

Agenda – Y Pwyllgor Plant, Pobl Ifanc ac Addysg

Lleoliad:	I gael rhagor o wybodaeth cysylltwch a:
Ystafell Bwyllgora 1 – Y Senedd	Llinos Madeley
Dyddiad: Dydd Iau, 16 Mai 2019	Clerc y Pwyllgor
Amser: 09.15	0300 200 6565
	SeneddPPIA@cynulliad.cymru

Rhag-gyfarfod preifat

(09.15 – 09.30)

1 Cyflwyniad, ymddiheuriadau, dirprwyon a datgan buddiannau

(09.30)

2 Bil Plant (Diddymu Amddiffyniad Cosb Resymol) (Cymru) – sesiwn dystiolaeth 6

(09.30 – 10.30)

(Tudalennau 1 – 25)

Cynrychiolwyr yr Heddlu

Jeff Cuthbert, Comisiynydd Heddlu a Throseddu Gwent a Chadeirydd Grŵp Plismona Cymru Gyfan.

Matt Jukes, Prif Gwnstabl Heddlu De Cymru

Dogfennau atodol:

Briff Ymchwil

CYPE(5)-15-19 – Papur 1

Egwyl

(10.30 – 10.45)



3 Bil Plant (Diddymu Amddiffyniad Cosb Resymol) (Cymru) – sesiwn dystiolaeth 7

(10.45 – 11.45)

(Tudalennau 26 – 34)

Cymdeithas Gweithwyr Cymdeithasol Prydain yng Nghymru

Allison Hulmes, Cyfarwyddwr Cenedlaethol Cymru

Dogfennau atodol:

CYPE(5)-15-19 – Papur 2

4 Papurau i'w nodi

(11.45)

4.1 Bil Plant (Diddymu Amddiffyniad Cosb Resymol) (Cymru) – Llythyr gan Senedd Ieuenctid Cymru

(Tudalennau 35 – 36)

Dogfennau atodol:

CYPE(5)-15-19 – Papur i'w nodi 1

4.2 Iechyd Emosiynol ac Iechyd Meddwl Plant a Phobl Ifanc – gwaith dilynol: y wybodaeth ddiweddaraf gan y Gweinidog Iechyd a Gwasanaethau Cymdeithasol am adroddiad Cadernid Meddwl y Pwyllgor

(Tudalennau 37 – 62)

Dogfennau atodol:

CYPE(5)-15-19 – Papur i'w nodi 2

4.3 Iechyd Emosiynol ac Iechyd Meddwl Plant a Phobl Ifanc – gwaith dilynol: Y wybodaeth ddiweddaraf gan Raglen Law yn Llaw at Blant a Phobl Ifanc

(Tudalennau 63 – 92)

Dogfennau atodol:

CYPE(5)-15-19 – Papur i'w nodi 3 (Saesneg yn unig)

CYPE(5)-15-19 – Papur i'w nodi 3 – Atodiad (Saesneg yn unig)

**4.4 Llythyr gan y Gweinidog Iechyd a Gwasanaethau Cymdeithasol –
Cydnabyddiaeth o ymateb y Pwyllgor i ymgynghoriad Llywodraeth Cymru
ynghylch Pwysau Iach: Cymru Iach**

(Tudalen 93)

Dogfennau atodol:

CYPE(5)-15-19 – Papur i'w nodi 4

**5 Cynnig o dan Reol Sefydlog 17.42(ix) i benderfynu gwahardd y
cyhoedd o weddill y cyfarfod**

(11:45)

**6 Bil Plant (Diddymu Amddiffyniad Cosb Resymol) (Cymru) – trafod y
dystiolaeth**

(11.45 – 12.00)

Mae cyfyngiadau ar y ddogfen hon

Consultation on the Children (Abolition of Defence of Reasonable Punishment) (Wales) Bill

Tystiolaeth i'r Pwyllgor Plant, Pobl Ifanc ac Addysg ar gyfer craffu Cyfnod 1 (Saesneg yn unig)	Evidence submitted to the Children, Young People and Education Committee for Stage 1 scrutiny
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Organisation: Welsh Chief Officer Group and All Wales Policing Group

1 The Bill's general principles

1.1 Do you support the Children (Abolition of Defence of Reasonable Punishment) (Wales) Bill?

Yes

1.2 Please outline your reasons for your answer to question 1.1

(we would be grateful if you could keep your answer to around 1000 words)

The Four Welsh Police Forces in Wales have noted that the Bill to remove the Defence of Lawful Chastisement is intended to protect and promote Children's rights in line with the United Nations Convention on the Rights of the Child. Policing within the UK currently follows national strategy provided by the National Police Chiefs' Council, and the National Chief's Council Lead for the Child Centred Policing portfolio is currently reshaping the current strategy which will be based on the UNCRC Rights of a Child. We therefore support the approach to removing the physical defence of Lawful Chastisement of a child in Wales.

Whilst supporting this bill, we conclude that further careful consideration would be required in relation to the following potential barriers.

1.3 Do you think there is a need for legislation to deliver what this Bill is trying to achieve?

(we would be grateful if you could keep your answer to around 500 words)

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2 The Bill's implementation

2.1 Do you have any comments about any potential barriers to implementing the Bill? If no, go to question 3.1

(we would be grateful if you could keep your answer to around 500 words)

We recognise the need for a sufficient and prolonged time period within the planning of this change to allow a comprehensive awareness and education campaign to explain to the public regarding the removal of this defence. This education campaign must include information on how the removal of reasonable punishment will benefit the long term objectives of Welsh Government, and allow the public to understand how this will improve the wellbeing and safety of children. This will assist the cultural and social change required to make the 'smacking' of children unacceptable within a progressive society.

All reports of alleged criminal behaviour currently result in the recording of a 'crime' which include allegations where a parent has 'smacked' a child. This recording can be disclosed when CRB/DBS checks are undertaken whether or not the crime is prosecuted or indeed proven. If this Bill is formally introduced and passed, we would need to consider how we record such matters whilst continuing to ensure our crime recording in Wales is consistent with the rest of the UK and in line with Home Office Counting Rules.

Upon removal of the defence, we are concerned regarding the practicality of cross-border issues, specifically in terms of DBS checks and how the proposals would work for someone who lives outside Wales who is charged for an offence within Wales.

The Explanatory Memorandum for the Bill outlines references to joint working between partner agencies which includes involvement from the Police. Whilst it is clear that there is no legislative competence to impose duties upon the police, we presume that the further clarification to be provided will impose duties upon local authorities and other partners to cooperate with us.

The support available upon the removal of the defence is predicated upon an effective multi-agency approach being in place in all areas. It is outside our control to mandate the same and we are conscious of the other pressures upon all public services.

Additionally, the risk of malicious reporting against parents or professionals due to disputes or disagreements within either personal or professional settings needs to be addressed and considered further.

As the removal of the defence will only be applicable in Wales, consideration is needed between the Welsh Government and the Four Welsh Police Forces with regards to how a visitor from England would be made aware that the defence for reasonable chastisement does not exist in Wales when it does in England. To contextualise this, during summer

month's areas of Wales experience an influx of tourists. During their stay in Wales they may 'reasonable chastise' their child to the degree afforded by law in England. Taking this point further, clear guidance and training will be required for our frontline responders to apply their professional judgement in situations as outlined above.

Policing in Wales follows the same guidance on Disclosure as part of a Criminal Records Bureau Check as England. Therefore, clarity is required on the potential impact the changes to the defence would have on a person depending on which country they reside in. For example, an allegation to Police that a child has been 'smacked' would result in a crime being recorded (in line with the National Crime Recording Standards and Home Office Counting Rules). In advanced CRB checks, the recording of a crime can be disclosed whether or not the crime is prosecuted or even proven. In certain circumstances, a crime in England where the defence will remain may be closed with little investigation due to the defence, where in Wales the removal of the defence will result in a further and more detailed investigation.

In a similar vein to CRB, Policing in Wales utilises computer databases shared with all forces in England and Wales. The removal of the defence may create a situation where different level and detail of information is uploaded and shared according to the country of residence of the person.

Notwithstanding the removal of the defence is welcome, in terms of Adverse Childhood Experiences it is our view that the implementation team should consider that in some cases the evidence of a child against their parent would be needed to support and proceed with a prosecution. In these cases, to prevent interference with the prosecution and as part of a safeguarding measure the child or parent would not be able to reside together. This may have an unintended consequence on our partner agencies who will be required to provide alternative accommodation for the child and in single parent families this is even more acute. Whilst the assault of the child and their immediate safeguarding concerns are of paramount, the impact (emotionally) that the removal of a parent(s) from a family setting may have on the child should not be underestimated. As a result, Safeguarding teams need to be resourced for referrals to ensure there is no deviation from other safeguarding business.

Whilst we recognise that the current number of crimes recorded in Wales whereby lawful chastisement has been used as a defence is relatively low, we would need to consider how this Bill will impact our current resources within the specialist departments that record and investigate such crime and referrals. This may require us to uplift the resources available in such departments which could therefore have a financial impact or possibly effect staffing levels on the frontline.

2.2 Do you think the Bill takes account of these potential barriers?

(we would be grateful if you could keep your answer to around 500 words)

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3 Unintended consequences

3.1 Do you think there are there any unintended consequences arising from the Bill? If no, go to question 4.1

(we would be grateful if you could keep your answer to around 500 words)

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4 Financial implications

4.1 Do you have any comments on the financial implications of the Bill (as set out in Part 2 of the Explanatory Memorandum)? If no, go to question 5.1

(we would be grateful if you could keep your answer to around 500 words)

-

5 Other considerations

5.1 Do you have any other points you wish to raise about this Bill?

(we would be grateful if you could keep your answer to around 1000 words)

-

Consultation on the Children (Abolition of Defence of Reasonable Punishment) (Wales) Bill

Tystiolaeth i'r Pwyllgor Plant, Pobl Ifanc ac Addysg ar gyfer craffu Cyfnod 1 (Saesneg yn unig)	Evidence submitted to the Children, Young People and Education Committee for Stage 1 scrutiny
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Organisation: British Association of Social Workers (BASW) Cymru

1 The Bill's general principles

1.1 Do you support the Children (Abolition of Defence of Reasonable Punishment) (Wales) Bill?

- Yes

1.2 Please outline your reasons for your answer to question 1.1

(we would be grateful if you could keep your answer to around 1000 words)

BASW Cymru welcomes the opportunity to respond to this consultation on the Children (Abolition of Defence of Reasonable Punishment) (Wales) Bill. As the Professional Association for Social Work in Wales, BASW Cymru exists to promote the best possible social work services for all who may need them, often societies most vulnerable. This of course, includes children.

Article 19 of the United Convention on the Rights of the Child (UNCRC) states:

1. States Parties shall take all appropriate legislative, administrative, social and educational measures to protect the child from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse, while in the care of parent(s), legal guardian(s) or any other person who has the care of the child.
2. Such protective measures should, as appropriate, include effective procedures for the establishment of social programmes to provide necessary support for the child and for those who have the care of the child, as well as for other forms of prevention and for identification, reporting, referral, investigation, treatment and follow-up of instances of child maltreatment described heretofore, and, as appropriate, for judicial involvement.

BASW Cymru believes that the proposal for giving children equal protection from assault will allow for the removal of a legal defence that is out-dated and runs counter to the UNCRC and progressive policies of the Welsh Government. The current law relating to physical punishment sits at odds with many progressive policies relating to children's rights in Wales. In 2011 Wales was the first country in the UK to make the UNCRC part of domestic law, the Rights of Children and Young Persons (Wales) Measure 2011 requires Welsh Government to have due regard to the United Nations Convention on the Rights of the Child (UNCRC) in the exercising of all of its functions. The Welsh Government has consistently reiterated the importance of early intervention and prevention and this is enshrined in the Social Services and Wellbeing (Wales) Act 2014. Legislation in this area will provide Wales with an opportunity to further its progressive agenda in relation to the human rights of children and young people. It will ensure that children's right to live free from violence is made real, prevent children and young people from being given mixed messages about violence and ensure that there is no risk that physical punishment will escalate into physical abuse.

A total ban on all physical punishment of children is clear and unambiguous, whereas the current defence of 'reasonable chastisement' is open to interpretation and can create confusion, uncertainty and gives a clear message that children – the most vulnerable members of our society, do not enjoy equal rights to adults.

As Article 19 of the UNCRC states children, like adults, 'have the right to be protected from being hurt and mistreated, physically or mentally'. There is clear evidence to suggest that physical chastisement is not in the best interests of the child and there are other, more appropriate ways of chastising children who have misbehaved. Physical punishment is a human rights issue, law reform to abolish all physical punishment of children is an obligation under international law. Article 19 of the United UNCRC sets out the States obligation to protect children from violence. A defence to assault of children justified under current Welsh legislation, are a breach of the right to respect for physical and psychological integrity protected by Article 8 of the European Convention on Human Rights (ECHR).

The UK has come under repeated criticism from the Council of Europe and the European Union for not honouring its international human rights commitments to provide children with protection from assault. Bruce Adamson, the Children and Young People's Commissioner for Scotland argues that, 'as consensus builds internationally, the position in Scotland is becoming increasingly untenable'. The same can also be said of Wales with Sally Holland, the Welsh Children's Commissioner stating that "Hitting or smacking a child is never loving or caring..."

BASW Cymru believes there are key advantages to giving children equal protection from assault. These are drawn from the report 'Equally Protected? A review of the evidence on the physical punishment of children' (Report commissioned by the NSPCC Scotland, Children 1st, Barnardo's Scotland and the Children and Young People's Commissioner Scotland).

1.No long-term ill effects.

According to Professor Michael Marmot referenced in the above report "The international evidence could not be any clearer – physical punishment has the potential to damage children and carries the risk of escalation into physical abuse." There is strong and consistent evidence that physical punishment is harmful and damages children's wellbeing. According to academic research on the issue of physical chastisement, undertaken by Dr Anja Heilman of the London School of Economics, multiple meta-analyses show evidence which highlights a correlation between physical punishment and increased aggression, anti-social behaviour and depression and anxiety in children, likely to carry on into adulthood. Similarly, there is evidence to suggest that individuals who experience physical punishment as a child, are more likely to engage in physical and verbal aggression with their spouses as adults. This evidence was presented at the June 2017 seminar in Edinburgh 'Can Scotland still be the best place to grow up if we hit our children? Although not all children who are physically punished as children will display these tendencies, a change in the law would encourage parents to use alternative methods of discipline and would send a clear signal that physical punishment is ineffective, whilst also helping to mitigate any concerns of long-term ill effects in children.

2.Children will be given consistent messages about violence not being tolerated.

BASW Cymru believes that giving parents the legal defence of 'reasonable punishment' could send a contradictory and confusing message to children – "if it's okay for my mum and dad to hit me, why is not okay for my mum and dad to hit each other, or for me to hit my friends?" Children may model this behaviour and could then find themselves being punished for doing so. Removing this defence will send a clear message that violence is unacceptable, in any form, with a zero-tolerance approach to all types of violence in Wales, beginning as a child and continuing throughout adult life. It also helps mitigate the risk of the cycle continuing, as children will not be given an opportunity to absorb this as learned behaviour and go on to physically punish their own children physically.

3.There will be no risk of physical punishment escalating to physical abuse

BASW Cymru believes that there is a risk of physical punishment escalating into physical abuse and changing the law could help to prevent this from happening. As Bruce Adamson, the Children and Young People's Commissioner for Scotland argues: "There is no such thing as a reasonable level of violence. Legalised violence against children in one context risks tolerance of violence against children generally."

1.3 Do you think there is a need for legislation to deliver what this Bill is trying to achieve?

(we would be grateful if you could keep your answer to around 500 words)

BASW Cymru believes that there is a need for legislation to deliver what this Bill is trying to achieve. Although changing legislation will not immediately solve problems, it will help to facilitate a cultural change, examples of this are the smoking ban and wearing seat belts in cars, which are now accepted as societal norms. A national campaign needs to be implemented for awareness raising purposes, ensuring this will be more universal and less stigmatising for parents who currently use physical punishment as a form of chastisement. It would also provide families with accurate and up to date information about the parenting choices they make.

Studies which have shown that public support for, and prevalence of, physical punishment declined before the introduction of legal bans in other parts of world and continued to decline afterwards. A 2010 review of countries that have reformed the law in this area found that public acceptance of equal protection follows on from legal change, alongside a decline in severe physical abuse. As an example, prior to legal change in Sweden in 1979, polling indicated that over 50% of the public were supportive of physical punishment. Following legal change public support for physical punishment steadily decreased and in 2000 data suggested that just a "few per cent" of parents used physical punishment. The Swedish Government reported 30 years on that the "abolition of corporal punishment, along with the debate that preceded it and the publicity campaigns that followed, has had a major impact on children's lives." A report on the study into preventing child abuse and neglect undertaken by the American National Centre for Injury Prevention and Control, links smacking children with long-lasting negative effects. The report found that legislative approaches to reduce physical punishment "can help establish norms around safe, more effective discipline strategies to reduce the harms of harsh physical punishment, particularly if paired with engagement and education campaigns".

BASW Cymru believes that there is a risk of physical punishment escalating into physical abuse and changing the law could help to prevent this from happening. The Children's Commissioners in Wales and Scotland are unequivocal in their approach to smacking children. Sally Holland the Wales Commissioner is clear that, "As a society we would be appalled if a vulnerable adult would be hit if they were misbehaving or in harm's way. Why on earth would we defend a position that would allow children be punished in the same way?" Bruce Adamson, the Children and Young People's Commissioner for Scotland argues: "There is no such thing as a reasonable level of violence. Legalised violence against children in one context risks tolerance of violence against children generally." Children 1st in Scotland highlighted several Serious and Significant Case Reviews in the UK, where physical punishment was referenced including:

- Heidi Koseda (1984) Four-year old beaten and starved to death by mother's boyfriend, who was punishing her for "being greedy".
- Kimberley Carlile (1986) Four-year-old imprisoned and beaten by her stepfather for "being naughty" and refusing to accept him as her new father.
- Liam Johnson (1987) Three-year old beaten to death by his father, Robert Johnson. Johnson's girlfriend later said, "He was so powerful that when he smacked his son's he sometimes knocked them off their feet."
- Leanne White (1992) Three-year-old beaten to death by her mother and her boyfriend. A neighbour reported Leanne's screams and the boyfriend saying, "If you do that again, I'll thrash you."
- Lauren Wright (2000) Six-year-old beaten to death by her stepmother. People in her village had seen her being hit but felt powerless to intervene.
- Carla Nicole Bone (2002) 13 -month-old murdered by her mother's boyfriend who was "disciplining" her for refusing to walk. He told the police it started with "not-excessive smacks... It was the way I was brought up. It never did me any harm."
- Kieran Edwards (2007) 21-month year-old who died after being shaken and struck by his step-father because he was "messing about and struggling".

In speaking about their own legal reform 30 years on the Swedish Government has stated: "Violence that was once a family secret is more likely to be reported today because we are less likely to excuse or minimise instances of physical abuse of children by parents or others close to them."

Families often resort to physical punishment due to a momentary loss of control, or because this is all they know. Many parents have grown up in a household where this was how they were disciplined and as a result it becomes a learned parenting behaviour/model/cycle). BASW Cymru believes that it's an imperative that legislative change be accompanied by support services and information for parents that conveys messages about positive parenting and alternatives to physical punishment instead of introducing a 'blame' culture, where they risk being criminalised instead of supported and educated about appropriate and less harmful parenting strategies. Children's Social Workers can find themselves in the situation of trying to define and communicate to parents what "reasonable chastisement" means in the eyes of the law as it currently stands, and at what point these cross a threshold and become a child protection issue. By prohibiting all physical chastisement of children, there will be no further scope for ambiguity and there will be a real opportunity to 'bust' many of the myths surrounding the current legislation. Social Workers often work in highly charged and contested environments - this probably applies more to social work with children and

families, so Social workers (and parents) will be able to operate within a much clearer legal framework.

2 The Bill's implementation

2.1 Do you have any comments about any potential barriers to implementing the Bill? If no, go to question 3.1

(we would be grateful if you could keep your answer to around 500 words)

None

2.2 Do you think the Bill takes account of these potential barriers?

(we would be grateful if you could keep your answer to around 500 words)

None

3 Unintended consequences

3.1 Do you think there are there any unintended consequences arising from the Bill? If no, go to question 4.1

(we would be grateful if you could keep your answer to around 500 words)

The legal competency of Social Workers needs to be analysed and supported throughout their careers. Attrition rates for post qualifying education and learning is significant in Wales and the CPEL framework is into its 4th iteration, so there are clearly barriers to Social Workers being able to complete post-qualifying education and learning which impacts on their competency and judgement. Although a complete ban on the defence of 'reasonable chastisement' is fully supported by BASW Cymru and will help provide clarity, the legal competency of Social Workers impacts on their skills, knowledge and confidence when making crucial decisions about safeguarding thresholds. Robust decision making about thresholds by Social Workers, will need to be evidenced following a ban, to allay any fears about 'criminalisation' of parents and the misbelief that an outright ban on the 'reasonable defence' is causally attributable to increased safeguarding referrals.

The Social Work workforce is also under real pressure. Research undertaken by Bath Spa University on behalf of the British Association of Social Workers and Social Work Union reveals that:

- Working conditions for social workers in Wales are as bad as – if not worse than – the rest of the UK. Note that various studies have demonstrated that should working conditions remain in a poor state (as they are here) for an extended period of time it will lead to higher levels of

sickness absence, turnover, and more mistakes/poorer performance at work. This seems to be the case in social work – levels of sickness absence due to stress and mental illness are among *the highest of all employment sectors in the UK, and there is a chronic under-recruitment problem.*

•Therefore, the following four working conditions scored the same as the rest of the country. That is, they scored in the 5th percentile. This means that scoring is worse than 95% of the rest of the UK population, according to benchmark figures. These benchmarks were drawn from a variety of public and private sector employees, employers, and a variety of work sectors.

- o Demands: the amount of work that individual employees have on.
- o Relationships: suggests that relationships between staff can at times be strained.
- o Role: social workers do not have a good idea of their specific role in the organisation.
- o Change: social workers felt that organisational change is poorly communicated.
- The remaining three working conditions are poorer on average for Wales' social workers than they are for the rest of the UK.
 - o Control: social workers in Wales have a distinct lack of control in the way that they do their work.
 - o Managerial Support: this suggests that social workers have a lack of support from management in their organisations.
 - o Peer Support: although this scored better than the six other conditions (25th percentile), it was still worse than the UK average and worse than 75% of the UK benchmark scoring.

These research findings present real challenges to a profession that will play a significant role in affecting cultural change and undertaking a direct work role in families, following an outright ban of the 'reasonable chastisement' defence.

4 Financial implications

4.1 Do you have any comments on the financial implications of the Bill (as set out in Part 2 of the Explanatory Memorandum)? If no, go to question 5.1

(we would be grateful if you could keep your answer to around 500 words)

It is important that parents are not criminalised, and resources need to be put in place for families to prevent this from happening. Extra support - both emotional and financial - needs to be provided for those families who have children with learning disabilities and complex needs as this behaviour may at times, be particularly challenging.

It is imperative that resources are put in place to provide the necessary support and education for parents bringing up children. Many parenting support services in Wales have already been withdrawn as a result of deeply entrenched austerity measures and welfare reform that families are stretched well beyond their means, and that some parents are struggling more than ever to provide safe, nurturing care. Difficulties in families have become more complex and are often inter-generational. The resilience of the wider family and communities to support struggling nuclear families, is compromised. There must be a commitment from government to provide the necessary supports to change the culture around smacking and to provide more parenting support in general. In the long term, this will be more cost effective than prosecuting and criminalising struggling parents, without factoring in the future financial and personal costs, associated with adverse childhood experiences (ACE's), of which being physically abused, is a risk factor.

Welsh Government must consider the impact on the social care sector of supporting a culture shift away from physical chastisement towards more a positive parenting models at a time when children's services are under extreme pressure. Geraint Hopkins, Deputy spokesperson for children at the WLGA believes that "The system is very near at crisis point...Unless we significantly look at the resources available to children's services in Wales...we're going to be in serious trouble...it's getting to the point now where we're really at crisis level."

There are resource issues with regards to the people responsible for assessing circumstances and supporting parents (e.g. social workers, social care workers and health workers) - the ones who will play the most significant part in supporting families through this change. These issues of resourcing and support need to be taken into consideration if pushing forward the reform, to ensure the transition is as smooth as possible and can progress in a fair way.

A national campaign to help facilitate change will be costly. As will providing education programmes for workers and parents and investing in systemic and early support for families. This-being-said, an initial cost in terms of investment in positive parenting and awareness raising should not be a barrier to doing the right thing for children. In the long term BASW Cymru is confident that the removal of the legal defence, alongside a public awareness-raising campaign and sustained investment in early intervention and systemic family support, will ease the burden on public services. Ultimately, it should lead to a reduction in cost, as the balance shifts from demand for expensive crisis management and intervention.

5 Other considerations

5.1 Do you have any other points you wish to raise about this Bill?

(we would be grateful if you could keep your answer to around 1000 words)

None

Lynne Neagle AC
Cadeirydd y Pwyllgor Plant, Pobl Ifanc ac Addysg
Cynulliad Cenedlaethol Cymru
Bae Caerdydd
Caerdydd
CF99 1NA

01 MAI 2019

BIL PLANT (DIDDYMU AMDDIFFYNIAD COSB RESYMOL) (CYMRU)

Annwyl Aelodau'r Pwyllgor Plant, Pobl Ifanc ac Addysg,

Cyfarfu Aelodau Senedd Ieuenctid Cymru yn eu rhanbarthau yn ddiweddar, ac roeddent yn ddiolchgar am y cyfle i gymryd rhan yn y broses o gasglu tystiolaeth ar gyfer Cyfnod 1 y Bil Plant (Diddymu Amddiffyniad Cosb Resymol) (Cymru).

Cynhaliwyd sesiwn a roddodd gyfle i Aelodau Senedd Ieuenctid Cymru ddysgu mwy am rôl y Pwyllgorau, ac am y broses ddeddfwriaethol. Yna, cynhaliwyd trafodaeth fanylach ar egwyddorion y Bil, a gafodd ei hwyluso gan dîm Addysg ac Ymgysylltu â Phobl Ifanc y Cynulliad.

Yn dilyn y drafodaeth hon, cafwyd pleidlais gudd, pan ofynnwyd i Aelodau Senedd Ieuenctid Cymru bleidleisio ar y cwestiwn a ganlyn: **A ydych chi'n cefnogi egwyddorion y Bil Plant (Diddymu Amddiffyniad Cosb Resymol) (Cymru)?**

Dyma ganlyniad y bleidlais:

<i>PLEIDLAIS</i>	<i>NIFER</i>
Ydw	42
Nac ydw	12
Ymatal	2
Ddim yn bresennol i bleidleisio	4

Diolch eto am y cyfle unigryw hwn i ymgysylltu â darn byw o ddeddfwriaeth, ac i fwydo i mewn iddi'n uniongyrchol a chraffu arni.

Yn gywir,

Senedd Ieuenctid Cymru

Vaughan Gething AC/AM
Y Gweinidog Iechyd a Gwasanaethau Cymdeithasol
Minister for Health and Social Services

Kirsty Williams AC/AM
Y Gweinidog Addysg
Minister for Education



Llywodraeth Cymru
Welsh Government

Ein cyf/Our ref: MA-P-VG-1242-19

Lynne Neagle AM
Cadair
Pwyllgor Plant, Pobl Ifanc ac Addysg
Cynulliad Cenedlaethol Cymru
Bae Caerdydd
CF99 1NA

2 Mai 2019

Annwyl Lynne,

Rydym wedi ymrwymo i roi'r wybodaeth ddiweddaraf i'r Pwyllgor Plant, Pobl Ifanc ac Addysg ar ein cynnydd tuag at weithredu ein hymateb i'r adroddiad Cadernid Meddwl erbyn diwedd mis Mawrth 2019. Rydym yn falch o allu adrodd bod cynnydd da wedi'i wneud mewn nifer o feysydd allweddol, er enghraifft sefydlu'r Rhaglen Dull Ysgol Gyfan a chyhoeddi buddsoddiad sylweddol o £7.1 miliwn yn 2019-2020 i ategu'r camau a nodwyd gennym yn yr ymateb hwn. Rydym wedi parhau i ymgysylltu'n weithredol â rhanddeiliaid hefyd i sicrhau bod hyn yn diwallu eu hanghenion ac yn cael ei ddarparu mewn modd cydgysylltiedig ac aml-asiantaeth.

O ystyried pob agwedd, credwn y bydd ein gwaith yn y maes hwn yn cyflawni galwadau'r Pwyllgor am weithredu yn Cadernid Meddwl ac yn cyflawni ein rhwymedigaethau i iechyd meddwl a lles emosiynol plant fel y nodir yn Ffyniant i Bawb; Addysg yng Nghymru; Cenhadaeth ein Cenedl; Strategaeth Law yn Llaw at Iechyd Meddwl ac adroddiadau Pwyllgor cysylltiedig.

Mae'r argymhellion a'r is-gamau cysylltiedig yn adroddiad Cadernid Meddwl yn uchelgeisiol ac yn ffurfio rhaglen waith sylweddol. Yn y cyd-destun hwn, mae'n bwysig cydnabod y bu tri ymchwiliad proffil uchel arall gan Bwyllgor Craffu'r Cynulliad ac adroddiadau cysylltiedig yn ystod y flwyddyn ddiwethaf yn galw am well ffocws a chynyddu cyflymder gwelliant mewn meysydd iechyd meddwl penodol – gyda dau ymholiad cysylltiedig arall yn dechrau ym mis Chwefror. Felly, er y gallwn eich sicrhau mai iechyd meddwl a lles emosiynol ein plant a'n pobl ifanc yw ein maes blaenoriaeth allweddol, rydym wedi mynd ati fesul cam i weithredu'r camau yn ein hymateb i Cadernid Meddwl. Mae hyn er mwyn sicrhau cydlyniant yn ein gweithgarwch i gyflawni ein hymateb i adroddiadau pwyllgor perthnasol ac er mwyn galluogi partneriaid i ymateb yn gydlynol ac yn raddol i'r blaenoriaethau amrywiol sydd yn yr adroddiadau.

Adlewyrchir hyn yn y llythyr hwn lle rydym yn rhoi diweddariadau i'n hymatebion ar bob un o'r argymhellion Cadernid Meddwl. Fe welwch fod yna feysydd lle rydym wedi canolbwyntio

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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.

adnoddau a gweithgarwch arnynt i ddechrau, ac eraill lle rydym yn egluro ein gweithgarwch arfaethedig i'w gwblhau yn y tymor hwy.

Dull ysgol gyfan

Ers mis Medi 2018, pan wnaethom gyhoeddi sefydlu'r Cyd-grŵp Gweinidogol ar Ddull Ysgol Gyfan, rydym wedi canolbwyntio ar sefydlu'r isadeiledd a rhaglen waith ar gyfer y dull ysgol gyfan o weithredu mewn perthynas ag iechyd meddwl a lles emosiynol, ac rydym yn credu ei bod yn cwmpasu'r materion a drafodwyd yn Cadernid Meddwl yn gyffredinol. Mae'r naratif hwn yn cynnwys nifer o ddatganiadau "byddwn yn" sy'n cyflwyno camau ymarferol y bwriadwn eu cymryd i weithio gydag ysgolion, byrddau iechyd a phartneriaid eraill i gefnogi'r dull ysgol gyfan.

Bwrw iddi â gweithgarwch mewn partneriaeth

Yn dilyn dadl yng nghyfarfod llawn mis Gorffennaf 2018 ar Cadernid Meddwl ac ymateb Llywodraeth Cymru, fe wnaethom ystyried dros yr haf beth arall sydd ei angen i sicrhau bod y system gyfan o wasanaethau iechyd meddwl a lles emosiynol, gan weithio o amgylch yr ysgol fel canolbwynt y gymuned, yn gallu diwallu anghenion plant a phobl ifanc yn effeithiol.

O ganlyniad, ar 7 Medi 2018 fe wnaethom gyhoeddi sefydlu Cyd-grŵp Gorchwyl a Gorffen Gweinidogol i gynghori a chefnogi gweithredu 'cynnig' cyson ar gyfer plant a phobl ifanc gan y rhai sy'n ymwneud â'r maes mewn ysgolion a thrwy weithio gydag ysgolion. Roedd hyn yn golygu sefydlu mecanweithiau llywodraethu ac ymgysylltu cadarn er mwyn sicrhau atebolrwydd a chyflawni'r agenda hon.

Rydym yn hyderus bod gan y Grŵp y gynrychiolaeth amrywiol ac angenrheidiol o uwch-randdeiliaid sydd ei hangen i sbarduno'r gwaith sydd wedi deillio o Cadernid Meddwl yn ei flaen, a gweithgarwch arall, fel rhan o ddull ysgol gyfan a system gyfan. Rydym yn arbennig o falch eich bod chi, fel Cadeirydd y Pwyllgor Plant a Phobl Ifanc, a Chomisiynydd Plant Cymru wedi cytuno i ymuno â'r Grŵp fel sylwedyddion gyda hawliau cyfranogi llawn ac rydym yn gwerthfawrogi'r cyngor a'r her a geir gennych. Mae'r Grŵp wedi cyfarfod ddwywaith ers ei sefydlu ym mis Medi 2018 (Hydref 2018 a Mawrth 2019). Y bwriad yw y bydd y grŵp yn cyfarfod deirgwaith y flwyddyn. Mae aelodaeth lawn y grŵp ynghlwm yn atodiad B.

Caiff y Grŵp Gorchwyl a Gorffen ei lywio a'i gynghori gan ddau grŵp allweddol: Grŵp Cyfeirio Rhanddeiliaid (SRG) a Grŵp Rhanddeiliaid Ieuenctid. Mae'r grwpiau hyn yn cynghori'r Grŵp Gorchwyl a Gorffen ac yn rhoi safbwyntiau'r rhai sy'n ymgysylltu â phobl ifanc, addysg a gwasanaethau iechyd meddwl yn rheolaidd. Mae'r Grŵp Cyfeirio'n cyfarfod deirgwaith y flwyddyn gydag amserlen debyg i'r Grŵp Gorchwyl a Gorffen ac mae wedi ffurfio nifer o is-grwpiau i fwrw ymlaen â darnau allweddol o waith a byddant yn cyfarfod yn amlach. Cyfarfu'r Grŵp Cyfeirio ym mis Ionawr 2019 am y tro cyntaf a dechreuodd yr is-grwpiau gyfarfod ar wahân yng ngwanwyn 2019.

Mae'r grŵp rhanddeiliaid ieuenctid yn cynnwys pobl ifanc rhwng 13 a 24 oed. Buom yn gweithio gyda Plant yng Nghymru i ddod o hyd i blant a phobl ifanc â diddordeb ac roeddem yn hynod falch pan wnaeth dros 60 o blant a phobl ifanc gynnig eu hunain. Roedd safon yr ymgeiswyr yn uchel iawn, ac er ein bod wedi bod yn chwilio am 15 o bobl ifanc i ddechrau, fe wnaethom gynyddu maint y grŵp i 25. Mae'r bobl ifanc hyn yn dod o gefndiroedd daearyddol a chymdeithasol amrywiol ac mae eu brwdfrydedd a'u gwybodaeth am y pwnc wedi creu cryn argraff arnom. Bydd y grŵp yn cyfarfod bob rhyw ddeufis, gan gyfarfod yn gyntaf ym mis Ionawr 2019 ac am yr eildro yn gynnar ym mis Ebrill 2019. Mae'r grŵp yn

cyfrannu arweiniad ac yn cyd-gynhyrchu polisi i'r Grŵp Gorchwyl a Gorffen a'r rhaglen Law yn Llaw at Blant a Phobl Ifanc (T4CYP). Mae rhaglen waith y grŵp wrthi'n cael ei datblygu a bydd yn cael ei chwblhau erbyn haf 2019.

Byddwn yn falch o hwyluso cyfarfod rhwng y Pwyllgor a'r grŵp rhanddeiliaid ieuenctid rywbryd yn y dyfodol pan fydd hynny'n gyfleus i bawb.

Er y cydnabuwyd eisoes bod adnoddau'n brin yn y cyfnod hwn o gyni parhaus, rydym wedi cytuno ar gyllid ar y cyd i sefydlu tîm bach i weithio ar draws y portffolios Addysg ac Iechyd a phortffolios eraill i fwrw ymlaen â'r gwaith hwn a darparu cymorth ysgrifenyddiaeth i'r Grŵp Gorchwyl a Gorffen a Grwpiau eraill. Yn ogystal, o'r £7.1 miliwn o gyllid a gytunwyd ar gyfer 2019-2020 ar gyfer gwasanaethau iechyd meddwl i blant a phobl ifanc, cytunwyd ar £2.5 miliwn i gefnogi gwaith y dull ysgol gyfan.

Cyfathrebu

Mae meithrin rhwydweithiau a chysylltiadau gyda phartneriaid yn y sector statudol a gwirfoddol yn elfen bwysig o sicrhau bod y dull ysgol gyfan wedi ymwreiddio ym mhob sector a sicrhau bod gwaith yn gyson ar draws y system gyfan mewn ffordd gydgyssylltiedig. I gefnogi hyn cynhaliodd Llywodraeth Cymru a T4CYP weithdy ym mis Medi 2018 a fynychwyd gan 70 o randdeiliaid, i archwilio'r materion.

Byddwn yn ei wneud yn ddigwyddiad blynyddol i brofi ein rhagdybiaethau a sicrhau bod gweithgarwch yn parhau i fod ar y trywydd iawn er mwyn cyflawni.

Ffocws cynnar allweddol ar gyfer y gwaith hwn oedd meithrin a chynnal cysylltiadau â gweithgarwch cydategol sy'n digwydd mewn mannau eraill a datblygu cyfathrebu yn fwy cyffredinol. Yn hyn o beth bydd y Grŵp yn gweithio'n agos â'r canlynol:

- Rhaglen Law yn Llaw at Blant a Phobl Ifanc, gyda ffocws penodol ar weithgarwch sy'n cefnogi ehangu gwasanaethau iechyd meddwl gofal sylfaenol a datblygu gweithio ar y cyd a llwybrau atgyfeirio gydag ysgolion.
- [Bwrdd Partneriaeth Law yn Llaw at Iechyd Meddwl, Rhwydwaith Iechyd Meddwl Pob Oed]
- Cymdeithas Cyfarwyddwyr Addysg Cymru, yn dilyn ei chynhadledd ym mis Ionawr 2019 a oedd yn canolbwyntio ar les. Mae trafodaethau ar y gweill erbyn hyn i fwrw ymlaen â'r canlyniadau a ddeilliodd o'r gynhadledd, gan sicrhau eu bod yn cyd-fynd â gweithredu agenda'r ysgol gyfan.

Gwnaed cyflwyniadau a chysylltiadau ers mis Rhagfyr hefyd yn:

- Grŵp Rhanddeiliaid Strategol Addysg, gyda diweddariadau ar weithgarwch ym mis Rhagfyr 2018 a mis Mawrth 2019
- Cynhadledd Cydffederasiwn GIG Cymru ym mis Chwefror 2019
- Cynhadledd Nyrsio Ysgol Cymru Gyfan ym mis Chwefror 2019

Roedd y digwyddiadau hyn yn fuddiol tu hwnt, gan roi cyfle i gychwyn deialog ac ymgysylltu ag ymarferwyr sy'n mynd i'r afael â materion iechyd meddwl a lles yn ddyddiol.

Byddwn yn parhau i gysylltu â'r sector mewn digwyddiadau o'r fath dros y ddwy flynedd nesaf i gryfhau'r cysylltiadau rydym wedi dechrau eu meithrin. Er mwyn sicrhau tryloywder a chynorthwyo ymgysylltu rydym yn datblygu cynllun cyfathrebu i hyrwyddo gwaith y Grŵp i gynulleidfa mor eang â phosibl, gan ganolbwyntio ar ysgolion a rhieni/gofalwyr.

Gwella gwasanaethau i blant a phobl ifanc

Rydym wedi parhau i ganolbwyntio ar wella Gwasanaethau Iechyd Meddwl Plant a'r Glasoed mewn ysgolion cynradd ac uwchradd, ac er bod cyrraedd y targed ar gyfer mynediad i'r gwasanaethau hyn yn parhau i fod yn her ar gyfer byrddau iechyd, rydym wedi gweld gwelliant sylweddol. Er ein bod yn cydnabod yr angen am ragor o welliant, mae nifer y plant a phobl ifanc sy'n aros dros 4 wythnos i dderbyn cymorth wedi gostwng bron i 45% ers mis Awst 2017.

Mae'n bwysig nodi cyd-destun a her gwella a sicrhau mynediad amserol i wasanaethau ar gyfer plant a phobl ifanc yng nghyd-destun y galw cynyddol am wasanaethau. Er enghraifft, ym mis Hydref roedd y gyfradd atgyfeirio i Wasanaethau Cymorth Iechyd Meddwl Gofal Sylfaenol ar gyfer pobl ifanc o dan 18 oed wedi dyblu o'i gymharu â'r mis blaenorol (500 i 1000), ac ers hynny mae wedi bod yn uwch na'r cyfartaledd arferol, sef 600 o atgyfeiriadau bob mis.

Er bod yr amrywiadau'n parhau, rydym wedi buddsoddi £1 miliwn arall eleni i roi cymorth ychwanegol i Fyrddau Iechyd Lleol y mae angen iddynt wella eu perfformiad wrth ddarparu Gwasanaethau Iechyd Meddwl Plant a'r Glasoed ar lefel gynradd ac arbenigol. Darparwyd y cyllid hwn ar yr amod bod byrddau iechyd yn cyflawni'r canlyniadau a nodwyd yn eu cynlluniau gwella, a'u bod yn targedu cymorth ychwanegol dros y blynyddoedd nesaf er mwyn cyrraedd targedau amseroedd aros mewn ffordd gynaliadwy.

Hefyd, rydym yn gofyn i fyrddau iechyd ddatblygu cynlluniau gweithredu manwl er mwyn gwella Gwasanaethau Cymorth Iechyd Meddwl Gofal Sylfaenol a chefnogi cryfder a lles plant a phobl ifanc. Derbyniwyd y cynlluniau ym mis Hydref 2018 ac maent yn cynnwys camau gweithredu i wella perfformiad mewn ffordd gynaliadwy a chefnogi'r gwaith atal ac ymyrraeth gynnar er mwyn lleihau'r galw cyffredinol am wasanaethau.

Er mwyn llywio'r gwaith hwn, comisiynwyd Uned Gyflenwi'r GIG i gynnal adolygiad i'n helpu i ddeall sut mae Gwasanaethau Cymorth Iechyd Meddwl Gofal Sylfaenol yn cael eu defnyddio a'u darparu i blant a phobl ifanc ledled Cymru. Bydd y gwaith hwn yn dod i ben ym mis Ebrill a bydd yr Uned Gyflenwi yn darparu adroddiadau unigol ar gyfer pob bwrdd iechyd er mwyn llywio cynlluniau gwella lleol. Hefyd, bydd yn darparu adolygiad thematig ar gyfer Llywodraeth Cymru.

Yn 2019-20, byddwn yn buddsoddi £3.2 miliwn arall i helpu i wella Gwasanaethau Iechyd Meddwl Plant a'r Glasoed mewn ysgolion cynradd ac uwchradd. Bydd cyllid ar gael i fyrddau iechyd ar ôl cytuno ar gynlluniau gwella cadarn sydd wedi'u llywio gan ganfyddiadau adolygiad yr Uned Gyflenwi, sy'n canolbwyntio ar ymyrraeth gynnar ac atal ac sy'n dangos cysylltiadau â dull gweithredu ysgol gyfan. Hefyd, byddwn yn darparu £1.4 miliwn ychwanegol ar gyfer Byrddau Partneriaeth Rhanbarthol er mwyn cynyddu mynediad i wasanaethau cymunedol, haen is ar gyfer plant a phobl ifanc.

Ein blaenoriaethau ar gyfer 2019-20

Fel y nododd Cadernid Meddwl, un o'r ffactorau allweddol wrth wella canlyniadau iechyd meddwl a lles ar gyfer plant a phobl ifanc yw cymorth a darpariaeth ar gyfer pobl ifanc cyn bod eu problemau'n gwaethygu a bod angen Gwasanaethau Iechyd Meddwl Plant a'r Glasoed arbenigol arnynt. Gall hyn fod ar ffurf gwasanaethau cyffredinol fel y rhai a hyrwyddir trwy Gynlluniau Ysgolion Iach – Rhwydwaith Cymru, ac ymyriadau lefel isel wedi'u targedu fel gwasanaethau cwnsela mewn ysgolion, darpariaethau meithrin neu

gynorthwyyr cymorth llythrennedd emosiynol. Mae'n hollbwysig bod gan ysgolion ac awdurdodau lleol wybodaeth dda am effeithiolrwydd ymyriadau iechyd meddwl a lles fel bod modd iddynt ddewis rhaglenni sy'n addas i'w cyd-destun lleol. Rydym wedi datblygu rhaglen waith dros y ddwy flynedd nesaf i gryfhau darpariaeth gyffredinol ac ymestyn argaeledd ymyriadau lefel isel a dargedir.

Un o'r materion allweddol a nododd Cadernid Meddwl yw pwysigrwydd gwella darpariaeth gwasanaethau ar gyfer y 'Canol Coll': plant a phobl ifanc sydd ag anghenion mwy na'r ddarpariaeth gyffredinol a lefel isel ar hyn o bryd, ond nad ydynt yn gymwys ar gyfer ymyrraeth Gwasanaethau Iechyd Meddwl Plant a'r Glasoed arbenigol. Mae Llywodraeth Cymru yn gweithio'n agos gyda T4CYP i fynd i'r afael â'r mater hwn, a'r nod yw cryfhau darpariaeth o'r ddau 'ben': gwella mynediad i asesiad ac ymyriadau arbenigol ar gyfer y rhai sydd eu hangen, a chynyddu gallu ysgolion a darparwyr anfeddygol i helpu plant a phobl ifanc sy'n wynebu materion lles ac iechyd meddwl. Rydym wedi nodi bod cydweithio yn faes i ganolbwyntio arno dros y flwyddyn nesaf.

Rydym wedi ymrwymo i sicrhau nad oes unrhyw ddrws ar gau i blant a phobl ifanc sy'n chwilio am gymorth. Rydym yn gweithio mewn ffordd amlasiantaethol i wella hyder holl aelodau staff ysgolion er mwyn ymateb i blant a phobl ifanc wrth siarad am faterion iechyd meddwl a lles sy'n eu hwynebu o bosibl, a'u hatgyfeirio i wasanaethau yn effeithiol. Mae cynlluniau peilot mewngymorth Gwasanaethau Iechyd Meddwl Plant a'r Glasoed eisoes wedi dechrau gweithio yn y maes hwn, a byddant yn darparu gwerthusiad ffurfiol dros dro ym mis Rhagfyr 2019. Cyn hyn, [byddwn yn gweithio gydag Iechyd Cyhoeddus Cymru a'r byrddau iechyd lleol i ledaenu dysgu cynnar ac arferion da sy'n deillio o'r cynlluniau peilot yn ystod haf a hydref 2019.](#)

Mae'r gwaith i wella iechyd meddwl a lles emosiynol yn seiliedig ar y cwricwlwm newydd. Un o bedwar diben y cwricwlwm newydd i Gymru yw helpu plant a phobl ifanc i fod yn unigolion iach, hyderus sy'n datblygu eu lles meddwl ac emosiynol trwy ddatblygu hyder, cryfder ac empathi. Bydd y pedwar diben yn ganolog i'r cwricwlwm newydd ac maent yn fan cychwyn ar gyfer pob penderfyniad yn ymwneud â datblygu'r cwricwlwm newydd a'r trefniadau asesu.

Bydd Maes Dysgu a Phrofiad Iechyd a Lles yn seiliedig ar bynciau a themâu lles meddwl, corfforol ac emosiynol. Hefyd, bydd yn ystyried sut mae'r amgylchedd ysgol yn cefnogi iechyd a lles cymdeithasol, emosiynol, ysbrydol a chorfforol plant a phobl ifanc. Fel rhan o'r gwaith o ddatblygu'r Maes, mae arloeswyr wedi ystyried tystiolaeth ac arbenigedd yn ymwneud â sut mae ymarfer myfyriol yn gallu cefnogi lles meddwl ac emosiynol. Mae'r broses o integreiddio iechyd meddwl a lles yn y cwricwlwm wedi'i nodi'n flaenoriaeth allweddol ar gyfer gwaith y Grŵp Gorchwyl a Gorffen, ac mae swyddogion a rhanddeiliaid ehangach wedi bod yn cydweithio i sicrhau hyn. Cyhoeddir canllawiau ar y cwricwlwm newydd at ddibenion ymgynghori ym mis Ebrill 2019.

Er nad oes modd tanbriso pwysigrwydd y cwricwlwm newydd i'r agenda hon, mae ffactorau eraill ar waith hefyd. Mae'n rhaid sicrhau bod datblygu dull gweithredu ysgol gyfan yn broses gyflawn sy'n cynnwys holl amgylchedd yr ysgol, gan ddechrau trwy sicrhau bod pob ysgol yn deall ei sefyllfa ei hun.

Mae ysgolion yn rhannu llawer o nodweddion tebyg, ond mae pob ysgol yn wynebu ei heriau ei hun, ac mae'n rhaid i bob ysgol ddeall yr heriau a'r materion hynny er mwyn mynd i'r afael â nhw. Tîm arweinyddiaeth yr ysgol sy'n gyfrifol am hyn yn bennaf, ond mae'n rhaid i bawb gyfrannu at y gwaith, gan sicrhau bod 'tîm' yr ysgol gyfan yn ymwneud â'r broses er

mwyn sicrhau ei fod yn mynd ati mewn ffordd ddidwyll a chywir i fyfyrion ar y materion hynny a'r camau lliniaru sydd eu hangen i fynd i'r afael â nhw.

Byddwn yn gweithio gydag ysgolion i'w helpu gyda'r broses o hunanwerthuso eu trefniadau ar gyfer lles emosiynol ac iechyd meddwl. Byddwn yn gwneud hyn trwy ddarparu adnoddau gwerthuso a dadansoddi data, ynghyd â chanllawiau ar sut i ddatblygu a chyflwyno cynllun gweithredu i fynd i'r afael â materion a nodwyd yn y gwerthusiad. Byd pob cynllun gweithredu yn gyson ag ethos y dull gweithredu ysgol gyfan, gan fynd i'r afael ag ystod eang o faterion lles a sicrhau bod plant a phobl ifanc yn helpu i'w lunio.

Byddwn yn darparu fframwaith a chanllawiau i ysgolion ar sut i ddatblygu eu cynllun, gan gynnwys:

- sut i fynd i'r afael â stigma a gwahaniaethu
- 'pecyn cymorth' o adnoddau seiliedig ar dystiolaeth sy'n cynnwys adnoddau ataliol, cyffredinol ac wedi'u targedu ar gyfer plant, pobl ifanc ac athrawon
- llwybrau gofal y cytunir arnynt ar gyfer gweithwyr proffesiynol a gwaith amlasiantaethol
- ffynonellau ymarferol eraill o gyngor a chymorth ar gyfer ysgolion, gan gynnwys darpariaeth trydydd sector.

Byddwn yn helpu i ddatblygu mesurau effaith effeithiol a chyson sy'n gallu helpu ysgolion i asesu effeithiolrwydd eu cynlluniau, a datblygu cynlluniau newydd.

Bydd y fframwaith i ysgolion yn cynnwys llawer o'r camau gweithredu a'r ymrwymadau sydd wedi'u cynnwys yn y diweddariad perthnasol ar argymhellion isod.

Byddwn yn datblygu'r gwaith sydd eisoes wedi'i wneud i gynnwys iechyd meddwl a lles emosiynol mewn Hyfforddiant Cychwynol Athrawon, gan gomisiynu pecynnau hyfforddi pwrpasol ar gyfer athrawon a staff eraill mewn ysgolion yn ymwneud ag iechyd meddwl a lles. Bydd y pecynnau hyn ar gael i athrawon a staff eraill mewn ysgolion fel rhan o'u datblygiad proffesiynol parhaus. Rydym yn cydnabod bod yn rhaid i athrawon a staff ysgolion yn ehangach sefydlu agwedd ysgol gyfan at iechyd meddwl a lles emosiynol, a bod angen cymorth arnynt i allu cefnogi plant a phobl ifanc.

Ymateb diwygiedig Llywodraeth Cymru i adroddiad Cadernid Meddwl (Mawrth 2019) y Pwyllgor Plant, Pobl Ifanc ac Addysg

Argymhelliad Allweddol

Bod Llywodraeth Cymru yn gwneud lles a gwydnwch emosiynol a lles a gwydnwch meddwl ein plant a'n pobl ifanc yn flaenoriaeth genedlaethol benodedig. Dylai'r statws hwn gynnwys ymrwymiad i:

- 1. ddarparu adnoddau digonol sydd wedi'u neilltuo i'n hysgolion ddod yn ganolfannau cymunedol o gefnogaeth draws-sector a thraws-broffesiynol ar gyfer gwydnwch emosiynol a lles meddwl. Ni all ysgolion ysgwyddo'r cyfrifoldeb hwn eu hunain - mae cefnogaeth asiantaethau statudol eraill a'r trydydd sector, yn enwedig iechyd, yn hanfodol;**
- 2. sicrhau bod iechyd emosiynol ac iechyd meddwl wedi'i ymgorffori'n llawn yn y cwricwlwm newydd;**
- 3. sicrhau bod pawb sy'n gofalu am blant a phobl ifanc, sy'n gwirfoddoli, neu sy'n gweithio gyda phlant a phobl ifanc yn cael hyfforddiant ym maes ymwybyddiaeth o iechyd emosiynol ac iechyd meddwl, i fynd i'r afael â materion yn ymwneud â stigma, hybu iechyd meddwl da a gallu dangos y ffordd at wasanaethau cymorth lle bo angen. Dylai hyn gynnwys gweithio gyda chyrrff**

proffesiynol i ymgorffori hyfforddiant mewn cymwysterau cychwynnol a datblygiad proffesiynol parhaus; a chyhoeddi adolygiad annibynnol bob dwy flynedd o'r cynnydd yn y maes hwn. Dylai'r broses hon gynnwys plant a phobl ifanc drwyddi draw.

Mae ein gweithredoedd yn y blynyddoedd diwethaf yn dangos ein hymrwymiad i wella lles emosiynol ac iechyd meddwl. Dangosir hyn yn y ffordd y mae ein bwriad strategol yn cael ei droi'n weithredu ymarferol ym mhopeth a wnawn. Mae Iechyd Meddwl yn parhau i fod yn un o chwe thema allweddol Ffyniant i Bawb ac mae ei fwriad yn cael ei ailadrodd a'i wreiddio yn:

- Ein Cenhadaeth Genedlaethol, sy'n ceisio hyrwyddo ysgolion cryf a chynhwysol sydd wedi ymrwmo i ragoriaeth, tegwch a llesiant, fel un o'i phedwar amcan galluogi.
- Cymru Iachach: ein Cynllun Iechyd a Gofal Cymdeithasol, sy'n ailddatgan ein blaenoriaethau ar gyfer lles y genedl.
- Law yn Llaw at Iechyd Meddwl, sy'n diffinio ymhellach y camau y byddwn yn eu cymryd i adeiladu gwytnwch emosiynol, mynd i'r afael â stigma a gwahaniaethu a chefnogi pobl sy'n dioddef o iechyd meddwl gwael.

Mae'r bwriad strategol hwn yn cael ei droi'n weithredu ymarferol ac rydym yn ymgysylltu'n weithredol â'n rhanddeiliaid i greu polisi ac ymarfer effeithiol. Yn fwyaf nodedig mewn perthynas â'n cyhoeddiad ym mis Medi 2018 y byddem yn cyd-sefydlu Grŵp Gorchwyl a Gorffen Gweinidogol i'n cynghori ar yr hyn sydd angen ei wneud i gefnogi iechyd meddwl plant a phobl ifanc.

Rydym hefyd wedi ymrwmo buddsoddiad sylweddol ac ystyrion i gefnogi'r dulliau hyn hefyd a chyfeirir at gyllid ychwanegol yn yr ymateb hwn drwyddo draw. Er hwylustod, mae Atodiad A yn cynnwys crynodeb o'r holl fuddsoddiad a amlinellir yn yr ymateb hwn.

(1) Cefnogi ysgolion

Ers cyhoeddi ein hymateb gwreiddiol rydym wedi parhau i adeiladu ar y gwaith da hwn. Mae ein Grŵp Gorchwyl a Gorffen Gweinidogol yn gweithio i ddwyn ynghyd yr holl elfennau o weithgarwch sy'n digwydd, boed y gweithgaredd hwnnw wedi'i gychwyn yn uniongyrchol gan Lywodraeth Cymru, neu wedi'i gychwyn mewn mannau eraill yn y sector cyhoeddus ehangach a'r trydydd sector. Rydym yn mapio'r cyd-ddibyniaethau, gan amlygu lle mae yna fylchau yn y ddarpariaeth a rhoi cynlluniau ar waith i lenwi'r bylchau hynny. Y nod yn y pen draw yw datblygu fframwaith dull ysgol gyfan. Ni fwriedir iddo fod yn un dull sy'n addas i bawb, ond yn hytrach yn set o egwyddorion cyffredin y gall pawb gytuno arnynt i hyrwyddo cysondeb a mynediad cyfartal. Mae angen iddo gael ei ategu gan:

- ysgolion yn deall eu heriau, eu hanghenion a'u blaenoriaethau eu hunain.
- cael mynediad at gasgliad o wasanaethau seiliedig ar dystiolaeth sy'n mynd i'r afael â chodi ymwybyddiaeth; mynd i'r afael â stigma a gwahaniaethu; nodi ac ymyrryd yn gynnar; darparu ymyriadau cyffredinol ac wedi'u targedu.
- gwasanaethau sy'n gweithio gyda'i gilydd i ateb angen a nodwyd.
- dilysu a gwerthuso rheolaidd fel bod yr ysgol yn gwybod beth sy'n gweithio, beth sydd ddim yn gweithio a bod anghenion ei myfyrwyr a'i staff yn cael eu diwallu.

Er mwyn gwireddu'r ymrwymiad hwn rydym wedi sicrhau bod hyd at £300,000 ar gael ar y cyd o'r cyllidebau Iechyd ac Addysg i ariannu'r gwaith hwn. Yn ogystal, ym mis Ionawr

2019 darparwyd £7.1 miliwn ychwanegol o'r gyllideb lechyd i gefnogi iechyd meddwl plant, gan gynnwys ein gwaith dull ysgol gyfan, wedi'i rannu fel a ganlyn:

tua £2.5 miliwn i gefnogi'r Dull Ysgol Gyfan;
tua £3.2m o gymorth ychwanegol ar gyfer CAMHS ac ymyrraeth gynnar; a,
tua £1.4m o gymorth ychwanegol ar gyfer ymyrraeth gynnar ac ymyrraeth ataliol lefel isel yn y gymuned a gyfeirir drwy'r Bwrdd Partneriaeth Rhanbarthol.

(1/3) Cefnogi ysgolion a chymunedau

Gan gydnabod mai dim ond cyfran o'u bywydau effro mae plant yn ei dreulio yn yr ysgol, mae gan wasanaethau ieuenctid a gwaith ieuenctid yn y gymuned y potensial i wneud cyfraniad sylweddol at gefnogi pobl ifanc, rydym wedi buddsoddi lefelau heb eu tebyg o gyllid yn y gwasanaethau hanfodol hyn yn 2019/20.

Mae'r £10 miliwn hwn o gyllid, drwy'r Grant Cymorth Ieuenctid, yn cynnwys £2.5 miliwn i fynd i'r afael â materion iechyd meddwl/emosiynol a lles meddyliol drwy ddulliau gwaith ieuenctid, £3.7 miliwn i fynd i'r afael â digartrefedd ymhlith pobl ifanc, a chynnydd o 10% i'r gyllideb graidd sy'n gysylltiedig â'r grant, sy'n canolbwyntio ar waith ieuenctid a gweithgareddau ymgysylltu a datblygu ieuenctid.

Wrth gyflwyno eu cynlluniau, gofynnwyd i awdurdodau lleol weithio ar y cyd ag amrywiaeth o bartneriaid i ddatblygu darpariaeth sy'n diwallu anghenion pobl ifanc yn eu hardal leol. Mae'r meini prawf sy'n gysylltiedig â'r grant, tra'n caniatáu hyblygrwydd i ystyried anghenion lleol, yn gosod disgwyliad i ddatblygu systemau adnabod yn gynnar, mecanweithiau atgyfeirio, trefniadau cyfeirio, a llwybrau cymorth, hyfforddiant i ymarferwyr a gweithio mewn partneriaeth ar draws gwasanaethau i sicrhau cynnig cydlynol o gymorth i bobl ifanc.

Mae ein gwaith ar Ysgolion Bro yn cynnwys darparu £15 miliwn ar gyfer gwaith a fydd yn ymestyn gwasanaethau ysgol i deuluoedd a'r gymuned ehangach. Derbyniwyd nifer sylweddol o geisiadau ac maent yn cael eu hasesu gyda'r nod y bydd gwaith yn dechrau yn gynnar yn y flwyddyn ariannol nesaf. Roedd y cynigion yn cynnwys casgliad o ymyriadau a fydd yn hwyluso defnydd cymunedol ehangach o ysgolion / colegau a chanolfannau cymunedol; gan gynnwys gwell cyfleusterau cymunedol a chydleoli gwasanaethau.

(2) Cwricwlwm newydd

Bydd y cwricwlwm newydd yn cefnogi dysgwyr i ddatblygu eu gallu i ganolbwyntio eu sylw, a bod yn ymwybodol o sut maen nhw'n gweld pethau, yn meddwl ac yn teimlo yn ystod eu profiadau. Mae hyn yn rhoi cyfle i ddysgwyr feithrin sgiliau hunanymwybyddiaeth ac empathi. Mae hunanymwybyddiaeth yn galluogi dysgwyr i fod yn dderbyngar ac yn fyfyril, sy'n eu helpu i addasu eu hymddygiad a'u gweithredoedd i wahanol sefyllfaoedd. O ganlyniad, mae dysgwyr yn dechrau deall bod iechyd meddwl a lles emosiynol eraill yn cael eu heffeithio gan eu profiadau bywyd eu hunain a phrofiadau bywyd pobl eraill, sy'n galluogi dysgwyr i ymddwyn ag empathi, tosturi a charedigrwydd tuag at eu hunain ac eraill.

(3) Hyfforddiant staff

Bydd ein gwaith Grŵp Gorchwyl a Gorffen yn ystyried dull haenog o hyfforddi gyda ffocws cychwynnol ar holl staff yr ysgol. Bydd hyn yn ceisio sicrhau bod pob aelod o staff yn cael mynediad at hyfforddiant yn seiliedig ar lefel eu hanghenion a'u bod naill ai'n ymwybodol, yn wybodus neu'n arbenigol fel sy'n briodol.

Mewn perthynas â datblygiad proffesiynol parhaus, lansiodd y Dull Cenedlaethol ar gyfer Dysgu Proffesiynol i athrawon fel y trefnwyd yn hydref 2018 mewn cyfres o gynadleddau rhanbarthol. Er mwyn cefnogi'r gwaith o'i gyflwyno, mae £24 miliwn wedi'i ymrwymo i gefnogi dysgu proffesiynol dros 18 mis (£9 miliwn yn 2018/19 a £15 miliwn yn 2019/20)

Mae cylchoedd Ymholiad Proffesiynol Cydweithredol Beirniadol yn mynd rhagddynt gydag Arloeswyr Dysgu Proffesiynol a'u hysgolion clwstwr, gan gynnwys ym Maes Profiad Dysgu ar gyfer Iechyd a Lles, ac mae adnoddau Dysgu Proffesiynol Digidol yn dechrau cael eu comisiynu drwy'r rhanbarthau.

Cafodd meini prawf ar gyfer achredu rhaglenni addysg gychwynol athrawon eu datblygu a'u cyhoeddi ym mis Mawrth 2017. Yn dilyn achrediad annibynnol, bydd pedair partneriaeth AGA yn cyflwyno rhaglenni AGA yng Nghymru o fis Medi 2019 ymlaen. Fel rhan o'r gwaith o fodloni gofynion achredu byddant yn sicrhau bod athrawon newydd yn gallu addysgu pedwar diben y cwricwlwm a'r meysydd dysgu a phrofiad.

Disgwylir y bydd partneriaethau'n datblygu dulliau effeithiol i athrawon dan hyfforddiant ymdrin â'u lles eu hunain, eu cydweithwyr a'u dysgwyr; darparu cyfleoedd i ddeall rôl lles mewn dysgu effeithiol, gan gynnwys y gallu i adnabod disgyblion sydd mewn perygl o brofi lles gwael a darparu cyfleoedd i fyfyrwyr archwilio'r modelau mwyaf effeithiol a ddefnyddir gan ysgolion a'u partneriaid i wella lles pob dysgwr.

Bydd y Partneriaethau AGA yn datblygu dulliau i gynorthwyo darpar athrawon i ddeall pwysigrwydd ymarfer seiliedig ar ymchwil hefyd, fel bod athrawon yn cael eu dysgu pa mor bwysig yw gwybod am y gwaith ymchwil diweddaraf, megis ymchwil ar iechyd meddwl a lles dysgwyr, i lywio eu hymarfer addysgu'n barhaus drwy gydol eu bywydau gwaith.

I addysgu mewn ysgolion a gynhelir, bydd Darparwyr AGA yn asesu athrawon dan hyfforddiant y mae'n rhaid iddynt fodloni gofynion Statws Athro Cymwys fel y'i disgrifir o dan y safonau addysgu proffesiynol newydd.

Bydd Rhaglen Law yn Llaw at Blant a Phobl Ifanc (T4CYP) yn darparu mwy o wybodaeth am y gwaith y maent wedi'i wneud yn y maes hwn fel rhan o'u hymateb uniongyrchol i'r Pwyllgor Plant, Pobl Ifanc ac Addysg.

(4) Gwerthuso ac adolygu

Mewn perthynas â gwaith ein Grŵp Gorchwyl a Gorffen Gweinidogol, rydym wedi ymrwymo y dylai'r gwaith hwn fod mor dryloyw â phosibl. I'r perwyl hwn byddwn yn datblygu tudalen we i hyrwyddo gweithgarwch a hyrwyddo ymgysylltu. Byddwn yn cyhoeddi adroddiad blynyddol ar gynnydd, gyda'r adroddiad cyntaf o'r fath ar ddiwedd 2019/dechrau 2020. Byddwn yn cynnwys ein Grŵp Rhanddeiliaid leuenctid o 24 o bobl ifanc wrth ddatblygu'r adroddiad hwn.

1. Bod Llywodraeth Cymru yn cyhoeddi, cyn pen tri mis ar ôl cyhoeddi'r adroddiad hwn, fap llwybr o sut y bydd iechyd (o dan arweiniad y Rhaglen Law yn Llaw at Blant a Phobl Ifanc) ac addysg (o dan arweiniad Iechyd a'r Maes Profiad Dysgu Iechyd a Lles) yn gweithio gyda'i gilydd i lywio'r cwricwlwm newydd. Dylai'r map llwybr hwn gynnwys cerrig milltir clir a nodi'r asiantaethau neu'r unigolion sy'n gyfrifol am eu cyflwyno.

Mae ein nodau uchelgeisiol ar gyfer y cwricwlwm cenedlaethol newydd ac, yn benodol, Maes Dysgu a Phrofiad Iechyd a Lles (AoLE) yn ganolog i waith ein Cyd-grŵp Gorchwyl a Gorffen Gweinidogol.

Mae cynnal cysylltiadau a sicrhau cydweithio, lle bo'n briodol, gyda gweithgarwch cysylltiedig, fel y Rhaglen Law yn Llaw at Blant a Phobl Ifanc, yn flaenoriaeth hefyd. Mae hyn yn galluogi Cadeirydd Bwrdd Rhaglen Law yn Llaw at Blant a Phobl Ifanc i fod yn aelod sefydlog o'r Grŵp Gweinidogol. Wrth ddatblygu'r AoLE Iechyd a Lles rydym wedi gweithio'n agos gyda'r Athro Robin Banerjee, sy'n aelod o Grŵp Cyfeirio Arbenigol T4CYP.

Mae'r cwricwlwm yn cael ei gyhoeddi ar gyfer ymgynghoriad ym mis Ebrill 2019. Mae'r AoLE drafft yn cynnwys elfen "Beth sy'n bwysig" sy'n canolbwyntio ar les meddyliol ac emosiynol a bwriedir iddi gael ei defnyddio ynghyd â phedwar "Beth sy'n Bwysig" arall i hyrwyddo dull cyfannol o ymdrin ag iechyd a lles. Yn ystod y gwanwyn a'r haf, bydd arloeswyr yn y gweithgor AoLE yn nodi goblygiadau ar gyfer agwedd ysgol gyfan.

Mae staff ein rhaglen mewngymorth CAMHS i ysgolion yn cefnogi'r AoLE arfaethedig eisoes trwy gyflwyno hyfforddiant gyda staff ysgol ac eraill i ddefnyddio a gweithredu adnoddau a darpariaeth lles meddyliol. Dylai hyn fod yn gysylltiedig â'r datganiadau "Beth sy'n bwysig" a Gwobr Ansawdd Cenedlaethol Rhwydwaith Cynlluniau Ysgolion Iach Cymru.

2. Bod Llywodraeth Cymru yn blaenoriaethu'r gwaith o wella mesur lles mewn ysgolion o fewn y fframwaith arolygu er mwyn llywio gweithgareddau a pherfformiad. Dylai'r gwaith o ddatblygu'r mesurau hyn gynnwys pob rhanddeiliad perthnasol i sicrhau eu bod yn addas at y diben ac nad ydynt yn arwain at ganlyniadau anfwriadol. Yn bwysicaf oll, dylai plant a phobl ifanc fod yn rhan o'r broses o baratoi'r mesurau hyn i sicrhau eu bod yn gofnod cywir o'r ffactorau sy'n dylanwadu ar eu lles. Dylai'r mesurau hyn fod ar gael o fewn chwe mis i gyhoeddi'r adroddiad hwn, neu fod yn rhan o adroddiad yr adolygiad annibynnol o oblygiadau'r rhaglen ddiwygio addysgol yng Nghymru ar gyfer rôl Estyn yn y dyfodol, pa un bynnag yw'r cynharaf.

Mae fframwaith arolygu Estyn, sy'n canolbwyntio ar iechyd a lles disgyblion a staff yn rhan bwysig o waith y Grŵp Gweinidogol.

Roedd cylch gwaith 2018-19 Estyn yn cynnwys ymrwymiad i adolygu maes dysgu a phrofiad iechyd a lles mewn ysgolion cynradd ac uwchradd mewn dull cyfannol. Disgwylir i'r adroddiad terfynol gael ei gyhoeddi yn ystod haf 2019 a bydd yn ystyried effaith yr ysgol ar iechyd a lles plant gan gynnwys:

- arweinyddiaeth foesol y pennaeth, uwch arweinwyr eraill a'r corff llywodraethu
- hinsawdd sy'n hyrwyddo CCUHP a llais y plentyn
- cysylltiadau staff-staff, staff-dysgwyr a dysgwyr-dysgwyr
- darparu cwricwlwm sy'n diwallu anghenion dysgwyr (ar gyfer y presennol a'u dyfodol), a weithredir gyda phrofiadau dysgu sy'n cefnogi ac yn herio disgyblion am eu hiechyd a'u lles
- gofal, cefnogaeth ac arweiniad cryf ac ymatebol
- amgylchedd sy'n hyrwyddo iechyd a lles
- partneriaethau effeithiol gydag asiantaethau allanol
- cyfathrebu effeithiol a gweithio mewn partneriaeth gyda rhieni
- dysgu proffesiynol cefnogol i'r holl staff

Bydd ein Grŵp Gweinidogol yn ystyried y canlyniadau a'r argymhellion sy'n deillio o'r adroddiad ar ôl ei gyhoeddi.

Bydd cefnogi ysgolion, y fframwaith hunanarfarnu yn galluogi ysgolion i adolygu a meincnodi eu dealltwriaeth fewnol eu hunain o les disgyblion a staff, diffinio lles mewn addysg a disgrifio ymarfer effeithiol hefyd. Disgwylir y bydd drafft o'r pecyn cymorth ar gael ym mis Medi 2019.

Ar hyn o bryd mae'r Gweinidog Addysg yn ystyried eitemau arfaethedig ar gyfer cylch gwaith Estyn ar gyfer 2019-20 sy'n cynnwys adolygiad thematig i ymgymryd â gwaith pellach ar weithgareddau lles emosiynol ac iechyd meddwl mewn ysgolion. Byddwn hefyd yn gofyn i'n Grŵp Cyfeirio Ieuencid ystyried gwaith Estyn ar ddatblygu dull o fesur lles disgyblion.

4. Bod Llywodraeth Cymru yn cynnal adolygiad o'r holl fentrau lles emosiynol a meddyliol sydd ar waith yn ysgolion Cymru, gyda'r bwriad o argymhell dull cenedlaethol i ysgolion ei fabwysiadu, yn seiliedig ar arfer gorau. Dylai Llywodraeth Cymru weithio gydag ysgolion enghreifftiol fel Ysgol Pen y Bryn ym Mae Colwyn i ddatblygu elfennau o'r dull cenedlaethol hwn, gan gynnwys ymwybyddiaeth ofalgar, ond heb fod yn gyfyngedig i hyn.

Yn gysylltiedig ag ymateb wedi'i ddiweddarau i argymhelliad allweddol (1) uchod. Rydym wedi dechrau mapio fel rhan o ddatblygiad fframwaith ysgol. Rydym yn casglu gwybodaeth am ymyriadau seiliedig ar dystiolaeth y gall ysgolion ddewis eu mabwysiadu, gan ystyried eu hanghenion unigol. Fel y nodir uchod, nid yw hyn wedi'i fwriadu fel un dull sy'n addas i bawb, yn hytrach mae'n gasgliad o egwyddorion cyffredin y gall pawb gytuno arnynt i hyrwyddo cysondeb a mynediad cyfartal, wedi'i ategu gan:

- ysgolion yn deall eu heriau, eu hanghenion a'u blaenoriaethau ei hunain.
- mynediad at gasgliad o wasanaethau seiliedig ar dystiolaeth sy'n mynd i'r afael â chodi ymwybyddiaeth; mynd i'r afael â stigma a gwahaniaethu; adnabod ac ymyrryd yn gynnar; darparu ymyriadau cyffredinol a rhai wedi'u targedu.
- gwasanaethau'n gweithio gyda'i gilydd i ateb angen a nodwyd.
- dilysu a gwerthuso rheolaidd fel bod yr ysgol yn gwybod beth sy'n gweithio, beth nad yw'n gweithio a bod anghenion ei myfyrwyr a'i staff yn cael eu diwallu.

4. Bod Llywodraeth Cymru, wrth ymgymryd â'r adolygiad yr ydym yn galw amdano yn argymhelliad 3, yn gweithio yn y cyfamser gyda'r Samariaid i ddatblygu eu Rhaglen Datblygu Ymwybyddiaeth Emosiynol a Gwranddo (DYEG) i'w defnyddio'n ehangach mewn ysgolion yng Nghymru. Yn amodol ar ganlyniadau'r gwerthusiad o'r Rhaglen, sydd ar y gweill, dylai Llywodraeth Cymru roi arian i ymestyn y rhaglen i'r sector ysgolion cynradd.

Gweler argymhelliad (3) uchod ac (16) isod. Rydym yn casglu gwybodaeth ar ymyriadau a rhaglenni amrywiol seiliedig ar dystiolaeth, er nad ydym yn gallu hyrwyddo unrhyw un dros un arall a mater i ysgolion yw penderfynu a ddylid mabwysiadu menter benodol gan ystyried eu hanghenion a'u hamgylchiadau eu hunain.

5. Bod Llywodraeth Cymru yn comisiynu gwaith mapio i ganfod argaeledd staff nad ydynt yn addysgu mewn ysgolion i gefnogi iechyd a lles emosiynol ac iechyd meddwl, a'r lefel ddisgwylidig o angen yn y dyfodol. Dylai'r gwaith hwn amlinellu sut i fynd i'r afael ag unrhyw ddiffygion

Bydd yr arolygon staff llinell sylfaen, canol a diwedd yn y gwerthusiad o gynlluniau peilot mewngymorth CAMHS i ysgolion yn rhoi sail dystiolaeth o les ac agwedd staff tuag at eu hiechyd/lles meddyliol eu hunain ac ehangach.

Mae cynllun peilot mewngymorth CAMHS i ysgolion y De-ddwyrain wedi dechrau datblygu hyfforddiant lles staff eisoes trwy gyflwyno gweithdai diwrnod llawn ar gyfer hyd at 50 aelod staff, gan gynnwys 'Uwch Dimau Arweinyddiaeth a/neu dimau lles.

Bydd gwaith y cynlluniau peilot yn galluogi man cychwyn ar gyfer mapio argaeledd hyfforddiant, asesu anghenion a datblygu sgiliau ar draws staff ysgol ac eraill o fewn yr amgylchedd dysgu.

Yn dilyn cyflwyno a gwerthuso'r gweithgaredd hwn byddwn yn ystyried y potensial i gyflwyno hyn yn ehangach ledled Cymru o gofio'r goblygiadau tebygol o ran adnoddau.

Bydd argaeledd staff addysgu a staff nad ydynt yn addysgu mewn ysgolion yn cael ei hystyried hefyd fel rhan o'n cynlluniau ar gyfer datblygiad proffesiynol yn y gweithlu (gweler ein hymateb uchod i ran 3 o'r prif argymhelliad).

Gwnaeth y Prif Weinidog ymrwymiad maniffesto i'w gwneud yn ofynnol bod gwasanaethau cymorth addysgol arbenigol, gan gynnwys Gwasanaethau Seicoleg Addysg, yn gweithio'n fwy strategol ledled Cymru i wella mynediad at wasanaethau o'r fath. Byddwn yn gweithio gyda'r rhanddeiliaid perthnasol i ystyried sut y gellid cymhwyso hyn yn ymarferol yn y blynyddoedd i ddod.

6. Bod Llywodraeth Cymru yn asesu ansawdd y cwnsela statudol sydd ar gael mewn ysgolion, yn enwedig sut mae'r gwasanaeth yn ymdopi â'r galw cynyddol, yn mynd i'r afael â stigma ac yn diwallu anghenion plant a phobl ifanc. Dylai hyn gynnwys ystyried darparu cymorth cwnsela ar-lein a'r tu allan i wersi / ysgol, ac i'r rheini sy'n iau nag 11 oed.

Rydym wrthi'n gweithio gydag arweinwyr cwnsela awdurdodau lleol, Cymdeithas Cwnsela a Seicotherapi Prydain a rhanddeiliaid allweddol eraill i gynhyrchu pecyn cwnsela diwygiedig ar gyfer awdurdodau lleol. Ein bwriad yw ymgynghori'n ffurfiol ar y pecyn cymorth diwygiedig yn ystod yr haf. Bydd y pecyn cymorth yn darparu cymorth ymarferol i gwrselwyr a rheolwyr gwasanaethau cwnsela ac i'r rhai sydd â chyfrifoldeb o ddydd i ddydd am faterion iechyd meddwl mewn ysgolion (megis penaethiaid a chyrrff llywodraethu pob ysgol gynradd ac uwchradd yng Nghymru) yn ogystal ag mewn lleoliadau cymunedol. Bydd yn darparu'r wybodaeth sydd ei hangen arnynt i ddarparu gwasanaeth o ansawdd uchel, gan ddarparu gwerth am arian a gwell canlyniadau i blant a phobl ifanc, ac i roi'r wybodaeth sydd ei hangen ar rhanddeiliaid eraill i gydweithio gyda gwasanaethau cwnsela.

Fel rhan o'r gwaith hwn byddwn yn edrych hefyd ar y tueddiadau yn y galw a gallu'r gwasanaeth i ateb y galw presennol a'r galw yn y dyfodol. Blaenoriaeth allweddol fydd archwilio sut mae cwnsela'n gweithio gyda darparwyr eraill ac yn arbennig y berthynas a'r gefnogaeth gyda Gwasanaethau Cymorth Iechyd Meddwl Sylfaenol Lleol (LPMHSS). Mae Awdurdodau Lleol ym mhob ardal bwrdd iechyd yn bartneriaid yn ffurfiol mewn cynlluniau ar y cyd o dan Ran 1 o Fesur Iechyd Meddwl (Cymru) ar gyfer darparu LPMHSS. Yn ddelfrydol, mae'r bartneriaeth hon yn rhoi cyfle i ALLau adolygu'r galw/darpariaeth cwnsela gydag arweinwyr LPMHSS i lywio dadansoddiad gallu a galw ac addasrwydd darpariaethau amrywiol. Byddwn yn cynnwys arweinwyr LPMHSS yn y gwaith hwn gan

fod ganddynt wybodaeth fanwl am y math a'r galw am ymyriadau cwnsela i blant a phobl ifanc a atgyfeiriwyd at eu gwasanaeth.

Blaenoriaeth allweddol i ni yn ystod 2019 yw datblygu darpariaeth cwnsela ar-lein i blant ledled Cymru, ac fel y nodwyd yn ein hymateb gwreiddiol byddwn yn gweithio gyda'r awdurdodau lleol hynny sy'n cynnig darpariaeth ar-lein ar hyn o bryd i sefydlu arfer gorau.

Ein bwriad yw y bydd darpariaeth ar-lein ar gael fel un agwedd ar ymyriad sy'n cynnwys darpariaeth wyneb yn wyneb hefyd. Y materion allweddol yr ydym am eu harchwilio yw'r agweddau ymarferol o ran:

- Effaith ar allu gwasanaethau presennol i ddarparu a chyflwyno adnodd ar-lein ochr yn ochr â darpariaeth fwy traddodiadol (h.y. y goblygiadau goruchwylio a monitro)
- Beth ddylai'r meini prawf cyfeirio fod
- Sut i werthuso'r gwasanaeth orau

Rydym yn bwriadu ategu'r ddarpariaeth cwnsela mewn ysgolion gyda darpariaeth Therapi Gwybyddol ar-lein (CBT). Gwnaethom gomisiynu Technoleg Iechyd Cymru i ddarparu cyngor ar CBT ar-lein a gyflwynodd adroddiad ym mis Rhagfyr 2018. Rydym wedi comisiynu adolygiad llenyddiaeth hefyd i ystyried effeithiolrwydd ymyriadau ar-lein ar gyfer plant a phobl ifanc. Adroddodd yr ymchwiler ym mis Ionawr 2019 ac mae'n dangos bod potensial i lwyddo, ond mae angen gwerthuso ymyriadau presennol yn fwy helaeth ar gyfer y grŵp oedran hwn.

Mae'r ddau adroddiad yn awgrymu y dylid defnyddio ymyriadau ar-lein i drin iechyd meddwl law yn llaw ag ymyriadau wyneb yn wyneb. Felly, rydym yn ystyried canfyddiadau'r gwaith hwn i lywio ein camau nesaf. Bydd hyn yn cynnwys ystyried y potensial i ymestyn pecynnau CBT oedolion ar-lein i bobl ifanc 16-17 oed.

7. Bod Llywodraeth Cymru yn rhoi arweiniad dros dro i wasanaethau iechyd ac addysg (a chyrff statudol perthnasol eraill) am y gefnogaeth y dylent ei ddarparu ar gyfer iechyd emosiynol ac iechyd meddwl mewn ysgolion. Dylai hyn nodi'r gefnogaeth y dylent ei ddisgwyl oddi wrth ei gilydd fel gwasanaethau statudol. Dylai'r arweiniad hwn barhau ar waith, a dylai gael ei ariannu'n ddigonol, hyd nes y caiff canfyddiadau'r cynlluniau peilot mewngymorth eu cyfleu i ni ac i eraill. Dylai'r arweiniad gael ei gyhoeddi cyn pen tri mis ar ôl cyhoeddi ein hadroddiad a'i adolygu ar ôl i'r rhaglenni peilot mewngymorth ddod i ben.

Cynhaliwyd gweithdy rhanddeiliaid amlasiantaeth ym mis Medi 2018 lle gwnaethom ddatblygu ein bwriad strategol law yn llaw â rhanddeiliaid allweddol ar y gefnogaeth y dylai iechyd ac addysg fod yn ei ddarparu i ysgolion. Ailadroddwyd y bwriad hwn yng Nghynhadledd CCAC ym mis Ionawr a oedd yn canolbwyntio ar ddatblygu ffyrdd newydd o weithio rhwng iechyd a gwasanaethau cymdeithasol i gefnogi ysgolion.

Bydd ein Grŵp Gweinidogol yn archwilio'r llwybrau cymorth presennol a'r cyd-ddibyniaethau gwasanaeth cyhoeddus, gyda'r nod o sicrhau cysondeb a thegwch ledled Cymru. Er mwyn eu cefnogi yn hyn o beth, mae cynlluniau peilot mewngymorth CAMHS i ysgolion wedi mapio gwasanaethau cymorth presennol mewn ardaloedd lleol i lywio llwybrau atgyfeirio. Mae llwybrau atgyfeirio wedi'u datblygu a'u nodi i gefnogi ysgolion ar gyfer ymyrraeth gynnar a gwasanaethau mwy arbenigol. Mae hyn yn cynnwys cymorth ar gyfer lles meddyliol i ddisgyblion a staff. Mae cynlluniau gwerthuso ar gyfer y mewngymorth ar waith, a disgwylir adroddiad interim ym mis Rhagfyr 2019 (adroddiad

terfynol ym mis Rhagfyr 2020). Bydd hyn yn darparu tystiolaeth o effeithiolrwydd llwybrau atgyfeirio a dealltwriaeth o argaeledd gwasanaethau ar gyfer atgyfeirio.

Bydd angen adolygu'r rhain ymhellach yn unol â'n cynlluniau i gryfhau Gwasanaethau Cymorth Iechyd Meddwl Sylfaenol Lleol, fel y gall iechyd meddwl gofal sylfaenol weithio'n effeithiol a darparu gwasanaethau lle bo'n briodol ar gyfer lleoliadau ysgol. Bydd angen i gynlluniau gwella BILI ar gyfer 2019-20 ddangos cysylltiad clir â'r dull ysgol gyfan a byddwn yn cyflwyno cynigion manylach wrth i'n cynlluniau ddatblygu drwy gydol 2019.

8. Bod Llywodraeth Cymru yn cynnal cynllun peilot o rôl "athro cyfarwyddyd" yng Nghymru, neu fabwysiadu model arall sy'n dyrannu cyfrifoldeb dros iechyd emosiynol ac iechyd meddwl disgyblion i aelod arweiniol o staff addysgu neu staff nad ydynt yn addysgu.

Ein nod yw hyrwyddo diwylliant ysgol gyfan lle mae pawb yn gyfrifol am gefnogi disgyblion, cydweithwyr a'u lles eu hunain. Fodd bynnag, er y gall rôl a chyfrifoldeb fod gan gorff cyfan yr ysgol, ni all pob un ohonynt fod yn atebol. Mae angen i ni fod yn glir mai uwch dîm arweinyddiaeth yr ysgol sy'n gyfrifol yn y pen draw am gydymffurfiaeth, a sicrhau bod lles emosiynol a meddyliol yn treiddio trwy bob agwedd ar amgylchedd yr ysgol.

Fodd bynnag, er mwyn cefnogi'r tîm arweinyddiaeth, a chynorthwyo i ddatblygu a gweithredu fframwaith dull ysgol gyfan mewn ysgolion unigol, dylai fod gan bob ysgol unigolyn enwebedig penodedig sy'n arwain ac yn gweithredu fel cydlynedd, ffynhonnell cyngor i eraill, ac fel eiriolwr a hyrwyddwr lles. Bydd gan ysgolion sy'n rhan o'r Cynlluniau Ysgolion Iach - Rhwydwaith Cymru (WNHSS) Gydlynedd Ysgolion Iach yn barod a gall fod yn briodol i'r unigolyn hwn gyflawni'r ddwy rôl.

9. Bod Llywodraeth Cymru yn sicrhau bod y cynnydd o ran data rheoli mewn perthynas ag amseroedd aros gwasanaethau cymorth iechyd meddwl sylfaenol lleol (LPMHSS) ar gyfer asesu ac ymyrraethau ar gyfer plant a phobl ifanc ers cychwyn darpariaethau Mesur Iechyd Meddwl (Cymru) 2010 ar gael.

Ein bwriad yw y bydd data ar amseroedd aros Gwasanaethau Cymorth Iechyd Meddwl Gofal Sylfaenol Lleol (LPMHSS) ar gyfer asesu ac ymyriadau i blant a phobl ifanc yn cael ei gyhoeddi'n rheolaidd o fis Ebrill 2020 ymlaen. Mae Uned Gyflenwi'r GIG yn gweithio gyda BILlau a safonau data fel rhan o'r adolygiad cymheiriaid o Wasanaethau Iechyd Meddwl Plant a'r Glasoed (CAMHS) sylfaenol er mwyn sicrhau bod y data o ansawdd digon cadarn, cyn ei gyhoeddi.

10. Bod Llywodraeth Cymru yn llunio cynllun gwella ar gyfer gwasanaethau cymorth iechyd meddwl sylfaenol (LPMHSS) lleol ar gyfer plant a phobl ifanc yng Nghymru. Dylai hyn ddarparu asesiad o'r lefelau presennol o ddarpariaeth, y galw a ragwelir am wasanaethau dros y 5-10 mlynedd nesaf, a'r lefel amcangyfrifedig o adnoddau sydd eu hangen i uno'r ddau. Dylai hefyd amlinellu sut y bydd LPMHSS yn ymgysylltu â gwasanaethau statudol a thrydydd sector eraill, ac yn darparu'r gwasanaethau cymorth canolraddol mwyaf hygyrch, priodol ac amserol i gau'r bwch rhwng cymorth ar gyfer gwydnwch emosiynol ar y naill law, a CAMHS arbenigol ar y llall. Dylai'r cynllun gwella amlinellu'n glir y llwybrau sydd ar gael i blant a phobl ifanc fel bod y mynegbyst i bob lefel o wasanaeth, a rhyngddynt, yn fwy eglur ac yn symlach. Dylai gyfeirio'n benodol at sut y dylai LPMHSS gysylltu ag ysgolion.

Er mwyn cynorthwyo byrddau iechyd i dargedu camau gweithredu i wella gwasanaethau, disgwylir i Uned Gyflenwi'r GIG adrodd ar yr adolygiad o Wasanaethau Iechyd Meddwl Plant a'r Glasoed (CAMHS) cynradd ym mis Ebrill 2019. Bydd yr Uned Gyflawni'n cynhyrchu adroddiadau unigol ar gyfer pob bwrdd iechyd ac adroddiad thematig ar gyfer Llywodraeth Cymru.

Byddwn yn buddsoddi £3.2 miliwn arall i gefnogi gwasanaethau CAMHS ac ymyrraeth gynnar yn 2019-20. Bydd rhan o'r arian hwn yn cael ei ddefnyddio'n benodol i gefnogi'r gwaith o weithredu camau gweithredu mewn ymateb i ganfyddiadau yn adroddiadau'r Uned Gyflenwi. Bydd cyllid yn cael ei ryddhau i fyrddau iechyd unwaith y cytunir ar gynlluniau gwella cadarn, sy'n cysylltu'n benodol â'r dull ysgol gyfan.

Yn y cyfamser, gwnaeth Gweinidog hi'n ofynnol i bob bwrdd iechyd baratoi cynlluniau gwella cychwynnol a oedd yn cynnwys:

- Gwella perfformiad yn erbyn targedau LPMHSS a chynaliadwyedd parhaus;
- Gweithio drwy Fyrddau Partneriaeth Rhanbarthol a Byrddau Gwasanaethau Cyhoeddus i hyrwyddo ymyriadau sy'n cefnogi gwydnwch emosiynol a lles plant a phobl ifanc;
- Hyfforddi a datblygu gweithwyr y tu allan i'r GIG sy'n gweithio gyda phlant a phobl ifanc;
- Gweithgareddau atal ac ymyrryd yn gynnar sy'n lleihau'r galw ar CAMHS ac yn meithrin gwydnwch; a
- Gwella ansawdd data ynghylch iechyd meddwl a lles plant a phobl ifanc i lywio polisi ac ymarfer yn well.

Bydd mwy o fanylion am gynnydd yn cael eu cynnwys yn yr ymateb i'r rhaglen Law yn Llaw at Blant a Phobl Ifanc a fydd yn cael ei anfon at y Pwyllgor ar wahân.

11. Bod Llywodraeth Cymru yn sicrhau:

- 1. bod llwybrau cyson ar gyfer pob gwasanaeth CAMHS arbenigol, yn seiliedig ar y meini prawf atgyfeirio cenedlaethol – unwaith y cytunir arnynt – yn cael eu gweithredu gan bob bwrdd iechyd (ac asiantaethau cysylltiedig lle bo hynny'n berthnasol) yng Nghymru o fewn chwe mis i'r adeg y caiff yr adroddiad hwn ei gyhoeddi;**
- 2. Bod safonau diffiniedig yn cyd-fynd â phob llwybr er mwyn gallu mesur pob bwrdd iechyd a'u meincnodi'n gyson; a**

Bod gwybodaeth ar gael i'r cyhoedd fel bod modd dwyn byrddau iechyd a Llywodraeth Cymru i gyfrif am berfformiad mewn ffordd dryloyw a gwybodus.

Mae'r gwaith hwn yn cael ei ddatblygu gan Law yn Llaw at Blant a Phobl Ifanc a bydd diweddariad ar gynnydd yn cael ei gynnwys yn ymateb y rhaglen T4CYP a fydd yn cael ei anfon at y Pwyllgor ar wahân.

Fodd bynnag, mae Llywodraeth Cymru yn parhau i fonitro perfformiad byrddau iechyd o ran cyrraedd y targedau cyfredol ar gyfer amseroedd aros a bydd gweithredu'r set ddata graidd yn cryfhau'r data canlyniadau sydd ar gael.

12. Bod Llywodraeth Cymru yn amlinellu fel mater o frys, ac o fewn tri mis i ddyddiad cyhoeddi'r adroddiad hwn, sut y mae'n bwriadu mynd i'r afael â'r heriau a wynebhir gan y grŵp o blant a phobl ifanc nad ydynt yn cyrraedd y trothwy ar gyfer CAMHS arbenigol a lle nad oes gwasanaethau eraill ar gael iddynt – y “canol coll”. Dylai hyn gynnwys

1. Y camau manwl y bydd yn eu cymryd yn ystod y chwe mis nesaf i sicrhau bod eu hanghenion yn cael eu diwallu a bod asiantaethau perthnasol yn cael eu dwyn i gyfrif am roi'r camau ar waith; a
2. Rhoi cyfrif o'r ystyriaeth a roddwyd i ganolbwyntio'r meini prawf atgyfeirio ar lefelau'r trallod a ddioddefir gan blant a phobl ifanc (gall ei ffynhonnell fod yn ymddygiadol, yn gymdeithasol [gan gynnwys anhwylderau sy'n gysylltiedig ag ymlyniad] a / neu'n feddygol ei natur), yn hytrach nag ar sail diagnosis a ddiffinir yn feddygol yn unig.

Yn ogystal â'r rhaglen waith dull Ysgol Gyfan, mae yna weithgarwch ehangach fel rhan o'r rhaglen T4CYP a fydd yn cefnogi'r plant hynny nad ydynt yn cyrraedd y trothwy ar gyfer CAMHS. Mae hyn yn cynnwys Uned Gyflawni'r GIG yn adrodd ar yr adolygiad o Wasanaethau Iechyd Meddwl Plant a'r Glasoed (CAMHS) cynradd ym mis Ebrill 2019. Byddwn yn darparu £3.2m ychwanegol ar gyfer CAMHS yn 2019-20 a fydd yn cynnwys y gofyniad i fyrddau iechyd ailfodelu gwasanaeth tuag at ddull mwy ataliol. Yn ychwanegol, rydym yn darparu £1.4m i Fyrddau Partneriaeth Rhanbarthol gryfhau gwasanaethau haen isel yn y gymuned.

13. Bod Llywodraeth Cymru yn llunio cynllun adfer ar unwaith ar gyfer gwasanaethau niwroddatblygiadol ym Mwrdd Iechyd Prifysgol Betsi Cadwaladr i fynd i'r afael â'r amseroedd aros annerbyniol o hir a wynebir gan dros 1000 o blant a phobl ifanc.

Rydym yn parhau i gefnogi Prifysgol Betsi Cadwaladr a thimau niwroddatblygiad ledled Cymru i ddarparu gwasanaethau o fewn y targed asesu 26 wythnos.

Ym mis Tachwedd 2018, darparodd Prifysgol Betsi Cadwaladr gynllun gwella er mwyn darparu gwasanaethau o fewn y targed o 26 wythnos.

Er gwaethaf rhai gwelliannau cychwynnol, mae gwasanaeth ND Prifysgol Betsi Cadwaladr yn parhau i gael trafferth i ateb y galw am y gwasanaeth ar draws y Gogledd. Er bod defnyddio darparwr allanol wedi darparu rhywfaint o gapasiti ychwanegol ar gyfer y cyfnod, mae'r BILI yn deall bod angen iddynt roi trefniadau ar waith i sicrhau bod capasiti'r gwasanaeth yn gallu bodloni'r galw cynyddol. Fel rhan o'r gwaith hwn, cynhaliodd y BILI archwiliad at wraidd y mater ym mis Ionawr a roddodd sicrwydd bod llwybr Niwroddatblygiad Cymru Gyfan wedi'i weithredu ar draws y tair ardal gyda gofal o ansawdd da yn cael ei ddarparu i'r plant a'r teuluoedd hynny sy'n cael eu hasesu a'u cefnogi. Fodd bynnag, cydnabu'r ymarferiad hwn fod amseroedd aros yn peri pryder sylweddol a'u bod ar gofrestrau risg yr ardal, gydag achosion busnes i gynyddu capasiti yn y gwasanaeth yn cael eu trafod.

Mae'r timau ardal wedi datblygu cynlluniau gweithredu i wneud gwelliannau fesul cam ac maent yn cydweithio'n agos i ddatblygu'r model gwasanaeth mewn partneriaeth ag atgyfeirwyr, yn enwedig addysg a'r asedau cymunedol. Er enghraifft, cymorth rhianta gan y Tîm o Amgylch y Teulu a Chanolfannau Teuluoedd mewn ymgais i leihau'r galw a gwella'r mynediad at gymorth amgen.

Bydd Llywodraeth Cymru yn cyfarfod â'r Cyfarwyddwyr Gweithredol perthnasol ddechrau mis Ebrill i drafod ymhellach.

14 Bod Llywodraeth Cymru, cyn pen chwe mis o ddyddiad yr adroddiad hwn, yn blaenoriaethu gwaith i sicrhau bod mesurau perfformiad ansoddol yn cael eu datblygu law yn llaw â'r data presennol am yr amser aros rhwng atgyfeirio ac asesu. Dylai'r wybodaeth hon fod ar gael i'r cyhoedd fel y gellir dwyn y rhai sy'n gyfrifol i gyfrif am gyflenwi gwasanaethau a pherfformiad.

Yn dilyn adolygiad rhwydwaith CAMHS o'r data a gesglir ar hyn o bryd o fewn gwasanaethau CAMHS, cyflwynwyd argymhellion i fwrdd llywio'r prosiect. Cytunodd y Bwrdd ar y set ddata graidd sy'n symud ymlaen i gam nesaf y broses bellach.

Yn ogystal, datblygwyd set gyffredin o ffurflenni i'w defnyddio ar draws gwasanaethau iechyd meddwl, gan gynnwys ffurflenni sy'n benodol i CAMHS. Bydd y ffurflenni hyn yn cael eu treialu cyn i'r system fynd yn fyw.

Mae'r gweithgarwch hwn yn golygu y bydd y set ddata graidd yn cael ei gweithredu'n llawn erbyn 2022 yng Nghymru a bydd set o adroddiadau sy'n dangos canlyniadau i bobl sy'n defnyddio gwasanaethau yn cael eu casglu o'r adnodd data cenedlaethol, trwy Wasanaeth Gwybodeg GIG Cymru. Mae hwn yn ymrwymiad craidd yng nghynllun cyflawni drafft Law yn Llaw at Iechyd Meddwl 2019-2022.

Bydd diweddariad ychwanegol ar gynnydd yn cael ei gynnwys yn ymateb y rhaglen Law yn Llaw at Blant a Phobl Ifanc a fydd yn cael ei anfon at y Pwyllgor ar wahân.

15. Bod Llywodraeth Cymru, o fewn chwe mis i ddyddiad cyhoeddi'r adroddiad hwn, mewn perthynas â gofal argyfwng a gofal y tu allan i oriau:

- 1. Yn gweithio gyda heddluoedd Cymru i ystyried model brysbennu ar gyfer Cymru gyfan a fyddai'n sicrhau bod ymarferwyr iechyd meddwl ar lechyd Emosiynol ac lechyd Meddwl Plant a Phobl Ifanc yng Nghymru 101 gael yn ystafelloedd rheoli'r heddlu i roi cyngor pan fydd plant a phobl ifanc (a Grwpiau oedran eraill, os yn briodol) yn wynebu argyfwng;**
- 2. Yn amlinellu sut y gellid cyfeirio adnoddau at alluogi timau argyfwng ym mhob bwrdd iechyd i ddarparu hyfforddiant a rhaeadru arbenigedd i wasanaethau rheng flaen eraill, yn enwedig cydweithwyr mewn Adrannau Damweiniau ac Achosion Brys, mewn ardaloedd ar y gororau (i wella cysylltiadau trawsffiniol â'r canolfannau hynny a ddefnyddir amlaf gan gleifion sy'n byw yng Nghymru), ac mewn ysgolion (i wneud sgysiau am hunanladdiad a hunan-niweidio yn benodol yn fater o drefn);**
- 3. Yn sicrhau bod y byrddau iechyd yn darparu cymorth dilynol ar ôl rhyddhau, yn darparu gwybodaeth am sut mae'r byrddau iechyd yn monitro'r ddarpariaeth hon, ac yn ymrwmo i sicrhau bod y wybodaeth hon ar gael i'r cyhoedd er mwyn bod yn dryloyw ac yn atebol;**
- 4. Yn sicrhau bod yr holl fyrddau iechyd yn cydymffurfio â'r gofyniad i gadw gwelyau dynodedig y gellid eu staffio'n ddigonol ar gyfer pobl ifanc dan 18 oed mewn argyfwng, sy'n nodi sut y bydd hyn yn cael ei fonitro a sut y bydd adroddiad yn cael ei lunio amdano yn y dyfodol, a pha gamau a gymerir os nad yw gwelyau o'r fath ar gael;**
- 5. Yn gweithredu'n gyflym ac mewn ffordd unffurf ar draws y byrddau iechyd i gynnig un pwynt mynediad at wasanaethau arbenigol, er mwyn sicrhau mynediad amserol a phriodol i gymorth, boed yn gymorth brys neu'n gymorth arall; ac**
- 6. Yn myfyrio ar ganlyniadau'r adolygiad o ofal argyfwng, yn amlinellu beth yn fwy sydd angen ei wneud i ddarparu gwasanaeth gofal argyfwng 24/7 diogel a chost-ffeithiol ym mhob rhan o Gymru, sut y gwneir hynny, ac erbyn pryd.**

Rhan 1 a 6

Mae'r Grŵp Sicrwydd Gofal mewn Argyfwng Iechyd Meddwl wedi datblygu cynllun cyflawni cenedlaethol newydd ac mae grwpiau Iechyd Meddwl a Chyfiawnder Troseddol Rhanbarthol yn adnewyddu cynlluniau lleol i gyd-fynd â'r cynllun. Yn sail i'r ymrwymiad i wella gofal argyfwng o'r dechrau i'r diwedd, mae cytundeb bod angen datblygu dulliau ar

lefel system ac sy'n seiliedig ar dystiolaeth i alluogi mynediad teg at ofal argyfwng da ledled Cymru. Cytunwyd ar y dull gweithredu canlynol ac mae'n cael ei weithredu i wella gofal argyfwng:

- 1. Cryfhau'r set ddata ar gyfer monitro'r defnydd o adran 135 a 136 yng Nghymru

Datblygwyd set ddata ddiwygiedig gan Gofal mewn Argyfwng Iechyd Meddwl (MHCC) ac mae'n cael ei threialu gan yr holl bartneriaid cyn ei gweithredu'n ffurfiol, yn amodol ar gymeradwyaeth drwy Fwrdd Safonau Gwybodaeth Cymru (WISB). Bydd y set ddata yn cael ei chyhoeddi'n chwarterol (yn flynyddol ar hyn o bryd) i gynorthwyo monitro mwy rheolaidd wrth ddisgwyl am sicrwydd ynghylch cywirdeb ystadegol adrodd. Bydd hyn yn dibynnu ar bob asiantaeth yn cwblhau data gweithredol perthnasol. Cedwir y gallu i adrodd a monitro ar y defnydd o a.135 neu a.136 ar gyfer rhai dan 18 oed yn y set ddata.

- 2. Cefnogi dulliau i ddatblygu'r dystiolaeth am yr hyn sy'n gweithio

Gwnaethom sicrhau bod gofal argyfwng a gofal y tu allan i oriau yn flaenoriaeth yn y Gronfa Trawsnewid Iechyd Meddwl yn 2018-19. Sicrhawyd tua £1 miliwn i gefnogi'r gwaith o ehangu rhaglenni cyfredol a phrofi dulliau newydd. Mae'r cynlluniau a ariennir yn cynnwys cynllun peilot brysbennu stryd ym Mhrifysgol Betsi Cadwaladr sy'n rhoi ymarferwyr iechyd meddwl yn ystafelloedd rheoli'r heddlu. Mae cynllun peilot tebyg yng Ngwent mewn partneriaeth rhwng Heddlu De Cymru a Bwrdd Iechyd Aneurin Bevan yn cael ei werthuso'n annibynnol a cheir adroddiad ar hynny yn yr haf.

Mae gwella gofal mewn argyfwng a gofal y tu allan i oriau yn flaenoriaeth i GIG Cymru yn 2019-20 a bydd arian ychwanegol i gefnogi hynny. Dyrennir cyllid unwaith y cytunir ar gynlluniau gwella.

- 3. Datblygu ein dealltwriaeth o sut mae pobl yn cael mynediad at gymorth iechyd meddwl brys/y tu allan i oriau

Mae'r holl bartneriaid yn cydnabod yr angen i ddeall yn well sut mae pobl, sy'n cael eu categorio fel rhai sydd â phroblemau sy'n ymwneud ag iechyd meddwl, yn cael mynediad at wasanaethau ac yn llywio gwelliannau systemig. Bydd yr Uned Gydweithredol a Chomisiynu Genedlaethol yn cael ei chomisiynu yn 2019-20 i wneud adolygiad cyflym, brys o fynediad iechyd meddwl i helpu i ddeall:

Cysylltu - *Pryd mae pobl yn cysylltu â'r gwasanaeth? Pa wasanaethau maen nhw'n cysylltu â nhw?*

Cyflwr - *Pa broblemau mae pobl yn cysylltu â gwasanaethau yn eu cylch, salwch meddwl, trallod emosiynol, camddefnyddio sylweddau, ynysu cymdeithasol?*

Trawsgludo - *Pan fydd pobl yn cysylltu â'r gwasanaeth sut maen nhw'n symud o'r pwynt cyswllt i'r pwynt darparu gwasanaeth?*

Rhan 4. Fel rhan o'n gwaith monitro arferol, rydym wedi adolygu'r Digwyddiadau Anffafriol Difrifol (SUIs) sy'n ymwneud â gwelyau dynodedig dros gyfnod o bedair blynedd. Yn ogystal, mae Rhwydwaith ED CAMHS yn adolygu'r defnydd o welyau dynodedig ledled Cymru yn rheolaidd.

Fel y nodir yng [nghanllawiau Derbyniadau](#) Llywodraeth Cymru a gyhoeddwyd yn 2015, rydym yn disgwyl i BILlau roi gwybod i Lywodraeth Cymru am eu wardiau dynodedig yn flynyddol erbyn 1 Ebrill, ac i egluro a yw derbyniadau plant a phobl ifanc dan 18 wedi bod i wardiau dynodedig neu rai heb eu dynodi. Yn y pythefnos nesaf byddwn yn ysgrifennu at

fyrddau iechyd i ymgymryd â'n gwaith monitro blynyddol. Mae hyn yn rhoi cyfle pellach i atgoffa sefydliadau o'u cyfrifoldebau yn y maes hwn.

Bydd diweddariad T4CYP Rhan 5 yn rhoi manylion pellach am y cynnydd.

16. Bod Llywodraeth Cymru, mewn perthynas â hunanladdiad yn benodol, yn gweithio gyda sefydliadau arbenigol:

- 1. 16. I ddarparu, o fewn tri mis i ddyddiad cyhoeddi'r adroddiad hwn, ganllawiau i ysgolion ynghylch siarad am hunanladdiad a hunan-niweidio, i chwalu'r syniad y bydd unrhyw drafodaeth yn arwain at ymateb "heintus";**
- 2. I roi blaenoriaeth i ddarparu canllawiau i ysgolion lle bu hunanladdiad neu amheuaeth o hunanladdiad; ac**
- 3. Yn sicrhau bod hyfforddiant iechyd meddwl sylfaenol, gan gynnwys sut i siarad am hunanladdiad, yn rhan o hyfforddiant cychwynnol athrawon a datblygiad proffesiynol parhaus, fel bod yr holl athrawon yn gallu siarad am hynny**

Ym mis Rhagfyr 2018, galwodd Adroddiad Busnes Pawb ar Atal Hunanladdiad yng Nghymru gan y Pwyllgor Iechyd a Gofal Cymdeithasol ar Lywodraeth Cymru i weithredu'r argymhelliad hwn.

Ailadroddodd ein hymateb ein bod wedi derbyn mewn egwyddor, gan nodi bod hyn wedi'i gynnwys yng nghylch gwaith y Grŵp Gweinidogol a bod y gweithgaredd hwnnw wedi dechrau, fel rhan o'n Strategaeth Siarad â Mi 2, gan y Grŵp Cyngori Cenedlaethol ar Hunanladdiad a Hunan-niwed i fynd i'r afael ag agweddau ar yr argymhelliad hwn:

Cyhoeddir canllawiau ym mis Ebrill 2019 ar reoli Hunan-niwed a Hunanladdiad mewn ysgolion ar ôl gweithdy cydweithredol gyda chynrychiolwyr addysg, iechyd a'r Samariaid sy'n adeiladu ar arfer da presennol.

Yn ogystal, mae arweinydd y Grŵp Cyngori yn gweithio gyda Mind a Choleg Brenhinol y Seiciatryddion ar becyn dysgu seiliedig ar sgiliau a chymhwysedd i ysgolion ar hunan-niwed gyda ffilmiau ac adnoddau eraill a fydd ar gael ar gyfer hyfforddi staff ysgolion.

Byddwn yn gweithio gyda'r Grŵp Cyngori i gefnogi eu gwaith ac i sicrhau bod ysgolion yn ymwybodol o'r adnoddau gwerthfawr hyn ac yn eu defnyddio unwaith y byddant ar gael.

Mae llwybrau atal hunan-niwed/hunanladdiad wedi'u datblygu hefyd yn ardaloedd peilot mewngymorth CAMHS i ysgolion. Bydd hyn yn cael ei rannu gydag ysgolion yn yr ardaloedd peilot er gwybodaeth. Mae hyfforddiant Cymorth Cyntaf Iechyd Meddwl yn cael ei roi ar waith mewn ysgolion mewn dwy ardal beilot, Bwrdd Iechyd Prifysgol Aneurin Bevan a Bwrdd Iechyd Prifysgol Betsi Cadwaladr.

Byddwn yn gwerthuso'r holl weithgareddau mewngymorth er mwyn sicrhau eu heffaith a'u heffeithiolrwydd. Mae gweithgarwch gwerthuso yn mynd rhagddo, a dylai'r canlyniadau cychwynnol fod ar gael ym mis Rhagfyr 2019.

Yn ogystal, bydd diwygio addysg gychwynnol athrawon (AGA) yn ei gwneud yn ofynnol i ddarparwyr achrededig gynllunio a chyflwyno cyrsiau sy'n cefnogi pedwar diben cwricwlwm newydd i Gymru ac yn mynd i'r afael â'r chwe maes dysgu a phrofiad, gan gynnwys lechyd a lles. O dymor yr hydref 2018 ymlaen, mae Arloeswyr Dysgu Proffesiynol wedi bod yn arwain cychoedd o ymchwiliad gweithredu gyda'r rhwydwaith ysgolion ehangach, gan ganolbwyntio ar ryngweithio cynnar â'r cwricwlwm drafft i nodi gofynion dysgu proffesiynol sy'n ofynnol ar unwaith.

17. Bod Llywodraeth Cymru:

- 1. Yn mynd ati fel mater o frys i fynd i'r afael â'r lleihad yng nghapasiti'r uned cleifion mewnol yn y Gogledd**
- 2. Yn darparu, yn ei hymateb i'r adroddiad hwn, gynllun gweithredu sy'n manylu ar y cymorth ymarferol y bydd yn ei roi i Fwrdd Iechyd Prifysgol Betsi Cadwaladr er mwyn i'r uned, erbyn haf 2018, allu aildechrau darparu'r capasiti a gomisiynwyd ar ei chyfer, sef 12 gwely**

Mae gennym drefniadau cadarn ar waith i sicrhau ansawdd a diogelwch lleoliadau cleifion mewnol arbenigol ac i reoli'r angen am wasanaethau pan fydd cyfyngiadau mewn uned benodol ar waith tra bod unrhyw waith gwella angenrheidiol yn cael ei wneud. Mae hyn yn cynnwys gwneud lleoliadau drwy'r contract fframwaith cenedlaethol i leoli unigolion mewn cyfleusterau annibynnol addas.

Rhoddodd Pwyllgor Gwasanaethau Iechyd Arbenigol Cymru (WHSSC) a Llywodraeth Cymru ddiweddariad penodol i Gadeirydd y Pwyllgor ar y maes gwaith hwn mewn llythyr ym mis Chwefror.

Rhoddwyd Gwasanaeth Ambiwlans y Gogledd-orllewin (NWS) mewn proses ddwysáu ffurfiol gan Bwyllgor Gwasanaethau Iechyd Arbenigol Cymru (WHSSC) ym mis Awst 2017. Dechreuwyd y broses oherwydd lefelau defnydd gwllâu anfodhaol gyda pherfformiad yn disgyn yn is na 50% a'r sgil-ffaith dilynol yn nifer y lleoliadau y tu allan i'r ardal (OoA).

Un ffactor pwysig a gyfrannodd at y perfformiad gwael oedd y gostyngiad mewn gwelyau gweithredol o'r capasiti a gomisiynwyd o 12 i 6 oherwydd materion gweithlu arwyddocaol gan gynnwys salwch a recriwtio.

Bu gwelliant amlwg mewn perfformiad yn ystod 2018/19 gydag uned NWS yn gweithredu gydag o leiaf 10 gwely ar gael. Ar adegau penodol yn ystod y flwyddyn mae hyn wedi cynyddu i'r 12 gwely llawn ond mae hyn yn parhau i amrywio yn sgil crafter cleifion a lefelau staffio. Bwriedir cynnal y cyfarfod uwchgyfeirio nesaf ddechrau mis Ebrill.

18. Bod Llywodraeth Cymru yn defnyddio canlyniadau'r adolygiad o gapasiti cleifion mewnol yng Nghymru fel sail:

- 1. I ddarparu cymaint o wasanaethau mor agos â phosibl i'w cartrefi ar gyfer plant a phobl ifanc sy'n byw yng Nghymru;**
- 2. I gymryd rhan mewn deialog â GIG Lloegr ynghylch opsiynau ar gyfer creu gwelyau arbenigol iawn i gleifion mewnol a allai wasanaethu poblogaethau bob ochr i'r ffin;**
- 3. I archwilio'r posibilrwydd o ddefnyddio unrhyw gapasiti sbâr ar gyfer cleifion mewnol ar ystâd y GIG i ddatblygu gwasanaethau "cam-i-lawr" ar gyfer pobl sy'n gadael lleoliadau.**

Rhan 1. Mae Llywodraeth Cymru yn parhau i fod yn ymrwymedig i sicrhau y dylai pobl ifanc sydd angen gofal cleifion mewnol dderbyn hyn mor agos i'w cartref â phosibl, gyda'r ddarpariaeth ddiodyn yn un o'r ddwy uned cleifion mewnol CAMHS yng Nghymru. Fodd bynnag, bydd adegau pan fydd angen gofalu am bobl ifanc sydd angen gofal anghenion sylweddol mewn canolfannau arbenigol iawn yn Lloegr sy'n darparu gwasanaethau ar gyfer y DU i gyd.

Rhan 2. Trafodwyd papur adolygu gan y Bwrdd Rhwydwaith Cenedlaethol ym mis Rhagfyr. Mae'r argymhellion yn cael eu hystyried gan Rwydwaith CAMHS, QAIS a WHSSC a byddant yn llywio'r adolygiad o'r Fframwaith Cenedlaethol yn ystod yr haf.

Mae WHSSC yn gweithio gyda'r ddwy uned cleifion mewnol sydd gan y GIG i fynd i'r afael â materion allweddol yn ymwneud â'r gweithlu y bydd angen eu datrys i gefnogi datblygiadau yn y dyfodol.

19. Bod Llywodraeth Cymru, yng ngoleuni pwysigrwydd y cyfnod pontio o ran gallu parhau i ymgysylltu â'r gwasanaethau cymorth, a bregusrwydd penodol pobl ifanc wrth iddynt dyfu'n oedolion, yn ei gwneud yn ofynnol i fyrddau iechyd ac awdurdodau lleol lunio adroddiad bob chwe mis:

- 1. Yn nodi'r camau y maent wedi'u cymryd i sicrhau bod y canllawiau pontio yn cael eu gweithredu;**
- 2. Yn asesu i ba raddau y maent yn cydymffurfio â'r canllawiau; ac**
- 3. Yn nodi manylion yr heriau y maent yn eu hwynebu wrth geisio darparu gwasanaethau pontio di-fwlch a sut y maent yn lliniaru'r risgiau hynny.**

Rhan 1

Y gwaith i adolygu canllawiau a phasbort Pontio Gofal T4CYP yn ffurfiol erbyn mis Rhagfyr 2020. Bwriedir i'r gwaith hwn ddechrau ym mis Mehefin 2019 a chychwyn gyda'r Grŵp Rhanddeiliaid Ieuencid a fydd yn ystyried y canllawiau a'r pasbort ac yn bwydo'n ôl i T4CYP.

Mae Llywodraeth Cymru yn datblygu Canllawiau Pontio Gofal ar gyfer gwasanaethau ehangach y GIG hefyd. Rydym yn gweithio i sicrhau bod Canllawiau Pontio Gofal GIG ehangach yn adlewyrchu anghenion a gofynion plant a phobl ifanc o fewn gwasanaethau iechyd meddwl. Ar ôl caniatáu 12 mis ar gyfer sefydlu'r Canllawiau Pontio Da, ein ffocws yn 2019 fydd profi gweithrediad y canllawiau hyn a fydd yn ei dro yn llywio'r adolygiad ffurfiol yn 2020.

Fel rhan o Ffrwd Waith Pontio Gofal T4CYP, nodwyd bod gwahanol fodelau pontio o fewn gwasanaethau sy'n cwmpasu unigolion 0-25 oed yn genedlaethol ac yn rhyngwladol. Bydd Llywodraeth Cymru yn comisiynu adolygiad llenyddiaeth o dystiolaeth ryngwladol a chenedlaethol cyn bo hir, ochr yn ogystal â grŵp trafod bach/carfan fach i ddarparu dystiolaeth drwy brofiad. Cyflwynir adroddiad ar y gwaith hwn erbyn mis Hydref 2019 a bydd yn cael ei ddefnyddio fel sail i'r camau nesaf.

Rhan 2 a 3

Bydd y gwaith yn ystod 2019 yn darparu rhagor o wybodaeth i bennu lefel y gydymffurfiaeth â'r canllawiau a'r heriau. Byddwn yn ceisio cael manylion hefyd am y camau y mae byrddau iechyd wedi'u cymryd i liniaru unrhyw broblemau y maent yn eu profi.

20. Bod Llywodraeth Cymru, yng ngoleuni'r amrywiad presennol yn y ddarpariaeth a'r rôl hanfodol sydd gan ymyrraeth therapiwtig i'w chwarae, yn llunio cynllun gweithredu cenedlaethol ar gyfer darparu therapiau seicolegol i blant a phobl ifanc. Fan lleiaf, dylai hyn gynnwys:

- 1. Amlinelliad o'r modd y bydd y gwasanaethau sylfaenol, eilaidd ac arbenigol yn cydweithio i sicrhau bod ystod o wasanaethau therapiwtig yn cael eu darparu'n effeithiol ar draws y sbectwm angen;**
- 2. Cynlluniau penodol ar gyfer datblygu a chynnal llif o ymarferwyr therapiwtig sydd wedi'u hyfforddi'n ddigonol (ac yn cael eu rheoleiddio / cofrestru);**
- 3. Manylion yr adolygiad arfaethedig o'r tueddiadau rhagnodi ar gyfer plant a phobl ifanc â phroblemau emosiynol, ymddygiadol ac iechyd meddwl, gan adeiladu ar waith blaenorol yr Athro Ann John, gan gynnwys asesiad a yw ymyriadau eraill wedi effeithio ar y tueddiadau hyn, i ddechrau yn y 12-18 mis nesaf; ac**

4. Asesiad o oblygiadau ariannol a fforddiadwyedd y cynllun, a sut y caiff ei ganlyniadau eu mesur.

Yn dilyn cyhoeddi Matrics Cymru yn 2017 mae adolygiad o'r gwersi a ddysgwyd yn cael ei ddatblygu ar hyn o bryd a bydd yn llywio datblygiad y Matrics ar gyfer plant a phobl ifanc. Yn y cyfamser, mae pob bwrdd iechyd wedi cymryd camau cychwynnol, gyda chefnogaeth cyllid ychwanegol i wella gwasanaethau yn eu hardal.

Mae pob bwrdd iechyd wedi cyflwyno cynigion wedi'u costio yn erbyn y gronfa therapiau seicolegol yn 2018/19. Cytunwyd y bydd y gronfa hon yn parhau ym mlynnyddoedd ariannol y dyfodol gyda gwaith monitro.

Mae hyn yn cynnwys gwelliannau i'r casgliad o therapiau a gynigir, hyfforddiant a datblygiad y gweithlu, lleihau amseroedd aros a gweithio'n well rhwng gofal sylfaenol ac eilaidd.

Bydd diweddariad ar gynnydd yn cael ei gynnwys yn ymateb y rhaglen Law yn Llaw at Blant a Phobl Ifanc a fydd yn cael ei anfon at y Pwyllgor ar wahân.

21. Bod Llywodraeth Cymru, cyn pen chwe mis o ddyddiad yr adroddiad hwn, yn comisiynu adolygiad o'r gwasanaethau eiriolaeth a ddarperir ar hyn o bryd, a'r angen amdanynt, ar gyfer pob plentyn a pherson ifanc sy'n defnyddio gwasanaethau iechyd meddwl – nid dim ond y rhai mewn lleoliadau cleifion mewnol. Dylid cynnal yr adolygiad hwn mewn ymgynghoriad â rhanddeiliaid allweddol megis y Comisiynydd Plant, y Gwasanaeth Eiriolaeth Ieuenctid Cenedlaethol, darparwyr gwasanaethau a gomisiynwyd, a phlant a phobl ifanc. Yn seiliedig ar yr adolygiad, dylai Llywodraeth Cymru asesu pa mor ddilys fydd darparu cynnig gweithredol o eiriolaeth i bob plentyn a pherson ifanc sy'n defnyddio gwasanaethau iechyd meddwl a dylai gyhoeddi adroddiad llawn o'i chasgliadau.

Bydd Llywodraeth Cymru a'r Rhaglen Law yn Llaw at Blant a Phobl Ifanc yn comisiynu adolygiad ar y cyd o'r ddarpariaeth bresennol a'r angen am wasanaethau eiriolaeth ar gyfer plant a phobl ifanc sy'n defnyddio'r holl wasanaethau iechyd meddwl erbyn yr haf. Bydd y gwaith hwn yn cael ei gyflawni mewn ymgynghoriad â rhanddeiliaid allweddol gan gynnwys y Comisiynydd Plant, y Gwasanaeth Eiriolaeth Ieuenctid Cenedlaethol, darparwr gwasanaethau a gomisiynwyd a phlant a phobl ifanc, a bydd yn cyd-fynd â'r adolygiad ehangach o wasanaethau eiriolaeth mewn ymateb i argymhelliad y Comisiynydd Plant yn ei Hadroddiad Blynyddol diweddaraf.

22. Bod Llywodraeth Cymru yn gweithio ar draws asiantaethau i sicrhau bod anghenion iechyd emosiynol ac iechyd meddwl plant a phobl ifanc yn cael eu hasesu wrth iddynt gael mynediad i ofal ac ar ôl derbyn gorchymyn atgyfeirio o fewn y system cyfiawnder ieuenctid, ac fel mater o drefn ar ôl hynny. Bydd hyn yn helpu i gynllunio darpariaeth ddigonol o gymorth amlddisgyblaethol i ddiwallu eu hanghenion, sy'n gymhleth yn aml iawn, mewn modd amserol a phriodol.

Mae iechyd meddwl a lles plant a phobl ifanc mewn gofal yn flaenoriaeth allweddol yn Rhaglen Waith Gwella Canlyniadau ar gyfer Plant sy'n cael ei goruchwylio gan y Grŵp Gweinidogol Cynghorol ar Wella Canlyniadau ar gyfer Plant. Fel rhan o'r rhaglen waith, mae NSPCC a Voices from Care wedi llunio adroddiad ar iechyd emosiynol a meddyliol plant a phobl ifanc sydd â phrofiad o ofal; enw'r adroddiad yw 'Gwranddo. Gweithredu. Ffyfnu'. Cyhoeddwyd yr adroddiad llawn a byddwn yn ystyried yr argymhellion mewn cyfarfod o'r Grŵp Cynghori Gweinidogol yn y dyfodol.

Bydd diweddariad ar gynnydd yn cael ei gynnwys yn ymateb y rhaglen Law yn Llaw at Blant a Phobl Ifanc a fydd yn cael ei anfon at y Pwyllgor ar wahân.

23. Bod Llywodraeth Cymru, o fewn chwe mis i ddyddiad cyhoeddi'r adroddiad hwn, yn ymgymryd â darn o waith ar ddarparu cymorth emosiynol, ymddygiadol ac iechyd meddwl i blant sy'n derbyn gofal a phlant a fabwysiadwyd. Dylai hyn:

- 1. Gael ei hysbysu gan weithgaredd y Grŵp Cynghori Gweinidogol ar blant sy'n derbyn gofal a gwaith y Rhaglen Law yn Llaw at Blant a Phobl Ifanc; ac**
- 2. Ystyried, yn achos plant sy'n derbyn gofal, i ba raddau y mae cyrff cyhoeddus yn cydymffurfio â'u cyfrifoldebau fel rhieni corfforaethol i ddarparu'r cymorth corfforol ac emosiynol sydd ei angen arnynt.**

Yn ddiweddar, rydym wedi buddsoddi £15 miliwn yn y Gronfa Gofal Integredig i gefnogi gwasanaethau atal ac ymyrraeth gynnar ar gyfer plant a phobl ifanc sydd â phrofiad o ofal. Bydd Byrddau Partneriaeth Rhanbarthol yn gweithio ar draws byrddau iechyd, awdurdodau lleol a sefydliadau trydydd sector i ddatblygu cynigion sy'n diwallu anghenion eu poblogaethau plant sy'n derbyn gofal. Mae canllawiau'r Gronfa Gofal Integredig yn annog cynigion sy'n cynnwys gwasanaethau cymorth therapiwtig ar gyfer plant sy'n derbyn gofal a phlant sydd wedi'u mabwysiadu.

Bydd diweddariad ar gynnydd yn cael ei gynnwys yn ymateb y rhaglen Law yn Llaw at Blant a Phobl Ifanc a fydd yn cael ei anfon at y Pwyllgor ar wahân.

24. Bod Llywodraeth Cymru, o fewn tri mis i'r adroddiad hwn, yn gweithredu ar y dystiolaeth a gafwyd gan y Coleg Brenhinol Pediatreg ac Iechyd Plant fod angen iddi sefydlu grŵp trosfwaol "gyda dannedd" i reoli'r cydweithio sydd ei angen rhwng sefydliadau statudol a sefydliadau'r trydydd sector er mwyn darparu gwasanaethau cymorth ar gyfer iechyd emosiynol ac iechyd meddwl yn effeithiol ac amserol.

Ers cyhoeddi adroddiad y pwyllgor, mae'r Cyd-grŵp Gorchwyl a Gorffen Gweinidogol ar y Dull Ysgol Gyfan wedi'i gynnull. Mae hyn yn dwyn ynghyd y rhanddeiliaid strategol allweddol ar draws addysg, iechyd, y trydydd sector a'r sector cyhoeddus ehangach. Cefnogir y Grŵp Gorchwyl a Gorffen Gweinidogol gan

- grŵp cyfeirio rhanddeiliaid i sicrhau bod yr holl asiantaethau amrywiol sy'n cyfrannu at gyflwyno dull ysgol gyfan yn ymgysylltu'n ystyrion yn y rhaglen hon a
- Grŵp Rhanddeiliaid Ieuencid er mwyn sicrhau bod plant a phobl ifanc yn cael y cyfle i fynegi eu barn yn uniongyrchol hefyd wrth i weithgaredd fynd rhagddo.

Nid yw'r Cyd-grŵp Gorchwyl a Gorffen Gweinidogol ar y Dull Ysgol Gyfan yn bodoli ar ei ben ei hun, ac mae'n perthyn i drefniadau ehangach sy'n goruchwyllo, datblygu a sicrhau dulliau o wella iechyd meddwl a lles plant. Er enghraifft, mae'r Grŵp Cynghori Gweinidogol ar Wella Canlyniadau ar gyfer Plant yn parhau i gyflwyno rhaglen newid dair blynedd (2017-2020) a chynghori ar y cymorth ychwanegol wedi'i dargedu sydd ei angen ar draws y Llywodraeth i gyflawni canlyniadau gwell ar gyfer plant a phobl ifanc sydd â phrofiad o ofal. Mae hyn yn ychwanegol at Rwydwaith Iechyd Meddwl GIG Cymru, a sefydlwyd yn 2018 i ysgogi, hwyluso a galluogi newid trawsnewidiol a gwelliant parhaus ar gyfer gwasanaethau iechyd meddwl a gomisiynir a/neu a ddarperir gan y GIG.

Mae'r Grŵp Sicrwydd Cyflawni Plant, Pobl Ifanc a Theuluoedd wedi bod ar waith ers 2013 hefyd. Gyda'r grwpiau yn eu lle bellach i gefnogi Dull Ysgol Gyfan a Bwrdd Rhwydwaith Iechyd Meddwl Pob Oed Cymru Gyfan, mae swyddogion yn ystyried y gofynion ac aelodaeth addas ar gyfer y grŵp hwn.

Darperir diweddariad ar gynnydd gan y rhaglen Law yn Llaw at Blant a Phobl Ifanc yn yr ymateb a fydd yn cael ei anfon at y Pwyllgor ar wahân.

25. Bod Llywodraeth Cymru yn sicrhau bod pob bwrdd iechyd yn ymateb yn brydlon ac yn gynhwysfawr i arolygon ar niferoedd y gweithlu a wneir gan y Colegau Brenhinol yng Nghymru. Bydd hyn yn helpu i ddylunio gwasanaethau sy'n ystyried y capasiti staffio ac ymateb mewn modd effeithiol ac arloesol i unrhyw brinder.

Mae Addysg a Gwella Iechyd Cymru yn weithredol bellach a hwn yw'r sefydliad arweiniol ar gyfer cynllunio'r gweithlu. Fel rhan o'i gynllun gwaith, mae AaGIC yn datblygu Strategaeth Gweithlu i Gymru a fydd yn cynnwys y gweithlu sy'n darparu gwasanaethau iechyd meddwl i blant a phobl ifanc.

Rydym yn dal i ddisgwyl i fyrddau iechyd ystyried unrhyw arolygon perthnasol a gynhelir sy'n effeithio ar gynllunio'r gweithlu ac, os yn briodol, i weithio gyda Cholegau Brenhinol ac eraill i lywio gwaith cynllunio gwasanaethau.

26. Bod Llywodraeth Cymru yn sicrhau bod y Rhaglen Law yn Llaw at Blant a Phobl Ifanc yn gwneud darn penodol a chynhwysfawr o waith ar y gwasanaethau iechyd emosiynol ac iechyd meddwl sydd ar gael yn Gymraeg.

Bydd diweddariad ar gynnydd yn cael ei gynnwys yn ymateb y rhaglen Law yn Llaw at Blant a Phobl Ifanc a fydd yn cael ei anfon at y Pwyllgor ar wahân.

27. Bod Llywodraeth Cymru yn ei gwneud yn ofynnol i fyrddau iechyd lunio adroddiadau am eu gwariant ar wasanaethau iechyd meddwl i blant a phobl ifanc mewn ffordd unffurf er mwyn eu gwneud yn fwy atebol a thryloyw. Dylai'r data hwn gynnwys gwybodaeth am bob gwasanaeth, nid gwasanaethau eilaidd CAMHS arbenigol yn unig, a dylid ei ddadansoddi fesul maes (ee sylfaenol, eilaidd, argyfwng, therapiwtig, y trydydd sector ac ati).

Rydym yn parhau i ganolbwyntio ar fonitro trwy ganlyniadau i'r bobl sy'n defnyddio gwasanaethau yng Nghymru. Bydd ein gweithgarwch o dan argymhelliad 14 sy'n ymwneud â mesurau perfformiad ansoddol yn rhoi mwy o wybodaeth am y modd y mae gwasanaethau'n cyflawni ledled Cymru.

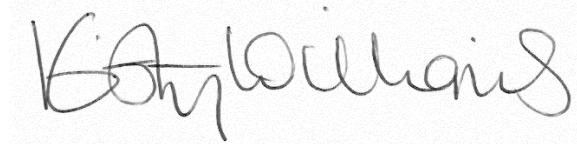
Cyhoeddir y Datganiad Ystadegol blynyddol ar gyfer Cyllidebau Rhaglenni Gwariant y GIG ar ystadegau Cymru ac mae'n cwmpasu holl wariant y Byrddau Iechyd Lleol a gwariant Ymddiriedolaeth GIG Iechyd Cyhoeddus Cymru, wedi'i ddadansoddi yn ôl rhaglen ofal, gan gynnwys gwariant ar wasanaethau gofal sylfaenol, megis meddygon teulu a deintyddion, yn ogystal â gwasanaethau gofal eilaidd, fel ysbytai. Cyhoeddir datganiad newydd ar gyfer 2017-18 ym mis Ebrill 2019.

Yr eiddoch yn gywir,



Vaughan Gething AC/AM

Y Gweinidog Iechyd a Gwasanaethau Cymdeithasol
Minister for Health and Social Services



Kirsty Williams AC/AM

Y Gweinidog Addysg
Minister for Education

Crynodeb o'r cyllid a amlinellir yn yr ymateb	Cyfanswm	Math
<p>CAMHS (cyhoeddwyd Ionawr 2019)</p> <ul style="list-style-type: none"> tua £2.5 miliwn i gefnogi'r Dull Ysgol Gyfan, tua £3.2 miliwn o gymorth ychwanegol ar gyfer CAMHS ac ymyrraeth gynnar, a tua £1.4 miliwn o gymorth ychwanegol ar gyfer ymyrraeth ataliol ac ymyrraeth gynnar lefel isel yn y gymuned a gyfeirir drwy'r Bwrdd Partneriaeth Rhanbarthol. 	£7.1 miliwn	Gwariant rheolaidd
<p>Grant Cymorth Ieuenctid</p> <ul style="list-style-type: none"> £2.5 miliwn i fynd i'r afael â materion iechyd meddwl a lles meddyliol/emosiynol trwy ddulliau gwaith ieuenctid, £3.7 miliwn i fynd i'r afael â digartrefedd ymhlith pobl ifanc, a cynnydd o 10% yn y gyllideb graidd sy'n gysylltiedig â'r grant, sy'n canolbwyntio ar waith ieuenctid a gweithgareddau ymgysylltu a datblygu ieuenctid. 	£10 miliwn	Cyllid grant
<p>Ysgolion Bro ar gael ar gyfer gwaith a fydd yn ymestyn gwasanaethau ysgol i deuluoedd a'r gymuned ehangach</p>	£15 miliwn	Cynlluniau peilot drwy 2019/20
<p>Mae'r Dull Cenedlaethol ar gyfer Dysgu Proffesiynol ar gyfer athrawon, sy'n cefnogi'r waith o gyflwyno £24 miliwn wedi cael ei ymrwmo i gefnogi dysgu proffesiynol dros 18 mis (£9 miliwn yn 2018/19 a £15 miliwn yn 2019/20)</p>	£24 miliwn	2018/19 a 2019/20 yn unig
<p>£15 miliwn i'r Gronfa Gofal Integredig i gefnogi gwasanaethau atal ac ymyrraeth gynnar ar gyfer plant a phobl ifanc sydd â phrofiad o ofal.</p>	£15 miliwn	2019/20 a 2020/21 yn unig
<p>Mae gwella gofal argyfwng a'r tu allan i oriau yn flaenoriaeth i GIG Cymru, £1 miliwn ar gyfer 2018-19 a gefnogir gan arian ychwanegol (swm i'w gadarnhau yn 2019-20).</p>	£1 miliwn	2018/19
<p>Arian ychwanegol ar gyfer therapiau seicolegol o £5.5 miliwn bob blwyddyn o 2018-19 ymlaen i gefnogi gweithrediad Matrics Cymru, gan gynnwys ar gyfer plant a phobl ifanc.</p>	£5.5 miliwn	Gwariant rheolaidd
<p>Cyllid ychwanegol o £250,000 ers 2015-16 i gefnogi anghenion pobl ifanc yn y system cyfiawnder ieuenctid.</p>	£250,000	Gwariant rheolaidd
<p>Cyllid ar gyfer y cynllun peilot mewngymorth CAMHS i ysgolion, i brofi nifer o ddulliau o weithio ar y cyd ar draws addysg, y GIG a'r trydydd sector.</p>	£1.4 miliwn	Peilot yn dod i ben yn haf 2020

Membership of the Joint Ministerial Task and Finish Group

Minister for Health and Social Services and Minister for Education	Joint Chairs
Chair Children, Young People and Education Committee	Lynne Neagle AM ¹
Children's Commissioner for Wales	Sally Holland ²
LHB Vice Chair representative	Charles Janczewski
NHS Lead Chief Executive for Mental Health	Carol Shillabeer
CMO Adviser on Child and Adolescent Psychiatry	Dr Dave Williams
Public Health Wales Director of Health Improvement	Dr Julie Bishop
Association Directors of Education Wales	Aled Evans
Primary Head-teacher	Paula Vaughan
Secondary Head-teacher	Chris Parry
Association Directors of Social Services, Heads of Children's Services	Andrew Jarrett
WG Director Mental Health, Corporate Services and Governance	Joanna Jordan
WG Director of Education	Steve Davies
WG Director of Social Services and Integration	Albert Heaney
WG Director Communities & Tackling Poverty	Jo-Anne Daniels
Chief Medical Officer	Dr Frank Atheron
WG SMO (GPs)	Dr Liz Davies
Chief Nursing Officer	Prof. Jean White
Estyn	Mark Champion
LA Schools Consortia	Debbie Hartevelde
DECIPHer (schools health research network)	Prof Simon Murphy
LHB clinical psychologist	Liz Gregory
WLGA	Cllr Huw David

¹ observer

² observer



CS/AE

3 April 2019

Lynne Neagle
Chair
Children, Young People and Education Committee
National Assembly for Wales
Cardiff Bay
Cardiff
CF99 1NA

Dear Ms Neagle

Mind Over Matter Report Follow-up: Together for Children and Young People Programme Update

Thank you for the opportunity to provide an update to the Committee on the work of the Together for Children and Young People Programme. As you will be aware the Programme was established in 2015 and is due to come to a close at the end of October this year. As Chair of the Programme and on behalf of the Programme Board, I am pleased to see **the continued priority given to children and young people's mental health and welcomed the 'Mind Over Matter' report published by the Committee in 2018.** As the report concluded there has been demonstrable improvement in the way services are provided, particularly specialist CAMHS, and improved access to services including reduced waiting times has been achieved. The Programme and the wider CAMHS community however recognise that there is more to do in this area.

The update report attached outlines the work of the Programme against its terms of reference and seeks to give a realistic view of progress and where more work is underway during the life of the Programme. A rating of red, amber, green has been used to display this, with many areas in the amber range indicating that further work is underway. I would draw your attention to some key priorities for the Programme during this year.

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Firstly, the most significant area of work is the development of a national Framework for Early Help and Enhanced Support. Capitalising on the learning from the approach taken to generate the Whole School Approach work, building resilience and support for children and young people in schools, the Programme will draw together a broad range of key stakeholders in developing the Framework. This will, in reference to the **'Mind Over Matter' report, help to make further progress to address to issue of the 'missing middle.'**

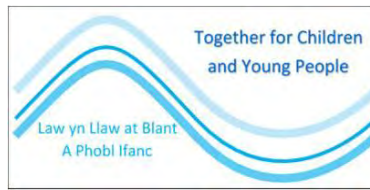
The second key area of work is the transition or legacy beyond the life of the Programme. The landscape and context in Wales has changed considerably since the establishment of the Programme and Welsh Government emphasis on Regional Partnership Boards and Public Service Boards provides an opportunity for stronger multiagency work in the area **of children and young people's mental health. Further, the investment made available by Welsh Government, including the Integrated Care Fund and the Transformation Fund associated with 'A Healthier Wales' provides opportunity for investment locally. The Programme will be working with the Children's Commissioner in having productive dialogue with RPBs to identify and maximise opportunities for local developments.**

I hope the Committee finds the information provided helpful. Please do not hesitate to get in touch should clarification or further information be required.

Yours sincerely



Carol Shillabeer
Chair, Together for Children and Young People Programme



Together for Children and Young People (T4CYP) Programme: Update Report

Introduction

The T4CYP Programme is an NHS-led, government sponsored, multiagency programme for the improvement of emotional and mental health for children and young people in Wales. This report provides an update on the work of the Programme, and seeks to make specific reference to the findings and recommendations of the Children, Young People and Education Committee in its report 'Mind Over Matter' published in 2018.

The Programme was established in 2015 with the following key areas of priority:

1. Evidence based needs assessment
2. National policy and other guidance
3. Equity of access to CAMHS
4. Planning processes and more mature commissioning
5. Resilience building for children and young people
6. Neurodevelopmental services
7. Early intervention approaches
8. Psychological therapies
9. Future role and models of specialist CAMHS
10. Transition
11. Framework for Action
12. Understanding progress and implementation of local plans
13. Engagement of stakeholders including young people
14. Contributing to the overview of workforce development
15. Coordinating the programme of work, agreeing priorities with stakeholders and reviewing progress
16. Sharing learning and good practice on improving emotional and mental health services for children and young people with partner agencies.

The Programme was established to run for three years and is supported by an Expert Reference Group (ERG), chaired by Dame Professor Sue Bailey, and made up of experts from academia, local government leadership, CAMHS service, health board leadership, and the Children's Commissioner. The purpose of the ERG is to check, challenge and support the work

of the Programme. The Programme during its first three years established an annual stakeholder conference to help understand the key issues experienced by stakeholders, to check on progress as improvements were implemented and to set key priorities for action. The programme was extended to a fourth year and is due to close in October 2019. This report has been developed aligned to the T4CYP key priority areas to ensure transparency of progress against its purpose. Appendix 1 maps the areas of the programme to the recommendations from the Mind Over matter report for ease of cross referencing.

Progress against programme key priorities

The specific areas of work outlined within the key priority areas are listed below with the associated programme deliverables.

1. Evidence based needs assessment (green)

Significant progress has been made in relation to understanding the needs of children and young people, the prevalence of emotional and mental health disorders and the pattern of provision of services. Evidence and understanding is continuing to grow given the focus on children and young people's mental health across the UK and internationally.

Needs Assessment (June 2016): a comprehensive overview of the mental health and wellbeing of children and young people. The report sets out the data and evidence in respect of mental health issues, including the prevalence, risk and protective factors.

Baseline Variations and Opportunities (BVO) Audit of sCAMHS (March 2016): the first comprehensive assessment of sCAMHS provision across Wales. It highlighted variations in practice and opportunities for improvement to health boards and as a result good practice has been widely shared and service improvement targeted. Regular reviews are now well established and data continues to be updated annually through the National NHS CAMHS Benchmarking Exercise (see point 12). Further benchmarking in subsequent years has shown areas of improvement and highlighted health boards that require more work. This is overseen through the NHS Wales CAMHS Network Group.

Evidence based planning: The T4CYP programme is working with colleagues across networks to drive improvements in intelligence. The NHS Digital prevalence report in England provides an up to date picture of prevalence and makes future predictions that can should inform future priorities. The Programme has established strong links with the Mental Health Coalition as part of the home countries work. Links to the coalition exchange event are inserted below.

<https://www.goodpractice.wales/SharedFiles/Download.aspx?pageid=185&mid=326&fileid=848>

<https://www.goodpractice.wales/SharedFiles/Download.aspx?pageid=185&mid=326&fileid=847>

The NHS Digital report, although developed based on the population of England, is a useful source of prevalence information for planning in Wales. There are key messages within the report including:

- One in eight 5-19 year olds had a mental disorder in 2017 (note – mental disorder is identified using the International Classification of Diseases, ICD 10, standardised diagnostic criteria).
- There has been a slight increase in overall rates of mental disorder.
- Emotional disorder rates have increased, whilst other disorder types were stable.
- Rates of mental disorder were higher in older age groups, particularly young women.

This type of prevalence information is assisting significantly in shaping services moving forward.

The link to the full report:

<https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-of-children-and-young-people-in-england/2017/2017>

The Social Services and Wellbeing Act and the Wellbeing of Future Generations Act place responsibility on Regional Partnership Boards and Public Service Boards to conduct regular assessments of needs for their population. The introduction of WCCIS with enhanced coding and the ongoing participation in the NHS benchmarking process will enable organisations and the Mental Health Network for NHS Wales to continue to focus on evidence based needs assessment for service improvement.

2. National policy and other guidance **(green)**

The policy and legislative landscape has changed during the Programme with the Social services and Wellbeing Act and the Wellbeing of Future Generations Act being taken forward in practice. When discussing legislative frameworks with other UK networks, a sense of progression in Wales is expressed that is supportive to the improvements needed for addressing emotional and mental health issues. The Mental Health measure is key and the changes to access times in relation to children and young people seen as an important step.

There is however further work to do in this area, including maximising the potential of regional planning and service delivery through Regional Partnership Boards. This remains a key priority for the remainder of the Programme. There is some evidence that several RPBs have identified children and young people's emotional and mental health as a priority and the Transformation Fund established by Welsh Government under 'A Healthier Wales' is being utilised to drive forward new models of care.

Key Principles to Improve Mental Health and Wellbeing for Children and Young People:

This guide, widely shared, enables all professionals working with children and young people to understand the legislative requirements and guidance outlined within the United Nations Convention on the Rights of the Child (UNCRC). All guidance issued by the

programme is supported by legislation and policy/guidance issued by UK Government, Welsh Government, National Institute for Health and Care Excellence (NICE) and NHS Wales. The implementation of this in NHS CAMHS will be reviewed through the peer review process being established through the Network.

3. Equity of access to CAMHS (amber)

The role of the Programme is to assist services to improve equity of access, to work together as a CAMHS community and to share learning for improvement. It is the role of individual health boards and the Welsh Government to performance manage services and organisations.

Framework for Improvement for sCAMHS: This Framework was developed early in the programme, with the specialist CAMHS community to seek to support identification of service improvement opportunities and enable a more consistent approach to provision. The CAMHS Network operates across all areas of Wales and is a strong focus for improvement and sharing. (see point 9) ensures consistent access criteria and standards.

Vulnerable Groups (October 2016): In partnership with Wales Alliance for Mental Health, young people with protected characteristics shared their experiences with statutory and third sector colleagues. Service improvement feedback was shared with health board leads to ensure that this becomes part of local service delivery.

The Programme recognises that for some vulnerable groups access to help and support remains challenging. Specific work examining the way in which services, working together, can support at an earlier stage and offer enhanced intervention is underway within the Early Help and Enhanced Support work stream. The T4CYP work stream will deliver proposals for best practice and service development to enable targeted support and interventions to those most at risk of developing emotional and mental health problems or showing early signs of mental disorders. There will be a specific focus for children who are in, or on the edge of, Care and young people outside of mainstream education, particularly those children not in education, employment or training (NEET). The work will also link to the Ministerial Advisory Group on Outcomes for Children and the Whole School Approach programme. The specific frameworks are planned to be developed and tested prior to the end of the Programme in October 2019. The recruitment of the National Youth Stakeholder Group will help to drive the engagement plans, beyond the lifespan of the programme, with an ambition of fully realising co-production of future resources and service delivery at a national, regional and local level.

4. Planning processes and more mature commissioning (amber)

Good progress has been made in relation to planning and commissioning although there is more to do. The CAMHS Network, established in 2014, has formed a core part of specialist CAMHS planning across Wales and the ability of the specialist CAMHS community to work collaboratively has significantly increased. This new collaboration led to the development

of the **Framework for Improvement for sCAMHS** (see point 9). The Welsh Government requirements regarding Integrated Medium Term Plans also has a requirement for organisations to demonstrate how they are making improvements to meet the needs of children and young people's mental health. In all regions (health board footprints) the Mental Health Partnerships form a focus for multiagency service planning, including a remit for the children's agenda.

Commissioning Specification for sCAMHS Inpatient Care: Developed to improve consistency in access criteria and provision, the specification draws on best practice and outlines the requirements of services whether provided by the NHS or any other sector provider. The specification has been implemented by the Welsh Health Specialised Services Committee (WHSSC) as the commissioner for sCAMHS inpatient services. It is recognised however that inpatient services across the UK are experiencing high demand and further work is underway to explore further opportunities for service development in this area.

As highlighted earlier, the potential for Regional Partnership Boards to drive forward mature needs assessment, planning, commissioning and integrated delivery is significant. The Programme in its final period will work to help progress these opportunities, and is encouraged that the Welsh Governments Integrated Care Fund Guidance has added a focus on children and young people's emotional and mental health as a priority. In addition, several RPB's across Wales have successfully sought transformation funds to develop innovative multiagency services based on local needs.

5. Resilience building for children and young people (amber)

First 1000 days and Adverse Childhood Experiences: Since the establishment of the Together for Children and Young People Programme other key Programmes have been developed. Close links are in place with the work of the Cymru Well Wales (formerly United in Improving Health) initiative and the First 1000 days programme.

DVD: Shared Stories (June 2016) highlighting the experiences of 2 young people within the school environment. This work and the wider views of children and young people helped to identify the need for a transformative approach to the development of schools as a place for enhancing emotional and mental health. The CAMHS In-reach programme was developed to test new ways of working within the school environment, bringing expertise and advice into schools to support both teachers and students more widely.

Whole School Approach: The T4CYP programme facilitated the development of a cross policy approach focussing on the development of a "Whole School Approach". Bringing together key stakeholders into a wider, facilitated workshop enabled a broad range of ideas to be heard to help inform a new Framework. The joint Ministerial Task and Finish Group and the supporting WG policy team will be taking forward this work. Following the T4CYP programme's role in facilitating the Whole School Approach, the same approach to develop the work around the "Missing Middle" is now underway. A cross sector stakeholder workshop will be held in June 2019 focusing on the area of Early Help and

Enhanced Support. A comprehensive Framework will be established that is intended to support local planning and development in this area. This is an ambitious element of work and the T4CYP Programme will give key focus to this throughout the remainder of the Programme. Importantly the engagement and sponsorship of wider sector partners is critical. The Welsh Local Government Association (WLGA) has already signalled strong commitment and others such as Police and Youth Justice will be key alongside health, education and social care.

6. Neurodevelopmental services (amber)

Members of the National Assembly for Wales will be familiar with some of the core elements of neurodevelopment services given the recent consideration of the private members Bill on Autism. This is an area where specific focus, strong clinical leadership and a developing community of practice has brought improvements. There is however a significant challenge ahead as the demand for support continues to grow. The NHS Digital study in England of Prevalence and Future Predictions for children and young people's mental health has drawn out some key findings. One in eighteen (5.5%) pre-school children in their study were identified with at least one mental health disorder (ICD 10 categorisation) including behavioural disorders (2.5%) and Autism Spectrum Disorder (1.4%). Practitioners in this field are advising a significant increase in demand for services locally, putting pressure on the ability to meet access times standards. A broader dialogue is needed regarding a whole system approach to neurodevelopmental and associated presentations and this will be considered as part of the Early Help and Enhanced Support work highlighted above. This could include the development of 'A Perfect World' model.

National neurodevelopment (ND) pathway (June 2016): This early work led to a common integrated care pathway with a single point of access in each local area across Attention Deficit Hyperactivity Disorder (ADHD) and Autistic Spectrum Disorder (ASD). Welsh government investment has supported the development of these services locally, in some areas providing a service where there was an absence of one previously. This means that children with all neurodevelopmental conditions should receive a common approach to their assessment based on best practice evidence and NICE guidelines. Whilst good progress has been made through these teams, it is clear that demand on the new services is increasing and some services are reporting an increased length of time for assessment to take place. Work is underway to understand the demand and capacity relating to these services which should report late summer/early autumn.

Clinician's toolkit for Autistic Spectrum Disorder (ASD) (June 2016): The Clinician's Toolkit, developed in partnership with the WLGA National ASD Development Project, provides NICE compliant evidenced based practice in assessment and diagnosis. This means that all children and young people should receive a standardised assessment and signposting to appropriate services. An equivalent toolkit for Attention Deficit Hyperactivity Disorder (ADHD) is under development, with links to Toolkits provided below.

ADHD Clinicians' toolkit resource - [Neurodevelopment Diagnostic Assessment Pathway](#)

ADHD Clinicians' toolkit resource - [Consensus All Wales Guideline for Monitoring Children Receiving Medication for Attention Deficit Hyperactivity Disorder \(ADHD\)](#)

ADHD Clinicians' toolkit resource - [Template to Request School Report](#)

ND Dataset: Improving data is a critical area for development in relation to neurodevelopment services. Work is being taken forward with Welsh Government to develop standardised data/metrics for national monitoring, including performance and quality standards. The performance data should be available (possibly in shadow form) for the first time at the end of March 2019 and should provide the baseline position.

7. Early Intervention approaches (amber)

Early Help and Enhanced Support: This is a key area for the final phase of the Programme and has been reshaped to include 'Early Help and Enhanced Support'. The Committee, in the Mind Over Matter report, gave particular focus to the need to progress the planning and delivery of joined up approaches for children, young people and families whose needs are out with specialist CAMHS per se. This work stream sets out to develop a Framework that can support local planning and service delivery across the sectors. The workshop planned for June 2019 is intended to bring together different sectors to explore a common set of principles (vision), outcomes including individual goal based outcomes based on the 'What Matters' principle, and the potential menu of service options. There is particular need to ensure join up with existing ministerial policy and implementation groups such as the Outcomes for Children Ministerial Advisory Group and the Whole School Approach work.

Directory of Best Practice (published August 2017): The Programme has already published material aimed at supporting local partnerships and services to develop their early help provision. This publication focused on highlighting support schemes for vulnerable children and young people reviewed in partnership with the Early Intervention Foundation, who have supported the Programme since its establishment. The directory also provides guidance to enable health and social care to expand high quality support provided by non-mental health professionals, thus encouraging a broader range of interventions.

Pathway for Local Primary Mental Health Support Services (published August 2017): By setting out consistent models of care in line with the Mental Health (Wales) Measure, the pathway strengthens the role of primary care mental health support services ensuring that they are better able to support other agencies in effectively managing the needs of children and young people. The NHS Delivery Unit are currently reviewing all local primary mental health support services (LPMHSS) care services across Wales, focusing on the models of care and their implementation, the impact and the challenges of services. The Review is due to report in May 2019 and should form part of a core contribution to the development of the Framework for Early Help and Enhanced Support. A comprehensive exercise to establish stakeholder (including service user) feedback relating to local primary mental health support services is underway aligned to the review work of

the Delivery Unit. This will further enhance the picture of services across Wales and identify areas for further development and improvement.

8. Psychological therapies (amber)

The direct leadership of this aspect of development rests with the National Psychological Therapies Committee and therefore the Programme has sought not to duplicate this work. The development of Matrix Cymru relating to children and young people's psychological therapies is underway and this work will link in with the broader development on Early Help and Enhanced Support.

The Programme has welcomed the additional funding allocated by Welsh Government in relation to psychological therapies for children and young people and it is expected that the Matrix Cymru work will act as a guide for targeting the additional investment.

- £1.1m Welsh Government funding (as part of the £7.65m additional CAMHS investment) provided to health boards to further develop psychological therapy provision for children and young people in Wales.
- £7.1m will help to protect, improve and support the mental health of children and young people in Wales

<https://gov.wales/newsroom/health-and-social-services/2019/mental-health/?lang=en>

9. Future role and models of specialist CAMHS (sCAMHS) (amber)

The Programme gave considerable focus to the specialist CAMHS aspects of service provision over the first two years. As the Committee recognised in its Mind Over Matter report, considerable progress has been made. The Programme however agrees that there is further work to do in this area.

Framework for Improvement for sCAMHS (June 2016): Early work of the Programme focused on developing collaboratively a Framework for Improvement. This set out a clear definition and referral criteria for sCAMHS to ensure that children and young people across Wales receive an equitable service across the areas of enhanced access, advice, liaison and assessment and care co-ordination. It is supported by care pathways for crisis care, eating disorder services and early intervention in psychosis. New models of care provided through the increased CAMHS investment have been implemented. Prior to programme close the Framework for Improvement will be refreshed enabling a reflection of the key areas that continue to require focussed attention.

A number of other key areas have been progressed since the Programme last updated the Committee including:

- 2 additional pathways on management of self-harm in the community and psychiatric liaison.
- Guidance to improve care and treatment planning for young people.
- Guidance for GPs and others who refer in to sCAMHS.
- Guidance for young people and their families drawn up in partnership with Hafal and Young Wales.
- Data Driven Project: Complete a review of work of existing measures; data quality and consistency; demand and capacity and NHS benchmarking. This will form part of the VCs work programme to support.
- Guidance for Schools and professionals to manage Self Harm – developed through the Talk to Me 2 policy steering group

The work relating to specialist CAMHS continues to be progressed via the CAMHS Network Group, which has retained strong commitment from all health boards in Wales. Priorities in the final phase of the programme include

Advocacy: Finalise a review of the current provision of and need for advocacy services for children and young people accessing all mental health services. This work is being undertaken in partnership Welsh Government and in consultation with key stakeholders including the Children’s Commissioner, the National Youth Advocacy Service, Commissioned provider of services and children and young people themselves.

In patient Framework: There continues to be significant demand pressures for inpatient care throughout the UK. A review of the service approach as part of the Acute Admission Framework including standard specification will take place by April 2020 to consider the NHS and independent sector provision and agreed future actions for the medium to long term. This will be informed by a review of the current in -patient performance (Wales) including workforce challenges and opportunities in order to meet current and future provision.

Welsh Language: A review of current availability of Welsh language emotional and mental health services, identifying future areas of need and development of an implementation plan for improvement.

Integrated working: Further develop the opportunities for more joined up care between health, social services and potentially youth justice in relation to inpatient and residential support. Review community intensive team and the potential for further development including liaison with the Police (this work to include consideration of advocacy provision)

10. Transition (amber)

Transition Guidance for professionals (published August 2017): This guidance sets out a model for a seamless transition together with a set of key principles to be used across all areas of transition. This should ensure that all services are aware of the need to

communicate and work flexibly with the young person in their care to deliver a planned, flexible transition, based on individual need.

Young Person's Transition Passport (published August 2017): The Passport, developed in partnership with young people, provides an individual transition plan outlining the information and support that agencies should provide enabling focused support for young people as they move into adult services. The passport has been designed for use alongside the Care and Treatment Plan and should be implemented 6 months before and after transition. A review of the impact of both the guidance and the Passport is due to commence in summer 2019.

Transition in Health Settings: The Programme is connecting to the wider work regarding transition from children's to adult services. The Children's Commissioner is currently examining the area and the Programme will continue to feedback on the progress being made in relation to children and young people's mental health transition.

11. Framework for Action (amber)

The priorities of the Programme in its first stage related largely to specialist CAMHS. The Framework for Improvement in this area was built through collaboration and informed by multiple sources including the views of young people. This work will be reviewed and refreshed as the Programme moves through the focussed work on Early Help and Enhanced Support, capitalising on the progress made and the additional investment made by Welsh Government.

Framework for Action (July 2015): Developed in consultation with a broad range of stakeholders the Framework offered local health boards a guide for service development. This will be reviewed and refreshed as part of the Early Help and Enhanced Support workshop in summer 2019.

Annual Conference Events: These regular events have been key in supporting a check and challenge approach to the work of the Programme and in particular identifying key areas of focus. More latterly the work on facilitating a whole school approach and in the near future the early help and enhanced support has taken a more targeted approach.

12. Understanding progress and implementation of local plans (amber)

It is important to stress to the Committee that the Programme does not have a remit for performance managing local services. It has been key however to understand how local services have been developing through collaborative efforts in particular, and to focus in on the areas of practice and service that present most challenge. The Programme therefore has focused its efforts in the following ways.

NHS CAMHS Annual National Benchmarking Exercise: This provides health boards with feedback on performance across Wales as well as the benchmarked position against the rest of the UK. This acts as a lever for service improvement and an opportunity to share

best practice. The benchmarking has now been undertaken each year for 5 years and therefore is particularly helpful in assessing movement over time. It is important to note however that Benchmarking in itself is not necessarily a judgment of how effective a service is and therefore other sources of information are also used to inform service development.

Health Board Annual Progress Statements (June 2017): Each health board is encouraged to reflect on the progress made in taking forward innovative and responsive CAMHS services in line with the implementation of the *sCAMHS Framework for Improvement*.

Peer Visits: A Peer Review/Visit approach has been developed by the CAMHS Network Group and supported by the T4CYP Programme. This further cements the collaborative approach developed over recent years. A recent visit to BCUHB for example examined the community services, community intensive support team and the inpatient service provision.

13. Engagement of stakeholders including young people (amber)

Engagement of children and young people: Engagement with young people has underpinned the work of the programme through close links with the Children's Commissioner's office, Children in Wales and the High Needs Collaborative *Making Sense* initiative. The establishment of the National Youth Stakeholder Group and links with the National Youth Parliament are positively developing. This has also included specific engagement events to inform products and service improvement. Future focus needs to develop clear connections at a more regional and local level and will be explored as part of the Early Help and Enhanced Support work.

Expert Reference Group (ERG): The T4CYP programme has a robust governance structure in place which includes an Expert Reference Group (ERG) which advises and challenges programme direction. The ERG meetings include key presentations that inform future discussion and action. Examples can be found below

<https://www.goodpractice.wales/SharedFiles/Download.aspx?pageid=185&mid=326&fileid=850>

<https://www.goodpractice.wales/SharedFiles/Download.aspx?pageid=185&mid=326&fileid=851>

14. Contributing to the overview of workforce development (amber)

This is an area of particular development at an All Wales level. With the establishment relatively recently of Health Education and Improvement Wales working together with Social Care Wales, a national health and social care workforce strategy is being developed. The 10 year strategy will provide a focus for enhanced workforce planning across sectors as well as the development of education and training approaches. The all age Mental Health network will feed into this work.

The Programme has actively supported the work of the CAMHS Network group in terms of widening opportunities for workforce development. This however is an area that will require further considerable work across sectors in order to meet the challenges of the supply of workforce in particular.

15. Coordinating the programme of work, agreeing priorities with stakeholders and reviewing progress (green)

An outline of the programme arrangements, priorities, stakeholder engagement and progress has been provided throughout this report. The Programme itself can be viewed in 3 phases. The early work of the Programme focused on supporting improvements and development in specialist CAMHS, particularly given the service pressures including extended waiting times. Whilst there is more work to do in this area, the position has improved over time. The second phase of the Programme has sought to help progress an understanding and approach to universal support in building resilience. Recognising the specific role of schools, the Programme was pleased to have been able to support the thinking on the Whole School Approach. This work does not sit directly with the Programme, although is closely aligned. The final phase of the Programme relates to Early Help and Enhanced Support. Capitalising on the learning from the approach with the Whole School Approach, this work will bring together the different sectors, developing a Framework to guide service development and improvement.

The Programme is giving particular regard to the transition at programme end to other mechanisms. Of particular note is the potentially critical role that Regional Partnership Boards could play, and in some areas of Wales this is already evident. Working with the Children's Commissioner, the Programme is seeking to identify ways in which to assist RPBs in local planning and commissioning of children and young people's mental health services.

Following a detailed programme review in 2018 / 2019 it was concluded that the Programme has seen improvements in the following areas:

- Increased provision and quality improvements of specialist Child and Adolescent Mental Health Services (sCAMHS)
- Increased provision of community intensive services across Wales
- Improved waiting times, recognising that there is more to do to ensure sustainability
- Reduction in inappropriate out of area placements, again however recognising the pressure of demand for inpatient services
- Engagement of Children and Young People (CYP) – Hafal report and the clear recommendation arising from the publication
- Neurodevelopmental (ND) Services: New national pathway development currently being implemented

Consideration for the final phase of the Work Programme:

- A direct link has been made to the findings in the "Mind Over Matter" report.
- The clear views of the constituents of the current work streams and connected stakeholders.
- The programme's progress to date and areas of work that were planned / needed to continue to be developed / embedded.

- Recognition that the mandate for the T4CYP programme runs until the end of October 2019; and consideration of the Welsh Governments Together for Mental Health (T4MH) delivery plan which will run 2019 – 2022.
- The need to establish a legacy and the importance of Regional Partnership Boards (RPB's).

The focus for the remainder of the Programme is therefore based upon the following key summarised areas:

1. Development a national framework supporting Early Help and Enhanced Support. This will include the work undertaken to review all primary mental health support services in Wales, the broader development of psychological therapies, service responses for vulnerable groups and consideration of neurodevelopment for example.
2. Whole school approach and the interdependencies with the work of the newly formed team for Whole School Approach and the Early Help and Enhanced Support.
3. Co – production with the Youth Stakeholder reference group and the potential to build links into regional structures.
4. In relation to specialist CAMHS, further work in inpatient provision model, service specification and the opportunities to develop more integrated care approaches across health and social care.
5. Considering a “perfect world picture” of Neurodevelopment services in order to help inform future planning
6. Build further the networks for sharing experience and practice including through a home countries group.
7. Reviewing the care transition guidance and passport in practice, including consideration of 0-25 model pathways.
8. Enable legacy/transition beyond the life of the Programme specifically including links to Regional Partnership Boards (RPBs) and Mental Health Partnerships.

16. Sharing learning and good practice on improving emotional and mental health services for children and young people with partner agencies (green)

The Programme has strived to help build connections, networks and collaborations. There has been in general strong commitment to the Programme by different sector and this has brought a wealth of knowledge, experience and enthusiasm to this work. The points below demonstrate some of the examples that the Programme has either generated or been a key sponsor/supporter of.

Annual Conference Events: These have provided stakeholders with the opportunity to listen to a wide range of speakers and to share experiences and recommendations for future development. The priority for 2018 focused on supporting thinking in relation to the “whole school approach” enabling engagement across and beyond traditional partners. The initial event was hosted by T4CYP. This area of work has now been transitioned into the Welsh Government newly established “whole school approach” team.

Momentum in this area has continued beyond the work of Welsh Government including the Association of Directors in Wales (ADEW) conference which was held in January 2019. Planning is now well underway for the Early Help and Enhanced Support workshop, being supported by the WLGA.

The final event planned for 2019 relates to Programme transition and will form part of a home countries workshop to coincide with world mental health day in October 2019.

National Youth Stakeholder Group: This was established in partnership with Welsh Government and supported by Children in Wales. The diverse group of young people between the ages of 14 – 25 are central to the co-production of future areas of work. Discussions have already taken place regarding the link to the National Youth Parliament which has confirmed emotional wellbeing and mental health as its key priority.

Future Regional Coproduction: The volume and quality of applicants for the National Youth Stakeholder Group (67) could support the voice children and young people in the work being undertaken at Regional Partnership Board level. The specific emphasis of Welsh Government in the Integrated Care Fund guidance (2019/20) draws out the need for RPBs to consider children and young people's emotional and mental health.

<https://gov.wales/docs/dhss/publications/180329icf-en.pdf>

Newsletters: These have been issued to a wide range of stakeholders to update on progress have received positive feedback. Editions specifically edited for children and young people are developed and Newsletter # 7 was an interactive newsletter.

Newsletter # 8 will be co produced by the newly established Youth Stakeholder Group.

<https://www.goodpractice.wales/SharedFiles/Download.aspx?pageid=185&mid=326&fileid=830>

<https://www.goodpractice.wales/SharedFiles/Download.aspx?pageid=185&mid=326&fileid=831>

You Said We Did: In addition to newsletters regular updates that outline the action to respond to key issues identified by children and young people, reflecting that their input is leading to tangible action. This also includes social media platforms and proactive awareness plans such as the week long programme of events as part of the Children and Young People Mental Health Awareness week February 2019. Key partners for this event included the CYP Mental Health Coalition (England), Intellectual Property Office, Ebbw Fawr Community School, Welsh NHS Confederation Conference, links with WLGA and the Childrens Commissioners team. The work is supported by a clear stakeholder map which identifies current and future stakeholders

<https://www.goodpractice.wales/SharedFiles/Download.aspx?pageid=185&mid=326&fileid=849>

T4CYP Website: This is hosted by the Welsh Local Government Association as part of Good Practice Wales and provides an easy to navigate on-line resource for children and young people, their families and carers as well as those partners that work with them. It contains

a range of documents and links to useful resources, identifying best practice across all of the programme areas and sharing programme products. www.goodpractice.wales/T4CYP

Conclusion

The report sets out the progress made since the inception of the Together for Children and Young People Programme in February 2015. Significant progress has been made in relation to understanding the needs of children and young people, the prevalence of emotional and mental disorders and the pattern of provision of services. Evidence and understanding is continuing to develop, given the focus on children and young people's mental health across the UK and internationally.

The report highlights the areas of improvement and in doing so, makes specific reference to the findings and recommendations of the Children, Young People and Education Committee in its report 'Mind Over Matter' published in 2018. These include the increased provision and quality improvement of specialist child and adolescent mental health services, increased provision of community intensive services across Wales, improved waiting times, a reduction in inappropriate out of area placements and the development of a new national pathway for neurodevelopmental services.

Following the development of the initial CYP Hafal report, the programme has developed a National Youth Stakeholder Group in partnership with the Whole School Approach team at Welsh Government. The Group will help to drive engagement plans beyond the lifespan of the programme, with an ambition of fully supporting co-production at a national, regional and local level.

There remain key areas of work for the Programme to support and the report has sought to highlight those that will have a particular focus during the remainder of the Programme. Importantly, developing a Framework for Early Help and Enhanced Support is key which is intended to move forward the work around what the Committee called the 'Missing Middle' in its report.

The information provided in this report will be supplemented by a summary of service data/information, which will be submitted at the end of April 2019 and will include the most up to date information based on the full 2018/19 reporting year.

T4CYP Priority	Rating	Link to Mind Over Matter Report Recommendation
1. Evidence based needs assessment	14	14
2. National policy and other guidance	14	14
3. Equity of access to CAMHS	22, 23	22, 23
4. Planning processes and more mature commissioning	18, 18.1, 18.2, 18.3	18, 18.1, 18.2, 18.3
5. Resilience building for children and young people	3	3
6. Neurodevelopmental services	10, 11.1, 11.2, 13. 17. 17.1, 17.2, 20,	10, 11.1, 11.2, 13. 17. 17.1, 17.2, 20,
7. Early intervention approaches	10	10
8. Psychological therapies	4, 5, 12, 12.1, 12.2, 20, 20.1, 20.2, 20.4	4, 5, 12, 12.1, 12.2, 20, 20.1, 20.2, 20.4

T4CYP Priority	Rating	Link to Mind Over Matter Report Recommendations
9. Future role and models of specialist CAMHS	4	15.4, 15.5, 21, 23, 23.1, 23.2, 26
10. Transition	4	19, 19.1, 19.2, 19.3
11. Framework for Action	4	12, 12.1, 12.2
12. Understanding progress and implementation of local plans	4	10
13. Engagement of stakeholders including young people	3	
14. Contributing to the overview of workforce development	4	25
15. Coordinating the programme of work, agreeing priorities with stakeholders and reviewing progress	3	
16. Sharing learning and good practice on improving emotional and mental health services for children and young people with partner agencies.	3	

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Together for Children and Young People Programme

Information submission to the Children, Young People and Education Committee

April 2019

1. Introduction

This information is provided as a companion document to the evidence submitted to the Committee on the overview of progress of the Together for Children and Young People programme. It seeks to set out key elements of the performance and benchmarking information that assists in understanding the previous and current position on a number of indicators. The information set out below is from a number of sources and historical trend data has been made available where comparable information has been recorded over a period of time.

2. Information sources

One of the key elements of the Programme was to seek to improve the ability of meaningful information to guide service development and aid a judgement on performance. The NHS Benchmarking Network (NHSBN) runs an annual CAMHS collection, covering inpatient and community services. Every Welsh Health Board now takes part in this collection and has done since 2015. Data is submitted directly by Health Boards to NHSBN, who then analyse and validate the data with the Health Boards. The other key source of information for the purpose of this supplementary report is the Welsh Health Specialist services Committee (WHSSC) information collected from providers of tertiary (inpatient) services.

Some information streams are under development, with neurodevelopmental service information collection and validation processes being tested, with an intent for publication by March 2020.

3. Specialist CAMHS: Referrals

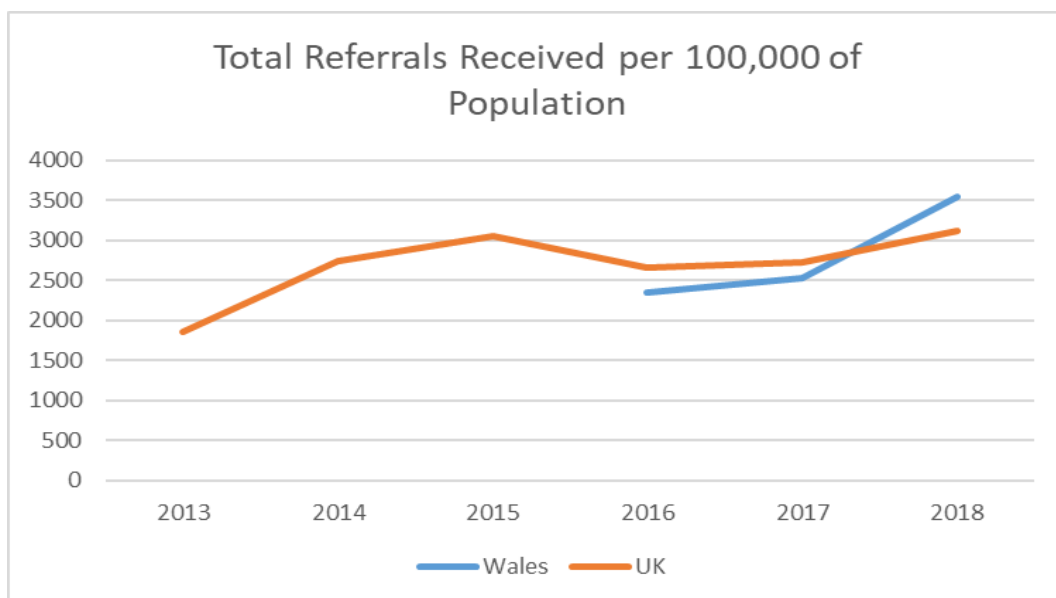
Wales has experienced a 51% increase in referrals from 2016 to 2018 (3 years period), in comparison to the broader UK increase of 68% increase from 2013 to 2018 (1,857 per 100,000 population to 3,113 per 100,000 population). Wales now has a higher number of total referrals received (3,539 per 100,000 population in 2018) than the UK (3,113 per 100,000 population in 2018). Graph 1 below indicates the comparator benchmarking information.

There was a 61.5% increase in referrals to CAMHS in Wales during the two year period. This means a significant increase in the number children and young people being referred by GPs or other services. It will be key to understand the 2019 data in relation of the continuation of the increased rate of referral.

There are multiple reasons for an increase in referrals, however the underlying prevalence of mental health concerns in children and young people is thought to have increased by less than 2 percentage points according to the NHS Digital Prevalence study in England. Greater awareness of mental health matters, and improved access times and modes may be the key reasons for increasing referrals.

Graph 1 - Total Referrals received per 100,000 of Population

Source: NHS Benchmarking Data

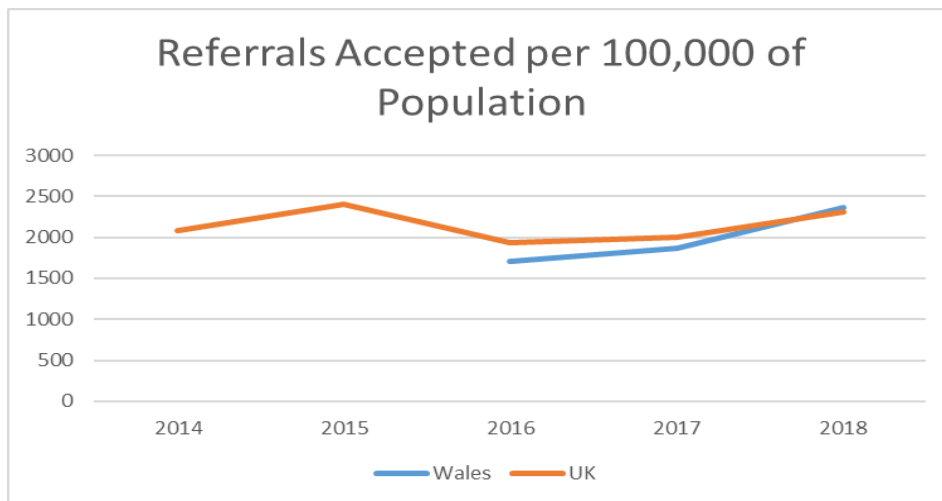


4. Specialist CAMHS: Referrals Accepted

Referral acceptance rate is the proportion of referrals received which were accepted for assessment by the CAMHS teams. There has been an increase of 39% in accepted total referrals from 2016 to 2018. Wales is now largely comparable with the rest of the UK based on 100,000 population. Graph 2 outlines the key comparator trend. Noting that the first reporting year was 2016, it will be important for further years benchmarking for Wales to be gathered. There could be multiple factors relating to an increase in accepted referrals including some of the new 'up-front' discussions taking place regarding potential referrals, the increased capacity of specialist CAMHS teams and a greater understanding by referrers as to the role and function of specialist CAMHS.

Graph 2 - Referrals Accepted per 100,000 of Population

Source: NHS Benchmarking

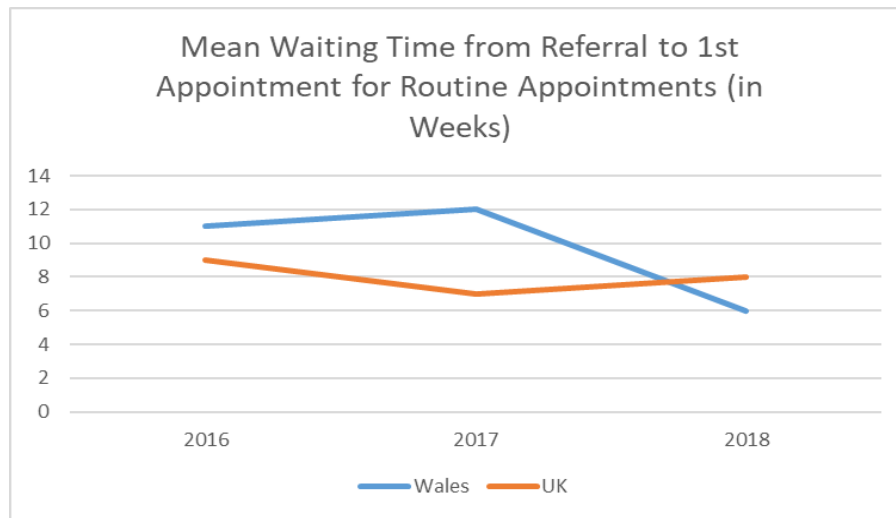


5. Specialist CAMHS: Waiting Times

Wales has seen a 45% reduction in the mean waiting time from 11 weeks in 2016 to 6 weeks in 2018. Wales is now reporting a lower mean waiting time to first appointment than the UK. It is fully recognised that some people will be experiencing a longer wait, however since the introduction of the new waiting times standard for children and young people there has been a significant improvement in access times. Ensuring that this can be sustained is key, particularly given the rising number of referrals and the increased referral acceptance rate. Graph 3 outlines the comparator position of Wales and the rest of the UK.

Graph 3 - Mean Waiting Time from Referral to 1st (routine) Appointment

Source NHS Benchmarking



6. Specialist Inpatient CAMHS

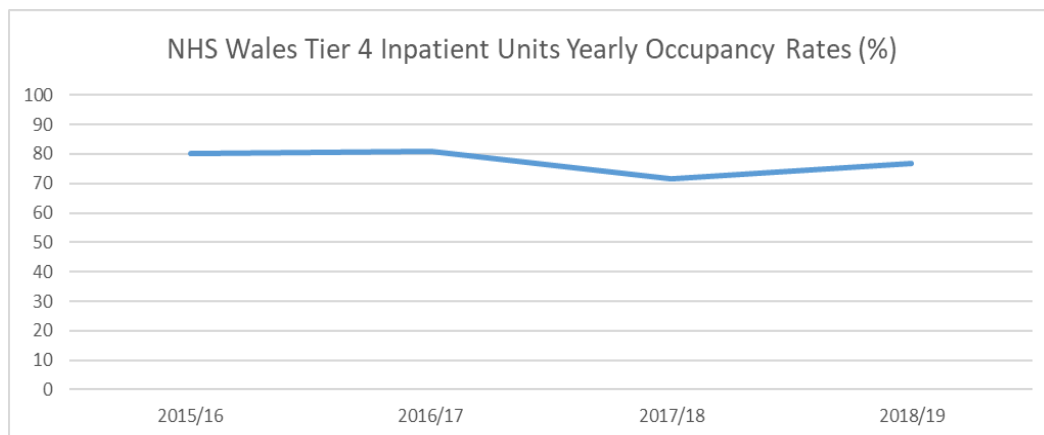
There are 4 key indicators drawn together in this report that demonstrate the position of specialist inpatient CAMHS. These include the occupancy rates, numbers of admissions, out of area placements and workforce information.

There is a recommended 85% occupancy level for inpatient facilities to maintain sufficient flexibility to manage variation in demand. Wales has seen a largely consistent occupancy level when taking the annual data, with a slight reduction of in the bed occupancy of 4% in 2017/2018 (equivalent to approximately one person) as demonstrated in graph 4 below. This occupancy level is despite the introduction of the Community Intensive Service.

Not highlighted in the graph below, there does appear to be a particular increase in demand during the months of September and October, and January and February.

Graph 4 – NHS Wales Tier 4 Inpatient Units Yearly Occupancy Rates

Source: WHSSC Monthly Returns

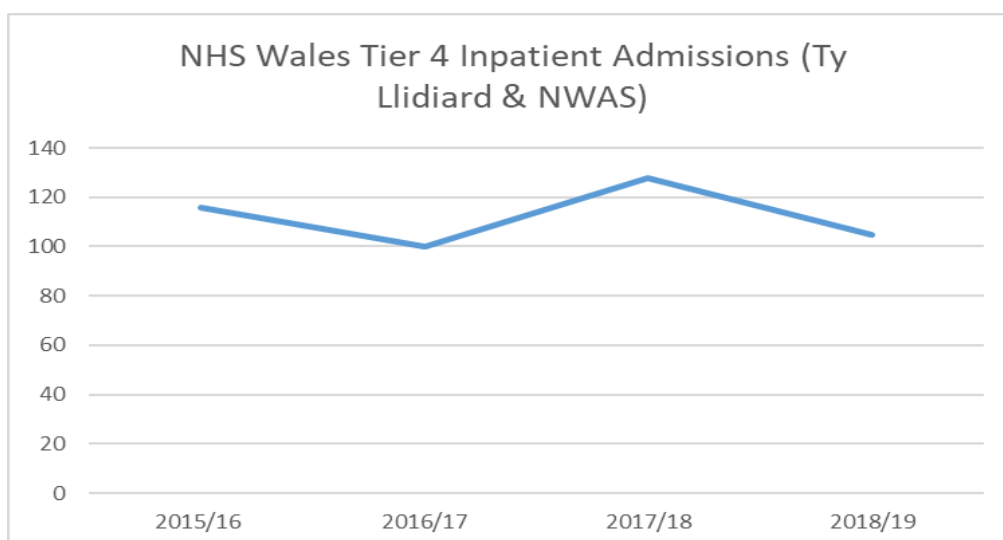


As outlined in Graph 5 below, there has been a reduction in the number of admissions to the South Wales inpatient unit (Ty Llidiard) from 90 in 2015/16 to 76 in 2018/19, with an increase in the number of admissions to North Wales inpatient unit (NWAS) during the same period from 26 to 29.

Coupled with the occupancy rates above and the out of area placements data below (graph 6) there is evidence to suggest that this is an overall stability in the numbers of young people requiring inpatient support. Given the increased number of referrals the expected increase in inpatient episodes appears to have been managed through the introduction of the Community Intensive Teams and their focus on early intervention and support closer to home.

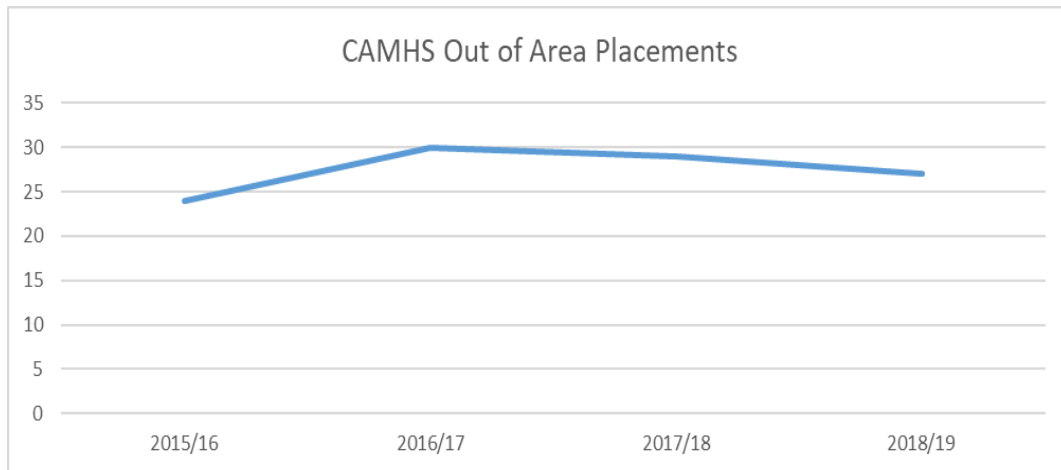
Graph 5 – NHS Wales Tier 4 Inpatient Admissions

Source: WHSSC Monthly returns



Graph 6 - CAMHS Out of Area Placements

Source: WHSSC Monthly Returns

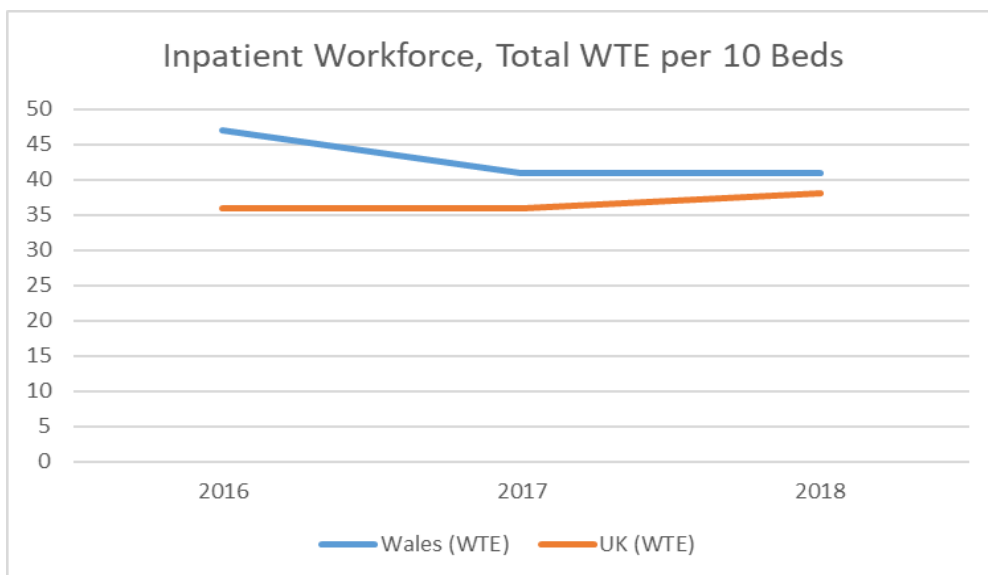


Wales is seeing a return to the 2015/16 number of out of area placements after an increase in 2016/17.

An out of area placement can be within Wales (independent sector) or in England (NHS or independent sector). The reasons for using an out of area placement could be because of lack of capacity within NHS Wales units or because the person has specialist needs, such as learning disability or requires a high level of security. Young people who are placed out of area have the support of quality assurance reviews of their care and case management to support a return to home or close to home as soon as possible.

Graph 7 - CAMHS Inpatient Workforce, Total WTE per 10 Beds

Source: NHS Benchmarking



There has been a decrease in the number of whole time equivalents per 10 beds in Wales from 47 in 2016/17 to 41 in 2018/19, however Wales has more WTE per 10 beds (41) compared to the rest of the UK (38). There has been a

shift in some staff from an inpatient setting to the community setting, as well as an overall shortage of workforce supply in some professions.

7. Community CAMHS

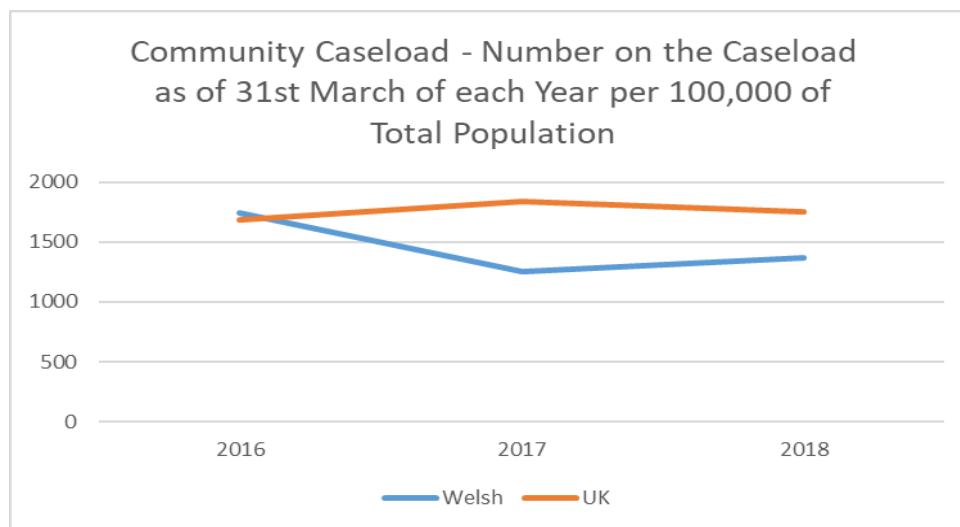
There are several pieces of information that help present the picture of community CAMHS, including caseload, number of contacts and staffing.

Caseload is the number of active patients seen by services. The caseload figure is a snapshot at a point in time, in this case 31st March 2018. Caseloads reduced by around 20% between 2016 and 2018. This may be due to either:

- caseload 'cleansing' (removing from caseload people who are no longer receiving support) or,
- reducing the length of time people spend on caseload (by discharging sooner)

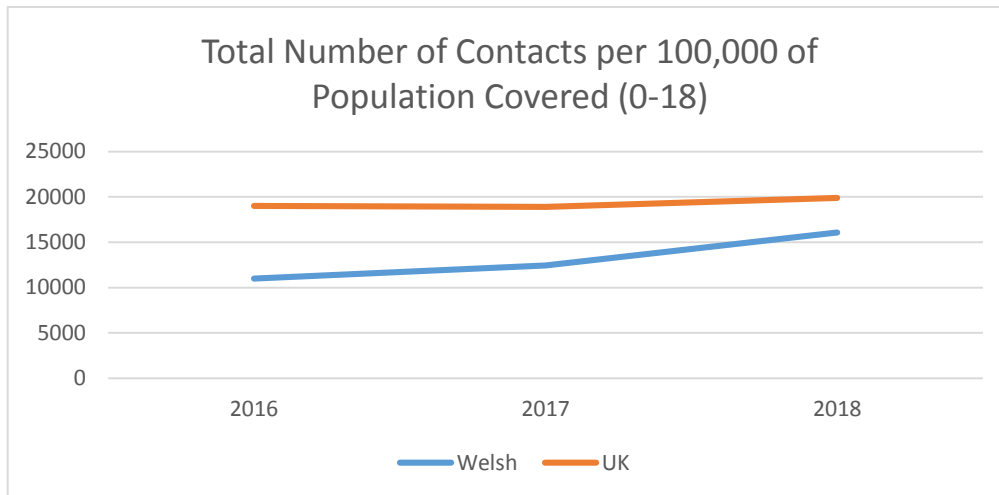
Graph 8 - Community Caseload - Number on the Caseload as of 31 March of each year per 100,000 of total population

Source: NHS Benchmarking



Graph 9 - Total Number of Contacts per 100,000 of Population Covered (0-18)

Source: NHS Benchmarking

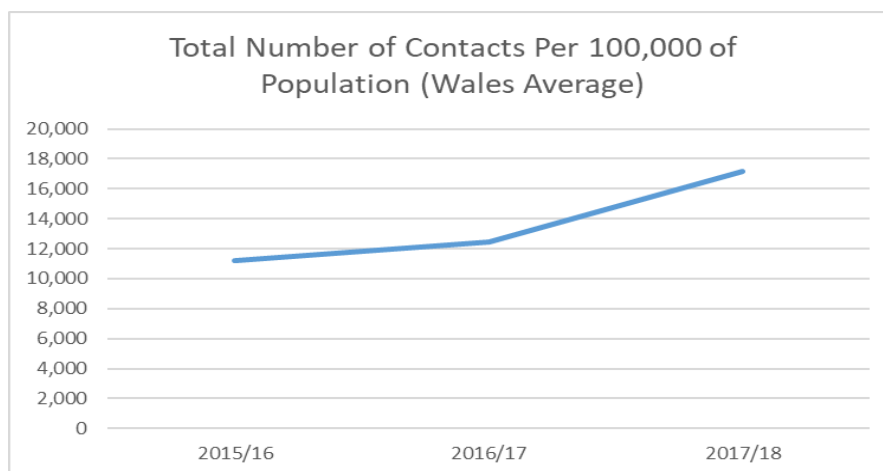


A contact is a therapeutic intervention with a child and young person. Contact rates include both face-to-face contacts (physical meetings) and non-face-to-face contacts (video calls, telephone etc.)

Wales has experienced a 47% increase in the total number of contacts per 100,000 from 2016 to 2018. The UK experienced a 5% increase in total contacts during the same period.

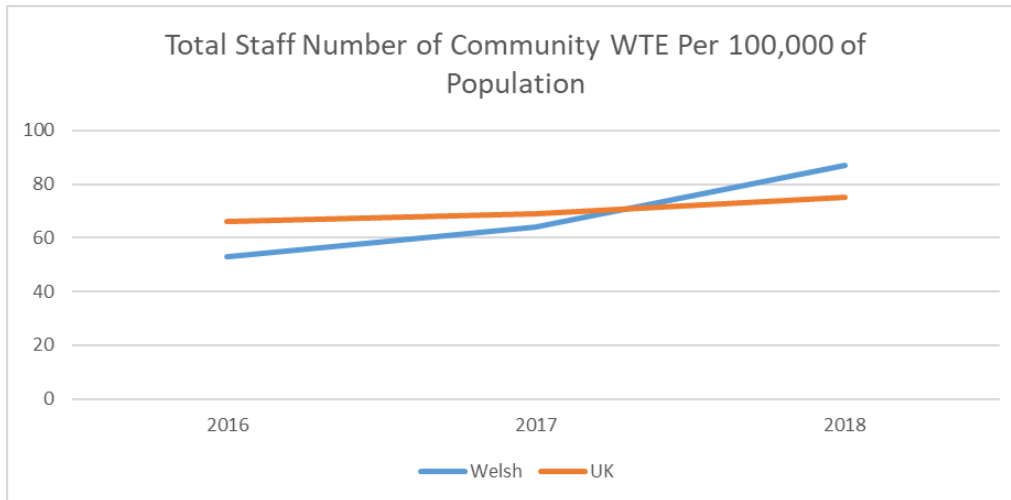
There was a 53% increase in contacts between 2015/16 and 2017/18. This probably reflects increased activity in CAMHS services due to expanding workforce and could also reflect improvements in the way contacts are recorded.

Graph 10 - Total Number of Contacts per 100,000 of Population Wales: Source NHS Benchmarking



Graph 11 – Total Staff Number of Community staff (in Whole Time Equivalents (WTE)) per 100,000 of Population

Source: NHS Benchmarking



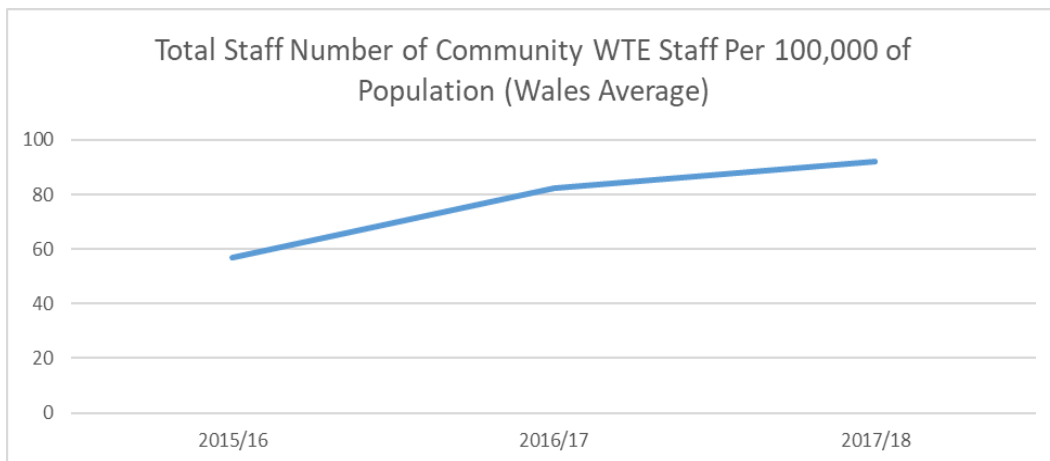
Wales has seen an increase in the number of community based WTE per 100,000, from 53 in 2016 to 87 in 2018, an increase of 64%. The UK has seen an increase of 14% in the number of community based WTE per 100,000 from 66 in 2016 to 75 WTE in 2018.

Wales' average workforce WTE has been increasing and Wales now has more staff per 100,000 population than the rest of the UK. The size of the workforce is a good indicator of capacity within a service, and across the UK the CAMHS workforce has grown substantially in recent years following new investment and prioritisation of these services.

A 62% increase in posts in Wales was reported between 31st March 2016 and 31st March 2018 due to NHS Wales and Welsh Government focus and investment.

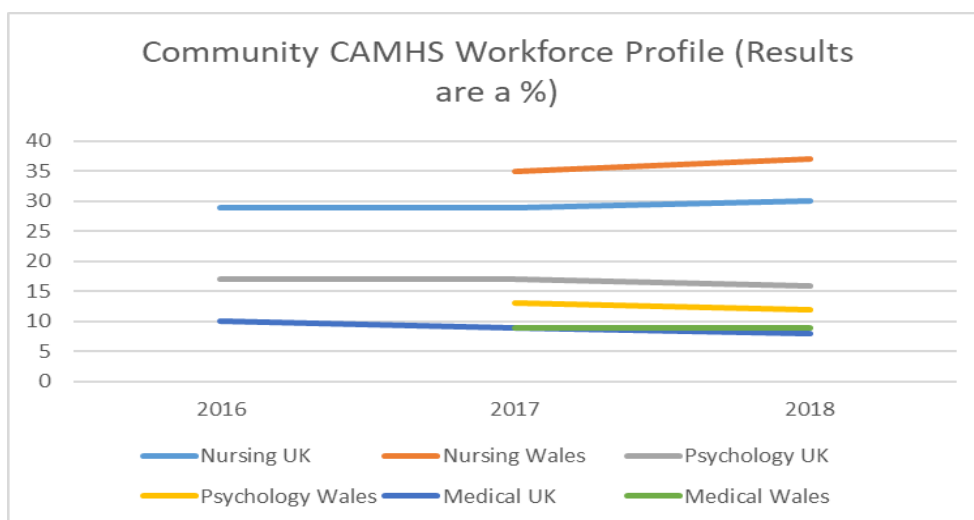
Graph 12 – Total Staff Number of Community WTE staff per 100,000 Population (Wales)

Source: NHS Benchmarking



Graph 13 - Community CAMHS Workforce Profile

Source: NHS Benchmarking



The workforce profile differs between Wales and the UK. In 2018, in Wales 37% of staff were from nursing whereas in the UK this was 30%. Medical staff rates were largely comparable between Wales and the UK, at 9% compared to 8% respectively. In relation to psychology staff Wales has 12% of their staff from this discipline whereas across the UK this is at 16%.

Wales has a higher vacancy rate per 100,000 population than the UK according to 2018/19 data. Further information on provision will be available following completion of the Delivery Unit peer review due in June 2019.

8. Neurodevelopmental Services

The introduction of the 26 weeks waiting time from referral to treatment has now been fully implemented across Wales. The first full year of performance information will be available in April 2020.

The tangible outputs from investment into this area of work has seen the implementation of the six standards and pathway, with the focus during 2018/19 has been on implementation of the pathway and supporting service improvement.

The prevalence data from NHS Digital (England) shows a significant increase in demand for services by 2-4 year olds (5.5%), and it is reasonable to conclude that Wales will also experience a similar increase in demand.

It is anticipated that the current service will struggle to meet capacity and as a result further work will be commissioned this year to scope the 'perfect world' model for the provision of future services. Demand and capacity modelling will seek to quantify the impact of a number of scenarios in terms of increased prevalence rates.

Conclusion

- Demand for services: In relation to specialist CAMHS, there has been a significant increase in Wales in referrals over the past few years. Although not as steep, there has been an increase in demand in the rest of the UK. There appears to be some variation in demand for inpatient services, suggesting that the impact of the Community Intensive Teams has been to help support young people and their families in a different way.
- Accepted Referrals: There has been an increase in the 'accepted referrals' for specialist CAMHS, suggesting an increased awareness by referrers of the role and function of specialist CAMHS, and the increased availability of the specialist CAMHS resource.
- Waiting Times: There has been a significant improvement in waiting times for young people accessing specialist CAMHS, with the average wait for a first routine appointment at six weeks. The waiting times in Wales are currently shorter than the rest of the UK comparator.
- Staffing: Wales has seen a fifth consecutive year of increase in community CAMHS staffing across the UK. The additional investment in workforce has seen an increase in staffing levels based on WTE per 100,000 and as such Wales has higher than UK average staffing.

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Cymdeithasol Minister for Health and Social
Services



Llywodraeth Cymru
Welsh Government

Ein cyf/Our ref: MA-P-VG-1558-19

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CF99

3 Mai 2019

Annwyl Lynne,

Ymgynghoriad Pwysau Iach: Cymru Iach

Diolch am eich llythyr ar 11 Ebrill oedd yn cynnwys eich ymateb i'r ymgynghoriad Pwysau Iach: Cymru Iach. Rwy'n croesawu'r gwaith a wnaed gan y pwyllgor, a'r ystyriaeth a roddwyd i'ch ymateb ac edrychaf ymlaen at adolygu eich sylwadau.

Fel y gwyddoch, daeth y cyfnod ymgynghori i ben ar 12 Ebrill ac mae fy swyddogion wrthi yn dadansoddi'r ymatebion. Bydd crynodeb o'r ymatebion yn cael eu cyhoeddi ar 5 Gorffennaf ac rwyf wedi ymrwmo i gyhoeddi strategaeth derfynol erbyn mis Hydref eleni.

Edrychaf ymlaen at gael eich cymorth a'ch cefnogaeth barhaus.

Yn gywir,

Vaughan Gething AC/AM
Y Gweinidog Iechyd a Gwasanaethau Cymdeithasol
Minister for Health and Social Services

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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.