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## Developing a perinatal mental health strategy



By Julie Juliff, Head of Maternity Services for Haringey Clinical Commissioning Group

*Julie Juliff is Head of Maternity Services for Haringey Clinical Commissioning Group. [Mums and Babies in Mind](#) is working with leaders from across services in Haringey to support their work to ensure mums and babies in the perinatal period are given a high level of care. Here Julie talks about the importance of developing a strategy for perinatal mental health services, how she went about doing this and how other leaders can follow in her footsteps.*

If a woman needs specialist perinatal mental health services in Haringey, Enfield or Barnet it is currently a postcode lottery of home address and choice of birth location as to whether she will receive this care. For women, their partners and families it is difficult to access appropriate mental health care in our area. In order to improve this it is essential that there is local agreement in how services should be commissioned, designed and delivered.

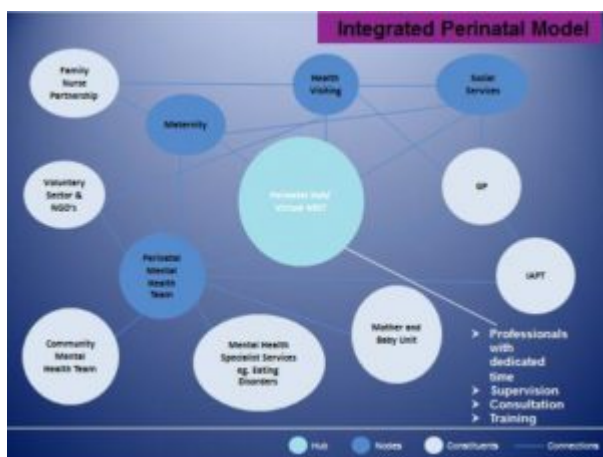
Commissioners we have been working with in Haringey, Enfield and Barnet have identified that this local agreement needs to be one of our priority areas but have also expressed a concern that they might not be able to identify funds to provide these essential services.

As lead commissioner for maternity across our area I felt that if we could articulate our vision clearly in a strategy and begin to think about what pathways of care and a service might look like, then we had a better chance of putting our ideas into practice, establishing this local agreement, getting funding and improving care for women and their babies.

Just over a year ago I completed a [strategy document](#) outlining our vision for the establishment of a specialist perinatal mental health community team for North Central London. Commissioners and providers from maternity, mental health, primary care and health visiting, along with local families from the five borough areas, of which Haringey is one, contributed to the strategy development. In September 2016 we met to discuss our approach to applying for funding from the [NHS England Perinatal Mental Health Community Development Fund](#) and I am proud to say that we were successful.

I have to admit that this feels similar to when my son went off to university; a sense of pride and achievement, but at the same time the knowledge that it is time for the strategy to be given its own legs. I won't be leading its implementation but will still play a key part. This is partly because I feel that there is a need for mental health commissioning to provide the required leadership, but also because I will need to focus on the implementation of [Better Births](#), the national maternity review.

## Steps for developing a perinatal mental health strategy



### 1. Planning

There are lots of resources on the internet to help identify the steps needed to complete a strategy. I chose one that I thought would work best, and also found a couple of existing strategies written by other commissioners. I then sat down with a colleague who had experience of strategy writing and planned the process in more detail. A key element was identifying the evidence which would support our case.

## 2. Mapping

The [Perinatal Mental Health Network](#) supplied me with an appropriate mapping tool (the Mums and Babies in Mind team have also developed a [mapping tool](#)) and I set about populating the information through a series of meetings with maternity and mental health colleagues across our area. This gave a clear view for the first time of the way in which services were provided. The overview demonstrated that services were patchier and less comprehensive than I had imagined.

## 3. Bringing people together

In May 2015 we held a workshop to map current pathways and to overlay this with our future vision for local perinatal services. Twenty five people signed up to the workshop beforehand but on the day about forty



people packed themselves into the room. It was encouraging at this point to realise just how many people recognised perinatal mental health services as a priority area and how much they wanted to make this project happen.

## 4. Writing and implementing the strategy

Writing the actual document and getting approval from commissioner and provider leaders was the easy part. We were assisted by the London Strategic Clinical Network in our development of a [care pathway](#). The difficult part has been identifying funding to implement the strategy. In a challenging economy where mental health care that is already commissioned is underfunded and overstretched, it is difficult to get new services commissioned unless there is a clear financial saving to be had.

Our recent success in gaining funding from the NHS England Development Fund is exciting. Now we have a strategy ready and agreed principles around commissioning and provision we are in a position to implement quickly and I believe we will quickly start to see services improve for mums and their infants. It seems like our time has come.

Download the [Perinatal Mental Health Strategy](#) for the North Central London Clinical Commissioning Group area.

If you have developed your own perinatal mental health strategy please send it to us so we can share good practice. Email [shogg@mentalhealth.org.uk](mailto:shogg@mentalhealth.org.uk)

