

# mums and babies in mind

Supporting local leaders to improve perinatal mental health services

## Leaders' Top Tips 2

# Commissioning Perinatal Mental Health Services



Photo: Anna France-Williams

**Mums and Babies in Mind (#MABIM) is a Maternal Mental Health Alliance project supporting local leaders to improve services and care pathways for mums with perinatal mental health problems and their babies.**

**We work in Blackpool, Gloucestershire, Haringey and Southend, and capture and share our work to inform and inspire other commissioners and providers across the UK.**

**The project is hosted by The Mental Health Foundation and funded by the Big Lottery Fund.**

The MABIM Leaders' Programme brings together leaders from a wide range of different services and professional backgrounds to:

- Learn from leading experts in policy, research and practice,
- Be inspired by those who are making a real difference to women's lives,
- Talk to women with lived experience and hear their views,
- Meet and share experiences with peers from other areas, and
- Share learning and develop new solutions to difficult challenges.

We are organising 7 'Masterclass' events for our leaders, each on particular themes relating to perinatal mental health. After each one, we will produce a Top Tips document – like this one – to share the insights and ideas with a wider audience.

This is the second Top Tips document in our series. The first – on the topic of setting up a Specialist Perinatal Mental Health Community Service – was published in October 2016 and can be downloaded, together with this one, from the Mums and Babies in Mind website

[www.maternalmentalhealthalliance.org/mumsandbabiesinmind/mabim-tools](http://www.maternalmentalhealthalliance.org/mumsandbabiesinmind/mabim-tools)



# Our Second Masterclass: Commissioning

The second MABIM masterclass, on 14 December 2016, focussed on commissioning perinatal mental health services and pathways. We discussed how commissioners, providers and communities can work together to ensure a comprehensive and high quality offer for all women with perinatal mental health problems and their families. We were joined by six great speakers:

**Dr Alain Gregoire:** Consultant Perinatal Psychiatrist in the Hampshire Perinatal Mental Health Service, and founder and Chair of the UK Maternal Mental Health Alliance

**Cam Lugton:** Programme Lead for the National Mental Health Dementia and Neurology Intelligence Network, Public Health England

**Jane Mischenko:** Commissioning Lead for Children & Maternity Services, NHS Leeds CCGs

**Benjamin Taylor:** Chief Executive, Public Service Transformation Academy

**Two mums with lived experience of postpartum psychosis**



Photo: Anna France-Williams

This document captures the key messages from our speakers and the discussions at the masterclass. It also includes links to helpful documents and resources which may be useful to anyone involved in commissioning services to prevent, identify and address perinatal mental health problems.

## What is Commissioning?

**Commissioning involves deciding how to use all the resources available in a system in order to improve citizens' outcomes in the most efficient, effective and sustainable way.**

Commissioning is often mistakenly thought to involve only the procurement of services by organisations such as Local Authorities and CCGs. In fact, as Benjamin Taylor described at our masterclass, good commissioning involves much more than this.

Commissioners' work should involve:

- Working in partnership with other agencies – sharing resources and/or pooling budgets to achieve shared goals.
- Focusing on prevention and demand reduction rather than simply paying for a service to address a problem after it has occurred.
- Co-production and co-creation of value with providers, communities and citizens.

- Making the best use of a range of inputs or resources (finance, capital, workforce, market, citizens, communities) to achieve the outcomes for communities, places and citizens.

Commissioning should be **everyone's business**. Commissioners alone cannot design the most effective services to secure the best outcomes for families. They need to work in partnership with providers, clinicians and communities to understand communities and design and deliver effective interventions. At our masterclass, we brought together commissioners from mental health, public health, maternity and children's services, with managers and professionals from these services to think about how they could

work together to commission the best care pathways for women and babies. The masterclass focused on **HOW** commissioning could and should work, not **WHAT** should be commissioned, and that is reflected in this document.

For those who are interested in what services should be commissioned to prevent, detect and treat perinatal mental illness, there is a range of good guidance available. This includes the Joint Commissioning Panel on Mental Health's **Guidance for Commissioners of Perinatal Mental Health Services**. Local partners can also use the Mums and Babies in Mind **Mapping Tool** to understand the strengths and gaps in their local offer.

# Case Study – Establishing a Lead Commissioner

Perinatal mental health has often “fallen through the gaps” because it straddles mental health, primary care, maternity, health visiting and early years. It is ‘everyone’s business’, but there has not been clear leadership or accountability within the system to ensure the right services and pathways are in place.

In Gloucestershire, it was recognised that there needed to be someone to lead the commissioning agenda.

Therefore, a lead commissioner was identified to bring all the strands of work together and take a strategic overview of the work across the CCG and Local Authority services. Helen Ford, Lead Commissioner for Children, Young People and Maternity Services at Gloucestershire CCG was given this role, partly because she has a background in midwifery and a passion for this area of work.

Helen chairs a Perinatal and Infant Mental Health Network in Gloucestershire, which brings commissioners and clinicians together through regular face-to-face meetings and virtual discussions.

The network enables local partners to understand each other’s roles and responsibilities, to develop joined-up care pathways and to coordinate their efforts to improve perinatal mental health. The network has developed and is delivering a joint plan for improving perinatal and infant mental health outcomes in Gloucestershire.

For more information contact Helen Ford: [helen.ford5@nhs.net](mailto:helen.ford5@nhs.net)

## Case Study – Commissioning across boundaries

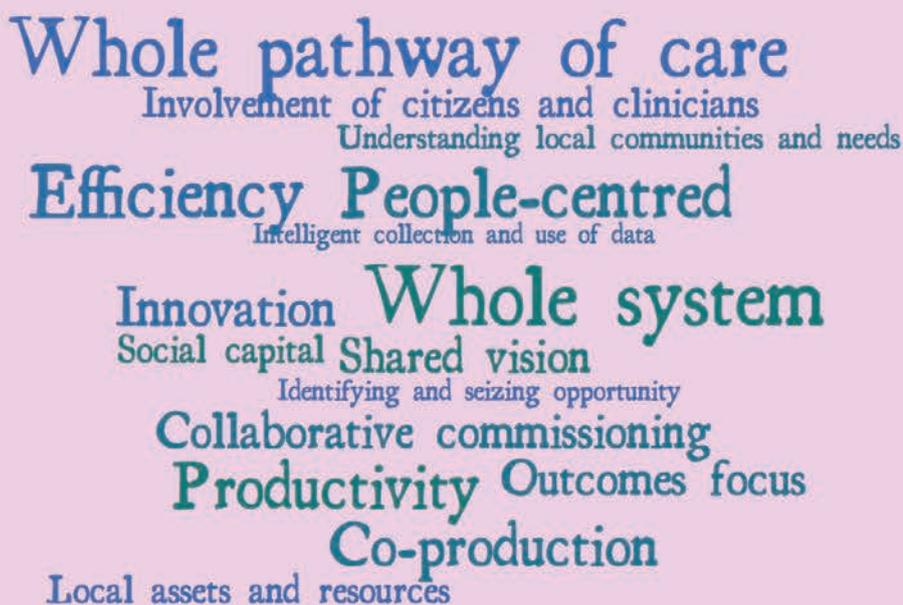
Following the death of a mother who had experienced perinatal mental illness, Coventry and Rugby CCG reviewed local services with their partners. It was identified that services were highly fragmented, and so the CCG earmarked resources to close gaps and redesign services (this was before new funding was announced from NHS England).

The CCG worked with two partner CCGs – Warwickshire North and Warwickshire South – to consider provision across the whole county, in order to ensure efficiency and equity of access, to achieve economies of scale, and to commission a viable Specialist Perinatal Mental Health Community Service. A multidisciplinary clinical team supported the design of the service, and have been involved in running it since November 2015.

For more information contact: Jo Dillon, Deputy Director of Commissioning, Coventry and Rugby CCG [Jo.Dillon@coventryrugbyccg.nhs.uk](mailto:Jo.Dillon@coventryrugbyccg.nhs.uk)

This case study is also described in the NHS Clinical Commissioners’ document, **Support from the Start: Commissioning Early Intervention Services for Mental Ill Health.**

## What does good commissioning involve?



# The importance of collaboration

Commissioning good pathways of care for women with perinatal mental illness is complicated because it requires collaboration between a large number of commissioning and provider organisations, with different processes and priorities, and without anyone who is clearly accountable for leading this collaboration. This challenge may be why, in many areas, perinatal mental health care has been neglected.

At our masterclass, leaders were asked to match up services, providers and commissioners in an icebreaker exercise that illustrated the complexities within the system.

Collaborative commissioning involves bringing different commissioners together with a shared vision and purpose, and building trusting relationships in order to work together to make best use of all resources and create coherent and comprehensive care pathways that meet users' needs.

Communication is key to securing collaboration between local partners. At the masterclass we discussed how to bring local partners 'on side'.

## Top tips included:

- Don't assume people in your

organisation and partner organisations are on board, understand the issues and their importance or share your enthusiasm. Always check, listen, feedback and explain

- Communicate upwards, downwards and sideways
- Establish shared knowledge as a foundation for working together
- Demonstrate collaborative, open and honest leadership
- Use a range of different arguments to illustrate the importance of action on perinatal mental health, including insights from lived experience, scientific research, the economic case and mapping to show gaps in services. This evidence is robust; so don't lose confidence in the face of challenges.

“Commissioning in mental health is complicated and involves many different players at different levels in health, social care and the third sector...

It is important to make care pathways more seamless, to support patient choice, and deliver high quality services...To achieve this, commissioners and their partners need to understand their local populations, the pattern of service provision, evidence relating to effectiveness, as well as what their service users need and want and can contribute.

Everyone needs to engage with the principles of values-based commissioning, and support the process of commissioning evidence-based, cost-effective, safe services, delivered to a high standard that offer value for money and take account of individual and community assets.”

Joint Commissioning Panel on Mental Health

## Case Study – Understanding local need

In Gloucestershire, a **CQUIN** (Commissioning for Quality and Innovation) for Perinatal Mental Health is enabling local commissioners and clinicians to drive forward changes and confirm best practice. The CQUIN includes: a staff skills and case note audit with responsive action plan, training for health visitors, Home-Start staff and volunteers as well as developing pathways between community (Home-Start) and mental health services. There is also a focus on collecting baseline inpatient and crisis data for perinatal women, providing pre-conception advice and collecting the views of women's experiences of services.



Photo: Anna France-Williams

# The value of collaboration

A study by Darrin Hicks and colleagues in the USA investigated the impact of collaboration between strategic partners on programme outcomes for the Nurse Family Partnership (which is known as the Family Nurse Partnership in the UK).

The study found that collaboration between local partners predicted approximately 10% of the variance in attrition or drop out of programme clients. They propose a theory called 'commitment transfer' whereby if local partners at a strategic level are genuinely committed to a programme and outcomes for children and families, this influences the mindset and style of professionals and influences programme participants and wider communities too.

Hicks, D., Larson, C., Nelson, C., Olds, D. L., & Johnston, E. (2008). *The Influence of Collaboration on Program Outcomes: The Colorado Nurse-Family Partnership. Evaluation Review, 32(5), 453-477*



Photo: Anna France-Williams

*Leaders at the masterclass commit to one action as a result of the day*

**“Co-operation and commitment, like other patterns of authentic behaviour, are contagious.”**

# Commissioning for quality

There are a number of ways in which commissioners can encourage, require and/or incentivise providers to drive up the quality of their services, and to meet national guidance and standards.

## These include:

- Setting out specific expectations for services in contracts (eg. requiring maternity services to provide a specialist perinatal mental health midwife)
- Requiring Specialist Perinatal Mental Health Services to join the Royal College of Psychiatrists Quality Network
- Requiring providers to work with local Strategic Perinatal Clinical Networks
- Setting out standards for workforce training and development relating to perinatal mental health (HEE is currently piloting a Competency Framework for Perinatal)
- Setting and enforcing clear expectations for waiting times (NHS England will soon be providing waiting time guidance for perinatal mental health)
- Building quality improvement and assurance into the commissioning process and contracts
- Monitoring and reviewing performance, quality and outcomes using robust measures (a list of suggested measures will be published alongside the waiting times)
- Requiring services to participate in national research to improve understanding of perinatal mental illness and 'what works'
- Seeking, analysing and using feedback from clinicians and service users

In the coming months NHS England will be making recommendations for tools and measures that should be used routinely by perinatal mental health services to collect outcome data. One such tool, which is recommended by the Royal College of Psychiatrists for specialist services is the POEM tool, (**Patient rated Outcome and Experience Measure**).

As leaders, consider what from the above list would be useful in your locality. How can you and/or your colleagues instigate the change?

# Public Health England's Tools

At the masterclass we heard from Cam Lugton, Programme Lead for the National Mental Health Intelligence Network within Public Health England. The Network develops intelligence tools and information for service improvement, and supports local systems to use data well.



Photo: Anna France-Williams

They create tools that help local commissioners to:

- Understand the mental health needs of your local area,
- Understand whether these needs are being met, and
- Compare and benchmark your area with others.

The tools currently available relating to perinatal mental health include:

## Needs assessment report: Mental health in pregnancy, the postnatal period and babies and toddlers

A dynamic needs assessment report on perinatal and infant mental health for every upper tier

local authority and CCG in England, which brings together a range of relevant data and evidence on demographics, prevalence and risk factors.

[http://www.chimat.org.uk/PIMH\\_Needs\\_Assessment](http://www.chimat.org.uk/PIMH_Needs_Assessment)

## Perinatal mental health: data catalogue

A document providing a list of national indicators and datasets pertinent to the scope of perinatal mental health intelligence. The catalogue explains the availability of all data available at a national level and at sub-national geographies (eg. CCG, local authority) and contains information about the data source, the geography it is provided

at, who publishes it, how frequently and where it can be accessed.

<http://www.yhpho.org.uk/resource/view.aspx?RID=245116>

Public Health England are developing a perinatal mental health 'fingertips tool' which will enable local partners to create profiles of perinatal mental health data and benchmark themselves to other areas of the UK. The plan is for the profiling tool to include benchmarking data on: demography, risk and related factors, prevalence, prevention, services and support, access quality and outcomes.

For more information contact Cam Lugton: [Cam.Lugton@phe.gov.uk](mailto:Cam.Lugton@phe.gov.uk)



Photo: Anna France-Williams

## Data on Perinatal Mental Health

A range of national and local data can be analysed and used to understand the prevalence of risk factors for perinatal mental illness; the incidence of illness; the experiences of women who are ill, and their outcomes.

Traditionally this data has been very patchy, but it is improving and a range of work is currently underway to further improve the availability and use of this data. This includes linking between maternity and mental health

data sets and developing indicators relating to perinatal mental health for the NHS and public health outcome frameworks.

Recently NHS Benchmarking have analysed benchmarking data for specialist services (both inpatient units and community teams) which have been shared through the Strategic Clinical Networks. This includes information on service activity, staffing, quality, and costs.

# Case study – Involving local communities

In Leeds, the local maternity strategy was co-produced with local commissioners and service providers (including the third sector), clinicians and, most importantly, local women and families. The emotional health of new mothers is a priority within the strategy.

The voices of women and families were central in the development of the strategy, and third sector organisations were involved to help to ensure that the voices of a truly representative range of women were heard.



Graphic used in Jane Mischenko's presentation to show principles used in forming the maternity strategy in Leeds

Other pieces of work involved in developing the strategy included:

- Recognising and maximising the wealth of existing resources within the system (especially midwives, health visitors and children's centres)
- Seizing opportunities and creating new local resources where possible (eg. An infant mental health service was jointly commissioned, and not only has a direct caseload but also plays a role in improving understanding and services across the whole system)
- Using data and benchmarking to improve understanding of the local population

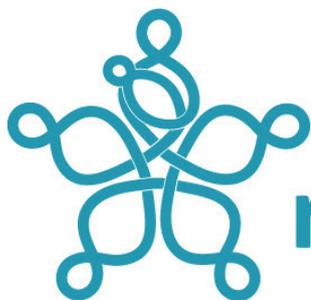
## Understanding the Issues

Good commissioning relies on a comprehensive understanding of the local community and their needs; the services on offer; the opportunities and challenges available; the issue being addressed and what good practice looks like.

Developing this understanding might include:

- Collecting and analysing data on local needs (including using the Public Health England tools described on page 6)
- Engaging communities and seeking the views of service users and their families
- Engaging local clinicians and experts, including the local Strategic Perinatal Clinical Network
- Understanding policy, national evidence and standards. A range of tools, evidence and guidance about perinatal mental health can be found on the **MMHA Website**. More will become available over the coming year, including recommended service specifications.
- Understanding the wider resources available in the local community and from other sources (eg. online information or digital apps)
- Understanding current service offer and gaps (perhaps using the **MABIM mapping tool**)

For more information contact Jane Mischenko: [jane.mischenko@nhs.net](mailto:jane.mischenko@nhs.net)



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## Lived experience

Two mums attended the masterclass and shared their personal experiences of perinatal mental health services in their localities. Listening to how services have and haven't got things right to date is a powerful way of ensuring development replicates best practice.

The voices of those with lived experience needs to be embedded within the commissioning process to allow consideration of how services are set up and delivered by those that will use them. We are thankful to all the parents who are involved in the MABIM masterclasses, helping to shape best practice through sharing their stories.

## Other reports

### For more information you can look at:

- The **Joint Commissioning Panel on Mental Health's website** is a great resource with articles and reports on lots of topics relating to commissioning mental health services: <http://www.jcpmh.info/>. This includes a report on perinatal mental health: <http://www.jcpmh.info/good-services/perinatal-mental-health-services/>
- **The Kings Fund** have done a range of work on collaboration and commissioning, including this report on commissioning and contracting integrated care: <https://www.kingsfund.org.uk/publications/commissioning-contracting-integrated-care>. Their website also includes a range of examples of integrated care: <https://www.kingsfund.org.uk/topics/integrated-care/integrated-care-map>
- The **Public Services Transformation Academy** have a range of resources and reports for commissioners. Benjamin Taylor, who spoke at our masterclass, recommended these two reports for our leaders:  
[http://publicservicetransformation.org/images/Creativity\\_works\\_final.pdf](http://publicservicetransformation.org/images/Creativity_works_final.pdf)  
[http://publicservicetransformation.org/images/Resolving\\_Chaos\\_final.pdf](http://publicservicetransformation.org/images/Resolving_Chaos_final.pdf)

To download copies of Leaders' Top Tips visit  
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