Southwark Maternity Commission 2023-24

WRITTEN EVIDENCE SUBMISSION:
South London and Maudsley NHS Foundation Trust

INTRODUCTION

The Southwark Maternity Commission has three key objectives:

- Assess local inequalities in the access, experience and outcomes for maternity services, specifically for those parents from ethnic minorities and / or socially disadvantaged backgrounds, in particular those from a Black ethnic background.
- Assess the implementation of national recommendations for maternity services to improve access, experience and outcomes and reduce inequalities.
- Identify additional areas for action and improvement for Southwark birthing people as part of the local maternity and neonatal system.

In undertaking its work, the commission will:

- Listen to the views and experiences of local women, birthing people and families.
- Listen to the views of our midwifery and wider workforce that support women, birthing people and families during pregnancy and the early years.
- Review progress on the implementation of national best practice guidelines across local maternity and neonatal services and progress on Local Maternity and Neonatal System (LMNS) wide action plans.

In order to support the commission to achieve its aims, we are asking each of our main providers of maternity care for Southwark residents to complete this written evidence submission. This will provide us with a background of how your organisation operates, and allow our Commission panel to form questions, based on your responses. The questions are broken down into the following sections:

1. Organisational practice
2. MBRRACE (2023) recommendations
3. Perinatal mental health guidance

If you have any questions, please contact MaternityCommission@southwark.gov.uk

Many thanks for your help in providing information to the Southwark Maternity Commission.

1. ORGANISATIONAL PRACTICE

Keeping informed of national learnings
How does your organisation keep abreast of national learnings *(e.g. MBRRACE reports, APPG, NICE guidelines etc.)*? (max 250 words)
• Circulated to teams with further discussions in business meeting • Informs training plan within EQUIP (Education and Quality in Practice) training • Perinatal and trust wide policies are updated to accommodate updates and reflect learning • Training to staff • Induction resource pack • MS Teams channel – storing of information and induction resources
How does your organisation decide which recommendations they will implement? (max 250 words)
We take all recommendations relevant to perinatal mental health and consider what amendments or implementations to service delivery are required. Any significant service change will be discussed through relevant leadership, governance and quality meetings within the trust, PMOA directorate and specialist perinatal pathways.
Organisational culture
What measures are your organisation taking to ensure equality, diversity and inclusion for your staff? *(e.g. ensuring all receive the same opportunities to grow professionally)* (max 250 words)
• Diversity in recruitment for band 8a and above sit on interview panels and can be invited to participate in band 8a and below • Expert by experience sits on interview panels
What efforts are your organisation making to diversify your workforce? *(e.g. what hiring and retention policies exist?)* (max 250 words)
The Trust has a Recruitment policy in place.
What measures are your organisation taking to ensure equality, diversity and inclusion for your patients? *(e.g. staff training on cultural and medical elements)* (max 250 words)
• Service-wide training (EQUIP) has included sessions on equality, diversity and inclusion, particularly the needs and experiences of Black and Asian families in the perinatal period. • SLaM is a pilot site implementing the Patient and Carer Race Equality Framework (PCREF). • Revised Performance Improvement Policy. The Trust has an Antiracism Action Plan as part of the Trust Strategy and antiracist discussion is included in all appraisals. • Freedom to Speak Up

- Perinatal working group/ QI work on Equality, Diversity and Inclusion and LGBTQ+
- Equality Objectives for Perinatal Psychology and Psychotherapy which has evidenced improvements in access rates for different ethnic groups more in line with the local population. Routine consideration of diversity in psychological therapy, supervision and business meetings. Sharing of resources about cultural and other adaptations to assessment and therapy.

What measures are your organisation taking to understand and tackle institutional racism and how it operates in your organisation? *(e.g. is anti-racism and bias training mandatory for all maternity staff, and how often is this completed?)* (max 250 words)

- Seni Lewis training (mandatory for all staff)
- Time to talk sessions (Trust wide)
- Equality, diversity and human rights (mandatory training)
- Diversity and recruitment champions in place to support fair recruitment across the trust

Working with others to improve non-health factors that affect your patients' health

How do you work with and learn from other organisations to address the impacts of wider non-health factors affecting the health of your patients? *(e.g. Housing status, income maximisation, employment issues)* (max 250 words)

Strategic:

- South London Network Meeting; part of provider collaborative
- Pan London Network Meetings
- Links with other services in the borough - third sector organisation / housing / Citizens Advice Bureau

Service wide:

- Essential part of the assessment includes enquiries around social circumstance of the family Accessible Information Need on ePJS (mandatory field)
- Interface with relevant organisations and services where appropriate

Resulting Challenges:

- Significant amount of time taken up for care coordinators to liaise with Housing and Benefits issues
- Hard for some of our patients to access help from external agencies and need a lot of support to access housing or benefit agencies
- Significant housing issues in the borough that impact on women/families' mental health increasing the risk e.g. overcrowded flats; mould; pests

What training do staff receive in identifying these wider issues and signposting appropriately? (max 250 words)

- Induction packs provided to new staff include some information on these issues.
- No formal training is provided and learning around this is on the job e.g. liaising with third sector.
- Safeguarding Children and Adult (Level 3) mandatory to all perinatal staff.
- Safeguarding Supervision provided to all teams once a month.
- Mandatory training on equality, diversity and human rights.

What roles in governance do organisations such as Maternal and Neonatal Voices Partership (MNVP) and local groups working on black maternal health have? How are their voices and expertise used?

- Seni Lewis Training
- PCREF
- Black Thrive
- Black Maternal Mental Health Week
- Contacts with APP, Amplifying Maternal Voices Project and Maternal Mental Health Alliance
- Service User and Carers Group (SUCAG)
- Women like us
- Five times more
- Expert by experience engagement and co-production in developing services
- All SLAM policies are reviewed in line with the Accessibility, Equality and Diversity

Making best use of data

How do you use quantitative and qualitative data to improve your understanding of who is and who isn't taking up services? What reasons have you identified, and what would help resolve these? (max 250 words)

Data on ethnicity have been collated and presented e.g. at service wide EQUIP training. Psychology & Psychotherapy annual report specifically analyses quantitative and qualitative data on ethnicity in relation to access rates and service user satisfaction.

In Southwark in 2022/23, Asian service users were under-represented relative to the local population. Black service users were represented in the same proportion as in the local population. Mixed and other ethnic groups were slightly over represented. We have tried to set up a focus group or one to one interviews to understand what might make it difficult for Asian families to access our service: this is still in progress. We have linked with third sector organisations such as the Asian Resource Centre in Croydon in order to establish closer working relationships.

Ongoing monitoring of attendance at group interventions to review accessibility of groups.

Regulation of perinatal mental health services

How have you taken forwards recommendations for improvement made in your most recent Care Quality Commission inspection report?

2. **MBRRACE RECOMMENDATIONS (2023)**

"Saving Lives, Improving Mothers' Care Core Report - Lessons learned to inform maternity care from the UK and Ireland Confidential Enquiries into Maternal Deaths and Morbidity 2019-21" – the MBRRACE 2023 Report. It highlighted that when deaths due to COVID-19 in 2020 and 2021 were excluded, maternal death rates were very similar over the last 2 reporting periods (2016-2018 and 2019-21), which suggests that an even greater focus on implementation of the recommendations of these reports is needed to achieve a reduction in maternal deaths (and morbidity).

How are you considering and addressing the recommendations made by the MBRRACE 2023 Report?
What processes do your organisation already have in place to consider the recommendations?(max 250 words)
• Safety questions around domestic violence and abuse are being asked in initial assessments and throughout reviews with clinicians. • SLaM electronic system's risk assessment currently captures information on domestic violence and abuse; child(ren) safeguarding and information on current and past mental health history. • The team works in partnership with maternity services, GP, Children Social Care and Health Visiting teams. • Clinicians routinely question physical health/wellbeing to identify risks and trauma. Clinicians also enquire about 8 weeks post-natal review with GP. • Pre birth planning meeting is arranged for all antenatal women; this is facilitated in collaboration with maternity and CSC (if involved). • The service has a Senior Nurse representative on pan London review panel to review maternal death guidance. • The service shares practice with other Trusts.
How is your organisation planning to implement the recommendations? (max 250 words)
• The importance of professional curiosity and safety questions are reiterated at supervision – group and individual. • DATIX and STEIS – maternal deaths are reported as per our Supporting Pregnant Women with Severe Mental Illness (SMI) to inform MBRRACE and any Pan london maternal death review • Curiosity around safeguarding for families are now being recognised and discussed at individual supervision session using a Think Family framework. • Group safeguarding supervision – being minuted to capture discussion points and individual patients notes are also being documented on the electronic system.
In particular, what steps are you taking / have taken to address the following recommendation as outlined in the MBRRACE 2023 Lay Summary?: **Treat pregnant, recently pregnant and breastfeeding women the same as a non-pregnant person unless there is a very clear reason not to** - Prepare a route for rapid delivery of advice and data on new treatments - Tailor care after pregnancy to a woman's individual needs - Ensure staff in maternal medicine networks have the skills to care for complex physical, mental and social care needs - Develop training resources to promote shared decision making and counselling on medication use
What processes do your organisation already have in place to consider this recommendation? (max 250 words)
Duty worker triages calls to women at point of referral if there is a concern. This is to determine if an urgent assessment is needed and to safety plan. The duty system is also for professionals to contact to discuss appropriateness of referrals. Thresholds for assessment and interventions are lower in comparison to working age services (e.g. a woman in remission with SMI diagnosis and being managed in primary care).

Preconception counselling - advice on medication specifically with women with serious mental illness.

Women under the service will have their own personalised care plan; this includes pre birth care plan and a mental health care plan to support with the treatment and intervention received.

To meet individual needs, ante/post natal groups are available for women to attend.

Mental health midwives are invited to service's EQUIP (internal CPD training). They are also invited to weekly MDT meetings where information are shared openly

Junior drs (CT) will be joining midwife/perinatal service for training (PROMPT) for medication queries

Updated guidance around Sodium Valproate for child bearing age women being developed and discussed at Trust level as per MHRA updated policy.

Training being offered to working age CMHT and acute wards to raise profile on maternal mental health being planned as well as caring for pregnant women with serious mental illness.

All perinatal staff have access to perinatal specific training via funding from HEE or SLaM.

Sharing practice in specific perinatal conferences e.g. Marce

How is your organisation planning to implement this recommendation? (max 250 words)

Using training platform – EQUIP. This is monthly, where clinicians share learning from maternal death; child practice learning reviews and / or lessons learnt from Serious Incidents.

Teams have weekly MDT meetings where maternity and or health visiting come together with perinatal team to share information and discuss outcome of initial assessments.

Referrals are triaged daily with members of the MDT. The duty worker undertakes the tasks of phone screening referrals that might need additional information or when there is a concern, and a safety plan would need to be discussed as an interim measure.

- Maternity safeguarding groups – weekly; facilitated by named safeguarding midwife
- Safeguarding supervision groups – monthly; facilitated by safeguarding lead
- Complex case discussions – monthly; facilitated by the team psychologist
- Training / development – monthly
- Working in partnership with local services (e.g. Start for Life) - provision of training

3. PERINATAL MENTAL HEALTH SPECIFIC GUIDANCE

Increasing access to evidence-based care for women with moderate to severe perinatal mental health difficulties and a personality disorder diagnosis. Care provided by specialist

perinatal mental health services will be available from preconception to 24 months after birth. *(NHS Long Term Plan, 2019)*
How successfully is your organisation achieving this? (max 250 words)
Number of referrals in 2023 - 385 Total initial assessments in 2023 – 349 Number of referrals since piloting 24m extension (Aug 2023 – Dec 2023) - 146
Where do you find you are encountering difficulties? (max 250 words)
• Staff workforce • Difficulty in receiving referrals from health visiting teams and working age CMHTs. 24m extension is being piloted in Southwark, and an email informing other teams about this had been sent. • Referrals from 'hard to reach' women group.
What could help you to achieve this more effectively? (max 250 words)
• Increase in staff workforce as caseload increasing with 24m extension. • To arrange focus groups with BAME community. • Plan to attend business meetings for Primary Care Networks to raise profile with available service from preconception to 24 months. • Close links to Parental Mental Health Team (discharge pathway) • Audits of caseload and referrals • Women like Us (service user group) – themes captured • Co-produce workstreams • Challenges; women accessing external services in particular women with no recourse to public funds

Expanding access to evidence-based psychological therapies within specialist perinatal mental health services so that they also include parent-infant, couple, co-parenting and family interventions *(NHS Long Term Plan, 2019).*
How successfully is your organisation achieving this? (max 250 words)
Perinatal Psychology and Psychotherapy (P&P) have expanded access to a range of evidence-based perinatal psychological therapies with a robust governance framework in place in line with national guidance (NHS England Implementation Guidance for Perinatal Psychological Therapies). The offer includes: **Parental Mental Health:** Cognitive Behaviour Therapy (CBT), Interpersonal Therapy (IPT), Eye Movement Desensitisation Reprocessing (EMDR), Dialectical Behaviour Therapy in form of a Coping With Emotions skills group. **Couples and Families**: Systemic Family Therapy clinics running in all 4 SLaM boroughs. Couples Therapy for Depression (CTfD) and Behavioural Couples Therapy (BCT) are currently in development with staff attending training in 2023/24. **Parent-Infant Interventions**: Circle of Security groups (an attachment-based psychoeducation intervention) and Baby and Us (postnatal) and Baby Chat (antenatal) groups are running on a regular programme, Video Interaction Guidance (VIG) is well-established and further staff are training in Video Intervention for Positive Parenting (VIPP), Parent Infant Psychotherapy.

Model-specific supervision is in place for all these therapies. There is robust evaluation with an annual audit and report. This has shown highly effective therapies with a large effect size measured using the CORE-OM questionnaire. Perinatal P&P have a strong focus on inclusion and equalities. In particular, Equality Objectives work around ethnicity and access to psychological therapies has demonstrated significant improvements in access in line with the local population in each borough and indicated further areas for specific work.

Where do you find you are encountering difficulties? (max 250 words)

There are challenges with recent changes in parent infant psychotherapy staff and recruitment in progress.

It is a challenge to deliver such a large number of therapies with a relatively small number of P&P staff. Waiting times are often in excess of the NICE quality standard (6 weeks from referral to treatment) and increase quickly in response to any vacancy or staff absence. Some supervision is sourced externally as there is not yet sufficient expertise of all the models within the Trust.

What could help you to achieve this more effectively? (max 250 words)

Additional investment in P&P staff e.g. 1.0wte band 8a per borough would provide greater capacity for delivery of the full range of therapies with scope to develop in house supervision.

Offering fathers/partners of women accessing specialist perinatal mental health services and maternity outreach clinics evidence-based assessment for their mental health and signposting to support as required *(NHS Long Term Plan, 2019).*

How successfully is your organisation achieving this? (max 250 words)

Working to embed SLAM Think Family Strategy

Transformation workstream developed to support with long term plan. Workstream meet quarterly.

To date, resource pack has been developed for fathers, partners and significant other (FPSO).

Conversation tool has been developed for staff to aid interaction with FPSO.

Fathers group commissioned from EPEC; this is a peer led fathers' group (Baby and Us for Father's). It is a 9 week programme and runs on termly basis. MBU also invited to join this group.

The workstream is currently developing a strategy and will bring this together to share across service.

Family Therapy clinic offered to families within the service.

Where do you find you are encountering difficulties? (max 250 words)

Seeking consent from index patient to contact fathers/partners and significant others to have a conversation. Documentation on electronic system – Confidentiality? Conversation can be documented under index patients carers tab but where do we document should there is a crisis or a mental health need? Time – additional responsibility on clinicians and workforce challenges.
What could help you to achieve this more effectively? (max 250 words)
Assistant Psychologist recruited to lead and support workstream and Senior Leadership Team (fixed term for 12 months) EQUIP – able to plan a session on fathers mental health last year and there is a plan to arrange another one for this year Family event to be planned by the service for include fathers, partners and significant others. Staffing with specific interests

Increasing access to evidence-based psychological support and therapy, including digital options, in a maternity setting. Maternity outreach clinics will integrate maternity, reproductive health and psychological therapy for women experiencing mental health difficulties directly arising from, or related to, the maternity experience *(NHS Long Term Plan, 2019).*
How successfully is your organisation achieving this? (max 250 words)
The Helix Service (MMHS) opened to Southwark, Lambeth and Croydon in 2023. We are receiving referrals, assessing and treating women and birthing people using evidence based psychological therapy. We see people remotely and face to face. We are also setting up therapy groups. The service has been set up with coproduction as a core principle throughout every stage of the process. We have a Health Inequalities Working Group which we have set up with neighbouring MMHS services. This is to monitor our access rates regarding ethnicity and other protected characteristics. This is designed to shape our outreach strategy so we can identify where we may be falling short and act to remedy this. We are offering teaching and training to student midwives and other professionals regarding perinatal loss and trauma-informed care. We are offering reflective spaces to maternity staff (chiefly midwives) to support the aims of MMHS. One of our senior midwives is setting up a clinic at Kings for people who have experienced an early loss as this is currently an unmet need within maternity. We have also been working with Trusts to facilitate setting up Rainbow Clinics for women and birthing people who have experienced perinatal loss.
Where do you find you are encountering difficulties? (max 250 words)
1. We don't currently have a team administrator which is proving problematic. This is impacting on clinician time and availability 2. Estates has also been challenging. We do not currently have access to dedicated clinical space in Southwark to see clients. We have until recently had access to rooms at the Tessa Jowell Centre which has worked very well. It is community based, accessible, non-stigmatising (i.e. not based in a mental health building), trauma-

informed and we have great feedback from clients about the space. Unfortunately, our access to these rooms has been significantly reduced as the team we were 'borrowing' rooms from now needs more access to these rooms as they are working more face to face. For the space to be workable for our team, we need to be able to block book, which we can't currently do. This impacts our capacity to offer face to face appointments to Southwark clients.

3. Due to limited capacity we are unable to meet the need for reflective practice spaces for maternity staff as part of our remit for indirect working with maternity. We are currently offering some reflective spaces to Southwark midwives, however the demand outstrips supply. The spaces are well used and very much appreciated by midwives. We would like to offer more but are at capacity.
4. We do not currently offer a self-referral route into the service. Offering this with the current staffing levels would likely result in longer wait times for assessment and treatment.
5. We are not currently commissioned to offer assessments or intervention to partners/fathers. However this is an important part of supporting families following loss.
6. Currently the criteria does not include removal of their child.
7. Attendance at sessions/engagement in therapy is compromised by lack of childcare. Many clients have had to discontinue therapy as they do not have childcare support and cannot engage in trauma work whilst a child is in the room with them. It is likely to be those clients who are the most deprived and socially disadvantaged who face these issues. This barrier perpetuates those issues – keeping them stuck and unable to move forward and recover.

What could help you to achieve this more effectively? (max 250 words)

1. An administrator as part of team establishment. We do not currently have allocated funding for a team administrator.
2. Dedicated space in Southwark.
3. Additional psychology staff
4. Change to commissioning regarding this and also rethink what data gets counted as part of the national data set. Currently only contacts with females gets counted.
5. Loss via removal by safeguarding is a complex issue and would need a lot of thought as to how to set up this pathway in a useful, sustainable and meaningful way. It would require additional staff and funding. We receive enquiries for this pathway but have to decline them.
6. Provision of childcare support for clients so they can engage in therapy.