

**CHILDREN, YOUNG PEOPLE AND EDUCATION COMMITTEE GENERAL
SCRUTINY SESSION**

Date: 18 January 2017 – 9.30-11.00

Venue: Senedd, National Assembly for Wales

Purpose

This paper provides an update on the areas of focus and issues relating to children and young people across the Health, Well-being and Sport Ministerial portfolio.

Overview of portfolio focus in relation to Children, Young People and Education

This Government has demonstrated its commitment to children and the importance of a cross-portfolio, partnership approach to deliver improved outcomes for children across Wales by appointing a Cabinet Secretary for Communities and Children.

The Minister for Social Services and Public Health and I have met with the Cabinet Secretary for Communities and Children to ensure there will be a joint approach to delivering on agreed priorities for children in the new Programme for Government.

We will continue to drive improvements across health and social care during 2017 and will judge progress through improved outcomes for children as set out in our Early Years, Health, Public Health and Social Services Outcomes Frameworks.

Across our portfolios, the evidence tells us that there needs to be a continued focus on addressing inequalities. It is still the case that the health prospects of children are closely linked to the socio-economic position of their families. As highlighted by the recent report into Adverse Childhood Experiences, good quality parenting plays a central role in delivering improved outcomes for children. We will work across Government to provide appropriate support and advice to parents delivered through services such as the Healthy Child Wales Programme. There is a growing body of evidence that shows the greatest value is derived from effective intervention in the early years. There will be a continued focus on delivery in this area through the Maternity Strategy, effective screening and immunisation programmes, the 10 Steps to a Healthy Weight Programme, the introduction of the Healthy Child Wales Programme and the development of the 1,000 Days Programme.

If we are to fully support children across Wales to maximise their potential we need to support good mental and physical well-being, as exemplified through the Together for Children and Young People Programme and the ongoing initiatives to improve children's diets and increase their activity levels in line with the Chief Medical Officer's recommendations.

It will always be our aim to deliver specialist health services to the children who need them, but we must focus on prevention if we are to continue to make a positive impact on our children's lives both in the short term and into adulthood.

Additional Learning Needs and Education Tribunal (Wales) Bill

The Additional Learning Needs and Education Tribunal (Wales) Bill was introduced before the National Assembly for Wales on 12 December 2016. The Bill brings together the existing, distinct systems for supporting children, young people and young adults in schools and further education. It creates a single legislative system to support learners with Additional Learning Needs (ALN) aged between 0-24 years.

Central to the reforms is the establishment of the Individual Development Plan (IDP), which will replace, and meet the requirements of, all existing statutory and non-statutory educational plans, including statements of special educational needs (SEN), Learning and Skills Plans and school and college based plans.

A key objective of the legislative reforms is the improvement of multi-agency partnership working surrounding the identification of ALN and the planning and delivery of effective additional learning provision.

The Bill sets out a number of provisions to ensure that NHS Wales (a local health board or NHS trust) plays a full but proportionate part in the new system:

- A health body will be required to refer to local authorities for consideration any pre-school aged child they believe might have ALN, if the health body is satisfied that doing so would be in the best interests of the child;
- A health body will be required to provide local authorities with information, or other help, for the purpose of exercising their functions under the Bill, unless doing so would be incompatible with the body's own duties, or have an adverse effect on the exercise of the body's functions;
- Following an assessment of clinical need, a health body will be required to secure the provision identified within the IDP where that treatment or service is likely to be of benefit for the child or young person;
- Local health boards will be required to designate a suitably qualified and experienced Designated Education Clinical Lead Officer (DECLO) to quality assure the provision and co-ordination of health professionals' involvement in the delivery of advice and services for individuals with ALN. The purpose of this strategic role will be to strengthen liaison and joint action between the health and education services, assist in the removal of any barriers to partnership working, ensure that IDPs contain evidence based health interventions and that health boards discharge their collaborative duties.

Officials from the health and education departments have worked closely to amend the Bill to take account of the consultation responses received on the draft Bill in 2015.

Engagement with stakeholders continues through the ALN Health Expert Group, created to advise the Welsh Government on the development of the statutory code of practice to be issued under the Bill. This will include further development of the role of the DECLO, including piloting the DECLO in some health boards during the current financial year (funding for which has been agreed by the Cabinet Secretary for Education and Minister for Lifelong Learning and Welsh Language).

The Bill is part of a package of reforms set out in the ALN Transformation Programme which includes a suite of legislation and policy reforms to improve the experiences and outcomes of learners with ALN.

CAMHS

On 24 November, the Committee received a briefing from Carol Shillabeer, Chair of the Together for Children and Young People Programme, on the progress being made by the Programme in examining the way in which CAMHS works with its partners to provide for the emotional and mental health needs of children and young people. This followed a scrutiny session with the Cabinet Secretary and Minister in September, where CAMHS progress was considered.

Over the last year, we have been working with the NHS and partners to consolidate and build on the progress made since 2015. The 2017-18 budget made available an additional £20m for all-ages mental health services bringing the mental health ring-fence to over £629m. This includes a dedicated £0.5m to expand all-ages Eating Disorder Services. Whilst discussions are at an early stage, our intention is, among other things, that this funding will be used to expand the remit of existing adult specialist Tier 3 Community Eating Disorder Teams to work with older adolescents with eating disorders in order to provide continuity of care at transition into adulthood.

Waiting times have been an area which the Committee has focused on in the past and all health boards are reporting they are either currently compliant, or will be compliant in 2017, with the 28-day CAMHS referral target set in April 2016.

In relation to CAMHS, statistics show is that in the 12 months to October 2016, there has been an increase of 16% in the number of referrals to CAHMS, compared with the previous 12-month period. However, comparing the data from October 2015 with October 2016, there has been a 31% decrease in those waiting over 4 weeks and a 44% decrease in those waiting over 26 weeks. This is a result of the hard work of partners involved in the Together for Children and Young People Programme, and the almost £8m of annual new investment in CAMHS we have made. It takes time to recruit staff, embed new services and improve existing services, but the statistics clearly show that despite increased referrals, waiting times are improving significantly.

Statistics can only provide a snapshot of quantitative information. To describe the cultural shift in the way in which CAMHS is delivering its services and is becoming more centred on the needs of the young person we need to look at the shape of services. New crisis intervention teams now operate across Wales, providing emergency assessment and interventions at weekends, during evenings and the night, where before they operated primarily during working hours. Links are also being made across existing services by the new early intervention in psychosis teams. These provide seamless intensive care for young people aged 15 to 24 experiencing the most severe mental illness by 'holding and supporting' the young person, providing continuity of care and building relationships rather than abruptly transferring them between services at the age of 18.

In relation to the neurodevelopmental target of 26 weeks, health boards inform us that they are on course to achieve this in 2017. However, as this is a new target we need to establish a formal reporting mechanism and clear definitions in line with NHS information standards and governance arrangements. This is in hand and we anticipate formal reporting to commence from the spring of 2017.

The Committee has shown interest in CAMHS inpatient admissions, in particular the position in the North Wales Adolescent Service (NWAS) and Carol Shillabeer has shared a briefing on the current NWAS position.

The Welsh Government's position is clear, having invested significantly to develop dedicated CAMHS inpatient provision in recent years, the default position should be for young people to be cared for in one of the two CAMHS units unless there are strong reasons otherwise. In recent years, the south Wales unit has opened the second high care ward to provide for more young people experiencing the most severe mental illness. However, recently, the unit has had to curtail admissions whilst it provided intensive support for one acutely ill young person. This was provided in line with clinical need and the unit remains fully operational at this time.

To ease the pressure on NWAS, Betsi Cadwaladr University Health Board (BC UHB) has initiated a small community team so children with Eating Disorders can be looked after at home. This frees bed-space, easing the pressure to send young people out of the area. BC UHB has also used part of the new CAMHS investment to expand its psychiatric out of hours rota to ensure specialist availability to assess in a timely fashion and reduce the need to admit to adult wards. We have also funded expanded community intensive treatment teams so more children can be cared for in their community without recourse to hospitalisation or shorter periods when inpatient care is needed. This has meant more children being cared for in Wales, closer to their homes and reduced out of area placement costs.

Childhood obesity

Most four to five year olds in Wales are a healthy weight (72.9%). However, one in four is overweight or obese, and this level has not changed in the three years since data collection started. This is unacceptably high.

We know this will continue to rise during primary school, and the majority of children who are obese will remain obese into adulthood. There is also a clear correlation between levels of deprivation and rates of overweight or obesity.

In our Programme for Government, we make clear our commitment to tackle obesity. Whilst the Ministerial portfolios for Health, Well-being and Sport, and Social Services and Public Health bring together a number of key elements of this agenda, it requires wider cross-portfolio action to create the environment and the opportunity for people to make healthier lifestyle choices. This will include working with Education on the revised curriculum and on school food standards. The Minister for Social Services and Public Health recently met with the Cabinet Secretary for Education to strengthen collaborative working on improving the health and well-being of children. An early action is to support primary schools implement the Daily Mile, an innovative and simple initiative to increase levels of physical activity during the school day.

It is important learners are emotionally and physically ready to learn. There is evidence¹ that well-being is strongly linked to educational outcomes. Children with higher levels of emotional, behavioural, social, and school well-being, on average, have higher levels of academic achievement and are more engaged in school, both concurrently and in later years. The implementation of the six new Area of Learning Experiences (AoLEs) will be central to the new curriculum, one of which will be Health and Well-being.

We have already introduced nutritional standards in some of our public settings, such as schools and hospitals, and we are developing similar approaches for other settings including early years. This will also be supported by working with the National Procurement Service for Wales to ensure that nutritional specifications are factored in to the central procurement mechanism for the public sector.

Public Health Wales continues to work closely with the Welsh Government and health boards to develop effective early interventions which include the [10 Steps to a Healthy Weight](#) campaign which was launched March 2016. The campaign aims to align action across the system to address the factors which lead to overweight and obesity.

Sport Wales continue to work with a range of partners and stakeholders across Wales with the aim of providing more and better quality opportunities for young people to take part in sport and physical activity. The Dragon Sport and 5 x 60 programmes in particular encourage young people to take part in extra-curricular sport-related activities.

We will continue to work with health boards to ensure the effectiveness of the All Wales Obesity Pathway which sets out the approach for the prevention and treatment of obesity in Wales, including specifications for the design of the interventions for children.

We support the Nutrition Skills for Life Programme which aims to equip Communities First; Flying Start and Social Workers with the skills to promote healthy eating and incorporate healthy lifestyle messages into their work.

Together with the other UK health departments, we continue to work with the UK food industry to influence the availability of healthier products, encourage the use of the UK Government's front of pack nutrition labelling scheme and responsible promotion and marketing. We welcomed some of the actions in the UK Government's Childhood Obesity Strategy such as the sugar levy on sugary drinks and a voluntary programme for sugar reduction for the food industry, in line with the approach taken for salt. However, we would have liked to have seen stronger action at a UK-level, such as tougher action on sugar, and on advertising of unhealthy foods to children.

¹ Gutman and Vorhaus (2012), 'The Impact of Pupil Behaviour and Wellbeing on Educational Outcomes' https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/219638/DFE-RR253.pdf

We also welcome the new restrictions on the advertising of food and soft drinks products that are high in fat, salt or sugar (HFSS) to children across non-broadcast media. We do not think the new restrictions go far enough and will continue to press for a complete ban on advertisement of HFSS products across all media, including television, which may be viewed by our children.

The Minister for Social Services and Public Health and I have written to the Secretary of State for Health in England outlining our concerns in relation to both issues highlighted above.

Having said all of this, we recognise that tackling obesity is not something the Welsh Government can do alone. It requires joint action from a wide range of organisations from the public, private and voluntary sectors and from the individuals themselves.

Healthy Child Programme

The emerging evidence shows that investment in the early years of life has significant positive impact on a child's health, social and educational development and their long term outcomes. The health service has a fundamental role in supporting families so children are in a position to fully realise their potential.

The Programme for Government, Taking Wales Forward, includes the Healthy Child Wales Programme, which provides a universal health programme for all families with children up to the age of seven.

All Welsh health boards began to implement the HCWP from 1 October 2016. Health boards will have two years to fully implement the move to the all Wales universal schedule for health visiting and school nursing.

The HCWP includes a consistent range of evidence-based preventative and early intervention measures, and advice and guidance to support parenting and healthy lifestyle choices. The HCWP sets out what planned contacts children and their families can expect from their health boards; from maternity service handover to the first years of schooling. These universal contacts cover three areas of intervention; screening, immunisation and monitoring and supporting child development.

Introduction of the HCWP delivers on the actions from *Building a Brighter Future: The Early Years and Childcare Plan*.

1,000 days

The First 1,000 Days Collaborative Programme aims to maximise outcomes for children during the first 1,000 days of life (conception to the second birthday). The First 1,000 Days Collaborative Programme, led by Public Health Wales, recognises this critical time of life in heavily influencing the development of children and their health and well-being trajectories across the lifecourse, the high return on investment for services and society more broadly.

There are three outcomes for the Programme, namely:

- The best possible outcome for every pregnancy;
- Children in Wales achieve their developmental milestones at two years of age; and,
- Children are not exposed to, or harmed by, multiple adverse childhood experiences (ACEs) in the first 1,000 days.

Two pathfinder sites were identified (Wrexham and Torfaen) where an initial mapping of the current 'system' around pregnancy and early childhood was completed.

The initial developments in both Wrexham and Torfaen have involved gaining a better understanding of the existing first 1,000 days system locally. Further detailed multiagency mapping and engagement activity has identified opportunities for improving the current system in respect of prevention and earlier intervention.

Project groups have been established in both sites to take this work forward, and these are linked to local governance and accountability structures, such as their respective Public Service Boards.

Key work areas currently underway include:

- Identifying the most important risk and protective factors impacting on the outcomes, and assessing their prevalence in Wales;
- Strengthening the core assessments delivered during early pregnancy, in order to be able to identify and respond to risk and protective factors earlier during the first 1,000 days of the child's life. Examples include scoping an approach which identifies exposure (including parental history of exposure) to ACEs during early pregnancy, supporting staff to feel confident to ask the questions as part of routine enquiry, and be able to support or refer appropriately for early intervention; and,
- A review of Welsh academic research activity which relates to the Collaborative Programme's outcomes. The output will help to inform future research and evaluation collaboration opportunities.

Immunisations

Childhood immunisation rates remain at the top of international benchmarks and are comparable with the best in the UK. The latest annual data shows uptake of established routine immunisations in one-year-old children was over 95% for the eighth consecutive year and uptake rates for five-year olds was over 90%

The Public Health Outcomes Framework 2016-17 includes an indicator that children should be up to date with relevant immunisations by the age of four years.

Public Health Wales continues to work with health boards to improve uptake. A key area identified for further attention is the follow up of children who do not respond to routine invitations at general practices at the scheduled ages.

Major Health Conditions Delivery Plans

Six of the major health conditions delivery plans have either recently been, or are in the process of, being refreshed.

The cancer, heart disease, diabetes, end of life care, critically ill and stroke delivery plans have been refreshed and will all be published by February.

The neurological conditions and respiratory health delivery plans will also be refreshed during 2017.

As part of the refresh, each of the Implementation Groups have been asked to strengthen the children and young people sections within the plans.

Smoking

Good progress has been made in Wales in reducing smoking among young people, with the number of 11-16 year olds who smoke at least once a week falling from 13% in 1998 to 4% in 2014. Rates of smoking amongst adults have also dropped from 23% in 2010 to 19% in 2015.

The Public Health (Wales) Bill contains provisions to make school grounds smoke-free.

School grounds and children's playgrounds were identified as a priority for action in the Tobacco Control Action Plan for Wales, published in 2012. They have continued to be identified as important settings in which to prevent children's exposure to adult smoking behaviours.

Consultation has been undertaken with both the public and private sector in developing these proposals.

We have provided funding to ASH Wales to run the 'Commit to Quit' programme with young people.

The Commit to Quit programme is run over a 10 to 12-week period. It promotes smoking quit attempts and positive changes in smoking behaviour through a series of fun and interactive group sessions, run with hard-to-reach young people on youth work principles; mainly in out-of-school settings. On average, sessions are run weekly over a six-week period, with a re-visit four weeks after the final session.

Substance Misuse

As part of our substance misuse budget allocation to Area Planning Boards, £2.75m is ring-fenced to Children and Young People Services. Service providers who receive this money deliver a range of services and this includes Counselling, Emotional well-being and Education and prevention for children and young people under the age of 18. For those children and young people who do begin to misuse substances, the funding can be used for early identification and intervention, which is

crucial to limit harm and minimise the chances of the misusing behaviour becoming entrenched and requiring specialist treatment services.

We are also developing a Children and Young People Outcome Monitoring Tool. This is a questionnaire which children and young people who are using substance misuse services will complete together with their case worker. The aim is to gauge whether the services are delivering tangible outcomes, and how children and young people benefit. This information will strengthen the evidence basis for substance misuse services in Wales and support policy development and funding decisions. Following an initial trial and evaluation, a working group is now implementing many of the key recommendations from the evaluation report and has agreed the content of the revised questionnaire. The aim is to run a second trial in 2017 and implement a suitable, practical and acceptable outcome tool from late 2017 / early 2018 onwards.

We have secured £1.178m of European Structural Funding to support young people aged 16-24 in recovery from substance misuse (including alcohol) and/or mental health who are long-term unemployed, economically inactive, or not in employment, education or training. The aim is that the Out of Work Service will provide peer mentoring and specialist support to around 1,450 young people in Wales by the summer of 2018.

We also provide £2.072m in 2016/17 to the All Wales Schools Liaison Core Programme. This operates in all primary and secondary schools across Wales to educate children and young people about a range of personal and social education issues including substance misuse, internet safety, and problems associated with personal safety. This programme is jointly funded with the Police and the Police and Crime Commissioners.

Welsh Network of Healthy School Schemes

The Welsh Network of Healthy School Schemes (WNHSS) was launched in 1999 to encourage the development of local healthy school schemes within a national framework. The programme is now run by Public Health Wales which provides funding and guidance to the local healthy school schemes in all 22 local authorities in Wales. Today, 99.6% of schools in Wales are involved in the WNHSS, and are supported by local healthy schools coordinators.

The 'Healthy School' actively promotes, protects and embeds the physical, mental and social health and well-being of its community through positive action.

Since 2010, schools have been able to be awarded with a national final accreditation for outstanding practice; the Welsh Government's 'National Quality Award' (NQA). The NQA indicators look for a whole school approach to a range of health topics in the areas of leadership and communication, curriculum, school environment and ethos, and family and community involvement.

Schools can apply to be independently assessed in the ninth year of involvement in the scheme. Currently, 130 schools across Wales have achieved the NQA award.

The achievement of the award after nine years' involvement is in line with the recommendation from the International Union for Health Promotion and Education (IUHPE) that it takes 8-11 years to embed such a programme.

Public Health Wales, in its 2013 report, *Transforming Health Improvement*, noted that the WNHSS had gained international recognition, and recommended that the programme should be maintained and improved.

The programme has been extended to pre-school settings, via the Healthy and Sustainable Pre-school Scheme, with over 650 settings actively involved.

Indicators for Healthy and Sustainable Further Education and Higher Education have also been published.