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Dear Rosalind

Thank you for your recent letter and the opportunity to review the draft report relating to Perinatal Mental Health. As a Trust we are able to demonstrate some excellent practice to support women during the perinatal period. We are however aware that there are some areas where we can improve and your work prompts us to consider this further.

You have made reference to the fact that there were challenges in obtaining responses to your survey, and as a result the sample size on which to base your recommendations was small (36). I would agree with you that this number of responses is too small to draw firm conclusions about any of the services which you have referred to. However despite this, I am able to comment on your recommendations with reference to the health visiting service and the infant parent perinatal service (IPPS), both of which are provided by Oxford Health NHS Foundation Trust.

My specific comments in response to your recommendations are as follows:

1. The reduction in service delivery from children centres has already started to have a substantial impact on the delivery of the health visiting service. We are actively engaging with community groups who have been successful in receiving funding, to continue services in some of the existing children centre buildings. To date there are six funded community initiatives, and we have met individually with their leaders to ensure that there is universal health service support incorporated into the plans for their new initiatives. Furthermore, we are working closely with our partners in the Local Authority to ensure there are clear pathways of support for pregnant women and families with children aged 0-5. We plan to be able to offer an enhanced service including regular postnatal depression groups in the 8 new hubs throughout the county. This will be a partnership venture involving health visiting and Local Authority staff who will continue to deliver the crèche facilities to support the group activity.
2. The health visiting and IPPS services are both members of the Oxfordshire Perinatal Mental Health Network. This has led to improvements in interagency communication, joint understanding of current service provision and identified gaps. This network recognises the importance of all professionals working towards the relevant NICE guidelines and evidence-based practice, to ensure there is a consistent approach

toward supporting families. The health visiting service also has a robust interagency pathway for perinatal mental health which is attached to this letter. It serves as a reference for staff how and when to link in with other agencies and services. All women are allocated a named health visitor at the universal antenatal contact who will continue to support her and her family for the first year after the child's birth. This health visitor would be the key worker from the service and would provide a consistent approach, avoiding repetition.

3. This recommendation is largely relevant to the midwifery services regarding consistency of care.
4. Health visitors and the more junior clinical staff in their teams all receive extensive evidence-based training around perinatal mental health and infant mental health. For health visitors this includes a 2 day training from the Institute of Health Visiting with an annual update training for each of these areas. In addition, colleagues from mental health services deliver perinatal mental health masterclasses. There is a robust process in place to ensure that all the staff across the service receives this training, which is mandatory. The content of the training includes assessment of early identification of women who may be struggling emotionally. Furthermore the role of the father is explored and staff know how to support men, and if appropriate refer on to other agencies. The IPPS service accepts referrals for both men and women. Attached with this letter is a copy of our leaflet for fathers who may be suffering from postnatal depression.
5. The Trusts health visiting service prides itself in working very successfully towards the full Baby Friendly accreditation. We have passed the first 2 stages and are anticipating successfully achieving the final stage 3 in 2017. This very rigorous process has involved every member of the service receiving extensive UNICEF breastfeeding training. The universal training includes practical aspects of supporting women, in addition to the emotional aspects of breastfeeding including relationship building between the mother and baby. In addition, the process has involved a widespread audit processes involving feedback around breastfeeding support from a large sample size of randomly selected women. We already have dates agreed for our assessment of stage 3 in early spring next year.

In conclusion we are confident that we have robust training processes in place for all the staff in our health visiting service in relation to perinatal mental health and breastfeeding. It is not provided to a select few, but universally across the whole service to all staff, with regular updates also provided. We are currently working closely with the voluntary sector, midwifery and the Local Authority to ensure that services for women during the perinatal period remain robust and universal, despite the changes planned for the provision of children's centres.

Yours sincerely



Stuart Bell CBE
Chief Executive

