

PERINATAL AND INFANT MENTAL HEALTH PROGRAMME BOARD TERMS OF REFERENCE

1. Title

Perinatal and Infant Mental Health Programme Board (PNIMH-PB)

The Scottish Government 2018/19 Programme for Government (PfG) has committed to make children and young people's mental health and emotional well-being a priority. Ensuring that Perinatal and Infant Mental Health support is available to all women and families forms a central part of that commitment, in particular the actions:

- Improving support during pregnancy, birth and beyond
- Improving the training and awareness of people working with vulnerable families and deliver improved infant mental health support for those families that need them.

We will provide three tiers of support across Scotland, in line with the needs of individuals:

- I. For those 11,000 women a year who would benefit from help such as counselling we will support the third sector to provide this
- II. For those 5,500 women in need of more specialist help we will ensure rapid access to psychological assessment and treatment
- III. For those 2,250 women with the most severe illness we will develop more specialist services and consider the need for a small number of additional inpatient beds or enhanced community provision.

2. Core Principles

Recommendations and actions will be centrally informed by the views of women and their families, which will be gathered through representation as PNIMH-PB members, and through engagement and participation activities using a variety of media.

The PNIMH-PB will have a strong focus on prevention and early intervention. Supporting the development of resilience and emotional wellbeing in families as well as effective intervention when mental health problems occur will be at the centre of any service delivery models proposed.



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The PNIMH-PB will consider how to reduce health inequalities and stigma and promote equality for all women and families with mental health needs.

Recommendations and ways of working will demonstrate adherence to the United Nations Convention on the Rights of the Child (UNCRC.)

The PNIMH-PB will identify opportunities for making the most of the resources that are available across the system and will identify a range of existing and potential levers for securing optimum, sustainable investment in perinatal and infant mental health. It will promote evidence-based, innovative (including digital and new workforce roles) and cost-effective approaches and emerging models of service delivery that will be affordable within the current fiscal environment.

Lessons will be learned from evidence and research, and from emerging and established work in Scotland, the UK and Internationally.

The PNIMH-PB will collate existing knowledge in the field, drawing together and building on work that is in hand as a means to avoid duplication of effort and align with other developments. This includes the work underway by the Children and Young People's Mental Health and Wellbeing Joint Delivery Board and the Mental Health Strategy Delivery Board. Board members will share views and ideas across other groups to which they are members to promote engagement as broadly as possible.

3. Accountable to

The PNIMH-PB is accountable to the Mental Health Strategy Delivery Board and ultimately accountable to the Minister for Mental Wellbeing and Social Care.

Governance is as follows: PNIMH-PB - Scottish Government Perinatal and Early Years Mental Health Policy Team - Scottish Government Mental Health Directorate - Director General Health and Social Care

The Scottish Government Perinatal and Early Years Mental Health Policy Team host the PNIMH-PB, which is responsible for the IMH-IAG and all subgroups and working groups. The PNIMH-PB and the Policy Team consult with stakeholder and policy groups, such as the Children and Young People's Mental Health and Wellbeing Joint Delivery Board, NHS National Services Scotland, COSLA, and communications and finance teams.

4. Project Objectives

The PNIMH-PB will consider what changes and improvements are needed in the current operational systems, the system levers which can be applied, and identify innovative, cost-effective and affordable solutions for achieving progress. It will develop a Delivery Plan each year for implementing changes.

The PNIMH-PB will also oversee the implementation of the recommendations from the Perinatal Mental Health Managed Clinical Network (MCN) report 'Delivering Effective

Services: Needs assessment and service recommendations for specialist and universal perinatal mental health services' (2019).

The PNIMH-PB will ensure that the lived experience of women and families is the starting point for all discussions and decisions. The PNIMH-PB members will operate from the principle that lived experience is equal to other forms of knowledge, evidence and expertise and ensure people with lived experience are heard and listened to and are provided with any support they require to do so.

The PNIMH-PB will:

- Include representation from stakeholders, including services, NHS Boards, health and other professionals, including the Third Sector and most importantly women, men and families with direct experience of parent-child mental health needs.
- Oversee annual delivery plans of identified actions and priorities to achieve the vision set out in the Mental Health Delivery Plan and MCN 'Delivering Effective Services' report.
- Facilitate national improvement work to support local perinatal and mental health activity.
- Engage with relevant stakeholders, including but not limited to integration authorities, local authorities, COSLA, health and justice professionals to support the development of actions and priorities that will inform local strategic planning and partnership approaches to realise the vision set out in the Mental Health Delivery Plan.
- Make recommendations to the Scottish Government on action needed and funding within the responsibility of the Scottish Government, and to COSLA or Health Boards or Integrated Joint Boards where there is a specific responsibility of local government, Health Boards or integrated authorities.
- Report to the Minister for Mental Health via the Mental Health Strategic Delivery Board.



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5. Roles and Responsibilities of Group

The PNIMH-PB will be chaired by Professor Hugh Masters and will comprise members from a range of organisations and professional groups who are appointed for a fixed term and others who are co-opted for specific pieces of work.

Membership is reflective of the professional and subject matter expertise needed to support the objectives of the PNIMH-PB, and to ensure that decisions are made from a national strategic perspective.

Members will:

- Identify appropriate stakeholders within their area for the programme to engage with and will act as a conduit as required
- Agree the objectives, deliverables and scope of the programme and will authorise the start and progress from one programme phase to another
- Play an active role in developing the PNIMH-PB delivery plan and in achieving the objectives
- Participate in making recommendations, including funding implications, to Ministers based on best evidence in line with the delivery plan
- Monitor programme progress ensuring the programme remains on track
- Make recommendations to in relation to any changes to the scope of the programme including changes to timescales, actions and priority areas
- Scrutinise all costings and specifications in relation to the delivery of actions and recommendations ahead of making recommendations to the Ministers.
- Agree systems to invite, scrutinise and endorse projects from NHS boards, Regions and Communities and ensure they are met
- Actively participate in discussions at meetings
- Access papers and prepare accordingly in advance of meetings
- Provide feedback where required
- Report back on activities completed

The PNIMH-PB will operate under the following assumptions:

- All board members come together in equal relationships to share and exchange knowledge, skills and experience to achieve improved outcomes.
- People who use health and social care services and support can make a positive contribution to their own health and wellbeing.
- Relationships between all parties are two-way and are built on a foundation of mutual respect.
- The PNIMH-PB will operate by collaborative leadership and will support, challenge and facilitate activity to influence change, remove barriers and ensure progress towards the vision and outcomes and work with energy, commitment, pace and impact.
- The PNIMH-PB will respect the sensitive nature of perinatal and infant mental health and will seek to promote a safe and supportive environment for those participating in its work. The PNIMH-PB will respect the privacy and confidentiality of any personal experiences and information shared by individuals. It will be sensitive to the needs of those Members and participants, including in respect of the language used in its discussions and work

6. Membership

Members are appointed by the Chair, who may appoint new members at their discretion. The Chair can also require members to step down from the PNIMH-PB.

All members of the PNIMH-PB and those asked to participate in work involving the PNIMH-PB will be asked to declare any conflicts of interest. Any action to be taken on the basis of these declarations will be at the discretion of the Chair. If it is the Chair who has a conflict of interest, the Chair will ask another member of the PNIMH-PB to lead in determining the appropriate course of action.

Members are appointed individually and personally to the PNIMH-PB. Remuneration is not available for PNIMH-PB Members, but travel and subsistence is available in some circumstances.

Those whose attendance is supported by their employer as part of their paid employment will not receive travel and subsistence costs. If a member is participating in a voluntary and unpaid capacity, then travel and subsistence will be paid at normal Scottish Government rates. This includes childcare costs where this is required to allow members to attend PNIMH-PB meetings or carry out Board business. Claims for travel and subsistence or childcare should be discussed and agreed with the PNIMH-PB secretariat in advance of expenditure.

A secretariat will be provided by NHS National Services Scotland, with advice and support from the Scottish Government Mental Health Directorate.

Membership is as stated below:

NAME:	JOB TITLES:	ORGANISATION/ DIVISION:
Hugh Masters	Chair, PNIMH-PB	Scottish Government
Jeff Ace	Chief Executive	NHS Dumfries and Galloway
Leanne Anderson	Performance Advisor	Inspiring Scotland
Elizabeth Archibald	Service Development Adviser	Scottish Government
Hannah Axon	Policy Manager	Convention of Scottish Local Authorities (COSLA)
Rach Barlee	Participation Officer	Parent and Infant Mental Health Scotland



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Roch Cantwell	Vice-Chair, PNIMH-PB Lead Clinician, Perinatal Mental Health Network	NHS National Services Scotland Scottish Government
Helen Cheyne	Professor of Maternal and Child Health Research	University of Stirling
Ruth Christie	Workstream Lead Children, Young People, Families and Relationships	Scottish Government
Emma Currer	National Officer	Royal College of Midwives
Maria Docherty	Executive Director	NHS24
Amanullah Durrani	Consultant Perinatal Psychiatrist	NHS Greater Glasgow and Clyde Royal College of Psychiatrists
Fiona Fraser	Consultant Clinical Psychologist	NHS Greater Glasgow and Clyde
Rebecca French	Everyone's Business, Scotland Coordinator	Maternal Mental Health Alliance
Selena Gleadow-Ware	Consultant Psychiatrist	NHS Lanarkshire Royal College of Psychiatrists
Sheila Gordon	Director	CrossReach
Catherine Holmes	Project Manager	NHS Highland
SallyAnn Kelly	Chief Executive	Aberlour
Lauren Kennedy	Lead Nurse for Mental Health & Learning Disabilities	NHS24 representing Mental Health Lead Nurses Group
Jacqueline Kerr	Assistant Chief Officer	NHS Greater Glasgow and Clyde
Jacqueline Lambert	Director	Royal College of Midwives
Marion MacAulay	Chief Social Work Officer	Social Work Scotland
Lisa Malcolmson	Regional Nurse Consultant	NHS Grampian
Carsten Mandt	Senior Programme Manager	NHS National Services Scotland
Kat Masterson	Participation Officer	Parent and Infant Mental Health Scotland
Susan McConachie	Regional Nurse Consultant	NHS Lothian
Anne McFadyen	Infant Mental Health Implementation and Advisory Group Chair Infant Mental Health Lead, Perinatal Mental Health Network,	NHS National Services Scotland Scottish Government
Ross McGuffie	Chief Officer, Health & Social Care	NHS Lanarkshire
Clare McGuire	Head of Programme	NHS Education for Scotland
Eileen McKenna	Associate Director	Royal College of Nursing
Wendy Mitchell	Professional Adviser, Early Years and Children's Services	Scottish Government
Marie Claire Shankland	Programme Director	NHS Education for Scotland
Helen Sloan	Perinatal Mental Health Nurse Consultant	NHS Greater Glasgow and Clyde
Joanne Smith	Policy Manager Chair at Maternal Mental Health Scotland	NSPCC Scotland
Judy Thomson	Director of Psychology	NHS Education for Scotland

Harriet Waugh	Head of Perinatal and Early Years Mental Health Team	Scottish Government
Carolyn Wilson	Head of Supporting Child & Maternal Wellbeing	Scottish Government

The following members need not attend meetings but will be copied into all meeting papers:

NAME:	JOB TITLES:	ORGANISATION/ DIVISION:
Kaylie Allen	Head of Funds	Inspiring Scotland
Alex Brown	Assistant Programme Manager	NHS National Services Scotland
Ross Cowan	Policy Officer, Perinatal and Early Years Mental Health Team	Scottish Government
Alastair Douglas	Admin Officer, Perinatal and Early Years Mental Health Team	Scottish Government
Meg Ferguson	Performance Advisor	Inspiring Scotland
Katy Lister	Senior Policy Officer, Perinatal and Early Years Mental Health Team	Scottish Government
Kelsey Sclater	Policy Officer, Perinatal and Early Years Mental Health Team	Scottish Government

7. Decision Making

The PNIMH-PB is an independent and time-limited advisory and collaborative leadership Board. It has no executive functions. It will report, through the Chair, to the Scottish Ministers.

The PNIMH-PB is not established on a statutory basis. It is therefore not subject to the formal public appointments process and the requirements of the Code of Practice for Ministerial Appointments to Public Bodies in Scotland.

Any decision made by the PNIMH Programme Board will be recorded in the minutes, in circumstances where the group are unable to come to a consensus, the Chair has the authority as the accountable person for the delivery of the programme to make the final decision. Any decisions which will have a significant change or impact on the programme delivery will be escalated to the Mental Health Strategy Board and the Scottish Government Mental Health Directorate.

PNIMH-PB meeting minutes, group Terms of Reference, and Delivery Plans will be published on the Scottish Government website, within the Perinatal and Early Years Mental Health Team area. The PNIMH-PB may make other documentation and resources public on relevant



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media platforms where appropriate and in accordance with its communication and engagement strategy.

8. Frequency of Meetings

The PNIMH Programme Board will meet virtually on a two monthly basis, until Covid-19 regulations allow the group to meet face to face. Should the need arise, the group will meet more frequently.

The PNIMH-PB will decide the frequency of subgroup meetings along with membership, governance and reporting arrangements.

9. Papers

Meetings will be formal with an agenda, minutes and other relevant papers circulated a minimum of 1 week in advance of the meeting via email.

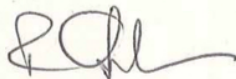
Items agreed and actions to take place will be documented within the minutes. Minutes will be approved by the Chair prior to circulation, and formal sign off of the actions will be achieved at each subsequent Board meeting.

10. Lifespan

The PNIMH-PB is a four year programme. Membership of the group will be reviewed on an annual basis. The Terms of Reference will be reviewed routinely every year.

Terms of Reference Agreed: Professor Hugh Masters, Chair

Dr Roch Cantwell, Vice-Chair



Date: February 2022