



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

Lynne Neagle AM  
Chair  
Children, Young People and Education Committee

1 October 2019

Dear Lynne,

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Yours sincerely,

A handwritten signature in black ink that reads "Vaughan Gething". The signature is written in a cursive style with a large initial 'V'.

**Vaughan Gething AC / AM**

Minister for Health and Social Services

Y Gweinidog Iechyd a Gwasanaethau Cymdeithasol