



Health, Social Care and Sport Committee
By email: HSCS.committee@Parliament.Scot

28 March 2022

Dear Convener,

We enclose with this letter the Scottish Government's response to the recommendations made in the Health, Social Care and Sport Committee's report on the Perinatal Mental Health Inquiry published on 8th February 2022.

We would like to reiterate our thanks to your Committee members for this Report, and to the individuals who came forward to share their experiences which we appreciate in some instances will not have been easy.

The enclosed response offers the Government's view on each of the Committee's recommendations. However, we would like to take this opportunity to comment on a few of the key areas of interest to the Committee, which were discussed when we offered evidence on 14th December 2021.

We welcome your recommendations with respect to access to Perinatal Mental Health Services. Within this final year of the Perinatal and Infant Mental Health Programme Board, we will work with stakeholders to produce best practice guidance on successful and productive joint working between third sector and statutory services. The core of this guidance will be created through a series of national and local conversations. These events will be carefully facilitated to promote genuine, honest and open engagement and support reflective thinking on the more difficult aspects of joint working. This will be complemented by our work on the perinatal mental health service specification, development of regional provision and the additional Mother and Baby Unit capacity options appraisal. These pieces of work will continue to be informed by lived experience and will consider the needs of families across the different areas of Scotland.

We would like to assure the Committee that we will continue to work together with our stakeholders on the Third Sector recommendations, which focus on improving communication and providing greater financial security. In particular, as we move forward, we will look to build in further security where possible, balanced across the needs of the sector and the capacity to support a variety of organisations and types of services.

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We would like to address the recommendations relating to the sensitive topics of birth trauma, miscarriage and the death of an infant. To clarify, the commitment made by the Scottish Government in A Fairer, Greener Scotland: Programme for Government 2021-22 published in September 2021 was to establish a dignified and compassionate miscarriage service tailored to the needs of women and ensuring women's services have dedicated facilities for women who are experiencing unexpected pregnancy complications by the end of 2023. We will collaborate with all 14 Health Boards as we take this work forward.

We would also like to reassure the Committee that all NHS maternity staff are trained to provide first line support to women who experience birth trauma.

A further in-depth response to each of the Committee's recommendations can be found within the Annex. We hope the Committee finds this response helpful and we look forward to working with members as the Inquiry report is considered at the debate scheduled for 29th March 2022.

Yours sincerely,

KEVIN STEWART

MAREE TODD

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Annex A – List of Recommendations and Individual Responses

Note to the Committee, the numbers referenced in the table below refer to the specific numbered lines from the Summary of Recommendations in the Committee’s report. As such, any numbered lines which have not included a specific recommendation are not referenced below.

Recommendations	Response
Access to Perinatal Mental Health Services	
Outline what steps Scottish Government is taking to develop and implement the specific preventative measures recommended (1)	We have outlined our responses to the six key recommendations highlighted by the Committee. In addition, Scottish Government will consider the summary of recommendations pulled from the written evidence as part of the transition planning during the final year of the Programme Board.
Bullet 1: automatic referrals for at-risk individuals, particularly in the case of women with existing mental health issues pre-pregnancy, who were not identified for additional support or help to manage their condition during pregnancy;	The Perinatal Mental Health Managed Clinical Network Scotland published a series of 5 pathways in June 2021. These pathways support access to services across community and inpatient provision. The MCN's care pathways address the needs of women at increased risk of perinatal mental illness through Pathway 1 (Preconception advice for women with pre-existing severe or complex mental health problems) and Pathway 3 (Specialist assessment and intervention for women with severe or complex mental health problems). These pathways set out the requirement to make a referral to specialist perinatal mental health services for women with pre-existing mental illnesses where they are at increased risk of future illness. The national pathways will be complemented by a suite of animations directed at women and families to ensure they are aware of their right to assessment/treatment and how to access these services. The pathway animations will be launched as part of a wider Families at the Centre event in Autumn 2022. This will be a national event bringing together services which support families in the perinatal period across Scotland.

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Recommendations	Response
<p>Bullet 2: referrals for all pregnant mothers to see a mental health midwife for assessment regardless of their circumstances</p>	<p>All midwives in Scotland are trained to recognise and respond to basic mental health needs which includes screening, support, referral and providing a trusted, confiding relationship. Specialist Perinatal Mental Health Midwives act as an expert resource for maternity colleagues, providing advice and support to them in their care of women with more complex mental health needs. The direct clinical care role of the Specialist Perinatal Mental Health Midwife is to provide maternity care for women with more complex mental health needs. In their role they would also liaise with specialist Community Perinatal Mental Health and Maternity/Neonatal Psychological Interventions teams to ensure a seamless journey of care for the woman and her infant. This Board wide role also supports midwives in the area with recognising and responding to emerging mental health concerns. A definition of this role is provided by the Perinatal Mental Health Managed Clinical Network as part of a suite of role definitions to support service delivery. We will ensure that this is promoted alongside the care pathways to increase awareness.</p>
<p>Bullet 3: Provision of mental health information during prenatal appointments</p>	<p>Having the right information available at the right time is critically important and forms one of the pledges within the Maternal Mental Health Pledge to 'receive preconception and pregnancy advice and care if you have a pre-existing mental health problem'. Ready, Steady, Baby! is a guide to pregnancy, labour and birth and early parenthood up to 8 weeks and a copy is given to all pregnant women in Scotland. The guide includes information about mental health and wellbeing, both during pregnancy and after birth and the information is also available online on the NHS Inform website.</p> <p>The content of the Baby Box is currently being renewed for 2022 and will have a new postnatal mental health leaflet developed in consultation with clinicians and lived experience.</p>

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Recommendations	Response
<p>Bullet 4: Mental health professionals on maternity wards providing support immediately after birth</p>	<p>The availability of Mental Health professionals on postnatal wards is a standard part of maternity care and involves specialist secondary care mental health teams when clinically indicated. The late pregnancy early postnatal care plan (PEPP) is widely recognised as recommended good practice and is included in the Perinatal Quality Network (PQN) standards.</p> <p>In addition, enhanced funding for Maternity/Neonatal Psychological Interventions of £2.2m indicatively planned for 2022/23, will allow enhanced support to mothers or fathers facing challenges around pregnancy, birth and the perinatal period.</p>
<p>Bullet 5: Provision of mental health support hubs, groups and helplines</p>	<p>The Scottish Government is already investing to meet our commitment to ensure that every GP Practice will have access to a mental health and wellbeing service by 2026, with 1,000 additional roles. As part of this, we will ensure that local planning groups, and more latterly local primary care mental health services, are fully aware of the resources and services available for perinatal mental health and are supplied with clear guidance on how to support women and families in accessing these services. This will include support to access wider mental health support hubs, groups and helplines. Support can also continually be received from NHS 24 Mental Health Hub (short code 111 and select option 3 from the menu) or Breathing Space (via the freephone number 0800 83 85 87).</p>
<p>Bullet 6: More at-home visits from health visitors in the post-natal period</p>	<p>The Universal Health Visiting Pathway (UHVP) for all families has a core number of contacts specified. However, health visitors already work flexibly, based on need, using the GIRFEC approach. We commissioned a review of the UHVP implementation, with Phase 1 published in January this year (https://www.gov.scot/publications/evaluation-universal-health-visiting-pathway-scotland-phase-1-main-report-primary-research-health-visitors-parents-case-note-review/) which evidenced that those families with more need continue to get additional visits in addition to the core pathway visits. At this stage, there are no plans to add additional visits for all families through the UHVP. Families who require additional support, on top of the core pathway visits, will receive them based on individual need.</p>

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Recommendations	Response
<p>Scottish Government and the NHS boards to improve access to perinatal mental health services via these pathways. Include plans to ensure increased awareness of services, early identification of perinatal mental health and ensuring these pathways are robust and able to deliver joint up care. (2)</p>	<p>We will ensure that the Managed Clinical Network's animations of the perinatal mental health care pathways are highlighted in a resource that is readily available to anyone across Scotland. To further raise awareness of services and the importance of early identification, the Perinatal and Infant Mental Health Programme Board will promote these pathways to Health Boards during Programme Board engagement with strategic and operational staff.</p> <p>To further support awareness, the Perinatal and Infant Mental Health Service Development Advisor will facilitate the sharing of learning and good practice across Health Boards in relation to early identification, service access and integrated working. We will also work with our third sector stakeholders and the MCN to produce a good practice statement on cross sector referrals to help support a seamless transition between services and increase joined up care.</p> <p>Finally, the Families at the Centre Event scheduled for Autumn 2022 will act as a showcase for information about perinatal and infant mental health across Scotland and in doing so will highlight all of these resources in a way which promotes awareness, accessibility and a common understanding across families and professionals.</p>
<p>Mother and Baby Units (MBUs)</p>	
<p>Explain why there are significant inconsistencies in accessibilities for Mother and Baby Units across different NHS boards and the lack of provision in the north of Scotland. (4)</p>	<p>Currently, there are two regional Mother and Baby Units in Scotland. These are at St John's Hospital Livingston, hosted by NHS Lothian and the West of Scotland MBU at Leverndale Hospital Glasgow, hosted by NHS Greater Glasgow and Clyde. Each Mother and Baby Unit can take up to six women and their babies. All women, wherever they live in Scotland, are able to access a bed in an MBU if required. Where numbers using services are small, Boards will pool their resources to provide regional facilities for care, ensuring standards of care, treatment and safety are maintained</p>

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Recommendations	Response
<p>Set out rationale around decisions not to establish MBUs in some parts of the country, particularly in highly populated NHS boards such as NHS Grampian. (5)</p>	<p>However, in 2019, the Perinatal Mental Health Managed Clinical Network produced the <i>Delivering Effective Services</i> report which provided the first evaluation of perinatal and infant mental health services in Scotland. It recommended that Scotland could benefit from an additional 4 Mother and Baby Unit beds. The report indicated that these additional beds could be created by expanding one of the existing Mother and Baby Units, or through creating a new, third, Mother and Baby Unit in the north of Scotland. <i>Delivering Effective Services</i> suggested that an options appraisal should be carried out to determine where the additional beds should be sited. We are currently seeking views to help us understand the needs of women and families in Scotland and inform the options appraisal. The consultation is open until the end of May 2022 and can be found here: Options to increase Mother and Baby Unit (MBU) capacity - Scottish Government - Citizen Space (consult.gov.scot). The options appraisal will consider equity of access, cost, and the safety and sustainability of the service.</p> <p>To support women and families to access MBU service provision wherever they live in Scotland, the Mother and Baby Unit Family Fund (MBUFF) was established in 2020 to provide a contribution towards the cost of visiting a mother and baby being treated in an MBU for perinatal mental illness. This is to facilitate support for the woman and baby in the unit, support continued family bonding and allow staff in the unit to work with the family group.</p>
<p>The committee would like to see the outcome of the options appraisal of Mother and Baby Unit capacity in Scotland. It believes there should be an establishment of an MBU serving the North of Scotland. (6)</p>	<p>We are currently gathering views on the best way to expand Mother and Baby Unit capacity in Scotland, as recommended by <i>Delivering Effective Services</i> (2019). The consultation will close at the end of May and we will use the views received alongside other evidence to inform the development of the Options Appraisal. We expect to publish the report of the consultation in Summer 2022 and the full Options Appraisal and decision on expanding Mother and Baby Unit capacity in Scotland in Autumn 2022. We will share a copy of the report and options appraisal as with the Committee as soon they are published.</p>

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Recommendations	Response
Following the results of the options appraisal, set out a comprehensive plan aimed at ensuring all of Scotland's MBUs are served by an appropriately sized workforce pool of trained specialists. (7)	<p>Specialist online and case-based training has already been developed and delivered by NHS Education Scotland, with support from the Managed Clinical Network, to staff in both MBUs. Since the launch of the Perinatal Mental Health Programme Board in 2019 we have increased specialist staffing levels at Scotland's two MBUs to 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.</p> <p>We will also continue to provide training for community based staff to upskill the workforce.</p>
Set out what action the Scottish Government will take to raise awareness among referrers through the country of the availability of MBUs, the services they can provide and the associated benefits to perinatal mental health. (8)	As part of the development of specialist Community Perinatal Mental Health and Maternity & Neonatal Psychological Interventions services we are promoting awareness of MBUs and care pathways. Our Service Development Advisor is supporting Boards both in their local service development and regional working, including implementation to care pathway 4 (Admission to an MBU). In addition, we are currently revising the terms of the Mother and Baby Unit Family Fund to make it more accessible and seeking to ensure it is more widely promoted.
Specialist Community Services	
Understand why there has been inconsistent access to specialist community perinatal mental health services across the country (9)	<p>Boards have developed specialist community perinatal services according to recommendations in <i>Delivering Effective Services</i> and received additional funding in this regard. Ten Boards now have a recently launched or functioning specialist Community Perinatal Mental Health service and 8 Boards have a recently launched or functioning Maternity/Neonatal Psychological Interventions service. Boards who are providing a partial service are on track to do this by the end of the Programme Board.</p> <p>Health Boards continue to build their services in order to achieve consistent access to specialist community perinatal services across Scotland.</p>

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Recommendations	Response
<p>Explain why allocation of spending on perinatal mental health services across all NHS boards have not so far translated into additional community perinatal mental health service provision across the country. (10)</p>	<p>Following through on the recommendations of <i>Delivering Effective Services</i> has meant a significant increase in workforce and, in many areas, creation of new services. Some Boards have chosen to align services differently to that recommended in <i>Delivering Effective Services</i> due to changes in the service landscape, rurality, population and other factors. The Perinatal and Infant Mental Health Programme Board, Managed Clinical Network, Participation Officers and key stakeholders have been working closely with Boards to support them to develop teams which meet the needs of women, infants and families in their areas. As this is primarily a new workforce, teams have required time for additional training in their role as well as to develop services and, as has happened in many areas, the pandemic has also had an impact despite clear local enthusiasm for service progression.</p>
<p>Set out how current and future funding and service provision delivers equity of access to specialist community mental health services throughout Scotland. (11)</p>	<p>The <i>Delivering Effective Services</i> report sought to ensure equal access to services across Scotland and the Scottish Government has continued working with Boards to ensure this continues to happen. The Managed Clinical Network and Scottish Government are currently working to establish regional arrangements so that all Boards have access to specialist services and consultation when needed. This is in line with the Women and Families Maternal Mental Health Pledge to ensure that women have access to expert advice and care about their maternal mental health when it is required, wherever they live in Scotland. Equity of access to services will also be considered as part of the development of the Perinatal Mental Health Service specification.</p>
<p>Confirm in which NHS Board areas the waiting time commitment is currently being met and those areas where it is not. Set out a timetable and associated plan for delivering the commitment across all NHS Board areas. (13)</p>	<p>There is no statutory Waiting Time Standard for perinatal mental health services. When developing services Boards are expected to ensure women are seen within an appropriate timeframe that meets the clinical needs of the women they support. Current engagement with Boards does not signal any significant issues in this regard.</p>

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Recommendations	Response
Dr Gray's Hospital	
<p>The Committee notes the short term recommendation of the independent review of maternity provision at Dr Gray's Hospital by Ralph Roberts that a 'Moray Networked Model' should be provided with a community maternity unit linked to Raigmore Hospital. The Committee requests an urgent update from the Scottish Government on the planned timetable for implementing this recommendation. (15)</p>	<p>The independent review into Moray maternity services, commissioned by Scottish Government, was published on 3rd December 2021. The review group led by Ralph Roberts considered six models and made 38 recommendations with a proposed an Action Plan and timeline. The Cabinet Secretary met with key stakeholders in December and visited Moray on 21st March to hear directly from local people and clinicians. The Cabinet Secretary is considering all the recommendations and will announce his response to the report on March 30th.</p>
<p>Set out actions to support maintenance and development of consultant-led services in rural areas across Scotland. (16)</p>	<p>As above, this is one of the recommendation within Ralph Roberts report, and the Cabinet Secretary expects to respond formally to this shortly. Our National Workforce Strategy includes a commitment to develop a remote and rural recruitment strategy by the end of 2024, providing a framework which will support employers to ensure the health and social care needs of people who live in remote and rural communities are met.</p>

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Recommendations	Response
Joined-up care	
<p>To commit to introduce a service specification for perinatal mental health services as a mechanism for better more joined up care.</p> <ul style="list-style-type: none"> • Provide more information on the proposed specification. • Provide a timetable for stakeholder consultation •The time table for development and introduction •Details on how the service specification will ensure consistent, joined up delivery of perinatal mental health services in Scotland (17/18) 	<p>We are in the initial stages of developing a specification for Perinatal Mental Health Services. The specification encompasses specialist Community Perinatal Mental Health Services and Mother & Baby Units with specific planning for Maternity/Neonatal Psychological Interventions and Infant Mental Health Services.</p> <p>We will write to the Committee with further details of planning for the specification, a timeline for stakeholder consultation, a proposed timeline for development/introduction and an overview of how the specification will contribute towards achieving joined up care for women and families in Scotland in due course.</p>
<p>Provide clarification on how development of the service specification and future provision of mental health services will be aligned with the new proposed National Care Service. (19)</p>	<p>We will work to establish a timeline for the Perinatal Mental Health Specification which includes consideration of alignment with the National Care Service alongside delivery of the specification in a timely manner.</p>

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Recommendations	Response
Third Sector Support	
Develop a comprehensive strategy to improve communication, collaboration, co-operation and exchanges of best practice between third sector and statutory perinatal mental health support. (22)	During the final year of the Programme Board we will work with stakeholders to produce best practice guidance on successful and productive joint working between third sector and statutory services. The core of this guidance will be created through a series of national and local conversations. These events will be carefully facilitated to promote genuine, honest and open engagement and support reflective thinking on the more difficult aspects of joint working. Additionally, we seek to support integration of best practice between third sector and statutory services wherever possible. This includes supporting Mother and Baby Units to learn from third sector provision regarding the development of their inpatient peer support services.
SG and NHS Boards to ensure all care practitioners can offer effective sign posting towards available third sector provision of perinatal mental health support services (23)	During the pandemic we worked with third sector stakeholders to develop the Perinatal and Infant Mental Health Directory of Third Sector Services (https://www.inspiringscotland.org.uk/perinatal-mental-health-services/). We will work with Inspiring Scotland to develop this further and work with the Programme Board, MCN and Health Boards to ensure there is awareness across Scotland.
Undertake a comprehensive audit of funding available for perinatal mental health support across both the NHS and the third sector to ensure optimal use of limited funds and redeployment where necessary (24)	In 2022 we will publish Board Progress Updates for each Health Board within Scotland. These will include details of funding for specialist Community Perinatal Mental Health, Maternity/Neonatal Psychological Interventions, Infant Mental Health, Mother & Baby Units and the Perinatal and Infant Mental Health Third Sector Fund Portfolio. These Board Progress Updates will be published as part of a wider online resource aimed at increasing transparency and accessibility in information around perinatal and infant mental health services for families across Scotland. The distribution of funding has been based upon population need in line with service models set out in <i>Delivering Effective Services</i> . Scottish Government is actively working with all Boards across Scotland to ensure that

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Recommendations	Response
	ongoing funding continues to meet population need based upon the NRAC formula and work with Boards in supporting them to effectively plan ongoing service provision.
Ensure third sector organisations providing perinatal mental health services are afforded greater financial security by moving towards longer term funding cycles (25)	<p>Scottish Government committed in the Programme for Government to progressing a multi-year funding model and the funding security of the third sector in general is being considered through the Scottish Government’s Strengthening Collaboration Programme. We have secured multi-year funding arrangements for many of the key third sector infrastructure bodies funded from within the Social Justice, Housing and Local Government portfolio providing additional certainty for the longer term and meeting a key commitment in this year’s Programme for Government.</p> <p>For Perinatal and Infant Mental Health third sector organisations specifically, we will build in further security where possible balanced across the needs of the sector and the capacity to support a variety of organisations and types of services.</p> <p>We will also ensure that perinatal and infant mental health third sector organisations are informed of initiatives such as Accelerate. Accelerate is a bespoke programme of enterprise support, mentoring, capacity building and guidance to assist non trading (grant, fundraising and donation-dependent community organisations) to become more sustainable and thus protect front line services. It can also direct organisations to Just Enterprise and other suitable business support. Both Accelerate and Just Enterprise are supported with SG funding.</p>

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Recommendations	Response
Transitions	
<p>Undertake work to ensure NHS Boards improve the integration and continuity of perinatal mental health services in the longer term for families who need it. The committee believe that help should not be restricted to the one year period following the birth of a child. (26)</p>	<p>Currently, in relation to specialist perinatal mental health, the perinatal period is defined as pregnancy and the first 12 months after birth. This is reflected in section 24 of the Mental Health (Care and Treatment) (Scotland) Act 2003 and further amended in section 31 of the Mental Health (Scotland) Act 2015. We are working with the Perinatal and Infant Mental Health Programme Board and Managed Clinical Network to consider the parameters for perinatal mental health support within Scotland as part of Programme Board transition planning. A key part of this work will be consideration of how to ensure that care is responsive to clinical need, with services remaining involved if the care they provide is most appropriate to the patient's clinical need. This may result in a definition of service duration where any specified cut off has built-in flexibility to allow for clinical need. The application of this will be considered as part of the service specification.</p>
<p>NHS Boards should take action to ensure transitions from perinatal mental health into adult mental health services are as smooth as possible. (27)</p>	<p>NHS Boards are working locally with key stakeholders in both statutory and third sector in terms of inward and onward transition to other services to ensure smooth transitions for patients and families. This also includes transition in and out of unscheduled care where this is not provided by the community perinatal mental health team.</p>
<p>To reassure that ongoing provision of perinatal mental health support through adult mental health is prioritised and resourced. (27)</p>	<p>A strong interface is vital between specialist Community Perinatal Mental Health and Adult Mental Health teams in terms of successful transition after the perinatal period for those individuals who continue to require support as well as from Adult Mental Health to Perinatal when someone becomes pregnant. In smaller Boards, the perinatal and adult support is within the same team. In larger Boards, collaboration for transition is required and is part of ongoing service development.</p>

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Recommendations	Response
Recruitment and Retention	
Provide an update on progress towards implementing key recommendations from the PMHN Scotland Report around staff recruitment and retention (28)	The Perinatal and Infant Mental Health Programme Board Service Development Advisor is making strong links with boards and updates the Programme Board on progress with recruitment using Board Progress Updates. The Programme Board's Workforce and Sustainability Sub Group is also conducting thematic research on staff recruitment modelling.
Address what actions are being taken to provide better wellbeing support for midwives and health visitors. (28)	<p>In 2021/22, we have made £12 million available to support the wellbeing of the workforce. To complement the wellbeing support available at a local level, we have made available a range of resources including the National Wellbeing Hub, a 24/7 National Wellbeing Helpline, confidential mental health treatment through the Workforce Specialist Service and funding for additional local psychological support. We are also providing further support for practical measures to aid rest and recuperation alongside additional resources such as Coaching for Wellbeing and grief and bereavement support.</p> <p>We are actively listening to colleagues to understand where the current pressures are, and what actions can be taken to mitigate their impact on staff</p>
Update on any additional work underway to deliver the increased staffing complement necessary to ensure perinatal mental health support. (29)	NHS Boards have been funded to recruit staffing as recommended in <i>Delivering Effective Services</i> . Boards have used this funding to recruit a workforce suitable to both national recommendations and local context. Where boards are experiencing recruitment delays, there has been intensive support delivered from the national team. As of March 2022, all boards are making significant steps to recruitment of their teams and service delivery.

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Recommendations	Response
Training	
<p>Ensure further education institutions deliver perinatal mental health training as core training for all midwifery and nursing students as a priority. Having due regard to the relevant standards of the NMC. (30)</p>	<p>Content of training programmes for all pre-registration midwifery and nursing students is regulated by the Nursing and Midwifery Council's (NMC) standards for education. Educational programmes must adhere to the standards' requirements regarding programme content. The standards are available to view here: Standards for education - The Nursing and Midwifery Council (nmc.org.uk). Under these education standards, pre-registration midwifery and nursing programmes must evidence content which addresses Maternity Care and a Perinatal Mental Health component as part of the curricula. For pre-registration midwifery programmes, this is an integral part of NMC midwifery proficiencies and, as such, is an integral part of midwifery programmes. The content for nursing programmes has been discussed nationally at the Scottish Collaboration for the Enhancement of Pre-Registration Nursing (SCEPRN) and perinatal mental health training is addressed as part of the required midwifery experience and learning.</p> <p>Health Visiting programmes are delivered post-registration at Masters level to achieve a qualification and registration as a Specialist Community Public Health Nursing – Health Visiting. Perinatal mental health is delivered through the curricula.</p> <p>Work is ongoing, led by the Nursing and Midwifery Council, to review the Future Nurse and Midwife Standards, and the Scottish Government will continue to emphasise the necessity to maintain perinatal mental health training as core training for all midwifery and nursing students through the review process. Furthermore, we will ensure that perinatal mental health education in pre- and post-registration nursing and midwifery programmes remains at the fore of education and training discussions with the Council of Deans for Health Scotland (CODHS). CODHS includes representation from all institutions currently commissioned to deliver pre-registration nursing and midwifery education in Scotland.</p>

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Recommendations	Response
<p>Provide a detailed update on the progress towards implementing the key recommendations from the PMHN report related to workforce training (31) Provide timescales, sources of funding for completion of any actions that remain outstanding (31)</p>	<p>Progress on workforce training is reported at the Perinatal and Infant Mental Health Programme Board meetings which occur every two months. We will provide the Committee with a detailed written update on perinatal and infant mental health workforce training progress by May 2022. This update will include reference to timescales and sources of funding for any outstanding actions.</p>
<p>Ensure that training is provided flexibly allowing training to be completed at the persons own preferences. (32)</p>	<p>The Staff Governance Standard focuses on how NHSScotland staff are managed, and feel they are managed, by one of Scotland's largest employers. It forms part of the governance framework within which NHS Boards must operate. This commitment to staff governance was reinforced by the legislative underpinning within the NHS Reform (Scotland) Act 2004. The Staff Governance Standard Framework is the key policy document to support the legislation which aims to improve how NHSScotland's diverse workforce is treated at work. The Scottish Government annual Staff Governance Monitoring exercise requires all Boards to evidence that they are working towards the strands of this standard. One of the strands of the standard is ensuring that staff are appropriately trained and developed.</p> <p>In relation to Perinatal Mental Health specifically, the Managed Clinical Network and Perinatal and Infant Mental Health Programme Board will continue to promote to Boards that appropriate and flexible time for training should be built in to developing services and reviewed at regular points.</p> <p>This will be highlighted through Programme Board visits to Health Boards and followed up by the Scottish Government's Perinatal and Infant Mental Health Service Development Advisor. All the NHS Education Scotland training has been provided to Specialist PMH and MNPI staff, Health Visitors and Midwives and Psychiatrists within working hours. We have provided flexible access to</p>

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Recommendations	Response
	<p>“Essential Perinatal and Infant Mental Health” online training that can be accessed when and where suits staff members.</p>
<p>Commission further research to identify what proportion of perinatal mental health staff are encountering barriers for completing training and the nature of these barriers (33)</p>	<p>Within the duration of the Perinatal and Infant Mental Health Programme Board there has been no feedback on any perinatal mental health staff experiencing barriers to training. This has been reflected in the uptake of perinatal mental health training with 129 specialist staff within Mother & Baby Units and specialist Community Perinatal Mental Health teams completing the training programme, with a remaining 44 still to be trained. Similarly, for specialist staff in Maternity/Neonatal Psychological Interventions services there have been 31 professionals complete the training and a further 16 due to be trained.</p>
<p>Use the finding from the above two points to inform a targeted strategy aimed at increasing uptake of training opportunities. (33)</p>	<p>The Scottish Government will ensure that further training needs will be considered as part of the transition planning for the Perinatal and Infant Mental Health Programme Board.</p>
<p>Breastfeeding support</p>	
<p>What has been the impact of the pandemic on breastfeeding support. (35)</p>	<p>As with all other services, there was a pivot to on-line and virtual support at the start of the pandemic. This included NHS, 3rd sector and peer support. Scottish Government made efforts to protect these services from large scale deployment from March 2020, and provided guidance to Health Boards on the importance of maintaining them as far as possible through national guidance. This provided a level of protection for these services to continue throughout. This is further evidenced by breastfeeding rates at initiation, first visit and 6-8 weeks continuing to rise during the pandemic. National statistics on Infant Feeding for the early period of the pandemic were published in October 2021 Infant feeding statistics - Financial year 2020 to 2021 - Infant feeding statistics -</p>

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Recommendations	Response
	<p>Publications - Public Health Scotland, and monthly data on breastfeeding rates is now published by Public Health Scotland on a regular basis COVID-19 wider impacts (shinyapps.io)</p>
<p>Outline what plans are in place to resume services as part of COVID recovery. (35)</p>	<p>These services did not stop, but were prioritised for those with the most complex feeding challenges. Support for women in their own homes took place where it was safe to do so, and group based support was paused or moved on-line, and is beginning to return to near normal. As services returned to normal delivery patterns, so did the support for all women, although that may have varied across the country depending on the state of the pandemic in each area. We are continuing to work closely with Health boards and 3rd sector partners to encourage the pace of return to group based support in particular.</p>
<p>Further action to be taken to support new mothers who wish to breastfeed across all maternity services (36)</p>	<p>All maternity services in Scotland are Unicef Baby Friendly accredited. This means that they are already working in an evidence based way to support new mothers, who choose to breastfeed, to do so. We will continue to work closely with Health boards to identify areas for improvement and reduce variation in how all women are supported in their feeding choices from early hours and days following birth.</p>
<p>SG and further education institutions to ensure every student midwife received practical breastfeeding support training. (37)</p>	<p>On the assumption that the Committee is referring to higher education institutions, where midwifery education is delivered, then we can confirm that all university midwifery education programmes in Scotland are Unicef UK Baby Friendly accredited, which indicates that the curriculum has been assessed as meeting the requirements that students receive education on how to practically support breastfeeding and formula feeding mothers effectively. This commitment supports the quality and governance of the student curriculum to ensure it includes both theoretical and practical teaching content, and fully aligned with the UNICEF BFI educational programme requirements and standards. Training for student midwives begins in year 1 and is threaded throughout the curriculum until point of registration. Universities complete practical skills reviews for all student midwives as part of the undergraduate programme and they receive supervision from a mentor in clinical practice.</p>

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Recommendations	Response
<p>Ensure that training is also available to all midwives, health visitors and newly qualified midwives. (37)</p>	<p>All NHS Boards in Scotland are Unicef UK Baby Friendly accredited, and a requirement of this standards is that all midwives, health visitors and newly qualified midwives in every NHS Board attend an annual update. All NHS Boards complete internal audits of staff and mothers who use the service to collate care experiences and this is used to improve service delivery.</p> <p>Theoretical content utilises the national UNICEF BFI presentation slides to ensure consistency across both pre-registration and post-registration training, as well as training delivered to non-registered workforces within NHS Scotland. Practical training is delivered within the University curriculum, consolidated during practice learning experiences (placements) and is provided concurrent to the theoretical content delivery. Skill development includes compassionate communication, motivational interview techniques and advocacy – which also support students to promote positive early attachment and positive relationships.</p> <p>Within the clinical environments, students will have a range of proficiencies to achieve relating to breastfeeding, infant feeding and positive relationships which can be realised as they articulate though inpatient and community placement areas, supported by appropriately trained midwives and other health care professionals.</p>
<p>Provide an update on the eight recommendations in the Becoming Breastfeeding Friendly Scotland report, focusing on the implementation of developing and implementing a breastfeeding advocacy and promotion strategy. (38)</p>	<p>Scottish Government is currently undertaking a review of progress on the Becoming Breastfeeding Friendly Scotland report actions as part of planning our next steps to support breastfeeding across Scotland. This will be carried out by Summer 2022 and we would be happy to provide the Committee with a fuller update once that has been undertaken.</p>

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Recommendations	Response
<p>Provide more information on SG strategy for supporting mothers with feeding their baby irrespective of their individual choices and circumstances (39)</p>	<p>Our overarching aim is to normalise breastfeeding as it provides the best nutritional start for all babies. Alongside our ongoing commitment to the Unicef Baby Friendly Initiative, we have provided resources to test community based supports to further that aim, particularly in areas of traditionally low breastfeeding rates. How a mother chooses to feed her baby is largely down to individual choice. The approaches taken by Scottish Government over the past few years have been to ensure that women can make informed choices and have access to the right support at the right time, through evidence based, person-centred care. Feeding information has been provided through our national platform, Parent Club.scot, on both breastfeeding and safety when formula feeding. Our Infant Feeding Advisors, based within Health Boards, oversee infant feeding support locally and provide advice to all new mothers regardless of how their babies are fed.</p>
<h3>Birth Trauma</h3>	
<p>To develop and support birth trauma prevention work as a matter of urgency and to work across all NHS boards.</p> <ul style="list-style-type: none"> • Supporting the well-being of midwives and health visitors, so they can better support birthing women • Ensuring staff have adequate time to spend with women to help them prepare for birth and reflect on birth afterwards. • Ensuring resources are available to support staff to 	<p>The Best Start A Five Year Forward Plan for Maternity and Neonatal Care was published in 2017 and remains a firm Programme for Government commitment. It sets out a future vision for maternity and neonatal care which focuses on putting women, babies and families at the centre of maternity and neonatal care to ensure they receive the highest quality of care according to their needs. It recommended that all women receive continuity of maternity and obstetric care for all women that brings additional care, advice and support around the woman and her family.</p> <p>The introduction of continuity of carer has well-evidenced benefits in terms of outcomes for mothers and for babies. As well as improved relationships between woman and midwife, evidence indicates other improvements in outcomes for both the mother and baby.</p> <p>All NHS maternity staff are trained to provide first line support to women who experience birth trauma. All women are encouraged to have a birth partner who can provide emotional and other support during labour and birth, and also at antenatal and postnatal appointments and throughout COVID we ensured that women can continue to have birth partners present.</p>

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Recommendations	Response
<p>diagnose birth trauma</p> <ul style="list-style-type: none"> • Developing care pathways to prevent and treat birth trauma providing dedicated treatment for birth trauma across all NHS board areas • Ensuring women always have access to emotional support or a birth partner. (40) 	<p>For perinatal mental health services, birth trauma will sit predominantly across top end, complex presentations within Maternity & Neonatal Psychological Interventions Services. We will work with the Managed Clinical Network to explore the possibility of identifying pathfinder sites to role model good practice to other Boards.</p>
<p>Miscarriage and the death of an Infant</p>	
<p>Address the lack of support for parents and families affected by miscarriage, stillbirth and the death of an infant (41)</p>	<p>All NHS Boards should provide high quality tailored care and support to parents who experience pregnancy and baby loss within best practice guidance including NICE and RCOG guidelines. This care and support should, where appropriate include further investigation and counselling. In addition to the care and support provided locally by Boards, Health Boards will often refer women and their families to third sector organisations such as; Held in Our Hearts, SiMBA, Sands UK, CHAS, Antenatal Results and Choices and the Miscarriage Association.</p> <p>The Scottish Government is committed to supporting families who have experienced baby loss and have provided £178,000 of funding over 4 years to Sands UK to develop the National Bereavement Care Pathways(NBCP) for pregnancy and baby loss in Scotland. The pathways provide health professionals with evidence based care pathways and describes best practice for bereavement care following a miscarriage, termination of pregnancy for fetal anomaly, stillbirth, neonatal death, or the sudden unexpected death of an infant. The Bereavement care pathways are currently being piloted in 4 early adopter Health Boards in Scotland. Full rollout was paused whilst Health Board resources are focused on dealing with the COVID pandemic, but this work will recommence shortly.</p>

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Recommendations	Response
	SANDS UK have also produced Bereavement Care Standards which complement the NBCP's. Health boards are encouraged to use the bereavement care standards wherever possible.
Liaise with NHS boards to explore all avenues to enable to the timetable for establishment of baby loss units to be accelerated (42)	To clarify, the commitment made by the Scottish Government in A Fairer, Greener Scotland: Programme for Government 2021-22 published in September 2021 was to establish a dignified and compassionate miscarriage service tailored to the needs of women and ensuring women's services have dedicated facilities for women who are experiencing unexpected pregnancy complications by the end of 2023. We will collaborate with all 14 Health Boards as we take this work forward.
Provide the committee with further updates on the progress of specialist baby loss units. (42)	Updates on progress to establish a dignified and compassionate miscarriage service tailored to the needs of women and ensuring women's services have dedicated facilities for women who are experiencing unexpected pregnancy complications by the end of 2023 will be provided in due course.
Until baby loss units have been established as an urgent priority SG should establish national protocols that families should be treated with respect and compassion. (43)	<p>All NHS Boards should provide high quality tailored care and support to parents who experience pregnancy and baby loss within best practice guidance including NICE and RCOG guidelines. Care and support should, where appropriate, include further investigation and counselling.</p> <p>Health boards are also encouraged to use the bereavement care standards produced by SANDS UK wherever possible.</p>

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Recommendations	Response
<p>As an urgent priority we should treat families in a trauma-informed way in a separate area from maternity wards, ideally with a means of entry and exit separate to those wards. (43)</p>	<p>The Scottish Government Programme for Government 2021-22 sets out a commitment to establishing dedicated facilities within women’s services for women experiencing unexpected pregnancy complications.</p>
<p>Urgently develop and implement policies and associated funding to ensure every bereaved mother and parent accessing maternity services is met by a specialist bereavement midwife. (44)</p>	<p>Bereavement care is the responsibility of all health professionals working in Maternity Services. Midwives, consultants and other workforce are all trained in bereavement care and the bereavement midwife role is often to coordinate and train the workforce and develop pathways of care, which should link with the primary midwife, not necessarily to provide direct care to all bereaved parents. The standards of proficiencies for midwives specify the knowledge, understanding and skills that midwives must demonstrate at the point of qualification and this includes providing additional care for women and newborns with additional care needs including bereavement care. The maternity workforce, inclusive of the primary midwife, aim to have an informed, skilled team who are able to provide the specialist care that bereaved parents need.</p>

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Recommendations	Response
<p>Ensure that perinatal mental health services are fully accessible to bereaved parents. (44)</p>	<p>Women and their partners who experience mental health struggles following childbirth, complications or loss, including from previous pregnancies, are currently able to access support from their midwife, GP, health visitor, psychological services in primary care and, in some areas, from specialist perinatal mental health services.</p> <p>The Scottish Government endorsed the recommendations in the Perinatal Managed Clinical Network's "<i>Delivering Effective Services: Needs Assessment and Service Recommendations for Specialist and Universal Perinatal Mental Health Services</i>" report published in March 2019. The report sets out a range of recommendations which will improve access to care for women experiencing mental distress or illness during pregnancy or in the first year after birth. These include increasing the provision of psychological therapies at primary care level, developing maternity and neonatal psychological interventions services based in maternity units which will include midwives and other professionals with additional mental health specialist skills in detecting and managing mental health problems, and the roll-out of specialist community perinatal mental health teams across Scotland.</p> <p>These developments will be further supported by increased education and training for all professionals who come in contact with women in pregnancy or after childbirth, so that these difficulties are more likely to be detected early and appropriate support provided.</p>
<p>Equalities</p>	

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Recommendations	Response
<p>Provide an update from the equalities group on the work they have undertaken to identify inequalities in access to perinatal mental health services. (47)</p>	<p>The Equalities Group has:</p> <ul style="list-style-type: none"> • hosted learning sessions on perinatal experiences of parents and families with protected characteristics (LGBT+, and BAME) • designed equalities-focused questions for the Programme Board engagement as part of the monitoring process. • considered the outcomes from the Programme Board EQIA and reviewed the stigma literature • considered the circumstances (outwith protected characteristics) where equality is compromised i.e. poverty and geography • considered the education and training needs of the workforce.
<p>What work is the equalities group taking to develop a comprehensive strategy to tackle these and equality-proof the future development of these services. (47)</p>	<p>The Equalities Group feed in their expertise to the Programme Board who provide strategic oversight for the development of perinatal and infant mental health services in Scotland. The Programme Board's annual delivery plan includes specific references to equalities and the impact of different protected characteristics on engagement with services and the type of support required. The Equalities sub group are contacting Boards as part of the Programme Board's monitoring of service development to understand what arrangements are in place for providing evidence based and best care to women at risk of experiencing perinatal mental health issues in their area and how practice can be used to inform and support a more consistent national response.</p> <p>In particular the Equalities Group are interested in what protocols boards have in place for supporting good care pathway plans for women with protected characteristics, including:</p> <ul style="list-style-type: none"> o Approach to understanding and responding to experiences of trauma o Understanding impact of poverty and approach to financial inclusion o Interface with 3rd sector organisations and how this is mapped out across care pathways <p>The Equalities Group is also interested in understanding how boards monitor the impact and effectiveness of any protocols they may have, with particular reference to:</p> <ul style="list-style-type: none"> - compliance; - the experiences of patients and their families/support systems; - and the provision and effectiveness of equality and diversity training.

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Recommendations	Response
Stigma	
Urgently prioritise the publication of the Raising Awareness Strategy (49)	We have engaged with See Me to expedite the publication of the Raising Awareness and Reducing Stigma Strategy. As part of this work we have agreed that we will publish an interim strategy by June 2022. This will build on existing research on stigma in perinatal mental health and will be complemented by further research on stigma in relation to infant mental health. The interim strategy will be focused around best practice guidance to support organisations to consider how to raise awareness and reduce stigma in the way that they develop and deliver their services. We will then work with stakeholders including lived experience across the remainder of 2022 to review how this resource works in practice, with a second iteration of the document due for publication in March 2023.
Provide further detail on plans for promotion and dissemination of the Strategy to the Committee (49)	We will work with our stakeholders and networks, particularly those with an interest in equalities, to ensure that the best practice guidance reaches organisations providing and planning services for women and families. We will ensure that the guidance is promoted through other Scottish Government and Programme Board activities, such as the annual Peer Support event and any work coming out of the Supporting Women Reducing Harm event on women with substance use issues during the perinatal period. We will publish an update on Strategy progression and dissemination plans on the Perinatal and Early Years section of the Scottish Government website.

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Recommendations	Response
<p>Prior to publication of the strategy update the Committee on actions by SG to address the issue of stigma and to give new mothers engaging with perinatal mental health services confidence that they will not be judged or stigmatised by doing so. (50)</p>	<p>We will write to the Committee prior to the publication of the Raising Awareness and Reducing Stigma Strategy with an update on current stigma reduction actions. This will include reference to work on supporting women with substance use issues during the perinatal period in conjunction with the Perinatal Managed Clinical Network and reflections on the first annual Peer Support event which brought together organisations and individuals involved with peer support.</p>
<p>The impact of the pandemic</p>	
<p>Undertake a review of the perinatal mental health service provision during the pandemic to ensure appropriate lessons are learned for the future. (54)</p>	<p>We are currently working with Public Health Scotland to evaluate the delivery of the programme of work overseen by the Perinatal and Infant Mental Health Programme Board. This will acknowledge the context of Covid-19 whilst examining the development of service provision where across Scotland many services were significantly scaled up and in others entirely new services were created.</p>
<p>Ensure that there are alternative routes available for referrals into perinatal mental health services to ensure no-one is missed due to pressures caused by the pandemic (55)</p>	<p>We will work with the Perinatal Mental Health Network Scotland (MCN) to ensure that referral routes into services are clear across all sectors and roles. In addition to promoting the five care pathways, we will also work across the MCN and our third sector stakeholders to produce a good practice statement on cross sector referrals. We will also look to increase the visibility, accessibility and transparency of perinatal mental health services across Scotland to help ensure that women are actors in their own care.</p>

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