

Appendix 1

Detailed comments and actions taken in response

The consultation report sets out the reasons for including each of the priorities and why is each one important within West Berkshire. Respondents were asked to agree or disagree with each of the 11 priorities. Support for all priorities was in excess of 65% of all respondents.

Respondents were then asked to consider each priority, through answering the following questions:

Priority

- Why is it important?
- What is the picture in West Berkshire?
- What we will do.
- How we will do it.
- How we will measure what we have done

Two priorities were challenged as they were written:

51 respondents or 25.37% disagreed with **alcohol** as a priority area

27 people disagreed with **healthy weight** as a priority.

All the other priorities had less than 7 respondents who did not agree them as priorities for West Berkshire.

As a result of these comments these two priorities have been expanded to include additional areas of focus:

- **Priority 5 - Alcohol is changed to Health damaging behaviours :**
 - i. We will promote sensible and safe drinking and increase the number of people receiving effective and timely support for alcohol related problems
 - ii. We will promote smoke free lifestyles and environments.
- **Priority 6 - Healthy weight is changed to healthy weight and physical activity :**

We will maintain or increase the number of people who are a healthy weight, by promoting physical activity and healthy eating and providing a range of evidence based weight management interventions and more opportunities for residents to be physically active.

The West Berkshire JSNA demonstrates a clear need to address obesity and drinking alcohol above safe and sensible levels in order to prevent mortality and morbidity from cardiovascular disease, (coronary heart disease (CHD), stroke, diabetes and chronic kidney disease), as well as cancer and liver disease. In addition these two risk factors increase hospital admissions and use of health care services in primary and secondary care.

Respondents were also asked to list any priorities they felt were missing. The 3 topics of note were cancer and terminal illness – 13 responses (6%), maternity – 9 responses (4%) and children's illnesses – 6 responses (3%). As a result of this cancer was added to the priority of cardiovascular disease. It was felt that terminal illness falls under the priority of addressing long term conditions and end of life care.

- **Priority 7 - cardiovascular disease is changed to cardiovascular disease and cancer.**

We will improve the prevention and early identification of cardiovascular disease and cancer in primary care and community settings through the provision of NHS health checks and screening and ensure access to high quality secondary care services.

One additional priority was added to as a result of comments re the need to tackle loneliness and social isolation as well as mental health and well being. Thus:

- **Priority 4 – mental health and wellbeing in adults is changed to**

We will promote mental health and wellbeing in all adults through prevention, early identification and provision of appropriate services. We will tackle loneliness and social isolation.

A number of themes attracted considerable number of responses:

1. The importance of education in improving health and wellbeing, especially of young people.
 - This view will be reflected in the implementation of the strategy
2. The need to recognise the importance of long term conditions in relation to the demands of acute care
 - This view is already reflected in priority 9
3. Agreement on the focus on mental health and wellbeing as well as physical health
 - Reflected in priority 1 for children and young people and 4 for adults
4. The need to include physical activity as a priority in addition to tackling overweight and obesity
 - This view has been reflected in the change made to priority 6.

There was considerable support for the need to include an **implementation plan** within the strategy, showing in more detail how the aims of the strategy would be achieved and how each priority would be addressed. This view was also demonstrated by those responding in the longer survey, in that 70% did not agree or disagree that the strategy would be able to drive commissioning of health, social care and other services that impact on health and wellbeing.

Many of the general points raised in the consultation relate to how the priorities can be addressed and there are many ideas that could be incorporated into an implementation plan.

Further views and suggestions that can be incorporated into the strategy itself are clearly set out in the full consultation report (appendix 3). Some of these relate to suggestions for how to measure progress against each priority and others make more general points to be considered. A sample for each priority includes:

Priority 1 - emotional health and wellbeing of children and young people

- outcome measures only focus on children with a specific problem (no universal measure). A suggestion on how to measure outcomes for all children is to use a school survey. This could be considered depending on capacity and resources available.
- the importance of using Child and Adolescent Mental Health Services (CAMHS) and Talking Therapies to keep children and young people from entering the criminal justice system and being labeled.

Priority 2 - health and wellbeing of looked after children

- ensure measures of academic success are compared to those who are not looked after and other cohorts.

Priority 3 - tackling inequalities in health and wellbeing in children and young people

- plea for the use of other measures besides children on free school meals achieving academically
- Many points were made about why some children do not achieve - young carers, learning disabilities, mental health problems, rurality, ethnicity. These issues would need to be addressed.
- The possibility of introducing a measure relating to the health and wellbeing of young people not in education, employment or training (NEETs)

Priority 4 - mental health and wellbeing of adults

- a concern about the measures of success being too focused on depression
- Plea to include post-natal depression as a focus.

Priority 5 – alcohol

- Suggestions to widen the priority to other unhealthy behaviours including tobacco (this has been included)
- concern that mental health and alcohol might not be addressed

Priority 6 - healthy weight

- the importance of including physical activity in addition to healthy weight (this has been included)

Priority 7 - cardiovascular disease

- responders wanted to see a clear, comprehensive pathway that includes prevention and early identification

Priority 8 - carers

- need to specifically reference young carers

Priority 9 - long term conditions and disabilities

- want more focus on the prevention of long term conditions and maintaining independence
- Want more re young people with long term conditions

Priority 10 - falls prevention

- suggestion of using a measure of re-admissions to hospital following a fall

Priority 11 - dementia

- the inclusion of a number of comments about the difficulty of addressing dementia, recognising early dementia, measuring quality of life for those with dementia and involving carers.

The outcome measures, both longer term and shorter term, local indicators have yet to be agreed within the accompanying Performance Framework. This work is under way and all comments will be taken into consideration.

A further number of points that need to be included within the strategy include:

- demonstrating a link to other strategies e.g. Safer Communities Strategy
 - a flow diagram will be included in the strategy showing how strategies and plans link together strategically.
- involve service users in the development of action plans and making sure there is a customer voice
 - a section already exists within the strategy explaining the importance of the public and service users. More explanation has been added to show how an action plan will be developed with wider involvement from all sectors.
- the importance of including workplace health
 - the workplace is an importance setting to address health and wellbeing and this will be part of the implementation plan, focusing on both public and private sector workplaces.

- working with service providers to get their views and ideas
 - service providers will be included in development of the overall implementation plan to ensure that local projects and programmes of work are realistic and achievable.
- work with Fora that already exist e.g. Mental Health Forum, Domestic Abuse Forum
 - Existing multi-agency For a will be mapped and links made to all of them