

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

Councillor Dale Birch

Executive Member Adult Services, Health and Housing



# SECTION 1:

- How does the Health and Wellbeing Board get involved in healthy eating, activity and exercise provision for residents of Bracknell Forest?



# Health and Wellbeing Board - Background

Health and Wellbeing Board does not get “involved” with the operational delivery of any part of the Council’s or partners strategies. By open and positive challenge it does ensure that, based upon the data, the right services are commissioned to meet the priorities identified.

It is the boards responsibility to produce a Joint Strategic Needs Assessment (JSNA) and a joint health and wellbeing strategy for the local population, that enables partners to strategically plan and agree priorities, that best meet the needs of their local population and ensure commissioned services meet local needs.

The BFC JSNA was the first JSNA to include individual ward profiles. It is divided into sections that relate to the Health and Wellbeing Strategy.

The following link provides residents with information on healthy eating  
<http://health.bracknell-forest.gov.uk/eating-healthily/>

## SECTION 2:

- Where does the funding stream for the Health and Wellbeing Board come from?



# Funding Stream

There is no funding stream for HWB's

## SECTION 3:

- Who contributes to the Health and Wellbeing Board strategy, and how are they consulted?



## Core Members of the Health and Wellbeing Board

- Executive members Bracknell Forest Council
- Chief Executive of Bracknell Forest Council
- Strategic Director for Public Health
- Executive Director of People
- Consultant in Public Health – Bracknell Forest Council
- East Berkshire CCG (Clinical Chief Officer)
- Primary Care Networks (Executive Director of Place)
- Involve - Voluntary Sector organisation
- Adult Social Care – Bracknell Forest Council
- Healthwatch
- NHS Healthcare Foundation Trusts
- Silva Homes
- BMHFT

The public and councillors are also consulted on the draft strategy.

## How are they consulted?

- Bi-monthly meetings
- Agenda, minutes of previous meeting and papers are sent out in advance of meetings. Partners invited to submit agenda items.
- Informal 'meet the board' session before the formal part of board meetings begins, where members of the public can ask questions and raise issues.
- Members of the HWB are consulted face to face and via email
- Stakeholders are engaged in discussions and consulted about proposals for change at an early stage, and given an opportunity to understand the reasons for the proposals and make their contributions.
- The Health and Wellbeing Strategy is co-produced with all HWB partners.
- There is currently a program of consultations under the Place based review the results of which will be used to form the new HWB strategy.



## SECTION 4:

- How are the contents of the Health and Wellbeing Board strategy (e.g. health eating, activity and exercise) prioritised?



# How are contents prioritised?

Prioritised based on:-

- evidence driven data, such as Joint Strategic Needs Assessment (JSNA), and national programmes.
- Public health and NHS and other partners plan priorities.
- Identified population need.
- Monitoring of commissioned services.
- Evidence of cost effectiveness.
- <https://www.kingsfund.org.uk/audio-video/population-health-animation>

## Prioritisation categories

Prevention

Inequalities

Population health

Balances individual and collective responsibility for behaviour change

Wider determinants of health

Community empowerment

Evidence

Added Value/Additionality

Collaboration

## SECTION 5:

How is the funding for specific activities that are identified in the Health and Wellbeing strategy allocated?



# How are funding streams allocated?

- Health and Wellbeing board does not allocate funds.
- Once the overall strategy is agreed partners produce their own operational plans and allocate their respective resources accordingly.

## SECTION 6:

Could you tell us how the previous Health and Wellbeing Board Strategy was developed, and what your plans for the new Health and Wellbeing Board Strategy (due March 2020) look like?



# How the previous strategy was developed

1. Consulted with the partners and public
2. Senior level visioning
3. Gathered detailed information on what was happening in the areas that had originally been identified as possibly needing more work.
4. Refreshed the Joint Strategic Needs Assessment (JSNA) to get more up-to-date information on the priorities for residents
5. Considered all the work that is already being done in Bracknell Forest
6. Issues brought to our attention by Healthwatch Bracknell Forest and
7. What people have told us when we have consulted for the Joint Commissioning Strategies

## Plans for the new Health and Wellbeing strategy

- The current strategy runs from 2016-2020 (inclusive).
- The new strategy is for 2021 and beyond, is being developed at present (not due in March). Important to coincide with partner budgeting cycles.
- The first step towards this is the Place-based summits, which have already begun.
- Development of the new strategy requires a **whole systems approach** with multiple stakeholders working collaboratively together.



## SECTION 7:

- What went well with the last strategy and what could have gone better?





# What went well and not so well?

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

# What could have gone better?

- The joining up bit. Collaborative working with partners to improve integration approach and outcomes.
- Development and monitoring of an action plan?? But who administers it?
- Use of data to develop targeted weight management and physical activity intervention for children who are identified as overweight or obese from NCMP.
- Focus on reducing the impact of health inequalities, by co-ordinating and developing services system-wide.
- Better promotion of population health management.

## SECTION 8:

- What MUST the council provide in relation to healthy eating, activity and exercise for residents of the borough?



# Services the council MUST provide

- We MUST provide a service for the measurement of children to determine obesity levels. Not mandatory!
- We MUST reduce health inequalities and narrow the associated gap in life expectancy between those areas which are more vs. less deprived. Not mandatory!
- A Health and Wellbeing Board

## 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 9:

- In your opinion, where are the gaps?



# Where are the gaps?

- Supporting schools with the greatest need to spend their PE and Sport premium most effectively in order to benefit their pupils.
- Focus public health activity in other lifestyle areas not related to physical activity, exercise or weight management such as substance misuse (alcohol abuse).
- Strengthening partnership working.
- Linking action to the wider determinants of health (e.g. unemployment, fuel poverty, air quality, housing).
- The focus on reducing the gap in health inequalities between those wards which are more deprived vs. less deprived (e.g. Crowthorne vs. Ascot).
- What people say they want and the available money to provide.