

Agenda – Children, Young People and Education Committee

Meeting Venue:

Committee Room 1 – Senedd

Meeting date: 20 June 2019

Meeting time: 09.00

For further information contact:

Llinos Madeley

Committee Clerk

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Private pre-meeting

(09.00 – 09.15)

1 Introductions, apologies, substitutions and declarations of interest

(09.15)

2 The Emotional and Mental Health of Children and Young People – Follow up on the 'Mind over Matter' report – evidence session 1

(09.15 – 10.30)

(Pages 1 – 59)

Kirsty Williams AM, Minister for Education

Steve Davies, Director, Education Directorate

Ruth Conway, Deputy Director Support for Learners Division

**Please note that the all the papers under item 2 are also relevant to item 3.*

Attached Documents:

Research Brief

CYPE(5)-19-19 – Paper 1

Break

(10.30 – 10.45)



**3 The Emotional and Mental Health of Children and Young People –
Follow up on the 'Mind over Matter' report – evidence session 2**

(10.45 – 12.00)

(Pages 60 – 68)

Vaughan Gething AM, Minister for Health and Social Services

Joanna Jordan, Director of Mental Health, NHS Governance & Corporate
Services

Matt Downton, Head of Mental Health and Vulnerable Groups

**Conscious of the significant amount of work underway in this area, the
Committee did not wish to overburden stakeholders with further consultation
to inform this session. However, stakeholders were informed that they were
welcome to share views on progress if they so wishes. Two papers were
received:*

Attached Documents:

CYPE(5)-19-19 – Paper 2 – Aneurin Bevan University Health Board

CYPE(5)-19-19 – Paper 3 – Betsi Cadwaladr University Health Board

4 Paper to note

(12.00)

**4.1 Letter from the Chair of Petitions Committee – P-05-879 Add Mental Health
Education to the mandatory teaching curriculum for all schools in Wales**

(Page 69)

Attached Documents:

CYPE(5)-19-19 – Paper to note 1

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

(12.00)

**6 The Emotional and Mental Health of Children and Young People –
Follow up on the 'Mind over Matter' report – consideration of the
evidence**

(12.00 – 12.15)

**7 Children (Abolition of Defence of Reasonable Punishment) (Wales)
Bill – consideration of the key issues**

(12.15 – 13.00)

(Pages 70 – 76)

Attached Documents:

Private Paper

Document is Restricted

CYPE(5)-19-19 - Paper 1

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



Llywodraeth Cymru
Welsh Government

Kirsty Williams AC/AM
Y Gweinidog Addysg
Minister for Education 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.

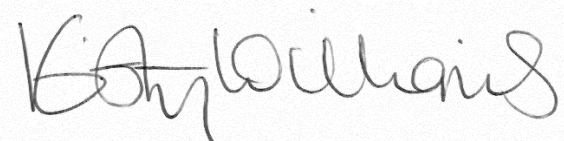
The annual Statistical Release for NHS Expenditure Programme Budgets is published on stats Wales and covers all Local Health Board expenditure and the expenditure of the Public Health Wales NHS Trust, analysed by programme of care, including expenditure on primary care services, such as GPs and dentists, 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 of £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
WG Director Mental Health, Corporate Services and Governance	Joanna Jordan
WG Director of Education	Steve Davies
WG Director of Social Services and Integration	Albert Heaney
WG Director Communities & Tackling Poverty	Jo-Anne Daniels
Chief Medical Officer	Dr Frank Atheron
WG SMO (GPs)	Dr Liz Davies
Chief Nursing Officer	Prof. Jean White
Estyn	Mark Champion
LA Schools Consortia	Debbie Hartevelde
DECIPHer (schools health research network)	Prof Simon Murphy
LHB clinical psychologist	Liz Gregory
WLGA	CIlr Huw David

¹ observer

² observer

Agenda Item 3

CYPE(5)-19-19 - Paper 2 – Aneurin Bevan University Health Board

The '*Mind Over Matter*' Report has been welcomed. The recommendations outlined in the document align with the direction of travel the Health Board and our Regional Partnership Board is taking forward in respect of Children's Mental Health. The evidence presented to the Committee reflected the growing consensus across health and the five Local Authorities we serve. It is heartening, therefore, that Welsh Government have now developed a response that aligns to the recommendations and conclusions of the report.

The Health Board's Child & Adolescent Mental Health Services (CAMHS) Transformation plans map well onto the response, using the Iceberg Model (referenced in '*Mind Over Matter*') as a framework to identify a clear programme of work.

The welcomed financial investment from Welsh Government has enabled us to progress this work at pace, and in doing so we have already acquired significant learning that can help inform how recommendations move to implementation. A key focus of *Mind Over Matter* is a whole system approach, and embedded within that a whole school approach. Although it is early days, our SPACE Well-being hubs (Single Points of Access for Children's Emotional Well-being) are proving an invaluable forum for learning about the scope of services providing mental health and well-being intervention and support. It recognises the gaps and skills deficits that might lead to clinicians holding on to patients rather than referring on to specialist services. Importantly, these forums also provide the potential to identify gaps and local trends, ensuring a more proactive and localised approach to service development, based on need.

A Whole School Approach is also an identified area of work within our transformation plans. We are fortunate in that we already host the Schools In-Reach pilot in some of our localities, and can identify the over-lap with this. Integrating the work with the Local Primary Mental Health Support Services has enabled us to identify what overlap there might be in these strands of work. In our development of this workstream so far, it is clear that the definition is crucial to avoid any confusion in this area.

For some, a 'Whole School Approach' refers to a stepped care model, where efforts are made to support individual children within school followed by clear and easy access to increasingly specialist support, as required. Whilst this is a very important aspect of a whole system approach, a Whole School Approach, as defined in our transformation, is much broader and refers to every aspect of the school day viewed through a well-being lens from the greeting children receive in the morning, to the environments where they play and learn, to the focus on the unique strengths of each child. This is alongside an equal emphasis on teacher well-being, psychologically informed teacher training and how the success of a school is measured. It is important to distinguish the two models to ensure that a 'Whole School Approach' does not become watered down and focused only on the role specialist services can provide.

It is recognised that this is a challenge to balance the many areas of improvement required in child mental health services without giving undue focus on single aspects to the detriment of another. Timely access to services is essential for children (that they have one opportunity at childhood) but this must not be confused with an exclusive focus on waiting times. The quality and outcomes of services need equal attention, as does a process of ensuring that families are receiving the right services at a time, and in a way that is right for them. The Health Board is well placed to take this meta-perspective on services given the maturity of our Regional Partnership Board and its commitment to our transformation agenda and how we relate to five different Local Authorities. It will be important to develop an integrated transformative accountability framework that holds each partner agency responsible for their contribution to all the shared aims.

Linked to this, our learning through partnership working has brought into sharp relief the importance of a robust core offering for children and families from all services. Time to focus on relationships and the unique needs of children and their family, and flexibility to respond to need beyond the sharp boundaries of their 'business' is central to psychologically informed children's services. It is essential that core frontline services are well resourced and that there is a clear understanding of the role of all front line professionals and is further developed, where necessary. Investment in front line areas of work is essential, from children's centres through to youth workers, and the impact of these areas of work on the mental health, from prevention through to intervention and the importance of this cannot be underestimated.

The Health Board is well placed to implement the recommendations of '*Mind Over Matter*' locally, and this has been enhanced by the support of Welsh Government both financially and strategically. The importance of us all working together towards a child focused and rights based agenda is essential, and the focus on any gaps or overlap in services enables us to achieve this in a multi-agency, co-produced way with the voice of children, young people and their families firmly at the centre.



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Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

Ein cyf / Our ref: GLP/fl

Eich cyf / Your ref:

☎: 01745 448788 Ext 6448

Gofynnwch am / Ask for: Grace Lewis-Parry

E-bost / Email:

Grace.lewis-parry@wales.nhs.uk

Dyddiad / Date: 30th May 2019

Dear Sirs,

Betsi Cadwaladr University Health Board – Response for NHS Confed re Mind over Matter report for CYPE committee

On behalf of Betsi Cadwaladr University Health Board, please find enclosed our response to the above.

Thank you for the opportunity to comment.

Kind regards.

Yours sincerely

Grace Lewis-Parry.

Grace Lewis- Parry
Board Secretary

Response for NHS Confed re Mind over Matter report for CYPE committee

We welcome the opportunity provide evidence on the progress being made in North Wales following the publication of the Mind over Matter report in April 2018.

1. Needs Assessment in North Wales April 2017 key relevant findings:

- In the last five years there has been a 9% increase in the number of children on the child protection register and in the number of children looked-after in North Wales.
- North Wales has a high number of children from outside the region who are looked after locally and this number has been increasing. This places additional demand on local services such as health, education, police and support services.
- Children's mental and emotional health was consistently raised as a concern including a rise in self-harm and eating disorders as well as attachment issues.

BCUHB has agreed 6 partnership priorities through the Children's Transformation Group with the Local Authorities, 3rd sector and Public Health which have been approved by the Regional Partnership Board, work streams have been in place to support work being progressed.

1. Children with Complex Needs
2. Prevention and mitigation of Adverse Childhood experiences
3. Improving outcomes in the first 1000 days
4. Improving Emotional Health, mental wellbeing and resilience of children
5. Promotion of healthy weight and prevention of childhood obesity
6. Review of crisis intervention services for children and young people who are experiencing an urgent perceived mental health crisis.

2. National Policy and other Guidance

We are striving to ensure that the Children's Rights Approach is embedded in the organisation, within the planning process and in the delivery of our care. This has been a key priority for us with close working with the Local Authority to enable shared learning. Our current priority is to develop a Children's Charter. We are keen to be involved in the all Wales work and are pleased that a tool kit has been developed, this will be shared within the organisation to ensure that all services (adult and children's) across the organisation are fully aware of the UN Rights of the Child and Children's Rights approach

The Regional Partnership Board supported 4 successful bids for the Parliamentary Review Transformation bids.

- Integrated Early Intervention and Intensive support for Children and Young People
- Together for Mental Health in North Wales
- North Wales Together: Seamless services for people with learning disabilities
- Community Service Transformation

3. Equity of Access to CAMHS

As a result of on-going performance concerns, specifically not meeting the Mental Health Measure targets for assessment and therapy the Board requested a deep dive into Community CAMHS to understand the issues leading to not meeting the targets and design actions for improvement. Key findings included: our pathways and processes across the region showed a high level of consistency between the teams, the increase in demand including self-harm risk assessments is greater than the available capacity, and the services across all three geographical areas are deficit of good clinical and managerial IT systems to support efficient use of resources.

Increase in Demand against last year - CAMHS referrals including self-harm risk assessments up by 23%, and an increase of 56% in Neurodevelopment referrals (YTD end of Feb 2019 position.)

Scheduled referrals to CAMHS is managed by Single Point of Access (SPoA) per county, five days a week. The SPOA's provide consultation and support to non-CAMHS practitioners and triage referrals to specialist CAMHS. Those who do not meet the criteria for a mental health assessment or require consultation are signposted to other services, which is approximately 30% of the total.

All referrals are triaged with urgent referrals being prioritised and children and young people are seen within 48 hours as required under the Mental Health Measure (MHM), and much sooner in most cases. Young people who are on the paediatric wards are seen within 12 hours of admission. The wards are supported 7 days a week by a CAMHS practitioner based on the ward.

The unscheduled demand however draws available capacity away from the scheduled care demand, which has a direct impact on achieving the performance targets. The end of March position saw BCUHB achieve 82% for assessments and 75% for intervention with Centre Area experiencing the biggest challenge due to vacancies, serious illness in the team and maternity leave.

On the 11th May 2019 a CAMHS recruitment day generated significant interest resulting in many of the vacancies being appointed to and a potential workforce being recruited for the additional WG funding and for the Transformation bid with the Local Authorities.

4. Planning processes and more mature commissioning

BCUHB recognises the need to see improvement in performance, key actions have been included within the 3 year delivery plan, the Area Teams are responsible for implementation with accountability to the Board.

The new WHSSC specification in draft for inpatient services will be challenging for BCUHB specifically enabling admissions to occur at weekends and out of hours due to the difficulties in recruiting Psychiatry and junior Doctors.

The current generic 12 bed provision appears to be meeting the needs of North Wales population, during 2018-19 the number of young people placed out of area has been

on average 3 at any time compared with 6.5 during 2017-18. These young people have in the main required low secure or PICU.

5. Resilience building for children and young people

To reduce the demand the specialist CAMHS has a key role in promoting good mental health for children and young people by supporting partners in Primary Care, Health Visitors, School Nurses, Education and Social Services to provide early intervention.

Examples of good practice in North Wales are;

- ❖ 5 Ways to Well-being embedded in services and pathways
- ❖ Self-harm pathway with schools rolled out across all 6 counties
- ❖ LAC pathway with Social Services, Parliamentary Transformation bid builds on current model.
- ❖ GP cluster pilot in Denbighshire enabling 6 practices to signpost, mental health screening, advice/support and risk manage effectively.
- ❖ ADTRAC across all 6 Local Authority areas. A partnership between CAMHs and Coleg Llandrillo aimed at supporting young people aged 16 -24 who are either not in education, employment in training or are economically inactive and have complex barriers to work, learning and training.
- ❖ CAMHS-Schools in-reach in Wrexham and Denbighshire
- ❖ 'Friends' – a prevention of anxiety evidence based programme continues to be delivered and introduced into some front line services in partnership with Education Services and CAMHS; translation of the materials into Welsh is in progress.
- ❖ ACE awareness training rolling out
- ❖ 1st 1000 days is a priority for the RPB and local Public Service Boards, with a focus on infant feeding, immunisations, maternal mental health and joint working with families.

6. Neuro-Development Services

The demand for Neurodevelopment assessments is high across the UK, and the current resources are not adequate to meet this demand. Further work is required locally and nationally to understand this growing demand. A factor that is becoming increasingly more evident are the cuts to resources in education, resulting in Education Psychologists now undertaking fewer assessments for statementing. It is hoped that the Additional Learning Needs Act may provide the opportunity to address this with the focus on function and need rather than a diagnosis to access support in schools. However it's also important to note that the ALN Act is expected to increase the demand for services particularly speech and language a key element of the neuro-development pathway

Without additional resources the Health Board will not be able to achieve the 26 week target for assessment while the demand continues to rise.

A key element of the neuro development pathway is support and intervention, this has been particularly difficult to provide in BCUHB due to the demand for assessments. At the end of March 2019 there were 1653 children and young people waiting for a neurodevelopmental assessment of which 1024 had waited over 26 weeks. We recognise and acknowledged that early intervention is key, as is support to the family pre and post a diagnosis, without the required resources to provide this it is leaving families feeling unsupported. We are working with our partners Local

Authority and 3rd sector to find ways of providing this support jointly be that through Families First Team around the Family, parenting programmes or Family Centres.

7. Early Intervention Approaches

The Delivery Unit review of Part 1 of the Mental Health Measure occurred the first 2 weeks of April 2019 for BCUHB. The Senior Management Teams were provided with verbal feedback and a written summary note of their findings which included positives and areas for improvement, and notably no immediate concerns that require intervention. The full report is anticipated in the next 2 months.

In summary their key observations reported that the Single Point of Access ensured timely response & decision making, prescribing was not the 1st point of intervention, variety of psychological therapies were being delivered, and evidence that the service provides consultation for schools and other practitioners working with young people and their families. The integrated CAMHS model has a positive impact on team relationships and culture. They noted that BCUHB has fully implemented CAPA with good adherence.

An action for BCUHB is to undertake a review of our part 1 scheme with Local Authority partners.

8. Psychological Therapies.

In BCUHB Children's Services our approach to the development and delivery of psychological therapies for children and young people prioritises therapies that are identified and recognised as most likely to lead to improvement and recovery. We are developing formulation driven approaches to assessing need and identifying goals, and delivering interventions at a level of intensity appropriate to the presentation under the delivery framework of the Choice and Partnership Approach (CAPA: <http://capa.co.uk/>).

In order to thrive, children and young people need access to effective models of psychological help in different parts of the system our goal is to ensure that all staff working in specialist CAMHS have a minimum of Level 6 training in CBT. This is being delivered in partnership between specialist CAMHS and Bangor University, which has been led by Child Psychology Service; and will soon be extended to include adult mental health services.

In addition we prioritise the development of psychologically informed services in collaboration with partner agencies, and in line with the Mental Health Measure and Social Services and Wellbeing Act. In summary, our long term goal is to ensure that children, young people and their families benefit from psychologically informed and evidence-based interventions delivered as early as possible and increased access to effective specific psychological therapies for those who need more specialist help.

9. Future role and models of specialist CAMHS

Framework for Improvement. North Wales Community CAMHS embraces a whole system approach, designed to reduce unnecessary variation, increase timely access to the right help at the right time, reduce the number of gaps and transitions between different parts of the service, and manage risk. The service works in an integrated manner across primary and secondary mental health care. Access is inclusive, and simple. The Delivery Unit commented on the positives of this model and on the level of intervention being provided by those working directly with families for example Health Visitors, School Nurses with consultation and support from specialist CAMHS.

Advocacy. The practitioners and managers are aware of their duties under Putting Things Right and the importance of ensuring that children and young people are aware of advocacy services should they need to make a complaint. For those young people who are inpatients in our Tier 4 CAMHS service they have access to both the Mental Health Advocacy Service and from Tros Gynol Plant. On admission an appointment is made with the Mental Health Advocacy service from their residing locality for an initial meeting so that young person can be familiar with the process and they support the young person during their admission. In addition Tros Gynol Plant visit monthly with the young people and provide the team with a monthly report to be able to act on any concerns being raised.

Inpatient Framework as per section 4.

Welsh Language. The Health Board is reviewing itself against the Welsh Language Measure. Recruitment of Welsh speaking practitioners is a challenge and much needed particularly in the West Area, this is a focus within our recruitment drives.

Integrated Working. In North Wales the RPB is established with good attendance and contribution from all partners as is the Children's Transformation group. It is anticipated that the 4 Transformation bids which have been developed in partnership will facilitate further collaboration at a local and strategic level to improve outcomes for children and young people.

10. Transition

BCUHB has established a quality group focussed on improving transition between CAMHS and Adult Mental Health, this is focussed on reviewing current practice to learn from exemplars and from when it has not gone so well for the young person. It is hoped that the transition passport will support seamless care.

11. Framework for Action

No additional comments

12. Understanding progress and implementation of local plans.

The health Board contributes to the annual NHS benchmarking and provides a narrative supporting the quantitative data to ensure that our integrated model is understood when analysing the data and drawing conclusions.

13. Engagement of Stakeholders

BCUHB commissioned Miller Research to undertake engagement with young people and their families, this report is being finalised and will inform service planning and care delivery.

14. Contributing to the overview of workforce development

Our workforce planning considers skill mix, eligibility under the measure, Welsh speaking, development posts and supervision requirements. As stated earlier the recruitment day on the 11th May was a successful event, in part due to the flooding of social media and significantly the introduction of development posts creating opportunities for career development.

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

12 June 2019

Dear Lynne

Petition P-05-879 Add Mental Health Education to the mandatory teaching curriculum for all schools in Wales

The Petitions Committee considered the above petition for the first time at our meeting on 21 May. We agreed to write to make you aware of the petition in the context of the Children, Young People and Education Committee's ongoing scrutiny into both the mental health of children and young people and the new curriculum.

Further information on the petition, including the full text and the correspondence received to date, is available on the website at:

<http://www.senedd.assembly.wales/mglIssueHistoryHome.aspx?Ild=25061>

If you have any queries, please contact the Committee clerking team at SeneddPetitions@assembly.wales.

Yours sincerely



Janet Finch-Saunders AM
Chair



Agenda Item 7

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

Document is Restricted