

Minutes of Meeting

Parent-Infant Mental Health and Wellbeing Steering Group

2 November 2017

Present:

Andrew Sjurseth- WCC, Charles Barlow – WCC, Susan Drewitt – CWPT, Eleanor Cappell – C&R CCG, Harbir Nagra – CCC, Kate Sahota – WCC, Kirstie McKenzie-McHarg – SWFT, Monika Rozanski – WCC, Paula Mawson (Chair) – WCC, Sophy Forman-Lynch – WCC, Victoria Jones – WCC, Jessica Brooks – Making Space, Emma Adams – SW CCG, Dr Sukhi Dhesi – GP SWCCG, Helen King – WCC, Tracey Beaton – Compass, Samantha Lowry – CWPT, Diane Aldersly – SWFT.

Apologies

Claire Taylor, Anne Allan, Jak Lynch, Jane Fowles, Sue Frossell, Michelle Waterfall, Marina Kitchen, Lisa Lissaman, Christina Walding, Carmel McCalmont, Andrew Smithers, Alison Talbot, Adeola Agbebiyi, Mary Haidar, Sarah Noble and Liz Pfute

1. Purpose of group, background and good practice elsewhere – Paula Mawson

- a. Paula Mawson welcomed all members to the first Parent-Infant Mental Health (PIMH) and Wellbeing Steering Group for Warwickshire & Coventry.
- b. She presented the background and rationale for the steering group and good practice PIMH examples from elsewhere (see slides below).
- c. The title PIMH&W has been chosen, as the term 'perinatal mental health' tends to be associated more specifically with maternal MH and clinical services and does not explicitly reference the dyad or prevention and the promoting wellbeing.
- d. Getting the language right about PIMH&W is crucial. Making Space, as part of their commissioned role, will set up a group network of parents with experience of PIMH issues who will provide input into the steering group and working groups. They will also help co-produce the PIMH&W narrative – with development of a share language for professionals and parents/families
- e. SF-L talked of the need to use behaviour insights approaches to work with parents to 're-frame' the narrative regarding PIMH&W and support services, with the aim of reducing stigma and parental fear at disclosing mental health issues. She asked HK if this might be something that could be considered for inclusion within the PH/Cov Uni contract work plan for 2018/9.
- f. Kate Sahota shared recent HAPI school data: Of the children in secondary schools who had experiences anxiety, depression or other mental health issues, 25 – 30% came from households with a history of mental health issues in the household. In some areas of the county this was as high as 50%.
- g. The group acknowledged the importance and value of the Perinatal MH service in helping to address needs. However, the service is stretched: the latest data shows 118 referrals in a month (August). Most (86) came from the South of the county, where service has been longer established. Sue Drewitt explained this service is for more severe cases (because of PMHT threshold), therefore, the figures (and unmet needs) for the less severe cases will be far higher. Need will be higher in the North of county than current referrals demonstrate, but there was a shared view that mental health issues are sometimes hidden within a more complex parent/family picture. Also, the recent consultation into the remodelling of its offer to children and families found that the varied lexicon used by parents in North to describe MH may mean they are less easily identified as needing MH support.

See slides 1 – 13 attached for PM's presentation

2. Picture and context

2.1 Harbir Nagra and Monika Rozanski presented a picture of PIMH&W needs and support gaps in Coventry and in Warwickshire (see slides). Whilst the landscape differs in terms of services in both areas, it was recognised that Coventry and Warwickshire have useful learning to share and that there is a value (and economies of scale for workforce development) in having a joint PIMH&W steering group.

See slides 14 – 33 attached for MR's presentation

See slides 34 – 46 attached for HN's presentation

2.2 Eleanor Cappell presented the current picture for mental health commissioning and services

See slides 46 – 54 attached for EC's presentation

- a. Mental health matters helpline – free phone service 24/7. There was a discussion about promoting this, particularly with groups who wouldn't know. The service is confidential and holds information about the caller that stops them from having to explain each time they call.
- b. The PMHT has been working closely with local IAPT to enhance their PMH knowledge and skills. KMck informed the group NHS England has funded the recording of PMH teaching which is taking place at the end of November in London. This teaching will then be available for local IAPT workers, as modules within a training programme. Funding has also been made available for six IAPT workers to spend 0.2wte in the perinatal team for six months, in order to increase their knowledge and skills.
- c. KMck says IAPT will now fast track perinatal mothers and fathers. However, historically there has been no requirement to record whether people accessing IAPT are expectant or new parents. The client would need to divulge this information voluntarily, and there is a view that men (in particular) may be less likely to see the relevance of saying they are an expectant or new parent. Conversations are taking place with Helen Stephenson to see how this information can be captured in the future.
- d. RELATE and IAPT have worked together to take forward a programme of staff training to strengthen mental health support for couples who experience relationship issues combined with mental health distress.
- e. PMHT has very recently established a service user forum which is considering how best to offer peer support. Andy.S briefed on the new CAMHS service (titled: Emotional Wellbeing & MH Service for CYP) across Coventry and Warwickshire. It is shifting towards early intervention, prevention and integrated working. The service will extend support to CYP up to 24 yrs of age, so it will need to look at meeting the PIMH&W needs of young parents. CAMHS has also established a 0-2 pathway.

3. Warwickshire Parent-Infant Mental Health and Wellbeing workshop

- a. Sophy Forman-Lynch presented finding and key recommendations from the above workshop, held on 23 May 2017.

See 'Steps on a Page' sheet attached

- b. Whilst this list of recommendations relate to Warwickshire, there was agreement that they were also pertinent to Coventry. All the

recommendations were agreed by the group as being relevant and appropriate, and will need to be considered for inclusion with a future (joint) PIMH&W strategic action plan. It was noted in relation to the recommendation: *'Increase universal group-based antenatal opportunities to learn about being a parent and growing their own peer support network'*, that the Coventry public health team is currently leading work on the development of a parenting strategy and framework of support. There is also likely to be a similar work stream to review Warwickshire's parent support framework, linked to the introduction of children & family Centres (family hubs).

- c. SF-L presented the current Mums & Babies in Mind (MABIM) mapping findings and scores for Warwickshire (see slide 7 of below presentation). Not all stakeholders have responded. However, with combined current responses the **overall score for Warwickshire is 2**. (Note: a similar MABIM mapping exercise had not taken place in Coventry at the time of the meeting).

MABIM scoring key:

0 = None of this is true in my area.

1 = One or two of these things are true in some areas.

2 = A few of these things are true.

3 = We are doing many of these things but we don't know if they are working.

4 = We are doing many of these things and are confident in the quality.

5 = We are doing all of these things well.

See slides 55 – 63 for SFL's presentation

4. Plans for the next 6 months

- a. It was agreed that over the next 6 months preliminary work would be undertaken which would feed into the development of a PIMH&W strategic action plan for Coventry and Warwickshire.
- b. Two possible working groups were proposed by SF-L: (a) a network and communication working group and (b) an insights working group. These were debated by the group, as it was felt that work to examine the PIMH pathway and service should begin sooner. As a result the following working groups were agreed:

Working Group 1: Pathway and Services – to be jointly chaired by PMHT and Warwickshire Health Visiting Service (Coventry Health Visiting Service to be actively involved). Pathway is so long that it needs more than one group to complete the task, hence the joint lead. This group will also cover (a) workforce development needs assessment (from prevention to tier 3 – 4) and (b) examining the evidence for cost effective dyadic attachment training. Public Health agreed to be a member of this working group.

Working Group 2: Building Networks – chaired by Public Health

Working Group 3: Marketing and communications (including recommendations for co-development of a portal/digital platform) – chair TBC

Working Group 4: Insights Working Group - and data capture considerations. Lead by Public Health

- c. In relation to WG 1, Mary Haidar (Coventry HV Service) and midwifery also needs to be linked up with the group. The latter cadre are key as they are at the start of the parental journey.
- d. SF-L to chase missing stakeholders and pursue completion of Warks MABIM mapping, for use within the Pathways and Services working group.
- e. Charles Barlow pointed out that said the MABIM scoring suggested a low level of engagement with the voluntary and community sector, which is a potential issue given that many of the agencies delivering services to improve parent-infant mental health and wellbeing sit within the VCS. There needs to be work done to improve relationships and engagement with VCS on this agenda, accepting that there is stigma in some cultures/faiths towards mental ill-health, the importance of engaging with faith organisations shouldn't be overlooked. Early conversations have taken place with WCC's equality support provider, EQUIP, around assisting the steering group in engaging with faith groups, although it isn't clear at this stage if EQUIP should attend steering group meetings or be part of one of the working groups. Some clarity on this would be helpful. He stressed that there are many assets within the CVS and communities and that they needs to be part of these groups.
- f. Some concerns raised that Making Space may have difficulty getting involvement from harder to reach parents. Therefore, important to engage groups such as
 - i. Inter-faith network (Coventry)
 - ii. Equip (Warwickshire).

5. Steering Group Governance and TOR

- a. Andrew Sjurseth suggested that the steering group should make links with the Transforming Care Partnership (TCP) which seeks to improve outcomes for children with ASD and LD, and which has identified parental mental health and attachment issues in the early years as a precursor for poor mental health in young people with ASD.
- b. Monika Rozanski pointed out that the Local Maternity Services (LMS) Plan includes PIMH&W within it, and that there would be other strategic plans that also included, or needed to include PIMH&W considerations. This steering group, and its membership, should act as advocates for PIMH&W, so this agenda is integrated, as far as possible, within all relevant strategic forums. This role needs to be made explicit within the PIMH&W Steering Group's TOR.
- c. Whilst having some of its own actions, the PIMH&W steering group needs to ensure the group's future PIMH&W strategic action plan captures and display all the PIMH&W actions that might sit within other strategic plans, and be the responsibility of other forums to drive forward.
- d. KirstieMcKenzie-McHarg urged that the group needs a mandate from key strategic groups so that they recognised the PIMH&W Steering Group – ie. not up for debate. Paula and Sophy to prepare a short briefing note and liaise with relevant boards to seek mandate for the group
- e. The group needs to badge itself within the Health and Wellbeing Board concordat. Helen King to take the TOR and rationale of the group to the Warwickshire H&W Board.
- f. Vic Jones advised that IDS should be represented within the PIMH&W steering group membership (Zoe Harwood)
- g. Paula Mawson asked how often the group should meet? It was agreed:
 - i. Quarterly for PIMH&W Steering Group, dropping to 6 month once all the sub-groups/working groups are up and running

- ii. Working groups/sub-groups need to meet more often, at least monthly to begin with.

6. Any other business

- a. Helen King - Local maternity services working group meets next week and she will report to the group on what was discussed in this meeting
- b. Monika Rozanski will feedback to 0–5 redesigning team and children transformation group on the discussions from the meeting
- c. Harbir Nagra will feedback on this meeting to Sue Frossel, Consultant PH Coventry
- d. Jess Brooks shared the ‘Make a Difference’ poster for recruitment of parents into a group network. The group asked for tweaks to be made to the poster to ensure the message is clear (as some confusion as to whether this was a support group rather than a co-production group). Once finalised it will be sent out to all the membership to circulate and display in prime locations.
- e. Jess Brooks requested a slot at the next PIMH&W Steering Group meeting to brief the group on progress in setting up a group network.
- f. It was suggested that Making Space should also linking with Refuges (Diana Aldersley to assist) in order to reach parents with PIMH&W linked to DV.
- g. Anne Allan via Eleanor Cappel alerted the group to DadPad <https://thedadpad.co.uk/>. This is a 32pg wipe clean resource, targeting new dads (£10). This could be a possibility for piloting.

Action log

ACTION	OWNER	DEADLINE
Conversation with Becky Hale	PM + AS	March 2018
Identify which members and other stakeholders will sit on the ‘Pathway and Services’ working group	JA/KMcK/DA	End Nov
Initiate Pathway and Services working group	KMcK & DA	Jan 2018
Confirm chairs and membership for all other agreed working groups	SFL & PM	Dec 2017
Initiate remaining working groups	TBC (Chairs)	Feb 2018
Seek mandate for the PIMH&W Steering Group from all key strategic forums in Warks and Coventry	PM & HK	March 2018
Prepare a short briefing paper for the above purpose (i.e. to seek mandate from relevant Boards)	PK/SF-L	By Dec 2017
The group needs to badge itself within the Health and Wellbeing Board concordat.	HK & PM SF & HN	March 2018
Complete Warks MABIM mapping	SFL	End Dec 2017
Complete Coventry MABIM mapping	HN	TBC
To drive forward discussions with CWPT regarding PIMH&W needs and support for young parents within the new Emotional Wellbeing & MH Service for CYP service	AS	December 2017
Edit, finalise and circulate Making Space’s recruitment poster	JB, SFL, PM	13 Nov 2017
Arrange a series of dates for next PIMH&W Steering Group meeting	JA	End Nov 2017

