

## Evidence Pack

### Wellbeing and Finance Overview and Scrutiny Panel

Councillor Tullett (Chairman),  
Councillor Mrs Mattick (Vice-Chairman),  
Councillors Allen, Atkinson, Bhandari, Brossard, Finch,  
Mrs L Gibson, MJ Gibson, McLean, Skinner and Temperton



### Also Invited:

All non-executive Councillors

**Thursday 20 February 2020, 9.30 am - 2.30 pm**  
**Council Chamber - Time Square, Market Street, Bracknell,**  
**RG12 1JD**

## Evidence Pack

| Item | Description  | Page     |
|------|--|----------|
| 1.   | <b>The Scope of the Review and Background Information</b>  | 3 - 4    |
| 2.   | <b>Timetable for the Day</b>   | 5 - 6    |
| 3.   | <b>Link to the Current Health and Wellbeing Strategy</b>   |          |
|      | <a href="#">Seamless Health 2016 to 2020 Health and Wellbeing strategy</a>   |          |
| 4.   | <b>Executive Member Adult Services, Health and Housing</b>   |          |
|      | Evidence to follow<br>The evidence provided will be the Executive Member's response to the scope.  |          |
| 5.   | <b>Public Health Bracknell</b>   | 7 - 58   |
|      | The evidence provided outlines the key elements of the current Public Health, Health Improvement Programme relating to healthy eating, activity and exercise in response to the scope. |          |
| 6.   | <b>East Berkshire Clinical Commissioning Group (CCG)</b>   | 59 - 70  |
|      | The evidence provided outlines health and wellbeing in Bracknell Forest in response to the scope.  |          |
| 7.   | <b>Mental Health and out of Hours Services and Community Mental Health</b>   | 71 - 92  |
|      | The evidence provides details of how mental health links to physical health, activity and exercise in response to the scope.   |          |
| 8.   | <b>Partnerships</b>  | 93 - 106 |
|      | The evidence provided outlines how partnerships in Bracknell Forest within Education and Learning contribute to healthy eating, activity and   |          |

### EMERGENCY EVACUATION INSTRUCTIONS

If you hear the alarm, leave the building immediately. Follow the green signs. Use the stairs not the lifts. Do not re-enter the building until told to do so.

|    |  |           |
|----|--|-----------|
|    | exercise outcomes for young people.  |           |
| 9. | <b>Leisure Services</b>  | 107 - 112 |
|    | The evidence provided responds to the scope and outlines the expectations and performance measures for Everyone Active relating to healthy eating, activity and exercise in the Borough. |           |

Sound recording, photographing, filming and use of social media is permitted. Please contact [kirstine.berry@bracknell-forest.gov.uk](mailto:kirstine.berry@bracknell-forest.gov.uk) so that any special arrangements can be made.

Published: 10 February 2020

#### **EMERGENCY EVACUATION INSTRUCTIONS**

If you hear the alarm, leave the building immediately. Follow the green signs. Use the stairs not the lifts. Do not re-enter the building until told to do so.

## Scope and Background Information for the Healthy Eating, Activity and Exercise Scrutiny Review.

### Background to this review

On 5 November 2019 the O&S Commission commissioned a scrutiny review to contribute to the Council Plan by scrutinising weight management services provided within Bracknell Forest and respond to an observed underperformance in the Q1 Quarterly Service Report.

| Work Programme Proposal  |   |
|--|---|
| <b>Review title:</b>   | Healthy Eating, Activity and Exercise   |
| <b>Why are you asking for scrutiny's input? (optional)</b>         | To contribute to the Council Plan and in response to an observed underperformance in the Q1 QSR 4.3.07  |
| <b>Scope</b><br>(What exactly needs to be looked at?)              | To contribute to and provide effective input into the development of a weight management strategy by:<br>* Investigating the emphasis given to physical activity and weight management services<br>* Reviewing the role of Leisure Services<br>* Investigating the links between physical health and mental health<br>* Reviewing opportunities for joint working |
| <b>What is to be achieved?</b>                                     | Providing effective input into the development of a Weight Management Strategy  |
| <b>Council theme</b><br>(Select one option from drop down list)    | Caring for you and your family  |
| <b>Decision maker</b><br>(Select one option from drop down list)   | Councillor D Birch, Executive Member for Adult Services, Health and Housing   |
| <b>Time Constraints</b>  | January/February 2020 - Strategy to be agreed in April 2020   |
| <b>Portfolio holder</b><br>(Select one option from drop down list) | Councillor D Birch, Executive Member for Adult Services, Health and Housing   |
| <b>Directorate</b><br>(Select one option from drop down list)      | People  |
| <b>Which team is affected?</b>                                     | Public Health   |

Please note: The scope should say “To contribute to and provide effective input into the development of a weight management strategy....”

- The topic was suggested at the workshop of the ASCH&H O&S Panel in July 2019.
- The current Bracknell Forest [Seamless Health 2016 to 2020 Health and Wellbeing strategy](#) is being re-written in 2020. This review will contribute to that new strategy.

### Situation:

There is an observed underperformance in the Q1 QSR 4.3.07 for 2019/20 which is amber RAG rated as at 30/06/2019. An amber RAG rating is where performance is causing concern. It is identified that the stage of Health Improvement Services is ‘in progress’ with a due date of 30/03/2020 but that the percentage complete stands at 0%. The comment narrative indicates that physical activity and weight management services continue to be provided as an element of health improvement.

Bracknell Forest do not currently have a weight management strategy in place.

### Objectives. What do we want to achieve from this review?

To examine and scrutinise the observed underperformance in the Q1 QSR for weight management in the Borough.

To contribute to the Council Plan by providing effective, evidence based input into the development of a Health and Wellbeing Strategy with a focus on healthy eating, activity and exercise.

To provide indications of financial and resourcing implications for any recommendations made as a result of this review.

### **Strategy. Broadly what are we doing?**

By scrutinising the current provision of weight management services, healthy eating, activity and exercise levels within Bracknell Forest, we will contribute to the Council Plan and provide constructive, evidence based input into the development of a health and wellbeing strategy that fulfils the Council's legal obligations and provides effective and sustainable services to residents of the Borough.

## Item 2

### Timetable for the day

|               |  |
|---------------|--|
| 09.30 – 10.15 | 1. Executive Member for Adult Services, Health and Housing:<br>Councillor Dale Birch   |
| 10.15 – 11.00 | 2. Public Health Bracknell: Maureen Mandirahwe, Interim Public<br>Health Programme Manager and Cynthia Folarin, Consultant in Public<br>Health |
| 11.00 – 11.15 | <b>Break</b>   |
| 11.15 – 12.00 | 3. Locality Lead, Bracknell and Ascot Clinical Commissioning Group<br>(CCG) Dr Jackie McGlynn  |
| 12.00 – 12.45 | 4. Interim Assistant Director for Mental Health and Out of Hours<br>Service: Tony Dwyer  |
| 12.45 – 13.30 | <b>Lunch, Break and adjourn meeting</b>  |
| 13.30 – 14.30 | 5. Group session to summarise and make recommendations   |

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# Healthy Eating, Activity and Exercise Scrutiny Review – February 2020

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Item 5



Public Health

Cynthia Folarin – Consultant in Public Health

Maureen Mandirahwe – Public Health Programme Manager

# Introduction

*We have been asked to look at healthy eating, activity and exercise, and have put this into context in terms of the Bracknell Forest population.*

*Bracknell Forest is currently an affluent place to live, however this is hiding areas of deprivation where poorer health outcomes are experienced.*

*This document outlines key elements of the current Public Health, Health Improvement Programme relating to healthy eating, activity and exercise. We have set out the initiatives that the Public Health Team have implemented to address these concerns.*

*This is the Public Health, Health Improvement Programme branding* →





# SECTION 1:

## INDICATOR 4.3.07

- What is being measured?
- Why is this being measured?
- How is this data being used?
- What does it tell Councillors?

# What is being measured?

Source:

InPhase indicator 4.3.07 (Quarter 1 QSR): Health improvement services

Scope:

“Develop or commission a range of health improvement services aimed at supporting healthy and active lives (e.g. weight management, smoking cessation, physical activity and social prescribing)”

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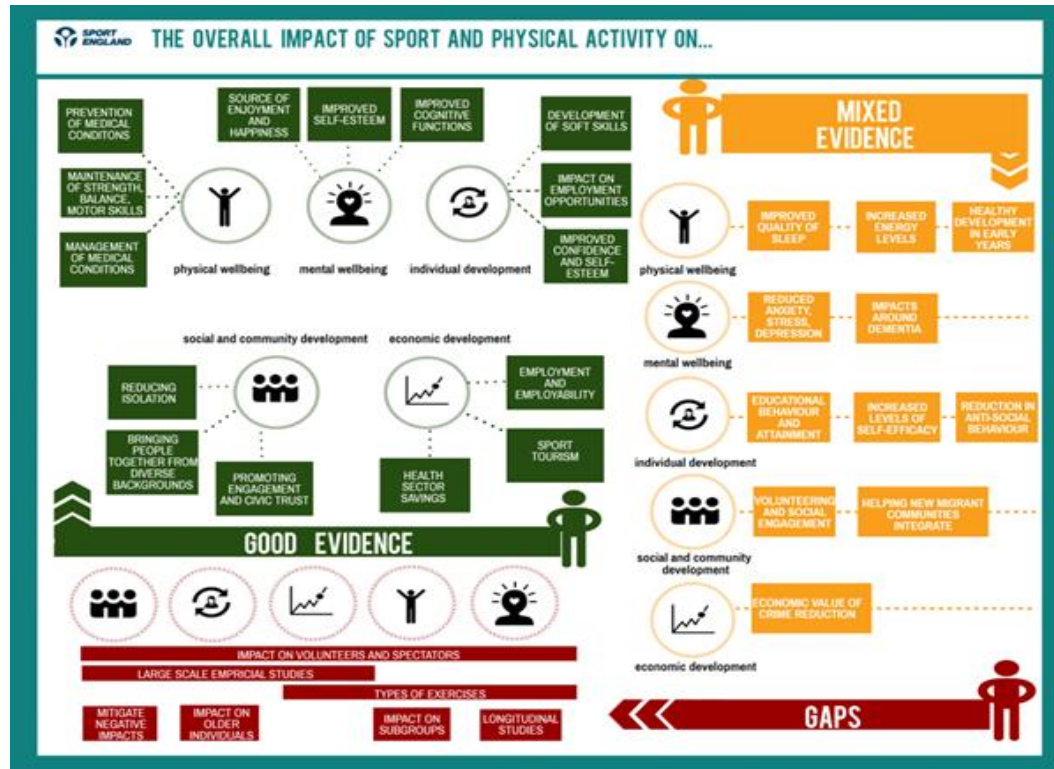
# Why is this being measured? (Healthy Eating)

- A healthy diet contributes to a healthy weight and can prevent a range of preventable health conditions such as cardiovascular diseases, cancer and type 2 diabetes
- Excessive body fat is linked to a wide range of diseases including obesity which is one of the leading preventable causes of early death
- Escalating level of overweight and obesity among children and adolescents is of concern, as there is a link between childhood and adolescent obesity and increased risk of morbidity in adulthood
- Direct and indirect costs to the health and social care as a result of diseases related to Obesity



# Why is this being measured?\*(Physical activity/exercise)

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Source - <https://www.gov.uk/government/publications/physical-activity-guidelines-infographics>

# How is this data being used?

- Contributing to the Joint Strategic Needs Assessment (JSNA)
- Contributing to the Joint Health and Wellbeing Strategy
- Contributing to the council plan
- To raise awareness of Public Health programmes; Health Protection and Health Improvement
- To inform Public Health strategy development
- To prioritise areas of work
- To inform our work with local partners
- To inform the system around the health needs of residents
- To inform and direct improvements in individual and population health
- To identify areas of health inequalities, and the wider determinants of health

# What does it tell Councillors?

- State of the population's health in the borough and wards, across whole life (Life Course approach)
- Provides local elected members and officers with appropriate evidence for their work in promoting wellbeing across the local population.
- Highlights areas which require further support to raise awareness
- Shows how we compare with our neighbours, as well as nationally
- Provides the evidence to help Councillors make informed decisions and influence policy and strategies of key partners
- Helps Councillors distil the key objectives which may be applicable for the Council Plan, as well as wider health and wellbeing strategies

# SECTION 2:

## Public Health Outcomes Framework (PHOF)

- Background to the data
- <sup>15</sup> Definitions and thresholds of obesity used to determine when individuals (whole life) are considered overweight, obese etc.

# Background to the Data

## Background to the Data:

Data used to assess healthy eating, weight (healthy, overweight and obesity) and physical activity prevalence and trends are derived from a wide variety of sources, including population surveys, school-based assessments, clinical data, and cohort studies. This data is available from the PHE Public Health Outcomes framework (PHOF) on the Fingertips platform: <https://fingertips.phe.org.uk/>

For children, the main source of data on healthy weight, overweight and obesity is the National Child Measurement Programme for England (NCMP) which includes most children in reception year (aged 4-5) and year 6 (aged 10-11). Additionally, Health Survey for England (HSE) also collects data on childhood obesity. This covers all children aged 2-15, however, this has a lower coverage than NCMP and therefore the estimates are less.

For adults, the data source is the Active Lives Survey, Sport England.

Compiling and evaluating data from a range of sources allows a more complete picture of healthy eating, weight and physical activity which is what the public health team has done for this project.

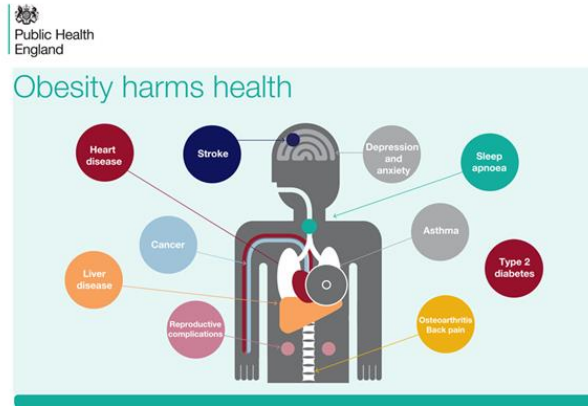
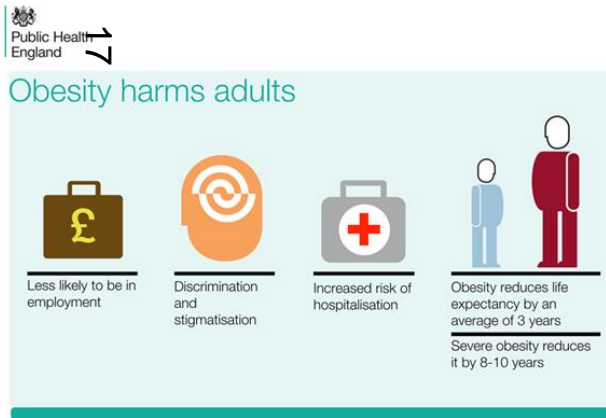
## Context to the Data:

All indicators require context in order to understand them. In general, the indicator values are somewhat abstract. To make them meaningful, they are presented in comparison to other values of the same indicator as shown in the PHOF indicators.



# Definitions and Thresholds of Obesity

- Obesity is when an individual has abnormal or excessive body fat that presents a risk to their health.
- Generally caused by consuming more calories than you burn off through physical activity.
- Obesity is a risk factor for a number of chronic diseases such as type 2 diabetes, cardiovascular disease and some cancers.



Source - <https://www.gov.uk/government/publications/adult-obesity-applying-all-our-health/adult-obesity-applying-all-our-health>

# Definitions and Thresholds of Obesity

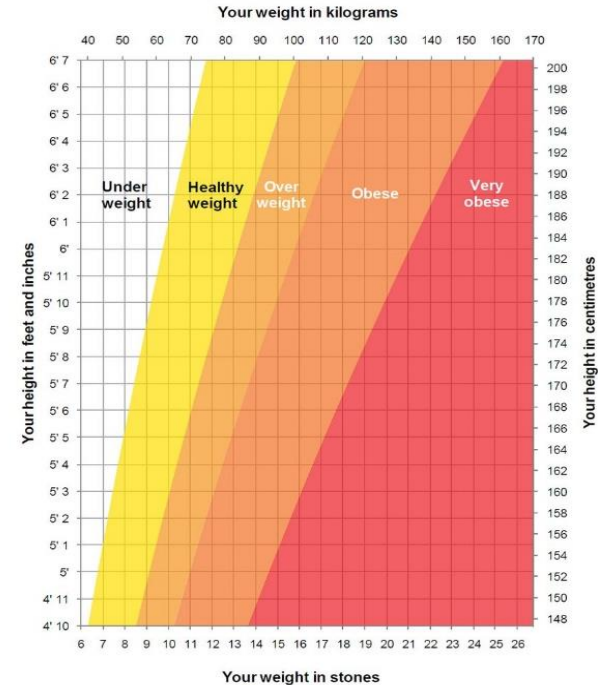
- Obesity is defined by measurement of body mass index (BMI) over 30 kg/m<sup>2</sup>
- BMI is calculated by dividing weight (kg) by height (m)<sup>2</sup>

| BMI Range   | What does it mean?                  |
|-------------|-------------------------------------|
| Below 18.5  | You are in the underweight range    |
| 18.5 – 24.9 | You are in the healthy weight range |
| 25 – 29.9   | You are in the overweight range     |
| 30+         | You are in the obese range          |

## Children and Young People

For children and young people aged 2-18, BMI considers age and gender as well as height and weight and is expressed as a centile

| BMI Range  | What does it mean?                    |
|--|---------------------------------------|
| On the 2 <sup>nd</sup> centile of below              | Child is in the underweight range     |
| Between 2 <sup>nd</sup> and 91 <sup>st</sup> centile | Child is in the healthy weight range  |
| On the 91 <sup>st</sup> centile or above             | Child is in the overweight range      |
| On the 98 <sup>th</sup> centile of above             | Child is in the very overweight range |



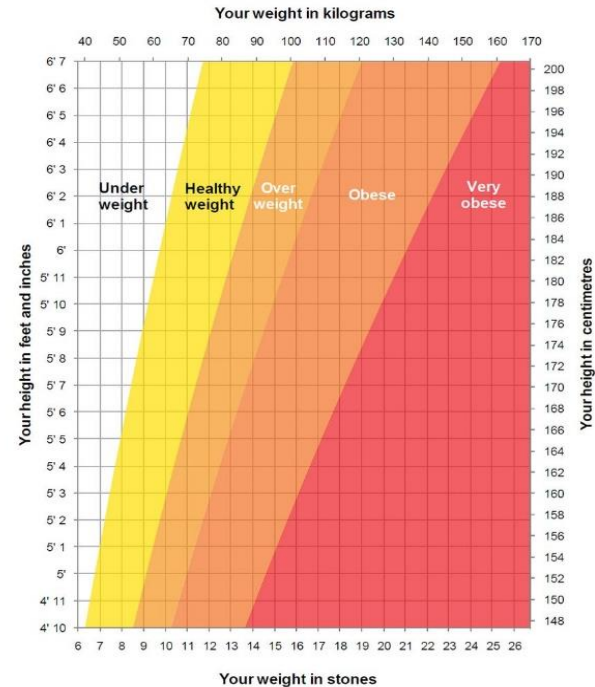
# Definitions and Thresholds of Obesity

## Black, Asian and other minority ethnic groups

Black, Asian and other minority ethnic groups have a higher risk of developing some long-term (chronic) conditions, such as type 2 diabetes. Therefore, adults with a **BMI of 23.0 kg/m<sup>2</sup> or more** are at increased risk, or **27.5 kg/m<sup>2</sup> or more** are considered at high risk.

## Accuracy of BMI

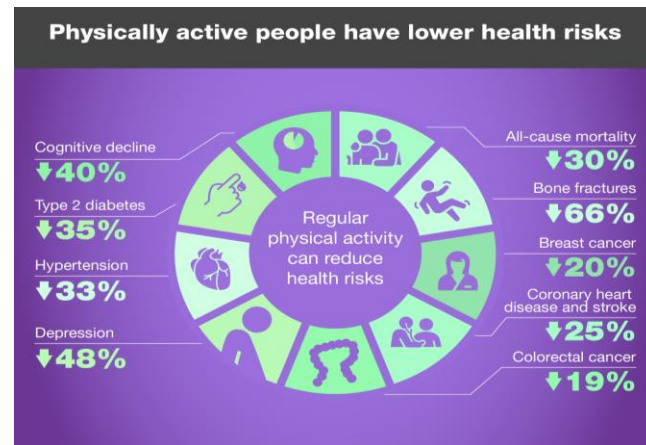
Although BMI considers natural variations in body shape, giving a healthy weight range for a particular height, it does not differentiate between any individuals muscle and fat content. Muscle is much more dense than fat, therefore very muscular people, such as athletes, rugby players or weight trainers, may be a healthy weight even though their BMI is classed as obese.



Source - <https://www.nhs.uk/common-health-questions/lifestyle/what-is-the-body-mass-index-bmi/>

# Definitions of physical activity

- Physical activity is simply movement of the body that uses energy
- It takes many forms, occurs in many settings and has many purposes (e.g. daily activities, active recreation and sport)
- Health enhancing physical activity includes cardiovascular activity, muscle and bone strengthening activity and balance training activity.
- Physical activity not only promotes good health and helps prevent and manage disease; it also contributes to a range of wider social, environmental and economic benefits for communities and wider society.



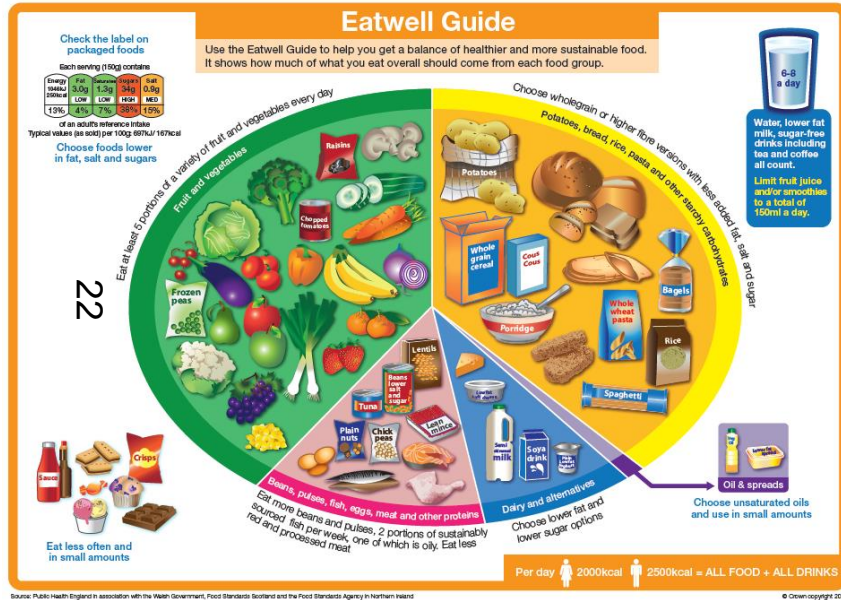
Source - <https://www.gov.uk/government/publications/health-matters-physical-activity/health-matters-physical-activity-prevention-and-management-of-long-term-conditions>

# SECTION 3:

## Evidence

- What does the evidence tell us about healthy eating, activity and exercise
- How does this compare locally and versus national data?

# What does the evidence tell us about healthy eating?



- The Eatwell Guide shows the different amounts of each food group we should have to form a healthy balanced diet.
- The proportions shown are representative of your food consumption over a day, week or month, not necessarily each meal-time
- It applies to most people regardless of weight, dietary requirements/preferences or ethnic origin.

# What does the evidence tell us about healthy eating?

## Salt

- Eating too much can raise your blood pressure and increase your risk of heart disease and stroke
- Adults should eat no more than 6g a day

## Sugar

- Eating too much increases your risk of obesity and tooth decay
- Ideally no more than 5% of the energy we consume should come from free sugars
- Currently children and adults across the UK are consuming 2-3 times that amount.

## Saturated Fat

- Eating too much may increase cholesterol and risk of heart disease
- Men should have no more 30g a day and women no more than 20g a day

| Age                             | Recommended maximum free sugars intake | Sugar cubes |
|---------------------------------|--|-------------|
| 4-6 years                       | No more than 19g/day                   | 5 cubes     |
| 7-10 years                      | No more than 24g/day                   | 6 cubes     |
| From 11 years, including adults | No more than 30g/day                   | 7 cubes     |

Source - <https://www.gov.uk/government/publications/the-eatwell-guide>

# Healthy eating - how does this compare locally and nationally?

| Indicator   | Period  | Bracknell Forest | South East Region | England |
|---|---------|------------------|-------------------|---------|
| Percentage who eat 5 portions or more of fruit and veg per day at age 15: | 2014/15 | 53.1             | 54.4              | 52.4    |

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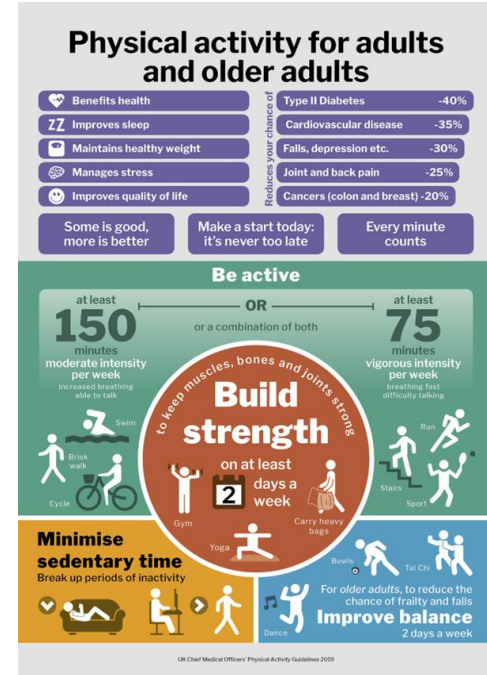
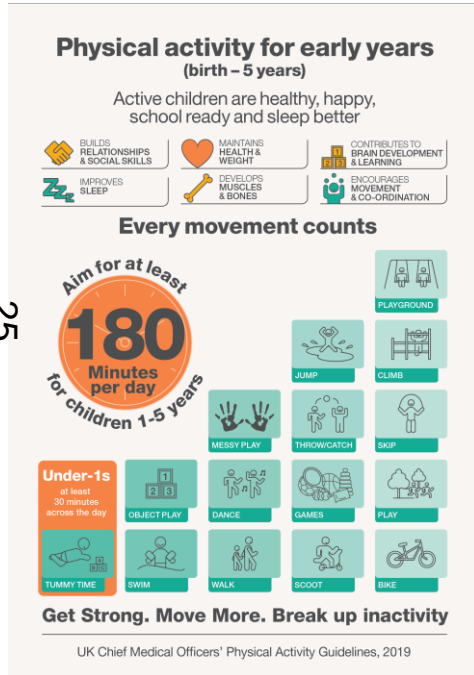
Note: Green = Better, Amber = Similar, Blue = Lower, Red = Worse

Source: <https://fingertips.phe.org.uk/indicator-list/view/Xh5NMT9Y70#page/4/gid/1/pat/6/par/E12000008/ati/202/are/E06000036/iid/91496/age/44/sex/4>



# What does the evidence tell us about physical activity?

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Source - <https://www.gov.uk/government/publications/physical-activity-guidelines-infographics>

# Physical activity - how does this compare locally

| Indicator   | Period  | Bracknell Forest | South East Region | England |
|---|---------|------------------|-------------------|---------|
| % of physically active adults (19+ years)                               | 2017/18 | 73.9             | 69.8              | 66.3    |
| % physically inactive adults (19+ years)                                | 2017/18 | 15.1             | 19.0              | 22.2    |
| % of adults walking for travel at least three days per week (16+ years) | 2017/18 | 19.1             | 22.8              | 23.1    |
| % of adults cycling for travel at least three days per week (16+ years) | 2017/18 | 4.1              | 3.6               | 3.2     |
| % of adults who do any cycling, at least three times a week (16+ years) | 2014/15 | 6.2              | 4.9               | 4.4     |
| % of adults who do any cycling, at least once per month (16+ years)     | 2014/15 | 19.4             | 16.8              | 14.7    |

Note: Green = Better, Amber = Similar, Blue = Lower, Red = Worse

Source - <https://fingertips.phe.org.uk/indicator-list/view/tOxCG9xo7E#page/0/gid/1/pat/6/par/E12000008/ati/202/are/E06000036>

# PHYSICAL ACTIVITY PARTICIPATION LEVELS – LATEST DATA

## Box 1: ADULT PHYSICAL ACTIVITY LEVELS

**68.8% are ACTIVE:**  
at least 150 minutes per week  
**13.2% are FAIRLY ACTIVE:**  
30-149 minutes per week  
**17.9% are INACTIVE:** less  
than 30 minutes per week



### HOW DOES THIS COMPARE?



|               | Berkshire | England |
|---------------|-----------|---------|
| Active        | 66.2%     | 62.6%   |
| Fairly active | 11.7%     | 12.3%   |
| Inactive      | 22.1%     | 25.1%   |



2<sup>nd</sup> lowest rates of inactivity in  
Berkshire, 1.8% increase in  
inactivity since 2016/17 (1)

## Box 2:

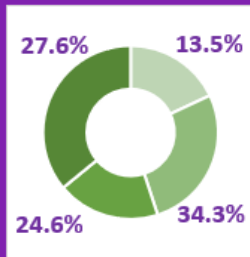


Volunteering levels are 3<sup>rd</sup> lowest in  
Berkshire (13.6%). (1) Across England  
and Berkshire, disabled people are  
less likely to be active. (3)

South Asian people in Berkshire are less active than  
White British, but people from mixed  
backgrounds have higher levels of activity. (3)



## Box 3: CHILDREN AND YOUNG PEOPLE ACTIVITY LEVELS



**13.5% are ACTIVE EVERY DAY:** at least 60 minutes daily  
**34.3% are ACTIVE ACROSS THE WEEK:** average of  
60 minutes per day but not daily  
**24.6% are FAIRLY ACTIVE:** average of 30-59  
minutes per day  
**27.6% are LESS ACTIVE:** less than an average of 30  
minutes per day



**IS THIS GOOD?** Lowest levels of 'active  
every day' and 'less active' across  
Berkshire, highest number of 'active  
across the week' (2)

## Box 4: ACTIVITY BY GENDER



Active  
67.9%

Inactive  
18.4%

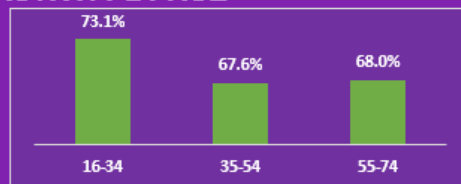


Active  
69.9%

Inactive  
17.4%

However, across Berkshire and  
England, Men are more active  
than women (1)

## Box 5: ACTIVITY BY AGE



In Bracknell Forest, activity rates no not  
follow that national trend of declining with  
age – they slightly increase in older age (1)

Box 1 source: Sport  
England Active Lives  
survey, which breaks  
down physical  
activity into those  
who are "Active" and  
those who are "Fairly  
Active"

Note: This figure is  
different to the  
Public Health  
Outcomes  
Framework which  
looks at the overall %  
of physically active  
individuals (73.9%)  
but does not break  
this down any  
further

## References:

1 - <https://www.sportengland.org/media/13898/active-lives-adult-november-17-18-report.pdf>

2 - <https://www.sportengland.org/media/13698/active-lives-children-survey-academic-year-17-18.pdf>

# Obesity Data - How does this compare locally and nationally?

| Indicator  | Period  | Bracknell Forest | South East Region | England |
|--|---------|------------------|-------------------|---------|
| Reception: Prevalence of healthy weight (Persons, 4-5 yrs)                           | 2018/19 | 79.4             | 78.1              | 76.5    |
| Reception: Prevalence of overweight (Persons, 4-5 yrs)                               | 2018/19 | 11.1             | 12.7              | 12.9    |
| Reception: Prevalence of overweight (including obesity) (Persons, 4-5yrs)            | 2018/19 | 19.4             | 21.2              | 22.6    |
| Reception: Prevalence of obesity (including severe obesity) (person's 4-5 yrs)       | 2018/19 | 8.4              | 8.5               | 9.7     |
| 28 Year 6: Prevalence of healthy weight (Persons, 10-11 yrs)                         | 2018/19 | 69.9             | 68.3              | 64.3    |
| Year 6: Prevalence of overweight (Persons, 10-11 yrs)                                | 2018/19 | 12.1             | 13.5              | 14.1    |
| Year 6: Prevalence of overweight (including obesity) (Persons, 10-11 yrs)            | 2018/19 | 28.4             | 30.3              | 34.3    |
| Year 6: Prevalence of obesity (including severe obesity) (Persons, 10-11 yrs)        | 2018/19 | 16.3             | 16.8              | 20.2    |
| Percentage of adults (ages 18+) classified as overweight or obese (Persons, 18+ yrs) | 2017/18 | 62.5             | 60.3              | 62      |

Note: Green = Better, Amber = Similar, Blue = Lower, Red = Worse

Source - <https://fingertips.phe.org.uk/indicator-list/view/YLvmrbUOlz#page/0/gid/1/pat/6/par/E12000008/ati/101/are/E06000036>

**BOX 6: OVERWEIGHT AND OBESITY**

Adult Obesity: 63% overweight and obese, the 2<sup>nd</sup> highest in Berkshire and higher than England (62%) and the South East (60%) (2017-18)<sup>4</sup>



Children's obesity: 12% overweight, the 4<sup>th</sup> highest in Berkshire and lower than England (14%) and the South East (14%) (2018-19)<sup>5</sup>



16% obese and severely obese, the 3<sup>rd</sup> highest in Berkshire but lower than England (20%) and the South East (17%) (2018-19)<sup>6</sup>

3% severely obese, joint 5<sup>th</sup> in Berkshire, lower than England (4%) and equal to the South East (3%) (2018-19)<sup>7</sup>



Diabetes prevalence: 5.9%, 2<sup>nd</sup> highest in Berkshire, but lower than England (6.9%) and the South East (6.2%) (2018-19)<sup>8</sup>

**BOX 7: TRAVEL**

Percentage of adults cycling for travel at least three days a week: 4.1%, 2<sup>nd</sup> highest in Berkshire and higher than England (3.2%) and the South East (3.6%) (2017-18)

**KEY ISSUES IN BRACKNELL FOREST****BOX 8: MENTAL HEALTH DISORDERS:**

Hospital admissions for mental health conditions (per 100,000 individuals): 78.4, this is the lowest in Berkshire and is lower than England (84.7) and the South East (85.7). (2017-18).

Percentage of adults in contact with secondary mental health services: 4.1%, this is 3<sup>rd</sup> highest in Berkshire however is lower than England (5.4%) and the South East (4.5%) (2014-15).

Depression 18+: 13% prevalence. This is the highest in Berkshire, higher than 87% of our statistical neighbours and higher than England (11%) and the South East (11%) (2018-19)<sup>11</sup>

Estimated prevalence of mental health disorders in children and young people (aged 5-16): 8.3%, this is 3<sup>rd</sup> highest in Berkshire, however is lower than England (9.2%) and the South East (8.5%)

**BOX 9: SOCIAL AND COMMUNITY DEVELOPMENT**

Social contact: 45% of social care users get enough. This is the 3<sup>rd</sup> highest in Berkshire and higher than 47% of our statistical neighbours, but slightly lower than England (46%) and the South East (47%)<sup>12</sup>

**BOX 10: EDUCATION AND TRAINING**

16-17 year old's not in education, employment or training (NEET) or whose activity is not known (2019): 4.7% in Bracknell Forest. This is new data and the comparative figures to Berkshire and England are not yet known

**BOX 11: WIDER DETERMINANTS**

2.4% of people are unemployed (2017)<sup>16</sup>  
Bracknell Forest has highest employment levels in Berkshire (84%) and is higher than England (75.6%) and South East (79.0%) (2019)<sup>17</sup>



9.1% of children are in low income families (3<sup>rd</sup> lowest in Berkshire) and lower than England (17.0%) and the South East (12.9%) (2016)<sup>18</sup>

Income deprivation: 8.2%, which is the 3<sup>rd</sup> highest in Berkshire. This is however lower than 80% of our statistical neighbours and lower than England (14.6%) (2015)<sup>19</sup>

Bracknell Forest is 3<sup>rd</sup> in terms of the deprivation levels in Berkshire and 89% of local authority areas in England are more deprived (2019)<sup>19</sup>

**References:**

4-13 and 15-17 – Public Health Outcome Framework.

14 - <https://www.nomisweb.co.uk/reports/lmp/la/1946157279/report.aspx?town=bracknell>

18 - <https://www.nomisweb.co.uk/reports/lmp/la/1946157279/report.aspx?town=bracknell#tabempunemp>

19 - <https://www.gov.uk/government/statistics/english-indices-of-deprivation-2019>



Bracknell  
Forest  
Council

# SECTION 4:

## Strengths:

- Where is Bracknell Forest doing well against identified metrics?

# Where is Bracknell Forest doing well?

## 1. Overweight and Obesity Levels

- Obesity patterns in Bracknell Forest mirror the natural evolution in that it increases with age.
- The most up to date data is from PHOF - 2018/19 for children and 2017/18 for adults.
- On analysis, we have more children with healthy weight compared to the South East region and England as a whole (Slide 22).
- We have less children who are overweight or obese.
- The picture for adults on overweight and obesity is similar to regional and England levels (Slide 22).
- Findings across the life course show that we are better than average (GREEN) on most PHOF indicators with the remainder showing the same (AMBER) or lower (BLUE) than the regional or national average.
- We currently have no overweight or obesity indicators which show that we are worse (RED) than regional or national averages. The trend over time shows no significant change.
- Local analysis by Wards and Schools (Slide 33) shows a concentrated area of higher than regional or national prevalence of overweight and obesity.

## 2. Physical Activity:

- Physical activity levels (Slide 20) of our adult population show that we are better (GREEN) than regional or England levels; with walking and cycling better or similar (GREEN, AMBER).
- There is no PHOF data on local children's physical activity. Based on Sport England Active Lives survey 2017/18 physical activity in local children shows a mixed picture. Compared to the rest of Berkshire, whilst we have the highest levels of children classified as "active across the week", in contrast, we have the lowest in both those classified as "less active" in the week "active every day".

## 3. Healthy Eating

- Healthy eating levels (Slide 18) of our adult population show that we are better (GREEN) than regional or England levels. No PHOF data on children is available.

# SECTION 5:

What MUST the council provide in relation to healthy eating, activity and exercise?



# Services the council MUST provide

Local authorities since 1 April 2013, been responsible for improving the health of their local population and for public health services.

- Reg 3 requires local authorities to provide a weighing and measuring service for children (reception and year 6) to determine obesity levels
- Services such as NHS Health Checks and smoking cessation contribute to the reduction in health inequalities across the life course, including hard to reach groups and in narrowing the gap in life expectancy between more deprived vs. less deprived wards

## Duties as to improvement of public health

After section 2A of the National Health Service Act 2006 insert—

### "2B Functions of local authorities and Secretary of State as to improvement of public health

- (1) Each local authority must take such steps as it considers appropriate for improving the health of the people in its area.
- (2) The Secretary of State may take such steps as the Secretary of State considers appropriate for improving the health of the people of England.
- (3) The steps that may be taken under subsection (1) or (2) include—
  - (a) providing information and advice;
  - (b) providing services or facilities designed to promote healthy living (whether by helping individuals to address behaviour that is detrimental to health or in any other way);
  - (c) providing services or facilities for the prevention, diagnosis or treatment of illness;
  - (d) providing financial incentives to encourage individuals to adopt healthier lifestyles;
  - (e) providing assistance (including financial assistance) to help individuals to minimise any risks to health arising from their accommodation or environment;
  - (f) providing or participating in the provision of training for persons working or seeking to work in the field of health improvement;
  - (g) making available the services of any person or any facilities.
- (4) The steps that may be taken under subsection (1) also include providing grants or loans (on such terms as the local authority considers appropriate).
- (5) In this section, "local authority" means—
  - (a) a county council in England;
  - (b) a district council in England, other than a council for a district in a county for which there is a county council;
  - (c) a London borough council;
  - (d) the Council of the Isles of Scilly;
  - (e) the Common Council of the City of London."

## SECTION 6:

What does the council provide residents in relation to healthy eating, activity and exercise?

# Current Services which are provided

## Children and Young People

| Weight Management  | Physical Activity   | Healthy Eating   | Mental Health and Wellbeing  |
|--|---|--|--|
| National Child Management Programme (NCMP)   | Get Berkshire Active Satellite Clubs  | Public Protection Partnership delivering healthy eating workshops in primary schools | Young Health Champions programme (including youth mental health first aid)                                     |
| Aim to provide a weight management programme for those identified as obese or overweight, using a family centred approach in line with national guidance | Interactive community Map – focused children section containing PA groups                         | Change4life and Start4life social media campaigns                                    | THRIVE! Bracknell children and young people's health and wellbeing website                                     |
| Public Health Portal   | Physical Activity social media campaigns including #movingis and #movingcan (across LA's and ICS) | THRIVE! Bracknell children and young people's health and wellbeing website           | Young Commissioners – Young Health Champions partaking in procurement of digital mental health service         |
|  | THRIVE! Bracknell children and young people's health and wellbeing website                        | Public Health Portal   | Social media campaigns including Children's Mental Health Week, Time to Talk Day, Mental Health Awareness day. |
|  | Public Health Portal  |  | Public Health Portal   |

# Current Services which are provided

## Adults

| Weight Management  | Physical Activity   | Healthy Eating   | Mental Health and Wellbeing  |
|--|---|--|--|
| Slimming World   | Fit For All – including seated exercise   | Slimming World   | Social media campaigns including Time to Talk Day, Mental Health Awareness day |
| Weight Watchers – National Prevention Diabetes Programme (CCG) | 152 community groups and activities in the “Get Active” category of the online community map      | Weight Watchers – National Prevention Diabetes Programme (led by East Berkshire CCG) | Social prescribing and community connectors                                    |
| Public Health Portal   | Physical Activity social media campaigns including #movingis and #movingcan (across LA’s and ICS) | Library / Open Learning Centre Courses – Healthy eating and cooking courses          | Public Health Portal   |
|  | Leisure services  | Public Health Portal   |  |
|  | Public Health Portal  |  |  |

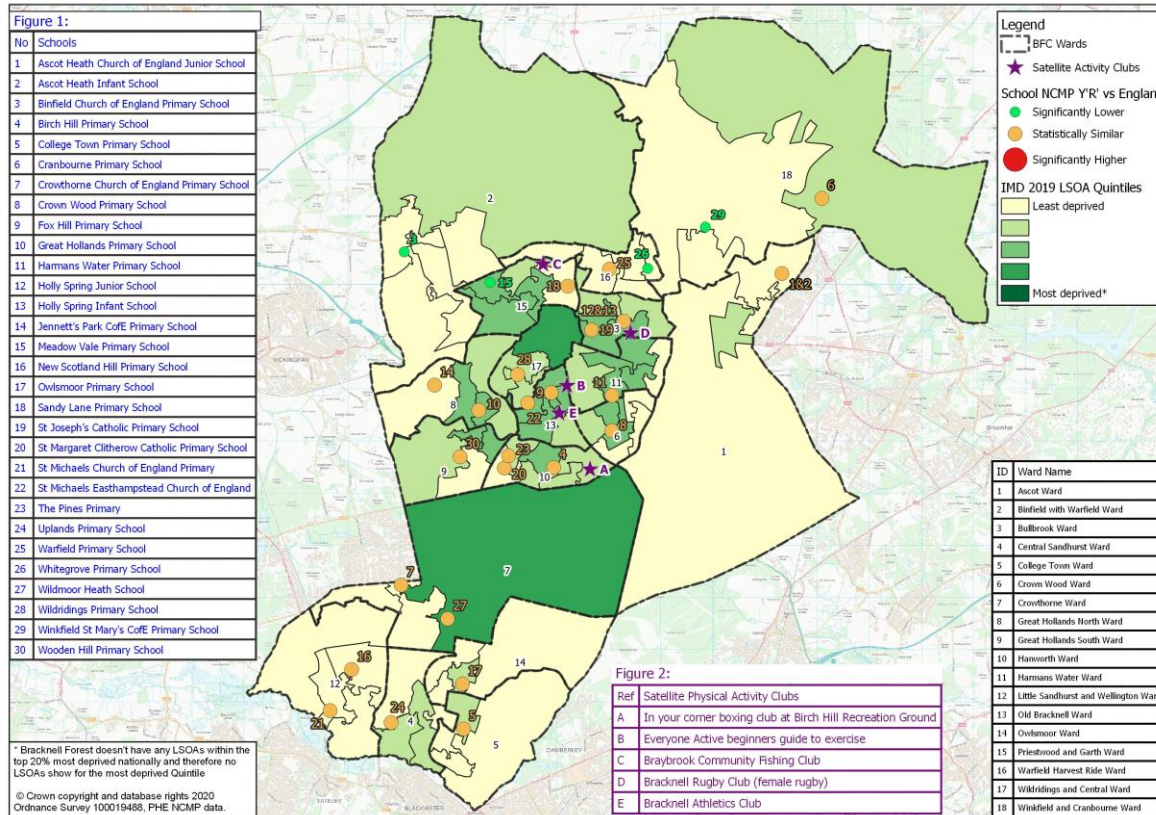
# Current Services which are provided

## Older Adults

| Weight Management  | Physical Activity   | Healthy Eating   | Mental Health and Wellbeing  |
|--|---|--|--|
| Slimming World   | Fit For All – including seated exercise   | Slimming World   | Social media campaigns including Time to Talk Day, Mental Health Awareness day |
| Weight Watchers – National Prevention Diabetes Programme (led by East Berkshire CCG) | Strength and Conditioning Exercises and groups such as a Dancing Group (Coopers Hill), U3A -Ballroom Dancing and Fit for Life (50+) | Weight Watchers – National Prevention Diabetes Programme (led by East Berkshire CCG) | Social prescribing and community connectors                                    |
| Public Health Portal   | Physical Activity social media campaigns including #movingis and #movingcan (across LA's and ICS)                                   | Library / Open Learning Centre Courses – Healthy eating and cooking courses          | Public Health Portal   |
|  | 152 community groups and activities in the “Get Active” category of the online community map  | Public Health Portal   |  |
|  | Leisure services  |  |  |
|  | Public Health Portal  |  |  |

# Map of Physical Activity Satellite clubs and schools, in relation to Reception obesity levels and deprivation

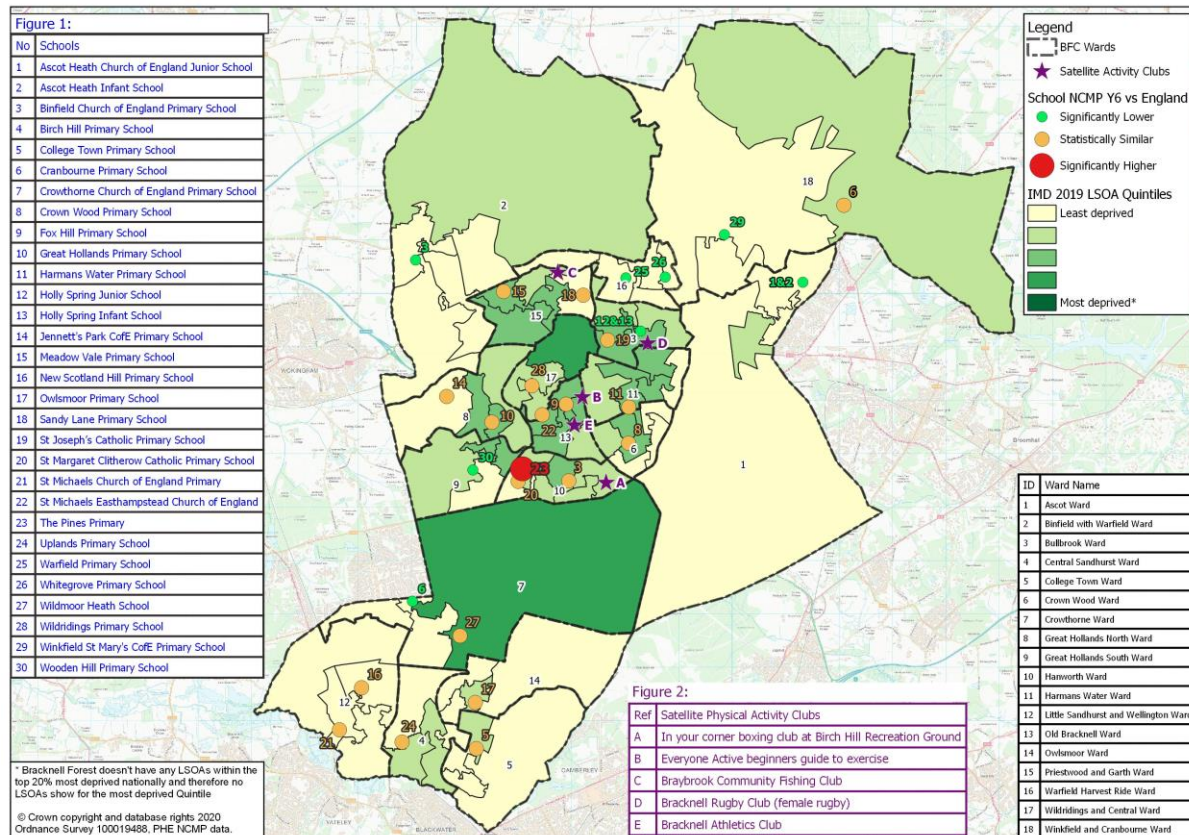
38





# Map of Physical Activity Satellite clubs and schools, in relation to Year 6 obesity levels and deprivation

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# Examples of Current Services

## Children and Young People:

THRIVE! Website - <https://thrive.bracknell-forest.gov.uk/>

- Designed and built by Public Health
- Website to support teachers deliver PHSE curriculum
- Includes signposting to further areas of support
- Contains resources and information for parents/teachers





# Examples of Current Services

## Children and Young People – Young Health Champions

- Commissioned by East Berkshire CCG and led by Public Health
- Students received a Royal Society for Public Health accredited qualification and Youth Mental Health First Aid Qualification
- 15 year 12 students from 3 Bracknell schools, expanding to all secondary schools in September
- Educated on healthy lifestyle principles as well as improving mental health
- Students then delivered peer health messages at their schools
- Co-production network – support as young commissioners, mystery shop services



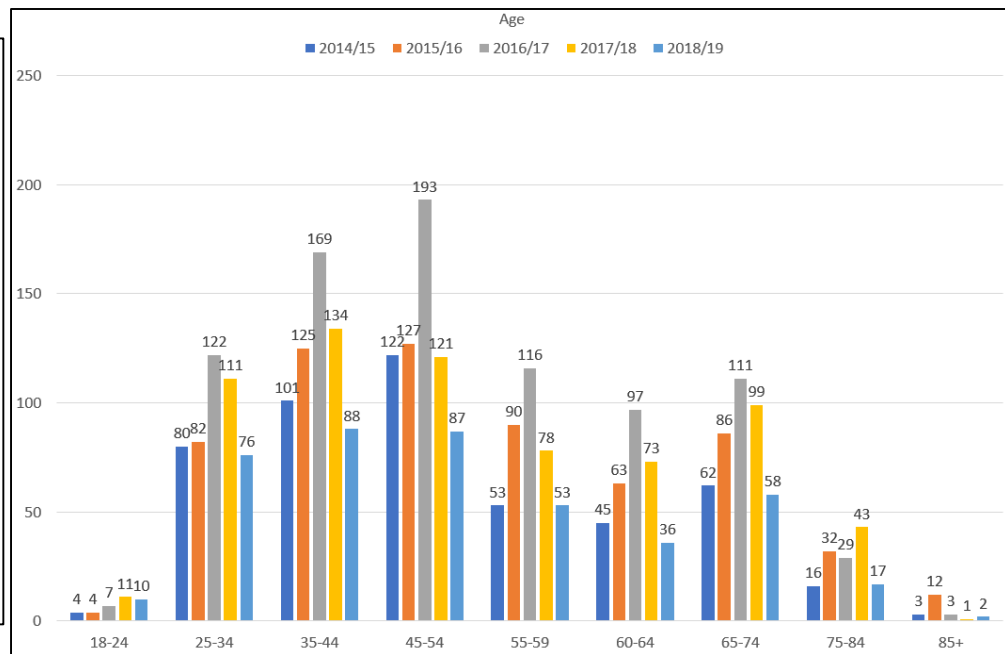
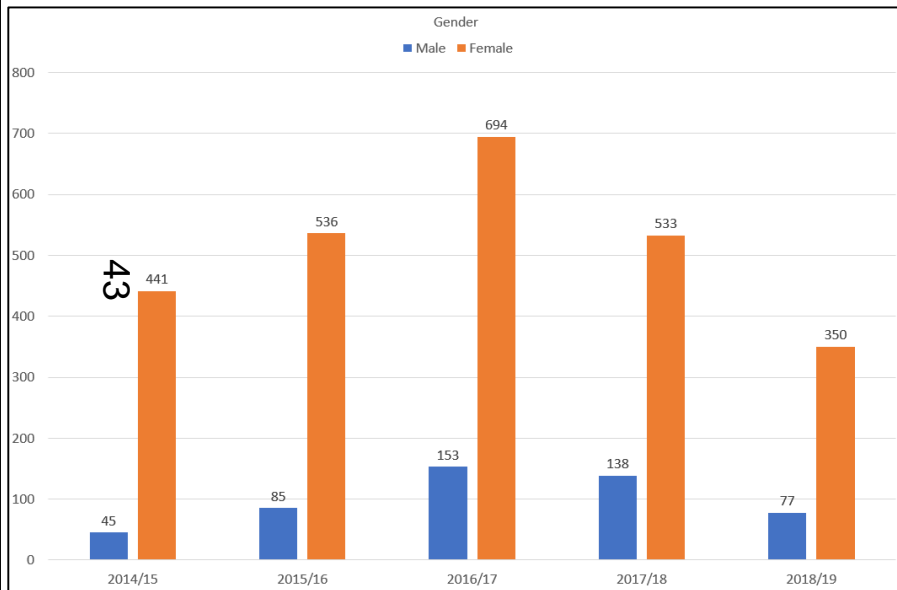
# Examples of Current Services

## Adults – Slimming World Data

| Year    | Total accessing the service | Number who completed full 12 week course | Average weight change (kg) | Average weight change (% of original weight) | Average BMI change (kg/m <sup>2</sup> ) |
|---------|-----------------------------|--|----------------------------|--|---|
| 2014/15 | 486                         | 300 (61.7%)                              | -6.3                       | -6.1   | -2.3                                    |
| 2015/16 | 621                         | 406 (65.3%)                              | -6.1                       | -6.0   | -2.2                                    |
| 2016/17 | 847                         | 506 (59.7%)                              | - 6.6                      | - 6.3  | - 2.4                                   |
| 2017/18 | 671                         | 440 (65.6%)                              | -7.0                       | -6.9   | -2.5                                    |
| 2018/19 | 427                         | 291 (68.1%)                              | - 6.2                      | - 5.9  | - 2.2                                   |

# Slimming World – Attendance Demographics (Apr '14-Mar '19)

## - Age and Gender -



# Examples of Current Services

## Adults – Fit for All Exercise Classes

- Public Health are currently subsidising 9 weekly physical activity classes for residents
- These cost £3 per session and take place at a variety of venues
- There have been 214 unique individuals attend the sessions since online registration began in April 2018



*'The class is so good, I would like to have more similar classes'*

*'A very motivational class which inspires confidence to keep fit. Great music and great fun!'*

*'It has certainly improved my mobility'*

*'Very good class, I would not do it on my own so it is good motivation'*

*'Wish we could have more time! The instructor is great fun, very enjoyable'*



# Fit for All



# Examples of Current Services

## Adults – Fit for All Exercise Classes



**Bracknell Forest Health Improvement Programme**

### Fit for All

Call 07719 413355

**Mondays, 10am – 11am at Priestwood Community Centre**  
**Tuesdays, 6pm – 7pm at The Parks Community Centre**  
**Wednesdays, 10.30 am – 11.30am at Sandhurst Baptist Church**  
**Thursdays, 10.30am – 11.30am at St Mark's Church, Binfield**  
**NEW! Thursdays, 12noon – 1pm at St Mark's Church, Binfield**  
**Fridays, 10.30am – 11.30am at Great Hollands Community Centre**  
**NEW! Fridays, 12noon – 1pm at Great Hollands Community Centre**

**46 Get fit in a supported and beginner friendly environment**

£3 per session, first session FREE  
Refreshments provided (excl. The Parks)



**Bracknell Forest Health Improvement Programme**

### Fit for All Seated Exercise

**First Session FREE!**

**Mondays 10 - 11am**  
**Coopers Hill Youth and Community Centre**

For more information call 07825 932085

**Gentle movement in a supported and beginner friendly environment**

£3 per session  
Refreshments provided



**Bracknell Forest Health Improvement Programme**

### Beginner Friendly Exercise Classes

**Fit for All**  
£3 per session

**Mondays, 10am – 11.30am**  
**Priestwood Community Centre\***

**Tuesdays, 6pm – 7pm**  
**The Parks Community Centre**

**Wednesdays, 10.30am – 11.30am**  
**Sandhurst Baptist Church\***

**Thursdays, 10.30am – 11.30am**  
**St. Mark's Church, Binfield\***

**Fridays, 10.30am – 12noon**  
**Great Hollands Community Centre\***

**Seated Yoga**  
£3 per session

**Mondays, 12.30pm – 1.30pm**  
**Great Hollands Community Centre\***

**Tai Chi**  
£5 per session

**Tuesdays, 11am – 12noon**  
**Great Hollands Community Centre\***

\*Refreshments provided



**Tai Chi**  
Berkshire ageUK

Gentle exercises to improve balance, coordination and muscle strength

**Tuesdays, 11am – 12noon**  
**Great Hollands Community Centre**

First session FREE (£5 thereafter)  
Tel: 01189 594242

**Ageing Well**

**Seated Yoga**  
Berkshire ageUK

Gentle and relaxing chair based yoga class

**Mondays, 12.30pm – 1.30pm**  
**Great Hollands Community Centre**

First session FREE (£3 thereafter)  
Tel: 01189 594242

**Fit for All**

Get fit in a supported and beginner friendly environment

**Mondays 10am – 11.30am**  
**Priestwood Community Centre**

**Tuesdays 6pm – 7pm**  
**The Parks Community Centre**

**Fridays 10.30am – 12noon**  
**Great Hollands Community Centre**

First session FREE £3 per session

For a full list of community exercise groups search online for **Bracknell Forest Community Map**

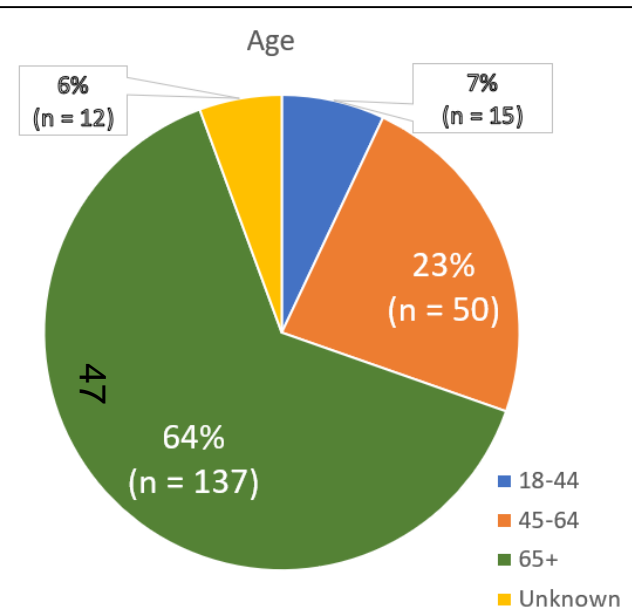
\*Refreshments provided at this session

**Wednesdays 10.30am – 11.30am**  
**Sandhurst Baptist Church**

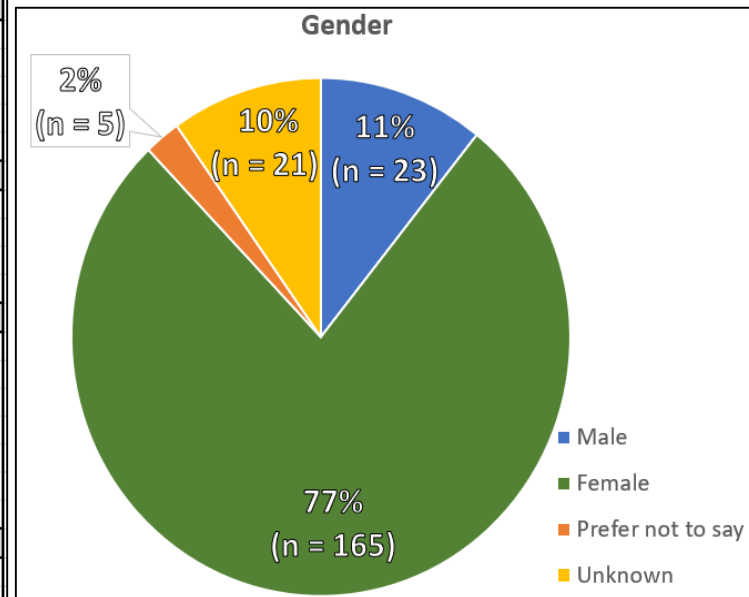
**Thursdays 10.30am – 11.30am**  
**St Mark's Church, Binfield**

**Thursdays 12noon – 1.30pm**  
**St Mark's Church, Binfield**

# Fit for All – Attendance Demographics (Apr '18-Jan '20)

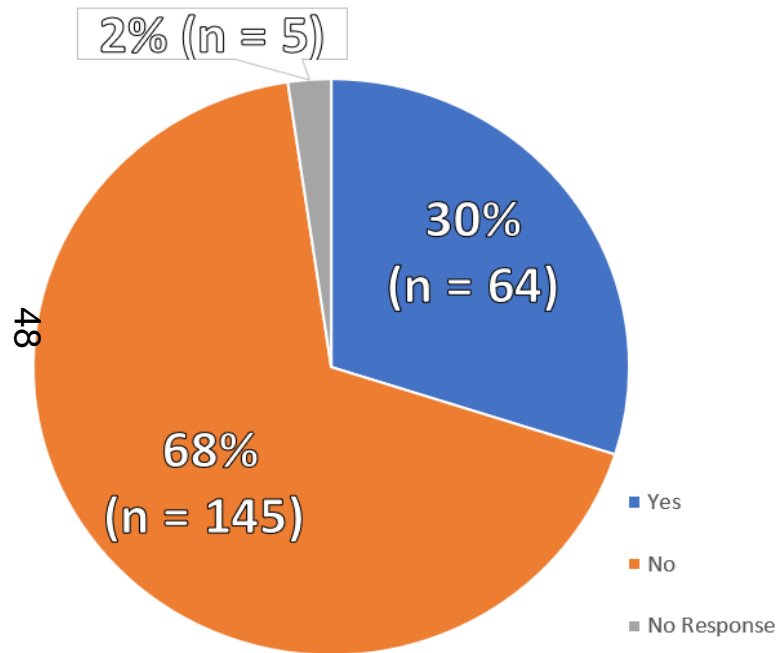


| What is your ethnicity?                        |       |
|--|-------|
|  | Count |
| White  |       |
| English/Welsh/Scottish/ Northern Irish/British | 174   |
| Irish  | 3     |
| Gypsy/Irish Traveller                          | 1     |
| Showpeople/Circus                              | 0     |
| Any other White background                     | 5     |
| Mixed  |       |
| White & Black Caribbean                        | 2     |
| White & Black African                          | 0     |
| White & Asian                                  | 0     |
| Any other Mixed background                     | 3     |
| Asian or Asian British                         |       |
| Indian   | 3     |
| Pakistani                                      | 0     |
| Nepali   | 0     |
| Bangladeshi                                    | 0     |
| Chinese  | 2     |
| Filipino                                       | 0     |
| Any other Asian background                     | 4     |
| Black or Black British                         |       |
| African  | 3     |
| Caribbean                                      | 0     |
| Any other Black background                     | 0     |
| Arab/ Other Ethnic Group                       |       |
| Arab   | 0     |
| Other ethnic group                             | 0     |
| [No Response]                                  | 14    |

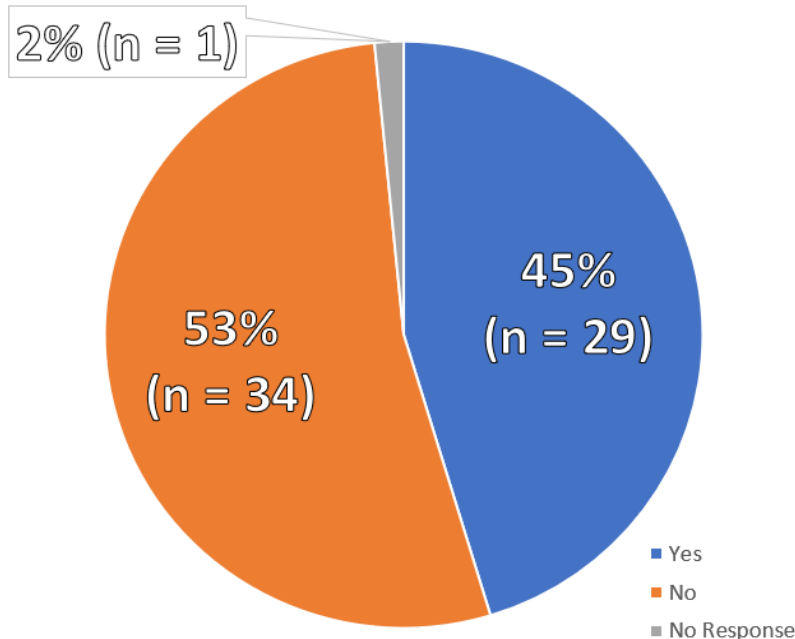


# Fit for All – Attendance Demographics (Apr '18-Jan '20)

Do you consider yourself to have a health problem or disability which has lasted, or is expected to last, at least 12 months? (99% response rate)



Are your day-to-day activities limited because of your health problem or disability? (98% response rate)

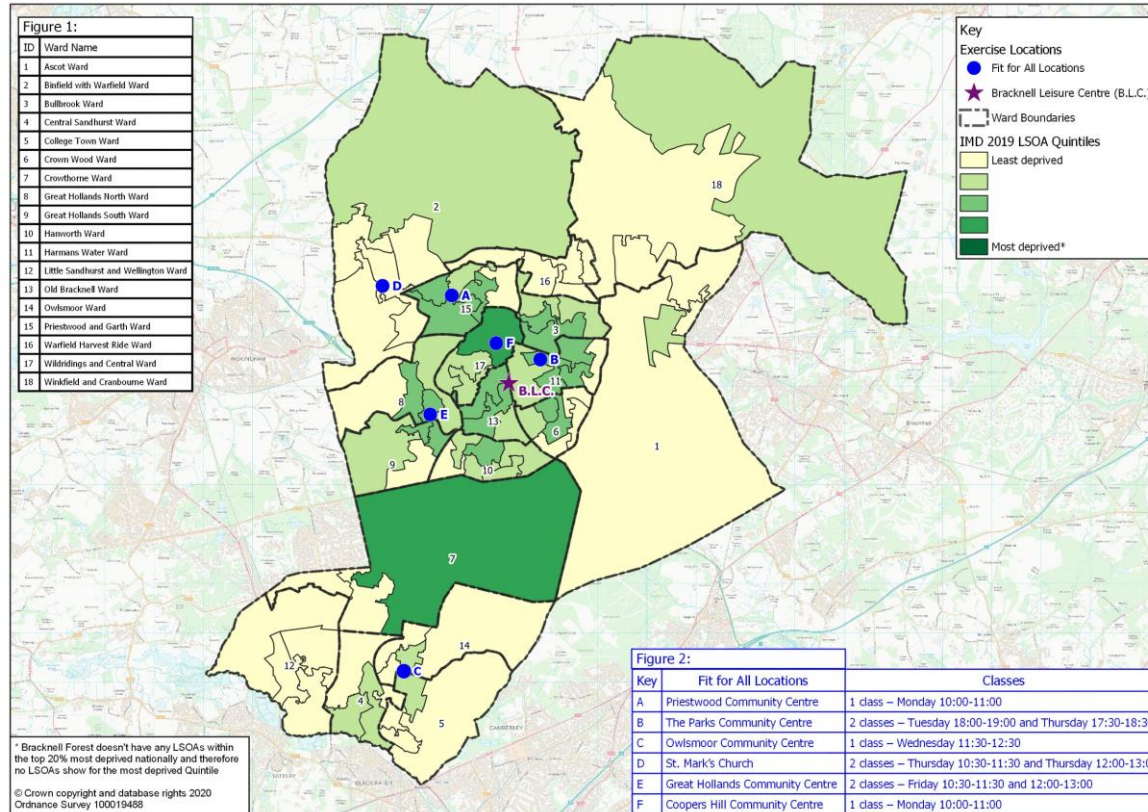




# Fit for All Exercise Classes - Attendance Data

| Day       | Time        | Location   | Date class started | Average Number of attendees per class |      |      |      |
|-----------|-------------|--|--------------------|---------------------------------------|------|------|------|
|           |             |  |                    | 2016                                  | 2017 | 2018 | 2019 |
| Monday    | 10:00-11:00 | Priestwood Community Centre                              | August 2016        | 6                                     | 13   | 23   | 19   |
| Monday    | 10:00-11:00 | Coopers Hill Community Centre<br>(Seated exercise class) | April 2019         | N/A                                   | N/A  | N/A  | 7    |
| Tuesday   | 18:00-19:00 | The Parks Community Centre                               | January 2017       | N/A                                   | 4    | 5    | 6    |
| Wednesday | 11:30-12:30 | Owlsmoor Community Centre                                | January 2018       | N/A                                   | N/A  | 10   | 13   |
| Thursday  | 10:30-11:30 | St. Marks Church, Binfield                               | January 2018       | N/A                                   | N/A  | 21   | 20   |
| Thursday  | 12:00-13:00 | St. Marks Church, Binfield                               | October 2018       | N/A                                   | N/A  | 4    | 6    |
| Thursday  | 17:30-18:30 | The Parks Community Centre                               | May 2016           | 8                                     | 15   | 27   | 25   |
| Friday    | 10:30-11:30 | Great Hollands Community Centre                          | May 2016           | 8                                     | 15   | 27   | 25   |
| Friday    | 12:00-13:00 | Great Hollands Community Centre                          | November 2018      | N/A                                   | N/A  | 8    | 6    |

# Location of Fit for All Physical Activity classes in relation to deprivation



# Examples of Current Services

## Adults – Exercise on referral

- Working in partnership with GPs and Everyone Active
- GPs can refer patients who have been diagnosed with a specific range of health conditions to Bracknell Leisure Centres
- Examples of accepted conditions include stroke, cardiac rehabilitation, diabetes, osteoarthritis
- Each prescription allows the individual to attend 2 sessions per week, for 12 weeks
- Each session is 30 minutes long, with a qualified instructor
- There are currently 30 active referrals in process

# SECTION 7:

## Funding:

- How are funding streams allocated towards healthy eating, activity, exercise and weight management services?
  - How is this likely to change?

# How are funding streams allocated?

## Public Health Grant 2019/20

|                              |           |         |
|------------------------------|-----------|---------|
| Total Mandatory Services     | 2,180,756 | 55.31%  |
| Total Non-Mandatory Services | 1,199,681 | 30.43%  |
| Total Other Services         | 564,899   | 14.33%  |
| Total spend 19/20            | 3,945,336 | 100.06% |

| Year              | 2015/16 | 2016/17 | 2017/18 | 2018/19 | 2019/20 | 2020/21 |
|-------------------|---------|---------|---------|---------|---------|---------|
| Healthy Eating    | 68,472  | 49,323  | 34,608  | 27,029  | 30,299  | N/A     |
| Physical Activity | 3,346   | 14,236  | 26,513  | 35,400  | 44,804  | N/A     |

Public Health Grant allocation is provided annually. The 2020/21 allocation is currently not yet available.

# SECTION 8:

## Health and Wellbeing Strategy:

- How does Public Health contribute to the Health and Wellbeing Strategy
  - When will this be produced?

# Current Health and Wellbeing Strategy: Priorities

The relevant priorities\* from the current Health and Wellbeing strategy (2016-2020) which Public Health contribute towards are:

**1. Promoting Active and Healthy Lifestyles**

**2. Mental Health Support <sup>67</sup> *and services for Children and Young People***

**3. Preventing people becoming socially isolated and lonely**

4. Workforce – having enough people with the right skills, and suitable premises from which to deliver services

\* Relevant to the scope of this overview and scrutiny review

# Current Health and Wellbeing Strategy

*“We have made it clear that the prevention of ill health is a priority, and that people should be supported to understand what they can do to keep themselves as well and as fit as possible”*  
*(Seamless Health – Bracknell Forest Health and Wellbeing Strategy 2016-20)*

## How does Public Health contribute?

Public Health is at the forefront of driving this prevention agenda, as detailed in the next table.



# How does Public Health contribute to the Health and Wellbeing Strategy?

| The Health and Wellbeing Strategy Priorities*:          | What is the Public Health contribution? |                                  |                                   |  |  |                |                      |
|---|---|----------------------------------|-----------------------------------|--|--|----------------|----------------------|
| Promoting active and healthy lifestyles                 | Fit for All Classes                     | Interactive Online Community Map | Seed Funding for Community Groups | Partnership Working (Get Berkshire Active) | Communication and Health Promotion Campaigns | Slimming World | Public Health Portal |
| Support and services for Children and Young People      | Young Health Champions                  | THRIVE! Website                  | Healthy Child Programme           | Public Health Portal                       |  |                |                      |
| Preventing people becoming socially isolated and lonely | Social Prescription                     | Interactive Online Community Map | Warm Welcome Programme            | Interactive Health Kiosks                  | Public Health Portal                         |                |                      |

\* Relevant to the scope of this overview and scrutiny review

# Plans for the new Health and Wellbeing Strategy

- The current strategy runs from 2016-2020 (inclusive)
- The new strategy for 2021 and beyond is being developed at present
- The first step towards this is the place-based summits, which have already been organised
- Development of the new strategy requires a **whole systems approach** with multiple stakeholders working collaboratively together

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# Health and Wellbeing in Bracknell Forest



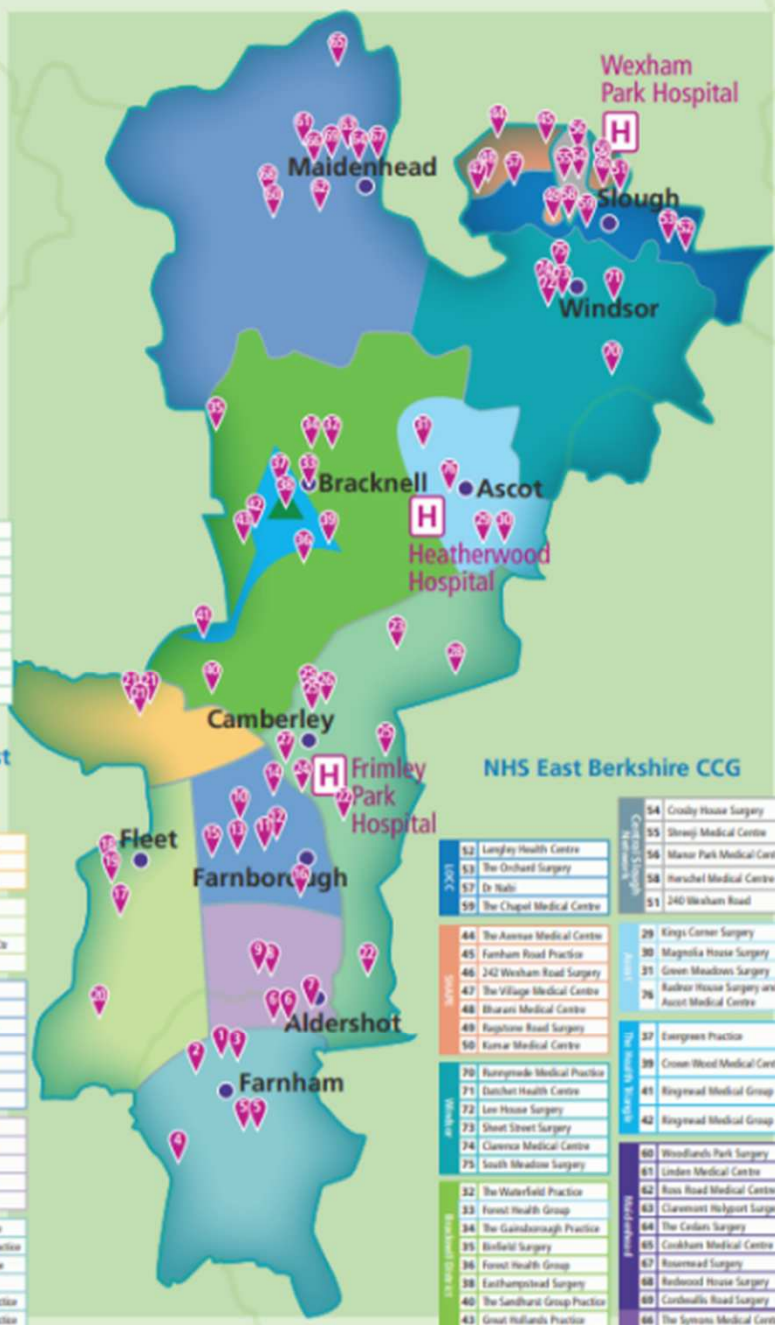
*Working together to deliver excellent and sustainable healthcare*

### NHS Surrey Heath CCG

|    |                          |
|----|--------------------------|
| 22 | Barbert Group Practice   |
| 22 | Barbert Group Practice   |
| 23 | Park House Surgery       |
| 24 | Station Road Surgery     |
| 25 | Park Road Group-Practice |
| 25 | Park Road Group-Practice |
| 25 | Park Road Group-Practice |
| 26 | Upper Gordon Road        |
| 27 | Cambridge Health Centre  |
| 28 | Lightwater Surgery       |

### NHS North East Hampshire & Farnham CCG

|    |                               |
|----|-------------------------------|
| 21 | The Oakley Health Group       |
| 21 | The Oakley Health Group       |
| 21 | The Oakley Health Group       |
| 17 | Richmond Surgery              |
| 18 | Fleet Medical Centre          |
| 19 | Brinkwoodwood W/Care Ctr      |
| 20 | Crossall New Surgery          |
| 10 | Giffard Drive Surgery         |
| 11 | Voyager Family Health         |
| 12 | Alexander House Surgery       |
| 13 | James House Surgery           |
| 14 | Mayfield Medical Centre       |
| 15 | Voyager Family Health         |
| 16 | North Camp Surgery            |
| 6  | The Cambridge Practice        |
| 6  | The Cambridge Practice        |
| 7  | The Border Practice           |
| 8  | Princes Gardens Surgery       |
| 9  | The Wellington Practice       |
| 1  | The Farnham Medical Practice  |
| 2  | Downing Street Group-Practice |
| 3  | River Way Medical Practice    |
| 4  | Holly Tree Surgery            |
| 5  | Farnham Dene Medical Practice |
| 5  | Farnham Dene Medical Practice |



### Projected growth in Bracknell resident population

| 2016    | 2031    |
|---------|---------|
|         |         |
| 110,734 | 124,460 |

### Projected growth by age bracket

| 0-64  | 5.5%  |
|-------|-------|
| 65-84 | 53.4% |
| 85+   | 78.3% |

### Areas projected to have new housing developments, and expected number of dwellings

- **Binfield with Warfield**  
4,177
- **Wildridings and Central**  
1,909
- **Winkfield and Cranbourne**  
1,735
- **Priestwood and Garth**  
758
- **Great Hollands South**  
570
- **Bullbrook**  
346
- **Little Sandhurst and Wellington**  
364
- **Crowthorne**  
1,415
- **Harmans Water**  
69
- **Great Hollands North**  
69





# Bracknell Forest

Our population  
on a page

## Demographics



49.7% 50.3%

0-64

65-84

85+



86.5%

11.8%

1.7%

(2016)

## Deprivation



Among the least deprived  
districts/authorities in England

Employment

Statutory  
homelessness



84.5%

0.2 per 1,000

## Adult Lifestyle

Smokers



10.9%

Alcohol-related  
harm hospital  
admissions per year



513

Physically active  
adults



73.9%

62.5%

Adults classed as  
overweight or obese



## Life Expectancy

BF average

Most deprived areas  
compared to least deprived



81.7



84.5



7.4 yrs  
lower



2.6 yrs  
lower

## Health Checks



82.1%

Proportion of eligible  
population aged 40-74 invited  
for an NHS health check

Proportion of eligible  
population aged 40-74 having  
an NHS health check



40.4%

## Children and young people



7

Annual  
alcohol-specific  
hospital  
admissions  
among  
under-18s



9.1%

Children  
living in low  
income  
families



8.3%

Estimated  
prevalence of  
mental health  
disorders in  
children and  
young people  
(5-16 years)



Teenage  
pregnancy  
rate  
**9 per  
1,000**

## Illness and injury rates

\*rate per 100,000

Road deaths/injuries



27.3\*

New STIs



543.4

Under-75 mortality  
from CVD



55.6\*

New TB cases



4.1\*

Violent crime



31.2\*



## What's important to us

### Partnership, Prevention and Self-Care

- **Putting patients and residents first;** ensuring our plans fit with their needs; not patients fitting our plans
- **Inclusion, joint working and co-design;** together with our patients, partners and member practices
- **Improving the wellbeing of local people now and in the future;** through self-care and empowering our population



# Health and Wellbeing in Bracknell Forest



- As a member of the Health and Wellbeing alliance for Bracknell Forest we are committed to working with colleagues across health, the Council, Public Health and the voluntary sector to deliver the agreed priorities within our Health and Wellbeing Strategy – promoting Health lifestyles and Wellbeing
- The CCG as a partner along with BFBC within the Frimley ICS which is also committed to the delivery of the ambition of Starting Well and Living well priorities for health improvement amongst local residents
- The CCG has led and contributed to a series of activities which directly support healthy eating and exercise within the Borough.
- We have a duty to address health inequalities and through our activities we will continue to promote healthy lifestyles, addressing rising obesity rates which are a direct contributor to multiple health issues such as cancer, heart disease and diabetes



## **Some examples of projects delivered locally in support of our shared priorities :**

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- Health checks commissioning by Public Health
- Self care week – toolkit launched on the CCG website for local residents
- Social Prescribing, Active signposting, Care navigation and Making Every Contact Count – link working
- GP led educational sessions delivered to year 4 pupils about healthy living and how to access health services
- Pre-Diabetes Locally commissioned services within practices - patients referred to structured education. Diabetes: 800 Calorie diet – National Pilot wide.
- Healthmakers
- Health Walks – South Hill Park
- Regular Health Campaigns through General Practice text messaging service



# Self Care Week in Bracknell Forest

## 18-24 November 2019

### Think Self Care For Life !

Empowering individuals to self care has many benefits for both short-term and long-term health, especially as people are living longer.

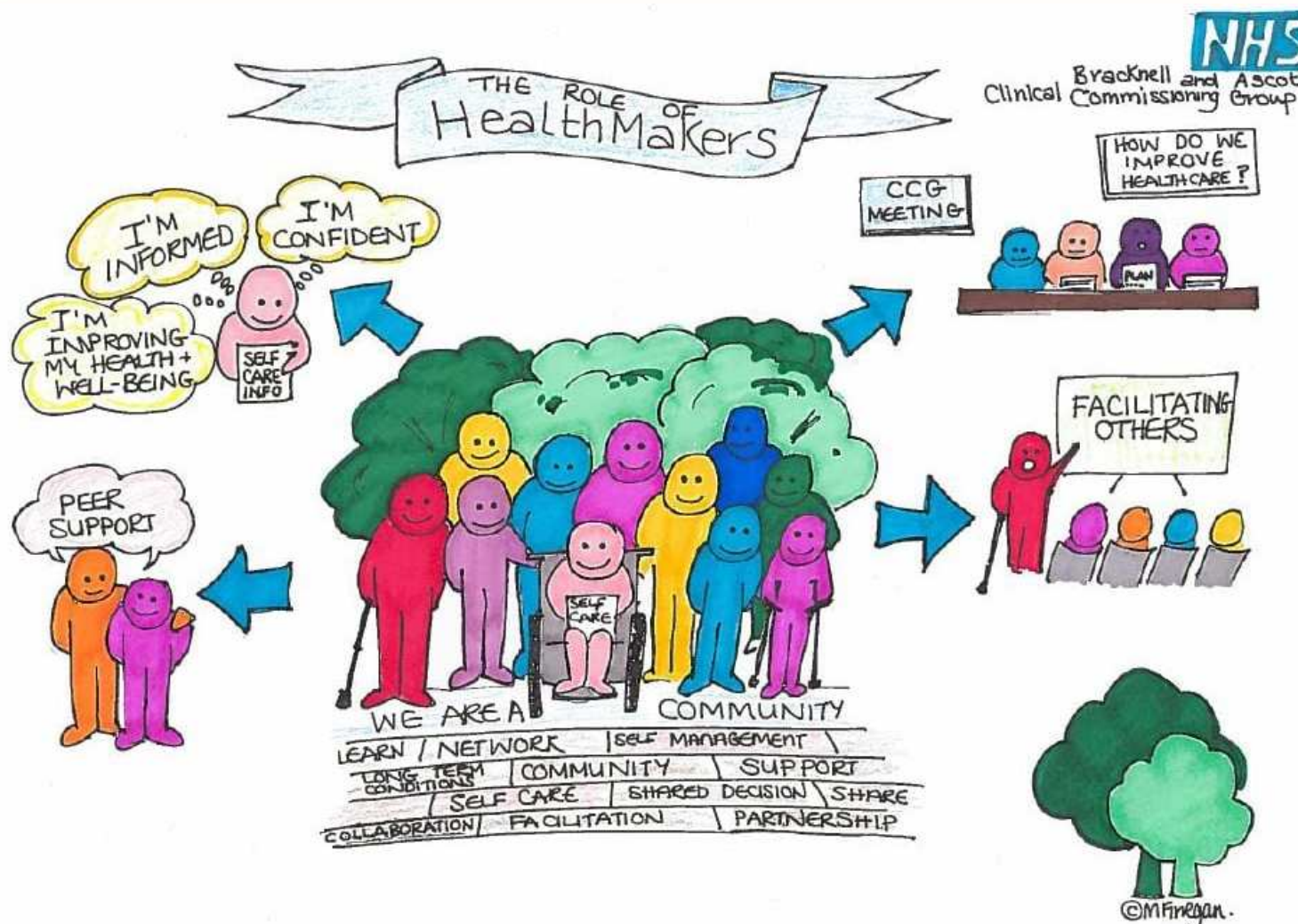
Self Care Toolkit launched focusing on areas:

65

- Blood Pressure
- Hydration
- Flu vaccination
- Self-Management Courses
- Mental Health and Loneliness



<https://www.eastberkshireccg.nhs.uk/your-health/self-care-week-2019/>



**Working together to deliver excellent and sustainable healthcare**



# HealthMakers

- Across East Berkshire, self-management courses are provided free on the NHS by HealthMakers for people with long-term health conditions.
- The six week courses offer a chance to explore a variety of proven skills and techniques that can help improve ability to live better with long term conditions and improve quality of life.
- They provide an opportunity to discuss the issues with peers who can support you in your learning and who understand the challenges you face. All courses take place in a safe environment with fully trained facilitators.
- HealthMakers also hold regular free 'Pop In Cafes' across East Berkshire to provide peer support
- For details of upcoming course dates, visit [www.berkshirehealthcare.nhs.uk/HealthMakers](http://www.berkshirehealthcare.nhs.uk/HealthMakers)



# Social prescribing in Primary Care

Social prescriber in place for each PCN (Based in General Practice) - Links with other locally commissioned Social prescribing, Navigators, Link workers scheme

## Role of Social Prescriber in PCN Network Directed Enhanced Service

- Assess how far a patient's health and wellbeing needs can be met by services and other opportunities available in the community;
- Co-produce a simple personalised care and support plan to address the patient's health and wellbeing needs by introducing or reconnecting people to community groups and statutory services;
- Evaluate how far the actions in the care and support plan are meeting the individual's health and wellbeing needs provide personalised support to individuals, their families and carers to take control of their health and wellbeing, live independently and improve their health outcomes;
- Develop trusting relationships by giving people time and focus on 'what matters to them'; and take a holistic approach, based on the person's priorities, and the wider determinants of health.
- Including considering if the person's needs are met (for example, reasonable adjustments, interpreter etc).
- Role in educating PCN staff (clinical and non-clinical) on services available in the community and how and when patients can access them.

## The outcomes of social prescribing cover the following three key areas:

1. Impact on the person ( i.e. The person feels more in control and able to manage their own health and wellbeing, is more physically active)
2. Impact on community groups (National survey to test whether community groups and VCSE organisations are more resilient as a result of their involvement in social prescribing at a local level)
3. Impact on the health and care system ( Evidence to demonstrate impact, i.e. reduced face to face appts with GPs, reduced A&E attendance)

***Working together to deliver excellent and sustainable healthcare***



# Public Engagement

## PATIENT ASSEMBLY:



- Bracknell Forest has a very strong Patient Assembly represented by Patient Group members from GP practices across the area, CCG staff and other healthcare professionals
- Members meet four times a year to discuss health matters that are of interest and importance to Bracknell residents/patients.
- The CCG produces a monthly Patient Group bulletin which is shared with all Patient Groups lead representatives across Slough; WAM; and Bracknell and Ascot focusing on health news and updates of interest and importance to local communities across East Berkshire.

## Example\*:

<https://www.eastberkshireccg.nhs.uk/wp-content/uploads/2019/12/PG-bulletin-Bumper-Edition.pdf>

(\*Information on healthcare and advice over Christmas and New Year 2019;self care activities including text messages sent to patients with a link to the self care toolkit launched; Feeling unwell winter campaign; life-changing diabetes monitors and cervical cancer prevention week Jan 2020)

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# Brief for the Healthy Eating, Activity and Exercise scrutiny review

## MENTAL HEALTH

Debra Marsden, Interim Head of Community Mental Health Services

Are there any links between  
physical and mental health?



People with severe mental illness (SMI) are at much higher risk than the general population of developing physical health issues and experiencing health inequalities.

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Research has demonstrated that life expectancy for people with SMI is 15 – 20 years less than the general population.

There is considerable evidence that one of the main causes of early death in people with SMI is cardiovascular disease.

People with SMI are three times more likely to attend A&E with an urgent physical health need and almost five times more likely to be admitted as an emergency.

Factors that increase the chance of developing cardiovascular disease:

- Smoking
- Lack of exercise/poor diet/High BMI
- Alcohol
- Hypertension
- Antipsychotic medications can also lead to weight gain/obesity

Physical health assessments can help catch the early warning signs of these serious physical health conditions

- In Bracknell Forest, public health data shows that out of a population of 116,000, 6.3% of people have SMI (750 people)
- 4.3% of adults (5117) report long term mental health issues.
- Exact number of people with SMI would be difficult to extrapolate from these two sets of data.
- CMHTA currently supports approximately 350 people with severe mental health issues.

What MUST the Council provide  
in relation to packaged/linked  
physical and mental health  
support?

The NHS Long Term plan 2019, building on the Five Year Forward View 2014, includes a commitment to a quantified national reduction in premature mortality among people with serious mental illness.

NHS England has set the goal to ensure that by 2020/21, 280,000 more people living with serious mental illness have their physical health needs met by increasing early detection and expanding access to evidence-based physical care assessment and intervention.

These objectives sit largely within NHS Trusts and CCGs as opposed to Local Authorities. However, the Community Mental Health Team for Adults (CMHTA) in Bracknell is an integrated team of health and social care professionals, all of whom have a role to play in delivery of these objectives.

There are a number of ways Council provision supports delivery

What do the Council provide in  
relation to packaged/linked  
physical and mental health  
support?

- The CMHTA undertakes assessment of needs under the Care Act 2014. This assessment has wellbeing at the centre and will include assessment of both physical and mental wellbeing. These assessments are undertaken by both health and social care professionals as part of an integrated approach to meeting the needs of the local population who experience mental health difficulties.

## **Identified needs can be met in a variety of ways within the integrated CMHTA.**

8

- Allocation of a Care Co-ordinator (Social worker or Mental Health Nurse).
- Close liaison with GP to address physical health issues
- Access to the CMHTA Physical Health Check clinic
- Referral to the Bracknell Forest Community Network and allocation of a Recovery Facilitator (Community Connector).



The Bracknell Forest Community Network (BFCN) supports people with Mental Health difficulties to access community resources. This includes leisure services to promote physical and emotional wellbeing.

A key provider that BFCN works closely with is Sport in Mind who provide a variety of physical health sessions including football, walking, cricket, circuit training and yoga.



- Sport in Mind is a mental health charity that provides access to sport and exercise to help facilitate recovery from mental health problems.
- Access to this service in Bracknell Forest is via the BFCN. The BFCN is accessible to all residents of Bracknell Forest experiencing Mental Health Problems and is widely advertised within the Borough.

Staff from the Community Mental Health Team provide cooking classes to residents at Glenfield supported living to encourage and promote healthy diets. A high proportion of the residents at Glenfield have SMI and struggle to maintain healthy eating habits. The classes are held fortnightly with 8 attendees per session.

- There is a fortnightly 45 minute walking session open to all clients of CMHT. This is undertaken with 'Penny' the CMHT therapy dog. This currently has 5-10 attendees and is growing in popularity.



What evidence exists to assess  
the impact and value for money  
of the services provided?

- Bracknell Forest Council contributes £10,000pa to Sport in Mind.
- Over the past year approximately 4,000 people have benefitted from this service and are learning to lead healthier lifestyles.
- How effective these different interventions are will be easier to measure once we have at least two years of provision behind us as some of these are very new. The hope is that we will see a reduction in the incidence of cardiovascular disease among people with SMI.

Where are the gaps?



- There is currently no provision of Smoking Cessation for people with SMI in Bracknell Forest. This is currently going through the tender process and it is hoped a new provider will be in place by May 2020.

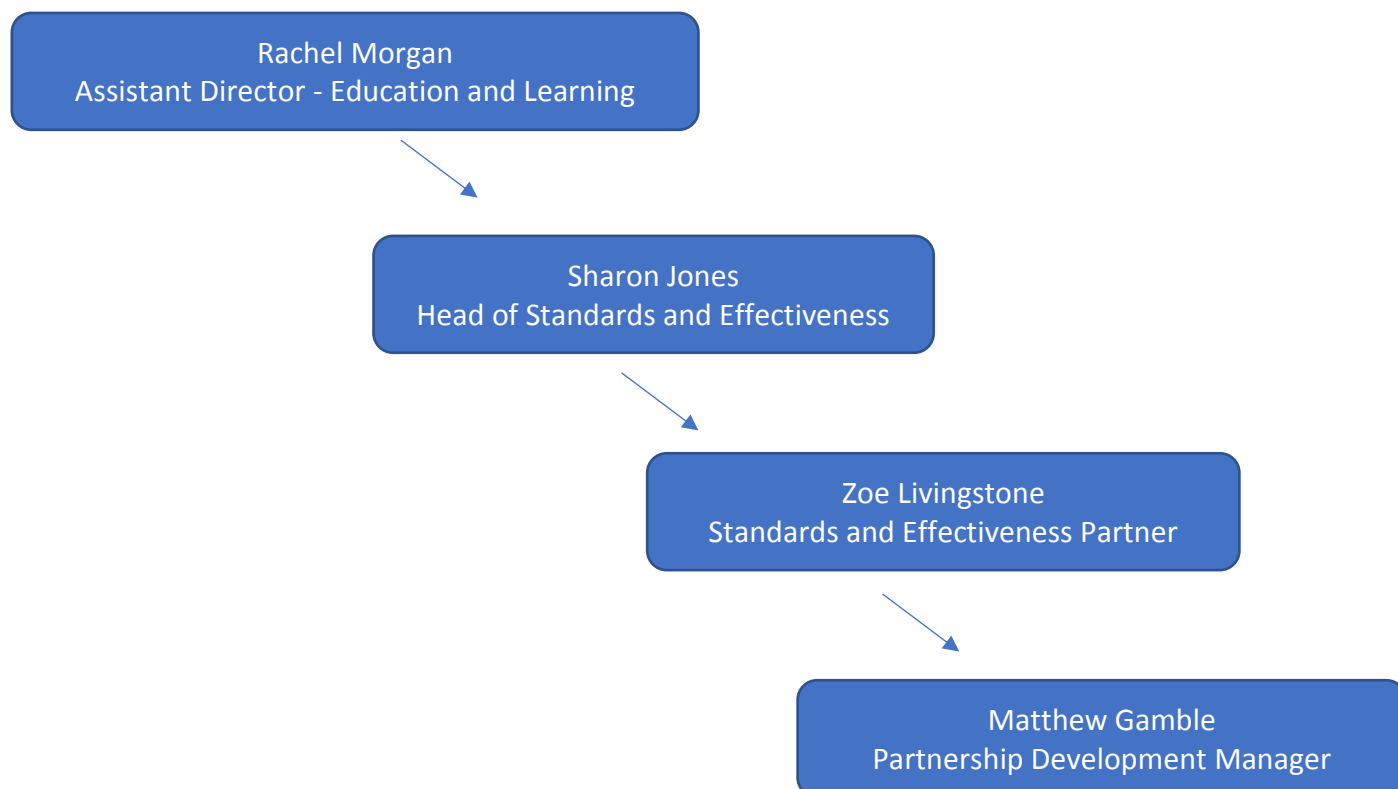
How do the services you  
provide link with the Health and  
Wellbeing strategy?

- ‘Seamless Health’ Bracknell Forest Joint Health and Wellbeing Strategy 2016-2020 (December 2015) has the prevention of ill health as a priority.
- The ‘joining up’ of support and services is seen as a way of providing seamless services to support this objective. The CMHTA has a joint Locality Manager and Service Manager working across the NHS and the Local Authority to integrate service provision.
- The services provided by Sport in Mind have a direct link with the priority of ‘Promoting Active and Healthy Lifestyles’ by provision of sport and exercise activities.

- [Further Reading](#)
- <https://www.rethink.org/media/2627/rethink-mental-illness-lethal-discrimination.pdf>
- 
- <https://www.rethink.org/get-involved/campaign-with-us/influencing-the-nhs/physical-health-resources-for-healthcare-professionals/>
- [https://www.local.gov.uk/sites/default/files/documents/22.27%20-%20Mental%20Health%20Must%20Know\\_02.pdf](https://www.local.gov.uk/sites/default/files/documents/22.27%20-%20Mental%20Health%20Must%20Know_02.pdf)
- <https://www.mentalhealth.org.uk/sites/default/files/lets-get-physical-report.pdf>

### **Brief for the Healthy Eating, Activity and Exercise Scrutiny Review Partnerships - within the Education and Learning Department**

**Paper written by Matthew Gamble, Partnership Development Manager on behalf of the Education and Learning Department**



I have been on a Bracknell Forest contract as a Partnership Development Manager since June 2007. I have used this time to develop, build and grow a school sport network of schools for Bracknell Forest which ultimately benefits the young people of Bracknell Forest. The opportunities PE and School Sport offer have life changing benefits which improve children's wellbeing to give them a brighter future.

#### **What is 'Partnership Development' and why is it important?**

For the purpose briefing paper, the term 'partnership' will be used in the context of schools and young people. The role 'Partnership Development Manager' was developed some time ago around 2002 where the Youth Sport Trust and Government funded 450 School Sport Partnerships throughout the country and established a closer link between primary schools and their feeder secondary schools by using PE and School Sport as the vehicle.

#### **Background of School Sport Partnerships**

School Sport Partnership (SSP) are one strand of past government physical education, school sport and club link strategy launched in 2002. In 2006, all schools in England were part of an

SSP. Each partnership consists of a family of secondary, primary and special schools working together to increase the quality and quantity of PE and sport opportunities for young people. It was managed by a Partnership Development manager who is funded centrally and employed directly by schools, usually a sports college. The SSP funded a School Sport Coordinator in each secondary school and a Primary Link Teacher in each primary and special school.

Since 2012 the 'Partnership Development' role has evolved into the role called School Games Organiser (SGO), however on considerably less resources and funded for 3 days. This SGO role has been very much targeted at establishing positive competitive experiences both in school and between schools and provide appropriate pathways to progress. This is where the Berkshire School Games was established and is now a natural pathway of our local competitive delivery for schools to progress, however the name of Partnership Development Manager was still kept.

#### The School Games is:

The School Games comprises of both Intra and Inter School competitions leading to County Finals

#### The School Games mission:

Keeping competitive sport at the heart of schools providing more young people with the opportunity to compete and achieve their personal best

#### What is the vision:

By 2020 the School Games will be continuing to make a clear and meaningful difference to the lives of even more young people

Alongside the School Games programme primary schools also receive PE and School Sport Premium funding. This funding has been in place since 2014

#### **PE and Sport Primary Premium Funding - Primary School**

The PE and Sport Premium is additional ring-fenced funding for publicly funded schools in England to ensure all young people have the opportunity to live healthy and active lives. A positive experience of sport and physical activity at a young age can build a lifetime habit of participation.

Physical activity has numerous benefits for children and young people's physical health, as well as their mental wellbeing (increasing self-esteem and emotional wellbeing and lowers anxiety and depression), and children who are physically active are happier, more resilient and more trusting of the peers. Ensuring that pupils have access to sufficient daily activity can also have a wider benefit for pupils and schools, improving behaviours as well as enhancing academic achievement.

## **Funding for financial year 2019-2020**

Schools receive funding based on the number of pupils in years 1 to 6.

Schools with 17 or more eligible pupils receive £16,000 and an additional payment of £10 per pupil.

How many pupils (in most cases) is based on data used from the Jan 2019 school census.

## **The School's use of the PE and Sport Premium**

Schools must use the funding to make additional and sustainable improvements to the quality of their physical education (PE), physical activity and sport.

This means that the premium should be used to:

- Develop or add to the PE, physical activity and sport that your school provides
- Build capacity and capability within the school to ensure that improvements made now will benefit pupils joining the schools in future years

Schools should use the premium to secure improvements in the following 5 key indicators.

Engagement of all pupils in regular physical activity, for example by:

- Providing targeted activities or support to involve and encourage the least active children
- Encouraging active play during break times and lunchtimes
- Establishing, extending or funding attendance of school sports clubs and activities and holiday clubs, or broadening the variety offered
- Adopting an active mile initiative
- Raising attainment in primary schools swimming to meet requirements of the national curriculum before the end of key stage 2. Every child should leave primary school able to swim

Profile of PE and sport is raised across the school as a tool for wider-school improvement, for example:

- Encouraging pupils to take on leadership or volunteering roles that support sport and physical activity within the school (such as sports leaders or peer mentoring schemes)
- Embedding physical activity into the school day through active travel to and from school, active break times and active lessons and teaching

Increase confidence, knowledge and skills of all staff in teaching PE sport for example by:

- Providing staff with professional development, mentoring, training and resources to help them teach PE and sport more effectively to all pupils, and embed physical activity across the school

- Hiring qualified sports coaches to work alongside teachers to enhance or extend current opportunities

Broader experience of a range of sports and activities offered to all pupils, for example by:

- Introducing new sports and physical activity (such as dance, yoga or fitness sessions) to encourage more pupils to take up sport and physical activities
- Partnering with other schools to run sports activity and clubs
- Providing more (or broadening the variety of) extra-curricular activities after school in the 3-6pm window, delivered by school or other local sport organisations

Increased participation in competitive sport, for example by:

- Increasing pupils' participation in the school games
- Organising, coordinating or entering more sports competitions or tournaments with the school or across the local area, including those run by sporting organisations

#### **What funding should not be used for:**

- Employ coaches or specialist teachers to cover planning preparation and assessment (PPA) arrangements – these should come out of the core staffing budget.
- Teach the minimum requirements of the national curriculum - with the exception of the top-up swimming lessons after pupils' completion of core lessons (or, in case of academies and free schools, to teach existing PE curriculum.)
- Fund capital expenditure – the DfE does not set the capitalisation policy for each school. School business managers, school accountants and their auditors re best please to advise on a school's agreed capitalisation policy.

## **Accountability**

### **School compliance**

It is the responsibility of school leaders and governors to decide how best to spend their PE and sport premium allocation.

Schools are accountable for their use of the PE and school sport premium funding allocated to them. Schools are expected to spend the grant for the purpose it was provided only - to make additional and sustainable improvements to the PE, sport and physical activity offered. Schools and local authorities must follow the terms and conditions in the grant conditions.

### **Online reporting**

Schools must publish details of how they spend their PE and sport premium funding by the end of the summer term or by 31<sup>st</sup> July at the latest of each academic year. Online reporting must include:

- The amount of premium received



- A full breakdown of how it has been spent
- The impact the school has seen on pupils PE, physical activity and sport participation and attainment
- How improvements will be sustainable in the future

Schools are also required to publish the percentage of pupils within year 6 cohort in the 2019 to 2020 academic year who met the national curriculum requirements to:

- Swim competently, confidently and proficiently over a distance of at least 25 metres
- Use a range of strokes effectively
- Perform safe self-rescue in different water-based situations

#### Review of online reports

Schools online reporting is monitored through annual sample in each local authority. Get Berkshire Active review the published information on selected schools' websites to ensure it meets the requirements on premium funding and swimming attainment. In the first year there was a handful of Bracknell Forest Schools who did not adhere to the online reporting request but subsequently no school has received a letter for the past 5 years.

OFSTED also have statutory role to report on schools use of the funding. They evidence their findings in their reports. We have never had a negative comment, or a school fail due to the use of its PE Premium funding.

#### **What must the Council do with partners in relation to the provision of healthy eating activity and exercise provision? - Education**

There are currently no statutory duties on the Council for education in relation to this requirement.

All Bracknell Forest Schools purchase a PE and School Sport service level agreement. As a result of schools buying in to this non-statutory service, we are able to provide a degree of challenge and support to PE subject leaders to engage in healthy eating and school provision. Also, within this conversation we are able to support schools and wider partners to keep and maintain outdoor activity areas which are key to encouraging physical activity. We are able to support them in ensuring they are well maintained, attractive and easy to access for all. Ultimately, however, governors are responsible for the children in their school.

The issue of obesity isn't just linked to lack of exercise. Often the issue is a much wider complex challenge.

Secondary schools particularly are a national area of physical activity drop off. This is a national area of development where PE departments can only provide so much, and that provision is often for the more active young people. This outcome is often to the detriment of many young people however there are currently no resources to support this work.

**What do the Council do with partners in relation to the provision of healthy eating activity and exercise services provision?**

With regards to the partnerships in the education sector I am developing with schools, the provision of physical activity, PE and Sport activities can be captured in the impact question later in the paper.

The 'partnership' role very much has physical activity and sport as its outcomes and therefore the focus is providing opportunities to fulfil this.

Some of the wider work which has been achieved with partners (schools) are:

- Encouraging classrooms to become more active in their learning when possible
- Supporting out of hours clubs involving physical activity on the school site
- Training young people to support activity during break and lunch times for their peers
- Supporting schools to complete School Games Mark which is a national award that celebrates and documents school's engagement in the School Games.
- Supporting schools to use national frameworks such as a heat map which will show areas at school when young people are less active.
- Developing the daily mile –where appropriate support schools to participate in an active mile achieved every day
- We provide training workshops for teachers, support staff and young people in this area especially concentrating on the chief medical's officers ambition of 60 minutes of physical activity a day for young people.
- We have provided alternative activities for secondary schools through grant application to the County Sport Partnership increasing participation.
- Where we have been able to, we have used athlete mentor to visit schools and promote physical activity.

Area of development:

Secondary schools currently receive no financial support and do not have the capacity to develop wider physical activity opportunities. This is reflected in national conversations regarding participation drop off from secondary aged young people. This national picture will be reflected in Bracknell Forest secondary schools not because of the lack motivation to address this, but through lack of resources.

The issue of obesity isn't just linked to lack of exercise. You often find that the areas which are more susceptible to higher levels of obesity have much wider issues and from areas of deprivation.

### **What partnership are in place and what is their purpose?**

In large, the role involves working with national partners such as the Youth Sport Trust, Department of Education, Sport England, and the Department for Health as agencies who contribute and reflect my work to deliver national outcomes. Much of this national work is to address the priorities nationally and see what best fits the schools and their young people locally to make the greatest outcomes.

On a county level I work with colleagues from other boroughs to co-deliver projects such as the Young Ambassador programme which is designed to give some of our best sports volunteers and training and opportunities to practice their skills.

The School Games is predominantly aimed at the more active young people however working across the county we have been able to develop a consensus of opinion and have modified numerous progressive activities to enable more young people to be engaged.

Locally I work with schools to support and develop in physical education, sport and physical activity. This may be through providing alternative provision for schools to attend, work developmentally supporting schools to offer wider opportunities and engage the least active, less engaged young people.

Collaborative planning across a number of schools and at strategic level is increasing the capacity of individual schools to improve the quality and quantity of PE and Sport. Much of the mechanism is delivered by the Partnership Development Manager which increases capacity.

All Bracknell Forest Schools invest into a larger network of schools. This is beneficial in many ways, giving schools opportunity to network and share practice.

The Partnership Development Manager is often the first point of contact for organisations wanting to work our local schools. Often this can have greater coverage for our schools, be utilised in a targeted strategic way to develop and encourage wider opportunities. For example, knowing schools want to deliver a specific project or outcome such as developing a new PE curriculum I am able to use my knowledge and experience to inform the school as to the best resource.

Get Berkshire Active (GBA) are a body funded by Sport England who support growth of physical activity of any age across Berkshire. I work with GBA in particular around the Berkshire School Games, engaging young people in competitive sport and also introducing them to in formal physical activity. GBA are also a body who in specific areas provide funding to develop activity for all.

### **How are the partner services funded?**

Currently the role and the work is funded through several mechanisms:

- Central Government provide a grant to fund 3 days of SGO time

- Local schools purchase services through the trading service arm of the local authority. There are currently 29 primary schools purchasing the Primary Physical Education and School Sport Support Programme. 15 primary schools purchase a premium level and 14 primary schools purchase the core
- The local authority contributes to the Young People in Sport Programme which has recently come under my remit. The Young People Sport scheme is a combination of joint department funding contributes to the delivery of the Young People in Sport Programme. The programme predates any national agendas and local schools have been benefiting from this scheme for some time. The scheme is twofold. One area of specialist coaching to support the teachers to deliver a specific sport designed to provide opportunities for a class of young people. The second part is a high-quality event aimed at targeting participation for year 6. The local schools hold these events in high esteem, providing a pinnacle for athletes in year 6 and end of their primary school journey

All of these funding streams contribute to providing an overarching network for Bracknell Forest schools to work in partnership across the borough.

Beyond these partner services schools individually can address healthy eating using their ring-fenced PE Premium funding. This will be determined by the school leaders and governors where the school see this as a priority.

#### **What impact does the activity with the Council partners have and how is this evidenced?**

With regard to evidencing the impact of the PE Premium funding, each school should provide an impact statement on their website annually, and accountability sits with the Governing Body.

The Local Authority does not have a remit to report on the impact of the PE funding, however this area of support is continually challenged, discussed and supported through subject leader network meetings, and the Standard and Effectiveness team.

Ofsted have a duty to review the outcomes of the PE Premium funding and provide comments in every school's report.

Get Berkshire Active also have the statutory remit to ensure schools publish their PE development plan, their actual spend and their outcomes on each school's website.

Locally the schools' attendance rates at events co-ordinated by the Partnership Development Manager are growing year on year over the last three years as outlined in the table.

|  | <b>2016/17</b> | <b>2017/18</b> | <b>2018/19</b> |
|--|----------------|----------------|----------------|
| Average of events attended by schools per year | 17             | 20             | 23             |

The attendance at activities offered by the Partnership have increased year on year. The opportunities will be a combination of 'sport', 'competitions' and wider physical activity festivals developed to broaden participation allowing young people of all levels of ability to attend.

One school attended as many as 39 opportunities last academic year.

The offer is designed to maximise the opportunity for all therefore is not always targeting the young people who are already physical active. This has been achieved by working jointly with schools and understanding their requirements, motivation and ability to participate.

#### Sport England's Active Lives Children and Young People Survey

Alongside this local data captured by the SSP, Sport England also capture data called an Active Lives Children and Young People Survey. This provides an approach to gather data on how children engage with sport and physical activity. It gives help to understand children's attitude and behaviours around sport and activity at a national level to inform policy and ideally resources to develop areas of weakness.

Get Berkshire Active administer the survey for Sport England and have produced national data. A local insight briefing has been developed using the completed data from Bracknell Forest Schools who have completed the survey.

The survey is targeted at selected schools identified at random and is not statutory for schools to complete it however completion is advocated locally by the Partnership Development Manager.

Specific data relating to this area is in the below tables:

| <b>Physical Activity Participation in children</b>                     |                  |           |         |
|--|------------------|-----------|---------|
|  | Bracknell Forest | Berkshire | England |
| <b>Active every day:</b> at least 60 minutes daily                     | 14%              | 19%       | 18%     |
| <b>Active across week:</b> average of 60 minutes per day but not daily | 34%              | 26%       | 26%     |
| <b>Fairly Active :</b> average of 30-59 minutes per day                | 25%              | 22%       | 24%     |
| <b>Less Active:</b> less than an average of 30 minutes per day         | 28%              | 33%       | 33%     |

Out of the four indicators above two indicators are significantly better than the national and the Berkshire average. The 'fairly active' indicator is extremely close to national average and slightly down compared to Berkshire.

The area of development is with the indicator 'active every day' which is 4% lower than the national average and 5% lower than Berkshire.

The data above shows that although there is no significant difference between the percentage of children who are 'less active' in Berkshire than the national figure, the proportion of 'less active' children in Bracknell Forest is more positive with fewer children in this category.

Bracknell Forest also comes out favourably when looking at the 'active across week' category which is 8% higher than the national average.

Wider performance indicators to Physical Health - inactivity can be linked to obesity. The data below includes information relating to obesity levels at year 6:

| <b>Children's obesity levels by Year 6 - data taken from 2018/19</b> |         |
|--|---------|
| Bracknell Forest   | England |
| 28.4%  | 34.3    |

Above shows that Bracknell Forests year 6 child weight management results are below national average.

To close, schools healthy living is a combination of many things, including good nutrition, regular exercise and a positive attitude. Taking care of your body and feeling pride in your accomplishments can improve both your physical and mental health.

The evidence shows Bracknell Forest schools are choosing to participate in local events which are provided through this role. The proportion of pupils categorised as 'less active' is lower than national average with greater levels of young people achieving higher than national average. This combined with the child's weight management data that the obesity levels are also lower than national average shows that Bracknell Forest is heading in a positive direction.

#### **Feedback from PE Primary Subject Leaders/Bracknell Forest Schools**

Schools continue to buy in to the service level agreement, and feedback is overwhelmingly positive, suggesting that the service is having a positive impact in schools.

The comments below capture some of the qualitative evidence relating to the impact of this work:

*“Thank you both for all of your time and support over the last few years, as PE lead you made my job a lot easier”*

*“This comes a little later than planned, but I wanted to say thank you for organising such an incredible event! All of our children absolutely loved their afternoon, and I was thrilled to see those kids we took who are disengaged from sports having such a brilliant time – the smiles on their faces said it all!”*

*“Just wanted to say, the children had a fantastic time today. Even the children who wouldn’t normally like to take part in a sporting event said how much fun it was. The event was very well organised.”*

*“I just wanted to thank you both, for giving so many of our children at Uplands such an amazing experience!! “*

*“It was a fantastic event, and all 61 of our children are still bouncing off the walls and asking, “when’s the next one?!””*

#### **Facebook:**

Our large high-profile events are captured, and pictures are posted on Bracknell Forest Facebook page by the communications team. These are extremely popular and paint a positive picture of opportunities for young people.

#### **What links are there with the voluntary sector?**

In the context of the School Sport Partnership the links with Bracknell Forest schools are extremely strong. We engage with every Bracknell Forest school.

Another local advantage would be that we are able to engage areas of supports from the voluntary sector that supports some of the delivery. This maybe through voluntary sports clubs supporting the competitions the Partnership is delivering. I.e. local athletics club supporting delivery of the school’s athletics competition with volunteers. This in turn potentially helps spot any young person at the event who shows potential to progress and join the club.

The role is outward facing, engaging with and facilitating ways that PE, school sport and physical activity can support schools.

Current organisations who we have partnered with are:

- Bracknell Rugby club
- Bs Netball
- Healthy Minds
- Wayz Youth Centre
- Badminton England
- Ultimate Frisbee
- Eb Coaching

- Berkshire Schools FA
- Sports Able
- Bracknell Athletics Club
- Pinewood Gymnastics Club
- Everyone Active
- East Berkshire Hockey Club
- Berkshire Orienteers
- Get Berkshire Active
- Bracknell Town Council
- Latika Junior Tennis Club
- Downshire Golf Club
- Wellington School
- Berkshire Cricket Foundation
- British Cycling
- Create Development
- Sports Leaders UK
- Bracknell and Wokingham Swimming Club
- Youth Sport Trust
- Association of PE



## Schools Participation Rates

|                    | 2016/17<br>Attendance/ number of team<br>opportunities |                |                |              | 2017/18<br>Attendance/ number of opportunities |                |                |              | 2018/19<br>Attendance/ number of opportunities |                |                |              | 2019/20<br>Attendance/ number of opportunities |                |                |              |
|--------------------|--|----------------|----------------|--------------|--|----------------|----------------|--------------|--|----------------|----------------|--------------|--|----------------|----------------|--------------|
|                    | Autumn<br>Term   | Spring<br>Term | Summer<br>Term | <b>Total</b> | Autumn<br>Term                                 | Spring<br>Term | Summer<br>Term | <b>Total</b> | Autumn<br>Term                                 | Spring<br>Term | Summer<br>Term | <b>Total</b> | Autumn<br>Term                                 | Spring<br>Term | Summer<br>Term | <b>Total</b> |
| School A           | 5  | 2              | 5              | <b>12</b>    | 5  | 2              | 7              | <b>14</b>    | 6  | 1              | 1              | <b>8</b>     | 8  |                |                | <b>8</b>     |
| School B           | 11   | 15             | 9              | <b>35</b>    | 15   | 12             | 10             | <b>37</b>    | 15   | 14             | 10             | <b>39</b>    | 16   |                |                | <b>16</b>    |
| School C           | 5  | 3              | 2              | <b>10</b>    | 3  | 2              | 3              | <b>8</b>     | 5  | 6              | 8              | <b>19</b>    | 5  |                |                | <b>5</b>     |
| School D           | 3  | 3              | 3              | <b>9</b>     | 1  | 2              | 5              | <b>8</b>     | 5  | 8              | 6              | <b>19</b>    | 8  |                |                | <b>8</b>     |
| School E           | 8  | 6              | 2              | <b>16</b>    | 9  | 8              | 6              | <b>23</b>    | 5  | 7              | 5              | <b>17</b>    | 7  |                |                | <b>7</b>     |
| School F           | 6  | 5              | 3              | <b>14</b>    | 5  | 8              | 3              | <b>16</b>    | 11   | 9              | 9              | <b>29</b>    | 8  |                |                | <b>8</b>     |
| School G           | 6  | 6              | 5              | <b>17</b>    | 7  | 6              | 4              | <b>17</b>    | 10   | 6              | 6              | <b>22</b>    | 5  |                |                | <b>5</b>     |
| School H           | 8  | 6              | 5              | <b>19</b>    | 5  | 0              | 4              | <b>9</b>     | 7  | 7              | 4              | <b>18</b>    | 3  |                |                | <b>3</b>     |
| School I           | 7  | 4              | 2              | <b>13</b>    | 7  | 4              | 3              | <b>14</b>    | 9  | 4              | 5              | <b>18</b>    | 8  |                |                | <b>8</b>     |
| School J           | 8  | 5              | 3              | <b>16</b>    | 7  | 4              | 8              | <b>19</b>    | 12   | 6              | 9              | <b>27</b>    | 11   |                |                | <b>11</b>    |
| School K           | 5  | 3              | 3              | <b>11</b>    | 7  | 6              | 4              | <b>17</b>    | 6  | 4              | 10             | <b>20</b>    | 6  |                |                | <b>6</b>     |
| School L           | 6  | 7              | 5              | <b>18</b>    | 3  | 1              | 2              | <b>6</b>     | 7  | 5              | 6              | <b>18</b>    | 12   |                |                | <b>12</b>    |
| School M           | 3  | 4              | 0              | <b>7</b>     | 1  | 0              | 0              | <b>1</b>     | 4  | 3              | 0              | <b>7</b>     | 2  |                |                | <b>2</b>     |
| School N           | 10   | 8              | 7              | <b>25</b>    | 11   | 7              | 10             | <b>28</b>    | 11   | 8              | 8              | <b>27</b>    | 9  |                |                | <b>9</b>     |
| School O           | 8  | 5              | 3              | <b>16</b>    | 6  | 6              | 10             | <b>22</b>    | 6  | 5              | 9              | <b>20</b>    | 13   |                |                | <b>13</b>    |
| School P           | 12   | 7              | 7              | <b>26</b>    | 9  | 5              | 6              | <b>20</b>    | 12   | 10             | 9              | <b>31</b>    | 10   |                |                | <b>10</b>    |
| School Q           | 1  | 9              | 2              | <b>12</b>    | 11   | 9              | 9              | <b>29</b>    | 7  | 11             | 10             | <b>28</b>    | 13   |                |                | <b>13</b>    |
| School R           | 7  | 9              | 9              | <b>25</b>    | 11   | 12             | 10             | <b>33</b>    | 13   | 9              | 11             | <b>33</b>    | 12   |                |                | <b>12</b>    |
| School S           | 9  | 2              | 2              | <b>13</b>    | 7  | 9              | 9              | <b>25</b>    | 12   | 9              | 8              | <b>29</b>    | 5  |                |                | <b>5</b>     |
| School T           | 9  | 8              | 7              | <b>24</b>    | 7  | 9              | 11             | <b>27</b>    | 12   | 9              | 10             | <b>31</b>    | 14   |                |                | <b>14</b>    |
| School U           | 9  | 10             | 8              | <b>27</b>    | 3  | 8              | 10             | <b>21</b>    | 3  | 3              | 5              | <b>11</b>    | 5  |                |                | <b>5</b>     |
| School V           | 7  | 5              | 2              | <b>14</b>    | 2  | 10             | 8              | <b>20</b>    | 14   | 14             | 5              | <b>33</b>    | 1  |                |                | <b>1</b>     |
| School W           | 8  | 4              | 2              | <b>14</b>    | 11   | 11             | 11             | <b>33</b>    | 13   | 10             | 8              | <b>31</b>    | 14   |                |                | <b>14</b>    |
| School X           | 8  | 10             | 4              | <b>22</b>    | 9  | 10             | 7              | <b>26</b>    | 12   | 13             | 11             | <b>36</b>    | 11   |                |                | <b>11</b>    |
| School Y           | 10   | 5              | 4              | <b>19</b>    | 10   | 10             | 9              | <b>29</b>    | 12   | 11             | 8              | <b>31</b>    | 11   |                |                | <b>11</b>    |
| School Z           | 2  | 1              | 1              | <b>4</b>     | 2  | 1              | 2              | <b>5</b>     | 1  | 0              | 3              | <b>4</b>     | 3  |                |                | <b>3</b>     |
| School AA          | 8  | 7              | 4              | <b>19</b>    | 7  | 5              | 8              | <b>20</b>    | 6  | 7              | 8              | <b>21</b>    | 6  |                |                | <b>6</b>     |
| School BB          | 5  | 3              | 2              | <b>10</b>    | 8  | 4              | 4              | <b>16</b>    | 11   | 3              | 5              | <b>19</b>    | 7  |                |                | <b>7</b>     |
| School CC          | 7  | 8              | 3              | <b>18</b>    | 8  | 8              | 8              | <b>24</b>    | 8  | 5              | 7              | <b>20</b>    | 7  |                |                | <b>7</b>     |
| Average attendance |  |                |                | 17           |  |                |                | 20           |  |                |                | 23           |  |                |                |              |

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## **BRACKNELL FOREST COUNCIL – OVERVIEW & SCRUTINY COMMISSION**

### **Healthy Eating, Activity and Exercise scrutiny review**

#### **Leisure**

Since 1<sup>st</sup> March 2018 the Leisure function has been delivered by Everyone Active on behalf of the council, through their management and operation of Bracknell Leisure Centre, Coral Reef Waterworld and Downshire Golf Complex.

A Services Specification forms part of the Council's contract with Everyone Active, which specifies the framework of how the centres will be managed and operated, and also sets performance outcomes which Everyone Active are to achieve.

One of the key outcomes is for Everyone Active to increase participation levels. The council monitors overall attendance levels quarterly, and within the Service Plan targets are set for future years to drive continual increases in participation. The council also monitors junior course attendances across the sites (whether wet or dry courses). From 2020 there will also be targets set (as a percentage of the overall user number) to demonstrate future increases in the participation of certain target groups; older adults, young people, and disabled customers.

Among the other council outcomes Everyone Active are required to:

- Ensure appropriate programming to help improve the overall health and wellbeing of local residents and reduce social isolation (and positively encourage partnership working with Public Health and other relevant bodies).
- Provide a successful GP Referral/Cardiac Rehab Scheme
- Ensure that strong partnerships exist with relevant local sports groups and National Governing Bodies of sport to create opportunities for local residents in keeping with best practice
- Support community organisations (especially those already in place, operating from the centres)
- Enable and encourage participation by those with disabilities (including continuing to work with the Council's Wellbeing & Leisure Team)
- Target non-user groups in the community
- Ensure a safe environment for children, young and vulnerable people to take part in sport and physical activity
- Contribute to ensuring that people with special care needs can access services and benefit from appropriate safeguarding procedures
- Optimise affordable access to high quality sport and leisure provision

The above summarises the high level arrangements that are in place to encourage and increase participation and activity levels within the Leisure sites. For more insight into how this looks at a practical level, Everyone Active have provided the following information, which is particularly relevant to Bracknell Leisure Centre (the centre most aligned to encouraging increased activity and exercise levels):

### **Leisure Services to provide evidence on level of activity and impact on adults and children:**

Since taking over the leisure centre in March 2018 Everyone Active have seen a steady increase in levels of activity across each department across the whole site. Below is an overview of activity across the leisure centre:

#### **Membership:**

Membership consists of the number of those taking out direct debits and annual membership to use the facilities within Bracknell Leisure Centre. We have performed well since the start of the contract with Bracknell Forest in 2018, seeing an increase so far of **1,246 members** (adults and children). We also offer free memberships to Looked After Children and their carers and currently have 180 memberships in use.

| <b>Memberships</b>  | <b>March 2018</b> | <b>January 2019</b> | <b>December 2019</b> |
|---------------------|-------------------|---------------------|----------------------|
| <b>Direct Debit</b> | 1708              | 2110                | 2643                 |
| <b>Paid in Full</b> | 618               | 645                 | 929                  |
| <b>Total</b>        | 2326              | 2755                | 3572                 |

This clearly shows that the leisure centre is well used and supporting an increase in levels of activity for residents of Bracknell. Everyone Active have been able to do this by offering a variety of different activities to support individual's health and wellbeing. A brief description of these activities can be seen below.

#### **Personal Training:**

Over the last year Everyone Active have not only seen an increase in facility membership but similarly a significant increase in personal training. We offer an introductory session for each new member to support them through their first session and motivate them throughout their health and fitness journey. Not only have we increased the quality of our internal staff we have introduced external personal trainers to offer a bigger variety of expertise and knowledge. This includes weight loss and general health, powerlifting, running coaches and sport performance. To compliment this service, we also deliver workshops/ seminars and group based sessions for members and non-members to take even more control over their health and wellbeing.

| <b>April 2018- March 2019 (£)</b> | <b>April 2019-Jan 2020 (£)</b> | <b>Total increase to date (£)</b> | <b>Projected Final Income (£)</b> |
|-----------------------------------|--------------------------------|-----------------------------------|-----------------------------------|
| 15,216                            | 27,570                         | 12,354                            | 33,084 <b>(+117%)</b>             |

### GP Referral:

Everyone Active re-launched a new, innovative GP referral programme in September 2019. So far, we have received a total of 42 referrals from 6 GP practices and focusing on COPD/ Cardiac, stroke, cancer and mental health but are also accepting referrals for other long-term health conditions.

| Status                             | Number of patients |
|------------------------------------|--------------------|
| Active                             | 19                 |
| 1 <sup>st</sup> Appointment Booked | 5                  |
| Declined                           | 6                  |
| Non-Starters                       | 7                  |
| Referred back to GP                | 5                  |
| 1st contact made with patient      | 14                 |
| Completed                          | 6                  |
| Direct Debits (ongoing membership) | 24                 |

### Group Exercise/ Fit for Life (50+):

Group exercise is currently seeing its highest volume of participants across a wide variety of different classes (e.g. group cycling, yoga, body pump, Zumba). We have seen more interest from participants as we have integrated more popular sessions in line with current trends. We consistently listen to feedback from members and non-members regarding occupancy levels, timings and space. We feel that this directly impacts the level of attendance and adherence as we know that those who attend group exercise programmes usually stay with us 6 months longer than those who don't.

|                       | Jan 2019 | Jan 2020 |
|-----------------------|----------|----------|
| Number of attendances | 5325     | 6384     |
| Occupancy Levels      | 71%      | 84%      |
| Percentage increase   | -        | +13%     |

Fit for life is a programme targeting people over 50 years old. It provides subsidised access to adapted/ inclusive sessions 5 days a week. This includes traditional activities such as badminton, table tennis and swimming but also targeted activities such as Yoga, Pilates and Zumba.

|                       | April 2019 | Jan 2020 |
|-----------------------|------------|----------|
| Number of attendances | 143        | 295      |
| Percentage increase   | -          | +106%    |

### Activities and Sports

This section includes all additional activities on offer for adults and children at the leisure centre and is a key area we are focusing on developing further.

We have recently started a Back to Netball and Walking Netball in partnership with England Netball. This has been well received by customers as numbers continue to grow with 15-20 people attending Back to Netball and 15-20 people attending Walking Netball.

We also support the Bracknell Gymnastics Club to provide a series of session for children and ranging from beginner to advance. This includes tweeny tumblers to gym advanced. Similarly, our internal team also offer family trampolining sessions in the schools' holidays which always reach maximum capacity.

## **Swimming**

12 out of 21 swimming classes have increased their occupancy levels since implementing our new, award winning swimming programme. Our philosophy is 'it's never too late to swim' and this has helped engage more adults to improve their swimming skills as seen below.

Swimming is important to us at Everyone Active as it's the only sport that can save your life and a skill that should be available to everyone no matter their ability or age.

There are many health benefits to swimming as it promotes a healthy heart and healthy lungs. The buoyancy of water means that any activity in the pool has very low impact on the body, and the added resistance also means they use more energy than they would outside the water. It really gives a good whole-body workout without any strain being put on a child or adults joints.

| <b>Class</b>               | <b>2019 (%)</b> | <b>2020 (%)</b> |
|----------------------------|-----------------|-----------------|
| Adult and Child (4-18mths) | 56              | 85              |
| Adult be a better swimmer  | 37              | 54              |
| Adult be a master swimmer  | 41              | 48              |
| Adult be a swimmer         | 33              | 60              |
| Adult be water confident   | 61              | 78              |
| Junior fitness swimming    | 46              | 72              |
| Pre School Stage 1         | 80              | 93              |
| Stage 1                    | 97              | 99              |
| Stage 3                    | 91              | 95              |
| Stage 5                    | 75              | 80              |
| Stage 8                    | 66              | 72              |
| Stage 9/10                 | 56              | 68              |

## **Leisure Services to consider what else they could do to increase access to services with anticipated impact**

As this is still a relatively new contract with the Council, the centre is still undergoing renovations and further additional changes being implemented, such as a new state of the art group cycling studio and a health and mindfulness studio to deliver our popular Pilates and Yoga classes. These changes will allow more residents of Bracknell to attend these classes then we currently have available.

We have spent the last year focusing on increasing footfall and enhancing members experiences. We feel we are on our way to reaching our goals regarding a wider impact on Bracknell and can now shift our focus onto developing new relationships and engagement with new stakeholders, and further improving opportunities for current and future members.

We are working with external partners to reach a diverse community in order to allow more people to access our services. Some of these partnerships are listed here:

**GP Referral:** We have opened new communication with services such as Chest Clinic, Green Meadows Ascot, Social Prescribers, Parkinson Physio, GP Practices, Community Mental Health Team, Escape Pain and Stroke Association to bring in more referrals and opportunity. We also have a new group class starting imminently which will allow us to take a higher volume of referrals. To support the growth of the programme we have upskilled 3 personal trainers to work with people with long term health conditions. This will support our 3-year growth plan in which we expect to have 336 active GP Referral members by April 2022.

**Children and Young People:** We recognise that we need to increase opportunity for children and young people in our facility and therefore we have started two new projects below:

Get Berkshire Active have awarded us funding to deliver 3x 12-week sessions for inactive young people aged 11-16. The programme (Beginners Guide to Exercise) will enable young people to learn how to exercise safely and effectively, nutritional advice. The programme requires parental/ guardian engagement and support. Young people are referred into the programme through Children Services, Schools and Youth Clubs in order to engage the right target audience. We expect to not only see physical health changes but also increases in mental wellbeing and body confidence.

We have also partnered with Get Berkshire Active and Coach Core (The Royal Foundation) to offer two apprenticeships to young people not in employment, education or training. Over 18 months they will gain experience in each department, becoming qualified to deliver multisport sessions and if successful employment at completion. This has created an opportunity for additional sessions such as Goalball in connection with Berkshire Vision which will allow visually impaired people to participate in activity.

**Sports and Activities:** We would like to provide an innovated and more inclusive offer for people taking up sporting activities. We have developed new relationships with National Governing Bodies and local charities and support services (e.g. England Handball, Berkshire Vision) to give customers the best and safest experience. We will be running a series of taster session for children's activities to gauge popularity in order to commit to long term programmes. This will include non-traditional activities such as skateboarding, handball and scooting. This will allow us to reach non-traditional leisure centre users that disengage in fitness activities.

### **What are the actual performance measures in terms of success or otherwise, not just footfall. What do they demonstrate?**

As a leisure provider performance measures do focus on footfall and membership base to ensure income is generated. However, through some of our smaller programmes and externally funded partnerships we do measure the following:

- Membership base (as a new site, this is an important in measuring interest and engagement from Bracknell residents).
- Engage the community via other health and wellbeing groups (e.g. Bracknell Half Marathon, Slimming World, Get Berkshire Active)
- Employability of young people (e.g. Coach Core, Leisure Apprenticeships, Get Active Sports)
- Occupancy Levels
- Length of stay (attrition) to measure satisfaction of members
- Management of health conditions through GP Referral

The above measures demonstrate that external stakeholders want to collaborate with Everyone Active for both parties to increase engagement and new opportunities with targeted populations. This should ensure inactivity level decrease as more people are hitting the recommended guidelines of activity per week. With increased activity levels we can positively affect wellbeing by increasing mood, body confidence, motivation levels and reduce social isolation.

### **What links are there with the voluntary sector?**

As you can see in the report above, we strive to collaborate with external partners which heavily involves the voluntary sector. We have good links with the Active Partnership Get Berkshire Active which gives us opportunity to attend conferences, workshops and forums with local and national organisations and access external funding for more targeted work.

We pride ourselves on making our site accessible to providers for low costs so others can provide their customers with good opportunities. This includes groups such as local schools, pupil referral units, Sport in Mind (mental health and sports sessions), SWAY, disability groups and Barnardo's.

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