

Cheshire and Mersey Perinatal Mental Health Scoping Report

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Abbreviations

CAMHS – Child and Adolescent Mental Health Service

CCG – Clinical Commissioning Group

CCQI – College Centre for Quality Improvement

CMHT – Community Mental Health Team

FNP – Family Nurse Partnership

IAPT – Improving Access to Psychological Therapies

LA – Local Authority

MBU – Mother and Baby Unit

MMHA – Maternal Mental Health Alliance

NICE – National Institute of Health and Care Excellence

PIMHS – Parent-Infant Mental Health Service

RCGP – Royal College of General Practitioners

RCOG – Royal College of Obstetricians and Gynaecologists

RCPsych – Royal College of Psychiatrists

Executive Summary

This scoping report was commissioned by the Cheshire and Merseyside Strategic Clinical Network to gather information from local clinical commissioning groups and service providers on the current perinatal mental health care provision across Cheshire and Merseyside.

According to the contributors to this report, perinatal mental health services are under-developed and in some areas virtually absent. Gaps are reported against current national guidance and quality standards.

Recommendations for improvement have been highlighted in the context of current national policy, the then Government's 2015 budget announcement for perinatal mental health of £75million over five years and recent CAMHS Transformational plans.

Key Recommendations

1. Given the estimated epidemiology, the SCN should continue to present claims to NHS England for an MBU to be established within Cheshire and Merseyside with consideration for a collaboration with North Wales who are also without an MBU.
2. The SCN should facilitate collaboration between local CCGs to jointly commission much needed Specialist Perinatal CMHTs that are concordant with national service standards to meet the needs of the Cheshire and Merseyside population.
3. Parent-Infant Mental Health Services (PIMHS) are an addition to, not a substitute for, specialist perinatal CMHTs for women with serious or complex mental illness and parenting difficulties in the post-natal period. All local CCGs should commission a PIMHS from their local CAMHS provider or qualified Perinatal Clinical Psychology service.
4. Local CCGs should ensure that their Maternity services are meeting the mental health needs of women in a safe and effective manner in line with national guidance, including:
 - appointment of a Specialist Mental Health Midwife that links with a Specialist Perinatal CMHT, GPs and IAPT services
 - additional training for all Midwives and Obstetricians to detect at-risk women during pregnancy and to enquire about women's current mental health
 - the Specialist Mental Health Midwife providing Tier 2 psychological interventions receives clinical supervision from a Perinatal Clinical Psychologist.
5. Local Authorities should ensure that their Health Visitor service provider are meeting the mental health needs of women and their infants in line with national guidance, including:
 - appointment of a Specialist Health Visitor for Perinatal and Infant Mental Health that links with a Specialist Perinatal CMHT, GPs and IAPT services
 - all Health Visitors receive additional training in the detection of perinatal mental health problems and parenting difficulties

- all Health Visitors receive additional training in who to refer to and to which service using the Cheshire and Merseyside Perinatal Mental Health pathway
 - those trained in specialist skills to undertake psychological interventions have clinical supervision from an appropriately trained person.
6. Local CCGs and Local Authorities should ensure the Health and Social Care, and Voluntary Organisations they commission undertake annual mandatory training relevant to their role in perinatal mental health to ensure proper implementation of relevant national guidance and the Cheshire and Merseyside Perinatal Mental Health Pathway.
 7. Local CCGs should ensure that data is routinely collected by Adult Mental Health services, CAMHS and IAPT providers on whether female patients of reproductive age are pregnant or in the year following childbirth.
 8. Local CCGs should ensure that the Mental Health Providers they commission can provide data on how many women and babies are being cared for in inappropriate inpatient settings or community services.
 9. Local CCGs and Local Authorities should publish a range of clinical, patient experience and economic data to provide transparency about perinatal mental health spending and performance in their Annual Report and Accounts. Patient experience and clinical indicators from the SCN Maternity and the National Five Year Forward View for Mental Health Dashboards are recommended.
 10. CCGs, Local Authorities and the Voluntary Sector should ensure that there is adequate social support available in the local area for every family affected by perinatal mental illness and social isolation.

1. Introduction

Perinatal mental health is a key Government priority¹. **By 2020/21, NHS England should support at least 30,000 more women each year to access evidence-based specialist mental health care during the perinatal period.** This should include access to psychological therapies and the right range of specialist community or inpatient care so that comprehensive, high-quality services are in place across England.

Perinatal mental health services are concerned with the prevention, detection and management of maternal mental health problems that complicate pregnancy and the postpartum year.

Poorly managed, perinatal mental health problems can have serious consequences for the mother, her infant and other family members².

Perinatal mental health problems affect at least 1 in 5 women, with 3-4% of women experiencing a serious psychiatric disorder, the single greatest indirect cause for UK maternal deaths in the perinatal period³.

Examples of these illnesses include antenatal and postnatal depression, anxiety disorders, obsessive compulsive disorder, post-traumatic stress disorder and postpartum psychosis.

Perinatal mental health problems have also been shown to compromise the healthy emotional, cognitive and even physical development of the child with serious long-term consequences⁴. Fathers and partner's mental health can also be affected.

Growing awareness and understanding of the implications of pre-existing and new onset maternal mental illness in the perinatal period has prompted pressing demands for improved perinatal mental health services as reflected in numerous policy documents, clinical guidelines and a major economic report.

At a conservative estimate, the cost of perinatal mental health problems in the UK is £8.1 billion per year, the equivalent of £10,000 for every single birth with the majority of the cost being due to adverse impacts on the child. The estimated cost of extra provision to bring perinatal mental health care up to the level and standard recommended in national guidance is equivalent to about £400 per average birth⁵.

The National Institute for Health and Care Excellence (NICE) and the Joint Commissioning Panel for Mental Health (JCPMH) have provided advice on how to put evidence-based guidance into practice.

In 2015 the Cheshire and Merseyside Perinatal Mental Health Working Group developed a Perinatal Mental Health pathway (Appendix 1) concordant with national guidelines. This pathway is now promoted across the patch as good-practice.

As this scoping report highlights however there are still large gaps in local services, particularly specialist services and training of universal staff, to support the safe and equitable implementation of the pathway for all women and their families.

¹ Mental Health Taskforce Report: Five Year Forward View for Mental Health, NHS England, 2016

² CG195 - Antenatal and postnatal mental health: Clinical management and service guidance, NICE 2014

³ Saving Lives, Improving Mothers Care: Lessons learned to inform future Maternity care, MBRRACE-UK 2014

⁴ Guidance for Commissioners of Perinatal Mental Health Services, JCPMH 2012

⁵ The Costs of Perinatal Mental Health Problems, Bauer et al., 2014

2. Methodology

In 2015 the Cheshire and Merseyside SCN commissioned the author of this report to:

- Examine national drivers from government policy, clinical guidelines and quality standards for perinatal mental health
- Analyse available epidemiology
- Scope existing and planned services through consultation with, and audit of, local service providers, clinical commissioning groups, researchers and expert patients
- Identify service gaps and training needs
- Present a scoping report to the Maternity and Young People's Steering Group by March 2016.

3. National Drivers

The national campaign for improving perinatal mental health care is captured in the Everyone's Business Campaign, <http://www.everyonesbusiness.org.uk>. This campaign calls for all women throughout the UK who experience perinatal mental health problems to receive the care they and their families need, wherever and whenever they need it.

The policies, publications and guidelines in Figure 1 make consistent recommendations about aspects of care that a pregnant and postpartum woman and their partners should receive and the provision of specialised care for perinatal psychiatric disorder should it be necessary.

Personalised care and the development of mother-infant attachment are considered central to service provision within high quality perinatal mental health services.

Figure 1:

- NICE CG192 Antenatal and postnatal mental health 2014
- NICE CG132 Caesarean Section 2012
- Five Year Forward View for Mental Health, Taskforce Report 2016
- NHS England: National Maternity Review Report 2016
- JCPMH Guidance for Commissioning Perinatal Mental Health Services 2012
- NSPCC: Prevention in Mind–All Babies Count 2013
- 1001 Critical Days: Cross Party Manifesto 2015
- Royal College of Psychiatrists: Perinatal Mental Health CR197 2015
- The British Psychological Society Briefing Paper for NHS Commissioners No 8. Perinatal service provision: The role of Perinatal Clinical Psychology 2016
- Royal College of Psychiatrists: Service Standards 2nd Ed. Perinatal Community Mental Health Services 2014
- Royal College of Midwives. Maternal Emotional Wellbeing and Infant Development: A Good Practice Guide for Midwives 2009.
- Royal College of Obstetricians and Gynaecologists: Management of women with mental health issues during Pregnancy and the post-natal period 2011
- IAPT Perinatal Positive Practice Guide 2013

4. Epidemiology

Table 1 – Live births in 2014 by Local Authority for Cheshire and Mersey

Local Authority	Live Births
West Cheshire	3,480
East Cheshire	3,718
Halton	1,542
Warrington	2,318
St Helens	1,950
Knowsley	1,872
Wirral	3,518
Liverpool	5,801
Sefton	2,749

Ref: Births in England Wales 2014 – Office of National Statistics

Table 2 - Rates of perinatal psychiatric disorder per 1000 births.

Disorder	Frequency
Postpartum psychosis	2
Chronic serious mental illness	2
Severe depressive illness	30
Post-traumatic stress disorder	30
Mild to moderate depressive illness and anxiety states	100–150 (125)
Adjustment disorders and distress	150–300 (225)

Taken from the Guidance for Commissioners of Perinatal Mental Health Services, JCPMH 2012

Table 3 – Estimated perinatal mental health numbers per Local Authority

Local Authority	Births 2014	Postpartum psychosis	Chronic serious mental	Severe depressive illness	Post-traumatic stress	Mild to Moderate depression	Adjustment disorder and distress	Total per annum
Warrington	2,318	5	5	70	70	290	522	962
Wirral	3,518	7	7	106	106	440	792	1,458
West Cheshire	3,480	7	7	106	106	435	783	1,444
East Cheshire	3,718	7	7	106	106	465	837	1,528
St Helens	1,950	2	2	59	59	244	439	805
Halton	1,542	2	2	46	46	193	347	636
Knowsley	1,872	2	2	56	56	234	421	771
Liverpool	5,801	12	12	174	174	725	1,305	2,402
Sefton	2,749	6	6	82	82	344	619	1,139

Estimates above are based on application of prevalence rates in JCPMH 2012 to local birth rate.

5. Service organisation

An examination of the NICE Guidance⁶ and Quality Standards⁷, Royal College of Psychiatrists Quality Standards⁸ and key publications produced by the NSPCC⁹, Royal College of Psychiatrists¹⁰, British Psychological Society¹¹, IAPT¹² and the Royal College of Midwives¹³ suggests that a good quality perinatal mental health pathway should be managed by a Clinical Network and provide all women with access to the following services based on their level of need:

Managed by a Clinical Network consisting of a coordinating board of healthcare professionals, commissioners, service managers and expert patients (6).	Need	Service	Commissioner
	Tier 4	Specialised in-patient Mother and Baby Unit.	NHS Commissioning Board
	Tier 3	Specialised Community Perinatal Mental Health Team.	Local Clinical Commissioning Group
	Tier 3	Parent-Infant Mental Health Service.	Local Clinical Commissioning Group
	Tier 3	Clinical Perinatal Psychology service linked to Maternity Service.	Local Clinical Commissioning Group
	Tier 3	Adult Mental Health and CAMHS with additional training in perinatal mental health.	Local Clinical Commissioning Group
	Tier 2	Specialist skills and capacity within Maternity services.	Local Clinical Commissioning Group
	Tier 2	IAPT service with additional training in perinatal mental health.	Local Clinical Commissioning Group
	Tier 2	Specialist skills and capacity within Health Visiting service.	Local Authority
	Tier 2	Specialist skills and capacity within the Voluntary Sector.	Local Clinical Commissioning Group / Local Authority
	Tier 1	General Practitioners and Extended Primary Care teams with additional training in perinatal mental health.	Local Clinical Commissioning Group
Tier 1	Self-help and Social Support capacity within the local community.	Local Clinical Commissioning Group Local Authority	

⁶ CG195 - Antenatal and postnatal mental health: Clinical management and service guidance, NICE 2014

⁷ NICE Quality Standard 37 – Postnatal Care 2013

⁸ Royal College of Psychiatrists: Service Standards 2nd Ed. Perinatal Community Mental Health Services 2014

⁹ NSPCC: Prevention in Mind–All Babies Count 2013

¹⁰ Royal College of Psychiatrists: Perinatal Mental Health Services CR197, 2015

¹¹ British Psychological Society: Briefing Paper Number 8: Perinatal Service Provision: The Role of Perinatal Clinical Psychology - Guidance for Commissioners 2016

¹² IAPT: Perinatal Positive Practice Guide 2009

¹³ Specialist Mental Health Midwives: What they do and why they matter. The Royal College of Midwives (2013).

6. Good Perinatal Mental Health Services

Good perinatal mental health services will use an integrated care pathway of specialist and universal services drawn up and agreed by all stakeholders to ensure the timely access for women and their families to the most appropriate treatment and service for their condition.

6.1 Tier 4 – High Specialised In-Patient Units

6.1.1 Mother and Baby Units (MBU)

All women requiring admission to a mental health unit in late pregnancy or after delivery should be admitted with their infant to a specialised mother and baby unit, unless there are compelling reasons not to do so.

A good MBU is accredited by the Royal College of Psychiatrists' CCQI and meets their standards¹⁴. It should:

- provide care for seriously mentally ill women or those with complex needs who cannot be managed in the community in late pregnancy and postpartum months
- provide expert psychiatric care for seriously ill women while at the same time admitting their infants, avoiding unnecessary separation of mother and infant
- be closely integrated with specialised community mental health teams to promote early discharge and seamless continuity of care.

6.2 Tier 3 – Specialist Community Services for Complex Needs

6.2.1 Specialist Perinatal Community Mental Health Teams (CMHTs)

A good specialised perinatal CMHT will be a member of the CCQI Quality Network for Perinatal Mental Health Services. It will assess and manage women with serious mental illness or complex disorders in the community who cannot be appropriately treated by primary care services. The team will:

- have close working links with a designated mother and baby unit
- provide a liaison service to the local maternity unit(s)
- manage women discharged from in-patient mother and baby units
- work collaboratively with colleagues in maternity services and health visiting and in adult mental health services with women with prior or long-standing mental health problems and case manage them if it is in the woman's best interests
- offer pre-conception counselling to women who are well but at high risk of a postpartum condition and those with pre-existing mental health problems.

The Royal College of Psychiatrists¹⁵ recommend every Mental Health Trust should establish a Specialist Perinatal CMHT and make the following specialist staffing resource requirements for every 10,000 deliveries:

¹⁴ Royal College of Psychiatrists: Service Standards 2nd Ed. Perinatal Community Mental Health Services 2014

Specialist	Resource
Consultant Perinatal Psychiatrist	1 WTE
Trainee Psychiatrist	1 WTE
Clinical Psychologist	1 WTE
Community Psychiatric Nurse	5 WTE
Occupational Therapist	1 WTE
Social Worker	0.5 WTE
Link Midwife	1.5 days
Link Health Visitor	1.5 days

Recent guidance from the British Psychological Society¹⁶ recommend increased staffing levels for Clinical Psychology to be higher than this in the context of NICE guidance on women's need to access psychological therapies in the perinatal period.

6.2.2 Parent-Infant Mental Health Service (PIMHS)

Services with a parenting focus aim to improve maternal and infant mental health, their relationship quality and emotional, social and cognitive development of the child. They can offer additional expertise to other services who care for parents of young children.

A good PIMHS¹⁷ will be delivered by a qualified provider of psychological assessment and therapeutic care for mothers and their partners with a wide range of vulnerabilities including complex perinatal mental health problems who have or are at risk of parenting difficulties.

A good PIMHS should:

- provide a variety of psychotherapeutic, psychological and psychosocial treatments and parenting interventions.
- be able to see mothers, partners and their infants at home, children's centres as well as in health centres.
- work collaboratively with specialised perinatal CMHTs and mother and baby units, adult psychiatric services, midwifery, health visiting and children's Social Services.
- provide advice and training to enhance the skills of a range of professional providing psychological care such as IAPT workers, midwives and health visitors.

6.2.3 Adult Mental Health and CAMHS Services

Good secondary mental health services should regard women of reproductive age as having the potential for childbearing.

They should ensure that patients with serious mental illness receive pre-conception counselling and are aware of the risks to their mental health of becoming pregnant.

New episodes of psychiatric disorder in late pregnancy and the early postpartum period should, wherever possible, be redirected to specialised perinatal psychiatric services.

If a woman is already under their care because of a long-standing serious mental health problem becomes pregnant, they should work collaboratively with the maternity services

¹⁵ The Royal College of Psychiatrists: Perinatal Mental Health Services CR197, 2015

¹⁶ British Psychological Society: Briefing Paper Number 8: Perinatal Service Provision: The Role of Perinatal Clinical Psychology - Guidance for Commissioners 2016

¹⁷ The Royal College of Psychiatrists: Perinatal Mental Health Services CR197, 2015

to develop a peri-partum management plan and, wherever possible, seek advice and support from a specialised perinatal CMHT.

Should admission be necessary, the mother and her infant should be admitted to a mother and baby unit even if this means an out-of-area placement. However, many women do choose to receive care locally either in the community or general inpatient settings in which case care needs to be managed in liaison with the specialist CMHT. The service demonstrates that they consider their patients as parents and consider the welfare of the children.

6.2.4 Perinatal Clinical Psychology linked to Maternity Services

The British Psychological Society ¹⁸ (BPS) recommend Clinical Psychology provision in the context of the NICE guidance on women's needs to access psychological therapies during the perinatal period.

Perinatal clinical psychology staffing levels will depend on the scale and distribution of maternity services in the area and the configuration of related medical and mental health services.

The BPS recommends that a maternity hospital with 3000 deliveries per annum should have access to a minimum 0.6 wte Consultant Perinatal Clinical Psychologist (minimum Band 8c) and one whole-time Specialist Clinical Perinatal Psychologist (Band 8a) to support the maternity service.

Where Neonatal Intensive Care / Special Care Baby Unit is also supported this would require a further half-time Specialist Clinical Perinatal Psychologist (Band 8a).

The service will require an additional band 8a Clinical Perinatal Psychologist per additional 3000 women (for example, a 0.6wte 8c Consultant and two band 8a Clinical Psychologists in a hospital with 6000 deliveries per year).

6.3 Tier 2 – Universal Services with Specialist Skills for Mild to Moderate needs

6.3.1 Maternity Services

A good maternity service:

- should commit appropriate resources for a Specialist Perinatal Mental Health Midwife¹⁹
- communicates with the patient's GP, asking for information about any mental health problems and alerting them if difficulties arise
- should have access to a designated Perinatal Clinical Psychologist to advise and treat, if necessary, women with psychological distress particularly relating to obstetric loss, post-traumatic stress disorder and other obstetrically relevant conditions, for example needle phobias, previous rape or abuse.
- ensures that women at high risk of a recurrence of serious psychiatric disorder are identified at early pregnancy assessment and referred for specialised care

¹⁸ The British Psychological Society Briefing Paper No 8. Perinatal Service provision: The role of Perinatal Clinical Psychology 2016

¹⁹ Specialist Mental Health Midwives: What they do and why they matter. The Royal College of Midwives (2013).

- ensures that women are asked about current mental health problems during pregnancy and the early postpartum period
- equips midwives with the knowledge and skills to deal with the normal emotional changes of pregnancy and the early postpartum period and common states of distress
- should have access to a designated specialised perinatal mental health team able to provide collaborative working with women at high risk of serious mental illness and emergency assessments.

6.3.2 Health Visiting

Health visitors play a crucial role in ensuring children have the best possible start in life, and lead delivery of the 0-5 year elements of the national *Healthy Child Programme* and *Family Nurse Partnership (FNP)* programme. Both programmes aim to enable mums to reach their full potential and prevent the use of costly interventions later down the line, such as children going into care.

On 1 October 2015, the responsibility for commissioning public health services for children aged 0-5 transferred from NHS England to local authorities.

A good Health Visitor service should:

- deliver service at the Universal Plus level for all mothers and their families in need²⁰
- deliver Family Nurse Partnership ²¹ service for first time vulnerable mums aged 19 years and under
- have the education, training and skills to detect and support parents with mental health problems in pregnancy and the postpartum period and identify and support problems arising within the parent-infant relationship. This may include training in interventions developed to enhance parents understanding of their baby's communications e.g.. Brazelton Newborn Observation Scale and Neonatal Behavioural Assessment Scale²².
- know who to refer and to which service using the integrated care pathway
- be able to undertake supportive psychological treatments such as listening visits, non-directive counselling, cognitive counselling and group-based support.
- understand which women would benefit from additional visits and enhanced support.

Those specialist health visitors undertaking psychological interventions with vulnerable mothers and babies will require clinical supervision from an appropriately trained person.

6.3.3 Improving Access to Psychological Therapies (IAPT)

A good IAPT service should:

- ensure that pregnant and postpartum women are 'fast tracked', assessed and starting treatment within 4 weeks

²⁰ Department of Health's Overview 1: National Health Visiting Programme, 2015

²¹ <http://www.fnp.nhs.uk>

²² National Health Visiting Specification UK, 2014-2015

- receive additional perinatal training to ensure that they understand the maternity context, impact on fathers/partners and the additional clinical features and risk factors associated with perinatal mental health problems²³
- be able to refer to specialist perinatal mental health services in cases of concern or higher complexity
- record data on whether the client is pregnant or in the first year post-partum.

6.3.4 Voluntary Sector

Psychological assessment and therapeutic services for vulnerable mothers and fathers with mild to moderate mental health needs and their babies are also provided by voluntary sector organisations i.e. Charities and Social Enterprises hosting qualified practitioners of Clinical Psychology and/or Psychotherapy who can provide professional supervision, training and consultation.

A strength of the voluntary sector is their ability to offer specialist support early in accessible venues that women and their partners feel comfortable to attend with their babies, such as Children's Centres.

Local examples of good service provision from the voluntary sector impacting perinatal mental health and economic outcomes are: The Person Shaped Support (PSS) post-natal depression project²⁴ in Liverpool, Building Bonds²⁵ service in Knowsley, and Motherwell CIC²⁶ in Crewe.

6.4 Tier 1 – Signposting and Social Support

6.4.1 General Practitioners and Extended Primary Care Teams

All GPs and primary care teams should refer to the recently developed implementation tool written by the Royal College of General Practitioners in collaboration with the Maternal Mental Health Alliance titled 'Practical implications for primary care of the NICE guideline CG192' (2015).

All good GPs and their extended Primary Care teams should:

- ensure that women with serious mental illness receive pre-conception counselling and are aware of the risks to their mental health of becoming pregnant
- take into account the possible adverse effects of psychotropic medication in pregnancy, when prescribing to women of reproductive potential, or who are breastfeeding and provide them with this information
- ensure that women are asked about current mental health problems during pregnancy and the early postpartum period in line with NICE guidelines
- communicate with midwives a history of significant mental illness, even if the woman is well
- be alert to the possibility of postnatal depression and anxiety and to the risk of recurrence of pre-existing conditions following childbirth

²³ IAPT: Perinatal Positive Practice Guide 2013

²⁴ <http://www.livewellliverpool.info/Services/1054/PSS>

²⁵ http://mhfamilypsychology.com/building_bonds.html

²⁶ <http://www.motherwellcic.com>

- use the integrated care pathway so that early-onset conditions can be closely monitored and referred on if necessary.

6.4.2 Self-Help and Social Support

Many voluntary sector organisations such as the SMILE group²⁷, Building Bonds, Motherwell CIC and Homestart²⁸ provide self-help and social support services for women and their partner's/families during the perinatal period. It is not just women themselves who can benefit from self-help information and social support. Such support is also useful for partners, carers and other family members.

Social support can lower the risk of mental illness, reduce symptoms, and improve the quality of life of people affected.²⁹

Typically provided in accessible venues without the stigma of a professional healthcare setting, voluntary sector services can be beneficial for most women with a perinatal mental illness, and, in conjunction with specialist services, can help to aid recovery close to a woman's home.

6.5 Education and Training

The Cheshire and Merseyside health and social care workforce should be supported by mandatory perinatal mental health training for frontline staff to ensure:

- knowledge of the Cheshire and Merseyside Perinatal Mental Health Pathway
- early identification of those at high risk
- early diagnosis
- an understanding of the maternity context
- an understanding of the potential impact on father's/partner's mental health
- the identification of additional clinical features and risk factors associated with perinatal disorders
- that the developmental needs of infants are met.

Below are examples of perinatal mental health training provision currently offered in Merseyside:

- CAMHS Liverpool - 12 half-day training slots, free of charge and available to all health and social care professionals in the city.
- Building Bonds in Knowsley – 8-day perinatal mental health training programme & statutory training.

Health Education England³⁰ are in the process of developing e-learning modules and training programmes relevant to Perinatal Mental Health. For more information and updates, please visit www.nwppn.nhs.uk.

²⁷ <http://www.thesmilegroup.org>

²⁸ <http://homestartwirral.co.uk>

²⁹ Hendryx et al. Social support, activities, and recovery from serious mental illness: STARS study findings 2009

³⁰ Clare Baguley, Programme Manager, The Psychological Professions Network (PPN North West)

6.6 Data and Outcome Measures

An important barrier to good perinatal mental health care is the lack of appropriate data sharing to enable organisations to identify risk, anticipate problems and plan care in a holistic fashion.

People with poor mental health may require primary care, secondary physical care and social care, as well as mental health services, but the lack of linked datasets hinders effective provision.

Good perinatal mental health services should systematically gather data on the mothers and their partners/families they see in such a way that clinicians have access to that information; understand how they perform so that outcomes can be measured.

6.6.1 Quality indicators

Quality indicators are those indices that are likely to reflect access and the quality of clinical care for pregnant women and women with small children.

The Cheshire and Merseyside Perinatal Mental Health Working Group suggest the following indicators be considered:

- easy access to services in the community
- length of stay, readmission rates
- direct admissions to a mother and baby unit and length of admission previously to an adult psychiatric ward
- compliance with quality standards.

6.6.2 Clinical outcome measures

Clinical outcomes are those that are likely to measure the outcome of a patient or client's treatment or support.

The Cheshire and Merseyside Perinatal Mental Health Working Group have suggested the following measures be considered:

- improvement in maternal mental health condition
- improvement in quality of parent-infant relationship
- patient-rated outcome measures
- patient satisfaction

7. Findings

7.1 Clinical Network

The Cheshire and Merseyside SCN currently host a Cheshire and Merseyside area-wide Perinatal Mental Health Working Group previously known as the Perinatal Mental Health Special Interest Group.

Membership consists of Health and Social Care professionals, Commissioners, Service Managers and Expert Patients. The group is chaired by Dr Tania Stanway, Consultant Psychiatrist and member of NHS England's Clinical Reference Group for Perinatal Mental Health. There are emerging links with Health Education England.

All members of this group and the services they represent were given the opportunity to participate in this scoping report through audit, interview or direct involvement in workshops facilitated by the SCN.

Meetings are held quarterly and typically focus on national guidance updates and progress made on the perinatal mental health work programme 2015-16.

Programme outputs such as this scoping report will be presented to the Maternity and Young Children's Steering Group, and also the Maternity Clinical Expert Group, for consensus and decision on further actions.

7.2 Tier 4 – Audit of MBU admissions from Cheshire and Merseyside

NHS England do not currently commission an in-patient MBU within Cheshire and Mersey boundaries.

Women with Tier 4 needs are either admitted without their babies to general adult psychiatric wards or travel to an out-of-area MBU.

The nearest MBU is located Wythenshawe, Manchester called the Andersen Unit.

The next closest MBU is the Brockington Unit in South Staffordshire.

An audit of the Wythenshawe MBU for women admitted from Cheshire and Merseyside between 2010 and 2014 found that there were a total of 43 admissions with an average length of stay of 47 days³¹. Due to patient confidentiality, patient postcodes were not provided in the data. The author was hence unable to provide a further break down by individual Local Authority or CCG.

No data was provided to the SCN from the Brockington Unit.

An activity audit returned from the Cheshire and Wirral Partnership NHS Foundation Trust service³² found that:

- No patients were referred to the MBU in Wythenshawe in 2015
- 1 patient was referred to a mother and baby unit in Newcastle in December 2014
- 1 patient admitted from Macclesfield CWP Mental Health service to our Psychiatric Intensive Care Unit (PICU) ward was transferred to Wythenshawe in 2015

³¹ Carla Mobear, Andersen Ward Manager, Wythenshawe MBU, Manchester, Dec 2015

³² Dr Rashmi Parhee, Locality Clinical Director & Consultant Psychiatrist, February 2016.

- 2 perinatal patients were admitted to Clatterbridge Springview Acute Mental Health ward in Wirral in 2015 - as they refused to go to Wythenshawe.

An activity audit returned from the Wirral Community Trust³³ for 2015 found that:

- Clatterbridge Springview Unit admissions for perinatal cases = 2
- Admissions to MBU = 1

Patient experience: The lady involved was initially sent to an adult inpatient ward in Macclesfield, (without her baby), and stayed there for 2 days before being transferred to Wythenshawe. This was due to no bed at Clatterbridge and no bed at Wythenshawe initially. She was reunited with her baby when her partner brought her baby to MBU.

At this time of writing this report, MBU referral and admission activity data from the 5 Boroughs Partnership and Merseycare Trusts were not available.

³³ Claire Lyon, Specialist Health Visitor Perinatal and Infant Mental Health, Wirral Community Trust, Mar 2016

7.3 Cheshire and Merseyside Gap Analysis of Tier 3 by CCG

Not dissimilar to the national picture, there are large gaps in specialist perinatal mental health care across Cheshire and Merseyside for women with serious mental illness that cannot be managed safely or effectively in Primary Care.

CCG	Specialist Perinatal Community Mental Health Service	Parent –Infant Mental Health Service*	Adult Mental Health and CAMHS	Clinical Perinatal Psychology linked to Maternity Service
Warrington	R	R	A	R
Wirral	R	G	A	R
West Cheshire	R	R	A	R
South Cheshire	R	R	A	R
East Cheshire	R	R	A	R
St Helens	R	R	A	R
Halton	R	R	A	R
Knowsley	R	G	A	A
Liverpool	A	G	A	A
Sefton	R	A	A	R

Level Colour Criteria	
G	Concordant with national guidelines and standards for perinatal mental health
A	Some provision but does not meet national guidelines, recommendations or standards for perinatal mental health
R	None commissioned

For individual CCG audit returns please see Appendix B.

*At present there are no national service standards for PIMHS. Evidence of local provision was benchmarked against good practice recommendations from The Royal College of Psychiatrists (2015) Perinatal Mental Health Services CR197.

7.4 Cheshire and Merseyside Gap Analysis of Tier 2 by CCG

Although data availability varied, gaps were found in the specialist skills and capacity within Universal services to detect and support women with mild to moderate mental health needs during the perinatal period.

CCG	Specialist Perinatal Mental Health Midwife in Maternity service	IAPT service with additional training in perinatal mental health	Specialist skills and capacity within Health Visiting Service	Specialist skills and capacity within Voluntary Sector
Warrington	A	R	G	R
Wirral	G	R	G	G
West Cheshire	A	No data	A	R
South Cheshire	R	A	G	R
East Cheshire	R	A	G	G
St Helens	A	R	A	R
Halton	A	No data	G	R
Knowsley	A	A	G	G
Liverpool	G	R	No data	G
Sefton	A	No data	No data	R

Level Colour Criteria	
G	Concordant with national guidelines and standards for perinatal mental health
A	Some provision but does not meet national guidelines, recommendations or standards for perinatal mental health
R	None commissioned
No data	No data provided

For individual CCG audit returns please see Appendix B.

No evidence was found to suggest that IAPT staff receive additional training in perinatal mental health.

7.5 Cheshire and Merseyside Gap Analysis of Tier 1 by CCG

There is a lack of evidence to suggest that additional training in perinatal mental health within General Practice and extended Primary Care teams is being undertaken to detect and act upon perinatal mental health needs in childbearing women.

There is however some evidence of good social support provided through the Voluntary Sector.

CCG	General Practitioners and Extended Primary Care Teams with additional training in perinatal mental health.	Self-help and Social Support capacity within local community.
Warrington	No data	R
Wirral	No data	G
West Cheshire	A	No data
South Cheshire	No data	A
East Cheshire	No data	G
St Helens	No data	A
Halton	No data	No data
Knowsley	No data	G
Liverpool	No data	G
Sefton	No data	No data

Level Colour Criteria	
G	Strong evidence
A	Weak evidence
R	None commissioned
No data	No data provided

For individual CCG audit returns please see Appendix B.

8. Conclusion with Recommendations

The author of this report has analysed the available evidence (as described by local commissioners, service providers and expert patients) for each CCG against national guidance and service standards with the following preliminary findings:

Key Finding 1

The nearest inpatient MBU located in Manchester appears to be underused by childbearing women from Cheshire and Mersey comparative to estimates of Tier 4 needs.

There is consensus amongst the contributors to this report that women prefer to remain near their families and support systems, so nearby MBU provision is a priority alongside specialist community perinatal services to manage risk and provide care in the community when mothers do not wish to be admitted into hospital. When mothers wish to remain local and hospital admission is required, services need to adapt to meet family needs where possible including training in perinatal issues and family centred care.

Recommendation 1

Given the estimated epidemiology, the SCN should continue to present claims to NHS England for an MBU to be established within Cheshire and Merseyside with consideration for a collaboration with North Wales who are also without an MBU.

Key Finding 2

Specialist Perinatal CMHTs do not exist in Cheshire and Merseyside.

Recommendation 2

The SCN should facilitate collaboration between local CCGs to fill this gap immediately by jointly commissioning Specialist Perinatal CMHTs from local Mental Health Trusts concordant with national service standards.

This could be achieved through either a new Vanguard programme of care and/or pooling local CCG population-based budgets including any future monies allocated to local CCGs ring-fenced for perinatal mental health from the £75 million budget announcement in 2015.

Key Finding 3

Only 3 out of 10 local CCGs commission an Parent-Infant Mental Health Service (PIMHS). There are examples of good NHS practice on Wirral (Parent-Infant Mental Health Service within CAMHS), and from qualified providers in Liverpool (Liv PIP) and Knowsley (Building Bonds).

Recommendation 3

Parent-Infant Mental Health services are an addition to, not a substitute for, specialist perinatal CMHTs for women with serious or complex mental illness and parenting difficulties in the post-natal period.

All local CCGs should commission an PIMHS from a qualified provider.

This could be achieved through future funding allocations associated with the individual CCG CAMHS transformation plans for under-five's or local CCG population-based budgets including any future monies allocated to local CCGs ring-fenced for perinatal mental health from the £75 million budget announcement in 2015.

Key Finding 4

There is variation and an under-provision of Mental Health Midwives and Perinatal Clinical Psychology links in Maternity services across Cheshire and Mersey.

Recommendation 4

Local CCGs should ensure with their Maternity service provider that the mental health needs of women are met in line with national guidance, including that:

- there is at least one suitably accredited and resourced Specialist Mental Health Midwife working under supervision of a Perinatal Clinical Psychologist to deliver Tier 2 care safely and effectively
- additional training is provided for all Midwives and Obstetricians to detect at-risk women during pregnancy and to enquire about women's current mental health
- all Midwives and Obstetricians receive additional training in who to refer to and to which service using the Cheshire and Merseyside Perinatal Mental Health pathway.

Perinatal mental health training and education should be an integral part of the local perinatal mental health strategy for Cheshire and Merseyside.

Key Finding 5

There is variation in specialist skills and perinatal mental health training of Health Visitor services across Cheshire and Mersey.

Recommendation 5

Local Authorities should ensure with their Health Visitor service provider that the mental health needs of women and their infants are met in line with national guidance, including:

- a Specialist role is recognised for Health Visitors with specialist training in assessment and therapeutic skills for Perinatal and Infant Mental Health
- all Health Visitors receive additional training in the detection of perinatal mental health problems and parenting difficulties
- all Health Visitors receive additional training in who to refer to and to which service using the Cheshire and Merseyside Perinatal Mental Health pathway
- those trained in specialist skills to undertake psychological interventions have clinical supervision from an appropriately trained person.

This could be achieved through local CCG population-based budgets including any future monies allocated to local CCGs ring-fenced for perinatal mental health from the £75 million budget announcement in 2015.

Key Finding 6

There is evidence to suggest that IAPT practitioners, GPs and extended Primary Care teams do not receive sufficient training in perinatal mental health.

Recommendation 6a

Local CCGs and service providers should encourage all IAPT practitioners and GPs to undertake annual training in perinatal mental health to ensure proper implementation of relevant national guidance and the Cheshire and Merseyside Perinatal Mental Health Pathway.

Recommendation 6b

The SCN should work closely with Health Education England to ensure an education and training framework is available for all health and social care practitioners to knowledge of perinatal mental health issues and their role within the Cheshire and Merseyside Perinatal Mental Health pathway.

This should be an integral part of the local perinatal mental health strategy for Cheshire and Merseyside.

Key Finding 7

Data is not routinely collected by General Adult Mental Health services, CAMHS, or IAPT providers on whether female patients/clients of reproductive age are pregnant or in the year following childbirth making it impossible to define quantity of activity or quality outcomes in perinatal mental health.

Recommendation 7a

Data should be routinely collected by all health care providers on whether female service users of reproductive age are pregnant or in the year following childbirth and are receiving care in (a) inpatient or (b) community settings.

The SCN should facilitate a working group to influence and amend current data recording practices of General Adult Mental Health services, CAMHS or IAPT services.

Recommendation 7b

Commissioners should request data from their health and social care providers to support expected standards of care and contractual arrangements. For both clinical and planning purposes, it would be helpful if these data were standardised across all services so that comparisons of clinical and cost effectiveness can be made.

Local CCGs and Local Authorities should publish a range of benchmarking data to provide transparency about perinatal mental health spending and performance in their Annual Report and Accounts. Patient experience and clinical indicators from Maternity and Five Year Forward View for Mental Health Dashboards are recommended.

Key Finding 8

There is variation in the provision of Tier 1 social support services across Cheshire and Merseyside for mothers with postnatal mental health problems and their families.

Recommendation 8

Local CCGs, Local Authorities and the Voluntary Sector should work together to ensure that there is social support available in their area for families affected by perinatal mental illness and social isolation.

Again this could be achieved through local CCG population-based budgets including any future monies allocated to local CCGs ring-fenced for perinatal mental health from the £75 million budget announcement in 2015.

Appendix 1 – Cheshire and Merseyside Perinatal Mental Health Pathway

A Cheshire and Merseyside Pathway to Support the Implementation of NICE CG192.



Antenatal and Postnatal Pathway FINAL VERSION July 2015.pdf

Appendix 2 – Local Audit Returns

Warrington

	National Guidance	Local Provision
Tier 4	Specialised in-patient mother and baby unit.	No local data available on referral or admissions to general ward or MBU at Wythenshawe.
Tier 3	Specialised Community Perinatal Mental Health Service.	None commissioned.
Tier 3	Parent-Infant Mental Health Service.	None commissioned.
Tier 3	Clinical Perinatal Psychology service linked to Maternity Service.	None commissioned.
Tier 3	Adult Mental Health and Children and Adolescent Mental Health services with additional training in perinatal mental health.	CAMHS are to be trained in VIPP-SD in 2016.
Tier 2	Specialist skills and capacity within Maternity services.	Consultant Obstetrician and Midwife with a special interest in Perinatal mental health. Commissioned as an antenatal clinic at Warrington Hospital.
Tier 2	IAPT service with additional training in perinatal mental health.	No data provided.
Tier 2	Specialist skills and capacity within Health Visiting service.	Clinical Specialist in Perinatal and Infant Mental Health (0.2 WTE). Family Nurse Partnership <i>Maternal and Early Years Programme</i> uses a psycho-educational approach to improving pregnancy outcomes and child development outcomes through parenting education. Consists of Family Nurse Supervisor and 4 Family Nurses trained in advanced communication skills ³⁴ . All Health Visitors (HVs) trained in Solihull, Motivational interviewing, iHV perinatal and infant mental health. 3 HV's trained in Brazelton Newborn behavioural observation (NBO). 1 HV's in the process of Brazelton Newborn behavioural assessment (NBAS) training. A further 20 Health Visitors are to be trained in NBO and 4 more in NBAS. Time for Me creative arts group is to be introduced in 2016 for women experiencing perinatal mental health disorders, in particular antenatal and postnatal depression and anxiety. This will be facilitated by a Health Visitor and an art worker.
Tier 1	General Practitioners and Extended Primary Care teams	No data provided.

³⁴ Nicola Monaghan, Fellow iHV, Bridgewater community Healthcare NHS Foundation Trust, Mar2016

	with additional training in perinatal mental health.	
Tier 1	Voluntary Sector services with additional training in perinatal mental health.	No Secrets group-self harm group.

Warrington Audit contributors:

Name	Title	Organisation	Date
Dr Kate Alldred	Consultant Obstetrician	Warrington and Halton Hospitals NHS Foundation Trust	Dec 2015
Nicola Monaghan	Clinical Specialist in Perinatal and Infant Mental Health	Bridgewater Community Healthcare NHS Foundation Trust	March 2016
Yvette McKern	Perinatal Mental Health Pathways Lead	NHS Warrington CCG	Dec 2015

Wirral

	National Guidance	Current Local Provision
Tier 4	Specialised in-patient mother and baby unit.	No local data available on referral or admissions to general ward or MBU at Wythenshawe.
Tier 3	Specialised Community Perinatal Mental Health Service.	None commissioned.
Tier 3	Parent-Infant Mental Health Service.	Parent-Infant Mental Health Service (0-2) is a specialist team within CAMHS CWP commended for Innovation in care provision in 2015 CQC Inspection. The team comprises two Parent-Infant mental health practitioners (Band 7 1.0 WTE; Band 6 0.5 WTE) and a Consultant Clinical Psychologist (0.3 WTE).
Tier 3	Clinical Perinatal Psychology service linked to Maternity Service.	None commissioned. Liaison Psychiatry is however but limited: Special Doctor Liaison Psychiatrist (one session) and Liaison Psychiatry Specialist Nurse (two sessions) provide direct care to women in maternity hospital and supervision of perinatal mental health (MH) midwives.
Tier 3	Adult Mental Health and Children and Adolescent Mental Health services with additional training in perinatal mental health.	
Tier 2	Specialist skills and capacity within Maternity services.	Perinatal Specialist MH Midwife Band 7 (1.0 WTE) training in CBT; Perinatal MH Midwife Band 6 (1.0 WTE); Perinatal MH Midwife band 6 (0.5 WTE).
Tier 2	IAPT service with additional training in perinatal mental health.	Priority referrals of PNMH in contract with IAPT providers.
Tier 2	Specialist skills and capacity within Health Visiting service.	Specialist Health Visitor for Perinatal and Infant Mental Health (0.8 WTE) NHS Wirral Community Trust. Some HVs trained in Brazelton NBO and NBAS, Solihull and Mellow Parenting skills. Training provider of Perinatal and Infant Mental Health programmes. Facilitator for Homestart programmes.
Tier 1	General Practitioners and Extended Primary Care teams with additional training in perinatal mental health.	No data provided.
Tier 1	Voluntary Sector services with additional training in perinatal mental health.	Homestart – Be You and Bump Start home visiting programmes.

Wirral Audit contributors:

Name	Title	Organisation	Date
Claire Lyon	Specialist Health Visitor for Perinatal and Infant Mental Health	0-19 Service, NHS Wirral Community Trust	Feb 2016
Dr Tania Stanway	Consultant Psychiatrist and SCN Perinatal Mental Health Lead	Cheshire and Wirral Partnership NHS Foundation Trust	Feb 2016
Dr Helen Sharp	Consultant Clinical Psychologist	Parent-Infant Mental Health Service, Wirral CAMHS, Cheshire and Wirral Partnership NHS Foundation Trust.	
Katy Coxhead	Commissioning Support Manager	NHS Wirral CCG	Dec 2015
Sarah Winston	Specialty Doctor	Liaison Psychiatry, Arrowe Park Hospital	Feb 2016

St Helens

	National Guidance	Local Provision
Tier 4	Specialised in-patient mother and baby unit.	No local data available on referral or admissions to general ward or MBU at Wythenshawe.
Tier 3	Specialised Community Perinatal Mental Health Service.	None commissioned.
Tier 3	Parent-Infant Mental Health Service.	None commissioned.
Tier 3	Clinical Perinatal Psychology service linked to Maternity Service.	None commissioned.
Tier 3	Adult Mental Health and Children and Adolescent Mental Health services with additional training in perinatal mental health.	No data provided.
Tier 2	Specialist skills and capacity within Maternity services.	Consultant Obstetrician and 2 x Midwives with a special interest in Perinatal mental health. Based at Whiston Hospital commissioned as an antenatal clinic known as the FINE clinic.
Tier 2	IAPT service with additional training in perinatal mental health.	No data provided.
Tier 2	Specialist skills and capacity within Health Visiting service.	<p>Clinical Specialist in Perinatal and Infant Mental Health(0.2WTE). Family Nurse Partnership <i>Maternal and Early Years Programme</i> uses a psycho-educational approach to improving pregnancy outcomes and child development outcomes through parenting education. Consists of Family Nurse Supervisor and 4 Family Nurses trained in advanced communication skills³⁵.</p> <p>Bridgewater Community Service NHS Foundation Trust 0-5 years Health Visiting service commissioned by LA Public Health.</p> <p>Health Visitors; Staff Nurses and Community Nursery nurses.</p> <p>Solihull, Motivational Interviewing and iHV Perinatal and Infant Mental Health training provided.</p> <p>3 HV's trained in Brazelton NBO and 2 HVs working towards accreditation in Brazelton NBAS. A further 40 Health Visitors are to be trained in NBO and 4 more in NBAS.</p> <p>Piloting Time for me, this is a creative group for women experiencing perinatal mental health disorders, in particular antenatal and postnatal depression and anxiety. This is facilitated by a Health Visitor and an art worker.</p>
Tier 1	General Practitioners and Extended Primary Care teams with additional training in perinatal	No data provided.

³⁵ St Helens Public Health Annual Report 2014

	mental health.	
Tier 1	Voluntary Sector services with additional training in perinatal mental health.	Mention of Chrysalis Centre for Change a mental health charity that provides services for women, eg, counselling and anxiety management. Hope Centre provides a health and wellbeing confidence course. Also mention of a self-harm group called No Secrets (SCN mtg 18 th Jan 2016). Homestart.

St Helens Audit Contributors:

Name	Title	Organisation	Date
Nicola Monaghan	Clinical Specialist in Perinatal and Infant Mental Health	Bridgewater Community Healthcare NHS Foundation Trust	March 2016
Dr Catherine Murgatroyd	Consultant Psychiatrist	5 Boroughs NHS Foundation Trust	Dec 2015
Garry Joyce	Senior Manager Children's Integrated Commissioning	NHS St Helens CCG	Dec 2015

Liverpool

	National Guidance	Local Provision
Tier 4	Specialised in-patient mother and baby unit.	No local data available on referral or admissions to general ward or MBU at Wythenshawe.
Tier 3	Specialised Community Perinatal Mental Health Service.	Not commissioned. Some dedicated input from Psychiatric Nurse (1.0 WTE), Specialist MH Midwife (1.0 WTE) and a Specialist Perinatal Psychiatrist (0.2 WTE). Commissioned by Liverpool CCG.
Tier 3	Parent-Infant Mental Health Service.	Alder Hey Hospital CAMHS 0-5 years. Band 8b Clinical lead (1.0 WTE); 3 x Band 8a Children Centre leads (3.0 WTE) and 6 x Band 6/7 Practitioners (6.0WTE). CARE-index assessments; Video Interaction Guidance; Parent-Infant Psychotherapy; Mellow Parenting; Wonderful Years; Family and Systemic Practice; Attachment Narrative Therapy; Cognitive assessment and formulation. Provider of staff training in Perinatal & infant Mental Health to all health and social care professionals.
Tier 3	Clinical Perinatal Psychology service linked to Maternity Service.	Liverpool PIP Service Clinical Psychologist (0.6 WTE) linked into Maternity service at Liverpool Women's Hospital.
Tier 3	Adult Mental Health and Children and Adolescent Mental Health services with additional training in perinatal mental health.	No data provided.
Tier 2	Specialist skills and capacity within Maternity services.	Enhanced MH Midwifery service. 6 Mental Health Midwives supervised by Clinical Psychologist from Merseycare.
Tier 2	IAPT service with additional training in perinatal mental health.	No data provided.
Tier 2	Specialist skills and capacity within Health Visiting service.	Family Nurse Partnership programme consists of specially trained Family Nurses, a Supervisor and a Quality Support Officer.
Tier 1	General Practitioners and Extended Primary Care teams with additional training in perinatal mental health.	No data provided.
Tier 1	Voluntary Sector services with additional training in perinatal mental health.	1. PSS Postnatal Depression service commissioned by Liverpool CCG and Public Health. Service Manager 1.0 WTE; 4 part-time Specialist Practitioners; 1 part-time Administrator and 4 volunteers. Skills in CBT and Mindfulness. Trained in safeguarding and Perinatal Mental Health awareness. 2. Liverpool Parent Infant Partnership (PIP) team commissioned by Liverpool CCG. Service Manager 0.6 WTE; Clinical Psychologist 0.6 WTE; 3 x Therapists (1.6 WTE total); admin support. Parent infant psychotherapy; Infant MH and Early Intervention. Peer support within PIP UK.

Liverpool Audit contributors:

Name	Title	Organisation	Date
Avril Swan	Programme Delivery Manager - Children and Maternity	NHS Liverpool CCG	Dec 2015
Annette James	Public Health Strategic Lead	Liverpool City Council	Dec 2015

West Cheshire

	National Guidance	Local Provision
Tier 4	Specialised in-patient mother and baby unit.	No local data available on referral or admissions to general ward or MBU at Wythenshawe.
Tier 3	Specialised Community Perinatal Mental Health Team.	None commissioned.
Tier 3	Parent-Infant Mental Health Service.	None commissioned.
Tier 3	Clinical Perinatal Psychology service linked to Maternity Service.	None commissioned.
Tier 3	Adult Mental Health and Children and Adolescent Mental Health services with additional training in perinatal mental health.	No data provided.
Tier 2	Specialist skills and capacity within Maternity services.	30 hours Mental Health Midwife post which is shared on a rotational basis by 2 midwives.
Tier 2	IAPT service with additional training in perinatal mental health.	No data provided.
Tier 2	Specialist skills and capacity within Health Visiting service.	HV training and Infant MH training. 5 NBAS and 3 NBO. Peer led PNMH group.
Tier 1	General Practitioners and Extended Primary Care teams with additional training in perinatal mental health.	Tim Saunders – CCG Clinical Lead on Perinatal Mental Health. Dr Jane Wilkinson – GP with a special interest in Perinatal Mental Health.
Tier 1	Voluntary Sector services with additional training in perinatal mental health.	None commissioned.

West Cheshire Audit contributors:

Name	Title	Organisation	Date
Julie Fogarty	Head of Midwifery	Countess of Chester Hospital NHS Foundation Trust	Dec 2015
Dr Tania Stanway	Consultant Psychiatrist and SCN Perinatal Mental Health Lead	Cheshire and Wirral Partnership NHS Foundation Trust	Feb 2016
Cathy Walsh	Programme Director	NHS West Cheshire CCG	Dec 2015
Dr Jane Wilkinson	GP with a Special Interest in Perinatal mental health	NHS West Cheshire CCG	Jan 2016

Knowsley

	National Guidance	Local Provision
Tier 4	Specialised in-patient mother and baby unit.	No local data available on referral or admissions to general ward or MBU at Wythenshawe.
Tier 3	Specialised Community Perinatal Mental Health Team.	None Commissioned.
Tier 3	Parent-Infant Mental Health Service.	Building Bonds service commissioned by Public Health and soon to be NHS Knowsley CCG. Collaborative working between 2 midwives, 2 clinical psychologists and children's centre staff. Antenatal and post-natal. 45 Tier 3 families were supported between Sept 14 – July 15.
Tier 3	Clinical Perinatal Psychology service linked to Maternity Service.	Building Bonds linked to Public Health midwifery.
Tier 3	Adult Mental Health and Children and Adolescent Mental Health services with additional training in perinatal mental health.	No data provided.
Tier 2	Specialist skills and capacity within Maternity services.	Consultant Obstetrician and 2 x Midwives with a special interest in Perinatal mental health. Based at Whiston Hospital commissioned as an antenatal clinic known as the FINE clinic.
Tier 2	IAPT service with additional training in perinatal mental health.	No IAPT staff with formal additional training in perinatal mental health Informal workshops held on this topic for staff
Tier 2	Specialist skills and capacity within Health Visiting service.	All Health visitors trained in Solihull and Motivational interviewing. All Health Visitors completed 1.5day Perinatal Mental Health training. Brazelton NBO training in planning stage for all Health Visitors. Keeping Baby in Mind sessions offered in Childrens' Centres and promoted as part of universal Health Visiting Perinatal Mental Health Pathways.
Tier 1	General Practitioners and Extended Primary Care teams with additional training in perinatal mental health.	Dr Ronnie Thong – Mental Health Lead based at The MacMillan Surgery, St Chads Centre, St Chads Drive, Kirkby, Merseyside.
Tier 1	Voluntary Sector services with additional training in perinatal mental health.	Building Bonds - Building Bonds Experts by Experience (BEBE) group.

Knowsley Audit contributors:

Name	Title	Organisation	Date
Dr Lisa Marsland	Consultant Clinical Psychologist	Building Bonds Service	Dec 2015
Lynne Owen	Education Lead/health Visitor	5 Boroughs NHS Foundation Trust	Mar2016
Dr Catherine Murgatroyd	Consultant Psychiatrist	5 Boroughs NHS Foundation Trust	Dec 2015

Halton

	National Guidance	Local Provision
Tier 4	Specialised in-patient mother and baby unit.	No local data available on referral or admissions to general ward or MBU at Wythenshawe.
Tier 3	Specialised Community Perinatal Mental Health Team.	None commissioned.
Tier 3	Parent-Infant Mental Health Service.	No data available.
Tier 3	Clinical Perinatal Psychology service linked to Maternity Service.	Not data available.
Tier 3	Adult Mental Health and Children and Adolescent Mental Health services with additional training in perinatal mental health.	No data available.
Tier 2	Specialist skills and capacity within Maternity services.	Consultant Obstetrician and midwife with specialist interest in perinatal mental health (Antenatal clinic).
Tier 2	IAPT service with additional training in perinatal mental health.	No data available.
Tier 2	Specialist skills and capacity within Health Visiting service.	<p>Family Nurse Partnership <i>Maternal and Early Years Programme</i> uses a psycho-educational approach to improving pregnancy outcomes and child development outcomes through parenting education. Consists of Family Nurse Supervisor and 4 Family Nurses trained in advanced communication skills³⁶. Bridgewater Community Service NHS Foundation Trust 0-5 years Health Visiting service commissioned by LA Public Health.</p> <p>Clinical Specialist in Perinatal and Infant Mental Health (0.2 WTE).</p> <p>Solihull, Motivational Interviewing and iHV Perinatal and Infant Mental Health training provided.</p> <p>3 staff trained in Brazelton NBO.</p> <p>2 Health Visitors working towards accredited in Brazelton NBAS. A further 40 Health Visitors are to be trained in NBO and 4 more in NBAS.</p> <p>Time for me this is a creative group for women experiencing perinatal mental health disorders, in particular antenatal and postnatal depression and anxiety. This is facilitated by a Health Visitor and an art worker.</p>
Tier 1	General Practitioners and Extended Primary Care teams with additional training in perinatal mental health.	No data available.
Tier 1	Voluntary Sector services with additional training in	No data available.

³⁶ Nicola Monaghan, Fellow iHV, Bridgewater community Healthcare NHS Foundation Trust, Mar2016

	perinatal mental health.	
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Halton Audit Contributors

Name	Title	Organisation	Date
Nicola Monaghan	Clinical Specialist in Perinatal and Infant Mental Health	Bridgewater Community Healthcare NHS Foundation Trust	March 2016
Sheila McHale	Head of Children and Families, Adult Mental Health	NHS Halton CCG	Dec 2015

Sefton

	National Guidance	Local Provision
Tier 4	Specialised in-patient mother and baby unit.	No local data available on referral or admissions to general ward or MBU at Wythenshawe.
Tier 3	Specialised Community Perinatal Mental Health Team.	Not compliant with national guidance/standards however some input from MerseyCare NHS Trust. Grade 8a Perinatal Lead (? WTE) and Grade 6 Specialist Community Psychiatric Nurse (0.2 WTE). Specialist outpatient clinic at Liverpool Women's Hospital once per week. Fortnightly outpatient clinic at Aintree Hospital once per fortnight. Ad-hoc support to Maternity and Psychiatric Wards. Gate-keep admissions to the MBU.
Tier 3	Parent-Infant Mental Health Service.	No data provided apart from Children's Centres providing some early intervention support.
Tier 3	Clinical Perinatal Psychology service linked to Maternity Service.	No data provided.
Tier 3	Adult Mental Health and Children and Adolescent Mental Health services with additional training in perinatal mental health.	No data provided.
Tier 2	Specialist skills and capacity within Maternity services.	Liverpool Women's Hospital Consultant Obstetrician (one session - 2 hrs per week) Grade 7 Specialist MH Midwife (0.6 WTE) Consultant Psychiatrist - 2 sessions per week (0.2 WTE)
Tier 2	IAPT service with additional training in perinatal mental health.	No data provided.
Tier 2	Specialist skills and capacity within Health Visiting service.	Family Nurse Partnership programme consists of specially trained Family Nurses, a Supervisor and a Quality Support Officer. No data provided on Health Visitor service.
Tier 1	General Practitioners and Extended Primary Care teams with additional training in perinatal mental health.	No data provided.
Tier 1	Voluntary Sector services with additional training in perinatal mental health.	No data provided.

Sefton Audit contributor:

Name	Title	Organisation	Date
Peter Wong	Children, Young People and Maternity Commissioning Manager	NHS South Sefton CCG	Dec 2015

East Cheshire

	National Guidance	Local Provision
Tier 4	Specialised in-patient mother and baby unit.	No local data available on referral or admissions to general psychiatric ward or Wythenshawe MBU.
Tier 3	Specialised Community Perinatal Mental Health Team.	None commissioned in Eastern Cheshire
Tier 3	Parent-Infant Mental Health Service.	None commissioned in Eastern Cheshire
Tier 3	Clinical Perinatal Psychology service linked to Maternity Service.	None commissioned in Eastern Cheshire
Tier 3	Adult Mental Health and Children and Adolescent Mental Health services with additional training in perinatal mental health.	No routinely collected data
Tier 2	Specialist skills and capacity within Maternity services.	Currently there are no Specialist Perinatal Mental Health Midwives in either of the 2 midwifery units. At the maternity Unit at Macclesfield DGH midwives ask the Whooley questions at every appointment ³⁷ .
Tier 2	IAPT service with additional training in perinatal mental health.	Women with perinatal mental health issues are offered priority access within Eastern Cheshire
Tier 2	Specialist skills and capacity within Health Visiting service.	5 Health Visitors have completed their perinatal mental health champion training (14).
Tier 1	General Practitioners and Extended Primary Care teams with additional training in perinatal mental health.	No routinely collected data
Tier 1	Voluntary Sector services with additional training in perinatal mental health.	The Smile Group in Macclesfield - a registered charity set up to support families affected by post-natal illness by offering weekly peer support group at a community level. Motherwell CIC – based in Crewe. http://www.motherwellcic.com/

East Cheshire Audit contributors:

Name	Title	Organisation	Date
Emma Leigh	Clinical Projects Manager	NHS East Cheshire CCG	Feb 2016
Natalie Nuttall	Founder and Chair	The Smile Group	Jan 2016
Kate Blakemore	Founder and Counsellor	Motherwell CIC	Feb 2016

South Cheshire

³⁷ Annual Report of the Director of Public Health – Eastern Cheshire 2015

	National Guidance	Local Provision
Tier 4	Specialised in-patient mother and baby unit.	No local data available on referral or admissions to general ward or MBU at Wythenshawe.
Tier 3	Specialised Community Perinatal Mental Health Team.	None commissioned. Vulnerable midwives provide "extra" ante and postnatal care to these women
Tier 3	Parent-Infant Mental Health Service.	None commissioned.
Tier 3	Clinical Perinatal Psychology service linked to Maternity Service.	None commissioned.
Tier 3	Adult Mental Health and Children and Adolescent Mental Health services with additional training in perinatal mental health.	No data provided
Tier 2	Specialist skills and capacity within Maternity services.	Midwifery at Mid Cheshire Hospital. No evidence of specialist skills in perinatal mental health. Vulnerable midwives provide some of this antenatal and postnatally.
Tier 2	IAPT service with additional training in perinatal mental health.	Deliver group work for women with perinatal mental health issues. More data required. Vulnerable midwives work closely with IAPT service ie refer and liaise
Tier 2	Specialist skills and capacity within Health Visiting service.	0-19 Health and Wellbeing Health Visiting Service commissioned by Cheshire East Local Authority. 6 Health Visitor Champions trained in perinatal infant mental health including EPDS assessment.
Tier 1	General Practitioners and Extended Primary Care teams with additional training in perinatal mental health.	No data provided.
Tier 1	Voluntary Sector services with additional training in perinatal mental health.	SMILE group in Macclesfield providing 1:1 counselling and group support for post-natal depression. Lavender Group in Knutsford and Crewe. Bluebell group in Wilmslow.

South Cheshire Audit contributors:

Name	Title	Organisation	Date
Toby Edwards	Clinical Projects Manager	NHS South Cheshire and Vale Royal CCGs	Feb 2016
Tracey Matthews	Service Delivery Manager	NHS South Cheshire and Vale Royal CCGs	Jan 2016

Appendix 3 - Contributors to this Report

- Dr Kate Alldred** - Consultant Obstetrician, Warrington and Halton Hospitals NHS Foundation Trust.
- Yvette McKern** - Perinatal Mental Health Pathways Lead, NHS Warrington CCG.
- Sheila McHale** - Head of Children & Families, Adult Mental Health, NHS Halton CCG.
- Nicola Monaghan** - Clinical Specialist in Perinatal and Infant Mental Health, Bridgewater Community Healthcare NHS Foundation Trust.
- Dr Helen Sharp** - Consultant Clinical Psychologist, Parent-Infant Mental Health Service, Wirral CAMHS, Cheshire and Wirral Partnership NHS Foundation Trust.
- Claire Lyon** - Specialist Health Visitor for Perinatal and Infant Mental Health, 0-19 Service, NHS Wirral Community Trust.
- Katy Coxhead** - Commissioning Support Manager, NHS Wirral CCG.
- Dr Catherine Murgatroyd** - Consultant Psychiatrist, St Helens Recovery Team, 5 Boroughs NHS Foundation Trust.
- Garry Joyce** - Senior Manager Children's Integrated Commissioning Team, St Helens CCG.
- Peter Wong** - Children, Young People & Maternity Commissioning Manager, South Sefton Clinical Commissioning Group.
- Julie Fogarty** - Head of Midwifery, Countess of Chester Hospital NHS Foundation Trust.
- Cathy Walsh** - Programme Director, NHS West Cheshire CCG.
- Dr Tania Stanway** - Consultant Psychiatrist, Cheshire and Wirral Partnership NHS Foundation Trust.
- Emma Leigh** - Clinical Projects Manager, East Cheshire CCG
- Julie Fogarty** - Head of Midwifery, Countess of Chester Hospital NHS Foundation Trust.
- Dr Jane Wilkinson** - GP and Maternity Services Redesign Lead, NHS West Cheshire CCG.
- Elaine Hanzak** - Expert Patient and Keynote Speaker on Perinatal & Infant Mental Health.
- Natalie Nuttall** - Co-founder and Director of the Smile Group Charity, Macclesfield.
- Annette James** - Public Health Strategic Lead, Liverpool City Council
- Avril Swan** - Programme Delivery Manager (Children and Maternity), NHS Liverpool CCG
- Jayne Price** - Quality Improvement Lead – Data, Cheshire & Merseyside Strategic Clinical Networks.
- Dr Lisa Marsland** - Consultant Clinical Psychologist/Clinical Service Lead, Building Bonds Service, Knowsley.
- Tracey Matthews** - Service Delivery Manager, Transformation/Priority Projects, NHS South Cheshire & Vale Royal CCGs.
- Carla Mobear** - Andersen Ward, Wythenshawe Hospital, Manchester Mental Health and Social Care Trust.
- Professor Pauline Slade** - Department of Clinical Psychology, University of Liverpool.
- Lynne Owen** - Education Lead/Health Visitor, Knowsley Community Children's Nursing Services, 5 Boroughs Partnership NHS Foundation Trust
- Kate Blakemore** - Founder and Counsellor, Motherwell CIC, Crewe