

Cynulliad Cenedlaethol Cymru | National Assembly for Wales

Y Pwyllgor Plant, Pobl Ifanc ac Addysg | Children, Young
People and Education Committee

Iechyd Meddwl Amenedigol - Gwaith dilynol | Perinatal Mental
Health - Follow-up

PMH(2) 03

Ymateb gan: Bwrdd Iechyd Addysgu Powys
Response from : Powys Teaching Health Board

**Comments regarding the update from the Cabinet Secretary for
Health and Social care on progress against the recommendations
from the CYPE Committee Perinatal Mental Health Report**

22.11.18

Thank you for the opportunity to comment on the update provided by the Cabinet Secretary for Health and Social care on the recommendations from the CYPE Committee's Perinatal Mental Health report.

The general view is that this a comprehensive response and progress is being made against the recommendations. Please find below some specific comments and evidence of how the recommendations are impacting on practice:

- We are aware that the Perinatal Mental Health Clinical Lead post has been appointed to and will welcome working with this role to ensure National quality standards, pathways, staff competencies and training are embedded firmly in practice.
- The publishing of the 'Guidance for the Delivery of Integrated Perinatal Mental Health Services in Wales', has also provided focus for Health Boards and we welcome reviewing the data that is collated, both on a local and National level.
- It is recognised that establishing a mother and baby unit in South Wales was a key recommendation within the report and we are pleased that some progress is being made, with two Health Boards expressing an interest in providing a unit. However, in Powys, due to the geography, it is accepted that there will need some flexibility with any model and it is positive to see that options for residents in Mid and North Wales are continuing to be considered. Therefore, we feel it is important to continue discussions with NHS England, in order to ensure a flexible model is achieved.

- On the rare occasion an English MBU placement is required local teams work closely with the commissioned placement out of area to support continuity, manage risk and coordinate discharge planning. It is challenging when there is significant distance between community teams and MBU's and there are cross border/nation strategic and clinical differences. An in reach/outreach model needs to reflect this, especially when admission numbers are low in rural communities. Also need to be aware that there is not a stand alone PNMH Community team and practitioners are based in rural mental health model of care, in this instance CMHT's. This will affect the training and collaborate working required. If the MBU is in England welsh speaking provision may be required
- It is pleasing to see that the mental health transformation fund monies have been approved and in Powys this will be used to bolster PNMH services through appointment of PNMH leads 0.5wte north and south and to support training for staff dealing with perinatal women. There is also a psychiatrist who provides the PNMH link in Powys.
- PTHB was successful in its application for the Transformation and Innovation Fund to improve access to psychological therapies. This will include the employment of 3 Band 5 Low Intensity psychology Therapists, CBT Therapist, blended cCBT in conjunction with our provided "Silvercloud", specialist training and upskilling of practitioners to deliver PNMH. This will ensure an enhanced and effective rural specialist response is available and improve waiting times in LPMHSS and psychology.
- It is pleasing that there is a National implementation working group consisting of education institutions and NHS Wales to develop nursing programmes and we look forward to see perinatal mental health firmly embedded in all nursing and midwifery curricula. With regard to training and competency, we can confirm that WG funding will be used locally to deliver training to staff working with pregnant women and new parents.
- Whilst there was a recommendation to ensure every Health Board has a specialist mental health midwife, it can be confirmed that Powys Teaching Health Board has a Consultant Midwife with responsibility for Perinatal Mental Health on a secondment basis for 6 months. It is pleasing to see that the need for specialist midwifery roles are being recognised.
- It can be confirmed that an Early Years/Health Visiting work stream has been established, although it is currently not clear how this work stream will support continuity of care

- The model of care in Powys Teaching Health Board is well integrated with the third sector but funding will need to be sustained as projects often have short term funding making them potentially unsustainable.
- In relation to Recommendation 21, Powys Teaching Health Board does not have a lead for maternity bereavement support but support on this level is obtained from neighbouring Health Boards and NHS Trusts