

Mental Health in Ealing

An Overview with Recommendations

Contents

1. Introduction

2. Mental Health Primary Care

3. Mental Health Secondary Care

4. Improved Access to Psychological Therapies (IAPT)

5. Ealing Clinical Commissioning Group (ECCG)

6. Shaping a Healthier Future (SaHF)

7. North West London Sustainability and Transformation Plan (NWL STP)

8. Mental Health Carers

9. Other Recommendations

1. Introduction

In July 2015, the Office of National Statistics announced that one in five adults and one in ten children in Britain were suffering from mental health problems. There is no reason to believe that the population of sufferers has reduced since then. Applying these ratios to Ealing tells us that these are some 50,000 adults and 10,000 children who have mental health problems in Ealing. Although hard numbers are very difficult to source we can find no evidence to suggest that all these individuals have been successfully diagnosed or are participating in effective treatment programmes.

During the period September 2016 to March 2017 Healthwatch Ealing participated in 11 healthcare meetings related to mental health in west London. These meetings were variously attended by mental health professionals, healthcare planners, service users and carers. The description and dates of these meetings can be found in Appendix 1.

This report attempts to draw together facts, reported experiences, plans and opinions. It attempts to describe how local mental health services are operating and makes some recommendations as to how these services could and should be improved.

2. Mental Health Primary Care

It was announced in 2013 that Ealing GPs would offer mental health Primary Care. However by March 2017 eight of the 76 Ealing GP surgeries had still not signed contracts to offer these services. As part of the 2012 NHS North West London Shaping a Healthier Future (SaHF) project the 76 GP surgeries were grouped together as seven networks. Now each of these networks has an appointed mental health professional. During 2016 and 2017 a number of service users were discharged from the Secondary mental health service and transferred to a GP surgery. All attempts to discover how many have proved unsuccessful. Apparently about 10% of these discharges have been reversed when a service user's mental health deteriorates significantly.

Anecdotally Ealing GP mental health services appear to be of variable quality. Some GPs deal with troubled patients by asking them to self-refer to the Ealing IAPT service (see below). Many Ealing GP surgeries display NHS posters stating – in effect - that angry or aggressive patients will not be offered service. As distressed mentally ill patients can often present as angry and aggressive these posters are inappropriate and should be taken down.

3. Mental Health Secondary Care

The majority of Secondary Care for those Ealing residents with mental health problems is provided by the West London Mental Health Trust (WLMHT). WLMHT states that it provides care and treatment for 62,570 people each year who reside in Ealing, Hammersmith, Fulham or Hounslow. This figure is less than 10% of the total population of the four towns. For sufferers with enduring problems and conditions in Ealing care and treatment is centred around a Recovery East Team in Acton and an Ealing West Recovery Team in Southall.

The major complaints about Secondary Care and WLMHT centre around waiting times for, time spent with, and regularity of appointments with psychologists and psychiatrists. However communication with service users and carers is also a big issue.

The headcount of staff at WLMHT has been reducing year on year. On 31 March 2014 WLMHT employed 4,000 staff. As of 31 March 2016 the headcount was 3,301. The WLMHT annual budget is also on a downwards trajectory. In 2013/14 it was £235 million and in 2015/16 it was 219.7 million.

One strange policy decision by WLMHT is to ban smoking in all WLMHT premises, including out-door areas. We cannot see the logic of this as very stressed patients often need smoking as a stress reliever. This no smoking policy had been condemned by service users, carers, mental health staff and even facility fire officers – the latter worrying that smoke alarms may be disabled where and when patients smoke ‘illegally’.

A 24 hour mental health emergency number (0300 1234 244) has been on offer for some years. In previous years those who called it out-of- hours got a ‘leave a message’ response. In 2016 this number was relaunched as a Single Point of Access (SPA) number. We haven’t spoken to anyone who has used the number so we have no idea whether 24 hour triage/clinical support is provided. Clearly some highly stressed service users might call 999 or 111 out –of-hours and again we don’t know if the callers are switched to the SPA service. Clearly more information/required here.

The Recovery Hub in West Ealing ran a range of free courses on understanding Mental Health Issues and Treatment, Building Your life and Developing Life Skills. For those who attended there has been positive feedback. On the negative side too few service users who could have benefitted from attending knew anything about the courses.

WLMHT ran a so called AGM on 28 September 2016. No annual report was available and numbers on a range of relevant topics were absent. These included breakdown of diagnoses, IAPT service usage data, Sectioning data, therapeutic drug usage data, numbers of Acute mental health beds used, waiting times for Psychologists and Psychiatrists, and the number of registered Service Users and Carers. There was no comparative data with regards to the previous year’s performance. We regarded the event as a missed opportunity. Our notes and recommendations can be found at Appendix 3. On 11 October 2016 we attended a WLMHT Board meeting. In the weeks

running up to this meeting a number of national reports revealed the increasing incidence of mental health problems amongst teenage girls. We were surprised that no mention was made of this virtual epidemic. We were also somewhat astonished that over the 2.5 hour meeting the word carer was never mentioned. Our notes on this meeting can be found at Appendix 4.

The Care Quality Commission (CQC) has carried out two full inspections of WLMHT - one in 2015 and one in 2016. Neither were favourable. The latest report was published in February 2017. CQC rated 'Requires Improvement' on nine of the 11 core services. Healthwatch Ealing's major contribution to this latest inspection was to arrange for the inspectors to meet 20 carers who are members of the Carers' Support Group. The meeting took place on 25 October 2016.

4. Improved Access to Psychological Therapies (IAPT)

The Ealing IAPT service offers support for common mental health problems such as depression, anxiety and panic disorders. Common complaints about the service include inability to talk in real time to IAPT staff, having to leave a message for a call back and waiting times for NHS treatment. The initial telephone and face to face triage patients are separated into those for whom Cognitive Behavioural Therapy might help and those recommended for counselling. NHS counselling resources appear to be limited as patients might have to wait for weeks or months. Paid for private counselling is offered because waiting times are shorter.

5. Ealing Clinical Commissioning Group (ECCG)

ECCG is the commissioner for Secondary Care mental health services in Ealing.

During the review period there were six ECCG Governing Body meetings. Healthwatch Ealing attended all of them. At none of these meetings was a mental health issue explicitly mentioned in the agenda or discussed. This rather makes a farce of the 'parity of esteem' for physical health and mental health which has been a requirement of the Department of Health since June 2013.

As of 1 April 2017, ECCG will commission Primary Care mental health services in Ealing.

6. Shaping a Healthier Future (SaHF)

SaHF is an NHS North West London project whose aims are to reduce annual healthcare spending by 4%/year and to improve healthcare services. SaHF was launched in 2012 and one of its spectacular deficiencies was the complete absence of any references to mental health. In December 2016 2017 SaHF finally revealed part of its business plan which required £513 million for building work for 'inner' north west London (including Ealing). ECCG approved this request. None of this capital cost request is for building work for extending or building dedicated Secondary or Primary Care mental health facilities in Ealing.

7. North West London Sustainability and Transformation Plan (NWL STP)

The NWL STP aims to improve healthcare and social services in Ealing and seven other London boroughs whilst simultaneously reducing the annual bill for NW London care services by £1.4 billion. A key aspect of the STP is the integration of all healthcare and social care services for both physical and mental illnesses. All this is to be achieved by 2020/21. North west London Local Authorities, NHS Trusts, NHS CCGs and federations of GPs all apparently worked together on the plan and will jointly execute it. This is somewhat problematic in Ealing as Ealing Council refused to sign up to the STP. The latest NWL STP draft was published in October 2016. As of writing this report we do not know whether NHS England has approved this draft.

Healthwatch Ealing reviewed the June 2016 NWL STP draft with regards mental health services in its 9 September 2016 review of the 'Ealing Adults Mental Health and Wellbeing Strategy: 2017-2022' – see Appendix 5.

The mental health services delivery changes and improvements contained within the October 2016 NWL STP are extremely ambitious. Some of the cost cutting goals are to

reduce the number of mentally ill people in crisis attending A&E or requiring an ambulance. There are no specific delivery initiatives or targets for Ealing and a dearth of delivery changes and improvement aspirations for mental social care services in Ealing or across north west London.

On page 30 of the October 2016 NWL STP draft there is a list of 15 STP achievements which should have been attained by 31 March 2017. We have our doubts whether any of these achievements have been attained. However two of the 15 achievements stand out as clearly unattained. They are:

- + 'Rapid access to evidence based Early Intervention in Psychosis for all ages'
- + 'Round the clock mental health teams in our A&E and support in wards...'

8. Mental Health Carers

The lack of recognition of the role and importance of carers by mental health professionals and mental health managers is appalling and unproductive. A carers is the one who has detailed knowledge of a Service User's behaviour and needs. Not one of the 76 GP surgeries in Ealing runs a mental health carers' group. We know of the existence of three mental health carers 'groups in Ealing. To our knowledge none of these groups are supported or advertised by Ealing GP surgeries or at any of the WLMHT facilities in Ealing. The most active and progressive carers' group is the Carers' Support Group (CSG) based at Recovery Team East, Avenue House, Acton. 25 CSG carers met with WLMHT managers to express their concerns on 12 October 2016. Healthwatch Ealing documented the carers' concerns. Our notes can be viewed at Appendix 2. Healthwatch Ealing has supported CSG's lobbying for a Carer Lead to be employed by WLMHT.

9. Other Recommendations

1. More money needs to be spent on employing additional Primary Care and Secondary Care mental health staff. One mental health support staff to support on average 28 GPs, at 10 GP surgeries serving a 50,000+ population is inadequate. ECCG now commissions both Primary Care and Secondary Care mental health services and it is the ECCG whose spending priorities must change.
2. Let's have some realistic goal setting for improvements in mental care services. We cannot find any informed observer who truly believes in the STP cost savings, the STP timescales and timetable of changes for mental care services for north west London.
3. A mental health carer, nominated by the career community, must join the Boards of ECCG , WLMHT, NWL STP and the Ealing GP Federation. Without carer representation at Board level within Primary Care and Secondary Care mental health service commissioning and delivery institutions there is little hope for a Service User viewpoint transformation.

Appendices

1. Healthcare Planning and Review Meetings Attended by Healthwatch Ealing
2. Notes on Mental Health Carers' Meeting With WLMHT 10 October 2016
3. WLMHT 2016 'AGM': 28 September 2017
4. WLMHT Board Meeting: 12 October 2016
5. Healthwatch Ealing Feedback on the 'Ealing Mental Health and Wellbeing Strategy 2017-2021'

Appendix 1

Ealing Mental Health Meetings Attended by Healthwatch Ealing September 2016 to March 2017

- + 29 September 2016: Ealing Mental Health Forum
- + 3 October 2016: Planned & Primary Care Implementation Group
- + 10 October 2016: Carers' Support Group Meets WLMHT
- + 12 October 2016: WLMHT AGM
- + 25 October 2016: Carers' Support Group Meets CQC Inspectors
- + 16 November 2016: WLMHT Board Meeting
- + 25 November 2016: Ealing Mental Health Forum
- + 5 December: 2016: Planned & Primary Care Implementation Group
- + 26 January 2017: Mental Health Forum
- + 6 February 2017: Planned & Primary Care Implementation Group
- + 21 March 2017: Ealing Mind mental health forum

Appendix 2

WLMHT Welcomes Feedback from Ealing's Mental Health Carers' Group

The Carers' Support Group (CSG) has provided peer support, advice and training to mental health carers in Ealing for 14 years. Its meetings are held on the second Tuesday of every month at the WLMHT Recovery East Team offices at Avenue House in Acton. It's entirely volunteer run and lead by the inspirational Paulette Ranaraja.

On 10 October 2016, 30 carers attended a Carers' Support Group meeting which was addressed by Carolyn Regan, Chief Executive of WLMHT and Beverley Murphy, WLMHT's Director of Nursing & Patient Experience. They spoke for 20 minutes and then responded to a barrage of questions, comments and complaints for an hour and forty minutes.

The Triangle of Care was explained to careers. It is a collaborative framework involving mental health professionals, service users and carers. Although the Triangle concept is ten years old, WLMHT only adopted it some two years ago. Many cares were critical of the functioning of the Triangle. The biggest gripes were failures in communication at many levels. These and other 'failures' highlighted by carers included:

- + A carer recently visited her son, an in-patient in Discovery Ward, and had a useful conversation with a clinician. A few days later she attempted to telephone her son at Discovery Ward only to be told to her amazement that the ward had been closed down and her son moved to another location. When she asked where her son had been moved she was told that because of patient confidentiality she could not be told.
- + My son tells me he is being discharged for the mental health service in a few weeks time. I have been his registered career since July 2012 but I have as yet to receive any communication from WLMHT about this. In fact I have never received

an unsolicited communication from WLMHT about my son or about my role as his registered carer.

- + Many frustrations were expressed by carers about patient confidentiality with regards to carers' attempts to discover details of their loved ones' diagnoses, treatments and progress. Carers wondered if some staff, for some reason, hide behind patient confidentiality.

- + Concerns were expressed about timely transfer of service user medical records upon discharge to GPs.

- + Concerns about safe discharge from hospital/Sectioning.

- + WLMHT receptionists need training in welcoming and the handling of all visitors, including service users and carers. Some of the receptionists are heads down, unfriendly and unhelpful.

- + The quality and information contained in the first point of contact for carers with their service users is very important.

- + Why is there no maintained information resource for carers? The information needs at, for example, first contact, in mid-treatment, and Sectioning are different. Why couldn't WLMHT fund, set up and maintain an information portal, perhaps on its web site, dedicated to meeting carers' information needs.

- + Some carers; have relatives who have been waiting for months to see and have regular sessions with a psychologist.

- + One carer waited months for her son to see a psychiatrist and in the end he got just a 10 minute session.

- + Why can't appointments with clinicians be arranged in the evening or at the weekend for those service users who have paid day jobs?

+ I asked about the fact that only one of the three Recovery House was operational. We were told that Amadeus House in Ealing is open, and premises in Hounslow have been identified and funding is available. However no real progress on setting up a Recovery House in Hammersmith yet.

+ One carer pointed out that this is not the first time over the years that WLMHT bosses have listened to carers' comments. As a first, could this time our comments be documented by WLMHT and at our next meeting have a review on actioning our comments.

As a result of my follow-up of my conference call with CQC on 20 September 2016, CQC is meeting CSG carers on 25 October 2016. I will attend.

Eric Leach

11 October 2016

Appendix 3

West London Mental Health Trust (WLMHT) 2016 'AGM'

I have attended many AGMs in my time but the WLMHT 'AGM' held on 28 September 2016 was certainly one of the oddest. There were no financial figures, no performance against target figures, no staff numbers, no numeric comparators with 2015 performance, no hard copy of the slides and some major issues were unaddressed.

I'm afraid the whole conference portion of the event was a sales pitch on WLMHT. However, much of the information imparted was interesting and useful. But WLMHT congratulating itself in public on its unquantified 'improvements' grated with me.

No details were provided on the 'Requires Improvement' aspects of CQC 2015 report. No reference was made at all to the full, repeat CQC inspection which will formally commence in just six weeks time, but which is already underway. No reference was made at all the North West London Sustainability and Transformation Plan (STP). WLMHT has been working on the STP cost cutting proposals with 30 other public bodies for seven months. Major cost savings must be achieved in 2016 – 2021. In the years to come mental health services will be delivered by at last one Accountable Care Partnership (ACP). ACPs were not mentioned at all.

Tom Hayhoe WLMHT Chair opened the event. He talked about 'exciting things' happening in Secure Services. This was an odd choice of language. No doubt the £315 millions invested in the new forensic buildings and facilities at Thames Lodge in Southall and at the new Broadmoor will make the challenging work there more effective and efficient – but 'exciting', probably not.

Much reference was made to the 24/7 Single Point of Access (SPA) on 0300 1234 244. But no details were given on the quantity and quality of the clinical support provided or any independently verified audit as the SPA's effectiveness. Apparently SPA was

scheduled to run an information stall at the event – but the stall remained unstaffed with no literature.

It was good to hear about the new S136 facility at Lakeside on the West Middlesex Hospital site. There was even a quote from a carer about how good the reception staff were at Lakeside. My experience with Lakeside reception in 2013 was a painful one. Let's hope the improvement at Lakeside across the board is sustainable. No doubt the CQC inspectors in November will look carefully at this.

On the financial front, the only fact that emerged was that there was an end of year surplus of £5 million. The absence of figures was worrying as in 2014/15 there were allegations of a £4 million overspend and unfunded projects. Some 'commercial' initiatives failed, including the copy shop/ picture framing projects and Lammas House Recovery House in Ealing. Surely the basic income and expenditure data required by Companies House could have been presented at the event.

Chief Executive Carolyn Regan, in post now for ten months, spoke for ten minutes. Then 30 minutes were allowed for questions. The first questioner was a lady who was most upset that three of her friends with suicidal feelings had, she thought, been treated very badly by the NHS. She was clearly anxious and spoke quickly and somewhat inaudibly. All the panel including the Chair and Chief Executive abortively attempted to respond to accusations of failings at hospital A&E and on the telephone. This was shocking to behold. Here was a person clearly with personal mental health issues and none of the well paid mental health bosses knew how to deal with her. No-one apologized to her. No-one dealt with her emotion. No-one successfully empathized with her. No-one got up and walked over to her to show sympathy. This farrago went on for over 15 minutes leaving little time for other questions.

On the plus side the mini exhibition held for 40 minutes before the conference was very useful. There were 8 or 9 service suppliers with stalls. I discovered One You Ealing a public health service to help people live healthier lives. Other stalls include those for IAPT, Perinatal Mental Health (Ealing service opened this year), and the Recovery College.

I am going to suggest to WLMHT that should they plan to run a similar event next year they change the name and purpose of the event. To me 'AGM' means Annual General Meeting. Public companies, private companies, charities and all manner of constituted bodies with elected representatives hold AGMs every year. At these meetings owners/shareholders/members review/approve/reject annual financial accounts and often elect 'officers' to run the organization for the next 12 months. This format is clearly inappropriate for WLMHT. So why not call the event something like 'WLMHT: 2016 Review and 2017 Plans'.

Eric Leach

29 September 2016

Appendix 4

WLMHT Board Meeting 12 October 2016

I attended this meeting as an observer. It lasted two hours and the supporting paperwork spanned 265 pages.

Below are some highlights:

1. Concerns include:

- + High rates in-patient re admittance
- + Vacancy rates 'alarming'
 - Overall rate: 17%
 - Registered Nurses rate: 27.4%
- + Staff attrition - reasons:
 - Moving for promotion or development
 - Moving out of London
 - Poor morale
- + Agency spend too high
 - Agency spend up 13%
 - Breaking Government agency ceiling
- + Temporary staff costs risen from £2 million in September 2015 to £3.2 million in August 2016

2. Planning to take on 72 Government funded Apprentices

3. Five Year Forward View/STP targets include:

- + 50% of peoples' first contact to start treatment within two weeks of referral
- + Reduce suicides by 10%
- + Effective crisis response/home treatment as alternative to Acute admission
- + Eliminate out of area placement for non-specialist Acute care

- + Deliver integrated physical and mental health provision for people with severe mental health problems
- + Add additional 70,000 children to the total treated every year
- + Increase access to IAPT services by 25% by 2021
- + Increase number of therapists co-located in General Practice by 3,000 by 2020/21

4. 'Mental Health Transformation

1.1 Overview

'...CCGs should commit to sharing and assuring financial plans with local Healthwatch, mental health providers and local authorities.'

(NHS Operational Planning and Contracting Guidance for 2017/19, page 61)

5. Accountable Care Partnerships (ACPs)

Ealing CCG is the NW London lead for mental health.

ECCG letter to WLMHT dated 30 September 2016:

'In November 2016 Central London, Hammersmith & Fulham, Hounslow, West London and Ealing CCGs will produce a draft ACP definition framework which will outline contract proposals for the main elements of the ACP model.'. This ACP target population is 65+ and all adults (18+) with serious and long term mental health needs.

'Brent Harrow and Hillingdon CCGs are also actively progressing the development of ACPs utilizing a similar approach. The Hillingdon initial ACP focus is on over 65s (with one or more Long Term Conditions including frailty and social isolation) and the Brent and Harrow initial target populations are currently being fully defined'.

All this is terribly confusing as NW London ACP guru david Freeman said in public on 5 September 2016 that there would be just five ACPs in NW London each servicing between 500,000 and one million people. Best estimates of all the 65+ residents and all those 18+ with serious long term mental health needs in the whole of NW London is 420,000.

6. Current WLMHT Overspend is £4.2 million of which £2.061 million is in Local Services

7. Section 136

- + Overall S136 detentions were at 1,014 – down from 1,210 in 2014/15
- + S136 detentions were 385 – up from 251 in 2014/15
- + S136 Police detentions went up by 33%

At the end I was asked if I wanted to say anything. (I was the only member of the public present). I said that two of the WLMHT bosses spent two hours last night listening to feedback from mental health carers. At today's Board meeting the word 'carer' was not mentioned once. I hoped this would change in subsequent meetings. I also quoted three research studies which strongly suggested almost a mental health epidemic throughout England amongst 14 to 24 year old women. The Chair said of course they would all present at GP surgeries. I responded and said of the 4,800 14/15 year old girls (37% of the total) who are suffering in Ealing some are coming your way. Or, even worse, some are not presenting at GP surgeries and that means for some their conditions will only get worse.

Eric Leach

12 October 2016

Appendix 5

Feedback on September 2016 Draft of 'Ealing Adults Mental Health and Wellbeing Strategy 2017-2022'

This is an informative and useful document. However it apparently has no obvious 'owner'. The cover page bears no logos of any public designated body (e.g.s NHS Ealing Clinical Commissioning Group (ECCG) or London Borough of Ealing (LBE). Maybe the owner is the Ealing Mental Health Forum (EMHF) itself owned by the Ealing Community Network (ECN). The EMHF is a well supported group and clearly a lot of effort has been invested in this draft document.

Section 1. Introduction

This scene setting is not needed. Anyone interested in this strategy will already know full well about the nature of mental ill-health.

Section 2. A Strategy for Ealing

The Sustainability and Transformation Plans (STPs), which include the Accountable Care Partnership (ACP) strategies are missing here. The STP/ACP initiatives are probably the most radical changes being proposed for healthcare and social care since 1948. The STP/ACP approach will be the means by which £1.3 billion of healthcare and social care cost savings will be achieved across NW London by 2021. Clearly some of these large cost savings will be achieved in Ealing and this will impact the quality and quantity of mental health care and social care services.

There are currently two relevant draft STPs – the NW London STP and the Ealing STP. The former includes financial details but the latter doesn't. The NW London STP details five STP Delivery Areas (DAs). DA4 covers mental health and cost savings of £11.8 million are mandated. However all the other DAs will impact mental health and mental social care. The other four DAs are radically upgrading prevention and wellbeing (DA1), eliminating unwanted variation and improving Long Term Conditions (DA2), achieving better outcomes and experiences for older people (DA

3), and ensuring we have safe, high quality sustainable acute services (DA5). DA5 alone will deliver £208.9 million in cost savings by 2021.

It's by no means clear how ACPs will operate but given what we know the following is indeed possible. ACPs will be consortias of NHS CCGs, NHS Trusts, Local Authorities and private and charitable care organisations. There will be five ACPs in NW London, each serving between 500,000 and one million people. Each ACP will have a ten year, fixed price budget and will be legally bound to deliver a specific set of services to a specific population.

With regards to mental care services delivery in Ealing these will be delivered by one of more of these ACPs. It will be ACPs who decide who gets paid to do what and who will no doubt decide on priorities and by implication strategy. It will not be LBE, the ECCG or NHS Trusts who will ultimately determine the spend, priorities on strategies with regards mental care. It will be the Board of one or more ACPs. Without labouring this point too much, it must be pointed out that commissioners and service suppliers will be peer partners on the Boards of these ACPs. The STP planning window is 2016 to 2021. This strategy should adopt the same window.

A strategy is a plan by which something will be accomplished. To this end what's missing in the document are any real, tangible goals/targets. Surely the overall goal must be to reduce the rates of suicides, self-harm and psychological distress. Another key goal must be to increase the number of patients into the mental healthcare system. Successful discharge rates need to be improved upon. Today's numbers along with target future numbers must be stated. If new treatment processes are to be introduced they need to be described and justified. Just quoting 'new models of care' is insufficient. We have to be told exactly what these are. It's hard to imagine improving the treatment rates without increasing the numbers of staff and trained volunteer carers. Key staff will include psychiatrists, psychologists, mental health nurses, mental health care workers and social workers. We need to know what these staff levels are now and what the targets staff levels are 2016 to 2021.

It's hard to envisage improving treatment outcomes without actually engaging with more mentally ill people. This may need expanded or new facilities. Recent reports of crowded waiting rooms at the WLHMT Recovery East Avenue House in Acton leads me to believe that this facility will soon prove to be too small.

Section 3. What we know about Ealing

Some very useful information in this section.

The GP data at 3.12 to 3.14 is very disturbing. A 2016 Government survey quotes 20% of adults in England with mental health problems. Recent DoE research states that 37% of 13/14 year old girls in England are exhibiting three or more symptoms of psychological distress. In September 2016 a Government survey revealed that 26% of women aged 16 to 24 were suffering from mental ill-health. This doesn't match with the Ealing GP figures of 4.15% of all people suffering from depression and 1.05% with psychoses. Surely a massive campaign is needed to get those suffering who are outside the mental health system to engage with it.

At 3.25. the phrase '..community provision to reduce hospital admissions' is used. However it's meaningless without defining what this 'community provision' is or might be.

At 3.29 the laudable aspiration to identify and to support carers is made. But no clues are suggested as to how this might be achieved. I know of two good mental health carers groups in Ealing but not only do they need improved financial and clinical support we need more carers' groups. With 50,000 adult sufferers and 10,000 child sufferers we need many more support groups. The STP ought to specify funding for a carers' group support and for the creation of more carers' groups.

At 3.35 and 3.36 relates to the problem of employment for the mentally ill or the recovering mentally ill. Liaison with Job Centre Plus and awareness training for Job Centre staff will help. However employee reticence in hiring the mentally ill or those with mental ill-health gaps in their employment records is understandable and is a societal problem not an Ealing problem per se. (3.37 and 3.38 also relates here).

Re BAME issues (3.39 – 41) it must be said that with three Southall Wards being the worst areas for self-reported mental health needs, significant investment is needed to help Indian communities.

At 3.50 it states that just one Ealing Police Officer is dedicated to mental health – and this is to help with 60,000 Ealing citizens with mental health problems. Money needs to be invested to provide mental ill-health awareness training to all Ealing Police staff.

3.57 to 3.59 ‘Physical health and mental health’

As Richard Layard has famously pointed out when you reduce the incidence and severity of mental health symptoms the number and severity of service users’ physical problems almost always reduces. So the financial argument for successful mental health treatment is beyond dispute.

However the fact that WLMHT is Smoke Free completely misses the point. In periods of extreme distress smoking is one of the coping strategies used by service users. Refusing smoking during Sectioning for example is completely heartless. Often these people have nothing going for them in their lives at all and to deprive them of a bit of tobacco is very unhelpful.

3.61 I really have no idea what ‘coproduction’ or ‘advanced coproduction’ actually means. So I did some research. Coproduction in mental health appears to mean mental health professionals and service users co-operatively creating and delivering mental health services. I have some experience of dealing with and working with distressed and un-distressed service users. Whilst asking them for advice and feedback I would not involve service users in creating or delivering mental health care services. I might well involve registered carers in this process though.

A reflection on all this is I’m not aware that physical health service users ‘coproduce’ physical care treatment process. Also university students don’t ‘coproduce’ teaching programmes with lecturers and senior tutors.

3.64 to 3.67 'Accommodation, housing and homelessness'.

This section seriously underplays the seriousness of the situation. The mentally ill are often receiving Housing Benefit and more and more landlords won't accept these people as tenants. There is a gross inadequacy of 'supported accommodation'. I wonder what on site support is provided for the mentally ill in Soan House, Lyncroft Gardens in West Ealing? Amadeus House – the WLMHT Recovery House - no doubt offers excellent short stay accommodation for 17 service users. But with 50,000 adults in Ealing with mental disorders many, many more beds in a variety of 'supported accommodation' are needed for distressed service users in Ealing.

Section 4. National and Local Policy

4.13 refers to the 'Triangle of Care'...between professionals and carers.....ensures that carers are offered the right support...'. I have been a Registered Carer since July 2012. No mental health professional or Triangle of Care has ever ensured that I was offered the right support for myself.

Much, much more effort must be made by NHS mental health professionals to identify carers, make contact, educate and support carers. Efforts must be made to start and grow more carers' groups.

4.14 to 4.16 deals with prevention. No mention is made of improving mental health awareness in schools. This is an odd omission.

4.20 to 4.23 is about 'Working together'. STP Accountable Care Partnerships is the direction of travel here. This needs updating.

4.24 to 4.26 'Closer to Home'. Anecdotal evidence of GPs taking over service users who have been discharged from WLMHT is mixed. Some GP practices don't want mentally ill patients. Again this section needs updating re STP/ACPs.

4.27 to 4.36 deals with 'Like Minded – North West London'. All very interesting and progressive but it will be ACPs who will commit to deliver on these aspirations within strict budgets over 10 years.

4.37 to 4.47 'WLMHT Transformation'

Let's see what CQC make of this in its current complete review of WLMHT.

Section 5. 'Improvement and Action Planning'

The STP will integrate mental health care with mental health social care. One or more ACPs will deliver these services. The summary of services, initiatives and plans identified in the two tables is very useful.

The NW London STP final version will be delivered to NHS England by 21 October 2016 – along with all the other 43 STPs from all over England. No doubt it will take time for 'our' STP to become approved. The first NW London ACP is predicted to come into existence in April 2018.

Eric Leach

Healthwatch Ealing

9 October 2016