

Vaughan Gething AC/AM  
Ysgrifennydd y Cabinet dros Iechyd a Gwasanaethau  
Cymdeithasol  
Cabinet Secretary for Health and Social Services



Llywodraeth Cymru  
Welsh Government

Our ref/Ein cyf: MA-P/VG/3573/18

Lynne Neagle AM  
Chair  
Children, Young People and Education Committee  
National Assembly for Wales

Government.Committee.Business@gov.wales

26 October 2018

Dear Lynne

Since publication of the committee report into Perinatal Mental Health Services in October 2017 we have continued to work with stakeholders to further develop the specialist community services made possible from investment made in 2015. A snapshot of activity for these services between April and July has shown that just over 1,500 referrals made to services across Wales which further evidences the demands experienced by these services.

As requested, I am writing to provide our 12 month update to the committee's recommendations, I have provided our original response as an annex at the end of this letter for ease of reference:

**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 Welsh Government has designated funding for an MCN which includes provision for senior clinical and administrative time and a training budget. Recruitment for the Perinatal Mental Health Clinical Lead has been completed, and subject to employment checks it is hoped the successful candidate will take up post by the end of the year. It will be for the clinical lead to establish the network in order to ensure that it is established with the required level of support. Preparatory work is being undertaken prior to the lead being in place in respect to the MCN's membership and terms of reference.

Bae Caerdydd • Cardiff Bay  
Caerdydd • Cardiff  
CF99 1NA

Canolfan Cyswllt Cyntaf / First Point of Contact Centre:  
0300 0604400

[Gohebiaeth.Vaughan.Gething@llyw.cymru](mailto:Gohebiaeth.Vaughan.Gething@llyw.cymru)  
[Correspondence.Vaughan.Gething@gov.wales](mailto:Correspondence.Vaughan.Gething@gov.wales)

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.

The new lead will be based in the NHS collaborative, working alongside other managed clinical networks in existence, this will enable cross working and good sharing of information.

Whilst recruitment was taking place for the lead, capacity was provided by the 1000 lives mental health and learning disabilities improvement programme. This enabled the continued support of the existing All-Wales Perinatal Mental Health Steering Group (AWPMHSG) and the community of practice. Details of their work over the last year are included in subsequent updates to recommendations.

**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.**

As stated in recommendation one we have continued to support the All Wales Perinatal Mental Health Steering Group (AWPMHSG) and Community of Practice over the last year by facilitating dedicated time from the 1000 lives mental health and learning disabilities improvement team. This joined up working enabled the publication of 'Guidance for the Delivery of Integrated Perinatal Mental Health Services in Wales' in July 2018.

This document provides guidance on the functions of integrated perinatal mental health services in Wales. It has been developed in conjunction with key stakeholders including those with lived experience and the third sector. All professional groups have been represented and the most up to date research and evidence have informed its content.

The standards in the document were developed to support equitable access to and provision of perinatal services in Wales. It suggests information to be collected by health boards to develop a clear picture of service demand, uptake and delivery. It is expected that both qualitative and quantitative information will become available as services develop and mature. This work will enable health boards to make evidenced based decisions about the future provision of that service.

A tool and data dictionary definitions to support the collection of information about perinatal mental health services is also being piloted. Maternity, health visiting and perinatal mental health services will work together to determine quantitative and qualitative key performance indicators that they wish to utilise from the data collection/audit question suggested in the companion to this document. This work will now be considered alongside the development of the mental health core dataset and will also include discussion on the reporting requirements of these services. It is however recognised that we will not be in a position to fully report on the level of detail required across Wales until we roll out the Welsh Community Care Informatics Service (WCCIS). WCCIS has a phased implementation up until 2022, although it is recognised that some elements of this required work will be completed sooner.

1000 lives improvement team has also undertaken work to establish the demand for MBU services. The data collection tool currently being piloted will contain information about the demand for inpatient provision.

**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.**

**Recommendation 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.**

WHSSC have completed our commission to identify the level of demand for in-patient MBU services, required in order to inform required service needs. Whilst this has taken longer than we hoped, this extended time has also allowed the impact of the new community services on inpatient demand to be more clearly assessed.

Following WHSSC-facilitated commissioning workshops, two Welsh Health Boards have expressed an interest in delivering a Mother and Baby Unit service. Work is ongoing to explore the feasibility of any proposals, estimated costs and the timescales. It is envisaged that these submissions will be ready to be presented to the WHSSC Joint Committee on 13 November. Options for the provision of a Mother & Baby Unit service that women in North Wales can access will also be submitted.

We have requested that WHSSC write to the Committee providing an update directly to you following the Joint Committee on the 13 November.

**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 established Community of Practice provides clinicians with access to up to date research and information. This is being currently facilitated by the 1000 lives team. The 1000 lives team also held a conference in March 2018 which focused on promoting parent and infant mental health in the first 1000 days.

The new Perinatal Mental Health Clinical Lead, once in post, will prioritise working closely with the Welsh Health Specialised Services Committee (WHSSC) to create the specific guidance on admissions to a MBU.

**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.**

Discussions are ongoing with Betsi Cadwaladr University Health Board. Whilst WHSSC as the commissioners of the current service have had a number of conversations with NHS England, no firm arrangements for procurement of beds in the North have been agreed to date. The Specialist Perinatal Mental Health Team in North Wales are involved in developing plans for a local model for assessment and transfer to a specialist bed either in NHS Wales or England as required. A paper with the various options and outlined costs will go to the WHSSC Joint Committee on 13 November.

As stated above we have requested that WHSSC write to the Committee providing an update directly to you following the Joint Committee.

**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 expect that community teams would link with inpatient services in England (or Wales) to ensure seamless transition from home to specialist services and back in order to support smooth step up and step down transfer between inpatient and community care. The Community of Practice includes membership from each health board community team to facilitate this learning across Wales. Work is ongoing to ensure core services will provide care in people's homes with links to the MBU when necessary. Current provision is managed on a case by case by WHSSC.

**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.**

The Mind-NSPCC-NMHC report highlighted the progress which has been made in the provision of perinatal mental health care to women and their families in Wales and made explicit reference to these improvements. It also highlighted areas where further work was needed. Ongoing monitoring of the activity of the community perinatal mental health teams has also shown evidence of increasing demand.

A priority for the £7m mental health transformation fund which commenced this year includes consideration of expanding perinatal mental health community services as a key priority area. Health boards were asked to submit proposals by July and officials have been assessing these proposals. Health boards have confirmed their intention to spend approximately another £0.5m across Wales in respect to perinatal mental health services.

Further investment in this important area has also been included in the draft budget for 2019-20. We will request that health boards consider the Mind-NSPCC-NMHC report when further developing their services.

**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.**

We have provided £4m of extra funding direct to health boards to improve access to psychological therapies. The National Psychological Therapies Management Committee has produced an action / implementation plan to assist health boards to assess their current position and to make improvements locally. We have approved proposals from all health boards to improve their local services in line with the national plan. Support has now been provided to health boards to implement their individual plans.

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 (June 2018) shows that Health Boards are meeting the targets for assessment and interventions on an All Wales, all-ages, basis in LPMHSS. This improvement is in the context of increased referrals to LPMHSS. Across Wales from 2013 to 2015 an average of 4,863 referrals were received per month, by 2017-18 this had increased to an average of 5,589 per month. This means that more people are being referred to and accessing LPMHSS services and more people are seen and receiving therapeutic interventions in a timely manner where needed.

We recognise that some women will require more specialist psychological interventions and our investment and national plan is also seeking to improve access to these services and make the access more timely. Our current data collection plans for these more specialist services do not allow us to disaggregate this data in respect to perinatal services currently; ongoing work in relation to the development of the mental health core dataset will improve our ability to do this in the future.

**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.**

Through the All Wales Perinatal Mental Health Steering Group (AWPMHSG), all health boards have given a commitment to working towards the Royal College of Psychiatrists' quality standards. The Mind-NSPCC-NMHC report confirmed that two community teams have signed up to this quality standard whilst also giving rich information on where existing teams should focus in order to improve services delivered.

The AWPMHSG and Community of Practice continue to provide opportunities for shared learning and benchmarking.

**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 guidance for an integrated pathway has been developed – see reply to question 2.

**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 Bump, Baby and Beyond book (published in 2014) is given to all pregnant women. The book provides information for during pregnancy and for up to 5 years after the baby is born. It contains information on wellbeing and signposts where to seek help and support.

Officials are currently working with Public Health Wales in respect of information provided to parents. A group, chaired by the Deputy Chief Medical Officer, is considering the options for providing information to parents, including the possible use of electronic platforms and apps, rather than Bump Baby and Beyond alone.

<http://www.wales.nhs.uk/documents/Pregnancy%20to%204%20Years%20Book%20FINAL%20English%20Revised%20E-Book%20Compressed.pdf>

**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.**

All health boards have parent craft provision delivered locally to their population. The approaches taken across NHS Wales are being reviewed as part of the work to develop a prudent vision for maternity services, which is due to be published by the end of the year.

We are aware that health boards continue to encourage attendance in a number of ways. Examples include linking with local leisure centres and creating online booking systems. We have also agreed to link into the antenatal education work stream in order to produce a national framework for awareness of perinatal mental health.

**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.**

The Nursing and Midwifery Council (NMC) is the UK regulator for nurses, midwives and specialist community public health nurses such as health visitors. Part of its role is to set the standards of proficiency leading to registration. The standards of proficiency for nurses and midwives are currently being revised and are expected to be introduced for programmes starting in September 2020.

The new nurse proficiency standards have been announced and for all fields of practice there is an expectation that the nurses will have knowledge and skills in mental health.

There is a national implementation working group consisting of members of the approved education institutions and NHS Wales to develop the nursing programmes to be offered in

Wales. The national programme lead has been asked to ensure perinatal mental health care is explicitly included in the mental health nursing field programmes.

While the current midwifery standards do make reference to “monitoring and supporting women who have postnatal depression or other mental illnesses“ there will be an opportunity to enhance future midwives’ knowledge and skills in perinatal mental health care. To make sure that the midwives of the future are ready for the challenges ahead the NMC is currently reviewing and working to future-proof the standards of proficiency for registered midwives. The new standards will outline what is required of student midwives before they can join the register and begin practising as qualified midwives. The range of views and feedback they have gathered is helping to develop draft standards of proficiency. The NMC will take the draft standards to their Council meeting in November 2018, and then consult on them publicly in February 2019. A national implementation working group will be set up once the standards have been approved. In a similar way to the nursing standards work, this group will also be asked to ensure perinatal mental health knowledge and skills are embedded in the midwifery programmes offered in Wales.

We can also confirm that Perinatal Mental Health is covered within the GP training curriculum. In terms of teaching relating to this topic, this is primarily delivered through group Continuing Professional Development (CPD) sessions as well as one-to-one tutorial sessions between the trainee and Educational Supervisor.

**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.**

A training and competency task and finish group has been established and it is anticipated that this work will be completed by the new perinatal network. Health boards have also submitted funding proposals which include aspects of training through the mental health transformation fund. Implementation of this work will be monitored by Welsh Government.

**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 one health board has a specialist perinatal health visitor. We are continuing to work with health boards on the further development of the perinatal mental health teams to ensure that women get the best care and support. These discussions will be informed by the findings of the Mind-NSPCC-NMHC and the Maternal Mental Health Alliance reports. Another role of the clinical lead will be to continue to improve communication between professionals.

**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.**

Our National Strategy, Prosperity for All, 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”, we have established a

programme of work to explore how we create an early years' system, both locally and nationally. 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. Officials hosted a Think Tank on 21 August which enabled health professionals from both Flying Start and universal Health Visiting services to explore a vision for future service provision and learn from what works. A work stream is in place to take forward recommendations from the Think Tank and make connections with other pieces of work that are underway in relation to early years.

In addition Welsh Government officials are leading work developing with stakeholders a vision for future maternity provision. All women proposed to have continuity of care ante-natally and post-natally through a buddy system and individualised care planning.

**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.**

As iterated in our previous response health boards are expected to plan to deliver mental health services to meet the needs of their respective populations. They may choose to deliver these services in partnership with third or independent sector organisations, or commission specific services from them. From our mapping work we are aware of examples of this happening. Any service needs to be supported by appropriate training and we would expect commissioners of services to ensure this is happening, including those from the third sector. The third sector are also key members of the AWPMHSG and the Community of Practice, both of which include a role in sharing practice and fostering learning opportunities. .

We recognise that the demand of perinatal mental health services is currently exceeding capacity which is why we included it as a key priority area for the mental health transformation fund and included it within our draft budget for 2019/20.

We also continue to support DEWIS Cymru which is a 'one stop shop' for information about wellbeing in Wales

**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.**

Each health board in Wales has a lead for maternity bereavement support. The bereavement leads have been key to delivering All Wales training to clinical staff, developing information for women and families, developing the care standards and working in collaboration with the stillbirth and neonatal society (SANDs) on appropriate environments for care. Support for women and families should range from initial recognition of loss to funeral arrangements and postnatal investigations and debriefing. It is recognised that a single point of contact is critical to ensuring that families feel supported and are kept informed.



There are robust processes in place to review any death. This includes a requirement for local review using the Perinatal Mortality Review Tool (PMRT). The PMRT also generates reports for hospitals to consider at Board level.

The reports will enable organisations to identify themes across a number of deaths to support learning and system level changes in the delivery and commissioning of services to improve future care. The Maternity and Neonatal Network will produce an annual report in line with the PMRT recommendations.

There is also a requirement to report deaths to MBRRACE-UK (Mother and Babies: Reducing Risk through Audits and Confidential Enquiries across the UK) who are commissioned by HQIP to undertake the Maternal, New-born and Infant Clinical Outcome Review Programme. The aim of the programme is to collect, analyse and report national surveillance data and conduct national confidential enquiries in order to stimulate and evaluate improvements in health care for mothers and babies.

The Neonatal Network revised the Neonatal standards with the 3rd Edition having been approved at Neonatal Network Steering Group in September 2017 and fully introduced early in 2018.

The Wales Neonatal Network ensures regular monitoring of progress to full compliance where there is reference to bereavement care. Each unit will ensure there are enough psychologists, counsellors and other mental health workers available to allow parents, siblings and staff access to psychological support.

Under the terms of the Standards, bereavement support will be offered to families whose baby has passed away in the neonatal unit

Officials have provided guidance to health boards on the care of children born on the threshold of survival. As a part of this work, a Welsh Health Circular was issued instructing health boards to ensure that they have suitable provision for bereavement support for families who lose their babies.

We expect Health Boards to work with the Neonatal Network to ensure their neonatal service plans are sufficiently robust to achieve the All Wales Neonatal Standards and improvements across the service.

In addition the End of Life Care Board is working with Marie Curie Research Centre to scope out the provision of bereavement services across Wales. This work is scheduled to run from November 2018 to May 2019.

**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 Language Standards for the health sector will build on More Than Just words and are due to come into force in June 2019. The Welsh Language Commissioner will decide which standards will be imposed on health boards and trusts. but standards in the regulations include the requirement for organisations to develop the Welsh language skills of their staff; provide Welsh language awareness training; assess the need for Welsh language skills when advertising posts and the requirement for organisations to publish a 5 year plan setting out the extent to which they are able to increase their ability to offer clinical consultations 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.**

As part of our monitoring, we have confirmation from all health boards that they engage and jointly work with other services. Examples show the specialist teams working flexibly to meeting the needs of individual service users in doing so undertaking joint working between teams including CAMHS, Substance Misuse, primary care and CMHTs.

**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.**

Our funding to support the ACE's Hub in Public Health Wales underpins our long term approach to break the link between adverse experiences during childhood and poorer life outcomes, including mental health issues. In addition there are examples of where Midwives and Health Visitors are currently exploring how to ensure services they provide are ACE informed.

The 1000 lives team have also provided opportunities for learning about Adverse Childhood Experiences work outlined above and the development of trauma informed mental health services.

I hope you find my response helpful and look forward to updating you further in January.

Yours sincerely

A handwritten signature in black ink that reads "Vaughan Gething". The signature is written in a cursive, flowing style.

**Vaughan Gething AC/AM**

Ysgrifennydd y Cabinet dros Iechyd a Gwasanaethau Cymdeithasol  
Cabinet Secretary for Health and Social Services

## Annex 1

Original reply to recommendations	
1	<p>Accept - Community perinatal services are now available in all areas across Wales. The work of the All-Wales Perinatal Mental Health Steering Group (AWPMHSG) and community of practice has been instrumental in developing the necessary connections and resources. I fully support the central role both groups have played in taking forward the perinatal agenda in Wales.</p> <p>However, I agree the need to establish a clinician-led managed clinical network (MCN) to support the further development of perinatal mental health services in Wales. The MCN will bring together the clinical leadership and strategic development roles into a single entity.</p> <p>Work to put the MCN in place will begin now, with the aim of recruiting to the leadership role this financial year.</p>
2	<p>Accept - The standards and outcomes subgroup of the AWPMHSG are currently developing an all-Wales integrated framework for the provision of perinatal mental health services in Wales, which we plan to publish in 2018. This will include both qualitative and quantitative outcome measures.</p> <p>The emerging all-Wales mental health and learning disabilities core data set will incorporate perinatal information. The IT systems, currently under construction, will be able to ensure more robust data collection and that monitoring arrangements are available in the future. This will be essential to understand the need and demand for perinatal services, as awareness increases and stigma and discrimination becomes less prevalent.</p>
3	<p>Accept - The current evidence base would suggest there is a need for inpatient care in southern Wales, though there would not be sufficient demand to provide a unit in North Wales alone, as your report has concluded. As you have acknowledged, we have already committed to providing inpatient care in Wales within the draft Budget for 2018-19 and 2019-20.</p> <p>The Tier 4 sub-group of the AWPMHSG is currently costing options for consideration, while considering the concerns raised by WHSSC's Joint Committee. The options are to be presented to the Joint Committee in January.</p> <p>In presenting options for inpatient care, key factors to be considered include the location of the service and resulting distance for families to travel. A single inpatient unit is likely to be one of these options. However, I expect options for more localised inpatient care, with shorter distances between mothers and babies and their families, to also be presented. It is vital the new inpatient model provides excellent care, whilst being sustainable in the longer term and meeting the needs of our whole population.</p>
4	As 2.
5	Accept - We have asked the existing Community of Practice to begin work on producing guidance for professionals and information for patients to support more informed decision making about treatment options.
6	As 3.
7	Accept - I have asked WHSSC to work with Betsi Cadwaladr University Health Board to consider options in North Wales, including this recommendation. The outcomes will inform the overall development of inpatient care in Wales, which will consider the needs of mothers and families across the whole of Wales. The options for provision in North Wales will be presented to the Joint Committee in

	January, as part of the overall development of inpatient care across Wales.
8	<p>Accept - We agree that linking local perinatal community services and other teams across Wales will be instrumental in developing new inpatient provision in order to support smooth 'step up' or 'step down' transfer between inpatient and community care.</p> <p>The MCN will include representation from each health board community team, as the Community of Practice does at present, and will be fully engaged as inpatient care in Wales is developed.</p>
9	<p>Accept in principle - The forthcoming evaluation will provide greater clarity on how community services are currently meeting demand. It is essential there is equity of access to services across Wales and that health boards are able to provide community services which meet the needs of their local population.</p> <p>We have included an additional £20m each year for mental health services within the draft budget agreement for the next two years. This is in addition to the additional £20m included in this year's budget (2017-18). We expect health boards to use their increased mental health budget to address gaps in service provision.</p> <p>The MCN will work with the health boards to set evidence-based standards. This process allows the health boards to develop their services to meet these standards.</p>
10	<p>Accept - I accept the importance of pregnant and postnatal women having rapid and timely access to psychological interventions. Matrics Cymru - Guidance for Delivering Evidence-Based Psychological Therapy in Wales includes the evidence on the provision of psychological interventions during the perinatal period. The all-Wales action plan for the delivery of psychological therapies to support the implementation of Matrics Cymru is currently being developed and will be published in 2018.</p> <p>Existing community teams provide a range of support, including occupational therapy, specialist clinical psychologists and assistant psychologists. However, I will also ask my officials to seek advice from the Standards and Outcomes sub-group about collecting separate information on timeliness of interventions in line with the NICE recommendations in Matrics Cymru. That is, an assessment offered within two weeks of referral and interventions offered within one month of assessment. This is broadly in line with the waiting time targets we have already set for the provision of therapeutic interventions offered by local primary mental health support services.</p> <p>Health and Care Research Wales is also supporting specific research into evidence based practice in the perinatal period. We will ensure new and emerging evidence bases are built into the provision of services and revision of Matrics Cymru.</p> <p>The new MCN will set a strategic agenda and identify outcomes with appropriate timescales for delivery.</p>
11	<p>Accept - I fully support the AWPMSHG recommendations that health boards facilitate their perinatal mental health services to sign up to the Royal College of Psychiatrists' quality standards for perinatal mental health services. This will need to be done in line with Wales-specific legislation, such as the Social Services and Well-being Act and the Future Generations Act.</p>
12	<p>Accept - The new all-Wales integrated pathway and standards will support the delivery of consistency of outcomes for women and families wherever they are in Wales. How such services are delivered will take account of local demand and</p>

	<p>needs.</p> <p>It is important the timescales for the delivery of the pathway are realistic and achievable. Appropriate timescales will be put forward by the new MCN.</p>
13	Rejected
14	<p>Accept in principle - The standards and outcomes subgroup of the AWPMHSG, which has representation from all health boards in Wales, in conjunction with Public Health Wales, is considering the most evidence-based and effective method to improve women's awareness of the importance of mental wellbeing, as well as specific issues relating to perinatal mental health. This will include consideration of whether further information can be included in the pre- and post- natal packs.</p>
15	<p>Accept - The Welsh Government recently commissioned the Consultant Midwife group to explore women's experience of pregnancy and birth in Wales, which I launched in October. The survey aimed to evaluate women's views of antenatal services and how current service provision can prepare women for labour, birth and parenting.</p> <p>Included in the findings was the need for improved access to classes that adequately prepare them for birth and parenting. A programme to develop a strategic vision for future maternity services is underway. I agree the need to combine the antenatal education work stream to produce a national framework for awareness of perinatal mental health.</p>
16	<p>Accept in principle - The training and competency sub-group of the AWPMHSG is developing the perinatal mental health learning and development framework for Wales. It is expected to be published in 2018.</p> <p>Perinatal mental health is currently included in the Midwifery pre-registration training across Wales. The Nursing and Midwifery Council (NMC) is currently reviewing the education framework for 'Future Midwives' and I will ask that Welsh representatives ensure this is recommended for the future.</p> <p>Perinatal teams within the health boards are expected to provide post-registration training and updates to all staff involved in the care of women and families in pregnancy and postnatally.</p> <p>GPs work alongside midwives and health visitors in monitoring and managing the mental health needs of pregnant women and new mothers. Further training of GPs, designed to deliver increased awareness of, as well as optimum management of, perinatal mental health disorders should be rolled out via RCGP Wales. Engagement with the GP community will be facilitated through the AWPMHSG.</p>
17	<p>Accept - A sub-group of the AWPMHSG is already developing an integrated training and competency framework to ensure all staff in contact with women and their families during the perinatal period have sufficient knowledge and skills to offer evidence-based assessments and, as needed, interventions. This work should be completed in 2018.</p>
18	<p>Accept in principle - As with my response to Recommendation 9, I await the findings of the evaluation, which will provide a clearer picture of how the current model is meeting the demand for services across Wales. This will include how services in areas of lower population density work with surrounding services to meet the needs of new mothers and babies.</p>
19	<p>Accept - The Welsh Government commissioned the Consultant Midwife group to explore women's experience of pregnancy and birth in Wales, which I launched on 9 October. A key finding of the survey was that women wanted to build relationships with knowledgeable, compassionate and kind midwives. This not only makes women feel safe but enables them to trust in the information and</p>

	<p>advice they receive.</p> <p>When a woman suffers perinatal ill-health, the named midwife and local perinatal mental health team would collaborate to ensure an individualised plan of care and continuity.</p> <p>We are committed to ensuring all health boards have the right number of midwives employed within their services. The birth rate plus workforce acuity tool is applied across all health boards, which are required to be compliant against workforce ratios. This is monitored at annual maternity performance boards and enables the provision of a named midwife to all women in pregnancy.</p> <p>A collaborative event was held with key stakeholders in maternity services this month to develop a future vision for maternity services which will address the key messages from the Women's Survey.</p>
20	<p>Accept - Health boards are expected to plan to deliver mental health services to meet the needs of their respective populations. They may choose to deliver these services in partnership with third or independent sector organisations, or commission specific services from them.</p> <p>The Welsh Government is working with partners to coordinate the development of a single 'virtual' directory of services for health, social care, and the third and independent sectors. It is intended that the directory will be used by both the public and professionals and will underpin the new local authority information, advice and assistance service, as well as the 111 telephone and website service. It will include the wide range of services available in local communities and explain how people can access this care and support.</p>
21	<p>Accept - The revised neonatal standards will be published by the Neonatal Network and implemented across all health boards in the new year. The standards outline the need for each unit to ensure sufficient psychological support is available to parents, siblings and staff. The Welsh Government expects health boards to work together, supported by WHSSC and the Neonatal Network, to ensure high quality neonatal services in line with professional standards.</p> <p>Following the Health and Social Care inquiry into Stillbirths (2012), there is now a bereavement midwifery service in every health board. The service provides support to women and families who have suffered a loss through stillbirth or early neonatal death. Health boards also work with third sector organisations, such as the Stillbirth and Neonatal Death Society (SANDS), to improve environments of care, provide support and facilitate professional training.</p>
22	Rejected
23	Rejected
24	Rejected
25	<p>Accept - Health boards are expected to consider the language needs of their local population when planning services. The Welsh Government's strategy to strengthen Welsh language services in health and social care, More Than Just Words, aims to ensure Welsh-speakers receive services in their first language. Under the Welsh Language Measure, the Welsh language has official status which means it should be treated no less favourably than the English language in Wales.</p> <p>We will expect the new MCN to consider how current provision meets Welsh language needs of the population as part of its work.</p>
26	<p>Accept - As in my response to Recommendation 22, I have asked the AWPMSHG to gather information on how the community teams currently engage with relevant services and consider what work needs to be done to improve collaboration.</p>

	<p>As part of the requirements within the Service Framework for the Treatment of People with a Co-occurring Mental Health and Substance Misuse Problem, published in 2015, we also expect a clear joint protocol and integrated pathway between mental health and substance misuse services. It is further expected that mental health and substance misuse services should be tailored to meet the needs of their local population (which will include expectant mothers). Progress on the implementation of this framework is monitored through existing arrangements within the Welsh Government's strategies 'Together for Mental Health' and 'Working Together to Reduce Harm'.</p>
27	<p>Accept - The Welsh Government's Health and Care Research Wales joint call for research into evidence-based practice in the perinatal period will include data on how services address health inequalities. The all-Wales integrated framework will also include specific reference to the need to make reasonable adjustments to ensure equity of access to those with protected characteristics.</p>