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Bwrdd Iechyd Prifysgol
Bae Abertawe
Swansea Bay University
Health Board



Meeting Date	12 March 2020	Agenda Item	2.4i
Report Title	Perinatal Mental Health		
Report Author	Simon Davies, Assistant Director of Strategy (Capital), SBUHB; Janet Williams, Head of Operations, Mental Health & Learning Disabilities, SBUHB and; Amanda Davies, Service Improvement Manager, SBUHB		
Report Sponsor	Siân Harrop-Griffiths, Director of Strategy, SBUHB		
Presented by	Janet Williams, Interim Service Director, Mental Health & Learning Disabilities, Simon Davies, Assistant Director of Strategy (Capital), SBUHB		
Freedom of Information	Open		
Purpose of the Report	<p>On the 22nd January 2020, the Health Board received a letter from the Minister for Health & Social Services, Vaughan Gething stating he is committed to establishing a permanent Mother & Baby Unit in Wales at the earliest opportunity.</p> <p>Within his letter, the Minister voiced his concerns about the timescales for the proposed delivery of the Unit that was planned to be developed on the Neath and Port Talbot (NPT) Hospital site. Given the extended timeframe the Minister instructed the Health Board proceed with a previously discounted interim option at Tonna Hospital, and indicated that capital funding could be made available to ensure this would happen within the next financial year.</p> <p>On 30th January 2020, the Health Board received formal notification from Welsh Government (WG) of approval of £1.496m. We note, this funding allocation was awarded to the Health Board without our having submitted a formal business case or any other formal paper to WG.</p>		
Key Issues	<p>This paper sets out:</p> <ul style="list-style-type: none"> • How the costs have been determined • The approach taken for procurement • Proposed timescales for design and build • WG approved funding for solutions without formal business case 		

Specific Action Required <i>(please choose one only)</i>	Information	Discussion	Assurance	Approval
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Recommendations	Members are asked to: <ul style="list-style-type: none"> • Note the position in relation to establishing the Perinatal Mother & Baby Unit • Note funding received from WG without having submitted a formal business case • Note progress to design and tender to progress and complete the works within the timescales agreed 			

Perinatal Mental Health Mother & Baby Unit

1. INTRODUCTION

Swansea Bay UHB (and the former Abertawe Bro Morgannwg UHB) have been working closely with WHSSC to establish a Perinatal Mother & Baby Unit for the population of South Wales within the Swansea Bay area. There has been discussion for many months about whether an interim or permanent solution is the preferred way forward.

On the 22nd January 2020, the Health Board received a letter from the Minister for Health & Social Services, Vaughan Gething stating he is committed to establishing a permanent Mother & Baby Unit in Wales at the earliest opportunity. Within his letter, the Minister voiced his concerns about the timescales for the proposed delivery of the Unit that was planned to be developed on the Neath and Port Talbot (NPT) Hospital site as the permanent solution. Given the extended timeframe the Minister instructed the Health Board proceed with a previously discounted interim option at Tonna Hospital, and indicated that capital funding could be made available to ensure this would happen within the next financial year. On 30th January 2020, the Health Board received formal notification from Welsh Government (WG) of approval of £1.496m (inclusive of recoverable VAT).

As funding has been awarded without the Health Board having submitted a robust business case for scrutiny and approval, this paper seeks to give assurance to the Health Board's Audit Committee, that the procurement approach we are taking forward is robust and fully compliant with Financial Standing Orders.

2. BACKGROUND

The provision for a Mother & Baby Unit in Wales existed in Cardiff until November 2013 when it was closed due to an insufficient number of women using the service, as well as staffing and resources issues. As a result, 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 partners, other siblings and their local perinatal teams regarding continuity of care. Since its closure campaigners have made calls for a specialist mother and baby mental health unit to be reinstated in Wales

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 needed to be addressed by the WG as a matter of urgency.

Subsequently 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 then withdrew, leaving only Swansea Bay University Health Board to submit a proposal to develop the service.

Detailed work was 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.

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.

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 to develop a MBU at Tonna Hospital had been previously considered but ruled out earlier in the process due to deliverability and Value for Money). 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 WG and noted that the interim model would allow for an earlier opening.

The Health Board arranged a meeting in early January 2020 with WHSSC, the National Director for Mental Health Services (based in the NHS Wales Collaborative) and WG to seek to come to a conclusion on whether an interim or permanent solution should be the way forward. Based on the outcomes of this meeting, In January 2020, the WHSCC Joint Committee supported an interim 6 bed Mother & Baby Unit at Tonna Hospital. The Health Board undertook high level planning activities to determine the capital requirement for the interim unit, and WG subsequently confirmed the capital-funding requirement at the end of January.

The WHSSC Committee met and considered the proposals in January 2020, which outlined the timescales and costs involved. As noted above, the capital-funding requirement has recently been confirmed by WG and the Health Board will now urgently proceed with its plans.

3. KEY GOVERNANCE AND RISK ISSUES

The key governance and risk issues associated with this scheme are detailed below:

- **Management Risk** – Project Board and Project Team Governance and Terms of Reference / Membership are currently being established and the first meeting of the Project Board is being held on 12th March 2020.
- **Operational Risk** – Operational Leads are developing an Operational Policy and patient flow without a completed design.
- **Design Risk** – At this planning stage, the design is not yet fully developed or tendered. These activities post Ministerial approval are now being progressed to ensure we have a robust Project Cost and firm Programme in place in line with the conditions.
- **Planning Risk** – There is no planning risk associated with this development, which is to be developed within the existing Tonna Hospital footprint
- **Procurement Risk** – The works value is below £4 Million. The design will therefore be completed and procured under a Sell2Wales procurement route.
- **Scope Risk** – The current design has been agreed by operational leads / WHSSC and is a 6 bed interim solution, which will be sited at Tonna Hospital.

4. CAPITAL IMPLICATIONS & PROCUREMENT

The high-level capital costs were submitted to WG in a paper in November 2019. These costs are indicative (please see below):

Interim 6 x bedded unit at Tonna Hospital	£000's
Works Costs	920.75
Fees	150.2
Non Works Costs	15
Equipment Costs	130
Planning Contingency (10%)	92.07
Base Project Cost (exclusive of VAT)	1308.0
VAT	188
Base Project Cost (inclusive of VAT)	1496.0

The Health Board employed an Independent Cost Advisor (AECOM) to provide Departmental Cost Allowance Guides (DCAGs). We note there is no dedicated Health Building Note specifically relating to Perinatal Mother and Baby Units. A brief, sketch plan and Schedule of Accommodation were informed by benchmarking with UK similar projects and the above sketch plan and cost were signed-off by the end users. The community accommodation costs was based on recent tender costs received for Integrated Autism Service & Gelligrion CMHT to ensure parity with similar Health Board schemes, e.g. construction and specification for finishes, etc.

The above hi-level capital costs were shared with Senior Cost Advisors in NHS Shared Services Partnership Specialist Estates Services (SES) at early planning stage with no adverse comments or concerns as they were estimated cost.

The proposed plan is to complete the design and specification and procure through the NHS Shared Services Partnership via Sell2Wales.

The successful contractor will provide a programme as part of their tender submission to complete the work by the end of November 2020 or better that date.

INDICATIVE PROGRAMME

The indicative programme is below:

	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)	April 2020
Appoint constructor	August 2020
Commence works	August 2020
Complete works	November 2020
Commissioning	November/December 2020
Operational	January 2021

5. RECOMMENDATION

Members are asked to:

- **Note** the position in relation to establishing the Perinatal Mother & Baby Unit
- **Note** funding received from WG without having submitted a formal business case
- **Note** progress to design and tender to progress and complete the works within the timescales agreed

Governance and Assurance		
Link to Enabling Objectives (please choose)	Supporting better health and wellbeing by actively promoting and empowering people to live well in resilient communities	
	Partnerships for Improving Health and Wellbeing	<input checked="" type="checkbox"/>
	Co-Production and Health Literacy	<input type="checkbox"/>
	Digitally Enabled Health and Wellbeing	<input type="checkbox"/>
	Deliver better care through excellent health and care services achieving the outcomes that matter most to people	
	Best Value Outcomes and High Quality Care	<input checked="" type="checkbox"/>
	Partnerships for Care	<input checked="" type="checkbox"/>
	Excellent Staff	<input checked="" type="checkbox"/>
	Digitally Enabled Care	<input type="checkbox"/>
	Outstanding Research, Innovation, Education and Learning	<input checked="" type="checkbox"/>
Health and Care Standards		
(please choose)	Staying Healthy	<input checked="" type="checkbox"/>
	Safe Care	<input checked="" type="checkbox"/>
	Effective Care	<input checked="" type="checkbox"/>
	Dignified Care	<input type="checkbox"/>
	Timely Care	<input checked="" type="checkbox"/>
	Individual Care	<input type="checkbox"/>
	Staff and Resources	<input type="checkbox"/>
Quality, Safety and Patient Experience		
<p>This investment delivers a new model of care and the following benefits:</p> <ul style="list-style-type: none"> • 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 		
Financial Implications		
The affordability as per WG paper submitted November 2019		
Legal Implications (including equality and diversity assessment)		
<p>As with any service change, the Health Board with the CHC is about to undergo public engagement and consultation regarding Tonna. There will be public speculation and possible resistance about the closure of some of the Older Peoples Mental Health Services (OPMHS) beds at Tonna, and what that then means and the impact for the OPMHS beds in NPT Hospital? Assurances need given that mitigations to address these will be included in the new model of services developed.</p>		

The Health Board should consider the possibility of collocating all the OPMHS beds in one place, and having the perinatal unit at NPT.	
Staffing Implications	
As discussed in HB MBU paper submitted to WG November 2019.	
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)	
<p>The '5 Ways of Working' are demonstrated in the report as follows:</p> <p>We Plan for the Long Term & design our services to meet the needs of our the population we serve and our staff</p> <p>We are working to promote health and wellbeing for all – able to spot challenges earlier & take preventative action</p> <p>We realise that all things are interconnected so we plan and deliver care in an integrated way</p> <p>By taking an integrated approach, we realise the value of co-operating & collaborating with others</p> <p>This leads us to involve the people who use our services & the staff who deliver them.</p>	
Report History	Perinatal paper discussed at IBG in June 2019 Mother & Baby Unit paper for WG November 2019
Appendices	Appendix A – Options paper to provide a perinatal mother and baby unit (submitted to WG November 2019) Appendix B – Site Drawing

Appendix A

Options paper to provide a perinatal mother and baby unit (submitted to WG November 2019)



Mother Baby Paper
(Updated November

Proposed plan for 6 bedded MBU, Tonna Hospital as provided by Stride Treglown.



It is important to note that the results of this study are based on a cross-sectional design. Therefore, the causal relationship between the variables cannot be definitively established.

Swarthmore College Health Board

STRIDE TREGLOWN

Kloster & Gebel
SEPHIA Tonic Hospital Tonic Uchat,
Tunna,
Heath, SA11 3UX

Proposed SA Plan

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