Health and Wellbeing Board Conference

Report being considered by:	Health and Wellbeing Board
On:	17 February 2022
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Report Sponsor:	Cllr Graham Bridgman
Item for:	Discussion

1.   Purpose of the Report

The report provides a brief overview of the Health and Wellbeing Board Conference, which took place on 21 January 2022.

2.   Recommendations

Health and Wellbeing Board Members are invited to note the report and consider what actions need to be implemented in response to comments received and also to consider what lessons can be learned to improve future events.
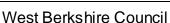
3.   Executive Summary

The Health and Wellbeing Board Conference took place via Zoom on 21 January 2022. It was attended by 98 people with a good mix of Board Members, delivery partners, local residents and businesses. There were presentations on the work of the Board, reflections on the Covid pandemic, and the transition to living with Covid, as well as the new Health and Wellbeing Strategy. The event also included workshop sessions on the Strategy's five priorities. There was a good level of engagement and feedback from the conference was positive. A page will be created on the Council's website for the Conference, with links to the presentations and workshop outputs.

4.   Supporting Information

Background

4.1   The Health and Wellbeing Board holds has held a conference each year since 2017. Initially, this was very much aimed at Board Members, delivery partners and other key stakeholders, but the decision was taken in 2020 to open this up to members of the public to improve engagement with local residents and other interested parties.

4.2   The most recent event focused on the new Berkshire West Health and Wellbeing Strategy (2021-2030) and how everyone could work together to address health issues in the district. For Covid reasons, the event was held virtually via Zoom, starting at 10am and finishing at 12:30pm.

4.3   The Conference was promoted via Board Members' networks, and more widely via press releases, social media and in the residents' newsletter. Over 130 people registered for the event, and attendance peaked at 98, with 87 people staying to the end of the conference. It is difficult to say for certain how many residents (i.e. non-professionals) attended, but 35 people registered with a personal email account.

4.4 The event started with a short video, which showcased some of the initiatives and achievements of the Board's partner organisations.

4.5 This was followed by some presentations on: the Board and its activities; the impact of the Covid pandemic in West Berkshire; how the district would move to living with Covid / the transition from response to recovery; and the Health and Wellbeing Strategy itself. There were opportunities for attendees to ask questions of the all the presenters.

4.6 The presentations were followed by a series of 30 minute breakout sessions, which were themed around each of the five priorities of the new Health and Wellbeing Strategy:

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

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

(3) Help families and children 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

4.7 There was a good level of engagement in each of the workshops and a summary of the outputs is provided in Appendix A.

4.8 A page will be created on the Council's website for the Conference, with a link to the introductory video, copies of the presentations and summaries of the outputs from each breakout session.

4.9 While formal feedback has not yet been sought from those who attended, unsolicited feedback has broadly been positive. Comments suggested that people they found the event useful in understanding more about the Board and its activities, and some attendees indicated that they had made useful connections through the Conference. In terms of future improvements, a suggestion has been made about reducing the number of presentations and increasing the time allocated to the breakout sessions. Another suggestion was for an 'un-conference' where delegates set the topics to be discussed.

5. Options Considered

Members may choose to vary any aspect of future events. There are also options for promoting the event via different channels in order to reach particular target audiences.

6. Proposals

It is proposed that the Board reflects on the Conference and considers what actions need to be implemented in response to comments received, and also to consider what lessons can be learned to improve future events.

7. Conclusion(s)

7.1 The annual Conference provides a useful platform for engaging with key stakeholders and residents. The 2022 event built on the success of the previous year's event and yielded some useful feedback, which can be used to shape future activities in delivering the Health and Wellbeing Strategy. However, there may be scope to do things differently in future in order to meet changing needs and circumstances.

8. Consultation and Engagement

The following have been consulted on this report:

- Councillor Graham Bridgman (Chairman of Health and Wellbeing Board)

9. Appendices

Appendix A – Breakout Workshop Summaries

Background Papers:

None

Health and Wellbeing Priorities Supported:

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

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

The proposals contained in this report will help to achieve the above Health and Wellbeing Strategy priorities by shaping future activities.

Appendix A

Feedback from Workshop 1: Reduce the differences in health between different groups of people

Overall desire to ensure that future engagement needs to include more non-statutory people.

Reflections that there is currently lots of work ongoing in this area, however there is still lots more to do.

Issues raised:
- Rurality
  - Connecting communities
  - Digital connectivity
  - Desire for outreach services (where is the need and where is best to hold the hubs?)
- Diversity forum: What does the community want?
- Advocacy: how to ensure representation from those who don't have the facility or ability to engage.
- Co-production framework with West Berks Council: working alongside the community – embedding skills within the Council; involving residents and communities as part of our processes – support health and wellbeing in the longer term.
- West Berkshire is generally affluent – therefore we have different challenges. For example, the challenge of small numbers – issues might come down to an individual family. How do we make a difference for these families?
- We need to celebrate the positive – for example, the work that has been done over the last couple of years to reduce rough sleeping and the impact that has been made.
- We need to constantly review the Health and Wellbeing Strategy and Delivery Plan. The importance of partners from the voluntary sector was mentioned. We all need to be honest and agile.
- There is now the need for a "stock take" – the picture has changed since COVID-19. So we need to evaluate what are gaps are now.
- A population health perspective is needed; understanding the need broken down by neighbourhoods. How can we understand what the local need is?

Example of work ongoing by the Advocacy people - A three year project working on health and wellbeing of people with learning disabilities across Berkshire West:
- Accessing healthcare
- Talking to people with learning disabilities, carers, professionals and voluntary sector.
- Are they taking up their entitlement, for example health checks?
- Mapping services in the Berkshire West area and then signposting to them.

Feedback from Workshop 2: How can we support those at high risk of bad health outcomes to live healthy lives?

Q. What are our (West Berkshire's) main challenges?

- Rurality brings transport and isolation.
- Domestic abuse is under-reported in rural areas / higher risk of harm in rural areas.
- COVID has dented people's confidence – people need to feel safe and be safe.
- Long COVID – people who suffer are very anxious. It's hard to find out about and contact various charities that could help.
- One attendee described using Cruse for bereavement counselling but said they feel isolated in Calcot
- Long COVID sufferers are a 'forgotten race' and need help to be guided back to normality.
- Terminally ill people need to be highlighted and helped to enjoy final years of their lives.
- The 'non-digital' population are cut off. The world and West Berkshire Council is not geared up for them. For example, many people struggle to apply for waste and parking permits and give up as they don't have capacity to keep trying. This is often reported through the Ageing Well Group
- Neighbourhood watch is a great way to keep engaged and connected. There have been 66 new Neighbourhood Watch Groups set up throughout COVID – Public Health will work with them to promote them.
- A Trustee at the West Berkshire Therapy centre says 40% of his clients are staying at homes - that means that 405 people needing help aren't getting it.
- Re above: lack of exercise during COVID has adversely affected quality of life and life expectancy.
- Money is an issue – some people can't afford the activities to improve mental and physical health.
- One comment was that there seems to be a gap in the Council Strategy relating to Physical Health – however the response is that it is 'intertwined' in the strategy.
- Many people of a certain age were not brought up to ask for help and are reluctant to do so. This will be fed back to the Ageing Well Task Group to consider this as an issue.
- Volunteer Centre West Berkshire (VCWB) has funding from West Berkshire Council to increase community bus service. There will be a new 'book a ride' bus – VCWB are looking for Volunteer drivers. It will be used at care homes and in the evening to take IT equipment to people's homes to give help with filling in forms etc. It will launch in March.
- Volunteers are key to all of this. Need to promote the (mental health benefits to those that volunteer as well as those that receive help.

Workshop 3: Help families and children in early years

Context/overview
- Remarking on the early years and the lockdown babies
- They're two now - that means that most of those families experienced distinct personal experiences during their child's first two years of life.
- Anxiety about being out and engaged
- Isolation especially for the elderly
- Home and loneliness, no garden only balconies for some families
- Not everyone has access to extended family, yet extended families are vital, especially for first-time parents
- After three years of recovery. education will commence with our lockdown babies and life paths will change

What did West Berkshire do well?
- We're lucky to have family hubs
- Volunteers and non-profits are important partners

What are our main challenges?
- Communication with families
- Who is the powerful family voice on the Health and Wellbeing Board?
- How can we collaborate to make a difference?
- What works and what can be improved?

Reflections from the Health Visiting team in West Berkshire:
- Biggest issues were not being able to see the families in person.
- Reshuffled staff and it still wasn't the outcome as constraints precluded many face-to-face contacts.
- Problems with remote service delivery via digital platforms were promptly resolved.
- In a position now they can resume developmental exams - 9-12 month reviews have begun, two-year reviews were performed in February. These are vital to identify developmental delays.
- As a result, the team are now promoting engagement through family hubs, with the hubs if they can't engage families.
- This team works closely with the Early Years team at West Berkshire Council.
- Like Refugees project support and COVID issues
- Overcoming communication challenges and making it work.
- Great to have services slowly restored and recognised for their efforts with the families.
- Within the health visiting teams around the world, implemented Chat health that is run across various NHS Trusts across the country. Chat health is a digital platform where parents may text in for immediate help on parenting, mental health, child development, and more.

Further Comments
- The first 1001 days are critical
- Stressed parents and COVID now
- Family hubs are vital but they are centralised.
- We need to support practitioners and raise understanding among decision-makers about the importance of early childhood and family hubs

Reflections from the Corn Exchange staff

- Opportunities for the improvement in stronger sector and cross industry collaboration is a benefit
- Families use the Corn Exchange to access creative provisions and build confidence through engagement with their children on a one-to-one basis within a safe environment
- Before the second lockdown ended, 'Becoming Us' was explored. The Health and Wellbeing Board backed this programme. Families with children born in lockdown or within the previous 18 months, as well as those with socially isolated youngsters, will be addressed.

Further comments: it was asked if nurseries and preschools can be visited in the rural areas as a start, to hold an open surgery where parents can ask questions on existing Corn Exchange services

Feedback from Workshop 4: Promote good mental health and wellbeing for all children and young people

Comment from parent with child awaiting diagnosis for Autism Spectrum Disorder (ASD) and not attending school. Asked if she was connected to Parenting Special Children, and also signposted to the Autism Support Team.

Comment from Member concerned with long waits for Child and Adolescent Mental Health Services (CAMHS). Flagged up that these are mostly around ASD and attention deficit hyperactivity disorder (ADHD) diagnoses, with waits of up to 34 months. The Clinical Commissioning Group (CCG) has just put more funding in, with the aim of bringing waits down to 52 weeks.

Strengths/opportunities-what we are doing well:
- Integrated working e.g. common point for triage, new Children and Young People Mental Health Strategy is looking at one commissioning body.
- Preventative/upstream work - Emotional Health Academy, Mental Health Support Teams in schools.
- Support during waits and alternative provision e.g. Kooth, links with third sector offering drama, sport, etc.

Weaknesses/threats:
- Long wait times for assessment leading to diagnosis for ASD/ADHD.
- A dearth of skilled workforce - it is not always down to funding, sometimes there are underspends
- National targets for reaching 35% of need by next year and all need in ten years. (Though in West Berkshire we should reach 50% by next year.)

Feedback from Workshop 5: Promote good mental health and wellbeing for all adults

Overview given by the Chair of the Mental Health Action Group (MHAG) – formulating a plan to support mental health of adults. Started to develop a delivery plan. We can consider/ reflect anything that comes up. Call out for new members and to engage the public more. The delivery plan is a live document.

Discussion and issues raised:
- We had issues prior to COVID, and things have been worse due to COVID. **Access to services** has been an issue, especially waiting times. **Stigma** still exists on who they can be open to about how they are feeling. Duke and Duchess of Cambridge – opening up the discussion.
- Mindfulness and medication teacher to Parkinson's. One main point of contact would be helpful, need support to work out **where to go for help**. A lot of resource and how connected is it? Berkshire, Wiltshire and Hampshire – is there any integration across boundaries?
- Stigma of mental health issues and **how we access people** as a result of COVID are not needing a medical diagnosis but would benefit from attending activities. Service called "renew wellbeing" – offering people a space to be with other people, read newspaper or try new crafts, be sociable. How do we **connect** with these people and get through this stigma? How can we prevent Post-Traumatic Stress Disorder (PTSD) down the line and connect people to activities?
- What's the biggest challenge? Mental health. COVID psychologist terms – a wave of COVID depletion. The emotional impact of the last two years has been immense. **Post-COVID stress disorder** – now clinically recognised. **COVID amplification** – COVID amplifies negative emotions, especially if you have a mental health condition anyway. It will hurry you towards crisis. **Indefinite loss** – lots of factors are amplified.
- We need to focus on practical steps to treat people. Stigma exists but need to reach people and help them. There needs to be an **emphasis on hard to reach individuals**. Integration between social and mental health team (separation) – so of the mental health nurses went up from 20 patients to 30 patients as they were dropped by social care. There is a big problem of allocation of resources. Problem where people hand off – sign off to third sector and feel that the job is done, e.g. discharged from CHMT and if the place they've sign posted doesn't work out, the service user is left in limbo. MHAG needs to look at practical **steps to deliver continuous support for people.**
- The MHAG can get caught in strategic/ theoretical aspects.
- We want to medicalise on the one hand (medicines/ professional input), but then people need to move to recovery phase, but in order to do that we need to medicalise, etc. One person noticed she faced **stigma** when telling people she was 'seeing a psychiatrist'.
- **Integration of services** – third sector, health and social care, integrated care plans, great communication. Otherwise staff are battling uphill. Shared care is important.
- Mental Health is getting worse and key factor is poverty. Easy to forget that there are people who aren't rich and are struggling. isolation/ stress/ anxiety is hard. There are things outside council control, e.g. wage levels, housing, Department for Work and Pensions not being mental health friendly. This means that the prevention element/ upstream work is important.

- Poverty issues, re-housing people due to eviction or domestic abuse. Volunteering. **Support network/friendships** are really important. Low self-esteem/ confidence and importance of friendships and having a common connection is important.
- There is talk about the complex systems in the Locality Integration Board meetings. In terms of what we can do better, **explain the systems and make them simpler** to the public. There are some changes coming, but there is a desire to drive the change to make it easier for people to understand. Through the Health Scrutiny Committee – there are opportunities for public to ask questions.
- We have lots of rich assets how do we build on these discussions

Notes from chat during the workshop:

1. I think a challenge (and we find this reaching people living with dementia) could be reaching the people who are isolated, as parts of the county are isolated and more rural. And ensuring that provisions are districted across the county and not just Newbury and Thatcham centric.
2. I have heard from many people re access to mental health services, the distance they are expected to travel (long distances) for services.
3. GP surgeries are often a good initial contact and if you had a good GP they could be your one point of contact – not all experiences are good though!
4. Could an output of this session be a list of all these great and rich resources which we can publish?
5. People with mental health difficulties are currently struggling with the lack of
6. Renew wellbeing – a place where it's OK not to be OK. Monday mornings at Thatcham Baptist Church.
7. I'm concerned by the backlog of CAMHS needs for young people.
8. I agree re: the output and creating a master list – one place where the public, social prescribers etc can go to find out all the resources that are offer across West Berkshire.
9. Integration of services is key.
10. All services need to work together.
11. Environment and green space is also key, and those spaces need protecting.