

Briefing Note

To: Coventry Health and Wellbeing Board Date: 13th December 2023

From:

Title: - Perinatal Mental Health Needs Assessment

1. Purpose

This briefing note sets out the findings of a commissioned piece of work, which was completed as part of the Family Hubs Programme of Work. The work was commissioned to give Coventry system Partners a better understanding of the needs that exist in Coventry, amongst Women who have Perinatal Mental III Health

2. Recommendations

Health and Wellbeing Board is asked to:

- 1. Note the findings of the report and the recommendations that have been made.
- 2. Support the Family Hub programme of work which includes Perinatal Mental Health as a fast track programme
- 3. Review the progress made against the recommendations, as set out in the board governance

3. Information/Background

Perinatal mental health (PMH) problems are those which occur during pregnancy or in the first year following the birth of a child. Perinatal mental illness affects up to 27% of new and expectant mums and covers a wide range of conditions.

If left untreated, mental health issues can have significant and long-lasting effects on the woman, the child, and the wider family.

Historically there has been a lack of integrated physical and mental health care for women during pregnancy and in the weeks and months following birth, and a lack of specialist perinatal mental health services to support women who become unwell.

Timely access to good-quality perinatal mental health care can provide a range of long term gains for the woman, the baby/child and wider society.

Coventry's population is growing and changing. It is the second fastest growing population outside of London. Growth is particularly high amongst 18-29 year olds - This includes an increase in the student population. Coventry residents are, on average, eight years younger than the national average. The increase in young adults has continued to lower Coventry's median age. It is 32 years in 2017, compared to 40 in England or the region.

A third of the city's population growth is concentrated in one-tenth of the city, so local organisations may need to review the location of its services. Population growth has been

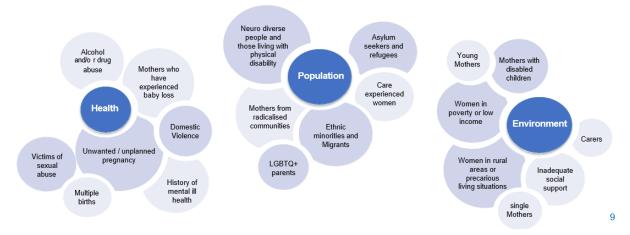
concentrated in and around the city centre and a few new housing developments such as around Banner Lane, Lower Stoke and Wood End.

Coventry celebrates its multi-cultural nature. 28% of people in Coventry are born outside of the UK. 10.9% of people were born in European countries including Ireland, 5.5% were born in Africa, 10.5% of residents were born in the middle East or Asia. 1% were born in the rest of the world, including America, the Caribbean and Oceania. 13.2% of families do not have an adult in the household who can speak English. 85% of households speak English as their main language

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Risk Factors and prevalence

There are many reasons why women develop mental health problems after giving birth, and this can be influenced by a number and often a combination of factors. Understanding the prevalence of risk factors can help estimate levels of need as well as inform adopting risk stratification approaches in related services. The series of graphs that follow show rates in Coventry of some of the risk factors below.



4. Findings of the Perinatal Mental Health Needs Assessment

Recommendation 1 Parents of Looked After Children

There is a Looked After Children's Service which makes health assessments. It is recommended that links are made with the service to establish how perinatal needs are assessed both for families with a baby in the first year of life and with young people experiencing pregnancy.

Recommendation 2 workforce

Understand workforce development plan for midwifes and maternity support workers in relation to PMH Explore opportunities for all partners review how to connect to provide a whole system approach to PMH. Agree metric for increasing ante natal contacts

Recommendation 3 working with General Practice:

Determine uptake of mothers offered post-natal assessment by GP by engaging with General Practice colleagues to share and raise awareness of Coventry pathway Engage with General Practice to support delivery of high quality perinatal mental health care. Guidance is available via the Royal College of General Practitioners (Perinatal mental health (<a href="Perinatal men

Recommendation 4 Use the data we have more effectively to plan services
Use a population health management approach to explore the needs of some of these
vulnerable groups further Enhanced targeted education in pregnancy.
Co-produce alternative mechanisms for engagement e.g., creative therapeutic approaches
which may be more acceptable than traditional therapeutic approaches/avoid stigma,

establish special interest groups. Build trust through relationship building, community involvement, collaboration with trusted communities, cultural sensitivity.

Recommendation 5 Working with NHS providers:

Explore with service provider what data is collected in relation to perinatal presentation, demographics and risk factors to identify how closely the service is responding to the needs of the population. Seek assurance from provider that they have implemented or have plans to implement IAPT Perinatal Competency Framework (2021)

Recommendation 6 Specialist Perinatal Mental Health Services

Work with providers to ensure that the coding for Perinatal Mental Health develops a level of detail so services can be targeted. Explore if increase in video consultations is in line with how service users would like to access the service. Explore with service provider what support is needed to deliver all four ambitions from the NHS Long Term Plan. Work with the provider to understand if demographics of people seen correlates with population need

5. Next Steps

To develop a better understanding of how these broad recommendations fit in with the wider Family Hub programme, the specific fast track Perinatal Mental Health Workstream and the broader system desire to improve services in line with the Maternity Ambitions, the Long term Plan and LMNS ambitions, the Perinatal Mental Health Subgroup will

- 1. Share the findings amongst partners and clinicians
- 2. Agree a programme of work which will be co-produced with partners and maternity voices
- 3. Develop further the qualitative data that will help us understand the acceptability and reach of existing services
- 4. Develop new services to fill the gaps in provision, particularly at the low level, community support end of the pathway.

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This report is published on the Council's website: www.coventry.gov.uk/meetings/

Appendices

Slide set - Perinatal Mental Health Needs Assessment