

**TITLE** **Strategy into Action**

**FOR CONSIDERATION BY** Wokingham Borough Wellbeing Board on Thursday, 10 September 2020

**WARD** None Specific;

**DIRECTOR/ KEY OFFICER** Ingrid Slade, Head of Public Health, Wokingham Borough Council  
Matt Pope, Director of Adult Social Services  
Suzie Watt, Senior Public Health Programme Officer, Wokingham Borough Council

Health and Wellbeing Strategy priority/priorities most progressed through the report	This meets all three priorities in the Wellbeing Strategy: <ul style="list-style-type: none"> <li>• Creating Physically Active Communities</li> <li>• Reducing social isolation and loneliness</li> <li>• Narrowing the health inequalities gap</li> <li>•</li> </ul>
Key outcomes achieved against the Strategy priority/priorities	<ul style="list-style-type: none"> <li>• Improved physical health of residents</li> <li>• Creating healthy and resilient communities</li> <li>• Support and collaboration of partners</li> <li>• Those most deprived will enjoy more years in good health</li> <li>• Greater access to health promoting resources</li> </ul>

Reason for consideration by Wokingham Borough Wellbeing Board	Reviewing progress and considering proposals for actions groups focused on each of the strategy priorities.
What (if any) public engagement has been carried out?	Public Health has reviewed the long term indicators and has commenced reviewing and defining systems and partners, some engagement with LA colleagues has started in order to identify short term measures to provide updates on – this will be ongoing.
State the financial implications of the decision	None

<b>RECOMMENDATION</b>	<ol style="list-style-type: none"> <li>1. To note the stages, detail of action and timeframes for the development of the action groups to progress the priorities and provide regular, efficient and effective reporting to Health &amp; Wellbeing Board partners (Appendix A).</li> <li>2. To agree key stakeholders and partners who are required to co-lead or be involved in each priority.</li> <li>3. To note the summary of progress captured to August 2020 and note the short terms actions to be monitored until formal reporting is implemented (Appendix B)</li> <li>4. To agree to incorporate inequalities measures that have been identified through the Covid-19 pandemic, that is obesity (healthy weight) and BAME as a priority group, to the Health and Wellbeing Board priorities.</li> </ol>
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5. To note that there are known gaps in demographic data available from services/programmes – particularly around target groups such as BAME. This has emerged following work completed to produce Appendix B.
6. To consider how wider public engagement could be incorporated in the development stage and the future performance monitoring of the strategy and link with the neighbourhoods plan.

This report is further development in reviewing progress against local targets, achievements, opportunities and actions.

The Covid-19 pandemic has changed priorities and services. There has been a positive and timely response by all services/programmes in relation to COVID-19 with most agencies adapting services to meet Government guidelines but continuing to offer critical service to vulnerable groups. Changes to services relevant to this strategy include Health Visitors, Maternity and Community Mental Health Teams. COVID-19 has resulted in some reporting gaps for the short term, such as demographic data specific to vulnerable groups, it remains important to show that services are reaching the right communities. There are some gaps such as ethnic monitoring of all services.

### **Discussion points**

Despite COVID-19 there have been some good achievements in relations to physical activity/inactivity in the borough. There is a need to work collectively across partners to look at how to support recently reinstated referrals into programmes and services and to target those most in need/at risk. Work is already underway to look at how this can be achieved through having referrals added to GP systems. Going forward, this work should involve primary care, social prescribers, community services and the voluntary sector. Bulmershe has successfully opened and there this is likely to provide an opportunity to expand programmes.

The numbers of pregnant women who smoke accessing stop-smoking services is not reflective of the need and midwives training has been affected during the pandemic. There are plan to reschedule when guidance and capacity allows.

Rates of Social isolation and loneliness have increased since the beginning of lockdown in March 2020. In response to this, local providers have adapted to maintain service provision in the face of new social distancing measures. Local befriending and employment support services have been able to engage with vulnerable groups remotely (via telephone or online video conferencing). The Citizen's Advice Bureau in partnership with WBC, has been successfully operating the 'one-front door' to the community hub for vulnerable residents with a notable rise in contact from residents seeking support. Residents are also supported through virtual primary care and social prescribers.

Further work is needed to support services designed to help residents who have lost employment as result of the COVID (a key risk factor for social isolation and loneliness). The Council's Drug and Alcohol service has seen a recent increase in alcohol related referrals from the community mental health team. Substance misuse is another key risk factor for social isolation and loneliness so addressing this issue will bring multiple benefits to the community.

Obesity is identified with poorer outcomes in those with Covid-19. The national NHS Better Health campaign has been launched which aims to start to get people re-engaged with positive, healthy habits. A Healthy Weight Briefing (Appendix C) has been developed for the board to consider adding to the well-being strategy action plan priority to reduce inequalities. A significant gap in local services is a Tier 2 adult weight management service while continuing to support children and young people through healthy schools and communities.

## Background

The Wokingham Well-Being Strategy was developed in 2018 with three clear priorities to create healthier and resilient communities.

The overarching indicators are mostly based on the Public Health Outcomes Framework, social care and health indicators that are measured regularly.

The previous Health & Wellbeing Board noted there was less information on short term measures or qualitative/quantitative feedback. Appendix B is the first steps in producing some short terms measures for the strategy.

## Analysis of Issues, including any financial implications

The only financial implications identified is the Tier 2 healthy weight programme.

<b>Partner Implications</b>
N/A

<b>Reasons for considering the report in Part 2</b>
N/A

<b>List of Background Papers</b>
Appendix A – Stages, Action and Timeframes
Appendix B – Key Priority Areas Summary of Progress to August 2020
Appendix C – Healthy Weight Briefing August 2020

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