

Health and Wellbeing Consultation: Schedule

The Joint Health and Wellbeing Strategy for Bracknell Forest was developed through a co-production approach which involved all partners and forums. Further the consultation of draft strategy was undertaken in February 2022 for wider engagement. This schedule includes a summary of the comments received during the consultation, grouped by theme.

The consultation asked consultees their views on each element of the strategy, namely

The Framework

This included the vision and the six priorities and cross cutting themes.

Vision

Bracknell Forest is one of the healthiest places to live, work, study, and play, providing our residents with opportunities to be healthy, happy, and productive. We will support this by taking a health in all policy approach with a focus on promotion of health, prevention of ill-health and reduction in disparities in health outcomes between our communities.

Six Key Priorities and 4 Cross-cutting themes

1. Giving all children the best start in life and support emotional and physical health from birth to adulthood
2. Promote mental health and improve the lives and health of people with mental-ill health.
3. Create opportunities for individual and community connections, enabling a sense of belonging and the awareness that someone cares
4. Keep residents safe from COVID-19 and other infectious diseases
5. Improve years lived with good health and happiness
6. Collaborate, plan and secure funds for local and national emerging new health and wellbeing priorities

The cross-cutting themes are:

1. Reducing health inequalities
2. Creating healthy environments
3. Enhancing experience of seamless care
4. Community development for wellness

This was followed by their views on **Outcomes and key actions for each of the six priorities**

Each priority includes detailed outcomes and actions that will ensure the strategy remains focussed and progress and impacts can be monitored. The outcomes and actions are outlined for each priority below. We welcome your views on the commitments suggested and if they reflect your health and wellbeing priorities and those of the people you know or care for in Bracknell Forest.

Each priority includes detailed outcomes and actions that will ensure the strategy remains focussed and progress and impact can be monitored. The outcomes outlined for each priority have been summarised for the survey, however, are detailed in full in the draft action strategy. We welcome your views on the commitments suggests and if they reflect your health and wellbeing priorities and those of the people you know or care for in Bracknell Forest.

Finally, the consultation asked their views on **overall Health and Wellbeing Strategy and any further comments**

The consultation questions were designed to first explore the level of support for each of the elements with range from strongly agree to strongly disagree

- Strongly agree
- Tend to agree
- Neither agree nor disagree
- Tend to disagree
- Strongly disagree

There was an option (free text box) for consultees to comment on the reason for the level of support.

This schedule provides a thematic analysis of the free text comments.

Initially all the comments were collated in a table and a response was provided with comments being passed to key partners when relevant to do so. Seven themes emerged by grouping the responses. The seven themes are delivery plans, access to services, communication, planning and health, COVID, healthy environments and high-risk groups.

Theme 1. Delivery plans

There were two subthemes in theme on delivery

1.1 Requiring more detail on how we the strategy be delivered

Typical comments were as below

- *Agree with the priorities but have commented on wanting more details*
- *Although I agree with the intention here, please don't just take on more staff, hold more meetings and go round and round without anything actually happening*
- *Yes, the words are OK but there is little information about HOW it's going to be done.*
- *All good stuff parrot type jargon. Details & cost required*
- *No real details on how all these good things are to be achieved.*
- *insufficient detail.*
- *The aims are OK but the implementation of the strategy seems very vague*
- *It is the right direction but you may have to be more creative with actually implementing it. Need PLENTY of joint working and understanding of what is available, who does what etc*

1.2 Comments provided more insights from the lived experience or suggestions for consideration within delivery

Typical comments were as below

- *Agree with a lot of the actions but want more services than just websites (they are important but there must be on the ground services) More innovative interventions sharing life skills around wellbeing and happiness to our young people would be wonderful - and importantly to parents, who have a very tough job these days with social media and all the electronic gadgets getting in the way of many things, like takling and eating together as a simple example.*
- *What after school activities are you looking at? There are groups such as guides, scouts, some church youth groups but they do not reach all cyp either due to age, location, target groups, times, cost. How will you gauge that your proposals meet those needs/requirements - in an ideal world I would anticipate setting up questionnaires that are sent to schools for pupil completion*
- *Delivery*
- *Needs to include local businesses who can support the reduction of stigma and support their staff to receive early intervention*
- *The Council Rangers walks programme that was very effective in meeting the needs of people on their own and provide a sense of community was ended and should be reinstated*

- *For young people in particular they simply want spaces where they can safely hang-out with their peers. Organisations like Sandhurst Youth have to operate on the streets which is not conducive to building up the sense of community among young people*

Response to theme 1

The delivery plan, be detailed with SMART tasks based on the key actions stated in the strategy and after approval they will be published.

Groups mentioned in the response and responders who expressed an interest to be invited to the co-production workshops.

Theme 2: Access to services

There were a number of subthemes set out below.

2.1 Availability of timely and appropriate services

- *Agree with proposed plans but young mental health care is very difficult to access even with help from GPs. More services with youth counselling is very much needed as waiting times are very long.*
- *As someone with PTSD I have personally not being able to access ANY mental health help. All that is available is talking therapies which is not adequate or helpful for serious traumatising mental health issues. These needs fixing as a matter of urgency. I have had to get into serious amounts of debt to access private mental health care that I was unable to complete due to lack of ongoing funds. Adult mental health care needs to be added as a priority for complex issues.*
- *Because of lack of mental health professionals and most is left to voluntary and charities to deal with very vulnerable individuals. Most of the problems as a charity we deal is a lack of mental health provision. Many of people we deal have lived in Bracknell most of their lives and childhood problems and have become problem in adult life. With cost of living crisis as well need to support*
- *I do agree on the whole. However, as things currently stand MHST's are only in Slough and not BFC, working in that area in another borough I know that Emotional Mental Health Practitioner training is one year and courses are run on needs basis but needed in order to deliver the interventions. As such, the actual delivery time is likely to be a while off and there is an urgent need NOW! CYP in Bracknell are struggling, whilst there are some changes they are not all sufficient, CAMHS wait lists are a joke (my ASD daughter has been on waitlist for 2 years for ADD and needs this as getting school support is one huge and exhausting battle despite the fact she has SEN history of support in primary, no point applying for EHCP as there are not enough staff and even then unless needs are severe they seem to get denied).*
- *My husband has both COPD and Gastric Cancer and I have not found any facilities, contacts or help by Bracknell Forest. There is no COPD clinic available at my GPS.*

2.2 Barriers to services

- *Admirable ideas but as a healthy senior who nevertheless has great difficulty accessing medical care/advice I wonder how long it will take to achieve this.*
- *The cost of accessing leisure services too high and even then, some are not targeted to meet needs or indeed providing sufficient spaces*
- *Suggest you try to get an appointment to see the mental health team especially if your housing is temporary. Sleep out one night and see last of public toilets availability for showers.*

2.3 Not sufficient amount of services are available

- *I feel its missing improved access to primary care (GP and hospital referrals) for adults of a working age*
- *Need to focus on dental health as this also have an impact on the rest of health, but seems to be very little places in particular for residents who are homeless or have mental health issues to access dental care*
- *With the growth in population in Bracknell the health care provided is not large enough. There is a lack of doctors, and the hospital cover is very hard to access, with major health problems you tend to be passed onto hospitals miles away from home whilst suffering major pain issues the traveling is difficult and no provision to help in patient transfer is available. Also the new walk in clinic at Brants Bridge is not a walk in clinic at all, the loss of Fitzwilliam House was because of the new walk in clinic so access to Health care is reduced.*
- *The lack of District Nurses in the area and no access to help when you are looking after a relative and become a full-time carer there is no way to access information and get help.*
- *You need more services for the under 18s and GPs are not aware of half of the integrated services to refer patients to*
- *GP surgeries are not easy to access, there hasn't been an increase in surgeries despite the growth in housing and subsequently population*
- *Not sufficient charity shops helping low-income families and promoting recycling*

Response to the comments

Mental Health Access

To address these issues Frimley CCG is delivering it's transformation programme in line with the Community Mental Health Framework. This programme began with the Mental Health Integrated Community Services (MHICS) which has established new mental health teams in Bracknell. The work continues with wider transformational aspirations including our pathways to support personality difficulties, rehabilitation, eating disorders, lived experience roles, primary care MH Practitioners (ARRS roles) and our emerging plans for a shift to an 'easy in,easy-out, one team' approach that breaks down the barriers between primary and secondary care, transforming the way people with a mental illness are supported to recover in their communities. An independent evaluation is

being commissioned to assess how the programme has changed patient experience and outcomes. This will also include analysis around any groups who are not being advantaged by the current transformation programme, utilising qualitative and quantitative data throughout.

MHST

Bracknell Schools do have MHST at the following schools: Birch Hill Primary, Brakenhale (Greenshaw Learning Trust), College Hall PRU, Crown Wood Primary (Greenshaw Learning Trust), East Hampstead Park, Fox Hill Primary, Garth Hill, Great Hollands Primary (Maiden Erlegh Trust), Harmans Water Primary, Holly Spring Primary School, Kennel Lane Special school, King's Academy Binfield (Kings Group Academy Trust), Sandy Lane Primary, The Pines Primary, Wildridings Primary and Wooden Hill Primary.

The MHSTs supports children and young people with emerging, mild or moderate mental health difficulties which may be affecting their day-to-day life. It's for pupils on roll at selected schools in East Berkshire. This includes pupils on the roll of Virtual School for Children, looked after children, and young people who are not in employment or education (NEET). Depending on the age of the child or young person, the team will either work directly with them or with their parents. They also work with school staff and offer support on different levels, with the aim of developing and supporting a whole school approach to mental health. MHST's employ Clinical team lead, Project Manager Senior Clinical Supervisor/Therapist Clinical Supervisor/Therapist Educational Mental Health Practitioners (EMHPs). To find out more, watch 2 min video on MHST's: <https://youtu.be/8bHG624htlw>

Adult PTSD

The existing pathways for PTSD are:

- Single incident PTSD is treated in IAPT as part of the core Talking Therapies pathway.
- Support is also available through the psychological provision in CMHT and EUPD services
- Extended Trauma Pathway (ETP) sitting in Talking Therapies.
- Complex trauma (repeated/prolonged) is treated within the specialist service BTSS

It has been identified that improvements could be made to provision of PTSD treatment, especially for people whose needs fall between the offer of IAPT and the Berkshire Trauma Service. To this end a review of trauma services is being proposed by the CCG

Leisure Services physical activities

A number of programmes were stopped during COVID and reinstated as restrictions are lifted.

We are working with Active Berkshire to expand provision of free physical activity opportunities for all ages as part of delivery for Priority 5

Access to GP practices

Public health will undertake a primary care needs assessment

Charity shops

We will explore this with local charities and Lexicon

Theme 3: Communication

A strong voice on communications. Responders were keen that we communicate about the Health and Wellbeing strategy to wider audience, we increase the awareness of services such as our community map, social prescribing services.

- *More poster campaigns for those not computer savvy.*
- *By putting this on the website only, you are also reducing the potential of resident input, not everyone looks at the website or even has internet. Surely BFC could include some sort of flyer to be posted through the door with the post? If you really want engagement within communities you need to give EVERYONE that opportunity and also provide a slightly simplified version of gaining that input, as an area worried about neurodiversity there is a lack of appreciation of those with reading/writing or physical difficulties in obtaining input. This needs to be reviewed.*
- *Cannot stress the need for communication. Maybe issue a list of all the contacts, websites etc. for the Community Map and Town and Country Extra bulletins and the sign up for all publications through public.govdelivery.com.*
- *Local communication improvements will help us manage this and anything else coming our way*
- *It all looks good, it is just about getting the word out and that these things are available - From my professional background I would like to see more for falls prevention as this has increased with covid and isolation*
- *How will updates be shared with BFC residents. There are references to "local mental health pledge" "training and resources available to all workplaces in BF" "health workplace programme". Where is there information on these?*

Response

We will develop a communication plan alongside delivery plans to ensure wider communication through different channels some which are mentioned by responders.

Theme 4: Planning and impact on health and health services

- *One of the main issues that people are aware of is the lack of surgeries with the amount of planning for new development. I'm aware that surgeries are not part of the planning decisions, and I'm aware that funding is already stretched.*
- *You keep building more houses and yet more GPs are retiring. The hub idea with red, green and amber patients is stupid and will cost lives*
- *A lot of new housing don't give sufficient space for play parks which promote happens, youth groups are based in town centre not locally the most vulnerable kids can get there*

Our Response

We will work with the Council's planning team and the CCG to develop a health impact assessment tool appropriate for assessing the health impacts of development.

Theme 5: COVID

- ✓ *The health impacts of Covid will rapidly now decline - what will remain are massive social changes and financial pressures which will significantly impact wellbeing and especially housing demand. The strategy doesn't seem to address these impacts.*
- ✓ *POINT 4 you cannot keep residents safe from covid its impossible we all have to live with it and carry on without any restrictions on our everyday.*
- ✓ *I also have concerns about the focus on COVID in a long-term plan, whilst it is a pandemic and we are still living it, with the changes in treatment and prevention that we have seen I would hope that this is not a longer-term concern. Or at least one that medicine will be able to provide more and better help to reduce fatalities*
- ✓ *localised support to wider processes - usage of masks, in public spaces, not losing the infection prevention learning and supporting schools, colleges, unis, workplaces, etc., to maintain protocols which reduce onward infections whether covid related or even gastroenteritis which can leave individuals vulnerable (esp elderly, other-abled, long term conditions, CYP etc) , but which can be reduced in transmission if we enable people to work from home / self isolate*
- ✓ *Outcomes and actions around COVID are so important so it can be managed at a local level, specifically with the community.*

Our Response

We agree and in line with national policy we have rewritten Priority 5 to embed health protection outcomes as part of business as usual and recovery whilst ensuring that we are prepared for any surge in infections due to a new variant or other respiratory conditions.

Theme 6 Healthy environments and Healthy Settings -HiAP

Responses also included comments that reflected cross cutting theme of Healthy Environment and touched on the wider determinants of health.

- *Not sure how you intend to implement this in a way that is supported in communities. Many of us live near very busy roads (A329/A322) but with little visibility of reducing toxic fumes and improving air quality (busy roads should have trees both sides to absorb some of the traffic pollution).*
- *improving the locality to make it safer for them to be out with friends (i.e., the change of street lighting has led to darker pockets which make being out in the dark unsafe). Safety is, after all, a key part of promotional emotional wellbeing and that is not just to feel emotionally protected but also physically protected by the greater environment (as I would hope you consider in cross cutting theme 2).*
- *Find it interesting no ability to get water in the town even extremely hot weather*
- *School meals are hit and miss, some schools have good facilities but not varied enough menus or ability to meet all dietary needs*
- *Our wellbeing is CRUCIAL and our environment, including services et, is part of that.*
- *Education and poverty are key to this succeeding. What do you intend to do to ensure these issues don't stop it from being a success risk*

Our Response

Bracknell Forest Council has developed Health in all Policies approach to embed health in all we do. Healthy environment healthy environment is a cross-cutting theme and we will take this into consideration in the delivery plan.

We will work with our public protection team and Parks and Countryside Team on areas such as mentioned, to investigate interventions that reduce air pollution. We are exploring Healthy Schools and Healthy Catering as part of the work we are undertaking in the delivery of the strategy

Theme 7 High risk groups

- *Domestic abuse can have a massive impact on people's mental health so something about support for those affected by DA*
- *still needs to support and target key areas and address the causes not symptoms - that means asking the difficult questions and understanding the triple threats MH, drugs and alcohol, abuse. Cannot be parked in the too difficult file, and then just try to treat the results of these. any strategy needs to be addressing the causes of behaviours, from self-harming to suicide prevention; from using drugs and alcohol to gambling - people 'self-medicate' because they are 'in pain' from something or someone.*
- *From my professional background I would like to see more for falls prevention as this has increased with covid and isolation and also health and fitness for people going through a cancer journey as again this has been affected by covid*

- *You are not looking at the most important problems that we are seeing homeless addiction mental health most have a life of less than 20 years of general population.*

Our Response

We agree and are embedding reducing health inequalities within the delivery of the Health and Wellbeing Strategy. The groups mentioned are identified as high-risk groups in the population health management of the priorities.