

Cynulliad Cenedlaethol Cymru
 Y Pwyllgor Plant, Pobl Ifanc ac Addysg
 Gwaith dilynol ar yr adroddiad Cadernid Meddwl
 MOM: 31
 Ymateb gan: Bwrdd Iechyd Addysgu Powys

National Assembly for Wales
 Children, Young People and Education Committee
 Follow-up on the Mind over Matter report
 MOM 31
 Response from: Powys Teaching Health Board

| Overarching issues | | | |
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| <p>Key recommendation (2018). That the Welsh Government make the emotional and mental well-being and resilience of our children and young people a stated national priority. This status should bring with it a commitment to:</p> <ul style="list-style-type: none"> • provide adequate and ring-fenced resource for our schools to become community hubs of cross-sector and cross-professional support for emotional resilience and mental well-being. Schools cannot shoulder this responsibility alone - the support of other statutory and third sector agencies, most notably health, is essential; • ensure that emotional and mental health is fully embedded in the new curriculum; • ensure that everyone who cares, volunteers or works with children and young people is trained in emotional and mental health awareness, to tackle issues of stigma, promote good mental health, and enable signposting to support services where necessary. This should include working with professional bodies to embed training in initial qualifications and continuous professional development; and • publish every two years an independent review of progress in this area. This process should involve children and young people throughout. <p>Recommendation A (2019): The key recommendation in our Mind over Matter report called for the emotional well-being and mental health of our children and young people should to be a national priority. Further to this, we recommend that the Together for Children and Young People Programme is extended to help ensure sustainable improvements in access to support services within both primary and secondary care through Child and Adolescent Mental Health Services (CAMHS), as well as supporting the whole-system approach. It is our view that the Together for Children and Young People Programme should be extended to coincide with the end of Together for Mental Health 2012-22, the Welsh Government’s 10 year strategy to improve mental health and well-being.</p> | | | |
| RAG status | Why have you given this RAG status? | Where, realistically, should we be by April 2021? | What needs to be done to get us there? |



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| | <p>CAMHS Primary mental health (PMH) workers attached to all our secondary schools providing advice and consultation to schools. New funding enabling this to extend to year 6.</p> <p>Training of multi agency partners in youth mental health first aid in conjunction with the local authority.</p> <p>Providing regular consultation sessions to partner agencies.</p> | <p>Extended to the special schools</p> <p>Training as routine part foster cares core programme</p> <p>Regular consultation sessions taking place.</p> | <p>Appointment of the new staff.</p> <p>Liaison with the relevant schools</p> <p>Planning meeting with foster care managers in social care.</p> |
| | <p>Development of 5 multi agency early help hubs upskilling workers in knowledge of emotional health and wellbeing and the appropriate services in the wider workforce that can provide intervention and support to with children and young people prior to requiring either primary mental health or special CAMHS</p> | <p>In Powys we plan to implement the first two early help hubs, whilst further work on establishing the third one takes place. CAMHS PMH staff linked with each of the social care services early help teams, attending team meetings, being fully integrated into the early help hubs.</p> | <p>Utilising ICF capital, revenue (other than short term) being finalised for 1st hub. Funding needs to be identified for other hubs.</p> |
| The new curriculum | | | |
| <p>Recommendation 1 (2018). That the Welsh Government publish, within three months of this report’s publication, a route map of how health (led by the Together for Children and Young People Programme) and education (led by the Health and Well-being Area of Learning Experience) will work together to inform the new curriculum. This route map should contain clear milestones and specify the agencies or individuals responsible for delivery.</p> | | | |
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| | National ministerial group undertaking this work | | |
| Measurement of well-being in schools | | | |



| <p>Recommendation 2 (2018). That the Welsh Government prioritise the work of improving measurement of well-being in schools within the inspection framework in order to drive activity and performance. The development of these measures should involve all relevant stakeholders to ensure that they are fit for purpose and do not lead to unintended consequences. Most importantly, children and young people should be involved in the process of preparing these measurements to ensure that they capture correctly the factors that influence their well-being. These measures should be available within six months of this report’s publication, or form part of the report of the independent review of the implications of the educational reform programme in Wales for the future role of Estyn, whichever is the earliest.</p> | | | |
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| | Aware of the work of the Ministerial Task and Finish Group on whole school approach and Estyns work on wellbeing. Further implementation guidance on requirements means amber rating. | A clear, well understood picture of elements of wellbeing measurement for schools that is being implemented (recognising complexities with data. Measurement mechanisms) | Clear articulation of measurements and methodology for data collection. |
| <p>Emotional and mental well-being initiatives in schools</p> | | | |
| <p>Recommendation 3(2018). That the Welsh Government undertake a review of the numerous emotional and mental well-being initiatives underway in Wales’s schools, with a view to recommending a national approach for schools to adopt, based on best practice. The Welsh Government should work with exemplar schools such as Ysgol Pen y Bryn in Colwyn Bay to develop elements of this national approach, including but not limited to mindfulness</p> <p>Recommendation C (2019): Further to Recommendation 3 in our Mind over Matter report, the Welsh Government must ensure the implementation framework for schools is published without delay, by December 2019. This is to ensure that all schools are working to a fundamental set of principles in relation to children and young people’s emotional well-being and mental health and are supported to do this. We want the Welsh Government to be working with schools to implement the guidance and to begin the self-evaluation process.</p> <p>Recommendation 4 (2018). That the Welsh Government, while undertaking the review we call for in recommendation 3, work in the meantime with the Samaritans to develop its Delivering Emotional Awareness and Listening (DEAL) Programme for wider use in schools in Wales. Subject to the results of the DEAL evaluation that is underway, the Welsh Government should fund the extension of the programme to the primary school sector.</p> <p>Recommendation 7 (2018). That the Welsh Government issue interim guidance to health and education services (and other relevant statutory bodies) about the support they should deliver for emotional and mental health in schools. This should specify the support that they should expect from each other as statutory services. This guidance should remain in place, and should be resourced adequately, until the findings of</p> | | | |



| the in-reach pilots are reported to us and others. The guidance should be issued within three months of our report’s publication and reviewed after the in-reach pilots conclude. | | | |
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| | <p>CAMHS PMH deliver Resilience training to all year 8’s.</p> <p>CAMHS PMH workers attached to each secondary school, regular consultation sessions take place. Also deliver the Youth Mental health first aid course to a number of agencies including schools.</p> <p>Two secondary schools and their cluster primaries are part of the Pilot of CAMHS in reach</p> <p>Discussion taken place re planning or the Powys Secondary Heads conference in 2020 to focus on emotional health and wellbeing</p> | <p>Delivery to all year 6 pupils</p> <p>Evaluation of pilots published.</p> <p>Secondary head conference taken place and all more aware of the provision of emotional health and wellbeing services to inform their work with children and young people</p> | <p>Liaison with the primary school head teachers.</p> <p>Continue with the pilot and take part in the evaluation</p> <p>Plan and execute the conference</p> |
| School counselling | | | |
| Recommendation 6 (2018). That the Welsh Government assess the quality of the statutory school counselling available, not least how the service copes with increasing demand, tackles stigma and meets the needs of children and young people. This should include consideration of providing counselling support online and outside lessons/school, and for those younger than 11 years old. | | | |
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| | <p>Face to face and online counselling already provided however the need far outstrips the provision.</p> | <p>Delivery of group work across schools to ensure young people receive a service in a more timely manner.</p> | <p>Revised approaches agreed with school counselling service.</p> <p>Agreement on digital platforms that meet a clear standard.</p> |



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| | With new funding and new ways of working steps are being taken to broaden the offer. | Opportunities to use other digital platforms for support are identified and procured/procurement underway. | |
| School staff | | | |
| <p>Recommendation 5 (2018). That the Welsh Government commission a mapping exercise of the availability of non-teaching staff in schools to support emotional and mental health and well-being, and the anticipated level of future need. This exercise should provide an outline of how any shortcomings will be addressed.</p> <p>Recommendation 8 (2018). That the Welsh Government pilot the role of “guidance teacher” in Wales, or adopt another model that allocates responsibility for the emotional and mental health of pupils to a lead member of teaching or nonteaching staff.</p> <p>Recommendation B (2019). To ensure that all school staff have a sufficient understanding of children and young people’s emotional and mental health and well-being, the Welsh Government should develop—as a matter of priority—a programme of compulsory training for new and existing school staff.</p> | | | |
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| Primary health care | | | |
| <p>Recommendation 9 (2018). That the Welsh Government make available the management data tracking progress in relation to local primary mental health support services (LPMHSS) waiting times for assessment and interventions for children and young people since the commencement of the provisions of the Mental Health (Wales) Measure 2010.</p> <p>Recommendation 10 (2018). That the Welsh Government set out an improvement plan for local primary mental health support services (LPMHSS) for children and young people in Wales. This should provide an assessment of current levels of provision, the anticipated demand for services over the next 5-10 years, and the estimated level of resource needed to join the two. It should also outline how LPMHSS will engage with other statutory and third sector services, and provide the most accessible, appropriate and timely “intermediate” support services to bridge the gap between emotional resilience support on the one hand, and specialist CAMHS on the other. The improvement plan should outline clearly the pathways available for children and young people so that signposting to and between each level of services is clearer and simpler. It should make explicit reference to how LPMHSS should liaise with schools in particular.</p> | | | |



| Recommendation F (2019). Further to Recommendations 9 and 10 in our Mind over Matter report, we expect to receive a copy of the NHS Delivery Unit’s review of Local Primary Mental Health Support Services, as well as the Health Board improvement plans, this summer (2019). Publication of this information will help to provide a better understanding of whether there is enough capacity in the primary care CAMHS | | | |
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| | Part 1 intervention and assessment all above the 80% target | | |
| | All professionals working with children and young people can receive consultation and refer to CAMHS. | | |
| | Emotional health and wellbeing workstream is working with the early help work stream on a model of integrated working and early help hubs to ensure children and young people are not ‘bounced’ around services and receive the right help first time. | Two early help hubs up and running. Identification of the further three | Work with the RPB to identify funding for the establishment of the early help hubs |
| | A Mapping exercise has taken place for interventions, specifically around anxiety and attachment work. | Services for attachment and anxiety are more readily available. | Work with partners to raise awareness of the existing services and identification of funding for extension of services. |
| | Professionals have been brought together in networking events to increase knowledge. These will continue. | | |
| | The DU report and action plan for PMH have been taken to exec committee and approved. | | |
| Care pathway | | | |
| Recommendation 11 (2018): That the Welsh Government ensure: | | | |
| <ul style="list-style-type: none"> consistent pathways for all specialist CAMHS services, based on the national referral criteria once agreed, are implemented by all health boards (and related agencies where relevant) in Wales within six months of this report’s publication; | | | |



| <ul style="list-style-type: none"> each pathway is accompanied by defined standards against which all health boards can be measured and benchmarked consistently; and information is made publicly available so that health boards and the Welsh Government can be held to account for performance in a transparent and well-informed way. | | | |
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| | Agreed criteria in place – based on all Wales approach and shared with other professionals and is on website | Guidance readily available to all partners. | Awareness raising campaign with partners. Most can be through eth regular consultation sessions described above. |
| | CAMHS have agreed specific condition criteria / guidance, sharing with partners | | |
| | Pathways are in place but need to establish defined standards for bench marking | Standards established and first ¼ tested. | Define the standards. |
| The 'missing middle' | | | |
| <p>Recommendation 12 (2018). That the Welsh Government outline as a matter of urgency, and within three months of this report's publication, how it intends to address the challenges faced by the group of children and young people who do not meet the threshold for specialist CAMHS but for whom alternative services are not available – the so-called "missing middle". This should include:</p> <ul style="list-style-type: none"> the detailed steps it will take over the next six months to ensure that their needs are met and that relevant agencies are held to account for delivery; and an account of the consideration given to focusing referral criteria on levels of distress experienced by children and young people (the source of which can be behavioural, social (including attachment-related disorders) and/or medical in nature), rather than on a medically defined, diagnosis basis alone. This should include consideration of replacing the current "pyramid" model of care with the "iceberg" model presented to us in evidence. <p>Recommendation E (2019). We want to see the Welsh Government implement Recommendation 12 in our Mind over Matter report as a matter of urgency, including publishing details of it how it intends to take forward the early help and enhanced support workstream to reduce the 'missing middle'. We request an update from the Welsh Government on progress by the end of October 2019.</p> | | | |
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| | Established start well board and work streams specifically the early help work stream and the emotional health, wellbeing and youth support work steam with clear actions plans in place. | An agreed model for early help and enhanced support owned by the Start Well Partnership as part of the RPB. Some elements of the model implemented. | Further support and progression of multiagency planning at the Start Well Partnership. |
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| Neurodevelopmental services | | | |
| <p>Recommendation 13 (2018). That the Welsh Government develop an immediate recovery plan for neurodevelopmental services in Betsi Cadwaladr University Health Board to address the unacceptably long waiting times faced by over 1000 children and young people.</p> <p>Recommendation I (2019). We recommend the Welsh Government fully implement Recommendation 13 in our Mind over Matter report in relation to neurodevelopmental services. Alongside this, the Welsh Government should:</p> <ul style="list-style-type: none"> • set out a clear plan of how it will support Health Boards, local authorities and third sector partners to meet the needs of the estimated 40-50 per cent of children and young people who do not meet the threshold for diagnosis but need some help, to ensure that families are not left feeling unsupported; • routinely publish data on neurodevelopmental performance so that there is greater transparency and understanding of whether Health Boards are achieving the 26 weeks waiting time standard for assessment; • provide further details of how the Welsh Government intends to monitor the performance of neurodevelopmental services, so that frontloading support into assessment to meet the 26 week waiting time standard for assessment is not done at the expense of providing interventions following assessment; • publish the findings of the demand and capacity modelling work it is undertaking to ensure effective neurodevelopmental service models are in place across all areas of Wales. | | | |
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| | We have already established joint working to support children who have needs but do not necessarily meet threshold for diagnosis. This is evident within the work undertaken by the promotion of a graduated response by all agencies and supported by the Integrated Disability Service and shared | Have a joint plan with PCC and PTHB to meet needs of children who do not meet threshold Provide information to WG as requested via information team Have clear performance indicators which are demonstrating an improving picture on referral to diagnosis timeline | To strengthen the joint approach to meeting children’s emotional health and wellbeing needs without the emphasis being on waiting for diagnosis To have confidence in our systems to ensure reporting is accurate and records clear performance indicators for |



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| | <p>access to pupil inclusion panel with education. Information supplied to WG as requested The ND service has reduced the waiting time to meet the 26week target, however this has increased the referral to diagnosis time.</p> | <p>Have post diagnosis intervention plan to include dedicated ADHD clinics with a clinical nurse specialist Have completed demand and capacity audit and have a plan for 2021-2022</p> | <p>ND. To include ADHD and ASD in national reporting To engage in demand and capacity modelling work</p> |
| Qualitative measures of performance | | | |
| <p>Recommendation 14. That the Welsh Government prioritise work to ensure qualitative measures of performance are developed to sit alongside existing referral to assessment waiting time data within six months of this report’s publication. This information should be made publicly available so that those responsible can be held to account for service delivery and performance.</p> | | | |
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| | <p>CAMHS outcome measures agreed across Wales Data set agreement across mental health</p> | <p>Outcome measure embedded across the service.</p> | <p>Full inclusion in WCCIS as information standards agreements progress</p> |
| Crisis and out-of-hours | | | |
| <p>Recommendation 15 (2018). That the Welsh Government, within six months of this report’s publication, in relation to crisis and out-of-hours care:</p> <ul style="list-style-type: none"> • work with Welsh police forces to scope an all-Wales triage model which would see mental health practitioners situated in police control rooms to provide advice when children and young people (and other age groups, if appropriate) present in crisis; • outline how resources could be directed towards enabling crisis teams in all health boards to provide training and cascade expertise to other frontline services, particularly colleagues in A&E, in border areas (to improve cross-border relations with those centres most often accessed by Welsh domiciled patients), and in schools (to normalise conversations about suicide and self-harm in particular); • ensure that follow-up support is being provided by health boards after discharge, provide information on how health boards monitor this provision, and commit to making this information publicly available to ensure transparency and accountability; • ensure that all health boards are adhering to the requirement to hold designated beds that could be staffed adequately for unders-18s in crises, indicating how this will be monitored and reported in future, and what steps will be taken if such beds are not available; • implement with pace and in a uniform way across health boards the single point of access approach to specialist services, to ensure timely and appropriate access to support, urgent or otherwise; and • reflecting on the results of the review of crisis care, outline what | | | |



more needs to be done to deliver a safe and cost-effective 24/7 crisis care service in all areas of Wales, how that will be done, and by when.

Recommendation G (2019). Further to Recommendation 15 in our Mind over Matter report, we recommend that the Welsh Government undertake an urgent piece of work to better understand how and why children and young people access crisis/out of hours support. Further improvements to crisis and out of hours care for children are needed to help ensure children and young people can access immediate support when they are in distress, at any time. Access to mental health crisis support must be consistent across Wales, which may require Welsh Government investment to support those Health Boards currently unable to extend their services.

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| | Powys has no DGH and therefore no A & E. All services for emergency mental health support are provided by the relevant health boards. Agreements are in place with all to provide this, however there are some difficulties with this arrangement. Enhancing community pathways and reviewing the designated bed policy is required. | Enhanced community pathway particularly for young people aged 16+. Designated bed available within Powys | Agreement on rural service model/community pathway – focusing potentially on adolescence/young adult. Develop a case for improved, local access to designated bed. |

Suicide

Recommendation 16 (2018). That the Welsh Government, in relation to suicide specifically, work with expert organisations to:

- provide, within three months of this report’s publication, guidance to schools on talking about suicide and self-harm, to dispel the myth that any discussion will lead to “contagion”;
- work with expert organisations to prioritise the issuing of guidance to schools where there has been a suicide or suspected suicide; and
- ensure that basic mental health training, including how to talk about suicide, becomes part of initial teacher training and continuous professional development, so that all teachers are equipped to talk about it.

Recommendation D (2019). Further to Recommendation 16 in our Mind over Matter report, the Welsh Government must ensure that all schools and local education authorities implement fully the guidance on suicide and self-harm to be introduced in September 2019.



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| | Schools have a policy for escalation where serious events | Regional suicide prevention leads are in post to enhance support and contact | Finalise recruitment; induction into local area |
| In-patient services | | | |
| <p>Recommendation 17 (2018). That the Welsh Government:</p> <ul style="list-style-type: none"> engage as a matter of urgency in addressing the reduced capacity in the north Wales in-patient unit; and provide in its response to this report an action plan detailing the practical support it is going to give to Betsi Cadwaladr University Health Board to return the unit to its commissioned capacity of 12 beds by summer 2018. <p>Recommendation H (2019). Further to Recommendations 17 and 18 in our Mind over Matter report, we want to see urgent action taken to address the demand pressures for in-patient care throughout Wales. We recommend the Welsh Government :</p> <ul style="list-style-type: none"> ensure the capital works at Ty Llidiard are completed by the end of Summer 2019 and that the unit is in a position to accept children and young people at risk of suicide and self-harm; ensure the staffing issues at Abergele are resolved urgently so that the unit is in a position to accept children and young people at risk of suicide or self harm. explore with greater urgency options for creating extra in-patient capacity, specifically to cater for children and young people with complex needs who are currently placed outside of Wales; put in place more effective arrangements for ‘stepping up’ or ‘stepping down’ between different levels of intervention; provide capital investment to help progress at greater pace some of the opportunities for more integrated commissioning in relation to mental health, welfare and youth justice. <p>Recommendation 18 (2018). That the Welsh Government use the results of the review of in-patient capacity in Wales as a basis to:</p> <ul style="list-style-type: none"> provide as many services as close to home as possible for Welsh domiciled children and young people; engage in dialogue with NHS England about options for the creation of very specialist in-patient beds that could serve populations both sides of the border; and explore the viability of using spare in-patient capacity on the NHS estate to provide step-down services for those leaving placements. | | | |
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| | Progress has been made, however significant pressures of access exist and | Incremental further progress made on improving access to inpatient care and the | Agreement on long term vision for more joined up care |



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| | the full impact of plans/actions is yet to be fully realised | arrangements with social care in moving forward more joined up solutions | Clear incremental steps to enable delivery |
| Transitions | | | |
| <p>Recommendation 19 (2018). That the Welsh Government, in light of the importance of the transition period in retaining engagement with support services and the heightened vulnerabilities of young people as they enter adulthood, require health boards and local authorities to report to them on a six monthly basis:</p> <ul style="list-style-type: none"> • the steps they have taken to ensure implementation of the transition guidance; • their assessment of their level of adherence to the guidance; and • details of the challenges they encounter when seeking to deliver smooth transitions and how they are mitigating those risks <p>Recommendation J (2019). Further to Recommendation 19 in our Mind over Matter report, and given the heightened vulnerabilities of young people as they enter adulthood, we recommend that the Welsh Government consider all options for improving transitions, including exploring the extension of CAMHS up to the age of 25, to provide an extended period for young people to move into adult services, rather than immediately transferring to adult mental health services when they turn 18.</p> | | | |
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| | <p>CAMHS to adult Transitions policy agreed that is based on the All Wales guidance. Evaluation indicates that this does not always run as smoothly as it could locally.</p> <p>Partnership Transitions work stream (within the local Start Well Partnership) is in place and actively working towards a smooth transitions for young people.</p> | Smooth transition from CAMHS to AMHS – based on the ‘When I’m Ready’ approach. | Partnership agreement of the revised approach, active training and implementation, audit of success identifying areas for improvement (involving young people). |
| Psychological therapies | | | |
| <p>Recommendation 20 (2018). That the Welsh Government, in light of the current variation in provision and the crucial role therapeutic interventions have to play, set out a national action plan for the delivery of psychological therapies for children and young people. As a minimum this should include:</p> <ul style="list-style-type: none"> • an outline of how primary, secondary and specialist services will work together to ensure a range of therapeutic services across the spectrum of need are delivered effectively; | | | |



- specific plans for developing and maintaining a stream of sufficiently trained (and regulated/registered) therapeutic practitioners;
- details of the proposed review of prescribing trends for children and young people with emotional, behavioural and mental health problems, building on previous work undertaken by Professor Ann John and including an assessment of whether other interventions have impacted on these trends, to begin in the next 12-18 months; and
- an assessment of the plan’s financial implications and affordability, and how its outcomes will be measured.

Recommendation K (2019). The Welsh Government should work proactively with the Health Education and Improvement Wales (HEIW) to ensure the CAMHS workforce is prioritised in the 10 year workforce strategy. We would welcome further information about plans for developing and maintaining a stream of sufficiently trained therapeutic practitioners to deliver interventions to children and young people.

Recommendation L (2019): Further to Recommendation 20 in our Mind over Matter report, we recommend the Welsh Government publish the children and young people’s version of Matrics Cymru by December 2019, alongside details of how this will help to ensure a range of therapeutic services across the spectrum of need are delivered effectively to children and young people across Wales.

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| | Matrix Cymru Framework for Children and young people in final draft. Yet to be fully tested/implemented | Following identification of clear implementation milestones, significant progress should be made by 2021. Staff trained, additional recruitment, new roles underway/in place | A clear national and local implementation plan. Identification of resources to support. |

Prescribing and medication

Recommendation M (2019). Our view as expressed in Recommendation 20 of our Mind over Matter report, that a national review of prescribing trends for children and young people with emotional, behavioural and mental health problems is needed, remains unchanged. In the absence of such a review, we recommend the Welsh Government provide us with further assurances on this issue by December 2019.

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Advocacy



| <p>Recommendation 21 (2018). That the Welsh Government, within six months of this report’s publication, commission a review of the current provision of – and need for – advocacy services for children and young people accessing all mental health services, not just those in in-patient settings. This review should be undertaken in consultation with key stakeholders such as the Children’s Commissioner, the National Youth Advocacy Service, commissioned providers of services, and children and young people. Based on the review the Welsh Government should assess the viability of providing an active offer of advocacy to all children and young people accessing mental health services and should publish a full account of its conclusions.</p> | | | |
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| | LA and health bard commission advocacy services from Tros Gynnal Plant, this needs to take into account the offer for young people accessing mental health services. | Young people on care and treatment plans have access to advocacy routinely. | Review of the current arrangements and identify what is required to ensure all young people accessing mental health services are able to access advocacy services. |
| <p>Vulnerable children (including children who are care-experienced, adopted or have experience of the youth justice system)</p> | | | |
| <p>Recommendation 22 (2018). That the Welsh Government work across agencies to ensure that the emotional and mental health needs of children and young people are assessed on entry to care and on receipt of a referral order within the youth justice system, and routinely thereafter. This will help inform planning of adequate provision of multi-disciplinary support to meet their often-complex needs in a timely and appropriate way.</p> | | | |
| <p>Recommendation 23 (2018). That the Welsh Government, within six months of this report’s publication, undertake a piece of work on the provision of emotional, behavioural and mental health support for looked after and adopted children. This should:</p> <ul style="list-style-type: none"> • be informed by the activity of the Ministerial Advisory Group on looked after children and the T4CYP Programme’s work; and • consider, in the case of looked after children, the extent to which public bodies are adhering to their responsibilities as corporate parents to provide both the physical and emotional support they need. | | | |
| <p>Recommendation N (2019). The Welsh Government should provide more detail about—and evidence that—the workstreams of the Joint Ministerial Advisory Group on outcomes for children, the whole-school approach programme, and the Together for Children and Young People Programme are linked and working in tandem to ensure that the most vulnerable children and young people are having their emotional and mental health needs assessed and can access support promptly. The Welsh Government should provide a further detailed update to the committee on this, together with timescales for progressing this work. In the meantime, we remain deeply concerned about the provision of emotional well-being and mental health support for care-experienced children.</p> | | | |



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| | There is increasing evidence of the linkages between the different elements of the whole school approach, sCAMHS and early help and support. This is particularly the case for Children Looked After. This is however not yet fully mature. | A clear, joined up approach regarding the support for Children Looked After and those who 'Look After', i.e. foster/adoptive parents. | An agreed model for support across the spectrum of whole school, early help and support and more specialist services. |
| Working with the third sector | | | |
| Recommendation 24 (2018). That the Welsh Government, within three months of this report, act on the evidence received from the Royal College of Paediatrics and Child Health that it needs to establish an overarching group "with teeth" to manage the joint working that is needed between statutory and third sector organisations in order to deliver effective and timely emotional and mental health support services. | | | |
| RAG status | Why have you given this RAG status? | Where, realistically, should we be by April 2021? | What needs to be done to get us there? |
| | Locally, this is achieved through the Start Well Partnership that specifically focuses on young peoples emotional and mental health | Locally, that partners are able to express a high degree to cooperation and demonstrate results/impact through planning and commissioning of services/support | Review options for increasing partnership commissioned support based on evaluation of current provision. |
| Workforce | | | |
| Recommendation 25 (2018). That the Welsh Government ensure that all health boards respond promptly and comprehensively to surveys on workforce numbers conducted by the Royal Colleges in Wales. This will help enable the design of services that take into account staffing capacity and respond in an effective and innovative way to any shortages. | | | |
| RAG status | Why have you given this RAG status? | Where, realistically, should we be by April 2021? | What needs to be done to get us there? |
| | Locally, a partnership approach has been taken to workforce planning through the Workforce Futures Strategic Framework (RPB). Furthermore, benchmarking of NHS sCAMHS provides useful information. | Based on emerging models of care, a clear plan is in place to implement workforce (broad definition to include 3 rd sector) | Finalisation of models of care, leading to clarity on workforce models. |



| Welsh language services | | | |
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| Recommendation 26 (2018). That the Welsh Government ensure the T4CYP Programme undertake a comprehensive piece of work on the current and future availability of Welsh language emotional and mental health support services. | | | |
| RAG status | Why have you given this RAG status? | Where, realistically, should we be by April 2021? | What needs to be done to get us there? |
| | Clarity exists on Welsh language competence of the workforce (at the local level – nationally there is variation in levels of available data) | Prioritised plan for increasing the number of clinical consultations provided in the Welsh language being implemented. | Further work on where need is greatest; and where potential exists. Linkages to WL standard 110. |
| Reporting and data | | | |
| Recommendation 27 (2018). That the Welsh Government require health boards to report expenditure on emotional and mental health services for children and young people in a uniform way to increase accountability and transparency. This data should include information on all services, not specialist secondary CAMHS services only, and should be broken down by area (e.g. primary, secondary, crisis, therapeutic, third sector etc.) This information should be made publicly available so that those responsible can be held to account in relation to the affordability, relative prioritisation and value for money of the services provided. | | | |
| RAG status | Why have you given this RAG status? | Where, realistically, should we be by April 2021? | What needs to be done to get us there? |
| | This information is collated, however it is difficult to be precise in some areas some areas (e.g. primary care). | Refined inclusion criteria/definition | Inclusion criteria |
| Youth work | | | |
| Recommendation O (2019). The Welsh Government must ensure that within its Draft Budget for 2020-21, and in future financial years, sufficient funding is allocated to youth work in recognition of the vital role it has to play in supporting the emotional well-being and mental health of children and young people. | | | |
| RAG status | Why have you given this RAG status? | Where, realistically, should we be by April 2021? | What needs to be done to get us there? |
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