

## SCHEDULE 2 – THE SERVICES

### A. Service Specifications

<b>Service Specification No.</b>	<b>01/MRFH/0009</b>
<b>Service</b>	<b>Specialist Community Perinatal Mental Health v2</b>
<b>Commissioner Lead</b>	Dorset CCG Maternity and Family Health Programme Dorset CCG Mental Health Programme
<b>Provider Lead</b>	Dorset Healthcare University NHS Foundation Trust
<b>Period</b>	January 2016 – March 2018
<b>Date of Review</b>	April 2017

#### 1. Population Needs

##### 1.1 National/local context and evidence base

This service specification draws on evidence from national targets laid down by the Department of Health, and regional and national guidelines and standards for the treatment and management of perinatal psychiatric disorders. For Perinatal mental health, the focus is on improving the treatment and management of pregnant and postpartum mentally ill women by maternity, psychiatric and primary care services, as set out in the following publications and guidelines (Including any updates to, replacements of or new publications and guidance) :

- [Antenatal and postnatal mental health: clinical management and service guidance NICE guidelines \[CG192\]](#)
- [Royal College of Psychiatrists – perinatal section](#)
- [CCQI Service Standards Perinatal Community Mental Health Services](#)
- [Mental Health Strategy – No Health without Mental Health](#)
- [LSE & Centre for Mental Health - The costs of perinatal mental health problems](#)
- [NSPCC Prevention in Mind - All Babies Count: Spotlight on Perinatal Mental Health](#)
- [New Horizons – A Shared Vision for Mental Health \(2009\)](#)
- [Joint Commissioning Panel for Mental Health - Guidance for commissioners of perinatal mental health services](#)
- High Quality Care for All – NHS Next Stage Review Final Report (2008)
- The Operating Framework– For the NHS in England 2008/09 (2007)
- The Carter Report – Review of Commissioning Arrangements (2006)
- The NHS Improvement Plan – Putting People at the Heart of Public Services (2004)
- National Standards, Local Action – Health and Social Care Standards and Planning Framework 2005/06 – 2007/08 (2004)
- Shifting the Balance of Power – The Next Steps (2002)
- Centre for Maternal and Child Enquiries – Saving Mothers' Lives: Reviewing Maternal Deaths to make Motherhood Safer 2006-2008 (2011).
- The Mental Health (Care and Treatment) Act (Scotland) (2003).
- The Scottish Intercollegiate Guidelines Network – Postnatal Depression and Puerperal Psychosis (2012).
- Healthy Child Programme – Pregnancy and the First Five Years of Life (2009).

- Maternity Matters – Choice, Access and Continuity of Care in a Safe Service (2007).
- National Institute for Health and Clinical Excellence – Antenatal and Postnatal Mental Health: Clinical Management and Service Guidance (2007).
- The National Service Framework for Children, Young People and Maternity Services (2004), Maternity standard 11.
- The Royal College of Psychiatrists – Perinatal Maternal Mental Health Services Council Report CR88 (2000/2013)
- RCOG Guidelines on Management of Women with Mental Health issues during pregnancy and the postnatal period (Good Practice No 14) 2011
- Royal College of Psychiatrists Quality Network for perinatal Mental Health Services (2012)
- NHS Commissioning Board. Specialised commissioning specifications: perinatal mental health services 2012
- Improving Access to Psychological Therapies (IAPT Perinatal Positive Guide (2009)
- Working Together to Safeguard Children (2015)

NICE Guidance suggests that when women in the puerperium develop severe depression, mania or other psychoses, it is often clinically desirable for them to be cared for with their babies to provide uninterrupted mother-baby interaction. Community mother and baby services can provide:

- An assessment of the quality of maternal care and the:
- Relevant advice at discharge including recommendations about whether to place the baby with the mother
- Advice and support about baby care and degree of supervision
- Monitoring of the mother’s mental state
- opportunity to work with the mother in terms of the mother/baby relationship and
- Work with family members especially fathers and other family members.

## 2. Outcomes

### 2.1 NHS Outcomes Framework Domains & Indicators

Domain 1	Preventing people from dying prematurely	x
Domain 2	Enhancing quality of life for people with long-term conditions	
Domain 3	Helping people to recover from episodes of ill-health or following injury	x
Domain 4	Ensuring people have a positive experience of care	x
Domain 5	Treating and caring for people in safe environment and protecting them from avoidable harm	x

### 2.2 Local defined outcomes

That Perinatal Mental Health Services are equitable Pan Dorset and meet the following core outcomes across the pathway:

1. No family with mental health needs are unidentified at any stage of the pathway enabling early recognition, intervention, diagnosis and prevention.
2. All services within the perinatal mental pathway work cohesively and collaboratively.

3. The workforce is skilled and knowledgeable in the identification and assessment of mental health needs of families.
4. Families are safeguarded through the perinatal mental health pathway.
5. All women of reproductive age with a current or previous serious mental illness have access to advice and information on the risks of pregnancy and childbirth on their mental health and the health of the foetus/infant, including the risks and benefits of psychotropic medication.
6. Deliver a timely service to meet the requirements of mothers and infants in a community setting without undue delay, maintaining and promoting good mental health throughout their pregnancy and postpartum year.
7. All Women are supported in the community safely and effectively avoiding unnecessary admission.
8. All health professionals can access timely advice and appropriate information in relation to perinatal mental health

### 3. Scope

#### 3.1 Aims and objectives of service

The Service objective is the prevention, detection and management of perinatal mental health problems that complicate pregnancy and the postpartum year to reduce risks of harm to mothers and their babies, families, carers, and friends by prompt risk assessment and management.

The aim of the Service is to provide a multi-disciplinary service for women with moderate to severe mental illness during pregnancy and for up to one postnatal year in line with the NICE Guidance for perinatal services.

The Service shall undertake the assessment, care and treatment of women who develop:

- Serious and/or complex illness during pregnancy and the first postpartum year
- Women with a pre-existing serious complex illness who become pregnant
- Women who are well but at risk of developing a serious mental illness following delivery

The Service shall assist in the detection and proactive management of women who are at risk of developing a serious perinatal postnatal mental illness and provide advice and assistance to primary care, maternity and psychiatric services on the treatment and management of serious perinatal mental illness.

The Service shall be centred on the needs of service users, carers and their families providing up to date evidence based treatment enabling effective outcomes and improved quality of life for mother and child.

The Service will provide a responsive interface between other services including maternity, health visiting, primary care, children services, social care and other mental health services. The patient will be provided with a comprehensive assessment that will make recommendations about the appropriate treatment and support to meet their needs.

This will be achieved by:

1. Focusing on serious mental illness;

2. providing expert advice about the management of mental health problems to non-specialist health professionals;
3. providing a seamless integrated service so that service users and carers receive flexible and responsive care;
4. providing a recovery focussed service that is delivered in a socially inclusive way, supporting individuals to access community resources and promoting social inclusion;
5. providing treatment, care and support for those with more complex and enduring needs so that they are able to maintain independence within the community, this is achieved by focusing on individual aspirations, strengths and needs;
6. working towards eliminating inequalities/differential outcomes experienced as a result of race, disability, gender, age, religious belief and sexual orientation;
7. delivering choice for service users' throughout the pathway by offering a comprehensive assessment and care plan that supports access to a range of interventions, therapies and treatment, which may include accessing primary care services, secondary care assessment, treatment and care and inpatient care via beds commissioned by NHS England;
8. improving joint working between health and social care services;
9. providing assessment, guidance and support for the carers and families of patients;

### 3.2 Service description/care pathway

The Service is staffed by a multidisciplinary team that will include as a minimum:

- Consultant psychiatrist (1.00 WTE)
- Band 6 (5.8 x WTE) Nurses
- Band 7 Psychologist (0.40 WTE)
- Band 8a Parent Infant Psychotherapist (0.40 WTE)
- Band 3 Administrator

Any changes to this minimum staffing requirement will be discussed and agreed in advance between the commissioner and the provider.

During the hours of operation the Service will:

- Assess and manage women with serious mental illness or complex disorders in the community who cannot be appropriately managed by primary care services;
- Manage women discharged from inpatient mother and baby units;
- Offer pre-conception counselling to women with pre-existing mental health problems and those who are well but at high risk of a postpartum condition;
- Provide a day duty service, delivered by a perinatal clinician who will triage, signpost, give advice, accept referrals and co-ordinate emergency response as required, which at times will include working closely with psychiatric liaison, crisis resolution home treatment teams, Mental Health Out of Area for CAMHS and local authority out of hours service. The duty system to operate Monday to Friday 8 hours a day and times of operation should be flexible to reflect local need;
- Run joint clinics with midwifery services;
- Provide education and training for professionals (midwives and health visitors, GP's, CPNs etc.) who work as part of the perinatal mental health pathway so that they develop the skills and knowledge to assess mental state and refer appropriately and or to provide lower level support as needed.

**Mother and Baby Unit**

The Service shall ensure a close integrated working relationship between the community team and inpatient, mother and baby unit (commissioned by NHS England). The close integration includes the allocation of a care co-ordinator upon admission to the unit who will then continue to provide the care co-ordination in the community upon discharge.

### **Referral processes**

The Service shall ensure an open referral process where referrals can be made by a number of different sources including, GP, families, Community MH Teams, Social Care services delivered by the Local Authorities.

All referrals will be screened /triaged through the duty system and a care plan constructed which might include acceptance in to the service or signposting or a referral to another support service.

Each referral will be assessed on its own merit in order to deliver a personalised service that meets the individual's needs.

Where a woman is unable to engage with the service a risk assessment will be carried out and where appropriate referral to other agencies will be made.

### **Response times and prioritisation**

The following timescales will be allocated to referrals:

- Emergency Referrals within 24 Hours (same day if referral received before midday)
- Urgent Referrals within 48 hours
- Routine Referrals within locally agreed timescales (2weeks)

### **Discharge**

Every woman discharged from the Service will have a discharge plan in place, which may include referral to other services.

### **Operational Policy**

The Service will have an operational policy that fully describes how the service will work on a day to day basis which meets national standards, guidance and this local service specification.

## **3.3 Population Covered**

Women in the perinatal period (pregnancy up to one year postpartum) registered with a GP in Dorset.

## **3.4 Acceptance Criteria**

The service undertakes the assessment, care and treatment of women who develop:

- Serious and/or complex illness during pregnancy and the first postpartum year
- Women with a pre-existing serious complex illness who become pregnant
- Women who are well but at risk of developing a serious mental illness following delivery

Referrals will be assessed and where the service does not meet the acceptance criteria

appropriate signposting or referrals to other services will be made.

### **3.5 Interdependence with other services/providers**

The specialist community mental health services will promote seamless, integrated, comprehensive care across the whole clinical pathway and across organisational and professional boundaries, which requires close working relationships between mental health services and maternity services, children's services and social care, primary care and voluntary organisations.

- Inpatient Mother and Baby Unit
- Maternity Services
- Health Visiting
- Adult Mental Health Services, e.g. Crisis response team, Psychiatric Liaison team, Out of the Blue
- CAHMS
- Primary Care
- Children Services and Social Care
- Voluntary Organisations

In order to ensure that women with perinatal mental illness receive proper care and treatment in a timely manner, the Specialist Community Perinatal Mental Health team will provide advice and information on when and how to refer women to the Service. They will liaise with and co-ordinate input to other providers as determined by clinical need.

## **4. Applicable Service Standards**

### **4.1 Applicable national standards (e.g. NICE)**

The provider shall comply with all relevant NICE guidance.

### **4.2 Applicable standards set out in Guidance and/or issued by a competent body (e.g. Royal Colleges)**

All Specialised Perinatal teams should be members of the Royal College of Psychiatrists CCQI Quality Network for Perinatal Mental Health Services and adhere to their standards. They will participate in annual appraisal of their own and other national services and provide evidence of responding to issues raised.

- CCQI Service Standards Perinatal Community Mental Health Services
- Royal College of Psychiatrists Guidelines on Management of Women with Mental Health Issues during pregnancy and the postnatal period (Good Practice No 14) 2011
- Royal College of Psychiatrists Perinatal Mental Health Services Council Report CR88 2000 (2013 revision)
- Royal College of Psychiatrists Quality Network for Perinatal Mental Health Services Accreditation Standards Mother and Baby Units

### **4.3 Applicable local standards**

Dorset has a local maternity and perinatal mental health pathway of which this Service is an

intrinsic part. The expectation is that this Service will work in partnership with other services that are part of this pathway.

## **5 Applicable quality requirements and CQUIN goals**

**5.1 Applicable quality requirements (See Schedule 4 Parts A-D)**

**5.2 Applicable CQUIN goals (See Schedule 4 Part E)**

## **6 Location of Provider Premises**

**The Provider's Premises are located at:**

It is a community service, however the hub and phone service will be based at:  
**Florence House, 49 Alumhurst Road, Bournemouth, Dorset, BH4 8EW.**

## **7 Individual Service User Placement**