

Mental Health ICP

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INTEGRATED CARE PATHWAY NEWSLETTER

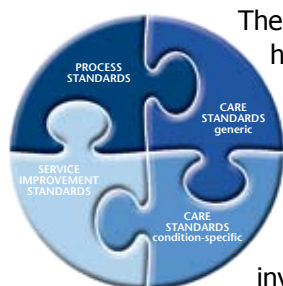
Project Update – December 2007



In its strategic work programme for 2005 – 2008, NHS QIS made a commitment to develop standards for integrated care pathways (ICPs) for mental health. With the launch of the standards on 19 December 2007, phase one of this commitment has now been met. Work on the standards has involved a considerable number of people and brought together a wide range of expertise and experiences. Membership across eight groups numbered over 140 people and included representation from government, health, education, social work, independent and voluntary settings. In addition, NHS QIS arranged a series of meetings across Scotland and invited open consultation on the shape of the final standards. On behalf of NHS QIS and the ICP Project Team, I would like to extend my thanks to everyone who has contributed to the development of the standards for ICPs for mental health.

Copies of the standards are now available on our website www.nhshealthquality.org/mentalhealth

Overview of the ICP standards



The standards for ICPs for mental health have four main elements.

Process standards: describe the foundations that must be in place and the key tasks which affect how well ICPs are developed in a local area, for example stakeholder involvement.

- Generic care standards: describe the interactions and interventions that must be offered to all people who access mental health services.
- Condition-specific care standards: build on the generic care standards and describe the interactions and interventions that must be offered by mental health services to people with a specific condition.
- Service improvement standards: measure how ICPs are implemented and how variations from planned care are recorded and acted on.

The standards for bipolar disorder, borderline personality disorder, depression, dementia and schizophrenia build on the key components identified in the generic care standards. Considered alongside the process and service improvement standards, the care standards outline

a set of expectations for the local management and organisation of care in mental health services. Equally, the standards represent an ongoing commitment to improving the quality of treatment and outcomes for service users and their informal carers.

Next steps

ICP Toolkit

Following publication of the standards, the ICP team is now working on the accompanying ICP toolkit. Much of our focus is centred on producing a toolkit that is accessible, comprehensive and easy to update as new research and evidence becomes available. To support this, NHS QIS hopes to make a web-based version of the toolkit available in early 2008. We will continue to keep you updated on the progress of the toolkit over the coming months.

In the meantime, our three national ICP co-ordinators are continuing to work with local NHS board areas. Early feedback on the standards has proved to be largely positive, with local ICP development already under way in many areas. In addition, regional link co-ordinators meetings have proved to be very beneficial for sharing ideas and information, and plans are in place for

continued overleaf

meetings to be held twice yearly.

To support the work of the co-ordinators we would also like to welcome three new public involvement partners: Donna Banks, Lawrence Wilson and Brian Pearson (see page 3).

Accreditation Process

Dr Ali El-Ghorr, Programme Resource Manager, NHS QIS has produced an overview of the main principles on which the accreditation process will be conducted (see page 3).

Baseline Assessment

Many of you will be aware that we met with NHS board areas in April and May 2006 to identify the progress on ICP developments across NHSScotland. At that time, the key findings from the meetings were:

- 14/15 NHS areas were doing some work on mental health ICPs
- involvement with service users and carers was variable
- streamlining and sharing of records required significant work, and
- NHS boards welcomed support from NHS QIS.

In 2008, we intend to build on the findings of these initial meetings with a baseline assessment of NHS board areas. While the assessment has been designed to capture information on the current provision of services by NHS board area, much of the focus will be on supporting local areas to build action plans for ICP development and accreditation. It is anticipated that this work will lead on from the recent round of Scottish Government visits to NHS board areas. Again, the National ICP Co-ordinators will be available to provide advice and support to boards throughout this process (see back page for both your local NHS board ICP link co-ordinator's and National ICP Co-ordinator's contact information).

Mr Sean Doherty
Team Manager, NHS QIS



NHS board perspective – NHS Lothian

I am Richard Murray, Clinical Standards Facilitator (Mental Health) for NHS Lothian. Part of my role is co-ordinating the development and implementation of the ICPs for mental health services based on the NHS QIS ICP mental health standards.

In Lothian, we have begun the development process with the formation of six ICP teams. Each team has now completed an initial process mapping exercise and we have been encouraged by the enthusiasm of all the stakeholders taking part. A key challenge for us is ensuring we integrate the ICP development with a number of other key projects, such as the work being done by the Lothian Alliance Against Depression, the matched care initiative for depression and our Recovery Across Lothian Framework.

We have put a lot of time and effort into raising awareness among the people that provide and use our services, about what we are going to be doing and what we hope it will achieve for people who use our services. It is encouraging to note the number of public partners now involved in the

project and their input has been vital in the initial mapping of services. Over 20% of team members are public partners and this has really enriched the mapping process and helped us all to gain further insight into the experiences and expectations of people that use our services and their carers.

We know we still have a long way to go and that many aspects of the process will be extremely challenging. We also know that we will need to work hard to keep everyone on board but we are sure that, in involving all stakeholders in a meaningful way, the ICPs that are finally developed and implemented will contribute to making a real difference to how our mental health services are delivered.



Richard Murray

Accreditation



Commitment 6 in Delivering for Mental Health states NHS board areas will develop and implement ICPs and these will be accredited from 2008 onwards. The first part of this commitment has been completed on schedule with the publication of the ICP mental health standards. The remainder of this commitment is the accreditation of locally developed ICPs. The details of the accreditation process are still in development. We will liaise extensively with all NHS board areas as we develop these proposals in order to produce a workable accreditation system.

Accreditation Principles

The accreditation of local ICPs will follow a number of key principles.

- Emphasis will be placed on a recovery approach, outcome measures and variance analysis.
- A facilitative and supportive approach is being adopted.
- As ICPs are much more than a document of care given, local areas need to demonstrate how their ICPs embody a system of inclusive care planning, organisation, co-ordination and governance as well as collaborative working with service users, informal carers and local partner agencies.

- If local areas develop ICPs according to the advice given by the National ICP Co-ordinators and following the process standards, they will have the majority of the evidence required to gain accreditation as a by-product. This information should be already in use locally for internal governance processes. The aim is to develop an accreditation process that is based on existing information.

Dr Ali El-Ghorr,
Programme Resource Manager, NHS QIS



New Public Partners

We would like to welcome three new public involvement partners to the ICP programme. With their combined knowledge of mental health services in Scotland, Donna Banks, Laurence Wilson and Brian Pearson are well placed to advise and support NHS board areas on how best to engage with and involve service users, informal carers and voluntary organisations. In addition, ongoing support is also available from Joyce Mouriki, Senior Public Partnership Officer, NHS QIS (joyce.mouriki@nhs.net).

Donna Banks is the project manager of a mental health service user-led voluntary organisation in Angus. Donna has been promoting and facilitating user involvement in Angus for the past five years and has worked at local, regional and national levels. Donna has made initial contact with leads within the areas she will be working and has some meeting dates in her diary. She has also been in contact with some service user and carer groups.

Donna's areas cover: NHS Highland, Grampian, Tayside, Orkney, Shetland and Western Isles.

Donna Banks: 01241 434405 or DonnaBanks@augment-scotland.org.uk

Laurence Wilson is currently chairperson of Bipolar Fellowship Scotland and was a member of the Bipolar ICP subgroup. Over the past few years he has been heavily

involved with encouraging service user involvement in and around the Glasgow area. Passionate about recovery, he managed a service user led recovery and crisis house in Birmingham. More recently he has been involved in facilitating a series of focus groups around Scotland, capturing people's views on the Scottish Government's duty to promote equality. At present, Laurence is making initial contact with local ICP leads.

Laurence's areas cover: NHS Forth Valley, Borders, Dumfries & Galloway and Greater Glasgow and Clyde

Laurence Wilson: 0141 572 0791 or laurencefwilson@hotmail.com

Brian Pearson is a service user who works for Lanarkshire Links, a mental health charity covering the whole of Lanarkshire. Brian became ill in 1997 and, in his previous career, he

was a chartered civil engineer with Scottish Water. His first experience of ICPs was in 2002 when he was asked to be involved in an ICP for admission, treatment and discharge in a psychiatric ward.

To date, Brian has had an initial meeting with all of the areas within his patch to get an overview of the development of local ICPs and the involvement of service users, carers and voluntary organisations. Brian has also met with a group of service users and informal carers, and advocacy services from Edinburgh and surrounding areas.

Brian's areas cover: NHS Lothian, Lanarkshire, Fife, The State Hospital and Ayrshire & Arran.

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ICP co-ordinators

Your local ICP link co-ordinators by NHS board area

NHS Highland

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NHS Borders

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The State Hospitals Board for Scotland

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Your national ICP co-ordinators and their NHS board areas

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NHS Shetland
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The State Hospitals Board for Scotland
NHS Ayrshire & Arran

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NHS Dumfries & Galloway
NHS Forth Valley
NHS Borders

Support for NHS Greater Glasgow and Clyde will be provided by all three national ICP co-ordinators.

