

Notice of Meeting

Executive

Councillor Bettison OBE (Chair),
Councillor Dr Barnard (Vice-Chairman),
Councillors D Birch, Brunel-Walker, Harrison, Mrs Hayes MBE,
Heydon and Turrell

Tuesday 21 June 2022, 5.00 - 7.00 pm

Council Chamber - Time Square, Market Street, Bracknell, RG12 1JD



Agenda

Item	Description	Page
1.	Apologies Reporting: Hannah Harding	
2.	Declarations of Interest Members are asked to declare any Disclosable Pecuniary or Affected Interests in respect of any matter to be considered at this meeting. Any Member with a Disclosable Pecuniary Interest in a matter should withdraw from the meeting when the matter is under consideration and should notify the Democratic Services Officer in attendance that they are withdrawing as they have such an interest. If the Disclosable Pecuniary Interest is not entered on the register of Members interests the Monitoring Officer must be notified of the interest within 28 days. Any Member with an Affected Interest in a matter must disclose the interest to the meeting. There is no requirement to withdraw from the meeting when the interest is only an affected interest, but the Monitoring Officer should be notified of the interest, if not previously notified of it, within 28 days of the meeting. Reporting: Hannah Harding	
3.	Minutes	5 - 6
	To consider and approve the minutes of the meeting of the Executive held on 1 June 2022. Reporting: ALL	
4.	Urgent Items of Business	
	Any other items which, pursuant to Section 100B(4)(b) of the Local Government Act 1972, the Chairman decides are urgent. Reporting: Hannah Harding	

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Executive Key Decisions

The items listed below all relate to Key Executive decisions, unless stated otherwise below.

5.	Consultation on the Results of the Health and Wellbeing Strategy	7 - 94
	To endorse the Bracknell Forest Health and Wellbeing Strategy. Reporting: Andrew Hunter	
6.	Greening Waste Collection Progress Update	95 - 116
	To provide an update on the waste collection service changes made in March 2021 and the impact these have had on the Borough's recycling and landfill rates. The report will also include an update on the progress of the roll out of food waste collections from flats. Reporting: Kevin Gibbs	
7.	Annual report on Climate Change Strategy	117 - 140
	To present the Annual Report on the Climate Change Strategy for Full Council 13 July 2022 Reporting: Kevin Gibbs	
8.	Exclusion of Public and Press	
	To consider the following motion: That pursuant to Regulation 4 of the Local Authorities (Executive Arrangements) (Access to Information) Regulations 2012 and having regard to the public interest, members of the public and press be excluded from the meeting for the consideration of items 9 and 10 which involve the likely disclosure of exempt information under the following category of Schedule 12A of the Local Government Act 1972: (3) Information relating to the financial or business affairs of any particular person (including the authority holding that information). <i>NB: No representations were received in response to the 28 day notice of a private meeting.</i> Reporting: ALL	
9.	Bridgewell Supported Living	141 - 272
	To present options for delivery of four 5-bed supported living apartments at the Bridgewell site and seek approval of the recommended option - council to build and thereafter appoint the Registered Provider and a separate Care & Support provider. Reporting: Grainne Siggins	

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10.	Contract Extension Approval for Look Ahead - Accommodation Based Housing Related Support Service	273 - 288
	To seek approval to extend the current contract with Look Ahead for accommodation-based housing related support services for a period of 12 months. Reporting: Grainne Siggins	

Sound recording, photographing, filming and use of social media is permitted. Please contact Hannah Harding, 01344 352308, hannah.harding@bracknell-forest.gov.uk, so that any special arrangements can be made.

Published: 10 June 2022

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**EXECUTIVE
1 JUNE 2022
5.00 - 5.55 PM**

Present:

Councillors Dr Barnard (Vice-Chairman, in the Chair), D Birch, Brunel-Walker, Harrison, Mrs Hayes MBE, Heydon and Turrell

Apologies for absence were received from:

Councillor Bettison OBE

9. Declarations of Interest

There were no declarations of interest.

10. Minutes

RESOLVED that the minutes of the meeting of the Executive on 24 May 2022 together with the accompanying decision records be confirmed as a correct record and signed by the Leader.

Executive Decisions and Decision Records

The Executive considered the following item. The decision is recorded in the decision sheet attached to these minutes and summarised below:

11. Special Educational Needs and Disability (SEND) Written Statement Of Action (WSOA) produced in response to the OFSTED inspection.

RESOLVED that the content of the Written Statement of Action in response to the findings of the Joint SEND Inspection be endorsed for submission, subject to final minor amendments that may be agreed by the council's Executive Director: People and Executive Member for Children, Young People and Learning.

CHAIRMAN

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To: **Executive**
21 June 2022

Bracknell Forest Health and Wellbeing Strategy Director of Place Planning and Regeneration

1 Purpose of Report

- 1.1 At the meeting of the Health and Wellbeing Board on the 7th June the Health and Wellbeing Strategy for Bracknell Forest was formally approved. This was following a period of public consultation on the plan which ended in April 2022. As the plan has a number of priorities and actions which the Council with its partners will be delivering it is important that the Executive formally endorse the plan and its contents. The Final version of the plan is contained in appendix 1.

2 Recommendation

- 2.1 That the Executive endorse the Bracknell Forest Health and Wellbeing Strategy**

3 Reasons for Recommendation

- 3.1 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
- 3.2 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.
- 3.2 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.
- 3.2 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.
- 3.3 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.

- 3.4 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.

4 Alternative Options Considered

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

5 Supporting Information

- 5.1 Approved Version of the Health and Wellbeing Plan, Headline findings slides attached and full schedule of comments attached.

6 Consultation and Other Considerations

Legal Advice

- 6.1 The Health and Wellbeing Strategy is a statutory function of the HWB board. It supports the Council to demonstrate its responsibility to improve the health and wellbeing of the local population, reduce inequalities and provide assurance to the health protection function.

Financial Advice

- 6.2 The strategy will be delivered within the current resources and funding streams of each partner organisation.

Other Consultation Responses

- 6.3 N/A

Equalities Impact Assessment

- 6.4 EIA undertaken on the draft HWB strategy and updated following consultation

Strategic Risk Management Issues

- 6.5 None identified

Climate Change Implications

- 6.6 The Health and Wellbeing Strategy has Healthy Environments as an embedding theme and active transport fits in with priority 5.

Health & Wellbeing Considerations

- 6.7 The Health and Wellbeing Strategy aims to improve the HWB of the population and reduce inequalities.

Background Papers

Contact for further information

Andrew Hunter Executive Director Place Planning and Regeneration
andrew.hunter@bracknell-forest.gov.uk

Heema Shukla, Deputy Director of Public Health
Heema.shukla@bracknell-forest.gov.uk

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Bracknell Forest Health and Wellbeing Strategy

2022-2026



Table of Contents

1. Foreword	4
1.1 Foreword by Chair.....	4
1.2 Foreword by Vice-Chair.....	5
2. Introduction	6
2.1 About us	6
2.2 How did we develop the strategy?.....	7
3. Context.....	8
3.1 COVID-19 and its impact on population health and wellbeing	8
3.1.1 Mortality and morbidity during the pandemic	9
3.1.2 Access to health care and other services during lockdown	10
3.1.3 Changes in healthy behaviours during lockdown	10
3.1.4 Personal wellbeing	12
3.1.5 Mental health.....	12
3.1.6 Social connections and loneliness	13
3.1.7 Wider determinants of health	14
3.2 Key local plans	17
3.2.1 Frimley ICS Strategy 2019-2025	17
3.2.2 The Bracknell Forest Council Plan	18
3.2.3 Population Health Management.....	20
3.3 Health in All Policies	21
4. The health and wellbeing framework	24
4.1 Bracknell Forest health and wellbeing vision	24
4.2 Bracknell Forest health and wellbeing guiding principles	25
4.3 Bracknell Forest health and wellbeing priorities.....	25
5. Give all children the best start in life and support emotional and physical health from birth to adulthood	26
5.1 Why is this a priority?	26
5.2 Policy context.....	26
5.3 What we heard in the co-production workshops	28
5.4 Population health management high level information	28
5.5 What outcomes do we plan to deliver?.....	29
5.6 What actions will we take to deliver the outcomes?	29
5.7 What success indicators will we use to monitor progress?	29
5.8 Cross-cutting themes	30
6. Promote mental health and improve the lives and health of people	31
with mental ill-health	31
6.1 Why is this a priority?	31
6.2 Policy context.....	31
6.3 What we heard in the co-production workshops	33
6.4 Population health management high level information	33

6.5	What outcomes do we plan to deliver?.....	34
6.6	What are the actions will we take to deliver the outcomes?.....	34
6.7	What success indicators will we use to monitor progress?	34
6.8	Cross-cutting themes.....	35
7.	Create opportunities for individual and community connections, enabling a sense of belonging and the awareness that someone cares	36
7.1	Why is this a priority?	36
7.2	Policy context.....	37
7.3	Population health management high level information	37
7.4	What outcomes do we plan to deliver?.....	37
7.5	What are the actions will we take to deliver the outcomes?	37
7.6	What are the success indicators will we use to monitor progress?	38
7.7	Cross-cutting themes.....	38
8.	Keep residents safe from infectious disease and address the long-term impacts of COVID-19.....	39
8.1	Why is this a priority?	39
8.2	Policy context.....	39
8.3	What outcomes do we plan to deliver?.....	40
8.4	What are the actions will we take to deliver the outcomes?	40
8.5	What are the success indicators will we use to monitor progress?	41
8.6	Cross-cutting themes.....	41
9.	Improve years lived with good health and happiness	42
9.1	Why is this a priority?	42
9.2	Policy context.....	42
9.3	Population health management high level information	43
9.4	What outcomes do we plan to deliver?.....	43
9.5	What are the actions will we take to deliver the outcomes?	43
9.6	What are the success indicators will we use to monitor progress?	44
9.7	Cross-cutting themes.....	44
10.	Collaborate, plan and secure funds for local, national new health and wellbeing priorities	45



1. Foreword

1.1 Foreword by Chair



For the past two years our lives - how we live, work, study and play have been affected by the COVID-19 Pandemic. On one hand the spread of the virus in our communities made many people severely ill whilst on the other hand the social restrictions imposed to stop the spread of the virus affected our health and wellbeing. During this time we have also seen that all our frontline services have done an heroic job of transforming services to respond quickly to the pandemic and support those who were affected. Many of our residents volunteered to support their local communities, especially the vulnerable, during the pandemic.

As the population wide vaccination programme is helping to get us back to some sort of normality, we know that we need to respond to the pandemic and its ongoing effects. It was therefore, more important than ever to use a co-production process to develop this strategy. The Health and Wellbeing Board worked with a range of organisations and residents to agree priorities based not only on the quantitative data but on the lived experiences of local residents. Bracknell Forest is a healthy place to live with our residents enjoying longer life expectancy than the national average, and post COVID-19 we want to continue our joint efforts to use our combined assets to ensure that our borough remains one of the healthiest to live, work, study and play. The past two years have taught us that health is everyone's business and we want to maximise health gains from all we do by taking a health in all policies approach across all areas of the council.

Our key priorities will be improving emotional and mental health, supporting people to remain physically healthy, creating opportunities for social connections and continuing to keep our residents safe from the COVID-19 virus. We know that some communities have suffered more than others during the pandemic and the strategy also advocates a population health management approach in all that we do, thereby allowing service providers to offer both universal and targeted services to meet the needs of our diverse communities.

This year we have also taken an outcomes driven approach and have committed to monitoring the progress of this strategy by introducing a set of success indicators.

I look forward to working with all our partners and residents to implement the actions in the strategy to improve the health and wellbeing of all of us.

A handwritten signature in dark ink, appearing to read 'Dale Birch', written over a light blue horizontal line.

Councillor Dale Birch

Executive Member for Adult Services, Health and Housing (Deputy Leader of the Council)

1.2 Foreword by Vice-Chair



The pandemic has put tremendous pressure on the health and care system and continues to do so. Colleagues across the system have risen to this challenge and provided quality services during a rapidly changing public health emergency. We are continuing to face these challenges and are aware that we are yet to see the longer-term impacts of the pandemic on the physical and mental health of our population.

Whilst our services continue to provide treatment and care services to those who need them, the pandemic has highlighted that we need to shift our culture to working with our communities to promote good health and wellbeing and prevent ill health. COVID-19 affected those with preventable conditions such as obesity and hypertension. We also know that some communities were affected more because of where they live and work. This health and wellbeing strategy provides us a framework to take that action, whilst our health and care service plans continue to improve and deliver quality services for our patients and service users.

Taking the opportunities provided by the implementation of population health management and health in all policies approach in this strategy, allows us to combat the wider determinants of health and make decisions for universal and targeted approaches more effectively.

The impact of COVID-19 on mental health is witnessed through the increase in demand on our services. This strategy rightly focuses on taking actions to improve and support the emotional and mental health of the population. Our frontline services are having to support people who have become more vulnerable and socially isolated and lonely. Creating opportunities in the community for people to feel connected will help our frontline services support the clinical need of these people more effectively.

We heard during the co-production process that whilst we provide many services, people found it difficult to navigate the system. We have therefore committed to work with our communities to improve the information on the services we provide and make it easier for everyone to navigate the system.

The COVID-19 pandemic has been a difficult journey and has emphasised the importance of population health alongside clinical individual services. We cannot afford to miss the opportunity provided through this health and wellbeing strategy to make that cultural shift in maximising health gain from every policy and every contact.

A handwritten signature in black ink that reads "Fiona Slevin-Brown".

Fiona Slevin-Brown
Managing Director, Frimley Clinical Commissioning Group



2. Introduction

2.1 About us

The Health and Wellbeing Board (HWB) is a formal committee of the local authority that brings together local organisations who play a key role in improving the health, care and wellbeing of local residents. More information about the HWB and its membership can be found [here](#). It is chaired by a democratically elected member and, together with representatives from local patient involvement and voluntary sector organisations, it assures there is a resident perspective to its function of improving the health and wellbeing of its population.

The HWB does not have budgetary or scrutiny powers – these are functions of other boards or committees. However, it does play an important role in identifying key strategic needs and priorities for improving health and wellbeing in the borough. To deliver its role, the HWB has a responsibility to produce a Joint Strategic Needs Assessment (JSNA) and a health and wellbeing strategy. The JSNA is a process that collates and analyses a range of quantitative and qualitative data on the health and wellbeing status of local communities. It identifies key priorities and makes recommendations for improvements that support local commissioning and planning. The JSNA for Bracknell Forest can be found [here](#). More recent data can be found on the [Berkshire Observatory](#).

The health and wellbeing strategy is a joint plan that sets the priorities for improvement based on the current understanding of the health and wellbeing profile of the population. In addition to the findings from the JSNA, it considers insights from topic experts, service providers, service users and residents. It sets out the actions that local system partners (commissioners, service providers, service users and residents) should jointly take to achieve the improvement. Furthermore, it describes how progress on improvement will be monitored.

2.2 How did we develop the strategy?

This strategy has been produced within a very different context to anything that has come before. The COVID-19 pandemic has affected all aspects of our lives, it has also changed the approach taken by the HWB in developing this strategy. Figure 1 shows the process through which this strategy was developed. It includes a framework which allows outcomes driven action planning and the flexibility to review and update the action plans on a yearly basis in response to any national changes and local need.

The framework consists of six principles, six priority areas and four cross-cutting themes. These are owned by partners and their members to take joint responsibility as sponsors for each of the priority areas.

Using a co-production approach, each of the task and finish groups has undertaken wider stakeholder engagement to agree the outcomes, the actions to achieve the outcomes and the indicators to monitor the progress.

Figure 1: Process used to co-produce the strategy



HWB Board Members	Board accountability	Multi-agency Task and Finish groups	Wider stakeholder co-production process
Developed a HWB framework using: Lessons learnt from previous JHWBS Feedback from pre-covid stakeholder engagement Current Context	HWB board members volunteered as sponsors for priorities within HWB framework	Multi-agency task and finish groups established with responsibility to identify key areas for improvement based on collective insights and evidence	Wider stakeholder engagement through dedicated workshops and presentations at meetings and forums to identify key outcomes for improvement , actions required to deliver the outcomes and monitoring success.



3. Context

3.1 COVID-19 and its impact on population health and wellbeing

COVID-19 has had a direct impact on population health due to it being an infectious disease (ranging from a mild illness to a more severe disease and death). Illness (morbidity) and death (mortality) from COVID-19 has placed tremendous pressure on the NHS, public health services and social care services, which has resulted in reduced access to services for routine non-urgent care.

The measures to control the virus implemented in March 2020, both nationally and globally, affected every aspect of our daily lives, including social contact, work, education, finance, leisure, and transport.

By the end of 2020, vaccines (a key tool in the fight against infectious diseases) for COVID-19 became available. A national immunisation programme was then launched which was advised by the Joint Committee on Vaccination and Immunisations (JCVI). The programme resulted in the easing of COVID-19 measures, and by 19 July 2021 all mandatory restrictions had been lifted. Transmission of the virus continued, however, the emphasis shifted away from government mandates to personal and workplace responsibilities, including handwashing, social distancing and wearing face coverings – or the new normal.

As the national public health surveillance shifts its focus to detecting and understanding any new variants of concern, local public health partners may have to play a greater role in the control of local transmission and outbreak management.

Planning across the health and care system is currently transitioning from the reactive phase of the pandemic to the recovery phase. As some sort of normality returns, several factors will affect the health and wellbeing of the local population. These include changes in health behaviours due to lockdown, the impact of loss of family and friends, reduced opportunities for social connections, worsening of both physical and mental health due to reduced self and managed care of long-term conditions, and the impacts on the wider determinants of health, such as employment and housing.

The real time national studies and surveys that were conducted during the pandemic provide a rich source of information on the effect these factors have had. The section below describes data from two types of national studies – a cross-sectional survey which is a snapshot of a specific time and longitudinal studies which surveyed people over longer periods of time. In Bracknell Forest a COVID-19 resident survey was undertaken during the period July 2020 and data is presented where appropriate.

3.1.1 Mortality and morbidity during the pandemic

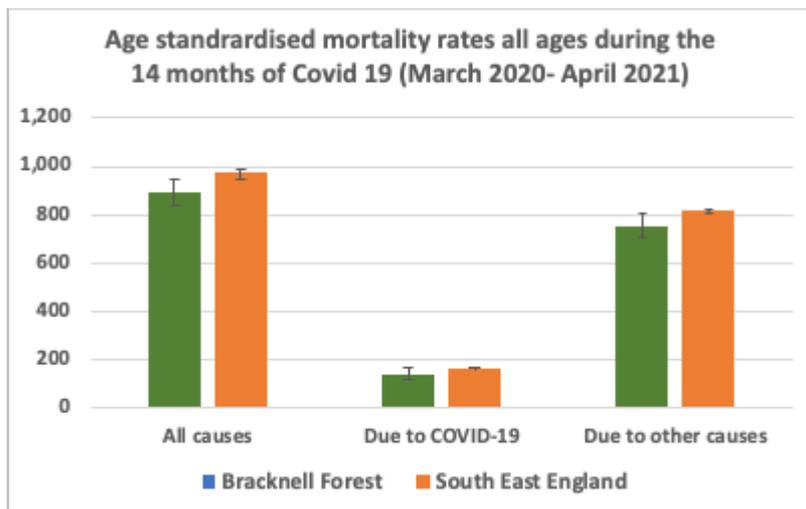
Mortality

Figure 2 shows all-age mortality due to all causes, COVID-19, and all other causes for Bracknell Forest compared with South East England for 14 months of the pandemic (March 2020 – April 2021). Rates in Bracknell Forest were not significantly different from rates for South East England.

Nationally, there have been two periods during the pandemic when weekly and monthly registrations of deaths from all causes were consistently higher than the five-year average – also known as ‘excess deaths’. Excess deaths are the clearest way to compare the likely impact of the pandemic over time.

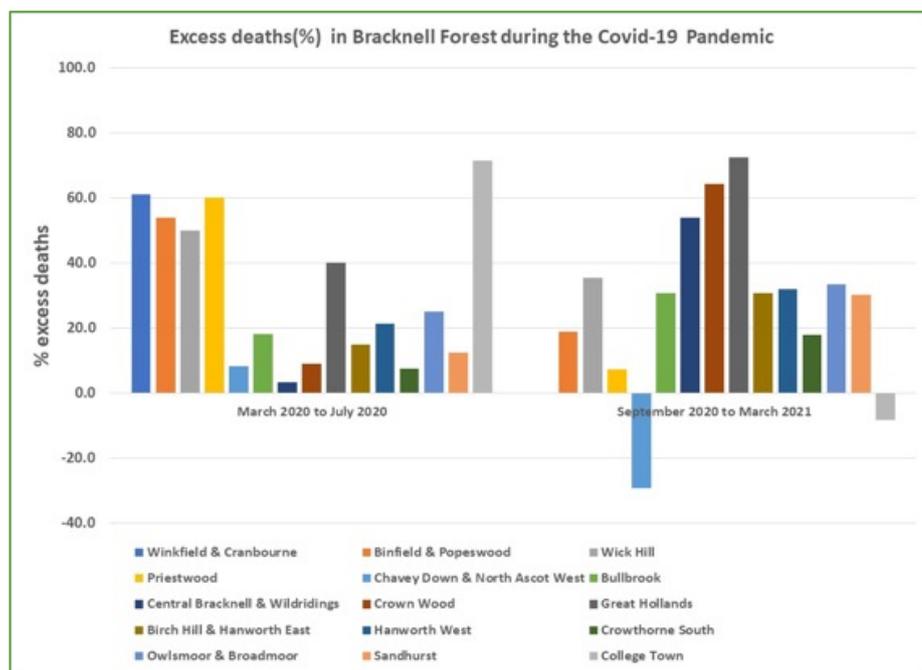
Figure 3 details excess deaths in Bracknell Forest and shows that the impact of COVID-19 across Bracknell Forest was not uniform. This is not surprising given that national evidence suggests that some communities had been more severely affected than others. Factors include age, gender, ethnicity, occupation, and deprivation – all of which underlie established health all of which contribute to existing healthy inequalities.

Figure 2: Age standardised rates (14 months from March 2020 – April 2021)



Data Source: ONS Age-standardised mortality rate, deaths from all causes per 100,000 population and adjusted for age, per month by local authority district, March 2020 to April 2021, England, and Wales

Figure 3 Excess deaths during the pandemic in different areas of Bracknell Forest



Data Source: ONS Deaths registered by MSOA each month, March 2020 to April 2021, compared with the average for the same month between 2015 and 2019, England and Wales

3.1.2 Access to health care and other services during lockdown

A study¹ of primary care contacts between 2017 and 2020, based on about 13 per cent of the UK population aged 11 years and above and registered with a GP, found that there were substantial reductions in primary care contacts for acute physical and mental conditions following the introduction of restrictions, with limited recovery by July 2020. These findings indicate that except for unstable angina and acute alcohol-related events, contacts for all conditions had not recovered to pre-lockdown levels. The largest reductions were observed for contacts for diabetic emergencies, depression, and self-harm. A small study² of people with obesity reported reduced access to (44 per cent) and insufficient information from (49 per cent) their clinical service providers. As the pandemic progressed, many services were only offering virtual and online services.

3.1.3 Changes in healthy behaviours during lockdown

During the lockdown, people could go outside for exercise, aside from those who were shielding or self-isolating.

Physical activity

In a snapshot survey³ with a response from over 9,000 people, around 37 per cent of participants reported a change in their physical activity levels. The results were based on analysis of over 5,000 people who were filtered for case completion. The key findings were that around one in four reported a reduction in their physical activity levels, while one in 10 reported an increase in their physical activity.

In a longitudinal study, physical activity was measured using the International Physical Activity Questionnaire

(IPAQ). In this study, 16 per cent of people increased their physical activity levels, while 18 per cent reduced their physical activity levels. The largest drop was in the age group 16-34 years.

In Bracknell Forest, 16 per cent of the people who responded to the COVID-19 resident survey reported doing less physical activity whilst 48 per cent reported increasing their physical activity.

Who were at higher risk?

A study⁴ in England based on the self-perceived impact of lockdown on health behaviours found that key independent predictors of negative impacts were a lower education level, being white, having been diagnosed with a psychiatric condition, having class II obesity and above (BMI ≥ 35 kg/m²), having a high-risk medical condition and having had a case of suspected/diagnosed COVID-19. There were some differences for individual health behaviours.

The factors that were all (independently) significantly associated with lower physical activity levels were lower income, being non-white, having a high-risk medical condition, higher BMI, experiencing negative mental health and increased physical health symptoms since lockdown.

The factors that were all (independently) significantly associated with having an unhealthier diet during lockdown were lower income, being non-white, having a high-risk medical condition, higher BMI, experiencing negative mental health and increased physical health symptoms.

Alcohol consumption

A global survey⁵ of the impact of COVID-19 on alcohol intake during the pandemic reported that the UK was one of three countries with the highest proportion of participants who reported an increase in the frequency of drinking alcohol, around 20 per cent. The other two countries were Ireland and New Zealand. It should be noted that the authors have stated that the samples were not representative. They found that 24 per cent of people had reduced their alcohol intake while 44 per cent had increased the frequency at which they drank. The top reasons given for this were:

- boredom (42 per cent)
- more time (42 per cent)
- stressed with what is going on (feeling anxious) (20 per cent)
- taking part in more online social events that involved drinking (20 per cent)
- feeling lonely (19 per cent)
- feeling depressed (19 per cent).

People who claimed they were drinking more reported that it was affecting their physical health (35 per cent), mental health (22 per cent) and relationships (10 per cent). 44 per cent also wanted support to reduce their drinking.

A snapshot survey⁶ commissioned by the charity Alcohol Change UK, found that out of 2,000 participants, about 30 per cent had either reduced their drinking or stopped drinking completely (6 per cent). Overall, 20 per cent of drinkers said that they were drinking more frequently and 50 per cent said they were drinking the same as before. Changes in drinking behaviour during the pandemic were, however, related to previous drinking habits. Those who drank daily were more likely to have increased their drinking during lockdown.

¹Mansfield KE, Mathur R, Tazare J, et al Indirect acute effects of the COVID-19 pandemic on physical and mental health in the UK: a population-based study *Lancet Digit Health* 2021; 3: e217–30 Published Online February 18, 2021 [https://doi.org/10.1016/S2589-7500\(21\)00017-0](https://doi.org/10.1016/S2589-7500(21)00017-0)

²Brown A, Flint SW, Kalea AZ Negative impact of the first COVID-19 lockdown upon health-related behaviours and psychological wellbeing in people living with severe and complex obesity in the UK *EClinicalMedicine* March 17, 2021 DOI:<https://doi.org/10.1016/j.eclinm.2021.100796>

³Rogers NT et al. Behavioural change towards reduced intensity physical activity is disproportionately prevalent among adults with serious health issues or self-perception of high risk during the UK COVID-19 lockdown (prepublication not reviewed) <https://www.medrxiv.org/content/10.1101/2020.05.12.20098921v1>

⁴Robinson E, Boyland E, Chisholm A, et al. Obesity, eating behavior and physical activity during COVID-19 lockdown: A study of UK adults. *Appetite*. 2021;156:104853. doi:10.1016/j.appet.2020.104853

⁵GDS https://www.globaldrugsurvey.com/wp-content/themes/globaldrugsurvey/assets/GDS_COVID-19-GLOBAL_Interim_Report-2020.pdf

⁶Alcohol Change UK. Drinking during lockdown: headline findings April 2020 <https://alcoholchange.org.uk/blog/2020/covid19-drinking-during-lockdown-headline-findings>

Findings from longitudinal studies using the Alcohol Use Disorders Identification Test (AUDIT) tool, compared pre-pandemic drinking to drinking during lockdown and found that 5 per cent of people increased risky alcohol use and 18 per cent of men and 11 per cent of women reduced risky alcohol use. This reduction in risky alcohol use occurred to the greatest extent in the youngest age group.

In Bracknell Forest, 24 per cent of respondents to the COVID-19 residents survey reported increasing alcohol consumption.

3.1.4 Personal wellbeing

Personal wellbeing is measured routinely in the UK by the Office for National Statistics (ONS) and in many other national surveys. Worries about income, food insecurity, fear of the virus and bereavement are all likely to have had an impact on personal wellbeing. There are four measures of personal wellbeing used by the ONS:

- Life satisfaction
- Worthwhile (to what extent do people feel the work they do is worthwhile)
- Happiness
- Anxiety.

The impact of COVID-19 on personal wellbeing can be observed by comparing data from a survey ending March 2019⁷ (which may be used as reference for population personal wellbeing in the UK before the pandemic), with a survey taken just before entering lockdown and a survey taken the last week in May 2020⁸, just before the phased exit. The mean scores for all four indicators fell during the pandemic but the largest reductions were seen in the mean scores for happiness and anxiety. The percentage of people reporting high anxiety increased from 20 per cent pre-pandemic to 46-56 per cent during lockdown. The life satisfaction and worthwhile indicators had fallen less overtime but remained subdued through lockdown.

The most common issue that affected wellbeing continued to be feeling worried about the future (63 per cent), followed by feeling stressed or anxious (56 per cent) and feeling bored (49 per cent). The data from the economic wellbeing and food insecurity studies discussed in the above sections reported that the following populations had higher levels of anxiety due to COVID-19:

- People whose income had reduced in employment
- People who were facing food insecurity

The increase in anxiety levels may put a higher burden on health services. A study⁹ that investigated COVID-19 related anxiety and somatic symptoms found that there was a strong positive correlation with anxiety for all somatic symptoms except cardiopulmonary symptoms. This correlation remained even after adjusting for generalised anxiety disorder suggesting that the pandemic had impacted anxiety levels. The strongest correlation was between COVID-19 anxiety and fatigue.

3.1.5 Mental health

Psychiatric distress was associated with the 2003 SARS pandemic, as well as the isolation of populations during other disasters. Therefore, COVID-19 was expected to result in similar psychiatric distress¹⁰. Findings from the UK longitudinal studies¹¹ found that psychological distress increased one month into lockdown, particularly among women and young adults.

In the Bracknell Forest COVID-19 resident survey, 25 per cent of the respondents reported that the pandemic had a negative impact on their mental health.

A systematic review¹² explored the mental health impact of COVID-19 and categorised them under the following headings:

Mental health impact on patients with COVID-19

In a study of 714 hospitalised but stable patients, post-traumatic stress symptoms were reported in 96 per cent of patients. In another study, 29.6 per cent of newly recovered patients had depression which was significantly higher than patients in quarantine (9.8 per cent). There was no association found with anxiety in COVID-19 patients.

Mental health impacts on people with existing mental health conditions

In a study into patients with eating disorders, it was found that 37.5 per cent reported worsening in their eating disorder symptomatology and 56.2 per cent reported additional anxiety symptoms. Another study found 20.9 per cent people with pre-existing mental health disorders reported worsening of their symptoms.

Mental health problem in health care workers

Some studies reported depression and anxiety amongst front line workers compared with administrative staff while other papers found no difference in symptoms between front line staff and the public or other workers.

Mental health impacts on general population

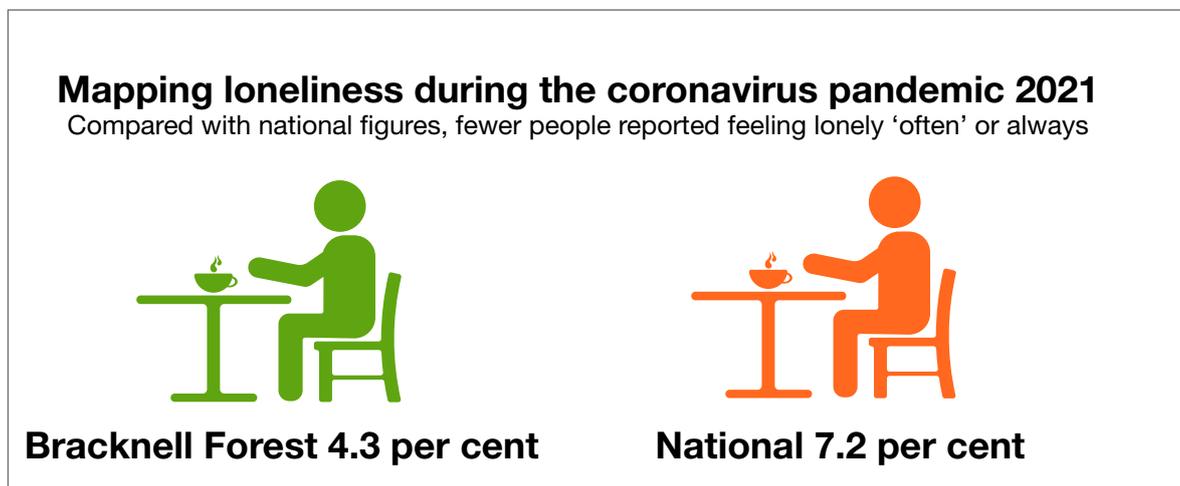
There were conflicting findings on psychiatric impact with reports of increased depression and anxiety by some authors and no significant difference by other studies. Parents of children admitted to hospital during the pandemic had higher psychiatric symptoms of depression and anxiety compared with parents of children admitted pre-pandemic.

The longer-term impacts of COVID-19 on the mental health of the population is expected to be due to the wider determinants of health.

3.1.6 Social connections and loneliness

Social connections and interactions with family, friends, neighbours, and colleagues, are well established factors that influence health and wellbeing. Loss of social connections and physical contact with other people/peers was one of the key impacts of the pandemic for many families and individuals. For others, the pandemic was an opportunity to spend more time together and strengthen family bonds or give time for volunteering. Health issues due to long-covid or a long stay in hospital and bereavement increased the risk of loneliness.

Data on loneliness from the national opinion and lifestyle survey from October 2020 to February 2021



⁷ ONS Annual Personal Well-Being Estimates Published 6th Feb 2020

⁸ ONS Personal and economic well-being in Great Britain: June 2020

⁹ Gibson J et al. COVID-19-related anxiety predicts somatic symptoms in the UK population. *British Journal of Health Psychology* (2020) DOI:10.1111/bjhp.12430

¹⁰Torales J et al. The outbreak of COVID-19 coronavirus and its impact on global mental <https://journals.sagepub.com/doi/pdf/10.1177/0020764020915212>

¹¹Niedzwiedz CL, Green MJ, Benzeval M, et al Mental health and health behaviours before and during the initial phase of the COVID-19 lockdown: longitudinal analyses of the UK Household Longitudinal Study *J Epidemiol Community Health* 2021;75:224-231.

¹²Vindegaard N and Benros MV COVID-19 pandemic and mental health consequences: Systematic review of the current evidence *Brain, Behavior, and Immunity* accepted for publication in press 2020

Who was at greater risk of loneliness during the lockdown?

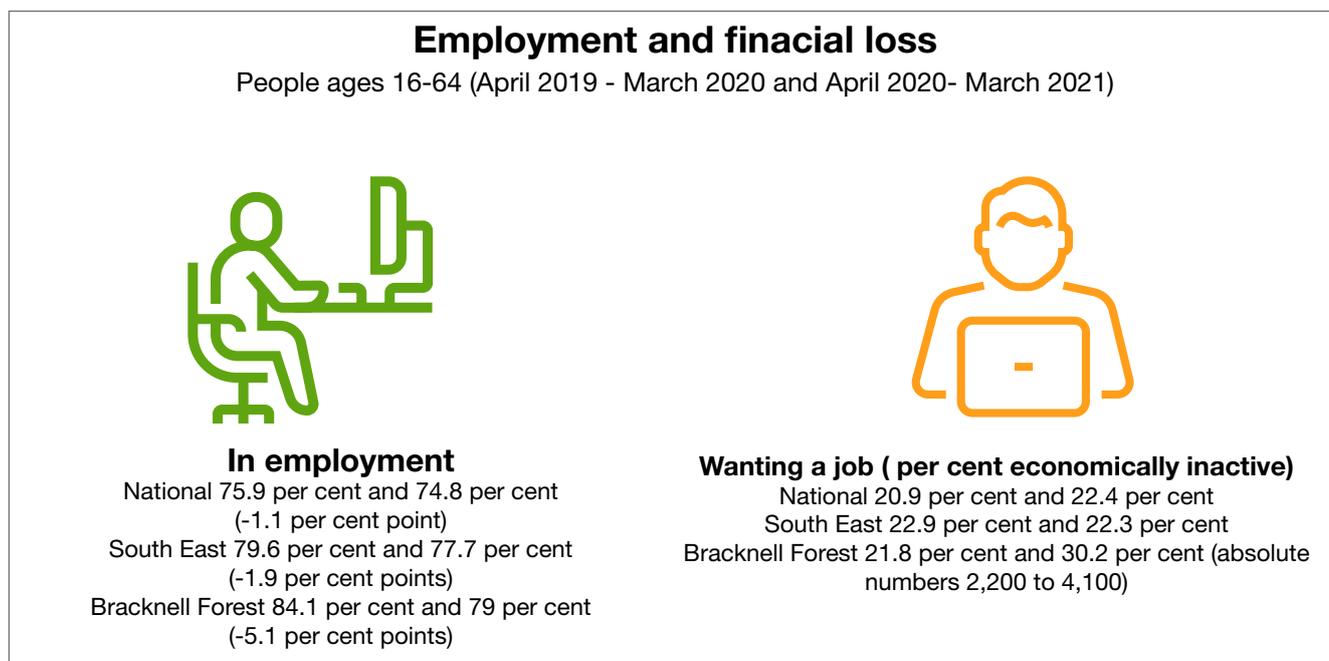
There was an estimated 5 per cent prevalence of loneliness nationally prior to the pandemic. The national lockdowns affected many people who were not chronically lonely before the pandemic. The prevalence of 'lockdown loneliness' was estimated to be 14.3 per cent. Working-age adults living alone, those with 'bad' or 'very bad' health, those in rented accommodation and those who were single, divorced, or separated were at greater risk of lockdown loneliness.

3.1.7 Wider determinants of health

Employment and financial loss

Trend data from labour workforce and real time PAYE information showed a decrease in employment rates during March 2020 and in median pay.¹³ The key impact was on positive hours worked and earnings.¹⁴ Between 43-58 per cent of employees were furloughed whilst for the self-employed the figure was 7.4 per cent. On average employees with zero-hour contracts and the self-employed saw the largest reduction in positive hours and earnings (nearly half the pre-pandemic levels). Young people (those aged 16 to 24 years) had been particularly affected with their employment rate decreasing and economic inactivity rates increasing (more than for those aged 25 and over).

In recent months, growth in payroll employees and median pay has risen with levels reaching pre-covid levels. However, this growth is not uniform across all regions.



¹³ ONS Mapping loneliness during coronavirus pandemic April 2021 Mapping loneliness during the coronavirus pandemic - Office for National Statistics (ons.gov.uk) accessed 29 sept 2021

¹⁴ ONS Coronavirus and loneliness, Great Britain: 3 April to 3 May 2020 Coronavirus and loneliness, Great Britain - Office for National Statistics (ons.gov.uk) accessed 29 sept 2021

Out of work benefits

By May 2020, the working age population claiming out of work benefits increased from the baseline in February 2020 then stayed steady until April 2021. Since then it has been decreasing but is still above the pre-pandemic lockdown figures.

Data for February 2020, May 2020, August 2021 (February to May change)

National 3.0 per cent, 6.4 per cent, 5.3 per cent (x2)

South East 2.1 per cent, 5.3 per cent, 4.2 per cent (x2.5)

Bracknell Forest 1.5 per cent, 4.5 per cent 3.2 per cent (x3) Absolute numbers (1,220, 3,610, 2,590)

Housing

The government's 'Everyone In' initiative to temporarily house rough sleepers and the homeless in shelters who could not self-isolate at the start of the pandemic, ensured that 90 per cent had been offered accommodation.

Education and training opportunities

The long-term impact of the pandemic on educational attainment and opportunities is yet to be known, but studies on the short-term impact and associated public health measures indicate that around 7 per cent of children were not able to access online learning due to limited or no internet access. Findings from different studies are mixed with some suggesting a negative impact on both progress Key Stage 1 students during the pandemic compared with pre-covid levels. Other studies suggest that the impact was negligible in most high-income countries including the UK.

A small study (58 self-selected schools) on the impact of COVID-19 on those starting school found that schools had to provide more learning and development support for students than previous years.¹⁵ Schools reported that children struggled in three key areas of development:

- Communication and language development (96 per cent schools)
- Personal, social, and emotional development (91 per cent of schools)
- Literacy (89 per cent of schools).

Most parents/carers had concerns about their child starting school, particularly about their social and emotional development.

¹⁵ Tracey I, Boyer-Crane C, Bonetti S et al; The impact of COVID-19 on School Starters: Interim briefing 1: Parent and school concerns about children starting school University of York, The National Institute of Economic and Social Research (NIESR) and the Education Policy Institute (EPI).

Domestic abuse and exploitation

Domestic abuse is a pattern of controlling, threatening and coercive behaviour. It can be physical, emotional, economic, psychological, or sexual. Abuse is a choice a perpetrator makes, and isolation is used by many perpetrators as a tool of control. In some households, isolation and an increase in the frequency of alcohol consumption during the pandemic created an environment conducive to domestic violence and abuse. In the UK, statistics¹⁶ released by Refuge indicate a 25 per cent increase in calls to its domestic abuse helpline, with visits to its website showing a 150 per cent increase. Similarly, Women's Aid reported a 41 per cent increase in those using its live chat service since the pandemic began.

Health inequalities

Data from all surveys and studies highlight that existing inequalities had widened during the pandemic. This has meant that proportionally, the highest burden of the pandemic, was seen in communities that were already struggling or had the poorest health outcomes. A key report from Public Health England (PHE)¹⁷ presents findings based on surveillance data available to PHE at the time of its publication, including through linkage to broader health data sets. It confirmed that the impact of COVID-19 has replicated existing health inequalities and, in some cases, has increased them. The largest disparity found was by age. Among those already diagnosed with COVID-19, people who were 80 or older were 70 times more likely to die than those under 40. Risk of dying was also higher in males, those living in more deprived areas and for Black, Asian and Minority Ethnic (BAME) groups. These inequalities largely replicate existing inequalities for mortality rates from previous years, except for BAME groups as mortality was previously higher in white ethnic groups. This analysis includes age, sex, deprivation, region and ethnicity, but they do not consider underlying health conditions, which are strongly associated with the risk of death from COVID-19 and are likely to explain some of the differences.

¹⁶ J Wilde Research in Practice <https://www.researchinpractice.org.uk/all/news-views/2020/april/domestic-abuse-in-the-coronavirus-epidemic/>

¹⁷ PHE 2020 Research and analysis overview: COVID-19: review of disparities in risks and outcomes - GOV.UK (www.gov.uk)

3.2 Key local plans

3.2.1 Frimley ICS Strategy 2019-2025¹⁸

Integrated care is about giving people the support they need, joined up across local councils, the NHS, and other partners. It aims to remove traditional divisions between hospitals and family doctors, physical and mental health and the NHS and council services. Integrated Care Systems (ICSs) are new partnerships between these organisations that meet the health and care needs across a specific area, coordinate services and plan ways to improve population health and reduce inequalities between different groups.

The NHS Long-term Plan confirmed that from April 2021, all parts of England would be served by an ICS, building on the lessons of the earliest systems and the achievements of earlier work through sustainability and transformation partnerships and vanguards. The Frimley ICS was one of the vanguard sites and has done pioneering work on integrated care.

In 2019, the Frimley ICS published its five-year strategy 'Creating Healthier Communities'. It has two overarching strategic goals which are to be achieved by 2025:

- Healthy life expectancy at birth to improve by two years
- The gap in healthy life expectancy between the least and most deprived communities will be reduced by three years.

The strategy has six ambitions as shown in Figure 3 below.

Figure 3: Frimley ICS Strategy 2019-2025



The strategy aims to ensure that all children get the best possible start in life by:

- engaging children and young people in a different way, working with education and building on young people's creativity
- providing targeted support for children and families with the highest needs and those who are the hardest to reach
- supporting women to be healthy before pregnancy
- ensuring births are safe
- expanding life choices and opportunities
- increasing happiness and decreasing anxiety.

¹⁸ Frimley Health and Care Organisation: Plans (frimleyhealthandcare.org.uk)

The strategy aims also include:

- Wellbeing – to provide opportunities for people to live healthier lives, no matter where they live. It will prioritise improving the health and wellbeing of those who are most economically disadvantaged and in poor health.
- Our collective agreement - (as organisations, individuals and families) about how healthier communities can be created to support healthier choices and to design and deliver new ways of working to improve the health and wellbeing of residents.
- Healthy work environment – maintain a healthy workforce and attract local people to careers in the health and care system.

The strategy further provides a platform for leadership and cultural change to enable people to work together to encourage co-design, collaboration, inspiration and a chance to contribute. This approach includes:

- Integrating teams at place and targeting care
- Knowing our communities and being part of them
- ‘With’ our residents, not ‘to’ – co-designing all our work
- Listening to what is important locally

It also aims to use NHS resources to offer the best possible care, treatment and support, where it is most needed. By working together to maximise the impact of the skills and capacities of staff, making decisions based on good intelligence, utilising digital capabilities, the ‘Frimley pound’ and local buildings and facilities, it aims to shift resources to increase benefits.

3.2.2 The Bracknell Forest Council Plan¹⁹

The council plan sets out the key objectives for 2019 to 2023. It delivers the commitments made to residents in the 2019 local election. The plan focuses on the things that matter most to residents, which is at the heart of everything the council does. This is based on a narrative which recognises Bracknell Forest as ‘the borough of opportunity’.

The plan aims to prioritise spending based on clearly identified needs, such as:

- reducing our impact on climate change
- making sure help is available for our most vulnerable residents to keep them safe and help them remain independent while avoiding loneliness and isolation
- reducing homelessness
- developing all age learning and life skills
- maintaining value for money.

¹⁹ Bracknell Forest Council The Council Plan | Bracknell Forest Council (bracknell-forest.gov.uk)

To deliver the objectives and make sure that Bracknell Forest remains a good place to live, work and play, the plan has six strategic themes as shown in the Figure 4.

Figure 4: Strategic themes, Bracknell Forest Council Plan

Strategic themes

The borough of opportunity



The key themes of economic resilience, education and skills and protecting and enhancing your environment address the wider determinants of health.

Caring for you and your family

Bracknell Forest is one of the healthiest places to live. It aims to support people to live longer in good health, both physical and mental.

The Council will continue to invest in preventing people from needing health and care services in the first place and pledge to buy the best possible services that meet the needs of residents.

3.2.3 Population Health Management

Compared with individual and personalised care provided by frontline practitioners, a population health approach explores the health status and outcomes for either the whole population or sub-populations. It allows strategic planning by identifying where improvements can be made by taking a system-wide approach. For example, a nurse may provide an individualised care plan for a person with diabetes, but population health provides a strategy to both prevent diabetes by identifying key risks and protective factors in the whole population and improve the care and management of the diabetic population (a sub-population of the whole population). Figure 5 shows how population health approaches can be used to segment populations and make decisions for interventions.

While population health approaches are not new, one of the problems with implementing them has been the use of different data collecting systems which do not talk to each other. This prevented the data from being analysed collectively and, therefore, for partners to make decisions based on collective analysis. NHS England (NHSE) and NHS Improvement (NHSI) are currently implementing a programme which allows the exploration of different populations (whole population and sub-populations) so that decisions can be made to improve the management of care at different levels – system level, place level, primary care network level or at individual practice level. This programme is called Population Health Management.

The NHS Frimley Clinical Commissioning Group (CCG) is a place-based pilot site for the Population Health Management programme in the Frimley ICS.

Figure 5: Population health management concept

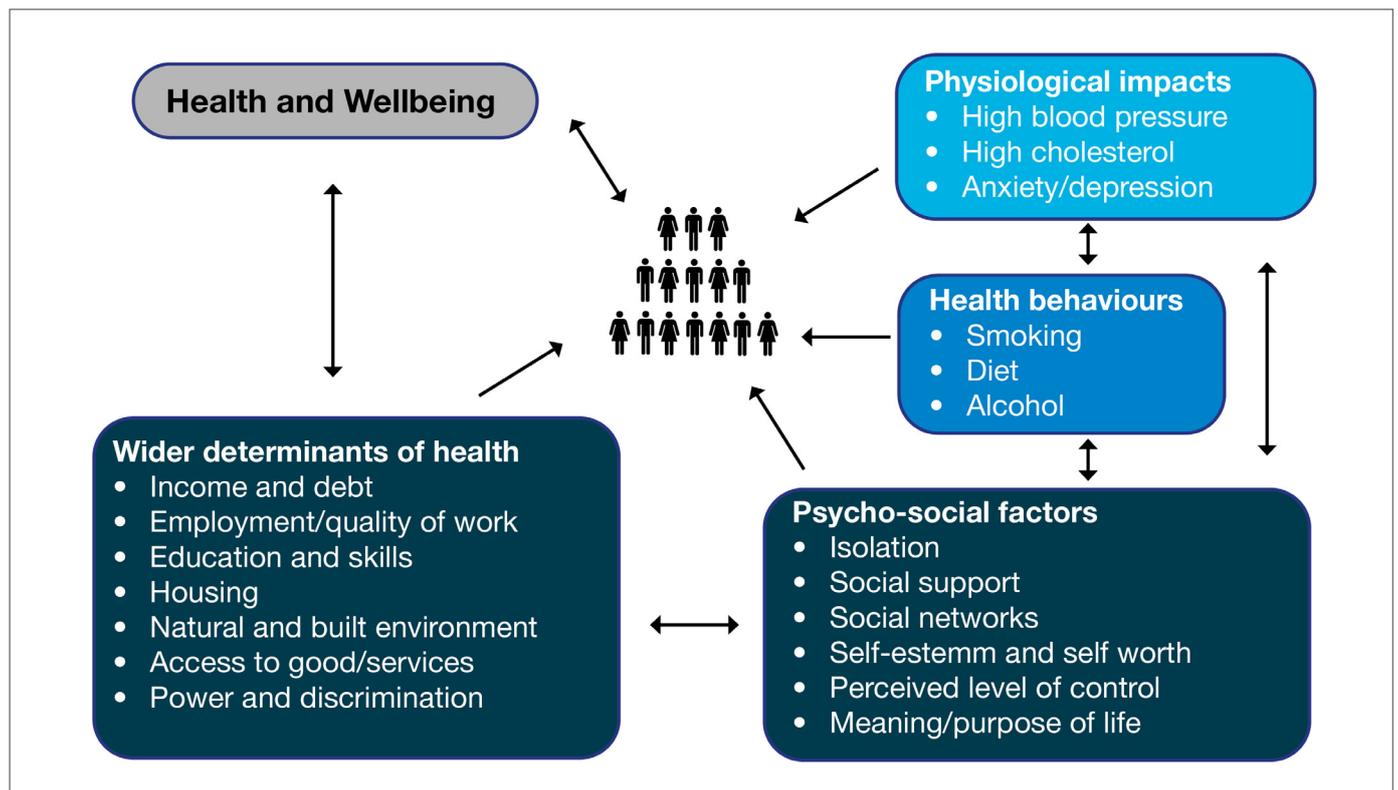


3.3 Health in all Policies

The Health in All Policies (HiAP) approach considers the wider environment and its influence on people’s health. It is a label for a larger concept rooted in the fact that the environments in which people are born, live, study, work, play and grow old shape their future health. These wider determinants of health are important as they look beyond factors that only relate to the individual. If people’s environment matter for their health, then it is important to consider health outcomes in making decisions that shape these environments.

The environmental frame can be obscured by the fact that many people still hold individuals accountable for their own health outcomes, especially in relation to lifestyle choices, such as smoking, diet and physical activity. While it is true that the decisions we make as individuals affect our health, our environments also matter– individual decisions are usually made in the context of economic, social and physical environments. To make the case for HiAP most effectively, it is important to provide an alternative to the default frame of individual choice.

The Dahlgren and Whitehead (1991) model of public health has long served as a framework within which a public health approach to population health has been delivered. It describes the wide range of external factors which can influence an individual’s health. These include employment, living and working conditions, work environment, health care services, housing and education. It also considers social and community networks and individual lifestyle factors. The consideration of these wider determinants forms a core foundation to a HiAP approach. The Labonte model diagram (Figure 6) illustrates the importance of the wider determinants and their interaction with other individual factors including psycho-social, behaviours and health. The HiAP approach looks more closely at how these wider influences can be altered so that they have a positive impact on an individual’s health behaviours. Figure 6: Labonte Model (1993)



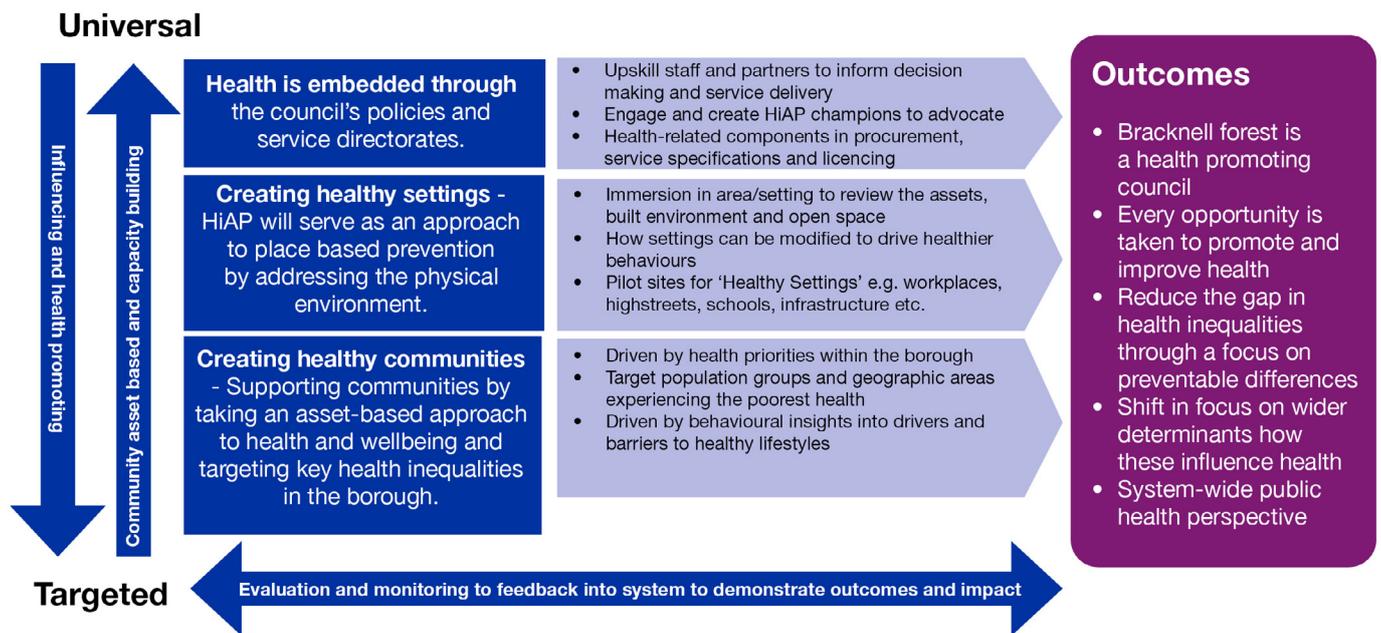
HiAP allows for a shift in focus from these individual factors to environmental and wider influences – this will be a golden thread which will run through the work undertaken by this strategy. Thus, for each of the six components, the wider determinants will be considered along with ways in which the objectives can be fulfilled by embedding health into other parts of the council and wider system.

Defining the HiAP approach

The HiAP approach will cover the following broad areas:

1. Creating healthy settings – a focus on the built environment so that the healthy choice is the easy choice for all. This includes supporting others to create healthy settings such as workplaces, high streets, schools and hospitals.
2. Creating healthy communities – supporting communities by taking an asset-based approach to health and wellbeing and targeting key health inequalities. This aspect of the work will be driven by local data drawn from local health needs assessments and intelligence.
3. Embedding health in council policy and service delivery – HiAP will enable the council to maximise the health gains for the population and to promote the ethos that Health is everybody’s business.

Figure 7 provides an overview of the HiAP approach in East Berkshire, which will be considered alongside the delivery of the objectives in this strategy.



Application of the three areas of the HiAP approach to this strategy

Embedding health through building capacity

This is a cross-departmental approach to maximise the health gains for the population and influence health through strategies, services and programme delivery. Many of the objectives of this strategy will rely on the health and wellbeing aims being embedded into other directorates, services and programme delivery as well as policies. Examples of how the HiAP approach will support others across the council to achieve this include:

- Training and funding opportunities to embed health into other work of the council, ensuring health features in criteria and guidance to be included in the procurement processes
- Health Impact Assessment training to be embedded in the planning process
- Training in Making Every Contact Count.

Creating healthy settings

This will use local intelligence to identify places/settings to review assets, the built environment and green space. It will be important to determine what changes are required to the environment to drive healthier behaviours and priorities e.g. smoke-free, easy active travel and healthy retailers. These include:

- Workplaces and employers to promote employee health and wellbeing
- Highstreets, local retailers, night-time economy (future high streets work)
- Education and healthy schools
- Leisure centres e.g. food and drink and range of activities to suit all
- Hospitals/GP practices
- Care homes and day centres
- Wider infrastructure creating healthy buildings and areas which facilitate walking and cycling and use of local open spaces to support health and wellbeing.

This approach will consider how creating healthy settings can support the relevant objectives of the strategy as they are being delivered.

Creating healthy communities

This will look into the key wider determinants of health that impact on specific population groups or communities including:

- Housing
- Employment including meaningful employment and workplace health
- Local infrastructure and physical access to services
- Access to open space
- Social connections

This approach will focus on working with communities and residents who have the poorest health and, therefore, form the basis of the audience which link to the strategy objectives (e.g. children, young people and their families, adults with mental ill-health).

Overall, the HiAP approach provides a wider lens through which to view and address the objectives of the strategy. It will prompt decision makers in the council to consider the influences of the wider determinants on health and wellbeing and examine what actions can be taken from this wider vantage point to improve the health of its residents.



4. The health and wellbeing framework

The health and wellbeing framework consists of a vision, six guiding principles, six priorities and four cross-cutting themes.

4.1 Bracknell Forest health and wellbeing vision

Vision

Bracknell Forest is one of the healthiest places to love, 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.



4.2 Bracknell Forest health and wellbeing guiding principles

The six guiding principles shown below were used in developing the strategy and will support its implementation.



Use an asset-based approach in all programmes and plans



Co-production and equal partnerships between all



People are at the heart of what we do



Ensure value for money from our investments



Evidence and behavioural insights support our decision making



Use communications that are clear and joined up and are understood by all our diverse communities

4.3 Bracknell Forest health and wellbeing priorities

The six priorities are interlinked, and four cross-cutting themes are embedded within each of the priority areas to reflect the health in all policies approach.

Six Priority areas

<div style="font-size: 2em; font-weight: bold; margin: 0;">1</div> <p style="font-size: 0.8em; margin: 5px 0;">Give all children the best start in life and support emotional and physical health from birth to adulthood</p>	<div style="font-size: 2em; font-weight: bold; margin: 0;">2</div> <p style="font-size: 0.8em; margin: 5px 0;">Promote mental health and improve the lives and health of people with mental-ill health</p>	<div style="font-size: 2em; font-weight: bold; margin: 0;">3</div> <p style="font-size: 0.8em; margin: 5px 0;">Create opportunities for individual and community connections, enabling a sense of belonging and the awareness that someone cares</p>	<div style="font-size: 2em; font-weight: bold; margin: 0;">4</div> <p style="font-size: 0.8em; margin: 5px 0;">Keep residents safe from infectious disease and address the long-term impacts of COVID-19</p>	<div style="font-size: 2em; font-weight: bold; margin: 0;">5</div> <p style="font-size: 0.8em; margin: 5px 0;">Improve years lived with good health and happiness</p>	<div style="font-size: 2em; font-weight: bold; margin: 0;">6</div> <p style="font-size: 0.8em; margin: 5px 0;">Collaborate, plan and secure funds for local and national emerging new health and wellbeing priorities</p>
Cross Cutting Themes					
		Reducing health inequalities			
		Creating healthy environments			
		Enhancing experience of seamless care			
		Community development for wellness			



5. Give all children the best start in life and support emotional and physical health from birth to adulthood

5.1 Why is this a priority?

Foundations of a healthy life start early from the time of conception continuing through to adulthood. This is the time physical and emotional health is developing, health behaviours are set and social skills are formed. From a physiological perspective, the time of development is the only window of opportunity for ensuring optimum health and wellbeing. From a social perspective, this provides the future agency to reach its full potential and contribute to society as an adult. Social and emotional wellbeing is important, as it also provides the basis for future health and life chances.

5.2 Policy context

The importance of this priority is recognised in evidence-based guidance and a number of national policies. Many of these policies are implemented through commissioned services or plans and even though they support the delivery of the strategy, they also have a wider scope so not all are listed here.

0-19 Healthy Child Programme²⁰

The Healthy Child Programme offers every family an evidence-based programme of interventions, including screening tests, immunisations, developmental reviews and information and guidance to support parenting and healthy choices. It also outlines all services that children and families need to receive if they are to achieve their optimum health and wellbeing.

The Bracknell Forest Public Health team is working with East Berkshire colleagues to produce a health needs assessment for 0-19-year-olds to support the commissioning of the new model of delivery. (Link to HNA)

NHS long term plan

The plan states that by wrapping care around the mother and her family, the NHS will ensure every child has the best possible start in life, from birth through to their transition into adulthood. In addition to the transformation of maternity services, it includes a children and young people transformation plan. The programme focuses on a wide range of priorities in relation to children and young people, from improving care for children with special educational needs, supporting integration and development of new models of care, improving mental health services, to improving transition to adult services. The key areas are as listed below:

- Childhood asthma
- Mental health
- Learning disability and autism
- Safeguarding
- Special educational needs and disability
- Children's health data and digital strategy
- Oral health
- End of life and palliative care
- Specialised commissioning
- Health and justice

There are already plans in place locally through the Frimley ICS and hence are not included in this strategy. (LINK to ICS children services plan)

Some of the elements, such as the school mental health teams, will support the delivery of the improvement in outcomes.

Department for Education (DfE) policy

One of the key policies within the education sector is the Relationships and Sex Education and Health Education (England) Regulations 2019²¹, made under sections 34 and 35 of the Children and Social Work Act 2017. This statutory instrument makes Health Education (HE) compulsory in all schools except independent schools. Personal, Social, Health and Economic Education (PSHE) continues to be compulsory in independent schools. The rationale for the legislation is to provide children throughout school life the opportunities to build health competencies and resilience, to understand and build positive relationships within family and peers and to recognise and report abuse when it arises. Building health and social competency and resilience at a young age enables better health and wellbeing outcomes in adult life. Although schools can choose their own method of delivery, the national statutory guidance²² sets the topics and learning outcomes.

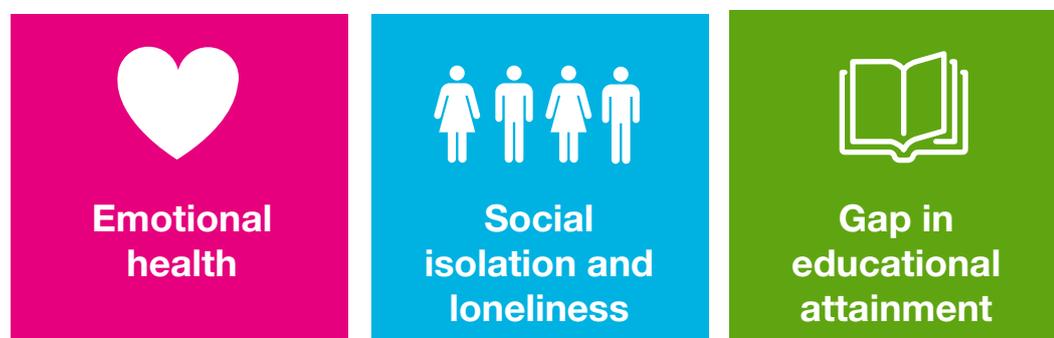
²⁰ PHE May 21 Health visiting and school nursing service delivery model <https://www.gov.uk/government/publications/commissioning-of-public-health-services-for-children/health-visiting-and-school-nursing-service-delivery-model>

²¹ Statutory Instruments no 924 (2019) <https://www.legislation.gov.uk/ukxi/2019/924/introduction/made>

²² DfE Relationships Education, Relationships and Sex Education (RSE) and Health Education Statutory guidance for governing bodies, proprietors, head teachers, principals, senior leadership teams, teachers (2019)

5.3 What we heard in the co-production workshops

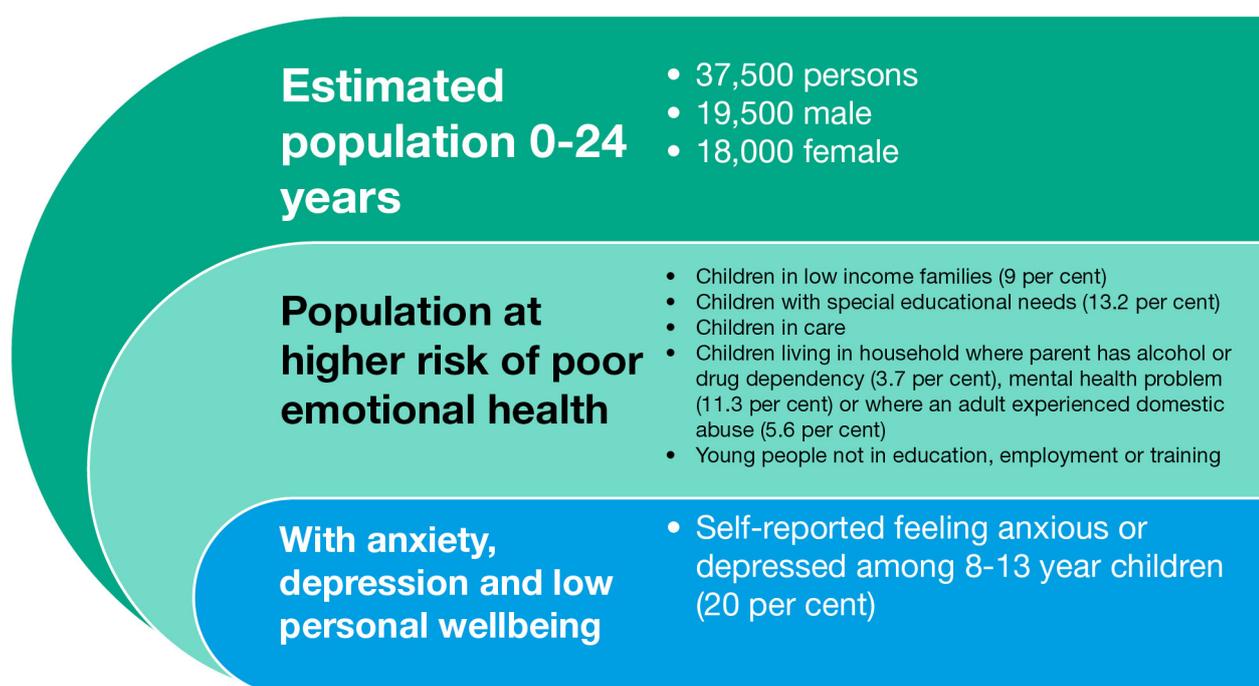
Three key areas emerged that need to be addressed through this strategy



- Bracknell Forest Council's education department is developing the plans for improvements in educational attainment.

5.4 Population health management high level information

Figure 8 provides an estimate of the populations for universal promotion and prevention and those that are at higher risk of poor emotional health due to either adverse living conditions or vulnerability.



Data source: Figures are from PHE fingertips, Children commissioner report, OxWell Survey

5.5 What outcomes do we plan to deliver?

1. Improve personal wellbeing/happiness
2. Reduce anxiety and depression in all children and young people
3. Reduce the feeling of being alone and excluded
4. Increase the number of commissioned services that have performance matrices measuring improvement in emotional wellbeing
5. Improve the experience of children, young people and their parents in navigating the system and services
6. Increase number of peer support groups for children and young people
7. Improve awareness of emotional health, self-help and services among children, young people and their families
8. Reduce stigma associated with emotional health

5.6 What actions will we take to deliver the outcomes?

1. Work in partnership with residents and community groups/organisers to develop age appropriate creative and physical activity opportunities to support health and wellbeing outside school
2. Improve the public health portal 'Thrive', by working with all stakeholders taking on board the lived experiences to enable children and their families to navigate the system with ease
3. Work with the East Berkshire 'Be Well' campaign to ensure links are made with the local public health portal, providers and communities
4. Work with schools, mental health support teams and school nurses to develop peer support groups that enable children and young people to speak about emotional problems without fear of stigma
5. Work with early years, health visitors and voluntary services to develop peer support groups and activities to reduce feelings of loneliness and anxiety in new parents
6. Review and improve the Make Every Contact Count (MECC) training to include appropriate material for emotional and mental health promotion, detection, and early intervention
7. To develop a costed service model to meet the gap between general wellbeing, IAPT and CAMHS
8. Make services inclusive by considering the role of a male parent and the relationship between dads and young boys.

5.7 What success indicators will we use to monitor progress?

1. Indicators on happiness and wellbeing from the ONS survey and the local survey on mental health and wellbeing of school children in Years 5-13 conducted by Oxford University (OxWell Survey)
2. Insights from service performance reports
3. Feedback from service users
4. Increase in participation in creative and physical activity groups outside school
5. Number of peer support groups formed
6. Findings from annual evaluation of application of emotional health MECC training to practice
7. Increase in reach and utility of the Thrive portal and Be Well campaign
8. Decrease in unmet need for services that do not fall in general wellbeing, IAPT or CAMHS services.

5.8 Cross-cutting themes

HiAP approach

Healthy environments at home, school and in local neighborhoods play an important role in providing the best start in life and supports emotional and physical health of all children.

Actions to support whole school approaches to enable schools to be healthy settings are included in the delivery of the outcomes

Health inequalities

'No Child Left Behind'²³ and the Children's Commissioner reports highlight that inequalities start early in life with many children being vulnerable and this will impact their current and future health and wellbeing.

PHE, NHSE and partners have developed a framework for vulnerability to support 'child and young person-centred recovery' for three broad groups, which are:

- Children who may be more clinically vulnerable to COVID-19 because they have underlying health conditions, or the pandemic has in some way delayed or curtailed their access to health services.
- Children and families who are at increased risk due to family and social circumstances where there is a statutory entitlement for care and support (education, health and care plan (EHCP) and those with a social worker)
- Children who may be at higher risk due to being negatively impacted through wider determinants of health and/or family stressors and social circumstances and may not be known to services.

Children may be in more than one group, and children not previously identified as vulnerable may become so, as the economic and social impact of the pandemic are felt in the family.

In delivering improved outcomes, this strategy will ensure that the health inequalities within the agreed outcomes are reduced.

Seamless care

The general view is that there are many services, but information on these services is not readily available. Therefore, we will work with partners to update the Thrive portal as a one-stop shop for information and resources. It will also link to the Be Well portal.

Community development for wellness

Young Health Champions

The Young Health Champions programme is a national initiative accredited by the Royal Society of Public Health. It aims to give young people the skills, knowledge, and confidence to act as peer educators by empowering them with knowledge about their community, support groups and where to access health advice. The programme is delivered across secondary schools in Bracknell Forest.

²³ PHE 2020 No Child left behind – A public health informed approach to improving outcomes for vulnerable children https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/913764/Public_health_approach_to_vulnerability_in_childhood.pdf



6. Promote mental health and improve the lives and health of people with mental ill-health

6.1 Why is this a priority?

Mental health is essential to our overall wellbeing and is as important as physical health. When we feel mentally well, we work productively, enjoy our free time and actively contribute to our communities. One of the main impacts that COVID-19 had on our residents, both in the short and long-term, was to their mental health. It also had a greater impact on people living with mental illness.

6.2 Policy context

COVID-19 mental health and wellbeing recovery action plan²⁴

The aims of the national mental health recovery plans are three-fold:

- To support the general population to take action and look after their mental wellbeing
- To prevent the onset of mental health difficulties, by taking action to address the factors which play a crucial role in shaping mental health and wellbeing outcomes for adults and children
- To support services to continue to expand and transform to meet the needs of people who require specialist support

Prevention Concordat for Better Mental Health²⁵

The Prevention Concordat for Better Mental Health is underpinned by an understanding that taking a prevention-focused approach to improving the public's mental health has been shown to make a valuable contribution to achieving a fairer and more equitable society. The concordat promotes evidence-based planning and commissioning to increase the impact on reducing health inequalities. The sustainability and cost-effectiveness of this approach is enhanced by the inclusion of action that impacts on the wider determinants of mental health and wellbeing.

The concordat is intended to provide a focus for cross-sector action to deliver a tangible increase in the adoption of public mental health approaches across:

- Local authorities
- The NHS
- Public, private, voluntary, community and social enterprise (VCSE) sector organisations
- Educational settings
- Employers

It also acknowledges the active role played by people with lived experience of mental health problems, individually and through user-led organisations.

The NHS Mental Health Implementation Plan²⁶

The plan details a new framework at the local level to help deliver on the commitment to pursue the most ambitious transformation of mental health care. Within this plan, a ringfenced local investment fund worth at least £2.3 billion a year, in real terms by 2023/24, will ensure that the NHS provides high quality, evidence-based mental health services to an additional 2 million people. The plan has set ambitious goals to improve mental health services. By 2023/24, 370,000 adults and older adults with severe mental illnesses will have greater choice and control over their care including dedicated provision for groups with specific needs, such as adults with eating disorders or a personality disorder diagnosis. An additional 345,000 children and young people will access support via NHS-funded mental health services and school- or college-based mental health support teams. The current, targeted suicide prevention programme will be rolled out to every local area, and all systems will provide suicide bereavement services for families and staff. Importantly, the shift towards more integrated, population-level health systems will support more localised and personalised responses to health inequalities across the prevention and treatment spectrum.

The Community Mental Health Framework for adults and older people²⁷

The Community Mental Health Framework describes how the NHS Long-term Plan's vision for a place-based community mental health model can be realised, and how community services should modernise to offer whole-person and whole-population health approaches, which are aligned with the new Primary Care Networks

The plans are locally led by the Frimley ICS and can be found here ([Link](#)).

²⁴ HM Government March 2021 Policy paper overview: COVID-19 mental health and wellbeing recovery action plan - GOV.UK (www.gov.uk)

²⁵ PHE Dec 2020 Prevention Concordat for Better Mental Health - GOV.UK (www.gov.uk)

²⁶ NHS July 2019 NHS Long Term Plan » NHS Mental Health Implementation Plan 2019/20 – 2023/24

²⁷ NHS July 2019 NHS England » The community mental health framework for adults and older adults

6.3 What we heard in the co-production workshops

Three aims were proposed by the multi-agency group.



Prevention of mental-ill health



Recovery from mental illness



Improving physical health, housing and educational and/or employment opportunities for people living with mental illness (wider determinants of health)

6.4 Population health management high level information

Population of Bracknell Forest

- Male (61,460)
- Female (62,705)

Population at higher risk

- Low level of personal wellbeing (7 per cent)
- Fuel Poverty (5.7 per cent)
- Unemployment
- Statutory homeless
- Socially isolated
- At risk of domestic abuse

Estimated population with a mental health diagnosis

- Estimated number of children aged 5-17 with mental health disorder (2,500)
- Estimated number of young people (16-24) with potential eating disorders (1,550)
- Estimated number of adults with common mental health problems (55,100)
- Qof register people with SMI (0.7 per cent)

6.5 What outcomes do we plan to deliver?

1. Reduce eating disorders and disordered eating at population level
2. Reduce self-harm in children and young people
3. Increase in number of schools promoting mental health and wellbeing
4. Improve social, educational, and physical health outcomes for children and young people with a diagnosis of mental illness
5. Improve the experience of children, young people, and their parents in navigating the system and services
6. Reduce stigma associated with mental health
7. Increase in awareness of service provision by need among all frontline workers and the public
8. Increase in ease of access of appropriate services
9. Reduce smoking in people with mental illness
10. Reduce obesity in people with mental illness
11. Increase the number of people with mental illness who are supported with recovery

6.6 What are the actions will we take to deliver the outcomes?

1. Plan and implement an action plan to reduce risk factors such as low self-esteem and body dissatisfaction targeting at-risk populations
2. Increase awareness of disordered eating/eating disorders among frontline staff working with children
3. Develop and implement multi-agency self-harm protocol
4. Embedding mental health support teams (MHST) principles in all schools
5. More collaborative working to create a shared culture and joined up service offer e.g partnership working between school nurses and MHST
6. Improving the 'front door' to current emotional health and wellbeing
7. Develop a joint bespoke Bracknell Forest pledge to reduce mental health stigma
8. Develop and offer mental health awareness training to all staff across the system
9. Explore the development of an easy access, needs-based service directory and a public facing marketing and communication campaign to raise awareness of services available and how to access them
10. Develop and implement a plan for an integrated healthy behaviour outreach service in mental health services
11. Expand recovery service provision to meet existing and future demand

6.7 What success indicators will we use to monitor progress?

1. Decrease in hospital admissions for self-harm (PHOF indicator)
2. Number of children supported by MHST
3. Number of children with mental health illness diagnosis with physical health plans
4. Feedback from children and parents on their experience of accessing services and support
5. Number of organisations and workplaces that have signed the local mental health pledge
6. Number of staff trained in mental health awareness
7. Number of smokers who have successfully quit among people with mental illness
8. Number of people with mental illness supported for weight management
9. Proportion of people with mental illness supported to recover

6.8 Cross-cutting themes

HiAP approach

The wider determinants of health are important to consider and relevant for mental health in ensuring individuals have opportunities for meaningful employment, stable and appropriate housing. Access to open and outdoor space is also important for promoting positive mental health and wellbeing. A healthy settings approach will also ensure that every opportunity is made to create healthy physical environment for residents so that the healthy choice is the easy choice. Health in all Policy approach will also seek to influence planning and place, again so that every opportunity is made to maximise health and wellbeing in new housing developments and civic infrastructure.

Healthy environments

Physical activity is known to improve not only physical but also mental health. Bracknell Forest has open and accessible green spaces for outdoor activities. Public health is working with partners to develop a physical activity strategy. Sport in Mind is a local charity providing physical activity for people with mental health problems. Workplaces play an important role in supporting mental health of employees and as part of HiAP, training and resources will be available to all workplaces in Bracknell Forest.

Health inequalities

People with mental health problems have poorer physical health outcomes compared with the general population. Reducing the gap on health behaviours and physical health is a key focus of this strategy.

Seamless care

The local mental health transformation plans are addressing improvements in patient journey and access, in particular during transitions.

Community development for mental health wellness

MECC training on mental health and mental health awareness training will be rolled out to all frontline staff and the community and voluntary sector. A local charity, Stepping Stones, and the community mental health network provide a user and peer led recovery model.



7. Create opportunities for individual and community connections, enabling a sense of belonging and the awareness that someone cares

7.1 Why is this a priority?

Good social connections and a sense of belonging are important protective factors for physical and mental health. Studies have shown that people with good quality social connections have, on average, longer life expectancy compared with those who lacked social connections. COVID-19 has had an impact across all ages on social isolation and loneliness.

7.2 Policy context

A Connected Community²⁸ was the first strategy published in 2018 to address loneliness. In 2020, an updated plan was published with three key objectives

- Reducing stigma by building the national conversation on loneliness, so that people feel able to talk about loneliness and reach out for help.
- Drive a lasting shift so that relationships and loneliness are considered in policymaking and delivery by organisations across society, supporting and amplifying the impact of organisations that are connecting people.
- Playing our part in improving the evidence base on loneliness, making a compelling case for action, and ensuring everyone has the information they need to make informed decisions through challenging times.

7.3 Population health management high level information

7.4 What outcomes do we plan to deliver?

1. Increase number of different types of activities that provide opportunities for all ages to connect with other people in their neighbourhoods and across the borough
2. Improve the awareness of the community assets map among all providers and provide training on how to use it in their work to connect people to local activities
3. Increase awareness of community map and its use by residents
4. Increase non-GP referrals to public health social prescribing
5. Increase the awareness of services offered that supports collaborative practice for appropriate referrals

7.5 What are the actions will we take to deliver the outcomes?

1. Review and relaunch an improved version of the current community map working with wider stakeholders
2. Develop a marketing and training strategy for community map
3. Transform the public health social prescribing service to a community model
4. Support creation of a network of community of practice

²⁸ Department for Digital, Culture, Media and Sport 2018 A connected society: a strategy for tackling loneliness - GOV.UK (www.gov.uk)

7.6 What are the success indicators will we use to monitor progress?

1. Quarterly reports on community map engagement (number of active assets, hits and use)
2. Establish a baseline as part of the review and monitor incremental increases in participation numbers from providers on the community map
3. Feedback from providers on numbers connected to neighbourhood activities through the map
4. Progress on collaborative practice feedback from network of community practice
5. Increased number of non-GP referrals to public health social prescribing services
6. Reduction in number of adults reporting feeling lonely often or always (PHOF indicator)
7. Indicators from social care user survey reported in PHOF
8. Increase in percentage of adult social care users who have as much social contact as they would like (18+ years)
9. Increase in percentage of carers who have as much social contact as they would like (18+ years)

7.7 Cross-cutting themes

HiAP approach

The Health in all policy element to this objective will link to the influence of the wider environment to support social connections and that where appropriate health and wellbeing will be embedded into wider council services for example promoting Making Every Contact Count training to ensure that all frontline staff can recognise when individuals may be at risk of, or currently experiencing, feelings of loneliness and isolation and can be put in touch with relevant services and support to improve social connections.

Health inequalities

Some of our communities were more affected by the impact of COVID-19 restrictions – people living with disabilities, carers and those who they were caring for became more socially isolated. In addressing loneliness and isolation, we will make greater efforts to support them by working with them.

Community development for wellness

Volunteers are an important asset, the numbers of which increased during the pandemic. Working with the voluntary and community sector and local business, we will develop a structured volunteering programme for Bracknell Forest providing opportunities for people of all ages and communities to participate and benefit from the programme



8. Keep residents safe from infectious diseases and address the long-term impacts of COVID-19

8.1 Why is this a priority?

Infectious diseases (including winter respiratory viruses) are in circulation and we need to take steps to prevent these. For example, we need to ensure the populations are fully vaccinated.

At the current stage of the COVID-19 pandemic, community transmission continues and we have to prepare for this to increase over winter. Whilst the severity of the disease has reduced due to the protection offered by the vaccines, there are still risks – those that have not been vaccinated increasing the spread of the virus and the virus mutating and becoming more infectious (variants).

Evidence and data of the long-term health impacts of COVID-19 is emerging. As part of Living with COVID-19, we need to determine strategies for managing these impacts such as social isolation, loneliness, Long Covid and declining mental health in Bracknell Forest.

8.2 Policy context

Whilst the policy for managing infectious disease is regularly updated based on the current epidemiology and scientific advice nationally set, local areas are responsible for implementing it.

National immunisation policies including childhood vaccination²⁹

The population vaccination programme in the UK is well established with the JCVI providing evidence-based advice on policy. The commissioning of the programme is delegated to NHSE with oversight from UKHSA, with the local Director of Public Health having an assurance role.

Prevention of sexually transmitted disease updated PHE guidance³⁰

This focuses on the prevention of five common sexually transmitted infections (STIs):

- Gonorrhoea
- Chlamydia
- Syphilis
- Genital herpes
- Genital warts.

It also covers the public health challenge of antimicrobial resistant STIs.

Infectious diseases in pregnancy screening (IDPS) programme³¹

The IDPS programme currently screens for:

- HIV
- Hepatitis B
- Syphilis.

Each infection has a clear pathway to care. Healthcare professionals should be familiar with these pathways and the timeframes in which to refer patients.

8.3 What outcomes do we plan to deliver?

1. Reduce and manage outbreaks of infectious disease across Bracknell Forest
2. Reduce infectious disease-related morbidity and mortality with reduced numbers of related deaths and hospital admissions and inpatients
3. An engaged community that not only informs local communication and action but also takes responsibility for reducing the transmission of COVID-19 and other communicable diseases
4. High-risk settings for transmission are engaged and take responsibility for their role in reducing the risk of communicable disease infection
5. Reduce winter-related morbidity and mortality
6. Reduce the long-term health impacts of COVID-19

8.4 What are the actions will we take to deliver the outcomes?

1. Review and relaunch the Local Outbreak Management Plan to consider a broad range of infectious disease and potential COVID-19 variant(s) of concern.
2. Deliver the plan's action plan, including actions around:
 - Engagement and communication
 - Data integration and surveillance
 - Legislation, compliance and enforcement
 - Vaccination
3. Scope the local health protection response so as to align with national public health system reforms
4. Plan to promote and enable vaccinations to eligible populations, working with partners to ensure high uptake across all ages and communities
5. Feedback from local communities on how best to engage and communicate the ongoing pandemic response in Bracknell Forest
6. Update the joint winter plan based on national guidance and local modelling

8.5 What are the success indicators will we use to monitor progress?

1. Effective management of outbreaks
2. Increase the uptake of routine screening
3. Vaccination uptake of eligible cohorts (including for COVID-19 and 'flu) is high

8.6 Cross-cutting themes

Health Inequalities

Disparities related to COVID-19 were described in a previous section. Health inequalities for other infectious disease will be addressed through increasing uptake of the vaccination programme, screening and testing.

Seamless care

Detecting infectious disease through testing and screening should be followed up by referral for appropriate treatment and care in a timely manner. We will ensure that our referral pathways and failsafe mechanisms are in place.

Community development for wellness

One of the key areas for improvement is on improving health literacy and working with communities to develop campaigns which are universally understood by diverse communities.

²⁹ Complete routine immunisation schedule - GOV.UK (www.gov.uk)

³⁰ PHE 2019 Health matters: preventing STIs - GOV.UK (www.gov.uk)

³¹ PHE update 2021 Infectious diseases in pregnancy screening (IDPS): programme overview - GOV.UK (www.gov.uk)



9. Improve years lived with good health and happiness

9.1 Why is this a priority?

Chronic conditions such as heart disease, stroke, diabetes, cancer and chronic lung disease are the main cause of ill health and disability in the adult population. Due to advances in healthcare, life expectancy has increased with people living, on average, 80+ years. However, life lived in good health or free from disability is, on average, 15-20 years less. Thus, it is important that we work together to increase years lived in good health.

9.2 Policy context

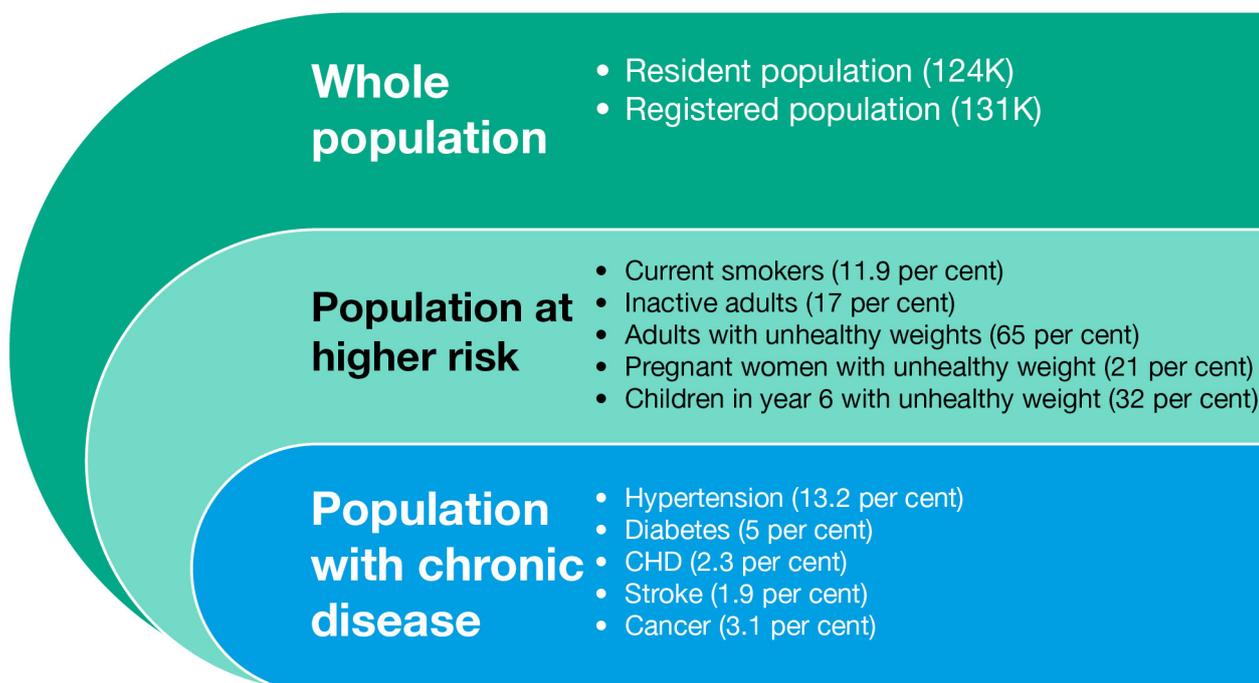
Prevention is better than cure³² is the national policy that sets out the government's vision for:

- Stopping health problems from arising in the first place
- Supporting people to manage their health problems when they do arise.

The goal is to improve healthy life expectancy by at least five extra years by 2035, and to close the gap between the richest and poorest.

³² DHSC Nov 2018 Policy paper overview: Prevention is better than cure: our vision to help you live well for longer - GOV.UK (www.gov.uk)

9.3 Population health management high level information



9.4 What outcomes do we plan to deliver?

1. Improve health literacy of cardiovascular risk in target population
2. Increase in offer and uptake of NHS health checks in target population
3. Increase in offer and uptake in smoking cessation in target populations
4. Increase in offer and uptake in weight management in target populations
5. Increase universal offer of physical activity and healthy eating opportunities offered across all population
6. Establish a system-wide joint Bracknell Forest healthy workplace programme
7. Establish a whole-school approach to health in Bracknell Forest
8. Reduce the variance in early detection, management and treatment for hypertension, diabetes and atrial fibrillation.

9.5 What are the actions will we take to deliver the outcomes?

1. A community-led healthy conversations plan developed and implemented.
2. At-risk target groups identified, using population health management
3. Undertake health equity audits across lifestyle services
4. Undertake audit of NHS health checks and develop an improvement plan
5. Develop and implement a system-wide approach to addressing obesity
6. Develop and implement a healthy settings programme as part of the HiAP approach
7. Use right care pathways to support practices to level up detection, care and management

9.6 What are the success indicators will we use to monitor progress?

1. Number of people engaged in self-care due to healthy conversations
2. Increase in number of at-risk people supported by smoking cessation and weight management services
3. Increase in the proportion of people from target populations that have been offered and have completed an NHS health check
4. Findings from the system-wide approach translated into an action plan
5. Number of settings signed up as health promoting places.

9.7 Cross-cutting themes

HiAP approach

The Health in all policy element to this objective will link to the influence of the wider environment to health and wellbeing and that where appropriate health and wellbeing will be embedded into wider council services for example promoting Making Every Contact Count training to ensure that all frontline staff are able to make the most of interaction with residents and signpost to relevant services and support to improve health and prevent ill-health. This will also include healthy settings and Healthy Communities components of the Health in All Policies framework so that, to help understand the influence of the wider determinants on health and specifically those communities which may experience poorer health outcomes and how wider determinants can be addressed to improve long term health outcomes.

Health inequalities

The evidence for health inequalities in the prevalence of chronic conditions and outcomes is well established. In Bracknell Forest, whilst the gap in life expectancy between the least deprived areas and most deprived areas is 1.7 years for females and 7 years for males, the health-related life expectancy gap is 7.8 years for females and 10 years for males.

Seamless care

The care pathways for chronic disease management are well established and we will work to ensure that transitions and care for people with multiple morbidities are particularly well integrated to ensure better experience for patients. We will integrate our healthy behaviour services into a single hub of wellness that will operate across the borough to provide services and health promotion nearer to where people live and work.

Community development for wellness

Bracknell Forest Community Asset Map

The Community Asset Map provides a platform to promote local community groups, clubs, societies, events, and activities that are run by local people for local people. Available online, residents can browse the map but is also used by the social prescribers in finding local activities for their clients. Searchable by categories such as 'Get Active', the total number of groups currently displayed on the map is 465. This includes everything from walking groups through to woodwork, knitting, reading, chess and signing groups. An extensive review of the community assets hosted on the map will be completed to ensure information on local groups is kept up to date. The map will also be expanded to include a children and young people's offer.



10. Collaborate, plan and secure funds for local, national new health and wellbeing priorities

Across Bracknell Forest the various agencies and voluntary sector groups will collaborate on key projects to improve the health and wellbeing of residents. Members of the Bracknell Forest Health and Wellbeing Board and their networks will seek out funding opportunities that are relevant to our borough and the health and wellbeing issues that are highlighted in the plan. Opportunities for funding will become a standing item on the Health and Wellbeing Board agenda, so that opportunities are shared and parties will agree who will lead on bid for additional funds.

If you need this in an alternative format please contact Bracknell Forest public health team by emailing public.health@bracknell-forest.gov.uk

Consultation response on Joint Health and Wellbeing Strategy May 2022

Heema Shukla
Deputy Director of Public Health
Place, Planning and Regeneration
Bracknell Forest



Headlines

- 81 people responded to the consultation
- 75% were residents
- 77% were supportive of the strategy
- 6% were not supportive of the strategy
- 15% were neither in agreement or disagreement with the strategy

58



What were the views of those supporting the Strategy?

- *An excellent strategy, I hope you can deliver on it and our communities can be changed for the better*
- *I am excited that BFC is finally taking steps to make these improvements, albeit a number of other boroughs are 2+ years into their programmes.*
- 59 *However, in my experience as a parent and resident, things take a long, long time to go from plan to implementation*
- *It sounds positive, inclusive and forward thinking*
- *Looks very promising, thank you*
- *This is a good document to bring together the many services in our local NHS (place) and BFC Very wide ranging - and ambitious*
- *Well planned*



Why did some people not agree?

The key issues that was mentioned were

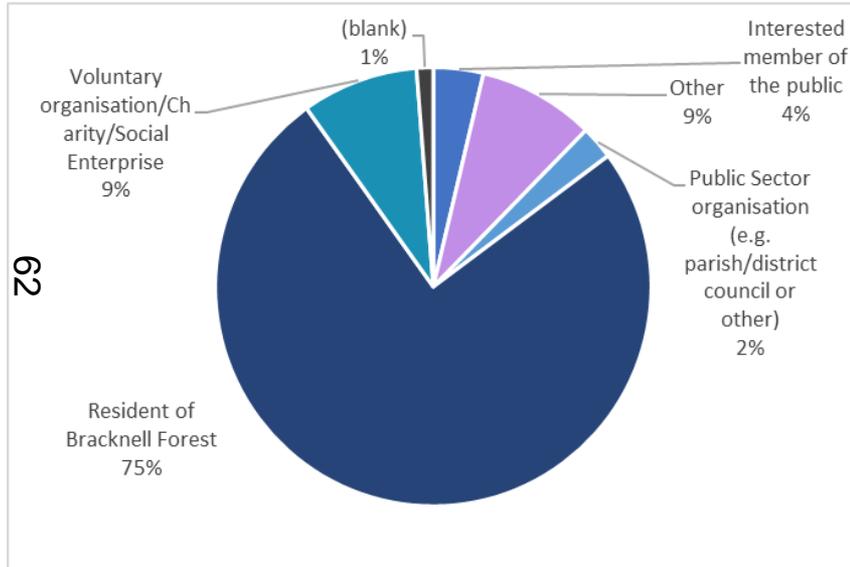
- *lack of GP access,*
- *building more homes without planning for more surgeries, playgrounds or shops*
- *GP hubs not in walking distance and not on bus routes*
- *Not trusting and nothing has happened before*
- *Homelessness is an important problem that is not addressed*



Responders preference to remain engaged with the Health and Wellbeing strategy in future

- 50% wanted to continue to be engaged with the strategy of whom
 - ② – 25% wanted to be kept informed
 - 45% wanted to be kept informed and participate in future engagement activity
 - 30% wanted to participate in future engagement activity

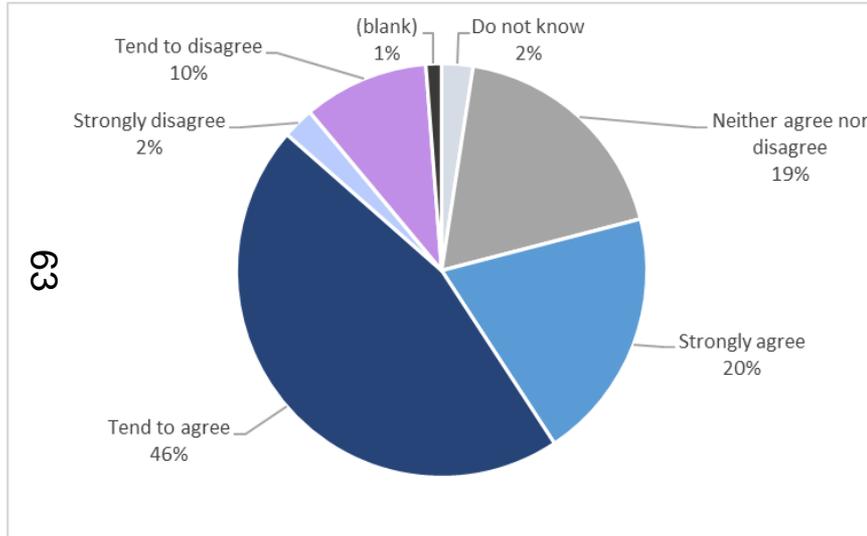
What capacity were the consultees responding?



A total of 81 consultees responded of whom 1 did not respond to this question

- 61 identified themselves as Bracknell Forest Residents
- 3 identified as interested member of the public
- 2 identified from Parish or district council
- 7 from Voluntary and community sector
- 7 from other

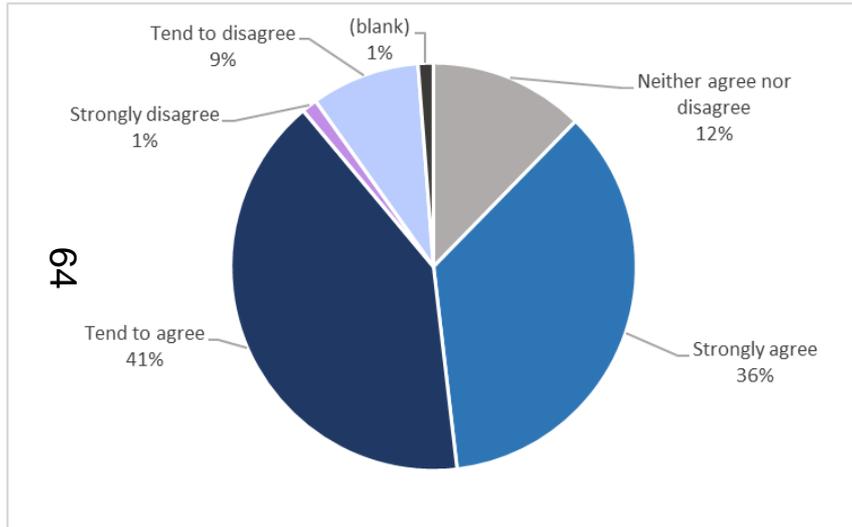
What was the level of support from the consultees?



Of the 80 consultees who answered this question:

- 53 (66%) strongly agreed or tended to agree
- 15 (19%) neither agreed or disagreed
- 10 (12.5%) strongly disagreed (2) or tended to disagree (10)
- 2 did not know
- 1 did not answer

To what extent do you agree or disagree with our priorities?

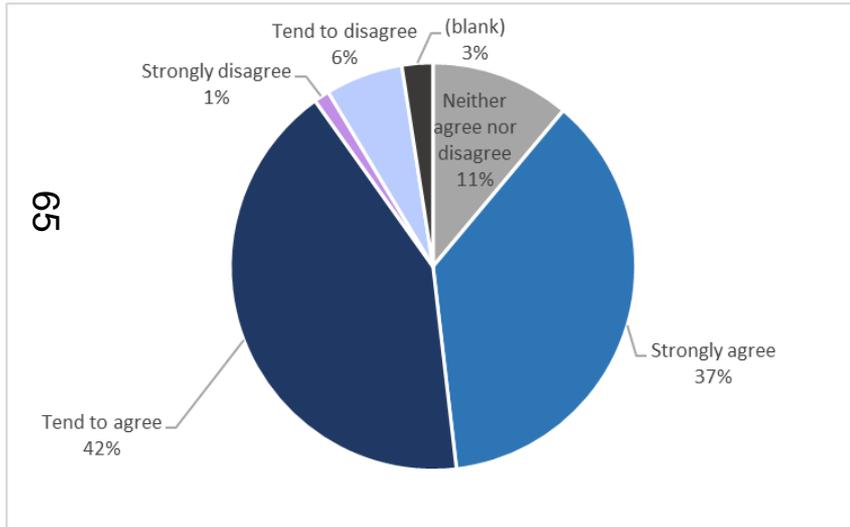


- 62 (77%) strongly agreed or tended to agree
- 8 (10%) strongly disagreed (1) or tended to disagree

Key reasons for not agreeing were

- Primary access is an issue in Bracknell
- Increased Housing and its impact on playgrounds
- Not agreeing on COVID as a priority

To what extent do you agree with the outcomes, key actions for Priority 1: Give all children the best start in life and support emotional and physical health from birth to adulthood

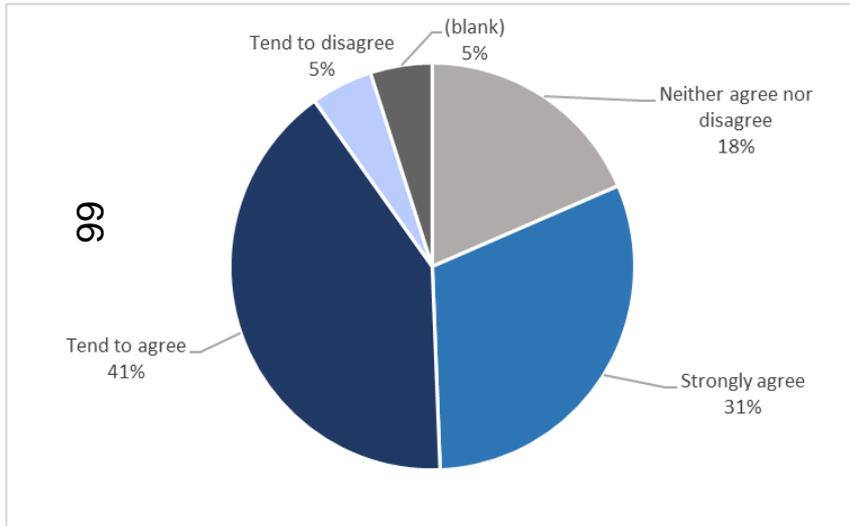


- 64 (79%) strongly agreed or tended to agree.
- 7% strongly disagreed or tended to disagree
- Key themes for agreement were children are our future and the right start is essential to a developed society

Some of the reasons for disagreeing were

- lack of district nurses and should focus on family mental health

To what extent do you agree or disagree with outcomes and key actions for Priority 2: Promote mental health and improve the lives and health of people with mental ill-health

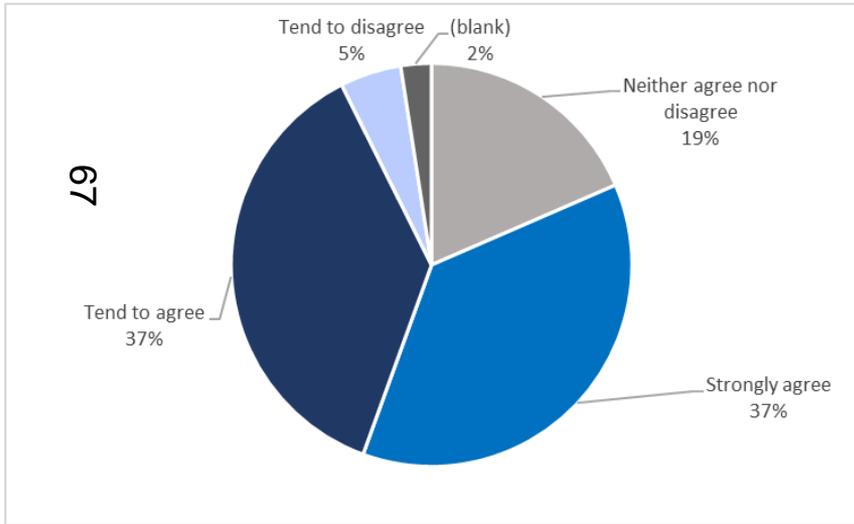


- 58 (62%) or strongly agreed or tended to agree
- 5% tended to disagree
- Key themes included improvements in accessing CAMHS, working with businesses to promote good emotional wellbeing and a need to improve the communication of services.

Key reasons for disagreeing

- CAMHS waiting lists are long
- Adult mental health care needs should be priority

To what extent do you agree or disagree with outcomes and key actions for Priority 3: Create opportunities for individual and community connections, enabling a sense of belonging and the awareness that someone cares



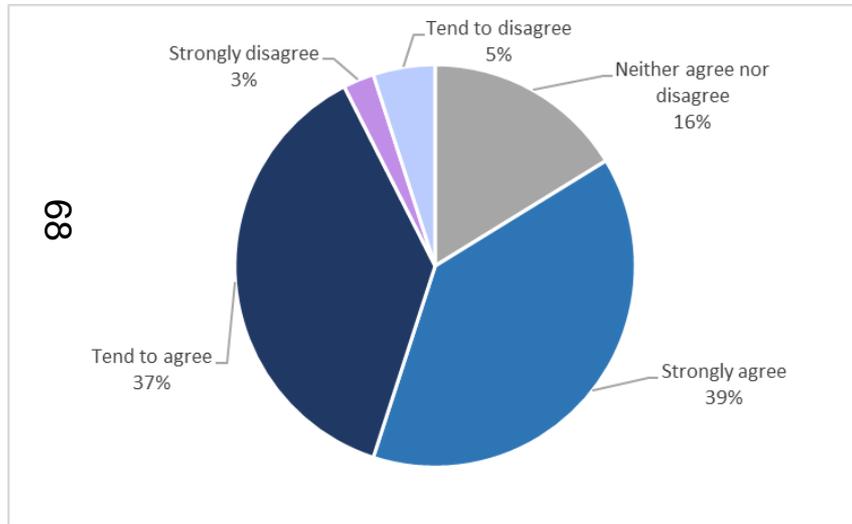
- 60 (74%) agreed strongly or tended to agree
- 4 (5%) tended to disagree.
- Key themes for agreeing included helping residents to feel more connected with their communities was important, lack of over 50's and youth opportunities to be active and social and improved communications.

Key reasons for disagreeing

- Sports centre not accessible for people on universal credits
- No water fountains in Town centre



To what extent do you agree or disagree with outcomes and key actions for Priority 4: Keep residents safe from COVID-19 and other infectious diseases



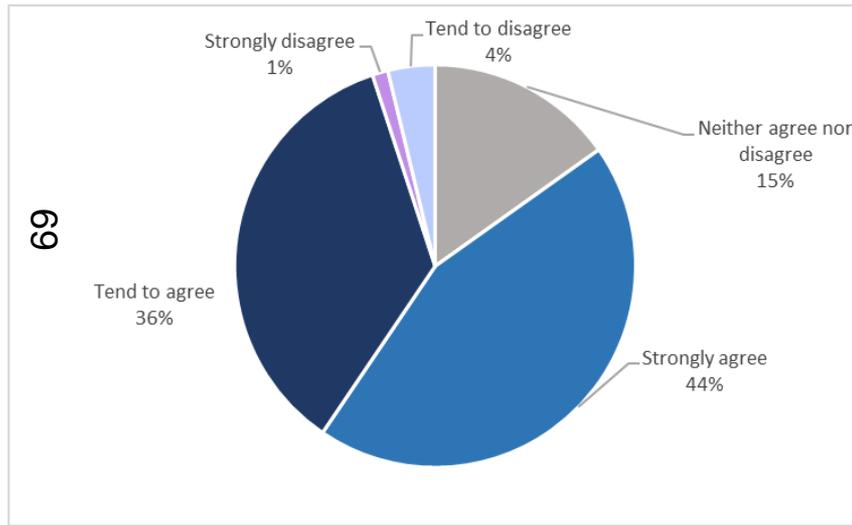
- 61 (76%) strongly agreed or tended to agree
- 6 (8%) strongly disagreed or tended to disagree

Key themes for agreement were the good local response so far, keeping vaccination hub, not losing infection prevention messages

Key reasons for not agreeing social and financial challenges will impact on wellbeing

Focus should be on suicides prevention and mental health and wellbeing

To what extent do you agree or disagree with outcomes and key actions for Priority 5: Improve years lived with good health and happiness

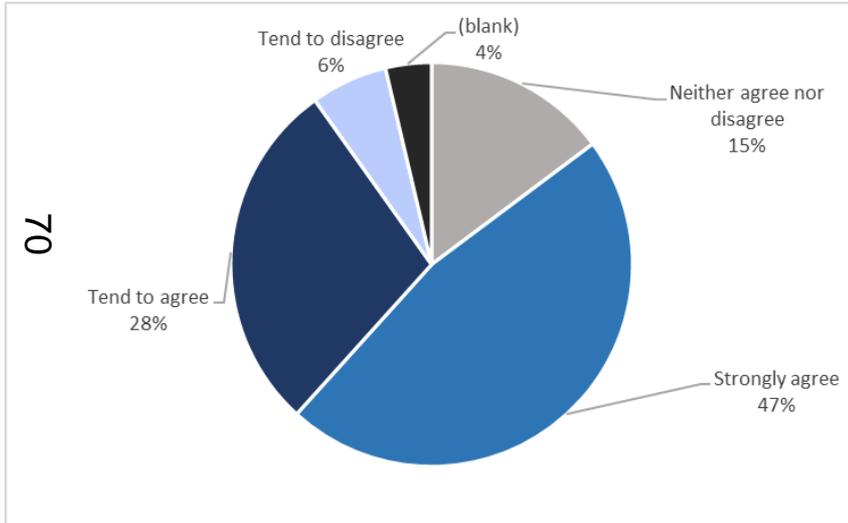


- 63 (78%) strongly agreed or tended to agree
- 4 (5%) were not in agreement

Key themes for agreement included support for older people and those with chronic condition to get active, workplace health and wellbeing and improving the health check provision.

Key reasons for not agreeing were not able to get routine GP appointment

To what extent do you agree or disagree with outcomes and key actions for Priority six: Collaborate, plan and secure funds for local and national emerging new



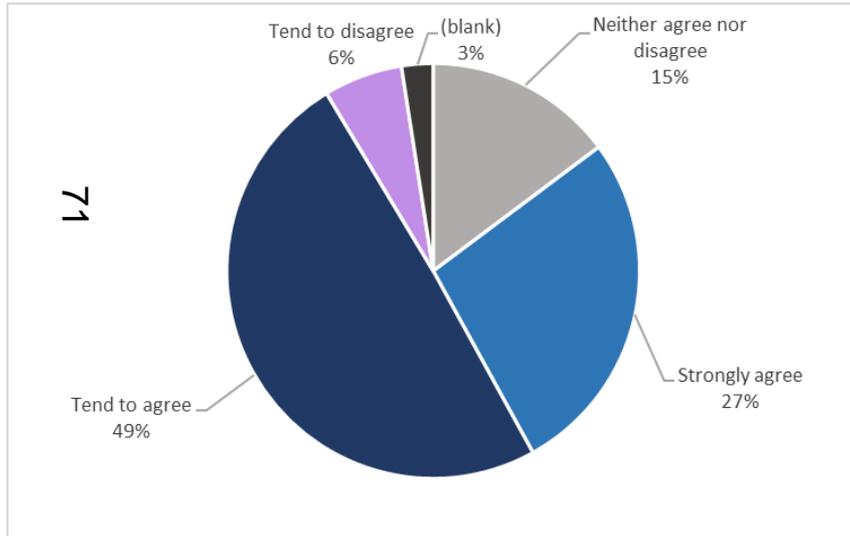
- 61 (75%) strongly agreed or tended to agree
- 5 (6%) tended to disagree

Key theme for agreement was the importance of funding in delivering the activities

Key reason for not agreeing was lack of GP surgeries provision in planning and funding was stretched

Admirable priority but questioning if they are achievable

Overall to what extent do you agree with the draft Health and Wellbeing Strategy overall?



- 62 (77%) strongly agreed or tended to agree
- 5 (6%) tended to disagree

Key themes for agreeing included this was long overdue and if delivered will make a difference to our communities, wide ranging, good targets and measures, positive and inclusive, good document to bring so many of local services together, ambitious. Key reasons for not agreeing were lack of GP access and transport to new GP hubs

Responses schedule

Responders were given the option to comment on each of the priority and overall strategy. Comments were grouped into 3 categories

- 72 • Minor amendments to be made to the HWB strategy
- Feed into the HWB strategy delivery plans
- Work with partners to respond as outside scope of strategy

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.

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.

79

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 give 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.

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Initial Equalities Screening Record Form

Date of Screening:	Directorate: Place, Planning and Regeneration	Section: Public Health
1. Activity to be assessed	Development and implementation of a new Health and Wellbeing Strategy for Bracknell Forest Council.	
2. What is the activity?	<input checked="" type="checkbox"/> Policy/strategy <input type="checkbox"/> Function/procedure <input type="checkbox"/> Project <input type="checkbox"/> Review <input type="checkbox"/> Service <input type="checkbox"/> Organisational change	
3. Is it a new or existing activity?	<input checked="" type="checkbox"/> New <input type="checkbox"/> Existing	
4. Officer responsible for the screening	Louise Duffy – Senior Public Health Strategist	
5. Who are the members of the screening team?	Public Health: Louise Duffy, Tanvi Baretto, Annie Yau-Karim, Alberta Kattah	
6. What is the purpose of the activity?	<p>Please describe briefly its aims, objectives and main activities as relevant.</p> <p>Public Health has been leading on the development of a new Health and Wellbeing Strategy for Bracknell Forest Council. The Health and Wellbeing Strategy is a joint plan that sets the priorities for improvement based on the current understanding of the health and wellbeing profile of the population. In addition to the findings from the JSNA, it considers insights from topic experts, service providers, service users and residents. It sets out the actions that local system partners (commissioners, service providers, service users and residents) should jointly take to achieve the improvement outcomes. Furthermore, it describes how progress on improvement will be monitored.</p> <p>The strategy also draws on the impact of the COVID-19 pandemic and specific population groups who have been disproportionately affected by COVID-19, either being at greater risk of complications or mortality resulting from the disease e.g., older people or those from non-white groups, or the indirect effects such as psychological distress resulting from long-term isolation e.g., women, children, and older people.</p> <p>The strategy has six objectives which have been develop based on local health intelligence and all aim to reduce key health inequalities in the borough. The six broad objectives are as follows:</p> <ul style="list-style-type: none"> • Give all children the best start in life • Promote mental health and improve the lives of those with mental ill-health • Create opportunities for individual and community connections, enabling a sense of belonging and the awareness that someone cares. • Improve years lived with good health and happiness. • Keep residents safe from COVID-19 and other infectious diseases 	

	<p>The Health and Wellbeing strategy aims is to reduce health inequalities. It will do this by scrutinising local data to identify population groups which are currently, or at risk of, experiencing poorer health outcomes. Each of the objectives in the Health and Wellbeing strategy uses local data as a starting point to understand who is most affected by a particular health issue and the objectives have been developed accordingly to address this. Such data will be taken from local and national sources including the Bracknell Forest Joint Strategic Needs Assessment and Berkshire Public Health Observatory. It will also be informed by softer intelligence gathered through the workshops and consultation with key groups representing some of the protected characteristics. The proposed impact on equalities has been described according to each protected characteristic below. Overall, equalities issues have been addressed throughout the development of the strategy itself through a coproduction approach and by exploring health and wellbeing needs across the life course. Equalities are therefore addressed as a key part of the strategy.</p>		
<p>7. Who is the activity designed to benefit/target?</p>	<p>The strategy is designed to benefit all residents and in particular address key health inequalities across the borough as it takes both a universal and targeted approach and uses data to identify those groups who are at risk of experiencing the poorest health outcomes, who often also represent one or more of the protected characteristics.</p>		
<p>Protected Characteristics</p>	<p>Please tick yes or no</p>	<p>Is there an impact? What kind of equality impact may there be? Is the impact positive or adverse or is there a potential for both? If the impact is neutral, please give a reason.</p>	<p>What evidence do you have to support this? E.g equality monitoring data, consultation results, customer satisfaction information etc Please add a narrative to justify your claims around impacts and describe the analysis and interpretation of evidence to support your conclusion as this will inform members decision making, include consultation results/satisfaction information/equality monitoring data</p>
<p>8. Disability Equality – this can include physical, mental health, learning or sensory disabilities and includes conditions such as dementia as well as hearing or sight impairment.</p>	<p>Y</p>	<p>The Health and Wellbeing Strategy will have a positive impact to this characteristic.</p>	<p>The JSNA indicates that there are currently 310 adults (aged 18-64) with a learning disability known to Local Authorities in Bracknell Forest. This equates to a rate of 4.21 per 1000 population and is similar to the national average (Learning Disability Profiles, PHE). In 2014, Bracknell Forest was estimated to have 5,716 people with a moderate disability (table 1) and 1,670 with a severe disability who were aged 18 to 64. It is predicted that currently 48 people aged 18-64 in Bracknell Forest have a serious visual impairment (Institute of Public Care POPPI & PANSI databases).</p>

			<p>There are 775 children and young people aged 0-25 with Education, Health and Care Plans, and 2050 children and young people in Bracknell Forest schools are on SEND Support.</p> <p>Children requiring SEND support are at greater risk of experiencing poor mental and emotional health. Adults with learning disabilities are at greater risk of developing non-communicable diseases such as Type 2 diabetes and also experience poorer mental and emotional health than the general population. Adults with a physical or learning disability, and their carers, are also at risk of social isolation.</p> <p>Supporting these groups will be a key consideration for the Health and Wellbeing Strategy as it seeks to take a universal and targeted approach to support those who are experiencing poorer health outcomes. The relevant objectives of the strategy which will be relevant for this group are:</p> <ul style="list-style-type: none"> • Promote mental health and improve the lives of those with mental ill-health • Create opportunities for individual and community connections, enabling a sense of belonging and the awareness that someone cares. • Improve years lived with good health and happiness.
9. Racial equality	Y		<p>The HWB strategy will have a positive impact on this characteristic.</p> <p>In Bracknell Forest there just under 10% of residents are from BAME groups. The community engagement team have identified that there are specific needs amongst Gypsy, Roma and</p>

Traveller, Eastern European, South Asian and Nepalese communities.

Those from South Asian or Black African and Black Caribbean groups are at greater risk of conditions such as Type 2 Diabetes and cardiovascular disease. It is already widely reported that COVID-19 is exacerbating the pre-existing inequalities in health. Ethnic minority communities are particularly affected with negative outcomes related to COVID-19 however this will be minimised with the vaccination programme. They also are more likely to live in areas of deprivation, to use public transport for work and to avoid seeking healthcare. The strategy will aim to address this through the objective regarding keeping people safe from COVID-19 and other infectious diseases.

The Health and Wellbeing strategy development has included consultation with BAME groups through a workshop with faith leaders and particular BAME groups living in the borough including, Pakistani and Nepalese communities. Further engagement with these groups will take place regarding the different strands of the strategy. Continued work is taking place to engage and gather insight with the Nepalese residents in particular as local intelligence shows that several families from this community who are isolated. The community engagement teams are also working with the eastern European communities to address covid vaccine hesitancy. This approach has identified a range of communication and interventions which are being co-produced.

The aim of the Health and Wellbeing strategy is to reduce health inequalities. It will do this by scrutinising local data to identify population groups which are currently, or at risk of, experiencing

			poorer health outcomes. Each of the objectives in the Health and Wellbeing strategy uses local data as a starting point to understand who is most affected by a particular health issue and the objectives have been developed accordingly to address this. In the case of this protected characteristic all objectives of the strategy will be relevant to this group and ongoing consultation will help to inform the work for each objective.
10. Gender equality	Y	The HWB will have a positive impact on this characteristic	<p>In Bracknell Forest, 49.5% of the population is female and 50.1% are male.</p> <p>Gender equality issues have been addressed in a few ways in the Health and Wellbeing Strategy and throughout the consultation process. More specifically using certain objectives such as co-production and building equal partnerships among stakeholders and providers to improve years lived with good health and happiness in all genders in the borough. Strong partnerships have been formed to tackle domestic abuse and remove stigma around male victims and their hesitancy to access support services as suggested by local intelligence. This includes work on community engagement to understand cultural influences around gender equality.</p> <p>There are gender related inequalities in the borough. There is a gap of 1.6 years and 7.0 years in life expectancy for women and men living in the least deprived and most deprived areas of Bracknell Forest. For health related (years lived with good health) the gap between the least deprived and most deprived areas is 7.8 years and 10 years for female and male, respectively.</p>

<p>11. Sexual orientation equality</p>	<p>Y</p>		<p>The Health and Wellbeing Strategy will have a positive impact on this characteristic</p>	<p>Evidence shows that those from groups LGBTQ groups are more likely to be at risk of experiencing poorer mental health and wellbeing than the general population and often experience challenges in accessing health and wellbeing services.</p> <p>Equality issues have also been addressed in several ways in the Health and Wellbeing Strategy throughout the process and more specifically using certain objectives such as providing accessible health and outreach services that support, protect and enhance human health and wellbeing by improving the front door to emotional health and wellbeing to create healthy communities. The key objective of the HWB strategy is to support communities by taking an asset-based approach to health and wellbeing and targeting key health inequalities through a person-centred approach. The further objective of promoting mental health and improving the lives of those with mental ill-health will take a targeted approach to individuals who are at greater risk of poorer mental health.</p>
<p>12. Gender re-assignment</p>	<p>Y</p>	<p>N</p>	<p>Neutral</p> <p>It is not envisaged that there will be a differential impact based on gender re-assignment.</p>	<p>There is no impact anticipated for this characteristic and data is not available regarding Gender Re-assignment for Bracknell Forest. However, the Health and Wellbeing Strategy covers an objective around promoting mental health and improving the lives of those with mental ill-health. It also proposes Mental health awareness training of the workforce so that frontline volunteers and professionals are equipped with basic skills and signpost to local services and support.</p>

<p>13. Age equality</p>	<p>Y</p>	<p>The Health and Wellbeing Strategy will have a positive impact on this characteristic.</p>	<p>Older people:</p> <p>In Bracknell Forest approximately 15% of the residents are aged 65 years and over. Three in 10 people aged 65+ are living alone. Loneliness is a risk factor for both mental and physical health problems and this has been exacerbated by the COVID-19 pandemic. Through local JSNA, there are older age population groups who has been identified as being at greater risk are <i>widowed older homeowners living alone with long-term health conditions</i>: Central Sandhurst has neighbourhoods with the highest proportion of residents aged 65+, single-person households, divorced or widowed residents and residents reporting daily limitations or poor health.</p> <p>Older adults are more at risk of mortality if they are infected by coronavirus, although the progress of the vaccination programme significantly limits this. They are also more likely to have wider health conditions where treatments and check-ups may have been postponed during parts of the lockdown restrictions, having negative impacts on health. This group are more likely to have shielded, increasing their risk of isolation and negative mental health impacts. This isolation can also cause further deterioration for conditions such as dementia. Older adults are also more likely to be affected by digital deprivation in skills, confidence and access to online and virtual communication methods.</p> <p>Consultation with stakeholders who represent older people has taken place to identify needs amongst older people in Bracknell Forest to inform the objectives of the Health and Wellbeing Strategy. The objective around improving social connections is <i>(create opportunities for individual and community connections, enabling a sense of belonging and the awareness that someone cares)</i></p>
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			<p>is of relevance as this will focus on older people who are at risk of, or experiencing, feelings of loneliness and isolation. One outcome of this is to increase number of different types of activities that provide opportunities for all ages to connect with other people in their neighbourhoods and across the borough.</p> <p>Children and young people</p> <p>Approximately 23% residents are aged 0-17 years. It has been widely reported that the pandemic has increased the inequalities in attainment and learning. 58% of parents reported that the pandemic has negatively affected their child's education.</p> <p>For younger age groups, the Health and Wellbeing Strategy contains a specific objective for children and young people, and this focuses on the need to improve mental and emotional health and wellbeing for children. Consultation has taken place with a wide range of stakeholders who represent, and work closely, with children and young people. Furthermore, the objective on improving mental health and wellbeing has a series of objectives that specifically targets children and young people.</p>
14. Religion and belief equality	Y	Positive	<p>Most residents of Bracknell Forest are reported to be of Christian faith (60%) or no religion (28%). The predominant other religions in Bracknell Forest are Hindu and Muslim, with a smaller proportion recorded as Buddhist. Faith is often inter-related with cultural beliefs and this can drive both positive and negative health behaviours.</p> <p>A workshop was carried out with faith leaders to consult on the HWB strategy. The Community Engagement team is already undertaking a range</p>

of activities with faith groups to help understand wide issues around health and wellbeing. The Health and Wellbeing Strategy has been informed by different consultation activities taking place to understand wider issues in relation to health and wellbeing. Some of the areas it is currently exploring are:

- Cultural and faith issues when understanding health and cultural influences on health and wellbeing.
- Cultural awareness event to understand the role of public health and effectiveness of the covid-19 messages.
- Understanding the best communication channels and preferences for different groups e.g., social media channels, SMS, technology etc. and using a trusted health professional who represents the groups to communicate health messages.
- Improving access to healthcare and uptake of messages around COVID-19 vaccine and vaccine hesitancy and the influence of faith and cultural beliefs on vaccine uptake.

The Health and Wellbeing Strategy has an objective which aims to protect residents from COVID-19, and, within this, there are actions around increasing uptake of the vaccine to ensure high uptake amongst all groups. Faith and culture will also be a factor considered in the other objectives that focus on the prevention of ill-health, including mental health and wellbeing and ongoing consultation with faith groups will help to inform health and wellbeing activities for different groups where there is a relationship between faith, culture, and health choices.

15. Pregnancy and maternity equality	Y		Positive impact	<p>Giving children the best start in life is one of the six priorities. Workshop with key stakeholders from CCG and council and looked at the key issues in relation to this group and what we can do to improve health and wellbeing outcomes amongst this group.</p> <p>Mental health and impact of COVID. The Health and Wellbeing strategy is linked to 0-19 needs assessment which includes exploration of ante-natal and post-natal care. Current needs and gaps in terms of the 0-19 population and recommendations on how we can improve services in the future.</p>
16. Marriage and civil partnership equality		N	Neutral It is not envisaged that there will be a differential impact based on marriage and civil partnership.	There is no anticipated impact to this characteristic.
17. Please give details of any other potential impacts on any other group (e.g., those on lower incomes/carers/ex-offenders, armed forces communities) and on promoting good community relations.	<p>The strategy considers areas of relative deprivation in the borough to show areas that interventions should be focusing on. Where possible we have included deprivation maps to illustrate deprivation in the workshops with stakeholders to illustrate these areas. Reducing health inequalities is a cross cutting theme for the strategy and this will mean that the population groups who form key health inequalities will be targeted and with this, the identification of the most deprived wards in the borough. Furthermore, services commissioned by Public Health through the strategy will be required to collect data in relation to the area in which clients live to help understand need and demand.</p> <p>The Health and Wellbeing Strategy links closely with the work of the Community Engagement team. The Community Engagement team are continuously working to build relationships and capacity within local community groups, particularly those who may be under-served or whose voices may not always be widely represented. The insights and intelligence gleaned from this work will feed into the actions emerging from the strategy. This ongoing work will help to address equalities issues in relation to the Health and Wellbeing Strategy and actions that emerge as a result. This will help to improve their experience of and access to services and support, particularly focusing on linking with the Covid recovery phase.</p>			

18. If an adverse/negative impact has been identified can it be justified on grounds of promoting equality of opportunity for one group or for any other reason?	N/A		
19. If there is any difference in the impact of the activity when considered for each of the equality groups listed in 8 – 14 above; how significant is the difference in terms of its nature and the number of people likely to be affected?	No negative impacts have been identified in respect of any of the groups listed in 8 – 16 above. Positive impacts identified are likely to be proportionate to those groups in the population of Bracknell Forest as a whole.		
20. Could the impact constitute unlawful discrimination in relation to any of the Equality Duties?		N	Please explain for each equality group
21. What further information or data is required to better understand the impact? Where and how can that information be obtained?	<p>Public consultation with wider audience to include groups who form the protected characteristics. Public consultation took place in January to March.</p> <p>The strategy includes a population health management approach which is being implemented in Bracknell Forest by Frimley ICS. This will ensure any further information or data that emerges can be used to apply targeted approach.</p>		
22. On the basis of sections 7 – 17 above is a full impact assessment required?		N	<p>Please explain your decision. If you are not proceeding to a full equality impact assessment, make sure you have the evidence to justify this decision should you be challenged.</p> <p>If you are proceeding to a full equality impact assessment, please contact Samantha.wood@bracknell-forest.gov.uk or Harjit.Hunjan@bracknell-forest.gov.uk</p>
23. If a full impact assessment is not required; what actions will you take to reduce or remove any potential differential/adverse impact, to further promote equality of opportunity through this activity or to obtain further information or data? Please complete the action plan in full, adding more rows as needed.			
Action	Timescale	Person Responsible	Milestone/Success Criteria
Responding to the Health and Wellbeing Strategy consultation and amending the plan where appropriate	April-May 2022	Lead Consultant in Public Health and Health and Wellbeing Board	Capturing feedback through public consultation and using this to add detail to and refine the strategy objectives and achieving sign off for the strategy following consultation.
Monitoring the effectiveness of the actions outline in the Health and Wellbeing Strategy through key success measures.	June 2022 onwards	Lead Consultant in Public Health and Health and Wellbeing Board	Analysis of monitoring data captured in relation to each of actions and interventions delivered through the strategy.
24. Which service, business or work plan will these actions be included in?	Public Health Business Plan		

<p>25. Please list the current actions undertaken to advance equality or examples of good practice identified as part of the screening?</p>	<p>Please list</p> <ul style="list-style-type: none"> • Co-production approach • Multiagency task and finish groups to ensure representation of different communities • Invitation and engagement with different organisations e.g BAME, Dementia forum (carer and people with lived experience), age specific charities and representation including young champions. • Using lived experience case studies with consent from user during workshops to reflect equalities issues e.g case studies representing different age groups, ethnicity and health conditions
<p>26. Assistant Director/Director signature.</p>	<p>Signature:  Heema Shukla Date: 18st May 2022</p> <p>Signature:  Andrew Hunter Date: 18st May 2022</p>

**TO: EXECUTIVE
21 JUNE 2022**

GREENING WASTE COLLECTION PROGRESS UPDATE Executive Director: Delivery

1 Purpose of Report

- 1.1 The food waste recycling service for all houses in the borough started on 1 March 2021. The refuse collection frequency was changed to three weekly (from fortnightly) at the same time. The first thirteen months' worth of performance data exceeds all of the targets that were set.

2 Recommendation

- 2.1 **That the Executive note and approve the report.**

3 Reasons for Recommendation

- 3.1 The greening waste and recycling collection service changes have exceeded all targets set.

4 Alternative Options Considered

- 4.1 None

5 Supporting Information

- 5.1 When the Executive made the decision to make the changes to the waste collection service there were clear targets. These were;
- Increasing the reuse, recycling and composting rate to over 50%
 - A reduction in landfill to less than 10%.
- 5.2 To achieve a 50% recycling rate a minimum of 4,000 tonnes of food waste needed to be collected for recycling in year 1. Year 1 ran from 1 March 2021 until 28 February 2022, in that time 6,031 tonnes of food waste was collected (34% above target). During the first full financial year 2021/22 5,983 tonnes of food waste was collected.

The graph in figure 1 shows the target tonnage for each month in blue and the collected tonnage for each month in the 2021/22 financial year in green. March 2021 is recorded in orange. The data for the graph is in table 1 in Appendix 1.

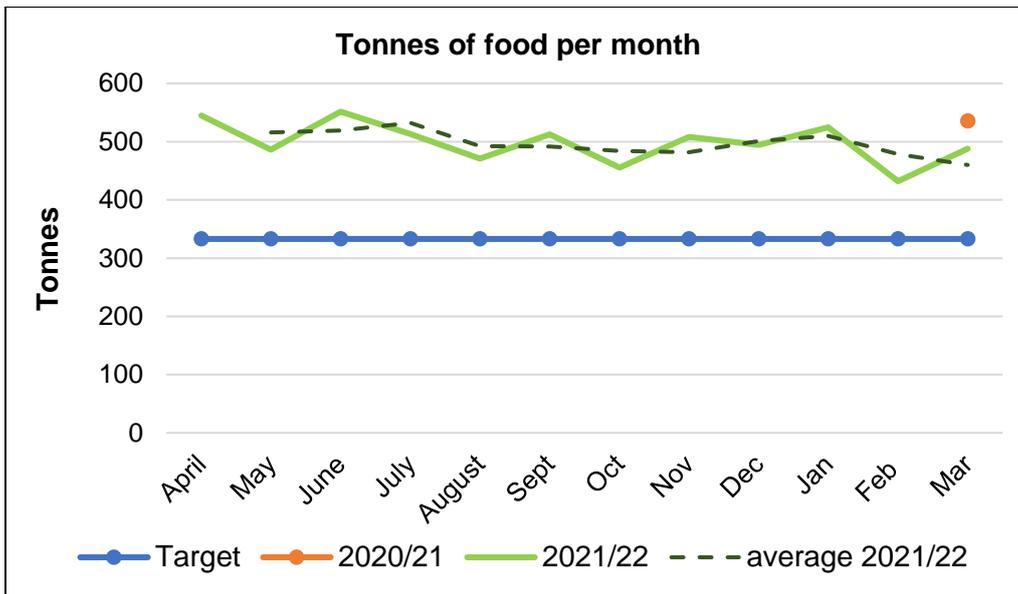


Figure 1: Tonnes of food collected by month against the target of 333 tonnes per month

5.3 The dashed line in the graph in figure 1 shows the average food waste collected through the financial year 2021/22 and there is a slightly reducing trend, the dips are in line with relaxing of government restrictions and subsequent change in residents' behaviour, for example people going out to eat at restaurants more and an increased return to the workplace. In recent months the rise in the cost of living may also be playing a part. The waste tonnages are monitored closely for these trends and this will continue. While the food waste has shown a slight drop the refuse tonnage has remained fairly static so there is an early indication that residents have reduced their overall food waste which is a positive trend.

5.4 The recycling rate for 2021/22 is expected to be 56% (pending validation by DEFRA), this is an increase of 13% compared to 2020/21 and 2019/20 when the recycling rate was 43%. This increase is huge, in comparison in 2020/21 the largest increase recorded by a local authority in England was 5.2%. The impact of food waste collections on the borough's reuse, recycling and composting rate can be seen in the graph in figure 2 below.

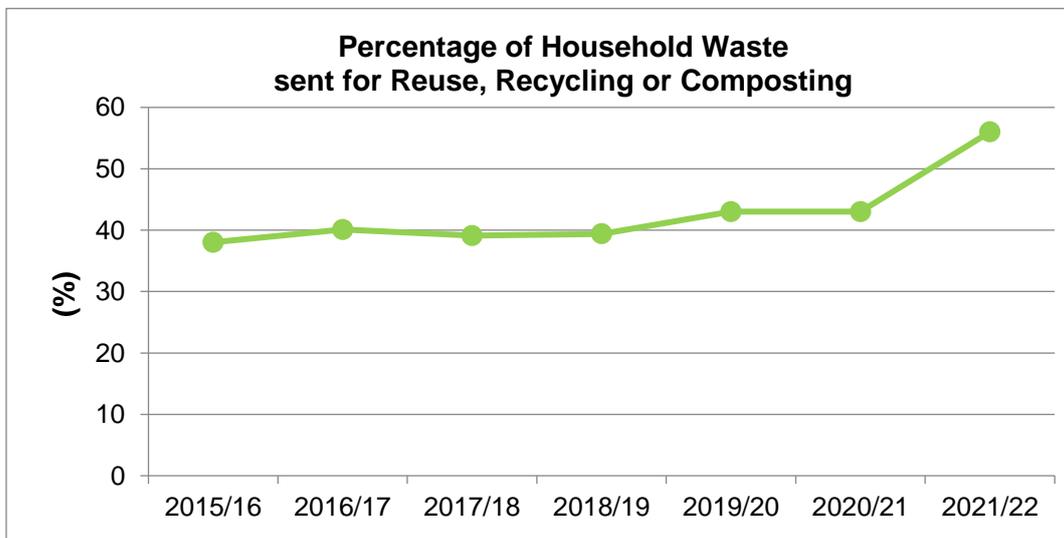


Figure 2: Reuse, recycling and composting rate for Bracknell Forest for the last 7 years

5.5 Our 56% recycling rate could see Bracknell Forest move 100 or more places up the 'recycling league table' for English local authorities, for 2020/21 we were 150th out of 338, 56% should push us into at least the top 40. The league table includes all local authorities but when compared to just the Unitary authorities Bracknell Forest could move into the top 10 for recycling, East Riding of Yorkshire Council were the highest performing Unitary last year with 60.8%.

Figure 3 below shows the reuse, recycling and composting rates for Bracknell Forest and our CIPFA 'nearest neighbour' Unitary local authorities. 2021/22 data is up until the end of quarter 3 for all the authorities shown because quarter 4 data is not yet reportable for other authorities. The graph shows that up until the end of December 2021 Bracknell Forest are now the third highest performing authority in that group having previously been ninth. The data for the last 3 years for the 13 Local Authorities is shown in table 5 in Appendix 1.

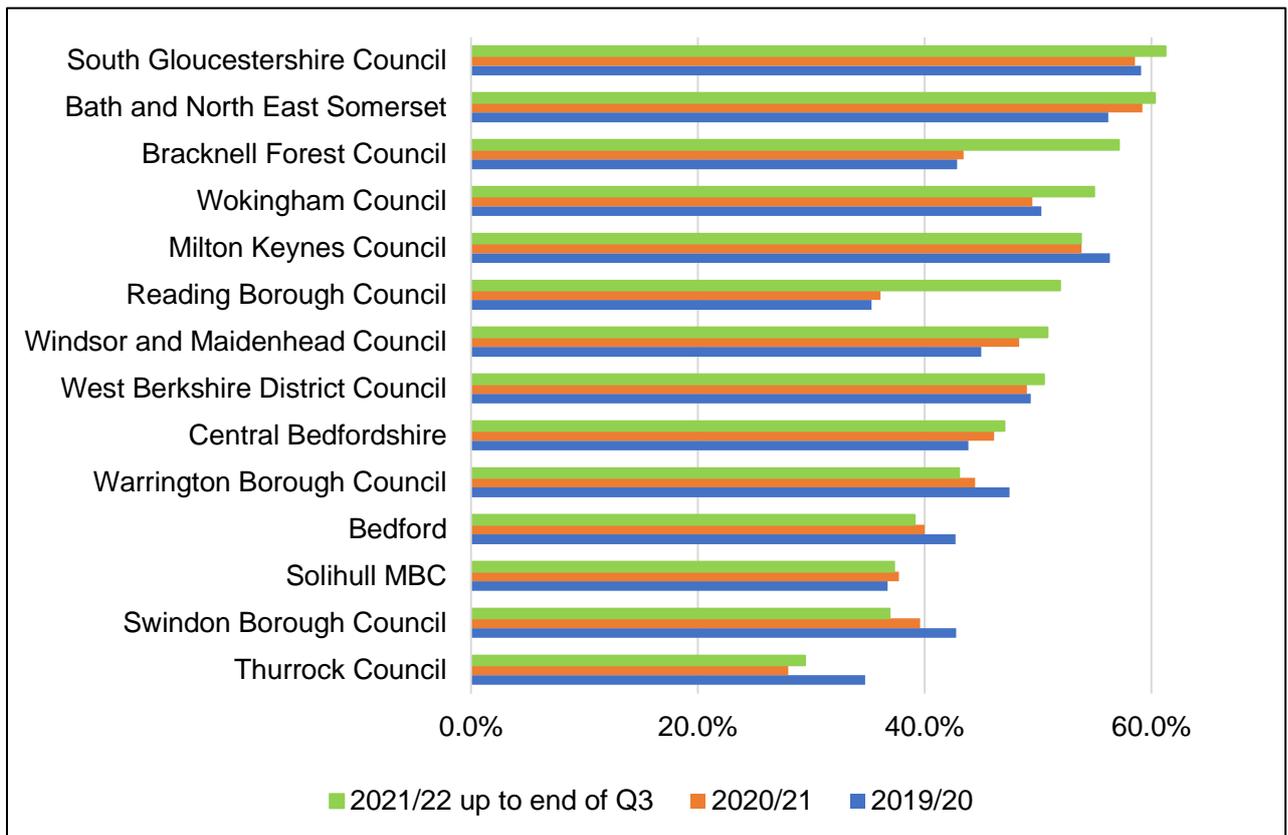


Figure 3: CIPFA nearest neighbour group of Unitary Authorities recycling performance for the last 3 years.

5.6 The landfill rate for 2021/22 is expected to be 7% (pending validation by DEFRA), this is reduced by more than half compared to 2020/21 when it was 16% and 2019/20 at 17%. The amount of waste landfilled was 3,630 tonnes for 2021/22 compared to 8,290 tonnes the year before. The graph shown below in figure 4 shows the landfill rate for the last seven financial years.

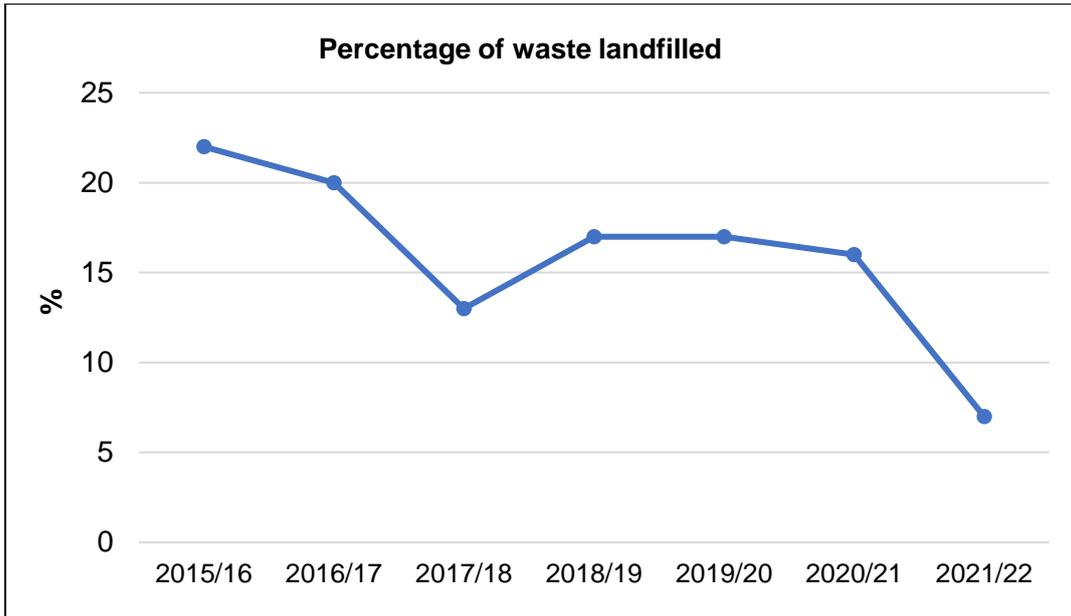


Figure 4: Landfill Rate for Bracknell Forest for the last 7 financial years

5.7 The graph in figure 5 shows the refuse tonnage collected at the kerbside for the last 3 years and the data is in table 2 in Appendix 1. The reduction in waste going to landfill is largely down to the changes to the kerbside collection service, there has been a 25% reduction in waste being put out as refuse in 2021/22 (blue line) compared to pre-covid levels in 2019/20 (green line).

2020/21 is in red on the graph and refuse was generally 10% higher than previous years due to Covid restrictions and large numbers of people being at home most of the time.

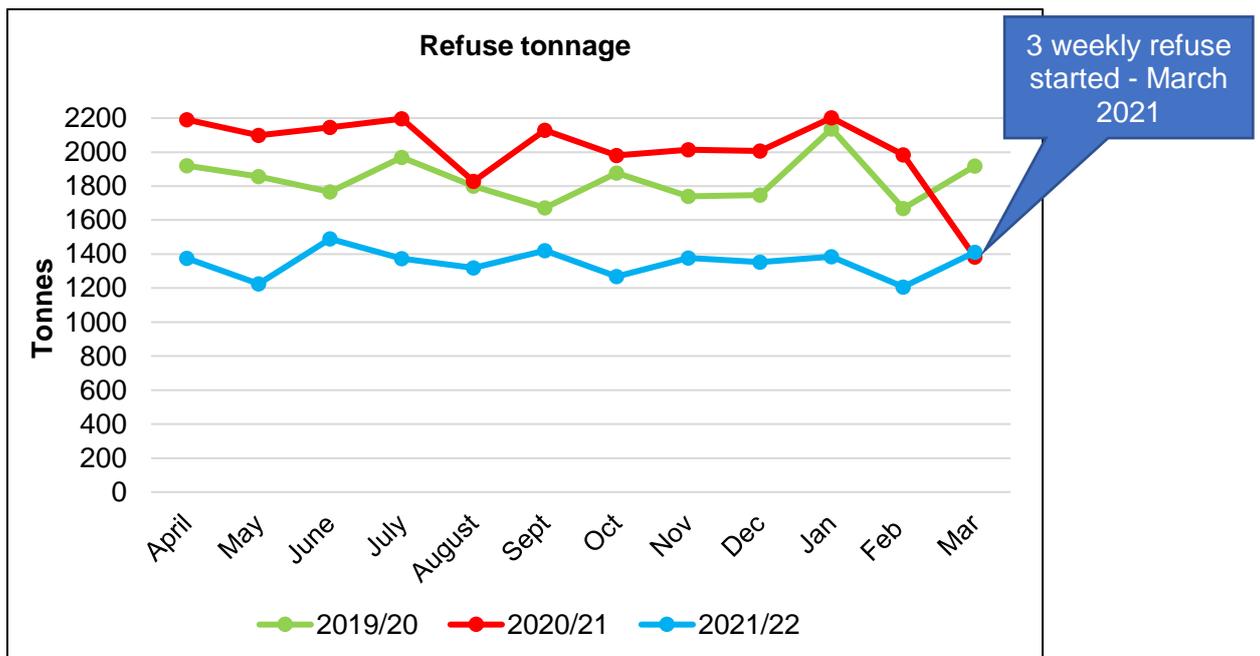


Figure 5: Tonnes of waste collected as refuse for the last 3 financial years

5.8 A fixed tonnage (16,600 tonnes) of refuse is sent to an Energy from Waste facility, this is a contractual obligation through the re3 partnership. This does mean that all

diversion of waste to composting or recycling rather than being in the refuse bins is a diversion from landfill.

- 5.9 Approximately 90% of houses across the borough are participating in the food waste recycling, this is one of the main reasons the amount of food collected has been so high. Many food waste recycling schemes run by local authorities have participation levels of less than 70%.
- 5.10 The dry recycling and garden waste services remain unchanged and are still collected fortnightly. It is more difficult to draw conclusions for both of these services, it was expected that the changes to the waste service would lead to an increase in recycling and composting at the kerbside, however most of the expected increase took place before the changes took effect because of the impact of covid and government restrictions.
- 5.11 Covid restrictions increased the use of the blue bins during 2020 as people's behaviour significantly changed. Increased use of home delivery services increased the packaging people had to recycle, people being at home more, preparing and eating meals at home would have also had an impact on the levels of recyclable packaging. Dry recycling amounts in the blue bins have increased by 17% compared to 2019/20. This can be seen in the graph in figure 6 below, the data is shown in table 3 in Appendix 1.

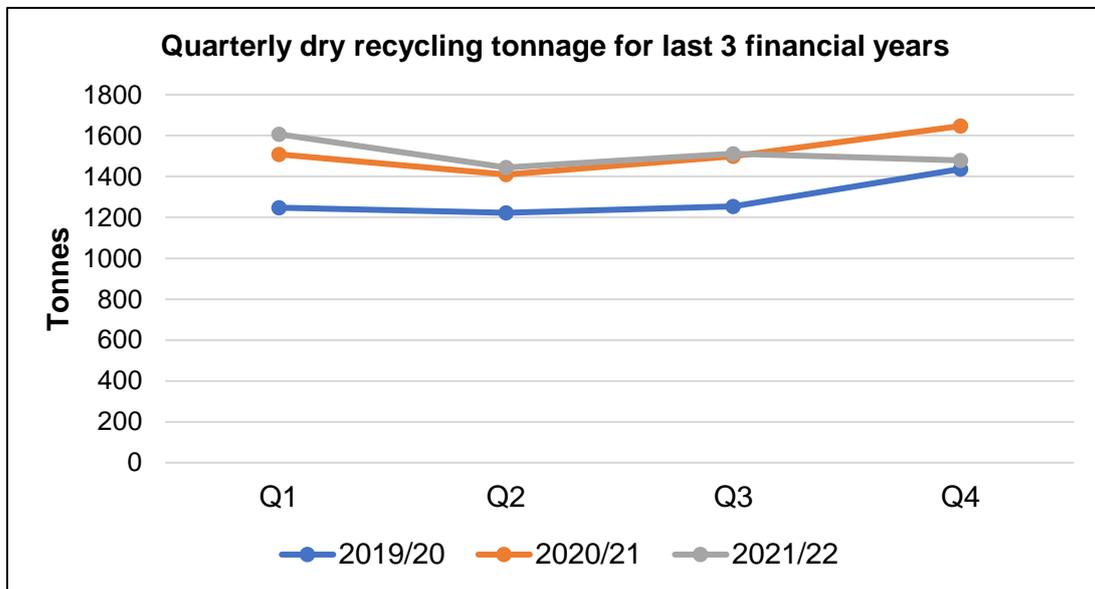


Figure 6: Tonnes recycled in the blue bins for the last 3 financial years

- 5.12 Gardening also became popular during lockdowns and whilst the Recycling Centres were closed many people did begin to use the kerbside service more than previously. Garden waste is also impacted by the weather and does fluctuate naturally from one year to the next. The garden waste tonnage is also affected through each year by the seasons and naturally decreases from a high point in quarter 1 down to a lower level in the winter months in quarter 4.

There has been an overall increase in the annual tonnage in the brown bin collections, garden waste collected in the brown bins increased by 19% compared to 2019/20. This can be seen in the graph in figure 7, the data for this graph is shown in table 4 in Appendix 1.

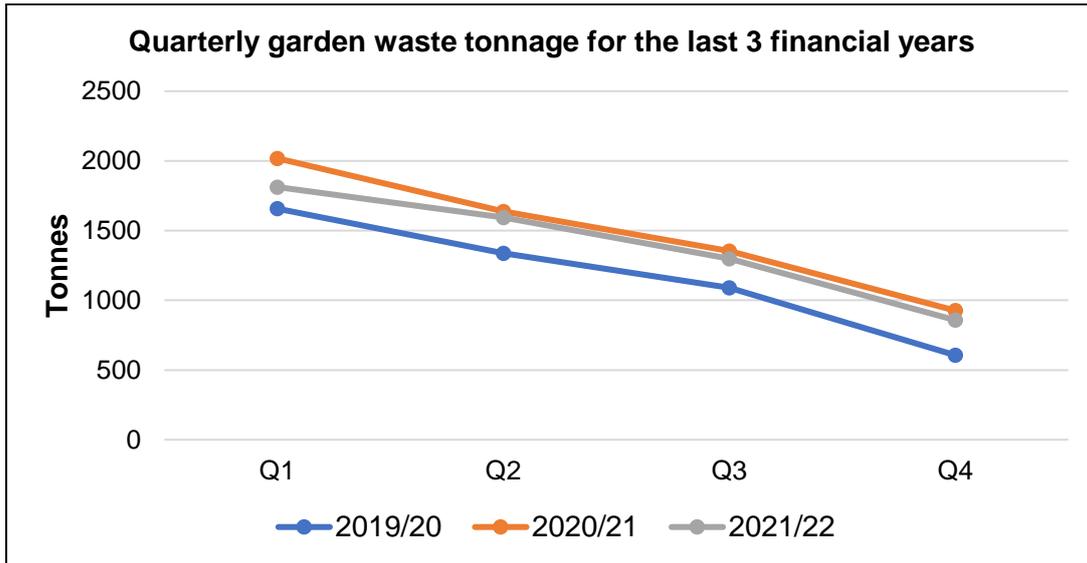


Figure 7: Tonnes collected for composting in the brown bins/sacks for the last 3 financial years

5.13 The collection changes have reduced the impact waste disposal has on climate change. Composting the food at an anaerobic digestion plant, rather than disposing of it in landfill, has meant that in the first full financial year 3.69 million kg of carbon dioxide equivalent (CO₂e) was avoided in disposal related emissions. This is because composting the food waste at the anaerobic digestion facility emits 616.7 kg less CO₂e per tonne than landfilling the food waste. This figure used comes from the Government Department for Business, Energy and Industrial Strategy's Greenhouse gas reporting conversion factors.

For the new service there was an increase in the number of waste collection vehicles on the road and although this has increased the fleet related CO₂e emissions by 72,000kg per annum, the reduction from the change in disposal far outweighs this and still gives an overall decrease of 3.62 million kg of CO₂e

The graph in figure 8 shows the monthly impact of the changes as a red line with the disposal and vehicle impacts as blue and orange bars:

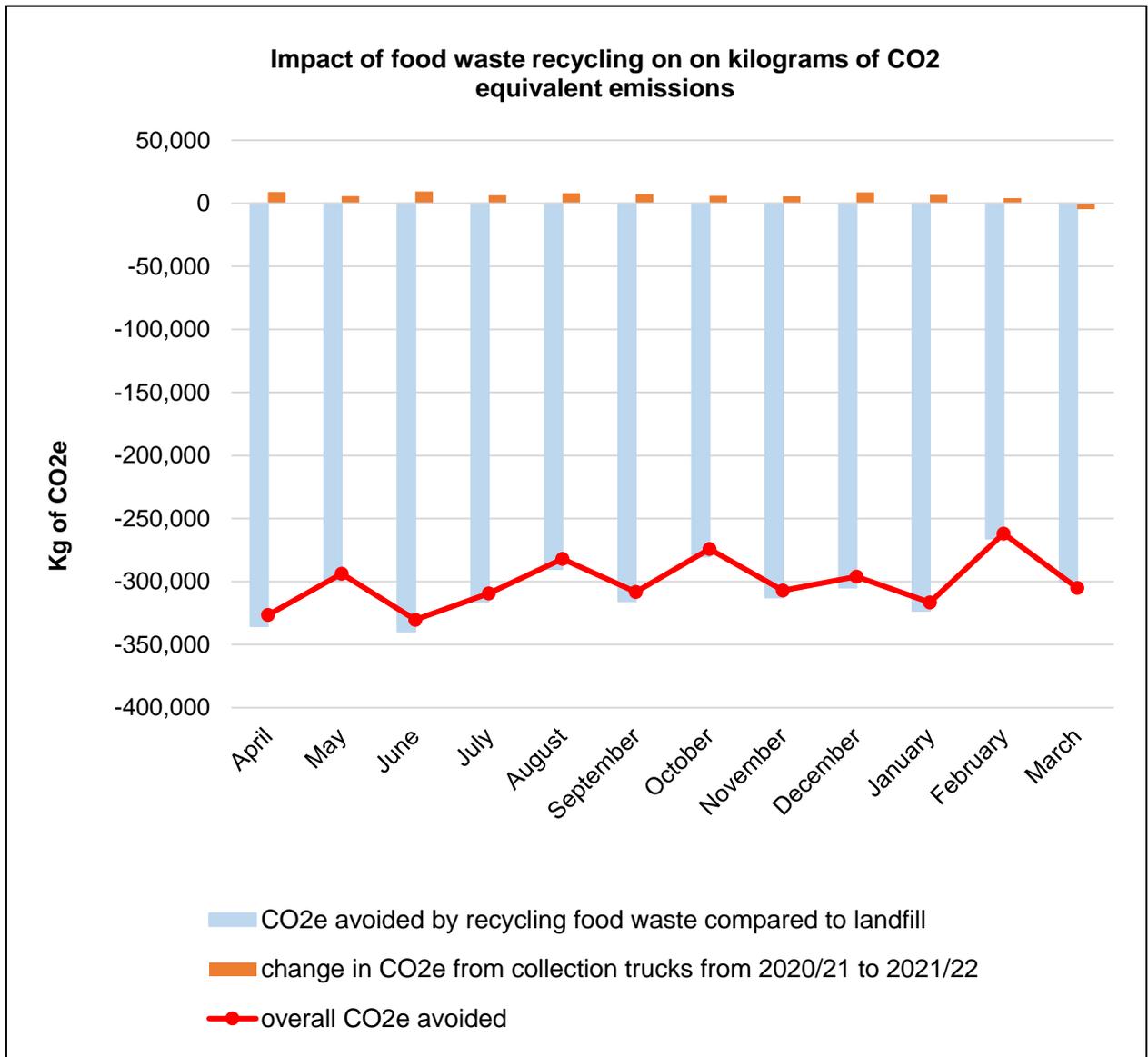


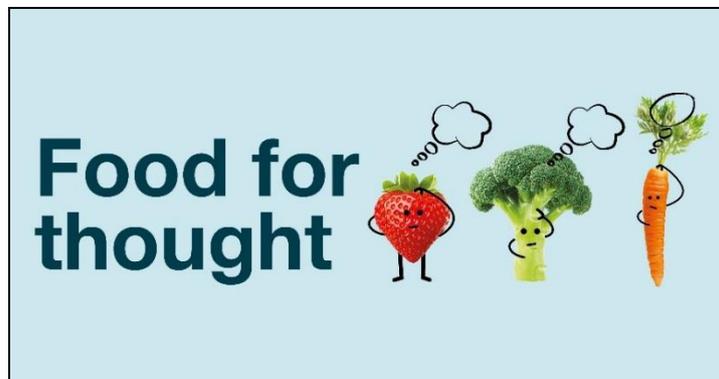
Figure 8: Climate Change impacts during 2021/22

- 5.14 The Executive wanted the option of additional refuse collections available for those residents that really required them. Out of 42,500 households covered by the new service there are currently only 21 that have extra collections of waste that would typically go into the green refuse bins. These collections are for circumstances when it would not be appropriate to wait three weeks for waste to be collected. Incontinence related waste and households with multiple children in nappies make up the majority of the households that currently use this service. Applications for this service are assessed by the waste and recycling officers who then offer support and advice to make sure the household is provided with a service that meets their genuine needs.
- 5.15 The communications campaign was an essential part of the service changes. Covid hit the UK just after the Council had announced that the new food waste recycling service had been approved. This caused us to alter our communications significantly, with a lack of face-to-face communication options that have typically been used for service change in the past, we had to use different ways to reach people to educate and support them on the changes.

5.16 Through a wide range of communications, creative design, resident involvement, and a little input from a Hollywood actress, we were able to engage residents in the planning and implementation of the new service. The main communication channels that were used were:

- Social media (over 31,000 followers across Facebook, Instagram, and Twitter)
- E-newsletter (over 8,500 subscribers)
- Press releases
- Leaflets to all households
- Internal staff intranet and Forest Views
- Local radio
- Local newspaper
- Town and Country

5.17 We created a targeted campaign in the lead up to the launch that tackled our most frequently asked questions, informed residents on the benefits of the changes, kept them updated on the progress of the roll out and provided information on how the new service would operate. The campaign had a common theme that ran throughout, our food related characters that were created by Bracknell Forest's Communications team:



5.18 Our truck naming competition proved extremely popular and even caught the attention of Dame Judi Dench, a resident put forward the name 'Dame Foodie Dench' for one of the new food trucks, this proved to be the most popular name when the names were put to the public vote:

Bracknell Forest Council
Published by Agorapulse [?] · 19 January · 🌐

Thank you to everyone for voting in our food waste vehicle naming competition! 🎉

You have had your say and the winners are:

- 👤 Dame Foodie Dench
- 👤 The Food Dude
- 👤 Binderella
- 👤 Truck Norris
- 👤 Hank Marvin

These names will now be printed on the front of five of our new food waste vehicles.

Read more here 📄 <https://bit.ly/2XQD2jn>

The winners are...

- ♻️ **Dame Foodie Dench**
- ♻️ **The Food Dude**
- ♻️ **Binderella**
- ♻️ **Truck Norris**
- ♻️ **Hank Marvin**

8,019 People Reached

344 Reactions, comments & shares ⓘ

161 👍 Like	113 👍 On post	48 👍 On shares
25 ❤️ Love	7 👍 On post	18 👍 On shares
80 😂 Haha	51 👍 On post	29 👍 On shares
4 😲 Wow	0 👍 On post	4 👍 On shares
60 💬 Comments	26 👍 On Post	34 👍 On Shares
14 📄 Shares	14 👍 On Post	0 👍 On Shares

1,068 Post Clicks

11 📷 Photo views	40 🔗 Link clicks ⓘ	1,017 👍 Other Clicks ⓘ
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NEGATIVE FEEDBACK

0 Hide post	0 Hide all posts
0 Report as spam	0 Unlike Page

5.19 Appendix 2 shows some examples of the communications used and some information on the reactions our social media posts received.

5.20 Once the new service had begun and became established, the team continued to inform the public on progress, offer hints and tips on how to make the most of the recycling services and also remind people that the waste and recycling team were there if support was required.

2021, like 2020 was limited in terms of face to face engagement as many of the local events and fetes that we have attended in the past were cancelled. As we head towards summer 2022 we do have some events in the diary so the team will once again begin more face to face communication.

5.21 The project has had a lot of Member involvement and support from the start. Following the Executive approval in January 2020 a Food Waste Members Steering Group was formed, this cross-party working group helped to shape the delivery of the service change and spread the word on how the new service would work and benefit the residents. Members were very active on social media and also in public meetings in getting the positive messages across, pointing residents that needed support in the right direction and also challenging some of the negative opinions in online forums. The Executive Member for the Environment also dealt with some of the complaints in person by visiting residents' homes to resolve any issues.

5.22 In 2021 The Environment and Communities Overview and Scrutiny Panel both validated the waste collection service for houses and assessed the next steps of the food waste recycling service roll out to flats and properties with communal bins. The Executive approved the Panel's recommendations and the planning for the roll out of food waste collections to around 1,800 flats began towards the end of 2021. All of the

flats in the borough are being assessed for suitability. The flats are being added to the collection service in phases, the first blocks joined the food service at the beginning of May 2022.

- 5.23 Residents in flats that are having food waste collections will receive information about the service before the bins are delivered. The waste and recycling team will door knock the blocks of flats to explain the new service and answer any questions that residents may have.
- 5.24 Before the service changes took place a waste analysis was carried out to find out how much food waste was in the average refuse bin. Follow up analysis is being carried out in May 2022, it is hoped there will be results from this by early June. In 2019 refuse bins contained 42% food waste by weight on average and 19% recyclables as shown in the diagram below:



- 5.25 The changes were forecast to deliver a small saving of around £185k through to the end of the waste collection contract in March 2027. The amount of food collected far exceeded the original estimates and this has meant that the disposal savings for the first full financial year were £230k more than estimated. However, £130k of this saving has been invested back into the service to increase the food waste collection rounds from four to five to accommodate the high participation level.
- 5.26 The changes made have been recognised as a huge success by external organisations and other local authorities. We have received lots of requests for advice from other local authorities that are planning on changing their refuse services to three weekly alongside introducing food.

The Waste and Recycling Manager has also presented at a number of seminars and events that have a nationwide audience from other local authorities and representatives from the private waste sector:

- 7 October 2021 – LARAC conference in Birmingham
- 10 March 2022 - National Food Waste Conference in London

- 27 April 2022 – Anaerobic Digestion and Bioresources Association’s report launch webinar
- 15 June 2022 – Local Authorities Lunch at the World Biogas Expo in Birmingham

5.27 An iESE Certificate of Excellence has been awarded for the waste and recycling service and a second Certificate of Excellence for the communications campaign. We were also short listed as finalists at the 2021 National Recycling Awards and are finalists for this year’s LGC Awards.

Next Steps

5.28 The impact of the Environment Bill on local authorities is not yet confirmed, however there have been some indications of what we can expect in terms of waste management and the main ones that will likely impact Bracknell Forest so far are:

- Kerbside glass collections will become mandatory
- A deposit return scheme (DRS) for metal and plastic drink containers between 50ml and 3 litres is being introduced and this will remove a proportion of these items from our waste stream

5.29 Further announcements on the rest of the waste impacts including changes to legislation around charging for garden waste and how the government would like local authorities to be more consistent in their approach to waste management are expected this year.

6 Consultation and Other Considerations

Legal Advice

6.1 There are no specific legal implications arising from the recommendations in this report. The contents do however reflect the progress made by the Council in support of its climate change strategy objectives and the broader governmental obligations under the Climate Change Act 2008.

Financial Advice

6.2 As stated within the report the improving recycling rates (including the newly introduced food waste) have had a positive impact on the Council’s budgets, with 2021-22 reporting an underspend position of £0.760m against the waste contract budget.

Other Consultation Responses

6.3 None

Equalities Impact Assessment

6.4 Assisted collections are available for residents who are not able to take their own bins out and as detailed in 2.14 additional support is offered to those residents in genuine need.

Strategic Risk Management Issues

- 6.5 The waste service is starting to experience some cost increases; price rises in fuel are already being seen. In addition to the fuel, the prices of collection containers are also increasing. These increases are being monitored as part of the usual budget monitoring process.

The Environment Bill will dramatically change the waste industry in both collection and disposal. The team are monitoring the situation closely to ensure the Borough is ready and prepared for future changes.

Climate Change Implications

- 6.6 The changes that have been made to the waste collection service have reduced emissions from landfill considerably as outlined in 5.13. The introduction of food waste to flats will continue to reduce the amount of food waste going to landfill and avoid further CO2e emissions.

Health & Wellbeing Considerations

- 6.7 The waste and recycling collection service is utilised by all households in the borough. Support, advice and additional waste services are available to those that require assistance with their waste for any medical related reasons.

Reducing waste and improving recycling are positive ways that all residents can influence climate change, knowing that their actions are contributing to improving the environment can be empowering and enhance wellbeing.

Background Papers

Not applicable

Contacts for further information

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Head of Environmental Services

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Claire.pike@bracknell-forest.gov.uk

Appendix 1

Table 1: Tonnes of food collected from kerbside caddies

	Target	2020/21	2021/22
April	333		545
May	333		486
June	333		552
July	333		513
August	333		471
Sept	333		513
Oct	333		455
Nov	333		508
Dec	333		495
Jan	333		525
Feb	333		432
Mar	333	536	488
Total	4000	536	5983

Table 2: Tonnes of refuse collected in green bins

	2019/20	2020/21	2021/22
April	1921	2191	1374
May	1857	2099	1225
June	1766	2146	1490
July	1968	2196	1374
August	1800	1829	1319
Sept	1672	2130	1420
Oct	1878	1981	1267
Nov	1740	2014	1376
Dec	1748	2006	1352
Jan	2137	2202	1384
Feb	1669	1984	1207
Mar	1919	1383	1410
Total	22075	24160	16200

Table 3: Tonnes of dry recycling collected in blue bins

	2019/20	2020/21	2021/22
Q1	1248	1509	1607
Q2	1223	1410	1444
Q3	1253	1499	1512
Q4	1436	1647	1479
Total	5160	6065	6042

Table 4: Tonnes of garden waste collected in brown bins and sacks

	2019/20	2020/21	2021/22
Q1	1657	2018	1812
Q2	1336	1639	1595
Q3	1091	1355	1298
Q4	606	926	858
Total	4690	5938	5562

Table 5: CIPFA Nearest Neighbour unitary Authorities reuse, recycling and composting rates

Authority	2019/20	2020/21	2021/22 up to end of Q3
Bath and North East Somerset	56.2%	59.2%	60.3%
Bedford	42.7%	40.0%	39.1%
Bracknell Forest Council	42.9%	43.4%	57.1%
Central Bedfordshire	43.9%	46.1%	47.0%
Milton Keynes Council	56.3%	53.8%	53.8%
Reading Borough Council	35.3%	36.1%	51.9%
Solihull MBC	36.7%	37.7%	37.3%
South Gloucestershire Council	59.1%	58.5%	61.2%
Swindon Borough Council	42.8%	39.6%	36.9%
Thurrock Council	34.8%	28.0%	29.4%
Warrington Borough Council	47.5%	44.4%	43.0%
West Berkshire District Council	49.4%	49.0%	50.5%
Windsor and Maidenhead Council	45.0%	48.3%	50.8%
Wokingham Council	50.3%	49.5%	54.9%

Appendix 2

Our food waste campaign characters:



Truck naming competition:



Name our food waste collection vehicles!

As part of the launch for our new food waste collection service, we are asking residents to help us name the new five food waste vehicles, which will be hitting the road in March 2021.

These vehicles will be picking up food waste for recycling and we would love to hear from all members of our community with ideas for names.

The best ones will be put forward to a public vote and the winning names will appear on the five food waste vehicles.

Please submit entries using the competition form on our food waste web page www.bracknell-forest.gov.uk/foodwaste, or call customer services on 01344 352000. The closing date for entries is midday Monday, 4 January.

Tuesday 5 Jan	Thursday 7 Jan
Wednesday 6 Jan	Friday 8 Jan
Thursday 7 Jan	Saturday 9 Jan
Friday 8 Jan	Monday 11 Jan
Monday 11 Jan	Tuesday 12 Jan
Tuesday 12 Jan	Wednesday 13 Jan
Wednesday 13 Jan	Thursday 14 Jan
Thursday 14 Jan	Friday 15 Jan
Friday 15 Jan	Saturday 16 Jan

Terms and conditions

- the competition will open midday Monday, 7 December 2020 and close midday Monday, 4 January 2021
- multiple entries can be made
- the winning names will be put on the food waste collection vehicles
- the winners will be advised using details in the competition entry form
- the winners names will be used by the council in relation to the competition, e.g. on social media

Bracknell Forest Council
Published by Agorapulse [?] · 12 January · 🌐

Thank you to everyone who sent in their suggestions of names for our new food waste collection trucks! 🍌

Executive Member for Environment, Cllr Mrs Dorothy Hayes, MBE, has chosen her top 10 and now it's down to you to pick your favourite.

You'll have until Sunday night (17 Jan) to vote and the top five will be printed and transferred onto five of our new collection trucks. 🚚

See the final 10 and vote for your favourite here ➡ <http://bit.ly/trucknames>

Vote for your favourite name to appear on our new food waste collection trucks!

Use the link in our post to vote.



Bracknell Forest Council

17,666 People Reached		
329 Reactions, comments & shares 📊		
89 Like	24 On post	65 On shares
12 Love	1 On post	11 On shares
6 Haha	1 On post	5 On shares
9 Angry	6 On post	3 On shares
179 Comments	37 On Post	142 On Shares
34 Shares	34 On Post	0 On Shares
4,087 Post Clicks		
60 Photo views	1,487 Link clicks 📊	2,540 Other Clicks 📊

Bracknell Forest Council
Published by Agorapulse [?] · 16 February · 🌐

After the fantastic food waste vehicle naming competition we thought we'd reach out to a special someone and let her know she was the inspiration behind one of the names. 🙏

We were so excited and grateful to receive a reply from Dame Judi Dench herself, here is what she had to say...

Well done and thank you to The Barbers and Dolly who both came up with the name 'Dame Foodie Dench!' 🍌



00:15

Get more likes, comments and shares
When you boost this post, you'll show it to more people.

16,849 People reached	4,748 Engagements	Boost Post
---------------------------------	-----------------------------	-------------------

16,849 People Reached		
13,715 3-second video views		
851 Reactions, comments & shares 📊		
436 Like	131 On post	305 On shares
179 Love	82 On post	97 On shares
56 Haha	9 On post	47 On shares
5 Wow	2 On post	3 On shares
98 Comments	31 On Post	67 On Shares
78 Shares	78 On Post	0 On Shares
3,902 Post Clicks		
363 Clicks to Play 📊	30 Link clicks 📊	3,509 Other Clicks 📊
NEGATIVE FEEDBACK		
2 Hide post	0 Hide all posts	
0 Report as spam	0 Unlike Page	



Here are a few of the adverts we ran in the local newspaper:

Food waste recycling is very easy, all food is welcome, including:

- food waste**
 - ✓ All cooked and uncooked food
 - ✓ All mouldy and out of date food
- meat & bones**
 - ✓ Raw meat
 - ✓ Cooked meat
 - ✓ Bones
- fish**
 - ✓ Raw fish
 - ✓ Cooked fish
 - ✓ Bones
- dairy**
 - ✓ Cheese
 - ✓ Eggs
 - ✓ Eggshells
 - ✓ Yoghurts
- tea & coffee grounds**
 - ✓ Tea bags
 - ✓ Coffee grounds
- pet food**
 - ✓ All dry pet food
 - ✓ All wet pet food
- bread & pastries**
 - ✓ Bread
 - ✓ Cakes
 - ✓ Pastries
- fruit & vegetables**
 - ✓ Raw vegetables
 - ✓ Cooked vegetable
 - ✓ Fruit
 - ✓ Peelings
- cooking oils**
 - ✓ Pour your oil into a plastic bottle, seal it and place inside your outdoor food waste caddy

To prevent pests from sniffing around your food waste you'll need to use your caddies correctly by:

- Regularly empty your indoor caddy, don't leave it sitting full for too long.
- Rinse out your indoor caddy weekly to clean any food residue.
- Keep the lids of both your indoor and outdoor caddy locked when not using it.
- Keep your caddies out of direct sunlight.

For more information visit:
www.bracknell-forest.gov.uk/foodwaste

Bracknell Forest Council

To help maximise the performance of the new food waste service, green bin collections are changing to every three weeks.

Recent analysis of waste in 2020 collected from Bracknell Forest showed that over 60 per cent of green bin waste could be recycled, either in blue bins, food waste or local recycling banks.

We understand everyone's situation is different and there are some brilliant recyclers across our borough. Our waste and recycling team are on hand to support those who genuinely need additional waste capacity, you can contact them at: bit.ly/Extrawaste



Please remember to use your blue bin correctly and ensure all of these materials are put in there:



We don't want any more waste going to landfill than necessary.



For more information visit:
www.bracknell-forest.gov.uk/foodwaste



Food waste collections begin next week.



If you've received your food waste caddies, you can start recycling now to make the most of your first collection.



Don't forget to refer to your new collection schedule to ensure bins are presented for collection on the correct day.



If you present your bins to the kerbside, please present your caddy in the same place.



If you live on a private road, please present your caddy in the same place you present your bins.



If you have a communal collection point and do not live on a private road, please leave the caddy at the edge of your property boundary.

For more information visit:
www.bracknell-forest.gov.uk/foodwaste



A few examples showing the engagement levels of our social media posts:

Bracknell Forest Council
Published by Agorapulse [?] · 7 January · 🌐

New year, new recycling service! 🥰
Less than two months to go now until Bracknell Forest households can begin recycling food waste.
Food waste caddies and all the information you will need to get started will be delivered to your house between 25 Jan - 26 Feb.... See more

**Food waste caddies
will be delivered
from 25 Jan - 26 Feb**



**For more information visit:
bracknell-forest.gov.uk/foodwaste**

24,978 People Reached

1,003 Reactions, comments & shares ⓘ

282 Like	132 On post	150 On shares
41 Love	21 On post	20 On shares
3 Haha	3 On post	0 On shares
4 Sad	2 On post	2 On shares
35 Angry	34 On post	1 On shares
600 Comments	379 On Post	221 On Shares
38 Shares	38 On Post	0 On Shares

6,617 Post Clicks

76 Photo views	595 Link clicks ⓘ	5,946 Other Clicks ⓘ
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NEGATIVE FEEDBACK

 **Get more likes, comments and shares**
When you boost this post, you'll show it to more people.

24,978 People reached	7,620 Engagements	Boost Post
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Bracknell Forest Council
Published by Agorapulse [?] · 3 February · 🌐

Just a month to go now until #foodwaste collections begin! 🕒
So how does it actually work?
If you haven't already, you will receive two food waste caddies. One grey indoor caddy and one black outdoor caddy.
Collect your food waste in the grey indoor caddy and once full you'll need to empty it into your black outdoor caddy. On your collection day you'll need to present your black outdoor caddy for collection. ♻️
Both caddies have lockable lids to help keep pets and pests away from your food waste! 🐾
For more information visit: www.bracknell-forest.gov.uk/foodwaste

How will the food waste service work?

You will receive two food waste containers, a small grey indoor kitchen caddy (5 litre) and a larger black outdoor caddy (23 litre).

Once your kitchen caddy is full, you need to empty it and put the food waste into the outdoor caddy. On your collection day you'll need to present your black outdoor caddy for collection.



15,290 People Reached

430 Reactions, comments & shares ⓘ

72 Like	46 On post	26 On shares
5 Love	5 On post	0 On shares
13 Angry	13 On post	0 On shares
334 Comments	221 On Post	113 On Shares
7 Shares	7 On Post	0 On Shares

5,101 Post Clicks

44 Photo views	131 Link clicks ⓘ	4,926 Other Clicks ⓘ
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NEGATIVE FEEDBACK

4 Hide post	5 Hide all posts
0 Report as spam	0 Unlike Page

Reported stats may be delayed from what appears on posts

 **Get more likes, comments and shares**
When you boost this post, you'll show it to more people.

15,290 People reached	5,531 Engagements	Boost Post
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Bracknell Forest Council
Published by Agorapulse [?] · 15 February · 🌐

Introducing Dame Foodie Dench and her crew:
 🍷 Binderella
 🚚 Truck Norris
 🍷 The Food Dude
 🍷 Hank Marvin

Cllr Mrs Dorothy Hayes MBE, Executive Member for Environment has been to visit our new food waste collection vehicles. They've had their makeovers and they're ready to hit the road in a few weeks' time.

Collections will begin the first week of March, we advise you begin collecting your first lot of food waste a week before your first collection. ♻️

Caddy deliveries are still being made and will continue until Friday 26 February, if you have a problem with your caddy or something is missing from the delivery, please let us know via this form. 📄
<http://bit.ly/caddyissues>





16,142 People Reached

357 Reactions, comments & shares ⓘ

188 Like	79 On post	109 On shares
16 Love	12 On post	4 On shares
18 Haha	3 On post	15 On shares
2 Wow	0 On post	2 On shares
1 Angry	0 On post	1 On shares
101 Comments	34 On Post	67 On Shares
32 Shares	24 On Post	8 On Shares

3,357 Post Clicks

301 Photo views	57 Link clicks ⓘ	2,999 Other Clicks ⓘ
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NEGATIVE FEEDBACK

2 Hide post	1 Hide all posts
0 Report as spam	0 Unlike Page

Reported stats may be delayed from what appears on posts

Bracknell Forest Council
Published by Agorapulse [?] · 25 February · 🌐

Our Suez crews are ready to drive Dame Foodie Dench and her crew to collect your first lot of food waste recycling next week! ♻️

With collections starting on 1 March, we advise that if you haven't already, please start using your caddies to make the most of your first collection. 🍷🍷

All the information you need to know about the new service can be found here 📄 <http://bit.ly/Foodwa5te>



11,950 People Reached

199 Reactions, comments & shares ⓘ

111 Like	79 On post	32 On shares
3 Love	2 On post	1 On shares
3 Haha	2 On post	1 On shares
71 Comments	39 On Post	32 On Shares
11 Shares	11 On Post	0 On Shares

1,579 Post Clicks

33 Photo views	148 Link clicks ⓘ	1,398 Other Clicks ⓘ
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NEGATIVE FEEDBACK

2 Hide post	0 Hide all posts
0 Report as spam	0 Unlike Page

Reported stats may be delayed from what appears on posts

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To: **COUNCIL**
13 JULY 2022

Climate Change Action Plan annual progress report Executive Director of Delivery

1 Purpose of Report

- 1.1 Following the publication of the council's climate change strategy in January 2021 the Executive Director Delivery promised to provide annual update reports on progress to Full Council. This is the first such update.

2 Recommendation

- 2.1 For Council to note and approve the report.

3 Reasons for Recommendation

- 3.1 Council are requested to endorse progress so far.

4 Alternative Options Considered

- 4.1 N/A

5 Supporting Information

- 5.1 The full annual progress report for 2021/22 is attached as appendix 1 and a summary of climate change progress so far is attached as appendix 2.
- 5.2 In summary significant achievements have included increased robustness of the governance of climate change actions; improvements to the energy efficiency of both the council's estate and our residents' homes; the successful implementation of kerbside food waste collections coupled with reduced residual waste collections resulting in both increased recycling rates and reduced landfill; and successful Highways initiatives aimed at improving and increasing active travel.
- 5.3 Areas requiring a stronger focus over the coming year include continuing our efforts to make all climate change targets SMARTer, improving our customer facing website information, investigating ways to record the council's indirect (scope 3) CO2 emissions and improving our collaboration with businesses, community groups and schools alike.

6 Consultation and Other Considerations

Legal Advice

- 6.1 The overarching legislative context of the Council's Climate change strategy is the Climate Change Act 2008. This Act places a legal duty on central government to set legally binding targets to reduce UK greenhouse gas emissions to net-zero by 2050.

Financial Advice

- 6.2 There are no direct financial implications arising from this report.

Other Consultation Responses

- 6.3 N/A

Equalities Impact Assessment

- 6.4 Specific EIA's are completed by Officers for their individual projects within the Action Plan.

Strategic Risk Management Issues

- 6.5 The Council is committed to becoming a net zero carbon authority by 2050. All actions that the council undertakes should be assessed for their environmental impacts prior to receiving executive approval.

Climate Change Implications

- 6.6 The recommendations in Section 2 above are expected to:

Reduce emissions of CO₂.

The reason the Council believes that this will reduce emissions is because the very goal of all actions contained within the annual progress report is to mitigate the man-made impacts of climate change and lower CO₂.

Health & Wellbeing Considerations

- 6.7 There are strong and developing links between Health in All Policies ambitions and climate change actions. Promoting active commuting, supporting green and active volunteering and improving the warmth of residents' homes are all such examples.

Background Papers

Appendix 1: Climate Change Annual Report 2021/22

Appendix 2: Our action towards net zero 2050

Contact for further information

Kevin Gibbs, Executive Director of Delivery, 01344 355621

Kevin.Gibbs@bracknell-forest.gov.uk

Climate Change Strategy Annual report on progress 2021/22



Forward from The Executive Member of the Environment, Councillor Dorothy Hayes MBE

This report covers the period 1st April 2021 – 31st March 2022 representing the first annual summary of the council's progress against our climate change strategy. As Executive Member for the Environment I take great pride in taking the lead to help us reach our pledged commitment to become a net-zero carbon council by 2050. Mitigating the impacts of climate change is a subject area that has long been a focus for Bracknell Forest Council and it is specifically referenced within the Protecting and Enhancing our Environment section of the council plan.

Climate Change mitigations were of course on the front foot at the very start of the year given our introduction of our new food waste strategy plus the completion of retrofitting 99 of our residents' least energy efficient homes through the Green Homes Grant Local Authority Delivery scheme. Further initiatives have centred on decarbonising our own estate, continuing to support sustainable transport and improving the biodiversity of the borough.

Internally our climate change governance took a big step forward during the year with the creation of both an officer's climate change board and a Councillor Climate Change Advisory Panel. Taken together I believe these will bring both a focus and a scrutiny into the council's efforts to mitigate the man-made impacts of a changing climate.

On a national level Bracknell Forest continues to engage with the Local Government Association and other overarching bodies striving to share best practice and learnings from one another's experiences. The council also actively embraced the inaugural The Big Green Week (Sep 2021) to showcase what we are doing for the climate change agenda.

On the international front the UK of course played host to the 26th Conference of the Parties (COP26) which took place in Glasgow in November 2021. COP26's main focus was to encourage greater cooperation among nations. However, that is not to say that the outcomes do not affect Bracknell Forest. There are three areas of funding specifically laid out within current government's strategy that could help us achieve our net zero ambitions:

- £3.9 billion of new funding for decarbonising heat and buildings, including the new £450 million 3-year Boiler Upgrade Scheme, ensuring homes and buildings are warmer, cheaper to heat and cleaner to run.
- A £1.35 billion commitment to support the electrification of UK vehicles and their supply chains, coupled with a further £620 million for targeted electric vehicle grants and infrastructure.
- A £124 million boost to the Nature for Climate Fund helping to meet commitments to restore approximately 280,000 hectares of peat in England by 2050 and treble woodland creation in England to meet commitments to create at least 30,000 hectares of woodland per year across the UK by the end of this parliament.

Aligning our approach to focus in on securing access to these funds and others to come will be at the heart of our continued efforts moving forwards.

Contents

Introduction	Page 4
Advisory Panel (Chair)	Page 6
Advisory Panel (Vice Chair)	Page 7
Strategy Summary	Page 8
Action Plan to support strategy	Page 9
Headline Metrics 2021	Page 10
Key Projects 2021/22	Page 12
Key Projects moving forwards	Page 15
Comms work	Page 16
Wider Engagement	Page 17
Climate Change FAQs	Page 18

Introduction by Kevin Gibbs, Executive Director: Delivery

Summary of key successes:

- Changing the culture here at BFC (climate change at core of procurement choices ; climate change a critical factor in all decision reports; educating, encouraging, spreading the word)
- Co-benefits – any action taken on climate change is relevant to associated priorities such as health; the economy / employment; poverty, housing and inequality; and energy security;
- Encouraging behavioural adaptations both within but more importantly from our businesses and our residents
- Bracknell Forest Giants in partnership with The Lexicon helping deliver the borough's messages around protecting and enhancing our natural environment. (BF Springs to follow).

Bracknell Forest is an ambitious council and seeks to be a class leader in everything we do. The communities within the borough have set and expect high standards for the council and therefore expects our delivery around the climate change agenda to be as exemplary as everything else we do.

We are in this for the long term, and therefore our ambition must be tempered by the resources we have available and how willing everyone is to join us on this change in how we live, work and enjoy our lives. Meeting people where they are, as opposed to where we want them to be is key to keeping as many people engaged in our work as possible. Tom Heap, the Countryfile presenter, made the case around getting to net zero, that this will require a change in what we define as a “good life”. Jumping into a car to do a short journey that could be done on foot, will need to be as socially unacceptable as smoking is now. Things that are the most convenient may need to be given up and habits changed forever to become sustainable. That said, we recognise that simply demanding that people change is not an effective strategy. Bracknell Forest Council is focused on doing stuff, as opposed to talking about doing stuff. To this end, the last 12 months has seen the anniversary of our Greening our waste strategy. This strategy has delivered a whole borough food waste recycling scheme that has over 90% participation of those eligible to use the scheme. This is now into its next phase, with the scheme being rolled out to flats and houses in multiple occupation. Everyone can be involved.

The council has sought to maximise the monies available for works that we can do but bidding for financial resources, made available via central government schemes, is not straight forward or as easy as it could be. Although we have done well in securing resources via public sector decarbonisation schemes, we have also been less successful in some of our larger bids (For example, a£500k joint bid with Silva Homes for social housing decarbonisation and a £500k air source heating system for Time Square). Each bid takes the same amount of staff resources and therefore for the next period, we will be working hard to get our ideas to the stage of being “shovel ready”, a theme which we have picked up in the feedback on the projects not funded. That all said, Property Services have secured £929k of grant funding from the Public Sector Decarbonisation fund, Salix. This being in addition to the funding that the council has put in itself, into schemes on our corporate building estate, such as for new LED lighting, boiler replacements and additional PV solar cells. Highways and Transport have secured £260k, for active travel initiatives and EV charging points. We have also had support from our local MPs, who supported Cllr Mrs

Hayes in hosting the Minister for Pensions and Financial Inclusion to look at how the council can get green funding to address brownfield sites.

The council's approach to changing its own operations, to ensure that we reach our target, has been based on embedding climate change mitigation into the heart of the council's decision making, resourcing planning and service delivery. Our report templates have been amended so that report authors can show that they have considered climate change mitigation and reduction as part of their change proposals. Service Plans (published in April 2022) have had climate change mitigation added to the "golden thread" and therefore can be monitored via the normal performance management processes which have ensured that the council has been successful in delivering on its programme of work for many years.

There is a strong link in our climate change mitigation work with our duties under the "Public Sector Equalities Duty" and "Health in all policies", part of our drive to improve public health. To this end, the Public Health team has supported programmes for behaviour change schemes, to increase walking and cycling (Eco Rewards scheme) and general fitness (Get Green and Active). They have also worked on Air Quality schemes (with the Public Protection Partnership), adding to the £259k funding secured from DEFRA, to improve the air within the borough, especially around our schools. Finally, supporting our Energy Sustainability Officer to address thermal inefficient poor-quality housing.

Covid has impacted on our ability to capture the good work that our schools and businesses have been doing to contribute to the whole borough target. Our strategy is a whole borough area programme and seeks the whole borough to work with us to achieve net zero. Although it is true that only 12% of Bracknell Forest businesses have specific targets for net zero, over 51% now have an intention to be more environmentally friendly. Therefore, it is key that we turn these intentions into action and work with those businesses who neither have a plan or target to get these for the next performance year.

Reaching out into the community has been the core of getting the net zero change message beyond the work that the council is doing. The Forest Giants at Bracknell Town Centre, weren't just about bringing people back to the high street but also an important way of reaching out to the community about the importance of the natural environment and to communicate important environmental information to residents and visitors, covering a range of ages and background. The campaign to introduce food waste recycling, with its strap line of "easy as 1,2,3" not only brought the issue of food waste to the fore, but also encouraged greater participation in recycling and reducing residual waste that goes to landfill.

On the whole, this has been a successful year, despite the pandemic. The key for this next year is to hold on to the gains in behaviour change that were forced by COVID. Hybrid working, reducing the number of car movements, increasing social connection and enjoyment of our natural environment, are all positives that must continue. As must staycations and reducing pollution from air travel. With energy costs set to rocket this year, finding ways to move to more sustainable, locally produced, energy will be something that the council will be focused upon for the next year.

Climate Change Advisory Panel Chair: Councillor Tony Virgo

The Cross-party climate change advisory panel was set up by the Executive following a recommendation by the O&S Commission for the establishment of a councillor group as part of its scrutiny of the Council's climate change strategy and action plan and I am delighted to have been appointed as Chair. We are a panel of 12 elected councillors with representation from all political parties with a common interest in facing up to mitigating the impacts of climate change.

The role of CCAP is to advise Executive Councillors on issues around climate change. The CCAP also provides a useful public forum for sharing the council's journey to net zero and to demonstrate that there is credible performance management of our projects. We meet bi-monthly with the first meeting having been held in June 2021.

Since that first meeting the group have considered specific themes in turn. The first such topic being centred around the challenges around electric vehicle (EV) charging infrastructure. The panel were updated on the council's current policy towards EV's, along with presentations from Scottish and Southern Electricity Networks (energy provider) and Bloor Homes, representing the new home builders. The informative presentations highlighted the need for government strategy to crystallise further so that the council could progress with its own plans.

The next topic concerned the subject of domestic home energy efficiency. The panel received a summary of the past, present and future work plans of the Energy Sustainability Officer, an introduction to how the council is working in partnership with a private landlord (Silva Homes), a view of the issues facing housing developers (Wimpey Homes) plus a presentation on the current benefits and drawbacks of (ground or air source) heat pumps. Two themes emerged from these discussions: capacity and cost. There are projected capacity issues around both the scale of retrofitting existing homes but also the ability and skill set to provide homes of the future. In addition, further stimuli to encourage private funding and investment will be required to make customer choices more affordable.

Vice Chair: Councillor Tina Mckenzie-Boyle

I am delighted to have been selected as vice-chair of the CCAP as I have a keen interest in all matters relating to mitigating the impacts of climate change.

One specific area of interest of mine concerns the need to move towards a circular waste economy and so the January 2022 session of the CCAP which considered the benefits of anaerobic digestion (AD) plants was of particular interest. AD plants function by breaking down organic waste materials and producing either gas or fertilizers or both.

Ahead of the session I and several other councillors of the panel visited existing anaerobic digestion plants in Hampshire and Oxfordshire. Our own findings were mapped against a separate feasibility study completed by Atkins on the council's behalf to consider the merits of installing a facility here within the borough. The overall conclusion was that whilst an AD plant would be of benefit any lead on such a project should be left in the hands of a commercial developer to take forwards.



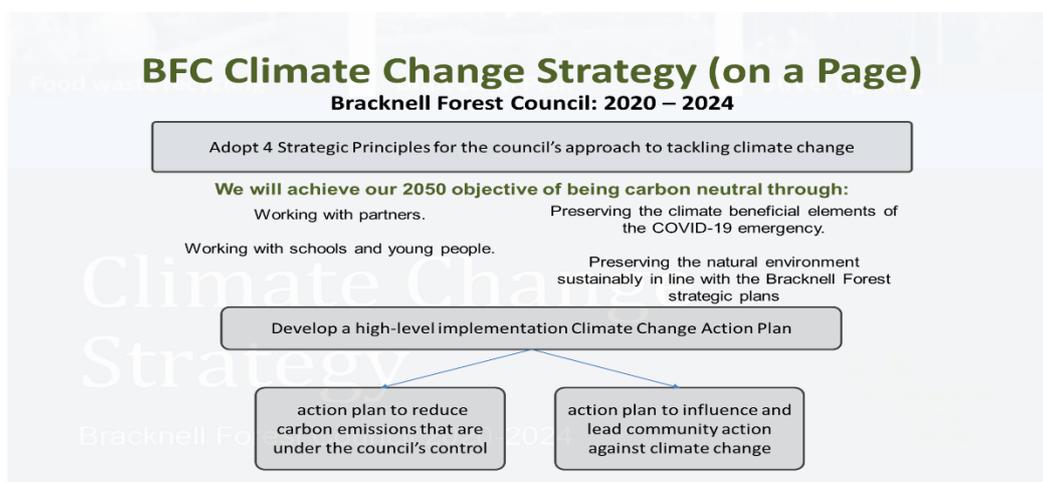
In March 2022 we focussed on efforts to decarbonise the council's estate including a number of heat decarbonisation plans which will propose suitable tangible options for decarbonising and saving energy within future schemes, a summary of recent green energy efficiency initiatives including solar PV roof panels, plus heating and energy efficient lighting projects and an explanation of the planned energy efficiencies and future proofing being built in to the redevelopment of the commercial centre.

I look forwards to supporting further initiatives over the coming year.

• Strategy summary

The Council's climate change strategy was published in January 2021 and sets out the council's initial 4-year framework towards reaching our ambition to be carbon net-zero by 2050. <https://www.bracknell-forest.gov.uk/sites/default/files/2021-11/bracknell-forest-climate-change-strategy.pdf>

The strategy can be summarised as per the diagram below. It is worth noting that direct carbon dioxide equivalent emissions within the council's control represent around 2% of the entire emissions associated with the borough as a whole.



During 2021/22 there was a strong emphasis placed on cementing the governance around supporting our climate change work. The strategy and accompanying action plan were therefore each audited in August 2021. The objectives of the audit were to evaluate the controls in place to manage and deliver the council's Climate Change Strategy, with a view to delivering reasonable assurance as to the adequacy of the design of the internal control systems and their application in practice. The overall findings indicated an adequate level of assurance with some minor recommendations for further improvement.

One of the headline outcomes from that audit process included recognition of the importance of the creation of both councillor and Officer groups along with recommendations to strengthen and support the work of each group. In addition, there was an acknowledgement that certain aspects of the council's work towards reducing our carbon emissions were lacking in terms of defining and quantifying progress made and having interim targets to reach. Each recommendation has been included within an audit outcomes management plan for further work and analysis.

- **Action Plan to support strategy**

The Council's climate change strategy is supported by an action plan which charts progress made against current climate change mitigation projects or streams of work. The action plan is therefore a 'live' document which is updated and consolidated at the end of each quarter. Updates are provided by nominated officers within various sections and directorates of the council. These quarterly updates are reported to the officer's board and the action plan is updated and published on the council's climate change web pages. [CC Action Plan for CCOB Q4 Jan-Mar 22 - 04-05-22.pdf](#) Action Plan progress reports are also presented to the 'Advisory Panel and once per annum to Full Council to complete full governance of all climate change mitigation activities.

At any point in time the action plan represents a snapshot of all known 'live' pieces of work being completed that can be demonstrated as having tangible benefits to minimise the man-made impacts of climate change. Projects or work streams are only added to the action plan once they have been approved at Department Management Team level.

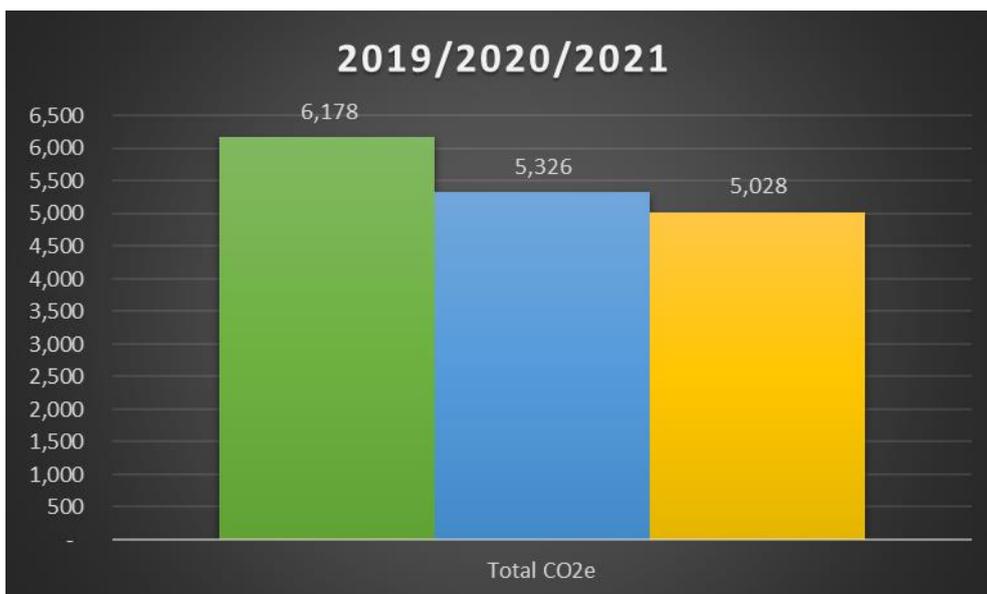
At the end of Q4 in 2021/22 there were 46 different projects referred to within the action plan and a further 5 at the proposal stage. The activities represented reflect a mix of those which solely benefit the council estate, those which solely benefit the borough and those which benefit both.

Completed or closed projects are also captured within the action plan and a summary of those key achievements in the 2021/22 year is covered elsewhere within this report.

The 2021 audit of the climate change strategy highlighted the differences in the degree to which individual projects within the action plan could clearly identify the measurement of progress. There was a recognition that whilst clearly defined progress could be shown in some areas, there was still work to do with regards the re-definition of others to enable the council to set both interim and final targets, plus demonstrate progress made towards those. Officers have already been undertaking efforts to provide a tighter focus and definition for their work streams and this will continue to be a clear focus for improvement as we move forwards.

• **Headline metrics 2021**

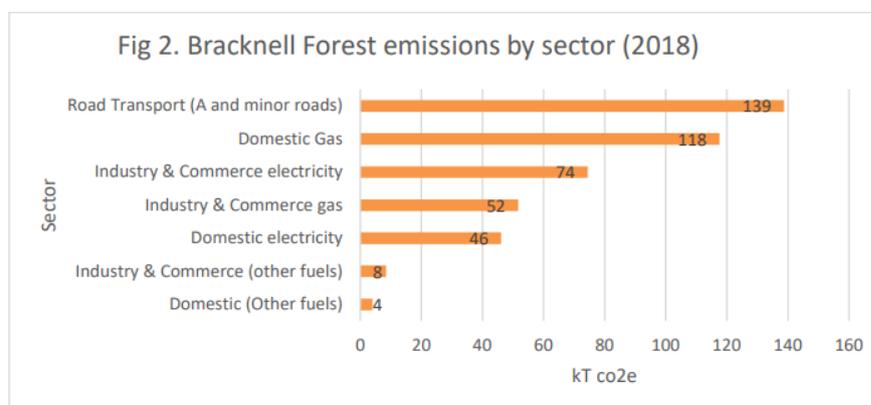
The Council commenced measurement of its own carbon footprint in 2019 based on a calendar year. The data for the 2021 calendar year showed that our total CO₂e emissions from the council’s transport fleet, plus gas, electric and water consumption was **5,028 tonnes**. This compares to the initial figure of **6,178** in 2019 and **5,326** from 2020. This saving is the equivalent of taking 248 petrol run cars off the road.



For 2021 it has also been possible to start capturing data showing emissions from the council’s consumption of water. These amounted to 78 tonnes which are incorporated into the total above.

Both 2020 and 2021 were of course heavily impacted by COVID enforced lockdowns.

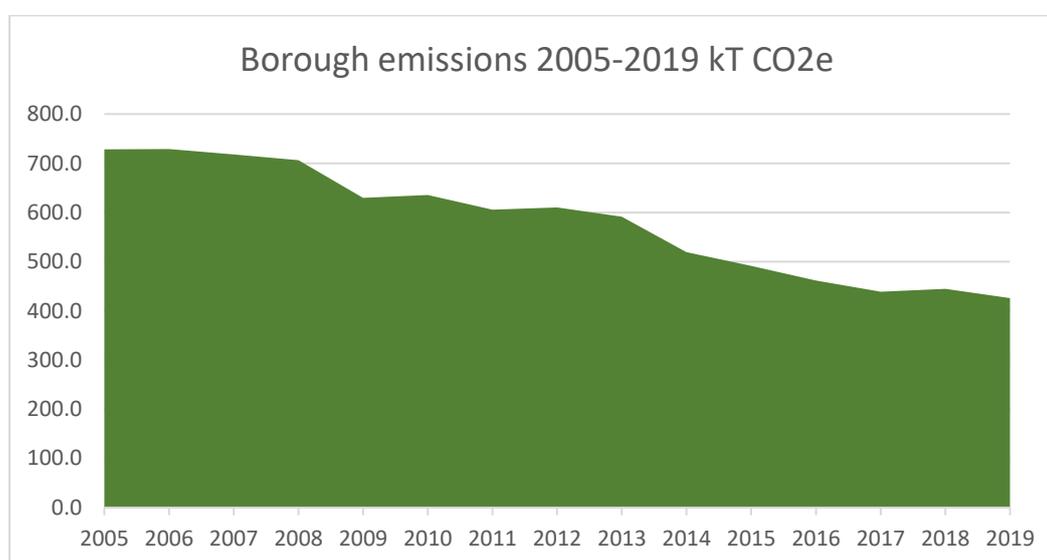
When compared to figures for the borough as a whole the council’s direct activities referred to above represent around 2% of all emissions. The remaining 98% equates to 443kT Co₂e which represents emissions from across the borough, such as domestic energy use, and industry and commerce emissions.



Indirect emissions (those from our supply chain and our contracted services) are a much harder parameter to define, but exploratory work is underway, and this area will continue to be explored further.

Estimates for total emissions for all local authority areas are provided by the governments' Business, Energy and Industrial Strategy department (BEIS). The first such set of figures were provided for 2005. BEIS releases annual statistics each June approximately 18 months in arrears, so the most recent release is that from June 2021 which reports on emissions in the 2019 calendar year.

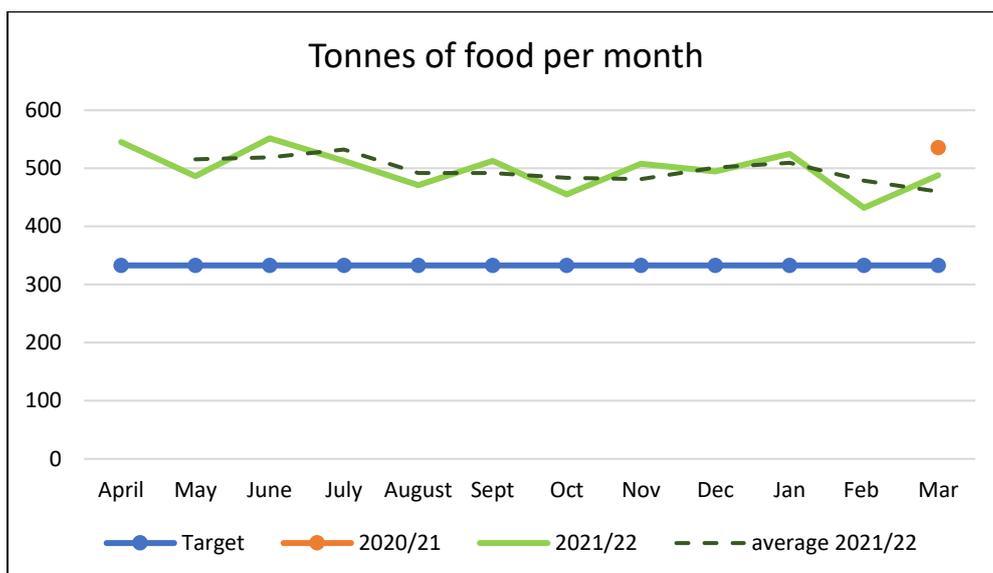
For Bracknell Forest Borough the figure was **426.1kT CO₂e** which is down by **18.2kT from 444.3 in 2018** and compares to our initial benchmark of **728.5kT in 2005**, representing a **41.5%** reduction overall. This saving is the equivalent to powering over 75% of the boroughs households for a year (38,041 houses) (see chart below).



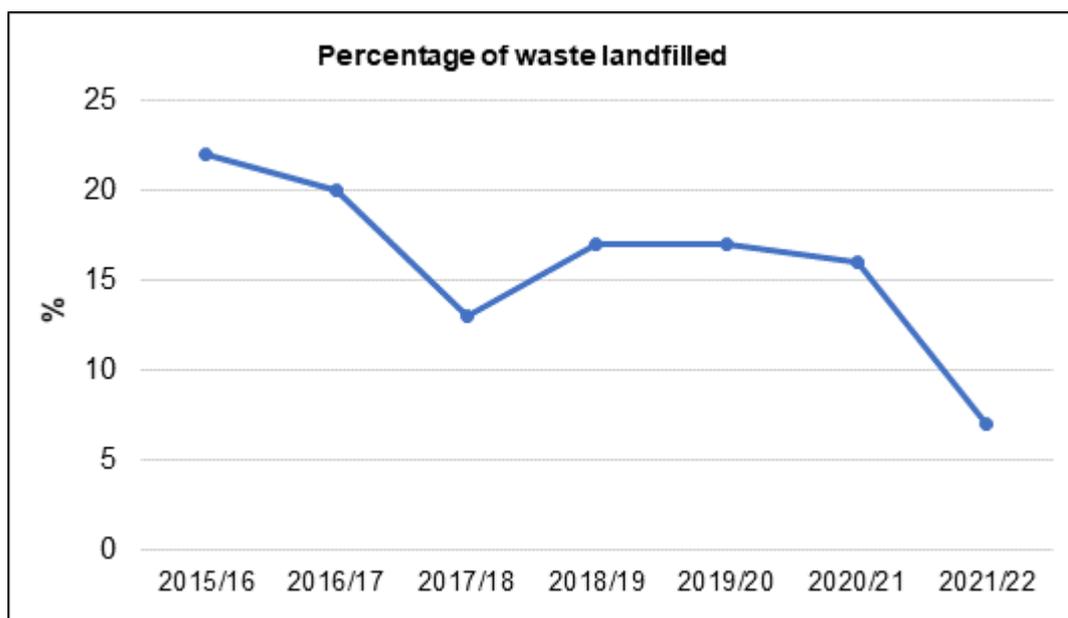
Bracknell Forest's emissions per capita were 3.5 tonnes: lower than the 4.4 tonnes south east England average and the 5.2 tonnes national average. When compared to the other local authorities in Berkshire, only Reading have reduced emissions by a higher percent than Bracknell Forest over the 14 years of measurement.

- **Key projects delivered 21/22**

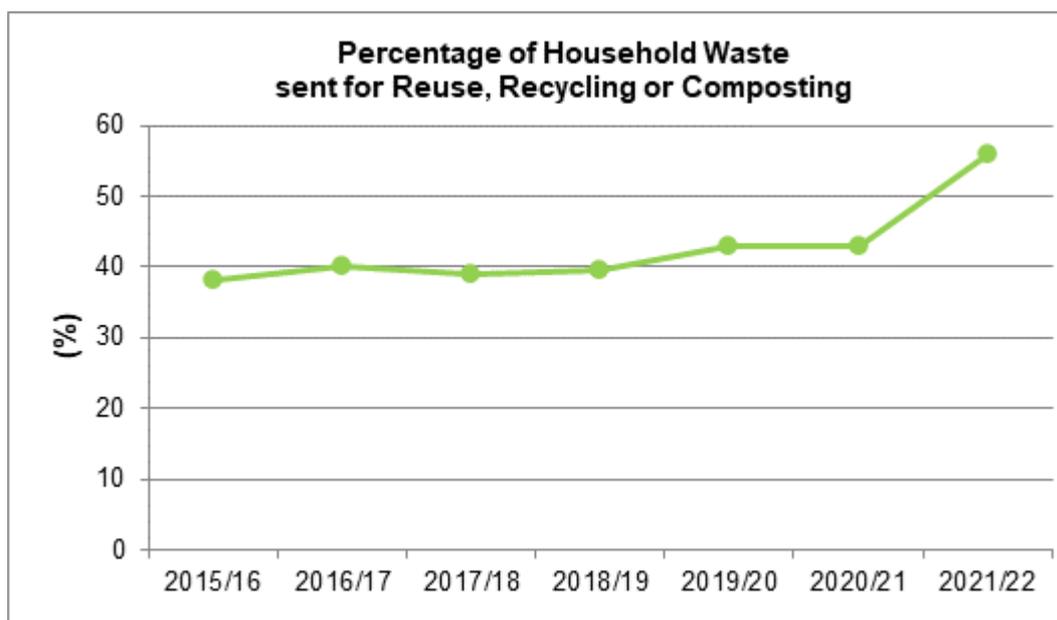
- Green Homes Grant funding (£900k spent / further £1M planned); In terms of the home decarbonisation projects via the government's Green Homes Grants Local Authority Delivery schemes (GHG LAD), the council completed the works from GHG LAD 1 (£900k grant received) back in the Summer of 2021. We have further funding from both GHG LAD 2 (£87k for spend by 30th June 2022) and GHG LAD 3 – also referred to as Sustainable Warmth and Home Upgrade Grants (£1M for spend by 31st March 2023).
- Public Sector Decarbonisation Scheme (Salix) funding of £350k at Sandhurst school to enable their transition from oil to gas central heated boilers. A further £425k of funding was secured for 38 schools within the borough who benefitted from works that increased their heat conservation and reduced their energy use. Once all schemes were completed it is estimated that their combined carbon footprints were lowered by 1,536,170 kWh, or a 25% tCO₂e per year reduction (283 Tonnes).
- A second tranche of Salix funding worth £154k has enabled our partners Atkins to prepare heat decarbonisation plans for all of the Council's property stock including schools not already funded. This will propose suitable tangible options for decarbonising and saving energy within future schemes.
- From April 2021 all electricity consumed within BFC buildings has been sourced from 100% sustainable supplies.
- The Parks and Countryside service planted 2,795 trees over 20 sites as part of highways improvements and improvements to public green spaces.
- In addition both the total areas of Habitats of Principal Importance (HPI) and Local Wildlife Sites (LWS) have increased by 50.97 and by 17.7 hectares respectively. In a climate change context our ponds help store water, reduce flooding and act as carbon sinks, whilst our woodlands and meadows provide urban cooling, carbon storage and support the survival of biodiversity.
- The introduction of our kerbside recycling of food waste in Mar 2021 has seen 6,031 tonnes of food waste collected and recycled in the first year. The graph below shows that the trend for tonnes collected far outweighed our initial target estimates.



- The service, when combined with the reduction in the frequency of residual waste collections, from two weekly to three weekly, has also helped reduce waste going to landfill. The graph below shows the landfill rate for the last 7 financial years:



- This diversion of food waste has produced a carbon saving of over 3.72 million kg of Co2e (carbon dioxide equivalent emissions) being prevented from entering the atmosphere. Participation in the food waste scheme remains exceptionally high at around 90% of households. This compares to an average of around 60%-70% in other schemes nationally.
- Our recycling rate (as a % of all waste collected) has risen from 43% to 56% during the 2021/22 year. This 13% improvement on last year is an exceptional achievement and proof of the success of our greening waste strategy.



- The Highways and Transport service has received a revenue grant, from the Department of Transport, aimed at active travel initiatives. A £160k grant has been utilised to help the service to expand cycling routes to Crowthorne and Sandhurst and to commission some promotional videos as well. These videos will be supported by interactive maps, cycle led rides, family events, and working with businesses and schools to increase active travel participation.
- We have also promoted involvement in the EcoRewards active travel scheme that provides an incentive for residents to use active transport for their commutes. A specific competition during the Big Green Week led to a 25% increase (in-week) in miles travelled using active transport. During 2021/22 the scheme has seen 187,132 of green miles logged, saving 40.8 tonnes of CO2 when compared to driving.
- Highways also revised our bus service improvement plan and will work with planners to produce a new travel plan policy, giving us more control over sustainable mode initiatives.
- All reports now have to have considered Climate Change impacts as part of the decision-making process. This helps support a cultural change in the Council in relation to Climate Change.

It is worth noting that the council applied for, but was ultimately unsuccessful with the following funding bids:

- Social Housing Decarbonisation Fund: A £500k bid submitted on behalf of / in partnership with Silva Homes to retrofit private landlord housing;
- Public Sector Decarbonisation Fund: a £500k bid to install a hybrid system of air source heat and a new gas boiler at Time Square;
- Department for Transport: a £30k bid to develop a detailed plan to improve cycling and walking between Crowthorne and Owlsmoor;

• Key projects moving forwards

- The plans for the redesigned Commercial Centre will incorporate some significant energy saving / greening elements. These will include a green roof providing thermal insulations and allowing the installation of solar PV panels; the heating of the building via an air source heat pump; plus, the addition of electric vehicle charge points.
- The council has secured £100k funding to roll out 32 residential charging points across the borough. These will be low wattage / fast chargers, aimed at overnight charging. Having reviewed the best locations for these, and in line with the funding criteria, it has been agreed local community hubs, e.g., at shopping centres, would be the best locations. Looking ahead BFC will continue to help facilitate with the introduction of more EV charging points, working with the businesses to increase employee charge points and reacting to any future funding opportunities that could increase EV charging infrastructure on highway land.
- Public Health funding will count towards several projects that contribute towards mitigating climate change too. Additional funds will support an Eco Rewards behaviour change incentive scheme; a scheme to promote 'Get Green and Active' volunteering, and efforts to improve the health of some of our poorest residents through home improvement works.
- There is ongoing work to phase out conventional vehicles from the council's fleet and replace with electric vehicles. This ties in with longer term ambitions for both the Home to School transport fleet and our 3rd party contractor vehicles (waste/recycling; highway maintenance; street cleansing) too.
- Additional funding to support anti-idling project work will enable the purchase of further equipment to monitor levels of air quality. Licensing liaison Officers will also be attending taxi ranks and starting education around idling and idling enforcement. This programme will then expand further to known hot spot areas around the borough.
- Our Natural Estate officers are committed to protecting and improving habitats that mitigate the effects of climate change. Their aim is to target the provision of 20 hectares of publicly accessible greenspaces within 2km of every residence. Alongside this there is their ambition to improve green infrastructure through land management. They aim to link up 5 areas of urban ecological importance and to move to 60% of all farmland being managed with nature conservation aims.
- Our food waste collection scheme will start to expand to a further 20% of flats (up to 1,800 residences) in the Borough.
- Plans to alter the council's approach to grass verge maintenance will see grass areas surrounding trees left uncut through the growing season. These planned actions would help preserve the trees themselves, improve biodiversity, reduce rain run-off and protect wildlife species.

Investigations have begun into options for an electric vehicle charging hub sited on land owned by the Council on the London Road. This is in addition to a solar farm on the same site.

Comms work

A detailed communication plan has been developed and good progress has been made in profiling key programme successes. Climate change news stories have been published every two weeks since the start of May 2021. Over the course of the year a grand total of 110 climate change related articles were issued by the council. Links to some example stories are included here:

[Reducing idling cars in Bracknell Forest | Bracknell Forest Council \(bracknell-forest.gov.uk\)](https://www.bracknell-forest.gov.uk/news-releases/2021/11/23/reducing-idling-cars-in-bracknell-forest)

[Energy efficiency support for residents | Bracknell Forest Council \(bracknell-forest.gov.uk\)](https://www.bracknell-forest.gov.uk/news-releases/2021/11/23/energy-efficiency-support-for-residents)

[Eco Rewards scheme clocks up 100,000 green miles | Bracknell Forest Council \(bracknell-forest.gov.uk\)](https://www.bracknell-forest.gov.uk/news-releases/2021/11/23/eco-rewards-scheme-clocks-up-100000-green-miles)

Social media: Facebook, Twitter and Instagram, have been key communication channels. The council has over 13,000 followers on Facebook, so it is one of the most important platforms to put communication messages out through. This also has the benefit of being two-way communication, with posts generating much debate between the users and messages back to the council. The council also uses e-news letters, e.g., Parks & Countryside, Waste & Recycling, etc., in addition to Town and Country, as its other routes for messaging.

The climate change team's press releases have been used by the Bracknell News, and on local radio including BBC radio Berkshire. One particular highlight being a piece around one of our food recycling trucks being named "Dame Foodie Dench", prompting a video response from Dame Judi herself.

Local events like the Forest Giants have generated a real focus on the area and the council's work around climate change. We are therefore now exploring if additional budget for communications can be secured to extend the work to billboards, radio ads, leaflets, letter drops, etc.

Looking forward, the team will be exploring the most effective ways to communicate with schools more regularly, e.g., headteachers updates plus supporting a planned schools' climate change conference in May 2022. Also, more targeted messaging for groups like older residents, faith groups, etc. Our climate change Officer started producing weekly tips for residents for these different resident channels. The focus is on everyday things that residents can build into their routines, e.g., shorter showers, sustainable cooking, etc.

Internal communications are equally as important. Messages and articles have been put in the staff newspapers, Forest Views and Forest Views Extra helping to make the strategy more visible to all staff and councillors. There is also a Climate Change Yammer group through which all staff and councillors can post ideas or signpost others to articles of interest around climate change. Using the internal staff channels more, has opened up new internal debates around efficiencies that the council can make in its operations, such as staff talking about working from home in a more sustainable way, etc. Having now secured a regular slot in forest views for climate change content should mean that the council's priority in this area stays front and centre in staff's thinking and planning.

Wider Engagement

This report has already touched on the publicly open stance adopted by the Climate Change Advisory Panel with all sessions being recorded and available to watch via YouTube. The council aims to build on the success of these public engagement forums as it seeks to widen the opportunities for us to work in tandem with our local communities. The incoming climate change officer will focus on developing these opportunities over the next year.

In addition, there are plans during 2022/23 to engage more directly with our schools and young people. Recently, Bracknell Forest Council hosted a schools climate conference, featuring talks from Greenpeace and Chris Packham. The day consisted of inspiring presentations and workshop activities, in the hopes of empowering the local young people to become agents of change in combating climate change. There will be opportunities arising from the conference for the borough's climate change officer to engage with the schools' community to help inform a joined-up approach to communicating key messages around climate change mitigation.

A 2021 Bracknell Forest Council Business Survey was undertaken with over 500 local businesses primarily to understand the impact of COVID-19 and Brexit but it also asked for the views of local businesses around the green agenda. Among many outcomes the results (available on the [Bracknell Forest for Business](#) webpage) showed that just 51 per cent of businesses have the intention of being more environmentally friendly, just 12 per cent have set a specific target or aim to achieve net-zero and just five per cent have set a deadline to this commitment. This clearly demonstrates an opportunity for greater engagement and collaboration and is an area that the council is keen to develop in partnership with both large and small businesses over the next year. We are therefore planning to engage directly with the Bracknell Businesses Improvement District (BID) to identify ways in which we can better share knowledge, experiences, and successes.

Climate Change FAQ's

- What is the council doing with regards to home energy efficiency improvements?

Our proposed Local Plan (currently awaiting approval) proposes that all major new residential developments should be designed to achieve zero carbon homes, unless it can be clearly demonstrated that this is unviable. In which case, the development must achieve a minimum of a 19% improvement in the dwelling emission rate over the target emission rate, as defined in the 2013 Building Regulations.

New residential developments shall also meet a water efficiency standard of 110 Litres / person / day.

Non-residential developments shall meet at least BREEAM 'excellent' or equivalent standard.

Energy efficiency improvements to existing homes are targeted on a 'most in need' basis so that residents living in energy inefficient homes or those particularly vulnerable to the effects of the cold are most likely to benefit from funding support. We regularly bid for government funding to help address these needs.

- What types of local home and non-domestic energy efficiency can the council help and advise on?

Our proposed Local Plan makes it clear that developments for renewable and low carbon energy may include solar farms, wind turbines, biomass, district heating and combined heat and power (CHP) from renewable resources.

Residents can find materials to help and support them understand energy efficiency on our dedicated webpages [Renewable energy | Bracknell Forest Council \(bracknell-forest.gov.uk\)](#) (click link to see document).

- Do you have a policy on electric vehicle charging stations, locations and charging types?

The council's Transport team have produced an updated guide on its work around [EV infrastructure](#) (click link to see document).

- Please explain what you are doing to improve cycling and walking take-up?

The council already has a strategy to target active travel: [BFC Sustainable Modes Strategy](#) which contains both a - [Walking and Cycling Strategy](#); and a - [Public Transport Strategy](#); (click links to see documents).

- What are you doing to monitor your carbon footprint?

We use the Department for Business, Energy & Industrial Strategy (BEIS), annual CO2e emissions survey to measure our whole borough performance. The data for 2019 is the most recent such release and confirms that the Bracknell Forest area saw emissions reduce by 4% since 2018, and by a total of 41% since 2005. Between 2005 and 2019, the per capita rates of CO2e have reduced from 6.6 tonnes to 3.5 tonnes. Overall, the data shows the borough's CO2e reduced from 728.5 Kilotonnes to 426.1 Kilotonnes. Compared to other

local authorities in the South East of England, only Reading and Kent have reduced emissions by a higher percentage than Bracknell Forest over the 14 years.

- Can you make your climate change action plan SMARTer with objectives linked to ambitious but credible targets?

The council's Climate Change strategy is underpinned by an action plan covering about 46 projects. Each project has a climate change mitigation target and evaluation process. The strategy's effectiveness is measure in CO2e reductions, as measured in the BEIS annual CO2e emissions survey for the BFC borough area.

Quarterly Performance reports are presented to the Climate Change Advisory Panel, and updates are also published on our web pages for the public to review.

The individual targets within our climate change action plan have and continue to be reviewed and modified to better reflect SMART measures.

- What is the Council doing to reduce waste and what can we recycle?

We made changes to our waste and recycling services in March 2021 when we reduced the residual waste kerbside collections to once every three weeks whilst simultaneously introducing a weekly food waste collection. We have seen an increase in our recycling rates from 43% to 56% as a direct consequence of this action. In addition only 7% of all household waste now ends up as landfill.

For information on what can be recycled please check this link: [re3 re3cyclopedia \(fccenvironment.co.uk\)](https://www.re3re3cyclopedia.fccenvironment.co.uk)

- How are your policies helping to protect biodiversity?

The Council's new Local Plan includes Policy LP 46 Biodiversity which requires a minimum 10% biodiversity net gain from all new developments and a 20% net gain for specific developments. The same developments are also required to provide suitable ecological survey information (including for protected and priority species) prior to the determination of a planning application. In accordance with this policy, developments are expected to retain, protect, enhance and buffer ecological features and create new features where possible. They are also expected to avoid fragmentation of habitats and create coherent ecological networks.

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Our action towards net zero 2050

Converted all of our street lighting to LEDs



Improved our waste recycling rates from 43% to 56%

New interactive cycling route maps launched



Purchased 100% renewable electricity for supplying the council estate since April 2021



Secured Public Sector Decarbonisation funding to help us create heat decarbonisation plans for our property estate



35 EV charging points across borough currently with further 32 planned to be delivered shortly



New cycle crossings created in Binfield and Crowthorne.

Have improved the average energy rating across all borough homes to a

'C'



187,132 green miles logged on the EcoRewards active travel scheme in 21/22 with a calculated CO2 saving of 40.8 tonnes



Embedded climate change impacts within all council project decision reports

Have seen improvements in air quality measurements in both of our targeted areas – Crowthorne High Street and the A322/A329 link



Initiated a weekly household kerbside food waste collection diverting more than 6,000 tonnes away from landfill in the first year.



Supported more than 500 residents to help make their homes more energy efficient



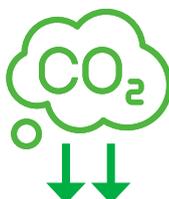
Planted almost 3,000 trees in the last year alone



Worked to align climate change ambitions within all Public Health policies

Reduced total waste going to landfill to just 7%

14% reduction in the Council's direct CO2e emissions in last 2 years



139

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