

# Agenda – Children, Young People and Education Committee

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Meeting Venue:

Committee Room 3 – Senedd

Meeting date: 26 February 2020

Meeting time: 09.15

For further information contact:

Llinos Madeley

Committee Clerk

0300 200 6565

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## Private pre-meeting

(09.15 – 09.30)

### 1 Introductions, apologies, substitutions and declarations of interest

(09.30)

### 2 Perinatal Mental Health: Follow-up – evidence session 1

(09.30 – 10.40)

(Pages 1 – 57)

Sian Harrop-Griffiths, Director of Planning and Strategy – Swansea Bay  
University Health Board

Hazel Powell, Unit Nurse Director, Mental Health and Learning Disability  
Services – Swansea Bay University Health Board

Dr Alberto Salmoiraghi, Consultant Psychiatrist and Medical Director for  
Mental Health and Learning Disabilities – Betsi Cadwaladr University Health  
Board

Dr Annmarie Schmidt, Consultant Psychiatrist – Betsi Cadwaladr University  
Health Board

Carole Bell, Director of Nursing – Welsh Health Specialised Services  
Committee

Carl Shortland, Senior Planner in Mental Health – Welsh Health Specialised  
Services Committee



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Cenedlaethol  
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Attached Documents:

Research Brief

CYPE(5)-07-20 – Paper 1 – Swansea Bay University Health Board

CYPE(5)-07-20 – Paper 2 – Betsi Cadwaladr University Health Board

CYPE(5)-07-20 – Paper 3 – Welsh Health Specialised Services Committee

## **Break**

(10.40 – 10.50)

## **3 Perinatal Mental Health: Follow-up – evidence session 2**

(10.50 – 11.40)

(Pages 58 – 81)

Sharon Fernandez, National Clinical Lead for Perinatal Mental Health – NHS  
Wales Health Collaborative

Joanna Jordan, National Programme Director for Mental Health – NHS Wales  
Health Collaborative

Attached Documents:

CYPE(5)-07-20 – Paper 4 – National Clinical Lead for the Perinatal Mental  
Health, NHS Wales Health Collaborative

## **4 Papers to note**

(11.40)

### **4.1 Letter from the NSPCC regarding the follow up work that the Committee is undertaking on perinatal mental health in Wales**

(Pages 82 – 86)

Attached Documents:

CYPE(5)-07-20 – Paper to note 1

**4.2 Letter from Trade Unions regarding the Welsh Government school funding review**

(Pages 87 – 91)

Attached Documents:

CYPE(5)–07–20 – Paper to note 2

**4.3 Letter from the Equality and Human Rights Commission regarding their inquiry into the monitoring and analysis of the use of restraint of children in primary, secondary and special schools in Wales and England**

(Pages 92 – 94)

Attached Documents:

CYPE(5)–07–20 – Paper to note 3

**4.4 Letter from the Children's Commissioner for Wales regarding Regulation of Independent Schools**

(Pages 95 – 97)

Attached Documents:

CYPE(5)–07–20 – Paper to note 4

**4.5 Letter from the Minister for Health and Social Services – update on the development of mother and baby inpatient provision within Wales**

(Pages 98 – 99)

Attached Documents:

CYPE(5)–07–20 – Paper to note 5

**5 Motion under Standing Order 17.42(ix) to resolve to exclude the public for the remainder of the meeting**

(11.40)

**6 Perinatal Mental Health: Follow-up – consideration of the evidence**  
(11.40 – 11.50)

**7 Children's Rights in Wales – consideration of the draft report**  
(11.50 – 12.30) (Pages 100 – 216)

Attached Documents:

CYPE(5)-07-20 – Draft report – private

Document is Restricted



## **PERINATAL MENTAL HEALTH**

1. Swansea Bay University Health Board (SBUHB) welcomes the opportunity to contribute to the Children, Young People and Education Committee's follow up work on perinatal mental health. The following information relates to the Committee's letter of 28 November 2019.

### **The reason for the significant delay in Mother and Baby Unit (MBU) provision**

2. The planning and subsequent implementation of any new service is complex, necessitating detailed consideration of a range of issues including service models, integration with other services, workforce models, capital and estates planning, and patient pathways. The planning of specialised services brings additional complexity, with necessary procedures to be followed to meet external commissioner requirements in addition to internal scrutiny and governance expectations. The Health Board has always endeavoured to progress plans and meet external requirements in a timely way.
3. The Health Board responded positively to the Welsh Health Specialised Services Committee's (WHSSC) invitation for expressions of interest to develop and host a regional inpatient unit for Perinatal Mental Health in South Wales in June 2018. Detailed work was then undertaken on options, with initial considerations presented to the WHSCC Management Group on 20<sup>th</sup> December 2018. A sequence of papers were presented to the WHSCC Management Group providing increasingly detailed proposals covering costs, timescales, staffing models, and contracting frameworks over the course of the first half of 2019. Papers considered by the Management Group in August and September 2019 were focused on the option of a new build Mother and Baby Unit on the Neath Port Talbot site.
4. Given the timescales involved in the new build proposal, the Health Board was asked in late September 2019 to reconsider an interim solution (the option of an interim solution was considered but ruled out earlier in the process). Two potential sites were visited within a fortnight and their suitability was benchmarked against relevant standards. Subsequent to this, a paper on an interim solution was prepared for, and considered by, the WHSCC Management Group on

28 November 2019. The Management Group supported the proposal and agreed that the recommendation of a new build be withdrawn until the capital position was confirmed with Welsh Government and noted that the interim model would allow for an earlier opening.

5. Earlier this month the WHSSC Joint Committee supported an interim 6-bed Mother and Baby Unit at Tonna Hospital. The Health Board undertook work to determine the capital requirement for the interim unit, and Welsh Government subsequently confirmed the capital funding requirement at the end of January.

**The current situation in relation to MBU provision, including detailed timescales for plans, associated costs.**

6. We understand that WHSSC have shared with the Committee the latest proposals considered by the WHSSC Committee on 28<sup>th</sup> January 2020, which outlines the timescales and costs involved. As noted above, the capital funding requirement has recently been confirmed by Welsh Government and the Health Board will now urgently proceed with its plans.
7. In parallel a Task and Finish Group is being set up to undertake a full feasibility assessment of a permanent solution proposed for the Neath Port Talbot Site.

**Any interim plans that are in place to provide specialist in-patient perinatal mental health support in the absence of MBU provision**

8. Currently all Mother and Baby placements are commissioned through NHS England. Alternatively, Mothers can be admitted locally to acute wards, but unfortunately without their baby. Our perinatal community team undertakes in-reach support to England providers and seeks to keep in regular contact with the progress of Mothers and babies who are inpatients of other providers, and routinely attend discharge planning meetings to support continuity of care. The team also provides inreach support and directly works with Mothers admitted to local acute wards.



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Sarah Bartlett  
Deputy Clerk  
National Assembly for Wales

**Ein cyf / Our ref:** MHLD/fl

**Eich cyf / Your ref:**

**☎:** 01745 448788 Ext 6448

**Gofynnwch am / Ask for:** Dawn Sharp

**E-bost / Email:**

[Dawn.Sharp@wales.nhs.uk](mailto:Dawn.Sharp@wales.nhs.uk)

**Dyddiad / Date:** 20<sup>th</sup> February 2020

Dear Sirs,

**Betsi Cadwaladr University Health Board – The Children, Young People and Education Committee Inquiry into Perinatal Mental Health in Wales.**

Please accept our apologies for the delay in providing this information.

As the committee is aware the solution for our North Wales mothers and babies in relation to accessing a mother and baby unit (MBU) is more complex due to our geography and other factors that can be explored during the review. Whilst epidemiological evidence is clear that a minimum of 60-80 MBU beds a year would be needed for patients resident in Wales, the data relating to the requirement for a MBU in North Wales continues to demonstrate that the need is of about 4 MBU beds based upon approximately 7,500 births a year ( 2015 figures). The Royal College of Psychiatrists identifies 10,000 births a year are required to sustain a six-bedded MBU. Projection of admissions based on actual data over the last year indicates the need for 25-30 admissions a year for the population of North Wales. This does not include data for North Powys, which is geographically adjacent.

Since the last evidence provided to committee we are aware that Welsh Health Specialised Services (WHSS) have continued their dialogue with NHS England (NHSE) in relation to a range of commissioning options. NHSE have confirmed that to guarantee access to beds they would require block booking of beds, which may result in NHS Wales paying for a provision that may not be utilised due to the non-linearity of the requests. They have also confirmed that they are unlikely to commission beds from within Wales following a decrease in the number of women requiring admission to a specialist MBU since the introduction of their local specialist Community Perinatal Mental Health teams.

Whilst we recognise the delay in agreeing a robust solution for North Wales, it is also important we take time to review the data and evidence in relation to the success of our community peri-natal teams that had a major impact in terms of quality and outcomes. BCUHB leads continue to work closely with WHSS and Sharon Fernandez the National Clinical Lead for Peri -Natal Mental Health in relation to the need of an MBU in North Wales for women and their babies. The team themselves have highlighted cases where mothers have chosen not to access an MBU bed, even though clinically indicated, due to the distance involved. It is





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important we learn from such case studies and enable that learning to influence our future developments. Furthermore, a number of models have been explored that can be presented to the committee.

Until a sustainable solution for North Wales is agreed we would want to assure the committee that North Wales mothers and babies continue to have access to a range of community services and will be admitted to an MBU depending upon their clinical presentations. Unfortunately, as with other highly specialist health provision, we cannot predict whether there may be a wait for that bed.

Thank you for the opportunity to comment.

Kind regards.

Yours sincerely

*Dawn Sharp*

*DS* **Dawn Sharp**  
**Acting Board Secretary**



## Welsh Health Specialised Services Committee

### **Written Evidence to Children, Young People and Education Committee re: Follow up on enquiry into Perinatal Mental Health**

Following the letter from the Chair of the Children, Young People and Education Committee to Welsh Health Specialised Services Committee (WHSSC) dated 2<sup>nd</sup> December 2019 please find written evidence in relation to the specific points requested:

#### **1 The reason for the significant delay in Mother and Baby Unit (MBU) provision**

The implementation of any specialised service is complex and requires consideration of a number of factors including workforce, the clinical model, interface with local services, location and premises. In addition WHSSC, as the commissioner of the service, requires any new service development to be scrutinised through its annual planning processes and governance arrangements, and all of this takes time and planning. This could be regarded as a delay however it is vitally important that all of the aspects are considered and formal arrangements followed.

It must also be noted that papers submitted by Health Boards to WHSSC have to be scrutinised and signed off internally by their own governance processes before they can be released.

Expressions of interest to provide this service were sought from Local Health Boards (LHBs) on the 1<sup>st</sup> June, 2018. Two Health Boards at the time expressed an interest and significant work was undertaken within each Health Board over the following few months to explore feasible options for both interim and permanent solutions. One of the interested HB's withdrew on the 2<sup>nd</sup> November, 2018 and Abertawe Bro Morgannwg University Health Board (UHB) (now Swansea Bay UHB) became the only potential provider.

The Health Board then began the process of developing an option appraisal on the potential service delivery options and locations. A detailed paper was taken to WHSSC Management Group on the 28<sup>th</sup> March 2019 and whilst they supported the proposal of a new build MBU on the Neath & Port Talbot site they also requested more work to be undertaken on the staffing model, revenue costs and agreement of a contracting framework. This position was reported to the Joint Committee on the 14<sup>th</sup> May 2019.

The additional information was presented by the SBUHB Clinical team to the WHSSC Management Group on the 22<sup>nd</sup> August 2019. They were

specifically asked to support the proposal for a new build Mother & Baby Unit to be developed on the Neath & Port Talbot site. They concluded that the business case required more detail on the clinical model and any opportunities the new service could offer to increase occupancy. This position was reported to the Joint Committee on the 16<sup>th</sup> September, 2019.

Recognising the timescales presented regarding the new build option and the increase in capital costs, Welsh Government asked for an interim solution to be developed to ensure provision of a MBU was available within the expected timescales, as indicated in their letter dated 1<sup>st</sup> October 2019 to the Chair of the Children, Young People and Education Committee. They asked that Welsh Government Official work with WHSSC and Swansea Bay to quickly explore options for an interim solution and/or to accelerate planning.

As capital planning is outside of the remit of WHSSC the later request was taken forward by the provider Health Board and, as a reduction in the planning process was not feasible, a decision was made to explore an interim solution as an alternative means of meeting the expectations. This position was highlighted to the Joint Committee in the Managing Directors' report dated 12<sup>th</sup> November, 2019.

A bench marking exercise was undertaken against the standards and an interim solution was presented in a paper to Management Group on the 28<sup>th</sup> November, 2019. At this meeting members supported the clinical model and financial position. They agreed, based on the timescales and capital costs, that the recommendation of a new build be withdrawn until the capital position was confirmed with Welsh Government and noted that the interim model on the Tonna Hospital site on the outskirts of Neath would allow for an earlier opening.

This was followed by a letter from the Minister for Health and Social Services to the Chair of the Children, Young People and Education Committee dated 19<sup>th</sup> December asking that an interim solution should be prioritised to ensure that there is a level of provision within Wales as soon as possible.

A recent paper was presented to WHSSC Joint Committee on the 28<sup>th</sup> January 2020 which supported an interim 6 bed Mother & Baby Unit at Tonna Hospital. SBUHB as the provider will need to submit a Business Justification Case to Welsh Government to secure the capital funding requirement. There would be an expectation that the works will take approximately 12 months from the approval of the capital although the Health Board have committed to working with the contractor to see if this timescale can be reduced.

In parallel a task and finish group is to be re-established to consider the permanent solution and this work is planned to present the work and make recommendation to the Joint Committee on May 12<sup>th</sup> 2020.

## **2 The current situation in relation to MBU provision, including detailed timescales for plans, associated costs.**

Please find attached a copy of the latest paper and attachments that were considered by the WHSSC Joint Committee on the 28<sup>th</sup> January, 2020. (Appendix 1). They supported an interim 6 bed Mother & Baby Unit at Tonna Hospital. SBUHB as the provider will need to submit a Business Justification Case to Welsh Government to secure the capital funding requirement. There would be an expectation that the works will take approximately 12 months from the approval of the capital although the Health Board have committed to working with the contractor to see if this timescale can be reduced.

In parallel a task and finish group is to be re-established to consider the permanent solution and this work is planned to present the work and make recommendation to the Joint Committee on May 12<sup>th</sup> 2020

The Minister for Health & Social Services wrote to WHSSC on 22<sup>nd</sup> January 2020 (included in Appendix 1) asking us to proceed with a six bed interim option on the Tonna site as recommended in the WHSSC JC paper. This letter also confirmed approval of a capital ceiling of £1.496m to be accommodated from the capital budget in the period to 31 March 2021.

## **3 Any interim plans that are in place to provide specialist in-patient perinatal mental health support in the absence of MBU provision.**

Currently all Mother and Baby placements are commissioned through NHS England using the Specialised Perinatal Mental Health Services (In-Patient Mother and Baby Units) Specification C06/S/a. These existing arrangement will continue for patients requiring Mother and Baby inpatient admissions until provision is made available in Wales.

## **4 The plans for MBU provision in North Wales**

In your previous reports it was recognised that travelling to South Wales was unlikely to be appropriate for all mothers and babies in Mid and North Wales. It was also noted that Mid and North Wales alone did not have the necessary birth rates to sustain a specialist MBU, and recommended proactive engagement with providers in England to discuss options for the creation of a MBU in North East Wales that could serve the populations of both sides of the border.

WHSSC have held initial discussions with NHS England to consider options for securing a contract with NHS England (North) re access to perinatal inpatient services for residents from Mid and North Wales. However further discussions have been put on hold by NHS E due to the pace of change in England, particularly around the development of Provider Collaboratives and what this will mean for perinatal MH services (part of phase 2 service area for rollout to new structures). They have suggested recommencing these discussions later in the year when they expect to provide more clarity on the Provider Collaborative initiative.

In a recent meeting held on 16 January with North Wales colleagues, WHSSC have agreed that patients from North Wales will be offered access to the new MBU in South Wales as well as continuing with existing arrangements and accessing Mother and Baby beds in NHS England on a cost per case basis. NHS England have confirmed access will continue to be based on clinical need irrespective of residency. WHSSC will continue to explore options with BCUHB about future provision once Provider Collaborative responsibilities have been confirmed.

Separately, BCUHB have informed WHSSC that they are proposing to undertake further work in line with the transformation of their mental health strategy to consider a model for care for those women who do not wish to access specialised beds.

Appendix 1

		Agenda Item	2.6
Meeting Title	<b>Joint Committee</b>	Meeting Date	28/01/2020
Report Title	Tier 4 Perinatal Mental Health in Wales		
Author (Job title)	Director of Nursing & Quality		
Executive Lead (Job title)	Director of Nursing & Quality	Public / In Committee	

Purpose	The purpose of this report is to seek approval for an interim option for a Mother & Baby Unit located in South Wales.			
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RATIFY <input type="checkbox"/>	APPROVE <input checked="" type="checkbox"/>	SUPPORT <input checked="" type="checkbox"/>	ASSURE <input type="checkbox"/>	INFORM <input type="checkbox"/>
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Sub Group /Committee	Management Group	Meeting Date	28/11/2019
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Recommendation(s)	<p>Members are asked to:</p> <ul style="list-style-type: none"> <li>• <b>Support</b> the proposed option from Swansea Bay UHB for an interim 6 bedded Mother &amp; Baby unit at Tonna Hospital; and</li> <li>• <b>Support</b> the urgent development and submission of Business Justification Case to Welsh Government in order to secure capital funding; and</li> <li>• <b>Approve</b> the establishment of a task and finish group to review the options for a permanent solution</li> </ul>
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**Considerations within the report** (tick as appropriate)

Strategic Objective(s)	YES	NO	Link to Integrated Commissioning Plan	YES	NO	Health and Care Standards	YES	NO
	✓			✓			✓	
Principles of Prudent Healthcare	YES	NO	IHI Triple Aim	YES	NO	Quality, Safety & Patient Experience	YES	NO
	✓			✓			✓	
Resources Implications	YES	NO	Risk and Assurance	YES	NO	Evidence Base	YES	NO
	✓			✓			✓	
Equality and Diversity	YES	NO	Population Health	YES	NO	Legal Implications	YES	NO
	✓			✓			✓	

**Commissioner Health Board affected**

Aneurin Bevan	✓	Betsi Cadwaladr	✓	Cardiff and Vale	✓	Cwm Taf Morgannwg	✓	Hywel Dda	✓	Powys	✓	Swansea Bay	✓
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**Provider Health Board affected** (please state below)

All Health Boards
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## Appendix 1

### 1. SITUATION

The purpose of this report is to provide the members with an update on key progress since the November 2019 meeting of the Joint Committee on the development of a Mother and Baby unit located in south Wales and make recommendations on a preferred interim option in line with the letter from the Minister.

### 2.0 BACKGROUND

In January 2019 the Minister for Health reported to the Children, Young People & Education Committee that the Swansea Bay Health Board would be hosting the Unit. He subsequently wrote to the chair of the Children's & Young Peoples Committee on 01 October 2019 (see Appendix 1) confirming his commitment to establishing a Mother and Baby Unit in Wales. It was acknowledged that the implementation of such a specialised service is complex and requires consideration of a number of factors including location, workforce and premises. He was concerned that the timescales had slipped with an anticipated operational start date of summer 2021 and asked for his officials to work with WHSSC and the Health Board to explore options for an interim solution and/or to accelerate planning.

In addition, the Committee has agreed to conduct further follow up work on its [perinatal mental health inquiry](#). It has requested a representative from WHSSC Swansea Bay University Health Board and Betsi Cadwalader University Health Board to give evidence at a formal committee meeting, in order to explore MBU provision in particular. The date for the above has been confirmed as Wednesday 26 February 2020, it is therefore imperative that progress can be reported in line with the Ministers expectations.

A further letter dated 19 December (Appendix 2) has been sent to the Chair of that Committee from the Minister explaining that as it has not been possible to accelerate timescales for a permanent six bedded unit, he has asked officials to prioritise an interim solution to ensure that there is a level of Mother & Baby provision within Wales as soon as possible.

### 3.0 ASSESSMENT

#### 3.1 South Wales Mother & Baby Unit

Following the request from the Minister, WHSSC & Swansea Bay UHB have revisited the position, reported to Management Group at the end of November, and identified a preferred option for an interim MBU service. The preferred option is based on an expanded ward refurbishment at Tonna Hospital. The clinical and staffing models for the service have been agreed by Management Group and the options paper from Swansea Bay UHB is attached (Appendix 3).

## Appendix 1

The interim option at Tonna Hospital, originally identified in the November MG paper was based on a 4 bedded unit but did not include the co-location of the Swansea Bay Community Perinatal Mental Health team. The staffing costs of providing a 6 bedded interim option at Tonna Hospital are identical to the 4 bedded option and will provide additional space and allow the co-location of the local community team. Due to the minimum staffing levels the revenue costs of a 6 bedded interim option are £1,488k (only £38k increase on original 4 beds) and will provide both additional capacity and clinical benefits associated with co-location. The capital requirement of the preferred 6 bedded interim option is £1,496k, an increase of £617k for the additional 2 bed capacity and enough space for community team.

To support and progress discussions Swansea Bay UHB hosted a meeting with WHSSC, the national MH Lead, Perinatal Network Lead & WG officials on 9<sup>th</sup> January to agree recommendations to WHSSC Joint Committee & the Minister. The UHB Director of Planning outlined the benefits of the 6 bedded interim option given the limited additional revenue costs and the associated clinical and capacity benefits. Welsh Government indicated that capital funding would be made available for the preferred commissioning option.

The outcome of the meeting was:-

- Swansea Bay UHB will proceed with setting out the interim solution at Tonna Hospital of 6 beds
- Welsh Government to formally write to WHSSC to confirm this subject to Ministerial confirmation. This would include confirmation of the capital requirement as well as the initial (ie start up) revenue costs (6 months max). Letter received 22 January 2020 (Appendix 4).
- Once Swansea Bay UHB receive the instruction to proceed following discussion at this committee there would be an expectation that the capital works would take approximately 12 months to enable opening of the Tonna 6 bed interim option. Swansea Bay UHB will work with any appointed contractor to see if the timescales could be reduced at all.
- Swansea Bay UHB will develop a recruitment and training plan to ensure that the Unit is able to operate as required as soon as available.
- At the same time a small task & finish group to be established to undertake the option appraisal (to include a cost benefit analysis) of the permanent solution being either the 6 bedded unit at Tonna or a new build at Neath Port Talbot. This would need to be informed by a stakeholder consultation.
- Swansea Bay UHB to submit Business Justification Case following WHSSC JC approval thereafter.

### **3.2 Mother & Baby provision for Mid & North Wales**

The National Assembly's Children, Young People and Education Committee report recognised that travelling to South Wales was unlikely to be appropriate for all



## Appendix 1

mothers and babies in mid and north Wales. They also noted that mid and north Wales alone did not have the necessary birth rates to sustain a specialist MBU, and recommended proactive engagement with providers in England to discuss options for the creation of a MBU in North East Wales that could serve the populations of both sides of the border.

WHSSC have held initial discussions with NHSE to consider options for securing a contract with NHS England (North) re access to perinatal inpatient services for residents from North Wales. However further discussions have been put on hold by NHSE due to the pace of change in England particularly around the development of Provider Collaboratives and what this will mean for perinatal MH services (part of phase 2 service area for rollout to new structures). They have suggested recommencing these discussions later in the year as when they hope more clarity on the Provider Collaborative initiative will be available.

In a recent meeting held on 16 January with north Wales colleagues WHSSC have agreed that patients from North Wales will be offered access to the new MBU in South Wales as well as continuing with existing arrangements and accessing Mother and Baby bed in NHS England on a cost per case basis. NHS England have confirmed access will continue to be based on clinical need irrespective of residency. WHSSC will continue to explore options with BCUHB about future provision once Provider Collaboratives responsibilities have been confirmed.

Separately, BCUHB are proposing to undertake further work in line with the transformation of their mental health strategy to consider a model for care for those women who do not wish to access specialised beds.

### 3.3 Updated activity data

The number and costs of inpatient placements in mother and baby units commissioned by WHSSC for the last 5+ years is shown in the table below:

**Table 3 – Number of referrals, placements and costs of MBU patients**

<b>WHSSC MBU referrals</b>	2014-15	2015-16	2016-17	2017-18	2018-19	2019-20 to end Dec
Number of funding requests for MBU beds	6	7	13	20	29	17
Number of actual inpatient placements at MBUs	Less than 5	Less than 5	6	14	22	11
Cost of Placements	£321k	£150k	£327k	£635k	£831k	£950k

## Appendix 1

Whilst the total number of funding requests and actual MBU placements have dipped in 2019/20 the costs continue to increase. This is due to a significant increase in average LoS from 32 days in 2017/18 to current 61 days. In addition we have had 3 patients who have been discharged in 2019 with LoS in excess of 100 days with a longest stay of 274 days.

Since April 2017 BCUHB have had 9 MBU placements out of the total of 47 MBU admissions. 5 of these were in 2018/18, 3 in 2018/19 & only 1 in 2019/20 to date. As at the time of writing this report it is interesting to note we have no patients from Wales in MBU placements.

### 3.4 Further Financial Arrangements

The detailed financial information for this development are included in the Swansea Bay UHB options paper and have been previously scrutinised by Management Group.

A summary of the key financial position points previously agreed:

- Funding for the new unit is to be provided by health boards from the mental health funding already provided by Welsh Government.
- Financial risk between health boards is proposed to be as per the current risk sharing agreement as a national service on a population basis.
- Financial risk between commissioner and provider is proposed to be that the commissioner will be responsible for the demand side risk. The provider will be responsible for the availability of the agreed capacity within the agreed resources.
- Welsh Government have agreed to fund the Capital costs for the unit for the Commissioner's preferred option.

The value for money is sensitive to planned demand and utilisation levels and WHSSC will support the proposed Task & Finish Group and work with the provider to agree the most cost effective model for the permanent solution.

## 4.0 RECOMMENDATIONS

Members are asked to:

- **Support** the proposed option from Swansea Bay UHB for an interim 6 bedded Mother & Baby unit at Tonna Hospital
- **Support** the urgent development and submission of Business Justification Case to Welsh Government in order to secure capital funding
- **Approve** the establishment of a task and finish group to review the options for a permanent solution

## Appendix 1

### 5.0 APPENDICES / ANNEXES

**Appendix 1** – Letter from Minister for Health and Social Services to the Chair, Children, Young People and Education Committee dated 01 October 2019.

**Appendix 2** – Letter from Minister for Health and Social Services to the Chair, Children, Young People and Education Committee dated 19 December, 2019.

**Appendix 3** – Swansea Bay UHB Options to provide a Perinatal Mental Health Mother & Baby Inpatient Unit – Management Group Paper November 2019.

**Appendix 4** – Letter from Minister for Health and Social Services to Managing Director, WHSSC dated 22 January 2020.

## Appendix 1

<b>Link to Healthcare Objectives</b>	
Strategic Objective(s)	Development of the Plan Governance and Assurance
Link to Integrated Commissioning Plan	2.5.6 2.12 4.2.2
Health and Care Standards	Safe Care Individual Care Effective Care
Principles of Prudent Healthcare	Public & professionals are equal partners through co-production
Institute for HealthCare Improvement Triple Aim	Improving Patient Experience (including quality and Satisfaction) Improving Health of Populations Reducing the per capita cost of health care
<b>Organisational Implications</b>	
Quality, Safety & Patient Experience	As there is no mother and baby provision within Wales patient experience is poor and women often chose not to be admitted due to the long distances away from their homes. In many cases women chose to access local acute psychiatric services which are not fit for purpose and lack specialist knowledge in this field of practice. As such practice does not follow the standards and guidance recommended.
Resources Implications	There is a cost implication associated with any of the options to improve the current service as outlined in the paper. The cost of an interim solution would increase overall cost of development of the new service if it does not become permanent solution.
Risk and Assurance	There is a risk that women are being managed locally and this can have a detrimental effect on the long term recovery for both the woman and her baby. It is becoming increasingly difficult to secure a bed which can lead to a delay in transfer and therefore a risk to the woman health and subsequent treatment pathway.
Evidence Base	There is extensive evidence to support the appropriate care and management of women who require specialist Perinatal mental health services. All of the evidence has been considered as part of the work and is referenced throughout the body of the paper.
Equality and Diversity	There is inequity in terms of travel distances and access to units. However it must be acknowledged that the majority

## Appendix 1

	of mothers will continue to need travel to access specialised services but not the distances that they currently have to travel.	
Population Health	Women have to access services outside of Wales which does not meet the needs of the local population. In some case women are not even offered the choice of a mother and baby unit as part of their ongoing treatment pathway.	
Legal Implications	If harm were to occur as a result of a delay or the inability to place a woman in a designated service then this could have legal implications as a direct result.	
Report History:		
Presented at:	Date	Brief Summary of Outcome
Management Group	28 November 19	Support for discussions with WG to obtain capital funding for preferred option for final decision at January WHSSC JC meeting

## Appendix 1

Vaughan Gething AC/AM

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

Ein cyf/Our ref MAP-VG-3447-19



Llywodraeth Cymru  
Welsh Government

Lynne Neagle AM  
Chair  
Children, Young People and Education Committee

1 October 2019

Dear Lynne,

I am pleased to inform the Committee that since the appointment of the National Clinical Lead for Perinatal Mental Health, the Wales Perinatal Mental Health Network has been formally established. The National Clinical Lead has focused on developing connections between services across Wales and developing a common understanding of the current status of services, alongside expectations for future development. This work has been prioritised due to variances in practice and service development across the health board areas and is supporting clear communication of the expected strategic direction of perinatal mental health services. In order to develop these connections, the National Clinical Lead has engaged with health boards to support them in establishing or re-focusing their perinatal mental health steering groups. This will assist individual health boards to develop work plans which focus on partnerships, pathways, people and performance. These work plans will complement the themes of the national work plan which is structured to drive the same objectives.

The National Clinical Lead has made progress in a number of other areas, with an early key success being the establishment of professional forums for midwives, health visitors, mental health practitioners, specialist team leads, psychologists and psychiatrists. These forums will make a significant contribution to the wider network, and develop clinical practice. The National Clinical Lead is currently working with the Neonatal Network to shape '*All Wales Guidelines for Psychotropic Medication and the Newborn*' having identified this as an area where improvements could be made to the clinical pathway.

With the National Clinical Lead now in place and the Network established, I expect there to be an acceleration in the pace of implementing the Welsh Government's response to the Committee's report, published in October 2018. To support the increased pace, we have also provided additional resource to the core network team with two new posts, both of which have been appointed to support project management. This core network team has re-established meetings of the Perinatal Mental Health Community of Practice group which is providing opportunities for peer support and the sharing of good practice.

In line with the recommendations of the Perinatal Mental Health in Wales Report, Welsh Government continues to make progress with the development of a mental health core data

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set. The data set will ensure formal mechanisms for collecting performance management and outcome data from the new community perinatal mental health services which are in place. As with any new health service, building a comprehensive and robust data collection system is a complex process and takes time. Data requirements for perinatal mental health services are being built into this dataset and there are two stakeholders workshop events planned in October to consolidate the data to be collected and to ensure consistent definitions are utilised. The dataset will be fully operational by 2022, in line with the Together for Mental Health delivery plan. Whilst the formal data collection systems are being established, as part of our monitoring of the community services in health boards, we continue to request information including the number of staff in posts, numbers of referrals and interventions offered every six months.

This data is incomplete as not all health boards have yet been able to collect the relevant information, though all health boards are building their data collection capacity to facilitate this, which understandably takes time. Whilst the data is incomplete, they do provide a sense of the volume of activity and the settings of treatments.

Within the data returns received health boards reported a wide range of interventions offered within their services. These included;

- individual interventions such as cognitive behaviour therapy, cognitive analytical therapy, REWIND, anxiety management around childbirth
- group interventions such as dialectic behaviour therapy, play and development groups
- wellbeing sessions
- birth planning
- medication review
- professional advice, signposting and education
- crisis management

Health boards have also responded to Welsh Government's request to report on the composition of the Community Perinatal Mental Health Teams. Welsh Government does not routinely collect workforce data by health board and therefore any information provided offers only a snapshot of staff composition. However, we are aware that individual health boards are building perinatal teams with a range of roles which include specialist perinatal midwives, specialist perinatal visitors, psychologists, community psychiatric nurses, occupational therapists and nursery nurses.

According to the data received for the period of 1 August 2018 to 31 March 2019, a total of 2,667 referrals were received across Wales, with 2,320 referrals accepted. There is significant variance across health boards, with the numbers of referrals received ranging from 55 to 794 for the period. Health boards provided a range of reasons for referrals being rejected, including referrals not being appropriate for the service, women no longer requiring the referral and the referred women not meeting the referral criteria. Health boards reported providing signposting for inappropriate referrals. The Network is currently reviewing the functions of these specialist teams, to ensure that women across Wales receive appropriate care.

Within the data that was provided to Welsh Government, 928 women were treated for perinatal mental ill health by the Community Mental Health Team, 32 women were treated at home or by a crisis team, 16 women were treated within a mother and baby unit and 11 women were treated in an adult psychiatric ward without their child. No women were treated in an adult psychiatric ward with their child. It should again be noted that these figures should be viewed as indicative due to the incomplete status of the data and do not reflect the total numbers of women treated in perinatal settings. Incidences of women being treated in a mother and baby unit were limited. However, I am aware that the feedback suggests

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that the low numbers of women receiving treatment in a mother and baby unit is predominantly driven by limited availability of facilities in appropriate locations rather than low demand.

We therefore remain committed to establishing a Mother and Baby Unit in Wales and this work, led by the Welsh Health Specialised Services Committee (WHSSC), is being progressed as a matter of priority. As previously stated, the implementation of such a specialised service is complex and requires consideration of a number of factors including location, workforce and premises. WHSSC Management Group have been working with Swansea Bay University Health Board to develop a business case for a six bedded Mother and Baby Unit to be hosted in the region. The latest indicative planning set out by the Health Board indicates a timescale with the Unit becoming operational in summer 2021. I am concerned that this timetable has slipped and I have therefore asked my officials to work with WHSSC and Swansea Bay to quickly explore options for an interim solution and/or to accelerate planning. These discussions are being taken forward as a matter of urgency.

In our previous update to you in February we outlined our expectation that perinatal mental health community services should meet the All Wales Perinatal Mental Health Standards by March 2020 and to meet the relevant Royal College of Psychiatrists' quality standards by the end of the following financial year. These will be clear milestones for the Welsh Government to monitor through the life time of the Together for Mental Health Delivery Plan 2019-2022 which will be published later this year.

Perinatal mental health has also been made a priority of the mental health service improvement funding which commences from 2019/20, with health boards investing an additional £500,000 per annum for perinatal mental health services.

I hope this information is helpful and I will provide a further update in six months, as agreed with the Committee.

Yours sincerely,



**Vaughan Gething AC / AM**

Minister for Health and Social Services

Y Gweinidog Iechyd a Gwasanaethau Cymdeithasol



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CYPE(5)-01-20 - Paper to note 11

Vaughan Gething AC/AM

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

Ein cyf/Our ref MA-VG-5938-19

Lynne Neagle AM  
Chair, Children, Young People and Education  
Committee National Assembly for Wales  
Cardiff Bay  
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Llywodraeth Cymru  
Welsh Government

19 December 2019

Dear Lynne,

Thank you for your letter of 27 November. I note the additional scrutiny you will be undertaking in this important area, and look forward to providing further updates.

As you are aware, the major milestones in this area are that perinatal mental health community services should meet the All Wales Perinatal Mental Health Standards by March 2020 and should meet the relevant Royal College of Psychiatrists' quality standards by March 2021. Each of these milestones have a number of standards which health boards are working towards.

I would also like to take this opportunity to provide an update on the key milestone of the development of a Mother and Baby Unit in Wales. At the time of my previous update I set out my concern that the timetable for a six bedded Mother and Baby Unit to be hosted by Swansea Bay University Health Board had slipped and that I had asked officials to explore options to accelerate planning or for an interim solution. Unfortunately, it has not been possible to accelerate timescales for the permanent six bedded unit, so officials are now prioritising an interim solution to ensure that there is a level of provision within Wales as soon as possible. Please be assured that I will provide an update on the timings for an interim solution as soon as I am in a position to do so. I can confirm that Welsh Government remains committed to establishing a permanent Mother and Baby Unit in Wales at the earliest opportunity.

I can also confirm that I will be providing my next 6 monthly update in April 2020. At this time I will be able to provide information on the next round of perinatal mental health data received from health boards, alongside updates on progress against our key milestones and the work streams being managed by the Perinatal Mental Health Network.

Yours sincerely,

**Vaughan Gething AC / AM**

Minister for Health and Social Services

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## **SWANSEA BAY UNIVERSITY HEALTH BOARD**

### **OPTIONS TO PROVIDE A PERINATAL MENTAL HEALTH MOTHER AND BABY IN PATIENT UNIT**

#### **1. SITUATION**

There are currently no specialist in-patient beds for perinatal mental health (Mother & Baby Unit) in Wales. Women and their babies have to access beds in NHS England commissioned through WHSSC. This has significant implications in relation to the individual mothers, their spouses, other siblings and their local perinatal teams regarding continuity of care.

As a result a Tier 4 task & finish group which included clinical representation, the third sector and women with lived experience was set up and undertook a high level options appraisal and presented the work to the Joint Committee in July 2017. Subsequently, in October 2017 the National Assembly's Children, Young People and Education Committee published a report following its inquiry into perinatal mental health care in Wales. They concluded that whilst they recognised that Wales's geography posed challenges for the provision of specialist MBU beds, their absence in Wales was not acceptable and needs to be addressed by the Welsh Government as a matter of urgency.

A commissioning workshop was held on the 17<sup>th</sup> May, 2018 where Health Boards were invited to express an interest in hosting a Mother & Baby Unit in South Wales. Initially two Health Boards expressed an interest however one has subsequently withdrawn leaving only Swansea Bay University Health Board to submit a proposal to develop the service.

A further workshop was undertaken with the Perinatal Clinical Network on 4<sup>th</sup> April 2019, to seek the collective view regarding the priorities to be considered in the development of the Mother and Baby Unit clinical model for Wales. This workshop included representatives of third sector organisations and women with lived experience.

This paper aims to set out the options for an interim and long term proposal for a Perinatal Mother and Baby Unit in Wales.

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### **2. BACKGROUND**

Depression and anxiety are the most common mental health problems during pregnancy, with around 12% of women experiencing depression and 13% experiencing anxiety at some point, many women will experience both. Depression and anxiety also affect 15-20% of women in the first year after childbirth. During pregnancy and the postnatal period, anxiety disorders, including panic disorder, generalised anxiety disorder (GAD), obsessive-compulsive disorder (OCD), post-traumatic stress disorder (PTSD) and tokophobia (an extreme fear of childbirth), can occur on their own or can coexist with depression. Psychosis can re-emerge or be exacerbated during pregnancy and the postnatal period. Postpartum psychosis affects between 1 and 2 in 1000 women who have given birth. Women with bipolar disorder are at particular risk, but postpartum psychosis can occur in women with no previous psychiatric history.

Between 2006 and 2008 there were 1.27 maternal deaths per 100,000 maternal deliveries in the UK as a result of mental health problems. Although response to treatment for mental health problems is good, these problems frequently go unrecognised and untreated in pregnancy and the postnatal period. If untreated, women can continue to have symptoms, sometimes for many years, and these can also affect their babies and other family members.

Almost a quarter of women who died between six weeks and one year after the end of pregnancy died from psychiatric disorders. For many women who died, the unique features of perinatal mental illness and its rapid escalation were not recognised by staff in general adult mental health services. This reinforces the need for Perinatal Mental Health Networks and the importance of ensuring that all women have access to expert perinatal mental health care. A key component of these perinatal services is access to Specialist Inpatient Perinatal Mental Health Services.

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The number and costs of inpatient placements in mother and baby units commissioned by WHSSC for the last 4 years is shown in the table below:

<b>Placements outside Wales</b>	<b>2014-15</b>	<b>2015-16</b>	<b>2016-17</b>	<b>2017-2018</b>	<b>2018-19</b>
<b>Number of funding requests for placements at mother and baby units</b>	<b>6</b>	<b>7</b>	<b>13</b>	<b>20</b>	<b>29</b>
<b>Number of inpatient placements at mother and baby units</b>	<b>Less than 5</b>	<b>Less than 5</b>	<b>6</b>	<b>14</b>	<b>22</b>
<b>Cost of inpatient placements</b>	<b>£321,000</b>	<b>£150,000</b>	<b>£327,000</b>	<b>£635,000</b>	<b>£831,000</b>

### ***Mother & Baby IPFR Requests 2018/19***

<b>LHB</b>	<b>Live Births</b>	<b>Referral Status</b>				<b>Rate per 1,000 Live Births</b>			
		<b>Approved</b>	<b>Cancelled</b>	<b>Ongoing</b>	<b>Total</b>	<b>Approved</b>	<b>Cancelled</b>	<b>Ongoing</b>	<b>Total</b>
AB	6,376	2	1		3	0.314	0.157	0.000	0.471
ABMU	5,308	7	1	1	9	1.319	0.188	0.188	1.696
BCU	6,981	3	3		6	0.430	0.430	0.000	0.859
C&V	5,530	2	1	2	5	0.362	0.181	0.362	0.904
CT	3,315	1		1	2	0.302	0.000	0.302	0.603
HD	3,480	3	1		4	0.862	0.287	0.000	1.149
Powys	1,109	1			1	0.902	0.000	0.000	0.902
<b>Total</b>	<b>32,099</b>	<b>19</b>	<b>7</b>	<b>4</b>	<b>30</b>	<b>0.592</b>	<b>0.218</b>	<b>0.125</b>	<b>0.935</b>

The average cost per bed day of these placements is £860 with a range of £465 to £1,123.

Whilst it is acknowledged that the current data relating to clinical demand is incomplete at a national level it is widely accepted by the clinical network that there is a cohort of patients whose needs are not being captured in existing data. This cohort includes women admitted to local acute psychiatric units and women who would benefit from, but currently decline admission due to distance from home (or other reasons). In the event of under occupancy it is essential that staff are retained in the Unit rather than dispersed, to ensure minimum required standards of being able to accept admissions at all times including out of hours and emergencies are achieved. In the event of under occupancy staff will

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participate in training, research and audit, outreach and consultation activities – this could for example include outreach to other Health Board areas to provide staff training, joint consultation sessions and professional networking to support service development.

### **3. ASSESSMENT**

In January 2019 the Minister for Health reported to the Children, Young People & Education Committee that the Swansea Bay Health Board would be hosting the Unit. Swansea Bay has strong clinical interest from Mental Health and Women & Child Health in providing a service with strong clinical leadership.

A project group was formed in January 2019 to address these challenges and to identify potential interim and long term solutions. This group comprised provider representatives (Swansea Bay HB), commissioner representatives (WHSSC) and the Clinical Network Lead for Peri-natal Mental Health.

A solution was identified to provide an interim unit at Tonna Hospital and a long term unit at Neath Port Talbot Hospital. After further work looking at timescales for deliverability and value for money the interim solution at Tonna Hospital was discounted by WHSCC at its Management Group on 28<sup>th</sup> March 2019 and the Project Group asked to focus on the long term solution of a new build on the Neath Port Talbot Hospital site.

This decision has now been revisited because of concerns about the timescales for delivering a new unit on the NPT site. The Project Group has now been asked to re-examine the option of Tonna as both an interim and long term solution as well as continuing to work up the long term option of a purpose built option on the NPT site.

The options now under consideration therefore are:

#### **3.1 Interim Option**

- 4 bedded unit on the Tonna Hospital site. This is the only option for an interim solution but it should be noted that the timescales for the deliverability of the interim solution and the provision of a 6 bedded final solution at Tonna are the same.

The interim solution will not allow the co-location of the Swansea Bay Community Perinatal mental health team.

#### **3.2 Permanent Options**

- Maximum of 6 bedded unit on the Tonna Hospital site.
- 4-8 bedded unit on the Neath Port Talbot Hospital site

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Both permanent solutions include accommodation for the co-location of the Swansea Bay Community Perinatal Mental Health Team. This has significant advantages in terms of clinical leadership, continuity of care, staffing and education and training.

As part of the work undertaken by the National Collaborative Commissioning Unit (NCCU) all of the options on both sites have been reviewed against the standards for inpatient Perinatal Mental Health Services. (CCQI March 2018). This work has included a review of local considerations including access to motorway and proximity to other clinical services.

An additional factor that needs to be considered is that it is possible that the Mother & Baby Unit could become the only inpatient service on the Tonna site if the strategic direction for Older Peoples Mental Health Services and investment in Community Services leads to further reduction in in-patient beds for older people. This would need to be mitigated by the addition of 1 wte RMN at night in the Mother & Baby Unit. Whilst the timescales for this change have not been confirmed it is anticipated that this could be within 1-5 years.

### **3.3 Spend Objectives & Long Term Options**

- Spend Objective 1 - To provide a fit for purpose South Wales' mother and baby mental health services in-patient facility with appropriate capacity by the end of 2020.
- Spend Objective 2 - To comply with national quality standards, including, NICE guidelines and RCPSYCH's Quality Network for Perinatal Mental Health Services' standards by the end of 2020.
- Spend Objective 3 - To improve economy of South Wales' mother and baby mental health services as demonstrated by e.g. providing a local service to the population of South Wales and by reducing the need for outsourcing by the end of 2020.
- Spend Objective 4 - To promote service efficiencies of South Wales' mother and baby mental health services, as demonstrated by e.g. improving South Wales' clinical care pathway, reducing perinatal mental health inequalities and by reducing referral to treatment waiting times by the end of 2020.
- Spend Objective 5 - To improve effectiveness of South Wales' mother and baby mental health services, as demonstrated by e.g. ensuring pregnant and postnatal women with mental health problems have rapid and timely access to talking therapies or psychological services and by improving continuity of care by the end of 2020.

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Options		Comments
1	Business as Usual – continue to contract for placements outside of Wales	Retained as the baseline comparator
2	Interim 4 bedded Unit on Tonna Hospital site	
3	Permanent 6 bedded Unit on Tonna Hospital site	
4	Do Minimum - Develop a South Wales 4-bed in-patient facility (future proofed for additional 2 beds in next phase) - Co-locate with Swansea Bay's Community Perinatal Team. New Build solution at NPT Hospital.	
5	Intermediate Do More - Develop a South Wales 6-bed in-patient facility (future proofed for additional 2 beds in next phase) - Co-locate with Swansea Bay's Community Perinatal Team. New Build solution at NPT Hospital.	
6	Do Maximum - Develop a South Wales 8-bed in-patient facility - Co-locate with Swansea Bay's Community Perinatal Team. New Build solution at NPT Hospital.	

### 3.4 Indicative Capital Implications – Interim & Long Term Options

The indicative financial implications of the proposed investment for each of the options are identified below. These costs can only be indicative at this stage as detailed design work has not yet been undertaken.

	£000's				
	Option 2 Interim 4 x bedded unit on Tonna site	Option 3 6 x bedded unit on Tonna site	Option 4 4 bedded unit on NPT site	Option 5 6 bedded unit on NPT site	Option 6 Do Maximum 8 bedded unit on NPT site
Works Costs	557.2	920.75	3,125.5	3396.3	4,178.3
Fees	78.6	150.2	567.8	617.2	756.5
Non Works Costs	5	15	20	25	30
Equipment Costs	70	130	100	110	120
Planning Contingency (10%)	55.7	92.07	323	351	429.8
<b>Base Project Cost (exclusive of VAT)</b>	<b>766.5</b>	<b>1308.0</b>	<b>£4,135.2</b>	<b>£4,399.5</b>	<b>£5,514.62</b>
VAT	112	188	827.3	899.9	1,102.9
<b>Base Project Cost (inclusive of VAT)</b>	<b>878.5</b>	<b>1496.0</b>	<b>£4,963.5</b>	<b>£5,399.4</b>	<b>£6,617.52</b>

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### 3.5 Indicative Revenue Implications Interim & Long Term Options

The revenue affordability of each option above baseline are as follows:

	<b>Option 1 Business As Usual</b>	<b>Option 2 Interim 4 bedded unit on Tonna site</b>	<b>Option 3 Permanent 6 bedded unit on Tonna site</b>	<b>Option 4 4 bedded unit NPT site</b>	<b>Option 5 6 bedded unit NPT site</b>	<b>Option 6 8 bedded unit NPT site</b>
	£'000	£'000	£'000	£'000	£'000	£'000
Staffing Costs	0	1319	1319	1319	1319	1632
Non Staff Costs	831	130	168	322	395	459
<b>Total Recurring Revenue</b>	<b>831</b>	<b>1450</b>	<b>1488</b>	<b>1,652</b>	<b>1,715</b>	<b>2,091</b>

The Unit will have appropriately trained multidisciplinary staffing to provide a highly specialised therapeutic environment, responsive to the needs of mother, babies and families using the Unit, including access to highly specialised psychological therapies.

### 3.6 Proposed Staffing

<b>Staff Group</b>	<b>WTE</b>	<b>Comment</b>
Consultant	1.0	Standard 3.3.2 indicates need for at least 0.5 wte Consultant. It is the Health Board's view that this needs to be 1 wte to meet the standard of daily ward rounds, clinics and outreach work. The post would cross cover with the Community Consultant to ensure that Consultant cover is available for the MBU during periods of leave.
Junior Doctor	0.5	Standard 3.3.3 applies
Ward Administrator	1.0	3.3.12 applies
Service Manager	0.5	This post is considered essential to support the strategic development of the service and engagement with Commissioners and Partner HBs
Ward Manager	1.0	Standard 3.2.4 applies
Occupational Therapist	0.5	Standard 3.3.5 applies
Psychologist	0.6	Standard 3.3.4 applies
Pharmacist	0.2	Standard 3.3.14 applies
Systemic Family Therapist	0.4	This post has been included after review of models already functioning in England and consultation with the Clinical Network about the therapeutic model and approach of the unit.



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Family Support Outreach Worker	0.5	Available evidence talks about the impact on the wider family when a mother is admitted. Both the CYP and NSPCC have highlighted the need to support partners and the wider family. MATRIX Cymru also suggests that the wider family context should be considered when treating perinatal mental illness.
Specialist Midwife	0.2	Standard 3.3.9 applies
Specialist Health Visitor	0.2	Standard 3.3.7 applies
Social Worker	0.5	Standard 3.3.6 applies
Nursing Inpatient Unit 4 or 6 beds (includes Nursery Nurse 24/7)	19.07	Based on minimum of 2 qualified per shift – Standard 3.1.1a, 3.1.1b, 3.2.2 and 3.2.3
Nursing Inpatient Unit 8 beds (includes Nursery Nurse 24/7)	27.24	Based on minimum of 2 qualified nurses per shift – Standard 3.1.1a, 3.1.1b, 3.2.2 and 3.2.3

\*If the Mother and Baby Unit became the only inpatient service on the Tonna site there would be a need to increase nurse staffing at weekends and nights to mitigate the risk of not being able to call upon assistance from a neighbouring ward (Standard 3.1.3). The cost of this additionality would be £175k per annum.

### 3.8 Main Benefits

This investment delivers a new model of care and the following benefits:

- Provides South Wales with a dedicated, safe and fit for purpose Mother and Baby Unit for women requiring in-patient care after giving birth in accordance with NICE guidelines and RCPSYCH's Quality Network for Perinatal Mental Health Services' standards;
- Ensures equality of access to specialised local Mother and baby service, improves continuity in care and patient pathways in accordance with best practice, and;
- De-stigmatises and normalise the mother's experience in an appropriate and accessible environment.

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### 3.9 Main Risks

Risk Description	Probability	Impact	Score	Mitigating Actions
Internal approvals delayed	3	4	12	(1) Continued liaison with key stakeholders' SROs (2) Clear governance routes
Funding approval delayed or timing of funding does not match our current programme due to WGov cashflow constraints	3	4	12	(1) Maintain regular dialogue re the procurement arrangements with WG and other key stakeholders.
Revenue affordability - Affordability of revenue model is over/under estimated	3	4	12	(1) Develop and sign off revenue model with DoF(s); (2) Project Board to review at each formal meeting.
Service model is over/under estimated	3	4	12	(1) Carry our demand analysis to underpin agreed service model
Service requirements/scope may change significantly at a strategic / regional / local level, impacting on service scope, capital costs/ revenue affordability / design footprint	3	4	12	(1) Agree service/revenue model with key stakeholders and evidence in business case
Capital costs are hi-level and exclude equipment costs/on costs, landscaping, etc.	3	4	12	(1) Agree Brief (2) Agree design; (3) Tender works; (4) Obtain planning approvals; (5) identify Equipment costs & Landscaping / Security fencing costs – determine at outline planning stage; (6) detail Schedules of Accommodation and sign off with client at outline planning stage
Availability of capital - There is a risk that the scope of the project is reduced in order to fit within financial limit	5	3	15	(1) Continued liaison with WGov.
Programme is indicative at this stage	3	4	12	(1) Confirm build programme;
Detailed planning and design has not yet been undertaken.	3	4	12	(1) Progress design following confirmation of commissioner support for preferred model.

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### 3.10 Indicative Programmes

The indicative programme for the **interim unit and the permanent unit on the Tonna site** is as follows:

<b>Activity - Tonna interim and immediate follow-on long term solution</b>	<b>Indicative Date</b>
Appoint design team, following confirmation of commissioner support	January 2020
Develop design	January – March 2020
Project Board sign off design	March 2020
Fully tender scheme (Sell to Wales)	March – May 2020
Internal approval of Business Case	May 2020
Submit business case to Welsh Government for approval	July 2020
Welsh Government approve business case	August 2020
Appoint constructor	August 2020
Commence works	August 2020
Complete works	November 2020
Commissioning	November/December 2020
Operational	January 2021

The indicative programme for a **new build on the NPT site** is as follows:

<b>Activity</b>	<b>Due Date</b>
Appoint design team, flowing confirmation of commissioner support	January 2020
Develop design	January-July 2020
Internal approval of Business case	July-September 2020
Submit Business case to Welsh Government for approval	September 2020
Welsh Government approve Business Case	October 2020
Agree target cost	November 2020
Commence works	January 2021
Complete Works	June 2021
Commissioning	July –August 2021
Operational	September 2021

### 3.11 Clinical Model

The Regional Mother and Baby unit will form the 'Hub', within a broad 'hub and spoke' model of perinatal care across Wales. This will delivering highly specialised Mother and Baby Unit Inpatient care, alongside providing a national hub for training and research. The hub will lead innovative developments within the national perinatal mental health care pathway and be guided by the best evidence available.

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The development of a Wales Regional Mother and Baby Unit Inpatient service will drive forward service development in existing local Health Boards perinatal mental health pathways, with an ambition to see a standardised whole pathway approach to perinatal mental health and well-being, achieving equity of access and quality standards for women and families across all areas of Wales. As identified in the Children's and Young People's Committee Enquiry into perinatal mental health care for Wales, Local Health Boards have developed vastly differing services independently from each other. In order to achieve the equity required, significant systemic change is required, with strategic priority given to developing the perinatal pathway in all Health Boards. Existing models of community perinatal mental health care can be strengthened and transformational change supported through the development of a perinatal hub role of the MBU. Much needed transformational change will be supported by providing a focus for wider workforce training events, conferencing, community of practice events and increasing opportunities to model and showcase innovative practice, including partnership working with statutory services/third sector collaboration such as peer support forums, family group interventions and outreach functions.

The Mother and Baby Unit will provide specialist multi-disciplinary care to women currently pregnant or with a baby up to 1 year of age, who are experiencing mental illness that is moderate to severe in nature.

The service will consider all referrals based on clinical need, including those mothers under the age of 18 (where it is expected that the mother will be the principal carer for the child). For patients under 17 years 9 months at point of admission a named worker within Community CAMHS (from patient's Host Health Board) should be allocated for the duration of admission to ensure a supported and timely discharge. Swansea Bay University Health Board are working with the local CAMHS Network to ensure the needs of this patient group can be met with timely access to Specialist CAMHS professionals.

The service will ensure that women and families who wish to communicate through the medium of Welsh are cared for in an environment where the use of Welsh language is promoted, Welsh language needs of women and families will be considered in the recruitment of staff to the unit.

Mothers and babies will have access to stimulation and activity appropriate to their individual needs, supported by professionals with appropriate skills and training promoting positive mother-infant interactions.

### **Service Aims:**

- To provide expert assessment of women presenting with complex mental health needs during the perinatal period.

## Appendix 1

- To provide treatment and care for those with complex perinatal mental health needs.
- To ensure specialist in-patient care is available without delay so that no woman is unnecessarily separated from her baby.
- To provide treatment for women within the perinatal period who can benefit from medical, psychological and social inclusion interventions (signposting to appropriate services) provided within a highly therapeutic specialist in-patient environment.
- To provide expert advice and consultation in the care and treatment planning of women experiencing perinatal mental illness, including recommendations for care and signposting to appropriate agencies including secondary care mental health services, universal services, other agencies such as social services and 3<sup>rd</sup> sector organisations.
- To provide support and advice to carers of women experiencing perinatal mental illness, and deliver treatment within a systemically informed framework, promoting the involvement of woman and child support network as appropriate.
- To ensure the safety and well-being of infants and promote positive mother-infant attachment, promoting development of positive infant mental health.
- To work alongside other agencies (in primary care, secondary mental health services, the local authority and children's services, the voluntary and independent sector) to ensure information is shared and that a robust care plan is in place before the mother is discharged from inpatient services.
- To ensure that women, partners/significant others and families are able to make informed decisions about care and treatment, where they are able, including through provision of appropriate information and signposting to other relevant support.

In the event of formal separation between mother and baby during admission to MBU i.e. social services care arrangements or similar, mothers should be transferred to alternative general in-patient provision (if inpatient care required), this includes access to appropriate CAMHS inpatient care, without delay, where applicable.

As a new and developing area of mental health practice, Perinatal Mental Health Practitioners from community-based services will be encouraged to spend time on the mother and baby inpatient unit, and visa versa, as part of workplace inductions, professional development and clinician-to-clinician networking to share good practice ideas and developments. Positive and familiar interface

## Appendix 1

between community based professionals and MBU will promote smooth transitions for service users across the perinatal pathway.

### **3.12 Proposed Future Scope of the Unit**

Initially the Unit will focus on delivering the core functions. However after evaluation in the future it will work with the Commissioner to broaden the scope of the Unit. Key areas for future development would be to consider the extension of the upper age limit for admissions to two years post partum.

Another area of sub-specialisation suggestions could be to offer a service for patients with substance misuse or parenting assessments.

Some concern has been raised in relation to the risk of community based staff becoming de-skilled as a result of Wales developing the Mother and Baby Inpatient unit. This risk is considered to be low, due to the approach of MDT working *across the Perinatal pathway*, including for women admitted to MBU. The vast majority of women experiencing Perinatal Mental illness will continue to be appropriately nursed in the community by local specialist perinatal mental health services, enabling the current highly skilled workforce to continue their specialised work. In addition to this, the model of mutually beneficial shared learning opportunities (outlined previously in this document) will further enhance the training and development of all practitioners across the pathway. Additionally it is expected that community care co-ordinators remain actively involved in the care planning of patients during any inpatient admission, providing the dual benefits of continuity for women and families **and** preventing de-skilling of community clinicians in the treatment and management of serious mental illness in the perinatal period.

### **3.13 Environment of Care**

Facilities for families and visitors will be included in the design of the Unit if a new build and in adapted accommodation if the Unit is created on the Tonna site. Systemic interventions and family support will be integral to the clinical model.

The Unit will be purpose built, with a focus on a safe and therapeutic environment. Patients will have access to individual bedrooms with en-suite facilities. There will be appropriate facilities to ensure dignity and confidentiality are maintained. Mothers and babies will have access to stimulation and activities appropriate to their individual needs.

## **4. RECOMMENDATION**

The management group is asked to consider the options available for the provision of a Mother & Baby Unit on both an interim and permanent basis and approve moving this project to the next stage of the planning process.

**November 2019**

## Appendix 1

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



Llywodraeth Cymru  
Welsh Government

Ein cyf/Our ref: MA-P/VG/6054/19

Dr Sian Lewis  
Managing Director WHSSC  
3a Caerphilly Business Park  
Caerphilly  
CF83 3ED,  
[Sian.lewis100@wales.nhs.uk](mailto:Sian.lewis100@wales.nhs.uk)

22 January 2020

Dear Dr Lewis,

I understand that WHSSC considered the options for the delivery of a Perinatal Mental Health Mother and Baby Unit in Wales at its management meeting on 28 November 2019. As you are aware, I am committed to establishing a permanent Mother and Baby Unit in Wales at the earliest opportunity. However, I have been concerned at the timescales for the delivery of a permanent unit on the proposed Neath Port Talbot site.

Given the timetable for the agreement of a permanent solution, I would like WHSSC to proceed with an interim option which I understand will be the establishment of a six bedded unit on the Tonna site within Swansea Bay University Health Board. I have been advised that this would take approximately 12 months at an estimated capital cost of £1,496,000. I have therefore approved a capital ceiling for this amount, to be accommodated from my capital budget in the period to 31 March 2021. Draw down of the funding will be subject to scrutiny of works design and costs by NHS Shared Services Partnership and any overspend must be met by the contracting Health Board.

In addition to this, I would like you to undertake a further options appraisal to determine the appropriate model for a permanent Perinatal Mental Health Mother and Baby Unit, considering whether to continue to use the refurbished site at the Tonna Hospital site, or to develop a new build Mother and Baby Unit on the Neath Port Talbot site.

Yours sincerely,

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

Cc: Carole Bell, Joanna Jordan, Sharon Fernandez

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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.

# Agenda Item 3

CYPE(5)-07-20 - Paper 4



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

Dear Chair,

## **Follow-up on the inquiry into perinatal mental health**

I am replying to your kind invitation to provide evidence as the National Clinical Lead (NCL) for Perinatal Mental Health to the Children, Young People and Education Committee on Wednesday 26 February 2020.

Including in this invitation, was the request to provide a written paper, to include a response to the points outlined below. I have therefore provided a comprehensive overview of the work undertaken since my appointment, which covers each of the points you have raised.

## **General information on the role of the Clinical Lead – working being undertaken, progress made and outcomes achieved**

In January 2019, I commenced the role of National Clinical Lead for Perinatal Mental Health, the aim of this role being, to provide national leadership, co-ordination and expertise for the further development of perinatal mental health services and workforce, including quality standards, care pathways, professional competencies and training resources.

The main roles and responsibilities of this position are to:

- Lead the development and implementation of a national improvement programme.
- Focus on prevention, early identification and intervention in perinatal mental health, and promote positive infant mental health.
- Ensure timely access to proportional perinatal mental health assessments and support and treatments that are evidence based.
- Ensure Wales has an appropriately trained workforce, competencies and outcome framework, and National and All Wales Standards of Care are integrated and implemented.



- Establish and lead the Perinatal Mental Health Network (PNMH), ensuring key stakeholders are engaged and supported to develop an annual framework for the work programme.
- Engage with other clinical networks to promote good practice within the scope of particular programmes.
- Engage and work with stakeholders at all levels to promote good perinatal mental health and identify opportunities for continual service improvement.
- Provide expert advice to NHS organisations on how to successfully achieve targets in relation to specific policies and enable practical implementation of policies.

During January 2019, through to March, in the role of the National Clinical Lead I facilitated opportunities for practitioners, third sector and voluntary organisations, working to provide services and support for those identified as needing additional mental health support during the perinatal period, to come together. The aim of the workshops was to:

- Understand where we were at across Wales
- Give all the opportunity to share what was working well, and what could be improved
- Gather thoughts on what would make, and what we would need to do, to have quality perinatal services across Wales.

I also met with those who had used, or were using services, to ascertain their views. This information was collated, reviewed and themed into four key objectives, the '4P's':

**Partnerships** – strengthening collaborative working, across services, health boards and across Wales

**Pathways** – strengthen seamless service delivery at the right time and by the right people.

**Performance** – strengthen the quality of the services we deliver, and best possible experience for all.

**People** – strengthen our workforce, ensuring all have the right skills, knowledge, supervision and support.

In 2018, the NHS Wales Mental Health Network was established to support NHS Wales in the implementation of national strategy and the improvement of mental health outcomes in Wales. As part of the Network, four formal standing sub groups have been identified, one of which is the Perinatal Mental Health Network Board.

A comprehensive overview of the work undertaken against the CYPE Committee recommendations, is included in Appendix A below.

### **Monitoring of the National Clinical Lead role and budget attached to this role**

As the National Clinical Lead, I have been providing quarterly reports for the Mental Health and Vulnerabilities Team, Welsh Government (WG) and updates for the All Wales Mental Health Network. I also attend monthly meetings with key

team members in Welsh Government. Going forward, reports will also be provided for the Perinatal Mental Health Board. I now report to the National Programme Director for Mental Health who has recently been appointed and is based within the NHS Collaborative.

As well as funding for my role, recruitment to the Network Team, has included – Programme Support 0.5 WTE, Senior Project Manager 0.5 WTE and Admin Support. Additional funding for further training across Wales has also been secured.

### **Current position of each Health Board in terms of the PMH services**

As a Network, we are in the process of reviewing the function of the specialist perinatal mental teams, so that we can address the variation in service provision across Wales. We are working towards ensuring all health boards are providing a specialist assessment for women who are experiencing an episode of moderate to severe mental illness, in pregnancy and until at least 6 months postpartum, with follow up to 12 months. This will also include the opportunity for referrers to seek guidance and advice, for women who present later in the postnatal period, and, who are likely to need care beyond one year postnatal. This will be in line with recommendations from the Royal College of Psychiatrists.

A draft outline model has been shared with colleagues for further discussion with the aim of securing agreement from all health board. The model can then be incorporated within the All Wales Fully Integrated Care Pathway.

### **Role of the Clinical Lead in relation to MBU provision**

As the National Clinical Lead, I have been actively involved in working alongside colleagues in Swansea Bay to shape the proposed clinical model for the mother and baby unit in South Wales. This proposed model was shared wider, with colleagues during a Community of Practice meeting in July 2019, where colleagues were given the opportunity to share their views on the draft model. I will also be involved in the preparation for the development of the interim mother and baby unit at Tonna.

I have also visited a Mother and Baby Unit in Exeter and made links with the Dr Giles Berrisford, Associate National Clinical Director for Perinatal Mental Health for NHS England.

### **Data – what is being reported and what data is available, particularly around psychological therapeutic support**

I understand that all health boards are providing Welsh Government with the data they have requested. This is an interim solution until an agreed all Wales data collection process can be put in place. Over the last year the Network has facilitated a workshop and follow up meeting, where clinicians from all health boards, WG, NWIS and third sector colleagues, have been brought together, to begin to identify key performance indicators and outcome measures to be implemented across Wales

I have recently met with psychologists working within the Specialist Perinatal Mental Health Teams, and have contacted each health board's Psychological Therapies Management Committee. Within the delivery plan there is a focus on strengthening the psychological therapies infrastructure in Wales that will further support service improvement, workforce development and strengthen governance. This work will include ensuring that Matrics Cymru and the associated evidence tables are reviewed and updated where appropriate, which will take into account perinatal mental health.

### **Health boards signed up to the PQN and clinical lead involvement**

Three health boards across Wales have already signed up to the Perinatal Quality Network (PQN) - Cardiff & Vale University Health Board, Aneurin Bevan University Health Board and Swansea Bay University Health Board.

All health boards are aware of the expectation to have signed up to the PQN by March 2021, and my role has been to provide information on the process, identify the benefits and support and encourage them to sign up as soon as possible.

### **Current position on a consultant midwife in Powys**

Powys are exploring funding options for a Specialist Perinatal Mental Health Midwife, and the Consultant Midwife continues to be actively engaged with developments and attend Network meetings and events, whilst the recruitment process takes place.

I hope that the information that I have included above, provides clarity with regards to my role within the Perinatal Mental Health Network, and the work that I have been undertaking since January 2019 to date.

Yours sincerely,



**Sharon Fernandez**  
**National Clinical Lead**  
**Perinatal Mental Health**  
**NHS Wales Health Collaborative**

Cc Carol Shillabeer – Chair of all-Wales Mental Health Network  
Joanna Jordan – National Programme Director for Mental Health  
Hazel Powell - Chair of Perinatal Mental Health Network

Key Priorities		Work undertaken	Where we are at?	Timescale
To develop a base understanding of where PNMH Service were at, across Wales	The NCL has made contact with each health board, identifying, engaging and connecting with colleagues across Wales	The NCL has brought clinicians together to develop a stronger 'team' ethos across all Health Boards and Wales	Connected with all Health Boards	Dec-19
			PNMH Workshops facilitated	Mar-19
Funding for National Team Clinical resource, administrative time, and training budget <b>(Recommendation 1 &amp; 2)</b>	The National Clinical Lead recruited to the National Team – Programme Support 0.5 WTE, Senior Project Manager 0.5 WTE and Admin Support	Additional funding for further training across Wales has also been secured	PNMH Board, Clinical Steering Group & Community of Practice (COP) re-established	Nov-19
			Programme Support	May-19
			Senior Project Manager Recruited	Jun-19

Reporting Mechanism	Quarterly reporting to the Mental Health and Vulnerabilities Team, Welsh Government (WG), and monthly meetings with key team members	Admin Support	Unable to successfully recruit, agency support provided
		Additional Funding secured	Dec-19
	Updates for PNMH Board and All Wales Mental Health Network	Quarterly Reports	Ongoing
		Monthly Meetings	Ongoing
	Update/ Reports to PNMH Board	Ongoing	

# Partnership

<p>Establish Clinical Network and Maintain the current Community of Practice <b>(Recommendation 1 &amp; 2)</b></p>	<p>Over the last year the PMMH Board and the National Clinical Network Steering Group (NCNSG) has been set up. The Network reviewed the Community of Practice (CoP) membership, to include practitioners from all services across Wales, and have held one CoP, with a view to facilitating these events bi-annually. An annual PMMH Conference is being planned for November 2020</p>		
	<p>PMMH Board established</p>	<p>Nov-19</p>	
	<p>NCNSG – Re-established</p>	<p>Sep-19</p>	
	<p>CoP –Re-established</p>	<p>Nov-19</p>	
	<p>Annual Conference planned</p>	<p>Jan-20</p>	
<p>The NCL supported the re-establishment &amp; establishment of Steering Groups in Health Boards, encouraging each to consider the need for multi-disciplinary and agency membership across all service areas</p>			
<p>The NCL brought practitioners form midwifery, health visiting specialist team leads, and mental health nurses together as Professional Forums</p>			
<p>The NCL is now working with the Maternal Mental Health Alliance (MMA) to strengthening the service user and community voice, with plans in place to facilitate a third sector and voluntary organisation workshop at the beginning of 2020</p>			
	<p>Steering Groups established in each Health Board</p>	<p>Jan-20</p>	
	<p>Professional Forums established</p>	<p>Oct-19</p>	
	<p>Plan to strengthen third sector, charitable organisations, the voice of those that use our services and communities</p>	<p>Dec-19</p>	

	The NCL has also linked with professional bodies and key colleagues in WG	Linked with Royal College of Midwifery (RCM) Institute of Health Visiting IHV, Royal College of General Practitioners (RCGP Wales), Royal College of Psychiatrists RCPsych (Wales)	Jan-20
Strengthen collaborative working by engaging and undertaking joint work with other services <b>(Recommendation 26)</b>	All Health Boards encouraged to review membership of steering groups to include all disciplines, agencies and service user voice	Linked with colleagues leading on Substance Misuse and Alcohol. CAMHS Eating Disorders Adult Mental Health Heads of Midwifery & Health Visiting Incarceration Gypsy Roma Traveller Boater Community	Jan-20
Appropriate levels of third sector provision are properly funded <b>(Recommendation 20)</b>	Information regarding funding opportunities shared with all Health Board colleagues Steering Groups encouraged to link with and influence Regional Partnership Boards (RPBs)	Relevant information reference funding Opportunities shared with all health boards	Ongoing
Collaborative working	The Network are working closely with 3 <sup>rd</sup> Sector and voluntary organisations - Action on Post-Partum Psychosis, NSPCC, Family Action, Pandas, MIND and NCMH	Members of National Clinical Steering Group, PNMH Board and Community of Practice (COP)	Nov-19

<p>Raise awareness of perinatal mental health issues amongst the public and health professionals <b>(Recommendation 13)</b></p>	<p>The NCL has been out meeting colleagues, who work with women, men and their families during the perinatal period</p> <p>Consideration of suitable models to increase awareness within our communities and for all professionals is needed</p> <p>This is an area that we will explore more in 2020</p> <p>The Network also developed a National Clinical Network Newsletter, and plan to distribute this three times/ year</p> <p>Our intranet and internet pages are also under construction</p>	<p>Exploring models and ways in which we can raise awareness of mental health issues</p> <p>Quarterly distribution</p>	<p>Ongoing</p>
<p>Action plan to ensure that centres providing MBU beds are closely integrated with specialist community perinatal mental health teams <b>(Recommendation 8)</b></p>	<p>Colleagues in each health board have already established excellent working relationships with MBU colleagues in England</p> <p>Further work will be undertaken, to ensure that there are clear admission and discharge pathways for the South Wales MBU and North Powys and BCU, once plans regarding provision are confirmed</p>	<p>Review and agree content Intranet/ Internet pages for PNMH</p> <p>Recognise the need to develop and agree MBU admission and discharge pathways for Wales</p>	<p>Jan-20</p> <p>Nov-20</p>



# Pathway

<p>Development of an all-Wales clinical care pathway – outcomes - referral windows and waiting times - <b>(Recommendation 1, 2 &amp; 12)</b></p>	<p>The Network facilitated an All Wales PNMH Fully Integrated Care Pathway workshop where colleagues were encouraged to share their thoughts on what good for Wales would look like</p> <p>Colleagues in Hywel Dda are leading on the development of a draft pathway, to be inclusive of both women and men</p> <p>Swansea Bay colleagues have developed a model for the function of the Specialist PNMH Teams, although, this will need further consultation and agreement from all health boards, before being incorporated within the pathway</p> <p>Further work will also need to take place to review paperwork, policies and guidelines, and we have approached colleagues within Cwm Taf Morgannwg to lead on this piece of work</p>		
<p>Workshop undertaken and pathway being drafted for consultation</p>	<p>Ongoing</p>	<p>Specialist PNMH Team function drafted for further consultation</p>	<p>Dec-19</p>
<p>Development of draft all Wales paperwork, policies and guidelines</p>	<p>Nov-20</p>		

<p>Further work on the link between health inequalities, focusing on early identification and treatment of those populations in greatest need <b>(Recommendation 27)</b></p>	<p>The NCL has linked with the ACE Hub, Local Authority colleagues – Flying Start (FS) / Early Integration Pathfinder areas; initial contact has been made with the Gypsy, Roma, Traveller, and Boater Community. Further work needs to be undertaken to fully understand the needs of these communities</p> <p>With regards to early identification and treatment; the ethos of all our work going forward, will be to convey a culture where the right care, is provided by the right people and at the right time</p>	<p>Links made with ACE Hub/ FS and LA colleagues</p>	<p>Aug-19</p>
<p>Provides for the Welsh language needs of the population <b>(Recommendation 25)</b></p>	<p>Ensure all resources are available in Welsh has been identified. It is proposed that those needing further screening will be offered the Edinburgh Post Natal Depression Questionnaire (EPDS). This resource is already translated and validated in 58 languages, but unfortunately, Welsh is not one of them</p>	<p>Further work needed to understand the specific needs of the Gypsy, Roma, Traveller, Boater community</p>	<p>Ongoing</p>
<p>Established standards, advice and guidance on psychological medication during pregnancy and breastfeeding <b>(Recommendation 24)</b></p>	<p>The NCL has been working together with the Neonatal and Midwifery Network, Specialist Midwives, Swansea Bay, BCU and Cardiff and Vale colleagues to review, and standardise the following – Guidance</p>	<p>Welsh Government recognises the importance of this screening tool being available in the Welsh Language. However as part of any translation process, the need to ensure that the translated tool is appropriately validated and the approach to this work is being considered by Welsh Government at present</p>	<p>Ongoing</p>
		<p>To clarify position of each and ensure dates are set for consultation and ratification</p>	

	for Mental Health Prescribers and GPs Psychotropic Medication in Utero		
Impact of feeding on perinatal mental health and translate this into guidance for professionals and the public. <b>(Recommendation 23)</b>	There are many free resources for professionals, women, men and their families available to access on the internet; with this information being included in our first Perinatal MH Network newsletter  Following the publication of the All Wales Breastfeeding 5 Year Action Plan, the NCL have been invited to join this work. This recommendation will also be considered within the work plan  The NCL has met with women attending breastfeeding support groups, to further understand, their experiences, their concerns and what their key messages for others would be.	Information included in PNMH Network Newsletter  Awaiting date for meeting. Contact made with Infant Feeding Lead for BCUHB, meeting arranged	Sep-19  Ongoing
Psychological support for neonatal and bereaved parents to be addressed and standards to be met <b>(Recommendation 21)</b>	The NCL has worked with colleagues from the Neonatal Network and Neonatal Units across Wales, to understand what psychological support is presently available for neonatal and bereaved parents. With this information, we will now be working together to understand where the gaps are, and consider how this can be addressed	Benchmarking of psychological provision in neonatal units	Dec-19

	<p>The NCL has made contact and met with colleagues from the Women and Children's team in WG, who are leading on the development of the All Wales Bereavement Pathway</p>	<p>Contact and meeting with WG Women and Children's team</p>	<p>Jun-19</p>
<p>Continued relationship with midwife or health visitor <b>(Recommendation 19)</b></p>	<p>The NCL has worked with the Midwifery Network, and made contact with Bereavement Midwives/ Midwives with a role in supporting those bereaved. Work has been undertaken to understand each health board's position, with a view to identify gaps, areas of best practice and work that will need to be undertaken to ensure equity of provision</p> <p>Continuity and importance of the relationship with midwives and health visitors, has been prioritised within the Healthy Child Wales Programme and Maternity Care in Wales 5 Year Vision</p> <p>The Network will continue to work with maternity and health visiting colleagues, to ensure that therapeutic relationships are included within work plans</p>	<p>Benchmarking of psychological provision for parents bereaved during the perinatal period</p> <p>Continuity of relationships identified within relevant maternity and health visiting programmes/ visions</p> <p>Continue working in collaboration with midwifery and health visiting colleagues</p>	<p>Dec-19</p> <p>Aug-19</p> <p>Ongoing</p>
<p>National framework for antenatal classes <b>(Recommendation 15)</b></p>	<p>The NCL has been working together with the Neonatal and Midwifery Network to begin to identify key pieces of work that will need a collaborative approach. With the midwifery clinical lead having taken up post in November, work to identify where we are at with antenatal class provision will be undertaken</p>	<p>Meeting with Neonatal and Midwifery Network to identify priorities</p> <p>Scoping antenatal Class Provision across Wales</p>	<p>Mar-19</p> <p>Jan-20</p>

	<p>The NCL been working together with colleagues from Public Health Wales (PHW) to shape the content of the refreshed Bump, Baby and Beyond resources</p>	<p>Links made with PHW colleagues</p>	<p>May-19</p>
<p>Review information provided in standard pre- and post-natal packs <b>(Recommendation 14)</b></p>	<p>The NCL linked PHW colleagues with women and their families who had used resources, to ensure that key messages, identified by them, have been included</p> <p>PHW colleagues will be producing a draft of these resources for consultation and agreement</p>	<p>PHW colleagues linked with women and families who have used services</p> <p>Awaiting draft resources for consultation and agreement</p>	<p>Jul-19</p> <p>Jan-20</p>
<p>Improving access to psychological therapies for perinatal women and men <b>(Recommendation 10)</b></p>	<p>The NCL has just started working with colleagues to consider the need to review Matrics Cymru through a perinatal lens</p> <p>The NCL has made contact with national and local psychological therapies management committees, to explore where each health board is at, from a perinatal mental health perspective</p>	<p>Contacting health boards' Psychological Therapies Management Committees to ensure perinatal psychologists are linked to each</p> <p>In the Welsh Government's Together for Mental Health delivery plan 2019-2022 there is a continued focus on improving the access, quality and range of psychological therapies.</p> <p>Within the delivery plan there is a focus on strengthening the psychological therapies infrastructure in Wales that</p>	<p>Mar-20</p> <p>Ongoing</p>

		<p>will further support service improvement, workforce development and strengthen governance.</p> <p>This work will include ensuring that Metrics Cymru and the associated evidence tables are reviewed and updated where appropriate, which will take into account perinatal mental health</p>	
<p><b>Establish an MBU in South Wales (Recommendation 6)</b></p>	<p>The NCL, has been actively involved in working alongside colleagues in Swansea Bay and WHSSC to shape the proposed clinical model for the mother and baby unit MBU in South Wales. This model was shared wider, with colleagues during a COP meeting in July. The NCL also visited an MBU in Exeter, and colleagues there have offered to be our 'buddies' and support us to develop our provision within Wales</p> <p>The NCL has been involved in discussions around the suitability of, and suggestions for interim and permanent provision</p>	<p>Shaping of proposed model for South Wales MBU</p>	<p>Nov-19</p>
		<p>Paper to WHSSC committee</p>	<p>Jan-20</p>
		<p>Further exploration and discussion undertaken for North Powys and BCUHB</p>	<p>Jan-20</p>

<p>Engage with NHS England to discuss options for the creation of a centre in North East Wales <b>(Recommendation 7)</b></p>	<p>WHSSC are leading on the provision of inpatient facilities for residents of North Wales. However, the NCL has engaged with colleagues in North Wales and North Powys, to discuss suitable options for inpatient facilities. More recently the NCL, met with North Wales colleagues whilst visiting the specialist team in BCUHB</p>	<p>Discussions undertaken with National Programme Director for Mental Health, WHSSC and BCUHB colleagues</p>	<p>Jan-20</p>
<p>Guidance for professionals and information for patients on the evidence-based benefits admission to an MBU</p>	<p>The Network is working with Swansea Bay and Action for Postpartum Psychosis colleagues, to ensure we have appropriate information and resources for both patients and professionals, prior to admission and following discharge</p> <p>Admission criteria and checklists for admission to MBU has also been identified, with Swansea Bay colleagues leading on the development of this work</p>	<p>Admission Leaflet being drafted</p> <p>Relevant documentation identified</p>	<p>Sep-20</p> <p>Sep-20</p>

# Performance

<p>Development of perinatal mental health services quality standards <b>(Recommendation 1 &amp; 2)</b></p>	<p>The NCL has been working with all health boards to understand where they are at against the Guidance for the Delivery of Integrated Perinatal Mental Health Services in Wales 'All Wales Standards' all are aware, of the expectation to meet these standards by March 2020</p> <p>The NCL has also shared the <a href="#">Maternal Mental Health Alliance Pathway Assessment Tool</a> and will be encouraging all health boards to assess their service provision using this tool kit throughout 2020</p> <p>The NCL has started to consider how we can introduce an in-house peer review process, replicating the work already being undertaken by the CAMHS Network</p>	<p>Benchmarked against All Wales Standards</p>	<p>Jan-20</p>
<p>Sign up to the PQN <b>(Recommendation 11)</b></p>	<p>3 health boards across Wales have now signed up to the perinatal quality network (PQN) – Cardiff &amp; Value, Aneurin Bevan and Swansea Bay</p>	<p>All health boards aware of expectation to have signed up to the PQN by March 2021</p>	<p>Mar-19</p>



	<p>All health boards are aware of the expectation to have signed up to the PQN by March 2021, and we are working with them to encourage and support this to be achieved</p>		
<p>Additional funding to Health Boards to better address variation so that service development and quality improvement can be achieved by expanding existing teams</p>	<p>Additional funding has been made available to health boards, with perinatal services being recognised at a priority</p> <p>With the support of the MMHA, the NCL have been working with all health boards to understand where they are at against the <a href="#">Standards for Community Perinatal Mental Health Services</a></p> <p>The Network are also in the process of reviewing the function of the specialist perinatal mental teams, so that we can address the variation in service provision across Wales. We are working towards ensuring all health boards are providing a specialist assessment for women who are experiencing an episode of moderate to severe mental illness, in pregnancy and until at least 6 months postpartum, with follow up to 12 months. This will also include the opportunity for referrers to seek guidance and advice, for women who present later in the postnatal period, and, who are likely to need care beyond one year postnatal</p>	<p>Additional Funding made available by WG</p> <p>Re-benchmarking of specialist service provision</p> <p>Consultation on all Wales model/ function of specialist PNMH teams/ services</p>	<p>Jul-19</p> <p>Dec-19</p> <p>Jan-20</p>

	<p>Colleagues in Hywel Dda are leading on the development of an All Wales Fully Integrated Care Pathway, which will be inclusive of both women and men</p> <p>The Network has identified the need to gain a better understanding of how many women had been identified as needing a MBU bed, how many accepted that offer and those declining; for those declining, we also asked for clarification of what support was offered to these women and their families and the reasons given for declining a MBU bed outside of Wales. This data was not being routinely collected by all, however, this has now been included in the 6 monthly data requested by WG</p>	<p>Hywel Dda colleagues leading on the development of a draft All Wales Fully Integrated Care Pathway</p> <p>MBU admission data included within 6 monthly WG data requests</p>	<p>Jan-20</p> <p>Dec-19</p>
<p>Agree, collect and publish, both local and national outcome-based performance measurements and data <b>(Recommendation 1 &amp; 2)</b></p>	<p>The Network has run a workshop and a meeting, where colleagues from health boards, WG and NWIS, have been brought together, to identify key performance indicators that can be collected by all health boards</p> <p>Further work also needs to be undertaken on the suggested data collection/ audit questions previously identified as part of the guidance for the delivery of integrated perinatal mental health services in Wales</p> <p>The Network has been working with NWIS, WG and Powys Teaching Health Board to</p>	<p>1 x workshop and 1 x meeting facilitated</p> <p>Identified a further six performance indicators to complement the data collection outcome measures within the Guidance for the delivery of integrated perinatal</p>	<p>Dec-19</p> <p>Dec-19</p>

	<p>shape the PNMH content of WCCIS; and with Midwifery and Health Visiting colleagues, to ensure that the right questions are being asked, to provide meaningful data for future service development and resource allocation</p>	<p>mental health services in Wales</p> <p>Shape and agree PNMH content for WCCIS</p>	<p>Jan-20</p>
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## People

<p>Development of workforce &amp; professional competencies training resources <b>(Recommendation 1 &amp; 2)</b></p>	<p>The NCL has encouraged health boards to undertake a review of training needs and through our workshops, have identify training gaps. Relevant training has been identified and WG has provided additional funding to train - Specialist Team Leads, Specialist Mental Health Practitioners, Psychiatrist, Trainee Psychiatrists and 60 'Movers &amp; Shakers/Champions' in perinatal and infant mental health and Post-Partum Psychosis</p> <p>Colleagues in BCUHB are also leading on the development of a resource for midwives</p> <p>Links for relevant, free and easily accessible training opportunities shared with colleagues</p>	<p>Health boards identified training needs</p> <p>Additional funding secured for training from WG</p> <p>Links for self-directed training provided to colleagues</p>	<p>Mar-19</p> <p>Dec-19</p> <p>Jul-19</p>
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<p>Develop and deliver a workforce strategy/competency framework and All Wales training <b>(Recommendation 17)</b></p>	<p>Permission has been sought, and given, from Scotland to adapt their recently refreshed Curricular Framework for PMH &amp; Parent-Infant Mental Health To explore, develop and agree competency framework for Wales</p>	<p>Permission sought and gained to adapt Scottish Curricular Framework</p>	<p>Sep-19</p>
<p>Perinatal mental health is included in the pre-registration training and continuous professional development (CPD) <b>(Recommendation 16)</b></p>	<p>The NCL linked with Universities in Wales to get a better understanding of what perinatal mental health training is provided in pre-registration across Wales</p>	<p>Linked with Universities and HEIW</p>	<p>Dec-19</p>
<p>Specialist perinatal mental health midwife <b>(Recommendation 18)</b></p>	<p>The NCL has brought specialist midwives together Powys are exploring funding options for a Specialist PMH Midwife, and the Consultant Midwife continues to be actively engaged with developments, whilst the recruitment process takes place The Network is in the process of developing an All Wales Job Description and reviewing the role, in line with the RCM Specialist Mental Health Midwives Role recommendations</p>	<p>Bi-monthly meetings</p>	<p>Mar-19</p>

Specialist health visitor in perinatal and infant health role in Wales  
**(Recommendation 22)**

	<p>There is 1 specialist health visitor for PNMH in Wales at the moment. The Network has worked with all health boards to identify health visitors with an interest and additional skills, bringing them together in a professional form</p> <p>The NCL has identified the need to develop an all Wales Job Description in line with recommendations from Health Education England</p>	<p>Bi-monthly meetings</p>	<p>Jul-19</p>
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# Agenda Item 4.1

## CYPE(5)-07-20 – Paper to note 1

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

Dr. Sarah Witcombe-Hayes  
NSPCC Cymru/Wales,  
Diane Englehardt House,  
Treglown Court,  
Dowlais Road,  
Cardiff CF24 5LQ

11<sup>th</sup> February 2020

Dear Lynne Neagle, AM

NSPCC Cymru/Wales is writing in response to the follow up work that the Children, Young People and Education Committee is undertaking on its inquiry into perinatal mental health in Wales. NSPCC Cymru/Wales is pleased to see that the Committee is continuing to scrutinise progress to ensure that mums and their families in Wales receive good quality perinatal mental health care.

NSPCC Cymru/Wales welcomes the Welsh Government's commitment to improving perinatal mental health care in Wales. In the Minister's latest update to the Committee (dated October 2019), we were pleased to note that steps have been taken to meet some of the Committee's recommendations. Of particular note is the appointment of the National Perinatal Mental Health Lead for Wales, and the work that has been done to set up the Perinatal Mental Health Board and Perinatal Mental Health Clinical Network, as well as the Perinatal Mental Health Steering Groups established in most of the health boards, and professional forums. Additionally, the Minister's latest update indicates that there has been some improvement in the data that is being collected across Wales, including inpatient admissions data, which helps to build a picture of need.

We are also pleased to see Welsh Government's commitment to perinatal mental health reflected in the recently launched Together for Mental Health Delivery Plan: 2019-22. Under Priority 5 '*Improving access and quality to perinatal mental health services*', it is positive to see milestones on achieving quality standards for specialist perinatal mental health teams, the establishment of a mother and baby unit, training for professionals on perinatal and infant mental health, better access to information, and beginning to understand the needs of fathers.

Despite this progress, there are a number of areas that NSPCC Cymru/Wales feels need to be progressed, expanded on or scrutinised as a matter of priority.

## 1. Mother and Baby Unit

NSPCC Cymru/Wales recognises that designing and setting up such a specialised mother and baby unit is complex. However, we are concerned with the proposed timescale and disappointed that the mother and baby unit is not planned on being operational until 2021. The Welsh Government first announced their commitment to establishing specialist inpatient support on 1<sup>st</sup> October 2017, and we feel that four years is far too long for this vital provision to be available for women and their families in Wales. Without the right specialist support, women's lives can be put at risk.

While it is vital for women and families to be able to access specialist inpatient support as soon as possible, NSPCC Cymru/Wales is concerned by the suggestion of an interim solution being available in a psychiatric hospital within the next 12 months. It is essential that any inpatient provision is appropriate for women and their families. Mother and baby units are a specialist model of inpatient care for women experiencing severe perinatal mental health problems. They are specifically designed to provide joint admissions for mothers and babies, rather than mums being separated from their babies, as they would in generic psychiatric units. Mother and baby units are commissioned to not only assess and treat mum's mental health problems, but to support the mother-infant relationship and bond. The multidisciplinary teams within mother and baby units are specifically trained in the treatment of perinatal mental health problems, and in child development. Whereas staff on generic psychiatric wards are unlikely to have specialist perinatal mental health skills, knowledge and training. Research<sup>1</sup> has shown that mother and baby units are felt to be more family centred and better equipped to meet women's need. On the other hand, generic wards were seen to lack the necessary facilities and expertise to support perinatal women adequately, and the separation of mothers and babies was found to be traumatic and detrimental to some women's recovery<sup>2</sup>. NSPCC Cymru/Wales feels that it is important that these findings are given consideration in establishing an interim solution and that more details are given on this provision, including whether women will be admitted with their babies, and whether there will be adequate provision for partners/family to visit. It is also vital that any interim solution does not become long-term provision, replacing the development a permanent fit for purpose mother and baby unit in Wales.

NSPCC Cymru/Wales is concerned that details about mother and baby unit provision for women in North Wales remains unclear. NSPCC Cymru/Wales feels that it is essential that a clear integrated pathway of care for women in North Wales needing inpatient specialist support, is established as a matter of urgency, to ensure that women have timely access to mother and baby unit provision. NSPCC Cymru/Wales would like to see a plan for mother and baby unit admissions for women in North Wales clearly outlined in the next Minister's update to the Committee.

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<sup>1</sup> Griffiths et al., (2019) A qualitative comparison of experiences of specialist mother and baby units versus general psychiatric wards. *BMC Psychiatry*. 19(1). pp. 1-15

<sup>2</sup> Ibid

## **2. Standards for PMH Services**

In the 'Together for Mental Health Delivery Plan' the milestone around perinatal mental health services meeting the All Wales Standards, and Royal College of Psychiatrists Quality Standards (CCQI) is welcome, but more clarity is needed on how this will be achieved, reported on and monitored.

Evidence from NSPCC and partners 'From Bumps to Babies' research showed that at the time of reporting the majority of perinatal mental health services in Wales were not able to provide all aspects of care that women and their families needed, and were therefore unable to meet CCQI quality standards. This is also captured in the 2017 Maternal Mental Health Alliance, Everyone's Business Campaign maps, which showed that less than a third of health boards in Wales had perinatal mental health services that met national standards (see attached). The Maternal Mental Health Alliance will be producing new maps in Spring 2020 and these will provide an updated picture of provision in line with quality standards. The Maternal Mental Health Alliance will write to the Committee when the new maps are launched.

More recently NSPCC Cymru/Wales and Sharon Fernandez (National Lead on Perinatal Mental Health) carried out an informal mapping exercise which explored whether staffing levels and roles within perinatal mental health teams adequately meet the CCQI standards. The exercise indicated that while there have been some increases in staffing within certain roles across Wales (notably occupational therapy, nursery nurses, and administration), there is still a long way to go before perinatal mental health services can meet the CCQI standards for staffing. The exercise showed that the only role to meet the CCQI standards in each health board, was the administration role.

It is important that the achievement of the All Wales Standards and CCQI Standards is closely monitored and reported on. Three perinatal mental health services in Wales have signed up to the Royal College of Psychiatrists' quality standards for review. NSPCC Cymru/Wales feels it is important that all perinatal mental health teams are signed up so they can monitor and benchmark their progress against the standards. NSPCC Cymru/Wales would like to see progress against the standards reported on in future updates from the Minister.

## **3. Waiting times for assessment and treatment**

Currently data on waiting times for assessment and treatment of perinatal mental health problems is not reported on in the Minister's update to the Committee. NSPCC Cymru/Wales feels that it is important for this data to be made available to give a better understanding of whether women in Wales experiencing perinatal mental health problems can get timely access to services and psychological therapies where appropriate.

## **4. Transparency of funding**

NSPCC Cymru/Wales would like to see some more detail around the amount of investment that has gone into developing and improving perinatal mental health in Wales, in particular into developing community perinatal mental health teams since 2015/16. Detailed information about funding would make it easier to track progress.



NSPCC Cymru/Wales feels more ringfenced investment is needed for specialist perinatal mental health teams, to ensure they can successfully achieve the All Wales and CCQI Standards, giving women and their families the best perinatal mental health care.

### **Fight for a Fair Start**

In July 2019, the NSPCC launched a new policy influencing campaign called 'Fight for a Fair Start', which aims to ensure all parents across the UK have fair and equal access to perinatal mental health support – wherever they live. The work in Wales focuses on calling for:

- 1. Dedicated specialist perinatal mental health midwives and health visitors in each health board area, to help identify and support women and their families affected by perinatal mental health problems**
- 2. All women and their families in Wales to be able to access a mother and baby unit that meets national standards, when needed**
- 3. Additional funding to ensure that all women and their families can access high quality specialist perinatal mental health services, wherever they live in Wales**

NSPCC Cymru/Wales is very keen to continue to work with the Committee and campaign for further progress in perinatal mental health care in Wales.

We are available to provide further written or oral evidence, should this be useful.

Yours Sincerely,

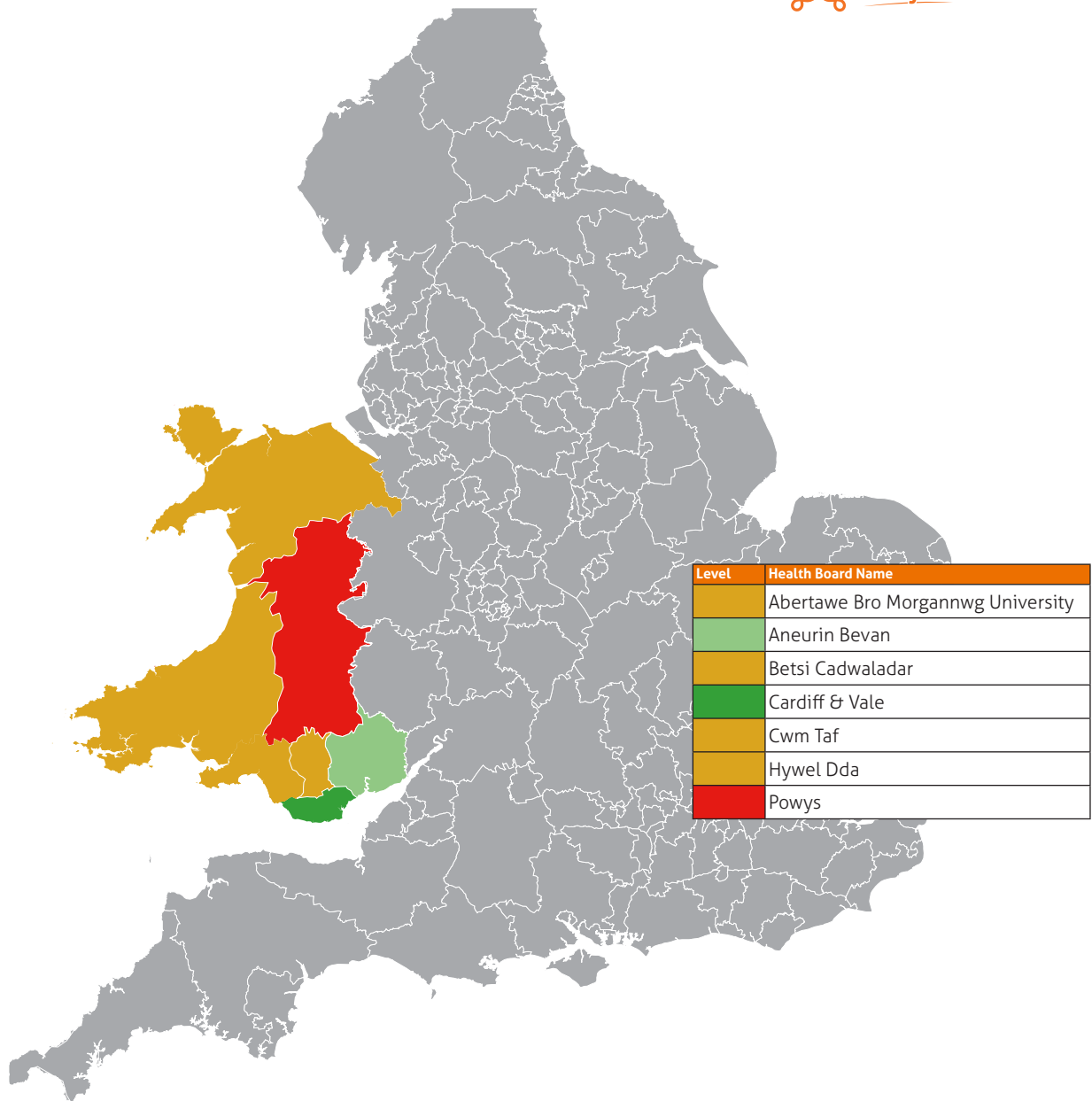
A handwritten signature in black ink, appearing to read 'SWH', is written over a light grey rectangular background.

Dr. Sarah Witcombe-Hayes

Senior Policy Researcher, NSPCC Cymru/Wales

# Specialist Community Perinatal Mental Health Teams (Wales)

2017 DATA  
(RELEASED APRIL 2018)



LEVEL	COLOUR	CRITERIA
5	Dark Green	Specialised perinatal community team that meets Perinatal Quality Network Standards Type 1 <a href="http://bit.ly/2jouvAd">http://bit.ly/2jouvAd</a>
4	Light Green	Specialised perinatal community team that meets Joint Commissioning Panel criteria <a href="http://bit.ly/2AhAVeX">http://bit.ly/2AhAVeX</a>
3	Yellow-Green	Perinatal community service operating throughout working hours with at least a specialist perinatal psychiatrist with dedicated time AND specialist perinatal mental health nurse with dedicated time, with access to a perinatal psychiatrist throughout working hours
2	Yellow	Specialist perinatal psychiatrist AND specialist perinatal nurse with dedicated time
1	Light Red	Specialist perinatal psychiatrist or specialist perinatal nurse with dedicated time only
0	Dark Red	No provision

**Disclaimer** Details in this map and levels of provision have been assessed using the best information available at the time of printing. Please contact [info@everyonesbusiness.org.uk](mailto:info@everyonesbusiness.org.uk) if you suspect any inaccuracy.

More than 1 in 10 women develop a mental illness during pregnancy or within the first year after having a baby.

[www.maternalmentalhealthalliance.org/campaign](http://www.maternalmentalhealthalliance.org/campaign)



# Agenda Item 4.2

## CYPE(5)-07-20 – Paper to note 2

Annwyl Weinidog/Dear Minister,

We write to raise our deepest concerns regarding the school funding review, being conducted by Luke Sibieta. The Trade Unions welcomed the review when you made the announcement in October 2019 as we have lobbied for years for a whole-scale review of school funding.

The announcement followed the publication of the Children, Young People and Education Committee (CYPEC) report on school funding which made a series of recommendations to Welsh Government on what measures should be taken to work towards a fair funding system for schools. These included a recommendation that “Welsh Government commission an urgent review of how much funding is required to fund schools sufficiently” and that the review should “consider, as its basis, what the minimum cost is of running a school and educating a child in Wales”.

Since the announcement we have had some concerns regarding the remit of the review, but were reassured by the statements that you have made:

“Luke Sibieta will take forward an analysis of how total spending, and spending on different categories of inputs, varies across schools in specific circumstances in Wales.

"This will include, but not be limited to, how spending varies with levels of deprivation, rurality and growth in Welsh medium education. This empirical analysis would account for the differences in levels and methods of central spending across local authorities and will help provide for informed decision making on levels of funding for schools and pupils in different circumstances across the country.

(6 December 2019)

"According to IFS analysis, spending per pupil in Wales is just below £6,000 on average. However, this varies considerably between local authorities, reflecting differences in deprivation and sparsity, as well as choices made by local authorities in line with their responsibility for setting school budgets.

"Although schools differ significantly in terms of the factors which influence their costs, making it difficult to identify a “minimum cost”, this work will provide an essential analysis for

government, local authorities, schools and all with an interest in securing the right investment in Welsh education."  
(24 October 2019).

Announcing the analysis, you added the review will "help provide for informed decision making on levels of funding for schools and pupils in different circumstances across the country."

On Tuesday (January 14, 2020) Luke Sibieta gave a presentation on his review at the Welsh Government Union Partnership Group. This was the first time that any of the Trade Unions had met with Mr. Sibieta.

In your statement outlining the scope of this important review you stated: "We will invite policymakers from within the Welsh Government and external stakeholders (local authorities and unions). The aim of this meeting will be to establish clear expectations of what will be covered in the work and adjust the scope of the work if this is likely to be useful/feasible."

This meeting took place in December without representation from any trade union. This in its own right is deeply disappointing. Had unions been given the opportunity to participate in the 'initial project meeting' we most likely would not be in a position to be querying the premise of the report.

Upon being questioned about the lack of consultation, we were further informed that we would be invited to give evidence to Mr. Sibieta before the end of January. With two weeks left in the month, and heavy diary commitments this seems unlikely.

However, that offer would not have even been made had Mr. Sibieta not have been questioned and he seemed caught completely unawares that he would need to meet with the unions again, as if his attendance and presentation at this meeting constituted some sort of consultation.

Such a report is in danger of simply telling us what we already know, that there is insufficient money in the system to meet need; the CYPEC report documents that very clearly. We had hoped that the remit of the review would at the very least draw upon an understanding of what it costs to educate a learner - and thereby move the debate on from the work already completed by CYPEC.

Instead, it would appear this review aims to just achieve little more than describe how schools use the meagre funding currently allocated to them. Schools are in a funding crisis: ascertaining how

schools spend what little they get, is less than useful. We had understood from the CYPEC report and your announcement, that the report would scope flow and sufficiency.

If our deductions following Mr Sibieta's presentation are correct, then the report is set to disappoint not just our members but the CYPEC whose recommendations are apparently being ignored. Mr. Sibieta, was repeatedly asked if he would be providing a base figure for educating a child: we received no satisfactory response to this.

We would ask that the stakeholder meeting setting out the expectations and scope of the report, be reinstated with trade union officials, before this review goes any further. Since this should have happened in December and our views taken into consideration, we do not anticipate that this should delay Mr. Sibieta's work on this vital matter. Indeed, it will render his report more "useful/feasible" as was your stated intention.

We are keen to support a review of school funding as we firmly believe that it is the only way to shine a light on the dire funding settlements in schools and begin to provide a strategic plan for reversing the funding crisis that we are in. However, we cannot support a report that will merely highlight the current situation and tell us what we already know. We urge you to act now to address our concerns.

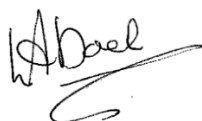
A copy of this letter will also go to Mr. Sibieta and the Chair of the CYPEC.

We look forward to your urgent response.

Yn gywir/Yours faithfully



Ruth Davies, President, **NAHT Cymru**



Laura Doel, Organiser, **NAHT Cymru**



Eithne Hughes, Director of **ASCL Cymru**

Deborah Lawson, General Secretary, **Voice**

Nicola Savage, Regional Organiser, **GMB**

Dilwyn Roberts-Young, Ysgrifennydd Cyffredinol/General Secretary,  
**UCAC**

David Evans, Wales Secretary, **NEU Cymru**

David Gunter, Regional Officer, **Unite the Union**

Rosie Lewis, Regional Organiser, **UNISON Cymru**



# Agenda Item 4.3

CYPE(5)-07-20 – Paper to note 3



Lynne Neagle AM  
Chair of Children, Young People and  
Education Committee

Wednesday 12 February 2020

Dear Lynne,

**Subject: EHRC inquiry into the monitoring and analysis of the use of restraint of children in primary, secondary and special schools in England and Wales**

I am writing to let you know that we will have launched an inquiry into the issue, to enclose the inquiry's terms of reference and to set out some of the background which I hope will be helpful to you.

Stakeholders have raised concerns about the use of restraint and the lack of data available of its use in schools, compared to other settings where there are requirements to record the use of restraint, such as in youth justice and mental health settings. Following these concerns, we have been discussing with members from the Education Directorate about plans to undertake work on how schools monitor the use of restraint and seclusion.

Our inquiry, which will be carried out under s.16 and schedule 2 of the Equality Act 2006 aims to understand the extent to which schools in England and Wales monitor and record the use of restraint and seclusion, and where they do, if and how they use this information to inform and improve their practices.

The inquiry is a tightly focussed inquiry, and will therefore not look at the prevalence of restraint and seclusion, nor how schools use restraint and seclusion.

We are aware our inquiry comes at a time when the Welsh Government is preparing a new framework to promote measures and practices that will lead to the reduction of restrictive practices in education, childcare, health and social care settings. Whilst recording and data collection is identified within the draft framework as an essential element in any reduction plan, there is a lack of data about schools' use of restraint and how they learn from using these





approaches. Monitoring and recording restraint can act as an important safeguard for both pupils and teachers alike. Our inquiry also seeks to understand what learning may be applied to schools from a range of settings where restraint and seclusion of children is routinely recorded and analysed and has led to changes in approaches. We hope this work may help inform Welsh Government's framework for reducing restrictive practices.

We have spoken to a range of stakeholders to inform our terms of reference for the inquiry, including Estyn and the Office for the Children's Commissioner for Wales. We are very grateful to Welsh Government officials for their valuable contributions to the development of our thinking on this work.

I would very much welcome the opportunity to discuss this work further with you in person. I appreciate the pressure on your diary and my office will be in contact with yours to see what might be possible.

Yours sincerely,

Rev Ruth Coombs

Head of Wales

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Bydd y Comisiwn yn croesawu gohebiaeth yn y Gymraeg a'r Saesneg.

The Commission welcomes correspondence in Welsh or English.

**Ff/T:** 029 2044 7710

**E:** [correspondence@equalityhumanrights.com](mailto:correspondence@equalityhumanrights.com)

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[equalityhumanrights.com](http://equalityhumanrights.com)



Wales | Cymru

## Terms of Reference: Monitoring and Analysis of the use of Restraint in Schools.

Statutory inquiry under section 16 and schedule 2 of the Equality Act 2006 into the monitoring and analysis of the use of restraint on children in primary, secondary and special schools in England and Wales.

- i. To understand whether and how primary, secondary and special needs schools in England and Wales are collecting and using data on their use of restraint and restrictive interventions.
- ii. To understand what learning may be applied to schools from settings where restraint and restrictive interventions of children is routinely recorded, monitored and analysed and where data informed practice leads to changes in approaches.

### Explanatory notes

'Restraint' is an act carried out with the purpose of restricting an individual's movement, liberty and/or freedom to act independently. Restraint includes chemical, mechanical and physical forms of control, coercion and enforced isolation, which may also be called 'restrictive interventions. For more information, please see the EHRC's [Human rights framework for restraint: principles for the lawful use of physical, chemical, mechanical and coercive restrictive interventions](#)

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Bydd y Comisiwn yn croesawu gohebiaeth yn y Gymraeg a'r Saesneg.

The Commission welcomes correspondence in Welsh or English.

**Ff/T:** 029 2044 7710

**E:** [correspondence@equalityhumanrights.com](mailto:correspondence@equalityhumanrights.com)

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[equalityhumanrights.com](http://equalityhumanrights.com)

Comisiynydd  
Plant Cymru

Children's  
Commissioner  
for Wales

To: Kirsty Williams  
Minister for Education

Dear Minister,

Via email only

## Regulation of Independent Schools

As noted in my public statement dated 3<sup>rd</sup> February 2020, I was pleased to note that the Council of Management had taken decisive action to dismiss the Principal of Ruthin School with immediate effect.

10 February 2020

I will continue to track progress at the School closely; the immediate focus now should be on ensuring the critical recommendations from Wales' inspectorates are acted on without delay; this includes the Council of Management reviewing its own effectiveness. I am aware that the Welsh Government and Estyn will be closely monitoring the implementation of the Action Plan by the Council of Management. I'd like to state my ongoing concern about the ability of the Council of Management to make and sustain the required changes in order to ensure that pupils are safeguarded and their well-being is promoted in a consistent and positive way, based on their involvement in such policies to date and the noted lack of scrutiny that has taken place.

As well as monitoring this particular school's actions, I would urge the Welsh Government to move without delay to ensure that the independent schools regulations are fit for purpose, to ensure every pupil, wherever they're educated in Wales, are safe. I believe that this particular case has brought into sharp focus the current lack of enforcement power in relation to these schools and the relative 'grey areas' between Government and arms-length bodies' powers in order to take actions where concerns are identified.

I've seen the responses to the three written questions tabled by Darren Millar AM from last week and note particularly in response to question WAQ79389 (e) "work has already commenced on updating the independent school regulations, ensuring they are strengthened and reflect current safeguarding guidance and practice" and that revised regulations will be "subject to a public consultation in due course".

My team and I have met with your officials (and others) in November 2019, December 2019 and January 2020 to discuss these policy issues, and I am now seeking written clarification from you as Minister that such consultation will commence in sufficient time to ensure that the subsequent amendments to



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Croesawn ohebiaeth yn y Gymraeg yn ogystal â'r Saesneg ac mewn amryw o fformatau  
We welcome correspondence in the medium of Welsh and English as well as alternative formats

regulations will be tabled before the Senedd for approval well before the end of the term in May 2021.

Assembly Members from Labour, Plaid Cymru and the Welsh Conservatives have already been in contact with my office regarding these matters and have indicated their support for strengthening the regulatory position in respect of independent schools, particularly safeguarding.

I am aware that advice has also been requested from officials in relation to changes to require teaching staff at independent schools to register with the Education Workforce Council. I am also in support of this proposal and hope that the same can be brought forward along with the strengthened regulations as noted above. I understand that the legislative position is less clear in this regard and there may be a requirement for primary legislation to achieve this. If it is possible I'd strongly welcome both sets of changes to be brought forward together given the close alignment between the issues. However, should it be more difficult to achieve the professional registration changes, I would not wish to see the independent schools regulations delayed as well.

As ever my office and I will be active and willing to support officials in the development of any revised regulations and supporting guidance.

As you'll be aware the Education Workforce Council have been raising this issue for many years now, and the previous Minister for Education paused work on this issue at the end of the last Assembly term. Mindful of the length of time required to comply with relevant consultation procedures, I feel it is incumbent upon me to raise this once again in order to ensure time is not lost within this term.

I am encouraged that the statements you and your officials have made over the last couple of weeks signal a strong intention to act swiftly and that the regulations will be strengthened. I have for several months been monitoring this case and have made preliminary preparations to use my legal powers to commence a review or case examination to ensure that any safeguarding gaps are highlighted and remedied. I am hopeful that such a step will not now be necessary but I would appreciate a formal written response to confirm your policy intent and that changes will be implemented before the end of the Assembly term, as I am concerned about the relatively tight timescales that will be involved.

I will be meeting Director of Education, Steve Davies, on 19th February 2020, and will be discussing this alongside a wide range of education matters.

Yours sincerely,





Sally

Sally Holland  
Comisiynydd Plant Cymru  
Children's Commissioner for Wales

Cc. Meilyr Rowlands, Estyn  
Gillian Baranski, CIW  
Haydn Llewellyn, Education Workforce Council  
Nicola Stubbins, Denbighshire Local Authority

# Agenda Item 4.5

CYPE(5)-07-20 - Paper to note 5

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

Ein cyf/Our ref MA-VG-6054-19

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



Llywodraeth Cymru  
Welsh Government

18 February 2020

Dear Lynne,

Following on from my letter of 19 December, I would like to provide you with an update on the development of mother and baby inpatient provision within Wales. In that letter I confirmed that officials were prioritising an interim solution to ensure that there is a level of provision within Wales as soon as possible.

This work identified the potential to refurbish unused infrastructure within Swansea Bay University Health Board to develop a bespoke Mother and Baby Unit on the Tonna site. The Tonna sites has been reviewed by the National Collaborative Commissioning Unit against the standards for inpatient Perinatal Mental Health Services (CCQI March 2018) and would be clinically appropriate on either an interim or permanent basis.

I have asked Welsh Health Specialised Services Committee (WHSSC) to proceed with a six bedded Mother and Baby Unit on the Tonna site. This unit is expected to be operational by spring 2021, representing a significant acceleration on timescales for other options. I have approved the capital funding for this work and have also committed additional funding to develop workforce capacity and capability ahead of the unit becoming operational.

In addition to this, I have asked WHSSC to undertake a further options appraisal to determine the appropriate model for a permanent Perinatal Mental Health Mother and Baby Unit. This work will consider whether continuing to use the refurbished unit at the Tonna Hospital site on a permanent basis, or developing a new build Mother and Baby Unit on the Neath Port Talbot site, will deliver the best outcomes for patients.

This represents an important step in ensuring that mothers in Wales receive the highest level of care and demonstrates Welsh Government's commitment to improving perinatal mental health provision within Wales.

Yours sincerely,

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

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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.

# Agenda Item 7

By virtue of paragraph(s) vi of Standing Order 17.42

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