

Jersey Care Commission
Care Standards
Service Specific Requirements
Community based perinatal
Mental Health Services

Safe
Effective
Caring
Responsive
Well-led

Several of the service specific standards for perinatal mental health are covered by the Community Mental Health or the Crisis Resolution standards. Due to the size of local services and the close working between teams the inspectors will not be required to repeat the data collection.

Standards highlighted in purple are specific to perinatal mental health. Those that are prefaced with “Covered in Community MH 00.0.0” refer to where that standard reviewed.

SAFE

Standard 3. Safe systems, pathways and transitions

We work with people and our partners to establish and maintain secure care systems. We manage, monitor, and ensure safety. We make sure that care is continuous, even when people move between different services.

What this means to people:

I know what to do and who I can contact when I realise that things might be at risk of going wrong, or my health condition may be worsening. When I move between services, settings or areas, there is a plan for what happens next, who will do what, and all the practical arrangements are in place.

Relevant regulatory requirements

Regulation 8 Person-centred care
Regulation 15 Shared responsibilities

3.2 Service Specific Requirements

3.2.1 The service is provided for the following groups:

- Women following discharge from an inpatient mental health unit.
- Women experiencing Bipolar Disorder/ Postpartum Psychosis, other psychoses and Serious Affective Disorder, who can be safely managed in the community.
- Women with moderate to severe non-psychotic conditions.
- Women identified in pregnancy who are at risk of a recurrence/relapse of a psychotic or serious/complex non-psychotic condition. Guidance: This includes women who are currently unwell and those who are well but at risk of becoming unwell.
- Women requiring pre-conception counselling.
- Women with alcohol/substance misuse problems if there is also moderate to severe mental illness.
- Women with mild to moderate depression, anxiety disorder, and birth trauma.

- 3.2.2 The service provides information about how to make a referral and waiting times for assessment and treatment.
- 3.2.1 Referrals are made through a single point of access to the Crisis Resolution Team, following initial assessment they will be forwarded to the perinatal mental health team within one working day.
- 3.2.2 A care pathway, including antenatal screening questions, is agreed with maternity services, GPs and adult mental health services to identify both those at risk of developing a serious mental illness following delivery and those who are currently unwell. These might need to be separate pathways for each service.
- 3.2.3 Priority care pathways are in place to allow for discussion of potential emergency, for example, conditions arising after 28 weeks and before six weeks postpartum. Contact with the referrer and/or patient should take place within two working days to establish the urgency of assessment. When a senior team member is not available another appropriate member of the team may be consulted for these discussions.
- 3.2.4 Onward referrals can be made directly to the service during working hours through the Crisis Resolution Team.
- 3.2.5 The service responds to urgent requests for telephone advice from other professionals within one working day.
- 3.2.6 A clinical member of staff is available to discuss emergency referrals during working hours.
- 3.2.7 When the team are unable to conduct an emergency assessment, there is an agreed approach in place. This may include having arrangements in place with another service to cover this, e.g. crisis resolution and home treatment.

- 3.2.8 **There is a procedure** agreed with out of hours teams that, following assessment, patients requiring perinatal specialist care are referred the next working day.
- 3.2.9 **The service provides** a telephone advice line for professionals (e.g. midwives, GPs) at specific times of the week.
- 3.2.10 **The team has a timetabled** meeting at least once a week to provide oversight of allocation of referrals and clinical activity. During the working week teams may also screen referrals daily.
- 3.2.11 **Outcomes of accepted** referrals are fed back to the referrer and patient within ten working days of the referral. If a referral is not accepted, the team advises the referrer and patient and on alternative options.
- 3.2.12 **The service has clear joint** working protocols regarding working with:
- Patients with disordered eating
 - Patients with substance misuse problems
 - Patients with a severe, diagnosed personality disorder
 - Patients with a learning disability
 - Unscheduled care teams/home treatment/crisis/liaison teams.
 - The perinatal service works with the local CYP service to provide care to patients under the age of 18, where a perinatal psychiatric disorder dominates the clinical picture
- 3.2.13 **The team offers** appointments in person.
- 3.2.14 **Teams assess** women who are experiencing an episode of moderate to severe mental illness (in pregnancy and until at least 12 months postpartum with follow up beyond 12 months postpartum if the women's needs are best met by the perinatal service).

3.2.15 **Women with a previous history** of serious mental illness, even if currently well, are offered an assessment to take place during their pregnancy. In some areas, this will involve collaborative working with other specialist services.

3.2.16 **For non-emergency assessments**, the team makes written communication in advance to patients that includes:

- The name and role of the professional they will see
- An explanation of the assessment process
- Information on who can accompany them
- How to contact the team if they have any queries, require support (e.g. an interpreter, childcare, breast feeding facilities), need to change the appointment or have difficulty in attending appointments.

3.2.17 **If the service receives** a referral for a patient who has been prescribed Sodium Valproate or Semi-Sodium Valproate, it is the responsibility of the service to ensure MHRA guidance is followed. An urgent discussion is had (within two working days) with the patient, referrer and other appropriate clinical services. This discussion should include a rigorous assessment of the indications for using Sodium Valproate or Semi-Sodium Valproate. If it has been prescribed as a mood stabiliser by mental health services, this should be escalated to the relevant authority e.g. the clinical or medical director.

3.2.18 **Covered in Community MH 10.2.4** (Patients have a comprehensive evidence-based assessment which includes their):

- Mental health and medication
- Psychosocial and psychological needs
- Strengths and areas for development).

3.2.19 **A physical health** review takes place as part of the initial assessment, or as soon as possible. The patient's assessment should include a general health review considering the patient's pregnant or postnatal state. Any concerns identified result in further assessment and investigation by either the team or another appropriate service such as their GP or Maternity Service.

- 3.2.20 **Patients have a risk assessment** and management plan which is co-produced where possible, updated regularly and shared where necessary with relevant agencies (with consideration of confidentiality). The assessment considers risk to self, risk to the baby/pregnancy, risk to others and risk from others.
- 3.2.21 **For women assessed in pregnancy**, there is a peripartum management plan formulated and recorded in the care s records by 32 weeks of pregnancy, that is shared with the patient, their family or chosen others (where appropriate), GP, Midwife, Health Visitor, Obstetrician and any other relevant professionals or organisations. Any exceptions should be documented in the patient's notes along with reasons for this (e.g. if they were a late referral).
- 3.2.22 **The peripartum management** plan should include:
- Nature of the risk and condition.
 - Details of current medication and any intended changes in late pregnancy and the early postpartum period.
 - Consideration of whether the mother intends to breastfeed.
 - Professionals involved and frequency of contact. For example, frequency of contact with health visitor, GP etc.
 - The patient's chosen emergency contact's details.
 - Admission to hospital if necessary, including potential transfer to an off Island Mother and Baby Unit if necessary and any plans or special requirements for a maternity admission.
- 3.2.23 **Women referred in pregnancy who** are at high risk of serious illness are assessed by a member of the team prior to delivery and regularly thereafter until the period of maximum risk has passed.
- 3.2.24 **Women identified as requiring** a formal psychological intervention are offered an assessment with a qualified psychological practitioner and any treatment commenced within 28 days of the assessment. Any exceptions and reasons for this are documented in the patient's notes. Practitioners delivering therapy must be appropriately trained and supervised.

- 3.2.25 **Covered in Community MH 10.2.8** (The team sends correspondence detailing the outcomes of the assessment to the referrer, the GP and other relevant services within a week of the assessment. The patient receives a copy).
- 3.2.26 **Patients are asked if they and** their partner and/or chosen others wish to have copies of letters about their health and treatment.
- 3.2.27 **Confidentiality and its limits are explained** to the patient and partner/chosen other, both verbally and in writing. Patient preferences for sharing information with third parties are respected and reviewed regularly.
- 3.2.28 **Covered in Community MH 4.2.1** (The team follows up patients who have not attended an appointment/assessment. If patients are unable to be engaged, a decision is made by the assessor/team, based on patient need and risk, as to how long to continue to follow up the patient. Where patients consent, the carer is contacted).
- 3.2.29 **Covered in Community MH 4.2.2** (If a patient does not attend for an assessment/ appointment, the assessor contacts the referrer. If the patient is likely to be considered a risk to themselves or others, the team contacts the referrer immediately to discuss a risk action plan).
- 3.2.30 **Patients feel respected** by staff members when attending their appointments. Staff members introduce themselves to patients and address them using their name and correct pronouns, titles, and name pronunciations.
- 3.2.31 **The service can conduct assessments** in a variety of settings and, where possible, patients are offered a choice.
- 3.2.32 **Covered in Community MH 6.2.1** (The environment is clean, comfortable and welcoming).
- 3.2.33 **Covered in Community MH 6.2.2** (Clinical rooms are private and conversations cannot be overheard).

3.2.34 **Covered in Community MH 14.2.2** (The environment complies with current legislation on accessible environments. Relevant assistive technology equipment, such as handrails, are provided to meet individual needs and to maximise independence).

3.2.35 **Covered in Community MH 21.2.3** (All patient information is kept in accordance with current legislation. This includes transfer of service user identifiable information by electronic means. Staff members ensure that no confidential data is visible beyond the team by locking cabinets and offices, using swipe cards and having password protected computer access).

3.2.36 **Covered in Community MH 6.2.5** (There is a system by which staff are able to raise an alarm if needed. There should be a protocol in place to ensure staff are safe).

3.2.37 **The service has facilities available** that are suitable for small babies and siblings. E.g. suitable toys and a room for baby-changing and breastfeeding.

SAFE

Standard 4. Safeguarding

We work with people to understand what safety means to them and with our partners to make it happen. We focus on improving people's lives while protecting their right to live safely, free from bullying, harassment, abuse, discrimination, avoidable harm, and neglect. We make sure that we share concerns quickly and appropriately.

What this means to people:

I am listened to, respected and know that my identity and personal safety matters. Care providers and partners work together to make sure I am kept safe from harm, bullying and discrimination.

Relevant regulatory requirements

Regulation 9A Need for consent
Regulation 8 Person-centred care
Regulation 11 Safeguarding

4.2 Service Specific Requirement

- 4.2.1 **Local safeguarding** and child protection guidance is available and accessible to all staff members.
- 4.2.2 **The child protection status** and the responsible social worker are recorded in the patient's notes, with contact details.
- 4.2.3 **The perinatal mental health** team is represented at the Health and Community Services safeguarding.

SAFE

Standard 7. Safe and effective staffing

We make sure there are enough qualified, skilled, and experienced staff who are well supported and receive effective supervision and development. They work together effectively to provide safe care that meets people's individual needs.

What this means to people:

- I always receive safe care and treatment delivered by competent staff
- Staffing levels and skills are planned and reviewed to provide safe care
- I know who my named nurse or key worker is and know how to contact them

Relevant regulatory requirements

Regulation 2 Fitness criteria
Regulation 8 Person-centred care
Regulation 17 Workers

7.2 Service Specific Requirements

7.2.1 The team has a dedicated specialist team manager.

7.2.2 There are written documents that specify professional, organisational and line management responsibilities.

7.2.3 **Covered in Community MH 7.2.1** (The service has a mechanism for responding to low/unsafe staffing levels when they fall below minimum agreed levels, including:

- A method for the team to report concerns about staffing levels.
- Access to additional staff members
- An agreed contingency plan, such as the minor and temporary reduction of non-essential services).

7.2.4 **Covered in Community MH 7.2.2** (When a staff member is on leave, the team puts a plan in place to provide adequate cover for the patients who are allocated to that staff member).

- 7.2.5 **Covered in Community MH 7.2.4** (Patient or carer representatives are involved in the interview process for recruiting potential staff members. These representatives should have experience of the relevant service).
- 7.2.6 **Covered in Community MH 7.2.3** (During operational hours, there is an identified senior clinician available at all times who can attend the team base within an hour).
- 7.2.7 **Staff members receive** an induction programme specific to the perinatal mental health service, which covers key information including:
- The team's mission statement and core identity
 - Aims of the service
 - Key policies
 - Referral and care pathways.
- This induction should be over and above the mandatory or organisation-wide induction programme.
- 7.2.8 **New staff members, including** agency staff, receive an induction based on an agreed list of core competencies (such as the HEE Perinatal Mental Health Competencies Framework or NHS Education for Scotland's Curricular Framework). This should include arrangements for shadowing colleagues on the team, jointly working with a more experienced colleague, being observed and receiving enhanced supervision until core competencies have been assessed as met.
- 7.2.9 **All new staff members are allocated** a mentor to oversee their transition into the service. A mentor does not need to be a formal supervisor and may be an established member of the team who has experience in perinatal mental health.

7.2.10 All supervisors have received specific training to provide supervision that is consistent with their professional background. This training is refreshed in line with local guidance. Staff members receive training consistent with their role, which is recorded in their personal development plan and is refreshed in accordance with local guidelines. This training includes (teams should review the need for refresher trainings at regular intervals to ensure staff competencies remain current):

- The use of legal frameworks, such as the Mental Health (Jersey) Law 2016 and the Capacity and Self-Determination (Jersey) Law 2016.
- Physical health assessment. This could include training in understanding common physical disorders in pregnancy and the early postnatal period, physical observations, basic life support and when to refer the patient for specialist input.
- Safeguarding vulnerable adults and children. This includes recognising and responding to the signs of abuse, exploitation or neglect.
- Risk assessment and risk management. This includes assessing and managing suicide risk and self-harm.
- The range of perinatal disorders and normal emotional changes in pregnancy and after birth.
- Basic infant development including emotional developmental milestones. This should be refreshed annually.
- Supporting parents in a culturally sensitive way with particular relevance to the local population.
- Understanding and promoting mother-infant interaction and relationship. This should be refreshed annually.
- Infant mental health training. This can be accessed locally or from designated providers.
- Recognising and communicating with patients with cognitive impairment or learning disabilities.
- Pharmacological interventions, risks and benefits in pregnancy and breastfeeding (this is updated at least annually).
- Contraception and sexual health.

- Inequalities in mental health access, experiences, and outcomes for patients with different protected characteristics. Training and associated supervision should support the development and application of skills and competencies required in role to deliver equitable care.
- Carer awareness, family inclusive practice and social systems, including partner/family members' rights in relation to confidentiality.
- Infant feeding (including breastfeeding). This should be refreshed annually.

7.2.11 **Peer support workers are** provided with a bespoke training programme appropriate to their role, which includes:

- Listening and facilitation skills
- Negotiating boundaries
- Common issues relating to perinatal mental health, including feeding and birth trauma.

7.2.12 **Covered in Community MH 11.2.9** (All staff members who deliver therapies and activities are appropriately trained and supervised).

7.2.13 **Staff who use clinical outcome** measures have received relevant training.

7.2.14 **Covered in Community MH 7.2.9** (Experts by experience are involved in delivering and developing staff training. This may include training around the role of peer support and its value).

7.2.15 **Covered in Community MH 7.2.6** (All clinical staff members (including peer support workers) receive clinical supervision at least monthly, or as otherwise specified by their professional body. Supervision should be profession-specific and could be on a group or individual basis. Supervision should be provided by someone with appropriate clinical experience and qualifications).

7.2.16 **Covered in Community MH 7.2.7** (All staff members receive individual line management supervision at least monthly).

- 7.2.17 **Staff members in training** and newly qualified staff members receive weekly supervision, in line with professional requirements. The duration of this will be agreed with supervisor and supervisee at the beginning and be in line with the new starter's needs.
- 7.2.18 **Covered in Community MH 7.2.10** (All staff members receive an annual appraisal and personal development planning (or equivalent). This contains clear objectives and identifies development needs and should be informed by self-assessment against an agreed competency framework).
- 7.2.19 **Covered in Community MH 7.2.11** (The team holds business meetings at least once a month).
- 7.2.20 **Frontline staff members** are involved in key decisions about the service provided.
- 7.2.21 **Managers ensure that policies**, procedures and guidelines are formatted, disseminated and stored in ways that frontline staff members find accessible and easy to use.
- 7.2.22 **The team has a fixed base** and office accommodation, which meets the need of the staffing group, including adequate clinical space.
- 7.2.23 **There are sufficient** IT resources (e.g. computer terminals) to provide all practitioners with easy access to key information.
- 7.2.24 **Staff members are** easily identifiable to patients (for example, by wearing appropriate identification).
- 7.2.25 **There are measures in** place to ensure staff are as safe as possible when conducting home visits. These include: • Having a lone working policy in place; • Conducting a risk assessment; • Identifying control measures that prevent or reduce any risks identified.

- 7.2.26 **Covered in Community MH 20.2.1** (The service actively supports staff health and wellbeing. Guidance: For example, providing access to support services, providing access to physical activity programmes, monitoring staff sickness and burnout, assessing and improving morale, monitoring turnover, reviewing feedback from exit reports and taking action where needed).
- 7.2.27 **Covered in Community MH 20.2.2** (Staff members are able to take breaks during their shift that comply with the European Working Time Directive. Staff have the right to one uninterrupted 20-minute rest break during their working day if they work more than six hours a day. Adequate cover is provided to ensure staff members can take their breaks).
- 7.2.28 **Covered in Community MH 28.2.1** (Staff members are able to access reflective practice groups at least every six weeks where teams can meet to think about team dynamics and develop their clinical practice).
- 7.2.29 **Peer support workers have access** to group supervision with others in similar roles.
- 7.2.30 **Covered in Community MH 20.2.3** (Staff members, patients and carers who are affected by a serious incident are offered post-incident support. This includes attention to physical and emotional wellbeing of the people involved and post-incident reflection and learning review).
- 7.2.31 **Covered in Community MH 28.2.2** (Staff members feel able to challenge decisions and to raise any concerns they may have about standards of care. They are aware of the processes to follow when raising concerns or whistleblowing).
- 7.2.32 **The team has protected** time for team building and discussing service development at least once a year.

SAFE

Standard 9. Medicines optimisation

We make sure that medicines and treatments are safe and meet people's needs, capacities, and choices. We involve people in planning their care, even when things change.

What this means to people:

- I feel safe and am supported to understand and manage any risks
- I know what to do and who I can contact when I realise that things might be at risk of going wrong, or my health condition may be worsening
- If my treatment, including medication, has to change, I know why and am involved in the decision
- I have considerate support delivered by competent people.

Relevant regulatory requirements

Regulation 8 Person-centred care
Regulation 9 Personal plans and care records
Regulation 14 Management of medicines

9.2 Service Specific Requirements

9.2.1 **Covered in Community MH 9.2.1** (When medication is prescribed, specific treatment goals are set with the patient, the risks (including interactions) and benefits are reviewed, a timescale for response is set and patient consent is recorded).

9.2.2 **Covered in Community MH 9.2.2** (Patients have their medications reviewed at least weekly. Medication reviews include an assessment of therapeutic response, safety, management of side effects and adherence to medication regime. Side effect monitoring tools can be used to support reviews).

9.2.3 **All women taking medication** will receive regular medication reviews at a frequency determined by the gestation, with particular emphasis on the potential effects of the medication on the pregnancy and changes in the bioavailability of medication as the pregnancy progresses. The team ensures that the relevant maternity services are aware of these issues.

- 9.2.4 **Patients who are prescribed** mood stabilisers or antipsychotics have the appropriate physical health assessments at the start of treatment (baseline), at three months and then annually (or six-monthly for young people). The team maintains responsibility for monitoring their physical health and the effects of antipsychotic medication for the duration that the patient is under the team (carried out by the team or in a shared care arrangement with the patient's GP). Abnormalities or changes in the patient's condition or treatment should prompt a medical review or be acted upon appropriately. Teams should use the most up to date NICE guidelines or equivalent for the frequency of physical health assessments for each medication, taking into account any modifying effects of pregnancy, childbirth, or lactation on biochemical/neurohormonal markers.
- 9.2.5 **Patients and carers can discuss** medications with a specialist pharmacist. A Specialist Pharmacist needs to have mental health knowledge but not necessarily perinatal and should have established links to the service. The Pharmacist does not have to be directly contactable by the patients or carers but could meet with them via a request from other members of the MDT. It would not be expected for a service to routinely give details of pharmacist to patients or carers.

EFFECTIVE

Standard 11. Delivering evidence-based care and treatment

We work with people to plan and provide care and treatment, considering what matters to them. Our approach aligns with the law and follows the latest evidence-based best practices and standards.

What this means to people:

- I am involved in the planning of my treatment and care.
- I am able to influence important decisions about my treatment and care.
- I can give or withhold my consent freely.
- The care I receive is personalised to my preferences and supported by best practice.

Relevant regulatory requirements

Regulation 8 Person-centred care
Regulation 9 Personal plans and care records
Regulation 12 Cleanliness and infection control
Regulation 13 Nutrition and hydration
Regulation 14 Management of medicines
Regulation 16 Control and restraint

11.2 Service Specific Requirements

11.2.1 **Covered in Community MH 3.2.9** (Every patient has a written care plan, reflecting their individual needs. Staff members collaborate with patients and their partners/family members (with patient consent) when developing the care plan and they are offered a copy. Where possible, the patient writes the care plan themselves or with the support of staff).

11.2.2 **Covered in Community MH 10.2.7** (All patients have a documented diagnosis and/or formulation which is shared with the patient. Where a complete assessment is not in place, a working diagnosis and a preliminary formulation is devised).

- 11.2.3 **Covered in Community MH 11.2.7** (Patients (and partners and/or chosen others with patient consent) are offered written and verbal information about the patient's mental illness and treatment. Verbal information could be provided in a 1:1 meeting with a staff member or in a psycho-education group. Written information could include leaflets or websites).
- 11.2.4 **Covered in Community MH 5.2.3** (Patients are actively involved in shared decision making about their mental and physical health care, treatment and discharge planning and are supported in self-management).
- 11.2.5 **The teams provide a range** of therapeutic interventions for the mother, the baby, and the family/chosen others including:
- Establishing and maintaining a therapeutic relationship with the team
 - Nurse-led therapeutic interventions
 - Pharmacological interventions
 - Evidence-based psychological therapies, such as individual, couple's or family-based interventions
 - Evidence-based mother and baby interventions
 - Occupational therapy.
- 11.2.6 **The teams provide a range** of therapeutic interventions for the patients, the baby, and the family including:
- Sustainable interventions such as walking groups and using green space
 - Recreational and creative activities. Teams should maintain an awareness of, and follow, evidence around sustainable and recreational interventions.
- 11.2.7 **Covered in Community MH 11.2.8** (The team supports patients to access activities that are meaningful to them. This might include:
- Activities that promote enjoyment and interaction with the baby and social engagement (such as swimming lessons, sensory activities, music groups);
 - Voluntary organisations
 - Community centres
 - Local religious/cultural groups
 - Peer support networks)

11.2.8 **The team supports patients** to access organisations which offer:

- Housing support
- Support with finances, benefits and debt management
- Social services
- Domestic abuse services
- Drug and alcohol services.

The team should have joint working protocols with relevant organisations. Staff should know how to access policies and protocols around joint working.

11.2.9 **Covered in Crisis Resolution 3.2.55** (Clinical outcome measurement is collected at two time points (at assessment and discharge). This includes patient-reported outcome measurements where possible).

11.2.10 **Covered in Community MH 14.2.2** (Progress against patient-defined goals is reviewed collaboratively between the patient and staff members during clinical review meetings and at discharge).

11.2.11 **Covered in Community MH 11.2.10** (Staff members support patients to access screening, monitoring and treatment for physical health problems through primary/secondary care services. This is documented in the patient's care plan).

11.2.12 **Covered in Community MH 11.2.11** (Patients are offered personalised healthy lifestyle interventions, such as advice on healthy eating, physical activity and access to smoking cessation services. This is documented in the patient's care plan).

11.2.13 **Covered in Community MH 11.2.12** (The team, including bank and agency staff, is able to identify and manage an acute physical health emergency).

11.2.14 **Covered in Community MH 3.2.7** (Patients know who is co-ordinating their care and how to contact them if they have any questions).

- 11.2.15 **Covered in Community MH 12.2.6** (Patients can access help from mental health services 24 hours a day, seven days a week. Out of hours, this may involve crisis lines / crisis resolution and home treatment teams, or psychiatric liaison teams).
- 11.2.16 **The team provides each partner** and/or chosen other with accessible carer's information. Information is provided verbally and in writing (e.g. carer's pack). This includes the names and contact details of key staff members in the team and who to contact in an emergency. It also includes local sources of advice and support such as local carers' groups, carers' workshops and relevant charities.
- 11.2.17 **Partners/chosen others are** supported to access carers' assessment, provided by an appropriate agency. This advice is offered at the time of the patient's initial assessment, or at the first opportunity.
- 11.2.18 **Partners/chosen others** are offered individual time with staff members to discuss the needs of the family. This should be offered where appropriate. Staff should signpost partners to support (i.e. appropriate local services) as required.
- 11.2.19 **The team actively encourages** partners and/or chosen others to attend carer support networks or groups. There is a designated staff member to support carers.
- 11.2.20 **The team follows a protocol** for responding to partners/chosen others when the patient does not consent to their involvement.
- 11.2.21 **The service ensures that older** children and other dependants are supported appropriately. This may be achieved through referral or signposting to other services, e.g. social services, health visitor. Any materials should be age appropriate.
- 11.2.22 **Staff members treat patients** and partners/chosen others with compassion, dignity and respect. Staff should make an active effort to be aware of, and

provide sensitive care in line with, individuals' cultural and religious differences.

11.2.23 Covered in Community MH 16.2.2 (Patients feel listened to and understood by staff members).

11.2.24 When talking to patients and partners/chosen others, health professionals communicate clearly, avoiding the use of jargon.

11.2.25 Covered in Community MH 24.2.7 (The service uses interpreters who are sufficiently knowledgeable and skilled to provide a full and accurate translation. The patient's relatives are not used in this role unless there are exceptional circumstances. Exceptional circumstances might include crisis situations where it is not possible to get an interpreter at short notice).

EFFECTIVE

Standard 12. How staff, teams and services work together

We collaborate well between teams and services to help people. We ensure that people who use services only have to tell their story once, by sharing their needs assessment when they move between different services.

What this means to people:

- I only have to tell my story once, and the care I receive is based on teams working together, even when I move between services
- I can expect that all information provided will be treated confidentially and held securely
- My care records will be shared appropriately with my knowledge and consent and on a need to know basis.

Relevant regulatory requirements

Regulation 8 Person-centred care
Regulation 15 Shared Responsibilities

12.2 Service Specific Requirements

12.2.1 **A discharge letter is sent to the patient** (with the patient's consent) and all relevant parties within 10 working days of discharge. The letter includes the plan for:

- On-going care in the community/aftercare arrangements
- Crisis and contingency arrangements including details of who to contact
- Medication, including monitoring arrangements
- Details of when, where and who will follow up with the patient as appropriate
- Assessment of the quality of mother-infant interaction
- Risk assessment (mother and child).

12.2.2 **When patients are transferred between** community services there is a handover which ensures that the new team have an up-to-date care plan and risk assessment. This should also include a needs assessment and transfer to a general mental health team as well as within perinatal teams.

- 12.2.3 **Covered in Community MH 12.2.4** (Teams provide support to patients when their care is being transferred to another community team, or back to the care of their GP).
- 12.2.4 **For any patients who are** discharged from inpatient care, follow up is arranged by the perinatal community team and they (or alternative out-of-hours provision) see the patient within three days.
- 12.2.5 **The potential for admission** is communicated verbally to the patient and their family, and written information provided. This is recorded in the written care plan and communicated to the patient's GP, midwife and health visitor if there has been any potential for admission to inpatient care.
- 12.2.6 **As soon as possible after** admission to an off-Island Mother and Baby Unit, a perinatal community practitioner is allocated to the patient and attends all appropriate meetings, including the patient's multidisciplinary ward review and pre-discharge meeting. If they are unable to attend in person, they should participate by phone or video link.
- 12.2.7 **When a patient is admitted** to an inpatient mental health unit, a community perinatal mental health team representative contributes and attends ward rounds and discharge planning in person (where possible) or remotely. If attendance is not possible, the community team should make contact via phone/video-link.
- 12.2.8 **Partners and/or chosen others** (with patient consent) are involved in discussions and decisions about the patient's care, treatment and discharge planning. This includes attendance at review meetings where the patient consents.
- 12.2.9 **The service is actively involved** with a regional perinatal clinical network.

EFFECTIVE

Standard 14. Monitoring and improving outcomes

We routinely monitor people's care and treatment to continuously improve outcomes. We ensure that outcomes are positive and consistent and that they meet both clinical expectations and the expectations of people themselves.

What this means to people:

- The care and treatment I receive is constantly monitored so that improvements can be made
- I receive the best care possible for my condition
- I am consulted about new or recommended treatments for my condition.

Relevant regulatory requirements

Regulation 7 Respect and involvement
Regulation 8 Person-centred care
Regulation 9A Need for consent

14.1 Service Specific Requirements

14.2.1 **Covered in Community MH 3.2.1** (The service reviews data at least annually about the people who use it. Data are compared with local population statistics and actions taken to address any inequalities of access that are identified).

14.2.2 **The service evaluates annually:**

- Feedback from referrers
- Feedback from service staff
- Analysis of complaints
- The findings of audits
- Key performance data (e.g. number of referrals, reasons for declined referrals and outcome measurement data)
- Women involved in Care Proceedings / Child Safeguarding Protection Plans
- Data on the demographic breakdown in their area. Teams should take meaningful action to address inequality and improve access.

- 14.2.3 **Action plans are developed** based on the service evaluation and resulting quality improvement is monitored.
- 14.2.4 **The service has a meeting**, at least annually, with all stakeholders to consider topics such as referrals, service developments, issues of concern and to re-affirm good practice. Stakeholders could include staff member representatives from inpatient, community and primary care teams as well as patient and partner/chosen other representatives.
- 14.2.5 **Covered in Community MH 14.2.3** (The service's clinical outcome data are reviewed at least six-monthly. The data are shared with senior management team, the team, patients and carers, and used to make improvements to the service).
- 14.2.6 **Covered in Community MH 2.2.1** (Systems are in place to enable staff members to report incidents quickly and effectively, and managers encourage staff members to do this).
- 14.2.7 **Covered in Community MH 2.2.2** (When mistakes are made in care this is discussed with the patient themselves and their carer, in line with the Duty of Candour agreement).
- 14.2.8 **Covered in Community MH 2.2.3** (Lessons learned from untoward incidents and complaints are shared with the team and the wider organisation. There is evidence that changes have been made as a result of sharing the lessons).
- 14.2.9 **Any serious untoward** incident, including those involving a child and any emergency child protection order, is reviewed within six weeks and chaired by a suitably qualified clinician external to the service.
- 14.2.10 **Covered in Community MH 5.2.1** (The service asks patients and carers for their feedback about their experiences of using the service and this is used to improve the service).

- 14.2.11 **Feedback received from** patients and partners/chosen others is analysed and explored to identify any differences of experiences according to protected characteristics.
- 14.2.12 **Covered in Community MH 5.2.2** (Services are developed in partnership with appropriately experienced patient and carers and have an active role in decision making).
- 14.2.13 **The team is actively involved** in QI activity. Guidance: This may include audits, developing policies/protocols, activities around development of service and involving patients and partners/chosen others.
- 14.2.14 **Covered in Community MH 2.2.5** (The team actively encourage patients and carers to be involved in QI initiatives).
- 14.2.15 **The organisation has a research friendly** culture which provides staff with the opportunity to take part in research projects.

CARING

Standard 17. Treating people as individuals

We treat people as individuals and make sure their care, support and treatment meet their needs and preferences. We take account of their strengths, abilities, aspirations, culture and, unique backgrounds and protected characteristics.

What this means to people:

I am treated as a unique individual. Care providers go beyond a one-size-fits-all approach and ensure that my care, support, and treatment are tailored to meet my specific needs and preferences.

Relevant regulatory requirements

Regulation 7 Respect and involvement
Regulation 8 Person-centred care
Regulation 9A Need for consent
Regulation 13 Nutrition and hydration
Regulation 14 Management of medicines
Regulation 16 Control and restraint

17.2 Service Specific Requirements

17.2.1 **Covered in Community MH 10.2.2** (Patients are given accessible written information which staff members talk through with them as soon as is practically possible. The information includes:

- Their rights regarding consent to treatment and consent to treatment
- How to access advocacy services
- How to access a second opinion
- How to view their health records
- How to raise concerns, complaints and give compliments
- Where relevant, how to access interpreting services
- Where relevant, their rights under the Mental Health (Jersey) Law 2016)

17.2.2 **Covered in Community MH 15.2.1** (Assessments of patients' capacity (and competency for patients under the age of 16) to consent to care and treatment are performed in accordance with current legislation).

- 17.2.3 **When patients lack capacity** to consent to interventions, decisions are made in their best interests in line with the Capacity and Self-Determination (Jersey) Law 2016 (with consideration of safeguarding and appropriate use of the Mental Health (Jersey) Law 2016).
- 17.2.4 **Covered in Community MH 3.2.9** (There are systems in place to ensure that the service takes account of any advance directives or statements that the patient has made. These are accessible and staff members know where to find them).
- 17.2.5 **The team records which children** or vulnerable adults the patient has responsibility for and takes safeguarding action where needed.
- 17.2.6 **During the initial assessment** process for the patient, the emotional and physical care needs of the infant are assessed. This assessment should include:
- The baby's age and date of birth or due date.
 - Parental responsibility for the infant.
 - Name and contact numbers of GP, Health Visitor, Midwife, Obstetrician, any Social Worker or Paediatrician involved and any other relevant professionals or agencies.
 - If the child is the subject of a Child in Need Plan/ Looked After Child Plan/Child Protection Plan/Care Proceedings. Pertinent negatives must also be recorded, i.e. that the child is not the subject of a Child Protection Plan.
 - Mode of delivery and obstetric complications during birth.
 - Current or planned mode of feeding and any previous or current problems with feeding.
 - A brief assessment of mother-infant interaction, care and relationship.
 - The occupants of the household.
- 17.2.7 **The team has a mechanism** for recognising areas of concern and identifying an appropriate course of action. E.g. discussion at a safeguarding meeting or supervision.

17.2.8 **A risk assessment of mother and infant** is undertaken during the initial assessment process and if the mother's condition changes. This should include:

- Disclosures of harmful or potentially harmful acts.
- Any delusions / overvalued ideas or hallucinations involving the pregnancy, infant or other children.
- Any thoughts, plans or intentions of harming the pregnancy, infant or other children. The assessment should consider that the phenomena could be intrusive obsessional thoughts.
- Hostility, irritability and/or rejection towards the unborn baby, infant or other children.
- Any involvement with Children's Social Care. Guidance: For example, an unborn baby, infant or older children subject to Child Protection Plan or childcare proceedings.
- Any concern about any other person who may pose a risk to the unborn baby, child or other children. Guidance: This includes anyone on the Sex Offender's Register, anyone with a drug/alcohol dependency, anyone with supervised access to children or anyone who has been refused access to other children.
- The mother's thoughts and behaviours about estrangement from the baby and severe maternal inadequacy.

17.2.9 **The risk assessment tool** is designed or modified for use by perinatal community mental health services.

17.2.10 **At each stage of care and risk assessment**, consideration is given as to whether it is appropriate to initiate a Common Assessment Framework (or local equivalent) to better assess any additional needs the baby or older children of the family may have.

17.2.11 **Case notes include:**

- Any maternal concerns in relation to the pregnancy/infant.
- Their care of the pregnancy/infant.
- Their enjoyment of the pregnancy/infant.
- If the infant is absent from an appointment, the reason why is recorded.

17.2.12 **Where the service is prescribing** psychotropic medication for breastfeeding mothers, it is tailored to their needs both in terms of the choice of medication, its dosage and frequency of administration.

17.2.13 **If a patient and infant or older children** are seen in an outpatient clinic or other mental health facility, the waiting area is exclusively for the use of the Perinatal and/or maternity services during that session.