



Ein cyf/Our ref MA/EM/0710/21

Lynne Neagle MS
Chair, Children, Young People and Education Committee
Welsh Parliament
Cardiff Bay
Cardiff
CF99 1SN

23 March 2021

Dear Lynne,

The Minister for Health and Social Services wrote to the Committee in May 2020, highlighting progress in a number of areas as part of the improvements we are making to support perinatal mental health in Wales. As part of the update the Minister highlighted some of the challenges that the outbreak of COVID-19 had caused for services, including the difficulties in maintaining usual reporting mechanisms from local health boards at a time when they were under considerable pressure. At that time, the Minister stressed that perinatal services were amongst those 'essential' mental health services that we have been clear must be maintained during the current pandemic. I can confirm that this has continued to be the case, although I recognise that the pandemic has put families under additional pressure, and there have been challenges as a result of Covid such as maternity ward visiting policy that will have had a detrimental impact on perinatal provision. Whilst I accept that this has been an incredibly difficult time for new parents, I think it is important to acknowledge the tremendous effort of staff from all services who have committed themselves to providing high quality care and support for parents and their families during this difficult period.

I am now able to write to you with a more detailed update on progress against the recommendations in response to the Committee's report on Perinatal Mental Health in Wales, published in October 2017. This letter provides additional context and information to support the attached update against each of the recommendations in your report. As you will see from the update, there are some recommendations where there has been positive progress, and I believe that recommendations 1, 3 and 11 are now completed. We have also provided high-level responses to those Committee recommendations that were previously rejected to provide assurance that this work was factored in as stated within that original response.

Some recommendations, such as the recommendation to establish a Mother and Baby Unit in south Wales where developments are on track, with the unit within Swansea Bay University

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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.

Health Board completed this month and scheduled to take patients from next month. This marks a significant step in providing improved perinatal mental health support for mothers in Wales, and I am grateful to all the staff and stakeholders who have made this possible, especially given the challenges of progressing the build through the COVID-19 pandemic. This work will establish a six bedded Mother and Baby Unit which will provide specialist support for mothers in line with the CCQI standards. The Welsh Government will be monitoring the transition to providing perinatal inpatient provision in south Wales to ensure that the unit provides the level of service demanded of it. I recognise that further work is needed to ensure that provision is also made available for mothers who live in North Wales, and I can confirm that discussions are being held with NHS England to develop the option of a joint eight bedded Mother and Baby Unit which would offer provision for women from North Wales.

The pandemic has affected progress against some recommendations as health boards have had to focus on delivering front line services in these challenging times. However, work is underway to ensure that progress on these recommendations is prioritised, with further detail provided within the update.

One area where there has been a delay, largely due to Covid, is the required data collection. However, perinatal services across LHB areas have now been able to provide an update on service activity. Updates were provided for the period from 1 October 2019 to 30 September 2020. Not all health boards were able to provide updates against all criteria. Data has been aggregated where possible to provide an overall picture of services, and should be treated as indicative only.

The data received for the period of 1 October 2019 to 30 September 2020, showed 3,925 referrals were received across Wales, with 2,994 referrals accepted. As this data collection covered a period of 12 months, it is possible to separately consider the data for the 6 months to March 2020 and then the 6 months to September 2020, broadly drawing out services before and during measures to combat COVID-19. Of the 2,491 referrals, 2,168 were received before April 2020, and 1,757 were received from April onwards. The percentage of referrals being accepted increased from 75% to 78% in the second six month period.. 1,756 of these referrals then went on to attend their first appointment. For the health boards that provided data for both referrals accepted and first appointment attendance, the level of first appointment attendance increased from 70% to 74% in the second 6 months of the period. This indicates that the pandemic did not have a negative impact on appointment attendance, in part due to virtual alternatives provided by services.

The data available also showed that 90% of women who were treated for perinatal mental health problems during the 12 month period were treated by the perinatal community mental health team. Around half of the remaining women were treated in Primary Care Mental Health Services. The remaining women were treated either in a Mother and Baby Unit, in an adult psychiatric ward without their baby or as home treatment / by a crisis team.

Waiting time data is not yet complete enough to draw firm conclusions on waiting times, but the data available shows that waiting times for general services continue to trend downwards. There is not enough data to evaluate waiting times for psychological therapy at this time.

Work is being undertaken to improve the reliability of this data collection to enable publication. More information is provided on this work within the update.

This data is being collected in addition to ongoing monitoring of progress against meeting the Royal College of Psychiatry Standards. All health boards are now signed up to the Perinatal Quality Network, and have committed to begin the process of an independent auditing of their services against the standards. This has now commenced in four health boards, with the

remaining health boards scheduled to begin the process in the next couple of months. This process will provide services with bespoke feedback to improve their services, and deliver assurance for Welsh Government on the standard of services across Wales. In the meantime, the National Perinatal Mental Health Network has been undertaking informal monitoring of progress against the standards. This has demonstrated the progress being made, with three health boards now meeting all type 1 standards. The remaining health boards are showing positive progress, with identified areas for improvement.

Services were initially working towards achieving type 1 and type 2 standards by March 2021. However, COVID-19 has clearly had an impact on the development of services. Health boards will now be expected to use the findings of their audit process to identify areas for improvement and to commit to delivering these improvements by March 2022.

I would like to thank the Committee for its work in championing the need for improved Perinatal Mental Health services over the course of this Senedd term. The evidence collected by the Committee and the work that was undertaken has been influential in determining the priorities of the national Perinatal Mental Health Network. I can assure you that the network will continue to drive these improvements into the next Senedd, continuing their focus on developing and implementing the clinical care pathway and improving services for women, their partners and families.

Yours sincerely,

A handwritten signature in blue ink, appearing to read 'M. E. Morgan'.

Eluned Morgan AS/MS

Y Gweinidog Iechyd Meddwl, Llesiant a'r Gymraeg
Minister for Mental Health, Wellbeing and Welsh Language

Recommendation - 1. The Committee recommends that the Welsh Government establish and provide national funding for a clinician-led managed clinical network (MCN). The MCN should be provided with the necessary resource including senior clinical and administrative time, and a training budget. This will enable it to provide national leadership, coordination and expertise for the further development of perinatal mental health services and workforce, including in relation to quality standards, care pathways, professional competencies and training resources. The MCN should maintain the current Community of Practice to encourage and develop effective joint working and communication among all relevant professionals.

The Wales Perinatal Mental Health Network has been embedded in the NHS Collaborative's Mental Health Network structure with support including a Programme Support Officer, Programme Manager and Data Analyst. Based within the NHS collaborative it provides opportunities for cross working and sharing of information. We have also extended the secondment for the National Clinical Lead until March 2022. In addition, the Welsh Government is providing financial support to the Mental Health Network to continue to support training needs identified by the Clinical Network. This is in addition to the Welsh Government's funding support to health boards for training through the mental health service improvement funding.

We continue to prioritise structures that develop effective joint working and communication amongst professionals and it is noted that the National Perinatal Mental Health Board, National Clinical Steering Group and the Community of Practice have all continued to meet (virtually) throughout 2020. Also, a virtual conference was organised by the Clinical Network supported by the Royal College of Psychiatrists, this provided an opportunity to show case best practice across Wales, the link to the platform was sent out on 1 December and will continue to be made publicly available. The Clinical Lead continues to make connections where it benefits perinatal mental health services / workforce and professional forums for occupational therapists, nursery nurses and obstetricians have been established.

This work will continue in the course of 'business as usual' and further activity will be included within the routine Perinatal Mental Health Clinical Lead updates made available to stakeholders. Therefore this recommendation is now considered as complete.

Recommendation - 2. The Committee recommends that the Welsh Government ensure one of the new MCN's first tasks is to agree and publish outcome-based performance measurements for perinatal mental health services. Once these are developed, the Welsh government should collect and publish national and local data on the measures, with service provision, activity and improvement monitored by a named associated body (e.g. Public Health Wales) so that further levers for improvement can be identified and implemented.

Recommendation 4. That the Welsh Government ensure, once the urgent work to establish the level of demand for MBU services is completed as requested by WHSSC, more robust data collection and monitoring methods are maintained across the perinatal mental health pathway in order to understand the ongoing level of need and demand for support and to provide a stronger evidence base for future service development.

Welsh Government is continuing to collect data relating to service provision and activity within perinatal services, and the level of demand for MBU services. An update on aggregate data and key trends across Wales has been provided separately. There have been challenges in further developing this data collection over the last 12 months due to the impact of COVID-19. These data are not yet robust enough to publish at a national and local level due to varying levels of completeness in data returns.

Welsh Government and the National Perinatal Network are now prioritising data collection to ensure the collation of high-level data appropriate for publication. This work includes capturing outcomes. At present a draft outcome measure framework is in development which has been based on the Framework for Outcome Measures provided by the Royal College of Psychiatrists. In collaboration with NHS Wales Health Collaborative, a Perinatal Mental Health (PNMH) Task and Finish Group has been established to prioritise the development and agreement of a Wales Perinatal Mental Health Dataset. This Group will be overseen by the National Mental Health & Learning Disability Core Dataset Project Board whose role is to provide advice and support on all mental health datasets. It is intended that perinatal data will be included within the Core Dataset. Officials are working closely with NHS Wales Informatics Service (NWIS) Data Standards team who support the assurance and development of all NHS Wales data standards to ensure that data collection reliably provides a consistent evidence base for services across Wales.

Recommendation - 3. That the work requested by WHSSC to identify the level of demand for in-patient Mother and Baby Unit (MBU) services should be completed as a matter of urgency. We recommend that this work be finished during the 6-week window in which we would expect the Welsh Government to provide a response to this report and should be a core consideration when deciding how to allocate the funding for specialist in-patient perinatal mental health services announced as part of the 01 October budget agreement.

We have previously updated on the work of WHSSC to identify the level of demand for in-patient MBU services, which was required in order to inform required service needs for both South Wales and North Wales. This has resulted in the establishment of the MBU in Tonna (further update provided in recommendation 6) and the earmarking of resources for North Wales in WHSSC budgets. In North Wales this is the equivalent of 2 beds currently, with a possibility of a third should the ongoing assessment of need indicate that. Further detail on the North Wales response will be captured in recommendation 7. Therefore this recommendation is considered complete.

Recommendation - 5. That the new managed clinical network (see recommendation 1) prioritises the production of guidance for professionals and information for patients on the evidence-based benefits admission to an MBU can have for mothers, babies, and their families so that more informed decisions about treatment options can be taken.

The Royal College of Psychiatrists Wales has produced this guidance; this can be obtained at the following [link](#). The Clinical Lead is working with them to translate all PNMH leaflets in to Welsh.

Recommendations 6. That the Welsh Government, based on the evidence received, establish an MBU in south Wales, commissioned and funded on a national basis to provide all-Wales services, staffed adequately in terms of numbers and disciplines, and to act as a central hub of knowledge and evidence-based learning for perinatal mental health services in Wales.

As advised in the Minister for Health and Social Services' letter to Committee in February 2020, we 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, enabling us to ensure a unit was operational as quickly as possible. This site was reviewed by the National Collaborative Commissioning Unit against the standards for inpatient Perinatal Mental Health Services (CCQI March 2018) and confirmed that it would be clinically appropriate on either an interim or a permanent basis. Thereafter the Minister approved capital funding for this work and committed to provide additional funding to develop workforce capacity and capability ahead of the unit becoming operational. Alongside this work it was recognised that we needed to determine the appropriate model for a permanent Specialist Perinatal Mental Health Inpatient Unit. Welsh Government asked WHSSC to undertake a further options appraisal to enable us to make an informed decision on whether continuing to use the refurbished unit at the Tonna Hospital site on a permanent basis, or developing a new build Specialist Perinatal Mental Health Inpatient Unit on the Neath Port Talbot site, would deliver the best outcomes for patients. Our current focus remains on establishing the Tonna site and when opened we will make an evaluation of the access to and occupation of that unit over the coming months enabling the next government to make an informed judgement on what future action is required.

Capital work commenced on the Tonna site in the autumn of 2020 and Swansea Bay University Health Board have confirmed that work is due to be completed by the end of March 2021. Alongside this, the health board has been undertaking the required recruitment of staff and drafting of guidance / protocols, they have confirmed that they will be ready to accept the first patients from mid-April.

WHSSC, the Perinatal Mental Health Clinical Lead and stakeholders have worked together over this implementation period to develop a Perinatal Mental Health Mother and Baby Unit Service Specification, which was also subject to formal consultation. This specification also confirms the unit's role to work as a central hub for knowledge and evidence-based learning. It is recognised that for it to act as such there needed to strong engagement from all specialist perinatal mental health teams and the broader network. Swansea Bay colleagues and the Perinatal Mental Health Network team have worked together to provide regular opportunities for all network members to receive regular updates on the development of the unit and this will continue going forward.

Recommendation - 7. That the Welsh Government, in light of the fact that an MBU in south Wales will not necessarily be suitable for mothers and families in mid and north Wales, engage as a matter of urgency with NHS England to discuss options for the creation of a centre in north east Wales that could serve the populations of both sides of the border. More certainty should also be established by the Welsh Government in relation to the ability of the Welsh NHS to commission MBU beds in centres in England where those are deemed clinically necessary.

There has been significant engagement between Betsi Cadwaladr University Health Board, WHSSC and colleagues in NHS England and it is felt that this work has evidenced support for the development of a joint 8-bedded mother and baby unit in the north West with good access from north Wales. Work is ongoing to further develop this model and WHSSC have confirmed that the current demand / capacity indicates the requirement to fund two beds, and a third on a needs basis. This has been factored into WHSSC's current commissioning plans. Progress to this work is being actively followed up by WHSSC and the Mental Health Network. As this provision is being earmarked for a site in England we are ensuring that the Welsh Language needs of individuals and their families in Wales has been highlighted by all as a priority and will be met in line with the health boards statutory duties on the Welsh Language Standards. This will be considered in all aspects of service delivery and staffing

Recommendation - 8. That the Welsh Government deliver a clear action plan to ensure that centres providing MBU beds, wherever they are located (in England or in Wales), are closely integrated with specialist community perinatal mental health teams and that these beds are managed, co-ordinated and funded on an all-Wales, national basis to ensure efficient use and equitable access, especially as they are often needed quickly in crisis situations.

We can confirm that links have been made with the national team in England and that work has been undertaken by colleagues in Swansea Bay Specialist Perinatal Mental Health Team to ensure that there is a clear pathway for mother and baby admission to the Welsh unit. Full consultation with all specialist teams across Wales was also undertaken in January 2021 to ensure that these processes were both agreed and understood. These will be kept under review in the early months of opening to ensure that any lessons learnt over this period can be considered to inform future practice.

Recommendation - 9. That, on the basis of an ‘invest to save’ argument and following analysis of the forthcoming evaluation of services and Mind-NSPCC-NMHC research results, the Welsh Government provide additional funding to Health Boards to better address variation so that service development and quality improvement can be achieved by expanding existing teams. To enable all community perinatal mental health services to be brought up to the standard of the best, the mechanism adopted by the Welsh Government to allocate additional funding should have as its primary aim the need to address the disparity in provision between Health Boards in Wales

In 2015, we provided £1.5m per annum to establish specialist perinatal mental health services. We have since seen a continued expansion of these teams through the allocation of service improvement funding to health boards. Cumulatively this has resulted in around £3m being made available annually to health boards for their perinatal mental health community services. The allocation of this funding has been on the basis that they are expected to meet the Royal College of Psychiatry Community Standards for Specialist Perinatal Mental Health Teams

The Minister for Mental Health, Wellbeing and the Welsh Language has made it clear that perinatal mental health will be a priority in the service improvement funding which commences from 2021/22. A gap analysis of each health board against the standards will be undertaken to inform the allocation of these resources this will include requiring health boards to meet the type 1:3 staffing ratio recommendations within the standards.

All health boards are now signed up to the Perinatal Quality Network and all will have completed their first annual review by April 2021. This will enable us to ensure teams are working in a consistent manner and to be assured that services are of appropriate standard.

Recommendation - 10. That the Welsh Government ensure work underway on improving access to psychological therapies for perinatal women (and men where necessary) is prioritised given the established link between perinatal ill health and a child’s health and development. Priority should be given to ensuring pregnant and postnatal women with mental health problems have rapid and timely access to talking therapies or psychological services (at primary and secondary care level), with waiting times monitored and published. We request an update on progress in relation to improving access to psychological therapies for perinatal women (and men where necessary) within 12 months of this report’s publication.

Since the publication of these recommendations, we continue to support work to improve access to psychological interventions and therapies and it remains a priority area within the Together for Mental Health Delivery Plan 2019-2022. In 2018/19, we provided £4m of extra funding direct to health boards to support them improve access to psychological therapies and further investment was made in subsequent rounds of service improvement funding (in 2019/20 and 2020/21), totalling an additional £3.5m.

This funding was allocated on the basis it should build on previous investment and that health boards could demonstrate how the funding would support the implementation of Matrics Cymru, the Guidance for Delivering Evidence-Based Psychological Therapy in Wales published in 2017. The supporting National Psychological Therapies Management Committee (NPTMC) Action Plan, published in 2018 was designed to assist health boards evaluate and plan their services against the guidance and the accompanying evidence tables.

Following the initial audits undertaken in 2018 in respect to the NPTMC Action Plan, we will be asking health boards to review the implementation of those plans as part of this year’s work programme. We will request evidence from them about how they intend to focus on areas where further development is required. This will be supported by service improvement funding where needed

This year work has also been undertaken to assess and map the current psychological workforce including capacity, supervision and training needs. This broad analysis has been shared with Health Education and Improvement Wales (HEIW) to inform the workforce planning they are undertaking. Following discussions, this rapidly included additional places to train psychologists from the 2020-21 academic year.

We are also supporting an interim infrastructure to support the ongoing provision of psychological therapies, ensuring that the range of therapies available is strengthened, and that service user choice is embedded as routine practice across mental health services. This work includes the systematic and robust review of the evidence tables that underpin Matrics Cymru as it is crucial that they remain updated to ensure that the health boards are able to provide evidence based interventions. We are also committed to supporting work to clarify the range of psychological interventions needed for individuals and their families during the perinatal period, including those that may not receive specialist perinatal team support.

For those individuals needing access to psychological interventions at a primary care level as stated in previous returns there is already a requirement that an assessment by Local Primary Mental Health Support Services (LPMHSS) is offered within 28 days of receipt of referral and that ensuing therapeutic interventions by LPMHSS start within 28 days of the assessment outcome. Both requirements have a performance target of 80%. Last published data shows that health boards are meeting the targets for assessment and interventions on an All Wales, all-ages, basis in LPMHSS.

More broadly than perinatal mental health we have committed to publishing further data on the specialist psychological therapies 26-week target on Stats Wales but this has been delayed over the last year due to the work required on the pandemic response, but we have again picked this up with health boards to improve consistency and data quality before publishing on the Stats Wales website. Health boards will be asked to provide an update on progress in the Spring. There will be further work required to disaggregate this data in respect to perinatal services, however colleagues involved in the perinatal mental health dataset work also sit on the broader mental health core dataset project board to enable this work to further develop.

The National Clinical Lead is working with Improvement Cymru, who are leading on the development of the interim infrastructure and NPTMC to ensure the needs of perinatal mental health are considered in the current work and all perinatal psychologists have been encouraged to link in with their local psychological therapies management committees to ensure that arrangements are embedded locally. Work to understand where we are at and what interventions/ treatments are being provided by the Specialist PNMH team is underway, with a view to agreeing a minimal offer that all teams should be providing. The need to identify and agree a framework of psychological interventions offered at all levels of need across the pathway for perinatal and parent-infant work has been identified and work to address this is planned

Recommendation - 11. That the Welsh Government ensure all Health Boards invest in signing up fully to the Royal College of Psychiatrists' quality standards for perinatal mental health services in order to realise the benefits of peer review, shared learning and service benchmarking.

All health boards have now signed up to the Royal College of Psychiatrists' quality standards, therefore this recommendation is considered complete.

Recommendation - 12. That the Welsh Government ensure that the new all-Wales clinical care pathway for perinatal mental health services requires consistency of outcomes (including referral windows and waiting times) but enables Health Boards to retain the level of flexibility around delivery methods necessary to manage and meet local need. The priority should be to develop and implement within the next 12 months an evidence-based, integrated all-Wales clinical care pathway (with some local differences). The pathway should help to deliver integrated services and incentivise early intervention and holistic approaches to care and recovery.

In the last calendar year a six-week consultation on the fully integrated care pathway was undertaken by the Perinatal Mental Health Network and the findings of this work and the informal testing of the pathway by two health boards have informed the current iteration of the pathway. Service user experience is one of the most powerful levers for service and quality improvement and consultation with user groups from within the Wales Perinatal Mental Health Network, local Perinatal Mental Health Steering Groups, third sector and voluntary organisations took place throughout the process of developing and shaping this care pathway. Appropriate guidance / policy procedures for specialist perinatal mental health teams are currently being shaped for use by all teams across Wales.

The need to systematically capture the experiences and application of these in service design and pathway development is crucial and a key outcome measure for the pathway. To enable feedback to be used as a mechanism for continual development, the Patient Outcome and Evaluation Measure Tool (RCPsych, 2020), will be included within the Wales Outcome Measure Framework. The POEM is available to all specialist perinatal mental health team colleagues as part of the sign up to the Perinatal Quality Network (PQN) and to the wider workforce via share point.

The work of the care pathway is at its near final stages and current work is focused on the digitalisation of the Wales PNMH Care Pathway and programme information.

Recommendation - 13. That the Welsh Government and Health Boards work together to raise awareness of perinatal mental health issues amongst the public and health professionals, particularly midwives. This should take the form of a public awareness campaign to improve understanding of the symptoms and risk factors associated with perinatal illness and should encourage the normalisation of discussion of emotional well-being in order to reduce stigma and fear of disclosure.

This recommendation was originally rejected as it was not felt that unfocused and untargeted awareness raising campaigns was the appropriate way to change behaviour in key groups. However the Welsh Government confirmed that that we would consider what public education approaches were the most effective way of increasing awareness and therefore for information we share the following work:

- Perinatal mental health content shaped for the Baby Bundle leaflets
- Tommy's Pregnancy and Post-Birth Wellbeing Plan translated into Welsh and distributed to Heads of Midwifery and Health Visiting with a suggestions that all midwives and health visitors use it to start a conversation
- NHS Collaborative Twitter account agreed, key messages / website page has been developed in order to disseminate key messages

Over the coming months we are also working on a joint awareness raising campaign planned with colleagues leading on Women's Health NHS Wales Collaborative. It is proposed that the project will focus on raising awareness and reducing stigma, bringing both mind and body/ physical and emotional together. Work on this project commenced at the beginning of March.

Recommendation - 14. That the Welsh Government review information provided in standard pre- and post-natal packs given to women in Wales to ensure that it includes the necessary details about emotional well-being, perinatal mental health and where to seek help and support.

The work being carried out by Public Health Wales to replace Bump, Baby and Beyond publication has been suspended due to the Covid pandemic. It is envisaged that this work will recommence once the situation is under control. In the meantime, women will continue to receive Bump, Baby and Beyond and will still have access to midwifery and health visitor support. Welsh Government gave a clear steer throughout the pandemic that key contacts should still be offered to families based upon the professional judgment of the health visitor. However, there was extensive use of telemedicine in order to limit risks associated with face-to-face contact during the pandemic.

Recommendation - 15. That the Welsh Government design and provide for all Health Boards a national framework for antenatal classes and require Health Boards to do more to encourage attendance. The framework should include conversations about emotional wellbeing and the realities of parenthood in order to break down the significant and damaging stigma surrounding perinatal mental illness.

In July 2019 the Minister for Health and Social Services, published a Future Vision for [Maternity services strategy \(2019 to 2024\)](#). This Vision has been the result of many people coming together to refresh our model of maternity care-based on the current available evidence, best practice and feedback from families and frontline staff to design and further improve existing services.

Within the Vision, it confirmed that health boards will work in conjunction with Public Health Wales and local public health teams to develop, implement and evaluate evidence based programmes that engage women in a number of areas such as improving parental and infant health and wellbeing, including mental health. This will include a commitment to delivering pre-pregnancy counselling (where appropriate),

Work streams are being led by the Maternity and Neonatal Network to understand the current status of provision in each health board and develop models of provision in various formats (virtual and face to face). This work has included the Perinatal Mental Health Network as key stakeholders to inform development of provision. This work was paused due to COVID, but has now resumed. From July Public Health Wales colleagues agreed free access to the Solihull Approach for all across Wales, which includes resources about antenatal education and parenting support. The Perinatal Mental Health Network has ensured that this information has been disseminated widely.

Recommendation - 16. That the Welsh Government works with the relevant bodies to ensure that perinatal mental health is included in the pre-registration training and continuous professional development (CPD) of all health professionals and clinicians who are likely to come across perinatal women. The Welsh Government should ensure coverage of perinatal mental health as a discrete topic within midwifery and health visiting education is improved and forms part of the pre-registration mental health nursing programme. The Royal College of General Practitioners' core curriculum for general practice training also needs to better equip GPs to deal with perinatal mental health problems.

Work to develop Wales PNMH & IMH training is underway, with a plan to explore the provision of a core training content for all service areas and additional service specific training as appropriate; the plan is that this will also be available for all students who work with individuals during the perinatal period. We are also working with HEIW and HEE colleagues in relation to developing a national competency framework and relevant content, this work is expected to be completed by December 2021.

To augment our approach to training a sub group has been established to the perinatal mental health network.

HEIW and colleagues are focussing their work on early years and CAMHS training/education development, linking in CAMHS infant mental health (level 4) and Bangor University CAMHS level 7 to begin to shape career paths and options available.

The Institute of Health Visiting (iHV) has also converted their training to an online offer during the pandemic and health board colleagues have commenced the roll out of this training to colleagues.

The training group are exploring whether there is an opportunity to create a Wales online training offer and a task and finish group has been set up to progress this work.

Recommendation - 17. That the Welsh Government undertake work to develop and deliver a workforce strategy/competency framework to build capacity and competency across the specialist workforce, looking to experience in England and Scotland's Managed Clinical Networks (MCNs) which take responsibility for training as part of their leadership and co-ordination role.

Work to further understand workforce and training needs is being prioritised as part of the HEIW work plan (please see response to recommendation 16). Within the current plan for the Perinatal Mental Health Network a key priority is to work with HEIW is to develop a National Competency Framework for Perinatal Mental Health, this is due to be concluded by December 2021.

As a snap shot of current activity, we have maintained virtual training over the period of lockdown with various mental health practitioners and trainee psychiatrists. Further multi-disciplinary cohorts of clinicians have also attended training provided by the Institute of Health Visiting and Action on Postpartum Psychosis. We also undertook training for a further 60 Champions across Wales.

A Perinatal Mental Health virtual annual conference was held in November 2020 that also provided additional learning opportunities.

Recommendation - 18. That the Welsh Government ensure every Health Board has a specialist perinatal mental health midwife in post to encourage better communication between professionals to enable women who are unwell to get the very best care and support they need.

Five health boards now have a specialist perinatal mental health midwife in place and a further one has put in place temporary arrangements. As part of the service improvement funding for 2021/22 this will be an added requirement to ensure that we have seven health boards whom have a specialist perinatal mental health midwife. To enable standardisation of these key posts the Perinatal Mental Health Network has developed and agreed job descriptions for this type of post.

Recommendation - 19. That the Welsh Government ensure all Health Boards work towards a situation in which every woman has a continued relationship with either a midwife or health visitor. While meeting with the same individual may not be possible on all occasions, continuity of care should be an aspiration to which all Health Boards actively commit resources, with a named lead responsible for each woman's perinatal care.

The 'Future Vision for Maternity Services in Wales' was published in July 2019 and lays out the vision for the next five years. Continuity of care and perinatal health are core elements of the Vision. Work streams led by the maternity and neonatal network are developing work to further enhance the services provided to women and families.

During the covid pandemic maternity has remained an essential service and contacts with women have remained in place both virtual and face to face. The innovative development of virtual peer groups and clinical contacts is to be evaluated and assessed to provide further enhanced service provision within the future maternity model.

In respect to health visiting, the Programme for Government is set out in Prosperity for All, and this strategy identifies the early years as a priority area. Reflecting the commitment in the national strategy "to create a more joined up, responsive system that puts the unique needs of each child at its heart", work has continued throughout the pandemic on the programme of work to explore how we create an early years' system, both locally and nationally, working with health boards and local authorities on pathfinder projects. Our aim is to develop a coordinated single approach to early years, which will ensure that services are delivered in a more collaborative and integrated way. This programme of work has underlined the key role the health visiting service has in supporting families, especially in identifying those in need of extra help. Associated with this work is the development of a workforce acuity tool for health visiting to determine appropriate caseload levels and associated workforce requirements according to identified needs of families. This work is progressing and an identified lead has been seconded to progress work which commenced in January 2021.

During the course of the pandemic the health visiting service (Flying Start and general services) have worked together to ensure they have fulfilled the required contacts and checks set out in revised guidance.

Recommendation - 20. That the Welsh Government work with Health Boards to ensure appropriate levels of third sector provision are properly funded, especially where referrals are being made to and from statutory services. A directory of third sector services should be made available to increase awareness of their availability and relevant third sector providers should be invited as a matter of course to attend training jointly with statutory services.

Regular third sector and voluntary organisation coffee and catch ups instigated and facilitated 6-8 weekly by the Perinatal Mental Health Network which continues to augment and support multi-agency working.

An identified need has been established in relation to community and peer support for individuals and their families with mild to moderate mental health difficulties. From the additional funding put in place from 2021/22 we will ear mark an element of this funding for perinatal mental health, officials are working on the detail of this funding now and further information will follow.

The Perinatal Mental Health Clinical Lead is working with InfoEngine and DEWIS Cymru in order to further develop the directory provision, this work also includes engaging with voluntary sector organisations to sign up to both.

Recommendation - 21. That the Welsh Government outline within six months of this report's publication how it expects the lack of psychological support for neonatal and bereaved parents to be addressed and standards to be met, and what steps it will take if compliance with the standards is not achieved. The third edition of the neonatal standards should be published as a matter of priority.

The current All-Wales Neonatal Standards are now several years old and consequently do not take account of the most recent guidance from e.g. British Association of Perinatal Medicine (BAPM). The Maternity and Neonatal Network is therefore planning to produce revised Neonatal Standards based on the most up to date. Work will commence later in 2021.

A bereavement services scoping study was undertaken by Cardiff University in conjunction with Marie Curie and the Wales Cancer Research Centre, on behalf of the End of Life Care Board. The study mapped existing support, ranging from signposting through to specialist counselling, and identified areas where further resourcing is needed. The study was published in December 2019 and can be accessed at: <https://gov.wales/sites/default/files/publications/2019-12/scoping-survey-of-bereavement-services-in-wales-report.pdf>

The scope of the study covered the broad range of bereavement support, including that for children and young people and highlighted gaps and challenges in bereavement support. It referenced the need to develop a national framework for bereavement care in Wales, to facilitate investment in bereavement support at organisational and regional levels and provide equity and access to appropriate levels of support responsive to local need. To address the gaps in service provision identified in the bereavement review, Welsh Government is making an additional £1m available for all types of bereavement support from April 2021.

A national bereavement steering group has been established and bereavement lead officer recruited to advise on the distribution/allocation of this funding and to take forward the development of a national bereavement framework for Wales. The steering group is chaired by Dr Idris Baker, the national clinical lead for end of life care and has representation from a range of bereavement organisations including from those representing pregnancy and baby loss. As part of this work generic bereavement care standards will be produced and will be applicable to all organisations delivering bereavement support across Wales.

The framework will be published for consultation in March 2021.

Recommendation - 22. That the Welsh Government give consideration to developing a specialist health visitor in perinatal and infant health role in Wales to liaise with - and work in - a multidisciplinary way with CAMHS and infant mental health services, provide specialist support to mothers, fathers and their children, and provide specialist training and consultation to the wider health visiting and early years' workforce, particularly with regard to issues relating to attachment and bonding.

We rejected this recommendation on the basis that it was for health boards to determine their staffing needs from their existing allocation towards providing community services. In addition it was noted that the Healthy Child Wales Programme includes a consistent range of evidence-based preventative and early intervention measures, as well as advice and guidance to support parenting. The programme offers a routine assessment by health visitors of attachment and bonding to support positive parent-child relationships and promote positive maternal and family emotional health and resilience. However, we do recognise that parent-infant relationships are important in improving resilience regarding perinatal mental health and the Clinical Lead / Network are linked in with other policy areas whom will take a lead in this important area.

Recommendation - 23. We recognise the benefits of breastfeeding especially with regards to bonding and attachment and recommend that the Welsh Government commission work to look in further detail at the impact of feeding on perinatal mental health and translate this into guidance for professionals and the public.

While our initial response recognised the benefits of breastfeeding, especially with regards to bonding and attachment, the recommendation was rejected due to the current conflicting evidence of the impact and causative nature in relation to perinatal mental ill-health. However, to note, the Maternity Strategy 2019-2024, published in July 2019, includes a national action that states

breastfeeding will be promoted and supported throughout the pregnancy journey into infant life. Within that strategy we also ask health boards to work in conjunction with Public Health Wales and local public health teams to 'develop, implement and evaluate evidence based programmes' which includes a commitment to delivering breastfeeding support. We hope this is of assurance to the committee.

Recommendation - 24. That the Welsh Government ensure Health Boards have in place established standards, advice and guidance on psychological medication during pregnancy and breastfeeding, and ensure that they are implemented.

Whilst this recommendation could not be accepted in its original form, the Welsh Government did confirm it would take action to ensure health boards make prescribers aware of the expert advice available across the UK on the use of medication during pregnancy and breastfeeding. The original response detailed some of this work. We can further update that 'Medication in Pregnancy Guidelines' is currently being ratified and Psychotropic Medication in Utero Guidelines has also been developed.

The Perinatal Mental Health Clinical Lead has made links with colleagues from the Royal Pharmaceutical Society and has now set up a professional forum that will be meet regularly, with an aim to identify pharmacists with an interest in perinatal mental health across all health boards.

Recommendation - 25. That the Welsh Government ensure all workforce planning for perinatal mental health service provision considers - and provides for - the Welsh language needs of the population.

The importance of receiving care in Welsh especially the more vulnerable and in key services such as mental health, is fully recognised. The evaluation of More Than Just Words, the Welsh Government's Welsh language strategy for health and social care, will help us focus on the key priorities going forward. The Welsh Government is committed, as is the Partnership Board for Welsh Language in Health and Social Care, to ensure the implementation of the workforce strategy for health and social care, which has Welsh language provision as a golden thread of delivery.

On the 4 March, the Minister raised this with Vice Chairs, outlining the expectation that they have plans to develop the Welsh language skills of the workforce and access to Welsh language services. This includes organisations working to meet Welsh language Standard 110 in order to work to increase their capability to carry out clinical consultations in Welsh.

We are also working with NWIS to ensure that recording, tracking and sharing language choice is incorporated in a standardised manner on all systems used in the NHS in Wales, and requesting health boards ensure that the systems they introduce can record and share patients' language choice which will aid their delivery in supporting the active offer.

The Perinatal Mental Health Network is also linking closely with the Welsh language lead in the NHS Collaborative to ensure the needs of Welsh speakers are reflected within the perinatal mental health pathway development. Work includes stakeholder organisations ensuring leaflets / outcomes measures are available in Welsh.

Recommendation – 26 That the Welsh Government require Health Boards to report on the extent to which their perinatal mental health teams are engaging - and undertaking joint work - with other services such as CAMHS, Community Addiction Units (CAUs) and primary and secondary care mental health teams

This is being taken forward as part of the development of the Perinatal Mental Health pathway outlined in recommendation 12, as part of the engagement undertaken in relation to this work additional areas of need were highlighted. We are currently working with colleagues supporting individuals in areas including learning disabilities/ neurodiversity/ CAMHS/ alcohol and substance misuse/ primary and secondary care to enable pathways to be put in place to ensure equitable access across Wales.

Recommendation - 27 That the Welsh Government undertake further work on the link between health inequalities and perinatal mental health, focusing in particular on the best mechanisms for the early identification and treatment of those populations in greatest need.

Last month I chaired the Together for Mental Health Ministerial Delivery and Oversight Board for Wales. This board will improve co-ordination and pace of work required within mental health as well as providing greater clarity on roles and responsibility, creating a tighter 'programme management' approach to the overall arrangements. Importantly the functions of the board will include the entirety of the cross government Together for Mental Health Strategy (which includes specific perinatal mental health actions), Talk to me 2 Suicide and Self harm Strategy and the mental health response required as we recover from Covid-19. The latter of which we know has keenly highlighted the health inequalities we currently have in Wales.

A strong feature of the Board will be its ability to consider and take account of the latest analytical and wider evidence of the measures needed to prevent and support mental health at both a population level and within mental health services. Therefore, the membership of the board will include knowledge and analytical colleagues along with a clear link with academia to ensure our approaches continue to be based on evidence. We will also consider the Welsh Health Equity Status Report initiative (WHESRI) report: Placing health equity at the heart of the COVID-19 sustainable response and recovery.

Specifically within the work of the perinatal mental health network a strength of the pathways being developed is that they are centred around the needs of an individual and this will ensure that we focus on early identification and treatment of those populations in greatest need. Specialist perinatal mental health team colleagues have also been encouraged to make links locally and develop resources that reflect local offer – housing, debt, homelessness etc

The Flying Start health programme sets down an enhanced universal programme of interventions which should be delivered to all Flying Start families. A family receiving Flying Start health services can expect as many as 7 additional ‘contacts’ from their health visitor. The promotion of key public health messages and of healthy lifestyles is a key part of the additional Flying Start health support offered by health visitors and the wider workforce. Flying Start midwives are engaged by a number of local Flying Start health teams and offer a range of perinatal support services to Flying Start parents which includes support for parents suffering from, or at risk of developing, perinatal mental health issues.