

3. Perinatal mental health

2020/21 Objectives

By 2020/21, there will be increased access to specialist perinatal mental health support in all areas in England, in the community or in-patient mother and baby units, allowing at least an additional 30,000 women each year to receive evidence-based treatment, closer to home, when they need it.

The objective above is clear that by 2020/21, specialist perinatal mental health services must be available to meet the needs of women in all areas. This will require closing the gap in the large majority (85%) of localities which are estimated to either have a service that does not meet NICE guidelines, or have no existing service at all. This also includes procurement of additional mother and baby units to increase capacity in areas with particular access issues and review of capacity in existing units, which will be undertaken by NHS England specialised commissioning. The 'perinatal' period is defined as the time from conception until 12 months after the birth of the child.

Delivery of this objective will require the development and integration of both specialist

community teams and in-patient mother and baby units, which will work across a defined geography. It will also require that localities maintain existing investment in services in order to deliver the foundations for expansion in access. In 2016/17, local partners should review current provision in line with guidelines and begin to plan for necessary improvements. STPs provide a robust footprint for planning the types of specialist services required.

The table below outlines an indicative trajectory towards the 2020/21 objective. This shows the total number of additional women to be treated each year at a national level, above the baseline.

Objective	2016/17	2017/18	2018/19	2019/20	2020/21
To support at least 30,000 additional women each year to access evidence-based specialist perinatal mental health treatment.	500	2,000	8,000	20,000	30,000

Delivering the objective: Workforce requirements

A highly skilled, confident workforce, with the right capacity and skill mix, is essential to enable the delivery of evidence-based care. Multi-disciplinary teams are vital for perinatal mental health, and must be able to offer psychological and therapeutic support and interventions, nursing capacity, and psychiatry and medication, as well as input from allied health professionals such as occupational therapists, nursery nurses and a relationship with social care. All of this needs to be in the context of understanding the particular challenges and opportunities that occur at this time in a woman's life and the impact of this on her mental and physical health. The relationships with other key groups, including maternity, obstetrics, health visiting and wider mental health services are also vital both for referrals and providing advice and guidance.

To build perinatal mental health capability, Health Education England is leading work to develop a competence framework describing the skills needed in the workforce, for completion by October 2017. This framework will set out the competences in relation to three levels across ten domains, covering generic knowledge and understanding required by all staff, more advanced knowledge required in certain situations, and specialist skills and understanding.

Delivering this objective will also require a significant expansion in workforce capacity, both for in-patient mother and baby units and in perinatal mental health community teams. These requirements will vary significantly across England depending on the starting position for local services. By 2020/21, all teams should be sufficiently staffed to meet the recommended levels.

Staff numbersⁱⁱⁱ for a community team with area coverage of 10,000-15,000 births, which will in effect care for 300-500 women, might typically be: 23.5 WTE (including consultant psychiatrist and medical staff, nurses, psychologists, occupational therapists, nursery nurses, social worker, operational managers and administrators).

Staff numbers for an eight-bedded mother and baby unit serving a similar population might be: 33.4 WTE (including consultant psychiatrist, nurses, psychologists, occupational therapists, nursery nurses, operational managers, administrators and housekeepers).

Delivering the objective: Investment and savings

Total additional funding to support delivery of this objective is £365 million over the period. This funding increases each year, reaching £140 million in 2020/21, to meet the needs of all

women who need a specialist perinatal mental health service.

Funding type	2016/17 £m	2017/18 £m	2018/19 £m	2019/20 £m	2020/21 £m
CCG baseline allocations					
Specialist perinatal mental health				73.5	98.0
STF monies for allocation (indicative)					
Perinatal community development fund	5.0	15.0	40.0		
Additional CCG funding to be allocated				11.5	22.0
National programmes (indicative)					
Mother and baby unit development	4.5	10.0	15.0	15.0	15.0
Workforce development	3.0	2.5	2.5	2.5	2.5
Regional perinatal MH networks	1.5	1.5	1.5	1.5	1.5
Other programmes	1.0	1.0	1.0	1.0	1.0

Key

Local Funding
National Funding

Costs have been modelled based on research into the gap between current specialist perinatal mental health provision in England and that required to meet NICE guidelines in all areas^{iv}. Funding in the final year (2020/21) is equivalent to the cost estimated to close the gap in full. The profile of funding over the period increases in order to allow for the development of new and improved services, including workforce requirements, in a phased manner.

Additional revenue funding set out in the table above will be supported by £15 million of capital investment across 2017/18 and 2018/19 to support procurement of new mother and baby units.

A perinatal community development fund is proposed to be set up during 2016/17 to invite bids from localities (including STP footprints) to begin to develop specialist teams and to improve quality, with a particular focus on areas of under-capacity. Bids will be invited in the autumn for investment over up to three years as the size of the fund grows. From 2019/20, this will be mainstreamed into CCG allocations.

Savings realised from investment in perinatal mental health services are assumed to fall outside of the five-year period, and hence have not been included.

Delivering the objective: Data, payment and other system levers

At present, there are limited published national measures on perinatal mental health. During 2016/17 we will publish available data and complete a bespoke collection to support transparency, and we will develop a plan for

improving data over the coming years in order to better demonstrate improvements to access and outcomes for women. Indicative metrics to monitor achievement of this objective at CCG/STP level include:

Metric	Source	Availability
Number of women receiving specialist perinatal care in a community team (annual figure)	MHSDS	2016/17
CCG spend on specialist perinatal community services	NHSE finance tracker	From Q2 2016/17
Collection and recording of routine outcomes measures for perinatal MH	MHSDS	In development
Referral to treatment waiting times for access to evidence-based care	MHSDS	In development

We will continue to review the current payment model so that it supports an outcome-based approach, as well as seeking opportunities to embed mental health in other payment systems, such as for maternity.