

CYPE(5)-30-19 - Paper to note 3

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Llywodraeth Cymru
Welsh Government

Lynne Neagle AM
Chair, Children, Young People and Education
Committee National Assembly for Wales
Cardiff Bay
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22 October 2019

Dear Lynne,

Follow-up work on the Committee's inquiry into the Emotional and Mental Health of Children and Young People in Wales – Mind over Matter

Following our attendance at the Children, Young People and Education Committee on 20 June and follow-up letter of 15 July, we committed to write with further information for the Committee on a number of areas.

In our update of 7 May, we outlined the intention to prioritise investment to improve the mental health and well-being of children and young people with an additional £7m of funding. This includes £3.2m to improve services that support children and young people's mental health; £1.4m for Regional Partnership Boards to improve support in the community; and £2.5m to support the whole school approach to emotional mental health and wellbeing. Now that funding allocations have been agreed, following the agreement of all Local Health Boards (LHBs) wider mental health investment plans, I am pleased to be able to inform the Committee that LHBs have invested an additional £1m from the wider increase in mental health support. This is a significant investment that demonstrates our continued commitment to ensure that the mental health and well-being of our children and young people remains a priority.

The investment above includes support for health boards to make improvements to primary care CAMHS following the review by the NHS Delivery Unit. All health boards were requested to develop improvement plans which were subsequently reviewed both by officials and the NHS Delivery Unit to ensure that the actions align with the recommendations in the individual report received by health boards.

We are separately providing for the Committee's information the NHS Delivery Unit's national report prepared for the Welsh Government and the summary of the funding proposals received from health boards. The Committee should note that the summaries

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Rydym yn croesawu derbyn gohebiaeth yn Gymraeg. Byddwn yn ateb gohebiaeth a dderbynnir yn Gymraeg yn Gymraeg ac ni fydd gohebu yn Gymraeg yn arwain at oedi.

We welcome receiving correspondence in Welsh. Any correspondence received in Welsh will be answered in Welsh and corresponding in Welsh will not lead to a delay in responding.

reflect the original bids and approaches may have been adjusted following feedback from officials and the NHS Delivery unit. As you will be aware from the letter to health boards of 15 July, each health board has been asked to prepare a report for their Board, or appropriate subcommittee, which will be shared with the Committee.

In terms of support for children and young people with more complex needs, we agreed to provide further information following a meeting of key stakeholders including the Children's Commissioner, Welsh Health Specialised Services Committee (WHSSC), Healthcare Inspectorate Wales and officials from the Health and Social Services Group which took place in June. Following the meeting, it has been agreed that a task and finish programme of work should be established to develop and implement solutions for the small cohort of children who have complex needs which cannot be met solely in in-patient mental health or secure / residential settings. This new work programme recognises that there are a number of work streams which are already being taken forward in this area but all stakeholders agreed that there is a need for a shorter term, focused programme of work to accelerate actions to better integrate commissioning arrangements for the small cohort of children most at risk.

Additional resource has been allocated to ensure that this work is driven at pace and a steering group is being convened to bring together the existing work streams and to support the delivery of this new work. The group will be jointly chaired by senior officials in health and social care and will include WHSSC, HIW, Care Inspection Wales, local government, and the Children's Commissioner. We anticipate that the work will take no longer than six months from the date of the first steering group meeting and my expectation is that this programme of work will identify and drive forward solutions – we have been clear that this is not about producing another report for consideration.

With a view to extending capacity in our current tier 4 CAMHS units, WHSSC has launched a 4 week consultation on two new service specifications. The service specifications are intended to more clearly define the requirements of the current model of care and to allow the service to safely and effectively extending its capacity to care for young people with higher levels of clinical complexity. These new service specifications also include a comprehensive set of quality metrics to provide an overview of the safety, effectiveness and service-user experience of in-patient CAMHS. WHSSC will use these quality indicators to inform future service improvement and development and to facilitate benchmarking against other services.

We are also able to confirm the capital works in Ty Llidiard are completed.

Since our appearance at Committee in June, we have agreed an additional £2m investment in 2019-20 to support neurodevelopment services. We are also exploring options to undertake an in depth analysis of demand and capacity for ND services across health boards to support improvement planning now that new service has been operational for 2 years. This work will build upon the NHS Delivery Unit's review of primary care CAMHS.

In terms of the legacy of T4CYP, significant work has been undertaken over the summer as planned by the programme and officials. I recognise the progress made by the programme and the impact this has had on services. On that basis, as you know, I have agreed 'in principle' to support a refocused programme but I am awaiting a final proposal from the Programme. The response, which I am expecting to receive at the end of October will include the contributions from the Expert Reference Group and the wider Programme Board. I will then be in a position to agree the detail of the final programme.

In the meantime, the following table outlines the **draft** legacy arrangements including each of the previous T4CYP areas.

Area of Work Extended T4CYP Programme	Responsible (subject to agreement with Programme Board and stakeholders)	Accountable
Early Help and Enhanced support	T4CYP Chair of work stream	Programme Board T4CYP Joint Ministerial T&F Group <i>Linked also/updates reporting to Outcomes for Children MAG</i>
Regional Partnership Boards	T4CYP RPB Chair TBA Children's Commissioners team	Programme Board T4CYP Welsh Government – Social Services <i>Linked also/updates reporting to Joint Ministerial T&F Group and Outcomes for Children MAG</i>
Neurodevelopmental services that fall below "current thresholds"	T4CYP Clinical Leaders Group	Programme Board T4CYP <i>Linked also/updates reporting to Joint Ministerial T&F Group</i>
Area of Work Joint WG and T4CYP	Responsible (subject to agreement with Programme Board and stakeholders)	Accountable
National Youth Stakeholder Group	Joint - Welsh Government (Whole School Approach Team) and T4CYP	Welsh Government - Education
sCAMHS	Led by All Age mental health Network board sub group Supported by T4CYP	Chair - CAMHS & ED network Welsh Government <i>Linked also/updates reporting to Joint Ministerial T&F Group</i>
Workforce, education and development	Led by HEIW Supported by T4CYP	HEIW / Welsh Government <i>Linked also/updates reporting Joint Ministerial T&F Group</i>
Neurodevelopmental Services (within the current threshold) including ALN, LD, IAS	Clinical Leaders Group Welsh Government – Led jointly by Mental Health and Social Services	Welsh Government (Health and Social Services)
Area of work Welsh Government	Forward Look Responsibility	Accountable
Whole school approach	Welsh Government – Whole School Approach Team)	Joint Ministerial T&F Group
Care transitions including age, cross sector and cross boundary	Welsh Government – Mental Health and Vulnerable Groups	Welsh Government (Mental Health and Vulnerable Groups Directorate) <i>Linked also/updates reporting Joint Ministerial T&F Group</i>
Cross sector secure care blueprint (including complex care)	Welsh Government – Led jointly by Mental Health and Social Services	Directors (Health and Social Services) and overseen by Outcomes for Children MAG <i>Linked also/updates reporting Joint Ministerial T&F Group</i>

I anticipate the T4CYP extension will be agreed until March 2021. However, this will include a provision to continue through to March 2022, subject to agreement by a new government.

The refocused programme will need to have clear governance and reporting arrangements including for instance to the Ministerial Task and Finish Group for Whole School Approach. I will consider these arrangements when agreeing the final detail of the extended programme.

In relation to part 2 of your follow-up letter and the recommendations regarding the whole school approach, we believe we are making good progress in this area and in the specific areas raised in your letter – progress regarding training of school staff; development of the schools framework and implementation of the suicide and self-harm guidance.

As part of the £2.5m funding agreed in the current year to support the whole school work, we are working with local authorities to target support on a number of priority areas which supports the whole school work programme. This includes improving the provision of statutory counselling services; training existing teachers and other school staff on own and child good mental health; and delivering specific mental wellbeing interventions in schools. In total £1.5m of the available funding has been made available to local authorities for this work.

In relation to training, the focus will be on improving teachers and wider school staff (from senior management to junior staff) understanding of their own emotional and mental wellbeing and the emotional and mental wellbeing of children. Public Health Wales are developing good practice guidance to support local authorities and schools based on the delivery of training under the CAMHS school in-reach pilots. The guidance will include intelligence on what teachers and wider school based staff are saying they need to know, learning outcomes and the evidence based interventions and programmes that may address these.

In addition, you are aware from our evidence to Committee in June, that we are progressing discussions with universities over the potential to develop initial teacher training modules on child development, emotional and mental wellbeing. Universities have been very receptive to this approach and as indicated in the evidence, the intention is to have these modules available for the September 2020 student teacher intake. As the work progresses we will examine the extent to which the modules can also be adopted by existing teachers as part of their continuous professional development.

In relation to the schools framework, we indicated at Committee that we would have a draft available for consultation towards the end of the year. Over the course of the summer officials have been working to draw all the evidence and comments provided by stakeholders together into a first draft of the document. This includes comments from the Stakeholder Reference Group, on which you sit and which considered an outline of the framework at its last meeting. A draft has now been circulated to the Reference Group and other key stakeholders, including teacher representatives. The Stakeholder Group meeting on 7 October considered the document and has been invited to submit comments and suggested amendments, with a view to the second iteration being provided to Ministerial Group members for comment, prior to finalising the document for formal consultation.

As for our work in relation to suicide and self-harm prevention in schools, we want to thank you and the Committee for your commitment to this important issue. The guidance for schools was warmly received when it was launched on World Suicide Prevention Day on 10 September at the Samaritans' offices in Cardiff, which you also attended. As indicated in our evidence to Committee, we are keen to develop this area to support teachers, students and others working with children. Officials are in discussion with Professor Ann John and Swansea University, to develop work on better understanding bystander interventions, and also empathetic responses to distressed posts and cyber bullying on social media. This work will be coproduced with children and will lead to a toolkit, specifically aimed at young people to improve their knowledge, understanding and support them on this important issue. We are currently waiting on some further information from Professor John to support the proposal and hope to formally announce the work before the end of the year.

We will continue to report progress through the Joint Ministerial Group which next meets on 4 November.

Finally, the Committee will be aware that we have positioned improving mental health and well-being of children and young people as a key priority in the third and final *Together for Mental Health Delivery Plan*. The consultation on the plan closed on 31 August and the overwhelming feedback from stakeholders supports the plan's emphasis on improving the mental health of children and young people. I expect to publish the plan later this year.

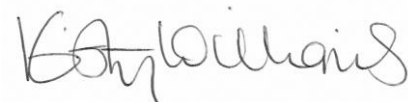
We note the further recommendations made by the Committee in its letter of 8 August 2019, many of which relate to existing recommendations. We hope that this additional information, along with our previous updates, assure the Committee of the progress being made to implement the Welsh Government's response to the Committee's Mind over Matter report.

Yours sincerely,



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