



Notice of Meeting:

Health and Wellbeing Board

Meeting Location:

The Atrium - Perceval House

Date and Time:

Wednesday, 20 March 2024 at 6.00 pm

Contact for Enquiries:

Email: democraticservices@ealing.gov.uk

Telephone: 020 8825 6302

Chief Executive:

Tony Clements

This meeting will be held in public. If you would like attend in person and have any special requirements in order to attend, please email democraticservices@ealing.gov.uk or telephone on 020 8825 6302 at least three clear working days in advance wherever possible.

Committee Membership:

Councillors:

J Blacker (Chair), P Mason, K K Nagpal, J Anand, B Mahfouz and A Steed

Other members:

V Tailor (Vice-Chair), K Stevens, R South, A Bryden, N Unadkat, S Crawford, C Hilton, C Duffy and G Rana

AGENDA

- 1 **Apologies for Absence**
- 2 **Urgent Matters**
- 3 **Declarations of Interest**
- 4 **Matters to be considered in Private**
- 5 **Minutes** (Pages 3 - 8)

To approve as a correct record the minutes of the meeting held on Wednesday, 10 January 2024.
- 6 **Healthwatch - Maternity project and Care Home Strategy** (Pages 9 - 66)
- 7 **Delivery of BBP inequalities priorities** (Pages 67 - 90)
- 8 **Substance misuse JSNA** (Pages 91 - 128)
- 9 **Annual Public Health Report on mental health** (Pages 129 - 134)
- 10 **Health and Wellbeing Board Work Programme** (Pages 135 - 136)

Update on progress towards the next iteration of the Health and Wellbeing strategy and future agenda items.
- 11 **Questions from Members of the Public**

If you wish to raise a question on items from the agenda please email DemocraticServices@ealing.gov.uk by midday on Monday, 18 March 2024 with details of your question.

Questions will be taken at the Chair's discretion as will supplementary questions.
- 12 **Date of Next Meeting**

The next scheduled meeting is to be held on 8 May 2024.

Published: Thursday, 12 March 2024

Minutes of the meeting of the Health and Wellbeing Board

Date: Wednesday, 10 January 2024

Venue: The Atrium - Perceval House

Attendees (in person):

J Blacker (Chair), P Mason, K K Nagpal, J Anand, B Mahfouz, A Steed, K Stevens, N Unadkat, R South and A Bryden and V Tailor

Attendees (virtual):

C Duffy, G Rana and S Crawford

1 Apologies for Absence

There were none.

2 Urgent Matters

There were none.

3 Declarations of Interest

There were none.

4 Matters to be considered in Private

There were none.

5 Minutes

Simon Crawford noted that he had been recorded as Dr in the minutes which was incorrect.

RESOLVED:

That the minutes of the previous meeting held on, 22 November 2023, were agreed as a true and accurate record.

6 Healthwatch Update

Carleen Duffy presented an update to the board. Key points were that:

- The enter and view programme was still underway. They had visited 4 care homes that were rated 'good' and 3 that were rated 'requires

improvement’.

- Healthwatch was working on and, would provide an overarching strategy for care homes and how they could improve.
- Healthwatch was considering a future project based on living well at home for longer which would work in conjunction with council adult social care strategies already in place.
- Healthwatch Ealing have been chosen by Healthwatch England to look at a community diagnostic centre that was opening in Ealing. The visit would focus on MRIs.
- Healthwatch was running a project to look at case studies of refugees and asylum seekers during maternity.
- Healthwatch was running a vaccine engagement project to capture views of young people and how covid may have changed that.
- Healthwatch have developed their patient experience programme.

The chair thanked Carleen Duffy for the update and stated that he looked forward to the vaccine update.

Resolved:

That the board noted the report on the Healthwatch update.

7 H&WBB Action Plan Update

Anna Bryden introduced the report and stated that the council was looking to give 5 year updates with interim updates. She stated that the council had been going through the action plan line by line and added that they have taken rich case studies to see the impact of the councils work on residents.

Aalaa Jawad presented the report as could be found on pages 13-98. Key points were that:

- There were three themes that the action plan built on: Community at heart; Leave no-one behind; Connecting building blocks of health and wellbeing.
- The council had been setting up structures over the past 6 months.
- The council had been building capacity in research.
- The council had been building infrastructure, such as the H&WBB.

Anna Bryden informed the board that the council had been encouraging joint work. She stated that the H&WBB Action Plan had been and would continue to embed itself into other strategies from other parts of the council. She gave the board contact details to get in touch to work together further on this.

The chair stated that this was not just a council strategy, it was owned by the H&WBB collectively.

Kerry Stevens noted the work on the suicide prevention action plan. He stated that the H&WBB had helped the plan change from a data driven exercise into an action plan to prevent future harm.

Simon Crawford commended Anna Bryden and her colleagues for the report and stated he had presented the LNW strategy in March 2023 and stated that they were doing the same processes as the Council were in implementing their strategies.

In response to Simon Crawford, Anna Bryden stated that there have been some areas that have progressed slower than hoped but she stated that she recognised the breadth of some of the issues, such as homelessness.

In response to the chair, Anna Bryden stated that across partnerships, 1 to 1 work was crucial.

In response to Cllr Mahfouz, Anna Bryden stated that the solution to the issues that the action plan was trying to tackle was to plan carefully long term and wisely finding and using funds. She stated that it was crucial for the local authority to create networks with communities to aid working together.

Neha Unadkat stated that keeping a shared vision was important for partnership working. She stated that pressures and demands were increasing and that everybody had to have faith that there would be progress.

In response to Jo Marley, Neha Unadkat stated that the proposed funding cuts would result in 30-40% staff cuts in the ICB.

The chair noted that the council recognised that funding was going to be less and that Ealing could better manage funds to target inequalities within Ealing.

Kerry Stevens noted that the proposed cuts disproportionately affected Ealing.

Anna Bryden stated that although money was not everything, it did help and the ICB was using funding carefully.

Resolved:

That the board thanked Anna Bryden and Aalaa Jawad and noted the report.

8 Update on Ealing Council research infrastructure funding outcome

Vaishnavee Madden introduced the report as could be found on pages 99-118 of the public pack to the board and stated that Ealing had been successful in receiving funding from NIHR.

Gurpreet Rana stated that the funds should make VCS groups more active. She stated that this could help to deliver to community needs more accurately.

Anna Bryden stated that the strategy discussed earlier helped Ealing's bid for the funds. She stated that councils have not had good research infrastructure and that this grant should help Ealing skill up their workforce and make Ealing better at joint working in terms of research.

In response to Vijay Tailor, Vaishnavee Madden stated that the grant would mean more research would be done in Ealing. She added that she expected to see more academic research done in Ealing, and that one target of the grant was to get VCS groups to do their own research.

Councillor Mason stated that the council was resetting their relationship between the council and residents. He commended the focus on giving agency to residents to direct research.

Anna Bryden stated that community research would not be starting from scratch as there was already a lot of research happening with and by communities.

The chair noted that the funding application process had been an arduous one and he said that he looked forward to seeing how the substantial sum of £5m would affect research in the borough.

Resolved:

That the Board thanked Vaishnavee Madden and Anna Bryden and noted the report.

9 Health and Wellbeing Board Work Programme

Anna Bryden presented the Health and Wellbeing Board Work Programme as could be found on pages 119-120 of the public agenda pack.

She stated that there was a lot of work to do around strategy in the work programme.

Resolved:

That the board thanked Anna Bryden for the work programme update and noted the report.

10 Questions from Members of the Public

The chair invited questions from members of the public.

In response to Roy Willis, Kerry Stevens thanked Roy for raising the issue of palliative care within the council. He stated that there was a wide range of care packages within the council and that there was an annual review for these processes. He assured Roy that social services and financial teams work closely together.

In response to Roy Willis, Neha Unadkat stated that she had been looking into what options and services were available for palliative care. She stated that she was looking into setting up a group to tackle the issue of palliative care.

Vijay Tailor stated that the NWL ICS had done a review of the palliative care. He added that they have put together a consistent offer for residents of NWL. He stated that Meadow House offers good support for palliative care, but that it was suffering with issues with workforce.

Resolved:

That the board thanked the questions from Roy Willis.

11 Date of Next Meeting

The next scheduled meeting is to be held on 20 March 2024.

Meeting commenced: 6.00 pm

Meeting finished: 7.07 pm

Signed:

Dated: Wednesday, 20 March 2024

J Blacker (Chair)

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Maternity Experience of Asylum Seekers

About Healthwatch Ealing

Healthwatch Ealing (HWE) is an independent, statutory organisation representing people who use NHS and publicly funded health and care services in Ealing. We collect patient and public feedback and use these experiences as evidence to drive change, campaign for and influence commissioners and providers to ensure the design and delivery of services is equitable for all. Our vision is for Ealing to have high quality services, consistent levels of public engagement and an excellent service user experience that meets patient needs and preferences.

Acknowledgments

We would like to thank all of the participants for taking part in this study and taking time to share their experiences with us.

We want to especially thank Happy Baby Community and Asian Community Concern that helped us contact and interview these vulnerable groups.

We would also like to thank our committee members and stakeholder groups like maternity champions who shaped our questionnaire with their helpful insights.

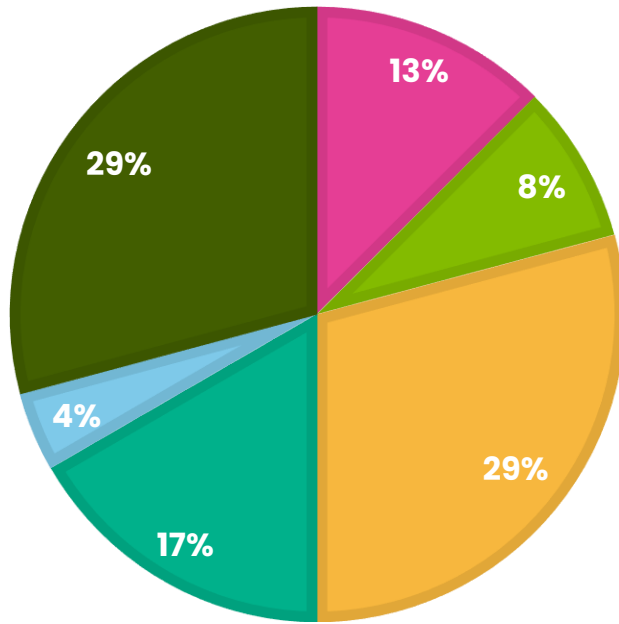


Preliminary Findings

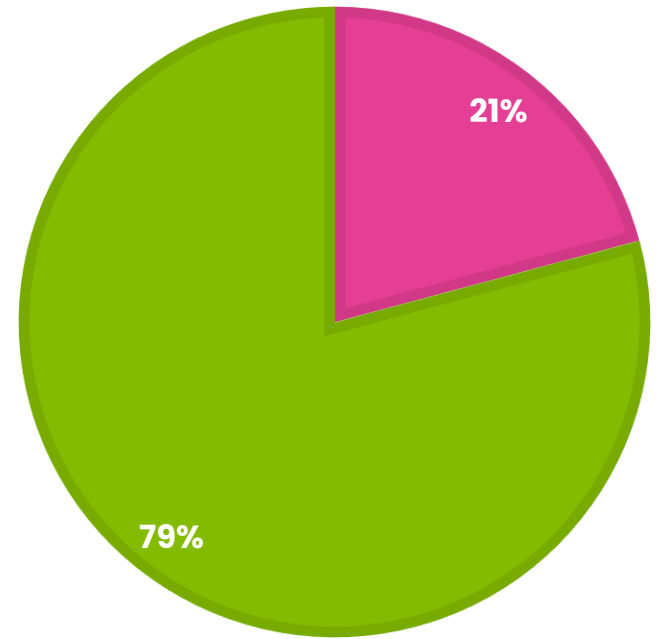
Demographic Background

We talked to a total of 24 women. Majority (79%) of women were in age range of 25-49 years and almost all of these women were from ethnic minority groups

ETHNICITY

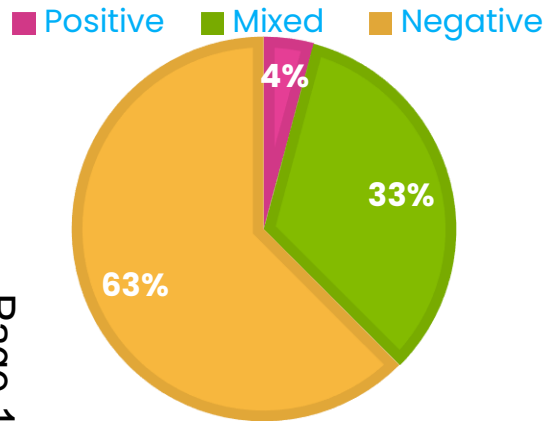


AGE



Factors affecting health during pregnancy

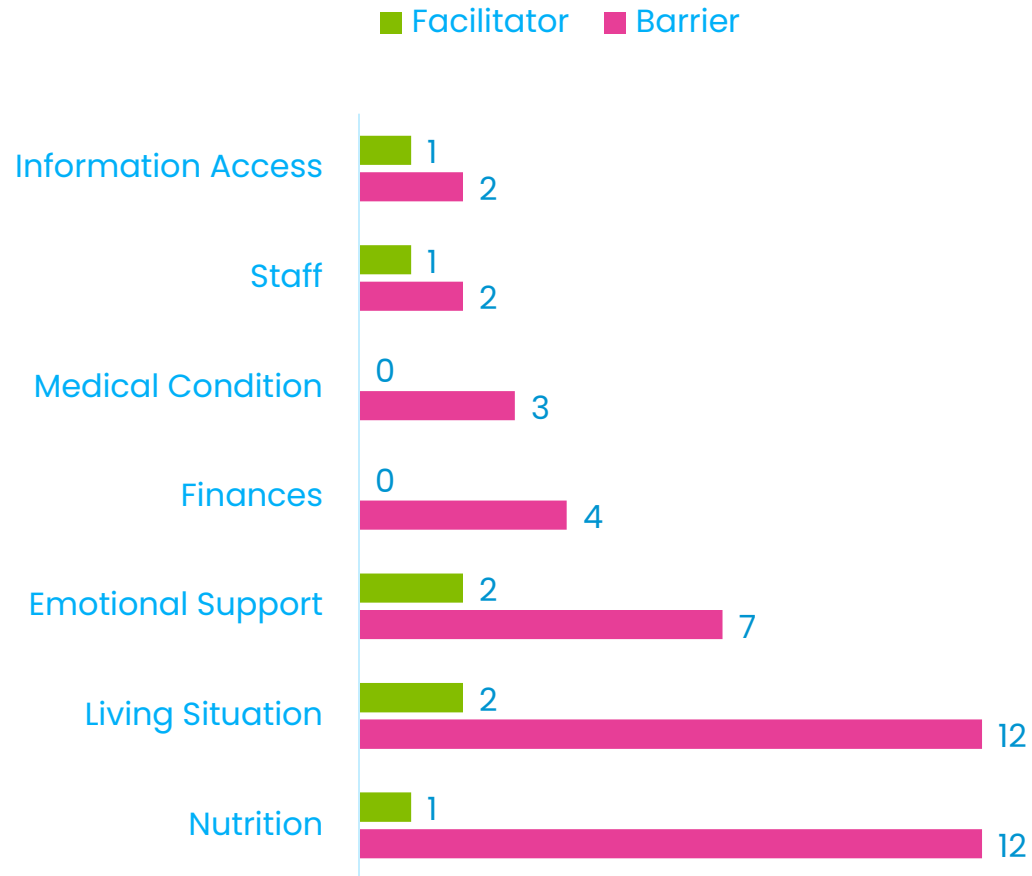
OVERALL EXPERIENCE DURING PREGNANCY



Page 14

'Poor nutrition and unstable living situations were the most frequently cited barriers to maintaining health. Many women expressed that a **lack of emotional support** made it challenging to stay healthy. Furthermore, **financial difficulties, medical issues** such as diabetes, **unsupportive staff**, and **limited access to information** increased challenges during pregnancy.

Barriers & Facilitators



Childbirth Experience

Overall experience during childbirth

- Very Positive
- Positive
- Neither Positive nor Negative
- Negative
- Very negative



Page 15
Most of the women reportedly had either '**very positive**' or '**positive**' experience during childbirth.

"It was good I felt supported" ID 691

"Staff- Doctors and midwives were amazing" ID 332

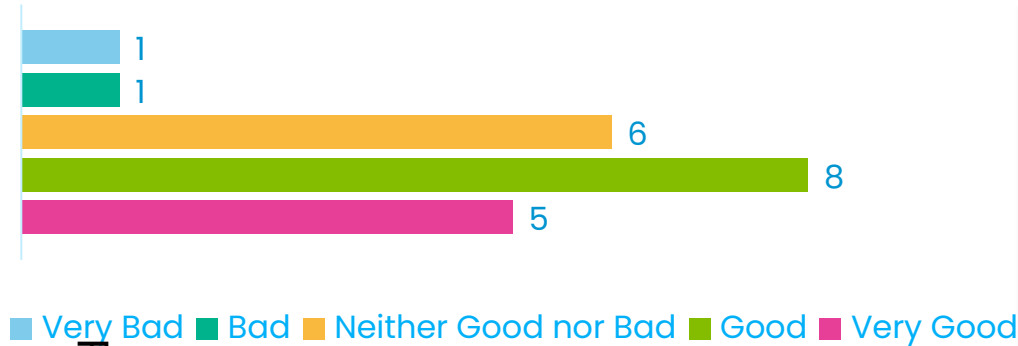
Among the women who had less favorable experiences, most encountered a **staff member** who was **rude or unsupportive**. Some also identified a **lack of information** regarding potential pregnancy complications and the use of epidurals.

"Had to have a C-section and Epidural, felt like [I] had no choice" ID 912

"The woman who came to help me wasn't supportive until the very end. She even apologized to me" ID 332

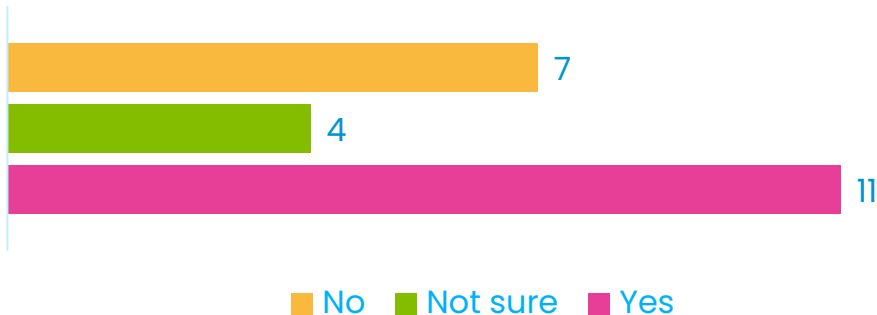
Post birth Experience

Quality of care since giving birth



Page 16

Physical/Mental Health services offered after birth



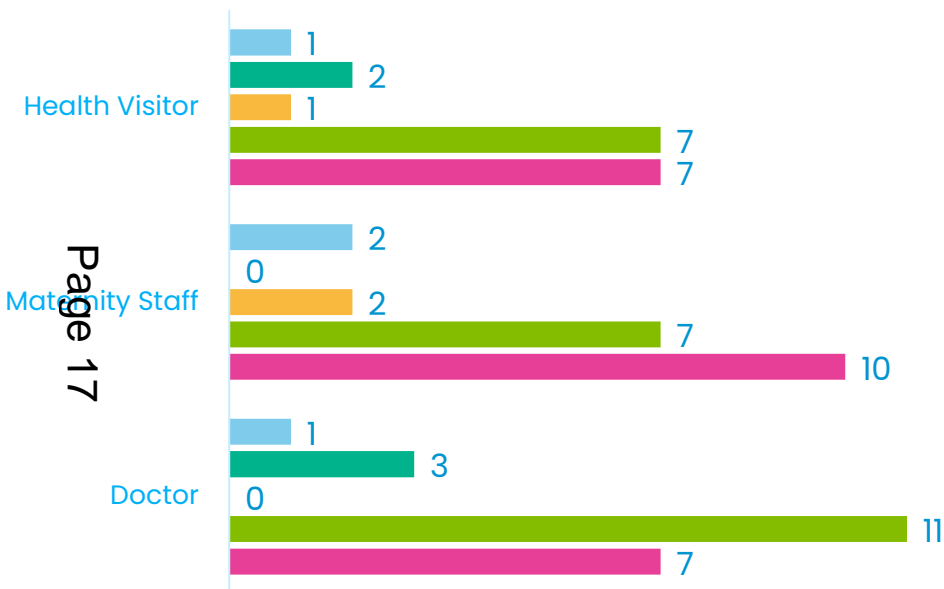
Most women who had a mixed or negative postnatal experience felt there wasn't sufficient support after giving birth. Mothers expressed a desire for additional support, including **more appointments, financial assistance, increased information/communication,** and **greater emotional support.**

"It was good when [I] gave birth but there was no support after birth. They should provide more appointments after birth for both mother & baby" ID 387

Experience with Healthcare Staff

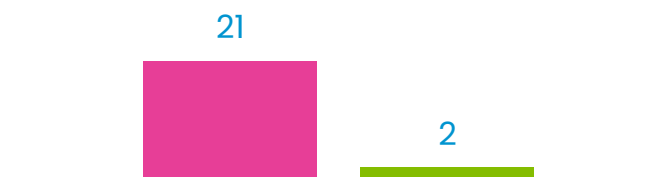
Overall experience of support from

Very Bad Bad Neither Good or Bad Good Very Good



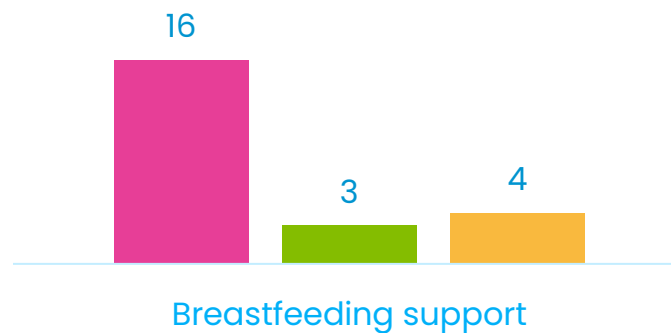
Did you receive enough support from staff during childbirth?

Yes No



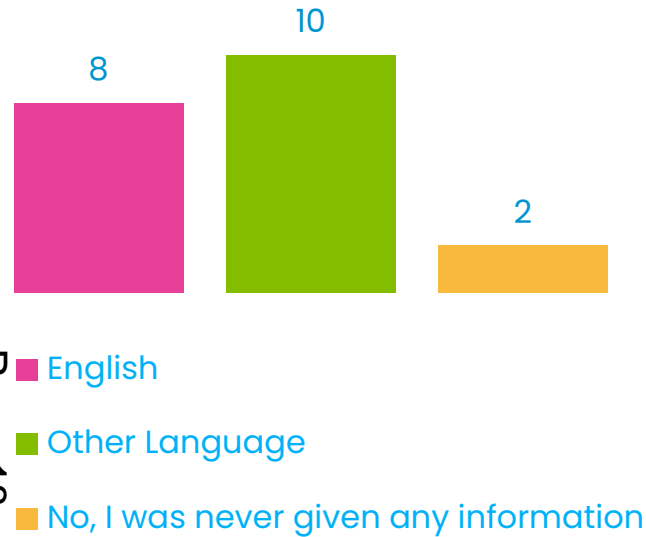
Did you receive enough support during breastfeeding?

Yes Got some support No support at all

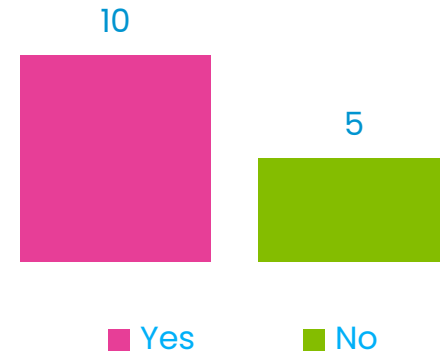


Access to Information

Information access- Language



Information- Accessible format



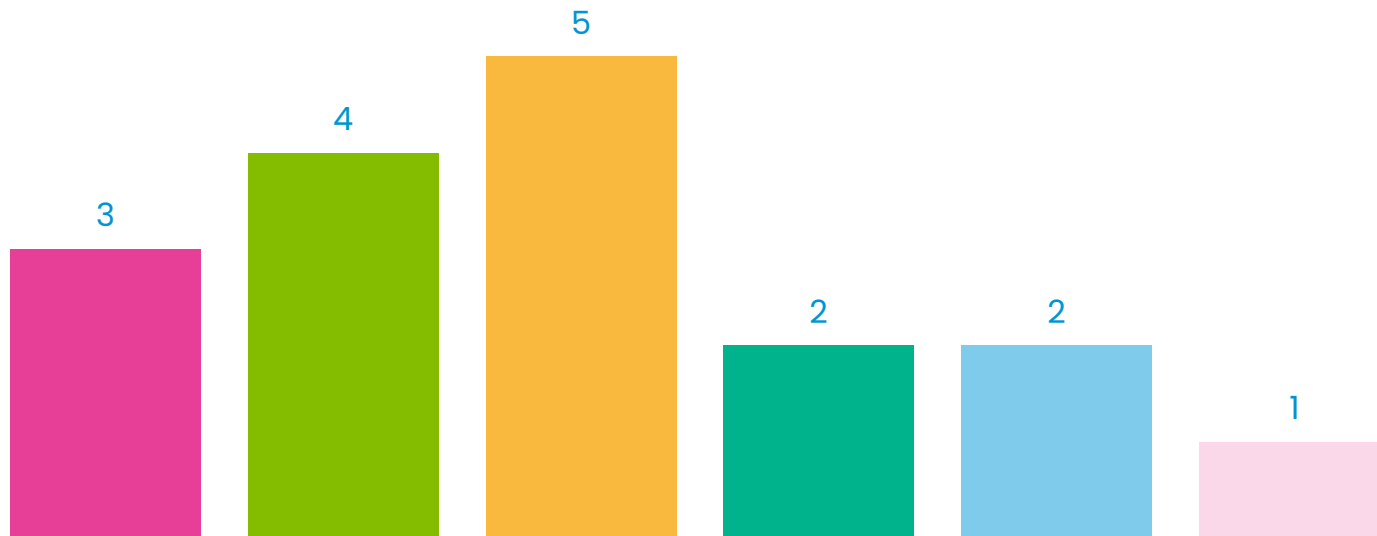
Page 18

Most women we spoke to either had no or limited English language skills. Translation assistance was provided by staff, volunteers, and the women themselves.

Improving Maternity Support- Perspectives of Asylum seekers/Migrants

What additional support could organisations providing maternity services for asylum seekers offer to help women have a healthy pregnancy?

- Better Housing
- Kitchen to cook/More food options
- Financial support- baby supplies/Food
- Emotional/Mental Health Support
- More Information
- Transport



Improving Maternity Support- Perspectives of Asylum seekers/Migrants

"They should give better housing opportunities with kitchens. They should give opportunities to cook better food or give money to mothers to buy food. I was worried that I was going to be sick because I was not eating enough" ID 511

The organisations should be more upfront about the care they provide." ID 088

"It would be good if they could help with some items after birth like a stroller, baby formula, etcetera. They should ask us what we need as we don't have enough money to buy stuff for the baby." ID 419

Maternity experiences- Perspective of Doulas

As most women, we spoke to had limited language skills, we additionally interviewed doulas, who closely work with this demographic, to better understand the barriers migrant women face in accessing maternity health services.

Happy Baby community offers doula services to asylum seekers, providing advice, information, language support (wherever possible), emotional support, and physical comfort before, during, and after childbirth.

We conducted an online focus group discussion with 6 doulas primarily working in North-West London, recorded the session, and identified emerging themes. These themes were then considered alongside women's perspectives to develop final recommendations.

Maternity experiences- Perspective of Doulas: Key Themes

Page 22

Poor Nutrition

" I have only come across one lady who was satisfied with the food"

Language Barrier

" It's very unlikely that [the women] will be provided translation interpretation."

Lack of emotional support

"Just listen to the women, It doesn't cost anything"

Maternity experiences- Perspective of Doulas: Key Themes

Lack of specialist Care

“ There should be someone dedicated in [hospital] midwifery teams that is an expert on asylum”

Variable Transport

“ I met one woman at a maternity unit who was in labour, and no one was available on the phone from her hotel to organise transport”

Lack of cooperation

“We have to prove ourselves [to the hospital staff] each time and it often starts at a point of suspicion and defensiveness”

Recommendations

Nutrition: Most women did not have space to cook. The hotel food did not cater to their likes/dislikes or any specific medical requirements like diabetes.

“Not easy, I was living in a hotel without a kitchen, so I was unable to cook. The food was terrible.” ID 501

“I developed diabetes 8 months into my pregnancy which went away after my pregnancy. It was difficult to eat healthy during the pregnancy because I did not have a kitchen.” ID 584

Page 24

Recommendation 1: We recommend that more meal choices be offered in the set menus, especially to cater to specific medical requirements such as diabetes or hypertension. Additionally, allowing women access to a communal kitchen may help them personalise their meals.

Recommendations

Emotional Support: Many women experience loneliness and isolation during pregnancy, lacking a partner or family for support, which is particularly challenging for first-time mothers. Some find comfort when maternity staff or support workers are available. Emotional and mental support before, during, and after birth is crucial.

“Being alone in this period was so hard, especially because it was my first child. The nurses taught me everything about how to look after my baby.” ID 359

Recommendation 2: We recommend offering women emotional well-being check-ins before and after giving birth. We suggest referring them earlier in their pregnancy to social gatherings, support groups, or charities helping pregnant asylum seekers. Additionally, hotels where these women stay can offer shared spaces like kitchens and dining areas to cook and eat together.

Recommendations

Financial Support : Considering their circumstances, asylum-seeking women struggle to afford essential expenses, particularly supplies for newborns. Some feel that the provided allowance is inadequate and suggest that offering items such as strollers and baby clothes, rather than cash, would be more beneficial.

Page 26

“Help with baby clothes & supplies during the pregnancy.” ID 590

“Got allowance but it was not enough money.” ID 204

Recommendation 3: We recommend offering asylum seekers a combination of financial support—such as allowances—and essential items like nappies for newborn care. These items could be provided directly to them or through a charity dedicated to assisting this demographic.

Recommendations

Language support : Most women we spoke with had limited or no English language skills, highlighting the need for adequate language support to engage with this demographic. According to doulas, there is a serious lack of translation services in hospitals, leading to women undergoing procedures without fully understanding or consenting to them. Doulas have also observed instances where staff were rude to women who couldn't understand English.

Page 27
“I think [the staff at one hospital trust] treat the refugees differently and they get irritated and annoyed...if there isn't much understanding of English.”

Recommendation 4: We recommend that hospitals always provide Language Line translation services to women, ensuring they understand their circumstances. In cases where the hospital cannot offer translation services, women could have doulas, family, or friends accompany them to translate, thus avoiding confusion.

Recommendations

Specialist Training for Staff: The doulas agree that midwifery teams should have a dedicated lead knowledgeable about asylum seekers and the support they can access. Providing this support early in pregnancy is crucial for women to access available assistance effectively.

Page 28

Recommendation 5: We suggest having someone on the hospital midwifery team who can either maintain an up to date directory of all available assistance for asylum seekers or promptly direct women to a charity or service that can support them during pregnancy.

Recommendations

Communication and information provision: An effective communication pathway between healthcare professionals and asylum seekers is essential. Women express the need for more discussions on pregnancy outcomes, possible complications during childbirth, and postnatal care.

Recommendation 6: We suggest that women receive clear and timely information about potential childbirth complications. Procedures such as c-sections, induction or epidural use should be thoroughly explained early in the pregnancy, to address any language barriers and allow women ample time to mentally prepare for any eventuality. Moreover, this information should be easily accessible to avoid confusion.

Recommendations

Cooperation/Advocacy: All the Doulas felt that there is a lack of cooperation between NHS and the charities/voluntary sector organisations that offer support to women seeking asylum.

“We have to prove our (presence to the hospital staff) each time and it often starts at a point of suspicion and defensiveness”

Page 2

Recommendation 7: We suggest that hospital midwifery units establish closer relationships with organisations supporting asylum seekers. These organisations have strong connections with this demographic and often possess valuable insights into their experiences. This information can aid healthcare professionals in understanding the complex needs of these women. Furthermore, these organisations can serve as a communication bridge, assisting women in understanding the rationale behind specific treatments.

For more information

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Ealing | W5 5RG

Monday to Friday 9am- 5pm

Telephone: 020 3886 0830 | 07944387895

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 [@HW_Ealing](https://twitter.com/HW_Ealing)

Page 31

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Page 33

Care Home Strategy

The Overarching Issues Facing Care Homes In Ealing

As a part of Healthwatch Ealing's 2023-24 Enter and View Program, we visited a series of care homes in the borough. We visited 8 in total, 4 that were rated as "Good" by the CQC and 4 that were rated as "Requires Improvement" by the same body.

The following is an examination of the results from these visits, as well as the overarching issues we have seen in the care homes.

What is an Enter and View?

Part of the local Healthwatch programme is to undertake 'Enter & View' (E&V) visits.

Mandated by the Health and Social Care Act 2012, the visits enable trained 'Authorised Representatives' (ARs) to visit health and care services – such as hospitals, care homes, GP practices, dental surgeries, and pharmacies.

E&V visits can happen if people tell us there is a problem with a service but can also be made when services have a good reputation.

During the visits we observe service delivery, and talk with service users, their families, and carers. We also engage with management and staff. The aim is to gain an impartial view of how the service is operated and being experienced.

Following the visits, our official 'Enter & View Report' is shared with the service provider, local commissioners, and regulators. It outlines what has worked well, and makes recommendations on what could work better. All reports are available to view on our website.

Why We Did This

Due to the Covid-19 Pandemic, Care Homes have been in the forefront of the public's mind. They are an oft forgotten about, important piece of our society.

We selected eight care homes randomly, four being rated as **Good** by the CQC and four rated as **Requires Improvement**. This was so that we could capture a representative view of homes in the borough.

Page 36

Methodology

A team of trained Authorised Representatives would visit these care homes. These visits consisted of an interview with management, a tour of the home, interviews with residents / staff, a period of observation, and a debrief at the end of the visit.

We used surveys that had a mixed qualitative and quantitative approach. We had face to face engagement with residents, staff, and management at these care homes. Most surveys were captured on the day of our visit; some staff surveys were done prior to our visit so that we could focus on talking to residents on the day.

Recommendations

We made a total of 57 recommendations across the 8 Enter and View visits we conducted in 2023-24. 34 recommendations were for homes rated as Good by the CQC, while the remaining 20 were for homes rated as Requires Improvement. The correlation here lies not within the rating a home has, but with the **size of the home**.

Page 38

Recommendations that we saw from more than one care home include: consistency of **dementia friendly signage**, crooked hangings on walls, **staff pay satisfaction, ensuring all staff are trained on safeguarding measures**, and **a greater variety of activities available**.

Name of Home	Number of Recommendations
Acton Care Centre	10
Blakesley House	5
Ealing Manor	9
Georgian House	6
Neem Tree	9
St. David's Home	7
The Willows	6
Threen House	5

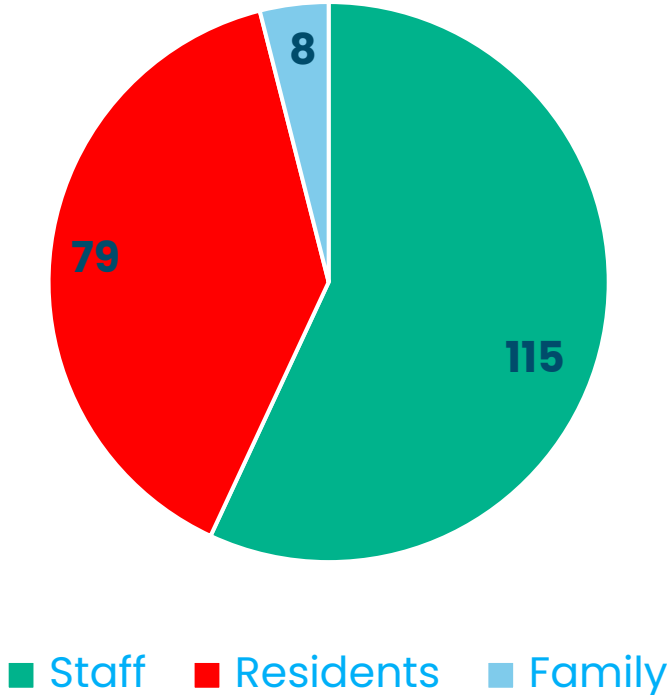


Our Findings

Those We Surveyed

During our program, we interviewed a total of 202 people – 115 members of staff, 79 residents, and 8 family members.

Page 40

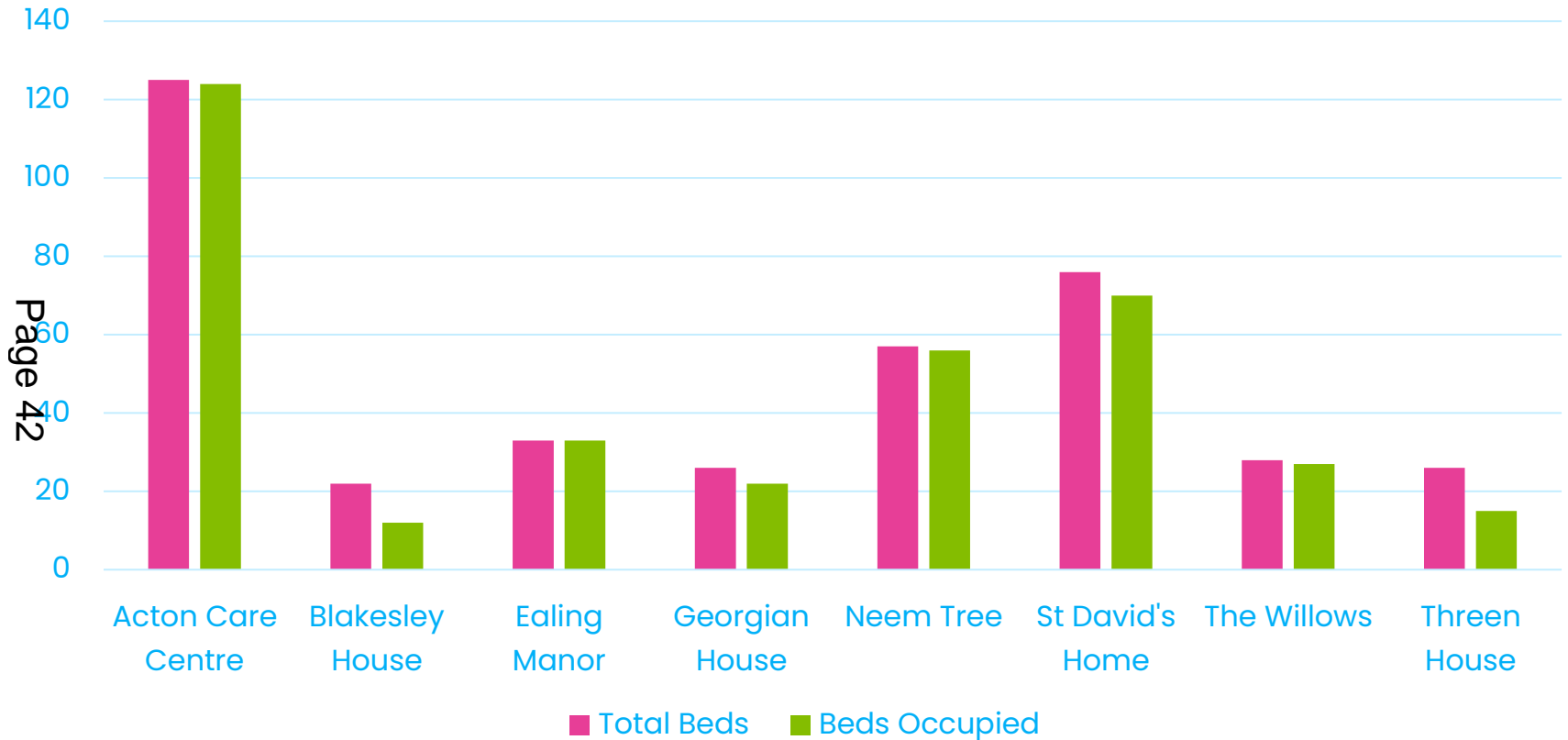


The Capacity Time Bomb

The most concerning issue we saw while we were visiting care homes is their capacity. All of the homes we visited either **were at capacity or had only a few beds open**. A few of the homes had waitlists for potential residents to join the home.

Page 41
Given the aging population in Ealing, there is going to be **a greater demand for beds than a supply**. Some homes we visited during our program were rated for more beds, but this was in the case of having two residents to one room. Since the Covid-19 Pandemic, homes have not been using this format for their residents and all are single occupancy.

The Capacity Time Bomb



* Georgian House and Threen House are registered for more beds, but do not use them as they have single occupancy ongoing

Recommendation: Capacity

The best way to combat this would be to open more facilities with more beds, but we recognise the logistical and financial limits make this a difficult proposition.

Page 43
In lieu of this solution, the borough should focus on expanding efforts to **keep people at home healthier for longer and be supported to live at home for as long as possible**. This would help ease the tension of care homes, so waitlists will become shorter and only the most vulnerable people with complex needs will be taken into a care home.

What Residents Liked

Residents overall expressed that they were happy with the staff and management of the care homes we visited. They felt listened to and appreciated.

Page 14
The food at care homes was a highlight for residents during our visits. Many describing the food as delicious and nutritious.

Each care home allowed residents and their families to **decorate their rooms** prior. This made the care home feel more like their actual home as opposed to a medical facility.

Security

Care homes we visited took security very seriously. Each home required that a visitor be let into the facility by a member of staff, identity verified, and signed in before they were allowed to fully enter the premises.

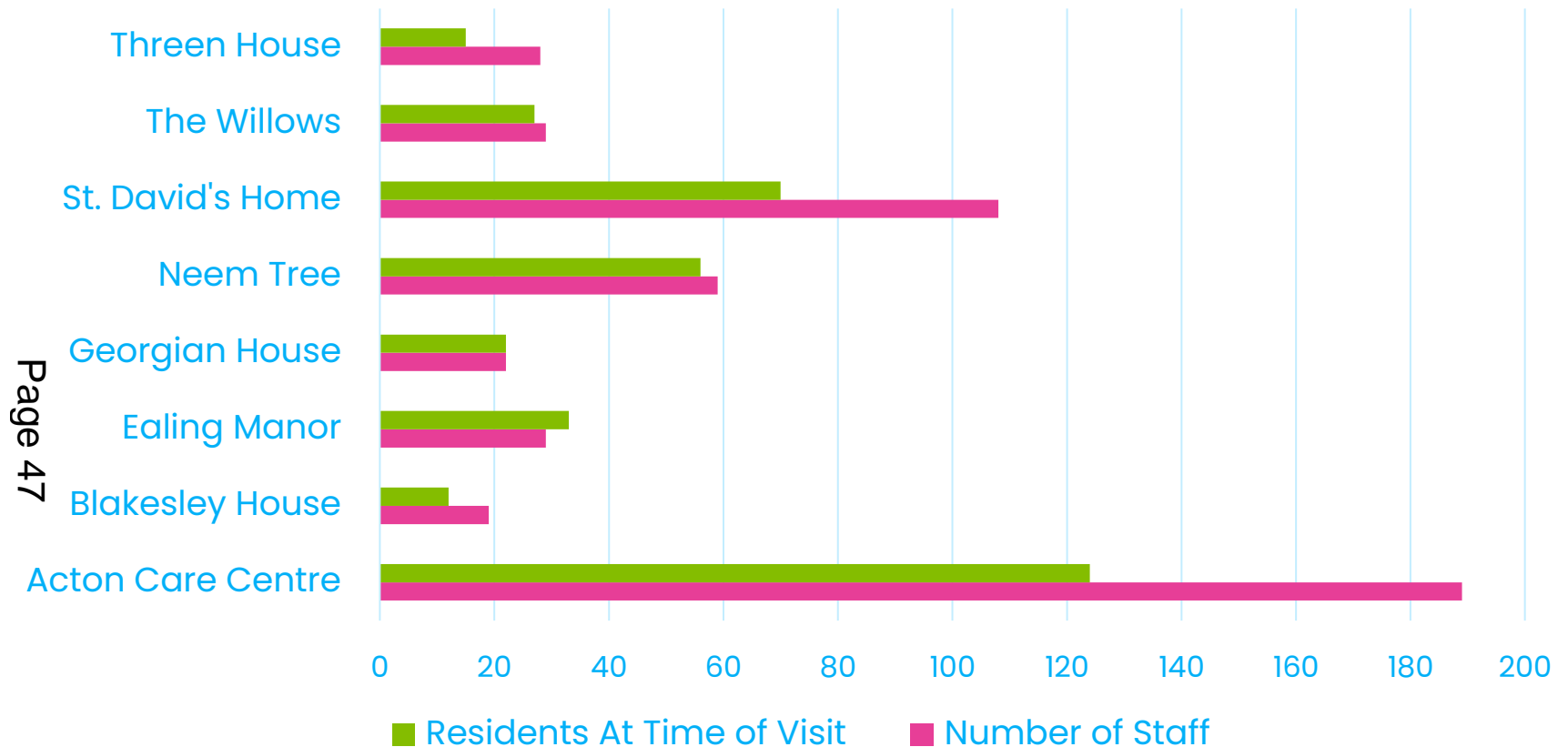
Homes that allowed their residents to walk by themselves had locks installed in outdoor areas so that guests could not wander off on their own. These examples should be **followed by all care homes in the Borough.**

Page 45

Staffing Levels

One of the challenges that face care homes today is maintaining the level of staff that works for them. The reasons for this are numerous, including but not limited to **immigration challenges post-Brexit, a lack of qualified domestic staff, and the cost-of-living crisis driving up salary demands.**

Staffing Levels



While the number of staff is greater than residents for most homes, not all staff are care staff. Staff can also include management, domestic cleaners, and kitchen staff.

Recommendation: Staffing

The care homes we visited had a variety of ways to combat their staffing levels. These included employee retention programs that include **bonuses, employee of the month/year recognition, and apprenticeships to progress their skills**. Other measures also include **visa sponsorship for qualified workers, wellbeing programs to support staff to look after their own physical and mental health, and bonus structures**.

We recommend that programs like these be implemented in care homes across the borough. In particular, apprenticeships, as those who undertake them tend to stay in their roles longer with the care home than those who do not.

Dementia Friendly Signage

Dementia-friendly signage can help orientate a person living with dementia and allow them to maintain their independence. These signs can consist of text, images, or a combination of both, and any text should ideally contrast with the background to be easy to read. **We believe homes should implement these in as many ways as they can**



Example: A Dementia Friendly Activity Board

Recommendation

All care homes in the borough should include **consistent dementia-friendly signage throughout the homes**. Including but not limited to signs that designate an area (toilets, lounge etc), menus, and activity boards. By using clear and easily understandable signage care homes can improve accessibility for residents and reduce confusion. Consistent use of dementia-friendly signage creates a supportive environment, ensuring that residents feel comfortable and more independent within the care setting.

Access to Dentists

During our program, we asked care homes if they had any issues accessing community health services. One of the services that was brought up the most was **dentistry**. Only one of the homes we worked with mentioned more severe issues with getting appointments, an issue that is prevalent nationally. While some homes have established close relationships with local dentists to address appointment delays, **access to dental care remains an area of focus for improvement.**

Recommendation: Access to Dentists

We acknowledge that difficulty getting dental appointments is not a phenomenon unique to care homes. However, they do have the responsibility of ensuring that the residents under their care are given the appropriate care. **We propose collaborating with NWL ICS colleagues to identify effective solutions. These include but are not limited to frequent oral health checks, sharing best practices, and mandatory staff training to identify oral health issues.** It is crucial to ensure that the oral health responsibilities for care home residents are fully addressed through cooperative effort.

Activities

Activities are important for residents of care homes; they allow for the minds of older residents to stay strong both mentally and physically. It is important that they always have the option to have something to do.

One trend that we observed throughout our visits was a **desire for more outings for residents**. This would help residents feel more like a part of their communities. Some of the care homes we visited had their own transportation, while most must rely on support from the council to take residents to and from the homes.

Homes that must rely on council transportation have reported difficulties with the system. **The logistics of pickup and drop off have been a concern for them, resulting in fewer outings being arranged**. We recommend that the council and care homes collaborate on logistical issues within transport coordination. With improved communication, both parties can resolve any transport issues.

Recommendation: Outings and Activities

Engaging with residents is a very important thing to keep them both physically and mentally fit.

Seasonally (**once every three months**) residents should be surveyed to see what they would like to do in terms of outings and activities.

Page 54
is especially important to include **bed bound residents in these surveys, as activities should be tailored to meet every residents' needs** . While they might not be able to partake in everything, it does not mean that they should not have a say in the process.

All homes should have a **dedicated activity coordinator role** for this work to be done effectively and efficiently.

Homes should have a consistent and clear way for **residents to provide feedback/making complaints**.

Engagement: Family Involvement

For Residents who do have family members, having their relatives be involved with their care is important for them. Each home we visited told us that during the intake of a new resident, families do have a say in how their care plan is formed.

Their input is used to discuss activities, diet, and religious preferences. Involving family members in the care planning process for residents is essential for personalised and resident-centered care.

This collaborative approach promotes effective communication and aligns the care plan with the resident's individual needs. Family involvement not only increases satisfaction and peace of mind for families but also contributes to the overall quality of care provided to residents.

Recommendation: Family Involvement

Continued family involvement beyond the initial intake is crucial for the ongoing well-being of residents in care homes. To facilitate this, we recommend implementing regular surveys for family members on a quarterly basis. Additionally, **establishing family participation groups** within care homes, similar to patient participation groups found in GP surgeries, would provide a platform for open communication, feedback, and collaboration between families and care home staff. These groups would serve as informal forums where family members can voice their opinions, concerns, and suggestions, ultimately contributing to the improvement of care services and ensuring that residents receive the highest quality of care possible.

Name Tags

We want to emphasize the **importance of nametags for staff and management**. While all the homes we visited did have name tags, we have heard reports of others in the borough who do not. It is important that residents and families are able to quickly identify a care home worker for several reasons.

- Identification and reassurance: Nametags allow residents and their families to quickly identify care home staff and management, promoting a sense of familiarity and reassurance, particularly for patients with dementia who may struggle with memory recall. This helps to establish trust and comfort within the care home environment.
- Accessibility for communication and feedback: Clear identification of staff members through nametags opens communication between residents, families, and staff. In the event of a complaint or providing feedback, knowing the names of staff members involved is essential for addressing concerns effectively and promoting accountability.
- Safeguarding and accountability: The absence of nametags could lead to difficulties in identifying staff members, potentially compromising resident safety and trust. Nametags play a vital role in safeguarding residents by allowing them to easily identify staff personnel and report any concerns or incidents promptly.
- Establishing a culture of transparency: Implementing nametags for all staff and management creates a culture of transparency and accountability within the care home. It signals a commitment to openness and professionalism and the overall quality of care provided.

Culturally Appropriate Care

We witnessed a good approach to providing **culturally appropriate care** in care homes and believe this should be the standard in providing care. This means that the backgrounds, religions, and creeds of residents are respected when their care plan is considered.

We were also made aware of **Respect for religious practices** Homes ensured arrangements were made with the local religious centre for visits if the resident wants to practice their faith.

Consideration of dietary restrictions were always considered. Different faiths have different requirements, and these should be respected as a right of the resident.

Culturally sensitive personal care is provided when appropriate (for example, provided by person of the same gender, person who speaks the same language etc.) enhancing comfort and communication during care interaction.

Visiting Times

We found that the care homes we went to have an adaptable approach to visiting and do not have strict visiting times. There are guidelines, for instance from 10 am to 6pm, but these are not set in stone.

The care homes we visited had a **flexible** model, where family members are free to come and go as they wish, as long as they inform the home ahead of time. If they come during meal times, **they must assist in feeding the resident.**

Care homes have also allowed for relatives to stay the night when a resident is undergoing **end-of-life care.**

This area of good practice should be implemented across all care homes as this flexibility accommodates the schedules of working family members and fosters a supportive environment for residents. There should be efforts to implement them consistently across all care homes to ensure equitable access to supportive visiting policies for all residents and their families.



CQC Ratings

Good Vs. Requires Improvement

Healthwatch Ealing found no major differences in the quality of care between homes rated as "Good" and those rated as "Requires Improvement" by the CQC. While the ratings may be based on factors not readily apparent to Healthwatch Enter and View Authorised Representatives. All homes visited were committed to providing the best possible care to their residents, with no significant complaints reported by residents regarding staff or management.

The following sections are dedicated to why each Requires Improvement home was given that rating and what we noticed in relation to that.

Why were homes rated as Requires Improvement by the CQC?

Each home that we inspected as Requires Improvement was rated that way for different reason. They are as follows:

St. David's Home – Not well led, concerns over staffing levels, improper medicine management.

Green House – Inconsistent Infection Control Procedures, poor record management.

Blakesley House – Risks of Avoidable Harm such as falls, record keeping, people in rooms not being supported promptly during meal times.

Georgian House - Meaningful recreational activities for people to help prevent social isolation were limited, care plans not being personalised, effective safeguarding systems.

CQC and Healthwatch Ealing

It's important to recognise the distinction between a CQC inspection and the perspective provided by Healthwatch Enter and View Authorised Representatives. While our primary focus is on capturing the patient experience, we can still identify some observations that align with findings from CQC inspections.

Page 63

- **St. David's Home** – We also found concerns over the level of staffing, patients we spoke with expressed concern in this area.
- **Georgian House** – We observed the lack of a dedicated activity coordinator during our visit. The responsibilities typically associated with this role are divided among three members of the care team.

Conclusion

We acknowledge the uniqueness of each care home and the challenges associated with implementing changes. However, we believe that by implementing the recommendations outlined in this document, the standard approach to overall quality of care would not differ between the homes in the borough. These recommendations, ranging from family involvement to ensuring consistent dementia-friendly signage and addressing staff wellbeing, are designed to address key areas of improvement identified through our observations and feedback from residents and families. By prioritising resident-centered care, open communication, and continuous feedback from residents and families, we can improve the experiences for residents across the borough's care homes.

For more information

Healthwatch Ealing

2nd floor, Rooms 15 & 16 | 45 St Mary's Rd |
Ealing | W5 5RG

Monday to Friday 9am- 5pm

Telephone: 020 3886 0830 | 07944387895

www.healthwatchealing.org.uk

E: info@healthwatchealing.org.uk

 [@HW_Ealing](https://twitter.com/HW_Ealing)

Page 65

healthwatch

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**Report for:
INFORMATION**

Item Number:

Contains Confidential or Exempt Information	NO
Title	Delivery of BBP inequalities priorities
Responsible Officer(s)	Anna Bryden
Author(s)	Anna Bryden, Neha Unadkat, Zainab Shather & Izabela Gregory
Portfolio(s)	Cllr Jasbir Anand
For Consideration By	Health and Wellbeing Board
Date to be Considered	20 March 2024
Implementation Date if Not Called In	N/A
Affected Wards	All
Keywords/Index	Inequalities, Funding

Purpose of Report:

To provide Health and Wellbeing Board with an overview of delivery of the Borough-Based Partnership's inequalities priorities, including an update on allocation of two funding opportunities.

1. Recommendations for DECISION

N/A

2. Recommendations for NOTING

To note that the Borough-Based Partnership has a set of priorities to reduce inequalities. These are aligned with the Health & Wellbeing Strategy and the demands from the independent Race Equality Commission.

To support this work, two sets of funding have been allocated to engage with local communities, deliver services and build up local infrastructure.

- 1) Public Health inequalities fund
- 2) NHS population health management and inequalities fund

3. Reason for Decision and Options Considered

Public Health inequalities fund

In Summer 2022, Ealing Cabinet agreed to commit a total of £400,000 of non-recurrent funding from the Public Health Grant to support innovative proposals which

focus on reducing health inequalities. The first round of funding was held in May 2023, and the panel approved four bids, with a total funding of £191,854 allocated.

A second round of funding, for the remaining £208,146 available, was held in October 2023. There were two successful bids, with a total funding of £200,000 allocated. The two bids are:

- Trading Standards initiative to tackle underage vapes and availability of illicit tobacco products.
- Alcohol partnership group to tackle alcohol-related harm, crime and disorder associated with licensed premises.

The Public Health team will provide an annual summary report on the progress of these projects, their achievements and any lessons learnt. The first of these will be submitted to Health & Wellbeing Board in early autumn 2024.

NHS population health management and inequalities fund

NHS England has provided every ICB with recurrent health inequality transformation (HIT) funding to strengthen and accelerate the development of strategic capabilities to identify, understand, and tackle health inequalities.

Ealing BBP has proactively developed a suite of interconnected plans that work together to help deliver the Health and Wellbeing Strategy and priorities arising from the Race Equality Commission.

The transformative schemes complement and drive forward the existing priorities of Ealing BBP with a focus on service delivery to residents and continuing to develop the infrastructure behind the Partnership to enhance joint planning and delivery.

4. Key Implications

N/A

5. Financial

N/A

5. Legal

N/A

6. Value For Money

N/A

7. Sustainability Impact Appraisal

N/A

8. Risk Management

N/A

9. Community Safety

None

10. Links to the 3 Key Priorities for the Borough

Fighting inequality

11. Equalities, Human Rights and Community Cohesion

N/A

12. Staffing/Workforce and Accommodation implications:

None

13. Property and Assets

There are no property implications.

14. Any other implications:

N/A

15. Consultation

N/A

16. Timetable for Implementation

N/A

17. Appendices

Appendix 1 HIT funding Ealing Deliverables April - December 2023

18. Background Information

N/A

Consultation (Mandatory)

Name of consultee	Post held	Date sent to consultee	Date response received	Comments appear in paragraph:
Internal				
e.g.	Executive Director			
e.g. Helen Harris	Director, Legal and Democratic Services			e.g. 5. Legal
e.g. Ross Brown	Chief Finance Officer			e.g. 4. Financial
e.g. Cllr Peter Mason	Leader / Cabinet Member for:			
External				
	eg voluntary organisation			

Report History

Decision type:	Urgency item?
EITHER: Key decision OR Non-key decision OR For information (delete as applicable)	Yes / No (delete as applicable) [Is it a general or special urgency key decision, which was not included in the Forward Plan with at least one month's notice ?] If yes, set out the reasons both why the item was not included and why a decision cannot be deferred.
Report no.:	Report author and contact for queries: First and surname, job title

Evaluation of Ealing Health Inequalities Transformation Non-Recurrent Funding 2022/23 and 2023/24

Page 71

YTD Summary

Introduction

- NHS England has provided every ICB with recurrent health inequality transformation (HIT) funding to **strengthen and accelerate the development of strategic capabilities to identify, understand, and tackle health inequalities.**
- Ealing Borough Based Partnership has been allocated the following funding:

Year	Allocation
22/23	£725,956
23/24	£784,733
24/25	£800,729
25/26	£800,729
26/27	£800,729

- Note – the 24/25 business case is currently being reviewed for approval. The 25/26 and 26/27 allocations are assumed by NHS England, but may be subject to inflationary increases.
- Ealing BBP has proactively developed a suite of interconnected plans that work together to help deliver the Health and Wellbeing Strategy and priorities arising from the Race Equality Commission.
- The transformative schemes complement and drive forward the existing priorities of Ealing BBP with a focus on service delivery to residents and continuing to develop the infrastructure behind the Partnership to enhance joint planning and delivery.

Highlights

Therapeutic Thinking

- Across Ealing, suspensions have increased, however across the 10 **high schools with a TT tutor, suspensions decreased** in the Autumn term 2023
- Initial evidence that TT is **having a positive impact on the disproportionality** for the 3 priority minority ethnic groups (Black Caribbean, White and Black Caribbean and Children of Somali heritage) amongst suspensions in high schools.
- Suspension rates in these ethnic groups in schools that had training with TT:
 - Prior to TT programme (Autumn 2022) – 18% of total suspensions
 - First 9 months of TT programme – (Autumn 2023) – **12% of total suspensions (6% reduction)**
 - Overall suspension rates across all schools in Ealing increased by 19% over the same time period

Speech, Language and Communication Needs

- **11 nurseries** scheduled training with the SLCN team – within the top 20% most deprived areas of Ealing

Asylum Seekers Outreach Event Vaccinations delivered at events in IAC hotels in September 2023:

- 36 flu vaccinations
- 24 Covid vaccinations
- 32 blood pressure checks

Accelerating Southall Local Leadership

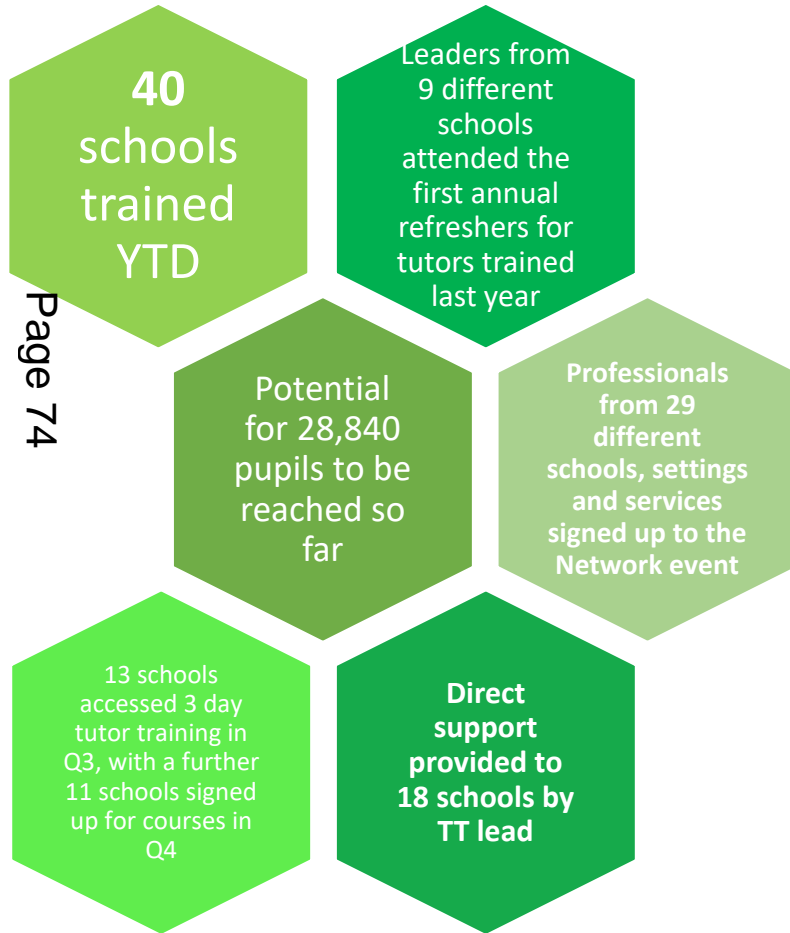
- **Free health checks** session attended by 125 participants in Southall
- Delivered:
 - BMI, weight, height and waist checks
 - Blood pressure checks
 - Diabetes advice
 - Lung Function test
 - Carbon monoxide test
 - Lung Age test
 - Distributing health advice

School Readiness

- **442 families** attended School Readiness sessions
- Average response rate from parents – “Did you find information given today useful” – 4.78/5

Therapeutic Thinking

Progress – April – December 2023



Page 74

Background

- Providing outreach to schools and co-ordinating existing outreach services to apply a graduated approach through the Therapeutic Thinking programme
- Programme aims to change school culture around behaviour and inclusion
- Close the attainment and exclusion gap between disadvantaged pupils, particularly from certain ethnic groups (e.g. black Caribbean and children of Somali heritage)

Therapeutic Thinking Lead

- 1 x B8a AfC started in post September 2023
- Post holder has background in Specialist Teaching (SEMH) for a LA, SENCO and Director of SEND for a multi-academy trust

Challenges experienced

- Teacher strikes impacted on scheduled training. Sessions were rearranged but not all colleagues could attend, therefore total numbers of schools/staff trained were lower than anticipated.

Direct support to schools

- 18 different schools have received direct support from the TT lead since they started in post
- Includes: assessments of need for individual children, training for specific groups of staff, whole school training, coaching of leaders, information sessions for parents and guidance for Head teachers and senior leaders

Therapeutic Thinking

Qualitative feedback from school staff

“Wow! You were a resounding success”

“One staff member said it was the best CPD he has ever had”

“We really value your input with this pupil”

“Really appreciate your support...it was lovely to hear some of the positive feedback from our parents”

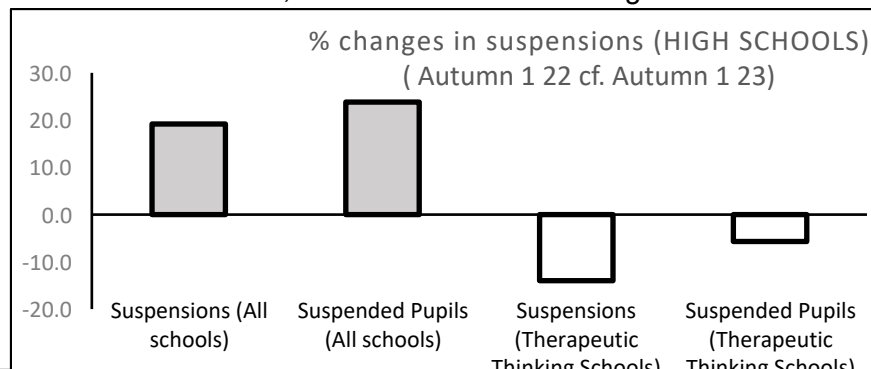
Page 75

Roll out within the LA

- Intro to TT with following services and team (more than 60 professionals):
- SAFE Evolve (Tier 2 CAMHS), SAFE East Team (Early Help +), REACh (Rapid Engagement – Social Care), Educational Psychology, SEN Assessment Service, Early Years SEND and Inclusion, supporting Families Programme, Children’s Therapy Services (OT, SaLT etc.), Early Help

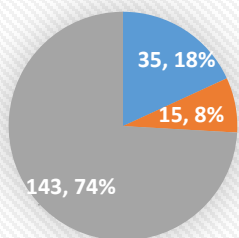
Impacts

- Across Ealing, suspensions have increased, however across the 10 high schools with a TT tutor, suspensions decreased in the Autumn term 2023



Suspensions in Ealing high schools (193)

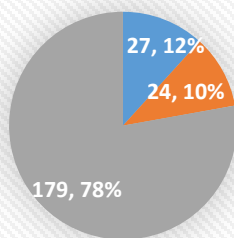
Autumn 1 2022



- Priority groups in 10 TT schools (before training)
- Priority groups in 7 non TT schools
- All others

Suspensions in Ealing high schools (230)

Autumn 1 2023



- Priority groups in 10 TT schools (since training)
- Priority groups in 7 non TT schools
- All others

- Initial evidence that TT is having a positive impact on the disproportionality for the 3 priority minority ethnic groups (Black Caribbean. White and Black Caribbean and children of Somali heritage) amongst suspensions in high schools.
- Suspension rates in these ethnic groups in schools that had training with TT:
 - Prior to TT programme (Autumn 2022) – 18% of total suspensions
 - First 9 months of TT programme – (Autumn 2023) – 12% of total suspensions
 - Overall suspension rates across all schools in Ealing increased by 19% over the same time period

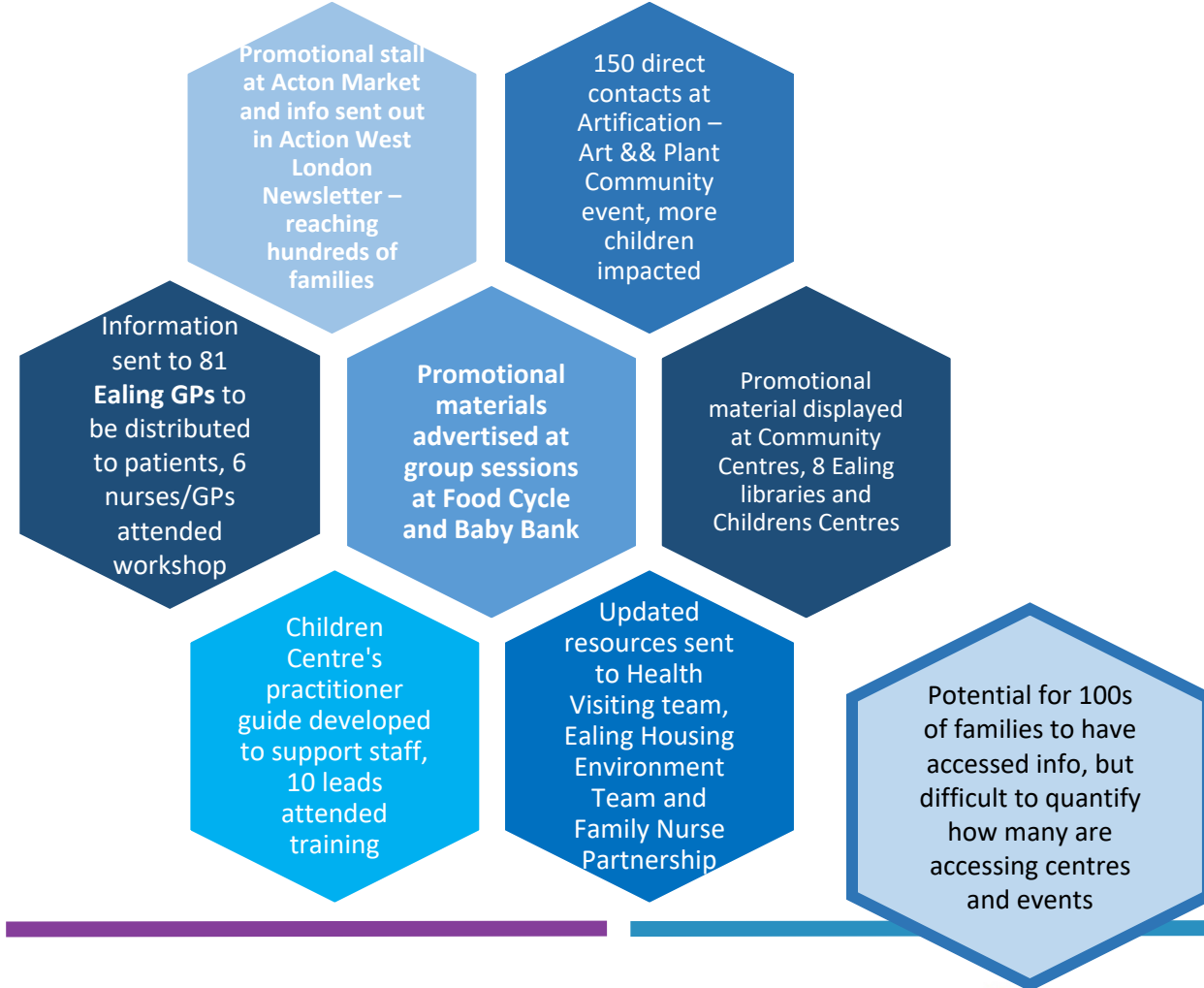
Healthy Start and Sugar Smart

Background

- £57,864 to fund 1 x B6 AfC equivalent pay scale within Child Weight Management Service: Food Project Officer
- Post holder started new contract 12th June 2023 (2nd year continuation of scheme using alternative funds)
- Raise awareness amongst disadvantaged communities about the national Healthy Start voucher scheme
- Enable greater access to nutritious food to low income families
- Promotes organisations, particularly in the most disadvantaged neighbourhoods to be 'sugar smart', thus reducing unhealthy food options to Ealing's children

Page 76

Healthy Start (April – December 2023)



Healthy Start and Sugar Smart

Sugar Smart Deliverables July – September 2023

- Pause to delivery of Healthy Start scheme due to resignation of Healthy Start Practitioner in October 2023.
- In the interim the Healthy Weight Team have continued to deliver Sugar Smart Cookery Clubs, but there has been a pause in Healthy Start activity
- Post holder recruited to in January 2024 to continue the work

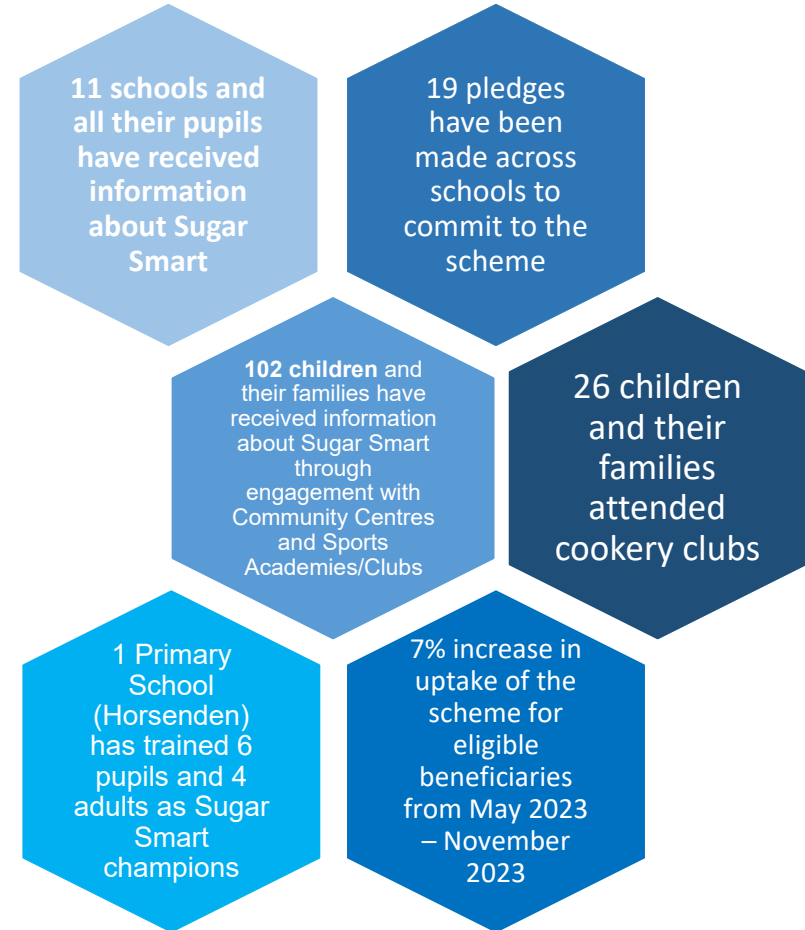
Healthy Start Uptake in Ealing

- May 2023 – 57% uptake (entitled beneficiaries 1895, total eligible beneficiaries 3352)
- Sept 2023 – 59% Uptake (Entitled beneficiaries 1864, Total Eligible Beneficiaries 3144)
- Nov 2023 – 64% Uptake ((Entitled beneficiaries 1899, Total Eligible Beneficiaries 2954)
- Note – The total entitled beneficiaries is the number of those that are actively using the card scheme for healthy start, total eligible are those eligible that aren't necessarily active in using the scheme
- Unit of measure is a family unit

Rate of obesity in children (before scheme)

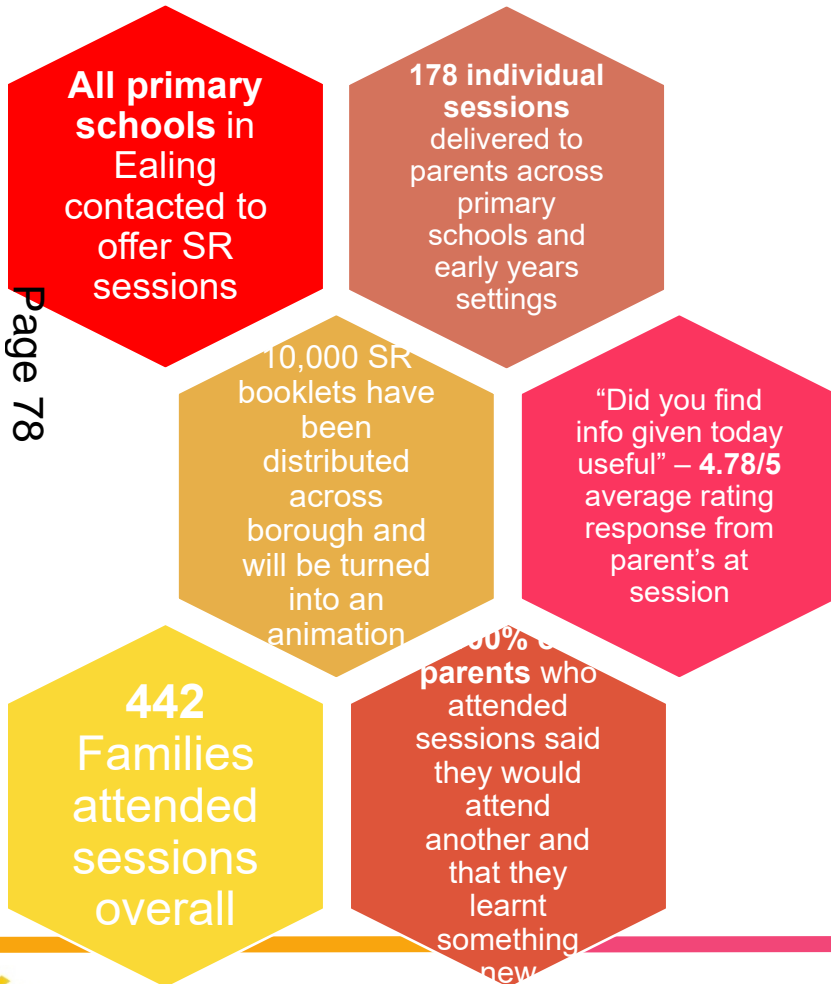
- 21/22 – Reception children 21.5%, Year 6 children 41.3%
- This data is only available annually so will be analysed again once the scheme has finished

Sugar Smart (April – December 2023)



School Readiness

Deliverables April – December 23



Background

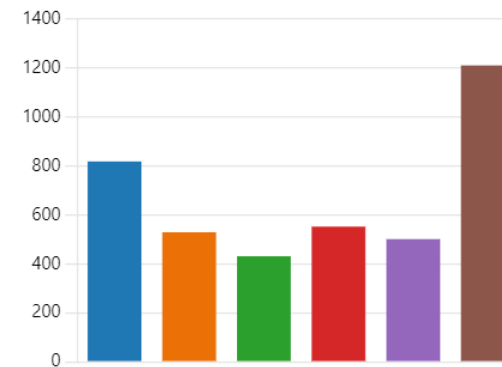
- £57,84 to fund continuation of a post holder (started Oct 2021, contract renewed Oct 22)
- To improve equality of access to early help and support and reduce the difference in school readiness (SR) scores, targeting resources in areas with the lowest SR scores (e.g. Northolt) and with certain communities with lower SR scores (e.g. BAME Communities)
- Early Years settings identified within top 20% areas of deprivation for targeted support and guidance
- Whole system approach to reduce gap in SR

Families attending specific sessions:

19. Which area of school readiness would you like support with

[More Details](#)

Communication and Social Skills	818
Self-Care Skills/Dressing	529
Toileting	431
Healthy Eating and Fussy Eating	552
All of the above	501
None	1210



Cost of Living – Falls Prevention and Warm Spaces

(Scheme finished – January – March 2023)

Background

- £42,500 funding requested to help specific community groups that are most affected by inequalities
- Completely new spaces could receive grant of up to £2.5k, spaces in existing use up to £1k
- Physical activity and Community groups
- Additional time together for social connection and sharing of hot refreshments
- Activities funded to prevent falls, reduce social isolation and enable older residents to keep well in their mental health
- Services ran for 13 weeks – January 2023 – March 2023



Cost of Living – Falls Prevention and Warm Spaces

- Qualitative Feedback

Page 80



Lessons Learned

- Start the program earlier (November)
- Ensure more even distribution of spaces - Acton was lightly served
- Provide more publicity materials – some spaces had difficult publicising facilities as there was no recognisable Ealing Warm Spaces branding
- Smaller spaces were concerned about being overwhelmed – led to hesitancy to widely publicise themselves and some venues having disappointing attendance figures
- Lack of activities provided on site at certain spaces led to low traffic at these sites. Libraries and existing faith community groups performed better in this regard

Cost of Living – Proactive Calling

Background

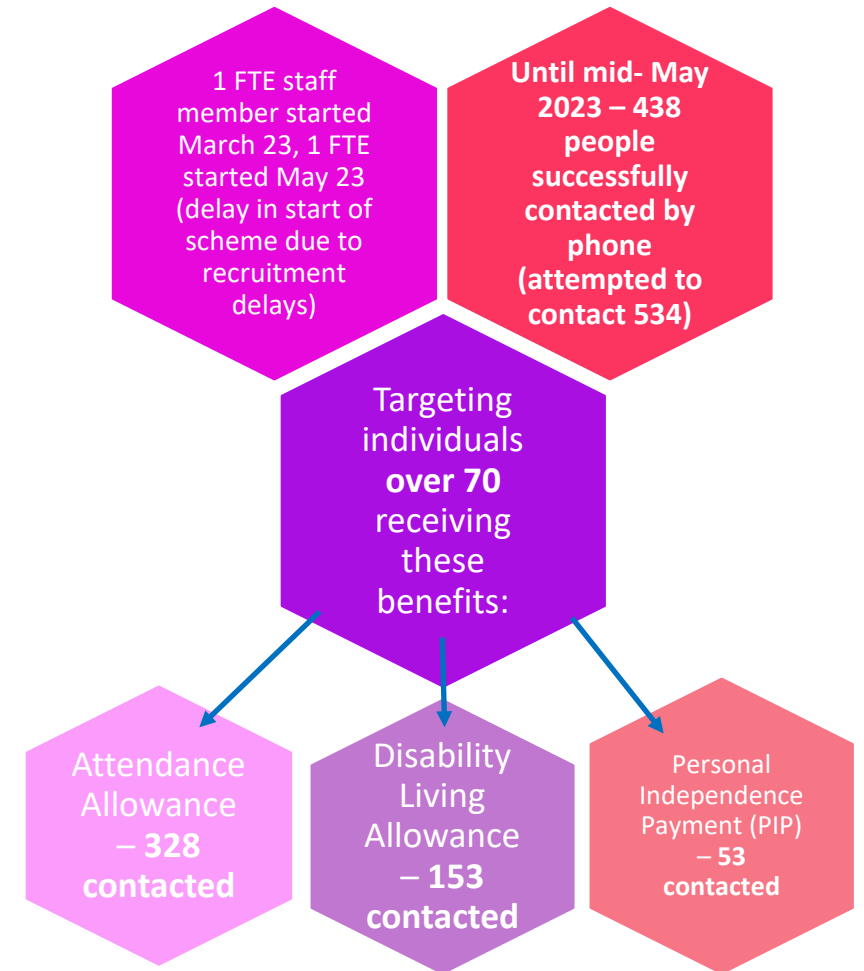
- £32.5k to ensure vulnerable residents are aware of different types of support available to them and to check in on them from a general wellness perspective
- Initiative is ongoing until funding runs out (estimated end of July) as the scheme started late (end of March)
- Once this cohort is complete, further cohorts will be identified using the data sets available

Included:

- Linking lone residents to befriending services
- Promoting energy advice schemes to those struggling to heat their homes
- Promoting warm spaces and indoor activities
- Identifying who may be entitled to financial support and making necessary referrals
- Linking residents to other local community organisations depending on their need and circumstances

Distribution of printed materials to agreed cohorts

- 1056 letters
- 945 SMS messages



Speech, Language and Communication Needs Early Intervention

Background

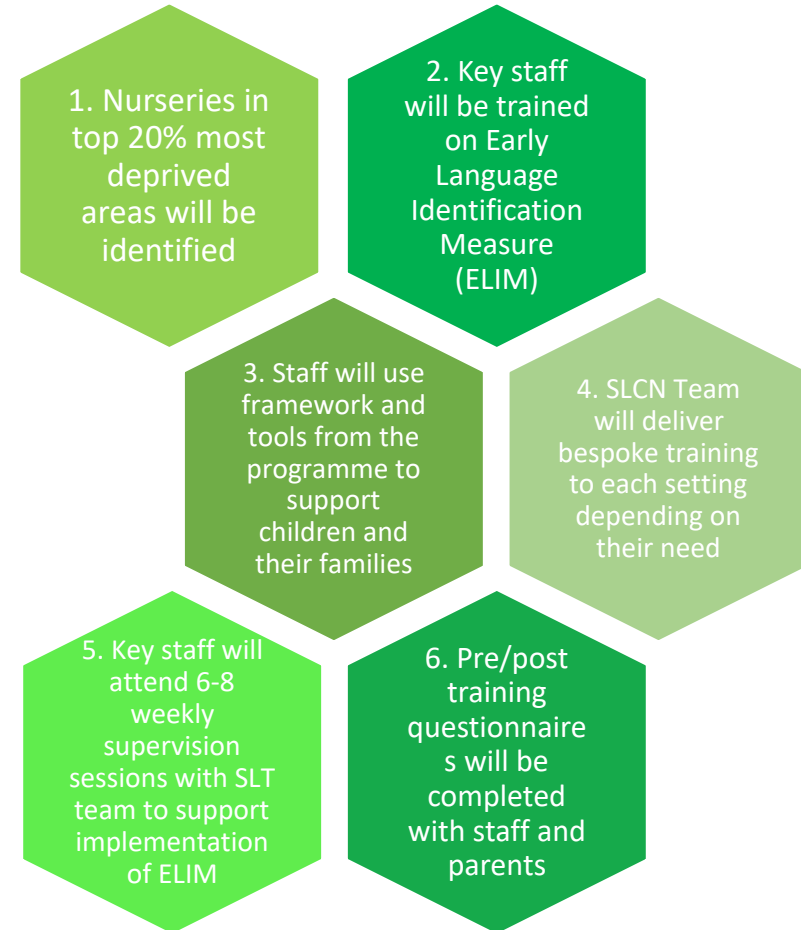
- £141,500 for 2 years
- To expand the expertise, outreach and specialised Speech, Language and Communication training to support PVI's and front facing early years' services
- Focus in top 20% most deprived areas
- Aim to better identify and support children under 5 with SLCN and their families

Recruitment update

- 0.8 FTE SLT Nursery Nurse Level 7 (note – not B7 AfC) requires SLCN experience with a relevant degree – undergoing recruitment
- 0.8 FTE SLT Assistant (AfC B4, requires SLCN experience) – post holder in place January 2024
- 0.2 FTE Consultation with Occupational Therapist (B6 AfC). This role will be explored once Level 7 and B4 roles are in post

Deliverables (From December 2023, as first post holder in place January 2024)

- Training scheduled in early 2024 for 11 nurseries
- 3 childminders have been identified for training, but dates not arranged at last update



Accelerating Southall Local Leadership Capacity

Background

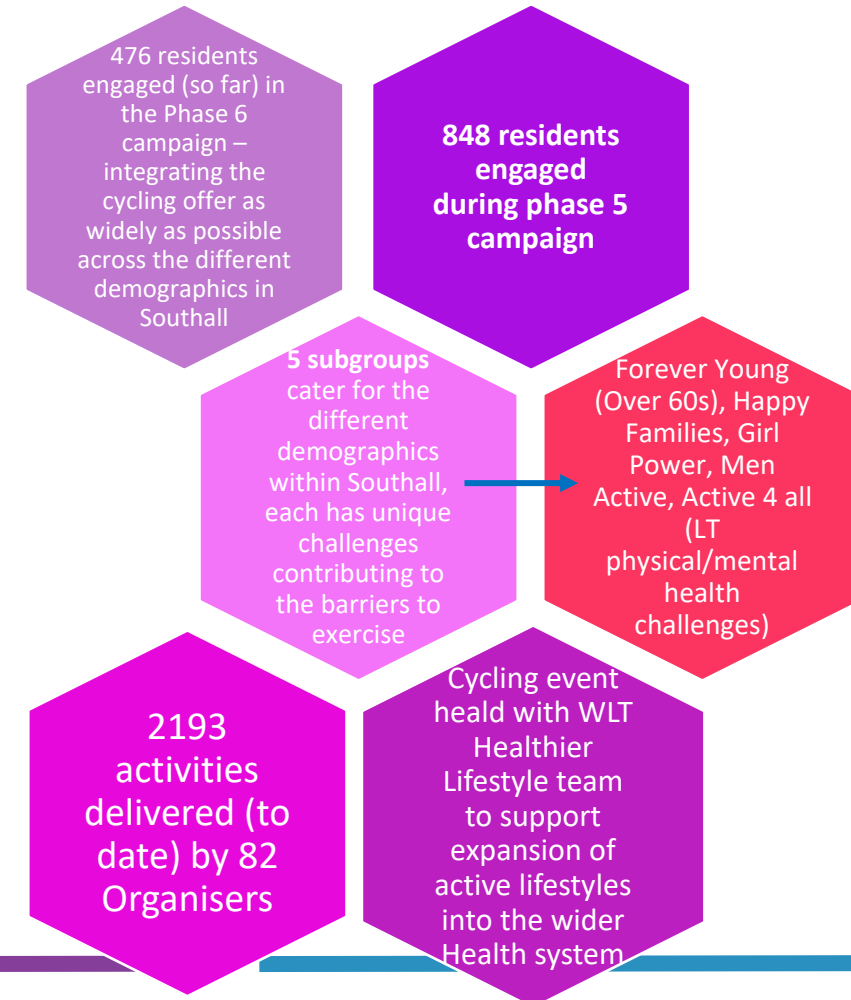
- Continuing the support to provide to 30 community leaders (organisers) from different and diverse backgrounds.
- HIT funding is for 30 Organisers, representing 42% of the total of 72 Organisers
- Incorporating all groups and faiths in Southall
- Encouraging residents to join the Social Movement campaign to become more active through the Active Communities Team (ACT) and Let's Go Southall (LGS).
- Organisers arrange activities to improve physical and mental health in community groups, e.g. cycling, outdoor gyms, "Let's Talk" sessions
- The programme is a co-designed approach that empowers Southall residents – through providing skills, knowledge and resources – to make a lasting change, based on true human insight.
- Each Organiser creates deep 'listening' relationships at least 10 local residents per campaign
- Process involves listening to residents, creating a theory of change and then defining a tactic to implement

Evaluation

- Brunel University have produced mid-reports, including three overall evaluation items:
- **Digital Story Telling** – involving those taking part in community projects by building evidence about their lived experience. (qualitative evidence on next slide)
- 3 core themes emerged during the Digital Story Telling project that explain the impact of the social movement on improving physical and mental health:
 1. Narratives of health
 2. Leadership and self-organisation
 3. Locality, community connectedness and collaboration

[Digital Story Telling YouTube link](#)
- *Explanatory Framework* – currently in draft (internal comments being gathered before wider sharing)
- *Let's Ride Southall Deep Dive case study* – currently in draft (due for completion April 2024)

Progress – April – December 2023



Accelerating Southall Local Leadership Capacity

Qualitative feedback from participants

Page 84

“We are like a big family”

“We are making the community a better place for everyone, including ourselves”

“It gives me a sense of belonging in a community”

“I really appreciate this campaign making me so happy”

“Cycling gives me the feeling of freedom and self-reliance”

“I am supporting other women to become the best versions of themselves”

“Let’s Go Southall has become an extended family and an additional support network”

“What helped me (through a mental health crisis) was staying active with ACT”

- **Training Programmes delivered in Q2:**
- Super Organiser Campaign weekly 77
- Activator Training Programme (The Great Outdoors) – 10
- Harvard Leadership People’s Management Programme (modules 1-12) - 14
- Teams Development Programme – 68
- Cycling Training – 26
- Mechanics Training - 2

- **5 campaigns will be run throughout the program including:**
 - NHS Checks Engagement inc. Diabetes Awareness
 - Cycle Club
 - Cycling Programme Delivery
 - Mental Health Programme
 - Physical Activity Programme Delivery (all 30 organisers have taken part in this campaign)

Accelerating Southall Local Leadership Capacity

- In partnership with the Healthier Lifestyles team, the Organisers hosted a free Health Checks session.
- There are low rates of health checks within Southall communities, so these types of engagement events create more than just awareness and medical tests, but link directly into healthier and more physically active pathways with the support of Let's Go Southall and it's Active Communities Team.
- 125 participants attended the Dominion Centre on 15th November 2023

- Now working in partnership on a regular basis

13 NHS staff delivered:

- BMI, weight, height and waist checks
- Blood pressure checks
- Diabeties advice
- Lung Function test
- Carbon monoxide test
- Lung Age test
- Distributing health advice



Asylum Seekers – Ealing Community Food Solutions and Integrating into Communities

Outreach event – Taking Healthcare to the people

- Event coordinated at one of the IAC on 14th November 2023
- In collaboration with: DICE, Dieticians, podiatrists, lung function screening team, TB awareness, digital programme and smoking cessation team at WLT
- Health checks for 70 residents (BMI, BP, Diabetic Screening)
- 44 lung function screenings
- 10 smoking cessation referrals with medicine delivered to the site
- 8 pre-paid mobile sims (6 months free, then £5 per month) distributed to residents

Vaccinations delivered at events in IAC hotels in September 2023:

- 36 flu vaccinations
- 24 Covid vaccinations
- 32 blood pressure checks



MindFood community gardening pilot

- MindFood supports people with depression, anxiety and stress to improve their wellbeing through gardening, mindfulness and creativity
- Collaboration with MindFood to run 2 sessions at a farm and allotment for the residents in the Initial Assessment Centres (asylum seeker hotels) in Ealing
- The food grown by residents could be brought back to the hotel to enjoy and/or shared with the food banks



Spectra – sexual health and emotional wellbeing, monthly visits to IAC hotels since February 2023

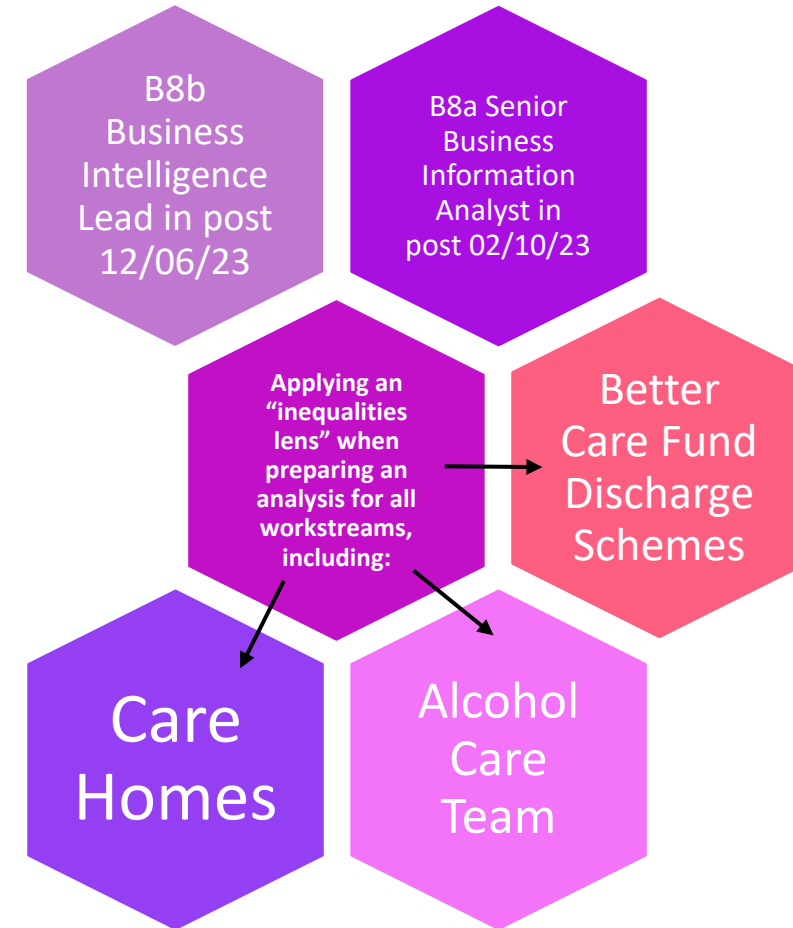
- 24 HIV Point of Care Tests
- 6 Full STI screening tests
- 117 total contacts outreached to
- 156 condoms distributed to service users
- 79 brief conversations with service users
- 39 detailed conversations with service users
- 10 service users referred onwards to external services
- 4 service users given information on how to access PEP
- 2 service users given information on how to access PrEP

Business Intelligence Infrastructure

Background

- To strengthen Business and Strategic capacity across the BBP
- *Most programme workstream areas (Integrated Neighbourhood Teams, Population Health and Inequalities and CYP) are being developed, so no impact analysis has been done as yet*
- **Core20Plus5**
- Produced borough/ward maps highlighting the top 20% most deprived areas with GP practices mapped as well
- Providing BI support to the Plus Population cohort – Ealing Homeless Board and refugee/asylum seekers working group
- Establishes a local cancer screening and Immunisations uptake report at practice level to allow for targeted support for practices with low uptake
- **Integrated Neighbourhood Teams (INTS)**
- Using Pop Health data, identifying areas of inequalities and clinical needs/unmet needs
- Deep dive into mortality data by age, gender, ethnicity and deprivation as huge variations in life expectancy across Ealing
- Using the LBE data for highlights around the wider determinants of health by the 7 towns
- This will be presented in the INT workshop end of Nov to review and consider possible priority areas based on the data
- **Population Health and Inequalities sub-group**
- As part of the HWBS action plan for Year 1, BBP BI team have been working jointly in partnership with the Ealing Council Public Health BI team making progress that is monitored in a fortnightly BBP Data and Intelligence group
- Building on the 7 Towns Profile database created for APHR 2023
- **Children and Young People**
- Initial discussions took place to create a vulnerable families dataset linking parents, children, siblings, carers, guardians with key attributes that GP practices can use as intelligence for targeted support for vulnerable families

June – December 2023



Infrastructure Capacity in PH to help deliver HWBS and BBP Inequalities priorities / Targeted Engagement and co-production with Black British population

- The Public Health Consultant is responsible for the delivery of the HWBS and BBP Inequalities priorities. Work to date has included:
 - Conducting a 6-month update on the HWBS progress, including introductions to all action owners, discussing what progress has been made and plans to complete the 1 year action plan
 - Collating 40 case studies of community projects in line with the HWBS
 - How to develop a strategic approach to inclusion health locally
- The PH Consultant has led on the coordinated targeted engagement with Black British communities to identify engagement and co-production routes to improving community health and wellbeing.
 - The funding will be used to create a novel leadership and development programme to identify Black community leaders and embed them into local forums and boards to develop the black voice in decision-making spaces.
 - Individual £5,000 funding grants will be issued to organisations (administered via EHCVS) to support health and well-being and the reduction of inequalities in their communities

Evaluation Findings: Accelerating delivery of Core20plus5



Plus

Identify local areas of inequalities and deprivation and work to target these populations e.g. Asylum seekers, BAME and ethnic groups that may not have equal access to services

- **Therapeutic Thinking** aims to close the attainment and exclusion gap between disadvantaged pupils, particularly from certain ethnic groups (e.g. black Caribbean and children of Somali heritage). Educational attainment is one of the most protective factors in avoiding inequality of health outcomes in later life.
- **SLCN Early Intervention** works to reduce the widening SLT inequalities that were exacerbated by the pandemic, particularly amongst certain ethnic groups
- Ealing is the 3rd most ethnically diverse local population in the UK with 85% of pupils being of minority ethnic origin (compared to 33% nationally), so all schemes working with the community will be working with, and improving outcomes for minority ethnic residents.
- **Business Intelligence team** are providing BI support to the Plus Population cohort – Ealing Homeless Board and refugee/asylum seekers working group

5

Key clinical areas of health inequalities

- **Healthy Start/Sugar Smart** will reduce poor oral health among children and young people by improving their food choices
- **School Readiness** sessions were attended by Oral health leads to offer advice to parents
- **Therapeutic Thinking** lead will work to implement TT across all schools in Ealing with the highest social and emotional mental health needs and will reduce exclusion and improve attendance, improving overall mental health in these groups of children
- **Business Intelligence team** established a local cancer screening and Immunisations uptake report at practice level to allow for targeted support for practices with low uptake

Core20

The most deprived 20% of the national population as identified by the Index of Multiple Deprivation

- **Healthy Start/Sugar Smart** raises awareness amongst disadvantaged communities
- Enables greater access to nutritious food to low income families
- **Therapeutic Thinking** closes the exclusion and attainment gap between disadvantaged pupils, particularly from certain ethnic groups
- **School Readiness** targets early years providers in the top 20% most deprived areas
- **Business Intelligence team** produced borough/ward maps highlighting the top 20% most deprived areas

Next Steps 2024-25

Heathy Ealing

The goal of Healthy Ealing is to improve health and wellbeing in local communities by improving access and support for the building blocks of health, upskilling the workforce to support local communities in a culturally competent manner and running events to reduce health and social inequalities in Ealing through structured public education, raising awareness and signposting.

How: Team to work solely on addressing health and social inequalities in Ealing:

The 3 person team would coordinate and organise events with the different stakeholders, i.e. charities, voluntary sector organisations, community champions, social prescribers. The venue locations will maximise the benefits of community assets; using locations that resonate with the target communities. Moreover, trusted voices from within the community will be used to disseminate the messages; harnessing the benefit of existing trusting relationships.

Target Communities (but not limited to this)

Asylum Seekers

Homeless/rough sleepers

Gypsy/Roma community

Hong Kong Community

Ukrainian community

Ethnic groups experiencing specific inequalities in health and social outcomes

Vulnerable migrants



Report for:
ACTION/INFORMATION* (delete as appropriate)

Item Number:

Contains Confidential or Exempt Information	NO
Title	Drug and Alcohol Joint Strategic Needs Assessment
Responsible Officer(s)	(EDG Officers only)
Author(s)	Clare Brighton
Portfolio(s)	Cllr Jasbir Anand
For Consideration By	Health & Wellbeing Board
Date to be Considered	20.03.24
Implementation Date if Not Called In	29.03.24
Affected Wards	All
Keywords/Index	Joint Strategic Needs Assessment, JSNA, drugs and alcohol

Purpose of Report:

To update the HWBB on the final version of Ealing's Joint Strategic Needs Assessment chapter on drugs and alcohol before publication

1. Recommendations for DECISION

N/A

2. Recommendations for NOTING

This Joint Strategic Needs Assessment (JSNA) aims to provide an understanding of adult and young people's drug and alcohol treatment provision and residents' needs in Ealing. The methodology involved quantitative analysis of available national and local data, qualitative analysis from service users, staff and community engagement, service mapping and review of strategies and evidence base.

3. Reason for Decision and Options Considered

N/A

4. Key Implications

N/A

5. Financial

N/A

a) Financial impact on the budget

The approved (revenue or capital) budget contains £ xxx in 20xx/xx for e.g. park improvements

	Year 1(state year)	Year 2(state year)	Year 3(state year)
	Capital £000	Capital £000	Capital £000
Addition			
Reduction (-)			

	Year 1(state year)	Year 2(state year)	Year 3(state year)
	*Revenue £000	Revenue £000	Revenue £000
Addition			
Reduction (-)			

*** Revenue figures need to be shown as incremental / year on year to the budget**

5. Legal

JSNAs are a statutory requirement under the Health and Social Care Act (2012)

6. Value For Money

N/A

7. Sustainability Impact Appraisal

N/A

8. Risk Management

N/A

9. Community Safety

N/A

10. Links to the 3 Key Priorities for the Borough

The JSNA will help tackle inequality of access and support to healthcare services in the borough, thinking about how drug and alcohol treatment need is a barrier to the wider health and wellbeing of this group of residents.

11. Equalities, Human Rights and Community Cohesion

N/A

12. Staffing/Workforce and Accommodation implications:

N/A

13. Property and Assets

N/A

14. Any other implications:

N/A

15. Consultation

To inform the JSNA for drugs and alcohol, the commissioners met with and interviewed a range of service users at different stages in their treatment journey, at a range of different venues, both individually and in groups. These conversations informed the recommendations at the end of the JSNA and future work identifying and designing new premises for the service. There were also extensive interviews with key partners, stakeholders and the management of the drug and alcohol treatment system.

16. Timetable for Implementation

The recommendations are already being addressed as part of Ealing's work to support the delivery of the government's 10 year National Drug Strategy, supported by the additional funding coming into the borough.

17. Appendices

Ealing's JSNA focus on drugs and alcohol chapter

18. Background Information

N/A

Consultation

Name of consultee	Post held	Date sent to consultee	Date response received	Comments appear in paragraph:
Internal				
Anna Bryden	Director of Public Health	Throughout the process		
Vaish Madden	Consultant, Public Health	Throughout the process		
External				
RISE & EASY management	Employees from CGL, CNWL, Build on Belief	Throughout the process		
Drug & Alcohol Recovery Board	Partnership group supporting the rebuild of the local treatment system	Throughout the process		

Report History

Decision type:	Urgency item?
For information	No
Report no.:	Report author and contact for queries:
	Clare Brighton, Drug & Alcohol Programme Manager

EALING JSNA 'Focus on' Drugs and Alcohol January 2023

Page 95

The Joint Strategic Needs Assessment (JSNA) is a statutory document published by the London Borough of Ealing and NHS Ealing borough-based partnership, which describes the health and social care needs of the population. The JSNA contains topic and theme-based chapters, which are updated on a rolling basis. The 'Focus on' series provides succinct chapter summaries from the JSNA.

Navigate by scrolling each slide or clicking on the section buttons on the bottom of each slide

Sections may contain more than one slide

EALING JSNA 'Focus on'

Drugs and Alcohol

Key facts

January 2023

The use of illicit drugs (particularly heroin, cocaine and methamphetamine) is associated with a range of physical, psychological and social harms. Ealing has seen a drop in opiate users coming into treatment, but the prevalence rates remain high. Ealing has a low conversion rate for all referrals into treatment – 1 in 3 or a third. Alcohol is now the leading risk factor for ill-health, early mortality and disability in 15- to 49-year-olds in England. Ealing has the highest rate of alcohol related hospital admissions in London and the treatment system needs to identify alcohol users at an earlier stage in their treatment journey in places which feel less stigmatised such as primary care.

Facts and figures

- Ealing has an estimated 2,419 opiate and crack users; 2,099 opiate users and 1,441 crack users (2016/17 prevalence data)
- Ealing's latest estimated number of dependent drinkers is 3,639. Ealing is not seeing 82% of the estimated people requiring alcohol treatment. This is comparable to the National rate
- 66% of opiates and 70% of crack users in Ealing are not in

Reducing inequalities

- Four main **enablers for recovery which reduce inequalities**. Treatment builds on people's strengths to enhance stability and freedom from dependence by focusing on:
- **human capital:** health and wellbeing, knowledge, skills and experience
 - **social capital:** family, friends and relationships
 - **cultural capital:** a sense of identity and values that link to social integration
 - **physical and economic capital:** housing, money, education, training and employment

Population groups

- higher prevalence amongst vulnerable young people: co-existing mental health; safeguarding needs; those Not in Employment, Education or Training (NEET); and young offenders
- risk factors for adult substance misuse include: Adverse Childhood Experiences (such as experiencing abuse and neglect, or parental substance misuse); prison; homelessness
- socioeconomic groups: substance misuse disproportionately affects those living in the most deprived neighbourhoods

National and local strategies

- government's Drug Strategy 2022: From Harm to Hope
- dame Carol Black Review 2020: independent review of drugs
- government Alcohol Strategy 2012 (England)
- government Ending Rough Sleeping For Good Strategy 2022
- Ealing Health and Wellbeing Strategy 2023-2028
- Safer Ealing Strategy 2023-2028
- Ealing Youth Plan 2022-2026

Setting the scene: Adolescent Drug and Alcohol Use

- the Dame Carol Black review reiterated that preventing drug use is more cost-effective and socially desirable than dealing with its consequences and one of the priorities within the new national drug strategy focuses on preventing the onset of substance misuse in young people
- evidence suggests certain groups of young people, particularly those who have suffered adverse childhood experiences (known as ACEs), are more likely to develop drug and alcohol problems that will accompany them into adulthood. These include using multiple substances (poly-drug use); having a mental health treatment need; being a Looked After Child (LAC); and not being in education, employment, or training (NEET) Other wider risk factors can also affect or be associated with young people's substance use, such as Self-harming behaviour; sexual exploitation; offending and affected by domestic abuse
- the latest Smoking, drinking and drug use among young people survey (published September 2022) suggests nationally:
 - there has been a decrease in the prevalence of smoking cigarettes
 - current e-cigarette (vaping) has increased to 9% up from 6% in 2018
 - 40% of pupils said they had ever had an alcoholic drink
 - 6% of all pupils said they usually drank alcohol at least once per week, the same as in 2018
 - fall in prevalence of lifetime and illicit drug use
- there is little evidence that drug and alcohol education consisting solely of information giving can affect behaviour, however it is nationally recognised that good quality interventions designed to build confidence, resilience and effective decision-making skills can have a preventative impact

- specialist substance misuse services play a vital role in supporting young people who have developed substance misuse problems alongside a range of other problems, and these specialist services should constitute a core part of a multi-agency approach to ensure that all presenting needs are identified and responded to

Early intervention and prevention

- the evidence base for how to prevent drug use among children and young people is more developed than it is for adult users, and we know a focus on risk and resilience factors is important
- good outcomes can be achieved by :
 - building resilience through delivering school-based prevention and early intervention – delivering and evaluating mandatory Personal Health and Social Education (PHSE) to improve quality and consistency, including a clear expectation that all pupils will learn about the dangers of drugs and alcohol during their time at school
 - offering multi-component programmes involving parenting interventions and support for individuals and families
 - services need to be trauma-informed, and treatment should be family-based, if necessary, particularly for those whose parents are themselves dependent on drugs or alcohol
 - universal and targeted services have a role to play in building resilience and providing substance misuse advice and support at the earliest opportunity

Young people's substance misuse treatment services

- specialist treatment services should be provided to those whose use has escalated and/or is causing them harm. There should be effective pathways between specialist services and children's social care for those young people who are vulnerable and

Setting the scene: Adolescent Drug and Alcohol Use

age-appropriate care should be available for all young people in specialist services. Specialist substance misuse treatment (known as a targeted intervention) typically consist of psychosocial and harm reduction support in a community setting. A small number of young people receive interventions in other settings, such as at home, in residential rehab, or in an inpatient unit.

The need for partnership working

Specialist substance misuse services play a vital role in supporting young people who have developed substance misuse problems alongside a range of other problems, and these specialist services should constitute a core part of a multi-agency approach to ensure that all presenting needs are identified and responded to. A PHE report **Specialist substance misuse services for young people: A rapid mixed methods evidence review of current provision and main principles for commissioning** published in 2017 cites the importance of multi-agency working so that wider needs can be met, beyond their substance misuse. Useful partnerships can include those between CAMHS, child sexual exploitation and abuse support services, youth offending teams and sexual health services.

Drug use prevalence and consumption in young people (under 18) in England

There is a raft of data available to build a picture of use of substances in the wider under 18 population that does not reach the threshold of needing specialist treatment. One of these is the biennial **Smoking, drinking and drug use among young people survey** which provides information about these behaviours. The anonymous survey is carried out in secondary schools across England in Years 7-11 (mostly aged 11-15). The latest data (summarised here) was collected in 2021 (delayed by Covid-19) and published in September 2022.

Key findings based on the 2021 Survey:

- **there has been a decrease in the prevalence of smoking cigarettes**
 - 12% of pupils had ever smoked (16% in 2018)
 - 3% were current smokers (5% in 2018)
 - 1% were regular smokers (2% in 2018)
- **current e-cigarette (vaping) has increased to 9% up from 6% in 2018**
 - around 1 in 5 (21%) 15-year-old girls were classified as current e-cigarette users
- **40% of pupils said they had ever had an alcoholic drink**
 - prevalence increases with age, from 13% of 11-year-olds to 65% of 15-year-olds
- **6% of all pupils said they usually drank alcohol at least once per week, the same as in 2018**
 - the proportion increases with age, from 1% of 11-year-olds to 14% of 15-year-olds
- **fall in prevalence of lifetime and illicit drug use**
 - 18% of pupils reported they had ever taken drugs (24% in 2018)
 - 12% had taken drugs in the last year (17% in 2018)
 - 6% in the last month (9% in 2018)

Key findings from Ealing's 2021 Survey and comparison to 2019 Survey findings where the same questions were asked:

Smoking:

- 95% of pupils have never smoked (94% in 2019)
- 0% of Year 10 (14–15-year-olds) reported that they smoke occasionally or regularly (2% in 2019)
- 7% of Year 10 pupils have tried e-cigarettes once or twice (6% in 2019)
- 1% of Year 10 pupils said they used to smoke them but don't now (1% in 2019)
- 1% use them regularly (1% in 2019)

Setting the scene: Adolescent Drug and Alcohol Use

Alcohol:

- 3% of pupils (12-13 Year 8 and 14-15 Year 10) has at least one alcoholic drink in the week before the survey (3% in 2019 survey)
- if they were struggling/felt bad or stressed, 4 % of year 10 pupils said they would drink alcohol at least 'sometimes'

Drugs:

- 13% of pupils are 'fairly sure' or 'certain' that they know someone who takes drugs to get high (13% in 2019 survey)
- 9% (14% in 2019) of Year 10 boys and 11% (12% in 2019) of Year 10 girls have been offered drugs
- 2% (3% in 2019) of Year 10 pupils said they had taken at least one of the drugs listed in the questionnaire at some point
- 10% (2% in 2019) of Year 10 pupils said that they know where to get help to stop taking drugs
- 9% of Year 8 pupils and 17% of Year 10 pupils said that they thought cannabis leaf, resin or oil was safe if used properly
- if they were struggling/felt bad or stressed, 2% of Year 10 pupils said they would take drugs at least 'sometimes'

Ealing Adolescent Drug and Alcohol Service: EASY

The size of EASY's treatment team shrank during austerity, and in April 2020, Ealing changed the configuration of the service and the referral pathways in response to the recommendations from the previous JSNA. EASY had 2 structured treatment workers and decided to place them in the Youth Justice Service and the Adolescent Multi-Agency Support Team, for young people at the edge of care to focus a limited resource on the most vulnerable young people. However, this did not lead to the number of

expected referrals because often these young people were not ready to address their drug and alcohol use and prioritised other needs/work.

Earlier intervention and prevention was limited to one targeted worker, using intelligence from the integrated youth service to focus interventions on schools where there were concerns around drug and alcohol issues. Increased funding means the service can expand again, increasing referral pathways, and commissioners are expecting to see structured treatment numbers rise with referrals coming from education, A & E, self-referrals, CAMHS etc. It is still a small team, but it now has a dedicated team leader again and 3 treatment workers as well as the targeted worker.

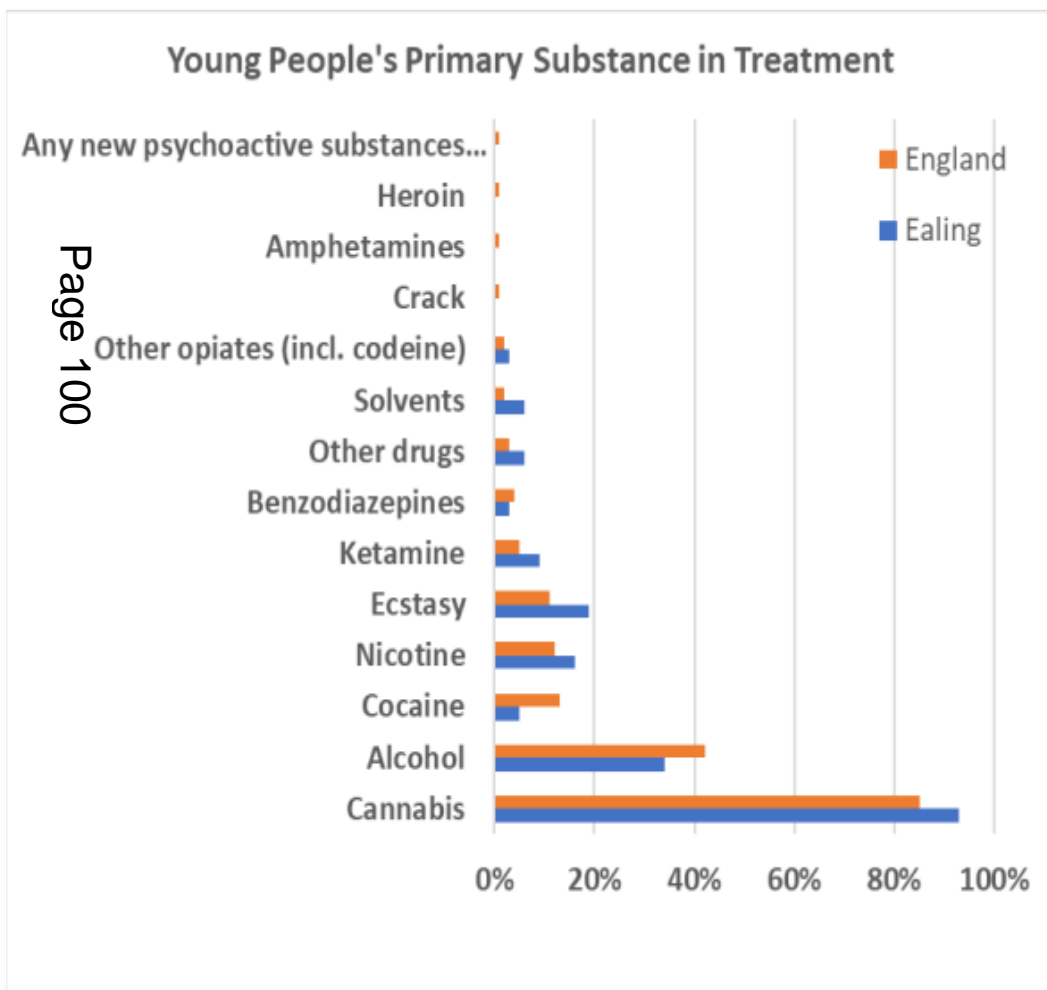
Adolescent Drug and Alcohol Use

The most common primary substance cited is Cannabis, then Alcohol, then Ecstasy, although young people are less likely to present with alcohol in Ealing (39%) versus 49% nationally.

There has been no significant shift in used substances cited since 2017/18 with cannabis and alcohol the most reported, although nicotine was the third most cited substance 5 years ago (20%) compared with 14% in 2021/22. Both Ealing's and England's tobacco use are on a downward trajectory, but Ealing's use amongst young people in treatment has been consistently higher than England's each year.

Setting the scene: Ealing

Drugs & Alcohol



- less than 5 people were using opiates in Ealing's young people's drug and alcohol service (EASY), and no one was using Crack or NPS
- in 2020/21 6% of the 213 Looked After Children were identified as having a substance misuse problem compared with 3% nationally
- between 2017/18-2019/20 the rate of substance misuse related hospital admissions in under 18s was 51 (per 100,000) considerably below that of England (85 per 100,000)
- admission episodes for alcohol-specific conditions in under 18s was 10/100,000 also considerably lower than the England average of 31/100,000
- Ealing's hospital admissions due to substance misuse (15-24-year-olds) are lower than England, but similar to London
- trend data back to 2017/18 suggests a fluctuation in numbers of young people and young adults in specialist substance misuse services, on a downwards trajectory since 2019/20, a trend mirrored in new presentations
- of the young people referred to specialist young people's substance misuse service in 2021/22 just over a third (34%) were White recognising the diverse multicultural nature of the borough; this diverges from the national picture where it is 77%
- the gender split is 61% male and 39% female, which is similar to the rest of England: 63%: 37%. More girls have come into treatment in the past 5 years shifting the ratio from 33% to 39%, which is positive
- of the 64 young people in specialist treatment, over half (53%) are aged 15-16 yet 19% are aged 13-14. There is no divergence in Ealing age trends from the national picture

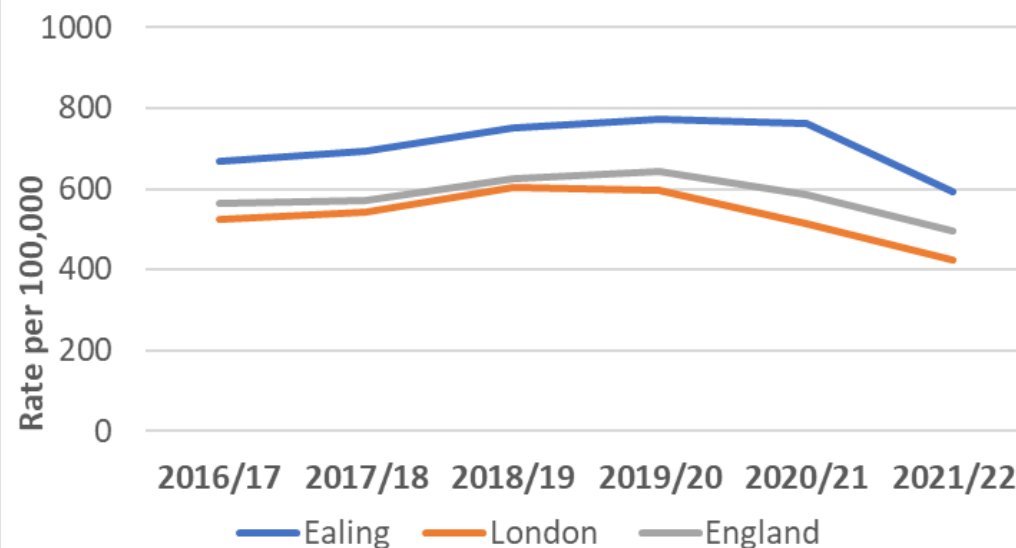
Setting the scene: Ealing

Drugs and Alcohol

Adult Substance Misuse

- there were 1,532 Ealing residents in treatment at the end of 2021/22, with 707 starting treatment during the year. Since 2017/18, numbers in treatment have increased across all substance types apart from Opiates with a significant 24% decrease
- there has been a significant increase in the number of clients citing cannabis use only (+50%) and those using it alongside alcohol (+63%) and opiates (+61%)
- those presenting with opiate and crack use have increased since 2017/18 by 13% (304 to 344)
- those citing sole cocaine use have remained steady from (n=38) in 2017/18 to (n=41) in 2021/22, but those using it adjunctively to alcohol has increased by 66% (n=60 to 100) in the past 5 years. Ealing is slowly increasing the number of non-opiate users accessing treatment through the recruitment of a specialist non-opiate worker and the development of dedicated referral pathways
- there is a 6.7% increase in the number of clients reporting alcohol use (all clients) since 2017/18 and an increase in units consumed with 30.8% reporting drinking 400 units+ in the month before they accessed treatment in 2021/22 compared with 18.5% in 2017/18. There has been a significant increase (3.2% to 9.4%) in the proportion drinking 1000+ units
- admission episodes for alcohol specific conditions have been increasing locally and getting worse since 2014/15. At 761/100,00 it is considerably higher than the England average of 587/100,000 and the London average (515/100,000). It is the 2nd highest rate in London

Admission Episodes for alcohol specific conditions in Ealing, London & England 2016/17 - 2021/22



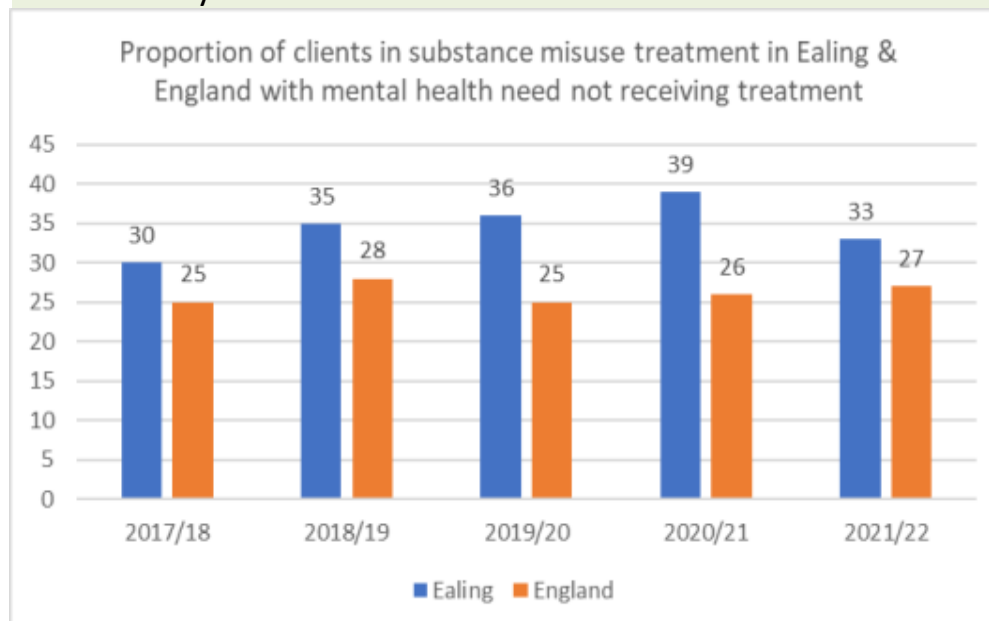
- the proportion of adult substance misusers identified as smoking tobacco at the start of treatment in Ealing is higher than the national rate across all substances
- the ethnicity data suggests the borough profile matches the treatment profile and no groups appear to be under-represented
- in 2021/22, 41% of the drug treatment population are under 40 in both Ealing and England
- the majority of substance misuse clients in Ealing were not parents (43%) compared with 25% nationally

Setting the scene: Ealing's treatment population Drugs and Alcohol

Adult Substance Misuse

- **treatment Population:** Despite the reduction in new opiate users, Ealing is still a predominantly opiate based treatment system, accounting for just over half (51%) of the treatment population, with alcohol only users making up 28% of the treatment population
- **co-occurring mental health and substance misuse:** In 2021/22, mental health treatment need was identified in 59% of all service users in drug and alcohol treatment, compared with 69% nationally. Of these, 33% were not receiving mental health treatment, compared with 27% nationally

Page 102



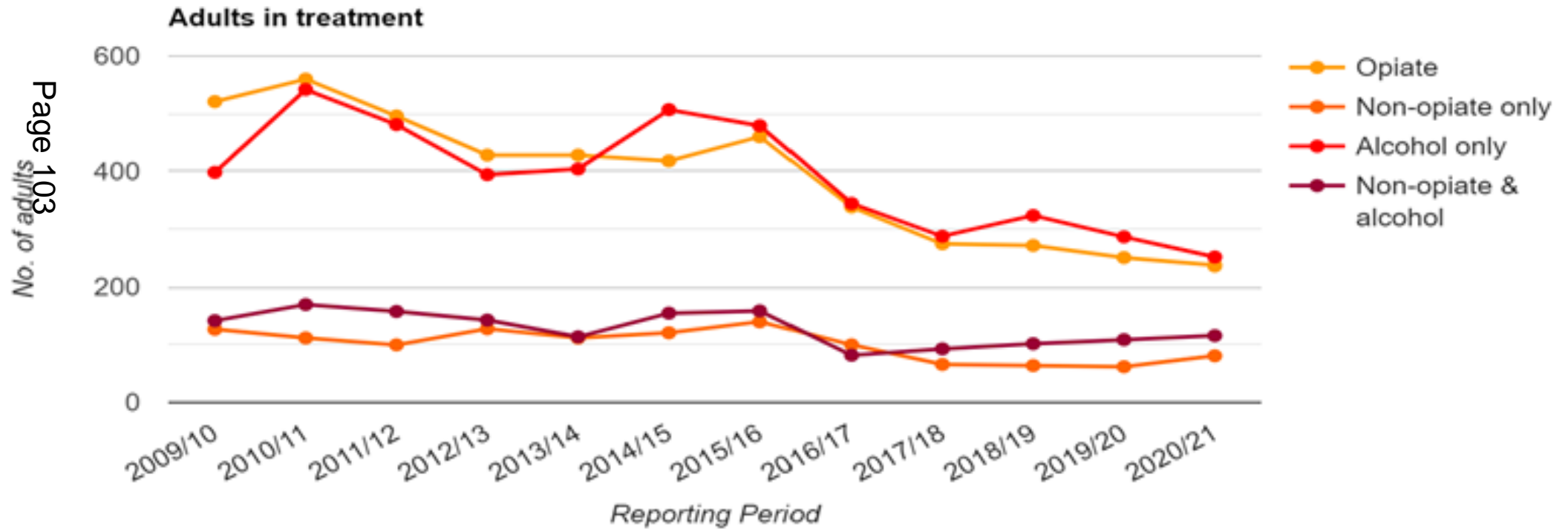
Adult Substance Misuse

- **women in treatment:** There is an historic under-representation of female service users in Ealing's treatment system, and women with higher levels of need and trauma have struggled to achieve and sustain outcomes in the generic service setting. This led to commissioning the Women's Wellness Zone, a complex needs service for women with: mental health; substance misuse; offending behaviour; sex working or trafficked; and domestic abuse/sexual violence support needs. The service operates from a women only setting and has a multi-disciplinary team working with smaller caseloads to deliver a more individualised and bespoke service in a one stop shop model to reduce drop-outs with support provided primarily through the team
- **housing:** 36 clients were No Fixed Abode (NFA) with urgent housing problems (5%) matching the national rate, and a further 67 (10%) had housing problems comparable with 11% nationally. The majority (83%) of new clients in 2021/22 did not have a housing problem
- **employment:** Whilst nearly a third (32%) of the treatment population were in regular employment, similar to the national picture (30%), 46% were unemployed- seeking/not seeking work, a figure that has got progressively higher since 2017/18 when it was 24%

Setting the scene: Ealing's treatment population Drugs and Alcohol

Adult Substance Misuse

- **new presentations to treatment** have been declining across the alcohol and opiate cohorts and the treatment system has felt the impact from previous funding reductions, and increased pressure on the system during COVID lockdowns. The data below is taken from the National Drug Treatment Monitoring System (NDTMS). Ealing's treatment system has high levels of unmet need when looking at the prevalence data in comparison to the numbers receiving treatment locally. The new funding coming into Ealing offers a real opportunity to arrest this decline and increase numbers accessing treatment, particularly with increased numbers of staff working peripatetically and able to engage with service users outside of the 2 main treatment hubs

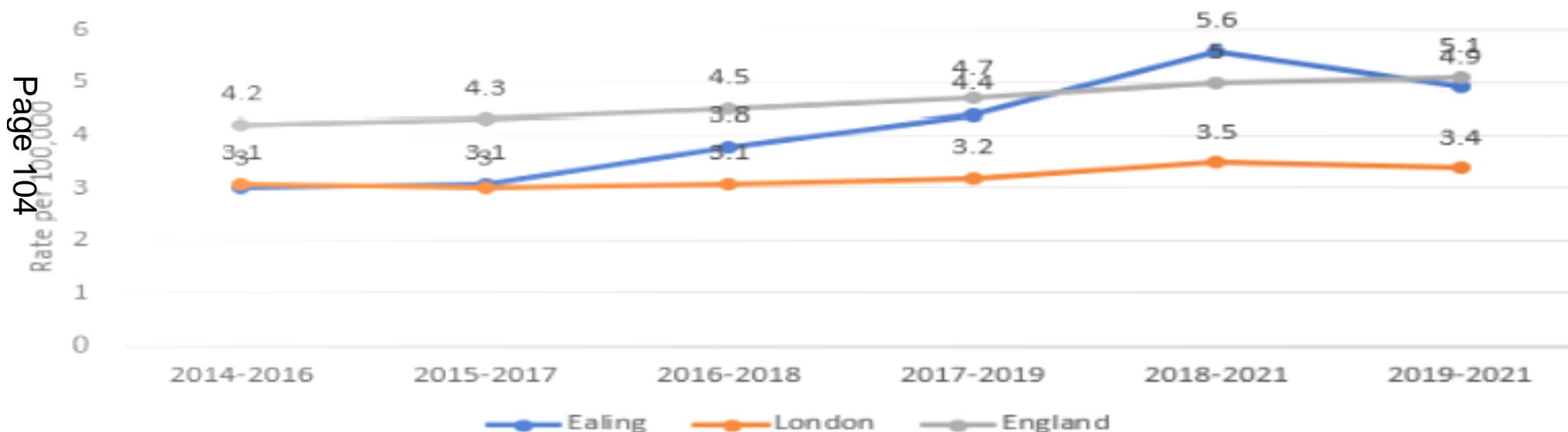


- **referrals into treatment:** Majority are self-referral (42%), followed by GP (17.5%), and Community based care (12%). Referrals come in from a broad variety of sectors (Hospital/ Housing etc) at a similar or better rate than the rest of England

Setting the scene: Ealing's treatment population Drugs and Alcohol

Adult Substance Misuse

- **drug related deaths:** There is an upward trend (ONS data) in drug related deaths across Ealing, London and England with highest rates recorded across the country since records began, although Ealing and London have come down slightly in the last reporting period. There has been an 80% increase in drug related deaths since 2012, with the number of heroin-related deaths doubling in that time. The opiate population is ageing and has acquired some severe physical health co-morbidities because of long using histories, poverty, poor diet, exercise, and housing conditions, incarceration, and/or a history of homelessness



- the rate of **alcohol related mortality** in Ealing is 36.8/100,00, the 5th highest rate in London. Rates for alcohol related mortality in Ealing have fluctuated (unlike the regional and national rates) and in 2019 and 2020 were similar to the England average
- **effect of Covid-19 on alcohol consumption:** Figures based on YouGov surveys show 18.1% of adults in England were drinking at “increasing or higher risk” in the three months to the end of October 2021, which equates to 8 million people. This is much higher than in February 2020, before the pandemic, when 12.4% or about 6 million people drank at these levels
- across London, consumption data suggests that higher risk drinking increased significantly during the pandemic, and alcohol-specific deaths rose by 23% in London in 2020

Setting the scene: Ealing's treatment population Drugs and Alcohol

Adult Substance Misuse

▪ frequent hospital admissions 2020/21 in Ealing

The data set below describes what is known as High Impact users, individuals often drinking chaotically/and/or dependently and being admitted to A&E multiple times in a year, often not engaging with support services. The table below shows, for those individuals who had an alcohol specific hospital admission in 2020/21, the number of previous alcohol-specific admissions they had in the preceding 24 months.

All of the rates in Ealing are in excess of national rates and these individuals will be complex, vulnerable individuals placing a burden on local A&E resources

Type	Ealing number	Ealing rate per 100,000	England rate per 100,000
No prior admission	705	273	228
1 prior admission	240	93	69
2 prior admission	120	46	36
3 prior admission	280	108	86

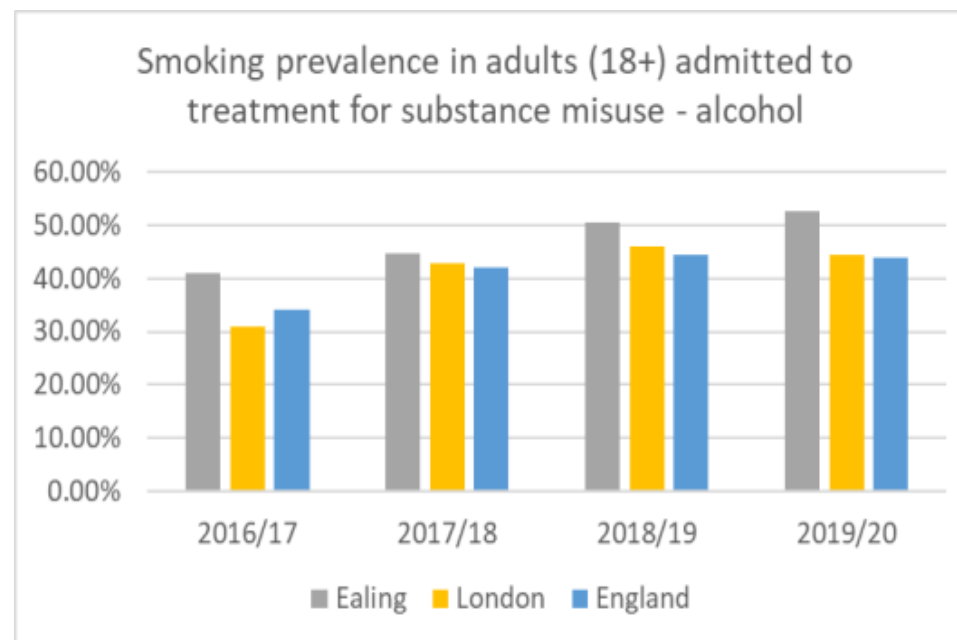
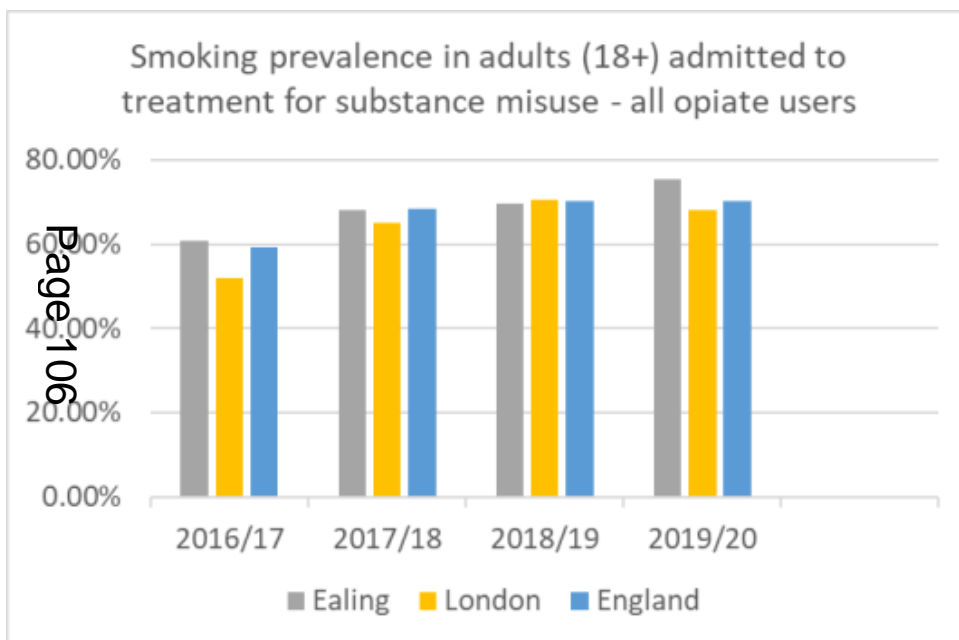
Ealing has had consistently higher rates of alcohol related hospital admissions for the past 5 years. The NHS 10 year plan published in 2019 cited the importance of Alcohol Care Teams (ACTs) to limit alcohol related hospital admissions and committed additional funding for areas such as Ealing, who are struggling to reduce their high levels of admissions. In 2020, Ealing was identified within the 25% of worst affected hospitals in England eligible to receive funding

Future need

Drugs and Alcohol

High levels of smoking within the treatment population

- the proportion of adult substance misusers identified as smoking tobacco at the start of treatment in Ealing is higher than the national rate across all substances. The data below is taken from the OHID Tobacco Control Dashboard



- smoking and high-risk alcohol consumption are a major cause of several fatal diseases including cancer and cardiovascular disease. High-risk drinkers are substantially more likely to smoke and there is a positive association between the number of cigarettes smoked and alcohol consumption
- attempts to quit smoking are less successful among those with alcohol use disorder and episodes of alcohol consumption during an attempt to stop smoking are associated with a greater risk of relapse
- given the relatively high figures, services should offer (or be able to refer people into) stop smoking support (access to effective stop smoking products combined with behavioural support), and harm reduction approaches for people unable or unwilling to stop smoking in one step. Smokers who access this support are three times as likely to quit as those who try to quit unaided

Future need

Drugs and Alcohol

Residents addicted to pain medication

- there is a treatment need amongst patients remaining on medication for long-term chronic pain conditions rather than for short periods to treat acute pain
- research shows prescribing opiate and other pain medication for long-term chronic pain is counter-productive and is merely producing another group of dependent users
- prescribing rates for pregabalin and gabapentin are growing concerns. The dependency risks associated with these drugs weren't initially apparent and these drugs are treated differently now from when they were first being recommended for certain treatments
- public Health England completed a public health evidence review in 2019 of available data and published evidence on the problems associated with some prescribed medicines, including:
 - dependence
 - short term discontinuation syndrome
 - longer term withdrawal symptoms
- the review reported in 2017/18, 1 in 4 adults in England were prescribed benzodiazepines, z-drugs, gabapentinoids, opioids for chronic non-cancer pain, or antidepressants. Prescriptions for antidepressants and gabapentinoids were increasing, but prescriptions for opioid pain medicines were decreasing, after rising for many years. Prescriptions for benzodiazepines continued to fall and those for z-drugs had started to fall during this period
- Ealing's treatment system did not have the capacity to address this growing need and the local drug and alcohol treatment hubs are not considered the most appropriate access point for this service user group. The local treatment psychiatrist offers specialist advice to GPs on reducing medication safely. With the recent increase in treatment funding, Ealing wants to explore running a pilot for a cohort of these patients who want to stop their prescribed pain medication through the support of a multi-disciplinary team with other alternative, non-prescribed support to manage the pain including social prescribing and CBT approaches to pain management
- the Integrated Care Partnership Board has been looking at prescribing patterns across the NW London boroughs and the 2 slides show Ealing in relation to the other boroughs and prescribing patterns across the Primary Care Networks across Ealing. This data is not able to separate out the cancer patients and their prescribing but gives a sense of recent prescribing patterns
- the impact of COVID and increases in the waiting times for operations such as hip and knee replacements will have had some impact on pain prescribing although there is no current data exploring this issue

Page 1 of 7

Future need

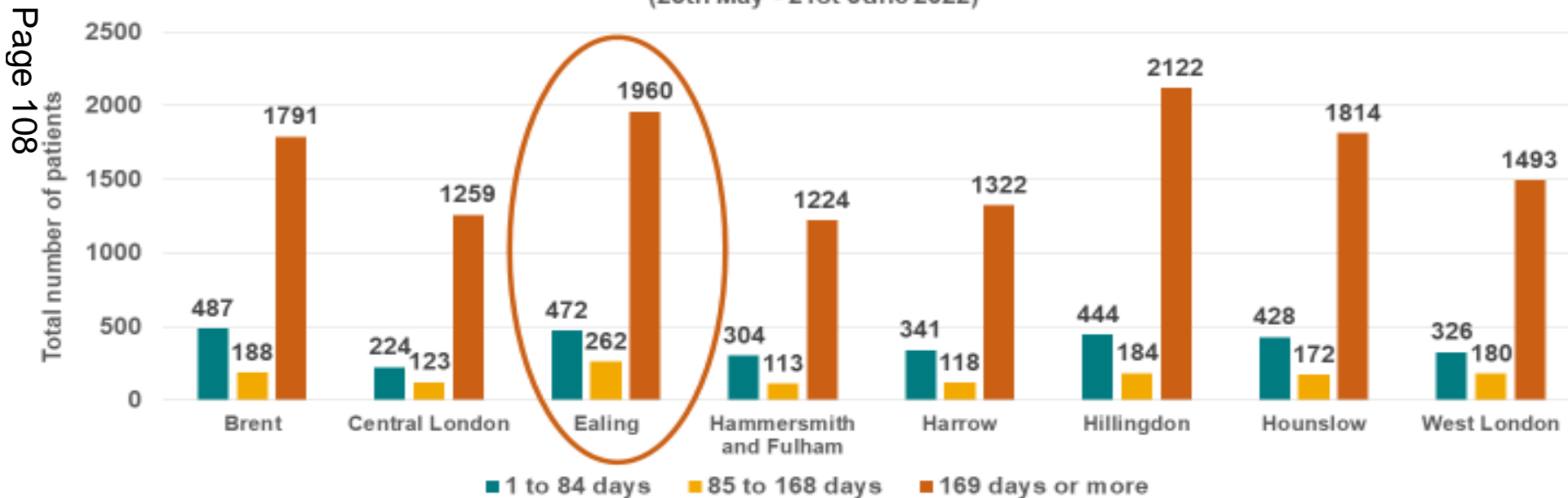
Drugs and Alcohol

- the slide below provides a snapshot (25th May to 21st June 2022) of the number of residents across the NW London ICS who have been prescribed opioid medication and the duration of the prescription. The data includes both cancer and non-cancer patients and shows prescribing at a borough level

Opioid Dashboard – short, medium & long term opioids



NW London Opioid Use by Duration (Absolute Numbers)
(25th May - 21st June 2022)



NB: Includes cancer and non-cancer patients

Future need

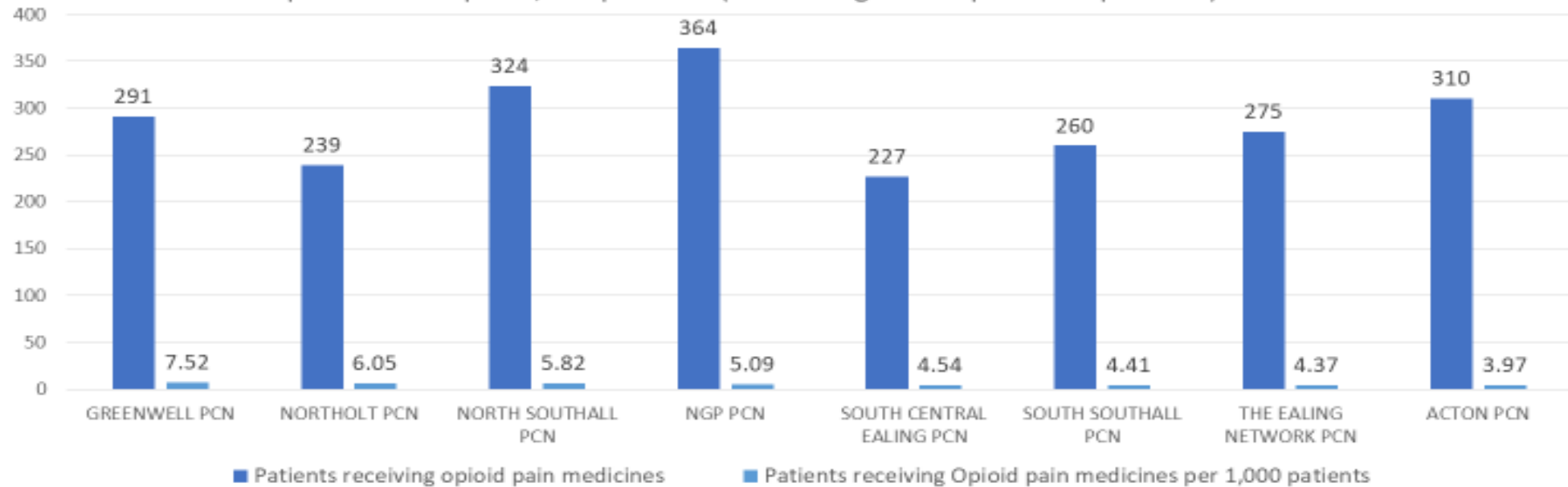
Drugs and Alcohol

- the slide below breaks down Ealing’s opioid prescribing by Primary Care Network area and shows the data by the number of patients and per 1,000 patients. The Integrated Care Board average is 5.57 per 1,000 patients. Once again, the data includes both cancer and non-cancer patients



Ealing Patients receiving opioid pain medicines by Primary Care Network
Numbers of patients and per 1,000 patients (ICB average: 5.57 per 1000 patients)

Page 109

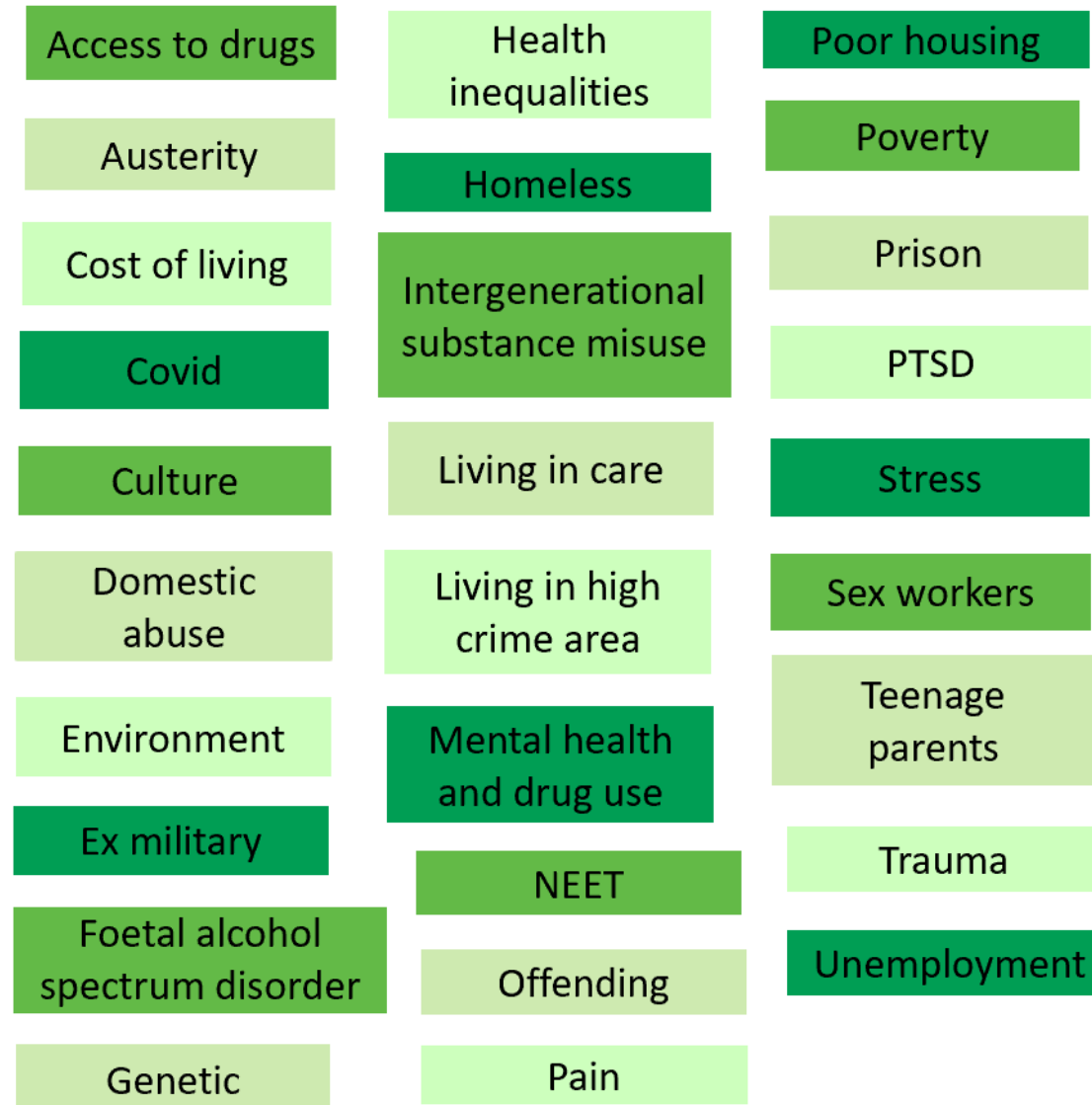


NB: Includes cancer and non-cancer patients

What influences this topic?

Drugs and Alcohol

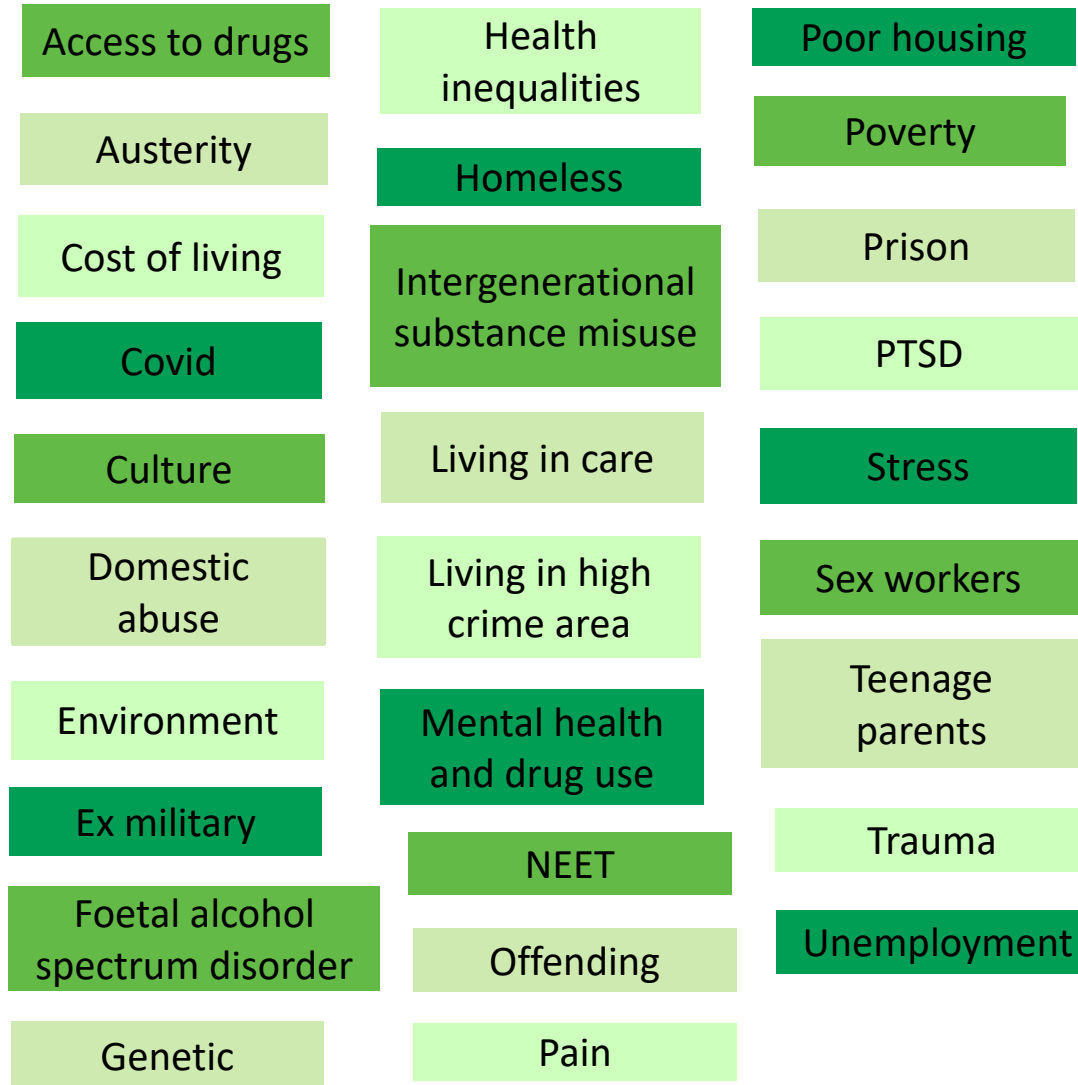
- early adverse experience, such as childhood sexual or physical abuse, have been associated with an increased vulnerability to drug use
- social Inequalities and austerity. The Marmot Review suggested that, in the UK, the likelihood of problematic drug use is related to socioeconomic status, noting a positive correlation between the prevalence of problematic drug users aged 15 to 64 years and deprivation. The COVID pandemic and the cost-of-living crisis further exacerbate inequalities
- deprivation and social exclusion are likely to make a significant contribution to the maintenance of drug misuse
- environmental: living in the most deprived neighbourhoods; high crime areas; homelessness; poor and overcrowded housing; lack of secure housing; lack of access to outside space
- high levels of unemployment and inter-generational unemployment
- alcohol: affordability; legality; availability; acceptability
- self-medicating aspect of substance misuse: sensations of pleasure or relief from pain. Using drugs and alcohol to mask mental health, trauma and neurodiversity, providing a coping strategy



What influences this topic?

Drugs and Alcohol

- parental alcohol and drug dependence significantly harms the wellbeing of children. Drug and alcohol misuse can be part of a complex set of co-existing health and social problems within families including: domestic abuse; mental health; unemployment; offending; homelessness or insecure housing; poverty
- driver for offending: Approximately 45% of acquisitive offences are committed by regular heroin/crack users
- social acceptance: music links, positive media representation. Pressure is a major influence on experimental use and is also likely to affect a move towards regular use
- earlier initiation of drug use increases the likelihood of daily use, which in turn results in a greater likelihood of dependence
- a relapsing and remitting condition often involving numerous treatment episodes over several years
- COVID: Across London, consumption data suggests that higher risk drinking increased significantly during the pandemic, and alcohol-specific deaths rose by 23% in London in 2020



What works?

Drugs and Alcohol

Young People's Drug Education:

- there is little evidence that drug and alcohol education consisting solely of information giving can affect behaviour, however it is nationally recognised that good quality interventions designed to build confidence, resilience and effective decision-making skills such as school-based programmes within the PHSE curriculum can have a preventative impact
- **Identification and Brief Advice (IBA)**
- good evidence for the effectiveness of IBA in reducing increasing and higher risk consumption and other harms. Research covers IBA in different settings: GP practices, criminal justice, workplace, and emergency departments
- **treatment: Psychosocial and psychological therapies and mutual aid all support sustained recovery alongside pharmacological interventions**
- treatment system components include community, inpatient, and residential services; integrated pharmacological and psychosocial interventions (where appropriate); holistic, recovery focussed support; addressing family/parenting issues; and building support networks
- **harm reduction services** are essential components of the drug treatment system. Needle and syringe programmes and services to test for and treat blood borne viruses are evidence-based and reduce the risk of transmission. They can also act as a point of engagement with drug users where they can access pathways to other treatment and health services. Provision of naloxone can reduce the risk of death from opiate overdose. Engagement in treatment reduces the risk of drug related deaths
- **clinical guidelines on drug misuse and dependence, updated 2017:** The guidelines are for UK clinicians providing drug treatment for people who misuse drugs or are dependent on drugs. They are based on current evidence and professional consensus on how to provide treatment for most service users, in most instances

What works?

Drugs and Alcohol

- range of **National Institute for Health and Clinical Excellence (NICE) guidance** which define best practice in relation to prevention, harm reduction and treatment related to substance misuse across various topics
- **new and emerging drugs:** NEPTUNE Guidance on the Clinical Management of Acute and Chronic Harms of Club Drugs and Novel Psychoactive Substances
- Office for Health Improvement and Disparities (OHID) has published a set of prompts for commissioners to guide them in planning for substance misuse harm prevention, treatment and recovery in adults, and in commissioning universal and targeted drug, alcohol and tobacco prevention interventions for young people, and specialist interventions for young people already experiencing harms
- **secondary care alcohol specialist services** There is a strong evidence base for a number of alcohol secondary care specialist services which include nurse-led liaison teams, alcohol outreach teams, and intensive assertive outreach support to patients who frequently attend hospital. Their aim is to prevent the rate of hospital admissions and encourage engagement with community services or the reduction of harm within the community. The NHS long-term plan acknowledges the important contribution of alcohol care teams: *‘over the next five years, those hospitals with the highest rate of alcohol dependence-related admissions will be supported to fully establish ACTs using funding from their clinical commissioning groups (CCGs) health inequalities funding supplement, working in partnership with local authority commissioners of drug and alcohol services. Delivered in the 25% of worst affected hospitals, this could prevent 50,000 admissions over five years’*

Assets and services

Drugs and Alcohol

Recovery Intervention Service Ealing (RISE)

- community drug and alcohol treatment service for Ealing residents over 18 who are having problems with their drug and alcohol use
- provides a range of intensive community-based support, clinical treatment and rehabilitation services that are designed to meet residents' needs and support their family and friends
- evidence based specialist treatment is NICE compliant and adheres to the UK guidelines on clinical management of drug misuse and dependence
- consortium of Change Grow Live; CNWL NHS Foundation Trust; and Build on Belief

Ealing Substance Misuse Team

- Provide Care Act assessments and design residential placements for Ealing residents who require additional support

Women's Wellness Zone

- women's multi-agency complex needs service: domestic abuse; substance misuse; offending behaviour; sex working; and mental health
- empowering women to make healthy choices and achieve positive outcomes.
- women only environment
- individual and group work support

Supported Housing

- equinox's Churchfield Road and Cherington Road: 2 substance misuse specific projects for those in the early phase of treatment and those who are abstinent
- other supported housing and floating support projects working with substance misusers provided by St Mungo's, YMCA, and EACH

EASY

- service for young people using drugs and/or alcohol aged 18 and under providing early intervention, prevention and targeted education, advice, assessment and treatment

WDP's Individual Placement Support Project Substance Misuse

- employment specialist providing access to employment and intensive support to maintain the job

Mutual Aid

- local and London based AA, NA, and CA meetings and SMART Recovery

EACH

- counselling support in a range of languages
- Access to groups

Dual Diagnosis Anonymous

- a self-help organisation for people with co-occurring mental illness and substance misuse issues

Cranston Men and Masculinities Programme

- group for men who are aware that their relationships have become distressing and damaged by their behaviour.

RISE's Treatment Model

Drugs and Alcohol

- medical reviews/assessments
- titration and Substitute Prescribing
- abstinence aiding medications
- detoxification
- smoking Cessation

Pharmacological

- CBT group work programmes
- relapse prevention
- recovery planning and reviews
- detox and Rehabilitation groups
- guided self-help
- psychodynamic counselling
- contingency management

Psychosocial

Page 115

- service user led activities and groups
- mutual Aid: AA, CA, NA, CMA, DDA
- SMART recovery
- education, training and employment including IPS
- housing

Recovery

- wellbeing assessments
- blood Borne Virus Service
- lung Health Assessment
- fibroscan
- wound care assessment
- sexual health
- harm reduction interventions
- complementary therapies

Health and Wellbeing

Ealing's drug and alcohol treatment teams across the wider system

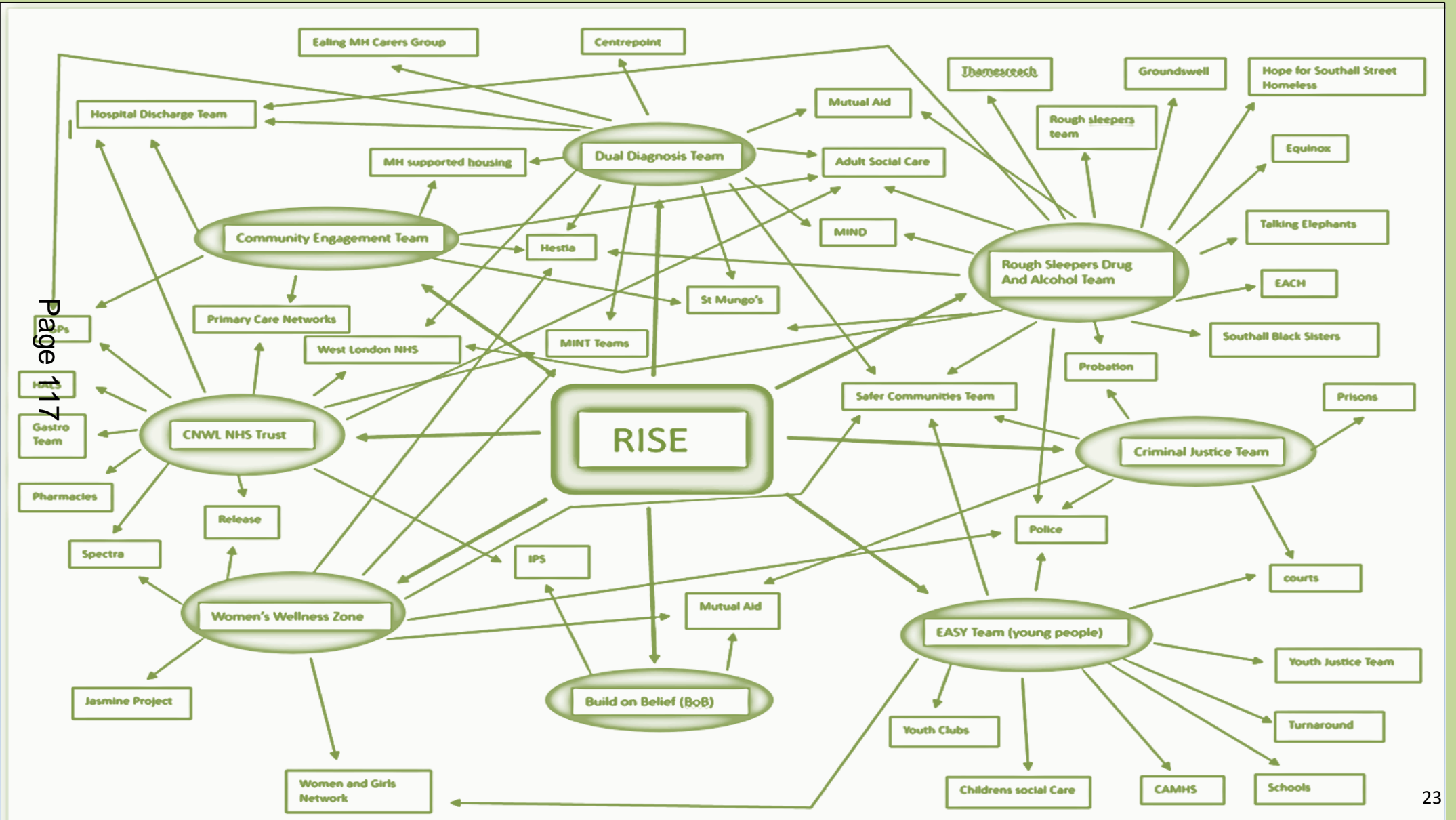
Ealing's treatment system (RISE) comprises of several teams:

- EASY – the young people's service
- Rough Sleeper Drug and Alcohol Team (RSDAT)
- CNWL's clinical services covering RISE psychology; RISE's hospital alcohol liaison service at Ealing Hospital (HALS); RISE's GP shared care service in partnership with local GPs; and RISE's integrated neighbourhood team staff in Primary Care Networks
- Women's Wellness Zone (WWZ)
- Community Engagement Team including the group workers
- Criminal Justice Team
- Dual Diagnosis Team
- Build on Belief's peer recovery provision

Page 116

The spider diagram on the next slide sets RISE and its different teams in the wider context of their relationships and connections with the other drug and alcohol related services outlined in slide 20 (Assets and Services) and the wider network of health, social care and criminal justice provision across Ealing. This is not an exhaustive list but covers the most frequently referenced teams and services the treatment system works closely with. Several RISE teams connect with the same providers/services for example children's and adult social care, but these are not always visually represented in the spider diagram to make it easier to read.

Ealing's drug and alcohol treatment teams across the wider system

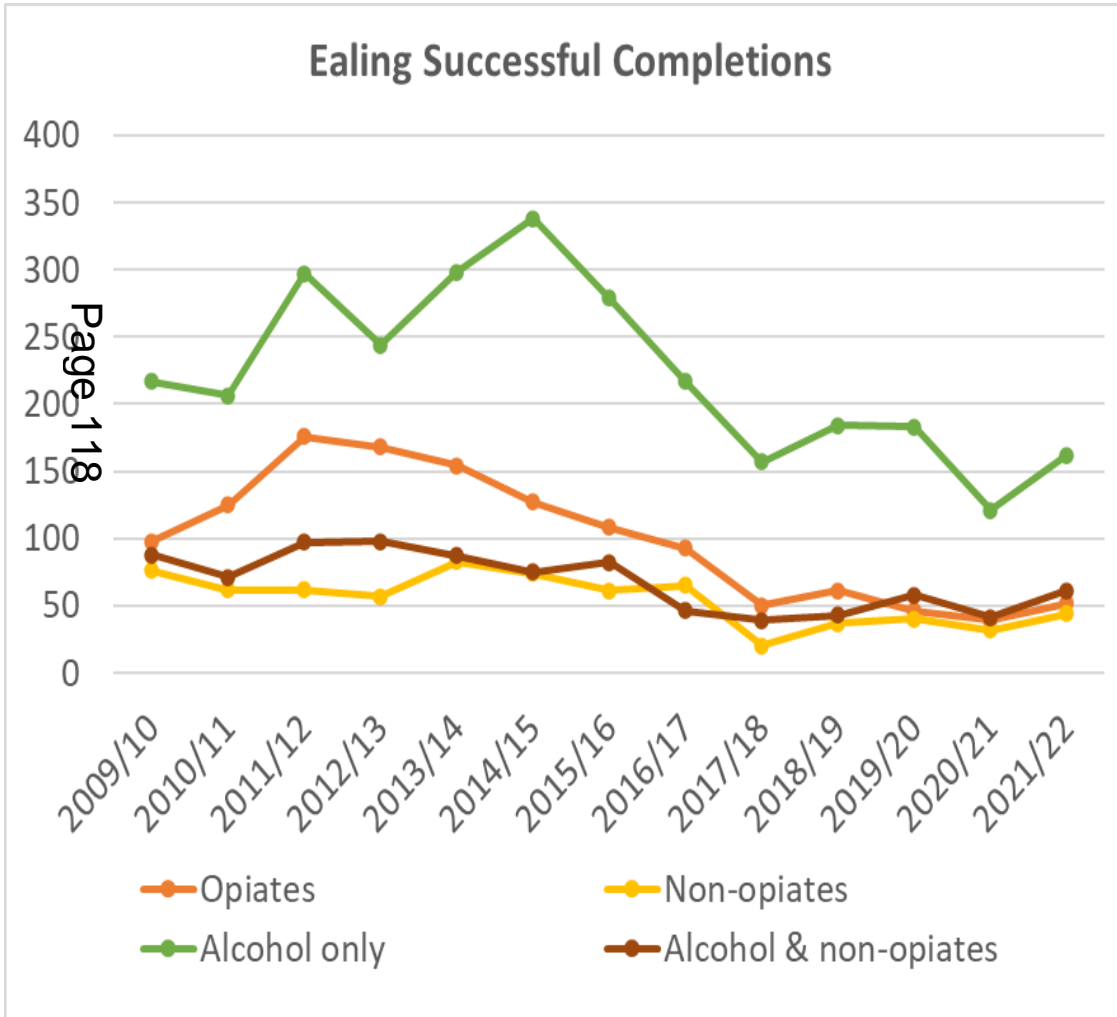


Page 17

Targets and outcomes

Drugs and Alcohol

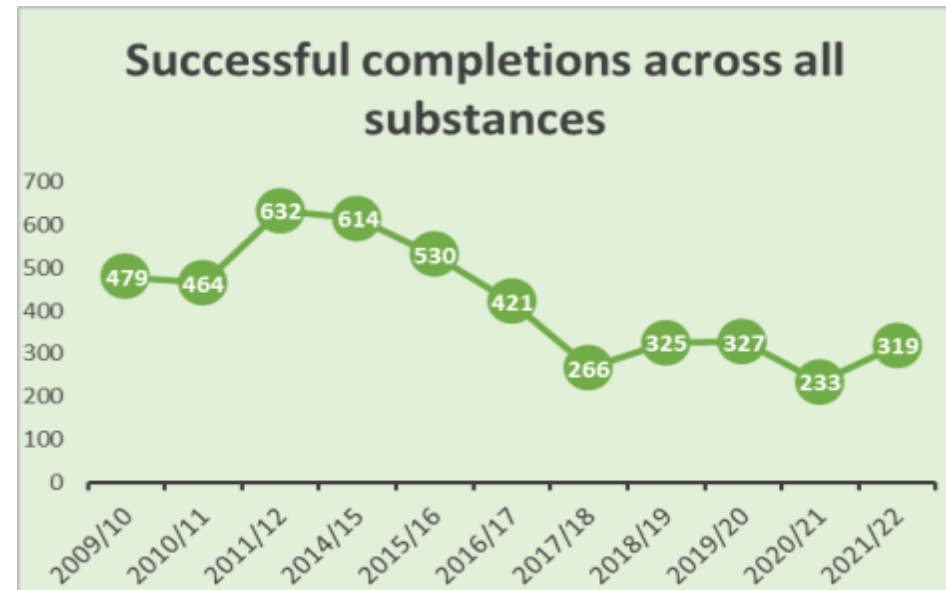
Ealing Successful Completions



Ealing's successful completions

- Ealing's treatment system has been measured by the rate of successful completions
- the funding reductions from 2015/16 had an impact on the treatment system but Ealing has started to see a slight increase in the numbers of completions achieved over the last year across all cohorts. This is easier to see in the graph below which collates all successful completions for each year. All data is from NDTMS
- the new outcome framework will be more nuanced and measure people's progress throughout their treatment journeys

Successful completions across all substances



The voice: Key themes from Local People's feedback on drug and alcohol treatment

Collated from Service User interviews

Bob is a safe space and really supportive. Open Bob for more sessions so there's something on offer every day

What's App referral routes into EASY

Increase Polish and Punjabi speaking peer mentors and volunteers

Provide a fuller range of complementary therapies to support recovery

Health and Wellness clinics in supported accommodation

Increased access to counselling

Increase access to housing, benefit and legal advice

Page 119

Easy more visible in schools with drop-ins

Reduce the staff caseloads so they can spend more time delivering key working sessions

Improved access to dentistry

Increase in exercise groups and gym sessions

More unstructured groups, and women only sessions

Access to washing and laundry facilities

Increase access to IT and have onsite support to help make the most of using the computers

Provide travel reimbursement for attending treatment sessions

Increase aftercare provision and keep service users on caseloads after abstinence to provide more aftercare support

Gaps and unmet needs

Drugs and Alcohol

Rebuilding the local treatment system:

- since 2015/16, Ealing had reduced capacity in the treatment system due to austerity-related cuts. Delivery was predominantly focused on the 2 treatment hubs in West Ealing and Southall. The reduced infrastructure resulted in staff working with higher caseloads, and fewer staff resulted in less flexibility to deliver treatment from other sites, out on the streets or at home for service users with reduced mobility. The new money accompanying the Government's Drug Strategy has primarily been used to increase the workforce, improving access to treatment, and to bring down the caseload numbers to improve the quality of the treatment offer
- **outreach and community engagement work** was scaled back due to fewer staff across the treatment system with a direct impact on engaging more hidden drug and alcohol users. This meant users outside the treatment system, who are most at risk, were not seeing outreach workers as regularly as they used to for initial engagement and vital harm reduction work, including overdose prevention. The new criminal justice and rough sleeper treatment related money has started to increase the levels of assertive outreach across the treatment system
- there has been a challenge in meeting the demand for treatment while still delivering quality treatment interventions by a comprehensively trained staff team with enough time for effective professional development. This needs to be addressed with enhanced training and development for existing and new staff across the different disciplines in the treatment system and coordinated by a workforce development team leader. This role will also include recruiting and supporting local apprenticeships from Ealing
- there has been a loss of **prevention and early intervention capacity** as the treatment system had to target limited resources on delivering specialist treatment to dependent and complex users. This needs addressing with a range of interventions including a partnership-wide comprehensive alcohol identification and brief advice programme, work in primary care, increased capacity through volunteers, peer mentors and apprenticeships, and work to address the stigma associated with drug and alcohol problems
- the focus on the two treatment hubs had a detrimental impact on engaging those drinking at increased risk, who often felt alienated by the 2 chaotic treatment hubs. RISE is piloting workers in 2 Primary Care Networks, working as part of the **integrated neighbourhood teams**, engaging with residents through their GP setting to improve earlier treatment engagement before problematic alcohol use causes greater damage to family, work and relationships
- more effective joint work between treatment and children's services to address **hidden harm** will improve treatment outcomes for parents, parenting outcomes for children, and keep more families together saving the local authority valuable resources. Ealing requires specialist training from EASY and RISE to better equip the local workforce around patterns of drug and alcohol use, the local treatment offer and how to effectively screen for substance misuse. The treatment pathway into RISE and EASY for parents and young people requires strengthening, including resilience building and preventative support for non-using children in families affected by hidden harm

Gaps and unmet needs

Drugs and Alcohol

Strengthening or developing interventions:

- RISE wants to re-launch an **opiate community detox pathway**, taking into account the barriers and issues raised by opiate service users and staff which prevent the successful take-up of different opiate treatment options and community detoxification. The pathway needs to address the following issues/needs:
 - a belief there is limited aspiration (amongst staff) for detox and rehab for opiate clients and address this through training and support
 - incorporate the management and interventions for crack use from treatment start
 - more 1:1 support from keyworkers using effective therapeutic engagement tools
 - support to address underlying trauma as service users reduce and detox, including culturally appropriate therapeutic options
 - develop and implement a behavioural approach to enhance adherence and engagement during and after the titration process
- **counselling support:** RISE had very limited psychologist support across the treatment system, and delivering counselling support was a challenge. Ealing has started to re-build the psychology team at RISE and now needs to increase access to on-going therapeutic support for residents who have histories of trauma. RISE needs to agree a model which will offer culturally sensitive approaches acknowledging Ealing's diverse communities and the need to deliver a service in multiple languages
- **carers' support:** RISE does not have a carers' offer as part of the treatment system. There are pieces of work RISE is involved in (the dual diagnosis carers' group with MIND, and work with Dual Diagnosis Anonymous) but these are not positioned as part of an overall model and approach. Carers are able to access the generic carers' service in Ealing, but there are specific issues connected to caring for someone with drug and alcohol treatment needs including addressing the stigma, and perceived shame as well as the illegality connected to drug use
- **older people's treatment service:** RISE struggled to provide support for older, often house-bound residents, when the funding was reduced. This is an area of work the treatment system needs to develop and decide on the most effective model to meet local needs and establish integrated care pathways. There are challenges for other treatment modalities with this service user group as many inpatient residential rehabilitation services struggle to accommodate over 65s with co-occurring physical care needs
- **change resistant and cognitively impaired dependent drinkers:** Ealing has struggled to offer a service to residents with these needs and the treatment system wants to develop bespoke pathways and a clear service offer, working closely with adult social care and the local integrated care system. The defined model will draw on Change UK's recent work around identifying and addressing cognitive impairment in dependent drinkers (Ealing invested in the project with other Local Authorities) and previous Blue Light project guidance

Recommendations for Local Authority Commissioners

Drugs and Alcohol

PREVENTION AND EARLY INTERVENTION

1. To enhance substance misuse work within Ealing's Primary Care setting

- monitor data on the level of AUDIT screening within Ealing NHS Health Checks and use this data to improve performance around alcohol screening and monitor uptake of referrals into treatment, but to also target future areas for co-located treatment workers
- start 2 new pilots to test out different models for delivering primary care drug and alcohol clinics within the Primary Care Networks with a view to rolling these out across more PCNs in the future. These will target patients drinking at increase risk as well as frequent hospital and primary care attenders
- Enhance the treatment offer across primary care through the appointment of a Band 7 nurse led to support the GP Shared Care workers and new PCN roles in South Southall and Northolt

2. Deliver training in drugs and alcohol for other professionals, faith and community groups in Ealing

- Employ a dedicated Partnership Training Manager to deliver a range of training packages to partner agencies (including criminal justice, children's service providers, adult social care, social prescribers, community champions) and community groups covering information about specific drugs and their effects, MECC delivery, alcohol IBA training, and increasing knowledge and understanding of what treatment is and what it can deliver. They will also promote drug and alcohol e-learning packages and resources across the partnership
- the Training Manager will also support a wider programme of work tackling the stigma which often prevents people accessing treatment earlier
- design and deliver a rolling programme of training around drug and alcohol use, treatment options and harm reduction for those working with young people and/or adults. This will draw on expertise across the treatment system
- increase the capacity to deliver workshops, and assemblies in Ealing's schools with the EASY project's increased staff team and explore the possibility of apprenticeships within the team to support this work

STRENGTHENING THE SKILLS, CAPACITY and FLEXIBILITY OF THE WORKFORCE

- appoint a **workforce development lead** to plan and oversee all the induction training and workforce development for the drug and alcohol treatment staff, drawing on resources within the local treatment system as well as CLG, CNWL and National support. This will include the core training offer as well as organising bespoke training on specific issues or interventions and quality assuring any delivery

Recommendations for Local Authority Commissioners

Drugs and Alcohol

STRENGTHENING THE SKILLS, CAPACITY and FLEXIBILITY OF THE WORKFORCE cont.

- develop a rolling programme of **apprenticeships** (target of 6 apprenticeships per year) for local residents overseen by the workforce development lead. This will ensure the treatment system 'grows its own workforce' and they reflect Ealing's diverse population.
- train staff across the treatment system to support the delivery of Trauma Informed Interventions for all RISE service users delivered by the enhanced psychology team. **Trauma Informed Care training** for all staff will deliver routine enquiry in assessment, key working/clinical interventions and care planning, increasing access to trauma focused psychological therapies and delivering treatment in physical environments that are welcoming, safe and therapeutic spaces
- develop **peer coaching and mentoring** capacity within RISE's different teams to improve the consistency of the service delivery.
- increase the overall number of recovery workers across the treatment system to boost capacity and reduce the caseloads, increasing the time recovery workers can dedicate to each service user and improving the quality of the treatment offer
- create a more flexible treatment system by increasing the number and mix of staff able to deliver treatment through assertive outreach and in-reach to Ealing's diverse communities across a range of settings with the expansion of the rough sleeper drug and alcohol treatment team, the criminal justice, dual diagnosis, primary care and community engagement teams
- increase the capacity and reach of **EASY** through the recruitment of an additional worker and dedicated team leader. These additional staff will enable the service to re-open referral routes from education, CAMHS and self-referrals, ensuring the service is able to reach more young people. Additional capacity will arrive with increased funding from 24/25 onwards and through the use of apprenticeships

BETTER INTEGRATION OF SERVICES

- establish a sub-group to support the effective integration between RISE and physical healthcare and adult social care, which will feed into the Drug and Alcohol Recovery Board as well as the Borough Based Partnership workstreams
- establish a robust pathway between RISE and Ealing Hospital **respiratory services** to support residents identified as at risk to respiratory issues due to their smoking habit and addictions. RISE will run a smoking cessation pilot aimed at service users in treatment with a range of respiratory concerns including asthma, and COPD with funding from the supplemental treatment grant
- strengthen the treatment system's work tackling **blood borne viruses** by appointing a lead BBV nurse to drive the work locally and help Ealing achieve and maintain micro-elimination of Hepatitis C amongst the treatment population. including those not currently accessing structured treatment. All service users will have a minimum of yearly BBV screening and vaccinations. The BBV lead will draw all local work together into a comprehensive BBV action plan, with progress reviewed regularly at different partnership boards

Recommendations for Local Authority Commissioners

Drugs and Alcohol

BETTER INTEGRATION OF SERVICES cont.

- recruit a **dietician** to support vulnerable service users across the treatment system and deliver both preventative and active interventions for identified high risk patients especially those with alcohol problems, Hep C/HIV, with low BMI, pregnant women, rough sleepers, on opioid substitution treatment plus multiple relevant comorbid conditions
- increase support to **families affected by hidden harm** to ensure better identification at the front door. The co-located team in children's services will increase and consist of a social worker and senior recovery worker. Ealing also needs to increase support to children affected by parental and/or a sibling's problematic drug and alcohol use and recruit a hidden harm worker to boost the resilience of these affected children and young people
- Increase partnership working and support to those living with **co-existing drug and alcohol treatment needs and mental health** by expanding the dual diagnosis team to deliver acute ward liaison and assertive in-reach to embed a timely and direct pathway from inpatient to community drug and alcohol treatment, including pre-discharge RISE assessments on the ward and pre-treatment preparation and engagement
- RISE and West London NHS Trust to drive forward the joint areas of work discussed as part of the stakeholder discussions for this JSNA and delivered through the 'Bridging the Chasm' monthly working group with membership of senior clinicians and managers across both organisations and the 2 lead commissioners. This work includes developing a virtual consultation liaison model; further development of the IAPT and RISE pathway; joint training, seminars, secondment and shadowing opportunities; developing an escalation protocol; and develop addiction resources/courses for the recovery college
- to agree a model for **counselling** which can provide therapeutic support to those in treatment and meet the cultural needs of Ealing's diverse community. This will need to be costed into service development initiatives
- to design specialist **Carers' support** across the treatment system which will include developing a Punjabi speaking dual diagnosis carers' group in partnership with MIND and address the need for specialist support to help carers navigate the treatment system
- to work in partnership with the Integrated Care Partnership to support the delivery of an **Opiate pain prescribing pilot** and to agree how treatment staff can be part of a multi-disciplinary approach to supporting residents who want to stop their prescription
- to use outreach staff to strengthen engagement with service users accessing the **Pharmacy needle exchanges** to increase treatment engagement, deliver harm reduction initiatives (including BBV testing and vaccination and onward referral to Hep C treatment), and increase uptake of needle and syringe returns

Recommendations for Local Authority Commissioners

Drugs and Alcohol

BETTER INTEGRATION OF SERVICES cont.

- set up a working group to agree and develop a model for supporting **older people** with drug and alcohol treatment needs. This will include partnership working with adult social care and taking decisions about how to use future funding to realise the model
- to improve service delivery and treatment pathways for **alcohol users** who are resistant to change and may have alcohol related cognitive impairment. This work will draw upon recommendations from Alcohol Change UK's Blue Light and alcohol cognitive impairment projects
- to increase the referral pathways into **EASY** alongside the expansion of the staff team. This will include re-introducing referrals from education, self-referrals, CAMHS, wider children's social care beyond MAST, and Ealing Hospital
- explore the possibility of using one of RISE's **apprenticeship roles** to expand the treatment team at **EASY** and consider how a placement on the Horizons Pathway Programme for Ealing Care Leavers could be included in the apprenticeship pathway at EASY

CRIMINAL JUSTICE

- to strengthen the data quality from the **continuity of care pathway** for Ealing residents leaving prison and requiring treatment support back in the community. This will involve auditing the data from the prison list every month and ensuring the prison and community data matches and any discrepancies with service users' details are corrected
- to recruit the **female prison link worker** to establish strong working relationships between the female estate, RISE and the Women's Wellness Zone, ensuring women are linked in with a treatment worker before their release back to Ealing
- to increase the number of non-opiate / unscripted service users attending RISE following release from both the male and female estate as continuity of care is about more than the opiate using cohort
- to continue to build the partnership work between the police and RISE's criminal justice team to assertively engage drug users into treatment after the police have disrupted local supply lines
- to address the needs of **neurodiverse service users** in the criminal justice pathway, working alongside other colleagues in the criminal justice sub-group of the autism board to develop a pathway

ROUGH SLEEPERS

- to enhance the current pathway for **Polish service users** with the development of an abstinence based Polish speaking group, building ESOL classes into recovery plans and increasing the counselling offer. This will be added to the current Polish groups and drop-ins, and 1:1 counselling support sessions

Recommendations for Local Authority Commissioners

Drugs and Alcohol

ROUGH SLEEPERS cont.

- to deliver a programme of **one stop health-shops** for homeless service users to improve health outcomes, bringing together a range of disciplines including chiropody, BBV testing, vaccination and Hep C treatment along with use of the fibroscan, dentistry, dietician, mental health support and respiratory diagnosis alongside access to legal, housing and benefit advice
- to develop a comprehensive treatment, offer for **homeless women including sex workers**, using the Women's Wellness Zone as a base for outreach and encouraging engagement into treatment through the women only space with access to clean clothing, showers and food
- increase the outreach across different geographical areas and through in-reach in hostels and supported housing to reach treatment naïve and hidden cohorts, improving treatment engagement and supporting disenfranchised service users back into treatment
- Improve learning from deaths in treatment and strengthen partnership working with the homeless cohort by implementing a Tier 2 Serious Incident Panel to investigate the deaths of those not in structured treatment but known to the outreach workers across the borough. This will feed into Ealing's Serious Incident Panel, a multi-agency group which examines the deaths of service users currently or previously known to RISE's structured treatment service
- Increase and improve psychological interventions to the rough sleeping cohort through weekly reflective practice and bespoke training for the team and other organisations working across the rough sleeper partnership delivered by RISE's psychology team

RECOVERY

- further strengthen the peer recovery part of RISE through increasing the staff team at Build on Belief so they're able to increase the provision. This will include:
 - developing an **Ealing service user forum** supported by Build on Belief with identified service representatives who feedback user views from surgeries across the treatment system. The forum will meet regularly with commissioners and service managers to work on service design and improvement and feed into other treatment working groups
 - continuing to deliver the **Bob Aftercare Programme** and strengthening the peer recovery offer locally through increased access to Bob across RISE's treatment hubs and through the online groups and associated recovery community
- increase the **mutual aid** offer from RISE's treatment buildings
- ensure Bob has adequate space in the new treatment building, with computer access and support, showers and washing facilities for homeless service users, and a communal kitchen/café space

RECOVERY cont.

- strengthen the volunteer and peer mentor programme with targeted work to increase the number of Polish and Punjabi speaking volunteers and peer mentors to complement the targeted recruitment for staff from these communities

STRENGTHEN LOCAL PARTNERSHIP WORK TO PREVENT DRUG AND ALCOHOL RELATED DEATHS

- continue to monitor Ealing's alcohol and drug related deaths through the Serious Incident Panel and identify lessons learnt, embedding recommendations for improved joint working across the partnership
- develop a process for joint investigations where individuals are known to both substance misuse and mental health services in partnership with West London NHS Trust
- review the additional Serious Incident Panel for outreach/Tier 2 service users to investigate the deaths of those not in structured treatment but known to the outreach workers across the borough to ensure robust partnership working and risk management

Page 127

Further information

Drugs and Alcohol

Further Information on Drugs and Alcohol

- From Harm to Hope: a 10 years drug plan to cut crime and save lives (Dec 2021)

<https://www.gov.uk/government/publications/from-harm-to-hope-a-10-year-drugs-plan-to-cut-crime-and-save-lives/from-harm-to-hope-a-10-year-drugs-plan-to-cut-crime-and-save-lives#chapter-3--delivering-a-world-class-treatment-and-recovery-system>

- Independent review of drugs by Dame Carol Black (2020)

<https://www.gov.uk/government/collections/independent-review-of-drugs-by-professor-dame-carol-black>

- Alcohol and drug prevention, treatment and recovery: why invest? (2018)

<https://www.gov.uk/government/publications/alcohol-and-drug-prevention-treatment-and-recovery-why-invest/alcohol-and-drug-prevention-treatment-and-recovery-why-invest>

- The public health burden of alcohol and the effectiveness and cost-effectiveness of alcohol control policies; an evidence review (2016)
Public Health England

<https://www.gov.uk/government/publications/the-public-health-burden-of-alcohol-evidence-review>

- An evidence review of the outcomes that can be expected of drug misuse treatment in England (2017) Public Health England

<https://www.gov.uk/government/publications/drug-misuse-treatment-in-england-evidence-review-of-outcomes>

- Ealing Local Alcohol Profile for England

<https://fingertips.phe.org.uk/profile/local-alcohol-profiles/data#page/0/gid/1938132984/pat/6/par/E12000007/ati/102/are/E09000009>

- Public Health England's alcohol and drug misuse prevention and treatment guidance

<https://www.gov.uk/government/collections/alcohol-and-drug-misuse-prevention-and-treatment-guidance>

- Specialist substance misuse services for young people: A rapid mixed methods evidence review of current provision and main principles for commissioning

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/583218/Specialist_substance_misuse_services_for_young_people.pdf



Report for: ACTION/ Item Number:

Contains Confidential or Exempt Information	NO
Title	Annual Public Health Report: Mental health
Responsible Officer(s)	Anna Bryden, Kerry Stevens
Author(s)	Vaishnavee Madden, Consultant in Public Health/Rajwinder K Hira Senior Public Health Principal.
Portfolio(s)	Cllr Josh Blacker - Cabinet Member for Healthy Lives
For Consideration By	Health and Wellbeing Board
Date to be Considered	20 March 2024
Implementation Date if Not Called In	18 March 2024
Affected Wards	All
Keywords/Index	Mental health, wellbeing, visual, public health

Purpose of Report:

The annual public health report 2023/24 is on the theme of mental health and aims to summarise some key concepts of this topic, as well as data/insights from the recently published mental health Joint Strategic Needs Assessment (JSNA) in a simple and engaging visual format. There are two products – one for staff/stakeholders in Ealing, and one for community/resident posters. These were co-designed with a visual artist, working with Ealing public health and a local community organisation, Gosad.

1. Recommendations for DECISION

The Health and Wellbeing Board is recommended:

- 1.1 To note the mental health visual as Appendix 1 and agree that this will be published as the Annual Public Health Report 2023/24
- 1.2 To promote the visual products to stakeholders and communities in Ealing

2. Recommendations for NOTING

N/A

3. Reason for Decision and Options Considered

This Mental Health visual report aims to promote public mental health concepts to stakeholders in Ealing. In co-creating this product in a visual format, we intend for this to have a greater reach and impact in Ealing, including community posters.

4. Key Implications

Mental health is a key challenge and issue important to residents in Ealing. Mental health is a complex challenge, and is influenced significantly by the the social determinants of health (or 'building blocks of health'). This report aims to foreground the building blocks of health in understanding of, and responses to, mental health inequalities in the borough, including considering the role of communities in promoting mental health/wellbeing. This is aligned with the Health and Wellbeing Strategy priorities.

5. Financial

None

6. Legal

6.1 Section 73B of the NHS Act 2006 requires the Director of Public Health to publish an Annual Public Health Report on the health of the people within within their communities. This report fulfils the statutory obligation of the Director of Public Health to produce an Annual Public Health Report on the health of the population.

7. Value For Money

N/A

8. Sustainability Impact Appraisal

N/A

9. Risk Management

N/A

10. Community Safety

N/A.

11. Links to the 3 Key Priorities for the Borough

- fighting inequality

12. Equalities, Human Rights and Community Cohesion

Report considers aspects of inequalities in mental health. EAA not necessary.

13. Staffing/Workforce and Accommodation implications:

N/A

14. Property and Assets

If the report does not involve property, please state that there are no property implications.

N/A

15. Any other implications:

N/A

16. Consultation

The products were co-designed with a visual artist, working with Ealing public health and a local community organisation. The JSNA involved wider community engagement around mental health, including underserved communities.

17. Timetable for Implementation

Ealing Health and Wellbeing Board meets on 20 March 2024.

18. Appendices

Appendix 1: Mental health a visual report

19. Background Information

https://www.ealing.gov.uk/downloads/download/3826/annual_public_health_reports

Consultation

Name of consultee	Post held	Date sent to consultee	Date response received	Comments appear in paragraph:
Internal				
Jumoke Adebisi	Finance Manager – Adults & Public Health	1.2.24	06.02.24	Finance
Justin Morley	Head of Legal Services - Litigation	12.2.23	16.2.13	Throughout
Anna Bryden		5.2.23	7.2.23	
Kerry Stevens		5.2.23		
Cllr Josh Blacker		5.2.23		
Cllr Jasbir Anand		5.2.23		
External				

Report History

Decision type:	Urgency item?
Key decision	No
Report no.:	Report author and contact for queries:
	Dr Vaishnavee Madden, Consultant in Public Health

MENTAL HEALTH IN EALING: A VISUAL STORY

Annual Public Health Report 2023-24

WHAT IS MENTAL HEALTH?

It means different things to different people! It's how you feel – your state of mental well-being that enables you to live your life, make decisions, build relationships and shape the world around you.



Your mental health is at the core of what it means to be a human. Everyone has ups and downs.



One Ealing resident said: "Our culture has one hundred words for livestock but only one word for mental health... 'crazy'."



Good mental health is more than just the absence of mental disorders.

- Anxiety
- Depression
- Addiction
- Bipolar
- Schizophrenia
- Psychosis



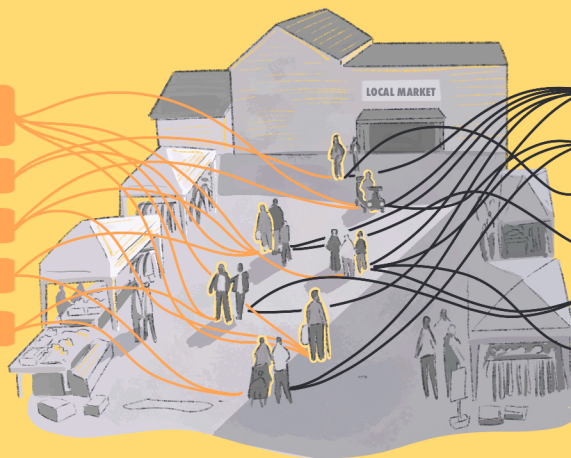
Mental health is also not something that only exists in your mind. It's directly linked to your body, and it's influenced by the world around you too.

WHAT INFLUENCES MENTAL HEALTH?

Throughout our lives, mental health is influenced by both risk factors and protective factors in our society. These factors are overlapping and interconnected, and everyone experiences them in a different way.

PROTECTIVE FACTORS FOR EALING RESIDENTS

- Strong relationships and community ties
- Diversity and culture
- Green spaces and parks
- Early years support
- Good schools
- ...and many more.



RISK FACTORS FOR EALING RESIDENTS

- Cost of living/poverty
- Insufficient housing
- Drug and alcohol misuse
- Domestic abuse
- Racism and discrimination
- Refugee/migration trauma
- ...and many more.

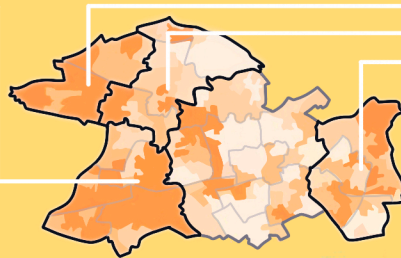
HOW DOES MENTAL HEALTH VARY ACROSS EALING?

Based on how residents use our health services, we can start to build a picture of how mental health varies across the borough. For example:

Deprivation is a risk factor for mental health. The map below shows the level of deprivation across Ealing; the darker the colour, the more deprived the area.

SOUTHALL

Fewer people see their GP for depression and access community mental health services than expected. Why? Could this be due to cultural stigma?



NORTHOLT GREENFORD ACTON

High use of community mental health services and mental health related hospital admissions. Why? Are there more structural inequalities here?



As well as geography, mental health varies by characteristics like gender, age, ethnicity, and disability.



HOW CAN WE PROMOTE GOOD MENTAL HEALTH?

AS INDIVIDUALS

Explore the 5 steps to wellbeing



- Train in topics like mental health first aid and suicide prevention
- Seek support services when needed (see below)

TOGETHER

- Lay the foundations of good mental health through early years support, family relationships and school cultures
- Maintain supportive and inclusive working environments
- Build high quality, affordable homes
- Co-create services that are more caring, holistic, and culturally competent
- Foster strong relationships in communities



Mental health support is available at ealing.gov.uk/mentalhealth

This product was co-designed by Public Health Ealing and GOSAD using insights from the Ealing Mental Health Needs Assessment 2023.

Artwork by Jack Ambrose Visuals.

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8 May

- Healthwatch: Immunisations – Carleen Duffy

Future Agenda Items

- Covid lessons learned – Annual update (September)
- Carers Strategy – (September)
- Local Plan update (date TBC)
- 20 minute neighbourhoods (date TBC)
- CYP Healthy Weight JSNA and strategy update (date TBC)
- Update reports on Trust and ICS strategies – annually (date TBC)

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