

# **North Somerset Council**

## **REPORT TO THE HEALTH OVERVIEW AND SCRUTINY PANEL**

**DATE OF MEETING: 20 APRIL 2022**

**SUBJECT OF REPORT: JOINT HEALTH AND WELLBEING STRATEGY ACTION PLAN**

**TOWN OR PARISH: ALL**

**OFFICER/MEMBER PRESENTING: MATT LENNY, DIRECTOR OF PUBLIC HEALTH**

**KEY DECISION: NO**

**REASON: PROGRESS UPDATE FOR INFORMATION**

### **RECOMMENDATIONS**

Members of the Health Overview and Scrutiny Panel are asked to review the progress made in implementing the Health and Wellbeing Strategy Action Plan, use of the performance monitoring dashboard and to provide comments and suggestions regarding progress, the data dashboard, investment, and mechanisms of ongoing monitoring and evaluation.

#### **1. SUMMARY OF REPORT**

The North Somerset joint Health and Wellbeing Strategy 2021-2024 was published in October 2021 (available [here](#)), setting out the vision, shared ambitions, principles, and actions we planned to take over the next three years to improve health and wellbeing and reduce health inequalities across the region. The strategy centres around the three main approaches of (i) prevention, (ii) early intervention, and (iii) thriving communities. Each of these principles has been embedded into actions across the life course to address priority health topics and to tackle the wider determinants of health and wellbeing, empowering people to optimise their health and live longer and healthier lives.

This report summarises progress to date over 2021/22, with a particular focus on those actions that aim to improve mental health and wellbeing and diet, nutrition and food insecurity, outlined in the 'prevention' theme. At present, just over half of actions included fall into the prevention theme, although it is anticipated that this may change during the action plan refresh scheduled for May 2022. This paper also summarises the performance framework and dashboard that will be used to track progress and related outcomes in the North Somerset population, which will be shown to the panel during the meeting.

## 2. DETAILS

The 'Prevention' theme includes actions to address mental health and wellbeing, physical activity and food, nutrition and food insecurity and substance use. Here, greater detail is provided regarding progress made in implementing actions that aim to improve mental health and wellbeing and food, nutrition and food insecurity.

### 2.1. Mental health and wellbeing

One in six adults are estimated to have had a mental disorder, with mental illness accounting for 21% of morbidity in England. In North Somerset, 23.6% of adults report a high anxiety score and approximately 14% of residents have a diagnosis of depression. People with severe mental illness have higher risk of ill health (e.g. obesity, diabetes, chronic obstructive pulmonary disease, stroke) and reduced life expectancy compared to the general population. Young adults with severe mental illness are five times more likely to have three or more health conditions.<sup>1</sup>

The mental health burden of the COVID-19 pandemic has been significant, owing to an increase in a range of drivers, such as unemployment, housing insecurity and reduced access to services, with comparatively greater impacts on women and young adults.<sup>2</sup> Nationally, multiple studies reported deteriorations in adult mental health and wellbeing during periods of lockdown and high incidence of COVID-19, which did not return to pre-pandemic levels. Specifically, 25% of adults reported clinically significant levels of psychological distress in March 2021, 26% of adults reported thoughts of self-harm and 8% reported at least one incident of self-harm between March 2020 and May 2021. Those groups most likely to have experienced poor mental health were women, young adults (aged 18-34), adults with pre-existing mental or physical health conditions, individuals experiencing loss of income or employment, those living in deprived neighbourhoods and people in ethnic minority groups.<sup>3</sup>

Among children and young people (CYP), an increase in the prevalence of probable mental disorders was observed between 2017 and 2021; with 39% of CYP aged 6-16 years and 53% of 17-23 year olds reporting a deterioration in mental health between 2017 and 2021 (although 22% and 15% had experienced improvement).<sup>4</sup> Higher prevalence of mental ill-health has been demonstrated among children receiving free school meals, those in families experiencing financial disadvantage, those with SEND and LGBT+ children and young people.

In addition to poor mental health, the COVID-19 pandemic has also impacted on social isolation and loneliness, which increase the risk of poor mental health, as well as all-cause

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<sup>1</sup> Public Health England, 2018. Health matters: reduced health inequalities in mental illness. <https://www.gov.uk/government/publications/health-matters-reducing-health-inequalities-in-mental-illness/health-matters-reducing-health-inequalities-in-mental-illness>

<sup>2</sup> The Health Foundation, June 2020. Emerging evidence on COVID-19's impact on mental health and health inequalities.

<sup>3</sup> OHID. COVID-19 mental health and wellbeing surveillance report. Updated November 2021. <https://www.gov.uk/government/publications/covid-19-mental-health-and-wellbeing-surveillance-report/2-important-findings-so-far>

<sup>4</sup> OHID. COVID-19 mental health and wellbeing surveillance report. 4. Children and young people. Updated November 2021. <https://www.gov.uk/government/publications/covid-19-mental-health-and-wellbeing-surveillance-report/7-children-and-young-people>

mortality, poor cardiovascular health and use of healthcare.<sup>5</sup> Good social connections and networks are protective of increased risk of mental ill-health and mortality.

In order to strengthen public mental health among adults and CYP, and to complement wider actions across the health system, actions included in the Health and Wellbeing (HWB) strategy included community grants programmes aimed at improving mental health and wellbeing and reducing social isolation and loneliness. Such community-focused approaches are in line with place-based approaches that aim, in part, to develop local, strengths-based solutions and build community resilience, and the strengthening of community-centred approaches to improving mental health outlined in the NHS Long Term Plan and Community Mental Health Framework. Local authority-led approaches to reducing social isolation, via investment in local programmes, including structural enablers (peer support, volunteering opportunities, community navigators) and bespoke interventions (e.g. social activities) are recommended by the LGA and Association of Directors of Public Health, while commitments to increase social prescribing were incorporated in the NHS Long Term Plan and national strategy for tackling loneliness.<sup>6</sup>

In terms of progress made in implementing such actions, first, extension of the mental health community grants programme provided five organisations with a total of £15,717 funding to support improved mental health among adults for an additional year: Friends Together, Leonard Cheshire, Strawberry Line Care, That Creative Thingy Wotsit, The Garden. A further four organisations received funding to provide programmes that aim to improve mental health and wellbeing among CYP: A Different Perspective, Revealed Projects, Springboard Opportunity Group, Wellspring Counselling, with a total of £28,270 funding provided. This strengthens the £74,569 of funding already provided for year one, via joint CCG and North Somerset Council public health grant funding. The grants programme incorporated consideration of sustainability of programmes following grant funding.

Evidence of beneficial impacts has been demonstrated for the programmes so far in relation to social isolation or loneliness, happiness and anxiety levels and outcomes continue to be monitored. Data from the mid-point of delivery of programmes funded in the initial wave of funding has indicated that 1,489 people were reached, with an average of 74% (range 52-100%) of those using the service reported a positive change in happiness and an average of 64% (range 19-93%) reported a positive change in relation to anxiety.

In addition to this programme, grants of up to £5,000 have been awarded to nine community-based projects or initiatives that provide social prescribing destinations which aim to reduce social isolation and loneliness and poor mental health. The scheme was administered in partnership with the BNSSG Clinical Commissioning Group Green Social Prescribing Project so that projects with nature-based elements, or a focus on addressing the climate emergency, connecting with nature or improving environmental literacy to improve mental health were match funded up to a total of £10,000. Projects are required to start by June 2022.

It is emphasised that the actions discussed above aim to complement the wide range of community and clinical services already in place for children, young people and adults.

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<sup>5</sup> Leigh-Hunt et al (2017). An overview of systematic reviews on the public health consequences of social isolation and loneliness. *Public Health* 2017; 152: 157-171; Social isolation and loneliness among older people: advocacy brief. Geneva: World Health Organization; 2021.

<sup>6</sup> LGA. Loneliness, social isolation and COVID-19. <https://www.local.gov.uk/publications/loneliness-social-isolation-and-covid-19>; HM Government 2018. A connected society. A strategy for tackling loneliness – laying the foundations for change.

Cross-cutting settings approaches supporting good mental health and wellbeing, such as North Somerset's Healthy Workplace programme, will also contribute to improving mental health, with 6 employers recruited to participate in the pilot phase, one being North Somerset Council. The Healthy Schools programme includes a focus on mental health and targeted mental health support is in place in schools with schools identified for the first two mental health support teams in North Somerset in 2022/23.

Objectives in the HWB strategy to which the above activities contribute include:

- Reduction in the prevalence of self-reported poor mental health in the NS population
- Increase in the prevalence of good mental health and emotional wellbeing
- Improvement in access to timely mental health support
- Reduction in social isolation

Looking ahead, the multi-disciplinary Mental Health Strategy Board will re-convene in May 2022. The Board will utilise adults and CYP mental health needs assessments for North Somerset as the basis for development of a new strategy, alongside qualitative insight about need, lived experience and existing provision to identify priority areas to be addressed in partnership to improve mental health and wellbeing and to reduce inequalities in outcomes across North Somerset. The strategy will enable development of an action plan, building on existing plans and outlining new services and interventions to be implemented, aiming to achieve long-term beneficial impact.

## 2.2. Food, nutrition and food insecurity

Poor diet and an unhealthy weight contribute to a higher risk of long-term health conditions such as cancers, type 2 diabetes, cardiovascular and respiratory diseases, which are leading causes of premature mortality. Nationally, 68% of men, and 60% of women, are overweight or obese, while in North Somerset, 61% of adults, and approximately 32% of children aged 10-11, are overweight or obese.<sup>7</sup> The prevalence of obesity is higher in the most deprived areas. Nationally, for instance, 39.5% of women are obese in the most deprived quintile compared to 22.4% in the least deprived quintile,<sup>8</sup> while unhealthy weight among children is approximately 2-fold higher in the most deprived areas, compared to the least deprived.

In addition to inequality relating to unhealthy weight, almost 10% of adults in North Somerset have reported that they were worried about having enough food and 8% reported that they struggled to get enough food.<sup>9</sup> Further studies have shown that across the UK the rates of people accessing emergency food aid has been rising every year and reached historic levels at the beginning of 2021.<sup>10</sup> Addressing food insecurity alongside unhealthy weight is important owing to evidence of an association between food insecurity and lower consumption of healthy foods.<sup>11</sup>

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<sup>7</sup> Public Health Outcomes Framework: <https://fingertips.phe.org.uk/profile/public-health-outcomes-framework/data#page/0/gid/1000042/pat/6/par/E12000009/ati/402/are/E06000022/yr/3/cid/4/tbm/1>

<sup>8</sup> UKHSA, 2021. Patterns and trends in excess weight among adults in England. <https://ukhsa.blog.gov.uk/2021/03/04/patterns-and-trends-in-excess-weight-among-adults-in-england/>

<sup>9</sup> Sheffield University: Adult Food Insecurity at Local Authority Scale. Estimates draw from a survey commissioned by the Food Foundation, conducted in January 2021 by YouGov. <https://shefuni.maps.arcgis.com/apps/instant/interactivelegend/index.html?appid=8be0cd9e18904c258afd3c959d6fc4d7>

<sup>10</sup> Trussell Trust. Trussell Trust data briefing on end-of-year statistics relating to use of food banks: April 2020-March 2021. [https://www.trusselltrust.org/wp-content/uploads/sites/2/2021/04/Trussell-Trust-End-of-Year-stats-data-briefing\\_2020\\_21.pdf](https://www.trusselltrust.org/wp-content/uploads/sites/2/2021/04/Trussell-Trust-End-of-Year-stats-data-briefing_2020_21.pdf)

<sup>11</sup> Hanson KL, Connor LM. Food insecurity and dietary quality in US adults and children: a systematic review. *Am J Clin Nutr.* 2014; 100(2): 684-92.

To address such need, actions outlined in the HWB strategy action plan aim to:

- Reduce the prevalence of unhealthy weight among children (reception and year 6)
- Reduce the prevalence of unhealthy weight in the adult population
- Reduce inequality in prevalence of unhealthy weight at ward-level
- Reduce the prevalence of self-reported food insecurity

A range of actions have been progressed across services and in the community to address these objectives.

### **2.2.1. Actions to improve diet among children and young people.**

In support of the 'best start in life', a pilot scheme of a Healthy Early Years Setting Award is currently in development with nine settings taking part in the pilot, due to commence in April 2022. The Healthy Early Years Settings Award aims to complement the Healthy Schools programme for those children aged under 4 years of age. The scheme will support and recognise achievements around health, wellbeing and development in these settings, aiming to complement and enhance the Early Years Foundation Stage (EYFS) framework and encourage new initiatives around health topics. Once launched in full, the scheme will focus on food and nutrition, oral health, physical activity, family wellbeing and environmental sustainability. However, a pilot scheme focused on food, nutrition and oral health will be conducted in the first instance to explore feasibility and to enable optimisation of the programme. Early Years settings will be required to meet specific evidence-based criteria following a baseline assessment and bespoke action plan. As part of the programme, settings will be able to access specialised training, access online resources, and receive a small grant of £250 to enable purchase of resources or equipment.

Additional actions implemented for CYP include commissioning of Everyone Health to deliver training to midwives and health visitors about communication regarding healthy weight and school nurses will be delivering extended brief interventions around healthy weight to those children identified as being an unhealthy weight from the next school year (September 2022). Engagement is also being conducted with parents and caregivers to identify ways of enhancing uptake of Healthy Start so that pregnant women and young children are able to better access vitamins and healthy foods.

### **2.2.2. Programmes to enhance diet, nutrition and to address food insecurity among adults and families.**

An additional North Somerset Community Food Projects Grants Scheme has been implemented for setting-based and community programmes that aim to enhance awareness and skills around nutritious food and healthy diet in areas of highest need using specific evidence-based criteria. Four grants were awarded to organisations that focused on access to, and consumption of, nutritious and affordable foods.

Alongside such community-based action, a new tier 2 adult weight management service has been commissioned for North Somerset, which is provided by Slimming World. The service provides a universal offer with a requirement to target people in lower-income groups. Sirona and the North Somerset Public Health team commenced delivery of a postnatal weight management programme in March 2022, while weight management programmes targeted to men only have commenced at Hutton Moor Leisure Centre and Oxhouse gym in Weston-super-Mare, with additional men's groups due to start between April and June 2022 in the northern parts of the North Somerset local authority area. Lastly, recruitment to the enhanced Health Trainer Service, supported primarily by funding from

Pier Health Group Ltd alongside adult weight management funding from the Office for Health Improvement and Disparities (formerly PHE) in 2021 and public health funding, is also underway, providing additional capacity for four new Health Trainer (HT) posts and a Team Leader. The service will strengthen individual and group-based support and health coaching around diet, physical activity, smoking and alcohol use for people in Weston-super-Mare and for those who are most at risk of poor health outcomes.

To complement actions focusing on diet, nutrition and healthy weight, a range of actions have been implemented in 2021/22 to address food insecurity. A Food Alliance, which developed during the early stages of the COVID-19 pandemic, meets bi-monthly throughout the year, enabling collaboration between community food activities to tackle food insecurity and to strengthen awareness of the wider food system. The Sustainable Food Places<sup>12</sup> framework will be used as the basis for a food strategy and to support partnership working.

Further actions implemented locally include:

- Developing the Cash First approach to food insecurity based on Scotland's Menu for Change Project. Partner agencies, community groups and Town and Parish Councils have agreed to use the 'Worrying about Money' leaflet to guide people to appropriate support with the aim of reducing the need for emergency food aid.
- Working together to develop the Food Resilience Pathway from easing crisis to engineering change. A community food mapping activity is underway to enable appropriate referral pathways to be identified, facilitating a move from crisis to long-term independence.
- A collaboration between North Somerset Council, Weston Town Council, the For All Healthy Living Centre, Alliance Homes, the Food Bank and others has enabled a community led community fridge to be introduced in the Sovereign Shopping Centre in Weston-super-Mare, alongside the development of Community Food Clubs.
- North Somerset Council Children's Services Directorate has been delivering the Holiday Activity and Food Programme, connecting with community food projects and partners from North Somerset Together to develop and deliver programmes of activity for children in receipt of free school meals.

North Somerset was also part of a successful BNSSG-wide funding proposal to the Health Foundation and LGA for the Shaping Places for Healthier Lives programme, with a bid focused on tackling food insecurity through system change. The programme is funded for 3 years and led by Bristol City Council, with delivery commencing in April 2022, which will be focused in the Bourneville and Central Wards.

### **2.3. Monitoring and Evaluation**

A performance monitoring dashboard has been developed with colleagues in North Somerset Council Business Intelligence Team to visually display the themes, objectives, milestones and measures being used to evaluate progress. Short commentaries are included to provide an update for each action, alongside outcome data where publicly available. The dashboard will be made publicly available via the Health and Wellbeing Strategy website. At present, 36 of 64 (56%) individual actions for 2021/22 have been completed; 21 (33%) have been implemented and are in progress; and 7 (11%) have been delayed so will start in 2022/23. Since action during 2021/22 has involved a focus on

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<sup>12</sup> <https://www.sustainablefoodplaces.org/>

mobilisation of a wide range of actions, data regarding the impact of specific actions and programmes will become available to a greater extent during 2022/23.

Specific targets have been avoided for many outcomes, owing to delays in reporting of outcome data locally and/or nationally, small numbers for specific outcomes, and/or a need to monitor trends over the longer-term. However, the framework includes specific measures and use of nationally reported routine data and locally derived data (where available), in combination with qualitative updates. In addition, targets for outcomes are to be included in linked strategies, such as for mental health and physical activity, and will be considered as part of the annual refresh of the action plan.

### **3. FINANCIAL IMPLICATIONS**

Implementation of the HWBS action plan is funded via resource from the Public Health and Regulatory Services budget and from external sources e.g. the OHID Adult Weight Management Grant and resource from the Pier Health Group for the expansion of the Health Trainer team.

Investment in new areas of action supplemented funding to existing and statutory services such as smoking cessation and health trainer services, and public health nursing and drug and alcohol services, respectively. As such, year 1 involved £100K of new investment from the public health budget, with balance sought between support for mental health and wellbeing, physical activity, and food, nutrition and food insecurity, thus complementing services and activity elsewhere in the system. Additional support has also been provided via staff capacity to lead and support engagement, design, commissioning, delivery and/or evaluation of new actions and interventions.

For 2022/23 and 2023/24, additional investment of £200K per year will be assigned for new actions from the Public Health and Regulatory Services budget with match-funding of total resource of £1 million provided by Bristol, North Somerset and South Gloucestershire (BNSSG) Clinical Commissioning Group (CCG) to support delivery of the strategy and action plan. Proposals are currently being sought for activity that supports the strategy's objectives, to be reviewed by the Health and Wellbeing Strategy Oversight Board and Public Health Leadership Team according to a range of criteria, including the extent to which actions meet health and wellbeing need, anticipated outcomes, evidence of effectiveness and cost-effectiveness, likely impact on health inequalities. Views and perspectives regarding prioritisation of themes and actions will also be sought via a HWB strategy refresh stakeholder workshop in early May 2022. Options for allocation of funding will be approved by the Health and Wellbeing Board.

### **4. 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](#).

### **5. CLIMATE CHANGE AND ENVIRONMENTAL IMPLICATIONS**

The HWBS incorporates a range of plans to support action to address climate change, for instance, via support for the North Somerset Green Infrastructure Strategy and Active Travel Strategy, requirements to consider climate change are included as contractual requirements where possible, and community-based initiatives that aim to provide local activities and services closer to people's homes, reducing the need for travel.

## **6. 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 is overseen and monitored by the Health and Wellbeing Strategy Oversight Board, which meets bi-monthly. This board provides strategic guidance, monitoring and oversight to delivery of the strategy, guidance around planning and implementation of refreshes of the action plan, review of risks and appraisal of the application of data and insight.

## **7. EQUALITY IMPLICATIONS**

The HWBS includes actions at the civic level which are universal in being available to all those living and working in North Somerset, as well as those that are targeted to areas or population groups where the need is greatest. A number of actions outlined above, such as expansion of the Health Trainer service and grants programmes are targeted to areas of greatest deprivation or health need or prioritise activities that address needs in particular population groups with higher need to address health inequalities.

## **8. 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; and a central aim of reducing inequalities. 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 the integrated care system and a range of partners as we move towards co-ordinated models of care and support at locality level. Ongoing engagement throughout implementation aims to ensure that the action plan fully integrates and accounts for these developments. Implementation and delivery for many actions will be led by North Somerset Council but the plan also crosses organisational boundaries.

## **AUTHOR**

Dr Georgie MacArthur, Consultant in Public Health

## **APPENDICES**

Appendix 1: Summary powerpoint presentation

## **BACKGROUND PAPERS**

None