



Cynulliad
Cenedlaethol
Cymru

National
Assembly for
Wales

Cofnod y Trafodion The Record of Proceedings

[Y Pwyllgor Plant, Pobl Ifanc ac Addysg](#)

[The Children, Young People and Education
Committee](#)

14/09/2016

[Agenda'r Cyfarfod](#)

[Meeting Agenda](#)

[Trawsgrifiadau'r Pwyllgor](#)

[Committee Transcripts](#)

Cynnwys Contents

- 4 Cyflwyniad, Ymddiheuriadau, Dirprwyon a Datgan Buddiannau
Introductions, Apologies, Substitutions and Declarations of Interest
- 4 Comisiynydd Plant Cymru: Trafodaeth Ynghylch Blaenoriaethau
Children's Commissioner for Wales: Discussion on Priorities
- 27 Cynnig o dan Reol Sefydlog 17.42(ix) i Benderfynu Gwahardd y Cyhoedd
o'r Cyfarfod ar gyfer Eitem 4
Motion under Standing Order 17.42(ix) to Resolve to Exclude the Public
from the Meeting for Item 4
- 27 Ysgrifennydd y Cabinet dros Iechyd, Llesiant a Chwaraeon a Gweinidog
Iechyd y Cyhoedd a Gwasanaethau Cyhoeddus: Sesiwn Graffu
Cabinet Secretary for Health, Wellbeing and Sport and Minister for
Social Services and Public Health: Scrutiny Session
- 55 Papurau i'w Nodi
Papers to Note
- 56 Cynnig o dan Reol Sefydlog 17.42(ix) i Benderfynu Gwahardd y Cyhoedd
o'r Cyfarfod ar 22 Medi
Motion under Standing Order 17.42(ix) to Resolve to Exclude the Public
from the Meeting on 22 September

Cofnodir y trafodion yn yr iaith y llefarwyd hwy ynnddi yn y pwyllgor. Yn
ogystal, cynhwysir trawsgrifiad o'r cyfieithu ar y pryd.

The proceedings are reported in the language in which they were spoken in
the committee. In addition, a transcription of the simultaneous interpretation
is included.

Aelodau'r pwyllgor yn bresennol
Committee members in attendance

Mohammad Asghar Bywgraffiad Biography	Ceidwadwyr Cymreig Welsh Conservatives
Michelle Brown Bywgraffiad Biography	UKIP Cymru UKIP Wales
Hefin David Bywgraffiad Biography	Llafur Labour
John Griffiths Bywgraffiad Biography	Llafur Labour
Llyr Gruffydd Bywgraffiad Biography	Plaid Cymru The Party of Wales
Darren Millar Bywgraffiad Biography	Ceidwadwyr Cymreig Welsh Conservatives
Julie Morgan Bywgraffiad Biography	Llafur Labour
Lynne Neagle Bywgraffiad Biography	Llafur (Cadeirydd y Pwyllgor) Labour (Committee Chair)

Eraill yn bresennol
Others in attendance

Hywel Dafydd	Rheolwr Materion Cyhoeddus a Pholisi, Comisiynydd Plant Cymru Policy and Public Affairs Manager, Children's Commissioner for Wales
Rebecca Evans Bywgraffiad Biography	Aelod Cynulliad, Llafur (Gweinidog Iechyd y Cyhoedd a Gwasanaethau Cymdeithasol) Assembly Member, Labour (The Minister for Social Services and Public Health)
Vaughan Gething Bywgraffiad Biography	Aelod Cynulliad, Llafur (Ysgrifennydd y Cabinet dros Iechyd, Llesiant a Chwaraeon) Assembly Member, Labour (The Cabinet Secretary for Health, Well-being and Sport)
Albert Heaney	Cyfarwyddwr Gwasanaethau Cymdeithasol ac Integreiddio, Llywodraeth Cymru Director of Social Services and Integration, Welsh Government
Dr Sally Holland	Comisiynydd Plant Cymru Children's Commissioner for Wales

Dr Heather Payne	Uwch–swyddog Meddygol ar gyfer Iechyd Mamau a Phlant Senior Medical Officer for Maternal and Child Health
Irfon Rees	Dirprwy Gyfarwyddwr, Iechyd y Cyhoedd, Llywodraeth Cymru Deputy Director, Public Health, Welsh Government
Dr Sarah Watkins	Uwch–swyddog Meddygol Senior Medical Officer

Swyddogion Cynulliad Cenedlaethol Cymru yn bresennol
National Assembly for Wales officials in attendance

Sarah Bartlett	Dirprwy Clerc Deputy Clerk
Stephen Davies	Cynghorydd Cyfreithiol Legal Adviser
Sarah Hatherley	Y Gwasanaeth Ymchwil Research Service
Marc Wyn Jones	Clerc Clerk

Dechreuodd y cyfarfod am 09:30.
The meeting began at 09:30.

Cyflwyniad, Ymddiheuriadau, Dirprwyon a Datgan Buddiannau
Introductions, Apologies, Substitutions and Declarations of Interest

[1] **Lynne Neagle:** Good morning, everyone. Can I welcome everyone to our first meeting after recess of the Children, Young People and Education Committee?

09:31

Comisiynydd Plant Cymru: Trafodaeth Ynghylch Blaenoriaethau
Children's Commissioner for Wales: Discussion on Priorities

[2] **Lynne Neagle:** It's a pleasure to welcome Sally Holland, the Children's Commissioner for Wales, and Hywel Dafydd, the public and policy affairs manager from the children's commissioner's office, to our session this morning. We're delighted you've been able to come. I remind Members that

the purpose of this meeting is to open up a dialogue with the children's commissioner. We do have a full session with the commissioner on 6 October to scrutinise the annual report, so this is kind of our opening opportunity to start a dialogue with you. So, welcome, both. Would you like to make some opening remarks?

[3] **Dr Holland:** Yes; thank you very much. And thank you very much for the invitation. I'm going to make some opening remarks in Welsh, if that's okay, and then I'll move on to your questions.

[4] Bore da, a diolch am y Good morning, and thank you for gwahoddiad i ddod yma heddiw. Fel inviting me to meet with you today. pencampwr hawliau plant a phobl As the champion for children and ifanc Cymru, mae gen i rôl yn craffu young people's rights in Wales, I have polisiau a deddfwriaeth, a hybu a role in scrutinising policies and datblygiad Deddfau a pholisiau legislation, and encouraging the newydd sy'n mynd i gyflawni development of new laws and deilliannau gwell i blant a phobl ifanc policies that aim to deliver better ar draws Cymru, beth bynnag yw eu outcomes for all children and young hamgylchiadau. Mae'r rôl yn un tebyg people in Wales, whatever their i'r pwyllgor yma, felly rwy'n edrych circumstances. This is a role that I ymlaen at drafod blaenoriaethau i have in common with this committee, blant a phobl ifanc ar gyfer tymor y so I am looking forward to our Cynulliad yma. Mae yna agweddau discussion about priorities for sylfaenol ar ein cyfraith a'n polisi y children in Wales in this Assembly ym gellir eu gwella yn y tymor yma er term. There are fundamental aspects of our law and policy that can be mwyn gwella cyfleodd bywyd plant a enhanced in this Assembly term to phobl ifanc Cymru. improve the life opportunities of our children and young people.

[5] Dylem ni fod yn hynod falch We should be very proud of our o'n hanes hawliau plant yng history on children's rights in Wales, Nghymru, ond gallwn ni ddim llaesu but we cannot be complacent, and dwylo, a dyma pam: yn gyntaf, mae'r this is why: firstly, the gaps in bylchau o ran cyfleoedd a opportunities and outcomes between chanlyniadau rhwng chwarter mwyaf the poorest quarter of the child tlawd y boblogaeth plant a'r chwarter population and the richest quarter mwyaf cyfoethog yn dal yn llawer rhy are still far too wide. Secondly, fawr. Yn ail, mae angen cefnogaeth vulnerable groups, such as looked-ac amddiffyniad mwy effeithiol ar rai after children, disabled children and

grwpiau agored i niwed, megis plant sy'n derbyn gofal, plant anabl, a rhai sy'n profi salwch meddwl. Yn drydydd, gallai rhai newidiadau wella hawliau pob plentyn a pherson ifanc. Mae hyn yn cynnwys cyfleoedd i blant a phobl ifanc fod yn ddinasyddion gweithredol, sicrhau amddiffyniad cyfartal iddynt rhag ymosodiad corfforol a chryfhau'r ddeddfwriaeth sy'n darparu sylfaen ar gyfer hawliau.

those experiencing mental health illness need better support and protection. Thirdly, there are changes that could enhance the rights of all children and young people. This includes opportunities for children and young people to act as active citizens, equal protection from physical assault and strengthening the legislation that provides the basis for rights.

[6] Rwy'n credu yn bendant y dylai plant gael blaenoriaeth yn ein cyfreithiau a'n polisiau cyhoeddus er mwyn sicrhau canlyniadau cadarnhaol a bywydau cyflawn. Er mwyn gwireddu hawliau plant, rhaid cael (1) seilwaith cryf o ddeddfwriaeth a pholisiau, (2) prosesau effeithiol a chronfeydd ac ymrwymiad digonol i roi'r agenda polisi ar waith, a (3) gwell canlyniadau a phrofiadau ar gyfer plant a phobl ifanc. Felly, mae yna dri safon sy'n bwysig yma, ac, fel chi, rwy'n gweithio dros y tri safon.

I firmly believe that children should be prioritised in our laws and public policies in order to secure positive outcomes and fulfilled lives. To realise children's rights, there must be (1) a strong infrastructure of legislation and policies, (2) effective processes and sufficient funds and commitment to implement the policy agenda, and (3) improved outcomes and experiences for children and young people. So, there are three standards that are important here, and, like you, I am working for those three standards.

[7] Ers i mi ddechrau'r swydd fel comisiynydd plant y llynedd, rwyf wedi bod yn gweithio gyda comisiynwyr plant ar draws y Deyrnas Unedig i gyhoeddi adroddiad i Bwyllgor y Cenhedloedd Unedig ar Hawliau'r Plentyn, yn asesu cynnydd Llywodraeth y Deyrnas Unedig a'r Llywodraethau datganoledig ym maes hawliau plant yn ystod y pum mlynedd ddiwethaf. Mae pwyllgor y Cenhedloedd Unedig wedi cyhoeddi ei argymhellion, a rhaid i Lywodraeth

Since my appointment in April of last year, I have worked with my counterparts across the UK to publish a report to the United Nations Committee on the Rights of the Child, assessing the progress of the UK Government and devolved Governments in the field of children's rights over the last five years. The United Nations committee has delivered its recommendations, and these recommendations must be taken seriously by the Welsh

Cymru a Llywodraeth y Deyrnas Unedig gymryd o ddifrif yr argymhellion yma, a chynllunio sut y byddant yn bwrw ati â'r argymhellion.

Government and the United Kingdom Government, and they must plan how they will deliver on them.

[8] Rwyf wedi gwrandao ar fwy na 1,000 o blant a phobl ifanc mewn cyfarfodydd wyneb yn wyneb, a derbyn dros 6,000 o atebion drwy fy arolwg 'Beth Nesa?' ynghylch blaenoriaethau y llynedd. Y datblygiadau hyn, yn ogystal â thystiolaeth ymchwil am ba bolisiâu sy'n cyflawni'r canlyniadau gorau i blant, yw'r ffynonellau ar gyfer fy mlaenoriaethau polisi canlynol i Gymru, ac rwy'n edrych ymlaen at gael eu trafod â chi heddiw.

I have listened to more than 1,000 children and young people in face-to-face meetings, and have received more than 6,000 responses to my 'What Next?' consultation regarding last year's priorities. These developments, along with research evidence about what policies achieve the best outcomes for children, are the sources for my strategic priorities for all children in Wales, and I look forward to discussing these further with you today.

[9] **Lynne Neagle:** Thank you very much for those opening remarks and we'll go now to questions from Members. We've got a number of questions first of all on one of the areas you've highlighted in your strategic plan, which is bullying. So, can I ask Michelle Brown, please?

[10] **Michelle Brown:** Thank you, Chair. Bullying creates—it puts children in hell, when they're being bullied. It can be an unbearable burden on children, and it's led to children committing suicide. What measures are you putting in place in schools, or how are you encouraging schools, to address bullying, and what practical measures are you suggesting to schools to combat bullying kids?

[11] **Dr Holland:** Absolutely. Many of you will be aware that schools have been trying to tackle bullying for many years. So, I suppose it was quite disappointing, in a way, to hear from children and young people, across the age groups—so, from age seven to 18—in my survey of 6,000 children, that it was their highest priority for something I should be working on. So, obviously, that was something I couldn't ignore. So, we've started work this year now in my organisation, and listening hard to children's experiences of bullying in more depth now. So, we're working through our super ambassadors schemes, in both primary and secondary schools, to listen to

children's experiences.

[12] We're talking as well to professionals in the field, looking for examples of good practice, and there is some very good practice out there. I suppose, as commissioner, I'm very keen to see that a child, wherever they live in Wales, has got the same quality of experience, and we know that that's very mixed. So, while some schools seem to be tackling bullying, and promoting healthy relationships, and I'd like to look at it that positive way, really, rather than just being something against something—. We need to learn from the schools that are doing it so well and make sure that practice is even.

[13] So, I'll be taking that evidence from children, and with children, back to Government, and, of course, to the regional consortia, which are trying to improve education throughout Wales. But Government are revising at the moment their guidance on bullying; it's a number of years old now. So, I'm hoping that the evidence I bring this year will strengthen that guidance. I think we need to be finding more solutions that work for children. So, you know, we can have reams and reams of guidance, but we actually need something that works for children in a particular school. And, in fact, some of the best examples I've seen have been developed and led by children themselves. There are some great examples, for example, in anti-racism and anti-homophobic bullying, which have been peer led. Children often listen to their peers better—however well-meaning a teacher is. If a young person in school is acting as a young leader, and can do an educational piece with some young people who, perhaps, through ignorance, are using inappropriate language et cetera, then I think that can be a really positive way forward.

[14] So, we'll be highlighting best practice, and children's experiences of both what's not working for them in the current systems, and what is working for them, over the next year.

[15] **Michelle Brown:** So, are you going to be coming up with concrete proposals about how bullying should be tackled? Because, as you say, this has been going on for a very, very long time—I mean, probably as long as children have been in schools, it's been going on.

[16] **Dr Holland:** Absolutely. I think you're right. I don't think it's a new issue. I think we're more aware of it now and children are perhaps more prepared to come forward and say they're experiencing bullying. We're also

experiencing new times, though, and some new types of bullying through social media. I have to say that I've been quite encouraged by the publication of the new digital competence framework last week under the new curriculum. That's the first thing that's come out under it. I've started to look at it quite carefully and there is some strong preventative work that could be done through that in terms of how young people manage themselves through social media. It is a whole new environment that we're really trying to get to grips with, and that's something that I'll be listening carefully to children about over this next year—about their experiences of that.

[17] **Michelle Brown:** You mention social media, have you had any contact with people like Facebook and Twitter? You know, because a lot of this—. The social media bullying is going to be primarily through that. So, do you have any relationship with them?

[18] **Dr Holland:** Not directly, no.

[19] **Lynne Neagle:** Thank you. John.

[20] **John Griffiths:** I'm interested in the process by which you will seek to help achieve better practice and better policy in the schools. Obviously, highlighting best practice and producing guidance is very important, but I'm sure that there are many other ways in which you would seek to influence Welsh Government, local authorities and the schools themselves. So, I wonder if you could say a little bit about the sort of process that you intend to follow to make sure that what actually happens in our schools right across Wales, as far as possible, achieves the better standards and puts into practice the lessons that are to be drawn from the experience of the children that you will bring to the table, as it were. Perhaps, could you also say a little bit about what's happened up to now in terms of your predecessors and yourself in terms of bullying, because, as you say and as we've heard, these are problems that have been around for a long time and children have been concerned about them for a long time, and parents and educators? Do you feel that the office of the children's commissioner has achieved much in terms of tackling bullying up to this point?

[21] **Dr Holland:** Something that I've been thinking very hard with my organisation about has been the impact of our work over the last few years. I think that's a really important question. I'm not really interested in just doing superficial work, where I just publish grand statements about what should be. I'm very interested in following through and making sure that things

make a difference to children's lives. So, we've been thinking very hard about how we both achieve impact and measure impact in terms of changes in children's lives.

[22] One thing I've done this year is recently set up a new governance structure and new advisory boards in my organisation. The part of that that I've got going soonest has been my young people's advisory board. I've now got a group of 17 very wise young people from across Wales, aged 11 to 17, who are really helping me think through some of these questions and are really there to scrutinise the work that we're doing and help us think through how it can actually make a difference to children's lives. So, they, along with the thousands of children engaged in our broader participation scheme, are really—I would say to them that they're my ears on the ground to let me know whether my work is making a difference and also to say what I should be prioritising.

[23] The 'Beth Nesa?' survey that we did last year had a lot of questions around well-being and bullying. We did it carefully, using careful methodology so that it would be repeatable. So, we will be able to repeat that survey, probably at the end of my three-year programme, to see whether children feel that any difference has been made. So, that's one measure that we'll be able to make as to whether any difference has been made. I don't think I can tackle bullying, or my office can on its own. I think I need to be persuading people from the whole-school community and not just teachers, but everyone surrounding the school community—leaders in education and, of course, with guidance and help from Welsh Government—to make real changes. Because I think what children are saying is, 'We can have as many policies in my school as there are in the world, but, actually, sometimes I still feel really miserable because people are bullying me.' I don't think it's an easy issue to tackle. I don't think I'm going to solve bullying over the next few years, but what I would like to see is more schools having more effective policies I think that's a reasonable aim, and children saying that they're having a better experience, in three years' time.

09:45

[24] In terms of any work my predecessors have done on bullying, I'm going to look to my colleague to see whether we've done specific work on it in the past.

[25] **Mr Dafydd:** There has been work done on complaints in particular in

the schools setting, and access for children to make complaints on whether there is bullying going on or things are not going right in the school setting—more around advocacy than bullying. But, obviously, from the ‘Beth Nesa?’ consultation, it is a key strategic priority for us in this term.

[26] **Dr Holland:** Another very specific thing we’re doing this year is a piece of work on Islamophobia. So, a number of young Muslim people I’ve met over the last year have said they were increasingly worried about Islamophobic experiences they were having, and I wanted to do something concrete in response to that. So, we’re developing a lesson plan, which is an interactive video plan, with young people, which will have video examples, stories and discussion points that we will be publishing later this year and rolling out, making it available for free to all schools in Wales. So, that’s one specific area of bullying that I just wanted to do something quite quickly and concretely on in response to those young people’s concerns.

[27] **John Griffiths:** I think, Chair, it might be useful for the committee if, as matters develop, you keep us informed in terms of the developing process by which you will seek to make sure that there’s consistency across Wales in tackling bullying and in promoting those positive relationships. It would be quite interesting to get a feel for the detail of the process, Chair, if that’s okay.

[28] **Lynne Neagle:** Yes.

[29] **Dr Holland:** Absolutely. I’d be very happy to do that, yes.

[30] **Lynne Neagle:** Llyr, was your question on something that the commissioner said?

[31] **Llyr Gruffydd:** Ar y mater yna, **Llyr Gruffydd:** On this issue, I just wanted to ask how we as a committee can add value to the work that you’re doing. Because, the purpose of the session is to try to assist us with strategic thinking in terms of the forward work programme that we have as a committee. So, where do you see the committee fitting in to those efforts to tackle bullying?

[32] **Dr Holland:** Obviously, as a committee, you know, you'll be setting your priorities for the next term, and, like me, you can't tackle every single issue, and you need to set priorities, which is a dilemma, isn't it? I think I've got two aspects to my relationship with the committee. One is, rightly, that the committee scrutinises my work and holds me to account. The second is that I want to assist your inquiries and bring evidence to them and help you to think deeply about the experiences of children and outcomes for children. What was really interesting about my 'Beth Nesa?' consultation was that adults and children had slightly different priorities, and in fact professionals and parents had slightly different priorities. So, children and, to a slightly lesser extent, parents put bullying really high up. Professionals, I think, thought, 'Oh well, we've sort of done that and moved on'. I think, you know, if we're going to be a nation that listens seriously to children, we've got to take seriously the things they're putting at the top of their list and experiences. The emotional well-being of our children, which includes experiences of bullying but is broader than that, of course—so, it's stress and anxiety in our fast-moving world—has got to be, I think, part of your priority as well as mine, because that's what our child population and those who care for them are telling us is their biggest concern.

[33] **Mr Dafydd:** I think the only thing to add to that is obviously about the curriculum reform, and how the bullying guidance fits into the new structure of the school setting is imperative. Obviously, the committee, in scrutiny of that process, will also co-ordinate with the work we're doing.

[34] **Dr Holland:** I do think that the curriculum reform process gives us a fantastic opportunity in Wales that we mustn't miss, really, to address—well, as it says, learning for life, a curriculum for life, and thinking about all of the skills and positive relationships we'd want our children to graduate from school with. Of course, we want them to be highly literate and numerate and be skilled academics, but, also, children tell me they want to be ready for life, And employers say, as well, of course, that they want young employees, and older employees, who are good at relationships, who are good at practical problem solving, et cetera. So, I think that scrutiny of the curriculum is something that I'll be doing very closely and I'm sure you will too as a committee. It really gives us a chance to address some of these issues, I think, that are arising for our children at the moment.

[35] **Lynne Neagle:** Thank you. Julie Morgan.

[36] **Julie Morgan:** Yes. I wanted to raise particularly the issue of homophobic bullying because that is something that has been brought to me in my constituency role, and I know the issue of language in the playground is very difficult to tackle, but it is very prevalent, I think, that words are being used that are quite hurtful and disturbing to other young people. I just wondered how that can be tackled. I think we talked about the different organisations and people that have to be involved. How do you see the home as well being involved in those sorts of issues?

[37] **Dr Holland:** Yes, of course, we're seeing a real societal and generational shift, aren't we, in attitudes to diversity in our society? Encouragingly, really, many young people tell me that homophobic bullying has decreased substantially and there's much more freedom to be as they wish to be as young people. However, that's not the case evenly across Wales. We're getting back to how we ensure that children, wherever they live in Wales, have a similar experience, and I think we need to learn from some really pioneering projects that we've seen in Wales on this issue. We also need to distinguish, I think, between different groups of children who may be experiencing more difficulty than others, for example transgender children, I think, who may well be exploring their identity or even transitioning right through some of the most sensitive years of their adolescence. They are perhaps the next frontier really in terms of societal acceptance, and again, there's some really good project work going on on that issue. There are groups in more and more schools, but probably I would still say a minority, where there are not only support groups for young people who are identifying as lesbian or gay, but there are also whole-school approaches to tackling homophobia and accepting diversity within the school. That's actually one of the projects I was referring to when I was talking about peer-led initiatives, and I think they're the ones that work particularly well. I've had contact with a number of those groups over the last year, and they are shining examples. I would like to see that kind of work going on in every school in Wales.

[38] In my new youth advisory panel, I do have the chair of Youth Pride Cymru as part of my advisory panel, so I will be drawing on that group's experiences and advice moving forward. We did in the last year—so, during my first year—publish a guide for young people in how to make complaints about representations of lesbian and gay young people, whether that's social media or the media, what's not acceptable, and what to do about it. So, we did do something very practical about it in the last year as well.

[39] **Julie Morgan:** Those shining lights that you've described sound fantastic, but obviously the issue is how you spread that practice, isn't it? I mean, what percentage of schools would be having this whole-school approach and having these support groups?

[40] **Dr Holland:** A small minority, I would say, at the moment. I did go to one of those groups—there's the Digon group in ysgol Plasmawr in Cardiff and I went to a conference they ran in the summer for other schools to promote the practice, and I think about 10 other schools attended that. I also went to the first ever Youth Pride conference in Monmouthshire—I think it was the end of last year—where, again, some of the school counsellors in Monmouthshire had got together and realised they were seeing a lot of individual children for school counselling who actually probably didn't need counselling; they needed support in terms of their identity and in coming out as lesbian and gay. So rather than problematising their identity and offering them counselling, they formed support groups and worked towards a big conference, which was a wonderful conference, I have to say. So, that's a good example of a whole county actually taking an approach, and I would like to see, at local authority level or consortia level, these good examples being promoted.

[41] **Julie Morgan:** Thank you.

[42] **Lynne Neagle:** Thank you. Moving on to mental health, as you know, the shortcomings in child and adolescent mental health services have been a regular slot in all the previous children's commissioners' annual reports, and the predecessor committee to this one did a lot of work on CAMHS. Are you able to tell us what your assessment is so far of how the Government is doing in tackling those shortcomings, particularly through the Together for Children and Young People programme?

[43] **Dr Holland:** Yes, I am. I think the work that this committee did in the last term was a really important moment, really, because it brought together all the evidence on where we're at with CAMHS and, really, I think it was quite a milestone in Wales, sitting up and saying, yet again, 'We really need to change things'. I think it really was the issue—and I talked about this with the previous committee—that smacked me straight in the forehead as soon as I started this job as an issue that is unacceptable, really, in terms of children's experiences. Of particular concern are the long waiting lists, of course, but also the lack of early intervention. So, young people are having to get to a real crisis point before they're getting any help or intervention.

[44] In terms of the Together for Children and Young People programme, I'm sitting on its advisory group, which hasn't met very often, I have to say, so far. I applaud the ambitions of the programme and I applaud the fact that the ambitions are comprehensive in that it's trying to tackle prevention, through primary care, right through to clinical care. I'm glad it didn't just concentrate on waiting lists, because we know you've got to tackle issues earlier. The ambitions are good, there is new money, but we know there have been difficulties in implementation, partly due to a lack of getting staff to the right places quickly enough. I've been keeping a close eye on the waiting lists over the last year. I think they're still unacceptably high. They're being tackled in some areas more successfully than others. It's quite hard to—. I'm actually, at the moment, trying to get underneath some of the figures, because, for example, three of the most populous health boards' figures are published together, so it's quite hard to know whether a child's experience in the Valleys is the same as that in Port Talbot or Cardiff, because they're all published together, and I suspect that they're quite different, from the casework we have coming in. We still have children waiting months, sometimes, for a first appointment and treatment. However, there is some good work going in in terms of primary care—some good initiatives around crisis care at home.

[45] What I would like to see is a real emphasis on positive mental health early on right across the curriculum for all children and young people. I'd like to see that very much as part of the work towards the new curriculum. I would like to see it as standard. Again, there are shining examples in some schools of a whole-school healthy approach to mental health. So, we have things like mindfulness, exam stress-busting workshops, anxiety-reduction groups, methods for everyone, which all of us could benefit from, on increasing our resilience and ability to cope with stress. So, non-stigmatising approaches across the school. I'd like to see that really being built into the curriculum as early as possible. We'd really be missing a trick in Wales if we have this very ambitious Together for Children and Young People programme and very ambitious curriculum reform being worked on by two completely separate departments in Government and not looking together at how we can really meet the needs of our young people in schools.

[46] **Lynne Neagle:** Thank you. Oscar, then Darren.

10:00

[47] **Mohammad Asghar:** Thank you very much, Chair, and thank you, Sally, for this information. Pressure on child and adolescent mental health services has grown by 121 per cent in Wales—you know that—and the Welsh Government's cut to spending on CAMHS was nearly 7 per cent in 2014–15 and more than one in eight young people are waiting for more than 40 weeks to receive vital support. It's not acceptable. Some young people are waiting for almost a year, so that is also unacceptable for a child's benefit. Throughout the fifth Assembly, what framework does the Welsh Government intend to put in place to ensure that no child and their family waits no more than 14 weeks in this part of the world?

[48] **Dr Holland:** I agree with you; it's terribly concerning. One of my great concerns, really, is the inequality. Although we know adult mental health services are not a panacea, we're actually seeing children waiting disproportionately longer than adults, which, to me, is a clear discrimination in our society. Another thing I should have mentioned with the Together for Children and Young People programme, which I think is a really strong ambition, is the cutting on waiting list targets. So, from April this year emergency cases—children in emergency situations—should be seen within 24 hours, and first referrals within—I hope I'm getting these right—28 days. The NHS accept that they won't meet those targets this year, but that's what they're aiming for. I applaud the fact that they've put those ambitious targets in. They're now the most ambitious ones in the UK. I know you're seeing the health Minister later, so I'm sure that you will be bringing up these issues with him. We really need to make sure that the extra investment that went in last year—the figures were correct, as you say, for 2014–15—but the extra money that went in this year continues throughout the term, if not increases, and that they have some sense of when, in Wales, we'll be able to meet those targets. I think they're correct targets. For a child, it is too precious for young people to be sitting for 52 weeks on a waiting list for something to happen. Someone's decided that they should be referred, and I know that there's been an issue about whether referrals are appropriate or not, but we have casework coming to the office where, clearly, a young person is in great distress. I've heard GPs telling me that they're not referring young people frivolously. They'll be young people who are contemplating suicide, for example. So, these are not young people that should be waiting for 40 weeks or however long. The ambitions are correct. What we need to do is meet those ambitions now. I shall certainly be scrutinising that over the next year or two, and I'll be very disappointed if we don't get near those targets, within the next two years, anyway.

[49] **Lynne Neagle:** Thank you. Darren.

[50] **Darren Millar:** Thank you, Chair. You mentioned earlier on that the advisory committee hasn't met very frequently. How many times has the advisory committee on the Together for Children and Young People programme actually met?

[51] **Dr Holland:** There are two committees—and I'm going to get their names wrong now unless Hywel can remind me. There is a working group of senior people, which does meet regularly. There's the expert advisory group, which I am on, which is a small group of four or five people. I think we've only met physically once in the last year, but we have had communication virtually, and I think that that was how the lead planned it to work, but I have been asking for another meeting so that I can bring up some of these issues.

[52] **Darren Millar:** To me, that gives the impression that there is insufficient focus, really, from the Government on wanting to address these issues. I know that you've mentioned that there's a senior team sort of working on things, but do you think—

[53] **Dr Holland:** It's NHS led, rather than led by Government, I think—

[54] **Darren Millar:** Well, the NHS is—

[55] **Dr Holland:** Within the Government, yes.

[56] **Darren Millar:** Do you think there's insufficient pace with the progress?

[57] **Dr Holland:** I think it's patchy. So, I think there has been some good progress, but not perhaps as much as I would like to have seen yet.

[58] **Darren Millar:** When you request meetings—and you say you've recently been requesting some—are they going to be granted? Is that the impression that you get?

[59] **Dr Holland:** Yes, I believe that they're going to try and get one in place before the end of the year.

[60] **Darren Millar:** Before the end of the year? When did you request this meeting?

[61] **Dr Holland:** In the last month, I think.

[62] **Darren Millar:** Okay. Do you think that that's good enough? Do you think it suggests that they are willing and wanting to meet? Have you attempted to hold them to account for any progress or not?

[63] **Dr Holland:** Well, when we do meet, we will be discussing that, definitely.

[64] **Darren Millar:** Okay, but you'd like to see more frequent meetings so that you can be more informed as to what the progress, or lack of progress, might be.

[65] **Dr Holland:** Yes, I think I would.

[66] **Darren Millar:** Thanks. Can I just ask as well about the early intervention which you mentioned, which of course is critically important when there are long waiting lists? When a mental health problem begins to manifest itself, of course, it can often be very mild at first before it gets into crisis situation. You made a reference to mindfulness and some of the good practice that you've seen. Obviously, there's a project that has been going on in my own constituency, which I know you're familiar with, because you came to visit the school—Ysgol Pen y Bryn. Can you tell me where else you're seeing mindfulness being used in the classroom or in the education system in particular in order to help children and young people?

[67] **Dr Holland:** There is a mindfulness in schools project. I'm most aware of it in the north Wales area—in Flintshire, for example, as well as in Conwy. There is quite systematic instruction of mindfulness into schools. I don't think mindfulness is the only answer for prevention and I'll await with interest the evaluation that Bangor University's doing of some of those schools in north Wales to see whether it does make a real difference to children, in which case, you know, I'd certainly want to see it far more widespread across Wales. I suppose with any of these projects it needs to be the right project for a particular school and a particular population, but also we want to—. If we want anything to come right across Wales and be in statutory guidance, for example, I'd want to make sure it's completely evidence based. The evidence is very promising on mindfulness, but I think in terms of it being introduced on a whole-school basis, I'll be awaiting with great interest Bangor University's evaluation of that project. Certainly, the children that we met together in Ysgol Pen y Bryn spoke very positively,

didn't they, about its impact on their everyday learning.

[68] **Darren Millar:** And just one final question on school nurses. Obviously, not every school has a dedicated school nurse but very often the local health teams are in touch with the schools at different points in time. To what extent do you think that the school nurse system, if you like, is well equipped to deal with children and young people that might present with mental health problems?

[69] **Dr Holland:** I've had a number of discussions with school nurses over the last year about their role in this and other aspects; for example, keeping children safe from abuse as well. I think there's a real appetite among many school nurses to have the time and training to get more involved in this kind of preventative work, and actually I think school nurses are very well positioned, if given the time to do so, to take on a lot of this preventative work. There are some shining individual examples, perhaps where schools have put extra finance in, to make sure that they can employ a school nurse full-time, for example, where I've seen some really excellent work going on. I did bring it up in the children's health and social care working group within Welsh Government, which invited me to speak to them—it was just after the election—and I was told that they were looking closely at the role of the school nurse and expected to make some progress on it this term. So, it's something I'll be returning to. I do think that they could be perfectly positioned, but at the moment what they tell me is that they probably spend too much time administering vaccinations, for example, which could be done by someone—a supervised person at a lower grade—and their high skills could be used to do more preventative general health work. So, it's something I'd really like the education system and health system to explore.

[70] **Lynne Neagle:** Thank you. Just one final question on this. The Children's Society recently published its 'Good Childhood Report 2016' and that found that there was a widening gender gap in well-being, with well-being falling for girls. Is that a trend that you've noticed in your work?

[71] **Dr Holland:** Yes. I mean, in my 'Beth Nesa?' survey we did see some gender differences, for example, in well-being. They were very similar to patterns that we see elsewhere with girls, as they get older, reporting more low mood than boys, for example. I think the Children's Society annual reports are becoming a really important source of evidence for us in the UK. We do need to bear in mind that most of their survey work is done in England; they were drawing on things like the millennium cohort study data

for Wales, rather than direct survey work for Wales. Having said that, I wouldn't expect the findings to be any different in Wales. As my small survey showed, they were very similar, and in fact, we were advised on our survey by one of the key officers of the Good Childhood survey, so we used a lot of the same methods. I think it is a concern. We know that issues around body image, for example, are real concerns for girls, as is sexual harassment and negotiation of relationships. My office has been partly involved in a project led by Emma Renold of Cardiff University. This year, she's been working with young people to develop peer-led healthy relationships guides for schools. I've seen the draft of that. It's not guidance; it's tools—really practical, fun tools, actually—developed by young people, to really embed healthy relationships work in schools. That's going to be launched this November and I'll be part of that. I feel quite optimistic that there are ways that we can work on this, but we need to take it seriously, and schools need to take it seriously. Girls are talking about everyday harassment, everyday anxieties, and we need to find new and imaginative ways to tackle those.

[72] **Lynne Neagle:** Okay; thank you. John Griffiths, then, on poverty.

[73] **John Griffiths:** Two things, if I may, Chair, if I could link it with play. Two of your priorities, commissioner, are to address poverty and social inequalities in Wales, and obviously that cuts across many aspects of the quality of life and the experiences of children. Also, with play, three to seven-year-olds have highlighted their desire to have better access, and there's a link with deprivation there in terms of lack of adequate access. I'm just wondering really what your thinking is in terms of how progress can be made. I think, with poverty, obviously, some levers are within Welsh Government control, others are very much with the UK Government. Quite a lot of work has taken place by committees here in terms of reports on tackling poverty, and Welsh Government and other agencies, and finding practical ways forward and ways of addressing those concerns of young people is obviously no easy matter; it's very complex. I just wonder what route you see through in terms of the role that you can play as children's commissioner.

[74] More specifically on play, I'm wondering whether you see many links with issues around community-focused schools, which I think is quite patchy. In some areas of Wales, schools are open to the community, to use the facilities at weekends, during holidays and evenings, but not so in a consistent manner, I don't think. I'm aware that on council estates, for example, in my area, the stock transfer that took place—taking housing

stock from the council to a registered social landlord—has put in place the basic improvements of the quality of housing—the new windows, doors, kitchens, bathrooms, which is really important stuff—but they’re now moving on to the general environment and looking at the land that’s there on the estates. I think there may be opportunities there to make points as to what children would like to see in terms of opportunities for play.

[75] And, just finally, Chair, there’s also the Tanni Grey-Thompson report, which is all about physical literacy in schools, and very important in terms of Donaldson’s work and the curriculum review. We need children to be physically literate to enjoy the opportunities for play. So, there’s quite a lot going on, and I just wondered what you see as the route through all of this, really, as far as your role is concerned.

[76] **Dr Holland:** Okay. There’s a distinction, of course, between my role and Government’s role and local authorities’ roles et cetera. Just quickly—I will come on to my role in a second—on Government and public services’ roles, firstly, although there was a welcome very slight decline in child poverty figures this year, I hope that’s going to become a trend. We’ll be able to assess that over the next couple of years. We absolutely cannot become complacent about the levels of child poverty in Wales, which are still shockingly high, really, and inequalities in experience of childhood in Wales has got to be really my No. 1 priority. I really mean my overall statement that I want every child in Wales to have an equal chance to be the best they can be, and poverty is one of the things that is one of the main humps on the road that children face in becoming the best that they can be.

10:15

[77] So, first of all, we need to just keep people really alert to the fact, because I think the general population really needs to still be—as we all do—sort of angry about the fact that so many children are living in poverty in Wales. I think we need to acknowledge the fact that, although the tax and benefits system play a huge part in child poverty, as you say, Welsh Government does have levers, as do local authorities. I know that the anti-poverty programmes are being examined carefully by the new Minister, and I’d be very interested to see what happens with those. I think they really need to be targeting child poverty, and children’s experiences of that. We need to see it as a cross-Government role. I want to see children featuring in thinking right across the Government.

[78] I'm really pleased that we have a Minister for children in this Government—it's something I called for before the election. I hope he'll take a leading role in co-ordinating the response to children across Government. Personally, I think that could be well done by a Cabinet sub-committee on children, which, I hope, would have child poverty at the top of its agenda. We know that there's a new committee, for example, on the impact of Brexit. I can't remember its formal name.

[79] **Mr Dafydd:** It's an advisory group, I think.

[80] **Dr Holland:** An advisory group—so, an advisory group on Brexit. I want to know what thinking that group's going to have on the impact of Brexit on children. You know, children mustn't lose out in any new settlements, post Brexit. I wouldn't want the Government to be using Brexit really as a kind of get-out-of-jail card for saying, 'Well, we can't do anything about child poverty, because everything's changed.' Children must be visible. You know, we can only pay due regard to children's rights really by having children really visible in our planning, and in our delivery. I want to see children right up there in the budgets, to know what's being spent on children. I'd like to see young people more involved in finding these solutions too.

[81] At a local level, the new public service boards—under the Well-being of Future Generations (Wales) Act 2015—if done well, do give an opportunity for public services to come together, to really plan for tackling child poverty. Although we can see great initiatives, like community-based schools, children's experiences of poverty aren't going to be alleviated by one sector or another. I'm working hard with the Future Generations Commissioner for Wales, Sophie Howe, to help public service boards understand how they can embed children's rights, through fulfilling the well-being goals of the new Act. So, we're doing some quite distinct work with the public service boards, to get them to think about keeping children at the forefront of what they're doing, both in their delivery, and in involving children in planning that delivery.

[82] Play has got to be a priority. The UN committee, interestingly, singled out Wales for praise in terms of our play sufficiency regulations. But, we need to make sure that they are properly carried out and embedded throughout Wales. And you're right, play has got an important role in promoting physical health; there are lots of other reasons why we should promote play, but one is physical health. Children in the 'Beth Nesa?' consultation told me that they wanted to be able to play out more, but they didn't always feel safe to do so.

So, we need to find ways of making children feel safe to navigate our communities, and play out; opening up facilities out of hours may be just one way of doing that.

[83] But, I'm particularly concerned really that we need to keep an eye on, under austerity measures, when local authorities are inevitably making cuts, that we don't lose some of the areas that they don't have to provide through statutory guidance. So, if things are cut like free access to sports, play and facilities, et cetera, then the children who are going to lose out are going to be the poorest children. Middle-class parents can compensate by buying their children music lessons, football lessons, et cetera, but the poorest children are going to lose out. So, I think that we need to be scrutinising the impact of cuts on the poorest children, including play.

[84] In terms of my role, I'm expanding this year my community ambassadors programme, which gives an opportunity for children with all sorts of expertise—it might be experience of being disabled or of living in a particular community, like Gypsy/Traveller communities, or children living in poverty—to both spread the word about rights in their community, but also to make sure that I hear and I help other people to hear their everyday experiences of poverty. I'm expanding that programme this year to be more widespread throughout Wales and I'll be listening to those children's experiences, particularly of accessing some of the extra-curricular, you might say, or enrichment activities that other children take for granted—so, sport, leisure and play activities. So, I hope, again, that I'll have more to report on that in next year's annual report.

[85] **Lynne Neagle:** Thank you very much. Llyr, on safety issues.

[86] **Llyr Gruffydd:** Yes, thank you. Child sexual exploitation is one area that I think the committee needs to look at at some point, and the Assembly more widely as well, I think, should do more in deliberating that particular issue. Where would you see the committee potentially making the greatest contribution around that agenda?

[87] **Dr Holland:** Since I took up my role, I have seen some real progress in this field. Following some of the events in England, in Rotherham and Rochdale, et cetera, my predecessor set up a national round table, which he chaired and which I've carried on the work of over the last year and will continue to carry on. I'm co-ordinating with the National Independent Safeguarding Board for Wales on that, but they've asked us to carry on

meeting because they see it as a really valuable meeting. So, about four times a year, I meet up with some of the most senior police and members of local authorities and the voluntary sector and health providers from right across Wales to share best practice, but also to monitor progress being made. Welsh Government officials in charge of this area attend that, and I and the group have been pushing them to come forward with a national action plan, which did come forward in the spring. All local areas should be working to that now. I think it's a good, comprehensive plan. You can have all the plans in the world, but you need to make sure that they make a difference to children's everyday lives. So, the next role of this round table will be to ensure that it is making that difference.

[88] I've seen some quite creative working, I think, across Wales. But, once again, I want to make sure that that's experienced by a child if they live in the middle of rural Powys or in the centre of Cardiff or in Anglesey. They must experience the same high-quality response, if they're at risk of CSE or have experienced CSE. But we have seen some good initiatives. Most of the police forces now, for example, are working with the third sector to bring in experienced advocates who can work with children who they know have experienced CSE or are at risk of it because of frequently going missing, for example. Those child advocates, the police say, are much better at working with those young people to keep them safe. So, that's been an encouraging thing.

[89] Sometimes it's been, you know, things that are just really good ideas and are spreading. So, in Gwent, for example, they saw taxi drivers as a really key component in spotting where young people were being transported, unfortunately for the purpose of exploitation, by taxi. So, they saw them as key potential informants. So, they reduced their licensing fee, I think by 25 per cent, if they attended a CSE awareness course. When that was brought to my round table, the other police forces said, 'Oh what a good idea; we could do that too.'

[90] So, I think we've seen progress over the last year, but what we will see with that progress is possibly a change in the statistics that might look more worrying, because we're seeing more awareness; the police are identifying more young people at risk, so the figures are likely to go up. So, I think that's important for the committee to be aware of when you're scrutinising those figures. I think the committee may wish to look at whether the Government action plan and the local action plans that should come out of that are actually making a difference to children's everyday experiences of

being safe.

[91] **Llyr Gruffydd:** That's what I was getting at. So, you would see value in us scrutinising the action plan and its implementation particularly.

[92] **Dr Holland:** I would, yes.

[93] **Lynne Neagle:** Thank you. Hefin.

[94] **Hefin David:** I had a very productive—. I'm coming back to John Griffiths's area of interrogation, looking at your priorities, poverty and social inequalities, and particularly also transitions to adulthood for all young people who require continuing support in care. With that in mind, I had a very helpful meeting with Action for Children this week, and they raised with me—. I'd read their document, 'A Fair Deal for Young People in Wales', in which they raised the issue of young people in care struggling with budgetary issues, which then lead in to difficulties in adulthood, and the need to intervene appropriately, differently and, often, early or in a timely way. Could you reflect upon that and give your opinion on what you think the best way of tackling these issues is?

[95] **Dr Holland:** Absolutely. This is an area of absolutely essential importance to me that I'm really stuck into at the moment, actually. I highlighted the issue in my last annual report, but I've continued to do more project work on it this year. It's something that came up strongly in my consultation. I'm interested in transitions of all young people needing additional care and support into adulthood. So, that might be for health reasons or other social care reasons. But, this year, I've decided to concentrate on the experiences of young people in care as the highest priority, the highest at-risk group, really, as they move into adulthood.

[96] Over the summer, I held two regional assemblies for young people in care, which young people from 19 of the local authorities attended, and we specifically discussed issues of how they're supported into adulthood. Finance comes up a lot, and I think Action for Children are right to highlight that as an issue. We're bringing all those messages to a national assembly now next month, which the Minister for children is attending, where we'll be continuing to further our calls for a more secure move into adulthood for care leavers. This is a long-term piece of work that I'll be carrying on into the next year and following it through with each local authority, but I'm trying at the moment to bring forward the everyday experiences of young people—and

we're doing that in all sorts of creative ways—to Government's attention, and then I would like to see a much stronger commitment from Government, and then each local authority, to these young people.

[97] We need to make sure that every young person leaving care has a secure place to live, and they will all need something different. Often, they're going into bedsits or single flats where they are isolated and lonely, and vulnerable to financial exploitation. They're living in poverty, often. So, they are living on, I think it's £56 a week in general, and that's to pay all their bills, travel to college, food, et cetera. You know, think of how much that is per day; it's not a lot to live on, and they're paying their council tax, et cetera, out of that as well. And too many of them are not in education, employment or training. So, I think the basic thing that corporate parents should be able to offer the young people that we have taken into our care in Wales, as they move into adulthood, is what any parent would offer: something constructive in terms of a training place, an education place or a job—an active offer of, anyway—and secure housing and support. So, that social support needs to continue, because many young people get into financial difficulties, and once you start to do the sums with them, you can see why, and they are often exploited by other people and are often vulnerable. We have to remember, of course, these are amongst our most vulnerable young people, and yet they're moving into adulthood earlier than most young people from birth families. There's a lot of work to be done in this area. But, actually, I think it's something that we can do as a nation. I don't think it's one of these big issues that we will never solve. I think it's something that is entirely solvable. The numbers are not too big for us to be able to provide properly for these young people. It's something that you'll be hearing quite a lot more on from me and my team over the next year.

[98] **Hefin David:** I, therefore—given that time is tight today—look forward to talking about this more in the context of your annual report.

[99] **Lynne Neagle:** Thanks, Hefin. Okay, well that concludes our session. Thank you very much, both, for coming today. I'm sure we all found it a really informative session and we'll look forward to seeing you again on 6 October. Can I just remind you that, as you know, you will have a transcript of the meeting sent to you for checking? Thank you very much for coming.

[100] **Dr Holland:** Thank you. Diolch yn fawr.

10:30

**Cynnig o dan Reol Sefydlog 17.42(ix) i Benderfynu Gwahardd y
Cyhoedd o'r Cyfarfod ar gyfer Eitem 4
Motion under Standing Order 17.42(ix) to Resolve to Exclude the
Public from the Meeting for Item 4**

Cynnig:

Motion:

*bod y pwyllgor yn penderfynu that the committee resolves to
gwahardd y cyhoedd o'r cyfarfod ar exclude the public from the meeting
gyfer eitem 4 yn unol â Rheol for item 4 in accordance with
Sefydlog 17.42(ix). Standing Order 17.42(ix).*

Cynigiwyd y cynnig.

Motion moved.

[101] **Lynne Neagle:** Okay, I propose in accordance with Standing Order 17.42 that the committee resolves to meet in private for item 4. Are Members content? Thank you.

Derbyniwyd y cynnig.

Motion agreed.

Daeth rhan gyhoeddus y cyfarfod i ben am 10:31.

The public part of the meeting ended at 10:31.

Ailymgynullodd y pwyllgor yn gyhoeddus am 10:56.

The committee reconvened in public at 10:56.

**Ysgrifennydd y Cabinet dros Iechyd, Llesiant a Chwaraeon a Gweinidog
Iechyd y Cyhoedd a Gwasanaethau Cyhoeddus: Sesiwn Graffu
Cabinet Secretary for Health, Wellbeing and Sport and Minister for
Social Services and Public Health: Scrutiny Session**

[102] **Lynne Neagle:** Can I welcome the Cabinet Secretary for health and the Minister to our meeting this morning? Thank you for attending and for providing papers in advance of the meeting. Can I just ask you to introduce your officials for the record, please?

[103] **The Cabinet Secretary for Health, Well-being and Sport (Vaughan**

Gething): I'm Vaughan Gething. Thank you very much for the invitation as the Cabinet Secretary for Health, Well-being and Sport, and I'll ask people to introduce themselves around the table.

[104] **The Minister for Social Services and Public Health (Rebecca Evans)**: Rebecca Evans, Minister for Social Services and Public Health.

[105] **Mr Heaney**: Good morning. I'm Albert Heaney, director for social services and integration.

[106] **Mr Rees**: Good morning. Irfon Rees, deputy director public health.

[107] **Dr Watkins**: Dr Sarah Watkins, head of mental health policy.

[108] **Dr Payne**: I'm Dr Heather Payne. I'm senior medical officer for maternal and child health.

[109] **Lynne Neagle**: Lovely. Thank you very much all. If it's okay, we'll go straight into questions, then, and the first question is from Llyr.

[110] **Llyr Gruffydd**: Thank you very much, Chair. Good morning to you all. I just want to start by asking a few questions about the way responsibilities have been shared out across Cabinet Secretaries and ministerial portfolios, really. I'm just wondering if you could clarify a few particular areas for us first of all, maybe, in terms of responsibility because it seems to be unclear from the information that we have in the public domain. Who's responsible for safeguarding and child protection?

[111] **Vaughan Gething**: Well, can I—? Generally—.

[112] **Llyr Gruffydd**: Who leads, then, I should say.

[113] **Vaughan Gething**: Generally, you'd expect us, as we will need to, to work across Government on a range of different areas and as this particular committee has oversight for any of those areas we do need to work together. We already work and we've had a meeting between the two and three Ministers with responsibility. Perhaps Rebecca could come back to you on the specific areas that you've raised, but this is a new way of working, working across Government, and the portfolios have been deliberately designed by the First Minister to encourage and require cross-Government working.

[114] **Rebecca Evans:** So, with specific regard to safeguarding, Carl Sargeant has responsibility for child safeguarding and I have responsibility for adult safeguarding. As far as safeguarding is concerned, our work is supported by the same team of officials anyway, so it does have that consistency and co-ordination across Government. Of course, officials are well used to working to multiple Ministers across multiple portfolios anyway.

[115] **Llyr Gruffydd:** What about disabled children?

[116] **Rebecca Evans:** Different aspects of disabled children's lives will be in the responsibility of different Ministers. For example, Carl Sargeant would be responsible if a disabled child needed advocacy provision. He has Families First in his responsibilities as well, whereas other aspects of disabled people's lives, for example, through the care and support plans that they would have under the Social Services and Well-being (Wales) Act 2014, would sit with me.

[117] **Llyr Gruffydd:** This isn't a very long list—.

[118] **Vaughan Gething:** Staying with your point on disabled children, that is a good example of where you couldn't honestly say that only one Minister could or should have responsibility, because that disabled child will have a whole life where each aspect of that life would cross different parts of responsibility. You'd have straight healthcare needs—well, obviously, that could end up being with me—and then their role within school and educational life as well. So, I think, with some of this, it's easier to talk up the difficulties rather than say, 'Actually, as long as we have a focus on outcomes for the child and as long as Ministers and officials work across the Government, then we should be able to deliver on our responsibilities'. I think it will get easier for Members to scrutinise as that becomes clear in the way that we work.

[119] **Llyr Gruffydd:** Yes, and I welcome this broader approach in terms of—. Because, as you say, the danger always is that we end up working in silos and that's an easy criticism to throw at Government, and I applaud the fact that there's a concerted effort to look at structures, but you do have to accept that there would be inherent risks as well in introducing this kind of system. Because where there is overlap and a decision needs to be made pretty swiftly, do you have sort of understandings about who would initially respond to certain circumstances?

11:00

[120] **Vaughan Gething:** Yes. I think there's decisions to do with the policy and regulations.

[121] **Rebecca Evans:** Yes. I think probably the simplest way to consider it is that Carl Sargeant would be responsible for the policy aspect of children, and I'm responsible then for the legislation, regulation, implementation and inspection side of things. So, a simple example would be childcare. Carl Sargeant would be responsible for the policy on childcare and delivering our manifesto pledge in terms of childcare as well. I would be responsible for the oversight of the regulation and inspection of those childcare settings. So, that's an example of how the split would work in practice.

[122] **Llyr Gruffydd:** Not easy, though, for stakeholders and the wider public to know who to go to, then, in those kinds of circumstances.

[123] **Vaughan Gething:** I don't think it'll be that difficult. In any reshuffle, people always say, 'What does this really mean?' In any new way of working— . You talk about the risks inherent in any structure, but in any structure there is a risk that you self-identify, proceeding to your working in silos and people falling between different responsibilities. I'm confident that we'll be able to make this work and the public will understand who they need to go to for which particular either individual issue or a challenge or problem, as well as lobbying and scrutiny as well.

[124] **Rebecca Evans:** I think this is about maximising our resources across Government as well in order to support families and children—so, maximising resources across housing, social care, family support and so on. And having more than one Minister with a deep interest in that portfolio, in that subject area, I think is a good thing.

[125] **Lynne Neagle:** Thank you. Julie on this.

[126] **Julie Morgan:** Yes, thank you very much. I think it's an excellent idea to work across Government, and that's something that we've been looking for for a long time. Would there be any plan to have any forum where all of the key players came together, such as a Cabinet sub-committee or some area for children?

[127] **Vaughan Gething:** We already work on issues across the Government

already and there are good examples of where we do that. For example, we've had a specific example in the Dylan Seabridge case, where three Cabinet secretaries and the Minister worked together on the response. And, as we've set out, we've already had meetings, both with Carl and Rebecca, and we, as Cabinet Secretary and Minister, have had meetings where myself, Rebecca and Carl have sat down. There'll be other times where—for example, on working on the autism strategy—we would need to, obviously, talk to colleagues in education. So, I think, rather than wanting to have one, if you like, superstructure, where people will turn up, it's about making sure that, as we deal with each issue, we have a proper cross-Government approach so that the right parts of Government are involved and are taking part in that discussion. That really is our responsibility, ultimately, as Ministers: to make sure that we have proper sight of who needs to be involved and engaged in that decision-making and discussion process at ministerial level and at official level as well.

[128] **Julie Morgan:** So, you would see it happening, according to the issues as they arise, that the key people would come together.

[129] **Vaughan Gething:** Yes. Looked-after children is a good example as well.

[130] **Rebecca Evans:** Yes, as is adverse childhood experiences. We've had a trilateral meeting on that to look at Public Health Wales's recent report—because that very much does cut across the various different portfolios—to consider a joint response to those challenges that are in that report.

[131] **Vaughan Gething:** And Albert's team is working with a team on housing on a range of these things as well, so it isn't just about health and social care working with a particular partner. But it's a good example of where we all have an interest, there's a lead Minister, but we then take part in the discussion and the decision making as well. I hope that colleagues are aware of the role that David Melding's going to take. Carl Sargeant, as the lead Minister, is involved in that, but we're both involved because we both have an interest as well.

[132] **Rebecca Evans:** A final example would be the review that we're doing of the children's independent reviewing officers. This is something that Carl Sargeant's leading on, but because it would be my responsibility to instigate any changes that are necessary to the legislation, then I'm very much being kept up to date and in the loop and have early sight of documents and so on

in order to be able to contribute to those.

[133] **Lynne Neagle:** Okay. Thank you. Can I just clarify, then, in terms of young carers, because you've got the lead responsibility for carers: does that include young carers as well?

[134] **Rebecca Evans:** Yes, all carers.

[135] **Lynne Neagle:** Right. Okay. Lovely. Thank you. Okay, just before we move on, then, just to ask Rebecca if she could maybe say something about her priorities for the areas in social care that you are responsible for.

[136] **Rebecca Evans:** Certainly. Well, you mentioned young carers. Young carers are a particular focus of mine—a personal interest—but also as part of my portfolio as well. The implementation of the Social Services and Well-being (Wales) Act gives enhanced rights for all carers, and that includes young carers. So, it's my responsibility to make sure that the implementation of that Act does benefit all carers, including those who are under 18 as well. Carers are now recognised as being carers without having to provide evidence of providing substantial amounts of care. So, you can self-declare as a carer if you know that that's what you are. So, they have a right to have their needs for support assessed. Young carers may have a support plan integrated within their family plan, and possibly a plan for the person that they care for as well. So, this is all very much new under the legislation and something I'll be keeping a close eye on to make sure that it does have the impact that we want it to have for young carers.

[137] We've developed our national outcomes framework, which underpins and measures the Social Services and Well-being (Wales) Act, and that really is about measuring the impact that it's having. Young carers were very much involved in that, and in the development of those outcome measures. One of them actually specifically relates to young carers. So, that's one of the areas that I'll be certainly prioritising in my time in this post.

[138] I'm also keen to prioritise autism. As you know, I've got a background in autism and a special interest there as well. So, it's a very important part of my portfolio. So, we're currently reviewing our autism strategy to make sure that it's fit for purpose for the next level of provision now. Again, that's very much done in close co-operation with people representing people with autism and actually people with autism themselves. I'm looking forward to meeting the National Autistic Society later today to discuss this.

[139] **Lynne Neagle:** Okay. Thank you very much. We move on now to child health. John Griffiths.

[140] **John Griffiths:** Yes. I wanted to ask, on child health, in terms of getting our children and young people more physically active. Obviously, Vaughan has responsibility for health and sport. You have responsibility for public health, Rebecca. I just wonder how your different responsibilities, and indeed responsibilities across Government, will hopefully get our young people more active, bearing in mind that quite a lot of developments have taken place, I think, such as Tanni Grey-Thompson's report on physical literacy and the reform of the curriculum. Hopefully, we can get those good habits embedded in young people that will stay with them for life and help tackle things like the obesity crisis, for example. Also, of course, community-focused schools, I think, is an important development where, if we could get schools consistently open to the community at evenings, weekends and holidays, I think that would help.

[141] So, there's quite a lot going on, as it were. Personally, I'm involved in local initiatives trying to bring the health service together with a leisure trust, registered social landlords and sports organisations to encourage young people to become more active. I just wonder if you could say a little bit about how we do achieve this. I think it's a really important goal: getting our young people to be more physically active.

[142] **Rebecca Evans:** Thank you. Again, Chair, this is something that falls within my explicit responsibilities under my portfolio. I think there's a role for all of us in this particular agenda. So, the NHS, local authorities, ourselves as Ministers as well, schools and so on. But in terms of the NHS, for example, we've got Motivate 2 Move, which is our initiative to try and help healthcare professionals to incorporate exercise advice routinely into their patient consultations. So, that's the role of the NHS. Of course, Sport Wales is our main delivery partner for activity, and that's physical activity and sport because it's sometimes easy just to think of sport as a separate thing. But, actually, we've got a much wider spectrum of interest, and that includes physical activity as well. On our behalf they're delivering programmes such as the free swimming initiative, Dragon Sport for primary school children, and the 5x60 programme, which is aimed at secondary school children as well. We have also delivered our Change4Life programme, which is for families—a focus on the whole of the family as well.

[143] So, there's a great deal going on, not least to mention our Healthy Schools initiative as well. I was really pleased to see an example of that, myself, over the course of the summer as well. It was good to see that in action. I would say, on the Healthy Schools initiative, it is a whole-school approach. So, that's about physical, mental and social health, not only for the students or the pupils, but the whole of the school family, which includes the family members of the pupils as well. More than 99 per cent of our schools in Wales are actually actively engaged in this. So, the award will come as a result of the work that they're doing through the curriculum, through leadership in the schools and through the work that they're doing on the school environment and the ethos of the school, as well as family and community involvement as well. So, this is about physical activity, but it's also about mental and emotional health, food and fitness, tackling issues of substance misuse, the environment more generally and safety and hygiene and so on. So, it's very much about the wider public health agenda and ingraining that very much in the minds of young children from the youngest age.

[144] **John Griffiths:** In terms of some of the exciting new developments, such as, I think, the physical literacy aspect of the curriculum reform—drawing on Tanni-Grey's report—and hopefully a push for more consistency in community-focused schools, what role would you have in terms of liaising with other Government Ministers and Cabinet Secretaries to ensure that we make the sort of progress that really will take forward public health and produce more physically active young people in Wales?

[145] **Rebecca Evans:** My role is very much to be an advocate for public health and for physical activity amongst my colleagues in Government. The Public Health Wales 'Making a Difference' report was published recently and that covers 10 different areas that Public Health Wales have identified as being key to needing improvement to improve the public health of Wales as whole, and it's very much cutting across Government. So, I'll be having meetings with our various Ministers whose portfolio responsibilities are reflected in that report.

[146] I also have a responsibility to consider—. For example, you mentioned using our school resources most effectively, so I'll be meeting with the education Minister on this as well because I'm very keen to ensure that school governing bodies do take the opportunity to open up their resource of an evening or on weekends and so on for the whole of the community's benefit. Because that sometimes is the stumbling block, that the school

perhaps or the governing body of the school are a bit nervous or reluctant to open up the school. Whereas, when you consider the great benefits that would be, not only for the pupils of the school, but for their families and wider community, I think that that's something I really want to encourage.

[147] **Lynne Neagle:** Thank you. Oscar.

[148] **Mohammad Asghar:** Thank you very much, Rebecca. You mentioned earlier childcare and adult care and everything. Very recently, I've been a carer for my wife and my hat's off to Age Cymru and those who did a wonderful job of caring for my wife for six weeks after the operation. I must give you credit where it belongs. But, the fact is that there are still some areas where there is a need for training and understanding of culture. They were very punctual, but there are certain areas that still need to be looked at. Again, as I said, they've done a wonderful job and I don't know which ministry they come under, whether child, adult or age, so that is another area. We've got an ageing nation, with a lot of people going through operations and everything.

[149] But my question to you is on maternity-ward qualified nurses. I think there are not enough there. I think the First Minister has already said recently that, in his words: the goal over the course of the next five years is for every neonatal unit to be properly staffed in that time, in the next five years. I would like to ask the Minister what his plans are and how he is going to achieve that. Because it's 20 per cent and achieving the other 80 per cent is a long ask with the funds available.

[150] Secondly, obesity in our children, which is a very serious point. I need to know if there are sporting events in college, schools or local government. I know one instance in Newport, where they are demolishing a church to build housing right in the middle of a housing area. I think that that is not acceptable by the local council. Are you aware of that, that right in the middle of residential areas, they're demolishing churches and other iconic buildings to build only housing or a couple of flats there? That land could be used by our young children as playgrounds to stop this obesity. So, that is another area that I'd like you to tell us what measures you're taking through Government to stop obesity in our children.

[151] **Lynne Neagle:** We were going to come on to neonatal as a separate item and I—

[152] **Vaughan Gething:** If you want, given that childhood obesity has been raised, do you want us to deal with that point and then I'll happily deal with the neonatal lines as and when you want to deal with them, Chair?

11:15

[153] **Rebecca Evans:** Our childhood measurement programme suggests that most children are of a healthy weight in Wales, and that's certainly to be welcomed. Our recent data also show the prevalence of overweight and obesity amongst reception-age children is remaining stable. Now, that presents a challenge to us, because obviously we want to see the figures moving in the right direction. So, we'll be focusing some of our attention, certainly, on that.

[154] We're expanding our nutritional standards to new settings. So, that will include early-years settings. I think that's positive. We're also working with the food industry in Wales on things like the substitution of salt, fat and sugar and so on in their recipes—the reformulation of those recipes—and we're encouraging the use of the UK Government's front-of-pack labelling as well.

[155] Of course, you'll be aware that the UK Government have recently published their UK childhood obesity strategy. Whilst we welcome the moves on the sugar levy within that, we're certainly disappointed that they haven't taken on board some of the things that we've been calling for in the Welsh Government for quite some time, such as tougher action on the advertising of unhealthy foods before 9 o'clock, for example. A concern of ours, again, is that unhealthy foods and so on are being advertised within the new media, for example, so, on social media and games, and so on, that young people are playing. So, that's a new avenue to influence young people, which I think the UK Government does need to address. The Cabinet Secretary has written to Jeremy Hunt in precisely those terms, in response to the publication of the UK strategy.

[156] **Vaughan Gething:** If you'd like, Chair, we'd be happy to share the letter that's gone to Jeremy Hunt.

[157] **Lynne Neagle:** Thank you. Yes, I'm sure the committee would be keen to see that. Is it on this?

[158] **Llyr Gruffydd:** On this specifically, can I just ask: the sugar tax has

been well trailed, have you any thoughts about expanding that to high-salt goods, or the high levels of fat in foods? Are there any other areas that you're looking at or actively encouraging the UK Government, for example, to address?

[159] **Vaughan Gething:** I think our letter and previous correspondence helped to set out that we do think there should be more action that goes beyond voluntary. But the challenge is that these are not powers that are devolved. So, it's about us urging the UK Government to try and do the right thing. It's part of our challenge and our disappointment that there hasn't been more robust action previously on these areas, but we do know, for example, that action has been taken on salt. There have been significant reductions made in salt in food, and it doesn't affect the taste, but you'll see a reduction in the salt in any event. So, there's more that could and should be done in our view, and if you want us to come back to this subject after you've seen the letter, we're more than happy to.

[160] **Llyr Gruffydd:** Thank you.

[161] **Lynne Neagle:** Okay. Hefin, did you want to raise your points now on this?

[162] **Hefin David:** I think it would be appropriate to come in under public health later.

[163] **Lynne Neagle:** No, we're going to do it now, because it's been brought forward.

[164] **Hefin David:** That's fine. Just going back, you mentioned the Healthy Schools scheme. To build to my next question, would you reflect briefly on the success of the Healthy Schools scheme?

[165] **Rebecca Evans:** I think it's been very successful indeed. I visited, over the summer, a school in Powys, which was the first junior school in Powys to receive the very top-level award, and the hundredth school in Wales to receive that top-level award. So, it's been tremendously successful in terms of changing the culture in schools. It was launched back in 1999 and, in 2012, Public Health Wales took responsibility for leading on this. Again, it's one of these programmes that is constantly under review in order to make sure that it very much reflects the latest in terms of the challenges within the community, the pressures facing young people, and so on. It's a fantastic

way of engaging children and, as I said, the wider school and families and the school community in this agenda.

[166] **Hefin David:** Given the success of that programme, last year the Government moved to healthy and sustainable further and higher education as well. Is that within your responsibility, too?

[167] **Rebecca Evans:** Yes, and healthy workplaces, for example, and we'll be looking at what we can do in childcare settings as well. So, it's right across all of the educational settings and work settings. Again, over the summer, I visited one of our healthy workplace award-winning workplaces, and the culture within that workplace because of the work that they're doing on healthy living, not just through promoting good nutrition and so on, but supporting their staff through access to counselling and mental health services and so on, was really positive as well. So, there's a lot of good work going on.

[168] **Hefin David:** Yes. Declaring an interest, Chair, as a former university lecturer and having experienced the programme for healthy and sustainable higher education, the management at Cardiff Metropolitan University certainly bought into that and were taking steps to survey staff on these issues. However, with schools, there is a certain amount of Government control there, isn't there? Through local authorities, you can ensure that schools are engaging with this programme. It's a little bit more difficult with further and higher education and workplaces. So, how are you ensuring sustainable long-term engagement across different businesses and further and higher education?

[169] **Rebecca Evans:** Well, this programme is not a statutory programme. It is a voluntary programme that organisations, schools and educational settings and so on will sign up to. So, really it's about Government and others—Assembly Members—promoting the benefits of it to the workplaces and educational settings within our own areas, and also listening to people who have actually benefited from this kind of approach within the workplace or educational setting as well. We know that when members of staff, pupils or students are well supported, they perform better and are much more content and happy within their workplace or educational environment as well.

[170] **Vaughan Gething:** I have to say that healthy workplaces is a significant programme, where just under a third of the working population in Wales

work for an employer who is engaged in that programme. It's got a range of levels for small, medium and larger businesses, and it does make a real difference to the culture within each of the organisations that take part in it. So, we are looking at a range of different things, not just at, if you like, public services, but also how we work alongside the private sector as well on having a healthier workplace, as it ends up being a positive advantage for the business as well.

[171] **Hefin David:** It hasn't been 12 months yet, has it, that this programme has—

[172] **Vaughan Gething:** Yes, the healthy workplaces programme has been running for a few years now.

[173] **Hefin David:** The further education—

[174] **Vaughan Gething:** I ended up giving awards on healthy workplaces when I was the Deputy Minister. It was one of the first things I did, and one of the more enjoyable things I did as well, actually.

[175] **Hefin David:** I understood that—

[176] **Vaughan Gething:** The higher education programme is more recent.

[177] **Hefin David:** Yes. I was looking at the healthy colleges and universities framework document, and one of the things that's missing from it—and is signposted as missing from it—is case studies. So, I wonder if it might be useful to quickly develop some successful case studies in order to spread that message across the higher and further education sector.

[178] **Vaughan Gething:** Fair point.

[179] **Rebecca Evans:** Yes, and in reflecting on what you have said, I will certainly write to educational settings in further and higher education to inform them further about the programme and encourage them to sign up and give some of those examples of the successes that there have been.

[180] **Lynne Neagle:** Thank you. Darren, and then Michelle.

[181] **Darren Millar:** Thanks. It's just a very brief question. I know that both of you, as Cabinet Secretary and Minister, appreciate the value that school

nurses bring to assisting with the public health agenda in our schools and, in fact, in terms of giving advice and support to pupils and teachers sometimes in schools. Can you tell me: how many school nurses are there in Wales?

[182] **Vaughan Gething:** No. We can do a pop quiz if you like, Darren.

[183] **Darren Millar:** This is not a pop quiz. It is not a trick question. I am just trying to establish how many there are. I mean, does every secondary school have access to a school nurse? Does every primary school have access to a school nurse? They all have access to school nurses.

[184] **Vaughan Gething:** Heather, do you want to come in?

[185] **Dr Payne:** Yes, certainly. I can't give you the exact number, but we can find it for you. Certainly, every secondary school and primary school has access to a public health school nurse. So, the public health messages, the immunisation and the screening that is part of our overall health programme are available to every school.

[186] **Darren Millar:** In terms of the hours that each school nurse is able to commit to each school, as it were, are some parts of Wales benefiting from school nurses more than others?

[187] **Dr Payne:** The chief nursing officer has under way an actual analysis of what is the best model for school nursing. That isn't yet completed and published, but that's been—. It's a very important question—to use this tremendously skilled resource to support children and young people in the educational setting. So, we don't actually have the answer because it will be coming in the next few months, when her review is completed. I am sure that there are still opportunities to actually feed significant questions. Those particular questions that you have asked are absolutely the core of the review that's happening at the moment. So, if there's anything else that you want answered, then I'm sure that she'd be happy to make sure it's considered in that.

[188] **Darren Millar:** Thanks.

[189] **Vaughan Gething:** That will then feed into the Healthy Child Wales programme, of course. I know you'll be coming on to ask about that, but we're launching the programme at the start of October. It's been led by staff within the NHS working alongside Government to try and have more

consistency in health visiting and school nursing in how we support families with young children up to the age of seven. I think it's really important that this has been part of what we understand from the last term as being successful, and recognising that we need to have universal provision that actually takes an evidence-led approach that will help support those families with young children in the best possible way. So, it's evidence-led and it's quite exciting. We have real and genuine buy-in from staff in the service as well about how they really think it will make an even better and more consistent difference for families with the greatest needs.

[190] **Darren Millar:** Yes. I know anecdotally how much staff really appreciate the ability to be able to call on the school nurse sometimes, as part of the public health agenda, particularly in schools and in terms of communicating with parents about the importance of immunisation, where we've had some problems, for example, in north Wales in the past—

[191] **Vaughan Gething:** Not just north Wales.

[192] **Darren Millar:** Yes, but—

[193] **Vaughan Gething:** You know, we're thinking about the measles outbreak and other things as well. Immunisation is hugely important.

[194] **Darren Millar:** Yes, but can I just ask, I know that the Welsh Government at one time had an ambition to have more school nurses—I think at one time, it was a full-time school nurse in each secondary school—do you have a clear ambition or goal around that at the moment? Is that something that is still on the agenda?

[195] **Dr Payne:** That's very much the question that the chief nursing officer's review is addressing, and, again, rather than looking at how many school nurses we have, it's about the extended public health role of the school nurse. So, what are they there to do? What are they there to deliver for children and young people? And, now, we're talking about extending this into young adults, as the proposals are—. You know, we're seeing this as a population group that has particular needs and is particularly susceptible to certain influences, and therefore we need to support them to make healthy choices.

[196] So, it's actually the model that's being looked at, not just the numbers. So, when there is professional consensus within not just school

nursing, but public health as a whole and with our education colleagues and also social services, where children and young people with specific needs like looked-after children, travelling children, asylum seeking, refugees and you know, disabled children—all children—are reflected in the actual public health service. Once the model is agreed and taken forward, then we'll be able to have a clearer idea of what we need for the future, but that's absolutely part of the review and the overall strategy.

[197] **Darren Millar:** Just one final question on this.

[198] **Lynne Neagle:** Quickly then, Darren, please.

[199] **Darren Millar:** Obviously, we were all very concerned, and I know that, across Government, there was concern, about the Dylan Seabridge case—a young man who was home educated, who was not having his rights fulfilled in terms of access to health practitioners. Is that being considered as part of the scope of the piece of work that the chief nursing officer is doing?

[200] **Vaughan Gething:** No, I think we're talking about slightly different things here, Darren.

[201] **Darren Millar:** Well, with respect it's not—[*Inaudible.*]

[202] **Vaughan Gething:** Let me explain, because we're talking about what school nursing could and should do where those families are engaged in schools. There is a different question about children and families where the children are home schooled and how we make sure that health contacts do take place. The review into Dylan Seabridge and the lessons we're learning coming from that is something that Carl Sargeant is leading. We do expect that to be shared across Government, and Members will, of course, be properly informed. I don't want to try and cross into a different subject and trying to join them up into the same area.

[203] **Darren Millar:** Okay, I appreciate that.

[204] **Vaughan Gething:** There's a general point about wanting to children to have the best access to support and to ensure that they have it and that their parents are supported to help them make better choices. That's broadly there, but I think trying to confuse the review the chief nursing officer is doing with that particular case, I don't think that's a helpful way to go.

[205] **Darren Millar:** I'm just raising it as an issue—

[206] **Lynne Neagle:** No, Darren. Thank you. Right, maybe if the Cabinet Secretary could update the committee when the work is completed, because it does sound interesting and something that the committee would want to look at in the future, if that would be okay.

[207] **Vaughan Gething:** Yes, we'd be more than happy to update the committee.

[208] **Lynne Neagle:** Lovely, thank you. Julie.

[209] **Julie Morgan:** I don't know whether it lies in the public health area—I think it does—but obviously, right at the very early beginning of life, the issue of breastfeeding is very important, and I wondered if you could just tell us what progress has been made on increasing the rates of breastfeeding and particularly with different groups.

[210] **Vaughan Gething:** Well, I'll ask Heather to come in shortly, but you're right to point out the importance of breastfeeding both for mothers and babies. It's an area of focus for us.

11:30

[211] We've looked again at the work that Public Health Wales have done on how we approach this effectively. It is also part of the Healthy Child Wales programme that I mentioned in conversation with Darren Millar early on, because this is about looking at all those areas so we can make the biggest difference, with health visiting being very much part of that programme from birth up to the age of seven, and before, working with the family beforehand as well, to ensure that we support parents to make informed choices about how they can do the best thing for their children. That is a universal programme, so there's a universal message about the importance of breastfeeding that is coming through that programme. I don't know if, Heather, you want to fill in the detail on that.

[212] **Dr Payne:** I think that's basically the point. We have far lower rates of breastfeeding than we want, but everybody appreciates that it's absolutely one of the 10 steps to a healthy future. It's what everybody can do, and some of the strategies that we've asked Public Health Wales to be working on. Everybody knows it's what we want, but there's not an absolutely clear

evidence base of how to get it. But that's what Public Health Wales is working on—a number of models, whether buddying, whether it's, kind of, much more education, or whether it is actually social influences.

[213] One of the interesting things that's come out of the research is that the message, 'Breast is best' may not be that helpful. 'Breast is normal' should be the message, because 'best' means, 'Oh well, everybody's only good-enough parents, so let's go to the bottle.' Sometimes, simple messages like that seem to undermine the ultimate goal. So, again, Public Health Wales is looking at that.

[214] We've engaged with the universities—Cardiff and Swansea universities, which have experts in this area. We have incorporated it into a key aspect of Healthy Child Wales, starting with midwives speaking with women as they book and as they make their plans for delivery and puerperium. So, lots of things are happening and we are carefully monitoring rates. Our data collection is now much better than it was. Neonatal units also, which take about 10 per cent of babies, have got a clear strategy to improve breastfeeding or giving any breast milk to neonatal unit graduates. So, we have distributed work across the piece, and we anticipate that—well, we will be looking at the outcomes to look for improvement.

[215] **Vaughan Gething:** There are consistent and positive messages, and we recognise the importance of improving breastfeeding rates and normalising—not just for women, but, actually, on a broader societal point as well, because we do recognise part of the issue is the reaction that somebody will get when they do breastfeed. So, it's all part of a wider picture.

[216] **Julie Morgan:** On that particular issue, does that scheme still exist that encouraged mothers to breastfeed in cafes where you had a sign up? I think it was led by Public Health Wales. But I haven't seen any of those signs recently. Do you—?

[217] **Dr Payne:** I don't know in detail, but we can pass on details to—

[218] **Julie Morgan:** The point the Cabinet Secretary is making is the fact that people don't always have a good reaction or a supportive reaction, and I think it's very important that we do—

[219] **Mr Rees:** If I could just come in on that, there are various baby friendly accreditation schemes in operation, one of which is Unicef's, and health

boards continue to move towards those accreditations and those standards, so those still are relevant.

[220] **Lynne Neagle:** Can I just ask on this: there was concern when Public Health Wales lost the breastfeeding lead post, so I appreciate lots of good work is ongoing, but how is that actually being driven forward now without one person being responsible for it?

[221] **Mr Rees:** Again, it's being driven forward by multiple people now being responsible for that, because the approach they're taking is to embed it in a range of their programmes now, whether that is their work with workplaces, with education settings or with NHS settings. So, as to the example I just cited around the Unicef accreditation, they're working with health boards to support them to achieve those standards. So, it's very much integrated into a far broader scope of work within the organisation.

[222] **Lynne Neagle:** Is there is a mechanism in Government to actually monitor that in terms of progress?

[223] **Mr Rees:** We have regular interaction with Public Health Wales on a range of their programmes to keep track of progress.

[224] **Dr Payne:** And it's reported by maternity boards, which happen every year, and there's a series of them led by the chief nursing officer coming up, so—

[225] **Lynne Neagle:** Lovely, thank you.

[226] **Julie Morgan:** Can I ask: is the rate rising?

[227] **Dr Payne:** We haven't actually had data quality that has allowed us to be clear on that yet.

[228] **Julie Morgan:** When will you be likely to be able to say that?

[229] **Dr Payne:** Well, there'll be a round coming along in the next three months, so we will have the data then.

[230] **Julie Morgan:** We'll have an idea.

[231] **Dr Payne:** But again, Public Health Wales will actually be verifying and

co-ordinating the data.

[232] **Lynne Neagle:** Thank you. Can we move on now, then, to child and adolescent mental health services? As the Cabinet Secretary will be aware, the predecessor committee took a great interest in this area because of the concerns over a number of years, and I hope that this committee will continue to monitor progress in this area. Can you tell us whether you feel that Welsh Government are on track to deliver the step change that we know is needed?

[233] **Vaughan Gething:** Yes, I think we are on track, but the challenge is that, for all the progress that we have made on reducing the numbers of people going into CAMHS, in appropriate referrals and on reducing some of the waiting times and waiting lists, there is still a significant challenge to be dealt with. So I wouldn't want to try and give the impression that the Government thinks that this is an issue that's been resolved. It's an issue that's being resolved, and we should note the progress that has been made and recognise where we still need to go.

[234] I know you've had a briefing on the Together for Children and Young People programme and again it points at the progress that's been made, the investment and how it's been used, the fact that recruitment is taking place, staff are coming on stream, you can see some of the falls in waiting times that are taking place, and the new work being done on the neuro-developmental pathways—all really positive steps, including on reducing the number of children requiring inpatient care outside of Wales. But when I look at the figures I recognise there are still too many people waiting, there are still too many people being inappropriately referred, and in particular there are still people who are just waiting too long as well. So, that's very much in our mind as a Government: that we know that there is much more to be done, and I fully expect this committee will take an interest in this area until the progress that we have seen not just continues to a level that's acceptable, but it's also then sustained, as well. So I fully expect that there will be more questions from this committee and Members in the Chamber and in this room as well.

[235] **Lynne Neagle:** Thank you. In our previous session with the children's commissioner, she was commending the fact that Welsh Government has set these ambitious targets now for CAMHS, but was querying when you think they'll be deliverable. Have you got a time in mind when you think that you'll be able to deliver these across Wales?

[236] **Vaughan Gething:** The Together for Children and Young People programme is three years, and it's roughly halfway through. I want to see how far we can get and how much progress we'll make once we've got the full complement of staff. I don't want to give a hostage to fortune about when we will get to exactly where we want to be, but I do want to assure the committee and the watching public that this is an area of real priority and obviously we want as much progress made as quickly as possible. Because I recognise it's not just the impact on the child themselves, or the young person themselves, but it's the impact on the whole family group as well, and that's also why you've got to focus on primary mental healthcare for children and young people as well, because part of our challenge has been with referrals into CAMHS—is there somewhere else to go if it isn't the specialist CAMHS service? That's why there's been investment in that, and it's also why this features in the overarching Together for Mental Health strategy as well. It isn't just an issue to be seen on its own, and that's also helped to inform why we've changed the waiting times targets. They are equivalent now to what we expect in the adult world as well, rather than having longer waiting time targets for the children's sphere. So, as I said, I won't give you a hostage to fortune, but I will give you the assurance that, a) it's a priority, and we'll also report transparently on where we are with those waiting times and waiting lists as well.

[237] **Lynne Neagle:** Thank you. On neuro-developmental waiting times, I know that the Welsh Government has taken specific action to tackle the sort of logjam that's developed there. Are you able to provide an update on progress specifically on those waiting times?

[238] **Vaughan Gething:** Yes, I'll ask Sarah to come in and provide you with some of the details, but you'll know that, within the £7.6 million that the previous Minister announced, there was over £2 million of that allocated to this particular area.

[239] **Dr Watkins:** I mean, I think neuro-developmental waiting times, autism, ADHD, Tourette's, conditions like that, were, in almost all health boards, very unacceptable, and one of the first things we needed to do was really assure ourselves that the health boards knew exactly who was waiting and on what waiting list, because it wasn't appropriate to mix together what could be lifelong conditions or certainly long-term conditions, such as autism. The timescale to see those children is very different to the timescale to see a child that's acutely suicidal. So, we've clarified the waiting lists. We

now have separate waiting times for specialist CAMHS and neurodevelopmental disorders, and they have developed across Wales. Every LHB now has a well-recruited—not fully recruited everywhere, but well-recruited—neurodevelopmental team. What I can say is that, in almost every area, waiting times have gone down significantly. They are still too long. We have asked them to be working as expeditiously as possible and they are aiming for April 2017. Whether they will reach that point—. But we have made it clear that we expect to see very dramatic improvements by that time. For the first time, because we are now seeing clarity with waiting lists, we are confident that significant improvements are being made. We still do have a way to go, but we are absolutely keeping a very close eye on that.

[240] **Lynne Neagle:** Okay, thank you very much. And just finally from me, in terms of funding, the announcement of extra money was very welcome. Would it be your intention, going into the budget round now, to try and get a recurrent extra boost for CAMHS funding?

[241] **Vaughan Gething:** Well, the money that was previously announced is recurrent and we'll have to get through the budget round on a reducing overall spend. But if we want to make progress, we do need to maintain the investment we've already made.

[242] **Lynne Neagle:** Okay, thank you. Anybody else on CAMHS?

[243] **Darren Millar:** Can I just ask—? One of the things that some have advocated is ring-fencing child and adolescent mental health spend within the overall mental health budget. I know there's been discussion and consideration of this in the past by the Welsh Government, but given that the local health boards themselves reduced spending on CAMHS in 2014–15 by around £3 million, do you think that there is a need to ring-fence the amount that's being spent in order to deal with these capacity issues in the system in the short term?

[244] **Vaughan Gething:** I'm pleased you mentioned this, actually, because we do understand now that one local health board actually overstated its CAMHS spend in a previous year, so when it then corrected that figure it looked as if there was a fall of between £3 million and £4 million on CAMHS spend, which isn't actually true. So, if you look now, you'll see the figures are much more even. You will then see the bump in resource that's gone in to supporting the different areas that I described earlier, and that the previous Minister set out on a number of occasions, for the significant additional

investment that we have made in CAMHS. So we want to see the investments being made—but, crucially, that we're seeing improvements in the services and in outcomes for children, young people and their families.

[245] **Darren Millar:** Thanks for the clarification, I wasn't aware of the overstatement in the previous year. Can I just ask you then, in terms of the progress that's being made—? The children's commissioner was with us this morning; she expressed some concern that the advisory committee had only met once since the programme had started. We're now halfway through the three years. I know that she's made a request for a further meeting and has been advised, as I understand it, that there'll be a meeting of the advisory committee, which will be convened before the end of the year. Do you think that that's regular enough?

[246] **Dr Watkins:** Can I clarify? There are several work streams. We've had close scrutiny of our delivery plan for 'Together for Mental Health' and that had a CAMHS work stream, which had a national advisory group that was working for it; we also have Carol Shillabeer's steering group; and we actually also had another group that were meeting. So, there were three groups. As people will know, there was a discussion just before the end of the last Assembly on the new delivery plan. There wasn't a delivery plan to assure at that point. We are aiming to launch the next three-year delivery plan of 'Together for Mental Health' on World Mental Health Day on 10 October, when the assurance process starts again because there's a new delivery plan. So, there hasn't been any hiatus in working. There have been regular meetings of Together for Children and Young People, including conferences that Ministers have spoken at. But, because of where the delivery plan was—the assurance—we came to an end of one and then we've developed another, which will then have that same assurance process that we are meeting the deliverables within that plan. So, that's why there has been, to be fair, a slight hiatus, but then everything will go back. So, it will be four-monthly—we have three meetings a year—of all the delivery assurance groups, as well as three-monthly national meetings for older people, adult and CAMHS. So, it is true, but there are specific reasons for this at this point.

11:45

[247] **Darren Millar:** And just one final question. Obviously, you've mentioned the fact that the full complement of additional staff has not quite yet been recruited. What sort of progress has been made?

[248] **Dr Watkins:** By March, it was around 50 per cent. There were a lot in process. However, we've written out, and we are expecting at the end of the month—. I would anticipate that, as long as they can find people, it would be 90 or 95 per cent, but we are waiting for that formal confirmation from health boards, and we are again keeping a close eye on the money to make sure that the people are appointed.

[249] **Darren Millar:** Okay, thank you.

[250] **Lynne Neagle:** Thank you. Oscar briefly on this.

[251] **Mohammad Asghar:** Thank you, Chair, and thank you, Minister. My question to you is—. It's a traumatic period for the young children and the family with these mental health problems and the waiting time is so long; in some cases, for a year. I think the Welsh Government is setting a target to achieve in the next five years, in this Assembly term, that they would be reducing it to 14 per cent. This is the timeframe. What steps are you taking to reduce year by year, and are you going to update us regularly on this time?

[252] **Vaughan Gething:** I think we've broadly covered that in previous answers. As I said, I don't want to be a hostage to fortune about timescales for that. We expect to see improvement; we'd expect there to be significant improvement over the course of the next year, particularly, as you'll have heard, as more staff are coming on board now. You'll also have heard that we recognise that current waiting times are not acceptable, so we expect to see that progress to make the real difference that all of us around this table would want to see for children, young people and their families.

[253] **Lynne Neagle:** Okay, thank you. I'm sure we'll return to CAMHS.

[254] **Vaughan Gething:** I'm sure you will.

[255] **Lynne Neagle:** Can we move on now then to neonatal care? John Griffiths.

[256] **John Griffiths:** I wanted to ask about the restructuring that's envisaged, specifically for south Wales, because I think it does play to the general anxieties that exist around structural change in the health service, as to whether the new services will be local enough for all areas within south Wales. I'm particularly concerned with Gwent as far as that's concerned. I

think people understand the need to recruit the adequate level of expertise and numbers in terms of those that staff these services, but they're not always convinced that it isn't possible to do that on a more local basis than structural change sometimes delivers. I'm sure all of us are familiar with these issues and concerns, and in terms of south Wales and neonatal services, and, as I say, Gwent in particular, I wonder if you could say a little bit about the process that's in train, and will be followed, to ensure that we can get the adequate provision as locally as possible.

[257] **Vaughan Gething:** I know that it's an issue of real concern for people across the country about how we provide care to the sickest babies, but I think it's really important to recognise that the neonatal network and the Welsh Health Specialised Services Committee are looking at this; there's work ongoing at present. But, for me, I don't think you can just see Gwent on its own, because you're looking at a system right across the whole of south Wales and how the network actually works together. For example, I have been on visits to west Wales, where I've met parents whose children have ended up being in Cardiff, then moving to Swansea, then moving back to Glangwili, before then being able to go home to further west Wales as well, and not one of those people said that they were unhappy about travelling for really specialist care to save their child's life.

[258] The challenge always is how we provide the very best care possible to deliver the best outcomes possible, and within that, we recognise that there's the point about supporting the family. So, if your child is being cared for a significant distance from your home, how are you supported in being able to be near to your child as well? So, we're looking at both the impact of deanery proposals, and we're looking at, in any event, how we have a concentrated enough, highly specialist service, and that's the work that both the neonatal network, and WHSSC are engaged in, and I'm expecting there to be answers in the fairly immediate period, as well as alongside us looking at our ability to meet the neonatal standards that we have. So, there is likely to be change, but it's really important that change is driven by not just a desire but the evidence on how we improve outcomes, which are already good within Wales, but it's about how we make sure that we don't just say 'everything is fine now', and wait for the system to start falling over before we then start to change it. It's really important that the public are engaged in a conversation around this and, in particular, that clinicians working in the service take part in that conversation. Because, often, clinicians themselves will say, 'We don't think this is the right model of care for us to be running, and we don't think we're doing the right thing by our families and their children if we simply try

to stay as we are'. So, it's difficult just to have a Gwent conversation. It has to be seen in the whole south Wales context, and any changes that are proposed have to be on that basis of 'this is the right thing to do to improve outcomes for those children who have the greatest need for the greatest level of care'. Is that helpful? Does that deal with your point or is there—?

[259] **John Griffiths:** Could you say a little bit more about the timescale, then, for decisions and announcements?

[260] **Vaughan Gething:** Yes. I'm expecting that that work will be done within this half of the term. So, there are then proposals to look at what that actually means. This is thinking about the different parts of how all the different things add up, both the deanery decision on training, the work in any event that we need to do on the workforce and getting the workforce in the right place at the right time, and the capacity, really, that's being done at present. It might be helpful if Heather tells you about the capacity review that's currently being done and will inform where we go with neonatal care.

[261] **Dr Payne:** Certainly. The neonatal network, which is, of course, an all-Wales organisation that advises and leads on this for us, they undertake regularly a capacity review. So, in other words, they look at all the neonatal units and assess their compliance with the all-Wales neonatal standards. They're just about to send out a review data collection at the end of this month, so we will have within the next month or so a summary of exactly where we are so that we can track our progress. Over the years, tracking our progress against the all-Wales neonatal standards, we have shown across Wales steady progress with improved compliance. No unit is compliant with absolutely all the standards, but they are all much closer than before we had the neonatal network. Again, conversations with the neonatal network today: obviously, the shortfalls in staffing, which, of course, have been a UK-wide issue in terms of recruiting medical staff to specialist neonatal care. That's well-recognised, and that was recognised earlier on in the year because the Bliss data is almost a year old. So, the neonatal leaders told me there's been really successful recruitment to neonatal units across south Wales.

[262] Just to say that the sub-regional neonatal intensive care centre developments in north Wales, again which come within the remit of the network, have actually had very, very positive responses to all the preparatory work for the development of the SuRNICC, with recruitment of increased numbers of neonatal consultants. So, again, that model of a central SuRNICC, with two less-specialised units peripherally using it as a proper

network to give surge capacity, that seems to be—. Those plans are coming on very well.

[263] **Lynne Neagle:** Thank you. Darren, on the SuRNICC then.

[264] **Darren Millar:** Yes, it's just on the SuRNICC in north Wales. I'm pleased that you've made reference to it. I'm pleased also, Cabinet Secretary, that you made reference to the need to take the public with you on these debates. We know from bitter experience in north Wales just how painful some of these discussions can be, but, in terms of the SuRNICC development, Betsi Cadwaladr University Local Health Board has obviously submitted its full and final business plan and is awaiting now the decision of the Welsh Government in terms of the funding for the construction of the new sub-regional neonatal intensive care centre. What's the timescale by which you expect to be able to determine their business plan and application?

[265] **Vaughan Gething:** Well, we've received the business case and, at this point in time, I don't think there's any reason to think that there should be a need to delay the target date of the SuRNICC opening in 2018. It all depends on what's—you know, the review itself, which is why I'm not going to give you a specific, 'It will be done by x point', but at this point in time my advice from officials is that there's no reason to think that the SuRNICC won't be able to be open, up and running in spring 2018.

[266] **Darren Millar:** But what sort of timescale are your officials working to to give you a recommendation as to whether the business plan can be signed off or not? That's all I'm looking for. A rough timescale. Because, obviously, they're not going to be able to start work on the thing until the finance has been released.

[267] **Vaughan Gething:** Well, that's the advice that I've had—that we expect to be in a position for them to give me a recommendation that I can approve to actually get on with it and to open by spring 2018. I'm interested in getting the whole thing up and running. If you want me to come back and give you a timescale for when I expect to receive advice on the business case, I'm happy to do that.

[268] **Darren Millar:** Yes, that would be helpful.

[269] **Lynne Neagle:** Thank you. Julie.

[270] **Julie Morgan:** Yes. In terms of transfers between units, could you tell us how that is actually done and whether there have been many transfers outside Wales recently?

[271] **Vaughan Gething:** Heather, do you want to explain the process for how and why the transfers take place? There are different reasons why transfers take place: sometimes it's about need and sometimes, for example, some units can't accept more children. There were infection-control issues in some of our units. There have been different reasons as to how and why within Wales and there have also been transfers on the basis of need as well, so—. But, Heather, do you want to explain the process we're going through now?

[272] **Dr Payne:** Certainly. The cot capacity determines who you can take in, obviously. If a pregnant woman with twins—so, needing two neonatal cots—is somewhere where they've only got one cot, then she'll need to be transferred so that she's delivered in the place where the neonatal care takes place, because that's the recommended model and that's the safest way. So, we accept—. And that's why we've got a network that works across health board boundaries in order to make sure that the women of Wales are catered for as much within Wales as possible, not necessarily as close to home as they would like to be, but so that it's safe and guarantees the best possible outcomes for the baby or babies.

[273] So, that's a kind of given as part of providing neonatal care. What we have had since we've had to have a reduction in cot capacity in Cardiff, over the past year, because of infection control—. And, as you know, there's the development of the new build and the new cots—additional cots, additional space—which now meets the building note, which is the space requirement, which reduces the cross-infection risk in a neonatal unit. So, that's all going to be lovely, shiny and new when it comes on-stream in a few months' time. But, because of that reduction in cot capacity, unfortunately, it has meant, over the past few months, that more women have had to be transferred out of Wales. There has been a slight increase in that number, although most have been accommodated within Wales. Of course, when they're transferred out, they've got to be transferred back, and women and babies can be transferred to step-down care. So, they can be transferred. So, if they needed to come to Cardiff, for instance, for specific care, including surgery, that is only provided in Cardiff—or even Bristol, if it's cardiac surgery—then, when they are well enough, they'll be stepped down and they may step down back down to Carmarthen so that they are nearer home.

[274] So, those happen for good reasons. There are occasionally transfers for non-clinical reasons: in other words, to make a bit of space so that you can stop a woman going out of Wales altogether. Unfortunately, that does happen. It's discussed with families as much as possible and it is managed in as sympathetic and caring a way as possible. Occasionally, it has to happen for non-clinical reasons, but, again, that is a measure that we keep an eye on because that's a measure of capacity and that goes into the capacity review.

[275] **Julie Morgan:** Thank you very much for that. I'm delighted at the development in Cardiff. When is that likely to actually be fully operational?

[276] **Dr Payne:** It's within the next few months. I don't have a precise date, but we can let you know what the most recent plans are.

[277] **Vaughan Gething:** Chair, to avoid having to write to the committee, I've been reminded that I expect to have advice on the business case on the SuRNICC within this calendar year, if that's helpful.

[278] **Lynne Neagle:** Thank you. Okay. That concludes our questions. So, can I thank the Cabinet Secretary and the Minister plus the officials for attending this morning and for answering all of our questions? You will, as is normal practice, be sent a transcript of the meeting for you to check for accuracy, but thank you very much again for attending.

12:00

Papurau i'w Nodi Papers to Note

[279] **Lynne Neagle:** Okay, we can move on now then to item 6, which is papers to note. Can I just ask Members—? We've got a number to note. The first is the letter from the Chair of the Finance Committee regarding the approach to scrutiny of the Welsh Government draft budget 2017–18. Are Members happy to note that? Then there's the letter from the Chair of the Constitutional and Legislative Affairs Committee regarding the Wales Bill. Noted. A letter from the Presiding Officer to the Chair regarding committee statements in Plenary. Noted. A letter from the Chair of the External Affairs and Additional Legislation Committee regarding the committee's remit, which we're going to look at next meeting. A letter from the Cabinet Secretary for Education offering further information following the meeting on

13 July. A letter from the Cabinet Secretary for Communities and Children, a follow-up from the 13 July meeting. And, finally, the letter from the Minister for Lifelong Learning and Welsh Language, following up on our meeting of 13 July. Are you happy to note those? Excellent. Thank you.

12:01

**Cynnig o dan Reol Sefydlog 17.42(ix) i Benderfynu Gwahardd y
Cyhoedd o'r Cyfarfod ar 22 Medi
Motion under Standing Order 17.42(ix) to Resolve to Exclude the
Public from the Meeting on 22 September**

Cynnig:

Motion:

*bod y pwyllgor yn penderfynu that the committee resolves to
gwahardd y cyhoedd o'r cyfarfod ar exclude the public from the meeting
22 Medi yn unol â Rheol Sefydlog on 22 September in accordance with
17.42(ix). Standing Order 17.42(ix).*

Cynigiwyd y cynnig.

Motion moved.

[280] **Lynne Neagle:** So, can I then propose, in accordance with Standing Order 17.42, that the committee resolves to meet in private for our meeting on 22 September? Are all Members content with that? Excellent. Thank you very much for attending.

Derbyniwyd y cynnig.

Motion agreed.

Daeth y cyfarfod i ben am 12:01.

The meeting ended at 12:01.