

Ealing
Mental Health and Wellbeing Strategy for Adults
2017 - 2022

London Borough of Ealing
Ealing NHS Clinical Commissioning Group

Ealing Mental Health and Wellbeing Strategy 2017 - 22

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Foreword: Dr Mohini Parmar, Councillor Tailor and Councillor Gulaid

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Foreword

We are delighted to present the Ealing Adults Mental Health and Wellbeing Strategy for 2017 to 2022.

The mental health and wellbeing of all Ealing residents is at the centre of our approach to making Ealing a healthier, fairer, safer place to live and work. For all of us, our mental health is defined by our fundamental sense of wellbeing and our ability to take part and contribute in our communities.

Difficulties with mental health can happen to anyone and can be a period of depression following bereavement, an episode of psychosis temporarily changing our sense of reality, or living with serious and enduring mental health needs for years or a lifetime.

This Strategy outlines our commitment to shifting the emphasis of support and care to prevention and early intervention, and to building resilience with both individuals and communities. It commits to making opportunities and services accessible and appropriate for our diverse communities, and to a focus on recovery.

We all need the opportunity to develop our own strengths and assets and to do what we can to support our own wellbeing. When we do need more care, support or specialist treatment, we need to be able to access what is right for us, when we need it and where we need it. Our carers, friends and families need to be able to find support for themselves.

As well as a commitment to the mental health and wellbeing of people in Ealing, this Strategy is a call to action. Mental Health is everyone's business. Ealing has many vibrant, active and diverse communities who are already working together to improve the lives of residents. We can all play a role in challenging stigma, sharing understanding and information, and being open about the importance of mental health and wellbeing to all of us.

We all need to be involved: people with lived experience of mental health needs; families, friends and carers; health and social care; parks; businesses; mental health teams; people working with voluntary and community groups; and simply people who live or work in Ealing.

We are looking forward to continuing to work with the residents of Ealing to improve and support mental health and wellbeing across all our diverse communities.

Dr Mohini Parmar

Chair

NHS Ealing

Clinical Commissioning Group

Councillor Hitesh Tailor

Cabinet Member for Health & Adult Services

Councillor Abdullah Gulaid

LBE Mental Health Champion

Health and Wellbeing Strategy for Adults

2017 – 2022

1. Introduction

Mental health is about resilience, wellbeing, and the ability and confidence to make choices, take part and contribute where we want to and to manage our own lives and relationships as we freely want.

Difficulties with mental health can affect all of us, whatever our background, heritage, culture income, social class, sexuality, gender or ethnic background. It can mean struggling with depression or anxiety, or living with severe mental illness over a long period or over a lifetime.

Mental health problems and access to mental health services can be more complex for some groups – those with a learning disability, problems with alcohol or drugs use, with physical disabilities or sensory impairments; those with long term physical health conditions, autism; refugees or asylum seekers, homeless people; war veterans, those who are gay, lesbian, bisexual or transgender or who are part of Black and Minority Ethnic (BAME) groups.

Anyone can develop a mental illness or mental health problem. But our mental health and wellbeing are affected by the circumstances of our lives – our relationships, where we live, our income, whether we experience discrimination or racism, violence, abuse or crime.



2. A Strategy for Ealing – the context

This Strategy is about the Mental Health and Wellbeing of adults in the London Borough of Ealing. It explains how national and local plans and policies drive our work and how we are implementing these to make a difference in Ealing. The Strategy aims to raise awareness of the importance of mental health and wellbeing, encourage discussion, and shows everyone how they can participate in improving mental health and wellbeing in Ealing.

Not only mental health services can support our mental health. Just as important are access to green spaces, employment, our home, leisure, social life and abilities to contribute to our communities. Often mental health problems can make these things more difficult or impossible, both through the effect of a mental illness or through the prejudice and discrimination experienced from others.

We can all make a difference by developing our understanding, talking about mental health in our workplaces and communities, and challenging discrimination. Mental Health is everybody's business.

As part of the Local Authorities' Mental Health Challenge, Ealing has shown leadership and commitment. Ealing Council has an elected member as Mental Health Champion, who leads this commitment, contributes to working in partnership, and promotes and supports the work and initiatives of others. The strategy will contribute to the Future Ealing priority: Residents are physically and mentally healthy, active and independent.

Underpinning all strategic planning for health and wellbeing in Ealing across the Council and the Clinical Commissioning Group is a commitment to good quality, integrated care and support whether in or out of hospital, along with a focus on recovery and on people's abilities to live their lives as they wish.

At North West London level planning includes the North West London Collaboration of Clinical Commissioning Groups, local authorities, community organisations and people with lived experience and their families, friends and carers. Ealing is one of the eight Clinical Commissioning Groups which is part of the North West collaboration.

The North West London approach and focus is outlined in the Healthier North West London Sustainability and Transformation Plan (STP), published in October 2016.¹ Ealing Council notes the ambition and vision of the STP, but concerns about acute hospital reconfiguration mean that the Council has not signed up to the whole Plan at the time of producing this Strategy (March 2017)

¹ <https://www.healthiernorthwestlondon.nhs.uk/documents/sustainability-and-transformation-plans-stps/stp-october-submission-2016>

The following three Delivery Areas have a particular focus on mental health:

- Radically upgrading prevention and wellbeing for the whole population – Delivery Area 1
- Better outcomes and support for people with common mental health needs, with a focus on people with long term physical health conditions - Delivery Area 2
- A new model of care for people with serious and long term mental health needs, including engagement and support for carers, support for employment, support 24/7 and adherence to the Crisis Care Concordat² - Delivery Area 4

The Strategy should be seen alongside other plans for accommodation and housing, physical health, learning disability, autism and challenging behaviour, drug and alcohol services, dual diagnosis, (substance use and mental health needs) and Ealing's Health and Wellbeing Strategy. **These local plans are listed at Annex1.**

It is recognised that no strategic planning about mental health and wellbeing for adults can take place in isolation from that about children's and young people's mental and emotional wellbeing. Prevention must start early, including through schools and the whole range of children's services, and supporting young people as they become adults, maximising their growing independence while making sure they and their families have the help they need. The Transformation of Children's Mental Health services has been established across North West London. Locally we work closely together.³

Nationally there are plans, policies and strategies already in place or being developed which will affect people's experiences of health and social care both now and in the future. Many of these plans include a focus on mental health, which is now recognised as underpinning all aspects of health and wellbeing. **These national plans are listed at Annex 2.**

In 2014/15 the NHS Mandate⁴ stated that '*NHS England's objective is to put mental health on a par with physical health and close the health gap between people with mental health problems and the population as a whole*'. The NHS Constitution in 2015 recognised for the first time that mental health must be treated as equally important to physical health, committing to 'improve, prevent, diagnose and treat both physical and mental health problems with equal regard' - '**Parity of Esteem**'.⁵

² <http://www.crisiscareconcordat.org.uk/>

³ <http://www.ealingccg.nhs.uk/media/1868/FINAL-NWL-Transformation-Plan-050216.pdf>

⁴ [NHS Mandate 2014/15](#)

⁵ <https://www.england.nhs.uk/mentalhealth/parity/>

People with lived experience of mental health services and their families, friends and carers have been and continue to be a powerful voice and force for improvement and change. Individuals and organisations have been at the forefront of innovation and creative change, such as new ways of working with people who hear voices, changes to medication, and challenging stigma and discrimination.

The Recovery Model,⁶ which now underpins the philosophy of many mental health services, including services in Ealing, was developed and campaigned for by people with lived experience, often working alongside service providers. The principle of this approach is not necessarily about recovering from a mental illness, but belief in everyone's ability to live the life they want, working *with* their experiences and symptoms, being part of communities, having relationships, work and leisure, and using services when needed to make this possible.

Beginning with '**personalisation**', which also originated in the service user movement in the field of physical disability, the national policy focus has shifted from provision of services which people were expected to fit into, to an approach centred on the person, their strengths, assets and opportunities, and how they can support their own health and wellbeing as individuals and as communities. Services which people need are only one part of the picture.

This approach to support and care is now inscribed in law in England in the form of the Care Act 2014.⁷ The Act, which went live in April 2015, brought together much of the work carried out across health and social care to make sure people are at the centre of their own care and support, from assessing needs to planning support and treatment.

This is a time of enormous change across the health and care system. In Ealing, as in London and in England as a whole, we are living longer and our population is changing and growing. Our expectations of health and care services are changing, and more of us are living with more than one complex long term health condition.

We have the chance 'to deliver change that is achievable, urgent and necessary.'

Mental Health Taskforce

Public Engagement Findings September 2015

At the same time, there is less money available in public services. There is an acknowledgement that continuing to reduce expenditure through efficiencies and cuts to services will not work.

⁶ <https://www.mentalhealth.org.uk/a-to-z/r/recovery>

⁷ [Care Act 2014](#)

Fundamental changes to the way we do things are needed. People want to have the care they need when they need it, and to be able to live their lives as they wish. There is a greater emphasis on preventing illness and poor health, on building resilience in communities and individuals, and on people themselves managing their own health.

In this context, mental health and wellbeing must be at the centre. Physical and mental health can no longer be seen as separate and mental health cannot be seen as a less important part of the health and care system.

3. Developing the Strategy

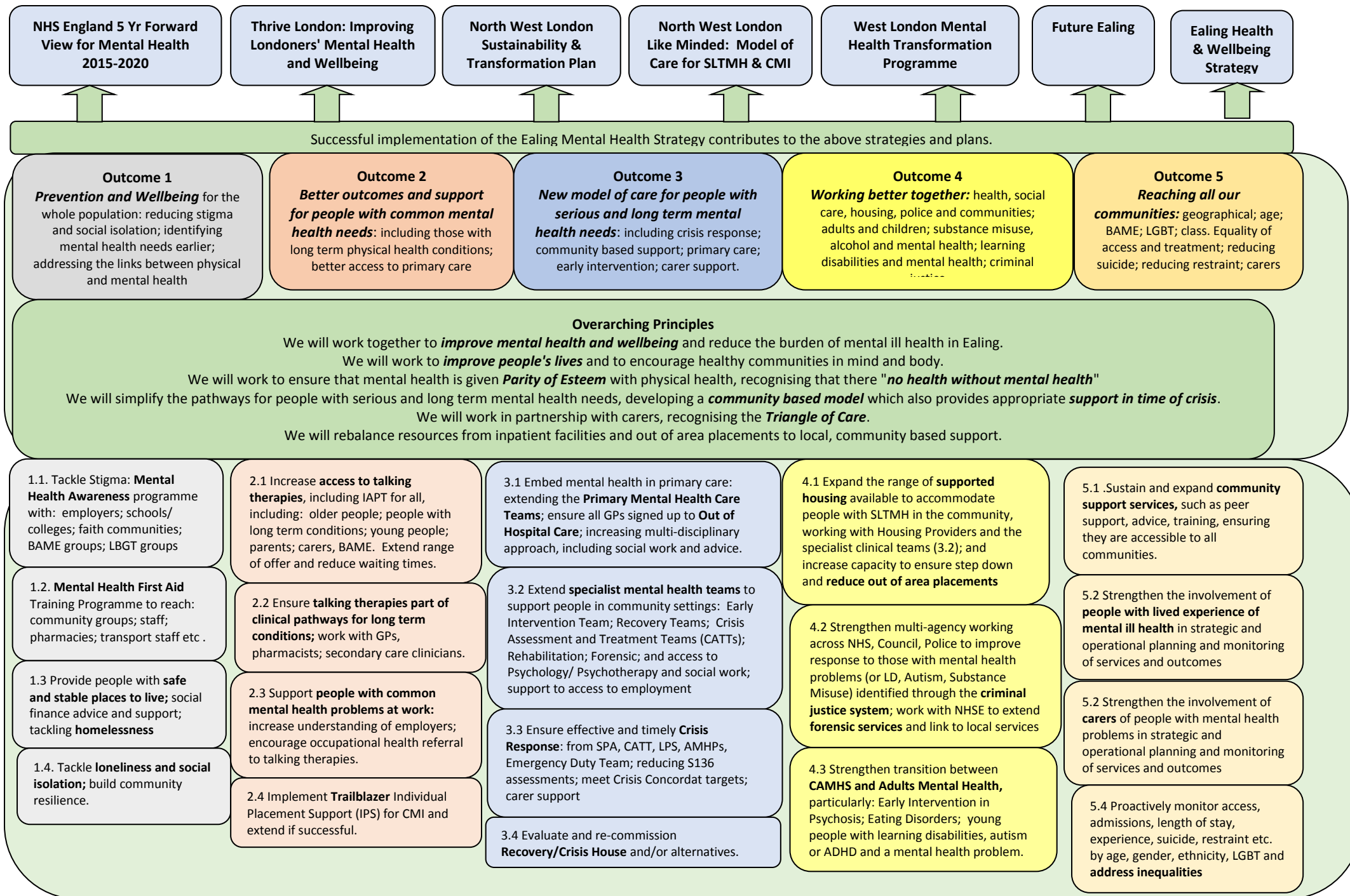
This Strategy has been produced with people with lived experience, including carers, and with staff and volunteers working in mental health across Ealing, in health and social care services and in the voluntary and community sector.

Phase 1 People with lived experience, their families, friends and carers gave their views individually and in groups about what is working well and what needs to be built on and to improve. Staff and volunteers working to improve health and wellbeing contributed their thoughts. This was facilitated through the Ealing Mental Health Forum run by ECVS, and through discussions at community groups and partnership meetings, including the Ealing Mental Health Partnership Board and the Dual Diagnosis Strategy Group, which shaped the first draft of the Strategy.

Phase 2 The first draft was launched on World Mental Health Day 10 October 2016 for consultation and discussion. The draft identified themes for further work which were consulted on in more detail with groups of people using services, engaging with them directly, facilitated by the Ealing HeadsUp involvement support project and through the Ealing Mental Health Forum which hosted a workshop specifically to talk about the Strategy. More general feedback was also received. **A list of who took part and what they said, and a summary of the slides used for workshops are at Annex 3.**

Phase 3 The strategy sets out the outcomes we want to achieve over the next five years, and the priority areas we plan to work on. These are set out in the Plan on a Page overleaf. In the next phase, we will need to implement the first year actions, and work up in more detail the actions required in the later years and how we are going to implement them. During the life of the Strategy there will be ongoing dialogue with Ealing residents, organisations, groups and communities, so that the planning remains live and relevant.

Ealing Mental Health Strategy 2017 – 2022 Plan in a Page



4. Mental Health Needs in Ealing

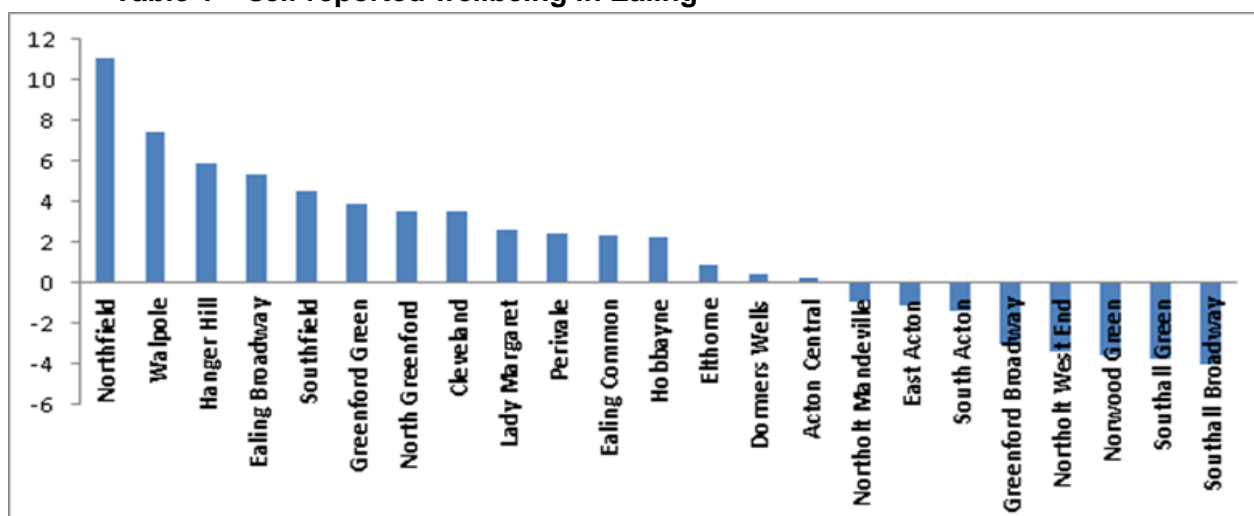
Ealing has a large, growing and diverse population, with huge variation in terms of indices of deprivation, ethnicity, age, and mental health and wellbeing. While some areas of the borough are very affluent, there are areas amongst the most deprived in London.

Detailed information about needs in Ealing can be found in the Joint Strategic Needs Assessment⁸ and in the Public Health England and NHS Right Care Mental Health data pack available through 'Commissioning for Value'⁹ The next section of this Strategy outlines the headline figures.

Ealing's mid-2015 population was estimated at 343,100 – an increase of 1,000 persons over the mid-2014 estimate of 342,100. Ealing remains the third most populous London borough after Barnet and Croydon. In comparison, the GP registered population was 426,086 at April 2016.

In terms of people known to be living with mental health problems Ealing does not have a higher than average number, but this varies across the borough. The following table shows the variation in self-reported wellbeing scores across Ealing:

Table 1 – self reported wellbeing in Ealing



Source: London Ward Well-being Scores, GLA, 2015

The number of people predicted to have mental health problems in Ealing is likely to increase over the coming years, as shown here:

⁸ https://www.ealing.gov.uk/downloads/download/1018/ealing_joint_strategic_needs_assessment

⁹ <https://www.england.nhs.uk/rightcare/intel/cfv/data-packs/>

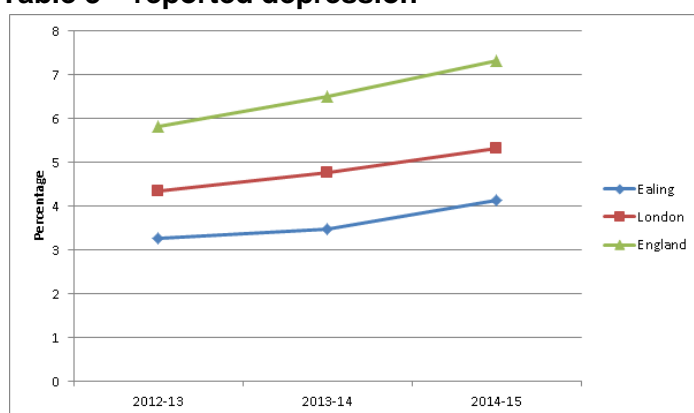
Table 2 – population projection

Population Projection	2012	2015	2020	2025	2030
People aged 18-64 predicted to have a common mental disorder ¹⁰	34415	34871	35402	35965	36451
People aged 18-64 predicted to have two or more psychiatric disorders ¹¹	15504	15712	15962	16225	16453

Source: Mental Health Disorders projection 18-64 years – PANSI 2014

In 2014/15 the Ealing GP registered population with depression was 13,538, which is 4.15% of all people. This proportion is lower than for London (5.33%) and England (7.33%)

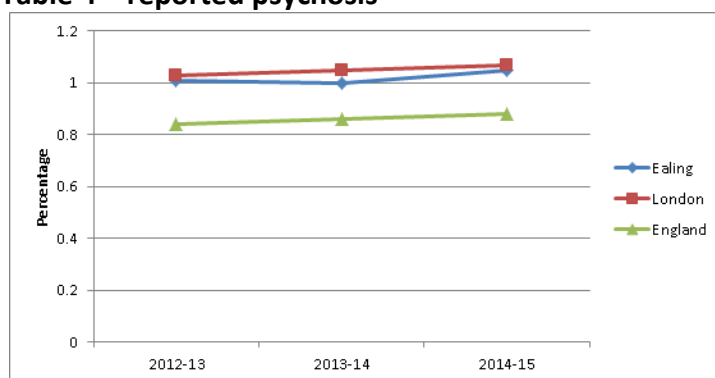
Table 3 – reported depression



Source: HSCIC, QOF data 2014/15

In 2014/15 the Ealing GP registered population with psychoses was 4,392, which is 1.05% of all people. This proportion is lower than for London but higher than England.

Table 4 – reported psychosis



Source: HSCIC, QOF data 2014/15

Part of Ealing's population is made up of refugees and people seeking asylum, who have often experienced extreme trauma and violence. Ealing is home to war

¹⁰ Anxiety and depression

¹¹ 'Psychiatric Disorders' - ranges from common mental health needs to psychosis and personality disorder. Diagnosis of two or more is associated with increased severity of symptoms, longer duration, greater functional disability and increased use of health services.

veterans, many of whom have experienced trauma and loss and may have physical disabilities as well as mental health needs.

There are people with many different faiths and beliefs, languages and cultures, and this is constantly changing.

Welfare reforms and reduced financial resources in public services are having an impact on people living in Ealing, including those with mental health needs and their families, friends and carers. The context creates challenges for those providing and commissioning services to meet needs, making it even more important to work closely together with people and across organisations to provide the best possible opportunities.

The national ambition is to reduce the suicide rate by 10 per cent by 2020/21. Nationally, the highest rates are still found in men in their 40s and 50s and it remains the leading cause of death in young men. At the same time, the suicide rate in women has risen, though the male rate is still three times higher

Ealing has a high prevalence of risk factors for suicide, including:

- opiate/crack cocaine users aged 15-64 years (2011/12 data)
- adults receiving treatment from specialist drug misuse services
- alcohol-related hospital admission
- adults receiving treatment from specialist alcohol misuse services
- % of people with high self-reported anxiety
- long-term employment
- a high rate of statutory homelessness and limited English language skills.

Individuals at higher risk of suicide in Ealing include:

- Lower-skilled or unemployed men
- Male immigrants without a support network
- Individuals accessing alcohol or drug misuse services
- Individuals in contact with mental health services

5. Ealing's Approach

Ealing has a great many groups and individuals committed to improving mental health and wellbeing and supporting people when they need help. Services providing mental health care and support, and projects addressing wider issues such as loneliness and isolation, are striving to provide the best possible in challenging circumstances. We are committed to working together to make sure everyone has access to support, and knows where to find what they need to stay well.

We know that improving mental health and wellbeing is everyone's business and in Ealing we have a Mental Health Partnership Board which includes representatives from the Council and the NHS, voluntary sector and people with lived experience and carers. It oversees work on adult mental health and reports to the Ealing Health and Wellbeing Board.

Ealing has a strong culture of involving people with lived experience in service development and design. There is considerable work to do but it is important to acknowledge and recognise the work already taking place.

The West London Mental Health NHS Trust, along with Ealing Council and Clinical Commissioning Group, facilitates both a regular Service User Strategy Group and a Carers Strategy Group. Two mental health Carers Support Groups are provided in the borough, with peer support and opportunities for contributing feedback and ideas to services and commissioners.

Through 'HeadsUp', Hammersmith and Fulham Mind are commissioned to provide support for people in Ealing with lived experience of mental health problems when they are involved in service design and development, in the day-to-day running of services, and interviewing and training staff.

The West London Collaborative (a community interest enterprise run by people with lived experience) promotes and facilitates coproduction. They have hosted a variety of events to inform the development of mental health services, including Urgent and Crisis Care and inpatient transformation, highlighting how to make services effective and accessible by acting out real life scenarios.

Ealing has a diverse and very active voluntary and community sector, including organisations concentrating on work with people with mental health problems, and those focusing on wellbeing more broadly. Through the voluntary sector's Mental Health Forum, these groups have contributed their views and ideas to this Strategy.

Ealing is signed up to the National Charter to End Loneliness. Being lonely can be both a cause and an effect of mental health problems, as well as being linked

to physical health and disabilities. Changing this can make a significant difference to health and wellbeing.

Ealing held its first Mental Health and Wellbeing Fair in June 2016, and has made a commitment to hosting these annually. Over 200 people came along on the day, and 35 organisations and groups were represented. Many people who came to the Fair contributed their ideas for the Strategy through a stall hosted by commissioners.

6. What matters most to people

During the development of this Strategy people said what is working well in mental health services, what needs to improve and where they think there are gaps. They told us their ideas for making some small changes that will make a big difference, and said where they would like longer term developments to focus.

Much of what Ealing people said about mental health services resonates with national and local strategies and with plans for the transformation of how health and support services are provided. Some of the gaps identified are already being addressed locally, and the themes will contribute to our priorities and planning.

People with Lived Experience

If I have to tell my life story over and over again it affects my mental health. It can feel like torture.

Given that that there are great pressures on funding ...we must place great emphasis on training, prevention, early intervention, treating the whole person, health promotion, basic good business practice and promoting an integrated approach to service provision.

People said many positive things about existing services and opportunities in Ealing and commented on the great variety available, through both voluntary and community sector and statutory services.

These are a few services which a number of people picked out as working well:

- The Single Point of Access (SPA) at West London Mental Health NHS Trust
- The Solace Centre which provides peer support, promotes social inclusion and challenges stigma
- Community Activities Project Ealing (CAPE) which supports people with serious and long-term mental health needs in accessing employment, leisure and learning
- The Recovery House
- The Recovery Hub, which provides training, vocational support and a peer support network
- Ealing IAPT (Improving Access to Psychological Therapies)

Voluntary sector services received positive feedback, often about their flexibility, their closeness to communities, and their diversity and creativity.

Mental health professionals were often described as listening and showing empathy.

People expressed concerns about access to some services, and about inconsistency in the mental health service they receive. They recognised challenges across the system, such as limited resources, difficulty recruiting staff, and increasing needs for services.

'Mental health differs from one individual to the next. It comes with a whole range of issues and problems (social, financial, housing, work). These need to be addressed and taken into consideration when dealing with mental health sufferers and are part of the bigger picture when considering recovery plans' *A person with lived experience*

Annex 3 sets out who we spoke to and shows the main themes people raised during the development of this Strategy and what they said. It notes where the subjects raised link to the North West London Sustainability and Transformation Plan (STP) Delivery Areas and other national and local strategies.

Families, Friends and Carers

The need to recognise and support the role of carers was raised by people using services, staff and volunteers, as well as by carers themselves. Often not identifying themselves as 'carers', families and friends experience the distress and disruption of mental illness, and can be left managing the affects without information or support, all against a backdrop of discrimination and stigma.

Carers can and do make an expert contribution to support and care and be alert to changes and potential crises. They may live with enormous stress and be in urgent need of support themselves to maintain their own wellbeing.

The Triangle of Care¹² is an approach to engagement between professionals and carers, which recognises the contribution made by everyone, addresses issues of confidentiality and information-sharing, and ensures that carers are offered the right support for themselves.

In Ealing, Carers have put forward a proposal for a Carers Lead to be identified within the West London Mental Health Trust to support implementing the Triangle of Care. In 2015 Carers put forward a summary of what they need which is outlined here:

What Carers Need

- A discrete service for carers, run as part of the West London Mental Health NHS Trust
- Family Therapy Service, addressing the impact of mental health issues on the whole family.
- Family help (practical, emotional, information) before, during and after family member or friend is admitted as an inpatient (whether or not under a section of the Mental Health Act)
- Care and support provision so that the carer can have a break from caring
- Peer Support and Befriending Service
- Liaison between services and planners with carers support groups and support workers
- Office Advice Line providing a range of information including help in a crisis.
- Working with Care Coordinators in Recovery Teams to promote their understanding that relevant and essential information must and should be given to carers in a timely way.

Carers Strategy Group, 2015

7. What is already happening

North West London and Like Minded

The above section outlines what people said during the development of this Strategy. People's views were often closely aligned to national and local policy which is shown in Annex 3, where links to Sustainability and Transformation Plan Delivery Areas are linked to the themes raised. There is an encouraging consensus about the direction of change needed to make mental health care and support effective and sustainable.

¹² <https://www.rethink.org/carers-family-friends/brothers-and-sisters-siblings-network/information-for-professionals/the-triangle-of-care-families-and-carers-included>

The Sustainability and Transformation Plan (STP) for North West London puts in place local aspirations for achieving the NHS England Five Year Forward View¹³. The focus is on prevention and on services working together so that people have their support and treatment closer to home. All of these were identified by people in Ealing as important. Ealing Council supports these aims and the focus on high quality services provided outside of hospital. Due to concerns about acute hospital reconfiguration the Council has not signed up to the whole Plan at time of producing this Strategy (March 2017)

North West London Sustainability and Transformation Plan

Delivery Area 1

Radically upgrading prevention and wellbeing for the whole population – includes reducing stigma and social isolation, identifying mental health needs earlier, bringing together addressing physical and mental health.

Delivery Area 2

Better outcomes and support for people with common mental health needs, with a focus on people with long term physical health conditions – includes better access to Primary Care and joining treatment for mental health needs with treatment for long-term conditions.

Delivery Area 4

The Like Minded new model of care for people with serious and long term mental health needs, including engagement and support for carers, improving access to services for Eating Disorders, support for employment and social inclusion, support 24/7 in a crisis and adherence to the Crisis Care Concordat¹. The model consists of moving towards less need for intensive and inpatient mental health care by providing more support in communities and in Primary Care.

The Government has set a target for full integration of mental health services by 2020, which if achieved will mean that a person who wants to know about what is available to support them, or who needs urgent help in a crisis, will not need to know which organisation is providing a service or who has paid for it. **It will just be the right support at the right time.**

Like Minded is the part of the transformation programme specifically working with mental health, and includes people with lived experience, their families, friends and carers, voluntary and community groups, GPs, service providers and local authorities alongside the eight Clinical Commissioning Groups.

Like Minded has programmes supporting implementation of transformation across the whole mental health system, including challenging stigma and

¹³ [Five Year Forward View, NHSE](#)

discrimination, social isolation and loneliness, children's and young people's emotional health and wellbeing, and developing a digital tools to promote mental health and wellbeing.

The **Mental Health Crisis Care Concordat** (2014) ¹⁴ is being implemented across North West London, and outlines the ways that services work together to support people with mental health needs when they are in crisis. Ealing Council and Clinical Commissioning Group signed up to the Concordat in 2014, along with other Like Minded partners across North West London.

Alongside Like Minded is the **West London Alliance**, which brings together the North West London local authorities, working together and linking to national programmes to address issues such as housing, supported accommodation and support into employment.

Like Minded includes two major programmes of change for:

- People with serious and long-term mental health needs (psychosis, personality disorder, complex depression and trauma)
- People with common mental health needs (depression, anxiety, compulsive disorders and phobias)

Detailed information about these can be found in the Like Minded Strategy ¹⁵. In Ealing, the Like Minded Strategy is being implemented through the local **West London Mental Health Transformation**.

With a more local focus, this involves the three Clinical Commissioning Groups who commission the West London Mental Health NHS Trust for most of their mental health services – Ealing, Hounslow and Hammersmith & Fulham, working in partnership with the Trust to transform local services. WLMHT and the CCGs are working with the three local authorities, voluntary and community groups, people with lived experience, their families, friends and carers, GPs and others in Primary Care in this transformation work.

Central to the local Transformation is the transfer of people's care and support from more intensive mental health services to support and care closer to home, with their GP. This work began in 2012 with the Shifting Settings of Care programme, stepping down people with less enduring or complex mental health needs from secondary mental health services (the Recovery Teams in Ealing) back to their own GP.

Since 2015 this has been further developed by enhancing the Primary Care Mental Health Services available to support both GPs and patients, so that more people can have their care transferred closer to home when appropriate. This

¹⁴ <http://www.crisiscareconcordat.org.uk/>

¹⁵ <https://www.healthiernorthwestlondon.nhs.uk/bettercare/mentalhealth>

transfer of care is essential to improve people's experiences of using services, to promote wellbeing and physical health care, and to make the whole system sustainable.

The following table outlines how Ealing's mental health services are structured at the time of producing this Strategy, how they are already addressing the national and local agenda for transformation and responding to what people have told us about local needs. Later in the Strategy plans for developing and improving services are explained, but it is important to note here how much is already being done and how much has been achieved.

Table 5 – What is already happening?

Area	What is happening now – March 2017
Urgent and Crisis Care	<p>West London Mental Health Trust's Single Point of Access (SPA) was established April 2016; new Crisis Assessment and Treatment Team (CATT) have been set up to treat people at home wherever possible and avoid admission to hospital. Linked to this is the Ealing Recovery House provided by Rethink.</p> <p>Work is happening to meet the requirements of the Crisis Concordat across all areas of crisis care including the police, community safety, CATT and Liaison Psychiatry Service; Liaison and Diversion, diverting people from criminal justice system where their primary needs are mental health, learning disability or autism; reviewing use of Section 136 assessments and places of safety, are being addressed across London.</p> <p>In Ealing there is a multidisciplinary Crisis group which meets regularly to assure police, ambulance, community safety and mental health services are working closely together.</p>
Inpatient Care	<p>Provided at the Wolsey Wing at Ealing Hospital, Lakeside at West Middlesex Hospital and at Charing Cross Hospital. Transformation work has started at West London level to coproduce clear pathways for admission, assessment, treatment and discharge. As well as improving patient experience and outcomes, this work aims to reduce length of stay and reduce the number of people who are in hospital longer than they need to be (Delayed Transfers of Care). The Trust provides Psychiatric Intensive Care Units (PICU). In Ealing there is a local PICU for men. Women's most local PICU is in Hammersmith & Fulham.</p>
Planned Care	<p>Care and support for people with serious and long term mental health needs in the community is provided through Recovery Teams - multidisciplinary, integrated teams made up of a range of professionals including psychiatrists, psychologists, occupational therapists, social workers, community psychiatric nurses and support workers. As more people's care moves to Primary Care services (outlined above) Recovery Teams will be able to develop new specialist pathways, embedding clear treatment and interventions and better access to psychological therapies for the most complex needs. At the time of producing this Strategy, work has started on making this happen.</p>

Area	What is happening now – March 2017
Primary Care	<p>Since 2015, the Primary Care Mental Health Service in Ealing has been developed to support both GPs and patients when people's care is transferred to Primary Care. Ealing's Primary Care Mental Health Team includes community psychiatric nurses and occupational therapists, and since 2016 additional investment has been used to employ a consultant psychiatrist and a clinical psychologist. As well as supporting those transferred from secondary care, people coming into services who would in the past have been referred into Recovery Teams, are now being supported by the Primary Care Team.</p> <p>GPs have signed up to the new Out of Hospital Contract for mental health, which allows them to provide additional help to people with mental health needs, such as longer appointments. The CCG employs a team of Care Coordinators based in Primary Care who work with people with long term conditions and complex needs, including mental health needs, providing help with navigating the system to find the right care and support.</p>
Early Intervention in Psychosis	<p>There is strong evidence that intervening early when someone experiences their first episode of psychosis significantly improves their quality of life, level of need and even life expectancy.¹⁶ West London Mental Health Trust provides an Early Intervention in Psychosis service which delivers appropriate multidisciplinary packages of care to support people as soon as they experience a first episode. Work has started to develop and improve this service to ensure NICE guidance is met from April 2017. As well as being important for those individuals and their families affected, this will be important because of its impact on future demand for mental and physical health services and social care services, and the consequent financial benefit to the system.</p>
Specialist Rehabilitation	<p>People in Ealing have access to two Specialist Rehabilitation wards provided across West London. Work has started on reviewing the service with the aim of embedding more firmly within the Planned Care and Inpatient pathways already described, and linking more closely to support in the community.</p>
Community Support	<p>Community and voluntary sector groups are commissioned to provide people with additional backing such as advice and information, practical help with finances, and support to access training and employment. Peer support – opportunities for people with lived experience to meet socially and support each other – is also an important part of maintaining mental health in the community. These services and opportunities support the management of people's care within Primary Care, and help keep people well to prevent crises. The voluntary sector provides enormous and diverse support to communities and promotes wellbeing across Ealing. The Council supports an Information and Advice Network to help people find out what there is available, and an online directory (CarePlace) about where to find the care and support you need.</p>
Accommodation pathway – somewhere to live and the right support See Annex 4	<p>The Council commissions a range of supported living and supported accommodation options for people with mental health problems, including 24/7 high support services, residential care and more independent accommodation with floating support. These services are not simply somewhere to live – at best they are a vital part of supporting people in their recovery, promoting wellbeing and helping people find their place in their community. People with mental health needs also live in their own homes and with their families and friends, but many struggle to find and retain safe accommodation. Mental Health services and Community Safety work closely to avoid evictions.</p> <p>Work is ongoing with service providers to review people who are in supported living or supported accommodation to support them to move on to the most appropriate level of support for them at that time. Ealing has a Recovery House, which provides short term intervention and support for people in crisis to avoid admission to hospital or facilitate early discharge.</p>
Perinatal Services	<p>A new specialist Perinatal Service was set up in Ealing as part of the Transformation of</p>

¹⁶ [NICE guidance and Early Intervention in Psychosis](#)

Area	What is happening now – March 2017
	Children's mental health services. It works from community settings such as Children's Centres as well as from hospitals. The service works with mothers with serious mental health needs during pregnancy and following the birth of their baby, both women who already have serious mental health needs and those who develop them during pregnancy or after their baby is born. The service is supported where the need is not for so intensive a service, through IAPT's 'Enjoy your Baby' group programme. Service being reviewed and evaluated at March 2017.
Improving Access to Psychological Therapies (IAPT) Counselling services	The IAPT programme supports implementation of NICE guidelines for treatment of people with depression and anxiety disorders. Before 2008, NICE recommended only medication as treatment for common mental health needs. IAPT was a major change in approach and emphasis. In Ealing IAPT provides NICE compliant talking treatments for more than 6,000 people each year. In Ealing, talking treatments are also provided through the voluntary sector. The Council and Ealing CCG contribute to these by supporting the Ealing Abbey Counselling Consortium which provides people with a choice of longer term interventions and support. The Consortium works closely with IAPT and provides some NICE compliant treatments alongside them.
Partnership Working	In Ealing there are a number of ways in which partnership working is supported. Dual diagnosis (mental health with substance misuse) Strategy Group Talking Therapies Network – sharing good practice and identifying and addressing gaps Ealing Mental Health Partnership Board Support for Involvement of people with lived experience (HeadsUp) Mental Health Forum facilitated by Ealing CVS Mental Health Providers Forum Autism Partnership Board Dual Diagnosis Anonymous provides peer support and recovery for people who have mental health needs and hazardous use of substances.
Equalities – access to services for everyone	The voluntary and community sector supports access through a range of groups and projects designed to address diverse needs across Ealing. The West London Mental Health Trust has a gender and sexuality sub group which is revisiting training and appointment of ward champions, and supports active campaigns about diversity through posters. IAPT runs a Punjabi radio phone in. There is a diverse staff team across mental health services, and a range of first languages which reflects the communities of Ealing.
Carers, families, friends	Support for carers is available through the Carers Support Service for all carers in Ealing, whoever they care for. In addition there is some specific mental health carers support: Two Carers Support workers in Recovery Teams, also available to those transferred to Primary Care Training through Recovery College and Carers Support Service Carers Support Groups and Carers needs assessments through Local Authority
Learning Disability and Autism	Work is ongoing to monitor and improve access to mainstream mental health services for people with Learning Disabilities and Autism, using the Greenlight Toolkit. Work has started on reviewing outcome measures for these groups when using talking treatments, and to review the way diagnosis and treatment is commissioned for people with autism.
Employment support and training	Specialist vocational support is available for people with serious and long-term mental health needs as part of the West London Mental Health Trust Recovery Hub. Voluntary sector organisations such as CAPE, Solace and Pathways support people to find work and volunteering opportunities. A new Trailblazer service was launched in February 2017 across North West London which is piloting the provision of Individual Placement and Support for people with common mental health needs, working with community organisations.

Area	What is happening now – March 2017
Prevention and anti-stigma	<p>There are a number of initiatives in Ealing addressing prevention and challenging stigma, such as One You Ealing which addresses aspects of health and wellbeing, Ealing CVS opportunities for volunteering with a long term condition (including mental health needs), community arts groups and peer support. The Ealing Mental Health and Wellbeing Fair raised the profile of mental health in Ealing and brought together people who work and volunteer in mental health across the borough.</p> <p>Ealing has a multiagency Suicide Prevention Group which produced and is monitoring an action plan, part of which focuses on reducing stigma and making it easier for people to find help earlier and in crisis. See Ealing Suicide Prevention Action Plan¹⁷</p>

8. Shifting Resources to Achieve our Objectives

This section of the Strategy focuses on how these national, regional and local priorities are being addressed in Ealing and what further work we need to do to improve mental health and wellbeing in our community.

Ealing has already made great strides in responding to the changing health and care environment. Working at several different levels of planning, the underlying aim is make the shift towards prevention, building up communities and individuals to be better able to support their own mental health, and making the right services available straight away when they are needed.

Mental health services are commissioned by the NHS through Ealing Clinical Commissioning Group (CCG) and by the London Borough of Ealing (the Council). In addition primary health care and some specialist mental health services are commissioned by NHS England, including forensic (secure) services.

In Ealing the statutory authorities spend over £50 million on adult mental health services per year. The largest proportion of this comes through Ealing NHS Clinical Commissioning Group, paying for NHS mental health services in hospital and communities, GPs Out of Hospital contract, mental health community placements and continuing healthcare. The total is in the region of £38 million. The Local Authority spends £5 million on social work, carer support, supported housing, and independent advocacy. The remaining £7 million is spent jointly by the Council and the CCG, covering Supported Living, Residential and Nursing Care,¹⁸ and community and voluntary sector services and counselling.

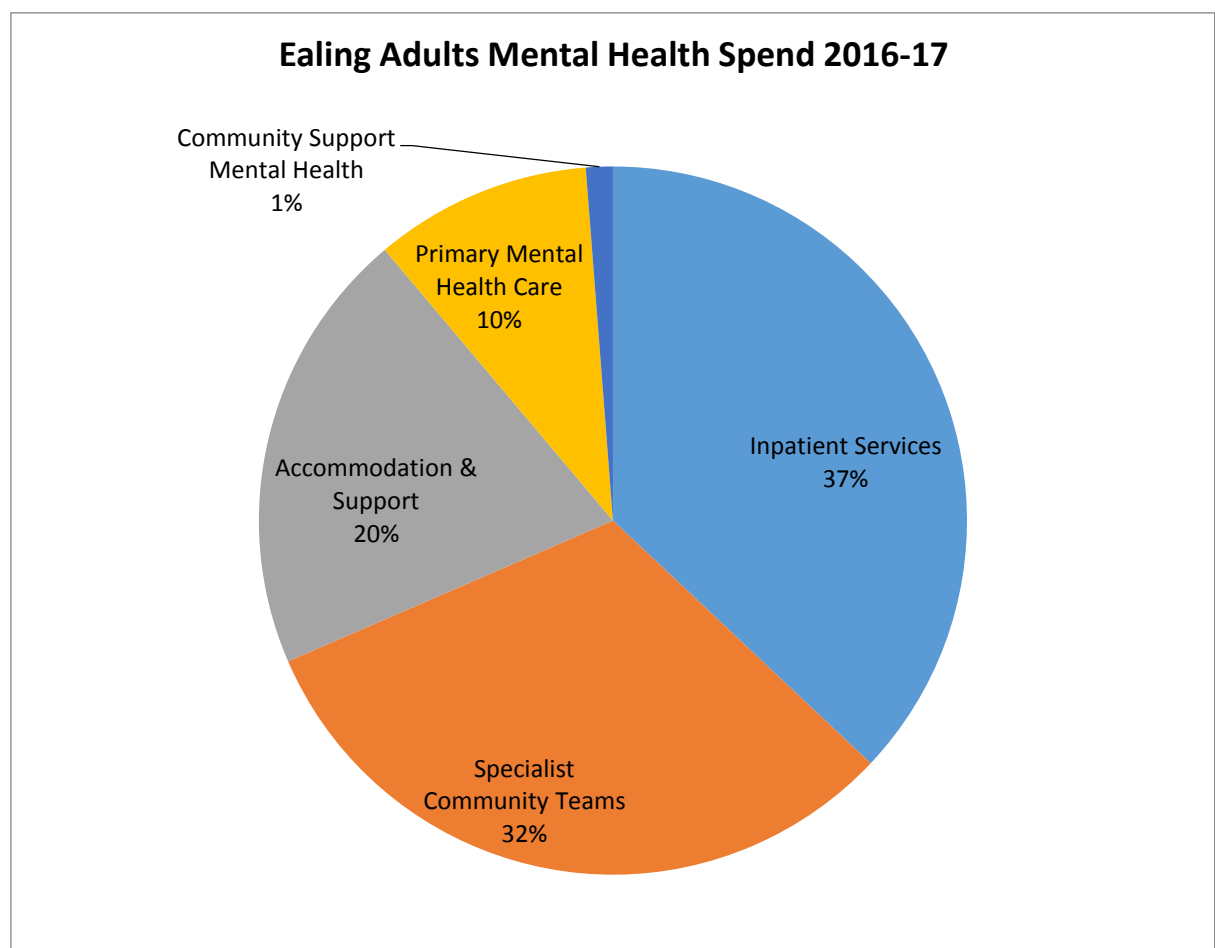
The pie chart below indicates the areas where the money is spent in Ealing. The purpose of the chart is to demonstrate the way resources are currently divided between intensive, hospital-based services, specialist community teams, primary care mental health and community and voluntary organisations. Additional details, showing the split of funding within these categories, are shown in **Annex 6**.

¹⁷ Suicide Prevention Action Plan available through Ealing Public Health Department (April 2017)

¹⁸ Currently largely paid for through the Local Authority, but with an increasing share through the CCG

In addition to statutory services the CCG and the Council fund a range of community sector services which support mental health and wellbeing through information and advice, practical help with finance and housing, carers' services and learning and employment support. These services play a key role in mental health transformation, providing additional support in communities when people's care moves away from more intensive mental health services.

By 2022 it is not anticipated that there will be a great deal more money or resources for mental health services, but the aim is to move resources towards prevention and early intervention and away from acute hospital admissions by reducing the length of time people stay in inpatient care. By improving mental health and wellbeing and addressing mental illness early on we can reduce spend on lengthy inpatient care and support more people in the community.



Both the NHS and the Council are facing reducing budgets and increasing demand. However, within the NHS budget there is an expectation that the CCG will spend an increasing proportion of money on mental health to achieve the Government's commitment to Parity of Esteem with physical health. In 2016/17 the CCG met this target to achieve the Parity of Esteem and are planning to meet this for future year in 17/18.

It is important to see this in the context of Ealing's large transient population. Ealing may not be the place where preventative work could have taken place, and we will still see people in crisis when they arrive here. Our own urgent and crisis services will need to remain responsive so that we can deal with the here and now, and prevention and early intervention should be seen across a wide geographical area.

The NHS England Five Year Forward View for Mental Health 2015-2020 identified three aims:

- Better Health
- Transformed Quality of Care
- Sustainable Finances

In Ealing, we have identified five outcomes which need to be achieved to deliver these aims. Some of these can only be delivered at scale - either London-wide; North West London-wide; or across West London. But in all of these we in Ealing have a part to play. This Strategy sets out these five outcomes and an action plan to deliver them over the next five years.

9. Outcomes for Ealing

Building on existing work as outlined earlier in the Strategy, we have identified the following overarching principles::

- We will work together to improve mental health and wellbeing and reduce the burden of mental ill health in Ealing.
- We will work to improve people's lives and to encourage healthy communities in mind and body.
- We will work to ensure that mental health is given **Parity of Esteem** with physical health, recognising that there "**no health without mental health**"
- We will clarify and simplify the pathways for people with serious and long term mental health needs, developing a community based model which also provides appropriate support in time of crisis.
- We will work in partnership with Carers, implementing the **Triangle of Care**
- We will rebalance resources from inpatient facilities and out of area

Within these we have identified the following five Outcomes for Ealing:

Outcome 1

Prevention and Wellbeing for the whole population: including reducing stigma and social isolation; identifying mental health needs earlier; addressing the links between physical and mental health; suicide prevention

Outcome 2

Better outcomes and support for people with common mental health needs: including those with long term physical health conditions; better access to primary care

Outcome 3

New model of care for people with serious and long term mental health needs: including crisis response; community based support; primary care; early intervention; carer support.

Outcome 4

Working better together: health, social care, housing, police and communities; adults and children; substance misuse, alcohol and mental health; learning disabilities and mental health; criminal justice

Outcome 5

Reaching all our communities: geographical; age; BAME; LGBT; class. Equality of access and treatment; reducing suicide; reducing restraint; carers

For each of these five outcomes we have identified a number of work programmes and initial actions for 2017/18. Further work will be required under each outcome to detail actions for the subsequent years, and these will need to be flexible to deal with changing national and local policy, and developing needs. **These are actions to build on existing work as outlined earlier in Table 5.**

The outcomes and actions are set out in the tables below.

Outcome 1 *Prevention and Wellbeing*

	Action Area	2017/18	18/19	19/20	20/21	21/22	Partners ¹⁹
1.1	Tackle Stigma: Mental Health Awareness programme with: employers; schools/ colleges; faith communities; BAME groups; LGBT groups	Anti-stigma campaign with employers and with community organisations and groups serving diverse communities Mental Health Fair to include local businesses World Mental Health Day activities and events Bring together local arts groups and peer support Implement Suicide Prevention Action Plan	Time to Talk Day campaign			Annual Fair, 200+ attendees, 35+ stalls, increase in businesses	Mental Health Forum Trailblazer Pilot Regeneration Team
1.2	Mental Health First Aid Training Programme to reach: community groups; staff; pharmacies; transport staff	150 people trained, 3 new trainers	Continue roll out			500 people trained	Public Health Ealing CVS
1.3	Ensure people have safe and stable places to live; social and finance advice and support; tackling homelessness	Homelessness Action Plan see Annex 5 - Emergency Department frequent visitors with housing issues Develop joint policy for people with no recourse to public funds					St Mungos Housing and Safer Communities
1.4	Tackle loneliness and social isolation; build community resilience.	Implement our Loneliness Charter				200 local pledges	ECVS

¹⁹ Ealing CCG, London Borough of Ealing, GPs and people with lived experience and families, friends and carers are always partners *so are not listed*

Outcome 2 Better outcomes and support for people with common mental health needs							
	Action Area	2017/18	18/19	19/20	20/21	21/22	Partners²⁰
2.1	Increase access to talking therapies , including IAPT for all, including: older people; people with long term conditions; young people; parents; carers, BAME.	New access targets for IAPT from NHSE ²¹ with a focus on people with long-term conditions and people with longer term mental health needs, and people from BAME backgrounds. 16.8% of prevalence of people with depression or anxiety in Ealing to access NICE compliant treatment. Extend range of offer to include digital and online, and longer term counselling				25% access target (70% increase in people treated)	WLMHT Voluntary sector counselling and talking treatments
2.2	Ensure talking therapies part of clinical pathways for long term conditions ; work with GPs, pharmacists; health psychology services	60% of increase in access rate for IAPT to be with people with long term physical health conditions. To be achieved over 5 years through co-locating with physical health practitioners, integrating offer for people with diabetes and breathlessness	Expand to other long term conditions			60% increase with long term conditions	WLMHT Community Health Teams Acute Trusts Pharmacies
2.3	Support people with common mental health problems at work : employers; occupational health referrals to talking therapies.	Ten employers to sign up to Health Workplace Charter in Ealing (Ealing Health and Wellbeing Strategy target) Support Adult Learning in providing healthy workplace courses					Public Health Adult Learning
2.4	Implement Trailblazer as part of building support for returning to or staying in employment	Individual Placement Support (IPS) for Common Mental Health needs and extend if successful IAPT increase group work with Job Centre +				Trailblazer targets 3 x IAPT groups/yr	WLA Twining Department of Work and Pensions

²⁰ Ealing CCG, London Borough of Ealing, GPs and people with lived experience and families, friends and carers are always partners *so are not listed*

²¹ [Implementing the Five Year Forward View for Mental Health](#)

Outcome 3: New model of care for people with serious and long term mental health needs							
	Action Area	2017/18	18/19	19/20	20/21	21/22	Partners²²
3.1	Embed mental health in primary care: extending the Primary Mental Health Care Teams ; increasing multi-disciplinary approach	Ensure all GPs signed up to Out of Hospital Contract for mental health Enhance Primary Care Mental Health Service by including social workers in the Team Support for voluntary organisations which provide practical help to allow people to remain in, or move to, Primary Care Consult people using services on physical healthcare (link to Outcome 2.2)					WLMHT Voluntary and community sector Physical health community teams Acute Trusts
3.2	Transform specialist mental health teams to support people in community and inpatient settings	Early Intervention Service review Planned Care Pathways for psychosis, personality disorder and Complex Depression, Anxiety and Trauma developed within Recovery Teams, including access to Psychology/ Psychotherapy and social work. Community support when waiting. Rehabilitation review completed Build on support to access employment through Individual Placement Support (IPS) model Develop and agree clear inpatient pathways and joint protocol across system to support early discharge from hospital. Increase number of people trained to provide brief psychological intervention (e.g. Cognitive Behaviour Therapy) in CAT team and across services Support for community organisations providing psychological therapies Occupational therapists link to Falls service	Rehabilitation outreach service established Forensic outreach developed			Waiting times for psychological treatment reduce year on year Increased number of people trained to provide CBT Average length of Stay and delays to reduce year on year	WLMHT Community providers Whole system (Delayed Transfers Of Care)
3.3	Ensure effective and timely	Joint training with SPA, CATT and voluntary sector				Meet Crisis	WLMHT

²² Ealing CCG, London Borough of Ealing, GPs and people with lived experience and families, friends and carers are always partners *so are not listed*

Outcome 3: <i>New model of care for people with serious and long term mental health needs</i>							
	Action Area	2017/18	18/19	19/20	20/21	21/22	Partners²²
	Crisis Response: from SPA, Crisis Assessment Treatment Team, Liaison Psychiatry Service, Approved Mental Health Professionals, Emergency Duty Team; S136 assessments; Crisis Concordat targets; (see Outcome 4.3) Carer support at time of crisis (see Outcome 4.2)	including Samaritans to understand what each offers and streamline working together when appropriate 1 course per year, 30 people per course Link to 111 service Review and evaluation at NW London level – local action planning based on findings as appropriate Reduced s136 assessments from base line				concordat targets	Police NHSE London Ambulance Service Safer Communities

Outcome 4 Working better together							
	Action Area	2017/18	18/19	19/20	20/21	21/22	Partners²³
4.1	Expand the range of supported accommodation available to for people with serious and long term mental health need sin the community, working with Providers and the specialist clinical teams (3.2); and increase capacity to ensure step down and reduce out of area placements	Review Recovery House and other community options e.g. Crisis Cafes Commission additional time limited supported accommodation and floating support	Commiss-ion alternative crisis support following Recovery House Review				Accommodation and Support Providers WLMHT
4.2	Carers: Involvement in services Involvement in care Own needs and wellbeing	Embed Six Principles of the Triangle of Care, based on 'What Carers Need' proposal 2015 Provide more carers training to support understanding of conditions at point of crisis Review access to Family Therapy, in light of new Specialist Care Pathways Strengthen joint working with generic Carers Support Service – increase % mental health carers to 25%	Commiss-ion to improve access to Family Therapy based on review			3 x annual new carers training >20 people per course	WLMHT Carers Support Service
4.3	Strengthen multi-agency working across NHS, Council, Police to improve response to those with mental health problems (or LD, Autism, Substance Misuse) identified through the criminal justice system ; work with NHSE to extend forensic services and link to local services (Outcome 3.3)	Work with local Police and the Trust to understand better the needs of people with mental health problems coming through the police and courts, and how these needs could be met; develop specification for community forensic services in West London.					Pan London NW London NHSE Police Safer Communities WLMHT London Ambulance Service

²³ Ealing CCG, London Borough of Ealing, GPs and people with lived experience and families, friends and carers are always partners *so are not listed*

Outcome 4 Working better together							
	Action Area	2017/18	18/19	19/ 20	20/ 21	21/22	Partners²³
4.4	Strengthen transition between Child and Adolescent Mental Health Services (CAMHS) and Adult Mental Health , particularly: Early Intervention in Psychosis; Eating Disorders; young people with learning disabilities, autism or ADHD and a mental health problem.	Review and evaluate transitions in light of Children's Transformation Establish 14-25 services where appropriate Extend Early Intervention Service in Psychosis to 14+					Children's services CAMHS (WLMHT) Schools Voluntary Sector
4.5	People with Learning Disabilities, Autism, ADHD Link to children's services for transition (see 4.4)	Review commissioning of diagnosis and treatment services for people with autism and ADHD Commission new pathway closer to home, reducing out of area placements, and providing more appropriate support Review outcome measure for talking treatments Roll out training about autism and reasonable adjustments - voluntary and statutory services					National Autistic Society LD teams Primary Care Teams IAPT ECVS
4.6	Dual diagnosis Complex and multiple needs Better, more consistent support for people with mental health needs who use substances , and for those who have complex and multiple needs	Examine Trust-Wide competencies in Dual Diagnosis – Mandatory training across West London MH Trust Strategy for working with Dual Diagnosis in Primary Care and increase numbers supported Increase joint working with IAPT and substance misuse services Support Dual Diagnosis Anonymous and other community initiatives Women's One Stop Shop for women with very complex needs including mental health, substance use, domestic abuse, offending and sex working					Voluntary. Community sector WLMHT RISE, including Build on Belief (service user led peer support) Safer Communities Ealing Centre for Independent Living (ECIL)

Outcome 5 <i>Reaching all our communities</i>							
	Action Area	2017/18	18/19	19/20	20/21	21/22	Partners ²⁴
5.1	Sustain and expand community support services , such as peer support, advice, training, ensuring they are accessible to all communities.	Review use of Mother Tongue talking therapies Review use of culturally appropriate outcome measures Review provision of interpretation services Specific c focus on refugees and asylum seekers and joint policy and process Training and information exchange with faith leaders					National and local refugee and asylum seekers' support Voluntary and community groups Faith leaders
5.2	Strengthen the involvement of people with lived experience of mental ill health in strategic and operational planning and monitoring of services and outcomes	Continue to commission support for involvement and engagement from voluntary/community sector providers Work with people with lived experience on all aspects of the delivery and implementation of this action plan Promote and use coproduction principles					Voluntary and community sector Community Interest Companies (WLC)
5.3	Strengthen the involvement of carers of people with mental health problems in strategic and operational planning and monitoring of services and outcomes	See Outcome 4.2 above					Carers Support Service WLMHT
5.4	Proactively monitor access, admissions, length of stay, experience, suicide, restraint etc. by age, gender, ethnicity, LGBT and address inequalities	Use monitor and review to underpin change Work with groups representing BAME people, LGBT groups to plan commissioning to address inequalities Consultation and review with groups to evaluate and coproduce solutions and training in diversity awareness	Roll out training				WLMHT Community Groups Public Health Faith leaders

²⁴ Ealing CCG, London Borough of Ealing, GPs and people with lived experience and families, friends and carers are always partners *so are not listed*

10. Making It Happen

Once agreed, implementation of this Strategy will be overseen by the Ealing Mental Health Partnership Board who will report on progress to the Ealing Health and Wellbeing Board.

Many of the actions identified will be taken forward collectively with partners in Ealing, West London and the North West London sector and we will also report on progress through the West London and North West London Mental Health Transformation Boards

We look forward to working with all our partners in taking forward Phase 3 of the Ealing Mental Health Strategy.