

ANNUAL REPORT 2018-2019

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Executive summary

The past year has seen significant activity for the Network, culminating in a number of publications. By November 2018, we had completed visits to all 14 territorial NHS boards as the backbone of our Scotland-wide needs assessment review. We held half-day professionals' workshops with staff from maternity, health visiting, perinatal occupational therapy and community nursing, MBUs, clinical psychology and the third sector. We also completed an online survey of women's and families' views in association with the Maternal Mental Health Scotland (MMHS) Change Agents. Together, the board visits, workshops and survey informed the development of recommendations on service delivery published by the Network in the report 'Delivering Effective Services: Needs Assessment and Service Recommendations for Specialist and Universal Perinatal Mental Health Services'.

We worked closely with NHS Education for Scotland in the joint production of the Perinatal Mental Health Curricular Framework (launched on 19.02.19) and, again with the MMHS Change Agents, developed the Women and Families Maternal Mental Health Pledge.

The Pledge and the Delivering Effective Services report were launched by the First Minister and the Minister for Mental Health on 06.03.19. Their recommendations were endorsed, and a commitment made to provide £50 million in funding toward perinatal and infant mental health provision.

Our work remains underpinned by 4 principles:

- *Working in Partnership* with women and their families so that they are core participants in all work
- *Developing Professional Expertise* so that, in all clinical encounters, women can expect that staff have the knowledge and skills to prevent, detect and manage their mental health difficulty
- *Ensuring Equity of Care* by streamlining pathways into specialist care, reducing barriers to care, and ensuring that where a woman lives, or what background she comes from, does not affect her access to care
- *Delivering Best Outcomes* through ensuring that care is evidence-based with measurable results

In other work, we have continued to develop our web and social media presence, and kept stakeholders informed through regular newsletters. We established, and continue to support, a forum for staff from both Mother and Baby Units (MBUs) to meet regularly and collaborate on quality improvement.

As ever, I would like to thank my colleagues within the network management service, for their advice, guidance and continued support. I am also extremely grateful to the boards we have visited, and the professionals we have met, for welcoming us and opening themselves up to discussion of their hopes and plans for service provision. Most importantly, we have hugely valued the expert knowledge by experience shared with us by the MMHS Change Agents and their families. This provides the greatest inspiration for the work that we do.



Dr Roch Cantwell

Lead Clinician, Perinatal Mental Health Network Scotland

1. Introduction

Mental health and wellbeing during pregnancy and following childbirth is important, both for mothers and for their developing babies. As many as one in five women will develop some form of mental health problem during pregnancy or in the first year after their baby is born (the postpartum year).

Mental illness relating to pregnancy or the postpartum year is known as perinatal mental illness.

Perinatal mental illness can take many forms and may range from mild anxiety or depressive symptoms which can be successfully treated in primary care to, less commonly, severe mental illness requiring specialist mental health care and sometimes inpatient psychiatric treatment. The impact of these illnesses on women and on their early relationship with their baby can be profound, as can the wider effect on partners and families.

Effective treatments are however available and the impact on mothers, babies and their families can be greatly reduced if symptoms are recognised early and appropriate treatment is started promptly.

In Scotland the current annual birth rate is almost 55,000. With as many as 20% of women estimated to be affected by mental ill health during pregnancy or following childbirth, each year up to 11,000 babies are born to mothers in Scotland who may be experiencing mental health difficulties of some kind. It is important that services get care right; not only for mothers, but for babies too. ^{**1}

The National Society for the Prevention of Cruelty to Children (NSPCC) and the Mental Welfare Commission (MWC) separately undertook reviews of perinatal mental health services in 2015 and 2016. Both recommended the establishment of a clinical network.

The 2017-2027 Mental Health Strategy committed to fund the introduction of a National Managed Clinical Network to improve the recognition and treatment of perinatal mental health problems.

In January 2017 Maureen Watt (Minister for Mental Health) launched the network at Aberdeen Royal Infirmary. At the launch Ms Watt announced

“The Managed Clinical Network will bring together health professionals who work in the area of Perinatal and Infant Mental Health. This joint expert leadership will identify gaps in current perinatal care and pathways for care. It will develop and implement guidelines and best practice, helping to improve standards and make sure everyone gets the same level high level of care regardless of where they live.

The initial aims of the network will be to ensure equitable, coordinated access to mental health provision for pregnant and postnatal women.

¹ ^{**}Visit and Monitoring Report: Perinatal themed visit report: Keeping mothers and babies in mind

It will seek to understand current provision and promote improvements in local services. These improvements include access and options for families, professional expertise and effective service delivery. Beyond this, it will seek to contribute to improved early years' health and development for infants as part of a broader Scottish Government intention for improved early intervention”.

2. Network Vision, Aims and Core Objectives

2.1 Network Vision

For every woman, their infant and family to have timely and appropriate access to the best Perinatal Mental Health Care in Scotland

Perinatal Mental Health Network Scotland

Figure 1: Perinatal Mental Health Network Scotland vision

2.2.2 Network Aims

The initial aim of the National Managed Clinical Network for Perinatal Mental Health (also known as Perinatal Mental Health Network Scotland; PMHN Scotland) is to co-ordinate, and ensure equitable access to, appropriate mental health provision for pregnant and postnatal women (to the end of the first postnatal year) across all tiers of delivery to:

- Understand current provision and promote improvements in local and regional services
- Optimise the efficient use of tertiary and inpatient specialist care
- Ensure best mental health outcomes through effective service delivery and enhanced professional expertise
- Maximise early years' health and development for infants up to 12 months growing up in the context of maternal mental ill health, and inform broader early years intervention strategies in infant and child mental health
- Deliver Action 16 of the Mental Health Strategy 2017-2027 – to improve the recognition and treatment of perinatal mental health problems.

2.2 Core Objectives

National Managed Clinical Networks have agreed core objectives that reflect the Scottish Government's expectations for managed clinical networks, as described in CEL (2012) 29², which are;

1. Design and ongoing development of an effective network structure that is organised, resourced and governed to meet requirements in relation to Scottish Government Health and Social Care Directorate Guidance on Managed Clinical Networks (MCN) [currently Chief Executive Letter (2012) 29] and national commissioning performance management and reporting arrangements;

² Please see: https://www.sehd.scot.nhs.uk/mels/CEL2012_29.pdf



2. Support the development, design and delivery of services that are evidence based and aligned with current strategic and local and regional NHS planning and service priorities.
3. Ensure effective stakeholder communication and engagement through design and delivery of a written strategy that ensures stakeholders from health, social care, education, the third sector and service users are involved in the network and explicitly in the design and delivery of service models and improvements.
4. Improve capability and capacity in paediatric endocrine care through design and delivery of a written education strategy that reflects and meets stakeholder needs.
5. Deliver effective systems and processes to facilitate and provide evidence of continuous improvement in the quality of care.
6. Enable timely and effective care for paediatric endocrine patients across Scotland, delivered at the most appropriate point of contact, according to nationally-agreed procedures and guidelines which are evidence-based wherever possible.

3. Management arrangements

Dr Roch Cantwell, Perinatal Mental Health, Consultant Psychiatrist, NHS Greater Glasgow and Clyde, is the Perinatal Mental Health Network Scotland Lead Clinician. Dr Anne McFadyen, Consultant Child and Adolescent Psychiatrist, NHS Lanarkshire, is the Network's Infant Mental Health Lead. Ms Elaine Clark, Nurse Consultant, NHS Greater Glasgow and Clyde, is the Network's Nurse Lead and Ms Shona McCann, Specialist Perinatal Midwife, NHS Grampian, is the Network's Maternity Lead. The Network has administrative support from a Programme Manager, a Programme Support Officer and a Data Analyst (Appendix 1)

4. Defined structure for Service Delivery

PMHN Scotland's role encompasses care for pregnant and postnatal women (to the end of the first postnatal year) with Perinatal Mental Health issues and their families across all tiers of delivery. Its stakeholders include:

- Women and their families
- Mother and baby units
- Community perinatal mental health services
- General adult mental health services
- Child and adolescent mental health services
- Maternity services
- Primary care services
- Paediatric services
- Psychiatrists
- Mental health nurses
- Health visitors
- Midwives
- Psychologists
- National Education for Scotland (NES)
- Scottish Government
- Mental Welfare Commission
- Health Care Improvement Scotland
- 3rd sector agencies
- Mental health support groups
- Maternity support groups
- NSD Mental Health Portfolio
- NHS Boards
- Regional Planning Groups (SEAT/NoSPG/WoSPG)
- Perinatal and Infant Mental Health Programme Board

The PMHNS steering group meets 3 times per annum. Its remit is to provide strategic direction for the Perinatal Mental Health Network. The steering group is representative of the different professional disciplines from the perinatal mental health community and their geographical boundaries (Appendix 3). The steering group supports and steers the Network's development by:

- Acting as an advisory group representing the views of the working groups

- Having responsibility for the development, monitoring and evaluation of the progress of the Network
- Actively promoting the Network
- Being involved with the regular review of services to assist with audit provision
- Providing a strategic and expert opinion

PMHN Scotland's service agreement is valid from 2018-2021.

Appendix 2 illustrates the National Commissioning Governance for National Managed Clinical Networks

5. Report against the 2017/18 Workplan

PMHN Scotland successfully accomplished a wide ranging and varied programme of activity during the 2017-18 reporting period (Appendix 6)

5.1 Needs Assessment

The Network completed its Needs Assessment Exercise with all the boards in NHS Scotland to identify what perinatal mental health provision exists across of tiers of service delivery.

Beginning in October 2017, the Network visited all NHS boards in Scotland to meet with professionals from mental health, maternity, health visiting, primary care and the third sector, and with women with lived experience and their families. All others with an interest in perinatal mental health were also welcome to attend. Each meeting had three broad aims:

- To assess the need for, availability and uptake of education and training in perinatal mental health
- To explore local pathways to assessment and care for women experiencing perinatal mental health problems
- To identify any specialist service provision, including links to regional inpatient specialist care

| NHS Board | Needs Assessment visit completed |
|-------------------------------|--|
| NHS Ayrshire and Arran | 8 th October 2018 |
| NHS Borders | 27 th November 2017 |
| NHS Dumfries and Galloway | 19 th November 2018 |
| NHS Fife | 30 th April 2018 |
| NHS Forth Valley | 12 th November 2018 |
| NHS Greater Glasgow and Clyde | 31 st October & 7 th November 2017 |
| NHS Grampian | 19 th March 2018 |
| NHS Highland | 18 th June 2018 |
| NHS Lanarkshire | 9 th July 2018 |
| NHS Lothian | 26 th February 2018 |
| NHS Orkney | 3 rd September 2018 |
| NHS Tayside | 29 th October 2018 |
| NHS Shetland | 4 th September 2018 |
| NHS Western Isles | 23 rd July 2018 |

Figure 1 Timeline of PMHN Scotland Needs Assessment Visits

The information gathered through these visits enabled the network to write and publish its Needs Assessment Report entitled “Delivering Effective Services: Needs Assessment and Service Recommendations for Specialist and Universal Perinatal Mental Health Services”.

The report makes twenty-eight recommendations across all tiers of service delivery, with the aim of ensuring that Scotland has the best services for women with, or at risk of, mental ill health in pregnancy or the postnatal period, their infants, partners and families. It places particular emphasis on the development of expertise by all professionals involved in maternal and infant mental health care and the importance of close working links between different services that women encounter. It aims to ensure that women receive the right level of clinical expertise and seamless care, wherever they live in Scotland. It recognises the need not only to care for the woman experiencing ill health, but also to promote best outcomes for her infant and support for fathers, and others who are parents, in their own right.

At the same time that the Needs Assessment visits were being conducted, the Network collaborated with women with lived experience to develop the “Women and Families Maternal Mental Health Pledge” which sets out eight expectations that they believe will help improve care for women, their infants and families throughout Scotland. The Pledge is available at: <http://www.mcns.scot.nhs.uk/pmhn>

The Needs Assessment Report and the Women and Families Maternal Mental Health Pledge were launched by the First Minister, Nicola Sturgeon, and the Minister for Mental Health, Clare Haughey, on 6th March 2019 at St John’s Mother and Baby Unit, NHS Lothian.

At the launch, the First Minister took the opportunity to reiterate the Scottish Government’s commitment to invest £52 million in perinatal and infant mental health provision by highlighting specific assurances in the Government’s Better Mental Health in Scotland Delivery Plan.

The Delivery Plan stated that:

“We will ensure there is sufficient investment in service provision for equitable access to perinatal counselling services, perinatal and infant mental health promotion, and preparation for parenthood for those who need it, including in the third sector. All mental health staff should have the knowledge and skills necessary to promote good maternal and infant mental health, and recognise and manage, to their level of competency, mental distress and disorder”.

Since the launch of the Network’s report and the Women and Families Maternal Mental Health Pledge, work has begun to establish a Perinatal & Infant Mental Health Programme Board as the mechanism for enabling the investment and implementation of the twenty-eight recommendations to commence. PMHNS is a valued partner in this work.



Picture 1: The PMHS Network Team and Ms Clare Thompson (Maternal Mental Health Change Agent) with the First Minister and Minister for Mental Health at the launch of the Delivering Effective Services Report and the Women and Families Pledge

5.2 Care Pathways /Equity of Care

Through the site visits the network noted that all boards had made efforts to address perinatal mental health issues. Larger boards had developed specialist teams and smaller boards had identified staff within existing community mental health teams (CMHTs) who had a special interest in perinatal mental health. The island boards, with very low birth numbers, had identified the importance of joint working between mental health, maternity and primary care, and of additional education and training in perinatal mental health. In most instances, special interests posts had been developed by individuals with enthusiasm and drive, but these were rarely supported by matched resources. In almost all board areas services were vulnerable to loss of staff members critical to effective functioning, leading, in a number of instances, to discontinuities or suspension of specialist care.

5.2 .1 Mother and Baby Units (MBUs)

The network facilitated 2 MBU forum meetings with staff from the two mother and baby units (MBUs). The forum provided staff with the opportunity to contribute to the Needs Assessment Report, as well as the opportunity for shared learning in the area of parent infant relationship and the importance of attachment in child development.

5.3 Communication and Engagement

5.3.1 Communication and Engagement Strategy

PMHN Scotland has a communication and engagement strategy which informs how the Network will communicate its work to the perinatal mental health community and its stakeholders

5.3.2. Half day workshops

During the reporting period the network facilitated the facilitated half day workshops with individual specialist groups, including midwives, health visitors, perinatal mental health nurses, mother and baby unit staff, clinical psychologists from perinatal mental health specialist services and from maternity and neonatology services, perinatal mental health occupational therapists and the third sector. The purpose of the workshops was to ascertain the training and education training that professionals had in perinatal and infant mental health and the pathways into care

| Professional Discipline | Professional Event completed |
|---------------------------------------|--|
| North of Scotland Maternity Event | 23 rd April 2108 |
| Community Psychiatric Nurses | 31 st May 2018 |
| Specialist Occupational Therapists | 30 th July 2018 |
| 3 rd Sector Event | 20 th August 2018 |
| West of Scotland Health Visitor Event | 27 th August 2018 |
| | |
| Psychology | 3 rd December 2018 |
| Mother and Baby Unit Forum | 5 th November 2018 and 26 th February 2019 |

Figure 2 illustrates the Professional events that the Network has facilitated

5.3.3 Perinatal Mental Health Network Scotland Inaugural Event

Delegates from NHS Boards and from a variety of professional disciplines in Scotland were invited to the Network's inaugural event that took place in Edinburgh on 4th June 2018.

The network was delighted to welcome Ms Maureen Watt, Minister for Mental Health as its key note speaker. Ms Watt set the context as to why and how the network had been commissioned by the Scottish Government, before launching the networks website and twitter account.

Dr Cantwell presented PMHN Scotland's 'Interim Network Report & Recommendations' which provided an overview on the 4 main areas (Working in partnership; Developing professional expertise; Ensuring equity of care; Delivery best outcomes) that the network had been addressing through the needs assessment visits undertaken with the five boards already visited.



Picture 2: Edinburgh: the venue of the networks inaugural event and the PMHN Scotland Core Team

The Network leads provided delegates with an update of the work that they had undertaken since they had come into post.

Ms Elaine Clark, PMHN Scotland Nurse Lead shared the preliminary Women and Families Maternal Mental Health Pledge that had been undertaken by the MMHS Change Agents. The Pledge is available at: <http://www.mcns.scot.nhs.uk/pmhn>

Dr Susie O'Connor, Programme Lead for Early Intervention / Perinatal & Infant Mental Health for National Education Scotland (NES), provided an overview of the draft Curricular Framework for Scotland which had been originally developed by a multi-disciplinary national group, and published by NES in 2006. This work formed the basis for a Specialist Perinatal Mental Health Module at Glasgow Caledonian University in 2007. Feedback from this model then informed the introductory online Maternal Mental Health courses developed by NES in 2015. The refreshed curricular framework would be significantly revised to address competencies across all levels of staff expertise.

Professor Ann Holmes, Chief Midwifery Advisor and Associate Chief Nursing Officer for the Scottish Government, presented the work that had been undertaken by the Best Start Implementation Plan: A 5 year forward plan for Maternity and Neonatal Services. <https://www.gov.scot/Resource/0051/00513178.pdf>

Mrs Alexandra Speirs, PMHN Scotland Programme Manager thanked the delegates for being involved and supporting the Network's dynamic programme of activity during its first year.

The Key Messages Report from the Inaugural Event is available at: <http://www.mcns.scot.nhs.uk/pmhn>

5.3.4 Newsletters

The Network informs the perinatal mental health community and its stakeholders of the work that it has progressed through quarterly newsletters.

During the reporting period PMHN Scotland issued newsletters in June 2017, October 2017, May 2018, December 2018 and April 2019

The newsletters are available on the PMHN Scotland website at: <http://www.mcns.scot.nhs.uk/pmhn>

5.3.5 Social Media



The PMHN Scotland twitter account was launched by Ms Maureen Watt, Minister for Mental Health at the annual event https://twitter.com/PMHN_Scot

The twitter account provides the Perinatal Mental Health Community and its stakeholders with instant updates and news of what is occurring in Perinatal Mental Health in Scotland.

The PMHN Scotland Twitter account currently has 658 followers and is used as a platform to share information. During the Launch of the Perinatal Mental Health Network Needs Assessment Report there was a sharp increase in the number of impressions on the account from our tweets. As shown below, the account had over 93 thousand impressions over the two day period from the launch on 6th March.

Tweet activity



Your Tweets earned **93.1K impressions** over this **2 day** period

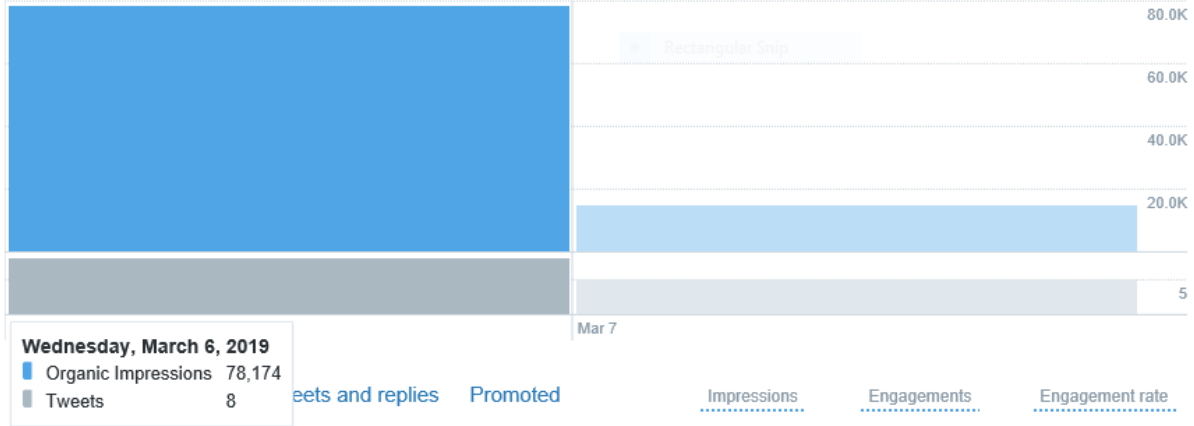


Figure 3: illustrates the number of impressions the network had on Twitter at the Needs Assessment Launch Event.

5.3.6 Network website

Ms Maureen Watt, Minister for Mental Health launched the website at the Network’s inaugural event. Since then the website has been updated with the network branding, and provides an up to date resource for the perinatal community and its stakeholders.

The website remains a work in progress as it evolves to meet the needs of the perinatal community and its stakeholders to enable it to become a “one stop shop” for women, their families and professionals.

5.3.7 Working in Partnership

The Network leads also provided clinical expertise to colleagues in Health Improvement Scotland who were refreshing Scotland’s Ready Steady Baby resource. The resource was launched on 14th March 2019 by Minister for Public Health Joe FitzPatrick and includes the latest information on perinatal mental health support. The resource is available at:

<https://www.gov.scot/news/ready-steady-baby-guidance-updated>

5.3.8 Celebrating success

Ms Shona McCann (Maternity Lead) was acknowledged for the work that she has undertaken as a Specialist Midwife in Maternal Mental Health, in the Care of Mental Health Award at the Scottish Health Awards 2018. Ms McCann also received an award for Innovation at the Scottish Maternity and Midwifery festival.



Picture 3: Maternity Lead Ms Shona McCann with the awards that she received.

5.4 Education and Skilled Workforce

During the reporting period the Network provided clinical expertise to the revised National Education Scotland (NES) Perinatal and Infant Mental Health Curricular Framework.

The revised framework had been developed with five dimensions (health and wellbeing; family support; parent-infant relationships; stigma; interventions) to ensure that the training requirements of the whole workforce were addressed, ensuring that professional competencies were determined by the extent to which the worker will come into contact with mothers and infants who have mental health difficulties. Four levels of practice were identified with each level of the framework building on the preceding level(s) to avoid repetition and enhance readability / utility.

The four levels of practise in the framework are:

Informed: Baseline knowledge and skills required by all staff in the Scottish workforce including those working in health, social care and third sector settings (All staff)

Skilled: Knowledge and skills required by staff who have direct and/or substantial contact with women during pregnancy and the postnatal period, their infants, partners and families (All maternity, health visiting, primary care, children & families social work, relevant third sector)

Enhanced: Knowledge and skills required by staff who have more regular and intense contact with women who may be at risk of/affected by perinatal mental ill health, their infants, partners and families (All mental health, incl. adult, CAMHS, addictions etc.; maternity, primary care, health visiting and third sector staff who work in an enhanced role)

Specialist: Knowledge and skills required by staff who by virtue of their role and practice setting, provide an expert specialist role in the assessment, care, treatment and support of women who may be at risk of/affected by perinatal mental ill health, their infants, partners and families. They will often have leadership roles in education, training and service co-ordination and development (Staff who work within specialist perinatal and infant mental health services).

The revised NES Perinatal Mental Health Curricular Framework: A Framework for Maternal and Infant Mental Health was launched on 22nd February 2019. The framework is available at: <https://maternalmentalhealthscotland.org.uk/news/perinatal-mental-health-curricular-fr...>

5.5 Audit Assurance (Data and Quality Improvement)

An online survey of women's experiences of services for perinatal mental health was undertaken in collaboration with the Maternal Mental Health Scotland Change Agents, a group of women (and, in some instances, other family members) with lived experience who campaign for improved services. It provided evidence that women most value consistency of care during their antenatal and postnatal period, that they want to have information on which to make decisions about mental health treatments in the perinatal period and that they wish to feel comfortable about discussing emotional issues with professionals who have an understanding of mental health.

PMHN Scotland's Information Analyst, Ms Louise Smith, in collaboration with the Network's clinical leads, designed and collated the following surveys:

- Needs Assessment Evaluation
- Needs Assessment/Professional Events Training and Education
- Health Visitor Survey
- Maternity Consultation Service Survey

5.5.1 Psychiatric Data Set

The Network began work to complete a Public Benefit and Privacy Panel (PBPP) form which will enable PMHN Scotland to collate data regarding a women's journey into secondary care. This was halted to enable the network to complete its Needs Assessment Report.

5.5.2 Badgernet IT

The PMHN Scotland Data Analyst has made links with the Badgernet IT system developers. This IT system, used in all but 2 health boards, captures midwifery and neonatal data. The developers are exploring how meaningful perinatal mental health information can be incorporated into the system. This is something that will be explored with the Clevermed team in the 2018/29 financial year.

5.5.3 Evaluation /Benchmarking

The network reports its progress against Action 16 of the 2017-2027 Mental Health Strategy ('to fund the introduction of a National Managed Clinical Network to improve the recognition and treatment of perinatal mental health problems') to the Scottish Government Mental Health Taskforce.

5.6 Quality Improvement

National Managed Clinical Networks (NMCNs) are recognised vehicles for improving the quality of the services they support.

The key responsibility of networks in delivering quality improvement is clearly articulated in the most recent published guidance, CEL 2012 (29), which states, "The role of MCNs in improving the quality and efficiency of services across complex whole systems has become even more important in the current financial climate. MCNs achieve their results through consensus and collaboration, by enabling clinicians, patients and service managers to work together across boundaries to deliver safe, effective and person-centred care MCNs are integral to achieving the three Quality Ambitions".

The PMHN is committed to ensuring that all the work that it progresses as part of the strategic work plan is underpinned by Scottish Government's three quality ambitions³.

The Quality Ambitions

Mutually beneficial partnerships between patients, their families and those delivering healthcare services which respect individual needs and values and which demonstrate compassion, continuity, clear communication and shared decision-making.

There will be no avoidable injury or harm to people from healthcare they receive, and an appropriate, clean and safe environment will be provided for the delivery of healthcare services at all times.

The most appropriate treatments, interventions, support and services will be provided at the right time to everyone who will benefit, and wasteful or harmful variation will be eradicated.

Scottish Government Healthcare Quality Strategy (p.7)

To that end the Perinatal Mental Health Network produced a Quality Strategy in 2018 which is available at: <http://www.mcns.scot.nhs.uk/pmhn>.

The purpose of the strategy is to ensure that quality improvement methodology underpins all of the Network's activity.

Appendix 8 illustrates the Quality Improvement Projects that the Network undertook during the reporting period.

5.6.1 Needs Assessment and Professional Events

In addition to the work that PMHN Scotland identified to undertake as part of its Quality Improvement Strategy, the Network also used Quality Improvement (QI) methodology to enable it to make use of its limited administrative resources and progress its dynamic programme of activity during the reporting period.

To enable the Network to accomplish its varied programme of activity it used Plan-Do-Study-Act methodology which enabled the network leads to undertake some of the needs assessment visits and professional workshops without having on site administrative support. This resulted in the Network being able to complete all its needs assessment visits as it had planned, facilitate unplanned professional events as part of its programme of activity as well as save on the cost of travel to remote and rural boards.

5.6.2 Strategic Maternity Consultation

In September 2018 the Maternity Lead identified that she had been receiving ad-hoc requests from midwives in NHS Scotland, England and Ireland to provide advice on strategic midwifery developments. In order to understand the frequency and nature of the requests the PMHN Scotland management team designed a quality improvement pilot (September 2018-January 2019) to enable the Maternity Lead to provide ring-fenced strategic midwifery advice.

³ NHS Scotland Health Care Quality Strategy (2010)

It was anticipated that the quality improvement pilot would minimise the number of ad-hoc requests that the Maternity Lead received, along with information regarding the strategic nature of the requests to identify common themes to enable the network to develop a “Once for Scotland” national approach to the requests if required.

The pilot provided an opportunity for the Maternity Lead to filter ad-hoc requests to the telephone consultation service. However due to the Maternity Lead’s availability the sessions were only able to be offered in the morning and not alternate mornings and afternoons as originally anticipated. This may explain why all the available sessions were not used.

It should also be noted that, as the Network was completing its Needs Assessment board visits and the maternity survey had been issued during September to December 2018, the need to contact the Maternity Lead on issues already addressed elsewhere was reduced.

Maternity staff that accessed the pilot identified that they had found the service beneficial and would use the service again to have the opportunity to discuss with the Maternity Lead how the role of Perinatal Mental Health Midwife should be developed in NHS Scotland.

6. Value

During the reporting period the Network has added value by bringing together professionals who work in the field of perinatal mental health. Specifically, PMHN Scotland has supported the development of an MBU Forum to enhance communication and learning between the 2 Scottish MBUs. The network has collated a once for Scotland national distribution lists.

6.1 Network Spend

All national managed clinical and diagnostic networks receive an annual budget of £5,000 undertake network activity, which can include facilitating annual events and developing promotional material.

During the reporting period the Network overspent on its allocated budget which is attributed to the network conducting its Needs Assessment Visits and facilitating its inaugural event. This was underwritten by the National Network Management Service.

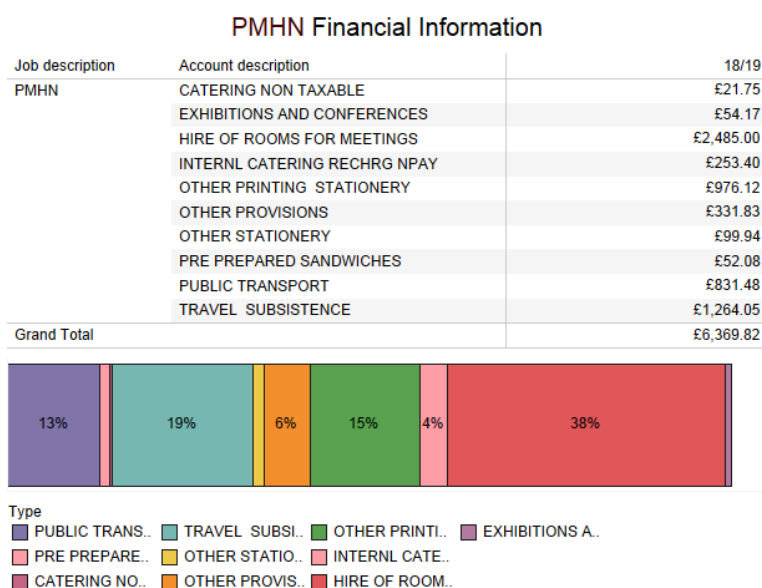


Figure 3: 2018/19 Network spend

7. Plans for the Year Ahead

The proposed mechanism for delivering PMHN Scotland's twenty-eight recommendations detailed in 'Delivering Effective Services' will be through the Perinatal and Infant Mental Health Programme Board that will invite and scrutinise proposals and oversee what work is undertaken regionally, locally and within a community setting (Appendix XX). The network will work collaboratively with the Programme Board to ensure that the recommendations can be delivered, but will also deliver on its own strategic programme of work, detailed in appendix 7.

The Workplan for 2019-202 includes:

- Facilitate three steering group meetings
- Develop a universal perinatal mental health care pathway
- Review clinical assessment tools
- Conduct a needs assessment for women with substance misuse
- Scope the different models of peer support and the role of peer support workers in Scotland and the UK, facilitate a peer support engagement event
- Facilitate professional /regional events
- Providing regular communication through newsletters and Twitter
- Developing professional expertise through work with NES
- Facilitate an annual event
- Identifying a suite of QI measures and a core data set
- Developing a women and families' satisfaction tool
- Reporting bi-annually to the Mental Health Strategy Group
- Conduct a minor review of the Network

Appendix 1: Perinatal Mental Health Network Core team

1.1 Lead Clinician



Dr Roch Cantwell was supported by his NHS Board, NHS Greater Glasgow and Clyde, to provide 4 weekly sessions to the PMHN to lead modernisation of service design to effect and maintain availability of high quality, equitable, person centred, co-ordinated Perinatal and Infant Mental Health services across Scotland such that there is best use of resources.

Dr Cantwell is a consultant perinatal psychiatrist with NHS Greater Glasgow and Clyde. He is chair of the RCPsych in Scotland's Perinatal Faculty and lead psychiatric assessor to the UK Confidential Enquiries into Maternal Deaths. He chaired the SIGN guideline development group on Perinatal Mood Disorders and co-led the RCPsych in Scotland's Healthy Start Healthy Scotland campaign to improve services for maternal and infant mental health. He is co-chair of the RCPsych Perinatal Quality Network's Accreditation and Advisory Committees.

1.2 Infant Mental Health Lead



Dr Anne McFadyen was appointed in August 2017 to provide 2 weekly sessions specifically in the area of Infant Mental Health to maximise early year's health and development for infants up to 12 months growing up in the context of maternal mental ill health; and inform broader early year's intervention strategies in infant and child mental health. Dr Anne McFadyen has worked as a Consultant Child and Adolescent Psychiatrist since 1991. Dr McFadyen has worked in hospital-based infant mental health and community Under-5s services.

Dr McFadyen is the past Chair of the Child and Adolescent Faculty of the RCPsych and co-chaired the Royal College of Psychiatrists in Scotland's Healthy Start Healthy Scotland campaign.

Dr McFadyen is passionate about supporting families to give infants 'good-enough' beginnings; she is the author of 'Special Care Babies and Their Developing Relationships' (1994).

1.3 Nurse Lead



Ms Elaine Clark was supported by her NHS Board; NHS Greater Glasgow and Clyde to provide 2 weekly sessions to the network.

Ms Clark has extensive Perinatal Mental Health Nursing experience; she has been involved in national strategic Perinatal Mental Health work for over 8 years; Ms Clark is a Nurse Consultant for Perinatal Mental Health at the West of Scotland Mother & Baby Unit (MBU) and was a founding member and previous chair of Maternal Mental Health Scotland (MMHS) and continues to provide clinical advice to MMHS Change Agents.

1.4 Maternity Lead



Ms Shona McCann was supported by her NHS Board; NHS Grampian to provide 2 weekly sessions to the network.

Ms McCann was the first Specialist Perinatal Mental Health Midwife to be employed in NHS Scotland. Ms McCann facilitated the development of rural Midwifery led clinics; she is the interface between Maternity and Mental Health Services. The clinics that Ms McCann established promotes equity of access by enabling women who were unable to attend centrally-based services to have access to specialist care.

Ms McCann believes that women's emotional needs are equally as important as their physical needs in pregnancy and is a passionate advocate in tackling stigma for women affected with mental health issues during their pregnancy.

1.5 Data Analyst



The Scottish Governments Mental Health Strategy (2017-2027) identified the need to develop a quality indicator profile in mental health which will include measures across six quality dimensions: person-centred, safe, effective, efficient, equitable and timely.

In recognition of this work Ms Louise Smith, a data analyst, has been funded for 5 weekly sessions to enable the network to review the Psychiatric data set that is being used in NHS Information Services Department (ISD).

This will enable the network to understand how the various IT systems used in NHS Scotland inter-operate and make recommendations to improve how data and information is shared between professionals and NHS Boards to better support the patient journey.

1.6 Maternal Mental Health Change Agents



The network is committed to ensure that women with lived experienced are central to and involved in all the work that the network undertakes.

The network is fortunate to be able to involve and collaborate with the Maternal Mental Health Change Agents (MMHCA)

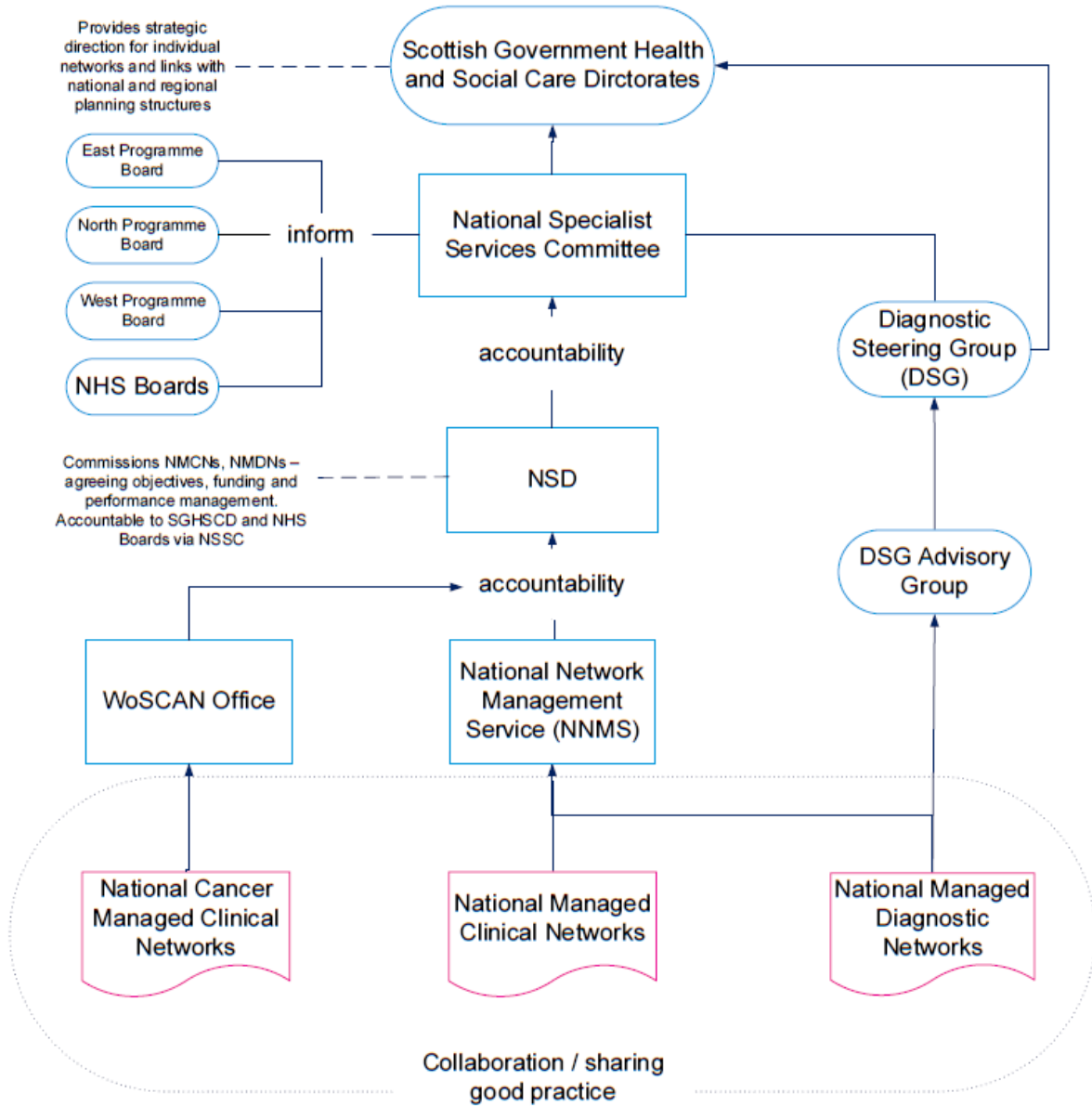
The MMHCA is a group of women and families with lived experience who want to challenge the stigma and discrimination associated with maternal mental ill health. They do this by taking part in research, contributing to national workstreams, giving talks to groups and conferences, and sharing information on social media.

The MMHCA are funded by See Me Scotland, and supported by Maternal Mental Health Scotland.

The MMCHA facebook page is available at:

<https://en-gb.facebook.co./maternalmentalhealthscotlandchangeagents/>

Appendix 2: National Commissioning Governance for National Networks



Appendix 3: Network Governance

The Perinatal Mental Health Network has a multi-professional steering group representative that includes different professional disciplines and organisations and women with lived experience.

Network Core Team

Network Lead: Dr Roch Cantwell

Programme Manager: Mrs Alexandra Speirs

Infant Mental Health Lead: Dr Anne McFadyen

Nurse Lead: Ms Elaine Clark

Maternity Lead: Ms Shona McCann

Programme Support Officer: Ms Susan Fairley

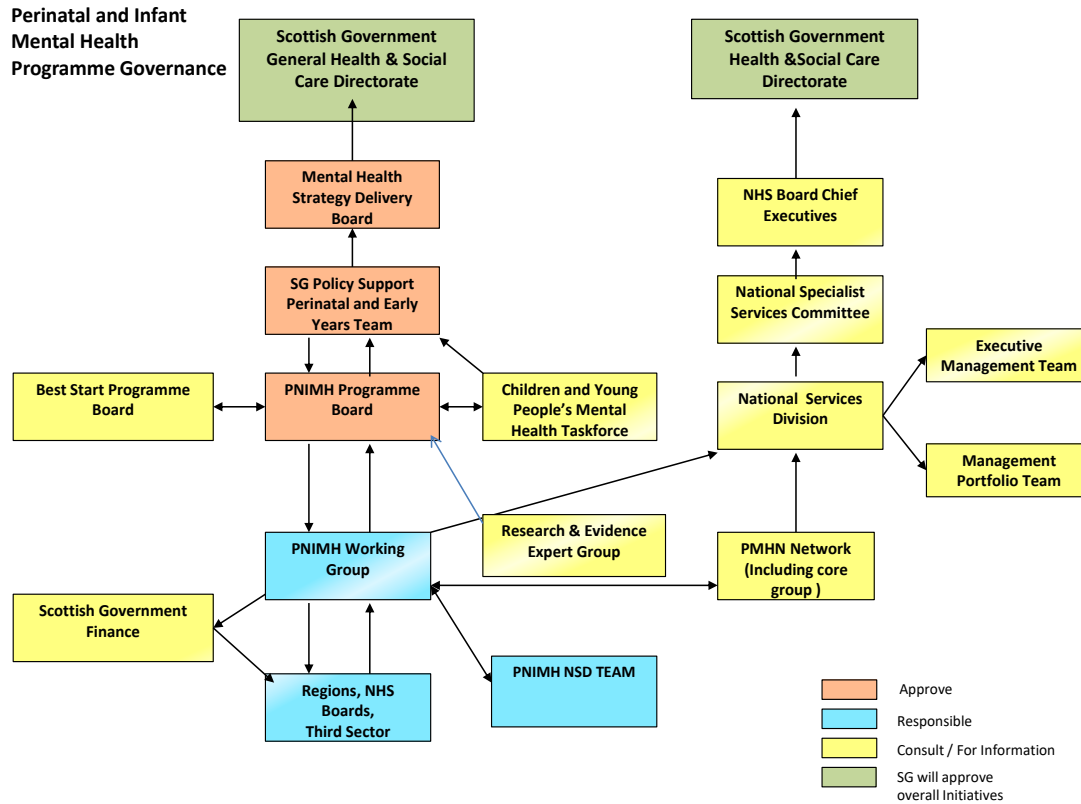
Data Analyst: Ms Louise Smith

Appendix 4: Network Steering Group Representation

| Name | NHS Board / Organisation | Designation / Network roll |
|------------------------|---------------------------------|--|
| Dr Roch Cantwell | NHS GG&C | PMHN Lead Clinician |
| Elaine Clark | NHS GG&C | PMHN Nurse Lead |
| Dr Anne McFadyen | NHS Lanarkshire | PMHN Mental Health Lead |
| Shona McCann | NHS Grampian | PMHN Maternity Lead |
| Alley Speirs | NHS NSS | PMHN Senior Programme Manager |
| Louise Smith | NHS NSS | PMHN Data Analyst |
| Susan Fairley | NHS NSS | PMHN Programme Support |
| Dr Angus McBeth | CPsychol, AFBPsS | Lecturer in Clinical Psychology |
| Annie Hair | CHVA | HV Representative |
| Carly Grant | Health Scotland | Senior Health Improvement Officer |
| David Thomson | NHS A&A | Chair, Mental Health Nurse Forum Scotland |
| Dr Aman Durrani | NHS GG&C | Consultant Perinatal & General Adult Psychiatrist, West of Scotland Mother & Baby Unit |
| Dr Barney Coyle | NHS Lothian | Consultant Psychiatrist, East of Scotland Mother & Baby Unit |
| Dr Dawn Kerraghan | RCOG | RCOG Scotland lead for Perinatal Mental Health |
| Dr Katherine McKay | NHS GG&C | Consultant Paediatrician, child Protection |
| Dr Selena Gleadow Ware | NHS Grampian | Consultant Psychiatrist, North of Scotland Regional Network |
| Emma Curren | Royal College Midwives | National Officer - Scotland The Royal College of Midwives |

| | | |
|--------------------|---|---|
| Heather Sloan | NHS GG&C | Health Improvement Lead for Mental Health |
| Helen Sloan | NHS Lanarkshire | Chair of MMHS and Lead for NHS Lanarkshire PMHS |
| Juliet Brock | Mental Welfare Commission | Medical Officer, Mental Welfare Commission |
| Maria Docherty | Scottish Mental Health Nurse Leads Group for Scotland | Chair, Scottish Mental Health Nurse Leads Group for Scotland |
| Prof Helen Cheyne | NMAHP Research Unit | Professor of Maternal and Child Health Research & RCM (Scotland) Professor of Midwifery Research |
| Dr Moira S Kennedy | NHS Tayside | GP & Chair of Tayside Perinatal Mental Health Group |
| Catherine Carver | MMHA Change Agent | MMHS Scotland Change Agent |
| Jackie Walker | 3 rd Sector Representative | Crossreach |
| Nikki O'Hara | 3 rd Sector Representative | Homestart Glasgow North |

Appendix 5: Clinical governance structure for PNMH Implementation Programme



Appendix 6: 2017-2018 Workplan

| Objective Number | SMART Objective | Linked Dimensions of Quality | Planned start / end dates | Detailed plan/available owner | Description of progress towards meeting objectives | Anticipated outcome | RAGB Status |
|------------------|--|------------------------------|------------------------------|-------------------------------|---|---|-------------|
| 2017-01 | <p>Mapping and Gapping</p> <p>The PMHN will undertake a Needs Assessment exercise to identify what perinatal mental health provision exists across all tiers of service delivery by December 2018.</p> | 1:2:4:5:6 | October 2017 - December 2018 | PMHN Core Team | The Network has held its first Needs Assessment exercise in NHS GGC, with others planned throughout the year. Following initial attendance and facilitation by all of the core team, distributed leadership is in evidence with a range of leads progressing these events. | There will be equity of provision of access to perinatal mental health care in Scotland for all women and infants, including access to specialist community services and to inpatient MBU care where required. | B |
| 2017-02 | <p>Care Pathways/Equity of Provision</p> <p>In January 2018 the network will begin to develop guidance on access to services, including what women and their families can expect on their journey through services and how services co-ordinate their care and communicate with each other, informed by service mapping, and supported by agreed standards, competencies and guidance for health and social care staff by March 2019.</p> | 1:2:3:4:5:6 | August 2017 - March 2019 | PMHN Core Team | <p>As part of the network's Needs Assessment exercise the network is collating data to ascertain what current care pathways are available for women and their infants, taking into account the woman's journey from pre-conception to the end of the first 12 postnatal months, in boards across Scotland</p> <p>Dr Cantwell presented preliminary findings from the mapping and gapping events at the networks inaugural annual event.</p> <p>The network facilitated Mother and Baby Unit Forums in</p> | <p>There will be an improvement in the recognition and treatment of women who experience mental ill-health in relation to childbearing</p> <p>There will be an improvement in the recognition and treatment of mother-infant relationship problems where a woman experiences perinatal mental ill health.</p> <p>All services provide co-ordinated and integrated care, in accordance with a recognised care pathway, which follows the woman's journey from pre-conception to the first postnatal year.</p> <p>There is equity of access to inpatient mother and baby admission facilities, if required, regardless of a woman's place of residence.</p> <p>There is equity of access to appropriately trained clinicians and inpatient facilities within NHS Scotland.</p> <p>There is a holistic approach to prevention, early detection and management that incorporates standardised decision-making tools and effective communication between</p> | B |

| Objective Number | SMART Objective | Linked Dimensions of Quality | Planned start / end dates | Detailed plan/available owner | Description of progress towards meeting objectives | Anticipated outcome | RAGB Status |
|------------------|---|------------------------------|---------------------------|-------------------------------|--|--|-------------|
| | | | | | | services. | |
| 2017-03 | <p>Communication and Engagement</p> <p>The PMHN will develop a communication strategy that effectively informs and educates the public, professionals and service commissioners about the importance of Perinatal Mental Health, and of how services are structured and accessed by August 2018.</p> | 1:3:4:5 | August 2017 - March 2018 | PMHN Core Team | <p>The network held a planning day where it identified its 5 year strategic workplan</p> <p>The network has produced a written communication and engagement strategy</p> <p>The network has facilitated half day events with</p> <ul style="list-style-type: none"> • Midwifery staff • Community Mental Health Nurses • Health Visitors • 3rd Sector Organisations <p>The network has met with Mother and Baby Unit Occupational Therapists</p> <p>By December 2018 the network will facilitate half day events with</p> <ul style="list-style-type: none"> • Mother and Baby Units • Psychologists <p>Going forward the network will engage with primary care, social services that is co-ordinated with professional organisations including RCM, RCN, RCOG, RCGP, RCPsych, BPS, CPHVA, MMHS, BASW.</p> <p>Creation of the website is underway, with the PNMH Core Team working in collaboration with NSS' Communication department for guidance on how the PMHN website can be a highly effective communication and training resource</p> <p>A list of all statutory and non statutory agencies, and of women/families led resources is being compiled in order to enable the network to communicate effectively with the perinatal community and other stakeholders.</p> <p>The network continues to issue quarterly</p> | <p>The stigma associated with PMH will be reduced amongst women and their families and statutory/non statutory services</p> <p>There will be effective, clear lines of communication between the PMHN and its constituent stakeholders</p> <p>There will be a co-ordinated approach to communication between specialist services and women, their families, referrers and other professionals.</p> | B |

| Objective Number | SMART Objective | Linked Dimensions of Quality | Planned start / end dates | Detailed plan/available owner | Description of progress towards meeting objectives | Anticipated outcome | RAGB Status |
|------------------|--|------------------------------|---------------------------|-------------------------------|--|--|-------------|
| | | | | | <p>newsletters</p> <p>The network launched its Twitter account at its inaugural event.</p> <p>The network launched its website at its inaugural event.</p> <p>The PMHN has provided clinical mental health expertise to HIS for the re-design its Ready Steady Baby resource</p> | | |
| 2017-04 | <p>Education / Skilled Workforce</p> <p>By March 2019 The data analyst will have collated the professional education training and education requirements that the network has gathered from its mapping and gapping events.</p> <p>During 2018 the PMHN will work with NES to assist NES to re-write and refreshing the NHS Curricular Perinatal and Infant Mental Health Curricular framework</p> <p>By the end of 2018 the NES Curricular Perinatal and Infant Mental Health Curricular framework will be published</p> | 1:2:3:4:6 | August 2017 - March 2019 | PMHN Core Team | <p>Work has begun with NES to (i) refresh the Perinatal Mental Health Curricular Framework; (ii); identify existing training resources in perinatal mental health.</p> <p>The network leads have been involved in providing expert clinical guidance to the revised NES Curricular framework</p> | <p>Women and their families can be directed to appropriate support in their area.</p> <p>There will be a reduction in the stigma associated with Maternal Mental Health</p> <p>Services in each NHS board area will be able to demonstrate increased competency across all disciplines who work with women and their families across primary and secondary care.</p> <p>The revised curricular framework is due to be published in 2018.</p> | G |
| 2017-05 | <p>Audit and Assurance (Data and Quality Improvement)</p> <p>During 2018 the data analyst will work with the PMHNS leads to develop and collate surveys that underpins the work of the network in its Mapping and Gapping Exercises and Professional</p> | 1:2:3:4 | August 2017 - March 2019 | PMHN Core Team | <p>The data analyst is developing and evaluating surveys with the network leads.</p> <p>The women and families survey has been completed.</p> <p>The data analyst ha is investigating what data sources are already in existence, including, but not limited to, SMR maternity and mental health</p> | The PMHN will be able to present data to the Scottish Government that highlights the justification for investment in Maternal and Infant Mental Health Services | B |

| Objective Number | SMART Objective | Linked Dimensions of Quality | Planned start / end dates | Detailed plan/available owner | Description of progress towards meeting objectives | Anticipated outcome | RAGB Status |
|------------------|--|------------------------------|----------------------------|---------------------------------------|---|---|-------------|
| | events | | | | data. Maternity Handheld Records, Badgernet maternity system, primary care systems, and how they interface with one another The network has begun completing the PBAB to collate data regarding a women's journey into secondary care. | | |
| 2017-06 | Quality Strategy By March 2018 the Network will have produced a Quality Improvement Strategy | 3:4:5:6 | December 2018 – March 2019 | Mrs Alexandra Speirs/Ms Susan Fairley | The network has 2 quality improvement projects: The Communication and Engagement Group will develop the website using QI methodology. The Maternity Lead strategic advice clinics have been developed and monitored using quality improvement methodology. The network has used quality improvement methodology to mobilise its administrative resources effectively as part of the networks mapping and gapping activity and professional events. | Quality Improvement Methodology underpins all the networks activity | G |
| 2017-07 | Evaluation/ Benchmarking During 2018 the network will provide reports to the Scottish Government Mental Health Taskforce as part of the reporting mechanism of the network to the Scottish Government. | 1:2:3:4 | August 2017 - March 2019 | PMHN Core Team | There is an agreed mechanism for reporting to Scottish Government Mental Health Taskforce | There will be consistency in care | B |
| 2018-01 | Quality Improvement :Strategic Maternity Clinic By January 2019 the network will have facilitated a 5 month strategic pilot study that is available to all Midwives in NHS Scotland | 3:4:5:6 | Sept 2018- January 2019 | PMHN Management Team/Ms Shona McCann | Dates have been agreed for the Maternity Clinic Communication has been issued. Evaluations have been developed | The network will review the data gathered to identify if there are common themes/gaps that would benefit from a "Once for Scotland" national approach | B |

| Objective Number | SMART Objective | Linked Dimensions of Quality | Planned start / end dates | Detailed plan/available owner | Description of progress towards meeting objectives | Anticipated outcome | RAGB Status |
|------------------|-----------------|------------------------------|---------------------------|-------------------------------|--|---------------------|-------------|
| | | | | | | | |

Appendix 7 PMHNS WORKPLAN – 2019-2020

Please ensure that the annual workplan reflects the agreed objectives in the current network strategic workplan.

All work objectives should be listed under the most appropriate heading. Headings correspond to the agreed network core objectives:

1. Design and ongoing development of an effective Network structure that is organised, resourced and governed to meet requirements in relation to SGHSCD Guidance on MCNs (currently [CEL \(2012\) 29](#));
2. Support the design and delivery of services that are evidence based and aligned with current strategic and local and regional NHS planning and service priorities.
3. Effective Stakeholder Communication and Engagement through design and delivery of a written strategy that ensures stakeholders from Health, Social Care, Education, the Third Sector and Service User are involved in the Network and explicitly in the design and delivery of service models and improvements.
4. Improved capability and capacity in Perinatal Mental Health Services care through design and delivery of a written education strategy that reflects and meets stakeholder needs.
5. Effective systems and processes to facilitate and provide evidence of continuous improvement in the quality of care (CQI).
6. Generate better value for money in how services are delivered.

When defining network objectives please consider the NHS Scotland policy aims described in [Realistic Medicine](#), as well as the Institute of Medicine's six dimensions of quality, which are central to NHS Scotland's approach to systems-based healthcare quality improvement:

1. **Person-centred:** providing care that is responsive to individual personal preferences, needs and values and assuring that patient values guide all clinical decisions;
2. **Safe:** avoiding injuries to patients from healthcare that is intended to help them;
3. **Effective:** providing services based on scientific knowledge;
4. **Efficient:** avoiding waste, including waste of equipment, supplies, ideas, and energy;
5. **Equitable:** providing care that does not vary in quality because of personal characteristics such as gender, ethnicity, geographic location or socio-economic status; and
6. **Timely:** reducing waits and sometimes harmful delays for both those who receive care and those who give care.

Key

| RAGB status | Description |
|------------------|--|
| RED (R) | The network is unlikely to achieve the objective by the agreed end date. |
| AMBER (A) | There is a risk that the network will not achieve the objective by the agreed end date but progress has been made. |
| GREEN (G) | The network is on track to achieve the objective by the agreed end date. |
| BLUE (B) | The network has been successful in achieving the network objective to plan. |

| Objective Number | Smart Objective | Planned start/ end dates | Detailed Plan Available / Owner | Description of progress towards meeting objective as at 31/03/2019 | Anticipated Outcome | RAGB status |
|---|--|--------------------------|---------------------------------|--|--|-------------|
| 1. Effective Network Structure and Governance <small>[[linked to Quality Dimensions 3,4,5,6]</small> | | | | | | |
| 2019-01 | The network will organise 3 steering group meetings by 31 st March 2020 | 01/04/2019 31/03/2019 | PMHNS core team | Steering Group meetings are planned for 2019 | Effective delivery of the PMHNS workplan | G |

| Objective Number | Smart Objective | Planned start/ end dates | Detailed Plan Available / Owner | Description of progress towards meeting objective as at 31/03/2019 | Anticipated Outcome | RAGB status |
|--|---|--------------------------|---------------------------------|---|--|-------------|
| 2. Service Development and Delivery <small>[linked to Quality Dimensions 1,2,3,4,5,6]</small> | | | | | | |
| 2019-02 | <p>Care Pathways and Equity of Provision:</p> <p>Development of a universal perinatal mental health care pathway</p> <p>By December 2020 the PMHNS will have identified the pathways in and out of care in the following areas</p> <ul style="list-style-type: none"> • Mother and Baby Units • Specialist community perinatal mental health teams (CPMHTs) • Maternity services • Maternity and neonatal psychological therapies services • Health visiting • Primary care | 01/05/2019-31/12/2020 | Dr Roch Cantwell-PMHNS Leads | <p>The network will ascertain current pathways in and out of perinatal and infant mental health care by establishing MBU and Community Perinatal Mental Health Teams (CPMHTs) forums</p> <p>There are existing CPMHTs in</p> <p>NHS Ayrshire and Arran</p> <p>NHS Forth Valley</p> <p>NHS Grampian</p> <p>NHS Greater Glasgow and Clyde</p> <p>NHS Lothian</p> <p>NHS Lanarkshire</p> <p>The network will ensure that it liaises with CAMHS and general adult mental health</p> | <p>There will be standardised perinatal mental health referral, assessment and discharge documentation and written communication between services.</p> <p>There will be a universal perinatal mental health care pathway which maps to the woman's journey through</p> | G |

| Objective Number | Smart Objective | Planned start/ end dates | Detailed Plan Available / Owner | Description of progress towards meeting objective as at 31/03/2019 | Anticipated Outcome | RAGB status |
|------------------|--|--------------------------|---------------------------------|--|--|-------------|
| | <ul style="list-style-type: none"> • Third sector • Cross-boundary | | | <p>services</p> <p>The network will review referral, assessment and discharge protocols and documentation</p> | <p>services</p> <p>The network will produce a Care Pathways and Equity of Provision Report</p> | |
| 2019-03 | <p>Care Pathways and Equity of Provision: Infant Mental Health Services</p> <p>By March 2020 the network will have undertake a scoping exercise to ascertain what specialist Infant Mental Health services exist or are under development in Scotland and ascertain pathways to these services.</p> <p>The network will also seek information about pathways into specialist IMH services in other parts of the UK.</p> | May 2019- March 2020 | Dr Anne McFadyen | <p>Dr McFadyen will undertake a scoping exercise to ascertain what services/pathways into care there are in the Scotland for specialist Infant Mental Health</p> <p>Dr McFadyen will identify examples of good and effective services and care pathways across the UK and consider their relevance to the development of services in Scotland</p> <p>**Align with the work of the CAMHS taskforce**</p> | <p>The network will produce a paper on the Infant Mental Health Services available in the UK</p> | |

| Objective Number | Smart Objective | Planned start/ end dates | Detailed Plan Available / Owner | Description of progress towards meeting objective as at 31/03/2019 | Anticipated Outcome | RAGB status |
|------------------|--|--------------------------|-----------------------------------|--|--|-------------|
| | | | | | | |
| 2019-04 | <p>Care Pathways and Equity of Provision: Review of clinical assessment tools</p> <p>By December 2020 the PMHNS will have reviewed the clinical assessment tools used in perinatal and infant mental health services</p> | | Dr Roch Cantwell-PMHNS Leads | | There will be agreed standardised clinical assessment tools for perinatal mental health services | |
| 2019-05 | <p>Care Pathways and Equity of Provision: Needs assessment for women with substance misuse</p> <p>By December 2020 the PMHNS will have conducted a needs assessment of substance misuse services for pregnant and postnatal women in Scotland and will produce a recommendations report</p> | 01/06/2019-31-12-2020 | Dr Anne McFadyen –Ms Shona McCann | <p>The Maternity and Infant Mental Health Leads will undertake a scoping exercise of the current substance misuse services in NHS Scotland. This will be undertaken through Maternity, Health Visitor and Addictions professional events and in liaison with the Royal Colleges of Midwives and Psychiatrists</p> <p>** 14/5/2019:further discussion</p> | The network will produce a Needs Assessment Report and Recommendations for pregnant and postnatal women with substance | G |

| Objective Number | Smart Objective | Planned start/ end dates | Detailed Plan Available / Owner | Description of progress towards meeting objective as at 31/03/2019 | Anticipated Outcome | RAGB status |
|--|---|--------------------------|----------------------------------|---|--|-------------|
| | | | | to be had regarding how this work could /should be progressed jointly through PMHNS and PN-IMHPB **Prof Masters recommended linking in to work that has been undertaken with the Scottish Drugs Forum** | misuse (up to 1 year) | |
| 3. Stakeholder Communication and Engagement <small>[linked to Quality Dimensions 1,3,4,5,6]</small> | | | | | | |
| 2019-06 | <p>Working in Partnership: Women and families' engagement</p> <p>By October 2019 the PMHNS will have distributed the Women and Families Pledge for publication</p> <ul style="list-style-type: none"> Lead Midwives | 01/04/2019-31/10/2019 | Ms Elaine Clark/Ms Susan Fairley | In collaboration with the Maternal Mental Health Change Agents, Scottish Government and NHS Scotland communication department, the network will update the Women and Families Pledge to make it more user friendly when it is displayed in clinical and public areas. | Women, families and professionals will be aware of the Women and Families' Pledge and can bring it to the attention of pregnant and postnatal women. | G |

| Objective Number | Smart Objective | Planned start/ end dates | Detailed Plan Available / Owner | Description of progress towards meeting objective as at 31/03/2019 | Anticipated Outcome | RAGB status |
|------------------|--|--------------------------|---|--|---|-------------|
| | <ul style="list-style-type: none"> • Mother and Baby Units (MBUs) • Community Perinatal Mental Health Services • GP practices | | | <p>Printing of the Women and Families Pledge.</p> <p>Distributing the pledge to named professionals and services</p> | | |
| 2019-07 | <p>Working in Partnership: Peer Support</p> <p>By October 2019 the network will have ascertained the different models of peer support and the roles of peer support workers in Scotland and the UK.</p> | 01/04/2019-31/10/2021 | Ms Elaine Clark / The Robertson Trust/ Perinatal and Infant Mental Health Programme Board | Ms Clark will work with the MMH Change Agents, the Robertson Trust and the PIMH-PB to ascertain the different types of peer support models in Scotland and the UK. | Recommend what a peer support model and the roles of peer support workers should be | G |
| 2019-08 | <p>Working in Partnership: Peer Review Report</p> <p>By 31/01/2020 the PMHNS will have co-produced a Women and Families report</p> | May 2019-January 2020 | Ms Elaine Clark/ The Robertson Trust/ Perinatal | Ms Clark will engage with women with lived experience, | Women and Families Report co-produced with the network. | |

| Objective Number | Smart Objective | Planned start/ end dates | Detailed Plan Available / Owner | Description of progress towards meeting objective as at 31/03/2019 | Anticipated Outcome | RAGB status |
|------------------|--|--------------------------|---|--|---|-------------|
| | | | Mental Health Programme Board | <p>and their families, to develop a report which makes recommendations on:</p> <ul style="list-style-type: none"> • Peer worker and peer support roles and responsibilities • Ways of engaging women and families in perinatal mental health services • Roles for women and families in ongoing education and training for professionals • Meeting needs of fathers, others in the parental role, and older children | | |
| 2019-09 | <p>Working in Partnership: Women and families' engagement</p> <p>By 30/12/2019 the PMHN will have scoped the possibility of facilitating Women and Families events.</p> <p>The events will provide Women and their families with the opportunity to advise on</p> | | Ms Elaine Clark /Ms Susan Fairley/Maternal Mental | The network will contact regional voluntary agencies that work with women and families to see if there is an option of facilitating a women and families event. | There will be increased awareness of Perinatal Mental Health issues and a | |

| Objective Number | Smart Objective | Planned start/ end dates | Detailed Plan Available / Owner | Description of progress towards meeting objective as at 31/03/2019 | Anticipated Outcome | RAGB status |
|------------------|--|--------------------------|---|--|--|-------------|
| | how they would like to access PMH Services | | Health Change Agents (MMHCAs) Robertson Trust | <p>The network will scope with the MMH Change Agents the possibility of facilitating online participation from women and families who are not able to attend a regional/local event.</p> <p>A date and venue will be arranged in collaboration with women with lived experience</p> <p>** PNMHS and the PN-IMHBP will facilitate a joint event that focuses on the role of peer workers alongside current Scottish Government Research**</p> | <p>greater awareness of how women and their families can access Perinatal Mental Health Services.</p> <p>Women and their families have the opportunity to be involved in and contribute to the on-going developments in PN-IMHPB</p> | |
| 2019-10 | <p>Working in Partnership: Professional engagement</p> <p>By 31/03/20 the network will have completed its engagement with professionals through regional events with:</p> | | PMHNS Leads | Professional Engagement events are arranged during 2019-2020. | There will be increased awareness of Perinatal and Infant Mental Health issues | |

| Objective Number | Smart Objective | Planned start/ end dates | Detailed Plan Available / Owner | Description of progress towards meeting objective as at 31/03/2019 | Anticipated Outcome | RAGB status |
|------------------|---|--------------------------|--|---|--|-------------|
| | <ul style="list-style-type: none"> Health Visitors Midwives | | | | | |
| 2019-11 | <p>Working in Partnership: Effective communication</p> <p>By December 2019 the network will have refreshed its communication and engagement strategy to ensure that it aligns with the Perinatal Mental Health Programme Board (PNIMH-PB).</p> | May 2019-December 2019 | Mrs Alexandra Speirs/Ms Susan Fairley/Dr Roch Cantwell | The network will facilitate a meeting with NHS communication department to ensure that the networks and PNIMH-PB's roles and workplans are effectively communicated to the public and stakeholders. | The work of the PMHNS and the PNIMH-PB will effectively communicated to the public to increase the awareness of the national work that is being undertaken | |
| 2019-12 | <p>Working in Partnership: Effective communication</p> <p>By March 2020 the network will have issued 4 newsletters</p> | 01/04/2019-31/03 2020 | Ms Susan Fairley / Mrs Alexandra Speirs | Newsletters will be circulated during the reporting period | PMHNS stakeholders are informed of PMHNS activity and workplan progress | |

| Objective Number | Smart Objective | Planned start/ end dates | Detailed Plan Available / Owner | Description of progress towards meeting objective as at 31/03/2019 | Anticipated Outcome | RAGB status |
|---|--|--------------------------|--|---|---|-------------|
| 4. Education <small>[linked to Quality Dimensions 1,2,3,4,5,6]</small> | | | | | | |
| 2019-13 | <p>Developing Professional Expertise: Induction programme for specialist perinatal mental health teams</p> <p>By December 2019 the network and NES, in collaboration with the Programme Board, will have produced a workplan to deliver a training and update programme for professionals new to specialist services.</p> | 01/04/2019-31/12/2019 | Dr Roch Cantwell-Dr Anne McFadyen-Mrs Alexandra Speirs | PMHNS will arrange a meeting with NES and the PN-IMHBP to progress the roll out of education and training targeted at staff new to specialist perinatal mental health services. | Staff working in specialist perinatal and infant mental health services will have access to induction and update training resources to enable them to effectively assess and care for their patients. | G |
| 2019-14 | <p>Developing Professional Expertise: Educational resources matched to Perinatal Mental Health Curricular Framework</p> <p>By December 2019 the network and NES,</p> | 01/04/2019-31/12/2019 | Dr Roch Cantwell-Dr Anne McFadyen-Mrs Alexandra Speirs | PMHNS will arrange a meeting with NES and the PN-IMHBP to progress this programme of activity. | All staff working with pregnant and postnatal women will know how to | G |

| Objective Number | Smart Objective | Planned start/ end dates | Detailed Plan Available / Owner | Description of progress towards meeting objective as at 31/03/2019 | Anticipated Outcome | RAGB status |
|--|---|--------------------------|---|---|---|-------------|
| | in collaboration with the Programme Board, will have identified a suite of training resources mapped to the competencies identified in the Curricular Framework for Perinatal Mental Health | | | | access education and training matched to their level of expertise and professional background. | |
| 2019-15 | By 31 st March 2020 the network will facilitate an educational event in collaboration with the Programme Board. | 01/10/2019-31-03-2020 | Ms Susan Fairley – Mrs Alexandra Speirs | The network will develop an event programme in collaboration with the PN-IMHPB. | Update the PMHNS community and its stakeholders of the networks activity and any new developments | G |
| 5. Audit and Continuous Quality Improvement <small>[linked to Quality Dimensions 1,2,3,4,5,6]</small> | | | | | | |

| Objective Number | Smart Objective | Planned start/ end dates | Detailed Plan Available / Owner | Description of progress towards meeting objective as at 31/03/2019 | Anticipated Outcome | RAGB status |
|---|---|--------------------------|--|--|---|-------------|
| 2019-16 | <p>Delivering Best Outcomes: Quality and outcome indicators</p> <p>By April 2020 the network will identify a suite of quality and outcome measures, and a core data set, for perinatal mental health to be used in NHS Scotland.</p> | 01/04/2019-30/04/2020 | Dr Roch Cantwell- Ms Louise Smith –Mrs Alexandra Speirs | The network will collaborate with ISD and the network's specialist services forum to develop a core data set for specialist services and for those engaging with psychological therapies. | | G |
| 2019-17 | The network will develop a women and families' satisfaction tool | May 2019-March 2020 | Dr Roch Cantwell- Ms Louise Smith –Mrs Alexandra Speirs | Ms Louise Smith will scope what women and families' satisfaction tools are currently used in PMH and the network will produce recommendations on suitable tools in collaboration with the MMH Change Agents. | Women and families will have an opportunity to share their experiences of PMH services. | G |
| 6. Value <small>[linked to Quality Dimensions 1,2,3,4,5,6]</small> | | | | | | |
| | <p>Governance</p> <p>The network will report bi-annually to the</p> | 01/04/19 | Dr Roch Cantwell – Mrs | The network will report its progress as part of Action 16 of the Mental Health strategy | The network | |

| Objective Number | Smart Objective | Planned start/ end dates | Detailed Plan Available / Owner | Description of progress towards meeting objective as at 31/03/2019 | Anticipated Outcome | RAGB status |
|------------------|--|-----------------------------------|---|---|---|-------------|
| 2019-19 | Mental Health Strategy Delivery and Governance group. | 31/03/2020 | Alexandra Speirs | as the Scottish Government requests | will demonstrate its progress against Action 16 of the Mental Health Strategy 2017-2027 | |
| 2019-20 | <p>Governance</p> <p>The network will meet with the core group monthly ***More information required about the membership of the core group and who (if anyone) from the network is part of this</p> <p>The network will present its work plan and provide a highlight report to the PN-IMHB</p> | <p>01/04/19</p> <p>31/03/2020</p> | Dr Roch Cantwell – Mrs Alexandra Speirs | The network work with the PN-IMHPB to ensure that programmes of work are to minimise risk of duplication or lack of clarity of roles. | There will not be duplication of effort in the work that is being undertaken and progressed | |
| 2019-21 | By December 2019 a desk top review of the PMHNS will have been presented to National Patient Public Reference Group | 1/06/2019-31/12/2019 | Mrs Alexandra Speirs-Ms Susan | <p>The desk top review will commence in June 2019.</p> <p>The network will develop a</p> | To determine the continued commissioning | G |

| Objective Number | Smart Objective | Planned start/ end dates | Detailed Plan Available / Owner | Description of progress towards meeting objective as at 31/03/2019 | Anticipated Outcome | RAGB status |
|------------------|-----------------|--------------------------|---------------------------------|--|---------------------|-------------|
| | (NPPRG) | | Fairley | project plan that outlines the work that is required to be undertaken as part of the review. | of the PMHNS | |

Appendix 8: PMHN Quality Improvement Strategy

