

# North of England Mental Health Development Unit

---

**Welcome** to our February newsletter, which brings news of us adopting the **quality statements for service user involvement**, published in the NICE quality standard for service user experience in adult mental health, which was published late last year. With a founding principle to work alongside service users and carers, we have incorporated the quality statements to underpin our vision and values. You can read more about this on pages 5 and 6.

Also this month we have been closely watching the changes to the **Health and Social Care Bill** as it moves through Parliament.

February has seen a wealth of coverage surrounding the Bill, including:

- Health Minister Simon Burn setting out ten reasons why a Bill is needed to make the reforms work (15 Feb)
- The Health and Social Care Bill explained—a 'guide' to the Bill with links to a number of fact sheets (17 Feb)
- Department of Health (DH) letter to the Care Quality Commission (CQC) with an advance copy of the DH report of its performance and capability review of the CQC (21 Feb), plus the CQC response letter to the DH (22 Feb)
- DH publication of its performance and capability review of the CQC (23 Feb)
- Publication of amendments and Parliamentary debate reports throughout the month
- Lib Dem peers urging a re-write of the Bill (27 Feb)

Links to many of these can be found in our Policy News section on pages 6 and 7.

All in all a very busy month in terms of keeping up with proposed legislative changes to health and social care, and we'll bring you a summary of changes once decisions have been made.

Dave Belshaw and Paul Johnson  
Directors, NEMHDU



Supporting better mental health

## NEMHDU contact details

**Dave Belshaw**

[Dave.belshaw@nemhdu.org.uk](mailto:Dave.belshaw@nemhdu.org.uk)

Tel: 07769 695716

**Paul Johnson**

[Paul.johnson@nemhdu.org.uk](mailto:Paul.johnson@nemhdu.org.uk)

Tel: 07919 173917

Or visit our website at:

[www.nemhdu.org.uk](http://www.nemhdu.org.uk)

Continuing our 'Spotlight' feature, this month we introduce you to another of our Non-Executive Directors.

## Spotlight on... Julie Kilgour

Julie joined the NHS in 1979 after leaving school - initially working as a receptionist in various out-patient clinics before finding her niche in Human resources (HR, or Personnel as it was known then!). Having worked in various hospitals across the North East, she then spent 15 years in Sunderland, 10 of these as HR Director at City Hospitals Sunderland. As a member of the Executive Board she was responsible for the HR and Organisational Development functions, as well as leading the Trusts approach to modernisation and service improvement, and a general management role including capital planning and project management. During this time she gained her Masters in HR Strategy.



Julie joined the newly formed NHS University (NHSU) in January 2003 as Regional Director for the North East, establishing its presence across the region through the development of partnerships and alliances with health and education, as well as leading on the development of a number of national programmes. During this time she was closely involved in the start-up phase of the organisation, and although the project was relatively short lived she gained valuable skills in strategic and business planning, programme management and facilitation.

Joining the Care Services Improvement Partnership (CSIP) in early 2006 gave another change of direction and some different challenges, providing leadership and support for a number of service improvement teams, including mental health, learning disabilities, prison health and social care. The role also involved working closely with regional stakeholders in health, social care, wider local government, independent and voluntary sectors.

Julie took early retirement in 2009, and since then has pursued her love of riding, walking, gardening, reading, and cooking. She currently works as a volunteer for the British Horse Society.

Speaking about her decision to become a NEMHDU Board member, Julie said:

*"Having worked with the founder members of NEMHDU in the past, I was delighted to have the opportunity to work with them again and be able to bring not only my leadership support skills but also my HR knowledge and skills to the Board - and as the organisation is evolving very quickly those skills are already being put to good use!"*

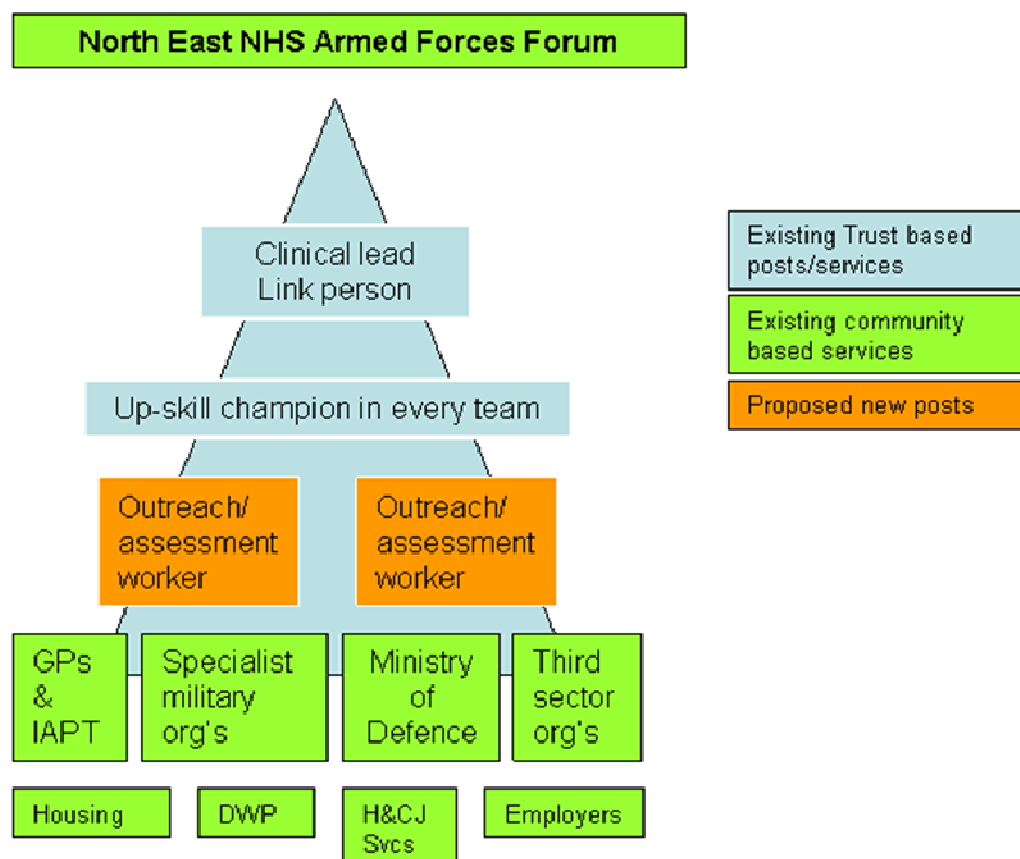
## Fighting Fit in the North East

Last year the North East Mental Health Development Unit was commissioned by NHS North East, on behalf of the North East NHS Armed Forces Forum, to carry out an option appraisal for implementation of the Murrison review - *a Mental Health plan for servicemen and veterans*". In August 2011, NHS North East published the report from the option appraisal - "Fighting Fit in the North East".

Following this, the North of England Mental Health Development Unit has now been commissioned by NHS North East to continue supporting the development of mental health services for veterans. This includes:

- Development of a training and awareness programme for staff working in primary care, acute care and mental health services regarding the specific mental health needs of armed forces veterans.
- Identifying a quality assurance process for third sector organisations providing mental health and/or social care services for armed forces veterans.
- Promoting and evaluating the new mental health service arising from the implementation of Option 3, the preferred option from the *Fighting Fit in the North East* option appraisal.
- Supporting the updating and delivery of the action plan for the North East NHS Armed Forces Steering Group.

### Preferred model for implementation of the Murrison review



Continued overleaf...

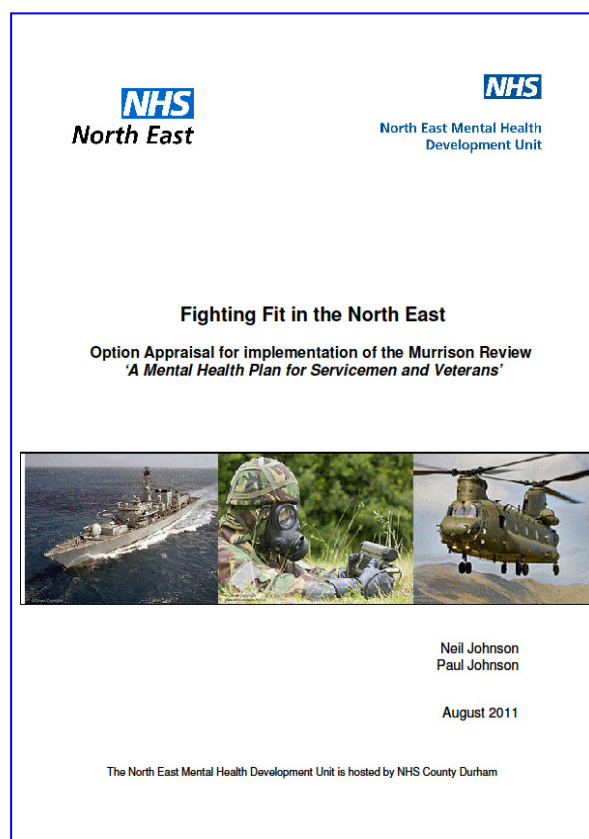
## Fighting Fit in the North East—continued

Continued from page 3...

This model builds on services which are currently provided across the North East, utilising and co-ordinating the wide skill-base from acute specialist interventions and assessment, outreach and information and support from community based organisations.

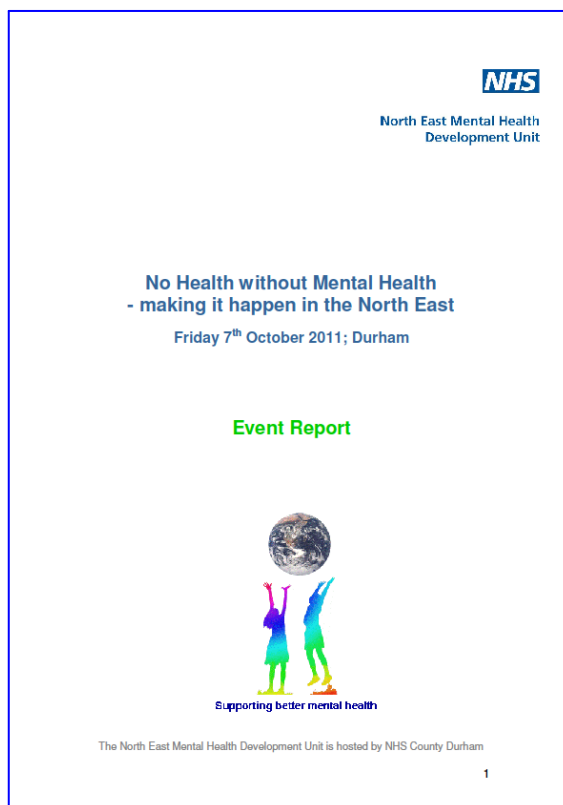
The additional posts will add value to this current provision by helping to bridge the gap between existing service provision and the pathways which are in place. Also, it gives strategic ownership to an already established multiagency group - the North East NHS Armed Forces Forum.

For more information please see the report "Fighting Fit in the North East", available at:



<http://www.nemhdu.org.uk/publications/publications/publications>

## Supporting Clinical Innovation in Mental Health



NEMHDU is now working with the North East Clinical Innovation Team (MH CIT) to support implementation and progression of the national mental health strategy *No Health without Mental Health*.

Commissioned by NHS North East, we are supporting the CIT work streams, as well as supporting the share and spread of innovation and best practice.

As part of this work we will be reviewing the action pledges and priorities identified at the North East "No Health without Mental Health" event held in October 2011.

The report from the event can be found at:

<http://www.nemhdu.org.uk/publications/publications/publications>

## Underpinning our Vision and Values

We have now incorporated the 15 quality statements within the NICE Quality Standard for Service User Experience in Adult Mental Health to underpin our vision and values.

As one of NEMH DU's founding principles is to work alongside service users and carers it felt an obvious step to adopt this new national standard.

The quality standard, published in December 2011, describes markers of high-quality, cost-effective care that, when delivered collectively, should contribute to improving the effectiveness, safety and experience of care for service users in the following ways:

- enhancing quality of life for people with long-term conditions.
- ensuring that people have a positive experience of care.
- treating and caring for people in a safe environment and protecting them from avoidable harm.

In addition, the quality standard should contribute to:

- enhancing quality of life for people with care and support needs.
- ensuring that people have a positive experience of care and support.
- safeguarding adults whose circumstances make them vulnerable and protecting from avoidable harm.

The Quality Statements are:

- 1** People using mental health services, and their families or carers, feel optimistic that care will be effective.
- 2** People using mental health services, and their families or carers, feel they are treated with empathy, dignity and respect.
- 3** People using mental health services are actively involved in shared decision making and supported in self-management.
- 4** People using community mental health services are normally supported by staff from a single, multidisciplinary community team, familiar to them and with whom they have a continuous relationship.
- 5** People using mental health services feel confident that the views of service users are used to monitor and improve the performance of services.
- 6** People can access mental health services when they need them.
- 7** People using mental health services understand the assessment process, their diagnosis and treatment options, and receive emotional support for any sensitive issues.
- 8** People using mental health services jointly develop a care plan with mental health and social care professionals, and are given a copy with an agreed date to review it.

Continued overleaf...

## Underpinning our Vision and Values

- 9 People using mental health services who may be at risk of crisis are offered a crisis plan.
- 10 People accessing crisis support have a comprehensive assessment, undertaken by a professional competent in crisis working.
- 11 People in hospital for mental health care, including service users formally detained under the Mental Health Act, are routinely involved in shared decision-making.
- 12 People in hospital for mental health care have daily one-to-one contact with mental healthcare professionals known to the service user and regularly see other members of the multidisciplinary mental healthcare team.
- 13 People in hospital for mental health care can access meaningful and culturally appropriate activities 7 days a week, not restricted to 9am to 5pm.
- 14 People in hospital for mental health care are confident that control and restraint, and compulsory treatment including rapid tranquillisation, will be used competently, safely and only as a last resort with minimum force.
- 15 People using mental health services feel less stigmatised in the community and NHS, including within mental health services.

The full NICE Quality Standard can be downloaded at:

<http://www.nice.org.uk/media/370/1E/SUEQualityStandard.pdf>

---

## Policy News

The next few pages give a quick round-up of recent Department of Health policy announcements and publications, with links to the relevant pages on the Department of Health and partner organisation websites.

### **Performance and capability review of the Care Quality Commission**

23 February, 2012

The Department has published the report of its Performance and Capability Review of the Care Quality Commission (CQC). The review is intended to provide robust assurance to the public, the Department and Parliament that CQC is improving its performance and that action will be taken to build and sustain its capability for the future. <http://www.dh.gov.uk/health/2012/02/cqc-performance-review/>

### **A framework for NHS patient experience**

21 February, 2012

The Department has published the NHS Patient Experience Framework, which outlines the areas most important to patients' experience of NHS services. Improving patient experience is a key aim for the NHS. By asking, monitoring, and acting upon patient feedback, organisations are able to make improvements in the areas that patients say matter most to them. This framework is significant for healthcare organisations because it provides a common evidence-based list of what matters to patients, and can be used to direct efforts to improve services. <http://www.dh.gov.uk/health/2012/02/patient-experience-framework/>



## Policy News—continued

### **Health and Social Care Bill Explained**

17 February, 2012

A series of factsheets on the Health and Social Care Bill explain particular topics contained in the Bill, including its key themes.

<http://healthandcare.dh.gov.uk/factsheets>

### **Confirmation of Payment by Results arrangements for 2012-13**

16 February, 2012

Confirmation of the arrangements for Payment by Results (PbR) in 2012-13 is available. The road test of the draft 2012-13 PbR Guidance concluded on 20 January 2012 and a number of changes have been made as a result.

[http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_132654](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_132654)

### **Ten reasons why we need a Bill to make these reforms work**

15 February, 2012

Health Minister Simon Burns explains why the Health and Social Care Bill is needed to make the changes that are being proposed for the NHS.

<http://www.dh.gov.uk/health/2012/02/reasons-burns/>

### **Government publishes response to health committee report on public health**

7 February, 2012

The Government welcomes the House of Commons Health Committee's report on public health and its endorsement of the Government's intention to give greater prominence and priority to public health policy.

<http://www.dh.gov.uk/health/2012/02/response-committee-public-health-report/>

### **Baseline spending estimates for new NHS and public health commissioning published**

7 February, 2012

Estimates of how 2010-11 spend by primary care trusts (PCTs) would be deployed under the new commissioning arrangements proposed in the Health and Social Care bill are published today.

<http://www.dh.gov.uk/health/2012/02/baseline-allocations/>

### **Amendments to Health and Social Care Bill published**

1 February, 2012

The Government has tabled a series of amendments to the Health and Social Care Bill in advance of its Report Stage in the House of Lords, which begins next week. Health Minister Earl Howe has tabled a number of amendments that reaffirm the Government's commitment to putting patients at the heart of the NHS and handing power to GPs and nurses.

<http://www.dh.gov.uk/health/2012/02/amendments-bill/>

### **Personal health budgets and NHS Continuing Healthcare**

1 February, 2012

The Department has published a discussion paper which explores personal health budgets for people receiving NHS Continuing Healthcare.

<http://www.personalhealthbudgets.dh.gov.uk/News/item/?cid=8390>