

**Bracknell Forest Council  
Record of Decision**

<b>Work Programme Reference</b>	<b>I103275</b>
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1. **TITLE:** Consultation on the Results of the Health and Wellbeing Strategy

2. **SERVICE AREA:** Place, Planning & Regeneration

3. **PURPOSE OF DECISION**

Developing and publishing a local Joint Health and Wellbeing strategy (JHWS) is a statutory duty of the Health and Wellbeing Board (HWB) a formal committee of local partners.

The JHWS is a mechanism through which the HWB delivers its key role in improving the health and wellbeing of the local population.

Health and wellbeing boards must involve the local Healthwatch organisation and the local community, and this should be continuous throughout the JHWS process.

The JHWS demonstrates how the local council and the NHS deliver their statutory duty in improving the health and wellbeing of the local population and reducing health inequalities.

This is not about taking action on everything at once, but about setting a small number of key strategic priorities for action, that will make a real impact on people's lives

4 **IS KEY DECISION** Yes

5. **DECISION MADE BY:** Executive

6. **DECISION:**

That the Bracknell Forest Health and Wellbeing Strategy is endorsed.

7. **REASON FOR DECISION**

1. The Health and Wellbeing Board is required to prepare a Health and Wellbeing Strategy. The Draft Health and Wellbeing Strategy has been co-produced to identify the key health and wellbeing priorities for Bracknell Forest. The draft plan was prepared and consultation on the plan was agreed by the Health and Wellbeing Board at its meeting on 2nd December 2021
2. The Consultation took place in March 2022 and received 81 responses. These responses were from a variety of groups including residents and health professionals. The Consultation sought to understand the support (or otherwise) for the plan and its various priorities and actions the following were the main conclusions of the Consultation
  - 76.5% of the respondents to the public consultation strongly agreed or tended to agree overall with the strategy, with 15% neither agreeing nor disagreeing.
  - 65% of the respondents strongly agreed or tended to agree with the vision and 20% neither agreed nor disagreed.
  - 77% strongly agreed or tended to agree, 10% strongly disagreed or tended to

disagree with the priorities.

3. The majority of the comments of those who did not agree with the plan were in the main commenting on primary care access. As this is not a direct role of the plan these matters have been passed to relevant colleagues within the appropriate element of the NHS. The majority of comments received were very positive about the strategy and respondents commented that if this was implemented it would make a difference to the residents' health and wellbeing.
4. 50% of the respondents said they would like to keep updated on the progress of the strategy with 75% of them offering to be involved in further engagement.
5. Appendix 2 Provides a general summary of the consultation responses to each element of the plan. Appendix 3 sets out the specific comments (by theme) made on the plan and the response / action to the comment. Where a key change to the plan was required this has been identified and the plan amended.
6. The key changes to the plan are refresh of priority 4 to reflect the change in national policy from outbreak management of COVID to living with COVID.

#### 8. **ALTERNATIVE OPTIONS CONSIDERED**

None considered (As the preparation of a Health and Wellbeing Strategy is a statutory requirement)

9. **DOCUMENT CONSIDERED:** Report of the Executive Director: Place, Planning & Regeneration

10. **DECLARED CONFLICTS OF INTEREST:** None

<b>Date Decision Made</b>	<b>Final Day of Call-in Period</b>
21 June 2022	28 June 2022