

**COMMISSIONING COMMITTEE
AGENDA ITEM NO**

Item for Decision/**Assurance**/Information (Please underline and bold)

Report of:	Becky Bibby Assistant Director – Early Years and School Readiness
Date of Paper:	10.11.21
Subject:	Perinatal & Parent Infant Mental Health update
In case of query Please contact:	Emily Edwards Emily.edwards@salford.gov.uk
Strategic Priorities:	Please tick which strategic priorities the paper relates to:
X	Quality of Care
X	Population Health and Prevention
X	Integrated Community Based Care and Long-Term Conditions
	Transforming Hospital Care
X	Mental Health and Learning Disabilities
	Enabling Transformation
Purpose of Paper:	
To provide an update and assurance on the progress of Salford's Perinatal Infant Mental Health (PIMH) programme development and implementation.	

Further explanatory information required

<p>HOW WILL THIS BENEFIT THE HEALTH AND WELL BEING OF SALFORD RESIDENTS OR THE CLINICAL COMMISSIONING GROUP?</p>	<p>Improved co-ordination and support for expectant and new parents with infants aged 0-2, with attachment and / or mental health difficulties.</p>
<p>WHAT RISKS MAY ARISE AS A RESULT OF THIS PAPER? HOW CAN THEY BE MITIGATED?</p>	<p>Challenges associated with complex integration programmes involving multiple stakeholders.</p>
<p>WHAT EQUALITY-RELATED RISKS MAY ARISE AS A RESULT OF THIS PAPER? HOW WILL THESE BE MITIGATED?</p>	<p>n/a</p>
<p>DOES THIS PAPER HELP ADDRESS ANY EXISTING HIGH OR EXTREME RISKS FACING THE ORGANISATION? IF SO WHAT ARE THEY AND HOW DOES THIS PAPER REDUCE THEM?</p>	<p>Salford's PIMH offer is being aligned and embedded as part of the wider neighbourhood offer and meaning the implementation of the programme has taken longer. However, it is now making good progress towards developing and implementing an integrated approach, and this is overseen and supported by a PIMH Implementation Group, with Executive Leads for Children's and Adult Commissioning, and the Assistant Director of Early Help and School Readiness.</p>
<p>PLEASE DESCRIBE ANY POSSIBLE CONFLICTS OF INTEREST ASSOCIATED WITH THIS PAPER.</p>	<p>n/a</p>
<p>PLEASE IDENTIFY ANY CURRENT SERVICES OR ROLES THAT MAY BE AFFECTED BY ISSUES WITHIN THIS PAPER:</p>	<p>MFT – Salford CAMHS Homestart & Dad Matters GMMH – Community Mental Health Services Six Degrees - IAPT service 0-19 Services, Health Visiting Midwifery Services Council - Early Help services GPs / Primary Care Other - VCSE sector provision</p>

Footnote:

Members of NHS Salford Clinical Commissioning Group – Commissioning Committee will read all papers thoroughly. Once papers are distributed no amendments are possible.

Document Development

Process	Yes	No	Not Applicable	Comments and Date (i.e. presentation, verbal, actual report)	Outcome
Public Engagement (Please detail the method ie survey, event, consultation)		X		Parent Engagement planned in next phase	
Clinical Engagement (Please detail the method ie survey, event, consultation)	X			Ongoing involvement of Gm Clinical Lead, Salford CAMHS clinicians and GP Clinical Lead input.	
Has 'due regard' been given to Equality Analysis (EA) of any adverse impacts? (Please detail outcomes, including risks and how these will be managed)		X		Inclusion of Dad's	
Legal Advice Sought			X		
Presented to the Commissioning Committee	X			10.11.21	
Presented to the Health and Wellbeing Board		X			
Presented to the Integrated Adult Health and Care Commissioning Joint Committee		X			
Presented to any other groups or committees, including Partnership Groups (Please specify in comments)	X			Verbal updates via the Salford Thrive Partnership and All Age Mental Health Commissioning Strategy Group. Business Cases via SFG	Keeping partners informed and engaged.

Note: Please ensure that it is clear in the comments and date column how and when particular stakeholders were involved in this work and ensure there is clarity in the outcome column showing what the key message or decision was from that group and whether amendments were requested about a particular part of the work.

Update – Salford’s Perinatal Infant Mental Health work programme

1. Executive Summary

This report provides an update and assurance on the progress of Salford’s Perinatal Infant Mental Health (PIMH) programme development and implementation. It also provides an update on the wider GM developments and progress around PIMH.

Information is also included around the key next steps in this work programme.

2. Background

2.1 Salford’s work on developing proposals for an integrate PIMH pathway / offer date back a number of years and resulted in a Business Case which was approved by Service and Finance Group in December 2019. This report doesn’t seek to repeat the earlier report which is embedded below.

2.2 The December 2019 Business Case set out Salford’s plan for delivering on the National and GM expectations for an improved pathway that supports expectant and new parents/families with Infants aged 0-2.

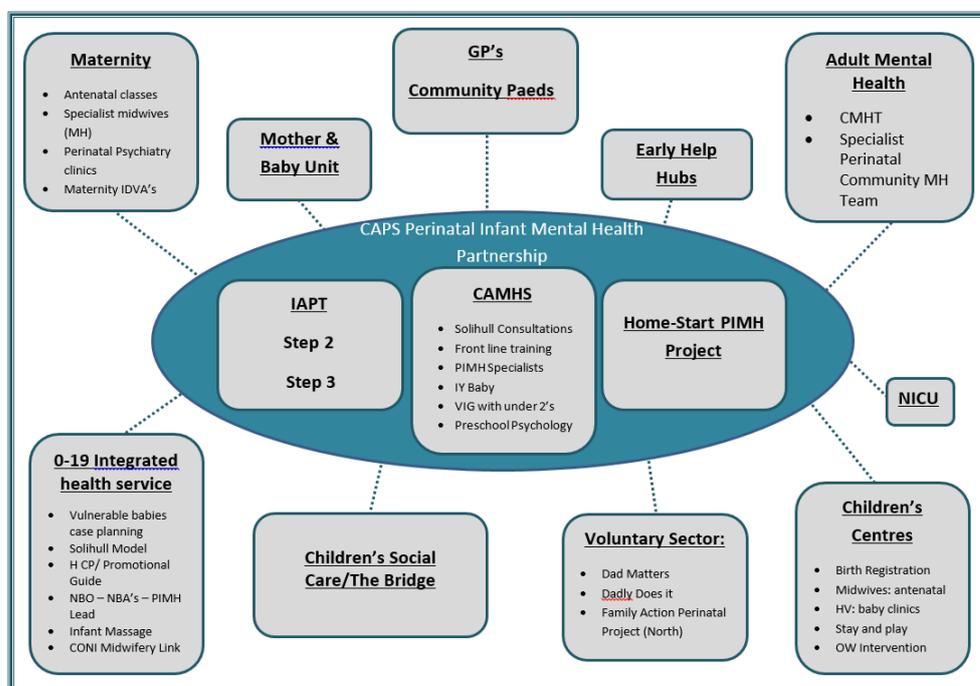
2.3 GM transformation funding has been aligned to support this work as a key priority for investment and growth. Tameside and Glossop is held up as the gold standard and has helped shape the GM strategy and model. The GM work is supported by a GM clinical lead Dr Pauline Lee who was responsible for developing the Tameside model.

2.4 Following a series of workshops held in Salford, an options appraisal was undertaken and the business case made for additional investment into a dedicated small PIMH team, aligned to existing resources / services already in Salford, which would bring together the following services:

- Health Visiting
- Midwifery
- Adult Mental Health Services
- Parent’s / Dad’s support
- Early Help
- Children’s mental health services.

2.5 Manchester’s Child and Parent Services (CAPS), which is an extension to the core CAMHS service, was reviewed as a model of good practice to help shape the proposed PIMH team and Pathway Lead in Salford. CAPS is highlighted by NICE as a model of best practice for Early Years: Social and Emotional Wellbeing. The service is jointly commissioned in Manchester and is well established, identified as delivering effective evidence-based interventions and providing targeted support around attachment working

with parents and Infants under 5. The CAPS model advocates a multi-agency / wider partnership approach as integral to its success and this model has been used to help shape Salford's approach. See the Manchester CAPS partnership model below.



3. Position Statement – PIMH programme update

3.1 Following the approval of the business case, a PIMH implementation group was established to bring Executive leads, commissioners and service managers together across Adult's and Children's services in Salford CCG and Council and Public Health to develop an action plan to support the implementation of the PIMH programme. A copy of the action plan is attached below for reference.



PIMH Implementation
Group Action Plan - 2

3.2 Following initial meetings, and further consultation with the GM Clinical Lead (Dr Pauline Lee) and Manchester Foundation Trust (MFT) CAPS Deputy Service Manager it became apparent that the Salford business case and approved PIMH team model was no longer. The approved team model and funding was deemed too small to meet Salford's needs and wouldn't be compliant with the GM specification. This was checked further against another GM locality (Trafford) which had approved a team equivalent to twice the size of Salford's proposed team.

3.3 The PIMH Implementation Group agreed the need to request increased investment and a revised business case was made via CCG/Council for a scaled-up team aligned to the GM specification and to Trafford's model. A revised PIMH team proposal was approved for funding in July 2021. In summary, the proposed team will now include:

- 0.8 WTE 8B Child Psychologist/psychotherapist & PIMH Pathway Lead (was 0.5)
- An additional 1.0 WTE post is funded for either a Band 7 specialist PIMH practitioner/Child Clinical Psychologist
- 1.0 WTE Band 3 administrator (was 0.5)
- The total costs for this model are £186,143 (Additional cost = £130,503 per annum)

3.4 As part of the original business case in December 2020, recurrent funding was agreed for Homestart to continue delivery as part of the PIMH programme and offer. Homestart has been delivering an enhanced 'Baby Bond' offer in Salford since 2018. This includes a multi-agency partnership model of support for parents with mild to moderate mental health needs and their families (from pregnancy to 2 years), support from specialist PIMH co-ordinator's, co-delivery (with Health Visitor & Clinical Psychologist) of additional 4-day volunteer PIMH training. The service is commissioned to work with 30 families per year and has already supported 28 families this financial year (April – September 2021), with 14 new referrals received over the same period. To date 85 volunteers have received the core Infant Wellbeing and the Role of the Midwife training, and 65 have completed the 4-day PIMH Baby Bond course. Baby Bond was jointly commissioned with Trafford CCG/Council and this has helped to ensure a healthy number of volunteers that can work across both localities.

3.5 Dad Matters is a universal and targeted outreach project that provides dedicated support for Dads with the aim to help dads have successful relationships with their families, and to support dads with anxiety, stress and mental health issues. To date the project has reached out to 300+ dads and received 35 referrals from professionals and has delivered training to 200+ professionals about the important role of dads during the perinatal period. A business case will be written later in the year to make the case for continuation funding for the Salford Dad Matters project, which is currently funded via Salford CCG Innovation Fund, which has been extended up to end March 2022 to allow for this.

3.6 The Perinatal IAPT (Increasing access to Psychological Therapies) provision was agreed and implemented within the part one IAPT business case in 2018. Specific resource relating to Perinatal IAPT included two B7 IAPT therapists located in the Greater Manchester Mental Health (GMMH) Step 3 service. Additional resource (0.25 B8c) was allocated to support IAPT perinatal practice, however this post has not been recruited to. IAPT perinatal standards were addressed and implemented across Step 2 and Step 3 IAPT services. Referrals are monitored via monthly local IAPT data flow. The total perinatal referrals for IAPT in 20/21 were 585. For 2021/22 year to date (April – Sept) referrals are 363 across the pathway.

3.7 Six-weekly meetings have commenced this year with the GM Clinical Lead (Dr Pauline Lee) who is now supporting the programme leads in Salford. The Manchester Foundation Trust (MFT) CAMHS lead will be joining these meetings from November 2021 and will be supporting the programme development and design until the PIMH Pathway Lead is recruited into post. Links have also been established with the new GM Health and Social Care Partnership Lead Commissioner (Steph Fernley).

3.8 A successful wider PIMH Stakeholder Engagement Workshop took place on 11.10.21, with representation across the whole system. The workshop was incredibly positive and helped lay the foundation for future joint work. Please see below the full presentation from the workshop for further details. The key priorities / next steps identified via the workshop include:

- 1) Establish an operational group to start to include the expertise of operational leads
- 2) Recruitment of PIMHS Lead and Team
- 3) Training Needs Audit
- 4) Consultation and engagement with parents/establish a Parent/Carer's Group
- 5) Co-location/Hub to firm up the opportunities
- 6) Consider the need for temporary Project/Programme Management Support
- 7) Consider timescales for establishing the model and capacity to move forward
- 8) Arrange a future Design Workshop
- 9) Review current and future governance aligned to the 1001 days programme.



PIMH Workshop
slides - 11.10.21.pdf

3.9 A PIMH Design Group will be established in November to progress the detailed scoping and planning for an integrated delivery model and PIMH partnership. Key delivery partners that were involved in the Stakeholder Engagement Workshop have been identified and will be invited to support this work going forward. The Design Group will be co-ordinated by The Early Help Service and will involve service leads from the following teams/services:

- Manchester Foundation Trust (MFT) CAMHS
- Adult Community Mental Health and IAPT services (GMMH)
- Midwifery
- 0-19 Service
- Homestart and Dad Matters
- Early Help
- Six Degrees
- Wider VCSE services such as Mind, 42nd Street and Start, with links to be developed via Salford CVS and VOCAL forums

4. Performance

4.1 Currently, only IAPT and Homestart provide performance information as part of their existing contracts. An integrated performance monitoring / outcomes framework will need to be developed over the coming months to enable the capture of activity data and outcomes across the whole PIMH system and integrated service. GM leads will be supporting Salford with this to ensure compliance with national requirements.

5. Risk Assessment

5.1 A draft risk log has been developed by the PIMH Implementation Group and this will continue to be reviewed and monitored. Please see embedded draft risk log under 3.1 above. Following the Stakeholder Engagement Workshop, delivery partners will now be consulted on the action plan and risk log and help to develop these as well as supporting the progress and performance reporting.

5.2 The key risk is of further delay in implementing an Integrated PIMH model, linked primarily with the timescales for recruiting the dedicated PIMH Pathway Lead and team.

It is anticipated that integrated delivery arrangements may only begin in the next financial year (2022-23). A programme timeline is currently in development.

5.3 A further significant risk to the potential delay and/or successful implementation of the vision for an integrated PIMH service/offer, is the identification and securing of appropriate venues for the team/services to be able to meet as a team (an office/delivery hub) and to offer a number of delivery sites that will provide choice and easy access to support within communities /neighbourhoods (spokes). However, a number of potential integrated delivery venues have already been identified as part of the Early Help Service development and creation of a network of 'Family Hubs'. Mapping and planning work has already begun around this and it is envisaged that these hubs will become new delivery sites for the PIMH service offer. A couple of options are also on the table for consideration for a PIMH / Early Help 'Hub'. At this stage, securing delivery sites (based on a hub and spoke model) is not considered to be a significant risk as there is confidence that this model can be achieved. Working with the Design Group and Operational Service leads will help support this work and mitigate this risk.

7. Recommendations

The Children and Young People's Commissioning Committee is asked to note the contents of this report and support the progress made on this important programme to date.

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