

Agenda – Y Pwyllgor Plant, Pobl Ifanc ac Addysg

Lleoliad: I gael rhagor o wybodaeth cysylltwch a:
Ystafell Bwyllgora 3 – Y Senedd Llinos Madeley
Dyddiad: Dydd Mercher, 26 Chwefror Clerc y Pwyllgor
2020 0300 200 6565
Amser: 09.15 SeneddPPIA@cynulliad.cymru

Rhag-gyfarfod preifat

(09.15 – 09.30)

1 Cyflwyniad, ymddiheuriadau, dirprwyon a datgan buddiannau

(09.30)

2 Iechyd Meddwl Amenedigol: Gwaith dilynol – sesiwn dystiolaeth 1

(09.30 – 10.40)

(Tudalennau 1 – 58)

Sian Harrop-Griffiths, Cyfarwyddwr Cynllunio a Strategaeth – Bwrdd Iechyd Prifysgol Bae Abertawe

Hazel Powell, Cyfarwyddwr Nyrsio'r Uned, Gwasanaethau Iechyd Meddwl ac Anabledd Dysgu – Bwrdd Iechyd Prifysgol Bae Abertawe

Dr Alberto Salmoiraghi, Seiciatrydd Ymgynghorol a Chyfarwyddwr Meddygol Iechyd Meddwl ac Anableddau Dysgu – Bwrdd Iechyd Prifysgol Betsi

Cadwaladr

Dr Annmarie Schmidt, Seiciatrydd Ymgynghorol – Bwrdd Iechyd Prifysgol Betsi Cadwaladr

Carole Bell, Cyfarwyddwr Nyrsio – Pwyllgor Gwasanaethau Iechyd Arbenigol Cymru

Carl Shortland, Uwch Gynllunydd Iechyd Meddwl – Pwyllgor Gwasanaethau Iechyd Arbenigol Cymru



Dogfennau atodol:

Briff Ymchwil

CYPE(5)-07-20 – Papur 1 – Bwrdd Iechyd Prifysgol Bae Abertawe (Saesneg yn unig)

CYPE(5)-07-20 – Papur 2 – Bwrdd Iechyd Prifysgol Betsi Cadwaladr (Saesneg yn unig)

CYPE(5)-07-20 – Papur 3 – Pwyllgor Gwasanaethau Iechyd Arbenigol Cymru (Saesneg yn unig)

Egwyl

(10.40 – 10.50)

3 Iechyd Meddwl Amenedigol: Gwaith dilynol – sesiwn dystiolaeth 2

(10.50 – 11.40)

(Tudalennau 59 – 82)

Sharon Fernandez, Arweinydd Clinigol Cenedlaethol ar gyfer Iechyd Meddwl Amenedigol – Rhaglen Gydweithredol GIG Cymru

Joanna Jordan, Cyfarwyddwr y Rhaglen Iechyd Meddwl Genedlaethol – Rhaglen Gydweithredol GIG Cymru

Dogfennau atodol:

CYPE(5)-07-20 – Papur 4 – Arweinydd Clinigol Cenedlaethol ar gyfer Iechyd Meddwl Amenedigol – Rhaglen Gydweithredol GIG Cymru

4 Papurau i'w nodi

(11.40)

4.1 Llythyr gan yr NSPCC ynghylch y gwaith dilynol y mae'r Pwyllgor yn ei wneud ar iechyd meddwl amenedigol yng Nghymru

(Tudalennau 83 – 87)

Dogfennau atodol:

CYPE(5)-07-20 – Papur i'w nodi 1 (Saesneg yn unig)

4.2 Llythyr gan Undebau Llafur ynghylch adolygiad Llywodraeth Cymru o ariannu ysgolion

(Tudalennau 88 – 92)

Dogfennau atodol:

CYPE(5)-07-20 – Papur i'w nodi 2

4.3 Llythyr gan y Comisiwn Cydraddoldeb a Hawliau Dynol ynghylch ei ymchwiliad i fonitro a dadansoddi'r defnydd a wneir o ffrwyno plant mewn ysgolion cynradd, ysgolion uwchradd ac ysgolion arbennig yng Nghymru a Lloegr

(Tudalennau 93 – 95)

Dogfennau atodol:

CYPE(5)-07-20 – Papur i'w nodi 3 (Saesneg un unig)

4.4 Llythyr gan Gomisiynydd Plant Cymru ynghylch rheoleiddio ysgolion annibynnol

(Tudalennau 96 – 98)

Dogfennau atodol:

CYPE(5)-07-20 – Papur i'w nodi 4 (Saesneg yn unig)

4.5 Llythyr gan y Gweinidog Iechyd a Gwasanaethau Cymdeithasol – y wybodaeth ddiweddaraf am ddatblygu'r ddarpariaeth cleifion mewnol i famau a babanod yng Nghymru

(Tudalennau 99 – 100)

Dogfennau atodol:

CYPE(5)-07-20 – Papur i'w nodi 5

5 Cynnig o dan Reol Sefydlog 17.42(ix) i benderfynu gwahardd y cyhoedd o weddill y cyfarfod

(11.40)

6 Iechyd Meddwl Amenedigol: Gwaith dilynol – trafod y dystiolaeth
(11.40 – 11.50)

7 Hawliau Plant yng Nghymru – ystyried yr adroddiad drafft
(11.50 – 12.30) (Tudalennau 101 – 217)

Dogfennau atodol:

CYPE(5)-07-20 – Adroddiad drafft – preifat (Saesneg yn unig)

Mae cyfyngiadau ar y ddogfen hon



PERINATAL MENTAL HEALTH

1. Swansea Bay University Health Board (SBUHB) welcomes the opportunity to contribute to the Children, Young People and Education Committee's follow up work on perinatal mental health. The following information relates to the Committee's letter of 28 November 2019.

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

2. The planning and subsequent implementation of any new service is complex, necessitating detailed consideration of a range of issues including service models, integration with other services, workforce models, capital and estates planning, and patient pathways. The planning of specialised services brings additional complexity, with necessary procedures to be followed to meet external commissioner requirements in addition to internal scrutiny and governance expectations. The Health Board has always endeavoured to progress plans and meet external requirements in a timely way.
3. The Health Board responded positively to the Welsh Health Specialised Services Committee's (WHSSC) invitation for expressions of interest to develop and host a regional inpatient unit for Perinatal Mental Health in South Wales in June 2018. Detailed work was then undertaken on options, with initial considerations presented to the WHSCC Management Group on 20th December 2018. A sequence of papers were presented to the WHSCC Management Group providing increasingly detailed proposals covering costs, timescales, staffing models, and contracting frameworks over the course of the first half of 2019. Papers considered by the Management Group in August and September 2019 were focused on the option of a new build Mother and Baby Unit on the Neath Port Talbot site.
4. Given the timescales involved in the new build proposal, the Health Board was asked in late September 2019 to reconsider an interim solution (the option of an interim solution was considered but ruled out earlier in the process). Two potential sites were visited within a fortnight and their suitability was benchmarked against relevant standards. Subsequent to this, a paper on an interim solution was prepared for, and considered by, the WHSCC Management Group on

28 November 2019. The Management Group supported the proposal and agreed that the recommendation of a new build be withdrawn until the capital position was confirmed with Welsh Government and noted that the interim model would allow for an earlier opening.

5. Earlier this month the WHSSC Joint Committee supported an interim 6-bed Mother and Baby Unit at Tonna Hospital. The Health Board undertook work to determine the capital requirement for the interim unit, and Welsh Government subsequently confirmed the capital funding requirement at the end of January.

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

6. We understand that WHSSC have shared with the Committee the latest proposals considered by the WHSSC Committee on 28th January 2020, which outlines the timescales and costs involved. As noted above, the capital funding requirement has recently been confirmed by Welsh Government and the Health Board will now urgently proceed with its plans.
7. In parallel a Task and Finish Group is being set up to undertake a full feasibility assessment of a permanent solution proposed for the Neath Port Talbot Site.

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

8. Currently all Mother and Baby placements are commissioned through NHS England. Alternatively, Mothers can be admitted locally to acute wards, but unfortunately without their baby. Our perinatal community team undertakes in-reach support to England providers and seeks to keep in regular contact with the progress of Mothers and babies who are inpatients of other providers, and routinely attend discharge planning meetings to support continuity of care. The team also provides inreach support and directly works with Mothers admitted to local acute wards.



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Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

Sarah Bartlett
Deputy Clerk
National Assembly for Wales

Ein cyf / Our ref: MHLD/fl

Eich cyf / Your ref:

☎: 01745 448788 Ext 6448

Gofynnwch am / Ask for: Dawn Sharp

E-bost / Email:

Dawn.Sharp@wales.nhs.uk

Dyddiad / Date: 20th February 2020

Dear Sirs,

Betsi Cadwaladr University Health Board – The Children, Young People and Education Committee Inquiry into Perinatal Mental Health in Wales.

Please accept our apologies for the delay in providing this information.

As the committee is aware the solution for our North Wales mothers and babies in relation to accessing a mother and baby unit (MBU) is more complex due to our geography and other factors that can be explored during the review. Whilst epidemiological evidence is clear that a minimum of 60-80 MBU beds a year would be needed for patients resident in Wales, the data relating to the requirement for a MBU in North Wales continues to demonstrate that the need is of about 4 MBU beds based upon approximately 7,500 births a year (2015 figures). The Royal College of Psychiatrists identifies 10,000 births a year are required to sustain a six-bedded MBU. Projection of admissions based on actual data over the last year indicates the need for 25-30 admissions a year for the population of North Wales. This does not include data for North Powys, which is geographically adjacent.

Since the last evidence provided to committee we are aware that Welsh Health Specialised Services (WHSS) have continued their dialogue with NHS England (NHSE) in relation to a range of commissioning options. NHSE have confirmed that to guarantee access to beds they would require block booking of beds, which may result in NHS Wales paying for a provision that may not be utilised due to the non-linearity of the requests. They have also confirmed that they are unlikely to commission beds from within Wales following a decrease in the number of women requiring admission to a specialist MBU since the introduction of their local specialist Community Perinatal Mental Health teams.

Whilst we recognise the delay in agreeing a robust solution for North Wales, it is also important we take time to review the data and evidence in relation to the success of our community peri-natal teams that had a major impact in terms of quality and outcomes. BCUHB leads continue to work closely with WHSS and Sharon Fernandez the National Clinical Lead for Peri -Natal Mental Health in relation to the need of an MBU in North Wales for women and their babies. The team themselves have highlighted cases where mothers have chosen not to access an MBU bed, even though clinically indicated, due to the distance involved. It is



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important we learn from such case studies and enable that learning to influence our future developments. Furthermore, a number of models have been explored that can be presented to the committee.

Until a sustainable solution for North Wales is agreed we would want to assure the committee that North Wales mothers and babies continue to have access to a range of community services and will be admitted to an MBU depending upon their clinical presentations. Unfortunately, as with other highly specialist health provision, we cannot predict whether there may be a wait for that bed.

Thank you for the opportunity to comment.

Kind regards.

Yours sincerely

A handwritten signature in blue ink that reads "Dawn Sharp".

pp Dawn Sharp
Acting Board Secretary



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	✓
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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

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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.

Tudalen y pecyn 41

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

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Tudalen y pecyn 44
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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 in 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:
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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.

Tudalen y pecyn 58

CYPE(5)-07-20 – Papur 4



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Lynne Neagle AC
Cadeirydd
Y Pwyllgor Plant, Pobl Ifanc ac Addysg
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Annwyl Gadeirydd,

Dilyniant i'r ymchwiliad i Iechyd Meddwl Amenedigol

Rwy'n ymateb i'ch gwahoddiad caredig i ddarparu tystiolaeth fel Arweinydd Clinigol Cenedlaethol (NCL) ar gyfer Iechyd Meddwl Amenedigol i'r Pwyllgor Plant, Pobl Ifanc ac Addysg ddydd Mercher 26 Chwefror 2020.

Yn gynwysedig yn y gwahoddiad hwn, oedd y cais i ddarparu papur ysgrifenedig, gan gynnwys ymateb i'r pwyntiau a amlinellir isod. Rwyf felly wedi darparu trosolwg cynhwysfawr o'r gwaith a wnaed ers i mi gael fy mhenodi, sy'n ymdrin â phob un o'r pwyntiau a godwyd gennyh.

Gwybodaeth gyffredinol am rôl yr Arweinydd Clinigol – y gwaith sy'n cael ei wneud, y cynnydd a wnaed a'r canlyniadau a gyflawnwyd

Ym mis Ionawr 2019, cychwynnais ar fy rôl fel Arweinydd Clinigol Cenedlaethol ar gyfer Iechyd Meddwl Amenedigol, a nod y rôl hon oedd darparu arweinyddiaeth, cydlyniant ac arbenigedd cenedlaethol ar gyfer datblygiad pellach gwasanaethau a gweithlu iechyd meddwl amenedigol, gan gynnwys safonau ansawdd, llwybrau gofal, cymwyseddau proffesiynol ac adnoddau hyfforddi.

Prif swyddogaethau a chyfrifoldebau'r swydd hon yw:

- Arwain y broses o ddatblygu a gweithredu rhaglen wella genedlaethol.
- Canolbwyntio ar atal, adnabod yn gynnar ac ymyrryd ym maes iechyd meddwl amenedigol, a hyrwyddo iechyd meddwl i fabanod yn gadarnhaol.
- Sicrhau mynediad prydlon i asesiadau a chymorth iechyd meddwl amenedigol cyfrannol a thriniaethau sy'n seiliedig ar dystiolaeth.
- Sicrhau bod gan Gymru weithlu sydd wedi'i hyfforddi'n briodol, fframwaith cymwyseddau a chanlyniadau, a bod Safonau Gofal Cenedlaethol a Chymru Gyfan wedi'u hintegreiddio a'u gweithredu.

- Sefydli ac arwain y Rhwydwaith Iechyd Meddwl Amenedigol (PNMH), gan sicrhau bod rhanddeiliaid allweddol yn cael eu cynnwys a'u cefnogi i ddatblygu fframwaith blynyddol ar gyfer y rhaglen waith.
- Ymgysylltu â rhwydweithiau clinigol eraill i hyrwyddo arfer da o fewn cwmpas rhaglenni penodol.
- Ymgysylltu a gweithio gyda rhanddeiliaid ar bob lefel i hyrwyddo iechyd meddwl amenedigol da a nodi cyfleoedd i wella gwasanaethau'n barhaus.
- Rhoi cyngor arbenigol i sefydliadau'r GIG ar sut i gyflawni targedau'n llwyddiannus mewn perthynas â pholisïau penodol a galluogi rhoi polisïau ar waith yn ymarferol.

Yn ystod mis Ionawr 2019, hyd at fis Mawrth, yn fy rôl fel Arweinydd Clinigol Cenedlaethol bum yn gyfrifol am hwyluso cyfleoedd i ymarferwyr, sefydliadau trydydd sector a mudiadau gwirfoddol, a oedd yn gweithio i ddarparu gwasanaethau a chymorth i'r rhai y nodwyd bod angen cymorth iechyd meddwl ychwanegol arnynt yn ystod y cyfnod amenedigol, i ddod at ei gilydd. Nod y gweithdai oedd:

- Deall lle'r oeddem ar draws Cymru
- Rhoi'r cyfle i bawb rannu'r hyn oedd yn gweithio'n dda, a'r hyn y gellid ei wella
- Casglu sylwadau ar yr hyn a fyddai'n gwneud gwasanaethau amenedigol o safon ledled Cymru a'r hyn y byddai angen i ni ei wneud i'w roi ar waith.

Bûm yn cyfarfod hefyd â'r rhai a oedd wedi defnyddio, neu a oedd yn defnyddio gwasanaethau, i ganfod eu barn. Cafodd y wybodaeth hon ei choladu, ei hadolygu a'i rhannu'n bedwar amcan allweddol, sef:

Partneriaethau – cryfhau gweithio ar y cyd, ar draws gwasanaethau, byrddau iechyd a ledled Cymru

Llwybrau – darparu gwasanaethau'n ddi-dor ar yr adeg iawn a chan y bobl iawn.

Perfformiad – cryfhau ansawdd y gwasanaethau yr ydym yn eu darparu, a'r profiad gorau posibl i bawb.

Pobl – cryfhau ein gweithlu, gan sicrhau bod gan bawb y sgiliau, y wybodaeth, yr oruchwyliaeth a'r cymorth cywir.

Yn 2018, sefydlwyd Rhwydwaith Iechyd Meddwl GIG Cymru i gynorthwyo GIG Cymru i weithredu'r strategaeth genedlaethol a gwella canlyniadau iechyd meddwl yng Nghymru. Fel rhan o'r Rhwydwaith, nodwyd pedwar is-grŵp sefydlog ffurfiol, ac un o'r rhain yw'r Bwrdd Rhwydwaith Iechyd Meddwl Amenedigol.

Mae trosolwg cynhwysfawr o'r gwaith a wnaed yn erbyn argymhellion y Pwyllgor Plant, Pobl Ifanc ac Addysg wedi'i gynnwys yn Atodiad A isod.

Monitro rôl yr Arweinydd Clinigol Cenedlaethol a'r gyllideb sydd ynghlwm wrth y rôl hon

Fel yr Arweinydd Clinigol Cenedlaethol, rwyf wedi bod yn darparu adroddiadau chwarterol ar gyfer y tîm Iechyd Meddwl a Bregusrwydd, Llywodraeth Cymru (LIC) a diweddariadau ar gyfer Rhwydwaith Iechyd Meddwl Cymru Gyfan. Rwyf hefyd yn mynychu cyfarfodydd misol gydag aelodau allweddol o'r tîm yn Llywodraeth

Cymru. Wrth symud ymlaen, bydd adroddiadau hefyd yn cael eu darparu ar gyfer y Bwrdd Iechyd Meddwl Amenedigol. Rydw i bellach yn adrodd i Gyfarwyddwr Cenedlaethol y Rhaglen Iechyd Meddwl a benodwyd yn ddiweddar ac sydd wedi'i leoli yng Nghydwethrediad Iechyd y GIG.

Yn ogystal â chyllid ar gyfer fy rôl, mae recriwtio i Dîm y Rhwydwaith wedi cynnwys – Swyddog Cefnogi'r Rhaglen 0.5 Cyfwerth ag Amser Cyflawn, Uwch Reolwr Prosiect 0.5 Cyfwerth ag Amser Cyflawn a Chymorth Gweinyddol. Sicrhawyd cyllid ychwanegol hefyd ar gyfer hyfforddiant pellach ledled Cymru.

Sefyllfa bresennol pob Bwrdd Iechyd o ran y gwasanaethau Iechyd Meddwl Amenedigol

Fel Rhwydwaith, yr ydym wrthi'n adolygu swyddogaeth y timau iechyd meddwl amenedigol arbenigol, er mwyn inni allu mynd i'r afael â'r amrywiaeth yn y gwasanaethau a ddarperir ledled Cymru. Rydym yn gweithio tuag at sicrhau bod pob Bwrdd Iechyd yn darparu asesiad arbenigol ar gyfer menywod sy'n cael profiad o salwch meddwl cymedrol i ddifrifol yn ystod beichiogrwydd a than o leiaf 6 mis ar ôl yr enedigaeth, gyda dilyniant o hyd at 12 mis. Bydd hyn hefyd yn cynnwys cyfle i atgyfeirwyr ofyn am arweiniad a chyingor i fenywod a ddaw atyn nhw'n hwyrach yn y cyfnod ôl-enedigol, ac sy'n debygol o fod angen gofal y tu hwnt i flwyddyn ar ôl yr enedigaeth. Bydd hyn yn unol ag argymhellion Coleg Brenhinol y Seiciatryddion.

Mae model amlinellol drafft wedi'i rannu â chydweithwyr i'w drafod ymhellach gyda'r nod o sicrhau cytundeb pob Bwrdd Iechyd. Yna, gellir cynnwys y model o fewn Llwybr Gofal Cwbl Integredig Cymru Gyfan.

Rôl yr Arweinydd Clinigol mewn perthynas â darpariaeth mewn Unedau Mamau a Babanod

Fel yr Arweinydd Clinigol Cenedlaethol, rwyf wedi bod yn gweithio gyda chydweithwyr ym Mae Abertawe i lunio'r model clinigol arfaethedig ar gyfer yr uned mamau a babanod yn ne Cymru. Rhannwyd y model arfaethedig hwn yn ehangach gyda chydweithwyr yn ystod cyfarfod o Gymuned Ymarfer ym mis Gorffennaf 2019, lle rhoddwyd cyfle i gydweithwyr rannu eu barn ar y model drafft. Byddaf hefyd yn rhan o'r gwaith o baratoi ar gyfer datblygu'r uned dros dro i famau a babanod yn Nhonna.

Rwyf hefyd wedi ymweld ag uned mamau a babanod yng Nghaerwysg ac wedi creu cysylltiadau â'r Dr Giles Berrisford, Cyfarwyddwr Cyswllt Clinigol Cenedlaethol Iechyd Meddwl Amenedigol ar gyfer GIG Lloegr.

Data – beth sy'n cael ei adrodd a pha ddata sydd ar gael, yn enwedig ynglŷn â chymorth therapiwtig seicolegol

Rwy'n deall bod pob bwrdd iechyd yn darparu'r data y gofynnwyd amdano gan Lywodraeth Cymru. Ateb dros dro yw hwn hyd nes y gellir sefydlu proses casglu data Cymru gyfan y cytunwyd arno. Yn ystod y flwyddyn ddiwethaf, mae'r Rhwydwaith wedi hwyluso gweithdy a chyfarfod dilynol, lle mae clinigwyr o bob bwrdd iechyd, LIC, Gwasanaeth Gwybodeg GIG Cymru a chydweithwyr yn y

trydydd sector wedi'u dwyn ynghyd, i ddechrau nodi dangosyddion perfformiad allweddol a mesurau canlyniadau i'w gweithredu ledled Cymru.

Yn ddiweddar, fe wnes i gyfarfod â seicolegwyr sy'n gweithio o fewn y timau Iechyd Meddwl Amenedigol Arbenigol, ac rwyf wedi cysylltu â Phwyllgor Rheoli Therapiau Seicolegol pob Bwrdd Iechyd. O fewn y cynllun cyflawni canolbwyntir ar gryfhau'r seilwaith therapiau seicolegol yng Nghymru a fydd yn cefnogi gwella gwasanaethau ymhellach, datblygu'r gweithlu a chryfhau llywodraethu. Bydd y gwaith hwn yn cynnwys sicrhau bod Matrics Cymru a'r tablau tystiolaeth cysylltiedig yn cael eu hadolygu a'u diweddarau lle bo'n briodol, a fydd yn ystyried iechyd meddwl amenedigol.

Byrddau iechyd wedi ymuno â'r broses Rhwydwaith Ansawdd Amenedigol a chyfranogiad arweinwyr clinigol

Mae tri Bwrdd Iechyd ar draws Cymru eisoes wedi ymuno â'r Rhwydwaith Ansawdd Amenedigol (PQN) - Bwrdd Iechyd Prifysgol Caerdydd a'r Fro, Bwrdd Iechyd Prifysgol Aneurin Bevan a Bwrdd Iechyd Prifysgol Bae Abertawe.

Mae pob bwrdd iechyd yn ymwybodol o'r disgwyliad i ymrwymo i'r Rhwydwaith Ansawdd Amenedigol erbyn Mawrth 2021, ac mae fy rôl i wedi cynnwys darparu gwybodaeth am y broses, nodi'r manteision a'r cymorth a'u hannog i ymuno cyn gynted â phosibl.

Y sefyllfa bresennol o ran bydwraig ymgynghorol ym Mhowys

Mae Powys bellach wedi nodi cyllid ar gyfer bydwraig Iechyd Meddwl Amenedigol Arbenigol, ac mae'r Fydwraig Ymgynghorol yn parhau i fod yn weithgar gyda'r datblygiadau ac yn mynychu cyfarfodydd a digwyddiadau'r Rhwydwaith, tra bod y broses recriwtio'n digwydd.

Rwy'n gobeithio bod y wybodaeth yr wyf wedi'i chynnwys uchod yn egluro fy rôl o fewn y Rhwydwaith Iechyd Meddwl Amenedigol, a'r gwaith rwyf wedi bod yn ei wneud ers Ionawr 2019 hyd yn hyn.

Yr eiddoch yn gywir,



Sharon Fernandez
Arweinydd Clinigol Cenedlaethol
Iechyd Meddwl Amenedigol
Cydweithrediad Iechyd GIG Cymru

Cc Carol Shillabeer – Cadeirydd Rhwydwaith Iechyd Meddwl Cymru Gyfan
Joanna Jordan – Cyfarwyddwr Rhaglen Genedlaethol Iechyd Meddwl
Hazel Powell – Cadeirydd y Rhwydwaith Iechyd Meddwl Amenedigol

Prif Flaenoriaethau		Gwaith a wnaed	Ble'r ydym ni arni?	Amserlen
Datblygu dealltwriaeth sylfaenol o sefyllfa'r Gwasanaeth Iechyd Meddwl Amenedigol ledled Cymru	Mae'r Arweinydd Clinigol Cenedlaethol wedi cysylltu â phob Bwrdd Iechyd, gan nodi, ymgysylltu a chysylltu â chydweithwyr ledled Cymru	Mae'r Arweinydd Clinigol Cenedlaethol wedi dod â chlinigwyr at ei gilydd i ddatblygu ethos 'tîm' cryfach ar draws yr holl Fyrddau Iechyd a ledled Cymru	Wedi cysylltu â phob Bwrdd Iechyd	Rhag-19
			Wedi hwylyso Gweithdai Iechyd Meddwl Amenedigol	Mawrth-19
Cyllid ar gyfer adnoddau Clinigol y Tîm Cenedlaethol, amser gweinyddol, a chyllideb hyfforddiant (Argymhellion 1 a 2)	Yr Arweinydd Clinigol Cenedlaethol wedi'i recriwtio i'r Tîm Cenedlaethol – Cymorth Rhaglen 0.5 Cyfwerth ag Amser Cyflawn, Uwch Reolwr Prosiect 0.5 Cyfwerth ag Amser Cyflawn a Chymorth Gweinyddol	Bwrdd Iechyd Meddwl Amenedigol, Grŵp Llywio Clinigol a'r Gymuned Ymarfer (CoP) wedi'u hailsefydlu	Cymorth Rhaglen	Mai-19
			Uwch Reolwr Prosiect wedi'i recriwtio	Meh-19

		Cymorth Gweinyddol	Wedi methu â recriwtio'n llwyddiannus, cymorth asiantaeth wedi'i ddarparu
			Arian ychwanegol wedi'i sicrhau
Dull Adrodd	Adrodd chwarterol i'r Tîm Technyd Meddwl a Bregusrwydd, Llywodraeth Cymru (LIC), a chyfarfodydd misol gydag aelodau allweddol o'r tîm	Adroddiadau Chwarterol	Yn parhau
		Cyfarfodydd Misol	Yn parhau
		Diweddariad/adroddiadau i'r Bwrdd Technyd Meddwl Amenedigol	Yn parhau

Partneriaeth

<p>Sefydlu Rhwydwaith Clinigol a chynnal y Gymuned Ymarfer bresennol (Argymhellion 1 a 2)</p>	<p>Dros y flwyddyn ddiwethaf, sefydlwyd Bwrdd Iechyd Meddwl Amenedigol a Grŵp Llywio'r Rhwydwaith Clinigol Cenedlaethol (NCNSG). Mae'r Rhwydwaith wedi adolygu aelodaeth y Gymuned Ymarfer (CoP), i gynnwys ymarferwyr o bob gwasanaeth ledled Cymru, ac maent wedi cynnal un cyfarfod o'r Gymuned Ymarfer, gyda'r bwriad o drefnu i'r digwyddiadau hyn ddigwydd ddwywaith y flwyddyn. Mae Cynhadledd Iechyd Meddwl Amenedigol flynyddol ar y gweill ar gyfer Tachwedd 2020</p>		
	<p>Bwrdd Iechyd Meddwl Amenedigol wedi'i sefydlu</p>	<p>Tach-19</p>	
	<p>Grŵp Llywio'r Rhwydwaith Clinigol Cenedlaethol – wedi'i ail-sefydlu</p>	<p>Medi-19</p>	
	<p>Y Gymuned Arfer – wedi'i hailsefydlu</p>	<p>Tach-19</p>	
	<p>Y Gynhadledd Flynyddol wedi'i chynllunio</p>	<p>Ion-20</p>	
<p>Cefnogodd yr Arweinydd Clinigol Cenedlaethol y broses o ailsefydlu Grwpiau Llywio o fewn Byrddau Iechyd, gan annog pob un i ystyried yr angen am aelodaeth amlddisgyblaeth ac o asiantaethau ar draws pob maes gwasanaeth</p>	<p>Grwpiau Llywio wedi'u sefydlu ym mhob Bwrdd Iechyd</p>	<p>Ion-20</p>	
<p>Daeth yr Arweinydd Clinigol Cenedlaethol ag ymarferwyr o faes bydweirgiaeth, arweinwyr tîmau arbenigol ymweliadau iechyd, a nyrsys iechyd meddwl ynghyd fel Fforymau Profesiynol</p>	<p>Fforymau Profesiynol wedi'u sefydlu</p>	<p>Hyd-19</p>	

	<p>Mae'r Arweinydd Clinigol Cenedlaethol bellach yn gweithio gyda Chynghrair Iechyd Meddwl Mamau (MMHA) i gryfhau llais defnyddwyr y gwasanaeth a'r gymuned, ac mae cynlluniau ar waith i drefnu gweithdy ar gyfer sefydliadau'r trydydd sector a mudiadau gwirfoddol yn nechrau 2020</p>	<p>Mae cynllun i gryfhau mudiadau elusennol y trydydd sector, llais y rhai sy'n defnyddio ein gwasanaethau a'n cymunedau</p>	<p>Rhag-19</p>
<p>Cryfhau'r cydweithio drwy ymgysylltu ac ymgymryd â gwaith ar y cyd â gwasanaethau eraill (Argymhelliaid 26)</p>	<p>Anogwyd pob Bwrdd Iechyd i adolygu eu haelodaeth o grwpiau llywio i gynnwys pob disgyblaeth, asiantaethau a llais defnyddwyr gwasanaeth</p>	<p>Mae wedi cysylltu â Choleg Brenhinol y Bydwragedd (RCM), Y Sefydliad Ymweliadau Iechyd, sef iHV, Coleg Brenhinol y Meddygon Teulu yng Nghymru (RCGP Wales), Coleg Brenhinol y Seiciatryddion, RCPSYCH) (Cymru)</p> <p>Wedi cysylltu â chydweithwyr sy'n arwain ar:</p> <ul style="list-style-type: none"> Camddefnyddio sylweddau ac alcohol CAMHS Anhwyliderau bwyta Penaethiaid Iechyd Meddwl Oedolion ym meysydd Bydwreigiaeth ac Ymwelwyr Iechyd Carcharu Y Gymuned Sipsiwn, Roma, Teithwyr a defnyddwyr cychod 	<p>Ion-20</p>

<p>Lefelau priodol o ddarpariaeth trydydd sector wedi'u hariannu'n briodol (Argymhelliaid 20)</p>	<p>Gwybodaeth am gyfleoedd ariannu wedi'i rannu gyda holl gydwethwyr y Byrddau Iechyd</p> <p>Annog Grwpiau Llywio i gysylltu â Byrddau Partneriaeth Rhanbarthol (RPPBs) a dylanwadu arnyn nhw</p>	<p>Rhannu gwybodaeth berthnasol am gyfleoedd ariannu â phob Bwrdd Iechyd</p>	<p>Yn parhau</p>
<p>Gweithio ar y cyd</p>	<p>Mae'r Rhwydwaith yn gweithio'n agos gyda sefydiadau'r trydydd sector a mudiadau gwirfoddol - Gweithredu ar Seicosis Ôl-enedigol, NSPCC, Family Action, Pandas, MIND a NCMH</p>	<p>Aelodau'r Grŵp Llywio Clinigol Cenedlaethol, y Bwrdd Iechyd Meddwl Amenedigol a'r Gymuned Ymarfer (Cop)</p>	<p>Tach-19</p>
<p>Codi ymwybyddiaeth o faterion iechyd meddwl amenedigol ymhlith y cyhoedd a gweithwyr iechyd profesiynol (Argymhelliaid 13)</p>	<p>Mae'r Arweinydd Clinigol Cenedlaethol wedi bod allan yn cwrdd â chydweithwyr sy'n gweithio gyda menywod, dynion a'u teuluoedd yn ystod y cyfnod amenedigol</p> <p>Mae angen ystyried modelau addas i gynyddu ymwybyddiaeth o fewn ein cymunedau ac i bob gweithiwr profesiynol</p> <p>Dyma faes y byddwn yn ymchwilio mwy iddo yn 2020</p> <p>Mae'r Rhwydwaith hefyd wedi datblygu cylchlythyr Rhwydwaith Clinigol Cenedlaethol, ac yn bwriadu ei ddosbarthu deirgwaith y flwyddyn</p>	<p>Archwilio modelau a ffyrrd y gallwn godi ymwybyddiaeth o faterion iechyd meddwl</p>	<p>Yn parhau</p>
		<p>Dosbarthiad chwarterol</p>	<p>Yn parhau</p>

	<p>Mae ein tudalennau ar y fewnryd a'r rhyngryd hefyd ar y gweill</p>		
<p>Cynllun gweithredu i sicrhau bod canolfannau sy'n darparu gwelyau Unedau Mamau a Babanod wedi'u hintegreiddio'n agos â thimau iechyd meddwl amenedigol cymunedol arbenigol (Argymhelliaid 8)</p>	<p>Mae cydweithwyr ym mhob Bwrdd Iechyd eisoes wedi sefydlu perthynas waith ardderchog gyda chydweithwyr mewn Unedau Mamau a Babanod yn Lloegr Gwneir rhagor o waith, i sicrhau bod llwybrau derbyn a rhyddhau clir ar gyfer Uned Mamau a Babanod De Cymru a Gogledd Powys a Betsi Cadwaladr, unwaith y cadarnheir cynlluniau ynghylch y ddarpariaeth</p>	<p>Adolygu a chytuno ar gynnwys tudalennau mewnryd/rhyngryd ar Iechyd Meddwl Amenedigol</p>	<p>Ion-20</p>
		<p>Cydnabod yr angen i ddatblygu a chytuno ar llwybrau derbyn a rhyddhau Unedau Mamau a Babanod ar gyfer Cymru</p>	<p>Tach-20</p>

Tudalen y pecyn 68

Llwybr

<p>Datblygu llwybr gofal clinigol i Gymru gyfan – canlyniadau - ffenestri cyfeirio ac amseroedd aros (Argymhellion 1, 2 a 12)</p>	<p>Hwylusodd y Rhwydwaith weithdy Llwybr Gofal Integredig Iechyd Meddwl Amenedigol i Gymru Gyfan lle anogwyd cydweithwyr i rannu eu syniadau ar sut beth fyddai da i Gymru</p> <p>Mae cydweithwyr yn Hywel Dda yn arwain y ffordd o ran datblygu llwybr drafft, gan gynnwys menywod a dynion</p> <p>Mae cydweithwyr ym Mae Abertawe wedi datblygu model ar gyfer swyddogaeth y Tîmau Iechyd Meddwl Amenedigol Arbenigol, er y bydd hyn yn gofyn am ymgynghori a chytuno pellach gan bob Bwrdd Iechyd, cyn cael ei ymgorffori o fewn y llwybr</p> <p>Bydd angen gwneud gwaith pellach hefyd i adolygu gwaith papur, polisïau a chanllawiau, ac rydym wedi cysylltu â chydweithwyr yng Nghwm Taf Morgannwg i arwain ar y darn hwn o waith</p>	<p>Cynhaliwyd y gweithdy ac mae'r llwybr yn cael ei ddrafftio at ddibenion ymgynghori</p> <p>Swyddogaeth y Tîm Iechyd Meddwl Amenedigol Arbenigol wedi'i ddrafftio ar gyfer ymgynghori pellach</p>	<p>Yn parhau</p> <p>Rhag-19</p> <p>Tach-20</p>
<p>Gwaith pellach ar y cysylltiad rhwng anghydraddoldebau iechyd, gan ganolbwyntio ar nodi a thrin y poblogaethau hynny sydd â'r angen mwyaf yn gynnar (Argymhelliaid 27)</p>	<p>Mae'r Arweinydd Clinigol Cenedlaethol wedi cysylltu â'r Hyb ACE (Profïadau Niweidiol mewn Plentynodod), cydweithwyr yn yr Awdurdodau Lleol – ardaloedd braenaru Dechrau'n Deg (FS)/integreiddio cynnar; Mae'r cyswllt cychwynnol wedi'i wneud gyda'r gymuned sipsiwn, Roma, teithwyr a defnyddwyr cychod. Mae angen gwneud gwaith pellach i lwyr ddeall anghenion y cymunedau hyn</p>	<p>Datblygu gwaith papur, polisïau a chanllawiau drafft ar gyfer Cymru gyfan</p> <p>Wedi cysylltu â Hyb ACE/ a chydweithwyr Dechrau'n Deg ac Awdurdodau Lleol</p>	<p>Awst-19</p>

	<p>O ran nodi a thrin achosion yn gynnar; ethos ein holl waith wrth symud ymlaen, fydd cyfleu diwylliant lle y mae'r gofal cywir yn cael ei ddarparu gan y bobl gywir ac ar yr adeg iawn</p>	<p>Mae angen gwaith pellach i ddeall anghenion penodol y gymuned sipsiwn, Roma, teithwyr, defnyddwyr cychod</p>	
<p>Darpariaeth ar gyfer anghenion Cymraeg y boblogaeth (Argymhelliaid 25)</p>	<p>Nodwyd bod angen sicrhau bod yr holl adnoddau ar gael yn Gymraeg. Cynigir bod y rhai y mae angen eu sgrinio ymhellach yn cael cynnig Holiadur Iselder Ôl-enedigol Caeredin (EPDS). Mae'r adnodd hwn wedi'i gyfieithu a'i ddilysu'n barod mewn 58 o ieithoedd, ond yn anffodus, nid yw'r Gymraeg yn un ohonynt</p>	<p>Mae Llywodraeth Cymru yn cydnabod ei bod yn bwysig bod yr adnodd sgrinio hwn ar gael yn Gymraeg. Fodd bynnag, fel rhan o unrhyw broses gyfieithu, mae angen sicrhau bod yr adnodd a gyfieithwyd wedi'i ddilysu'n briodol ac mae Llywodraeth Cymru yn ystyried y dull o wneud y gwaith hwn ar hyn o bryd</p>	<p>Yn parhau</p>
<p>Safonau, Cyngor ac arweiniad sefydledig ar feddyginiath seicolegol yn ystod beichiogrwydd a bwydo ar y fron (Argymhelliaid 24)</p>	<p>Mae'r Arweinydd Clinigol Cenedlaethol wedi bod yn gweithio gyda'r Rhwydwaith Newyddenedigol a Bydwreigiaeth, Bydwragedd Arbenigol, Bae Abertawe, PBC a chydweithwyr o Gaerdydd a'r Fro i adolygu, a safoni'r canlynol – Canllawiau i Ragnodwyr</p>	<p>Cadarnhau sefyllfa pob un a sicrhau bod dyddiadau'n cael eu pennu ar gyfer ymgynghori a chadarnhau</p>	<p>Yn parhau</p>

	Iechyd Meddwl a meddyginaeth seicotropig ar y groth gan Feddygon Teulu		
Effaith bwyo ar iechyd meddwl amenedigol a throï hyn yn ganllaw i weithwyr proffesiynol a'r cyhoedd. (Argymhelliaid 23)	Ar ôl cyhoeddi cynllun gweithredu 5 mlynedd Cymru gyfan ar fywdo ar y fron, mae'r Arweinydd Clinigol Cenedlaethol wedi cael gwahoddiad i ymuno â'r gwaith hwn. Bydd yr argymhelliaid hwn hefyd yn cael ei ystyried o fewn y cynllun gwaith	Yn disgwyl dyddiad y cyfarfod. Cyswllt wedi'i wneud ag Arweinydd Bwydo Babanod ar gyfer BIPBC, cyfarfod wedi'i drefnu	Yn parhau
Rhoi sylw i gymorth seicolegol ar gyfer rhieni babanod newydd-anedig a rhieni sydd wedi cael profedigaeth a bodloni'r safonau (Argymhelliaid 21)	Mae'r Arweinydd Clinigol Cenedlaethol wedi gweithio gyda chydweithwyr o'r Rhwydwaith Newyddenedigol ac unedau newyddenedigol ledled Cymru, i ddeall pa gymorth seicolegol sydd ar gael ar hyn o bryd i rieni babanod newydd-anedig a rhieni sydd wedi cael profedigaeth. Gyda'r wybodaeth hon, byddwn yn gweithio gyda'n gilydd yn awr i ddeall lle mae'r bylchau, ac yn ystyried sut y gellir mynd i'r afael â hyn	Medi bod i Grŵp Cymorth Bwydo ar y Fron	Tach-19
		Meincnodi darpariaeth seicolegol mewn unedau newyddenedigol	Rhag-19

	<p>Mae'r Arweinydd Clinigol Cenedlaethol wedi cysylltu â chydweithwyr o'r tîm menywod a phlant yn Llywodraeth Cymru, sy'n arwain y broses o ddatblygu Llwybr Profedigaeth Cymru Gyfan a chyfarfod â nhw</p> <p>Mae'r Arweinydd Clinigol Cenedlaethol wedi gweithio gyda'r Rhwydwaith Bydwreigiaeth, ac wedi cysylltu â Bydwragedd Profedigaeth/Bydwragedd gyda rôl mewn cefnogi'r rhai sydd mewn profedigaeth. Mae gwaith wedi'i wneud i ddeall sefyllfa pob Bwrdd Iechyd, gyda'r bwriad o nodi bylchau, meysydd o arfer gorau a gwaith y bydd angen ymgymryd ag ef er mwyn sicrhau darpariaeth gyfartal</p>	<p>Cysylltu â thîm menywod a phlant Llywodraeth Cymru a chyfarfod â nhw</p> <p>Meincnodi darpariaeth seicolegol ar gyfer rhieni sydd mewn profedigaeth yn ystod y cyfnod amenedigol</p>	<p>Meh-19</p> <p>Rhag-19</p>
<p>Perthynas barhaus â bydwraig neu ymwelydd iechyd (Argymhelliaid 19)</p>	<p>Mae parhad a phwysigrwydd y berthynas â bydwragedd ac ymwelwyr iechyd wedi'i flaenoriaethu o fewn Rhaglen Plant Iach Cymru a Gweledigaeth 5 mlynedd Gofal Mamolaeth yng Nghymru</p> <p>Bydd y Rhwydwaith yn parhau i weithio gyda chydweithwyr ym maes mamolaeth ac ymwelwyr iechyd, er mwyn sicrhau y caiff cydberthnasau therapiwtig eu cynnwys yn y cynlluniau gwaith</p>	<p>Parhad y berthynas wedi'i nodi o fewn y rhaglenni/gweledigaethau mamolaeth ac ymwelwyr iechyd perthnasol</p> <p>Parhau i weithio ar y cyd â bydwragedd ac ymwelwyr iechyd</p>	<p>Awst-19</p> <p>Yn parhau</p>
<p>Fframwaith Cenedlaethol ar gyfer dosbarthiadau cynenedigol (Argymhelliaid 15)</p>	<p>Mae'r Arweinydd Clinigol Cenedlaethol wedi bod yn cydweithio â'r Rhwydwaith Newyddenedigol a Bydwreigiaeth i ddechrau nodi darnau allweddol o waith a fydd yn gofyn am ddull cydweithredol. Gyda'r arweinydd clinigol bydwreigiaeth wedi dechrau yn ei swydd ym mis Tachwedd,</p>	<p>Cyfarfod â'r Rhwydwaith Newyddenedigol a Bydwreigiaeth i nodi blaenoriaethau</p> <p>Nodi hyd a lled darpariaeth dosbarthiadau cynenedigol ledled Cymru</p>	<p>Mawrth-19</p> <p>Ion-20</p>

	cynhelir gwaith i nodi lle yr ydym arni gyda darpariaeth dosbarthiadau cynnedigol		
Adolygu'r wybodaeth a ddarperir mewn pecynnau safonol cyn ac ar ôl geni (Argymhelliaid 14)	Bu'r Arweinydd Clinigol Cenedlaethol yn cydweithio â chydweithwyr o Iechyd Cyhoeddus Cymru i lunio cynnwys yr adnoddau Bwmp, Babi a Thu Hwnt ar eu newydd wedd Bu'r Arweinydd Clinigol Cenedlaethol yn cysylltu cydweithwyr yn Iechyd Cyhoeddus Cymru â menywod a'u teuluoedd a oedd wedi defnyddio adnoddau, er mwyn sicrhau bod negeseuon allweddol, a nodwyd ganddynt, wedi'u cynnwys Bydd cydweithwyr yn Iechyd Cyhoeddus Cymru yn cynhyrchu drafft o'r adnoddau hyn er mwyn ymgynghori a chytuno arnynt	Wedi cysylltu â chydweithwyr yn Iechyd Cyhoeddus Cymru Cydweithwyr yn Iechyd Cyhoeddus Cymru wedi'u cysylltu â menywod a theuluoedd sydd wedi defnyddio gwasanaethau Aros am adnoddau drafft ar gyfer ymgynghori a chytuno	Mai-19 Gorff-19 Ion-20
Gwella mynediad at therapïau seicolegol ar gyfer menywod amenedigol a dynion (Argymhelliaid 10)	Mae'r Arweinydd Clinigol Cenedlaethol newydd ddechrau gweithio gyda chydweithwyr i ystyried yr angen i adolygu Matrics Cymru drwy lens amenedigol Mae'r Arweinydd Clinigol Cenedlaethol wedi cysylltu â phwyllgorau rheoli therapïau seicolegol cenedlaethol a lleol, i ddarganfod lle mae pob Bwrdd Iechyd arni o safbwynt iechyd meddwl amenedigol	Cysylltu â Phwyllgorau Rheoli Therapïau Seicolegol byrddau iechyd i sicrhau bod seicolegwyr amenedigol yn cael eu cysylltu â phob un ohonynt Yng nghynllun cyflawni Law yn llaw at Iechyd Meddwl Llywodraeth Cymru 2019-2022 mae pwyslais parhaus ar wella mynediad, ansawdd ac ystod therapïau seicolegol.	Mawrth-20 Yn parhau

		<p>O fewn y cynllun cyflawni canolbwyntir ar gryfhau'r seiliwaith therapïau seicolegol yng Nghymru a fydd yn cefnogi gwella gwasanaethau ymhellach, datblygu'r gweithlu a chryfhau llywodraethu.</p> <p>Bydd y gwaith hwn yn cynnwys sicrhau bod Matrics Cymru a'r tablau tystiolaeth cysylltiedig yn cael eu hadolygu a'u diweddarau lle bo'n briodol, gan ddwyn i ystyriaeth iechyd meddwl amenedigol</p>	
<p>Sefydlu Uned Mamau a Babanod De Cymru (Argymhelliaid 6)</p>	<p>Mae'r Arweinydd Clinigol Cenedlaethol wedi bod yn gweithio'n ddiwyd gyda chydweithwyr ym Mae Abertawe a Phwylllgor Gwasanaethau Iechyd Arbenigol Cymru i lunio'r model clinigol arfaethedig ar gyfer yr Uned Mamau a Babanod yn ne Cymru. Rhannwyd y model hwn yn ehangach gyda chydweithwyr yn ystod cyfarfod y Gymuned Ymarfer ym mis Gorffennaf. Ymwelodd yr Arweinydd Clinigol Cenedlaethol hefyd ag Uned Mamau a Babanod yng Nghaerwysg, ac mae cydweithwyr yno wedi cynnig bod yn 'gyfeillion' inni a'n cefnogi i ddatblygu ein darpariaeth yng Nghymru</p>	<p>Llunio model arfaethedig ar gyfer Uned Mamau a Babanod De Cymru</p>	<p>Tach-19</p>

	Mae'r Arweinydd Clinigol Cenedlaethol wedi bod yn rhan o drafodaethau ynghylch pa mor addas yw'r ddarpariaeth dros dro a pharhaol, ac awgrymiadau ar gyfer hynny	Papur i Bwyllgor Gwasanaethau Iechyd Arbenigol Cymru	Ion-20
		Gwaith archwilio a thrafod pellach ar gyfer Gogledd Powys a BIPBC	Ion-20
Ymgysylltu â GIG Lloegr i drafod opsiynau ar gyfer creu canolfan yng ngogledd-ddwyrain Cymru (Argymhelliaid 7)	Mae Pwyllgor Gwasanaethau Iechyd Arbenigol Cymru yn arwain y ddarpariaeth o gyfleusterau cleifion mewnl ar gyfer trigolion Gogledd Cymru. Fodd bynnag, mae'r Arweinydd Clinigol Cenedlaethol wedi ymgysylltu â chydweithwyr yng Ngogledd Cymru a Gogledd Powys, i drafod opsiynau addas ar gyfer cyfleusterau cleifion mewnl. Yn fwy diweddar, cyfarfu'r Arweinydd Clinigol Cenedlaethol â chydweithwyr yng Ngogledd Cymru wrth ymweld â'r tîm arbenigol ym Mwrdd Iechyd Prifysgol Betsi Cadwaladr	Trafodaethau wedi'u cynnal gyda Chyfarwyddwr Cenedlaethol y Rhaglen Iechyd Meddwl, Pwyllgor Gwasanaethau Iechyd Arbenigol Cymru a chydweithwyr BIPBC	Ion-20
Canllawiau i weithwyr proffesiynol a gwybodaeth i gleifion ar fanteision Uned Mamau a Babanod sy'n seiliedig ar dystiolaeth	Mae'r Rhwydwaith yn gweithio gyda Bae Abertawe a Gweithredu ar Seicosis Ôl-enedigol, er mwyn sicrhau bod gennym y wybodaeth a'r adnoddau priodol ar gyfer cleifion a gweithwyr proffesiynol, cyn eu derbyn i'r ysbty ac ar ôl iddynt gael eu rhyddhau	Taflen dderbyn yn cael ei drafftio	Medi-20

Tudalen y pecyn 75

<p>Nodwyd hefyd y meini prawf derbyn a'r rhestrau gwirio ar gyfer derbyn i Uned Mamau a Babanod, gyda chydweithwyr ym Mae Abertawe sy'n arwain ar ddatblygu'r gwaith hwn</p>	<p>Mae'r dogfennau perthnasol wedi'u nodi</p>	<p>Medi-20</p>
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Perfformiad

<p>Datblygiad safonau ansawdd gwasanaethau iechyd meddwl amenedigol (Argymhellion 1 a 2)</p>	<p>Mae'r Arweinydd Clinigol Cenedlaethol wedi bod yn gweithio gyda'r holl fyrddau iechyd i ddeall beth yw eu sefyllfa yn erbyn 'Safonau Cymru Gyfan ' y Canllawiau ar gyfer Darparu Gwasanaethau Iechyd Meddwl Amenedigol Integredig yng Nghymru. Maen nhw i gyd yn ymwybodol o'r disgwyliad i fodloni'r safonau hyn erbyn Mawrth 2020</p>	<p>Medi'u meincnodi yn erbyn Safonau Cymru Gyfan</p>	<p>Ion-20</p>
	<p>Mae'r Arweinydd Clinigol Cenedlaethol hefyd wedi rhannu Adnodd Asesu Llwybr y Gynghrair Iechyd Meddwl Mamau a bydd yn annog pob Bwrdd Iechyd i asesu eu darpariaeth gwasanaeth gan ddefnyddio'r pecyn cymorth hwn drwy gydol 2020</p>	<p>Adnodd Asesu Llwybr Cynghrair Iechyd Meddwl Mamau wedi'i rannu</p>	<p>Rhag-19</p>

	<p>Mae'r Arweinydd Clinigol Cenedlaethol wedi dechrau ystyried sut y gallwn gyflwyno proses adolygu fewnol gan gymheiriaid, gan efelychu'r gwaith sydd eisoes yn cael ei wneud gan y Rhwydwaith CAMHS</p>	<p>Ystyried sut y gallwn weithredu proses adolygu cymheiriaid Iechyd Meddwl Amenedigol yn fewnol</p>	<p>Ion-20</p>
<p>Ymrwmo i'r Rhwydwaith Ansawdd Amenedigol (Argymhellad 11)</p>	<p>Mae 3 bwrdd iechyd ledled Cymru bellach wedi ymuno â'r Rhwydwaith Ansawdd Amenedigol (PQN) - Caerdydd a'r Fro, Aneurin Bevan a Bae Abertawe</p> <p>Mae pob Bwrdd Iechyd yn ymwybodol o'r disgwyliad i ymrwmo i'r Rhwydwaith Ansawdd Amenedigol erbyn Mawrth 2021, ac rydym yn gweithio gyda nhw i'w hannog a'u cefnogi i gyflawni hyn</p>	<p>Mae pob Bwrdd Iechyd yn ymwybodol o'r disgwyliad i ymuno â'r Rhwydwaith Ansawdd Amenedigol erbyn Mawrth 2021</p>	<p>Mawrth-19</p>
<p>Arian ychwanegol i Fyrddau Iechyd er mwyn mynd i'r afael ag amrywiad yn well fel y gellir datblygu'r gwasanaeth a gwella ansawdd drwy ehangu timau sy'n bodoli eisoes</p>	<p>Mae arian ychwanegol wedi'i ddarparu i fyrddau iechyd, gyda gwasanaethau amenedigol yn cael eu cydnabod fel blaenoriaeth</p> <p>Gyda chefnogaeth y Cynghrair Iechyd Meddwl Mamau, mae'r Arweinydd Clinigol Cenedlaethol wedi bod yn gweithio gyda'r holl fyrddau iechyd i ddeall ble maen nhw yn erbyn Y Safonau ar gyfer Gwasanaethau Iechyd Meddwl Amenedigol Cymunedol</p> <p>Mae'r Rhwydwaith hefyd wrthi'n adolygu swyddogaeth y timau meddwl amenedigol arbenigol, fel y gallwn fynd i'r afael â'r amrywiaeth yn y gwasanaethau a ddarperir ledled Cymru. Rydym yn</p>	<p>Cyllid Ychwanegol wedi'i ddarparu gan Lywodraeth Cymru</p> <p>Ail-feincnodi darpariaeth gwasanaethau arbenigol</p>	<p>Gorffennaf-19</p> <p>Rhag-19</p> <p>Ion-20</p>

<p>gweithio tuag at sicrhau bod pob Bwrdd Techyd yn darparu asekiad arbenigol ar gyfer menywod sy'n cael profiad o salwch meddwl cymedrol i ddifrifol yn ystod beichiogrwydd a than o leiaf 6 mis ar ôl yr enedigaeth, gyda dilyniant o hyd at 12 mis. Bydd hyn hefyd yn cynnwys cyfle i atgyfeirwyr ofyn am arweiniad a chyngor i fenywod a ddaw atyn nhw'n hwyrach yn y cyfnod ôl-enedigol, ac sy'n debygol o fod angen gofal y tu hwnt i flwyddyn ar ôl yr enedigaeth</p>	<p>Ymgynghoriad ar fodel/swyddogaeth Cymru gyfan o dimau/gwasanaethau arbenigol Techyd Meddwl Amenedigol</p>	
<p>Mae cydweithwyr yn Hywel Dda yn arwain y ffordd o ran datblygu Llwybr Gofal Cwbl Integredig i Gymru Gyfan, a fydd yn cynnwys menywod a dynion</p>	<p>Mae cydweithwyr yn Hywel Dda yn arwain y broses o ddatblygu drafft o Lwybr Gofal Cwbl Integredig Cymru Gyfan</p>	<p>Ion-20</p>
<p>Mae'r Rhwydwaith wedi nodi'r angen i gael gwell dealltwriaeth o faint o fenywod y nodwyd bod angen gwely Uned Mamau a Babanod arnynt, y nifer wnaeth dderbyn y cynnig hwnnw a'r nifer a wrthododd; ar gyfer y rhai wnaeth wrthod, gofynnwyd hefyd am eglurhad ynghylch pa gymorth a gynigiwyd i'r menywod hyn a'u teuluoedd a'r rhesymau a roddwyd dros wrthod gwely Uned Mamau a Babanod y tu allan i Gymru. Nid oedd y data hwn yn cael ei gasglu'n rheolaidd gan bawb. Fodd bynnag, mae hyn bellach wedi'i gynnwys yn y data 6 misol y mae Llywodraeth Cymru yn gofyn amdano</p>	<p>Mae data derbyn Uned Mamau a Babanod wedi'i gynnwys o fewn ceisiadau data 6 misol LIC</p>	<p>Rhag-19</p>

<p>Cytuno, casglu a chyhoeddi mesuriadau a data perfformiad sy'n seiliedig ar ganlyniadau yn lleol ac yn genedlaethol</p> <p>(Argymhellion 1 a 2)</p>	<p>Mae'r Rhwydwaith wedi cynnal gweithdy a chyfarfod, lle mae cydweithwyr o fyrddau iechyd, LIC a Gwasanaeth Gwybodeg GIG Cymru, wedi'u dwyn ynghyd, i nodi dangosyddion perfformiad allweddol y gall pob Bwrdd Iechyd eu casglu</p> <p>Mae angen gwneud rhagor o waith hefyd ar y casglu data/cwestiynau archwilio a awgrymwyd yn flaenorol fel rhan o'r canllawiau ar gyfer darparu gwasanaethau iechyd meddwl amenedigol integredig yng Nghymru</p> <p>Mae'r Rhwydwaith wedi bod yn gweithio gyda Gwasanaeth Gwybodeg GIG Cymru, LIC a Bwrdd Iechyd Addysgu Powys i lunio'r cynnwys Iechyd Meddwl Amenedigol ar gyfer System Wybodaeth Gofal Cymunedol Cymru; a gyda chydwethwyr Bydwreigiaeth ac Ymwelwyr Iechyd, i sicrhau bod y cwestiynau cywir yn cael eu gofyn, i ddarparu data ystyrlon ar gyfer datblygu gwasanaethau a dyrannu adnoddau yn y dyfodol</p>	<p>1 x gweithdy ac 1 x cyfarfod wedi eu trefnu</p> <p>Wedi nodi chwe dangosydd perfformiad pellach i ategu'r mesurau canlyniadau casglu data o fewn y canllawiau ar gyfer darparu gwasanaethau iechyd meddwl amenedigol integredig yng Nghymru</p> <p>Llunio a chytuno ar gynnwys Iechyd Meddwl Amenedigol ar gyfer System Wybodaeth Gofal Cymunedol Cymru</p>	<p>Rhag-19</p> <p>Rhag-19</p> <p>Ion-20</p>
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Tudalen y pecyn 79

Pobl

<p>Datblygu adnoddau hyfforddi ar gyfer y gweithlu a chymwyseddau proffesiynol (Argymhelliaid 1 a 2)</p>	<p>Mae'r Arweinydd Clinigol Cenedlaethol wedi annog byrddau iechyd i gynnal adolygiad o anghenion hyfforddi a thrwy ein gweithdai Rydym wedi nodi bylchau mewn hyfforddiant. Mae hyfforddiant perthnasol wedi cael ei nodi ac mae Llywodraeth Cymru wedi darparu arian ychwanegol i hyfforddi - Arweinwyr Tîmau Arbenigol, Ymarferwyr Iechyd Meddwl Arbenigol, Seiciatrydd, Seiciatryddion dan hyfforddiant a 60 o 'Rhai sy'n gwneud gwahaniaeth/Pencampwyr' ym maes iechyd meddwl amenedigol a babanod a seicosis ôl-enedigol Mae cydweithwyr yn BIPBC hefyd yn arwain ar ddatblygu adnodd i fydwragedd Cysylltiadau ar gyfer cyfleoedd hyfforddi perthnasol, rhad ac am ddim a hawdd eu cyrraedd gyda chydweithwyr</p>	<p>Y byrddau iechyd wedi nodi anghenion hyfforddi</p>	<p>Mawrth-19</p>
<p>Datblygu a darparu strategaeth/framwaith cymwyseddau a hyfforddiant Cymru gyfan ar gyfer y gweithlu (Argymhelliaid 17)</p>	<p>Ceisiwyd caniatâd gan yr Alban, ac fe'i rhoddwyd, i addasu ei Framwaith Cwricwlaidd a adnewyddwyd yn ddiweddar ar gyfer Iechyd Meddwl Amenedigol ac Iechyd Meddwl Rhieni-Babanod Archwilio, datblygu a chytuno ar fframwaith cymwyseddau ar gyfer Cymru</p>	<p>Cyllid ychwanegol wedi'i sicrhau ar gyfer hyfforddiant gan LLC Cysylltiadau ar gyfer hyfforddiant hunangyfeiriedig wedi'i ddarparu i gydweithwyr</p>	<p>Rhag-19 80 Gorffennaf 19</p>
	<p>Wedi ceisio a chael caniatâd i addasu Framwaith Cwricwlaidd yr Alban</p>	<p>Dyddiad wedi'i osod i gynnal grŵp gorchwyl a Gorffen ar hyfforddiant</p>	<p>Medi-19 Ion-20</p>

<p>Mae iechyd meddwl amenedigol wedi'i gynnwys yn yr hyfforddiant cyn cofrestru a datblygiad proffesiynol parhaus (DPP) (Argymhelliaid 16)</p>	<p>Mae'r Arweinydd Clinigol Cenedlaethol wedi cysylltu â phrifysgolion yng Nghymru i gael gwell dealltwriaeth o ba hyfforddiant iechyd meddwl amenedigol a ddarperir cyn cofrestru ledled Cymru</p>	<p>Wedi cysylltu â phrifysgolion ac Addysg a Gwella Iechyd Cymru</p>	<p>Rhag-19</p>
<p>Bydwraig iechyd meddwl amenedigol arbenigol (Argymhelliaid 18)</p>	<p>Mae'r Arweinydd Clinigol Cenedlaethol wedi dod â bydwragedd arbenigol ynghyd</p> <p>Mae Powys yn archwilio opsiynau ariannu ar gyfer Bydwraig Arbenigol Iechyd Meddwl Amenedigol, ac mae'r Fydwraig Ymgynghorol yn parhau i gymryd rhan weithredol yn y datblygiadau, tra bod y broses recriwtio'n digwydd</p> <p>Mae'r Rhwydwaith wrthi'n datblygu Disgrifiad Swydd i Gymru Gyfan ac yn adolygu'r rôl, yn unol ag argymhellion Rôl Bydwragedd Iechyd Meddwl Arbenigol Coleg Brenhinol y Bydwragedd</p>	<p>Cyfarfodydd deufisol</p>	<p>Mawrth-19 Tudalen y pecyn 81</p>
<p>Ymwelydd iechyd arbenigol mewn rôl iechyd amenedigol a babanod yng Nghymru (Argymhelliaid 22)</p>	<p>1 ymwelydd iechyd arbenigol sydd yna ar gyfer Iechyd Meddwl Amenedigol yng Nghymru ar hyn o bryd. Mae'r Rhwydwaith wedi gweithio gyda phob Bwrdd Iechyd i nodi ymwelwyr iechyd sydd â diddordeb a sgiliau ychwanegol, gan ddod â nhw at ei gilydd ar ffurf broffesiynol</p> <p>Mae'r Arweinydd Clinigol Cenedlaethol wedi nodi'r angen i ddatblygu Disgrifiad Swydd i</p>	<p>Cyfarfodydd deufisol</p>	<p>Gorffennaf-19</p>

Gymru gyfian yn unol ag argymhellion gan
Addysg Iechyd Lloegr

CYPE(5)-07-20 – Papur i'w nodi 1

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

Dr. Sarah Witcombe-Hayes
NSPCC Cymru/Wales,
Diane Englehardt House,
Treglown Court,
Dowlais Road,
Cardiff CF24 5LQ

11th February 2020

Dear Lynne Neagle, AM

NSPCC Cymru/Wales is writing in response to the follow up work that the Children, Young People and Education Committee is undertaking on its inquiry into perinatal mental health in Wales. NSPCC Cymru/Wales is pleased to see that the Committee is continuing to scrutinise progress to ensure that mums and their families in Wales receive good quality perinatal mental health care.

NSPCC Cymru/Wales welcomes the Welsh Government's commitment to improving perinatal mental health care in Wales. In the Minister's latest update to the Committee (dated October 2019), we were pleased to note that steps have been taken to meet some of the Committee's recommendations. Of particular note is the appointment of the National Perinatal Mental Health Lead for Wales, and the work that has been done to set up the Perinatal Mental Health Board and Perinatal Mental Health Clinical Network, as well as the Perinatal Mental Health Steering Groups established in most of the health boards, and professional forums. Additionally, the Minister's latest update indicates that there has been some improvement in the data that is being collected across Wales, including inpatient admissions data, which helps to build a picture of need.

We are also pleased to see Welsh Government's commitment to perinatal mental health reflected in the recently launched Together for Mental Health Delivery Plan: 2019-22. Under Priority 5 '*Improving access and quality to perinatal mental health services*', it is positive to see milestones on achieving quality standards for specialist perinatal mental health teams, the establishment of a mother and baby unit, training for professionals on perinatal and infant mental health, better access to information, and beginning to understand the needs of fathers.

Despite this progress, there are a number of areas that NSPCC Cymru/Wales feels need to be progressed, expanded on or scrutinised as a matter of priority.

1. Mother and Baby Unit

NSPCC Cymru/Wales recognises that designing and setting up such a specialised mother and baby unit is complex. However, we are concerned with the proposed timescale and disappointed that the mother and baby unit is not planned on being operational until 2021. The Welsh Government first announced their commitment to establishing specialist inpatient support on 1st October 2017, and we feel that four years is far too long for this vital provision to be available for women and their families in Wales. Without the right specialist support, women's lives can be put at risk.

While it is vital for women and families to be able to access specialist inpatient support as soon as possible, NSPCC Cymru/Wales is concerned by the suggestion of an interim solution being available in a psychiatric hospital within the next 12 months. It is essential that any inpatient provision is appropriate for women and their families. Mother and baby units are a specialist model of inpatient care for women experiencing severe perinatal mental health problems. They are specifically designed to provide joint admissions for mothers and babies, rather than mums being separated from their babies, as they would in generic psychiatric units. Mother and baby units are commissioned to not only assess and treat mum's mental health problems, but to support the mother-infant relationship and bond. The multidisciplinary teams within mother and baby units are specifically trained in the treatment of perinatal mental health problems, and in child development. Whereas staff on generic psychiatric wards are unlikely to have specialist perinatal mental health skills, knowledge and training. Research¹ has shown that mother and baby units are felt to be more family centred and better equipped to meet women's need. On the other hand, generic wards were seen to lack the necessary facilities and expertise to support perinatal women adequately, and the separation of mothers and babies was found to be traumatic and detrimental to some women's recovery². NSPCC Cymru/Wales feels that it is important that these findings are given consideration in establishing an interim solution and that more details are given on this provision, including whether women will be admitted with their babies, and whether there will be adequate provision for partners/family to visit. It is also vital that any interim solution does not become long-term provision, replacing the development a permanent fit for purpose mother and baby unit in Wales.

NSPCC Cymru/Wales is concerned that details about mother and baby unit provision for women in North Wales remains unclear. NSPCC Cymru/Wales feels that it is essential that a clear integrated pathway of care for women in North Wales needing inpatient specialist support, is established as a matter of urgency, to ensure that women have timely access to mother and baby unit provision. NSPCC Cymru/Wales would like to see a plan for mother and baby unit admissions for women in North Wales clearly outlined in the next Minister's update to the Committee.

¹ Griffiths et al., (2019) A qualitative comparison of experiences of specialist mother and baby units versus general psychiatric wards. *BMC Psychiatry*. 19(1). pp. 1-15

² Ibid

2. Standards for PMH Services

In the 'Together for Mental Health Delivery Plan' the milestone around perinatal mental health services meeting the All Wales Standards, and Royal College of Psychiatrists Quality Standards (CCQI) is welcome, but more clarity is needed on how this will be achieved, reported on and monitored.

Evidence from NSPCC and partners 'From Bumps to Babies' research showed that at the time of reporting the majority of perinatal mental health services in Wales were not able to provide all aspects of care that women and their families needed, and were therefore unable to meet CCQI quality standards. This is also captured in the 2017 Maternal Mental Health Alliance, Everyone's Business Campaign maps, which showed that less than a third of health boards in Wales had perinatal mental health services that met national standards (see attached). The Maternal Mental Health Alliance will be producing new maps in Spring 2020 and these will provide an updated picture of provision in line with quality standards. The Maternal Mental Health Alliance will write to the Committee when the new maps are launched.

More recently NSPCC Cymru/Wales and Sharon Fernandez (National Lead on Perinatal Mental Health) carried out an informal mapping exercise which explored whether staffing levels and roles within perinatal mental health teams adequately meet the CCQI standards. The exercise indicated that while there have been some increases in staffing within certain roles across Wales (notably occupational therapy, nursery nurses, and administration), there is still a long way to go before perinatal mental health services can meet the CCQI standards for staffing. The exercise showed that the only role to meet the CCQI standards in each health board, was the administration role.

It is important that the achievement of the All Wales Standards and CCQI Standards is closely monitored and reported on. Three perinatal mental health services in Wales have signed up to the Royal College of Psychiatrists' quality standards for review. NSPCC Cymru/Wales feels it is important that all perinatal mental health teams are signed up so they can monitor and benchmark their progress against the standards. NSPCC Cymru/Wales would like to see progress against the standards reported on in future updates from the Minister.

3. Waiting times for assessment and treatment

Currently data on waiting times for assessment and treatment of perinatal mental health problems is not reported on in the Minister's update to the Committee. NSPCC Cymru/Wales feels that it is important for this data to be made available to give a better understanding of whether women in Wales experiencing perinatal mental health problems can get timely access to services and psychological therapies where appropriate.

4. Transparency of funding

NSPCC Cymru/Wales would like to see some more detail around the amount of investment that has gone into developing and improving perinatal mental health in Wales, in particular into developing community perinatal mental health teams since 2015/16. Detailed information about funding would make it easier to track progress.

NSPCC Cymru/Wales feels more ringfenced investment is needed for specialist perinatal mental health teams, to ensure they can successfully achieve the All Wales and CCQI Standards, giving women and their families the best perinatal mental health care.

Fight for a Fair Start

In July 2019, the NSPCC launched a new policy influencing campaign called 'Fight for a Fair Start', which aims to ensure all parents across the UK have fair and equal access to perinatal mental health support – wherever they live. The work in Wales focuses on calling for:

- 1. Dedicated specialist perinatal mental health midwives and health visitors in each health board area, to help identify and support women and their families affected by perinatal mental health problems**
- 2. All women and their families in Wales to be able to access a mother and baby unit that meets national standards, when needed**
- 3. Additional funding to ensure that all women and their families can access high quality specialist perinatal mental health services, wherever they live in Wales**

NSPCC Cymru/Wales is very keen to continue to work with the Committee and campaign for further progress in perinatal mental health care in Wales.

We are available to provide further written or oral evidence, should this be useful.

Yours Sincerely,

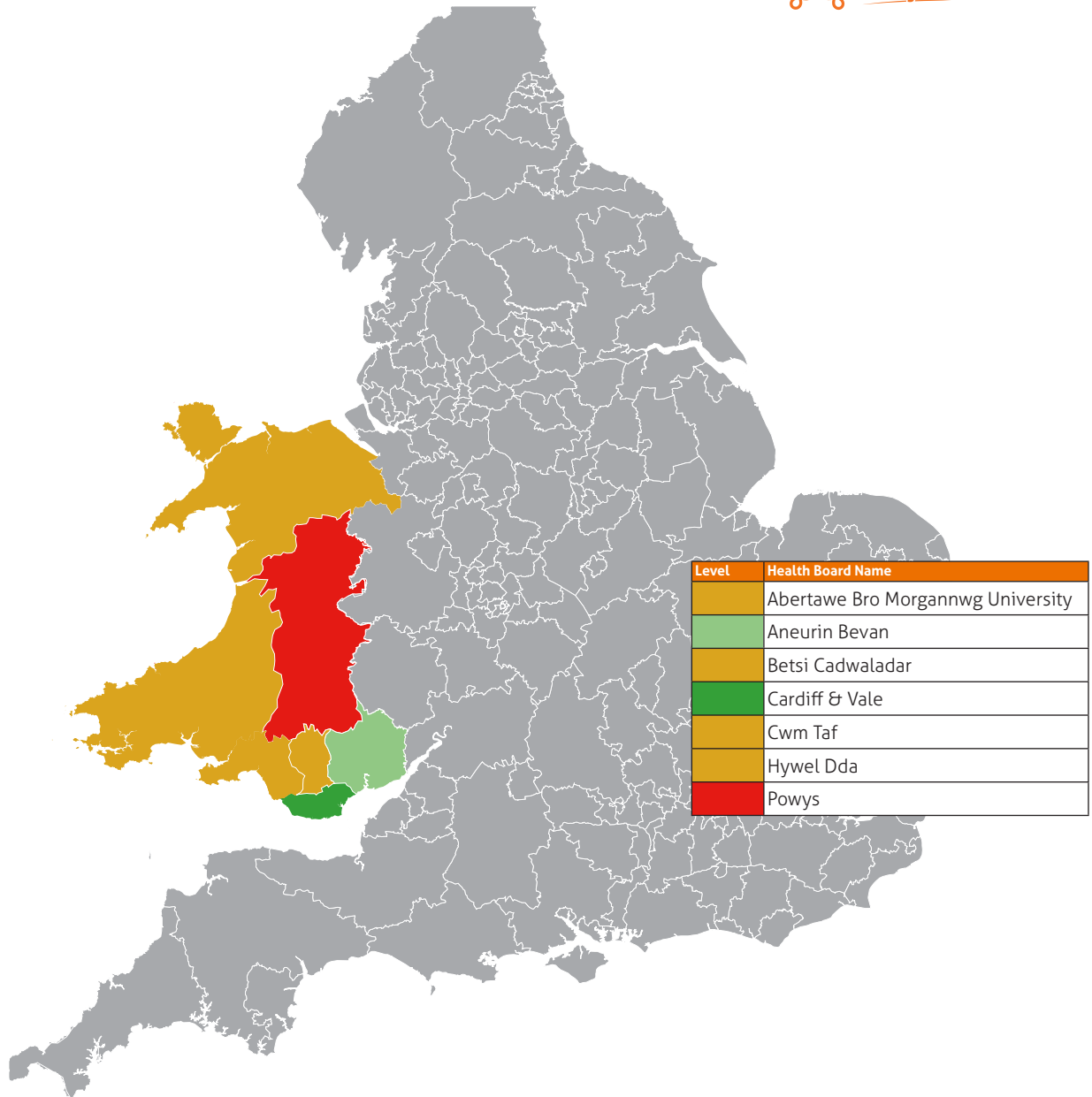
A handwritten signature in black ink, appearing to read 'SWH', is written over a light grey rectangular background.

Dr. Sarah Witcombe-Hayes

Senior Policy Researcher, NSPCC Cymru/Wales

Specialist Community Perinatal Mental Health Teams (Wales)

2017 DATA
(RELEASED APRIL 2018)



LEVEL	COLOUR	CRITERIA
5	Dark Green	Specialised perinatal community team that meets Perinatal Quality Network Standards Type 1 http://bit.ly/2jouvAd
4	Light Green	Specialised perinatal community team that meets Joint Commissioning Panel criteria http://bit.ly/2AhAVeX
3	Yellow	Perinatal community service operating throughout working hours with at least a specialist perinatal psychiatrist with dedicated time AND specialist perinatal mental health nurse with dedicated time, with access to a perinatal psychiatrist throughout working hours
2	Light Orange	Specialist perinatal psychiatrist AND specialist perinatal nurse with dedicated time
1	Light Red	Specialist perinatal psychiatrist or specialist perinatal nurse with dedicated time only
0	Red	No provision

Disclaimer Details in this map and levels of provision have been assessed using the best information available at the time of printing. Please contact info@everyonesbusiness.org.uk if you suspect any inaccuracy.

More than 1 in 10 women develop a mental illness during pregnancy or within the first year after having a baby.

www.maternalmentalhealthalliance.org/campaign



Eitem 4.2

CYPE(5)-07-20 – Papur i'w nodi 2

Annwyl Weinidog

Ysgrifennwn i fynegi ein pryderon dyfnaf ynghylch yr adolygiad cyllido ysgolion, sy'n cael ei gynnal gan Luke Sibieta. Croesawodd yr Undebau Llafur yr adolygiad pan wnaethoch y cyhoeddiad ym mis Hydref 2019 gan ein bod wedi lobio ers blynyddoedd am adolygiad ar raddfa gyfan o gyllido ysgolion.

Daeth y cyhoeddiad yn dilyn cyhoeddi adroddiad y Pwyllgor Plant, Pobl Ifanc ac Addysg (CYPEC) ar gyllido ysgolion a wnaeth gyfres o argymhellion i Lywodraeth Cymru ar ba fesurau y dylid eu cymryd i weithio tuag at system gyllido deg i ysgolion. Roedd y rhain yn cynnwys argymhelliad y dylai "Llywodraeth Cymru gomisiynu adolygiad ar frys o faint o gyllid sy'n ofynnol i gyllido ysgolion yn ddigonol" ac y dylai'r adolygiad "ystyried, fel ei sail, beth yw isafswm cost rhedeg ysgol ac addysgu plentyn yng Nghymru".

Ers y cyhoeddiad mae gennyn rai pryderon ynghylch cylch gwaith yr adolygiad, ond rhoddwyd sicrwydd inni gan y datganiadau yr ydych chi wedi'u gwneud:

"Bydd Luke Sibieta yn bwrw ymlaen â dadansoddiad o sut mae cyfanswm gwariant, a gwariant ar wahanol gategoriâu o fewnbynnau, yn amrywio ar draws ysgolion mewn amgylchiadau penodol yng Nghymru.

"Bydd hyn yn cynnwys, ond heb fod yn gyfyngedig i, sut mae gwariant yn amrywio yn ôl lefelau amddifadedd, natur wledig a thwf mewn addysg cyfrwng Cymraeg. Byddai'r dadansoddiad empirig hwn yn cyfrif am y gwahaniaethau mewn lefelau a dulliau gwariant canolog ar draws awdurdodau lleol a bydd yn helpu i ddarparu ar gyfer gwneud penderfyniadau gwybodus ar lefelau cyllido ar gyfer ysgolion a disgyblion mewn gwahanol amgylchiadau ledled y wlad.

(6 Rhagfyr 2019)

"Yn ôl dadansoddiad IFS, mae gwariant fesul disgybl yng Nghymru ychydig yn is na £6,000 ar gyfartaledd. Fodd bynnag, mae hyn yn amrywio'n sylweddol rhwng awdurdodau lleol, gan adlewyrchu gwahaniaethau mewn amddifadedd a theneurwydd poblogaeth, yn ogystal â dewisiadau a wneir gan awdurdodau lleol yn unol â'u cyfrifoldeb am bennu cyllidebau ysgolion.

"Er bod ysgolion yn amrywio'n sylweddol o ran y ffactorau sy'n dylanwadu ar eu costau, gan ei gwneud hi'n anodd nodi "isafswm cost", bydd y gwaith hwn yn darparu dadansoddiad hanfodol i'r llywodraeth, awdurdodau lleol, ysgolion a phawb sydd â diddordeb mewn sicrhau'r buddsoddiad cywir mewn addysg Gymraeg. "

(24 Hydref 2019)

Wrth gyhoeddi'r dadansoddiad, fe wnaethoch ychwanegu y bydd yr adolygiad yn "helpu i ddarparu ar gyfer gwneud penderfyniadau gwybodus ar lefelau cyllido i ysgolion a disgyblion o dan wahanol amgylchiadau ledled y wlad."

Ddydd Mawrth (14 Ionawr, 2020) rhoddodd Luke Sibieta gyflwyniad ar ei adolygiad yn Grŵp Partneriaeth Undebau Llywodraeth Cymru. Hwn oedd y tro cyntaf i unrhyw un o'r Undebau Llafur gwrdd â Mr. Sibieta.

Yn eich datganiad yn amlinellu cwmpas yr adolygiad pwysig hwn, dywedasoch: "Byddwn yn gwahodd llunwyr polisi o fewn Llywodraeth Cymru a rhanddeiliaid allanol (awdurdodau lleol ac undebau). Nod y cyfarfod hwn fydd sefydlu disgwyliadau clir o'r hyn a gwmpesir yn y gwaith ac addasu cwmpas y gwaith os yw hyn yn debygol o fod yn ddefnyddiol/ymarferol. " Cynhaliwyd y cyfarfod hwn ym mis Rhagfyr heb gynrychiolaeth gan unrhyw undeb llafur. Mae hyn yn ei iawn ei hun yn siomedig iawn. Pe bai undebau wedi cael cyfle i gymryd rhan yn y 'cyfarfod prosiect cychwynnol', mae'n debyg na fyddem mewn sefyllfa i gwestiynu rhagosodiad yr adroddiad.

Ar ôl cwestiynu'r diffyg ymgynghori, fe'n hysbyswyd ymhellach y byddem yn cael ein gwahodd i roi tystiolaeth i Mr Sibieta cyn diwedd mis Ionawr. Gyda phythefnos ar ôl yn y mis, ac ymrwymadau dyddiadur trwm mae hyn yn ymddangos yn annhebygol. Fodd bynnag, ni fyddai'r cynnig hwnnw hyd yn oed wedi'i wneud pe na bai Mr Sibieta wedi cael ei holi ac roedd yn ymddangos ei fod yn gwbl anymwybodol y byddai angen iddo gwrdd â'r undebau eto, fel petai ei bresenoldeb a'i gyflwyniad yn y cyfarfod hwn yn gyfystyr â rhyw fath o ymgynghoriad.

Mae adroddiad o'r fath mewn perygl o ddweud wrthym yr hyn yr ydym eisoes yn ei wybod yn barod, nad oes digon o arian yn y system i ddiwallu angen; mae adroddiad CYPEC yn dogfennu hynny'n glir iawn. Roeddem wedi gobeithio y byddai cylch gwaith yr adolygiad o leiaf yn tynnu ar ddealltwriaeth o'r hyn y mae'n ei gostio i addysgu dysgwyr – a chan hynny symud y drafodaeth ymlaen o'r gwaith sydd

eisoes yn cael ei wneud gan CYPEC. Yn lle hynny, mae'n ymddangos bod yr adolygiad hwn yn anelu at gyflawni ychydig mwy na disgrifio sut mae ysgolion yn defnyddio'r cyllid prin a ddyrennir iddynt ar hyn o bryd. Mae ysgolion mewn argyfwng cyllido: mae darganfod sut mae ysgolion yn gwario'r ychydig a gânt, yn llai na defnyddiol. Roeddem wedi deall o adroddiad CYPEC a'ch cyhoeddiad, y byddai'r adroddiad yn cwmpasu llif a digonedd.

Os yw ein casgliadau yn dilyn cyflwyniad Mr Sibieta yn gywir, yna bydd yr adroddiad yn siomi nid yn unig ein haelodau ond y CYPEC y mae'n ymddangos bod eu hargymhellion yn cael eu hanwybyddu. Gofynnwyd dro ar ôl tro i Mr Sibieta a fyddai'n darparu ffigur sylfaenol ar gyfer addysgu plentyn: ni chawsom unrhyw ymateb boddhaol i hyn.

Byddem yn gofyn i'r cyfarfod rhanddeiliaid amlinellu disgwyliadau a chwmpas yr adroddiad, gael ei adfer gyda swyddogion undebau llafur, cyn i'r adolygiad hwn fynd ymhellach. Gan y dylai hyn fod wedi digwydd ym mis Rhagfyr ac ystyriaeth wedi'i rhoi i'n barn, nid ydym yn rhagweld y dylai hyn oedi gwaith Mr Sibieta ar y mater hanfodol hwn. Yn wir, bydd yn gwneud ei adroddiad yn fwy "defnyddiol/ymarferol" fel y dywedoch oedd eich bwriad.

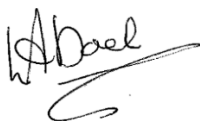
Rydym yn awyddus i gefnogi adolygiad o gyllido ysgolion gan ein bod yn credu'n gryf mai dyma'r unig ffordd i daflu goleuni ar y setliadau cyllido enbyd mewn ysgolion a dechrau darparu cynllun strategol ar gyfer gwrthdroi'r argyfwng cyllido yr ydym ynndo. Fodd bynnag, ni allwn gefnogi adroddiad a fydd yn tynnu sylw at y sefyllfa bresennol yn unig ac yn dweud wrthym yr hyn yr ydym eisoes yn ei wybod. Rydym yn eich annog i weithredu yn awr i fynd i'r afael â'n pryderon. Bydd copi o'r llythyr hwn yn cael ei anfon hefyd at Mr Sibieta a Chadeirydd CYPEC.

Edrychwn ymlaen at eich ymateb brys.

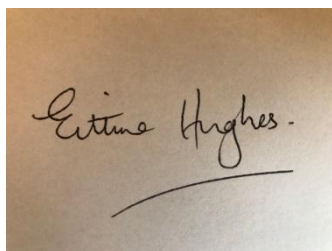
Yr eiddoch yn gywir



Ruth Davies, President, **NAHT Cymru**



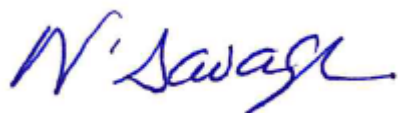
Laura Doel, Organiser, **NAHT Cymru**

A photograph of a handwritten signature in black ink on a light-colored background. The signature reads "Eithne Hughes" and is underlined.

Eithne Hughes, Director of **ASCL Cymru**

A handwritten signature in black ink that reads "Deborah Lawson".

Deborah Lawson, General Secretary, **Voice**

A handwritten signature in blue ink that reads "Nicola Savage".

Nicola Savage, Regional Organiser, **GMB**

A handwritten signature in black ink that reads "D. Roberts-Young".

Dilwyn Roberts-Young, Ysgrifennydd Cyffredinol/General Secretary,
UCAC

A handwritten signature in black ink that reads "David Evans".

David Evans, Wales Secretary, **NEU Cymru**

A handwritten signature in black ink that reads "David Gunter".

David Gunter, Regional Officer, **Unite the Union**

Rosie Lewis, Regional Organiser, **UNISON Cymru**



CYPE(5)-07-20 - Papur i'w nodi 3



Lynne Neagle AM
Chair of Children, Young People and
Education Committee

Wednesday 12 February 2020

Dear Lynne,

Subject: EHRC inquiry into the monitoring and analysis of the use of restraint of children in primary, secondary and special schools in England and Wales

I am writing to let you know that we will have launched an inquiry into the issue, to enclose the inquiry's terms of reference and to set out some of the background which I hope will be helpful to you.

Stakeholders have raised concerns about the use of restraint and the lack of data available of its use in schools, compared to other settings where there are requirements to record the use of restraint, such as in youth justice and mental health settings. Following these concerns, we have been discussing with members from the Education Directorate about plans to undertake work on how schools monitor the use of restraint and seclusion.

Our inquiry, which will be carried out under s.16 and schedule 2 of the Equality Act 2006 aims to understand the extent to which schools in England and Wales monitor and record the use of restraint and seclusion, and where they do, if and how they use this information to inform and improve their practices.

The inquiry is a tightly focussed inquiry, and will therefore not look at the prevalence of restraint and seclusion, nor how schools use restraint and seclusion.

We are aware our inquiry comes at a time when the Welsh Government is preparing a new framework to promote measures and practices that will lead to the reduction of restrictive practices in education, childcare, health and social care settings. Whilst recording and data collection is identified within the draft



framework as an essential element in any reduction plan, there is a lack of data about schools' use of restraint and how they learn from using these approaches. Monitoring and recording restraint can act as an important safeguard for both pupils and teachers alike. Our inquiry also seeks to understand what learning may be applied to schools from a range of settings where restraint and seclusion of children is routinely recorded and analysed and has led to changes in approaches. We hope this work may help inform Welsh Government's framework for reducing restrictive practices.

We have spoken to a range of stakeholders to inform our terms of reference for the inquiry, including Estyn and the Office for the Children's Commissioner for Wales. We are very grateful to Welsh Government officials for their valuable contributions to the development of our thinking on this work.

I would very much welcome the opportunity to discuss this work further with you in person. I appreciate the pressure on your diary and my office will be in contact with yours to see what might be possible.

Yours sincerely,

Rev Ruth Coombs

Bydd y Comisiwn yn croesawu gohebiaeth yn y Gymraeg a'r Saesneg.

The Commission welcomes correspondence in Welsh or English.

Ff/T: 029 2044 7710

E: correspondence@equalityhumanrights.com

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Tudalen y pecyn 94



Head of Wales

Wales | Cymru

Terms of Reference: Monitoring and Analysis of the use of Restraint in Schools.

Statutory inquiry under section 16 and schedule 2 of the Equality Act 2006 into the monitoring and analysis of the use of restraint on children in primary, secondary and special schools in England and Wales.

- i. To understand whether and how primary, secondary and special needs schools in England and Wales are collecting and using data on their use of restraint and restrictive interventions.
- ii. To understand what learning may be applied to schools from settings where restraint and restrictive interventions of children is routinely recorded, monitored and analysed and where data informed practice leads to changes in approaches.

Explanatory notes

‘Restraint’ is an act carried out with the purpose of restricting an individual’s movement, liberty and/or freedom to act independently. Restraint includes chemical, mechanical and physical forms of control, coercion and enforced isolation, which may also be called ‘restrictive interventions. For more information, please see the EHRC’s [Human rights framework for restraint: principles for the lawful use of physical, chemical, mechanical and coercive restrictive interventions](#)

Bydd y Comisiwn yn croesawu gohebiaeth yn y Gymraeg a'r Saesneg.

The Commission welcomes correspondence in Welsh or English.

Ff/T: 029 2044 7710

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equalityhumanrights.com

Comisiynydd
Plant Cymru
Children's
Commissioner
for Wales

To: Kirsty Williams
Minister for Education

Dear Minister,

Regulation of Independent Schools

Via email only

As noted in my public statement dated 3rd February 2020, I was pleased to note that the Council of Management had taken decisive action to dismiss the Principal of Ruthin School with immediate effect.

10 February 2020

I will continue to track progress at the School closely; the immediate focus now should be on ensuring the critical recommendations from Wales' inspectorates are acted on without delay; this includes the Council of Management reviewing its own effectiveness. I am aware that the Welsh Government and Estyn will be closely monitoring the implementation of the Action Plan by the Council of Management. I'd like to state my ongoing concern about the ability of the Council of Management to make and sustain the required changes in order to ensure that pupils are safeguarded and their well-being is promoted in a consistent and positive way, based on their involvement in such policies to date and the noted lack of scrutiny that has taken place.

As well as monitoring this particular school's actions, I would urge the Welsh Government to move without delay to ensure that the independent schools regulations are fit for purpose, to ensure every pupil, wherever they're educated in Wales, are safe. I believe that this particular case has brought into sharp focus the current lack of enforcement power in relation to these schools and the relative 'grey areas' between Government and arms-length bodies' powers in order to take actions where concerns are identified.

I've seen the responses to the three written questions tabled by Darren Millar AM from last week and note particularly in response to question WAQ79389 (e) "work has already commenced on updating the independent school regulations, ensuring they are strengthened and reflect current safeguarding guidance and practice" and that revised regulations will be "subject to a public consultation in due course".

My team and I have met with your officials (and others) in November 2019, December 2019 and January 2020 to discuss these policy issues, and I am now seeking written clarification from you as Minister that such consultation will commence in sufficient time to ensure that the subsequent amendments to



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Tudalen 96 o 96

Croesawn ohebiaeth yn y Gymraeg yn ogystal â'r Saesneg ac mewn amryw o fformatau
We welcome correspondence in the medium of Welsh and English as well as alternative formats

regulations will be tabled before the Senedd for approval well before the end of the term in May 2021.

Assembly Members from Labour, Plaid Cymru and the Welsh Conservatives have already been in contact with my office regarding these matters and have indicated their support for strengthening the regulatory position in respect of independent schools, particularly safeguarding.

I am aware that advice has also been requested from officials in relation to changes to require teaching staff at independent schools to register with the Education Workforce Council. I am also in support of this proposal and hope that the same can be brought forward along with the strengthened regulations as noted above. I understand that the legislative position is less clear in this regard and there may be a requirement for primary legislation to achieve this. If it is possible I'd strongly welcome both sets of changes to be brought forward together given the close alignment between the issues. However, should it be more difficult to achieve the professional registration changes, I would not wish to see the independent schools regulations delayed as well.

As ever my office and I will be active and willing to support officials in the development of any revised regulations and supporting guidance.

As you'll be aware the Education Workforce Council have been raising this issue for many years now, and the previous Minister for Education paused work on this issue at the end of the last Assembly term. Mindful of the length of time required to comply with relevant consultation procedures, I feel it is incumbent upon me to raise this once again in order to ensure time is not lost within this term.

I am encouraged that the statements you and your officials have made over the last couple of weeks signal a strong intention to act swiftly and that the regulations will be strengthened. I have for several months been monitoring this case and have made preliminary preparations to use my legal powers to commence a review or case examination to ensure that any safeguarding gaps are highlighted and remedied. I am hopeful that such a step will not now be necessary but I would appreciate a formal written response to confirm your policy intent and that changes will be implemented before the end of the Assembly term, as I am concerned about the relatively tight timescales that will be involved.

I will be meeting Director of Education, Steve Davies, on 19th February 2020, and will be discussing this alongside a wide range of education matters.

Yours sincerely,





Sally

Sally Holland
Comisiynydd Plant Cymru
Children's Commissioner for Wales

Cc. Meilyr Rowlands, Estyn
Gillian Baranski, CIW
Haydn Llewellyn, Education Workforce Council
Nicola Stubbins, Denbighshire Local Authority

CYPE(5)-07-20 - Papur i'w nodi 5

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

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



Llywodraeth Cymru
Welsh Government

18 Chwefror 2020

Lynne Neagle AC
Cadeirydd y Pwyllgor Plant, Pobl Ifanc ac
Addysg Cynulliad Cenedlaethol Cymru
Bae Caerdydd
CF99 1NA

Annwyl Lynne,

Yn dilyn fy llythyr dyddiedig 19 Rhagfyr, hoffwn roi'r wybodaeth ddiweddaraf ichi am y gwaith o ddatblygu darpariaeth cleifion mewnol ar gyfer mamau a babanod yng Nghymru. Yn y llythyr hwnnw, cadarnheais fod swyddogion yn rhoi blaenoriaeth i ddod o hyd i ateb dros dro er mwyn sicrhau bod rhyw lefel o ddarpariaeth ar gael yng Nghymru cyn gynted â phosib.

Amlygodd y gwaith hwn y posibilrwydd o ailwampio seilwaith nad yw'n cael ei ddefnyddio ar hyn o bryd ym Mwrdd Iechyd Prifysgol Bae Abertawe er mwyn datblygu Uned Mamau a Babanod pwrpasol ar safle Ysbyty Tonna. Mae safle Ysbyty Tonna wedi cael ei asesu gan yr Uned Genedlaethol ar Gomisiynu Cydweithredol yn erbyn y safonau ar gyfer Gwasanaethau Iechyd Meddwl Amenedigol ar gyfer cleifion mewnol (Canolfan Gwella Ansawdd Coleg Brenhinol y Seiciatryddion, Mawrth 2018). Barnwyd y byddai'r safle'n addas yn glinigol, naill ai dros dro neu yn barhaol.

Rwyf wedi gofyn i Bwyllgor Gwasanaethau Iechyd Arbenigol Cymru fwrw ati i sefydlu Uned Mamau a Babanod chwe gwely ar safle Ysbyty Tonna. Mae disgwyl i'r uned fod yn weithredol erbyn tymor y gwanwyn 2021. Mae'r amserlen hon yn llawer cyflymach nag amserlenni'r opsiynau eraill. Rwyf wedi cymeradwyo'r cyllid cyfalaf ar gyfer y gwaith hwn ac wedi neilltuo cyllid ychwanegol i ddatblygu capasiti a gallu'r gweithlu cyn i'r uned ddod yn weithredol.

Yn ogystal â'r hyn a drafodwyd uchod, rwyf wedi gofyn i Bwyllgor Gwasanaethau Iechyd Arbenigol Cymru gynnal gwerthusiad pellach o'r opsiynau er mwyn pennu model addas ar gyfer Uned Iechyd Meddwl Amenedigol parhaol ar gyfer mamau a babanod. Bydd y gwaith hwn yn pwysu a mesur ai defnyddio'r uned wedi'i ailwampio ar safle Ysbyty Tonna yn barhaol fydd yn sicrhau'r canlyniadau gorau i'r cleifion ynteu adeiladu Uned Mamau a Babanod newydd ar safle Castell-nedd Port Talbot.

Mae hwn yn gam pwysig yn y broses o sicrhau bod mamau yng Nghymru yn cael gofal o'r safon uchaf. Mae hefyd yn dangos ymrwymiad Llywodraeth Cymru i wella'r ddarpariaeth gofal iechyd meddwl amenedigol yng Nghymru.

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

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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.

Tudalen y pecyn 99

Yn gywir,

A handwritten signature in black ink that reads "Vaughan Gething". The signature is written in a cursive, flowing style.

Vaughan Gething AC / AM

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

Mae cyfyngiadau ar y ddogfen hon