NATIONAL ASSEMBLY FOR WALES: Children, Young people & Education Committee

Date: 14 September 2016
Venue: Senedd, National Assembly for Wales

Title: General scrutiny session

Purpose

This paper provides an update on the areas of focus and issues relating to children and young people across the Health, Well-being and Sport Ministerial portfolio, including specific reference to those areas of interest identified by the Committee and outlined in the Committee Chair's letter of 25 July 2016.

Overview of portfolio focus in relation to Children, Young People and Education

This Government has demonstrated its commitment to children and the importance of a cross-portfolio, partnership approach to deliver improved outcomes for children across Wales by appointing a Cabinet Secretary for Communities and Children. Unfortunately, there has been a necessary delay in setting out this Government's new programme to take account of the result of the referendum on UK membership of the EU. In that time the Minister for Social Services and Public Health and I have already met with the Cabinet Secretary for Communities and Children to ensure there will be a joint approach to delivering on agreed priorities for children in the new Programme for Government.

In 2015, there were over 33,000 births in Wales, and NHS Wales and social services will provide universal support and targeted interventions for these children through their lifetime. In 2015, there were over 19,000 children in need and receiving social care and over 5,600 looked after children. There are over half a million children between 0 and 14 years registered with GPs in Wales, with those under 5 having on average 14 Primary Care contacts annually and 5 contacts annually thereafter. And, in 2014-15, there were just shy of 100,000 paediatric outpatient visits, over 78,000 inpatient consultations and over 69,000 admissions. Of course, in addition to meeting the demands placed on our services, we will continue to drive improvements across health and social care. We will judge progress through improved outcomes for children as set out in our Early Years, Health, Public Health and Social Services Outcomes Frameworks.

Across our portfolios, the evidence tells us that there needs to be a continued focus on addressing inequalities. It is still the case that the health prospects of children are closely linked to the socio-economic position of their families. As highlighted by the recent report into Adverse Childhood Experiences, good quality parenting plays a central role in delivering improved outcomes for children. We will work across Government to provide appropriate support and advice to parents delivered through services such as the Healthy Child Wales Programme. There is a growing body of evidence that the greatest value is derived from effective intervention in the early years. There will be a continued focus on delivery in this area through the Maternity

Strategy, effective screening and immunisation programmes, the 10 Steps to a Healthy Weight Programme, the introduction of the Healthy Child Wales Programme and the development of the 1,000 Days Programme. If we are to fully support children across Wales to maximise their potential we need to support good mental and physical well-being, as exemplified through the Together for Children and Young People Programme and the ongoing initiatives to improve children's diets and increase their activity levels in line with CMO recommendations. It will always be our aim to deliver specialist health services to the children who need them, but we must focus on prevention if we are to continue to make a positive impact on our children's lives both in the short term and into adulthood.

Areas referenced in the letter from the Committee Chair

1. How parity of esteem for child mental and physical health will be achieved

The Welsh Government is committed to ensuring parity of esteem between mental and physical health. This means placing children's mental health at the centre of policy development, and in practice by ensuring they have appropriate access to both services and treatments in line with their health needs, whatever their problem. We have taken positive action by:

Policy development

- Providing strategic direction to health boards by developing a dedicated mental health strategy (Together for Mental Health, 2012) and associated delivery plans, which place children at its very heart. It recognises the need to address problems early to prevent or reduce more serious problems later in life. To deliver this intent we targeted increased expenditure on CAMHS of almost £8m, a 19% increase on 2014-15 (latest available) expenditure.
- Including children's mental health in the Public Health Outcomes Framework (March 2016) helps understand the impact our work is having on health and well-being.
- Continuing to provide opportunities for young people to take part in sport and physical activity which can help to sustain mental and physical health.

Improving access

- Setting new more stringent waiting time expectations, which are comparable or, when necessary, better than those in physical health for all ages. With mental health assessment targets in local primary mental health services of 28 days and a further 28 days to intervention for those needing it. We expect services to work to meet a first assessment appointment offered in specialist CAMHS this year, which will then compare favourably to many 26-week routine targets in physical healthcare. We have also told health boards they must match the 26-week pediatric target for their new neurodevelopmental, (ADHD and Autism, etc.) services once fully established by the end of March 2017.
- Ensuring services are accessible locally in primary as well as secondary care, ending the overreliance on specialist CAMHS which has resulted in long

waiting lists. Over 1,600 young people have received their mental health intervention in primary care between April 2015 and March 2016.

- Ensuring young people access services in a timely fashion when they present during out of hours and at weekends by investing £2.7m annually to establish crisis intervention teams, with almost two-thirds of the over 44 new whole-time-equivalent (WTE) posts recruited into by March 2016.
- Ensuring young people have their care in appropriate settings, particularly those detained under mental health legislation, by reducing the use of police custody. The new Mental Health Act Code of Practice for Wales states police stations should be used only in exceptional circumstances, as a place of safety and it has been agreed this should be reported as a never event. In 2014-15, 16 young people were detained in police custody rather than alternative places of safety, but in 2015-16 only 7 young people were detained in police custody, an encouraging trend.

<u>Access to interventions</u>

- The Committee's 2014 CAMHS inquiry highlighted the need to improve access to psychological therapies. These have always formed a key part of treatment within children's mental health services, though we recognize there is room for expansion. From 2015-16, we made £1.1m available recurrently to recruit new therapists to help patients manage their conditions and improve their quality of life. As at the end of March 2016, health boards had recruited to just over half of the over 22 new wte posts being created, with other recruitment well advanced.

- Diagnostic support is also an important priority as it can unlock access to other services, particularly in relation to neurodevelopmental conditions, which is why we made £2m available annually in 2015-16 to develop new services. At the end of March 2016, health boards report they have recruited to a third of the almost 39 new wte posts being created, enabling more young people not only to receive a diagnosis, but also access support and help.

2. The focus on tackling child poverty and reducing inequalities linked to poor child health

The social gradient in health is as unambiguous in Wales as elsewhere: health gets progressively better as the socioeconomic position of people/communities improve. This calls for both targeted and universal actions across the gradient. The Welsh Government is taking cross-government action to tackle inequalities in health.

We know that to create a more equal society we need to provide universal access to high quality primary care, quality services in the early years, an inclusive education and learning system, good quality employment and working conditions, as well as healthy environments for all.

This Government, through legislation including the Well-being of Future Generations Act, has placed a more equal Wales as a goal of all public services and action to tackling inequalities is a feature of a range of Government

commitments, including employment programmes, quality housing, and access to childcare.

The Social Services Act includes a commitment to strengthening powers for the safeguarding of children as well as to the creation of a National Adoption Service to improve the outcomes of children in need of a permanent family.

Within the NHS, we can contribute at key junctures to ensure all children have the best start in life. The implementation of our Healthy Child Wales Programme will provide early intervention and preventative approaches in a way that is universal but targeted at identified needs. We can expect to see particular progress through the ongoing development of primary care clusters which, as part of a population approach, can help to identify, design and provide more person-centred services across the lifecourse. We also contribute to the Welsh Government Child Poverty Strategy which provides a focus for targeted action to improve outcomes for children and young people such as addressing low birth weight.

We expect service providers to be focused on addressing inequalities in how they deliver their services, and there will be many examples of local initiatives focused on local needs. Sport Wales is working with partners to ensure that young people, irrespective of their social circumstances, have equality of opportunity to take part in sport and physical activity. NHS Boards and Trusts are required, through the NHS planning framework, to factor in the need to reduce inequalities to their planning arrangements.

3. How you will work with the Cabinet Secretary for Communities and Children in relation to children's social services, in particular looked after children, adoption and fostering services

The allocation of Ministerial responsibilities between the Cabinet Secretary for Communities and Children, the Minister for Social Services and Public Health and I provides an excellent opportunity to integrate work across departments and policy portfolios to achieve shared goals and improve outcomes for children.

The Cabinet Secretary for Communities and Children has responsibility for looked after children, fostering, adoption and safeguarding children and young people. The legislative framework for these policy areas is set out within the Social Services and Well-being (Wales) Act 2014.

Responsibility for implementing the duties of the Act and those contained in the Regulation and Inspection of Social Care (Wales) Act 2016 cut across all three Ministerial portfolios. For example, the Minister for Social Services and Public Health is responsible for the regulation of social services, including residential children's homes and I have responsibility for the health of children including the Healthy Child Wales Programme and Children and Mental Health Services (CAMHS). Where there is a clear connection, we have a duty to ensure our responsibilities and policy areas join up.

To do this, we have put in place regular bi-lateral and tri-lateral meetings to discuss the areas of common interest and how we best manage priorities between policy areas. We have recently considered the core elements of our Joint Ministerial programme together with senior officials. This will help to maximise opportunities, and where appropriate, pool resources across overlapping policy areas such as looked after children, workforce, early years provision, health and housing. This will ensure greater alignment of policy development and decision making across social care, family support and health agendas and encourage effective multi-agency responses when carrying out their responsibilities for children. We are supported by senior officials across policy divisions with whom we meet regularly. We also have a direct line of communication with the key stakeholders responsible for social services in Wales as the Minister for Social Services and Public Health meets twice yearly with the Social Services Policy Group.

To illustrate with a specific policy example, our Improving Outcomes for Children phase 2 work programme, overseen by a Ministerial Advisory Group, chaired by David Melding AM on behalf of the Cabinet Secretary for Communities and Children, to improve the opportunities and life chances of children in care and to support families who are at risk of having children taken into care. Achieving this requires working with colleagues across portfolios in health, housing, education and social services. ADSS Cymru and the WLGA are also represented on this group as key stakeholders who are able to inform our strategic direction.

In this instance, the Cabinet Secretary for Communities and Children has the policy lead for looked after children whilst the oversight of social services sits with the Minister and I have responsibility for health services e.g. CAMHS. We do of course work closely with the Cabinet Secretary for Education in relation to education issues, as evidenced by the recent Dylan Seabridge case.

We are confident the arrangements we have in place are effective, productive and flexible. We will monitor and review their efficacy as our work progresses.

4. Public health challenges

This Government remains committed to working in partnership with children, families and the broad range of services that can influence people's health – both by identifying and taking action on risks to people's health and by supporting individuals, families and communities to enjoy healthy lifestyles.

The latest survey of the nation's health, published this year, shows encouraging signs of improvement. 94% of children were reported to have very good or good general health. Smoking levels are at their lowest ever reported levels, as are drinking and binge drinking.

Obesity rates have not increased over the past two years – against a backdrop of significant increases prior to that. While this is to be welcomed, we now want to drive those rates down. It is well recognised that tackling obesity requires actions at many different levels and we are taking a cross-government approach to the issue, with a particular focus on children.

We support a number of policies and initiatives that aim to improve access and uptake of a healthy diet, and to increase physical activity levels. In March 2016, Public Health Wales launched the *10 Steps to a Healthy Weight* campaign. The intent of the 10 Steps is to align action across the system to address the factors which lead to overweight and obesity.

Together with work on education and behaviour change, we are working to influence the food environment. We are expanding nutritional standards to more settings and will be working with the food industry, at both Welsh and UK levels, to influence the availability of healthier products and encourage the use of the UK Government's front of pack nutrition labelling scheme and responsible promotion and marketing. We have pressed for UK action on sugar and a strengthening of the restriction on advertising of unhealthy foods to children. Whilst we are pleased that the introduction of the UK sugar levy is included in the UK Government Childhood Obesity Strategy, we are disappointed at the lack of ambition in other areas, and in particular on the advertising of unhealthy foods.

We continue to invest in cost-effective preventative measures to protect children and young people. Our population based screening programmes allow for the early detection and treatment of potential health problems: the newborn hearing screening programme consistently achieves higher uptake rates than the target rate of 95% (uptake rate of 99.5% achieved in 2014/15).

All children in Wales are routinely offered free vaccinations against a range of diseases. The measles outbreak in South West Wales in 2013 provides a reminder of the potential impact of these diseases and the importance of investing in these programmes to maintain good coverage. The outbreak was caused by the introduction of measles virus into communities with large pockets of children who had not received their routine MMR vaccinations during the late 1990s and early 2000s. During the catch-up campaigns more than 77,000 non-routine MMR doses were given. Coverage levels of one MMR dose are currently among the highest in Europe.

All the established immunisation programmes for under five year olds now achieve uptake rates of over 90%, and uptake exceeds 95% in many areas of Wales. We invested millions of pounds last year in the introduction of two new meningitis programmes and continue to expand the flu programmes, meaning thousands more children each year are better protected against these potentially very serious illnesses. Details of the full range of vaccination programmes are available at http://www.wales.nhs.uk/sitesplus/888/page/59487

Public health challenges remain and we know we cannot be complacent. Our manifesto identified those areas where we will be accelerating progress, such as on levels of physical activity and tackling inequalities. The bringing together of our portfolios allow us to better align and target these efforts. The First Minister has also previously announced this Government's intention to bring forward a new Public Health Bill, reflecting the importance we attach to using legislation to improve and protect the health of our population.

5. Update on CAMHS and the Together for Children and Young People Programme

I understand Carol Shillabeer, Chief Executive of Powys Teaching Health Board and Chair of the Children and Young People Programme, is providing a separate update on progress with the Programme. I will therefore not seek to replicate her paper but will add that work is continuing apace with two key products now launched – a National Framework for Improvement for specialist CAMHS and the Public Health Wales Needs Assessment and Evidence Review. Welsh Government is supporting this activity, in particular the Framework for Improvement. This involved a comprehensive baseline, variations and opportunities assessment of CAMHS -the first audit of specialist CAMHS in Wales identifying services provided, workforce and funding. The Framework supports the achievement of consistent outcomes, clearly defines the role of specialist CAMHS and priority areas.

Our investment in CAMHS of almost £8m complements this work and focuses on strengthening provision in those areas we know are rightly the remit of specialist CAMHS, such as developing new early intervention in psychosis teams. £800,000 has been invested, with an additional £300,000 announced this year to fund third sector support staff. As at March 2016, health boards had recruited to half of the 16 new wte posts being created and are developing their proposals with the third sector for the support worker posts. In addition, the £2m invested in developing dedicated neurodevelopmental services enables those young people to have the needs catered for without recourse to specialist CAMHS, enabling that service to focus on young people with the most severe mental illnesses.

To enable services to move forward quickly we allowed health boards to use funding to prioritise reducing waiting lists as they recruit new staff. Whilst it is still early days figures show the numbers waiting to access CAMHS have reduced by 17% as at May 2016 compared to the same point last year, reversing the upward trend of recent years. Health boards are also seeing 14% more young people within the new 28-day CAMHS target within the same period (732 May 2016 and 640 May 15 – source StatsWales).

6. Update on Neo-Natal Care

Of the 34,000 babies born in Wales each year, about 1 in 12 need lifesaving neonatal care. Advances in knowledge and technology mean that the chances of survival for babies who are born early or sick, are better than ever before. Standards have been raised, those set in 2008 were superseded by the 2013 version, and these are again being revised to keep pace with advances in care. Our aim is to ensure that every baby needing neonatal care gets the best chance of life, which has been demonstrated through the Welsh Government's establishment of the Neonatal Network in 2010. The Network provides leadership across the services and supports health boards in improving skills, learning, training, quality and safety across all neonatal units and transport services.

To support improvements in neonatal services, structural changes are being implemented in both North and South Wales. Betsi Cadwaladr University Health Board approved the full business case for the new Sub Regional Neonatal Intensive Care Centre in July.

In West Wales, Hywel Dda University Health Board has concentrated neonatal, consultant-led maternity and inpatient paediatric services at Glangwili Hospital in Carmarthen. The changes have worked well and led to improved compliance with clinical standards and helped address recruitment and staffing issues. A recent review by the Royal College of Paediatrics and Child Health has confirmed that these services are now safe, sustainable in the long-term and have led to improved outcomes for mothers and babies in the region.

In addition to the 24-hour transport services provided across North Wales, the Welsh Health Specialised Services Committee has agreed proposals for a similar level of service to be implemented across South Wales. The Neonatal Network closely monitors health boards' progress against the neonatal standards, and this shows that health boards are either meeting, or making steady progress towards the All Wales Neonatal Standards and I expect this to continue against what are appropriately increasingly stringent standards. Ultimately, we want to see improved outcomes for all neonates in Wales, with health interventions during pregnancy reducing the risk of babies needing specialist neonatal services in the first place. The MBRRACE report published in May 2016 showed that Wales' neonatal outcomes were comparable with the UK as a whole, and better than similar areas with high deprivation. We will continue to build on this strive and achieve further improvements, but this key outcome measure shows that Wales is meeting the challenges effectively.