

Wokingham Health and Wellbeing Strategy Into Action

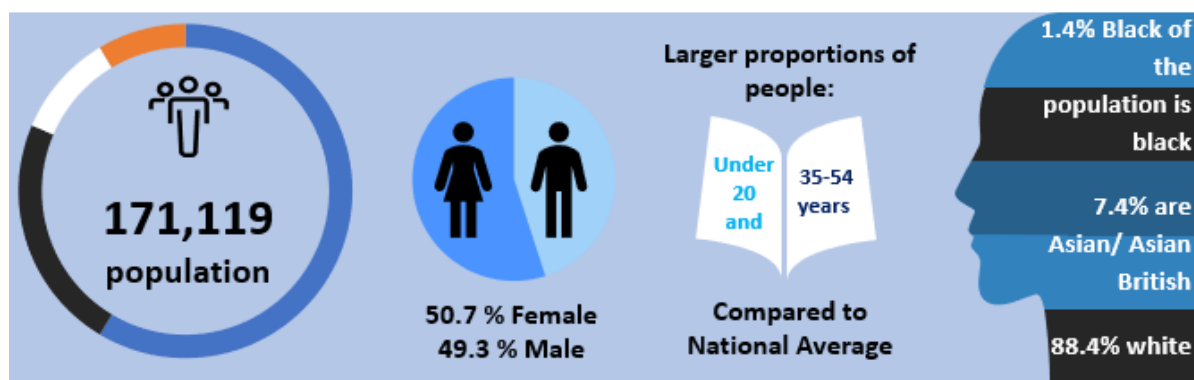
September 2021



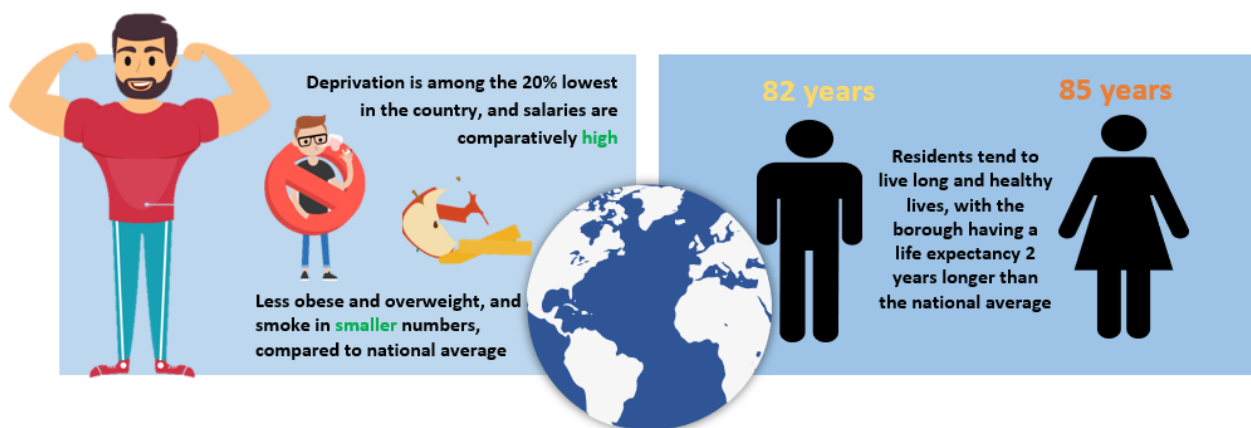
WOKINGHAM
BOROUGH COUNCIL

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Wokingham Borough is a mixed urban and rural local authority, with a population of about 171,119, of which 50.7% is female (ONS 2019). Approximately 7.9% of residents are non-UK nationals which is lower than the national average of 10%. Ethnically, 88.4% of the population is White, while 7.4% is Asian/Asian British and 1.4% Black, as per the 2011 census, with wards bordering Reading having the greatest ethnic diversity. The largest minority ethnic group is of Indian ethnicity and makes up 3.5% of the borough's population. Wokingham has larger proportions of people under age 20, and people between ages 35-54, compared with the national average.

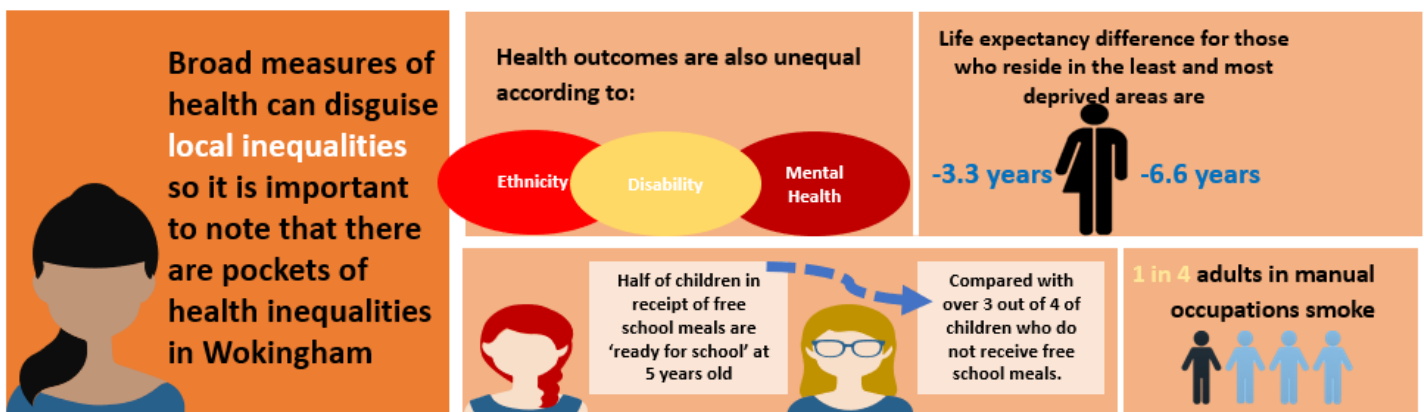


The majority of Wokingham residents tend to live long and healthy lives, with the borough having a life expectancy at birth for both men and women over 2 years longer than the England average (82.0 and 85.8 years respectively). Overall deprivation is among the 20% lowest in the country, and salaries are comparatively high. The Wokingham population is less obese and overweight, and smoke in smaller numbers, compared with the national average.



However, it is important to note that there are health inequalities in Wokingham. The difference in life expectancy between those who reside in the least and most deprived areas in the borough are 6.6 and 3.3 years for men and women respectively. Health outcomes are also unequal according to ethnicity, disability and mental health. For example, four times as many people with serious mental illness (aged 18+) smoke in comparison to our general population.

In 2019 there were 1,705 live births in Wokingham. Overall, health in pregnancy and early years of life is generally good in Wokingham. However, approximately 6 out of 100 babies born are to mothers who smoke which puts them at risk; these mothers on average are likely to be young and from areas of higher deprivation in the Borough. In addition only half of children in receipt of free school meals are 'ready for school' at 5 years old, compared with over 3 out of 4 of children who do not receive free school meals.



The impacts of COVID-19 on health and wellbeing - both the disease itself and the lockdown measures put in place to counter it - are likely to be great and varied. The full picture of the long-term consequences of COVID-19 and the pandemic on our residents are not yet fully understood. Missed opportunities for early diagnosis of disease, increased waiting times for operations and other treatments are apparent. It is likely we will see similar inequalities for health service provision as are already seen in other outcomes, impacting a diverse number of areas such as vaccination coverage, sexual health services, contraception and pregnancy services, mental health services and cancer services. Lifestyle behaviours of Wokingham residents have changed as a result of the pandemic. Evidence suggests that weight gain, increased alcohol consumption, social isolation and reportedly more mental ill health have all

occurred. There will also be secondary effects from the economic impact following the necessary restrictions implemented to reduce spread of the virus.



The infographic features a central illustration of a female doctor in a white lab coat with a stethoscope, holding a black pointer. To her left is a green box with the text 'Impacts of Covid-19, both as a disease and lockdown measures to counter it, on health and wellbeing are likely to be great and varied'. Above this text is a logo for 'COVID-19' where the 'C' is a red circle and the 'O' is a blue gear. To the right of the doctor is another green box containing the text 'Waiting times for operations and other treatments have increased'. Below this text is an illustration of a hand pointing to a watch. Further right is a white oval containing the text 'Impact on: vaccination coverage, contraception + pregnancy services, and cancer services'. Below the oval is a small line graph showing an upward trend, with the text '- Substance misuse' and '- Social isolation' next to it.

COVID-19

Impacts of Covid-19, both as a disease and lockdown measures to counter it, on health and wellbeing are likely to be great and varied

Waiting times for operations and other treatments have **increased**

Impact on: **vaccination coverage, contraception + pregnancy services, and cancer services**

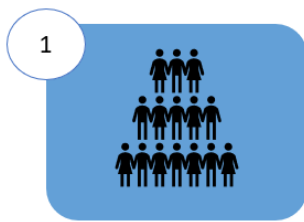
- Substance misuse
- Social isolation

The Wokingham Health and Wellbeing Strategy into Action determines the priorities for focus within the Borough governed by the Wokingham Wellbeing Board. This Strategy into Action is guided by the overarching principles within the Berkshire West Health and Wellbeing Strategy. The Berkshire West Health and Wellbeing Strategy has been in development since 2019, overseen by a Steering Group consisting of members from the three local authorities, the voluntary sector, the CCG, Healthwatch, and the NHS. Public consultation was at the core of the strategy development and was carried out by an engagement task and finish group. The public engagement was carried out between December 4th 2020 and February 28th 2021, across the whole of Berkshire West, to determine which health and wellbeing priorities were important to local residents.

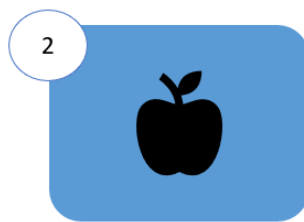
The public engagement included an online survey and focus groups in different settings. Local residents of the three areas were asked about the importance of potential health and wellbeing priorities to help them and their communities live happier and healthier lives. A full description of the engagement work can be found in the Berkshire West Health and Wellbeing Strategy Public Engagement Report.

The survey had a total of 3967 respondents. Wokingham residents were the majority with 1566 respondents (39.5%). Residents were asked to rank different priorities and they were also invited to comment on whether they thought there were missing priorities. When scoring the survey, three different ranking systems were used, but the top five priorities were the same regardless of which system was used.

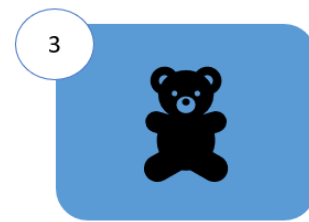
The final priorities of the Berkshire West Health and Wellbeing Strategy are:



1
Reduce the difference in health between different groups of people



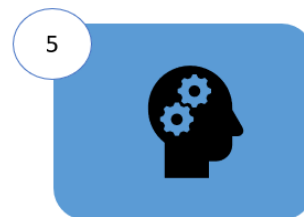
2
Support individuals at high risk of bad health outcomes



3
Help children and families during the early years of life



4
Promote good mental health and wellbeing for all children and young people



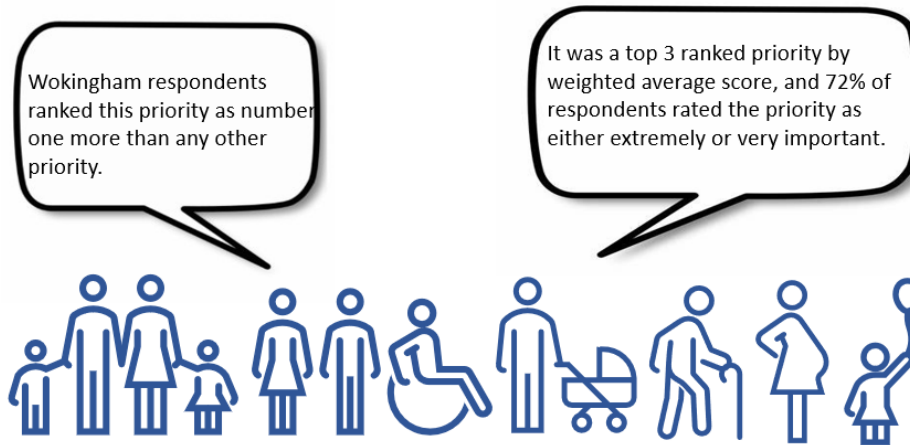
5
Promote good mental health and wellbeing for all adults

Once these priorities had been identified, five Wokingham Wellbeing Board workshops were held, one for each priority, the relevant Wokingham data was presented and local priorities discussed, relevant interdependencies acknowledged and a suitable governance structure determined. In addition, improving the physical activity levels of our residents has been, and remains, a key priority for the Wokingham Wellbeing Board. Physically active communities is included as a cross-cutting theme across our local Strategy into Action.

This Strategy into Action sets out the residents' voice, as represented in the Berkshire West public engagement, and the local need in Wokingham under these five priorities. It summarises the Wokingham specific priorities that will drive work to improve the health and wellbeing of residents and the governance structure to ensure accountability and reporting of this work. This strategy sets out strategic priorities for the next 10 years, however it will remain responsive with review points overseen by the Wokingham Wellbeing Board and with yearly review of action plans.

1. REDUCE THE DIFFERENCES IN HEALTH BETWEEN DIFFERENT GROUPS OF PEOPLE

Wokingham Residents' Voice within Berkshire West Public Engagement:



Wokingham in Focus:

Health inequalities represent the avoidable differences in health which exist between different groups of people. These are often related to the wider determinants of health: your opportunities and start in life, your environment, and inequities in access to services.

In Wokingham, there is a life expectancy gap between the most and least deprived populations of 6.6 and 3.3 years for men and women, respectively. This difference is due to different outcomes in several major disease categories, the two with the biggest contribution to this difference are cardiovascular disease and cancer.

In Wokingham smoking, obesity, hypertension and cardiovascular disease are all unevenly distributed in our residents, with level of deprivation, sex, and ethnicity all having an impact. As an example, in Wokingham, adults working in manual occupations smoke at about three times at the rate of the overall population (23.4% vs 8.4%). Whilst some of these health determinants cannot be modified, health outcomes can be improved by reducing risks associated with lifestyle behaviours.

Cancer is also not distributed equally across our population and is a large contributor to the life expectancy difference in men between the most and least deprived. National data indicates that there are differences in screening uptake based on deprivation and socioeconomic factors, and national and local data show that cancer risk factors are not evenly spread, such as smoking.

Covid-19 has both exacerbated and been exacerbated by existing inequalities in society. There has been and remains a difference in risk of mortality and morbidity from Covid-19 infection by differences in deprivation level and ethnicity. Covid-19 has also had a large impact on inequalities through the wider determinants of health: financial loss, job loss, and subsequent impact on health behaviours. An equitable recovery from the pandemic requires understanding these differences, including further study into Long Covid (which will likely follow similar inequality patterns as Covid-19 infection), as well as ensuring Covid-related health and wellbeing recovery meets the needs of different populations. We know that cancer referrals went down locally during the pandemic, and other services likely follow a similar pattern, which means that catching up equitably is going to be key to ensuring health inequalities are not further exacerbated.

Commitment to Action: The priorities we will focus on are



**Cardiovascular
Disease**



Cancer

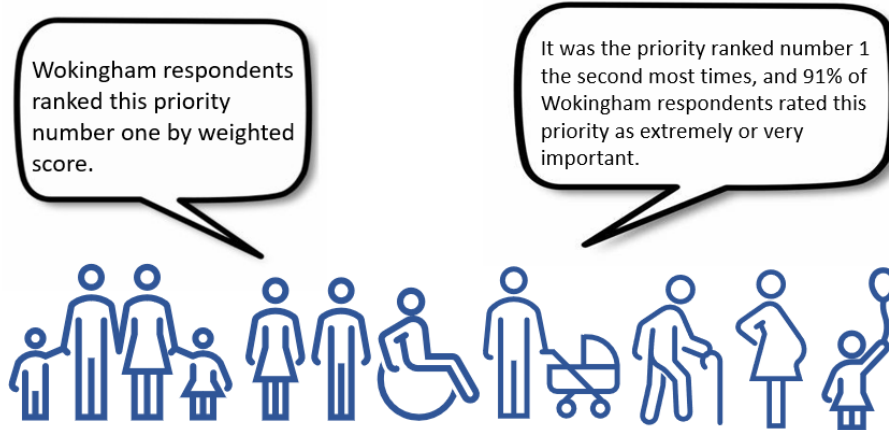


**Covid-
recovery**

- Specific actions for the first year are detailed in the Health Inequalities Action Plan (see accompanying Wokingham Action Plan).
- As the impacts of the Covid-19 pandemic will continue to develop, it is important that this plan and these local priorities are reviewed yearly to allow for a dynamic response to changes in data.
- The Health Inequalities Action Group, made up of multiple partners working in this area, will lead on the delivery of this strategic priority.
- Interdependencies and overlap with the Physically Active Communities Action Group will be identified and incorporated.
- They will report to the Steering Group of the Wellbeing Board quarterly, and ensure all relevant stakeholders are involved in the delivery of the priorities.

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

Wokingham Residents' Voice within Berkshire West Public Engagement:



Wokingham in Focus:

Certain groups of people may be more vulnerable to poor health outcomes than others, and their health needs require proactive support to limit harm and improve health and wellbeing. These risks to poor health outcomes may relate to barriers to care, lack of access to a healthy environment and lack of information to enable healthy choices. These issues often interplay in a complex nature and can affect people throughout their life-course.

Wokingham has a higher per capita number of adults with learning disabilities (LDs) receiving long-term support than other Boroughs within England, with 517 residents supported by the council in 2020. We know from national data that the average life expectancy of people with learning disabilities is 23 years lower than the general adult population, and that prevalence of mental health disorders, dementia, and epilepsy is much higher in people with learning disabilities.

The Covid-19 pandemic has further exacerbated and laid bare these differences, with people with LDs dying of Covid-19 at 4.1 times the rate of the general population in England.

In Wokingham, 1.5% of residents are unpaid carers, which is equivalent to approximately 2,500 residents. We know that in Wokingham, 63% of local adult carers do not have as much social contact as they would like, and this is likely to have worsened due to the Covid-19 pandemic and its effects on social isolation. From national data, we know that unpaid carers who provide high levels of care are over twice as likely to suffer poor health in comparison with people who do not have caring responsibilities. The 2013 State of Caring Survey reported that 84% of carers believe that caring has had a negative impact on their health.

In Wokingham, we have seen an increase in substance misuse treatment presentations during the Covid-19 pandemic compared with the previous year, which is in keeping with national data. About a third of those presenting for substance misuse treatment live with children, half have regular employment, and less than 10% have a housing problems. This picture shows that substance misuse can and does affect residents across our Borough. In addition we know from national data that about 1 in 10 A&E visits are due to alcohol, and that half of people with drug dependence receive mental health treatment.

Domestic abuse has also increased nationally during the Covid-19 pandemic, and incidents were rising locally pre-pandemic as well. Substance abuse features in around half of intimate partner homicides, and exposure to domestic abuse has a significant impact on both the victim's and exposed children's mental health. It is important that domestic abuse, substance misuse, and mental health issues are all considered together.


Young offenders are at higher risk of mental health difficulties as well as substance misuse, and broader risks to physical and mental health such as unstable housing. These young people have complex emotional health needs which interplay with their offending behaviour.

Over half of children and young people who offend have themselves been victim of crime and thirty-nine percent of children and young people in custody have been on a child protection plan or experienced neglect or abuse. Nationally amongst children and young people on community orders, 43% have emotional and mental health needs. In the year 19/20 there were 25 convictions/cautions in under 18-year-olds in Wokingham, and given their complex health needs and the effect on society of youth offending, early and targeted intervention is key.

Commitment to Action: The priorities we will focus on are




People with Learning Disabilities



Unpaid Carers



Domestic Violence



Substance Misuse



Young Offenders

- Specific actions for the first year are detailed in the relevant Action Plans (see accompanying Wokingham Action Plan).
- The Community Safety Partnership Board will lead on three priorities: Substance misuse, domestic violence, and young offenders.
- The Wokingham Learning Disability Partnership Board will lead on the people with learning disabilities priority, and
- The Carers Strategic Group will lead on the delivering health and wellbeing priority for unpaid carers.
- These three Boards will report quarterly on their respective priorities to the Wokingham Wellbeing Board Steering Group.

3. HELP FAMILIES AND CHILDREN IN EARLY YEARS

Wokingham Residents' Voice within Berkshire West Public Engagement:



Wokingham in Focus:

Focus on targeted support for children during their early years and their families is key to reducing inequality and achieving long-term positive health and wellbeing outcomes in our population.

Early intervention and prevention is a key priority of the Wokingham Children and Young People Partnership Plan 20-23. In addition a recent Government Review of Early Years Healthy Development has focussed attention on the 1001 critical days from start of pregnancy to age 2, when building blocks for lifelong emotional and physical health are laid down.

In England, on starting school (age 5), children's progress and "school readiness" is measured through assessment against a series of standards for Communication & Language, Speaking, Personal, Social and Emotional Development, Physical Development, Literacy Mathematics, Understanding the World, and Expressive Arts & Design. The standard expected for a child to have the best foundation for starting school is a "Good Level of Development" across all these areas.

In Wokingham, we know that inequalities exist in "school readiness", 51% of children who are in receipt of Free School Meals (FSM) achieve a "Good Level of Development", compared with 79% of those who do not receive FSM. There is an even larger gap for children with Special Educational Needs (SEN) based on national data, with only 25% of SEN pupils reaching a "Good Level of Development".

Commitment to Action: The priorities we will focus on are



**SEND and
Inclusion**



Safeguarding



**Early
Intervention and
Prevention**

- These priorities are derived from the Wokingham Children and Young People Partnership Plan 20-23.
- Specific actions for the first year are detailed in the relevant Action Plan (see accompanying Wokingham Action Plan).
- An Early Years Action Group (derived from the existing Children and Young People Partnership) will lead on the delivery and quarterly reporting of these priorities to the Wellbeing Board Steering Group.

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

Wokingham Residents' Voice within Berkshire West Public Engagement:

90% of Wokingham respondents rated this priority as either extremely or very important to them.

It was the number 4 ranked priority by weighted average and the 4th most common choice for number 1 ranked priority.



Wokingham in Focus:

Mental health problems often begin in childhood, with 50% of those suffering from lifetime mental illness beginning to experience symptoms by the age of 14. Early identification and prevention are thus of the utmost importance in ensuring good mental health and wellbeing through the life-course as well as ensuring that services are available for those with serious mental health needs requiring direct intervention. The NHS Long Term Plan commits to increase access to emotional and mental health services for children and young people as well as expanding support for perinatal mental health conditions. It is also important that we acknowledge the link between mental health and wellbeing and general health and physical activity.

In Wokingham, we know that anxiety among under 18s is almost twice as common in girls compared with boys, rising with increasing age in both genders. A diagnosis of depression is also more prevalent in girls, with around 3 times as many girls reporting depression.

This is similar to national data, although may also demonstrate a reluctance in boys to seek help for their mental health. In the wider local area of Berkshire West, children from households in the poorest areas are four times more likely to suffer from severe mental health problems than those in the areas which are the richest.

In Wokingham, waiting times for children and young people waiting for Common Point of Entry screening for CAMHs was on average 7.6 weeks in March 2021. The Covid-19 pandemic appears to have had a clear effect on these numbers, with a peak of referrals in March 2021.

Commitment to Action: The priorities we will focus on are



**Prevention
and Early Help**



**Reduce
waiting time**

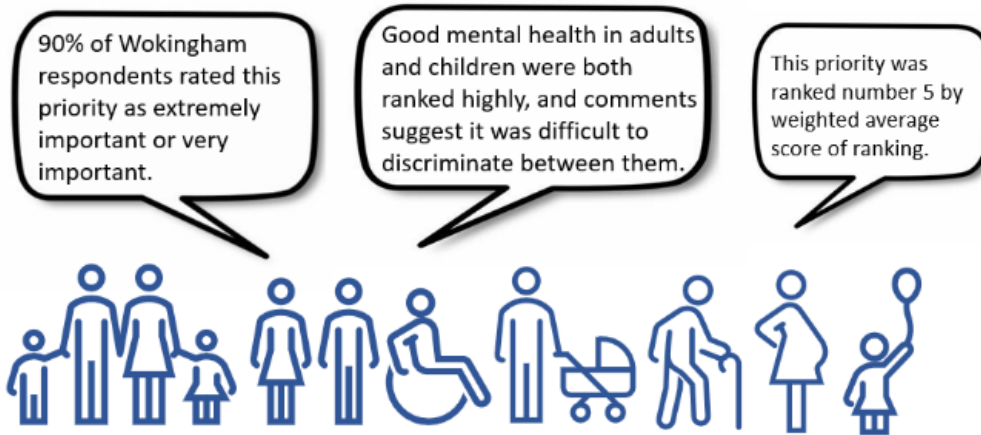


Covid-recovery

- Specific actions for the first year are detailed in the relevant Action Plan (see accompanying Wokingham Action Plan).
- A Children & Young People's Mental Health & Wellbeing Action Group (derived from existing Children and Young People Partnership) will take ownership of the delivery of these priorities, to report to the Wellbeing Board Steering Group as per the governance structure, and to ensure all relevant stakeholders are involved in the delivery.

5. PROMOTE GOOD MENTAL HEALTH AND WELLBEING FOR ALL ADULTS

Wokingham Residents' Voice within Berkshire West Public Engagement:



Wokingham in Focus:

Poor mental health in adults makes up the largest single cause of disability in the United Kingdom. It can affect anyone at any stage of life, and both affects and is affected by physical health. The Covid-19 pandemic has highlighted mental health as an area requiring key focus and has also exacerbated already existing inequalities in the distribution of mental health issues across the population.

Prior to the Covid-19 pandemic, in Wokingham, over 10,000 elderly residents were estimated to be living alone, with a projected 25% rise by 2025. From national data we know that loneliness and social isolation is likely to increase risk of death by 26%, highlighting how key this is to both mental and physical health. The effects of the Covid-19 pandemic are likely to have increased the prevalence of loneliness and social isolation.

We know from the 2020 Covid-19 survey in Wokingham that 47% of residents struggled with 'ability to connect with friends and family', 46% struggled with 'levels of stress and anxiety', and 21% reported mental health issues including depression.

Early identification and action are key to preventing further exacerbation and serious mental health issues.

Dementia is a particular concern for the 1 in 4 people aged over 55 who already have a close relative with dementia. The prevalence of dementia increases with age however, dementia is not inevitable as we age and there is a lot that can be done to reduce chances of developing it. Risk factors include higher blood pressure, decreased mental stimulation and cardiovascular disease. Within Wokingham care home residents 61% are known to have cognitive problems and the number of emergency admissions related to dementia is higher in Wokingham when compared with the national average.

Commitment to Action: The priorities we will focus on are



**Loneliness and
Social Isolation**



**Covid-recovery
related social
isolation**



Dementia

- Specific actions for the first year are detailed in the relevant Action Plans (see accompanying Wokingham Action Plan).
- The WBC Dementia Steering Group and Dementia Alliance will deliver and report on the Dementia priority
- The Loneliness and Social Isolation Action Group will deliver on the other two priorities.
- This involves both delivering on the action plans as well as reporting on them on a quarterly basis, and ensuring all relevant stakeholders are involved in the delivery.

Wokingham in Focus:

Improving the physical activity levels of our residents has been, and remains, a key priority for the Wokingham Wellbeing Board. Physically active communities will be included as a cross-cutting theme across our local Strategy into Action. This will enable a focus on the reduction in the number of residents who are obese and overweight, as well as an improvement in mental and general physical health, including inequalities related to these. Having physically active communities as a crosscutting theme across all the priorities compliments the Prevention cross-cutting theme within the Berkshire West Health and Wellbeing Strategy.

The prevalence of obesity in the UK has more than doubled in the last 25 years. By 2050 it is predicted that 60% of men, 50% of women and 25% of children in the UK would be obese, with factors such as ethnicity and gender increasing the risks and the evidence indicating that there is a strong association between obesity and deprivation. Obesity is a risk factor for heart disease, stroke, type 2 diabetes, some cancers (endometrial, breast, and bowel), musculoskeletal disorders, hypertension and significantly increases the risk of death at any age. More recently in 2020 research has identified an association between individuals who have excess weight and are overweight or obese and poorer health outcomes after contracting Covid-19 with higher risk of hospitalisation and or death.

In Wokingham 21.2% of reception-year children (approximately 1 in 5) were overweight or obese in 2019/20, slightly below the national average. In 10-11 year old children this figure rose to 29.2%. In the same year 60.2% of adults in Wokingham were overweight or obese. Evidence also shows that locally there is an association between obesity and both deprivation and some minority ethnic groups.

In 2018/19, 41.1% of children and young people were physically active, which decreased from the previous year's number of 45.3%. In adults the same figure was 75.3% in 2019/20. Physical activity is crucial for maintaining a healthy weight but also for physical and mental health and wellbeing in children and adults. Creating physically active communities is an aim that incorporates work from multiple partners from creating a built environment that encourages active transport to building a social environment where physical activity is incorporated into everyday life. The Covid-19 pandemic is likely to have had an impact on activity levels across the life course and the impact of this is yet to be fully understood.

Commitment to Action: The priorities we will focus on are



**Children, Young
People & Families**



**Covid-19
recovery**

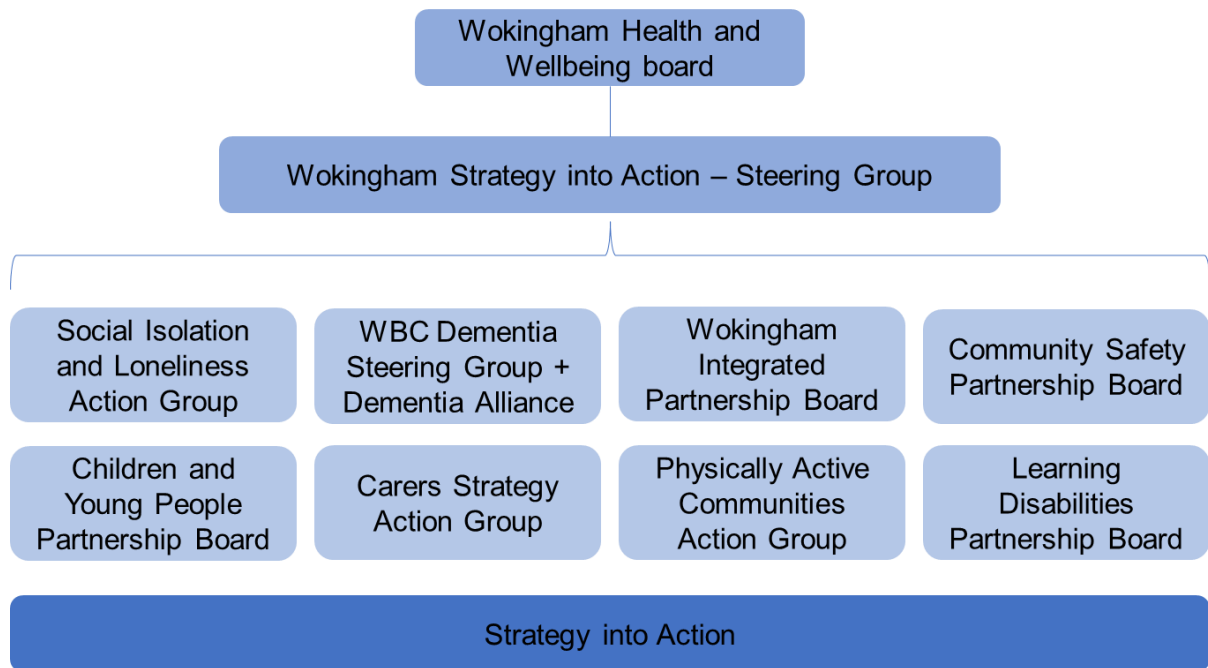


**Ethnic Minority
Groups**

- Specific actions for the first year are detailed in the relevant Action Plan (see accompanying Wokingham Action Plan).
- The Physically Active Communities Action Group will deliver and report on this priority, as well as work with other groups to ensure the overarching strategic priorities are considered with physical activity as a crosscutting theme.

GOVERNANCE

The Wokingham Wellbeing Board will maintain oversight of the delivery of this Strategy into Action. A Strategy into Action Steering Group will monitor quarterly reporting from each of the component groups leading on Wokingham’s priorities.



Each Wokingham Health and Wellbeing priority and its lead group can be seen in this table:

Partnerships/Action Groups:	Strategy into Action Priorities
Children & Young People Partnership Board	Help children and families in early years, Good mental health and wellbeing for all children and young people
Community Safety Partnership	Substance misuse, domestic abuse and youth offending
Wokingham Integrated Partnership	Cross-cutting
Learning Disabilities Partnership Board	People with learning disabilities
Carers Strategy Action Group	Unpaid carers
WBC Dementia Partnership	Dementia
Loneliness and Social Isolation Action Group	Loneliness and social isolation, Covid recovery
Physically Active Communities	Cross-cutting

Each partnership and action group will be expected to take a leadership role around the delivery of the Wokingham priorities as detailed in this Strategy into Action document. Working with the relevant stakeholders each group will report quarterly on the action plans (in accompanying Wokingham Action Plan), as well as to present the work on their priority directly to the Wellbeing Board annually. The Wellbeing Board will monitor this quarterly reporting and progress against milestones set out.

The Action Plans for each priority are dynamic, acknowledge the overlap with other partnership groups, and will evolve over the course of working on the Wellbeing Board priorities. In addition each will be reviewed and updated annually to ensure they remain relevant and responsive to changing data, evidence and circumstance, particularly in the context of the Covid-19 pandemic recovery. Wokingham Integrated Partnership and the Physically Active Communities Action Group are cross-cutting throughout the strategy, and will therefore have action plans relating to several different priorities.