

Mental Health Social Care Services Strategy 2008-2013

Choice and
control for people
with Mental
Health needs

With Dignity, Value, Respect

Community Care Services





Together with:

Kingston Primary Care Trust
South West London & St Georges NHS Trust

South West London and St. George's 
Mental Health NHS Trust

Kingston 
Primary Care Trust

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EXECUTIVE SUMMARY

The Adult Mental Health Social Care Commissioning Strategy will inform the development of a Joint Mental Health Strategy and a Joint Drug and Alcohol Strategy to be developed in partnership with Kingston Primary Care Trust (KPCT), Drug and Alcohol Action Team (DAAT) and other partner organisations by October 2008 for implementation in 2010/ 2011.

Mental Health Services are delivered by South West London and St George's Mental Health NHS Trust (SWLSTG) under a Section 75 Partnership Agreement, on behalf of the Royal Borough of Kingston (RBK), using flexibilities under the 1999 Mental Health Act.

There is a strong history of integrated health and social care services in RBK and partnership working. Stronger working partnerships have benefited as a result of the full integration of community teams for mental health and drugs and alcohol over a decade ago.

Over the next 5 years, RBK will improve the health and well being and quality of life of people with mental health needs/ and or drug and alcohol problems.

We will:

- continue to commission the Section 75 partnership agreement with South West London and St George's Mental Health NHS Trust
- ensure that we meet our statutory responsibilities, including the delivery of the Approved Social Worker/Approved Mental Health Practitioner and Emergency Duty Social Work service, and respond to the Mental Health Act 2007
- maintain and modernise the integrated community models and continue to support the robust social care presence into the Community Mental Health Teams, Assertive Outreach Team, Early Intervention Team and Kingston Community Drug and Alcohol Team, including the funding of Support and Recovery (STR) workers and two Mental Health Carers Workers. RBK will also ensure social care input into the developing Crisis and Home Treatment Team
- work with partner agencies in RBK to explore the proposal to have services localised where possible in polyclinics to provide one stop shops for health and well being which would further promote local access and a seamless service

- promote the implementation of the recovery and social inclusion model through the Kingston Project Group, and continue to support to the vocational and access services that support social inclusion
- ensure that people can live in community settings and in accommodation of their choice and increase the number of people living in and maintaining their own tenancies
- work with the Drug and Alcohol Action Team (DAAT) to optimise community support for people who misuse drug and alcohol services, including the joint commissioning of a day programme in 2008

RBK will enable service users and their carers to make a positive contribution, exercise choice and control, and ensure those who need social care have equal access to support without hindrance from discrimination which continues to form a barrier for people with mental health problems.

We will:

- continue to respond to the diversity and changing needs in our communities through the work programme of the Kingston Race and Equalities Group
- work with partners to reduce the stigma associated with mental health problems through continued support of the user and carer led Mental Health awareness training and work on our Mental Health Promotion Strategy
- build on the partnership arrangements with the voluntary sector to increase capacity to deliver a range of services providing choice and value for money
- focus on individual need and choices, and maximise the meaningful involvement of service users and carers in the review, development and delivery of services
- develop models that promote self directed care and personalisation by
 - increasing the number of people receiving a Direct Payment year on year
 - develop brokerage options for service users
 - provide Individualised Budgets by March 2011

- continue to commission citizen advocacy, independent mental capacity advocacy and an appropriate adult service
- implement advanced directives in all services by April 2009

- deliver a year on year increase to the number of carers receiving a needs assessment or review and a specific carer's service, or advice and information

Finally, RBK will work with partner agencies to improve the economic well being and personal dignity of people with mental health needs/ and or drug and alcohol problems.

We will:

- work with health partners to optimise the numbers of service users gaining and maintaining employment in primary and secondary care
- ensure service users and their carers know where to get help on safeguarding issues when needed

1. INTRODUCTION

This Mental Health Social Care Commissioning Strategy sets out the Royal Borough of Kingston's (RBK) commissioning plans for adults with mental health problems. It defines the vision for mental health services and how social care services will be improved over the next five years.

This Strategy underpins the Kingston Adult Social Care Commissioning Strategy which sets out the commissioning framework and overarching principles for adult social care services over the next five years. A copy of the strategy can be found on RBK's website at www.kingston.gov.uk/social_care/communitycareservices

The Mental Health Social Care Commissioning Strategy is a working document to identify outcomes and priority areas for the commissioning of social care for mental health. It takes account of national policy and guidance and local priorities and developments in social care – particularly the move from direct provision of social care services towards facilitation of self-directed support and individual/personal budgets which are currently social care specific. However, social care priorities and resources cannot be isolated from the integrated health and social care framework in which they are embedded in RBK.

This strategy will inform the development of a Joint Mental Health Strategy in 2008/2009 for implementation in 2010/2011. This will be led by Kingston Primary Care Trust (KPCT) and will set out how RBK and its partners in the statutory, independent and voluntary sectors who provide health and social care, will work together to ensure that adults of working age with mental health needs are supported to promote their independence, choice and well being. KPCT is also leading on the development of a Joint Older People's Mental Health Strategy by October 2008. The current developments in this area are included in the Joint Older People's Strategy.

Finally a Drug Strategy is being developed in partnership with the Drug and Alcohol Action Team (DAAT), KPCT and other partner organizations by October 2008. However, current developments and plans are in place in the Adult Treatment Plans. An Alcohol Strategy is already in place and was reviewed and updated during 2007.

This strategy will be taken through a consultation process through the Kingston Local Implementation Team (LIT) for the National Service Framework for Mental Health) in March 2008. The LIT provides the strategic direction for mental health services in RBK and ensures that resources and service developments are in line with local needs and priorities.

2. COMMISSIONING

The definition of commissioning provided in the Department of Health Commissioning framework for Health and Well-being in March 2007 is that:

Commissioning is the means to secure the best value for local citizens. It is the process of translating aspirations and need, by specifying and procuring services for the local population, into services for users which:

- Deliver the best possible health and well-being outcomes
- Including promoting equality
- Provide the best possible health and social care provision
- Achieve this within the best use of available resources

3. BACKGROUND

There is a strong history of partnership working and integrated health and social care services in RBK. Stronger working partnerships have benefited as a result of the full integration of community teams for mental health and drugs and alcohol over a decade ago. RBK was very much a pioneer in developing fully integrated multi-disciplinary teams.

Mental Health Services have been delivered to date on behalf of RBK by South West London and St George's Mental Health NHS Trust (SWLSTG), within the framework of a Section 31 Partnership Agreement using flexibilities under the 1999 Health Act. The National Health Service Act 2006 supersedes the Health Act 1999 but provides very similar delegatory flexibilities. The Partnership Agreement in RBK will be reviewed during 2008 with a view to revising and reissuing the Partnership Agreement in accordance with Section 75 of the 2006 Act.

RBK also works with GPs who support people with mental health problems in a primary care setting.

4. VISION AND AIMS

The vision of the strategy is aligned to the aims and outcomes of the White Paper, 'Our health, our care, our say: a new direction for community services', (January 2006). The aim is to ensure that people stay healthy and independent, are provided with choice of care provision, have services delivered closer to home, and that inequalities are tackled.

It is also aligned to more recent documents that take further the expectation on Councils and NHS bodies to promote personalized services and self-directed support, notably Putting People First, DH 2007 and Transforming Social Care, LAC (DH) 2008). The latter states:

"In the future, all individuals eligible for publicly-funded adult social care will have a personal budget (other than in circumstances where people require emergency access to provision); a clear, upfront allocation of funding to enable them to make informed choices about how best to meet their needs, including their broader health and well-being."

Our long-term vision is set out in RBK's Strategy document, Changing Kingston, Choosing Our Future (2006); the shaping principles that underpin Kingston's vision for the future are:

Prevention

We will invest now in those services which will reduce the need for more intensive and expensive services later.

Personalisation, choice and control

We will tailor our services to meet individuals' and communities' needs and aspirations and allow them greater control over the services they receive and how they receive them.

Local settings

We will deliver services as close to the users as we can, at home or in local neighbourhoods will be our preferred approach.

Customer focus

We will put the customer first in all we do and align our organisation to our customers rather than to our services.

Working with partners

We will work closely with a full range of partners, voluntary, public and private in order to ensure that the most effective and efficient services are provided.

This Strategy supports the vision and aims of SWLSTG. The primary purpose of the Trust is to promote recovery and facilitate inclusion: together these form the principles guiding the range of treatment and support we provide to all those using our services.

- "The Trust recognises that everyone with mental health problems faces the challenge of retaining or recovering a life that is meaningful, satisfying and valued as possible"
- "The purpose of the Trust is to help people with mental health problems to do the things they want to do, live the lives they want to live and access those opportunities that all citizens should take for granted"

5. NATIONAL POLICY

The main outcomes identified within the strategy are based on the outcomes within:

The White Paper "Our health, our care, our say" (2006) identifies seven key outcomes for health and social care:

- Improved health and well being
- Improved quality of life
- Making a positive contribution
- Choice and control
- Freedom from discrimination
- Economic well being
- Personal dignity

There is, in addition, a raft of legislation and guidance on mental health and substance misuse.

The National Service Framework 1999 (NSF) lays out a framework for a ten-year programme of development within adult mental health services. The document encompasses seven key standards for effective service delivery and lays out a framework for how these should be planned, delivered and evaluated. The standards are:

- Standard 1 Mental health promotion
- Standards 2 & 3 Primary care and access to services
- Standards 4 & 5 Effective services for people with a severe mental illness
- Standard 6 Caring about carers
- Standard 7 Preventing suicide

A number of key values underpin these standards. They include effective user and carer involvement, strengthened accountability, accessibility and non-discriminatory practices as well as the provision of services 24-hours a day seven days a week. Further to this is the right to assessments, adequate treatment and social inclusion. At the heart of the National Service Framework (NSF) is the aim that health and social services promote mental health and reduce the discrimination and social exclusion associated with mental health problems. These values are central to the commissioning of future services in RBK.

The Mental Health and Social Exclusion Report 2001 marked the start of a sustained programme of change to challenge discriminatory attitudes and significantly improve opportunities and outcomes for adults with mental health problems. It aims to go beyond statutory health and social care organisations, to include partnership with employment and education organisations, employers, and the voluntary sector to tackle all areas of social exclusion.

Recovery and social inclusion were also the guiding vision and purpose in the 2001 Department of Health vision for mental health services Journey to Recovery, the Social Inclusion Unit's 2004 Mental Health and Social Inclusion and subsequent National Social Inclusion Programme led by the National Institute for Mental Health in England (NIMHE).

"Our vision is of a future where people with mental health problems have the same opportunities to work and participate in their communities as any other citizen. This will mean communities accepting that people with mental health problems are equals ... recognition of the fundamental importance of people's relationships, family ... a decent home and participation in social and leisure activities."

Most recently, in his report published in May 2007, the National Director for Mental Health, Louis Appleby, has identified promoting social inclusion and facilitating recovery as the key challenge for the next phase of reform in mental health services.

In this report, Professor Appleby emphasises that:

"Employment, housing and a strong social network are as important to a person's mental health as the treatment they receive ... we have to continue to improve community care and break down the barriers that can prevent people from rebuilding their lives ... go beyond traditional clinical care and help patients back into mainstream society."

Mental health services are expected to adopt the ten high impact changes for mental health as published by NIMHE and the London Development Centre

Community integration is one of the core components of the National Treatment Agency for Substance Misuse Effectiveness strategy. This emphasises the need to focus on the individual's holistic needs – including housing, education and employment – to maximise the benefits of treatment:

"Drug treatments systems should be well integrated with other systems of care and support to provide opportunities for drug users to receive appropriate housing, social support, education and employment to maximise treatment gains and enable reintegration into local communities."

Healthcare for London: A Framework for Action (2007) sets out how London's healthcare needs to change over the next ten years. This proposes to have services localised where possible in polyclinics to provide one-stop shops for health and well-being and bridge the current divide between primary and secondary care.

6. LOCAL CONTEXT

As of January 2008 RBK provides services to people who fall within the 'Critical' and 'Substantial' needs bands of the Government's Fair Access to Care Services (FACS). The Independence and Well Being Strategy sets out a plan for RBK to ensure that those with 'Low' to 'Moderate' needs are supported to live in the community and are kept healthy and independent, thus preventing the need for high level services. This strategy sets out the strategy for prevention, low level services and well-being, covering a wide range of community support.

Other complementary strategies are set out below:

- The Kingston Mental Health Promotion Strategy and Action Plan which was developed to provide a framework for the delivery of Mental Health Promotion in Kingston, implementing Standard One of the National Service Framework for Mental Health
- Kingston's Joint Choosing Health Implementation Plan which sets out actions required by all partners to improve health and reduce health inequalities
- The Carers' Services Strategy 2008–2013 sets out a framework for the development of Carers' services and an action plan. The priorities include the development of training to Carers and more flexible respite and community respite services
- The Adult Safeguarding Strategy 2008–2013 sets out the Royal Borough of Kingston (RBK) Safeguarding Adults Boards plans for ensuring the safeguarding of vulnerable adults. It defines the principles that underpin best practice in safeguarding and sets out the requirement to have developed Safeguarding Champions for each of the major service user groups, including mental health by 2011
- Other developments in Local Area Agreements (LAA) and Public Service Agreements (PSA) also set out national priorities for social care and these are considered here where they focus on mental health and substance misuse issues

Polyclinics/Community Hubs

RBK is working with other key local organisations to ensure that the best use and value can be made of the publicly owned estate. Work is underway across RBK together with Kingston PCT, Kingston Hospital Trust and the Mental Health Trust to look at how best to share resources to improve service delivery. One of the key aims of all parties is to develop a model, strategy and delivery plan to deliver improved services for local people through community hubs, or polyclinics.

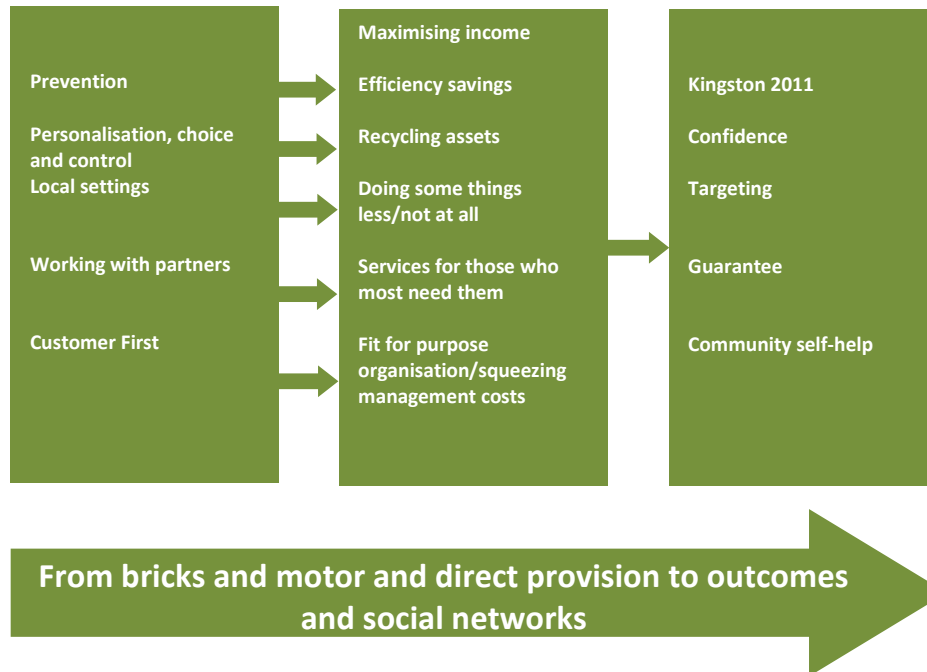
During the preparation of this strategy joint work on community hubs was being taken forward, with a multi-agency event in March 2008, to begin to explore what RBK's vision for community hubs will be.

7. FINANCIAL CONTEXT

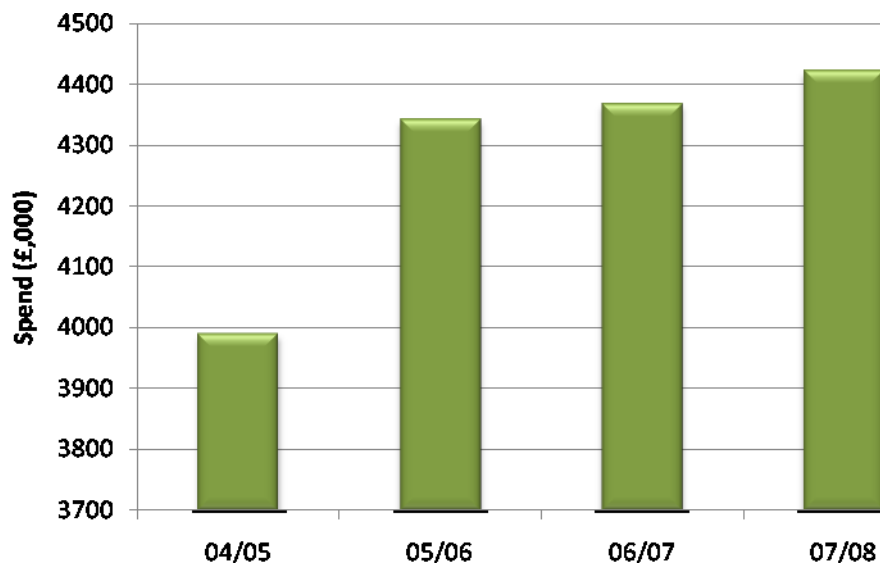
RBK has recently published Destination Kingston 2011, the second edition of our Changing Kingston Choosing our Future programme. It sets out RBK's medium term plan to address the issue of increasing pressure on decreasing resources. RBK's target saving for the next three years is £13m of which £4.6m needs to be found over the coming year 08/09. Given the financial challenge for RBK, detailed commissioning intentions will be set year on year in the context of available resources and best practice.

To ensure that Changing Kingston Choosing our Future is not just about cost cutting but also about Kingston's residents' and service users' changing needs and expectations, RBK has established five Key Shaping Principles and six Supporting Principles:

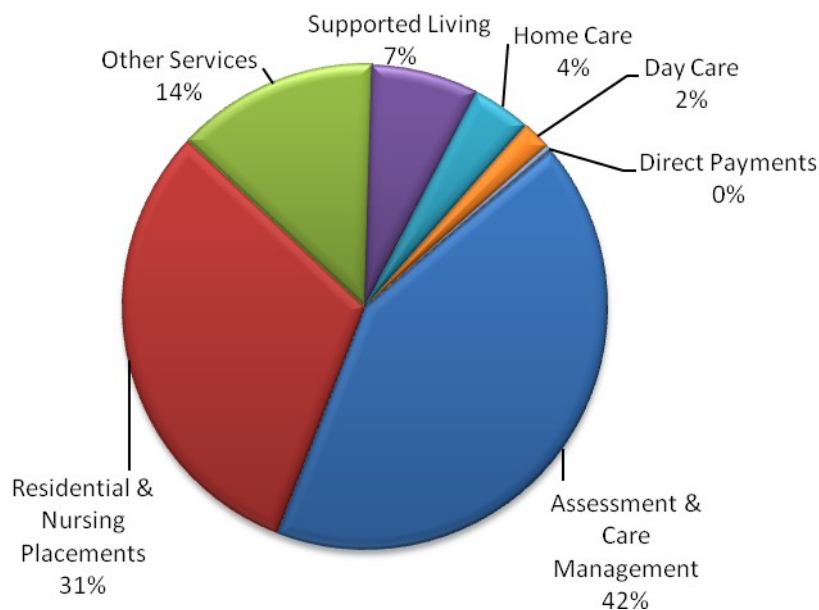
Service prioritisation and reshaping



Despite these financial pressures, RBK has increased the spend on Mental Health Services over the last 4 years, from £3,989,000 in 04/05 to £4,421,000 in 07/08, as shown by the following chart:



The following charts show the breakdown of how the resources were utilised.



The financial situation is also challenging for our health partners in KPCT and South West London and St George's Mental Health NHS Trust. Kingston PCT is implementing a turnaround plan to tackle KPCT's £22 million financial deficit. KPCT signalled in 2007/08 that they have a higher than average investment in mental health services and are intending to reduce mental health spend by 11% from an overall mental health spend of £23 million. The Service Level Agreement (SLA) for NHS funded RBK mental health service was reduced by £945k or 11% in 2007/08.

In addition, South West London and St Georges Mental Health Trust need to develop robust plans to achieve a sustainable financial position as they work towards achieving Foundation Trust status, which will require the demonstration of financial viability.

8. NEEDS ANALYSIS

Kingston's estimated resident population in mid 2005 was 157,027, an increase of 0.8% on the 2004 population. The latest data shows the GP registered population in RBK to be 183,000. It should be noted that the Kingston PCT population is approximately 15% higher than the RBK population.

Between 2004 and 2005 the population of children under 15 increased by 0.6% (147 individuals), the adult population increased by 1.1% (1,150), the number of people aged 85 and over increased by 1.5% (259). RBK is experiencing similar changes by age group as London.

Table 2 shows the expected change in population size for RBK and London between 2005 and 2011

Age (years)	Under 15	15 - 64	65-84	85+
Kingston	4.97%	4.24%	-2.53%	1.45%
London	4.30%	6.50%	-2.69%	10.17%

GLA 2006 Round Demographic Projections

Adults of working age

Around one in six adults have a neurotic disorder or common mental illness at any one time. An estimated total of 19,418 adults (aged 18-74) in RBK have a common or mild to moderate mental illness that may include depression, anxiety, phobias, panic disorder and obsessive-compulsive disorder. This becomes 12,039 if adjusted for the relative affluence of RBK. Common mental illnesses are usually managed within primary care.

By applying incidence rates determined from the literature, the annual expected number of new cases of psychotic disorders in the population aged 16 to 64 years served by KPCT is 20 to 41 cases. When adjusted for socio-economic deprivation this reduces to 13-26 new cases aged 16-64 years per year.

Based on prevalence estimates derived from cross sectional surveys and general practice research databases, 394-828 individuals aged 15+ per year would be expected to have a psychotic disorder within KPCT and be in contact with secondary care services. This figure falls to 244 to 513 cases aged 15+ per year if the socio-economic profile of RBK is taken into account.

Further, 1515 – 1894 individuals aged 15+ per year with depression may be referred to secondary care services in KPCT. However, not all of these would be classified as having a severe mental illness. This figure falls to 939 to 1174 if the socio-economic profile of RBK is taken into account.

In total the total KPCT/ Community Mental Health Team (CMHT) workload for schizophrenia, schizo-affective disorder, bipolar disease and depression is estimated at between 1183 and 1687 individuals aged 15+ when socio-economic factors are taken into account.

The Public Health Department of KPCT concluded that given the underlying level of severe mental illness within the population served by KPCT, the activity target for early intervention (caseload of 67) will be challenging to meet. In addition, the crisis and home treatment target will be only possible to meet if very broad inclusion criteria are applied. The target for RBK is to provide 298 crisis resolution treatment episodes year on year. Meeting the

target would necessitate all of the estimated 244 to 513 cases of psychosis to require the services of the Crisis and Home Treatment Team.

Older Adults

The number of people in RBK over 75 according to the 2001 census is 9975. Based on this number, an estimated total of 987 older adults (aged 75+) in RBK would have a common mental illness that may include depression, anxiety, phobias, panic disorder and Obsessive Compulsive Disorder (OCD). This becomes 613 if adjusted for the relative affluence of RBK. The Help the Aged estimate for depression gives 619-928. It is expected that over 1300 over 65 year olds in Kingston have dementia. There is a shortage of nursing homes in RBK to support people with dementia.

Carers

There are approximately 21,000 Carers in RBK. Unfortunately these figures are not broken down by age. However, the largest number of Carers in RBK care for people with dementia.

Ethnicity

According to the 2001 census, 91% of the UK population, 71% of the London population, and 84.5% of RBK's population is made up of the White ethnic group. In RBK the proportion of this group is expected to decline to 72% by 2025, while the proportion of Ethnic Minority groups is expected to rise from 15.5% to 27% between 2001 and 2025. The population of Ethnic Minority groups in RBK at the present time is estimated to be around 20%.

The following information summarises the different ethnic group's resident in RBK and the predicted changes in the size of their population between 2001 and 2025. This will be updated with data from the 2011 and 2021 Census.

Projected changes in ethnic population groups in Kingston, 2001-2025

Population Group	Projected change in population	Projected change in population by age group		
		Numbers (%)		
		Under 15 yrs	15-84 yrs	65+ yrs
White	-5%	-1,112 (-5%)	-3,434 (-4%)	-1,755 (-9%)
Black Caribbean	55%	55 (63%)	251 (39%)	122 (227%)
Black African	65%	142 (47%)	672 (61%)	121 (405%)
Black Other	29%	109 (21%)	171 (29%)	44 (135%)
Indian	56%	287 (32%)	2,081 (50%)	635 (194%)
Pakistani	47%	130 (27%)	597 (43%)	174 (300%)
Bangladeshi	62%	35 (33%)	172 (63%)	33 (548%)
Chinese	100%	192 (64%)	1,500 (92%)	400 (480%)
Other Asian	53%	623 (44%)	1,660 (46%)	507 (176%)
Other	175%	1,900 (150%)	6,800 (200%)	858 (900%)

The biggest increase in the Black and Minority Ethnic (BME) population in RBK is expected to be in the 'Others' ethnic group which is expected to grow from 3.2% in 2001 to 8.8% in 2025. This equates to an increase of 175% with the number of children increasing by 150% (1,900 children) adults by 200% (6,800 people) and older people by over 900% (858 people). It is estimated that Korean people represent a large proportion of the 'Other' category. However, due to the lack of the facility for people to identify themselves as Korean in the national Census, we cannot be certain of this, which hampers planning for health and social care locally. Although RBK has a relatively small population of BME people compared with other London Boroughs, the population groups are very diverse.

Health Inequalities

Although RBK is a relatively affluent area, there are significant pockets of deprivation. There is a statistically significant difference of nearly six years in life expectancy at birth for men living in the affluent Tudor ward (80.9 years) to those living in the most deprived ward, Norbiton (75.0 years). There are 7 years difference between women living in Chessington South (85.1 years) and those living in Norbiton (78.2 years). Norbiton ward falls within the 25% most deprived Super Output Areas in England. In RBK the highest proportion of adults suffering from mood or anxiety disorders are in the areas of RBK with the highest levels of unemployment and health deprivation and disability. Furthermore, given the established links between poor mental health and the risk of poor physical health, this also overlaps with the areas with the highest mortality in general, in particular from stroke and cancer.

9. PRIORITIES FOR PEOPLE WITH MENTAL HEALTH NEEDS AND THEIR CARERS

The Government White Paper 'Our Health, our care, our say a new direction for community services' (DH 2006) identifies seven key outcomes which underpin this strategy. These are:

- Improved health and well being
- Improved quality of life
- Making a positive contribution
- Choice and control
- Freedom from discrimination
- Economic well being
- Personal dignity

Outcomes refer to the impacts or end results of services on a person's life and aim to achieve the aspirations, goals and priorities identified by service users.

The focus of these agreed and shared outcomes is that people, irrespective of illness or disability, are supported to live independently, stay healthy and recover quickly from illness, exercise maximum control over their life and participate as active and equal citizens, both economically and socially.

In the following sections we set out the key priorities and objectives to improve outcomes for people with mental health needs and their carers which have been identified through an analysis of local need.

Since the publication of 'Our health, our care, our say', there has been further emphasis in national policy on how personalized and individualized services can be facilitated in social care. A transformation of social care spending and models of delivery is now envisaged, facilitated by central government investment into adult social care departments over the next three years, to enable eligible people to spend resources in whatever way they think will most benefit them.

The following section defines each of the seven outcomes, sets out the current services available and identifies the gaps in provision.

Outcome 1: Improving Health and Wellbeing

This relates to services that promote and facilitate the health and emotional well being of people with mental health needs living in RBK and may mean that future need for high support services is reduced or delayed. This includes providing services that provide access to the appropriate treatment and support in managing mental health needs, so that people stay healthy and recover quickly from illness. Well developed joint working relationships with health are a requisite for the delivery of this outcome to people with mental health needs and their carers.

Current Services

Lead Social Worker for Mental Health

This post provides a professional lead role, management of the Approved Social Work (ASW) Service and post qualifying programme and training. The post also leads on the implementation of the Mental Health Act 2007 and Mental Capacity Act.

ASW/ EDSW Service

RBK currently employs 13 Approved Social Workers with two more social workers due to complete their training in 2008. Two social workers are available during normal office hours to conduct planned or urgent Mental Health Act (1983) Assessments for people resident or presenting within the Royal Borough of Kingston.

The current group of ASWs are in the process of converting their qualifications to Approved Mental Health Professionals in line with the requirements of the revised Mental Health Act (2007).

The Emergency Duty Social Work service is managed by the London Borough of Richmond. The team responds to mental health emergencies which cannot be managed by the crisis line or Community Treatment Team outside normal working hours.

Forensic Social Worker

RBK employs a forensic social worker who manages a small case load and attends the MAPPA (Multi-agency Public Protection Arrangements) and PPO (Priority and Prolific Offenders Group) meetings coordinated by the Metropolitan Police.

Mental Health Promotion

- Our joint housing and mental health protocols have been revised and training completed to support homeless people with mental health problems
- Mental health information is provided in Hook Library and in the Estate shop
- There is a mental health drop-in service in the new Hook library
- We have various initiatives to reduce levels of violence and abuse associated with domestic violence including Sanctuary Scheme, Information Sharing System, Domestic Violence Directory and Domestic Violence training/ awareness for children and staff
- Two new graduate mental health workers are in place to offer supported self help

Physical Health Care

The implementation of the Trusts physical health policy is being led by the Associate Director of Nursing. Assessments tools have been incorporated on RiO, the Trust's new IT system, and equipment is being issued to all clinical teams.

Support to Carers

RBK funds two Mental Health Carers' Workers to provide the support and advice that carers need if they are to support the person in re-building their life. Kingston Carers Network also provides a Mental Health / Black Minority Ethnic (BME) Carers Worker.

Activities

We have a Local Authority Agreement (LAA) in place to increase percentage of adults aged 45+ particularly in sport and recreation. Roseland's Access Team involves people 45+ in swimming, walking and football groups.

Gap Analysis

- Need to progress work with KPCT and SWLSTG to share resources and deliver a plan to improve services through community hubs
- Need to look at sustainability of the current CMHT structure as resources have been reinvested into new teams
- Need to develop a social care presence in the Crisis and Home Treatment Team
- The implementation of the new Mental Health Act will require a project plan to embed legislation into existing policy and procedures
- Need to increase community awareness of emotional health and wellbeing

Outcome 2: Improving quality of life

This relates to services that promote independence and support people to live a fulfilled life making the most of their capacity and potential. This means that support is provided to people to live life in the way that they choose and support is provided to carers. Everyone should be able to access a choice of services that meet individual needs and are high quality and appropriate to an individual's culture, religion, gender, sexuality and age.

If people are to rebuild their lives they need to be able to access those opportunities that most citizens take for granted (including home, school, friends, jobs, education, social pursuits, leisure activities, spiritual possibilities and physical health services) and have the opportunity to be a part of, and contribute to, community life. This involves providing information and support not only to the individual but also to the individuals and agencies outside the mental health arena that are providing services.

Breaking down these barriers is essential if people are to have the opportunities that other citizens enjoy. This requires 'bridge building': The formation of effective joint working relationships with agencies and individuals providing mainstream health, social, educational, economic, vocational, recreational and religious/spiritual support within local communities.

Current Services

Our integrated multi-disciplinary teams are co-located and provide assessment and care management through the Care Programme Approach (CPA) with a care co-coordinator taking responsibility for the provision of integrated health and social care services and support. The multi-disciplinary teams provide a seamless approach, and make the best use of health and social care resources.

- 4 Community Mental Health Teams in Kingston, New Malden, Chessington and Surbiton aligned to GP practices
- Kingston Assertive Outreach Team
- Kingston Early Intervention Team developed as a Borough service in 2007
- Kingston Crisis and Home Treatment Team, established as a stand alone service in 2007
- Kingston Community Drug and Alcohol Team funded by RBK, Drug and Alcohol Action Team (DAAT) and the Kingston Primary Care Trust (KPCT) providing a service aiming for detoxification and a programme of recovery for people with substance misuse problems

Social inclusion and day time activities

- Kingston Recovery and Social Inclusion Project Group
- Roseland Access Team, predominantly funded by RBK, promote social inclusion and assist people to access mainstream leisure and social opportunities

- Fircroft Centre provides a facility where people can meet and interact together to socialise, receive peer support and undertake activities. Fircroft Centre also provides assistance to engage in local amenities – IT classes, gym slot at the YMCA, exercise, alternative therapy and smoking cessation classes
- Mental health services users use Direct Payments to access leisure services

Support/Recovery (STR) Workers

- RBK funds five Recovery workers who have had specific training in providing assistance to service users to engage with local amenities, manage their domestic environment, make benefit claims and manage their personal finances. They also work in conjunction with the employment specialists to help people access employment
- One Support, Time and Recovery (STR) worker is a regular member of the A3 Milan football Club. The Club receives a grant from the Football Association and plays in a London based league. We are striving towards a user led club

Transport

Community Teams provide assistance to access the transport and travel passes that service users need to do the things they want to do.

Housing

- Support is available to help people to get and keep appropriate housing and providing the help and support they need to gain and maintain ordinary independent accommodation wherever possible
- Advice and the allocation of funds for residential care are managed by the Accommodation Panel and the allocation of local authority housing is managed by the Housing Allocation Panel. Supported housing is managed by the local Supporting People team
- A joint Housing/ Mental Health protocol was developed in 1999 and review and follow up training was completed in 2007. This has served to reinforce strong operational links between the two services which have enabled us to take swift action to secure and maintain accommodation for service users

Reducing Stigma

MIND in Kingston runs awareness raising sessions to reduce the stigma associated with mental health issues and works in partnership with RBK on the delivery of user and carer led mental health awareness training. An Anti Stigma strategy is in development.

Health Scrutiny and Overview Panel

Our Member-led forum ensures that changes in health services do not have a detrimental impact on RBK service users, Carers and communities

Gap Analysis

- Although we have 5 STR workers there is a NSF target to have 9 in place in RBK.
- We have no employment specialist post in the Early Intervention service or the Community Drug and Alcohol team
- The service model provided by CDAT will be reoriented to offer more comprehensive community treatment options. The development of a day programme funded by the DAAT and RBK will improve preparation for rehabilitation and aftercare for those being discharged from placements, thereby reducing future re-presentations. There is a rent deposit scheme included as part of this programme
- We need to work with Housing to assist those with no accommodation whilst in treatment or returning from residential rehabilitation units. We also need to review the allocation of floating support and merge the Accommodation and Housing Allocation Group
- We need to develop access to mainstream parenting support for parents with mental health problems
- We need to optimise partnerships with voluntary sector through the development of outcome focussed Service Level Agreements
- We need to improve access to adult education by people with mental health problems

Outcome 3: Making a positive contribution

Enabling mental health service users to be involved will promote empowerment, a more positive outlook on life as well as maintaining and promoting mental well being.

People with mental health needs should be actively involved in the development and review of services and be able to see the impact of this involvement. In addition, they should be supported to develop skills and qualifications.

Others who have experienced similar difficulties are often in the best position to understand what an individual is experiencing and are an important source of hope, inspiration and support. In view of this there should be active facilitating of contact between service users and between carers, relatives and friends so that they can support each other.

Current Services

User and carer involvement

- MIND in Kingston have a Mental Health User Involvement Project and Mental Health Empowerment Worker
- There are service user and Carer representatives on the Kingston LIT (Local Implementation Team for the National Service Framework for Mental Health)
- We have a well established Carer led Kingston Carers' Forum
- There is a service user led Recreation Service on the acute inpatient wards at Tolworth Hospital
- Kingston Carers Network (KCN) and MIND in Kingston have contributed to service review and development working groups
- Fircroft provides volunteering and vocational opportunities at their charity shops and the Fircroft Centre

Training opportunities

Service users and Carers deliver training on mental health awareness training sessions

Gap Analysis

- We need to audit the most effective way of involving users
- Advance Directives will be rolled out across all teams (these provide a way in which mental health service users can specify the kind of services and support they want to have in place should they be in a situation in the future with reduced capacity)
- We need to ensure 100% of care plans are provided to and agreed by the service user
- We need to increase the numbers of carers assessments and reviews undertaken and support provided
- We need to involve users in developing and implementing our anti-stigma strategy and secure long term funding for continuing mental health awareness training
- Set up mechanism for involvement of people with common mental illness

Outcome 4: Increasing Choice and Control

Access to information, advice, advocacy and interpretation services are required to enable people with mental health needs and their carers to meet this outcome. It also requires care plans with clear outcomes to be shared with the service user.

This outcome involves maximising the choice and control that the recipient has over the type of support that they receive, and how, when and from whom they receive it. It involves providing people with real choices about the type of treatment and help they receive, offering the support and help they need to make those choices, fully involving them in decisions about all aspects of treatment and support, and heeding and acting upon their feedback. Promoting self-management for people with mental health problems and helping people to work out plans for themselves (what helps them to stay well. How to manage ups and downs. What they can do when problems begin to occur. How they want crises to be managed. What helps them to regain their equilibrium after a crisis) will assist in meeting this outcome.

It aims to shift the balance of power, responsibility and control to the individual through self-directed support. Helping people to access Direct Payments and similar resources that enable them to take control over the support they receive. Support for individuals will be based on a model of maximum self assessment; self managed care and use of Individualised

Budgets. Evidence shows that this type of model results in true user-focused services with improved outcomes for health and well being. Greater personalisation, through the tailoring of services to fit individual aspirations and priorities; and the active participation of service users in the processes of designing and delivering services and by gaining greater control over the services they receive and how they receive them

Current Services

RBK Service User and Carer Strategy

Strategy developed in 2006/2007 setting out how we involve service users and their relatives, friends and carers in three main areas:

- Involvement in individual care planning
- Involvement in the operation of individual services
- Involvement in the planning and development of local RBK services

Involvement

- Local community mental health teams have organised informal user consultation events or open days
- MIND in Kingston provide the Mental Health User Involvement Project and Mental Health Empowerment Worker.
- We have service user and Carer representatives on the Kingston LIT (Local Implementation Team for the National Service Framework for Mental Health).
- People with common mental illness are consulted on improving local services.

Information, advice / advocacy services

- Mental Health Information is provided by MIND in Kingston
- Kingston Advocacy Group (KAG) provides citizen advocacy, an Appropriate Adult Scheme and an Independent Mental Capacity Advocacy service
- Welfare Benefits advice and application support is provided by RBK in partnership with the Department of Work and Pensions (DWP) through the Kingston Information Partnership (KIP)

- Health and health promotion and mental health promotion information is available on RBK, KPCT and South West London and St George's Mental Health NHT Trust websites
- We have a Care Services Directory compiled by Community Care Services, which mental health teams, primary care teams and voluntary organisations use to signpost people to community-based services
- Mind Matters, a collection of validated self help books is available in Kingston Library to help people with mild to moderate mental health problems

Direct Payments

Direct Payments help people to take control over the support they receive and the numbers provided to people with mental health problems has increased from two in 2005 / 2006 to 30 in January 2008.

South West London and St George's Mental Health NHT Trust's Promoting Recovery and Facilitating Social Inclusion Strategy (2007), aims to enable people with mental health problems to do the things they want to do, lead the lives they want to lead and access those opportunities that they value.

Gap Analysis

- We need to improve information and advice services which will be taken forward through a Council wide review
- We need to increase use of Direct Payments
- We need to maximise the use of mental health service users as service providers and volunteers, for example by recruiting current or former mental health service users to share their expertise of personal experience with the Mental Health Teams
- We must continue to ensure that the service user is at the centre of the CPA process, taking on as much self management as possible through, for example, the implementation of advanced directives
- We need to embrace the new models of assessment and care management to deliver Individual Budgets, self assessment and learn from the brokerage pilot in Learning Disabilities Services
- We will work with RBK to plan the implementation of Individual Budgets

Outcome 5: Improving freedom from discrimination and harassment

Those who need social care should have equal access to treatment and services without hindrance from prejudice and discrimination which continues to form a barrier for people with mental health problems, particularly in community life. Services should address the disadvantage that individuals experience because of their mental health needs or substance misuse problems or because of their gender, race, disability, age, sexual orientation, religion or belief.

It is important that we have a clear idea of the ethnic profile of people with mental health needs and ensure equity of access for people from black and minority ethnic groups.

There is a need to address the negative culture of attitudes towards people with mental health needs so that they feel valued and respected.

Current Services

Ethnic Profile

We have a clear idea of the ethnic profile of people with Mental Health needs with 95% recording of ethnicity in community teams

Kingston Race and Equality Plan

- We are linking with the large Korean population in RBK to raise awareness of mental health services and how to access them and working directly with Korean community groups
- We have Team race equality and equality objectives which are set and monitored annually
- There is an Interfaith forum on Mental Health Awareness

Training opportunities

Training is provided to health and social care staff on cultural awareness including training on specific communities, i.e. Islamic and Jewish awareness, general equality training on the legal framework, and equality legislation, including the requirement for equality impact assessments.

Interpreting Service

Kingston Interpreting Service (KIS) provides information sessions to Black and minority ethnic communities to raise awareness of the service. Introduction to the Service is included in staff induction.

Community Development Worker

RBK's Equalities and Community Engagement Officer provides information, advice and resources to reach out to the Borough's BME communities and we have a Community Development Worker for our BME Communities post.

Service User and Carer led training

Mental Health Awareness training, provided by service users and carers, is targeted at groups and agencies outside the mental health area to break down the prejudice, ignorance and fear that form the basis of exclusion and increase people's anxiety in relating to people with Mental Health problems.

Support to BME carers

Kingston Carer's Network has developed a BME and Mental Health Carers Forum to provide information, referral for training and also feeds into service planning. It also provides a volunteer befriending scheme to Carers of people with mental health needs and/or from ethnic minority communities.

Work experience in mental health settings

Fircroft provides work experience for students at three local secondary schools and to students undertaking health and social care qualifications.

Liaison and joint work with Learning Disability services

We have a Joint protocol in place and joint work takes place with the Asperger Service

Gap Analysis

- We do not meet the NSF target of having 1.5 WTE (whole time equivalent) Community Development workers in place.
- Further service user and carer led Mental Health awareness training needs to be delivered
- We need to develop gender sensitive services/ support and address the needs of lesbians and gay men
- We need to develop the work of the Kingston Race and Equality Group to increase the cultural and religious appropriateness of the services and support provided and increase the role of Direct Payments in delivering a tailored service to meet people's needs

Outcome 6: Improving economic well being

People with mental health needs should not be disadvantaged financially and have access to economic opportunities and appropriate resources to achieve this. This will include access to support to avoid financial difficulties and advice and support to increase employment opportunities and maximise income. In addition there should be support for carers to continue in employment or return to work where they choose to do so.

As The National Director for Mental Health's 2007 report says: enabling people to access material resources, employment, education ... are at least, if not more, important in the recovery process as reducing the mental health problems themselves. Enabling people to be valued for the contribution that they make, and have made, to their communities, rather than always being on the receiving end of care from others.

Current Services

Welfare Benefits

Kingston Advocacy Group provides welfare benefits advice as part of the menu of services to people with mental health problems and their carers. Welfare Benefits advice is also provided via KIP.

Employment

- Employment specialists are integrated in CMHTs and the Assertive Outreach Team providing support to enable people to access educational, voluntary and supported mainstream employment. The Employment Specialists provide evidence-based practice within vocational services, in particular to implement the Individual Placement and Support (IPS) approach. The model of support conforms to the commissioning guidance on vocational services for people with severe mental health problems and has produced excellent outcomes
- Recent project to increase support for people with mild mental health problems into work through Kingston Workstart
- We have increased the involvement of people with mental health problems and workplaces in the Volunteer involvement project

Support in managing finances

Citizens Advice Bureau provides debt counselling and appointee-ship is used appropriately to ensure that people with mental health problems are supported to manage their finances.

Gap Analysis

- We need to improve information services to promote leisure cards and access to discounted tickets to leisure facilities
- We need an employment specialist in the Early Intervention Team and the Community Drug and Alcohol Team and primary care

Outcome 7: Maintaining personal dignity and respect

People with mental health needs should receive services that preserve people's dignity and human rights in all care settings, whether at home, in hospital or in supported accommodation. They should be safeguarded against abuse or poor treatment while using services. We need to work with other agencies, such as health and the police, to improve safeguarding.

Current services

Continuing care

We have adopted the national framework for NHS continuing care Safeguarding

Safeguarding Adults

Protection of Vulnerable Adults (POVA) training has been provided to all managers and requirements are well understood in teams. A designated Service Manager attends RBK's Safeguarding group.

Liaison with the Police

Mental Health Services work closely with the Police and other criminal justice agencies including the MAPPA (Multi-Agency Public Protection Panel and POPO (Priority and Profile Offenders) multi-agency groups.

Domestic Violence

There is Service Manager identified to participate in RBK's Domestic Violence Forum.

Safeguarding Children

We have a joint Protocol with Children and Families in relation to safeguarding children.

Gap Analysis

- We need to promote safeguarding issues to staff, service users and their carers, and where to go if help is needed
- We need to ensure that mental health services are appropriately represented on RBK's Safeguarding Board, MAPPA and POPO Fora

10. LOCAL IMPLEMENTATION TEAM (LIT) OVERVIEW AND TARGETS POSITION

The LIT self assessment monitors the year on year status of RBK's compliance with the National Service Framework. RBK services have made good progress in meeting key performance targets, including NSF workforce targets and improvements have been made in 2007/08 in areas where performance needed to be addressed by the establishment of a Kingston Early Intervention Service and a Crisis and Home Treatment Team.

The self assessment each year will be completed in March and this and an action plan for further improvement will be included with this strategy's annual action plan.

11. ACTION PLAN

Our priorities and objectives to address service gaps are set out under section 12. These will inform the development of the Joint Mental Health Strategy in 2008 for implementation in 2010/2011.

12. PRIORITIES AND OBJECTIVES

To Improve Health and Wellbeing

Priorities	Objectives
Integrated community services	To develop a social care presence in the Crisis and Home Treatment Team by April 2009
Review configuration of CMHT's, Ascertain Outreach Service (AOS), Early Intervention Service (EIS), and CHHT. Implementation of new Mental Health Act.	To undertake a review with KPCT with action agreed in Joint Mental Health strategy due for implementation in 2010/2011.
To provide an appropriate range of housing options and support.	Project plan to be progressed through lead Social Work and POVA (Protection of Vulnerable Adults)/Independent Mental Capacity Advocate (IMCA) post in 2008/2009 To increase the number of Adults in contact with Mental Health services in settled accommodation
To build on partnerships to develop capacity. Provide choice and value for money.	To review Service Level Agreements with voluntary sector providers and establish an outcome framework for implementation in 2009 /2010.

To Improve Quality of Life

Priorities	Objectives
Embed recovery and social inclusion model in Kingston.	General Manager for local services and Associate Director of Therapies to lead on the implementation via Kingston Recovery and Social Inclusion Group to be established by April 2008.
Ensure that there are 9 STR/ Recovery workers in place	To work with health partners to increase the number of workers from 5 to 9 by June 2009.
Develop employment specialists for the Early Intervention Service	To work with KPCT to address this need in the development of the Joint Mental Health Strategy.
Improve the range of accommodation and support to maintain people in their tenancies	Work with Housing and Supporting People Programme to address unmet needs for those returning from residential rehab units and enable access to floating support

To make a Positive Contribution

Priority	Objective
To ensure that users are involved in the most effective way.	Associate Director of Psychological Therapies to undertake an audit of the most effective way of involving Mental Health service users.
Ensure that service users are involved in the development of and agree with their Care Plan.	Target of 100% of care plans provided to and agreed with service user.
Improve Carers Support.	Evidence of a year on year increase in the number of carers receiving a needs assessment or review and a specific carers' service, or advice and information. (Local Area Agreement N1-135)
Continue to involve users in anti-stigma strategy	Contribute to the Mental Health Promotion Strategy and secure long term funding for the user and carer led mental health awareness training

Increase Choice and Control

Priority	Objective
Maximise the involvement of Mental Health service users as providers and volunteers.	Ensure the implementation of South West London and St Georges Mental Health NHS Trust's User Employment scheme in RBK's services
Service users to take on as much self management as possible.	<ul style="list-style-type: none"> - Ensure user is at the centre of the Care Programme Approach process. - Roll out Advanced Directives in all Kingston services.
Progress personalisation	<ul style="list-style-type: none"> - Care Services Improvement Partnership event on personalisation by October 2008 - increase the number of people using either Direct Payments or Individual Budgets by 20% every year - ensure all service users have the option of using a support brokerage model to help them achieve their planned outcomes by 2010 - enable all users to have a virtual individual Budget by April 2010 and provide Individualised Budgets to all by March 2011

Improve carer support	Year on year increase in the number of carers receiving an assessment or review and receiving services, advice or information
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Freedom from Discrimination

Priority	Objective
Have a clear idea of local Ethnic Minority profile.	Ensure 95% or above of ethnicity is recorded in all community teams
Ensure each team improves performance in relation to equalities.	Set and monitor annual race and equality team targets year to year via the Kingston Race and Equality Group.
Support to BME carers.	Continue to work with Kingston Carers Network in provision of BME carers forum and volunteer befriending services.
Kingston Race and Equality Group.	To continue to set/ implement Borough-wide objectives and progress work in relation to improving access for the Korean and other communities. Develop gender sensitive services and a plan to address the needs of lesbians and gay men.
Reduce stigma associated with Mental Health.	Through continued support of user and carer led Mental Health awareness training and work on Mental Health Promotion strategy.

Economic Wellbeing

Priority	Objectives
Support service users gaining and retaining employment.	To work with Health partners to ensure employment specialist are available in the Early Intervention Service and that excellent vocation outcomes are achieved

Maintaining Personal Dignity and Respect

Priority	Objective
Staff and service users and their carers are aware of safeguarding issues and where to go for help.	<ul style="list-style-type: none"> - Ensure staff receive POVA training. - Ensure service users and their carers know where to get help if needed. - Ensure Mental Health services are appropriately represented on the RBK's Safeguarding Board, MAPPA and POPO fora. - Nominate safeguarding champion for service area

13. COMMISSIONING INTENTIONS 2008-2013

Social Care Commissioning intentions for mental health 2008 - 2013

Mental health services have demonstrated capacity to modernise services. Joint commissioning intentions for mental health will be developed to inform the joint Mental Health Strategy in 2008/09. Over the next five years, the RBK will improve the health and well being and quality of life of people with mental health needs.

We will:

- Continue to commission the Section 75 partnership with South West London and St George's Mental Health NHS Trust
- Ensure that we meet our statutory responsibilities, including the delivery of the ASW/ AMHP (Approved Mental Health Practitioner) and EDSW (Emergency Duty Social Work) service, and respond to the Mental Health Act 2007
- Maintain and modernise the integrated community models and continue to support the robust social care presence into the CMHTs, Assertive Outreach Team, Early Intervention Team and Kingston CDAT, including the funding of Support and Recovery (STR) workers and two Mental Health Carers Workers. RBK will also ensure social care input into the developing Crisis and Home Treatment Team
- Work with partner agencies in Kingston to explore the proposal to have services localised where possible in polyclinics to provide one stop shops for health and well being services which would further promote local access and a seamless service
- Promote the implementation of the recovery and social inclusion model through the Kingston Project Group, and continue to support to the vocational and access services that support social inclusion
- Ensure that people can live in community settings and in accommodation of their choice and increase the number of people living in and maintaining their own tenancies

RBK will enable service users and their carers to make a positive contribution, exercise choice and control, and ensure those who need social care have equal access to support without hindrance from discrimination which continues to form a barrier for people with mental health problems.

We will:

- Continue to respond to the diversity and changing needs in our communities through the work programme of the Kingston Race and Equalities Group
- Work with partners to reduce the stigma associated with mental health problems through continued support of the user and carer led Mental Health awareness training and work on Mental Health Promotion strategy
- Build on the partnership arrangements with the voluntary sector to increase capacity to deliver a range of services providing choice and value for money
- Focus on individual need and choices, and maximise the meaningful involvement of service users and carers in the review, development and delivery of services.
- Develop models that promote self directed care and personalisation by:
 - increasing the number of people receiving a Direct Payment year on year
 - develop brokerage options for service users
 - provide Individualised Budgets by March 2011
 - continue to commission citizen advocacy, independent mental capacity advocacy and an appropriate adult service
 - implement advanced directives in all services by April 2009
- deliver a year on year increase to the number of Carers receiving a needs assessment or review and a specific carer's service, or advice and information

Finally, RBK will work with partner agencies to improve the economic well being and personal dignity of people with mental health needs.

We will:

- Work with health partners to optimise the numbers of service users gaining and maintaining employment in primary and secondary care
- Ensure service users and their carers know where to get help on safeguarding issues when needed

Health Commissioning Intentions for mental health

KPCT's Commissioning Intentions will impact on the commissioning of integrated mental health services and social care mental health services. In order to achieve financial balance, KPCT will focus on prevention, commissioning and health improvement over the next five years. There will be a focus on commissioning health interventions that are based on evidence and are cost-effective, and an aspiration for a wider range of services to be available in primary care, including mental health services. This strategy is congruent with Kingston PCT plans to modernise and gain better value.

14. MECHANISMS FOR DELIVERY

In order to respond to the challenges of reducing income and the need to modernise and improve services, we will need to make the best use of our assets.

Workforce

It will be important to optimise the skilled and experienced workforce and provide training opportunities to enable staff to deliver new service models

Local training on Mental Capacity will continue to be provided by RBK for new staff as well as updates on relevant case law for existing staff. Staff time will be needed for assessments of capacity, case conferences and best interest decisions.

The changes to the Mental Health Act 2007 will require a programme of training to skill up the ASW workforce. The Act has determined that other professionals can be a responsible clinician in certain circumstances and if this is felt to be appropriate in RBK, staff will need skilling up for this role.

Estate

We are working with partners in RBK to make the best use of the entire health and social care estate and hope to be able to explore how, through estates rationalisation, funding can be released to fund new developments.

IT

All integrated community teams in RBK, are required to enter data into RIO as well as RBK's SWIFT system. This duplication will need to continue until RIO can be relied on to provide all of RBK's RAP and other statutory data requirements.

15. MONITORING OUTCOMES AND PERFORMANCE

An important part of the commissioning cycle is gaining relevant information about the performance of current and future services. There has been a recent shift towards the monitoring of quality of life outcomes in mental health services, rather than outputs e.g. increase in number of users gaining employment. This trend will continue with the new health and social care outcome framework.

Research has shown that individual outcomes are a more effective and accurate measure of quality of care and therefore the effectiveness of service provision. An action plan will be developed for the Joint Mental health Strategies which will set out how health and social care outcomes will be measured. This strategy will inform this work.

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