All-Age Mental Health and Wellbeing

Report being considered by:	Health and Wellbeing Board
On:	24th September 2026
Report Sponsor:	Matt Peace, Director of Public Health
Report Author:	Adrian Barker - Chair, Mental Health Action Group Janette Searle - Public Health Principal

1. Purpose and Executive Summary

1.1 The Health and Wellbeing Board (HWBB) has agreed to focus on three medium-term priorities, one of which is All-age Mental Health and Wellbeing. This report presents a proposed governance structure and delivery plan in support of this priority.

1.2 HWBB sub-group arrangements are being streamlined to reflect this re-prioritisation exercise and meet the recommendations of the 2025 Local Government Association (LGA) peer review. The recommendation is that this should include establishing a new Mental Health and Wellbeing Board, chaired by the NHS, which will oversee mental health and wellbeing for all ages, including suicide prevention, and disestablishing the independently chaired Mental Health Action Group and Suicide Prevention Action Group[1] as HWBB subgroups.

1.3 Following a stakeholder engagement exercise including HWBB partner organisations and representatives from across the voluntary sector, an All-age Mental Health and Wellbeing Delivery Plan has been developed framed by six strategic aims.

(1) Build the social and cultural conditions for positive mental health and wellbeing, reducing stigma and tackling underlying causes of marginalisation & discrimination

(2) Reduce the stresses that affect mental health, including those that come from council policy and processes as well as specific life-events such as homelessness.

(3) Service collaboration and integration to produce better integrated and person-centred mental health care, re-designing and streamlining pathways, with one-stop entry and continued support throughout the patient journey

(4) Better information on pathways and improved early intervention which:
- support the maintenance of good mental health and wellbeing
- promote resilience and self-management
- avert crises

(5) Develop targeted approaches to ensure mental health support can be accessed by ‘at risk’ groups and reduce health inequalities

[1] A group of community partners wish to continue meeting as the West Berkshire Suicide Prevention Action Group with a focus on community education and awareness raising. They would be key stakeholders in the delivery of West Berkshire suicide prevention activity but not covering all elements of the local plan and no longer formally accountable to the HWBB.

(6) Improve West Berkshire residents' access to support when approaching mental health crisis with better integrated working between statutory and voluntary sectors

1.4 This plan requires commitment from all Health and Wellbeing Board member organisations to prioritise, support and resource. The HWBB agreed in January 2026 that progress in relation to each of the selected priorities should be overseen by a named sponsor. It is proposed to establish a Mental Health and Wellbeing Board as a sub-body of the Health and Wellbeing Board, chaired by the NHS as a key partner, to oversee and assure the delivery plan, and lead partnership work to create the conditions for the success of the plan.

2. Recommendation(s)

2.1 The Board is recommended to approve the following:

(a) The appointment of Theresa Wyles, Chief Operating Officer at Berkshire Healthcare Foundation Trust (BHFT), as Sponsor of the West Berkshire All-age Mental Health and Wellbeing Delivery Plan;

(b) The establishment of a Mental Health and Wellbeing Board as a sub-body of the West Berkshire Health and Wellbeing Board under the Terms of Reference set out at Annex A;

(c) The All-age Mental Health and Wellbeing Delivery Plan 2026-28 set out at Annex B;

(d) The dissolution of the Mental Health Action Group and the Suicide Prevention Group as sub-bodies of the West Berkshire Health and Wellbeing Board.

Implications

Financial
There are no additional costs associated with the direct proposals set out in this report as all are achievable utilising confirmed financial resources. There are some proposals to scope additional activity or interventions but ensuing recommendations would need to be presented via business cases to the appropriate funding body / organisation before being actioned. The expectation is that All-age Mental Health and Wellbeing as an agreed priority area will receive funding support from across the Health & Wellbeing Board (Mental Health and Wellbeing Board) membership. Financial resources available in 2026-27 include £50k allocated from the Public Health Grant reserves to support delivery of the All-age Mental Health and Wellbeing Delivery Plan. Expenditure from this source will be subject to the approval of the Director of Public Health.

Human resources
The proposals set out are achievable using confirmed human resources, recognising that proposed members of the Mental Health and Wellbeing Board would need to re-prioritise staff deployment in order to engage effectively with the Board and supporting activities.
Legal
No additional legal implications arise from the proposals in this report.
Risk management
A Risk Register will be developed by the Mental Health and Wellbeing Board to highlight risks to the delivery of the All-age Mental Health and Wellbeing Delivery Plan and identify appropriate mitigations.
Council Strategy
The proposals supports achievement of the Council's goals to: - prioritise support for those who need it most; and - help our residents lead fulfilled and active lives.
Other Implications
There are no direct implications arising from this report relating to property or ICT. The establishment of a Mental Health and Wellbeing Board overseeing an All-age Mental Health and Wellbeing Delivery Plan supports the rationalisation and re-focus of the Health and Wellbeing Board following an LGA Peer Review and as reported to the Health and Wellbeing Board in January 2026.
Equalities Impacts: Positive
The proposals within this report recognise that certain sections of the community face a greater risk of mental ill health, and set out plans to address and mitigate these. Detailed proposals for service development or change arising from the work of the Mental Health and Wellbeing Board would be supported by Equalities Impact Assessments as appropriate.
Data Impacts: Neutral
No new data processing or data-sharing arrangements are introduced through this report. Existing governance and data protection arrangements remain in place.

Environmental Impacts: Neutral
There are no direct environmental impacts arising from this report. Where services are accessed digitally or through community-based delivery models, this may support reduced travel and improved local access.
Health Impacts: Positive
The report sets out proposal to improve mental health and wellbeing and reduce health inequalities.

Consultation and Engagement:	The proposals contained within this report reflect an extensive stakeholder engagement exercise, including discussions within the Mental Health Action Group, the Mental Health Forum (a vehicle to support those with Lived Experience of mental health challenges to inform local policy and service development), and three multi agency stakeholder workshops.

3. Background

3.1 In addition to research, analysis and experience shared by the Mental Health Action Group and others over a number of years, these proposals have benefited greatly from two stakeholder workshops, held in January and April of this year, as well as a stakeholder workshop held in December 2025 focusing on West Berkshire suicide prevention activity.

3.2 An outline delivery plan for 2026-28 is set out in the table in Appendix B. Over 30 organisations and individuals attended the workshops to develop the new plan, including representatives from the voluntary sector, public services and people with lived experience of mental health challenges. The plan was developed as a collective exercise. Priorities and actions were proposed and preferences expressed by partners, with the express aim of committing to actions that required joint effort, addressed the need for both prevention and acute pressures, and were feasible, effective, and had broad support.

3.3 The stakeholder workshops were informed by:

- the West Berkshire Adult Mental Health Needs Assessment;
- local understanding of the significant and current issues around funding, demand, capacity and system working;
- the aspiration of balancing the need to address acute issues in treatment availability and quality with preventative interventions to reduce future demand for services.

3.4 Proposals include:

- Scoping the feasibility of developing a new mental health crisis support service.
- Let's Talk community outreach mental health events across West Berkshire to improve awareness and access to services.
- Workplace mental health promotion in a new accreditation programme.

- Improving access to information on West Berkshire mental health and wellbeing services.

3.5 The delivery plan needs to balance a number of, sometimes competing, factors:

- Long-term strategic aims
- Evidence on the nature and extent of mental ill health and what works in addressing it
- The existing and future environment for considering mental health, including national and local policy initiatives
- Practicalities and local circumstances
- The capacity for addressing multiple objectives simultaneously

This requires balancing value judgements, technical and financial feasibility, and other competing pressures and objectives.

3.6 A strategic approach recognises that a radically different future system is possible, with lower levels of, and inequalities in, mental ill health without extra cost. Under this scenario, much mental ill health is avoided before it even starts. The benefits are maximised from service design, the use of technology and capacity within the community (such as from volunteering and the reduction of stigma). This different way of working would be sustainable within the same resources. However, there is not an inevitable path to reaching it by continuing as we are. That is because the demands of treating existing problems act as a continual brake in moving towards prevention. Treatment is often not effective (generally, not just in this area) often with only a 50% success rate. There are also relatively high rates of relapse. Factors reducing the risks of relapse include social contact, employment and early intervention.

3.7 However, there is much good work already going on, and regular innovations in both public and voluntary sector services. Other key initiatives relevant to mental health to engage with include the other two HWBB priorities of Neighbourhood Health and Best Start in Life, together with other work on children and families, the Healthy Workplace programme, Health and Wellbeing in All Policies and developments in voluntary sector commissioning.

3.8 The six priority areas identified are intended to frame longer term delivery, with refreshed plans to be developed under the oversight of the Mental Health and Wellbeing Board and brought back to the Health and Wellbeing Board for approval. The activities selected for inclusion in the 2026-28 Delivery Plan reflect the considerations detailed above, including need as currently understood, available resource, and the importance of aligning with initiatives which incorporate mental health considerations within a broader remit so as to exploit opportunities to ensure mental health is at the heart of key pieces of work from an early stage, ideally the outset.

3.9 There are many options for future work, from April 2029 and beyond which could include:

- Build resilience in children and young people by building on existing work (such as the PSHE programme, Mental Health Support Team offer in schools) through universal, interactive mental health education with parity to physical health
- Targeting particular groups or cohorts, e.g. 18-24 year olds transitioning from children's to adults' services, or targeting through micro-commissioning, e.g. in areas of deprivation
- Improve mental health at work by promoting good quality jobs (e.g. with greater autonomy and agency, meaningful achievable targets etc.)
- Secure funding opportunities that support long-term sustainability of provision for recovery from mental health challenges, maintenance of good mental health and peer support by co-producing plans between commissioners, peer support groups, recovery colleges and local charities for extending the range of peer support and recovery opportunities.
- Raise awareness, understanding and changing attitudes (including stigma and discrimination) by various community outreach programmes and events including a lived experience pool of speakers and inter-generational activities and mental health communications to promote mental health overseen by a multi-agency steering group.
- Support physical health and address mental health issues related to chronic ill health or disability
- Provide additional support to people at risk of escalating mental health problems from 'life events' such as childbirth, bereavement or redundancy
- Enhance the emotional support provided by social connection and reduce the adverse impacts of loneliness by enabling an increase in the number of places, organisations and opportunities for people to meet up, signposting opportunities and providing additional support to people who want to meet others
- Reduce mental health challenges by helping impart meaning to people with, or at risk of, mental health challenges, through the promotion of art and cultural activities.

3.10 An Outcomes Framework will be developed to support the HWBB across all three priority work areas – Best Start in Life, All-age Mental Health and Wellbeing, and Neighbourhood Health.

4. Proposals and Options Considered

Option	Comments
Option 1: Approve the proposed All Age Mental Health and Wellbeing delivery plan, and establish a new Mental Health Board to oversee it.	**THIS IS THE RECOMMENDED OPTION because** the proposals have been developed through considerable collective deliberation and take account of local need as currently understood, available resource, and opportunities for alignment with wider initiatives. The proposed governance arrangements align with the principles agreed by the Board when it agreed a new set of medium term priorities in January 2026.

Option 2: Advise on amendments or alternatives to proposed delivery plan and oversight arrangements.	**This is not recommended.** Whilst further advice and input is welcomed and there is flexibility on the detail and opportunity to adjust the delivery plan as it proceeds, significant divergence from the agreed priority areas is unlikely to be feasible and acceptable and governance arrangements have been designed to effectively support delivery of the plan.
Option 3: Decide not to proceed with All-Age Mental Health and Wellbeing priority.	**This is not recommended,** because this priority has been agreed by the HWBB, on the basis of local experience from partners and stakeholders, and from identified intelligence on population need, and requires substantial partnership working.

5. Appendices

Appendix A – West Berkshire Mental Health and Wellbeing Board Terms of Reference

Appendix B - West Berkshire All Age Mental Health and Wellbeing Delivery Plan 2026-28

Background Information

Ratification of Health and Wellbeing Board Priorities – January 2026

See: Report Format for Select Committee Meetings

Joint Health and Wellbeing Strategy Priorities Supported

The proposals will support the following priorities:

☒ 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 support the above Health and Wellbeing Strategy priorities by driving improvements in mental health and wellbeing for children, young people and adults through an all age approach.

Governance Pathway

Committee/Body	**Date**
Corporate Board	18.08.2026
Executive Briefing	10.09.2026