



Maternal Mental Health and Policy Connect

About Policy Connect

Policy Connect is the think tank that works with parliamentarians, business and the public sector to help improve policy. Founded in 1995, Policy Connect is not-for-profit, cross-party, independent and transparent. By working inclusively, Policy Connect develops policy ideas that are practically achievable and politically possible.

Within the policy fields of health, sustainability, education and skills and design, innovation and manufacturing, Policy Connect has full responsibility for the management of seven All Party and Associate Parliamentary Groups (APPGs), three Commissions and two policy campaign groups. Collectively they deliver over 100 parliamentary events, meetings, dinners and report launches annually.

Through the APPGs and initiatives that Policy Connect runs, the organisation conducts a number of inquiries throughout the year. Chaired by parliamentarians, these inquiries culminate in the production of high-profile reports that are disseminated to an audience of ministers, parliamentarians, civil servants and other key stakeholders.

Policy Connect has an exceptional track-record for obtaining official government responses to its reports and securing the uptake of policy recommendations in key government reports and delivery plans.

Overview

This document summarises two options for developing a parliamentary and policy presence for maternal mental health.

One is for a Maternal Mental Health Commission which would run for approximately 12 months to conduct a research inquiry into current government policy on maternal mental health.

The second is for an ongoing Maternal Mental Health Policy Forum which would run on a rolling basis to examine and influence maternal mental health policy in England.

Some form of coordination and integration of Maternal Mental Health Policy across all relevant health and social care policy groups would be required no matter which if any of the above 2 options was adopted. It is therefore assumed that if Policy Connect do not provide this service then there would be a similar if not higher cost to the Maternal Mental Health Alliance to conduct this work no-matter what.

Proposal for a Maternal Mental Health Commission

The Maternal Mental Health Commission would be composed of parliamentarians from all parties and leading stakeholders in maternal mental health including healthcare professionals, charities, patients and academics.

The Commission's purpose would be to explore, through research how maternal mental health services are provided and how government and policy makers can improve services, quality of life and prevent death and unnecessary suffering. The Commission will focus on parliamentary and policy solutions and will be chaired by a parliamentarian.

Structure and Mode of operation

The task of the Commission will be the identification of areas and topics for scrutiny through a research inquiry, following a select committee format of evidence-gathering and report publication. Inquiries will be conducted by a review panel, appointed by the Commission, composed of Commission members and co-opted independent experts (both Parliamentarians and external figures). Each inquiry will result in a publication, to be launched in parliament. Each inquiry and other subjects where appropriate, will be bolstered by relevant parliamentary activity. The secretariat to the Commission will be provided by Policy Connect.

What are the benefits of working in this way?

The Commission would be fully independent, cross party and transparent.

An independent report would allow any recommendations to be fully independent from individual organisations and will instead reflect sector consensus.

This approach allows the parliamentary and policy issues relating to maternal mental health to be embedded in the parliamentary and policy sphere and such an approach would raise the profile of Maternal Mental Health issues on Parliament

Maternal Mental Health Policy Forum

Overview

Policy Connect would be able to host the Commission for more than one year or a Maternal Mental Health Policy Group could be established.

Such a group would be made up of key figures from parliament, health care, charitable and academic sectors who would promote policy solutions by linking key stakeholders and creating an expert forum to increase awareness and understanding of the issues surrounding maternal mental health. The forum would also work to influence and facilitate positive action that will reduce the impact of mental health issues on individuals and society. This group would focus its work on parliamentary and policy solutions.

The group would campaign by asking parliamentary questions, raising issues with parliamentarians, working with ministers and key Department of Health and NHS England stakeholders. The group would also hold awareness raising events in Parliament, as well as identifying areas for action and coordinating responses to consultations and calls for evidence.

Currently there are a number of Parliamentary Policy Groups through which Maternal Mental Health could or should have a voice. These include but are not limited to:

- Mental Health
- Children and Young Peoples Mental Health
- First 1001 Days
- Etc

Following the completion of the Parliamentary Commission a programme of embedding the Maternal Mental Health Policy across at relevant Policy Groups will be required. An effective and efficient integration programme would therefore ensure an “**integrated approach to Maternal Mental Health Care**” is embedded across all relevant health policies.

Parliamentary Commission into Maternal (Perinatal) Mental Health

Proposed Scope and Terms of Reference:

WHY? - Maternal deaths as a result of suicide must be classified as “never events” with

- an Independent Investigation conducted into every death,
- patient risks and outcomes measured and monitored by NHS England
- an annual update to parliament on the delivery of improvements in patient outcomes / risks
- Care Quality Commission tasked to hold to account those NHS Trusts (directors) who fail to implement “lessons learned” and continue to fail in their legal “duty of care”
.... i.e. 2 strikes and your out, go directly to jail and do not pass go !

AND above all else the provision of treatment and care in accordance with legislation and care standards provided for those families left suffering the effects of these “avoidable deaths” and the “unnecessary suffering”... as promised by MP’s following the Public Enquiry into the death of Daksha Emson over 10 years ago.

Detailed investigation to understand:

- **Why?** has there been a failure to implement Specialist Perinatal Mental Health Care Services across the UK following the promises given after the parliamentary enquiry into the death of Daksha Emson.
- **Why?** has there been a failure to implement the lessons learned from:
 - a) The Confidential Enquiries into Maternal Deaths and
 - b) Independent Investigations into Serious Untoward Incidents, such as the death of Joanne (Joe) Bingley.
- **Why?** Dads and Significant Others are not recognised as *Carers* by NICE even though “*Home Care*” is the primary treatment offered by Mental Health Crisis Teams
- **Why?** Mental Health Crisis Teams fail to name Dads as “Carers” on CPA plans and inform them of “Carer Rights” when:
 - c) The rights of carers is recognised in the NHS Constitution and UK legislation
 - d) The NHS Choices website examples someone supporting their partner suffering depression between times of “crisis”, is someone acting as “career”.
- **What?** are the implications and costs to society and the economy resulting from the above, specifically in connection with:
 - *Mums Avoidable Deaths*
 - *Mums Suffering in Silence*
 - *Dads acting as Carers or suffering from PND*
 - *The breakdown of Family Relationships and breakdown of family finances*
 - *Early Years Child Development*
 - *The Consequences of Failure across the wider community and general public*
 - *Businesses Productivity and Employer Costs*
 - *The NHS; Mental Health, Family and Social Services; Local Authorities, etc.*
- **What?** are the recommendations and actions to reduce “the costs to society and the economy” of the “unnecessary suffering” and “avoidable deaths”

The inquiry will provide an independent review of the above highlighting policy areas and issues to be addressed.

Proposed Inquiry Structure and Timeline

The inquiry will commence with a scoping session to be held in the spring. The majority of the inquiry will be held during the autumn and winter of 2014 with the launch of the inquiry report scheduled for the autumn 2015.

May – June 2015

Establish the Commission

- Appoint Chairs of the Commission and establish parliamentary engagement
- Source key figures to sit on the commission
- Agreement on the topic for the inquiry

June – July

Scoping Session

- Draw up terms of reference for the inquiry and key research focus areas, agree stakeholders and witnesses for submitting evidence.
- Draw up a programme of inquiry sessions

July – September

Desk Based Research:

- Expand the existing research
- Identify further experts to appear at inquiry sessions

September- November

Inquiry Sessions:

- Examine findings from research so far (includes output from MMHA Comic Relief work)
- Identify policy obstacles
- Identify best practice
- Discuss recommendations

December- February 2016

Report Compilation:

- Compile drafts of the report from the results of the inquiry sessions and stakeholder interviews
- Present the draft report to the steering group for discussion at a consultation meeting
- Design and print the final report

March – April 2016

Build a Campaign Strategy

(Links to MMHA Comic Relief work)

- Organise a Parliamentary report launch
- Draft press releases
- Liaise with journalists
- Liaise with policy makers and practitioners
- Table Parliamentary Questions if appropriate
- Raise profile of the Inquiry
- Disseminate report
- Coordination of follow-on activity programme
- Annual update to parliament to report progress and outcomes

April – June 2016

Implementation on the recommendations

- Meetings with relevant Ministers and senior figures
 - Development of an implementation programme
 - Identification of key figures to take forward recommendations.
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Proposed Review Panel

The proposed steering committee will consist of a cross-section of representatives that can speak with authority for the wide variety of parties affected by or involved in providing services:

- TBC

Contacts

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