Dear Colleague

NHS QUALITY IMPROVEMENT SCOTLAND (NHS QIS) STANDARDS FOR INTEGRATED CARE PATHWAYS (ICPS) FOR MENTAL HEALTH

The Scottish Government is committed to improving mental health services and the introduction of a Scotland wide approach to ICPs is an important step in delivering that commitment, focusing on the quality of mental health services and attention on meeting the needs of people using services.

This letter announces and supports the NHS QIS Standards for ICPs for Mental Health covering:

Dementia; Schizophrenia; Bi-polar disorder; Depression; and Personality disorder.

The standards are available at (<u>www.nhshealthquality.org</u>). NHS Boards are invited to work with their partner agencies on the development and local implementation of ICPs based on the published material and advice.

Implementation and accreditation

Separate information will follow on support for implementation and accreditation.

Integrated Care Pathways

ICPs are tools that can help deliver improvement and integration by providing a framework for:

- identifying person centred needs;
- providing evidence based interventions and recording outcomes;
- reflecting on the ability of services to meet the identified needs;
- providing recovery focused care that helps identify individual service user strengths; and
- empowers service users to participate as far as possible in improving their wellbeing.



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Addresses

For action

Chief Executives, NHS Boards; Chief Executive, The State Hospitals Board for Scotland; Medical Directors, NHS Boards; Chief Executive, NHS Quality Improvement Scotland.

For information

Chief Executives, Local Authorities;

Directors of Social Work/Chief Social Work Officers:

Chief Executive, Mental Health Tribunal for Scotland; Chief Executive, NHS Education for Scotland; Chief Executive, NHS National Services Scotland; Chief Executive, Scottish Prison Service; Director, Mental Welfare Commission for Scotland; Royal College of GPs Scotland; Royal College of Nursing Scotland; Royal College of Psychiatrists, Scottish Division; Scottish Commission for the Regulation of Care; Scottish Partnership Forum; Scottish Social Services Council

Enquires to:

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ICPs allow comparisons to be made between planned care and care actually provided. An important aspect is the recording, analysing and acting on any variation from what was planned. Introducing ICPs is a key mechanism for improving services for vulnerable groups, which is a continuing high priority.

Support and next steps

ICPs will be developed and implemented by NHS Boards and key partners. Responsibility for co-ordinating the national implementation of ICPs for mental health rests with NHS QIS and they will perform the assessment and accreditation of ICPs within NHS Board areas. Support will be provided by NHS QIS. Sensible flexibility will be allowed to take account of geographical, local and other circumstances.

National ICP co-ordinators and public involvement support workers have been appointed to network with service care providers to offer advice, support and training on local ICP development. The NHS QIS team will co-ordinate its support in order that it complements the work of the Scottish Government Mental Health Collaborative which will be launched in the Spring of 2008. This process is also linked to a supportive and facilitative approach to the accreditation of local ICPs.

Regular communication and direct contact between all key stakeholders will be an integral part of the programme. Input and support to NHS Boards will be critical both at a national and local level to ensure smooth, effective equitable implementation. NHS Boards, link coordinators and partner agencies should now develop local ICPs for the conditions covered. The ICPs should also inform care approaches for other mental health conditions.

Progress with development of ICPs, accreditation, transition and implementation will also be monitored as part of the ongoing review of mental health services and outcomes in Scotland.

Yours sincerely

KEVIN WOODS

