

**NOTES FROM MATERNITY MENTAL HEALTH WORKING GROUP
FRIDAY 5TH FEBRUARY 2016
SPODE ROOM HERBERT MINTON BUILDING**

Draft

PRESENT:	Jen Phillips (Chair)	(JP)	Parent
	Bo Hamilton-Cody	(BHC)	Matron, Royal Stoke University Hospital
	Sarah Hawthorne	(SH)	Commissioning Manager, North Staffordshire CCG
	Karen Meadowcroft	(KM)	Head of Midwifery, UHNM
	Simon Cunningham	(SC)	Lead Obstetrician/Consultant
	Christine Cooper	(CC)	Health Visitor Team Leader, SSOTP
	Linda Anderson	(LA)	Health Visitor PM Lead, SSOTP
	Pam Power	(PP)	Family Nurse Supervisor, SSOTP
	Jane Barnes	(JB)	Commissioning Manager, Stoke-on-Trent CCG
	Sarah Moseley	(SM)	Midwife, UHNM
	Geraldine Masson	(GM)	Consultant Obstetrician, UHNM
	Lynn Dudley	(LD)	Quality and Risk Manager, UHNM
	Jane Aiken	(JA)	Mental Health Midwife, UHNM
	Teresa McGougan	(TM)	Clinical Quality Lead, North Staffordshire CCG & Stoke-on-Trent CCG
	Paula Wilman	(PW)	Commissioner, Stoke-on-Trent City Council
	Mandy Stenson	(MS)	Named Midwife for Safeguarding, UHNM
	Guy Calcott	(GC)	Registrar (obstetrics) UHNM
	Jen Phillips	(JP)	Chair North Staffordshire/Stoke MSLC
	Sharon King	(SK)	Lead Commissioning Manager, Services, North Staffordshire CCG & Stoke-on-Trent CCG
APOLOGIES:	Fidelma O'Mahoney		
	Kate Sutcliffe		
	Andy Rogers		
	Ron Daly		

No	Item	Action
1.	Apologies: as above	
2.	<p>Purpose</p> <p>Purpose of the maternal mental health task group is to scope prenatal, antenatal and postnatal pathway in terms of the pathway for women with existing and/or pregnancy related mental health issues with a view to identifying what works well and where there are gaps.</p> <p>The time limited task and finish group will identify key actions in the short term that will have a positive impact on the outcomes of women and their babies.</p> <p>All recognised that the pathway extends beyond postnatal period but that this will be the focus for this piece of work. We will need to ensure alignment with wider work of Children and YP Strategic Partnership and wider children's workforce.</p>	

<p>2.</p>	<p>Key Points & Actions</p> <p>Outcomes for mothers directly influence family outcomes. Adult mental health need to look at the wider support services. There are women with existing mental health issues and women who develop mental health issues as a result of pregnancy. No information on when funding will be available for maternal mental health linked to parity of esteem.</p> <p>Scoping exercise</p> <p>Preconception advice is ad hoc. There may be issues if women stop medication without seeing advice. NICE recommends the reduction in medication, but to keep the woman safe. GPs general do not feel confident advising these women.</p> <p>No access to perinatal psychiatrist. After 20 weeks have advice to perinatal nursing service but the criteria is tight.</p> <p>IAPT service in Staffordshire referral - assessment in 14 days. In Stoke On Trent there is access to Healthy Minds and this is a generic service.</p> <p>Maternity experience website- improving women's experience of the service. JP to share link.</p> <p>Birth afterthought service to deal with birth related phobia/MH issues.</p> <p>MSLC Sheffield looking at maternal mental health. JP to share link.</p> <p>JP discussed important in partners in supporting women's mental health</p> <p>Mother and baby day unit - not clear who is the responsible commissioner and what is commissioned. JB to identify commissioner and share specification.</p> <p>Gaps/areas for development</p> <p>Is there defined preconception advice and support for women from their Mental Health Service and GPs. Would GP education support GPs in advising?.</p> <p>IAPT - would we want a dedicated service across North Staffordshire and Stoke? .</p> <p>No access to perinatal psychiatrist pre 20 weeks</p> <p>No opportunity for Joint clinic between psychiatrist and maternity</p> <p>If under the care of current mental health service can't refer until 30 weeks to perinatal unit – is this the right pathway?</p> <p>ACTION</p> <p>JB to find out if pre-conception advice is routinely give to women who potentially will become pregnant who have existing mental health problems</p> <p>SK to circulate template on what is offered from various services (based on UHNM work completed).</p> <p>GM/SC to pull together a small group to review best practice pathway to identify specific gaps with a view to developing provision</p>	<p></p> <p>JP</p> <p>JP</p> <p>JB</p> <p></p> <p>SK</p> <p></p> <p>JB</p> <p>SK/JA</p> <p>SK</p>
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	<p>All to identify any funding opportunities as they arise e.g. parity of esteem monies , RAID etc. Adult mental health RAID PW to link with PP regarding training/support for FNP teams. JP to share Peterborough/Cambridge work. SK to link with Medicines Optimisation Teams with a view to providing support/guidance to GPs in terms of prescribing for pregnant women with existing MH problems Explore if offer of Healthy Minds can be more bespoke Follow-up Evaluation of IAPT Confirmation if the unit can be accessed by under 18s</p>	<p>All PW/PP JP SK JB SH PW</p>
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ASCG & STCCG EDS evidence May 2010