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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:**

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**Gofynnwch am / Ask for:** Dawn Sharp

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**Dyddiad / Date:** 20<sup>th</sup> 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

*Dawn Sharp*

**Dawn Sharp**  
**Acting Board Secretary**