SCHEDULE 2 – THE SERVICES

A. Service Specifications

Mandatory headings 1 – 4. Mandatory but detail for local determination and agreement
Optional headings 5-7.Optional to use, detail for local determination and agreement.

All subheadings for local determination and agreement

Service Specification No.	
Service	Specialised Perinatal Community Psychiatric Team
Commissioner Lead	Local Clinical Commissioning Group
Provider Lead	
Period	1st April 2014 to 31st March 2015
Date of Review	25th September 2013

1. Population Needs

1.1 National/local context and evidence base

This service specification draws on evidence from national targets laid down by the Department of Health, and regional and national guidelines and standards for the treatment and management of perinatal psychiatric disorders.

Policy at both regional and national level has focused on promoting closer working between Primary Care organisations, NHS Trusts (Acute and Mental Health), NHS Foundation Trusts and Local Authorities. The Department of Health has set out a framework which requires local health care providers and service commissioners to achieve specified core targets and improvements. These targets have been set out by the DoH in the following publications:

New Horizons – A Shared Vision for Mental Health (2009).
High Quality Care for All – NHS Next Stage Review Final Report (2008).
The Operating Framework– For the NHS in England 2008/09 (2007).
The Carter Report – Review of Commissioning Arrangements (2006).
The NHS Improvement Plan – Putting People at the Heart of Public Services (2004).
National Standards, Local Action – Health and Social Care Standards and Planning Framework 2005/06 – 2007/08 (2004).
Shifting the Balance of Power – The Next Steps(2002).
No Health Without Mental Health; a cross strategy for people of all ages.(20011a)
Women's Mental Health: Into the Mainstream 2002. Strategic Development of Mental Health Care for Women.

Perinatal Mental Health

Perinatal mental health disorders are those that complicate pregnancy and the postpartum year. They include both conditions with their onset at this time and pre-existing conditions that may relapse or recur in pregnancy or the postpartum year.

Psychiatric disorder is a leading cause of maternal death. It has caused 12-15% of all maternal deaths in pregnancy and six months postpartum since 1997.

The separation of mother and infant can have serious effects on the mother-infant relationship and be difficult to reverse. Without appropriate intervention, maternal mental illness can have long-standing effects on infants' cognitive, emotional and social development and well-being.

Women suffer from a range of disorders of differing types and severities both in pregnancy and following delivery. However, there is an increase in the incidence of postpartum serious/severe mental illness and an increased risk of postpartum recurrence in those with a previous history of serious affective disorder.

Postpartum serious mental illness has a number of distinctive clinical features including acute early onset following delivery, rapid deterioration and severe symptoms.

Incidence

Postpartum Disorders

The epidemiology of postpartum psychiatric disorders and their service uptake is well established. 2 per 1000 women delivered will suffer from a postpartum psychosis and are admitted to a Psychiatric Unit. A further 2 per 1000 delivered women will be admitted suffering from other serious/complex disorders. All of these requireSpecialised Mother and Baby Units, 3% of maternities will be referred to Secondary Psychiatric Services, 10 to 15% of all delivered women will suffer from mild to moderate postnatal depression, the majority of whom will be cared for in Primary Care.

Disorders in Pregnancy

The incidence overall of mental disorders in pregnancy is 15%. The rate of new onset serious mental illness in pregnancy is reduced however, women with a previous history of serious illness, even if recovered, are at high risk of recurrence or relapse in pregnancy and after delivery. Preventative management will reduce morbidity and the need for admission. There is little national data on the prevalence of these high risk women but it is thought to be approximately 4 per 1000 maternities.

Evidence shows that the treatment of serious mental illness in pregnancy and following childbirth by Specialised Perinatal Mental Health Services (In-Patient Mother and Baby Units and/or Perinatal Community Psychiatric Teams) results in improved mental health outcomes for women, their children and wider family, compared to standard psychiatric care.

For perinatal mental health, the focus is on improving the treatment and management of pregnant and postpartum mentally ill women by maternity, psychiatric and primary care services, as set out in the following guidelines:

Centre for Maternal and Child Enquiries – Saving Mothers' Lives: Reviewing Maternal Deaths to make Motherhood Safer 2006-2008 (2011).
The Mental Health (Care and Treatment) Act (Scotland) (2003).
The Scottish Intercollegiate Guidelines Network – Postnatal Depression and Puerperal Psychosis (2012).
Healthy Child Programme– Pregnancy and the First Five Years of Life (2009).
Maternity Matters – Choice, Access and Continuity of Care in a Safe Service (2007).
National Institute for Health and Clinical Excellence – Antenatal and Postnatal Mental Health: Clinical Management and Service Guidance (2007).
The National Service Framework for Children, Young People and Maternity Services (2004), Maternity standard 11.
The Royal College of Psychiatrists – Perinatal Maternal Mental Health Services Council Report CR88 (2000/2013)
RCOG Guidelines on Management of Women with Mental Health issues during pregnancy and the postnatal period (Good Practice No 14) 2011
Royal College of Psychiatrists Quality Network for perinatal Mental Health Services (2012)

NHS Commissioning Board. Specialised commissioning specifications: perinatal mental health services 2012
Improving Access to Psychological Therapies (IAPT Perinatal Positive Guide (2009)
Joint Commissioning Panel - Guidance for commissioning Perinatal Mental Health Services 2012

2. Outcomes

2.1 NHS Outcomes Framework Domains & Indicators

Domain 1	**Preventing people from dying prematurely**	√
Domain 2	**Enhancing quality of life for people with long-term conditions**	
Domain 3	**Helping people to recover from episodes of ill-health or following injury**	√
Domain 4	**Ensuring people have a positive experience of care**	√
Domain 5	**Treating and caring for people in safe environment and protecting them from avoidable harm**	√

2.2 Local defined outcomes

To ensure that all women of reproductive age with a current or previous serious mental illness have access to advice and information on the risks of pregnancy and childbirth on their mental health and the health of the foetus/infant, including the risks and benefits of psychotropic medication.

To deliver a timely service to meet the requirements of mothers and infants in a community setting without undue delay, maintaining and promoting good mental health throughout their pregnancy and postpartum year

To support women in their own community safety and effectively avoiding unnecessary admission.

3. Scope

3.1 Aims and objectives of service

Specialised Perinatal Community Psychiatric Teams provide assessment, intensive support and treatment for childbearing women with serious mental illness who cannot be managed effectively by primary care services.

They also assist in the detection and proactive management of women who are at risk of developing a serious perinatal postnatal mental illness and provide advice and assistance to primary care, maternity and psychiatric services on the treatment and management of serious perinatal mental illness.

The core principle of Specialised Perinatal Community Psychiatric Teams is to safely and effectively meet the special needs and requirements of mothers and infants in a community setting. This should be underpinned by the provision of care and treatment which is:

- Inclusive – for all women living in the designated catchment area.
- Comprehensive – providing medical, nursing, psychological and social care in a community-based setting.
- Integrated – all components of care including access and discharge are integrated in a seamless fashion.
- Appropriate and flexible – ensuring that women have timely access to the right level of care.
- The Teams should be staffed by professionals who have the requisite knowledge,

skills, experience and competencies to offer expert advice, treatment and care

These Teams work in conjunction with Specialised In-Patient Mother and Baby Units to provide alternatives to admission and to provide treatment and support for women following discharge after an in-patient stay.

Specialised Perinatal Community Psychiatric Teams, undertake the assessment, care and treatment of women who develop:-

- a serious and/or complex illness during pregnancy and the first postpartum year,
- women with a pre-existing serious/complex illness who become pregnant
- and women who are well but at risk of developing a serious mental illness following delivery.

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These Teams should also provide:

- A liaison service to maternity, primary care and psychiatric services.
- Expert advice to non-specialist health professionals.
- Pre-conception advice to women with a diagnosis or vulnerability to develop a psychiatric illness considering a pregnancy.
- Assessment and care of pregnant women who are well but at risk of developing a serious mental illness following delivery.

3.2 Service description/care pathway

Specialised Perinatal Community Psychiatric Teams provide assessment and care of childbearing women who meet the following criteria:

- Discharged from mother and baby units
- New episodes of serious mental illness during pregnancy and the first postnatal year, including:
- Postpartum psychosis, bipolar affective disorder, serious affective disorder and/or other psychoses.
- Severe depressive illness.
- Severe anxiety based disorders
- Severe and/or complex mental illnesses including obsessive compulsive disorder
- Pre-existing serious mental illness in pregnancy will usually be under the care of Adult Mental Health Services.Specialised Perinatal Community Psychiatric Teams will either advise on management and treatment, take over the care of the woman temporarily or co-work with the psychiatric team, according to individual need and choice.
- Before conception or during early pregnancy women who are well but at high risk of developing a serious postpartum illness, includinga history of serious mental illness e.g. schizoaffective disorder, bipolar affective disorder or severe depressive illness (postnatally or at other times)
- Previous postpartum psychosis.
- Serious anxiety based disorders e.g. OCD and panic disorder.
- A family history of serious mental illness.
- Mothers under the age of 18 if significant perinatal mental illness dominates their presentation and they are likely to be the baby's principal carer. In these circumstances the assessment, treatment and management of a young mother should be undertaken in collaboration with CAMHS and Social Services.

The Teams will:

- Monitor, support and provide care for mothers discharged from mother and baby units
- Undertake routine, urgent and emergency clinical assessments of patients in a variety of locations including the patient's own home, maternity and psychiatric units

- Monitor the mental health of patients who have been assessed as being at risk of developing a serious mental illness and assist in the development of proactive management plans.
- Undertake needs and risk assessment of women and their infants and develop individualised programmes of care.
- Provide consultation, supervision and information to primary care, maternity and psychiatric services, offering advice on the management and treatment of perinatal psychiatric disorders.
- Offer advice on the use of medication during pregnancy and following childbirth and monitoring patients' progress on drug regimes.
- Provide a range of medical, psychological and social interventions in the management of perinatal mental disorders

During pregnancy and the postpartum period, women will be in routine contact with a variety of health professionals including GPs, health visitors and midwives and some women may also require additional input from obstetric services.

Women who have pre-existing mental health disorders may also be under the care of a general adult mental health team

Women who develop a first onset serious acute mental illness may be seen by Adult Mental Health Services. Women may also be in contact with Social Services, Child and Adolescent Mental Health Services and other services who are involved in their care or the care of their children.

In order to ensure that women with perinatal mental illness receive proper care and treatment in a timely manner, systems should be in place so that primary care, maternity and adult mental health services are able to obtain advice and information from Specialised Perinatal Community Psychiatric Teams on when and how to refer women to the service.

This includes:

- A Clinical Pathway and Priority Pathway, together with guidelines for the management of new onset (acute) postnatal mental illness, criteria and guidance on how to make a referral, together with any associated documentation
- A Training and Education programme for non-specialist health professionals (see Appendix 4)
- A perinatal psychiatric liaison consultation service to primary care, maternity, mental health and other involved services. The main function of this service is to advise and assist in the identification, assessment and treatment/management of pregnant and postpartum women with a current or previous serious mental illness and to promote early planning, intervention and treatment.

Referral processes

Specialised Perinatal Community Psychiatric Teams should accept referrals from primary care, adult mental health and maternity services.

The service should provide telephone advice and guidance to referrers and information about the philosophies and activities of the service, including referral criteria and care pathways/management guidelines.

Referrals should only be accepted by a clinician in the service. (refer to clinical pathways Appendix 2.1. and 2.2)

If Perinatal referrals are made to other Adult Psychiatric Services, such as single point of access, crisis teams and community mental health services, they should be discussed with the specialised service as soon as possible and decisions made about their further care.

Response times and prioritisation

Referrals will be managed by the service according to the following criteria:

Emergencies

- A member of the clinical Team should be available to discuss emergency referrals and plan a response during working hours.
- During working hours, the Team undertakes an assessment within 4 hours of receiving the referral unless otherwise negotiated with the referrer or the patient.
- Out of hours emergencies will be assessed by the adult psychiatric emergency service (i.e. crisis teams) in line with the Priority Care Pathway (see Appendix 2.2) they will be discussed with the specialised team the next working day.
- Requests for emergency admissions to a mother and baby unit out of hours will be discussed with a senior clinician from the mother and baby unit.
- Women in late pregnancy or the postpartum year should not be separated from their babies or admitted to an adult psychiatric unit unless there are specified reasons to do so.

Urgent

- During working hours the Team responds to the referrer by telephone the same day and undertakes an assessment within 2 working days.

Non-Urgent

- All accepted referrals are offered an appointment within 7 working days of the service receiving the referral.
- All accepted referrals are assessed within 4 weeks of the service receiving the referral unless the woman is pregnant when an assessment at a specific point in the pregnancy may be considered more appropriate.

Assessments should be conducted in the community, at hospital in scheduled or emergency out-patient clinics, or as required.

Discharge processes from specialised inpatient services

Specialised Perinatal Community Psychiatric Teams support women and their families in the transition and adjustment from an in-patient stay on a Mother and Baby Unit to restored family life in the community.

Discharge planning together with the community team should begin as soon as possible after admission or after the initial assessment has been completed. This includes decisions about any continuing care needs that the woman and her family may have following discharge from in-patient care, and should meet the following criteria:

- Pre-discharge planning involves the community perinatal mental health team, health visitor, GP and if appropriate social services, as well as the care coordinator, patient and key family members.
- All key professionals receive copies of the discharge plan including details of when the patient will next be seen, who by and contact details in the case of an emergency.
- Following discharge from inpatient services, women are seen by a member of Perinatal Service

3.3 Population covered

The catchment area covered by Specialised Perinatal Community Psychiatric Teams will be

the East Midlands region, which is equivalent in its scope to the administrative area covered by NHS England in the East Midlands.

Population, number of live births, expected number of referrals and expected number of admissions for each of the regional counties are shown in Appendix 1

Specialised Perinatal Community Psychiatric Teams will cover the following health care trusts:

- Five Mental Health Provider Trusts:

Nottinghamshire, Lincolnshire, Derbyshire, Leicestershire, Northamptonshire

- Nine Acute (Maternity) Provider Trusts

Nottingham University Hospitals (Queen's Medical Centre, Nottingham City Hospital), Sherwood Forest Hospitals (King's Mill Hospital), Bassetlaw General Hospital, United Lincolnshire Hospitals (Lincolnshire General Hospital, Pilgrim Hospital, Grantham and District Hospital), Derby Hospitals Foundation Trust (Derby General Hospital), Chesterfield and North Derbyshire Royal Hospital, University Hospitals of Leicester (Leicester General Hospital, Leicester Royal Infirmary, St. Mary's, Melton), Northamptonshire General Hospital, Kettering General Hospital.

3.4 Any acceptance and exclusion criteria and thresholds

Women should not be referred to Specialised Perinatal Community Psychiatric Teams who are known substance misusers unless they are also suffering from, or there is, a suspected/potential serious/complex mental illness.

3.5 Interdependence with other services/providers

During pregnancy and the postpartum period, women will be in routine contact with a variety of health professionals including GPs, health visitors and midwives and some women may also require additional input from obstetric services. Women who have pre-existing mental health disorders may also be under the care of a general adult mental health team, and women who develop a first onset serious acute mental illness may be seen by Adult Mental Health Services. Women may also be in contact with Social Services, Child and Adolescent Mental Health Services and other services who are involved in their care or the care of their children.

In order to ensure that women with perinatal mental illness receive proper care and treatment in a timely manner, Specialised Perinatal Community Psychiatric Teams will provide advice and information on when and how to refer women to the service. They will liaise with and co-ordinate input to other providers as determined by clinical need.

4. Applicable Service Standards

4.1 Applicable national standards (eg NICE)

Services should update to meet any relevant changes in the standards and deliver best practice

NICE: Guidelines on Antenatal and Postnatal Mental Health 2007 (2013)
NHS England National Service Specification for Perinatal Mental Health Services 2013

4.2 Applicable standards set out in Guidance and/or issued by a competent body (eg Royal Colleges)

RCOG Guidelines on Management of Women with Mental Health Issues during pregnancy and the postnatal period (Good Practice No 14) 2011
RCPsych Perinatal Mental Health Services Council Report CR88 2000 (2013 revision)

RCPsych Quality Network for Perinatal Mental Health Services Accreditation Standards Mother and Baby Units
Peer Appraisal Standards for Community Perinatal Mental Health Teams
Joint Commissioning Panel Guidance for Commissioners of Perinatal Mental Health Services

All Specialised Perinatal teams should be members of the RCPsych CCQI Quality Network for Perinatal Mental Health Services and adhere to their standards. They should participate in annual appraisal of their own and other national services and provide evidence of responding to issues raised.

4.3 Applicable local standards

The service and its clinical staff should belong to the NHS East Midlands Perinatal Clinical Network (SCN) and participate in quality improvement and reducing unwarranted variation in care.

5. Applicable quality requirements and CQUIN goals

5.1 Applicable quality requirements

Refer to appendix 4 for training / education / audit activities

5.2 Applicable CQUIN goals (See Schedule 4 Part E)

CQUIN to be established once service is embedded.

Current services to have CQUIN to be developed and agreed with local commissioning group.

5.3 Response times (KPI's)

- Patient Reported Outcome Measures
- Patient questionnaire (satisfaction and feedback)
- Time to assessment - Priority Care Pathway
  - non-urgent referrals
- Service response (implementation) to RCPsych CCQI annual appraisal.

The Provider's Premises are located at:

In order to ensure that women's needs can be effectively met at a local level, a specialised perinatal community psychiatric team is located in each County/Mental Health Trust (Nottinghamshire, Derbyshire, Lincolnshire, Leicestershire, Northamptonshire).

At present, specialised perinatal community psychiatric teams that meet the minimum standards have been established in Nottinghamshire and Southern Derbyshire. Partially developed teams are in place in Lincolnshire and Leicestershire. Currently there are no teams in Northamptonshire or North Derbyshire.

7. Individual Service User Placement

Not applicable

Appendices

1 Population and expected referral data

2 2.1a Antenatal Care Pathway

2.1b Postnatal Care Pathway

2.1c Management Algorithm

2.2 Priority Care Pathway

3 Quality Network for Perinatal Mental Health Services - (CCQI) Standards web link:

http://www.rcpsych.ac.uk/workinpsychiatry/qualityimprovement/qualityandaccreditation/perinatal/perinatalqualitynetwork.aspx

4 Teaching and Audit

4.1 Training and Audit

4.2 Audit

5 NHS England Service Specification Perinatal Mental Health Services 2013/14

6 References