

<b>Title of Report:</b>	<b>Feedback on the Health and Wellbeing Strategy Hot Focus: Mental Health and Wellbeing in Adults</b>
<b>Report to be considered by:</b>	The Health and Wellbeing Board
<b>Date of Meeting:</b>	Thursday, 24th September 2015

**Purpose of Report:** To feedback on activity that has taken place over the last three months.

**Recommended Action:** For information.

<i>When decisions of the Health and Wellbeing Board impact on the finances or general operation of the Council, recommendations of the Board must be referred up to the Executive for final determination and decision.</i>		
<b>Will the recommendation require the matter to be referred to the Council's Executive for final determination?</b>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>

<b>Is this item relevant to equality?</b>	Please tick relevant boxes	
	<b>Yes</b>	<b>No</b>
Does the policy affect service users, employees or the wider community and:		
• Is it likely to affect people with particular protected characteristics differently?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
• Is it a major policy, significantly affecting how functions are delivered?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
• Will the policy have a significant impact on how other organisations operate in terms of equality?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
• Does the policy relate to functions that engagement has identified as being important to people with particular protected characteristics?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
• Does the policy relate to an area with known inequalities?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Outcome</b> Where one or more 'Yes' boxes are ticked, the item is relevant to equality. In this instance please give details of how the item impacts upon the equality streams under the executive report section as outlined.		

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# Executive Report

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## 1. Introduction

- 1.1 A number of stakeholders were invited be part of a mental health and wellbeing in adults Hot Focus session on April 23<sup>rd</sup> from 09.00am till 12.00pm at Shaw House, Newbury. The session was run to help the Health and Wellbeing Board have a greater understanding of what services are available in West Berkshire and how we can achieve the priority within the Health and Wellbeing Strategy: **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.**
- 1.2 The aims of the session were: (1) To bring together relevant stakeholders with members of the Health and Wellbeing Board to explore mental health and wellbeing services that are currently available within West Berkshire across a continuum from prevention to treatment and rehabilitation. (2) To identify successes, gaps and barriers within the system and suggest solutions that will inform the Health and Wellbeing Strategy delivery plan.
- 1.3 The objectives of the session were:
- For providers of mental health and wellbeing services to give a brief outline of the service they provide
  - For members of the Health and Wellbeing Board and other stakeholders including service users and carers to have a better understanding of what services are currently available to address the mental health and wellbeing needs of adults in West Berkshire
  - To map services across the district, identifying any gaps and barriers to provision
  - To identify possible solutions and explore how partners can work together better
  - To draw up a catalogue of actions that can be fed into a delivery plan to be developed by the West Berkshire Mental Health Collaborative to address the mental health and wellbeing in adults priority.
- 1.4 The structure was a scene setting by Dr Angus Tallini, followed by a session on prevention and promoting positive mental health. Afterwards, there was a showcasing session where 13 organisations had 4 minutes to share what their service offers, who it is aimed at, what they were proud of and what challenges they faced.
- 1.5 The second half of the session involved small group work (5 tables) exploring; what are we missing? what do we need more of? What do we need less of?
- 1.6 The groups identified the following gaps (what are we missing/need more of); Recovery College, peer support, tackling stigma, more provision for mental health services users in primary care, ensuring adequate services in rural areas, focus on wellbeing, meditation, adequate provision for children moving from CAMHs to Adult services, Mental Health First Aid training in GP surgeries and other training, lack of fully responsive crisis team, better linkages and promotion of agencies.

- 1.7 After the hot focus session, an email was circulated to everybody that attended to find out 1) if they found the session useful and if they learnt anything new, 2) What was the most useful, 3) what they thought of the format of the session, 4) what improvements would they suggest for the next hot focus session and any other comments. Ten people responded.
- 1.8 In terms of what they found useful and if they learnt anything new the responses were; informative, interesting, finding out about organisations otherwise not known about, find out what is available locally, meet new people, opportunity for organisations to promote their services and opportunity to share contact details.
- 1.9 In terms of what was most useful, respondents gave the following responses; publishing what services are available to public/professionals, picking up resources, networking, service improvement and making better links with different organisations.
- 2.0 In terms of what they thought of the format, the following responses were received; clear objectives so that there would be actions and outcomes arising, pace was good, well organised, shorter opening section required, attendance from other organisations, such as police, button for power point presentations, clarification of purpose of the event and more specific questions in the group work.
- 2.1 In terms of what improvements they would make, the following responses were made; clearer focus, more targeted – ask each organisation how they can address specific issues (on the what's missing sheet), later start time due to public transport (event started at 9am), share outcomes to see progress, more time for group work, separating groups into different rooms and more leaflets/materials to exchange.
- 2.2 Other comments that were given were; lots of energy and desire to change things, “thanks for setting it up”, “glad to be a part of it”, “would be good if it was a regular occurrence”, a service user was able to provide positive feedback to other service users within their organisation.
- 2.3 A mental health collaborative was developed to look at how a strategic way forward for mental health could be initiated. It has now met several times, commencing with two workshops to set out a vision and focus on key issues. From this, a workshop to develop an action plan took place, with input from a range of stakeholder organisations and service users. This action plan contains short, medium and long term goals and is now being consulted on more widely. There is a crossover of representation of people who attended both the mental health collaborative and the hot focus session. This has resulted in issues raised in the hot focus meeting to be raised at the development of the action plan and can be taken forward collectively.

## **2. Equalities**

- 2.1 This item is not relevant to equality.

## **Appendices**

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There are no Appendices to this report.

## **Consultees**

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**Local Stakeholders:**

**Officers Consulted:** Manawar Jan-Khan

**Other:**