Scottish Government (SG)
Perinatal and Infant Mental Health Programme Board (PNIMH-PB)

Regional approaches to service provision

Briefing paper 1 – Community Perinatal Mental Health Services

1. Overview
2. Background
3. Regional posts described in Delivering Effective Services
   3.1. Guidance on regional leadership and clinical roles
      - Guidance on regional leadership roles (level 1)
      - Guidance on regional clinical roles (level 2)
4. Guidance on governance arrangements

1 Overview

This paper provides guidance for boards in relation to Delivering Effective Services (DES) recommendations on regional approaches to specialist community perinatal mental health service provision.
The paper aims to:

- outline the roles and responsibilities of posts with a regional remit described in DES
- assist boards to meet the standard that women and their infants have access to specialist perinatal mental health provision wherever they live in Scotland, through additional regional support where required
- provide guidance on governance arrangements

Work is being done at a national level on support for regional planning. This paper is intended to provide guidance in advance of broader arrangements.

2 Background

Delivering Effective Services (DES) Recommendation nine states that 'NHS Boards with very low birth numbers should collaborate through regional structures with neighbouring boards to ensure sessional time from core specialist staff to provide advice and supervision for staff in adult community mental health teams. This may be provided via telemedicine link.'

The DES regional model further recommends that:

- boards should collaborate at regional level to ensure the availability of a consultant psychiatrist and senior mental health nurse with protected time for specialist perinatal mental health, who can provide at least 0.1 Whole Time Equivalent (WTE) for regional specialist advice and supervision for staff working in local adult Community Mental Health Teams (CMHTs)
- boards should consider providing additional resource in order that the psychiatrist and senior nurse can provide direct clinical assessment via telemedicine for women under the care of the local service
- local CMHT staff should have regular update training at a level commensurate with their need to act as the primary specialist

professional, and that training should be supported through regional structures
- boards should also consider collaborating to provide advice and supervision from specialist perinatal mental health midwifery and parent-infant therapists
- larger stand-alone community perinatal mental health teams should provide a leadership role for service development, pathways into care and education through regional structures

3 Regional posts described in Delivering Effective Services (DES)

Posts which should attract additional sessions within the three regional lead boards (recommended in the DES model for the three regional lead boards as 0.1-0.2 WTE depending on the extent of local/regional training roles and leadership of regional networks, and funded through SG/PNIMH-PB in the 2020-21 Delivery Plan at 0.2 WTE) are:

- consultant psychiatrist
- consultant clinical psychologist (Band 8C)
- lead parent-infant therapist (Band 8A-8C)
- nurse consultant (Band 8B) – 1.0 WTE allocated to each of the three regional lead boards (Grampian, Greater Glasgow and Clyde, Lothian) with the posts being described as regional in nature.

In summary, two recommendations derive from Delivering Effective Services as shown in table one:

- regional leadership roles (Level 1): Specific posts, based in the three regional lead board areas (Grampian, Greater Glasgow and Clyde, Lothian) should include a regional element to their role and this should be specifically ringfenced in funding
- regional clinical roles (Level 2): Boards should collaborate, using regional structures in the north, east and west of Scotland, to ensure equity of service delivery. This may include specific contractual arrangements between boards to provide direct clinical care in addition to level 1

3.1 Guidance on regional leadership and clinical roles

Guidance on regional leadership roles (level 1)

The funding already allocated for regional roles is intended to allow those specialists in senior leadership roles to have additional time for education and training of other specialist and non-specialist staff both locally and regionally, working in collaboration with NES, and to provide clinical leadership for the regional network of services in north, west and east of Scotland. For all boards in each region (North, East, West), these posts (lead psychiatrist, lead clinical psychologist, lead parent-infant therapist, nurse consultant) should provide:

- clinical leadership in education and training
- clinical leadership for regional network and regional care pathway development
- informal clinical advice, support and guidance to local staff
- exceptionally, joint clinical assessment for complex cases in support of the local team. It is anticipated that such requests would occur no more frequently than once or twice per year within a region and would largely be restricted to supporting complex decision making on suitability for Mother and Baby Unit admission

Guidance on regional clinical roles (level 2)

Some of the boards have very low birth numbers without stand-alone/dispersed provision (primarily the island boards but potentially extending to other boards adopting a regional model of service provision as shown in table two). For these boards it is recommended that regional nurse consultants provide a regional service to include (where required):

- clinical support and supervision to local staff
- joint clinical assessment for complex cases to support local team decision making, e.g., decisions on need for admission, evaluation of perinatal risk, complex treatment planning (such as management of lithium in pregnancy), evaluation of need for complex psychological interventions, or supporting the assessment of complex mother-infant relationship difficulties in the context of maternal mental disorder.

Professional support and supervision may be required for a small number of nursing staff with specific perinatal roles in local services. This support/supervision may be best provided in a group setting to allow for mutual learning. It is anticipated that this need could be met through monthly online or in person supervision groups, with the possibility for individual supervision on a temporary basis if required.

Joint clinical assessment (with the local team) would be provided on a second opinion basis and overall clinical responsibility for patients would remain with the local service. Such provision may use video conferencing technology/remote working arrangements. The nurse consultant, or other professionals with regional responsibility, would not be in a position to take on clinical responsibility for patients outwith their local board area. It is anticipated that such requests would occur no more frequently than 2.5-5.0 per 1,000 deliveries/year.

It is envisaged that, at most, 0.1-0.2 WTE nurse consultant time would be required to meet the need for clinical support, supervision and assessment. Table two shows that this additional role would only be required for those boards/areas who cannot establish a comprehensive local community perinatal mental health service due to small size / low birth numbers. The majority of boards across Scotland have already established comprehensive community provision. It is anticipated that regional clinical leadership roles would be reflected in Nurse Consultant job plan.

4 Guidance on governance arrangements

Regional leadership roles

These posts, with ring-fenced time for regional leadership responsibilities for education, training, pathway oversight, informal advice and support, and exceptional clinical assessment, would have clinical governance from their own health board.

Regional clinical roles

These posts, in support of island and other very low birth numbers boards, will also retain clinical governance from their own board, which will recognise their regional responsibilities within their overall job plan. Joint clinical assessment provided at regional level would be of a second opinion nature.

Table 1 Levels of service

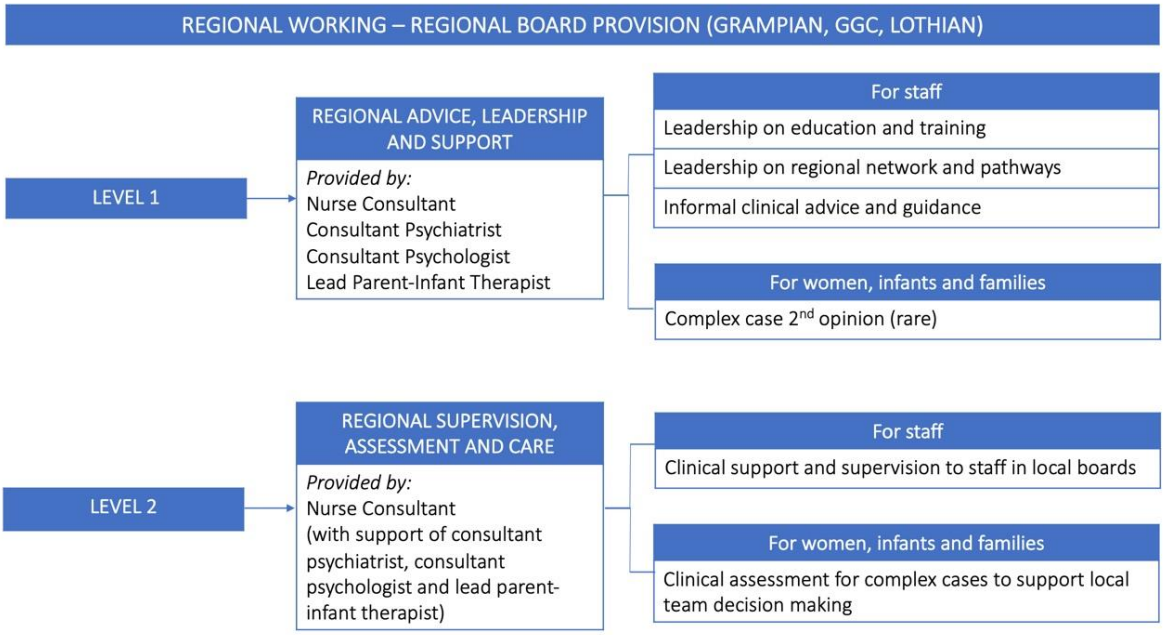

Table 2 Boards in receipt of regional provision

REGIONAL WORKING – REGIONAL LEAD BOARD STAFFING AND RESPONSIBILITIES (GRAMPIAN, GGC, LOTHIAN)		
LEAD BOARD	LEVEL 1	LEVEL 2
Boards providing regional leadership and clinical roles	Boards receiving regional leadership support	Boards receiving regional clinical support (live birth numbers/year)
NHS GRAMPIAN *Nurse Consultant (1WTE)* *Consultant Psychiatrist (0.2WTE)* *Consultant Clinical Psychologist (0.2WTE)* *Parent-infant Lead (VACANT)*	NHS GRAMPIAN NHS HIGHLAND (North Highland) NHS ORKNEY NHS SHETLAND NHS TAYSIDE	NHS ORKNEY (171) NHS SHETLAND (200) Total live births/year 2021 – 371 Anticipated 2nd opinion nos./year – 1-2
NHS GREATER GLASGOW & CLYDE *Nurse Consultant (1WTE)* *Consultant Psychiatrist (0.2WTE)* *Consultant Clinical Psychologist (0.2WTE)* *Parent-infant Lead (0.2WTE)*	NHS AYRSHIRE & ARRAN NHS DUMFRIES & GALLOWAY NHS GREATER GLASGOW & CLYDE NHS HIGHLAND (Argyll & Bute) NHS LANARKSHIRE NHS WESTERN ISLES	NHS D&G (1083) NHS HIGHLAND (Argyll & Bute) (599) NHS WESTERN ISLES (181) Total live births/year 2021 - 1,863 Anticipated 2nd opinion nos./year – 5-10
NHS LOTHIAN *Nurse Consultant (1WTE)* *Consultant Psychiatrist (0.2WTE)* *Consultant Clinical Psychologist (0.2WTE)* *Parent-infant Lead (0.2WTE)*	NHS BORDERS NHS FIFE NHS FORTH VALLEY NHS LOTHIAN	NHS BORDERS (852) Total live births/year 2021 – 852 Anticipated 2nd opinion nos./year – 2-5

Boards requiring regional clinical support (Level 2) will be confirmed in discussions with individual boards.