Norfolk and Suffolk NHS Foundation Trust

Business Case

Project Name:	Phased Development Plan for 0-4 Parent Infant Mental Health (PIMH) Service in Norfolk and Waveney		
Date:		**Release:**	**Draft**/Final
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Revision History

Date of next revision:

Revision Date	Previous Revision Date	Summary of Changes	Changes Marked

1.0 Executive Summary

Funding totalling £328,000 per annum is already being received from Norfolk and Waveney ICB to cover the cost of our current staff establishment.

In addition to this the ICB have made available a further £300,000 per annum to cover the phased Service expansion and transition over to a Full 0-4 Complex Attachment Service during 2023-24 and 2024-25.

At the end of this period funding will then be made available on a substantive basis to fund the Full 0-4 Complex Attachment Service as detailed.

There is a commissioning gap within Norfolk and Waveney for a parent-infant mental health service to sit within the CAMHS/Perinatal landscape offering **specialist intervention** for infants and young children who experience **complex** social and emotional difficulties because of **poor attachment**.

Intervention for attachment difficulties aim to increase parents' capacity to identify and respond to their children's emotional needs. It requires practitioners to have expertise in early years development and attachment theory and be skilled at working therapeutically with parents, babies and young children, and the parent-infant relationship. **Infant mental health problems occur within the context of a parent-infant/caregiver-infant relationship**.

Early intervention at this stage may help curtail the excess costs of difficulties at a later stage. The excess cost of mental health problems in children are estimated at between £11,303 to £59,130 per child per year (NHS England, 2014) The Economic Case - Parent-Infant Foundation (parentinfantfoundation.org.uk)

The parent infant service in Norfolk and Waveney is unique within the National landscape in that it is the only PIMH Service that is commissioned at the **mild-moderate** end of the spectrum of need and is also unusual in that it caters for infants beyond the first 1001 critical days - providing a service for children up to their 4th birthday.

Evidence will be presented in this paper that cases referred to the service present with a greater level of need than can be met by the current provision and require intervention from a more specialist service. These types of complex cases require not only longer-term specialist intervention, but also effective liaison with, and consultation to, other services.

It is argued that better **integration** with other services working within the newly launched **Norfolk Family Hub Services**, and improved **alignment** with **Perinatal** teams, will ensure that we better identify infant mental health need and support parents who are struggling. Integration and alignment on its own, however, will not fill the **commissioning gap** for a **complex PIMH** service.

Hence there is a need to develop the parent-infant service to be able to take on the more complex PIMH brief by upskilling the current workforce to become **expert advisors and champions of parent infant relationships** and develop **better pathways** between services that support both parents and infants across the wider system.

Commissioning on this geographical scale places many demands on the workforce. This includes the numbers of families that it can safely support whilst developing the knowledge base and competencies to train/support and supervise other practitioners and contribute to the development of services locally. Moreover, the nature of parent infant work means that a greater resource is needed per family to

adequately reflect on the needs of the parent and infant within the relationship; and the multi-agency nature of the work means that additional liaison time is needed to ensure that all parts of the system which need to support both parent and infant are working effectively together.

Crucially, however, the cost of doing specialist parent infant relationship work must be carefully weighed up against the cost of postponing interventions until older ages when change is more difficult.

With these key issues in mind, the ICB have signalled a clear commissioning intention to fund a phased (year by year) plan for developing the 0-4 Parent-Infant MH Service. The focus of **Year One (23/24) and Year Two (24/25)** will be to continue to deliver the service model around **mild-moderate** provision, factoring in the **alignment** and **interface** required with the newly commissioned Family Hub Services that are being developed in parallel. The plan for Years 1 and 2 will also include a **commitment to fund training** opportunities within the current workforce, upskilling them to be able to deliver a more complex (moderate-severe) provision and any backfilling requirements to these more junior roles.

The more complex attachment offer will be phased in through **Years Three (25/26)** and beyond when existing staff become competent and the workforce within the Family Hubs Services have been similarly upskilled to be able to safely sustain the mild-moderate provision.

2.0 Identified need/rationale

The Case for a Complex PIMH in Norfolk and Waveney

The 0-4 Parent Infant team has been reliably collecting cluster data since 2014. These data capture the indices of complexity and risk within the child presentation and family context (see appendix 1).

In sum, what these data show, is that two thirds of cases referred to the service present with a greater level of need than can be met by current provision and require provision from a more specialist service. Half of cases referred fall within the highest category of need, clusters 5 & 6, which are characterised by significant attachment difficulties, trauma presentations, child protection concerns which require a Child Protection Plan, and complex parental mental health needs.

These types of complex cases require not only longer-term specialist intervention, but also effective liaison with, and consultation to, other services. Only a third of cases referred to the service are consistent with its commissioning and provision as a 'Getting Help' service.

The Impact of Covid-19

The impact of Covid-19 has been extensive in terms of isolating new parents, leading to an increase in mental health difficulties, domestic abuse, safeguarding risks and reduction in face-to-face support from universal services. This has inevitably meant that concerns are not being picked up until much later, which has both short- and long-term consequences for babies born during the pandemic.

Several recent reports have highlighted the damaging effects of the pandemic on infants and their families and forecast the longer-term effect of the pandemic on children's mental health. Reports by Best Beginnings, Home-Start, and the Parent-Infant Foundation (2020; 2021) have highlighted lack of available support for parents who are concerned about their relationship with their baby and brought into sharp focus the numbers of parents who feel that the pandemic has impacted on their ability to cope with their pregnancy or baby (68% of parents). A survey of professionals and parents *('No one wants to see my baby'*, 2021) found a significant drop in health visiting provision and in baby and toddler groups in their area.

What this has meant for the Parent-Infant Service in Norfolk and Waveney

Referrals to the Parent-Infant service in Norfolk and Waveney over the past two years have suffered significantly due to the drop in face-to-face health visiting. This, coupled with the lack of capacity required to meet the need of parents and infants with more complex attachment needs, has meant that the service is not able to meet the needs of parents and infants highlighted in these reports.

This underlines the need for the service to evolve to not only fill the more specialist brief in respect of parent-infant mental health, but to also work in a more integrated way with other services to ensure that we can identify infant mental health need and support parents who are struggling. A re-designed and expanded parent-infant service would allow Norfolk and Waveney to develop better pathways between services that support both parents and infants across the wider system.

How the Local PIMH offer Compares to Other Services Across the UK

The parent infant service in Norfolk and Waveney is unique within the National landscape in that it is the only PIMH Service that is commissioned at the 'Getting Help' end of the spectrum of need and is also unusual in that it spans the 0-4 age range. Other PIMH teams across the country either sit across the entire spectrum of need or are commissioned at the more complex 'Getting Help' end. The majority of the 39 PIMH teams across the UK cater for infants 0-2 years of age. However, the needs of children over 2 years of age are still inadequately supported by CAMHS teams in most areas of Great Britain, including Norfolk and Waveney.

Several PIMH services in other parts of the UK have been commissioned to map the level of need (which our cluster data effectively do), and tend to provide consultation, training and reflective supervision to other professionals working with

families at the less severe end of the spectrum of need, and work more directly with families at the more complex end.

These challenges have led to further discussion locally around the need for a 'complex' parent infant service that would fill that 'Getting More Help' need.

Where the Norfolk PIMH fits in the Wider Service Structure

Centralised funding has been awarded to Norfolk to develop Family Hub Services delivering a range of early years offers for 0-2s. This funding package includes a training offer for brief evidence-based interventions designed to target parent infant mental health difficulties at the mild-moderate level. These developments within the wider system provide an opportunity for Norfolk to strengthen its existing parent-infant offer and better align/integrate existing provision with the Family Hub networks and other services that support both parents and infants.

This business case outlines the proposed plan to phase the development of the parent infant mental health provision, year by year, by offering an enhanced liaison and intervention function around mild-moderate parent infant relationship difficulties aligned to the Norfolk Family Hub offer, and work to sustain this new provision, whilst gradually moving to close the commissioning gap in provision for more complex attachment difficulties.

Recommendation

Within Norfolk and Waveney, some or all the 'Getting Help' offer for parent-infant relationship difficulties is already provided by the Early Childhood and Family Service, which the newly commissioned Norfolk Family Hub Services will build on. This has led to an overlap in provision within the Norfolk system that supports parents and infants, which will continue to widen with the upskilling of the Family Hub workforce.

The current proposal outlines a phased plan for developing the current 0-4 PIMH service to eventually sit alongside existing CAMHS and Perinatal Services to provide a more specialist 'Getting More Help' offer for infants with complex attachment need. To enable this to happen, better alignments, and support to sustain Family Hub Services at the mild-moderate level; alongside planning for higher level training to upskill the workforce; would enable the service to move away from providing intervention at the 'Getting Help' level and fill the gap in specialist provision for more complex attachment need.

The phased plan will focus on retaining a mild-moderate provision in Years One and Two (23/24 and 24/25) and then a full complex attachment offer by Year Three (25/26).

In Years One and Two the service will need to upskill the existing workforce to encompass the numbers of clinical staff and skill mix required to work with more complex presentations and backfilling to more junior roles. To develop the

workforce required to meet the needs of parents and infants with complex needs we need to invest in masters level training over Two years to facilitate the growth of professionals with the specialisms required to work with complex early years attachment difficulties and equip them to supervise, train, and support the wider workforce network of professionals within Norfolk and Waveney working in the parent infant space.

The required workforce will be trained over time, thus reducing the overall capacity of the service, both in terms of time spent training, but also regarding the amount of consultation and liaison with other services that the team is able to offer. Therefore, several more junior roles will need to be backfilled to enable the service to continue to deliver the mild-moderate provision.

Whilst the service is in this phase of development, they will provide enhanced liaison to the Family Hubs, which will be developing their offer alongside. This will include an offer of consultation, supervision, and reflective practice, together with providing Level 1 training in awareness of parent infant mental health and parent infant relationship difficulties and how early difficulties can be identified.

In Year Three our workforce will include the roles required to bring interventions together from a range of theoretical models using psychological formulation, alongside sound knowledge of infant development and attachment. This will enable the service to offer a range of interventions to meet the more complex relationship (attachment) needs of parent infant dyads and preschool children up to the age of Four years.

In Years Four and beyond, we hope we will continue to work towards a 'gold' standard integrated service model which includes posts that can reach into other parts of the system to develop better pathways for parent infant mental health across services and provide higher level training and consultation, to ensure that the infant is at the forefront of professionals' minds when they are working with parents and families of vulnerable infants.

As part of the system wide parent infant strategy work, we have considered within the trust how the 0-4 service can work more closely with the perinatal service. What we understand about parent infant work is that the training can be timely, costly and that the types of work the practitioners are required to undertake can have a significant emotional impact and can impact on retention of staff.

This phased plan and moving the 0-4 team under the specialist service parental umbrella hopes to nurture the workforce and scaffold the training and development needs of the staff across both teams. Improving access to robust specialist clinical supervision and training opportunities as well as giving us the opportunity for combined triage, regular interface meetings and co-facilitated groups.

3.0 Costings

Funding is already in place to cover the cost of our baseline establishment as detailed below - £328,000 per annum.

Baseline Establishment

Post	Band	WTE
Principal Clinical Psychologist and Clinical Lead	8b	0.6
Psychologist/Psychotherapist	8a	1
Clinical Team Manager	7	1
Clinical Psychologist	7	0.6
Trainee Child Psychotherapist	6	1
Trainee Play Therapist	5	0.8
Parent Infant Practitioner	6	1.6
Administrator	3	1.0

Detailed Costing of the Phased Service Expansion

Additional funding totalling £300,000 per annum is available to cover costs in Years One and Two and it is anticipated that taking into consideration delays in recruitment over the two years we will be able to bring this phased period in on budget even though the total FYE costs stated are higher than the funding available due.

0-4 PIMHs Service transition funding 2023-24 and 2024-25		**YEAR ONE**		**YEAR TWO**	
		FYE 2023/24		**FYE 2024/25**	
Post	**Band**	**Wte**	**£'s**	**Wte**	**£'s**
Psychotherapist	8a	0.60	37,235	0.60	37,965
Psychological Therapist	7	2.00	112,045	2.00	114,242
Mental Health Practitioner	6	2.00	90,984	2.00	92,768
Administrator	3	1.00	29,641	1.00	30,222
Apprenticeship Levy			1,350		1,376
Pay Total		**5.60**	**271,255**	**5.60**	**276,573**
Direct Non Pay (Travel, ICT Licenses, Mobile etc)			59,715		40,790
Indirects/Overheads			51,835		49,704
Non Recurrent Non Pay (ICT Set Up)			9,504		
Total Costs			**392,309**		**367,067**

New Posts

The table above includes posts that will act as Link worker roles to support the Family Hub Services. These practitioners will maintain a presence within Hub sites, supporting staff in a variety of ways, e.g., by providing consultation and supervision to staff working within Family Hub Services whose role it is to provide parent infant relationship support, and by providing joint assessment and direct work with families where it is required. These practitioners will also maintain a presence within the 0-4 PIMH team, delivering interventions through a variety of mediums, aimed at supporting parents of infants 0-2 years of age and acting as liaison between the two services.

The more junior roles will fulfil a backfilling requirement within the existing 0-4 PIMH team, whilst the current workforce undertake professional trainings, which include protected time for study, completing clinical attachments, accessing course supervision and travel.

These new posts will all require additional trainings in Video Interactive Guidance, Circle of Security and Watch, Wait and Wonder to equip them with the foundational skills required to do parent infant work.

Estate Costs

Accommodation to support the expansion of the team has been investigated and can be sourced from within the Trust's existing estate at Mary Chapman House.

Had this not been possible then estate costs including all services, rent, rates, maintenance, and IT costs etc would have totalled £190k per annum with a one-off capital payment for infrastructure of £113k.

Workforce Training

Some of the workforce training has already been paid for out of last financial year's underspend and we expect the remainder of the workforce training in **Year One (23/24)** to be paid for using slippage taken from delayed recruitment.

	YEAR ONE		YEAR TWO		YEAR THREE	
Training Costs Included in Costings	**FYE 2023/24**		**FYE 2024/25**		**FYE 2025/26**	
Post	**Places**	**£'s**	**Places**	**£'s**	**Wte**	**£'s**
Year 2 Child Psychotherapy Training	2.00	10,650				-
Video Interactive Guidance + supervision	4.00	6,240				-
additional supervision costs	2.00	2,000				-
Watch, Wait and Wonder	5.00	1,050				
Circle of Security	5.00	4,040				
Video Interactive Guidance + supervision	5.00	10,400				
Play Therapy Masters			1.00	13,455		
Supervision Costs			1.00	2,000		
On-going training budget						15,000
Total Cost per Year		**34,380**		**15,455**	**0.00**	**15,000**

Year Three (25/26) Detailed Costing for Full 0-4 Complex Attachment Service

0-4 PIMHs Full Complex Attachment Service funding 2025-26 onwards		YEAR THREE FYE 2025/26	
Post	**Band**	**Wte**	**£'s**
Principal Psychologist/Clinical Lead	8b	0.80	59,715
psychologist/Psychotherapist	8a	1.60	103,188
Clinical Team Leader	7	1.00	58,219
Clinical Psychologist	7	0.60	34,932
Qualified Child Psychotherapist	7	1.00	58,219
Qualified Play Therapist	7	1.00	58,219
Psychological Therapist	7	3.00	174,658
Early Attachment Specialist	6	0.60	28,366
Team Administrator	3	2.00	61,606
Apprenticeship Levy			3,186
Pay Total		**11.60**	**640,308**
Direct Non Pay (Travel, ICT Licenses, Mobile etc)			65,670
Indirects/Overheads			110,566
Non Recurrent Non Pay (ICT Set Up)			
Total Costs			**816,544**

4.0 Expected outcomes

In the first three years of life the infant or child is laying down capacity to experience, regulate and express emotions, to form close and secure relationships and to explore and master their environment. All of this takes places in the context of family relationships. Infant mental health is interpersonal and dyadic. Our service aims to help parents to be more attuned to their child and because of this the evidence shows that the developing child learns better affect regulation, a greater capacity to mentalize others and epistemic trust. Research has shown children with secure attachments show more optimal functioning across all domains of childhood - school attainment, emotional wellbeing, social and behavioural adjustment, and better peer relationships. It is hoped that the service will reduce the numbers of children needing a service from CAMHs and Youth teams later in their childhood and adolescence.

5.0 Conclusion

The current proposal outlines a phased plan for developing the current 0-4 PIMH service to sit alongside existing Perinatal Services to provide a more specialist 'Getting More Help' offer for infants with complex attachment need. To enable this to happen, better alignments, and support to sustain Family Hub Services at the mild-moderate level; alongside planning for higher level training to upskill the workforce; would enable the service to move away from providing intervention at

the 'Getting Help' level and fill the gap in specialist provision for more complex attachment need.

This Business Case includes costings for the proposed **Year One (23/24)** service transition, including backfill for those sent on training, the associated training costs, and additional capacity to provide direct work/liaison with the Family Hubs staff and families. Costs are also included for **Year Two (24/25),** which reflect a continuation of the service transition arrangement in Year One. Further estimated costs for **Year Three (25/26)** are also included, when the service will move to provide a full complex attachment offer and the training of current staff is completed. In this staffing recommendation we will also seek to retain some of the more senior staff employed during Years One and Two who after this time, will have received substantial training in parent infant models of intervention and supervision, forged strong links with the Family Hub Services and Perinatal teams, and would otherwise be a loss to the system. This increase in capacity will also be needed to support a predicted growth in referrals over this period, resulting from much closer alignments with other services that support parents and infants that will take place over the preceding period.

6.0 Impact Assessments

Appendices

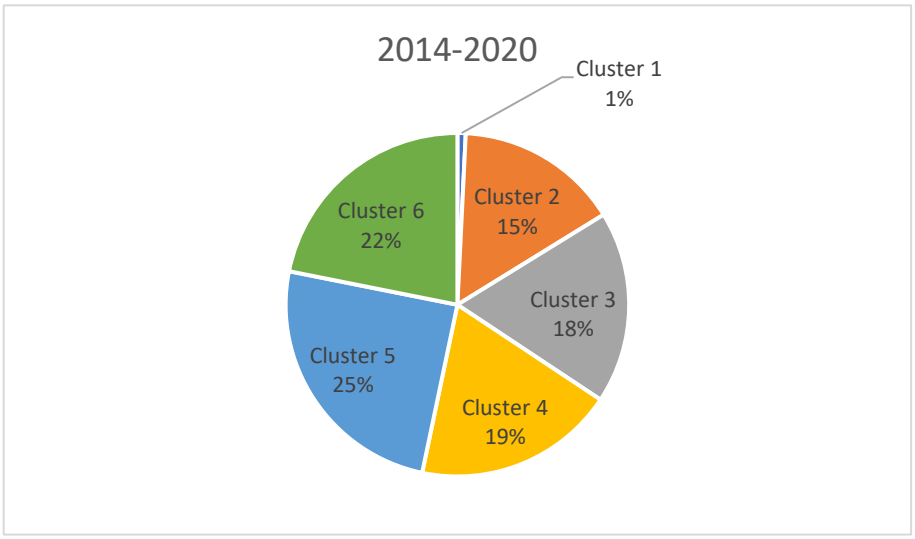
Appendix 1

Referred cases are clustered according to the level of need across four domains: 1) severity of the presenting issue, 2) quality of parent-infant relationship, 3) level of child protection concern, 4) parental mental health needs/readiness to engage and reflective capacity.

Level of need is assigned a score between 1-6 in each of these domains. Clusters 1 to 3 are characterised by mild to moderate distress, attachment difficulties and parental mental health needs; coupled with limited or no child protection concerns. Limited child protection concerns would refer to families in Family Support/CIN Sec 17. Clusters 1 to 3 are consistent with 'getting help'.

By contrast, clusters 4 to 6 demonstrate moderate to severe distress, attachment difficulties and parental mental health needs. This may include complex parental mental health needs or a child who has an extensive trauma history. It also includes more significant child protection concerns. Clusters 4 to 6 present a greater level of need consistent with 'getting more help' in the THRIVE model.

The cluster data for 2014-2020 taken as a whole reveal two thirds (66%) of the cases referred to Parent Infant (0-4s) service meet criteria for clusters 4 to 6 while only a third (34%) fall within clusters 1 to 3.



The same pattern is seen across the years from 2014-2020 where clusters five and six alone make up between 30-59% of cases while in some years cases which fit within clusters 1 to 3 constitute as little as 30% of referrals.

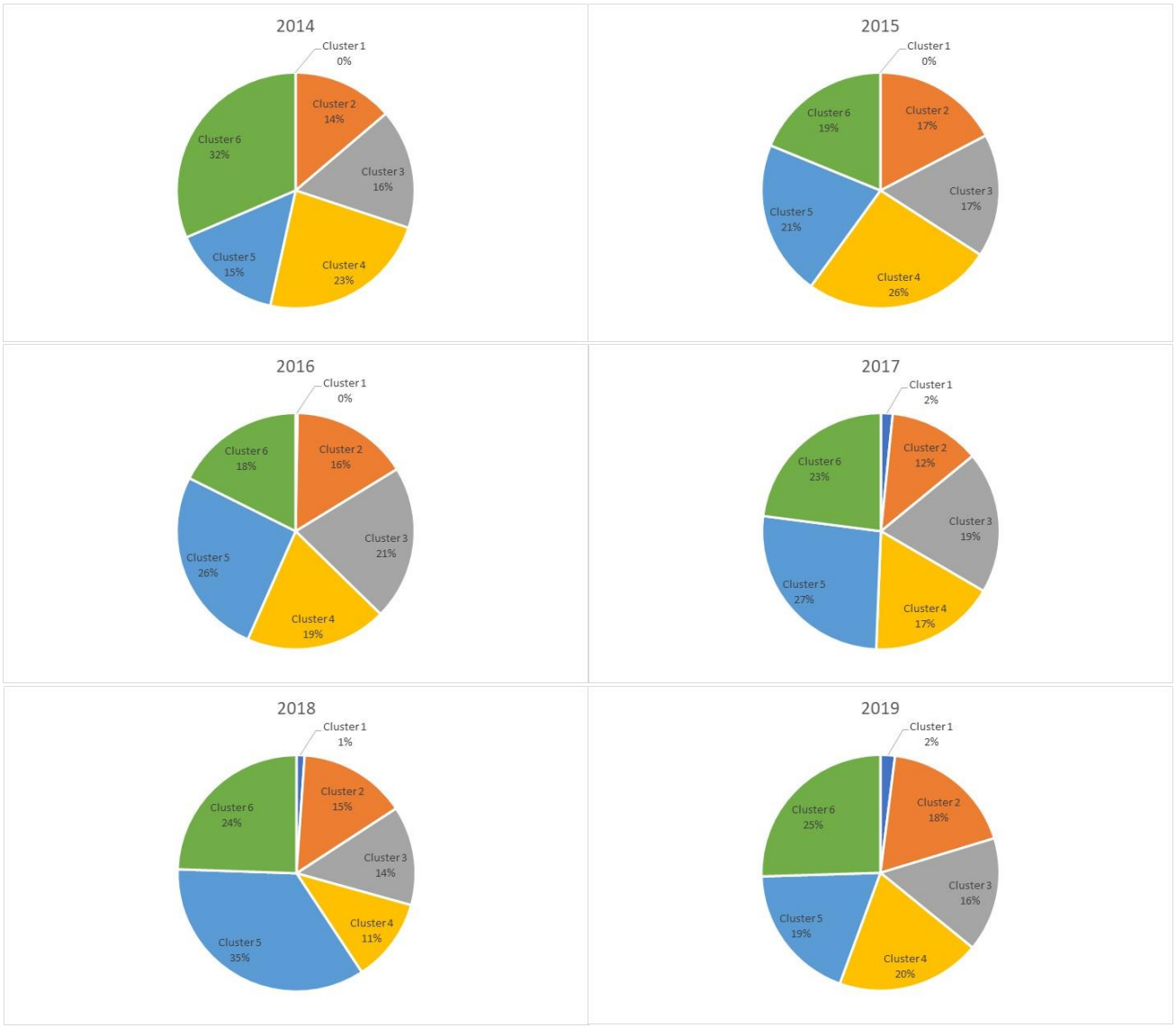


Figure 3. percentage of cases in each cluster year-on-year 2014-2019

Furthermore, in 2020 clusters 5 and 6, which present the greatest level of need, constituted more than half (51%) of all referrals to the Parent Infant (0-4s) service. while cases that are suitable for 'Getting Help' make up little over a third.

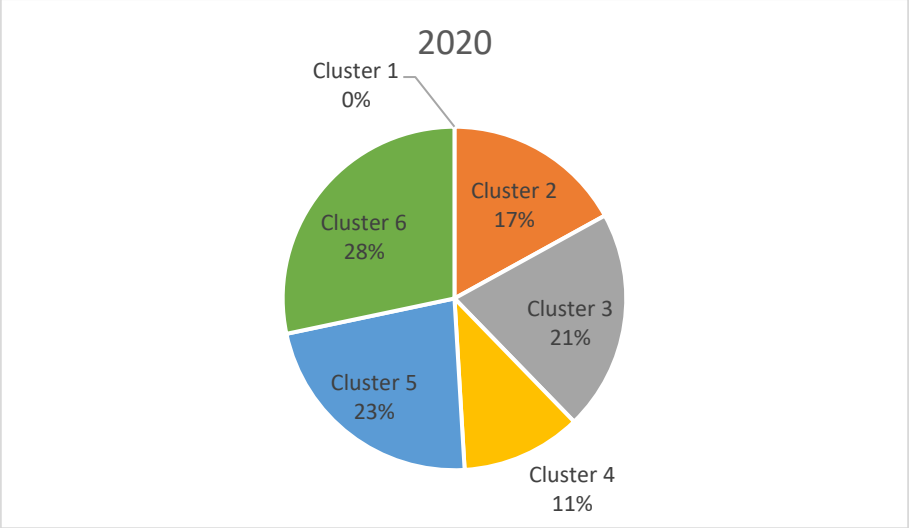


Figure 2. percentage of cases in each cluster 2020

Cluster data for 2021 and 2022 has not been included as by this time the service was no longer accepting referrals for clusters 5 and 6.