

Wokingham Wellbeing Service

April – June 2022

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April – June 2022

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Quarterly Report Headlines

Referrals into the Wokingham Wellbeing Service have continued to increase this quarter and the team has also been able to provide some additional assistance in Earley+ PCN, where demand for mental health support remains high. We have allocated Brookside Group Practice an additional Wellbeing Worker for one day a week and will continue to do this as long as is practicable, reviewing referral numbers across Wokingham Borough on a monthly basis. We will take a flexible approach to meet mental health demand (and the subsequent pressure on Primary Care) where it is most needed locally.

This quarter, three of our four Wellbeing Workers marked one year in post and completed annual appraisals with the Project Manager. This provided an opportunity to reflect on their hard work establishing and developing the service, as well as to look ahead to set objectives for growth and development over the coming months. Mind in Berkshire also supported a Carer's Week advice and information drop-in event at the Waterford House Charity & Community Hub, promoting the Wokingham Wellbeing Service and the support it can offer carers.


“My Wellbeing Worker has been really helpful, I felt respected, that I could say anything. I felt listened to. It has been worthwhile, and I have learned some new coping strategies for stress.”

“Thank-you for being so easily accessible when I really needed help.”



= feedback from service users who completed the intervention this quarter

The Wokingham Wellbeing Service received **258 new referrals** between April and June 2022. **158 (61%)** of those referred have already attended their first appointment. **43 (17%)** referrals did not attend the service and the remaining **57**



(22%) were not yet ‘active’ or ‘rejected’ as of 1st July 2022. This means the individual was either awaiting their initial assessment (this is when ‘active’ service begins), or their Wellbeing Worker hadn’t been able to make successful contact with them yet. This particularly accounts for referrals received towards the end of the quarter.

We attempted to contact **257 (99.6%)** of the 258 individuals referred into the service within 3 working days of their referral being received.

This quarter, **74%** of service users that completed the intervention, as well as a second closing comparative Short Warwick Edinburgh Mental Wellbeing Scale (SWEMWBS), showed a **significant increase in wellbeing** based on their final SWEMWBS score (increase of 3 or more points).

We also held one further **Mental Health First Aider (MHFA) Forum** and two **Mental Health & Wellbeing Community Alliance** meetings this quarter. Our **April** Mental Health First Aider Forum introduced a ‘skills refreshment’ section for the first time, which was well received by attendees. Focusing on ‘non-judgemental listening’ within smaller break-out group rooms, prompt questions were used to initiate discussion around why non-judgemental listening is important, top tips for putting it into practice, and any unhelpful listening styles we may wish to avoid. Our **April** Mental Health & Wellbeing Community Alliance meeting focused on capitalising on partnership and collaboration within the Wokingham VCS, and our **June** meeting comprised an ‘annual review and future aims’ session at our first ever face-to-face gathering (at Waterford House Charity & Community Hub). The Alliance now has an agreed finalised Members’ Guide which details its purpose, structure, responsibilities and values. Future Alliance meetings will comprise a mixture of options for in-person and virtual sessions.

Referrals & Appointments

Overview

Whole Project	April – June 2022	January – March 2022 (for comparison)
Referral total	258	198
Number of service users already attended first appointment	158 (61%)	129 (65%)
Referrals not taken up	43 (17%)	20 (10%)
Number of referrals not yet 'active' or 'rejected' by end of quarter*	57 (22%)	49 (25%)

* This denotes referrals awaiting their initial appointment (this is when active service begins) or those we haven't made successful contact with yet as of the first day of the following quarter.

Referral rejections

Reason for rejection	April – June 2022 (% of 43 rejections)	January – March 2022 for comparison (% of 20 rejections)
Unable to make contact following at least 3 unsuccessful attempts	12 (28%)	5 (25%)

Service user declined support	14 (33%)	9 (45%)
Support needs too high	10 (23%)*	2 (10%)
Service user under 18	2 (5%)	-
Other	5 (12%)	4 (20%)

* This quarter as referrals into the service have increased, we have also experienced an increase in inappropriate referrals where the service user has severe/complex needs and therefore cannot be supported by our service. We are working with all referring partners to ensure our service access criteria is clear and have provided helpful signposting information for alternative support available when the individual's needs extend beyond mild-to-moderate mental health concerns.

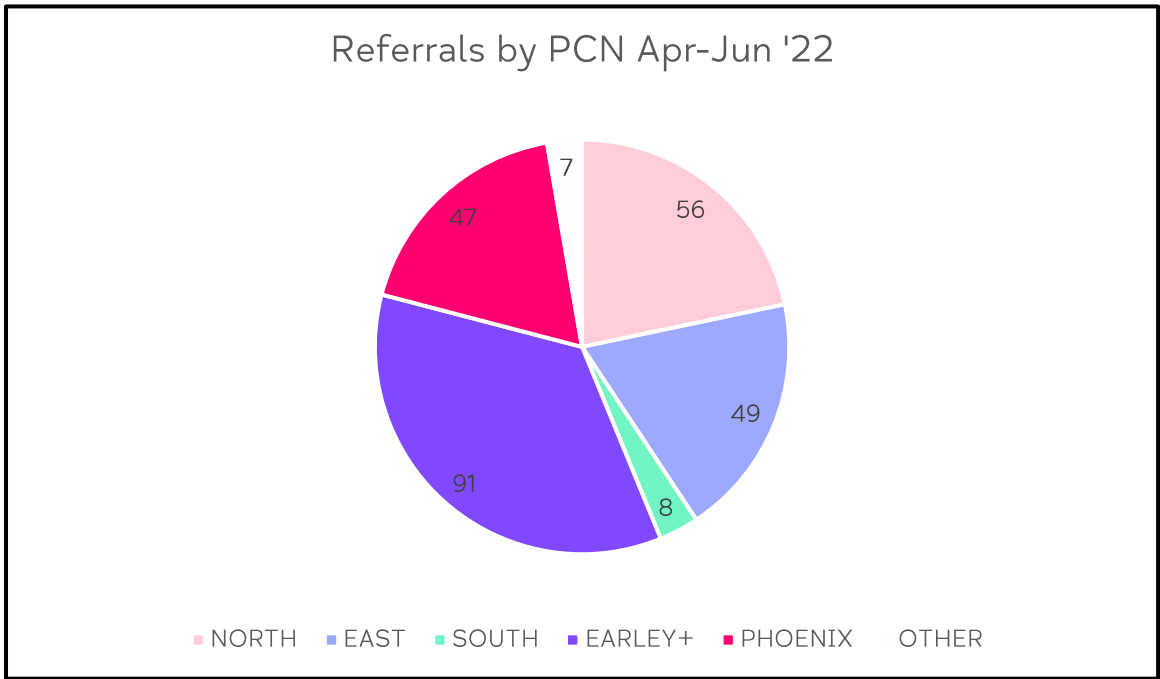
Between April and June 2022, **184** service users attended an initial assessment appointment and officially commenced their intervention with the Wokingham Wellbeing Service. This includes referrals that may have been received within the previous quarter (but service began this quarter).

Quarterly breakdown by GP Practice/PCN & Referral Origin

% denotes proportion of April - June referral total (**258**)

APR-JUN '22					
Referral Origin	Directly via GP Practice	VCS Organisation	Statutory Service	Self-referral	TOTAL
GP Practice/PCN					
NORTH					
Woodley Surgery	25 (10%)	-	-	-	25 (10%)
Wargrave Surgery	15 (6%)	-	-	-	15 (6%)
Parkside Family Practice	9 (3%)	1 (0.5%)	6 (%)	-	16 (6%)

PHOENIX					
Twyford Surgery	15 (6%)	-	3 (1%)	-	18 (7%)
Loddon Vale Practice	24 (9%)	1 (0.5%)	1 (0.5%)	3 (1%)	29 (11%)
EAST					
Wokingham Medical Centre	19 (7%)	3 (1%)	10 (4%)	-	32 (12%)
Woosehill Medical Centre	5 (2%)	-	5 (2%)	-	10 (4%)
New Wokingham Road Surgery	3 (1%)	-	1 (0.5%)	-	4 (2%)
Burma Hills Surgery	1 (0.5%)	-	2 (1%)	-	3 (1%)
SOUTH					
Finchampstead Surgery	1 (0.5%)	3 (1%)	1 (0.5%)	-	5 (2%)
Swallowfield Medical Practice	2 (1%)	-	1 (0.5%)	-	3 (1%)
EARLEY+					
Brookside Group Practice	82 (32%)	2 (1%)	6 (2%)	1 (0.5%)	91 (35%)
Non-Wokingham or undisclosed GP Practice	-	-	6 (2%)	1 (0.5%)	7 (3%)
TOTAL	201 (78%)	10 (4%)	42 (16%)	5 (2%)	258

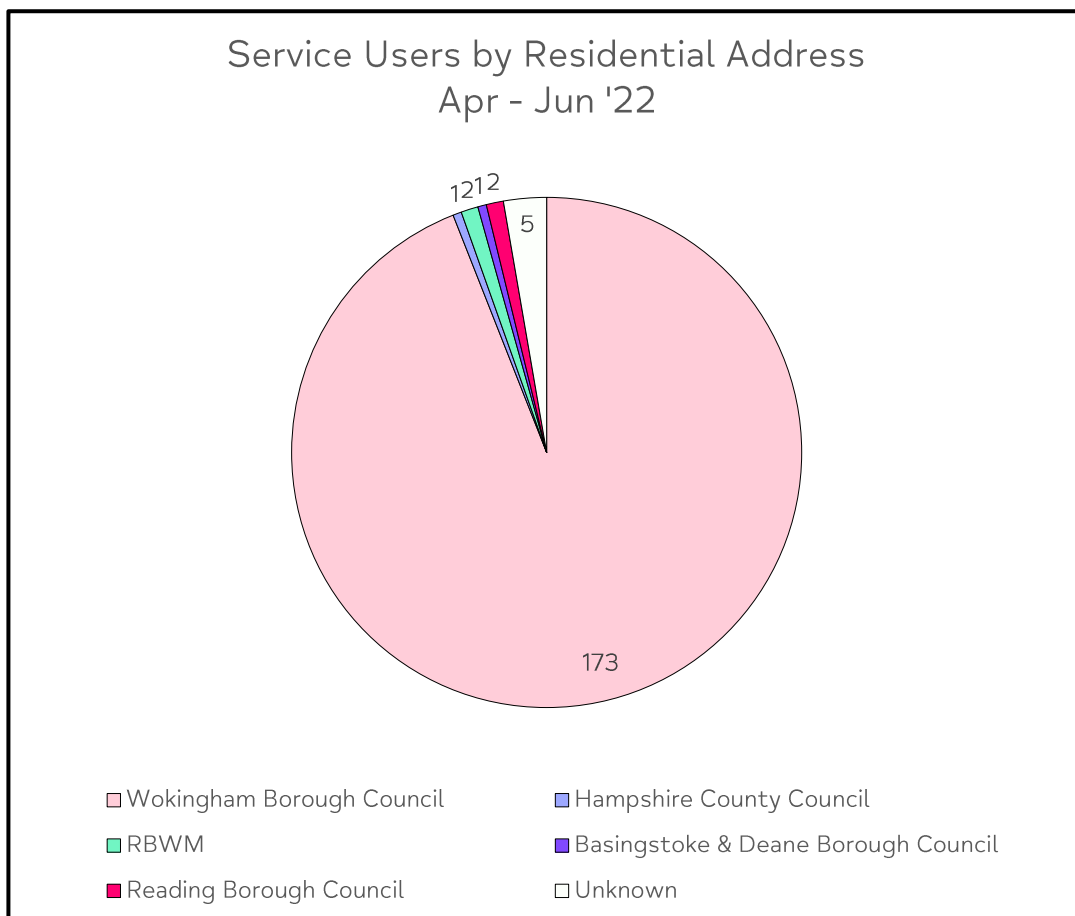


Breakdown by service user address

The information below uses % based on number of service users who have attended an initial appointment during this quarter (184).

Local Authority area service user resides in	April – June 2022 (% of 184)	January – March 2022 for comparison (% of 147)
Wokingham Borough Council	173 (94%)	112 (76%)
Reading Borough Council	2 (1%)	2 (1%)

Royal Borough of Windsor & Maidenhead (RBWM)	2 (1%)	2 (1%)
Bracknell Forest Council	-	2 (1%)
Oxfordshire County Council	-	2 (1%)
Hampshire County Council	1 (0.5%)	-
Basingstoke & Deane Borough Council	1 (0.5%)	-
Undisclosed/unknown	5 (3%)	27 (18%)



Demographic Information

The information below uses % based on number of service users who have attended an initial appointment during the quarter. We will continue to monitor this data to help ensure we are providing an accessible service.

Gender	April – June 2022 (% of 184)	January – March 2022 for comparison (% of 147)
Female	115 (63%)	95 (65%)
Male	61 (33%)	40 (27%)
Transgender	1 (0.5%)	1 (1%)
Other	-	1 (1%)
No answer	7 (4%)	10 (7%)

While we are pleased to note that we are reaching more male service users this quarter, we recognise a need for greater service accessibility for those who identify as male. Reaching out to men will be one of our service development priorities over the coming year.

Sexual Orientation	April – June 2022 (% of 184)	January – March 2022 for comparison (% of 147)
Heterosexual	160 (87%)	126 (86%)
Bisexual	10 (5%)	3 (2%)
Gay	2 (1%)	5 (3%)
Other	2 (1%)	2 (1%)
No answer	10 (5%)	9 (6%)

It's interesting to see that the percentage of individuals accessing the service who identify as bisexual has more than doubled, while numbers of those identifying as gay have decreased. We will continue to actively promote our service to all LGBTQIA+ communities (with the support of our Equity, Diversity, Inclusion and Equality Lead who has been involved with various local Pride events this spring/summer).

Ethnicity	April – June 2022 (% of 184)	January – March 2022 for comparison (% of 147)	Ethnicity in Wokingham (2011 Census)
White	148 (80%)	128 (87%)	88.4%
Mixed/Multiple ethnic groups	2 (1%)	1 (0.7%)	2.1%
Asian/Asian British	17 (9%)	8 (5.4%)	7.4%
Black/African/Caribbean/Black British	4 (2%)	1 (0.7%)	1.4%
Other ethnic group	-	2 (1%)	0.7%
No answer	13 (7%)	7 (5%)	-

It's good to see those of Asian/Asian British and Black/African/Caribbean/Black British ethnicities well represented in the table above, however we feel there is still potential to broaden our service accessibility, to reach a variety of different ethnic groups across Wokingham Borough.

Age	April – June 2022 (% of 184)	January – March 2022 for comparison (% of 147)
18-24	14 (8%)	16 (11%)
25-34	42 (23%)	28 (19%)
35-49	49 (27%)	40 (27%)
50-64	50 (27%)	38 (26%)
65-84	30 (16%)	22 (15%)
85+	-	3 (2%)

We are pleased to note engagement with individuals across a wide range of ages here, demonstrating that the project supports service users across the life course.

Health Condition*	April – June 2022 (% of 184)	January – March 2022 for comparison (% of 147)
Cardiovascular Disease	14 (8%)	12 (8%)
Asthma	2 (1%)	10 (7%)
Mental Illness	52 (28%)	33 (22%)
Irritable Bowel Syndrome	2 (1%)	1 (1%)
Learning/Developmental Difficulty	10 (5%)	3 (2%)
Visual impairment	1 (0.5%)	-
Diabetes	12 (7%)	7 (5%)
Long Covid	2 (1%)	-
Hearing Loss	3 (2%)	-
COPD	3 (2%)	2 (1%)
Epilepsy	5 (3%)	3 (2%)
Cancer	5 (3%)	3 (2%)
Parkinson's Disease	-	-
Pain	8 (4%)	5 (3%)
Arthritis	4 (2%)	2 (1%)
Chronic Fatigue Syndrome	3 (2%)	2 (1%)
Cerebral Palsy	-	-
Headaches	4 (2%)	-
Other	16 (9%)	12 (8%)

*Self-reported by service user at initial assessment

Presenting Needs

This information is gathered from the initial appointment with a service user. Some service users will present with more than one issue, hence the total numbers in the table exceeding the total number of people who have accessed the service this quarter.

Main support need or issue	April – June 2022 (% of 184)	January – March 2022 for comparison (% of 147)
Low mood to moderate depression	94 (51%)	53 (36%)
Mild to moderate anxiety	82 (45%)	57 (39%)
Stress	45 (24%)	24 (16%)
Severe/enduring mental health condition*	3 (2%)	2 (1%)
Personality Disorder	2 (1%)	1 (1%)
Anger	2 (1%)	1 (1%)
Alcohol/drugs	14 (8%)	10 (7%)
Abuse	4 (2%)	3 (2%)
Loneliness/Isolation	11 (6%)	13 (9%)
Bereavement	18 (10%)	12 (8%)
Complex Needs	5 (3%)	5 (3%)
Self-esteem	9 (5%)	15 (10%)
Covid-19 related anxiety / low mood	1 (0.5%)	6 (4%)
Other	7 (4%)	4 (3%)

* Could include e.g. psychosis, PTSD, bi-polar.

Signposting

The data below is taken from cases where the service user had their initial session within the last quarter (April - June 2022).

Signpost/referral	April – June 2022 (no. of service users signposted)	January – March 2022 for comparison (no. of service users signposted)
Talking Therapies	51	40
Citizen’s Advice Bureau (Wokingham)	9	8
Recovery College (Wokingham)	23	11
Self-help resources	62	59

Examples of other services/resources signposted to during April - June 2022:

Depression Xpression, Link Visiting Scheme, Friendship Alliance, Samaritans, Communicare, Berkshire West Breathing Space, Sport in Mind, HomeStart, SHOUT, PINC, ACAS, Cancer Support Network, ShapeUp4You, Tu Vida, ARC Counselling, Crossroads, Men in Sheds, Al-Anon, Wokingham Volunteer Centre, Age UK Berkshire

The Wokingham Wellbeing Service team holds a wealth of information about what is available locally, regionally and nationally, meaning Wellbeing Workers can take a person-centred approach to signposting.

Outcomes

During April - June 2022, **127** service users completed the intervention. Of those, **50** also completed their second comparative SWEMWBS, and a total of **52** answered the end-of-service feedback questionnaire.

SWEMWBS

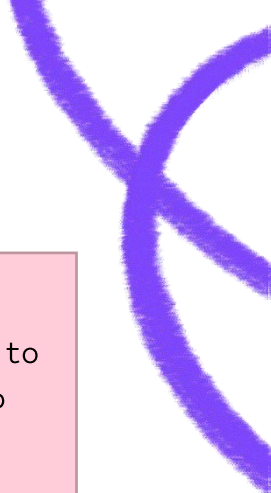
The Short Warwick Edinburgh Mental Wellbeing Scale (SWEMWBS) is completed with service users at their initial assessment session with a Mind in Berkshire Wellbeing Worker. A second scale is completed at the end of the intervention. Our target is for *at least 50%* of service users who complete the intervention to show a significant increase in wellbeing based on their SWEMWBS score (increase of 3 or more points).

During April - June 2022, **50** service users finished the intervention *and* completed a second comparative SWEMWBS. Of these 50 service users, **37 (74%)** showed a *significant increase in wellbeing* based on their SWEMWBS score. The average change in SWEMWBS across all of the 50 service users was **+6.5**.

SERVICE USER COMMENTS (April-June 2022)

“Thank-you for being so easily accessible when I really needed help.”

“I can honestly say that when I went to the GP I was in a broken state, the sessions have really helped me focus and the tools shared have been helpful. The sessions gave me a neutral space and I felt understood and supported. Sometimes there is still a stigma with mental health when there shouldn't be. I have recommended the service to family members.”



“My Wellbeing Worker has been really helpful, I felt respected, that I could say anything. I felt listened to. It has been worthwhile, and I have learned some new coping strategies for stress.”


“It’s been really useful to learn new tools to help manage anxiety.”

“I found the service very good- it was what I needed at the time. You encouraged me to reach out to the support I needed.”

“Great service, helped to see what other options are available. When I had to cancel, I was able to rebook quickly which is unlike other services.”

“You have been amazing thank you so much. When i first came here i felt at my lowest. I feel ready and confident enough to start my new career. Thank you.”

“I always felt safe and comfortable with my Wellbeing Worker. She listened attentively and responded to messages promptly. Even offering me information that we hadn't discussed in the session which I found very useful and have saved, so I can always return to it. The one thing that could be improved is that 30 minutes sometimes felt too short, it would be great if you were able to offer longer as I often felt there was more to say.”



While we are grateful for this honest feedback, it is important to note that Wellbeing Workers are always clear with service users re: the short-term/practical focus of this intervention, and will offer to signpost or refer on to longer term counselling options where appropriate.

Number of sessions with a Wellbeing Worker before final contact questions	1	2	3	4	5	6	7
Number of service users	2	8	6	7	5	19	3
Percentage of service users	4%	16%	12%	14%	10%	38%	6%

Service users who finished the intervention during this quarter and completed a second comparative SWEMWBS (50) attended **4.48 sessions on average (mean score)**.

Indicator of potential reduction in clinician workload

Reducing clinician workload is one of the aims of the project. In this quarter, only **13 (25%)** of the 52 service users who completed the end of service questionnaire during the last quarter identified their GP as the most appropriate support if experiencing a similar issue in the future.

26 (50%) of the 52 service users identified the **Wellbeing Worker as the most appropriate support** if they have a similar issue in the future. **9** identified 'other community support', **3** identified 'other MH provider' and **1** declined to comment on this question. This means that **38 (73%)** of those who completed the intervention this quarter stated they felt that a service **other than their GP** would be the most appropriate if they experience a similar issue again, thus **indicating a possible reduction in future demand on GP services**.

Service User satisfaction

At the final contact, the Wellbeing Workers ask service users a series of satisfaction questions – via telephone or an online feedback survey.

52 of the **127** service users who finished the intervention completed these questions in April-June 2022.

Q1. At the point of being referred to Mind in Berkshire; did you need help to better understand your problems?

	April – June 2022	January – March 2022 for comparison
Yes	37	37
No	15	5
No answer	-	-

Q1a. (If answered ‘Yes’ to Q1) The service of Mind in Berkshire has helped me to better understand my problems

	April – June 2022	January – March 2022 for comparison
Strongly Agree	22	28
Agree	15	8
Neither agree nor disagree	-	1
Disagree	-	-
Strongly Disagree	-	-
Service user satisfaction**	100%	97%

Q2. I got the help that mattered to me

	April – June 2022	January – March 2022 for comparison
Strongly Agree	31	28
Agree	20	14
Neither agree nor disagree	1	-
Disagree	-	-
Strongly Disagree	-	-
Service user Satisfaction**	98%	100%

Q3. Staff treated my concerns seriously

	April – June 2022 <i>(51 service users answered Q3)</i>	January – March 2022 for comparison
Strongly Agree	44	35
Agree	7	7
Neither agree nor disagree	-	-
Disagree	-	-
Strongly Disagree	-	-
No answer	1	-
Service user Satisfaction**	100%	100%

Q4. I had confidence in the people working with me

	April – June 2022	January – March 2022 for comparison
Strongly Agree	45	33
Agree	7	9
Neither agree nor disagree	-	-
Disagree	-	-
Strongly Disagree	-	-
Service user Satisfaction**	100%	100%

***Service user satisfaction score = % of service users who agree or strongly agree.*

Supporting the Voluntary & Community Sector

“Thank-you so much for this – it’s really very helpful!”

Mental Health & Wellbeing Community Alliance attendee

This quarter, Mind in Berkshire (MiB) continued to facilitate two events aimed at supporting the Wokingham community regarding mental health and wellbeing provision for local people.

Mental Health First Aider Forum

Our April **Mental Health First Aider Forum** introduced a ‘skills refreshment’ section for the first time, which was well received by attendees. Focusing on ‘non-judgemental listening’ within smaller break-out group rooms, prompt questions were used to initiate discussion around why non-judgemental listening is important, top tips for putting it into practice, and any unhelpful listening styles we may wish to avoid. Earlier in the session, attendees were also given the usual opportunities for a ‘wellbeing check-in’ and a ‘case discussion’ to aid mutual sharing, connection and support. Break-out discussions allowed space for attendees to speak about their own wellbeing as well as examples of ‘MHFA in action’ over the last three months.

In other developments, we were really pleased to see our first service user expressing an interest in attending a future Forum. Following discharge from the Wokingham Wellbeing Service, and successful completion of MHFA training, this individual has asked to be added to our mailing list for future events, so they can continue to use their own experience and knowledge to support others in the local community. One of our MHFAiders is also now collaborating with Involve around potentially developing a menopause and perimenopause support group in Wokingham. Having noticed a gap in mental health and wellbeing support provision for menopausal and perimenopausal women locally, this individual reached out to

Mind in Berkshire to share their enthusiasm for supporting women at this stage of life. MiB then connected them to Involve's Grassroots Development Worker for further on-the-ground support and to discuss ideas.

Mental Health and Wellbeing Community Alliance

This quarter, Mind in Berkshire facilitated two **Mental Health & Wellbeing Community Alliance** meetings. Our **April** meeting took place virtually and focused on partnership and collaboration around mental health and wellbeing within the local VCS. We were privileged to hear a guest speaker from the Brookside Group Practice Health and Wellbeing Team talk about their collaborative and partnership successes and challenges within the local Earley+ area. Attendees then had the opportunity to discuss what partnership and collaboration meant to them with regards to supporting the Wokingham community's mental health and wellbeing. Some examples of best practice cited were services working together around community outreach and joint support for service users, as well as growth of referrals between primary care, statutory services and the VCS. Challenges shared included the vast breadth of services and groups to navigate and stay up-to-date with, and the unpredictable nature of referral numbers between services.

In **June**, we took the decision to host our first in-person Alliance meeting following a 63% 'yes' vote for future face-to-face sessions (from attendees of the previous meeting). The Waterford House Charity & Community Hub conference room provided a good setting with a central, easily accessible location and helpful facilities such as access to additional break-out space and a TV screen to display presentations. All seven attendees agreed they would be happy to use the venue again. The meeting focused on a first-year review and future aims for the Alliance. A draft 'Members' Guide' setting out the purpose, structure, responsibilities and values for the Alliance and its members was reviewed, and a final version agreed. Other notable outcomes from the meeting involved a decision to move away from themed meetings and to instead introduce a standing agenda item to discuss emerging trends/patterns in mental health and wellbeing needs in the community, as well as to offer more space for guest speakers to share updates on relevant services, projects or topics. It was agreed that, moving forwards, options for both face-to-face and virtual meetings would be valued.

Some helpful feedback gathered as part of our Alliance annual review:

1) Things to keep?

- Current venue & facilities
- Informal recording
- Free open Forum

2) Things to add/new ideas?

- Provide feedback from organisations/groups on what's working well, gaps, trends etc.
- Provide info on any issues/blockers in your area of work – others may be able to help or mitigate.
- Encourage feedback to commissioners with your current position re: service & users to help inform decisions.
- Guest speakers – youth services, input from Alliance members.

Other **VCS partnership work** completed by the team this quarter has included:

- Continued attendance and contribution at the Voluntary Sector Action Group and the Voluntary, Community & Faith Sector Steering Group.
- Continued attendance and contribution at a Non-Clinical Forum for Social Prescribers, Wellbeing Workers, Community Navigators, Care Co-ordinators and other Allied Professionals.
- Ongoing support developing the Waterford House VCS Community Hub, in partnership with Wokingham Borough Council. The Project Manager is now part of a monthly Hub Members steering group and members of the public are now able to self-refer to the Wokingham Wellbeing Service on site.
- Mind in Berkshire's Equity, Diversity, Inclusion & Equality (EDIE) Lead has continued to support Wokingham Borough Council with developing a new Residents Equality Forum.
- Continued attendance, and contribution to, the Social Isolation & Loneliness Action Group.
- Support with an information and advice drop-in event for carers at the Hub (as part of Carers Week).

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