

Berkshire West Health and Wellbeing Strategy 2021 – 2030

Findings from the Public Consultation on the draft Strategy

Introduction

The Berkshire West Health and Wellbeing Strategy was developed through extensive public consultation and engagement, including an online survey and a series of focus groups with specific communities. The findings from this engagement contributed to the development of the final five priorities and the strategic objectives for each of them.

The public were then invited to comment on the draft Strategy document during a six week public consultation period. The aim of this was to ensure that we had accurately captured the views of the public in our Strategy and to keep public engagement and consultation at the centre of its development. The findings from this consultation have been used to further refine and finalise the Strategy.

Methods

The public consultation on the draft Strategy was delivered through an online survey. This was hosted on West Berkshire Council's consultation portal. The link was promoted by the communication teams for West Berkshire Council and Reading Borough Council. The link was also disseminated through the members of the Public Consultation and Engagement Task and Finish group, who were encouraged to share it widely. The consultation was open to anyone, although Wokingham Borough Council took the decision not to actively participate in the consultation. The survey was open from 24th June to 4th August 2021.

The survey consisted of a series of questions to understand if the respondent agreed with the priorities and the strategic objectives that sit underneath them (see Appendix A for the questions). The respondent was invited to give further detail as to their reasoning. Further questions were also asked on other aspects of the Strategy.

The consultation findings were collated and analysed through both quantitative and qualitative analysis. Broad themes were established across all of the survey responses and these were coded through thematic analysis. Each series of questions were then taken separately to understand the themes in the responses. These were reviewed against the relevant section of the draft Strategy and in the context of the earlier public engagement. The Strategy was updated and refined on the basis of the themes in these responses.

Findings

A total of 162 responses were made through the online survey. The vast majority (80%) were from individuals responding as a member of the public. However, 7.7% were individuals responding in an individual capacity and 12.2% were those

responding on behalf of an organisation. The majority of those responding were from the West Berkshire local authority area (figure 1).

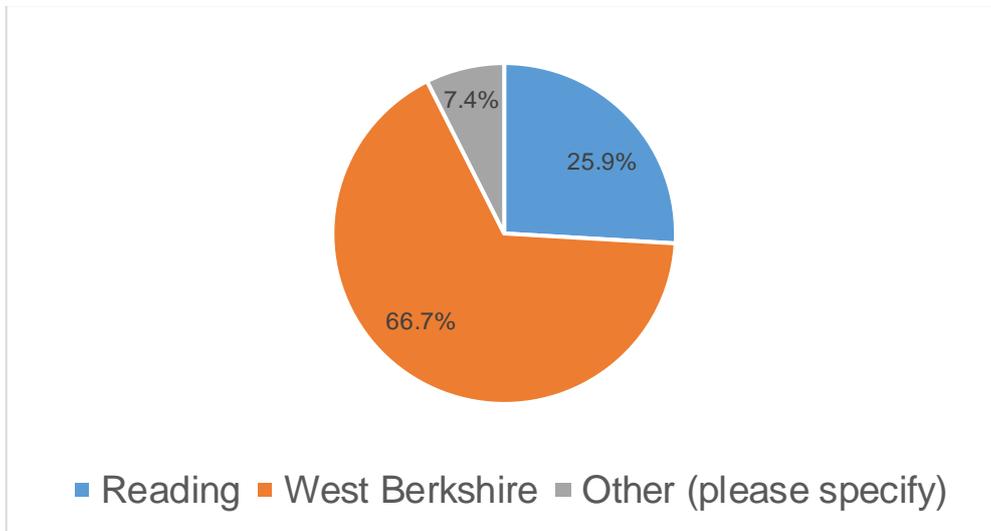


Figure 1: Answers to the question "which local authority area do you live in?"

Demographics of respondents

A series of questions were asked at the end of the survey, to understand the demographics of those who had responded. However, these were only answered by 64 (39.5%) people, out of all who had responded to the consultation, therefore the findings below may not be representative of those responding to the rest of the survey.

The gender and age breakdown of respondents who answered these questions, can be seen in figures 2 and 3, with ethnic group seen in figure 4.

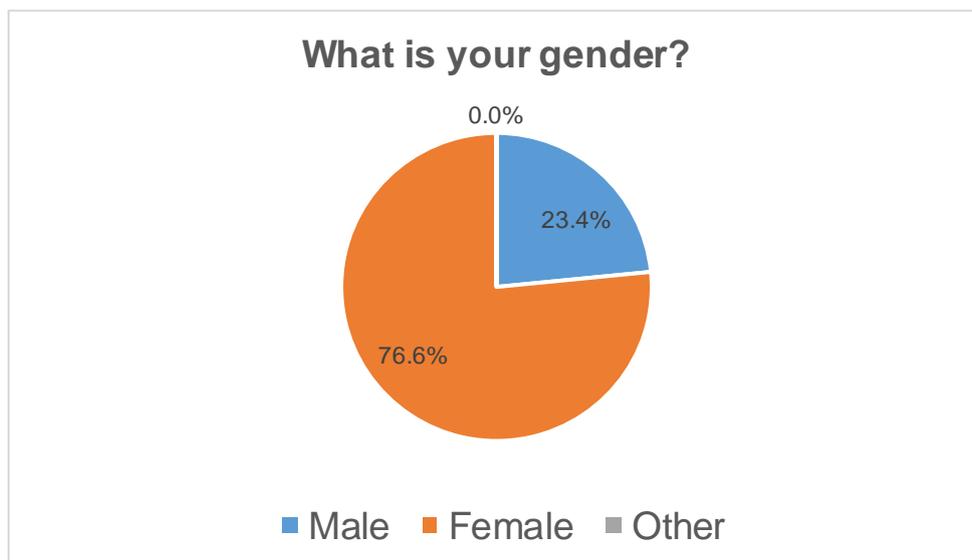


Figure 2: Self-reported gender of those responding to this question

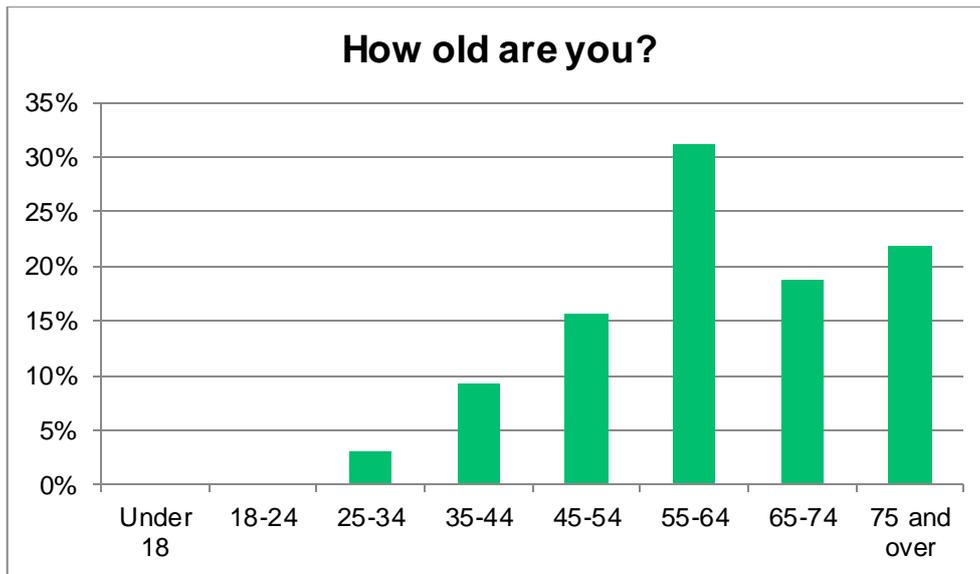


Figure 3: Age breakdown of those responding to this question

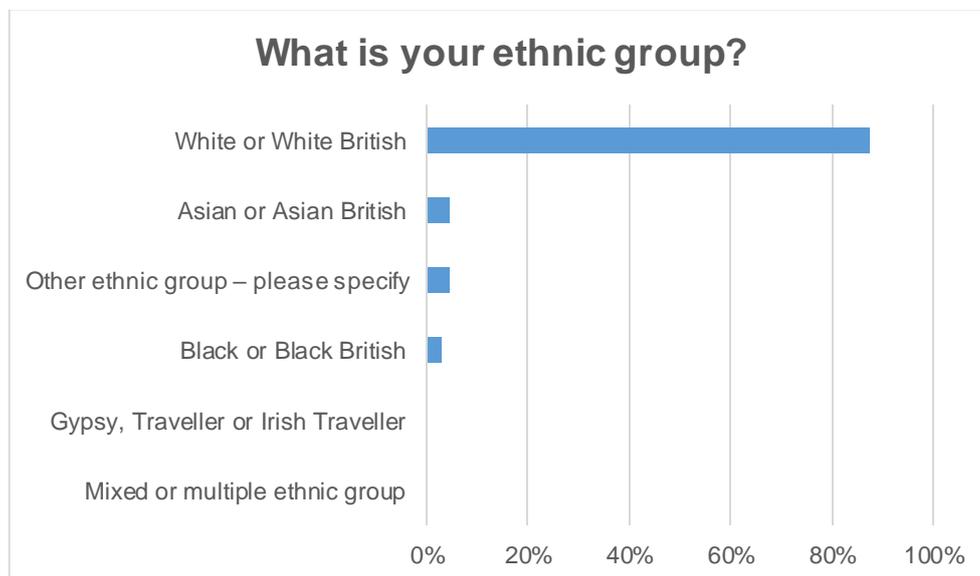


Figure 4: Ethnic group of respondents to this question

General themes

The free text comments throughout all of the questions in the survey were analysed together to identify the main themes from the public consultation. Throughout the responses, there was a general acknowledgement that the priorities identified were both sensible and important issues.

“sensible priorities that should have the greatest combined effect to address health and wellbeing across the community...”

“all the categories are important and should be looked after”

“these priorities reflect my views”

A number of respondents did comment on the fact that the five priorities are interlinked in many ways.

“pleased to see the focus on five key areas, all interrelated”

“in my opinion, many of these issues are also connected to poverty, poor housing and environment...”

“...segments of the population will fall into multiple priorities, it makes the strategy look busier than reality...”

“It is vital to take a holistic approach to supporting people and these priorities provide an opportunity to provide wraparound services, particularly within key areas of deprivation”

“there needs to be a greater recognition of the ways the priorities (and areas within them) and the things to be done to make a difference to them, overlap”

A further recurrent theme was one of accessibility. This was both in relation to accessibility of the Strategy itself and also of health and social care services in general.

“nothing but faced problems in accessing basic health care as autistic adult caused harm to my health or delay in urgent treatment...I feel isolated and uncared for as a disabled person”

“the vision will work if the delivery is accessible, all the elements covered are needed by the Deaf and Deafblind communities, however like the survey and this strategy, it is in English and is not accessible. So one thing missing is being clear about accessible formats and appropriate engagement”

“...however will these challenges be addressed for these communities in the most appropriate and accessible way?”

The development of the Strategy has been undertaken with public engagement at the centre. The responses to this consultation highlighted that this needs to continue and in a way that is meaningful and that people can engage with.

“there needs to be more focus on asking people what the issues are – rather than telling them...”

“prioritise vulnerable groups and those communities that are not hard to reach but are available when you reach to them”

“acknowledging and celebrating achievement and providing transparency through regular public updates on progress to ensure continued community support and engagement”

A number of respondents also commented on individuals taking personal responsibility for their own health and wellbeing and the need to empower people in order to do this.

“individuals have to take responsibility for their own health. If they neglect to do so through ignorance then they should be helped by education, if by lack of money through no fault of their own then they should be assisted...”

“educating the young and their parents/families could prevent poor health decisions which result in health problems later in life”

“encouraging people to take ownership of their health empowers them and encourages healthy lifestyles”

“it will be important to get the people to feel empowered to take action rather than it be imposed on them”

The final general theme was in regards to the next steps for implementation of the Strategy. A number of respondents commented on the need for funding in order to deliver on these priorities. In addition, there was a desire for a clear and specific plan as to what actions will be taken, including measurable targets to achieve. These suggestions were a particularly common theme to the question asking if anything was missing.

“who could disagree with this vision. But these are just warm words we need to see real commitment”

“measurable objectives of quantitative targets [are missing]”

“...it would also benefit by being clearer about what is being done to implement the strategy and what, in more detail, achievement of the strategy would look like”

The Priorities

Respondents were asked whether they agreed with each of the five priorities in the Strategy and then subsequently asked if they agreed with the strategic objectives within each priority area (the vision). Overall there were high levels of agreement with the five priorities (figure 5). In addition, there were also high levels of agreement with the objectives, mostly ranging from 73% to 79% agreement, although it was slightly lower for the priority “Help families and children in early years” to which 65% of respondents agreed with the objectives.

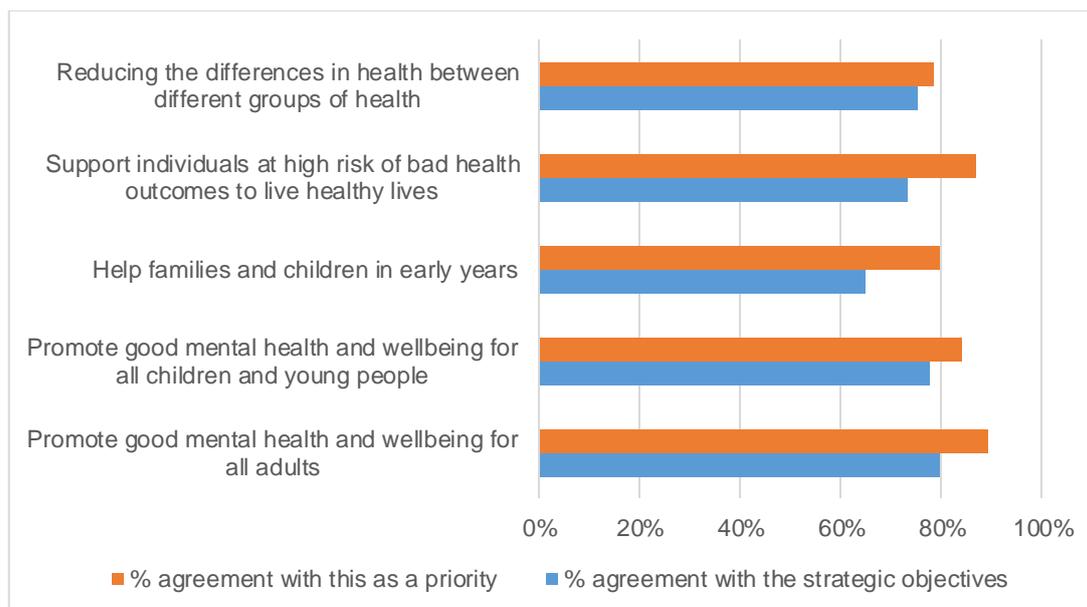


Figure 5: % agreement with the five priorities and their strategic objectives

For each priority in turn, respondents were asked to comment on the strategic objectives and whether there was anything missing. The responses to each specific priority, beyond what has been already covered under the general themes, is outlined below.

Priority One: Reduce the difference in health between different groups of people

As well as the general themes already detailed, within the responses to this priority a number highlighted that the draft Strategy did not include the wider social determinants of health and how these factors had an influence on health. As noted already, the theme of self-empowerment was particularly common in responses to this priority.

“I’d like to see rurality as a factor that might result in poorer outcomes – less easy access to all services, including health, social care and support for carers...”

“there is no step of examining the wider social determinants of health and their inequality. The influence of major determinants should be examined so that action can be taken on all those within the power of the partners to amend”

“people need to be given the opportunity to take control of their health and wellbeing and this can only be done through education and access to choice”

Priority Two: Support individuals at high risk of bad health outcomes to live healthy lives

Although it was acknowledged that the groups identified within this priority are important, a number of respondents did question whether it would only be these individuals whose needs would be addressed.

“...it would be wrong for these, and only these to be ‘prioritised’ over the next ten years, to the exclusion of other groups, which is what this statement implies”

“these are at least some of the groups at risk of poor health outcomes”

“there are a number of groups that are currently excluded because of not being listed here....there should be scope for these to be included in the Strategy”

A number of respondents described the importance of work to support those living with Dementia and their unpaid carers. It was suggested that Dementia could form a priority on its own.

“looking after someone with dementia is exhausting and assistance at the beginning of diagnosis is vital so that the carers know how to manage the journey so that the dementia sufferer feels comfortable and the carer gets support”

“these groups are not just at risk of poor health, they are stigmatised and hidden by society as a whole. They should be a priority vision, but also given sustainable options of support”

Priority Three: Help families and children in early years

Most responses described the need to provide support for parents of young children. There was an acknowledgement of the importance of acting in these crucial years

“the early years are hugely influential in determining the life course”

“knowledge, understanding rights and access to benefits etc. goes a long way to supporting families”

The access to this support was also mentioned and in particular asking how we can ensure that specific groups are taken account of. This is an example of how the priorities cross over, linking families and children with the earlier two priorities.

“...there is no mention of how to make these accessible to our most vulnerable and forgotten community such as the Deaf and Deafblind community”

“families with children that have problems need help and expectant mums need more support I believe...”

“black women are ignored in any strategies and research has shown how their wellbeing is not prioritised hence health professionals and label them as “hard to reach” or “angry black women”

Priority four: Promote good mental health and wellbeing for all children and young people

A number of respondents highlighted the importance of providing support across a number of different services, but in particular, through schools.

“teachers need to have better support to be able to help struggling pupils...”

“schools need to develop robust strategies for identifying and tackling mental health needs of pupils. Specialist staff should be employed as in many schools in larger urban areas”

In addition, some respondents described the lack of funding in mental health services and how services are over-stretched and under-staffed.

“...time taken to be referred can be several months and the downward spiral of the young person is scary for them and the family”

“the mental health service is currently a disaster area due to its very limited resources”

“money needs to be found to support the services that already exist to support mental health”

Priority five: Promote good mental health and wellbeing for all adults

General themes as described above were also mentioned in relation to this priority. Specifically around access to services, funding and the need to empower people to manage their own health and wellbeing. In addition, the role of employers in mental health was discussed by some respondents, along with the practical support both for following a crisis and also for ongoing mental illness.

“work with employers to address mental (and other) health problems in the workplace could be self-financing, by reducing levels of absenteeism and other sources of lower productivity...”

“the practical help for adults in crisis must in place for an increase in need after the pandemic”.

The Principles

Respondents were asked if they agreed or disagreed with the principles in the Strategy. Only 50% of respondents to the consultation answered this specific question and the results can be seen in figure 6.

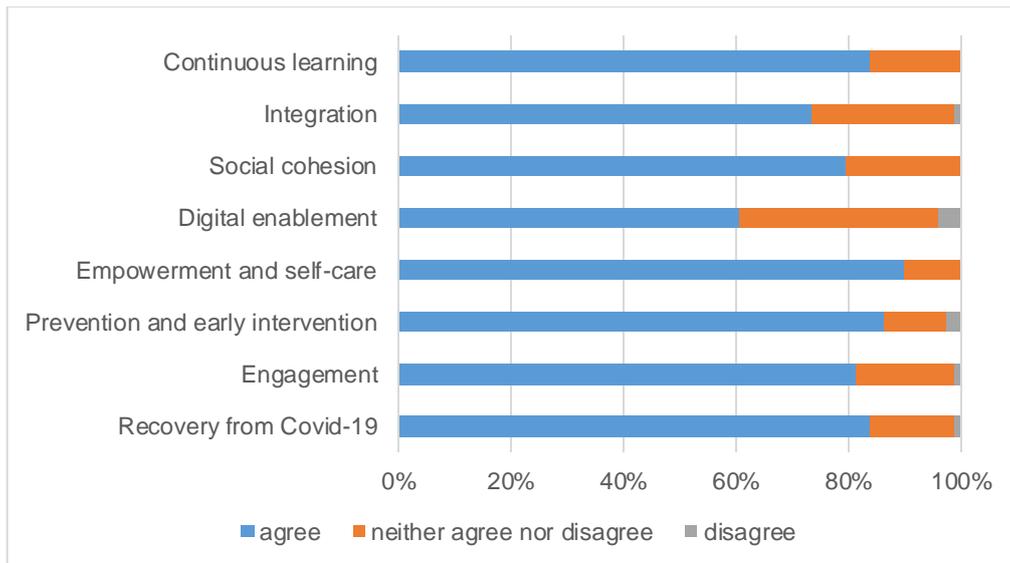


Figure 6: answers to the question “overall do you agree or disagree with the principles that run throughout this Strategy”

Most of the principles had high levels of agreement with very few people actively disagreeing with any of them and this was also shown within the free text comments. The principle of digital enablement had the lowest level of agreement (61% of those who answered this question). This was reflected in the free text comments which included many stating that many people either cannot or would prefer not to use online services.

“it needs to be constantly borne in mind about communities who cannot access digital inclusion...”

“not everyone has the ability to be online, and even for those who do, not everyone WANTS to actively engage in online service....”

“digital enablement takes no account of the people who cannot or do not wish to use internet type services; they are disadvantaged already”

The Challenges

Only 48% of survey respondents answered the question about whether they agreed or disagreed with the existing and future challenges as identified by the Strategy. Out of these, 58% agreed, with 36% neither agreeing nor disagreeing and 5% disagreeing. As described above, the need for accessibility for all communities was highlighted in the comments. In addition to this, the need to reflect the challenge of climate change and environmental issues was mentioned by a few respondents.

Out of those who responded to the question (total 77), 57% agreed that the draft Strategy adequately deals with the challenges identified. The main themes within the free text responses referred to the need for a detailed plan of implementation for the Strategy.

“I’ve put NO because it is impossible to deal with the challenges all we can do is mitigate them and I feel the strategy does that”

“it is all fine, rather vague and aspirational, but it requires more detail on implementation: how, when”

“it’s the implementation that will be difficult...”

Using the public consultation findings to refine the Strategy

The five priority areas were developed using extensive public engagement at an earlier stage of the Strategy development. This public consultation on the draft Strategy has identified broad agreement among respondents about these five priorities and how they are described in the Strategy.

The more general themes raised in this consultation and the specifics of some of the issues raised have contributed to the further refinement of the Strategy and development of the final version. The table below outlines the main findings and how these have been considered for the final Strategy.

Themes from the public consultation	Response
The interlinking of the priorities	<p>This is acknowledged within the Strategy throughout but in particular as the priorities are first described. The Strategy is intended to have reducing health inequities acting as a pillar underpinning all of the priority areas.</p> <p>In addition to this, the delivery plans for implementation of this Strategy, will seek to look for synergies across priority areas and understand where actions taken will have a greater impact.</p>
Accessibility	<p>We will explore publishing this Strategy in different formats, ensuring that is accessible to different communities</p> <p>Where access to services has been described in the Strategy, we have emphasised the need to consider all different barriers to access, and added further detail to ensure this includes sensory and communication needs.</p>
Engagement	<p>Engagement has been at the heart of the development of this Strategy. It is one of the core principles running throughout and is mentioned within the objectives for a number of priority areas. The importance of ongoing active engagement with communities and individuals is a key feature of the implementation of this Strategy and will also be described within the delivery plans.</p>

Personal responsibility and self-empowerment	Empowerment and Self-care is one of the core principles of this Strategy and is described throughout.
The need for a clear plan as to how this Strategy will be implemented	Each of the three local authority areas with Berkshire West is developing a local delivery plan, describing how the Strategy will be implemented. The process for doing this is described within the “Next Steps” section of the Strategy. Each plan will include clear measurable actions, including indicators and targets by which to measure progress.
Social determinants of health (priority one)	An additional strategic objective was added under the first priority, to reflect the need for work to be done to address the variation of the experience of the social, economic and environmental determinants of health.
The groups described within priority two	The text within priority two has been developed to be clearer that although a number of groups have been identified as our initial key focus areas, this will be dependent on local context and need for each of the three local authority areas. In addition, as the Strategy is due to be in place for the next ten years, we will actively engage with our communities, continuously learning and understanding the needs to our population in order to ensure we are supporting those at higher risk.
Dementia as a potential priority area	Reflecting on the findings of the original engagement and consultation, it was decided to keep “Dementia” as a focus group within priority two, rather than have it as a separate priority. People living with dementia are recognised within this priority as an important group, and by remaining within this priority, it also enables the linking of work to address the needs of their unpaid carers as well (also identified as a group at higher risk of bad health outcomes).
Priority three: addressing social determinants of health and support to families.	The descriptions of the strategic objectives were updated following this consultation, in part to make them clearer, but also to highlight the cross over with wider social determinants of health. Support for parents at the earliest stages has been emphasised, although with the need to address financial concerns for families.
Priority four: the role of schools and how services are stretched	The Strategy includes the objective to support a Whole School Approach to mental health and working with staff, students, parents, the community and mental health support teams in order to do that. This Strategy seeks to prevent issues and so look to address mental health issues at an earlier stage, thereby helping to relieve the pressure on services. The strategic objectives emphasis the need to enable all our young people to thrive, but also supporting

	families to prevent and reduce the risk of poor mental health.
Priority five: self-empowerment and working with employers	The text for the strategic objectives were updated to highlight the importance of other activities for mental wellbeing, including social prescribing and working with professionals and employers.
Digital enablement	The text within this principle has been refined to be clear that while we want to embrace the opportunities that digital enablement presents, we also need to ensure that services and support are available for those who prefer not to or who are unable to access them digitally.
Challenges – including climate change	The risk of climate change and environmental implications has been added under the “Our challenges: the impact of Covid-19” section. This highlights the need to adapt to long term threats such as environmental and climate change risks.

Conclusions

The Berkshire West Health and Wellbeing Strategy has been developed through a process of extensive public consultation and engagement. The priorities and their objectives were developed using input from individuals and organisations through an earlier online survey and focus groups with specific communities. This subsequent consultation on the draft Strategy has given further opportunity for the public to comment on the Strategy in its entirety. Although the response rate was lower than to the earlier survey, the responses the findings did show a number of recurrent themes. These findings, along with input from different stakeholders and partners, have been used to further refine the Strategy, thereby ensuring that the final Strategy has had co-production at the centre and engagement as a key feature throughout.

Appendix A: Survey Questions

Which local authority area do you live in?

Are you answering:

- As a member of the public
- As an individual in a professional capacity
- On behalf of an organisation

Overall do you agree or disagree with the selected priorities for the draft Strategy

Do you agree or disagree with our priority one vision

Do you think there is anything missing from our priority one vision?

- What do you think is missing

Do you agree or disagree with our priority two vision?

Do you think there is anything missing from our priority two vision?

- What do you think is missing

Do you agree or disagree with our priority three vision?

Do you think there is anything missing from our priority three vision?

- What do you think is missing

Do you agree or disagree with our priority four vision?

Do you think there is anything missing from our priority four vision?

- What do you think is missing

Do you agree or disagree with our priority five vision?

Do you think there is anything missing from our priority five vision?

- What do you think is missing

Overall, do you agree or disagree with the principles that run throughout the draft Strategy?

Do you think there is anything missing from our principles?

- What do you think is missing

Do you agree or disagree with the existing and future challenges on pages 7&8 of the draft Strategy?

Are there any other challenges you think should be included in the Strategy

- What other challenges do you think should be included in the Strategy

Do you think the draft Strategy adequately deals with the challenges?

Do you have any other comments on the draft Strategy?