Contact: Leo Taylor
Direct Dial: 01934 634621
E-mail: leo.taylor@n-somerset.gov.uk
Date: 27 June 2023

Dear Sir or Madam

The Health and Wellbeing Board – Wednesday, 5 July 2023, 2.00 pm – New Council Chamber - Town Hall

A meeting of the Health and Wellbeing Board will take place as indicated above.

The agenda is set out overleaf.

Yours faithfully

Assistant Director Legal & Governance and Monitoring Officer

To: Members of the Health and Wellbeing Board

Councillors:

Jenna Ho Marris (Chair), Georgie Bigg, Jeremy Blatchford, Colin Bradbury, Paula Clarke, Kirstie Corns, Emma Diakou, Carolyn Fair, Mandy Gardner, Catherine Gibbons, Mark Graham, John Heather, David Jarrett, Matt Lenny, David Moss, Adam O'Loughlin, Sarah Pepper, Stephen Quinton, Julie Sharma, Sheila Smith, Dan Thomas, Helen Thornton, Joe Tristram and Hayley Verrico.

This document and associated papers can be made available in a different format on request.

Agenda

1. **Health and Wellbeing Board Terms of Reference and Membership** (Pages 7 - 16)

   Report of the Director of Public Health

2. **Confirmation of Vice Chairman**

3. **Public Participation (Standing Order 17)**

   To receive and hear any person who wishes to address the Committee. The Chairman will select the order of the matters to be heard. Each person will be limited to a period of five minutes. Public participation time must not exceed thirty minutes.

   Requests to speak must be submitted in writing to the Assistant Director Legal & Governance or the officer mentioned at the top of this agenda letter, by noon on the working day before the meeting and the request must detail the subject matter of the address.

4. **Apologies for absence and notification of substitutes**

5. **Declaration of disclosable pecuniary interest (Standing Order 37)**

   A Member must declare any disclosable pecuniary interest where it relates to any matter being considered at the meeting. A declaration of a disclosable pecuniary interest should indicate the interest and the agenda item to which it relates. A Member is not permitted to participate in this agenda item by law and should immediately leave the meeting before the start of any debate.

   If the Member leaves the meeting in respect of a declaration, he or she should ensure that the Chairman is aware of this before he or she leaves to enable their exit from the meeting to be recorded in the minutes in accordance with Standing Order 37.

6. **Minutes** (Pages 17 - 20)

   Minutes of the Health and Wellbeing Board Meeting on 1 March 2023 to approve as a correct record.

7. **Joint Health and Wellbeing Strategy – Quarterly Update** (Pages 21 - 46)

   Report of the Consultant in Public Health

8. **North Somerset Mental Health Strategy 2023-2028** (Pages 47 - 78)

   Report of the Consultant in Public Health

9. **Recommissioning of the BNSSG Integrated Sexual Health Service** (Pages 79 - 120)

   Report of the Consultant in Public Health

10. Weston Worle and villages, Woodspring localities updates (Pages 121 - 124)

Report of the Head of Woodspring Locality and the Head of One Weston, Worle and Villages Locality

11. Integrated Care Strategy (Pages 125 - 162)

Report of the Associate Director (Partnerships), BNSSG ICB

12. The HWB Work Plan

13. Board Meeting Review

To review the meeting using the tests set out on pages 9 and 10 of the Terms of reference report listed above (Agenda Item 1)

Exempt Items

Should the Health and Wellbeing Board wish to consider a matter as an Exempt Item, the following resolution should be passed -

"(1) That the press, public, and officers not required by the Members, the Chief Executive or the Director, to remain during the exempt session, be excluded from the meeting during consideration of the following item of business on the ground that its consideration will involve the disclosure of exempt information as defined in Section 100I of the Local Government Act 1972."

Also, if appropriate, the following resolution should be passed –

"(2) That members of the Council who are not members of the Health and Wellbeing Board be invited to remain."

Mobile phones and other mobile devices

All persons attending the meeting are requested to ensure that these devices are switched to silent mode. The chairman may approve an exception to this request in special circumstances.

Filming and recording of meetings

The proceedings of this meeting may be recorded for broadcasting purposes.

Anyone wishing to film part or all of the proceedings may do so unless the press and public are excluded for that part of the meeting or there is good reason not to do so, as directed by the Chairman. Any filming must be done as unobtrusively as possible from a single fixed position without the use of any additional lighting, focusing only on those actively participating in the meeting and having regard to the wishes of any members of the public present who may not wish to be filmed. As a matter of courtesy, anyone wishing to film proceedings is asked to advise the Chairman or the Assistant Director Legal & Governance and Monitoring Officer's

representative before the start of the meeting so that all those present may be made aware that it is happening.

Members of the public may also use Facebook and Twitter or other forms of social media to report on proceedings at this meeting.

Emergency Evacuation Procedure

On hearing the alarm – (a continuous two tone siren)

Leave the room by the nearest exit door. Ensure that windows are closed.

Last person out to close the door.

Do not stop to collect personal belongings.

Do not use the lifts.

Follow the green and white exit signs and make your way to the assembly point.

Do not re-enter the building until authorised to do so by the Fire Authority.

Go to Assembly Point C – Outside the offices formerly occupied by Stephen & Co

North Somerset Council

Report to Health and Wellbeing Board

Date of Meeting: 5 July 2023

Subject of Report: Health and Wellbeing Board Terms of Reference and Membership

Town or Parish: None specific

Officer/Member Presenting: Director of Public Health

Key Decision: N/A

Reason:
Not an Executive Decision.

Recommendations
That the Board agree and adopt the Health and Wellbeing Board's (HWB) Terms of Reference (ToR).

Summary of Report
The draft ToR is attached as an appendix to this report.

Policy
N/A

Details
The attached document sets out the Board's ToR and composition. The ToR also includes a Guide to the HWB setting out in more detail the purpose of the Board, its current composition, ways of working and priorities.

Consultation
N/A

Financial Implications
N/A

Legal Powers and Implications
N/A

Climate Change and Environmental Implications
N/A

Risk Management
N/A

Equality Implications
N/A

Corporate Implications
N/A

Options Considered
N/A

Author:
Leo Taylor, Democratic Services, 01934 634621

Appendices:
Appendix 1 – North Somerset Health and Wellbeing Board Terms of Reference

Background Papers:
None

NORTH SOMERSET HEALTH AND WELLBEING BOARD
DRAFT TERMS OF REFERENCE

Revised June 2023

1. Introduction

1.1 The Health & Wellbeing Board will provide senior strategic oversight of health and wellbeing matters across North Somerset.

1.2 The Board meets the statutory requirement for a Joint Health and Wellbeing Board. It will meet as a full committee of North Somerset Council at least three times each Municipal year to undertake the statutory duties proscribed for the board in the Health and Social Care Act 2012.

1.3 This Terms of Reference should be read in conjunction with the Guide to the North Somerset Health and Wellbeing Board set out in the appendix below – setting out in further detail the purpose of the Board, current composition, ways of working and priorities.

2. Priorities, Outcomes and Responsibilities

2.1 The Board will work in partnership to achieve a range of priorities and outcomes. These will be informed by the Joint Strategic Needs Assessment (JSNA), outlined in a Health and Wellbeing Strategy and reviewed and revised at least on an annual basis.

2.2 The key responsibilities for the Board will be:

- Development, sign-off and monitoring the implementation of the North Somerset Health & Wellbeing Strategy.
- Overseeing and advising on the development of the Joint Strategic Needs Assessment (JSNA)
- Overseeing development of effective co-production and public involvement and engagement in all areas of the board's activity
- Supporting the development of local joint commissioning arrangements
- Strategic coordination of health and wellbeing matters with safeguarding functions, including consideration where appropriate of Domestic Homicide Reviews, Child Death Overview Panel outcomes and Serious Case Reviews
- Monitoring and responding to the performance of local health and wellbeing services

in the statutory, voluntary and commissioned sectors as well as consider the development and performance of services that impact on the wider determinants of health and wellbeing
- Liaison with other Health & Wellbeing Boards across the region in order to share learning, coordinate activity and identify joint commissioning opportunities.

3. Work Plan

3.1 The Health and Wellbeing Strategy will be the overarching document from which the board's workplan will be developed. The workplan will be agreed on an annual basis.

4. Membership, Decision-Making and Quorum

4.1 All members should be decision-makers at a strategic level within their organisations who can influence the commissioning or delivery of services to meet partnership priorities.

4.2 Where a member of the Board is unable to attend, every effort should be made to ensure that a deputy is appointed, suitably authorised to act on behalf of the organisation concerned in all matters considered by the Board.

4.3 The membership of the board will be:

Statutory Members (as designated by the Health and Social Care Act 2012)

- Executive Member – Homes and Health
- Executive Member – Children's Services, families and lifelong learning
- Director of Children's Services
- Director of Adult's Services
- Director of Public Health
- Nominee representing BNSSG Integrated Care Board (ICB)
- Nominee of Healthwatch North Somerset

Non-statutory Members

- Chief Officer or Trustee, Voluntary Action North Somerset
- Nominee representing Avon Local Councils Association
- Chair of Children & Young People Scrutiny Panel (non-voting)*
- Chair of Adult Social Care Scrutiny Panel (non-voting)
- Chair of Health Overview & Scrutiny Panel (non-voting)
- Chief Officer, Acute NHS Trust
- Chief Officer, Community Health Provider
- Chief Officer, Mental Health NHS Trust
- Nominee from the North Somerset Wellbeing Collective
- Additional Nominee representing BNSSG ICB
- Chair of Weston, Worle and Villages Locality Partnership (WWVLP)
- Nominee (at Head of Locality level) representing Worle and Villages Locality Partnership
- Chair of Woodspring Locality Partnership
- Nominee (at Head of Locality level), representing Woodspring Locality

- Nominee representing Avon and Somerset Police
- Nominee representing Avon Fire and Rescue Service
- Nominee representing Business Intelligence, Policy and Partnerships NSC
- Nominee representing the Place Directorate

*Non-voting to protect the Chairs' independent scrutiny role, which includes items agreed by this Board.

4.4 The Board may revise its non-statutory membership at any time by agreement, to take account of changing requirements, local reorganisation or other priorities.

4.5 The Board may also decide to co-opt additional members on a temporary or permanent basis in order to inform specific areas of work.

4.6 In the spirit of effective collaboration and partnership working the board will always seek to come to agreement through consensus and unanimity following debate and discussion where all members will be encouraged to participate.

4.7 In the unlikely event that a vote is required, the quorum for making formal decisions will be one quarter of the voting Membership including at least one elected Member from the Council and one representative from the Integrated Care Board (unless statutory provisions require certain members to vote on specific matters).

4.8 A situation may occur where there would be a conflict of interest for any Board member. Any such conflict of interest should be declared to the chair prior to the meeting, who will take the advice of the Head of Legal & Democratic Services as required.

4.9 The Health & Wellbeing Board is not constituted to take formal decisions on the part of its member organisations, therefore matters considered will not normally be referred to Scrutiny Panels. The chairs of relevant panels have been included to encourage joint work planning and oversight.

5. Chair and Vice Chair

5.1 The Board will usually be chaired by the Executive Member with responsibility for health, with a Senior BNSSG ICB officer acting as Vice Chair.

5.2 If the Chair is unable to attend a board meeting the meeting will be chaired by the Vice Chair or another voting member as appointed by the Chair or Vice Chair.

5.3 A situation may occur where there is a conflict of interest for the chair or vice chair regarding an item on the agenda. In this case the chair or vice chair of the board will discuss with the Head of Legal & Democratic Services as to how this matter should be resolved prior to the meeting.

6. Support, Substructures and Working Groups

6.1 The Board will be supported by an Officer Support Group drawn from member organisations, who will assist in coordinating delivery of the Board's work plan,

developing the Board's meeting agenda, and assuring the quality of papers and agenda items.

6.2 The Officer Support Team will include membership from at least the following teams (noting that membership will change and adapt to business needs):

- NSC Public Health Team
- NSC, People & Communities Directorate
- North Somerset Locality Partnerships
- NSC, Policy & Partnerships Team
- Healthwatch
- The voluntary and community sector

6.3 All formal meetings will be scheduled, convened and minuted by North Somerset Council's Democratic Services Team.

6.4 The Board will not maintain a formal substructure, but will where necessary, convene working groups tasked with undertaking and reporting back on specific activities for the Board.

6.5 The Board encourages the use of an Appreciative Inquiry approach to examine in depth issues affecting the local area. Such meetings will not be formal meetings and will not usually be open to the public.

7. Meeting Frequency, Resourcing and Accessibility

7.1 The Board will meet at a frequency to be decided by the board, no less frequently than required by statute. Where possible meetings will be held at publicly accessible venues, ideally points of service delivery across North Somerset.

7.2 All formal meetings of the Health and Wellbeing Board will be open to the public and will be held in accessible venues. All agendas and minutes of meetings will be published on the North Somerset Council website.

8. Review

8.1 The terms of Reference will be reviewed and revised annually by the Board.

APPENDIX

Guide to the North Somerset Health and Wellbeing Board

What is the purpose of the North Somerset Health and Wellbeing Board?

Our Health and Wellbeing Board (HAWB) provides leadership for protecting and improving wellbeing and health outcomes and works to reduce inequalities in North Somerset.

We have a unique ability to bring together statutory organisations and community leaders to identify how, as a connected system, we can make improvements for local communities against priority needs and aspirations.

Our intentions are captured in the Health and Wellbeing Strategy and action plan (2020-24) but we see implementation of the plan as an evolving process requiring active debate, leadership and monitoring from the Board, not remote delivery of a set series of tasks. We aim to take a long view of the key challenges facing our population and address risks or opportunities to improve outcomes.

Who are we?

We represent a wide range of interests in North Somerset but are bound by a strong commitment to improve the wellbeing and health of our local population. Our value is in actioning what could not be done through other forums, plans or single organisations.

Chair: Cllr Ho Marris Executive Member Homes and Health, NSC.	Colin Bradbury, Director of Strategy, Partnerships and Population, BNSSG ICB	Hayley Verrico, Director of Adults, NSC	Carolyn Fair, Interim Director of Children's Services, NSC
Matt Lenny, Director of Public Health and Regulatory Services, NSC	Mandy Gardner Chief Executive, VANS	Mark Graham, Chief Executive, For All Healthy Living Centre	John Heather, Chair, Weston, Worle and Villages Locality Partnership
Sarah Pepper, Chair, Woodspring Locality Partnership	Catherine Gibbons, Executive Member for Children's Services, Families, and life-long learning	Helen Thornton, Chair, Health Overview and Scrutiny Panel	Dan Thomas, Chair, Adults and Housing Scrutiny Panel
Joe Tristram, Chair, Children and Young People's Scrutiny Panel	Paula Clarke, Executive Managing Director (WGH)	Julie Sharma, Chief Executive, Sirona Care and Health	Tbc, Avon and Wiltshire Mental Health Partnership
Stephen Quinton, Avon Fire and Rescue	Jeremy Blatchford, Avon Local Councils Assoc.	Georgie Bigg, Chair, Healthwatch	Adam O'Loughlin, A&S Police, N. Somerset Area Commander
Emma Diakou. Head of Business Intelligence, Policy and Partnerships, NSC	David Moss, Head of Locality, Weston, Worle and Villages Locality Partnership	Kirstie Corns, Head of Locality, Woodspring Locality Partnership	Place Directorate representative tbc, NSC.
David Jarrett, Director of Integrated and Primary Care, BNSSG ICB			

How do we work together?

We have a shared responsibility to make the Board effective and valued by our community. We agree to listen to and work with our communities, highlight issues, identify opportunities for

and barriers to change, and challenge each other on how best to make positive changes and hold each other to account for the actions we have agreed to take.

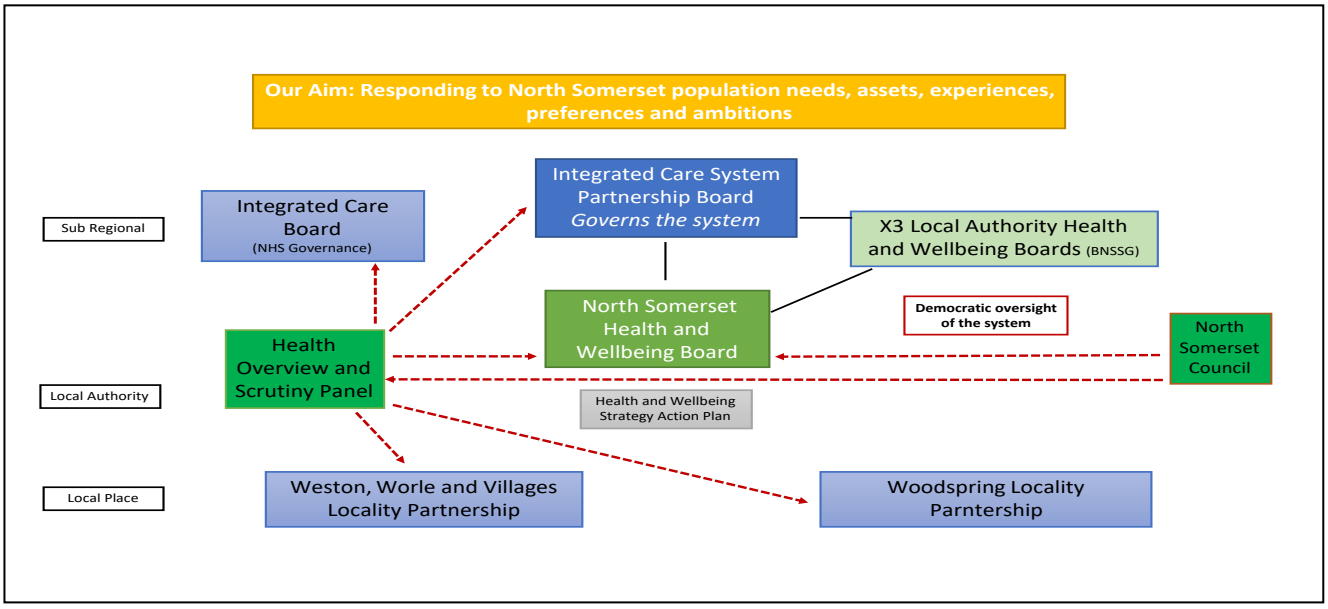
Each Board Member has equal voting rights in our meetings to demonstrate our shared responsibility for decision making and delivery of our action plan. We have two types of meetings that support our work:

a) formal committee meetings required under local government governance that take place three times a year
b) informal appreciative enquiry meetings where we explore a local priority issue in depth and allow more space for a range of views and voices to be heard. These informal sessions will generate recommendations and actions across our partnership that will be reviewed and agreed at the following formal meeting and integrated into our health and wellbeing strategy and action plan.

We want to support active dialogue and joint planning between members and so will develop a new shared Microsoft Teams area for regular communication between colleagues and collaboration. We have an operations group drawn from the membership to develop the forward plan of meeting topics and their content.

Who do we work alongside?

The Board sits within a wider system that impacts across all the factors that help determine or impact on wellbeing and health in North Somerset. Although it is a statutory committee of the local authority its role is bring together and guide action across all the action areas of our strategy – civic, service and community leadership. It works within this system of action.



What are our priorities?

Our priorities are listed in the Health and Wellbeing Strategy and its accompanying action plan. These were built using a wide range of community and stakeholder feedback (in 2021). We will allocate leadership roles to members of the Board for the themes and outcomes.

The strategy and action plan will be reviewed and refreshed during 20223/24 under the guidance of the Board.

Vision

For people to be enabled to optimise their health and wellbeing and to lead long, happy, and productive lives in thriving communities, building on their strengths in a way that reduces inequalities in health.

Principles (of how we get there)

Priority themes

1) **Prevention:** preventing health problems before they arise
2) **Early intervention**: intervening early in relation to existing health and wellbeing problems
3) **Thriving communities**: supporting communities to be connected, healthy and resilient

Outcomes to be improved (the things that impact most on quantity and quality of life)

- Mental health and wellbeing
- Food, nutrition and food insecurity
- Physical activity
- Tobacco use
- Alcohol use
- Drug use
- Wider determinants of health

These priorities are kept under review and we will use intelligence about emerging issues or new impacts to adjust where we focus our activity. The Joint Strategic Needs Assessment is the key place for tracking and highlighting those population needs and aspirations.

How do we demonstrate our impact?

We will use three tests at the end of each Board meeting – formal or informal – to be honest about what impact we have made. At the end of each meeting, we will ask:

1) Have we clearly defined a challenge/opportunity where the Health and Wellbeing Board has a relevant and meaningful role?

2) What will change as a result of this meeting – e.g., the actions we have agreed, who will take those forward, the resources committed etc.?
3) How will we know that positive impacts will follow – e.g., what evaluation of outcomes and experience will we use and how will that be shared?

We will share information in a spirit of trust and speak bravely about the challenges we face or plans that need input from others to be complete. Our collective perspectives strengthen our work.

We have developed a dashboard that tracks each of the actions set out to support delivery of the strategy. That is updated quarterly and published on the North Somerset Council website to make sure there is open sharing of progress.

We will develop a regular online newsletter to report on progress in delivering the strategy and reflect summaries of what has been reviewed and action by the Health and Wellbeing Board at its meetings. The aim is to move beyond formal minutes and share insight and stories that demonstrate what matters to our communities and how changes are being managed. All Board partners will contribute to sharing updates through that route to give a complete view of what is being done in North Somerset to improve wellbeing and health and reduce inequalities.

We will regularly evaluate how well-informed key stakeholders feel about the work of the Board and plan ways to increase knowledge, understanding and support for the aims of our strategy.

How can people get involved?

Anyone who would like to learn more about the work of the Board, or bring forward ideas on what areas it should focus on can find details in the online newsletter or email health.wellbeing@n-somerset.gov.uk and someone will make contact to talk those ideas through.

Minutes

of the Meeting of

The Health and Wellbeing Board
Wednesday, 1 March 2023

New Council Chamber - Town Hall

Meeting Commenced: 2.00 pm Meeting Concluded: 3.35 pm

A Cllr Mike Bell - Chair (Executive Member Adult Social Care and Health NSC)
P Colin Bradbury - Vice-Chair (Director of Strategy, Partnership and Populations BNSSG ICB)
P Georgie Bigg (chair Healthwatch North Somerset)
P Jeremy Blatchford (ALCA)
A Ros Cox (Head of Business Intelligence, Policy and Partnerships NSC)
P Paula Clarke (Director of Strategy and Transformation UHBW)
A Cllr Ciaran Cronnelly (chair Health Overview and Scrutiny Panel NSC)
P Emma Diakou (Head of Business Intelligence, Policy and Partnerships NSC)
P Mandy Gardner (Chief Executive VANS)
P Cllr Catherine Gibbons (Executive Member Children and Young People NSC)
P Mark Graham (North Somerset Wellbeing Collective)
A Cllr Wendy Griggs (chair Children and Young Peoples Policy and Scrutiny Panel NSC)
P Dr John Heather (Chair Weston, Worle and Village Locality Partnership)
P David Jarrett (Director of Integrated and Primary Care, BNSSG ICB)
P Matt Lenny (Director of Public Health, NSC)
P David Moss (Delivery Director Woodspring Locality Partnership)
A Adam O'Loughlin (North Somerset Area Commander, Avon and Somerset Police)
A Sarah Pepper (chair Woodspring Locality Partnership)
A Stephen Quinton (Avon Fire and Rescue Service)
A Julie Sharma (Interim Chief Executive, Sirona Care and Health)
P Sheila Smith (Director of Children's Services, NSC)
A Councillor Tim Snaden (chair Adult Services and Housing Policy and Scrutiny Panel NSC)
P Hayley Verrico (Director of Adult Services, NSC)

P: Present A: Apologies for absence submitted

Officers in attendance: Sebastian Habibi (BNSSG ICB), Gerald Hunt, Georgie MacArthur (Consultant in Public Health, Leo Taylor (NSC)

19 Declaration of disclosable pecuniary interest (Standing Order 37)

None.

20 Minutes

Resolved: that the minutes of the meeting of 26 October 2022 be approved as a correct record

21 Update from the two Locality Partnerships in North Somerset; Weston, Worle and Villages and Woodspring (Agenda Item 6)

The Delivery Director, Woodspring Locality Partnership presented the report which

outlined the headline plans and the work that the ICB localities in Weston Worle and Villages and Woodspring were progressing in conjunction with locality provider partners, lived experience representatives and the VCFSE sector: whilst some projects were specific to the needs of each locality, there was 'join-up' in key areas enabling a North Somerset wide approach to be taken.

Since the last briefing to the Board in October 2022, significant focus had been maintained by both Partnerships on two key areas of work which both serve to align services into an integrated model of care; These were Adult Community Mental Health Services and the Ageing Well Programme

Members sought and received clarification on the following aspects of the report:-

- progress on the evaluation of the Aging Well programme pilot scheme - there was a wider discussion about pilot schemes across the piece and the need to build-in evaluation with partner organisations, including local businesses, using this as a platform for communicating back key messages; and
- the extent to which the business community and different faith groups across the region were being engaged in this work, particularly around messaging.

Resolved:

(1) that the report be received; and
(2) that It was agreed the pilot scheme evaluation work be shared with the Board;

22 Joint Health and Wellbeing Strategy Phase 2 (Agenda Item 7)

The Director of Public Health presented the report providing a brief update on the delivery of actions agreed within the original strategy, and Phase 1 refresh of the strategy and an update on the Phase 2 refresh plans including for the following workstreams:

- For **Adult** and **CYP mental health** – establishment of a targeted grant programme, and progress on a new NS mental health strategy.
- For **CYP risk behaviour** – collaborative work between NSC Children's and Public Health teams on evidence-based interventions.
- For **physical activity** – development of a new NS physical activity strategy which will guide spending.
- For **green infrastructure** – identification and funding of projects in collaboration with place-based teams across the Council.
- For **equality, diversity and inclusion** –plans for funding to be developed, linked to actions across the Health and Wellbeing Strategy and to the development of other strategies e.g. the North Somerset Mental Health Strategy.
- For **carers' health and wellbeing** – a proposal to develop plans for supporting carers' health and wellbeing following a carers' needs assessment and refresh of the carers' strategy.

Concluding discussion of the report and presentation, it was:-

Resolved:

(1) that the progress on implementing the original and 'Phase 1' refresh, actions within the North Somerset Health and Wellbeing (HWB) Strategy be noted;
(2) that the progress on delivering the 'Phase 2' refresh of the North Somerset HWS be noted; and
(3) that the proposals being developed within the 'Adult mental health", 'CYP mental health', 'CYP risk behaviour', 'Physical activity', and 'Green Infrastructure' Phase 2 priority workstreams, including awarding of funding as per the options outlined in Section 2 be **agreed**.

23 Developing an Integrated Care Strategy for Bristol, North Somerset and South Gloucestershire (Agenda Item 8)

The Programme Director BNSSG ICB presented the report which provided an update on the development of the Integrated Care Strategy. He also gave a presentation which provided an overview of: -

- the Strategic Framework;
- Strategy development work in progress and next steps; and
- the joint Forward Plan.

In discussion, Member's feedback included;

- there could be more emphasis on addressing climate emergency;
- the Strategic Framework was helpful in aligning work across partners; and
- there was a need for partners to own, and throw their collective weight, behind the strategy.

Resolved:

(1) that the cross-system efforts and progress to date in developing a system-wide Integrated Care Strategy be noted;
(2) that plans for developing a 5-Year Joint Forward Plan and the timeline for sharing a draft with the Board for consultation during April/May be noted: and
(3) that a development session to facilitate engagement on the draft Joint Forward Plan be held in April/May 2023.

24 Adult Social Care Discharge Fund incorporation into the Better Care Fund (Agenda Item 9)

The Principal Head of Commissioning, Partnerships and Housing Solutions presented the report summarising the urgent actions taken to distribute and execute the Adult Social Care Discharge Grant to support Hospital discharge arrangements this Winter.

Members sought and received clarification on the following:-

- preventing homelessness – there was a separate albeit temporary funding stream to support related services including at discharge;
- assurance around bridging "cliff edge" risks given the short-term nature of this discharge funding; and
- challenges around securing sustainable/longer-term funding, addressing system interdependencies (eg care worker recruitment/pay and conditions) and gaps in provision going forward.

Resolved: that decision of the Chair of the Health and Wellbeing Board to take delegated actions on the receipt and distribution of the Adult Social Care Discharge Grant be approved.

25 Update on new ways of working for the Board (Agenda Item 10)

The Director of Public Health presented the report summarising progress in taking forward recommendations from the LGA review and recommendations presented at the October 2022 Health and Wellbeing Board meeting.

Resolved: that the progress and recommendations referred to above be noted.

26 HWB Work Plan (Agenda Item 11)

The Director of Public Health presented the report summarising progress in taking forward recommendations from the LGA review and recommendations presented at the October 2022 Health and Wellbeing Board meeting.

Resolved: that the progress and recommendations referred to above be noted.

_____

Chairman

_____

North Somerset Council

REPORT TO THE HEALTH AND WELLBEING BOARD

DATE OF MEETING: 5 July 2023

SUBJECT OF REPORT: Joint Health and Wellbeing Strategy – Quarterly Update

TOWN OR PARISH: All

OFFICER PRESENTING: Dr Georgie MacArthur, Consultant in Public Health

KEY DECISION: No

REASON: Paper for information and discussion.

RECOMMENDATIONS:

The Health and Wellbeing Board are invited to:

(i) Note ongoing progress in implementing the joint Health and Wellbeing Strategy and the refresh of the action plan and the process for advancing the Equality, Diversity and Inclusion workstream.

(ii) Approve the recommendation to evolve and refresh the joint Health and Wellbeing Strategy building on the existing structure, guiding principles, overarching themes and priority topic areas, and responding to recent strategic development in the system, rather than developing an entirely new structure and strategy.

(iii) Share views and perspectives about any critical considerations, strategic developments, insight and engagement activities and/or health and wellbeing needs to be taken into account during development of the next joint Health and Wellbeing Strategy 2024-2028.

1. SUMMARY OF REPORT

This report provides an update on implementation of the Health and Wellbeing Strategy, including the original actions, those included in the refresh of the action plan of 2022 (phase 1), and the actions being shaped as part of phase 2.

Since the joint Health and Wellbeing Strategy reaches the end of its timeline in 2024, this paper also intends to provide a foundation for discussion around the scope, design and content of the next joint Health and Wellbeing Strategy 2024-2028.

2. DETAILS

2.1. Delivery of the original Health and Wellbeing Strategy actions

The latest update of progress in implementing actions outlined in the HWB strategy, highlighting progress across quarters 3 and 4, is outlined below. Further detail can be found in the data dashboard.

Table 1. Summary or progress in implementing Health and Wellbeing Strategy actions in Q3 and Q4 of 2022/23.

	Q3		Q4	
Status	**Actions (n)**	**Actions (%)**	**Actions (n)**	**Actions (%)**
Completed	16	22	21	29
In-Progress	16	22	18	25
In-progress	29	40	22	31
In-progress (but delayed) or Not Started	10	14	10	14
Update pending	1	1	1	1
Total	72	100	72	100

In summary, progress in implementing actions continues as expected, although a minority of actions that have not progressed. In most cases, these actions have been delayed owing to a lack of capacity and prioritisation of other actions in the plan or owing to a re-prioritisation of work linked to strategy development. In the most recent quarter (2022-23 Q4), there were eight red RAG-rated actions, where progress has not been possible, and two actions where progress has been delayed but is now underway. Further detail regarding mitigation for the eight actions that have not started is provided in Table 2 below.

Table 2. Actions lacking progress and next steps to progress implementation.

Action	**Detail and mitigation**
We will develop a food award programme for food businesses to improve the quality and sustainability of food offered to local residents.	This action would require considerable capacity and this has not been available for this action to date, as originally anticipated. However, an options appraisal is underway focused on where we can best invest capacity and resource to bring about the best outcomes for our population to enable a healthy diet. This options appraisal includes how we can work as a system to enable healthy eating.
We will collaborate with libraries to facilitate community engagement,	Initial discussions have scoped possible actions. The role of libraries in health and

participation in public health campaigns, links to volunteering opportunities and promotion of mental health-related materials	wellbeing is supported by a range of actions already in place through other linked strategies and programmes. Discussions will be re-initiated in 2023/24.
We will review all policies in light of health and wellbeing among partners of the Health and Wellbeing Board, sign up to the Local Authority Declaration on Healthy Weight, Sugar Smart and review advertising and planning policies.	Capacity has not been available to take this action forward to date. However, there is now scope and capacity in the public health team for 2023-24 to consider opportunities to take this action forward working as a system. Progress is therefore anticipated in this year, for instance relating to the declaration on healthy weight. Further details will be shared for approval in a future meeting of the Health and Wellbeing Board.
We will run campaigns to encourage children and young people to be active locally, including a campaign to encourage children to take part in the daily mile either within, or outside of, school.	A number of actions are included in the action plan to enable our population to be active and to engage with North Somerset's green infrastructure, including ParkPlay, Wellbeing Walks, the Get Active scheme, active travel, physical activity classes for older people, community programmes etc. The actions included in this table reflect a proportion of these. A physical activity strategy for North Somerset will be published in 2023 which will build on actions outlined in the Health and Wellbeing Strategy and which will outline actions to support physical activity in children, young people and adults. Development of the physical activity strategy has built on assessment of need and extensive engagement and consultation and so will most effectively capture the actions required and therefore provide a more timely summary of the actions required to provide population benefit.
We will explore opportunities to develop interventions or modes of advice and support to address high levels of screen time, sedentary behaviour and/or gaming among young people.	
We will use behaviour change principles and run social marketing campaigns about local opportunities to be active in North Somerset linking with the Better Health North Somerset website.	
We will work with sheltered and social housing providers to ensure that opportunities to be physically active are available, information provided, and links made to local activities. We will explore feasibility of a health and wellbeing co-ordinator.	

2.3. Delivery of the Phase 1 refresh Health and Wellbeing Strategy actions

An additional 21 actions and programmes were funded through the Phase 1 refresh process completed in June 2022 (with the refreshed actions listed in Appendix 1). A proportion of these activities commenced in Autumn 2022, while others have were initiated in quarter 4. The updates across quarters 2, 3 and 4 is provided in Table 3 below. The table demonstrates the increase in the proportion of actions that moved to being 'in progress' as the year progressed, with 81% now being in progress. Project leads provide regular updates and case studies and a summary of these will be provided in the next meeting of the Health and Wellbeing Board.

Table 3. Progress in implementation of actions included in the phase 1 refresh of the Health and Wellbeing Strategy Action Plan

	Q2		Q3		Q4	
Status	**Actions (n)**	**Actions (%)**	**Actions (n)**	**Actions (%)**	**Actions (n)**	**Actions (%)**
In Progress (Green/Green Amber)	6	29.6	8	38	12	57
In progress (Amber)	5	23.8	5	24	5	24
In-progress / Not Started (Red Amber/Red)	5	23.8	3	14	3	14
Update pending	5	23.8	5	24	1	5
	21	100*	21	100	21	100

*Note: rounding error in calculation to 100%

There are a minority of actions for which progress has been delayed and colleagues are addressing obstacles and challenges to enable actions to move forward. These include actions regarding: the health and wellbeing of taxi drivers; the provision of eat well and weight loss groups in workplaces, for which challenges are being addressed; and work with licensed premises that aims to reduce alcohol use, which is progressing at the current time in 2023/24. One project led by Springboard Opportunity Group providing holiday playschemes for children aged 0-5 with complex needs was also due to start in the Easter holiday period in 2023-24, so an update has not yet been provided but will follow in 2023/24 Q1.

2.4. Indicative Phase 2 priority workstreams and allocations

At the October 2022 Health and Wellbeing Board, seven themes were deemed to be priority areas for allocation of remaining funding, given their importance to population health and/or the need to strengthen activity within the existing Health and Wellbeing Strategy action plan. These were (with their indicative financial allocations):

- Adult mental health (£100,000)
- Children and young people mental health (£100,000)
- Children and young people risk behaviours (£50,000)

- Physical activity (£80,000)
- Green infrastructure (£65,000)
- Equality, diversity, and inclusion (£50,000)
- Carers' health and wellbeing (£40,000)

Updates on these workstreams are provided below.

2.5.1. Adult mental health and children and young people's mental health

As outlined to the Health and Wellbeing Board previously, actions are linked to the all-age North Somerset Mental Health Strategy in development, overseen by a multi-agency stakeholder group.

Funding has been allocated to two projects:

1. A Wellbeing Practitioner (for an 18-month period) with Off the Record to deliver the MindAid and Shameless group workshops, based on CBT principles, with young people in secondary schools who may be self-harming and for those impacted by low self-esteem and poor body image. It is anticipated that this project will commence in early July 2023.
2. Embedding of a trauma-informed approach in primary and secondary schools via training; topic-specific seminars; peer supervision; a pilot programme in two schools and a dedicated role to co-ordinate this work. Led by North Somerset Council Children's Directorate.

The mental health strategy group have considered broadly the topic areas that should be the focus of remaining funding. This is outlined in a separate paper to the Health and Wellbeing Board for consideration.

2.5.2. Children and Young People and Risk Behaviour

The Health and Wellbeing Board previously approved a recommendation to focus this workstream on training of school staff and other professionals to recognise exploitation and/or risk of exploitation for the strengthening of pathways of support. Progress has been limited in 2023 but further action on this workstream is anticipated in the remainder of 2023-24.

2.5.3. Physical activity

The all-age North Somerset Physical Activity Strategy is due to be published in July 2023. The strategy's action plan is being developed further with key stakeholders and a Physical Activity Strategy Steering Group is being formed. The steering group will oversee action planning and allocation of the £80K budget afforded by the Health and Wellbeing Board for physical activity interventions that will deliver the objectives and actions related to the strategies four shared outcomes, which are: Active Environments, Active Communities, Healthy Individuals, Partnerships and Collaborative Working.

2.5.4. Green infrastructure

Following approval by the Health and Wellbeing Board in February 2023, four projects have been funded, which are led by colleagues in North Somerset Council's Place Directorate:

- Green infrastructure ranger: increasing the WTE of an existing ranger to expand their impact, including linking to green social prescribing.
- Pier-to-Pier cycle route: funding to support promotion of the route linking Clevedon and Weston-super-Mare.
- Weston Central Liveable Neighbourhood: Funding to support existing work and to add further active travel elements to the project.
- Improvements to pedestrian wait times at signalised crossings: funding to expand the number of crossings being considered for reconfiguration.

Updates will follow in line with the timing of funding, from 2023/24 Q1.

2.5.5. Equality, diversity, and inclusion (EDI)

This workstream intends to focus on addressing health inequalities among people with protected characteristics (e.g. disability, race, sexual orientation) and/or in health inclusion groups (people who are socially excluded and who typically experience overlapping risk factors for poor health, including people experiencing homelessness, vulnerable migrants, people in contact with the criminal justice system, people with substance dependence). It is proposed that this work is taken forward via:

- Analysis of the JSNA and existing health needs assessments across health topics through an EDI lens, and collation of audits of service delivery, to identify gaps in provision for people with protected characteristics and/or in health inclusion groups and recommendations for action to address health inequalities, supported by the use of case studies, best practice and the evidence base.
- Application of guidance or a toolkit to provide assurance that our services meet the needs of all groups in our communities.
- Establishment of a task-and-finish group to lead this work in 2023/24, reporting to the Health and Wellbeing Board, with involvement of the NSC Equalities Implementation Group for guidance and assurance that duplication is avoided.

The Health and Wellbeing Board are asked to approve the above approach.

2.5.6. Carers' health and wellbeing

A needs assessment of the health and wellbeing needs of unpaid carers of adults and children and young people will be completed using data from a range of national and local sources and partner organisations. Recommendations from the needs assessment will guide action, ensuring that stakeholders are involved in decision-

making prior to proposals returning to the Health and Wellbeing Board for approval later in the year.

3. Health and Wellbeing Strategy 2024-2028

The current strategy will finish in 2024 and it is therefore timely to consider design and development of the next iteration of the Health and Wellbeing Strategy 2024-2028.

Overall, the Health and Wellbeing Strategy has been well-received and the guiding principles[1], structure and themes, focused on Prevention, Early Intervention and Thriving Communities, and incorporating lifecourse thinking, are in line with strategic direction, programmes and activities in the wider system. The Health and Wellbeing Strategy also reflects the values and objectives in North Somerset Council's Corporate Plan.

It is therefore proposed that the next strategy represents an evolution of this iteration of the strategy, building on what has been achieved so far, and maintaining the existing guiding principles and overarching themes, rather than a completely refreshed strategy with a new structure.

Nevertheless, while recommending a similar overarching structure, it is acknowledged that much has changed since this strategy was drafted and it will be important to:

- Reflect and link with the forthcoming ICS strategy as well as strategic plans and programmes of North Somerset's two Locality Partnerships.
- Reflect and be integrated with recent strategies and plans for North Somerset Council, wider partners, and the VCFSE sector.
- Build on an understanding of actions included in the strategy that have led to the greatest impact on health and wellbeing and health inequalities
- Build on analysis of the JSNA, more recently conducted health needs assessments, and updates to the evidence base, to guide action.
- Be responsive to changes to the wider context since the existing strategy was developed e.g. the cost-of-living crisis and long-term impacts of the COVID-19 pandemic.
- Respond to the latest findings of consultation and engagement that have been conducted in North Somerset and the ICS.
- Be developed using a collaborative process, enabling views and perspectives to be incorporated from a range of partners, and ensuring shared involvement and ownership.

The Health and Wellbeing Board are asked to:

[1] The guiding principles of the Health and Wellbeing Strategy include: Partnerships and Collaboration; tackling health inequalities, using a place-based approach; taking a life course approach – starting well, living well, ageing well; using and building on data, insight and ongoing learning; and empowering communities.

(i) approve the recommendation to refresh the joint Health and Wellbeing Strategy rather than developing a new structure, principles and themes

(ii) share their views about critical considerations for development of the next strategy.

1. FINANCIAL IMPLICATIONS

Funding for the Phase 1 and Phase 2 refresh of HWB Strategy action plan has been facilitated by joint funding from the public health ringfenced grant and BNSSG ICB. Governance for funding proposals is provided by the Health and Wellbeing Board.

2. CLIMATE CHANGE AND ENVIRONMENTAL IMPLICATIONS

The Health and Wellbeing Strategy incorporates a range of plans which support action in addressing climate change, such as a focus on community-based initiatives that aim to provide local activities and services closer to people's homes, reducing the need for travel. In addition, the Phase 2 refresh includes new actions under the 'green infrastructure' workstream that will support climate action by focusing on promoting or facilitating active travel.

3. RISK MANAGEMENT

Delivery and implementation of the strategy and action plan is overseen by the Health and Wellbeing Board, and risks to delivery of this work will be identified to the Board for discussion and resolution.

4. EQUALITY IMPLICATIONS

The Health and Wellbeing Strategy includes actions which are targeted to areas of greatest deprivation or health need, or which prioritise activities that address needs in particular population groups. Decisions around funding of phase 1 and phase 2 actions have been informed by how projects address inequalities, while the workstream on 'equality, diversity and inclusion' intends to provide dedicated funding to address inequalities between population groups.

5. CORPORATE IMPLICATIONS

The joint Health and Wellbeing Strategy reflects North Somerset Council's vision of being open, fair, and green, through community-based actions, projects focused on green infrastructure, and processes for development and prioritisation of actions and funding that build on community and stakeholder engagement.

AUTHOR

Dr Georgie MacArthur, Consultant in Public Health

APPENDICES

Appendix 1. New actions included in the refreshed Health and Wellbeing Strategy (refresh phase 1), approved in June 2022.

1. Civic interventions

Title/ topic area	Lead	Summary
Licensing-related interventions to reduce alcohol-related harm	NSC PHRS	Activity in Weston-super-Mare to implement multi-agency interventions including inspections, purple flag award support, Security and Vulnerability Initiative (SAVI) award for good practice, MAVIS bus outreach, and multi-agency nights of action programme.
Warmer Homes, Advice and Money scheme to support the most 100-120 more vulnerable residents living with fuel poverty	NSC PHRS	Support for additional caseworker for Warmer Homes, Advice and Money service enabling access to fuel and financial advice and repairs.
Adult Weight Management	NSC PHRS	Adult weight management groups lasting 12 weeks, delivered to an anticipated 12 groups of 20-30 people.
Workplace-based Eat Well and Weight Loss groups (pilot scheme)	NSC PHRS	Fortnightly weight management and lifestyle support for groups in workplaces over a 6-month period (Weston College and employers in Weston-super-Mare).
Understanding the health and wellbeing needs of taxi drivers	NSC PHRS	Evaluation and assessment of health and wellbeing needs of taxi drivers with a view to identifying interventions to improve health and wellbeing.
Parkplay initiative on a weekly basis in four local parks/ open areas	NSC PHRS	Programme to encourage families in areas of highest deprivation to play together and connect with others in local parks and open spaces at no cost.

2. Service-level interventions

Title/ topic area	Lead	Summary
Alcohol-liaison (early help and support) at Weston General Hospital	WAWY & NSC PHRS	Providing early help and more intensive support to individuals at highest risk to reduce alcohol use, hospital admissions and health and social care costs.
Wellbeing Walks	NSC PHRS	Expansion of Wellbeing Walks (supported by core PH funding) to give increased availability of sessions e.g. locations, times.
Oral health programmes for children and young people	NSC PHRS	Targeted toothbrushing packs, commissioning of fluoride varnishing programmes, and targeted interventions to support specific groups of children and young people at higher risk of poor oral health.
Healthy Lifestyle Support following Health Trainer programme	NSC PHRS	Support groups for adults who have successfully used the Eat Well and Weight Loss support from Healthy Lifestyle Advisor 1:1 service for 12 weeks and wish to continue to access light-touch support, to maintain their healthy lifestyle behaviour changes.
Breastfeeding peer support	NSC PHRS	Creation of a bank of paid breastfeeding peer supporters who can support with coordinating local community activities linked to local Breastfeeding Support Groups.
Smokefree homes	NSC PHRS	Awareness raising, and provision of tailored, behavioural stop smoking support and aids to assist people to stop smoking and to create smokefree homes.
Reclaim Counselling for adults and children who have experienced domestic violence and abuse	VANS	Free counselling for people who have experienced domestic violence and abuse, including children and young people aged 11-17.

Holiday playschemes for early years disabled children	Springboard Opportunity Group	Holiday playschemes for EY disabled children during summer holidays 2023. Family support 'stay and play' sessions. Enables respite, peer support, parent-sibling time, and professional support and advice.

3. Community interventions

Community-level interventions	Lead	Summary
Community food projects: grants programme	NSC PHRS	Grants for community organisations to strengthen accessibility and consumption of healthy foods to address diet and food insecurity. Targeted to those with greatest need and experiencing inequality.
Mental health community grants programme	NSC PHRS	Grants for community organisations to improve mental health, incorporating social prescribing destinations and support for perinatal mental health. Targeted to those with highest need and experiencing health inequality.
Weston-super-Mare Food Club Development	Weston-super-Mare Food Bank	Food club aiming to recruit 50 members in year 1 and 50 in year 2. Incorporates provision of emergency food; financial advice; life skills support; Food Club enabling fresh food provision (via surplus food); and community hub supporting education and food/cooking skills development.
South Ward Asset Build	For All Healthy Living Company	Support for project worker over two years to enable an asset-based approach in Weston-super-Mare South Ward.
Befriending Alliance	VANS	Aims to strengthen the befriending offer, via a co-ordinator role, grant funding for befriending programmes.
Physical activity programmes for older people	Age UK	A project to increase the number and variety of exercise and movement classes and events for older people and establishment of a referral pathway for Weston Hospital to access events.

Outdoor activities and skills development	Osprey Outdoors	Engagement activity days and nature-based short courses (including skills development) in Weston-super-Mare. Core members to be those with mental health needs or disabilities.

REFERENCES

N/A

This page is intentionally left blank

Joint Health & Wellbeing Strategy 2021-2024

Health and Wellbeing Board
July 2023
Georgie MacArthur

Background

The Health and Wellbeing Board are asked to:

1. Note progress in implementing the action plan and approve the process for advancing the Equality, Diversity and Inclusion workstream.

2. Approve the recommendation to evolve and ‘refresh’ the joint Health and Wellbeing Strategy, building on the existing principles, themes and priority topic areas.

3. Share views about key considerations to be taken into account in developing the next version of the strategy (2024-2028).

Progress update: Original HWB Strategy actions

Status as per end of 2022/23 Q3 and Q4

Status	Q3		Q4	
	Number	Percentage	Number	Percentage
Completed	16	22	21	29
In-Progress (Green/Green-Amber)	16	22	18	25
In-progress (Amber)	29	40	22	31
In-progress (Red) or Not Started	10	14	10	14
Update pending	1	1	1	1

Progress update: Phase 1 HWB Strategy actions

Status as per end of 2022/23 Q3 and Q4

Status	Q3		Q4	
	Number	Percentage	Number	Percentage
Completed	8	38	12	57
In-Progress (Green/Green-Amber)	5	24	5	24
In-progress (Amber)	3	14	3	14
In-progress (Red) or Not Started	5	24	1	5
Update pending	21	100	21	100

Phase 2 - update

- **Mental health**: Off the Record funding for delivery of MindAid and Shameless (to begin July 23) and North Somerset Council Children's Services Directorate to embed a trauma-informed approach in schools. Plans for adults included in a separate paper.

- **CYP and risk behaviour**: Focus on preventing exploitation agreed. Progress limited so far but for action in the remainder of 2023/24.

- **Physical activity**: strategy steering group to oversee allocation of funds linked to the strategy action plan

Phase 2 - update

- **Green infrastructure:** four projects funded, as approved in the last Health and Wellbeing Board meeting:
  - Green infrastructure ranger; pier-to-pier cycle route; Weston central liveable neighbourhood; pedestrian wait times at signalised crossings
  - Updates due 2023/24 Q1.

- **Carers' health and wellbeing**
  - A needs assessment will be carried out and recommendations used to guide action relating to unpaid carers of adults and children, incorporating stakeholder involvement.

Phase 2 - update

- **Equality, diversity, inclusion**

  - Focus on people with protected characteristics and in health inclusion groups.

  - Analysis of JSNA and health needs assessments
  - Audit of service provision
  - Identification of gaps in delivery and development of recommendations for action
  - Application of guidance/toolkit for assurance regarding service delivery
  - Task-and-finish group to drive this work forward, linking with Equalities Implementation Group

Joint Health and Wellbeing Strategy 2024-2028

- Strategy principles and themes have been well-received and fit with the NSC Corporate Plan and wider system's strategic direction
- Propose 'evolution' approach to development of new strategy, incorporating:
  - Reflection of ICS strategy & Locality Partnership strategic plans, NSC, partner and VCFSE-sector visions/ strategies
  - Evaluation of impact of actions
  - Analysis of JSNA & new data, feedback & insight
  - *Collaborative* approach, incorporating system involvement and ownership

Health and Wellbeing Strategy Approach

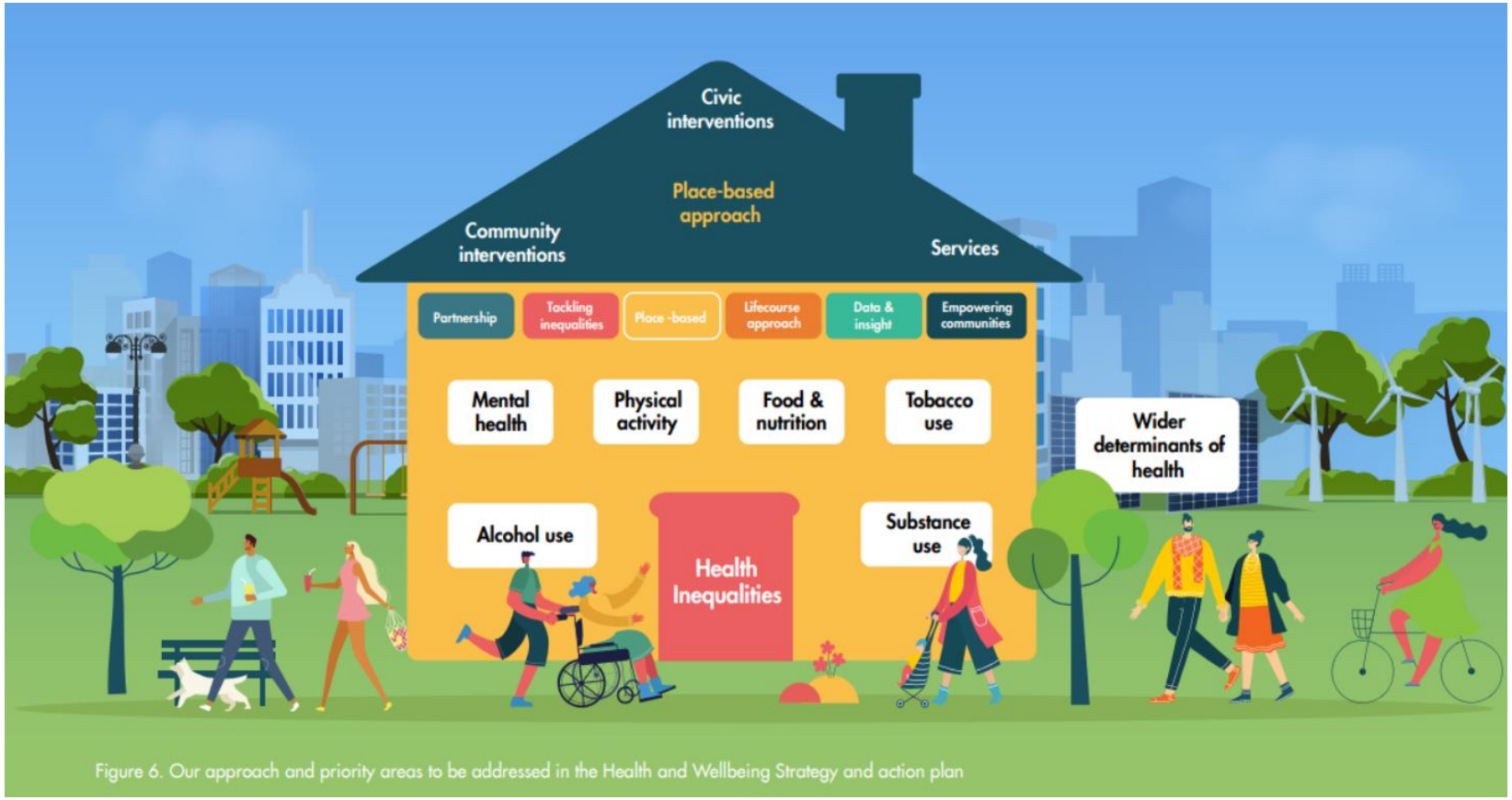


Figure 6. Our approach and priority areas to be addressed in the Health and Wellbeing Strategy and action plan

Health and Wellbeing Strategy Approach

The Health and Wellbeing Board are asked to:

- Approve proposal for taking forward the EDI workstream
- Approve the recommendation to ‘evolve’ or refresh the joint Health and Wellbeing Strategy
- Share views about key considerations to be taken into account in developing the next version of the strategy (2024-2028).

Thank you

Health.wellbeing@n-somerset.gov.uk

With thanks to:
Colleagues across NSC Public Health, Adults, Children's and Place Directorates
Health and Wellbeing Strategy Action Plan Delivery Leads
Mental Health Strategy Board
Health and Wellbeing Strategy Oversight Board

This page is intentionally left blank

North Somerset Council

REPORT TO THE HEALTH AND WELLBEING BOARD

DATE OF MEETING: 5 July 2023

SUBJECT OF REPORT: North Somerset Mental Health Strategy 2023-2028

TOWN OR PARISH: All

OFFICER PRESENTING: Dr Georgie MacArthur, Consultant in Public Health

KEY DECISION: No

REASON: Paper for information and discussion

RECOMMENDATIONS:

The Health and Wellbeing Board are asked to review the summary of the mental health strategy and next steps and to:

(i) Contribute views regarding the overarching structure, themes and ambitions and any additional challenges or opportunities that could be reflected.
(ii) Note the timeline and next steps for engagement, approval and publication, including plans for the formal consultation.
(iii) Suggest any additional groups or forums with which dedicated engagement should be completed regarding the final draft.
(iv) Consider the high-level theme areas suggested for funding and share their views on where this fixed-term investment could most effectively be targeted to address gaps in support.

1. SUMMARY OF REPORT

The joint Health and Wellbeing Strategy 2021-24 included actions to develop mental health needs assessments for (i) adults and (ii) children and young people, and an action to build on these findings to develop an all-age Mental Health Strategy for North Somerset. With oversight and input from a multi-agency Mental Health Strategy Group, a draft strategy and action plan has been developed, which responds to findings of the mental health needs assessments and stakeholder engagement. The strategy and action plan are now close to being finalised, providing the opportunity to update the Health and Wellbeing Board around progress and next steps.

This paper intends to provide the Health and Wellbeing Board with an overview of the structure, ambitions and actions included in the strategy and the next steps regarding finalisation, approval and publication.

The Health and Wellbeing Board are asked to consider the summary provided and to contribute views regarding the structure, themes and ambitions; next steps; and any additional engagement required before consultation and finalisation.

2. DETAILS

2.1. Background

The development of the Mental Health Strategy was informed by both the Children and Young People (CYP) (0-18 years) and Adult's (> 18 years) Mental Health Needs Assessments. The needs assessments used quantitative and qualitative data to highlight needs, priorities, and recommendations for areas where greater action is required. The needs assessments will be published alongside the mental health strategy.

In addition, the strategy is underpinned by stakeholder engagement which was conducted between September 2022 and January 2023 to capture the views of a range of stakeholder groups. This included two stakeholder workshops representing 24 organisations/groups, discussion with North Somerset Council's staff forums, and attendance at specific groups such as meetings of Town and Parish Councils and North Somerset Together. Feedback captured during development of the Health and Wellbeing Strategy, from BNSSG's Have Your Say survey (2022) and engagement conducted in relation to BNSSG's community mental health framework were also considered, alongside national survey and qualitative data and findings from local focus groups with CYP. Lastly, individual meetings with a range of partners and service providers have taken place to capture views about gaps and actions to be included and to ensure alignment with the forthcoming Bristol, North Somerset and South Gloucestershire (BNSSG) mental health strategy.

The mental health strategy group, chaired by the public health consultant lead for health improvement, has provided continued input to development of the strategy. The group includes representatives from each directorate of North Somerset Council, locality partnerships, primary care, the VCFSE sector, lived experience and mental health services.

2.2. Alignment with strategies and programmes in North Somerset and the integrated care system

The strategy builds on national policies and strategies including: the five year forward view for mental health, NHS Long Term Plan, Community Mental Health Framework and Core20Plus5.

The strategy also takes into account a range of local related strategies such as the North Somerset Suicide Prevention Action Plan (2023 - 2028); Empowering Communities Strategy; Social Isolation and Loneliness Strategy (2019), forthcoming BNSSG mental health strategy and commitment of the Bristol, North Somerset and South Gloucestershire (BNSSG) ICS to be a trauma-informed ICS, as well as service

developments such as integrated mental health teams in locality partnerships and mental health support in schools.

The mental health strategy builds on the guiding principles[1] and structure of the joint Health and Wellbeing Strategy 2021-2024 with a view across the lifecourse and a vision that:

> *People in North Somerset are enabled and supported to have the best possible mental health and wellbeing and to live well in their communities, via a focus on prevention and early intervention and targeted action to reduce inequalities*

Overarching themes for the strategy are:

(i) Prevention – actions to prevent mental ill-health or to prevent worsening of mild mental illness (primary and secondary prevention)

(ii) Early intervention – identifying mental health disorders and intervening early with the right support.

(iii) Supported and Living Well – focusing on providing mental health support and support related to the wider determinants of health, such as employment and housing, to improve quality of life.

2.3. Partnership, oversight and governance

Governance for the strategy will be via the Mental Health Strategy Group with annual review by the Health and Wellbeing Board and scrutiny by the Health Overview and Scrutiny Panel.

Each action includes a target and timeline. Evaluation of progress towards targets for actions and the overall impact will be led by North Somerset Council's public health team with a review of impact to be conducted using the same measures captured in the mental health needs assessments. Nationally available data from OHID regarding self-reported wellbeing (scores for anxiety, worthwhile, happiness and satisfaction) and prevalence of depression and mental disorders may provide overarching indicators among adults; with social, emotional and mental health needs among school pupils for children and young people (CYP) and the rate of hospital admissions for self-harm among CYP, to be assessed alongside progress towards each action's target.

2.4. Summary of ambitions and objectives

A summary of the action plan is provided in Table 1 below and illustrates the themes, ambitions and objectives of the strategy, under which are nested the actions.

[1] The six guiding principles include: partnerships and collaboration; addressing health inequalities; taking a place-based approach; a life course perspective; building on data, insight and continued learning; and empowering communities.

Table 1. Overview of themes, ambitions and objectives

North Somerset Mental Health Strategy Action Plan at a Glance	
Theme 1	**Prevention: Strengthening action to prevent mental ill health before it arises and to promote protective factors to enhance wellbeing**
Ambition 1	**Secure attachments develop between parents/ caregivers and children to provide a foundation for positive mental health and emotional wellbeing.**
Objective 1	Pathways and interventions are in place that strengthen secure attachments and emotional wellbeing between parent/caregivers and CYP.
Objective 2	A public health system wide approach to parenting is available in North Somerset, working in partnership and drawing on best practice from neighbouring local authorities
Ambition 2	**Inclusive and trauma-informed practice is embedded across North Somerset.**
Objective 3	Trauma-informed training and practice is co-ordinated and embedded across North Somerset Council and partner organisations and settings
Objective 4	A whole school approach to mental health and wellbeing is in place in North Somerset
Ambition 3	**Evidenced based training and support is available for volunteers and professionals to promote their own mental wellbeing and to optimise the support provided to others**
Objective 5	Volunteers and professionals working within the field of mental health have access to good quality evidence-based training and information to support others' mental health and wellbeing
Objective 6	Workplaces in North Somerset, including those with employees in occupations associated with higher levels of stress, mental ill health, and suicide, are supported to optimise the mental health and wellbeing of their workforce
Ambition 4	**Community-based activities are available across North Somerset to support mental health and wellbeing and to reduce social isolation and loneliness**
Objective 7	Locally available, community-based activities, including those involving green infrastructure, art and culture, and physical activity, are available across North Somerset to support mental wellbeing
Objective 8	Parents, carers, residents and professionals in North Somerset are aware of available groups and services and sources of support and have the relevant information to enable them to self – select services and groups which meet their needs
Objective 9	People in North Somerset feel more connected and have a sense of belonging in their community
Objective 10	Adult unpaid carers (of adults) and young carers are supported in their caring role and their own health needs are met
Theme 2	**Early intervention: Identifying mental health needs and responding to those needs at the earliest opportunity**
Ambition 1	**Timely support and early intervention are available in a range of settings for people of all ages in North Somerset.**

Objective 1	Behavioural and mental health support is available for children aged <5 years
Objective 2	CYP with mild to moderate mental ill-health can access mental health support in schools, online and/or in the community
Objective 3	Individuals with mental ill-health who may be below the threshold for access to secondary care, awaiting services and/or between services, receive appropriate support
Objective 4	Women with perinatal mental ill-health are supported to have an optimal recovery.
Ambition 2	**Evidence based support will be provided to young people and adults at risk of self-harm.**
Objective 5	Resources are targeted effectively to provide support to CYP and adults at risk of mental ill health and/or self-harm
Ambition 3	**Actions to prevent suicide are implemented through the life-course, in partnership with the North Somerset Suicide Prevention Steering Group**
Objective 6	Co-ordinated actions are in place to prevent suicide through a multi-agency approach across North Somerset
Theme 3	**Supported and living well: Providing targeted opportunities and support to enable people with mental ill-health to live well within their communities**
Ambition 1	**Services and service developments are co-produced with people with lived experience of mental ill-health and members of local communities and build on data, intelligence and engagement**
Objective 1	Local residents are engaged in creating community networks and co-producing wellbeing activities using a strengths-based approach
Ambition 2	**Physical health is improved among people with serious mental illness**
Objective 2	Individuals with serious mental illness receive support for improved physical health
Ambition 3	**Support and care provided takes a proportionate universalism approach that tackles inequalities, builds on strengths, and is responsive to risk and mental health need.**
Objective 3	Services are targeted proportionately to where, or among whom, need is greatest
Objective 4	Mental health support is available for people with a dual diagnosis, i.e. those with a mental health need and high-risk substance use or substance use dependence
Objective 5	CYP in care and care experienced young people are emotionally supported and have their mental health needs met
Ambition 4	**Holistic support is provided for people living with mental ill-health that incorporates consideration of the wider determinants of health such as financial pressures, employment, and housing**
Objective 6	People with mental health needs receive holistic care and support that addresses their unique needs
Objective 7	People most affected by the cost-of-living crisis are supported in relation to income maximisation and sources of advice and guidance to address mental health and wellbeing needs
Objective 8	People living with mental illness will be supported to enter, or return to, employment.

The Health and Wellbeing Board are invited to contribute views regarding the overarching structure, themes and ambitions and any additional challenges or opportunities that could be reflected.

Approximately 90 actions are currently incorporated from North Somerset Council's Children's Services, Adult's Services, Place, Corporate Services, and Public Health and Regulatory Services directorates (across multiple teams), Sirona CiC, BNSSG ICB and Locality Partnerships, AWP Mental Health NHS Trust (adults services and CAMHS), Off the Record, VANS, NHS Talking Therapies, North Somerset Job Centre and the Independent Mental Health Network. Actions reflect:

- Service delivery and service improvement (e.g. integrated mental health teams, mental health support teams, transitions between services, delivery of group support for young people, tailored support etc) as well as community based support (e.g. peer support), deep-dive data analysis regarding mental health-related hospital admissions, engagement and co-production, and mental health training, among others.
- A range of different types of support (e.g. assessment and referral; new service pathways; community programmes and social prescribing; 1:1 and group support; tailored health services, workplace-based action, training, parenting support, school-based action, service review or audit, trauma-informed practice etc)
- Bespoke actions for specific populations (e.g. unpaid carers, mothers and fathers in the perinatal period, children in care, individuals with serious mental illness, people with long-term conditions, people with substance dependence) from infancy to adulthood and older age.

2.5. Next steps and the timeline for completion and approval

Following final approval by delivery leads of all actions included by early July, a final draft will be shared with the mental health strategy group, North Somerset Council Corporate Leadership Team, Directorate Leadership Teams and Executive; Health Overview Scrutiny Panel, Locality Partnership Boards and key partners.

It is anticipated that the public consultation will then be run over a 6-week period between August and October, allowing updates to be made in late October, before a final version is shared with the Health and Wellbeing Board in the meeting in November 2023. We are conscious that response to a public consultation may be limited in August, so will ensure that the consultation is open throughout September to provide sufficient time to respond.

3. FINANCIAL IMPLICATIONS

As part of the Health and Wellbeing Strategy Phase 2 funding £200K was allocated for adult and CYP mental health. As previously noted to the Board, £80K of this funding has been allocated to fund programmes for children and young people via a mental health grant scheme that was focused on trauma-informed practice and preventing and addressing self-harm. The two projects funded include:

1. A Wellbeing Practitioner (for an 18-month period) with Off the Record to deliver the MindAid and Shameless group workshops, based on CBT principles, with young people in secondary schools who may be self-harming and for those impacted by low self-esteem and poor body image.
2. Embedding of a trauma-informed approach in primary and secondary schools via training; topic-specific seminars; peer supervision; a pilot programme in two schools and a dedicated role to co-ordinate this work. Led by North Somerset Council Children's Directorate.

In response to findings of the needs assessment and engagement, as well as via discussions with the mental health strategy group around gaps remaining following development of the action plan, proposed priority areas to support with the remaining funding (£120K) include:

Adults (£100K):

- Dual diagnosis:
    - Enhanced mental health support for people with substance use dependence which has been a recognised need. It should be noted, however, that this funding is non-recurrent and any action implemented would need to be sustainable.
- Peer support
    - A need for enhanced peer support has been identified particularly in Woodspring locality and could provide lower threshold support in the community.
- Support around employment and/or in relation to housing:
    - Additional funding of programmes to provide support and/or enable people to enter/ re-enter employment and/or mental health support for those at risk of housing problems/crisis.
- Funding to support engagement and co-production
    - Allocation of funding for in-depth engagement and co-production of interventions. This was considered an essential element of the strategy implementation among the mental health strategy group.

Children and young people (£20K):

- Part of this remaining funding could be used to support engagement and co-production to shape interventions for children and young people, with part of this funding kept aside at present.

The Health and Wellbeing Board are asked to consider the above options and to share their views on the high-level theme areas where this fixed-term investment could be focused for greatest benefit.

4. CLIMATE CHANGE AND ENVIRONMENTAL IMPLICATIONS

The strategy includes actions to promote positive mental health via physical activity and engagement with green space. Enhanced service delivery may have

implications in terms of increased travel, but it is intended that many services are provided in existing settings (e.g. schools, workplaces) or in a place-based way within communities, mitigating some of this risk.

5. RISK MANAGEMENT

Delivery and implementation of the strategy and action plan will be overseen by the Mental Health Strategy Group. Any risks around implementation and progress will be discussed with this group and resolved or escalated to the Health and Wellbeing Board. Updates will be provided to North Somerset Council's Corporate Leadership Team, Executive, Health and Wellbeing Board, and other partners as appropriate, throughout the period of strategy implementation.

6. EQUALITY IMPLICATIONS

The Mental Health and Wellbeing Strategy takes a proportionate universalism approach, with actions across the local authority area but with the majority of actions targeted towards groups or areas where health needs are comparatively greater to address inequalities. The draft action plan includes a proposed action regarding engagement and co-production with people from diverse population groups and with those with lived experience of mental ill-health to inform and shape policies, programmes and/or services.

7. CORPORATE IMPLICATIONS

Development of the Mental Health Strategy was included as an action in the joint Health and Wellbeing Strategy. Using a similar overarching structure as the Health and Wellbeing Strategy, the Mental Health Strategy reflects North Somerset Council's current vision of being open, fair, and green via the focus on consultation, engagement and inclusion of community-focused action and targeted action to address health inequalities.

AUTHOR

Dr Georgie MacArthur, Consultant in Public Health, Public Health and Regulatory Services Directorate.
Carole Whitelaw, Health Improvement Service Leader, Public Health and Regulatory Services Directorate.

APPENDICES

None

REFERENCES

N/A

North Somerset Council

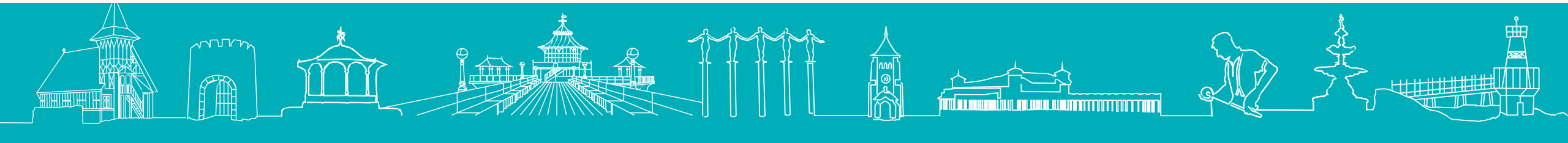
Open, Fairer, Greener

North Somerset Mental Health Strategy 2023-2028

Summary

Carole Whitelaw, Health Improvement Service Leader
Georgie MacArthur, Consultant in Public Health

North Somerset Mental Health Strategy Group



Aim and Background

- To provide a summary of the development, structure, themes and ambitions in the latest draft mental health strategy and next steps
- To highlight high level theme areas suggested for additional investment

The Health and Wellbeing Board are asked to:

- Contribute views regarding the overarching structure and any challenges and/or opportunities that could be reflected
- Suggest any additional forums for engagement around a final draft
- Comment on high level areas for funding being considered to address gaps in the action plan

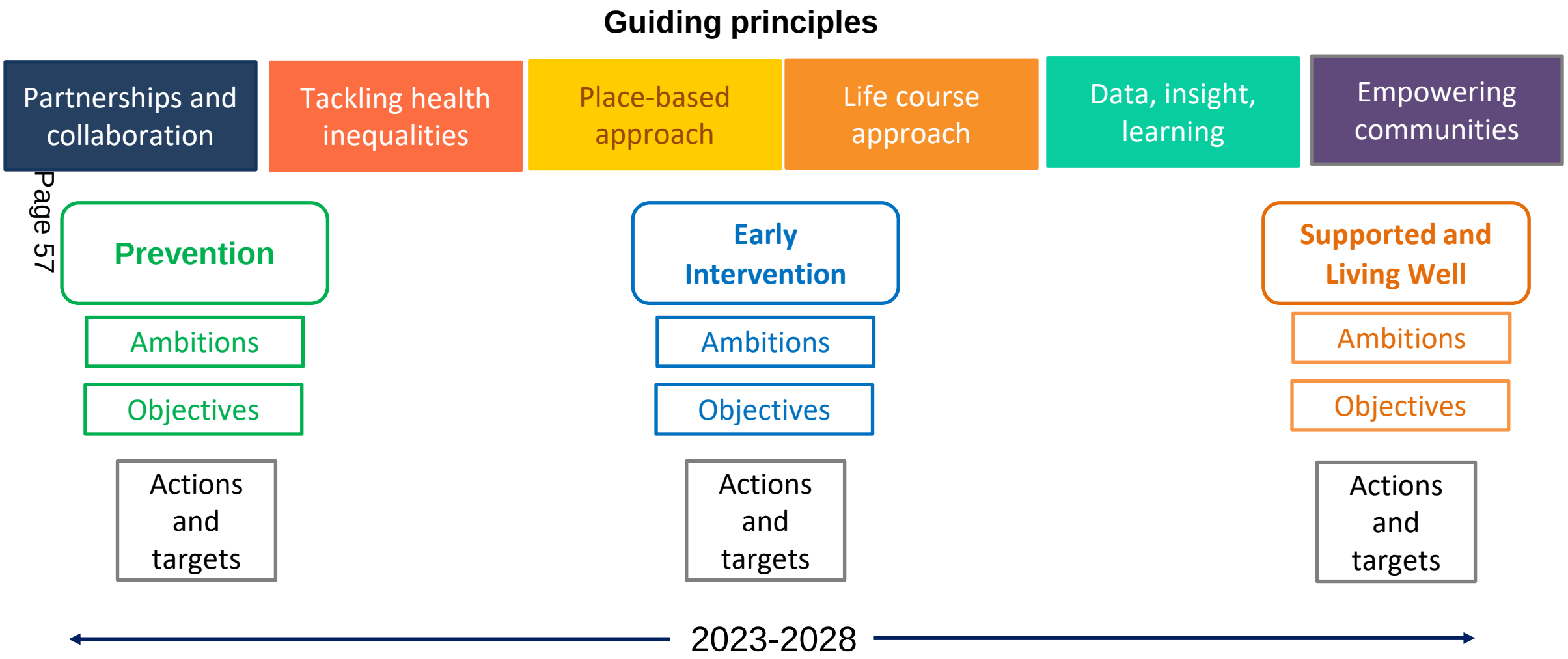
Development

- Assessment of need for adults and CYP using qualitative and quantitative data
- Workshops – stakeholder groups and people with lived experience
- Meetings and forums
- Qualitative feedback from existing sources
- Tailored meetings to discuss and incorporate actions
- Oversight by Mental Health Strategy Group

Vision

People in North Somerset are enabled and supported to have the best possible mental health and wellbeing and to live well in their communities, via a focus on prevention and early intervention and targeted action to reduce inequalities

Structure


Guiding principles
Partnerships and collaboration
Tackling health inequalities
Place-based approach
Life course approach
Data, insight, learning
Empowering communities
Prevention
Ambitions
Objectives
Actions and targets
Early Intervention
Ambitions
Objectives
Actions and targets
Supported and Living Well
Ambitions
Objectives
Actions and targets
2023-2028

Context and service delivery

National context

- Future in Mind (2015)
- Five Year Forward View for Mental Health
- NHS Long Term Plan
- Community Mental Health Framework
- Prevention Concordat for Better Mental Health
- Advancing Mental Health Equalities Strategy
- Core20plus5

Local context, developments and achievements

- ICS mental health strategy and joint forward plan (& TI practice ambition)
- Locality Partnership strategic plans and integrated mental health teams
- Current services and service developments
- Relevant strategies e.g. Health and Wellbeing Strategy, Empowering Communities, Suicide Prevention Action Plan & others.

Themes and ambitions

Prevention: Strengthening action to prevent mental ill health before it arises and to promote protective factors to enhance wellbeing

Prevention

- **Ambition 1: Secure attachments develop between parents/ caregivers and children to provide a foundation for good mental health and emotional wellbeing.**
  - Pathways and interventions are in place that strengthen secure attachments and emotional wellbeing between parent/caregivers and CYP.
  - A public health system wide approach to parenting is available in North Somerset, working in partnership and drawing on best practice from neighbouring local authorities es

- **Ambition 2: Inclusive and trauma-informed practice is embedded across North Somerset**
  - Trauma-informed training and practice is co-ordinated and embedded across North Somerset Council and partner organisations and settings.
  - A whole school approach to mental health and wellbeing is in place in North Somerset.

Prevention

- **Ambition 3: Evidenced based training and support is available for volunteers and professionals to promote their own mental wellbeing and to optimise the support provided to others**

  - Volunteers and professionals working within the field of mental health have access to good quality evidence-based training and information to support others' mental health and wellbeing.
  - Workplaces in North Somerset, including those with employees in occupations associated with higher levels of stress, mental ill health, and suicide, are supported to optimise the mental health and wellbeing of their workforce

Prevention

- **Ambition 4: Community-based activities are available across North Somerset to support mental health and wellbeing and to reduce social isolation and loneliness**

Locally available, community-based activities, including those involving green infrastructure, art and culture, and physical activity, are available across North Somerset to support mental wellbeing

- Parents, carers, residents and professionals in North Somerset are aware of available groups and services and sources of support and have the relevant information to enable them to self – select services and groups which meet their needs
- People in North Somerset feel more connected and have a sense of belonging in their community
- Adult unpaid carers (of adults) and young carers are supported in their caring role and their own health needs are met

Early intervention: Identifying mental health needs and responding to those needs at the earliest opportunity

Early intervention

- **Ambition 1: Timely support is available in a range of settings for people of all ages in North Somerset.**
  - Behavioural and mental health support is available for children aged <5 years.
  - CYP with mild to moderate mental ill-health can access mental health support in schools, online and/or in the community
  - Individuals with mental ill-health who may be below the threshold for access to secondary care, awaiting services and/or between services, receive appropriate support
  - Women with perinatal mental ill-health are supported to have an optimal recovery.

- **Ambition 2: Evidence based support will be provided to young people and adults at risk of self-harm**
  - Resources are targeted effectively to provide support to CYP and adults at risk of mental ill health and/or self-harm

Early intervention

- **Ambition 3: Actions to prevent suicide are implemented through the life-course, in partnership with the North Somerset Suicide Prevention Steering Group**

  - Co-ordinated actions are in place to prevent suicide through a multi-agency approach across North Somerset

Supported and living well: Providing targeted opportunities and support to enable people with mental ill-health to live well and supported within their communities

Supported and Living Well

- **Ambition 1: Services and service developments are co-produced with people with lived experience of mental ill-health and members of local communities and build on data, intelligence and engagement**
  - Local residents are engaged in creating community networks and co-producing wellbeing activities using a strengths-based approach

- **Ambition 2: Physical health is improved among people with serious mental illness.**
  - Individuals with serious mental illness receive support for improved physical health.

Objectives: Supported and Living Well

- **Ambition 3: Support and care provided takes a proportionate universalism approach that tackles inequalities, builds on strengths, and is responsive to risk and mental health need.**

  - Services are targeted proportionately to where, or among whom, need is greatest.
  - Mental health support is available for people with a dual diagnosis, i.e. those with a mental health need and high-risk substance use or substance use dependence
  - CYP in care and care experienced young people are emotionally supported and have their mental health needs met

Objectives: Supported and Living Well

- **Ambition 4: Holistic support is provided for people living with mental ill-health that incorporates consideration of the wider determinants of health such as financial pressures, employment, and housing**

  - People with mental health needs receive holistic care and support that addresses their unique needs
  - People most affected by the cost-of-living crisis are supported in relation to income maximisation and sources of advice and guidance to address mental health and wellbeing needs
  - People living with mental illness will be supported to enter, or return to, employment

Actions

- ~90 actions for CYP and adults; reflecting actions led by BNSSG ICB, NSC (each directorate), Sirona, Localities, AWP (including CAMHS), Off the Record, VANS, NHS Talking Therapies, NS Drugs and Alcohol Partnership, Independent Mental Health Network

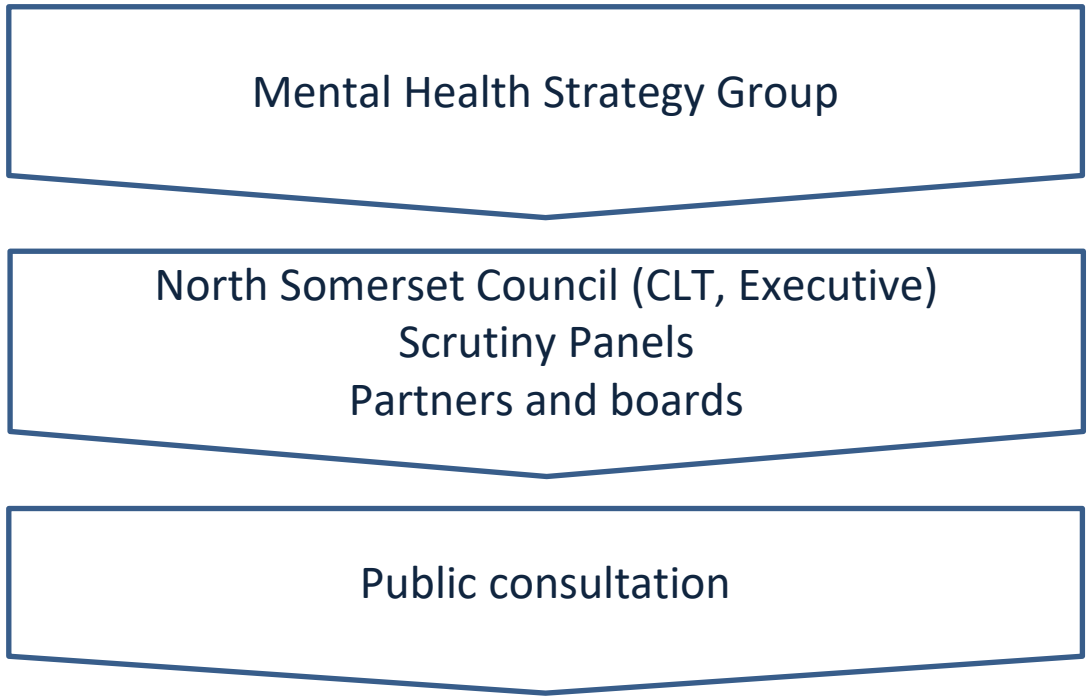
- Service delivery and improvement & different modes of support (CYP and adults)
  - IMHTs, peer support, workplace interventions, mental health training, trauma-informed practice, community interventions and social prescribing, communications & resources, new pathways (e.g. employment, dual diagnosis)
  - MHSTs, school environment, school-based interventions, assessment and referral, parenting support, transition services, group support
  - Data analysis & needs assessment (e.g. carers), review and audit, engagement and co-production

The Health and Wellbeing Board are invited to contribute views regarding the overarching structure, themes and ambitions and any additional challenges or opportunities that could be reflected

Governance

- Governance through the North Somerset Mental Health Strategy Group
- Updates will be provided to North Somerset Council's Corporate Leadership Team, Executive, and Health and Wellbeing Board
- Updates to be provided to other Boards and partner organisations as needed

Approval and sign-off



Health and Wellbeing Board
Autumn 2023

Funding – possible focus areas

- **£100K via Health and Wellbeing Strategy**

  - **Dual diagnosis** – enhanced mental health support for people with substance use dependence
  - **Peer support**
  - **Wider determinants of health**:
    - Support to enter/ re-enter employment
    - Mental health support for those at risk of housing problems/ crisis

  - **Support for engagement and co-production**

- **£20K funding for CYP** – proposal to keep aside, with part used for engagement.

The Health and Wellbeing Board are invited to:

Contribute views regarding the overarching structure, themes and ambitions and any additional challenges or opportunities that could be reflected.

- **Consider the above options and to contribute their views regarding the high-level theme areas (reflecting gaps) in which to boost investment.**

Thank you

With thanks to:
Carole Whitelaw, Helen Yeo – NSC public health
Lewis Peake, Finley Kidd – NSC (consultation and engagement)
NSC BI and BNSSG ICB (needs assessments)
Mental health strategy group
All contributors to the draft action plan

Georgie.macarthur@n-somerset.gov.uk

This page is intentionally left blank

North Somerset Council

Report to the Health and Wellbeing Board

Date of Meeting: 5th July 2023

Subject of Report: Recommissioning of the BNSSG Integrated Sexual Health Service

Town or Parish: All

Lead officer: Samuel Hayward, Consultant in Public Health

Key decision: Yes

Reason: The value of the decision is over £500,000 and will affect communities living or working in two or more wards in the area of the Local Authority.

Recommendations:

- TO NOTE the outcome of the key decision from the Executive on the 21st June 2023 which agreed to North Somerset Council participating in the recommissioning of the BNSSG integrated sexual health services (see section 1).
- TO NOTE the outcome of the related agreements from the Executive on the 21st June 2023 (see section 1 Summary of Report).
- TO NOTE the findings from the North Somerset Sexual health services workshop held on 9th June 2023 (see appendix 1).
- TO COMMENT on further consultation opportunities not identified within this report or within Appendix 1 (see section 4 Consultation).

1. Summary of Report

This report describes the commissioning plan for integrated sexual health services that North Somerset Council is a party to. The report summarises the approval for the recommissioning of the North Somerset elements of the BNSSG Integrated Sexual Health Service that was sought at Executive on 21st June 2023.

Good sexual and reproductive health matters to individuals and communities, whose needs will vary according to a range of physical, emotional, social, cultural and economic factors. Core needs common to all include the availability of high-quality information and education to make informed decisions, freedom from stigma and discrimination, and access to high quality prevention, testing, diagnostic and treatment services, and interventions[1]. Local Authorities (LA) have been responsible for commissioning integrated sexual and reproductive health (SRHS) services as part of their mandated public health responsibilities since 2013[2].

[1] ADPH (2019) What good sexual and reproductive health looks like. Online: https://www.adph.org.uk/wp-content/uploads/2019/10/What-Good-Sexual-and-Reproductive-Health-and-HIV-Provision-Looks-Like.pdf
[2] House of Commons (2014) Local Authorities public health responsibilities (England). Online: https://researchbriefings.files.parliament.uk/documents/SN06844/SN06844.pdf

LA commissioned services include testing and treatment for sexually transmitted infections (STI's), HIV prevention and testing, sexual health outreach and health promotion, contraception services, including long-acting reversible contraception (LARC), and emergency hormonal contraception (EHC). NHS Integrated Care Boards (ICB) are responsible for commissioning termination of pregnancy services (TOPS).

In 2017, Bristol City Council, on behalf of Bristol, North Somerset, South Gloucestershire, and Bath & North East Somerset Council's, and Bristol, North Somerset and South Gloucestershire Clinical Commissioning Group (BNSSG) jointly commissioned University Hospitals Bristol and Weston NHS Foundation Trust (UHBW) to fulfil the delivery of the Integrated Sexual Health Service. This is a robust example of system-level collaborative commissioning. The service is currently called Unity Sexual Health Service, it is led by UHBW and delivered by a number of providers. UNITY's role is to promote, improve and protect sexual health for the BNSSG population and reduce inequalities in that regard. The original contract commissioned in 2017 expires on 31st March 2024, and has now been extended to the 31st March 2025.

To complement the main services, primary care providers (GPs and pharmacists) are separately commissioned to deliver LARC, EHC, chlamydia screening and condoms.

As the existing contract with UHBW is due to end on 31st March 2025, there is a requirement for North Somerset Council, and fellow BNSSG commissioners, to deliver a recommissioning process to procure a service/s provider/s from 1st April 2025. This commissioning includes a comprehensive sexual health needs assessment, which will be added to the Joint Strategic Needs Assessment in due course.

A North Somerset sexual health services stakeholder workshop was held on the 9th June 2023. Stakeholders provided local insight and feedback on current provision, population health needs, the commissioning plan, the draft model of delivery, and consultations plans. Summary recommendations have already informed the Executive meeting on 21st June and will be incorporated into the ongoing recommissioning of this service area. Stakeholder partners will be also support the procurement consultation process when launched.

Update from Executive

On 21st June the Council Executive took a key decision and agreed to the recommissioning of the North Somerset elements of the BNSSG Integrated Sexual Health Service for up to a 10-year term. It was agreed that the Council will join Bristol City Council's procurement process (in collaboration with the NHS BNSSG Integrated Care Board, South Gloucestershire Council, and Bath and North East Somerset (BANES) Council) to deliver this tender.

To enable the alignment of decision making across the Collaborative commissioning partners the contract award has been delegated from the Executive to the Director of Public Health (this will also comply with Bristol City Council's procurement process).

Agreement was also made to anonymise the winning bidders' details on the Council website when Director award decision is published (to comply with Bristol City Council's procurement process). There was further agreement to follow Bristol City Council's Procurement Plan – so no separate NSC specific Procurement Plan will be produced by the Strategic Procurement Service for approval.

This was a key decision as the value of the decision was over £500,000 and will affect communities living or working in two or more wards in the area of the Local Authority.

2. Policy

National

The previous national Sexual and reproductive health and HIV: strategic action plan was published in 2015[3]. The new national Sexual and Reproductive Health Strategy is expected in 2023/24 and will inform this commission. The new national service specification for Sexual Health, which is required to inform the local specification, has recently been published[4]. New NHS procurement regulations, which will likely bring significant opportunities for these services is also expected during 2023/24[5].

BNSSG

As of 1st July 2022, the BNSSG CCG has been replaced by the new BNSSG Integrated Care Board (BNSSG ICB). Commissioning is no longer a core function within the new arrangement, with the focus being on collaborative system working, performance and delivery. Alongside the new ICB is our local Integrated Care System (ICS), the system is in its infancy, but there may be scope for a different system model for sexual health, as informed by the guidance. In accordance with the principles of the ICS this commission will bring together a range of partner organisations to help people stay happy, healthy and well for longer. Our integrated commission is designed to ensure that health and care services join up around individual sexual and reproductive health needs.

North Somerset

This commissioning plan for the BNSSG integrated sexual health services supports a number of the Corporate Plan priorities[6], including:

Being a council that empowers and cares about people:

- A commitment to protect the most vulnerable people in our communities.
- An approach which enables young people and adults to lead independent and fulfilling lives.
- A focus on tackling inequalities, improving outcomes.
- A collaborative way of working with partners and families to support children achieve their full potential.

Being an open and enabling organisation:

- Engage with and empower our communities.
- Empower our staff and encourage continuous improvement and innovation.
- Manage our resources and invest wisely.
- Embrace new and emerging technology.
- Make the best use of our data and information.
- Provide professional, efficient and effective services.
- Collaborate with partners to deliver the best outcomes.

[3] Public Health England (2015) Sexual and reproductive health and HIV: strategic action plan. Online: https://www.gov.uk/government/publications/sexual-and-reproductive-health-and-hiv-strategic-action-plan
[4] Office for Health Improvement and Disparities (2023) Integrated sexual health service specification. Online: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1143246/Integrated-sexual-health-service-specification-2023.pdf
[5] NHS England (2022) NHS Provider Selection Regime. Online: https://www.england.nhs.uk/commissioning/how-commissioning-is-changing/nhs-provider-selection-regime/
[6] North Somerset Council (2020) Corporate Plan 2020-24. Online: https://www.n-somerset.gov.uk/sites/default/files/2020-08/North%20Somerset%20Council%20Corporate%20Plan%202020-2024.pdf

Provision of these services relates to meeting the challenges described in the Corporate Plan, including demographic change, inequalities and resource constraints. In particular new models of delivery will be more resource efficient and at the same time enhance accessibility to services.

Provision will support the priority of reducing the gap in life expectancy and healthy life expectancy between communities in North Somerset by supporting higher need populations with early intervention and prevention of disease. Further, the provision will be targeted through local area analysis to areas of deprivation and aim to tackle causes that drive inequalities, including disease diagnostics, and access and use of contraception. Underlying this commission is the collaborative approach to commissioning with BNSSG partners, with North Somerset Council having a key role in this strategic partnership of healthcare organisations and providers.

Service provision supports delivery of the vision in the North Somerset Health and Wellbeing Strategy through preventing health problems before they arise, intervening early in relation to existing health and wellbeing problems, and through supporting specific populations and communities to be connected, healthy and resilient[7]. Further, this commission will be delivered in accordance with the principles set out within the strategy.

The services in this commissioning plan are key to the commitments in PHRS ADS, including programme objectives related to the commissioning and provision of high-quality health and care services related to sexual health.

3. Details

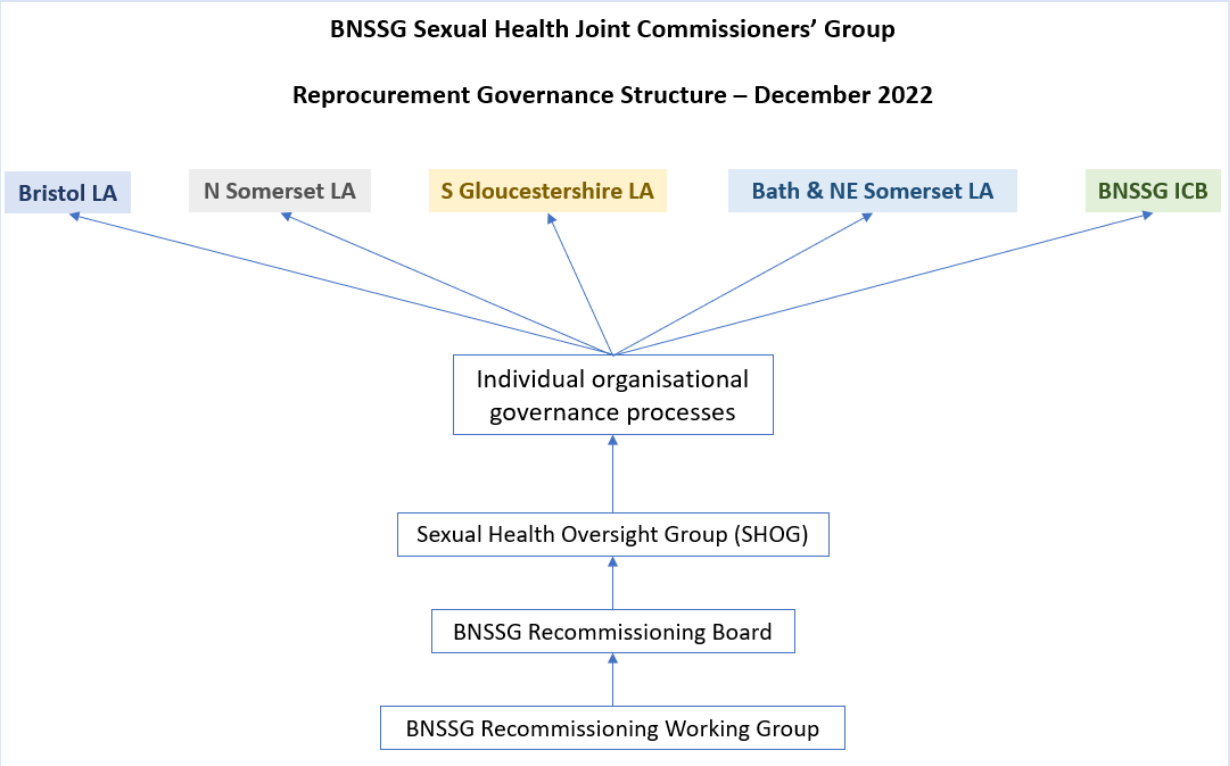
Governance

A collaborative commissioning agreement (CCA)[8] is in place between North Somerset Council, Bristol City Council, South Gloucestershire Council, BANES Council, and BNSSG ICB. The CCA sets out the terms under which Commissioners will collaborate in assessing the need for the Integrated Sexual Health Services, and how we will work together in procuring, negotiating and signing the commissioned contract for service provision. It also details how the contract and service will be managed throughout the term of delivery.

An integrated governance structure for the recommissioning has been put in place to oversee operational delivery of commissioning activity and to ensure clear lines of decision making and accountability are in place (Figure1).

[7]North Somerset Health and Wellbeing Board (2021) North Somerset Health and Wellbeing Strategy 2021-24. Online: https://www.n-somerset.gov.uk/council-democracy/priorities-strategies/health-wellbeing-strategy-2021-24

[8] BNSSG&BANES Councils and BNSSGICB (2023) Collaborative commissioning agreement for the commissioning of an Integrated Sexual Health Service for Bristol, North Somerset and South Gloucestershire (including chlamydia screening programme for Bath and North East Somerset). Unpublished.



(Figure 1. Reprocurement governance structure)

Scope of integrated commissioning for sexual health services

The commissioning and delivery of sexual health services is complex (Figure 2). There are 3 key commissioners of local sexual health services: Local Authorities, NHS ICB's and NHS England (NHSE). Responsibility and mandates for the commissioning of different elements of sexual health services sits within different parts of the local system[9].

Local Authorities are responsible for commissioning of comprehensive sexual health services including:

- Contraception, including LARC.
- Emergency Hormonal Contraceptives (EHC).
- Prevention, testing and treatment of STI's.
- Sexual health promotion.
- HIV prevention, including pre-exposure prophylaxis (PrEP).
- Chlamydia screening.
- C-Cards (condoms).

ICB's are responsible for:

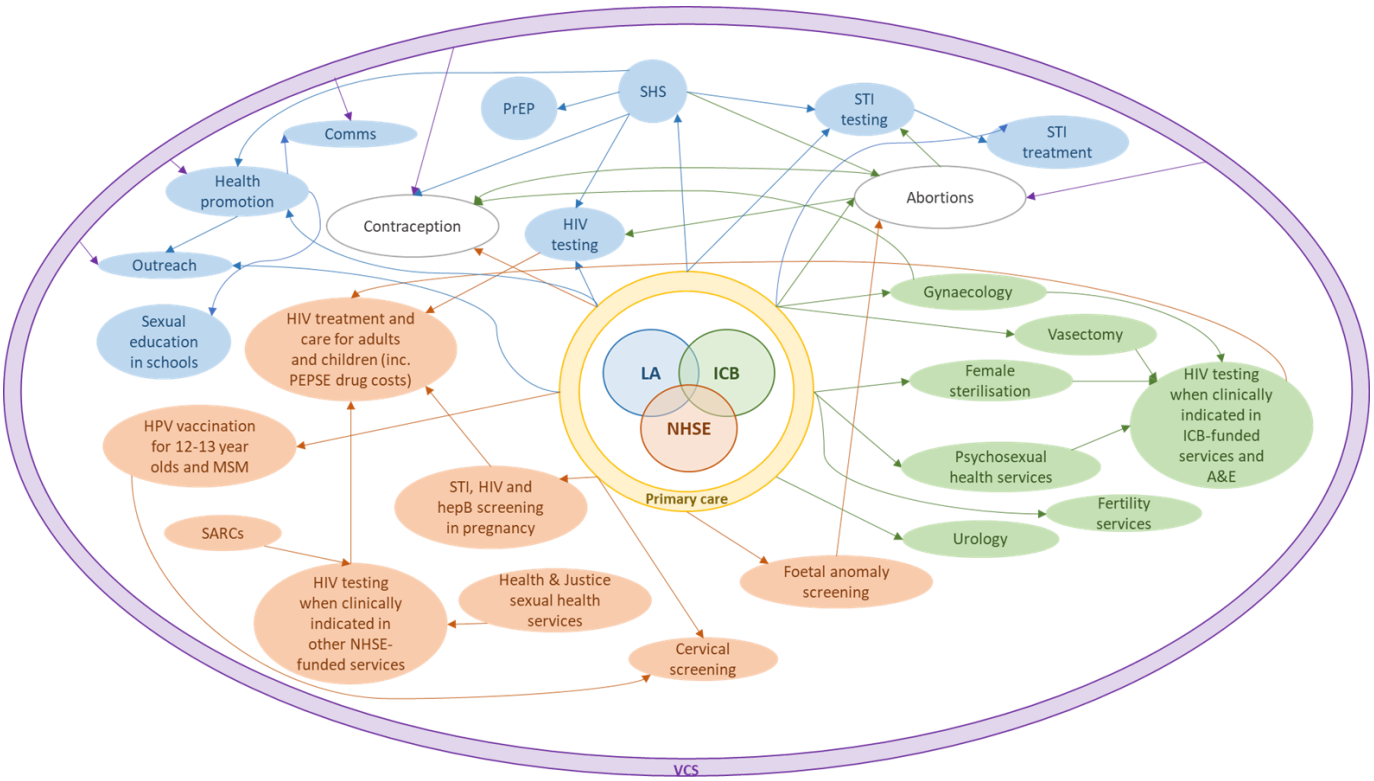
- Most termination services, including STI and HIV testing and post-termination contraception.
- Contraception provided as an additional service under the GP contract (including for non-contraceptive purposes).

[9] PHE (2014) Making it work. A Guide to whole system commissioning for sexual health, reproductive health and HIV. Online: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/408357/Making_it_work_revised_March_2015.pdf

- Opportunistic testing and treatment for STIs and patient-requested testing by GPs.
- Female sterilisation and vasectomy services.
- Psychosexual health services.
- Gynaecology services.
- HIV testing when clinically indicated in ICB-commissioned services (including A&E and other hospital department.

NHSE are currently responsible for the service listed below, some of these commissioning responsibilities are in the process of being transferred to NHS ICBs:

- HIV treatment and care for adults and children.
- Drug costs for HIV PrEP and post-exposure (PEP) prophylaxis.
- HIV testing when clinically indicated in other NHSE commissioned services.
- All sexual health elements of healthcare in secure and detained settings.
- Sexual assault referral centres.
- Cervical screening in a range of settings.
- Specialist foetal medicine services, including late surgical termination of pregnancy for foetal anomaly.
- HPV routine vaccination for school-aged children and opportunistic vaccination for men who have sex with men aged 45 and under.
- NHS infectious diseases in pregnancy screening programme, including antenatal screening for HIV, syphilis, and hepatitis B.



(Figure 2. System map of BNSSG sexual health services)

Recommissioning cycle

The recommissioning of the BNSSG Integrated Sexual Health Service is following a standard commissioning cycle for Public Health Services[10] (Figure 3), and covers the following way points:

[10]NHS England (Undated) What is commissioning? Online: https://www.england.nhs.uk/commissioning/what-is-commissioning/

- Sexual health needs assessment
- Designing the new service model and developing the specification,
- Market engagement,
- Public consultation,
- Revising and finalising the details of the new service model using the consultation and feedback.
- Procurement process, tendering and mobilisation,
- Contract award,
- New service set up and go live.

Figure 3. Commissioning cycle (NHSE)

BNSSG Sexual Health Needs Assessment (SHNA)

For the first time a sexual health needs assessment has been conducted for the combined Bristol, North Somerset, and South Gloucestershire area. The BNSSG SHNA aims to identify the sexual health needs of the population and how well these are being met. This is done by bringing together a wide range of evidence from published outcomes data, local service data, the views of the public, service users and professionals, and national policy and guidelines. Data analysis by demographics is carried out wherever possible, although the availability of data is sometimes a barrier to this.

A final draft of the BNSSG SHNA is due to be published, recommendations of which will be used to inform the design of services for the North Somerset population. However, key areas for action for North Somerset identified from the SHNA include:

- Reducing under 18 and 16 conceptions and Termination of Pregnancy (TOPs).
- Prevention / Relationships and Sex Education for young people in Weston-super-Mare, with focussed efforts in South Ward.
- Increasing service uptake from younger adults (18-24).
- Improving STI prevention work in young men (18-24).
- Improving access and uptake to HIV testing.

The draft SHNA also showed that current clinic provision does well to serve areas of deprivation in North Somerset, with higher uptake from areas of deprivation, and higher diagnosis in wards near to clinic sites (Uphill Ward and South Ward) (See Appendix 2).

Designing the new service model and developing the specification

Meeting the needs identified through the SHNA will be challenging, however with the aim of delivering the best outcomes for our population, the process to design the new service model and specification will ensure the most cost effective and affordable use of the available budget and incorporate the constraints of wider budget pressures. The service model will be evidence based and incorporate national guidance. It will also be benchmarked to comparable areas commissioned services and commissioning intentions. To balance competing population health needs, prioritisation for incorporation in the service model will consider criteria such as current and future level of need, demand, and inequalities.

Contract structure

The proposed contract will be between Bristol City Council (as the lead Commissioner) and the Provider. It will likely be based upon the national contract template for sexual health services. The current proposed term of the contract is up to ten years. As described, a collaborative commissioning agreement is in place between the Council and partner commissioners.

Robust contract arrangements and on-going contract management will be used to ensure proportionate delivery of services across different localities based on levels of investment and recognising distinct geographic needs. A multi-agency contract monitoring group will be established across all commissioners to lead this process.

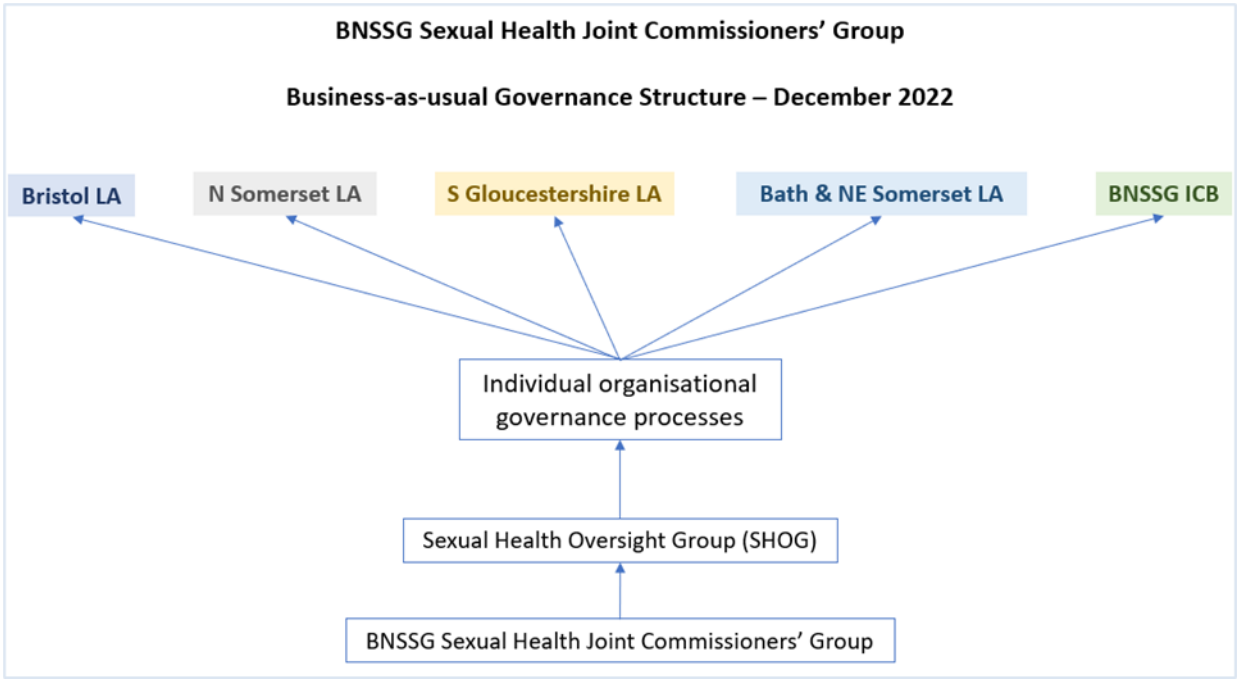


Figure 4. Governance for contract management

Draft procurement timeframe

Activity	Date (TBC)	Status
Complete a sexual health needs assessment for BNSSG	March 2023	Complete
Publish prior information notice (PIN) to alert the market of the planned reprocurement and invite expressions of interest to join a provider consultation group	April 2023	Complete
Agree services to be recommissioned	May – June 2023	In progress
Draft commissioning intentions developed	May 2023	In progress
Provider consultation group meeting to discuss proposed commissioning intentions	May 2023	In progress
Draft service specifications developed	May – June 2023	Proposed
Internal sign-off from each commissioning organisation	June – October 2023	Proposed
Consultation across BNSSG on commissioning intentions	November 2023 – January 2024	Proposed
Commissioning intentions and service specifications finalised	January – March 2024	Proposed
Market engagement event	March 2024	Proposed
Notice given to existing providers at least 12 months in advance of end of contract	March 2024	Proposed
Open tender process begins (8 weeks)	April – June 2024	Proposed
JCG evaluation of tender submissions (4 weeks)	June – July 2024	Proposed
Commissioning organisations complete internal governance processes (4 weeks)	August 2024	Proposed
Initial award of contract	September 2024	Proposed
Standstill period (10 days)	September 2024	Proposed
Full award of contract	September 2024	Proposed
Contract finalisation	September – October 2024	Proposed
Mobilisation/implementation (6 months)	October 2024 – March 2025	Proposed
New contract starts	April 2025	Proposed

4. Consultation

As we (commissioners) don't always know what works best, a bespoke consultation schedule will be developed within the commissioning process. The consultation will run for 6-12 weeks. Views of as many people and communities in North Somerset as possible will be sought, with a focus on those most vulnerable or at risk. Public views may be collected through a range of methods, including meetings, surveys, focus groups and drop-in sessions. As part of the consultation process local representative stakeholder organisations will be invited to inform on the service model development and the procurement plan.

Population groups, through representative organisations, to be engaged include, but are not limited to:

- North Somerset residents
- Children and Young People
- Sexual Health service users
- Homeless people
- Looked After Children
- Care leavers
- People with learning disabilities
- Commercial sex workers (male and female)
- People who misuse substances
- Migrants, asylum seekers and refugees
- Lesbian, gay, bisexual and transgender people (inclusive of people who identify with terminology other than cisgender and heterosexual)
- Men who have sex with men
- Informal carers
- Ethnic Minorities
- People with Black African and Caribbean ethnicity
- People with Roma, Gypsy, or Traveller ethnicity
- People living in areas of high deprivation
- People who have experienced or are at high risk of sexual coercion and/or violence, including trafficking
- People living with HIV
- Young people
- Offenders
- People with mental illness
- People representing diverse faith groups & religion
- People with a disability
- People who are 50+
- Children who are educated at home.

Stakeholder representative organisations include, but are not limited to:

- Healthwatch
- Local Medical Committee
- Local Pharmaceutical Committee
- Local schools, Sixth Forms, College and University
- SARSAS
- North Somerset Safeguarding Adults Board
- North Somerset Council Adult Social Services
- Neighbouring Councils, including Somerset Council
- Neighbouring ICB's including Somerset ICB
- OHID/UKHSA
- NHS Locality Partnerships

The proposed consultation groups, stakeholders and organisations will be amended with feedback from the North Somerset Sexual health service workshop (Appendix 1).

The Health and Wellbeing board members may have additional recommendations on who, and how to consult with individuals, groups, and organisations. Recommendations and opportunities can be shared with:

- Rebecca Keating, Health and Care Public Health Service Leader: Rebecca.Keating@n-somerset.gov.uk

From the period of engagement and consultation conversations we will identify key areas being raised. These key areas will be used to inform the service model and incorporated into the service specification/s.

5. Financial Implications

As this is recommissioning an existing service, there are no new spending commitments known. Consideration will be given throughout the procurement process as to how we commission contracts that achieve best value and will be set out in the Procurement Plan.

Costs

Previous budget envelope

The Council's current financial commitment to the Integrated Sexual Health Service is £1,142,540 per annum. The previous contract value for North Somerset was £7,997,780 for a period of 5 plus 2 years (April 2017-March 2024). This was extended by an additional year in 2024/25 at a cost to the Council of £1,142,540.

Across the three BNSSG partners the total contract value for the Integrated Sexual Health Service was £8.4million per annum. Since the original commission, new mandatory requirements have been embedded into the service provision, including the provision of HIV PrEP. Annual budget for PrEP in North Somerset has been approximately £50,000.

Projected budget envelope

The projected allocations for the Public Health Grant require spending constraints within this commission. For the new commission North Somerset Council's budget allocation will remain consistent with the current annual combined budget for the Integrated Sexual Health Service and PrEP. The available budget envelope is projected to be approximately £1.2million per annum.

Across the three BNSSG partners it is estimated that the available budget for the commissioning of the Integrated Sexual Health Service will be consistent with the current allocation of c£8.4million per annum.

On-costs

Further direct costs to the Council associated with the commission are acceptable and similar to those within the 2022-23 financial year. On-costs include but are not limited to: Member time; senior Public Health & Regulatory Services staff commissioning and contract management time; Legal & Governance; Finance; and Procurement staff time.

Funding

Delivery of the North Somerset Council elements of the Integrated Sexual Health Service will be funded by the Public Health ringfenced grant. It is anticipated that this will continue during the contract period. NHS commissioned elements of the service will be funded from the ICB budget.

6. Legal Powers and Implications

The services considered in this commission are statutory requirements, local authorities are mandated to commission comprehensive open access sexual health services, including free STI testing and treatment, notification of sexual partners of infected persons, advice on, and reasonable access to, a broad range of contraception, and advice on preventing unplanned pregnancy.

In keeping with the Health and Social Care Act 2012, local authorities have been responsible for commissioning sexual health services as part of their mandated public health functions since 2013. Under Section 82 of the NHS Act 2006, NHS bodies and local authorities have a statutory duty to cooperate when exercising their functions to secure and advance health and welfare.

Statutory commissioning responsibilities for sexual health are currently under transition. The introduction of the Health and Care Act 2022 changed the commissioning landscape with the advent of Integrated Care Boards. In addition, the introduction of the NHS Provider Selection Regime is awaited and may influence this commission.

A new national Sexual and Reproductive Health Strategy is awaited, and a national sexual health service specification was published in March 2023[11].

7. Climate Change and Environmental Implications

A thorough risk assessment will be completed by the multi-agency procurement team, and the results will be threaded throughout the tender process (in line with Bristol City Council's Procurement Regulations).

Key examples related to climate change and environment appertaining to the current and future Integrated Sexual Health Services contract will be travel, transportation, and disposal of clinical waste and other equipment. In particular by ensuring efforts continue to be made to reduce the carbon footprint, such as:

a) Reducing the number of unnecessary patient/client journeys to clinics (by providing more services online).
b) Reductions in the number of frequent road transport deliveries for clinical supplies.
c) The appropriate collection and disposal of clinical and non-clinical waste and equipment.
d) Ensuring energy used on clinical sites is supplied from renewable energy sources.

The new national guidance and regulations may provide opportunity for further climate and environment action within this commission. Commissioners may also use this commission as a case study in decarbonisation through commissioning of sexual health services.

8. Risk Management

As this is an integrated commission the risk management process sits with Bristol City Council as the lead commissioner. An initial thorough risk assessment was completed by the joint project team across the authorities when setting out the Collaborative Commissioning Agreement (CCA). The resulting risks are reviewed and mitigated at each project board meeting. This is monitored and actioned through the relevant groups (Figures 1 & 4).

Internal risk governance sits within the Public Health and Regulatory Services, with the Sexual Health Commissioning Manager, Health and Care Public Health Service Leader, and Consultant in Public Health, forming the internal project team who contribute to the Joint Commissioning Groups (Figures 1 & 4).

[11]OHID (2023) Integrated Sexual health Service Specification. Online: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1143246/Integrated-sexual-health-service-specification-2023.pdf

Identification, recording and reporting of North Somerset specific, and shared, risks will be delivered through the joint commissioning team/s and recorded in the integrated commission risk register. In accordance with the risk monitoring and reporting guidance within the local risk management framework risks will be reported from NSC officers through the PHRS governance structure and associated reporting and monitoring flow chart[12]. Where appropriate they will be escalated and added to Directorate and Corporate risk registers.

Assessment of risk within the integrated commission is delivered through a standardised risk management matrix of likelihood and impact. Risks associated with the recommission will cut across all risk themes including, finance and resources, transformational activity, the climate emergency, residents and communities, and corporate governance. Risk analysis and control measures will be implemented to remove, accept, mitigate and exploit risk as appropriate against individual risk items. The risk register will be maintained and updated through a process of re-evaluation.

Clinical risk
As a clinical service and as a collaborative commission with NHS partners, the design of the service model and specification will adhere to, and embed, requirements against the seven pillars of clinical governance, including:

1. Evidence based care and effectiveness.
2. Risk management.
3. Patient and public involvement (PPI).
4. Clinical Audit.
5. Staffing and staff management.
6. Education and training.
7. Information & IT.

9. Equality Implications

Commissioners are actively considering equality issues throughout this project as the provision of integrated sexual health services has a number of equality implications. Key equality issues will be considered and built into the commissioning process. As outlined for consultation, considerations for the project will be set out/summarised in the service specification and procurement plan. An Equality Impact Assessment (EIA) will be delivered at an appropriate stage within the commissioning and procurement cycle. As advised by the Inclusion and Corporate Development Manager there is no need to complete a separate NSC EIA at this stage.

10. Corporate Implications

There are no corporate implications.

11. Options Considered

The provision of Sexual Health Services is a statutory duty and therefore we must recommission these services.

Author:

Samuel Hayward,

[12] North Somerset Council (2022) Risk management strategy. Internal intranet: https://nsomerset.sharepoint.com/sites/the-source.authoring/Documents/Risk%20management%20strategy%202022_FINAL.pdf

Consultant in Public Health, North Somerset Council,
Email: Samuel.hayward@n-somerset.gov.uk
Mobile: 07771 838 819

Appendices:

1. North Somerset Sexual Health Services Workshop summary report
2. Sexual Health Needs Assessment – North Somerset Summary
3. Glossary of terms

Background Papers:

- BNSSG Sexual Health Needs Assessment (Due to be published June 2023)

Workshop

North Somerset Council Health and Care Public Health team facilitated a workshop on 9th June 2023 to engage with local stakeholders on the recommissioning of the BNSSG Integrated Sexual Health services and the initial proposed model of delivery.

We invited stakeholders from a broad range of organisations with many attending, including local representatives of Unity our current service provider, Sirona, Children's services, Eddystone Trust, our Elected Member, Primary Care, Home education community, Substance advice services, UK Health Security Agency, and Bristol City Council.

We presented information on the National and regional context, current local sexual health service provision, North Somerset data and findings from the BNSSG sexual health needs assessment, and the draft service model/s. Links to sustainability and climate agenda were also highlighted.

We asked attendees to participate in tabletop exercises designed to elicit their views and seek suggestions to inform our integrated commissioning plan going forward.

Comments from tabletop exercises

Question: What is missing on our current system map?

Answers:

- Citizen advice bureau/hub type initiative missing?
- Missing formalised pathways into drug and alcohol services.
- Probation/prisons/children and youth offending team.
- Sexual health services in SEND.
- NEET young people / Home educated.
- Inconsistency to services based on geography, rural access.
- STI testing / Condom vending machines.
- Early help.
- Menopause support.
- Safeguarding services.
- Continuum of need.
- Further and higher education settings and how we work with colleges.

Question: Are there surprises from the data shared today?

Answers:

- Missing data on marginalised groups.
- Where are our increased numbers of students registering?

- Surprise around high levels of Sexually Transmitted Infections and repeat termination of pregnancy.
- More detail for all areas in North Somerset needed, could we break down further by ward or by even lower level e.g., MSOA / LSOA to show communities we recognise?
- What more can we do to understand from public health nursing services?
- How do we prioritise with lots of challenge areas?
- HIV testing, concern about late diagnosis – how to improve?
- System wide approach, who leads on what?
- Opportunities for co-production, not in silos.

Questions: Are there any gaps in our engagement plan, and what are the best methods to engage people in this proposal?

Answers

- **Groups:** Parents and carers, broad spectrum of students, not in education young people, Teachers, SEND leads, Head teachers, PHSE leads, Safeguarding leads, young farmers, Youth groups such as scouts, older adults, Childrens services, Barnardo's, SEND & You, faith groups.
- **Methods:** South-west skills campus, hospitals, QR codes on toilet doors, Sex on premises venues, Barbers, Gyms, VANS, NS Together, Town & Parish Councils, YMCA, Employers as access points, MAVIS bus, Creative arts approaches, children and family hubs - could Castle-batch be a location?

Question: What are your thoughts on the proposed model?

Answers

- **Digital**: Concerns around possible digital exclusion due to digital poverty (network reach or device) and barriers to services and information that exist with "firewalls" in school/employment settings. Some feedback that the proportion of digital activity seemed too high (50%).
- **Risk of market failure**: There are not lots of providers. Is this model deliverable? potential of service fragmentation through "lots".
- **Integration**: Check all the clinical pathways link to others too.
- **Community**: Could there be other ways to share knowledge through community networks?
- **Workforce challenge**: Could existing professionals be upskilled to be able to signpost when people are known to services.
- **Service demand**: Knowing there are increasing demands and population growth, will there continue to be difficulty accessing services for our local people? Do consultations give enough time?
- **Equality Diversity and Inclusion**: Map the model to vulnerable or poorly served groups - will this model serve them better? E.g., Bangladeshi & Eastern European migrant workers.
- **Opportunities**: Could there be an opportunity to help young people navigate services through an education "exit" interview with school nurses.
- **Feedback:** The condom provision for homosexual community is good, is there a similar access available for heterosexual community?

Summary and next steps

There was good energy and engagement in the room, with stakeholders understanding the importance of good Sexual Health Services for our local population. The feedback received

from stakeholders was informative and insightful. Contributions from stakeholders are appreciated by the NSC Public health team and wider collaborative commissioning group.

All feedback received will be shared with the Collaborative Commissioning Team to inform on the wider commissioning activity. With a focus on the needs of the North Somerset population, the feedback from this event will be used to inform and influence our consultation plans for the consultation process. We have had several offers from stakeholders to help with future engagement into their services and networks which will be utilised for this purpose. Further, pre-consultation engagement will be conducted with the two Locality Partnerships in North Somerset.

Feedback on the gaps in service delivery will be used to inform on the scope of the recommissioning and to identify opportunities for further integration.

Feedback on population health needs will be used to inform future needs assessment processes, the development of recommendations and future strategic action plans. In the immediate term elements of this data and feedback will be used in conversations with Public Health Nursing services to reset joint objectives.

Responses and insight to the proposed service model will be shared with the Collaborative Commissioning Team to be embedded into the development of the service specification and procurement and tendering processes.

Authors:

Becky Keating, Health & Care Public Health Service Leader
Kate Blakley, Sexual Health Commissioning Manager
Samuel Hayward, Consultant in Public Health
Directorate: Public Health & Regulatory Services

This page is intentionally left blank

North Somerset Council

Open, Fairer, Greener

Recommissioning BNSSG Integrated Sexual Health Services: North Somerset

Sexual Health Needs Assessment Summary

9th June 2023

Sexual Health Needs Assessment (SHNA)

For the first time a sexual health needs assessment has been conducted for the combined Bristol, North Somerset, and South Gloucestershire area.

The BNSSG SHNA aims to identify the sexual health needs of the population and how well these are being met.

The SHNA brings together a wide range of evidence from published outcomes data, local service data, the views of the public, service users and professionals, and national policy and guidelines.

Data analysis by demographics is carried out wherever possible, although the availability of data is sometimes a barrier to this.
The summary provides an overview of the SHNA data that relates to North Somerset.
The full SHNA report and findings are available upon request.

SHNA Findings summary

SHNA Limitations

- Information on the effect of rurality on sexual health
- Information on older age populations sexual health needs
- Limited demographic data available so information on minority population groups is also limited
- Disease/condition related outcomes related to STI's.
- Gaps in pupil voice / school age children surveys
- Only a 10% response rate from NS for the needs assessment consultation

Strengths

- Sector Lead Improvement (SLI) tool score of 63% for BNSSG services which indicates an overall mature achievement
- The WISH clinic does well to serve areas of deprivation in NS with higher uptake from areas of deprivation and higher diagnosis in wards near the site (Uphill and South Wards).
- LARC in GP has recovered to pre-pandemic levels, with high rates (15x higher than SRHS prescribing).
- Emergency Hormonal Contraception (EHC) in pharmacy is back to pre-pandemic levels in NS – approximately 30 consultations a month.
- U18 conception rates for NS have decreased (2021).
- U16 conceptions for NS was <5 in 2021 (a reduction from 10 in 2020).
- North Somerset had the lowest rate of new STI diagnoses (significantly better than England*)

Areas for action

Population

- Health promotion work needed on prevention / RSE for young people in WSM / Uphill Ward and South Ward.

- Action to increase service uptake from younger adults (18-24).
- STI prevention work in young men, including action to tackle high-risk sexual behaviours in young men in WSM and action to increase access and desire to test, for asymptomatic infections that are not being picked up.
- Although a greater proportion, still need to increase number of attendances at SRHS from people living in the most deprived parts of North Somerset.
- Focussed assessment of need and development of actions to address the ward-level variability in North Somerset is required.
- Maintain focus on under 18 and 16 conceptions and TOP's in WSM.

<u>STI's, Chlamydia and HIV</u>

- Improve chlamydia detection rate. NS has lowest detection rate in BNSSG, and 2nd worst detection rate after Solihull.
- Prevention work in young men, as men aged 15-19 in North Somerset have a higher estimated proportion of STI reinfection than in England.
- Focussed efforts in WSM and Uphill Ward as they fall into the highest national category for rates of new STI diagnoses.
- Compared to its nearest neighbours, North Somerset has one of the worst testing coverages across all HIV testing coverage indicators
- North Somerset had the biggest increase in proportion of HIV late diagnoses.

<u>Contraception and EHC</u>

- Proportion of women choosing injections in SRHS needs to be reviewed, and usage converted to more effective contraceptive options.
- Increase the number of young people choosing LARC.
- Improve access to emergency IUDs during week days.
- Review of attendances in under 15's for EHC at a pharmacy (more widely known or more young people having unprotected sex?).
- Review the number of condom collections after registering on the C-card scheme as it is low.

<u>Under 18's conceptions and abortions</u>

- Action to reduce the number of under-18 conceptions found in Weston-Super-Mare South and Weston-Super-Mare Hillside.
- Action to improve pathways to Public health nursing service and create parity to BNSSG teenage pregnancy outreach nurses.
- Review of the number of abortions after a birth in under-25s, as increased in North Somerset in 2021 despite the total number of abortions in under-25s decreasing (national trend)
- Review findings of the postpartum contraception pilot for business as usual
- Professionals want to improve abortion access / provision in North Somerset

Unity attendance and deprivation

Unity is the current provider of sexual health services in North Somerset (www.unitysexualhealth.co.uk). The chart below shows that the most deprived residents of North Somerset are over-represented in Unity attendances (people living in the most deprived quintile), but there are fewer overall attendances at SRHS from people living in the most deprived parts of North Somerset.

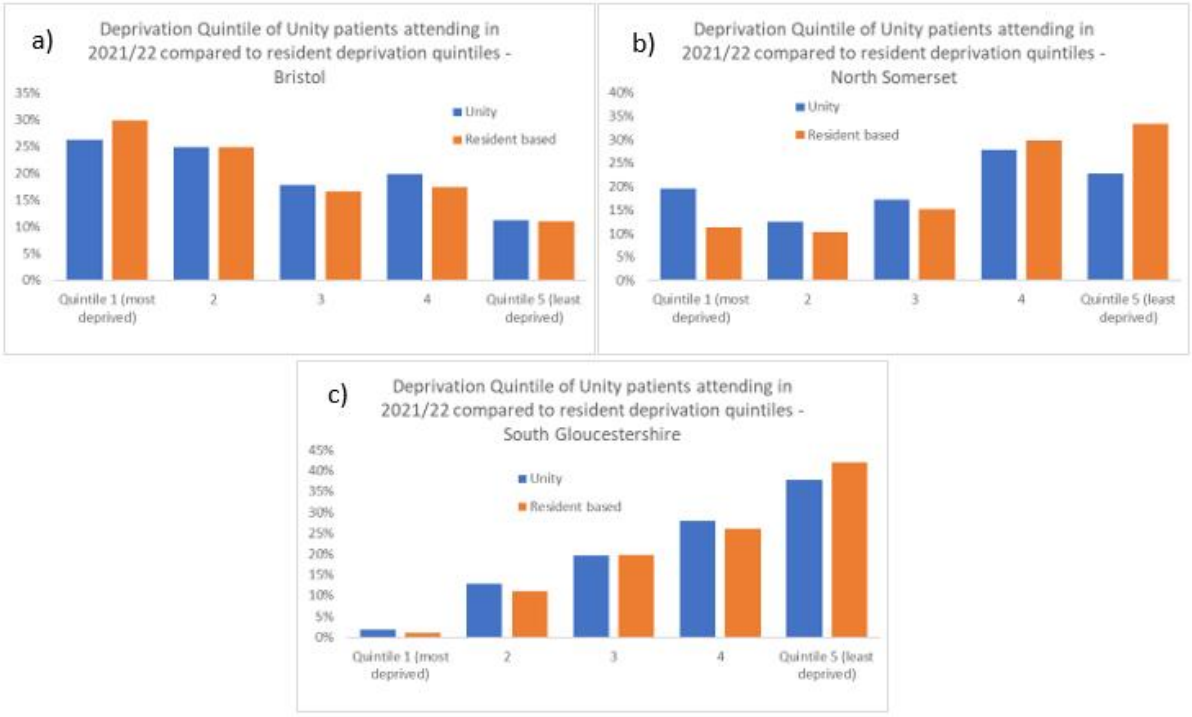


Figure 1. Unity attendances from BNSSG compared to the population as a whole by deprivation quintile, Bristol (a), North Somerset (b), South Gloucestershire (c), 2021-22

SPOT Tool
The SPOT tool is used to explore the relationship between council spend and associated outcomes. For sexual health, a total of 23 public health outcome indicators are used to map to council spend. These relate to service-level and population-level outcomes. Examples of this include: STI testing and diagnosis rates, spend on sexual health services, as well as outcome measures such as teenage conceptions.

Compared to England, North Somerset Council is also categorised as **'Same Spend, Worse Outcome'**, with an outcome score that is almost identical to Bristol's (-0.11). The categories for North Somerset compared to its 16 CIPFA neighbours are:

- 1 area had 'Same Spend, Better Outcome'
- 8 areas had 'Same Spend, Worse Outcome'
- 1 area had 'Lower Spend, Better Outcome'
- 6 areas had 'Lower Spend, Worse Outcome'

Of the 8 areas in the 'Same Spend, Worse Outcome' category, North Somerset is third from the top in terms of sexual health outcome score (-0.11). The area with comparatively the worst sexual health outcomes is categorised in the 'Lower Spend, Worse Outcome' group and had a score of -0.59. To understand how services could be delivered differently, it would be worthwhile contacting the two areas that achieve better outcomes with the same spend or less to find out how they deliver sexual health services locally (Central Bedfordshire and Bedford).

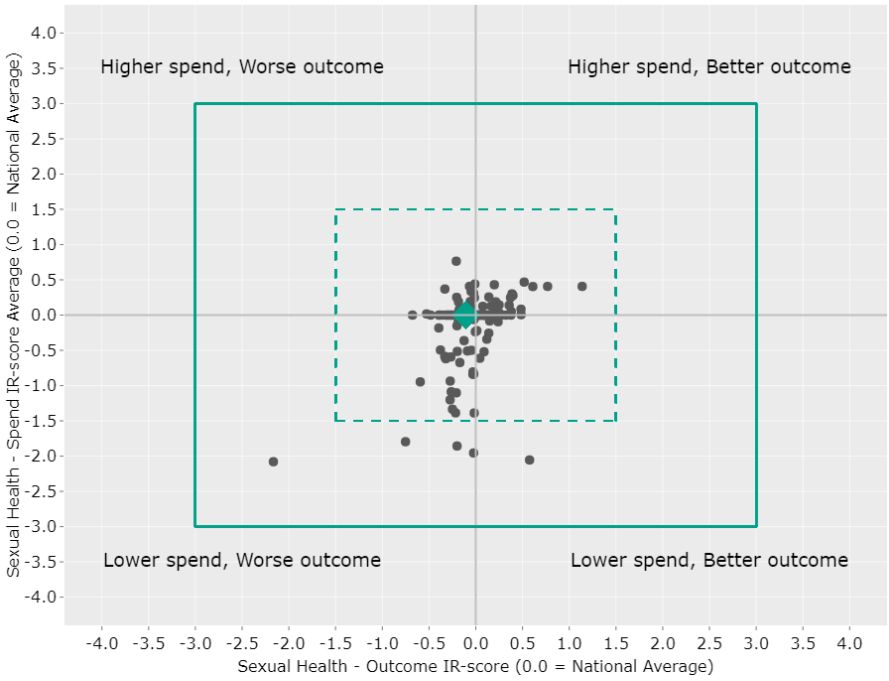


Figure 2: Spend versus sexual health outcomes for North Somerset Council compared to England (OHID SPOT 2022).

STI Diagnosis

North Somerset had the lowest rate of new STI diagnoses (excl. chlamydia in young people <25) when compared to its 15 nearest neighbours, with a rate of 158 per 100,000 residents of all ages (nearest neighbours range: 158-388 per 100,000), which is significantly better than the England rate.

The number of all new STIs diagnosed among residents of North Somerset in 2021 was 495, of which 153 were chlamydia diagnoses in 15-24-year-olds.

Area		All new STI diagnoses (%) breakdown by age group and gender (male, M; female, F), 2021													
		15-19		20-24		25-34		35-44		45+		N/K		Total	
		M	F	M	F	M	F	M	F	M	F	M	F	M	F
Bristol	%	5.6	16.3	33.4	40.3	41.6	32.8	11.8	7.5	7.4	2.9	0.1	0.0	100.0	100.0
	n	81	220	485	545	604	443	172	102	108	39	1	0	1,452	1,351
North Somerset	%	9.2	24.8	19.7	40.9	41.7	24.0	14.7	6.3	14.7	3.5	0.0	0.0	100.0	100.0
	n	20	63	43	104	91	61	32	16	32	9	0	0	218	254
South Glos	%	11.7	21.7	26.3	39.8	41.7	24.5	11.2	8.8	9.1	4.6	0.0	0.2	100.0	100.0
	n	45	99	101	182	160	112	43	40	35	21	0	1	384	457
BNSSG	%	7.1	18.5	30.6	40.3	41.6	29.9	12.0	7.7	8.5	3.3	0.0	0.0	100.0	100.0
	n	146	382	629	831	855	616	247	158	175	69	1	1	2,054	2,062
England	%	**7.2**	**20.2**	**23.9**	**36.4**	**39.4**	**29.7**	**17.6**	**9.1**	**11.8**	**4.5**	**0.0**	**0.0**	**100.0**	**100.0**

Table 1: All new STI diagnoses (%) made in SRHS and non-specialist SRHS, by age group and gender, BNSSG and England, 2021 (UKHSA GUMCAD)

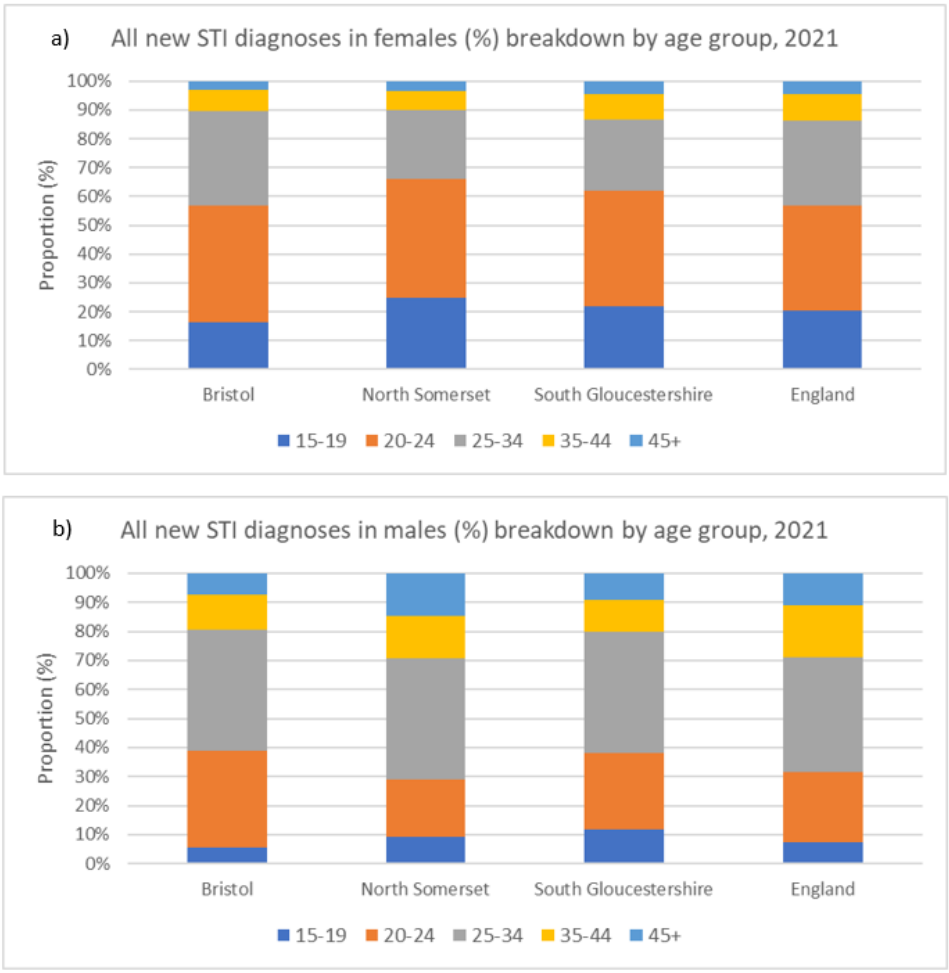
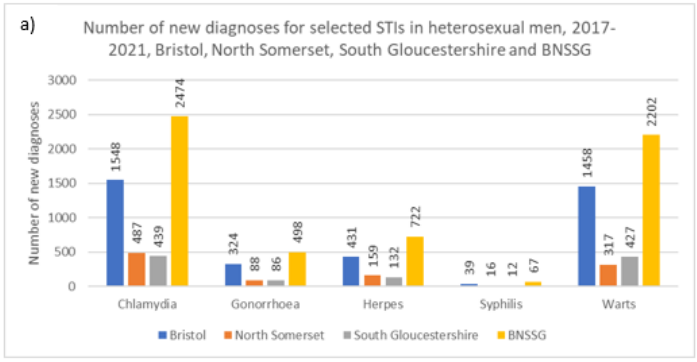
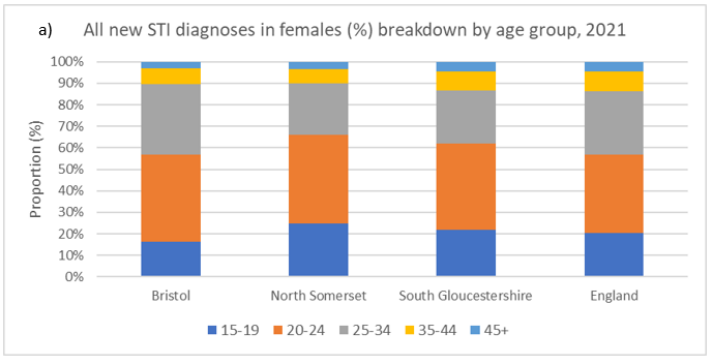
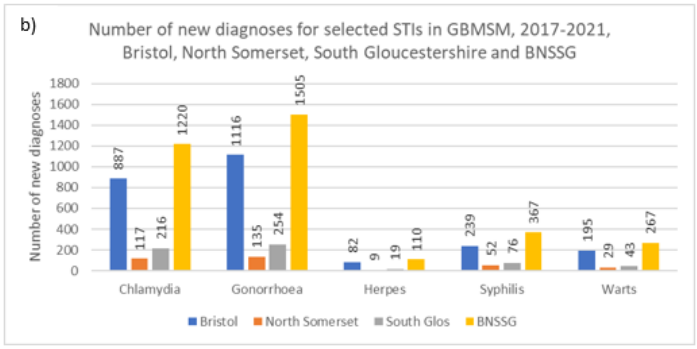
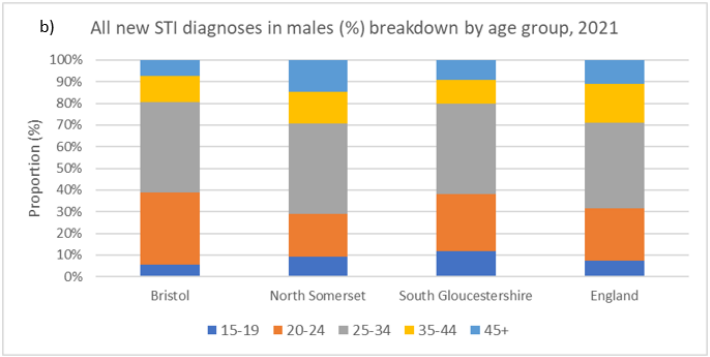


Figure 3: Scarf chart of all new STI diagnoses in a) females and b) males, by age group, Bristol, North Somerset, South Gloucestershire and England (UKHSA)









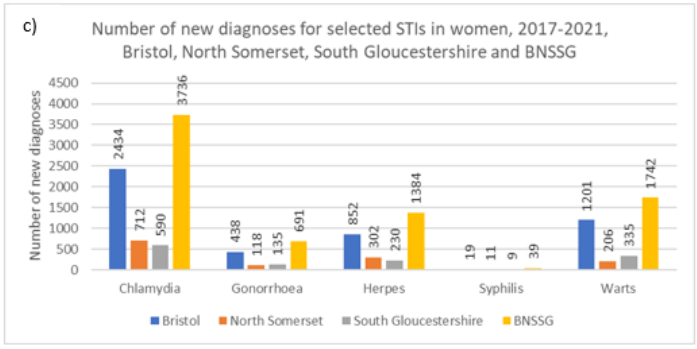


Figure 4: Number of new diagnoses for selected STIs in a) heterosexual men; b) GBMSM; and c) women, Bristol, North Somerset, South Gloucestershire, BNSSG, 2017-2021 (UKHSA GUMCAD

Deprivation category	Bristol			North Somerset			South Gloucestershire		
	Count	%	Pop. %	Count	%	Pop %	Count	%	Pop %
Most deprived	730	32.5	29.9	120	25.5	11.3	20	3.3	1.1
2nd most deprived	585	26.1	24.9	70	14.9	10.3	80	13.0	11.2
3rd most deprived	390	17.4	16.7	60	12.8	15.1	125	20.3	19.7
4th most deprived	365	16.3	17.4	105	22.3	29.8	170	27.6	26.0
Least deprived	175	7.8	11.1	115	24.5	33.5	220	35.8	42.0

Table 2: Number and proportion of new STI diagnoses (excluding chlamydia in <25 year olds) in SRHS, by deprivation category and compared to population deprivation, BNSSG 2020 (GUMCAD; IMD 2019)

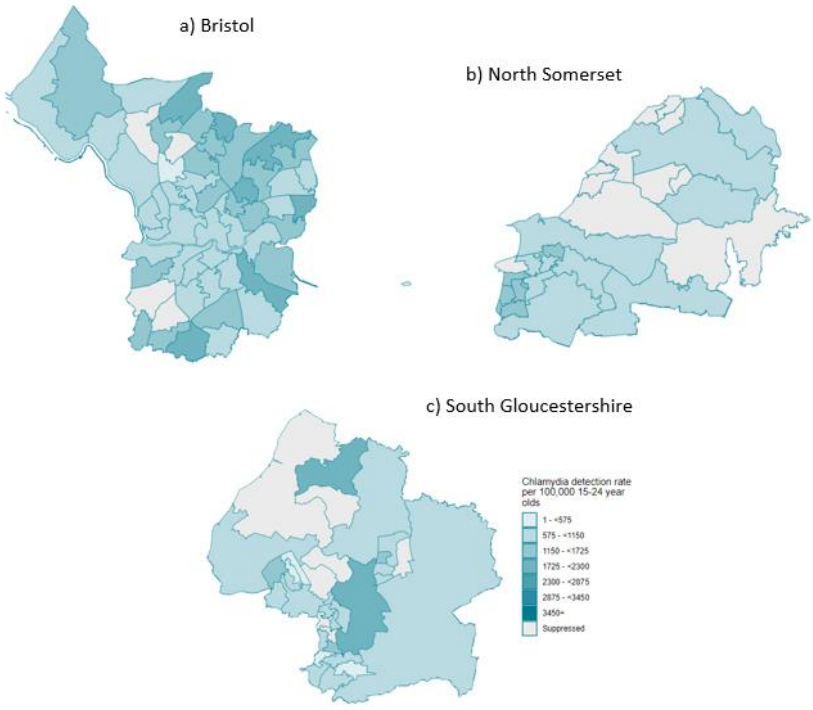
In North Somerset, there were 403 people with repeat infections reported within 12 months (35%) of a total 1,155 diagnosed STIs in 2021. Of note is that men aged 15-19 in North Somerset have a higher estimated proportion of reinfection than in England. Also, in England women aged 15-19 years had the higher proportion of reinfection to men aged 15-19, but the reverse is true for North Somerset. This could suggest greater high-risk sexual behaviours in young men in the area, a lack of access/desire to test, and potentially greater asymptomatic infections that are not being picked up.

Chlamydia

While North Somerset's positivity rate in 2021 is similar to the England average of 6.1%, Weston-Super-Mare – Uphill Ward falls in to the highest national category for rates of new STI diagnoses with >2,500 per 100,000 in people aged 25 to 64.

In 2021, 9.4% of North Somerset residents aged 15 to 24 years old were tested for chlamydia with an 8.0% positivity rate. Of the three BNSSG council areas, North Somerset has the lowest chlamydia detection rate at 752 per 100,000 in 2021 (153 positives out of 1,921 screened) and, compared to its 15 nearest neighbours (ranging from 735 to 1,768 per 100,000), also has the second worst detection rate after Solihull.

There is variation in detection of chlamydia in 15- to 24-year-olds within each council footprint as illustrated in these maps, which shows detection at ward level in 2021. Variation in rates of chlamydia detection may represent differences in prevalence but are influenced by screening coverage and whether most at risk populations are being reached (i.e. the proportion testing positive).



Map 1: Chlamydia detection rate per 100,000 population in 15 to 24 years in a) Bristol, b) North Somerset and c) South Gloucestershire by ward, 2020 (UKHSA).

There is no data presented on the impacts of Chlamydia, such as case rates of pelvic inflammatory disease, ectopic pregnancy, and tubal-factor infertility.

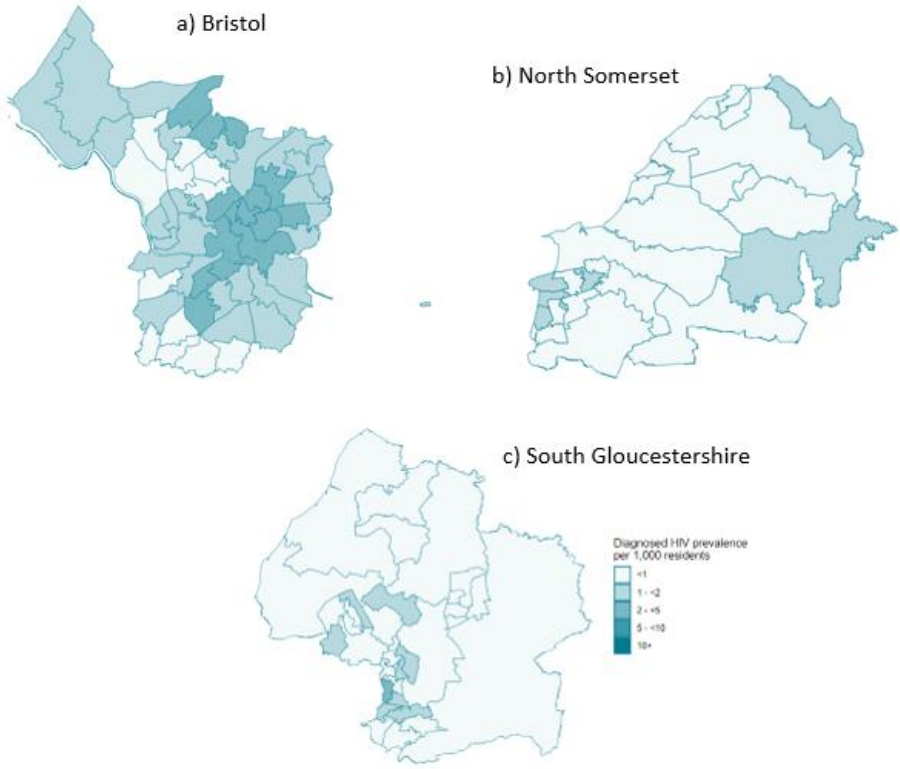
HIV

All three councils had decreased coverage across all HIV testing coverage indicators. Compared to its nearest neighbours, North Somerset has one of the worst, if not the worst testing coverage across all HIV testing coverage indicators. Of Unity service users attending for a new episode of care who accepted an HIV test in 2021 it was accepted by 26.5%, 1,285 service users, in North Somerset.

HIV testing coverage, 2021	Bristol		North Somerset		South Gloucestershire		BNSSG (calculated)		England
	Tests accepted	%	Tests accepted	%	Tests accepted	%	Tests accepted	%	%
Total	2,830	34.3	558	26.0	698	29.8	4,086	32.1	45.8
Gender									
Male	1,625	51.3	290	40.2	423	48.0	2,338	49.0	62.8
Female	1,120	34.8	236	23.8	252	31.5	1,608	32.1	36.6
Sexual risk									
GBMSM	793	76.3	108	61.0	219	79.9	1,120	75.1	77.8
Repeat testing (testing more than once in the previous year)									
GBMSM	303	38.4	38	36.2	93	42.5	434	39.0	45.3

Table 3: HIV testing coverage data (tests accepted and percentage of eligible attendees): total, by gender, by sexual risk, and repeat testing, Bristol, North Somerset, South Gloucestershire, BNSSG and England, 2021 (red shading = lower than England; amber shading = similar to England) (UKHSA)

HIV prevalence North Somerset (0.97 per 1,000 people aged 15-59) means North Somerset is a low prevalence area that is similar to our respective nearest neighbours' average.



Map 2: Maps of diagnosed HIV prevalence among people aged 15 and above in a) Bristol, b) North Somerset, and c) South Gloucestershire by Middle Super Output Area (approx. 7-10,000 population): 2021 (UKHSA)

In heterosexual men, late diagnosis of HIV was 5/7 new diagnoses in North Somerset (71.4%). The proportion of late diagnoses reported in North Somerset for GBMSM was 33.3%. On the whole, BNSSG and North Somerset is doing well in terms of HIV treatment and care.

Indicator, % (n)	BNSSG	South West	England	Bristol	North Somerset	South Gloucestershire
Prompt ART initiation, 2019-2021	85.5% (106)	87.2% (451)	**83.5% (6,887)**	86.0% (74)	75.0% (9)	88.5% (23)
ART coverage, 2021	99.0% (1,262)	98.9% (5,124)	**98.4% (89,926)**	99.1% (867)	99.3% (152)	98.4% (243)
Virological success, 2021	98.6% (1,128)	98.6% (4,781)	**97.8% (80,254)**	98.3% (774)	99.3% (133)	99.1% (221)

Table 4: HIV treatment and care indicators (UKHSA)

In 2021, 58.0% (65) people defined as having PrEP need initiated or continued PrEP use In North Somerset this proportion was higher than Bristol and the same as S.Glos but below the England average at 69.6%.

Contraceptives

LARC

In 2021, there was a marked increase in the proportion of women choosing injections in SRHS in BNSSG, largely driven by North Somerset which increased from 10% to 16% of women between 2019 and 2020. This is double the figure for England (8%) and more than double the near neighbours average for North Somerset (7%).

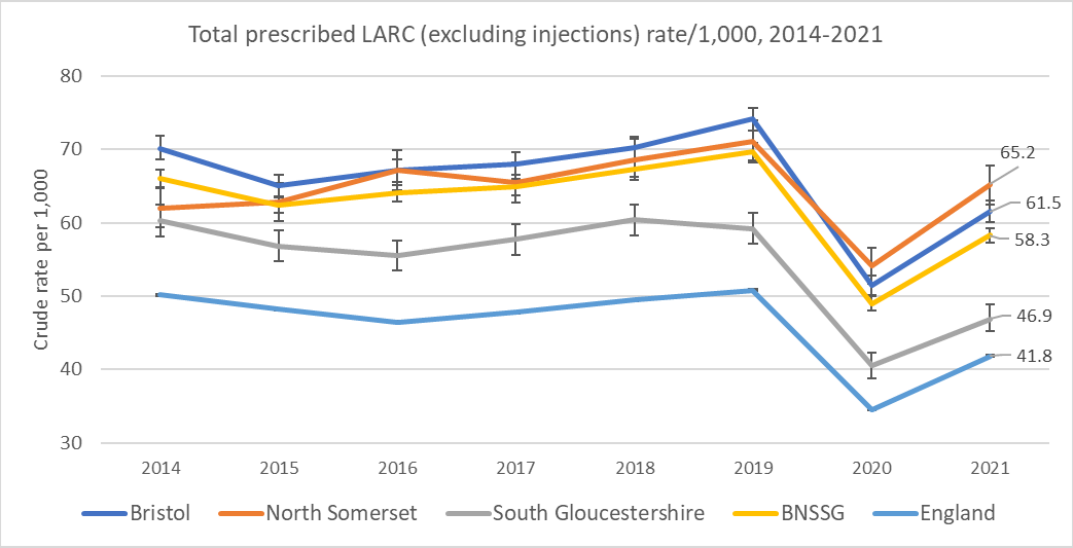


Figure 5: Total LARC prescribed in GP and SRHS (excluding injections) rate / 1,000, 2014-2020, Bristol, North Somerset, South Gloucestershire, BNSSG, SW and England (OHID)

In North Somerset, GP LARC prescribing is now over 15 times higher than SRHS prescribing (61/1,000 in GPs compared to 4/1,000 in SRHS in 2021). This is compared to 1.6 times in England (26/1,000 in GP compared to 16/1,000 in SRHS).

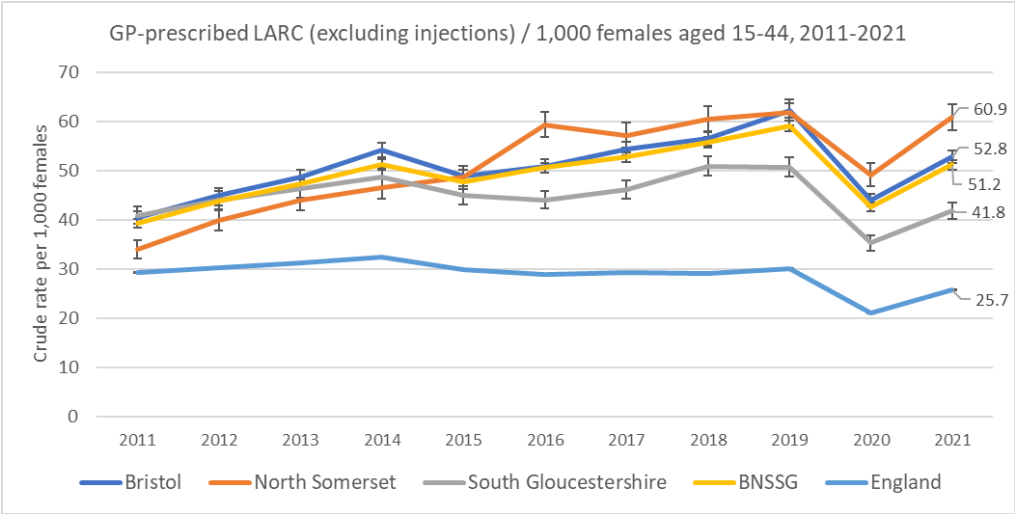


Figure 6: GP-prescribed LARC (excluding injections) / 1,000 females aged 15-44, Bristol, North Somerset, South Gloucestershire, BNSSG, England, 2014-2021 (OHID)

Differences in location of LARC fit are thought to be due to local service design and geography. In more rural locations, GP services may be used more frequently than SRHS as people live further from clinics. This is likely relevant in North Somerset, where the overall population density is 568 people/km^2, compared to Bristol's 4,026 people/km in 2010. The overall population density of North Somerset is similar to South Gloucestershire's 533 people/km^2 in 2010, but note the proportion of residents living in rural areas is higher in North Somerset (1 in 3 in 2012). North Somerset's high rates may also be secondary to different payment models across the region for GP LARC provision.

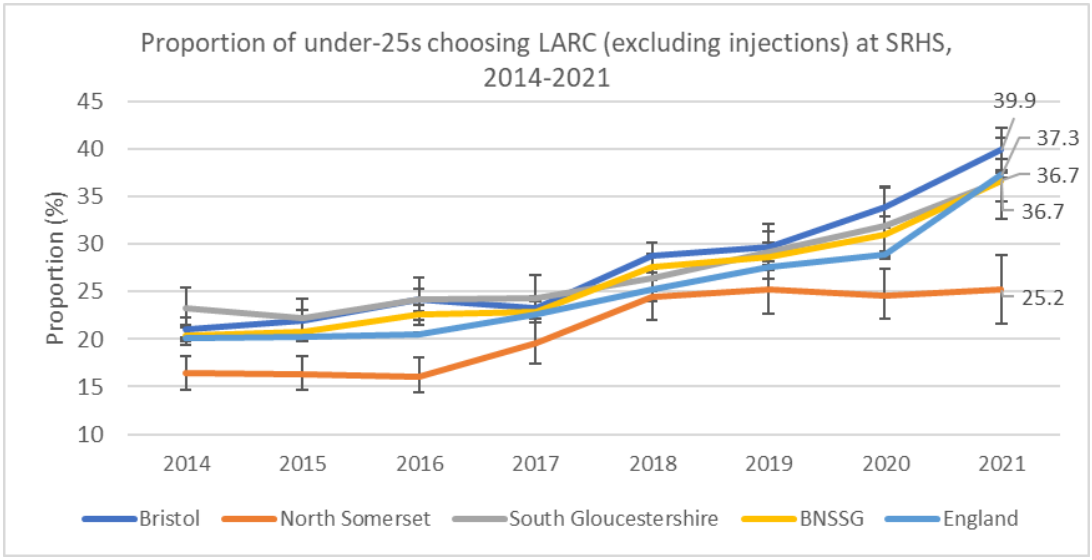


Figure 7: Proportion of under-25s choosing LARC (excluding injections) at SRHS, 2014-2021, Bristol, North Somerset, South Gloucestershire, BNSSG and England (OHID)

Nationally and locally more under 25s are choosing LARC (excluding injections) when they attend SRHS (figure below). A quarter of under-25s (25%) in North Somerset chose LARC (excluding injections) when attending SRHS in 2021, which is lower than the national average (37%) and has not been on an upward trend since 2018. This could suggest that young people are accessing LARC in GP settings, a greater preference for injections in this age group, or they are using user-dependent method or possibly no contraception at all.

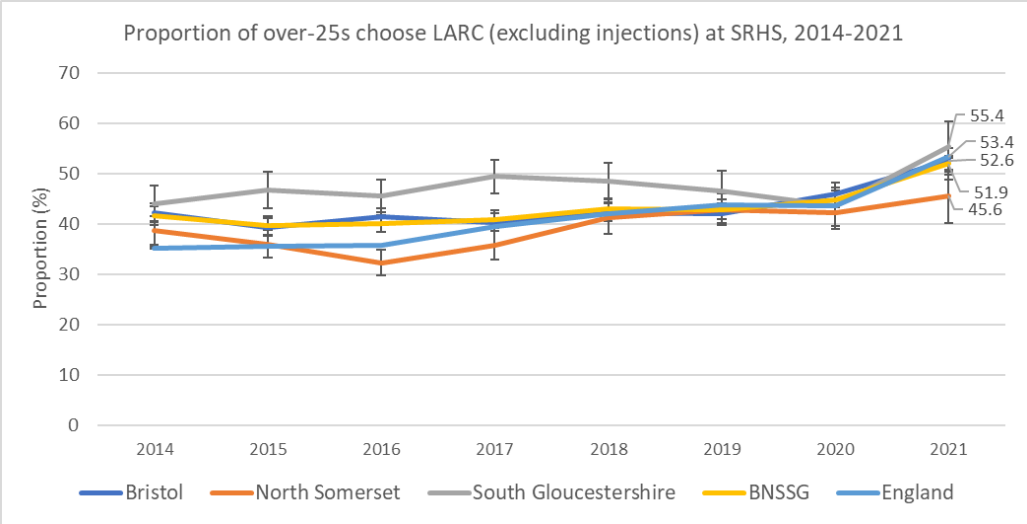


Figure 8: Proportion of over-25s choosing LARC (excluding injections) at SRHS, 2014-2021, Bristol, North Somerset, South Gloucestershire, BNSSG and England (OHID)

Lower proportions of young people are choosing LARC in North Somerset. Of interest, the proportion of LARCs and injections provided to under-25s within the service in 2021-22 as a proportion of all main method contraceptives is particularly high in North Somerset at 53%, but this should be interpreted with caution given small numbers and the inclusion of injections, as previously mentioned.

COVID impacts may have led to a slight increase in the use of user-dependent methods that could be dispensed by post, or LARC requiring lower-intensity clinical interaction (injection). This effect was more pronounced in North Somerset. However, LARC activity in North Somerset practices has already recovered to pre-COVID-19 levels. National LARC recovery strategies focus on improving access in primary care, and LARC prescribing performance for a region is dependent on primary care provision. In BNSSG, GP data suggests good recovery, with North Somerset reporting 101% of expected IUCD insertion activity in 2021/22.

Emergency Hormonal Contraception (EC)

The emergency contraception (EC) rate of North Somerset has a rate of 2/1,000 in SRHS. 26.0% (26 people) of those living in North Somerset and accessing EC at Unity accepted an emergency IUD. In 2021-22, a total of 5,626 EHC consultations took place within BNSSG pharmacies, with 73% occurring in Bristol, 6% in North Somerset and 21% in South Gloucestershire. The vast majority (5,558, 99%) were with young people aged 15-24 years old. There were a small number of consultations with young people under the age 15 years (29, 0.5%), and those aged 25 years and above (39, 0.7%), the latter of which are at the discretion of the pharmacist. In North Somerset 4% of people attending pharmacy for an EHC consultation were referred for an emergency IUD via a referral pathway into Unity

Condoms

The table below shows the number of C-Card registrations in North Somerset in 2021/22 and 2022/23 (Apr - Sep).

C-Card scheme data for 2021-22	Bristol		North Somerset		South Gloucestershire	
	2021-22	2022-23 (Apr-Sept)	2021-22	2022-23 (Apr-Sept)	2021-22[2]	2022-23[3] (Apr-Sept)
Number of young people registering on to the C-Card scheme	416	309	162	89	81	28
Number of condom collections after registration on the scheme	268	160	35	15	73	44
Number of active C-card outlets (for registration & pick up, and pick up only)	154	128	4*		35	41

* Does not include pharmacies, who report take-up through PharmOutcomes and not Therapy Audit. Includes Sirona as one active pick-up point covering all North Somerset schools.

Table 5: C-Card scheme data for Bristol, North Somerset and South Gloucestershire, 2021-22 (Unity / North Somerset Council / South Gloucestershire Council)

Under-18s conceptions and abortions

In North Somerset, rates of under-18s conceptions found in Weston-Super-Mare South and Weston-Super-Mare Hillside wards are higher than the England average (2018-2020).

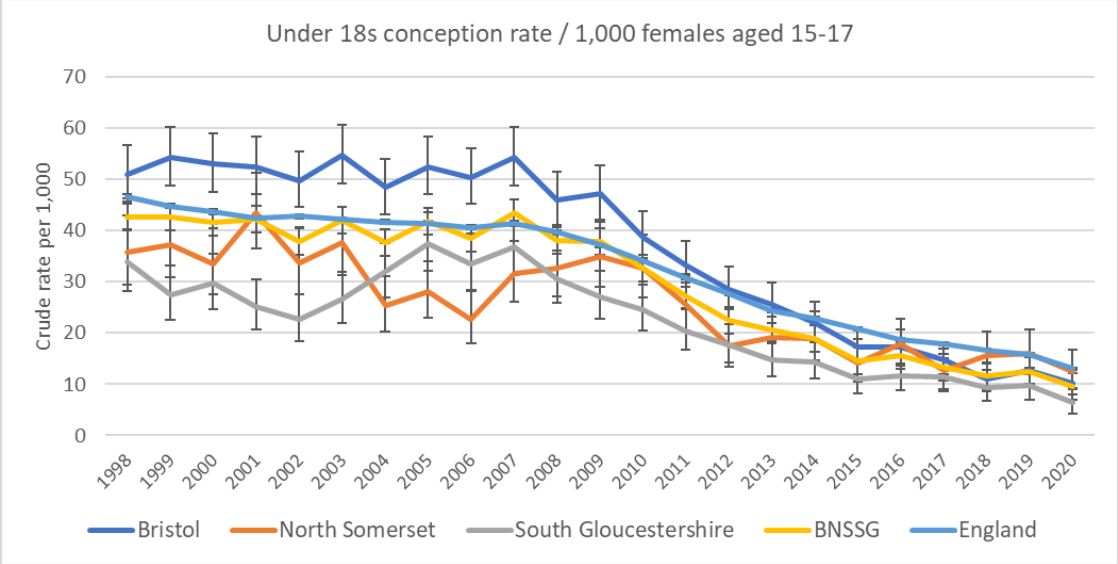
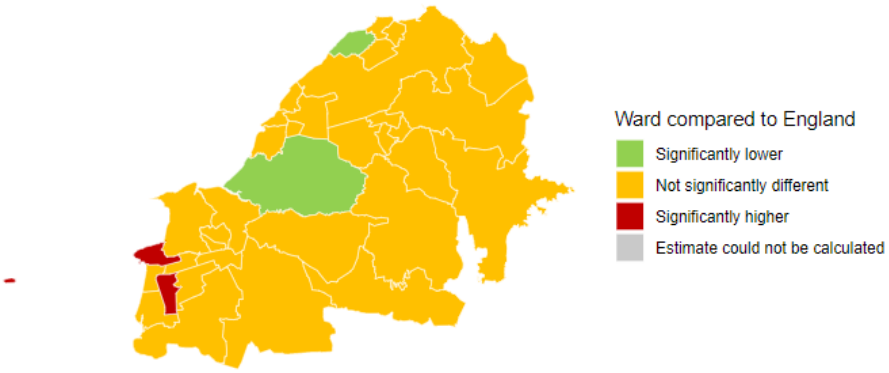


Figure 9: Under-18s conception rate per 1,000 (females aged 15-17) in Bristol, North Somerset, South Gloucestershire, BNSSG, England (OHID)

However, recently published under-18s conception rates for 2021 show North Somerset's rates have decreased. At ward level, further inequalities can be identified. Three-year data on under-18s conceptions in North Somerset from 2018-2020, when compared to the England average, shows that Weston-Super-Mare South and Weston-Super-Mare Hillside wards have higher rate of under-18s pregnancies (see map below).



Map 3: Under-18s conception in North Somerset by ward, compared to England: three-year period between 2018-2020 (OHID)

In North Somerset the rate of conceptions in under-16 year olds (13-15 years) has fallen from 2.8 to 0.8 per 1,000 (a decrease of 7 conceptions). New published data for 2021 shows that the percentage of under-18s conceptions leading to an abortion fell slightly in North Somerset.

Area	Under-18s conceptions leading to an abortion	
	Percentage, 2021	Percentage, 2020
Bristol	45.6	45.5
North Somerset	51.4	53.5
South Gloucestershire	52.3	48.3
England	**53.4**	**53.0**

Table 6: Percentage of under-18s conceptions leading to an abortion, 2020 and 2021, Bristol, North Somerset, South Gloucestershire, England (ONS).

Abortion

There may be an opportunity to improve abortion provision in North Somerset and potentially address lack of teenage pregnancy outreach provision in North Somerset. In 2021, 3,069 abortions were recorded across BNSSG, of these 547 were in North Somerset. Each of the three council areas have one of the lowest total abortion rates, and repeat abortion rates when compared to their respective CIPFA neighbours and are each lower than the England rate.

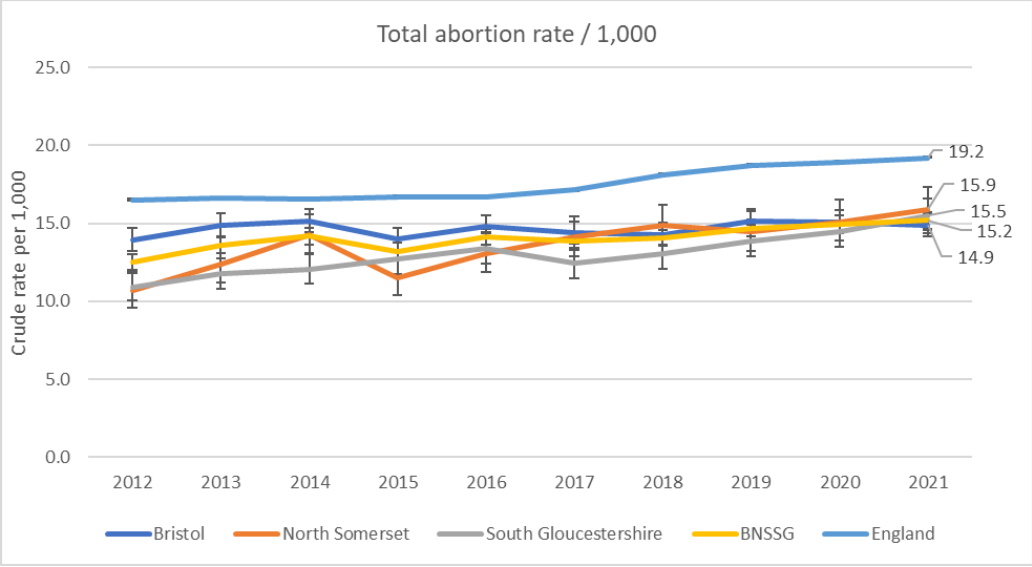


Figure 10: Total abortion rate per 1,000, 2012-2021, Bristol, North Somerset, South Gloucestershire, BNSSG, England (OHID).

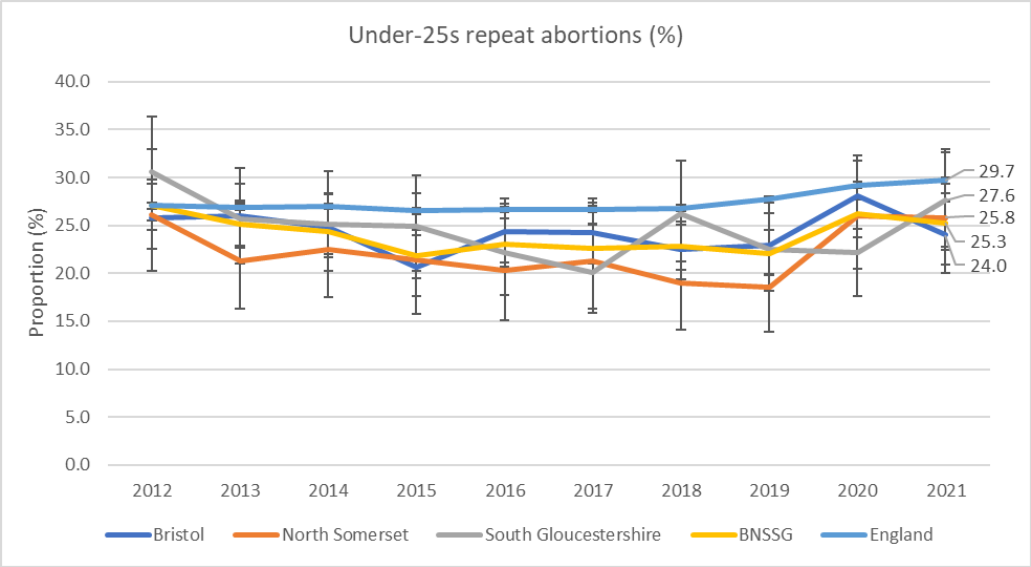


Figure 11: Repeat abortions in under-25s, 2012-2021, Bristol, North Somerset, South Gloucestershire, BNSSG, England (OHID)

Under-25s abortion after a birth

Locally and nationally there has been a general downward trend in the proportion of under-25s having an abortion after a previous birth since 2014, except in North Somerset which has seen an increase over the last couple of years. This may relate to fluctuations in the denominator for this indicator – the number of abortions in under-25s, which has fallen from that reported in 2020 in North Somerset while the number of abortions in under-25s following a birth in 2021 increased by 10 compared to 2020.

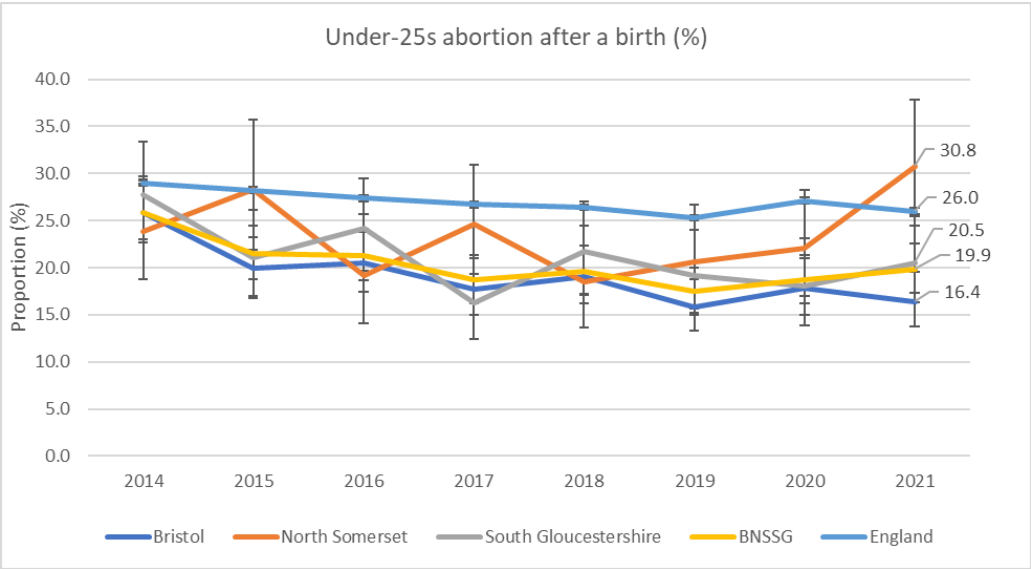


Figure 12: Proportion of women aged under-25 having an abortion who have previously had a birth, 2014-2021, Bristol, North Somerset, South Gloucestershire, BNSSG, England (OHID)

In 2021, North Somerset had the highest proportion of under-25s abortions after a birth of the three councils at 31% (56 abortions), but Bristol had the highest number at 104. In recent years, Bristol and South Gloucestershire have been consistently lower than the England average while North Somerset has been similar.

Area	Abortions under 10 weeks that are medical, 2014		Abortions under 10 weeks that are medical, 2021	
	Number	Percentage (%)	Number	Percentage (%)
Bristol	691	52.5	1,356	92.9
North Somerset	189	45.3	445	94.9
South Gloucestershire	281	55.6	670	95.9
BNSSG	1,161	51.9	2,471	94.1
England	**82,185**	**57.9**	**169,729**	**93.1**

Table 7: Abortions under 10 weeks that are medical, 2014 and 2021, Bristol, North Somerset, South Gloucestershire, BNSSG, England (OHID; orange shading means the value is similar to England; red shading means the value is lower than England).

This page is intentionally left blank

Sexual Health Services Abbreviations

A&E	Accident and Emergency
ADPH	Association of Directors of Public Health
AGC	Advisory Group on Contraception
APPG (SRH)	All Party Parliamentary Group (on Sexual and Reproductive Health)
ART	Antiretroviral therapy
BaNES	Bath and North East Somerset
BASHH	British Association for Sexual Health and HIV
BBV	Blood-borne virus
BNSSG	Bristol, North Somerset and South Gloucestershire
CCG	Clinical Commissioning Group
COVID-19	Coronavirus
cuIUD	Copper intrauterine device
DHSC	Department of Health and Social Care
DI	Digital intervention
DNA	Did not attend
EC	Emergency contraception
EHC	Emergency hormonal contraception
FSRH	Faculty of Sexual and Reproduction Health
GBMSM	Gay, bisexual and other men who have sex with men
HAV	Hepatitis A virus
HBV	Hepatitis B virus
HCV	Hepatitis C virus
HIV	Human immunodeficiency virus
HPV	Human papillomavirus
HRT	Hormone replacement therapy
HSV	Herpes simplex virus
ICB	Integrated Care Board
ICP	Integrated Care Partnership
ICS	Integrated Care System
IMD	Index of multiple deprivation
IUD	Intrauterine device

LARC	Long-acting reversible contraception
LGBTQ+	Lesbian, gay, bisexual, transgender, queer or questioning, intersex, asexual, and more
LGV	Lymphogranuloma venereum
NCSP	National Chlamydia Screening Programme
NICE	National Institute for Health and Care Excellence
ONS	Office for National Statistics
PEP	Post-exposure prophylaxis
PHE	Public Health England
PLWHIV	People living with human immunodeficiency virus
PrEP	Pre-exposure prophylaxis
PSHE	Personal, social and health education
RSE	Relationships and sex education
RSHE	Relationships, sex and health education
SEND	Special educational needs and disabilities
SHNA	Sexual health needs assessment
SPLASH	Summary Profile of Local Authority Sexual Health
SRHS	Sexual and reproductive health service
STI	Sexually transmitted infection
THT	Terrence Higgins Trust
UKHSA	UK Health Security Agency
UPSI	Unprotected sexual intercourse
WHO	World Health Organization

REPORT TO THE HEALTH & WELLBEING BOARD

DATE OF MEETING: 5TH JULY 2023

SUBJECT OF REPORT: Weston Worle and villages, Woodspring localities updates

TOWN OR PARISH: N/A

PRESENTING:
DAVID MOSS – HEAD OF LOCALITY ONE WESTON, WORLE AND VILLAGES.

KEY DECISION: NONE

RECOMMENDATION

MEMBERS OF THE PANEL ARE ASKED TO:
a) Consider and comment
b) Give suggestions and observations about any areas not covered within the report

1. SUMMARY OF REPORT

This report outlines the headline plans and the work that the ICB localities in Weston Worle and Villages and Woodspring participate in and how this work is being conducted with our partners to ensure alignment across North Somerset whilst also identifying the needs of the population within each locality working closely with lived experience representatives.

2. POLICY

The key purpose of ICSs is to bring partner organisations together to:

- improve outcomes in population health and healthcare
- tackle inequalities in outcomes, experience, and access
- enhance productivity and value for money
- help the NHS support broader social and economic development.

Collaborating as ICSs will help health and care organisations tackle complex challenges, including:

- improving the health of children and young people
- supporting people to stay well and independent
- acting sooner to help those with preventable conditions
- supporting those with long-term conditions or mental health issues
- caring for those with multiple needs as populations age
- getting the best from collective resources so people get care as quickly as possible.

All activities and plans developed will both fit into the above objectives but also will align with the HAWB strategy along with conversations that are being undertaken with the physical health strategy.

This is entwined in the frameworks that we jointly have started to work on, across Ageing Well and Community Mental Health.

3. DETAILS

How are we approaching this work and what activities have or are already being undertaken across the two localities across North Somerset.

Key strategy work looking at the next 2 -5 years continues across the start well, live well, ageing well and dying well.

These key four strands are worked up in conjunction with our partners in public health, third sector partners, health and social care partners, primary care, and North Somerset Council.

With all these activities we will work together to identify those areas that will need a full North Somerset approach and those that have specific local population needs.

Priorities for 23/24 have been agreed with the One Weston Locality Partnership Board and include: -

- Development of the care home hub and continued role out
- Continued role out of the integrated mental health teams offer to general practice.
- A suite of business cases for new roles and service offers to support One Weston's integrated proactive care offer.
- Working closely to align One Weston's Partnership work with Healthy Weston 2 delivery.

Priorities for 23/24 have been agreed with the Woodspring Locality Partnership Board and include:

- Launch of the Integrated Mental Health Team
- Development of a business case for the Woodspring Complex Elderly Care Team
- Development of a business case for an older person's Mental Health Nurse within the Integrated Mental Health Team
- Development of a business case for the expansion of the North Somerset First Response Service
- Pathway improvement for End of Life, including earlier conversations about planning for our final years

Priorities across North Somerset for both Localities for 23/24 include:

- Mobilisation and integration of the North Somerset Together Virtual Hub
- Development of a Evaluation framework for integrated working
- Development of a North Somerset strategic workforce network

Community Mental Health: Integrated Mental Health Teams

The integrated mental health hub will collaborate with those individuals that are currently falling through the gaps in service provision and will be clearly aligned with working with an individual in a preventative way to help an individual with an early intervention utilising and collaborating with all partners. Soft launch for Weston, Worle & Villages commenced 28/09/22.

The Weston Integrated Mental Health Team is established and rolling out its offer to practices, picking up a new practice every 7 days. An evaluation is being undertaken to start to appreciate the benefits, risks and opportunities of such a joint service which will report in the coming month.

The Woodspring integrated Mental Health Hub is due to launch September 2023, having recently recruited our Band7 Hub Manager, Band4 Administrator and launched recruitment for our Band8a Clinical Psychologist.

It is important that we retain oversight of services at a population (Local Authority) level, to ensure that we do not create a postcode lottery of services that are available across a relatively small geographical patch. The core services should be consistent across both Localities with variation at an intervention level based on the needs of each Locality's population.

As a Health & Wellbeing Board, we will need to consider how we retain oversight of the variances at Locality level, and how we agree a tolerance threshold for this level of variation.

The North Somerset Together Virtual Hub

The Virtual hub which will be led by CANS will look to aid professionals and individuals find and navigate those services and provisions that are available across the third sector that can be linked to a service user needs.

The service had a soft launch in April, piloting the approach with Gordano Valley PCN. The pilot is already being rolled out to other PCNs (and GP Practices) with the longer-term view of self-referral for residents. The pilot is funded non-recurrently for 18 months and therefore Locality partners need to consider how we evaluate the pilot and plan for sustainability of funding.

The work above and other activities undertaken will build into a three-prong approach based on winter requirement, next and future delivery over a five-year programme.

4. CONSULTATION

Ongoing dialogue is held with partners at regular meetings. Action groups and subgroups have been formed to give governance with all key partners involved along with lived experience representatives.

Following the transition from a CCG to an ICB, and subsequent restructure the ICB employed members of the Locality Partnership Teams have reverted back to the original capacity and structures.

NHS England has mandated that all ICBs need to deliver a further 30% saving on running costs, therefore Locality Partnership staff employed by the ICB will be included within this consultation. The ICB is working with System Partners to agree and define the purpose of the ICB within an Integrated Care System, to inform the restructure. The ICB is required to submit a plan for achievement of the 30% saving to NHSE September 2023.

5. EQUALITY IMPLICATIONS

The ICB collaborating with its partners will ensure that all approaches are fair and equitable to the population of North Somerset.

A clear framework will be established to ensure we can evaluate both our successes and learnings from activities that are being undertaken.

AUTHOR

Kirstie Corns – Head of Woodspring Locality
David Moss – Head of One Weston, Worle and Villages Locality

BACKGROUND PAPERS

Bristol, North Somerset and South Gloucestershire
Integrated Care Board

Report to the Health and Wellbeing Board

Date of Meeting: Wednesday 5 July 2023

Subject of Report: Integrated Care Strategy

Officer Presenting: Ros Cox – Associate Director (Partnerships)

Recommendations

For information and comment

1. Summary of Report

This paper summarises the work done to date by the Integrated Care Partnership (ICP) which is made up of the VCSE sector, representatives from the six localities and partners from all Integrated Care System organisations. This includes the Chairs from the three local authorities. Organisations are working together to develop a comprehensive strategic approach to improving the overall health and wellbeing of the residents of BNSSG. The first step on this journey, was to develop a Strategic Framework (which can be accessed here) which was approved and published by the Integrated Care Partnership in December 2022.

The system wide Editorial Group, which oversaw the production of the Strategic Framework, has been reconvened to coordinate the development of the first edition of the Integrated Care System Strategy. It is due to be reviewed by the Integrated Care Partnership board on 16 June. The final document will then be published on 30 June, in coordination with the Joint Forward Plan, and will be circulated to all partners.

The Joint Forward Plan sets out how the Integrated Care Board (ICB) and provider trusts intend to meet the physical and mental health needs of the population through arranging and/or providing NHS services, supported by local authority and VCSE partners.

The Joint Forward Plan is structured around the responsibilities of the Health and Care Improvement Groups (HCIGs) and describes how we plan to achieve and deliver the priorities set out in our Strategy over the next five years.

2. Details

Strategy

The Integrated Care System Strategy will focus on the delivery of four key aims:

Aim 1: Improve Outcomes in Population Health and Healthcare
Aim 2: Tackle Inequalities in outcomes, experience and access
Aim 3: Enhancing productivity and value for money

Aim 4: Supporting broader social and economic development

The Integrated Care Partnership requested we reintroduce work on system culture that was done for an earlier iteration of the process. The key proposition of this work is that, if we are going to deliver on the potential of our partnership, we need to adopt complementary cultures across our organisations.

The development of the Strategy provides an opportunity to develop, test and embed this. We have set out our culture change aspiration by articulating eight behaviours that we aim embody and embed through the strategy development process into ongoing collective decision making.

1) CLARITY
We will ensure that for any decision there will be a coherent, shared analysis of the key challenges, with an evidence-based agreement on our priority areas and mechanism for measuring impact. A key test will be that people within our partner organisations know the system vision, priorities and their contribution to delivering them.

2) CANDOUR
We will challenge ourselves to have honest conversations when working in partnership, addressing the root cause of any issues and developing solutions aligned to our vision and purpose. This will enable us to build trust and depth in our working relationships.

3) COMMITMENT
Each partner will sign up to do what is necessary to meaningfully address our shared key priorities even where this challenges established ways of working. We will also demonstrate a commitment to the partnership and the new ways of working. This will be driven from the top by our system leaders showing the way.

4) COLLABORATION
We will pool our resources to address the challenges we face together and tackle problems from the perspective of a rich pool of opportunities offered by having more organisations involved.

5) CONSISTENCY
There will be a recognisable thread between all partners that stems from the agreed system strategy. We will aspire for consistency in our approach to making decisions as a system with the aspiration that this will reduce variation for people receiving services.

6) CONSEQUENTIAL
The strategy, and the work that we do as a system, will have real, quantifiable impacts evidencing improvement in lives, health and wellbeing. To achieve this, an outcomes-focused approach is core to this strategy and the primary mechanism for measuring success.

7) CHALLENGE
We will hold each other accountable through constructive challenge to ensure that the best possible decisions and outcomes are drawn – debate will be encouraged and conclusions drawn which may be uncomfortable but enable progress towards the greater goals of our system.

8) COURAGE

Our stakeholders and partners have consistently expressed a desire that we show courage as a system. This will mean we take the bold decisions needed to deliver our vision and when the inevitable pressures come, we stick to our vision and these principles in how we tackle those problems.

Joint Forward Plan

The Joint Forward Plan follows national guidance and principles to ensure that it is:

- Fully aligned with wider system ambitions
- Supports subsidiarity by building on existing local strategies and plans, as well as reflecting the universal NHS commitments.
- Delivery focused, including specific objectives, trajectories, and milestones.

Key elements of our plan include:

- Improving the lives of our children
- Improving the lives of people in our communities
- Improving the lives of people with mental health conditions, learning disability, and autism
- Improving our acute healthcare services

3. Consultation

In the summer of 2022, we asked local people what helps them to be happy, healthy, and well. We had over 3,000 responses to the exercise, with over 21,000 different comments from those who completed an online survey or attended one of more than 50 community events. We worked with our local hospitals, community health, primary care, mental health, local councils, charities, community groups, the voluntary sector, and businesses to help gather these responses.

Many different people from our communities in Bristol, North Somerset and South Gloucestershire are represented in the findings and this includes different age groups, health needs, abilities, and people from a variety of backgrounds. The findings have been an integral part of shaping our Strategy, the Joint Forward Plan and Operational Plans, and we are continuing to involve stakeholders as this work develops.

4. Equality Implications

The Strategy will focus on delivering the four aims of the ICS, which includes tackling inequalities in outcomes, experience and access to healthcare. Identifying, understanding, and addressing the drivers of health inequalities within our diverse population is a fundamental reason as to why the System Strategy is being developed.

The Joint Forward Plan takes account of the Public Sector Equality Duty, Section 149 of the Equality Act 2010 and the NHS Act 2006.

Author:

Ros Cox
Associate Director (Partnerships)
Strategy, Partnerships and Population
BNSSG ICB

Appendices:

BNSSG Strategy
Forward Plan

This page is intentionally left blank

Bristol, North Somerset and South Gloucestershire Integrated Care System Strategy

Version for ICP Board comment (16 June 2023)

Contents

Contents 1
Foreword 2
Introduction 3
What is driving our strategy? 4
Key Opportunity 1: Tackling Inequalities 6
Key Opportunity 2: Strengthening Building Blocks 9
Key Opportunity 3: Prevention and Early Intervention 12
Key Opportunity 4: Healthy Behaviours 15
Key Opportunity 5: Strategic prioritisation of key conditions 17
How will we deliver our vision? 21
10 ways to focus our efforts 25
Strategy on a page – Note placeholder only. This will be adjusted following ICP Board comments 0

Our vision: 'Healthier together by working together' People enjoying healthy and productive lives, supported by a fully integrated health and care system - providing personalised support close to home for everyone who needs it.

Foreword

Our work has the power to change lives and the opportunities for improving health, wellbeing and care are even greater when our organisations and communities work as one.

We have a lot to be proud of in Bristol, North Somerset and South Gloucestershire (BNSSG). In recent years we have seen great improvements in areas like *(Note: will select from examples offered to exemplify change under chapters that follow).*

Good health and wellbeing requires us to work together to seek every opportunity to help people to build this into their lives. 'Working together' is about our relationships – whether that be between the staff that represent our organisations or with the communities and people that we serve.

More can and should be done to also identify people that need our support earlier on to help them achieve good outcomes. We want to build a sustainable high-quality health and care system founded on the strengths and assets of our local communities.

But there is more for us to do. Like other areas of the country, lives in BNSSG are being cut short and too many people are spending long periods of their lives in ill health. Local analysis shows concerning trends around the stalling or declining of life expectancy gains for some population groups and a growing impact of harm in areas like dementia and liver disease.

The burden of poor health is felt more by some communities. People in poorer areas are unfairly impacted, and we know that your ethnicity, gender and disability usually makes these issues even worse.

This is at a time when pressure on health and care services has never been greater. Things need to change.

We believe there are five opportunities that we need to focus on over the coming years which will help us to realise the better health and wellbeing and improved services our local population deserve. They are:

- Tackling inequalities
- Strengthening building blocks
- Prevention and early intervention
- Healthy behaviours
- Strategic prioritisation of key conditions

Further details on each of these areas are provided in the corresponding chapters.

This document has been developed with input from many people and grown from analysis of local needs, public and staff views and evidence about how best to secure better outcomes. We'd like to thank everyone who has helped to shape and develop this work.

We are committed to delivering on our vision and look forward to working with everyone to make our communities even happier and healthier places to live and thrive in.

X3 Chairs of the Health and Wellbeing Boards

June 2023

Introduction

The foreword of this document sets out the key challenges and opportunities we will embrace as a health and care system. The rest of the document describes what has helped to inform the development of this strategy, the five key opportunities that can support system change and improvement and also how we will go about implementing those changes (with a recognition of more work to follow in making those broad commitments turn into detailed plans and measurements of success).

This strategy has been developed from several important sources. It includes public views, including those who have used our health and care services, information showing our communities' local health and care needs, and the insights of practitioners working in our organisations.

The strategy is overseen by the Integrated Care Partnership (ICP) for BNSSG and is delivered by a partnership of the voluntary and community sector, our three local authorities, our six locality partnerships and our Integrated Care Board (ICB) which includes representation from the providers of services in our area.

A Strategic Framework was published in December 2022, which set out ambitions for what we want to achieve as a health and care system. This strategy builds on the challenges set out in that document. It sets out our critical opportunities for improvement that we can deliver, together for the population of BNSSG when we work together effectively. It is essential to be aware that improvements happen in our system constantly. We have many important strategies and plans to address key issues, such as how we support the needs of people coming in and out of hospital and those plans remain essential. This strategy is setting out what we can do better together. This document is a reflection of our thinking at this point in time but as we have learnt over the last year of the ICS, we will constantly review and adapt what we do using the latest evaluation and intelligence about what we must prioritise and how best to implement change for better outcomes.

We want this strategy to improve both what we do and how we do it to help us further build the right culture and approach for securing sustainable positive change.

How we will make these improvements will be set out in our Joint Forward Plan and delivered through various partnership structures. More detailed planning documents will flow from this vision for change and the key opportunities we must embrace together. We will look to build on key strategies and plans for change that have already been developed, for example, the Acute Provider Collaborative Joint Clinical Strategy and Primary Care Strategy, and meet the challenge of new national guidance that is important for improving poor outcomes in our local population, for example, the Women’s Health Strategy.

We will track our impact on people’s lives through our Joint Outcomes Framework, which describes what matters to keep us healthy and happy in our everyday lives.

What is driving our strategy?

Our new strategy will describe how we will meet the specific challenges in our system while meeting the four national aims of an Integrated Care System (ICS). To do this, we need to know our population and understand what the aims mean for us.

Our area is home to a diverse population of around 1.1 million people. Roughly half live in Bristol; while the remaining half is split relatively evenly between North Somerset and South Gloucestershire (BNSSG). Bristol and its fringes have an urban character, but large rural areas are also punctuated by big towns such as Weston-super-Mare and Thornbury.

A report into health and care needs, called *Our Future Health* (Appendix 1) and an extensive survey of people in BNSSG, *Have Your Say* (Appendix 2), have highlighted the key issues summarised below.

ICS AIM 1: IMPROVING OUTCOMES IN POPULATION HEALTH AND HEALTHCARE

We need to improve health and wellbeing for everyone in BNSSG. We also need to keep improving services and access to them, so that everyone can access the care they need.

Much of the ill health in BNSSG is preventable, and despite an ageing population, we can improve population health[1]. **A new approach to habits like smoking and obesity should be a focus**. We can improve outcomes and reduce the impacts elsewhere in the system.

The healthcare system could be providing better outcomes. Unfortunately, people are still waiting too long for care[2], and *Have Your Say* shows , for example, how much of a concern primary care access is for our residents. We need to understand how we can do better and how we can support people waiting.

During the pandemic, existing issues with health and healthcare got worse. For hospitals, this meant longer waiting lists. For local councils, it meant considerably more being spent on adult and children's social care. For people with anxiety or depression, it meant worsening mental health[3].

The pandemic also highlighted specific inequalities that need to be addressed.

In BNSSG, certain racial groups have worse outcomes than others, particularly Bangladeshi, Caribbean and Pakistani people[4]. This is often

ICS AIM 2: TACKLING INEQUALITIES IN OUTCOMES, EXPERIENCE AND ACCESS

Some groups of people in BNSSG have worse health and wellbeing than others. This is unacceptable, and so we need to pay special attention to improving things for these groups.

[1] *Our Future Health,* BNSSG ICB (2022), page 23
[2] https://www.england.nhs.uk/statistics/statistical-work-areas/cancer-waiting-times/
[3] https://www.mind.org.uk/media/8962/the-consequences-of-coronavirus-for-mental-health-final-report.pdf
[4] *Our Future Health,* BNSSG ICB (2022), page 16

due to 'structural inequality' that needs to be broken down and addressed.

Deprivation also impacts health and well-being. For example, in the most deprived areas, people live 15 years less in good health than in the least deprived areas[5]. So we need to make it so that where you live or who you are stops defining your health and well-being.

This is especially true for disabled people. For example, people with learning disabilities die an average of 21 years earlier than the average person[6], and we also need to understand how we can provide better support and enable them to access services.

ICS AIM 3: ENHANCING PRODUCTIVITY AND VALUE FOR MONEY

The money that the NHS or local Councils spend comes from the taxpayer. Value for money means we are caring for as many people as possible in the best way.

We want to ensure that we can invest public money in a way that supports people to stay healthy in their own homes and communities, whilst also ensuring that services are available when they do need them. Proactive approaches and working with communities can help to reduce demand for complex care in the short, medium and long term and ensure that capacity is retained for high quality and easy to access support for those who need it most

Nothing we try to do in this strategy is possible without our staff, so we need to value them and make them central to our efforts for improvement.

The Voluntary, Community and Social Enterprise sector is vital in supporting social development. Proxy measures for community cohesion, such as crime rates or loneliness[7], demonstrate a need to do more. In *Have Your Say*, people listed family and community as the number one thing that keeps them happy, healthy and well.

ICS AIM 4: SUPPORTING BROADER SOCIAL AND ECONOMIC DEVELOPMENT

Our partnership employs 45,000 people and spends over £1bn (check). We need to use that power to grow the economy in BNSSG and understand our role in supporting stronger

Our system partners – civic, service and community - have the power and the responsibility to address the issues identified above. Focusing on what we can do together as an Integrated Care System can have a lasting impact on health and well-being in Bristol, North Somerset and South Gloucestershire, now and into the future.

[5] *Our Future Health,* BNSSG ICB (2022), page 14
[6] *Our Future Health,* BNSSG ICB (2022), page 17
[7] https://www.ons.gov.uk/peoplepopulationandcommunity/wellbeing/articles/subnationalindicatorsexplorer/2022-01-06
Note: Check referencing

Key Opportunity 1: Tackling Inequalities

Why is this important?

The social, economic and environmental conditions in which people live have an impact on health. They include income, education, access to green space and healthy food, people's work, and their homes. Differences in these things are a significant cause of health inequalities. Health inequalities are the unjust and avoidable differences in people's health across and between specific population groups.

Over time, organisations have planned opportunities (health, education, housing, jobs), organised our services and made value decisions (worthy or unworthy, full of potential or not) which led to bias based on race; ethnicity; gender; "disability"; sexual orientation; age; where people live; people's income; immigration status; language; housing status; criminal justice history. This has unfortunately had unintended consequences, meaning that we have:

- Unfairly disadvantaged some individuals and communities
- Unfairly advantaged other individuals and communities and
- Sapped the strength of the whole society through the waste of human resources [Reference - Professor Camara Phyllis Jones]

It often shows up as indifference and inaction by us in the face of need. This contributes to health inequalities

We are committed to correcting this.

Who is impacted and why does that matter to them, their communities and our system?

In BNSSG, some children, young people, adults, families and communities do not get to (or find it much harder to get to) the support (education, health, housing) they need. If they get to the support, their experiences of using it, and sometimes the quality of that support are poorer than other people's. As a result of poorer access, the poorer experiences and the poorer quality of care, their outcomes (whether they achieve what matters to them) are poorer than other people's.

This poorer access, experience and outcomes often means that people don't have the opportunity to lead the lives they want to lead in the way that they want to lead them.

What needs to change?

1. The way that the unfair disadvantaging and unfair advantaging happens in BNSSG is through our:

- Structures – the who, what, when and where of decision-making
- Policies – the written how of decision-making
- Practices – unwritten how of decision-making
- Norms – how we expect you to do things
- Values – the why and things that matter to us

These are all elements of decision-making and we need to change how these are currently done so that they are more inclusive. The initial national response to Covid-19 arguably didn't include enough different perspectives which led to poor communication with and support for communities experiencing health inequalities. Our system will learn from those lessons.

2. Equity means that we recognise that each person has different circumstances and gives the exact resources and opportunities needed to reach an equal outcome. “Equality is giving everyone the same pair of shoes. Equity is giving everyone a pair of shoes that fits”. We need to use the following three principles to achieve health equity:

a) Valuing all individuals and populations equally
b) Recognising and rectifying historical injustices
c) Providing resources according to need

Achieving health equity will reduce or even eliminate health inequality.

What are our commitments?

Commitment	Short term impact	Medium term impact	Longer term impact
1. Decision-making as a way of valuing all individuals and populations equally Working with communities, continuously review the decision-making processes and groups and make necessary changes to ensure that people who experience health inequalities influence or are part of the processes.			
2. Valuing all individuals and populations equally Our system will routinely review quantitative and qualitative data that shows what patterns of fairness and unfairness exist and actively plan to close the gap for those experiencing poorer outcomes. We will consistently challenge ourselves to correct our course when patterns of injustice are clear.			
3. Recognising and rectifying historical injustices Health equity in all (not just health) policies – as we review and develop new approaches, we will check how they can improve health equity and that they won’t make things worse. There will be many ways of doing this. For example, using our staff networks, supporting our staff to be ‘ambassadors’ within their teams/departments and improved ways of working with our communities to do this across all aspects of civic, service and community impacts. We will also look at the themes of what people and communities experiencing health inequalities have been telling us for many years, for example, giving people information in a way they can understand. Finally, we will invest time in fixing the problems.			
4. Providing resources according to need We will change how we spend money to provide funding in a way that supports people who			

experience health inequalities to get what they need so that they can achieve what matters to them. We will target resources to those most in need and who will benefit the most.			

Key Opportunity 2: Strengthening Building Blocks

Why is this important?

The foundations of good health and well-being are built upon a range of factors including: family and community relationships; a safe environment with quality housing, places to exercise and clean air to breathe; good education; meaningful work; and freedom from discrimination. Unfortunately, for too many people in BNSSG, these fundamental 'building blocks' of good health and well-being are missing. This worsens peoples' social and job opportunities, their habits, their well-being and ultimately, their health.

We want to see change where everyone in BNSSG will live in homes and communities where they feel connected with others, safe from harm, free from discrimination, and able to access nutritious food, physical activity, green space and clean air. We do not pretend to have everything in our power that is needed to address these wider determinants of health. However, we do have significant power to influence these issues for the better: as major local employers and purchasers with a large estate, and in our relationships with people as health and care providers, and as civic, community and professional leaders.

Who is impacted and why does that matter to them, their communities and our system?

BNSSG residents have told us that positive social connections are the most significant contributors to health and well-being[8]. Yet in our Citizens Panel survey of a representative sample of BNSSG residents, 29% of people reported feeling lonely in March 2023.

Poverty and social exclusion are causing more people in BNSSG to die younger and to spend more years in poor health. For example:

- Early deaths from all causes occur most often in the most deprived areas of Bristol and Weston-super-Mare
- Local analysis has shown cold homes are linked to increased hospital admissions for COPD and CVD. These homes are also in some of the most deprived areas of BNSSG
- Research shows that people who experience trauma are more likely to experience poor physical and mental health in their lives

Where the building blocks for good health are weak or missing, this also has a detrimental impact on children and young people:

- About 25,000 children in BNSSG growing up in poverty are more likely to experience health problems from birth and throughout life
- Measures of school readiness at age five show a 20-25% gap between the most and least deprived areas of BNSSG
- More people in BNSSG aged 16-17 are not in education, employment or training compared with the national average

[8] *DN. Insert reference to Have Your Say thematic analysis, published as an Annex to the Strategic Framework in Dec 2022*

What needs to change?

We can strengthen the building blocks for good health by helping build a fairer, more inclusive, prosperous, socially cohesive, and greener society in BNSSG. Over and above our roles in providing health and care services, we can make a difference:

- As the largest of all local employers, by recruiting a diverse workforce, treating our staff well and supporting staff in their roles as parents, carers, volunteers and as members of their local community;
- As large purchasers of goods and services, by buying from local suppliers and organisations with a social purpose and/or that can demonstrate ethical practices
- By lowering our carbon footprint and reducing air pollution;
- By providing early help to support families to give their children the best possible start in life; and,
- Working in partnership with voluntary, community and social enterprise organisations to support people whose health is at risk due to their social and economic situation or the impact of previous trauma and adversity.

What are our commitments?

Commitment	Short term impact	Medium term impact	Longer term impact
1. We will support the c45,000 people in our health and care workforce, c20,000 VCSE staff and c60,000 volunteers to live healthily well and to help make BNSSG a better place to live and work. This means we will work in partnership with staff to identify opportunities to support them in strengthening the building blocks for good health and well-being for themselves, the people that they care for, and the communities in which they live. We will then engage staff and volunteers to find out whether they feel we are listening and taking effective action.			
2. We will contribute to inclusive growth in our local economy by: • **Increasing recruitment from deprived communities and amongst under-represented groups** to levels that reflect the demographic distribution of BNSSG • **Increasing the proportion of spend on goods and services that are sourced locally**, and increasing the social return on investment			
3. We will embed trauma-informed practice in our approach to improvement, starting with training and development for ICS staff to			

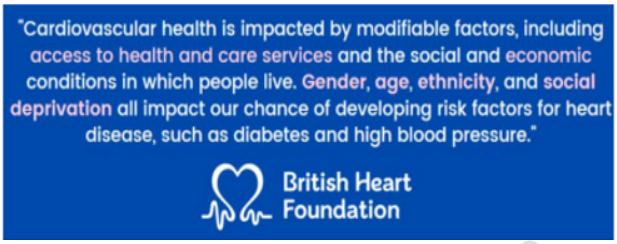
strengthen a compassionate approach to how we understand what matters to people and how they can be supported to make changes they value most			
4. We will work with Voluntary, Community and Social Enterprise organisations to identify and support people most at risk because of their life circumstances, for example, financial or housing situation, social isolation, or caring responsibilities, by: • Providing targeted support for vulnerable people at risk due to cold or poor-quality homes • Increasing support for carers to enable more people in BNSSG to provide or continue providing informal care • Providing befriending support for vulnerable people that are living alone			
5. We will work together to provide support for families with children during the first 1000 days of life. We will prioritise support for households in the most deprived areas of BNSSG and we will work in partnership with communities to codesign this support so that it meets people's needs and is accessible and culturally appropriate			

Key Opportunity 3: Prevention and Early Intervention

Why is this important?

Even before the pandemic, life expectancy was decreasing in parts of the UK, and in our patch, we know that some people are dying earlier than they should be. One of the reasons for this is the constant worry about unstable income, jobs, or housing puts strain on your body, translating into higher blood pressure and an impaired immune system. In addition, chronic stressors, like those described above, lead to an increased risk of illness and contributes to the fact that heart disease is the top cause of lost years in BNSSG.

Who is impacted and why does that matter to them, their communities, and our system?



We all know that prevention is better than cure. This section pulls out where we believe, as partners, we can work together to improve the factors described earlier.. This focus will mean less reliance on our overstretched urgent and emergency services as more people remain well for longer and know how to manage their health in a planned and informed way.

We know we need to give children the best start in life; we will focus on the first 1000 days and work together seamlessly to help parents and children (note: make reference previous section commitment).

We know that heart disease is the single biggest condition where lives can be saved. Therefore, we will focus our joint efforts on heart disease. This condition alone is the top cause of years of lost life in BNSSG. Within our Citizens' Panel self-reported health status, cardiovascular disease is a main contributing factor to disability and poor health. For example, in Bristol, the rate of early deaths from CVD is around 2.6 times higher among people living in the city's most deprived areas, compared to the most affluent areas.

Prevention opportunities exist across all ages and communities in BNSSG, but we need to consider the challenge already identified around tackling inequalities. The greatest attention should be focused on those furthest from the better outcomes we would want for our family, ourselves and our community. This should include the following:

- **Focus on the person -** we need to invest in prevention champions across health and social care to work with colleagues to understand the impact on people of chronic stress and its links with ill health and invest in interventions that address the factors that drive the stress and blood pressure risk that people experience. These champions will be part of a social movement with a reach into the teams that work in health and care and are a resource for communities.

- **Focus on the care -** We need to relentlessly focus on doing the basics well for adults and children. This will include improvement in core 20plus5 outcomes and a commitment to adopt and implement across the system published high-impact approaches on modifiable risk factors, respiratory disease, diabetes and cardiovascular health. We will set targets higher than national expectations whilst, in parallel, using our research capability to investigate variation in uptake for interventions – starting with our most at-risk groups. In BNSSG, we know that we can further prevent heart attacks and strokes at scale in a short time frame - three years - by optimising the management of high blood pressure. This represents a significant opportunity to reduce acute care, discharge, and social care pressures through reduced strokes. To reach the target of 80% of people with high blood pressure diagnosed, we need to find/record an estimated 37,000 people with high blood pressure across BNSSG. For treatment, around 15,000 additional patients in BNSSG need to be managed to target levels to meet the national ambition of 80% treated to target.

- **Focus on the workforce -** The ICS could start by recognising the more than 45,000 people employed in health and care as 'our first community' and support their health and well-being, including stress and blood pressure, as means to improve their outcomes, create better workforce sustainability and impact of families and communities in our area. We will pull and train the prevention champions from this workforce.

What are our commitments?

We want a system where everyone involved in health and care understands their role within the complex interactions of factors that worsen health and can effectively support the population to live well.
We will form a system-wide prevention and reducing inequalities assurance group to understand and track the changes for person, care and workforce outlined above. It will focus on these four core principles:

Commitment	Short term impact	Medium term impact	Longer term impact
1. Health is everyone's business, and we will aim to develop a social movement led by prevention champions, understanding and addressing what causes the chronic stressors initially described in this chapter. When these improvements are within the gift of the partnership, they are rapidly adopted using an agreed improvement approach.			
2. Doing the basics well means a relentless focus on improvement in Core20Plus5 outcomes for children and adults and a commitment to adopt and implement across the system published high impact approaches that impact on modifiable risk factors for respiratory disease, Type 2 diabetes and cardiovascular disease, (NHS England » NHS Prevention Programme) and continued focus on infection prevention and preparedness for outbreaks of infectious diseases.			

3. Priority prevention for care and health workforce by supporting their health and well-being to help them, their family and their community and maintain high quality of care.			
4. Bespoke action informed by needs and the conversion of insight into action using our joint analytical capabilities across the partnership with a commitment to move human and financial resources to address these needs.			

Key Opportunity 4: Healthy Behaviours

Why is this important?

People in our area, particularly in the more deprived areas, are dying early and spending more of their lives living with ill health, and much of this illness is preventable. However, we are missing opportunities to support healthier living and reduce the impact of preventable illness.

The leading causes of this ill health and early death are heart disease, stroke, cancer (especially lung cancer), and chronic lung disease. These conditions are primarily the result of unhealthy habits and behaviours, such as smoking tobacco, eating a poor diet, being physically inactive, and harmful alcohol use.

Our health-related behaviours and habits are not just about individual lifestyle choices. Healthy behaviours are underpinned by solid building blocks for good health, like family relationships, our communities and environments, good employment, and freedom from poverty and discrimination. Fragile building blocks and chronic stress mean unhealthy habits and behaviours are much more likely.

Tackling the unhealthy behaviours that impact most on our health, alongside the drivers behind them, will improve health and well-being, prevent early death, and reduce inequalities in health.

Who is impacted and why does that matter to them, communities and our system?

Because of the connection between building blocks for health and healthy behaviours, unhealthy habits tend to cluster together, particularly in people in more deprived areas, their families, and more deprived communities.

Smoking is the leading cause of preventable illness and early death, and the biggest driver of the inequality in health between most and least deprived. Smoking accounts for more years of life lost than any other modifiable risk for ill health. Whilst our overall smoking rate is around 13%, about one in three households in some areas of high deprivation include smokers. Bristol has the highest smoking rate in the southwest. Many smokers want to quit, and it may take numerous attempts. We have effective ways of supporting people to quit, but we need to ensure there are no gaps in support pathways and services available to people wanting to stop, and to take every opportunity to ask and offer help. Stop smoking interventions are among the most cost-effective of health services.

Being overweight or obese significantly affects health. Obesity is the most significant risk factor for disability in our area, and the second leading cause of preventable cancers after smoking. It is closely linked with type 2 diabetes, and complications such as heart and kidney disease. Childhood obesity rates are increasing among children living in the poorest areas. Children who are obese have a much greater likelihood of being obese as an adult with consequent higher risks of conditions like heart disease, cancer and type 2 diabetes.

People in our area are experiencing an increasing level of harm from alcohol and drugs above the national average, including higher hospital admissions and alcohol-related deaths. Alcohol and drugs are among the most significant impacts on the health of our under-50 population and effects on the use of primary care appointments and urgent health care use. Those living in more deprived communities are impacted the most by drug and alcohol dependency.

What needs to change?

We need to go further with action to support healthier behaviours, especially stopping smoking, addressing diet and inactivity leading to obesity, and tackling harm from alcohol and drugs. We must develop whole-system integrated approaches, embedding prevention at all opportunities and throughout all stages of an illness or condition, and coordinating this action across all system partners. This will include working with communities to develop different approaches that are relevant to them. Everyone involved with health, well-being and care has a role in supporting our population's well-being.

Because of the link between our living conditions and health-related behaviours, we need the combined resource of all partners - communities, NHS, local authorities, and voluntary and community sectors to do this effectively and in ways that will address inequalities. Our approaches need to work with communities and foster neighbourhoods and places (such as healthy schools and healthy workplaces) that support, enable and encourage healthy behaviours, provide effective and accessible interventions for individuals and families, for example, help to stop smoking, eat well, keep healthy body weight, and to embed more robust prevention in policy and decision making as organisations.

In line with the new national strategy, a system-wide response to alcohol and drug harm would enable us to engage with people experiencing drug and alcohol harm in a more preventative and planned way, reducing the health impact and high cost of emergency use of health and care services.

Being encouraged by a health and care professional to stop smoking is one of the most motivational factors, so we need to take every opportunity to ask about smoking and offer support to stop. Even after many years of smoking, stopping smoking leads to significant health benefits – it is never too late to stop. However, we must also address the social, cultural and environmental conditions contributing to smoking.

Obesity is a complex issue with multiple causes, none of which can be resolved by a single intervention. Instead, a whole system approach to preventing and reducing obesity is needed, including coordinated working with communities and broader partners, including businesses, education and workplaces, to address the environments, culture and conditions driving unhealthy eating and inactivity across people's lives.

What are our commitments?

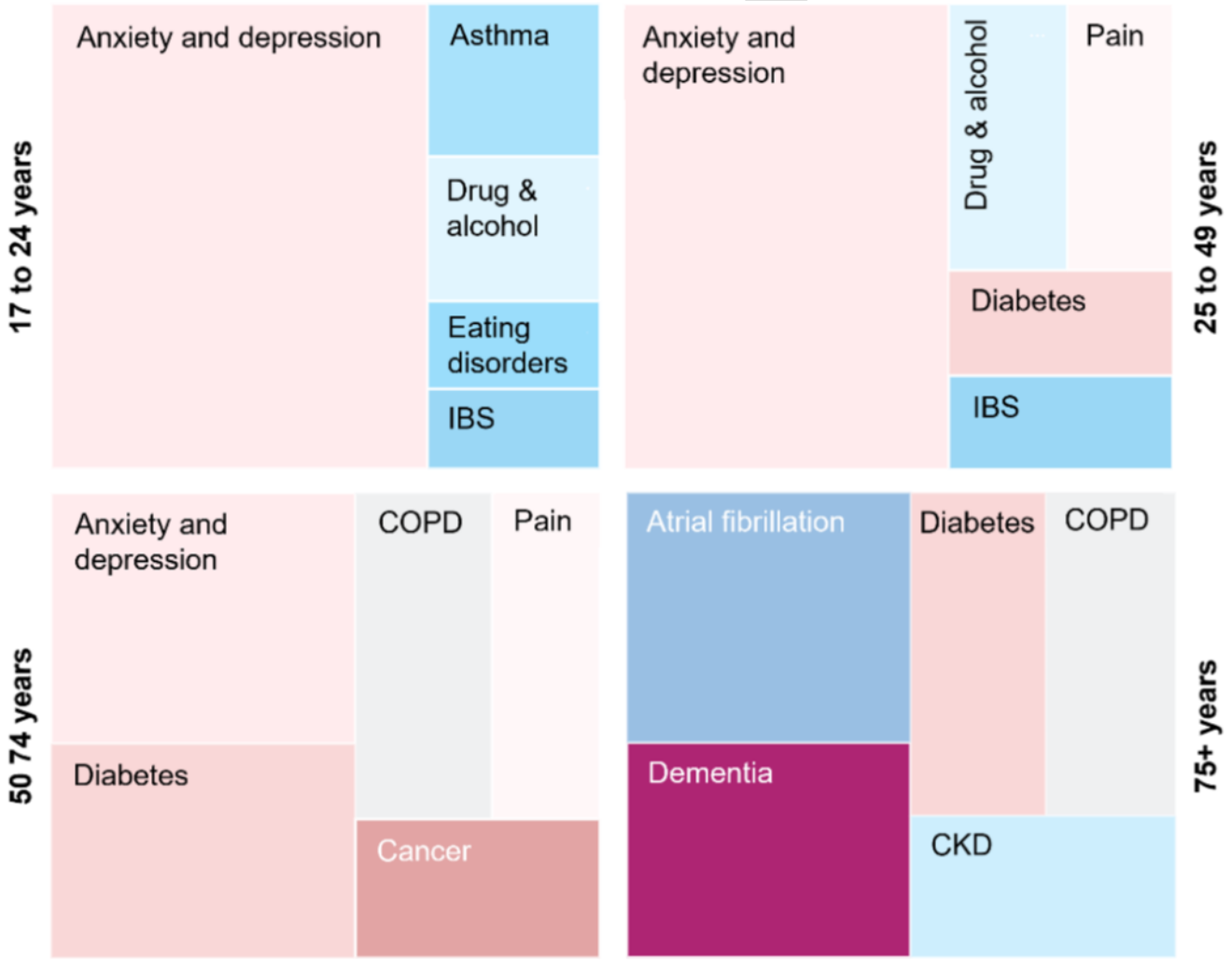
Commitment	Short term impact	Medium term impact	Longer term impact
1. Agree on a financial resource commitment to be explicitly focused on prevention.			
2. Focus early on health and well-being support for our health and care workforce			
3. Develop whole-system programmes for smoking, weight and alcohol/drugs with commitment from all system partners:			

Key Opportunity 5: Strategic prioritisation of key conditions

Why is this important?

“Keeping people healthy and able to work helps people financially, socially as well as contributing positively to mental and physical health” – Feedback from an individual as part of the Citizens panel.

Our Future Health highlighted the conditions that impact our population most over the life course.



- Many of these conditions and their causes are preventable;
- Some people experience multiple conditions at the same time. This multi-morbidity becomes more common as we age;
- We live more of our lives in ill health than ever before;
- People in more deprived groups and certain ethnic groups experience poor health at a younger age and have higher levels of living with complex illnesses
- People with a mental health need are more likely to have a preventable physical health condition such as heart disease (Mental Health Foundation)

Increases in life expectancy over recent decades have not been matched by increases in healthy life expectancy – we live more of our lives in ill health. As noted before, people in more deprived groups and certain ethnic groups experience poor health at a younger age and have higher levels of living with complex illnesses.

This area of action around prioritisation will help us to deliver the challenges laid down in opportunities 1-4 above.

Who is impacted and why does that matter to them, communities and our system?

The impact of **mental health conditions** on our population is increasing:

- Anxiety/depression affects adults under 50 the most out of all conditions in BNSSG, followed by alcohol dependency;
- There is a close link between unemployment, debt and mental health – particularly for depression and anxiety (Bungun, T., 2012);
- Suicide is our second most significant cause of years of life lost, after heart disease;
- Self-harm is a particular issue for people living across BNSSG, resulting in significant and rising numbers of emergency hospital admissions. There were 1320 emergency admissions for self-harm in 15-24-year-olds across BNSSG in 2020-21. This accounted for 40% of all emergency self-harm admissions during this period;
- There is an overlap between long term conditions such as diabetes, COPD and heart disease with mental health;

There is growing recognition of the impact of painful conditions/ mental distress. Painful conditions/ mental distress is in the top five most impactful conditions in BNSSG across the life course. More prescribing or faster access to treatment can support this but it is unlikely to resolve the issue completely. Instead, we must work with communities and the VCSE to develop new ways to help people prevent causes, offering psycho-social interventions to improve people's quality of life.

Cancer is one the leading forms of early death in BNSSG. Nearly half of all cancers are preventable. Our strategic approach is to optimise prevention and early identification across the whole population through equitable uptake of screening programmes and to focus our efforts on awareness and education. As a system we will work collaboratively and innovatively to ensure that we offer Faster Diagnostic Standards to the whole population.

We will exploit our combined resources in population health research, population health management, disease expertise, screening and genomics to promote research into cancer treatments.

People are living with multi-morbidity and when conditions cluster in an individual, they often exacerbate each other. For example, depression can impact eating, which can exacerbate diabetes and worsen mental wellbeing. The most common clusters of three conditions in deprived areas in BNSSG are combinations of hypertension, depression/anxiety, diabetes, and painful conditions. People experiencing multiple needs can face challenges navigating numerous services.

What needs to change? Tackling the factors that impact of the health of our population (the building blocks of health and prevention approaches) gives opportunity to improve the people's outcomes and experience. This will also support our efforts to increase healthy life expectancy, ease pressures on the health and care system and reduce the number of people out of work due to ill health.

We need to:

- Focus on preventing the most impactful conditions and ensuring timely access to treatment/interventions and support when needed across the life course.
- Listen to what our communities have told us about their experiences of living with conditions and co-develop new approaches together.
- Learn from the Voluntary Community and Social Enterprise (VCSE) expertise in this area, enabling us to develop person-centred, asset-based, holistic approaches to support people with multiple needs. We can improve outcomes and experiences for people accessing care and support by joining services.
- We must work with a wide range of stakeholders including people with lived experience, carers, communities, primary and secondary providers, VCSE, local authorities.
- Relentlessly focus on closing the gap in healthy life expectancy between our poorest and wealthiest areas, working with communities and the VCSE. We should also remove disparities in health outcomes and experiences that exist by other characteristics, including gender and ethnicity.

What are our commitments

Develop a BNSSG wide plan for conditions. This will include:

Commitment	Short term impact	Medium term impact	Longer term impact
1. Contribute to the government's development of a major conditions strategy, which focuses on the 6 most impactful conditions for the UK population. Working with our communities we have opportunity to amplify the voices of people with lived experience within this.			

2. Interrogate and make sense of BNSSG most impactful conditions data, Working with communities and a wide range of organisations to further.			
3. Undertake a 'most impactful conditions' analysis for children and young people which identifies opportunities for prevention and improving outcomes.			
4. Develop person-centred and asset-based approaches, with a particular focus on multi-morbidity and working with our communities			
5. Develop a system-wide approach for painful conditions, reducing the impact on health and wellbeing and unplanned service use. We must work with our communities and partners to develop new ways to support people to live well with pain and ensure consistent access to service provision across BNSSG.			
6. Support people with any level of mental illness – wherever they live in BNSSG, and whatever their age and background – to quickly access high-quality and personalised care close to home for improved experience and outcomes.			

How will we deliver our vision?

Prioritisation

We will identify a **smaller number of priority areas** where the best gains can be made by working together. We will do this through our new **Health and Care Improvement Groups** working across the life course. They will address the following:

1. Improving the lives of people in our community
2. Improving the lives of people with mental health, learning disabilities & autism
3. Improving the lives of our children
4. Improving our acute healthcare services

We will work with renewed focus with the **Bristol, North Somerset and South Gloucestershire Health and Wellbeing Boards** to collectively support the delivery of the **Joint Health and Wellbeing Strategies** to respond to the different needs of our communities, with a focus on tackling the wider determinants of health.

We commit to optimising use of the **Better Care Fund** as a mechanism to provide joined-up services across health and social care and to align its focus with this strategy's focus on the shift to proactive, personalised care, supporting the most disadvantaged. The combined value of the funds across Bristol, North Somerset and South Gloucestershire is £xm, providing significant opportunity.

Locality Partnerships

We will **further develop our six Locality Partnerships** as the vehicle to support our **commitment to subsidiarity** – decisions being taken as close to the ground as possible – and to lead delivery. The Locality Partnerships unite NHS, local authority and VCSE as equal partners around local 'neighbourhood' footprints. They use population health intelligence insights to identify and tackle local priorities for communities, aiming to join up services, simplify pathways and support a shift to earlier support and intervention. The Locality Partnerships work closely with the Health and Wellbeing Boards to deliver the Joint Health and Wellbeing Strategies alongside tailoring the ICS-wide pathways and models of care to local needs.

Workforce

Our work has the power to change lives. We must connect to our unique purpose to succeed as a system. We need to create dynamic environments where we feel safe and secure, confident, empowered and valued. We will provide a wide range of employment prospects that present excellent possibilities for career advancement at every stage and across all health and care sectors.

Every success in health and care depends on people, whether in scientific discovery, innovation, or compassionate care. In order to achieve success through this strategy, prioritising workforce is essential.

We believe that we will succeed by working collaboratively rather than in competition to attract, develop and retain the best people.

We aspire to be recommended as employers of choice and celebrated by the people who are employed and volunteer within our services. This means that we will need to:

- Engage with staff and volunteers to identify what's needed to empower and support them to deliver this strategy and improve outcomes
- Support staff and volunteers to improve their health and wellbeing
- Increase diversity so that our staff and volunteers are more connected to all of the communities we serve
- Provide a modern employment offer that is inclusive and flexible to support modern working lives
- Improve job satisfaction and increase opportunities for learning and development and career progression.
- Be guided by the voice of our staff and volunteers in determining where we are succeeding and where we still need to improve

Our shared aspiration to move to a more preventative, strengths-based approach that is embedded within localities gives us a great opportunity to capitalise on the untapped potential of the VCSE.

Service delivery and sustainability

The NHS provides patient care through primary care services like general practice, dentistry, optometry, and community pharmacy. However, in some areas, access to care can be difficult as a symptom of the challenges being experienced in primary care workforce, high level of workload and poor estate and digital infrastructure. Primary care cannot function alone. Community services, such as mental health services, are crucial in addressing patient needs within the community and these services often collaborate with social care and the voluntary sector to meet the needs of the local population.

The Fuller Report published by NHS England in 2022 made a range of recommendations for the improvement of primary care; we commit as a partnership to supporting the implementation of the BNSSG GP Strategy [REF/link] to embed Fuller recommendations, working closely with primary care networks to develop integrated models that support sustainability and resilience, particularly in our most challenged areas where staffing levels are lowest relative to population needs.

In the aftermath of the COVID-19 pandemic, system partners are continuing to addressing the backlog of planned treatment such as operations, procedures and outpatient consultations to ensure that people have timely access to care. We know that delays to care can be most impactful for people in our most vulnerable population groups. To address this, we are developing an approach to expedite care for people in vulnerable groups who have been

waiting longer than we would like for planned treatment, to ensure that people who meet an agreed criteria are identified and rapidly offered treatment.

Digital

Using technology effectively will be a key enabler to achieve our system's priorities, facilitating a smoother flow of people and patients around our region's health and care services. We will need to use more digital tools to do this, and a smarter use of patient data. This will create opportunities to enhance peoples' care, empower people to manage their own conditions well and reduce barriers that many people experience in accessing the care they need. Our system's Digital Strategy sets out the ambition to become an exemplar of a digitally advanced ICS, working collaboratively and optimising design, data and modern technology to make ground breaking improvements for the health and wellbeing of our population. To find out more about our Digital strategy please see [weblink]

Financial infrastructure

To support and enable our partners to deliver the priorities and commitments set out in this strategy, it is necessary to consider how we can make health and care funding decisions that support the objective to deliver more preventative and personalised care across our communities. To do this, a set of financial principles are being devleoped; these include

- Working towards an agreed system target for investment in preventative health and care
- Investments to be allocated in alignment with the needs of our populations, following a method of 'proportionate universalism'
- Re-allocation of investments if preventative initiatives are not resulting improved population health, acknowledging that some timescales for impact will be longer than others
- Investment decisions will consider our organisations' role as anchor institutions, including:
    a. Purchasing locally and with social benefit
    b. Using our estate to support communities
    c. Widening access to quality work
    d. Reducing environmental impact

Innovation and research

New technology and innovations must be implemented and scaled to address our health and care challenges, to deliver a new approach towards prevention and personalisation. For example, the use of genomic data is a potentially revolutionary use of patient data to identify risk and create highly personalised and specific patient interventions. In BNSSG we have the advantage of North Bristol Trust hosting the South West Genomics laboratory, alongside the University of Bristol's highly rated Centre for Genomics – this provides an exciting opportunity for Bristol to develop a centre for excellence in research and innovation in this field, which

would benefit thousands of children and adults in terms of reducing the impact of – or preventing entirely –certain predisposed genetic diseases.

To support and facilitate our ambitions, BNSSG will implement an Innovation Hub, in partnership with the West of England Academic Health Science Network in 2023/24 to develop a shared vision and supportive culture for adopting and development of innovation at scale that will support meeting the 4 ICS aims, and our system outcomes. This work will include:

- **Developing innovation mindsets and supporting culture** to facilitate an innovative ICS eco-system, creating a culture of learning from each other of innovative practices that can be shared, adapted and scaled in other settings. Working with local researchers and innovators and providing education and forums for people working across the system to understand the practice and principles of innovation, developing their innovation mindsets
- **Working alongside our Health Care and Improvement Groups to** increase awareness of opportunities coming up for innovation, embedding a process of identifying potential solutions through the Transformation Gateway process. Develop relationships and networks with local and national markets and academic institutions alongside a supportive commercial framework for securing new technologies
- **Harnessing innovation through partnership with our front-line staff** to enable staff to connect and network to innovate and build change. This may also include working with local industries and other statutory services to understand what works well in other contexts, for instance learning from police services to develop innovative recruitment practices for highly skilled data analyst and scientists.

10 ways to focus our efforts

The five opportunities, highlighted in this strategy make a clear case that things need to be different in our Health and Care System. As ICS Partners, we have summarised these as ten commitments that we are making to our population.

Over the length of our Strategy, we will work with the people of BNSSG to turn these into a reality. To help everyone in our system consider how they can support delivery of the things we can do together, we have identified 10 ways we can consistently think and act for better impact. **We will:**

IMPROVING POPULATION HEALTH AND HEALTHCARE

1. **Align everything we do to the outcomes we want.**
   If we are going to make a difference in the health of people in BNSSG, we need to align everything we do with the outcomes we want to achieve. This will help us be confident that we are doing what we set out to achieve.
2. **Demonstrate our system-wide commitment to prevention.**
   Prevention at all levels – primary, secondary and tertiary - has been highlighted as necessary for many years, but we will demonstrate commitment by actively funding prevention and creating prevention champions in every organisation.
3. **Focus on the first 1000 days to give our children the best start**
   The first 1000 days are vital in setting people on the right path for life. Our system will support the Health and Wellbeing Board's ambitions for these early years.

TACKLING UNEQUAL OUTCOMES AND ACCESS

4. **Change how we work to reduce health inequalities actively.**
   As organisational policies and practices are reviewed, partners will identify opportunities to change working practices to remove barriers. We will also proactively review how the system inadvertently increases health inequality so that those things can be changed.
5. **Prioritise the health impacts of poverty and disadvantage.**
   We also need to improve things for people already experiencing the ill effects of poverty and other structural disadvantages. We will use the

Health and Wellbeing Strategies and CORE20+5 framework as a starting point to develop supportive strategies around healthy habits.

ENHANCING PRODUCTIVITY AND VALUE FOR MONEY

6. **Build a workforce who are supported, skilled and healthy.**
   We cannot achieve anything without our staff. We will work with staff to develop an inclusive, best-in-class retention strategy for all our people. We will also ensure that our staff are healthy, and able to work flexibly across the system, including closer alignment with care homes.
7. **Focus on the whole person – not just the disease.**
   Alongside a focus on proactive care, we will also review how we can support people to solve multiple issues at once and work around their needs. For example, this approach to 'clustered' problems might be achieved through integrated care teams, like those piloted in Weston Super Mare for mental health and wellbeing, and social prescribing.
8. **Work together as equal partners to tackle our biggest problems.**
   If we get things right the first time, that is a much better way to do things. We will work with lived experience voices and communities to co-create solutions. We will also ensure that the VCSE sector, community leaders, community services and primary care are valued for their experience and local insight.

HELPING THE NHS TO SUPPORT BROADER SOCIAL AND ECONOMIC DEVELOPMENT

9. **Support the economy with our purchasing and employment practices.**
   The partners in BNSSG have a responsibility to use their buying power to support local businesses to put money directly back into the local economy. We will also review how we can use our recruitment to support areas of deprivation, including targeted recruitment and apprenticeship schemes.
10. **Develop a better, healthier environment for people to live in.**
    We must acknowledge the impact of where people live upon their health. We will ensure a 'well-being first' approach to all policies on housing, transport, green space etc. We also support commitments around NetZero to reflect the need to take climate change seriously, including its effect on health.

Strategy on a page – Note placeholder only. This will be adjusted following ICP Board comments

BRISTOL, NORTH SOMERSET AND SOUTH GLOUCESTERSHIRE (BNSSG) INTEGRATED CARE SYSTEM

HEALTH AND CARE STRATEGY ON PAGE

5 OPPORTUNITIES

Our analysis of the health and care data in BNSSG has revealed 5 opportunities for improvement:

1. Not everyone has the same opportunity to be healthy. We need to **tackle inequalities.**
2. We can **strengthen the building blocks** of health.
3. Wherever possible, we need to **prevent illness and treat people earlier.**
4. We need to work alongside communities to encourage **healthy behaviours.**
5. And once people are ill, there are **long term conditions** that we could manage better.

OUR COMMITMENTS

To make health and wellbeing in BNSSG better, we will:

- Align everything we do to the outcomes we want
- Demonstrate our system-wide commitment to prevention
- Focus on the first 1,000 days to give children the best start
- Change how we work to actively reduce health inequality
- Prioritise the health impacts of poverty and disadvantage
- Build a workforce who are supported, skilled and healthy
- Focus on the whole person – not just the disease
- Work as equal partners to tackle our biggest problems
- Support the economy with our purchasing and employment
- Develop a better, healthier environment for people to live in

HOW WILL IT FEEL DIFFERENT FOR LOCAL PEOPLE?

- The health and care system working more closely together will make things more straightforward for you
- The health and care system will be more open about our plans and services

WHAT WILL BE THE SAME?

- **Access to good quality health and care.**

HOW WILL IT FEEL DIFFERENT FOR OUR STAFF?

- A modern employment offer with opportunities to work across organisations
- An system that embraces change creating opportunities to grow and develop
- A values driven culture, focussed on empowering staff and helping them succeed

This page is intentionally left blank

Healthier Together

Improving health and care in Bristol,
North Somerset and South Gloucestershire

ICS Strategy and Joint Forward Plan

North Somerset HWB, July 2023

Context

The Integrated Care System Strategy will focus on the delivery of four key aims:

Aim 1: Improve Outcomes in Population Health and Healthcare
Aim 2: Tackle Inequalities in outcomes, experience and access
Aim 3: Enhancing productivity and value for money
Aim 4: Supporting broader social and economic development

- Identifying, understanding, and addressing the drivers of health inequalities within our diverse population is a fundamental reason as to why the System Strategy is being developed.
- This is a system effort.
- Two key documents 1) BNSSG ICS strategy and 2) The Joint forward plan
- This year due to timing, the Joint forward plan has been produced first, as the strategy gets underway the intention is that the strategy will set the direction and the Joint forward plan will set out how this will be delivered.

Engagement with communities

- In the summer of 2022, we asked local people what helps them to be happy, healthy, and well. We had over 3,000 responses to the exercise, with over 21,000 different comments from those who completed an online survey or attended one of more than 50 community events.

- We worked with our local hospitals, community health, primary care, mental health, local councils, charities, community groups, the voluntary sector, and businesses to help gather these responses.

- Many different people from our communities in Bristol, North Somerset and South Gloucestershire are represented in the findings.

- The findings have been an integral part of shaping our Strategy, the Joint Forward Plan and Operational Plans, and we are continuing to involve stakeholders as this work develops.

Healthier Together

What happens next?

Strategy

- The system wide editorial group co-ordinated the first edition of the Integrated Care System Strategy.
- The strategy was reviewed by the Integrated Care Partnership board on 16 June and agreed with some amendments, to be signed off on the 30th June.
- This is an iterative process, the strategy will not sit on a shelf but will evolve

Joint forward plan

- The Joint Forward Plan sets out how the Integrated Care Board (ICB) and provider trusts intend to meet the physical and mental health needs of the population through arranging and/or providing NHS services, supported by local authority and VCSE partners.
- The Joint Forward Plan is structured around the responsibilities of the Health and Care Improvement Groups (HCIGs) and describes how we plan to achieve and deliver the priorities set out in our Strategy over the next five years.

The final documents will be published on 30 June, and will be circulated to all partners.