

Maternal Mental
Health Alliance

Specialist perinatal mental health care in the UK 2023

May 2023

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Language

This briefing uses the term ‘mothers’, but we recognise that perinatal mental health issues affect women, gender diverse individuals and people whose gender identity does not align with the sex they were assigned at birth.

Our focus is not an exclusion and we will continue to campaign for high-quality, compassionate perinatal mental health care for everyone who needs it.

Acknowledgements

Thank you to the specialist PMH services who inputted into the mapping survey, the Royal College of Psychiatrists’ PMH Faculty for their support in helping to collect mapping data, Centre for Mental Health’s guidance with FOI analysis, and our Lived Experience Champions for sharing their stories.

Foreword by Dr Alain Gregoire, MMHA President



The Maternal Mental Health Alliance's (MMHA) Everyone's Business campaign calls for all women and their families throughout the UK who experience a Perinatal Mental Health (PMH) problem to receive the care they and their families need, wherever and whenever they need it.

Specialist PMH community services support women and their families with the most severe and complex PMH problems. The MMHA has been mapping specialist PMH services for many years using the **quality standards** created by the Royal College of Psychiatrists' Perinatal Quality Network to rate levels of provision. These maps chart the postcode lottery women, babies and families have faced in accessing essential, life-saving care in their local area.

Since the last set of maps were compiled there has continued to be fantastic progress and an expansion in specialist PMH services. While the pace of change varies across nations, the commitment to PMH and advances across the UK are extremely welcome and demonstrate that, when focused attention is given, more women, babies and families can access life-changing care.

At the same time, the last few years have been hugely challenging. The data for these maps has been gathered at a time when there are continuing effects of the pandemic, widening inequalities, significant gaps in the workforce and a system under pressure.

In updating the maps and creating this briefing, the MMHA is not trying to name and shame specific services. Instead, it is to make sure that progress in specialist PMH provision is preserved and built upon, rather than risk going backwards. Despite the incredibly tough landscape, we continue to hear from professionals working on the front line, from women and families and from those working within the system, that these maps and the spotlight they bring is helpful.

National and local decision makers in every nation must ensure that allocated resources reach clinical services, so that mothers, babies and their families throughout the UK can access high quality specialist PMH support and care wherever and whenever they need it.

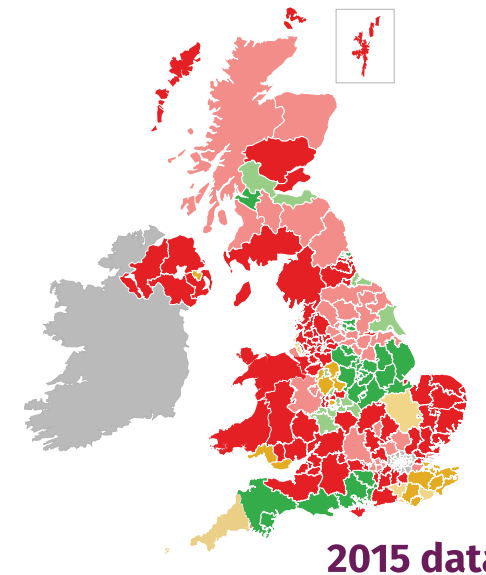
Specialist Perinatal Mental Health (PMH) services: delivering care in a complex landscape

- At least 1 in 5 women develop a mental illness during pregnancy or within the first years after having a baby. These are the most common health complications of having a baby in the UK.
- **Maternal death due to mental health problems** is increasing and suicide remains the leading cause of death in the first year after birth.
- Some women face additional barriers to accessing care. Trauma, deprivation and discrimination impacts heavily on the experiences of new and expectant parents.
- But there is a real story of hope and potential here. With high quality care and support, women experiencing perinatal mental health (PMH) problems do recover and have good outcomes for them, their babies and families, now and for generations to come.
- Currently PMH still does not receive anywhere near the same level of attention or investment as physical health.
- There has been fantastic progress in levels of specialist PMH service provision, but families face a grave risk of diversion of resources to other areas of healthcare. Additional commitment and investment are still essential.

The Maternal Mental Health Alliance (MMHA) has been mapping levels of specialist PMH services across the UK since 2015. The last set of maps showing the state of the postcode lottery were released by the MMHA in early 2020, just at the start of the pandemic. Since then, clearly much has changed.

We know that the effects of Coronavirus are ongoing. **MMHA commissioned research** showed the pandemic has increased levels of need for women, babies and families, and particularly impacted women of colour and families experiencing poverty. There continue to be unprecedented pressures on the health services and voluntary community sector delivering care, and many staff teams are depleted.

Furthermore, growing research has demonstrated more clearly than ever that outcomes are not the same for all women and their families. There are disparities for women from Black and minority ethnic communities, young parents and those facing additional adversities such as domestic abuse. This requires services and systems to think about barriers to care and how they can ensure the needs of ALL women and their families are met.



In addition to these socio-economic disparities, there are also differences in how each nation is trying to progress delivering specialist PMH care.

UK wide quality standards created by the Royal College of Psychiatrists' **Perinatal Quality Network** set the standard for what services should deliver. In England specialist PMH teams are now working beyond these quality standards as they try to deliver on NHS England's Long Term Plan ambitions. And in Scotland, PMH Network Scotland have made recommendations for models and levels of care in rural and remote areas, which are different to the Perinatal Quality Network standards.

In this new edition of the maps, we have tried to reflect some of these complexities and provide a snapshot across the UK at this time. We document the UK data and then examine in more detail the **specific context for each nation**. This briefing recognises the commitment and plans that have been made nationally and locally and celebrates the progress that has been made.

Nevertheless, while there are differences between the nations, we believe that women with more severe and complex mental health problems, their babies and families face needs and risks that vary little across the nations and that their right to equitable levels of high-quality care must be upheld, however that is delivered.

We hope that these maps will demonstrate to women and their families that progress is being made with improving services and we encourage them to reach out to a health professional if they are concerned about their mental health. The MMHA remains committed to ensuring **all women and families** impacted by PMH problems have access to high-quality compassionate care and support.

“My journey would have been so much better if I'd had access to specialist perinatal care and a Mother and Baby Unit. My treatment was completely derailed by my separation from my son.”

Alex, expert by experience



Specialist PMH services across the UK: Four key factors necessary for creating change

Despite the different status of each nation and its respective approach to improving specialist PMH provision, there are four areas which will be a risk to further progress if not sufficiently addressed.

1: Continued funding

Over the last three years, in all four nations, there has been an increase in both budgets *allocated* for specialist PMH services and an increase in what is being *spent* on specialist PMH services.

Thanks to this much needed, dedicated government funding, specialist PMH teams across the UK are expanding. Having increased investment has led directly to increased levels of provision across the UK and undoubtedly has already transformed the lives of women, babies and families. This is a rare and impressive achievement by the Departments of Health and the NHS centrally, and this briefing acknowledges all those who have helped contribute to this important shift.

To salute these efforts, and to ensure their ultimate aims of equitable, high-quality care are met, we will be unrelenting in our campaign to ensure that the resources intended for perinatal mental healthcare are not diverted.

Using a Freedom of Information (FOI) request¹ we examined budget allocation and spending²:

- Of the 70 areas who sent data³, **62 (89%)** had increased their budget for specialist PMH services from 2020/1 to 2022/3.⁴
- **93%** of the areas who sent us data increased their spending on specialist PMH services between 2020/1 and in 2021/2.
- **91%** of areas were projecting they would increase their spending on specialist PMH services in 2022/3, compared to 2021/2.

Year	Budget allocated to specialist PMH services across the UK	Budget spent on specialist PMH services across the UK
2020/1	£83,648,546	£74,285,606
2021/2	£115,598,436	£101,497,513
2022/3	£135,737,671	£120,119,199 (projected)

However, a significant proportion of local areas have indicated there will be an underspend for 2022/3. This will inevitably mean delivery of services are impacted and not all women and families who were meant to receive care may be able to access it.

For those areas forecasting an underspend, the reason most frequently mentioned was recruitment issues and/or vacant posts.

	% of areas forecasting underspend for 2022/3⁵	% of respondents citing workforce-related issues as the primary reasons⁶ for underspend
England	73%	55%
NI	60%	100%
Scotland	46%	46%
Wales	57%	71%
UK total	66%	58%

Although workforce challenges were commonly cited as the factor impacting spending, anecdotal evidence provided by a number of teams consistently revealed that they had not received clarity about the money that was intended for their services or that funding that was allocated too late in the financial year or with uncertainty of continuation, all of which make recruitment difficult or impossible.

Without timely allocation and reasonable commitment of future monies, teams cannot plan their work effectively, the recruitment process is not able to go ahead and desperately needed roles remain vacant, all of which limits the support available to families and increases the pressure on an already-stretched workforce.

Healthcare professionals told us:

“We have not received any further funding since the team was set up with wave 2 funding in December 2019. Referrals have trebled since we started resulting in high acuity and staff burn out”

“We are hoping that we will receive investment in April 2023 but at present we cannot make plans which would increase our access rate without knowing if we will receive investment.”

Recommendation 1: Ensure funding is more transparent

It should be easier to understand how much money is being spent on specialist PMH community services in each local area.

Published information and transparent mechanisms would help show the funding allocated and how much each locality area has spent on specialist PMH community services.

2: A confident, capable, well-resourced workforce

Well supported teams with the skills and competencies to deliver care to women, babies and families will help ensure excellent care is available across the UK.

It is well known across the country and throughout the health system that there are extraordinary workforce challenges and pressures for existing staff. The evidence gathered in collecting this mapping data reflects this reality, with numerous specialist PMH teams telling us of the difficulty of recruiting some roles within teams and the impact this is having for the existing professionals.

Each nation is at a different stage of planning for their workforce needs. Often, there have been times when no clear strategy was in place, which has contributed to the current challenges of insufficiently resourced teams.

Healthcare professionals told us:

“We are working far beyond funded capacity which – as predicted and highlighted repeatedly – is now manifesting as increased sickness, stress, burnout and increased staff turnover.”

Recommendation 2: Address short- and long-term workforce issues

All nations need a robust and sustained workforce plan that is backed by adequate investment.

“We have ongoing recruitment problems. There is a lack of suitably trained and experienced clinicians to take up the posts that we have.

The “ambitious” goals can sometimes come to the front line as totally unmanageable.”



3: Reaching all women and addressing inequalities

Investment and commitments to improve specialist PMH provision across the UK are helping transform the health care and the lives of women with the most severe and complex maternal mental health problems and their babies. But currently not all mothers, babies and families receive the care they need.

This can be due to lack of provision, as well as stigma and isolation. For some communities and groups, accessing quality care can be especially difficult, and there are additional barriers for women facing multiple disadvantages and systemic inequality. Trauma, deprivation and discrimination impacts heavily on the experiences of new and expectant parents.

In addition, the pandemic was hard for expectant and new mothers and their families, and many are still feeling the aftershocks. For staff trying to deliver care, the challenges are ongoing. This is being exacerbated by a subsequent cost-of-living crisis.

The **Confidential Enquiry into Maternal Deaths** provides clear and sobering evidence of the needs of women and families. Their reports consistently show that women of colour, women from deprived communities and those facing additional adversities including domestic abuse are significantly more likely to die during the perinatal period.

- In 2020, women were three times more likely to die by suicide during pregnancy or up to six weeks after compared to 2017-19.
- 40% of deaths within the year after pregnancy were from mental health-related causes.
- Very few women who died by suicide in 2020 had formal mental health diagnoses, but substantial numbers had a history of trauma.

Action is needed at national and local levels so that services can ensure their systems allow women, babies and families with additional vulnerabilities and challenges to access them.

Recommendation 3: Make equity a priority

A better understanding of those women whose needs are less well met by existing services and action taken to create improvements to make sure maternal mental health care is equitable for all women, babies and families.

“My autism and history of trauma made it very difficult for me to communicate just how bad things were. I wasn’t able to ‘perform’ distress in the ways that were expected. This meant that I couldn’t get the help that I so desperately needed.” Laura, expert by experience

“I felt pressure as a Black mum that I’d be judged and not listened to.”

Chrissy, expert by experience



4: Quality services and understanding women's experiences of care

The improvements to specialist PMH service availability over recent years shows what can be achieved when there is national and local commitment to improving maternal mental health care.

The progress that has been accomplished is impressive. Nevertheless, given the more complex landscape that both families and services face, it is important that our understanding of what good quality care looks like is re-examined to ensure it reflects current realities.

Ambitious quality standards

Across the UK, specialist PMH teams work to **quality standards** created by the Royal College of Psychiatrists' Perinatal Quality Network (PQN).

These quality standards have been instrumental in supporting and accrediting teams and helping create consistent levels of care. The type one standards within the quality standards are the minimum levels of care that women, babies and families should receive.

At the time of writing, the quality standards do not address the different expectations that have begun to emerge within specific nations. For instance, the standards do not speak to the models of services that have been recommended by the Scottish PMH Network nor do they fully reflect the additional Long Term Plan requirements that teams in England must achieve, on top of the Perinatal Quality Network standards.

Therefore, this briefing has tried to acknowledge the differing landscapes. For example, the England map uses an additional colour in the grading system to reflect that many areas are now working to try and deliver the Long Term Plan⁷ ambitions for PMH.

New quality standards for Specialist Community PMH teams have been delayed but are due very soon.

Recommendation 4: Have ambitious quality standards

New versions of The Royal College of Psychiatrists' Perinatal Quality Network's community standards should be as ambitious as possible and relevant across the UK.

To encourage continued high standards of quality care and maintain advances in specialist PMH services, type one standards need to reflect the minimum levels of care that women, their babies and families should have access to.

Hearing the voice of lived experience

The data collected for this briefing gives us a window into the state of specialist PMH services and helps illuminate the developments and some of the challenges, however it cannot sufficiently describe what women's and families' experiences of care feel like.

Listening to the voices of women and families will help services have a better understanding of how to make care feel welcoming and meet the needs of the local community.

There are examples of good practice happening. For instance, Scotland has made concerted effort to ensure the voice of lived experience informs their work by having a Participation Officer. This role works with stakeholders such as Health Boards and Scottish Government's PMH Programme Board and actively engages with and listens to the voices of women and family members. However good practice is not yet consistent across the whole of the UK and having improved system and processes to help make this happen will make a positive difference.

Decision makers and services gathering feedback on women's and families' experiences of services is crucial and helps support a continuous cycle of quality improvement.

“You could spend decades in a library, or a consulting room and you still wouldn't understand what perinatal mental illness feels like unless you'd lived it. We need all these different kinds of expertise to come together to make the necessary changes.”

Laura, expert by experience

Recommendation 5: Enable women's experiences to create change

Ensuring the voices and experiences of women and family members are heard is profoundly important in PMH to help services and the wider system better understand what quality care should look like.



Specialist PMH services by nation

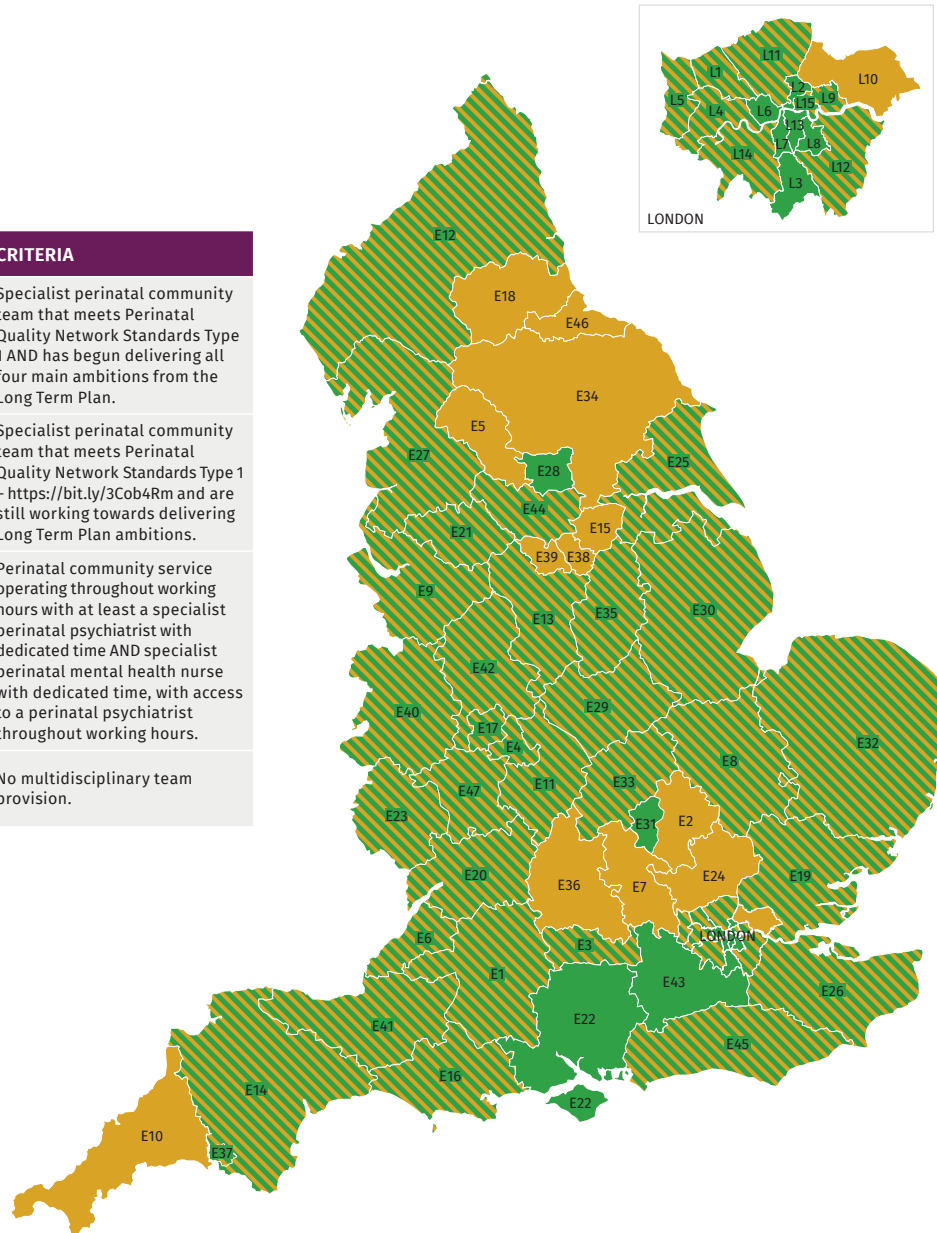
Disclaimer: Details in the following maps and levels of provision have been assessed using the best information available at the time of publication.

Please contact info@maternalmentalhealthalliance.org if you suspect any inaccuracy.

UK Specialist Perinatal Mental Health Community Teams

England

LEVEL	CRITERIA
4	Specialist perinatal community team that meets Perinatal Quality Network Standards Type 1 AND has begun delivering all four main ambitions from the Long Term Plan.
3	Specialist perinatal community team that meets Perinatal Quality Network Standards Type 1 – https://bit.ly/3Cob4Rm and are still working towards delivering Long Term Plan ambitions.
2	Perinatal community service operating throughout working hours with at least a specialist perinatal psychiatrist with dedicated time AND specialist perinatal mental health nurse with dedicated time, with access to a perinatal psychiatrist throughout working hours.
1	No multidisciplinary team provision.



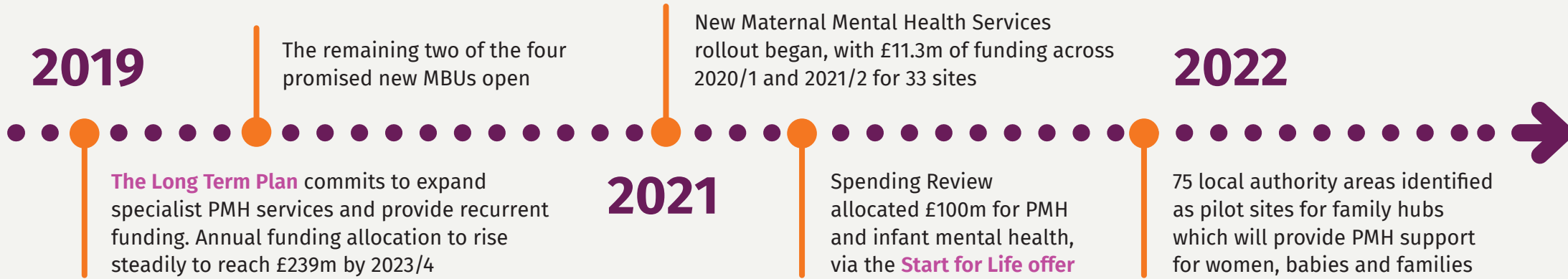
LEVEL	TEAMS
E1	Bath
E2	Bedfordshire and Luton
E3	Berkshire
E4	Birmingham and Solihull
E5	Bradford
L1	Brent and Harrow
E6	Bristol, North Somerset and South Gloucestershire
E7	Buckinghamshire
E8	Cambridgeshire
E9	Cheshire and Mersey
L2	City and Hackney
E10	Cornwall
E11	Coventry and Warwickshire
L3	Croydon
E12	Cumbria, Northumberland and Tyne & Wear
E13	Derbyshire
E14	Devon
E15	Doncaster
E16	Dorset
E17	Dudley, Walsall and Wolverhampton
E18	Durham and Darlington

LEVEL	TEAMS
L4	Ealing, Hounslow, Hammersmith and Fulham
E19	Essex
E20	Gloucestershire
E21	Greater Manchester
E22	Hampshire
E23	Hereford
E24	Hertfordshire
L5	Hillingdon
E25	Hull
L6	Kensington, Chelsea and Westminster
E26	Kent and Medway
L7	Lambeth
E27	Lancashire
E28	Leeds
E29	Leicester
L8	Lewisham
E30	Lincoln
E31	Milton Keynes
L9	Newham
E32	Norfolk and Waveney
E33	Northamptonshire

LEVEL	TEAMS
L10	North East London
L11	North London
E34	North York and Yorkshire
E35	Nottingham
E36	Oxford
L12	Oxleas
E37	Plymouth
E38	Rotherham
E39	Sheffield
E40	Shropshire
E41	Somerset
E42	South Staffordshire
L13	Southwark
L14	South West London and St George's
E43	South West Surrey
E44	South West Yorkshire
E45	Sussex
E46	Tees
L15	Tower Hamlets
E47	Worcestershire

10 (16%) teams in England met PQN Standards Type 1 and have begun delivering on all four main ambitions of NHS England's Long Term Plan.

ENGLAND: National commitments and plans



Funding context

- Out of 51 trusts in England, 45 returned data to our FOI request. **All 45 (100%)** increased their budget for specialist PMH services from 2020/1 to 2022/3.
- According to the FOI, in 2022/3, **just over £122m** was allocated to be spent on specialist perinatal mental health services in England. This is much less than the £217m specified in NHS England's Long Term Plan, however NHS figures additional elements, such as maternal mental health services. There is no published figure for the budget specifically allocated to specialist PMH community teams.
- However, projected spend for 2022/3 against what had been allocated is **forecast to be lower**.
- Out of 45 trusts in England who returned data to our FOI request, **33 (73%)** predicted there would be an underspend against their allocated budget.

Year	Budget allocated to specialist PMH services across England	Budget spent on specialist PMH services across England
2020/1	£77,146,719	£69,263,964
2021/2	£102,226,755	£91,710,852
2022/3	£122,290,926	£105,547,260 (projected)

Percentage of Trusts reporting workforce-related underspends

The main reason given for underspend is recruitment issues and/or vacant posts, with **24 trusts (53%)** in England stating this as the biggest factor.



Delivering the Long Term Plan

NHS England launched the Long Term Plan in 2019 which set additional goals for expanding and developing specialist PMH services to be delivered by 2023/4.⁸

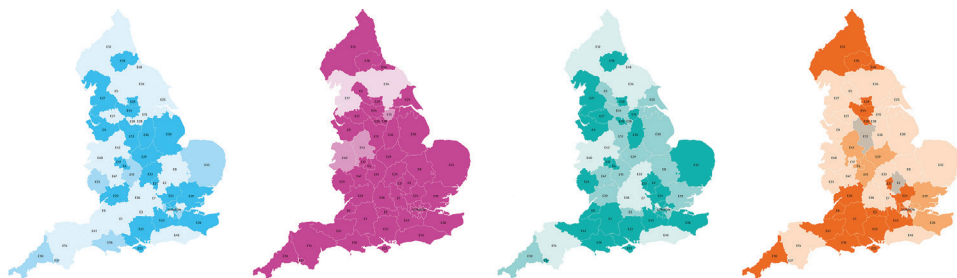
These ambitions to expand specialist PMH services are welcome. They demonstrate a clear commitment at the national level to respond to the needs of women, babies, and families. Specialist PMH teams have been working hard, to try and deliver the ambitions, however the impact of the COVID-19 pandemic has been considerable, delaying progress in the development of teams, which is likely to lead to an ongoing delay and reducing the number of women and babies who could be cared for, with hopefully only a temporary effect.

The impact of this delay means less women, babies and families have been able to access life-saving specialist PMH care.

- Between January and December 2021, 40,411 pregnant women and new mothers had contact with PMH services compared to the NHS target of at least 57,000.
- This means over 16,000 women were not able to access specialist care.

With this work ongoing, it is crucial that specialist PMH teams are given all the resources intended to help them meet these targets, and deliver care to the women, babies and families who are waiting for it.

See appendix for detail detailed Long Term Plan maps:



Unsurprisingly, given the funding and recruitment challenges described above, work to deliver other Long Term Plan targets is ongoing:



93%

Specialist PMH services already seeing **increasing number of women**, including those with complex PTSD/ personality disorder diagnosis



49%

Services already providing specialist PMH care from pre-conception to **24 months** after birth



42%

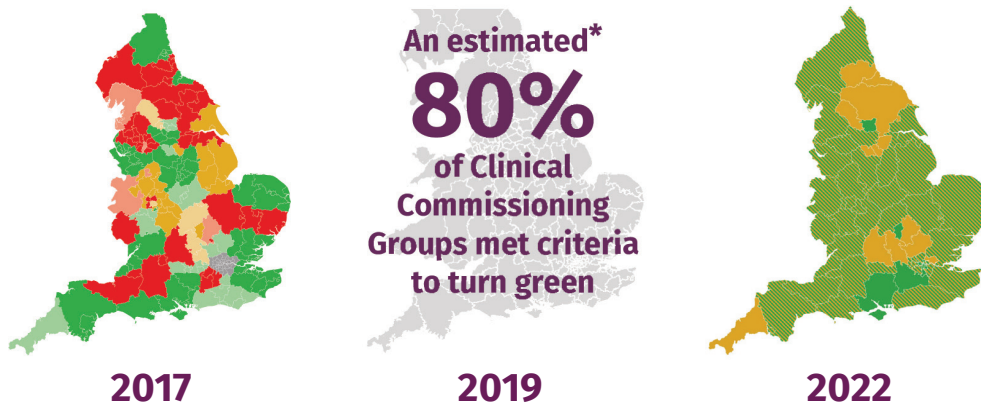
Services already offering **Fathers/ partners** assessment for their mental health and signposting for support



51%

Specialist PMH services already offering **sufficient psychological therapies** including parent-infant, couple, co-parenting and family interventions

Levels of specialist PMH service provision



Whilst significant progress has been achieved, ongoing work to deliver the Long Term Plan ambitions means continued commitment is needed to ensure real change for women and families.

Risks

Local funding

All areas of England have been allocated money from NHS England specifically for specialist PMH services to help deliver Long Term Plan ambitions. However, at the local level, some of this is being diverted away from mother and baby mental healthcare.

Whilst the data responses received in the FOI suggest recruitment is a major limitation, comments received from a number of teams indicate this is the result of uncertainty or insecurity of funding rather than simply lack of applicants, and the (internal and external) drive to improve care is leading to stress, sickness and loss of staff in what are otherwise highly motivated teams.

Commitment at the local level

Recent changes to commissioning in England create a real opportunity to improve coordination and deliver more joined up care. Integrated Care Systems (ICS) now bring together NHS and local authority services and each ICS is responsible for implementing the Long Term Plan ambitions, including for PMH.

There are clear expectations of what services should be available and money has been allocated to all local areas to resource this. Yet we heard from teams who are having to fight for resources and work under pressure to deliver on targets without sufficient resources.

Sufficient space for services to deliver support

The rapid expansion of services and, since the pandemic, with more services being offered virtually, some specialist PMH teams have found they do not have adequate clinic and office space to deliver care to women, babies and families. This is impacting the delivery of services and the morale of staff.

Maternal Mental Health Services

It has not been within the scope of this briefing to collect data relating to the new maternal mental health services⁹ which are being developed as part of the Long Term Plan ambitions.

The work to establish these services across all areas in England is ongoing. We hope that an examination of how these services are progressing will be possible in the future.

Comments from healthcare professionals demonstrated how these risks are impacting their work and the women, babies, and families they care for:

“We have had no increase in funding since inception of service (wave 2 site, live early 2019). Despite our understanding that this should be ringfenced commissioners and managers have spent this money elsewhere. We have protested but with no effect.

Nonetheless the expectation that we see more women each year (in line with trajectories as if funding had filtered down) continues. We are working far beyond funded capacity which – as predicted and highlighted repeatedly – is now manifesting as increased sickness, stress, burnout and increased staff turnover.”

“We have not received the funding to achieve all the aims of the long term plan and are waiting to hear which of the long term goals our commissioners would like us to focus on.”

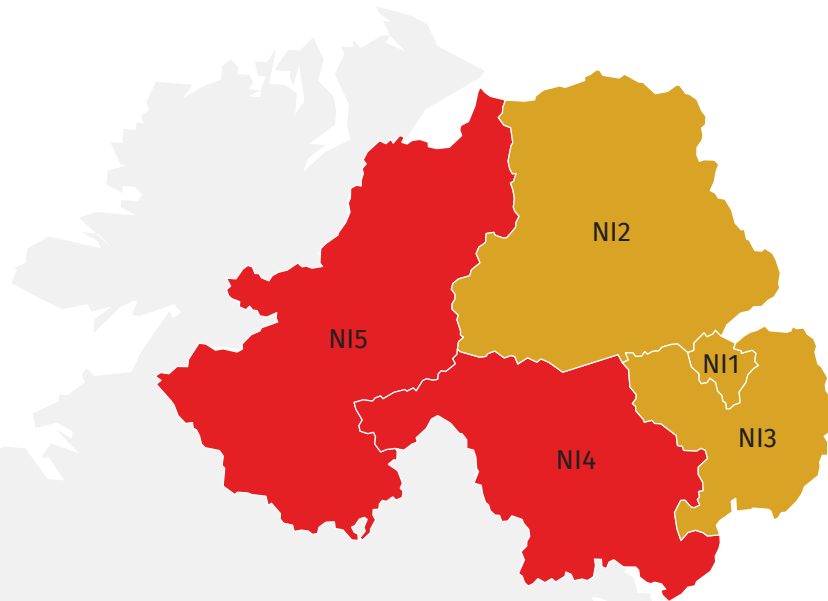
“Our service was previously an accredited service under PQN, however losing our team base during the COVID-19 pandemic, has been a factor in why we have been unable to successfully achieve reaccreditation.”

“Clinical Commissioning Groups are very limited in how much of the funding meant for perinatal they have actually given to services.”



UK Specialist Perinatal Mental Health Community Teams

Northern Ireland



LEVEL	TRUSTS
NI1	Belfast
NI2	Northern
NI3	South Eastern
NI4	Southern
NI5	Western

LEVEL	CRITERIA
3	Specialist perinatal community team that meets Perinatal Quality Network Standards Type 1 – https://bit.ly/3Cob4Rm .
2	Perinatal community service operating throughout working hours with at least a specialist perinatal psychiatrist with dedicated time AND specialist perinatal mental health nurse with dedicated time, with access to a perinatal psychiatrist throughout working hours.
1	No multidisciplinary team provision.

None of Health and Social Care Boards met PQN Standards Type 1.

NORTHERN IRELAND: National commitments and plans



Funding context

- All 5 of Northern Ireland’s Health and Social Care Boards returned data to our FOI request. **All 5 (100%)** increased their budget for specialist perinatal mental health services from 2020/1 to 2022/3.
- In 2022/3, **over £2.6 million** was allocated to be spent on specialist perinatal mental health services in Northern Ireland.
- However, projected spend for 2022/3 against what had been allocated is **forecast to be lower**.

Year	Budget allocated to specialist PMH services across Northern Ireland	Budget spent on specialist PMH services across Northern Ireland
2020/1	£199,079	£192,333
2021/2	£1,703,235	£853,550
2022/3	£2,672,771	£2,541,684

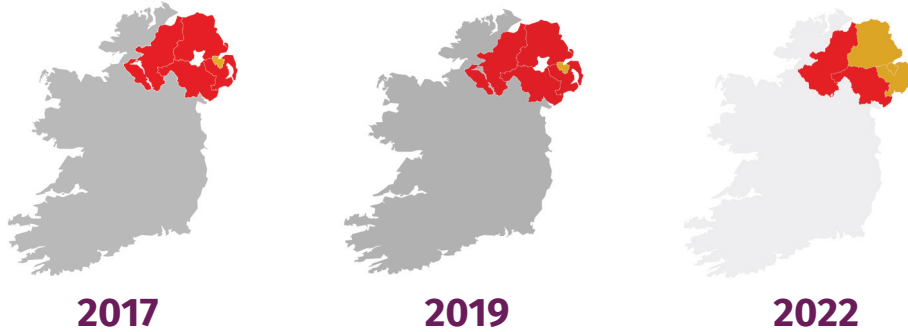
Percentage of Health and Social Care Boards reporting workforce-related underspends

3 out of 5 (60%) of the Health and Social Care Boards predicted there would be an underspend against their allocated budget in 2022/3.

All 3 of them said the main reason for this underspend is recruitment issues and/or vacant posts.



Levels of specialist PMH service provision



It is fantastic to see some PMH community services being delivered, but there is still a journey ahead:

Risks

Variation in specialist community teams' development

Lack of, or substandard, accommodation, recruitment barriers and different understanding across trusts about financial commitment are major barriers to developing life saving and life changing PMH services.

Funding and strategy implementation

It is important that all parts of the **Mental Health strategy** are fully implemented. Currently there is no confirmation that the funding will be available to progress the Strategy, and key actions on PMH. In the absence of this funding, women, babies and families who are suffering may not get the range of services that they need.

Workforce

Workforce is a significant difficulty across mental health services and specialist PMH services have experienced recruitment challenges. The Workforce Plan, included in the Mental Health Strategy is under development and needs to be finalised urgently, and funding released to increase training places.

“We know that PMH training has been going on and that staff who have been working in the specialist services would have the experience to work in the MBU. Doing workforce planning now could help for the opening of an MBU in Northern Ireland as staffing and resource challenges can be anticipated and planned for.” Voluntary sector professional

Still no Mother and Baby Unit

Despite commitments, there is no clear timeframe, as well as uncertainty about location, available resourcing of the unit and workforce recruitment.

“I have no doubt that my recovery would have been quicker and my partner’s experience less traumatic if I’d been under specialist perinatal mental health care. My son is now 16 years old and there is still no MBU in NI.” Jillian

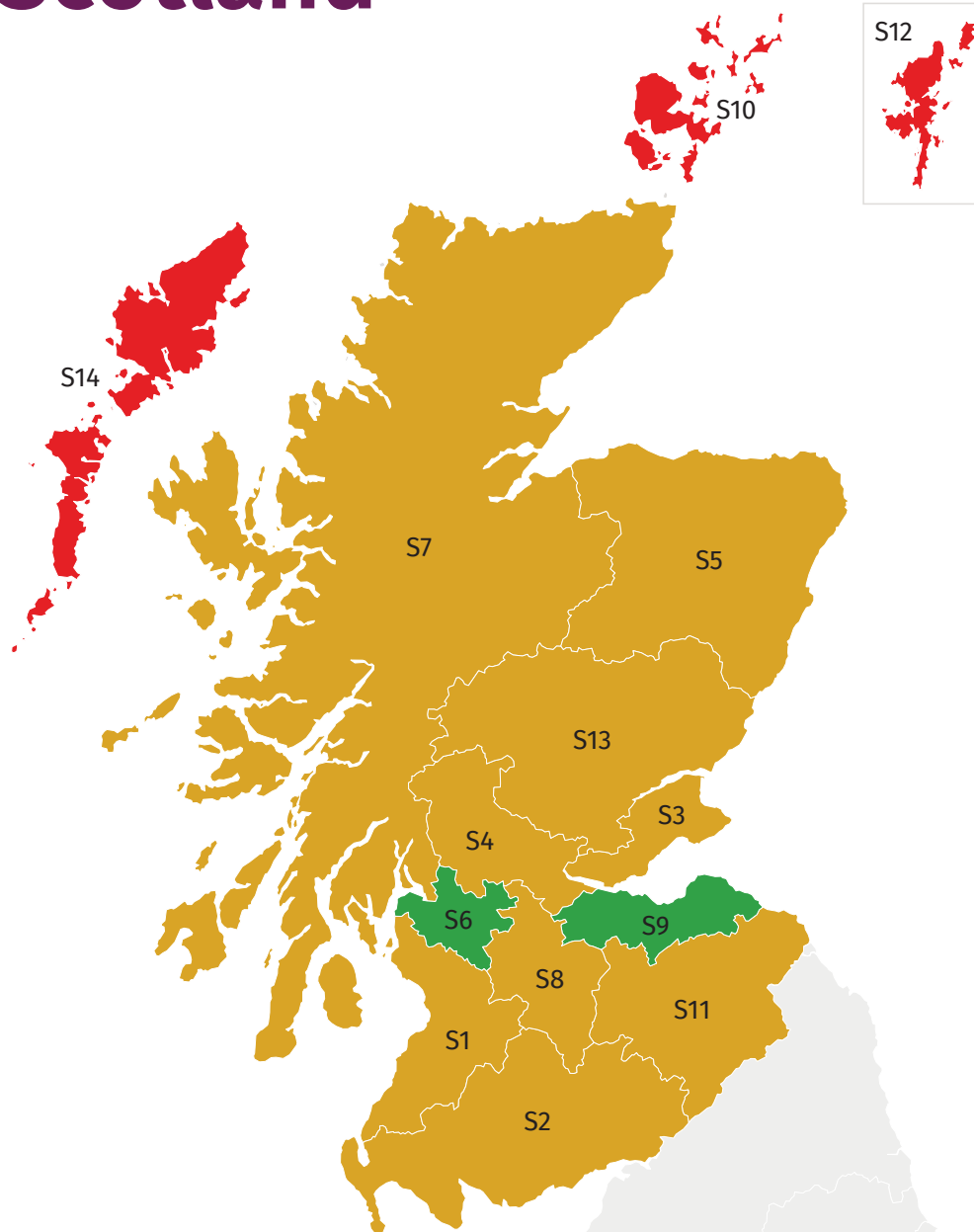
No Northern Ireland Executive

Executive level decisions are not being made, and funding is delayed as senior civil servants can only legally release funds on decisions already signed off. Women, babies and families need action from a functioning Executive, working with Members of the Legislative Assembly, Ministers and the Mental Health champion.

“There are still concerns regarding those mums who do not meet the threshold for the Specialist teams and those mums who are still separated from their babies as we wait for further update on MBU. In the absence of an Executive there are real concerns of further delays with progress on MBU and the timescale for this business case.” Voluntary sector professional

UK Specialist Perinatal Mental Health Community Teams

Scotland



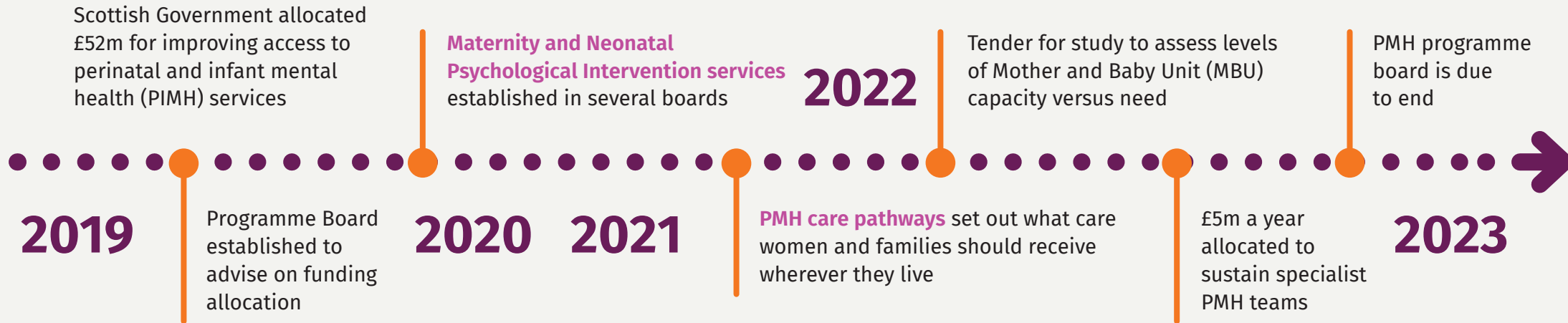
LEVEL	HEALTH BOARDS
S1	Ayrshire and Arran
S2	Dumfries and Galloway
S3	Fife
S4	Forth Valley
S5	Grampian
S6	Greater Glasgow and Clyde
S7	Highland
S8	Lanarkshire
S9	Lothian
S10	Orkney
S11	Scottish Borders
S12	Shetland
S13	Tayside
S14	Western Isles

LEVEL	CRITERIA
3	Specialist perinatal community team that meets Perinatal Quality Network Standards Type 1 – https://bit.ly/3Cob4Rm .
2	Perinatal community service operating throughout working hours with at least a specialist perinatal psychiatrist with dedicated time AND specialist perinatal mental health nurse with dedicated time, with access to a perinatal psychiatrist throughout working hours.
1	No multidisciplinary team provision.

Two out of 14 (14%) Scottish Health Boards met PQN Standards Type 1.

These maps use UK-wide quality standards from the Royal College of Psychiatrists. Additional information on the different service models that Scotland is working towards can be found on page 23.

SCOTLAND: National commitments and plans



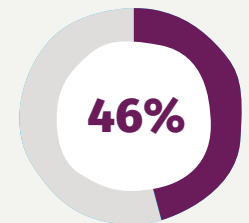
Funding context

- Scottish budget allocations for healthcare in 2022/3 were not confirmed until early 2023. This affected some of the data submitted to the FOI for Scotland for this period. Once budgets have been confirmed, data patterns may differ.
- All 13 of Scotland's Health Boards who have some level of PMH provision service returned data to our FOI request¹⁰. **11 of these (85%)** increased their budget for specialist perinatal mental health services from 2020/1 to 2022/3.
- According to the FOI, in 2022/3, **over £5.7 million**¹¹ was allocated to be spent on specialist PMH services in Scotland.
- **46%** of Health Boards predicted there would be an underspend against their estimated budget for 2022/3. However, considering budget allocations for 22/3 have not been confirmed, we also looked at spend vs budget for the previous 2 years in Scotland to see any patterns. From 2020-2, 92% of Health Boards had underspends compared to their allocated PMH budget.

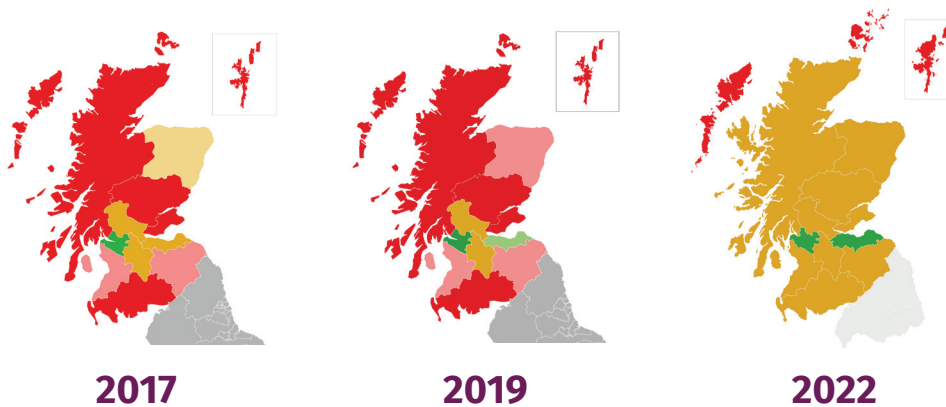
Year	Budget allocated to specialist PMH services across Scotland	Budget spent on specialist PMH services across Scotland
2020/1	£3,562,159	£2,487,799
2021/2	£7,067,213	£4,759,989
2022/3	£5,707,510 ¹²	£7,188,268

Percentage of Health Boards reporting workforce-related underspends

6 of the 13 Health Boards (46%) said the main reason for underspend is recruitment issues and/or vacant posts. Again late confirmation of budgets allocation for 2022/3 clearly had an impact on the ability to fully predict spending. As indicated above, uncertainties about finance contribute to recruitment, retention and delivery difficulties.



Levels of specialist PMH service provision



While the ongoing commitment to improving access and the quality of specialist PMH community services is positive, there are key concerns:

Risks

Adequate funding

£5m a year has been allocated to sustain specialist PMH teams but there are questions about whether this will be enough to ensure that all women, babies and families can access quality specialist PMH care.

Ongoing commitment and oversight

We are concerned that no clear plans have been confirmed for long-term monitoring and scrutiny after the Programme Board finishes in Spring 2023.

MBU provision

A feasibility assessment is planned to ascertain whether there are sufficient beds available for women and families in Scotland and whether these beds are located in places which are accessible, especially for women and babies living in rural areas and on the islands. Delivering this work will be important so that there is increased understanding of the current situation and plans can be developed to address any gaps that may be identified.

Lack of timeframes for establishing care pathways

These maps use the type one standards from the **UK-wide quality standards** from the Royal College of Psychiatrists to illustrate what levels of provision are available. Type one standards are essential and indicate the fundamental of care that women and families should have access to.

In Scotland, the PMH Network have recommended **different service models across the country**, including what level of care should be available in all Health Boards due to the differences in birth rates in some locations. The Network have stated that in areas with low birth rate, such as Shetland, it is not realistic to have a multi-disciplinary team, instead specialist PMH services are delivered locally by generic mental health services with access to specialist clinical advice from larger Health Boards.

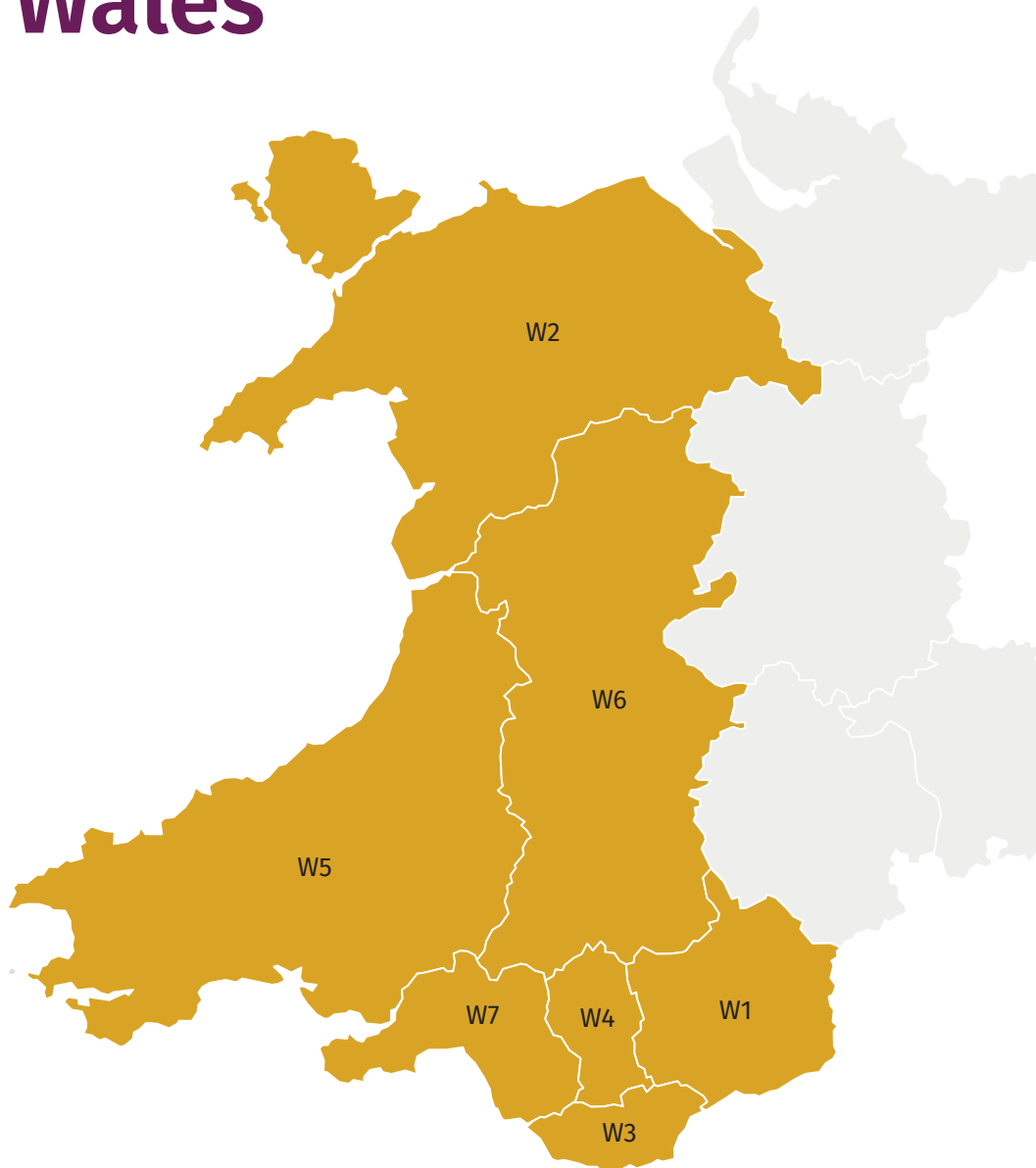
PMH Network Scotland have also made clear that the provision of specialist PMH services should aim for 'equity of access and no unwarranted variations in the quality of care'. There have been improvements to the levels of provision in Scotland, however it is still a case of 'work in progress' to meet the PMH Network's recommended service model, let alone expand beyond those to be compatible with the Royal College of Psychiatrists level one quality standards. A clear timeframe for establishing the Networks model of services is yet to be confirmed and is needed to enable monitoring of progress.

"I don't think it's fair to expect women and birthing parents living outside the big population centres to accept a poorer standard of care. Scotland needs to invest in decentralised services and ways to work that will support women to have the best standard of care no matter where they live."

Gill , expert by experience

UK Specialist Perinatal Mental Health Community Teams

Wales

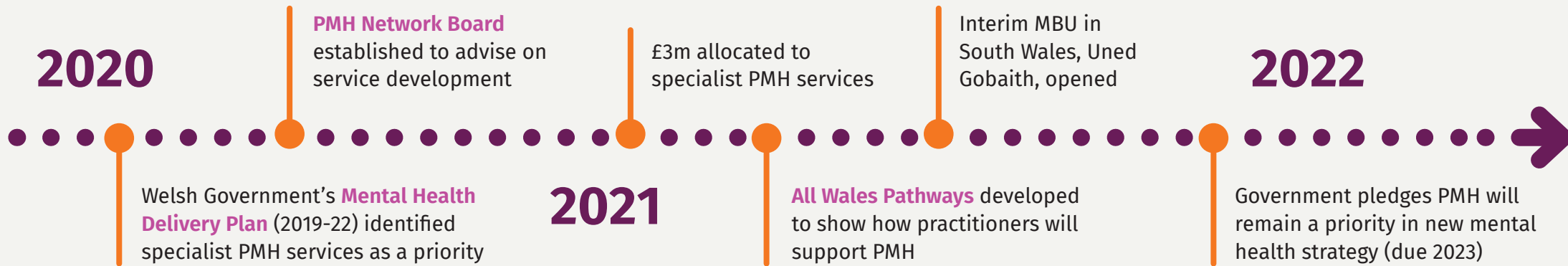


LEVEL	HEALTH BOARDS
W1	Aneurin Bevan
W2	Betsi Cadwaladr
W3	Cardiff and Vale
W4	Cwm Taf
W5	Hywel Dda
W6	Powys
W7	Swansea Bay

LEVEL	CRITERIA
3	Specialist perinatal community team that meets Perinatal Quality Network Standards Type 1 – https://bit.ly/3Cob4Rm .
2	Perinatal community service operating throughout working hours with at least a specialist perinatal psychiatrist with dedicated time AND specialist perinatal mental health nurse with dedicated time, with access to a perinatal psychiatrist throughout working hours.
1	No multidisciplinary team provision.

None of the Welsh Health Boards met PQN Standards Type 1.

WALES: National commitments and plans



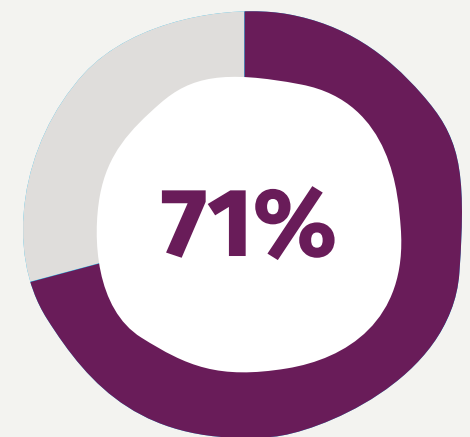
Funding context

- All 7 of Wales' Health Boards increased their budget for specialist perinatal mental health services from 2020/1 to 2022/3.
- In 2022/3, **just over £5 million** was allocated to be spent on specialist perinatal mental health services in Wales
- However, projected spend for 2022/3 is **forecast to be lower** than the figure that had been allocated to budgets.
- 57% of Health Boards in Wales predict there will be an underspend in 2022/3

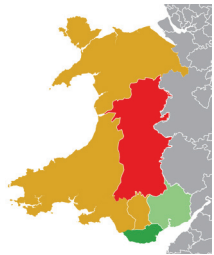
Year	Budget allocated to specialist PMH services across Wales	Budget spent on specialist PMH services across Wales
2020/1	£2,740,589	£2,341,510
2021/2	£4,601,233	£4,173,122
2022/3	£5,066,464	£4,841,987

Percentage of Health Boards reporting workforce-related underspends

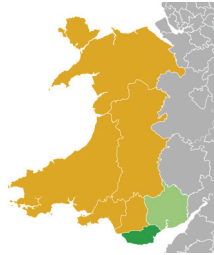
The main reason given for underspend was recruitment issues and / or vacant posts, with **5 out of 7 (71%)** Health Boards stating this as the biggest factor.



Levels of specialist PMH service provision



2017



2019



2022

Whilst the ongoing commitment to improving access and the quality of specialist PMH community services is positive, a number of risks remain:

Risks

Sustainable investment

£5 million was allocated to specialist PMH services in 2022/3. The Government has committed to providing specialist PMH services that meet **Perinatal Quality Network quality standards**. Therefore, sufficient, sustainable funding needs to be in place to 'Turn the Map Green' in Wales together with an expectation that all Health Boards deliver services that meet quality standards.

"My care in Wales for depression was very hit and miss to begin with. I was passed to the crisis team, which in my opinion are not trained to deal with the perinatal period. Luckily for me I had an amazing midwife that gave me a lot of her time. I feel very fortunate to be under the care that I was and if it wasn't for the [specialist PMH] team and my midwife. I wouldn't be here today and will always talk about continuity because that's what got me through 9 months of hell and saved my life."

Toni, expert by experience

Milestones in the Together for Mental Health Delivery Plan 2019-2022 have not been achieved

Therefore urgent commitments are required in the forthcoming mental health strategy to address gaps. These include recognising the unique needs of fathers / partners, and uneven levels of adherence to Royal College of Psychiatrists' Perinatal Quality Network standards by community teams.

Mother and Baby Unit provision

Women babies and families in Wales are awaiting the outcome of the one-year evaluation of Uned Gobaith and the decision around the permanence of the unit, and there is no timeframe for establishing an accessible MBU option for women and babies in North Wales.

Sufficient space for services to deliver support?

Adequate clinic and office space is needed so teams are able to meet **quality standards** for the care delivered to women, babies and families.

Healthcare professionals told us:

"The biggest obstacle is inadequate office and clinic space which has not been addressed since inception of service."

"We are not yet green as we have not yet been moved to a new office base."

Leanne's story

“The specialist team most definitely saved my life”

I accessed support from our local specialist perinatal mental health (PMH) team after both of my pregnancies. The first was in 2016, and whilst I was well cared for the service was very small with **insufficient funds to develop a full team**. My husband also felt completely out of the loop with my treatment and had no indication of how to support me at home.

When I became unwell the second time, towards the end of 2019, my area had **benefitted from additional investment** and there was a much larger, multi-disciplinary team in place. I was so poorly this time around and they most definitely saved my life.

I so clearly remember my community psychiatric nurse (CPN) saying she was “holding onto hope that I would get better until I felt able to hold it myself”. That comment meant such a lot to me because I just couldn't see any possible way back from the darkness. Nothing was ever too much trouble. She always took the time to listen to me and **personalised her care to suit my needs**. She even delivered medication to me on her way home on Christmas Eve when I was too overwhelmed to collect it myself.

Thanks to the team's support and input from various professionals offering bonding therapy and interventions such as baby massage, helping me get out to support groups, visiting me weekly, sorting my medication and teaching me techniques to get me well again, I recovered. This time round they also **regularly checked in with my husband** so he felt supported and part of my progress, as well as empowering him to know when to support me and how to manage risk.

At my discharge appointment, the same CPN told me she was “giving the hope back to me to hold” now that I was well enough. I will never forget those words, or what the team did for me.

I've seen first-hand the progress in my local area and the difference investment has made to the quality and breadth of care. However, as a peer supporter, I've also witnessed **services struggle to meet the increasing needs of mums** being referred in the wake of COVID-19 and in the midst of a cost of living crisis.

All too often I hear how **short staffed** PMH services are. Parents are finding the support more and **more disjointed**, having to **wait longer to be assessed**, or are being **seen virtually** to keep up with demand. Virtual support has a place and I know it can be helpful for some, but I don't think it should be used to replace face-to-face support when services are stretched.

I am so grateful to still be here. I remember when I was unwell how the week between appointments felt like a lifetime and I didn't know how I would make it. Sometimes it felt impossible.

Mums deserve timely support so they can get better and enjoy their life and their family again.



Sustaining progress

In the past ten years, the huge achievements made at every level, by Ministers in all four governments, government departments, NHS bodies, clinicians and women with lived experience, prove that rapid change with real impact is possible. Wider recognition of the importance of specialist PMH care has helped stimulate this fantastic momentum.

Each nation has made commitments to address the undeniable gaps that exist in these essential services, leading to increased levels of service provision. Committed specialist PMH teams are providing lifesaving and life-changing support to more women, babies and families.

However, at a time when demands on mental health services are so high, it is vital that this commitment remains, and progress is sustained.

The MMHA will continue to work in collaboration with our members, lived experience champions and national and local partners to encourage progress and support the needs of women, babies and families being met and the crucial role specialist PMH services play.

Recommendations listed below are drawn from the learnings captured while gathering mapping and funding data. These we hope will continue to make the urgent case for specialist services.

In addition, there are broader questions which the MMHA is interested in. The following recommendations go beyond specialist PMH services alone. Our aim in including these is to think about the wider conditions and systems that can make positive change, transform the approach to care and help ensure women, babies and families can access the right maternal mental health care at the right time.

Specialist perinatal mental health care

There is a risk that improvements in access to specialist perinatal mental health care that meets national quality standards for every woman and baby in UK who needs it, might not only stall but could start to go backwards. We have found clear evidence to support widespread concerns that that promised money has not materialised and posts remain unfilled.

Recommendation 6: Continue commitment to specialist PMH care

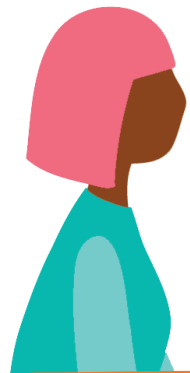
Specialist PMH teams need continued commitment at the national and local level in order that sufficient funding and resourcing is available to plan and deliver equitable access to high-quality services throughout the UK.

Improved data to understand what's working well

Collecting data for this briefing was difficult as none of it was publicly available. Increased transparency and availability of data is required in order to assess accessibility and quality of services. Understanding about the demographics of the women and families referred to specialist PMH services, waiting times and what happens to those who do not meet thresholds or whose referrals are not accepted for other reasons is crucial to understand how well the needs of women are being met.

There are some examples of good practice, **Scotland for example have shared average waiting times** from referral to assessment by specialist PMH services within each health board. This transparency is welcome and is needed across the UK to better understand the experiences of women and families.

Professionals have also told us that there is not a consistent approach to what data is being collected in different areas making comparisons across outcome measures harder. Also, the method of data collection is not always suitable, for example a reliance on paper forms.



“Black women are regularly underrepresented in research or data and therefore in policymaking.”

Black maternal health’, Women and Equalities Committee (April 2023)

Recommendation 7: Improve data collection and transparency

Develop effective processes to collect data, including robust monitoring across population subgroups to identify inequalities in prevalence, experience and outcomes to help services better understand women and their families’ experiences of care. Improve transparency with more data being publicly available, to help provide a clearer understanding of the postcode lottery that women, babies and families face, where progress is being made and the gaps that remain.

Specialist PMH services need to be part of a network of care

Whilst this briefing focuses on specialist PMH teams, these services cannot meet the needs of the majority of women and babies with mental health difficulties. They are only one part of the care that will dramatically affect the lives of women with, or at risk of, poor maternal mental health.

This requires not only close working relationships between specialist PMH community teams and inpatient units but also that there is adequate resourcing for all the essential services needed to deliver joined-up care, including:

- Maternity services
- Health visiting
- The voluntary and community sector
- Parent-infant services
- GPs and other primary care
- Mental health services
- Children’s services.

Recommendation 8: Join up the care women and families receive

Families need **comprehensive PMH care** across the whole clinical pathway, with clear communication between professionals and the integration of services. This care is required before, during and after pregnancy.

A trauma-informed approach

Experiences of childhood and adult trauma have a widespread effect on mental health and is often triggered during pregnancy and after birth.

Early childhood adversity is the strongest predictor of antenatal and postnatal depression and indeed of mental health problems in the population generally. Specialist perinatal teams who examined this issue found that approximately 60-70% of new and expectant mothers accessing specialist mental health care have a background of childhood abuse and trauma.

Reaching out to women experiencing these issues is especially important as they are often judged, stigmatised, and might find it very hard to trust professionals. The same is true for other groups who experience prejudice and discrimination especially Black and minority ethnic women, LGBTQ+ and women with disabilities.

A trauma informed approach emphasises the value of trusted and non-judgemental relationships and listening to women's experiences. It highlights the importance of choice and consent and has equity, diversity and inclusion at its heart. Such an approach not only helps support staff, but it also puts emphasis on linked-up, compassionate care being available to everyone.

Recommendation 9: Take a trauma-informed approach to PMH care

A trauma-informed approach should inform all health services in contact with women planning a pregnancy and during the perinatal period, with support and care specifically designed to reach out and meet the individual needs of women and their families.

Moving forward

It is crucial that momentum and commitment to specialist PMH services is maintained. The MMHA remains dedicated to working closely with members, Lived Experience Champions, and national and local partners to promote continued progress.

The MMHA won't stop until ALL women, babies, and families impacted by PMH problems have equitable access to high-quality, compassionate care and support.



References

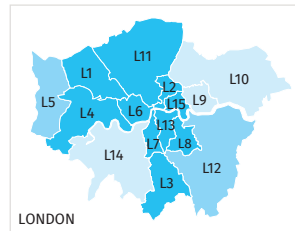
1. The freedom of information request was sent to all Mental Health trusts in England and Health Boards in the Devolved Nations. Areas were asked
 - What budget had been allocated to specialist PMH community services in 2020/1, 2021/2 and 2022/3
 - What had been spent on specialist PMH community services in 2020/1 and 2021/2
 - What is the projected spend in 2022/23
 - The main reasons (i.e., 50% or more) for any difference between allocation for 2022/3 and projected spend.
2. Data on Perinatal Mental Health budgets and spend received in response to our FOI request was provided in two different types:
 - service costs only
 - 'fully absorbed' numbers – including service and indirect costs, plus overhead costs

Several areas noted that the teams providing the data only had access to the service cost numbers and had no access to the overhead costs for their PMH teams. As a first step to increase understanding around Perinatal Mental Health funding, we have used this mix of data in our 2022 analysis. We recognise there may be some limitations to this approach, for example, it may be that overhead costs for PMH teams are higher in some areas than others. The data we received allows us to look at the broad trends and differences between funding and spend. We hope in future there will be more figures publicly available. This transparency on funding allocated to each area will allow for even more comparison of budgets for specialist PMH services.
3. 70 areas in the UK responded to our FOI request with the requested data and 3 did not. 5 other areas responded to confirm that they did not hold the budget for a PMH service. The word 'area' here refers to a Mental Health Trust or Health/Social Care Board holding the budget for at least one PMH team. We were unable to break the data down by team as some areas sent a single set of data covering multiple teams.
4. Data are not available for Scottish health board projected spend for 2022/3 as budget had not yet been allocated.
5. % of areas who submitted data.
6. Primary reason was defined as an issue which caused over 50% of the underspend.
7. Long term plan ambitions for PMH are:
 - Increase access to evidence-based care for women with moderate to severe PMH difficulties and a personality disorder diagnosis, extending care from preconception to 24 months after birth
 - Expand access to evidence-based psychological therapies, including parent-infant, couple, co-parenting and family interventions.
 - Fathers/partners of women accessing specialist PMH services offered an evidence-based assessment for their mental health and signposting to support as required.
 - Maternal mental health services (MMHS) will integrate maternity, reproductive health and psychological therapy for women experiencing mental health difficulties directly arising from, or related to, the maternity experience.
8. See reference 7.
9. Maternal mental health services will combine maternity, reproductive health and psychological therapy for women experiencing moderate to severe or complex mental health difficulties directly arising from, or related to, their maternity experience. This may include those who experience post-traumatic stress disorder following birth trauma, perinatal loss or severe fear of childbirth (tokophobia).
10. Orkney responded to say there is no specialist PMH service to date.
11. Two areas were not able to confirm 2022/3 budget at time of FOI.
12. See reference 11.

Appendix

Mapping England's progress towards NHS Long Term Plan ambitions

Specialist Perinatal Mental Health Services providing care from pre-conception to 24 months after birth

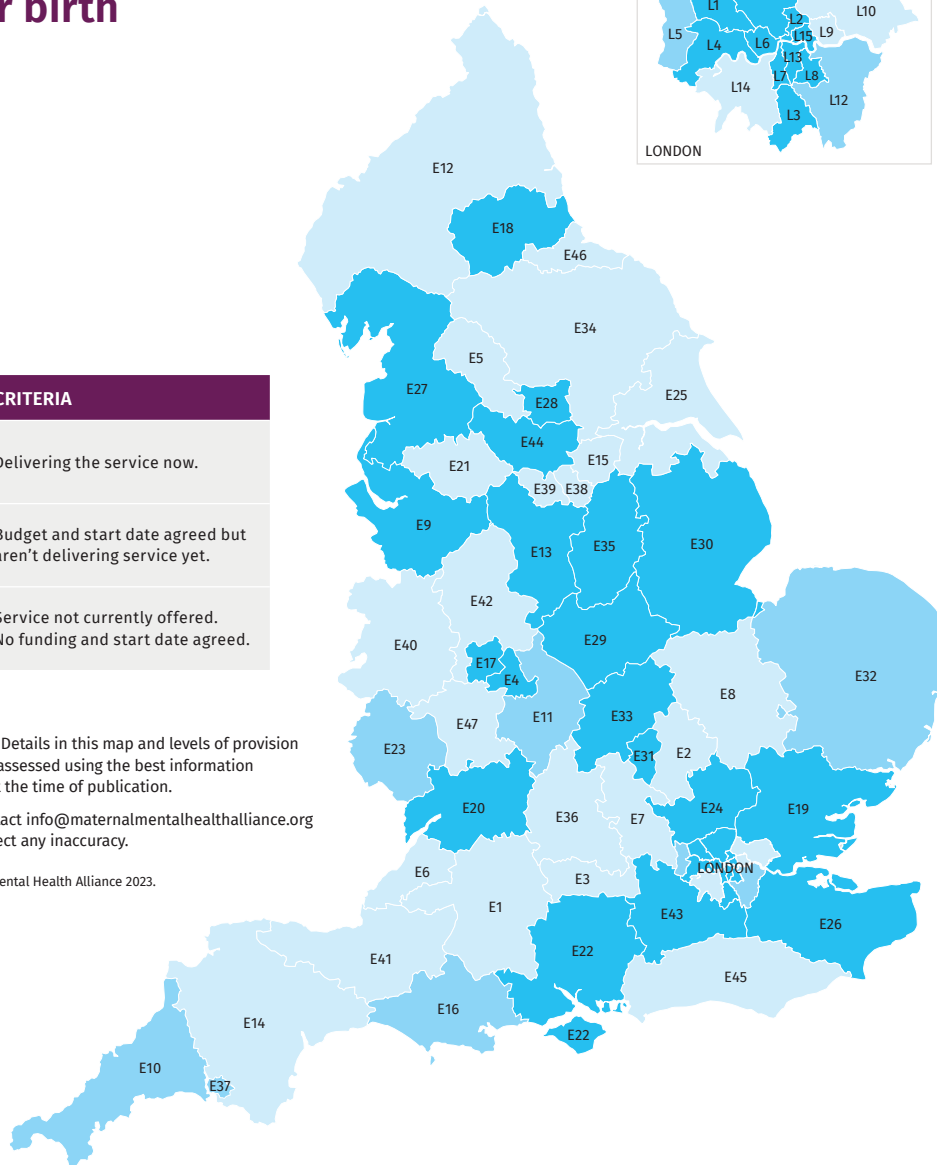


LEVEL	CRITERIA
2	Delivering the service now.
1	Budget and start date agreed but aren't delivering service yet.
0	Service not currently offered. No funding and start date agreed.

Disclaimer: Details in this map and levels of provision have been assessed using the best information available at the time of publication.

Please contact info@maternalmentalhealthalliance.org if you suspect any inaccuracy.

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Current progress on NHS Long Term Plan ambitions for Perinatal Mental Health

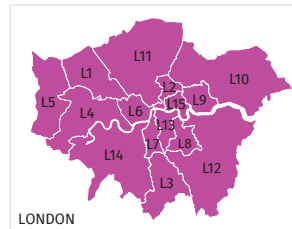
E1	Bath
E2	Bedfordshire and Luton
E3	Berkshire
E4	Birmingham and Solihull
E5	Bradford
L1	Brent and Harrow
E6	Bristol, North Somerset and South Gloucestershire
E7	Buckinghamshire
E8	Cambridgeshire
E9	Cheshire and Mersey
L2	City and Hackney
E10	Cornwall
E11	Coventry and Warwickshire
L3	Croydon
E12	Cumbria, Northumberland and Tyne & Wear
E13	Derbyshire
E14	Devon
E15	Doncaster
E16	Dorset
E17	Dudley, Walsall and Wolverhampton
E18	Durham and Darlington

L4	Ealing, Hounslow, Hammersmith and Fulham
E19	Essex
E20	Gloucestershire
E21	Greater Manchester
E22	Hampshire
E23	Hereford
E24	Hertfordshire
L5	Hillingdon
E25	Hull
L6	Kensington, Chelsea and Westminster
E26	Kent and Medway
L7	Lambeth
E27	Lancashire
E28	Leeds
E29	Leicester
L8	Lewisham
E30	Lincoln
E31	Milton Keynes
L9	Newham
E32	Norfolk and Waveney
E33	Northamptonshire

L10	North East London
L11	North London
E34	North York and Yorkshire
E35	Nottingham
E36	Oxford
L12	Oxleas
E37	Plymouth
E38	Rotherham
E39	Sheffield
E40	Shropshire
E41	Somerset
E42	South Staffordshire
L13	Southwark
L14	South West London and St George's
E43	South West Surrey
E44	South West Yorkshire
E45	Sussex
E46	Tees
L15	Tower Hamlets
E47	Worcestershire

Specialist Perinatal Mental Health Services seeing increasing number

of women, including those with complex PTSD/personality disorder diagnosis

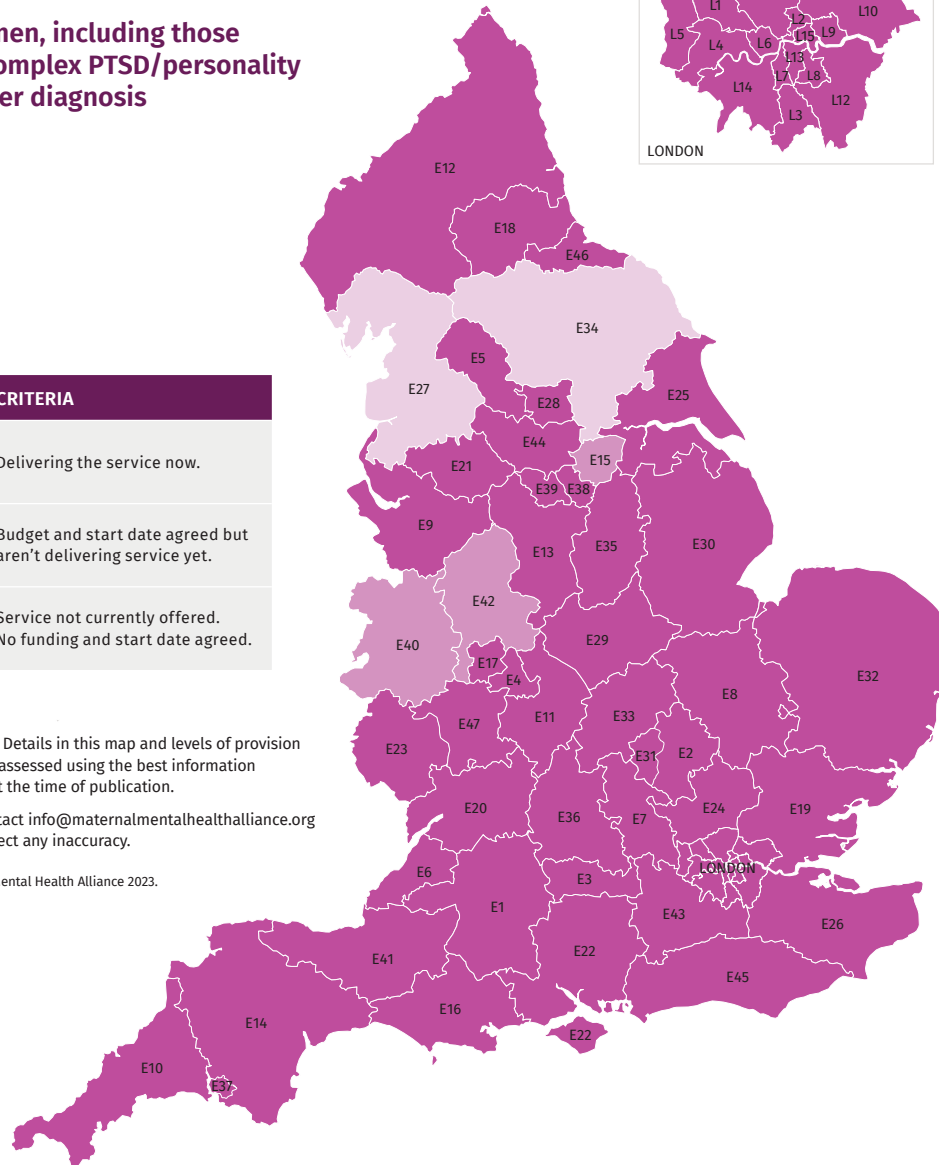


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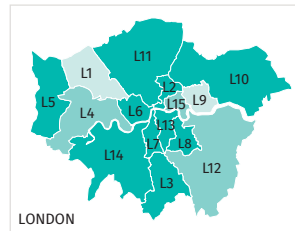
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E7	Buckinghamshire
E8	Cambridgeshire
E9	Cheshire and Mersey
L2	City and Hackney
E10	Cornwall
E11	Coventry and Warwickshire
L3	Croydon
E12	Cumbria, Northumberland and Tyne & Wear
E13	Derbyshire
E14	Devon
E15	Doncaster
E16	Dorset
E17	Dudley, Walsall and Wolverhampton
E18	Durham and Darlington

L4	Ealing, Hounslow, Hammersmith and Fulham
E19	Essex
E20	Gloucestershire
E21	Greater Manchester
E22	Hampshire
E23	Hereford
E24	Hertfordshire
L5	Hillingdon
E25	Hull
L6	Kensington, Chelsea and Westminster
E26	Kent and Medway
L7	Lambeth
E27	Lancashire
E28	Leeds
E29	Leicester
L8	Lewisham
E30	Lincoln
E31	Milton Keynes
L9	Newham
E32	Norfolk and Waveney
E33	Northamptonshire

L10	North East London
L11	North London
E34	North York and Yorkshire
E35	Nottingham
E36	Oxford
L12	Oxleas
E37	Plymouth
E38	Rotherham
E39	Sheffield
E40	Shropshire
E41	Somerset
E42	South Staffordshire
L13	Southwark
L14	South West London and St George's
E43	South West Surrey
E44	South West Yorkshire
E45	Sussex
E46	Tees
L15	Tower Hamlets
E47	Worcestershire

Specialist Perinatal Mental Health Services offering sufficient psychological therapies

including parent-infant, couple, co-parenting and family interventions

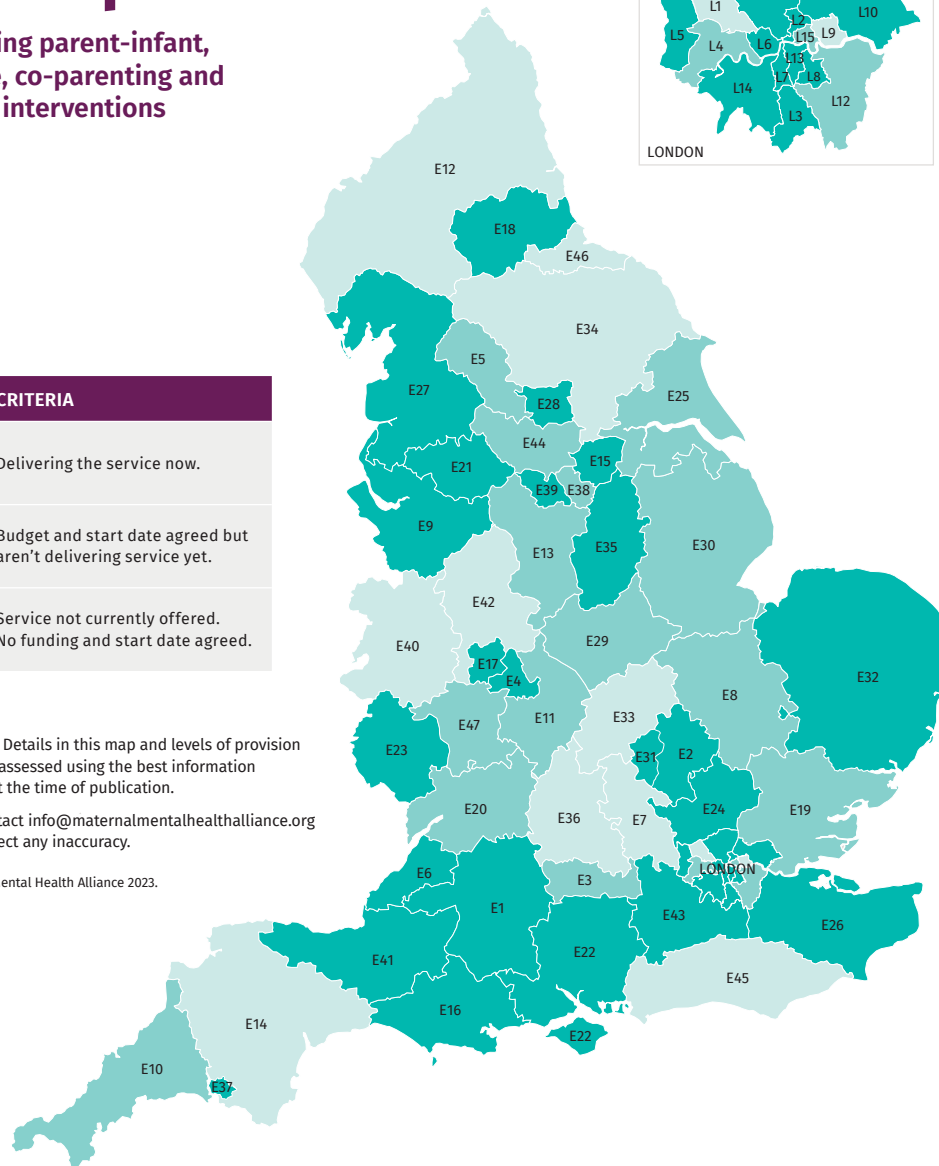


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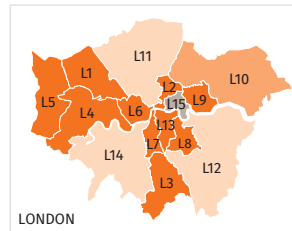
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E25	Hull
L6	Kensington, Chelsea and Westminster
E26	Kent and Medway
L7	Lambeth
E27	Lancashire
E28	Leeds
E29	Leicester
L8	Lewisham
E30	Lincoln
E31	Milton Keynes
L9	Newham
E32	Norfolk and Waveney
E33	Northamptonshire

L10	North East London
L11	North London
E34	North York and Yorkshire
E35	Nottingham
E36	Oxford
L12	Oxleas
E37	Plymouth
E38	Rotherham
E39	Sheffield
E40	Shropshire
E41	Somerset
E42	South Staffordshire
L13	Southwark
L14	South West London and St George's
E43	South West Surrey
E44	South West Yorkshire
E45	Sussex
E46	Tees
L15	Tower Hamlets
E47	Worcestershire

Specialist Perinatal Mental Health Services offering Fathers/partners

assessment for their mental health and signposting for support

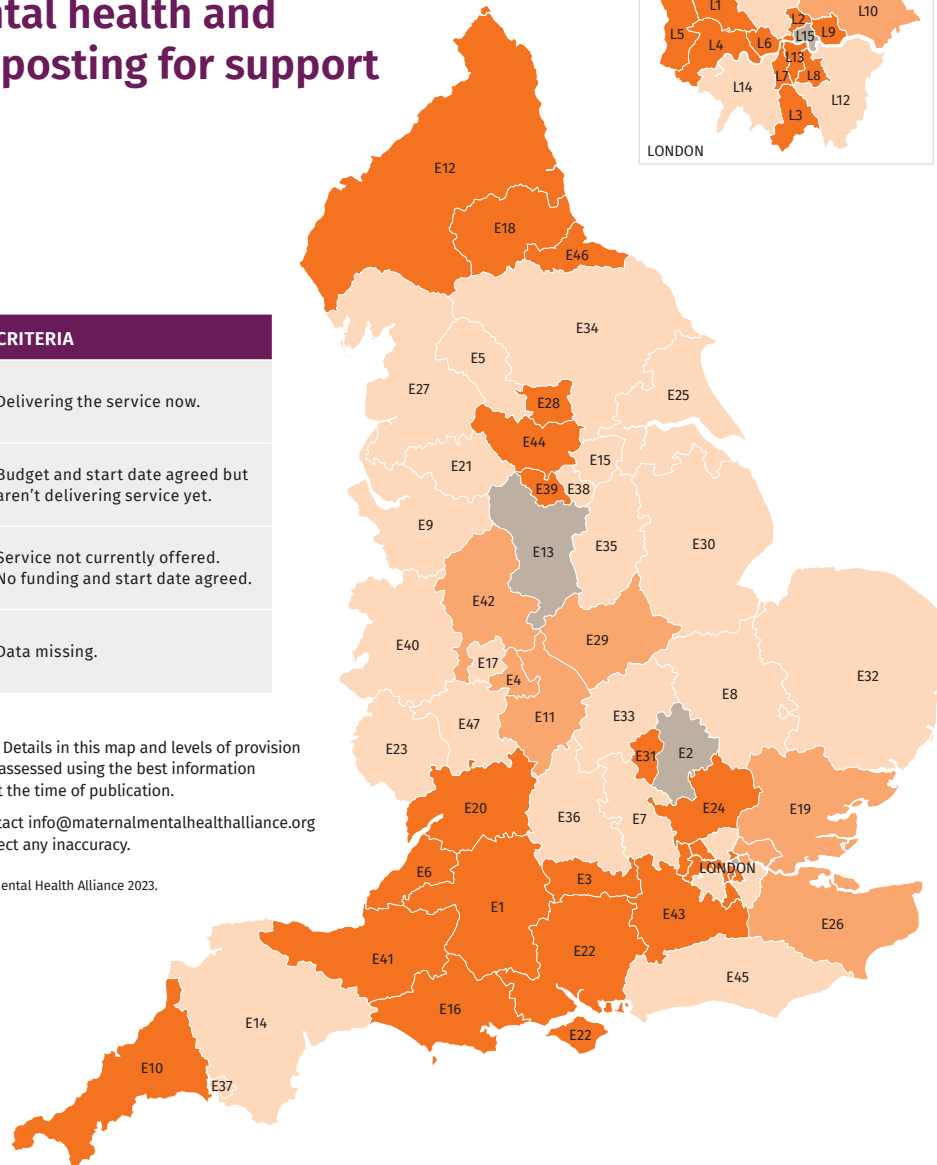


LEVEL	CRITERIA
2	Delivering the service now.
1	Budget and start date agreed but aren't delivering service yet.
0	Service not currently offered. No funding and start date agreed.
	Data missing.

Disclaimer: Details in this map and levels of provision have been assessed using the best information available at the time of publication.

Please contact info@maternalmentalhealthalliance.org if you suspect any inaccuracy.

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Current progress on NHS Long Term Plan ambitions for Perinatal Mental Health

E1	Bath
E2	Bedfordshire and Luton
E3	Berkshire
E4	Birmingham and Solihull
E5	Bradford
L1	Brent and Harrow
E6	Bristol, North Somerset and South Gloucestershire
E7	Buckinghamshire
E8	Cambridgeshire
E9	Cheshire and Mersey
L2	City and Hackney
E10	Cornwall
E11	Coventry and Warwickshire
L3	Croydon
E12	Cumbria, Northumberland and Tyne & Wear
E13	Derbyshire
E14	Devon
E15	Doncaster
E16	Dorset
E17	Dudley, Walsall and Wolverhampton
E18	Durham and Darlington

L4	Ealing, Hounslow, Hammersmith and Fulham
E19	Essex
E20	Gloucestershire
E21	Greater Manchester
E22	Hampshire
E23	Hereford
E24	Hertfordshire
L5	Hillingdon
E25	Hull
L6	Kensington, Chelsea and Westminster
E26	Kent and Medway
L7	Lambeth
E27	Lancashire
E28	Leeds
E29	Leicester
L8	Lewisham
E30	Lincoln
E31	Milton Keynes
L9	Newham
E32	Norfolk and Waveney
E33	Northamptonshire

L10	North East London
L11	North London
E34	North York and Yorkshire
E35	Nottingham
E36	Oxford
L12	Oxleas
E37	Plymouth
E38	Rotherham
E39	Sheffield
E40	Shropshire
E41	Somerset
E42	South Staffordshire
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