

Notice of Meeting

Health Scrutiny Committee

Wednesday, 11th August, 2021 at 3.30 pm
in Council Chamber Council Offices
Market Street Newbury

This meeting can be viewed online from 3.30pm on the 11th August 2021 at:

<https://www.youtube.com/watch?v=dg7GbZK2mEA>

You can view all streamed Council meetings here:

<https://www.westberks.gov.uk/councilmeetingslive>

If members of the public wish to attend the meeting, they can do so either remotely or in person. However, please note that due to the current Coronavirus restrictions there is a limit on the number of people who can enter the Council Chamber. Remote attendance at the meeting is therefore encouraged at this time.

Date of despatch of Agenda: 3 August 2021

For further information about this Agenda, or to inspect any background documents referred to in Part I reports, please contact Gordon Oliver on 01635 519486

e-mail: Gordon.Oliver1@westberks.gov.uk

Further information and Minutes are also available on the Council's website at

www.westberks.gov.uk



Agenda - Health Scrutiny Committee to be held on Wednesday, 11 August 2021
(continued)

To: Councillors Jeff Beck, Tony Linden, Alan Macro (Vice-Chairman),
Andy Moore and Claire Rowles (Chairman)

Substitutes: Councillors Jeff Brooks, Gareth Hurley, Thomas Marino and Erik Pattenden

Agenda

Part I	Page No.
1 Apologies for Absence To receive apologies for inability to attend the meeting (if any).	1 - 2
2 Minutes To approve as a correct record the Minutes of the meeting of the Committee held on 4 May 2021.	3 - 4
3 Declarations of Interest To remind Members of the need to record the existence and nature of any personal, disclosable pecuniary or other registrable interests in items on the agenda, in accordance with the Members' Code of Conduct .	5 - 6
4 Petitions Purpose: To consider any petitions requiring an Officer response.	7 - 8
5 Terms of Reference Purpose: To present the Terms of Reference for the Health Scrutiny Committee as agreed at Full Council on 4 May 2021	9 - 12
6 Joint Health and Wellbeing Strategy Purpose: For Health Scrutiny Committee to review the draft Joint Health and Wellbeing Strategy and associated Delivery Plan, and the initial findings from the formal public consultation exercise.	13 - 92
7 Healthwatch Report Purpose: Healthwatch West Berkshire to report on views gathered on healthcare services in the district and to present its annual report.	93 - 120
8 Work Programme Purpose: To confirm the dates of future meetings, receive new items and agree and prioritise the work programme of the Health Scrutiny Committee.	121 - 124

Agenda - Health Scrutiny Committee to be held on Wednesday, 11 August 2021
(continued)

Sarah Clarke
Service Director (Strategy and Governance)

If you require this information in a different format or translation, please contact
Stephen Chard on telephone (01635) 519462.

This page is intentionally left blank

Agenda Item 1

Health Scrutiny Committee – 11 August 2021

Item 1 – Apologies

Verbal Item

This page is intentionally left blank

DRAFT

Note: These Minutes will remain DRAFT until approved at the next meeting of the Committee

HEALTH SCRUTINY COMMITTEE

**MINUTES OF THE MEETING HELD ON
TUESDAY, 4 MAY 2021**

Councillors Present: Jeff Beck, Tony Linden, Alan Macro (Vice-Chairman), Andy Moore and Claire Rowles (Chairman)

PART I

1 Election of the Chairman

RESOLVED that Councillor Claire Rowles be elected Chairman of the Health Scrutiny Committee for the 2021/22 Municipal Year.

2 Election of the Vice-Chairman

RESOLVED that Councillor Alan Macro be elected Vice-Chairman of the Health Scrutiny Committee for the 2021/22 Municipal Year.

(The meeting commenced at 8.59 pm and closed at 9.02 pm)

CHAIRMAN

Date of Signature

This page is intentionally left blank

Health Scrutiny Committee – 11 August 2021

Item 3 – Declarations of Interest

Verbal Item

This page is intentionally left blank

Health Scrutiny Committee – 11 August 2021

Item 4 – Petitions

Verbal Item

This page is intentionally left blank

West Berkshire Council Health Scrutiny Committee - Terms of Reference

Overview

The role of this Committee is to undertake scrutiny of the planning, development and operation of Public Health and NHS services for citizens of West Berkshire, in accordance with the National Health Service Act 2006 (as amended by the Health and Social Care Act 2012) and the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013.

Scrutiny of Social Care services within West Berkshire shall remain with the Overview and Scrutiny Management Commission (OSMC), and the Health Scrutiny Committee will report to OSMC.

Functions of the Committee

1. To review and scrutinise any matter relating to the planning, provision and operation of Public Health and NHS services for citizens of West Berkshire, and in doing so to ensure that services are safe and effective in improving health and wellbeing of local citizens and reducing health inequalities.
2. To proactively seek information about the quality of local Public Health and NHS services, and about the performance of the commissioners and providers of these services, and also to test information provided by commissioners and providers by drawing on different sources of intelligence.
3. To consider and respond to consultations by relevant NHS bodies or health service providers, on proposals that both parties agree constitute a substantial development or substantial variation in the provision of health services for citizens of West Berkshire, using the powers set out in the relevant legislation and referring to any guidance issued by the Secretary of State for Health.
4. To develop and maintain a joint protocol about how the Health Scrutiny Committee and responsible NHS bodies and health service providers will reach a view as to whether or not a proposal constitutes a “substantial development” or “substantial variation”.
5. To require the relevant NHS body or health service provider to provide information about the proposal under consideration and its impacts on patients in West Berkshire, and where appropriate to require the attendance of a representative of NHS body or health service provider before the Committee to answer such questions as appear to it to be necessary for the discharge of its function in connection with the consultation.
6. Where there is a disagreement between the Committee and the relevant NHS body or health service provider, which cannot be resolved after reasonable practicable steps and the Committee believes that:
 - (a) the proposed substantial variation or development would not be in the interests of the citizens of West Berkshire; or

- (b) the arrangements put in place by the relevant NHS body or health service provider for consultation have not been adequate in relation to content or time allowed; or
- (c) the reasons given for not consulting by the relevant NHS body or health service provider are not adequate;

the Committee may determine whether to refer the matter to the Secretary of State for Health, in accordance with the relevant legislation and any government guidance, and taking account of any protocol agreed between the Committee and the NHS body or health service provider.

7. To liaise with Healthwatch West Berkshire (or its contractors) in relation to the health care element of their work programme, and to consider and respond to referrals from Healthwatch West Berkshire in relation to the planning, provision and operation of health services in the area.
8. To set up task and finish groups to undertake in-depth scrutiny reviews in relation to the above services on behalf of the Committee.
9. To consider and approve reports, including recommendations, prepared following in-depth reviews undertaken by task and finish groups, for submission to the relevant NHS organisation or other decision maker. Such reports and recommendations to include:
 - (a) an explanation of the matter reviewed or scrutinised;
 - (b) a summary of the evidence considered;
 - (c) a list of participants involved in the review or scrutiny; and
 - (d) an explanation of any recommendations on the matter reviewed or scrutinised.
10. To report on a quarterly basis to OSMC on progress against the work programme and any recommendations it makes.
11. In undertaking the above, the Health Scrutiny Committee should seek opportunities to engage with and represent local people, and engage them in the health scrutiny process.

Frequency of Meetings

Meetings of the Health Scrutiny Committee are to be held in public as a matter of course, unless discussing items that are considered to be sensitive, in which case these may be considered as Part II items.

The Committee shall meet in accordance with the timetable of meetings agreed annually by Full Council.

Extraordinary meetings may be convened with the agreement of the Chairman to deal with specific, urgent matters.

Informal meetings, such as site visits, and meetings of task and finish groups may be organised as required.

Membership

There will be 5 Members of the Health Scrutiny Committee, which will reflect the political balance of the council. These cannot be Members of the Executive.

Up to two non-voting co-optees can be appointed to the Health Scrutiny Committee to provide particular health expertise to assist with a particular review.

Quorum

The quorum for the Health Overview & Scrutiny Committee shall be 4 voting members.

Joint Health Scrutiny Committees

Where a joint health scrutiny committee is set up to undertake scrutiny of health issues across local authority boundaries, West Berkshire Council's membership of that joint committee will be drawn from the Members of the Health Scrutiny Committee.

This page is intentionally left blank

Development of the Berkshire West Joint Health and Wellbeing Strategy

Report being considered by: Health Scrutiny Committee

On: 11th August 2021

Report Author: Sarah Rayfield

Item for: Decision

1. Purpose of the Report

To present the draft Berkshire West Health and Wellbeing Strategy 2021 – 2030 and associated draft Public Engagement Report.

2. Recommendation(s)

For the Committee to review the content of the draft Health and Wellbeing Strategy and to provide comment.

3. How the Health Scrutiny Committee can help

For the Committee to give feedback on the content of the strategy.

Will the recommendation require the matter to be referred to the Executive for final determination?	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
--	-------------------------------	---

4. Introduction/Background

4.1 In April 2019, Health and Wellbeing Board Chairs from West Berkshire, Reading and Wokingham agreed to propose the development of a shared Health and Wellbeing Strategy across the three local authorities. This was supported by the Clinical Commissioning Group (CCG) and Integrated Care Partnership (ICP) leadership.

4.2 Development of the new strategy started in March 2020 and has been supported by a monthly steering group as well as a public engagement task and finish group.

4.3 Regular updates on the development of the strategy have been provided to each of the three Health and Wellbeing Boards and also to the Unified Executive of the ICP.

4.4 The Covid-19 pandemic has had a significant impact on the development of the strategy and on our ability to engage with both stakeholders and the public during this process. This required an extension to the timeline for completion of the strategy.

5. Supporting Information

5.1 The Strategy has been developed in the following stages:

Phase	Timeframe
Defining the current state	March – July 2020
Prioritisation Process	August – September 2020
Public engagement and further engagement with stakeholders	October 2020 – February 2021
Production of the draft Health and Wellbeing Strategy	March – June 2021
Public consultation (six weeks)	23 rd June – 4 th August 2021
Development of local delivery plans for West Berkshire	June – August 2021
Refinement of the Strategy and final version to be produced	August - September 2021

- 5.2 Defining the current state included: reviewing each of the three existing Health and Wellbeing Strategies across Berkshire West, and looking at the data for evidence of impact; priorities discussions with stakeholders across the system (the three local authority public health teams, children’s services, adult’s services, education, place directorate, Berkshire West CCG, colleagues from the Royal Berkshire Hospital and Berkshire Healthcare Foundation Trust); a “What’s missing” data exercise highlighting areas of population need not identified through discussion. In addition, a review of strategies in place across the three local authorities was undertaken to ensure alignment.
- 5.3 The prioritisation process was conducted through a series of stakeholder workshops, during which the long list of 30 priority areas was reduced to a short list of 11 potential priorities.
- 5.4 An extensive piece of public engagement was then used to refine and develop the final priorities for the strategy.
- 5.5 The public engagement was co-produced and supported by a number of partners and stakeholders including Healthwatch West Berkshire, Volunteer Centre West Berkshire, Community United West Berkshire and Berkshire West CCG.
- 5.6 Detailed findings from the public engagement are described in the engagement report accompanying this paper.
- 5.7 The strategy is based on 8 principles:
- (1) Recovery from Covid-19
 - (2) Engagement
 - (3) Prevention
 - (4) Empowerment and self-care
 - (5) Digital enablement
 - (6) Social Cohesion
 - (7) Integration

(8) Continuous learning

5.8 There are five health and wellbeing priorities in the new strategy:

(1) Reduce the differences in health between different groups of people

(2) Support individuals at high risk of bad health outcomes to live healthy lives

(3) Help children and families in early years

(4) Promote good mental health and wellbeing for all children and young people

(5) Promote good mental health and wellbeing for all adults

5.9 The priorities are interrelated and interdependent, with the priority of reducing health inequalities also acting as a pillar for the other four priorities and all eight principles driving the implementation plans.

5.10 Each of the three Health and Wellbeing Boards are now developing their own delivery plan to understand how each of the priorities fit in their communities and what local actions need to be taken in order to implement the shared strategy. These will also include actions to be taken at a Berkshire West level, when there are clear benefits to working at scale across a larger geographical footprint.

5.11 The delivery plan for West Berkshire will include targets for the actions under each priority, along with indicators to measure our progress over the next ten years.

5.12 The ICP will also use the agreed priorities to inform and develop shared actions across Berkshire West that will be delivered through the relevant programme boards overseen by the Unified Executive.

5.13 The draft Strategy has recently completed a six week period of public consultation (23rd June – 4th August 2021). This has given the public opportunity to comment on the Strategy itself, as well as having engaged in the development process.

5.14 The findings from this public consultation will be used to refine the priorities and Strategy as a whole, in order to produce the final version.

5.15 Along with this public consultation, we will continue to further engage with key partners and stakeholders as we shape local actions in the delivery plan.

5.16 By taking this approach, it will help to strengthen existing partnerships and increase collective action and continue to keep engagement at the centre of the strategy development.

6. Conclusion(s)

6.1 This paper presents a summary of the development of the Health and Wellbeing Strategy. The draft Strategy is presented to the Committee for consideration and feedback on the content.

6.2 The findings from the recent public consultation will be used to further refine the draft Strategy. The final Strategy and accompanying delivery plan will be presented to the West Berkshire Health and Wellbeing Board in September 2021.

7. Consultation and Engagement

7.1 The public engagement undertaken as part of developing this strategy is described in the associated engagement report

8. Appendices

Appendix 1 - Draft Health and Wellbeing Strategy for Berkshire West

Appendix 2 – Draft Public Engagement report

Background Papers:

None

Health and Wellbeing Priorities 2019/20 Supported:

- First 1001 days – give every child the best start in life
- Primary Care Networks

Health and Wellbeing Strategic Aims Supported:

The proposals will help achieve the following Health and Wellbeing Strategy aim(s):

- Give every child the best start in life
- Support mental health and wellbeing throughout life
- Reduce premature mortality by helping people lead healthier lives
- Build a thriving and sustainable environment in which communities can flourish
- Help older people maintain a healthy, independent life for as long as possible

The draft Strategy includes a new set of strategic aims, which once adopted will guide the work of the Health and Wellbeing Board.

Officer details:

Name: Sarah Rayfield
Job Title: Acting Consultant in Public Health
Tel No: *
E-mail Address: Sarah.rayfield1@westberks.gov.uk

BERKSHIRE WEST HEALTH AND WELLBEING STRATEGY (HWBS)

2021- 2030



CONTENTS

INTRODUCTION

OUR COMMUNITY

WORKING TOGETHER

OUR CHALLENGES

OUR VISION

OUR PRINCIPLES

HOW THE STRATEGY WAS DEVELOPED

OUR PRIORITIES

Priority 1: Reduce the differences in health between different groups of people

Priority 2: Support individuals at high risk of bad health outcomes to live healthy lives

Priority 3: Help families and children in early years

Priority 4: Promote good mental health and wellbeing for all children and young people

Priority 5: Promote good mental health and wellbeing for all adults

NEXT STEPS

APPENDIX

INTRODUCTION

Health and wellbeing are fundamental for individuals and communities to be happy and healthy; providing the foundations to prosperous societies. Wellbeing has been defined as a state in which every individual can realise their own potential, can cope with the normal stresses of life¹, can work productively and fruitfully and is able to make a contribution to their economy.

Reading, West Berkshire and Wokingham Health and Wellbeing Boards (HWBs) bring together local leaders from the health and social care system, along with voluntary and community organisations, in shared work to improve the health and wellbeing of their local residents.

Each Health and Wellbeing Board has a statutory duty to produce a Health and Wellbeing Strategy, providing a commitment to improving health and wellbeing by setting out priorities for where members of the Board will work together in planning and delivering local services.

The three HWBs come together with the Berkshire West Integrated Care Partnership (ICP) to promote integrated working and strive to secure improvements in population health.

In 2019, the HWBs for Reading, West Berkshire and Wokingham took the decision to develop a shared Health and Wellbeing Strategy with the ICP to make even more improvements in health.

Although each individual Health and Wellbeing Board of Reading, West Berkshire and Wokingham are responsible for their own residents, all three boards have populations in common, with people living, working, socialising and being educated across the three local authorities.

This Strategy has been developed by working closely with local partners from health, social care, local authorities and the voluntary sector along with residents of the three areas. Our Strategy is ambitious, it identifies five key areas in which we will make a difference to people's lives. It takes a ten-year view, understanding that we need a long-term perspective in order to drive real change on the underlying causes of poor health and wellbeing. It seeks to bring together individuals and communities along with professionals in a shared direction, targeting work and resources where they are needed and where we know we can have an impact.

With closing health inequalities and recovery from Covid-19 at its very heart, the Berkshire West Health and Wellbeing Strategy 2021 – 2030 establishes our priorities for the system, it aims to enable all residents of Reading, West Berkshire and Wokingham to live happier and healthier lives.



INTRODUCTION

Reading, West Berkshire and Wokingham make up Berkshire West – an area stretching from rural communities and local, vibrant market towns in West Berkshire and Wokingham, to the commercial urban hubs located in Reading.

The three localities of Berkshire West hold a population of over 500,000 people. It is an area of great diversity and rich culture, representing all age demographics, religious affiliations and ethnicities.

Across the three localities, people travel to work, go to school, socialise and engage with activities and attractions, and as neighbouring local authorities, the residents of Reading, West Berkshire and Wokingham share many services in common including the Royal Berkshire Hospital and Berkshire Healthcare Foundation Trust.



East Illsley Volunteer group

READING



161,780

Total Resident Population

100%

Urban population



12.5%

Population aged 65+

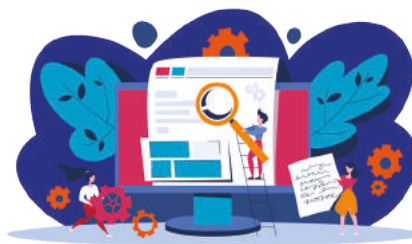


25.3%

Ethnically diverse population

69%

Children achieving a good level of development at early years



7,090

Total number of businesses



9.6%

Full time students age 18+



Unemployment rate

3.6%

7.9%

Percentage of unpaid carers (1-50+ hours of unpaid care per week)



50.2%

People with very good health



WEST BERKSHIRE



63%



Urban population

158,450

Total Resident Population



5.2%

Ethnically diverse population

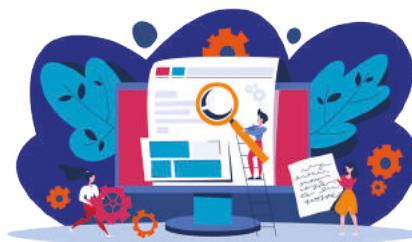
75%

Children achieving a good level of development at early years



19.3%

Population aged 65+



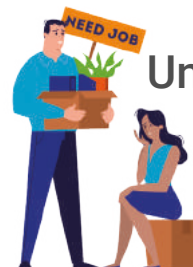
8,800

Total number of businesses



2.1%

Full time students age 18+



Unemployment rate

2.4%

9.3%

Percentage of unpaid carers (1-50+ hours of unpaid care per week)



51.6%

People with very good health



WOKINGHAM



83%



Urban population

171,119

Total Resident Population



11.6%

Ethnically diverse population

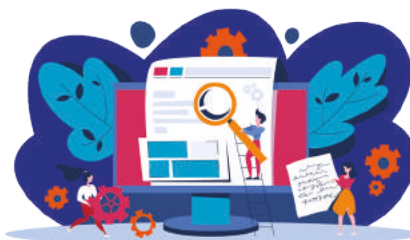
77%

Children achieving a good level of development at early years



17.6%

Population aged 65+



9,005

Total number of businesses



3.2%

Full time students age 18+



Unemployment rate

2.35%



9.0%

Percentage of unpaid carers (1-50+ hours of unpaid care per week)



54.3%

People with very good health



WORKING TOGETHER: OUR LOCAL SYSTEM

The three Health and Wellbeing Boards for **Reading, West Berkshire and Wokingham** work both alongside and within the **Berkshire West Integrated Care Partnership (BWICP)**, allowing collaboration between health and social care organisations to improve all services for the local residents.

Established in April 2019, the BWICP brings together seven public sector organisations that are responsible for the health and social care of Reading, West Berkshire and Wokingham residents, providing joined up and better coordinated care in the process.

The BWICP comprises of the **Berkshire West Clinical Commissioning Group (BWCCG)**, **Reading Borough Council**, **West Berkshire Council**, **Wokingham Borough Council**, **Berkshire Healthcare Foundation Trust**, **Royal Berkshire Foundation Trust** and **South-Central Ambulance Foundation Trust**. This integrated system ensures people can smoothly access care across a number of different settings, moving between institutions and support settings as needed.

This shared strategy will serve to ensure greater collaboration between these organisations, empowering and supporting people to take care of their own health and wellbeing and also making sure that all services meet the diverse health and care needs of our residents.



Newbury Rugby Club delivering food parcels during the pandemic (2020)

OUR CHALLENGES

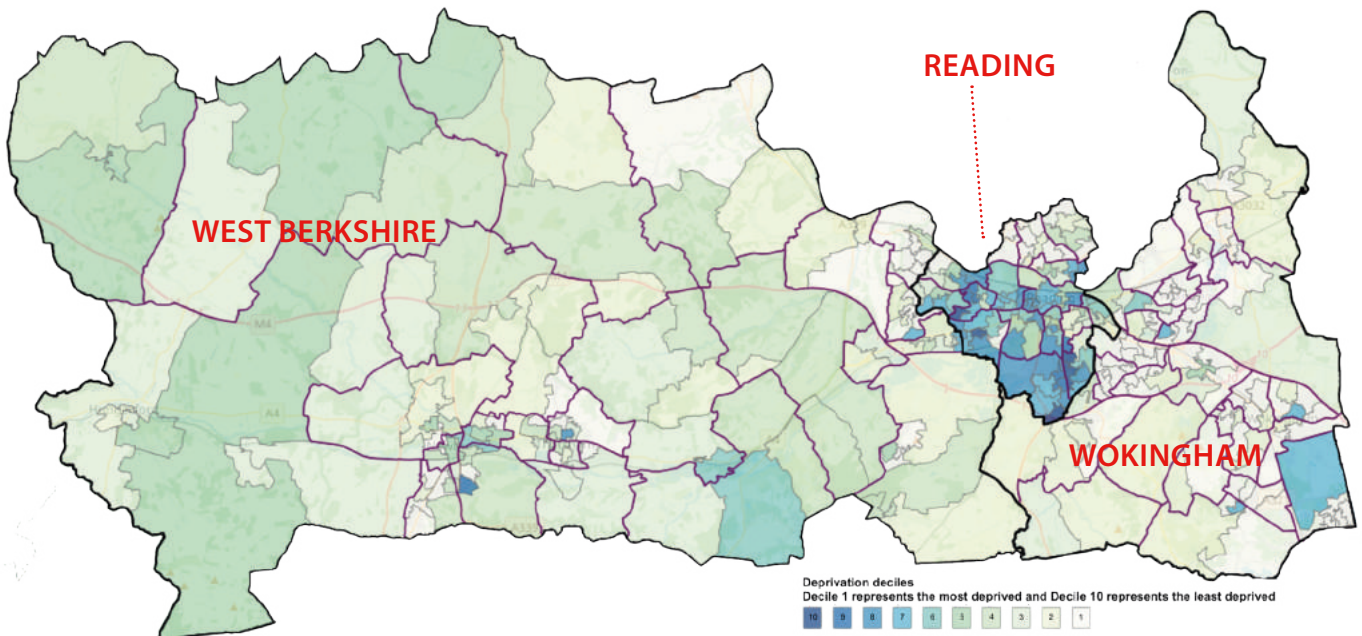
The three areas that make up Berkshire West have a lot to celebrate and be proud of. However, as people live longer with more complex health conditions; combined with the impact of Covid-19 and ongoing financial challenges, we must find new ways to deliver health and social care, strengthen partnerships and put all of our resources together to use in the best way possible. The growing population (with over 10,000 new houses across all three areas to be built by 2026) gives uncertainty of who will make up our diverse and vibrant local population in the future and what their needs may be. This will also mean new families too, giving us opportunities to focus on ensuring every child gets a good start to life.

The three areas already have a growing older population of people aged 65 years and older. As this continues, it is likely to place more pressure on health and social care; with more people living with long term conditions or Dementia. People over 65 across Berkshire West are culturally and socially engaged; making up a large part of voluntary and community sectors, and so their life experience and knowledge adds enormous value to our communities. However, the way people need care and support is changing – we want to empower older people to manage their conditions, through encouraging and supporting healthy lifestyles.

Although the Berkshire West population is generally affluent and healthy, there are pockets of deprivation across the three areas where health outcomes tend to be worse. Health is not just about medicine and accessing health services, but also about the wider social and environmental factors that can influence a person’s health and wellbeing. Studies have shown that health services only contribute 10% toward a person’s premature death² – meaning that housing, employment and education plays a bigger, and sometimes more important role.

These differences mean that the life expectancy of our population varies depending on where people live³; those living in the poorest parts of West Berkshire and Wokingham, will live seven years less of healthy life, compared with those people living in the richest areas. In Reading, the healthy life expectancy of those living in the poorest areas is 13 years lower for men and 14 years for women when compared to those living in the richest areas.

The map below shows the Index of Multiple Deprivation (IMD) of Reading, West Berkshire and Wokingham in 2019⁴. This is the official measure of relative deprivation, with blue areas showing the most deprived and green areas showing the least deprived areas.



OUR CHALLENGES: THE IMPACT OF COVID-19

Covid-19 has had a powerful impact across the three areas; businesses have had to shut and health services have been stretched - sometimes to their limit. Covid-19 has affected segments of the local population differently; exacerbating existing inequalities.

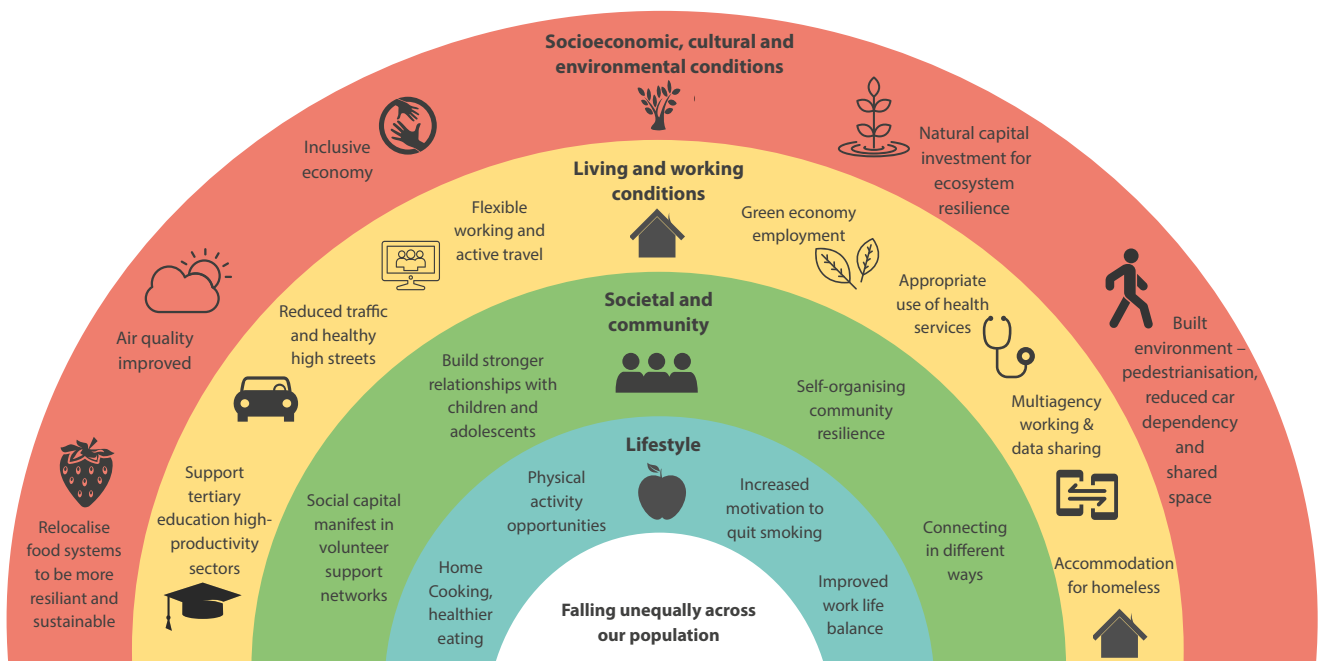
Yet, in times of adversity there has been ingenuity and wider digitisation in how we deliver health services and work together across the different areas. Additionally, Reading, West Berkshire and Wokingham residents have benefitted from cleaner air, returning nature, and reduced greenhouse emissions during this time.

This pandemic has made it all too clear how intertwined the nation's economic health is with its physical health – better social and economic conditions had led to better health outcomes and vice versa. Covid-19 has also shown us the importance of social cohesion, giving us opportunities to build community resilience and collectively win the fight against the virus.

It is important that Reading, West Berkshire and Wokingham reflect on this episode— the good and the bad — in order to take these lessons forward with a long-term view to “build back better” from Covid-19⁵. Enhanced integration and efforts to empower citizens to have everyday resilience, including emergency preparedness, and adaption to other long-term threats such as climate risk, are here to stay⁶; with the diagram below depicting the growing opportunities and how they should be actioned to rebuild from this pandemic and move forward together.

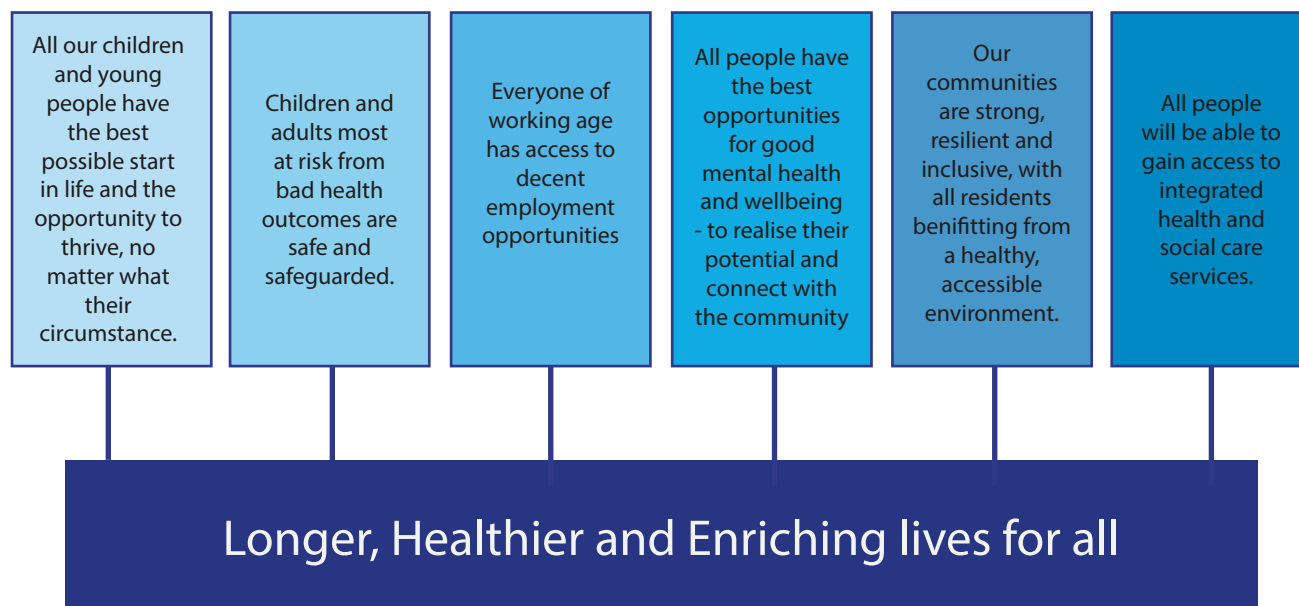


Opportunities during Covid-19 recovery: rebuilding and moving forward together



OUR VISION

Our vision for Reading, West Berkshire and Wokingham over the next ten years is that all people will live longer, healthier and more enriched lives. This involves reducing gaps in the differences of health outcomes between the richest and poorest parts of Berkshire West. This vision encompasses our mission statements, all shown below.



Achieving this vision will need strong partnerships between individuals, local communities and statutory and voluntary sectors. We welcome the aspirations of the NHS White Paper⁷ that promotes this greater integration. Integrated care means that care will focus not only on treating specific conditions, but will aim to prioritise healthy behaviours, prevention and supporting people to live more independent lives for longer. Developing this more joined up model of care will also enable the NHS, local government, voluntary sector and other partners in Berkshire West to work together to respond to the needs, priorities and challenges facing our local communities during post-pandemic recovery.

OUR PRINCIPLES

RECOVERY FROM COVID-19

The Covid-19 pandemic has presented an unprecedented challenge to Berkshire West's health and care services and the way residents live lives on a daily basis. As we move towards a recovery phase, we now have an opportunity to "Build Back Better"⁸, taking account of the widening health inequalities that have been highlighted by Covid-19 and working together to ensure that equity is at the heart of Reading, West Berkshire and Wokingham's local decision-making to create healthier lives for all.

ENGAGEMENT

Public engagement has been at the core of the development of this Strategy and will be essential to how it is delivered. Reading, West Berkshire and Wokingham will work towards creating more permanent engagement structures and processes to ensure residents' voices are heard as we roll out this plan over the next ten years. This may include the creation of citizen panels, specialist groups and committed champions in our communities who can lead with both their specialist knowledge and local commitment.

PREVENTION AND EARLY INTERVENTION

Prevention and intervening early are key to reducing long term poor health and wellbeing. By shifting our approach away from treating ill-health to preventing it from happening in the first place, we can contribute significantly to reducing physical and mental ill-health.

EMPOWERMENT AND SELF-CARE

We want to support our local people to become more actively involved in their own care and to feel empowered and informed enough to make decisions about their own lives, helping them to be happy, healthy and to achieve their potential in the process.

DIGITAL ENABLEMENT

The Covid-19 pandemic has led to many opportunities in digital transformation for health, social care, both at work and at home. But for those who are unable to participate in online services, it has resulted in greater social isolation and exclusion. We want to embrace the opportunities that digital enablement presents; whilst ensuring that we improve digital literacy and access across the whole of Berkshire West.

OUR PRINCIPLES

SOCIAL COHESION

The diversity of our areas is an asset that we will aim to develop and leverage going forwards. There is already a wealth of community activity taking place across each region and we will work collaboratively with community members, service providers and statutory bodies to help eliminate community-specific health inequalities.

INTEGRATION

Whole systems integrated care is about ensuring every person in Berkshire West can have their needs placed at the centre – this is done through joining up the range of health, social care services and relevant community partners. The aim is to increase access to quality and timely care, supporting people to be more independent in managing their conditions and becoming less likely to require emergency care. To achieve this, we also need to build on existing relationships in the broader Buckinghamshire, Oxfordshire and Berkshire West (BOB) Integrated Care System (ICS)*, linking policies, strategies and programmes with those at the ICS level.

CONTINUOUS LEARNING

The actions that will be delivered through this strategy in Berkshire West should be reviewed and adapted in a timely manner as the world around us changes. We need to accumulate experience, share best practices and learn from one another.

* An Integrated Care System (ICS) is one in which local NHS organisations choose to take on clear collective responsibility for resources and population health, providing joined up, better co-ordinated care. The Berkshire West ICS works closely with South Central Ambulance Trust and the three local authorities in Reading, West Berkshire and Wokingham to drive integration between health and social care. The Berkshire West ICS partnership includes: Berkshire West Clinical Commissioning Group (CCG), Royal Berkshire Hospital Foundation Trust - An acute hospital, Berkshire Healthcare Foundation Trust - A community / mental health Foundation Trust, GP services in Berkshire West which are grouping themselves into four locality / neighbourhood aligned 'alliances'.

HOW THE STRATEGY WAS DEVELOPED

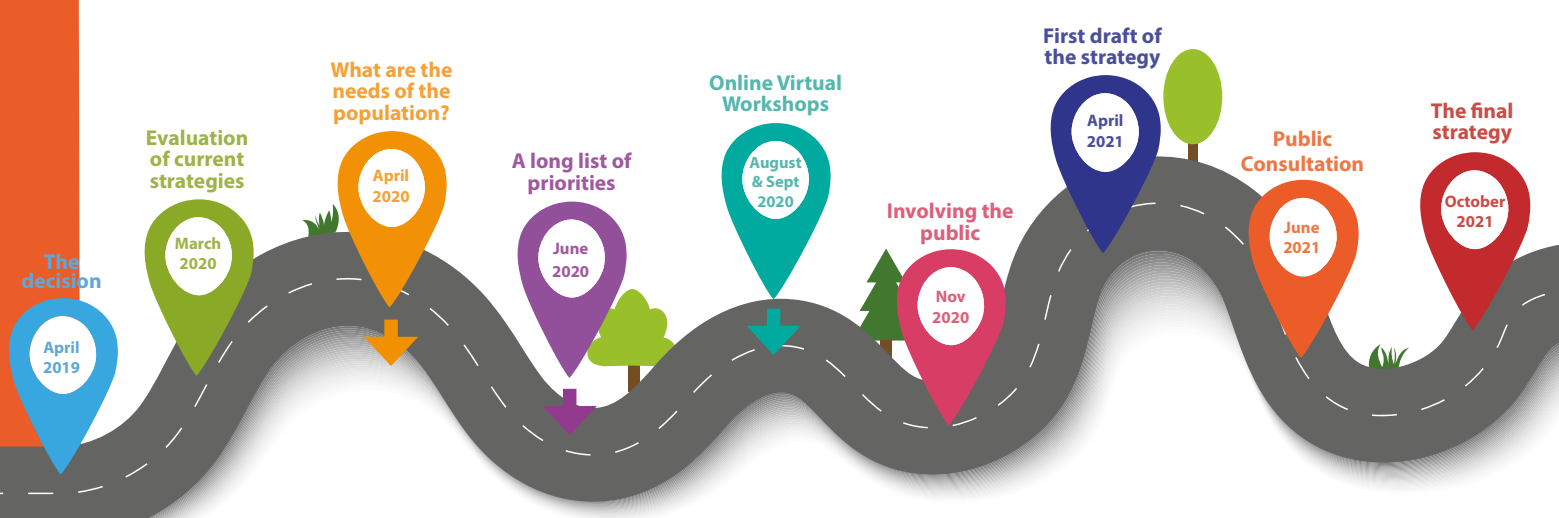
The roadmap illustrates how we developed our priorities for the Health and Wellbeing Strategy for Berkshire West.

Public engagement has been at the very heart of this process. A dedicated Consultation & Engagement Task and Finish Group* was created to lead community consultation and engagement efforts.

The membership of this group spans the three local authority areas and includes staff from Healthwatch and Voluntary Sector Umbrella organisations as well as representatives from local communities themselves (focusing upon typically underrepresented groups).

Collectively, this team co-produced and delivered the public engagement Strategy that was crucial to the creation of the HWBS.

A more detailed report on how the Strategy was developed and the outcomes of the public engagement can be found in the Berkshire West Engagement Report.



*The engagement task and finish group include: Healthwatch Reading, Healthwatch Wokingham, Healthwatch West Berkshire, Berkshire West CCG, Reading Voluntary Action, Involve Wokingham, West Berkshire Volunteer Centre, Community United West Berkshire, Berkshire Healthcare Foundation Trust, representatives from the public health teams in each of the three local authorities.

FIVE HEALTH AND WELLBEING PRIORITIES

The jointly agreed five priorities over the lifespan of this Strategy which we believe will bring the most positive impact to our health and wellbeing are as follows:

- 1** REDUCE THE DIFFERENCES IN HEALTH BETWEEN DIFFERENT GROUPS OF PEOPLE.
- 2** SUPPORT INDIVIDUALS AT HIGH RISK OF BAD HEALTH OUTCOMES TO LIVE HEALTHY LIVES.
- 3** HELP CHILDREN AND FAMILIES IN EARLY YEARS.
- 4** PROMOTE GOOD MENTAL HEALTH AND WELLBEING FOR ALL CHILDREN AND YOUNG PEOPLE.
- 5** PROMOTE GOOD MENTAL HEALTH AND WELLBEING FOR ALL ADULTS.

These priorities are interrelated and interdependent, with the number one priority of “**reducing health inequalities**” acting as a pillar and the eight principles driving all implementation plans that fall under the other four priorities.

Our number one priority is to **reduce health inequalities**. This is the unfair differences in people’s lives, often shaped by influences beyond medicine and access to health services.

This includes factors that are primarily social – the conditions in which people are born, grow, live, work, and age, meaning that **economic, environmental and social inequalities** can all determine people’s risk of getting ill. For this reason, reducing health inequality will **act as a pillar, underpinning all that is done for the four other priority areas**.

1

REDUCE THE DIFFERENCES IN HEALTH BETWEEN DIFFERENT GROUPS OF PEOPLE

WHY IS IT IMPORTANT?

Health inequities are a matter of fairness and social justice¹¹. It is the unfair and avoidable differences in people's health across social groups and between different population groups, often expressed as the "social gradient in health". In England, there are still significant unfair and avoidable inequities in their health and in access to and experiences of NHS services⁸.

Many people in our area experience health inequities. This may include groups who are economically disadvantaged, isolated young people, refugees and asylum seekers and people with physical disabilities or those who may find it harder to communicate. The relationship between a person, their wider environment and their health is shown in the Dahlgren and Whitehead model⁹ on the right – health is influenced not only by choices that a person makes (such as smoking, or eating a healthy diet), but also by their living and working conditions and the community that surrounds them.

We know that people who experience health inequalities may often be those who are at high risk of bad health outcomes and so there is overlap between the groups identified above within this priority, and those who are also identified within Priority 2 of this Strategy: *Support Individuals at High Risk of Bad Health Outcomes to Live Healthy Lives*

Local efforts to reduce health inequalities means focussing on reducing gaps in healthy life expectancy amongst those who have the worst outcomes. Building fairer areas will ensure everyone has the best opportunity to live a long life in good health.

There are 3 key issues:

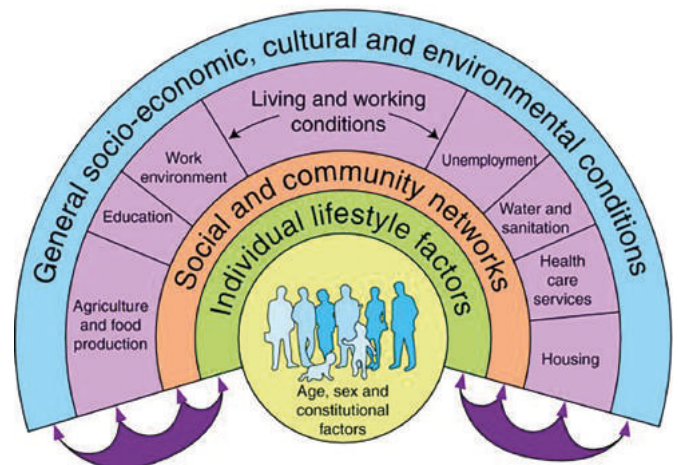
- i. Inequities in opportunity and / or outcome: some people don't get a good start in life, have fewer social opportunities, live shorter lives or have longer periods of ill health;
- ii. Inequities and lack of access – some people cannot access services, don't know about them or can't use them;
- iii. Covid-19 – its impact has exacerbated existing health inequities

WHAT YOU TOLD US:

Residents across Reading, West Berkshire and Wokingham considered reducing the differences in health to be an "extremely important" issue.

"Lack of income should not mean poor health"

"Make (health and social care) services available to everyone"



Model of social determinants of health⁹

REDUCE THE DIFFERENCES IN HEALTH BETWEEN DIFFERENT GROUPS OF PEOPLE

WHAT ARE WE ALREADY DOING?

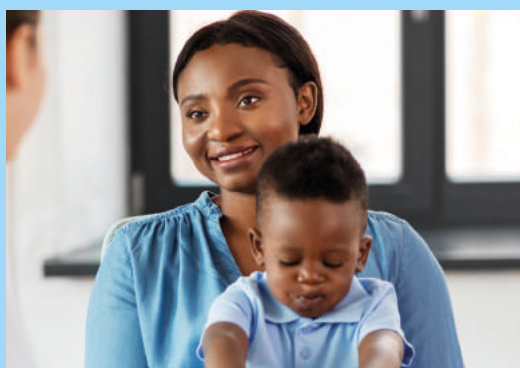
Reading, West Berkshire and Wokingham HWBs have all made significant efforts to reduce health inequalities. All three areas have worked with their residents, statutory organisations and voluntary groups to make sure that residents are empowered to decide where actions should be taken and in what manner to achieve fairness in their community. The three areas have also begun to use a Population Health Management approach; this makes use of rich local population health data to complement and inform these discussions and actions.

SPOTLIGHT

The Alliance for Cohesion and Racial Equality (ACRE)¹⁴ in Reading, is a voluntary organisation that hosts an annual health inequalities conference.

They work to promote equality across nine strands including age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex and sexual orientation, all in order to build an increased sense of community in Reading.

Alafia, the ACRE Family Support Team, also works to support families caring for a child or young people between the age of 0-25 from diverse backgrounds.



WHAT DO WE NEED TO DO TO MAKE A DIFFERENCE?

- Take a Health in All Policies approach¹⁵ that embeds health across policies and various services. We need to encourage closer working relationships between statutory bodies and the voluntary and community sectors. For example, joining up Berkshire West's community-based and NHS mental health and social services to schools and employment services may simultaneously achieve the goals of widening participation in higher education and increasing economic opportunities for everyone.
- Address the challenge of funding in all areas and ensure that decisions on changing services do not adversely affect people with poorer health outcomes.
- Use information and intelligence to identify the communities and groups who experience poorer outcomes and ensure the right services and support are available to them while measuring the impact of our work.
- Continue to develop the ways we work with ethnically diverse community leaders, voluntary sector, unpaid carers and self-help groups that sit within Reading, West Berkshire and Wokingham.
- Ensure fairer access to services and support for those in most need through effective signposting, targeted health education and promoting digital inclusion, all in a way that empowers communities to take ownership of their own health.
- Assess how Covid-19 has differentially impacted our local populations, including through the displacement or disruption of usual services. We have to ensure access to these services are available to all during Covid-19 recovery. We need to prepare a delivery plan with a defined timeline to mitigate the long-term impact of Covid-19 on existing health and social inequities.

2

SUPPORT INDIVIDUALS AT HIGH RISK OF BAD HEALTH OUTCOMES TO LIVE HEALTHY LIVES

WHY IS IT IMPORTANT?

Differences in health status between groups of people can be due to a number of factors¹³, such as income, geography (e.g. urban or rural) and disabilities. The health needs of those groups at high-risk for bad health outcomes could place heavy and unpredictable demands on health services¹⁷, and must therefore proactively be identified and addressed. The broad issues impacting groups at high risk are:

- i. Barriers to accessing GPs and primary health services;
- ii. Lack of easy access to healthy activities and food;
- iii. Limited availability of information about health and wellbeing services;
- iv. Increased loneliness and isolation (exacerbated by COVID-19).

HOW DOES THIS IMPACT HEALTH INEQUITIES?

In order to close the gap between groups with existing health inequities, it is important to adopt a “proportionate universalism” approach¹⁵. This means allowing some form of effective targeting or tailoring of services to different groups that are at greater risk of bad health. This should take place within a broader universal framework, i.e. where the general services or provision is already available for all.

WHAT YOU TOLD US:

Residents across Reading, West Berkshire and Wokingham considered reducing the differences in health to be an “extremely important” issue.

Supporting people facing higher risk to live healthy lives is a very important priority across Reading, West Berkshire and Wokingham. 35% of all survey respondents agreed that significant change is required within this priority area.

People facing higher risk of bad health outcomes¹⁶ were identified as having a continuing or new need for support (including before and during Covid-19). Focus groups and survey responses identified the following groups:

- Those living with dementia
- Rough sleepers
- Unpaid carers
- People who have experienced domestic abuse
- People with learning disabilities

During the life of our Strategy, we will actively engage with our communities, continuously learning to ensure we are focussing on the groups that are at higher risk, understanding that they may change over the next ten years.



SUPPORT INDIVIDUALS AT HIGH RISK OF BAD HEALTH OUTCOMES TO LIVE HEALTHY LIVES

WHAT ARE WE ALREADY DOING?

Although different groups may be targeted in Reading, West Berkshire and Wokingham, considerable steps have been taken in each area to ensure nobody falls between the cracks through ways that are most suited to local needs as well as joint working to meet common needs.

SPOTLIGHT

In Wokingham, provisions are in place to identify and effectively support those with Special Education Needs and Disabilities (SEND); a co-produced 2020-2023 SEND strategy is being executed to support CYP aged 0-25 years, their parents and carers. SEND Voices Wokingham is an example of a successful parent-carer forum which promotes participation and co-production in local governance by regularly representing or advocating for service users to service planners, commissioners and providers to design and deliver better services.

West Berkshire has recently refreshed its Domestic Abuse Strategy (2020-2023) to provide high-quality, evidence-based interventions for survivors of abuse and their families as well as training for local practitioners and communities to support those currently at risk. A2Dominion is the local Domestic Abuse Service provider that offers emotional and practical support through phone helplines, places of safety and independent domestic violence advisor support.

WHAT DO WE NEED TO DO TO MAKE A DIFFERENCE?

- We need to raise awareness and understanding of dementia. Working in partnership with other sectors, we can introduce an integrated programme ensuring the Dementia Pathway is robust and extended to include pre-diagnosis support, and improve early diagnosis rates, rehabilitation and support for people affected by dementia and their unpaid carers.
- Improve identification and support for unpaid carers of all ages. Work with unpaid carers and partner agencies to promote the health and wellbeing of unpaid carers by giving them a break from their caring responsibilities, whilst allowing them to fulfil their caring role.
- We will work together to reduce the number of rough sleepers and improve their mental and physical health through improved access to local services.
- Prevent, promote awareness and provide support to victims of domestic abuse in line with proposals outlined in the Domestic Abuse Bill.
- Support people with learning disabilities through working with voluntary organisations in order to concentrate on issues that matter most to them.
- We need to increase the visibility and signpost of existing services and improve access to services for people at higher risk of bad health outcomes, whilst also providing pastoral support through faith based organisations linked to health and social care services.

3

HELP FAMILIES AND CHILDREN IN EARLY YEARS

WHY IS IT IMPORTANT?

Prevention and early actions are key to positive health outcomes. Setting the foundations for health and wellbeing for families and children in early years is crucial to ensure the best start in life for every child²². The first 1001 days²³ - from pregnancy to the first two years of a child's life - are critical ages for development. This sensitive window sets the foundations for virtually every aspect of human development – physical, intellectual and emotional²⁴.

Key improvements need to be made in:

- i. Supporting new parents, including single parents, in the transition to parenthood;
- ii. Ensuring access to effective interventions throughout the first 2 years of a child's life²⁵;
- iii. Guaranteeing affordability and timeliness of services during and after COVID-19.

HOW DOES THIS IMPACT HEALTH INEQUITIES?

In order to close the gap between Inequities in child health and development starts early; it exists at pregnancy, birth and during the early years. Not all children and families have the support they need for their children to be physically healthy, emotionally secure and ready to learn²⁶. Reasons for this are often social, including income and poor housing quality²⁷, and these factors can often accumulate over the lifecourse²⁸, having long term consequences on not only health, but also social outcomes such as educational attainment and employment. This is why it is so important to ensure we support families to provide as best a start as possible for their young ones to avoid reproducing health and social inequalities in the next generations, setting ourselves up for a more equal society in the future.

WHAT YOU TOLD US:

Around 40% of all survey respondents across the three areas consider this priority to be an “extremely important” issue.

“I would like to have help with childcare”.

“It's unclear what support is available.”

WHAT ARE WE ALREADY DOING?

It is evident that children and young people (CYP) are our asset and a very cherished part of Berkshire West from the sheer number of partnerships, actions and advocacy at different levels surrounding this demographic locally. It shows that we are all in it together to improve the lives of CYP and their families.

In addition to the spotlight below, the three areas have committed to align the delivery of local health visiting and school nursing services (Healthy Child Programme), promoting a whole systems approach* to make it easier for children, young people and families to receive the care and advice they need.

HELP FAMILIES AND CHILDREN IN EARLY YEARS

SPOTLIGHT

West Berkshire Children Delivery Group and the ONE Reading CYP Partnership are working towards system change in their respective areas. This includes coordinating the contribution of partner agencies to shared visions, principles and priorities, promoting shared workforce development and information sharing. These organisations have also pushed to embed trauma-informed approaches* to CYP services and in school education programmes.

At the community level, different groups have also been providing training sessions and guidance to help practitioners to meet the diverse, complex needs of families. Areas of work which harness the expertise of voluntary groups range from mentoring to the provision of essential needs. The increase in voluntary sector capacity has increased community resilience and has helped to reduce pressures on specialist services.

* This approach assumes that an individual is more likely than not to have a history of trauma. It recognises the presence of trauma symptoms and acknowledges the role trauma may play in an individual's life. A trauma-informed approach aims to provide an environment where a person who has experienced trauma feels safe and can develop trust.

WHAT DO WE NEED TO DO TO MAKE A DIFFERENCE?

- We will need to explore a more integrated, universal approach that combines children's centres, midwifery, health visiting and school nursing, as outlined in the Start For Life report²⁹. This will aim to improve the health, wellbeing, developmental and educational outcomes of children in Berkshire West.
- We will work to provide evidence-based support for mothers, fathers and other carers to help prepare them for parenthood and improve their personal and collective resilience during pregnancy and the early years.
- We will increase the number of two-year olds (who experience disadvantage) accessing nursery places across Reading, West Berkshire and Wokingham.
- We will ensure that early years settings staff are trained in trauma-informed practice and care, know where to find information or help, and can signpost families properly.
- We will publish clear guidelines on how to access financial help; tackle stigma around this issue where it occurs.



4

PROMOTE GOOD MENTAL HEALTH AND WELLBEING FOR ALL CHILDREN AND YOUNG PEOPLE

WHY IS IT IMPORTANT?

The mental and emotional health of CYP³⁰ is as important as their physical health and wellbeing. Mental health problems are a leading cause of disability in children and young people, and can have long-lasting effects; 50% of those with lifetime mental illness experiencing symptoms by age 14²⁶. The three key issues affecting the mental and emotional welfare for local CYP are^{31 32}

- i. Limited resources, service cuts and the closure of the community hub and cut in the services and community hub as a result of the lockdown;
- ii. Limited access to mental health education and services to support children and young people and prevention services;
- iii. The waiting time to access child and adolescent mental health services (CAMHS).

HOW DOES THIS IMPACT HEALTH INEQUITIES?

Children from households in the poorest areas of Berkshire West are four times more likely to experience severe mental health problems than those from the richest areas³³. Besides social factors, other important contributors to mental health and wellbeing amongst CYP include general health and physical activity³⁴. Inequalities in the rates of mental illness observed across ethnicities and sexual orientations of CYP also warrant urgent attention³⁵. As stated, we know that mental health conditions that start at a young age often persist into later life and limit CYP's opportunities to thrive in both education and in the job market.³¹ Closing the gap in CYP mental health and wellbeing in Wokingham, Reading and West Berkshire will therefore be key to ensuring all CYP have the best chance of making the most of the opportunities available to them and fulfilling their potential.

WHAT YOU TOLD US:

Over 70% of people 45 years or younger and about 50% of all survey respondents considered good mental health and wellbeing for all children and young people an extremely important issue.

"Not enough support in schools (for mental health)."

"Many families struggle to support their children (with mental health issues)".

WHAT ARE WE ALREADY DOING?

The Berkshire West Future in Mind Plan, a Local Transformation Plan for CYP Mental Health and Wellbeing in Reading, West Berkshire and Wokingham. Its priorities are to:

- Raise awareness amongst children and young people, families / carers and services to improve confidence in providing informal emotional wellbeing support, as well as better identification and early intervention for children and young people needing additional support for their mental wellbeing.
- Improve waiting times and access to support, including developing support to bridge the gap for those on waiting lists for a mental health assessment or intervention.
- Recognise the diversity of the youth population across Berkshire West and improve both equality of access across all services and reduce stigma attached to mental health.

PROMOTE GOOD MENTAL HEALTH AND WELLBEING FOR ALL CHILDREN AND YOUNG

- Develop a systematic approach to hearing the voices of children and young people.
- Strengthen joint working to plan, commission, deliver and promote services which focus on the priority issues for children and young people across Berkshire West.
- Build Berkshire West 0–25-year-old comprehensive mental health offer and review transition arrangements for services offered.
- We will expand our trauma-informed approach among formal and informal service providers, including charities and voluntary organisations, supporting recovery and resilience in our children and young people.
- We will aim for early identification of young people across Reading, West Berkshire and Wokingham in greatest need or at risk of developing a mental health condition, who will be supported by effective early intervention to build self-confidence and change behaviours.

WHAT DO WE NEED TO DO TO MAKE A DIFFERENCE?

- We will adopt universal approaches that are supported by evidence³⁶ for interventions at the individual, family and community levels to prevent and reduce the risk of poor mental health. We will recognise the diversity of the youth population across Reading, West Berkshire and Wokingham and improve the equality of access across all services.
- We will support a Whole School Approach to Mental Health³⁷ which goes beyond the PSHE curriculum, to embed wellbeing as a priority across the school environment. This requires a genuine engagement across staff, students, parents, the community, and mental health support teams. Introducing a school-based evidence informed interventions³⁸ for emotional health and wellbeing is supported by the local school nursing service and voluntary organisations.
- We will aim to enable our young people to thrive by helping them to build their resilience, recognise fluctuations in their emotional state, have the skills to overcome normal life challenges and stresses without long term harm and provide additional support when and where it is needed.
- We will use Corporate Parenting principles to how services are delivered in relation to looked-after children and care leavers³⁹; adopt behaviours and attitudes when acting as any good parent would do by supporting, encouraging and guiding their children to lead healthy, holistic, fulfilled lives across Berkshire West.



5

PROMOTE GOOD MENTAL HEALTH AND WELLBEING FOR ALL ADULTS

WHY IS IT IMPORTANT?

Mental health problems in adults represent the largest single cause of disability in the UK⁴⁰. Adults could be affected by mental health issues at any time-point. It impacts all aspects of our lives, and both influences and is influenced by physical health. Adult mental illnesses also have a ripple effect on their family, unpaid carers and wider society, since it could affect their role functioning as parents, employees and so on. In 2019/20, an estimated 17.9 million working days were lost due to work-related stress, depression or anxiety in Great Britain⁴¹. The key issues are⁴²:

- i. Lack of early identification of and intervention with mental health problems;
- ii. Limited social networks have a significant impact on the health and wellbeing of people, and are a powerful predictor of death with evidence that adequate social relationships can help improve life expectancy;
- iii. Improving the access, quality and efficiency of current services, including post COVID-19 mental health support.

HOW DOES THIS IMPACT HEALTH INEQUITIES?

Inequalities also exist in adult mental ill-health across protected characteristics, including sexual orientation, sex, ethnicity, and whether they belong in socially excluded groups (e.g. people experiencing homelessness, asylum and refugees)⁴³. People with severe mental illness (SMI), such as psychosis and bipolar disorder, have a life expectancy of up to 20 years shorter than the general population⁴⁴.

Much like inequalities in physical health, mental illness is also closely linked to broader social inequalities which are complex and interrelated, such as unemployment, discrimination and social exclusion. Therefore, tackling mental health inequalities also requires addressing these broader social inequalities.

WHAT YOU TOLD US:

Over 70% of people of 35 years of age or older and about 50% of all survey respondents considered good mental health and wellbeing for all adults an “extremely important” issue, while more than 40% believe that significant further change is required.

“Ethnically diverse communities find it difficult to access mental health resources”.

“(physical health is) linked to mental health”

WHAT ARE WE ALREADY DOING?

In times of a global pandemic, the lockdown social distancing and shielding measures meant that people had less opportunity to spend time with loved ones as before. Understanding their impact on mental health and wellbeing, voluntary and service sectors alike have prioritised combating loneliness and social isolation and expanded efforts to address mental health crises and suicide prevention as part of the COVID-19 response.

Across Berkshire West, during this time, our local services have proactively reached out to existing users for wellbeing checks. There has been an overwhelming and heartening response from volunteers in expanding the capacity of charities for befriending support. As we move forward, partner organisations of the three HWBs will remain vigilant and provide enhanced mental health and suicide prevention support around areas of heightened risk.

PROMOTE GOOD MENTAL HEALTH AND WELLBEING FOR ALL ADULTS

SPOTLIGHT

Wokingham's Link Visiting Scheme is a charity dedicated to reducing loneliness through enabling friendships. Thanks to the immense support from local communities, the charity has seen an 80% spike in growth and has managed to respond to the quadrupled demand in services during the pandemic. From one-to-one phone calls that match volunteers to older people based on personality and interests, to online Friendship Cafes and craft sessions, the charity has seen many friendships blossom during the pandemic.

West Berkshire have signed up to the Prevention Concordat for Better Mental Health, working with different organisations to take a prevention focused approach to public mental health. A new Surviving to Thriving fund has also been set up in partnership with Greenham Trust to support projects that will help to reduce the impact of covid on mental health.



WHAT DO WE NEED TO DO TO MAKE A DIFFERENCE?

- We will tackle the social factors that create risks to mental health and wellbeing⁴⁵, such as social stressors related to debt, unemployment, insecure housing, trauma, discrimination, as well as social isolation and loneliness, especially among the elderly.
- We will work with local communities, voluntary sectors and diverse groups to re-build mental resilience and tackle stigma of mental health; all in order to promote an informed, tolerant and supportive culture. We will continue to recognise the importance of community links, greenspaces and understanding of different cultural contexts in order to inform the improvement of access to services.
- We will improve community cohesion applying the lessons of lockdown in recognising the health benefits of social connection as part of COVID-19 Recovery plans. Increase 'social prescribing'⁴⁶ by promoting access and signpost to activities that promote wellbeing, such as physical activity and stronger social networking to improve health.
- We will work with professionals in workplaces and other settings; using a preventative approach to break down the barriers between physical and mental health, and ensure both are treated equally.
- We will improve access to support for mental health crises and develop alternative models which offer sustainable solutions, such as peer mentoring or trauma-based approaches.
- We will improve service offerings for everyone: Better, seamless access, quality and efficiency, especially virtual, to accommodate the elderly, ethnically diverse communities or those who are not comfortable face-to-face in all three areas.

NEXT STEPS

THE ROAD AHEAD

As we transition into the post-pandemic era, there is a lot of work to do ahead of us in terms of the recovery of population health, rebuilding livelihoods and adapting to a new normal, whilst levelling health inequities across Reading, West Berkshire and Wokingham. In order to do this, each Health and Wellbeing Board will develop their own local delivery plans to implement this Strategy. These plans will be specific to each area, understanding how the five priorities fit in their communities and what local actions need to be taken. This will include the governance and accountability arrangements that will oversee the work.

This Strategy will actively engage with stakeholders to refresh itself on a cycle during its ten-year lifespan. This will ensure that the Strategy is able to meet the needs of our communities as they grow and change during this time.

STRENGTHENING PARTNERSHIPS AND COMMUNITY ENGAGEMENT AS A PLACE-BASED APPROACH

Improving the health and wellbeing of Reading, West Berkshire and Wokingham will always rely on local assets; it is not a task that can be achieved by the Health and Wellbeing Board alone. Faced with these challenges before us, now more than ever is the time to come together to work towards our common goals and recover from the pandemic. We want to strengthen existing partnerships, increase collective action, coordinate the management of common resources, share data and best practices and stimulate innovation at the local level.

We also want to build upon the many conversations we have had with local people and continue directly engaging and involving residents as a way of empowering communities to have a say, take control of their health, find solutions that work for everyone and support one another in this time of crisis. By adopting this place-based approach to health, we can maximise our resources, skills and expertise to increase the pace and scale of change required.



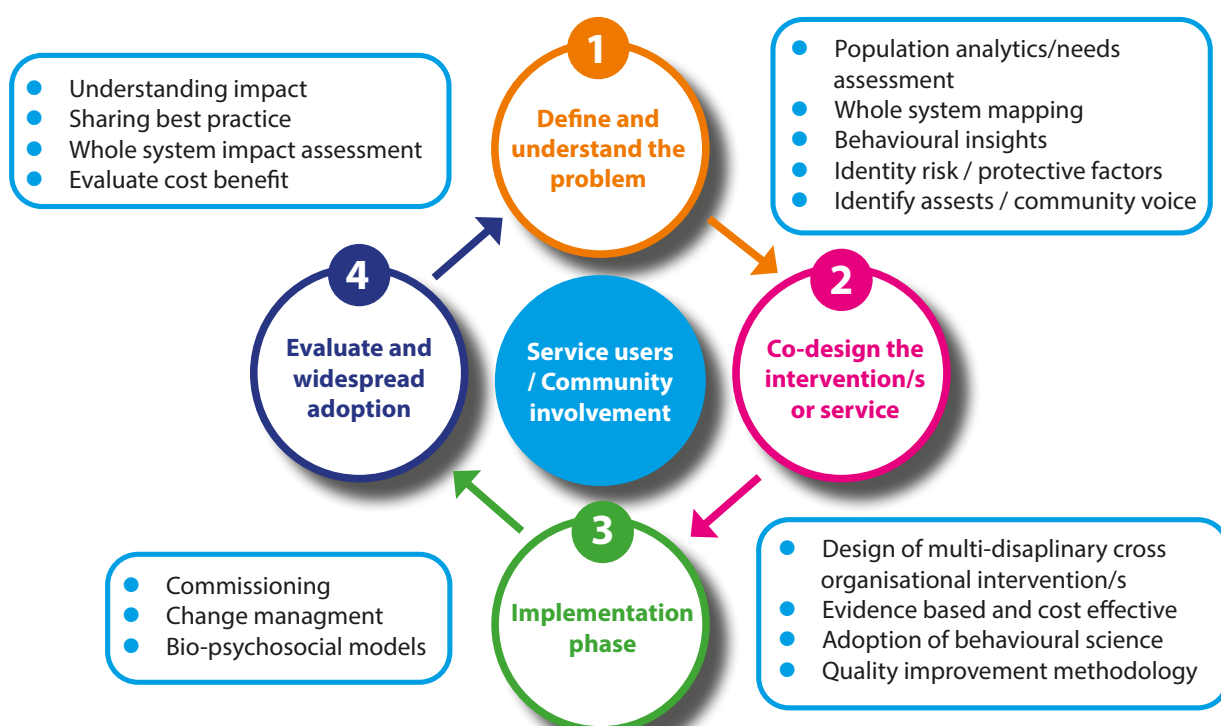
NEXT STEPS

HEALTH AND WELLBEING BOARD COMMITMENTS

Each Health and Wellbeing Board will work towards the five priorities in different approaches to adapt to their local context and reflect on local issues and concerns. Whilst there are specific priorities contained within this Strategy, our ambition is to embed prevention in all that we do. We will achieve this by adopting a public health approach, for each of the five identified priorities, the three HWBs will:

- Assess the current provision and gaps in services compared to national guidance or best practices ensuring that this Strategy coordinates with other strategies across the system and is complementary to those, rather than a duplication of them.
- Define how success may be measured by developing a robust outcomes and indicators framework. This will be presented as outcomes when measuring progress (including the direction of travel and targets), to enable sharper focus and opportunities for the three Boards to discuss progress in their local areas.
- Review the evidence on what works to get us to where we want to be.
- Identify opportunities for improvement.
- Consult the stakeholders for input on the draft implementation plan.
- Mobilise resources for implementation.
- Coordinate actions at the whole systems level in Berkshire West.

The diagram below represents a framework that will guide the work in delivering the Health and Wellbeing Strategy



REFERENCES

1. <https://www.who.int/about/who-we-are/constitution>
2. <https://www.ncbi.nlm.nih.gov/books/NBK279974/ref>
3. <https://fingertips.phe.org.uk/profile/health-profiles> These are the latest figures from 2009-2013.
4. <https://www.gov.uk/government/statistics/english-indices-of-deprivation-2019> Data from 2019
5. <https://www.health.org.uk/publications/build-back-fairer-the-covid-19-marmot-review>
6. <https://www.opml.co.uk/blog/five-lessons-for-local-governments-during-covid-19>
7. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/960548/integration-and-innovation-working-together-to-improve-health-and-social-care-for-all-web-version.pdf
8. <https://www.health.org.uk/publications/build-back-fairer-the-covid-19-marmot-review>
9. <https://esrc.ukri.org/about-us/50-years-of-esrc/50-achievements/the-dahl-gren-whitehead-rainbow/>
10. Further detail found in Public Engagement report.
11. The Marmot Review (2010) Available at: <https://www.parliament.uk/globalassets/documents/fair-society-healthy-lives-full-report.pdf>
12. Braveman PA, Kumanyika S, Fielding J, et al. Health disparities and health equity: the issue is justice. *Am J Public Health.* 2011;101 Suppl 1(Suppl 1):S149-S155. doi:10.2105/AJPH.2010.300062
13. https://www.who.int/sdhconference/resources/ConceptualframeworkforactiononSDH_eng.pdf
14. <https://rva.org.uk/organisation/readingcre/>
15. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/560598/Health_in_All_Policies_overview_paper.pdf
16. We acknowledge that each local authority may have slightly different groups of high risk individuals, and should plan and allocate resources in a responsive way to this non-exhaustive list.
17. <https://www.kingsfund.org.uk/publications/what-are-health-inequalities>
18. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/287805/vulnerable_groups_data_collections.pdf
19. <https://equityhealthj.biomedcentral.com/articles/10.1186/s12939-015-0207-6>
20. <https://publichealthmatters.blog.gov.uk/2021/03/17/giving-every-child-the-best-start-in-life/>
21. The Marmot Review (2010) Available at: <https://www.parliament.uk/globalassets/documents/fair-society-healthy-lives-full-report.pdf>
22. <https://heckmanequation.org/resource/invest-in-early-childhood-development-reduce-deficits-strengthen-the-economy/>
23. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/973112/The_best_start_for_life_a_vision_for_the_1_001_critical_days.pdf
24. A World Fit for Children (UNICEF, 2002) https://sites.unicef.org/specialsession/docs_new/documents/wffc-en.pdf
25. <https://www.gov.uk/government/publications/health-profile-for-england-2018/chapter-4-health-of-children-in-the-early-years>

REFERENCES

26. <https://www.who.int/life-course/publications/life-course-approach-to-health.pdf>
27. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/973112/The_best_start_for_life_a_vision_for_the_1_001_critical_days.pdf
28. “Children and young people” broadly refer to those between 0-24 years. <https://www.england.nhs.uk/participation/cyp/>
29. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/575632/Mental_health_of_children_in_England.pdf
30. <https://www.childrenscommissioner.gov.uk/2021/01/28/damage-to-childrens-mental-health-caused-by-covid-crisis-could-last-for-years-without-a-large-scale-increase-for-childrens-mental-health-services/>
31. https://files.digital.nhs.uk/AF/AECD6B/mhcyp_2020_rep_v2.pdf
32. <https://www.centreformentalhealth.org.uk/sites/default/files/2018-09/newcentury.pdf>
33. <https://www.gov.scot/publications/factors-affecting-childrens-mental-health-well-being-findings-realigning-childrens-services-wellbeing-surveys-2015-2017/pages/6/>
34. <https://www.officeforstudents.org.uk/publications/mental-health-are-all-students-being-properly-supported/>
35. Evidence summary, interventions using a universal approach for CYP age 4-18 years: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/842176/SIG_report.pdf
36. https://www.ncb.org.uk/sites/default/files/uploads/files/ncb_framework_for_promoting_well-being_and_responding_to_mental_health_in_schools.pdf
37. Evidence summary, student mental health interventions in colleges and universities: <https://whatworkswellbeing.org/resources/student-mental-health-review-of-reviews/>
38. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/683698/Applying_corporate_parenting_principles_to_looked-after_children_and_care_leavers.pdf
39. <https://www.england.nhs.uk/mental-health/adults/>
40. <https://www.hse.gov.uk/statistics/causdis/stress.pdf>
41. <https://www.gov.uk/government/publications/wellbeing-in-mental-health-applying-all-our-health/wellbeing-in-mental-health-applying-all-our-health>
42. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/215808/dh_123993.pdf
43. <https://www.kingsfund.org.uk/publications/what-are-health-inequalities#mental>
44. <https://publichealthmatters.blog.gov.uk/2018/12/18/health-matters-reducing-health-inequalities-in-mental-illness/>
45. “The Social Determinants of Mental Health” (2015). Available at: <https://doi.org/10.1176/appi.focus.20150017>
46. “Social prescribing”, also known as non-medical referral or community referral, aims to help people manage, prevent illness and promote health and wellbeing through community or social activities. These activities may range from art, cookery, gardening, sports etc. <https://onlinelibrary.wiley.com/doi/full/10.1111/hsc.12839>

APPENDIX

APPENDIX A

MEASURE	SOURCE
Total Resident Population	Office for National Statistics (2019)
Urban Population: <i>The percentage of people living in an urban area, based on the Rural-Urban Classification. The Classification defines areas as rural if they are outside settlements with more than 10,000 resident population, and as urban if inside such settlements.</i>	Department for Environment, Food and Rural Affairs (2011) https://www.gov.uk/government/collections/rural-urban-classification Data
Population Aged 65+	Office for National Statistics (2019)
Ethnically Diverse Population	Office for National Statistics, Census (2011)
Children achieving a good level of development at early years	Department for Education (2019)- Statistics: Early Years Foundation Stage Profile https://www.gov.uk/government/collections/statistics-early-years-foundation-stage-profile
Full time students age 18+	Office for National Statistics, Census (2011)
Total number of businesses	Office for National Statistics (2019)
Unemployment Rate	Office for National Statistics (2019)
Percentage of unpaid carers (1-50+ hours of unpaid care per week)	Office for National Statistics, Census (2011)
People with very good health	Office for National Statistics, Census (2011)

BERKSHIRE WEST HEALTH AND WELLBEING STRATEGY (HWBS)

2021- 2030



Public Engagement Report (Draft)

Contents

Executive Summary

- 1. Background**
- 2. Overview and methodology**
- 3. Results**
 - 3.1 Online survey**
 - i. Demographics
 - ii. Responses to individual questions
 - iii. Responses to the free-text questions
 - a. Themes surrounding issues in accessing help needed for health and wellbeing problems
 - 3.2 Focus group findings**
- 4. Developing the final priorities**
- 5. Conclusion**
- 6. References**
- 7. Appendix**
 - A. Scoring systems for priorities
 - B. Overall results on the ranking of priorities
 - C. Survey questions

Executive Summary

In 2019, the Chairs of the Health and Wellbeing Boards for Reading, West Berkshire and Wokingham partnered to produce a Health and Wellbeing Strategy for Berkshire West. It was decided that public consultation would be a critical element to develop the final priorities for the strategy. The public engagement was co-produced and delivered through an engagement task and finish group. The engagement took place between 4th December 2020 and 28th February 2021 and was key part of determining local priorities for the 2021-2030 period.

The public engagement consisted of focus group discussions and an online public survey. Through these, we asked members of the public about the importance of potential priorities for helping themselves and their community live happier and healthier lives. Six main themes were identified from the responses to the free-text questions in online surveys, and discussions during focus group meetings. These themes were 1) Health inequalities, 2) Information and guidance, 3) Service integration and appropriateness, 4) Targeted support, 5) Social and physical environment, and 6) COVID-19. Public feedback was largely supportive of the proposed priorities and five top priorities were identified. In no particular order, the top five priorities were found to be: 1) Reduce the difference in health between different groups of people; 2) Support individuals at high risk of bad health outcomes; 3) Help children and families during the early years of life; 4) Promote good mental health and wellbeing for all children and young people; 5) Promote good mental health and wellbeing for all adults.

1. Background

In 2019, the Health and Wellbeing Boards (HWBs) for Reading, West Berkshire and Wokingham took the decision to develop a shared Health and Wellbeing Strategy along with the Berkshire West Integrated Care Partnership (ICP), in order to improve population and community health. From the very beginning, it was agreed that public engagement would be key to developing the final priorities for the strategy. Therefore, the aim of this public engagement was to actively listen to people's views and to work in partnership with the public to discuss and find consensus on the final priorities for the Berkshire West Health and Wellbeing Strategy. The strategy itself will guide the next ten years of work across the three local authority areas, to create a robust programme of community health and wellbeing priorities and to support the process of recovery from COVID-19.

The vision for Reading, West Berkshire and Wokingham over the next ten years, is to promote longer, healthier and enriching lives for all. The mission statements under this vision are as follows:

1. All our children and young people have the best possible start in life and the opportunity to thrive, no matter what their circumstance.
2. Children and adults most at risk from bad health outcomes are safe and safeguarded.
3. Everyone of working age has access to decent employment.
4. All people have the best opportunities for good mental health and wellbeing – to realise their potential connect with the community.
5. Our communities are strong, resilient, thriving and inclusive, with all residents benefitting from a healthy, accessible environment.
6. All people will be able to gain access to integrated health and social care services.

2. Overview and Methodology

How we consulted

A Public Engagement Task and Finish Group was established to co-produce and deliver a robust engagement process through a public survey and focus group discussions. The membership of the group spanned across the three local authority areas and included representatives from the public health teams for each council, Healthwatch Reading, Healthwatch West Berkshire, Healthwatch Wokingham, Reading Voluntary Action, West Berkshire Volunteer Centre, Involve Wokingham, Community United West Berkshire, ACRE, Berkshire West CCG and Berkshire Health Foundation Trust. By partnership working with these organisations, it was intended to ensure that diverse ethnic communities and those traditionally marginalised in these types of engagement were represented. The public engagement ran from 4th December 2020 to 28th February 2021.

The engagement was intended to be far-reaching and comprehensive, hearing from as many residents as we could. It included a public-facing web page (on the Berkshire West CCG website) with information on the strategy and a link to the survey, a generic inbox inviting comments, an online public survey, engagement with Town and Parish Councils and focus groups with targeted communities. An Engagement Toolkit was produced to support the public engagement, including a background narrative to each priority (both a facilitator and a public-facing version) and a feedback template. This was to ensure consistent and robust discussions throughout. This toolkit was used at the focus groups and was also offered to other organisations, to use if they wish, to facilitate discussions amongst their members.

The survey was distributed through a number of different mechanisms. First, an extensive stakeholder list was mapped out by members of the engagement Task and Finish group, each of whom were sent the survey link and asked to share with their contacts. Every Town and Parish Council across Reading, West Berkshire and Wokingham was also contacted and invited to engage with the strategy development through the survey and also to share it with their residents. The survey was regularly promoted on social media, including sponsored posts on purposely created “A Happier and Healthier Berkshire” Facebook and Twitter pages. The three local authority communications teams also promoted the survey through their respective Facebook and Twitter pages and also through regular resident e-newsletters.



Focus groups formed another key part of the public engagement. These were planned by the Task and Finish group and facilitated by members including the three Healthwatch organisations. They were intended to ensure engagement with groups who were less likely to participate through different routes or those whose voice was often not heard in public engagement. This included specific focus groups for individuals with learning disabilities, unpaid carers (including young carers), older people, and diverse ethnic communities. In addition, there were three virtual public meetings held which were open to everyone to attend. A number of other organisations chose to hold focus groups with their members and were able to use the Toolkit to do so. In total, 18 focus groups were conducted (Table 1).

Table 1: List of focus groups, by organisations facilitating and number of attendees

Organisation facilitating	Focus	Number of attendees
West Berkshire Council – Young carers	Young carers	9
Strategy group	Older people	20
Strategy group (Reading)	Older people	29
Patient Voice	General public	17
Together UK	Parent, students, ethnic diverse communities, older people	5
Strategy group	General public (3 meetings)	15
Talkback	Learning disability	25
Healthwatch West Berkshire	Maternity/parents (2 groups)	30
Healthwatch West Berkshire	Older people	17
Strategy group	Adults from Ethnic diverse communities	18
Healthwatch Wokingham	Learning disability	15
Healthwatch Wokingham	Carers	9
Healthwatch Reading	Ethnically diverse communities	9
Healthwatch Reading	Young people	10
Patient voice	Patients	16

What we consulted on

During the public engagement, residents were asked to discuss and comment on 11 potential priorities for improved health and wellbeing in their communities. These 11 potential priorities had already been determined through a process of reviewing data on population need and through discussions with stakeholders and organisations. The potential priorities were as follows:

- Reduce the differences in health between different groups of people
- Support individuals at high risk of bad health outcomes to live healthy lives
- Help young children and families in early years
- Reduce the harm caused by addiction to substances (smoking, alcohol or drugs)
- Good health and wellbeing at work
- Physically active communities
- Help households with significant health needs
- Extra support for anyone who has been affected by mental or physical trauma in childhood
- Build strong, resilient and socially connected communities
- Protect good mental health and wellbeing for all children and young people
- Protect good mental health and wellbeing for all adults

As part of the online survey, respondents were asked ‘*how important do you think each of the potential priorities are to helping you and your community to live happier and healthier lives?*’

At the end of each focus group, attendees were asked to rank the 11 priorities together in order of importance to the group.

Methodology for the qualitative data analysis

Qualitative data from the focus group and free-text within the survey were analysed using thematic analysis². This flexible and accessible method consists of the following six iterative phases:

Table 2: Description of the six phases of thematic analysis²

Phases	Process
Familiarising oneself with the data	Reading and re-reading the data while noting initial ideas.
Generating initial codes	Systematically assigning codes (i.e. a word or a short phrase that capture the essence of a data segment) to interesting features across the entire dataset.
Searching for themes	Collating codes and their relevant data to form potential themes.
Reviewing themes	Checking that the themes work in relation to (i) the coded extracts and (ii) the whole dataset. Generate a “thematic map” of how the themes and codes relate to one another.
Defining and naming themes	Ongoing analysis to refine the themes and the overall story. Generate clear names and definitions for each theme.
Producing the report	Selecting vivid, compelling extract or quotes for examples; relating the analysis back to the research question and wider literature in writing up the report.

3. Results

3.1 The online survey

Demographics of respondents

A total of 3967 responses were received via the online public consultation survey. The demographic data of the respondents was also collected as part of the survey, and the following results were obtained. However as seen in the above table, many of our respondents (over 50%) chose to not answer the questions specifying their demographic details. Therefore, this may not be truly representative of the demographic profiles of those who answered the survey.

What is your gender?

Answer Choices	Responses	West Berkshire	Wokingham	Reading
Male	12.63%	49.60%	49.50%	50.10%
Female	32.22%	50.40%	50.50%	49.90%
Transgender	0.00%	Only sex data available (not gender)		
Non-binary	0.18%			
No Answer	54.98%			

How old are you?

Answer Choices	Responses	West Berkshire	Wokingham	Reading
Under 18	0.83%	28.80%	30.20%	34.30%
18-24	0.66%			
25-34	4.39%	10.50%	10.50%	16.20%
35-44	7.44%	12.60%	14.40%	14.90%
45-54	9.18%	15.40%	15.10%	12.60%
55-64	9.83%	13.30%	12.30%	9.70%
65-74	9.25%	10.80%	9.30%	6.60%
75 and over	3.58%	8.60%	8.40%	5.90%
No Answer	54.85%			

What is your ethnic group?

Answer Choices	Responses	West Berkshire	Wokingham	Reading
Asian or Asian British	1.92%	2.50%	7.40%	13.60%
Black or Black British	0.71%	0.90%	1.40%	6.70%
White or White British	40.21%	94.70%	88.20%	74.70%
Mixed or multiple ethnic group	0.91%	1.60%	2.10%	4.00%
Gypsy, Traveller or Irish Traveller	0.03%	0.10%	0.20%	0.10%
Other ethnic group – please specify	1.16%	0.20%	0.70%	1.00%
No Answer	55.08%			

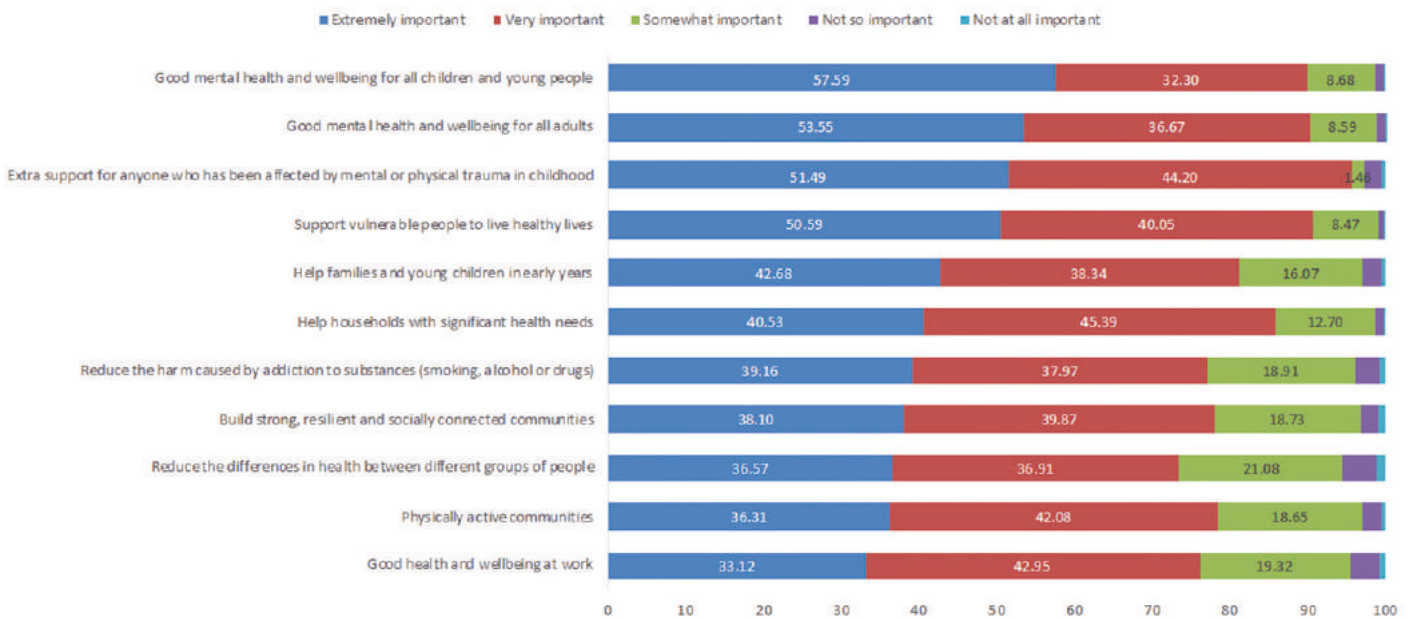
Of the 1786 people who specified, the majority of respondents were female (71.56%), followed by male (28.05%), and non-binary (0.39%). The most common age range specified was 55-64 (21.78%), closely followed by 65-74 (20.49%) and 45-54 (20.32%). A small minority of respondents were 24 or below (3.29%). Most of the respondents who specified (1782) identified as White or White British (89.51%), with Asian/Asian British the next most selected ethnic identity category (4.26%). Black/Black British (1.57%), mixed/multiple ethnic group (2.02%), gypsy/traveller (0.06%), and other ethnic groups (2.58%) were relatively under-represented.

Local Authority	Count of Which local authority area do you live in?
Wokingham	1566 (39.5%)
West Berkshire	1201 (30.3%)
Reading	1200 (30.3%)
Grand Total	3967

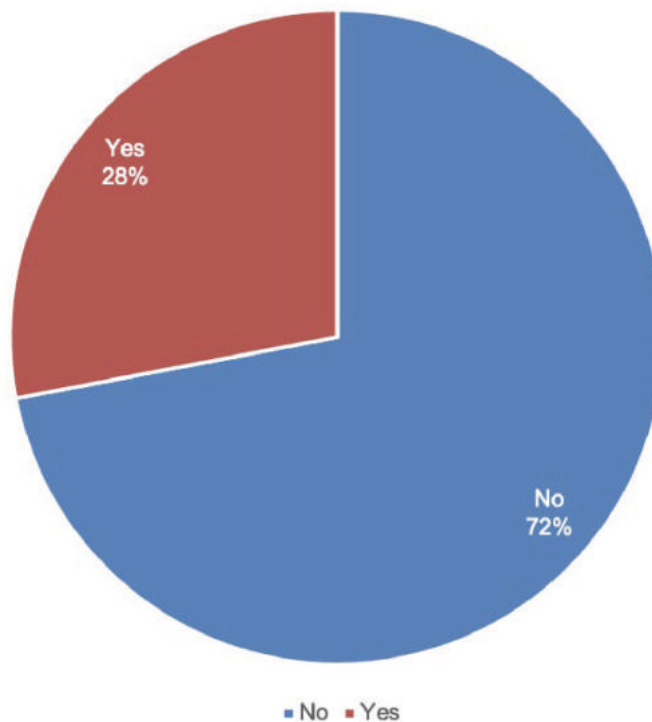
Regionally, respondents were mostly from Wokingham (39.5%), jointly followed by Reading (30.3%), and West Berkshire (30.3%). The majority of respondents provided feedback as individual respondents, with a small proportion responding on behalf of an organisation (158 responses).

Responses to individual questions

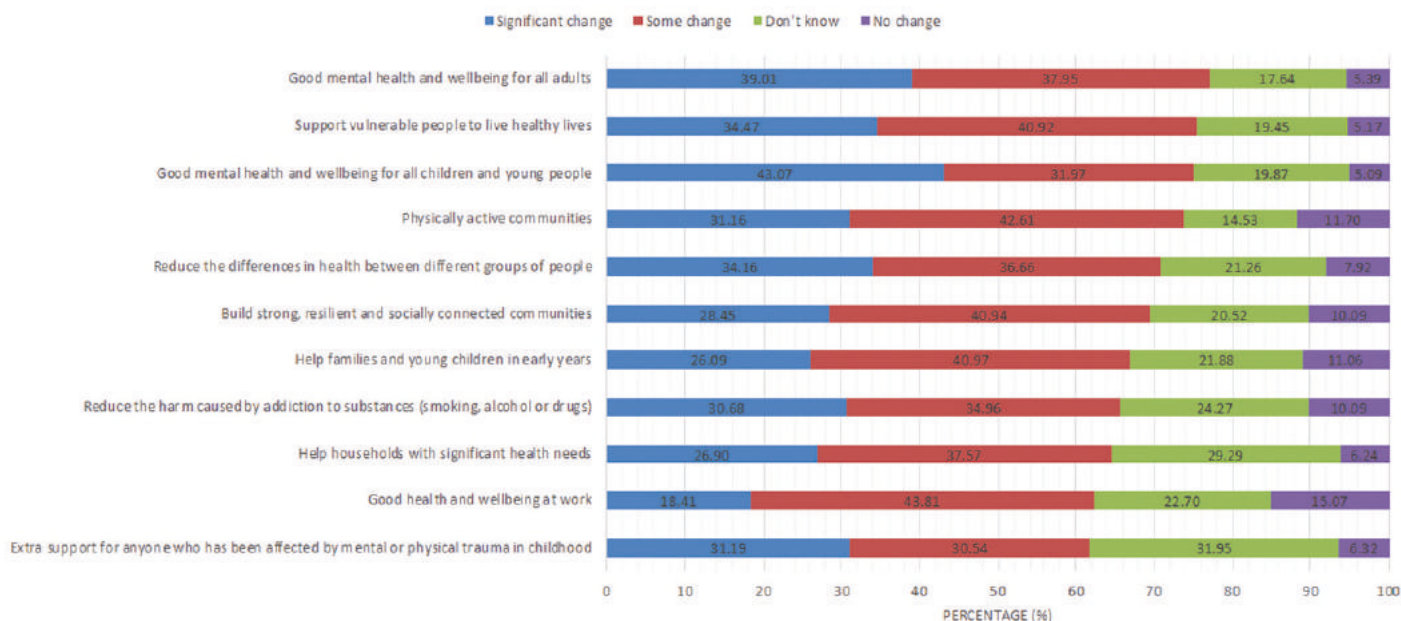
Q2. In order of importance, one being the most important, how would you rank the potential priorities?



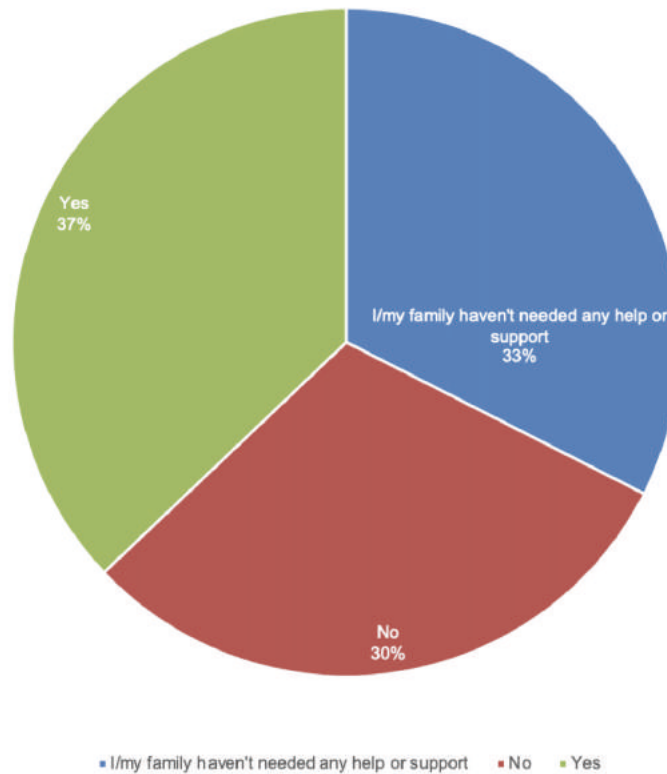
Q3. Are there any other priorities you think we should consider including in the draft Strategy that we haven't mentioned in previous questions?



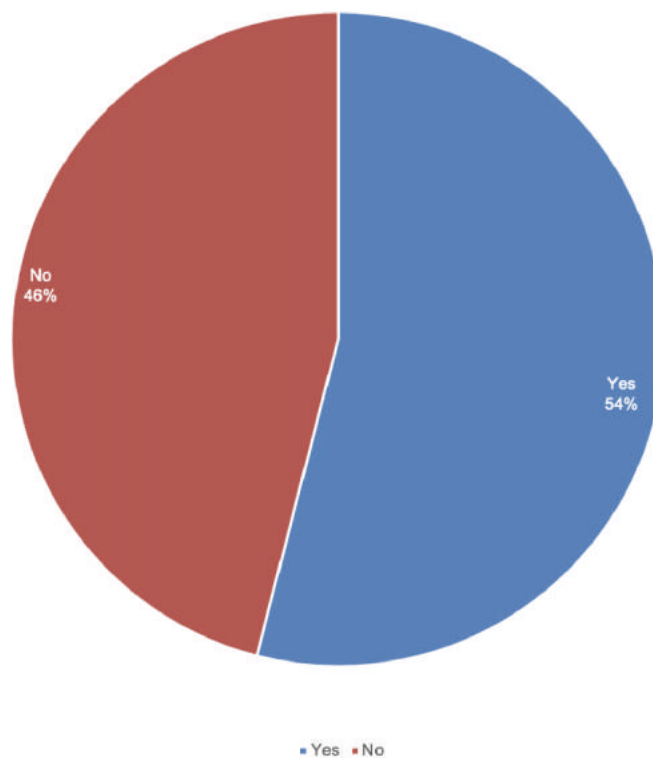
Q4. How much change do you think is required for each priority?



Q7. Are you, your family, or other people you care for able to get all the help or support you/they need for any health and wellbeing problems?



Q8. Has the help or support been sought during the COVID-19 pandemic?



Responses to the free-text questions

We also asked three open-ended questions to follow up on survey questions 3, 4, and 7:

Are there any other priorities you think we should consider including in the draft strategy that we haven't mentioned in previous questions? *Please tell us what priorities you like to see included and why.*

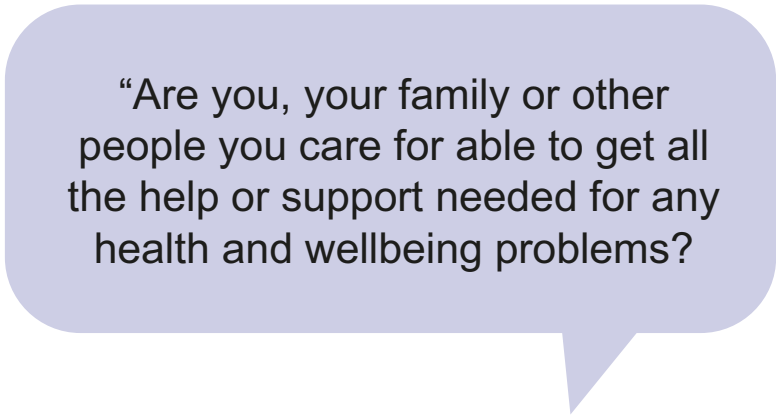
How much change do you think is required for each priority ("no change", "some change", "significant change", "don't know"). *Please tell us the reasons for your response, including details of any changes you think are needed.*

Are you, your family or other people you care for able to get all the help or support you/they need for any health and wellbeing problems? *If no, please tell us about the issues you/ your family have encountered.*

Free-text responses from the first two open-ended questions were analysed and explored in the "Developing the Final Priorities" section. In this section, we will focus on the third question which concerns access to health and social care support. We will first introduce a guiding framework based on a person-centred approach before presenting our findings by themes.

Guiding framework to achieve person-centred health and social services

To achieve a person-centred approach to health and social care access in Berkshire West, we sought to understand the issues people face with getting help and support needed for health and wellbeing problems (Figure 1).



"Are you, your family or other people you care for able to get all the help or support needed for any health and wellbeing problems?"

Figure 1: Survey question about issues in accessing help and support for health and wellbeing problems.

Using the framework¹ in Figure 2, we define person-centred access to health and social care as the opportunity to have needs for health and social services or support fulfilled. This involves a series of identifying needs, seeking help, reaching and using the services, shown in the arrow.

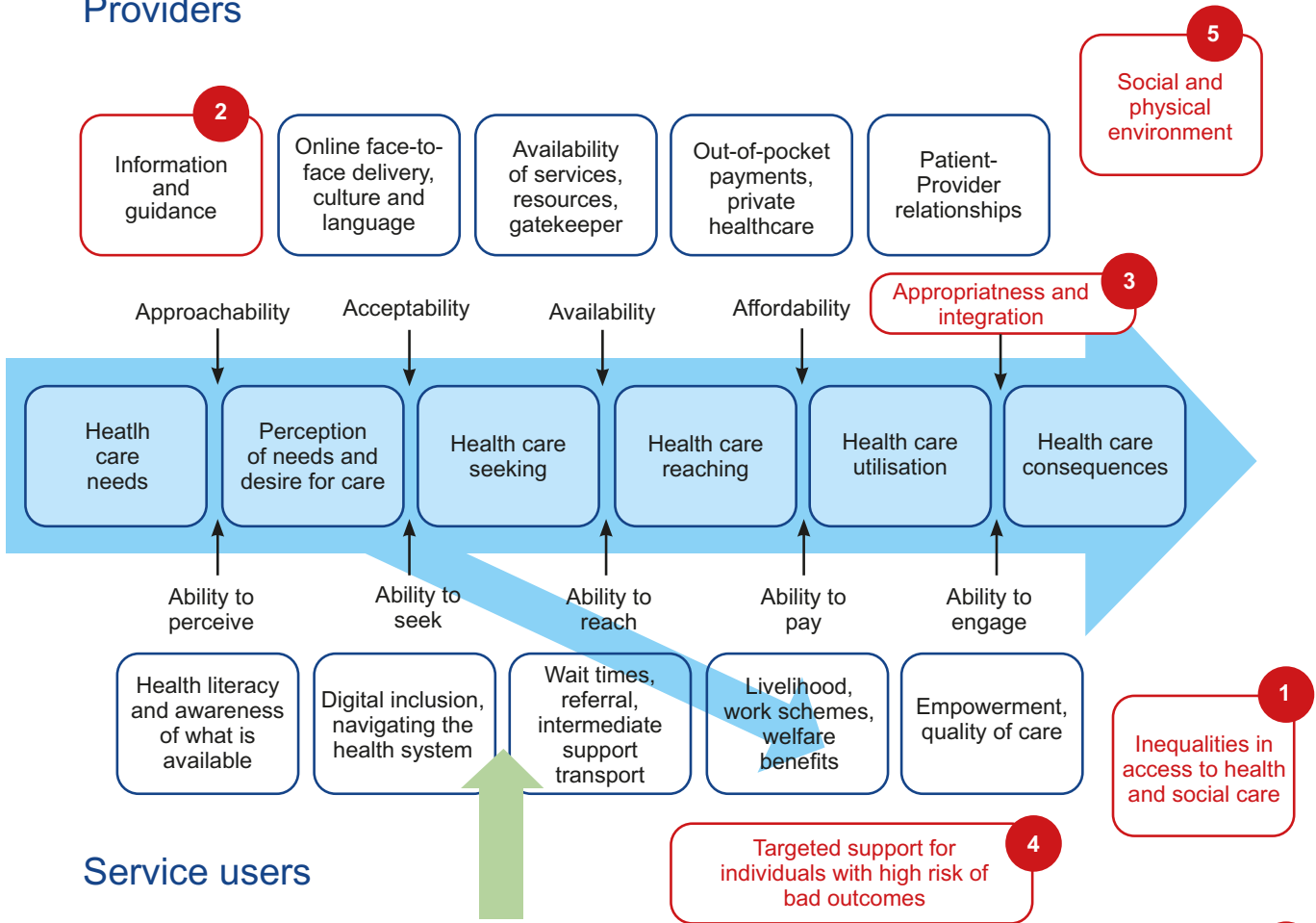
From the Service Provider's Perspective (Top Panel)
Accessible health and social care have to be: approachable, acceptable, available, affordable and appropriate
From the Service User's Perspective (Bottom Panel)
Accessible health and social care systems have to empower services users to increase their: ability to perceive health needs, ability to seek help, ability to reach for help, ability to pay and the ability to engage meaningfully with services

The red boxes represent the six themes from our analysis of the responses to this survey question, and where they sit within this framework. These are:

- i.** Health Inequalities
- ii.** Information and Guidance
- iii.** Targeted Support
- iv.** Service Integration
- v.** Social and Physical Environment
- vi.** COVID-19

The boxes above and below the arrow represent some of the specific issues raised by respondents in more detail.

Providers



Service users

Impact of Covid-19

Figure 2: Conceptualisation of the challenges to person-centred access to health and social care services in Berkshire West, as adapted by Chuah et al., 2018 from Levesque et al.'s framework¹. The red boxes indicate six themes from our public engagement survey and focus group findings.

Theme 1: Health Inequalities

There are apparent inequalities in healthcare access along the lines of (a) public versus private healthcare, (b) physical versus mental health services, and specifically (c) Child and Adolescent Mental Health Services (CAMHS).

(a) Public versus private healthcare

The main challenge begins with accessing primary health care (GPs) due to long waits for telephone and face-to-face appointments. Respondents also indicated the difficulty and the need to see a doctor in person because not everything can be diagnosed over the phone. When they do get hold of their GP, some feel unable to talk to their GPs to properly explain their health condition because of how busy the practice is. To get help, several respondents mentioned the need to be “persistent”, “assertive” and to “chase after help”, which has caused undue worry and stress.

“Access to primary care has been challenging with very long waits for a telephone appointment and lack of response to emails despite this being the way the practice requests patients contact them.”

“Don’t feel I can talk to GP as they are so busy. Don’t know who else to turn to.”

Since GPs are often the first point-of-contact between service users and the healthcare system, not getting timely access to primary care will have cascading effects on delaying secondary and tertiary referrals as well. As a result, some resort to sorting out issues themselves or opt for private healthcare if they can afford it. However, not everyone is able to afford private healthcare.

“We basically get on with life and address the issues ourselves.”

“Only by paying privately for treatment. This feels like “queue jumping” to us.”

(b) Mental health versus physical health

There were some grievances over the lack of recognition of mental health issues to be treated equally as physical health issues. This is partly manifested in a very under-resourced mental health service provision.

“When somebody is drowning / bleeding to death it is easy to see there is a problem. But with mental health you might not feel [or] acknowledge the problem and without the social interaction, there is no one to say: ‘you look like you are drowning, do you need a life jacket?’”

“Mental wellbeing problems are not perceived as serious enough for there to be support, or for there to be understanding in the community. Community members perceive their own exaggerated risks to physical health to be of greater importance than “invisible” mental health risks and issues.”

Respondents noted the difficulty in obtaining therapy and counselling, which could escalate to a crisis point before being seen. Furthermore, some expressed that the current, limited provision of counselling sessions are not enough.

“Mental health counselling is limited on the NHS. I don’t understand why.... If you had a heart defect, you have treatment until it was fixed, shucks this not the same for mental health?”

(c) Child and Adolescent Mental Health Services (CAMHS)

This was particularly so for Child and Adolescent Mental Health services (CAMHS), where being under-resourced had led to waiting times for as long as 18 months to get assessments.

“My role as Social Prescriber means I can research and connect with many available resources e.g. carers hub for my mum (although she declines). I was disappointed there wasn’t an apt equivalent for children to help manage my son’s anxiety as CAMHS said it was only for significant difficulties and I have patients waiting over 18 months for support even when in severe distress. Funding really needs to go to this area - healthy children have a better chance of better mental health as adults but currently I don’t feel there is enough support there. As a GP practice we are planning to develop support for teens to help address this gap for our patients.”

In the meantime, parents and carers expressed their frustration that their children were not reaching their full potential. Still others were concerned about the high threshold to be eligible for support.

“CAMHS told my daughter she wasn’t bad enough to get help, even when she was self-harming.”

For those who were able to access CAMHS after the long wait, some respondents expressed that help was inadequate, ineffective or inappropriate, such as reliance on medication. This is partly dependent on which therapies are being commissioned.

“My grandson needed help with his mental well-being due to bullying at school but was only offered telephone counselling which was of no use to him...”

Theme 2: Information and Guidance

Several respondents noted what they found helpful in signposting, provision of information and guidance, including postal community bulletins, contacting specific charities for advice and having a Mental Health Nurse or Health Visitor as a point-of-contact.

With reference to Figure 2, improvements could be made on the approachability of health and social care services. Some respondents shared that admitting that they need help and seeking help may not come naturally to them. There is also the issue of stigma surrounding mental health challenges, which seems to be more acutely present among men.

“Huge stigma surround health and well-being issues which make them hard to talk to”

*“Honestly, like a lot of guys, I didn’t really talk about my depression or seek help”
At times, a lack of sympathy among service providers have also discouraged users to seek help again.*

“Too much stigma around the subject and a less than sympathetic doctor on previous visits had left him unable to lay himself on the line again, he would rather suffer in silence”

“Attempts to get help would be seen as interference and could provoke a very hostile reaction”

Respondents have also brought up the need for clearer information on what is on offer and how to navigate the health and social care system to get the support they need, as some have missed out on support options that they could have benefitted from.

“...maybe here there are lots of support groups around, but you need to spend a fair amount of time to dig the info out”

“I can get help and support because I know how to navigate and challenge the systems in place. Most people do not”

“We have a disabled son and I have become aware that other children at the same school have been offered many support options that we were not even aware existed until recently”

Theme 3: Service Integration and Appropriateness

A person-centred care takes a holistic approach to care that sees the whole person instead of a narrow focus on specific illnesses or symptoms. It includes the need for care to be based on the person's unique needs and understood in the context of their social worlds. It means providing coherent care, treating the person with dignity, compassion and respect while encouraging greater autonomy in their own care².

(a) Integrated Services

Operationally, this involves moving towards more integrated services that consider an individual's diverse health and social care needs in a seamless way. This means ensuring coordinated care and continuity of care across providers or between primary, secondary and tertiary and community-based services, or between CAMHS to adult mental health services. Based on survey responses, the services between mental health and other sectors remain siloed, care is generally fragmented, and needs are sometimes treated episodically.

"GPs only see you for one problem at a time which is a problem for people with multiple health conditions. Also is hard to get appointments and never see the same doctor which is a problem as they don't know your medical history and don't have the time to fill them in. I had a doctor tell me to take something that would have been harmful because of my arrhythmia if I had taken it."

Experiencing fragmented care has the potential to cause challenges, especially for people with complex needs and comorbidities.

"My mother has a range of unmet needs and is very depressed. She needs input from a range of people, e.g. a counsellor experienced with dementia, physio, chiropractor and simply someone else to talk to. Social services are aware and have arranged care, but this is not enough to provide for the range of needs and anyone seen as a "carer" is rejected by her, as she associates it with loss of independence."

Respondents also noted the need for follow-up after surgery and a longer-term approach to support people with mental health issues.

"I personally suffer with mental health issues and have been referred to Newbury hospital previously only to be told there was no long-term support for me. So, I would have to pay to see a counsellor on a regular basis myself. Mental health conditions are normally not short term, so we need a much better long-term approach to support people that doesn't cost them. No one chooses to have issues."

(b) Appropriate care

A second operational definition may include service users feeling listened to and enabled to make informed decisions to choose the type of care that is appropriate for themselves. While there are many excellent and compassionate GPs, health and social care providers,

a sample of the respondents noted experiences where some GPs “do not listen to the patient”, “lacked understanding”, “showed disinterest”, scepticism or hostility. This had dissuaded some patients from asking for further help. Other respondents understood that this could be due to very busy GP services, which is not their fault.

Several respondents mentioned that they were not provided with sufficient information about their health condition.

“I have not been given any information about the condition [hypothyroidism] by the GP. I found everything out myself through the Thyroid UK website. The GP didn’t even tell me about that.”

“...she was diagnosed with pneumonia, but communication was lacking so my father-in-law had no idea what was wrong. No care package in place...”

Respondents also raised the issue of appropriate treatment plans being dependent on the local offer, which may not be aligned with the patients’ preferences or needs.

“I have tried to get help but all the doctors want to do is increase my medication and I don’t want to be a walking zombie, so although the help is there it is not the help I need.”

“[GP services] are constrained to whatever the local offer is that might not be the right treatment plan for some people... e.g. always referring for CBT when this has already been done.”

“not everyone responds well to [talking therapies]. The service should be dependent on the patient, and not the other way around.”

Theme 4: Targeted Support

The respondents also highlighted several groups who are at risk of falling between the cracks when it comes to getting the health and social care they need. These include childcare support for parents with young children, people with autism spectrum disorder and other learning disabilities, and caregiving support for elderly parents and people living with dementia.

“There is very little support for new parents....The help I need for the kids I have to really fight for and there is little to no free help.”

“Dementia support for my in-laws is based at West Berkshire hospital, but they have no transport. Fortunately, we were able to do a Dementia course online during Covid.”

It is important to note that carers themselves, who may be paid or unpaid, are also expressing their need for more support through increased social contact and appropriate advice.

“I as a carer would like a phone call or some form of contact every week. I would like people who work for dementia organisation to all live with someone with dementia for two weeks at least before they give advice to carers.”

There were several mentions of insufficient attention and support being given to people with type 2 diabetes. Finally, respondents have also flagged the need to provide targeted support for adults in vulnerable circumstances, such as people experiencing long term unemployment or have work restrictions due to chronic illness and disability.

“Still waiting since June for government and pension to grant my wife disability payment as unable to walk. Meanwhile, am having to support her as she only has child tax credits to live on”

There were also concerns about eligibility criteria for support.

“...there seems to be too many criteria for qualifying for support. Also, assessments for qualifying appear to try to exclude rather than include.”

Theme 5: Social and Physical Environment

(a) Social Environment

There is a recognition that we need a vibrant creative community to be part of for mental health wellness. We also need to continue addressing stigma surrounding health and wellbeing issues which makes people afraid to talk about them.

In terms of social support, respondents have shown appreciation to friends, family and neighbourhood whom they can rely on. Nonetheless, not everyone is being supported equally.

“I have been prescribed antidepressants over the phone but sometimes feel that if anything happened to me, no one would know as no one checks in... my kids only have me to rely on and I’m struggling to rely on myself.”

(b) Physical Environment

Several respondents drew a link between leisure facilities (e.g. swimming, youth clubs) and mental wellbeing. Other feedback concerns the built environment, such as the lack of accessible facility for those with mobility issues or with young children, as well as the request for safer, wider paths and slower traffic.

“... we literally can’t open the car doors enough to get the infant carriers out in normal spaces”

Theme 6: COVID-19

In many cases, respondents noted the cross-cutting impact of COVID-19 in exacerbating existing issues related to access to health and social care services. While there have been understandable delays, respondents have provided some insights into their experiences and perspectives on the displaced NHS services to prioritise patients with COVID-19, the transition to digital versions of care, the loss of existing social support structures, and the impact of closure in schools and leisure facilities.

(a) Usual services being put on hold

Due to the pressure of COVID-19 on the health and social care system, many usual services had to be put on hold or delayed to prioritise the management of the pandemic. These include outpatient services, preventive measures (e.g. routine screening), treatment for chronic conditions (e.g. cancer, dementia), and rehabilitation (e.g. physiotherapy). There were recognitions that the wider health system was already under-resourced, even before the pandemic. Although respondents raised concerns about not being able to see a doctor when needed, others have also expressed sympathy to NHS staff due to the pressure to cope with the increased demand in services.

“It’s all about either having the virus or not. The rest of health seems to be ignored.”

“...cancellation of ongoing investigations due to covid, my husband had a delay of cancer follow-up due to covid... cancellation of the bowel screening programme, further delay of ASD assessment (now been waiting 3 1/2 years).”

“Suspect that access to tests and diagnosis isn’t as timely as it should be, possibly partly because of the current pandemic but also because of restricted funding for health over a number of years.”

As a result of prioritising COVID-19-related services, some respondents have delayed help-seeking to shield themselves or to avoid adding extra strain on the NHS. Others responded with resignation.

“Didn’t want to add more to an already overloaded NHS”

“I would have seen the Doctor, face to face to discuss my condition - arthritis - but I know it is probably going to be a ‘live with it’ situation.”

Those who have managed to access help for issues not related to COVID-19 have only been able to seek help for major health issues, sometimes only at the point of crisis, but not for minor ailments. Some anticipated that this delay in addressing minor or early-stage health issues may lead to more serious complications later on. Some respondents also stated that they were unable to access particular operations or medications during the pandemic.

“Major issues have been addressed, but minor ones such as dental check-ups and appointment to see podiatrist have been postponed indefinitely.”

“My uncle has had a scan for acoustic neuroma growth cancelled twice now due to Covid 19 and whilst not cancerous it can affect his hearing and facial palsy if it has grown. The quicker removed the better.”

“One essential operation refused by NHS, so I had to use all my savings to go private. Further surgery needed on separate matter, delayed due to COVID.”

(b) Digitisation of health and wellbeing services does not cater for all

During the pandemic, GP services continued for patients, although an initial telephone triage system was introduced for most GP practices. Some respondents have stated their preference for face-to-face GP consultation, and for it to be restored as soon as possible. This is because those responding felt it was not as easy to discuss and provide a full picture of their health conditions over the phone and some were not comfortable with telephone communications.

“This [telephone GP service] is not the same as a 10-minute consultation with a GP and I hope this is not the way of the future.”

“I don’t do phones. At all....Getting things to a point where I can get an appointment or online help is massively stressful - y’know...”

“I’m not managing the internet ‘help’.”

(c) Targeted support during COVID-19 for the elderly or people who are clinically extremely vulnerable (CEV)

Respondents have shared their concerns about the isolation of the elderly due to shielding and elderly voluntary care services being stopped. Some had noted an impact on loneliness and mental health, especially for those living alone.

“...many have been shielding to protect themselves and their mental health has suffered greatly”

A respondent who is clinically extremely vulnerable (CEV) and also a single parent shared their concerns with employment and the risk of school-going children passing on the virus to them.

“Employment concerns due to being a single parent with CEV and having to change to a zero hours when furlough was due to end at the end of October. Central government has provided no extra support/advice to those who are CEV with school age pupils. This is of particular concern to us if our children pass the virus on. Schools are to be applauded for the work they are doing in very difficult circumstances. However, the year group bubbles do not protect those year group pupils from each other. This is a real worry for any parent/ carer with CEV...”

(d) Changes in the social and physical environment during the pandemic

Some respondents felt that the social distancing measures and periodic lockdowns have eroded their support network and brought distress. For those who live and care for their family members, some have expressed a growing need for respite.

“Lack of easy access to support. Lockdown is making it harder to use existing coping mechanisms”

“All 3 children are distressed by the repeated lockdowns and school closures”

Respondents also voiced that reduced access to leisure and exercise facilities have affected their mental or physical health, including the management of chronic conditions such as type 2 diabetes.

“The Berkshire MS Therapy Centre is closed all of the time due to the Covid lockdowns etc. I know they do classes online, but I am not getting enough exercise and my physical health is suffering”

3.2 Focus group findings

In addition to the online survey findings, below are selected quotes from focus groups for them themes identified.

Theme 1: Health Inequalities

(a) Waiting time

Waiting time for primary health care services, mental health services and maternity check-ups was considered too long and often caused diseases or concerns to exacerbate further.

“Seeing the GP is an issue unless it is an emergency and that was before COVID”

“I still haven’t had the 6-weeks check and the baby was born in August”

“Mental health support for teens is very poor, with huge waiting lists for CAMHS”

“Despite multiple overdoses and suicide attempts, my daughter faced a 2-year waiting list to access adult mental health services when she became too old to access CAMHS”

(b) Eligibility

Some respondent expressed difficulties in accessing NHS services that were deemed essential to their conditions

“My flu jab I ended up having to get it privately.... and I had to explain how anxious I was, and I was getting upset about being told I was ineligible”

“Thresholds for support are too high for children who are impacted by trauma to be supported effectively”

(c) Differences in service provision and delivery depending on areas and population

Some participants noted that they see differences in service provision and delivery depending on people’s income levels, place of residence or schools they go to and how skilful they are in certain areas (e.g. digital literacy).

“Society seems to operate in tiers and that’s wrong”

“Accessibility needs to be improved to increase awareness of services amongst different groups and encourage contact”

“I think teachers do a good job in school; I know from experience that I have always been able to send an email saying I’m not feeling too good today, though I know from different schools that they do not have the same relationships”

“The food parcels for those advised to shield during the first lockdown were really unhealthy – white bread, tinned tomatoes and very little fresh food. Although advised to shield, I could afford to get other food, so I gave away those boxes, but charities need healthy food to give to those in need”

“Making sure services have non-digital offerings to meet the needs of those without equipment or digital literacy”

Theme 2: Information and Guidance

(a) Clear information that is easy to understand and follow

Many participants pointed out that there needs to be better information that guide people to the right services and to help people take care of their own health.

“Lack of knowledge within community groups and services about what support is available for different groups within the community”

“Could local councils be used to distribute health and wellbeing information more effectively?”

“Look after yourself where you can but also need to have awareness and knowledge of how to get help when needed. All of those things together help me collectively to stay healthy or become healthy”

“You can go to gym but then there is no one to help you to check if you are doing it right”

Clear, understandable signposting and guidance is especially important in times of health emergencies.

“Interpretation on helplines is really important”

“There needs to be a redefinition of ‘crisis’, that’s coming from the person that needs help”

“I think the government should make it clear on what message they are putting out to the public. In terms of COVID-19, like exams and other things, because some people don’t understand if they should be staying at home or going to work, if there are exams or not”

One person also noted that language barriers should be considered when delivering information across the borough.

“Language seems to be a major information barrier; how can you get information across if you have not got the language to communicate with”

(b) Training for healthcare and social care professionals

Participants highlighted the need to train healthcare and social care professionals about how to approach patients and service users with disability or additional needs and the importance of their constant efforts to increase awareness in the field.

“I was once told by someone who works in the homeless sector that I don’t look autistic”

“Why isn’t the disabled blue badge recognised as the disabled parking card?”

“Education/support needed so that cycles of trauma are not continued through generations”

On the topic of addiction, participants also touched on the issue of stigma and gave insight into when people might be prone to adopt or engage in addictive behaviours.

“resource would be better spent on reducing the stigma around addiction and making it easier to ask for help, which would mean people could access support more easily, therefore reducing the harm caused”

“The gap / transition between formal education and first job is such a dangerous time for addictive behaviours”

For mental health, participants shared that de-stigmatisation, awareness-raising and training efforts need to continue. It was also noted that it is important that mental health support does not tail off after people leave school. Alternative support that is effective needs to be in place.

“Mental health --there’s still a big stigma and increasing awareness will help”

“Not everyone gets on with Zoom etc. Phone networks and WhatsApp groups have been another useful way to offer alternative support.”

“In terms of secondary school, it (mental health support) starts to drift off, little bit less talked about. You have school nurses, they were less frequent which people didn’t really use. Especially now, college years it’s a lot less support...you have to find support yourself”

“We’re seeing more frontline staff take part in Mental Health First Aid training, but we need senior managers taking part too”

(c) Transparency in governance and resource allocation

Focus groups which contained healthcare professionals as participants, raised concerns on how the allocation of funding will be done for next few years to achieve priorities listed out in the strategy. They also wanted a clearer guidance on who will be part of which team, and how “working together” will be achieved.

“Need to be clear who we see as partners in a Health and Wellbeing Strategy. This should be obviously more than a workplan for a Public Health Team or any other individual team”

“We don’t know which levers are free. Health spending is large but much of it is already committed. What could be moved or changed? Are local authority budgets slightly freer?”

Theme 3: Service Integration and Appropriateness

Some respondents recognised the importance of approaching health in a holistic manner. Improving health requires looking at the whole person, beyond symptoms of one disease to broader health-promoting or health-harming factors influenced by social factors.

“For instance, if you are going to have a programme of changing behaviour, you will probably want to look not just at physical activity but also things like diet, sleep, social connections, substance abuse and so on. So, you need to work through some of these possible strategies, look at what bits join up and what don’t, where the costs are and then you can start to prioritise”

By having a more well-rounded approach to health, it follows that silo working has to be broken to be effective in meeting complex health and social care needs. Particular attention should be paid to the service ‘boundary areas’ to ensure a smooth transition and continuity of care between services. This effort towards service integration could include sharing necessary information between providers (with the service users’ informed consent) to avoid having to repeatedly explain health conditions and to reduce the risk of re-traumatisation.

“Joined up working between services and agencies and for people to be looked at as a whole, rather than their symptoms looked at and treated separately.”

“Services are disjointed, and there are too many gaps, especially as people move from children’s services to adults”

“Often people have to go through multiple layers of re-explaining their trauma before receiving support”

Respondents also appreciated the ongoing effort to promote more joined-up services and the benefits to be reaped, including sharing ideas, funding, and exploiting economies of scale. However, some respondents from the voluntary and community sector (VCS) noted the trade-offs between participating in partnership forums and frontline service delivery.

“It is important to have a strategy and it is good that the organisations are coming together”

“From a VCS perspective, staying in touch with the various forums is a challenge. We want to collaborate, but partnership participation sometimes comes at the price of frontline delivery...”

Theme 4: Targeted support

Respondents have highlighted several groups of people who could benefit from tailored support, including ethnically diverse communities (EDC) and people who experienced trauma in childhood.

(a) Culturally sensitive care

A culturally sensitive, person-centred health and social care is one that emphasizes providers’ behaviour and attitudes, health care policies and a physical environment that ethnically diverse patients identify as being respectful to their culture. A culturally sensitive care enables them to feel comfortable with, trusting of and respected by their service providers and staff³. In practice, this could involve recognising and addressing language barriers by providing suitable interpreters; or providing women-only space for leisure activities.

“Ethnically Diverse Community (EDC) needs to be a priority of its own (missed priority) as it has highlighted there is a lot to address”

“Professionals also need to be aware that language can also play a part in understanding someone who is not fluent. Sometimes they talk too fast and it’s hard to understand”

“access for women only fitness /swimming sessions for some cultural groups is an issue”

(b) Trauma-informed care (TIC)

Several respondents also raised the need for recognising and supporting those who have experienced trauma in childhood. This is in line with the broader effort in Berkshire West to embed trauma-informed care (TIC) in health, social care services as well as in schools. In essence, trauma-informed care recognises the prevalence and widespread impact of trauma; people who have experienced repeated, chronic or multiple trauma, even in childhood, are more likely to show symptoms of mental illness, health problems or risky health behaviours such as substance abuse⁴. TIC means recognising the signs and symptoms of trauma and to respond accordingly in practices and policy to actively resist re-traumatisation⁵.

“Extra support for anyone who has been affected by mental or physical trauma in childhood”

(c) Specific roles, identities and health conditions

The focus group discussions also reiterated the need to target support to specific groups of people, as mentioned by the survey respondents. These families with young children, carers, the elderly and people with autism or sensory sensitivities.

“As an adult carer it is difficult to easily get to medical appointments, to get out to exercise and this all has an effect on my health and wellbeing in a way that doesn’t affect many other people who don’t have those difficulties”

“Because my arms and legs moved, I was considered fit to find a job, my mental health, autism and sensory sensitivities were completely overlooked.”

To achieve a truly person-centred health and social care that can effectively tackle health inequality, health systems can benefit from intersectionality theory⁶. This means moving away from a one- or two-dimensional focus on ‘ethnicity’, ‘age’, ‘income’, ‘caring roles’, or ‘disability’, and instead recognising the multiple social roles and identities people hold, that may have a compounding effect in privileging or hindering access to health and social care.

Theme 5: Social and Physical Environment

(a) Social environment

Focus group participants recognised the importance of community spirit in providing emotional and practical support for one another. Social support could come from friends, family members, workers or volunteers.

“...it is important for people to have good relational connections with others - in families, in schools and the workplace and in their wider community... Having good relationships with others is key to mental wellbeing and also means that people have support in dealing with the problems of life.”

“people looked out for one another, there was less formal childcare - they looked after each other’s children and mothers tended to work part time - and there was more of a community spirit”

(b) Physical environment

To some participants, having a health-promoting environment means having outdoor and indoor infrastructures for leisure activities (e.g. swimming) that are accessible and inclusive.

“It’s important to include access to outdoors space, fresh air and sunshine as part of this”

“Our most vulnerable and disadvantaged, who tend to experience the most health issues, have the least space to be active in”

Participants from the third sector voiced the need for more infrastructure to be effective and to be able to deliver what they have to offer.

“The third sector has a great deal to contribute and it would be wise to take note of that. While to some extent it is free, that is not so totally: infrastructure has to be provided for it to be effective and to be really effective it needs a lot of infrastructure.”

Particular attention should be paid to providing safe, private spaces to people experiencing traumatic situations.

“Not having safe spaces to communicate that support is needed around traumatic situations – advertising needed for organisations that can support those affected by trauma in private places”

Participants also raised issues on active transport and general safety.

“Physical activity is about so much more than exercise. It’s about safe and healthy ways of travelling to and from school and work.”

“The roads need to be kept in a good state of repair for this. Cycling in Reading, e.g. by St Mary’s Butts, is really hazardous now”

“People do not feel safe in Reading and there needs to be a greater response to make places safe, and make people feel safe, following incidents such as the attack in Forbury Gardens.”

“[Regarding] housing, I would add that rental culture and security for tenants could be discussed as an issue which makes a big impact on mental health.”

Theme 6: COVID-19

The pandemic has had an impact on everyone, albeit in different ways. For instance, some participants noted that COVID-19 has increased the risk of addictive behaviour and posed challenges to stay physically fit.

“COVID has increased addictive behaviour.”

“It’s been extremely difficult to keep my weight this down.”

For many, the lack of social interaction, particularly face-to-face interaction as opposed to online meetups, has affected their mental health.

“Having to isolate just because you’re over 70 has been hard”

“The pandemic really hasn’t helped my mental health and being cooped up all day with no escape is very disheartening”

“Usually I would go to the park or meet up in the community to take my mind off things, but I can’t do that now and it’s affecting my mental health”

“I’m an older carer and I’m not digitally connected, so with services reduced or closed and not digitally connected, on top of the extra caring I’ve found that together with reduction in community connectivity my mental health has been affected”

“Zoom is OK, but I have 8 hours in front of a screen for school and I don’t always want to spend more time in front of a screen in the evening as its can be exhausting. Lack of being able to meet face to face or variety in life unlike other children is affecting me mentally”

For others, staying at home all the time with their family poses a different set of challenges, especially those with caring responsibilities. Some participants expressed the occasional need for quiet, personal space.

“My house is small and sharing it with my entire family all the time so I’ve no escape from them. I feel I’m being watched and judged because I don’t work and yet the rest of my family are”

“I’ve had a lot of worry and sadness in the family, but I had support from one to one buddies just walking down my street for a while, just being able to share.”

“Life is more stressful, I can’t meet up with friends, school is shut, I’m in the middle of my GCSEs and the house is busy with everyone in live lessons. It’s chaos, I’m working in a shed in the garden. It is affecting my mental health more than usual as a young carer.”

Finally, there were discussions surrounding how to move forward from the COVID-19 pandemic.

“Post COVID, people are going to need a lot of support to re-adjust”

“It’s not clear how the impact of COVID is being considered. We need a ‘new deal’ for health and wellbeing because of this.”

“The strategy should take account of the possibility of future pandemics and the variety of guises in which they might appear”

4. Developing the priorities

Shortlisting of priorities

In order to quantify the key priorities of residents, three ranking systems were devised (see Appendix A). This was in order to establish what survey respondents regarded to be most important to help them and their communities live happier and healthier lives. Quantitative outputs were then consolidated using findings from the focus groups.

Through the three scoring systems to evaluate priority ranking of survey respondents; the top 5 (out of 11) priorities were found to be consistent across the three areas (Appendix B). This was corroborated by thematic analyses of focus group findings and free text survey analysis. The top 5 priorities were therefore identified as follows:

- Reduce the differences in health between different groups of people
- Support individuals at high risk of bad health outcomes to live healthy lives
- Help young children and families in early years
- Good mental health and wellbeing for all children and young people
- Good mental health and wellbeing for all adults

The outputs from the free text (from surveys) and focus groups showed a broad alignment with the survey findings. The focus group findings can therefore be used as a deep dive from which to ensure that supporting action plans address the issues raised.

Priority 1: Reduce the differences in health between different groups of people

Reducing health inequalities was considered “extremely important” by 30% of survey respondents, consistently ranked as a top priority across the 3 local authorities. Below are the comments and feedback from participants or respondents who said “there were significant changes needed” in this priority.

Many focus group participants and survey respondents raised the issue of unequal access to services, particularly for those most in need. As one survey respondent expressed, there is a need to “make it available to everyone”. For instance; sports clubs and gyms, a healthy nutrition and diet; and health education and promotion are often most accessible to those who are from high-income backgrounds. Participants outlined the impact of this, noting that “people in lower socio-economic groups tend to have worse health and nutrition”. Participants also highlighted the need to examine the accessibility of facilities for “physically disabled people” who “do not have the access (some GP surgeries) or are not able to use all facilities (such as swimming) to improve their health”. Collectively, these responses point to the importance of addressing the social determinants of health to promote equality of access to services vital for health and wellbeing.

Given this, participants provided suggestions on ways to tackle these root causes, and therefore address health inequalities. For example, one survey respondent commented that “reducing the gap in health problems between rich and poor must be a priority, and this starts with a proper living wage, affordable housing and access to healthy living choices e.g. teaching children basic cooking skills, access to subsidised or free sport, fitness opportunities etc.”. Focus group participants also suggested introducing universal proportionalism; “at the moment things such as sports clubs, physical activity focuses etc are geared towards higher socio-economic groups or do not focus on other intersects who find it harder to be active such as women & girls or specific ethnic groups”.

Regarding access to health information, a number of focus group participants highlighted the need to work more closely with communities for whom English is not their first language and/or those with limited digital literacy. One participant summarised that “those who have English language limitation should have to have options that best suit them such as interactive dummies, modules, video clips, level of understanding testing tools. Also, can use simple charts. FM radio and other means of accessing health and NHS health service information”. Survey respondents also noted that better information routes for those who may not own smartphones should be given, as “a significant proportion of these people - certainly, many more than the council members are aware of - have not been able to use contact-tracing for COVID”. This points to the need for innovative and diverse means of disseminating health information and education to ensure accessibility for all.

Poverty was considered to be a major driver of health inequities; this encompasses issues of geography, housing, socioeconomic status and employment. For example, one respondent explained that “lack of income should not mean poor health... People living in deprived areas generally having poorer health, linked to poor housing, lower educational achievement and lower income”. Focus group participants highlighted the need to ensure access to services and support regardless of geography. Specifically, they noted that deprivation, isolation and poor health exist beyond areas populated by social housing. One survey respondent commented that “Often they are aware how to live healthy lives, but lack the affordable amenities to do so it may need some support to take that first step”, Respondents therefore highlighted the importance of addressing the gap between awareness and availability of services across regions and income brackets.

In order to address inter-group health inequalities and ensure locally-relevant services, participants highlighted the need for inclusion and prioritisation of community perspectives. As noted, “diverse communities have a range of knowledge and understanding about health and wellbeing issues in our local communities”, suggesting the value of incorporating local knowledge to understand community health needs. This includes involving ethnically diverse groups, who are already at higher risks of chronic diseases, and those who are disadvantaged by language and cultural barriers. Poverty and low socioeconomic status (linked to housing, employment, education), racial disparities in health access and outcomes, and gender identity and sexuality were all identified as major drivers of health inequality during focus groups.

The impact of the built environment on health inequalities and outcomes, including access to green spaces, good air quality, and safe cycle/walking paths, was also noted in focus groups. Participants highlighted the need to address disparities in access to a healthy external environment to promote health and wellbeing, with respondents suggesting that improving air quality was “associated with everything from dementia to asthma”. Focus group participants also specified that “affordable housing with green space could really improve the health and wellbeing for disadvantaged families”. A holistic approach to the built environment was expressed with participants noting its impact on both physical and mental health, and suggesting diverse ways to improve it, such as via changes to transport and outdoor spaces.



Figure 1. Visualisation of words frequently used by focus group participants and survey respondents for priority 1

Priority 2: Support individuals at high risk of bad health outcomes to live healthy lives

Supporting people at higher risk of bad health outcomes was found to be a key priority across Reading, West Berkshire and Wokingham. 35% of all survey respondents agreed that “significant change” is required within this priority area. Below are the comments and feedback from participants or respondents who said “there were significant changes needed” in this priority.

During focus groups, people facing higher risk of bad health outcomes were outlined to have either a continuing or new need for support (including before and during COVID-19). Key groups identified as facing higher risk of bad health outcomes include but are not limited to: those living with dementia; rough sleepers; unpaid carers; people who have experienced domestic abuse; and people with learning disabilities.

In order to support people with dementia, respondents suggested “an offer of ongoing support pre and post diagnosis that is equitable to all ages and inclusive to all”. Consultees also noted the importance of a “timely diagnosis”, post-diagnosis care, and a strengthened “care pathway from diagnosis to death”. This includes “dementia-friendly” access to activities and facilities to support social contact and regular exercise. It was noted that although dementia should be “grouped with mental health”, it should also be “addressed as a standalone” issue. Participants felt that dementia should be “an identified priority in its own right” to ensure appropriate patient management and care. Several survey respondents suggested increasing social and mental health support for dementia patients and their carers, as well as for older people to prevent cognitive decline.

Focus group participants emphasised a rise in homelessness in their communities, as well as those at risk of homelessness; “[I] still see homeless people on the streets and rapid rise in use of food banks indicates that many families are struggling with even the most basic of human needs”. Survey responses also pointed to the health risks associated with this rise in homelessness, and particularly the “need to end the cycle of homelessness, drugs and crime”. Solutions identified included supporting those Not in Education, Employment, or Training (NEET) into work; improving access to emergency and permanent housing, providing advice services (on issues ranging from budgeting to mental health); and encouraging community-based responses. For example, one survey respondent noted the “lack of adult education and its funding to further literacy and numeracy (in particular) amongst the unemployed and poorer sections of society”. Continuing, they suggested that addressing “this in itself would enhance employment opportunities, increase aspirations and thereby a better standard of living.”

Many participants pointed to the importance of the promotion of a healthy diet and good nutrition to reduce poor health outcomes for those most at risk. One focus group participant noted that showing people “how to create nutrition and healthy meals on a budget” would be an opportunity to promote healthy diets. Further suggestions included promoting healthy eating and providing outdoor gyms and free exercise classes to equalise access to the knowledge and resources needed for a healthy lifestyle. Participants noted that this should be coupled with frequent and widespread advertisement of these services to ensure that high-risk groups are aware of available support.

Importance was also placed on promoting the value of carers, particularly unpaid carers. Suggestions included raising community awareness of their importance and providing more services to support their health and carry out their responsibilities “These services need to be better funded, but also greater awareness is required by the public, so communities as a whole are more supportive”, suggested one focus group participant. Similarly, one respondent pointed to the need to redress the lack of recognition of “family unpaid carers especially for older adults”. Focus groups also highlighted an increased need in respite care for those acting as unpaid carers for a loved one. The importance of increasing social support and social cohesion was noted by several survey respondents; one of the comments suggested tackling “loneliness and isolation - this has an impact on many of the other priorities, if people feel connected, they will be more resilient to challenges which may make them less in need of other services”.

Participants outlined the need for “greater support” for those who have experienced domestic abuse. In particular, consultees noted the need for improved visiting and ongoing support for those at home, as well as the importance of support for men who have experienced domestic abuse. Survey respondents pointed to the lack of awareness and access to services for those who have experienced domestic violence – “it would also be good to see more support for victims of domestic violence being advertised”.

Survey respondents highlighted the need for learning disability-inclusive services and community activities. Respondents commented that “they need more activities, with transport included. Cooking, tailored exercise classes”, and that “more long-term support is needed, possibly a stepping stone program”. Better training for all health staff to understand the needs of people with learning disabilities and their carers were noted as key suggestions; “There is still a lot of work that could be done to improve the health of those with learning disabilities by simply working together with the local voluntary sector and without a huge investment of funding.”



Figure 2. Visualisation of words frequently used by focus group participants and survey respondents for priority 2

Priority 3: Help children and family in early years

Around 40% of all survey respondents across the 3 local authorities considered this to be an “extremely important” issue. Below are the comments and feedback from participants or respondents who said “there were significant changes needed” in this priority.

“Sometimes I would like to have help with childcare”. Focus groups identified how mothers feel isolated and unsupported, with issues exacerbated by COVID-19. Limited childcare and youth support services, including due to COVID-19 closures has meant increased challenges, particularly for young, single or new mothers. Some noted that “funding for youth service activities has been decimated. Better funding for local authority services for young people and for sports facilities is needed”. Focus group discussions highlighted barriers such as loss of self-esteem and expensive childcare; these were often worsened by mothers losing jobs and partners. Despite experiencing these challenges, there was also limited awareness of support services available to parents and families. Focus group participants said, “it’s very important that families are aware of the local opportunities and resources which are open to them”. The need to support working parents was also noted in both survey and focus groups responses; some commented that “childcare for full time working parents outside of school hours is extremely expensive and options are limited”.

Focus groups touched on how the wellbeing of parents is largely linked to the development of their children – participants discussed how parents are able to influence their children when they themselves have good relationships and are emotionally and financially secure as part of a wider resilient community. A survey respondent noted that “maternal mental health” should be addressed, and the community should work on removing stigma around it.

Focus groups highlighted how families with young children often struggle economically. The lack of valuable structural and social support was described and included concerns that “family hubs [were] closed”. Focus groups also underlined the limited access and diversity of services offering help to young families. Some survey participants also noted that “children’s centres were a great hub and source of practical and emotional support” for children and that they “wish[ed] to see more provision”. Many noted that the family activities should include outdoor and/or exercise activities; one participant said, “Personally I am not active enough, I would like activities available for families and better facilities like parks and swimming pools to encourage this.”

It was also identified that “it’s very unclear what support is available” to families. Focus groups underlined that the replacement of universal services with targeted services has, in part, led to the stigmatisation of receiving child support. In addition to this, certain families do not immediately meet the criteria for requiring support within targeted services, and so it is easy for them to “slip through the net”.



Figure 3. Visualisation of words frequently used by focus group participants and survey respondents for priority 3

Priority 4: Good mental health and wellbeing for all children and young people

Over 70% of people aged 45 or younger, and about 50% of all survey respondents, considered good mental health and wellbeing for all children and young people to be an extremely important issue. Below are the comments and feedback from participants or respondents who said “there were significant changes needed” in this priority.

“Many families are struggling to support their children”. Focus groups discussed that people who live in deprived or disadvantaged circumstances are more likely to have a mental health problem than those who live in the most affluent areas. Focus groups also underlined that children in families at-risk of mental health conditions are more likely to develop a condition as adults. The importance of early prevention programmes was also highlighted. These would focus on ensuring the resilience of children and young people through services such as safe communication spaces, community-based activities and accessible youth clubs. One survey respondent commented that “as part of the provision for the young, free access to arts and activities [...] would all held resilience to mental and physical health of the children and young people”.

“Not enough support in schools.” Focus groups highlighted how children and young people require additional support during the COVID-19 pandemic due to the stresses of isolation; it has been recognised that young people are likely to be suffering more in the later, rather than earlier, stages of the pandemic due to ongoing lockdowns. With the reopening of schools, participants drew attention to the need for “dedicated support staff to draw on and support children and not just rely on teachers to do that in addition to their already busy roles.”

Several focus group participants and survey respondents noted the long waiting times for Child and Adolescent Mental Health Services (CAMHS), and the implications of this for young people in need of urgent and/or long-term support. Access to such services was viewed as “important especially during the pandemic, as so many social interactions and relationship[s] have been affected.” Respondents also noted the need for “more specialist support” to safeguard the mental health and wellbeing of children and young people. As noted above, this included suggestions for the expansion of school-based mental health support, which in turn could help to reduce the pressure on CAMHS.



Figure 4. Visualisation of words frequently used by focus group participants and survey respondents for priority 4

Priority 5: Good mental health and wellbeing for all adults

Over 70% of people 35 years of age or older, and about 50% of all survey respondents, considered good mental health and wellbeing for all adults an “extremely important” issue; more than 40% of all respondents believe that “significant change” is required in this priority area. Below are the comments and feedback from participants or respondents who said “there were significant changes needed” in this priority.

“Not everyone is online.” Focus groups revealed the impact of the digital divide on access to mental health and wellbeing support and particularly how this affects older people. For instance, participants highlighted that not all individuals know where and how to search for help online. Additionally, it was expressed how loneliness and isolation amongst older people could be overcome through forming both online and in-person community networks. Focus group participants described that physical health is often “linked to mental health”; Individuals who have mental health conditions may end up in a vicious cycle of poor physical and mental health owing to the challenges of maintaining a consistent income, housing and social connections - all critical for maintaining good physical and mental health. Participants commented on the need to improve non-clinical interventions, such as “social prescribing and green spaces”, accessible and subsidised exercise classes, and arts and wellbeing courses.

“Ethnically diverse communities find it difficult to access mental health resources”. Focus group discussions highlighted the challenges for non-fluent and non-native English-speaking communities in accessing mental health resources; these included the lack of communication of available services and culturally appropriate resources. In addition, there were opinions about the need to raise public awareness to reduce stigma surrounding mental health and care-seeking, especially for groups not previously familiar with mental health resources. For example, as “many BAME people find it difficult to access mental health resources”, there is a “need for more interpreting resources”. In addition, “competency cultural training” was suggested to improve the cultural sensitivity of mental health support workers when “dealing with all types of trauma”.

Improving the timeliness and quality of mental health services was considered a key priority by both focus group and survey participants. Similar to responses about CAMHS, focus group participants felt that “the wait time for referrals for mental health issues is too long”, while “the duration of treatment is inadequate to resolve the issue”.



Figure 5. Visualisation of words frequently used by focus group participants and survey respondents for priority 5

5. Conclusion

Through the online survey and focus group discussions, public engagement has been at the heart of the development of the Health and Wellbeing strategy for Berkshire West. Residents were able to help identify key themes surrounding the current state of health and wellbeing of Berkshire West and what could be done better. Quantitative analysis of survey responses through a robust scoring system identified 5 priorities to improve health and wellbeing in their communities.

In addition to this, extensive qualitative analysis of free text in surveys and focus group discussions ascertained the results of the quantitative data; allowing the public consultation to inform both the main areas of focus for the five priorities as well as the priorities themselves. These priorities as outlined in the health and wellbeing strategy are: 1) to reduce health inequalities between groups; 2) to support individuals at high risk of poor health outcomes; 3) to help children and families during the early years of life; 4) to promote good mental health and wellbeing for children and young people; 5) to promote good mental health and wellbeing for all adults.

6. References

1. The framework in Figure 2 has been adapted from Chuah et al., 2018 and Levesque et al., 2013 <https://equityhealthj.biomedcentral.com/articles/10.1186/s12939-018-0833-x> ; <https://equityhealthj.biomedcentral.com/articles/10.1186/1475-9276-12-18>
2. Epstein and Street, 2011. The values and value of patient-centred care. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3056855/>
3. Tucker et al., 2012. Patient-Centered Culturally Sensitive Health Care. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3092156/>
4. Substance Abuse and Mental Health Services Administration (SAMHSA), 2014. Trauma-Informed Care: A Sociocultural Perspective. <https://www.ncbi.nlm.nih.gov/books/NBK207195/>
5. Trauma-Informed Oregon, 2016. What is Trauma-Informed Care? <https://traumainformedoregon.org/wp-content/uploads/2016/01/What-is-Trauma-Informed-Care.pdf>
6. Resilient and Responsive Health Systems (RESYST), 2017. Using Intersectionality to better understand health system resilience. <https://resyst.lshtm.ac.uk/sites/resyst/files/content/attachments/2018-08-21/Resilience%20and%20intersectionality%20brief.pdf>

7. Appendices

Appendix A: Scoring Systems

Survey data analysis

1. The first ranking system used was to establish what respondents ranked as number 1. This allowed us to understand what people considered the most important issue. However, this was not an intuitive method to give an overview of all the priorities, as consideration would only be given to what responders placed as their number 1 priority, rather than their top 5.
2. The second ranking system allowed us to consider all 11 priorities equally when ranking them. This was done by assigning each priority a score (in accordance with where the priority ranked out of 11) and then totalling the scores. This allowed for a better understanding of the data spread in terms of the ranking. All 11 priorities were equally considered when ranking.
3. The third ranking system assumed that responders gave more importance to what they considered a top 3 priority when answering the survey. Thus, more weight was put on these responses. The scores were then totalled as they were in (2).

Regardless of which scoring systems was used, the top 5 was consistently the same (in no particular order):

- Reduce the differences in health between different groups of people
- Support individuals at high risk of bad health outcomes to live healthy lives
- Help young children and families in early years
- Good mental health and wellbeing for all children and young people
- Good mental health and wellbeing for all adults

Focus group and free text analysis

Following the 18 focus group discussions, thematic analysis was done to categorise the issues raised into the 11 priorities. Top 3 priorities were ranked using the same scoring system as (2).

Appendix B: Overall results on the ranking of priorities

Priorities	Counts			Rankings		
	#1	Average Score (total)	Weighted Score (top 3 weighted more)	#1	Average Score (total)	Weighted Score (top 3 weighted more)
Reduce the differences in health between different groups of people	467	17495	20294	1	4	4
Support individuals with high risk of bad health outcomes to live healthy lives	345	20080	23329	2	1	1
Help families and young children in early years	277	18143	20816	4	2	3
Reduce the harm caused by addiction to substances (smoking, alcohol or drugs)	120	14527	15865	8	8	8
Good health and wellbeing at work	48	12859	13768	11	11	11
Physically active communities	151	14591	16103	7	7	7
Help households with significant health needs	118	15747	17145	9	6	6
Extra support for anyone who has been affected by mental or physical trauma in childhood	86	14428	15613	10	9	10
Build strong, resilient and socially connected communities	245	14107	15718	6	10	9
Good mental health and wellbeing for all children and young people	308	18136	20827	3	3	2
Good mental health and wellbeing for all adults	258	17126	19481	5	5	5

Footnote: The table shows that the top 5 priorities remain the same and this is shown in green. The red cells show the lowest 3 priorities. Number 1 represents the most important priority and 11 shows the least important priority.

Appendix C: Questions included in the online survey

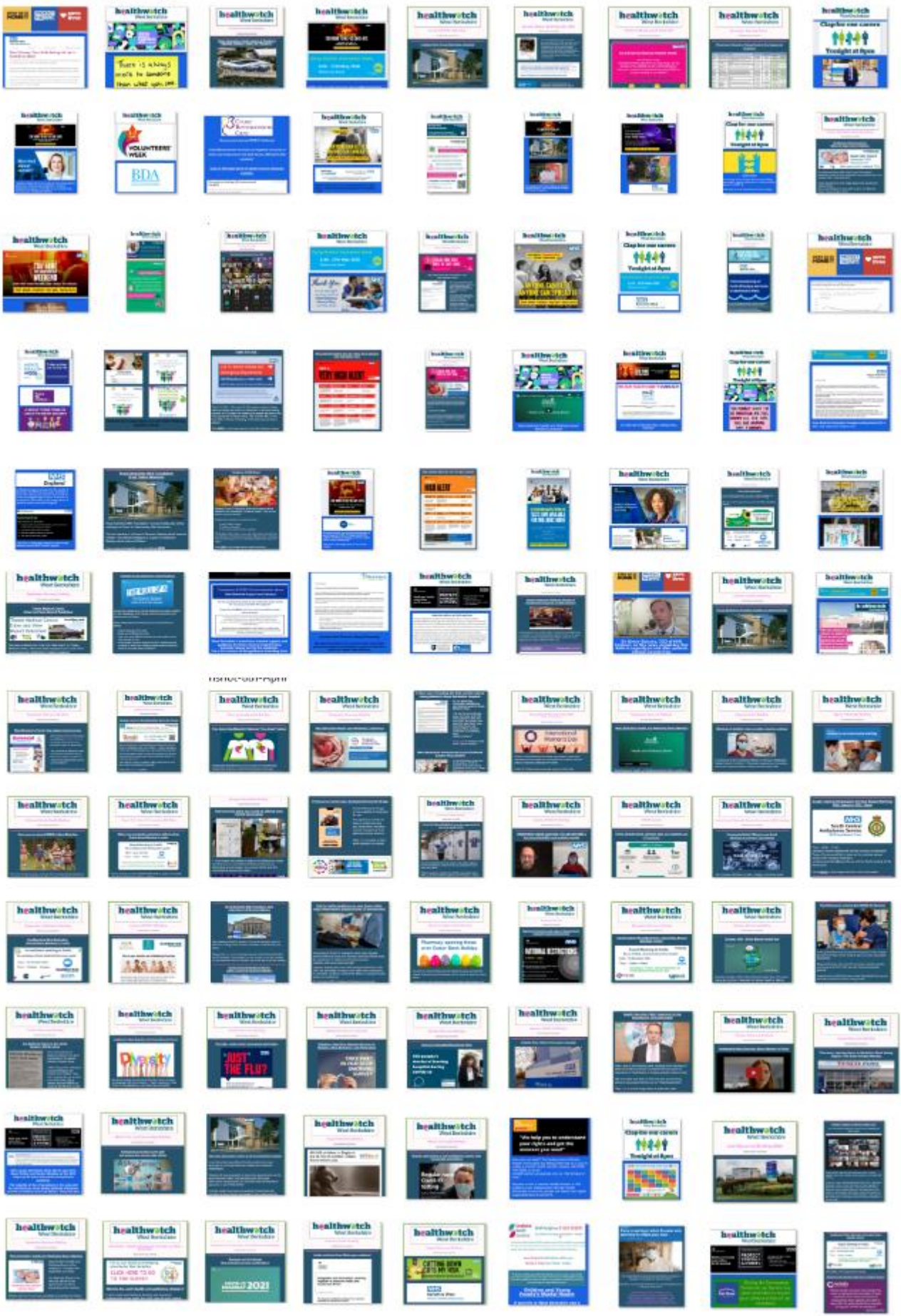
1. How important do you think each of the potential priorities are to helping you and your community to live happier healthier lives?
 - a. Extremely important, Very important, Somewhat important, Not so important, Not at all important
2. In order of importance, one being the most important, how would you rank the potential priorities?
3. Are there any other priorities you think we should consider including in the draft strategy that we haven't mentioned in previous questions?
 - a. Please tell us what priorities you like to see included and why
4. How much change do you think is required for each priority (asked for each individual priority)
 - a. No change, some change, significant change, don't know
 - b. Please tell us the reasons for your response, including details of any changes you think are needed
5. Have you or your family had any health and wellbeing concerns recently
6. Would you like to tell us briefly what they are? You can skip this question if you would rather not tell us
7. Are you, your family or other people you care for able to get all the help or support you/they need for any health and wellbeing problems?
8. Has the help or support been sought during the COVID-19 pandemic
9. Are there any further comments you would like to make?



On equal terms

Then and now

Healthwatch West Berkshire Annual Report 2020-21



All Newsletter Covers produced during COVID-19

Contents

Message from our Chair	4
About us	6
Highlights from our year	7
Theme one: Then and now Maternity	8
Theme two: Then and now Access To Covid Vaccination	10
Responding to COVID-19	13
Volunteers	15
Media Coverage	17
What our partners say about us	18
Finances	20
Next steps	21
Message from our Chief Officer	22
Thank you	27



West Berks Diversity Forum

“The Healthwatch West Berkshire team are always incredibly responsive and exemplar of active listening”

James Wilcox (Fair Close Centre) Page 95

Message from our Chair

Welcome to the Healthwatch West Berkshire (HWWB) Annual Report for 2020/21.

When I wrote my report this time last year it was difficult to look to the future and envisage the on-going havoc wreaked by the SARS-CoV-2 virus and resultant impact on the provision of health care to the community.

Despite the difficulties imposed by remote working in a virtual world, Healthwatch West Berkshire has continued to be the essential, and successful, conduit for patient feedback.



**Mike Fereday, Chair
Healthwatch West Berkshire**

“..it is my firm belief that we impact the provision of local health and care services provided to the local community for the better.”

While there have been many dark days, the light at the end of the tunnel is glowing ever brighter fuelled by the fantastic efforts of scientists around the world to produce effective vaccines in an unbelievably short period of time and the subsequent roll-out by local health professionals. For West Berkshire, the CCG, the Primary Care Networks, Practice Managers, Practice Staff and volunteers can feel justly proud of the smooth and efficient way that the local vaccination centre was set up and run. It follows that much of the work of HWWB this year has been Covid 19 related.

Remote working and virtual meetings have continued to be the norm which has impacted on activities such as “Enter and View”. Given the national disaster of coronavirus infected patients being discharged from hospitals to care homes, a member of the Healthwatch West Berkshire staff, with full PPE and taking effective infection control measures, was able to visit several care homes to gather the experiences of residents and staff as to how they were affected by the pandemic. I am humbled by the dedication of this individual in performing this activity.

Adapting to the new way of working was challenging but I am delighted to commend the staff of Healthwatch West Berkshire for the way that they have responded. Our monthly Newsletters became daily as we sought to provide the residents of West Berkshire with up-to-date information on the pandemic. Of particular note was our fifth “Thinking Together” event which was held as a virtual event. This enabled providers and recipients of mental health support to exchange views. Holding the event virtually had both *pros* and *cons* but it proved to be very successful. Concerns that we may have lost participants because of digital exclusion issues proved to be largely unfounded thanks to welcome support from the voluntary sector.

Joint Covid 19 Survey and Report for 'Berkshire West'

HWWB took part in a joint survey with Healthwatch Reading and Healthwatch Wokingham on how Covid 19 had affected individuals. We took the opportunity to target and engage particularly with the residents of West Berkshire. It was clear that there was a huge anxiety created in the public as everyday services moved online, changed location, were suspended, or just stopped operating. Major issues highlighted included Phlebotomy (which seems to have been largely resolved) and specifically Dental services, which effectively ceased to operate in any meaningful way for much of 2020.

Maternity Survey , Report and Forum to obtain people's views and experience.

Following our survey of women using maternity services which was updated to take account of Covid 19 issues, we published our report on the maternity experience. In West Berkshire, the levels of care are generally very good, though the maternity experience report highlighted some issues that may warrant further investigation and potential changes – a startling finding of the report being that 25% of women were dissatisfied with their maternity care. A significant number of women were found to have given birth in hospitals in adjoining counties (outside the Bucks, Oxfordshire and Berkshire West (BOB) Integrated Care System (ICS) highlighting the cross-border issues we experience in West Berkshire.

West Berkshire Diversity Forum

HWWB hosted the second West Berkshire Diversity Forum – another virtual event – which focussed on how Covid 19 had affected individuals, their families and the community. This enabled the community (people of colour) to share their experience during the pandemic with the intention of learning from the feedback and how this should impact on health and social care service in West Berkshire.

CAMHS Survey & Focus group work

In February 2021 HWWB undertook an online survey exploring the views and perceptions of the parents/guardians of children who were currently using the local Child and Adolescent Mental Health Services (CAMHS). I hope our report, when published, will be a springboard for the root and branch transformations that will improve the mental health and emotional wellbeing of our children and young people in West Berkshire.

In terms of healthcare provision, the pandemic has continued to change the way in which people interface with GP surgeries with much greater reliance on digital technology. HWWB will continue to have an important role in ensuring that the vulnerable and those unable to adapt are not left behind and overlooked by the NHS.

Finally...

In conclusion, it is my firm belief that we impact the provision of local health and care services provided to the local community for the better. That this has been achieved, once again largely devoid of any face-to-face contact, is entirely due to the enthusiasm and vigour shown by the Chief Officer, HWWB staff, volunteers and Board members. Of course, we could not have done this without the willingness of statutory and Health and Social care organisations to listen to us, to work with us and to respond positively to the issues raised on behalf of local people.



**Mike Fereday, Chair
Healthwatch West Berkshire**

About us

Here to make health and care better

We are the independent champion for people who use health and social care services in **West Berkshire**. We're here to find out what matters to people and help make sure your views shape the support you need, by sharing these views with those who have the power to make change happen.

Helping you to find the information you need

We help people find the information they need about services in their area. This has been vital during the pandemic with the ever-changing environment and restrictions limiting people's access to health and social care services.

Our goals



1 Supporting you to have your say

We want more people to get the information they need to take control of their health and care, make informed decisions and shape the services that support them.



2 Providing a high quality service

We want everyone who shares an experience or seeks advice from us to get a high quality service and to understand the difference their views make.



3 Ensuring your views help improve health & care

We want more services to use your views to shape the health and care support you need today and in the future.



“Local Healthwatch have done fantastic work throughout the country during the COVID-19 pandemic, but there is more work ahead to ensure that everyone’s views are heard. COVID-19 has highlighted inequalities and to tackle these unfair health differences we will need those in power to listen, to hear the experiences of those facing inequality and understand the steps that could improve people’s lives.”

Sir Robert Francis QC, Chair of Healthwatch England

Highlights from our year

Find out about our resources and how we have engaged and supported people in 2020-21.

Reaching out



We heard from

1137 people

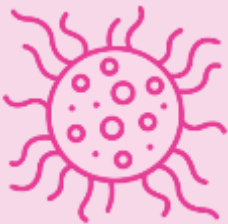
this year about their experiences of health and social care.

We provided advice and information to

1,115,638 people

this year via social media , newsletters & our website.

Responding to the pandemic



We engaged with and supported via digital

387,909 people

during the COVID-19 pandemic this year.

Making a difference to care



We published

2 reports

about the improvements people would like to see to health and social care services. From this, we made 24 recommendations for improvement.

33 % of recommendations

we made last year have been acted upon, at the point where we reviewed progress.

Health and care that works for you



22 volunteers

helped us to carry out our work. In total, they contributed 800/100 hours/days.

We employ 4 p/t staff

2.6% of whom are full time equivalent, which is the same as the previous year.

We received

£98,000 in funding

from our local authority in 2020-21, the same as the previous year.




Healthwatch West Berkshire Maternity Report

Theme one: Then and now Maternity



Then: access to NHS Maternity services

Thanks to people sharing their experiences of maternity we were able to highlight a message that all was not good for those giving birth in West Berkshire and for new mums also.

Our report found that one in five of those women answering the survey told us they were unhappy with their maternity care and almost one in ten found the experience traumatic.

HWWB also found that only half the women surveyed felt they were given all the information they needed. The most worrying figures relate to those women who said they received little or no information or advice during their pregnancy: 12% and in the 10 days post-partum: 21%. We found 3 out of 10 women felt they didn't get the emotional support they needed during pregnancy. Of more concern was that 4 in 10 women felt that they had little or none of their emotional support needs met. Given the dangers of postpartum depression, this is a concerning figure and one that needs to be addressed.

Approximately 6 out of 10 women felt free to make their own decisions and believed that options and choices were well explained, leaving 4 out of 10 who did not. It is striking that although a third expressed the desire to give birth at home, however, only 5% of the sample achieved this. Leading to the question is shared decision making real in maternity?

Of particular note, was the communication 'gap', with many feeling they did not know what to do around important issues: including getting in touch with their midwife and what to do if they were not available; baby weighing and how important this was or even how to do it safely. There were inconsistencies from the four local hospital Trusts around partners visiting or accompanying pregnant women. It is important this feedback does not get lost.



Now: Ongoing maternity issues

Thanks to patients sharing their experience of maternity, HWWB has actively campaigned to ensure that the issue of maternity is right at the top of 'the worry list' for the local NHS leaders and West Berkshire's Health and Well Being Board. Asking for scrutiny and service improvements to be made is crucial to ensure national scandals are not brushed off as 'well its not like that here.'

We were delighted to take our Maternity report to the Health and Well Being Board for an in depth discussion of local services in September 2020. The report had 14 recommendations

Our initial survey captured the views of 190 women, following on from a joint survey in 2018 that heard from 1400 across the BOB ICS area. With recent national maternity scandals to the fore, Shrewsbury's leading to the *Ockendon Report*,* which followed on from others including Morecombe Bay and the birth inequalities for Ethnically Diverse Communities scandal,* it's clear Maternity services are not in the place they need to be for scores of women and more importantly it's not being talked about! 1 in 5 women being unhappy with their experience points to systematic issues even in an area of relatively good health like West Berkshire.

In addition, HWWB received some post survey Covid maternity feedback:

- It has emerged from talking to new mums within the *West Berkshire Maternity Forum* that **Health Visitors** (HV) play a vital role, in supporting them postnatally. The HV service has been greatly affected by being unable to operate normally with limited mitigation being open to the service during the pandemic. This has inevitably had a huge impact on new mums.
- The communication 'gap', left many feeling they did not know what to do around important issues: such as how to get in touch with their midwife and what to do if the midwife was not available
- There were inconsistencies from the four local hospital Trusts around partners visiting or accompanying pregnant women.

"We had our 6-week check done at the same time as her jabs but no measurements. Don't even get me started on trying to get her weighed that's been an absolute nightmare back and forth with both doctors and Health Visitors"

As a result of our report Hampshire Hospitals have agreed to locate a Maternity service within West Berkshire, with Great Western Hospital happy to consider it if there is funding available.

We have also established a *West Berkshire Maternity Forum*, allied to the other three maternity voice groups in surrounding areas. It is hoped it will be supported to become a real voice for pregnant women/new mums in West Berkshire.

HWWB urges the BOB ICS, West Berkshire Health and Well Being Board & NHS England to keep a keener eye on patient feedback with regard to maternity in its transformation plans and hope overall services will begin to become equitable for all with satisfaction levels far higher in future.

Share your views with us

If you have a query about a health and social care service, or need help with where you can go to access further support, get in touch. Don't struggle alone. Healthwatch is here for you.



www.healthwatchwestberks.org.uk

01635 886 210

contact@healthwatchwestberks.org.uk



Theme two: Then and now

Accessing Covid Vaccinations



Then: access to Covid-19 Vaccinations

Being able to get an appointment with a GP has been a priority for Healthwatch since it was first established. For many, including those from vulnerable groups such as Rough Sleepers, the Ethnically Diverse Communities, Canal Boat dwellers and disabled groups this can often be far from straightforward.

A West Berkshire Resident whose mother had travelled over from India to visit found themselves 'stuck' in the UK as the pandemic caused another lockdown. They tried to register their mother with a local Newbury GP, only to be told they needed a letter from the Home Office, despite her having a valid visa.



"My Mum had struggled to register with the GP however with fantastic effort from Healthwatch team, we have managed to get her two doses of vaccine in Newbury - thanks Healthwatch team"

When vaccinations opened up to vulnerable groups the son tried again to register his mother and, despite her visa being valid until 2022, was told again by the surgery receptionist a Home office letter was required.

At this point he approached Healthwatch West Berkshire:

- We contacted the Berkshire West CCG who clarified the correct procedure under the GP Enhanced Service specification that she should be registered and entitled to a Covid-19 vaccination
- We then wrote to the Practice Manager and the lady was registered, received her jab (as did the son and his wife as carers) at the Newbury Racecourse site.



Then: access to Covid-19 Vaccination

An older couple who live on a narrow boat had cruised down from the Midlands and found themselves on the canal just outside Newbury when the second lockdown happened. Both were due to be vaccinated and had received NHS texts offering them vaccinations back in the Midlands. As they could not get there due to lockdown, having no transport other than the canal boat, they tried to register with a local GP practice

Their own surgery was only offering postal access to national sites and advised them to seek temporary registration in West Berkshire. They completed the online form for the nearest Surgery. The response from the surgery said because they were registered so far away they would not allow a temporary registration for Covid Vaccination. Additionally, they both received text messages from the NHS to book an appointment at national sites, but the link only offered places around the Midlands surgery where they were registered.

They found that the local Vaccination Centre was the Newbury Racecourse. Having found a number for the Racecourse they were told the vaccination centre did not have a phone number, but it was suggested that they try another local Newbury Surgery, as they are 'nice people'. The couple contacted this surgery in Newbury, to be told the surgery didn't want to register them.



As the BMA states: "Anyone, regardless of their country of residence, is entitled to receive NHS primary medical services at a GP practice. This means tourists, or those from abroad visiting friends or family in England, should be treated in the same way as a UK resident."

The couple then rang the national 119 number to book an appointment at the Newbury Racecourse, and were told that the Newbury site is not registered with the NHS booking service, it was only for people registered at a local surgery! They could not understand that they had done what had been requested of them, but were still no closer to organising Covid-19 vaccinations.

Finally the couple contacted HWWB. We contacted the CCG and subsequently the surgery the couple had initially applied to in order to determine why it was unable to register this couple to get vaccinated. On receiving the call from us, the surgery registered the couple as temporary patients so they could receive the vaccination.

The couple were registered, and brilliantly offered the vaccine at the Newbury Racecourse, as they didn't have transport to get to the Mass Vaccination sites in Reading or Basingstoke,(which was policy for temporary patients,) but they could get the train to Newbury Racecourse and got their jabs there.



Now: accessing your GP during the pandemic

As a result of people sharing their experiences, we contacted the Berkshire West CCG and their Covid Vaccination Board who reminded all the local GP surgeries that under the National Guidance all people were to be registered to ensure they received their vaccination when due.

HWWB also raised this issue of Rough Sleeper Covid-19 'jabs' with the local Covid Vaccination Board. We were delighted when the Board and Dr James Kennedy set up a virtual clinic working with the Newbury Soup Kitchen/ West Berkshire Homeless Team to get our local Rough Sleepers vaccinated early in the New Year.

Despite the excellent 'Right to Care' card produced by Healthwatch England and NHS England, national initiatives around 'GP Registration', *it's still not working!* We still have too many vulnerable people approaching surgeries and being told they can't register without ID.

HWWB is calling on NHS Improvement and the BOB ICS to conduct a formal review into how people should be registered either temporarily or on a full-time basis. HWWB are asking whether difficulties with securely accessing patient records can be worked around to avoid 'flat refusals' to register someone visiting a surgery by GP receptionists, who are simply following a local surgery process!





Responding to COVID-19

Healthwatch plays an important role in helping people to get the information they need, especially through the pandemic. The insight we collect is shared with both Healthwatch England and local partners to ensure services are operating as best as possible during the pandemic.

This year we helped 1137 people by:

- Providing up to date advice on the COVID-19 response locally
- Feeding back to the NHS and West Berkshire Council what the public were telling us
- Linking people to reliable up-to-date information
- Running the personal stories of residents & key workers in our *Covid Diaries* page
- Supporting the vaccine roll-out and helping with community engagement
- Supporting the community volunteer response
- Helping people to access the services they need

Top four areas that people have contacted us about:



Phlebotomy



Early in the pandemic, we heard from many people about the inability to get an emergency blood test. Many were concerned that having consulted a GP, who said their case was urgent, they then found there was a three/four week delay to get a test done at the major centres as their GP didn't do blood tests. We even had our local MP 's office asking if we could help signpost or assist and one case where they were seen by a consultant before the blood test were done

Following this:

- We raised it at the CCG Planned Care Board?
- A recovery plan was put in place
- More staff were recruited and new booking systems were put in place



Contact us to get the information you need

If you have a query about a health and social care service, or need help with where you can go to access further support, get in touch. Don't struggle alone. Healthwatch is here for you.

www.healthwatchwestberks.org.uk

01635 886 210

contact@healthwatchwestberks.org.uk





Volunteers

At Healthwatch West Berkshire we are supported by 22 volunteers to help us find out what people think is working, and what improvements people would like to make to services.

This year our volunteers:

- Helped us get in touch with Ethnically Diverse Communities who were struggling in the pandemic producing our online surveys.
- Held focus groups for new mums feelings isolated to capture their feedback during Covid
- Helped us analyse key feedback and write reports for CAMHS, Covid-19, Maternity
- Managed online Zoom meetings around the new Joint Health and Well Being Strategy to capture the thoughts of key groups
- Helped us write online surveys that were 'public friendly' avoiding jargon

"When I don't know what to do...I phone Healthwatch...so helpful."

Mark Landreth Smith



Board Member – Lesley

When I retired in March 2017 I wanted to carry on contributing to the health and well-being of local residents. So, alongside my part-time consultancy roles within Public Health, I have been proud to be a member of the Healthwatch West Berkshire Board for the last 2 years.

I have been involved with the HWWB team in looking at a variety of care services including maternity services, CAMHS, primary care and services for ethnically diverse communities. I have been able to use the skills and knowledge, from working in the NHS, to help contribute to the valuable work that Healthwatch does to improve local NHS services. I feel privileged to be a member of such a professional, able and dedicated Board.



Younger Volunteer – Abbie

Working with Healthwatch has been very insightful. Being part of the team gave me an opportunity to gain some understanding of people’s experiences using local health services, and how important they are in making sure those who need it are provided with the proper support.

It’s great to think I may have contributed, albeit in a small way, to making a difference for those who are in need of the most help.



Board member Paul

Having recently found out about Healthwatch in 2020, then asked to be an active volunteer, has given me a big insight into the varied but important work they undertake bearing in mind this is only a small team but with a large outreach within all care and health sectors.

It has enabled me to share my knowledge and understanding with those who would not have direct experience within the world of Disability thus helping to bring disability to the forefront of Healthwatch and all its workstreams.

We should all aspire to give as much support as we can to those in need, they deserve our endeavours.



Volunteer with us

Are you feeling inspired? We are always on the lookout for new volunteers. If you are interested in volunteering, please get in touch at Healthwatch West Berkshire.



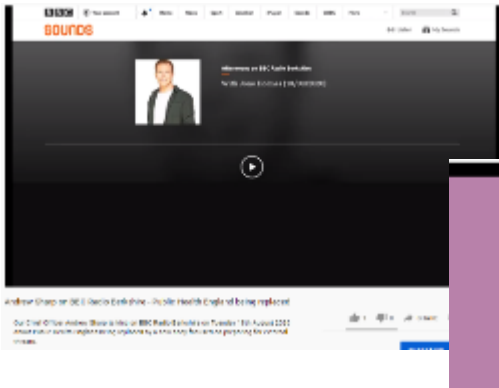
www.healthwatchwestberks.org.uk



01635 886210

volunteer@healthwatchwestberks.org.uk

Some of our media coverage



Laura Farris, MP for Newbury, mentioning our Maternity Report in House of Commons



What our partners say about Healthwatch West Berkshire....

"All at Berkshire West CCG would like to take the opportunity to thank the team at Healthwatch West Berkshire for your approach throughout the 2020/21 coronavirus pandemic. You have provided support where merited and challenge where necessary to ensure the best possible patient outcomes.

In particular, we would like to thank you for the helpful and comprehensive report entitled "Covid 19 First Wave Survey and Post First Wave findings in West Berkshire". It is clear, that a lot of effort was made to capture and reflect the public view and we were pleased to have had the opportunity to comment on the recommendations within the report ahead of its publication."

Dr Abid Irfan, Chair, Berkshire West CCG



"Community United West Berkshire has been working with Healthwatch West Berkshire throughout the pandemic, signposting cases involving the ethnically diverse communities and being involved with the West Berkshire Diversity Forum as well as the Community Link Conversation.

Together we have been advocating that the word 'BAME' no longer be used with reference to the ethnically diverse communities in West Berkshire since our Belonging West Berkshire event in September, which UK government has also supported the abolishing of the use of this word.

We value the spirit of collaboration and look forward to more especially as a partner in the West Berkshire Diversity Forum and the Long Covid Project."

Community United West Berkshire



"Healthwatch are a valued key stakeholder in Dementia Friendly West Berkshire. They are consistently involved in meetings, projects and feedback and are committed to making things better for people living with dementia and their carers in West Berkshire. Representatives from Healthwatch are always keen to share ideas and expertise and are first to step up and share tasks and events. All in all a very valued partner"

Dementia Friends West Berkshire
Victoria Rowland (Dementia Co-ordinator)



What our partners say(cont)....

"In all of the work we do with Healthwatch West Berkshire, they constantly demonstrate a tireless commitment to ensuring that the people of West Berkshire are represented and have their voice heard. This has included acting as an essential bridge to local government, the health and wellbeing board and other decision makers/ representative bodies in the area. Further they are a critical friend – helping to ensure our plans, proposals and processes are developed in full consideration of the needs of the people they represent and advocate for.

The support of Healthwatch West Berkshire has been critical to the success of our engagement to date and is essential for our plans for the future The whole team provide a fantastic service to the community and we are proud to call them our partners."

Hampshire Hospital NHS Trust



"I would hope that after being closed for the whole of 2020 and part of 2021 that the Patient Information Point and Healthwatch will be able to resume its close working relationship and start working together again to help patients in the local community get the best treatment and help they can.

Thank you to all the staff of Healthwatch for your help and support with information and at times the urgent assistance you have given the PIP's Volunteers. We have seen how your staff's quick response to a bad experience can help a patient and how fast it can calm the situation down. Look forward to working with you all again in 2021."

**Patient information Point
West Berkshire Community Hospital**

Patient Information Point



"During this difficult year, Healthwatch has been supportive and encouraging of older people's views to ensure that they feel listened to. Through Healthwatch we have enabled older people to feed into the new Health and Wellbeing strategy for the Berkshire West CCG area, which will have a long-term impact on the services and support for older people in the local area."

Fiona Price, CEO Age UK Berkshire

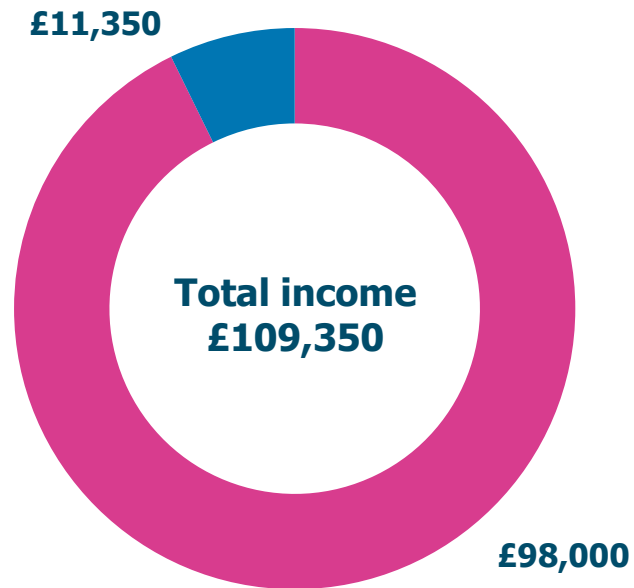


Finances

To help us carry out our work we receive funding from our local authority under the Health and Social Care Act 2012.

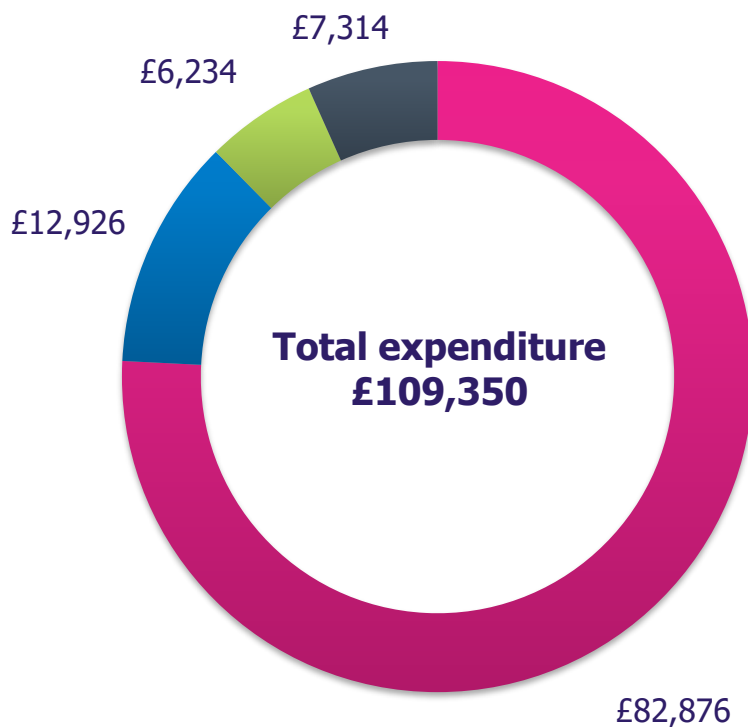
Income

- Funding received from West Berkshire Council
- Additional Project Funding



Expenditure

- Staff costs
- Operational costs
- Support and administration
- Project Funding carried forward



Next steps

Top three priorities for 2021-22

1. Ensuring equitable recovery of all services from Covid including Dentistry, Primary Care, Secondary Care and Community services, with no group left behind due to lack of a 'loud voice to fight their corner
2. Maternity services in West Berkshire need to improve and be the same for women who use other hospitals and with Commissioners not only focussing on the Royal Berkshire Hospital. We will champion the West Berkshire Maternity Forum to ensure women and their families are listened to
3. Children and Young people's mental health services are still not responding quickly enough and Covid-19 may have created even more demand. We will work with partners and Commissioners to ensure this improves and doesn't lead to years on waiting lists

Next steps

- Ensure recovery of services is fair for all. By capturing real life experiences via all our feedback mechanisms our champions network of Voluntary Organisations and including in person again, once allowed, as well as digitally. We can then present providers and commissioners with accurate feedback to how services are recovering. Additionally, we can suggest amendments and ensure meaningful patient engagement is taking place
- We will champion the creation of a functioning and meaningful Maternity Forum locally for mums, which represents all the woman and families giving birth in West Berkshire. It will cover all the maternity units, not just the Royal Berkshire Hospital. We aim to engage all the relevant Maternity Voices groups and also the Commissioners at Berkshire West CCG

Following up on last year's recommendations?

- We will continue to support the work of the joint West Berkshire Diversity forum with Community United who have been instrumental in allowing us to reach some seldom heard from communities, which have suffered disproportionality through the pandemic
- We continue to play an active role for the Homeless in West Berkshire. We remain committed to our target of zero involuntary Rough Sleeping in West Berkshire and ensuring that the homeless are recognised as a vulnerable group by the NHS
- We will use our voice at key Committees and Boards to deliver feedback from the public to those who commission services with the aim of an improvement in services to all, delivered without exception fairly

"Healthwatch have helped us considerably by sharing the feedback from people who use our services and communicating updates about access to our services with residents and other health, social care and community organisations across West Berkshire at a time when we recognise the importance of people being able to access the information, services and support they need."

Alex Whitfield, CEO, Hampshire Hospitals

Message from our Chief Officer

This was the toughest of years for us all, but especially those working in and around Health & Social Care, where it was clear that the best of responses, though heroic, hard fought & selfless, were failing and that the many unknowns of Covid-19 were reaping the most terrible of tolls. We reorganised completely to become a useful transmitter of up to date information and a conduit to feedback vital patient stories to the decision makers. While many were supportive, sadly much of the health and care system closed inwards and decided not to listen to the public's views. Others will decide how serious that was as a decision. In the period of this report 253 residents of West Berkshire died with Covid-19



**Andrew Sharp, Chief Officer
Healthwatch West Berkshire**

We worked flat out repurposing our work and concentrating on getting as much information out as we could as things changed daily with the first Covid-19 pandemic wave. Our newsletters changed from monthly to daily, introducing new sections on our website for easy access to groups and conditions affected (eg: LD, Carers, Mental Health, Pregnancy, the isolated, etc.)

HWWB ensured key meetings continued to take place and set up new online meetings with Adult Social Care and the voluntary sector. In addition, we attended weekly briefings with the Berkshire West Clinical Commissioning Group and Royal Berkshire Hospital (RBH). We discussed the patient feedback we received on the challenges faced, from where to reach a service, to how to get a prescription.

Our community's response throughout was marvellous, often stepping in where services wouldn't or couldn't. The *Community Response Hub* was set-up, instantly offering help by joining up with both voluntary sector and impromptu groups. It was the very best of us. Our front-line medics and key workers were too.



"As Sir Michael Marmot said 'there can be no more important task for those concerned with the health of the population than to reduce health inequalities. Review what can be done to reduce health inequalities and then do it', our key aim is to make sure this happens in West Berkshire"

Andrew Sharp, Chief Officer, Healthwatch West Berkshire

HWWB did however find gaps that really worried and unnerved our residents, who fed back to us. Issues from three week waiting lists for emergency blood tests, to the entire Memory Clinic service for dementia diagnosis being suspended, and only re-opening in September 2020. This created even longer waiting times for those in need of answers, with those carers hoping for relief now even more isolated with their loved ones.

Dentistry also stood out as a key failing service, and largely still does. Oral health is seen largely as ‘external’ to the Health system – and was treated as an afterthought in pandemic service planning. Consequently, many went months in severe pain, while others struggled to access services, they thought they were entitled to. It became almost impossible to find an NHS dentist with a short wait, but waiting times disappeared for those paying privately.

As the first wave abated recovery of services became buzz words. We actively sought the view of the public around many issues and fed this back. Secondary care locally responded well. Even Phlebotomy returned to a near normal service in the New Year, although with major inequalities built in dependent on the continuing issue of surgery on-site testing.

GP’s struggled to cope with a backlog of patients, with odd national edicts around access from NHS England, and more access points for patients to deal with (eg: text, email and social media). Face-to-face GP meetings were harder to get, wait times on phone systems increased and public levels of dissatisfaction started to grow. Ultimately, in many cases, GPs were harder to reach. New triage protocols also caused issues, especially for those who are digitally excluded or vulnerable. This highlights the fact that those already marginalised found it ever harder to get help and services struggled to find a way to get to them and be of help. This was all made worse by the sheer exhaustion of key staff, over not one, but three waves of Covid.

It’s clear *Health Inequalities*, better termed *Health Inequities* (an inherent unfairness in how two residents are treated for similar conditions) needs far reaching and urgent action. It’s good to see the BOB ICS , Berkshire West Integrated Care Partnership (ICP) and the West Berkshire Health and Well Being Board looking at this seriously, with inequalities a key priority and a Joint Health and Well Being Strategy for all to get behind.

As Sir Michael Marmot said: “there can be no more important task for those concerned with the health of the population than to reduce health inequalities. Review what can be done to reduce health inequalities and then do it.” Our key aim is to make sure this happens in West Berkshire.



**Andrew Sharp, Chief Officer
Healthwatch West Berkshire**



Volunteer with us:

Are you feeling inspired? We are always on the lookout for new volunteers. If you are interested in volunteering, please get in touch

Website: www.healthwatchwestberks.org.uk

Telephone: 01635 886 210

Email: contact@healthwatchwestberks.org.uk



Statutory statements

About us

Healthwatch England, 2 Redman Place, Stratford, E20 1JQ. Healthwatch West Berkshire is run by The Advocacy People **who are the contract holders**. Healthwatch **West Berkshire** uses the Healthwatch Trademark when undertaking our statutory activities as covered by the licence agreement.

The way we work

Involvement of volunteers and lay people in our governance and decision-making.

Our Healthwatch board consists of **8** lay members who live locally, and work on a voluntary basis to provide direction, oversight and scrutiny to our activities. Our board ensures that decisions about priority areas of work reflect the concerns and interests of our diverse local community. Through 2020/21 the board met **4** times and made decisions on matters such as **safely visiting care homes, holding our Thinking Together Event virtually** and **postponing our End of Life conference until it can be held in a face to face environment risk free**.

We ensure wider public involvement in deciding our work priorities. **We capture all the feedback we receive and signposting requests to look to see if any themes emerge for future work or investigation. With its estimated only 1 in 100 people complaining about poor service in health and social care just a few reported cases with a similar story alerts our attention. We then check with partners, CQC & discuss at Board meetings held in public.**

We also use our public focus group events, such as the Maternity Forum to delve deeper into particular areas and our Champions group of voluntary organisations help provide key background intelligence that feeds into our priorities and work plan. We also work with our colleagues The Advocacy people running Health complaints to identify emerging issues. This combined with our active digital activity via web and social media gives the public many opportunities **to influence our work priorities.**

Methods and systems used across the year's work to obtain people's views and experience.

We use a wide range of approaches to ensure that as many people as possible have the opportunity to provide us with insight about their experience of health and care services. During 2020/21 we have been available by phone, freepost response cards, by email, provided a webform on our website, attended virtual meetings of community groups and forums, provided our own virtual activities and engaged with the public through social media.

We are committed to taking additional steps to ensure we obtain the views of people from diverse backgrounds who are often not heard by health and care decision makers. This year we have done this by, for example, running jointly Three West Berkshire Diversity Forum conversations around Covid 19 and the vaccination programme. We are key members of the West Berkshire Learning Disability Partnership Board, Carers Strategy Partnership and the West Berkshire Dementia Alliance.

We ensure that this annual report is made available to as many members of the public and partner organisations as possible. We publish it via all our digital media, send copies to West Berkshire's Public Libraries, all key stakeholders . Parish Councils, Patient Panels, voluntary groups, schools and colleges. Larger print and easy read versions are available on

2020-21 priorities

Project / activity area	Changes made to services
Covid 19 Recovery of services	Phlebotomy services enhanced with more staff recruited & better digital access. Memory Clinics reopened. Equalities vaccination Board established. Digital Exclusion work targeted by CCG .
BAMER (Black, Asian, Ethnic Minorities, Refugee) health inequalities	Ethnically Diverse Communities (EDC) replaces BAMER term in Health & Well Being Board. West Berkshire Diversity Forum established
Maternity Services	Agreement for Hampshire Hospitals to offer services in West Berkshire in conjunction with Berks West CCG. West Berks Maternity Forum created
Children and adolescent mental health services (CAMHS)	Survey run, focus groups help and significant attention raised to areas of concern. Report to follow in June 2021

Responses to recommendations and requests

We had no providers who did not respond to requests for information or recommendations, however neither The Secretary of State for Health or The Department of Health and Social Care have responded to our Covid-19 report, when all other bodies have.

This year, due to the COVID-19 pandemic, we did not make use of our Enter and View powers. Consequently, no recommendations or other actions resulted from this area of activity.

We reported three key issues to Healthwatch England this year that were: 1. Discriminatory nature of the term BAME & use of EDC instead. 2. Free access to Dental for new mums unable to find an NHS dentist in 12 month period of free dental care during the pandemic 3. NHS Dental Issues around lack of access and failures to provide adequate service for residents during and after the pandemic

Health and Wellbeing Board

Healthwatch West Berkshire is represented on the West Berkshire Health and Wellbeing Board by Andrew Sharp, Chief Officer. During 2020/21 our representative has effectively carried out this role by attending every meeting, many sub groups (Integration Steering Board, Engagement ,Joint Health and Well Being Strategy, Mental Health Action Group, Ageing Well, Substance Abuse, Homeless Strategy Group) and delivering two key reports, Maternity and Covid 19.

thank you

I would again like to take this opportunity to thank our amazing Volunteer Board Members, (Mike Fereday, Lesley Wyman, Martha Vickers, Adrian Barker, Karen Swaffield, Judy McCulloch & Amanda Cunnington, and 'newby' Paul Wilson, our volunteers, our hard working small team (Alice, Michelle & Nathan), the support from our partners on the WB Health and Wellbeing Board Thanks also to our Health & Social Care partners, who are open and transparent & welcome our findings as key in helping improve services. I want to thank Catherine Williams, our Joint Healthwatch BOB ICS Officer who has managed to cope with a challenging year and provided five local Healthwatch with excellent information and representation but who made such a positive impression with everyone she met. To our remarkable voluntary sector, who daily perform miracles, local NHS and Social Care teams, Care Home staff, Domiciliary Carers and the thousands of 'unpaid' carers who were especially challenged during the Covid-19 pandemic. Big thanks to The Advocacy People team for unflinching support. Finally, thanks also to the retiring Chair of The West Berkshire Health and Well Being Board, Dr Bal Bahia, who has been involved since the start and remains a working GP in West Berks and one of the most inspiring medics we have met!



Online Board meeting



Matthew Hilton
CEO, The Advocacy People

The Advocacy People are delighted that we are continuing our work to facilitate the delivery of Healthwatch services in West Berkshire. We see HWWB as a key piece of our overall mission to deliver excellent services to clients across our patch. The roles of advocacy organisations and Healthwatch have much in common - we believe we can deliver more effective and efficient services in addressing many of our challenges from a consistent perspective.

We have worked with local providers and with HWWB with the aim of getting rough sleepers into more settled lives, with GP registration, benefits and dental support. This was successful with HWWB supporting the advocacy work we undertook locally. We also work closely around emerging Health Complaint themes.

As we - hopefully - start to emerge from the challenges of the COVID pandemic, we can look back on a year of maintaining service delivery through what have been trying circumstances for all; and look forward to a constructive and productive future supporting the people of West Berkshire.





Covid-19 First Wave Survey & Post First Wave findings in West Berkshire

Feedback & Recommendations



Telephone: 01635 886 210

Email: contact@healthwatchwestberks.org.uk

Website: www.healthwatchwestberks.org.uk

 @HealthWWBerks
 facebook.com/Healthwatchwestberkshire
 @Healthwatchwestberks
 linkedin.com/company/healthwatch-west-berkshire/

Healthwatch West Berkshire
Broadway House
4-8 The Broadway
Newbury
West Berkshire
RG14 1AB

This page is intentionally left blank

Health Scrutiny Committee – Forward Plan Items

Meeting Date	Item Title	Purpose	Organisation
All meetings	Berkshire West Clinical Commissioning Group Update	To receive an update from the Berkshire West Clinical Commissioning Group on their activities. (Standing item for information and discussion.)	Berkshire West CCG
All meetings	Healthwatch West Berkshire Report	To receive an update from Healthwatch West Berkshire on patient feedback received, reports prepared and other activities. (Standing item for information and discussion.)	Healthwatch West Berkshire
TBC	NHS Dentistry	To receive a presentation on the state of NHS Dentistry services within West Berkshire, including providers, funding and patients' experiences, as well as future plans.	NHS England South Central
TBC	Director of Public Health Report	To receive the annual report from the Berkshire West Director of Public Health.	Shared Public Health Team
TBC	Protocol between Health Scrutiny Committee and health care providers and commissioners	To agree a protocol to establish agreed working principles governing the relationship between the scrutiny body and providers / commissioners of services that improve the health and wellbeing of residents of West Berkshire.	Health Scrutiny Officer
TBC	Methodology for assessing substantial variations in service	To agree a methodology for assessing whether variations in services proposed by health providers are deemed to be 'substantial' and subject to health scrutiny.	Health Scrutiny Officer
TBC	Methodology for determining topics for health scrutiny	To agree a framework to help Members of the Health Scrutiny Committee determine which topics to select and which to reject.	Health Scrutiny Officer

Informal Briefings

Formal public meetings will be supplemented by private briefing sessions to allow HSC Members to develop knowledge of various health topics. Suggested topics are provided below.

Date	Item Title	Purpose	Organisation
TBC	Public Health Services	To have a presentation from West Berkshire Council's Public Health Team covering: their roles and responsibilities; the services they commission and the procurement plans; and the relationship with the Berkshire Shared Public Health Team.	Public Health Team
TBC	Integrated Care System	To have a presentation on the Oxfordshire, Buckinghamshire and Berkshire West ICS covering: its functions; structure; timescales; and the levels at which future decisions on health services and their funding will be made.	BOB ICS
TBC	Royal Berkshire NHS Foundation Trust	To have a presentation on the RBFT covering: services provided; locations; patient flows; operational and financial performance; key Covid impacts and recovery plans.	RBFT
TBC	Berkshire Healthcare NHS Foundation Trust	To have a presentation on the RBFT covering: services provided; locations; patient flows; operational and financial performance; key Covid impacts and recovery plans.	BHFT
TBC	Mental Health Services	To have a presentation on the different mental health services provided for adults and children in West Berkshire, from preventative work to voluntary sector programmes to primary care and specialist support.	Public Health Team, BHFT, Mental Health Academy, Time to Talk, 8 Bells

TBC	Social Prescribing	To have a presentation on social prescribing – what it is, who is involved and the benefits for patients.	Berkshire West CCG
-----	--------------------	---	--------------------

This page is intentionally left blank