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Llywodraeth Cymru
Welsh Government

Jayne Bryant MS, Chair
Chair of Children, Young People and Education Committee

23 September 2022

Dear Jayne,

Update on perinatal mental health inquiry recommendations

Please find attached the latest update in response to the Perinatal Mental Health in Wales report. The then Minister for Mental Health, Wellbeing and Welsh Language provided you with a substantive update on progress against all the recommendations in March 2021, and in January I wrote to you responding to some specific queries from the Committee at that time.

In our previous full update, we confirmed that recommendations 1, 3 and 11 were considered complete. Within the same update we also provided high level responses to those that were previously rejected to provide assurance that this work was factored in as stated within that original response. As part of this we confirmed that we would not expect future updates to report on these recommendations (13, 22, 23 and 24 specifically). Therefore, these seven recommendations are not included in the updated table.

We are expecting to make progress on major milestones within these recommendations in the coming months, this includes receiving the report on the operation of the South Wales Mother and Baby Unit, progress on developing timescales for the commissioning of access to a Mother and Baby Unit for people living in North Wales, and progress on developing the dataset for ongoing monitoring. We will provide more information on these developments in due course.

The next update will also include further detail on how we will be incorporating perinatal mental health into the successor strategy to Together for Mental Health.

Yours sincerely,

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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.

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 has continued to collect data relating to service provision and activity within perinatal services, and the level of demand for placements in Mother and Baby Unit's (MBU) in order to monitor services.

Welsh Government and the National Perinatal Network are now prioritising data collection to ensure the collation of high-level data appropriate for publication. In collaboration with the NHS Wales Health Collaborative, a Perinatal Mental Health (PNMH) Task and Finish Group has been working to prioritise the development and agreement of a Wales Perinatal Mental Health Dataset which will support the publication of this data.

The perinatal mental health data requirements have now been built into the draft core mental health dataset. This has been circulated to health boards to impact test and to understand which elements are already recorded by health boards and which elements would need to be added. This has helped identify any elements which would be difficult to record. The report on this impact testing has now been received by the NHS Collaborative and Welsh Government. The draft core mental health dataset is being considered by the Welsh Informatics Standards Board, and Welsh Government will write out to stakeholders to formally mandate this work when agreed.

In terms of outcome measures for mental health, [training and resources](#) to embed the use of patient reported outcome and experience measures in all mental health teams in Wales began in June 2021 and this work will continue to be supported until March 2023. Work to look at performance indicators/ data and outcome measures across the 10 Wales Perinatal Mental Health Pathways has been identified as a priority within the 2022-23 work programme. Further work to agree outcome measures being used across the whole pathway needs to be completed and the Perinatal Mental Health Outcome Measures Framework finalised. This work will be taken through the Mental Health Data and Outcomes Measures Board and will be reported through Together for Mental Health (and successor document).

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](#).

One of the key themes arising from the benchmarking exercise regarding the RCPsych Standards is the continued and updated provision of information / leaflets. Permission has been given to use content from RCPsych leaflets and plans are in place to adapt and adopt for the Welsh context, this includes being available in Welsh and English. The leaflets being developed will include information on - Mental Health in Pregnancy, what Specialist Perinatal Services are, Planning a Pregnancy, Postnatal Depression & Anxiety, Postnatal Depression & Anxiety for Carers, Perinatal OCD, Perinatal OCD for Carers, Post-Partum Psychosis, Post-Partum Psychosis Information for Carers, MBU and Rights, Infant Welfare & Safeguarding/Carers & The Mental Health Act. All leaflets will be available to access online and download from the NHS Wales Health Collaborative website. It is expected that resources will be available from October 2022. This work will remain in the work programme of the Perinatal Clinical Lead.

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.

We have previously confirmed that the Mother and Baby Unit (Uned Gobaith) in south Wales, based at Tonna Hospital was opened in April 2021. There was also a positive event held in June which looked at the achievements and challenges during its first year, which will be used to inform the next steps for the unit. This webinar was hosted by NSPCC Cymru/Wales, the Maternal Mental Health Alliance, Uned Gobaith, and Swansea Bay University Health Board.

As referenced in recommendation 8 we have committed to undertake a review of unit after it had been open for 12 months to ensure that any lessons learnt over this period could be considered to inform future practice. As referenced within the cover letter, we are expecting a report on the operation of the South Wales Mother and Baby Unit in the coming months and this will be reported through recommendation 8. This recommendation is therefore considered closed.

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 the decision is that the development of a joint 8-bedded mother and baby unit in the northwest of England with good access from north Wales is the preferred model to meet needs in 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.

Work is ongoing to develop a business case, and it is expected that the service would be operational around 18 months after final approval. Officials are working with WHSCC to identify any opportunities to accelerate these timescales if possible. We are also working with the provider to support the Welsh language needs of our patients when developing the unit.

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 previously committed to undertake a review of the South Wales MBU after it had been open for 12 months to ensure that any lessons learnt over this period could be considered to inform future practice. As part of this process, all specialist teams in Wales were invited to attend a reflection session with MBU colleagues. Team members unable to attend or those needing more time to reflect on the last year have been given an open invitation to provide feedback on their experiences of what has worked well and suggestions for improvements. There are also plans in place for MBU colleagues to meet regularly with all specialist team colleagues. The learning from the South Wales MBU will also be utilised as we develop the provision for those living in mid and north Wales.

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

All health boards are now signed up to the Perinatal Quality Network (PQN). This will enable us to ensure teams are working in a consistent manner and to be assured that services are of appropriate standard.

Over the coming months, all health boards will be preparing and participating in their next PQN reviews. Reports received following the review will highlight the strengths and provide advice on any challenges that teams may have.

The National Clinical Lead is working closely with the specialist team leads in the health boards to support and ensure a strong focus on the implementation of the national standards. This will include identifying gaps and actions to be taken to meet the standards, the sharing of good practice and learning and a collaborative, solution-focussed approach to any challenges identified. All of which is shared with the PNMH Board.

As part of the additional funding made available to health boards through service improvement funding allocated from this year, we continued to make perinatal mental health services a priority. Welsh Government set out in the terms of funding that submissions should reflect the staffing requirements within the Royal College of Psychiatrist's Perinatal Community Standards (Type 1-3) It is expected that teams will;

- Meet all type 1 standards (by March 2023).
- Meet 80% of type 2 standards and 60% of type 3 standards (by March 2024).

We also confirmed that in line with the Senedd's Perinatal Mental Health Committee Inquiry, that we expected to see each health board have a specialist perinatal mental health midwife.

As part of the additional funding there was an expectation that even if proposals were not submitted in respect to perinatal mental health, there is still an expectation to adhere to the standards as referenced above. In the latest reporting it was indicated that three health boards are fully meeting type 1 staffing standards currently. 3 health boards have the appropriate staff roles in place but do not yet meet the required whole time equivalent staff resourcing. One health board is still working towards having all staff roles in place by March 2023. An additional £500,000 of recurring funding has now been earmarked through this process for perinatal mental health community provision, which builds on previous recurrent investment.

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.

The National Clinical Lead has been involved in discussions regarding the need to review and agree the model of psychological support being offered to parents and families within neonatal units across Wales. This work will be ongoing throughout 2022-23.

The Welsh Government are working with HEIW and Improvement Cymru to continue to develop the infrastructure to support health boards to improve access to psychological therapies. This work will ensure that we have a robust process to consider the evidence base of interventions that underpin Matrics Cymru and Matrics Plant.

We remain committed to publish waiting time data on specialist psychological therapies, but this work has been delayed during the pandemic. Whilst the data is not yet robust enough to publish, operational data is reported by all health boards and used by the Welsh Government to hold services to account. The waiting time data that will be published only reflects one element of access to psychological therapies – the specialist services. Data is already published for Local Primary Mental Health Services, which includes psychological therapies and we have strengthened low level support, for instance through the introduction of online Cognitive Behavioural Therapy (Silvercloud) – another form of psychological therapy. A pilot of the new Silver Cloud Space for Perinatal Health & Wellbeing Programme has also recently started in Powys. In order to gain an accurate understanding of activity and waiting lists, the Welsh Government has recently commissioned the NHS Delivery Unit to undertake a review of Psychological Therapy delivery across Wales.

The Women's Health Implementation Group recognised in 2021 there was an opportunity to partner with the Perinatal Mental Health Network. Amongst the 107 recommendations of the WHIG Programme, there were 6 specific references to mental health and wellbeing within the recommendations for both the woman and the man during the perinatal period.

The Women's Health Implementation Group and the Perinatal Mental Health Network have been leading a project to support women and their families during the perinatal period. WHIG & PNMH will develop and create resources co-productively, that are Wales specific to encourage discussions about perinatal wellbeing in a home and clinical environment, for families and their supporters. The project has reached out to people throughout Wales to gather their views, experiences and hear people's stories with regards to physical and mental health and wellbeing during the perinatal period. Interviews with people; both people who are contemplating pregnancy, are currently pregnant or have been pregnant, and their supporters; whether husband, wife, partner, parents or siblings - have been conducted in Welsh and English. The project will be analysing all findings to showcase insights that will lead to the resources being branded and created, to share via focus groups with community members throughout Wales.

In addition to this project, significant activity has been led by the Perinatal Mental Health Network to review and redesign the pathways across Perinatal Mental Health, with partner stakeholders, third sector organisations and members of the community.

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.

The 10 Wales PNMH Care Pathways, programme and animation were shared in June at the Wales Perinatal Mental Health Community of Practice. The pathways have initially been shared with colleagues to allow them the opportunity to familiarise themselves with them and to 'test the change' for a period of 6 months. An evaluation form has been developed to enable colleagues across Wales to offer feedback, with any necessary changes being made before launching more formally at the beginning of 2023. Awareness raising and testing of the pathways is being supported by Perinatal Mental Health Champions.

A clinical resource guide has also been developed to support the embedding of the ASK, ASSESS and ACT model and this is in the process of being translated into Welsh before being shared with midwifery, health visiting and primary care teams.

Further work to identify the data required to demonstrate the difference these pathways will make has commenced. This will ensure that the right care is being provided at the right time and by the right people and will include identifying and agreeing key performance indicators, outcome measure tools, secondary/ branch pathways, awareness raising and any additional training required. This work has been highlighted and included in the 2022-23 delivery plan.

The pathways, programme and animation are hosted on the NHS Wales Collaborative website - [Perinatal Mental Health Programme and Pathways - NHS Wales Health Collaborative](#)

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.

Public Health Wales colleagues are currently reviewing and updating the Bump, Baby and Beyond resource and planning their next steps in delivering the new pregnancy and birth resource. They are currently sharing with members of the quality assurance group and National Clinical Lead, to ensure that feedback given previously still reflects guidance and best practice. Digital Health and Care Wales have undertaken a scoping exercise for Digital Maternity Cymru, around the development of a once for Wales maternity information system that will provide women with access to their notes and public health information. This is currently awaiting confirmation to progress into programme stage.

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 is informing the ongoing work of health boards in developing both online and face-to-face materials which are accessible to women. This work will be a key element incorporated into the Digital Maternity Cymru model. Welsh Government are undertaking a review of the Vision as part of the maternity and neonatal safety support programme which has commenced a phase 1 diagnostic element together with Improvement Cymru to identify key issues impacting on safety and positive outcomes for families.

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.

It has been agreed by the PNMH Task & Finish Group that the Scottish Competency Framework, Training Plan and online modules will be used in Wales. Having received NHS Education Scotland (NES) agreement a memorandum of understanding for the seven introductory level modules from NES has now been signed for the modules to be hosted on the 'Learning@Wales' platform. Work to adapt all for the Welsh context is underway, with a plan to complete this work and have it ready for a 6-month testing period with the specialist perinatal mental health teams in autumn 2022.

Once the modules are ready, there will be a 'test the change' for 6-months, making any necessary adaptations, with a view to sharing formally across Wales at the beginning of 2023.

Work continues to improve uptake of the Institute of Health Visiting (IHV) training modules package to ensure all colleagues have the opportunity to access appropriate perinatal and infant mental health training. This training is also reflected in the new Wales PMH training programme.

The Wales Perinatal Mental Health Network, with input from working GPs, continues to explore how to provide training and education to support GP colleagues in caring for patients with perinatal mental health difficulties. A short survey was undertaken to help identify GP training needs and preferences. Colleagues have started to shape training content and work is happening with colleagues in HEIW and NHS England to explore the introduction of a GP Champion model across Wales.

The National Clinical Lead has also met with the Lead Midwives for Education to think more about how training is offered to pre-registration students and PMH Champions have linked with universities and are providing updates, information and training when requested. Plans are now in place to undertake scoping work which support us to get a clearer understanding of who is linking with what universities and what is being offered. This will allow the network to then think about what a Wales-wide plan could be to provide a consistent approach to pre-registration PMH education.

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.

Welsh Government commissioned Social Care Wales (SCW) and Health, Education and Improvement Wales (HEIW) to develop a mental health workforce plan, which includes NHS, local authorities and the voluntary sector. HEIW and SCW engaged extensively with stakeholders to develop the draft plan which ran from 1 February to 28 March 2022. HEIW /SCW have now provided a costed plan to the Welsh Government for formal consideration. It is anticipated that the plan will be formally published in the autumn. HEIW are developing a more detailed implementation plan as well establishing a number of steering groups and workstreams following the launch of the plan, to oversee and support its delivery. Alongside this they have also undertaken specific work in relation to perinatal, as referenced in the previous update.

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.

All health boards now have funding and posts for the Specialist Perinatal Mental Health role. All health boards now have specialist perinatal midwives in place. The National Clinical Lead facilitates a specialist perinatal mental health midwifery forum, which provides midwifery colleagues working within specialist perinatal mental roles with the opportunity to come together to reflect, learn, share best practice, and identify challenges and solutions.

We now consider this recommendation closed and will be monitored as part of 'business as usual' arrangements.

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.

WG have commissioned a review of the Birthrate plus acuity tool which is reaching a conclusion and is due to report in autumn 2022 and will provide modelling of future staffing requirements to deliver the Vision in Wales. The Minister for Health and Social services also launched in January 2022 the Maternity and Neonatal Safety support programme which during the discovery phase will review all aspects of service provision including perinatal and midwifery support, led by Improvement Cymru this will provide recommendations for future improvements in delivery. The development of Digital Maternity Cymru will provide data on all aspects of care including continuity.

In respect to Health Visiting, we continue 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 and more recently a phased expansion of Flying Start. 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 supporting an assessment of future workforce needs.

The Healthy Child Wales Programme provides a universal range of health visitor contacts for families with children aged 0-7 irrespective of location in Wales, with enhanced and intensive interventions delivered to those families and children with increased levels of need.

During the course of the pandemic the health visiting service (Flying Start and general services) have worked together to issue regular guidance setting out clearly what its expectation was in terms of delivery of the programme, emphasising that certain core contacts should be maintained and that where families were identified as needing more support, or where there were safeguarding concerns.

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.

The PNMH network continue to deliver the third sector and voluntary organisation coffee and catch ups, with new members been identified and invited on a regular basis. To strengthen service user and family voice and ensure services user voices are represented across and within the Wales Perinatal Clinical Network, the National Clinical Lead is working in collaboration with the Maternal Mental Health Alliance (MMHA's) Champion Network to increase the number of Welsh Champions. All specialist PNMH midwives have been encouraged to link with their Maternity Service Liaison Committees and Communications and Engagement colleagues.

The National Clinical Lead is working with partners to consider the need of third sector provision for parents with mild-moderate mental health difficulties. A scoping exercise to further understand what community services are available for this level of need is underway.

From the early findings of the National Collaborative Commissioning Unit's (NCCU) mapping work in primary care (part of the Strategic Programme for Primary Care Mental Health) and the analysis of data from SilverCloud and CALL we are aware that demand for tier 0/1 continues to increase, especially for those with anxiety and depression and other common mental health issues.

We have therefore strengthened our arrangements to support voluntary sector provision and from October the following arrangements will apply

- We will have a central budget to commission national, all Wales support based on need and evidence to fill gaps in provision.
- Increased funding to health boards explicitly for third sector provided mental health support. This includes allocating additional funding for tier 0/1 support and support in primary care.
- Providing increased and recurrent investment for priority work for health boards in partnership with third sector, for instance alternatives to admission, including sanctuaries.
- Providing additional funding for a small grants scheme for suicide and self-harm prevention work. This will be led by the National Suicide and Self-Harm Prevention Co-ordinator and more details will follow on this shortly.

National opportunities for funding will be advertised widely to enable organisations who wish to register their interest and with sufficient notice to allow smaller organisations to collaborate.

As stated within the Programme for Government, in order to provide effective, high quality and sustainable healthcare, we are developing an all-Wales framework to support local action to mainstream social prescribing. The framework will outline what best practice looks like in terms of an accepted Welsh model of social prescribing but will not dictate how that is delivered in different communities. We are aiming to understand what the framework can do to add value to social prescribing in Wales and identify what work we in Welsh Government might be able to do to support once-for-Wales activity, for example this might be through supporting use of technology. Co-producing the framework is also key in developing the model to ensure solutions are developed at a regional level and making sure that whatever is developed is fit for purpose and doesn't inadvertently widen health inequalities.

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 All-Wales Neonatal Standards outline the requirements for delivery of high quality, person centred, safe and effective care. They are designed to provide a framework for units to assess quality service provision at local level and also to benchmark across other units in Wales. The 3rd edition of the standards were published in 2018.

In 2019 the Wales Neonatal Network developed neonatal peer review quality indicators which followed the six domains of quality healthcare. They were developed using the Wales Neonatal Standards 3rd Edition; British Association of Perinatal Medicine (BAPM) Neonatal Service Quality Indicators 2017; Bliss Baby Charter, Toolkit for High Quality Neonatal Services 2009 and the

Neonatal Critical Care Quality Indicators, Quality Surveillance Team (NHS England). An updated set of Quality Indicators is being developed that will consolidate these documents into a best practice document.

The National Bereavement Steering Group chaired by Dr Idris Baker, the national clinical lead for end of life care is well established and comprises of a wide variety of third sector organisations providing bereavement support to children, young people and adults, those affected by baby loss, sudden death, suicide and all types of bereavement. The National Framework for the Delivery of Bereavement Care in Wales, published in October 2021 sets out how in Wales we can respond to those who are facing, or have experienced, a bereavement. The framework includes core principles, minimum bereavement care standards and a range of actions to support regional and local planning. It also includes a section on learning from COVID-19 and the distress felt by many people who lost loved ones during the pandemic. It is written for those responsible for commissioning and providing bereavement support, as well as for bereaved people themselves.

We have made significant investments in bereavement services during and since the pandemic and driven a number of activities to improve bereavement care across Wales. A £3m Bereavement Support Grant for third sector organisations is being provided over the three-year period 2021-24 with 21 organisations receiving funding, including organisations such as 2 Wish, Sands and Bliss who work hard on a daily basis to support families who suffer the heartache of losing a baby, child or young person. An additional £420k (£60k each) is also being made available to local health boards (LHBs) in 2022-23 and 2023-24 to help with bereavement co-ordination and we are now working closely with recently identified named bereavement leads in each LHB.

As part of our work to implement the framework we are working with LHBs and a number of partners to develop a national bereavement pathway for Wales. These pathways will provide information and guidance to LHBs and everyone involved in bereavement support provision, to promote a consistent approach for accessing bereavement support across Wales. We have developed an “overarching” pathway and the first of our specific pathways relating to sudden and traumatic death for children and young people, with the next pathway being developed relating to pregnancy and baby loss. This should ensure that anyone who experiences a bereavement, wherever and whenever it happens, will be provided with information on how to obtain further support should they need it, whether that is practical, financial or emotional support. Once these pathways are embedded, a range of bereavement care standards will be implemented and monitored.

The National Clinical Lead has encouraged colleagues in the Specialist PNMH teams to link in with bereavement midwives and the work that is being undertaken across health boards and made links/ met with colleagues lead on the development of the national bereavement pathways.

Work will be undertaken through both the bereavement pathway provision and the further development of psychological therapies work streams and thus consider that this separate recommendation can now be closed.

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 Welsh Government recognises that receiving services through the medium of Welsh is a key component of care, especially for the more vulnerable and in key services such as mental health. *More than just words* is the Welsh Government’s strategic framework to strengthen Welsh language provision in health and social care.

A new *More than just words* plan 2022-27 was published on 2 August 2022. Its aim is to support Welsh speakers to receive care in their first language. According to our research, for many Welsh speakers being able to access services in Welsh significantly improved their overall experience and, in many cases, improved their health and wellbeing outcomes.

At the core of the strategy is the principle of the Active Offer. It places a responsibility on health and social care providers to offer services in Welsh, rather than on the patient or service user to have to request them. The plan has been developed by an expert group, following an independent evaluation of the first *More than just words* five-year plan. Implementing the new *More than just words plan* is the responsibility of everyone in their respective fields. Progress against the actions will be monitored by a new advisory board.

Welsh language services provision is also a theme of the HEIW / SCW workforce plan referenced above. As this recommendation is being delivered as business as usual, we now consider this recommendation closed.

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.

The NCL has facilitated the development of pathways between Eating Disorder and CAMHs services. Further work needs to be undertaken to do the same for other services e.g. Community Mental Health Teams, Crisis Resolution and Home Treatment Teams and Psychiatric Liaison. Recent links and discussion has also taken place with Substance Use Policy Leads, CASCADE and Parent-Infant Mental Health Network Cymru.

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.

The Together for Mental Health Ministerial Delivery and Oversight Board for Wales continues to consider and take account of the latest evidence in its work. The forthcoming Welsh Health Equity Solutions Platform of the Welsh Health Equity Status Report initiative will provide another tool to assist the Board in its work on health inequalities. The Solutions Platform is a cross-sector multidisciplinary online portal which will bring expertise, evidence, stakeholder insights, good practice, tools and sustainable approaches together, informing solutions and accelerating action to help reduce health inequities and improve health and well-being. This information will be used to inform our new mental health strategy. We also recognise that the Health and Social Care committee inquiry into mental health inequalities is ongoing and will also inform future direction.

We now consider this recommendation closed.