



Welsh Health Specialised Services Committee

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

4 The plans for MBU provision in North Wales

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

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

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

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

Appendix 1

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

Purpose	The purpose of this report is to seek approval for an interim option for a Mother & Baby Unit located in South Wales.			
RATIFY <input type="checkbox"/>	APPROVE <input checked="" type="checkbox"/>	SUPPORT <input checked="" type="checkbox"/>	ASSURE <input type="checkbox"/>	INFORM <input type="checkbox"/>

Sub Group /Committee	Management Group	Meeting Date	28/11/2019
Recommendation(s)	<p>Members are asked to:</p> <ul style="list-style-type: none"> • Support the proposed option from Swansea Bay UHB for an interim 6 bedded Mother & Baby unit at Tonna Hospital; and • Support the urgent development and submission of Business Justification Case to Welsh Government in order to secure capital funding; and • Approve the establishment of a task and finish group to review the options for a permanent solution 		

Considerations within the report (tick as appropriate)

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

Commissioner Health Board affected

Aneurin Bevan	✓	Betsi Cadwaladr	✓	Cardiff and Vale	✓	Cwm Taf Morgannwg	✓	Hywel Dda	✓	Powys	✓	Swansea Bay	✓
---------------	---	-----------------	---	------------------	---	-------------------	---	-----------	---	-------	---	-------------	---

Provider Health Board affected (please state below)

All Health Boards

Appendix 1

1. SITUATION

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

2.0 BACKGROUND

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

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

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

3.0 ASSESSMENT

3.1 South Wales Mother & Baby Unit

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

Appendix 1

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

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

The outcome of the meeting was:-

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

3.2 Mother & Baby provision for Mid & North Wales

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

Appendix 1

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

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

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

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

3.3 Updated activity data

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

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

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

Appendix 1

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

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

3.4 Further Financial Arrangements

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

A summary of the key financial position points previously agreed:

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

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

4.0 RECOMMENDATIONS

Members are asked to:

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

Appendix 1

5.0 APPENDICES / ANNEXES

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

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

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

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

Appendix 1

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

Appendix 1

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

Appendix 1

Vaughan Gething AC/AM

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

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



Llywodraeth Cymru
Welsh Government

Lynne Neagle AM
Chair
Children, Young People and Education Committee

1 October 2019

Dear Lynne,

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

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

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

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

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

Bae Caerdydd • Cardiff Bay
Caerdydd • Cardiff
CF99 1NA

Gohebiaeth.Vaughan.Gething@llyw.cymru
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.

Appendix 1

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

Appendix 1

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

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

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

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

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

Yours sincerely,



Vaughan Gething AC / AM

Minister for Health and Social Services

Y Gweinidog Iechyd a Gwasanaethau Cymdeithasol

Appendix 1

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

Vaughan Gething AC/AM

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

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

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



Llywodraeth Cymru
Welsh Government

19 December 2019

Dear Lynne,

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

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

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

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

Yours sincerely,

Vaughan Gething AC / AM

Minister for Health and Social Services

Y Gweinidog Iechyd a Gwasanaethau Cymdeithasol

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

Bae Caerdydd • Cardiff Bay
Caerdydd • Cardiff
CF99 1NA

Gohebiaeth.Vaughan.Gething@llyw.cymru
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.



SWANSEA BAY UNIVERSITY HEALTH BOARD

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

1. SITUATION

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

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

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

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

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

Appendix 1

2. BACKGROUND

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

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

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

Appendix 1

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

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

Mother & Baby IPFR Requests 2018/19

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

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

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

Appendix 1

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

3. ASSESSMENT

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

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

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

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

The options now under consideration therefore are:

3.1 Interim Option

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

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

3.2 Permanent Options

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

Appendix 1

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

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

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

3.3 Spend Objectives & Long Term Options

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

Appendix 1

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

3.4 Indicative Capital Implications – Interim & Long Term Options

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

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

Appendix 1

3.5 Indicative Revenue Implications Interim & Long Term Options

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

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

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

3.6 Proposed Staffing

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

Appendix 1

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

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

3.8 Main Benefits

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

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

Appendix 1

3.9 Main Risks

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

Appendix 1

3.10 Indicative Programmes

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

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

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

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

3.11 Clinical Model

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

Appendix 1

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

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

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

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

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

Service Aims:

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

Appendix 1

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

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

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

Appendix 1

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

3.12 Proposed Future Scope of the Unit

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

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

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

3.13 Environment of Care

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

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

4. RECOMMENDATION

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

November 2019

Appendix 1

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



Llywodraeth Cymru
Welsh Government

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

Dr Sian Lewis
Managing Director WHSSC
3a Caerphilly Business Park
Caerphilly
CF83 3ED,
Sian.lewis100@wales.nhs.uk

22 January 2020

Dear Dr Lewis,

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

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

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

Yours sincerely,

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

Cc: Carole Bell, Joanna Jordan, Sharon Fernandez

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

Bae Caerdydd • Cardiff Bay
Caerdydd • Cardiff
CF99 1NA

Gohebiaeth.Vaughan.Gething@llyw.cymru
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.