Summons and Agenda
19 October 2021

Chief Executive
Reading Borough Council
Civic Offices, Bridge Street,
Reading, RG1 2LU

Peter Sloman
CHIEF EXECUTIVE

Civic Offices, Bridge Street,
Reading RG1 2LU
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To: All Members of the Council

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11 October 2021

Your contact is: Michael Popham - Democratic Services Manager

Dear Sir/Madam

You are hereby summoned to attend a meeting of the Reading Borough Council to be held in the **Concert Hall, Town Hall, Reading** on **Tuesday, 19 October 2021 at 6.30 pm,** when it is proposed to transact the business specified in the Agenda enclosed herewith.

Yours faithfully

CHIEF EXECUTIVE

A G E N D A

1. **MAYOR'S ANNOUNCEMENTS**

   To receive Mayor's Announcements.

2. **DECLARATIONS OF INTEREST**

   To receive any declarations of interest.

3. **MINUTES** 9 - 14

   The Mayor to sign the Minutes of the proceedings of the previous Council Meeting.

4. **PETITIONS**

   To receive petitions in accordance with Standing Order 8.

5. **QUESTIONS FROM MEMBERS OF THE PUBLIC**

   Questions in accordance with Standing Order 9.

6. **QUESTIONS FROM COUNCILLORS**

   Questions in accordance with Standing Order 10.

7. **READING'S BID FOR CITY STATUS** 15 - 20

   Report by Executive Director of Economic Growth & Neighbourhood Services

8. **BERKSHIRE WEST HEALTH AND WELLBEING STRATEGY** 21 - 112

   Report by Executive Director of Adult Care & Health Services

9. **OPPOSITION TO THE UNIVERSAL CREDIT CUT**

   Councillor Terry to move:

   This Council notes that:

   - The Government has ended the £20 uplift in universal credit (UC)

   - On 2 September 2021, 100 organisations across the UK joined together in urging the Government not to go ahead with this cut, making it clear that even before Covid, a decade of cuts and freezes had left it (UC) unfit to provide the support families need (see https://www.jrf.org.uk/press/keep-the-lifeline-open-letter-to-the-prime-minister).

   - Since then the cost of living rises, potential food supply problems, rises in energy costs and the increase in National

Insurance contributions will make life even harder for the many people in work who rely on UC as well as for the many for whom work is not a choice because of illness, disability and caring responsibilities. The choice will be to eat or heat among the many miserable choices this cut and decades of austerity will force people to make.

- The number of children in poverty will significantly increase with figures quoted ranging from 200,000 to 290,000 on top of the 4.2 million children already living in poverty

This Council believes that:

- It is unacceptable that being in work does not enable people and families to be able to afford the basics and have a decent standard of life

- It is unacceptable that UC does not provide people who do not have the choice to work with enough to keep them out of poverty and have a decent standard of life

- The future of the country is negatively affected when so many children are living in poverty given the potential harm that this is likely to cause their health, well-being and economic potential

Consequently, this Council resolves to:

- Require the Chief Executive to write to the Secretary of State for Work and Pensions to convey our concern around the impact of the cut on Reading's residents and request the reinstatement of the £20 per week uplift in Universal Credit.

- Call on all employers across the town and beyond to accept their responsibility to pay a real living wage (currently £9.50 UK and £10.85 London, as defined by the Living Wage Foundation) as opposed to the Government's so-called national living wage of £8.91.

10. **CUTS TO READING'S COMMUNITY SAFETY FUNDING**

Councillor Barnett-Ward to move:

This Council notes that:

The Conservative Thames Valley Police and Crime Commissioner recently announced that Reading's community safety funding will be cut by more than half over the next three years.

This Council believes that:

- The Council's Community Safety Partnership is an important tool in preventing crime and tacking its causes in Reading.

- This savage cut in funding will result in Reading's communities being less safe in future.

- The cut to Reading's funding is politically motivated since Wokingham Borough Council will receive a 46% increase in community safety funding while both Labour Councils in Berkshire, Reading and Slough, lose out by 53% and 40% respectively.

Consequently, this Council resolves to:

Require the Chief Executive to write to the Police and Crime Commissioner of the Thames Valley asking him to restore Reading's community safety funding in full so that we can maintain our valuable partnership preventing crime in Reading and work to keep our communities safe.

11. **RESPONSIBLE USE OF FIREWORKS**

Councillor Leng to move:

This Council notes that:

Although the majority of people use fireworks in a responsible manner – bringing a great deal of enjoyment to people in the celebration of many events and festivities – there remains an issue with irresponsible use across the country.

This Council believes that:

- The anti-social behaviour caused by inappropriate use of fireworks is a significant problem for communities in Reading and has an especially profound impact for certain groups of people, including children and older people.
- Sensible and simple actions can be taken by all firework users to ensure the minimisation of distress and disruption upon people and animals.

Consequently, this Council resolves to:

- Require all public firework displays within the local authority boundaries to be advertised in advance of the event.
- Actively promote a public awareness campaign about the impact of fireworks on animal welfare and vulnerable people – including the precautions that can be taken to mitigate risks.
- Request that the Leader of the Council write to the Secretary of State, urging them to introduce legislation to limit the maximum noise level of fireworks to 90dB for those sold to the public for private displays.
- Encourage local suppliers of fireworks to stock 'quieter' fireworks for public display.
- Continue, and promote, the excellent work of the Council's Regulatory Services team in tackling the illicit sale of fireworks across the Borough.

COUNCIL MEETING MINUTES – 8 JUNE 2021

Present: Councillor Stevens (Mayor);

Councillors David Absolom, Debs Absolom, Ayub, Ballsdon, Barnett-Ward, Brock, Carnell, Davies, Duveen, Eden, Edwards, Emberson, Ennis, Hacker, Hoskin, James, Khan, Leng, Lovelock, Maskell, McElroy, McEwan, Mitchell, Mpofu-Coles, O'Connell, Page, Pearce, Robinson, Rowland, Rynn, D Singh, Skeats, Sokale, Terry, White, Whitham, and R Williams.

Apologies: Councillors Carnell, Challenger, Gittings, Manghnani, McGonigle, Stanford-Beale, J Williams and Woodward.

10. MAYOR'S ANNOUNCEMENTS

The Mayor was delighted to announce that this year four organisations from Reading had received the Queen's Award for Voluntary Service, which was recognised as being the highest accolade given to charitable organisations. The winners were: No.5 Young People; Reading Family Aid Group; Reading Rowing Club; and Smart Works Reading. The Mayor had written to the charities to congratulate them and was looking forward to visiting them in the future.

11. MINUTES

The Minutes of the meeting held on 26 May 2021 were confirmed as a correct record and signed by the Mayor.

12. QUESTIONS FROM MEMBERS OF THE PUBLIC IN ACCORDANCE WITH STANDING ORDER 9

	Questioner	Subject	**Answer**
1.	Richard Stainthorp	Support for Parents to Help Children Thrive in Education	Cllr Pearce
2.	Andrew Hornsby-Smith	Hydrotherapy Pool at Royal Berkshire Hospital	Cllr Hoskin
3.	Andrew Hornsby-Smith	Henley Road Cemetery	Cllr McEwan

(The full text of the questions and replies was made available on the Reading Borough Council website).

12. QUESTIONS FROM COUNCILLORS IN ACCORDANCE WITH STANDING ORDER 10

	Questioner	Subject	**Answer**
1.	Cllr James	Central Club	Cllr Brock
2.		WITHDRAWN	

3.	Cllr McElroy	Fly Tipping	Cllr Barnett-Ward

(The full text of the questions and replies was made available on the Reading Borough Council website).

13. UPDATE ON CONSTRUCTION COSTS OF NEW LEISURE FACILITIES

The Executive Director of Economic Growth & Neighbourhoods submitted a report seeking approval to increase the capital spend allocation for the new leisure facilities at Rivermead and Palmer Park by £2,433k largely as a result of an increase in construction costs due to delays to the schemes starting on site as a result of Covid-19. The Policy Committee had authorised the award of a 25-year contract with GLL to design, build, operate and maintain (DBOM) the Council's four leisure centres; and delegated authority to officers to finalise contractual arrangements with GLL (Minute 62 of Policy Committee on 20 January 2020 refers). These contractual discussions were progressing but had been disrupted by the Covid-19 pandemic and the temporary closure of leisure facilities, which had delayed the signing of the DBOM contract. In the interim, Policy Committee, at its meeting on 24 August 2020 (Minute 40 refers), delegated authority to officers to enter into a Planning Cost Agreement with GLL to progress the design and planning approval of the new build elements at Rivermead and Palmer Park and limit the impact of Covid-19 on leisure facilities. Planning Applications Committee, on 31 March 2021, gave consent for the two schemes (Minutes 93 and 95 refer). An expression of interest seeking funding had been submitted to Sport England for £1,500k to contribute to the construction cost of the new leisure facilities. In view of the disruption caused by the Covid-19 pandemic a new timetable for the construction of the facilities was also set out in the report.

The following motion was moved by Councillor Hoskin and seconded by Councillor Brock and CARRIED:

Resolved –

(1) That the capital budget be increased by £2,433k for the provision of new leisure facilities;

(2) That the capital budget be increased by a further £1,500k if the funding application submitted to Sport England for £1,500k did not materialise in full or part;

(3) That the Director of Finance be authorised to amend the Medium Term Financial Strategy to reflect the £3,933k increase in capital spend for the new leisure provision;

(4) That the Executive Director for Economic Growth and Neighbourhood Services be authorised to give scheme and spend approval for £38.451m for the full cost of the Leisure procurement project, in consultation with the Director of Finance;

(5) That the submission of the funding application to Sport England for £1,500k contribution to the construction cost of the new leisure provision be noted;

(6) That the updated timetable to construct the new facilities at Rivermead Leisure Centre and Palmer Park Sports Stadium be noted;

(7) That it be noted that the Council considered the use of a pensions bond as poor value for money and would assume the small risk that the contractor ceased trading in the future and that a deficit on the pension scheme developed;

(8) That the Director of Finance be authorised to utilise Community Infrastructure Levy as a funding source for the project.

14. GOVERNMENT VOTER IDENTIFICATION PROPOSALS

In accordance with Standing Order 14(10)(a), Councillor Davies received the consent of the Council to alter his motion, as follows:

'Delete the words after "purposes" in the final line of the motion and replace with:

"…or if a nationally funded ID scheme is made available by the Government then ensure access to this is provided free of charge to residents. In either case, make vigorous efforts to encourage take up of such a scheme."'

Pursuant to Notice, the following 'altered' motion was moved by Councillor Davies and seconded by Councillor Edwards and CARRIED:

Resolved -

This Council notes that:

- The recent Queen's Speech contained Government proposals to require people to show identification including a photograph in order to vote in General Elections.

- There is no evidence of widespread electoral fraud by voter impersonation in the UK. Of the 595 alleged cases of electoral fraud investigated by police in relation to the 2019 General Election, only 33 were related to voter impersonation at a polling station, a vanishingly small proportion of the more than 58 million votes cast.

- Turnout at the local elections in Reading in 2021 was 36%. It is estimated that at the 2019 General Election in parts of Reading, turnout was as low as 50%.

- According to an Electoral Commission report on a proof of identity scheme for polling station voters, 11 million people have no driving licence or passport and 3.5 million people have no access to photo ID at all.

- It is estimated that it will cost about £20 million per election to implement photo ID at polling stations.

This Council believes that:

- Voting at elections is the cornerstone of democracy at both local and national level.

- In a democracy the authority of all levels of government is derived from belief that those governing us have been chosen by the will of the majority of the people.

- Participation in elections should be encouraged in all those who are qualified regardless of age, ethnicity, income or ableness.

- Unnecessary barriers to voting are likely to reduce voter participation in elections, proper representation of all parts of the community and so legitimacy of those elected to office.

- The requirement to produce photo ID is likely to disproportionally discourage younger people and people from disadvantaged communities from voting so this measure amounts to voter suppression affecting specific groups of people.

Consequently, this Council resolves to:

- Oppose the introduction of photo ID as a requirement to vote at polling stations.

And, should mandatory photo ID be passed into law, this Council further resolves to:

Make all reasonable efforts within the Council's means and available budget to introduce a low-cost ID scheme, available to all voters in the Borough, that will qualify as legitimate ID for voting purposes or if a nationally funded ID scheme is made available by the Government then ensure access to this is provided free of charge to residents. In either case, make vigorous efforts to encourage take up of such a scheme.

15. HYDROTHERAPY POOL AT THE ROYAL BERKSHIRE HOSPITAL

Pursuant to Notice, the following motion was moved by Councillor Hoskin and seconded by Councillor Eden and CARRIED:

Resolved –

This Council notes that:

- The Royal Berkshire NHS Foundation Trust have taken the decision to permanently close the hydrotherapy pool at the Royal Berkshire Hospital and is commencing an 'engagement' exercise which will report back to the RBFT Board in July 2021.

- There was no public consultation by the trust before it took this decision.

- There is a suggestion that NHS commissioners (the Berkshire West NHS Clinical Commissioning Group) are looking at other hydrotherapy facilities

to provide Individual Funding Request referral hydrotherapy – a much more limited service than that previously offered.

- On a number of occasions, this Council has, unanimously and across parties, passed motions opposing the closure of NHS hydrotherapy in Reading.

Consequently, this Council resolves to:

- Request that the Reading Borough Council Chief Executive writes to the chief officers of the Royal Berkshire NHS Foundation Trust and the Berkshire West NHS CCG expressing this Council's strong opposition to the decision to permanently close Reading's NHS hydrotherapy pool with no confirmed replacement.

- Request that the Lead Councillor for Health, Wellbeing and Sport seeks to gain the support of Reading's two MPs, as well as Wokingham Borough Council and West Berkshire Council, and works with various interested groups to oppose permanent closure of Reading's NHS hydrotherapy pool without adequate replacement and, instead, pushes for the expanded provision of NHS hydrotherapy in our town.

(Councillor Duveen declared a personal interest in this item. Nature of interest: Councillor Duveen was the Secretary of the Reading Branch of Parkinson's UK)

(The meeting closed at 8.04 pm).

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READING BOROUGH COUNCIL

REPORT BY EXECUTIVE DIRECTOR FOR ECONOMIC GROWTH & NEIGHBOURHOOD SERVICES

TO:	**COUNCIL**		
DATE:	**19 OCTOBER 2021**		
TITLE:	**READING'S BID FOR CITY STATUS**		
LEAD COUNCILLOR:	**CLLR BROCK**	**PORTFOLIO:**	**LEADERSHIP**
SERVICE:	**DEGNS**	**WARDS:**	**ALL**
LEAD OFFICER:	**FRANCES MARTIN**	**TEL:**	**0118 937 4024**
JOB TITLE:	**EXECUTIVE DIRECTOR OF ECONOMIC GROWTH & NEIGHBOURHOOD SERVICES**	**E-MAIL:**	**frances.martin@reading.gov.uk**

1. PURPOSE OF REPORT AND EXECUTIVE SUMMARY

1.1 This report seeks endorsement for submission of a bid for City status by Reading Borough Council as part of a competition launched by the Government to mark the Queen's Platinum Jubilee in 2022. Appendix 1 to the report presents an outline bid which sets out some of the key points in support of Reading's bid. As further detailed drafting, refinements, factual corrections and updates to take account of new information may be required subsequent to the Council meeting and prior to the deadline for submission of bids on 8 December 2021, delegated authority is sought for officers to complete and submit the final bid text, in consultation with the Civic Board.

1.2 There is one Appendix to this Report – outline content of Reading's bid for City status.

2. RECOMMENDED ACTION

2.1 It is recommended that Council:

(i) Endorse the submission of a bid for City status by the deadline of 8 December 2021 based on the outline content attached in Appendix 1;

(ii) Delegate authority to the Executive Director for Economic Growth and Neighbourhood Services to refine and agree the final bid text and content in consultation with the Civic Board.

3. POLICY CONTEXT

3.1 In recent decades, the Government has periodically held a competition for the award of the honorary title of City status. The last such competition was held in 2012 to mark the Queen's Diamond Jubilee and, earlier this year, the Government announced that it would hold a similar competition to mark the Queen's Platinum Jubilee in 2022.

3.2 There are no specific criteria for City status, though the application form includes set headings which applicants are expected to address. Contrary to popular perception, a large population is not a pre-requisite for City status, and neither is the presence of a Cathedral.

4. THE PROPOSAL

4.1 **Current Position:** Reading is a great place with many of the characteristics of a City, and our plans for recovery, regeneration and tackling inequalities could receive a significant boost from the prestige and opportunities to promote Reading which City status would bring. Reading has many of the characteristics and roles associated with a City and City status would recognise its wider impact and significance in the Thames valley sub-region. Bidding for City status is also one way of showing that we value the fact that the residents and businesses of Reading make it such an attractive, vibrant and welcoming place to live, work and visit.

4.2 City status is principally about prestige and recognition of our significance by the outside world, all of which can help with efforts to promote and position Reading positively. In the event of a successful bid, over time the way Reading sees itself and is presented to the rest of the world would increasingly reflect a City identity as organisations seek to take advantage of the opportunities which it brings. Ultimately, we would anticipate that it would boost our plans for regeneration bringing economic and other benefits.

4.3 City status does not bring a guarantee of economic success - research by Prof Steve Musson at the University of Reading shows that while many new Cities have seen benefits, it has not been true for all. This suggests that new cities need a clear vision and plan to make the most of the opportunities – and Reading's 2050 vision for a 'smart, sustainable' future sets out where we want to get to while our Local Plan, emerging Town Centre Strategy and regeneration projects set out a road map to work towards this vision.

4.4 Reading has bid for City status on previous occasions but despite being unsuccessful, the process of bidding has provided an opportunity to work with our partners to celebrate Reading as a place, to draw attention to its rich history and heritage, and to speak to a wider audience about what makes Reading a great place, as well as to promote our plans for the future. In this context, while securing City status is obviously the ultimate aim of bidding, there are benefits associated with bidding which make it a worthwhile process regardless of the outcome. The costs of bidding are also minimal – the application process is straightforward and the bid has been compiled by existing officers in line with Government guidance that undue expense should not be incurred by local authorities bidding for City status.

4.4 Much has happened in the decade since the last City status competition, and Reading can point to a track record of delivering innovative projects and plans which existed only on paper at the time of the previous bid for City status in 2012. These achievements will be cited within Reading's bid in support of our case.

4.2 **Options Proposed:** based on the above it is recommended that a bid for City status be submitted.

4.3 **Other Options Considered:** the only other option would be to not submit a bid which would obviously mean that the potential benefits of City status could not be secured.

5. CONTRIBUTION TO STRATEGIC AIMS

5.1 Reading Borough Council's vision is: '*To help Reading realise its potential - and to ensure that everyone who lives and works here can share the benefits of its success*'. While City status confers no specific financial or other material benefit, the prestige

and external recognition associated with City status would support the Council's strategic aims as follows:

- **Healthy environment:** the bid will highlight Reading's environmental assets and strong commitment to tackling climate change - a successful bid for City status would indirectly support efforts to improve our environment by potentially attracting support and investment for our efforts in these areas.
- **Thriving Communities:** the bid will draw attention to inequalities which we experience in Reading - a successful bid would indirectly support efforts to address inequalities by boosting our plans for economic recovery and inclusive growth.
- **Inclusive economy:** the bid will celebrate and draw attention to Reading's cultural heritage and plans for culture-led regeneration to spread the benefits of growth more widely – a successful bid would enable improved marketing of Reading as a destination, thus improving the prospects for these plans coming to fruition.

6. ENVIRONMENTAL AND CLIMATE IMPLICATIONS

6.1 There are no environmental climate change implications arising from the decision. The bidding process does, however, provide an opportunity to highlight Reading's commitments to respond to the climate emergency alongside the actions and innovations being taken to respond, and this will be reflected in the bid text – indeed it represents a key part of Reading's case for why it should be considered for City status.

7. COMMUNITY ENGAGEMENT AND INFORMATION

7.1 Section 138 of the Local Government and Public Involvement in Health Act 2007 places a duty on local authorities to involve local representatives when carrying out "any of its functions" by providing information, consulting or "involving in another way".

7.2 In compiling the bid, the views of the wider community are being taken into account in a number of ways:

- A Consultative Panel of key stakeholders has been created (chaired by the Leader of the Council) to advise on the bid;
- A wider Stakeholder Reference Group, comprising a wide range of community and voluntary sector groups and interests, has been identified and contacted with an invitation to input to the process
- A survey being conducted as part of a place-branding exercise led by Reading UK, the University, Reading Voluntary Action and RBC has been used to seek wider input from businesses and residents across Reading

8. EQUALITY IMPACT ASSESSMENT

8.1 There are no equalities impacts arising from the decision so an Equality Impact Assessment (EIA) is not considered necessary. The bidding process does, however, provide an opportunity to celebrate the diversity of the community in Reading and the contribution this makes to our sense of place and civic pride - this will be reflected in the bid text and indeed represents a key part of Reading's case for why it should be considered for City status.

9. LEGAL IMPLICATIONS

9.1 There are no legal implications arising from the decision as City status is an honorary title. Given the period of time between the Council meeting and the deadline for submission of bids, delegated authority is being sought to draft and refine the main bid text.

10. FINANCIAL IMPLICATIONS

10.1 There are no financial implications arising from the decision. In the event of a successful bid, some changes e.g. to signage, may be considered. Assuming that a relatively small number of signs may be needed this could be incorporated in the sign replacement programme and met from within existing budgets to ensure good value for money.

11. BACKGROUND PAPERS

11.1 No unpublished documents have been used in the preparation of this report. Published documents used in the preparation of this report include:

- *Reading 2050 Vision*
- Reading Borough Council *Corporate Plan 2020/21*
- *Powered by People* (Reading's economic recovery and renewal strategy)

APPENDIX 1: OUTLINE OF READING'S PROPOSED BID FOR CITY STATUS

The City status bid competition

- A competition for City status, to which any UK local authority can bid, has been launched to mark the Queen's Platinum Jubilee in 2022
- The closing date for bids is 8 December 2021
- There are no specific selection criteria although the standard application form invites bids to address the following headings: 'Distinct identity'; 'Civic pride'; 'Cultural infrastructure interesting heritage, history and traditions'; 'Vibrant and welcoming community'; 'Record of innovation'; 'Sound governance and administration'; 'Associations with Royalty'; 'Other particularly distinctive features'
- The decision will be made by the Queen, on Ministerial advice.

Reading's credentials for City status

Within the prescribed format and space constraints of the application form, Reading's bid for City status will highlight:

- **Reading's regional leadership role:** Reading is the County town of Royal Berkshire, one of a small number of counties without a City. Reading's economic significance to the county and beyond is well-established – the bid will demonstrate how Reading's success lifts the growth prospects of the wider region and indeed the UK. Institutions like the Royal Berkshire Hospital, the University of Reading and Reading Football Club are all based in Reading but serve a much larger geography and make a much wider contribution to the region beyond their immediate roles. The bid will articulate the contribution which these and other institutions based in Reading make to establish our leadership role in the Thames Valley and beyond.

- **Reading's rich history:** the application form requires a description of Reading's history and heritage which shape its identity. The bid will describe how Reading was established in the 7th century and how consecration of Reading Abbey in the 12th century saw the town become an internationally important destination for pilgrimage for 400 years until the dissolution. It will go on to describe how the industrial revolution heralded the development of the three industries – 'beer, biscuits and bulbs' – which put Reading on the world map, and how, after de-industrialisation, Reading re-invented itself once again as a hub of the modern knowledge economy.

- **Reading's future vision:** the bid will set out how we would use City status to help bring our future plans, in the form of our innovative *2050 Vision* for a smart, sustainable future, to fruition. The 2050 Vision gives a blueprint to help Reading make the most of the opportunities which City status would present – for its own sake and the wider region. The bid will highlight that in 2020 the Financial Times FDI 'Tier 2 Cities of the Future' Awards placed Reading 13th globally – building confidence that we can deliver this vision.

- **Reading's Royal connections:** Reading's royal connection are a source of considerable pride: it is the last resting place of King Henry I, and the birthplace of a possible future Queen, Catherine, Duchess of Cambridge. For a time in the 13th century the entire kingdom was effectively ruled from Reading by 'the greatest knight', William Marshall, 1st Earl of Pembroke, who served as regent to the boy King Henry III from his home in Caversham. The bid will elaborate on these and other Royal connections which support Reading's bid for City status.

- **Reading's excellent physical and digital connectivity:** Reading enjoys unrivalled digital connections as a centre of the IT industry, as well as great physical connections, with the 2nd busiest railway interchange outside London, access to the rest of the world via Heathrow, and a highly successful municipal bus company which has bucked national trends in declining bus use. Cities are places of connection and the bid will highlight how these and other connections make Reading a strong candidate for City status. With the new Elizabeth Line opening in 2022 with Reading as the western terminus, our connections are set to become stronger still.

- **Reading's international outlook:** Reading boasts the oldest link between an English and a German city, dating to 1947, when Reading answered a call to help the hungry and homeless of Dusseldorf. Through its diverse communities, Reading has links with many parts of the world – we have the largest Barbadian community outside of Barbados, and were recently among the first Councils to offer to house Afghan refugees fleeing the humanitarian crisis. Reading is also a City of Sanctuary, committing us to be a place of safety offering sanctuary to those fleeing persecution. The bid will expand on this to demonstrate the vibrant, welcoming nature of the community in Reading.

- **Reading's diversity:** Reading is one of the most multi-cultural towns in the south east outside of London with 67 languages spoken and students from 150 nations attending our University. Reading has a proud record of good community relations, epitomised by the 'Reading Together' banner which arose spontaneously from the community in the aftermath of the 2020 pandemic and the fatal terror attack in Forbury Gardens. The bid will celebrate this diversity and showcase the contribution which Reading's diversity makes to its success as a place.

- **Reading's plans for 'levelling up'**: a 2016 report on the UK's largest city economies suggested that Reading is the 3rd least equal city in the UK. In 2019, 5 Lower Super Output Areas in Reading were in the most deprived 10% nationally compared to 2 in 2015, suggesting that the gap may be widening. The bid will demonstrate how we would use City status to boost our plans for 'levelling up' and delivering inclusive growth at local level.

- **Reading's leadership on climate:** the world famous 'climate stripes' infographic, now being used around the world to highlight the reality of global warming, was created at the University of Reading, which has been rated 1st in the UK and 2nd in the world for climate science. The bid will set out how the University is at the forefront of Reading's reputation for innovation and efforts to accelerate progress towards net zero at home and abroad, and how it plays a key role in our local climate partnership alongside other public, private and voluntary sector partners.

- **Reading's cultural pedigree:** the bid will describe Reading's vibrant cultural scene, its high quality theatres, museums and arts venues and the fact that Reading is a prodigious exporter of cultural talent – from Jane Austen to Marianne Faithful, Kenneth Branagh, Kate Winslet and Ricky Gervais. 'Banksy' recently adorned the side of one of our most famous landmarks - Reading Gaol, scene of Oscar Wilde's incarceration – with one of his artworks, a symbolic boost to our plans for culture-led recovery.

- **Reading's Festivals and events:** the world-renowned Reading Festival is the largest and best known of our festivals - but the bid will set out how this is just the tip of an iceberg of 'home grown' events celebrating the diversity of the borough and the issues we care about: Reading Pride, Reading Fringe, Reading Climate Festival and Reading Thames Festival to name a few.

READING BOROUGH COUNCIL
REPORT BY THE DIRECTOR OF ADULT CARE AND HEALTH SERVICES

TO:	**COUNCIL**		
DATE:	**19th October 2021**		
TITLE:	**BERKSHIRE WEST HEALTH & WELLBEING STRATEGY**		
LEAD COUNCILLOR:	**CLLR ENNIS/CLLR HOSKIN/CLLR TERRY**	**PORTFOLIO:**	**ADULT SOCIAL CARE/HEALTH & WELLBEING, SPORT/CHILDREN**
SERVICES:	**ALL**	**WARDS:**	**BOROUGHWIDE**
LEAD OFFICER:	**Becky Pollard**	**TEL:**	
JOB TITLE:	**Interim Consultant in Public Health**	**E-MAIL:**	**Becky.pollard@reading.gov.uk**

1. PURPOSE OF REPORT AND EXECUTIVE SUMMARY

1.1 This report presents the Berkshire West Health and Wellbeing Strategy (annexed as Appendix A), which needs to be approved by full Council before adoption according to the constitution of Reading Borough Council (RBC).

1.2 As required by statute, the Strategy sets a basis for commissioning plans across both the local authority and the local clinical commissioning groups (CCGs). It is a joint strategy across Berkshire West local authorities and its development to date has properly been driven by the Health and Wellbeing Boards in each authority. The report proposes that Council delegates responsibility to the Health and Wellbeing Board for approval of implementation plans and future monitoring arrangements.

1.3 **Appendices**

Appendix A – Berkshire West Health and Wellbeing Strategy 2021-2030
Appendix B – Berkshire West Health and Wellbeing Strategy 2021-2030: Public Engagement Report
Appendix C - Berkshire West Health and Wellbeing Strategy 2021-2030: Equality Impact Assessment

2. RECOMMENDED ACTION

2.1 That having considered the feedback from the formal consultation on the Berkshire West Health and Wellbeing Strategy (annexed as Appendix B), the Berkshire West Health and Wellbeing Strategy be approved (annexed as Appendix A).

2.2 To note the development of the Reading Health and Wellbeing Implementation Plans and that the Health and Wellbeing Board be authorised to approve the Health and Wellbeing Implementation Plans on behalf of the Council.

3. POLICY CONTEXT

3.1 Every Health and Wellbeing Board has a duty to prepare and publish a Joint Health and Wellbeing Strategy. This sets out a consensus approach to inform and influence local decisions about supporting people to be well, promoting a whole system integrated approach. Local health and care systems together with the Local Healthwatch service provider have statutory representation on the Health and Wellbeing Board, so that the Health and Wellbeing Strategy combines these areas of commissioning and delivery as a minimum. In most localities, however, the Health and Wellbeing Board membership is expanded to facilitate action to address the broader determinants of health and address health inequalities. In Reading, additional members are Thames Valley Police, Royal Berkshire Fire and Rescue Service and Reading Voluntary Action.

4. BACKGROUND

4.1 In April 2019, Health and Wellbeing Board chairs from West Berkshire, Reading and Wokingham agreed to the development of a shared Joint Health and Wellbeing Strategy across the three boroughs. This was supported by the Clinical Commissioning Group (CCG) and Integrated Care System (ICS) leadership. The rationale for this approach was twofold – a desire to recognise the cross borough reality for many Berkshire West residents, who often live, work and use services across different parts of Berkshire West; and the aspiration to have an effective influence over planning which takes place on a Berkshire West footprint already.

4.2 The strategy was planned to be developed in close collaboration and consultation with residents and local partners, including but going beyond the Health and Wellbeing Board membership in each area, and particularly to engage with the diverse range of voluntary sector and community groups operating across Berkshire West.

4.3 A consultation was carried out between December 2020 to February 2021 on the 11 priorities identified during the shortlisting process in 2019. Respondents identified the following 5 priorities as being the most important. Those 5 priorities – listed below not in any particular ranking order - are the foundation of the 2021-2030 draft strategy:

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

4.4 A draft strategy was subsequently put to consultation for a period of 6 weeks between 24th June to 4th August 2021 in West Berkshire and Reading (with Wokingham opting out of the consultation on the draft strategy). See Public Engagement Report as annexed to Appendix B.

5 PROPOSAL

5.1 The aim is to develop a final strategy which promotes a whole system approach to health and wellbeing by focusing partners on approximately 5 priority areas. There was a broad consensus across the three localities as to the highest ranked five areas as above.

A thorough analysis was done to ensure that group responses in the survey returns were properly weighted and also to ensure that the views of those groups identified as seldom heard were properly recognised in the final priority selection.

The strategy has now been finalised and is being presented for approval.

5.2 The Berkshire strategy is being used to drive the content of the implementation plans that will represent the delivery tools of the strategy. In Reading, a number of delivery boards have been identified to shape the implementation plans and report on outcomes:

Priority	**Delivery board**
Reduce the differences in health between different groups of people	Reading Integration Board
Support individuals at high risk of bad health outcomes to live healthy lives	Reading Integration Board
Help children and families in early years	One Reading Partnership – Under 5s workstream
Promote good mental health and wellbeing for all children and young people	Brighter Futures for Children
Promote good mental health and wellbeing for all adults	Adult Mental Wellbeing Steering Group

These implementation plans are currently in development and we ask that the Health and Wellbeing Board approve these plans on behalf of the Council.

6 ENVIRONMENTAL AND CLIMATE IMPLICATIONS

6.1 The Health and Wellbeing Strategy 2021-2030 acknowledges the importance of climate risks but is not specifically designed to address climate risks at this point in time. The strategy has the potential for the implementing plans wherever relevant to include details actions to address those risks and the health implications of climate risks.

7 COMMUNITY & STAKEHOLDER ENGAGEMENT

7.1 The Engagement Task and Finish Group supported the development of the Berkshire West Health and Wellbeing Strategy. The group was instrumental in making links to all our communities and in particular those who are harder to reach. The group includes representatives from the three Berkshire West local authorities, the CCG, Local Heathwatch providers and a range of community groups.

7.2 The draft strategy was put to consultation over a period of 6 weeks in Reading and West Berkshire and the Engagement Task and Finish Group helped disseminate and reach all communities in these areas to give their views.

7.3 A total of 162 responses were received – with 67% responding from West Berkshire and 26% from Reading.

7.4 Stakeholder engagement to build the Implementation Plans related to the 5 priorities is continuing. The Implementation Plans will need to be flexible and able to incorporate and reflect any changes as the needs of the population evolve over the life of the strategy.

9. EQUALITY IMPACT ASSESSMENT

9.1 The consultation provided an opportunity to develop an understanding of how the Strategy might impact differently on protected groups. As a vehicle for addressing health inequalities, it is expected that any such differential impact would be positive, and accordingly will support the discharge of Health and Wellbeing Board members' Equality Act duties. See Equality Impact Assessment as annexed to Appendix C.

10. LEGAL IMPLICATIONS

10.1 The production of the Joint Health and Wellbeing Strategy (JHWBS) is a joint statutory duty for local authorities and CCGs, discharged through the Health and Wellbeing Board. Once it is published, the organisations have a duty to have regard to the strategy in their own planning and service delivery.

11. FINANCIAL IMPLICATIONS

11.1 Consultation feedback has informed the development of the Health and Wellbeing Implementation Plans. This will be delivered within existing resources, realigned where necessary. It is imperative that the Strategy drives the efficient use of resources and to deliver clear health benefits on investment so as to protect a sustainable local health and care system.

12. BACKGROUND PAPERS

Reading Health and Wellbeing Strategy 2017-2020

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BERKSHIRE WEST HEALTH AND WELLBEING STRATEGY (HWBS)

2021- 2030











Reading Borough Council
Working better with you

West Berkshire Council

WOKINGHAM BOROUGH COUNCIL

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

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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 life, can work productively and fruitfully and is able to make a contribution to their economy[1].

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 of the individual Health and Wellbeing Boards for 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, and aims to enable all of our residents 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 Berkshire Healthcare NHS Foundation Trust.

East Ilsley Volunteer group

READING

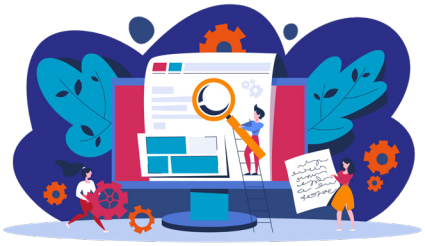
161,780
Total Resident Population

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

Data collected from multiple sources.
Sources found in Appendix A.

WEST BERKSHIRE

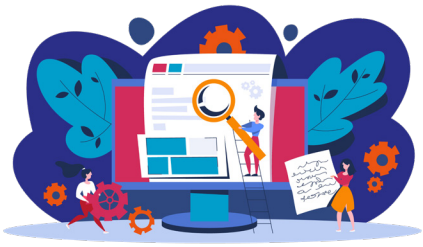
63%
Urban population

158,450
Total Resident Population

75%
Children achieving a good level of development at early years

19.3%
Population aged 65+

5.2%
Ethnically diverse population



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

Data collected from multiple sources.
Sources found in the Appendix A.

WOKINGHAM

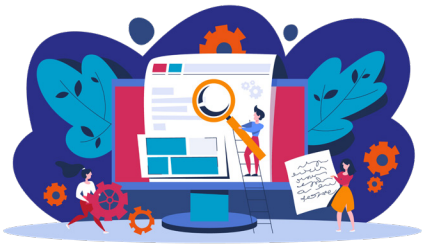
83%
Urban population

171,119
Total Resident Population

77%
Children achieving a good level of development at early years

17.6%
Population aged 65+

11.6%
Ethnically diverse population



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

Data collected from multiple sources.
Sources found in Appendix A.

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 NHS Foundation Trust, Royal Berkshire NHS 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

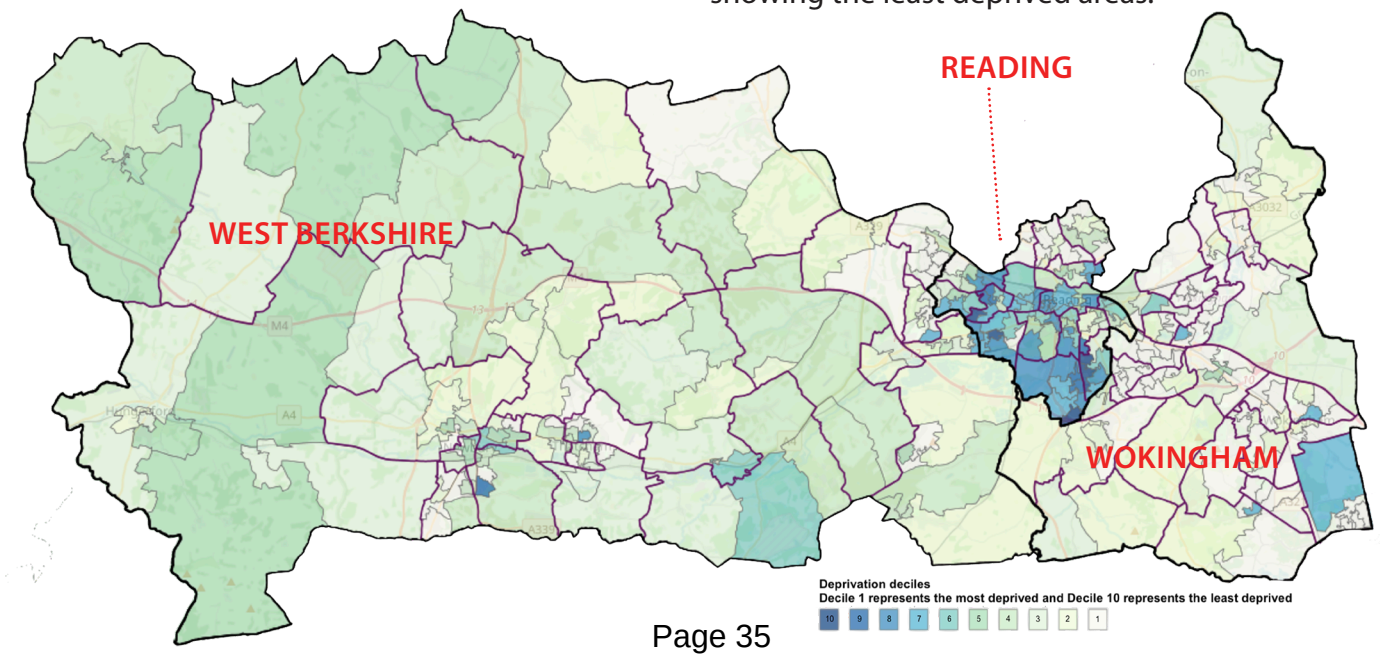
The three areas that make up Berkshire West have a lot to celebrate and be proud of. However, as people live longer with more complex health conditions; combined with the impact of Covid-19 and ongoing financial challenges, we must find new ways to deliver health and social care, strengthen partnerships 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 provide only 10% of the influences on whether a person dies prematurely.[2] Social and behavioural determinants of health such as housing, employment and education play a bigger, and sometimes more important role.

These differences mean that the life expectancy of our population varies depending on where people live[3]; 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 2019[4]. 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

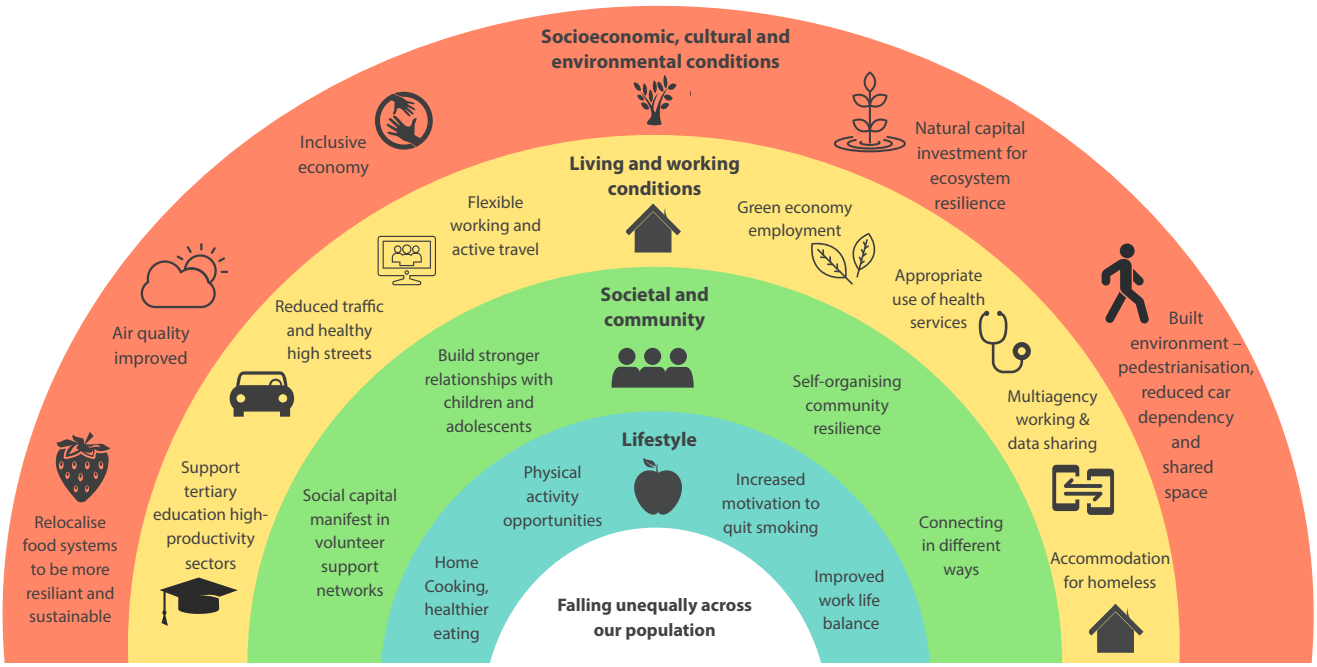
Covid-19 has had a powerful impact across the three areas; businesses have had to shut and health services have been stretched - sometimes to their limit. Covid-19 has affected segments of the local population differently, exacerbating existing inequalities.

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 fairer" from Covid-19[5] . Enhanced integration and efforts to empower citizens to have everyday resilience, including emergency preparedness, and adaption to other long-term threats such as environmental and climate risk, are here to stay[6]; 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 richer 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 Paper[7] 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 their lives on a daily basis. As we move towards a recovery phase, we now have an opportunity to "Build Back Fairer"[5], 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; improving digital literacy and access across the whole of Berkshire West while at the same time ensuring services and support are available for those who prefer not to or who are unable to access them digitally.

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 will 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.

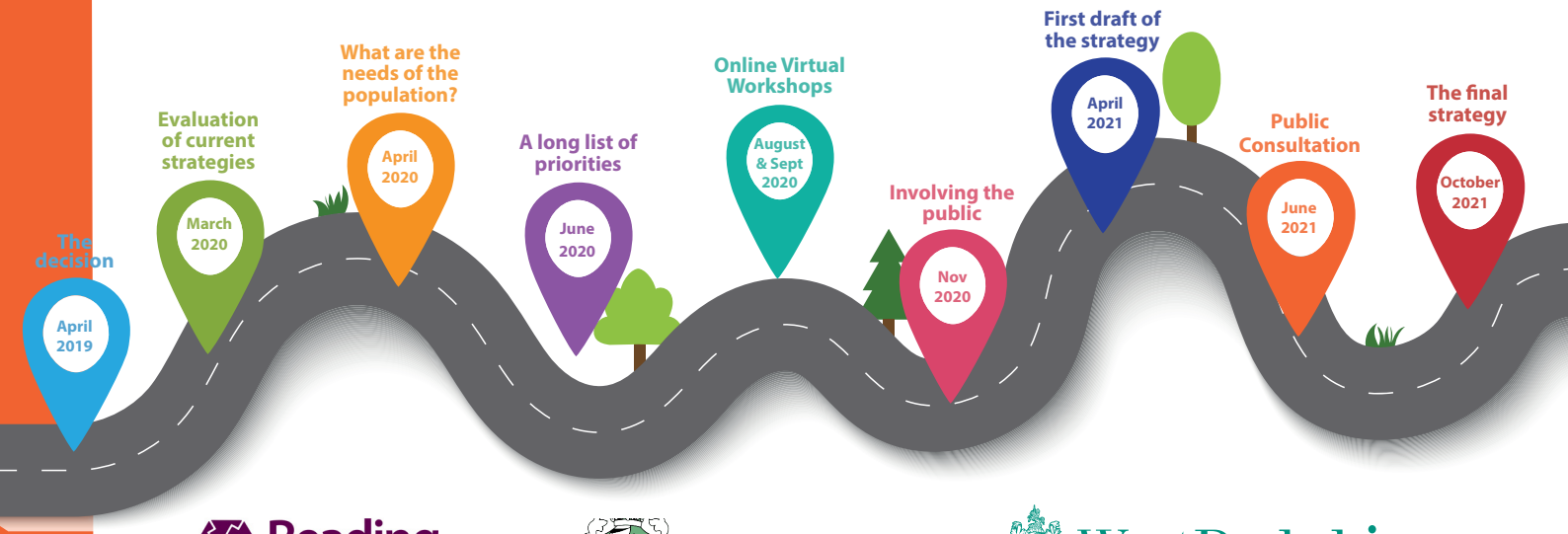
** An Integrated Care System (ICS) brings together health and care organisations to take responsibility for the cost and quality of care for a defined population within an agreed budget. The BOB ICS brings together the Integrated Care Partnerships (ICPs) for Buckinghamshire, Oxfordshire and Berkshire West. The Berkshire West ICP includes: Berkshire West Clinical Commissioning Group (CCG), Royal Berkshire NHS Foundation Trust, Berkshire Healthcare NHS Foundation Trust, Reading Borough Council, West Berkshire Council, Wokingham Borough Council and South Central NHS Ambulance Trust (SCAS).*

HOW THE STRATEGY WAS DEVELOPED

The roadmap illustrates how we developed our priorities for the Health and Wellbeing Strategy for Berkshire West. The development was overseen by a monthly steering group whose membership spanned the three local authorities, Berkshire West CCG, Berkshire Healthcare NHS Foundation Trust, Royal Berkshire NHS Foundation Trust, and representatives from voluntary and community organisations.

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 and included representatives from local communities (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. During the public engagement, residents could comment on 11 different potential priorities, which had been narrowed down from an initial number of approximately 30, during the early stages of the Strategy development. Participants were also invited to comment on whether they thought there were any missing priorities. The findings from this engagement were used to refine our final priorities for the Strategy.

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 included: Healthwatch Reading, Healthwatch Wokingham, Healthwatch West Berkshire, Berkshire West CCG, Reading Voluntary Action, Involve Wokingham, West Berkshire Volunteer Centre, Community United West Berkshire, Berkshire NHS Healthcare Foundation Trust, representatives from the public health teams in each of the three local authorities.

OUR PRIORITIES

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 priority number one of reducing the differences in health between different groups of people and the eight principles driving all implementation plans that fall under the other four priorities.

Health inequities are the avoidable differences in health outcomes, 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 inequity 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 justice[8]. 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 and in access to and experiences of NHS services.

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 model[9] 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 inequities 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 inequities 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:

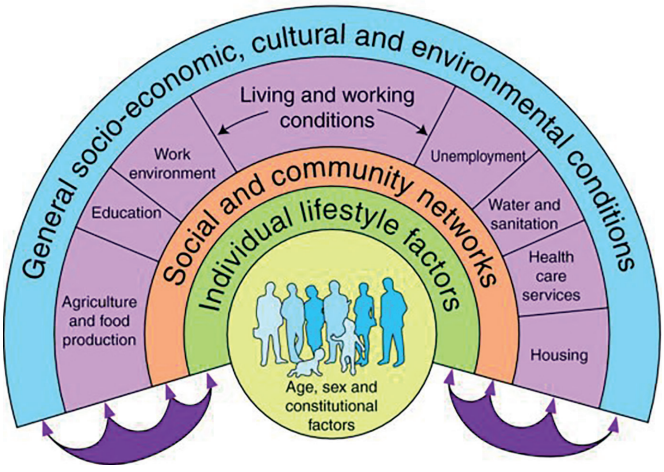
i. Inequities in opportunity and / or outcome: some people don't get a good start in life, have fewer social opportunities, live shorter lives or have longer periods of ill health;
ii. Inequities and lack of access – some people cannot access services, do not know about them cannot use them or need support to use them (for example, due to learning disability or sensory impairment).
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 health [9]

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)[10] 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 all backgrounds.

TO MAKE A DIFFERENCE, WE WILL:

- Use information and intelligence to understand our communities, identify those who are in greatest need and ensure that they are able to access the right services and support.
- 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.
- Take a Health in All Policies approach[11] that embeds health across policies and various services. The aim of this approach is that the impact on health will be considered for all of the work that the three council's do, encouraging closer working relationships between statutory bodies and the voluntary and community sectors.
- Address the variation in the experience of the wider social, economic and environmental determinants of health
- Continue to actively engage and work with ethnically diverse communities, the voluntary sector, unpaid carers and self-help groups, ensuring their voices are heard.
- Ensure services and support are accessible to those most in need through effective signposting, targeted health education, promoting digital inclusion and in particular addressing sensory and communication needs. All in a way that empowers communities to take ownership of their own health.

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 factors[12], 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 services[13], and must therefore proactively be identified and addressed. The broad issues impacting groups at high risk are:

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

People may experience different barriers to accessing services or support. Examples of these include physical barriers such as lack of transportation or barriers due to sensory or communication needs.

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" approach[14]. 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:

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 outcomes were identified as having a continuing or new need for support (including before and during Covid-19).

Our engagement with the public identified the following groups as being at high risk of bad health outcomes. We will prioritise supporting these groups to live healthy lives, depending on local context and need for each of the three local authorities:

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

This is our Strategy for the next ten years and we recognise that the groups who are at higher risk may change over this time. We will actively engage with our communities during the life of this Strategy, continuously learning and understanding the needs of our population in order to ensure that we are supporting those at highest risk, even if they are different to those groups that we are starting with.

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.

TO MAKE A DIFFERENCE, WE WILL:

- Raise awareness and understanding of dementia, and ensure support for people for who have dementia is accessible and in place for them and their unpaid carers. We will work together to ensure the Dementia Pathway is robust, including pre-diagnosis support, improving early diagnosis rates, rehabilitation and ongoing support.
- 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.
- Work together to reduce the number of rough sleepers and improve the mental and physical health of rough sleepers and those who are homeless, through improved access to local services
- Prevent, promote awareness and provide support to those who have experienced domestic abuse in line with proposals outlined in the Domestic Abuse Bill.
- Support people with learning disabilities, engaging with and listening to them, through working with voluntary organisations, in order to concentrate on issues that matter most to them.
- Increase the visibility of existing services and signposting to them, as well as improving access for people at higher risk of bad health outcomes, working with and alongside voluntary and community organisations who are supporting these groups.

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 child[15]. The first 1001 days[16] - 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 emotional[17].

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 life;
iii. Guaranteeing affordability and timeliness of services during and after Covid-19.

HOW DOES THIS IMPACT HEALTH INEQUITIES?

Inequities in child health and development start early; they exist 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 learn. Reasons for this are often social, including income and poor housing quality, and these factors can often accumulate over the lifecourse[18], 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 children, helping to break the cycle of reproducing health and social inequalities in the next generations and so building the foundations 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 children, young people and their families locally.

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.

*A whole systems approach is when partners and stakeholders, including communities themselves, are brought together to develop a shared understanding of the challenges they face, particularly looking at how different factors are interlinked. By taking the whole picture into account, actions and solutions are developed together, aiming to bring about sustainable, long term change.

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.

TO MAKE A DIFFERENCE, WE WILL:

- Work to provide support for parents and carers, during pregnancy and the early years, to improve personal and collective resilience using research and good practice.
- Ensure families and parents have access to right and timely information and support for early years health. Working with midwifery, Family Hubs, healthy visiting and school nursing to improve the health, wellbeing, developmental and educational outcomes for all children.
- Increase the number of two-year olds (who experience disadvantage) accessing nursery places.
- Ensure that our early years settings staff are trained in trauma-informed* practice and care, know where to find information or help, and can signpost families properly.
- Publish clear guidelines on how families can access financial help, including for childcare costs; tackling stigma around this issue where it occurs.

*The King's Fund describes a trauma informed approach as aiming to provide an environment where a person who has experienced trauma feels safe and can develop trust. Individual trauma results from an event, series of events or set of circumstances that is experienced as an individual as physically or emotionally harmful or life threatening and has lasting adverse effects on the individual's functioning and mental, physical, social, emotional or spiritual wellbeing[19].

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

WHY IS IT IMPORTANT?

The mental and emotional health of CYP 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 experience symptoms by age 14[20]. The three key issues affecting the mental and emotional welfare for local CYP are[21]:

i. Limited access to mental health education and services to support children and young people and prevention services;
ii. Limited resources, service cuts and the impact of Covid-19 and the lockdowns on the ability to access service;
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 areas[22]. Besides social factors, other important contributors to mental health and wellbeing amongst CYP include general health and physical activity . Inequities in the rates of mental illness observed across ethnicities and sexual orientations of CYP also warrant urgent attention[23]. 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. Closing the gap in CYP mental health and wellbeing in Reading, West Berkshire and Wokingham 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 to be 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, is 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.

TO MAKE A DIFFERENCE, WE WILL:

- Aim to enable all our young people to thrive by helping them to build their resilience and have the skills to overcome normal life challenges and stresses without long term harm.
- Aim for early identification of those young people in greatest need, or at risk of developing a mental health condition, in order to intervene early to support them with their emotional wellbeing, build self-confidence and so prevent worsening mental health.
- Use evidence to support interventions at the individual, family and community levels to prevent and reduce the risk of poor mental health. We will also improve the equality of access across all services by recognising the diversity of our youth population
- Engage with staff, students, parents, the community and mental health support teams to inform interventions for emotional health and wellbeing, supporting a Whole School Approach to Mental Health[24] and embedding wellbeing as a priority across the school environment.
- Each local authority will proactively support the mental health and wellbeing of their looked after children and care leavers, adopting behaviours and attitudes, acting as any good parent would do by supporting, encouraging and guiding their children to lead healthy, holistic and fulfilled lives (Corporate Parenting Principles[25]).
- 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.
- Improve the process for transition to adult mental health services for our young people, starting the planning early and including the young person themselves in order to ensure that the process is as smooth as possible.

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 UK[26]. Adults could be affected by mental health issues at any time. 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. In 2019/20, an estimated 17.9 million working days were lost due to work-related stress, depression or anxiety in Great Britain[27]. The key issues are[28]:

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?

Inequities 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). 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 population[29].

Much like inequities 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[30], 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-19 on mental health.

TO MAKE A DIFFERENCE, WE WILL:

- Tackle the social factors that create risks to mental health and wellbeing, such as social stressors related to debt, unemployment, insecure housing, trauma, discrimination, as well as social isolation and loneliness.[31]
- 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.
- Continue to recognise the importance of social connection, green spaces and understanding of different cultural contexts for mental wellbeing. We will increase social prescribing[32] by promoting access and signpost to activities that promote wellbeing, such as physical activity and stronger social networking to improve health.
- Improve access to, quality and efficiency of services available to all who need them, including improved digital offerings for those who can and prefer to use them.
- 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.
- Improve access to support for mental health crises and develop alternative models which offer sustainable solutions, such as peer mentoring or trauma-based approaches.

NEXT STEPS

THE ROAD AHEAD

As we transition into the post-pandemic era, we now need to look forward to 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 through a public health approach and 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 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.
- Identify resources for implementation.
- Oversee implementation of the Strategy and review progress against agreed outcomes.

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

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APPENDIX

APPENDIX A

MEASURE	SOURCE
Total Resident Population	Office for National Statistics (2019)
Urban Population: *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.*	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

Reading Borough Council
Working better with you

West Berkshire Council

WOKINGHAM BOROUGH COUNCIL

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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 and engagement would be a critical element to develop the final priorities for the strategy. The public engagement was co-produced and delivered through a Consultation & Engagement Task and Finish group. The engagement took place between 4th December 2020 and 28th February 2021 and was a 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 11 potential priorities for helping themselves and their community live happier and healthier lives. These 11 potential priorities had been refined from a list of approximately 30, during an earlier stage of the Strategy development. 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 consultation and 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 opportunities.

4. All people have the best opportunities for good mental health and wellbeing – to realise their potential and 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 Consultation & 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 Healthcare NHS 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 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 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 improving 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 vulnerable people to live healthy lives
- Help families and young children 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
- Good mental health and wellbeing for all children and young people
- 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 analysis. This flexible and accessible method consists of the following six iterative phases:

Table 2: Description of the six phases of thematic analysis

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. Demographic data of the respondents was also collected as part of the survey, and the following results were obtained. However as seen in the below 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%			

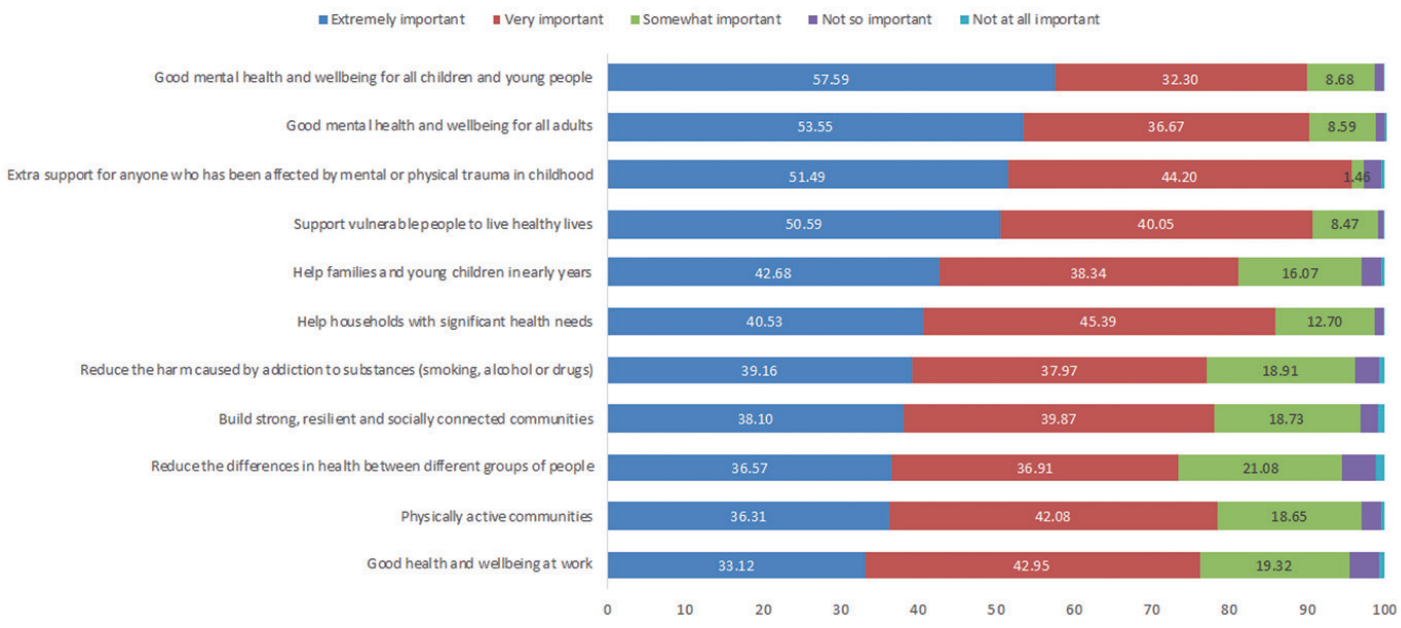
Of the 1786 people who specified, the majority of respondents were female (71.56%), followed by male (28.05%), and non-binary (0.39%). The most common age range specified was 55-64 (21.78%), closely followed by 65-74 (20.49%) and 45-54 (20.32%). A small minority of respondents were 24 or below (3.29%). 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**

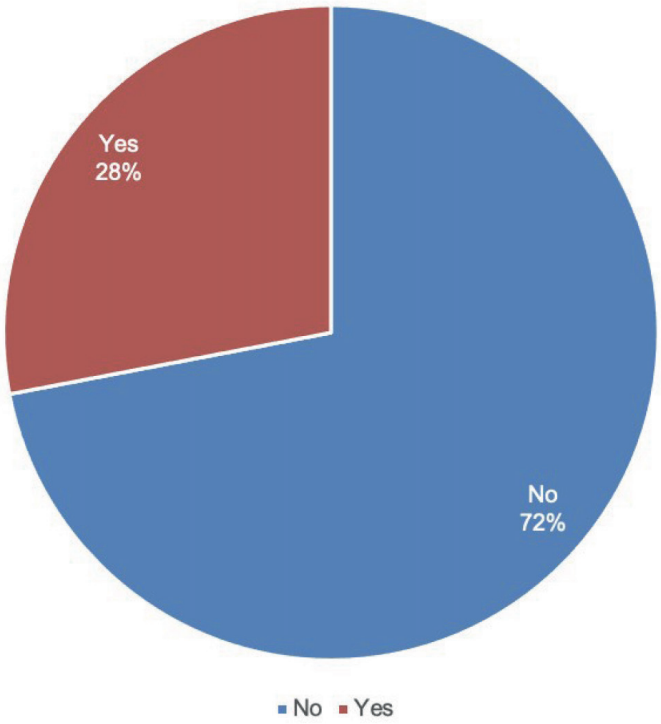
Regionally, most respondents were from Wokingham (39.5%), jointly followed by Reading (30.3%), and West Berkshire (30.3%). The majority of respondents provided feedback as individual respondents, with a small proportion responding on behalf of an organisation (158 responses).

Responses to individual questions

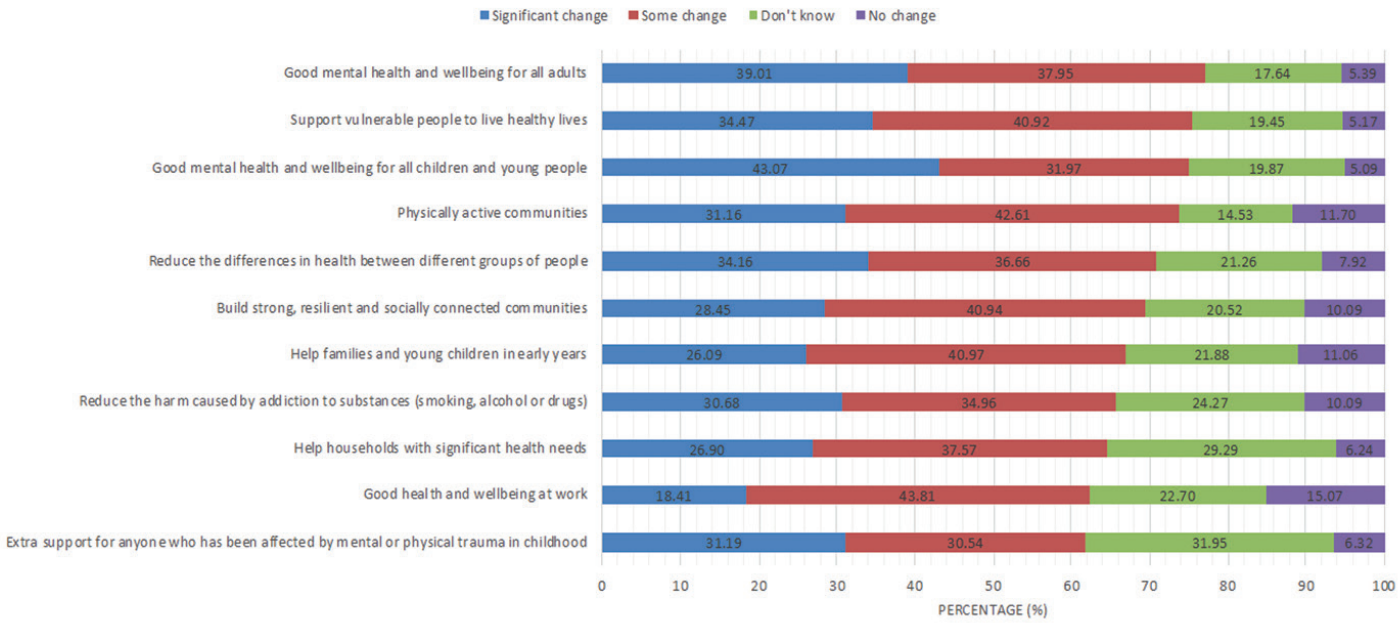
Q2. In order of importance, one being the most important, how would you rank the potential priorities?



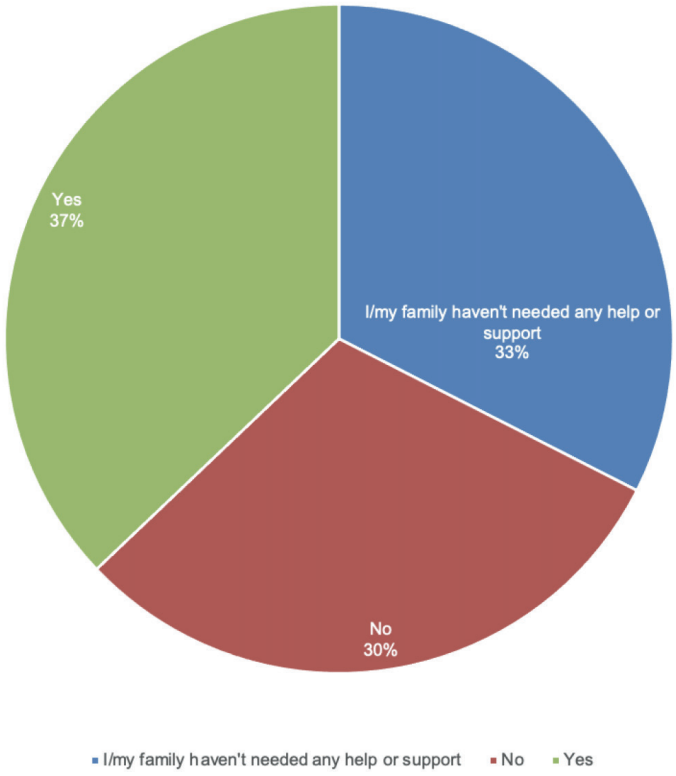
Q3. Are there any other priorities you think we should consider including in the draft Strategy that we haven't mentioned in previous questions?



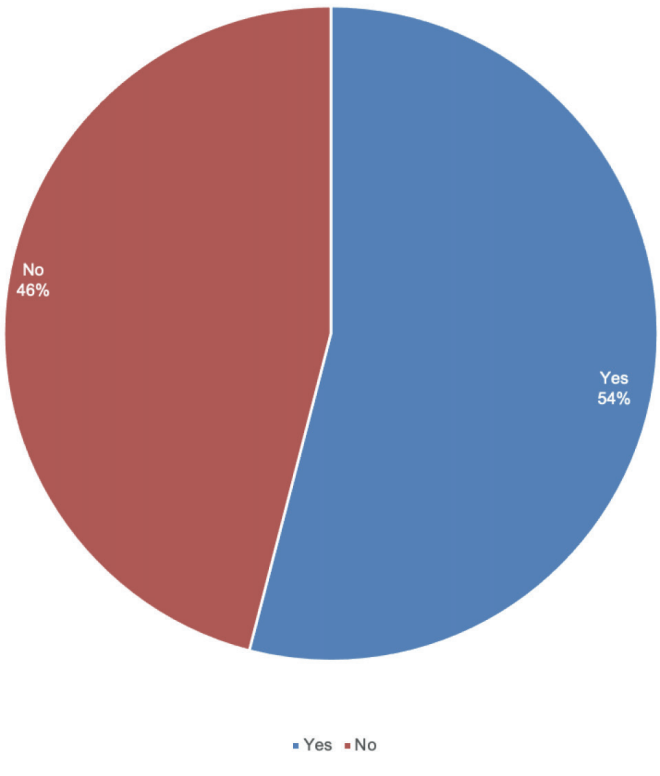
Q4. How much change do you think is required for each priority?



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).

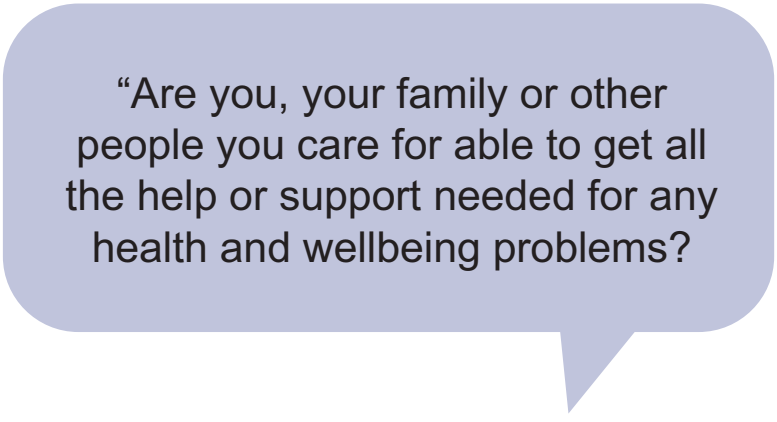


Figure 1: Survey question about issues in accessing help and support for health and wellbeing problems.

Using the framework 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 has 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.

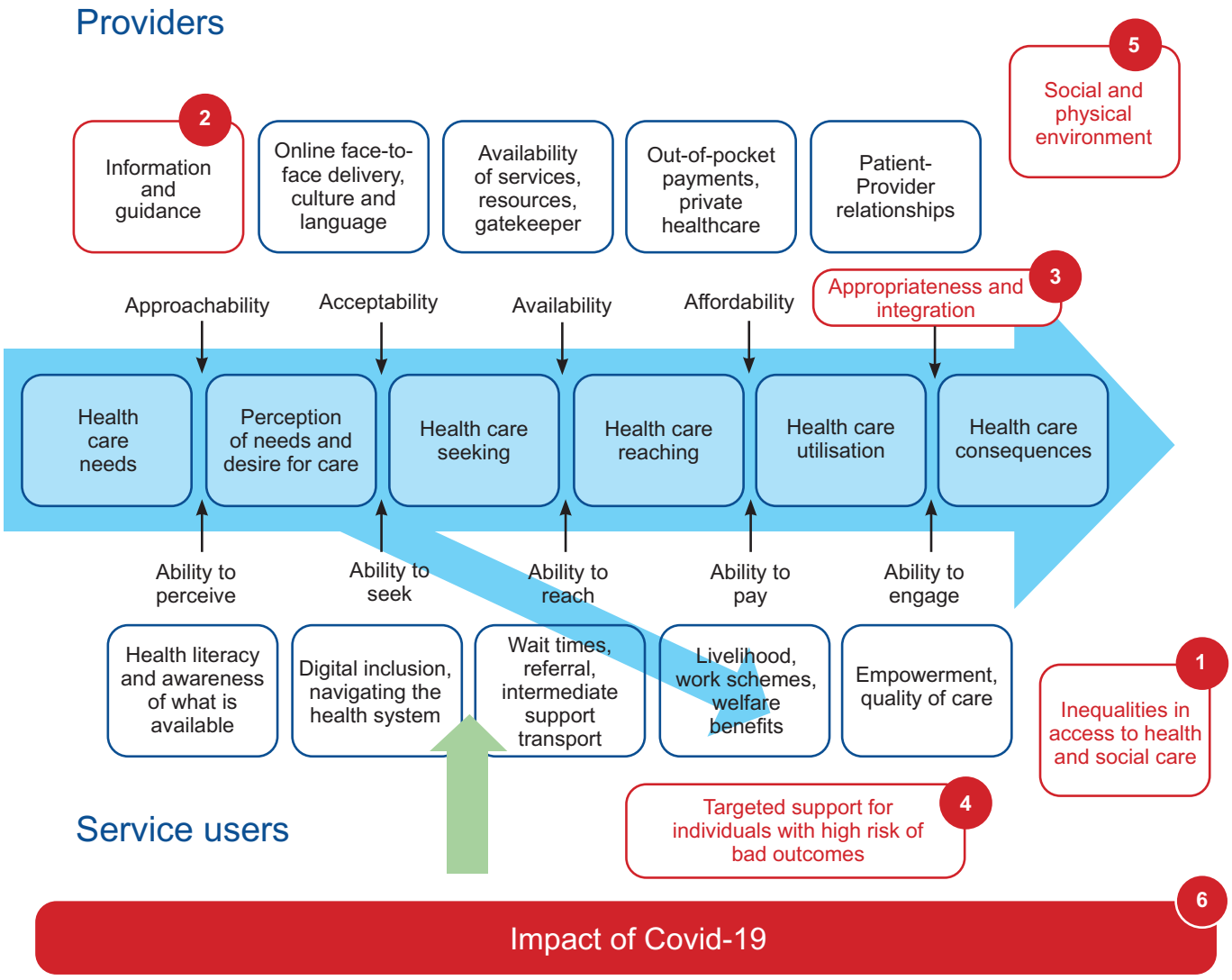


Figure 2: Conceptualisation of the challenges to person-centred access to health and social care services in Berkshire West, as adapted by Chuah et al., 2018 from Levesque et al.'s framework. The red boxes indicate six themes from our public engagement survey and focus group findings.

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, why is 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 care.

(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 it's 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, chiropodist 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 concerned 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 included 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 three 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 respondents 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 the 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 emphasises providers' behaviour and attitudes, health care policies and a physical environment that ethnically diverse patients identify as being respectful to their culture. Culturally sensitive care enables them to feel comfortable with, trusting of and respected by their service providers and staff. 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 abuse. TIC means recognising the signs and symptoms of trauma and to respond accordingly in practices and policy to actively resist re-traumatisation.

"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. This includes 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 inequity, health systems can benefit from intersectionality theory. 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 I'm 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 five (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 five 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 families and 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 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 the differences in health between different groups of people was considered “extremely important” by 30% of survey respondents and consistently ranked as a top priority across the three 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, 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 inequities. 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 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 inequities 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 families and children in early years

Around 40% of all survey respondents across the three 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”.

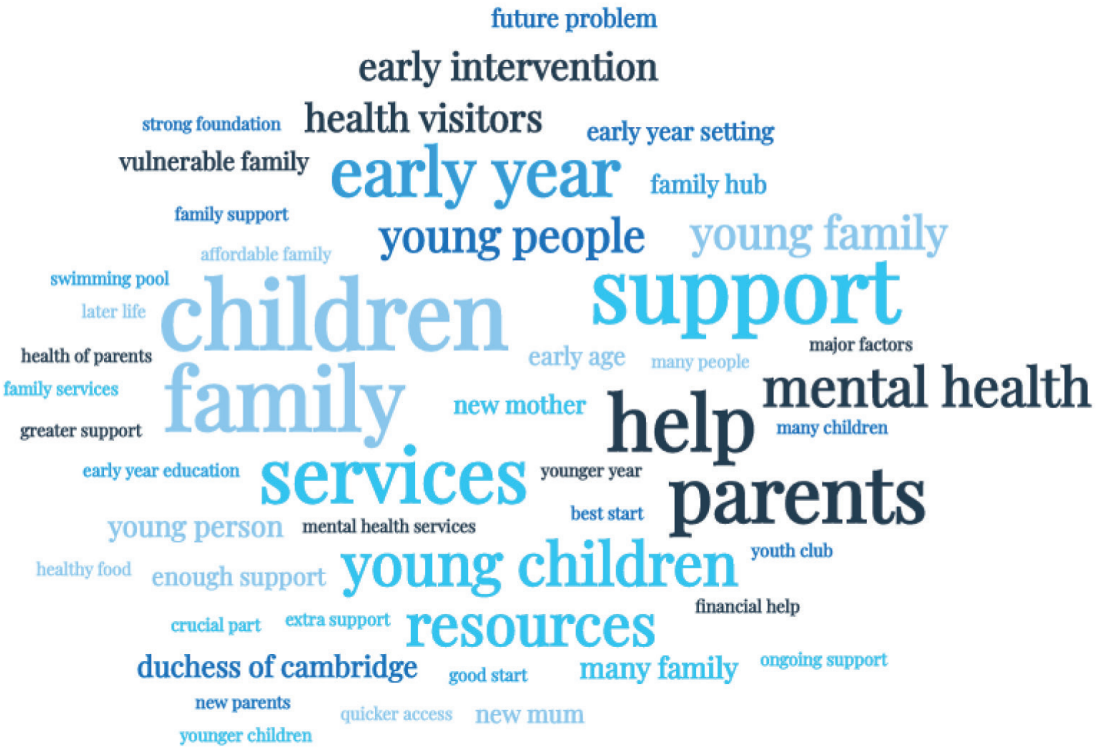


Figure 3. Visualisation of words frequently used by focus group participants and survey respondents for priority 3

Priority 4: Promote 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 help build 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: Promote 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, “cultural competency 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 five 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) reduce the differences in health between different groups of people; 2) support individuals at high risk of bad health outcomes to live healthy live; 3) Help families and children in early years; 4) promote good mental health and wellbeing for children and young people; 5) 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

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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 five.

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 three 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 five 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 three priorities were ranked using the same scoring system as (2).

Appendix B: Overall results on the ranking of priorities

	Counts			Rankings		
Priorities	#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 five priorities remain the same and this is shown in green. The red cells show the lowest three 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?

Equality Impact Assessment (EIA)

For advice on this document please contact Clare Muir on 72119 or email Claire.Muir@reading.gov.uk.

Please contact the Project Management Office at pmo@reading.gov.uk for advice and/or support to complete this form from a project perspective.

Name of proposal/activity/policy to be assessed:

Adoption of the Berkshire West Health and Wellbeing Strategy 2021-2030

Directorate:

Directorates of Adult Care and Health Services and Council wide services

Service: Public Health and Wellbeing Team

Name: Nina Crispin
Job Title: Information and Engagement Officer
Date of assessment:19/08/2021

Version History

Version	Reason	Author	Date	Approved By
1.0	Creation	Nina Crispin	19/08/2021	
2.0	Review	Nina Crispin	01/09/2021	
2.3	Review	Nina Crispin	16/09/2021	

Scope your proposal

- **What is the aim of your policy or new service/what changes are you proposing?**

The proposal is to adopt a Health and Wellbeing (HWB) Strategy for the period 2021-2030 in accordance with the duties to publish strategic plans to promote and protect health and wellbeing as set out in both the Health and Social Care Act 2012 and in the Care Act 2014.

The Reading HWB Strategy 2021-2030 sets out agreed priorities across Berkshire West and the clinical commissioning groups which serve the Reading, West Berkshire and Wokingham localities. In Reading, the Strategy will underpin commissioning plans across Reading Borough Council, South Reading CCG and North & West Reading CCG (insofar as this CCG covers the Reading locality).

The 2021-2030 Berkshire West HWB Strategy is based on 8 core principles. These are intended to underpin all of the strategic priorities and be considered as part of all implementation plans. The core principles are:

- Recovery from Covid-19
- Engagement
- Prevention and early intervention
- Empowerment and self-care
- Digital enablement
- Social cohesion
- Integration
- Continuous learning.

The Strategy goes on to identify 5 priorities. These are:

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

- **Who will benefit from this proposal and how?**

- It is intended to be an important tool in:
- - Improving the health and wellbeing of Reading residents;
- - Reducing health inequalities; and
- - Promoting the integration of services.

- **What outcomes does the change aim to achieve and for whom?**

Adopting the 2021-2030 Berkshire West HWB Strategy will give the Health and Wellbeing Board a focus on the 5 identified priorities (see above), and set a framework for ensuring that plans to address these are based on the three underpinning issues ('building bocks') of carer recognition and support, co-ordinated information to support wellbeing, and safeguarding. In turn, the commissioning plans of individual HWB Board members over the next ten years should also be driven by and reflect HWB Strategy 2021-2030 priorities.

The Strategy is aimed at the entire population and adopting it should co-ordinate efforts to improve health and wellbeing for any resident potentially affected by the priority issues.

The HWB Board will drive performance forward in its chosen priority areas as set out in the Strategy. In addition, the HWB Board will continue to receive reports and requests from other local strategic partnerships involved in promoting health and wellbeing, e.g. the Reading Integration Board, the One Reading Partnership, the Mental Wellbeing Forum, the Loneliness and Social Isolation Steering Group, etc.

The Health and Wellbeing Strategy 2021-2030 acknowledges the risks related to climate change but is not designed to address those risks at this point in time. However, the implementation plans will endeavour to include detailed actions wherever relevant to address those risks and the health implications of climate risks.

- **Who are the main stakeholders and what do they want?**

- Current users of care and support services

- Carers and family of people with care and support needs

- Reading residents, as potential future users of care and support services

- Staff and volunteers across care and support providers in the statutory, private and voluntary sectors

Assess whether an EqIA is Relevant

How does your proposal relate to eliminating discrimination; advancing equality of opportunity; promoting good community relations?

- **Do you have evidence or reason to believe that some (racial, disability, sex, gender, sexuality, age and religious belief) groups may be affected differently than others?**
- **Make reference to the known demographic profile of the service user group, your monitoring information, research, national data/reports etc.**

EIA has been core to the development of the health and wellbeing strategy, and priority 1 and 2 specifically address reducing the health differences between groups based on the data analysis and consultation we have undergone to ensure all in the population benefit from the strategic aims.

- **Is there already public concern about potentially discriminatory practices/impact or could there be? Make reference to your complaints, consultation, feedback, media reports locally/nationally.**

No

If the answer is **Yes** to any of the above, you need to do an Equality Impact Assessment.

If **No** you **MUST** complete this statement.

An Equality Impact Assessment is not relevant because:

16/09/2021

X Nina Crispin

Completing Officer
Signed by: Crispin, Nina

16/09/2021

X Becky Pollard

Lead Officer
Signed by: Crispin, Nina

Assess the Impact of the Proposal

Your assessment must include:

- **Consultation**
- **Collection and Assessment of Data**
- **Judgement about whether the impact is negative or positive**

Think about who does and doesn't use the service? Is the take up representative of the community? What do different minority groups think? (You might think your policy, project or service is accessible and addressing the needs of these groups, but asking them might give you a totally different view). Does it really meet their varied needs? Are some groups less likely to get a good service?

How do your proposals relate to other services - will your proposals have knock on effects on other services elsewhere? Are there proposals being made for other services that relate to yours and could lead to a cumulative impact?

Example: A local authority takes separate decisions to limit the eligibility criteria for community care services; increase charges for respite services; scale back its accessible housing programme; and cut concessionary travel.

Each separate decision may have a significant effect on the lives of disabled residents, and the cumulative impact of these decisions may be considerable.

This combined impact would not be apparent if decisions are considered in isolation.

Consultation

How have you consulted with or do you plan to consult with relevant groups and experts. If you haven't already completed a Consultation form do it now. The checklist helps you make sure you follow good consultation practice. Consultation manager form - Reading Borough Council Dash		
Relevant groups/experts	**How were/will the views of these groups be obtained**	**Date when contacted**
Reading residents, including but not confined to those with care and support needs Organisations across all sectors involving in promoting or protecting health and wellbeing	The Strategy has been informed through the engagement of stakeholders to develop an approach and a strategy, and then a formal 12-week public consultation. 3967 consultation responses were received, and verbal feedback was obtained via 246 meeting attendances.	7 December 2020-28 February 2021
Reading residents, including but not confined to those with care and support needs Organisations across all sectors involving in promoting or protecting health and wellbeing	A second consultation on the strategy was carried out to ascertain if the aims and priorities set out in the strategy met people's expectations. A total of 162 people responded to the online consultation.	24th July 2021-4th August 2021

Collect and Assess your Data

Using information from Census, residents survey data, service monitoring data, satisfaction or complaints, feedback, consultation, research, your knowledge and the knowledge of people in your team, staff groups etc. describe how the proposal could impact on each group. Include both positive and negative impacts.

(Please delete relevant ticks)

- **Describe how this proposal could impact on racial groups**
- **Is there a negative impact?** No

No negative impact in terms of different racial groups has been identified.

Where take up of other services is disproportionately low for some racial groups which may face particular barriers to access, there will be a focusing of resources on those communities as part of the drive to reduce health inequalities.

There is an ongoing need to recognise that cultural norms and barriers such as language may impact on access to health and wellbeing support, and the Health and Wellbeing Strategy should be a tool to address this.

Responses to the consultation raised the importance of ensuring that information and advice about health and wellbeing is accessible to all groups.

- **Describe how this proposal could impact on Sex and Gender identity (include pregnancy and maternity, marriage, gender re-assignment)**
- **Is there a negative impact?** No

No negative impact in terms of gender has been identified.

- **Describe how this proposal could impact on Disability**
- **Is there a negative impact?** No

No negative impact in terms of disability has been identified.

- **Describe how this proposal could impact on Sexual orientation (cover civil partnership)**
- **Is there a negative impact?** No

No negative impacts on the grounds of sexual orientation have been identified.

- **Describe how this proposal could impact on age**
- **Is there a negative impact?** No

No negative impacts on the grounds of age have been identified

- **Describe how this proposal could impact on Religious belief**
- **Is there a negative impact?** No

No negative impact in terms of religion or belief has been identified.

Make a Decision

If the impact is negative then you must consider whether you can legally justify it. If not you must set out how you will reduce or eliminate the impact. If you are not sure what the impact will be you MUST assume that there could be a negative impact. You may have to do further consultation or test out your proposal and monitor the impact before full implementation.

No negative impact identified – Go to sign off

- **How will you monitor for adverse impact in the future?**

The long-term impact of adopting the Berkshire West Health and Wellbeing Strategy 2021-2030 should be a reduction in health inequalities. In order to track progress towards this goal, a dashboard of key performance indicators will be developed. This, alongside regular Health and Wellbeing Action Plan progress reports to the Board, will highlight any widening of health inequalities in future.

16/09/2021	16/09/2021
X Nina Crispin	X Becky Pollard
Completing Officer Signed by: Crispin, Nina	Lead Officer Signed by: Crispin, Nina