

Maternal Mental Health Alliance
Everyone's Business Campaign
Independent Evaluation Report

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1. Introducing the report

The Campaign has captured people's attention and the system agrees that services need to be improved and developed. The focus is now on service development (national stakeholder).

The lived experience of women supported by clear research evidence demonstrates the need for Perinatal Mental Health (PMH) Services. More than 1 in 10 women develop a mental illness during pregnancy or within the first year after having a baby and over two thirds of women with a mood disorder experience an episode in the perinatal period¹. If untreated, these perinatal mental illnesses can have a devastating impact on the women affected and their families. In the UK, mental illness in pregnant and postnatal women often goes unrecognised, undiagnosed and untreated².

This report presents the independent evaluation of the *Everyone's Business* Campaign between January 2014 and June 2016. *Everyone's Business* calls for all women throughout the UK who experience perinatal mental health problems to receive the care they and their families need, wherever and whenever they need it. The Campaign has been funded by Comic Relief and is hosted by Action on Postpartum Psychosis (APP).

The *Everyone's Business* Campaign was launched at a time when, despite frustration at the lack of progress in service provision, there was already a solid foundation of research, standard setting, policy, guidance, and quality assurance in perinatal mental health. There was also political momentum building in the field of mental health generally, in addition to a continuing focus on maternity services.

The evaluation has focused on the impact of the Campaign on the rapid progress of change that has occurred in the PMH field. We present evidence of the attribution and contribution of the Campaign to these changes and explore where the Campaign has directly, or in partnership, had an influence.

The Campaign is active in the four nations but for this report, the evaluation has focused on England where most of the Campaign activity has been carried out so far. Section 4.4 summarises evidence from the devolved nations of Northern Ireland, Scotland and Wales.

We have gone to some lengths to anonymise the data in order to protect the confidentiality of those who spoke to us. For that reason we have used three categories of respondents to label the quotes: **national stakeholders** from England and the devolved nations of Scotland, Wales and Northern Ireland,

¹ Di Florio, A., et al (2013). Perinatal episodes across the mood disorder spectrum. *JAMA Psychiatry*, 70(2), 168-175.b

² Lancet Perinatal Series. *Lancet* 2014. Volume 384, No. 9956, 1775– 1819

including NHS commissioners, civil servants and those from Government Arms Length Bodies; **local/regional** stakeholders including local commissioners, regional representatives and network managers and delivery partners. The third category is **Maternal Mental Health Alliance members**, which includes the wider membership of over 75 members plus the internal Campaign team.

A word on language: Perinatal Mental Health (PMH) and Maternal Mental Health (MMH) are both used by stakeholders when talking about this work. In this report we have used them interchangeably. We have sometimes referred to the Maternal Mental Health Alliance (MMHA) as the Alliance and when referring to the *Everyone's Business* Campaign, we have used Campaign with a capital letter 'C' to distinguish it from other campaigns or campaigning. Also, when talking about 'partners', this is a term being given to informal partnerships between the Campaign and organisations/individuals with mutually overlapping aims (rather than a series of formal partnership arrangements between the Campaign and others).

Sections 2 and 3 of this report introduce the context and background to the report and the evaluation approach. Sections 4 and 5 form the body of the report with section 4 presenting the findings that demonstrate impact. Section 5 presents the evidence of why the Campaign was so successful and what drove the change. Section 6 raises some issues that emerged as requiring further attention. Section 7 presents six key themes and recommendations to inform future implementation.

2. Context and background to the Campaign

The Maternal Mental Health Alliance (MMHA) was established in 2011, and grew rapidly as national organisations joined, coming together to agree broad goals, initial priorities and ways of working to achieve these. However, they had not had the resources or opportunity to agree more detailed objectives and strategies until in October 2012, Comic Relief awarded MMHA a Campaign development grant, which was used to develop a theory of change (Appendix 1) and to prepare a bid to run a national campaign. As the Alliance was, and still remains, a loose affiliation of member organisations, a host organisation was needed. Action on Postpartum Psychosis (APP), which shared similar interests and goals to the Campaign, stepped forward and agreed to host the award and employ the project staff.

The Maternal Mental Health Alliance (MMHA) is a coalition of national professional and patient organisations committed to improving the mental health and wellbeing of women and their children in pregnancy and the first postnatal year³. During the phase of the development grant, MMHA membership grew from 16 to 40 membership organisations. The MMHA membership has continued to grow significantly during the lifetime of the Campaign and currently comprises over 75 organisations; this includes professional bodies such as Royal Colleges and cross sector organisations that represent, or provide care and support to, parents and families (Appendix 2).

The theory of change, developed at a workshop for Alliance members in 2013, identified a number of assumptions or rationale about why an Alliance was necessary and then what it wanted to achieve, why and how. One strategic outcome area⁴ identified as a priority was to influence commissioners of health services, together with commissioners of adult social care and children and families, to commission the appropriate perinatal mental health services and make the appropriate contribution to the care pathway.

In September 2013, a three-year grant was given by Comic Relief to carry out the *Everyone's Business* Campaign of the Maternal Mental Health Alliance, and again the award was hosted by APP. The Campaign was to focus primarily on the strategic area outlined above. The Campaign objectives were:

1. To raise the profile of perinatal mental illness amongst key stakeholders particularly those who commission or deliver health and social care
2. To apply sustained pressure on key stakeholders to address perinatal mental health, particularly when commissioning or delivering health and social care and hold them to account for decisions made

³<http://maternalmentalhealthalliance.org>

⁴Outcome area 4 of 4 strategic outcomes in Theory of Change (Appendix 1)

3. To showcase solutions and examples of best practice that key stakeholders can use when commissioning or delivering health and social care

The Campaign developed a range of activities to meet their objectives, including:

- Three Roundtable events to raise awareness with politicians and senior decision-makers at a national level
- An Economic Report⁵ detailing the costs of perinatal mental health problems
- A mapping exercise using a traffic light system to highlight specialist provision for MHH - these were updated in Autumn 2015
- A Campaign Website⁶ showcasing best practice, personal experiences and resources
- A proactive communication and media strategy including a social media presence and an E-bulletin
- A Campaign call to 'ACT' (Accountability, Community specialist PMH services and Training)
- Supporting other selective strategic initiatives, organisations and networks and media to build a consistent message
- Three learning and evaluation events which created opportunities for Alliance members to come together to share learning and to network

The Campaign Evaluation was commissioned in January 2014 to deliver a final report in June 2016. An interim report⁷ was produced in March 2015 showing that the Campaign had started to have an influence on national and local commissioners as well as member organisations of the MMHA. The report included recommendations for the remaining 18 months of the Campaign.

⁵ Bauer A, Parsonage M, Knapp M, Lemmi V & Adelaja B (2014) *The costs of perinatal mental health problems*, Centre for Mental Health and the London School of Economics

⁶ <http://everyonesbusiness.org.uk>

⁷ Granville, G and Sugarman W (March 2015), Maternal Mental Health Alliance *Everyone's Business* Campaign: interim evaluation report, Gillian Granville Associates
www.gilliangranville.com

3. About this evaluation

The purpose of the evaluation was to capture the influence of the Campaign on individuals and organisations, to measure its impact on individuals, organisations and systems and to identify what is driving the change. Specifically, the evaluation was concerned with:

1. Evidencing the influence that the *Everyone's Business* campaign is having on key stakeholders, particularly on those that commission and deliver health and social care and member organisations of MMHA
2. Regularly reviewing and adapting the Campaign and MMHA Theory of Change according to the evidence arising and ensuring that MMHA have ownership of this
3. Critically assessing the extent to which *Everyone's Business* Campaign is bringing about change and make recommendations for the future

A theory of change approach has been used in this evaluation. This means attention is paid to the receptive context in which change occurs. Theory of change also focuses on the impact made by the project activities and most importantly why – what are the mechanisms that have enabled the changes to happen? This is important as it allows impact and outcomes to be attributed to specific activities as well as showing the contribution they make to changes.

The evaluation has taken place over two and a half years and during that time the team have worked closely with the Campaign team to understand the context and to feed in information that informed developments. Three evaluation and learning workshops have been facilitated with the Alliance membership, and the Alliance members have had an opportunity to discuss and shape the recommendations of this final report.

We have used a mix of qualitative and quantitative data from primary and secondary sources. The external evaluation team collects the primary data and the secondary data is from the monitoring information collected by the Campaign team. The secondary data⁸ includes media coverage, social media traffic including twitter, conference presentations, e-bulletin sign ups, reports and a log of reported changes received by the Campaign team.

A number of different methods have been used to collect the primary data for this report. There was a second survey of MMHA members (forty-six respondents)⁹, seven interviews with the internal core team of the Campaign, ten external interviews with national stakeholders in England, six interviews in the devolved Nations of Wales, Scotland and Northern Ireland, and three

⁸ For the final report data was collected between January 2015 to February 2016

⁹ The first survey was in Autumn 2014 with 33 respondents

English case studies with sixteen interviewees. This makes a total of 39 one-to-one interviews, in addition to the 28 people interviewed in year one.

The external stakeholders included NHS England, political campaigners, perinatal psychiatrists, funders, academics, network managers and civil servants in the Department of Health and in the devolved nations. The purpose was to gather information about the UK picture and what was changing.

The case studies intention was to gain an understanding of the changes taking place at a local level as a result of the Campaign in England. We sampled from three areas: one in the South West, one in the North West and one in London. We worked with three areas in the first year of the evaluation (Interim Report 2015) and in this final year we revisited those areas and extended the focus to gain a more regional context. Our case study interviewees included adult mental health and maternity and children commissioners in the NHS and local authority, strategic and local clinical network leads, psychiatrists and perinatal mental health staff and representatives from the voluntary and community sector. The total number of people we interviewed in the case studies this year was sixteen and this follows 22 local interviews in year one of which 7 are follow up interviews.

All the data has been triangulated¹⁰ and analysed into themes, using the framework of the theory of change in order to produce robust conclusions.

The findings in section 4 form the main body of the report and focus on six impacts that have been achieved by the Campaign and section 5 explores in more detail the evidence for why and how the Campaign has achieved success.

¹⁰ Triangulation allows a meeting and meshing of different types of data for a given topic which enables questions to be posed in new ways, leading to fresh insights and understandings, Kellaher L, Pearce S and Willcocks, D (1990) *Triangulating data*, in Pearce, S (Ed) *Researching Social Gerontology*, London: Sage Publications

4. Impact of the *Everyone's Business* Campaign

The evidence in this evaluation shows that the *Everyone's Business* Campaign has made a significant impact in a number of areas. These impacts are:

- 4.1 Achieved Maternal Mental Health as a political priority
- 4.2 Achieved national funding commitment
- 4.3 Influenced national funders
- 4.4 Influenced local commissioning decisions
- 4.5 Strengthened the case for improved Perinatal Mental Health services
- 4.6 Increased the focus on Perinatal Mental Health in the devolved nations

It has helped to harness and focus the passion and commitment of people already working in the field and shone a spotlight on quality and understanding good practice.

4.1 Achieved Maternal Mental Health as a Political Priority

The Campaign has had a strong focus on lobbying national politicians and taking as many opportunities as possible to debate, attend meetings, meet informally and inform politicians on the issues. The high profile launch of the Economic Report at the Houses of Parliament in 2014 was symbolic in having key people in attendance and gaining significant publicity.

One key activity of the Campaign has been the three annual Roundtable events. From the very beginning these had high-level political support with the first one in July 2014 being hosted by Dan Poulter, then Parliamentary Under Secretary at the Department of Health. The subsequent two roundtables have continued with support from senior ministers, and after the General Election in 2015, Alistair Burt, the Minister of State for Community and Social Care took up the issue. He initiated the third Roundtable held in March 2016, which was held at the Department of Health, when he made it clear that the meeting was a joint one between the Department and the Alliance.

These Roundtables have brought together politicians and policy makers with system leaders in the NHS and Public Health, professional bodies, commissioning networks, Health Education England, the Care Quality Commission and the third sector.

One of the reasons the Roundtable mechanism has been so successful in achieving change is that the Campaign team have held participants to account for their commitments by requesting progress updates and publishing commitments in newsletters. Work took place by the Campaign team and Alliance members to ensure that these commitments moved forward. One

stakeholder noted that it was unusual in campaigns for this level of stakeholders being held to account and observed this as a key to success.

An indication of the influence of the Campaign was in November 2015 when members of the Campaign team were invited to a meeting by the minister to discuss matters related to PMH. The correspondence stated that:

The meeting will provide an opportunity to discuss improving provision and services around the country. We are aware of good progress that has been made in the last Parliament and are keen to hear your views about how we can do this (email invitation 23-09-15).

One Department of Health representative stated:

They are certainly influencing politicians who are making the case for services. The Economic Report gave ministers the evidence to make the case (national stakeholder).

As a result of the Campaign, one stakeholder spoke of how PMH had captured the imagination of politicians and was now "in the mainstream".

The contribution and attribution of the Campaign to moving PMH up the political agenda can be illustrated by the upward trend of Hansard mentions. This has recorded 48 mentions of 'Perinatal Mental Health' issues between January 2015 and February 2016, (the period in which this information was systematically collected) with an increase in mentions particularly after the first speech from Rt Hon Alistair Burt, Minister of State for Community and Social Care in July 2015. These are displayed monthly to represent the general trend of interest within the topic.

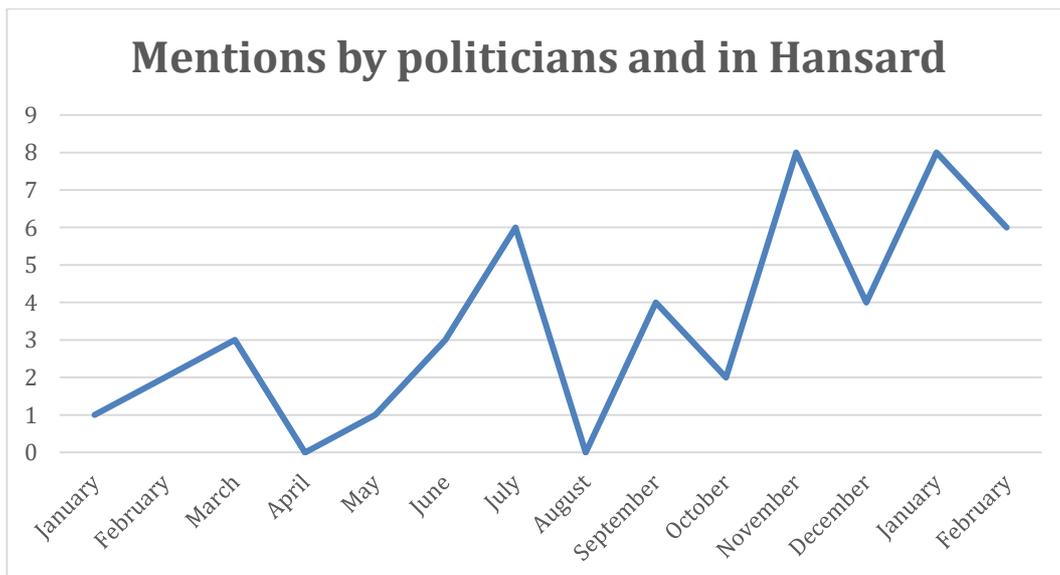


Table 1 Hansard mentions January 2015-February 2016

A considerable number of these mentions occurred between two politicians who were involved in the Roundtables. They were both making most mentions in 'question and reply' to each other, demonstrating the potential effectiveness of a few strong allies within parliament.

Other examples of political influence were support requested by an MP preparing a private members bill on provision of perinatal mental health services, and from another MP, arrangements for informal meetings with the Campaign team in order to push forward the issues. Another was at an All Party Parliamentary Group on Conception to 2 years when the Minister quoted from the Campaign materials in his speech about the gaps in specialist perinatal mental health provision. This led to stakeholders acknowledging that the Minister was 'on message'.

4.2 Achieved National Funding Commitment

In July 2015, the Minister announced that £75 million was to be provided over the next 5 years 'so that women experiencing mental ill health during pregnancy and the first year after birth will have better access to care'. This was followed in the Autumn Statement 2015 by a further commitment of £280 million for PMH being announced by the Chancellor in the House of Commons.

Stakeholders interviewed for this evaluation, including senior clinicians, NHS England representatives and local commissioners, acknowledged that the Campaign activities had either fully, or significantly, contributed to these funding commitments. They had no doubt that *Everyone's Business* had influenced the new funding decisions. In response to whether the Campaign has influenced the new funding decisions, the response was overwhelmingly positive. For example:

The fact that the Government is putting more money in, I do attribute that to the Campaign (national stakeholder).

Without a doubt: the fact there is the possibility of money I attribute to the Alliance at well over 50 per cent (national stakeholder).

Everyone's Business Campaign has made a significant contribution and has had some influence on the additional funding for PMH (national stakeholder).

The political positioning work of the Campaign, e.g. Roundtables, face-to-face meetings, opportunist 'corridor conversations', and then following up and holding people to account, was seen as a major driver:

Having the ear of ministers – it is that opportunistic influence that has had an impact on them (local/regional stakeholder).

One local commissioner expressed it like this:

The general atmosphere and willingness to do something about it has completely changed and that NHS England actually wants this to happen, which I have never seen before in my professional life. Setting up a new service is usually driven by clinicians and now it is almost the other way round - it is being driven by commissioners (local/regional stakeholder).

In particular, there was acknowledgement of the work of the Campaign from many professionals who had been campaigning for change for a number of years. One stakeholder expressed it like this:

I have worked in PMH for over 40 years and only recently – largely due to the Maternal Mental Health Alliance – are we seeing the breakthroughs (national stakeholder).

In addition to the funding commitments, NHS England has recently announced (April 2016) the appointment of two Associate National Clinical Directors for perinatal mental health, who have been active in pushing for change in PMH for some time. They have also worked closely with the Campaign team. The Directors begin their appointments immediately indicating a commitment of NHS England to move forward quickly with implementation. A National Programme Board for perinatal mental health is being established which includes NHS England, the Department of Health and Health Education England. The MMHA is the only non-statutory representative on the Board indicating the value placed on it by the NHS and Department of Health and further demonstrates its impact in positioning PMH as a political priority.

It is not unreasonable, with the evidence presented above on funding, to acknowledge the significant contribution of the Campaign to these important developments.

4.3 Influenced National Funders

In addition to the political commitment there is evidence of influence on national funders. Comic Relief gave a development grant to the Alliance following an application to their open bidding round, in order for the Alliance to work up its ideas for a Campaign. Comic Relief went on to fund the three-year Campaign, which is the subject of this report.

The ethos of the Campaign chimed well with Comic Relief's objectives in its rights based perspective and use of people's lived experience to get the message across. Comic Relief had also had a programme of work on mental health although not a specific focus on maternal/perinatal mental health.

In March 2016, the Sports Relief Campaign showcased a feature on Maternal Mental Health based on the story in Eastenders. The presenter acknowledged the support of the Alliance in putting forward the issues.

As part of its on-going commitment to mental health more broadly, Comic Relief is now to make MMH one of its strategic priorities. This means it will be looking to fund a range of activities connected with the issue. There is evidence that funding the *Everyone's Business* Campaign created a catalyst inside Comic Relief that pushed the issue up its own agenda.

In addition to the Campaign being an internal catalyst for Comic Relief it has also acted as an external catalyst to other funders and Comic Relief introduced the Alliance to the National Lottery. This resulted in funding to the Alliance, hosted by the Mental Health Foundation, with an investment of £0.5 million pounds over 3 years. The funding was to develop and evaluate a method and a set of tools that can be used by local areas to develop pathways and services, which will improve mental health outcomes for mothers and infants during pregnancy and the first year after birth.

4.4 Influenced Local Commissioning Decisions

In this evaluation case studies were chosen to gain particular insights into the influence of the Campaign at a local level. We sampled from three areas: one in the South West, one in the North West and one in London. We also sampled for level of provision using the maps developed by the Campaign¹¹. We worked with three areas in the first year of the evaluation (Interim Report 2015) and in this final year we revisited those areas and extended the focus to gain a more regional context. Our case study interviewees included NHS adult mental health and maternity and children commissioners, strategic and local clinical network leads, psychiatrists and perinatal mental health staff and representatives from the voluntary and community sector.

During the time of the Campaign, 25.2% of Clinical Commissioning Groups (CCGs) nationally improved in their provision of specialist community perinatal mental health teams. 12.6% worsened, although this was always from 1-0 except in one case.

In all three areas there has been increased activity in perinatal mental health since the previous year, although this varied between and within the areas. Some examples of activity are summarised below before linking these changes to the Campaign. One area had moved from amber to green on the map and had expanded provision for PMH nurses. Whilst there had been little change in actual service provision in the other two areas, PMH was very much on the

¹¹ The maps developed by the Campaign show the levels of service using a traffic light system across the UK. http://everyonesbusiness.org.uk/?page_id=349

agenda and discussions were taking place at various different levels on what needed to be done. In spite of the CCGs looking for savings and in some cases in the process of developing overarching strategic plans and system restructuring, the PMH services, where they existed in case study areas, had been safeguarded although not expanded.

Some other areas were either running or planning training of different groups of professionals. For example, in one area there is now a trained Perinatal Champion in most of the community and home treatment mental health teams, through training by an external consultant. A large majority of midwives have also been trained in PMH, NICE guidelines and the perinatal pathway, as well as health visitors and GPs. There is training planned for Improving Access to Psychological Therapies (IAPT) staff. Perinatal mental health strategies were in development in some areas with business cases for PMH service provision, as well as PMH pathways in line with NICE guidelines.

In one place the PMH services were commissioned by the Adult Mental Health team and in others areas it was through the Maternity and Children team. There was an increasing recognition that there needed to be a balance between adult mental health and children's mental health in the commissioning process, as well as the importance of working closely together. There was also evidence of a move to a more interdisciplinary approach to PMH. For example, one area has prioritised 'mothers to be' in their IAPT programme. One commissioner explained:

We're trying to have a lot of filters and ways that people can be picked up in hospitals and communities by strengthening the links we currently have (local/regional stakeholder).

There was good evidence that the Campaign had made a significant impact and contribution to these increased activities, both through raising awareness and increasing the profile of PMH, and the direct use of the Campaign tools and resources. There was good evidence that having a national campaign with the relevant tools also helped local people to campaign for change in their areas:

It's (National Campaign) really, really helpful and it's that kind of national focus helps locally to push, push, push (local/regional stakeholder).

If the information from the Campaign was not used directly, it was in some cases forwarded through networks and contacts.

Many local stakeholders found it useful to have all the resources in one place (the website) and to have a clear, consistent message to use. For example:

One of the key changes has been greater knowledge and understanding of what perinatal mental health is. I think the

Campaign has been very good at bringing that understanding to lots of different audiences (local/regional stakeholder).

The combination of highlighting the issues and awareness of the effects on women, family and society as a whole, as well as providing the resources, has influenced decision-makers. The mapping is a very powerful tool for people because it's factual and clear. As a resource, the Campaign website pulls together a lot of documents and support and informs thinking around PMH – it is helpful. It's important to have all this stuff together in one place (local/regional stakeholder).

From the commissioners' perspective there was a feeling that the Campaign had, through the tools provided, given very clear and simple messages that had made a difference:

Sometimes when you're bombarded, as commissioners are, those simple, effective, powerful messages are the ones that get through (local/regional stakeholder).

The Campaign has been an extremely powerful lever for change. The traffic light system is quite powerful; it's the sort of thing commissioners understand (local/regional stakeholder).

A lot of the development that happened is really having learned about your Campaign and wanting to do something about it locally. That's a big thing that's influenced me around my thinking of perinatal mental health (local/regional stakeholder).

We were told in one area that the Campaign activities have been key for negotiating and getting agreement of commissioners to increase the resource for PMH services. The allocation has increased significantly from one full time equivalent (FTE) to two FTE PMH nurses and from point 0.6 of consultant time up to almost one FTE consultant.

There was some doubt expressed about the usefulness of the maps (we return to this in section 6 below), as some people queried the methodology and were not sure the maps were completely accurate. This led to opportunities for the stakeholders to engage with the Campaign team to question or correct the designation of their areas and created a useful dialogue. Other stakeholders found the maps extremely helpful in a number of ways:

We have particularly found the specialist community teams mapping extremely helpful. We have made reference to that in a number of pieces of work (local/regional stakeholder).

The maps and writing to all CCGs has made them aware and have had an impact at local level. For example, being red is

something they (commissioners) are not happy about and they need to do something about it (local/regional stakeholder).

By rating ourselves honestly (on the maps) meant we could push for change. We were really helped by that, something as simple as the traffic light map has been very powerful (local/regional stakeholder).

The Economic Report and website were often cited as being useful in pushing for local change:

The economic report came at a very good time and I've used its content. I've heard lots of people using quotes from it. It's something people get and understand and its timing was very helpful to what is and was going on (local/regional stakeholder).

I'm always pointing people in the direction of the website, people ask me for information and in terms of resources it's all there, having everything in one place is really helpful (local/regional stakeholder).

The Campaign has used the voices of people who have experienced PMH to illustrate the impact on the lives of women and families of inadequate services. Stories have been told at presentations and meetings and this has been very powerful in influencing commissioners:

I can't articulate strongly enough the importance of those personal stories that actually make a difference to the commissioners' perspective (local/regional stakeholder).

We were told that to hear the lived experience is critical because it makes the situation real for people who are making decisions.

Those stories are incredibly powerful, having the voice there is critical, it does bring it home to people. It brings us back to reality and whether commissioners are fighting financial pressure, operational issues, it brings us back to the human story (local/regional stakeholder).

Local commissioners and service providers we gathered evidence from identified some of the barriers and challenges to change in their areas:

(The problem is) the constant change over of commissioners; one commissioner was very interested after the first map was released but within a year that commissioner, who had a particular interest in PMH, left and the new one has a totally different perspective. We are constantly having to re-educate these people as to what it's all about, why it's important – it's a constant battle (local/regional stakeholder).

In terms of workforce development:

In terms of the numbers of practitioners that are going to be needed, we're going to have to train, educate and develop and so an obstacle maybe having enough people with the expertise to provide the support, supervision, training that's going to be needed (local/regional stakeholder).

One stakeholder acknowledged the impact of the Campaign but identified the challenges for local implementation ahead:

They (Campaign team) were the driving force for getting the money, but at local level you have to do your own work, e.g. look at the birth rate, criteria for Mother and Baby Unit (MBU) (local/regional stakeholder).

The Campaign team (sometimes referenced as the Alliance) were often seen as partners supporting improvement at a local level. This varied across areas and these relationships and partnerships often came about through the Campaign team having a presence or presenting at conferences and events. This could account for some of the variation in the Campaign's local influence.

Between January 2015 and February 2016 the Campaign had a presence at 53 local and national (attended by local stakeholders) conferences or events giving presentations at 23 of these. The graph below shows that the number of events grew slightly in the last quarter of 2015.

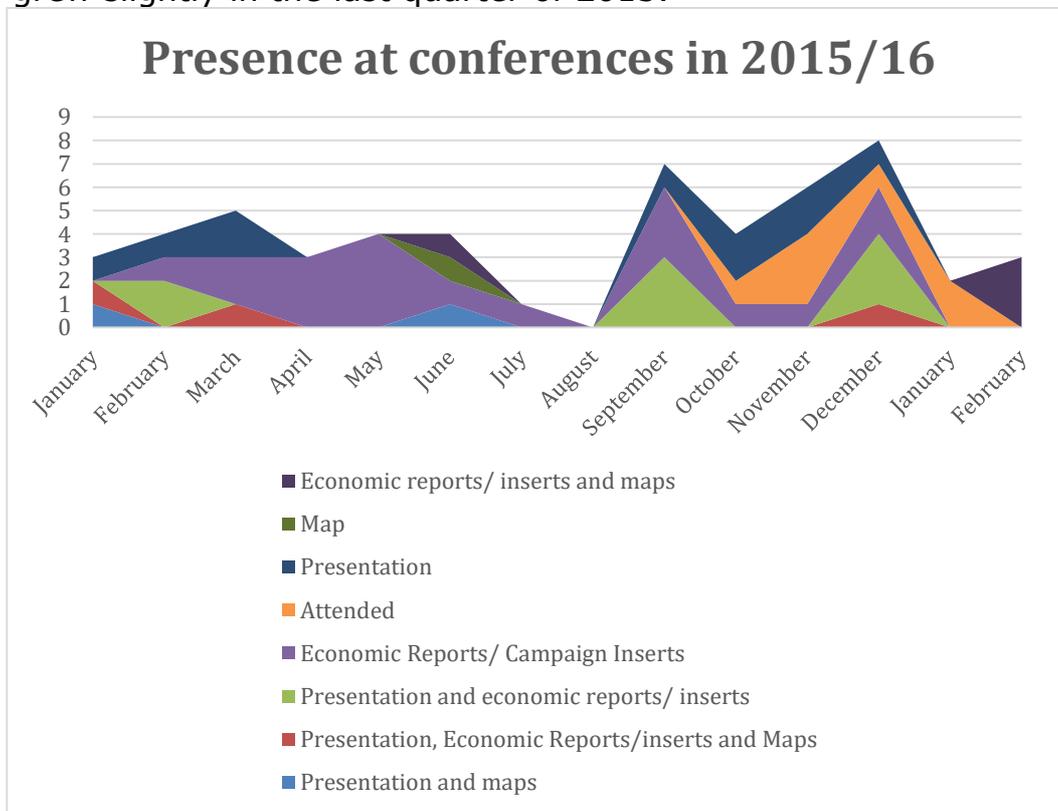


Table 2 Campaign presence at conferences 2015/16

The most common activity that the Campaign carried out at conferences and workshops were presentations followed by using the Economic Report to add to delegate’s packs. This demonstrates that the Campaign was invited to take part in an active way and was able to demonstrate its message.



Table 3 Campaign activity at conferences and workshops 2015/16

The number of events attended has grown from last year with a good broadening of areas that the Campaign has been present at, from visiting student conferences to parliamentary debates.

One Alliance member who had spoken at a number of conferences commented on how things were changing:

People now know what you’re talking about. I used to go to things and people didn’t know what you were on about. It hadn’t occurred to them ever about mental illness and having a baby. Now that awareness is building (MMHA member).

The next section looks at the impact of the Campaign on strengthening existing networks.

4.5 Strengthened the Case for Improved Perinatal Mental Health Services

The Campaign has harnessed the passion and commitment of people in the field and helped focus it into action, as described above. The Campaign has provided further opportunities for partnerships, coalitions and networks to develop where professionals can challenge each other and create and share an understanding of good practice. In this section we look in particular at the role of the MMHA itself and the NHS England Strategic Clinical Networks.

4.5.1 Maternal Mental Health Alliance (MMHA)

One mechanism to strengthen the case for improvement was the formation of the Maternal Mental Health Alliance in 2011. One of the aims of the evaluation was to measure the impact that the Campaign had on the membership organisations of the MMH Alliance and the key data collection methods used was through a membership survey carried out in Autumn 2014 and again in January 2016. There were 46 respondents to the 2016 survey from a total membership of over 75 organisations. There have also been three evaluation and learning workshops to share and learn from the emerging findings.

There was a reasonable spread of MMHA members returning the 2016 survey with 59% from voluntary sector organisations and 39% made up of professional, academic or statutory/public bodies (2% other). The participation of the professional bodies in the survey was increased from 27% last year when the first survey¹² was carried out.

Currently the MMHA is made up of a variety of different sized organisations, with just under a third being small (under 24 employees) but over a third of organisations being very large (over 100 employees). 17% of respondents had joined in the past year with another 37% who had joined during the lifetime of the Campaign.

Nearly a quarter of the organisations that took part in this survey stated that perinatal/maternal mental health had developed as part of their core business since the *Everyone's Business* Campaign. 61% already had the issue as part of their core business, but as a result of the Campaign 85% of organisations said the Campaign had changed their thinking on the issue completely, mainly or partially. This was increased from 70% of organisations a year ago. Some who had not changed their thinking were already strong on perinatal mental health being part of their core business as a starting point.

¹²Granville, G and Sugarman W (March 2015), Maternal Mental Health Alliance *Everyone's Business* Campaign: interim evaluation report, Gillian Granville Associates
www.gilliangranville.com

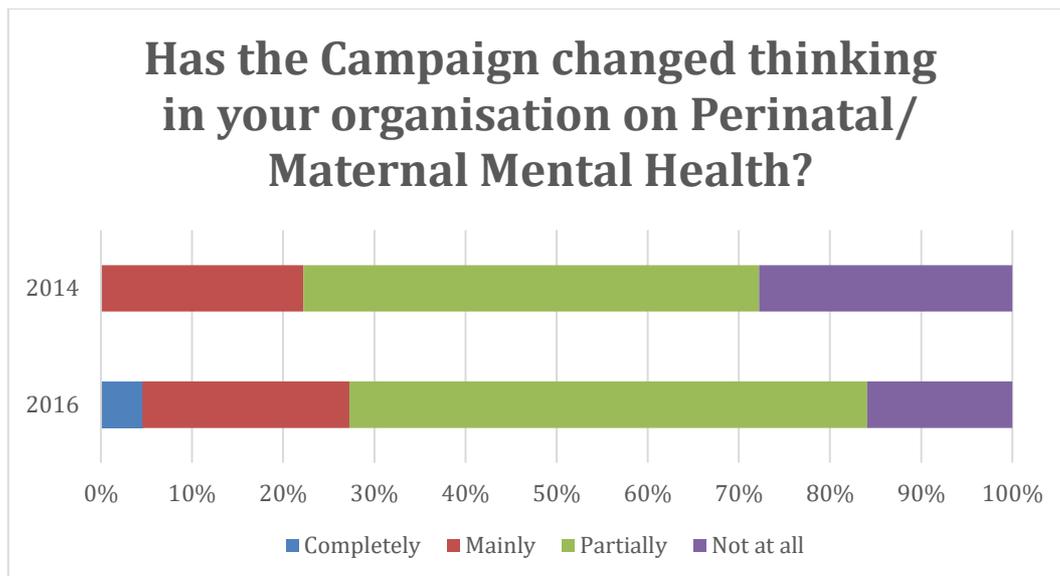


Table 4 Has the Campaign changed thinking in your organisation on Perinatal/ Maternal Mental Health? 2014 and 2016

The reasons that the Campaign was viewed as impacting on the organisations successfully was through:

- Increasing and keeping motivation on the issue of PMH
- Raising awareness and increasing knowledge
- Strengthening networks and partnerships

Motivation was increased through the Campaign making the issue of MMH something that could not be ignored and increasing the belief that voices could be heard and made a difference. One respondent commented:

(The Campaign) has helped continue the fight that many have been waging for many years for better perinatal mental health services (MMHA member).

Another respondent in the Alliance agreed:

Having been involved in campaigning for over 15 years, I have not seen such a fast growing and impactful Campaign in such a short time! WELL DONE ALL!!! (MMHA member)

There was an impact on education and training in the Alliance organisations participating in the survey. For example, an understanding of MMH was included in the courses being run by a member organisation, and in another, in the delivery of their regional education and training programmes. In a third example, MMH was being embedded in elements of volunteer training. There is more reference to training in section 4.2 above

Other impacts on organisations were that staff felt better informed because of the information brought together on the Campaign website. Others said the

Campaign had provided them with evidence to help them lobby for better PMH. There were also ways the Campaign had helped organisations indirectly:

As a result of the Campaign, (we are) placing a level of urgency and importance on the funders we apply to and also on our local health care providers who can improve services in our area for families (MMHA member).

Impact in MMHA organisations was achieved through the strengthening of partnerships with other MMHA members leading to greater awareness among their own practitioners and volunteers. Some organisations felt more connected to other national organisations campaigning for the same outcomes as their own and seeing an endorsement of their own activities.

In return, some organisations as well as gaining from the Alliance, felt that their own contribution and involvement with the Alliance added strength to the Campaign. In response to the reasons for joining the Alliance, one respondent said:

Our commitment and belief in the cause and the unique opportunity to link up with a national alliance; there is strength in working together and sharing endeavours (MMHA member).

We discuss the specific contributions of members towards the Campaign in more detail in section 5.5 of this report. These included expertise and literature on specific issues connected with PMH, case studies for the website, sharing research findings and social media expertise.

Overall the activities of the Campaign have been well used by Alliance members. The website has been the most useful Campaign activity with only three respondents having not used it and thirty one respondents stating that it was very useful. This is alongside the Roundtables and parliamentary launch event and networking as the most useful activities.

Which of the Everyone's Business Campaign activities has your organisation found useful? 2016

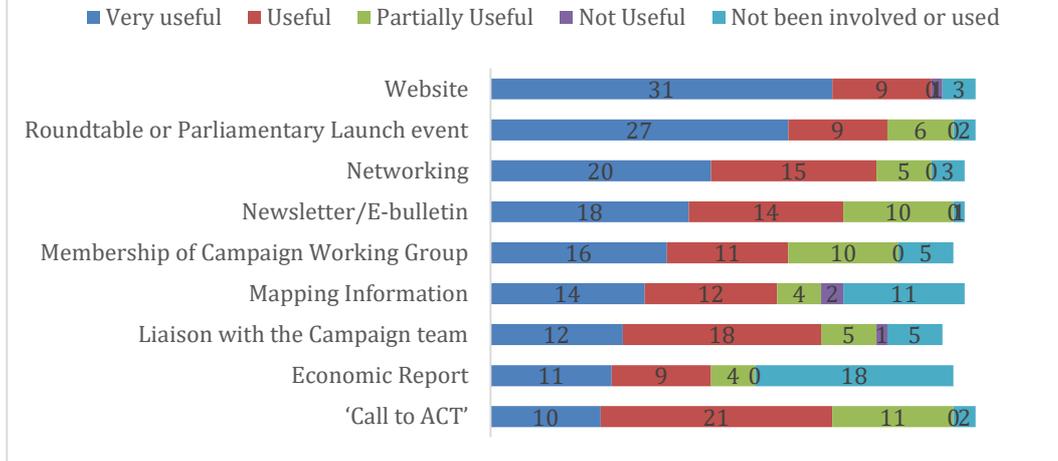


Table 5 Which of the Everyone's Business Campaign activities has your organisation found useful? 2016

It is interesting to note that the Economic Report and the mapping information were seen as being the least useful to Alliance members in the second year. This was surprising because as seen in sections above, these two activities have been highly rated by national and local commissioners and providers. MMHA members had already used these extensively in their own work and communication the year before so it may be that there was less emphasis on these tools during the last year.

Although activities in the Campaign have largely stayed quite stable in their usefulness between the two surveys in 2014 and 2016, the Economic Report was rated as very useful by a higher proportion of groups in 2014 (just over eighty per cent) with this falling to around 70% in the latest survey. The reason for this is uncertain but it may be due to the time lapse now between the Economic Report and current activities.

4.5.2 Strategic Clinical Networks (SCNs)

The Campaign has had some influence on the Strategic Clinical Networks managed by NHS England, although at time of writing only London and the East Midlands have formally constituted perinatal mental health networks¹³. The role of the networks is to bring together those who use, provide and commission the service to make improvements in outcomes for complex patient pathways using an integrated, whole system approach. Strategic

¹³ Currently there are 4 mandated networks in each Strategic Clinical Network– Cancer, Coronary Heart Disease, Mental Health and Maternity and Children. Apart from these four statutory networks, each region may develop other Strategic Clinical Networks depending on local need.

Clinical Networks work in partnership with commissioners (including local government), supporting their decision making and strategic planning, by working across the boundaries of commissioner, provider and voluntary organisations as a vehicle for improvement for patients, carers and the public.

Whilst it is difficult to fully attribute the increased interest in PMH within the SCNs to the *Everyone's Business* Campaign, it has made a significant contribution in raising the profile of PMH and added further voice to existing calls for improvement. As a consequence of the impact of the Campaign on the national funding stream for perinatal mental health services described in section 4.2, there has been an impact on the activities of some of the SCNs. It is our understanding that NHS England now is working with the SCNs to explore how at a local level it is best to distribute the money assigned to PMH. There are also discussions about constituting perinatal mental health networks in all twelve SCNs.

In one SCN area we sampled for this evaluation, perinatal mental health was identified as one of six local priorities. An internal working group with selected participants has recently been established which is working closely with two of the mandatory networks – Mental Health and Maternity and Children. It was explained to us like this:

PMH needs a more collaborative approach recognising that mental health had better knowledge around inpatient, eg MBUs and specialist services, and maternity engages with maternity units, so we have taken a joint approach (local/regional stakeholder).

The role of the working group is to inform the work programme and it is not a managed network like London and the East Midlands PMH networks.

There was evidence that whilst building on work already taking place in the Region, the *Everyone's Business* Campaign has had an impact in a number of ways. Members of the Campaign team have spoken at conferences and events, which has included the telling of personal stories. One local stakeholder who attended the parliamentary launch of the Economic Report said:

The Alliance has been for us a very powerful resource in terms of moving our work forward (local/regional stakeholder).

The mapping was found a useful tool and has been repeated in the region in order to get more local detail. The website was also useful for bringing everything together in one place:

As a resource, the Campaign website pulls together a lot of documents and support and informs thinking around PMH – it is helpful. It's important to have all this stuff together in one place (local/regional stakeholder).

In another Region there were four localities/areas developing their own PMH pathways and the SCN is now working to bring those groups together in order to have a more co-ordinated and structured approach. Also the SCN plans to develop a standardised pathway across the Region and give a greater chance of implementation. In this instance the Campaign tools are being used, for example the Economic Report has been cited in the business case as well as the maps for showcasing the issues.

As discussed above, the Campaign team have formed local partnerships and made a significant contribution to local conferences and events. These have included regional events. At one regional event at the beginning of the Campaign, we were told that the input from the Campaign team had made a difference:

(The Campaign presentation) was quite a catalyst for the Clinical Director which helped us make the decision of why we would fund the (network). It made a contribution to us understanding why PMH was important and more money has been put into the perinatal network (national stakeholder).

Hearing about the Campaign at conferences and raising awareness has had a major impact in mobilising people (local stakeholder)

In the final part of this section on the impact of the Campaign, we now consider the impact on the devolved Nations.

4.6 Increased Focus on Perinatal Mental Health in the Devolved Nations

As discussed at the beginning of this report, the evaluation has collected most of the data from England due to the increased activity of the Campaign and its focus on the Westminster Government. However, six stakeholder interviews were carried out specifically in the devolved nations with clinicians, practitioners and government officials, as well as data from the MMHA members survey and information from the secondary data sources. The data has been used throughout this report, but this section focuses on the particular impact of the Campaign in Scotland, Northern Ireland and Wales.

The Campaign maps (2015) show very little provision of specialist perinatal mental health teams in the devolved nations, in a similar way to some parts of England, although Scotland is the only country in the world to have the right for women to be admitted with their baby enshrined in mental health legislation. In Scotland there is a concentration of services in the central belt around Edinburgh and Glasgow where populations are higher. Elsewhere in Scotland there are pockets of basic levels of care but there are a large number of rural areas with no provision. There are two Mother and Baby Units also in

the central belt. In Northern Ireland there is very little provision with only Belfast having a daytime service with a specialist perinatal psychiatrist and a specialist PMH nurse available. There is an agreed PMH pathway which is currently being reviewed. Wales has three specialist services based in the Cardiff area, Bridgend and Pembroke Dock. There are no MBUs in Northern Ireland or Wales¹⁴. Over the last twelve months there are encouraging signs of improvement (discussed later in this section).

The challenges to service development in the three devolved nations have some similarities. The geography and demography means there are large rural areas and isolated communities with low populations. There are 7 specialist NHS Health Boards in Scotland, 7 Health boards in Wales and 5 Health Trusts in Northern Ireland. These smaller health boards mean they often serve small populations making it more difficult to design specialist services.

There have been people in the devolved nations campaigning for change for some time and as a national Campaign it was important to recognise and understand the political sensitivities of a Campaign that is being driven by an English team. The nations have devolved powers to make their own decisions based on their local knowledge and the characteristics of their own populations. However, there was evidence that the Campaign has supported people already active in the nations and influenced some of the improvements that are emerging.

4.6.1 Wales

In Wales, the Welsh Government announced in June 2015 £1.5 million each year for five years for the development of specialist perinatal mental health services. This money is to be split between the seven health boards taking account of populations and birth rates and funding has been agreed. No decision has been reached yet about an MBU and this is under review.

The funding has also been used to create a Community of Practice, a network managed by Public Health Wales to bring together people from the health boards and others interested, or involved, in developing PMH services in order to share good practice, encourage development and to give a voice to people who are committed but are not part of other networks. There have been three meetings so far and respondents in this evaluation were optimistic that slowly and incrementally there will be a specialist PMH service across Wales.

The *Everyone's Business* Campaign was said to have influenced developments. The Economic Report had been a powerful tool to lobby politicians as well as the Maps highlighting the dearth of services. The Chair and Vice Chair of the Campaign Working Group spoke in Cardiff at the launch of their strategy when

¹⁴The MBU in Wales was closed in 2013

the ministers were present. These tools and activities have been useful in making the case to politicians, and the profile and political lobbying in England was believed to have contributed to the pressure on the Welsh Government:

It (PMH) was in the public domain and there was a lot of discussion in the media, which raised the profile, not just with health services but with the public. Once this happens ministers are asked questions about what is happening in Wales, so then questions are asked 'what are we doing about it?' (national stakeholder).

One policy maker was confident that the Campaign had helped influence the funding decision of ministers. The support and advice from the Campaign team was also valued:

I liaised with the Alliance asking advice on: 'Where do we start? What would you do?' They have been really helpful, and I have used the website to brief myself (national stakeholder).

4.6.2 Scotland

Maternal Mental Health Scotland¹⁵ (MMHS), formerly Scottish Perinatal Mental Health Forum until becoming a charity in 2014, has been campaigning for improvement in Scotland for a number of years. It is a joint service user and professional charitable organisation that since 2009 has provided a forum of health professionals to come together with pregnant women, new mothers and families to share knowledge, improve skills and champion the cause of maternal mental health in Scotland.

Whilst progress has been made in Scotland over the last 12 years by campaigners, including the provision of two MBUs, there was a perception that since the money pledge in England, things are falling a little behind now with no new money announcement in Scotland. One stakeholder said:

(In terms of) engaging politicians and raising awareness we are possibly at an earlier stage in Scotland in being able to hold people to account (national stakeholder).

In terms of the Campaign, the Economic Report has been useful although it was acknowledged that it would be more effective if personalised to Scotland. The economic modelling did not work as well because of the different health system and therefore it was a less effective lever in influencing politicians. The maps were useful in highlighting the gaps and variations in provision. People got to know about the Campaign through the Regional leads in the Royal College of Psychiatrists (RCPsych) perinatal faculty and also through the joint

¹⁵www.maternalmentalhealthscotland.org.uk/

publication from MMHS and the NSPCC¹⁶, which was launched in April 2015 at a parliamentary event hosted by Mark McDonald MSP. This has led to partnership with RCPsych Scotland launching a two-year campaign called 'Healthy Start, Healthy Scotland – Improving the mental health of mother & babies for Scotland's future'.

Mental health in general has been going up the political agenda in Scotland and it is hoped that some of the funding may be used for PMH in order to have a managed PMH network in Scotland on the lines of the English Regional Strategic Clinical Networks.

4.6.3 Northern Ireland

Knowledge of the Campaign in Northern Ireland came through the same root as Scotland, that is, through the clinical leads in the RCPsych perinatal faculty's regional forum, which covers all of Northern Ireland. Also the mental health charity AWARE has, for the past twenty years, been working with PMH issues.

The *Everyone's Business* Campaign has given an impetus to campaigners in Northern Ireland through shining a spotlight on the situation. The statistical information that has been pulled together in one place has been particularly useful and the Call to Act has helped to focus people on the issues. It has enabled a clear and consistent message to be put across and:

All the stats and information pulled together has helped focus minds in Northern Ireland, (being able) to quote the same message with one voice (national stakeholder).

As a result, this enabled campaigners to present a paper to the Northern Ireland Executive APPG on Mental Health in Stormont on PMH services and explain what needs to happen. Two actions came out of that meeting which will give the campaigners in Northern Ireland opportunities to directly influence politicians and decision makers. These are a presentation to the Health Committee and to a new strategic steering group for development of health services in Northern Ireland.

A conference was held in Belfast in 2016 that was supported by the Campaign team. The campaigners in Northern Ireland have found it useful being part of a wider coalition and they have been able to highlight what is happening in England, Wales and Scotland in their presentations to politicians. In particular there is pressure on the Executive to ring-fence money from the block grant

¹⁶ Getting it right: getting it right for mothers and babies. Closing gaps in community perinatal mental health services, <https://www.nspcc.org.uk/services-and-resources/research-and-resources/2015/getting-it-right/>

for PMH. They would then seek to hold politicians to account. The benefits of being part of a wider Campaign was expressed by one stakeholder:

I think it (Everyone's Business Campaign) has given us a lever – a path we can walk to raise awareness. We are all in this together, which is the strength of the UK Nations and we feel that has been stronger together (national stakeholder).

4.6.4 Going forward

The impact of the Campaign has been variable in the devolved nations although all have shown evidence of progress. As the Campaign moves forward it will be necessary to tailor resources to the specific contexts of the nations. This is discussed further in our recommendations section 7.2.

5. What has driven the changes?

In the theory of change developed by the Alliance in 2013 (Appendix 1), four areas of activity or mechanisms were identified that, if used together, would be necessary to drive through change. These areas were emotional commitment, communications, structures and processes.

Change drivers are effective if the context is receptive to change. In this section, we explore the receptive context and then consider the key drivers, the 'why', that have produced such an effective Campaign. Also in this section we discuss the significant contributions of the Alliance members to the Campaign.

5.1 A receptive context

A theory of change approach acknowledges that change takes place in a receptive context¹⁷. During the time of this Campaign there have been a number of related initiatives that provided a rich environment for perinatal mental health campaigners. Momentum has been building in the area of mental health generally and it has risen up the political agenda.

In March 2015 a task force was formed to develop a mental health strategy¹⁸, which reported in February 2016. Similarly, a review of maternity services was commissioned in 2015, and also reported in February 2016¹⁹. The National Institute for Health and Care Excellence (NICE) published Quality Standards on antenatal and postnatal mental health in February 2016²⁰.

The development of these guidelines, strategies and reviews during the time of the *Everyone's Business* Campaign opened up opportunities for the Campaign, which was then 'up and running', to work with others to influence the outcomes of these reviews.

5.2 Emotional commitment

The theory of change identified the importance of securing emotional commitment and engaging the hearts as well as minds of decision makers if change was to occur. It is not possible to overstate the influence of the stories

¹⁷Plsek, P and Greenhalgh, T (2001) *The challenge of complexity in healthcare*, British Medical Journal, 323: 625-8

¹⁸The *Five Year Forward View for Mental Health* (February 2016) NHS England

¹⁹*Better Births: improving outcomes of maternity services in England* (February 2016) NHS England

²⁰Antenatal and postnatal mental health: NICE Quality Standard [QS115] published February 2016

told and it has proved a central driving force in the success of the Campaign as illustrated in section 4.

The Campaign team had personal experiences of the lack of specialist provision and these stories have been told at conferences, presentations, meetings and events. One stakeholder said:

That's been incredibly helpful and the women who have come forward to do things have been spectacularly generous, open, honest and hugely influential. In almost every single conference I've been at, people associate that (stories) as being the most moving and influential in terms of the way they feel. That has been utterly superb (national stakeholder).

We were told that having people with lived experience on the Campaign team brought authenticity and credibility to the Campaign. They brought a perspective and focus to the issue and at times, when tensions arose in meetings, their voice brought a common sense approach as to what really matters. The reactions of people was described by one stakeholder:

It is very striking at meetings where you are able to watch the reactions of people; it is the most powerful. You can see people's faces and hear the silence, (and there are) people's questions at the end. It is when statistical facts become undeniably important when you hear a personal story like that (MMHA member).

Overwhelmingly, respondents in this evaluation acknowledged the power of personal stories in influencing commissioners. One stakeholder told us of the response of one local commissioner:

The commissioner said they didn't really 'get' it before, but the (personal story) presentation inspired them all that they were determined to get something done. They have driven it through and are at the stage of having a really good business plan (MMHA member).

In terms of success of the Campaign, it brought together clinicians who had campaigned for change over a number of years with the personal stories of women and partners. It was considered important to have people talk about their own experience, rather than have it retold by clinicians.

The strong focus of telling the experience of maternal mental illness in the Campaign has shown the extent of the issues and encouraged others to speak out. One stakeholder explained:

One thing you find out with lived experience is that these are common experiences, you do not realise how common it is and

people begin to talk about it, people (have begun) to share personal stories in public arenas (local/regional stakeholder).

There is now the potential to build on this passion and commitment of people and build on the ground swell of support that is growing at grassroots level.

5.3 Communications

The Campaign has adopted a comprehensive, proactive as well as opportunistic communication strategy, which has raised the profile of the Campaign and has made a contribution to the Campaign's success. It has used multi-channel communications and media including online and print media, twitter, an e-bulletin and the website.

The Campaign has seen a generally upwards trend in its monthly media publicity from January 2015 with the highest amount of interest related to the EastEnders story and #Mumtalk in early 2016. These trends also reflect growing political interest in the issue with a growing trend from July 2015.

The vast majority of the media coverage that has been recorded has been online or in print (or versions on both). Whilst these have been open and accessible to all, only 21% of the publications could be considered as for a medical or specialist audience in comparison to 28% last year.

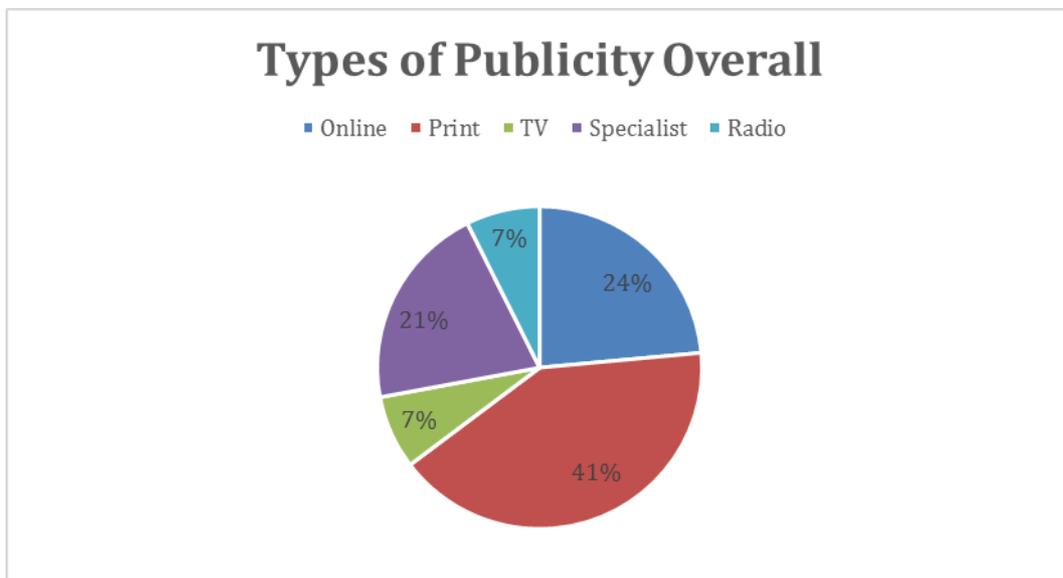


Table 6 Types of Publicity

Twitter engagement has been growing throughout the monitoring period²¹. This is positive in terms of both number of tweets and number of people involved in tweeting.

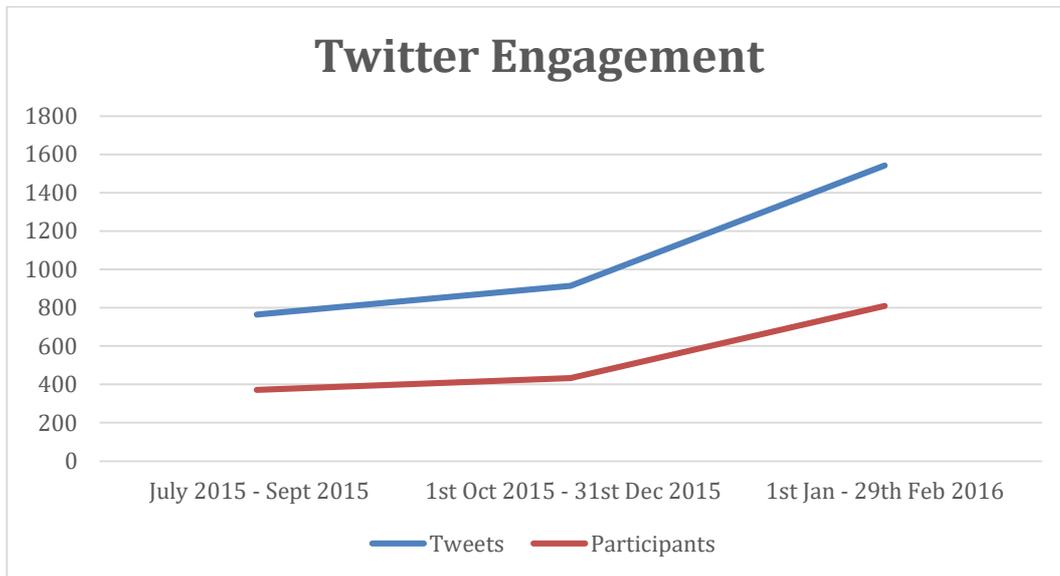


Table 7 Twitter engagement July 2015- February 2016

The twitter presence of the Campaign has been particularly strong at the beginning of 2016 with 1542 tweets using the hashtag #everyonesbusiness between 1st January and the end of February. These tweets were next exposed to 3319458²² twitter users; this figure is particularly high due to NHS England tweeting during this period.

In late February #Mumtalk was a Twitter discussion partly promoted by NHS England and Comic Relief; as part of this there was a spike in activity for the hashtag #everyonesbusiness. A number of events followed this through Netmums and 10 Instagramming mums, as well as high profile media tweets from for example, the Daily Express and OK Magazine. These show an increased Twitter presence through joining with other well-known organisations and creating larger Twitter events.

Since the interim evaluation report there has been a Twitter account set up using the name @MMHAlliance to represent the whole Alliance rather than the Campaign alone. At the time of writing this @MMHAlliance had 485 followers.

²¹The method of collecting Twitter data changed in July 2015, so data for Twitter is only shown from that period

²² This number refers to the number of users timelines the hashtag would have appeared in during this period

5.3.1 Everyone's Business Campaign Website

In the evidence presented in section 4 above, the website was seen as an essential part of the Campaign. It brought a lot of information together in one place, which people found extremely useful.

There have been several activity peaks for the use of the website. The highest of these was on 25th January 2016 when there were 629 hits on the site linked to the EastEnders's story line and associated coverage. The second highest was 18th March 2015 when the RCGP/Centre for Mental Health report was launched and the Budget linking PMH, and this led to 280 landing the site. Other peaks have been linked to the Father's day launch of the NCT research²³ and Dad's Matter UK being launched, as well as member usage before the May 2015 MMHA evaluation and learning workshop.

The vast majority of the users of the site were from England with around 90% of users in all periods coming from England. Less than 40% of website visitors during all periods were returning to the site. This gives an indication that a large number of visitors are visiting for the first time.

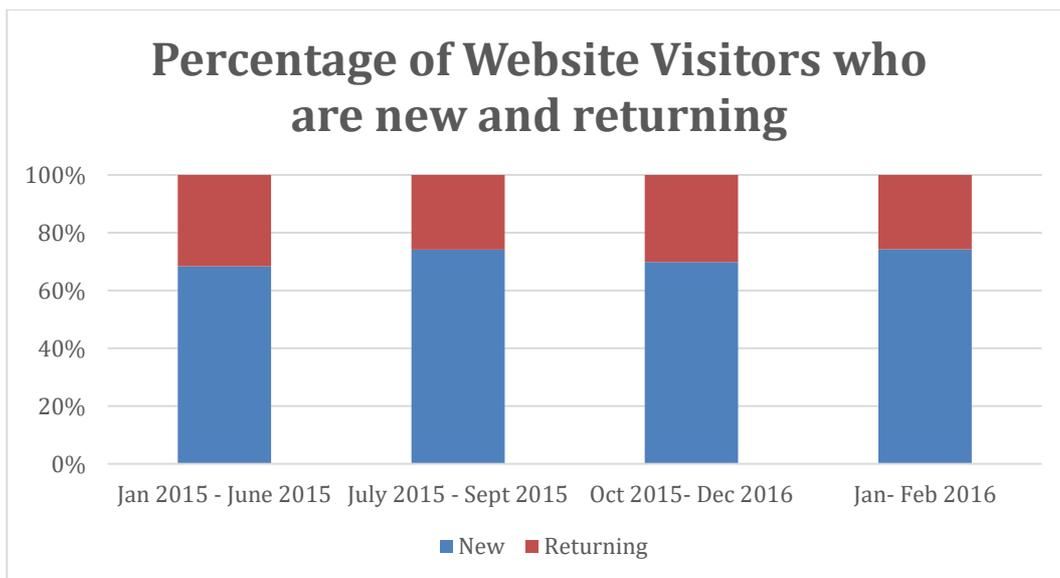


Table 8 Website visitors new and returning 2015/16

The e-bulletin sent via Mail Chimp is currently mostly received by health or social care professionals and health providers. In addition, there are a small number of health commissioners but at present these are all based within England.

²³National Childbirth Trust (June 2015) *Dads in Distress*

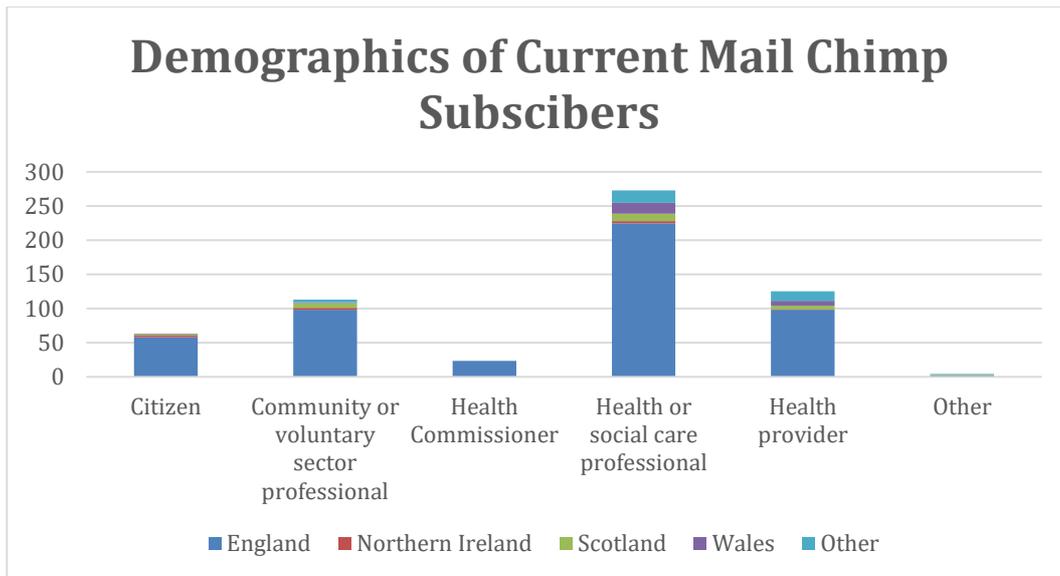


Table 9 Demographics of e-bulletin subscribers January 2015/16

5.3.2 Media Coverage

Supporting other selective strategic initiatives with regards to consistent messaging and networking has required considerable effort and resources from the Campaign team. This has meant that major initiatives have not contradicted each other and helped keep a strong, consistent Campaign message. It is hard to quantify and attribute all this work but it needs to be acknowledged as a driver that has resulted in change. For example, the huge impact of the TV coverage in the final year of the Campaign particularly needs to be drawn out.

As stated in 4.3 above in March 2016, the Sports Relief Campaign showcased a feature on Maternal Mental Health based on the story in EastEnders. The Campaign Working Group had been directly involved in advising EastEnders around the storyline and the vice chair of the Alliance plus chair of the Campaign Working Group met the EastEnders team on several occasions. Whilst triggering the Sports Relief Campaign it also triggered a documentary on PMH focussing on postpartum psychosis, 'My Baby, Psychosis and Me'. The BBC specifically referred to the maps being a trigger for wanting to make the programme.

5.4 Structures

We have described the importance of the receptive context and why a strong communications strategy and emotional commitment has been key to success. In addition, structures have been in place, which are an important element of driving change. Three key 'structures' have been identified in this evaluation, which have supported the changes. These are the Maternal Mental Health Alliance, a strong Campaign team and an intelligent funder.

5.4.1 Maternal Mental Health Alliance

The Maternal Mental Health Alliance (see Appendix 2) has brought together a coalition of organisations with credibility, enthusiasm and commitment to improve perinatal mental health services. It is a large Alliance that has significantly grown over the lifetime of the Campaign with over 75 members. One of its strengths has been the rich variety of organisations in size, sector, discipline and focus (see section 4 above). It has provided a strong structure for the Campaign and supported the development of activities. It has enabled many in the profession to come together as one voice that has been hard to ignore and allowed different people and professions to play different roles, whether, for example, in a leadership capacity, administration and presentations.

People have taken on different roles within the Campaign depending on their particular strengths and attributes and where best to focus their energies. The Campaign Working Group (see Appendix 2) drawn from across the membership has been particularly active in shaping the Campaign.

Frequently throughout this evaluation, as highlighted in the interim report, stakeholders have used the Alliance and Campaign interchangeably to describe progress towards their goals. In this second year of the evaluation there is a sense that the Campaign has been better known as a part of the MMHA, which would not be surprising given the increased profile of the Campaign.

5.4.2 A Skilled and Resourceful Campaign team

The second important structure that has driven change has been the skilled and highly resourceful paid members of the Campaign team who have achieved a remarkable amount with the resources at their disposal. The core team were skilled negotiators and organisers, driven by a passion that change was essential. They have been able to hold together a number of different views, activities and tensions and focus clearly on the aims of the Campaign. In a highly politicised context they have demonstrated the particular skills to communicate and motivate a wide range of stakeholders from women and families affected by MMH to politicians, civil servants and clinicians. Their hard work has been recognised by a number of stakeholders. For example

The people involved have worked very hard, incredibly committed and focused (national stakeholder).

The two paid Campaign staff had a total of 5 days a week between them for the Campaign activities. They have had to be smart over how they have used their time and energy, which has required skill and clarity to prioritise what was important to achieve success. At a funding review for the last year of

Comic Relief funding, it was agreed to provide an additional staffing support role to the core team for the last year, increasing the staffing time to 3 days in recognition of the impact of the Campaign and the momentum it had gained.

5.4.3 An 'intelligent funder'

Another structure that has enabled success has been a funder who has been prepared to work closely with the Campaign team to offer support and guidance. A key factor of success was the decision of Comic Relief in 2013 to give a 12-month development grant, which enabled a fledgling Alliance to come together and plan its intentions. The development of the theory of change acted as a framework for the Campaign activities and meant that when the Campaign started in 2014, there was a clear vision and direction. The Campaign team were able to 'hit the ground running' and quick progress was made, as demonstrated in the evaluation Interim Report in 2015.

5.5 Processes

The fifth area to drive change has been the processes or mechanisms used in the *Everyone's Business* Campaign. These include developing a suite of Campaign activities, approaches and tools, identifying and holding to account the key decision makers, and the collective contribution of Alliance members.

5.5.1 A suite of activities, tools and approaches

The Campaign has produced a range of activities, tools and approaches, which from the evidence in this report have been effective. The maps have been particularly effective in drawing attention to the variation in provision and capturing the attention of commissioners. The Economic Report has also been highlighted as an essential tool to illustrate the cost of not taking action, and has appealed to politicians and commissioners. The website discussed above has brought resources together in one place for the first time and has been highly valued by those in the field.

These tools, in conjunction with a strong theme of lived experience, and the opportunity to harness collective action through networking, information given and high profile communications has driven change.

5.5.2 Holding politicians and system leaders to account

The second process that has been successful is holding politicians and system leaders to account. One of the key planks in the Campaign has been the Call to

ACT. The 'A' in ACT stands for '*Accountability for perinatal mental health should be clearly set at a National Level and complied with*'²⁴.

The ability to hold decision makers to account for their actions has gone far beyond the awareness raising and influencing that often characterises campaigns, and has secured real commitment and subsequent action. One of the key mechanisms to create accountability has been through the Roundtables, which were cited by many of our respondents as an activity that has been effective. The process has been skilfully managed to ensure the right decision makers were round the table; commitments made have been followed up and made public, creating transparency and pledges to an agreed course of action. It is worth noting that NHS England used the Roundtable in March 2016 to present their implementation plans of a Perinatal Mental Health Transformation Programme.

5.5.3 Contribution of Alliance Members

The final part of this section on processes that have driven success looks at the contribution that Alliance Members have made to the Campaign. In addition to the grant given by Comic Relief to the Campaign, there has been a significant contribution in time and resources from members of the Campaign Working Group, Alliance organisations and the core staff team exceeding their paid hours.

It is clear through what has been achieved by this Campaign that the paid human resources do not reflect the actual number of hours worked by the Campaign/MMHA team, both in terms of overtime by Campaign staff, and the amount of work being carried out in an unpaid capacity by the Chair, Vice Chair and others. For the period of this grant, the passion drove the work even if this meant people going above and beyond.

In the survey to which 46 members responded (out of approximately 75 organisations) 56% of respondent organisations give either worker or volunteer time to the Campaign. Organisations who responded to the survey reported that together they have given 227 hours of employee time a month with most respondents, who gave a time, claiming to give around two hours a month in total. This amount is equal to one and a half full time employees. 16 organisations gave no time at all and an additional 4 felt that giving time was not applicable to them (one of which stated this was because they had no paid workers) and 5 organisations were unable to give an amount of worker time they contributed.

²⁴www.everyonesbusiness.org.uk

These responding organisations also gave 60 hours of volunteer time a month although most respondents stated their organisation did not give any volunteer time. However, those that did volunteer gave around 2 hours a month on average. This time is considerable and has been spent giving information and advice, helping with social media, the Campaign Working Group (CWG), networking and administration support along with attendance at meetings and events.

The graph below shows that there was an unequal spread of the amount of time that organisations spent on the Campaign with most of them donating between one and six hours a month.

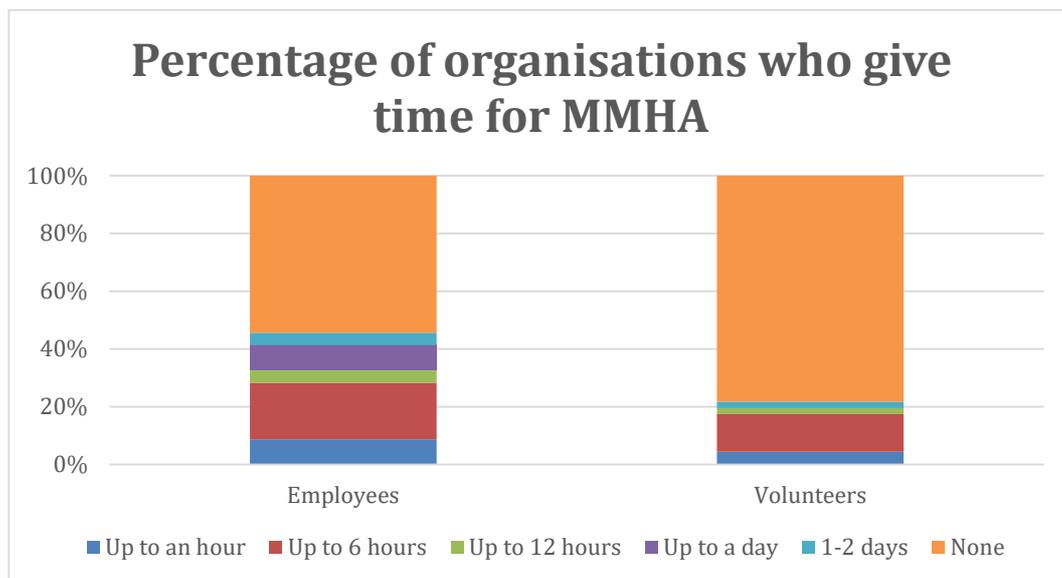


Table 10 Percentage of organisations that give time for MMHA a month

After clarifying how they had spent these worker and volunteer hours Alliance members were asked to give the other ways in which they had contributed to the Campaign. This included providing the Campaign with information, disseminating information, media advice, help with administration, including use of rooms and minute taking, help to run stands at events, giving presentations and networking. Partnership development was another area of activity and as well as planning in-service training.

The final two sections of this report discuss some issues that arose during our investigation and that would be useful to pay attention to as implementation moves forward. Finally, we bring together some key themes and learning for the future.

6. Issues for Future Attention

During our evaluation, some issues surfaced that would be worth further consideration by the Alliance as it moves forward into implementation. We do not expect these to be surprises to the Campaign team but hope they provide a useful focus. They include a London focus, the Infant Mental Health Agenda, methodologies and the lived experience.

6.1 London Focus

Whilst those in the devolved nations commented on the Campaign being England focused, we also heard from some local and national stakeholders that the Campaign had been too 'London focused' and that most of the activity had taken place in London and the South of England. This was probably inevitable due to resources available and the necessary focus on Westminster. We found pockets of activity where the Campaign had really reached but there were also areas in the North West for example where it had not. As the Campaign moves into the next phase this is being partly addressed by a systematic approach through the NHS England Strategic Clinical Networks and the proposed networks in the devolved nations. The Campaign will also need to engage at local level in order to fully understand the local context and mechanisms.

6.2 Infant Mental Health Agenda

A second area raised during this evaluation was the connections being made with the Infant Mental Health agenda and CAMHS (Children and Adolescent Mental Health Services), which has also received political priority²⁵. Whilst PMH includes the first year of life of the child and therefore has some overlap with improving infant mental health, to some stakeholders the increased focus on children gave them a hook to make the case for improved services for mothers.

Other stakeholders expressed concern about the implications that mothers with perinatal mental illness damage their children because it is a much more complex issue than that. It could be potentially anxiety provoking and possibly misleading because perinatal mental health problems do not always lead to child problems. The important indicators are when maternal mental health problems become chronic and in the context of poverty that adverse outcomes can occur. One stakeholder explained:

I have some personal concerns about making too much of the impact on the child. Talking about maternal mental health problems leading to these adverse outcomes is potentially stigmatising and not helpful. The Campaign has tried hard to

²⁵In the March 2015 budget £1.25bn was pledged for CAMHS over the next five years.

ensure it's there but sometimes in the dissemination, the nuance gets missed (national stakeholder).

Blame and stigma were considered by some to be out-dated concepts in the perinatal mental health debate and that women should be treated in their own right as individuals.

6.3 Methodologies

Concern over the methodology of some of the Campaign tools was another issue raised occasionally by stakeholders. The methodology used to produce the maps was discussed in particular. Evidence in this report makes it clear that the maps have been used extensively and are a key tool that has enabled change. The message is that they have been successful in raising awareness of the issues but a more robust rating process is required going forward.

6.4 Using Lived Experience

The fourth issue that arose was more a note of caution than a problem and one that people involved in the Campaign are already acutely aware. This concerned the use of the lived experience and the voice of service users, either past or present. Once again, there is robust evidence in this report that the involvement of personal stories by the core team and others has been a significant driver in making the changes we have seen. The support needed to people telling their stories was acknowledged as well as the potential vulnerability of people who relive traumatic experiences. People spoke to us of their strategies to replenish their energy after telling their story, as well as the need for mutual support.

The importance of hearing a range of experiences was discussed including hearing from women who had recovered, although caution was expressed that personal stories need to be told in the context of the topic with facts and figures in order to avoid the risk of stories being used as marketing tools.

7. Moving towards implementation: key messages and learning

(The Campaign) has brought an incredibly strong and robust coalition together to think about perinatal mental health in a way that it has not been thought about before nationally. The people that have come together, professional, policy and those with lived experience are so together at the moment. I think it will continue because there's been such momentum (national stakeholder).

We heard loud and clear in our recent data collection for this evaluation that the Campaign had made a real impact but 'the job's not done'. There was caution that although huge progress had been made, the pressure still needed to be maintained in order that implementation was carried out. One system leader commented:

We've gone beyond sitting at the table, the real thing is training up the workforce, getting the money spent, applying the knowledge that's there, supporting people to do that rather than heavy politicking. The point has been made. The issue (now) is getting it done (national stakeholder).

Applications for further funding are being undertaken by the Alliance and we would like to highlight six key messages taken from the evidence that are of equal importance and should be considered in further work.

7.1 The positioning and role of the Alliance

We recommend that at the beginning of the new funding period the Alliance members revisit and refine their original theory of change (Appendix 1). This will sharpen the focus of the Alliance and Campaign activities as it enters a new phase of supporting the implementation of a comprehensive perinatal mental health service. A developmental period may be required to decide how to spread PMH services to achieve universal coverage and how to involve local grassroots organisations more in that process.

The challenges will be how the Alliance remains an independent voice from the mainstream whilst also being part of the solution. In addition, the Alliance will need to pay attention to how it builds on the expertise and good will of other campaigners and supporters as well as harnessing the passion and commitment of a wide range of stakeholders. In particular, the Alliance requires firm allies in the system who understand how things are done.

7.2 Local and Regional Context

There will need to be recognition of the different local contexts for implementation, so that good practice can be nationally spread and adopted.

Areas will respond to taking core principles and what has worked well from the Campaign and tailoring these to their own local context. This is particularly true of the devolved nations of Scotland, Northern Ireland and Wales and will increasingly apply to devolved regions in England, for example in Greater Manchester. It will include acknowledgement and understanding of different ways of working, relationships and partnerships, services, systems and policies, priorities and strategies as well as the telling of local personal stories.

NHS England's Strategic Clinical Networks, or their equivalent in the devolved nations, can support a systematic approach, which will be enhanced if they have mandatory perinatal mental health networks. The networks have an important role to play so that all areas develop comprehensive services according to the local circumstances but without compromising national standards.

Consideration will also need to be given to how local voices can be supported at a local level to deliver and spread the Campaign messages.

7.3 Metrics to Measure Progress

As implementation takes place metrics, or units of measurements, will need to be put in place to measure the progress of implementation against agreed indicators. It is worth noting that what is chosen to measure can have unintended consequences on the activities that are carried out. Therefore, it is important during the revised theory of change process that the Campaign is clear what it wants to achieve and the indicators of success, before considering the units of measurement. These measures can be used to influence what others collect as well as what the Alliance itself measures. Economic outcomes still remain important, including investment at local level.

A mix of data collection methods will be required that take account of both qualitative and quantitative approaches and measure success. Creative and inclusive methods, such as the use of using social media, can capture the voices of people on the ground in meaningful and accessible formats. Case studies that show clearly what has been put in place to achieve positive outcomes are particularly valued by commissioners.

As well as contributing to national indicators of progress, the Alliance will need to have its own system for measuring its progress through an independent evaluation and learning approach. This will enable the Alliance to track its own progress towards its goals and outcomes as well as facilitate reflective learning.

7.4 Training and workforce development

Training and workforce development, in the context of a rapidly developing service, was a significant area of concern to stakeholders. The need for clear workforce planning to deliver improved and expanded services was highlighted. The scope is wide from training specialist practitioners and relevant health professionals, to supporting representatives with lived experience and champions in local communities, local authority areas and regions.

Training is required at a number of levels from pre-registration to continuing professional development, which will require curriculum development. Different methods of cascading knowledge and training can be considered, such as case studies, and there is almost certainly a place for e-learning. Multi-agency and multi-disciplinary training would be of value in such a cross disciplinary area as perinatal mental health

7.5 Quality Control and Knowledge

The issue of quality control has already been made in this report. The important point is that going forward it will be necessary to ensure any tools developed by the Campaign are robust and evidence based in order to influence the system. One local stakeholder wanted to go further and know about further progression: *'What does going beyond green on the maps look like?'*

As the new services develop, quality control measures will need to be in place, building on the quality standards and guidance already developed in order to have universal quality programmes. Quality standards need to be across the whole PMH pathway, which would include partners in the third sector, and the use of service models that are evidence based, drawn from knowledge at every level. This includes knowledge directly from women and their families who have experience of perinatal mental illness.

New partnership opportunities to share data can be explored, for example the Sustainable Improvement Team at NHS England. In addition, the use of intelligence networks and knowledge hubs, such as the Mental Health Intelligence Network hosted by Public Health England, and making the data visible and accessible for others to use will be essential.

7.6 Involving the Voluntary and Community Sector

Developments with the voluntary and community sector will be essential in the delivery of a comprehensive service. It offers the opportunity for galvanising grassroots support and bringing forward the user voice at a local level within a local context.

Representatives need to be engaged and included in strategic forums with clear roles and responsibilities. The unique contribution and expertise of the sector should be recognised and their role as equal partners acknowledged. There will be different parts of the perinatal mental health pathway where the voluntary and community sector is best placed to deliver services and does add value as part of the service development process.

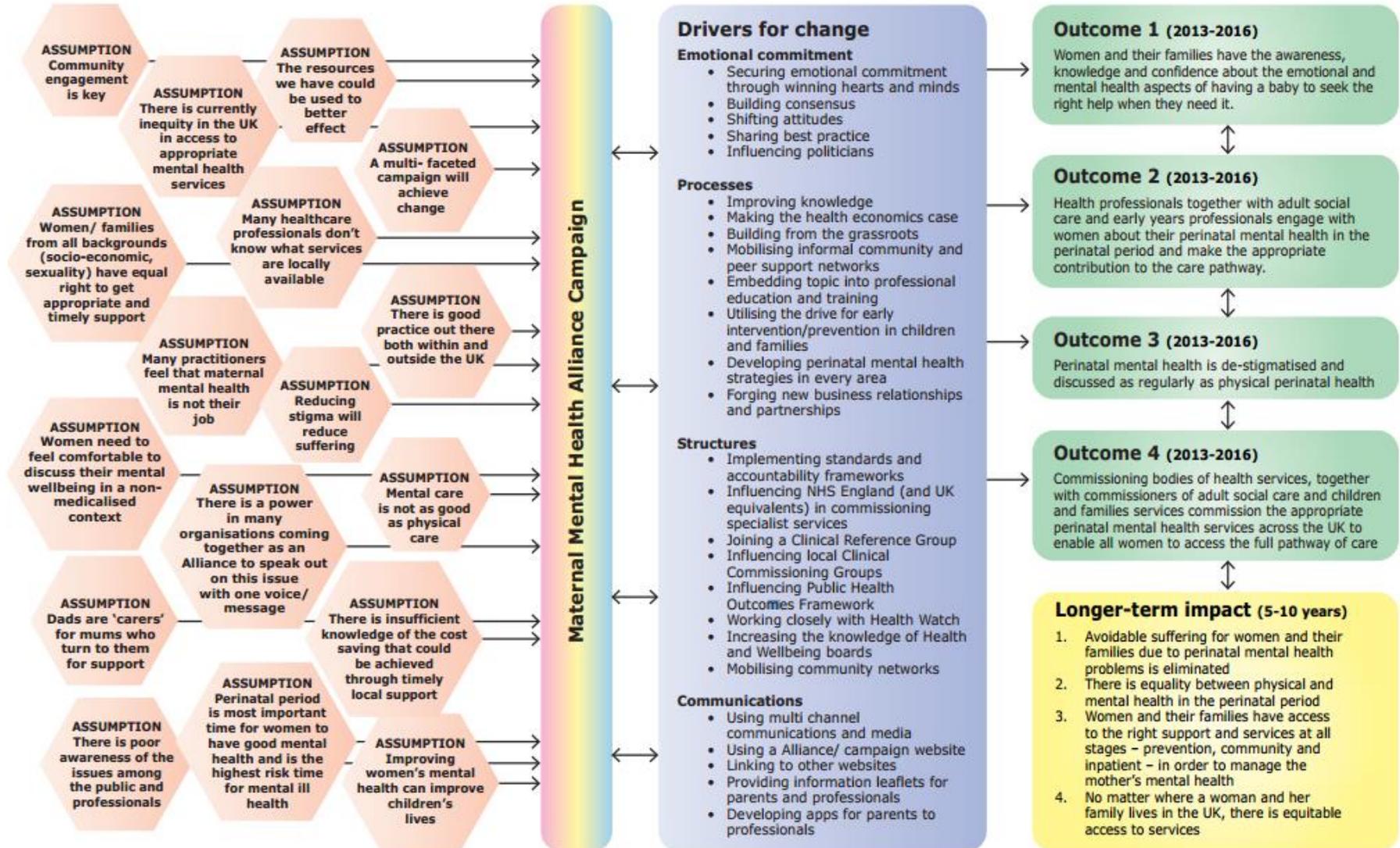
This will need mapping, resources and investment, supervision and training in order to achieve an integrated offer. In addition robust process will need to be developed and in place for governance, quality standards, quality assurance and metrics for delivery of safe and effective services along the pathway.

Appendix 1: Maternal Mental Health Theory of Change Diagram

Maternal Mental Health Alliance: Theory of Change (April 2013)

The issue:

Women across the UK are not getting universal high quality care and support for their mental health in the perinatal period



Vision (10 years): There will be parity between physical and mental health and all women everywhere know they can access the support they need when they need it because they know what to expect and what to ask for

Appendix 2: Maternal Mental Health Alliance Members and Campaign Working Group Members

Alliance Members

Representative	Organisation
John Davies	4children
Vicki Hook	Acacia Family Support
Jess Heron	Action on Postpartum Psychosis
Jane Barlow	Association for Infant Mental Health (UK)
Claire Delpech	Association for Postnatal Illness
Tom McEneaney	Aware
Alison Baum	Best Beginnings
John Durkin	BeTr Foundation
Sarah O'Donnell	Big White Wall
Graeme Bowman	Bipolar Scotland
Clare Dolman	Bipolar UK
Ruth Jackson	Bluebell
Joanna Hawthorn	Brazelton Centre
Sauro Scarpelli	Break the silence - PNI
April Pardoe	Breastfeeding Network
Alex Vostanis	British Association for Counselling and Psychotherapy
George Roycroft	British Medical Association
Fiona Seth-Smith	British Psychological Society
Mira Lal	British Society of Psychosomatic Obstetrics, Gynaecology & Andrology
Andy Bell	Centre for Mental Health
Pam Warner	Centre for Research on Families and Relationships
Paula Lavis	Children and Young People Mental Health Coalition
Asha Day	Community Practitioners and Health Visitors Association
Alain Gregoire	Convenor
Jackie Walker	Crossreach
Lizzie Jarvis	Doula UK
Leon Feinstein	Early Intervention Foundation
Julie Smith	Family Action
Lucy Willoughby	Family Links
Adele Jones	Family Nurse Partnership
Adrienne Burgess	Fatherhood Institute
Elizabeth Young	Homestart
Cheryll Adams	Institute of Health Visiting
Andrew Canter	Jakes Charity (NMSF)

Chris Bingley	Joanne Bingley Memorial Foundation
Victoria Croft	La Leche League of Ireland
Samantha Ramanah	Local Government Association
Ian Jones	Marce Society
Roch Cantwell	Maternal Mental Health Scotland
Maria Bavetta	Maternal OCD
Rosalind Bragg	Maternity Action
Kirsten Patterson	Mellow Parenting
David Goodban	Mental Health Foundation
Gavin Atkins	MIND
Jenny Burns	MIND Cymru
Marie Peacock	Mothers at Home Matter
Ruth Hagan	Mothers for Mothers
Miriam Donaghy	MumsAid
Elizabeth Duff	National Childbirth Trust
Julia McGinley	Netmums
Nuala Dalcz	Niamh Association Mental Health
Shona Hamilton	Northern Ireland Perinatal Mental Health Forum
Susan Galloway	NSPCC
Donna Collins	Panda's Foundation
Celia Suppiah	Parents 1st
Martin Johnson	Patients Association
Andy Mayers	Perinatal Mental Health Partnership UK
Pauline McPartland	Person Shaped Support (PSS)
Karen Burgess	Petals
Clair Rees	PIP-UK
Vivette Glover	Postpartum Support International
Jessica Faulkner	Relate
Katherine Crawshaw	Rethink Mental Illness
Judy Shakespeare	Royal College of GPs
Janet Fyle	Royal College of Midwives
Carmel Bagness	Royal College of Nursing
Seni Subair	Royal College of Obstetricians and Gynaecologists
Emily Arkell	Royal College of Paediatrics and Child Health
Maddalena Miele	Royal College of Psychiatrists
Jane Morrell	Society for Reproductive and Infant Psychology
Judith Rees	The Stefanou Foundation
Deirdre Debarra	Tommy's the Baby Charity

Jane Hanley	United Kingdom and Ireland Marce Society
George Hosking	WAVE trust
Lisa Plotkin	Women's Institute
Marc Bush	YoungMinds

Campaign Working Group Members

Name	Organisation
Alain Gregoire	Royal College of Psychiatrists, Maternal Mental Health Alliance
Alice Haynes	NSPCC
Alison Baum	Best Beginnings
Chris Bingley	Joe Bingley Memorial Foundation
Clare Dolman	Bipolar UK, Action on Postpartum Psychosis, Maternal Mental Health Alliance
Emily Slater	Maternal Mental Health Alliance: Everyone's Business Campaign
Ian Jones	Marce Society
Janet Fyle	Royal College of Midwives
Jenny Burns	Mind – Cymru (Wales)
Joanna Friend	Maternal Mental Health Alliance: <i>Everyone's Business</i> Campaign
Joanne Smith	NSPCC - Scotland
Judy Shakespeare	Royal College of General Practitioners
Julia McGinley	Netmums
Maria Bavetta	Maternal Mental Health Alliance: <i>Everyone's Business</i> Campaign
Shona Hamilton	Royal College of Midwives, Northern Ireland
Vivette Glover	Imperial College, London