NHS Kingston Clinical Commissioning Group

THE ROYAL BOROUGH OF KINGSTON UPON THAMES

healthwatch Kingston Upon Thames

Thrive Kingston

A Mental Health and Wellbeing Strategy

for the people of Kingston by the people of Kingston

2017 to 2021

This strategy covers

- **Mental wellbeing for all ages**
- **Mental health services and support for Adults**

Contents

1 Mental Health and Wellbeing Strategy on a Page

Thrive Kingston – mental health and wellbeing strategy

Shifting to prevention and early intervention, promoting a full life in the community, and ensuring access to high quality, joined up services when needed

Designed, delivered and monitored using co-production

Themes				
Wellbeing and Prevention	**Early Intervention**	**Community Connection**	**Access to Services/Support**	**Joined Up Care**
Mental wellbeing	Building capacity for self care	Ongoing recovery	**Triaging and Single point of access (and care co-ordination when required)**	Integration across community, primary and acute care (KCC - aligned)**
Mental health friendly community	Mental Health First Aid	**Peer support networks**	Address gaps in mental health services for ASD, ADHD, LD, drugs and alcohol problems$	**Roadmap of services and establishment of Mental Health and Wellbeing Hub**
Early years, children and family, schools -prevention$	**Directory of services**	Housing and mental health	Remove inequality in access	A strong partnership with the community**
Targeted public health campaigns	Mental Health Navigators	Employment and mental health	Expand recovery college	Review of inclusion and exclusion criteria
Workplace mental health	**Develop primary care**	Finance and debt	Psychological therapies – high quality, sufficient capacity, tailored	Communications
Reducing stigma	Immediate Crisis Response	Parenthood and mental health$	Ensure consistent 24/7 mental health and day provision for adults including crisis care concordat	Commission for physical and mental health needs
Suicide prevention *	Increased capacity for early intervention	Physical health and mental health needs	Access to social care support	Transition between children, adult and old age services$
Tackling isolation**	Carers**	Inclusion	Out of area placements	
Golden Threads				
Recognise, celebrate and share good practice, System Leadership, Governance and Co-production Integrated data-sharing, Consistent quality, Workforce training, Shared monitoring, standards and KPIs and consistent prioritisation, Good financial management, incentives, levers				

Bold items are priorities for 2017-2018 * Suicide Prevention Strategy ** shared with KCC, Active & Supportive Communities $shared with CAMHS transformation plan

2 Introduction

Good mental health is vital for us all to live happy, fulfilled and productive lives. Mental health problems do not just affect individuals but also their families, friends and colleagues, and are the largest source of disability in the United Kingdom. Despite this, mental health services and wider support have been underfunded for many years, with too many people receiving little or no help. For far too long people with mental health problems have been stigmatised and many have experienced services that were not timely, nor joined up, and that treated their mental and physical health separately.

This strategy sets out the start of a **five year journey to enhance the mental wellbeing of the whole Kingston community, to shift our efforts to prevention, preventative services and early intervention, and to transform the experience and care** of people with mental health problems, their families, friends and carers.

It covers **prevention and wellbeing in all age groups** and is focused on **mental health services for adults** (and is aligned with children's mental health service plans).

Over 200 people have participated in co-producing this strategy. They told us what they wanted so that people with mental health problems, however severe or mild, can live their lives as fully as possible. These outcomes are set out clearly in this document, and they will act as the guide for everything we do. They told us that their priorities were prevention, early intervention, being connected to the community, access to support and joined up care. To deliver this we identified further priorities or 'golden threads' such as leadership, quality and workforce development.

A strategy is nothing if it is not actively used to make sure things change for the better. We set out how this strategy will be implemented over the next five years, describing the six priorities for the first year. This document represents a point in time, and as time goes on the strategy may need to be revised to respond to changing needs.

Our intention is to shift our focus to promoting wellbeing and intervening early with mental health problems to promote recovery. To do this it is imperative that we work in new ways to use the wealth of assets that are already here in Kingston. We also address broader issues such as having a decent place to live, a job, good relationships and a purpose in the community. Making this happen will require cross-organisation and community working and a shared goal to join up support and care.

The wide-ranging nature of this strategy means that much of it links to other strategies and initiatives in Kingston and beyond. It has been developed in parallel with *Thrive London*, a new pan-London mental health initiative. This strategy dovetails with the *South West London Strategic Transformation Plan* and the national *Mental Health Five Year Forward View*, ensuring that these broad plans are adapted to reflect the unique needs of Kingston. This strategy is a key part of the *Kingston Joint Health and Wellbeing Strategy*[i] and is closely linked to Kingston's plans for suicide prevention[ii], dementia[iii], child and adolescent mental health services[iv] (see Appendix 15.3), integrated care (Kingston Co-ordinated Care) and Better Lives. The sheer number of work streams

and activities it is linked to is testament to how central mental health and wellbeing is to the entire community. The scope of the services and activities affected by this strategy is shown in the diagram in Appendix 15.2

3 How the Strategy is set out

In section 1 **Mental Health Strategy on a Page**, at the front of this document, we summarise in a diagram the main elements of the strategy – the content of its five themes and the golden threads that run through the strategy. It is intended that this diagram can be used as an overview, and will be especially useful when introducing the strategy to an audience for the first time.

In section 4 **Producing the Strategy with the people of Kingston**, we describe the process we followed to agree the outcomes and develop the five themes of the strategy.

In section 5 **Kingston's Mental Health Profile**, we paint a picture of Kingston and the mental health needs of the people who live here.

In section 6 **Assets and Services in Kingston** we outline the people, network and community assets we can build on, and the currently commissioned mental health prevention initiatives and mental health services.

In Section 7 **System Challenges** we draw out the key issues that this strategy aims to tackle – from the multiplicity of services and the need to better use local community and voluntary sector assets, to the argument for moving to a prevention and early intervention model and the budgetary pressures within the statutory services.

In Section 8 **Economic and Investment Case** we consider the reasons that shifting to a prevention model is a sound investment and we set out our intention to move to this model.

In Sections 9 and 10 **Wider Strategic Considerations** we summarise the main elements of the national and London mental health strategies. Our strategy aligns with these, but concentrates on the issues pertinent to Kingston.

In section 11 **Outcomes**, we describe the outcomes, by which we mean what local people would like the results of this strategy to be, to make their lives better.

In Section 12 **Themes of the Strategy** we set out the five themes separately, each theme containing the case for change, the outcomes that the theme is addressing. Each theme finishes with a table containing **'Examples of what we will do'** and these will form the basis of an action plan for the next five years. The themes are:

1. Improving Mental Wellbeing and Prevention
2. Early Intervention
3. Community Connection
4. Access to Support and Services
5. Joined Up Care and Support

In section 13 **Golden Threads** we summarise the issues that run through the strategy such as quality, leadership and governance, sustainability, workforce issues and celebrating good practice.

Section 14 **Next steps: Implementation and Co-designing the change** describes the actions we will take as a collaborative group of organisations and people to turn this strategy into real change.

4 Producing this strategy with the people of Kingston

This strategy has been co-produced by a large group of people from the Kingston community, those with mental health problems and those without, their friends, carers and parents, as well as health, social care and public health professionals, commissioners, and a wide representation from the voluntary sector and other local organisations including the police.

This co-production process has been led by a multi-disciplinary steering group (see Appendix 15.1) using a series of workshops run by Kingston Healthwatch. The workshops have been used to discuss and debate Kingston's unique issues and assets and to develop outcomes (by outcomes, we mean what the community would like the results to be). The output from the workshops has been used to write this strategy.

The group heard about national policies[v], the profile of the local population based on the Annual Public Health Report on Mental Health and Wellbeing[vi] and Joint Strategic Needs Assessment on Mental Health, the recent in-depth needs assessment on Depression, Suicide and Self Harm[vii]. Together with the current financial information and the experience of the group, we painted a picture of the local mental health needs of Kingston residents.

Figure 1 is a diagram which describes the co-production process. An earlier version of this was described to those who attended the launch event, and their initial views changed and shaped it. Attendees were then invited to be part of the 'co-production community' who created the strategy.

A feedback log was established at the launch event and this was maintained throughout the whole process. All comments were captured and an audit trail maintained of how feedback was used to either shape the process or to develop the strategy content. Feedback that was outside the scope of the mental health strategy was passed on as appropriate.

The first two workshop events were mainly designed to help the co-production group get used to working together productively. Whilst some of this was about understanding things such as the scope of the strategy and some of the terminology in mental health and commissioning, much of the real work was about getting used to each other as people, forgetting roles and CVs, and starting to work in an informal way. An important principle throughout was that the workshops should be fun and engaging. By appreciating each other as people we also took the trouble to listen deeply and respectfully to what each other said. We devised a set of behaviours together to describe how we wanted to work.

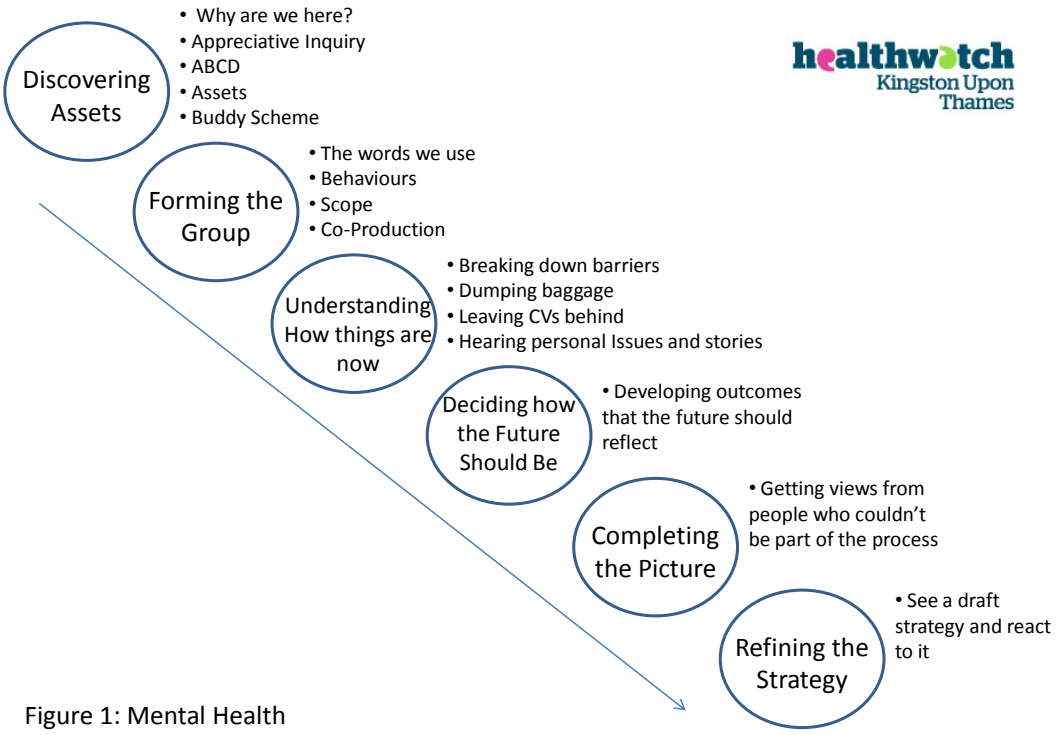


Figure 1: Mental Health Strategy Co-Production Process

The development of the strategy got properly underway at the third event where people told their stories and gave their feedback on existing services and the reality of living with mental health issues. At the fourth event we talked about how we thought things should be. The fifth stage was not an event so much as a series of events, as a small group went out on the road to engage with individuals and organisations who could not be a part of the workshops. An online survey was also used to capture feedback.

At the fifth and last event of the process we looked at draft content of the strategy document and reacted to it, focusing on the five themes we had agreed at previous events. This enabled the co-production community to fine-tune the strategy. We also had a chance to think about the implementation of the strategy and how we wanted to contribute to it in the coming five years.

It is intended that the co-production community should be sustained so that it can continue to be involved in the implementation, delivery and ongoing review of the strategy. We are in the process of writing a 'lesson learnt' report[viii], so we can share our experience with others.

5 Kingston's mental health profile

The stories and experiences of local people, professionals and voluntary sector groups that we have gathered during the creation of this strategy have built a clear picture of the mental health needs of our local population, and we describe these further in the 'Themes' section of this strategy.

Data and statistics complement these stories and help us to understand the size and scope of the issues raised and how Kingston is doing compared to other parts of the UK. A very comprehensive assessment of the mental health of Kingston is available from https://www.kingston.gov.uk/downloads/download/306/annual_public_health_reports

5.1 The population and their wellbeing – the statistics

Population size and growth

Kingston-upon-Thames:

- Is a borough in south-west London
- Is lived in by 173,500 people
- Is relatively affluent but has pockets of deprivation, with one area in Norbiton being in the 20% most deprived in the country.
- Has a large proportion of the population of working age (between 16 and 65 years old) and there around 1,500 people living to very old ages of 90 and above
- Has nearly three out of ten people (29%) who are from black and ethnic minority groups.
- Has a growing population and this will mean an increase in the number of people with mental health problems if successful prevention and early intervention measures are not introduced.
- Has a life expectancy[ix] which is higher than the England average at 81.5 years for men and 84.5 years for women.

Mental wellbeing

Mental wellbeing[1] is a state of positive mental and physical wellbeing and is different to mental ill health. Everyone deserves good mental wellbeing. In the Kingston population:

- 78% are optimistic about the future, 87% feel useful and 91% feel close to others[x].
- Kingston and London have similar 'worthwhile', 'happiness', 'satisfaction' and 'anxiety' scores (22% people in Kingston report high anxiety)[xi].

[1] Mental wellbeing is a positive state of mind and body, feeling safe and able to cope, and having a sense of connection with people, communities and the wider environment (Reference: Department of Health, 2010, Confident Communities, Brighter Futures)

Risk factors for mental health problems

People are at greater risk of mental health problems if they experience or have:

- Poverty, deprivation, unemployment, debt
- Negative life experiences e.g. abuse, bereavement
- Isolation, exclusion or marginalisation
- Been exposed to and/or displaced by war or conflict

Protective factors for mental health problems:

People are protected from developing mental health problems if they have:

- Psycho-social, life and coping skills
- Social support as a buffer against adverse life events
- Access to resources which protect mental well-being e.g. good parenting

Housing and Employment

- Common mental health problems are over twice as high in people who are homeless compared to the general population, and psychosis is up to 15 times higher.
- In 2014, Kingston has a significantly higher proportion (67%) of people with mental illness (requiring a care programme approach) in settled accommodation[xii] compared to England
- Children living in poor housing have a higher risk of poor mental health. Of the 3,681 overcrowded households in Kingston, 2284 (62%) are households with dependent children. 222 households were accepted as being homeless and in priority needs in 2014/15.
- The majority of people with common mental health problems (60-70%) are in work, yet few employers offer work-based support (including to occupational health).
- In 2013/14, only 9% of people in Kingston with a mental illness requiring a care programme approach were in employment, although this is better than the England rate of 7%[xiii].

Mental health problems

- 1 in 4 people will be affected by a mental health problem at some point in any year.
- Depression and anxiety and other common mental health problems (phobias, obsessive compulsive disorder and panic disorder) affect 1 in 6 people at any point in time. That is over 21,000 Kingston adults on any given day[2].
- Local GPs are getting better at diagnosing depression (diagnosis rates are rising), but not everyone is identified, partly because some people with depression and anxiety do not seek help from, or discuss their symptoms with, their GP.
- Only one in three people are receiving any treatment for depression and anxiety. Across England females, white British people or those in mid-life are most likely to be in treatment, whereas those with autism or older people from BME communities are least likely to be in treatment[xiv].
- Post traumatic stress affects 3% of the population

[2] As there are more people registered with Kingston GPs than live here, this equates to 25,000 people registered with Kingston GP practices.

- Personality disorder affects one in every 20 adults (about 5,700 people in Kingston), and although many people are not affected by the disorder, others need intensive support.
- Severe mental illness such as schizophrenia and bipolar disorder affect about 1% of adults
- Suicide rates in Kingston remained relatively stable between 2010 and 2014. Around half of people who took their own life had been in contact with either their GP or a mental health professional in the week before they died[xv].
- Self harm is difficult to accurately estimate, but the highest number of admissions to hospital for self harm is in the 15-25 year old age group[xvi].

Physical and mental health

- People with severe and prolonged mental illness are at risk of dying an average of 15-20 years earlier than other people, mainly due to their poor physical health
- People with long term physical illnesses are likely to suffer from depression or anxiety, but this is often overlooked. In a recent pilot of integrated care in Kingston, over 80% of all the people having a physical illness cared for, also had an underlying, and often untreated, mental health problem[xvii].
- Drugs and alcohol problems can occur alongside mental health problems. This 'dual diagnosis' is present in approximately one in five people who are being treated by a community mental health service and is higher in inpatient mental health services or secure services[xviii].

Mental health throughout life

- Half of all mental health problems have been established by the age of 14, rising to 75% by the age of 24[xix].
- One in five mothers suffers from depression, anxiety or in some cases psychosis during pregnancy.
- During adulthood the role of family, and the workplace are important in mental health and wellbeing.
- One in five older people, and two out of five people in care homes, are affected by depression. Many are not treated.

6 Assets and services in Kingston

This section sets out a range of assets in Kingston that we can build on to deliver this mental health strategy. An assets-based approach recognises that a combination of human, social and physical resources exist within local communities and the approach mobilises individuals, associations, and institutions to come together to build on their assets- not concentrate on their needs.

6.1 People, networks and community assets

The people of Kingston are our and each-others main asset. In the co-production process we have come together to produce a strategy by using people's own knowledge, skills and lived experience of the issues they encounter in their own lives. Everyone in a community has something to offer. There is no one we don't need. This will help us to deliver the changes in this strategy.

Over the past few years Kingston has had some experience of co-production, where people who have mental health problems work with statutory services to plan and develop services, notably the Rethink Mental Health pilot in 2013 and the creation of Mental Health Champions with experience of services.

Kingston has a number of active networks with an interest or main role in mental health and wellbeing. They include

- Mental Health Task Group run by Kingston Healthwatch
- Fircroft Mental Health Network
- Mental Health Parliament run by Mind in Kingston
- Kingston Mental Health Carers' Forum
- RISE
- Local Strategic Partnership
- Mental Health Planning Board

There are also formal governance structures within the Council and the NHS, within which are the Mental Health Planning Board and the Joint Health and Wellbeing Board. The production of this strategy is an opportunity to review these networks and groups and think about what would work in Kingston in the future.

Members of the co-production group for this strategy generated a list of assets that are relevant to mental health. This will form the starting point for future asset mapping, and will be used to assist in the implementation of this strategy.

The community enjoys a vibrant town centre, as well as smaller local high streets in New Malden, Surbiton, Tolworth and Chessington. There are a variety of businesses, green spaces, good education and many services on the doorstep. The Kingston population has 22 GP practices, a centrally-located general hospital and a mental health hospital in Tolworth as well as community-based sites within its boundaries. Adult social care is provided to people who meet the criteria set.

There are very good schools, many have achieved healthy schools awards, as well as a college and university. They are visited by health link workers who have an emotional wellbeing role as part of their job. There are many good workplaces, some of which have achieved the London Healthy Workplace Charter. This charter contains standards for mental health and stress in the workplace. The police work positively with people who have mental health problems, together with a mental health specialist and a street triage team.

The local voluntary sector is active and well regarded.

6.2 Commissioned Mental Health Prevention and Health Services for adults

This section outlines the assets that are in place at the present time.

6.2.1 Universal prevention and wellbeing services

A variety of services are provided to improve the mental health of Kingston residents including emotional wellbeing grants for schools, Mental Health First Aid training for professionals, a student mental health conference, a training course called Practical Ideas for Happier Living, a service to assist parents in reducing the impact of their mental health issues on their children called Families Connected, and a physical activity club for people with mental health problems called The Good Energy Club. Suicide prevention training is offered to professionals.

6.2.2 Early intervention services

A wide range of bespoke counselling services are provided in the voluntary sector and a recent Counselling Directory[3] lists these. Much work is underway to improve joint working between these and the local psychological therapies service (also known as IAPT or Talking Therapies) called iCope. Relate provide confidential counselling services to young people. Young people can also access Kooth which provides free online counselling and other support.

Nine out of ten people with mental illness are managed by GPs alone, rather than any other health service. Many of these people have anxiety or depression, while others will have stable severe mental illness.

iCope is the psychological (talking) therapies service for Kingston. In 2015/16 there were 4550 referrals to iCope and the service met its target to treat 15% of its population with anxiety and depression, and achieved a 50% recovery rate. It is predicted to receive 5,027 referrals during 2016/17. Waiting times are variable and overall are better than the London average[xx], but for one-to-one support waiting times range between 22 days and 85 days (as at January 2017).

Early helps is also offered by voluntary organisations such as Mind in Kingston as well as from a national online site, but these services are not joined together in a systematic way.

Activities that improve wellbeing, from gardening to exercise, are also available (these are sometimes referred to as social prescribing), but they are not formally co-ordinated alongside other services, although there is much work in progress to do this through the Kingston Coordinated Care initiative.

6.2.3 Crisis Services

South West London St Georges Mental Health Trust operates a Crisis Resolution and Home Treatment Team that is based at Tolworth Hospital, which provides treatment for people in crisis in their own home. There is a Section 136 suite at Springfield Hospital in Tooting where the police can take people for assessment of their mental health needs if they have concerns for their safety and wellbeing. During 2016 an Assessment Suite based in Tooting for people referred from A&E was opened. Two Crisis Cafes which can be used by Kingston residents are being opened in Wandsworth and Wimbledon.

There is a Retreat based in New Malden offering a social model for crisis response support and resolution. A street triage service is being piloted, comprising a community psychiatric nurse who accompanies police officers to advise, assess and support people who are being considered for a Section 136 assessment[xxi].

[3] http://www.kingstonccg.nhs.uk/Directory%20of%20Counselling%20Services%20in%20Kingston.pdf

6.2.4 Specialist (secondary and tertiary) mental health services

Specialist mental health services are currently provided by two Community Mental Health Teams, a community based home treatment team, an early intervention service for people with onset of psychosis, and long-term psychotherapy. Inpatient services for acutely unwell people are provided at Tolworth Hospital in Tolworth and Springfield Hospital in Tooting, which include crisis-intervention. Occasionally people may be cared for in a hospital further away for a very complex need.

Psychiatric liaison services are provided at Kingston hospital for anyone who attends the general hospital with a mental health need.

Highly specialised services such as the specialist in-patient Eating Disorder Service are also available.

Kingston Autism Assessment and Diagnostic Service is located in Surbiton, which is primarily a diagnostic service for people over 18 years old.

Kingston ADHD Service (for Attention Deficit Hyperactivity Disorder) provides a diagnostic service for people over 18 years, as well as medication and monitoring in consultation with their GP.

Use of specialist (secondary) Mental Health Services

In Kingston, at the end quarter 2 of 2015/16 there were less people in contact with secondary mental health services compared to the London average (1,569 per 100,000 in Kingston, 1,952 in London, 2,134 in England). However, for a number of years people with a mental health problem in Kingston have been more likely to be hospitalised in a psychiatric hospital (per 100,000 population) compared to people who live across England[xxii]. The reasons behind this are complex, but is not thought to reflect a greater need in Kingston. Instead it suggests that the mental health system in Kingston has encouraged inpatient admissions rather than alternatives (such as crisis support or early intervention) or preventing deterioration in the first place. Availability and accessibility may both be barriers. Taking a public health approach where root causes of mental illness are identified and tackled will help to reduce the number of people becoming unwell.

Across England, a quarter of people using secondary (specialist) care services do not know who is responsible for co-ordinating their care.

6.2.5 Recovery

Kingston has access to a Recovery College[4] for people who have used specialist mental health services.

There are advocacy services and supported accommodation provided by Kingston Council. Employment support for people with mental health problems is provided from Balance Community Interest Company (CIC). Supported accommodation is provided for people with mental health problems by Hestia and Comfort Care but the availability of affordable general housing for people with mental health problems who are able to live independently is an issue.

[4] A Recovery College offers educational courses about mental health and recovery which are designed to increase knowledge and skills and promote self-management. The aim is to help people to take control and become an expert in their own wellbeing and recovery and get on with life despite mental health challenges

7 System challenges

There is much in place in Kingston to support mental health which can be built upon to make the changes that are set out in this strategy.

The main system challenges are:

1. There is a need to move from a medical treatment model to a wellbeing, prevention and early intervention model. Investment in the system needs to shift to reflect this.
2. Services for mental health are provided by a range of different organisations. This multiplicity of providers brings with it variation: they have different criteria for entry into their services or eligibility for care, the range of services is difficult to understand and some providers may operate to different quality standards. A smooth pathway between the services is not always experienced and better integration is required.
3. The commissioning of mental health care for adults is undertaken jointly by Kingston CCG and Kingston Council. The lead commissioner for the local mental health trust is another South West London CCG. Children's mental health services are commissioned by Achieving for Children, and Kingston Council's public health directorate commissions drugs and alcohol services and mental health promotion. This dedicated expertise is at capacity.
4. An Integration project (Kingston Co-ordinated Care) for complex patients and frail elderly identified that over 80% of clients had a mental health problems co-existing with their presenting physical health condition. A mental health professional from the local Mental Health Trust joined the project and new ways of working were identified. This would need scaling up to ensure proper integration across the system.
5. There are variable outcomes for mental health across Kingston, and a lack of consistent data on activities and outcomes, some and a primary care mental health KPI[5] is due for revision. There is ongoing work to build a mental health dataset (the Cube), but it is not yet functional. This makes it difficult to evaluate performance across the Kingston mental health system.
6. There are a range of active mental health groups and networks, commissioning and assurance groups including the Mental Health Taskforce of Healthwatch, Fircroft mental health network, Mind in Kingston's mental health parliament, the Mental Health Planning Board, the Kingston Co-ordinated Care Group, the Council's Better Lives programme, the Multi-agency Suicide Prevention Group. There is oversight from the Kingston Health and Wellbeing Board, and reporting lines to the CCG Governing Body, CCG Council of Members and CCG Integrated Governance Group as well as the Council's Adults and Children's Board. Many of the attendees are in more than one of these groups, and some items of work are likely to be duplicated. A refreshed structure is required.
7. The mental health expertise at GP surgeries has been boosted by a recent successful initiative to train 19 GPs to diploma level in mental health, but the expertise is still lacking more widely in primary care and in A&E departments, with consequent delays in getting access to the right care.

[5] KPIs are key performance indicators

8. The NHS budget is stretched, although there is recognition that mental health must have equal status to physical health and proportionate funding. Mental health accounts for nearly a quarter of NHS activity, but NHS spending on secondary mental health services has been equivalent to just half of this at between 11% and 12% of the NHS secondary care budget in recent years[xxiii]. Plans to increase this under the NHS Mental Health Investment Standard are now in place.
9. Council budgets are under great pressure as central government funding reduces.
10. Recruitment to mental health posts, particularly nursing posts, is difficult in Kingston. This is partly due to Kingston's location in London being outside the NHS inner London weighting boundary which means a lower supplement to basic pay.
11. There is some sense that "mental health is not my role". This may be seen in health services, schools, workplaces or any other setting. We need to make the change so that mental health is everyone's business and this task requires ongoing effort to get buy-in from everyone.
12. Mental health problems in children and young people, if not identified and treated, cause distress for children, young people, their families and carers, and may continue into adult life. Prevention in early life and good transition into adult services are important aspects of this strategy. Mental health is often part of a wider set of complex issues for individuals and families; for example mental health problems consistently arise with families supported by the Troubled Families programme, and while only 9% of people using secondary care mental health services (and on CPA[6]) are in stable accommodation, having unstable accommodation can increase the risk of a mental health problem.

8 Economic and Investment case

The primary purpose of this strategy is to improve the outcomes for local people (see Section 11).

There will also be economic benefits as set out in the evidence from the Department of Health's Report 'No Health Without Mental Health (2011)'[xxiv] such as:

- A shift to prevention and early intervention for those with mental health problems who are currently in the health and care system, with support to access evidence-based, less cost intensive model of care, will result in better patient outcomes and reduce spend in acute settings.
- An increase in support across all workplaces to help people with mental health problems back to work will reduce public sector spending more generally
- The promotion of good wellbeing and early intervention across all age groups
- Addressing the social determinants and consequences of mental health problems
- Improving the quality and efficiency of services
- Ensure repatriation where feasible of people being treated long-term in out of area placements.
- Psychiatric liaison in hospitals to reduce admissions and lengths of stay for people with mental health problems.

[6] Care Programme Approach

Direct spending of mental health

Kingston CCG, Kingston Council and NHS Specialised Commissioning all spend on direct mental health care for adults. This section outlines the spending for 2014-15 as a baseline, by both provider and by type of care for adult services only.

In 2014/15 the total spend on adult mental health care was approximately £20 million (excluding children's services), made up of £2.9 million from Kingston Council and £17.1 million from Kingston CCG NHS budget. An additional £66,000 was spent on wellbeing initiatives. See Table 1 for details.

In 2016/17 the overall planned Kingston NHS budget is £25.3 million for adults and children's mental health services, excluding learning disabilities. Kingston Council's spend is not reported for this period.

The NHS investment plans for 2017/18 and 2018/19 are to invest significant new money into adult's and children's mental health services, in direct response to ensuring that mental healthcare is funded appropriately and in line with national policy.

GP care and prescribing costs are not included in these tables and will come to several £million more.

Table 1 Mental Health expenditure 2014 -15 by type of care for adult mental health

Type of care	**Spend £million**	**Notes**
Crisis Care	2.1m	
Bedded Care (hospital)	5.2m	
Planned Community Care	4.7m	
Placements	5.9m	Of which ASC* placements = £1.6 m
Third sector organisations	0.43m	
Wellbeing and prevention	0.06m	
Mental Health Social Workers	1.3m	ASC budget
Other	0.17m	
Total	19.86m	

Source: Kingston Joint Mental Health Commissioners report. *ASC is adult social care

Table 2 shows how the mental health budget for adult care was invested in the different mental health providers (excluding GPs) during 2014/15, with the largest amount of investment in South West London St Georges Mental Health Trust.

Table 2 Mental Health expenditure 2014 -15 by commissioned provider

Provider of care	**Spend £million**	**Notes**
South West London St Georges Mental Health Trust	12.2m	
All other CCG commissioned providers	4.7m	
RBK commissioned services	2.9m	
Public Health commissioned services	0.06m	Prevention health promotion
Total	19.86m	

Source: Kingston Joint Mental Health Commissioners report

Potential economic benefits in Kingston – a rationale for investment

By understanding the wider costs to society of mental health problems and also the potential savings from certain activities and investments, the financial benefits of a well-implemented strategy can be gauged.

Table 3. Five examples of the wider costs to society of mental health and mental health problems

Cohort	Volume/impact on Kingston economy	Costs in Kingston
Population unemployed because of mental health problems	3,610 individuals on employment support/incapacity benefit across Kingston. Up to 80% of benefit claimants have a mental health condition[xxv].	£32.8 million Based on £9,091 fiscal cost per claimant per year
Mental health bed-based inpatients	26% of total Kingston CCG adult mental health spend is on bed-based inpatients[xxvi], which is a higher proportion than many other areas.	£5.2 million on bed-based in-patients
Suicides Whilst there is a Suicide Prevention Strategy, this Mental Health Strategy will contribute to a reduction in suicides.	7 suicides registered for Kingston residents on average per year between 2010 and 2014 Excluding non-residents who end their life in Kingston borough	£11.2 million total costs (including NHS costs, policing costs, loss of waged and non-waged output, intangible human costs) Based on total cost of £1.6 million per suicide[xxvii]
Depression and anxiety in people with physical illness	Depression and anxiety can increase care costs for physical health conditions by up to 45%[xxviii]	
Peri-natal mental health	Can cost up to £10,000 per birth	

Across England estimated annual costs of mental health diagnoses are: depression £7.5 billion, anxiety £8.9 billion, schizophrenia £6.7 billion, and dementia £17 billion. The estimated annual costs of medically unexplained symptoms are £18 billion[xxix]. Investment to reduce the impact of these diagnoses on people's lives is integral to this strategy.

Good mental health and wellbeing, and not simply the absence of mental illness, have been shown to result in health, social and economic benefits for individuals, communities and populations. Benefits include better physical health, improved productivity, higher incomes, reduced absenteeism, less crime and reduced mortality. There is increasingly robust evidence that a range of

innovative and preventative approaches can also reduce costs by improving outcomes and increasing quality and productivity.

This strategy also seeks to improve on other key indicators including:

- Reduce the cost and demand (particularly repeat demand) on mental health services
- Reduce the costs of depression, anxiety and severe mental illness to people and society
- Reduce use of alcohol and smoking in people with mental health problems
- Reduce inequalities, including increasing life expectancy for people with mental health problems.

When a budget is contributed to by more than one organisation, there may be concerns about who benefits financially. Table 4 shows some health economics research that demonstrates that for most interventions, savings are split across many different sectors.

Table 4. Four examples of mental health support/services where there is division of financial benefits between partners

Scheme	Description of investment	Division of fiscal benefits
Education: school based social and emotional learning[xxx]	Recognising and managing emotions, goal setting taught by teachers. Benefits build up over time.	Criminal justice system 58% NHS 36% Education 6% Social Services 1% Voluntary sector <1%
Working Well Programme[xxxi]	Working well programme for people with mental health problems who are on Employment and Support Allowance	Dept Work & Pensions (DWP) 64% NHS 30% Police 2% Prisons 1% Courts/legal aid 1% Other Criminal Justice System 1%
Workplace screening for depression and anxiety[xxxii]	Workplace screening using questionnaire, followed by CBT AND Personalised health and wellbeing information, health risk appraisal questionnaire, access to tailored information, seminars and workshops.	100% fiscal benefits to health sector in first year Un-quantified benefits to exchequer Un-quantified benefits from year 2 onwards to Health and Local Authority Social Care and wider society
Acute admission avoidance[xxxiii]	Psychiatric Liaison on hospital wards and at A&E, reducing hospital admissions and care home admissions	CCGs 61% Acute trusts 25% Local Authorities 14% DWP <1%

Future Investment Plan

Kingston has committed to the Mental Health Investment Standard (previously called 'parity of esteem'), which seeks to treat physical and mental health equally, with investment in mental health that is in line with investment in other healthcare, meaning investment in mental health will be in line with Kingston CCG's annual uplift. There will be a shift in the balance of investment into

prevention and preventative services, with early intervention and care provided close to home in the local community, between now and 2021.

Kingston CCG and Kingston Council are committed to making sure that money is spent wisely and making the best of the funds and assets we have now. This will include shifting investment to different parts of the mental health care pathway as described in this strategy. We will also support other organisations and providers of care in seeking additional funding from other sources such as one-off grants.

9 Wider Strategic Considerations - National

This strategy is fully aligned to the main ambitions and priorities of the following national strategies:

9.1 NHS Five Year Forward View (2014)

The Five Year Forward View sets out a clear ambition for the future of mental health services in England.

- To create genuine parity of esteem (equal) between physical and mental health
- Improve waiting times so that 95% of people referred for psychological therapies start treatment in 6 weeks for a fortnight for those experiencing the r first episode
- Provision close to home for those with intensive needs, particularly young people
- New commissioning approaches to transform service delivery

9.2 Five Year Forward View for Mental Health (2016)

This taskforce report describes priorities for change over the next five years and has been accepted by the Government and an implementation plan was published in summer 2016. Priorities include:

- **Supporting people experiencing mental health crisis** – by 2020/21 expand crisis resolution and home treatment teams to ensure 24/7 community-based mental health crisis response is available
- **Improving responses to mental and physical health needs** – by 2020/21 more people living with severe mental illness have their physical needs met
- **Transforming perinatal care for children and young people** – fundamental change in the way children and young people's services are commissioned and delivered, more children and young people having access to high quality mental health care when they need it and more women accessing evidence-based specialist mental health care during the perinatal period.
- **Access standards and care pathways** – by 2020/21 clear and comprehensive set of care pathways with accompanying quality standards and guidance for the full range of mental health conditions.
- **Models of payment** – developing payment models that incentivise swift access, high quality care and good outcomes
- **Acute and secure care** – partnership led co-produced standards to ensure acute mental health care is provided in the least restrictive manner and as close to home as possible.

- **Tackling inequalities in access and outcomes –** addressing inequalities in access to early intervention and crisis care and rates of detentions
- **Supporting employment** – recognising employment as a crucial health outcome and supporting people with mental health problems to find and stay in work
- **Transparency in data** – to support improvements in commissioning, inform effective decision-making and promote choice, efficiency, access and quality
- **Workforce** – good management of mental health in the workplace and the provision of occupational mental health experience and effective workplace interventions

10 Wider strategic Considerations – London and South West London

10.1 Thrive London

Thrive London is an initiative led by the London Health Board (LHB). The LHB brings together local government, health partners and the Mayor of London to provide strategic political leadership for London on health issues. The Board has prioritised mental health and intends to develop 'Thrive London' a mental health plan due to be published in 2017 with a focus on prevention, promotion and inequalities. Kingston will take account of the work of Thrive London as it emerges, and work proactively to introduce new initiatives and pilots collaboratively.

10.2 South West London Five Year Forward View (Sustainable Transformation Plan, STP)

The STP is a five year plan agreed across Kingston, Richmond, Sutton, Merton, Wandsworth and Croydon for all areas of mental and physical health and social care to work together in an unprecedented way.

The plan is to move care out of hospitals into local communities so care can be provided closer to where people live, and to help people live healthy lives and stay well as long as possible.

The ideas proposed in the STP that are relevant to our mental health strategy are:

- Set up local teams to improve health for populations of approximately 50,000 arranged around GP practices which will also deliver preventative care and support self-help (teams of existing staff across primary care, social care, mental health, community services and hospital specialists). Locality teams will work closely with the voluntary sector. They will be accessible through a single point of access.
- Use workforce to ensure enough capacity for care, including for mental health care.
- Address physical and mental health needs in an integrated way (working with people with severe mental health problems as well as those with long term conditions, chronic pain or medically unexplained symptoms).
- Review specialised services which includes adult secure mental health and specialist CAMHS.
- For the NHS to work with local councils and partners to strengthen and implement interventions that will close the physical and mental health wellbeing gap (for example poor mental health is associated with unhealthy behaviours such as alcohol misuse and smoking, as well as with diseases such as cardiovascular disease, cancer and diabetes, and to ensure

the prevention of mental health problems and the promotion of positive mental wellbeing is more prominent.

- Tackling the fact that we do not always provide the support for people with mental health problems at an early enough stage, and fail to prevent a crisis, people needing A&E, a hospital stay, and being off work.
- Support the Work and Health programme.
- Improve primary care mental health and psychological services.
- Better support for people with learning disabilities and autism.
- Providing a psychiatric decision unit to assess and develop treatment plans of more complex service users who are in crisis.
- Deliver more consistent outpatients services throughout Southwest London, and up-skill primary care to take on follow up appointments and other roles.
- Work on crisis care for mental health patients as identified by the South West London Emergency Care network.
- Transform community crisis and intermediate care by offering joined up support from teams with a remit expanded to be able to offer assessment, support packages and interventions on top of those provided by locality teams. These will work at borough or sub-regional level.
- Make changes to financial systems to encourage care for those who need it, but to reduce the importance of internal flows in creating disincentives to demand management.
- A digital roadmap (technology) will be put in place, which will include supporting new locality teams. This will include using technology to help patients capture information about their health, to help staff and patients communicate e.g. by videoconferencing, sharing information at the point of care, combining information across the whole system for monitoring, oversight etc.
- Primary care will be transformed to offer good quality 8am to 8pm extended care by the end of 2017/18. GPs will work alongside locality teams and hospital specialists and community-based nurses offering integrated care plans, social prescribing and evidence-based education programmes.
- Modernise the workforce to work differently, improve recruitment and retention, ensure capacity and skill mix and that the workforce is healthy. Education and training is key.

11 Outcomes of the Kingston strategy

The Kingston community has clearly told us about the outcomes they want from this strategy. Outcomes can be thought of as the results or consequences that local people would like to see for themselves. The outcomes are purposely person-centred, and they incorporate outcomes for carers. The list of outcomes was created at workshop 4 drawing on the views of participants, as well previously collected feedback from surveys and outreach meetings.

The outcomes are summarised in Figure 2. These outcomes have been used to shape this strategy's proposals for 'Examples of what we will do', and they will also form the basis of measureable indicators so we can track progress with this strategy. They will stay under review, and different approaches will be needed to capture the outcomes for hard-to-reach groups.

Figure 2. OUTCOMES for KINGSTON MENTAL HEALTH STRATEGY

Overarching

I have someone to talk to | I am not socially isolated | Staff have received all the training they need to support me | Services are working together to support me

Carers

I feel listened to, respected and had my say | I feel confident we can work towards quality support when I am not around | I am involved in discussions about care if consent is given | I was offered a Carer's assessment and support regardless of Care Act eligibility | A crisis plan is always shared with me if consent is given | I am able to contribute to the process of early contact with healthcare and diagnosis | I have sufficient support to access information

Mental Wellbeing

- I feel safe and am not scared
- I have a purpose and contribute to society
- I feel happy
- I am happy to help others
- I am not lonely
- I feel comfortable talking about my mental health
- I can take part in social activities that I enjoy
- I have learnt some skills to help me cope when things go wrong
- I am able to access support to learn and develop as a parent
- As a young person I know a trusted adult e.g. in my school who I can talk to when I can't talk to my own parents
- I feel well

Early Intervention

- I am aware when I need help and know where to find it
- I can easily access reliable, useful information and advice when I need it
- I can be guided through the system if I need help
- My GP knows all the options for care and I get the best option for my needs first time, in a timely manner
- I felt heard and understood when I needed help
- Services I encounter are proactive in helping me
- My GP gives me enough time to talk about my mental health issues
- I don't have to tell the receptionist my mental health problems
- I am provided with realistic, useful and timely information about my condition, side effects and waiting times

Community Connection

- I am living somewhere I feel comfortable, supported and safe
- I feel a valued part of the community
- I feel supported by the community
- I can use my experience to help others
- I have equal opportunities and do not suffer discrimination
- I do not need to justify and explain myself to others
- I belong to a network of support - professionals , service users, buddy schemes and family
- I have the support I need to obtain/ retain employment
- My family understands and supports me
- I always have a place to go where I felt welcome and supported
- I have aftercare that meets my needs. Services are flexible (easy in/out)

Access to Services

- I can access the help I need when I need it
- I make shared decisions with care providers
- If I don't meet the criteria I am helped to access more appropriate services
- When I am in crisis I can communicate with someone who understands my crisis and can help
- Services are approachable, welcoming and friendly
- Services are provided in a way that I don't feel stigmatised
- I feel that services understand my particular needs (e.g. LGBT, BME etc.)
- I can access services in different ways, times and places to suit me
- Services work with me to remove barriers to support e.g. anxiety, disabilities, ASD

Joined up Care and Support

- I am confident I am getting the help I need
- I trust the people helping me
- I am only asked about my needs once and there is a proper handover between workers
- People do not try and fit me into a box
- I felt comfortable and connected with the people who support me
- I am actively involved in decisions about my care
- I have consistent ongoing support
- Services are focused on outcomes which are important to me
- Services work together to meet all of my mental and physical needs
- Services treat my family and I with respect
- Services are flexible around me
- I decide how I am communicated with

12 Themes of the strategy

We have developed five themes of the strategy rooted in the needs and views of the people of Kingston. These are tied together by Golden Threads (see section 13). The five themes, which are considered in turn, are:

6. Improving Mental Wellbeing and Prevention
7. Early Intervention
8. Community Connection
9. Access to Support and Services
10. Joined up Care and Support

The co-production community developed these themes, and the detailed material from workshops is included in a separate set of documents[xxxiv]. Under each theme is the case for change, the outcomes we are seeking, some quotes to demonstrate these, and examples of the actions ('What we will do') we will take to address these issues.

12.1 Theme 1: Improving Mental Wellbeing and Prevention

Connected, resilient happy communities, prevention and mental health awareness

"There needs to be awareness training for young people. When you are 15 years old you don't know what is happening to you, you don't know you have an illness but you know you are not right"

"Attending day centres, groups and clubs – this works wonders"

"I would train all non-mental health workers more on mental health to give them more confidence to provide support"

"Social media can have an effect on young people. We often underestimate the impact and overestimate their capacity to cope"

"It is very important to rescue people from social isolation as early as possible."

Good mental wellbeing is a positive state of mind and body; feeling safe and able to cope, and having a sense of connection with people, communities and the wider environment. Good mental wellbeing can lead to better physical health and even a longer life. It can also offer a sounder footing from which to deal with a mental health problem. The promotion of positive mental wellbeing and prevention of mental ill health at all ages is the cornerstone of this strategy.

Changing the culture around mental wellbeing and mental health problems is everybody's business. It starts in childhood, as early as support for new mothers and babies and runs through to ensuring mental health and wellbeing is embedded in schools and nurseries.

There is good evidence that supporting good parenting skills and developing children's social and emotional skills can improve mental wellbeing and prevent some mental health problems persisting into adulthood.

The workplace is somewhere where many people spend a lot of their lives, and is a place where good mental wellbeing and an understanding about mental health can be promoted.

Social isolation is an important risk factor for poor mental health. Isolation can lead to poor mental wellbeing, and social isolation may be a result of mental health problems. We need to tackle isolation for all as part of the wider work in Kingston - by working with, influencing and educating all organisations and communities in Kingston. Specific isolation issues of people with mental health problems are also covered in theme 3 *Community Connection*.

Stigma and discrimination can worsen someone's mental health problems, delay them from getting help and treatment, and hinder their recovery[7]. Tackling stigma is vital, and talking about mental health should be the norm, although this is still not the case in all Kingston communities. A key part of promoting wellbeing is ensuring safe communities and preventing violence including domestic violence.

In the UK, and in Kingston too, there is guidance such as the 'Five Ways to Wellbeing' that people can follow to improve their own mental wellbeing (Be active, Connect, Give, Keep learning, Take notice, see Appendix 15.4).

OUTCOMES
I feel safe and am not scared
I have a purpose and contribute to society
I feel happy
I am happy to help others
I am not lonely
I feel comfortable talking about my mental health
I can take part in social activities that I enjoy
I have learnt some skills to help me cope when things go wrong
I am able to access support to learn and develop as a parent
As a young person I know a trusted adult e.g. in my school who I can talk to when I can't talk to my own parents
I feel well

Kingston has a good track record for promoting mental wellbeing, but it has not been on a scale to reach all those who will benefit. The aim of this strategy is to change the culture of Kingston so that mental health is no longer stigmatised, and to build up a range of wellbeing activities that will make the people of Kingston more resilient as a community and as individuals within it, with children who grow up with good emotional wellbeing and a society that knows how to recognise and help mental health and wellbeing problems in themselves and others.

[7] Annual Public Health Report (2015) Mental Health in Kingston

What we will do: Mental Wellbeing and Prevention		
Area	Action	Description and examples
Mental Health friendly communities	**We will support the development of mental health friendly communities**	This means resilient, understanding communities, where those within it feel able to draw on family, friends, colleagues, faith, and the wider community for support. This can be achieved by working together across businesses, education, communities, leisure and faith groups and others to make the change.
	We will explore the role of Mental Health and Wellbeing Champions from within the community.	The role of Champions will be explored further. Champions will promote mental health friendly communities, encourage discussion about mental health, and be part of the efforts to end discrimination. Champions may need access to resources, information sharing networks and training. This will include drawing on the expertise of people who became mental health champions during 2013/14.
Mental wellbeing	**We will continue to promote the Five Ways to Wellbeing**	The 'Five Ways to Wellbeing' guidance that people can follow helps to improve their own mental wellbeing (Be active, Connect, Give, Keep learning, Take notice)
	We will work with partners to tackle risks to wellbeing such as housing, environment, education and employment **We will target high risk groups**	This will involve increasing the awareness and capability of policy makers, organisations, groups and providers of services to recognise risks to mental wellbeing and to respond in a way that reduces risk. For example making adjustments to a housing policy that would otherwise have a negative impact on people with mental health problems. We will target groups at risk of poor mental health including those who tend not to seek help, such as men, people from certain ethnic minority groups and older people, and those whose lifestyles increase their risk such as those with drug and alcohol problems.
	We will continue to develop community resilience	Resilience will be built through a variety of routes and may involve commissioning of courses that build resilience.
Early years, children and family, schools - prevention	**We will work with schools (and other educational institutions) to ensure greater consistency in emotional health provision and awareness**	We will support all schools to implement best practice in emotional health through, among other things, their PHSE curriculum, the work of Health Link Workers and student mental health conferences. Topics will include, but are not confined to, self esteem, coping with exam stress and tackling bullying.
	We will commission resilience training for children	We will provide expert advice to schools and other providers about resilience in childhood, using the findings from promising projects in other boroughs and drawing on resilience expertise in local organisations.

	We work with health and care services to look at their role in children's emotional health	We will work with health and care services that provide support to children to review their role in children's emotional health, for example the KU19 service (drop in service provided by school nurses), health visitors and GPs.
	We will support parents	• We will advise and support organisations to deliver evidence-based and high quality parenting help, in partnership with Achieving for Children. • We will ensure equitable access to support with parenting, with access for underserved groups such as black, Asian and minority ethnic groups, • We will ensure that parents know how to support their own children with mental health problems, and know where to go for get help if needed. See also Theme 3 *Community Connection* for more details about supporting parents in the perinatal period.
Targeted Public Health Campaigns	**We will select and run targeted public health campaigns**	Working with the Communications Teams in the Council and CCG, we will run public awareness campaigns including wellbeing promotion, tackling stigma and encouraging people to seek help. We will target groups at high risk of mental health problems e.g. young and middle aged men.
Workplace Mental Health	**We will increase the uptake of the London Healthy Workplace Charter by local employers**	The London Healthy Workplace Charter aims to improve the workplace from many perspectives including the prevention of and handling of stress, anxiety and other mental health problems.
	We will explore the option to provide more targeted support around mental health in the workplace	We will seek to work with partners across London to support a programme of mental health education and promote examples of best practice[xxxv] for employers in Kingston. This could include information on the links between workplace stress and mental ill-health, legal responsibilities, returning to work, preparation for retirement and the stress this may bring, and employing people who have mental health issues.
Reducing Stigma	**We will continue to promote the Time to Change Campaign**	The Time to Change Campaign, which is a national anti-stigma initiative, will continue to be promoted throughout the borough.
Suicide Prevention	**We will prevent suicides through the work of the Suicide Prevention Group**	The Kingston Suicide Prevention Group is an active multiagency group that meets 4-6 times a year to oversee the implementation of the local Suicide Prevention Strategy[xxxvi] (which includes action on self harm)
Tackling Isolation	**We will tackle loneliness and isolation by working with others**	We will collaborate with others to review the range of activities/initiatives to reduce isolation, which will include progress already made by the Active and Supportive Communities initiative. This work will recognise the needs of specific groups eg BAME groups, Koreans, older people.

12.2 Theme 2: Early intervention

Recognise early, Act early

"I feel like you have to be Sherlock Holmes to find the resources which are available – voluntary sector has been very good to support this"

"I would feel more able to look after myself if I knew more about how to, and if I had confidence"

"Would like to see more connections between GPs and people who run activities like gardening, sports, things that can help you feel better"

"Counsellors or some mental health workers at GP surgeries would help a lot"

"Having to wait for help can be the time when he gets worse"

Acting early when someone has a mental health problem to prevent them from becoming more ill is vitally important. How and when to act, and where to get the right help from easily and rapidly is essential for successful early intervention.

Early help can only be offered if people, or those around them, are able to recognise they need help and know what to do about it. Being listened to and taken seriously is very important. Up to half of mental health problems start before the age of 14, but if tackled early, problems into adulthood can be prevented in up to half of cases. So, early intervention targeted at younger people can result in greater personal, social and economic benefits than intervention at any other time in the lifespan. It may be particularly difficult for young people to recognise they are unwell when it is their first experience of a mental health problem.

Early help does not need to come from the health services. People often said they would like to be able to help themselves if they could find the confidence and support to do so. Self help, information sheets, courses from reputable sources, or someone to talk to were considered to be good ways to support people to care for themselves (especially those with common mental health problems such as anxiety and depression).

The complexity of all the mental health support that is available and the need for a Directory of Services was a very strong message from the workshops, as was the desire for help from a person, not a machine, when things were too complicated to understand.

A mental health hub based alongside GPs was considered a good model. GPs were often seen as the first port of call, but many GPs themselves want more guidance and expert support in helping people with mental health problems, and to better understand the breadth of options for care and support that exist. Avoiding ending up in hospital or specialist services was desirable almost all of the time, as long as that was appropriate.

Many people with mental health problems experienced a delay before they got therapy or treatment, and the time they were waiting was often reported to be very difficult, putting them at

risk of deterioration. Early specialist intervention in times of crisis (for people who are very severely unwell) was seen as a priority (*see also Access theme*)

Carers are as critical in these early stages as at any time in a person's mental health journey.

OUTCOMES

I am aware when I need help and know where to find it

I can easily access reliable, useful information and advice when I need it

I can be guided through the system if I need help

My GP knows all the options for care and I get the best option for my needs first time, in a timely manner

I felt heard and understood when I needed help

Services I encounter are proactive in helping me

My GP gives me enough time to talk about my mental health issues

I don't have to tell the receptionist my mental health problems

I am provided with realistic, useful and timely information about my condition, side effects and waiting times

What we will do: Early Intervention		
Area	Action	Description and examples
Building capacity for self care	**We will support people to self care, by co-ordinating closely with other work in Kingston**	The mental health self care work will be developed alongside the Year of Self Care, Active and Supportive Communities, and Kingston Co-ordinated Care work
	We will promote a range of places in the community where people can find friendship, safety and security	The support offered by community cafes, groups and clubs will be shared via the Directory of Services and other routes.
	We will include social prescribing in the support offered to people	Social prescribing, for example clubs, art, volunteering, gardening, exercise, understanding self, books on prescription, relaxation and other forms of non-medical support will be part of the broader support available to people with mental health problems.
Mental Health First Aid	**We will roll out Adult and Youth Mental Health First Aid**	Extend mental health first aid to the public, and continue to offer it to police, health and social care staff, and to schools and workplaces.
Directory of Services (hub)	**We will develop a Kingston mental health and wellbeing directory**	We will develop a Kingston mental health and wellbeing directory (based on a roadmap) which will set out all the services, support and pathways available to people in Kingston and their parents, colleagues etc. (see also *Joined up Care* theme). We will build on

		directories already published by the Local Authority and others. We will also ensure this is kept up to date and that it is promoted widely to encourage people to access through routes such as online, social media, newspapers, telephone, letters, via shops, GPs and radio.
	We will set up a Kingston Mental Health and Wellbeing Hub which will support early intervention	For details of the Hub, see Theme 5 –Joined up Care.
	We will work across partners to ensure early intervention via entry to single point of access for children and young people	We will ensure there is a strong link between the entry point for adults into early intervention services and the Single Point of access to mental health support for children and young people.
	We will improve the support people receive while they are on waiting lists	We aim to shorten the length of time people wait through the development of early intervention services and the hub. We will also ensure that individuals on waiting lists (especially those who are seeking support for the first time) are communicated with regularly to ensure they do not get lost in the system. We will ensure that one person takes responsibility for individuals on the waiting list and that there is effective multi-disciplinary working with a care co-ordinator by the person who knows them best
Mental Health Navigators	**We will explore the role of Navigators**	Navigators are people who help navigate the mental health system or the wider support in the community as needed including helping people with online health support. We will look at how best to deploy this role in the new mental health system and more widely. We will explore who may play this role (e.g. people with lived experience, or from voluntary sector or statutory sector), and what minimum standard of training is required. This role may be the same as the people who will be working at the hub. We will look at the best places for navigators to be situated e.g. at the hub or at the library, GP, Citizens Advice Bureau. The links to peer support will be explored. GPs will also need to develop a basic navigator role.
Develop primary care	**We will support and develop primary care to be able to recognise and help people with mental health problems**	• We will work with Primary Care Commissioners to align this strategy with the Primary Care Strategy • We will ensure ongoing training for all GPs and primary care staff in mental health and wellbeing through study days and other learning opportunities with the aim that every GP has the knowledge and expertise to

		identify and deal with their patients with mental health problems. • We will continue to develop Diploma GPs to be experts that cascade their knowledge to colleagues • We will re-write the KPI for Mental Health Early Intervention in GP practices to encourage practices to offer excellent services • We will ensure physical health checks are carried out for all people with mental health problems, and in particular those with severe mental illness • We will develop depot clinics and support GPs in prescribing depots in primary care for those whose mental health is stable and well-managed. • We will ensure simple and easy access to primary and community based mental health care, through a single point of access/triage service. This may be part of the Kingston Mental health hub (see *Joined Up Care and Support* theme) • We will invest in primary care mental health services to increase capacity to meet the increased need and demand (see *Access* theme). This includes looking at the potential for broadening the professions in primary care, including clinical counsellors, mental health nurses, psychologists, social care workforce and the option for outreach. • Work with primary care to increase the diagnosis and appropriate treatment of depression.
	Improve awareness of the role of GPs in mental health	We will run a campaign to increase the awareness of residents, particularly young people, in the role of the GP, when people are in emotional distress.
Immediate Crisis Response	**We will change the system so that people in crisis get an immediate response**	This will be delivered through the implementation of the Crisis Care Concordat (see *Access* theme) We will avoid people with mental health needs from going into police custody, diverting them to mental health services.
Increased capacity for early intervention	**We will review the breadth of counselling services at regular intervals**	Wewill keep the breadth of Counselling Services in the borough under review and the Directory of Counselling Services up to date.
	We will develop Talking (psychological)Therapies	We will develop Talking Therapies outreach and continue to develop the service to meet the needs of local people, ensuring there is appropriate capacity in the system.

		We will invest in Talking Therapies services in Kingston to enable us to meet waiting time and access standards as described in the Five Year Forward View for Mental Health. We will tailor talking therapies to underserved groups such as Lesbian, Gay, Bisexual and Transgender (LGBT) people and unemployed people for example. We will also target those at higher risk of mental health problems including those with long term conditions.
	We will identify and treat older people with mental health problems earlier	We will work to increase the identification of depression in, and the uptake of Talking Therapies support by, older people.
	We will improve early intervention for people from vulnerable and hard to reach communities	We will ensure that all forms of early intervention for people from harder to reach communities is in place, in particular refugees, asylum seekers and migrants and the Korean community for example through community development workers.
Carers	**We will make sure that Carers, family and friends are supported**	• Ensuring carers receive or can find information about how and where to access services in a timely manner • Working in a way that means all health and social care professionals listen to carers • Consistently offering carers an assessment of their own need –a Care Act Assessment for all people – in the community • Putting in place good communication with carers at discharge, if consent is given.

12.3 Theme 3: Community Connection

Ongoing support in the community matters, don't let me down

"Community organisations such as RISE, Health Watch Kingston, Mind in Kingston, and Good Energy Club are crucial. ..." "Fircroft works well, they provide a safe environment." ..."Balance supported me to find work - this was a fantastic service." "Hestia is very important"

"When you are discharged, your support goes..... you have to sort it yourself."

"Recovery college and the ethos of Recovery Focus Practice made the most sense to me as I prefer to see myself as a person and not a diagnosis"

"I believe a combination of my living situation and work factors are what led to my relapse"

In Kingston, people with mental health problems should be able to live, recover and stay well in their communities. Local people told us they particularly need support following discharge and in relation to employment, housing, debt and inclusion.

By 'recovery' and 'the recovery approach' we mean people staying in control of their lives despite experiencing a mental health problem.

The recovery approach is liked and praised. Putting recovery into action means focusing care on supporting recovery and building resilience of people with mental health problems, not just on treating and managing their symptoms. Ongoing access to some mental health advice (to be able to dip in and out) was thought to be compatible with having ownership of a person's own mental health issues. Physical health is as important to maintain as mental health.

The need for more peer support in Kingston for people with mental health problems and their carers has been a clear message, as well as a strong desire from some people to be able to help others. Building and maintaining social networks are important to living well over the long term.

A large number of suggestions came in from community based and voluntary organisations and faith groups, and education establishments demonstrating the broad range of assets we have in Kingston and the potential for new ways of working together to make living well in the wider world a positive reality.

Promoting access to good jobs for people who have mental health problems is critical, as it reduces local unemployment, helps to prevent debt and gives a sense of purpose. The need for support with benefits was also raised.

Stable or supported housing, learning opportunities (including adult education), and keeping well through physical activity and healthy lifestyles were all raised as important things to help a person with mental health problems to live well.

Living with mental health problems as an expectant or new mother was raised as an issue both in Kingston and in the national strategy (the Five Year Forward View for Mental Health).

Stigma and discrimination against people with mental illness can have an ongoing negative effect, ranging from exclusion from higher education and employment[8] to a lack of acceptance in your community (tackling stigma across the whole population is also in *Improving Mental Wellbeing* theme).

OUTCOMES

I am living somewhere I feel comfortable, supported and safe

I feel a valued part of the community

I feel supported by the community

I can use my experience to help others

I have equal opportunities and do not suffer discrimination

I do not need to justify and explain myself to others

I belong to a network of support - professionals , service users, buddy schemes and family

I have the support I need to obtain/ retain employment

My family understands and supports me

I always have a place to go where I felt welcome and supported

I have aftercare that meets my needs. Services are flexible (easy in/out)

This strategy clearly sets out the ambition that in Kingston people with mental health problems will be enabled to live, recover and stay well in their community. It aims to improve the wellbeing and social networks of people with mental health problems and tackle housing, employment and physical health on an ongoing basis, with access to mental health care available locally as needed.

What we will do: Community Connection		
Area	Action	Description and examples
Ongoing recovery for people with mental health problems	**We will recognise communities and the voluntary sector as the leaders in recovery and living well**	We will take an assets-based approach, where the community has a key role. Ongoing recovery of people with mental health problems can be delivered through the approach known as *Active and Supportive Communities.*
	We will commission differently to promote a culture of recovery and living well and reduce reliance on the specialist health and care	• Widen access to support provided by the Recovery College (whether or not someone is a specialist mental health service user) • Enhance primary and community care (including GP based services) to support recovery, by widening the clinical support available in or close to practices to reduce the need for people with stable moderate to severe mental health to be seen unnecessarily in specialist mental health services (see *Developing*

[8] Annual Public Health Report (2014)

	system	*primary care* in *Early Intervention* Theme) as well as improving access to psychological therapies and support from the voluntary sector.
	We will ask mainstream service providers to work towards a recovery model where people can live full lives and be part of mainstream services	We will collaborate with mainstream services to help them to review how well they cater for people suffering from mental health problems, for example leisure services and adult education.
Peer Support Networks	**We will build on existing peer networks for young people and adults**	• Support communities and the voluntary sector to run active co-ordinated networks of well trained and confident peers across the whole of Kingston. • We will look at the overlap with the role of Mental health navigators and mental health champions • Ensure there is a range of settings where people can mix with others in similar situations and get informal peer support (see also *Inclusion* below)
Housing and Mental Health	**We will take action on housing, in particular to ensure the availability of appropriate housing for people with mental health problems who need it**	• Continue supported living projects and ensure supported accommodation is available within the borough • Work to highlight the wider issues of housing and mental health to our partners. • Work with the Council lead for the Housing Strategy to ensure housing and homelessness issues of those with mental health problems are fully reflected so that there is adequate general housing available for people who can live independently in the community. • Investigate the potential for a rent deposit scheme • Identify the effect of the housing benefit cap will have on those who use mental health services
Employment and Mental Health	**We will take action on employment and unemployment for people with mental health problems**	• Our action will be linked with all relevant Council and CCG strategies • Work to highlight the wider issues of employment/unemployment and mental health to our partners • Improve employment opportunities by working with Job Centre Plus to ensure their staff understand the particular needs of people with mental health problems and those with Autistic Spectrum Disorder • Review the network of employment support to make sure there is a clear connection between Job Centre Plus and other employment support such as Balance CIC support, and the service offered by adult education organisations in Kingston.

		• Continue to commission employment support provided by Balance CIC and make new investments using NHS England monies • Improve the links between employment support and psychological therapies services for example by embedding employment workers within the psychological therapies service. • Understand how the Work for Health programme[xxxvii] can support people with mental health problems. • Ensure individuals' employment needs and aspirations are written into their care plans • Support local employers to increase their awareness and capacity to employ people with mental health problems and tackle stigma surrounding mental health in employment
Finance and Debt	**We will address the impact of financial pressures and debt on people with mental health problems**	We will work with partners across Kingston to: • Ensure there is appropriate access to advice about benefits • Improve access to support on financial literacy, for example through improving access to the Kingston Citizens Advice Bureau's 'Money Talks' programme • Ensure GPs know where to refer people for advice about finance and debt
Parenthood and Mental Health	**We will improve support for expectant and new mothers with mental health problems**	• Use the national Mental Health Five Year Forward View as a basis for **peri-natal services** (these are services for pregnant women and those with young babies) We will work with NHS England who commission specialised services. • Raise awareness amongst our partners of the specific mental health and wellbeing issues of these women • Provide the Families Connect project which provides support to parents with mental health problems and their children and reconnects families to the community • Ensure that women in the peri-natal period who would benefit from Kingston psychological therapies are fast-tracked and prioritised into the service • Work with the community Multi-Agency Risk Assessment Conference to better coordinate support for women in need of mental health support
Physical Health and Mental Health needs	**We will continue to support the wellbeing and physical health of people who have established or enduring mental**	• Promote or commission evaluated wellbeing projects targeted at people with mental health problems such as physical activity clubs, the Good Energy Club, gardening projects and Mind in Kingston football. • Explore the potential to further develop targeted projects with Kingston Leisure Centre. Ensure

	health problems	access to universal wellbeing and social prescribing such as Exercise on Prescription which although not specifically targeted at those recovering from mental health problems, will nevertheless have benefits for some. • Include in the Directory of Services, things that people can participate in including ordinary hobbies, which includes working with art and theatre services • Ensure that physical health checks are provided for people with severe mental illness in both GP practice and secondary care settings. • Ensure people with serious mental illness can benefit from lifestyle support including stop smoking, exercise, diet and other services.
Inclusion	**We will ensure there is a choice of places where people feel welcome and secure**	We will ensure people with mental health problems, autism, ADHD and other issues have places or communities they can go to for support. This will include community-based mental health cafes, and other groups. More broadly this will mean the whole community of Kingston as the culture shifts to be 'mental health friendly' (see *Theme 1*).
	We will aim to make mental health part of every policy	We will work with other services provided by the statutory sector, private and voluntary sector to ensure mental health is part of strategies and services
	We will ensure people with mental health problems do not become isolated or excluded	• Review the barriers to community inclusion for example through lack of confidence, finance, different cultures' approaches to mental health, language. • Ensure people with severe and enduring mental health problems have access to all these community connection/recovery services as well as The Crisis Cafe • Recommend that existing social inclusion projects should review their provision for those who may be isolated due to long term mental health conditions. • Explore the benefits of mentoring projects

12.4 Theme 4: Access (to mental health support and services)

Easy in, Easy out. People from every part of Kingston will have access to appropriate support and treatment, when and where they need it.

"Barriers to getting treatment include stigma, language, childcare, travel costs, and anxiety about going out and what the support might involve"

"Group CBT sessions were difficult for me. One-to-one sessions were much better and helped me. You need to have options"

"It took me over six months before my referral to Talking Therapies happened"

People should be able to get the service that is most suitable for them, without it being overly complicated to get there and without there being unnecessary barriers.

We know from research and from co-production that there could be better access to help without individuals needing to enter hospital-based services. We know that where possible people would like support and services based within their local community, and we have heard in particular about more access to psychological therapies.

There is already a wealth of community-based support in Kingston, but it has become clear that this resource is not well known and is fragmented, which means that it is being under used *(see also Early intervention theme)*

Rapid access in times of crisis is also critical. We have a local agreement called a Mental Health Crisis Concordat that is designed to improve support for people with a mental health crisis. Nevertheless during the co-production process we have heard that people in crisis frequently felt let down.

We also know that for certain groups, access to mental health services that are tailored to their needs could be better. We have heard specific examples of issues with the mental health support for people with learning difficulties or people and with autistic spectrum disorder or Attention Deficit Hyperactivity Disorder, as well as those with substance misuse problems (*see Joined up Care and Coordination theme*), and for people who live in residential and nursing homes. Some, but not all, equality and minority groups are less likely to engage and more likely to disengage from mental health services, leading to social exclusion and deterioration of their mental health[9]

[9] Mental Health Foundation: Black and Minority Ethnic Communities www.mentalheath.org.uk /help-information/mental-health-a-z/B/BME-communities

OUTCOMES

I can access the help I need when I need it

I make shared decisions with care providers

If I don't meet the criteria I am helped to access more appropriate services

When I am in crisis I can communicate with someone who understands my crisis and can help

Services are approachable, welcoming and friendly

Services are provided in a way that I don't feel stigmatised

I feel that services understand my particular needs (e.g. LGBT, BME etc.)

I can access services in different ways, times and places to suit me

Services work with me to remove barriers to support e.g. anxiety, disabilities, ASD

There are already a broad range of services in Kingston. This strategy will focus on increasing capacity, and making access more timely and straightforward, whilst improving access for certain groups (including those who suffer inequalities in access).

What we will do: Access to support and services		
Area	Action	Description and examples
Triaging and Single point of access (and care co-ordination)	**We will design a triage service for mental health support which will act like a single point of access**	The model for this needs to be developed. At present it is envisaged that a triaging service or a single point of access will sit in a Mental Health and Wellbeing hub (See *Early Intervention* theme). There will be close working with Kingston Co-ordinated Care Community SPA based around 50,000 population, and the Children's SPA. The long term aspiration is to merge into one SPA within five years.
	We will expect all provider services to offer 'Easy in, easy out' access to specialist support to/from all tiers of care.	This will mean that: • people can have the majority of their care close to home in the community, with rapid access to appropriate specialist support as and when needed • People can get an effective and timely discharge out of specialist services when they no longer require them, but can also re-access rapidly if needed.
	We will ensure services and staff have sufficient expertise for providing mental health services to specific groups	We will ensure that our specialist mental health services staff (including those working for South West London St Georges Mental Health Trust and Kingston psychological therapies (iCope) have sufficient expertise for providing services tailored to people with co-existing diagnoses eg ASD, LD, ADHD, D&A, and vulnerable and excluded groups including the housebound, so they can support people well.
Address gaps in mental health services for certain groups	**We will ensure appropriate mental health care for people with Autistic Spectrum**	We will ensure there is appropriate mental health input into commissioned services for people with a learning disability and Autistic Spectrum disorder (including services provide by Your Healthcare), with reciprocal support back to mental health services, by reviewing the care pathway.

	Disorder and Learning Disabilities	Review the need for Asperger's and ADHD psychological input and how this can best be provided. We will make sure these services are well known to GPs and other health and social care professionals.
	We will commission appropriate services for ADHD (Attention Deficit Hyperactivity Disorder)	For adults with a diagnosis of ADHD we will explore the options for provision of post diagnostic support such as therapeutic interventions/ counselling/coaching.
	We will ensure appropriate mental health support for people with co-existing conditions or specific needs	Through the Single Point of Access/triage service and community hubs and the primary care mental health service. Specifically look at the issues for those with long term conditions, physical disability, drugs and alcohol problems, medically unexplained symptoms, housebound and people in care homes
	We will commission support for people with Personality disorders	We will evaluate the new primary care mental health service provision for people with personality disorder. We will explore the provision of group and 1:1 psychological therapies for people with a personality disorder. We will evaluate the use of the crisis house (The Retreat) in Kingston by people who have a personality disorder as a primary diagnosis and see how we can work with this group.
Remove inequity in access	**We will ensure all mental health services are accessible to underserved groups**	Groups include LGBT, BAME (including Koreans), homeless, deprived, other vulnerable and excluded groups, the housebound, those in care homes, those with language barriers (with a need to interpreting services sign language or Braille). The aim is for universal services to be sensitive to the needs and cultures of different groups, rather than creating specialist services in most cases. Data collection for marginalised groups covered by Equalities legislation will help with monitoring We will look at eligibility issues that may affect access to mental health care for vulnerable groups e.g. categorisation of homeless person as vulnerable
	We will review how people who lack motivation or confidence due to mental illness can	Lack of confidence or motivation due to mental illness, or anxiety about going out, can prevent a person calling CMHT or psychological therapies to make the appointment. Previous bad experiences can also be a barrier. Services need to investigate reasons for people not turning

	be supported to attend services	up/getting in contact, rather than discharging without question. The use of care navigators/peer support workers will support this aspiration.
	Commissioner will contract tailored accessible services	Commissioners will contract in a manner that requires all providers to be able to tailor their services to the specific needs of individuals i.e. to provide patient-centred, tailored services in a timely manners. This applies to all services including community mental health services and hospital services.
Expand Recovery College	**We will expand the Recovery College provision**	Ensuring people being cared for in primary care and specialist care have equivalent access as appropriate. The first step towards greater access will begin with a pilot where people using Psychological Therapies can benefit from the South West London St Georges Recovery College We will explore the option for access to the Recovery College for carers, and the feasibility of respite care if necessary for carers to attend. We will run separate groups for individuals and their carers if preferred.
Psychological (talking) Therapies access	**We will commission high quality psychological (talking) therapies at sufficient levels to match need**	This will be achieved through: • commissioning enhanced outreach by psychological therapies services into key services used by vulnerable groups such as users of Balance CIC, Job Centre Plus and communities such as LGBT. • improving waiting times for one-to-one cognitive behavioural therapy • providing support while people are waiting for psychological therapies, particularly by the provision of online therapy and guided self help. • providing psychological therapies alongside primary mental health services and other sites in the community, making these services closer to home. • Review the effectiveness of telephone triage • We will increase the identification of depression and subsequent uptake of psychological therapies in this group, particularly for older people • We will meet the national key performance indicators regarding psychological therapies in terms of waiting times and access standards.
Consistent 24/7 mental health and day provision for adults including the Crisis Care Concordat	**We will continue to improve access to timely, effective support for people in Crisis**	In line with the Five Year Forward View 24/7 crisis services will be in place by 2020/2021. This will be achieved through: • Implementing the Mental Health Crisis Concordat. • monitoring the support to people who are in crisis, including street triage, the Kingston and Richmond Retreat, section 136 activity, the use of the Lotus Suite, Crisis Cafe and Crisis Resolution and Home Treatment services. • continuing to provide mental health expertise at

		Kingston Hospital through psychiatric liaison services
	We will review the capacity of specialist secondary care, both community and bed-based	As mental health support and care shifts to prevention and community-based interventions, the capacity of secondary care services will be reviewed regularly. Specific tertiary care services, such as elements of the Eating Disorder service, are commissioned by NHS England, and therefore not in scope. We will share local issues with these services so that NHS England can use this information to improve the service.
Access to social care support	**We will continue to provide social care to meet the local need**	We will ensure access to social work support for those in need, and in adherence to The Care Act. We will work towards mental health integration with all providers of care in line with Kingston Co-ordinated Care Implement changes following the changes to the Section 75 agreement, and ensure this does not adversely affect quality of care.
Out of area placements	**We will provide local care wherever possible**	Un-necessary out of area placements will continue to be repatriated wherever possible Out of area placements for specialist care will continue if appropriate, but with clear discharge planning at the point of assessment.

12.5 Theme 5: Joined up Care and Support

"Mental Health needs to be integrated with other health care and social services. Mental health services are very patchy and uncoordinated. I have been round several different organisations and am still trying to find the right one to help me. This can be very stressful"

" People are being bounced back and forth between different services"

"The psychiatrist says what medication she needs, and then she has to go and make an appointment with the GP, who gives her the prescription. You just have to hope that the letter from the psychiatrist has come through in time."

"Moving from children's mental health services to adults is difficult"

Kingston has many good services for people with mental health problems, whether they are specialist or general services, but there is a need to make the flow of people and communications between them much more effective. It is also important to ensure people do not fall into gaps between services, nor that they are inappropriately refused care. Joining services and support together is a key part of this strategy, as is ensuring mental health support is part of the wider health and care system, and that transition from children's to adults services is effective.

A consistent approach to care across all organisations is required which will address concerns some local people have about the continuity of care, especially given staff turnover, and varying approaches to care, eligibility for services and 'discharge from service' policies.

Joined up support for physical and mental health, as well as all aspects of mental health care were identified by local people as a priority.

Half of all mental health problems have been established by the age of 14, rising to 75% by the age of 24[xxxviii]. Given the importance of this time of life, we must ensure seamless transition between children's and adults services in Kingston.

Carers were seen as the consistency in people's lives, but are not always effectively included in discussions with services, nor in a thoughtful and appropriate way.

OUTCOMES

I am confident I am getting the help I need

I trust the people helping me

I am only asked about my needs once and there is a proper handover between workers

People do not try and fit me into a box

I felt comfortable and connected with the people who support me

I am actively involved in decisions about my care

I have consistent ongoing support

Services are focused on outcomes which are important to me

Services work together to meet all of my mental and physical needs Services treat my family and I with respect Services are flexible around me I decide how I am communicated with

What we will do: Joined up Care and Support		
Area	Action	Description and examples
Integration across community, primary and acute care (KCC-aligned, South London aligned)	**We will integrate the mental health infrastructure with other Kingston health and social care structures**	The integration will be phased to ensure people with mental health problems receive continuity of service, which we anticipate will improve once integration is fully functioning.
	We will integrate the mental health infrastructure with other South London/London infrastructure	We will work with the Southwest London STP leaders, Thrive London and local partners to make sure that the Kingston mental health hub and its digital capacity are completely aligned and/or integrated with other hubs, including new community hubs and digital projects.
Roadmap of services and establishment of Mental Health and Wellbeing Hub	**We will set up a Kingston mental health and wellbeing hub for people of any age**	The hub will: • act as a central point for finding out about services and support for people with any type of mental health problem, and for their family and friends. The provision of services at the hub needs further consideration. • direct people straight to the whole breadth of opportunities for early intervention including exercise, arts and crafts, cafes, clubs (known as 'social prescribing') • have the roadmap available on a website. We will retain local control of the website and its content to allow it to remain up to date and as useful as possible. • Have people at the hub who can answer questions, give direction, make referrals and link up to health and social care, including GPs. Staff should be knowledgeable and skilled, well trained and up to date about local services (for Navigator role see '*Early Intervention* theme) • provide a triage service, similar to a Single Point of Access into all levels of mental health services (see *Access* theme) and be linked to other Single Points of Access (including the Community Hubs and the Children's Single Point of Access) • We will explore the physical presence of the hub– looking at options for walk-in in or drop-in, telephone or virtual contact with the hub. The

		location(s) and opening hours will be defined by understanding access issues, and through conversations with the local health and care system about what will work. • have a digital capacity so that information can be shared confidentially and appropriately as required.
	We will create a roadmap of services	The roadmap will be published as a Directory of Services, and will be linked to other directories/digital roadmaps. The roadmap may have intelligence capacity behind it and be linked in with the Digital Strategy for transfer of information.
A strong partnership with the community	**Statutory services, the voluntary sector and the community will work together to ensure joined up support and care**	• Use co-design with the community to help implement this strategy. • Build a strong partnership with the voluntary sector through Kingston Voluntary Action and others to ensure the third sector is an integral part of each person's pathway, and that the third sector can work together in an integrated way to ensure appropriate care is provided in the right place. • This strategy will take its lead from the Active and Supportive Communities and the Kingston Co-ordinate Care initiatives to achieve this.
Review of pathways, inclusion and exclusion criteria	**Review of criteria for entry to or receipt of services**	A review of all criteria for mental health services will be undertaken, using specific examples of people who have reported refusal of services or patients bouncing between services, for example a person who may be too low risk for secondary mental health services but too high risk for talking therapies. Services should not refuse referrals, but instead should work together and with the navigators, using the directory, to ensure people are passed immediately to the most relevant support. We will ensure contracts include a requirement to be flexible, whereby a person who does not fit the eligibility criteria can instead be redirected without having to join the end of another waiting list. This will mean people will receive the care and support they need, regardless of the service(s) that they are put in contact with. This will be overseen by the Mental Health Planning Board.
	We will review pathways where shared support for a person is needed	We will review pathways where shared support for a person is needed, to ensure people are not 'dropped' by the service which considers it is not the lead care co-ordinator, or if the person is not eligible. This will be overseen by the Mental Health Planning Board. This includes pathways between secondary care and primary mental health services, as well as pathways for physical and mental health, autistics spectrum disorder, attention deficit hyperactivity disorder and homeless people.
Communications	**Improve**	• Communications between all services and from

	communications across the system	service to person will be explored. This includes communications between primary care and secondary care mental health services, and children's mental health services, and specifically referrals in and discharges out. • A culture of dialogue between staff of different organisations will be encouraged • All providers will be asked to sign up to targets for writing and sending timely referral and discharge letters • All communications will set out people's mental and physical health needs, as appropriate • Cares will be copied into communications, if consent is given. • Ensure the Primary Care Mental Health Service IT system is compatible with all GP practices in Kingston (EMIS) • Ensuring that liaison between mental health services and GPs is continued after discharge to prevent people going back to the start of the referral. • Issues around information sharing will be addressed (confidentiality, consent) • The role of the Hub in this will be determined.
Commission for physical and mental health needs	**We will commission in a way that requires mental and physical health needs to be given equal importance**	• Providers of mental health services will continue to be expected to identify and arrange care for physical health needs, and to promote healthy lifestyles. • In non-mental health settings providers, including care homes and GPs, will be expected to seek and treat mental health problems, most commonly anxiety and depression, in people with physical health problems. • The alignment of a mental health hub with integrated community hubs will embed this into the culture of health and care. • Requirements to provide for physical and mental health needs will be included in contracts, and contract monitoring, where appropriate • All providers should support healthy behaviours for example offering brief advice to stop smoking, proving a smoke free environment, encouraging a healthy weight, balanced diet, and sensible alcohol intake.
Transition between children, adult and old age services	**We will improve transition between mental health services for different age**	• Artificial barriers are created by commissioning of separate services for different ages. We will improve transition from children to adult services by ensuring the Children's Services and Adult Services work together to design effective

	groups	handover between the services. This will require close working between local and NHS England Commissioners, particularly for the complex cases managed by NHS England. • We will review how a mental health passport[xxxix] can be best used in Kingston, through discussion between Children's Services and Adults Mental Health Commissioners as well as CAMHS service users. This should enable young people to tell their own story when they move services and prevent them having to repeat it many times. • We will improve transition from adult to old age services.

13 Golden Threads

We have identified seven golden threads that run through this strategy. Most of these will be shared with other programmes and strategies and are not unique to mental health. They are:

1) Recognise, celebrate and share good practice
2) System Leadership, Governance, Sustainability
3) Integrated data-sharing
4) Consistent quality
5) Workforce training
6) Shared monitoring, standards, KPIs and prioritisation
7) Good financial management, incentives and levers

13.1 Recognising, celebrate and share good practice

Celebrating good practice not only recognises achievements, but it helps to spread good ideas.

We will

- recognise and celebrate local good practice in mental health and wellbeing
- take opportunities to test new ideas and support research
- ensure guidance published by NICE and other reputable sources is shared across our Kingston community
- continually incorporate new services, treatments or models of care that are proven to be effective into local practice

13.2 System Leadership, Governance and Sustainability

System leadership is key to change, and this strategy is supported by the community who developed the strategy as well as by the leadership in the Council and the CCG. The Strategy requires

commitment across the system and this begins with endorsement by the Health and Wellbeing Board, where leaders including those from the voluntary sector and those representing the voice of the community through Kingston Healthwatch can start to align their organisational goals to deliver this strategy.

Sustainability is built on leadership, improved capacity in the community, voluntary sector and primary care, modernising working practices, ensuring right investments are made, getting providers to work together, being clear on finances and having reliable governance.

Just as this strategy was developed using co-production with the community, so it must be delivered collectively. The governance of this should also be a collective effort, and to deliver this strategy the governance arrangements for mental health need to be reviewed.

We will

- Set up a group to implement this strategy which will include representation from the community who co-produced this strategy
- Review governance of mental health, ensuring the community continues to have a place in oversight and delivery
- Ensure high quality leadership[xl] to motivate staff, improve engagement and support co-production
- Continue to advocate for parity of funding of mental health with physical health
- Ensuring ongoing positive relationships with Thrive London and South-West London STP
- Build on community assets
- Seeking to improve on what we already have as a first step by revising, joining up and improving current services, thus keeping wholesale re-commissioning of the pathway as an option at a future date depending on the success of improving what already exists.
- Rebalance the system to shift investment into prevention, early intervention and recovery, and reduce unnecessary use of inpatient beds.

13.3 Integrated Data Sharing

When providers routinely use real-time data on individuals and how they are responding to care (known as care outcomes), it can markedly improve their ability to ensure that the person is receiving the right care in the right order. More broadly there is still much that we don't know about the mental health and wellbeing of people in Kingston and the effectiveness of the services they are using. By collecting information in an anonymised way we can understand better how services are performing and what more needs to change.

In Kingston there is ongoing work on sharing data about people's health, with their consent. This includes the Kingston Passport, the mental health passport and the work of NHS Digital and the development of integrated community hubs.

We will:

- Work with others to improve information sharing between local organisations through data-rich integrated patient records and/or patient ownership of information

- Ensure there is collaboration between mental health commissioners and NHS Digital, Kingston Care Passport, and Kingston Co-ordinated Care to develop data sharing which is confidential, and 'real-time'.
- Keep up to date with national activity to develop better systems for monitoring the mental health and wellbeing of the population and their response to the care they receive, including the Mental Health Services Dataset (MHSDS) managed by the Health and Social Care Information Centre, and the National Mental Health Intelligence Network, CHIMAT and IAPTUS outputs. We will also look at what it is possible to collect locally, by condition.

13.4 Consistent Quality

Quality in terms of people's experience of care, their safety, and the effectiveness of the support and care they receive is important across every service. During the co-production of this strategy we heard a broad range of views from people about the quality of services, in particular about GPs, Talking Therapies, the Community Mental Health Service, and inpatient services.

We know from performance monitoring that we could be doing better at some aspects of quality – for example in Kingston 84.4% of patients with a serious mental illness have a comprehensive care plan in place, but the target is 100% and the highest in England is 95%[xli]. We will ask the system to work towards every person with a serious mental illness having a comprehensive care plan regardless of where their care is managed.

We will

- Set minimum standards of care for each commissioned service, based on existing standards so we can benchmark against other areas.
- Use NICE quality standards in contracts
- Work with providers to develop the workforce to improve standards of care (see Workforce section).
- Look at setting up a multi-professional Community of Practice (building on communities that already exist such as the Mental Health Taskforce and the GP Diploma Group).
- Ensure learning from serious incidents is shared widely and changes made as a result.

13.5 Workforce and Workforce training

The workforce must be enabled to be flexible and adaptable to changing ways of working and of delivering care. We want to see well qualified motivated staff in mental health, who have equal status to physical health staff. We also want staff in all our organisations from primary care to social care, to voluntary organisations to specialist mental health units to be well cared for, and for them to be compassionate to those patients and clients they are supporting. Some 43% of mental health staff in a national survey cite work-related stress as the cause of sickness absence from work[xlii].

We will

- Work with providers to attract and retain good staff
- Support providers to co-ordinate training to agreed standards and ensure all staff have access to Mental Health First Aid Training, and specialist training where needed. All staff in mental health and integrated services will be able to access the mental health roadmap/directory of services.
- We will explore the benefits of implementing the Public Mental Health leadership and workforce development framework[xliii]
- We will encourage providers to enable staff to become more multidisciplinary in their work, to support the move towards better integrated care, through leadership by the Health and Wellbeing Board, and senior management in all partner organisations.
- We will ensure that our specialist mental health services staff (including those working for Southwest London St Georges Mental Health Trust and Kingston psychological therapies service) have sufficient expertise for providing services tailored to people with co-existing diagnoses specifically Autism Spectrum Disorder, Learning Disabilities, Attention Deficit Hyperactivity Disorder, Drugs and Alcohol problems, and underserved groups, so they can support people well.
- We will require all commissioned providers of care to have a staff wellbeing policy, a Workplace Health Charter award or another equivalent policy in place and to use validated toolkits[xliv] to ensure the physical and mental wellbeing of all staff.

13.6 Shared Monitoring, standards and KPIs and prioritisation

We will

- Build strategy outcomes into commissioned service specifications and contracts
- Establish a consistent set of benchmarks for all commissioned mental health care, based on the mental health dashboard and other indicators collected nationally or across London.
- Develop a methodology to evaluate the success of changes to mental health care in light of this strategy, and build on the learning of Kingston Co-ordinated Care evaluations.
- Use outcome measures to monitor progress with the strategy, starting with the outcomes, and using co-design with the community to select the best indicators. We will do this by minimising jargon in surveys and other material we send out as part of our progress monitoring.
- Be consistent and transparent in the way we prioritise investments and changes to mental health care.

13.7 Good financial management and use of incentives and levers

We will

- Continue to manage collective budgets with contributions from the Council and the CCG.
- Use the principles for new approaches to payment, as set out in the Five Year Forward View for Mental Health.

- Ensure mental health commissioners and finance teams work with providers to adopt, from 2017/18, the year of care/episodes of care or capitation-based payment tied to care clusters payment mechanisms, as recommended by NHS Improvement and NHS England.
- Explore how to report on levels of mental health spend by condition and per capita (including for children and adolescent mental health services) and to be ready to report this, if it becomes a requirement set by the Department of Health.
- Regularly audit the extent to which finance and activity has shifted into prevention and early intervention and whether this is having an impact on the level of investment required in more specialist and in-patient services.
- Review and promote the use of a physical healthcare CQUIN in specialist mental health providers
- Introduce new CQUINS as they are developed at national level, for example a CQUIN on improving the recognition and treatment of depression in older people.
- Work with providers to seek funding streams and one-off grants to enhance the mental health system.

14 Next Steps: implementation and co-designing the change

Our next steps are to:

Start making changes to our top priorities for 2017 which are:

1) Prevention work with children and young people, focused on families and educational settings
2) Improving workplace health
3) Publishing a directory of services and support
4) Investing in peer support networks
5) Developing primary care
6) Developing a mental health and wellbeing hub with a triaging service/single point of access

Continue coproduction and co-design by involving local people in the implementation of this strategy. We will design ways for people who took part in the strategy workshops to help co-produce the solutions on an ongoing basis. Ensure that feedback is give to those that contribute.

Form an Implementation Group f**or the strategy**. This group will drive the strategy and monitor its progress.

Work with Thrive London and STPs. By working with Thrive London and STP leaders we will seek opportunities to pilot ideas that are common to both Kingston and London as early as possible.

Continue integrated working across Kingston Council and Kingston CCG. We have shown that jointly commissioning for mental health has been beneficial for Kingston.

Develop a comprehensive Action Plan. This strategy forms the basis of an action plan. The action plan will be living and change to reflect progress and new priorities as they arise.

15 Appendices

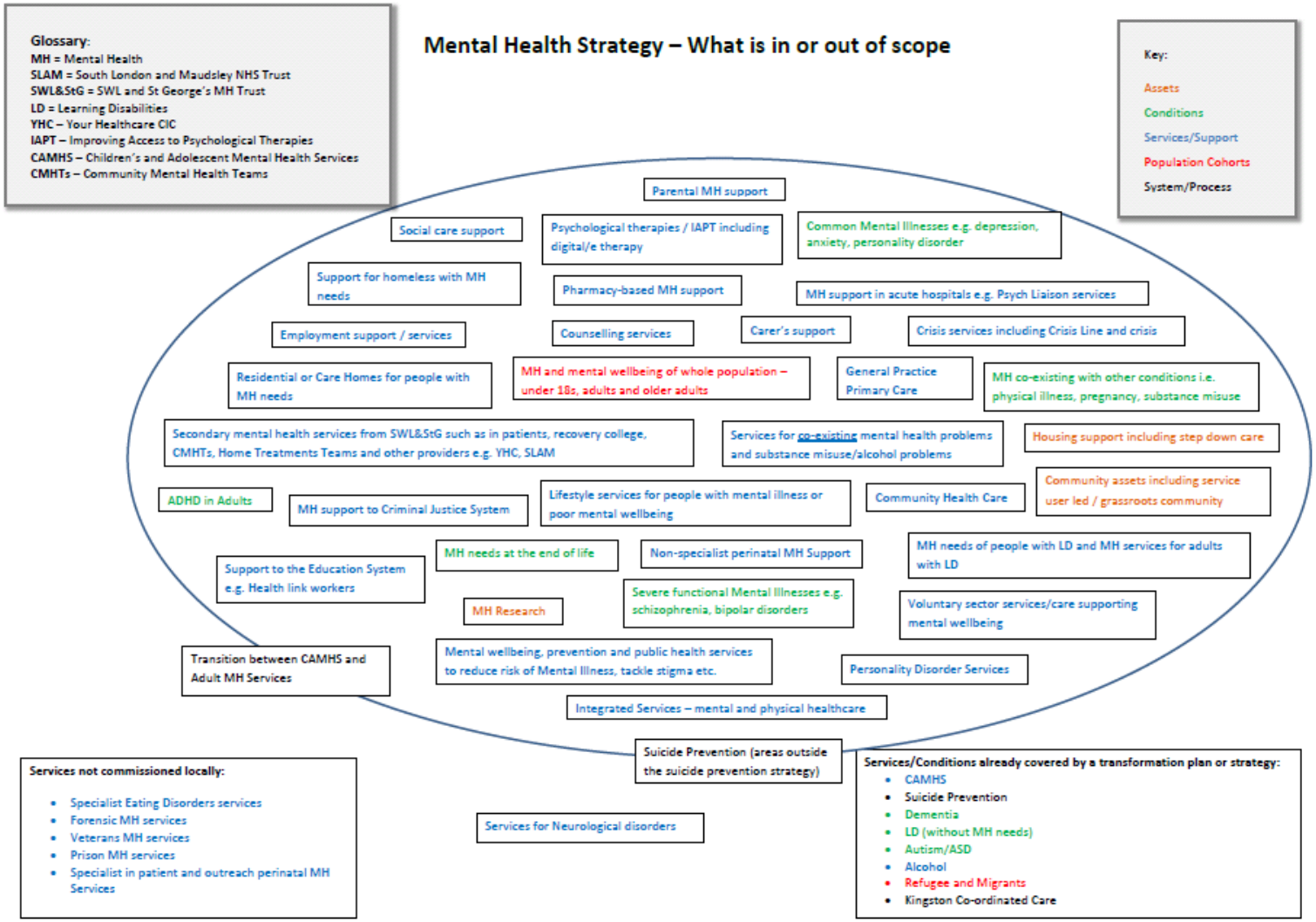
15.1 Acknowledgements

Mental Health and Wellbeing Strategy Steering Group membership

- Tony Williams (RISE and Chair Healthwatch Mental Health Task Group)
- Helen Raison (Consultant in Public Health, Royal Borough of Kingston)
- Sylvie Ford (Lead Joint Commissioner for Mental Health, Kingston CCG and Royal Borough of Kingston)
- Liz Trayhorn (Mental Health Lead, Public Health, Royal Borough of Kingston)
- Sophie Bird (Community Engagement Officer, Healthwatch)
- Rachel Rowan (Mental Health Commissioner, Kingston CCG)
- Stephen Hardisty (Manager, Healthwatch)
- Iain Richmond (Associate Director of Social Care- Mental Health, Royal Borough of Kingston)

We acknowledge the 200 people who contributed to the workshops, the strategy outreach programme or who completed surveys and wrote in with ideas and thoughts.

15.2 Scope diagram



15.3 Child and Adolescent Mental Health Services Transformation Strategy

In 2015-2017 The principle changes that have and are being delivered through the Transformation funding are:

Promoting resilience, prevention and early intervention by:

- Commissioning a bespoke training package for schools and post 16 provision to in order to expand the skills and capability of universal services.
- The CCG and Local Authority will jointly commissioning a counselling service with the Local Authority to prevent issues from escalating and to reduce the number of inappropriate referrals to structured treatment.
- Working with the local Youth Council to identify and purchase effective online resources so that they and their families are better informed

Improving access to effective support by:

- Expanding the capacity within the Single Point of Access to offer telephone triage
- Ensuring the standards for waiting times are consistently met
- Developing a new access model known as 'Choice Clinic's' that offer a prompt assessment, consultation and brief intervention to children and young people.

[Ensuring] care for the most vulnerable by:

- In collaboration with other South West London CCGs, expanding the Eating Disorder Service so that additional therapeutic interventions, online resources and a day service are available and children and young people are seen within the expected waiting times.
- Expanding the existing 'Safe Space' project for children and young people who have experienced domestic violence
- In collaboration with other South West London CCGs, purchasing specialist therapeutic support for children and young people who have been sexually assaulted.
- Re-designing the Psychiatric Liaison delivery model to ensure all children and young people presenting in crisis within the South West London region receive a consistent offer.
- Spot purchasing Multi Systemic Therapy for vulnerable young people on the edge of care of Youth Justice System

Developing the workforce by:

- Increasing the capacity of the workforce to intervene earlier and prevent issues from escalating
- Building the commissioning capacity to deliver the transformation programme

[Increasing] Accountability and Transparency by:

- Publishing a five year strategy
- Developing the partnership and participation of children and young people
- Building systems intelligence and improving the data quality

15.4 Five Ways to Wellbeing

1. Connect… With the people around you. With family, friends, colleagues and neighbours. At home, work, school or in your local community. Think of these as the cornerstones of your life and invest time in developing them. Building these connections will support and enrich you every day.

2. Be active… Go for a walk or run. Step outside. Cycle. Play a game. Garden. Dance. Exercising makes you feel good. Most importantly, discover a physical activity you enjoy and that suits your level of mobility and fitness.

3. Take notice… Be curious. Catch sight of the beautiful. Remark on the unusual. Notice the changing seasons. Savour the moment, whether you are walking to work, eating lunch or talking to friends. Be aware of the world around you and what you are feeling. Reflecting on your experiences will help you appreciate what matters to you.

4. Keep learning… Try something new. Rediscover an old interest. Sign up for that course. Take on a different responsibility at work. Fix a bike. Learn to play an instrument or how to cook your favourite food. Set a challenge you enjoy achieving. Learning new things will make you more confident as well as being fun.

5. Give… Do something nice for a friend, or a stranger. Thank someone. Smile. Volunteer your time. Join a community group. Look out, as well as in. Seeing yourself, and your happiness, as linked to the wider community can be incredibly rewarding and creates connections with the people around you.

15.5 Glossary and abbreviations

Active and Supportive Communities is a coordinated approach to the community-focused preventative activities in Kingston. It aims to optimise resources and help build the resilience people need to enable them to stay happy, healthy, socially active and able to cope in their day to day lives

CAMHS - stands for Child and Adolescent Mental Health Services. CAMHS are specialist NHS services offering assessment and treatment when children and young people have emotional, behavioural or mental health difficulties.

CHIMAT- the Child and Maternal Health Observatory

Co-production - means delivering public services in an equal and reciprocal relationship between professionals, people using services, their families and their neighbours"

Co-design - is an approach to **design** attempting to actively involve all stakeholders (e.g. employees, partners, customers, citizens, end users) in the **design** process to help ensure the result meets their needs and is usable.

CPA – Care Programme Approach. A particular way of assessing, planning and reviewing someone's mental health needs. This should involve a shared decision with the person involved to devise a plan for care and support.

CQUIN - Commissioning for Quality and Innovation provide a financial reward (or penalty) for the achievement (or failure to achieve) quality goals.

Crisis Resolution and Home Treatment Team - is a team of mental health professionals who can support you at your home during a mental health crisis. It usually includes a number of mental health professionals, such as a psychiatrist, mental health nurses, social workers and support workers.

MHT – Mental Health Trust

Settled accommodation refers to secure, medium to long term accommodation. The principle characteristic is that the occupier has security of tenure/residence in their usual accommodation in the medium to long term, or is part of a household whose head holds such security or tenure/residence.

Street triage - is an ongoing initiative where police and mental health services work together to ensure people who present to police with a mental health crisis receive the most appropriate pathway to care.

15.6 Worried about mental health?

Mental health problem are more common than many people think. Almost everyone feels overwhelmed or that they can't cope with things at least once in their life, and many feel like that a lot more frequently.

At times like that, you may need to talk to someone and shouldn't be afraid to ask for help.

Only you can decide who you feel most comfortable talking to. It may well be someone in your family, or a friend, but your GP is often to best person to help guide you through problems and the services that are available to help.

There are also information pages, discussion forums, phone lines and support groups that can be helpful. They include;

Mind in Kingston www.mindinkingston.org.uk

YoungMinds (specialise in supporting young people and parents) www.youngminds.org.uk

Samaritans www.samaritans.org/kingston

Royal College of Psychiatrists www.rcpsych.ac.uk/expertadvice.aspx

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