Perinatal Mental Health Partnership (Maternal Mental Health)
Support Group Networks - Feasibility Study

Background

The current “postcode lottery of care” and “inequitable access“ to NHS maternal mental health care services has an impact on 1 million new mums and their families every year.

Over ½ those mums who suffer from postnatal depression (over 35,000 per year) suffer in silence, many unable to access the appropriate care specified by care quality standards.

The aim is to end the “postcode lottery of care” for Mums suffering from maternal mental health problems and their families who require support.

The Maternal Mental Health Alliance, supported by JBMF all the Royal Colleges and over 30 other organisations, has established itself as the national umbrella organisation for Maternal Mental Health. As well as receiving a grant from Comic Relief to develop and implement a national awareness campaign it now has established links with parliament and with the NHS Specialist Commissioning Groups.

The National Lottery has awarded grants to a number of organisations (including the Joanne (Joe) Bingley Memorial Foundation) to undertake a Perinatal Support Projects which have included providing the local training, education and supervision for support groups, their volunteer workers along with the local Health Visitors.

The awards recognized the need for additional support for Mothers who are at risk from suffering Postnatal Depression, the current lack of NHS support services around the country and that gap filled by local support groups. However, to date there has been no “national coordination” such that projects are “piece meal” and results in a postcode lottery of care.

The National Lottery awarded a major grant and invested in the “Altogether Better Programme” that established a national network of “Community Health Champions” putting in place support, education, supervision, training, etc. that delivered significant results and was a more efficient return on investment.

The success and benefits of this model and approach could readily be adapted for “Perinatal Mental Health” to provide the necessary training, support and supervision for the many hundreds of “local PND support groups” and the thousands of volunteer workers.

This planned feasibility study would be the basis for;

- Identifying and mapping the current provision of local support groups, what is their local/regional offering against the strategic needs assessment of Health and Well-Being Boards.

- Exploring and documenting the business case for a larger and wider programme of that would look at the options for including their services into the “integrated care networks” as described in the NHS Specialist Commissioning Guidelines on Maternal Mental Health and provide the “education, “coordination”, “supervision” of these groups.
The Proposal

This feasibility study aims to address key “issues” in the equitable access and provision of maternal mental health services and the current support services available.

The feasibility study aims to look at ways of

- Providing a “Single Voice” and “Point of Contact”, for the many (100’s) of local “Support Groups”, 3rd sector service providers and patient groups, (through the Maternal Mental Health Alliance).

- Co-ordinating and assisting “Support Groups” to raise Patient Priorities with the NHS Specialist Commissioning and GP Commissioning Groups

- Providing Access to “Accredited” training, supervision and support tools for the many local “support groups” and other “service providers”

- Providing a “Map of Current Services” as the first step in developing a national “Integrated Care Network” of “Support Groups” and “Service Providers”

It is suggested that there be 5 clear areas of focus as below:

1. **To explore the feasibility and possible route to create a regional “Integrated Care Network” from the many local support groups scattered across the UK.**

   The large and diverse numbers of supportive groups who provide a support service to sufferers have no unified voice for expressing their views. It has been well documented that these groups provide an invaluable support service bridging the gaps where the NHS has failed/is unable to provide services.

   Creating a “map of local support services” would be the first step to developing a co-ordinated network of support.

   The Maternal Mental Health Alliance – as the national umbrella organisation would be the ideal mechanism for providing a cohesive and aligned voice for these support networks to speak with one voice to the NHS Commissioning Groups.

2. **Access to “Accredited” Training, Development and Supervision**

   The Care Quality Commission has reported on and criticised NHS Mental Health Trusts for planning/providing training for staff from training providers who do not have the specialist skills, knowledge, experience or training in perinatal psychiatry.

   Currently there is no accredited training programme available to ensure that the various “Support Groups” and “Service Providers” can provide confidence to the NHS Commissioning Groups and others as to the robustness of their skills and experience.

   This will describe the elements and criteria for “accreditation” and the process for training and supervision, along with the costs and benefits for “Accredited Providers”.
3. Through developing the existing network of contacts, to establish links and then to work with, Health and Well-being Boards, GP Commissioning Groups and Service Delivery Organisations, clarifying a view of service user priorities a view of both regionally and nationally.

This will also open a dialogue with Health and Well-being Boards, Commissioners, GPs and Budget Holders, along with The Community Health Champion Network.

Should the project proceed to the next level it may be that the NHS and GP Commissioning Groups make a financial contribution as part of their requirement to provide an “Integrated Care Network” for Perinatal Mental Health Services.

4. To undertake a review of the many different types and sources of materials and how this information is delivered to service users and sufferers (Conducted alongside the development of point 1 above).

Experience has shown that is a great deal of information available out there and the first step in determining what is best practice in is identifying what is provided where, creating a “map of information providers”.

This essentially summarises this element of the research proposal.

5. Best practice scoping exercise, this would begin to look at the materials and delivery processes (building on point 4) to assess efficient delivery methods.

This will involve a “table top review” of materials and delivery methods, investigating the more effective field tools, as it is likely that advances in mobile technologies would have a part in the betterment of information delivery... i.e. media applications.

Lessons Learned to Date.

It has become clear as a result of work so far that:

- The present well publicised shortfalls in NHS care and practice needs to be addressed for at least three reasons:

  1. To restore patient faith in the NHS

  2. To ensure that care quality standards, systems and procedures are robust, in place and staff are trained to provide specialist perinatal care services. Whilst most NHS Trusts assume staff are aware of the networks of support available through the NHS, 3rd Sector Charities and Social Enterprises…. this is not the case.

  3. Current estimates detail the NHS is paying out £17.5bn annually in negligence claims as a result of patient blunders and failure to follow care quality standards.
With between 10 and 15 “avoidable deaths” each year and over 35,000 mums failing to or unable to access appropriate NHS Maternal Mental Health Services this is/will continue to be a key contributor to these negligence claims.

- There are pockets of best practice support in The UK that have been documented in a number of reports issued in 2011 and 2012.
  
  E.g. The very successful projects run by Family Action in Mansfield and London that have been built into the local “Integrated Care Network” for access to specialist Perinatal psychiatric services. However such activity is quite localised and does not build upon the network of other Social enterprises and Charities across The UK.

- The “Altogether Better” Project engaged more than 17,000 community volunteer champions. The York health economics Consortium estimated it gave a ROI of c£112 for every £1 invested in the project.

- Building on best practice, use can be made of the current field support networks including “The Community Health Champions” and “local support groups”.

- The Joanne Bingley Foundation and others have begun to try and define best practice in order to develop training and dissemination materials and processes. There is a great deal more to be done in terms of defining best practice to learn not only from The UK but also from potential network partners in other countries.

- With the imminent devolution of budgets to GPs there is a clear need to ensure that all relevant support is known and mapped so that patients can be well advised and signposted effectively, as speed is of the essence in such referrals.

**Conclusion.**

The above would represent the first phase of a larger programme. However it is critical to map out the route, programme outcomes and timescales.

A key outcome from this initial scoping bid would be to produce a final report which would form the basis for any future requests for funding to implement the various development phases.
Costings – Version 1

The first phase report is expected to be complete within 12 months of the start date

Therefore some £150,000 funding is requested

Core Work

- Undertake work to establish networks and Contacts and Summary Report £30,000
- Undertake best practice and dissemination Options and Summary Report £30,000
- Undertake IT feasibility study Specification and Mock-up £10,000
- Communications & Development of Networks - administration, stakeholder management, etc £35,000
- Project Co-ordination and administration £20,000
- Travel and subsistence £5,000
- Evaluation and review of outcomes achieved £10,000

Desirable

- Hold a national seminar with support groups And project partners to agree final report £10,000

Total Costs – Feasibility Study and PMHP Development £150,000