

Perinatal & Infant  
Mental Health

# Perinatal & Infant

## Mental Health Programme Board

### 2020-2021 Delivery Plan



Scottish Government  
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# Introduction

## from Chair of Perinatal and Infant Mental Health (PNIMH) Programme Board

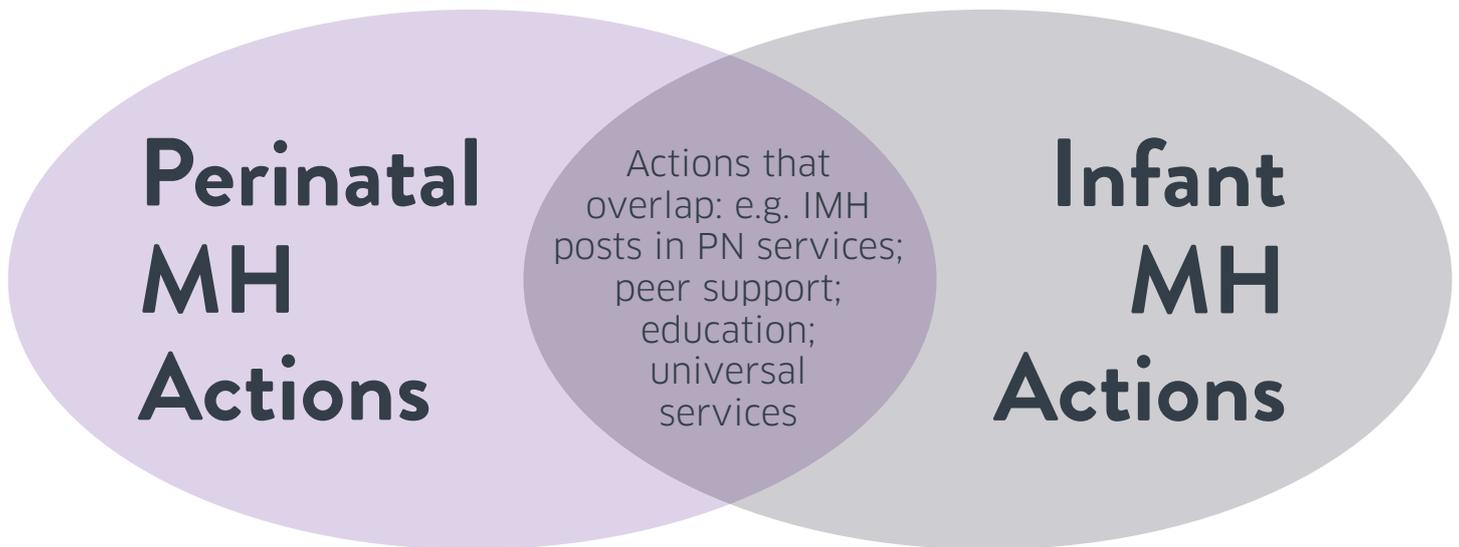
As Chair of the PNIMH programme board, I am delighted to present the delivery plans for perinatal mental health and infant mental health for 2020-21. In this introduction I want to briefly summarise progress and highlight successes; outline the rationale behind two delivery plans, and pay attention to the current context in which we are operating.

In March 2019, the Perinatal and Infant Mental Health Programme Board was launched by the First Minister to oversee, provide strategic leadership and have overall management of the delivery of improved perinatal and infant mental health services. This includes establishing improved provision at national, regional and local level in line with the recommendations in the [Perinatal and Infant Mental Health Managed Clinical Network 'Delivering Effective Services'](#) report published in March 2019. The Programme Board is a strategic delivery board reporting directly to the Minister for Mental Health, via the Mental Health Delivery Board and links closely to the Delivery Board for the Best Start maternity programme and the Children and Young People's Mental Health Programme Board. This commitment is supported by £50 million of investment in perinatal and infant mental health services over the next 4 years. The Board met six times in 2019-20.

One of the most important developments in 2019 was the expansion of the remit of the PNIMH programme board to include the planning and development of all Infant Mental Health (IMH) services (pre-conception to 3 years) to meet the wider needs of families experiencing significant adversity, including infant developmental difficulties, parental substance misuse, domestic abuse and trauma (Programme for Government 2019-20). The Infant Mental Health Implementation and Advisory Group was convened by Dr Anne McFadyen to provide clinical advice and support to inform the development of mental health care for infants from conception to 3 years of age, and oversee the testing and implementation of evidence-based and innovative models for the delivery of these infant mental health services. Its role is to advise and make recommendations to the Programme Board, as services develop, about best use of wider investment and best practice models. The group have developed a first delivery plan for 2020-21 presented in this document.

This broader policy responsibility moved the focus for the Programme Board from IMH only where it interfaced with perinatal issues and services, to a broader remit and scope for all IMH and the IMH delivery plan reflects this. So whilst the perinatal delivery plan still includes some aspects of IMH where they relate to perinatal care, the IMH delivery plan stands on its own. However, we are thoughtful to ensure that these are not seen as two entirely separate plans, hence they are presented together here.

Figure 1 - Interface of perinatal and infant mental health delivery plans



## Where we are now: the 1st PNIMH Programme Board Delivery Plan 2019-20

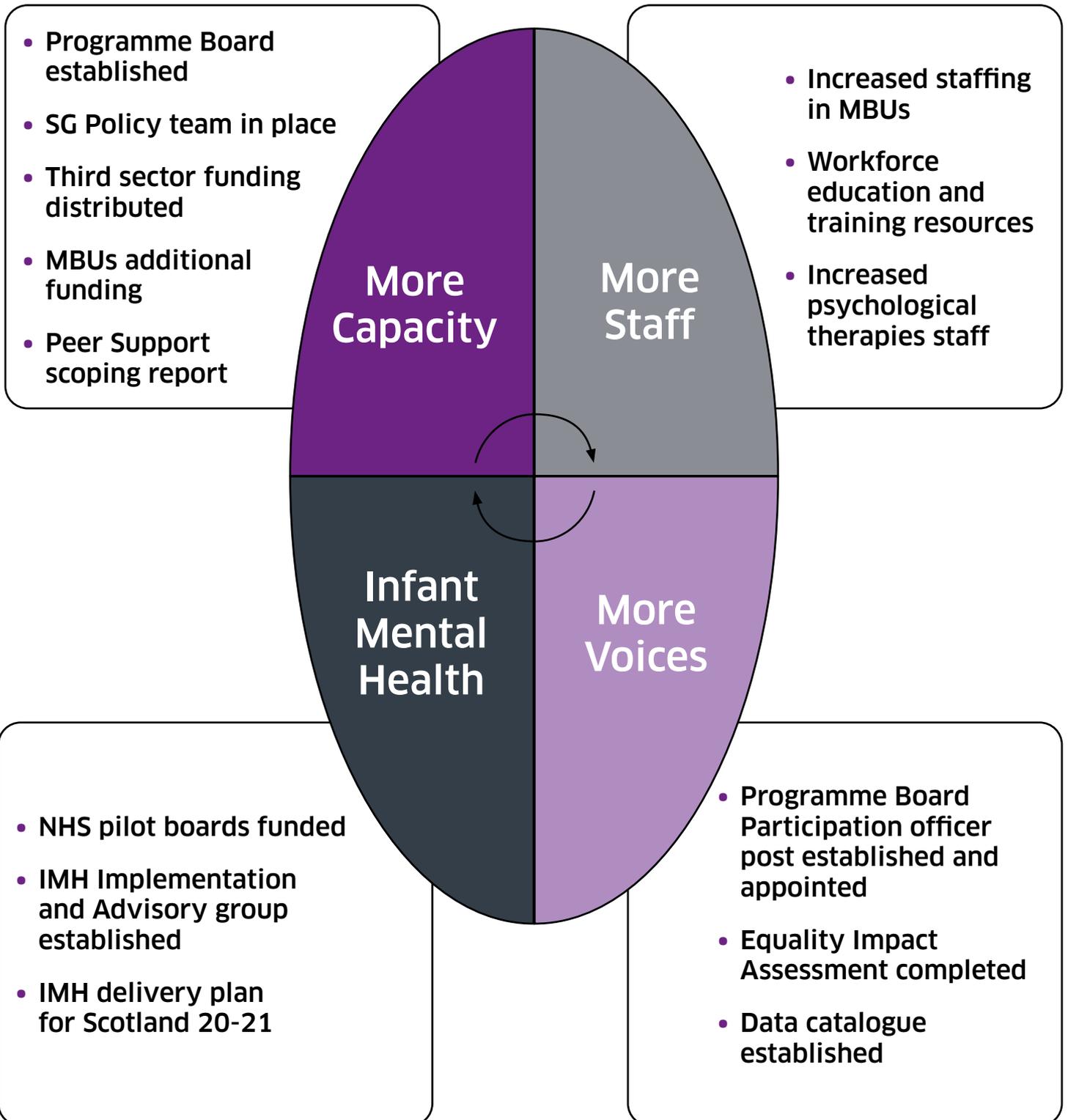
The PNIMH delivery plan for 2019/20 <https://www.gov.scot/publications/perinatal-infant-mental-health-programme-board-delivery-plan-2019-20/> set out plans to sustain and develop perinatal and infant mental health services.

The delivery plan focused on 3 key areas for perinatal and infant mental health: More Capacity, More Staff, and More Voices. Developing infant mental health networks and services was a fourth central component of the 2019-20 plan. Our initial aims were to support:

- the voice of women with lived experience to influence and improve services
- access to third sector support services
- strengthening the workforce
- access to and the expert role of Mother and Baby Unit (MBUs)

- enhancing specialist community provision particularly in the North of Scotland
- establishing infant mental health services
- a range of educational initiatives for the whole workforce and training more specialist staff.

Figure 2 - Perinatal and Infant Mental Health Programme Board Delivery Areas 2019-20



## Key actions delivered in 2019-20

- £1 million of funding was made available in the financial year (2019/2020) to support the initial delivery plan and lay the foundations to develop future services.
- The funding distributed in 2019/2020 included:
  - £225,000 to support existing third sector counselling and befriending services as well as develop new services to support those 11,000 women who might benefit from additional support in their community.
  - Over £80,000 to develop a model for Community Services in the North of Scotland. This will inform the development of a model that can be adapted and rolled out across Scotland in subsequent financial years.
  - £150,000 to increase specialist staffing levels at the two Mother and Baby Units (MBUs). This will provide capacity for the units to further develop as Centres of Expertise and improve national pathways into care and discharge planning for women who require inpatient care.
  - Over £80,000 to develop a model for infant mental health provision to meet the wider need across families experiencing significant adversity, and pilot in 2 areas.
  - Funding to Maternal Mental Health Scotland to ensure that the views of people with lived experience are listened to and influence the decisions of the Programme Board, Health Boards and Integrated Joint Boards.
  - Over £160,000 to NES to fund additional psychology trainee places and perinatal workforce training
  - Over £100,000 to NSS to provide programme management for the Programme Board
  - The Programme Board established a dedicated group on infant mental health to identify the key actions to take to develop an integrated infant mental health service across Scotland.
  - Lived experience will be core to developing services that are fit for purpose and suit local context. The Programme Board has supported recruitment of a Participation Officer. Their main role is to engage with women and families who have used services, or have felt they would have benefitted from more support with their mental health around pregnancy and as a new parent, to gather evidence to support service development.

Finally, turning to the current context of July 2020 and Covid-19. At the start of the pandemic, the Programme Board, MCN and Scottish Government met and decided that wherever possible delivering on the 2019-20 action plan would continue. It is testament to everyone's commitment that a number of the actions have been successfully progressed or completed. The response to Covid-19 also led to some innovative developments in the area of PNIMH which we aim to capitalise on in 2020-21. These included the Covid-19 Rapid Response Hub that produced high quality evidence based information and guidance around PNIMH and the implications of Covid-19; the priority rollout of the 'Near Me' online patient consultation platform in partnership with Healthcare Improvement Scotland; and making available the online Solihull training resource free via the Parent Club website. Whilst the responses to Covid-19 are changing rapidly, I continue to be aware that all health and social care providers remain rightly focused on responding to Covid-19 and remobilising services, and developing new services may not be high on the agenda or feasible at the moment. This delivery plan and associated timescales will be sensitive to the priorities of the evolving context and the continuing need to respond to Covid-19 and will be subject to regular review and consultation.

As we emerge from this time, all the evidence suggests that a renewed focus on perinatal and infant mental health will be even more important. The recent reports of the impact of the pandemic on mental health in general and the predicted consequences of isolation on families that we are beginning to see, including domestic violence and child protection issues, are of real concern. That is why this should be seen as an opportunity to develop and invest in line with the clear evidence base showing the economic, social and population health benefits of a prevention approach. This is the opportunity to build on the impetus from the 2019 delivery plan and make long term sustainable changes.

**Hugh Masters**  
**Chair of PNIMH Programme Board**  
July 2020

# ‘Delivering the Pledge’:

## the 2020-21 Perinatal Mental Health Delivery Plan

Whilst progress has been rapid it is crucial that we maintain a focus on the overall vision for women, young children and families which is for perinatal and infant mental health services that are responsive, timely and address the changing needs of women and families throughout pregnancy and the early years of life. Most important is that these services are led by the needs of women, young children and families, building on good practice and learning from positive and negative experiences of current services. That is why we have placed The Pledge <https://www.nhsinform.scot/care-support-and-rights/health-rights/mental-health/women-and-families-maternal-mental-health-pledge>, developed by women with lived experience of perinatal mental illness and the MCN, and the eight asks within it, at the very heart of the 2020-21 delivery plan.

We will continue the work and actions from the first delivery plan and ensure a continued focus on raising awareness, promoting understanding and reducing stigma, and measuring the impact of the delivery plans. There are 2 key strategic action areas for delivery in 2020-21:

### 1. Developing specialist Perinatal Mental Health support across Scotland

Over time a series of allocations to Health Boards and IJBs will increase capacity to allow Health Boards to fulfil the relevant key actions in the 2020/21 Delivery Plan. This ultimately involves being able to provide comprehensive services in Mother and Baby Units, Neonatal and Maternity Care, Community Perinatal Mental Health, and Infant Mental Health. It will fundamentally involve collaborative working with local authorities and third sector to ensure need is being adequately addressed and that there is continuity of provision. Boards and IJBs will also be required to collaboratively ensure that the use of telecare and digital self-help is maximised and that service users

and practitioners are aware of what is available. Best practice models of peer support should be used where possible. All of this work is underpinned by the staffing recommendations laid out in the Delivering Effective Services report.

In 2020-21 we will work with Health Boards and other appropriate bodies to understand current provision within regional and NHS board areas and plan how to move to a position of meeting required staffing levels and sustaining those levels to meet the needs of the population of Scotland. We will also consider how improvements, as a result of increases in staffing, will be measured.

### 2. Third sector support

In 2019-20 we provided £225,000 funding to support 3rd sector organisations already focused on providing Perinatal and Infant Mental Health services to sustain current provision. In 2020-21 we will launch a new national fund for Perinatal and Infant Mental Health third sector organisations, managed by Inspiring Scotland, focussed on supporting the mental health of women, families and children from preconception to three years of age. It will run for three years, from August 2020 – March 2023 (subject to annual Scottish Government approval). Annually, the fund will distribute up to £1 million to third sector organisations. This will support organisations supporting the mental health of women and families and will also provide funding to address key gaps in provision. Peer Support will be an important component in all of these developments. Additionally, we are providing extension funding in the financial year 2020/21 for those in receipt of the 2019/20 funding and are continuing to support those organisations, and the wider sector where possible, in relation to the current challenging circumstances.

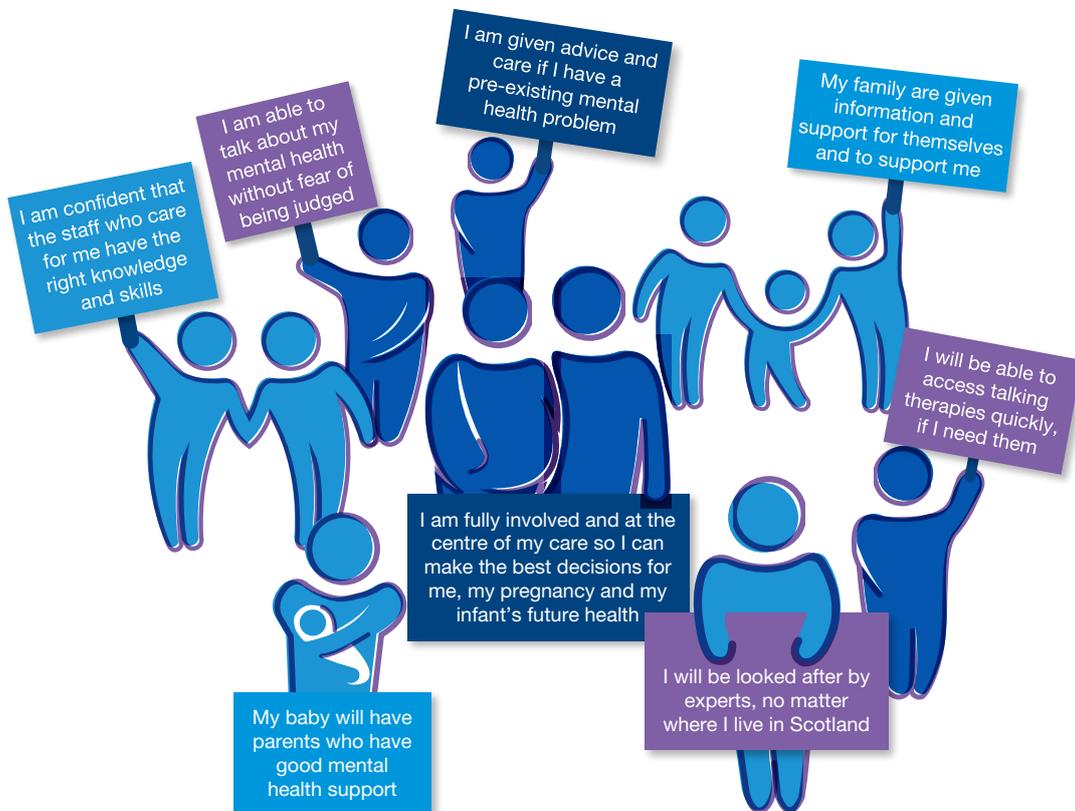
Figure 3 – Women & Families Maternal Mental Health Pledge Poster



# Women & Families Maternal Mental Health Pledge

**More than 1 in 5 women will experience mental health difficulties in pregnancy or the first postnatal year.**

**Women who have experienced mental health problems in pregnancy or after childbirth have identified these expectations.**



**If you are experiencing mental health difficulties or need support speak to your GP, midwife, health visitor or NHS 24**  
**For full details of the pledge visit - [www.pmhn.scot.nhs.uk/pledge/](http://www.pmhn.scot.nhs.uk/pledge/)**

Date of issue January 2020 date of review January 2023

\* NB Timescales/milestones have been included and adjusted but will need to be further reviewed once Covid-19 restrictions change and the situation stabilises.

2020-21 Delivery Plan	Programme Board Delivery Aims	What, When, Who *
<p>To meet Pledge Expectation: <b>“I am able to talk about my mental health without fear of being judged.”</b></p> <p><b>1.</b> Develop a raising awareness, promoting understanding and reducing stigma strategy, in conjunction with people with lived experience by end of 2020</p>	<p>Develop and publish Raising PNIMH Awareness Strategy and progress/monitor implementation and impact</p> <p>Communication plan in place and actioned, including website</p> <p>Develop plan for further meaningful involvement of people with lived experience in all aspects of the PNIMH programme including fathers and significant others</p>	<p>Scottish Government (SG) Policy Team, Managed Clinical Network (MCN) and Participation Officer [12 months]</p>
<p>To meet Pledge Expectation: <b>“I am given advice and care if I have a pre-existing mental health problem.”</b></p> <p><b>2.</b> Deliver on Managed Clinical Network (MCN) Delivering Effective Services report recommendations for MBU and community specialist services development for <b>2250 women and families</b></p>	<p>Staffing structures in place in Mother and Baby Units that reflect the recommendations of ‘Delivery Effective Services’ in order to provide a comprehensive clinical service and enhanced role actioned and monitored.</p> <p>Consider the need to commence a formal options appraisal, which might also consider alternative models of specialist support for women with acute perinatal mental health needs. We will also take into consideration the views of women and families when considering the options for additional MBU provision.</p> <p>Family Fund launched and ongoing evaluation established</p> <p>Planning for increased Community Specialist Perinatal Mental Health teams</p> <p>PNIMH leads and implementation groups in place in all NHS boards/IJBs</p> <p>Monitoring process and visits confirmed and in place</p>	<p>SG Policy team/ National Services Scotland (NSS)/ Executive Leads - review [In progress]</p> <p>Consensus on process [6 months]</p> <p>Commences (launch in line with changing of C-19 restrictions on visiting)</p> <p>SG and Executive Leads - regional leads and delivery structures by September 2020</p> <p>SG Policy team/ Executive Leads/ MCN</p>

2020-21 Delivery Plan	Programme Board Delivery Aims	What, When, Who *
<p>To meet Pledge Expectation: <b>“I will be able to access talking therapies quickly, if I need them.”</b></p> <p><b>3.</b> Deliver on MCN Delivering Effective Services report recommendation for psychological therapies service development for <b>5500 women and families</b></p>	<p>Planning for increased psychological therapies provision to maternity and neonatal services. This needs to include a national costed plan for supporting incremental roll out should there be any additionality required in the workforce.</p> <p>Neonatal and maternity psychological support provision agreed with all boards and plan in place, including an exploration of the need to increase specialist perinatal mental health roles</p>	<p>SG Mental Health and Executive Leads - regional leads and delivery structures [6 months]</p>
<p>To meet Pledge Expectation: <b>“My family are given information and support for themselves and to support me.”</b></p> <p><b>4.</b> Deliver on MCN DES report recommendation for service development for <b>11000 women and families</b></p>	<p>Establish a PNIMH fund for Third sector organisations providing non-clinical support to women and families and mechanism for dispersing and governing funding implemented</p>	<p>SG Policy team/ NSS/Inspiring Scotland - in place [launched fund May 2020]</p>
<p><b>5.</b> Support the development of targeted PNIMH support for:</p> <ul style="list-style-type: none"> <li>• Fathers, partners, kinship carers</li> <li>• Marginalised groups including substance misuse</li> </ul>	<p>Set out current support available and future support needs of fathers - partners, kinship carers, including through peer support.</p> <p>Develop specific initiatives targeted at women with substance misuse issues and other marginalised groups, including through peer support.</p> <p>Produce NES Essential Perinatal and Infant Mental Health resource aimed at the Enhanced and Specialist level of the Curricular Framework, for those working in specialist PNMH services.</p> <p>Establish a working group to gain a more detailed understanding of issues raised in the EQIA through further consultation and analysis</p>	<p>SG - in line with EQIA and as part of third sector grant funding above [12 months]</p>

2020-21 Delivery Plan	Programme Board Delivery Aims	What, When, Who *
<p>To meet Pledge Expectation: <b>“I am confident that the staff who care for me have the right knowledge and skills.”</b></p> <p><b>6. NES Perinatal and Infant Mental Health</b> curricular framework.</p> <p>Ensure that the health and social care workforce in enhanced and specialist perinatal mental health services will have access to appropriate learning and development opportunities</p> <p>A cross sector health, social care, children’s services and third sector workforce will have access to learning and development opportunities and the appropriate level, to promote high quality perinatal and infant mental health care and support across Scotland.</p> <p>Staff across universal services can access learning and development at the appropriate level so they can identify and support families with perinatal and infant mental health needs.</p>	<p>Produce NES Essential Perinatal and Infant Mental Health resource aimed at the Enhanced and Specialist level of the Curricular Framework, for those working in specialist PNMH services.</p> <p>Roll out a model to ensure systematic take up of Essential Perinatal and Infant Mental Health resources.</p> <p>Put in place training, supervision, coaching and the development of resources, including a model of implementation to promote and ensure systematic take up of training, to meet the needs of the health, social care, children’s services and third sector workforce across all learning levels and to ensure delivery of interventions to support families with perinatal and/or infant mental health care needs.</p> <p>This should include a national costed plan for supporting training roll out at Board level, particularly in the universal services training context below.</p> <p>Develop and roll out training and development resources for the universal workforce that are integrated with existing workforce training and requirements (such as Best Start and the Universal Health Visitor Pathway.)</p>	<p>NES – first modules available [May 2020]</p> <p>Full resource available [6 months]</p> <p>NES [3 months]</p> <p>NES [6 months]</p> <p>NES [12 months]</p>
<p>To meet Pledge Expectation: <b>“My family are given information and support for themselves and to support me.”</b></p> <p><b>7. Developing Peer support provision</b></p>	<p>Implement the recommendations and associated action plan from the ‘Review of the evidence for Peer Support in Perinatal Mental Health’ report.</p> <p>The objectives are to:</p> <ul style="list-style-type: none"> <li>• Identify and support existing good practice</li> <li>• Ensure safety and quality</li> <li>• Prioritise accessibility and inclusivity</li> <li>• Respect the unique value of peer work</li> <li>• Integrate robust evaluation</li> </ul>	<p>Inspiring Scotland/ SG Policy Team [12 months]</p>

2020-21 Delivery Plan	Programme Board Delivery Aims	What, When, Who *
<p>8. Data, measures and evaluation framework developed and in place</p>	<p>Set out key priorities for evaluation and commission based on Evaluability Assessment report</p> <p>EQIA gaps and priorities identified (including substance misuse) and included in all funding processes</p> <p>Key data baseline measures agreed and data collection commenced, including mental health Quality Indicator interface</p>	<p>SG/NSS/Public Health Scotland [3 months]</p> <p>SG [3 months]</p> <p>MCN/SG/ISD [6 months]</p>
<p>To meet Pledge Expectation: <b>“I am confident that the staff who care for me have the right knowledge and skills.”</b></p> <p>9. Set out workforce planning and sustainability imperatives in PNIMH and consider wider work-force impact including universal services</p>	<p>National costed plan for increasing and training the PNIMH workforce in the medium/long term developed, which includes PNIMH workforce, universal services workforce modelling and student intake planning across the professions</p> <p>Workforce modelling across professions and agencies to increase access/workforce capacity to psychological support (Rec 16)</p> <p>Supporting PNIMH ‘champions’ framework developed. Plan for work with Local authorities – Social workers, nurseries, schools, children’s centres</p> <p>Care pathways identified and developed</p>	<p>SG Policy [12 months]</p> <p>MCN [3 months]</p>
<p>To meet Pledge Expectation: <b>“I will be looked after by experts, no matter where I live in Scotland.”</b></p> <p>10. Innovation – Digital and telehealth</p>	<p>The existing range of digital and self-help resources reviewed and new resources developed in line with existing platforms such as NHS Inform and NHS 24, the Mental Health Hub, Parent Club and also third sector resources.</p> <p>Support the national rollout of ‘Near Me’ video consulting platform and develop perinatal and infant mental health specific guidance for use</p> <p>The supplementary component of the Perinatal and Infant Mental Health Third Sector Fund in years 2 and 3 will be dedicated to promoting innovation through support of small organisations and in tackling emerging issues.</p> <p>Explore opportunities for Quality Improvement projects and tests of change</p>	<p>SG Policy team/NSS [6 months]</p> <p>SG Policy [3 months]</p> <p>Healthcare Improvement Scotland (HIS) [3 months]</p> <p>SG Policy team/ Inspiring Scotland</p> <p>MCN [3 months]</p>

# Infant Mental Health Implementation and Advisory Group

PREVENTION

EARLY  
INTERVENTION

SUPPORT

TREATMENT

## Delivery Plan 2020/2021

### Introduction

#### from Chair of Infant Mental Health Implementation and Advisory Group (IMH-IAG)

The Perinatal and Infant Mental Health Programme Board (PNIMH-PB) was established by the Scottish Government in April 2019. The aim of the Programme Board is to provide strategic leadership and have overall management of the delivery of improved perinatal and infant mental health services.

As part of its remit it will 'implement and fund a Scotland wide model of infant mental health provision'. These Infant Mental Health (IMH) services aim to meet the needs of families experiencing significant adversity, including infant developmental difficulties, parental mental illness, parental substance misuse, domestic abuse and trauma (Programme for Government 2019-20). The Infant Mental Health Implementation and Advisory Group (IMH-IAG) was set up by the PNIMH-PB to provide clinical advice and support to inform the development of mental health care for infants from conception to 3 years of age, and oversee the testing and implementation of evidence-based and innovative models for the delivery of these infant mental health services. Its role is also to advise and make recommendations to the Programme Board, as services develop, about best use of wider investment and best practice models. The IMH-IAG seeks to ensure that the voice and experience of infants is integral to all workstreams. The IMH-IAG will also have a key role in linking with other key strategic groups, including Children's Services Planning, Best Start and the Children and Young People's Mental Health and Wellbeing Programme Board.

This includes work on Neurodevelopmental Pathways with the shared aim of prevention and early intervention.

Getting it Right for Every Child (GIRFEC) principles, which recognise Children's Rights (UNCRC), will underpin every aspect of this delivery plan which will align with other national policy and practice guidance already in place/in development, including the recently published Independent Care Review. This has recommended that new and expectant parents have access to attachment-based parenting education and holistic family support services. During 2020/21 the PNIMH Programme Board and Infant Mental Health Delivery Plans will be implemented in line with the messages in the Care Review Promise.

- informed by lived experience at a strategic and operational level with family members being meaningfully involved in decision-making (Voice)
- supporting positive relationships within families and creating opportunities for positive relationships where it is not possible for children to stay with their families (Family and Care)
- actively supporting the development of relationships within families and with the community and professional systems involved, who in turn must be supported to listen and be compassionate in their decision making and care (People)
- accompanied by responsive help, support and accountability to enable support to be accessed and utilised to its fullest potential (Scaffolding)

All decisions relating to children's safety or wellbeing needs should be based on children's rights as articulated in the United Nations Convention on the Rights of the Child (UNCRC) and GIRFEC principles.

### Vision

The Infant Mental Health Delivery Plan seeks to realise a vision for a Scotland where:

- There is a shared understanding, and definition, of 'infant mental health' and the importance of parent/infant relationships across policy and practice, families and their communities
- Parents and carers are supported to build positive relationships with their babies
- Prevention of later mental health and relationship problems is paramount
- Where concerns are identified, early intervention is offered, with universal service providers being able to access specialist services via clear care pathways so that babies and their families receive the right care at the right time from universal, and if necessary, specialist services.

### Achievements 2019-2020

The Programme Board allocated £81,000 to two 'First Wave' health boards to begin work on IMH Service Development in 2019-2020 financial year. This funding will be continued until the end of 2020-2021 contingent of feedback which will inform further work.

In March 2020, the Perinatal Mental Health Network Scotland and NSPCC published ['Wellbeing for Wee Ones'](#), which summarised key themes about the provision of Infant Mental Health intervention and support services across Scotland. Along with scoping reports for each health board area, this information will inform development work at a local and national level.

\* NB Timescales/milestones have been included and adjusted but will need to be further reviewed once Covid-19 restrictions change and the situation stabilises.

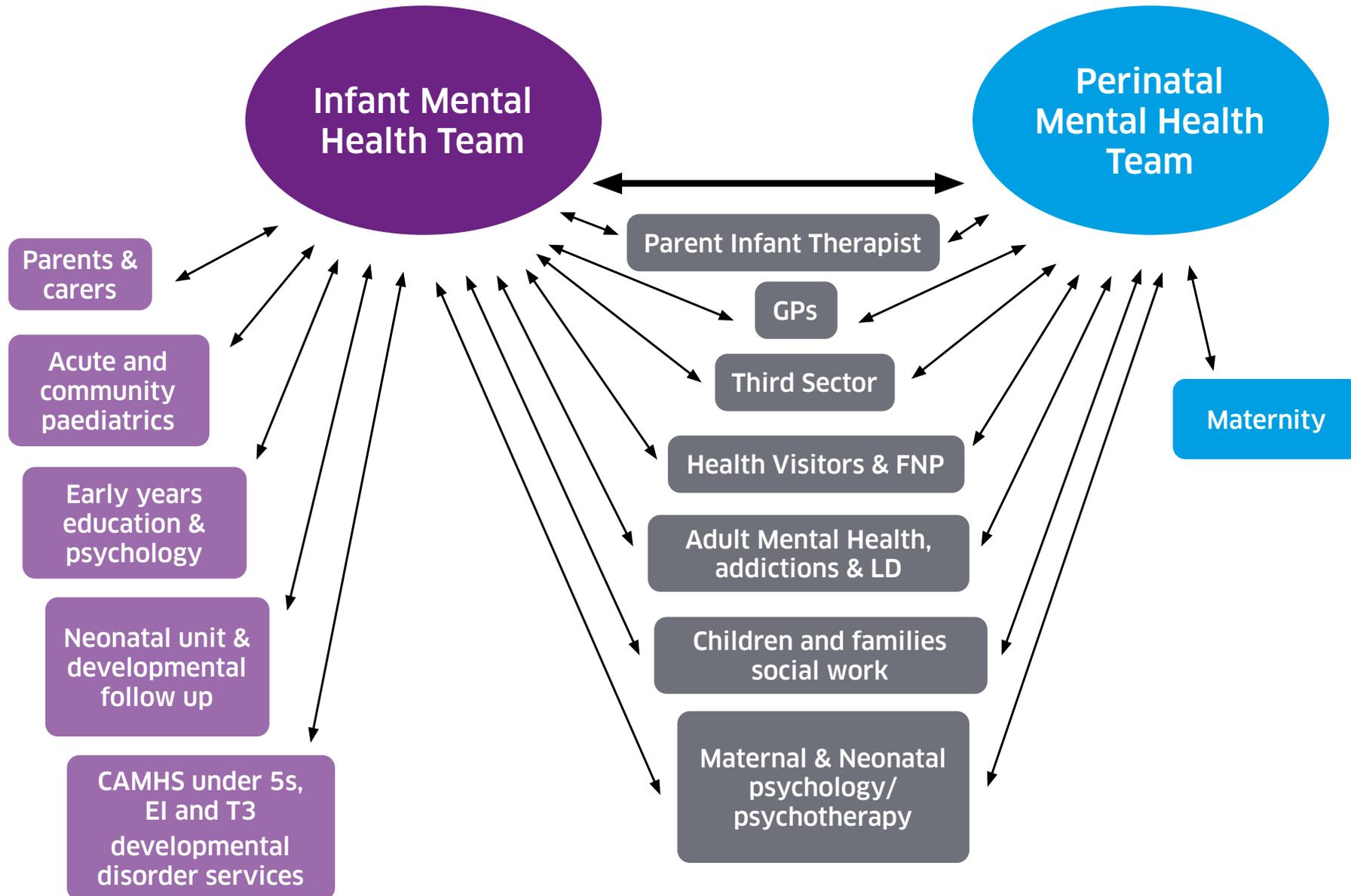
2020/21 Delivery Plan	Delivery Aims	What, When, Who *
<p><b>1.</b> Leadership and Co-production</p>	<p>Health board and/or IJB Executive Leads for PIMH to lead local multiagency strategic and operational groups to support local IMH service development consistent with GIRFEC principles and multiagency working.</p> <p>Representation on such groups to include the voices of those who are experts by experience, including parents and carers, third sector and statutory agencies as well as those working in universal services such as maternity, early learning centres, health visiting and family nurse partnership and more specialist services such as mental health and substance misuse.</p> <p>Ensure co-production with experts by experience informs IMH-IAG.</p> <p>Following the March 2020 publication of <a href="#">Wellbeing for Wee Ones</a>, tailored reports will be delivered to each locality and Executive Leads will develop local action plans in coordination with the national approach.</p>	<p>Programme of visits to health boards/IJBs starting July 2020 in conjunction with the PNIMH-PB. The purpose is to meet with Executive Leads and other relevant staff to support progress towards establishing regional groups</p> <p>Work with Implementation Groups (convened by Executive Leads) to facilitate the development of IMH services.</p> <p>IMH-IAG Chair/SG to set up expert by experience focus groups with Participation Officer, Clare Thompson [6 months]</p>
<p><b>2.</b> Raise awareness and promote understanding of the importance of infant mental health and develop a shared language and approach that is accessible to parents and families, as well as professionals.</p>	<p>Link to PNIMH Raising Awareness Strategy and provide a structure to enhance communication and the development of a shared vision and language across all relevant SG policy areas.</p> <p>Develop accessible parent and family friendly material to support good parent-infant relationships and raise awareness of the importance of infant mental health through information and marketing materials and through websites such as Parent Club.</p>	<p>IMH-IAG membership to include representatives from key policy groups. SG to ensure relevant links with all policy groups continue to be made.</p> <p>SG [6 months]</p>

2020/21 Delivery Plan	Delivery Aims	What, When, Who *
<p><b>3.</b> Develop a framework and model for the delivery of IMH services</p>	<p>Develop a model for the delivery of IMH across all tiers from universal to specialist services, and incorporating prevention, early intervention and treatment from preconception onwards</p> <p>Develop clinical care pathways to ensure timely access to specialist assessment and intervention</p> <p>Consider how a regional model would be implemented supporting the development of high level services in some localities which would deliver consultation, supervision and training to other areas, and offer direct clinical care regionally if required</p>	<p>IMH-IAG members to draw on best practice as described in</p> <p>(a) research literature</p> <p>(b) expert groups' recommendations e.g. Royal Colleges, other professional bodies</p> <p>(c) specialist programmes of work e.g. Best Start</p> <p>(d) Third Sector models of best practice e.g. Parent Infant Foundation, NSPCC IMH services</p> <p>Draft Model to be published [6 months]</p>
<p><b>4.</b> Learn from Quality Improvement work in 2 Health Board areas (1st Wave Projects)</p>	<p>A small investment in IMH service development in 2 health boards (NHS Fife and NHS Lanarkshire) has supported initial service development. Feedback from these boards along with evidence of established best practice should inform the development of their own services and those elsewhere</p> <p>Consider further investment in these services to build upon initial work</p>	<p>IMH Leads (Parent-Infant therapists) to provide preliminary feedback report advising IMH group of challenges and successes [end of May 2020]</p> <p>IMH-IAG to advise on funding to improve implementation if appropriate</p>
<p><b>5.</b> Identify health boards where sufficient infrastructure in place to invest in further service development in 2020-21 (2nd Wave Projects)</p>	<p>Health board visits by PIMHPB leads to gather information on current readiness and also landscape of services available to link up across agency boundaries to develop IMH support and specialist services.</p> <p>Develop criteria by which to assess applications to SG for funding</p>	<p>PB leads to feed back to IMH group re local areas potential to deliver integrated IMH services when circumstances permit</p> <p>IMH-IAG and SG to develop criteria by which to assess funding requests [6 months]</p>

2020/21 Delivery Plan	Delivery Aims	What, When, Who *
<p><b>6.</b> Identify health boards looking for support to prepare for service development by addressing infrastructure development and encouraging a shared visions across agencies (3rd Wave Projects)</p>	<p>When circumstances permit, connect with Health Board Leads to gather information and identify boards in need of enhanced support to develop infrastructure</p> <p>Develop criteria by which to assess applications to SG for funding</p>	<p>PB leads to feed back to IMH group on enhanced support needs when circumstances permit</p> <p>IMH-IAG and SG to develop criteria by which to assess funding requests [6 months]</p>
<p><b>7.</b> Consider what support might enhance the delivery of services to neonates with complex needs in the context of prematurity, congenital abnormalities or other health challenges who are returning to their home area after a period of inpatient specialist interventions</p>	<p>Develop one aspect of IMH services to address the needs of this population by working closely with the national Perinatal (Obstetric and Neonatal) Network and the Perinatal and Infant Mental Health Programme Board</p> <p>Ensure such infants can access care pathways appropriate to their needs e.g. to access relationship support or when required to access specialist neurodevelopmental services</p>	<p>IMH members to liaise with Perinatal Network to get more information on the numbers of infants in need of and in receipt of services</p> <p>Propose a model of service delivery [6 months]</p>
<p><b>8.</b> Training and Workforce Development and Retention</p>	<p>Continue to work with Perinatal Mental Health Network Scotland and NES on the development of trainings to support the delivery of curriculum competencies</p> <p>Identify cohorts of the workforce that could be prioritised for the training offer</p> <p>Consider other training opportunities and how to enable access to these (e.g. In Third Sector)</p> <p>Ensure training offers opportunities to professionals and volunteers working in all agencies</p> <p>Link to PIMH-PB Workforce planning and sustainability and ensure that implementation science is applied to training and workforce development</p>	<p>MCN and NES to continue to work with expert reference group to develop and deliver training across tiers and agencies</p> <p>Develop a systematic approach to training rollout to maximise coverage within clear timescales [Ongoing]</p>

2020/21 Delivery Plan	Delivery Aims	What, When, Who *
<p><b>9.</b> Impact, Evaluation and the development of Outcome Measures</p>	<p>Set up IMH-IAG working group to consider evaluation and impact</p> <p>Work with PNIMH-PB and Public Health Scotland on the next steps for evaluation following publication of Evaluability assessment</p>	<p>IMH-IAG to collaborate with PB to inform evaluation 'next steps' [6 months]</p>
<p><b>10.</b> Innovation</p>	<p>Digital and telehealth</p> <p>Rural healthcare delivery</p> <p>Learn from Family Nurse Partnership implementation and evaluation</p>	<p>IMH-IAG in collaboration with relevant stakeholders [6 months]</p> <p>FNP [Ongoing]</p>

# Appendix 1





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