# Royal Borough of Kingston upon Thames

# This is a strategic plan that sets out the most ambitious change for health and social care regarding mental health services in accordance with the Crisis Care Concordat, incorporating the pan London Crisis Care Concordat Commissioning guidance, and the Forward View into Action: Planning for 15/16

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| 1. **Commissioning to allow earlier intervention and responsive crisis services**
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| **No.** | **Action**  | **Timescale**  | **Led By** | **Outcomes** |
| 1.1 | Commission the Advanced Diploma in Primary Care Mental Health for 19 General Practitioners in Kingston  | July 2015 - Completed | Dr Phil Moore/MH Commissioners  | GPs trained to an advanced level to assist and support the delivery of mental health care in primary care across KingstonSupport all GP practices/colleagues in the delivery of mental health care in primary care across the borough |
| 1.2 | Commission training in Suicide and Prevention for General Practitioners/practise teams and front line statutory and non-statutory agencies | March 2015 – Completed – need to commission recurrently | Dr Phil Moore/NHS Commissioners  | GPs/Practice teams, front line statutory and non-statutory agencies are trained in the identification of mental health crisis/suicide prevention |
| 1.3 | People have access to all the information they need to make decisions regarding crisis management including self-referral | On-going | All | A range of self-referral and crisis management options should be available for people to consider |
| 1.4 | Map training needs within and across employment organisations and develop a clear programme of training options to support people in emotional distress, with mental illness, substance misuse and suicide awareness | March 2016 | Public Health/All | Improved quality of response for people with mental health needs across the borough |
| 1. **Support before Crisis Point**
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| 2.1 | Develop support for carers in line with changes to the Care Act | March 2016 | NHS/RBK commissioning with Kingston Carers Network | People will be protected when their circumstances make them vulnerable |
| 2.2 | Ensure that service users and carers are available and contribute in the developments of local solutions to support people in crisis | On-going | Mental Health Planning Board | Feedback given from patients and public regarding the potential effectiveness of the crisis Action Plan and commissioning decisions.Local forums identified to support the achievement of the crisis declaration and Action Plan |
| 2.3 | Provide a rolling programme of free adult and youth mental health first aid training to increase mental health awareness in frontline professionals  | ongoing | RBK public health | Improved mental health awareness across a range of local agencies including local workplaces, schools and voluntary sector agencies. |
| 2.4 | Run an annual student mental health conference with follow for school champions to promote mental health awareness in their schools | March 2015 and then annually for 3 years |  | Improved mental health awareness by staff and pupils in Kingston schools  |
| 2.5 | A single MH support/crisis line to be available 24/7, 7 days a week 365 days a year | March 2015 – completed | South West London and St Georges NHS Trust/NHS Commissioners in South West London | Establishment of a helpline which is well publicised among people with Mental Health problems, carers, health and social care professionals, emergency services and the wider public.The helpline will be profiled within the Directory of services and enabled to receive referrals from NHS111A helpline which is staffed by qualified, competent and compassionate mental health professionals who are appropriately trained, supervised and supported. |
| 2.6 | Provide ‘crisis’ mental health awareness training to other local agencies including front line police, acute trust staff and custody suites | Commence October 2015 | RBK/NHS Commissioners | Improved mental health awareness across stakeholder group and agencies |
| 2.7 | Kingston CCG commission an ‘enhanced’ Consultant Psychiatrist led primary care mental health service to support primary care in the management of patients with SMI who do not meet the threshold or do not require secondary mental health care services.  | Service commenced 2015 | Kingston CCG/Camden and Islington MH Foundation Trust | The service is commissioned to:* Be responsive
* Meet the needs of patients
* Meet the needs of GPs
* Maintain capacity to deliver the model over time
* Facilitate collaboration with secondary care services
* Support and enhance mental health expertise of primary care clinicians
* Single Point Access into mental health services
* Consultation/Liaison and Advice
* Assessment and triage
* Formulation of management plans
* Short term, focused interventions
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| 1. **Access to Crisis Care**
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| 3.1 | Kingston hospital to have access to on-site liaison psychiatry services 24 hours a day, 7 days a week, 365 days a year which meet the CORE 24 standard as identified by NHSE | November 2015 – completed  | Kingston Hospital FT/\*NHS Commissioners/South West London and St Georges NHS Trust | People presenting to A&E in mental health crisis should be seen within 1 hour of referral ensuring timely assessment and risk minimisationLiaison psychiatry in Kingston Hospital which is staffed by qualified, competent and compassionate mental health professionals, who are appropriately trained, supervised and supported. |
| 3.2 | Kingston hospital to have a dedicated area for mental health assessments which reflect the needs of people experiencing a mental health crisis | March 2016 | \*NHS Commissioners/Kingston Hospital FT | Dedicated areas within Kingston Hospital which are designed to facilitate a calm environment while also meeting the standards for the safe delivery of care |
| 3.3 | Systems to be in place to ensure that people who regularly present to emergency departments in crisis are identified and their care plans appropriately reviewed | October 2015 | South West London and St Georges NHS Trust | Care plans identify triggers and treatment options to avoid inappropriate A&E attendances (or) divert/transfer people from A&E in a timely manner into appropriate services. |
| 3.4 | Mental Health Act Assessments undertaken in emergency departments should be completed within 4 hours of the persons presentation in order to ensure parity of esteem | October 2015 | RBK Commissioners (AMHPs)/South West London and St Georges NHS Trust | Parity of esteem for people who require an assessment under the Mental Health Act 1983 |
| 3.5 | People detained under Section 136 will be taken to a NHS designated place of safety. Under no circumstances should police custody be used as an alternative. If custody is used a full partnership review must take place to understand the issue and avoid further incidents occurring | December 2015 | Police/Ambulance/NHS commissioners/South West London and St Georges NHS Trust | Stop people who are experiencing a mental health crisis being placed in custody.Improve patients experience and treatment outcomes |
| 3.6 | Organisations commissioned to provide places of safety should have dedicated 24 hours, 7 day a week 365 days a year services available and single telephone number available to phone ahead prior to arrival at any place of safety | April 2015 | South West London and St Georges NHS Trust | People can access a suitable place of safety at all times when experiencing a mental health crisis Contingency plans must be in place in the event of multiple S136 assessments. If a Trust has no immediately available designated place of safety arrangements must be in place to access an alternative within the trust, or, by arrangement with a neighbouring organisation |
| 3.7 | Crisis and recovery beds will be in place as a standard component of the acute crisis care pathway and people should be offered access to these as an alternative to admission or when home treatment is not appropriateCommissioners will work with Police/non-statutory providers to explore Alternative Place of Safety Models (APoS) as per West Sussex Pilot evaluation | October 2016April 2016 | \*NHS CommissionersPolice/NHS Commissioners/SWLStGs/Third sector providers | People who require an alternative to inpatient admission will be offered to access a crisis/respite bed when it is clinically indicatedPeople who require an alternative to home treatment will be offered access a crisis/respite bed when it is clinically indicated |
| 3.8 | Crisis Resolution Teams/Home Treatment Teams will be provided and accessible 24 hours a day, 7 days a week 365 days a year and meet the national safe staffing/recommended benchmark | October 2015 | \*NHS Commissioners/South West London and St Georges NHS Trust | People who are experiencing a mental health crisis will access services when they need them which are staffed by qualified, competent and compassionate mental health professionals who are appropriately trained, supervised and supported. |
| 3.9 | Assessment by the mental health Home Treatment Service following a crisis referral should take place within:* 4 hours in an emergency
* 24 hours if urgent
 | October 2017 | South West London and St Georges NHS Trust | People who are experiencing a mental health crisis will receive rapid assessment and access into services which achieve parity of esteem |
| 3.10 | * People who require a mental health acute admission must be able to access this in a timely manner and as close to their home as possible
 | April 2015 | South West London and St Georges NHS Trust | People will be able to access acute in-patient services when this is clinically indicated |
| 3.11 | Street triage will be available to support police officers when dealing with people who are in crisis due to mental health problems  | December 2015 | \*NHS Commissioners | Mental health practitioners will be available to accompany police officers to mental health related call outs and provide a telephone service to officers on the grounds who are responding to people in a crisis. The mental health practitioner will help officers by offering professional, on the spot advice and assessment thereby reducing the use of Section 136 and inappropriate A&E attendances |
| 4.**Recovery and Staying Well**  |
| 4.1 | All people under the care of secondary mental health services and people who have required crisis support in the past should have a documented crisis plan which is co-produced by the person with mental health problems, their carer and their mental health professional (Care co-ordinator) | April 2015 | South West London and St Georges | People will be enabled to make advanced decisions about their care in times of mental health crisis.Advanced directives will positively impact on clinical outcomes through an increase in provision of preferred services and improved engagementCo-produced crisis plans empower service users while facilitating early detection and treatment of relapse |
| 4.2 | Arrangements should be put in place to ensure that crisis plans are accessible to GPOOHs and NHS 111 teams | TBC | \*NHS Commissioners |  |
| 4.3 | Transitions between primary and secondary care must be appropriately managed with clear criteria for entry and discharge from acute care  | TBC | \*NHS Commissioners/South West London and St Georges NHS Trust/Primary care | Clear protocols are in place regarding access into secondary care from primary care and vice-versa Fast-track access back to specialist care for people who may need this in the futureIntegration of care ensuring that a pathway of services is organised around the patient |
| 4.4 | Joined up care for people who have experienced mental health crisis with co-existing substance misuse problems | October 2015 |  | People receive a joined up care pathway/Plan to meet their multiple needs |
| 4.5 | Carers are supported and know who to contact at any time, 24 hours a day, seven days a week for fast access into services | October 2015 |  | Carers are offered a carers assessment and services established to meet the identified needsCarers are given information about, and referral to, services that will support the recovery and help the person they care for to stay well |

* *Denotes service development to be commissioned jointly with Richmond CCG*