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



Llywodraeth Cymru  
Welsh Government

Our ref/Ein cyf: MA – P/VG/3792/17

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

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28 November 2017

Dear Lynne

Thank you for your letter of 13 October and to you and the committee, and all contributors to the inquiry, for being involved in producing this report.

As requested, please find my response to the committee's recommendations below:

**Recommendation 1: The Committee recommends that the Welsh Government establish and provide national funding for a clinician-led managed clinical network (MCN). The MCN should be provided with the necessary resource including senior clinical and administrative time, and a training budget. This will enable it to provide national leadership, coordination and expertise for the further development of perinatal mental health services and workforce, including in relation to quality standards, care pathways, professional competencies and training resources. The MCN should maintain the current Community of Practice to encourage and develop effective joint working and communication among all relevant professionals.**

**Response: Accept**

Community perinatal services are now available in all areas across Wales. The work of the All-Wales Perinatal Mental Health Steering Group (AWPMHSG) and community of practice has been instrumental in developing the necessary connections and resources. I fully support the central role both groups have played in taking forward the perinatal agenda in Wales.

However, I agree the need to establish a clinician-led managed clinical network (MCN) to support the further development of perinatal mental health services in Wales. The MCN will bring together the clinical leadership and strategic development roles into a single entity.

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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.

Work to put the MCN in place will begin now, with the aim of recruiting to the leadership role this financial year.

**Recommendation 2: The Committee recommends that the Welsh Government ensure one of the new MCN's first tasks is to agree and publish outcome-based performance measurements for perinatal mental health services. Once these are developed, the Welsh government should collect and publish national and local data on the measures, with service provision, activity and improvement monitored by a named associated body (e.g. Public Health Wales) so that further levers for improvement can be identified and implemented.**

**Recommendation 4: That the Welsh Government ensure, once the urgent work to establish the level of demand for MBU services is completed as requested by WHSSC, more robust data collection and monitoring methods are maintained across the perinatal mental health pathway in order to understand the ongoing level of need and demand for support and to provide a stronger evidence base for future service development.**

**Response (2 and 4): Accept**

The standards and outcomes subgroup of the AWPMSHG are currently developing an all-Wales integrated framework for the provision of perinatal mental health services in Wales, which we plan to publish in 2018. This will include both qualitative and quantitative outcome measures.

The emerging all-Wales mental health and learning disabilities core data set will incorporate perinatal information. The IT systems, currently under construction, will be able to ensure more robust data collection and that monitoring arrangements are available in the future. This will be essential to understand the need and demand for perinatal services, as awareness increases and stigma and discrimination becomes less prevalent.

**Recommendation 3: That the work requested by WHSSC to identify the level of demand for in-patient Mother and Baby Unit (MBU) services should be completed as a matter of urgency. We recommend that this work be finished during the 6-week window in which we would expect the Welsh Government to provide a response to this report and should be a core consideration when deciding how to allocate the funding for specialist in-patient perinatal mental health services announced as part of the 01 October budget agreement.**

**Recommendation 6: That the Welsh Government, based on the evidence received, establish an MBU in south Wales, commissioned and funded on a national basis to provide all-Wales services, staffed adequately in terms of numbers and disciplines, and to act as a central hub of knowledge and evidence-based learning for perinatal mental health services in Wales.**

**Response (3 and 6): Accept**

The current evidence base would suggest there is a need for inpatient care in southern Wales, though there would not be sufficient demand to provide a unit in North Wales alone, as your report has concluded. As you have acknowledged, we have already committed to providing inpatient care in Wales within the draft Budget for 2018-19 and 2019-20.

The Tier 4 sub-group of the AWPMHSG is currently costing options for consideration, while considering the concerns raised by WHSSC's Joint Committee. The options are to be presented to the Joint Committee in January.

In presenting options for inpatient care, key factors to be considered include the location of the service and resulting distance for families to travel. A single inpatient unit is likely to be one of these options. However, I expect options for more localised inpatient care, with shorter distances between mothers and babies and their families, to also be presented. It is vital the new inpatient model provides excellent care, whilst being sustainable in the longer term and meeting the needs of our whole population.

**Recommendation 5: That the new managed clinical network (see recommendation 1) prioritises the production of guidance for professionals and information for patients on the evidence-based benefits admission to an MBU can have for mothers, babies, and their families so that more informed decisions about treatment options can be taken.**

**Response: Accept**

We have asked the existing Community of Practice to begin work on producing guidance for professionals and information for patients to support more informed decision making about treatment options.

**Recommendation 7: That the Welsh Government, in light of the fact that an MBU in south Wales will not necessarily be suitable for mothers and families in mid and north Wales, engage as a matter of urgency with NHS England to discuss options for the creation of a centre in north east Wales that could serve the populations of both sides of the border. More certainty should also be established by the Welsh Government in relation to the ability of the Welsh NHS to commission MBU beds in centres in England where those are deemed clinically necessary.**

**Response: Accept**

I have asked WHSSC to work with Betsi Cadwaladr University Health Board to consider options in North Wales, including this recommendation. The outcomes will inform the overall development of inpatient care in Wales, which will consider the needs of mothers and families across the whole of Wales. The options for provision in North Wales will be presented to the Joint Committee in January, as part of the overall development of inpatient care across Wales.

**Recommendation 8: That the Welsh Government deliver a clear action plan to ensure that centres providing MBU beds, wherever they are located (in England or in Wales), are closely integrated with specialist community perinatal mental health teams and that these beds are managed, co-ordinated and funded on an all-Wales, national basis to ensure efficient use and equitable access, especially as they are often needed quickly in crisis situations.**

**Response: Accept**

We agree that linking local perinatal community services and other teams across Wales will be instrumental in developing new inpatient provision in order to support smooth 'step up' or 'step down' transfer between inpatient and community care.

The MCN will include representation from each health board community team, as the Community of Practice does at present, and will be fully engaged as inpatient care in Wales is developed.

**Recommendation 9: That, on the basis of an ‘invest to save’ argument and following analysis of the forthcoming evaluation of services and Mind-NSPCC-NMHC research results, the Welsh Government provide additional funding to Health Boards to better address variation so that service development and quality improvement can be achieved by expanding existing teams. To enable all community perinatal mental health services to be brought up to the standard of the best, the mechanism adopted by the Welsh Government to allocate additional funding should have as its primary aim the need to address the disparity in provision between Health Boards in Wales.**

**Response: Accept in principle**

The forthcoming evaluation will provide greater clarity on how community services are currently meeting demand. It is essential there is equity of access to services across Wales and that health boards are able to provide community services which meet the needs of their local population.

We have included an additional £20m each year for mental health services within the draft budget agreement for the next two years. This is in addition to the additional £20m included in this year’s budget (2017-18). We expect health boards to use their increased mental health budget to address gaps in service provision.

The MCN will work with the health boards to set evidence-based standards. This process allows the health boards to develop their services to meet these standards.

**Recommendation 10: That the Welsh Government ensure work underway on improving access to psychological therapies for perinatal women (and men where necessary) is prioritised given the established link between perinatal ill health and a child’s health and development. Priority should be given to ensuring pregnant and postnatal women with mental health problems have rapid and timely access to talking therapies or psychological services (at primary and secondary care level), with waiting times monitored and published. We request an update on progress in relation to improving access to psychological therapies for perinatal women (and men where necessary) within 12 months of this report’s publication.**

**Response: Accept**

I accept the importance of pregnant and postnatal women having rapid and timely access to psychological interventions. *Matrics Cymru*<sup>1</sup> - Guidance for Delivering Evidence-Based Psychological Therapy in Wales includes the evidence on the provision of psychological interventions during the perinatal period. The all-Wales action plan for the delivery of psychological therapies to support the implementation of *Matrics Cymru* is currently being developed and will be published in 2018.

Existing community teams provide a range of support, including occupational therapy, specialist clinical psychologists and assistant psychologists. However, I will also ask my

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<sup>1</sup> <http://www.1000livesplus.wales.nhs.uk/sitesplus/documents/1011/Matrics%20Cymru%20%28CM%20design%20-%20DRAFT%2015%29.pdf>

officials to seek advice from the Standards and Outcomes sub-group about collecting separate information on timeliness of interventions in line with the NICE recommendations in Matrics Cymru. That is, an assessment offered within two weeks of referral and interventions offered within one month of assessment. This is broadly in line with the waiting time targets we have already set for the provision of therapeutic interventions offered by local primary mental health support services.

Health and Care Research Wales is also supporting specific research into evidence based practice in the perinatal period. We will ensure new and emerging evidence bases are built into the provision of services and revision of Matrics Cymru.

The new MCN will set a strategic agenda and identify outcomes with appropriate timescales for delivery.

**Recommendation 11: That the Welsh Government ensure all Health Boards invest in signing up fully to the Royal College of Psychiatrists' quality standards for perinatal mental health services in order to realise the benefits of peer review, shared learning and service benchmarking.**

**Response: Accept**

I fully support the AWPMSHG recommendations that health boards facilitate their perinatal mental health services to sign up to the Royal College of Psychiatrists' quality standards for perinatal mental health services. This will need to be done in line with Wales-specific legislation, such as the Social Services and Well-being Act and the Future Generations Act.

**Recommendation 12: That the Welsh Government ensure that the new all-Wales clinical care pathway for perinatal mental health services requires consistency of outcomes (including referral windows and waiting times) but enables Health Boards to retain the level of flexibility around delivery methods necessary to manage and meet local need. The priority should be to develop and implement within the next 12 months an evidence-based, integrated all-Wales clinical care pathway (with some local differences). The pathway should help to deliver integrated services and incentivise early intervention and holistic approaches to care and recovery.**

**Response: Accept**

The new all-Wales integrated pathway and standards will support the delivery of consistency of outcomes for women and families wherever they are in Wales. How such services are delivered will take account of local demand and needs.

It is important the timescales for the delivery of the pathway are realistic and achievable. Appropriate timescales will be put forward by the new MCN.

**Recommendation 13: That the Welsh Government and Health Boards work together to raise awareness of perinatal mental health issues amongst the public and health professionals, particularly midwives. This should take the form of a public awareness campaign to improve understanding of the symptoms and risk factors associated with perinatal illness and should encourage the normalisation of discussion of emotional well-being in order to reduce stigma and fear of disclosure.**

**Response: Reject**

While enhancing the knowledge and skills of professionals and the public is desirable, this recommendation is not one that would be supported by public health evidence. Unfocused and untargeted awareness raising campaigns are not the most effective way of changing the behaviour of key groups.

Instead, we will explore what public education approaches would be most effective in raising awareness, without causing unintended adverse effects such as anxiety or disregard of other public health messages. Routine healthcare contacts by midwives and health visitors already emphasise the importance of promoting confidence in parenting and emotional wellbeing during pregnancy and the post-natal period.

**Recommendation 14: That the Welsh Government review information provided in standard pre- and post-natal packs given to women in Wales to ensure that it includes the necessary details about emotional well-being, perinatal mental health and where to seek help and support.**

**Response: Accept in principle**

The standards and outcomes subgroup of the AWPMHSG, which has representation from all health boards in Wales, in conjunction with Public Health Wales, is considering the most evidence-based and effective method to improve women's awareness of the importance of mental wellbeing, as well as specific issues relating to perinatal mental health. This will include consideration of whether further information can be included in the pre- and post-natal packs.

**Recommendation 15: That the Welsh Government design and provide for all Health Boards a national framework for antenatal classes and require Health Boards to do more to encourage attendance. The framework should include conversations about emotional wellbeing and the realities of parenthood in order to break down the significant and damaging stigma surrounding perinatal mental illness.**

**Response: Accept**

The Welsh Government recently commissioned the Consultant Midwife group to explore women's experience of pregnancy and birth in Wales, which I launched in October. The survey aimed to evaluate women's views of antenatal services and how current service provision can prepare women for labour, birth and parenting.

Included in the findings was the need for improved access to classes that adequately prepare them for birth and parenting. A programme to develop a strategic vision for future maternity services is underway. I agree the need to combine the antenatal education work stream to produce a national framework for awareness of perinatal mental health.

**Recommendation 16: That the Welsh Government work with the relevant bodies to ensure that perinatal mental health is included in the pre-registration training and continuous professional development (CPD) of all health professionals and clinicians who are likely to come across perinatal women. The Welsh Government should ensure coverage of perinatal mental health as a discrete topic within midwifery and health visiting education is improved and forms part of the pre-registration mental health nursing programme. The Royal College of General Practitioners' core curriculum for general practice training also needs to better equip GPs to deal with perinatal mental health problems.**

### **Response: Accept in principle**

The training and competency sub-group of the AWPMHSG is developing the perinatal mental health learning and development framework for Wales. It is expected to be published in 2018.

Perinatal mental health is currently included in the Midwifery pre-registration training across Wales. The Nursing and Midwifery Council (NMC) is currently reviewing the education framework for 'Future Midwives' and I will ask that Welsh representatives ensure this is recommended for the future.

Perinatal teams within the health boards are expected to provide post-registration training and updates to all staff involved in the care of women and families in pregnancy and postnatally.

GPs work alongside midwives and health visitors in monitoring and managing the mental health needs of pregnant women and new mothers. Further training of GPs, designed to deliver increased awareness of, as well as optimum management of, perinatal mental health disorders should be rolled out via RCGP Wales. Engagement with the GP community will be facilitated through the AWPMHSG.

**Recommendation 17: That the Welsh Government undertake work to develop and deliver a workforce strategy/competency framework to build capacity and competency across the specialist workforce, looking to experience in England and Scotland's Managed Clinical Networks (MCNs) which take responsibility for training as part of their leadership and co-ordination role.**

### **Response: Accept**

A sub-group of the AWPMHSG is already developing an integrated training and competency framework to ensure all staff in contact with women and their families during the perinatal period have sufficient knowledge and skills to offer evidence-based assessments and, as needed, interventions. This work should be completed in 2018.

**Recommendation 18 - That the Welsh Government ensure every Health Board has a specialist perinatal mental health midwife in post to encourage better communication between professionals to enable women who are unwell to get the very best care and support they need.**

### **Response: Accept in principle**

As with my response to Recommendation 9, I await the findings of the evaluation, which will provide a clearer picture of how the current model is meeting the demand for services across Wales. This will include how services in areas of lower population density work with surrounding services to meet the needs of new mothers and babies.

**Recommendation 19: That the Welsh Government ensure all Health Boards work towards a situation in which every woman has a continued relationship with either a midwife or health visitor. While meeting with the same individual may not be possible on all occasions, continuity of care should be an aspiration to which all Health Boards actively commit resources, with a named lead responsible for each woman's perinatal care.**

## **Response: Accept**

The Welsh Government commissioned the Consultant Midwife group to explore women's experience of pregnancy and birth in Wales, which I launched on 9 October. A key finding of the survey was that women wanted to build relationships with knowledgeable, compassionate and kind midwives. This not only makes women feel safe but enables them to trust in the information and advice they receive.

When a woman suffers perinatal ill-health, the named midwife and local perinatal mental health team would collaborate to ensure an individualised plan of care and continuity.

We are committed to ensuring all health boards have the right number of midwives employed within their services. The birth rate plus workforce acuity tool is applied across all health boards, which are required to be compliant against workforce ratios. This is monitored at annual maternity performance boards and enables the provision of a named midwife to all women in pregnancy.

A collaborative event was held with key stakeholders in maternity services this month to develop a future vision for maternity services which will address the key messages from the Women's Survey.

**Recommendation 20: That the Welsh Government work with Health Boards to ensure appropriate levels of third sector provision are properly funded, especially where referrals are being made to and from statutory services. A directory of third sector services should be made available to increase awareness of their availability and relevant third sector providers should be invited as a matter of course to attend training jointly with statutory services.**

## **Response: Accept**

Health boards are expected to plan to deliver mental health services to meet the needs of their respective populations. They may choose to deliver these services in partnership with third or independent sector organisations, or commission specific services from them.

The Welsh Government is working with partners to coordinate the development of a single 'virtual' directory of services for health, social care, and the third and independent sectors. It is intended that the directory will be used by both the public and professionals and will underpin the new local authority information, advice and assistance service, as well as the 111 telephone and website service. It will include the wide range of services available in local communities and explain how people can access this care and support.

**Recommendation 21: That the Welsh Government outline within six months of this report's publication how it expects the lack of psychological support for neonatal and bereaved parents to be addressed and standards to be met, and what steps it will take if compliance with the standards is not achieved. The third edition of the neonatal standards should be published as a matter of priority.**

## **Response: Accept**

The revised neonatal standards will be published by the Neonatal Network and implemented across all health boards in the new year. The standards outline the need for each unit to ensure sufficient psychological support is available to parents, siblings and staff. The Welsh Government expects health boards to work together, supported by

WHSSC and the Neonatal Network, to ensure high quality neonatal services in line with professional standards.

Following the Health and Social Care inquiry into Stillbirths (2012), there is now a bereavement midwifery service in every health board. The service provides support to women and families who have suffered a loss through stillbirth or early neonatal death. Health boards also work with third sector organisations, such as the Stillbirth and Neonatal Death Society (SANDS), to improve environments of care, provide support and facilitate professional training.

**Recommendation 22: That the Welsh Government give consideration to developing a specialist health visitor in perinatal and infant health role in Wales to liaise with - and work in - a multidisciplinary way with CAMHS and infant mental health services, provide specialist support to mothers, fathers and their children, and provide specialist training and consultation to the wider health visiting and early years' workforce, particularly with regard to issues relating to attachment and bonding.**

**Response: Reject**

It is for health boards to determine their staffing needs from their existing allocation towards providing community services.

I have asked the All-Wales Steering Group on Perinatal Mental Health to gather information on how the community teams currently engage with relevant services and consider what work needs to be done to improve collaboration.

The Healthy Child Wales Programme includes a consistent range of evidence-based preventative and early intervention measures, as well as advice and guidance to support parenting. The programme offers a routine assessment by Health Visitors of attachment and bonding to support positive parent-child relationships and promote positive maternal and family emotional health and resilience.

**Recommendation 23: We recognise the benefits of breastfeeding especially with regards to bonding and attachment and recommend that the Welsh Government commission work to look in further detail at the impact of feeding on perinatal mental health and translate this into guidance for professionals and the public.**

**Response: Reject**

While we recognise the benefits of breastfeeding, especially with regards to bonding and attachment, there is currently conflicting evidence of the impact and causative nature in relation to perinatal mental ill-health. There is a work stream underway, which I requested, undertaking a review of breastfeeding and support in maternity and early years. This is in collaboration with all health boards, peer supporters, Public Health Wales and Welsh Government officials. A report with recommendations for the future is due to be released early in 2018 and will incorporate the needs of all women and families.

**Recommendation 24: That the Welsh Government ensure Health Boards have in place established standards, advice and guidance on psychological medication during pregnancy and breastfeeding, and ensure that they are implemented.**

**Response: Reject**

Whilst this recommendation cannot be accepted in its existing form, the Welsh Government will take action to ensure health boards make prescribers aware of the expert advice available across the UK on the use of medication during pregnancy and breastfeeding.

Advice on prescribing a medicine in pregnancy and breastfeeding will be provided in the statement of product characteristics produced by the medicine's marketing authorisation holder. In addition, the British National Formulary provides independent advice on prescribing in both pregnancy and breastfeeding.

For most medicines, insufficient evidence will be available to provide assurance regarding the safety of prescribing in pregnancy or breastfeeding. Whilst few medicines have been shown conclusively to be teratogenic in humans, no medicine is safe beyond all doubt in early pregnancy. Given this, it would be unrealistic for health boards to establish advice and guidance on whether particular medicines should or should not be used in these circumstances.

In pregnancy, medicines should be prescribed only if the expected benefit to the mother is thought to be greater than the risk to the foetus, and all drugs should be avoided if possible during the first trimester. Medicines which have been extensively used in pregnancy and appear to be usually safe should be prescribed in preference to new or untried drugs; the smallest effective dose should be used.

In the UK, experience and expertise in the safety of medicines in pregnancy has been brought together in the UK Teratology Information Service (UKTIS), which is commissioned by Public Health England on behalf of UK Health Departments.

UKTIS provide a national service on all aspects of the toxicity of drugs and chemicals in pregnancy. Information is provided to health professionals via a telephone information service and online. Access to the telephone information service and the online resources is free to NHS departments, units and practices in the UK.

In the case of breastfeeding, for many medicines there is insufficient evidence available to provide guidance and it is advisable to administer only essential medicines to a mother during breast-feeding. Further advice on the use of medicines in breastfeeding is available from the UK Drugs in Lactation Advisory service (UKDILAS) provided for the whole of the UK by the Trent and West Midlands Medicines Information Centre. Advice on the use of specific medicines and groups of medicines in breastfeeding is available at: <https://www.sps.nhs.uk/home/about-sps/>. Further advice can be obtained from UKDILAS by directing requests to local health boards' medicines information services.

**Recommendation 25: That the Welsh Government ensure all workforce planning for perinatal mental health service provision considers - and provides for - the Welsh language needs of the population.**

**Response: Accept**

Health boards are expected to consider the language needs of their local population when planning services. The Welsh Government's strategy to strengthen Welsh language services in health and social care, *More Than Just Words*, aims to ensure Welsh-speakers receive services in their first language. Under the Welsh Language Measure, the Welsh language has official status which means it should be treated no less favourably than the English language in Wales.

We will expect the new MCN to consider how current provision meets Welsh language needs of the population as part of its work.

**Recommendation 26: That the Welsh Government require Health Boards to report on the extent to which their perinatal mental health teams are engaging - and undertaking joint work - with other services such as CAMHS, Community Addiction Units (CAUs) and primary and secondary care mental health teams.**

**Response: Accept**

As in my response to Recommendation 22, I have asked the AWPMSHG to gather information on how the community teams currently engage with relevant services and consider what work needs to be done to improve collaboration.

As part of the requirements within the *Service Framework for the Treatment of People with a Co-occurring Mental Health and Substance Misuse Problem*, published in 2015, we also expect a clear joint protocol and integrated pathway between mental health and substance misuse services. It is further expected that mental health and substance misuse services should be tailored to meet the needs of their local population (which will include expectant mothers). Progress on the implementation of this framework is monitored through existing arrangements within the Welsh Government's strategies '*Together for Mental Health*' and '*Working Together to Reduce Harm*'.

**Recommendation 27: That the Welsh Government undertake further work on the link between health inequalities and perinatal mental health, focusing in particular on the best mechanisms for the early identification and treatment of those populations in greatest need.**

**Response: Accept**

The Welsh Government's Health and Care Research Wales joint call for research into evidence-based practice in the perinatal period will include data on how services address health inequalities. The all-Wales integrated framework will also include specific reference to the need to make reasonable adjustments to ensure equity of access to those with protected characteristics.

Yours sincerely



**Vaughan Gething AC/AM**

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