

BERKSHIRE WEST HEALTH AND WELLBEING STRATEGY (HWBS)

2021- 2030



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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 life¹, can work productively and fruitfully and is able to make a contribution to their economy.

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

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

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

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

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

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

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



INTRODUCTION

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

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

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



East Illsley Volunteer group

READING



161,780

Total Resident Population

100%

Urban population



12.5%

Population aged 65+

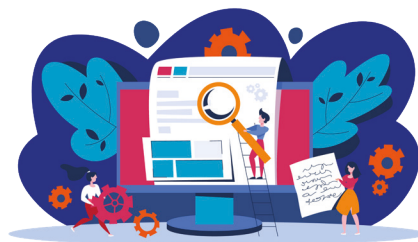


25.3%

Ethnically diverse population

69%

Children achieving a good level of development at early years



7,090

Total number of businesses



9.6%

Full time students age 18+



Unemployment rate

3.6%

7.9%

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



50.2%

People with very good health



WEST BERKSHIRE



63%
Urban population



158,450

Total Resident Population



75%

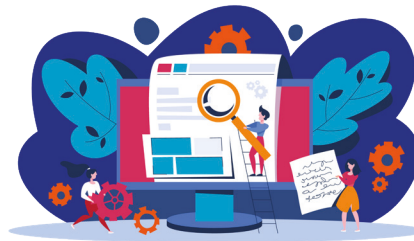
Children achieving
a good level of
development at
early years



19.3%

5.2%
Ethnically diverse
population

Population
aged 65+



8,800

Total number of
businesses



2.1%
Full time students
age 18+



Unemployment rate

2.4%

9.3%

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



51.6%
People with very
good health



WOKINGHAM



83%



Urban population

171,119

Total Resident Population



11.6%

Ethnically diverse population

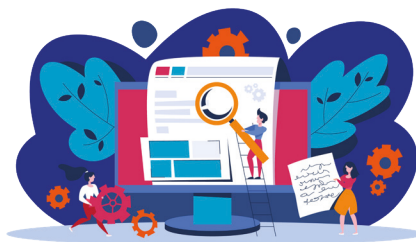
77%

Children achieving a good level of development at early years



17.6%

Population aged 65+



9,005

Total number of businesses



3.2%

Full time students age 18+



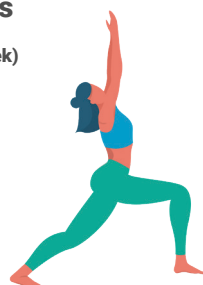
Unemployment rate

2.35%



9.0%

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



54.3%

People with very good health



WORKING TOGETHER: OUR LOCAL SYSTEM

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

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

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

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



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

OUR CHALLENGES

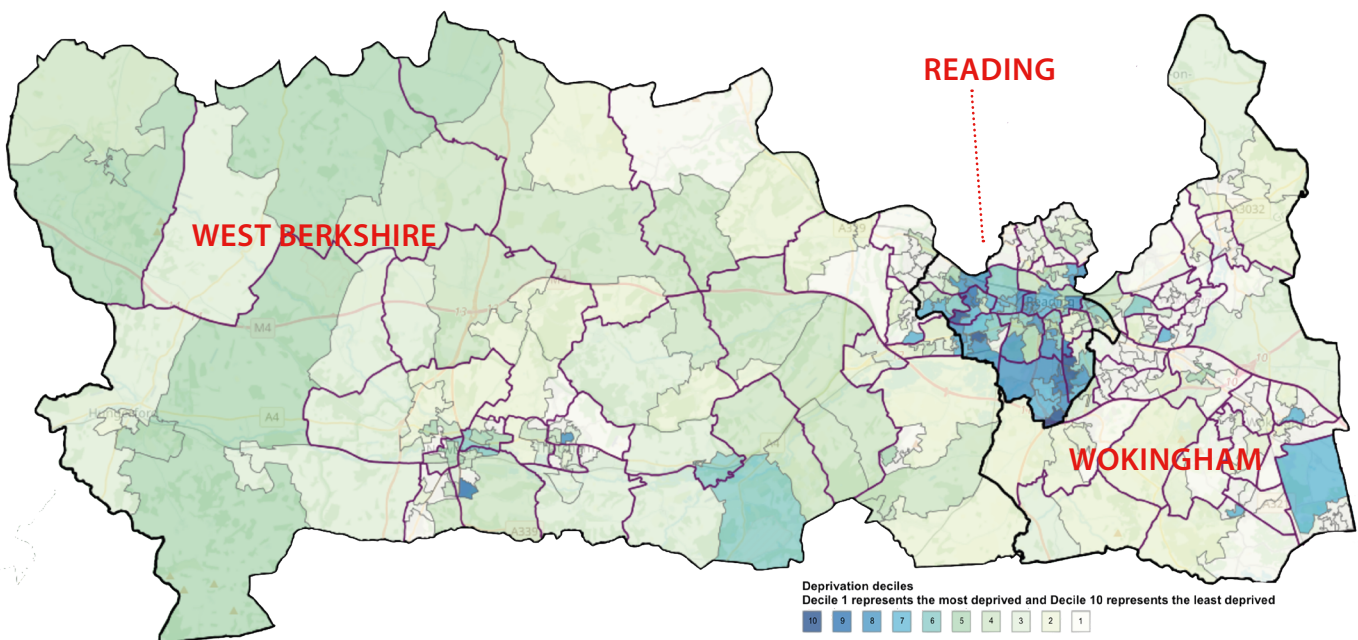
The three areas that make up Berkshire West have a lot to celebrate and be proud of. However, as people live longer with more complex health conditions; combined with the impact of Covid-19 and ongoing financial challenges, we must find new ways to deliver health and social care, strengthen partnerships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

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

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

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

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



OUR CHALLENGES: THE IMPACT OF COVID-19

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

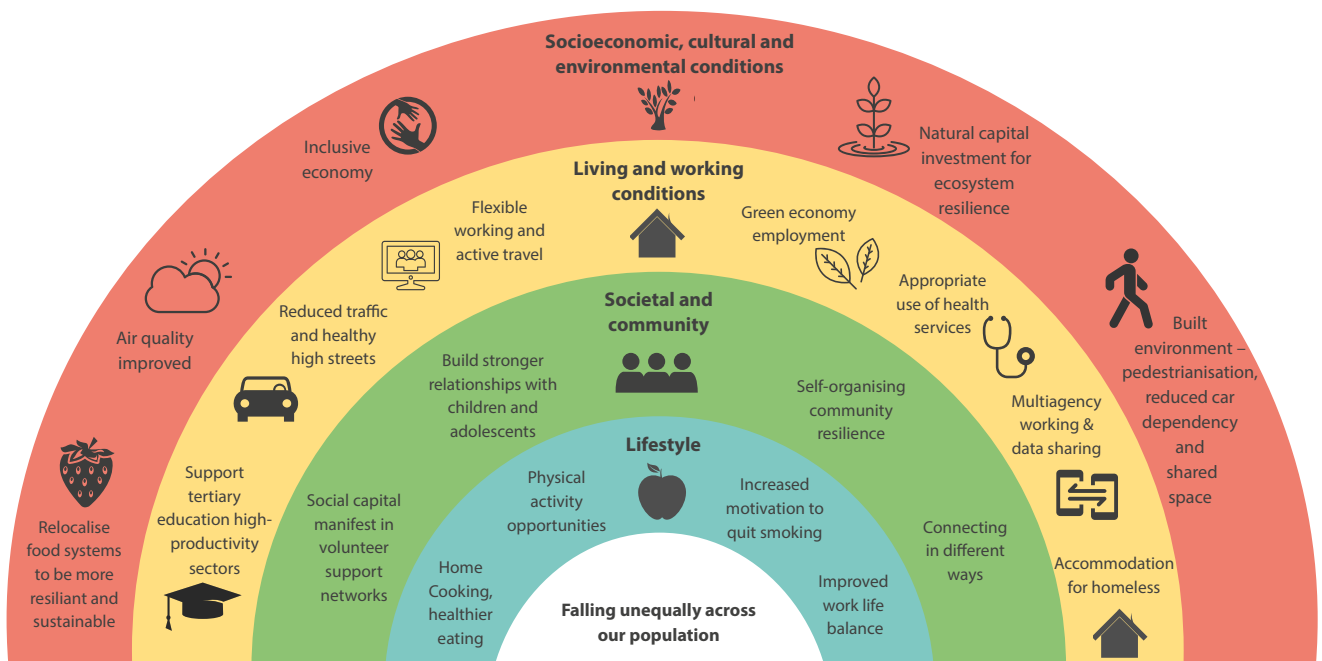
Yet, in times of adversity there has been ingenuity and wider digitisation in how we deliver health services and work together across the different areas. Additionally, Reading, West Berkshire and Wokingham residents have benefitted from cleaner air, returning nature, and reduced greenhouse emissions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

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

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

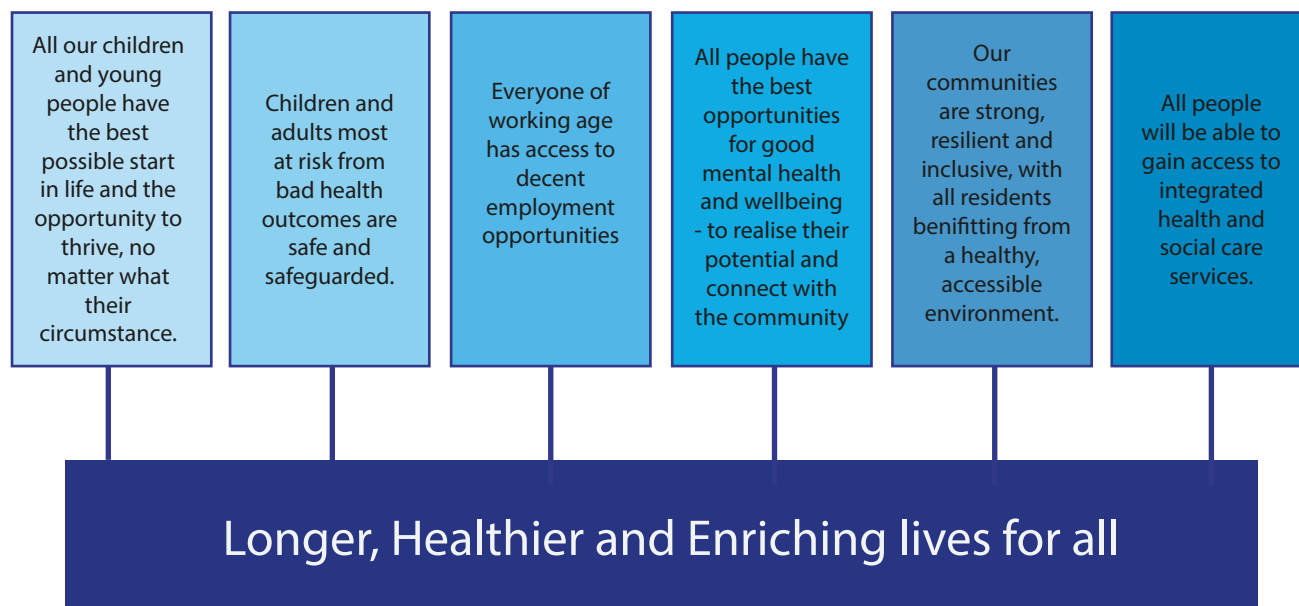


Opportunities during Covid-19 recovery: rebuilding and moving forward together



OUR VISION

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



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

OUR PRINCIPLES

RECOVERY FROM COVID-19

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

ENGAGEMENT

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

PREVENTION AND EARLY INTERVENTION

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

EMPOWERMENT AND SELF-CARE

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

DIGITAL ENABLEMENT

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

OUR PRINCIPLES

SOCIAL COHESION

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

INTEGRATION

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

CONTINUOUS LEARNING

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

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

HOW THE STRATEGY WAS DEVELOPED

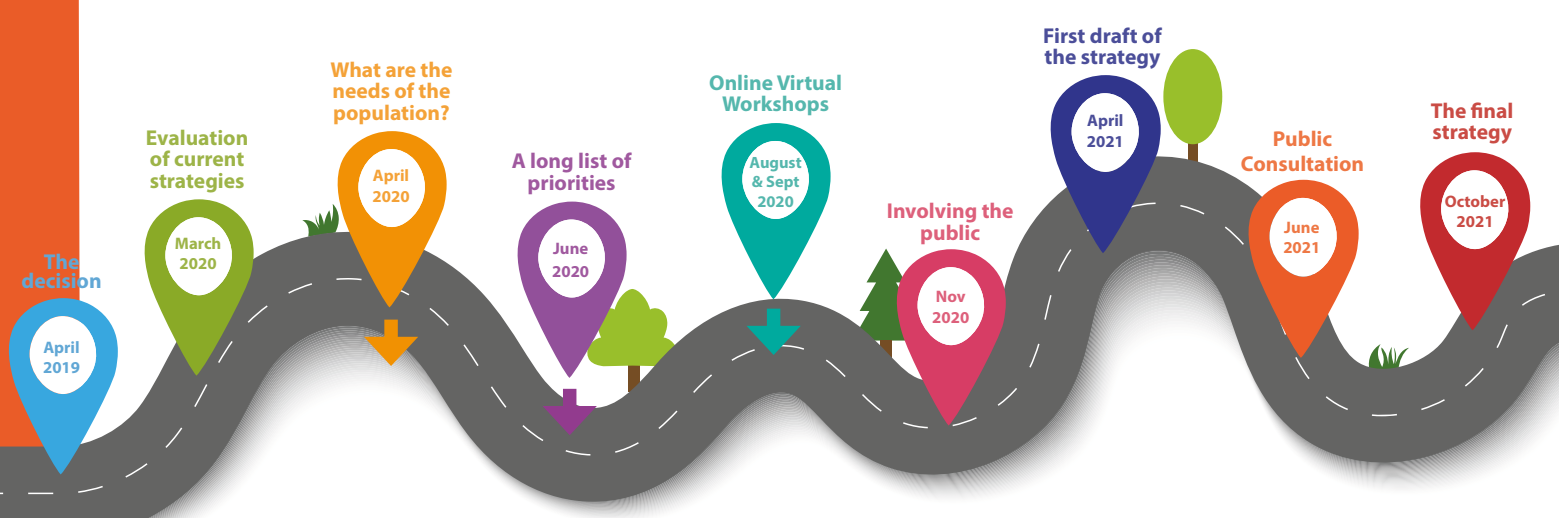
The roadmap illustrates how we developed our priorities for the Health and Wellbeing Strategy for Berkshire West.

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

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

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

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



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

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

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

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

1

REDUCE THE DIFFERENCES IN HEALTH BETWEEN DIFFERENT GROUPS OF PEOPLE

WHY IS IT IMPORTANT?

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

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

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

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

There are 3 key issues:

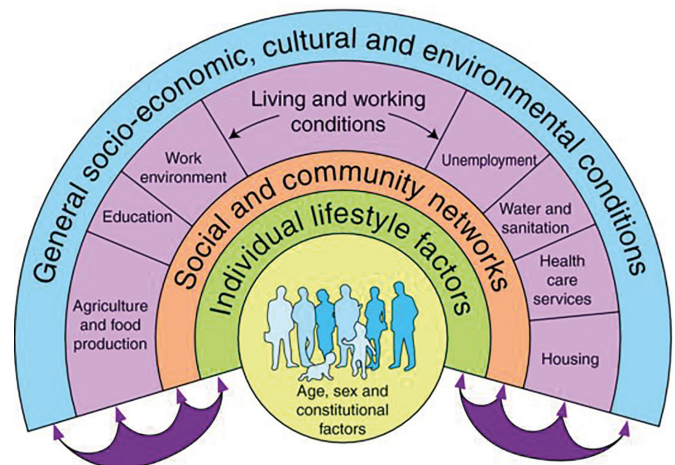
- i. Inequities in opportunity and / or outcome: some people don't get a good start in life, have fewer social opportunities, live shorter lives or have longer periods of ill health;
- ii. Inequities and lack of access – some people cannot access services, don't know about them or can't use them;
- iii.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

WHAT YOU TOLD US:

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

"Lack of income should not mean poor health"

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



Model of social determinants of health⁹

REDUCE THE DIFFERENCES IN HEALTH BETWEEN DIFFERENT GROUPS OF PEOPLE

WHAT ARE WE ALREADY DOING?

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

SPOTLIGHT

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

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

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



WHAT DO WE NEED TO DO TO MAKE A DIFFERENCE?

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

2

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

WHY IS IT IMPORTANT?

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

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

HOW DOES THIS IMPACT HEALTH INEQUITIES?

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

WHAT YOU TOLD US:

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

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

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

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

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



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

WHAT ARE WE ALREADY DOING?

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

SPOTLIGHT

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

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

WHAT DO WE NEED TO DO TO MAKE A DIFFERENCE?

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

3

HELP FAMILIES AND CHILDREN IN EARLY YEARS

WHY IS IT IMPORTANT?

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

Key improvements need to be made in:

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

HOW DOES THIS IMPACT HEALTH INEQUITIES?

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

WHAT YOU TOLD US:

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

“I would like to have help with childcare”.

“It's unclear what support is available.”

WHAT ARE WE ALREADY DOING?

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

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

HELP FAMILIES AND CHILDREN IN EARLY YEARS

SPOTLIGHT

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

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

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

WHAT DO WE NEED TO DO TO MAKE A DIFFERENCE?

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



4

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

WHY IS IT IMPORTANT?

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

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

HOW DOES THIS IMPACT HEALTH INEQUITIES?

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

WHAT YOU TOLD US:

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

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

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

WHAT ARE WE ALREADY DOING?

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

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

PROMOTE GOOD MENTAL HEALTH AND WELLBEING FOR ALL CHILDREN AND YOUNG

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

WHAT DO WE NEED TO DO TO MAKE A DIFFERENCE?

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



5

PROMOTE GOOD MENTAL HEALTH AND WELLBEING FOR ALL ADULTS

WHY IS IT IMPORTANT?

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

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

HOW DOES THIS IMPACT HEALTH INEQUITIES?

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

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

WHAT YOU TOLD US:

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

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

“(physical health is) linked to mental health”

WHAT ARE WE ALREADY DOING?

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

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

PROMOTE GOOD MENTAL HEALTH AND WELLBEING FOR ALL ADULTS

SPOTLIGHT

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

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



WHAT DO WE NEED TO DO TO MAKE A DIFFERENCE?

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

NEXT STEPS

THE ROAD AHEAD

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

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

STRENGTHENING PARTNERSHIPS AND COMMUNITY ENGAGEMENT AS A PLACE-BASED APPROACH

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

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



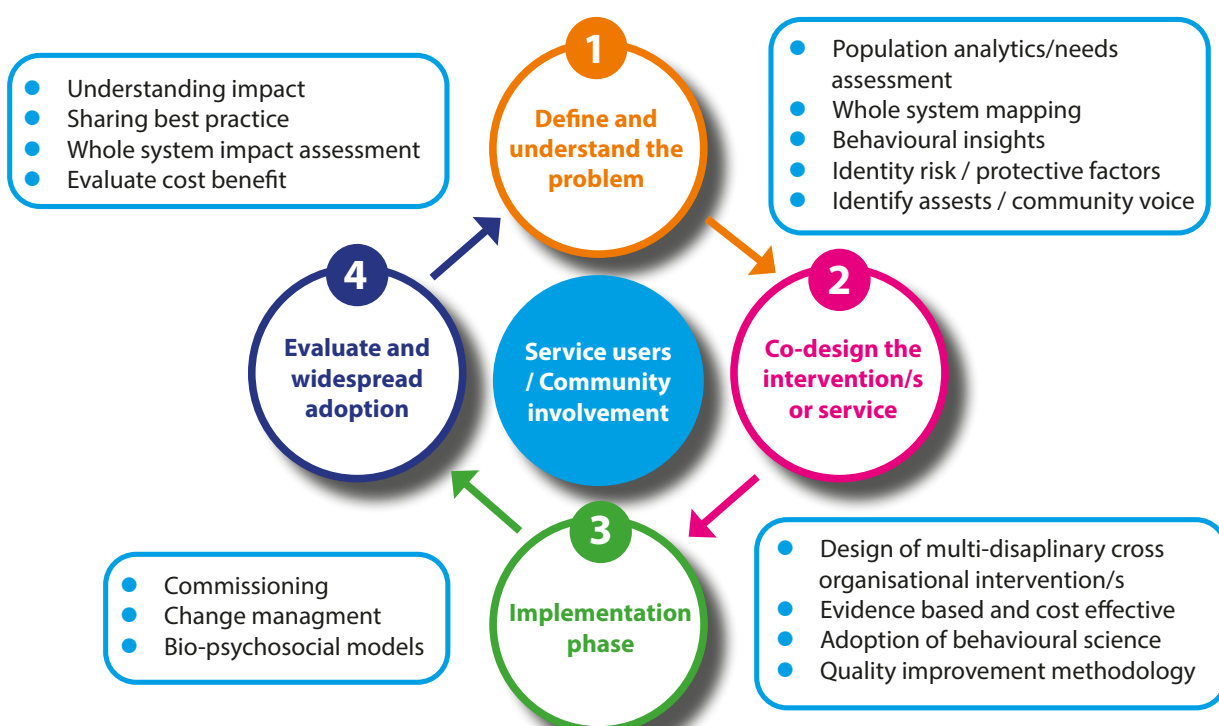
NEXT STEPS

HEALTH AND WELLBEING BOARD COMMITMENTS

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

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

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



REFERENCES

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

REFERENCES

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

APPENDIX

APPENDIX A

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