

Cynulliad Cenedlaethol Cymru | National Assembly for Wales
Y Pwyllgor Plant, Pobl Ifanc ac Addysg | Children, Young People and Education
Committee
Bil Anghenion Dysgu Ychwanegol a'r Tribiwnlys Addysg (Cymru) | Additional
Learning Needs and Education Tribunal (Wales) Bill

ALN 59

Ymateb gan: Bwrdd Iechyd Prifysgol Hywel Dda
Response from: Hywel Dda University Health Board

Thank you for the invitation to contribute to the consultation regarding the draft Additional Learning Needs and Education Tribunal (Wales) Bill.

The comments below are offered on behalf of the Hywel Dda University Health Board. For ease of reference, the comments offered below reflect (where appropriate) the terms of reference and the specific issues listed for consideration, as set out in the consultation letter dated 15th December 2016 (replicated below):

Terms of reference

To consider:

- the general principles of the Additional Learning Needs and Education Tribunal (Wales) Bill and whether there is a need for legislation to deliver the Bill's stated policy objectives;
- any potential barriers to the implementation of the key provisions and whether the Bill takes account of them;
- whether there are any unintended consequences arising from the Bill;
- the financial implications of the Bill (as set out in Part 2 of the Explanatory Memorandum, and
- the appropriateness of the powers in the Bill for Welsh Ministers to make subordinate legislation (as set out in Chapter 5 of Part 1 of the Explanatory Memorandum.

Alongside the terms of reference, respondents may wish to consider specific issues raised by the Bill, in particular:

- whether the Welsh Government's three overarching objectives (listed at para 3.3 of the Explanatory Memorandum) are the right objectives and if the Bill is sufficient to meet these;

- whether the Welsh Government's ten core aims for the Bill (listed at paras 3.5–3.16 of the Explanatory Memorandum) are the right aims to have and if the Bill is sufficient to achieve these;
- the provisions for collaboration and multi-agency working, and to what extent these are adequate;
- whether there is enough clarity about the process for developing and maintaining Individual Development Plans (IDPs) and whose responsibility this will be;
- whether Bill will establish a genuinely age 0–25 system;
- the capacity of the workforce to deliver the new arrangements;
- the proposed new arrangements for dispute resolution and avoidance

General principles of the Additional Learning Needs and Education Tribunal (Wales) Bill and whether there is a need for legislation to deliver the Bill's stated policy objectives.

Hywel Dda University Health Board supports the general principles of the Bill and the legislative framework outlined. The 3 overarching objectives and 10 core aims are supported by the Health Board.

The comments offered below therefore focus on the practical and operational implications of the Bill and its provisions.

Potential barriers to the implementation of the key provisions and whether the Bill takes account of them.

Whilst the Bill outlines the framework within which IDPs would be prepared, maintained and reviewed, it will need to be supported by more specific operational guidance on the development of IDPs recognising the inter-agency nature of the information to be reflected.

The Health Board notes the requirement for health bodies to consider whether there is a treatment or service that is likely to be of benefit to addressing the learner's ALN and, if so, secure that treatment or service. This provision would benefit from greater clarification and definition of the scope of treatments / services anticipated and expectations on Health Boards to commission services if any treatments / services are not available locally.

Similarly, the future implications for Health Boards regarding support of the costs of treatments / services in such circumstances which are currently shared between agencies remain unclear. If it is anticipated that Health Boards, as a consequence of the Bill, will assume 100% responsibility for all such costs, this is

likely to present a significant obstacle to implementation of the key provisions of the Bill unless Health Boards are resourced appropriately.

Unintended consequences arising from the Bill

There is the potential that effective implementation of the Bill may highlight previously unmet need and whilst this would represent a positive development for the needs of children and young people aged 0 – 25, we remain concerned that this would place additional resource pressures on agencies (including Health Boards) which, if unplanned, may compromise practical achievement of these objectives.

Financial implications of the Bill (as set out in Part 2 of the Explanatory Memorandum)

The Health Board notes the assumptions outlined in the Bill and supporting Memorandum regarding the additional costs Health Boards are expected to incur over the four year period of £825,600.

However, we note with concern the acknowledgement within the Memorandum that the introduction of a statutory planning process for those in post-16 education could include learners who have health needs which may not have been identified previously. Likewise, we are concerned that the Memorandum highlights that quantification of learners who attend an FEI who go on to develop a health care need has not been possible and as such, these anticipated costs are unknown.

We also note the risk that the introduction of a formal role of DECLO may have additional cost implications which are currently unknown.

Similarly, we note with concern the acknowledged risk that placing ALN on the strategic agenda of health boards and improving the way the NHS manages ALN functions and responsibilities could result in the identification of a greater need for ALP although the quantification and projected cost of this is unknown.

The Health Board remains concerned that effective implementation of the Bill will be compromised if Health Boards are not appropriately resourced to deliver their obligations under the provisions of the Bill.

Provisions for collaboration and multi-agency working, and to what extent these are adequate, and the capacity of the workforce to deliver the new arrangements:

The Health Board supports the objectives of the Bill and the objectives for an improved framework within which agencies can work together for the benefit of children and young people with ALN. We welcome the proposed development of the Designated Education Clinical Lead Officer (DECLO) and agree that the DECLO will have an important role to play in improving of collaboration between health,

education and social care in the delivery of services for children and young people with ALN.

However, we remain concerned about the assumptions reflected in the Bill and supporting Memorandum regarding the workload implications for such a role and recommend these be revisited to better assess and understand the likely impact. Introduction of the DECLO role without clear guidance regarding the breadth of responsibilities and an evidenced assessment of likely workload will compromise the effectiveness of the role.

Our initial assessment of the workload implications associated with the creation of the DECLO role are greater than those described in the Memorandum as many of these functions are not reflected in formal roles at the present time. It is likely that this would need to become a dedicated role, with administrative support and resources to facilitate effective delivery of the responsibilities outlined.

Thank you for the opportunity to contribute to the consultation regarding the draft Additional Learning Needs and Education Tribunal (Wales) Bill. The comments outlined above are offered on behalf of the Hywel Dda University Health Board.