Priority setting in local services with use of the Pathway Assessment Tool

19TH JULY 2017 | FIONA.SALTER



by Julia Thompson. Julia is a Health Improvement Principal in the Children's Public Health Team at Sheffield City Council. Prior to her role in Sheffield she has held a variety of positions in health and local government at local, national and regional levels, and has a particular interest in strengthening partnerships across organisations and with communities to improve wellbeing and outcomes. Julia has been Sheffield's lead for perinatal and infant mental health lead for over two and a half years.

Sheffield has been working hard to improve support for women experiencing mental health problems during the perinatal period through better co-ordinated treatment and support.

At the heart of this has been our integrated perinatal mental health care pathway which was finalised in 2015. Developed with the involvement of health visiting, midwifery, primary care and specialist services, this is now the agreed model of support in the city and the basis on which professionals work together. The care pathway provides a strong foundation for improving identification and referral and developing services, but we know that more work is needed to improve women's experiences of care and to achieve better outcomes.

Joint planning plays a key part in this and through its work plan for 2017/18 the city's Perinatal and Infant Mental Health Working Group recommended that a gap analysis against the care pathway was undertaken to identify breaks in provision and to establish priorities for developing services. At the same time Sheffield's Maternity Services Liaison Committee was commissioned by the Clinical Commissioning Group (CCG) to conduct a survey of families' experiences of maternal mental and emotional health support since the care pathway was put in place. This will provide an important complementary source of information about the impact the care pathway has had so far, and what more we need to do.

The <u>Pathway Assessment Tool</u> came at a perfect time for us in taking this work forward. It has provided an accessible and practical resource for benchmarking our existing perinatal and infant mental health services against national standards, and allowing us look at this across the overall pathway and from an individual service perspective.

A small group of us have formed a Task and Finish Group to progress this and we are optimistic the analysis can be completed over the course of two meetings. The group is drawn from key stakeholders in midwifery, health-visiting, specialist perinatal mental health services, Child and Adolescent Mental Health Services, CCG, Local Authority and the Third Sector. As a starting point, prior to the first meeting, colleagues were invited to complete the tool and to describe what further action would be necessary to improve their rating of existing services. These responses were then considered and discussed in more detail as a group to help us build a picture of the overall pathway.

For MABIM tools for leaders working in perinatal mental health visit: www.maternalmentalhealthalliance.org/mumsandbabiesinmind/mabim-tools

<u>Mums and Babies in Mind</u> supports local leaders in four areas of England to improve care and quality of life for mums with mental health problems during pregnancy and the first year of life, and their babies.

Read more from the Mums and Babies in Mind blog:

- 19.6.17 Putting Fathers in the Picture
- 9/6/17 Video Interactive Guidance in a Nutshell
- 24/5/17 Tackling Stigma Around Perinatal Mental Illness
- 14/3/17 Beyond Peer Support: Twitter and Perinatal Mental Health
- 21/2/17 What a difference an hour can make: Training GPs in Perinatal Mental Health