

## 1. BACKGROUND

- 1.1 In 2009 there was consultation on specialised services for Wales, which recommended improvements on how the NHS in Wales planned and secured specialised services. Following this consultation, in 2010 the seven Local Health Boards in Wales established WHSSC to ensure that the population of Wales has fair and equitable access to the full range of specialised services. In establishing WHSSC to work on their behalf, the seven Local Health Boards recognised that the most efficient and effective way of planning these services was to work together to reduce duplication and ensure consistency.
- 1.2 Accordingly, WHSSC is a joint committee of each Local Health Board in Wales. It was established under the Welsh Health Specialised Services Committee (Wales) Directions 2009 (2009/35). The Joint Committee was a new arrangement and, brings Local Health Boards in Wales together to plan specialised services for the population of Wales. This is a fundamental change in the way these services are planned and has required the creation of new systems and processes to reflect these new arrangements. These have included completely new corporate and financial reporting arrangements. WHSSC is a “hosted body” and at the moment it is hosted by Cwm Taf University Health Board.
- 1.3 WHSSC plans, secures and monitors the quality of a range of specialised services. The specialised services include mental health services, which itself includes specialist perinatal beds.
- 1.4 In terms of budget, every year WHSSC receives money from the LHBs to pay for the specialised healthcare for everyone who lives in Wales and is entitled to NHS care. The Chief Executives of those health bodies are members of the Joint Committee who meet and decide how much of their annual budgets will be allocated to WHSSC. The Joint Committee is chaired by an Independent Chair who is appointed by the Cabinet

Secretary for Health, Wellbeing and Sport. The amount of money which is allocated is based on the previous year's budget and what demands were made during a particular year for a particular type of specialised service through an agreed Integrated Medium Term Plan (IMTP).

## **2. PERINATAL SERVICES**

### **2.1 Current Commissioning Arrangements**

2.1.1 There is currently no mother and baby unit provision in Wales following the closure of the service in Cardiff in 2013. The closure was due to a combination of staffing/resource issues and low demand. WHSSC therefore commissions and funds inpatient care at mother and baby units in out of area beds in England. All placements are funded on a cost per case basis from English providers designated to provide such services. Placements are subject to bed availability and clinical acceptance of patient referral. If a Welsh patient is placed in a mother and baby unit, that placement will be funded by WHSSC at an agreed daily bed rate until the patient is discharged. If a person with perinatal mental health issues requires an adult MH inpatient bed or community services, the individual health board responsible for that individual will commission and fund that type of care.

2.1.2 If a Health Board wishes WHSSC to commission a mother and baby placement, it will ask the responsible clinician to undertake an assessment on behalf of WHSSC and present it with a clinical opinion that indicates the type and level of service that is required. The responsible clinician will identify a suitable placement and confirm costs as part of completing an Individual Patient Funding Request (IPFR). WHSSC will confirm funding on receipt of the fully completed IPFR form.

### **2.2 National Picture**

2.2.1 NHS England has recently announced a committed to a phased, five-year transformation programme, backed by £365m in funding, to build capacity and capability in specialist perinatal mental health services. This will include plans to:

- Increase Mother and Baby Unit (MBU) provision including development of new MBUs in areas with significant access issues and increasing capacity in existing units, as needed.
- Strategic collaborative commissioning models including the development and implementation of new commissioning models so that inpatient MBUs serve the needs of large populations and are closely integrated with specialised community perinatal mental health teams.

2.2.3 The map on page 4 shows the number of mother and baby units across England & Scotland.

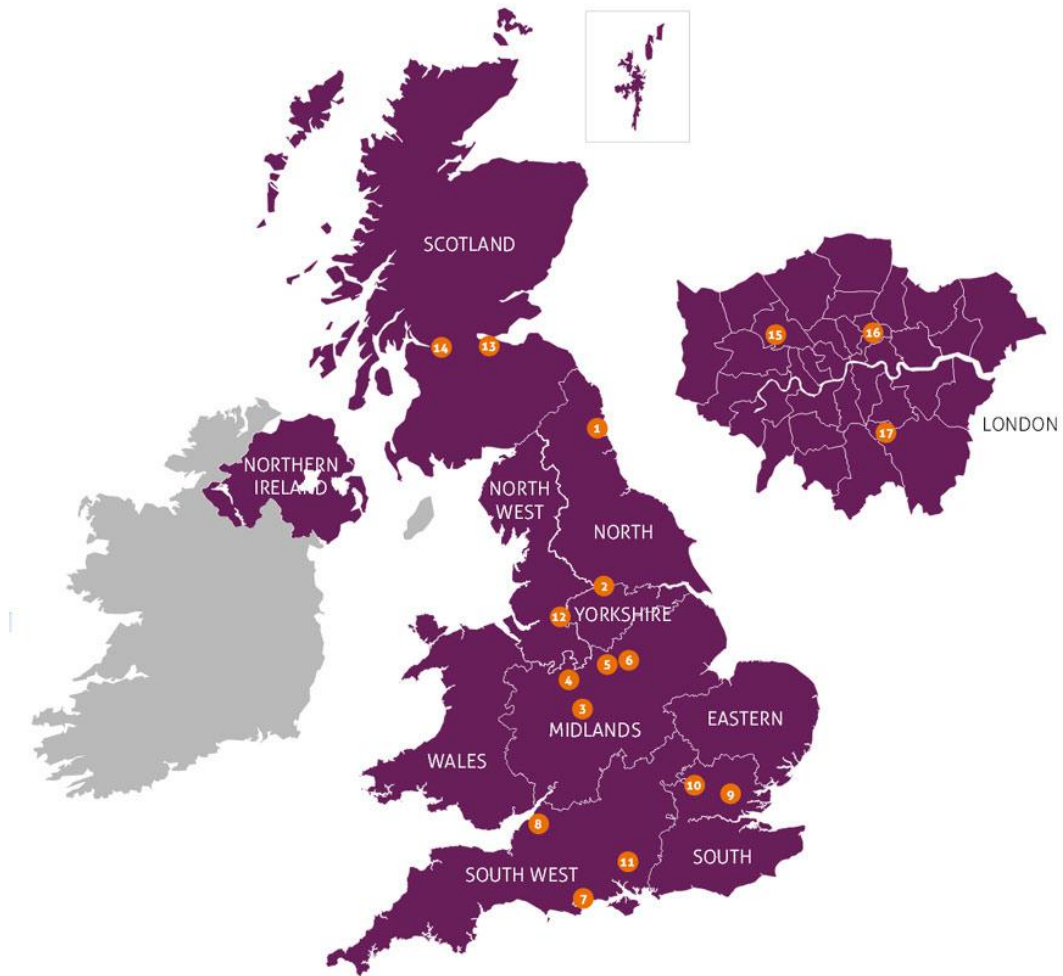
## 2.3 Number and Costs of Inpatient Placements

2.3.1 The number and costs of inpatient placements in mother and baby units commissioned by WHSSC for the last 3 years are shown in the table 1.

2.3.2 Please note that WHSSC will not provide specific details where the figure is for fewer than 5 patients. It is considered there is the potential for the individuals to be identified from the information provided when considered with other information that may also be in the public domain.

<b>Placements outside Wales</b>	<b>2014-15</b>	<b>2015-16</b>	<b>2016-17</b>
Number of funding requests for placements at mother and baby units	6	7	13
Number of inpatient placements at mother and baby units	Less than 5	Less than 5	6
Cost of inpatient placements at mother and baby units	£321,000	£150,000	£327,000

Table 1



2.3.3 The costs of placements range from £670/day to £850/day. What is unclear is the number of women accessing inpatient adult psychiatric services from their local Health Board or being treated in the community as an alternative to being referred to a specialist inpatient bed. This is despite the National Institute for Health and care Excellence (NICE) Clinical Guidance CG192 point 1.10 which states  
Women who need inpatient care for a mental health problem within 12 months of childbirth should normally be admitted to a specialist mother and baby unit, unless there are specific reasons for not doing so.

[2007]

- 2.3.4 This may be for a number of reasons one being patient choice due to the non availability of beds in Wales and the impact that has on the family as well as the current capacity issues described previously.
- 2.3.5 A piece of work is currently being undertaken by a Tier 4 Perinatal Mental Health Services task and finish group of the All Wales Perinatal Steering Group (AWPMHSG). This is chaired by the Director of Nursing at WHSSC.
- 2.3.6 A number of service visits have been undertaken to support the work and a multi-professional stakeholder workshop has developed a shortlist of models which will be presented to the All Wales Perinatal Steering Group (AWPMHSG) on the 25<sup>th</sup> May. A final report will be presented to the CAMHS /ED Network on the June 23<sup>rd</sup>, 2017 and the recommendations from the work will be considered in an update to the Joint Committee of WHSSC on the June 27<sup>th</sup>, 2017.
- 2.3.7 The following third sector organisations have been involved in the work:
- Action on Postpartum Psychosis (APP)  
Perinatal Mental Health (PMH) Cymru  
NSPCC
  - Mind Cymru is also a member of the AWPMHSG.