

AWP medical director Dr Rebecca Eastley said:

"Since the deeply distressing deaths of Charlotte and Zaani, we have done an enormous amount of work to improve the care of women and their babies both during and after pregnancy. Whilst our Bristol services and partners have been at the heart of this work we are applying our learning to strengthen perinatal mental health care throughout AWP.

"Earlier this year we were delighted to launch, with Bristol CCG, the new Specialist Community Perinatal Mental Health Service for Bristol, North Somerset and South Gloucestershire. Our specialist team at the service is already supporting the care of many women, providing advice and guidance to healthcare colleagues, and working alongside care co-ordinators to provide care.

"We have also made changes in our mental health services in Bristol to enhance communication, promote inter-team working and partnership working across health and social care services. This includes: ensuring better sharing of information and records through mental health liaison nurses; clarifying critical information with health and social care colleagues; increased senior practitioner capacity in our assessment and recovery teams; co-leading the development of a multiagency perinatal protocol; more robust risk assessment; and training in perinatal mental health care which we are rolling out to mental health staff who manage the care of women pre- or postnatally."

Further details if required

Run by Avon and Wiltshire Mental Health Partnership NHS Trust (AWP), the new Speciality Community Perinatal Mental Health Service for Bristol, North Somerset and South Gloucestershire accepts referrals from all health and social care professionals, ensuring women with the most serious mental health needs get fast access to specialist care, during and after pregnancy as well as during birth

The service became clinically operational in early March and includes a consultant psychiatrist, clinical psychologist and specialist practitioners who work alongside care co-ordinators to care for women with complex needs of high risk. It also supports healthcare professionals to identify and work with women who have, or are at risk of developing mental health problems. It also supports women with lower-level, common mental health conditions including stress, anxiety and pre-existing depression as well as maternity-related conditions such as pre- and postnatal

depression. The service is developing protocols that include rapid assessment of mothers who develop post-partum psychosis, 50% of whom are not previously known to mental health services.

The team supports the completion of maternal mental health care plans for pregnant women with mental health needs – this is a plan completed before the woman is 32 weeks pregnant and covers mental health needs pre-birth, during delivery and immediately post-partum.

The specialist team works in antenatal clinics alongside maternity colleagues to ensure fast access to information, advice, guidance and signposting.

Lastly the service is improving communications between professionals and organisations as well as patient risk assessments and care planning.

The service has now been expanded to cover North Somerset ad South Gloucestershire as well as Bristol, and is part of £40 million funding nationally to set up new specialist community mental health services for new and expectant mums.

The service has been created with the valuable input of local groups of women with real, lived experience of mental health issues during and after pregnancy, to design the service specifically around their needs.



Angela Clarke, Head of Safeguarding and Area Services at Bristol City Council, said:

"The death of Charlotte and her new-born baby was a tragic incident. I would like to extend our condolences to their family and thank them for the incredible courage they have shown in supporting the work of the Bristol Safeguarding Children Board (BSCB) and the independent reviewers.

"One area of focus in the report is how much professionals understand the work of our First Response team and the criteria for getting social services support. This process can seem complex and we work hard to explain what the team does and provide feedback to professionals when they seek social services support. Our efforts include working with BSCB in 2014 to produce a guide for professionals to explain this criteria and this guidance is referred to in all BSCB training. We also conduct annual threshold audits to review feedback given and received on the outcome of referrals, the learning from which is contained in reports to the safeguarding board.

"Aside from the report recommendations First Response has also established a midwifery link manager as part of its ongoing service improvement.

"Safeguarding is everyone's business and anyone who has concerns over someone's mental health should visit www.bristolmentalhealth.org or call NHS 111 for information and advice."





Speaking on behalf of NHS commissioners, Bristol Clinical Commissioning Group and NHS England, Richard Lyle, programme director for Bristol CCG said:

"Charlotte and her daughter's deaths shocked and saddened us all, and once again we would like to offer our deepest condolences to their family.

"Since then, the NHS has made significant improvements and investments to better protect new and expectant mothers with mental health needs, and their babies.

"As this report acknowledges, some individuals did their very best for Charlotte and Zaani but we were not joined up as a system. The new specialist perinatal mental health service, along with improvements the hospital and mental health trusts have made, will help ensure women and babies who are at risk are identified and supported through every stage of their pregnancy, birth and beyond."

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Carolyn Mills, Chief Nurse for University Hospitals Bristol NHS Foundation Trust, said:

"We gave a commitment to Charlotte and Zaani's family that their deaths would not be in vain and we have worked with our NHS partners to increase the support that is available to pregnant women with mental health needs.

"In the months following their deaths we made a number of changes to improve the support we provide to pregnant women with, or at risk of, mental illness. These include employing a mental health nurse to work with obstetricians in our maternity clinic to support expectant mothers with mental health needs; giving maternity staff better access to patients' mental health record as well as their maternity record and we developed the role of a midwife with specialist knowledge in mental health to work at St Michael's, putting more support in place to help midwives identify mental health concerns.

"The inquest into their deaths highlighted the importance of having a community perinatal mental health service in place. We are delighted that NHS commissioners launched the service at the end of last year and we are working closely with clinicians in the service to ensure women's needs are properly identified and understood before they come to hospital."