

Joint Health & Wellbeing Strategy

North Somerset

2021 - 2024

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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

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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.

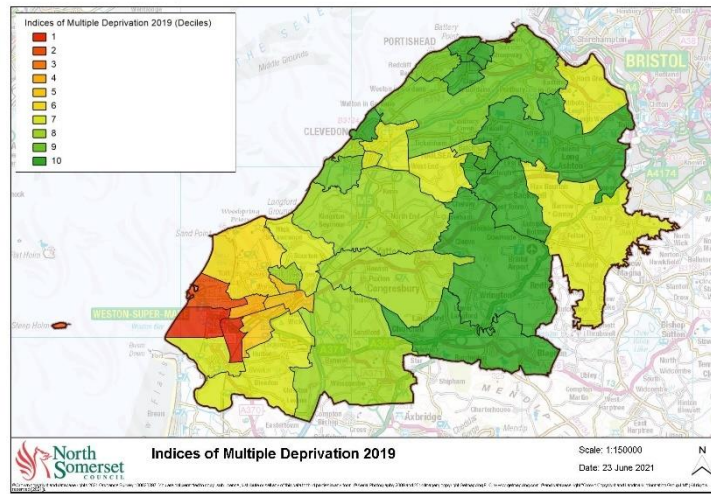
⁹ Public Health England. IMD 2019, analysis by PHE LKIS South West & Fingertips (PHOF).

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.

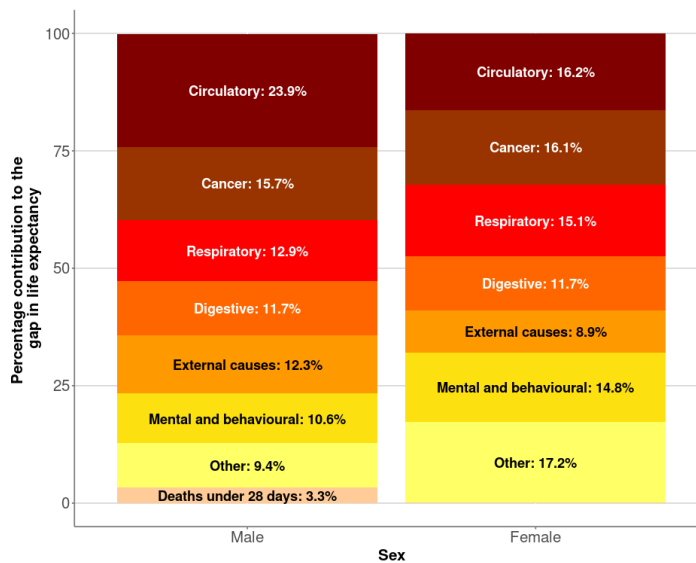


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3. Leading causes of ill-health

- 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.

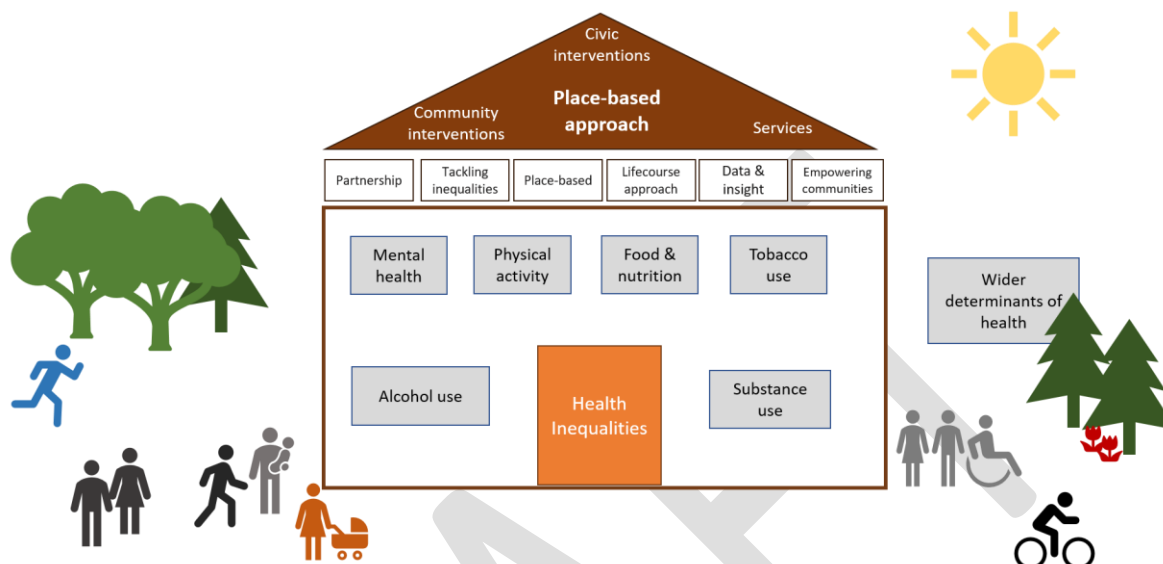
²⁴ The King's Fund. Long-term conditions and multi-morbidity. Part of *Time to Think Differently*. Accessed June 2021.

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.

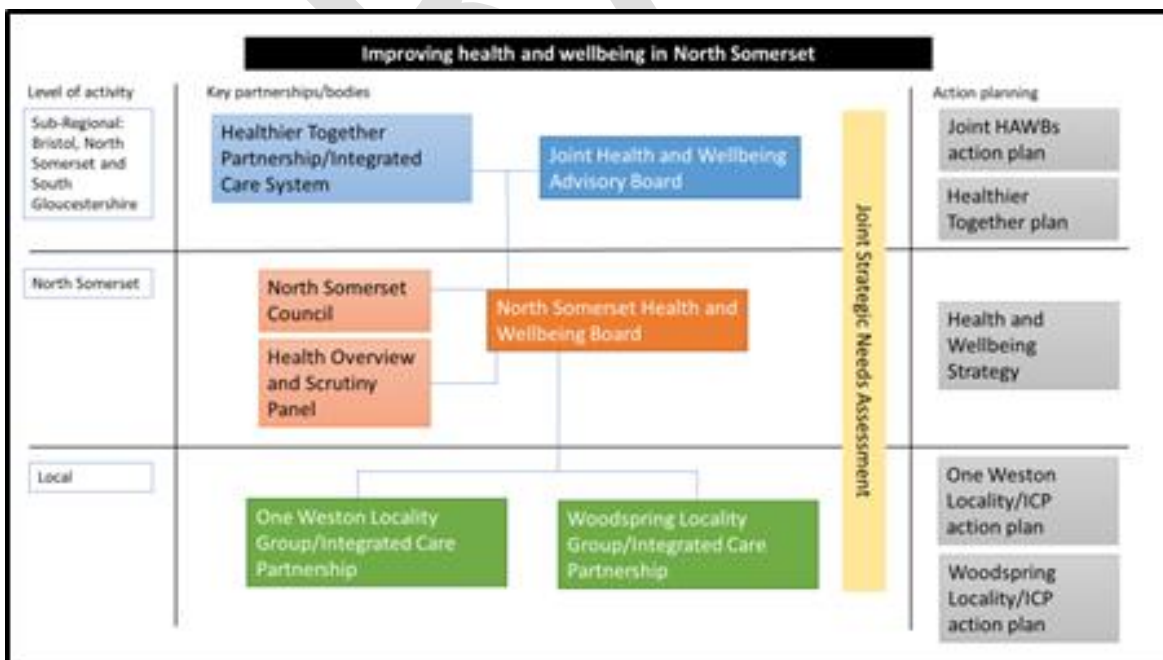
Delivery and oversight of the strategy

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	<ul style="list-style-type: none"> Publication of all-age mental health strategy for North Somerset to optimise strategic co- 	Civic level	<ul style="list-style-type: none"> We will develop and publish a multi-agency mental health strategy for North Somerset. 	Year 1
			Service-based	<ul style="list-style-type: none"> 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
	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 1-2
					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
					Year 2
			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 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/>

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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.

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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.

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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

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