CYPE(5)-32-19 - Paper to note 6

To: Lynne Neagle AM

Dear Chair,

Chair
Children, Young People
and Education
Committee
Via email only

Thank you for sending through the additional questions that weren't able to be reached during the session on 6^{th} November. Please find below my answers to those two questions.

14 November 2019

In your annual report 2018-19, you state that a priority going forward for your office will be to analyse the effectiveness of Regional Partnership Boards. Can you outline what your plans are in relation to this work, and whether it will involve any analysis of the £1.4m allocated to Regional Partnership Boards to improve mental health and well-being support for children and young people?

This autumn and winter I will have visited all 7 Regional Partnership Boards across Wales, to challenge them on the work they are doing to integrate children and young people's health and social care, particularly for children and young people with complex needs due to disability or illness, including mental ill health and learning disability. In doing so I am continuing to push the findings and recommendations of my 2018 *Don't Hold Back* Report where I brought forward the experiences of young people with learning disabilities and their families.

There should be no 'wrong door' for these groups of young people in accessing the care and support they need. As well as challenging them on the partnership work they are doing, I want to hear from the RPBs about any barriers they face in undertaking their work, and to share practice examples from other RPBs that may be helpful to shape their plans for providing improved integrated services.

In particular, I want to hear about:

- Governance structures how are the voices of children and young people, and the adults who care for and work with them, embedded within the governance structures of the RPB
- Transitions to adulthood arrangements and general integrated care arrangements for children and young people with learning disabilities.
- Structures in place to support children and young people with mental health, emotional and behavioural issues, both for the 'missing middle'



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- who do not reach the threshold for specialist CAMHS but require therapeutic and other interventions; and the small number of young people with very challenging behavioural and emotional difficulties for whom there is currently very little suitable residential provision in Wales
- The RPBs' assessment of their current and future effectiveness, and any barriers, in terms of ensuring that young people do not 'fall between the gaps' because of service thresholds

Following my visits with RPBs, and after consulting with public and third sector professionals, I will be producing a report on my findings. I will follow this report with recommendations, to be published in my 2019/20 Annual Report.

Certainly, applications to, and use of, the transformation funding and ICF funding will form part of my analysis.

In your annual report 2018-19, you state that the Welsh Government is due to consult on new guidance on transitions from child and adult services in health settings. Given the importance of putting young people at the centre of well planned, integrated and supported transitions, should you be more ambitious as Children's Commissioner, in challenging Health Boards — and Welsh Government, to ensure existing guidance and good practice is followed?

Transitions to adult services in health settings has been a priority area for me in 2018/19. Over the past 12 months, I have organised and chaired 3 meetings, which have involved representatives from health boards across Wales, Royal Colleges and Societies, third sector representatives and Welsh Government. The evidence and professional contributions from these meetings, and the evidence from my 2018 *Don't Hold Back* Report have been shared directly with Welsh Government officials to help inform the upcoming new guidance.

I am pleased that, following a meeting in November 2018, the Welsh Government have committed to issuing new guidance on transitions to adult services in the health setting. In particular, I am pleased that the Welsh Government set up a Project Board which has now met twice, and engaged with all the health boards in Wales and a large number of Royal Colleges and Societies.

I am confident that the draft guidance has been improved by this process, in terms of its emphasis on coproduction with children and young people and their families, for example.



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However, I am not convinced that the current draft guidance is yet sufficient to really drive change. We need Wales-wide guidance which addresses issues such as:

- Care and support for those of transition age in acute care settings
- 16 and 17 year olds accessing services for the first time, and who are not 'known' to services who then look to organise transition arrangements to adult services
- Children and young people with complex needs who require multiagency support with transitions

The guidance will be health-led, but I will continue to encourage Welsh Government to do more to ensure that health professionals engage in multiagency planning to support young people who are engaged with several agencies.

The issues outlined above have been raised consistently by attendees of the three meetings I have organised this year with royal college, third sector and health board representatives; as well as in conversations with health professionals and care providers.

I understand that this guidance will be going out for consultation this winter. We will be providing a full response to this consultation when it is published, and would encourage the committee to follow the progress of this consultation process.

Yours sincerely,

Sally

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