

Integrated Commissioning Committee

Agenda Item Number: 5.6

Date: 28th August 2019

REPORT TITLE:	Parent Infant Mental Health Service business case
REPORT AUTHOR:	Julie Boardman - Consultant Child Psychotherapist (NWBH) Angela Greslow - Business Development Lead (NWBH)
PRESENTED BY:	Julie Crossley - Director of Commissioning and Transformation (WBCCG)
RECOMMENDATIONS/ DECISION REQUIRED:	<ol style="list-style-type: none">1) The Mental Health Programme Board recommends the ICC receive and approve the business case.2) The Mental Health Programme Board request approval to progress implementation of the service with oversight provided by the Mental Health Board and Healthier Wigan Partnership.

EXECUTIVE SUMMARY:

Introduction

The attached business case is for a Parent Infant Mental Health Service (PIMHS) which is a key component of the boroughs plan to transform specialist mental health support for parents and infants.

Background

GM has identified parent infant mental health as one of the key transformation priorities and a whole system transformation programme is underway. The programme focuses on enriching the provision in universal services including maternity, health visiting and children's service by building on three key mental health elements. These are:

- GM Perinatal Community Mental Health Team (PCMHT)
- Parent Infant Mental Health Teams – one in each locality
- Perinatal Infant IAPT – enhancing IAPT services to meet the needs of parents in the pregnancy to 2 years of age period

Plans have been progressing in Wigan to develop a Parent Infant Mental Health team in line with the GM Service Specification. A child psychotherapist has been commissioned to lead the team, and she has led on the development of the business case for the service.

Governance

The business case has been approved by the Wigan Borough Future in Mind Group, and by Councillor Keith Cunliffe on behalf of the Wigan Borough Mental Health Programme Board.

The benefits of the service

- The service will raise the awareness of the importance of the parent-infant relationship by offering training, support and consultation to professionals and liaising with professionals and services in the community to promote the importance of parent infant relationship.
- The PIMHS will also offer a clinical service to families where there are concerns with the parent-infant relationship which needs specific attention and specialist therapeutic intervention.
- The real benefits of a parent infant mental health service will be seen in the longer term, as the infants grow up. In particular, we will see an increase in the number of children who are school ready.

The funding for the service is identified in the CCG's Mental Health Investment plan.

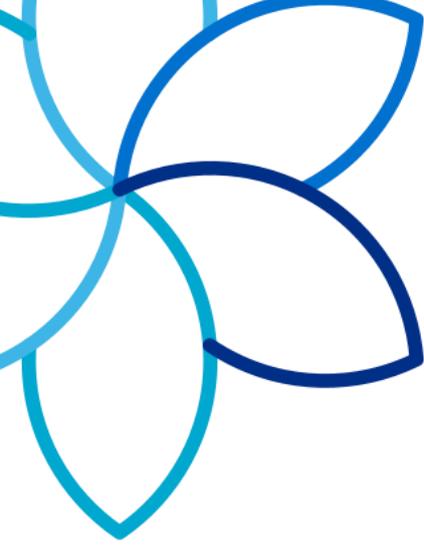
Recommendations

- 1) The Mental Health Programme Board recommends the ICC receive and approve the business case.
- 2) The Mental Health Programme Board request approval to progress implementation of the service with oversight provided by the Mental Health Board and Healthier Wigan Partnership

FURTHER ACTION REQUIRED:

As above

EQUALITY AND DIVERSITY: Confirmed that any changes to service or procedure introduced as a result of this report do not impact adversely on any of the protected groups covered by the Equality Act 2010.



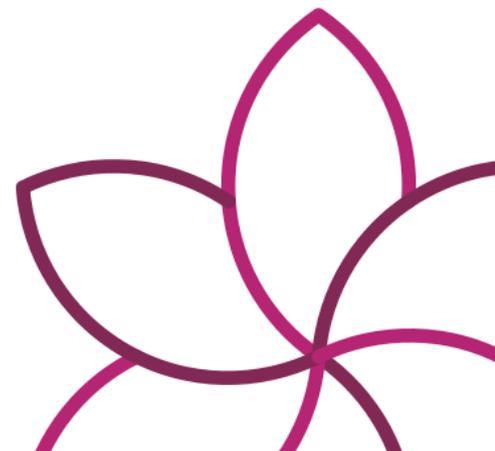
North West
Boroughs Healthcare
NHS Foundation Trust

Business Case

Parent Infant Mental Health Service
Wigan

15th August 2019

Supporting our communities to **live life well**



Document Control Page

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Version Number:	Final Updated following CCG Feedback

To be Completed by Business Development Team

Date of Bid Consideration Forum:	4th July 2019
Director Approval:	Lee McMenamy Director of Operations and Integration
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EXECUTIVE SUMMARY

NHS Wigan Clinical Commissioning Group (CCG) has identified the gaps within the provision of specialist mental health support for parents and infants in the Wigan Borough. The CCG intend to commission an early intervention service for parents and infants and provide additional mental health investment which they are committed to allocating to PIMHS services.

This business case sets out the rationale for additional investment from the CCG to introduce and establish a new service for Parent-Infant Mental Health within the Wigan Borough. The proposed service is an early intervention service which will focus on promotion, prevention, the development of the local workforce and treatment. This service is the only service to work with both main carer and infant and to work with families during pregnancy up to the age of 3 years of age, and across the spectrum of low to high (red flag) mental health conditions.

The service raises awareness of the importance of the parent-infant relationship by offering training, support and consultation to professionals and liaising with professionals and services in the community to promote the importance of parent-infant relationship. The PIMHS will also offer a clinical service to families where there are concerns with the parent-infant relationship which needs specific attention and specialist therapeutic intervention.

Two options are presented in this business case, with option 2 being the preferred model to invest in introducing a Parent-Infant Mental Health Service in Wigan.

NHS Wigan Clinical Commissioning Group is recommended to approve this Business Case for additional funding of **£228,729** in 2019/20 and for **£322,132** in 2020/21 recurrently to enable the Parent Infant Mental Health Service provision to be established and provided for the Borough of Wigan.

1. PURPOSE

The proposed Business Case provides a rationale for additional investment to introduce a Parent Infant Mental Health Service (PIMHS) within Wigan Borough.

The proposed service is an early intervention service which will focus on promotion, prevention, the development of the local workforce and treatment which will include health visiting, midwives and local authority teams. This service is the only service to work with both main carer and the infant, working with families during pregnancy up to the age of 3 years of age, and across the spectrum of low to high (red flag) mental health conditions.

2. INTRODUCTION

2.1 Background

North West Boroughs Healthcare NHS Foundation Trust (NWBH) is a specialist Trust providing treatment, support and guidance for a wide range of health issues. These include physical and mental ill-health issues and learning disabilities for people of all ages living in the boroughs of Wigan, Bolton, Greater Manchester, Halton, Knowsley, St Helens, Sefton and Warrington. We offer services in community clinics, day care centres; health justice system and in-patient care for people with mental ill-health.

The Trust currently provides Parent Infant Mental Health Teams within Halton, Warrington and Knowsley providing highly specialist early attachment services. The aim is to ensure all families in Halton, Warrington and Knowsley are given the necessary level of support to promote secure attachment relationships during the critical perinatal period. The outcomes being improved mental health in babies and parents.

Perinatal mental health problems are those which occur during pregnancy or in the first year following the birth of a child. Perinatal mental illness affects up to 20% of women, and covers a wide range of conditions. If left untreated, it can have significant and long lasting effects on the woman and her family. Perinatal mental health problems can also have long-standing effects on children's emotional, social and cognitive development.

A recent scoping exercise and stakeholder analysis was undertaken by Julie Boardman, Consultant Child and Adolescent Psychotherapist in Wigan to understand the requirements for a parent-infant mental health service, and to identify the gaps that need to be addressed in order to implement a parent-infant mental health service.

Within in the Wigan Child and Adolescent Mental Health Service (CAMHS) there are many older children and adolescents with entrenched relationship and emotional and mental health difficulties that have originated from early attachment issues. With the right kind of early intervention and support to have developed secure parent-infant attachments, these may have been avoided. Importantly, neuroscientific evidence

confirms the connections in the brain are created at one million per second and it's the earliest experiences that shape an infant's development and the impact on lifelong learning, mental health and emotional wellbeing. It is through the nurturing and caring experience within the parent-infant relationship which enables the infant to experience and re-experience healthy relationships. Developing these neuro pathways enables the developing infant to relate to other people, manage and develop healthy responses to stress and become emotionally, mentally and healthy adults.

2.2 Demographics

The health and wellbeing of children in Wigan is worse than England, with levels of deprivation in Wigan being higher than the England average. In 2014 the level was 20.5% with an average of 12,000 children living in poverty.

A recent audit undertaken of a psychiatrists caseload based in Wigan identified 20% of births in Wigan have mental health needs – this is at the **highest** point on the national average.

The number of live births delivered at the Royal Albert Edward Hospital NHS Trust, Wigan, is approximately 3,500 deliveries a year. In addition, the maternity service at the Trust provides antenatal and postnatal care to women who live in the Wigan area, but who have chosen to deliver at other local hospitals, particularly Bolton Hospitals NHS Trust, but also, St Mary's Hospital in Manchester, St Helens and Knowsley Hospitals NHS Trust and Liverpool Women's Hospital NHS Trust. The latest data published for the number of live births in Wigan in 2016 was 3558..

Therefore, this business case has been written to provide a parent-infant mental health service to meet 20% of live births for Wigan, equating to 728 referrals per annum.

3. STRATEGIC CONTEXT

3.1 National Context

In 2017 NHS England published an invitation to submit an application for funding to support a new perinatal mental health community service across England. This forms part of a phased five-year transformation programme to enable delivery of key ambitions to build capacity and capability in specialist perinatal mental health services across England. This supports delivery of the objective in the *Mental Health Five Year Forward View* that, by 2020/21, there will be increased access to specialist perinatal mental health support in all areas in England, in the community or in-patient mother and baby units (MBUs), allowing at least an additional 30,000 women each year to receive evidence-based treatment, closer to home, when they need it.

The Maternal Mental Health Alliance (MMHA) advises Perinatal mental illnesses are a major public health issue that must be taken seriously. If untreated, these illnesses can have a devastating impact on women and their families. They are one of the leading causes of death for mothers during pregnancy and the year after birth. Between 10% and 20% of women develop a mental illness during pregnancy or

within the first year after having a baby. Examples of these illnesses include antenatal and postnatal depression, obsessive compulsive disorder, post-traumatic stress disorder (PTSD) and postpartum psychosis. These conditions often develop suddenly and range from mild to extremely severe, requiring different kinds of care or treatment. The good news is that, with the right help, women can recover from these illnesses. There is widespread agreement about what services are needed for women affected by perinatal mental illnesses, and, in some parts of the UK, women receive world-class care. However, in many areas perinatal mental illness goes unrecognised, undiagnosed and untreated, leading to avoidable suffering for women and their families.

Health cites – *“Perinatal mental health problems carry a total economic and social long-term cost to society of about £8.1 billion for each one-year cohort of births in the UK”*. The report is part of the Maternal Mental Health Alliance's 'Everyone's Business' campaign, which calls on national Government and local health commissioners to ensure all women throughout the United Kingdom who experience perinatal mental health problems, receive the care they and their families need, wherever and whenever they need it.

Everyone's Business Campaign advises:

“More than 1 in 10 women develop a mental illness during pregnancy or within the first year after having a baby. If untreated, these perinatal mental illnesses can have a devastating impact on the women affected and their families. In the United Kingdom, mental illness in pregnant and postnatal women often goes unrecognized, undiagnosed and untreated”. The Campaign calls for all women throughout the United Kingdom who experience perinatal mental health problems to receive the care they and their families need, wherever and whenever they need it”.

To make sure women receive the perinatal mental health care they need, we must ensure the following:

Accountability for perinatal mental health care is clearly set at a national level and complied with.

Community specialist perinatal mental health services meeting national quality standards are available for women in every area of the United Kingdom.

Training in perinatal mental health is delivered to all professionals involved in the care of women during pregnancy and the first year after birth.

The 1001 Critical Days manifesto (Appendix 1) highlights the importance of intervening early in the 1001 critical days between conception to age 2 to enhance the outcomes for children which advises:

- At-risk families, or those experiencing difficulties, should be able to access evidence-based services which promote parent-infant interaction, for example video interaction guidance and parent infant psychotherapy, delivered by qualified professionals;

- A range of services must be in place in every local area to ensure that women who are at risk or suffering from mental health problems are given appropriate support at the earliest opportunity.
- NICE Guidelines recommends that every woman with a history of past or present serious mental illness should have access to a Consultant Perinatal Psychiatrist and specialist perinatal psychological care for mother and baby must be followed.
- There should be increased evaluation of services in the first 1001 days, to prove their effectiveness, including a scientific evaluation (Randomised Control Trial) of parent-infant psychotherapy, as a key intervention for insecure or disorganised attachment.

Since 2014 NHS England has recommended Newborn Behavioural Observation (NBO) and Neonatal Behavioural Assessment Scale (NBAS) for all health visitors working with babies in the first three months of life (*Hawthorne 2015*).

'Future in Mind' recommends placing the emphasis on *prevention and early intervention, delivering a joined up approach and sustaining a culture of evidence-based improvement*.

NHS England has committed within the Five Year forward View for Mental Health for Children and Young People's Mental Health by 2020/21, that there will be a significant expansion in access to high-quality mental health care for children and young people. There will be improved outcomes for children and young people who will require a joint-agency approach, including action to intervene early and build resilience as well as improving access to high-quality evidence-based treatment for children and young people, their families and carers.

3.2 Regional Context

Recently a wider project has been undertaken by Greater Manchester and Eastern Cheshire Strategic Clinical Networks (EC SCN) to identify strengths, weaknesses and any gaps in perinatal mental health service provision in Greater Manchester which included a scoping of Greater Manchester Perinatal and Parent-Infant Services Providing Care for Pregnant and Postnatal Women with Mental Health Difficulties and their Families producing the Perinatal Mental Health Scoping Report 2018.

Key recommendations and findings included:

- Every area should develop and commission a clearly defined PNMH/PIMH pathway, ensuring that all providers of care for PNMH problems are participating, all levels of service provision are covered and the severity of mental health problems is included (Joint Commissioning Panel for Mental Health, 2012; Royal College of Psychiatrists, 2015; Howard et. al, 2014). Strategic commissioning of PNMH and PIMH pathways varies widely across localities from well-engrained pathways to earlier, developmental stages.

However, it was noted all localities intend to implement a strategy where one does not currently exist.

- All services in the perinatal pathway should be involved in the development of the pathway and training programme, and continuously work closely together to enable service users receive appropriate, timely and seamless support (1001 Critical Days, 2015; Royal College of Obstetricians and Gynaecologists, 2011).
- Among the best referral pathways across Greater Manchester are the localities who either hold a range of healthcare professionals within the same building, or hold regular multidisciplinary meetings. This allows professionals to maintain strong connections between services, have a clear understanding of the referral pathway, skill-share, opportunities for informal consultation, and discuss cases and potential referrals at regular opportunities.
- It is important that all healthcare professionals working with the client group are familiar with the pathway including its referral routes and available services (Royal College of Psychiatrists, 2015; IAPT, 2013).
- All services within the pathway, including GPs and other primary care staff, need to be made familiar with the PNMH pathway including its referral routes.
- Every woman with a history of past or present serious mental illness should have access to a Consultant Perinatal Psychiatrist.
- All services across the pathway should explicitly support and enhance the quality of the parent's relationship with their babies.
- All vulnerable families should be able to access interventions delivered by specialist trained professionals that promote the parent-infant relationship.
- All services should assess, involve and support the needs of the partners, family members and carers of a woman with PNMH problems to enhance social support network for that woman and her infant.

3.3 Local Context

In Wigan we have high ambitions and a clear vision for our children, young people and families. We want them to feel safe and to care about their health, education and employment. We also want them to be confident and resilient individuals who are connected to their community and are able to make an effective contribution as responsible citizens.

To deliver this approach in children's services in line with the agreed principles of public service reform, and to ensure that our services are sustainable and resilient between now and 2020, we recognised that we needed to change the way we deliver services to children. This was the catalyst for the development of the Deal for Children and Young People in 2015.

The Wigan Locality Plan was approved by the Wigan Health and Well Being Board in June 2015 and refreshed in June 2017. This is a joint plan to enable fundamental reform of the health and care system across the Wigan borough with a commitment by 2020 to deliver a transformed sustainable health and care system. A fundamental enabler of the plan is the development of a Local Care Organisation (LCO), where commissioners and providers work collaboratively to deliver a set of ambitious population outcomes.

To deliver these changes Healthier Wigan Partnership (HWP) has been established as a partnership of health and social care providers working together to develop an integrated approach to health and social care for the borough. HWP mission is to create a joined up health and care system that best meets the needs of the people of Wigan, working together to help people live healthy, happy and fulfilled lives.

As part of the wider Wigan HWP Plan health and care organisations have committed to developing place based integrating working across Seven Service Delivery Footprints to enhance the health and wellbeing offer in the place where people live. This is being achieved through multi-agency collaborative working which include Primary Care, Mental Health, Health and Social Care, Housing and Greater Manchester Police public and voluntary sector services.

3.4 Thrive

Parent Infant Mental Health

Greater Manchester has identified parent infant mental health as one of the key transformation priorities and a whole system transformation programme is underway. The programme focuses on enriching the provision in universal services including maternity, health visiting and children's service by building on three key mental health elements. These are:

- Greater Manchester Perinatal Community Mental Health Team (PCMHT)
- Parent Infant Mental Health Teams – one in each locality
- Perinatal Infant IAPT – enhancing IAPT services to meet the needs of parents in the pregnancy to 2 years of age period

The Greater Manchester Perinatal Community MH Team (PCMHT) became operational in Wigan in January 2019.

The local psychological therapy services have all developed plans to become compliant with the GM perinatal infant IAPT standards implementing the 'Babies can't wait' protocol. This will ensure that priority access to services will be given to parents in the perinatal period and adaptation to therapy sessions to facilitate easier access.

NHS Wigan Clinical Commissioning Group has identified the gaps within the provision of specialist mental health support for parents and infants. The CCG intend to commission an early intervention service for parents and infants and provide additional mental health investment which they are committed to allocating to PIMHS services.

Research shows that 66% of children in the population will develop a good enough parent infant relationship. In comparison, this falls to around 33% in disadvantaged populations. Estimates suggest that around 15-19% of children will have very poor parent-infant relationships.

Perinatal mental health problems refer to those that occur during pregnancy or in the first year following the birth of a child. Perinatal mental illness affects up to 20% of women, and covers a wide range of conditions. If left untreated, it can have significant and long lasting effects on the woman and her family. Perinatal mental health problems can also have long-standing effects on children's emotional, social and cognitive development.

Infant mental health is the developing capacity of the child from birth to 3 to: Experience, regulate and express emotions; form close interpersonal relationships and explore the environment and learn all in the context of family, community and mental health expectations for young children.

The proposed business case is to bridge the gap and introduce a commissioned Parent-Infant Mental Health Service for the Borough of Wigan, working with parents from pregnancy and the infant up to 3 years. Demand and capacity has taken place utilising the above national guidance that is 20% of live births will be expected to be referred to the PIMHS therefore 702 families per year. The service and pathway will be based on the Thrive Framework (see appendix 2).

4. FINDINGS OF SCOPING EXERCISE AND STAKEHOLDER ANALYSIS

In order to inform this business case, a local scoping exercise and stakeholder analysis was undertaken. A series of workshops have been established in to run throughout 2019 by Wigan Council to develop integrated pathways between health and social care. The first workshop was held in April 2019 and focussed on the pre-birth pathway. The themes from this workshop are summarised below:

Theme 1: Community Maternity Services in Wigan

This service:

- Can identify possible mental health difficulties in women
- Has a link to IAPT, Family Welfare and the Mother and Baby Unit
- Is able to refer to a Consultant Psychiatrist with specialist interest
- Would like to see provision in place for support to Fathers/ carer
- Has a named obstetrician, perinatal psychiatrist and midwifery lead

However:

- There is **no** specific service funded for women in the perinatal period for midwives to refer to
- Midwives have had limited access to formal mental health training for perinatal mental health or supervision

- Midwives have often ended their involvement with the woman by the time they are seen which can impact on engagement with the service
- Community midwife caseload is an average of between 50-80 women with moderate to high risk perinatal mental health
- The work of this service is during pregnancy and postnatally. At 28 days post birth the service legally have to hand over to Health Visitor
- The perinatal pathway in Wigan is unclear.

Theme 2: Specialist Perinatal Mental Health

- There are no trained staff within the current IAPT service or in Wigan Family Welfare, in perinatal mental health, or with a focus on the parent–infant relationship
- Time scales for a referral to be seen have previously been reported to be for the IAPT service 1 week and the Family Welfare Service 3 months. The latter service is home based
- Psychiatrist is supported by midwifery and obstetric team - not supported to provide perinatal mental health provision by the Trust
- Many families experience early relationship problems where the mother does not have a mental health problem or mothers mental health does not meet the criteria of perinatal mental health services
- Recently Wigan CAMHS referred two teenage mother cases to the Perinatal Service both presenting low in mood and one where the mother handed her baby to the Father out of concern as to the impact her mental health will have on her 9 month old baby. Both have been declined due to the low mood being present prior to the birth of their baby.

Theme 3: Mental Health Liaison Service (formally known as RAID)

- Maternity wards will refer women into the Mental Health Liaison Service if they are concerned either during labour or in the postnatal period. This service also receives perinatal referrals from gynecology and A&E to see pregnant women
- The service supports women while under maternity care in hospital only
- The service has access to a clinical psychologist from the adult mental health team but no direct interventions are provided
- Women are usually referred into IAPT, secondary care or to the Mother and Baby Unit in Wythenshawe
- Staff within the service are offered a half day perinatal training from the North East Perinatal Service, however this does not cover Wigan area. Supervision is offered by team lead and psychiatrist
- High work load in secondary services means there can be a delay when a woman with perinatal mental health problems is referred.

Theme 4: Improving Access to Psychological Therapies

- The IAPT service has no written perinatal mental health pathway in Wigan
- There is an informal agreement to prioritize women in the perinatal period. The service will ask if a women is in the perinatal period at time of referral

- The team consists of a Consultant Clinical psychologist and 2 senior clinical psychologists who govern the IAPT pathway and provide supervision and training to IAPT staff
- High Intensity Therapist provides 1 hour per week to link perinatal services and offers training to health visitors, inclusive of midwives and other services on anxiety depression and IAPT pathway
- Perinatal referrals are mainly from psychiatrist via self-referral or midwives and GP's
- Acceptance is based upon GP postcode

Theme 5: Family Nurse Partnership

- The average number of cases is 75 cases per annum per worker. This service is commissioned by Wigan Council
- The FNP work with parents aged 24 and under from early pregnancy until child is aged 2
- The FNP receive reflective supervision currently facilitated by a family therapist from Wigan CAMHS

Theme 6: Health Visitors

- NICE guidance for postnatal care states that assessment for emotional attachment should be carried out at each postnatal contact and home visits should be used as an opportunity to promote mother – infant attachment /relationship
- Health visitors in Wigan have begun to access specialist training from Greater Manchester

Theme 7: Voluntary Sector Services

- HomeStart and Dad's Matter are currently trying to develop services in the Wigan area.

Theme 8: Babies Can't Wait Initiative

- To be made available across the Greater Manchester area.

In summary, the findings from the scoping exercise identify there is currently no parent-infant mental health service in Wigan.

Due the fragmented and very limited provision for parent-infant mental health services in Wigan, an outcome from the April workshop was to establish a multi-agency Parent-Infant Mental Health Steering Group to start establishing key links across the number of services and to start developing seamless pathways. The group includes representation from:

- PIMH service locality lead
- Adult MH
- IAPT

- Maternity
- Health Visiting
- Children’s social care
- GP representation
- Startwell Services
- Voluntary Children Sectors
- Children’s Centres
- Family Nurse Partnership

Start Well Re-design

Start Well is the integrated local authority place based early intervention service in Wigan Borough. In safeguarding terminology it delivers tier 2 and 3 early help and empowers partners who deliver tier 1 early help. Start Well’s remit is to improve school readiness, public health outcomes, reduce demand on statutory services and support young people to live healthy independent lives.

In early 2017 a further phase of the development of Start Well required a redesign of the statutory functions currently delivered by Health Visitors and Schools Nurses and move towards a more integrated and efficient Start Well Delivery Model that can drive an improvement in outcomes for families and reduce demand on public services, which we continue to progress.

Start Well provide services for families who need an additional level of support from both the Family Nurse Partnership Programme and the Integrated Health Service Team.

Following a review the Local Authority, North West Boroughs and Greater Manchester became aware that not all families are eligible for these services or were able to access them, identifying a gap in provision for pregnant women at risk of having a child removed. Resulting in families experiencing a delay in accessing specialist provision.

The development and implementation and sustainability of the PIMHS is interdependent on the collaborative working between Local Authority, Health and Voluntary Sector.

5. DEMAND AND CAPACITY

Based on Stockport / Tameside model 20% of live births – therefore 3,510 live births per annum for Wigan would equate to approximately 702 referrals. Based on an average of 4 additional interventions per referral the total demand level would be 3,510, there is sufficient capacity within the proposed staffing model to meet this demand.

Referrals	Per Referral	Demand
Initial assessment / Consultant	1	702

Interventions	4	2802
Total Demand	5	3,510

Clinical Staff	Capacity
Social Worker	331
Mental Health Practitioner	662
Psychotherapists / Psychologists	1,987
Clinical Team Manager	330
Peer Support Worker	198
Total Capacity	3,510 interventions

6. OPTIONS APPRAISAL

6.1 Option 1: Do Nothing – No Parent-Infant Mental Health Service

Currently, Wigan has no Parent Infant Mental Health Service provision available for mothers, fathers, babies, children and families of Wigan. This is not in keeping with national or regional guidelines and will be detrimental to our families.

Option 1 therefore, has been is discounted.

6.2 Option 2: Additional Investment to establish a Parent-Infant Mental Health Service

North West Boroughs Healthcare NHS Foundation Trust proposes to introduce within Wigan a Parent Infant Mental Health Service in-line with the Greater Manchester Standards (Appendix 3).

The proposed service is underpinned by a psychoanalytic model and multiagency working. The locality lead Consultant Child and Adolescent Psychotherapist has worked closely with commissioners and stakeholders to adopt the good practice from Healthy Minds Tameside and Glossop and Stockport Parent-Infant Mental Health Service and the Trust's Baby Attachment Bonding Services (Knowsley and Halton).

The proposed Wigan Parent-Infant Mental Health Service will work closely across agencies and with many professionals both within the statutory and voluntary sector e.g. health visitors, midwives and early years staff across Wigan. It is recognised, that no one service is able to meet the all of the complex needs of parent-infant mental health and therefore it is important integrated pathways are established.

This proposed model is embedded within an integrated pathway and will be accessed in line with the Thrive model of care. The service delivery of this model will enable **many** to access the knowledge and skills of a small specialist service through the provision of advice, consultation and specialist training.

6.2.1 Aims of the Service

A fundamental principle of the model is to provide consultation, clinical supervision and training across agencies and professionals in statutory and voluntary sectors.

The supervision and consultation can be delivered either individually and group based and the training provided will also incorporate a 'train the trainer' model enabling specialist training to be provided.

The aims of the Wigan Parent-Infant Mental Health Service will be to:

- To manage any distress in the infant and mother which can seriously interfere with the adjustment to motherhood;
- Enhance parental sensitivity and increase understanding of the importance of reciprocity, the 'dance' of communication between the infant and parent;
- Improve maternal self-esteem, and enhance relationships within the family;
- Improved mood and self-esteem may go some way towards decreasing the number of maternal suicides, in the first six months following delivery;
- Prevent child mental health problems which might arise if parent is not attuned to the child's communications;
- Provide space for new parents to become more aware of their own emotional needs and be able to develop resilience;
- To provide a space for new parents to reflect on the emotional impact of becoming a parent;
- Opportunities to think about effective maternal sensitivity and understanding of their infants emotional experiences;
- Provide space to think about how their own emotional or mental health difficulties might impact on them, their infant and the relationship between them;
- Promote secure attachment, good quality relationships providing a basis for future self-control and cognitive development of the infant;
- Focus on improving attunement - parents who lack the ability to attune sensitively to a baby's needs, place the baby at risk of insecure attachment and, therefore, poor social and emotional development;

- Improve liaison between Health (midwives and health visitors) and Child and Adolescent Mental Health Services (CAMHS) and Adult Mental Health Services;
- Support collaborative work between agencies
- Facilitate access to appropriate services

6.2.2 Clinical Approach

Wigan Parent-Infant Mental Health Service will include a multi-disciplinary team of fully qualified, experienced Child and Adolescent Psychotherapists, Psychologists, Mental Health Practitioners, Social Worker, Peer Support, clinical team management and admin to deliver parent-infant psychotherapy using a tailored model to parent-infant couples.

The screening referral routes will dovetail with current health visitor's practice. PIMHs will also work closely with Greater Manchester Specialist Perinatal Mental Health Community Service receiving appropriate referrals.

During assessment a number of sessions will be offered with either video interaction guidance using psychoanalytic concepts, or face to face parent infant psychotherapy and group work. A needs-led approach will be used, working across the Tiers consistent with a shift to a 'no-tiered' THRIVE model by working in collaboration with universal services, health visitors, midwives, GPs, adult mental health services and safeguarding.

In addition, we will offer NBAS (Neonatal Behavioural Assessment Scale) for babies up to 8 weeks old. In addition to these assessments Child and Adolescent Psychotherapists will be able to undertake an Internal World Assessment where the focus is on how the infant perceives the world around them and how this affects their perception of being related to and what they are able to access.

From the point of referral and assessment integrated working in collaboration with other professionals will take place resulting in increased confidence and self-esteem in the parent in her capacity to hold her baby in mind, develop greater attunement and sensitivity to the care needs of her baby resulting in an increase in reflective capacity and the quality of nurture and experience of the mother-infant dyad for the baby.

6.2.3 Clinical Model

The clinical model of Wigan Parent-Infant Mental Health Service is underpinned by a psychoanalytic framework of thinking, the role of skilled observations, an in-depth and specialist understanding of attachment, trauma and child development research.

This is an early intervention, prevention and treatment service which will facilitate healthy emotional wellbeing of the infant and the parental relationship. The other aspect of the clinical model incorporates specialist clinical training, specialist clinical supervision, specialist clinical consultation that is available across multiagency and for multi-disciplinary professionals. This is a small specialist team that will be

embedded and integrated within the service delivery footprints and place based working will achieve access to many vulnerable families.

6.2.4 Inclusion Criteria

The inclusion criterion for the service is broad working from the point of pregnancy and up to the age of 3 years. The service involvement can be indirect via the consultation supervision model or direct from specific referrals. Concerns can be expressed and evident during pregnancy a known determining factor to the future quality of attachment to the infant.

Below are the tools and scores required to meet the PIMHS referral criteria following understanding there are parental or professional worries about bonding with baby which have triggered the referral:

- Ideally refer in first 8 weeks, but will accept up to 6 months;
- PHQ9 score of 10 to 14
- GAD-7 score of 8 plus
- EPDS score of 12 and above is mild to moderate depression / anxiety
- NBO or NBAS (New-born Behavioural Observation / Assessment) Scale Details
- Karitane

6.2.5 Referrals

Families will be referred into the service where there are concerns about the difficulties in their early relationship. Parent-Infant Mental Health Service referrals will be received mainly from Wigan midwives and health visitors, GP's, community specialist perinatal mental health service and colleagues from non-statutory agencies where concerns are held. All referrers will complete the Parent-Infant Mental Health Service referral form.

It is expected PIMHS will see 702 babies / families per year, providing on average 8 contacts / interventions per family. Each family will be clinically reviewed at the weekly MDT meeting.

The referral process is:

- Referrer completes referral form and faxes or emails from to PIMHS via secure email / fax;
- PIMHS screen referrals;
- Contact referrer by telephone and letter either accepting or declining referral;
- If yes, contact parent to offer initial consultation (within 7 days)

6.2.6 Proposed Care Pathway

The proposed care pathway will be:

- Initial consultation (this could be an intervention in itself or could lead to further assessment / interventions);
- Assessment – NBAS; Internal World Assessment;
- Interventions (video interaction guidance); NBAS; Internal World Assessment; Parent Infant Psychotherapy; Individual / Group Work.
- Professional consultation / supervision with other stakeholders i.e. health visitors / midwives. Consultation can be accessed either face to face or telephone.

The Parent-Infant Mental Health Service interventions available will be dependent on the training and skill mix of the team but can include a number of interventions with variation in the number of sessions offered the parent – infant dyad i.e. mellow parenting groups up to 14, circle of security 8-10 session, wait watch wonder intervention 18 sessions, parent – infant psychotherapy no fixed number, under 5's working model. Based upon demand and capacity figures on average it is anticipated of 8 sessions per family (including initial consultation and group work if appropriate).

6.2.7 Proposed Workforce

The recently published Rare Jewels report from PIPUK (June 2019) has referred to the Greater Manchester Parent-Infant Mental Health Service suggested work force model based on a population of 280,000 which equates to a birth rate of 3,300 and is roughly the size of an average local authority. Based on this and in line with the demand and capacity modelling undertaken (section 5), the proposed workforce for the Wigan Parent-Infant Mental Health Service is detailed below. Additionally, we welcome future opportunity for joint funded posts in particular the social worker role.

The social worker post would work as a specialist practitioner leading on and developing a high needs pathway for vulnerable families, with a specific focus on supporting families who have had previous children removed with a focus on preventing subsequent removals. This is an opportunity to work collaboratively with Local Authority and embed PIMHS.

Specialty	Band	WTE
Consultant Child Psychotherapist	8c	0.40
Senior Child Psychotherapist	8b	0.60
Child Psychotherapist / Psychologist	8a	2.00
Team Manager	7	0.50
Social Worker	7	1.00 / 0.50
Mental Health Practitioner	7	1.00
Peer Support Worker	3	0.40 / 0.20
Administrator	3	1.00 / 0.50
	Total wte	6.9 Y1 – 5.7 Y2

The clinical team will individually work as highly specialist practitioners developing and implementing a community based therapeutic service to parents to be, infants, children and their families with a particular focus on under 3's, early intervention and the prevention of high risk and vulnerable families. They will also provide assessment and treatment of parents, carers and infants and their families grounded in the principles and techniques of psychoanalytic psychotherapy. The training and strategic development aspect of the roles involves acting as a specialist resource, and contributing to multi-agency training of relevant professionals across Wigan.

The Trust Peer Support Worker role has been developed specifically for people who have lived experience of having received care in mental health services. Through sharing wisdom from their own experiences, within the PIMHS service the peer support worker will inspire hope and belief with their service users that they can successfully establish a healthy emotional psychological relationship with their infant and maintain resilience in their own mental health. We envisage the role of the Peer Support Worker will be within a group based befriending service to facilitate engagements with the therapeutic team. The Peer Support Worker will have regular supervision to ensure the maintenance of their own emotional wellbeing and resilience.

6.2.8 Proposed Operational Delivery Model and Estates

The Parent Infant Mental Health Service will be available Monday to Friday 9am to 5pm, 52 weeks per year excluding bank holidays. The Service will be based at Claire House, which is currently under development to become a multi-agency hub to work collaboratively to support Wigan families across the service delivery footprints. The service will offer a flexible approach to families and professionals as and when required offering alternatives times / appointments in the place of where they live. Below is an example of the PIMHS Timetable, this can and will be altered to meet the needs of our service users and service / pathway development:

Monday	Tuesday	Wednesday	Thursday	Friday
Multidisciplinary Team Meeting	Interventions	Initial Consultations / Assessments	Professional External Consultations / Supervision	Professional External Consultations / Supervision
Initial Consultation / Assessments	Interventions	Staff Supervision / Training	Interventions	External training

- ❖ 2 sessions per week to provide initial consultations / assessments
- ❖ 3 sessions per week providing interventions including group work
- ❖ 2 sessions per week providing professional external consultations / supervision
- ❖ 1 session per week staff training and staff supervision
- ❖ 1 session per week providing external training
- ❖ 1 session per week Multi-Disciplinary Team Meeting

The Wigan Parent Infant Mental Health Service will be located on the Ground Floor of Claire House, Ince-in-Makerfield, Wigan. Waiting areas, clinic rooms, group

rooms and treatment rooms are available and fully meet all Health and Safety regulations with disability access.

The Claire House will act as the “hub” and will work across the locality areas of the seven Service Delivery Footprints of Wigan.

Option 2 therefore, is the preferred option as investment for additional staffing will enable the introduction and establishment of a Parent-Infant Mental Health Service for the borough Wigan which in the long term will benefit generations to come.

7. RISKS & MITGATION APPRAISAL

The table below details the benefits and risk for each option as well as the mitigations required against the risks. The table also highlights the key changes for each option.

Options	Risk	Mitigation
Option 1 Do nothing	<ul style="list-style-type: none"> • Poor outcomes for mothers and fathers • Attachment issues • Not addressing parent-infant attachment could affect lifelong relationship difficulties between parent-child. • Insecure attachment places a child at an increased risk of recurrent interpersonal and emotional difficulties • Increase risk of mental health disorder for infant risks to the local community, mothers, fathers, babies, children, families and carers are documented within the business case. Also this will not be in line with National and Regional Standards. • Potential increase in suicide between 6 weeks and a year after birth • Increase in mental health risks to Fathers during the antenatal and postnatal periods and the negative impact this can have on the mother • Increase in fathers suffering from significant depression both pre and postnatally 	<ul style="list-style-type: none"> • Introduction of a Parent-Infant Mental Health Service
Option 2 Provision of Parent Infant Mental Health	Service Delivery Model <ul style="list-style-type: none"> • The service model is based on live births in 2018, however, eligibility criteria is up to the age of 3 years therefore live births in 2016, 2017 and 2018. 	Service Model <ul style="list-style-type: none"> • There may be a deficit of 1423 0-3 years old within the business case. We will however, see all 0-3 year olds referred to service.

Options	Risk	Mitigation
Service Wigan	<ul style="list-style-type: none"> • Future developments of the Parent Infant Mental Health Service as demands increase, change, develop and continuously improve service delivery and development to meet the needs of Wigan Population 	<ul style="list-style-type: none"> • Specialist training with other professionals and stakeholders in the long term would see benefits of reduced numbers being referred to the service. • This will be discussed in contract meetings and development of the service. • The PIMH service needs to be embedded within an integrated system, working across agencies and professions in Wigan. • The newly formed PIMH Steering Group Wigan and the North West Parent Infant Mental Health Group has been developed to ensure and support all PIMHS across the Greater Manchester Region and mitigate risks in service developments.
	<p>Finance</p> <ul style="list-style-type: none"> • Our cost model in in line with GM Workforce Standards (Stockport / Tameside Models). The financial envelope for Year 2 does not reflect the expected demand within the Wigan population. 	<p>Finance</p> <ul style="list-style-type: none"> • The cost envelope for Year 1 is £244K. To deliver the proposed service Year 1 is costed at £229K therefore £15K available. • Discussions will be required with Commissioners in Year 2 to take into account Wigan cost envelope versus expected demand increased.
	<p>Recruitment / Training</p> <ul style="list-style-type: none"> • The recruitment for this workforce may pose a risk to the service go-live date. • Staff will be required to attend training courses which may be a risk to staff availability of rotas. 	<p>Recruitment / Training</p> <ul style="list-style-type: none"> • This is a specialist service, which will attract a lot of interest. We will recruit people with the skills, but will require additional training to be in line with specialist parent infant mental health needs. • A training portfolio is currently being created. • Greater Manchester have a training model in place offering free training which will also provide train the trainer opportunities, which we will facilitate locally

Options	Risk	Mitigation
		going forward across agencies.

8. PERFORMANCE AND ACTIVITY MEASURES

8.1 Outcome Measures

There is an expectation that the outcome measures will be standardised across the Greater Manchester footprint defined by Healthy Minds Tameside and Glossop and Stockport PIMHS. The Local defined outcomes will be identified in the Service Specification. The local outcomes will be defined by clinical, consultancy, training to professionals, training to peer support and supervision.

8.1.1 Quantitative Measures

- Number of referrals
- Number of accepted referrals
- Number of referrals declined
- Number attending initial session
- Number of referrals offered video interaction guidance (and how many sessions)
- Number of referrals offered parent-infant psychotherapy (and how many sessions)
- Number of referrals offered NBAS
- Number of referrals offered Consultation (and how many sessions)
- Parent Infant Relationship Global Assessment Score (PIRGRAS) scores taken before and after
- Number of Internal World Assessment offered
- Number completing interventions

8.1.2 Qualitative Measures

- Early interventions to prevent later problems
- Increased parent confidence in their identity as a parent
- Increased parent sensitivity to their child's communication of feelings
- Service User feedback
- Partner feedback
- Quality of service / pilot data
- Evaluation of sessions held
- Service evaluation – Video semi-structured interviews with some parents before and after
- Parent / Service User Testimonials
- Narrative report from Child and Adolescent Psychotherapists including case study

8.1.3 Outcome Measures

- Routine outcome measure
- PHQ9
- GAD-7
- PIR-GAS
- NBAS (baby)

8.2 Monitoring, Evaluation and Accountability

The impact of the care pathway will be monitored through a number of measures:

Aim	Performance Indicator	Threshold	Method of Measurement	Frequency of Monitoring
Effective multiagency communication and facilitation of access to appropriate support / information for families in all areas of the Thrive model: getting risk support, getting more help, getting help, getting information, thriving.	5 randomly selected care plan audited by PIMH task group (including practitioners from all appropriate services within the pathway) for each of the five thrive areas	N/A	Audit	Annual
Service users satisfaction with ante-and postnatal provision	90% of families satisfied with provision	Survey returns from all areas of the thrive model; no threshold for getting risk support, 5 at getting more help, 10 at getting help/ getting advice and 20 at Thriving	Survey	Every 2 years
Parent Infant Mental Health Pathway Training Delivered	2 sessions delivered annually reaching staff from all sectors on the pathway	Minimum of 40 people attending each event	Audit	Annual

It should be noted that this is a new live working pathway that will develop as services change.

9. FINANCE

This section provides an overview of the finances for each of the options, including the preferred option.

9.1 Option 1: Do nothing

As there is currently no service, there are no costs to provide for this option.

9.2 Option 2: Introduction of the Wigan Parent-Infant Mental Health Service

The additional investment required from NHS Wigan CCG is broken down for Year 1 (2019/20) and for Year 2 (2020/21) in the tables below. Employer pension increase has been included for the Year 2 costs.

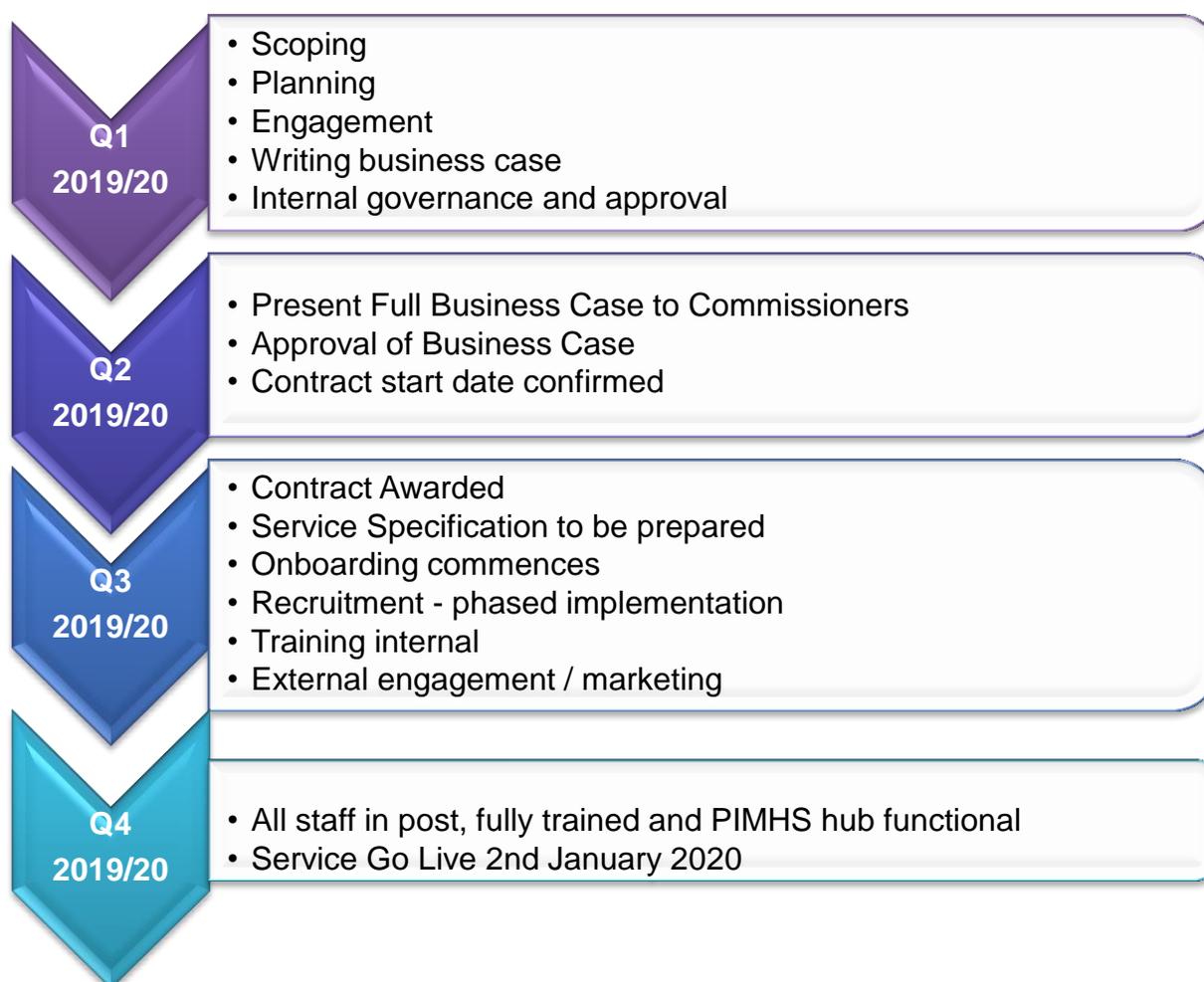
Year 1 Costs – 2019/20

	£
Consultant Child Psychotherapist	19,064
Senior Child Psychotherapist	24,359
Child Psychotherapists / Psychologists	56,581
Clinical Team Manager	14,145
Social Worker	28,290
Mental Health Practitioner	28,290
Peer Support Worker	6,248
Administrator	13,372
Indirect Costs i.e. Travel, general non-pay, comms / marketing, overheads	24,380
Set Up Costs	14,000
Total Costs	228,729

Year 2 Costs 2020/21

	£
Consultant Child Psychotherapist	34,969
Senior Child Psychotherapist	44,682
Child Psychotherapist / Psychologists	97,965
Clinical Team Manager	25,946
Social Worker	21,667
Mental Health Practitioner	43,334
Peer Support Worker	5,530
Administrator	12,264
Indirect Costs i.e. travel, general non-pay, overheads	35,775
Total Costs	£322,132

10. IMPLEMENTATION TIMELINE



11. RECOMMENDATION

NHS Wigan Clinical Commissioning Group is recommended to approve the Business Case for additional funding of **£228,729** in 2019/20 and for **£322,132** in 2020/21 to enable the Parent Infant Mental Health Service provision to be established and provided for the Borough of Wigan.

We recommend close liaison and consultation with Commissioners to direct service delivery, be responsive to local need and inform the continuous development of a highly specialised Parent Infant Mental Health Service to reach vulnerable parents and babies in the first six months following delivery.

12. APPENDICES

Appendix Number	Title of Document	Embedded Document/ Hyperlink
1	1.The 1001 Critical Days Manifesto (2013)	www.1001criticaldays.co.uk
2	Thrive framework	 Greater Manchester THRIVE.docx
3	GM standards PIMHS	 Standards GM IAPT v4.docx
4	Five Year forward view for mental health for Children and young people's mental health by 2020/21	www.england.nhs.uk