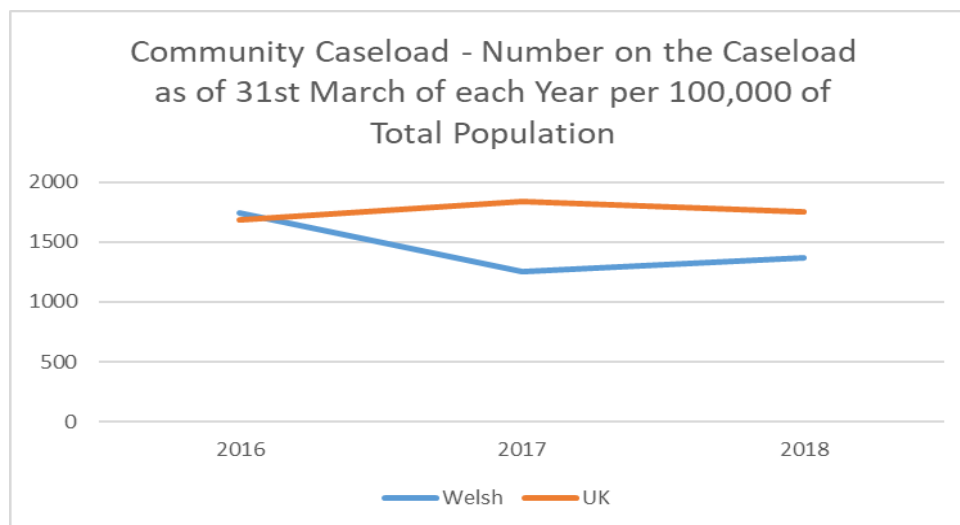
There are several pieces of information that help present the picture of community CAMHS, including caseload, number of contacts and staffing.

Caseload is the number of active patients seen by services. The caseload figure is a snapshot at a point in time, in this case 31st March 2018. Caseloads reduced by around 20% between 2016 and 2018. This may be due to either:

- caseload 'cleansing' (removing from caseload people who are no longer receiving support) or,
- reducing the length of time people spend on caseload (by discharging sooner)

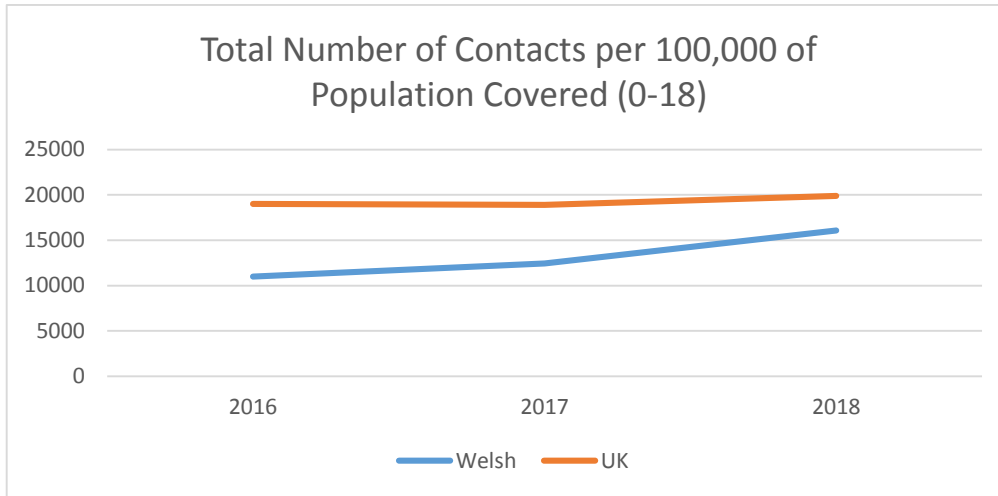
Graph 8 - Community Caseload - Number on the Caseload as of 31 March of each year per 100,000 of total population

Source: NHS Benchmarking



Graph 9 - Total Number of Contacts per 100,000 of Population Covered (0-18)

Source: NHS Benchmarking

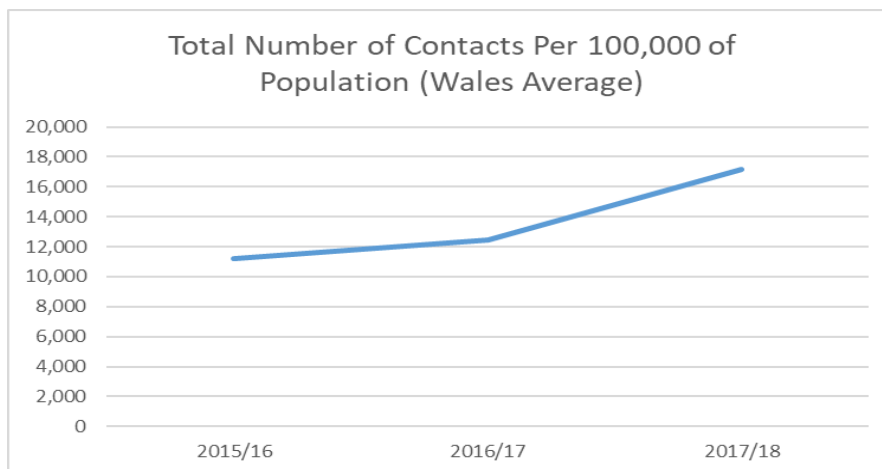


A contact is a therapeutic intervention with a child and young person. Contact rates include both face-to-face contacts (physical meetings) and non-face-to-face contacts (video calls, telephone etc.)

Wales has experienced a 47% increase in the total number of contacts per 100,000 from 2016 to 2018. The UK experienced a 5% increase in total contacts during the same period.

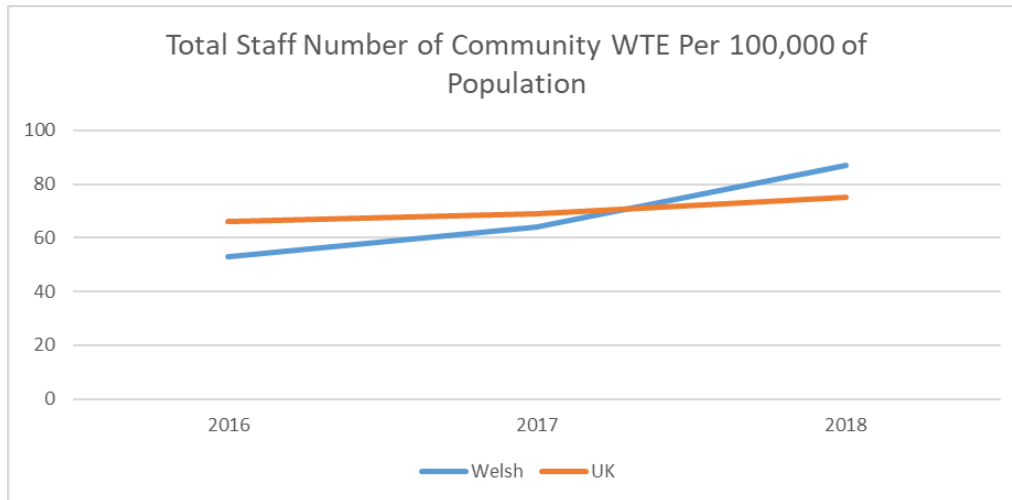
There was a 53% increase in contacts between 2015/16 and 2017/18. This probably reflects increased activity in CAMHS services due to expanding workforce and could also reflect improvements in the way contacts are recorded.

Graph 10 - Total Number of Contacts per 100,000 of Population Wales: Source NHS Benchmarking



Graph 11 – Total Staff Number of Community staff (in Whole Time Equivalents (WTE)) per 100,000 of Population

Source: NHS Benchmarking



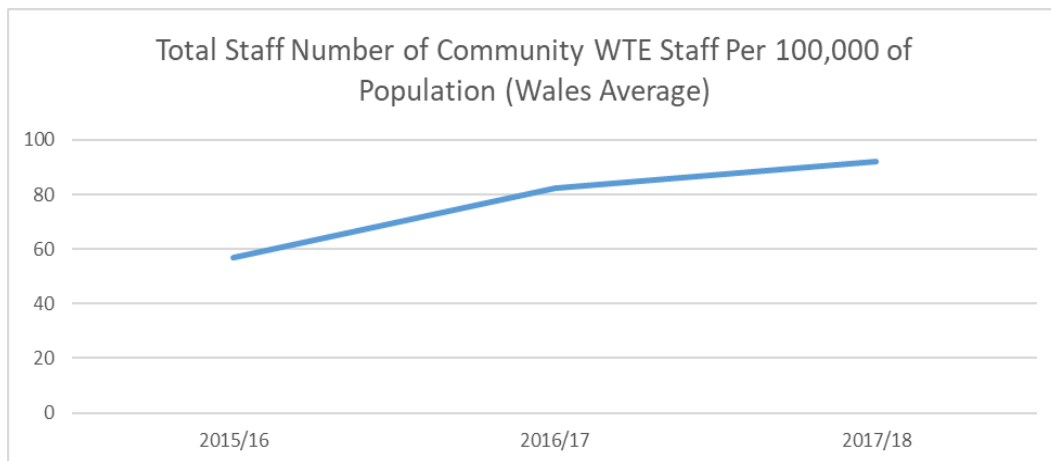
Wales has seen an increase in the number of community based WTE per 100,000, from 53 in 2016 to 87 in 2018, an increase of 64%. The UK has seen an increase of 14% in the number of community based WTE per 100,000 from 66 in 2016 to 75 WTE in 2018.

Wales' average workforce WTE has been increasing and Wales now has more staff per 100,000 population than the rest of the UK. The size of the workforce is a good indicator of capacity within a service, and across the UK the CAMHS workforce has grown substantially in recent years following new investment and prioritisation of these services.

A 62% increase in posts in Wales was reported between 31st March 2016 and 31st March 2018 due to NHS Wales and Welsh Government focus and investment.

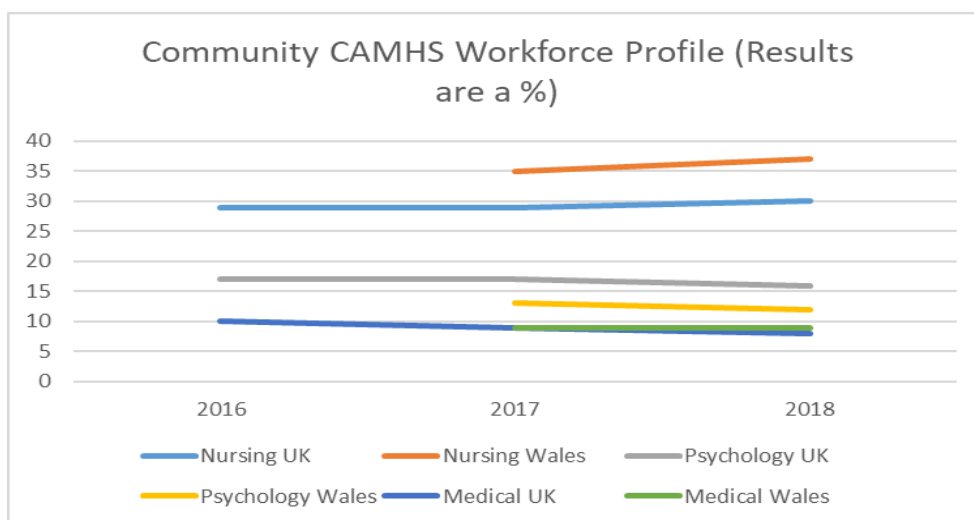
Graph 12 – Total Staff Number of Community WTE staff per 100,000 Population (Wales)

Source: NHS Benchmarking



Graph 13 - Community CAMHS Workforce Profile

Source: NHS Benchmarking



The workforce profile differs between Wales and the UK. In 2018, in Wales 37% of staff were from nursing whereas in the UK this was 30%. Medical staff rates were largely comparable between Wales and the UK, at 9% compared to 8% respectively. In relation to psychology staff Wales has 12% of their staff from this discipline whereas across the UK this is at 16%.

Wales has a higher vacancy rate per 100,000 population than the UK according to 2018/19 data. Further information on provision will be available following completion of the Delivery Unit peer review due in June 2019.

8. Neurodevelopmental Services

The introduction of the 26 weeks waiting time from referral to treatment has now been fully implemented across Wales. The first full year of performance information will be available in April 2020.

The tangible outputs from investment into this area of work has seen the implementation of the six standards and pathway, with the focus during 2018/19 has been on implementation of the pathway and supporting service improvement.

The prevalence data from NHS Digital (England) shows a significant increase in demand for services by 2-4 year olds (5.5%), and it is reasonable to conclude that Wales will also experience a similar increase in demand.

It is anticipated that the current service will struggle to meet capacity and as a result further work will be commissioned this year to scope the 'perfect world' model for the provision of future services. Demand and capacity modelling will seek to quantify the impact of a number of scenarios in terms of increased prevalence rates.

Conclusion

- Demand for services: In relation to specialist CAMHS, there has been a significant increase in Wales in referrals over the past few years. Although not as steep, there has been an increase in demand in the rest of the UK. There appears to be some variation in demand for inpatient services, suggesting that the impact of the Community Intensive Teams has been to help support young people and their families in a different way.
- Accepted Referrals: There has been an increase in the 'accepted referrals' for specialist CAMHS, suggesting an increased awareness by referrers of the role and function of specialist CAMHS, and the increased availability of the specialist CAMHS resource.
- Waiting Times: There has been a significant improvement in waiting times for young people accessing specialist CAMHS, with the average wait for a first routine appointment at six weeks. The waiting times in Wales are currently shorter than the rest of the UK comparator.
- Staffing: Wales has seen a fifth consecutive year of increase in community CAMHS staffing across the UK. The additional investment in workforce has seen an increase in staffing levels based on WTE per 100,000 and as such Wales has higher than UK average staffing.

Vaughan Gething AC/AM
Y Gweinidog Iechyd a Gwasanaethau
Cymdeithasol Minister for Health and Social
Services



Llywodraeth Cymru
Welsh Government

Ein cyf/Our ref: MA-P-VG-1558-19

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

3 May 2019

Dear Lynne,

Healthy Weight: Healthy Wales Consultation

Thank you for your letter of 11 April including your response to the Healthy Weight: Healthy Wales consultation. I welcome the work and the consideration which the committee has placed into your response and look forward to reviewing your considerations.

As you will be aware the consultation closed on the 12 April and my officials are currently analysing the responses. The summary of responses will be published on 5 July and I am committed to a final strategy being published by October this year.

I look forward to your continued assistance and support.

Yours sincerely,

Vaughan Gething AC/AM
Y Gweinidog Iechyd a Gwasanaethau Cymdeithasol
Minister for Health and Social Services

Cc

Dr Dai Lloyd AM, Chair, Health, Social Care and Sport Committee
John Griffiths AM, Chair, Equality, Local Government and Communities Committee

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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.