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Deputy Minister for Mental Health and Wellbeing



Llywodraeth Cymru
Welsh Government

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

17 July 2023

Dear Jayne

I am writing to provide you with an update on progress against the recommendations in the 'Perinatal Mental Health' report, this is at Annex A.

As the Committee will know, supporting perinatal mental health services is a priority for me. Over the period I have been in this position we have continued to provide sustained funding to health boards to support compliance with the Royal College of Psychiatrist's Community Standards for Perinatal Mental Health Services.

The following provides a snapshot of compliance with the standards as of March 2023:

Health Board	Type 1 % compliance	Type 2 % compliance	Type 3 % compliance
Aneurin Bevan	91	83	77
Betsi Cadwaldr	91	75	62
Cardiff and Vale	90	80	85
Cwm Taf Morgannwg	95	88	85
Hywel Dda	97	98	92
Powys	89	75	62
Swansea Bay	87	55	77

The current target for compliance against these standards is 100% for type 1, 80% for type 2 and 60% for type 3. Health Boards have made good progress towards these standards but recognise that there is more work required to ensure that the care provided to patients is of the highest standard.

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Rydym yn croesawu derbyn gohebiaeth yn Gymraeg. Byddwn yn ateb gohebiaeth a dderbynnir yn Gymraeg yn Gymraeg ac ni fydd gohebu yn Gymraeg yn arwain at oedi.

We welcome receiving correspondence in Welsh. Any correspondence received in Welsh will be answered in Welsh and corresponding in Welsh will not lead to a delay in responding.

The National Clinical Lead is continuing to work with services to identify where there are gaps in meeting the standards and to support them to put plans in place to address these. This is being done in conjunction with officials who are now working on the development of the successor to the *Together for Mental Health* strategy, in which supporting perinatal mental health will continue to be a priority. This will include a continued focus on early intervention and supporting infant mental health.

Since the publication of the Committee Inquiry there have been significant changes in the service landscape, with each health board further developing their community services. Additionally, the opening of the Mother and Baby Unit in Neath Port Talbot in 2021 was also a significant step forward in providing improved perinatal mental health support for mothers in Wales. However, we recognise that this is too far to be an appropriate service for those living in North Wales and we continue to work with NHS England to develop a joint unit in Chester to further support ease of access from North Wales. Further detail on how this is progressing is included within the annex.

This work, along with development of the successor strategy and the work led by the National Clinical Lead, will continue to deliver the key themes across the Committee's recommendations. I would like to assure you that the recommendations will continue to shape the work on perinatal mental health services, with the recommendations remaining open following several key themes. These include availability of data, workforce, compliance of the Royal College of Psychiatrist's standards, increasing access to psychological therapies and further developing the mother and baby unit provision for those living in North Wales. I would therefore welcome a discussion with you about the format of future updates.

I would like to thank the Committee for its continued focus on perinatal mental health.

Yours sincerely



Lynne Neagle AS/MS

Y Dirprwy Weinidog Iechyd Meddwl a Llesiant
Deputy Minister for Mental Health and Wellbeing

Perinatal Mental Health - Children and Young People Committee Update

	Recommendation	Welsh Government Update July 2023
2 & 4	<p>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.</p>	<p>The mental health core dataset work continues to be taken through the Mental Health Data and Outcomes Measures Board. A Technical Sub Group has been established to support this work. This group comprises of health board digital/performance leads and is focusing on the practicalities of collecting and sharing data. The work stream reports to the Together for Mental Health Ministerial Oversight Board.</p> <p>It is recognised that establishing a full dataset is complex and we are prioritising specific data items at each stage to ensure that any data collected is robust and fit for purpose, with the initial focus being on referrals and admissions data. We will also be prioritising demographic data, such as age, gender and ethnicity which will support our ability to plan services based on the needs and demands of our population.</p> <p>We understand the need to have data publicly available as soon as practicable and we are working towards having an initial national dashboard on mental health activity available by September, we will then broaden this available data incrementally as the core dataset evolves. By December, we will also collect an agreed set of patient experience measures nationally.</p> <p>Training for health boards to strengthen the recording and use of individual patient experience outcomes data continues. With representatives of over 80% of the mental health and learning disability teams in Wales having now received training in how to embed patient reported outcome and experience measures into day-to-day practice.</p> <p>The feedback on the training has been very positive, however the impact of the pandemic on capacity to translate training into consistent practice has been variable. As a result, we are providing additional support to health boards over this year to further embed practice.</p>

	Recommendation	Welsh Government Update July 2023
		<p>Enabling service users to describe what is important to them, having goals and aspirations is key to providing effective, safe and compassionate care.</p> <p>Our expectation is to prioritise the standardisation of patient reported outcome measures (PROMS) and patient reported experience measures (PREMs) across health boards, ahead of the development of wider outcome measures.</p> <p>This work is informed by the University of South Wales commissioned work that aimed to understand what is important to people in relation to outcomes from mental health services.</p> <p>We will be utilising this work to support the development of supporting outcomes in the next mental health strategy.</p>
5	<p>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.</p>	<p>The Perinatal Mental Health Network meets routinely to work towards an agreed work plan. Further information on the Network is available here.</p> <p>Their recent work has included agreeing the content for the information leaflets that were noted in the previous update. Twelve leaflets have been finalised and translated and are available to view and access from the following link Support and advice leaflets - NHS Wales Executive.</p> <p>The Clinical Lead will continue to review the information available to ensure it is routinely updated as part of the 'business as usual' work programme. We therefore intend to close this recommendation.</p>

	Recommendation	Welsh Government Update July 2023
7	<p>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.</p>	<p>Collaborative working with NHS England has resulted in an approved business case and financial support to develop a dedicated MBU in Cheshire and Wirral Partnership to include 2 beds dedicated for Welsh patients. The final financial approval has been received and an implementation group is being set up continuing the partnership between NHS England and NHS Wales. Although this is being led by NHS England through Cheshire and Wirral Partnership, NHS Wales have had considerable input into the development of the service and business case to date including the expertise of NHS Wales colleagues to inform service development.</p> <p>The project group are working collaboratively with the BCUHB Perinatal Mental Health Service and Experts by Experience from North Wales to ensure that Wales and the Welsh language are embedded into the fabric of the MBU in the following ways:</p> <ul style="list-style-type: none"> • Involvement of Experts by Experience and their families • Welsh imagery to be used in the decoration of the MBU. • It is proposed that the MBU's name will be decided by all of the Experts by Experience and their families and will be displayed on the building and in all documentation in English and Welsh. • The signage used in the unit will be in both English and Welsh. • Occupational Therapy activities will be developed that will embrace both English and Welsh cultures and language. • Nursery Nurse led activities will be developed using both the English and Welsh language. Nursery Nurses from the BCUHB Perinatal Mental Health Service will work with MBU colleagues and Experts by Experience from Wales in order to ensure this. • All job descriptions will be available in both English and Welsh • The ability to speak Welsh will be a desirable personal specification in all job descriptions. • Willingness to learn Welsh will be considered during the recruitment process. • It is proposed that Welsh language courses will be made available to all staff. • There will be a language line which includes access to Welsh available 24 hours a day, 7 days a week.

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		<p>This partnership will continue as the service is developed with an anticipated opening date for the unit during last quarter of 2024.</p> <p>The National Clinical Lead and team will continue to support and facilitate meetings to bring service users together with North Wales colleagues to provide consultation and feedback as and when requested by the MBU development team.</p>
8	<p>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.</p>	<p>WHSSC have undertaken a review of the South Wales mother and baby unit and this is now available on their website. This has recommended that the service remain at Tonna whilst we consider longer term capacity and demands which will be done in conjunction with the development of the longer-term successor to Together for Mental Health.</p> <p>This recommendation will be considered on an ongoing basis as part of recommendation 7.</p>
9	<p>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</p>	<p>The National Clinical Lead continues to regularly meet with Specialist Team Leads and Service Managers and will be using this as an opportunity to review the All-Wales documentation that supports service provision, and areas for development that are being identified as each team completes their annual review of the perinatal standards. There has also been a recent request for Team Leads and Service Managers to come together as a group to review their unmet standards and work together to support each other and share learning and best practice.</p> <p>Common themes that have been identified for improvement include the provision of clinical space that is family orientated, adequate office space for teams, and the provision of</p>

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	<p>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</p>	<p>information around carers rights and advocacy we will be working with the Clinical leads and health boards to further support this work.</p> <p>Service Improvement Funding this year also included a requirement to consider perinatal mental health as a priority area and further progress against the staffing standards has been made. However, it is acknowledged that there are posts which remain unfilled at health board level, predominantly in grades / posts which have proven difficult to recruit too so we will be following up with individual health boards to consider the action that needs to be taken to enable us to show compliance.</p>
10	<p>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.</p>	<p>The Wales Perinatal Mental Health Implementation Network objectives for 2023-24 includes work to further explore and agree the psychological interventions offer across the perinatal pathway. This work will enable gaps and additional resources that may be needed, to be identified. Once this work has been completed our Pathway 10 will be updated accordingly and further discussions with colleagues in HEIW will be instigated - executive.nhs.wales/networks-and-planning/wales-mental-health-network/perinatal-mental-health/pnmh-docs1/pathway-10-psychological-support-and-interventions/</p> <p>HEIW have developed new training for perinatal mental health and are supporting more supervisors to take this forward.</p> <p>Work to develop a National Perinatal Trauma pathway in collaboration with colleagues from Traumatic Stress Wales is also underway.</p> <p>Officials have recently received the national recommendations following the NHS Executive review of Psychological Therapy across Wales and will be working with partners to implement its findings and where needed this will also inform the successor to <i>Together for Mental Health</i>.</p>

	Recommendation	Welsh Government Update July 2023
12	<p>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.</p>	<p>The Wales Pathways have now been shared and tested as part of the Wales Perinatal and Infant Mental Health on-line modules testing process and the roll out of the Institute of Health Visiting (iHV) training across health boards. The opportunity to provide feedback has been built into the process and the network team meet regularly with colleagues facilitating training across health boards.</p> <p>The clinical resource guide has also been tested with colleagues across Wales and has now been disseminated widely.</p> <p>The pathways can be accessed here: Pathways for healthcare professionals – NHS Wales Executive</p> <p>This recommendation can now be closed and will be monitored through ‘business as usual’ arrangements.</p>
14	<p>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.</p>	<p>Public Health Wales has now published the first in a series of new resources designed to replace <i>Bump, Baby and Beyond</i> and <i>Naw Mis a Mwy</i> as the primary health information resource provided by the NHS to first time parents in Wales.</p> <p>‘Every Child - Your Pregnancy and Birth’ and its Welsh equivalent ‘Pob Plentyn - Eich Beichiogrwydd a’r Enedigaeth’, has now been published which provides information on emotional wellbeing and where to seek help and support. This resource is also available as an eBook via this link everychildwales.co.uk/parent-information/</p> <p>This recommendation can now be closed and will be monitored through ‘business as usual arrangements’ as it is noted that a further three resources will follow to support families through the early years of their child’s life.</p>

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15	<p>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.</p>	<p>£7m funding for the implementation phase of the Digital Maternity Cymru programme was announced by the Minister for Health and Social Services in December 22. The Digital Maternity Cymru programme will be hosted by Digital Health and Care Wales and will implement an all-Wales solution which will include digital patient access to their maternity notes through the NHS Wales App and website. The work will include key public health messages delivered to women in a timely way throughout the pregnancy journey.</p> <p>The Welsh Government commissioned Improvement Cymru to undertake diagnostic work within maternity and neonatal services as part of the first phase of the Maternity and Neonatal Safety Support Programme (MatNeoSSP). Improvement Cymru’s Discovery Report was published on 11 July which highlighted examples of good practice across Wales (‘bright spots’) as well as areas where there are opportunities for improvement. Identified examples of good practice included antenatal education and preparation, which have the ability to be scaled up by the local safety champions appointed in each health board and Welsh Ambulance Services Trust.</p> <p>Identified within the report is the prioritisation of women’s mental health throughout her pregnancy journey. Ensuring that all health boards embed the all Wales perinatal mental health programme and that all staff are trained, feel competent to ask about mental health and recognise importance of recording this information including medication use.</p>
16	<p>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</p>	<p>The Wales Perinatal and Infant Mental Health (PIMH) Curricular Framework, Plan and Modules are being tested. Adaptions to the content will be made as feedback is received with a plan to formally launch across Wales in the Spring.</p> <p>All health boards are now in the process of rolling out the iHV (Institute of Health Visiting) training to colleagues and the network has provided funding for the PIMH Champions to continue to access updated resources from the iHV.</p> <p>Training for a small group of GP trainees has recently been undertaken and following that pilot, the content is in the process of being adapted.</p>

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	<p>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.</p>	<p>The Implementation Network team have met with HEIW colleagues leading on pre-registration training and agreed to develop a 'suite' of modules for pre-registration nursing students to complete. The PNMH on-line modules and access to the Institute of Health Visiting (iHV) Perinatal and Infant Mental Health Training offer across health board, will be included within this offer.</p> <p>More recent discussions have been had with colleagues within primary care and colleagues leading on GP training schemes across Wales. Permission has also been given by the Institute of Health Visiting (iHV) to develop a bespoke training package for primary care colleagues. This work is underway.</p> <p>As well as meeting with midwifery leads, there have also been recent meetings with colleagues leading on the Specialist Community Public Health Nursing (SCPHN) Health Visiting courses. The need to ensure that PIMH training is include in pre-registration training has become more apparent with the updated NMC Standards for SCPHN including perinatal and infant mental health.</p> <p>The National Clinical Lead will engage with the recently appointed Lead for the Implementation of the Mental Health Workforce Strategy on this.</p>
17	<p>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.</p>	<p>The Wales Perinatal Mental Health Curricular Framework has now been completed and is available here.</p> <p>The National Clinical Lead continues to work with HEIW colleagues to support the wider implementation of CAMHS and perinatal modules across Wales and will update regularly as this progresses. Recent links have been made with HEIW colleagues to explore standardising specialist midwifery and health visiting job descriptions.</p> <p>As this work will now continue on 'business as usual' arrangements, it is intended that we close this recommendation.</p>

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19	<p>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.</p>	<p>The 'Future Vision for Maternity Services in Wales's was published in July 2019 and lays out the vision for the next five years. Continuity of care and perinatal health are core elements of the Vision. Phase 1 of the maternity and neonatal safety support programme has continued this work and identified bright spots in continuity of care which have the ability to be scaled up with the WG funded improvement champions in each health board.</p> <p>WG commissioned a review of the Birth-rate plus acuity tool which has concluded and will now inform the perinatal workforce plan currently being developed by Health Education and Improvement Wales (HEIW). The development of Digital Maternity Cymru will also provide data on all aspects of care including continuity.</p> <p>As this work will now continue on 'business as usual' arrangements, it is intended that we close this recommendation.</p>
20	<p>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.</p>	<p>Scoping to understand the Welsh picture of third sector provision for parents with mild-moderate mental health difficulties has been completed and the outcomes show that provision is inconsistent and reliant upon short-term funding. Work is ongoing at the moment to develop third sector commissioning guidance which will provide clarity on what we should be considering across areas of mental health. The first service being considered will focus on anxiety and depression, this will then be built upon, including a focus on perinatal mental health and will enable us to address the inconsistency point. We will then look to explore how longer-term funding arrangements can be supported. This work will also form part of the development of the successor mental health strategy.</p> <p>Colleagues working to support parents in the perinatal period are continually highlighting the need for a national approach and longer-term funding from provision during and after pregnancy, for women and men and for 1:1 and group support and there are a number of areas where third sector is working collaboratively with statutory sector partners.</p> <p>Cwm Taf Morgannwg University Health Board have worked in collaboration with the Parent-Infant Foundation and published their findings within the Securing Healthy Lives report (The</p>

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		<p>Parent-Infant Foundation publish 'Securing Healthy Lives' - Parent-Infant Foundation (parentinfantfoundation.org.uk).</p> <p>There are also a number of third sector services that have been commissioned to support parents with mild – moderate mental health difficulties and include NSPCC Pregnancy in Mind, MIND Mum’s Matter, Homestart and Dad Matters.</p> <p>It is recognised that a combination of support would provide a best practice model for provision across pregnancy, after having a baby, for women and men and, on an individual and group basis.</p> <p>In the meantime, The National Clinical Lead is working with colleagues to highlight this as a need and to encourage colleagues to start to think about how it can be addressed in their areas, what connections will need to be made and how it links with work already happening i.e. Start Well, Early Years Transformation and Pathfinders.</p>
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	<p>As previously confirmed, this has been taken forward as part of the development of the Perinatal Mental Health pathway outlined in recommendation 12,</p> <p>Pathway six is specifically in relation to the Referral to GP/Primary Care/Primary Mental Health Support Services/ Community/Adolescent Mental Health Team. This pathway is available here.</p> <p>Alongside recommendation 12 this will be progressed through ‘business as usual’ arrangements and therefore we are proposing to close this recommendation.</p>