

## OFFICER DECISION RECORD 2 FORM

This form should be used to record Officer Decisions which have a financial impact (income/expenditure) between £25k - £100k.

**Decision Reference No: 2021/15/PH/PerMHHV**

**BOX 1.**

**DIRECTORATE: AH&WB (Public Health)**

**DATE: 12/07/2021**

**Contact Name: Carrie Wardle**

**Tel. No.: 01302 734471**

**Subject Matter: Additional monies for perinatal mental health support in the Health Visiting service**

**BOX 2****DECISION TAKEN:**

The decision has been taken to invest £80,000 of the recently awarded 'Prevention and Promotion for Better Mental Health Fund 2021/22' monies into the existing Health visiting service offer to meet the unmet need of new parents suffering with mild to moderate perinatal mental health issues that do not meet the threshold for existing specialist perinatal mental health services. This will be directed towards dedicated Health Visitor time to deliver support in addition to the current healthy child programme. Designated Health Visitors with training and an interest in perinatal mental health will work one to one with families with mild to moderate perinatal mental health needs using strengths based approaches.

**BOX 3****REASON FOR DECISION AND ALTERNATIVE OPTIONS CONSIDERED AND REJECTED:**

The Health Visiting Service have piloted the use of a Me and My Baby (MaMB) tool to assess the mother-baby relationship and identify where additional support may be needed. They have found that a proportion of new parents would benefit from additional support below the specialist level of care provided by the existing perinatal mental health service. The Health Visiting service are ideally positioned to identify families where perinatal mental health needs are unmet though the utilisation of specialist public health nursing skills and the 5 mandated health checks they are contracted to carry out for all new parents in Doncaster.

No alternative options were considered.

**BOX 4  
BACKGROUND PAPERS**

**YES/NO (If YES please list and submit copies with this form)**

**BOX 5  
INFORMATION NOT FOR PUBLICATION:**

**None identified**

**Name: \_Claire Hewitt\_ Signature: \_\_\_\_\_ Date 13/07/2021**

Signature of FOI Lead Officer for service area where ODR originates

**BOX 6  
AUTHORISATION:**

**Name: Rupert Suckling\_ Signature: \_\_\_\_\_ Date: 13/07/2021**

Director of Public Health

Does this decision require authorisation by the Chief Financial Officer or other Officer?

NO

If yes please authorise below:

**Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_**

Chief Executive/Director/Assistant Director of \_\_\_\_\_

**Consultation with Relevant Member(s)**

**Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_**

Designation \_\_\_\_\_

(e.g. Mayor, Cabinet Member or Committee Chair/Vice-Chair)

**Declaration of Interest YES/NO**

**If YES please give details below:**

**PLEASE NOTE THIS FORM WILL BE PUBLISHED ON THE COUNCIL'S WEBSITE  
IN FULL UNLESS IT CONTAINS EXEMPT OR CONFIDENTIAL INFORMATION**

Once completed a PDF copy of this form along with any relevant background papers should be forwarded to Governance Services at [Democratic.Services@doncaster.gov.uk](mailto:Democratic.Services@doncaster.gov.uk) who will arrange publication.

It is the responsibility of the decision taker to clearly identify any information that is confidential or exempt and should be redacted before publication.