

Progress of 2014 recommendations

1.0 Improving mental wellbeing

Recommendations	Progress
1.1 How individuals can improve their mental health	
<p>1. The Five Ways to Wellbeing should influence commissioning and strategic planning across the Council and the Kingston Clinical Commissioning Group (KCCG), so that the mental wellbeing of the population can be improved.</p>	<p>There were presentations to both the Kingston Strategic Partnership meeting and the KCCG in February 2015. A number of organisations noted ways in which they could promote the Five Ways to Wellbeing. In addition the Kingston Voluntary Action (KVA) annual conference in March 2015 was used to promote the Five Ways to Wellbeing with organisations and individuals making pledges as to how they would take forward this agenda.</p>
<p>2. Work should be undertaken to increase the awareness of staff working for the Council, other statutory bodies and the third sector of how they can promote the Five Ways to Wellbeing.</p>	<p>The Annual Public Health Report was presented at a range of committees and forums which involved individuals from the Council, other statutory bodies and the third sector.</p>
<p>3. Practical Ideas for Happier Living courses should continue, together with training of local practitioners to deliver these courses.</p>	<p>12 people have been trained as instructors and the Mental Health Promotion Officer is working with instructors to arrange and promote the Practical Ideas for Happier Living courses. In addition the Council's Adult Education department were successful in their Community Learning and Mental Health Bid to the Skills Funding Agency and were awarded £70,500 for resources to pilot the expansion of this project for people referred by Kingston Wellbeing Service who have mild to moderate depression or anxiety.</p>
<p>4. Understand better the effectiveness of Mindfulness for different groups and reflect on ways to incorporate it in local activities and programmes.</p>	<p>A literature search on this topic is planned for autumn 2015. Two Young People's Health Link Workers have been trained to provide this in schools and a pilot is planned.</p>

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Recommendations	Progress
1.2 Promoting purpose through learning, art and volunteering	
<p>1. Implement the Voluntary and Community Sector (VCS) Strategy.</p>	<p>The VCS Strategy and refreshed Compact were launched in March 2014 and Action Plans have been developed for the main strands of work: Community Development/ Engagement; Commissioning; and Communications. Progress is reported to the Voluntary Sector Board and, more widely, through newsletters and updates posted on the Voluntary and Community Sector website (www.kingstonvcss.org.uk). The Voluntary Sector Board has now proposed a review of the Strategy, to reflect changes to the way local VCS organisations are funded and the proposals for even more active community involvement, engagement and empowerment.</p>
<p>2. Evaluate the 'Picture your Mind' course.</p>	<p>Evaluation forms were completed by all participants and responses were positive overall, however a full report has yet to be completed as the Equalities and Community Engagement Team (ECET) Community Development Worker for Black and minority ethnic mental health is on secondment.</p>
<p>3. Enable more people with low levels of English and people with disabilities to be able to volunteer.</p>	<p>Go Kingston Volunteering have been recruiting volunteers with low levels of English from Kingston Adult Education College. They have visited and given a number of presentations on volunteering to these students. They do recruit volunteers with disabilities but there has been no dedicated funding for this following the end of their Supported Needs project three years ago.</p>

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Recommendations	Progress
1.3 Ensuring safe communities for mental wellbeing	
<p>1. Develop a Borough strategy and action plan to tackle domestic violence.</p>	<p>The three year Kingston Domestic and Sexual Violence Strategy has been written and was launched at a conference in December 2014. An action plan has also been developed, the delivery of which is being overseen by the Domestic and Sexual Violence Prevention Partnership Board.</p>
<p>2. Support interventions that develop parenting skills and those that develop life and social skills in young people. Also support interventions with high risk young people that result in behaviour change.</p>	<p>This is being developed through Achieving for Children’s Parenting Strategy. The Young People’s Health Link Workers also provide a range of life and resilience skills development interventions with pupils in secondary schools in Kingston.</p>
<p>3. All local organisations should fully support the work of both the Safeguarding Adults Partnership Board and the Local Safeguarding Children’s Board.</p>	<p>The work of both the Safeguarding Adults Partnership Board and the Local Safeguarding Children’s Board is regularly promoted through newsletters and training to enable all local organisations to support them.</p>

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Recommendations	Progress
1.4 Addressing social isolation, loneliness and discrimination	
<p>1. Evaluate the U Project pilot and its impact on the social connectedness of people in the area (Malden Manor). Depending on the results of the evaluation investigate ways to expand this to different areas of the Borough.</p>	<p>A final report was produced on the U Project in January 2015. 98% of respondents reported that they feel more confident to take practical actions to maintain their happiness in day-to-day life. 93% of respondents reported that they felt more confident to make new connections in everyday life. There were 218 guest attendances at the community sessions. The ECET team are also including the U project legacy in their approach in locality areas of deprivation by undertaking short bite size sessions for communities on topics that promote networking and wellbeing.</p>

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Recommendations	Progress
1.4 Addressing social isolation, loneliness and discrimination	
<p>2. Investigate opportunities for tackling isolation through the Active and Supportive Communities Strategy and ensure that this includes isolated Lesbian, Gay, Bisexual and Transgender (LGBT) older people.</p>	<p>This strategy aims to establish a more coordinated approach to the delivery of community focused preventative activities in Kingston. This will optimise resources and help build the resilience people need to enable them to stay happy, healthy, socially active and able to cope in adversity. This will include work to build community resilience, promote access to universal services and to develop commissioning intentions for, and to procure targeted services to meet the needs of disadvantaged and vulnerable people who might be at more risk of social isolation or ill-health. In addition public health have funded a number of projects to tackle isolation in older people including:</p> <ul style="list-style-type: none"> • Alfriston Day Centre befriending project, where volunteers visit isolated older people in Kingston on a fortnightly basis • Go Kingston Volunteering’s ‘Volunteering in Retirement Project’ to promote volunteering amongst older people • Surbiton Community Church’s ‘Young at Heart’ monthly social group including social activities, talks and trips • The West London Gay Men’s Project’s Monthly social group for older people from the LGBT community • Kingston Chinese Association’s ‘Project Connect’ with activities for the older Chinese community • Balance Support CIC’s arts and craft sessions for older people with learning disabilities

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1.0 Improving mental wellbeing

Recommendations	Progress
1.4 Addressing social isolation, loneliness and discrimination	
	<ul style="list-style-type: none"> • Staywell’s social group for older men based on the ‘Men in Sheds’ model • African Positive Outlook’s dinner club sessions in Piper Hall for older people from the local African and BME community • All Saints Church’s monthly afternoon tea, weekly coffee mornings and a befriending scheme.
3. Review the use of youth services by young people from BME communities and investigate options to improve this.	The ECET Community Development Worker for BME Mental Health is on secondment and as a result this review has yet to take place.

Recommendations	Progress
1.5 Building resilient communities through community engagement	
1. Ensure the recommendations of the Participatory Assessment of Needs and Assets (PANA) in Malden Manor are implemented jointly with residents.	<p>PANA in Malden Manor recommendations delivered include:</p> <ul style="list-style-type: none"> • Time2Talk – a programme for meeting neighbours and discussing what local issues matter the most • Fit As A Fiddle – A six week gentle exercise course for over 50’s in partnership with Staywell at Old Malden Children’s Centre • Community Connected/Superhighways 4 weekly drop in IT taster sessions for people of all ages and abilities • Malden Manor Fun Day held at Richard Challoner School.

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Recommendations	Progress
1.5 Building resilient communities through community engagement	
2. Develop the ECET Localities Strategy and Action Plan based on the four geographical priority areas of disadvantage.	The Localities Strategy and Action Plan 2015 - 18 is complete focussing on the four priority localities of Norbiton, Alpha Road area, Malden Manor and Chessington South.
3. Deliver the Refugee and Migrant Needs Assessment.	The needs assessment has been completed and published and will be available on the Kingston JSNA website shortly (http://data.kingston.gov.uk/Kingston_JSNA)
4. Develop the co-produced and refreshed Refugee and Migrant Strategy and action plan for 2015 - 20.	The strategy is currently being compiled by a range of stakeholder authors and is due to be launched in early 2016.
5. Deliver a Kingston specific community engagement for health course.	17 local residents attended the 2015 accredited course, delivered over a 14 week period from 4th September to 4th December 2015 and which developed participants knowledge, skills and ability to tackle inequalities within their community.

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Recommendations	Progress
1.5 Building resilient communities through community engagement	
<p>6. Commission appropriate services that respond to the needs of socially excluded and disadvantaged communities and evidence improved health outcomes.</p>	<p>A number of services have been delivered that focus on socially excluded and disadvantaged communities including:</p> <ul style="list-style-type: none"> • A six month football project jointly funded by Public Health, Fulham Football Club Foundation and Freesport aimed at people who are homeless or vulnerably housed. This project included a TB raising awareness sessions led by the Lead TB nurse in Kingston. • Learn English at Home have provided English for Speakers of Other Languages (ESOL) classes to 58 newly arrived migrants and trained 50 volunteers as ESOL tutors responding to barriers to health and wellbeing by providing integration activities and English language classes. • Kingston College have provided English classes to 22 migrants who received an ESOL based qualification. • Targeted work within the Korean community, through the Empower and Inspire Project including building awareness of services and how to access services. • A pilot Refugee Timebank project commissioned by ECET came to an end in May 2015. As a result of this project, Refugee Action Kingston (RAK) secured a further 3 years external funding to continue the Timebank until 2018. As of the end of May 2015 80 members had signed up and 1,168 hours had been exchanged in the Timebank.

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Recommendations	Progress
1.5 Building resilient communities through community engagement	
<p>7. Provide seed grants to build the capacity of small community groups who wish to build community resilience through initiatives and low level support with evidenced outcomes.</p>	<p>A total of £8,888 was awarded to eight organisations: Islamic Resource Centre; Refugee Action Kingston (RAK); Unaccompanied Minors Team (administered by RAK); Centre for Community Development; Kingston Somali Community Association (KSCA); African Positive Outlook (APO); Nanoom and Staywell. An example of the interventions include APO and KSCA holding mental health awareness and stigma workshops, including how to spot the early signs of mental ill health.</p>
<p>8. Develop and implement the Voluntary and Community Sector (VCS) Strategy's Community Development Action Plan providing strategic direction to and support for community development in the Borough.</p>	<p>Community Development Network meetings took place throughout the year between RBK and VCS partners to coordinate plans and actions. With the new focus on outcomes, the group has been reviewed and relaunched in November 2015 as the Health and Wellbeing Network. The action plan for the group is also being reviewed to ensure that it reflects the priority areas going forward.</p>

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Recommendations	Progress
1.5 Building resilient communities through community engagement	
<p>9. Support the development of low level interventions available to socially excluded and disadvantaged communities that support social connections and wellbeing such as walking and talking clubs, casserole clubs, luncheon clubs, social gardening initiatives, new skills courses and community health and wellbeing activities.</p>	<p>A number of interventions have been implemented in 2015 including:</p> <ul style="list-style-type: none">• The delivery of six Health Awareness sessions between February 2015 and July 2015 to our Community Champions and Korean Access Mentors, empowering them to have an awareness or better understanding of specific health issues, and to be able to understand and use information in ways which promote and maintain good health for themselves, family, friends and neighbours. An average of 13 participants attended each session.• Two Royal Society of Public Health (RSPH) – Level 2 Understanding Health Improvement training courses have been delivered to a total of 24 participants. The training provided delegates with knowledge and the understanding of the benefits of good health and wellbeing, and of how to direct individuals towards further practical support.

Progress of 2014 recommendations

2.0 Better environment for mental health

Recommendations	Progress
2.1 Housing	
<p>1. The new housing strategy should have the appropriate public health input to ensure relevant Public Health Annual Report recommendations are taken into account.</p>	<p>The Kingston Housing Strategy 2015 - 20 is focused on three priority areas: increasing the supply and choice of homes; making the best use of the existing housing stock; and building resilient and sustainable local communities. Public Health Annual Report recommendations are included within objectives, for example objective 2 of building resilient and sustainable local communities is focussed on sustainability and the green housing agenda through improving the energy efficiency of homes in order to tackle climate change and fuel poverty.</p>
<p>2. Review the NICE guidelines on excess winter deaths following publication in 2015.</p>	<p>This was considered as part of a Fuel Poverty Needs Assessment being undertaken by Public Health.</p>
<p>3. Take forward actions identified within the fuel poverty needs assessment.</p>	<p>The Fuel Poverty Needs Assessment has been completed and will be available on the Kingston JSNA website shortly (http://data.kingston.gov.uk/Kingston_JSNA). Actions being taken forward include: pursuing the programme to bring all Council homes up to the Decent Homes Standard by 2016, with the associated improvements to energy efficiency, heating, ventilation and the environment; improving the advice and assistance available to private owners in the Borough about improving energy efficiency in their home; increasing the focus on fuel poverty when initiatives around increased benefit uptake or assistance to residents around welfare reform take place; ensuring residents are protected from extreme weather to minimise harm to health and ensuring that smart metering is included in the development of fuel poverty initiatives.</p>

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2.0 Better environment for mental health

Recommendations	Progress
2.2 Active travel	
<p>1. Increase the amount of Level 3 Bikeability Training in secondary schools to address the gap between younger children cycling and re-uptake of cycling in adulthood.</p>	<p>In 2014 - 15, 299 secondary school pupils have achieved Bikeability Level 3. The Schools and Students Health Education Unit (SHEU) Health Behaviour survey shows an increase in the number of children cycling to school from 6% in the 2013 survey, to 7% in the 2015 survey.</p>
<p>2. Develop cycle to school partnerships across Kingston to normalise cycling to school, particularly to secondary school, and use the partnerships to drive infrastructure improvements.</p>	<p>Funding was not made available by Transport for London (TfL) for the Cycle to School Partnership in 2014 - 15. The first partnership meeting was held in the autumn of 2015 and funding will be from the 'Go Cycle' programme.</p>
<p>3. Increase the level of business engagement and use infrastructure improvements as a catalyst to increase the numbers of people regularly cycling to work.</p>	<p>Business engagement commenced in August 2015 with a bespoke package of incentives, events and advice via our 'Go Commute' programme. This includes travel planning, help with cycle parking, information, bike loans, events and cyclist training. The Council are currently marketing these offers for take up from September 2015.</p>

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2.0 Better environment for mental health

Recommendations	Progress
2.3 Green spaces	
<p>1. Through the reprioritised Green Spaces Strategy ensure ways of maximising the use of available green spaces to promote health and mental wellbeing among all groups and communities.</p>	<p>The Green Spaces Strategy was adopted in July 2015 by the Children’s Youth and Leisure Committee. A community group has been formed, led by Quadron Services (the Council’s grounds maintenance contractor), to take the strategy forward. The group are currently looking at identifying the relevant parks, taking into consideration the 10 objectives of the strategy. Objective number 5 is ‘Encourage active and healthy lifestyles and promote social inclusion’.</p>
<p>2. Kingston CCG to support GPs to make more use of alternatives to medication for mental illness, including the provision of advice to spend time and exercise in green spaces.</p>	<p>GPs and other health professionals are encouraged to discuss and provide information to patients about community ‘green’ exercise e.g. active gardening, health walks and Parkrun as part of brief interventions around physical activity.</p>

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2.0 Better environment for mental health

Recommendations	Progress
2.4 Planning	
<p>1. Provide public health support for the Health Impact Assessment (HIA) reviews of major planning development applications.</p>	<p>Public Health supports Planning with HIA reviews of major planning applications using the Healthy Urban Development Unit (HUDU) rapid HIA tool. Key findings are summarised, and in particular areas are highlighted where changes to the current development proposal could improve the health and wellbeing of both current and future residents.</p>
<p>2. Prepare a Community Infrastructure Levy (CIL) charging schedule that will secure developer contributions for the provision of new infrastructure to include contributions towards health care facilities, improving the public realm and facilities for sustainable transport modes such as walking and cycling.</p>	<p>Kingston CIL continues progress, a report was presented to Full Council on 13th October 2015 recommending the adoption of the charging schedule following an independent examination in September 2015. The recommendation included the approval to start charging the Kingston CIL from 1st November 2015.</p>

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2.0 Better environment for mental health

Recommendations	Progress
2.4 Planning	
<p>3. Lobby regional government (the Greater London Authority) for key sub-regional infrastructure provision, such as Crossrail 2 that would deliver a step change in connectivity for Kingston, and would be a major boost for access to jobs and local employment opportunities.</p>	<p>A number of stations across the Borough are planned to be stops on the £27 billion Crossrail 2 route, paving the way for major economic growth in the area. Crossrail 2 links south-west to north-east London through the centre of the city and will provide faster and more frequent journeys into London for Kingston residents. Berrylands, Chessington North, Chessington South, Kingston, Motspur Park, New Malden, Norbiton, Surbiton and Tolworth will be stops on the route. The greater access to London's financial and business districts should provide development opportunities in such sectors as housing, leisure and commerce. All stations in the Borough served by Crossrail 2 will see an increase in their service level. There will also be major reductions in journey times to places such as the West End, through Tottenham Court Road station, for example, which will take 30 minutes rather than 45 minutes from Kingston station. There has been intense lobbying for Crossrail 2 from interested partners including Kingston Council which has helped to progress the project.</p>

Recommendations	Progress
2.5 Work and income	
<p>1. The Council should work with partners to plan and prepare for the introduction of Personal Independence Payments and the introduction of Universal Credit.</p>	<p>Kingston has now received confirmation that Universal Credit will start being rolled out in the Borough from November 2015. Plans are now being developed with the Department of Work and Pensions to ensure a smooth roll out in the Borough and that support mechanisms are in place to assist individuals in need.</p>

Progress of 2014 recommendations

2.0 Better environment for mental health

Recommendations	Progress
2.5 Work and income	
<p>2. Continue to monitor the impact of welfare benefit changes and use this information to plan future service delivery.</p>	<p>A review of the impact on welfare benefit changes in Kingston over the last two years was completed in June 2015. The action plan resulting from the last six monthly report (covering April to September 2014) is being implemented.</p>
<p>3. Further develop targeted support for local businesses on best practice with regard to staff mental wellbeing and stress reduction courses to attend.</p>	<p>Adult Mental Health First Aid courses have been offered to all workplaces signed up for the London Healthy Workplace Charter (LHWC) Award. All Kingston workplaces who have engaged in the LHWC are sent updates on best practice on stress reduction including most recently the 'getting ahead: why mental health in work matters'. Leaflets about stress reduction and mental health have been distributed to many workplaces as part of World Mental Health Day on 1st October.</p>
<p>4. Investigate further the provision of supported work activity opportunities for people with more severe and enduring mental illnesses.</p>	<p>The European Social Fund (ESF) project came to an end in April 2015 however Kingston CCG have continued to fund some of the team to continue the work of the project, although a reduction in service has had an impact on the number of people who can be supported.</p> <p>As a part of the ESF project an external evaluation was carried out on the Balance project, which found that 'this project has been the best performing project in London, according to the GLA ESF performance rating'. Balance are exploring new funding streams to enhance their provision.</p>

Progress of 2014 recommendations

2.0 Better environment for mental health

Recommendations	Progress
2.5 Work and income	
5. Review support available to vulnerable residents regarding Jobseeker's Allowance sanctions.	Council staff have had their awareness raised about the potential impact, sanctions and consequences of the Welfare Reforms via a bespoke newsletter and updates via RBK Matters. This would mean that when they work with clients they can encourage them to go to their appointments and talk to their workers at the Job Centre so that they don't get sanctions in the first place. Sanctions are mentioned in the Welfare Reform training available on Evolve. Kingston actually has relatively low levels of people receiving sanctions compared with other areas of the country.

Progress of 2014 recommendations

3.0 Parenthood, children and mental health

Recommendations	Progress
3.1 The mental health of pregnant women and parents	
1. Improve links between health visiting and the Kingston Wellbeing Service team.	Some progress has been made through the parental mental health steering group which both services attend. The 'See the Adult, See the Child' protocol outlines recommended practice and this has been presented to health visitors.
2. Increase availability of the Kingston Wellbeing Service (KWS) to allow the service to offer fast tracked support to women with perinatal anxiety.	There have been meetings between the KWS and Kingston Welcare as part of the Families Connected project to arrange more outreach for parents. Once arranged this will also be promoted to children's centres.
3. Consider commissioning a specialist nurse for perinatal mental health role, to allow home visits to women and an ongoing local training programme.	The mental health commissioners have begun a review of current perinatal mental health services in both the community and acute settings with the aim of implementing the Royal College of Psychiatrists commissioning model for perinatal services. The provision of a specialist nurse for perinatal mental health role, to allow home visits to women and an ongoing local training programme is being discussed as part of this work, which is due to be completed in 2016.
4. Explore the possibility of psychological support services provision within Children's Centres to allow childcare for women attending appointments.	See 3.1, recommendation 2 above.
5. Improve support to fathers, both for their own mental health problems and to enable them to support partners with mental health problems.	This has not yet been progressed.

Progress of 2014 recommendations

3.0 Parenthood, children and mental health

Recommendations	Progress
3.1 The mental health of pregnant women and parents	
<p>6. Review data on the numbers of women with postnatal depression accessing services once this data is available from Kingston Wellbeing Service.</p>	<p>Discussions have taken place with Kingston Wellbeing Service about how this data could be captured and recorded, however the current electronic patient referral system does not include postnatal depression as a data option, which is a barrier. Whilst options for this to be added are explored, links continue to be strengthened between the Wellbeing Service, maternity services and health visitors and women with depression and young children are prioritised so that they can access the service quickly.</p>
<p>7. Review the referral rate to the South West London and St George's Mental Health Trust consultant led psychiatric liaison service.</p>	<p>The referral rate has not improved over the past year. Ways to improve this will be covered in the review of perinatal services that the mental health commissioners have begun with a view to implementing the Royal College of Psychiatrists commissioning model for perinatal services, as updated in recommendation 3 above.</p>
<p>8. Evaluate the Families Connected pilot project for parents with mental health problems and their children.</p>	<p>An evaluation of the Families Connected pilot was completed in September 2014. This informed the specification for the new service which is now in operation.</p>
<p>9. Launch the 'See the Adult, See the Child' protocol.</p>	<p>The 'See the Adult, See the Child' protocol was ratified in April 2015 by the LSCB. It has been promoted to all relevant professionals at a wide range of different meetings.</p>

Progress of 2014 recommendations

3.0 Parenthood, children and mental health

Recommendations	Progress
3.2 Prevention and early intervention in children and young people	
<p>1. Increase access to evidence based parenting support, in particular to parents from Black and minority ethnic groups.</p>	<p>There were plans to run a parenting course for the Somali community in September/ October 2015, however there were too few people interested in the course for this to run. A new date has been set for January 2016. Further discussions will talk about alternative options to increase the uptake of parenting courses by parents from Black and minority ethnic groups.</p>
<p>2. Evaluate the implementation of the 'Friends for Life' training programme.</p>	<p>The report on the evaluation of the Friends for Life programme was completed and distributed in September 2015.</p>
<p>3. Encourage local organisations and schools to use the Youth Wellbeing directory and promote the MindEd website to professionals and parents.</p>	<p>Information about the Youth Wellbeing directory and MindEd website is regularly sent out to professionals.</p>
<p>4. Run and evaluate a student mental health conference for year 9 students and provide more workshops for parents about their children's mental health in both primary and secondary schools.</p>	<p>The student mental health conference was held in Coombe Boys School in March 2015. An evaluation was undertaken after the event which recorded overall positive responses from the pupils and teachers who attended. The Young People's Health Link Worker Team have delivered a range of mental health and resilience programmes with students in secondary schools over the past year, and provided training to staff and workshops for parents.</p>
<p>5. Support schools to respond to the issues identified in the Schools and Students Health Education Unit (SHEU) Health Behaviour survey.</p>	<p>The Young People's Health Link Worker Team have been working with secondary schools on the areas identified as priorities in each school based on the survey results. All schools have had mental health as a priority theme.</p>

Progress of 2014 recommendations

3.0 Parenthood, children and mental health

Recommendations	Progress
3.3 Child and adolescent mental health services	
<p>1. After the re-launch of the Tier 2 Child and Adolescent Mental Health Service (CAMHS) service there needs to be ongoing monitoring to ensure that the availability and accessibility of the service meets local needs.</p>	<p>The number of referrals received by the Single Point of Access (SPA) and assigned to both the Tier 2 and Tier 3 teams are monitored on a regular basis.</p> <p>There are quarterly review meetings to monitor the activity and performance of the SPA and Tier 2 service. The data indicates that the overall number of CAMHS referrals has not increased and there is proportionately an equal number being assigned to Tier 2 and Tier 3.</p> <p>The re-designed Tier 2 service is still embedding and continues to revise its processes in order to meet demand.</p>
<p>2. The disparity between the estimated disorders by category and the observed pattern of service use in the Tier 3 service needs to be investigated further, including an assessment of presenting conditions on first referral into services and length of treatment within services by diagnosis.</p>	<p>It is widely acknowledged that the available prevalence data nationally is somewhat out of date. The last national survey was conducted in 2004 and therefore may not reflect current trends. However, the presenting conditions seen within services does correlate strongly with what local children and young people state in relation to their worries and emotional wellbeing.</p> <p>Nationally, the CAMHS Outcomes Research Consortium (CORC) on behalf of NHS England are undertaking an extensive exercise to understand the patterns between presenting conditions and the length of time in treatment.</p>
<p>3. The reasons behind the low numbers of boys in treatment in Tier 3 services should be explored.</p>	<p>Since the implementation of the SPA in October 2014 the number of referrals received for boys has increased and there is a more equal proportion of girls and boys in treatment.</p>

Progress of 2014 recommendations

3.0 Parenthood, children and mental health

Recommendations	Progress
3.3 Child and adolescent mental health services	
<p>4. Availability of parenting support for parents of children with mental health issues should be reviewed.</p>	<p>Achieving for Children offer an extensive range of parenting programmes across the age range of childhood from 0 - 18 which includes targeted programmes for parents of children with mental health and emotional wellbeing issues.</p>
<p>5. The reasons behind the rise in the Strengths and Difficulties Questionnaire (SDQ) scores for Looked After Children should be investigated further.</p>	<p>There are a number of contributing factors that have influenced the rise in SDQ scores by Looked After Children. These will include the previous experiences of the child and young person prior to them becoming Looked After, greater self awareness and improved use by professionals and foster carers of the SDQ tool. The CAHMS transformation plan (see recommendation 6 below) includes work to help identify the mental health needs of children and young people earlier in the safeguarding process and help address these.</p>
<p>6. The need for transition services should be reviewed and, in line with findings from this, appropriate services established if required to meet the needs of vulnerable young adults.</p>	<p>A strategic and operational transition group has been establish to review and improve the transition arrangements across a wide range of service areas including Child and Adolescent Mental Health services. Transition is included in the Kingston CCG Transformation Plan published in October 2015.</p>

Progress of 2014 recommendations

4.0 Adults and mental illness

Recommendations	Progress
4.1 Stigma	
1. Encourage both individual and organisations to sign the Time to Change pledge.	Time to Change pledges have been promoted as part of the Time to Talk day, World Mental Health Day and other events throughout the year.
2. Work with Kingston’s Mental Health Parliament to identify groups to prioritise for anti stigma campaigns.	Kingston’s Mental Health Parliament has been establishing itself this year, and work with the Parliament to identify groups to prioritise will begin later in 2015.
3. Review the Mental Health First Aid programme and target groups who have yet to attend.	A review was undertaken and following this a list of priority groups and areas was produced to target for publicity. This included professionals working with vulnerable people, e.g. young offenders, parents with mental health problems, and some BME communities. These have been targeted through Achieving for Children including by the Youth Offending Team, and various BME community groups.

Progress of 2014 recommendations

4.0 Adults and mental illness

Recommendations	Progress
4.2 Mental illness in adults and mental health services	
<p>1. A needs assessment for people with depression, those who are self-harming or suicidal should proceed as planned during 2015, and would contain a mapping of all services available locally and look into the variation in depression diagnosis rates in general practice.</p>	<p>A needs assessment on depression, self harm and suicide has commenced and will report by December 2015. Findings will inform the Suicide Prevention Strategy, and other relevant workstreams such as the Mental Health Crisis Concordat action plan.</p>
<p>2. Commissioning by health and social care should take a holistic view along the whole journey of mental wellbeing through to mental illness, encompassing prevention as well as treatment services.</p>	<p>Health and Social Care commissioners are taking a holistic view where possible. The Kingston Coordinated Care Programme (KCC) is targeted on people with complex needs and long term conditions including people with mental health problems. KCC has major workstreams on both prevention and treatment. Public Health practitioners will continue to advocate a holistic approach at other relevant boards including the Mental Health Partnership Board.</p>
<p>3. Kingston CCG and the Council's Public Health Commissioners should closely monitor the Kingston Wellbeing Service as it makes improvements towards its targets.</p>	<p>The Kingston Wellbeing Service is monitored monthly at a Performance and Quality Review Group.</p>
<p>4. Commissioners should require the Community Mental Health Service (CMHS) to provide more meaningful performance and activity data.</p>	<p>Improving the CMHS data is an ongoing task.</p>

Progress of 2014 recommendations

4.0 Adults and mental illness

Recommendations	Progress
4.2 Mental illness in adults and mental health services	
<p>5. Sustainable ways of involving people with mental health problems in service design should be further developed, building on the new Mental Health Parliament, and the representation of patients and carers on the Mental Health Planning Board.</p>	<p>Kingston Clinical Commissioning Group will prioritise the involvement of people with mental health problems in its Public and Patient Involvement work. This is a key method for involving people with mental health problems in service design and commissioning. The Mental Health Planning Board has representation from Healthwatch and Mind in Kingston (who run the Mental Health Parliament) and from the Kingston Mental Health Carers Forum.</p> <p>The learning from the MiC (Mental Health in Co-production) Project needs to be reviewed by the Mental Health Planning Board.</p>
<p>6. The redesign of CMHS must ensure the recommended qualified clinical staff: patient ratios are in place.</p>	<p>Mental Health Commissioners have formally raised the expectation that CMHS redesign delivers the recommended staff to patient ratios at the SWL and St Georges Clinical Quality Review Group.</p>

Progress of 2014 recommendations

4.0 Adults and mental illness

Recommendations	Progress
4.3 Dementia and mental illness in older age	
<p>1. Kingston should work towards being a dementia friendly community, both through the work of the Dementia Action Alliance, and other initiatives. Kingston CCG and the Council should encourage staff to become dementia friends and promote this to their commissioned service providers.</p>	<p>Events organised for Dementia Awareness Week 17th - 23rd May 2015 included: Surbiton Library launch of Dementia Books; Dementia Friends Training at the Guildhall for councillors and Council staff; and a Dementia Support Carers Session at the Noble Centre. The Kingston Dementia Strategy was adopted by the Health and Wellbeing Board on 24th June 2015, and a dementia friendly community is one of its main objectives. Dementia Friends training is on offer throughout the year.</p>
<p>2. Broader support services for people with dementia, such as those provided by the voluntary sector, should be fully considered in the transformation work being led by Kingston CCG and the Council. The other mental health needs of patients with dementia should also be addressed during transformation work.</p>	<p>The Kingston Dementia Strategy recognises that the voluntary sector is a key vehicle to deliver support to people with dementia. Other mental health needs are also included in the objectives of the strategy.</p>
<p>3. The under-diagnosis of depression in older people should be addressed.</p>	<p>There is still work to be done on improving the recognition of depression in older people. Approximately 20 GPs have taken part in a mental health diploma this year, which has included issues on depression and each GP practice received the Annual Public Health Report that set out the issue of depression in older people in more detail.</p>

Progress of 2014 recommendations

4.0 Adults and mental illness

Recommendations	Progress
4.4 Self harm	
<p>1. The Council’s Public Health directorate should work with health commissioners, local services and the voluntary sector to undertake a comprehensive needs assessment on depression, self harm and suicide. It is anticipated this will summarise available information on the topic and review Kingston’s progress in responding to best practice guidance.</p>	<p>A needs assessment on depression, self harm and suicide has started and will report by December 2015. Findings will inform the Suicide Prevention Strategy, and other relevant workstreams such as the Mental Health Crisis Concordat action plan.</p>
<p>2. Progress the actions agreed following the audit on self harm in children and young people presenting to Kingston accident and emergency, undertaken on behalf of the Local Safeguarding Children’s Board (LSCB).</p>	<p>A number of actions were put into place as recommended by the audit at Kingston A&E, including referral of these children and young people to the Child and Adolescent Mental Health Services Single Point of Access.</p>

Progress of 2014 recommendations

4.0 Adults and mental illness

Recommendations	Progress
4.5 Suicide	
<p>1. Consider the creation of a multiorganisational group for the prevention of suicide to decide on how to implement the recommendations of the national strategy, and to oversee progress.</p>	<p>A multi agency suicide prevention group was set up in February 2015 to oversee the production of a local plan to implement the recommendations of the national strategy, and to oversee progress.</p>
<p>2. Explore other data sources of suicides and look at ways of combining mortality file audits with other boroughs.</p>	<p>The use of other data sources of suicides and mortality file audits with other boroughs is being overseen by the multi agency prevention of suicide group.</p>
<p>3. Assess the additional benefit that an audit of coroner's records would bring in providing a greater understanding of the patterns and trends in suicides.</p>	<p>An audit of coroners records was deemed beneficial by the multi agency suicide prevention group, and an audit was completed in June 2015.</p>

Progress of 2014 recommendations

4.0 Adults and mental illness

Recommendations	Progress
4.6 Carers	
<p>1. Introduce the 'Triangle of Care' (a therapeutic alliance between service user, staff member and carer that promotes safety, supports recovery and sustains wellbeing) across Mental Health Services in the Borough. This will be piloted on local wards and by the Early Intervention service.</p>	<p>The Triangle of Care is in SWL and St George's (SWLStG) Mental Health Trust's Business Plan.</p>
<p>2. SWLStG Mental Health Trust to introduce a weekly drop in for carers at Tolworth Hospital, and look to embed carer specific workers into mental health teams.</p>	<p>Carer champions are in place in each team.</p>
<p>3. Continue to improve practice by training mental health staff in identifying, recording and involving carers in practice.</p>	<p>The SWLStG Mental Health Trust transformation plan currently being developed is considering the needs of carers and how to improve staff awareness of carers' needs and how to identify, record and involve carers in care planning.</p>
<p>4. Improve recognition and support for carers by primary health care professionals.</p>	<p>Twenty GPs have studied for the mental health diploma during 2015 which recognises the importance of carers in the lives of people with mental health problems. Kingston Carers' Network (KCN) has given a presentation on carers issues to the CCG Council of Members (a representative of each GP practice attends this), and GPs were made aware of counselling support for carers that is provided by KCN.</p>

Progress of 2014 recommendations

4.0 Adults and mental illness

Recommendations	Progress
4.5 Carers	
<p>5. Continue resource provision to enable voluntary organisations to support carers.</p>	<p>A pilot project in Adult Social Care has introduced separate carers assessments and reviews which are undertaken by Kingston Carers' Network, on behalf of RBK. This is anticipated to result in an increase in the number of carers having their needs assessed and an increase in the number of carers receiving support and services.</p>
<p>6. Ensure services do not assume that carers are able and/ or willing to take on or continue caring – they should be given a choice.</p>	<p>This is an ongoing issue and the recommendation is being highlighted to Kingston CCG, the Council and other organisations.</p>
<p>7. Mechanisms should be in place to share examples of best practice in involving, consulting and supporting carers so that learning can be applied across local statutory, private and voluntary organisations.</p>	<p>There is ongoing work in this area, including the commissioning of a Carers' Hub, which has been agreed and a specification written for procurement. Carers were involved in developing this specification and will be involved in the procurement phase. The outcomes expected of the Hub include increased joint working and sharing resources, information provision, signposting and referral to other services.</p>

Progress of 2014 recommendations

5.0 Physical health, lifestyle and mental illness

Recommendations	Progress
5.1 Long term physical conditions	
<p>1. Kingston CCG and the Council’s Public Health directorate should consider gathering more comprehensive information on the extent of co-existing physical and mental health problems in Kingston.</p>	<p>The risk stratification tool that is now operational in all GP practices can identify people with co-existing mental health and physical health problems. In the main, this information is used to identify people who are in need of preventative care to stop them deteriorating. There are still untapped opportunities to interpret this information at a population level.</p>
<p>2. The Better Care Programme should ensure the relationship between physical and mental health runs as a thread through the programme. The place of physical, mental and social care needs in every care pathway should be promoted. To take one example patients with long term physical conditions should routinely be assessed for coexisting anxiety or depression.</p>	<p>The Better Care Fund (and the more recent Kingston Coordinated Care Programme) has embedded within it the recognition of the link between physical and mental health. The extent to which individual practitioners apply this to each person as a matter of course is not currently known.</p>
<p>3. A coordinated programme to embed self care across organisations should have a mental health/ wellbeing component, and should build on the work started by YHC as part of the Better Care Programme. Self care programmes should be targeted at people with Long Term Conditions (LTCs) and co-existing mental health problems.</p>	<p>The self-care project within the Better Care Programme is taking forward work on self care for people with LTCs and mental health problems. There are individual examples of where newly commissioned services are explicitly including this in their specifications, e.g. the integrated diabetes programme is considering how mental health assessment and support including psychological therapies can be offered to people with diabetes.</p>

Progress of 2014 recommendations

5.0 Physical health, lifestyle and mental illness

Recommendations	Progress
5.1 Long term physical conditions	
4. Kingston CCG should encourage GPs to assess all patients with LTCs for mental health problems and offer subsequent referral to Improving Access to Psychological Therapies (IAPT) where appropriate. People with cardiovascular disease, diabetes, COPD, asthma, cancer, musculoskeletal conditions and multiple LTCs will all benefit.	20 GPs have studied for the mental health diploma, which includes the need to assess the mental health status of people with long term conditions.
5. Targeted training in identifying people with LTCs who have mental health problems should be provided to practices serving deprived populations.	This has not yet been progressed.

Recommendations	Progress
5.2 Alcohol and drugs	
1. Review how the new Kingston Wellbeing Service is meeting the needs of people with a dual diagnosis, including those with anxiety or depression.	Work is beginning to review how people with a dual diagnosis are supported by the Kingston Wellbeing Service to ensure they are seen in a holistic way. This will be developed further in 2016.
2. Review and agree local definitions, care pathways and protocols for individuals with co-occurring mental health and substance misuse problems.	Some work to facilitate a smooth transition between Tier 2 and Tier 3 services has taken place to ensure people are given the appropriate support at the right time. Further work on pathway development is needed and staff training and awareness raising will also be required as part of this. There are plans underway for this in 2016.
3. Develop a tiered training programme on dual diagnosis for staff in specialist and generic settings.	This will be developed once section 5.2, recommendation 2 is completed.

Progress of 2014 recommendations

5.0 Physical health, lifestyle and mental illness

Recommendations	Progress
5.3 Smoking	
<p>1. South West London and St George’s (SWLStG) Mental Health Trust should continue to maintain the processes and services developed during the period of the 2010 - 14 CQUIN to record smoking status, offer tailored advice and support, and onward referral to the Stop Smoking Service provider for community follow-up of patients. This should form part of their contract requirement to improve the physical health of their patients by ‘making every contact count’, and should be monitored by commissioners.</p>	<p>Staff at SWLStG Mental Health Trust have been trained in screening and brief advice about smoking, and some have had additional training as smoking cessation advisers. The numbers of people assisted to quit smoking via this staff group have not been confirmed, and the community service have not had any referrals to them from the Trust that they are aware of.</p>
<p>2. People visiting the Kingston Wellbeing Service should continue to be asked about their physical health, including smoking status. In-house stop smoking support should be given, or signposting to local community providers for support (community pharmacists or GP practices) or onward referral if wished to Kick-It, the specialist stop smoking service. This should be monitored through delivery of their contractual KPI.</p>	<p>Smoking status forms part of the physical health assessment for both psychological therapy and substance misuse clients. Some patients have been referred through to the Specialist Stop Smoking Service, and an evening group session has met at Surbiton Health Centre where the substance misuse part of the service is based.</p>
<p>3. Kick-It, the local Stop Smoking Service provider, should ensure that it is able to meet the particular needs of smokers with mental health problems and meet their contract obligations with respect to liaison with and support for South West London and St George’s Mental Health Trust, which should be monitored as part of contract performance management.</p>	<p>Kick-It continues to offer support for training and liaison with services provided by South West London and St Georges Mental Health Trust, but this activity has diminished with the loss of the Stop Smoking Advisers within the Trust.</p>

Progress of 2014 recommendations

5.0 Physical health, lifestyle and mental illness

Recommendations	Progress
5.3 Smoking	
4. Local support should be given to the Department of Health and Public Health England's planned smoking cessation campaign targeted at people with mental health problems, which is due to be launched in 2014 - 15.	Support has been given to the large DH and PHE smoking cessation campaigns such as Stoptober and the January 2015 Health Harms. These have not had a specific target of people with mental health problems to date.

Recommendations	Progress
5.4 Physical activity	
1. Continue to monitor the impact of the Good Energy Club (GEC) programme during the one year pilot and report on the outcomes.	Monitoring of key performance indicators and outcomes was reported on a quarterly basis via the steering group meetings. A full evaluation report was produced and highlighted that since its launch, Good Energy Club (GEC) members have attended just over 800 activity sessions. The overall impact has been very positive with members reporting an increase in physical activity, with improved self-esteem and wellbeing.
2. Incorporate opportunities for social interaction into physical activity programmes.	A number of programmes incorporate opportunities to promote social value and cohesion, such as the Good Energy Club (GEC) coffee and chat, Kingston Walking for Health group walks, Fit as a Fiddle programme, Fulham group football sessions, and Active Gardening. Many of the wider physical activity and sport programmes delivered through the Community Sport and Physical Activity Network (CSPAN) also include an element of social interaction.

Progress of 2014 recommendations

5.0 Physical health, lifestyle and mental illness

Recommendations	Progress
5.4 Physical activity	
<p>3. Improve collaboration between physical activity and mental health service providers to better respond to the needs of service users with regard to improving access to physical activity.</p>	<p>Good links have been established with statutory and voluntary partners such as the community mental health teams, Mind in Kingston and Recovery Initiative Social Enterprise (RISE) (who sit on the steering group for the Good Energy Club (GEC) and assist in facilitating access to the programme for service users). The GEC is also represented on the CSPAN Active4Health subgroup. 15% of referrals from health professionals into the Get Active Exercise Referral programme were for patients with mental health conditions.</p>
<p>4. Train leisure and exercise providers in the psychological aspects of physical activity, to enable them to engage clients in a positive way and increase their confidence in taking exercise.</p>	<p>Mental health awareness training has been provided to a number of providers on the impact of physical activity and mental health, such as via the GEC and the Work it programme for young girls. Kingston College, Inclusive Sport are recruiting students for the Kingston College Active Ambassadors and will be offering them Mental Health First Aid Training sessions so that they can learn more about mental health awareness. This will be expanded in due course.</p>
<p>5. Through the Healthy Weight and Physical Activity Needs Assessment and Strategy (HWPA) 2013 - 16, support the ongoing review of physical activity provision in the Borough for people with mental health problems.</p>	<p>Mapping of physical activity and sport provision is ongoing via the use of quarterly updates by CSPAN partners, which aligns with the recommendation in the strategy: 'to develop programmes that promote social inclusion and seek to tackle mental health and wellbeing'. This strategy will be refreshed in 2016 and will seek to update current knowledge of provision throughout Kingston.</p>

Progress of 2014 recommendations

5.0 Physical health, lifestyle and mental illness

Recommendations	Progress
5.4 Physical activity	
<p>6. Provide accessible information to raise awareness of opportunities for physical activity, in particular focusing on capturing the attention of those who currently undertake minimal physical activity.</p>	<p>The national Walking for Health programme is being re-developed on a local level to include short walks for those with low activity levels. The Get Active exercise referral programme flyer has also been refreshed to include added information on the risks associated with sedentary behaviour.</p>

Recommendations	Progress
5.5 Healthy weight and healthy eating	
<p>1. Work with partners to act on the recommendations outlined in the Schools and Students Health Education Unit (SHEU) Health Behaviour survey and Children and Young People’s Healthy Weight and Physical Activity needs assessment to improve dietary habits and weight management of young people in Kingston, and thereby improve wellbeing, body image and self-esteem.</p>	<p>A new pilot programme called ‘Work It’ was designed to meet many of these recommendations. This very well received service included physical activity, healthy eating and body image elements with discounts for continued participation in activity after the programme for those that completed. Targeted at girls aged 11 to 18 who did not participate in physical activity, this programme was run in schools and the community. However, the need to make savings has prevented the extension of this programme and the provider is considering seeking alternative funding sources. The Factor Children’s Weight Management service has also been recommissioned and has now been extended for young people aged 16 to 19 years (previously a gap in service). These programmes are running in both school and community settings. Young People’s Health Link Workers and other key staff have received training in Motivational Interviewing and talking about weight. Cook and Eat is now running for Looked After Children, Young Carers and children and young people with learning disabilities.</p>

Progress of 2014 recommendations

5.0 Physical health, lifestyle and mental illness

Recommendations	Progress
5.5 Healthy weight and healthy eating	
<p>2. Develop further training for the local provider and programme leaders of the Factor Children’s Weight Management Programmes to increase understanding and recognition of when a child and family may need additional psychological support to address mental health and wellbeing concerns.</p>	<p>A new provider has been commissioned to lead and deliver on the Factor Children’s Weight Management service. The local care pathway, including where to refer for additional psychological support, has been shared with the provider.</p>
<p>3. Work closely with Kingston CCG, Your Healthcare CIC, Kingston Hospital and CAMHS to increase awareness of the child weight management pathway and those children and families who may require psychological assessment and input.</p>	<p>The child weight management pathway has been shared with Kingston CCG, Your Healthcare CIC, Kingston Hospital and the Child and Adolescent Mental Health Service (CAMHS) to increase awareness.</p>
<p>4. Review current training packages for local community healthy lifestyle programmes (such as Cook and Eat) to maximise the opportunities for participants to improve their mental health and wellbeing as well as their cooking skills and confidence.</p>	<p>Mental health and wellbeing is embedded in the community healthy lifestyle programmes particularly where the target group may have recognised mental health issues. However, this takes specific tailoring in order to be structured into the programme manual in many instances. This work will be ongoing.</p>
<p>5. Support schools in meeting the new mandatory food standards and developing an active growing, cooking and eating environment to support children and young people’s emotional wellbeing.</p>	<p>Schools are supported through the Kingston Healthy Schools Network (by regular newsletter updates and network events). Those schools within the central school meals contract use the provider Cygnet who has achieved the Bronze Food for Life award and is working toward Silver. Universal Infant free School Meals were successfully launched in Kingston in September 2014.</p>

Progress of 2014 recommendations

5.0 Physical health, lifestyle and mental illness

Recommendations	Progress
5.5 Healthy weight and healthy eating	
<p>6. Continue to meet the recommendations within the Healthy Weight and Physical Activity Needs Assessment and Strategy (HWPA) 2013 - 16 which include specific actions around improving services for patients with mental health conditions.</p>	<p>This work is ongoing through the Community Sport and Physical Activity Network (CSPAN). Sub groups regularly track progress in line with the HWPA strategy and needs assessment recommendations. The HWPA strategy and needs assessment is due for review from March 2016, which will include specific actions relating to improved services for patients with mental health conditions.</p>
<p>7. Progress the commissioning of a Tier 2/ 3 specialist adult weight management service with multidisciplinary input.</p>	<p>Kingston CCG was unable to commit in 2015 - 16 due to limited funding. Public Health is to review whether this can be progressed with Kingston CCG for the 2016 - 17 financial year.</p>

Progress of 2014 recommendations

5.0 Physical health, lifestyle and mental illness

Recommendations	Progress
5.6 Sexual health	
<p>1. Improve effectiveness of sex and relationships education through delivering the objectives of the Partnership Working Group.</p>	<p>Close working takes place between the Personal, Social and Health Education (PSHE) Strategic Working Group and the Health Link Workers in order to disseminate the most up to date best practice PSHE information. Between July and December 2015, a PSHE questionnaire is being disseminated to primary and secondary schools to explore PSHE delivery needs and the level of support required.</p>
<p>2. Public Health should continue to ensure the recommendations from the LGBT needs assessment are progressed, including the provision of mental health counselling support for LGBT communities.</p>	<p>Wolverton Centre Staff attend the Mental Health First Aid training commissioned by Public Health.</p> <p>Two toolkits have been promoted amongst community and acute sexual health services to help nurses understand mental health issues in relation to LGBT young people.</p> <p>Sexual history taking which includes LGBT assessment and is based on the British Association for Sexual Health and HIV (BASHH) 2013 guidelines are promoted among commissioned sexual health services and incorporated into Public Health Contracts for 2014 - 15.</p>