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## Establishing a Lead Commissioner in Perinatal Mental Health



By Helen Ford, Lead Commissioner, Children, Young People and Maternity, NHS Gloucestershire/Gloucestershire County Council

*Helen Ford is lead commissioner for Children and Maternity Services at Gloucestershire CCG and Gloucestershire County Council and is the lead commissioner for perinatal mental health. The [MABIM](#) team are supporting Helen and the perinatal and infant mental health network in Gloucestershire to improve perinatal mental health services. We interviewed Helen about her role as lead commissioner, what the network have achieved and her vision for the future.*

**Q: How did the Perinatal and Infant Mental Health network in Gloucestershire begin?**

The network started a number of years ago when we were trying to get a care pathway together for women with perinatal mental health problems. We wanted to know what each person's role and responsibility was within the different services and how we could work together better.

**Q: How does the network in Gloucestershire work and who is part of it?**

The Perinatal Mental Health network in Gloucestershire comes together every two months to discuss how services can be improved. We also have a virtual network.



It is made up of very committed clinicians and commissioners that see this as an area worthy of improvement and also understand the impact on women and families. We have a psychiatrist, a mental health nurse from the recovery team and members of the IAPT team as well as people from maternity services, children's centres, paediatrics, the voluntary and community sector, health visitors and a lead GP.

We began by recognising what we needed to improve. Now we are at a point where we have developed our own perinatal mental health pathway which covers all elements of a woman's journey from pre-conceptual care and multiagency planning in pregnancy through to what happens in a crisis.

**Q: How did you come to identify the need for a lead commissioner for perinatal mental health?**

Traditionally perinatal mental health has fallen through the gaps because it straddles mental health, primary care, maternity, health visiting and early years. It is important to have someone who is identified to lead, otherwise the work can get lost. The risk is that it falls between two or three people who are all busy and the work never gets done.

The lead commissioner needs to bring all the strands of work together, have influence over the adult mental health agenda and have a strategic overview of the work. Who it is depends on local systems. I have a background in maternity services. I'm a midwife and I'm passionate about this area of work so I offered to take the role.

**Q: What role do you play within the Perinatal and Infant Mental Health network?**

I am the Chair of the network. I keep everyone on track and drive it forward. I've been able to offer ideas and to listen to the ideas of others about how to improve the pathway. As

lead commissioner I work with the NHS health trusts and the voluntary and community sector in Gloucestershire to see how we can put these things into practice. It helps that the network is made up of really committed people.

## Q: What have you done as a network?

Lots of things!



We have trained staff such as health visitors, midwives and general practitioners in perinatal mental health.

The [2gether NHS Trust](#) have improved our pre-conceptual offer and made a DVD to help women with decision-making around pre-conception and to improve consistency of information and advice.

They have also developed an infographic and sent it out to all GP surgeries raising awareness of perinatal mental illness and prescribing sodium valproate and the risks around that.

We have also invested in maternity services by creating a specialist perinatal mental health midwife role.

We are looking at the contribution of all services to infant mental health and what that offer looks like. This is combined with a [training programme for some health visitors in Newborn Observation and Video Interactive Guidance](#).

Over the last year we have been working with the voluntary and community sector to look at developing more locality based support linking with the Mental Health Trust.

Recently we put together a [bid for NHS England funds](#) to develop a specialist perinatal mental health community team and we also run a multi-agency 'tackling stigma' group which has produced postcards, leaflets and posters to promote perinatal mental health.



One of the key things that has helped is called a CQUIN, a quality improvement initiative. There are national and local ones and Trusts put a lot of energy into them. Our Perinatal Mental Health CQUIN has been a lever for quality improvement.

**Q: What challenges have you faced and how are you overcoming them?**

It is challenging to convince people that this area of work is important. Many people think that perinatal is fine being within generic mental health services. They want proof that there is something wrong that needs to be fixed.

As a network we have overcome these challenges to achieve a multi-agency pathway that all agencies have signed up to. We can now start collecting data, finding out who is going through the services and building up expertise.

We can also find out what the general mental health clinicians need to know and how we can upskill them.

We work hard as a network to ensure that the safeguarding lead GPs are well informed.

**Q: Where would you like to see perinatal mental health in Gloucestershire in the future?**

We want to see the development of an integrated specialist team straddling health visiting, primary care, mental health and improving access to psychological therapies. We really want increased community support for this and we'd love to see more everyday advice for women and their families, including partners. As a network we want to identify what we can do to change things and to improve the experience of women and their babies across the whole perinatal mental health pathway.