

Cynulliad Cenedlaethol Cymru
Y Pwyllgor Plant, Pobl Ifanc ac Addysg
Gwaith dilynol ar yr adroddiad Cadernid Meddwl
MOM: 18
Ymateb gan: Bwrdd Iechyd Prifysgol Cwm Taf
Morgannwg

National Assembly for Wales
Children, Young People and Education Committee
Follow-up on the Mind over Matter report
MOM 18
Response from: Cwm Taf Morgannwg University Health
Board

Overarching issues

Key recommendation (2018). That the Welsh Government make the emotional and mental well-being and resilience of our children and young people a stated national priority. This status should bring with it a commitment to:

- provide adequate and ring-fenced resource for our schools to become community hubs of cross-sector and cross-professional support for emotional resilience and mental well-being. Schools cannot shoulder this responsibility alone - the support of other statutory and third sector agencies, most notably health, is essential;
- ensure that emotional and mental health is fully embedded in the new curriculum;
- ensure that everyone who cares, volunteers or works with children and young people is trained in emotional and mental health awareness, to tackle issues of stigma, promote good mental health, and enable signposting to support services where necessary. This should include working with professional bodies to embed training in initial qualifications and continuous professional development; and
- publish every two years an independent review of progress in this area. This process should involve children and young people throughout.

Recommendation A (2019): The key recommendation in our Mind over Matter report called for the emotional well-being and mental health of our children and young people should to be a national priority. Further to this, we recommend that the Together for Children and Young People Programme is extended to help ensure sustainable improvements in access to support services within both primary and secondary care through Child and Adolescent Mental Health Services (CAMHS), as well as supporting the whole-system approach. It is our view that the Together for Children and Young People Programme should be extended to coincide with the end of Together for Mental Health 2012-22, the Welsh Government's 10 year strategy to improve mental health and well-being.



RAG status	Why have you given this RAG status?	Where, realistically, should we be by April 2021?	What needs to be done to get us there?
NA			
The new curriculum			
<p>Recommendation 1 (2018). That the Welsh Government publish, within three months of this report’s publication, a route map of how health (led by the Together for Children and Young People Programme) and education (led by the Health and Well-being Area of Learning Experience) will work together to inform the new curriculum. This route map should contain clear milestones and specify the agencies or individuals responsible for delivery.</p>			
RAG status	Why have you given this RAG status?	Where, realistically, should we be by April 2021?	What needs to be done to get us there?
NA			
Measurement of well-being in schools			
<p>Recommendation 2 (2018). That the Welsh Government prioritise the work of improving measurement of well-being in schools within the inspection framework in order to drive activity and performance. The development of these measures should involve all relevant stakeholders to ensure that they are fit for purpose and do not lead to unintended consequences. Most importantly, children and young people should be involved in the process of preparing these measurements to ensure that they capture correctly the factors that influence their well-being. These measures should be available within six months of this report’s publication, or form part of the report of the independent review of the implications of the educational reform programme in Wales for the future role of Estyn, whichever is the earliest.</p>			
RAG status	Why have you given this RAG status?	Where, realistically, should we be by April 2021?	What needs to be done to get us there?
NA			
Emotional and mental well-being initiatives in schools			
<p>Recommendation 3 (2018). That the Welsh Government undertake a review of the numerous emotional and mental well-being initiatives underway in Wales’s schools, with a view to recommending a national approach for schools to adopt, based on best practice. The Welsh Government should work with exemplar schools such as Ysgol Pen y Bryn in Colwyn Bay to develop elements of this national approach, including but not limited to mindfulness</p>			



<p>Recommendation C (2019): Further to Recommendation 3 in our Mind over Matter report, the Welsh Government must ensure the implementation framework for schools is published without delay, by December 2019. This is to ensure that all schools are working to a fundamental set of principles in relation to children and young people’s emotional well-being and mental health and are supported to do this. We want the Welsh Government to be working with schools to implement the guidance and to begin the self-evaluation process.</p> <p>Recommendation 4 (2018). That the Welsh Government, while undertaking the review we call for in recommendation 3, work in the meantime with the Samaritans to develop its Delivering Emotional Awareness and Listening (DEAL) Programme for wider use in schools in Wales. Subject to the results of the DEAL evaluation that is underway, the Welsh Government should fund the extension of the programme to the primary school sector.</p> <p>Recommendation 7 (2018). That the Welsh Government issue interim guidance to health and education services (and other relevant statutory bodies) about the support they should deliver for emotional and mental health in schools. This should specify the support that they should expect from each other as statutory services. This guidance should remain in place, and should be resourced adequately, until the findings of the in-reach pilots are reported to us and others. The guidance should be issued within three months of our report’s publication and reviewed after the in-reach pilots conclude.</p>			
RAG status	Why have you given this RAG status?	Where, realistically, should we be by April 2021?	What needs to be done to get us there?
NA			
School counselling			
<p>Recommendation 6 (2018). That the Welsh Government assess the quality of the statutory school counselling available, not least how the service copes with increasing demand, tackles stigma and meets the needs of children and young people. This should include consideration of providing counselling support online and outside lessons/school, and for those younger than 11 years old.</p>			
RAG status	Why have you given this RAG status?	Where, realistically, should we be by April 2021?	What needs to be done to get us there?
NA			
School staff			



Recommendation 5 (2018). That the Welsh Government commission a mapping exercise of the availability of non-teaching staff in schools to support emotional and mental health and well-being, and the anticipated level of future need. This exercise should provide an outline of how any shortcomings will be addressed.

Recommendation 8 (2018). That the Welsh Government pilot the role of “guidance teacher” in Wales, or adopt another model that allocates responsibility for the emotional and mental health of pupils to a lead member of teaching or nonteaching staff.

Recommendation B (2019). To ensure that all school staff have a sufficient understanding of children and young people’s emotional and mental health and well-being, the Welsh Government should develop—as a matter of priority—a programme of compulsory training for new and existing school staff.

RAG status	Why have you given this RAG status?	Where, realistically, should we be by April 2021?	What needs to be done to get us there?
NA			

Primary health care

Recommendation 9 (2018). That the Welsh Government make available the management data tracking progress in relation to local primary mental health support services (LPMHSS) waiting times for assessment and interventions for children and young people since the commencement of the provisions of the Mental Health (Wales) Measure 2010.

Recommendation 10 (2018). That the Welsh Government set out an improvement plan for local primary mental health support services (LPMHSS) for children and young people in Wales. This should provide an assessment of current levels of provision, the anticipated demand for services over the next 5-10 years, and the estimated level of resource needed to join the two. It should also outline how LPMHSS will engage with other statutory and third sector services, and provide the most accessible, appropriate and timely “intermediate” support services to bridge the gap between emotional resilience support on the one hand, and specialist CAMHS on the other. The improvement plan should outline clearly the pathways available for children and young people so that signposting to and between each level of services is clearer and simpler. It should make explicit reference to how LPMHSS should liaise with schools in particular.

Recommendation F (2019). Further to Recommendations 9 and 10 in our Mind over Matter report, we expect to receive a copy of the NHS Delivery Unit’s review of Local Primary Mental Health Support Services, as well as the Health Board improvement plans, this summer (2019). Publication of this information will help to provide a better understanding of whether there is enough capacity in the primary care CAMHS



RAG status	Why have you given this RAG status?	Where, realistically, should we be by April 2021?	What needs to be done to get us there?
Amber	<p>Within CTM an action plan was developed following the DU review with the majority of actions now complete, the key remaining actions relate to the recruitment to the additional posts for the team and updating the service specification to reflect this once all new elements of the service are in place. The DU report and associated Specific action plan have been taken through QSR Committee four times during 2019 and through the Executive meeting once in 2020. A range of actions have been taken to improve waiting times with a significant reduction in total waiting and longest wait, with a target of meeting the 28 day assessment target by end 2019/20. There has been significant investment in the service, to increase capacity and to support the introduction of enhanced functions e.g. liaison within the team.</p>	Fully recruited service, meeting waiting times targets and delivering expanded functions e.g. liaison work	Recruitment is the key challenge as well as accommodation pressures for additional staff / clinics
Care pathway			
<p>Recommendation 11 (2018): That the Welsh Government ensure:</p> <ul style="list-style-type: none"> • consistent pathways for all specialist CAMHS services, based on the national referral criteria once agreed, are implemented by all health boards (and related agencies where relevant) in Wales within six months of this report’s publication; • each pathway is accompanied by defined standards against which all health boards can be measured and benchmarked consistently; and • information is made publicly available so that health boards and the Welsh Government can be held to account for performance in a transparent and well-informed way. 			



RAG status	Why have you given this RAG status?	Where, realistically, should we be by April 2021?	What needs to be done to get us there?
Amber	The Health Board has developed referral criteria based on the national document, in order to support decision making in terms of which part of the service is best placed to meet the needs of the young person, all referrals are now assessed by the Crisis team immediately and subsequently in a joint meeting with PCAMHS and SCAMHS to avoid referrals being passed between services. The service has also been supported by the DU to review pathways between PCAMHS and SCAMHS and as a result there is greater clarity on this, with further work planned in the future, once the PCAMHS team is fully established and the waiting list is within target, to review pathways from SCAMHS to PCAMHS.	As described with additional pathways for patients to move from SCAMHS to PCAMHS for their ongoing therapy, where this is felt to be more appropriate.	Recruitment to outstanding PCAMHS posts
The 'missing middle'			
<p>Recommendation 12 (2018). That the Welsh Government outline as a matter of urgency, and within three months of this report’s publication, how it intends to address the challenges faced by the group of children and young people who do not meet the threshold for specialist CAMHS but for whom alternative services are not available – the so-called “missing middle”. This should include:</p> <ul style="list-style-type: none"> • the detailed steps it will take over the next six months to ensure that their needs are met and that relevant agencies are held to account for delivery; and • an account of the consideration given to focusing referral criteria on levels of distress experienced by children and young people (the source of which can be behavioural, social (including attachment-related disorders) and/or medical in nature), rather than on a medically defined, diagnosis basis alone. This should include consideration of replacing the current “pyramid” model of care with the “iceberg” model presented to us in evidence. 			



Recommendation E (2019). We want to see the Welsh Government implement Recommendation 12 in our Mind over Matter report as a matter of urgency, including publishing details of it how it intends to take forward the early help and enhanced support workstream to reduce the 'missing middle'. We request an update from the Welsh Government on progress by the end of October 2019.			
RAG status	Why have you given this RAG status?	Where, realistically, should we be by April 2021?	What needs to be done to get us there?
Amber	<p>Within CTM referral guidelines have been developed to support decision making as to which service can best meet the needs of the young person. The service has introduced a single point of access in that all referrals for PCAMHS and SCAMHS are now reviewed jointly in twice weekly referral meetings, this is to ensure that a decision can be made for each referral without the potential for bouncing back and fore between services. In terms of benchmarking, the CAMHS subgroup of the Network has recently commenced the first peer review of SCAMHS services, with CTM peer review planned for 10th February 2020.</p> <p>To best meet the needs of young people, the service has been working with the LA's to develop an Early Intervention Service and will now be recruiting to this, this will feed into the work that T4CYP will be undertaking on the development of a 'early help and support framework'. The Health Board is also working the LAs on the</p>	<p>Within CTM-</p> <ul style="list-style-type: none"> • Emotional Wellbeing Service established • MAPSS service established • Feedback from peer review received and actions planned/ taken 	Implementation of these new services.



	implementation of a MAPSS service that will provide enhanced care for young people in care (described in greater detail in a section below).		
Neurodevelopmental services			
<p>Recommendation 13 (2018). That the Welsh Government develop an immediate recovery plan for neurodevelopmental services in Betsi Cadwaladr University Health Board to address the unacceptably long waiting times faced by over 1000 children and young people.</p> <p>Recommendation I (2019). We recommend the Welsh Government fully implement Recommendation 13 in our Mind over Matter report in relation to neurodevelopmental services. Alongside this, the Welsh Government should:</p> <ul style="list-style-type: none"> • set out a clear plan of how it will support Health Boards, local authorities and third sector partners to meet the needs of the estimated 40-50 per cent of children and young people who do not meet the threshold for diagnosis but need some help, to ensure that families are not left feeling unsupported; • routinely publish data on neurodevelopmental performance so that there is greater transparency and understanding of whether Health Boards are achieving the 26 weeks waiting time standard for assessment; • provide further details of how the Welsh Government intends to monitor the performance of neurodevelopmental services, so that frontloading support into assessment to meet the 26 week waiting time standard for assessment is not done at the expense of providing interventions following assessment; • publish the findings of the demand and capacity modelling work it is undertaking to ensure effective neurodevelopmental service models are in place across all areas of Wales. 			
RAG status	Why have you given this RAG status?	Where, realistically, should we be by April 2021?	What needs to be done to get us there?
Amber	In terms of waiting times for ND services, the Health Board is presently unable to meet the 26 week target for assessment however non-recurrent investment in 2019/20 has supported this position. With further recurrent investment it should be feasible to deliver this however should intervention also be a requirement of the service then further work would be required to	With investment, the service should be able to meet the 26 week assessment waiting time target, Directorate's IMTP priorities.	The service requires recurrent investment in order to meet growing demand. Should intervention also become a requirement then detailed work will be required to determine the resource requirements to deliver this. There would also potentially be accommodation pressures for additional staff / clinics



	understand the resource requirements to deliver this. The service is fully engaged in the ND National Steering Group and imbedding the national standards and pathway that has been developed.		
Qualitative measures of performance			
Recommendation 14. That the Welsh Government prioritise work to ensure qualitative measures of performance are developed to sit alongside existing referral to assessment waiting time data within six months of this report’s publication. This information should be made publicly available so that those responsible can be held to account for service delivery and performance.			
RAG status	Why have you given this RAG status?	Where, realistically, should we be by April 2021?	What needs to be done to get us there?
Amber	The CAMHS service use a range of outcome measures as part of the routine service. The Health Board is actively participating in workshops and is engaged on National and Regional levels regarding WCCIS implementation and is now starting to work on workflows improvement within the region. The Health Board has expressed an expressed in the Community Nursing and Integrated Teams proposal and is waiting for the updated terms and conditions of the proposal.	Continue to capture outcome measures locally and feeding in to WG monitoring and reporting if this is implemented.	Monitoring and reporting requirements to be implemented
Crisis and out-of-hours			
Recommendation 15 (2018). That the Welsh Government, within six months of this report’s publication, in relation to crisis and out-of-hours care:			
<ul style="list-style-type: none"> work with Welsh police forces to scope an all-Wales triage model which would see mental health practitioners situated in police control rooms to provide advice when children and young people (and other age groups, if appropriate) present in crisis; 			



- outline how resources could be directed towards enabling crisis teams in all health boards to provide training and cascade expertise to other frontline services, particularly colleagues in A&E, in border areas (to improve cross-border relations with those centres most often accessed by Welsh domiciled patients), and in schools (to normalise conversations about suicide and self-harm in particular);
- ensure that follow-up support is being provided by health boards after discharge, provide information on how health boards monitor this provision, and commit to making this information publicly available to ensure transparency and accountability;
- ensure that all health boards are adhering to the requirement to hold designated beds that could be staffed adequately for unders-18s in crises, indicating how this will be monitored and reported in future, and what steps will be taken if such beds are not available;
- implement with pace and in a uniform way across health boards the single point of access approach to specialist services, to ensure timely and appropriate access to support, urgent or otherwise; and • reflecting on the results of the review of crisis care, outline what more needs to be done to deliver a safe and cost-effective 24/7 crisis care service in all areas of Wales, how that will be done, and by when.

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

RAG status	Why have you given this RAG status?	Where, realistically, should we be by April 2021?	What needs to be done to get us there?
Amber	<p>Funding has been approved to expand the Crisis team in CTM and part of this expansion is to provide the capacity for the service to deliver training. The service is also recruiting in order to cover the Bridgend area and so the key challenge is in recruiting all of the additional staff required.</p> <p>The provision of designated beds remains a challenge across the Network that CTM delivers on call CAMHS services (STM, SB and C&V HB's), the</p>	<p>The service should be fully established, offering a 7 day service and delivering training to other services.</p> <p>It is not anticipated that there will be any significant change by April 2021</p>	<p>Recruitment is the key challenge</p> <p>Joint working with Health and Social Services in all areas to ensure provision of appropriate facilities, it is understood that work is underway involving</p>



	key issues are provision for under 16's and contingency plans when designated beds are occupied.		representatives from both plus WG, the Network, WHSSC etc.
Suicide			
<p>Recommendation 16 (2018). That the Welsh Government, in relation to suicide specifically, work with expert organisations to:</p> <ul style="list-style-type: none"> • provide, within three months of this report's publication, guidance to schools on talking about suicide and self-harm, to dispel the myth that any discussion will lead to "contagion"; • work with expert organisations to prioritise the issuing of guidance to schools where there has been a suicide or suspected suicide; and The Emotional and Mental Health of Children and Young People in Wales • ensure that basic mental health training, including how to talk about suicide, becomes part of initial teacher training and continuous professional development, so that all teachers are equipped to talk about it. <p>Recommendation D (2019). Further to Recommendation 16 in our Mind over Matter report, the Welsh Government must ensure that all schools and local education authorities implement fully the guidance on suicide and self-harm to be introduced in September 2019.</p>			
RAG status	Why have you given this RAG status?	Where, realistically, should we be by April 2021?	What needs to be done to get us there?
NA			
In-patient services			
<p>Recommendation 17 (2018). That the Welsh Government:</p> <ul style="list-style-type: none"> • engage as a matter of urgency in addressing the reduced capacity in the north Wales in-patient unit; and • provide in its response to this report an action plan detailing the practical support it is going to give to Betsi Cadwaladr University Health Board to return the unit to its commissioned capacity of 12 beds by summer 2018. <p>Recommendation H (2019). Further to Recommendations 17 and 18 in our Mind over Matter report, we want to see urgent action taken to address the demand pressures for in-patient care throughout Wales. We recommend the Welsh Government :</p> <ul style="list-style-type: none"> • ensure the capital works at Ty Llidiard are completed by the end of Summer 2019 and that the unit is in a position to accept children and young people at risk of suicide and self-harm; • ensure the staffing issues at Abergele are resolved urgently so that the unit is in a position to accept children and young people at risk of suicide or self harm. • explore with greater urgency options for creating extra in-patient capacity, specifically to cater for children and young people with complex needs who are currently placed outside of Wales; 			



- put in place more effective arrangements for ‘stepping up’ or ‘stepping down’ between different levels of intervention;
- provide capital investment to help progress at greater pace some of the opportunities for more integrated commissioning in relation to mental health, welfare and youth justice.

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Recommendation 18 (2018). That the Welsh Government use the results of the review of in-patient capacity in Wales as a basis to:

- provide as many services as close to home as possible for Welsh domiciled children and young people;
- engage in dialogue with NHS England about options for the creation of very specialist in-patient beds that could serve populations both sides of the border; and
- explore the viability of using spare in-patient capacity on the NHS estate to provide step-down services for those leaving placements.

RAG status	Why have you given this RAG status?	Where, realistically, should we be by April 2021?	What needs to be done to get us there?
Green	The capital works at Ty Llidiard are now complete	Complete	
Amber	WHSSC have consulted on the updated service specification for tier 4 services and discussions are now underway in terms of how this can be provided.	Following discussion between providers and WHSSC as commissioner, proposals for investment to implement the new service specification will go through the commissioning process during 2020/21, with input from QAIS, and if approved it is anticipated that recruitment could commence from April 2021	Agreement around resources required to deliver and approval by Health Boards to fund
Amber	The Delivery Unit review of crisis services during 2020/21 should support greater clarity around the step up and step down availability across South wales and this should inform Health Boards / WG in terms of future requirements. The CiTT model in CTM and SB is felt to currently operate well	Feedback from the DU review will inform any further resource requirements or changes to services that could better meet the need	Await outcome from DU review



	and support step up and step down from inpatient care		
Transitions			
<p>Recommendation 19 (2018). That the Welsh Government, in light of the importance of the transition period in retaining engagement with support services and the heightened vulnerabilities of young people as they enter adulthood, require health boards and local authorities to report to them on a six monthly basis:</p> <ul style="list-style-type: none"> • the steps they have taken to ensure implementation of the transition guidance; • their assessment of their level of adherence to the guidance; and • details of the challenges they encounter when seeking to deliver smooth transitions and how they are mitigating those risks <p>Recommendation J (2019). Further to Recommendation 19 in our Mind over Matter report, and given the heightened vulnerabilities of young people as they enter adulthood, we recommend that the Welsh Government consider all options for improving transitions, including exploring the extension of CAMHS up to the age of 25, to provide an extended period for young people to move into adult services, rather than immediately transferring to adult mental health services when they turn 18.</p>			
RAG status	Why have you given this RAG status?	Where, realistically, should we be by April 2021?	What needs to be done to get us there?
Green	CTM has recently signed off transition guidance	Internal monitoring to ensure compliance	Ongoing monitoring
Red	Extending CAMHS to age 25 would have significant implications in terms of resources moving from AMHS to CAMHS	Await further feedback from WG	If this proposal was supported by WG, significant mapping would be required to understand the resource required to deliver this and how this could be released from AMHS
Psychological therapies			
<p>Recommendation 20 (2018). That the Welsh Government, in light of the current variation in provision and the crucial role therapeutic interventions have to play, set out a national action plan for the delivery of psychological therapies for children and young people. As a minimum this should include:</p> <ul style="list-style-type: none"> • an outline of how primary, secondary and specialist services will work together to ensure a range of therapeutic services across the spectrum of need are delivered effectively; • specific plans for developing and maintaining a stream of sufficiently trained (and regulated/registered) therapeutic practitioners; 			



- details of the proposed review of prescribing trends for children and young people with emotional, behavioural and mental health problems, building on previous work undertaken by Professor Ann John and including an assessment of whether other interventions have impacted on these trends, to begin in the next 12-18 months; and
- an assessment of the plan’s financial implications and affordability, and how its outcomes will be measured.

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

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

RAG status	Why have you given this RAG status?	Where, realistically, should we be by April 2021?	What needs to be done to get us there?
Amber	The Children and Young People’s version of Matrics Cymru will be highly beneficial when published (anticipated March 2020 following consultation period) to support planning of the appropriate therapeutic services across CAMHS.	Depending on when CYP Matrics Cymru is published, the service should be working towards implementation	For the CYP Matrics Cymru to be completed and published
Red	Linked to this, the work identified above in terms of developing a plan to ensure sufficient workforce to meet the requirements will be vital (to be led by HEIW and support by the Network), as recruitment remains challenging and is expected to become increasingly difficult with more investment into services across Wales.	Unable to comment	National planning work as described above

Prescribing and medication



<p>Recommendation M (2019). Our view as expressed in Recommendation 20 of our Mind over Matter report, that a national review of prescribing trends for children and young people with emotional, behavioural and mental health problems is needed, remains unchanged. In the absence of such a review, we recommend the Welsh Government provide us with further assurances on this issue by December 2019.</p>			
RAG status	Why have you given this RAG status?	Where, realistically, should we be by April 2021?	What needs to be done to get us there?
Amber	Unable to comment on whether WG responded by December 2019. Further work required within the Health Board to better understand prescribing trends, breaking down by service e.g. SCAMHS, ND	A Clear understanding of prescribing trends across service	Detailed review of current information systems and any adjustments required
<p>Advocacy</p>			
<p>Recommendation 21 (2018). That the Welsh Government, within six months of this report’s publication, commission a review of the current provision of – and need for – advocacy services for children and young people accessing all mental health services, not just those in in-patient settings. This review should be undertaken in consultation with key stakeholders such as the Children’s Commissioner, the National Youth Advocacy Service, commissioned providers of services, and children and young people. Based on the review the Welsh Government should assess the viability of providing an active offer of advocacy to all children and young people accessing mental health services and should publish a full account of its conclusions.</p>			
RAG status	Why have you given this RAG status?	Where, realistically, should we be by April 2021?	What needs to be done to get us there?
Green	The Health Board presently provides specific advocacy services for children in Ty Llidiard with the PALS team providing support outside this setting	As described and to support a WG review if commissioned	
<p>Vulnerable children (including children who are care-experienced, adopted or have experience of the youth justice system)</p>			
<p>Recommendation 22 (2018). That the Welsh Government work across agencies to ensure that the emotional and mental health needs of children and young people are assessed on entry to care and on receipt of a referral order within the youth justice system, and routinely thereafter. This will help inform planning of adequate provision of multi-disciplinary support to meet their often-complex needs in a timely and appropriate way.</p>			
<p>Recommendation 23 (2018). That the Welsh Government, within six months of this report’s publication, undertake a piece of work on the provision of emotional, behavioural and mental health support for looked after and adopted children. This should:</p>			



- be informed by the activity of the Ministerial Advisory Group on looked after children and the T4CYP Programme’s work; and
- consider, in the case of looked after children, the extent to which public bodies are adhering to their responsibilities as corporate parents to provide both the physical and emotional support they need.

Recommendation N (2019). The Welsh Government should provide more detail about—and evidence that—the workstreams of the Joint Ministerial Advisory Group on outcomes for children, the whole-school approach programme, and the Together for Children and Young People Programme are linked and working in tandem to ensure that the most vulnerable children and young people are having their emotional and mental health needs assessed and can access support promptly. The Welsh Government should provide a further detailed update to the committee on this, together with timescales for progressing this work. In the meantime, we remain deeply concerned about the provision of emotional well-being and mental health support for care-experienced children.

RAG status	Why have you given this RAG status?	Where, realistically, should we be by April 2021?	What needs to be done to get us there?
	Unable to comment on the specific actions for WG above, however to update within the CTM area funding has been approved to develop a Multi Agency Permanence Support Service (MAPSS), the LA are leading on developing a service specification with a view to going out to tender in early 2020. This service will be designed to provide enhanced support to Children Looked After. This can be linked to be the national work being progressed around complex care.	The new service should be implemented by April 2021 (noting that the LA are leading this)	Specification to be complete, tender exercise to be undertaken, new service to be established

Working with the third sector

Recommendation 24 (2018). That the Welsh Government, within three months of this report, act on the evidence received from the Royal College of Paediatrics and Child Health that it needs to establish an overarching group “with teeth” to manage the joint working that is needed between statutory and third sector organisations in order to deliver effective and timely emotional and mental health support services.

RAG status	Why have you given this RAG status?	Where, realistically, should we be by April 2021?	What needs to be done to get us there?
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NA	It is noted that this recommendation was not supported by WG. In terms of services within CTM, the Health Board commissions Halcyon to provide enhanced support for young people diagnosed with ASD and their families. Further, MIND are currently providing counselling services to support the PCAMHS service.		
Workforce			
Recommendation 25 (2018). That the Welsh Government ensure that all health boards respond promptly and comprehensively to surveys on workforce numbers conducted by the Royal Colleges in Wales. This will help enable the design of services that take into account staffing capacity and respond in an effective and innovative way to any shortages.			
RAG status	Why have you given this RAG status?	Where, realistically, should we be by April 2021?	What needs to be done to get us there?
Green	The health board has and will respond promptly and comprehensively to workforce surveys	Ongoing	NA
Welsh language services			
Recommendation 26 (2018). That the Welsh Government ensure the T4CYP Programme undertake a comprehensive piece of work on the current and future availability of Welsh language emotional and mental health support services.			
RAG status	Why have you given this RAG status?	Where, realistically, should we be by April 2021?	What needs to be done to get us there?
Amber	Unable to comment about the above piece of work, however The Health Board is internally working on the implementation of the Welsh Language act and is looking to ensure compliance with this.	Continue progress with implementation	One key challenge within CAMHS is in recruitment, so further focus on workforce planning to ensure a large pool of staff, including with Welsh Language, will be essential
Reporting and data			
Recommendation 27 (2018). That the Welsh Government require health boards to report expenditure on emotional and mental health services for children and young people in a uniform way to increase accountability and transparency. This data should include information on all			



services, not specialist secondary CAMHS services only, and should be broken down by area (e.g. primary, secondary, crisis, therapeutic, third sector etc.) This information should be made publicly available so that those responsible can be held to account in relation to the affordability, relative prioritisation and value for money of the services provided.			
RAG status	Why have you given this RAG status?	Where, realistically, should we be by April 2021?	What needs to be done to get us there?
NA	Unable to comment on WG implementing this requirement, however the Health Board does report and monitor budgets in this way and can demonstrate the increase in investment into services over recent years.		
Youth work			
Recommendation O (2019). The Welsh Government must ensure that within its Draft Budget for 2020-21, and in future financial years, sufficient funding is allocated to youth work in recognition of the vital role it has to play in supporting the emotional well-being and mental health of children and young people.			
RAG status	Why have you given this RAG status?	Where, realistically, should we be by April 2021?	What needs to be done to get us there?
NA			

