

Public Document Pack

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Date: Friday, 09 July 2021

** Physical Meeting

Subject to the anticipated lifting of Covid restrictions on 19 July, the meeting will take place in person at the Town Hall. In line with the prime minister's statement to allow people to make their own informed decisions about how to manage the virus, anyone attending the meeting is encouraged to take suitable measures such as wearing a face covering and maintaining appropriate social distancing. Any members of the public or media wishing to attend in person are asked to notify the Contact Officer above at least 24 hours before the meeting as this will help us to manage the meeting safely.

Dear Sir or Madam

The Health Overview and Scrutiny Panel – Monday, 19 July 2021, 10.00 am – New Council Chamber, Town Hall

A meeting of the Health Overview and Scrutiny Panel will take place as indicated above. Councillors will be sent a Teams Meeting invitation to place the meeting in their Calendar and can then access the meeting from the link in that calendar item.

Please Note that any member of the press and public may listen in to proceedings at this 'virtual' meeting via the weblink below –

The agenda is set out overleaf.

Yours faithfully

Assistant Director Governance and Monitoring Officer

To: Members of the Health Overview and Scrutiny Panel

Councillors:

Ciaran Cronnelly (Chairman), Mark Aplin, Caroline Cherry, Andy Cole, Hugh Gregor, Karin Haverson, Sandra Hearne, Ruth Jacobs, Huw James, Ian Parker, Timothy Snaden, Roz Willis and Georgie Bigg.

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

Agenda

1. Election of the Vice-Chairman

2. Public Discussion (Standing Order SSO 9)

To receive and hear any person who wishes to address the Panel on matters which affect the District and fall within the remit of the Panel. The Chairman will select the order of the matters to be heard.

Members of the Panel may ask questions of the member of the public and a dialogue between the parties can be undertaken.

Requests to speak must be submitted in writing to the Head of Legal and Democratic Services, 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.

3. Apologies for absence and notification of substitutes

4. 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 Chamber 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.

5. Minutes (Pages 5 - 10)

18 March 2021, to approve as a correct record (attached).

6. Matters referred by Council, the Executive, other Committees and Panels (if any)

7. Healthy Weston review (Pages 11 - 22)

Report of the Area Director - North Somerset BNSSG Clinical Commissioning Group.

8. Central Weston (Primary Care) Estate (Pages 23 - 26)

Report of the Chairman, Health Overview and Scrutiny Panel, North Somerset

Council.

9. Health and Wellbeing Strategy (Pages 27 - 86)

Report of the Director of Public Health, North Somerset Council.

10. The HOSP Work Plan 19 July 2021 (Pages 87 - 92)

- To include: Nomination of NSC Mental Health Champion

Exempt Items

Should the Health Overview and Scrutiny Panel 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 Overview and Scrutiny Panel 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.

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

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Minutes

of the Virtual Meeting of

The Health Overview and Scrutiny Panel

Thursday, 18 March 2021

Virtual Meeting by Teams

Meeting Commenced: 1.30 pm

Meeting Concluded: 4.05 pm

Councillors:

Ciaran Cronnelly (Chairman)

Mark Aplin
Caroline Cherry
Andy Cole
Karin Haverson
Sandra Hearne
Ruth Jacobs
Huw James
Ian Parker
Roz Willis

Georgie Bigg (Co-opted Member)

Apologies: Councillors: Hugh Gregor and Timothy Snaden.

Also in attendance: Councillors Mike Bell, Robert Payne

Health colleagues in attendance: Colin Bradbury, Mary Adams, Clare McInerny, Tim James, Dominic Moody (BNSSG CCG); John Heather (168 Medical Group); Vicky Marriot (HealthWatch); Gill Flanagan (We Are With You)

Officers in attendance: Matt Lenny, Georgie MacArthur, Ted Sherman (Public Health), Mike Riggall, Leo Taylor, Brent Cross (Corporate Services).

HEA Election of the Vice-Chairman

1

Resolved: that Councillor Caroline Cherry be elected Vice-Chairman for the 2020-2021 municipal year.

HEA Public discussion (Standing Order SSO 9 as amended by SSO5A)

2

There were four (attached) requests for public discussion – three from Dot Agassiz, Brian Sheldrake and Alan Rice regarding the Weston Primary Care

Facility (Graham Road Relocation Proposal, Agenda Item 9) and a statement from Dr Martin Hime about the Performance of the NS based Test, Track and Trace system.

The statements were read out by the Scrutiny officer, and it was agreed that the first three be addressed under agenda item 28 (Minute HEA 28 below refers) while the fourth be forwarded to the appropriate political group at the Council for response.

Copies of these statements were published with the agenda for this meeting.

HEA 3 Declaration of Disclosable Pecuniary Interest (Standing Order 37)

None.

HEA 4 Minutes

Resolved: that the minutes of the meeting of 8th October 2020 be approved as a correct record.

HEA 5 Matters referred by Council, the Executive, other Committees and Panels (if any)

None.

HEA 6 Pandemic Response in North Somerset

North Somerset Council's Director of Public Health provided a broad overview of the current position of North Somerset's response to the Covid-19 pandemic, including an update on the most recent infection and vaccination figures. Cases of infection had dropped from 423 per 100 000 in January to 40 per 100 000 population currently, and there had been 87 000 people vaccinated in North Somerset as of the 11th March 2021.

Questions and comments from members were responded to as follows (with replies in italics):

- There was concern from Members that close contacts of people being told to self-isolate due to testing positive for Covid-19 were not themselves allowed to a test. *The Public Health team had to follow national guidance on close-contact testing.*
- Was guidance on ventilation of premises being offered to businesses that were due for reopening? *The Public Health team was proactively communicating with businesses to ensure that they received the appropriate guidance.*
- Members thanked the Public Health team, as well as GP surgeries and primary care networks for their work in the rollout of the vaccine.

Concluded: That the report be received and that Members' comments be provided to officers and health colleagues in the form of minutes.

HEA 7 Healthy Weston Impact Monitoring

The Area Director for North Somerset from the BNSSG Clinical Commissioning Group presented an update report on the project to build a new primary care facility to replace the existing Graham Road surgery. There had also been an election for a new Patient Participation Group at Graham Road surgery.

He responded to Member's comments and queries as follows:

- Dolphin Square seemed like a good fit for the replacement surgery. Why had it been taken out of consideration? *Natural daylight, which was needed to obtain some diagnoses, was an issue. The landlord also withdrew as another commercial venture had become more viable for the site. In the second round of investigations, a different location within the site had been offered, but it had the same issues with natural daylight, being deeper within the structure as well as being further from the car park. There was also a problem with emergency services vehicles being unable to park immediately outside.*
- What had been the issue with the land adjacent to Dolphin Square? *Homes England was unable to release the land, because of the long-standing issue of needing to relocate the electricity sub-station on the site.*
- Would there be a problem with the covenant on the Rugby Club land? This had been held by the Council. *The covenant restrictions had been removed several years ago. The Council would retain some land for the planned primary school on the site.*
- Access to the proposed site was the main concern coming from the public discussion items, which it was felt would put obstacles in the way of vulnerable groups of individuals seeking medical care. Were there any plans for remediating this? *The site was part of wider regeneration plans in the area, and conversations had been had with Council officers about public transport into the area. Easier routes of travel would be forthcoming.*
- Was there a possibility to have a satellite clinic in the town centre? *There was no money in the current budget for this, but the CCG was happy to investigate all proposals that could mitigate issues with the site.*

Concluded:

- 1) that the report be noted and that Members' comments be provided to officers and health colleagues in the form of minutes; and that
- 2) a (Central Weston) Primary Care Estate Review task-and-finish working group be set up to allow HOSP Members to investigate the potential impacts on the accessibility to the Weston Rugby Club site for patients.

HEA 8 Graham Road Relocation Proposal

The Area Director for North Somerset from the BNSSG Clinical Commissioning Group presented the report on the progress of the Healthy Weston review, and requested that Members agree the proposed approach to monitoring the impact of the changes agreed in the Healthy Weston Decision Making Business Case for the purposes of the HOSP's review, now rescheduled for 3rd June 2021.

Although the impact of Covid-19 would skew the metrics as a result of uneven demand for services at Weston Hospital, the evening closure of the Emergency Department would also be looked at (with caveats in the final report stating this).

Concluded:

- 1) that the report be noted and that Members' comments be provided to officers and health colleagues in the form of minutes; and
- 2) that the proposed metrics be adopted for the June 2021 review.

HEA 9 NS Specialist Adult Substance Misuse treatment services

The Director of Public Health presented the report, which gave an overview of how the service had adapted through the pandemic and examined the key challenges involved. This was followed by a presentation from HealthWatch on access to mental health support for people in recovery from substance misuse.

Members received the following responses (as italicised below) to the following questions:

- The average length of time of non-opiate recovery was double in North Somerset compared to national levels – was there an indication of what was driving this? *Non-opiate clients had received less support for mental health during the pandemic, but this would hopefully be addressed as Covid-related pressures on the service eased.*
- What strategies were in place to provide mental health support for drug users? *Safe Haven on the Boulevard in Weston was providing support, and were in contact with Public Health team. Webchat and remote services had proved very effective through the pandemic, but it was acknowledged that a different client group engaged best with this kind of service.*
- What was the Timeline for incorporating mental health support into the service? *Officers would have initial discussions and then take those ideas to the CCG for further work on implementing this.*

Concluded:

- (1) that the report be noted and that Members' comments be provided to officers and health colleagues in the form of minutes; and that
- (2) the Panel supported the recommendation that North Somerset Council officers continued to work with partners to improve access to mental health assessment and treatment for people with substance misuse problems, which would be scrutinised at a future HOSP meeting.

HEA 10 Health and Wellbeing Strategy 2021-2024

The Public Health Consultant presented a report requesting Members to consider and comment on the proposed review and timelines of the Joint Health and Wellbeing Strategy and Action Plan.

There was discussion on whether the target date of July 2021 was too soon for people exiting shielding and lockdown, but officers reassured Members that they were already capturing the impacts of Covid and would continue listening to people after the deadline of July 2021.

Concluded: That the report be received and that Members' comments be provided to officers and health colleagues in the form of minutes.

Chairman

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Healthier **Together**



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

North Somerset Health Overview & Scrutiny Panel

Healthy Weston review

19th July 2021

Page 11



Agenda Item 7

Healthy Weston

In 2019, people living in and around the Weston area were consulted on a series of proposals, designed by local doctors. This piece of work was known as “Healthy Weston”

Over 2,300 responses were received, representing over 3,000 local people

The proposals were in support of our goal to ensure that Weston General is a strong and dynamic hospital in the heart of the community

The detail of these proposals were published in October 2019 in a document called the Decision Making Business Case

Whilst these proposals were important and necessary, the Decision Making Business Case made it clear that they did not go far enough and more work would be needed in the future to ensure a sustainable future for the Hospital

Background

Following the publication of the Healthy Weston Decision Making Business Case in October 2019 The North Somerset Health Overview and Scrutiny Panel asked that a review be held one year after the start of the implementation of the agreed changes, specifically covering the following:

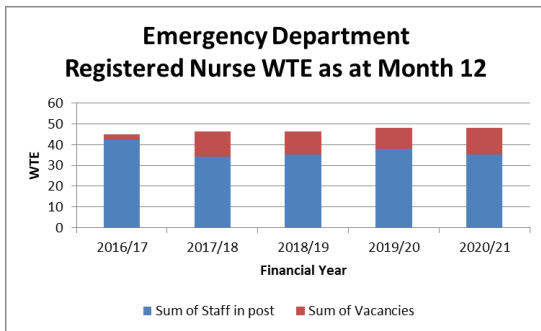
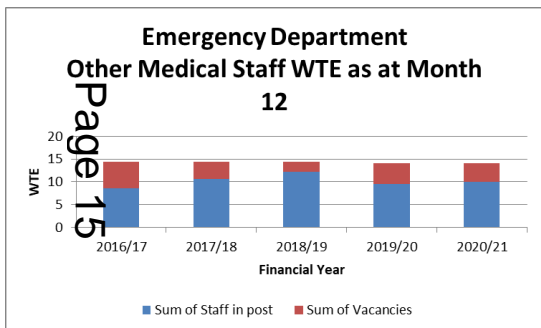
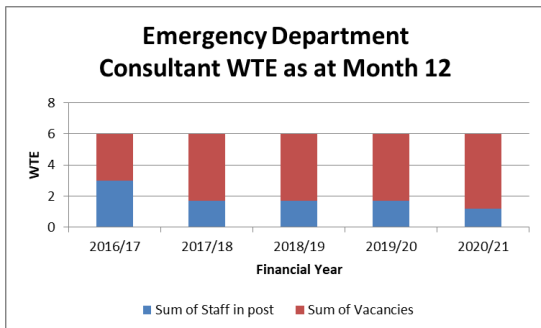
- 1) *The staffing position for urgent and emergency care and the prospect of sustainably staffing a return to a 24/7 rota (including the impact on other specialties and services)*
- 2) *Progress in recruiting primary care staff for the new front door model for the A&E*
- 3) *Evaluation of the impact and outputs of the mental health community crisis and recovery centre following the setting up of the new service in Spring 2020*
- 4) *The number of people transferring to care elsewhere in the health system and their experience and outcomes*

Context

Since December 2019, we have seen a number of further developments

- Weston General Hospital became part of the new University Hospitals Bristol and Weston NHS Foundation Trust on the 1st April 2020
- The Covid-19 pandemic has meant that work to fully integrate the hospitals into a single trust has been impacted
- Page 14 Care Quality Commission (CQC) inspection of the Emergency Department took place at Weston General Hospital in July 2020 with a re-inspection in Feb21. The CQC carried out a further focussed inspection of the Emergency Department at Weston General Hospital on 28th and 29th July 2020.
- Two major outbreaks of Covid-19 at WGH have led to a temporary closure to new admissions in Spring 2020 and some patients being diverted to other sites in early 2021
- On 7th April 2021 Health Education England (HEE) /General Medical Council (GMC) withdrew the incoming rotation of 10 medical Foundation Year (FY1) doctors at Weston General Hospital, and have subsequently confirmed that the incoming rotational FY1 doctors would not be reinstated.
- It has been agreed that the second phase of Healthy Weston (which was signalled as necessary in the original Decision Making Business Case) should start. Work is now underway to develop proposals for a strong a focussed hospital, at the heart of its community

1) The staffing position for urgent and emergency care and the prospect of sustainably staffing a return to a 24/7 rota



- UHBW have deployed a senior ED Consultant from the BRI (Dr Paul Reavley) into the Clinical lead role to support improvement & sustainability.
- Since merger in April 20, UHBW has invested in a 5 year recruitment and retention taskforce to focus on medical and nursing vacancies at WGH
- The WGH 14/7 A&E department staffing model relies heavily upon temporary staffing. Recruitment initiatives over the last 12 months (as the graphs on the slide illustrate) have so far not significantly improved the number of substantive middle grade and consultant positions
- Our experience of recruitment of permanent doctors to run a clinically safe ED at WGH suggests that in the foreseeable future there is no prospect of securing a workforce for a 24/7 A&E service at WGH
- For a 24/7 ED, the consultant numbers would have to increase from 6 to 11wte.
- The registered nursing vacancy rate in ED has also remained high over the last 4 years, with a heavy reliance on bank and agency staff.
- In line with the national picture, there is a shortage of registered nurses with international recruitment and development of new roles part of the longer term solution.

Page 15

2) Progress in recruiting primary care staff for the new front door model for the A&E

Since the publication of the Healthy Weston Decision Making Business Case, there have been a number of initiatives to better integrate primary and community services with the A&E service at Weston, including;

- A service called Push Dr means people coming to the A&E with a condition that can be treated by General Practice on-line can have an appointment the same day with a doctor, rather than having to wait in the hospital
- A re-direction service in place from mid-January 2021, so people with suitable conditions can be seen by a specialist nurse quickly at the Clevedon Minor Injury Unit. Around 120 people a month are taking advantage of this offer
- Sirona staff are part of a 6 month pilot in the A&E to provide a service to avoid admissions. This means more people can be treated in the A&E and go straight home with support, rather than being admitted to an acute bed
- During the height of the pandemic, a GP with a special interest in Frailty was seconded for 8 weeks to provide intensive support to local care homes, aimed at reducing referrals to A&E
- When Weston Hospital had to close to new patients during Spring 2020 due to a Covid-19 outbreak, Pier Health GPs worked with Sirona and South Western Ambulance service to provide alternative front door emergency cover

3) Evaluation of the impact and outputs of the mental health community crisis and recovery centre following the setting up of the new service in Spring 2020

May 2020: Covid-19 Response

- In May 2020, the Safe Haven Centre Team were redeployed to provide a temporary, telephone based CV19 service for the most vulnerable people in North Somerset & South Gloucestershire (aged 18 years and over)
- Taking referrals from the AWP Community Teams, during this period the Safe Haven Team dealt with 1,569 telephone appointments and supported:
 - 179 unique North Somerset patients and
 - 67 unique South Gloucestershire patients

Feb 2021: Safe Haven Centre

- In February 2021, the Safe Haven Centre reverted to its original service model (for people aged 16 years and over)
- In light of Covid-19 the following adaptations were put in place:
 - Appointment only (no 'drop ins')
 - Face to face appointments available, adhering to social distancing
 - Telephone & video consultations available
- Referrals received from GPs, Mental Health Teams, Paramedics, Police, Local Authority, VCFSE partners with very high numbers of self-referrals
- Between March – May 2021, the service has provided 540 appointments for people needing support



4) The number of people transferring to care elsewhere in the health system and their experience and outcomes

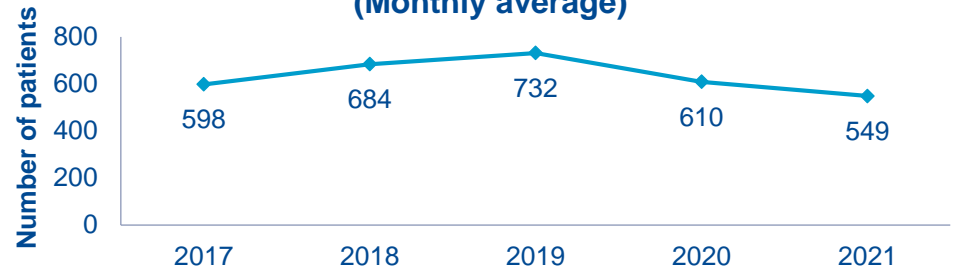
- Before 2020 and the Covid effect on attendances, there was a small increase in residents from Weston post codes attending the BRI A&E, including walk-ins

Page 18

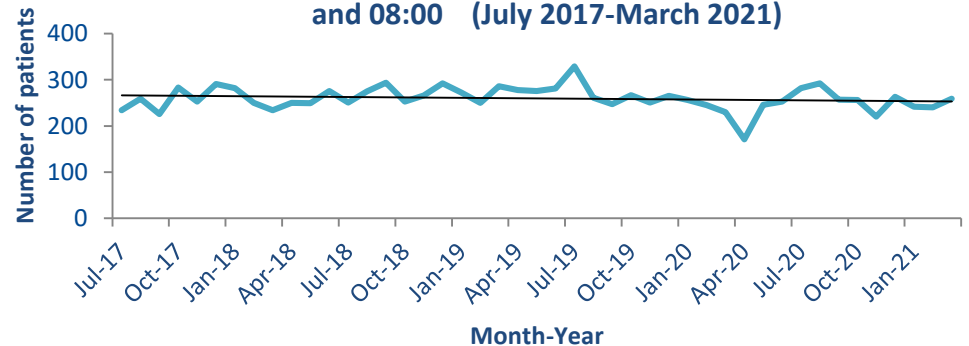
SWAST Ambulance data shows that patients conveyed to neighbouring hospitals between 10pm and 8am since the overnight closure of the ED in 2017 have remained stable when compared to the total number of attendances

- GP Patients can now be directly admitted overnight via the Brisdoc out of hours service, although the data shows numbers are small

Number of Attendances at BRI A&E from Weston Postcodes between 10pm to 8am (Monthly average)

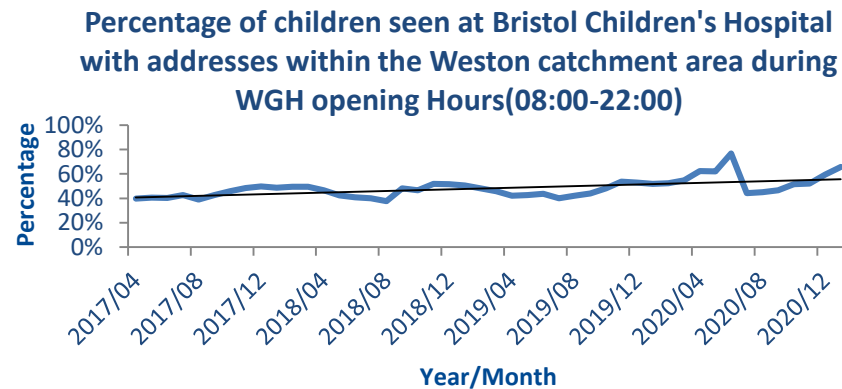
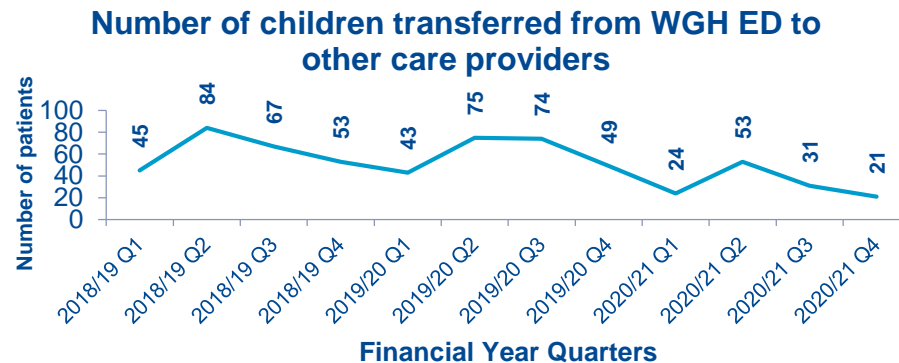


Total number of patients conveyed to neighbouring hospitals where SWASFT incident time was between 22:00 and 08:00 (July 2017-March 2021)



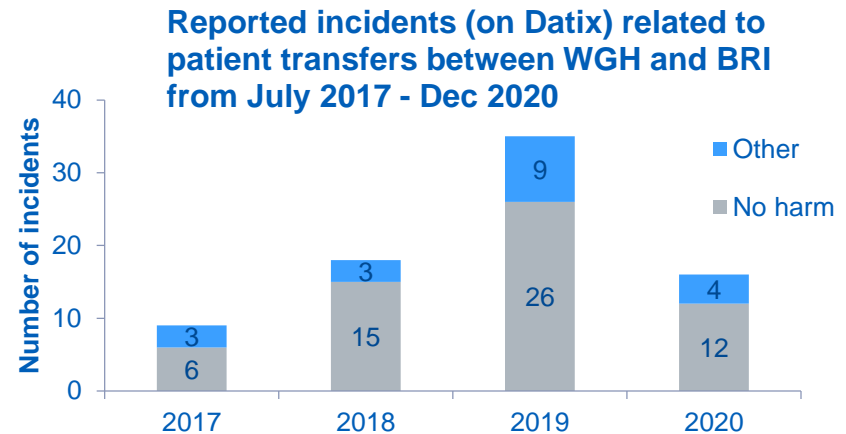
5) Number of children transferred from WGH to other care providers

- Overall, there has been a small reduction in the trend for children transferring out of WGH ED to other care providers. (Again it should be noted that for 2020/21 there was a significant reduction overall in paediatric attendances during the covid period)
- This has been assisted by the dedicated paediatric nursing team in the ED and the strengthening of safeguarding arrangements
- The percentage of children seen at the Bristol Children's Hospital ED over the last 3 years with addresses within the Weston catchment area has remained stable



6) Number of patient safety Incidents related to A&E transfers, and Friends & Family Test Scores

- There were **no serious incidents** reported as a result of transfers to other providers.
- An analysis of themes from Datix incidents relating to transfers showed the majority were related to pressure injuries and poor communication - and not as a result of the overnight ED closure.
- A review of UHBW patient complaints with regards to inter hospital transfers shows that over the period there were no specific complaints
- Closure of WGH overnight theatres (and ceasing overnight surgery and endoscopy) went live as planned in Feb '21. Analysis of the 5 patients transferred to date shows no clinical concerns.
- Patient satisfaction reported by those that have attended the WGH ED (The Friends and Family Test) over the last 4 years has been consistently high by this measure.



Summary

- The Covid-19 pandemic has caused unprecedented challenges the whole of the NHS, as it has for all public services
- There is no clear rationale to suggest that returning to a 24/7 A&E staffing model in the future would improve patient outcomes
- Progress has been made in bringing more primary care capacity into the front door, and work has started to ensure community services can play a more active role within services of Weston Hospital
- The Safe Haven service has made a good start under difficult circumstances as is now playing its full role in the wider service offer for mental health
- The number of patients transferring to other hospitals as a result of the Healthy Weston changes is stable, with well recognised and robust protocols for overnight transfers

Next steps

Manage the current staffing and operational pressure at WGH, including support from surrounding hospitals and the community

Continue to implement our plan for Covid-19 recovery, particularly for planned care

Progress the integration of clinical services across UHBW

Develop a set of long-term proposals to ensure that WGH can be a strong and dynamic hospital in the heart of the community

Page 22

North Somerset Council

Report to the Health Overview and Scrutiny Panel

Date of Meeting: 19 July 2021

Subject of Report: Weston Central (Primary Care) Estate

Town or Parish:

Member Presenting: Councillor Ciaran Cronnelly, HOSP Chairman

Key Decision: NO

Recommendations

- HOSP recognises the importance for patient outcomes of building a bespoke health centre rather than retrofitting this into an unsuitable building, but this must be balanced with accessibility.
- HOSP is unable to support the building of the health centre at Sunnyside Road (rugby club), as is currently planned, due to the inability of the site to suitably provide access to public transport which we believe will be detrimental to some patients.
- HOSP calls on the CCG and the developers to work together to reconfigure the plans for the Sunnyside Road site incorporating a suitable road to allow access to public transport that serves patients using the health centre.
- Upon reconfiguration of the plans for the site, including incorporation of the access road for public transport, HOSP will provide its full support.
- If the plans remain unchanged then HOSP calls on the CCG to consider alternative plans for the relocation of Graham Road surgery (such as an alternative location or a branch surgery in the centre of Weston-super-Mare)

1. Summary of Report

As part of the agenda for the Health Overview and Scrutiny Panel on 18th March 2021 there was discussion about the location of the new health centre in central Weston. Concerns about access were raised at the meeting, and by the public, so it was resolved that a task and finish group of councillors would look into this matter further and report back to HOSP.

This report sets out the findings of the working group and proposes a number of interim recommendations (as set out above) for consideration by the Panel at this meeting

2. Policy

N/A

3. Details

3.1 At the point of writing this report the task and finish group have met twice (by the time of the HOSP meeting this will be three times) and the group are now in a position to provide an update.

The group focussed solely on the access concerns for the site at Weston Rugby Club and relied on various documentation and sources such as demography data, equality impact assessments, the business case, high-level feedback from the public events, experience and knowledge of Healthwatch, CCG and North Somerset Council's transport team, and details about the proposed site.

What we have learnt:-

3.2 Can a bridge, with public access, be built over the railway line?

In theory yes, but this is considered to be very very unlikely as such a bridge would cost multiple millions and would be very hard to deliver. Cllr Cronnelly represents a ward in Weston that should have had a bridge built over the railway line several decades ago (approved in 2000). It was never delivered and is now estimated to cost over £4million.

The council do have plans to enhance pedestrian and cyclist access on Hildesheim Bridge.

3.2 Could the bridge at the railway be used for public access?

The Chairman wrote to Great Western to have this discussion but at the time of writing there has been no response. It is anticipated that access will not be granted and therefore is not a viable alternative.

3.3 Can the site be served by public transport?

We've looked into the ability to serve Sunnyside Road with public transport and we have concluded that there are substantial challenges and unless the site is reconfigured public transport will not be possible. The challenge is that Sunnyside Road, by itself, is not suitable for public transport as there is no turnaround for a bus. In effect this will be a health centre marooned on the outskirts of Weston if the current plan remains in place - this is not acceptable.

However, the task and finish group has identified a way to serve the site and the health centre with public transport but this requires a new public transport access road cutting through the site. An access road would be possible at the North end of the site but that would cut across land currently earmarked for a school (although as these plans are not fully complete it's a tad academic to say that it's currently earmarked for a school). To build this access road the site will need to be reconfigured which may mean a reduction in the number of homes and/or moving the planned school. Alternatively locating the health centre at the south of the site may be better.

Both options require the developer to change their current plans.

The CCG has been asked by the group to discuss with the developer reconfiguring the site and update the group on their response.

The Chairman has written to First Bus to ask them to comment on the impact of incorporating the site into an existing bus route. At the time of writing no response has been received.

3.4 What are the prospects for a branch surgery?

The group did ask for a branch surgery to be considered in central Weston to mitigate some of the impact but has been advised that this is unlikely due to financial implications. There are however plans to consider whether some outreach work may be possible to support certain groups - such as methadone users who currently rely on getting their prescriptions from Graham Road.

3.5 Can transport support be put in place?

We know surgeries such as Mendip Vale use electric cars to help reach people who can't access the site. We also know that voluntary services such as Weston Wheels can pick up patients and drop them to their surgery if they have issues getting there.

However, the reliance on a voluntary service isn't sustainable and shouldn't be considered as a replacement for appropriate infrastructure.

Conclusions

3.6 The task and finish group agree that a new, and bespoke built, health centre is preferable to a health centre that is retrofitted into an existing space, however, this has to be balanced with being accessible for patients.

There is an opportunity to make the site accessible but it will require the developer agreeing to reconfigure the site, which may mean relocating/reducing the number of houses and/or the school. Should the developer agree to this then it will resolve some of the considerable access challenges.

4. Consultation

N/A

5. Financial Implications

N/A

Cost

N/A

Funding

N/A

6. Legal Powers and Implications

N/A

7. Climate Change and Environmental Implications

N/A

8. Risk Management

N/A

9. Equality Implications

N/A

10. Corporate Implications

N/A

11. Options Considered

N/A

Author:

Councillor Ciaran Cronnelly, Chairman Health Overview and Scrutiny Panel

North Somerset Council

Report to the Health Overview and Scrutiny Panel

Date of Meeting: 19th July 2021

Subject of Report: Health and Wellbeing Strategy

Town or Parish: All

Officer/Member Presenting: Dr Georgie MacArthur

Key Decision: No

Reason:

For review and comment

Recommendations

Members of the Health Overview and Scrutiny Panel are asked to review the draft Health and Wellbeing Strategy and Action Plan, for which a final version is due to be published towards the end of July 2021. Members of the Panel are asked to review the vision, principles, approach, and priority themes and to contribute views and suggestions to inform update and finalisation of the document.

1. Summary of Report

The Health and Wellbeing Strategy (HWBS) 2021-2024 for North Somerset aims to provide a unified vision for health and wellbeing, an overview of shared strategic priorities and principles for improving health and wellbeing and reducing inequalities, and a targeted action plan outlining the range of actions to be taken to achieve objectives. The strategy has been informed by analysis of health needs and consultation and engagement, and aims to be succinct, accessible and focused around the actions to be taken to address health and wellbeing priorities. The action plan included in the strategy will be supported by an outcomes framework to enable ongoing monitoring and evaluation of outcomes and an annual refresh of the action plan to review impact and identify any areas for improvement.

The Health Overview and Scrutiny Panel are asked to review and provide comments relating to:

1. The vision for the strategy.
2. The principles underpinning the strategy.
3. The approach and priority themes.
4. The action plan.

Between July and September 2021, a working group will refine and agree a framework for the action plan, outlining resource commitments, targets and modes of delivery, which will be submitted to the Health and Wellbeing Board for approval in Autumn 2021.

2. Policy

Guidance states that Health and Wellbeing Boards must develop a joint Health and Wellbeing Strategy (HWBS) (*Health and Social Care Act 2012, s193*) and that these HWBS should meet the needs of the local population and must be taken into account by local authorities, CCGs and NHS England when preparing or revising commissioning plans.

3. Details

3.1. Data and themes

Development of the Health and Wellbeing Strategy (HWBS) has been informed by review of quantitative data and evidence regarding leading causes of mortality, premature mortality, ill-health and health inequalities in North Somerset. Extensive engagement and consultation has also been undertaken with residents and a range of stakeholders and forums across North Somerset to support development of the HWBS (see section 3.2 below).

Data demonstrates that leading causes of health inequality and premature mortality in North Somerset include cardiovascular disease, cancer and respiratory disease, while evidence indicates that around two in five cases of cancer could be prevented, and six risk factors (including tobacco use, physical inactivity, harmful alcohol use, poor diet, high cholesterol levels and high blood pressure) are estimated to cause 50-80% of cardiovascular disease. Tobacco use remains a leading contributor to premature mortality and health inequalities, and mental and behavioural disorders are also a key contributor to the health burden and inequalities, often interacting with other determinants of health. Many of these risks, behaviours and determinants also have their roots in childhood and young adulthood, offering opportunities for prevention of later ill-health.

In addition, a range of social, economic and environmental factors, or wider determinants of health, shape the conditions in which people live and thus impact on people's physical and mental health. Systematic variation in such factors can drive health inequality with many health conditions having their roots in the inter-relationships between such determinants of health.

3.2. Consultation and Engagement

Alongside analysis of health need, consultation and engagement was conducted to ensure that the strategy reflected the values, beliefs and priorities of people in North Somerset. Approximately 250 individuals contributed to the consultation, via surveys, workshops and fora, including members of the public and representatives of health and wellbeing networks and forums, statutory, charitable and service provider organisations, small and medium sized enterprises, the voluntary, charitable, faith and social enterprise (VCFSE) sector and Town and Parish Councils. Priority topics that emerged included: mental health and wellbeing; physical activity; diet and healthy food; food poverty; social isolation and loneliness; addressing climate change and health; and addressing the impacts of Covid-19. Among wider determinants of health, priorities included transport, housing, and financial stability and employment. Feedback highlighted that approaches to tackle these issues should include: a focus on prevention and early intervention, working with communities using strengths-based approaches, and providing accessible services and activities.

The priority topics, approaches and ideas mapped closely to priorities and approaches identified via analysis of health data and have contributed to development and shaping of the strategy. It is noteworthy that while consultation and engagement was conducted during a period including a national lockdown and high rates of Covid-19, the key themes identified

are consistent with those identified through other consultations completed over recent years in North Somerset, and nationally.¹

3.3. Approach, principles and framework for action

Taken together, the Health and Wellbeing Strategy Steering Group developed a framework for action, which brings together data about health need and findings from our consultation and engagement, with a focus on addressing risk factors for leading causes of ill-health and inequality alongside the wider determinants of health.

The framework for the strategy focuses around three key themes of (i) prevention of ill-health; (ii) early intervention to reduce the burden to health and impact of existing health problems; (iii) thriving communities to support strategic plans to address wider determinants of health and to ensure a focus on supporting places, settings and communities to develop, own and implement sustainable solutions to local health needs. This is reflected in the vision for the strategy:

The Health and Wellbeing Board's vision is 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. Our vision will be achieved by:

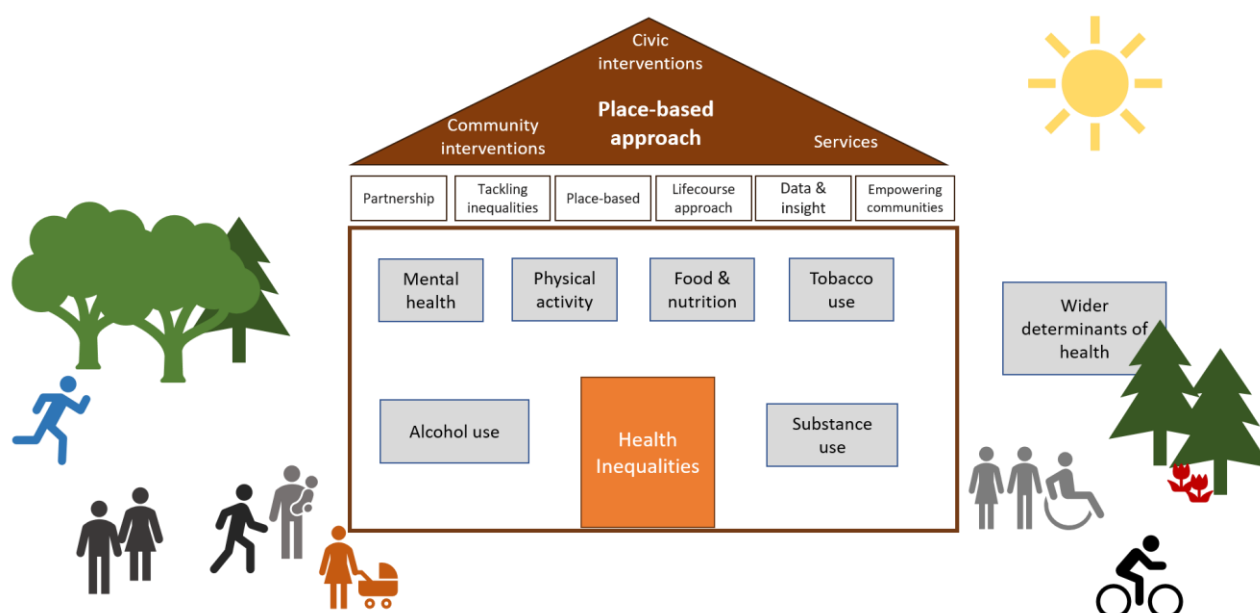
- Preventing health problems before they arise
- Intervening early in relation to existing health problems
- Supporting communities to be connected, healthy and resilient

Priority areas to be addressed across these themes include mental health and wellbeing; physical activity; food, diet and nutrition; tobacco use; alcohol use; drug use; and wider determinants of health such as housing, transport and green infrastructure.

The strategy commits to action to address these priority areas across the lifecourse, reflecting recognition of the need to address risks to health that may arise at critical periods of life (such as the early years) and/or throughout life thus aiming to support the best start in life, living well, and ageing well. This framework for action is outlined in Figure 1 below (to be refined prior to publication by the design team).

¹ Royal College of Paediatrics and Child Health. State of Child Health 2020: England.

Figure 1. Our approach and priority areas to be addressed in the Health and Wellbeing Strategy and action plan



Place-based approach to reducing health inequalities incorporates the population intervention triangle, incorporating civic-level interventions; community interventions and service-based interventions. White squares reflect our principles; grey squares reflect our priority health and wellbeing themes to be addressed in the strategy.

The framework is underpinned by a set of guiding principles, including:

1. Strong and effective partnerships
2. Tackling health inequalities and using a proportionate universalism approach
3. A place-based approach to inequalities
4. A life-course approach
5. Building on the Covid-19 response and recovery plan
6. Enabling and empowering communities

Each of these principles is outlined in greater detail in the draft HWBS attached. It is made clear that the strategy in no way seeks to replicate or replace the extensive work already in place to address the challenges outlined above, using similar principles and approaches. All of that work will continue. However, the HWBS seeks to highlight where new, focused action, and partnership, will make a difference in improving health and wellbeing.

Overall, the principles and approach taken aim to align with the North Somerset Council Corporate Plan, NHS Long Term Plan, Healthier Together strategies and programmes and Integrated Locality Partnership-driven programmes, while drawing on frameworks and reports such as the Health in All Policies approach, The Marmot Review 10 Years On, and the place based approach to reducing inequalities.

4. Consultation

A summary of the consultation and engagement completed to inform development of the HWBS is provided in section 3.2 above.

5. Financial Implications

Implementation of the HWBS action plan will require additional resources, to be committed from the Public Health and Regulatory Services budget and from other partners. A Working Group will be convened to review the action plan, targets, resources required, mode of delivery and ownership of actions. The initial focus will be on actions to be implemented in year 1, followed by those planned for years 2 and 3. The resulting resourcing and reporting framework will be submitted to the Health and Wellbeing Board for approval in the autumn of 2021.

Costs

As noted above, a working group will review and agree detail regarding costs and resources associated with delivery of the action plan.

6. Legal Powers and Implications

Local authorities and clinical commissioning groups (CCGs) have equal and joint duties to prepare a Health and Wellbeing Strategy, through the Health and Wellbeing Board. Full details of the national guidance (2013) can be found [here](#).

7. Climate Change and Environmental Implications

The HWBS incorporates plans to support action to address climate change via support for the North Somerset Green Infrastructure Strategy and Active Travel Strategy. The action plan also includes plans to pilot a programme to enhanced active travel for journeys to school, use communications and marketing to disseminate messages around climate change and health, and to promote consideration of climate change through commissioning of services and as part of a review of 'Health in all Policies' across health and wellbeing partners.

8. Risk Management

Delivery and implementation of the HWBS and action plan will be overseen by the Health and Wellbeing Board and any risks to delivery of this work will be identified to the Board for discussion and resolution. Implementation of the action plan and monitoring and evaluation of outcomes will be monitored by a project management group on a regular basis.

9. Equality Implications

The HWBS highlights how actions will be implemented using a proportionate universalism approach, such that health problems will be tackled in a way that improves the health and wellbeing of everyone, but with a proportionately greater focus where changes are most needed, so that the health of people experiencing the worst health outcomes can increase faster, thus helping to reduce the inequality gap. Such action may reflect differences in health outcomes between geographical areas and/or between population groups, for instance, according to protected characteristics. Implementation of the action plan will be guided by data in this regard, and monitoring and evaluation of the impact of actions on health inequalities.

10. Corporate Implications

The HWBS reflects North Somerset Council's vision of being open, fair and green via the focus on consultation, engagement, community-focused action, and ongoing review of impact; a central aim of reducing inequalities; and our support for action to address climate

change. The strategy also aims to support a range of strategies and programmes already in place, such as the Economic Plan, Green Infrastructure Strategy, Active Travel Strategy, Volunteering Strategy, Carers Strategy, and Libraries Strategy among others. The HWBS also acknowledges the importance of collaboration and partnership with Healthier Together and a range of partners as we move towards an integrated care system and co-ordinated models of care and support at locality level.

11. Options Considered

The option being presented is review and endorsement of the vision, approach, principles and themes outlined in the draft Health and Wellbeing Strategy. The draft strategy and action plan will be updated and optimised following the meeting of the Health Overview and Scrutiny Panel, with publication in late July 2021.

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Appendices:

Appendix 1: Draft Health and Wellbeing Strategy and Action Plan
Appendix 2: Summary powerpoint presentation

Background Papers:

None

Joint Health & Wellbeing Strategy

North Somerset

2021 - 2024

Contents

Foreword	3
Our Vision	5
Our principles	6
Our approach	11
Health and wellbeing and health inequalities in North Somerset	12
Consultation and Engagement	15
Our framework for action	17
Delivery and oversight of the strategy	19
Action plan	21
References	37
Appendices	38

Foreword

The profound experience of living through a pandemic over the last 18 months has only emphasised the value of our personal, family and community health and wellbeing. We have seen the stark differences between the experience of different geographies and groups of people highlighted by the disproportionate negative impact of the virus on parts of our population. Those who were already most vulnerable have generally suffered most and there will be lasting and often complex needs that must be addressed as we recover.

I am delighted we can publish our new Health and Wellbeing Strategy for North Somerset as a focus for how we can help to improve health and wellbeing across our whole population, but importantly, target additional support where it is needed most.

The strategy is deliberately high-level, creating a space where a wide range of partner organisations can see their contribution to these aims. We have not tried to duplicate work that is happening across a range of other strategies, programmes and action plans – all of which will also make valuable contributions. For example, improving what determines our health and wellbeing in areas like education, housing and economic development, plus strengthening services targeted at different levels of identified need, for example, voluntary and community delivered advocacy and support, GP and community services and more specialist care for physical and mental health and wellbeing needs.

The strategy and action plan have been developed based on a wide range of engagement with different stakeholders to identify where we can make a difference to deliver short-, medium- and long-term benefits for local residents. We are very grateful to all those who took part and contributed their views, as well as to those who were involved in the Steering Group that provided oversight to development of this strategy. The themes and actions included here are not meant to be an exhaustive list. Rather, they are priority outcomes based on that collective view, with actions implemented through the agencies and partnerships represented by the Health and Wellbeing Board with everyone playing their part in our pursuit of a happier, healthier and fairer North Somerset.

This includes an ongoing focus on using our collective resources to work with, and for, our local communities. The response of the North Somerset voluntary and community sector to the pandemic has been outstanding and has set down some valuable lessons on listening to and providing resources to address what works best at the local level and making best use of the many important assets – people, places, groups and friendships – that are the lifeblood of our community life. We will monitor delivery of the action plan and welcome any comments or offers of support to implement the ambitions it sets out. I look forward to working with colleagues to create the lasting benefits it aims to deliver.



Cllr Mike Bell

Chair, North Somerset Health and Wellbeing Board, Deputy Leader of North Somerset Council, Executive Member for Adult Services, Health and Housing

DRAFT

Our Vision

The Health and Wellbeing Strategy 2021-2024 sets out our vision, shared ambitions, principles, and the actions we will take over the next three years to improve health and wellbeing and to reduce health inequalities across North Somerset. The framework for action that we set out in this strategy has been informed by analysis of health and wellbeing needs in our population and consultation and engagement with people living and working in North Somerset.

The Health and Wellbeing Board's vision is 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.

Our vision will be achieved by:

- preventing health problems before they arise
- intervening early in relation to existing health problems
- supporting communities to be connected, healthy and resilient

Achieving our vision will improve health and wellbeing from the early years through to older age, providing opportunities to increase the number of people being supported and empowered to be healthy and well, enhancing the extent to which our local communities identify, own and implement tailored solutions to thrive, and, through targeted action, a narrowing of the gaps in health outcomes between groups.

Our principles

Our health and wellbeing strategy focuses on activity that will have the greatest impact on health and wellbeing over the next three years. We outline joint ambitions and areas of new activity that will support the extensive work already in place to plan, commission and deliver health care and support locally. Underpinning this work are our principles for how we will achieve our vision.

Figure 1. Guiding principles and approach to development and implementation of the Health and Wellbeing Strategy



1. Strong and effective partnerships

As we move towards an integrated care system and co-ordinated models of prevention, care and support in our communities through integrated care partnerships, we recognise the need to deliver this strategy through strong partnership, collaboration and leadership. This will happen across health, social and community care, including a wide range of partners, the voluntary, charitable, faith and social enterprise (VCSFE) sector and communities themselves. The Health and Wellbeing Board is committed to integrated and joined up approaches to improving health and wellbeing. Together we can achieve a lot more.

2. Tackling health inequalities

The Health and Wellbeing Board's vision incorporates an ambition to address the health inequalities that are evident across North Somerset. Health inequalities are avoidable and unfair differences in health and wellbeing across the population or between different groups of people. Health inequalities arise because our health is affected by the conditions in which we are born, grow

up, live, work and age as well as factors such as age, gender, ethnicity and where we live. These conditions affect our thoughts and behaviours, and together, shape our mental health, physical health and wellbeing¹. Reducing inequalities and promoting fairness and opportunity for everyone is one of North Somerset Council's three priorities outlined in the Corporate Plan² and is heavily emphasised in the latest planning guidance for the NHS.³

While many health outcomes in North Somerset are good and compare favourably with national averages, the overall picture masks inequalities between groups and across the geographical footprint. North Somerset is among districts nationally that have the greatest inequality between areas, with the most deprived areas in North Somerset focused mainly in Weston-super-Mare.

Tackling and reducing health inequalities is a helical (constant) theme running through this strategy. We set out how we will tackle health problems to improve the health and wellbeing of everyone, but with a proportionately greater focus where changes are most needed. This enables the health of people experiencing the worst health outcomes to increase faster, thus helping to reduce the inequality gap. Our approach reflects the principle of proportionate universalism, referenced by Sir Michael Marmot in *'Fair Society, Healthy Lives'*.⁴ As such, in our action plan we include interventions with universal reach, as well as those that are targeted to people in particular groups or parts of North Somerset where the health need is greatest.

Proportionate universalism

"The implications of the social gradient in health are profound. It is tempting to focus limited resources on those in most need. But we are all in need – all of us beneath the very best-off. To reduce the steepness of the social gradient in health, actions must be universal, but with a scale and intensity that is proportionate to the level of disadvantage. We call this proportionate universalism. Greater intensity of action is likely to be needed for those with greater social and economic disadvantage, but focusing solely on the most disadvantaged will not reduce the health gradient, and will only tackle a small part of the problem."

Source: Fair Society, Healthy Lives. Institute of Health Equity, 2010.

Partners across the health, care and wellbeing system already put enormous effort into tackling health inequalities. All that work continues, and this strategy does not intend to replicate or replace this. Using local stakeholder views, local data for North Somerset and national evidence and best-practice, we have set out the priority themes on which this strategy will focus. This is demonstrated in the corresponding action plan, through which we are confident that we will make focused improvements that are likely to have biggest impact on health and wellbeing and health inequalities.

¹ Public Health England (2019). Place-based approaches for addressing health inequalities. Main report.

² North Somerset Corporate Plan 2020-2024

³ The NHS Long Term Plan. January 2019.

⁴ Fair Society, Healthy Lives (the Marmot Review). Institute of Health Equity, 2010; Health Equity in England: The Marmot Review 10 Years on. Institute of Health Equity, 2020.

3. A Place-based approach

The place-based approach to addressing inequalities recognises the importance of tackling health problems and health inequalities by focusing on wider determinants of health, such as housing, education and employment, at all stages of life.⁵

The place-based approach considers places, settings and a joined-up approach, rather than individually focused issues at one stage of life, to address the complexity of underlying inequalities and to achieve greater impact. For instance, focusing solely on changing individual behaviours can widen inequalities. While this is necessary as part of a broad approach, addressing the social, economic and environmental factors ('wider determinants of health') which shape the conditions in which people live and so impact on people's health can address the multiple, root causes of health inequalities.

In partnership with Public Health England South West, we have already been using the Population Intervention Triangle (PIT) to initiate a place-based approach to reducing health inequalities and this will continue through this joint strategy.

Figure 2. The population intervention triangle (PIT), which captures key elements of the place-based approach.

Components of the Population Intervention Triangle



Source: Public Health England (2019). Place-based approaches for reducing health inequalities.

⁵ Public Health England (2019). Place-based approaches for addressing health inequalities. Main report.

The PIT takes account of the three main facets that have an impact on place-based planning, and so the areas where we can make a difference to local populations and health inequalities:

- Civic-level interventions, such as public policy, economic development, planning
- Community-centred interventions, such as strengths-based approaches, community health champions, networks, social prescribing
- Service-based interventions, such as weight management services, smoking cessation

Whilst individually these interventions can make a difference, when combined at a system-level and to greater population scale the components can be more effective. Furthermore, using this approach in combination with proportionate universalism, as outlined above, will support our aim of reducing the gap in health and wellbeing outcomes between those in the most and least deprived areas of North Somerset, a central tenet of our strategy.

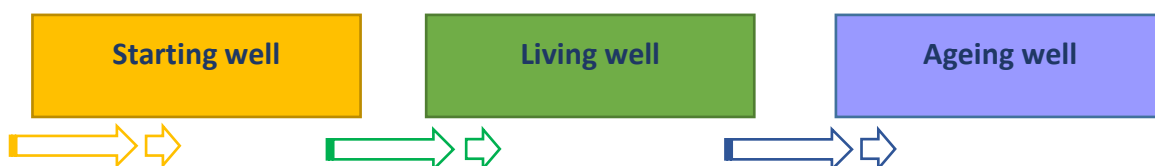
Consultation and engagement with members of the public and stakeholders for this strategy has highlighted the importance to people of tailored, community-based approaches to improving health. People reported that they want to live in connected, cohesive and resilient communities and want to be able to make decisions locally about what works best for them in their local area. Through the community-centred interventions component of the place-based approach, we include community engagement, strengths-based approaches, peer involvement and area-based initiatives in our action plan.

COVID-19 has also show us the importance of place and the role that settings have to play in enabling health and wellbeing. The actions highlighted in this strategy emphasise the significance of places, settings (such as schools, workplaces, children’s centres) and community assets.

4. Life course approach

Our strategy takes a life course approach, reflecting our recognition of the variance of experience and need across all life stages from starting well (children, young people and families) to living well (adults of working age) and ageing well (older adults). Risk factors for poor health and inequalities can be important at particular stages of life, they can cluster and/or accumulate across the life course to have a negative effect on our health and wellbeing. We have made sure that within our priority themes and the action plan we have considered the needs of each group and have identified areas where we can improve health outcomes at each part of the life course.

Figure 3. Incorporating a life course perspective into the Health and Wellbeing Strategy



5. Informed by data, insight and ongoing learning

Our vision, principles and actions have their foundations in the use of data and evidence to inform and guide our decisions, alongside consultation, engagement and community involvement to ensure that the strategy and action plan reflect what matters most to people. We will use data to inform the targeting of actions to where they are needed most, and for whom, and evidence will guide our decisions about the activities and interventions within each component of the PIT that will provide the greatest benefit to our populations – at a local level and across North Somerset.

Delivery of the strategy and action plan will also build on learning from the Covid-19 response. For instance, the Covid-19 pandemic fostered the need for joined-up working and partnerships at an intensity we have not previously experienced. New relationships were built quickly, existing relationships enhanced and barriers to action were overcome together. Without doubt, the spirit and values shared by teams and partner organisations enabled us to respond and take action that was both considered and prompt. We will use this shared understanding to develop approaches that may be more effective in our communities.

Owing to our focus on prevention and early intervention, we acknowledge that some of the changes we are seeking will occur over the longer-term. However, we have sought to incorporate actions that are likely to bring more immediate, as well as, sustained, longer-term benefit. Over the course of the strategy, we will monitor and evaluate changes linked to the action plan through a bespoke outcomes framework, adjusting actions as required during an annual refresh process.

6. Enabling and empowering communities

Empowering people in communities to mobilise local resources, skills, knowledge, social networks and organisations plays a central role in promoting health locally. Developing partnerships, collaborative and participatory methods for designing new services and activities, volunteering and area-based activities are some of the modes of community and strength-based action that can improve health and wellbeing and reduce inequalities.

In North Somerset, our approach is set out in full in our Empowering Communities Strategy and the wider Building Healthier Communities programme across North Somerset, Bristol and South Gloucestershire. As described above, we have already seen the impact of community-centred action through the Covid-19 pandemic response and this continues through North Somerset Together and linked forums and initiatives. The ambitions, objectives and principles set out in this strategy dovetail with this work and we will continue to work in partnership with this, and other, initiatives across the VCFSE sector to bring our ambitions to life.

Our approach

Our approach builds on our principles and has been informed by assessment of health need and feedback from people and stakeholders about what is most important to them for improving health and wellbeing. It includes three main approaches that we will use to optimise health and wellbeing across priority themes.

Prevention

We will develop actions that focus on preventing people becoming unwell or having poor health and wellbeing. Upstream working and laying the foundations for better health are key to helping people stay healthy, happy and independent for as long as possible.

Early intervention

Our actions will support people to manage their health and wellbeing as effectively as possible. We will implement activity that supports people to identify health problems or difficulties as early as possible, making sure that the right support is in place. The earlier action is taken to prevent or resolve a problem, the better the outcome.

Thriving communities

Our actions will support strategic plans and the extensive work already in place across North Somerset Council, Bristol, North Somerset and South Gloucestershire Clinical Commissioning Group (BNSSG CCG) and with our partners in the wider health, care and VCFSE system to support communities to thrive. This includes a focus on the wider determinants of health, such as employment, transport and housing, alongside ways to enhance access to green spaces and to address climate change.

Health and wellbeing and health inequalities in North Somerset

[Note: Figures to be included as graphical representation in published version]

1. Population

- The population of North Somerset is 215,052 (49% male; 51% female)⁶
- Children and young people make up 21.4% of the total population; older people aged 65 and over make up 24% of the population⁷
- The population is growing and by 2024 is projected to include an additional 7,960 people (& 16,221 by 2030)⁸

2. Inequalities

- 10% of people in North Somerset live in the 20% most deprived areas of England.⁹
- The life expectancy gap between the most and least deprived areas is 8.9 years for females and 9.8 years for males.¹⁰
 - This is higher than the average for the South West
 - The gap is the largest among local authorities in the South West for females, and the second highest for males.
- On average, people in North Somerset live over 14 years in poor health (19 years among females, 14 years among males).
- 8% of people experience fuel poverty, equivalent to 7,343 people.¹¹
- The prevalence of unhealthy weight among children is approximately 2-fold higher in the most deprived areas, compared to the least deprived areas.¹²

⁶ Office for National Statistics, 2020. Mid-year estimates 2019-2020.

⁷ Office for National Statistics (2020). Mid-year estimates 2019-2020.

⁸ Office for National Statistics (2020). 2018-based subnational principal population projections for local authorities and higher administrative areas in England.

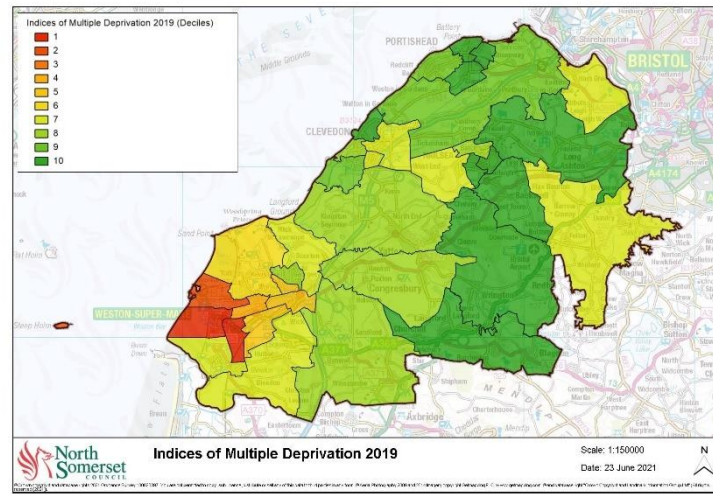
⁹ Public Health England. IMD 2019, analysis by PHE LKIS South West & Fingertips (PHOF).

¹⁰ Public Health England. Public Health Outcomes Framework.

¹¹ Public Health England. Public Health Outcomes Framework. Data for 2018.

¹² National Child Measurement Programme, 2019-20.

Figure 4. Map of North Somerset showing indices of multiple deprivation (2019 deciles), showing the 10% most deprived areas within Weston-super-Mare.

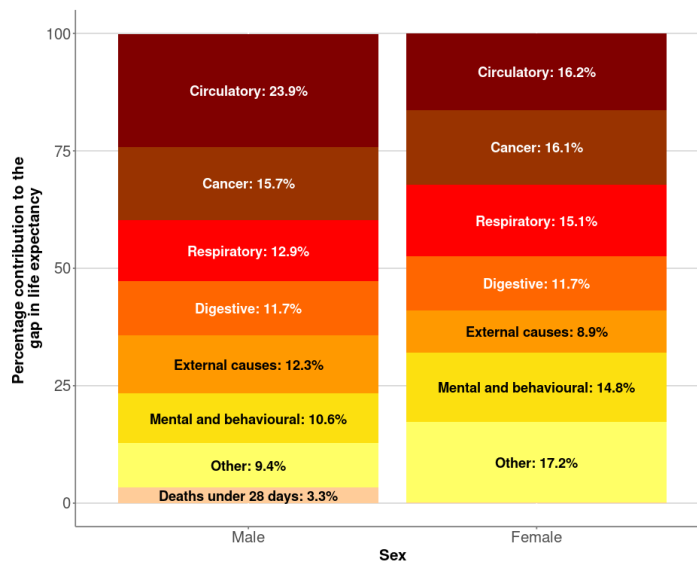


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3. Leading causes of ill-health

- Cancer and cardiovascular disease are the leading causes of premature mortality and health burden in North Somerset & leading contributors to health inequality in life expectancy.

Figure 5. Contributors to inequality in life expectancy in North Somerset



Source: Public Health England based on ONS death registration data and mid year population estimates, and Ministry of Housing, Communities and Local Government Index of Multiple Deprivation, 2015.¹³

- Mental disorders are the third leading cause of morbidity (premature mortality and ill-health).¹⁴
- Around one third of children aged 10-11 have an unhealthy weight.¹⁵
 - This is in line with the South West Average and lower than the England average
- In 2019/20, there were 545 emergency hospital admissions for intentional self-harm among people (a rate of 281/100,000).¹⁶
 - This is higher than the rates for England (193/100,000) and the South West as a region.
- About 1 in 5 of adults are physically inactive (21%).¹⁷
 - This is in line with the England average and slightly higher than the South West average
- There are 19,276 current smokers in North Somerset, which is a rate of 11.3%.¹⁸
 - This is one of the lowest across the South West region and is lower than the England average.
- There were 25 deaths from drug misuse during 2017-2019.¹⁹ The number of deaths has not changed over recent years in North Somerset, but rates of drug related deaths are rising nationally.
- 22% of people reported they had a high anxiety score in 2019-20, in line with the national and South West average.²⁰
- There were 1,582 hospital admissions for alcohol-related conditions, equivalent to a rate of 728 per 100,000 people.²¹
 - This is higher than the average for England and the South West region.
- Coverage of screening for breast, cervical and bowel screening is in line with the average coverage for England and the South West.²²

¹³ Public Health England Segment Tool. Footnote: Circulatory includes heart disease and stroke. Respiratory includes flu, pneumonia, and chronic lower respiratory disease. Digestive includes alcohol-related conditions such as chronic liver disease and cirrhosis. External includes deaths from injury, poisoning and suicide. Mental and behavioural includes dementia and Alzheimer's disease. Percentages may not sum to 100 due to rounding

¹⁴ Global Burden of Disease Collaborative Network. Global Burden of Disease Study 2019 (GBD 2019) results. Seattle, United States. Institute for Health Metrics and Evaluation (IHME). 2020.

¹⁵ National Child Measurement Programme, 2019-2020.

¹⁶ Public Health Outcomes Framework. Data for 2019-20.

¹⁷ Public Health Outcomes Framework. 2019-20.

¹⁸ Source: Annual Population Survey via Public Health Outcomes Framework (2019 data).

¹⁹ Source: Office for National Statistics via Public Health Outcomes Framework.

²⁰ Source: Annual Population Survey (APS); Office for National Statistics (ONS).

²¹ Source: Calculated by Public Health England: Population Health Analysis (PHA) team using data from NHS Digital - Hospital Episode Statistics (HES) and Office for National Statistics (ONS) - Mid Year Population Estimates. Data for 2018-19

²² Source: NHS Digital (Open Exeter)/ Public Health England. Via Public Health Outcomes Framework. 2020.

Consultation and Engagement

In parallel to understanding where the greatest need lies for improvement of health and wellbeing, we also conducted a range of consultation and engagement activities to ensure that the strategy reflects the values, beliefs and priorities of people in North Somerset.

What matters most to local people?

To find out what matters most to those living and working in North Somerset, we asked residents and people working with local organisations for their views about health and wellbeing during Spring 2021. Our questions centred around what mattered most to people in terms of their health and wellbeing, health challenges that people felt should be addressed as a priority, and ways in which such priorities could, and should, be addressed to bring about beneficial change.

Due to the national Covid-19 lockdown and social distancing measures, our consultation activity was conducted online through a combination of online surveys and workshops. It is acknowledged that this digital engagement will inevitably have limited access for some residents in North Somerset. However, we will continue to engage with, and listen to, members of the public and other stakeholders when we conduct annual refreshes of the action plan in 2022 and 2023.

Over 150 people completed our online survey and workshops were held with members of the public, individuals working in health, wellbeing and associated public and third sector organisations, and Town and Parish Councils. We also spoke to over 30 organisations through networks and forums and networks and consulted young people to hear their views. Overall, we heard from around 250 people.

We analysed all of the feedback together to identify the priorities and actions that people thought were most important to improve health and wellbeing across North Somerset.

Priorities for North Somerset

Whilst participants covered a range of health and wellbeing topics in their feedback, some dominant themes emerged. People told us their biggest health and wellbeing priorities are:

- Mental health
- Physical activity
- Healthy food
- Social isolation and loneliness
- Food poverty
- Addressing climate change and health
- Addressing the impacts of COVID-19

In terms of wider determinants of health and wellbeing (the social, economic and environmental factors that have an influence on health and wellbeing), people prioritised: transport, housing and financial stability & employment.

People told us they want us to tackle these topics through:

- A focus on prevention and early intervention
- Working with communities using strengths-based approaches
- Providing accessible services and activities

We asked people to tell us about the things that work well (or could work well) to improve health and wellbeing locally, as well as what needs to be better. People shared ideas about activities, services and the personal things they do to keep healthy and feel good. All of these ideas have contributed to development of our action plan.

Across all of the consultation and engagement activity we conducted, including with older and younger people, members of the public and professionals, the dominant themes and priorities were similar and also corresponded with findings identified by other local consultation activities conducted in North Somerset over recent years.

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Our framework for action

Data for North Somerset show that long-term conditions such as cardiovascular disease (CVD), cancer, respiratory illness and mental and behavioural disorders are leading contributors to ill-health as well as the life expectancy gap,²³ as shown above.

Together, long-term conditions such as these lead to substantial health burden, accounting for approximately 50% of GP appointments, 64% of outpatient appointments and 70% of hospital stays as well as significant social care costs. Over half of people over the age of 60 have a long-term condition and this total is rising.²⁴

However, a substantial proportion of this disease is avoidable. It is estimated that approximately two out of five cases of cancer could be prevented, while for CVD, which disproportionately affects people from the most deprived communities, 6 risk factors are estimated to cause 50-80% of disease. These risk factors include: high blood pressure, smoking, high cholesterol, harmful alcohol use, physical inactivity, having an unhealthy weight and poor diet.²⁵ Furthermore, two thirds of deaths among people with serious mental illness are due to illnesses that can be prevented.²⁶ We know that half of all mental health problems are established by the age of 14, rising to 75% by age 24.

Implementing action early to address modifiable risk factors and thus prevent long-term conditions, alongside a focus on preventing mental ill-health, will enable us to address both leading causes of ill-health and health burden and health inequalities.

Our joint framework for action brings together these data about health need and inequality, with the findings from our consultation and engagement activity, which very closely reflected priorities identified via assessment of health need.

The schematic below indicates our priority themes for each of our three approaches: prevention, early intervention and thriving communities. The themes and approaches are considered across the life course, so that we take account of different needs across people's lives.

Whilst the diagram below concentrates on our key themes and approaches, we acknowledge that the continued work on health and wellbeing across North Somerset is far wider than these themes. This strategy provides the ability to focus and prioritise our work, but this is not to the detriment of the continuing service and project work of teams across the Council, BNSSG CCG, NHS, VCSFE Sector and others. We acknowledge the deliberate limitations in breadth of this strategy but equally recognise how renewed focus on key topics that are of importance to the local population and reflected in the data allows us to combine our efforts to make a difference.

²³ Public Health England: Segment Tool.

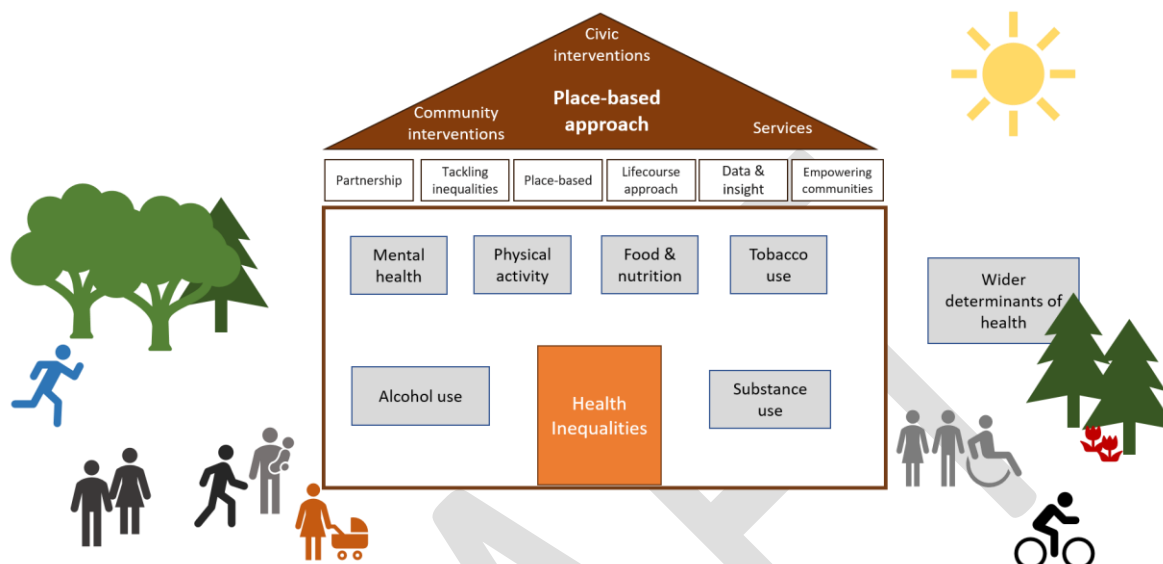
²⁴ The King's Fund. Long-term conditions and multi-morbidity. Part of *Time to Think Differently*. Accessed June 2021.

²⁵ Public Health England (2018). Health Matters. NHS Health Check – A world leading CVD prevention programme.

²⁶ Public Health England (2021). Public Mental Health. Recovery Action Card.

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

[model to be adapted by design team]



Place-based approach to reducing health inequalities incorporates population intervention triangle, incorporating civic-level interventions; community interventions and service-based interventions. White squares reflect our principles; grey squares reflect our priority health and wellbeing themes to be addressed in the strategy.

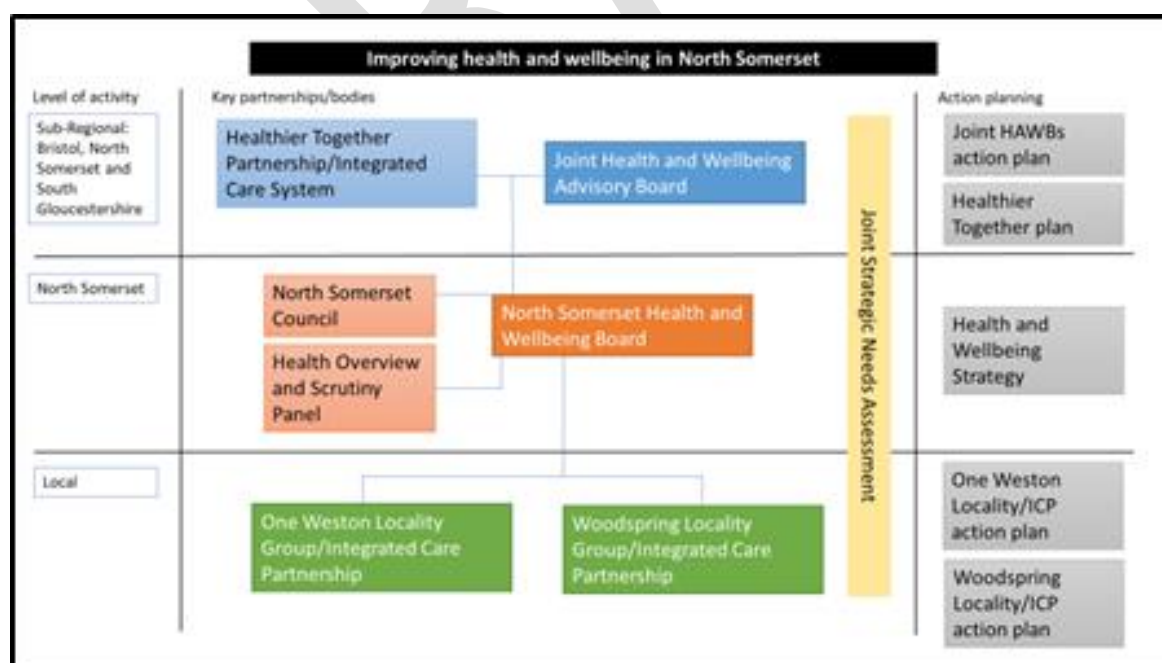
Delivery and oversight of the strategy

Delivery of the joint strategy is the responsibility of the Health and Wellbeing Board as the identified leader of efforts to improve health and wellbeing and reduce inequalities in North Somerset.²⁷

The action plan will be monitored through a standard reporting process at each meeting of the Health and Wellbeing Board. This will include progress against an outcomes framework which will measure different aspects of improvement across different timescales. As well as data, there will be qualitative feedback on how actions are progressing and how this is impacting on the health, wellbeing and everyday life of those people who have received new or additional support. Developing sustainable improvements is a key ambition in the action plan. There will also be more detailed reviews of how different projects/programmes are progressing and this programme will be agreed by the Board in its forward plan of meetings.

The Health and Wellbeing Board does not exist in isolation and reports on delivery of the strategy will also be shared with other forums at both the system and more local level. This will include conversations on how best to deal with emerging challenges, make the most of new opportunities and build momentum and reach into our local population. The diagram below shows some of the key relationships that will be managed as part of that process but does not exclude other links or methods of communication and engagement.

Figure 7. Schematic of Health and Wellbeing systema and governance structure



²⁷ Health and Social Care Act 2012. <https://www.legislation.gov.uk/ukpga/2012/7/part/5/chapter/2/crossheading/health-and-wellbeing-boards-functions>

Recognising the complexity of the issues the strategy is trying to address and the speed at which circumstances can change, the action plan will be subject to an annual review process. This will be sponsored by the Health and Wellbeing Board with a wider range of agencies and the community encouraged to take part. More details will be published by the Health and Wellbeing Board in 2021/22.

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Action plan

Our action plan, detailing how we will address the challenges described in this report is outlined below, using our three themed approaches of prevention, early intervention and supporting communities to thrive. We have also outlined how we are using the three components of the Population Intervention Triangle (PIT), as part of our place-based approach: civic-level interventions, service-based interventions, and community-centred interventions.

In the action plan, rather than focusing on the response to the Covid-19 pandemic and recovery plans, we focus on factors that aim to reduce risk of severe disease, support good mental and physical health and wellbeing, and support community resilience. Learning from the spirit and collaborative nature of the community response and the resulting shift in wider practice and our culture of working together is also integral in our approach of delivery.

We will resource the action plan through investment from the public health budget as well as contributions from other agencies in the health and wellbeing system, securing effective delivery with partners. For instance, within year one, we have already agreed a collaboration between Pier Health and the Public Health Directorate, North Somerset Council to enable expansion of our Health and Wellbeing Coaching provision.

Our indicative timeline indicates how we will deliver short-term, recurring and longer-term initiatives that will meet objectives over the course of the strategy and beyond. By focusing on delivering a range of actions, using each of the three components of the PIT, and spanning the three year period of the strategy, we will implement actions that we believe will have the greatest impact on our priority areas.

1. Prevention

Priority area	Age	Objective	PIT approach	Action	Timeline
Mental health	Children, young people and families	• Publication of all-age mental health strategy for North Somerset to optimise strategic co-	Civic level	• We will develop and publish a multi-agency mental health strategy for North Somerset.	Year 1
			Service-based	• We will support training around attachment and early development for individuals working with children and young people.	Year 1

		<p>ordination and delivery of mental health support.</p> <ul style="list-style-type: none"> • Improvement in access to timely mental health support • Prevention of adverse childhood experiences 	Community	<ul style="list-style-type: none"> • We will support commissioning of a targeted parenting support programme to support parents/caregivers, with a particular focus on reducing risk of adverse childhood experiences. • We will support preparation for, and delivery of, mental health support teams in schools. • We will explore options for funding and supporting social prescribing for children and young people. 	<p>Years 1-3</p> <p>Years 1-3</p> <p>Year 2</p>
	Working age	<ul style="list-style-type: none"> • Reduction in the prevalence of self-reported poor mental health in the NS population (anxiety score; happiness score) • Improvement in access to, and early provision of, perinatal support • Reduction in the suicide rate • Reduction in the rate of unemployment as measured by claims for unemployment-related benefit 	<p>Civic level</p> <p>Service-based</p> <p>Community</p>	<ul style="list-style-type: none"> • We will publish an adult mental health needs assessment to support development of the mental health strategy for North Somerset. • We will develop and implement a suicide prevention plan based on assessment of local needs. • We will explore opportunities to commission additional support for perinatal mental health, building on the North Somerset mental health strategy, which will include a focus on children and young people. • We will use a new Workplace Health programme to support better mental health and reach groups that are less likely to engage with other services, for example, men in routine manual work. • We will provide funding to increase the number of social prescribing destinations in communities, working in partnership with the VCSFE sector, and focusing effort in the most deprived areas of North Somerset. 	<p>Years 1-3</p> <p>Years 1-2</p> <p>Year 2</p> <p>Years 1-2</p> <p>Years 1-3</p>

Mental health	Older people	<ul style="list-style-type: none"> Increase in the prevalence of good mental health and emotional wellbeing 	Community	<ul style="list-style-type: none"> We will provide funding to increase the number of social prescribing destinations in communities, working in partnership with the VCSFE sector and with a focus on the most deprived areas of North Somerset (as above). We will collaborate with libraries to facilitate community engagement, participation in public health campaigns, links to volunteering opportunities and promotion of mental health-related materials. 	Years 1-3 Years 1-3
Food, nutrition & food insecurity	Children, young people and families	<ul style="list-style-type: none"> Increase in the number of babies receiving breastmilk in the most deprived wards of North Somerset at 6-8 weeks after birth Reduction in prevalence of unhealthy weight (reception and year 6) Reduction in inequality in prevalence of unhealthy weight at ward-level Increase in the uptake of Healthy Start and Free School Meals Reduction in the prevalence of self-reported food poverty and insecurity 	Civic-level Service-based Community	<ul style="list-style-type: none"> We will develop and pilot a Healthy Early Years Settings programme. We will optimise awareness and uptake of Healthy Start and Free School Meals among those who are eligible. We will review our Healthy Schools programme to ensure that co-benefits of addressing health and climate change are addressed in schools and early years settings. We will explore feasibility of a locally shared approach to preventing tooth decay in the most deprived areas of North Somerset. We will explore opportunities to enhance reach of MECC training. We will continue to promote enhanced support for breastfeeding in the most deprived wards in North Somerset We will maximise uptake of early years feeding support in the community in partnership with children's centres and health visitors. 	Year 2 Year 1 Years 2-3 Year 2 Year 2 Years 1-3 Years 1-3

		<ul style="list-style-type: none"> Reduction in percentage of 5-year olds with tooth decay 		<ul style="list-style-type: none"> We will develop a toolkit for targeted programmes that aim to improve diet and will provide support to setting-based and community programmes that aim to enhance awareness and skills around nutritious food in areas of highest need. We will support cooking programmes in schools where the prevalence of unhealthy weight is highest. 	<p>Year 1</p> <p>Year 1</p> <p>Years 1-3</p>
Food, nutrition and food insecurity	Adults & Older adults	<ul style="list-style-type: none"> Reduction in the prevalence of unhealthy weight in the adult population Increase in the percentage of adults eating 5-a-day Reduction in the use of food banks and self-reported food insecurity 	Civic level	<ul style="list-style-type: none"> We will develop a food award programme for food businesses to improve the quality and sustainability of food offered to local residents. We will develop a North Somerset Council-based programme focused on food, nutrition and a healthy diet and encourage staff and colleagues to take part. 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 policies. 	<p>Year 2</p> <p>Year 2</p> <p>Year 1</p>
			Service-based	<ul style="list-style-type: none"> We will incorporate healthy diet to the North Somerset Healthy Workplace programme. 	Years 1-2
			Community	<ul style="list-style-type: none"> We will develop recipe cards, budgeting guides and videos to enable cooking of low-cost meals with accessible, fresh produce 	Years 1-2

				<ul style="list-style-type: none"> We will continue to collaborate with partners and North Somerset Together to develop a Community Food Alliance to address food insecurity and food poverty. 	
Physical activity	Children, young people and families	<ul style="list-style-type: none"> Increase in the prevalence of children and young people who are active (>1h/day) 	<p>Civic level</p> <ul style="list-style-type: none"> 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. <p>Service-based</p> <ul style="list-style-type: none"> We will continue to support the Play Your Way scheme and will work with libraries and Family hubs to link residents with activities. 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. <p>Community</p> <ul style="list-style-type: none"> We will promote active travel for journeys to school among children by creating school reward-based games and resources linked to support for schools, using targeted mapping to identify where this is needed most. 	<p>Years 1-3</p> <p>Years 1-3</p> <p>Years 2-3</p> <p>Years 1-2</p>	
Physical activity	Adults	<ul style="list-style-type: none"> Reduction in the percentage of adults who are inactive Reduction in inequality in inactivity by increasing 	<p>Civic level</p> <ul style="list-style-type: none"> We will run social marketing campaigns about local opportunities to be active in North Somerset. 	<p>Year 1</p>	

		engagement in physical activity in the most deprived areas in North Somerset	Service-based	<ul style="list-style-type: none"> • We will support and expand our Get Active scheme, ensuring that people on low incomes are able to access discounts to leisure centres. 	Years 2-3
			Community	<ul style="list-style-type: none"> • We will introduce a new web platform to enable people to identify opportunities to be active and to obtain online, individualised and group support. 	Year 1
				<ul style="list-style-type: none"> • We will ensure that the healthy workplace programme includes opportunities for increasing physical activity. 	Years 1-3
				<ul style="list-style-type: none"> • We will expand our Health Trainer team and collaborate with Pier Health Group to strengthen and expand the digital, individualised and group-based lifestyle support and coaching being provided to residents across North Somerset and with a focus in Weston-super-Mare. 	Year 1
				<ul style="list-style-type: none"> • We will support a strengths-based community approach to improving physical activity, incorporating a proportionate approach according to inactivity levels (see below). 	Years 2-3
				<ul style="list-style-type: none"> • We will use the Tackling Inactivity Funding from Sport England to support local community organisations to increase physical activity among inactive groups. 	Years 1-2
				<ul style="list-style-type: none"> • We will support the local workforce across the health system to champion physical activity. 	Years 1-3
			<ul style="list-style-type: none"> • We will introduce local champions for physical activity to connect workplaces, schools, colleges and community settings and physical activity offers, enabling people to connect their interests with available offers. 	Years 1-3	

Physical activity	Older people	<ul style="list-style-type: none"> • Reduction in proportion of adults who do less than 30 mins per week • Reduction in the prevalence of falls (as measured by hospital admissions for falls) 	Service-based	<ul style="list-style-type: none"> • 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. • We will continue to commission the Staying Steady – Ageing Well activity programme for older people. 	Year 2
			Community	<ul style="list-style-type: none"> • We will work with North Somerset Together and take a strengths-based approach to build opportunities for community-based physical activity for older people, linking with the volunteering and empowering communities strategies. 	Years 1-3
					Years 2-3
Substance use	CYP	<ul style="list-style-type: none"> • Reduction in underage sales of tobacco and alcohol • Reduction in the rate of alcohol-related admissions among those aged <18 	Civic level	<ul style="list-style-type: none"> • We will conduct multi-agency interventions targeted at underage sales of alcohol alongside increase in proactive compliance visits to licensed premises to ensure age related policies and challenge procedures in place. • We will explore ways to optimise delivery of education about alcohol and drug use in secondary schools and youth settings, for instance via our Healthy Schools programme. 	Year 1 Year 1-2
	Children & young people and adults	<ul style="list-style-type: none"> • Reduction in illegal sales of tobacco • Refresh tobacco control strategic plan for North Somerset 	Civic level	<ul style="list-style-type: none"> • We will continue to work in partnership to reduce sales of illegal tobacco. • We will refresh our tobacco control plan to ensure that priorities and actions align with health need, wider system priorities and a reduction in health inequalities. 	Year 1 Year 1

		<ul style="list-style-type: none"> • Reduction in exposure of non-smokers to cigarette smoke and role modelling of smoking 	Service-based	<ul style="list-style-type: none"> • We will continue to explore opportunities for smoke free areas in North Somerset including outdoor hospitality seating areas and designated smoke free public area zones. • We will deliver a smoke free homes intervention to reduce the exposure of children to cigarette smoke. 	<p>Years 1-3</p> <p>Years 2-3</p>
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2. Early intervention

Priority area	Age	Objective	PIT approach	Action	Timeline
Mental health	Children, young people and families	<ul style="list-style-type: none"> • Improvement in rate of self-reported mental health and wellbeing among young people • Reduction in number and rate of admissions for self-harm among young people aged 10-24 years 	Service-based	<ul style="list-style-type: none"> • We will ensure that trauma-informed practice is understood, implemented and regularly refreshed through training opportunities across a breadth of providers of key services e.g. schools, youth services, criminal justice services, substance use services, police, VCSFE, and public health nursing, working in collaboration with our partners. • We will review hospital admissions for self-harm, alcohol and drug use among children and young people and identify opportunities for additional support. 	Years 1-3 Year 2
Mental health	Adults & older people	<ul style="list-style-type: none"> • Reduction in prevalence of self-reported poor mental health in the NS population (anxiety score; happiness score) 	Service-based	<ul style="list-style-type: none"> • We will publicise and maximise implementation of Thrive at Work across workplaces in North Somerset (target n=10 employers). 	Years 2-3
Food and nutrition	Adults	<ul style="list-style-type: none"> • Reduction in the prevalence of unhealthy weight in the adult population • Increase in the percentage of adults eating 5-a-day 	Civic level	<ul style="list-style-type: none"> • We will review our Health Checks programme and explore opportunities within associated budgets to maximise uptake of Health Checks in primary care, ensuring a focus on those at highest risk through a targeted approach, a reduction in health inequalities, and links with appropriate care pathways. 	Year 1

		<ul style="list-style-type: none"> • Reduction in the use of food banks and number of people reporting food insecurity 	<p>Service-based</p> <p>Community</p>	<ul style="list-style-type: none"> • We will commission a tier 2 weight management service for adults, including a service tailored to males and a focus on enhancing uptake among those in more deprived areas to reduce inequalities. • We will implement training for health professionals regarding better communication around the issue of food and weight. • We will support community-based organisations to address management of healthy eating via the provision of small grants from external funding. • As outlined above, we will expand our Health Group to strengthen and expand the digital, individualised and group-based lifestyle support and coaching being provided to North Somerset residents. 	<p>Year 1</p> <p>Year 1</p> <p>Year 1</p> <p>Year 1</p>
Physical activity	Children & young people and adults	<ul style="list-style-type: none"> • Reduction in the percentage of adults who are inactive • Reduction in inequality in inactivity by increasing engagement in physical activity in the most deprived areas in North Somerset 	<p>Civic level</p> <p>Community</p>	<ul style="list-style-type: none"> • We will promote opportunities to enjoy green spaces and be active via links with North Somerset's Green Infrastructure strategy and the Green Social Prescribing Project. • We will support the provision of a community development worker linked with the Active Weston programme and One Weston integrated locality group to increase opportunities for being active in Weston-super-Mare using a strengths-based approach. 	<p>Year 1</p> <p>Year 1</p>

Substance misuse	Children & young people	<ul style="list-style-type: none"> Increased number of young people reporting hazardous or harmful drinking that are referred to, and engage with, specialist services 	Service-based	<ul style="list-style-type: none"> We will collaborate with primary care colleagues, public health nurses, schools and colleges to enhance referral and engagement of young people with specialist services. 	Year 2
	Adults Older people	<p>Alcohol misuse/ dependence</p> <ul style="list-style-type: none"> Increased number of individuals drinking alcohol at high risk that receive screening and brief intervention Reduction in the rate of alcohol-related hospital admissions among adults <p>Drug misuse/ dependence</p> <ul style="list-style-type: none"> Reduction in the rate of drug-related deaths Improved treatment outcomes for people with 	<p>Civic level</p> <p>Service-based</p> <p>Service-based</p>	<ul style="list-style-type: none"> In our review of the Health Checks programme, we will ensure that referral pathways are in place for those with higher risk alcohol use. We will explore opportunities for identification of patients with repeat alcohol-related hospital admissions to develop tailored support and care plans. We will strengthen delivery of screening and brief interventions in primary care with onward delivery for specialised support where required and engagement with North Somerset's web platform for health support. We will ensure that our workplace health programme includes signposting to assessment of alcohol use and referral as appropriate. We will explore opportunities for developing a local hospital-based alcohol and drug service. We will continue to optimise delivery of Hepatitis C testing and treatment. 	<p>Year 1</p> <p>Year 2</p> <p>Year 1</p> <p>Year 1</p> <p>Year 1</p> <p>Years 1-3</p>

		<p>substance-use dependence</p> <p>Tobacco</p> <ul style="list-style-type: none"> • Increase in the quit rate among people who smoke • Reduction in the prevalence of adult smoking across North Somerset • Reduction in the prevalence of individuals who smoke during pregnancy or at time of delivery • Reduction of inequalities in smoking prevalence 	<p>Civic level</p> <p>Service-based</p>	<ul style="list-style-type: none"> • We will refresh our tobacco control needs assessment and plan, ensuring consideration of how we will address illegal tobacco, underage sales, prevention of uptake, inequalities and enhanced quit rates. • We will strengthen our focus on quitting smoking among new parents via public health nurses and brief advice and referral. • We will continue to address smoking in pregnancy across the integrated care system footprint, incorporating new pilot approaches to reducing tobacco-related harms. • We will maximise engagement with our stop smoking service, by enhancing access via our new web platform and via links with our workplace health programme, including targeted action to reduce smoking rates in the most deprived areas where smoking prevalence is highest. • We will incorporate new smoking cessation technologies and aids into our service offer in line with best practice and the evidence base. • We will support, design and deliver new care pathways from secondary care smoking cessation support into Smokefree North Somerset in partnership with colleagues across the integrated care system. 	<p>Year 2</p> <p>Years 1-3</p> <p>Years 1-3</p> <p>Years 1-3</p> <p>Years 2-3</p> <p>Years 1-3</p>
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				<ul style="list-style-type: none"> • We will improve co-ordination of services that support health and wellbeing needs of people with substance misuse and dependence. 	
All themes	Working age	Improvements in mental health, dietary or physical-activity related health outcomes	Civic level	<ul style="list-style-type: none"> • We will undertake a review of 'Health in all Policies' across Health and Wellbeing Board partners including policies relating to food, physical activity, mental health, substance misuse and co-benefits of mitigating climate change. • We will introduce a North Somerset Council healthy workplace accreditation scheme 	Year 1
			Service-based	<ul style="list-style-type: none"> • We will implement and pilot up to 8 healthy workplace schemes, developing a programme of support to enable employers to develop and deliver policies and programmes to improve employee health and wellbeing. Learning from the pilots will be used to expand the programme in years 2-3. 	Year 2
					Year 1

3. Thriving communities

Priority area	Age	Objective	PIT approach	Action	Timeline
All themes		<ul style="list-style-type: none"> • Introduction of strengths-based approaches to improving health and wellbeing • Increased availability of tailored community-based approaches to health and wellbeing 	Civic level	<ul style="list-style-type: none"> • We will enhance collaboration between economic development and health teams at North Somerset Council, including focused action to embed a co-produced systems approach to economic development focused on wellbeing outcomes. 	Years 1-3
			Community	<ul style="list-style-type: none"> • We will introduce strengths-based approaches to improving health and wellbeing linking with the North Somerset Empowering Communities Strategy, Carers Strategy and Volunteering Strategy and aiming to build communities that are connected, collaborative, resilient and cohesive and which have the capability and efficacy to identify and implement their own solutions. We will ensure actions include those targeted to areas of greatest need. • We will pilot a programme to increase walking and cycling to school in five pilot areas, building on mapping of local areas to identify areas of greatest need and use of a school-based reward programme for children (see above). 	Years 1-3 Year 2
Wider determinants of health		<ul style="list-style-type: none"> • Reduction in the percentage of non-decent homes • Increase in the percentage of homes with 	Civic level	<ul style="list-style-type: none"> • We will contribute to the North Somerset Housing Strategy Steering Group, promoting application of public health principles and health and wellbeing outcomes. • We will contribute to North Somerset's public health approach to violence reduction and the new all agency strategic approach to reducing domestic violence and abuse. 	Year 1 Years 1-3

		<p>good energy insulation (see below)</p> <ul style="list-style-type: none"> • Increase in the percentage of people reporting use of active travel as percentage of journeys made and for travel to and from school • Reduced prevalence of domestic violence and abuse • Increase focus on links between economic development and health and wellbeing 	Community	<ul style="list-style-type: none"> • We will strengthen links between food programmes via a Community Food Alliance to enhance access to food, food clubs, food banks and other services. 	Year 1
Addressing climate change		<ul style="list-style-type: none"> • Increased self-reported access to, and use of, green spaces • Increased awareness and knowledge of the environmental impact of smoking 	Civic level	<ul style="list-style-type: none"> • We will contribute to promoting and implementing the North Somerset Council Green Infrastructure strategy and Active Travel Strategy. • We will encourage service specifications and key performance indicators of commissioned services to include actions to address climate change where possible, building on recent experience. • We will promote inclusion of meat-free days, use of local fresh produce and local food businesses through our social marketing activity. 	<p>Years 1-3</p> <p>Years 1-3</p> <p>Years 1-2</p>

				<ul style="list-style-type: none">We will introduce a campaign to highlight the extent of tobacco litter discarded in North Somerset each year and the environmental impacts of tobacco litter and production.	Year 2
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Appendices

Appendix 1.

Our themes: why are our themes important?

1. Mental health and wellbeing

Mental health problems are one of the main causes of overall disease burden worldwide and mental health conditions are a leading cause of morbidity in the UK.

There are clear associations between poor mental health and wellbeing and experiencing health inequalities. People with poor mental health are more likely to be unemployed, be homeless, have poor physical health and a lower life expectancy.²⁸

In the UK one in six adults will experience a common mental disorder. This illustrates the scale of impact and also the difference that can be made if people are better supported to have good mental health and wellbeing.

2. Physical activity

A report from the UK Chief Medical Officer in 2019²⁹ stated “If physical activity were a drug, we would refer to it as a miracle cure, due to the great many illnesses it can prevent and help treat.” Regular physical activity brings a wide range of benefits to physical, mental and social health and wellbeing. People who are active have a lower risk of developing many long-term conditions such as heart disease, Type 2 diabetes, stroke and some cancers. There are also benefits for self-esteem, mood and stress.³⁰

The current recommendations are for adults to do at least 150 minutes of moderate intensity activity (brisk walking, cycling) or 75 minutes of vigorous intensity activity (such as running) each week. We know that around 25% of adults are physically inactive and do fewer than 30 minutes of moderate intensity activity a week.³¹

3. Food, diet and nutrition

In North Somerset, 6 in 10 adults have an unhealthy weight; and approximately 1 in 4 and 1 in 3 children aged 4-5 and 10-11, respectively, have an unhealthy weight. Reducing the prevalence of unhealthy weight across the population and improving diet and nutrition would reduce risk of a range of long-term conditions, including cancers (such as colon cancer), type 2 diabetes, coronary heart disease and stroke.³²

At the same time, we know that approximately 14% of families nationally have experienced food insecurity in the past 6 months,³³ which can include parents/ guardians and children skipping

meals. Increasing access to fresh and nutritious food among families experiencing food insecurity brings benefits to child health and educational outcomes.³⁴

4. Tobacco

There are more than 19,000 current smokers in North Somerset. Smoking is increasingly concentrated in more disadvantage groups and is the main contributor to health inequalities in England. People from the most deprived groups have more than double the death rate from lung cancer compared with those from the least deprived.³⁵ Smoking doubles the risk of having a heart attack, causes 84% of lung cancer deaths and dramatically increases the risk of having a stroke.

We know that around 60% of smokers want to quit and the most effective way to quit is with expert support from local stop smoking services in combinations with stop smoking aids such as Nicotine Replacement Therapy, prescribed medication and e-cigarettes. People are up to 4 times more likely quit smoking with support.³⁶

5. Alcohol misuse and dependence

In 2018/19 in North Somerset, there were 1,582 hospital admissions for alcohol-related conditions, which is equivalent to 728 per 100,000 people. This is worse than the average for England. In under 18s the rate of hospital admission for alcohol-specific conditions was 46 per 100,000 people, considerably above the England average of 30.7 per 100,000 people. Misuse and dependence on alcohol is higher in more deprived areas.

Alcohol is a causal factor in more than 60 medical conditions including cancer, liver disease and heart disease and recent studies show that there is no safe level of alcohol consumption. Reducing alcohol intake reduces risk of these conditions as well as other risks such as accident or injury.

²⁸ Public Health England. (2018). Health Matters: Reducing health inequalities in mental illness. Available from: <https://publichealthmatters.blog.gov.uk/2018/12/18/health-matters-reducing-health-inequalities-in-mental-illness/>

²⁹ Public Health England. (2019). UK Chief Medical Officer's physical activity guidelines. Available from: <https://www.gov.uk/government/publications/physical-activity-guidelines-uk-chief-medical-officers-report>

³⁰ NHS. (2021). Benefits of exercise. Available from: <https://www.nhs.uk/live-well/exercise/exercise-health-benefits/>

³¹ Public Health England. (2019). Physical inactivity. Available from: <https://www.ethnicity-facts-figures.service.gov.uk/health/diet-and-exercise/physical-inactivity/latest>

³² Public Health England. (2017). Health matters: obesity and the food environment. Available from: <https://www.gov.uk/government/publications/health-matters-obesity-and-the-food-environment/health-matters-obesity-and-the-food-environment--2>

³³ Food Foundation, 2020. <https://foodfoundation.org.uk/new-food-foundation-data-sept-2020/>

³⁴ Health Equity in England: The Marmot Review 10 years on. Institute of Health Equity. 2020.

³⁵ Public Health England. (2015). Health matters: smoking and quitting in England. Available from: <https://www.gov.uk/government/publications/health-matters-smoking-and-quitting-in-england/smoking-and-quitting-in-england>

³⁶ Public Health England. (2019). Health matters: stopping smoking – what works? Available from: <https://www.gov.uk/government/publications/health-matters-stopping-smoking-what-works/health-matters-stopping-smoking-what-works>

6. Substance misuse and dependence

Problematic drug use includes alcohol and a range of other psychoactive drugs, including novel psychoactive substances such as powerful synthetic cannabinoids. Problem drug use rarely exists in isolation and is often associated with other multiple and complex vulnerabilities that both result and worsen extreme health inequalities for individuals, families and communities.³⁷

In 2017/18 there were 715 people in North Somerset in treatment at specialist drug misuse services. Drug misuse and dependency leads to a range of harms including poor physical and mental health, death, unemployment, homelessness and criminal activity. Investing in treatment services helps to save lives as well substantially reducing the social and economic costs of drug-related harm.³⁸

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³⁷ Public Health England South West. (2021). Public Health England South West Region: COVID-19 Recovery Framework.

³⁸ Public Health England. (2017). Health matters: preventing drug misuse deaths. Available from: <https://www.gov.uk/government/publications/health-matters-preventing-drug-misuse-deaths/health-matters-preventing-drug-misuse-deaths>

Appendix 2

Development of the strategy

Development of the Health and Wellbeing Strategy was overseen by the Health and Wellbeing Steering Group, which convened in December 2020. The purpose of the Steering Group was to: provide strategic guidance and direction to the vision, design and development of the strategy; broker engagement of external partners; contribute to, and support, the communication and engagement plan; provide strategic insight and support; and monitor progress towards agreed timelines. The Steering Group met every 4-6 weeks throughout the process from scoping and development to delivery.

Membership of the group included a range of partners, including:

- Public Health and Regulatory Services Directorate, North Somerset Council
- Bristol, North Somerset & South Gloucestershire Clinical Commissioning Group
- Woodspring Integrated Locality Group
- Weston, Worle & Village Integrated Locality Group
- North Somerset's Wellbeing Collective / Voluntary Action North Somerset / The Healthy Living Centre
- Strategic Partnerships and Policy Team, Corporate Services Directorate, North Somerset Council
- Economy Team, Place Directorate, North Somerset Council
- Adults Directorate, North Somerset Council
- Children's Directorate, North Somerset Council
- Marketing and Communications Team, Corporate Services Directorate, North Somerset Council
- Business Intelligence Team, Corporate Services Directorate, North Somerset Council

Alongside members of the Health & Wellbeing Board, the Strategy Steering Group partners act as champions for Health & Wellbeing in North Somerset. The Health and Wellbeing Board is grateful to the Health and Wellbeing Strategy Steering Group for their strategic oversight to development of this strategy and action plan.

Following oversight by the Strategy Steering Group, and engagement with the North Somerset Health Overview and Scrutiny Panel, the Health and Wellbeing Strategy was [*approved by North Somerset's Health & Wellbeing Board on XX July 2021*].

Closing page

- North Somerset Council
- Bristol, North Somerset, South Gloucestershire Clinical Commissioning Group

If you wish to provide feedback on the strategy, would like to get involved in the delivery of the action plan or would like further information, please contact: health-wellbeing@n-somerset.gov.uk

Published: XX July 2021

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Health and Wellbeing Strategy 2021-2024



Page 75

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Introduction

- The joint Health and Wellbeing Strategy for North Somerset 2021-24 outlines:
 - Shared vision and ambitions for improving health and wellbeing and reducing health inequalities
 - Principles underpinning development and delivery of the strategy
 - Our approach and priority health and wellbeing themes that we will address to meet our ambitions
 - A summary of health need and findings from consultation and engagement
 - Governance for delivery and oversight of the strategy
 - A focused action plan, demonstrating how we will meet those ambitions, targeted outcomes by which to measure success, and an indicative timeline, to be refreshed annually

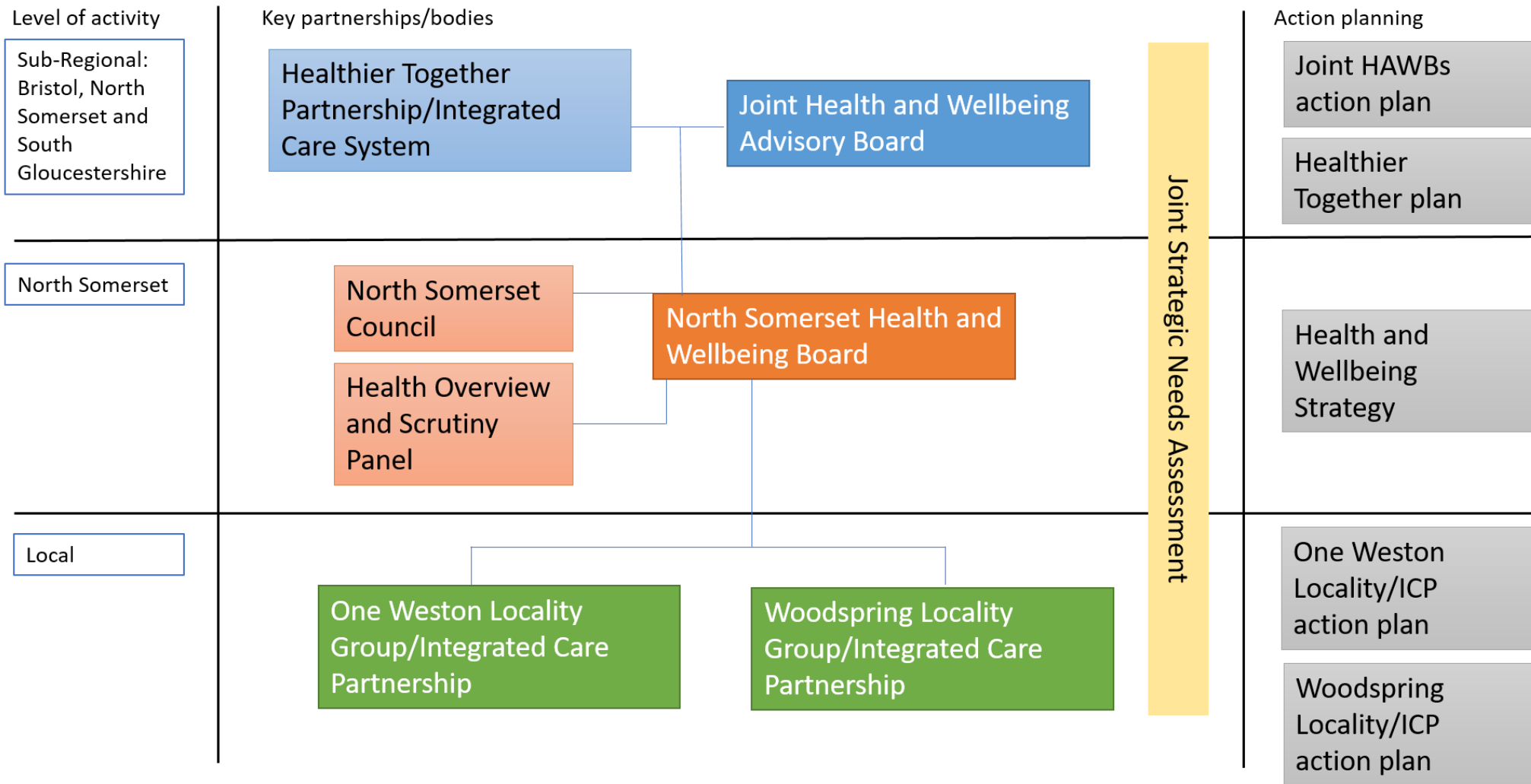
Process for completion and publication

- Health and Wellbeing Board: 01 July 2021
- NSC Health Overview and Scrutiny Panel: 19 July 2021
- Update and approval
- Publication: end of July 2021
- Ongoing oversight and monitoring of outcomes by the Health and Wellbeing Board
- Annual refresh of action plan

System, oversight and governance

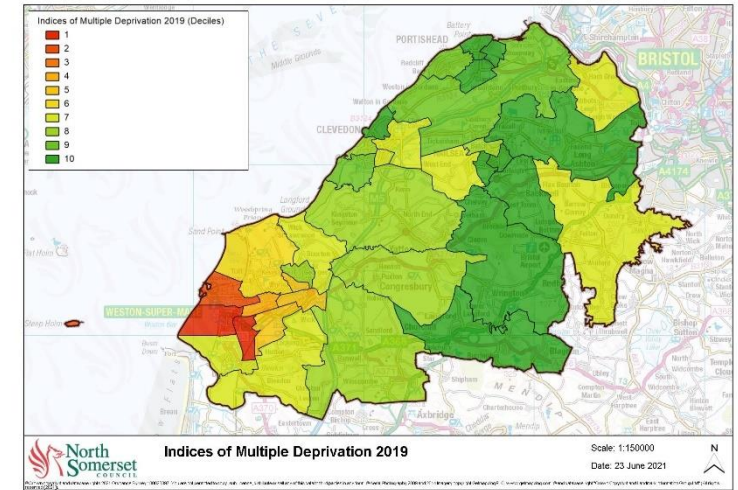
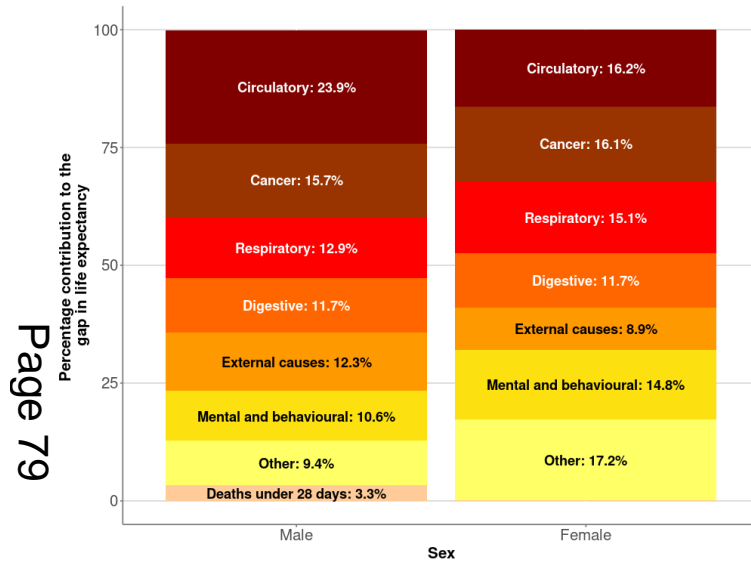


Improving health and wellbeing in North Somerset



Health need

Scarf chart showing the breakdown of the life expectancy gap between the most deprived quintile and least deprived quintile of North Somerset, by broad cause of death, 2015-17



Page 79

- Public Health Outcomes Framework
- Regional and national benchmarking
- Ward-level outcomes

Sources: Public Health England based on ONS death registration data and mid year population estimates, and Ministry of Housing, Communities and Local Government Index of Multiple Deprivation, 2015; Public Health England. IMD 2019, analysis by PHE LKIS South West & Fingertips (PHOF); © Crown copyright and database rights 2021 Ordnance Survey 100023397. You are not permitted to copy, sub-license, distribute or sell any of this data to third parties in any form. © Aerial Photography 2009 and 2014 Imagery copyright Getmapping PLC. www.getmapping.com. © and database right "Crown Copyright and Landmark Information Group Ltd" (All rights reserved (2021)).

Consultation and Engagement (n~250)



Mode of engagement	Response	Details
E-Consult Survey		
Members of the public	n=125	Majority (87%) aged 40-69 years, 75% female; 94% White ethnic group; 25% have long-term disability
Stakeholders	n=26	Representing health organisations, service providers, mental health providers, housing providers, North Somerset Council, SMEs
Workshops		
Members of the public & service users	n=17	Including individuals with lived experience of mental illness, disability and substance misuse.
Young people	n=31	Workshop & bespoke survey with young people.
Stakeholders	n>35	Representing housing, physical activity, drug and alcohol services, clinical commissioning, primary care, community health, VCFSE organisations and others
North Somerset Council		Scrutiny panels, Councillors, Corporate and Directorate Leadership Teams, Officers
Forums & organisations	n>27	E.g. North Somerset Together, VANS Leaders Forum, Domiciliary Care, ICPs, NSP Board and others
Town and Parish Councils	3 workshops	Representing areas in the North, Central and South of North Somerset

Themes identified

Priorities:

Health and wellbeing

- Mental health
- Social isolation and loneliness
- Physical activity
- Healthy diet
- Food poverty
- Climate change & health

Wider determinants of health:

- Transport
- Housing
- Financial stability & employment

Approaches:

- Prevention and early intervention
- Tailored, community-based approaches
- Accessibility of services and activities (location, timeliness, cost, physical access)

Actions:

- Accessible services
- Social/peer engagement and support
- Strengths-based community approaches
- Optimising and using outdoor spaces
- A focus on school settings
- Knowledge and understanding
- Support consistently embedded via health professionals

Vision

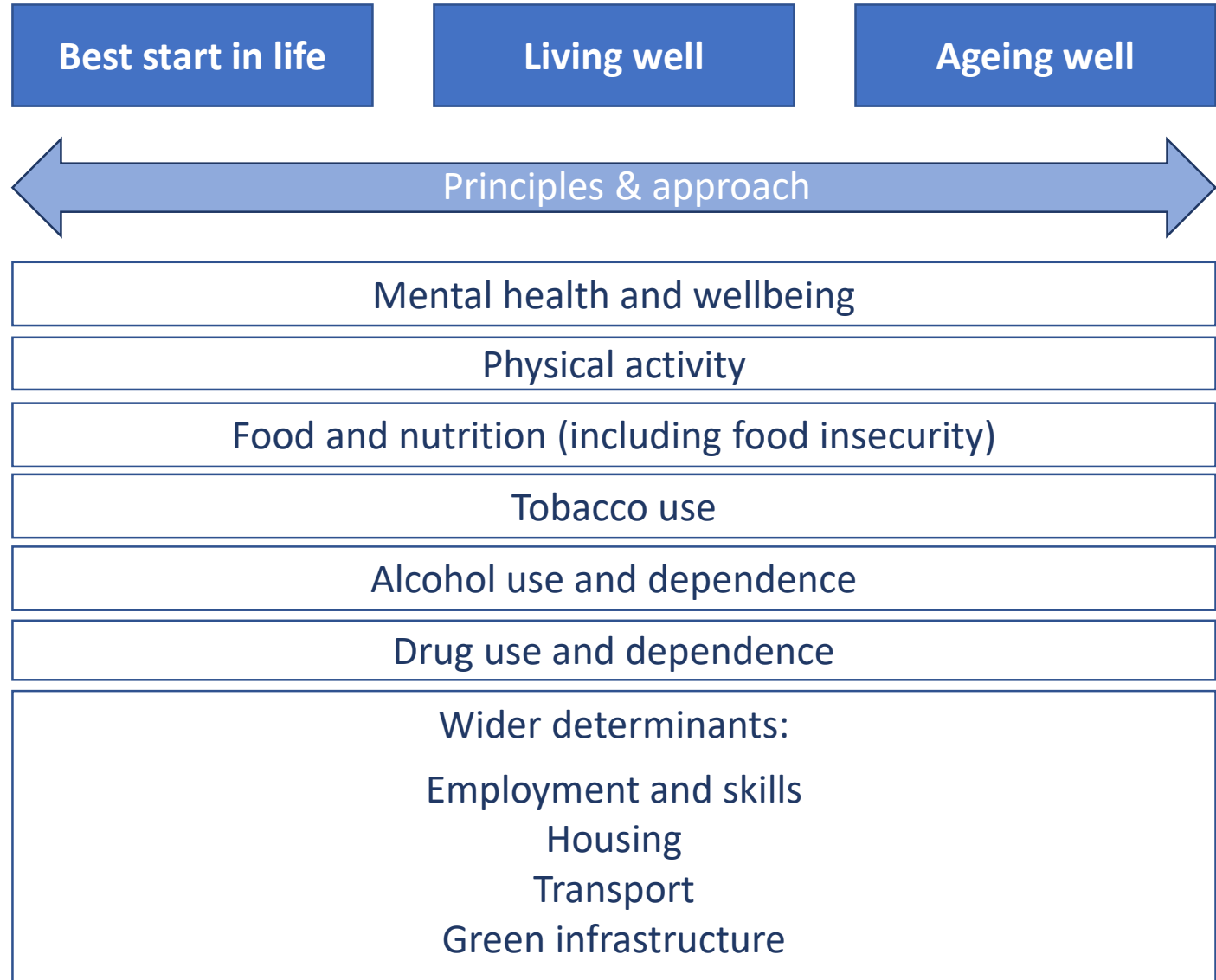
The Health and Wellbeing Board's vision is for people to be empowered to optimise their health and wellbeing and to lead long, happy and productive lives in thriving communities, tackling problems in a way that reduces inequalities in health.

Page 82

Our vision will be achieved by:

- Preventing health problems before they arise
- Intervening early in relation to existing health problems
- Supporting communities to be connected, healthy and resilient

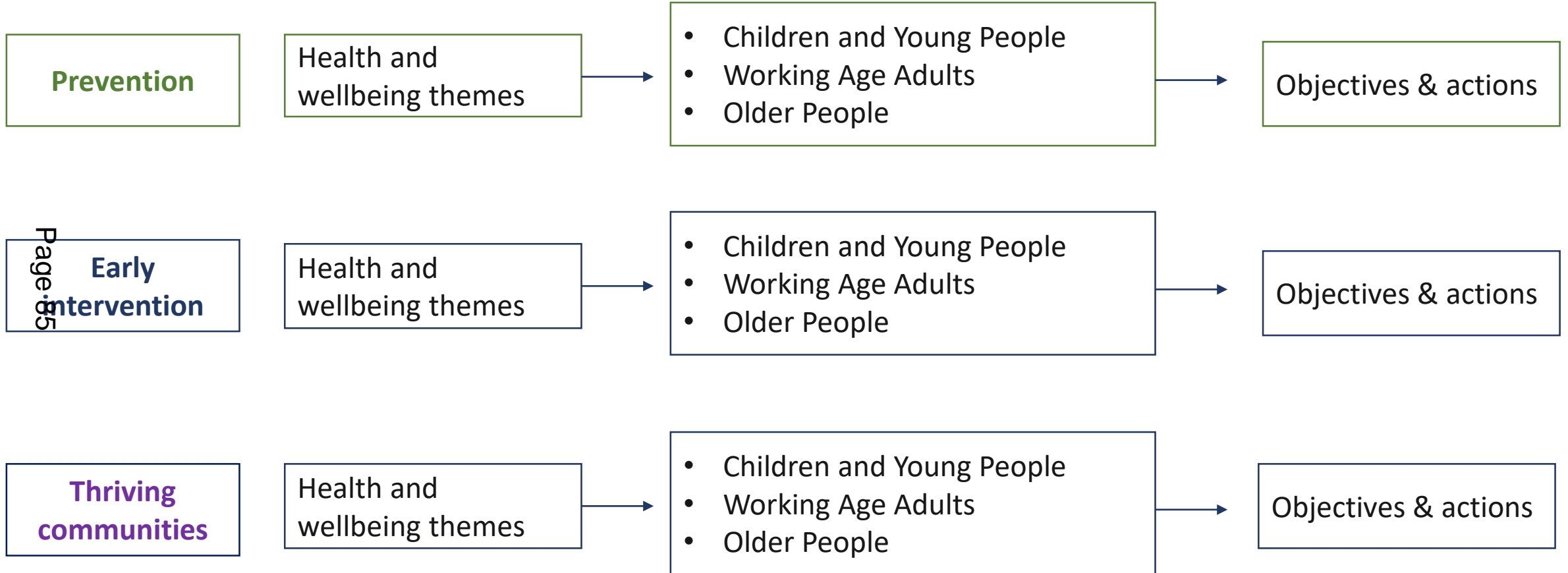
Approach



Principles

- Partnership and collaboration
 - ICS, ICPs, VCSFE, communities, joined up approaches
- Tackling health inequalities
 - Including proportionate universalism
- Place-based approach to addressing health inequalities
 - including civic-level, community and service-based interventions and a proactive settings focus
- Life-course perspective
 - Best start in life, living well, ageing well
- Building on data, insight and learning (including from the Covid-19 response)
- Enabling and empowering Communities: tailored strengths-based approaches

Action plan



For review and comment:

- Vision
- Principles
- Approach and themes
- Action plan (working group to review and refine action plan, targets, resources & mode of delivery)

Health Overview Policy and Scrutiny Panel Work programme July 2021

(to be updated following each Panel meeting)

The Panel will consider issues of significant public concern, areas of poor performance, and areas where Members think the Council could provide better value for money. This is a “live” document and will evolve as priorities or circumstances change.

SECTION ONE – ACTIVE & SCHEDULED Projects identified in the overarching Strategic Work Plan

Topic	Reason for scrutiny	Method of scrutiny and reporting process	Timeline	Progress	Lead
Central Weston Primary Care Estate Review	To investigate the potential impact on the accessibility to the proposed Weston Rugby Club site and to consider and make recommendations in respect of mitigation opportunities. Supporting corporate objectives including: <ul style="list-style-type: none"> reducing inequalities supporting thriving and sustainable places collaborating with partners to deliver best outcomes 	Task & Finish working group – reporting to HOSP in order to agree recommendations to BNSSG CCG	(1) Assessment of accessibility issues and mitigation by TBA (2) Report prepared for July Hosp by TBA (3) Recommendations agreed at 19 th July HOSP	WG mtgs: 21/04/21 and 04/06/21 Next meeting 16/07/21	Chair
Children’s Mental Health Services	To understand the gaps in provision of Children’s Mental Health Services and whether North Somerset received parity of funding in comparison with neighbours in Bristol and South Gloucestershire. The driver for this work is concerns raised by Councillors and officers about a perceived lack of funding parity together with concerns raised by Members of the public about difficulties in accessing CAHMS services	Joint working group – Reporting back to parent Panels (CYPS and HOSP) in order to reach and agree conclusions and consider next steps	To provide interim update report to CYPS on 30 th June	WG mtg: 15/04/21 and: 07/07/21	Chair
Quality Accounts (QAs)	HOSP is a statutory consultee. QAs can provide Members with opportunities to engage with providers on current service performance and priorities going forwards	Informal working group, reporting conclusions to next full Panel for (retrospective) endorsement (if necessary)	All QA received – various deadlines for response	Responded so far to Sirona and AWP	Chair

(cont...)

SECTION TWO – proposed projects (listed in priority order). These must be agreed at Panel and will be referred for discussion at Chairs and Vice Chairs – for potential inclusion within the Strategic Work Plan:-

Topic	Reason for scrutiny	Proposed method of scrutiny & reporting process	Timeline	Lead
Integrated Care System	The need for scrutiny of the implementation of significant structural changes to existing local health and social care systems (due to legislation). Significant concerns raised about evolving governance arrangements	All Member briefing (see S3 below) - TBA	TBA	
The “new (covid) normal” – recovery plans	To consider commissioner and provider recovery plans – particularly in respect of treatment backlogs	TBA	TBA	

SECTION THREE – planned briefings, workshops, and informal Panel meetings. Outcomes may, with Chairman’s agreement, generate Panel agenda items (for inclusion in S4 below) or, with Panel agreement, escalation to S2 above:-

Topic	Reason for Scrutiny engagement	Date	Outcome	Progress	Contact
Weston Hospital Outbreak - review – critical that good practice recognised/applauded but also that lessons are learnt where needed.	To brief Panel on the outcomes of the review flowing the covid-19 outbreak at the Hospital	25/09/20	Any further queries to be sent to UHBW CEO via scrutiny officer	No further action	
Update on Weston Central Primary Care Estate; Winter Pressures update; Mass Vaccination Programme	General Members update during Covid-19 crisis	09/02/21	Graham Road relocation proposals to March HOSP meeting	At March HOSP. Task and Finish Group established (see above for details)	
Weston Hospital urgent performance briefing	To brief Members on outcomes of the recent developments involving GMC and Health Education England regarding challenges facing the hospital around staffing and recruitment	23/03/21	Possible follow-up briefing or related agenda item in July	TBA	
Health and Wellbeing Strategy HOSP-led all Member briefing	To brief Members on the development of the strategy vision and public consultation process	06/04/21	Item on next HOSP meeting agenda – consideration also to be given to linkage with Local Plan	Plan engagement following results of public consultation	
Track and Trace	Reference from full Council – all Member briefing	07/07/21	Members update		
Integrated Care System (ICS)	Update on implementation of ICS and implications of the Government white paper/legislation.	???	develop scrutiny workstream – possible joint work	TBA	

(cont...)

SECTION FOUR - agenda reports to the Panel meetings as agreed by the Chairman. This section provides for the forward planning of agendas for the coming year and a useful record of panel meeting activity. Item outcomes may include proposing further work such as additional briefings or potential projects for inclusion on the STRATEGIC WORK PLAN (S2 above).

Item	Purpose	Outcome
HOSP: 18th March 2021		
Pandemic Response in N.Somerset	To brief the panel on the current situation and next steps	Noted
Healthy Weston Impact Monitoring	To agree metrics for the Panel Review in July 2021	Metrics agreed
Graham Road Relocation Proposal	Further briefing and consideration of further Panel involvement	T&F working grp established to look at proposals for new GP hub
NS Specialist Adult Substance Misuse Treatment Services	Briefing on how the service had adapted through the pandemic and the key challenges	Panel supported the partnership initiatives to improve access to mental health assessment and it was agreed that progress should be reviewed at a subsequent HOSP meeting
Heath & Wellbeing Strategy	Initiate engagement with the Panel on the development of the Strategy	Further engagement to be programmed post public consultation
HOSP: 19th July 2021		
Health Weston Review	To provide evidence for the Panel's review of the implementation of the "Healthy Weston" service reconfiguration – as agreed at the HOSP meeting on 15 th October 2019	
Weston Primary Care Estate	To report on activity of the Weston Primary Care Estate working group	
H&W Strategy	Progress update – further Panel engagement on the development of the Strategy	
Nomination of NSC Mental Health Champion (to be addressed under the Panel's work plan item)	At the 24 th April 2021 Council meeting it was proposed that HOSP nominate (for approval by group leaders) an elected member as "Mental Health Champion" to advocate for mental health issues in council meetings and policy development	
HOSP: 18th October 2021		
Winter Pressures	Review partnership plans	
Treatment backlog and long covid	Panel engagement/scrutiny	
Sexual Health Services	Panel scrutiny of service performance	
Cancer Services	Panel scrutiny of service performance	
Substance Abuse services	Panel scrutiny of service performance	
Stroke Programme	Panel engagement in service reconfiguration	
HOSP: 24th March 2022		
Winter pressures	Review performance over winter	

(cont...)

SECTION 5 - Recommendations - Response from Executive Member

Area for investigation/ Recommendations	When were the recommendations to the Executive agreed?	Expect answer by (first panel meeting after recommendations were submitted)

SECTION 6 - Progress and follow-up on implementing Panel recommendations

Panel Recommendation	Date of Response	Actions – implementation progress

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