Vaughan Gething AS/MS Y Gweinidog lechyd a Gwasanaethau Cymdeithasol Minister for Health and Social Services



Ein cyf/Our ref: MA/VG/1382/20

Lynne Neagle MS
Chair, Children, Young People and Education Committee
Welsh Parliament
Cardiff Bay
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13 May 2020

Dear Lynne,

I wrote to the Committee in October 2019, providing an update on perinatal mental health services in Wales, following the Committee's Perinatal Mental Health in Wales report. In that letter, I committed to providing a further update in six months.

Clearly the outbreak of COVID-19 has overtaken usual reporting mechanisms, but I wanted to take this opportunity to write to you to highlight activities in a number of areas.

Crucially, I want to provide assurance that we have ensured that perinatal services are amongst those 'essential' mental health services that we have been clear must be maintained during the current pandemic. Through the reporting mechanism we have put in place on a weekly basis with health board leads I can confirm that community perinatal services are still operational and support is available to parents wherever it is needed. It is vitally important that families know that perinatal mental health support is still available and they should not defer accessing necessary health care due to COVID 19. Community Perinatal Mental Health Teams across Wales have shown commendable innovation and dedication to ensure that services have moved to digital and telephone appointments where possible to ensure that families can access support safely but that where clinically necessary face to face support is still available. I would like to recognise the recent Maternal Mental Health Week by highlighting the excellent care that is being undertaken for mothers, fathers, partners and their families in Wales, and emphasising that services continue to be available to those that need them.

Inevitably, there have been impacts on perinatal mental health work plans as a result of COVID-19. I wrote to you on 18 February to update you on the development of mother and baby inpatient provision within Wales. In that letter I confirmed that the Tonna site within Swansea Bay University Health Board had been identified as an appropriate location and that work was being undertaken to develop a six bedded Mother and Baby Unit there by spring 2021. This remains a priority for Welsh Government and Swansea Bay UHB. However, challenges related to COVID-19, including new social distancing requirements

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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.

within procurement contracts, are likely to result in cost pressures and potential delays. Officials are working with Swansea Bay University Health Board to ensure that development remains a priority and to establish clarity around any changes to timescales and budget.

COVID-19 has also impacted on Welsh Government monitoring, as officials have worked towards developing an understanding of risk that facilitates streamlined governance procedures, to allow staff to focus on delivering front line services. I had previously set out my expectation that all services would meet the 'All Wales Standards' by March 2020. Officials have not sought information on compliance. However, the latest round of updates from services was received in January before the easing of monitoring arrangements. I can therefore provide an update on that snapshot of services.

According to the data received for the period of 1 April 2019 to 30 September 2019, a total of 2,154 referrals were received across Wales, with 1,415 referrals accepted. There is still some variance across health boards, with the numbers of referrals received ranging from 203 to 477 for the period.

Within the data that was provided to Welsh Government, 924 women were treated for perinatal mental ill health by Community Mental Health Teams, 35 women were treated at home or by a crisis team, 15 women were treated within a mother and baby unit and 14 women were treated in an adult psychiatric ward without their child. These figures should be viewed as indicative due to the incomplete status of the data. Whilst there have been improvements in the quality and availability of data, work will continue after the COVID-19 crisis to improve the robustness of information provided. Incidences of women being treated in a mother and baby unit were again limited and feedback continues to suggest 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. The data for this period shows that 12 women refused a placement at a mother and baby unit due to distance.

Within the latest updates, perinatal services provided an update on progress against achieving the All Wales Standards. I will be seeking further assurances following a return to normal monitoring arrangements. In the latest returns, services reported good progress in work towards meeting these standards. There is still some work to be done to achieve full compliance, mainly with regard to Standard 8 around training, but all health boards have measures in place to meet all standards, although timescales on this may now be affected due to the current circumstances. We will be working with all health boards to ensure that measures are put in place to achieve the standards.

I hope this information is reassuring and I will provide a further update at an appropriate time. I am sure that you would wish to join me in taking this opportunity to offer our thanks and recognition to staff from all services who continue to demonstrate their commitment to providing quality care and support for parents and their families during this difficult time.

Yours sincerely,

Vaughan Gething AS/MS

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