Yorkshire and the Humber Strategic Clinical Networks

Perinatal Mental Health Care Service Provision in Yorkshire and the Humber

March 2016

Document Title: Perinatal Mental Health Care Service Provision in Yorkshire and the Humber

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Version 2 incorporating additional information from Barnsley NHS Foundation Trust and a correction from NE Lincolnshire CCG.

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Contents

1 Introduction and background

Perinatal mental health (PNMH) has been a priority for the Yorkshire and the Humber (Y&H) Strategic Clinical Network (SCN) following a stakeholder event in September 2013 held to determine the priorities for the Y&H Maternity SCN. The work programme is led by the Maternity SCN with the Mental Health SCN as an associate lead.

In December 2014 a questionnaire was sent out to all Y&H maternity services and the Y&H Children's and Maternity Commissioner Forum members to scope the PNMH service provision in Y&H to gain an understanding of the service provision. The findings were used to inform discussions at a PNMH stakeholder event held in February 2015.

In April 2015 a Y&H PNMH Task and Finish Group was established, consisting of a wide range of members both professionally and geographically. The group referred to the outputs from the February 2015 stakeholder event to determine the priorities for Y&H and this group informs and leads the delivery of the SCN PNMH work programme.

The group agreed a questionnaire should be developed to scope the PNMH services provided by the 6 Y&H acute mental health trusts. This was sent to the mental health trusts and it was also decided that the information gathered from the original scoping exercise should be refreshed and shared with contributors to enable best practice to be shared. The questionnaires were resent to respondents to the original questionnaire in maternity services and clinical commissioning groups. Respondents were asked to inform the SCN of any changes to the original answers by November 2015 and that no response would be taken as the information was still accurate. See appendix 3.2 for the dates information was provided or reported as accurate.

Response

All 13 maternity providers responded to the questionnaire.
All 6 acute mental health providers responded to the questionnaire.
The questionnaire was sent to 22 Y&H clinical commissioning groups (CCGs) and all responded.

The majority of responses were very detailed, these have not been summarised and have been provided in full so that information is not misrepresented or misinterpreted. Information has been documented by CCG area.

Where there are blank spaces within a template, a response was not provided.

An overview of the PNMH service provision across Y&H can be found at appendix 3.1.

2 CCG area mapping templates

2.1 Airedale, Wharfedale and Craven CCG	
Maternity Provider	Airedale NHS Foundation Trust
Mental Health Provider	Bradford District Care NHS Foundation Trust (BDCFT)
Health Visiting Provider	Bradford District Care NHS Foundation Trust/ Harrogate and District Foundation Trust.
PNMH Strategy in place	**CCG** No but plans to develop in 2015/16. PNMH will be integral to both the mental health and maternity commissioning strategies as these are reviewed/developed. Arrangements for preventative work are included.
CCG currently PNMH commission services	**CCG** Support for women with PNMH issues is a system wide requirement and we have worked with our mental health provider organisation to develop a Maternal Mental Health Lead role. We do not yet have a separate service specification for PNMH services but are working to ensure that all relevant service specifications such as the maternity and mental health service specifications reflect the need to support women with PNMH issues. The Maternal Mental Health Lead role will help us to work with our partners to enhance support delivered via primary care, Health Visiting and Family Nurse Partnership (FNP) services.
Care pathways in place	**Maternity provider** New Guideline has just been completed in line with the pathway. **Mental health provider** A pathway is in place for the management of women with PNMH illness - It makes use of a Single Point of Access and is open to all referrers.
Multi-agency working/part of network/collaboration/other organisations offering services	**CCG** • Established a multi-agency task/finish group to scope existing service provision and develop a perinatal mental pathway to support professionals to refer women to the appropriate level of support in a timely fashion. This pathway was rolled out with appropriate training to a wide range of health professionals including midwives, obstetricians, health visitors and community mental health workers. • The task/finish group developed an action plan to improve PNMH services and our local Maternity Network will oversee implementation of outstanding actions and continue to work to identify gaps in services for women with PNMH issues. Commissioners and service providers are working together to improve local service provision • We are working closely with public health commissioners to ensure that our Integrated Care Pathway for 0-4 year olds include pathways which allow women to be directed to appropriate services in a timely way. • We are supporting implementation of the Big Lottery funded Better Start Bradford Programme and will work with them through the service design period to develop pathways which support women and families within the Better Start Bradford area (3 wards) to travel between Better Start and universal provision. Any learning from the Better Start Bradford programme will be shared across the district. **Maternity provider** Psychological Therapist - Jointly funded post for Airedale and Bradford by the CCG **Mental health Provider** Better Start, Family Action and Doulas
Local Clinical Leadership	**CCG** • Have worked with the mental health provider organisation to develop a Maternal Mental Health Lead role. The Maternal Mental Health Lead role will help us to work with our partners to enhance support delivered via primary care, Health Visiting and FNP services.

2.1 Airedale, Wharfedale and Craven CCG	
	Named Leads are: Lisa Milne Maternal Mental Health Lead and Psychological Therapist. • Dr Anne Connolly, Clinical Specialist lead – maternity services, Airedale, Wharfedale and Craven CCGS. • Dr Angela Moulson, Clinical Specialty Lead, Mental Health Services - Bradford City and Bradford District CCGs • Further work is on-going to develop clinical leadership and identify PNMH Champions within services across all areas of provision. **Maternity provider** No
Midwifery input	**Continuity of care** – every woman has a named midwife If not on duty, care is provided by a team of MW **Use of Evidence based tools** - Use perinatal Institute notes, Generalised Anxiety Disorder scale 2,7 (GAD 2, 7) & Patient Health Questionnaire 9 (PHQ9) antenatally and information is recorded in the hand held notes. Currently reviewing post-natal records. Within the training the GAD2/7 & Whooley/PHQ9 should be considered at any point the MW has concerns, she may use these. These should be recorded in the hand held patient records and in the obstetric notes. **Inform mothers about PNMH illness** Mothers are told about PNMH illnesses - Awareness is raised within the Parent Education classes which are offered to all women & their partners. The GAD7 and PHQ can used be used on partners but this is not a midwife assessment. **Printed information** Printed information is provided - 'NEW BABY-NEW FEELINGS' is addressed to the mother but also to the father and provides information concerning how to access help. **Notes shared appropriately** Notes about risks/symptoms are shared appropriately between professionals via Verbal meetings/ written referral information if needed/ System 1 for woman's medical history. **Care planning shared appropriately** Care planning is not fully appropriately shared between professionals - work on-going Mental health practitioners are receiving training to improve integrated working across care plans.- **Enquire about bonding** Staff do enquire about bonding. The training does cover the need to include assessment of the mother-baby relationship. Also within the Parent education mother-baby bonding is discussed. Usage of correct questioning. If an issue is found. Referral to appropriate services if needed and if clients consent to this. **Support for partners** Service involves and supports partners -Partners now stay with mothers on ward to enable bonding/relationship building to take place to take place.
Specialist midwife/Midwife time commitment to PNMH	No and no plans to recruit one.
PNMH Clinic	No

2.1 Airedale, Wharfedale and Craven CCG	
Social support/opportunity to share experiences and support one another	**Maternity provider** Yes - Bradford district leaflet given to women which informs them of local support networks & national helplines. **Mental health provider** Women don't have access to sources of social support, including the opportunity to share experiences and support one another.
Access to individual/group therapeutic services	**Maternity provider** Yes, through the NEW BABY-NEW FEELINGS leaflet
Access to Improving Access to Psychological Therapies (IAPT)	**Maternity provider** • Expectant parents and those with young children are a priority for IAPT, they are fast tracked up to the age of 2 years. • Waiting times are 2 weeks for assessment around 4-6 weeks for therapeutic intervention. • Monitored via S1 database through BDCFT system for IAPT.
Mental Health Care Provision	Mental Health services in Bradford remains divided into localities depending on post code. In some of the localities there are professionals who have an interest in perinatal Mental health but this is patchy. **Provide a PNMH service** The mental health trust does not provide a perinatal mental health service. **Choice** For women referred to the mental health service – they are offered choice - The generic IAPT service provides a range of therapies. Community Mental Health Teams (CMHTs) has a limited therapeutic offer. The psychological hub provides a range of therapies. Parent-infant therapy is available. **Continuity of care** is provided - therapists or care co-ordinators will be consistent. **Named Consultant Psychiatrist for PNMH**. Yes. They do not have protected clinical time. **Pre-conception counselling** This is offered if a woman is within CMHT care already this is available and would be via a psychiatrist. The Perinatal Mental Health Outreach Service would be used for women who are not within CMHT but is high risk or for women where specialist advice is required. **Links with Specialist Midwife (MW) and/or Health Visitor (HV)** There are no links with a specialist PNMH midwife There are links with specialist PNMH health visitors - BDCFT has Perinatal Mental Health Champions **Printed information** Printed information is provided - New baby new feelings leaflets to all women. Audios in some languages are available; The leaflet is a tool for HV to discuss with women. Information also on BDCFT website. Other languages will be made available on internet **Notes shared appropriately** Notes are shared appropriately between professional however - Different electronic systems across the Trust and also MW. Communication is recognised as being a priority for this client group **Care Planning** Women at risk of or suffering from PNMH illness have a written care plan that includes actions to be taken by different health care professionals – it is shared via paper copies with MW, HV, Social care, other appropriate people. Made in

2.1 Airedale, Wharfedale and Craven CCG	
	collaboration with mother. **Enquire about bonding** Staff enquire about bonding and training emphasises this. when an issue is identified parent-infant therapy and advice provided **Services involve and support partners** CMHT would involve partners if the woman requested this. CMHT practitioners would speak to partners at contacts. They would be involved in perinatal care plan if this was the woman's wish **Prescribing guidance** The trust does not have PNMH prescribing guidance - The formulary provides advice. **Community Mental Health Teams (CMHTs)** Pregnant women and women 12 months postnatal are a priority for CMHTs; Referrals are addressed within 72 hours and triaged accordingly. The criteria for referral is Severe and complex mental illness – thresholds are lowered for this client group
Access to beds	**Maternity provider** Leeds mother and baby unit **Mental health provider** Can be issues with access – Leeds is the nearest area and is a small unit so can be full.
Data collected by providers	**Maternity provider** Number of women accessing the service with a pre-existing mental illness, at risk of developing a mental illness and those that do develop a mental health problem. Collected on PROTOS. **Mental health provider** Data on the number of antenatal or postnatal women accessing mental health service is not collected.
Data to inform commissioning	**CCG** Yes. This is an area of development for providers and the CCGs. We have reminded practitioners of the need to highlight perinatal mental health concerns within SystmOne referral forms and are awaiting the launch of Rio 7 to allow this level of information to be captured within our mental health service records.
Training	**CCG** • Perinatal mental health training is provided to all HV and MW and is seen as essential training. • It is expected that all HV will have received training by the end of this year. • The training includes and extends that covered by the Institute of HV and reflects NICE Guidance 2014. • In 2015 trainings are available monthly. Mental Health Practitioners are also offered training and this is delivered every 2 months. Training is half a day. The Mental Health (MH) First Response team have also received training. • From April Perinatal mental health training will be offered to Social Care and Local Authority Family Support Workers. • Parent-infant relationship training is also available through a monthly programme to HV as it is essential training and this further emphasises perinatal mental health, and from April this will be opened up to Social Care and Local Authority Family Support Workers . MW can also attend. • Follow up training will be offered post 2015 to those fully trained and there is a rolling programme of training to ensure all new starters access training. Consultations to embed training begin this year. These are monthly and will be offered at different venues across the district. • The Perinatal mental health lead delivers all training and invites co-facilitators from the discipline being trained.

2.1 Airedale, Wharfedale and Craven CCG	
	• Training is evidence based and evaluated, and feedback is very positive **Maternity provider** • Approx 75% of midwives trained. Training delivered by Psychological Therapist. Midwives attend a 3 hour session with monthly updates following the initial training. • No information for doctors but training is carried out. • Don't assess how comfortable and confident midwives are on asking about mental health. • The training evaluation form indicate that MWs feel confident and supported to ask the question following completion of the training & that we have a referral pathway clearly identifying where to seek help. **Mental health provider** • Approximately 20% of MH Practitioners have received perinatal mental health training. • The Perinatal mental health lead and Community Psychiatric Nurse (CPN) deliver the training. They have MH experience, mother and baby unit experience and training. • Half day training session and offered on a rolling program and run every 2 months. • Training includes information about mother and baby units and assessing and discussing the parent –infant relationship.
Current gaps/areas of concern	**CCG** • Commissioners should consider the need to develop PNMH services as an invest to save opportunity. • There is a need to engage with service providers from the voluntary sector to ensure women and their families have the opportunity access a wide range of support.
Social/psychological support offered before medication prescribed and additional support offered for those prescribed medication.	**Maternity provider** • The training includes the referral pathway to mental health services so that they can refer a woman (& her partner) to mental health services for psychological support as appropriate**.** • Midwives are given information regarding medication from the NICE website 'information to the public' and this can be provided to the woman. The referral pathway includes how to access medication reviews. **Mental health provider** • Additional support is not offered to women prescribed medication although many women would also access psychological therapies. • social/psychological support is offered before prescribing medication.
Developments/priorities over the next 12 months.	**Maternity provider** We have just started to use the Single Point Access system for referring women to Mental health Services from the end of February 2015 **Mental health provider** • Service delivery and care pathway • Auditing • Increase the number of trained MH practitioners • Special interest workers

2.2 Barnsley CCG	
Maternity Provider	Barnsley NHS Foundation Trust
Mental Health Provider	South West Yorkshire Partnership Foundation NHS Trust
Health Visiting Provider	South West Yorkshire Partnership Foundation NHS Trust
PNMH Strategy in place	Barnsley CCG Mental Health (MH) strategy is being revised and arrangements for preventative work are included.
CCG currently commission PNMH services	**CCG** • No specific commissioned PNMH Services from the local MH Trust. Included within other specifications. Some PNMH is commissioned with general acute services. • Barnsley CCG's MH services are currently commissioned on the CCGs behalf by the Joint Commissioning Team
Care pathways in place	**CCG** Antenatal and postnatal pathways in place. **Maternity Provider** Has an integrated pathway. The postnatal pathway is currently being updated.
Multi-agency working/part of network/collaborative/other Organisations offering services	**CCG** There is an active Maternal Mental Health Group within Barnsley (consisting of members from Mental Health services, Midwifery, Health Visiting and other partners) who work together to support women with mental health problems. **Maternity provider** We are not part of a network or collaborative to deliver PNMH services but work closely with the generic Mental Health Services within Barnsley and refer women to the charity MIND but do not have a specific perinatal mental health service in Barnsley.
Local Clinical Leadership	**CCG** No **Maternity provider** • Yes – The Maternity Unit facilitates and chairs a perinatal mental health meeting bi monthly with agreed terms of reference. • Public Health Midwife role includes Mental Health development • Obstetrician with interest in perinatal mental health who runs fortnightly antenatal clinics. Also chairs bimonthly multidisciplinary meetings. • Head of midwifery and Consultant Obstetrician members of the Y&H PNMH Task and Finish Group.
Midwifery input	**Continuity of care** Provided during the antenatal and postnatal periods and throughout where possible. **Evidence based tools** Antenatal care - use the perinatal institute notes and following the Mental Health pathway we use the PHQ-9 and GAD-7 where indicated. A suicide risk assessment is also available. These are completed, signed by the midwife/Dr and filed in the patient's notes. The management plan in the hand held records/patient notes is updated documenting the care given and the actions taken Postnatal care - do not use the perinatal institute notes postnatally and have our own version. At each Midwifery and Health Visiting postnatal contact women are asked about their emotional health. A PHQ-9 and/or GAD-7 can be used if indicated. This is documented in the postnatal notes and/or Health Visiting records. **Inform mothers about PNMH illness** PNM illness is discussed at the first appointment (perinatal institute hand held notes). Discussed as part of the 'Having a Baby' parenting antenatal programme if women choose to access. Discussed at postnatal visits as part of daily

2.2 Barnsley CCG	
	postnatal check. Tell partners about PNMH if present. **Printed information** Provided in the perinatal institute notes (hand held maternity notes). The majority of written information is now given via a link to our Maternity website if families have easy access to IT systems. This includes a link to the Royal College of Psychiatrists leaflet 'Mental health in pregnancy', the mental health access team self-referral details and service they offer, the local Barnsley MIND organisation and what they offer and a list of dates and times for free local workshops including stress management, sleep hygiene, assertiveness skills, breathing and relaxation, problem solving and worry and mindfulness. Information is also available in the post-natal notes **Notes shared appropriately** Shared appropriately between professionals - use a Communication form that is completed and copied to GP, HV, put in Hospital notes and Community Midwives receive a copy. This is also part of the Maternal Mental Health Midwives role. **Care planning shared appropriately** This is an area the Trust is trying to improve as currently patchy and inconsistent. This is part of the Maternal Mental Health Midwives role. **Enquire about bonding** Part of postnatal notes and will support after discussion with mother. This will vary from woman to woman. **Support for partners** The service involves and supports partners as much as possible. We link them to NHS Choices website from our internet page and the fatherhood institute.
Specialist Midwife/Midwife time commitment to PNMH	Yes - 22.5 hours per week. We appointed a Mental Health Midwife in June 2015 for 3 days per week for a 12 month secondment. This post was NOT commissioned. Training for the role was already undertaken prior to post, The post holder has a Mental Health Foundation qualification, Level 2 counselling qualification and is currently undertaking level 3 counselling. Post holder has shadowed the mental health services, including the psychiatrist, as part of the induction and attended the free workshops that are available for women including, stress, anxiety, sleep, worry, mindfulness etc. and is waiting training for motivational interviewing.
PNMH Clinic	Bi monthly clinic run by an obstetrician and mental health midwife
Social support/opportunity to share experiences and support one another	**Maternity provider** Various pregnancy sessions where women can seek support socially i.e. fit mums physical activity programme/antenatal education facilitated in the local children centres/ commissioned local projects i.e. MIND, Together.
Access to individual/group therapeutic services	**Maternity provider** Yes – MIND and free workshops provided by the local mental health team.
Access to IAPT	**Maternity provider** Women are referred to the Mental Health Access Team (if not already in services and require support) and they then triage into the relevant service. IAPT is part of that team. Pregnant woman are treated as a priority.
Mental Health Care Provision	The completed questionnaire from South West Yorkshire Partnership Foundation NHS Trust was provided by Wakefield Business Delivery Unit (BDU) which is part of South West Yorkshire Partnership Foundation NHS Trust. There is no PNMH service in the area. Further information regarding mental health care provision in Barnsley CCG area was not provided.

2.2 Barnsley CCG	
Access to beds	**Maternity provider** Nearest beds are at Leeds MBU
Data collected by providers	**Maternity provider** Currently only collect data electronically if a woman has a serious mental illness and partially for those at risk of developing a mental health illness and those that develop a mental health illness – have information on paper only. This issue is being investigated to allow for improved data collection on the new IT system, Lorenzo. If ladies who develop a problem are referred to the Mental Health Midwife, this data is collected. • Sharing data has been an on-going issue and has been escalated. On the current system we can only enter if a woman has a 'serious mental illness' and this is inputted onto Lorenzo (our current IT system). • Data is discussed at the Maternal Mental Health meeting between services. • Health visiting can access and report on the 6-8 week PHQ-9/GAD-7 scores. • MHAT can report on the number of referrals they receive. • The Mental Health midwife collates a number of outcomes that are available on a monthly basis.
Data to inform commissioning	The CCG does not collect data.
Training	**CCG** No response **Maternity provider** • 100% midwives trained in 2014 as part of the training needs analysis. • 30 minutes in duration including basic information, using case studies to highlight the key issues i.e. referral process, communication between services and the tools and services available for women. • The Public Health Midwife and the Mental Health Midwife will be delivering training in 2016; their experience includes operational experience, networking, linking to services and chairing the Mental Health meeting. • Midwives to receive training every 2 years in line with training needs analysis. • An update of one hour in duration for medical staff was provided in 2015 by the psychiatrist. Training will be undertaken annually. • Partially assess (verbally) how comfortable midwives are in asking about mental health as part of the training. Have not undertaken a formal audit. • Organising a regional symposium on PNMH May 2016.
Social/psychological support offered before medication prescribed and additional support offered for those prescribed medication	**Maternity provider** • Before medication support is offered by the Mental Health Team and Mental Health Midwife. Support by the GP is unknown. • Additional support is provided for women prescribed medication - Shared Care obstetrically, Individualised care, referral to Mental Health Midwife if required.
Development/priorities over the next 12 months.	**Maternity provider** • Developing the mental health midwife role and attempt to have the post commissioned • Discussion with the Lorenzo head office is on-going to enable a more streamlined and accurate collection of data.

2.3 Bassetlaw CCG	
Maternity Provider	Doncaster and Bassetlaw NHS Foundation Trust
Mental Health Provider	Nottinghamshire Healthcare NHS Foundation Trust
Health Visiting Provider	Nottinghamshire Healthcare NHS Foundation Trust
PNMH Strategy in place	**CCG** The CCG does not have a strategy in place and no plans to develop one currently; however there are service model proposals that have been developed jointly with the provider. Preventative work is included however it is limited in the current model.
CCG currently PNMH commission services	**CCG** • The CCG does commission services. The specification is currently under review • The CCG works in partnership the 5 County CCGs and Nottingham City CCG. The contract lead is City CCG. The MH leads for the CCGs are working in partnership to develop an equitable County wide PNMH service.
Care pathways in place	**Maternity provider** • We are currently revising the service and have secured funding for a one year pilot. • We follow NICE guidance and our mental health guideline reflects this and currently meeting to map out the mental health pathway and revise the service.
Multi-agency working/part of network/collaboration/other organisations offering services	• RDASH Single point of access for mental health and Psychological therapy. • MIND • Samaritans • Rethink/Crisis • Early intervention • IAPT
Local Clinical Leadership	**CCG** No specific PNMH lead identified, this would be led by the CCG MH clinical lead. **Maternity provider** Community Midwifery and Outpatients Manager.
Midwifery input	**Continuity of care** All women have a named midwife in the antenatal period and are given a contact number for them and they are proactive in ensuring that there is good continuity of care for all women throughout their span of care. **Use of evidence based tools** Antenatally: work to NICE guidance. All women are risk assessed at booking and then on one further occasion during the antenatal period. The Whooley questions are asked and documented on page 3 of the perinatal institute notes. Any family history of serious mental illness is also discussed and the GP records are checked Postnatally: A risk assessment is undertaken in the postnatal period and documented in the postnatal notes. Women are asked about their emotions at every postnatal visit. The Whooley questions are asked again at discharge from maternity care and the results are documented in the discharge section of the mothers postnatal notes If a referral is required a PHQ9 and GAD7 is completed. **Inform mothers about PNMH illness** PNM illness is discussed in the antenatal and postnatal period and at antenatal education sessions. **Printed information** Written information about PNM illness is on page 4 of the perinatal institute notes and on page 17 of the mother's postnatal notes. **Notes shared appropriately**

2.3 Bassetlaw CCG	
	The G.P notes are accessed at booking, any identified risks are documented in the hand held notes, the G.P is informed of any referrals made, the Health Visitor is informed of the woman's history, the obstetrician will update the management plan in the pregnancy notes if there is any change in plan of care. K2 maternity system which will enable the multi-disciplinary team to access all the clients' maternity records. **Care planning shared appropriately** A joint management plan may be made between obstetrician and the mental health/psychiatric services and the G.P and Health Visitor are informed. The management plan in the perinatal hand held notes is updated The community midwife is able to access the updated management plan in the pregnancy notes. **Enquire about bonding** Bonding is observed at each postnatal contact. If there are concerns around bonding the midwife would discuss this directly with the mother. If issues are identified, The G.P and Health Visitor are informed The woman would be referred to her G.P An IAPT referral would be made A joint Common Assessment Framework (CAF) would be completed by the Midwife and the Health Visitor **Support for partners** Involving and supporting partners is provided by the Midwife, Health Visitor and The Children's Centre for family support
Specialist midwife/Midwife time commitment to PNMH	No specialist midwife but have a midwife who has an interest in mental health and has a mental health qualification. We have no plans to recruit to this role. All midwives are trained to assess women's mental health and make appropriate referrals.
PNMH Clinic	No
Social support/opportunity to share experiences and support one another	Talking shop, Health Visitors, GP, Counselling, Family support workers in children's centres.
Access to individual/group therapeutic services	One to one counselling sessions C.B.T Group sessions for stress and depression Self-esteem counselling
Access to IAPT	**Maternity provider** Midwives directly refer to IAPT. IAPT strive see women within 28 days of referral
Mental Health Care Provision	Mental health care provision is provided by Nottinghamshire Healthcare NHS Foundation Trust who fall under East Midlands SCN and therefore were not included in this scoping exercise.
Access to beds	Leeds MBU
Data collected by providers	**Maternity provider** Collect data on women who have a pre-existing mental illness and those that develop a mental health problem. This is recorded on the maternity IT system.
Data to inform commissioning	**CCG** Do not collect data although information re. historic activity available and included in service model proposals
Training	**CCG** some limited training is available through existing service- ad hoc basis **Maternity provider** • All midwives are trained to assess women's mental health and make

2.3 Bassetlaw CCG	
	appropriate referrals. • Unable to comment about doctors. All midwives access training annually. • There is a Trust e learning package for the Mental Capacity Act. • Assess how confident and comfortable midwives are in asking about mental health - if there were any training needs identified these would be addressed with the individual concerned supported by the Community Manager and her deputy.
Social/psychological support offered before medication prescribed and additional support offered for those prescribed medication.	Yes
Developments/priorities over the next 12 months.	**CCG** Commissioners have been working with the provider to improve patient pathways and access. The final model of care will be agreed following the release of the national guidance.

2.4 Bradford City/Bradford Districts CCGs	
Maternity Provider	Bradford Teaching Hospitals NHS Trust
Mental Health Provider	Bradford District Care Trust
Health Visiting Provider	Bradford District Care Trust
PNMH Strategy in place	**CCG** • No current strategy but the CCG plans to develop one in 2015/16. PNMH will be integral to both the mental health and maternity commissioning strategies as these are reviewed/developed. • Arrangements for preventative work are included.
CCG currently commission PNMH Services	**CCG** • Support for women with PNMH issues is a system wide requirement and we have worked with our mental health provider organisation to develop a Maternal Mental Health Lead role. • We do not yet have a separate service specification for PNMH services but are working to ensure that all relevant service specifications such as the maternity and mental health service specifications reflect the need to support women with PNMH issues. • The Maternal Mental Health Lead role will help us to work with our partners to enhance support delivered via primary care, Health Visiting and FNP services. **Maternity provider** There is no specialist Perinatal Mental Health team. Mental Health services in Bradford remains divided into localities depending on post code. In some of the localities there are professionals who have an interest in perinatal mental health but this is patchy. There is no special provision within Maternity services.
Care pathways in place	**CCG** Working to ensure that all relevant service specifications such as the maternity and mental health service specifications reflect the need to support women with PNMH issues **Maternity provider** Clear pathway with referral to generic MH support. Needs to be updated due to changed made by the district care trust and the single point of access. **Mental health provider** The mental health trust has a pathway in place for the management of women with PNMH illness - It makes use of a Single Point of Access and is open to all referrers.
Multi-agency working/part of network/collaborative/other organisations offering services	**CCG** • CCG established a multi-agency task/finish group to scope existing service provision and develop a peri-natal mental pathway to support professionals to refer women to the appropriate level of support in a timely fashion. This pathway was rolled out with appropriate training to a wide range of health professionals including midwives, obstetricians, health visitors and community mental health workers. • The task/finish group developed an action plan to improve PNMH services and our local Maternity Network will oversee implementation of outstanding actions and continue to work to identify gaps in services for women with PNMH issues. • Commissioners and service providers are working together to improve local service provision. • We are working closely with public health commissioners to ensure that our Integrated Care Pathway for 0-4 year olds include pathways which allow women to be directed to appropriate services in a timely way. • We are supporting implementation of the Big Lottery funded Better Start Bradford Programme and will work with them through the service design period to develop pathways which support women and families within the Better Start Bradford area (3 wards) to travel between Better Start and universal provision. Any learning from the Better Start Bradford programme

2.4 Bradford City/Bradford Districts CCGs	
	will be shared across the district. **Maternity provider** Access a Psychological Therapist - Jointly funded post for Airedale and Bradford by the CCG. Health Action Local Engagement Project – Shipley. Better Start, Family Action, Doulas
Local Clinical Leadership	**CCG** • CCG has worked with mental health provider organisation to develop a Maternal Mental Health Lead role. The Maternal Mental Health Lead role will help the CCGs to work with partners to enhance support delivered via primary care, Health Visiting and FNP services. • Named Leads: Lisa Milne Maternal Mental Health Lead and Psychological Therapist Dr Anne Connolly, Clinical Specialty Lead, Maternity Services - AWC, Bradford City & Bradford District CCGs Dr Angela Moulson, Clinical Specialty Lead, Mental Health Services - Bradford City and Bradford District CCGs • Further work is on-going to develop clinical leadership and identify PNMH Champions within services across all areas of provision. **Maternity provider** Lisa Milne Maternal Mental Health Lead and Psychological Therapist
Midwifery input	**Continuity of care** - There are some areas in the community where continuity of care is maintained and Midwives will always endeavour to see their own patients, however due to staff shortages this is not always possible. Women attending high risk Consultant clinic receive very poor continuity of care. **Use of evidence based tools** - not routinely used e.g. - Questions in the perinatal institute notes, Generalised Anxiety Disorder scale (GAD-2 or GAD 7), Edinburgh Postnatal Depression Scale (EPDS), Patient Health Questionnaire (PHQ9) to help detect problems antenatally and postnatally. **Inform mothers about PNMH illness** Tell mothers about perinatal mental illness and discuss with partners if appropriate to the individual case. **Printed information** Printed information is given in the form of a leaflet. **Notes shared appropriately** Unsure if notes about a woman's risks or symptoms of mental illness are shared appropriately but they are shared with the GP and HVs. **Care planning shared appropriately** There are times when care planning is done in partnership with Mental Health and Maternity Services. This is not standard practice with some professionals communicating better than others. **Enquire about bonding** Midwives do not ask about bonding. **Support for partners** The service does not involve and support partners.
Specialist midwife/ midwife time commitment to PNMH	**Maternity provider** No - There are plans to introduce a Midwife with “Special interest” into ante-natal services this role will be undertaken by one of the existing Specialist Midwives 1 day per week.

2.4 Bradford City/Bradford Districts CCGs	
PNMH clinic	**Maternity provider** There are plans to introduce a peri-natal Mental Health clinic within Maternity services this is still in the early planning stages but will probably be held weekly.
Social support/opportunity to share experiences and support one another	**Maternity provider** No **Mental health provider** Women don't have access to sources of social support, including the opportunity to share experiences and support one another.
Access to individual/group therapy services	Unknown
Access to IAPT	**Maternity provider** Expectant parents and those with young children are a priority for Improved Access to Psychological Therapies (IAPT). The waiting time is unknown. Support for women attending IAPT e.g. childcare is an area which IAPT is currently addressing
Mental Health Care Provision	Mental Health services in Bradford remains divided into localities depending on post code. In some of the localities there are professionals who have an interest in perinatal Mental health but this is patchy. The mental health trust does not provide a perinatal mental health service. **Choice** For women referred to the mental health service – they are offered choice - The generic IAPT service provides a range of therapies. CMHT has a limited therapeutic offer. The psychological hub provides a range of therapies. Parent-infant therapy is available. **Continuity of care** Therapists or care co-ordinators will be consistent. **Named Consultant Psychiatrist for PNMH** The trust has a named Consultant Psychiatrist for PNMH. They do not have protected clinical time. **Pre-conception counselling** Offered if a woman is within CMHT care already this is available and would be via a psychiatrist. The Perinatal Mental Health Outreach Service would be used for women who are not within CMHT but is high risk or for women where specialist advice is required **Links with Specialist Midwife and/or Health Visitor** There are no links with a specialist PNMH midwife but there here are links with specialist PNMH health visitors - BDCFT has Perinatal Mental Health Champions **Printed information** is provided - New baby new feelings leaflets to all women. Audios in some languages are available; The leaflet is a tool for HV to discuss with women. Information also on BDCFT website. Other languages will be made available on internet **Notes shared appropriately** Women's notes are shared appropriately between professional however - Different electronic systems across the Trust and also MW. Communication is recognised as being a priority for this client group. **Care planning** Women at risk of or suffering from PNMH illness have a written care plan that includes actions to be taken by different health care professionals – it is shared

2.4 Bradford City/Bradford Districts CCGs	
	via paper copies with MW, HV, Social care, and other appropriate people. Made in collaboration with mother. **Enquire about bonding** Staff enquire about bonding and training emphasises this. when an issue is identified parent-infant therapy and advice provided **Services involve and support partners** CMHT would involve partners if the woman requested this. CMHT practitioners would speak to partners at contacts. They would be involved in perinatal care plan if this was the woman's wish. **Prescribing guidance** The trust does not have PNMH prescribing guidance - The formulary provides advice. **Community Mental Health Teams (CMHTs)** pregnant women and women 12 months postnatal are a priority for Community Mental Health Teams; Referrals are addressed within 72 hours and triaged accordingly. The criteria for referral is Severe and complex mental illness – thresholds are lowered for this client group
Access to beds	**Maternity provider** Leeds MBU (access is difficult). **Mental health provider** Can be issues with access - Leeds is the nearest area and is a small unit so can be full.
Data collected by providers	**Maternity provider** None **Mental health provider** Data on the number of antenatal or postnatal women accessing mental health services is not collected
Data to inform commissioning	**CCG** This is an area of development for providers and the CCGs. We have reminded practitioners of the need to highlight peri-natal mental health concerns within SystmOne referral forms and are awaiting the launch of Rio 7 to allow this level of information to be captured within our mental health service records.
Training	**CCG** • Perinatal mental health training is provided to all HV and MW and is seen as essential training. It is expected that all HV will have received training by the end of this year. • The training includes and extends that covered by the Institute of HV and reflects NICE Guidance 2014. • In 2015 training is available monthly. • Mental Health Practitioners are also offered training and this is delivered every 2 months. Training is half a day. • The MH First Response team have also received training. • From April Perinatal mental health training will be offered to Social Care and Local Authority Family Support Workers. • Parent-infant relationship training is also available through a monthly programme to HV as it is essential training and this further emphasises perinatal mental health, and from April this will be opened up to Social Care and Local Authority Family Support Workers . MW can also attend. • Follow up training will be offered post 2015 to those fully trained and there is a rolling programme of training to ensure all new starters access training. Consultations to embed training begin this year. These are monthly and will be offered at different venues across the district. • The Perinatal mental health lead delivers all training and invites co-

2.4 Bradford City/Bradford Districts CCGs	
	facilitators from the discipline being trained. • Training is evidence based and evaluated, and feedback is very positive. **Maternity provider** • New training for midwives started 1.4.14. as a rolling programme. Approx. 30% of midwives have attended so far, a 3 hour session. Delivered by Lisa Milne who has extensive experience in mental health nursing and perinatal MH work in liaison with maternity services. She is also a psychological therapist. • Plans to make the training mandatory and bi-annual. • No info for doctors. • Don't assess how confident/comfortable midwives are in asking about mental health. **Mental health provider** • Approximately 20% of MH Practitioners have received perinatal mental health training. • The Perinatal mental health lead and CPN deliver the training. They have MH experience, mother and baby unit experience and training • Half day training session and offered on a rolling program and run every 2 months. • Training includes information about mother and baby units and assessing and discussing the parent –infant relationship.
Social/psychological support offered before medication prescribed and additional support offered for those prescribed medication	**Maternity provider** Unknown and unknown **Mental health provider** • Additional support is not offered to **women prescribed medication** although many women would also access psychological therapies • **social/psychological support** is offered before prescribing medication
Developments/priorities over the next 12 months	**Maternity provider** It is possible that we will be introducing a high risk obstetric clinic for women with severe and enduring mental health problems. This clinic will be run by an obstetrician and a midwife in the hope of improving communication and continuity. **Mental health provider** • Service delivery and care pathway • Auditing • Increase the number of trained MH practitioners • Special interest workers

2.5 Calderdale CCG	
Maternity Provider	Calderdale and Huddersfield NHS Foundation Trust (CH) Mid Yorkshire Hospitals NHS Trust (MY)
Mental Health Provider	South West Yorkshire Partnership Foundation NHS Trust (SWYFT)
Health Visiting Provider	Calderdale and Huddersfield NHS FT
PNMH Strategy in place	**CCG** • No. We undertook a brief evidence review of PNMH in May 2015 and plan to develop one over the next 3 months. Currently working on this. Being done with partners across local authority and health systems including public health. Preventative work is included but may be ad hoc. • Currently mapping preventions activity with midwives, Health visiting, children's centres, acute trust and other front line workers e.g. family support workers.
CCG currently PNMH commission services	**CCG** • Yes as part of maternity contract. • Will await the outcome of the mapping before deciding future commissioning requirements.
Care pathways in place	**CH** The Trust has a maternal mental health guideline which feeds into the perinatal mental health strategy and pathways for Kirklees & Calderdale. **MY** Yes - Midwives can refer directly into mental health service.
Multi-agency working/part of network/collaboration/other organisations offering services	**CH** No **MY** Yes - operational meeting. joint training with health visitors.
Local Clinical Leadership	**CCG** • yes - issue is on the agenda of children's and young people's strategic development group – a multi partner meeting – CCG led chair Dr Hazel Carsley. • Current work of mapping being led by public health Calderdale • Listed as area of focus in contracting meeting with CHFT maternity provider **CH** Both Perinatal Mental Health Practitioners champion the needs of women. **MY** No response re clinical leadership.
Midwifery input	**CH** Current services are nurse led. CHFT employ 2 perinatal mental health practitioners; 1 is RMN; 1 is midwife. **Continuity of care**. Continuity of carer is a priority. Antenatally - dependant on pregnant woman's needs & risk, she will either stay with her community midwife or be case loaded by a case loading midwife from the specialist team. Postnatally-the named midwife will try & prioritise continuity of carer. Throughout all care the woman has a named midwife who will try & provide continuity of carer throughout the woman's episode of care. Annual leave/days off etc. may impact on this at times. **Use of evidenced based tools** Antenatally-Currently use the Whooley questions at booking/28 weeks and ask woman at every visit how she is feeling. If risk is identified; referral includes using rest of PHQ9 questions. The mental health practitioners are currently reviewing the new amended NICE guidance and we will amend practice accordingly. Postnatally-Women with identified increased risk will be monitored closely/have a plan of care postnatally, however, those who haven't been identified as at

2.5 Calderdale CCG	
	increased risk (antenatally) are asked re mood postnatally but no set questions/tool currently used. Postnatal records do have area for recording mood/emotional wellbeing. If problem identified, the single point of access team would ask for further assessment using PHQ9. **Inform mothers about PNMH illness** Staff do tell mothers about PNMH issues - staff ask re any previous family history. **Printed information** Information booklet with discussion given at 28 weeks as a minimum or earlier if increased risk. They tell partners if present at antenatal appointments. **Notes shared appropriately** Notes about risks and symptoms are shared appropriately - entries are made on the maternity database (although current system not sophisticated enough for full storage of data), discussions with other HCP ideally take place at joint meetings, or by phone call (this includes GP, HV, Community MW involved in care) and followed up with newly created plan filed in hand held notes, shared by secure email if available or posted. **Care planning shared appropriately** Care planning is shared appropriately - Plan of care in hand held records and/or safeguarding integrated care pathway dependant on individual circumstances. Pre-birth & discharge planning meetings as appropriate. **Enquire about bonding** Staff do enquire about bonding as part of postnatal care - if issues are identified - Would discuss with perinatal mental health practitioner / Health Visitor / GP depending on risk. Options include assessment of mothers' mental health to identify any relevant signs/symptoms; joint visit with health visitor; discussion with GP. The new training package will also help staff recognise the importance of attachment and assess the level of risk. **Support for partners** Services involving partners - CHFT has identified that this is work in progress, supporting partners, but women are encouraged to bring partners to perinatal mental health clinic and their views are included as part of the assessment and plan. Partners are advised of importance of their own mental health and signposted to GP or Single Point of Access (SPA) as appropriate. **MY** **Continuity of care** Yes, provide continuity of care wherever possible. **Use of Evidence based tools** Midwives don't use evidence based tools - antenatally they ask prediction and detection questions. To change in line with new nice guidance. Postnatally the health visiting team use Edinburgh Postnatal Depression Scale (EPDS). **Inform mothers about PNMH illness and printed information** Mothers and partners receive a leaflet about perinatal mental illnesses. 2 leaflets and we plan to use the mental wellbeing plan **Notes shared appropriately** Notes about womens risks and symptoms are shared - trying to work in partnership with other agencies and be included in care planning meetings. **Care planning shared appropriately** Care planning is shared appropriately between professionals - verbally, written

2.5 Calderdale CCG	
	and on euoking system for community midwives and hospital staff. **Enquire about bonding** Midwives do enquire about bonding and a new pathway is being planned. **Support for partners** Services involve partners verbally, leaflet and antenatal education.
Specialist midwife/Midwife time commitment to PNMH	**CH** Yes - specialist midwife. Joint post with 0.4wte RMN with special interest & experience in perinatal mental health and 0.64wte midwife with special interest in perinatal mental health. **MY** Yes, 15 hours dual role - 0.4 WTE currently under review. Attended a train the trainer course for PMH Reading.
PNMH Clinic	**CH** Yes - Midwife has recently set up this service, with the aim of a weekly evening clinic covering both sites (still under development so not currently well attended). **MY** No - women are sometimes seen in the birth matters clinic or on an individual basis
Social support/opportunity to share experiences and support one another	**CH** • There are charitable support groups in Calderdale & Huddersfield that women can be signposted to for example talk thru (Huddersfield, can be accessed by Calderdale residents), Women's centre (Calderdale and Huddersfield), motherhub (Huddersfield). • We have identified the need to create a profile/directory of the support groups currently available and hope to strengthen links with our service. **MY** No - Group tried unsuccessful to try and re run group through IAPT.
Access to individual/group therapeutic services	**CH** These are available through primary and secondary mental health services. Local charitable organisations (i.e. talk thru, womens centre) are also available. **MY** Yes - adult psychological services
Access to IAPT	**CH** Yes - Threshold for intervention is lower in pregnancy. Women in the perinatal period are given priority. This should be no longer than 2 weeks. Ideally women start treatment within 1 month of assessment but no longer than 3 months (may be reviewed with revised Nice guidance). We have been invited to participate in a perinatal special interest group set up by the mental health service so will gain an insight into referrals and work being done. As we have no way of collecting data locally at present we have asked Calderdale to kindly record numbers of perinatal referrals received. **MY** Yes.
Mental Health Care Provision	The completed questionnaire from South West Yorkshire Partnership Foundation NHS Trust was provided by Wakefield Business Delivery Unit which is part of South West Yorkshire Partnership Foundation NHS Trust. There is no PNMH service in the area or a named Psychiatrist for PNMH. Further information regarding mental health care provision in Calderdale CCG area was not provided.
Access to beds	**CH** Yes - Leeds or wherever a bed available. Mid Yorks - Yes, Leeds mother and baby unit.

2.5 Calderdale CCG	
Data collected by providers	**CH** • No - our current IT system is unable to collect this data; however a new IT system will be installed in April 2015. • We currently know about the women who are referred to the Vulnerable Women's team only. • Data is being collected by the perinatal mental health practitioners about the referrals they receive – this is stored securely at present until tool available to use. **MY** Collect data on pre-existing, at risk and those that develop an illness - entered on euroking system. Data shared with the Head of Midwifery (HOM) and Maternity Services Liaison Committee (MSLC).
Data to inform commissioning	**CCG** Suspect no firm data. Part of the mapping currently initiated
Training	**CCG** Yes but details are unclear. Is part of the current mapping underway. **CH** • A small proportion of midwives in the Trust have received training but this was some years ago. • The 2 Perinatal mental health practitioners have just started to roll out training from February 2015. The training is 3 hours and monthly. • No info re doctors. • Community midwives have started to receive informal clinical supervision from Perinatal Practitioners, with the aim of developing regular monthly sessions to discuss cases and share good practice. • The new training package will also address and evaluate staff confidence. 0.4wte RMN has had training via her role with SWYfT (Winchester training), with local updates via SWYfT. 0.64wte RM has clinical & perinatal mental health research experience; worked at the University of York on perinatal diagnostic accuracy study, ran perinatal support group. **MY** • 100% midwives update. • Unknown for doctors. • The PMH midwife delivers the training for 30 minutes every 2 years. • Training received for the role - relevant conferences. Train the trainer course for PMH Reading • Assessing confidence and comfortable - community midwives have initial training when new into community 2 yearly update discussed at the initial session.
Social/psychological support offered before medication prescribed and additional support offered for those prescribed medication.	**CH** • Yes – as per our stepped care approach. Discussion about options for support discussed during assessment. Options for social/psychological support include referral/support to attend local community organisations e.g. Women space. Also options to refer to mental health services for IAPT or secondary psychological services and community mental health team for more complex presentations. • Increased visits both antenatally & postnatally. This may be in conjunction with partner agencies dependant on individual need. A new perinatal health plan has been developed and will be used for all women with a known perinatal mental health concern. • We have a named pharmacist link, and advice is taken on medication prescribed (i.e. known side effects, if baby at risk of withdrawal, ensuring medication to be started postnatally is prescribed and available) all of this is discussed (where possible) with women antenatally. More complex medication regimes will be managed be secondary mental health services –

2.5 Calderdale CCG	
	community mental health team and psychiatrist. **MY** Social and psychological support is offered before medication - Extra midwives visit, health visitor listening visits, well women's centre and IAPT. No response for second part of the question.
Developments/priorities over the next 12 months.	**CCG** As part of "Future in Mind" PNMH was identified as a priority area but this is not currently included in our Transformation Plan as we are expected to await further guidance nationally on this aspect. **CH** • Training for midwives/Health Visitors and obstetric team. • Data collection, • Improvement of service provision for women with lower level mental health issues. • improved identification of women with/at risk of developing perinatal mental illness, • improved communication between agencies with greater information sharing, improve network of specialists locally and nationally, • improve links with support groups, • improve provision for BME groups, • Improve research potential. **MY** • Bonding and attachment, • Update pathway to adhere to new NICE guidance 2014. • That women requiring a higher level of care are to be referred to vulnerable women's team.

2.6 Doncaster CCG	
Maternity Provider	Doncaster and Bassetlaw NHS Foundation Trust - Doncaster Royal Infirmary
Mental Health Provider	Rotherham, Doncaster and South Humber NHS Foundation Trust (RDaSH)
Health Visiting Provider	Rotherham, Doncaster and South Humber NHS Foundation Trust
PNMH Strategy in place	**CCG** Yes - PNMH is included in the local MH Strategy and we have a local Action Plan. Preventative work is included.
CCG currently commission PNMH services	**CCG** We are currently starting pilot PNMH service jointly with the local MH Trust and Acute Trust (Maternity Dept.).
Care pathways in place	**Maternity provider** • We are currently revising the service and have secured funding for a one year pilot • We follow NICE guidance and our mental health guideline reflects this and currently meeting to map out the mental health pathway and revise the service. **Mental health provider** There is not a clear pathway for the management of women with PNMH issues.
Multi-agency working/part of network/collaborative/other organisations offering services.	Currently piloting a PNMH service jointly between the MH Trust and the Maternity provider. **CCG** There is a PNMH Strategy group that is chaired by the MH Commissioner, this group has initially worked to develop and implement the pilot for shared working arrangements between the obstetrician and mental health services. The Group is multi agency to further develop a consistent early help assessment and offer of care. RDASH Single point of access for mental health and Psychological therapy. MIND Samaritans Rethink/Crisis Early intervention IAPT
Local Clinical Leadership	**CCG** CCG mental Health Lead Dr Niki Seddon who is fully engaged with the new model that is currently being piloted. **Maternity provider** Community Midwifery and Outpatients Manager.
Midwifery input	**Continuity of care** All women have a named midwife in the antenatal period and are given a contact number for them and they are proactive in ensuring that there is good continuity of care for all women throughout their span of care. **Use of evidence based tools** antenatally: work to NICE guidance All women are risk assessed at booking and then on one further occasion during the antenatal period. The Whooley questions are asked and documented on page 3 of the perinatal institute notes. Any family history of serious mental illness is also discussed and the G.P records are checked. Postnatally: A risk assessment is undertaken in the postnatal period and documented in the post-natal notes. Women are asked about their emotions at every postnatal visit. The Whooley questions are asked again at discharge from maternity care and the results are documented in the discharge section of the mother's postnatal notes. If a referral is required a PHQ9 and GAD7 is completed.

2.6 Doncaster CCG	
	Inform mothers about PNMH illness PNM illness is discussed in the antenatal and postnatal period and at antenatal education sessions. **Printed information** Written information about PNM illness is on page 4 of the perinatal institute notes and on page 17 of the mother's postnatal notes. **Notes shared appropriately** Appropriate sharing of women's notes: The G.P notes are accessed at booking, any identified risks are documented in the hand held notes, the G.P is informed of any referrals made, the Health Visitor is informed of the woman's history, the obstetrician will update the management plan in the pregnancy notes if there is any change in plan of care. K2 maternity system which will enable the multi-disciplinary team to access all the clients' maternity records. **Care planning shared appropriately** Appropriate care planning: A joint management plan may be made between obstetrician and the mental health/psychiatric services and the G.P and Health Visitor are informed The management plan in the perinatal hand held notes is updated The community midwife is able to access the updated management plan in the pregnancy notes. **Enquire about bonding** Bonding is observed at each postnatal contact. If there are concerns around bonding the midwife would discuss this directly with the mother. If issues are identified, The G.P and Health Visitor are informed The woman would be referred to her G.P An IAPT referral would be made A joint CAF would be completed by the Midwife and the Health Visitor **Support for partners** Involving and supporting partners is provided by the Midwife, Health Visitor and The Children's Centre for family support.
Specialist midwife/ Midwife time commitment to PNMH	No - Have a midwife who has an interest in mental health and has a mental health qualification. We have no plans to recruit to this role. All midwives are trained to assess women's mental health and make appropriate referrals.
PNMH Clinic	When the pilot is running it is anticipated that this clinic will be on a fortnightly basis.
Social support/opportunity to share experiences and support one another	**Maternity provider** - Talking shop, Health Visitors, GP, Counselling, Family support workers in children's centres.
Access to individual/group therapeutic services	One to one counselling sessions C.B.T Group sessions for stress and depression Self-esteem counselling
Access to IAPT	**Maternity provider** Midwives directly refer to IAPT. IAPT strive see women within 28 days of referral **Mental health provider** Pregnant women and women 12 months postnatal are a priority for IAPT. There are three different IAPT services in RDASH with different waiting times. Unsure whether women are supporting in attending appointments with childcare, location of appointment.
Mental Health Care Provision	**Maternity provider** We will be implementing a yearlong pilot which will offer women who have had

2.6 Doncaster CCG	
	previous mental health problems the opportunity to be reviewed by a psychiatrist with a specific interest in perinatal mental health. We will also have access to two counsellors who will be able to provide support with mood, anxiety and coping skills. **Mental health provider** Do not provide a PNMH service. In one of our 3 localities (Doncaster) we have a one year advisory pilot in place but this is due to conclude March 2016. Named Consultant Psychiatrist for the Doncaster Pilot - 2 half days weekly. **Continuity of care** Continuity of care is not provided for women during the perinatal period unless they are already under MH services. **Pre-conception counselling** Pre-conception counselling is not offered. **Links with Specialist Midwife and/or Health Visitor** Does not have links with a specialist PNMH midwife or health visitor. **Printed information** Printed information from the Royal College of Psychiatry is provided. Translations are available for people who do not read English. **Notes shared appropriately** Notes about a woman's risks or symptoms of mental illness are shared appropriately between professionals by letter to GP or any involved agencies, different electronic systems are a major hindrance to this process flowing smoothly **Care Planning** Women at risk of or suffering from PNMH do not have a written care plan. **Enquire about bonding** Unsure whether staff enquire about the mothers bonding/attachment with the baby. **Services involve and support partners** The service does not involve or support partners. **Prescribing guidance** The trust does not have PNMH prescribing guidance. **Community Mental Health Teams (CMHTs)** Pregnant women and women 12 months postnatal are a priority for Community Mental Health Teams – there is a 2 week target for waiting times. The referral criteria is based on clustering by our single point of access team and the criteria does not differ from people with general mental illness.
Access to beds	**Maternity provider** Leeds MBU **Mental health provider** Our allocated unit is Leeds which is difficult to access a sit is a busy unit, we often have to admit to Nottingham or Derby and there is no unified admission process or referral form.
Data collected by providers	**Maternity provider** Collect data on women who have a pre-existing mental illness and those that develop a mental health problem. This is recorded on the maternity IT system. **Mental Health provider** Does not collect data on the number of antenatal women or women postnatal

2.6 Doncaster CCG	
	up to 12 months accessing mental health services
Data to inform commissioning	**CCG** Yes, The Local Acute Trust routinely collects data on pregnant ladies pertaining to MH history. However, we are working with the MH Trust to look at data recording of ladies presenting at MH appointments who are pregnant, since the pregnancy history is not routinely recorded – this is a gap.
Training	**CCG** Yes - Workforce Development is built into our local action plan and is included in the pilot. **Maternity provider** All midwives are trained to assess women's mental health and make appropriate referrals. • Unable to comment about doctors. All midwives access training annually. • There is a Trust e learning package for the Mental Capacity Act. • We are also having discussions currently with the mental health services about developing specific training for midwives which will be part of the perinatal mental health pilot. • Do assess how confident and comfortable midwives are in asking about mental health - if there were any training needs identified these would be addressed with the individual concerned supported by the Community Manager and her deputy. **Mental Health provider** • 1-2% of doctors have spent time on a PNMH unit do training will have been delivered by their supervisor at the time. • Training does not include information about MBUs or assessing/discussing the parent –infant relationship.
Social/psychological support offered before medication prescribed and additional support offered for those prescribed medication.	**Maternity provider** • When appropriate, social/psychological support is offered before prescribing medication: Counselling can be offered via the G.P CBT can be offered Self-esteem counselling • Additional support is offered for those women who are prescribed medication. women have access to One to one counselling sessions C.B.T Group sessions for stress and depression Self-esteem counselling **Mental health provider** • Additional support is provided for women who are prescribed medication if they are taken on by secondary mental health services. • Unsure whether social or psychological support is offered before prescribing medication.
Developments/priorities over the next 12 months	**Maternity provider** We will be implementing a year long pilot which will offer women who have had previous mental health problems the opportunity to be reviewed by a psychiatrist with a specific interest in perinatal mental health. We will also have access to two counsellors who will be able to provide support with mood, anxiety and coping skills. **Mental health provider** Developing a perinatal mental health service.

2.7 East Riding CCG	
Maternity Provider	Hull and East Yorkshire Hospitals NHS Trust
Mental Health Provider	Humber NHS Foundation Trust
Health Visiting Provider	Humber NHS Foundation Trust
PNMH Strategy in place	**CCG** No. To be developed 2015/16. Preventative work is not included although Health visitors provide up to 6 "Talking sessions" etc. as required. Children's Centres provide support for mild PNMH
CCG currently commissioners PNMH services	**CCG** Yes - Funding secured and working with provider to extend the current service (provided for women who give birth in Hull royal Infirmary) so it can be accessed by all women from ER CCG area regardless of where they plan to give birth. Should be fully operational in January 2016.
Care pathways in place	Yes - Hull & East Yorkshire NHS Trust Guideline
Multi-agency working/part of network/collaborative/other organisations offering services.	**Maternity provider** • Maternity services work collaboratively with the Perinatal Mental Health Team. Maternity services are represented at Perinatal Mental Health Advisory Group. Development of pathways in maternity for vulnerable women. • Monthly MDT meetings for women with high level mental health issues. Support the Professor of Midwifery to refresh the Terms of reference (TOR) for the Perinatal Mental Health Advisory Group based at University of Hull. The aim is to ensure a continued partnership approach to support joined up working, To provide further training for midwives about perinatal mental health. • City Healthcare Partnership- Lets Talk • House of Light charity
Local Clinical Leadership	**CCG** Health Visitor employed by Institute of Health Visiting 4/5 fte is champion for the area. Melita Walker. **Maternity provider** Vulnerable Women Midwife. **Mental health provider** Have a named consultant psychiatrist with protected clinical time
Midwifery input	**Continuity of care** Women are not seen by the same midwife but there are clear management plans support the woman and the midwife to coordinate the care. Maternity services are to commence a monthly MDT meeting to ensure plans are in place for women with higher level mental health issues. **Use of evidence based tools** used antenatally and postnatally: The EPDS validated for pregnancy is part of the Trust guideline for midwives to use to support clinical judgement for assessment of mental health issues. If completed these are sent with the referral form to the Perinatal Mental Health team. **Inform mothers about PNMH illness** Midwives do tell mothers about PNM illness - prediction and detection in line with NICE recommendations. Partners will be aware and included in discussions with the woman at maternity reviews. **Printed information** CHCP Lets Talk information, House of Light leaflets. **Notes shared appropriately** Notes about a woman's risks or symptoms of mental illness are shared

2.7 East Riding CCG	
	appropriately between professionals; there are clear management plans in the maternity hospital records. Reference to this is in the maternity Handheld records. **Care planning shared appropriately** Care planning is shared appropriately between professionals; Referrals to the mental health services are copied to GPs, Health visitors, midwives, the Consultant Obstetrician and safeguarding team if appropriate. The management plan is informed from a multidisciplinary approach. An MDT meeting has recently commenced to ensure the management plan meets the woman's needs. **Enquire about bonding** Midwives do enquire about bonding with the baby; this is observed and documented as part of the Baby Friendly Initiative (BFI) standards. Staff will discuss with their managers and document any concerns around mother and baby attachment and ensure the community midwife and health visitor are aware. **Support for partners** Partners are inclusive in all maternity care. Partners have open visiting in daytime hours. Partners can stay with the woman overnight if there are specific concerns and it would be advantageous to their family's care and support.
Specialist midwife/ Midwife time commitment to PNMH	No specialist midwife and no plans to recruit but a midwifery team is in development to explore pathways to support vulnerable women. Women with higher level mental health issues will be included in these pathways.
PNMH Clinic	Weekly joint Consultant Obstetrician and specialist CPN clinic
social support/opportunity to share experiences and support one another	**Maternity provider** Women are provided with information about a charitable organisation House of Light which provides peer support for women with mental health issues **Mental health provider** No
Access to individual/group therapeutic services	Individual and group therapy services: House of Light Doula project
Access to IAPT	**Maternity provider** Pregnant and postnatal women will be prioritized for services **Mental health provider** Yes – this has been agreed locally – waiting time unknown and whether women are supported in attending appointments (attend with children, location of appointment) depends on the treatment being provided by IAPT**.**
Mental Health Care Provision	Provides a specialist perinatal community service at cluster level 5 and above. Choice of service is offered to women - CBT, preconception, biopsychosocial interventions. There is a named Psychiatrist for PNMH. Service not offered to all postcodes served by the trust - Excludes Pocklington and Stamford Bridge due to local commissioning arrangements **Continuity of care** Continuity of care is provided during the perinatal period – women are seen by the same mental health practitioner **Pre-conception counselling** pre-conception counselling is offered to women Woman with a history of perinatal mental health problems and or woman with an identified severe mental illness and carried out by the consultant psychiatrist

2.7 East Riding CCG	
	Links with Specialist Midwife and/or Health Visitor Have links to both a PNMH midwife and midwife **Printed information** No printed information given However if requested this would be sought and provided **Notes shared appropriately** Notes about women's risks or symptoms are shared appropriately via CPA meetings, birth planning, professional meetings. We rely heavily on face to face meetings due to the various providers being on different electronic systems. **Care Planning** women at risk of or suffering from PNMH illness have a written care plan that includes actions to be taken by different health care professionals - Maternity including obstetricians, GP, Health Visitors, social care if appropriate, family via email or post
Access to beds	**Maternity provider** Yes **Mental health provider** As there is no local provision we have to rely heavily on beds being available nationally. We have had to admit woman a great distance from their family and support networks.
Data collected by providers	**Maternity provider** No data collected on existing, at risk or develop. **Mental health provider** Data on antenatal women accessing MH service – yes - Unsure if this is regarding the perinatal team, SPA, primary care, community mental health teams or all.
Data to inform commissioning	**CCG** No.
Training	**CCG** • Training available for Health Visitors by the Institute of Health Visitors; Perinatal Mental Health Team will also provide training for maternity staff etc. Training will also be provided by provider for hospitals and community staff working in areas to which the service is to be newly provided i.e. York and Scarborough hospitals and Northern Lincolnshire and Goole. • In time hope to be able to provide training to Children's Centre staff etc. too. **Maternity provider** • Approx. 80% midwives. • Perinatal Mental Health Team provided mandatory training to all midwives in 2012. Psychiatrist and specialists CPNs trained in perinatal mental health deliver the training. 1 hour for all midwives and a full day for link midwives in 2011. • Do assess if midwives are confident and comfortable in asking about mental health - Predication and detection is part of the booking assessment and is evidenced in maternity records. If there are issues with midwives feeling confident and comfortable to ask, this will be picked up through Supervisors of Midwives following audit of the records or if approached with this concern. **Mental health provider** 50% of MH practitioners have received training, delivered by the PNMH team for 1 hour. Training is ad hoc and includes information about MBUs but not

2.7 East Riding CCG	
	assessing the parent infant relationship.
Current gaps/areas of concern	Due to the current commissioning processes, concern of continuing challenges to ensure the services provided for women with mental health issues remain joined up with clear succinct pathways for midwives and practitioners to follow.
Social/psychological support offered before medication prescribed and additional support offered for those prescribed medication.	**Maternity provider** Support is offered before prescribing medicine: Following predication and detection, the woman's mental health needs will be assessed by the midwife on a hierarchy of need for support. For social/psychological support, the midwife may consider signposting and supporting her to access Children Centre services, Doula services, Family Nurse Partnership, Lets Talk service, House of Light. This will be dependent on the woman's individual need. additional support is offered for women who are prescribed medication: communication between the psychiatrist and the obstetrician ensures the best evidence informs the management plan of care. This may include serial ultrasounds to assess fetal wellbeing. The joint Obstetric and CPN clinic ensures there is joined up working to assess the woman's ongoing needs. **Mental health provider** Yes -support is offered to those who have been prescribed medication - if there is identified concern, side-effects. If the service is prescribing 1:1 appointments are provided by our psychiatrist to discuss risk vs benefit and to enable women and their families the ability to make an informed decision and support is offered before prescribing - Psychological and practical support is attempted where the risk is not increased without prescribing. Constant review and MDT discussion.
Developments/priorities over the next 12 months	• Development of pathways in maternity for vulnerable women • Monthly MDT meetings for women with high level mental health issues • Support the Professor of Midwifery to refresh the TOR for the Perinatal Mental Health Advisory Group based at University of Hull. The aim is to ensure a continued partnership approach to support joined up working. • To provide further training for midwives about perinatal mental health

2.8 Greater Huddersfield and North Kirklees CCGs	
Maternity Provider	Calderdale and Huddersfield NHS Foundation Trust. Mid Yorkshire Hospitals NHS Trust
Mental Health Provider	South West Yorkshire NHS Foundation Trust. Leeds and York Partnership NHSFT - specialised commissioning. Other providers provide general psychological services.
Health Visiting Provider	Locala CIC Community Partnership
PNMH Strategy in place	**CCG** Yes - a separate strategy which is due for review at the end of 15/16. Arrangements for preventative work are included: Through the pathways with the acute trusts / maternity & health visiting services and Public Health support
CCG currently commission PNMH services	**CCG** • Yes - A PNMH pathway has been commissioned with our specialist MH trust – this includes criteria / contacts to coordinate specialist care / access to PN beds in Leeds. The pathway includes the coordination with acute trusts / maternity & health visiting services • Pathway will be reviewed during 15/16.
Care pathways in place	**CH** The Trust has a maternal mental health guideline which feeds into the perinatal mental health strategy and pathways for Kirklees & Calderdale. **MY** Yes - Midwives can refer directly into mental health service.
Multi-agency working/part of network/collaborative/other organisations offering services	**CCG** part of a multi partner working group
Local Clinical Leadership	**CCG** Clinical leadership is provided by the mental Health Clinical Leads for the CCGs. There is a named clinician within the MH trust: Dr M Wybrew MH Clinical Lead GHCCG Dr A Cameron MH Clinical Lead NKCCG **CH** Both Perinatal mental health Practitioners champion the needs of women. **MY** No response re clinical leadership.
Midwifery input	**CH** Current services are nurse led. CHFT employ 2 perinatal mental health practitioners; 1 is RMN; 1 is midwife. **Continuity of care**. Continuity of carer is a priority. Antenatally - dependant on pregnant woman's needs & risk, she will either stay with her community midwife or be caseloaded by a case loading midwife from the specialist team. Postnatally-the named midwife will try & prioritise continuity of carer. Throughout all care the woman has a named midwife who will try & provide continuity of carer throughout the woman's episode of care. Annual leave/days off etc. may impact on this at times.

2.8 Greater Huddersfield and North Kirklees CCGs	
Midwifery input	**Use of evidenced based tools** Antenatally-Currently use the Whooley questions at booking/28weeks and ask woman at every visit how she is feeling. If risk is identified; referral includes using rest of PHQ9 questions. The mental health practitioners are currently reviewing the new amended NICE guidance and we will amend practice accordingly. Postnatally-Women with identified increased risk will be monitored closely/have a plan of care postnatally, however, those who haven't been identified as at increased risk (antenatally) are asked re mood postnatally but no set questions/tool currently used. Postnatal records do have area for recording mood/emotional wellbeing. If problem identified, the single point of access team would ask for further assessment using PHQ9. **Inform mothers about PNMH illness** Staff do tell mothers about PNMH issues - staff ask re any previous family history. **Printed information** Information booklet with discussion given at 28weeks as a minimum or earlier if increased risk. They tell partners if present at antenatal appointments. **Notes shared appropriately** Notes about risks and symptoms are shared appropriately - entries are made on the maternity database (although current system not sophisticated enough for full storage of data), discussions with other HCP ideally take place at joint meetings, or by phone call (this includes GP, HV, CMW involved in care) and followed up with newly created plan filed in hand held notes, shared by secure email if available or posted. **Care planning shared appropriately** Care planning is shared appropriately - Plan of care in hand held records and/or safeguarding integrated care pathway dependant on individual circumstances. Pre birth & discharge planning meetings as appropriate. **Enquire about bonding** Staff do enquire about bonding as part of postnatal care - if issues are identified - Would discuss with perinatal mental health practitioner / Health Visitor / GP depending on risk. Options include assessment of mothers' mental health to identify any relevant signs/symptoms; joint visit with health visitor; discussion with GP. The new training package will also help staff recognise the importance of attachment and assess the level of risk. **Support for partners** Services involving partners - CHFT has identified that this is work in progress, supporting partners, but women are encouraged to bring partners to perinatal mental health clinic and their views are included as part of the assessment and plan. Partners are advised of importance of their own mental health and signposted to GP or SPA as appropriate. **MY** **Continuity of care** Yes, provide continuity of care wherever possible. **Use of Evidence based tools** Midwives don't use evidence based tools - antenatally they ask prediction and detection questions. To change in line with new nice guidance. Postnatally the health visiting team use EPDS. **Inform mothers about PNMH illness and printed information** Mothers and partners receive a leaflet about perinatal mental illnesses.

2.8 Greater Huddersfield and North Kirklees CCGs	
	Notes shared appropriately Notes about womens risks and symptoms are shared - trying to work in partnership with other agencies and be included in care planning meetings. **Care planning shared appropriately** Care planning is shared appropriately between professionals - verbally, written and on euoking system for community midwives and hospital staff. **Enquire about bonding** Midwives do enquire about bonding and a new pathway is being planned. **Support for partners** Services involve partners verbally, leaflet and antenatal education
Specialist Midwife/Midwife time commitment to PNMH	**CH** Yes - specialist midwife. Joint post with 0.4wte RMN with special interest & experience in perinatal mental health and 0.64wte midwife with special interest in perinatal mental health. **MY** Yes, 15 hours dual role - 0.4 WTE. Attended a train the trainer course for PMH Reading.
PNMH Clinic	**CH** Yes - Midwife has recently set up this service, with the aim of a weekly evening clinic covering both sites (still under development so not currently well attended). **MY** No - women are sometimes seen in the birth matters clinic or on an individual basis
Social support/opportunity to share experiences and support one another	**CH** • There are charitable support groups in Calderdale & Huddersfield that women can be signposted to for example talk thru (Huddersfield, can be accessed by Calderdale residents), Womens centre (Calderdale and Huddersfield), motherhub (Huddersfield). • We have identified the need to create a profile/directory of the support groups currently available and hope to strengthen links with our service. **MY** No - Group tried unsuccessful to try and re run group through IAPT.
Access to individual/group therapeutic services	**CH** These are available through primary and secondary mental health services. Local charitable organisations (i.e. talkthru, womens centre) are also available. **MY** Yes - adult psychological services
Access to IAPT	**CH** Yes - Threshold for intervention is lower in pregnancy. Women in the perinatal period are given priority. This should be no longer than 2 weeks. Ideally women start treatment within 1 month of assessment but no longer than 3 months (may be reviewed with revised Nice guidance). We have been invited to participate in a perinatal special interest group set up by the mental health service so will gain an insight into referrals and work being done. As we have no way of collecting data locally at present we have asked Calderdale to kindly record numbers of perinatal referrals received. **MY** Yes.
Mental Health Care Provision	The completed questionnaire from South West Yorkshire Partnership Foundation NHS Trust was provided by Wakefield Business Delivery Unit which is part of South West Yorkshire Partnership Foundation NHS Trust. There is no PNMH service in the area. The service does not have a named

2.8 Greater Huddersfield and North Kirklees CCGs	
	psychiatrist for PNMH. Further information regarding mental health care provision in Greater Huddersfield and North Kirklees area was not provided.
Access to beds	**CH** Yes - Leeds or wherever a bed available. Mid Yorks - Yes, Leeds mother and baby unit.
Data collected by providers	**CH** • No - our current IT system is unable to collect this data; however a new IT system will be installed in April 2015. • We currently know about the women who are referred to the Vulnerable Women's team only. • Data is being collected by the perinatal mental health practitioners about the referrals they receive – this is stored securely at present until tool available to use. **MY** Collect data on pre-existing, at risk and those that develop an illness - entered on euroking system. Data shared with the HOM and MSLC.
Data to inform commissioning	**CCG** Yes - Data is collated through the contract activity & performance schedule
Training	**CCG** Training is provided & supported by the specialist MH service – across MH, HV & maternity staff. **CH** • A small proportion of midwives in the Trust have received training but this was some years ago. • The 2 Perinatal mental health practitioners have just started to roll out training from February 2015. The training is 3 hours and monthly. • No info re doctors. • Community midwives have started to receive informal clinical supervision from Perinatal Practitioners, with the aim of developing regular monthly sessions to discuss cases and share good practice. • The new training package will also address and evaluate staff confidence. 0.4wte RMN has had training via her role with SWYfT (Winchester training), with local updates via SWYfT. 0.64wte RM has clinical & perinatal mental health research experience; worked at the University of York on perinatal diagnostic accuracy study, ran perinatal support group. **MY** • 100% midwives update. • Unknown for doctors. • The PMH midwife delivers the training for 30 minutes every 2 years. • Training received for the role - relevant conferences. Train the trainer course for PMH Reading • Assessing confidence and comfortable - community midwives have initial training when new into community 2 yearly update discussed at the initial session.
Social/psychological support offered before medication prescribed and additional support offered for those prescribed medication.	**CH** • Yes – as per our stepped care approach. Discussion about options for support discussed during assessment. Options for social/psychological support include referral/support to attend local community organisations e.g. Women space. Also options to refer to mental health services for IAPT or secondary psychological services and community mental health team for more complex presentations. • Increased visits both antenatally & postnatally. This may be in conjunction with partner agencies dependant on individual need. A new perinatal health plan has been developed and will be used for all women with a known

2.8 Greater Huddersfield and North Kirklees CCGs	
	perinatal mental health concern. • We have a named pharmacist link, and advice is taken on medication prescribed (i.e. known side effects, if baby at risk of withdrawal, ensuring medication to be started postnatally is prescribed and available) all of this is discussed (where possible) with women antenatally. More complex medication regimes will be managed be secondary mental health services – community mental health team and psychiatrist. **MY** Social and psychological support is offered before medication - Extra midwives visit, health visitor listening visits, well women's centre and IAPT.
Developments/ priorities over the next 12 months	**CH** • Training for midwives/Health Visitors and obstetric team. • Data collection, • Improvement of service provision for women with lower level mental health issues. • improved identification of women with/at risk of developing perinatal mental illness, • improved communication between agencies with greater information sharing, improve network of specialists locally and nationally, • improve links with support groups, • improve provision for BME groups, • Improve research potential. **MY** • Bonding and attachment, • Update pathway to adhere to new nice guidance 2014

2.9 Harrogate and Rural District CCG, Vale of York CCG, Scarborough and Ryedale CCG	
Maternity Provider	Harrogate and District NHS Foundation Trust (HD) York Teaching Hospital NHS Foundation Trust (YTH)
Mental Health Provider	Leeds and York Partnership NHS Foundation Trust
Health Visiting Provider	**Harrogate and Rural District CCG** - Harrogate and District NHS Foundation Trust **Vale of York (VoY) CCG -** York Teaching Hospitals/ Humber NHSFT/ Harrogate& District NHSFT **Scarborough and Ryedale CCG** - Harrogate and District NHS Foundation Trust
PNMH Strategy in place	**CCG** • No PNMH strategy in place, however within each of the 3 CCGs Strategic Plans there is reference to improving the mental health and welling of their populations and moving towards parity of esteem. There is also Specific reference to improving IAPT services. There is no specific reference to perinatal mental health within the overarching strategic document. • There has been discussion about perinatal mental health at one of the CCGs mental health partnership groups. • There are plans to look at PNMH with a view to linking to the development of a maternity strategy. • A joint mental health strategy has been developed. • Future in Mind Transformation plans refer to PNMH and have outcomes linked to this.
CCG currently commission PNMH services	**CCGs** • The CCGs do no commission PNMH services specifically, however the maternity services specification will cover aspects which would be expected to be addressed as part of the maternity pathway. Other services which might be accessed by women with PNMH illness e.g. IAPT, PCMHT are part of generic commissioned mental health services. VoY CCG went out to tender for mental health services and awarded a contract. The service specification has reference to perinatal mental health. • Await further detail on how the community PMH service might look. • Plan to commission services 2016/17, this is will be informed by the baseline mapping work to be undertaken
Care pathways in place	**HD** Pathway under review. **YTH** Yes. **Mental health provider** The service has a clear pathway for the management of women with perinatal mental health issues - NHS Perinatal Mental health service specification.
Multi-agency working/part of network/collaborative/other organisations offering services	**CCG** The CCGs participate in a local maternity network and have a work programme which links to the priorities of the SCN. **HD** No **YTH** No **Mental health provider** • Not currently part of a network but we are working to try and contribute to development of bigger Y&H network.

2.9 Harrogate and Rural District CCG, Vale of York CCG, Scarborough and Ryedale CCG	
	• NSPCC (Parents, pregnancy and wellbeing) – this is a targeted group aimed at women with a history of mild to moderate anxiety and depression, Baby steps – an antenatal parent craft group that looks at relationship with infant as well as the birthing process. Targeted to vulnerable groups. IAPT, Infant Mental health Service (not an adult mental health service as it looks at supporting parents with a disrupted attachment to their infant. This may be relates to perinatal illness, but not exclusively so. Two specialist midwives with an interest in mental health and a special interest obstetrician – all three funded by Leeds Teaching Hospitals but whom work in collaboration / closely with the service.
Local Clinical Leadership	**CCG** CCGs have maternity/women's health/mental health leads. There is some specific CCG representation in some CCG localities which is making this easier to progress. **HD** Public health midwife provides the clinical leadership. **YTH** No
Midwifery input	**HD** **Continuity of care** Continuity of care is provided (seen by the same midwife) during the antenatal, postnatal and over both periods. **Use of Evidence based tools** Antenatally - NICE questions, EPDS, Health Visiting service record, Postnatal booklet, EPDS and HV services postnatally. Recorded in HV services record and postnatal booklet. **Inform mothers about PNMH illness** Midwives do not tell mothers or partners about PNM illness. **Printed information** No printed information is provided. **Notes shared appropriately** Notes about a woman's risks or symptoms of mental illness are shared appropriately between professionals: use of management plan in hand held notes. Social history sheets where appropriate. **Care planning shared appropriately** Care planning is shared appropriately between professionals: multidisciplinary planning meeting at 30/40. **Enquire about bonding** Staff would observe bonding between mother and baby rather than enquiry and communicate with MDT if an issue identified. **Support for partners** Service involves and supports partners - done as part of the planning meeting. **YTH** **Continuity of care** Provide continuity of care by the same community team, same midwife cannot be guaranteed. **Use of Evidence based tools** Use evidence based tools antenatally – no response postnatally.

2.9 Harrogate and Rural District CCG, Vale of York CCG, Scarborough and Ryedale CCG	
	Inform mothers about PNMH illness Unsure was given about whether mothers and fathers are told about PNMH illnesses. **Printed information** No response regarding printed information. **Notes shared appropriately** Yes **Care planning shared appropriately** Yes **Enquire about bonding and support for partners** Unsure whether staff enquire about bonding and whether services involve partners.
Specialist Midwife/Midwife time commitment to PNMH	**HD** No - Public health midwife leads at present. No plans to recruit. **YTH** No – no plans to recruit - an inspirational role part of the maternity strategy paper.
PNMH Clinic	**HD** No **YTH** No
Social support/opportunity to share experiences and support one another	**HD** MINOS (Mums In Need Of Support) Mental health group. **YTH** unaware **Mental health provider** Yes - We have the Positive Steps Partnership which is our service user lead support group.
Access to individual/group therapeutic services	**HD** Yes - Primary Care Mental Health Team. **YTH** No response
Access to IAPT	**HD** Expectant parents and those with young children are a priority. Long waiting list at the moment but plan for IAPT team to have regular sessions at Pregnancy and Birth revisited sessions in January 2015 **YTH** No response **Mental health provider** Pregnant women and women 12 months postnatal are a priority for IAPT in your area. Waiting times are monitored by IAPT. Most are screened within 2 weeks. Women aren't supported in attending IAPT appointments - Not directly supported by our services as currently IAPT will not accept ladies being seen within a tier 4 perinatal service. We have an on-going dialogue about this and the interface between our services.

2.9 Harrogate and Rural District CCG, Vale of York CCG, Scarborough and Ryedale CCG	
Mental Health Care Provision	**Named Consultant Psychiatrist for PNMH**. There is a named Consultant Psychiatrist for PNMH at The Perinatal Mental Health Service, The Mount. 4 days a week across the three services. **Provide a PNMH service** The mental health provider does provide a perinatal mental health service or named Psychiatrist for PNMH. The Yorkshire Humber Mother and Baby Unit, The Yorkshire and Humber Outreach Service and the Leeds Community Perinatal Team. It is a Specialist service jointly funded by NHS England and Leeds CCG. We cover all the clusters as the service provides pre conceptual counselling for women at high risk, but not necessarily unwell at the time of referral, to women who are floridly psychotic requiring admission to the MBU. **Choice** Choice is service is provided to women - We offer group work, 1:1 work. Staff are trained in DBT, CBT, Mindfulness, systemic family therapy, Watch Wait and Wonder (WWW), Video interaction Guidance work (VIG), infant massage, jabadao, Indian head massage. The provision is offered to all postcodes covered by the trust - Some of the groups can therapies can be accessed by non-Leeds mothers if they meet the criteria under the Regional Outreach Service. All mothers admitted to the MBU from across the Yorkshire and Humber (Y&H) are offered these interventions as appropriate to their needs. Many may choose to continue attending them for up to 3 months post discharge. **Continuity of care** Continuity of care is provided for women in the perinatal period via Allocated Community nurse if required and or allocated Perinatal Doctor. Mothers may see different staff if they are seen by the Crisis Team or SPA in the first instance. **Pre-conception counselling** Pre-conception counselling is offered and provided by Speciality Perinatal Doctor presently. Will be outreach Perinatal Consultant when appointed. **Links with Specialist Midwife and/or Health Visitor** The MH provide has links with a specialist PNMH midwife **Printed information** Printed information is provided - We have trust translated leaflets and also direct people to the RCP website and MIND websites which also offer information in other languages **Notes shared appropriately** Notes about a woman's risks or symptoms of mental illness are shared appropriated between professionals - have a unified Trust electronic recording system that is across all three services. All though it is not compatible with LTHT electronic records, we have mutually agreed paperwork for the women seen antenatally for their antenatal care plan. We do have difficulty with the electronic interface across the Y&H but most of the information we may need can be easily filtered once it comes to us and contains the relevant mental health information, CPA's and risk assessment. **Care planning** Women at risk of or suffering from PNMH illness have a written care plan Shared with all relevant health and social care professionals for mother and infant / unborn. The plan includes actions that should be taken by different health care professionals. Normally the plans are shared (in paper form)with the mother, carer, GP, H/V, Midwife, care coordinator if not a Y&H perinatal

2.9 Harrogate and Rural District CCG, Vale of York CCG, Scarborough and Ryedale CCG	
	service care coordinator, children and families social worker if applicable. **Enquire about bonding** Staff do enquire about mothers bonding and attachment with the baby and if issues are identified interventions available are Watch wait and wonder, Video interaction Guidance work, Jabadao, Baby massage **Services involve and support partners** Services do include and support partners - Partners are invited to all clinical appointments if mother consents, we offer a fathers group, the opportunity to attend ward groups specifically designed to have careers in on the MBU for mothers admitted to the MBU and for 3 months post discharge, systemic family therapy, information leaflet for fathers. **Prescribing guidance** The trust does not have PNMH prescribing guidance - Prescribing is on a case by case basis with other services across the region and the trust encouraged to call the service for advice on prescribing in pregnancy / breast feeding. **Community Mental Health Teams (CMHTs)** Pregnant women and women 12 months postnatal are a priority for Community Mental Health Teams - If the mother requires more than secondary mental health services we will see and assess within 2 – 3 weeks of referral. Urgent referrals are seen within 48 hours. Criteria for referral to CMHT is Moderate to severe depression and anxiety, pre-existing chronic, severe enduring mental illness and acute puerperal psychosis and the referral criteria differs from that for people with general mental illness.
Access to beds	**HD** Yes **YTH** Yes – Leeds **Mental health provider** Occasional capacity issues requiring a bed to be sourced out with the Y&H MBU
Data collected by providers	**HD** Pre-existing mental illness and those that develop a mental illness. Not currently shared. Work only just started. **YTH** Collect data on pre-existing mental illness – data not shared. **Mental health provider** Data on the number of antenatal women and postnatal women up to 12 months accessing mental health services is collected. Shared with commissioners under activity recording. Data is pulled from the trust electronic recording systems.
Data to inform commissioning	**CCG** Not from a commissioning perspective.
Training	**CCG** • The CCGs are not aware of any regular training programmes. • The maternity service providers will undertake Training Needs Analysis which might address such need. This will be specifically picked up in the baselines activity. **HD** 100% of midwives, provided by the public health midwife for 1 hour annually, unknown for doctors. Don't assess confidence and how comfortable midwives

2.9 Harrogate and Rural District CCG, Vale of York CCG, Scarborough and Ryedale CCG	
	are in asking about mental health. **YTH** 75% delivered by a midwife with an interest for 1 hour undertaken once. Midwife has community experience. Don't assess confidence or comfortable. **Mental health provider** • 100% of MH Practitioners have received perinatal mental health training. This is delivered locally by perinatal staff, speciality practitioners as required for interventions such as Infant personality development, WWW and VIG. This is monitored and reported on to the RCP quality network. • The trainers have working experience and attendance at nationally accredited events such as the RCP annual forum and scientific meeting or the 2 day Winchester conference. • Length of the training varies and is undertaken annually as a minimum requirement for all staff for the basic perinatal over view. • The training does not include information about MBUs other than when we refer onto other units. • The training does include assessing/discussing the parent-infant relationship.
Social/psychological support offered before medication prescribed and additional support offered for those prescribed medication.	**HD** • Social and psychological support is offered before prescribing medication. This is offered by the GP. • Additional support is not offered for women who are prescribed medication. Women do have access to individual or group therapeutic services via the primary Care Mental Health Team. **YTH** No response **Mental health provider** • Additional support is offered to women who are prescribed medication - A community nurse if within the perinatal service in required or co-working alongside the care coordinator / treating team if required. We can offer telephone advice or urgent outpatient clinic appointments to mothers on medication if they have worries or concerns. • Additional support is provided to women before they are prescribed medication - Outside of the acute psychotic illness and acutely suicidal depressed mothers, we encourage listening visits with the health visitor and IAPT counselling in primary care. If the referral comes to us after these talking therapies have been tried, we are more than likely going to recommend medication.
Developments/ priorities over the next 12 months	**HD** Updating pathway. IAPT involvement. **YTH** None provided. **Mental health provider** Identifying our regional partners, embedding the regional outreach service and contributing to the development of suggested regional care pathway.

2.10 Hull CCG	
Maternity Provider	Hull and East Yorkshire Hospitals NHS Trust
Mental Health Provider	Humber NHS Foundation Trust
Health Visiting Provider	City Healthcare Partnership
PNMH Strategy in place	**CCG** • PNMH is included within the Maternity Strategy and associated work plan. PNMH is commissioned and delivered through a range of services at various levels across the clinical pathway. Preventative work is included. • A PNMH workshop/learning event for health and social care professionals who work across the maternity and early year's pathway took place on the 1st December 2015 led by the University of Hull. • There are early discussions re: the introduction of an antenatal check in primary care (GP led) within this check we will be looking to include PNMH screening • CCG has commissioned PNMH research programme in Primary care through University of Hull (GP and Practice nurse training). Maternal mental included in Birth preparation and parent education service Maternal MH covered through Public Health Nursing and FNP service specifications
CCG Currently commission PNMH services	**CCG** • PNMH is commissioned through various services including: - Public health nursing (HV and FNP) (Hull city council) - Midwifery services (CCG) - Cluster 1 – 4 – Let's Talk (CCG) • -Cluster 5 + - perinatal mental health service (CCG) • A full pathway review is on-going to identify gaps and opportunities for improvement along the pathway and the interface between the two perinatal mental health services.
Care pathways in place	**Maternity provider** Yes - Hull & East Yorkshire NHS Trust Guideline. **Mental health provider** Clear pathway for management of women – an operational policy
Multi-agency working/part of network/collaborative/other organisations offering services	**Maternity provider** • Maternity services work collaboratively with the Perinatal Mental Health Team. Maternity services are represented at Perinatal Mental Health Advisory Group. City Healthcare Partnership- Lets Talk, House of Light charity **Mental health provider** Part of Yorkshire and Humber perinatal network
Local Clinical Leadership	**CCG** Yes - PNMH Team and lead consultant. Jayne Mitchell – Humber NHS Foundation Trust and HV lead and champion for PNMH in Hull and regionally. **Maternity provider** Vulnerable Women Midwife **Mental health provider** Have a named consultant psychiatrist with protected clinical time

2.10 Hull CCG	
Midwifery input	**Continuity of care** Women are not seen by the same midwife but clear management plans support the woman and the midwife to coordinate the care. Maternity services are to commence a monthly MDT meeting to ensure plans are in place for women with higher level mental health issues. **Use of evidence based tools** Evidence based tools used antenatally and postnatally: The EPDS validated for pregnancy is part of the Trust guideline for midwives to use to support clinical judgement for assessment of mental health issues. If completed these are sent with the referral form to the Perinatal Mental Health team. **Inform mothers about PNMH illness** Midwives do tell mothers about PNM illness - prediction and detection in line with NICE recommendations. Partners will be aware and included in discussions with the woman at maternity reviews. **Printed information** Printed information – City Health Care Partenership- Lets Talk information, House of Light leaflets. **Notes shared appropriately** Notes about a woman's risks or symptoms of mental illness are shared appropriately between professionals; there are clear management plans in the maternity hospital records. Reference to this is in the maternity Handheld records. **Care planning shared appropriately** Care planning is shared appropriately between professionals; Referrals to the mental health services are copied to GPs, Health visitors, midwives, the Consultant Obstetrician and safeguarding team if appropriate. The management plan is informed from a multidisciplinary approach. A MDT meeting has recently commenced to ensure the management plan meets the woman's needs. **Enquire about bonding** Midwives do enquire about bonding with the baby; this is observed and documented as part of the BFI standards. Staff will discuss with their managers and document any concerns around mother and baby attachment and ensure the community midwife and health visitor are aware. **Support for partners** Partners are inclusive in all maternity care. Partners have open visiting in daytime hours. Partners can stay with the woman overnight if there are specific concerns and it would be advantageous to their family's care and support.
Specialist Midwife/Midwife time commitment to PNMH	**Maternity provider** No specialist midwife but a midwifery team is in development to explore pathways to support vulnerable women. Women with higher level mental health issues will be included in these pathways.
PNMH Clinic	Yes - weekly joint Consultant Obstetrician and specialist CPN clinic
Social support/opportunity to share experiences and support one another	**Maternity provider** Women are provided with information about a charitable organisation House of Light which provides peer support for women with mental health issues **Mental health provider** No
Access to individual/group therapeutic services	House of Light Doula project

2.10 Hull CCG	
Access to IAPT	**Maternity provider** Pregnant and postnatal women will be prioritized for services **Mental health provider** Yes, this has been agreed locally – waiting time unknown and whether women are supported in attending appointments (attend with children, location of appointment) depends on the treatment being provided by IAPT.
Mental Health Care Provision	**Provide a PNMH service** Provides a specialist perinatal community service at cluster level 5 and above and has a named Psychiatrist for PNMH. **Choice** Choice of service is offered to women - CBT, preconception, biopsychosocial interventions. Service not offered to all postcodes served by the trust - Excludes Pocklington and Stamford Bridge due to local commissioning arrangements **Continuity of care** Continuity of care is provided during the perinatal period – women are seen by the same mental health practitioner **Pre-conception counselling** Pre-conception counselling is offered to women Woman with a history of perinatal mental health problems and or woman with an identified severe mental illness and carried out by the consultant psychiatrist **Links with Specialist Midwife and/or Health Visitor** Have links to both a PNMH midwife and midwife **Printed information** No printed information given However if requested this would be sought and provided **Notes shared appropriately** Notes about womens risks or symptoms are shared appropriately via CPA meetings, birth planning, professional meetings. We rely heavily on face to face meetings due to the various providers being on different electronic systems. **Care Planning** Women at risk of or suffering from PNMH illness have a written care plan that includes actions to be taken by different health care professionals - Maternity including obstetricians, GP, Health Visitors, social care if appropriate, family via email or post **Enquire about bonding** Staff enquire about the attachment/bonding between mother and baby and work with health visitors and children's centres if issues are identified. **Services involve and support partners** Services involve and support the partner - this is done where appropriate to involve partners in appointments, birth planning sessions, attendance at reviews/ CPA. Partners have been referred to other services by the team if the need has risen. **Prescribing guidance** Currently no prescribing guidance - Currently guided by toxi-base, maudsley , good relationships with the trust pharmacist who will and does provide prescribing support

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	Community Mental Health Teams (CMHTs) There are current waiting list issues for women in the perinatal period accessing CMHT – wait approx. up to 8 months. Criteria for referral are direct referral from the Perinatal team. Via SPA for primary care. The criteria does not differ from that for people with general mental illness
Access to beds	**Maternity provider** Yes – within the region **Mental health provider** As there is no local provision we have to rely heavily on beds being available nationally. We have had to admit woman a great distance from their family and support networks.
Data collected by providers	**Maternity provider** No data collected on women with existing mental health problems, women at risk of developing one or those that do develop. **Mental health provider** Data on antenatal women accessing MH service – yes - Unsure if this is regarding the perinatal team, SPA, primary care, community mental health teams or all.
Data to inform commissioning	**CCG** Yes. Data collated through contractual requirements for all MH clusters. The CCG collates the data. Data collation specific to perinatal pathway has commenced and is shared with commissioners
Training	**CCG** • PNMH team and the University of Hull have undertaken training with midwives and HV teams. • A training session for health and social care professionals was delivered within the December 1st workshop/learning event • Refresher training is scheduled with midwives for early 2016. **Maternity provider** • Approx. 80% midwives. Unknown for doctors. • Perinatal Mental Health Team provided mandatory training to all midwives in 2012. • Psychiatrist and specialists CPNs trained in perinatal mental health deliver the training. 1 hour for all midwives and a full day for link midwives in 2011. • Predication and detection is part of the booking assessment and is evidenced in maternity records. If there are issues with midwives feeling confident and comfortable to ask, this will be picked up through Supervisors of Midwives following audit of the records or if approached with this concern. **Mental health provider** • 50% of MH practitioners have received training, delivered by the PNMH team for 1 hour. • Training is ad hoc and includes information about MBUs but not assessing the parent infant relationship.
Current gaps/areas of concern	**Maternity provider** Due to the current commissioning processes, concern of continuing challenges to ensure the services provided for women with mental health issues remain joined up with clear succinct pathways for midwives and practitioners to follow.

2.10 Hull CCG	
Social/psychological support offered before medication prescribed and additional support offered for those prescribed medication.	**Maternity provider** • Support is offered before prescribing medicine: Following predication and detection, the woman's mental health needs will be assessed by the midwife on a hierarchy of need for support. For social/psychological support, the midwife may consider signposting and supporting her to access Children Centre services, Doula services, Family Nurse Partnership, Lets Talk service, House of Light. This will be dependent on the woman's individual need. • Additional support is offered for women who are prescribed medication: communication between the psychiatrist and the obstetrician ensures the best evidence informs the management plan of care. This may include serial ultrasounds to assess fetal wellbeing. The joint Obstetric and CPN clinic ensures there is joined up working to assess the woman's ongoing needs. Individual and group therapy services: **Mental health provider** Yes, support is offered to those who have been prescribed medication - if there is identified concern, side-effects. If the service is prescribing 1:1 appointments are provided by our psychiatrist to discuss risk vs benefit and to enable women and their families the ability to make an informed decision and support is offered before prescribing - Psychological and practical support is attempted where the risk is not increased without prescribing. Constant review and MDT discussion.
Developments/priorities over the next 12 months	• Development of pathways in maternity for vulnerable women • Monthly MDT meetings for women with high level mental health issues • Support the Professor of Midwifery to refresh the TOR for the Perinatal Mental Health Advisory Group based at University of Hull. The aim is to ensure a continued partnership approach to support joined up working. • To provide further training for midwives about perinatal mental health.

2.11 Leeds CCGs	
Maternity Provider	Leeds Teaching Hospitals NHS FT
Mental Health Provider	Leeds and York Partnership Trust
Health Visiting Provider	Leeds Community Healthcare
PNMH Strategy in place	**CCG** No but included in the Maternity Strategy published 15/16. PNMH is a priority within the five year Maternity Strategy for Leeds (2015-2020). It is a focus for implementation in 2015/16. Arrangements for preventive work are included in the service but are minimal.
CCG currently commissions PNMH services	**CCG** • Yes - North Leeds CCG lead the commissioning of mental health services on behalf of the 3 Leeds CCGs. A community perinatal mental health service specification does exist. • A perinatal mental health task group (commissioners and providers across the pathway of maternity and mental health services) has been established to take forward the priority within the maternity strategy. The group is co-chaired by the lead commissioner for children and maternity services and the strategic commissioning lead for mental health. • The PNMH work plan also includes an anti-stigma campaign - normalising emotional and mental health needs in pregnancy. In Leeds there is also a jointly commissioned city wide Infant Mental Health Service (IMHS) working with families from pregnancy and infants 24 months and under where there are serious concerns about the attachment relationship.
Care pathways in place	**Maternity Provider** Yes – clear referral pathway - current guideline being updated **Mental health provider** The service has a clear pathway for the management of women with perinatal mental health issues - NHS Perinatal Mental health service specification.
Multi-agency working/part of network/collaborative/other organisations providing services	**CCG** Work with commissioners and providers across the pathway of maternity and mental health services. Held workshops with key stakeholders. **Maternity provider** No **Mental health provider** • Not currently part of a network but we are working to try and contribute to development of bigger Y&H network • NSPCC (Parents, pregnancy and wellbeing) – this is a targeted group aimed at women with a history of mild to moderate anxiety and depression • Baby steps – an antenatal parent craft group that looks at relationship with infant as well as the birthing process. Targeted to vulnerable groups. IAPT, Infant Mental health Service (not an adult mental health service as it looks at supporting parents with a disrupted attachment to their infant. This may be relates to perinatal illness, but not exclusively so. • Two specialist midwives with an interest in mental health and a special interest obstetrician – all three funded by Leeds Teaching Hospitals but whom work in collaboration / closely with the service.
Local Clinical Leadership	**CCG** Yes - a perinatal mental health task group - the group includes a number of lead clinicians working in the acute and mental health trusts in Leeds who are taking the lead in the development of an integrated PNMH pathway of care. Dr S. Joanne Pierce PhD, MRCOG - Consultant in Fetal Medicine and Obstetrics Dr Gopinath Narayan - Consultant Perinatal Psychiatrist /Clinical Lead

2.11 Leeds CCGs	
	Maternity provider Clinical leadership provided at the Mount.
Midwifery input	**Continuity of care** Provide continuity of care but not carer. **Use of evidence based tools** Evidence based tools are used, antenatally but not postnatally. **Inform mothers about PNMH illness** Staff tell mothers about PNMH illnesses during the NICE screen. Do not explicitly tell partners. **Printed information** No printed information is provided. **Notes shared appropriately** Notes about womens risks and symtoms are shared appropriately - communication forms & Notification to health visiting form. **Care planning shared appropriately** Care planning is shared appropriately - robust links with mother and baby unit. **Enquire about bonding** Staff do enquire about bonding - incorporated in maternity hand held pack. Community Staff have received a one day training on “babies, brains and bonding” - they don’t enquire but observe interactions and behaviours and refer to early years team if issue identified. **Support for partners** whether services involve and support partners is case dependant.
Specialist Midwife/Midwife time commitment to PNMH	**Maternity provider** Yes - 1WTE - Is currently undertaking a PNMH module at Salford University
PNMH clinic	**Maternity provider** Yes a weekly clinic is held at the mount with both PNMH Team and Consultant Obstetrician and Specialist Midwife
Social support/opportunity to share experiences and support one another	**Maternity provider** not known. **Mental health provider** Yes We have the Positive Steps Partnership which is our service user lead support group.
Access to individual/group therapeutic services	**Maternity provider** Sometimes
Access to IAPT	**Maternity provider** Yes - waiting times unknown **Mental health provider** Pregnant women and women 12 months postnatal are a priority for IAPT in your area. Waiting times are monitored by IAPT. Most are screened within 2 weeks. Women aren’t supported in attending IAPT appointments - Not directly supported by our services as currently IAPT will not accept ladies being seen within a tier 4 perinatal service. We have an on-going dialogue about this and the interface between our services.
Mental Health Care Provision	**Provide a PNMH service** PNMH Service provision provided by Leeds Community Healthcare, the Yorkshire Humber Mother and Baby Unit, the Yorkshire and Humber Outreach Service and the Leeds Community Perinatal Team. It is a Specialist service

2.11 Leeds CCGs	
	jointly funded by NHS England and Leeds CCG. There is a named Consultant Psychiatrist for PNMH at The Perinatal Mental Health Service, The Mount. 4 days a week across the three services. We cover all the clusters as the service provides pre conceptual counselling for women at high risk, but not necessarily unwell at the time of referral, to women who are floridly psychotic requiring admission to the MBU. **Choice** Choice is service is provided to women - We offer group work, 1:1 work. Staff are trained in Dialectical Behaviour Therapy (DBT), CBT, Mindfulness, systemic family therapy, Watch Wait and Wonder (WWW), Video interaction Guidance work (VIG), infant massage, jabadao, Indian head massage. The provision is offered to all postcodes covered by the trust - Some of the groups can therapies can be accessed by non-Leeds mothers if they meet the criteria under the Regional Outreach Service. All mothers admitted to the MBU from across the Yorkshire and Humber (Y&H) are offered these interventions as appropriate to their needs. Many may choose to continue attending them for up to 3 months post discharge. **Continuity of care** Continuity of care is provided for women in the perinatal period via allocated Community nurse if required and or allocated Perinatal Doctor. Mothers may see different staff if they are seen by the Crisis Team or SPA in the first instance. **Pre-conception counselling** Pre-conception counselling is offered and provided by Speciality Perinatal Doctor presently. Will be outreach Perinatal Consultant when appointed. **Links with Specialist Midwife and/or Health Visitor** The MH provide has links with a specialist PNMH midwife **Printed information** Printed information is provided - We have trust translated leaflets and also direct people to the RCP website and MIND websites which also offer information in other languages **Notes shared appropriately** Notes about a woman's risks or symptoms of mental illness are shared appropriated between professionals - have a unified Trust electronic recording system that is across all three services. All though it is not compatible with LTHT electronic records, we have mutually agreed paperwork for the women seen antenatally for their antenatal care plan. We do have difficulty with the electronic interface across the Y&H but most of the information we may need can be easily filtered once it comes to us and contains the relevant mental health information, CPA's and risk assessment. **Care Planning** Women at risk of or suffering from PNMH illness have a written care plan Shared with all relevant health and social care professionals for mother and infant / unborn. The plan includes actions that should be taken by different health care professionals. Normally the plans are shared (in paper form)with the mother, carer, GP, H/V, Midwife, care coordinator if not a Y&H perinatal service care coordinator, children and families social worker if applicable. **Enquire about bonding** Staff do enquire about mothers bonding and attachment with the baby and if issues are identified interventions available are Watch wait and wonder, Video interaction Guidance work, Jabadao, Baby massage

2.11 Leeds CCGs

	Services involve and support partners Services do include and support partners - Partners are invited to all clinical appointments if mother consents, we offer a fathers group, the opportunity to attend ward groups specifically designed to have careers in on the MBU for mothers admitted to the MBU and for 3 months post discharge, systemic family therapy, information leaflet for fathers. **Prescribing guidance** The trust does not have PNMH prescribing guidance - Prescribing is on a case by case basis with other services across the region and the trust encouraged to call the service for advice on prescribing in pregnancy / breast feeding. **Community Mental Health Teams (CMHTs)** Pregnant women and women 12 months postnatal are a priority for Community Mental Health Teams - If the mother requires more than secondary mental health services we will see and assess within 2 – 3 weeks of referral. Urgent referrals are seen within 48 hours. Criteria for referral to CMHT is Moderate to severe depression and anxiety, pre-existing chronic, severe enduring mental illness and acute puerperal psychosis and the referral criteria differs from that for people with general mental illness.
Access to beds	**Maternity provider** Yes, The Mount **Mental health provider** Occasional capacity issues requiring a bed to be sourced out with the Y&H MBU
Data collected by providers	**Maternity provider** None collected. **Mental health provider** Data on the number of antenatal women and postnatal women up to 12 months accessing mental health services is collected. Shared with commissioners under activity recording. Data is pulled from the trust electronic recording systems.
Data to inform commissioning	**CCG** No - the current data collection processes is not robust enough. There is now a specific objective included the PNMH work stream project plan - to improve data collection around women's perinatal mental illness needs in order to inform local commissioning and service planning.
Training	**CCG** Yes, the PNMH task group is currently undertaking a PNMH training assessment to identify the cohort of workforce requiring training, cohort of staff that need to be aware and the content of training already been delivered. <u>Current training:</u> <u>Qualified Midwives</u> • Attend 1 hour training session on PNMH on the mandatory training day once per year delivered by the PNMH service. • Teaching session on PNMH for qualified midwives on the mandatory training day. The session includes: - presentation with video of patient discussing her experience of postpartum psychosis. - identifying both mild and severe mental illness, and those at risk of developing severe mental illness - signs, symptoms and risks - who to refer when and where - NICE guidelines for midwives role in identifying and referring mental health problems Some midwives attend the same course as the health visitors at The Mount.

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	Health Visitors • Attend a half day training session and complete an online e-learning package before they attend the course. • The course is delivered by a Health Visiting Lead and the perinatal team with some input from the Infant Mental Health Service. Student Health Visitors • Receive a 2 hour training session on PNMH and a two hour session on 'attachment'. • Sessions delivered by lecturers within the university and outside speakers. Student midwives • Theory learning - Year 1 - minimum 20 hours; Year 2 -minimum 40 hours; Year 3 minimum 60 hours. Hours exceed these when taking into consideration that the topic is integrated within other sessions. • Students are exposed to caring for women (their families) with mental health illness in clinical settings. • Some students also select to gain experience on the Mount as part of their elective placement, however due to placement capacity issues this experience cannot be planned for all students. • The learning is delivered by lecturers and researchers with expertise in mental health. Service user with experience of mental health illness. Clinical midwives in practice settings. Multiagency staff involved in the provision and delivery of care of women/families with mental health issues. Specialist community midwife in the area of mental health. CT1 trainees in psychiatry Attend a 2 hour teaching session once per year delivered by a Consultant working in the Leeds PNMH service. **Maternity provider** • Midwives - Approx. 80% via mandatory training - to be completed by Jan 2016 and doctors do not receive any training. • Training delivered by specialist staff at the mother and baby unit. I hour session • Each year the requirement for inclusion on mandatory training is agreed with the senior team - not agreed how often at present as currently being undertaken • Don't assess confidence and comfort in asking about MH illness. **Mental health provider** • 100% of MH Practitioners have received perinatal mental health training. This is delivered locally by perinatal staff, speciality practitioners as required for interventions such as Infant personality development, WWW and VIG. This is monitored and reported on to the RCP quality network. • The trainers have working experience and attendance at nationally accredited events such as the RCP annual forum and scientific meeting or the 2 day Winchester conference. • Length of the training varies and is undertaken annually as a minimum requirement for all staff for the basic perinatal over view. • The training does not include information about MBUs other than when we refer onto other units. • The training does include assessing/discussing the parent-infant relationship.
Social/psychological support offered before medication prescribed and additional support offered for those prescribed medication.	**Maternity provider** Case dependant for both **Mental health provider** • Additional support is offered to women who are prescribed medication - A

2.11 Leeds CCGs	
	community nurse if within the perinatal service in required or co-working alongside the care coordinator / treating team if required. We can offer telephone advice or urgent outpatient clinic appointments to mothers on medication if they have worries or concerns. • Additional support is provided to women before they are prescribed medication - Outside of the acute psychotic illness and acutely suicidal depressed mothers, we encourage listening visits with the health visitor and IAPT counselling in primary care. If the referral comes to us after these talking therapies have been tried, we are more than likely going to recommend medication.
Developments/priorities over the next 12 months	**Maternity provider** Priorities in line with NHS Mandate **Mental health provider** Identifying our regional partners, embedding the regional outreach service and contributing to the development of suggested regional care pathway.

2.12 North East Lincolnshire CCG	
Maternity Provider	Northern Lincolnshire and Goole NHS FT
Mental Health Provider	Navigo
Health Visiting Provider	North East Lincolnshire Council
PNMH Strategy in place	**CCG** No – but plan to develop one over the next 3-6 months. Maternity Pathway Review will consider this issue
CCG currently commission PNMH services	**CCG** Currently no separate service specification, included in Mental Health and maternity services. It is recognised that we need to separately specify this service and this forms a work steam of the Maternity Pathway Review. Arrangements for preventative work are included. Maternity Services Review will consider this issue over the next 3-6 months
Care pathways in place	**Maternity provider** No PNMH service in the area. Maternity service has a Perinatal Mental Health Guideline with Pathway
Multi-agency working/part of network/collaborative/other organisations providing services	**Maternity provider** Not part of a network/collaborative Other organisations aware of - Open Minds
Clinical Leadership	**CCG** Yes - There are clinical leads for both Mental Health and Disability and Women and Children's Triangles both of whom champion their respective areas. Contact details provided of commissioning leads - Assistant Director, Service Planning and Redesign and Service Lead, Mental Health and Disability. **Maternity provider** No
Midwifery input	**Continuity of care** Continuity of care (same midwife) is not always provided antenatally or postnatally. Throughout both the antenatal and postnatal period can be difficult at times of staffing problems. **Use of Evidence based tools** Use evidence based tools antenatally and postnatally - Generalised Anxiety Disorder done at booking and in the post natal period and incorporated in maternity documentation. **Inform mothers about PNMH illness** Staff tell women about PNMH illnesses - This is discussed as part of the booking when the assessment is undertaken, partners will be made aware if they are present at the booking consultation. **Printed information** Printed information on Open Minds service is available to offer in NE Lincs. **Notes shared appropriately** Notes about womens risk or symptoms are shared appropriately- Referrals would be made and risks highlighted so all professionals involved in the women's care were aware. **Care planning shared appropriately** Care planning is shared appropriately - Multidisciplinary meetings CAF, discharge planning meetings. **Enquire about bonding** Staff enquire about mothers bonding as part of routine midwifery care and Any issues would be discussed with GP, Health Visitor and support accessed from Mental Health Services to offer support and in some cases social care to access Family Resource Support. Not sure if services also support partners.

2.12 North East Lincolnshire CCG	
Specialist Midwife/Midwife time commitment to PNMH	**Maternity provider** No and no plans to recruit one at this present time.
PNMH clinic	**Maternity provider** No
Social support/opportunity to share experiences and support one another	**Maternity provider** Not aware this service exists. **Mental health provider** No
Access to individual/group therapeutic services	**Maternity provider** Open Minds is available
Access to IAPT	**Maternity provider** Not able to comment regarding whether expectant parents and those with young children are a priority. **Mental health provider** Pregnant women and women 12 months postnatal are a priority for IAPT. Unsure whether women are supporting in attending appointments with childcare, location of appointment.
Mental Health Care Provision	**Mental health provider** Do not provide a PNMH service. **Continuity of care** Continuity of care is not provided for women during the perinatal period unless they are already under MH services. **Pre-conception counselling** Pre-conception counselling is not offered. **Links with Specialist Midwife and/or Health Visitor** Does not have links with a specialist PNMH midwife or health visitor. **Printed information** Printed information from the Royal College of Psychiatry is provided. Translations are available for people who do not read English. **Notes shared appropriately** Notes about a womans risks or symptoms of mental illness are shared appropriately between professionals by letter to GP or any involved agencies, different electronic systems are a major hindrance to this process flowing smoothly **Care Planning** Women at risk of or suffering from PNMH do not have a written care plan. **Enquire about bonding** Unsure whether staff enquire about the mothers bonding/attachment with the baby. **Services involve and support partners** The service does not involve or support partners. **Prescribing guidance** The trust does not have PNMH prescribing guidance. **Community Mental Health Teams (CMHTs)** Pregnant women and women 12 months postnatal are a priority for Community

2.12 North East Lincolnshire CCG	
	Mental Health Teams – there is a 2 week target for waiting times. The referral criteria is based on clustering by our single point of access team and the criteria does not differ from people with general mental illness
Access to beds	**Maternity provider** Yes - Would be transferred to nearest centre Nottingham **Mental health provider** Our allocated unit is Leeds which is difficult to access a sit is a busy unit, we often have to admit to Nottingham or Derby and there is no unified admission process or referral form.
Data collected by providers	**Maternity provider** None **Mental health provider** Does not collect data on the number of antenatal women or women postnatal up to 12 months accessing mental health services
Data to inform commissioning	**CCG** No
Training	**CCG** Yes - Midwifery staff, Health Visitors and Mental Health staff are trained. **Maternity provider** • Midwives 90 – 100%. Have a mandatory study day, some of the Doctors do undertake the Mandatory Day and will have access to this information. • Training delivered by a midwife with an interest in perinatal mental health. Midwife does not have any experience in PNMH. • Annual 45 minute training session. • If doctors on rotation will access it. • Don't assess how comfortable and confident midwives are in asking about MH. **Mental health provider** 1-2% of doctors have spent time on a PNMH unit. Training will have been delivered by their supervisor at the time. Training does not include information about MBUs or assessing/discussing the parent –infant relationship.
Social/psychological support offered before medication prescribed and additional support offered for those prescribed medication.	**Maternity service** Social/psychological support is offered before prescribing medication, referral via GP to community psychiatric nurse. Additional support is offered for women who are prescribed medication via GP, Midwife, Health Visitor or other Mental Health Services. **Mental health provider** Additional support is provided for women who are prescribed medication if they are taken on by secondary mental health services. Unsure whether social or psychological support is offered before prescribing medication.
Developments/priorities over the next 12 months	**CCG** North East Lincolnshire CCG is leading a wide ranging review of the maternity pathway across Northern Lincolnshire. Perinatal mental health service provision, needs and gaps is one established work stream to be progressed as part of this review. **Mental health provider** Developing a perinatal mental health service

2.13 North Lincolnshire CCG	
Maternity Provider	Northern Lincolnshire and Goole NHS FT
Mental Health Provider	Rotherham, Doncaster and South Humber NHS Foundation Trust
Health Visiting Provider	North Lincolnshire and Goole NHS FT
PNMH Strategy in place	**CCG** No. Have plans to develop one - discussions at Maternity work stream.
CCG currently commission PNMH services	**CCG** Do not currently commission PNMH services. Plan to commission services - 2016 - Looking at JSNA and policy drivers.
Care pathways in place	**Maternity provider** No PNMH service in the area. Maternity service has a Perinatal Mental Health Guideline with Pathway
Multi-agency working/part of network/collaborative/other organisations offering services	**Maternity provider** Not part of a network/collaborative Other organisations aware of - Open Minds In NELincs, Poesis Centre N.Lincs.
Local Clinical Leadership	**CCG** No **Maternity provider** No
Midwifery input	**Continuity of care** Continuity of care (same midwife) is not always provided antenatally or postnatally. Throughout both the antenatal and postnatal period can be difficult at times of staffing problems. **Use of Evidence based tools** Use evidence based tools antenatally and postnatally - Generalised Anxiety Disorder done at booking and in the post natal period and incorporated in maternity documentation. **Inform mothers about PNMH illness** Staff tell women about PNMH illnesses - This is discussed as part of the booking when the assessment is undertaken, partners will be made aware if they are present at the booking consultation. **Printed information** Printed information on Open Minds service is available to offer in NE Lincs. **Notes shared appropriately** Notes about womens risk or symptoms are shared appropriately- Referrals would be made and risks highlighted so all professionals involved in the women's care were aware. **Care planning shared appropriately** Care planning is shared appropriately - Multidisciplinary meetings CAF, discharge planning meetings. **Enquire about bonding** Staff enquire about mothers bonding as part of routine midwifery care and Any issues would be discussed with GP, Health Visitor and support accessed from Mental Health Services to offer support and in some cases social care to access Family Resource Support. Not sure if services also support partners.
Specialist Midwife/Midwife time commitment to PNMH	**Maternity provider** No and no plans to recruit one at the present time.
PNMH clinic	**Maternity provider** No

2.13 North Lincolnshire CCG	
Social support/opportunity to share experiences and support one another	**Maternity provider** Not aware this service exists. **Mental health provider** No
Access to individual/group therapeutic services	**Maternity provider** Open Minds is available in N E Lincs Possibly similar service is provided by Poesis Centre in N Lincs
Access to IAPT	**Maternity provider** Not able to comment regarding whether expectant parents and those with young children are a priority. **Mental health provider** Pregnant women and women 12 months postnatal are a priority for IAPT. There are three different IAPT services in RDaSH with different waiting times. Unsure whether women are supporting in attending appointments with childcare, location of appointment.
Mental Health Care Provision	**Mental health provider** Do not provide a PNMH service. In one of our 3 localities (Doncaster) we have a one year advisory pilot in place but this is due to conclude March 2016. Only a named Consultant Psychiatrist for the Doncaster Pilot - 2 half days weekly. **Continuity of care** Continuity of care is not provided for women during the perinatal period unless they are already under MH services. **Pre-conception counselling** Pre-conception counselling is not offered. **Links with Specialist Midwife and/or Health Visitor** Does not have links with a specialist PNMH midwife or health visitor. **Printed information** Printed information from the Royal College of Psychiatry is provided. Translations are available for people who do not read English. **Notes shared appropriately** Notes about a womans risks or symptoms of mental illness are shared appropriately between professionals by letter to GP or any involved agencies, different electronic systems are a major hindrance to this process flowing smoothly **Care Planning** Women at risk of or suffering from PNMH do not have a written care plan. **Enquire about bonding** Unsure whether staff enquire about the mothers bonding/attachment with the baby. **Services involve and support partners** The service does not involve or support partners. **Prescribing guidance** The trust does not have PNMH prescribing guidance.
Access to beds	**Maternity provider** Yes - Would be transferred to nearest centre Nottingham

2.13 North Lincolnshire CCG	
	Mental health provider Our allocated unit is Leeds which is difficult to access a sit is a busy unit, we often have to admit to Nottingham or Derby and there is no unified admission process or referral form.
Data collected by providers	**Maternity provider** None **Mental Health provider** Does not collect data on the number of antenatal women or women postnatal up to 12 months accessing mental health services
Data to inform commissioning	**CCG** Some information in Joint Strategic Needs Assessment.
Training	**Maternity provider** • Midwives 90 – 100%. Have a mandatory study day, some of the Doctors do undertake the Mandatory Day and will have access to this information. • Training delivered by a midwife with an interest in perinatal mental health. Midwife does not have any experience in PNMH. • Annual 45 minute training session. • If doctors on rotation will access it. • Don't assess how comfortable and confident midwives are in asking about MH. **Mental health provider** 1-2% of doctors have spent time on a PNMH unit. Training will have been delivered by their supervisor at the time. Training does not include information about MBUs or assessing/discussing the parent –infant relationship.
Social/psychological support offered before medication prescribed and additional support offered for those prescribed medication.	**Maternity service** Social/psychological support is offered before prescribing medication, referral via GP to community psychiatric nurse. Additional support is offered for women who are prescribed medication via GP, Midwife, Health Visitor or other Mental Health Services. **Mental health provider** Additional support is provided for women who are prescribed medication if they are taken on by secondary mental health services. Unsure whether social or psychological support is offered before prescribing medication.
Developments/priorities over the next 12 months	**Mental health provider** Developing a perinatal mental health service.

2.13 Rotherham CCG	
Maternity Provider	Rotherham NHS FT (TRFT)
Mental Health Provider	Rotherham, Doncaster and South Humber NHS Foundation Trust
Health Visiting Provider	The Rotherham NHS Foundation Trust
PNMH Strategy in place	**CCG** No-we are working with public health colleagues to produce a Public Health mental health strategy. This is an area we are considering as part of the work. we are awaiting for an update of this from Public Health.
CCG currently commission PNMH services	**CCG** Don't currently commission PNMH services, a time-limited task and finish group has been established to review the antenatal and post natal pathways across Rotherham we are working with a neighbouring CCG to pilot a perinatal mental health service. Commissioning timescales are not available at this stage.
Care pathways in place	**Maternity provider** There is a clear referral pathway.
Multi-agency working/part of network/collaborative/other organisations offering services	**Maternity provider** Part of a network/collaborative - direct access to Leeds perinatal mental health for advice, referrals and admission if required to RDaSH Rotherham adult psychiatry team. They have a psychiatrist that has specialised in perinatal mental health.
Local Clinical Leadership	**CCG** The new task and finish group has presentative at consultant level from both RDaSH and TRFT **Maternity provider** Yes - Dr Tosh who currently works as an adult psychiatrist but is a perinatal psychiatrist
Midwifery input	**Continuity of care** Yes – antenatally seen by midwife with special interest in mental health and postnatally by the same community midwife with care plan after delivery in place **Use of Evidence based tools** Antenatal - Wooley questions as per NICE guidelines Risk factors for mental health illness are also asked from all women at booking and 2/3rd trimester and documented in the handheld notes. Postnatal - Wooley questions as per NICE guidelines and documented in hand held notes **Inform mothers about PNMH illness and support for partners** Staff do tell mothers about PNM illness but unsure is partners are informed and unsure whether partners are supported. **Printed information** Printed information is provided. **Notes shared appropriately** Notes about symptoms and risks are shared appropriately GP, antenatal consultant and Psychiatrist if indicated **Care planning shared appropriately** care planning is shared appropriately via letters **Enquire about bonding** Staff do enquire about mothers bonding.
Specialist Midwife/Midwife time commitment to PNMH	**Maternity provider** Yes - 1 WTE. Receives annual mandatory training in mental health arranged by the department.

2.13 Rotherham CCG	
PNMH clinic	**Maternity provider** Yes – mental health antenatal clinic.
Social support/opportunity to share experiences and support one another	**Maternity provider** No **Mental health provider** No
Access to individual/group therapeutic services	**Maternity provider** Yes – in-house/hospital
Access to IAPT	**Maternity provider** Expectant parents and those with young children are prioritised. Waiting time 2-3 weeks confirmed by CSU audit. **Mental health provider** Pregnant women and women 12 months postnatal are a priority for IAPT. There are three different IAPT services in RDASH with different waiting times. Unsure whether women are supporting in attending appointments with childcare, location of appointment.
Mental Health Care Provision	**Mental health provider** Do not provide a PNMH service. In one of our 3 localities (Doncaster) we have a one year advisory pilot in place but this is due to conclude March 2016. Named Consultant Psychiatrist for the Doncaster Pilot - 2 half days weekly **Continuity of care** Continuity of care is not provided for women during the perinatal period unless they are already under MH services. **Pre-conception counselling** Pre-conception counselling is not offered. **Links with Specialist Midwife and/or Health Visitor** Does not have links with a specialist PNMH midwife or health visitor. **Printed information** Printed information from the Royal College of Psychiatry is provided. Translations are available for people who do not read English. **Notes shared appropriately** Notes about a womans risks or symptoms of mental illness are shared appropriately between professionals by letter to GP or any involved agencies, different electronic systems are a major hindrance to this process flowing smoothly **Care Planning** Women at risk of or suffering from PNMH do not have a written care plan. **Enquire about bonding** Unsure whether staff enquire about the mothers bonding/attachment with the baby. **Services involve and support partners** The service does not involve or support partners. **Prescribing guidance** The trust does not have PNMH prescribing guidance.
Access to beds	**Maternity provider** Yes, Leeds and Nottingham

2.13 Rotherham CCG	
	Mental health provider Our allocated unit is Leeds which is difficult to access a sit is a busy unit, we often have to admit to Nottingham or Derby and there is no unified admission process or referral form.
Data collected by providers	**Maternity provider** Collects data on pre-exisiting, risk of developing and those that do develop an illness. Data is shared 3 yearly at clinical effectiveness meetings. **Mental health provider** Does not collect data on the number of antenatal women or women postnatal up to 12 months accessing mental health services
Data to inform commissioning	**CCG** Yes - some data is available but this is not collected on a routine basis. Data on this area of work is difficult to extract from our provider service.
Training	**CCG** Yes - the PCT has previously delivered training in this area of work. This is provided at provider level not at CCG level. **Maternity provider** • Midwives - It should be all! (80%). • Part of our yearly mandatory teaching. Doctors also take part in our yearly mandatory teaching. • Delivered by a consultant obstetrician with a special interest in PNMH, obstetrician had a 3 month clinical attachment at the Leeds mother and baby unit working with the perinatal mental health team. • Training is for 1 hour and annually. • Midwives are assessed re how comfortable and confident they are in asking about MH at their mandatory teaching. **Mental health provider** 1-2% of doctors have spent time on a PNMH unit. Training will have been delivered by their supervisor at the time. Training does not include information about MBUs or assessing/discussing the parent –infant relationship
Social/psychological support offered before medication prescribed and additional support offered for those prescribed medication.	**Maternity provider** Social/psychological support is offered before prescribing medication and additional support is offered for those women who are prescribed medication. **Mental health provider** Additional support is provided for women who are prescribed medication if they are taken on by secondary mental health services. Unsure whether social or psychological support is offered before prescribing medication.
Developments/priorities over the next 12 months	**Maternity provider** Monthly joint clinic with a specialist **Mental health provider** Developing a perinatal mental health service.

2.14 Sheffield CCG	
Maternity Provider	Sheffield Teaching Hospitals NHS Foundation Trust (STHFT)
Mental Health Provider	Sheffield Health and Social Care Trust
Health Visiting Provider	Sheffield Children's Hospital
PNMH Strategy in place	**CCG** Yes, Sheffield CAMHS Transformation Strategy.
CCG currently commissions PNMH services	**CCG** • We commission Sheffield Health and Social Care Trust to deliver a Perinatal Mental health Service which focuses on more severe mental ill health. There is a separate service specification for this. • Preventative work is not detailed within the service specification however our transformation plan includes preventative work. Preventative work includes awareness raising by the MSLC and peer-to-peer volunteer support project. • A Maternal and Child Health Partnership and Planning Group exists to support joint working.
Care pathways in place	**Maternity provider** Yes **Mental health provider** Yes
Multi-agency working/part of network/collaborative/other organisations offering services	**Maternity provider** Is part of a collaborative Other organisations: Sheffield Health and Social Care Trust: Perinatal Mental Health Service; Community Mental Health Teams; Substance Misuse Service – Pregnancy & Perinatal Clinic IAPT **Mental health provider** SCHC is part of Royal College of Psychiatrists Quality Network. Other organisation offering services - Sheffield Light Charity
Local Clinical Leadership	**CCG** NHS Sheffield CCG Clinical Director – Margaret Ainger **Maternity provider** No - however, a newly appointed Consultant Obstetrician has expressed an interest in being the lead for Perinatal Mental Health**.**
Midwifery input	**Continuity of care** All women are routinely allocated a named midwife at booking; this midwife provides antenatal and postnatal care. For women who have enduring mental health problems or who present with complex needs referral is made to the 'city wide 1-1' midwifery team where all antenatal, intrapartum and postnatal care is provided. In addition to the generic midwifery role all women with significant mental illness have their care coordinated by a midwife from the Vulnerabilities Specialist Midwifery team. This role provides specialist overview and maternity contact within the Perinatal Psychiatry clinic. This role also formally links all outside agencies including Children and Families Social Care so that a formal care is established prior to birth. **Evidence based tools** Antenatally - All women are asked about their mental health history and the Whooley Depression Screen is contained within the handheld notes A revised version of the Digital Handheld notes is currently being reviewed which will include GAD 2 Postnatally - All women are routinely asked about their psychological wellbeing at every Postnatal visit A New Digital set of handheld notes has been developed which will include Whooley Depression Screen and GAD 2 As part of the booking process and pre discharge discussion prior to transfer to the community following birth.

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Inform mothers about PNMH illness
Yes as part of the booking process and pre discharge discussion prior to transfer to the community following birth.

Printed information
Not currently provided however the Postnatal information section is currently being written for the Digital Handheld records.

Notes shared appropriately

- Women carry handheld records that they can present ta each medical/maternity contact
- All handheld notes are digital via Digi Pen, so are uploaded onto the Trust computer system simultaneously
- All women who are referred to PNMH service or to the Vulnerabilities team have an assessment letter written to the GP; copies are sent to named CMW; HV and other involved professionals
- Care Planning meetings are held at intervals throughout pregnancy as required and minutes circulated to all involved.
- Complex cares are discussed within the PNMH fortnightly MDT
- Telephone contact is made with key professionals in order to liaise effectively for either dialogue/discussion or to provide immediate updates
- All liaison via the Vulnerabilities team is documented contemporaneously on electronic records which is visible to all maternity staff.

Care planning shared appropriately
Individuals Care plans are placed in a designated section of the hospital notes. Updated versions are placed in the notes when any change takes place
Paediatric alerts are completed for all babies whose mother is on prescribed medication; these are updated regularly as changes are made.

Enquire about bonding

- Mother/baby bonding is routinely promoted and observed.
- The Jessop Wing was received full 'Baby Friendly' accreditation in 2012 and was reaccredited earlier this year. This award is grounded in demonstrating an understanding of the importance of building healthy relationships.
- A new set of Post Natal records has been designed and is currently about to go to print which contains full outline of mother/baby cares for staff to document specific aspects of parenting such as routine cares; feeding; safe environment. The records continue into the community setting until transfer to the Health Visitor
- When an issue is identified Initial discussion takes place within the midwifery team either ward area or community team.
- If additional advice is required liaison takes place with GP; Health Visitor; the specialist vulnerabilities team.
- Face to face review is offered as required.
- Family CAF is offered and completed by named CMW so that onward referral for support can take place.
- If MH concerns identified referral takes place to PNMH service who offer clinical assessment, advice and undertake home assessment as required
- Any issues that lead to safeguarding concerns are referred directly to Children and Families Social Care

Support for partners
Services do not support or involve partners

Provide continuity of care for women receiving care from the 1:1 team. Evidence based tools - notes use 2 depression identification questions recommended by NICE (2014). Staff tell mothers and partners about PNMH illnesses. No printed information is provided. Notes about womens risks or symtoms are shared

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	appropriately - the specialist midwife attends the weekly PMH MDT. Care planning is also shared appropriately at the MDT and maternity services copies into letters including management plan. Staff do enquire about bonding and if issue identified complete an Family CAF (social care) and refer to multi agency support team. Services do involve partners.
Specialist Midwife/Midwife time commitment to PNMH	**Maternity provider** No and no plans to recruit one. STHFT employs a Vulnerabilities Specialist Midwifery Team. This team who provide care coordination and enhanced maternity care to vulnerable families: Homeless; Asylum; Trafficked women; Substance use; Safeguarding; Domestic Abuse; Mental Health; Learning Disability. Specialist substance misuse care is provided to women with drug and/alcohol problems. A liaison midwife for Perinatal Psychiatry attends the PMH MDT and provides maternity care within the Joint Perinatal Psychiatric clinic Liaison Midwife role is full time (term time); cross cover available by the team. **Training for the role** • None of the Specialist Vulnerabilities Team have a formal level of training in mental health. • The liaison midwife for perinatal mental health has completed Trust training both face to face and via e learning on DOLS & Mental Capacity; LD & MH. • team members hold a Diploma in Drug and Alcohol Dependency; 1 of whom is also a Non-Medical Prescriber • 1 team member has City & Guilds Certification Level 4 in Addiction • All team members have completed e learning on perinatal mental health and have completed extensive multiagency training via the Sheffield Safeguarding Children Board which includes mental health and Safeguarding.
PNMH clinic	**Maternity provider** Weekly clinics are held at Jessop Wing Site Other clinics are run weekly on another site via Sheffield Health and Social Care Trust**.**
Social support/opportunity to share experiences and support one another	**Maternity provider** All midwives routinely consider the completion of a Family CAF for women who would benefit from additional support within the local community. Services such as having support from a DOULA can be made directly. Family Nurse Partnership Programme is available for first time mothers under the age of 19 years Women are signposted and can self-refer for support to a local charity 'Light'. http://www.lightsheffield.org.uk/ Women are invited to attend the Lyndhurst PN mother and baby group held at the PMHS weekly. **Mental health provider** We have a few different places we signpost into and we also run a weekly group.
Access to individual/group therapeutic services	**Maternity provider** Yes - via IAPT
Access to IAPT	**Mental health provider** Pregnant women and women 12 months postnatal are a priority for IAPT But very difficult for people to get to postnatally as they can't attend with children, do not know the waiting times.
Mental Health Care Provision	The mental health provider provides a specialist PNMH community team, no inpatient service. The PNMH service doesn't currently cluster.

2.14 Sheffield CCG

	The service has 1 WTE Psychiatrist for PNMH. Dr Nusrat Mir. **Choice** Choice of service is offered to women but is limited, Have 1 group, nursing support and medical review. The service is offered to all postcodes covered by the trust. **Continuity of care** continuity of care is provided (women are seen by the same MH practitioner). **Pre-conception counselling** Pre-conception counselling is offered and provided to anyone referred. **Links with Specialist Midwife and/or Health Visitor** The service has links with a specialist PNMH midwife who attends the weekly MDT and has links with a specialist PNMH health visitor but no regular or set contact. **Printed information** Printed information is provided - We use leaflets and a handbook produced by other agencies, such as Royal College. We do not hold any of these in languages other than English currently. **Notes shared appropriately** Notes about a woman's risks or symptoms of mental illness are shared appropriately between professionals We have a weekly MDT that Debs Turner (mental health midwife at Jessops) comes to so we discuss cases with each other at that. It would be great to have a similar set up with health visitors, but we can contact them by phone. Everyone else we usually phone or attend professionals meetings. **Care Planning** Women at risk of or suffering from PNMH illness have a written care plan Everyone under our service has a written care plan but may not always include actions that should be taken by other health care professionals and they are not necessarily directive to other professional groups. Plans are shared with Woman, GP, anyone else relevant (midwife, Health Visitor etc). They are posted out or securely emailed. **Enquire about bonding** Staff do enquire about the mothers bonding/attachment with the baby - Part of our standardised initial assessment and ongoing. Interventions when an issues is identified - Currently nothing structured through us. We will have conversations and can help build attachment through play at our group but there are no formal interventions for this via us. **Services involve and support partners** Informally and variably involve and support partners. Nothing standardised as yet. **Prescribing guidance** Unsure re prescribing guidance. **Community Mental Health Teams (CMHTs)** Unsure whether pregnant women and women 12 months postnatal a priority for Community Mental Health Teams, wait times or referral criteria.
Access to beds	**Maternity provider** Nearest Units are Nottingham, Manchester or Leeds These are accessed on a needs basis. **Mental health provider**

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	Recently looked for one – no beds in any place acceptable to the woman and her family (in terms of geography). All units near to us full.
Data collected by providers	**Maternity provider** No data is collected for pre-existing, at risk of developing or for women that develop a mental health problem. **Mental health provider** Collects data across the MH Trust – unsure if collect data on the number of antenatal women and postnatal up to 12 months accessing the mental health service.
Data to inform commissioning	**CCG** Data is collected through the MSLC and referrals to the Perinatal MH Service (Sheffield Health and Social Care Trust)
Training	**CCG** Yes - all HVs have received training on maternal mental health. A recent GP training event included a workshop on perinatal mental health. **Maternity provider** The Trust does not currently provide a specified session in Perinatal mental health. All midwives access yearly updates regarding MH via the Trusts 'Job Specific' Training sessions provided. Most recent Dashboard figures for completion is 66%. Unknown for doctors. Consultant Psychiatrist has previously provided one hour slot in midwifery 'job specific' training for a number of years until 2014. Alongside this a 2 hour session was provided on Atunement and Reciprocity. This session was delivered by a Consultant Infant Psychologist As a follow on from these sessions a 'scenario based' 3 hour session was devised and presented by the Vulnerability Team Lead. Last years scenario presented revolved around DA as the key trigger and focused on MH assessment; the Care Pathway and Thresholds. Next years scenario revolves around Personality Disorder and Substance Misuse. The intention is to build on each scenario year by year so as to assist midwives integrate theory to practise within the context of wider family issues and life events Vulnerability Team Lead is RGN & RM. Diploma in Drug Addiction; MSC Clinical Research. 17 years' clinical midwifery experience working with women who have comorbid mental health and Substance Misuse issues. Areas of experience involve a broad spectrum of MH presentations including anxiety; OCD; Depression; Mania; Psychosis. Personality Disorder. Extensive experience in care for women with Dual Diagnosis 2 hour session for midwives and unknown for doctors Yearly face to face sessions An eLearning package is also available to all midwives on 1) Consent; Mental Health Act, Mental capacity and DoLS: 2) Detention Under the MH Act All newly qualifies staff have Perinatal mental health competencies included in the Preceptorship handbook. The induction pack for new starts includes access to web based training http://www.beatingbipolar.org/perinataltraining/

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	Do not assess how comfortable and confident midwives are asking women about their mental health **Mental health provider** Deliver training to health visitors, and as part of CPD one off sessions for medics and nurses but not in any structured or regular way. Experience of the trainer is dependent on who is in the team at the time. Usually 1-2 hours. Training is not put on routinely – whenever special sessions are requested. The training includes information on MBUs and assessing/discussing the parent infant relationship.
Social/psychological support offered before medication prescribed and additional support offered for those prescribed medication.	**Maternity provider** social/psychological support is offered before prescribing medication. where appropriate women are referred for family support or to IAPT service for talking therapy. Signposting is offered for other local support services such as LIGHT a voluntary organisation that supports women with mental health problems. support is also offered for those women who are prescribed medication These support services are also available to women who are on medication. Referral to the PMH team is made for those women who require specialist support form a Clinical Nurse Specialist and/or consultant psychiatrist Women who are already cessing MH services usually maintain their current worker for continuity. **Mental health provider** Yes for those prescribed medication - Medical review as needed. Support can be offered before prescribing medication - We generate care plans based on need so will try and resolve things like isolation, money issues etc. alongside medication or with people who do not want or need to take it.
Developments/priorities over the next 12 months	**Maternity provider** Aim to introduce the use of GAD 2 in the revised Digital Handheld Antenatal records Aim to introduce Whooley questions and GAD 2 in the Postnatal Handheld records Aim to incorporate a named Consultant Obstetrician into the Perinatal Maternity Care Pathway. **Mental health provider** Royal College Quality standards.

2.15 Wakefield CCG	
Maternity Provider	Mid Yorkshire Hospitals NHS Trust
Mental Health Provider	South West Yorkshire Partnership Foundation NHS Trust
Health Visiting Provider	Mid Yorkshire Hospital NHS Trust
PNMH Strategy in place	**CCG** Yes – awaiting sign off by Jan 16
CCG currently commissions PNMH services	**CCG** • Not specifically. We do commission an IAPT service which prioritises pregnant women / new mums. There is also a counselling service for women experiencing Post Natal Depression within the Well Women Centre (now commissioned by Public Health). • There is a midwifery listening service for women experiencing anxiety around childbirth, including de-briefing service for women who have had a difficult birth previously and a birth trauma clinic (can be accessed at any point from birth of 1st child to birth of 2nd child) (preventative). • We plan to commission a pathway rather than a service.
Care pathways in place	**CCG** We do have a perinatal mental health integrated care pathway **Maternity provider** Yes – clear referral pathway - Midwives can refer directly into mental health services **Mental health provider** The service has a clear pathway of care for the management of women with PNMH issues - Women who have a diagnosis of SMI or have had a previous episode of post natal illness necessitating input from secondary services, are allocated a CPA co-ordinator if they become pregnant again (even if symptom free at the time of referral). Midwives in Wakefield locality ask the screening questions at booking in appointment and refer to single point of access (point of all referral to South West Yorkshire Partnership Foundation NHS trust) if any responses are positive to the detection questions.
Multi-agency working/part of network/collaborative/other organisations offering services	**Maternity provider** Yes - operational meeting. joint training with health visitors. **Mental health provider** Local childrens centres offer informal support to women.
Local Clinical Leadership	**CCG** Clinical leadership provided by a specialist midwife for perinatal mental health. **Maternity provider** yes - We are in the process of training some midwives and health visitors to become PMH champions
Midwifery input	**Continuity of care** Provides continuity of care wherever possible with the community midwife. **Use of Evidence based tools** Midwives don't use evidence based tools Antenatally - Ask prediction and detection questions. To change in line with new nice guidance. We are hoping to involve the IAPT team to provide training on PHQ9. Postnatally - Health visiting team use EPDSWe are hoping to involve the IAPT team to provide training on PHQ9. This will rolled out across the service for women who answer positively to the Whooley questions.Responses are recorded on hand held records and the maternity computer system **Inform mothers about PNMH illness and printed information** Mothers and partners receive a leaflet about perinatal mental illnesses. 2 leaflets and we plan to use the mental wellbeing plan

2.15 Wakefield CCG	
	Notes shared appropriately Notes about womens risks and symptoms are shared appropriately - trying to work in partnership with other agencies and be included in care planning meetings. **Care planning shared appropriately** Care planning is shared appropriately between professionals - verbally, written and on euoking system for community midwives and hospital staff, meeting od different agencies at the operational meeting, sharing service changes and strengthening links. **Enquire about bonding** Do enquire about bonding and a new pathway is being planned. We are looking at closer links and earlier referral into CAMHs service **Support for partners** Services involve partners verbally, leaflet and antenatal education.
Specialist Midwife/Midwife time commitment to PNMH	**Maternity provider** Yes, 15 hours dual role - 0.4 WTE – currently under review. Has attended a train the trainer course for PMH Reading.
PNMH clinic	**Maternity provider** No - women are sometimes seen in the birth matters clinic or on an individual basis
Social support/opportunity to share experiences and support one another	**Maternity provider** No - Group tried unsuccessful to try and re run group through IAPT. Home start
Access to individual/group therapeutic services	**Maternity provider** Yes, adult psychological services. community groups are forming to help women with postnatal depression
Access to IAPT	**Maternity provider** Yes. 4-6 weeks approximate waiting times. **Mental health provider** Pregnant women and women 12 months postnatal are a priority for IAPT, I am unaware of the waiting times to access IAPT however will endeavour to find this information out from colleagues in the IAPT service (IAPT services in Wakefield are not part of the mental health trust).Women are not supported in attending appointments e.g. with children, local location - This has been highlighted as a challenge in that access to childcare to access therapy is not available to my knowledge.
Mental Health Care Provision	This questionnaire has been completed for the Wakefield BDU which is part of South West Yorkshire Partnership Foundation NHS Trust. . **Provide a PNMH service** Some PNMH mental health service is provided as part of core mental health services and provides specialist 5 plus. There is not a named Consultant Psychiatrist for PNMH. APTS prioritise pregnant and women in the postnatal period. CMHT's always offer an assessment appointment to women who are either pregnant or in the perinatal period. The service is provided to all postcodes covered by the trust. **Continuity of care** Continuity of care is provided - Women are given a named Co-ordinator however during periods of annual leave etc. the woman would be seen by a different member of staff if required. Women receiving input from the Intensive home based treatment team will see a larger number of practitioners due to this service covering 24 hours and staff working 12 hour shift pattern over 7 days.

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Pre-conception counselling
Offering pre-conception counselling is not a formal role however women are offered an appointment with a consultant psychiatrist should they wish to discuss pre conception medication/advice if they are in receipt of services from mental health services and are considering pregnancy – links are made with pharmacy if required. The trust can access the pre-conception counselling via Leeds services if this is indicated.

Links with Specialist Midwife and/or Health Visitor
The service has links to a specialist PNMH midwife - Operational meetings occur on a 3 monthly basis – these are attended by staff from mental health services, Specialist Midwife, Specialist Health visitor, IAPT, Psychology, CAMHS and Domestic Violence practitioner.
The service also has links with a specialist PNMH health visitor.

Printed information
Midwives and health visitors have information leaflets available in languages other than English. Leaflets provided by mental health services are available in languages other than English and interpreters are used when required.

Notes shared appropriately
Notes about a woman's risks or symptoms of mental illness are shared appropriately between professionals - A pregnancy and early postnatal care plan is available on the trust intranet for use by practitioners. This is not yet on the Trust RIO system however this is being explored further at the current time. Due to the Mental Health Trust, Midwives, GP's and health visitors in Wakefield all using different electronic systems the plans are printed off and sent to all relevant services, a copy is also placed in the womans hand held maternity notes.

Care Planning
Women at risk of or suffering from PNMH illness have a written care plan - A CPA care plan is also put in place which is developed in collaboration with the woman. This is available on the trust RIO system and is available to all departments in the trust (e.g. out of hours IHBTT) and the plan includes actions that should be taken by different health care professionals. The care plans used by the trust on the RIO system include information which is not necessarily of use to others involved in the maternity care therefore a copy of the pregnancy and early postnatal plan is shared with GP, Obstetrician, midwife and health visitors via the post.

Enquire about bonding
Staff do enquire about bonding and attachment with the baby and if issues are identified Discussion with health visitor / CAMHS

Services involve and support partners
Signposting to Rightsteps (IAPT service) who offer support for fathers
Services do involve and support partners - All assessments consider the needs of families and carers along with the offer of a carers assessment if indicated.
IAPT services are in the process of developing a support group for fathers.

Prescribing guidance
The trust does have Perinatal Mental Health prescribing guidance.

Community Mental Health Teams (CMHTs)
Pregnant women and women 12 months postnatal are a priority for Community Mental Health Teams - All pregnant women and those in the perinatal period are offered an assessment by CMHT's and their appointments prioritised. Pregnant women referred to CMHT's are always seen within 14 days however practice is that they are seen before this. criteria for referral of women with perinatal mental illness to CMHT is previous diagnosis of SMI. Previous input from secondary services in the post natal period.
The threshold for assessment of pregnant and post natal women is much lower in

2.15 Wakefield CCG	
	CMHT's, any referral indicating any risk or distress, high levels of anxiety will be offered an assessment and the referral criteria differs from that for people with general mental illness - Lower threshold for access to all mental health services.
Access to beds	**Maternity provider** Yes, Leeds mother and baby unit. **Mental health provider** No issues with accessing beds - Commissioning arrangements mean that Women in the Wakefield locality are able to access inpatient care at the mother and baby unit in Leeds; the distance of this however can be challenging for some families.
Data collected by providers	**Maternity provider** Collect data on pre-existing, women at risk and those that develop an illness - entered on euroking system. Data shared with the HOM and MSLC. **Mental health provider** Data on antenatal women and postnatal women up to 12 months accessing the service is collected - Despite this being collected the data is not accurately recorded. RIO system asks whether a woman is pregnant or has had a baby in the last 12 months therefore it is not possible to report on antenatal and postnatal referral data. Following discussion with Performance and Information it is also reported that the relevant box is only checked (tick either yes or no) in 40% of cases.
Data to inform commissioning	**CCG** Yes - Midwives collect data on number of women where a need is identified. Other data is held on different systems and is difficult to extract. Working group is looking at this.
Training	**CCG** Yes - All MWs and HVs receive annual training. Training delivered by a team including Lead mw and adult mental health. **Maternity provider** 100% midwives update – yearly. Unknown for doctors. The PMH midwife/ health visitor deliver the training for 30 minutes every 2 years. They have completed train the trainers reading. Do assess how confident and comfortable midwives are in asking about mental health - community midwives have initial training when new into community 2 yearly update discussed at the initial session **Mental health provider** % of training not available. Specialist midwife, specialist health visitor in perinatal mental health and mental health nurse with an interest in this area deliver the training. It includes information about MBUs and assessing/discussing the parent – infant relationship
Current gaps/areas of concern	**Maternity provider** Would like to see a review of peer support for these women.
Social/psychological support offered before medication prescribed and additional support offered for those prescribed medication.	**Maternity provider** Social and psychological support is offered before medication and for those who have prescribed medication via- Extra midwives visit, health visitor listening visits, well women's centre and IAPT **Mental health provider** Additional support for those prescribed medication - Pharmacy are able to offer support to staff who are then well placed to offer support to women. I have personally liaised closely with pharmacy who have offered invaluable support/advice. Written information is available for all staff to supply to women/families/carers. Timely access to Psychiatrist if required. Additional support before prescribing medication - Women who are pregnant or in the post natal period are prioritised by IAPT.

2.15 Wakefield CCG	
	IAPT services also prioritise pregnant women and those in the perinatal period.
Developments/priorities over the next 12 months	**Maternity provider** Bonding and attachment, update pathway to adhere to new nice guidance 2014.That women requiring a higher level of care are to be referred to vulnerable women's team **Mental health provider** Task and finish group to be set up by the health intelligence team in order to take forward inclusion of the perinatal plan on the RIO system (RIO is the service user documentation system used by the trust).

3 Appendices

3.1 Overview of Y&H PNMH service provision

Commissioning – response overview

Question	Yes	No	Don't know	No response/ other
Have a PNMH Strategy	9 (3 included within the maternity strategy)	13		
Have plans to develop a PNMH strategy	8	5		9 – not applicable
Currently commission PNMH services	14	7		1 -some within acute services
Collect data to inform commissioning	10	10	1	1

Maternity services – response overview

Question	Yes	No	Don't know	No response/ other
PNMH service in the area	6	7		
Part of a network/collaborative to deliver PNMH services	6	7		
Clear referral pathway	13			
Continuity of antenatal care	9 (2 stated care but not carer)	4		
Continuity of postnatal care	10	3		
Continuity of care throughout both antenatal and postnatal care	11	2		
Use evidence based tools antenatal e.g. questions in perinatal institute notes, general anxiety disorder scale, Edinburgh postnatal depression scale	10	3		
Use evidence based tools postnatal e.g. questions in perinatal institute notes, general anxiety disorder scale, Edinburgh postnatal depression scale	5	6		2
Specialist PNMH Midwife	5	8		
If no Specialist PNMH Midwife – any plans to recruit		8		
Local clinical leadership to champion needs of women with PNM illness	8	4		1
PNMH clinic	7	6		
Tell mothers about PNMH	10	2		1

Question	Yes	No	Don't know	No response/ other
Tell partners about PNMH	7	4	1	1
Provide printed information about PNMH				
Notes about risks/symptoms shared appropriately between professionals	12		1	
Care planning shared appropriately between professionals	11	2		
Access to social support	6	5	2	
Enquire about bonding	11	1	1	
Involve and support partners	8	2	3	
Social/psychological support offered before medication	11		1	1
Additional support offered after prescribed medication	10	1	1	1
Access to individual/group therapeutic services	11 (1x sometimes		1	1
Expectant parents priority for IAPT	9		1	3
Collect data - pre-existing mental illness	7	6		
Collect data - risk of developing mental illness	4	8		1
Collect data – develops a mental illness	6	6		1
Provide PNMH training	11	2 (generic MH training)		
Assess how comfortable/confident midwives are in asking about mental health	5	7		1

Mental health services overview

Question	Yes	No	Don't know	No response/ other
Provides specialist PNMH service	3 – specialist community teams	2 (1 pilot)		1 – provides some, part of core service
Choice of service offered	4	1		1
Cover all postcodes	3	2		1 not applicable
Clear pathway of care for management of women with PNMH issues	5	1		
Offer pre-conception counselling	4	1		1 – not formally

Question	Yes	No	Don't know	No response/ other
Part of a network/collaborative to deliver PNMH services	2	3		1
Provide continuity of c are	5	1		
Named Consultant Psychiatrist for PNMH	5	1		
Named Consultant Psychiatrist for PNMH has protected clinical time	4	1		1 – not applicable
Links with PNMH Midwife	4	2		
Links with PNMH Health Visitor	4	1		1
Issues accessing MBUs	5	1		
Provide printed information about PNMH	5	1		
Notes shared appropriately between professionals	6			
Women at risk of or suffering from PNMH have a written care plan	5	1		
Care plan includes actions for different professionals	4			2 (1 not always)
Staff enquire about bonding/attachment	5		1	
Services involve and support partners	4	1		1 – not standardised
Social/psychological support offered before medication	5		1	
Additional support offered after prescribed medication	6			
PNMH prescribing guidance	1	4	1	
Access to social support	2	4		
Pregnant women and 12 months postnatal priority for IAPT	6			
Women supported in attending IAPT		3	1	2 (1 x depends, 1 x currently being addressed)
Pregnant women and 12 months postnatal priority for CMHT	5	1		
Criteria for referral differs from general mental illness	3	2	1	
Collect data – antenatal women accessing mental health services	2	1	3	
Collect data – postnatal women accessing mental health services	2	1	3	

Question	Yes	No	Don't know	No response/ other
Provide PNMH training for mental health practitioners	5			

3.2 Dates information provided/reported as accurate

Clinical Commissioning Groups

Name of CCG	Date information reported as accurate
Airedale, Wharfedale and Craven	November 2015
Barnsley	November 2015
Bassetlaw	November 2015
Bradford City and Bradford Districts	November 2015
Calderdale	November 2015
Doncaster	November 2015
East Riding of Yorkshire	October 2015
Greater Huddersfield and North Kirklees	October 2015
Harrogate and Rural District, Vale of York, Scarborough and Ryedale	October 2015
Hull	November 2015
Leeds North, West and South and East	November 2015
North East Lincolnshire	November 2015
North Lincolnshire	November 2015
Rotherham	November 2015
Sheffield	November 2015
Wakefield	October 2015

Maternity Providers

Name of maternity provider	Date information reported as accurate
Airedale NHS Foundation Trust	October 2015
Barnsley NHS Foundation Trust	October 2015
Bradford Teaching Hospitals NHS Foundation Trust	November 2015
Calderdale and Huddersfield NHS Foundation Trust	November 2015
Doncaster and Bassetlaw NHS Foundation Trust	November 2015
Harrogate and District NHS Foundation Trust	November 2015
Hull and East Yorkshire Hospitals NHS Trust	October 2015
Leeds Teaching Hospitals NHS Trust	November 2015
Mid Yorkshire Hospitals NHS Trust	October 2015
Northern Lincolnshire and Goole NHS Foundation Trust	November 2015
Rotherham NHS Foundation Trust	November 2015
Sheffield Teaching Hospitals NHS Foundation Trust	February 2016
York Teaching Hospital NHS Foundation Trust	November 2015

Mental Health Provider

Name of mental health provider	Date information reported as accurate
Bradford District Care Trust	February 2016
Humber NHS Foundation Trust	December 2015
Leeds and York Partnership NHS Foundation Trust	November 2015
Rotherham Doncaster and South Humber NHS Foundation Trust	November 2015
Sheffield Health and Social Care Trust	November 2015
South West Yorkshire Partnership NHS Foundation Trust	December 2015