

Be Well B&NES: Bath and North East Somerset (B&NES) Whole Systems Health Improvement Framework 2024–2034

1. Foreword

Welcome to the Bath and North East Somerset Whole Systems Health Improvement Framework, known as Be Well B&NES. Be Well B&NES represents a watershed in our work to improve the physical and emotional wellbeing of children and adults, and reduce health inequalities across Bath and North East Somerset.

A wide range of organisations and people contribute to health improvement in Bath and North East Somerset. Be Well B&NES was developed and will be delivered by collaborative networks of Bath and North East Somerset partners including healthcare providers, educational settings, leisure providers, council departments, academics and community organisations. We will work with communities and settings to co-develop solutions to the health improvement issues which matter to them.

Health improvement is a complex problem which requires long term, system wide action. Using the Whole Systems Approach developed by Public Health England (now the Office for Health Improvement and Disparities), we have led our Bath and North East Somerset partners through a programme of work to develop the vision and framework set out in this document.

Our Whole System Approach to health improvement enables us to work on the big picture for Bath and North East Somerset. Our ten-year timeframe will enable us to work on the system changes that evidence shows can improve our population health.

Signatures:

Becky Reynolds, Director of Public Health and Prevention, Bath & North East Somerset Council

Councillor Paul May, Cabinet Member for Children’s Services, Chair of the Health and Wellbeing Board, Bath & North East Somerset Council

2. Executive Summary

In Bath and North East Somerset, health outcomes are affected by rising obesity rates, physical inactivity, challenges in accessing affordable good food, poor emotional wellbeing, smoking, and the harmful use of drugs and alcohol. This reflects similar challenges seen across the UK. These issues are key drivers of health inequalities – the avoidable, unfair and systematic differences in health between different groups of people.

Working with a wide range of system partners, and following a review of the evidence, we have developed a Whole Systems Approach to Health Improvement in Bath and North East Somerset. This new Whole Systems Approach, Be Well B&NES, will:

- a. Take collective action on the commercial, social, economic and environmental factors that drive our health behaviours, as well as supporting individuals and communities to make healthier choices.
- b. Work at different levels of the system to change not only the actions we take, but the structures that support them and the health beliefs that the system holds.
- c. Exploit the value of working together on the building blocks of health that affect multiple areas of health improvement. For example, emotional wellbeing and physical health can both be improved by programmes which increase active travel.

Be Well B&NES is a ten-year programme of change which works toward the vision of Bath and North East Somerset being a place where *children and adults are enabled to live healthy lives*.

The Be Well B&NES framework has been co-developed and is jointly owned by system partners including educational settings, leisure providers, health care providers, council departments, academics and community organisations.

Bath and North East Somerset system partners have identified key areas where local health improvement outcomes are affected by local activities in different sectors. These include the commercial determinants of disease (such as advertising and availability of food), housing and homelessness, early years, primary schools and family life, secondary schools and universities, physical environment and transport, personal finance, employment and cost of living, communities and community resilience, and healthcare. The Whole Systems Approach enables us to work collectively to understand and address challenges in these areas, which can in turn lead to improvements in health and health inequalities.

Be Well B&NES partners have co-developed and committed to the following priorities:

- Listening to residents
- Working for target communities which have the greatest health improvement needs
- Focusing on children and families at all levels of the system
- Improving the reach of existing interventions
- Providing consistent, system-wide training opportunities

Oversight of this work will be provided by a Be Well B&NES Steering Group. Be Well B&NES will establish Network Groups to focus on targeted settings and geographical areas, and an operational delivery group to drive wider system change.

3. Introduction

Bath and North East Somerset is a mixed rural and urban area with a population of approximately 194,000. The city of Bath is home to over 50% of the population, with the remainder living in and around towns and villages including Keynsham, Midsomer Norton, Radstock, Westfield, Saltford and the villages in the Chew Valley.

The vibrant city of Bath attracts large numbers of tourists visiting world heritage sites, retail outlets and hospitality venues. However, the external face of Bath does not always reflect the city that many residents call home, with affluent areas sitting alongside those which fall into the 10% most deprived in the country. Outside of Bath, more rural communities often experience challenges around access to amenities, shops, public transport and active travel.

Be Well B&NES takes action on the biggest preventable risk factors for ill health, health inequity and premature death including obesity, tobacco, and the harmful use of drugs and alcohol. These risk factors are closely linked with emotional wellbeing and contribute to a wide range of health conditions including cancer and heart disease. They also have a significant and preventable impact on communities, health care and the economy in Bath and North East Somerset. For example Action on Smoking and Health estimate that the total cost of smoking alone to Bath and North East Somerset is £149 million per year.

Our behaviours related to exercise, food, smoking, and the harmful use of drugs and alcohol are all shaped by the environment and the 'system' around us. Influences like marketing and social media, availability of nutritious food, access to social support and accessibility of exercise all play an important part in our ability to be healthy. Be Well B&NES adopts a Whole Systems Approach, recognising that health improvement outcomes are complex and have many interconnected causes. We propose a system-wide, collaborative way of working to make Bath and North East Somerset a place where it is easier to live a physically and emotionally healthy life.

4. Delivering local strategic priorities

The Whole Systems Approach recognises that our relationship with nature and the physical environment is central to our emotional wellbeing and physical health. The collaborative health improvement work we propose with communities and settings in Be Well B&NES will allow us to listen to and deliver activity shaped by residents and local organisations.

Key elements of the B&NES Health and Wellbeing Strategy will be delivered through this work including the commitment to: *Enable and encourage proactive engagement in health promoting activity at all ages for good quality of life.*

Delivery of Be Well B&NES will support the underpinning principles of the B&NES Health and Wellbeing Strategy:

- Tackle inequalities
- Adapt and build resilience to climate change
- Share responsibility and engage for change
- Deliver for all life stages

More broadly, Be Well B&NES also delivers on health improvement ambitions and commitments set out in:

- Building A Fair, Green, Creative and Connected Bath with North East Somerset – An Economic Strategy for Bath & North East Somerset 2024 – 2034
- The Bath and North East Somerset, Swindon and Wiltshire Integrated Care System (BSW Together) – Our Integrated Care Strategy 2023-2028
- The Bath and North East Somerset, Swindon and Wiltshire (BSW) Health Inequalities Strategy 2021-2024

Be Well B&NES supports delivery of the two core policies of the B&NES Council Corporate Strategy:

- To lead the UK in climate and nature action, building a sustainable future for Bath and North East Somerset - net zero, nature positive by 2030
- To listen to and work with residents to act on their concerns.

5. Local health improvement data

Bath and North East Somerset performs well in terms of health improvement outcomes, with lower than average rates of smoking and obesity reflected in lower rates of heart disease, cancer and hypertension, and longer life expectancy than the England average. However, the burden of these health outcomes remains significant and there are certain groups and geographical areas within Bath and North East Somerset that experience preventable poor outcomes, leading to preventable morbidity, mortality and health inequalities.

More detail on Bath and North East Somerset health improvement outcomes is provided in Appendix 1.

6. The Whole Systems Approach

What is a Whole Systems Approach?

A Whole Systems Approach views the local services, environment and people as a complex system which drives health outcomes. Each piece of the system represents a different part of our lives, such as where we live, work, and socialise, our schools and healthcare systems, and the neighbourhood, environment and natural world around us.

By working like this we understand the different parts of our systems, structures and environment that influence health, and the many people and organisations who support and care for our individual health. We can see the knock-on effects that changes one area could have on other parts of the system, and identify the parts we need to work on to make change.

Crucially, by using this approach, we recognise that work is needed to both act on the commercial, social, economic and environmental factors that drive our health behaviours, and support individuals and communities to make healthier choices.

In Bath and North East Somerset, system partners have identified issues including housing and homelessness, schools and education, the physical environment, personal finance, employment, communities and community resilience, health and social care and commercial factors such as advertising as key issues underlying health behaviours.

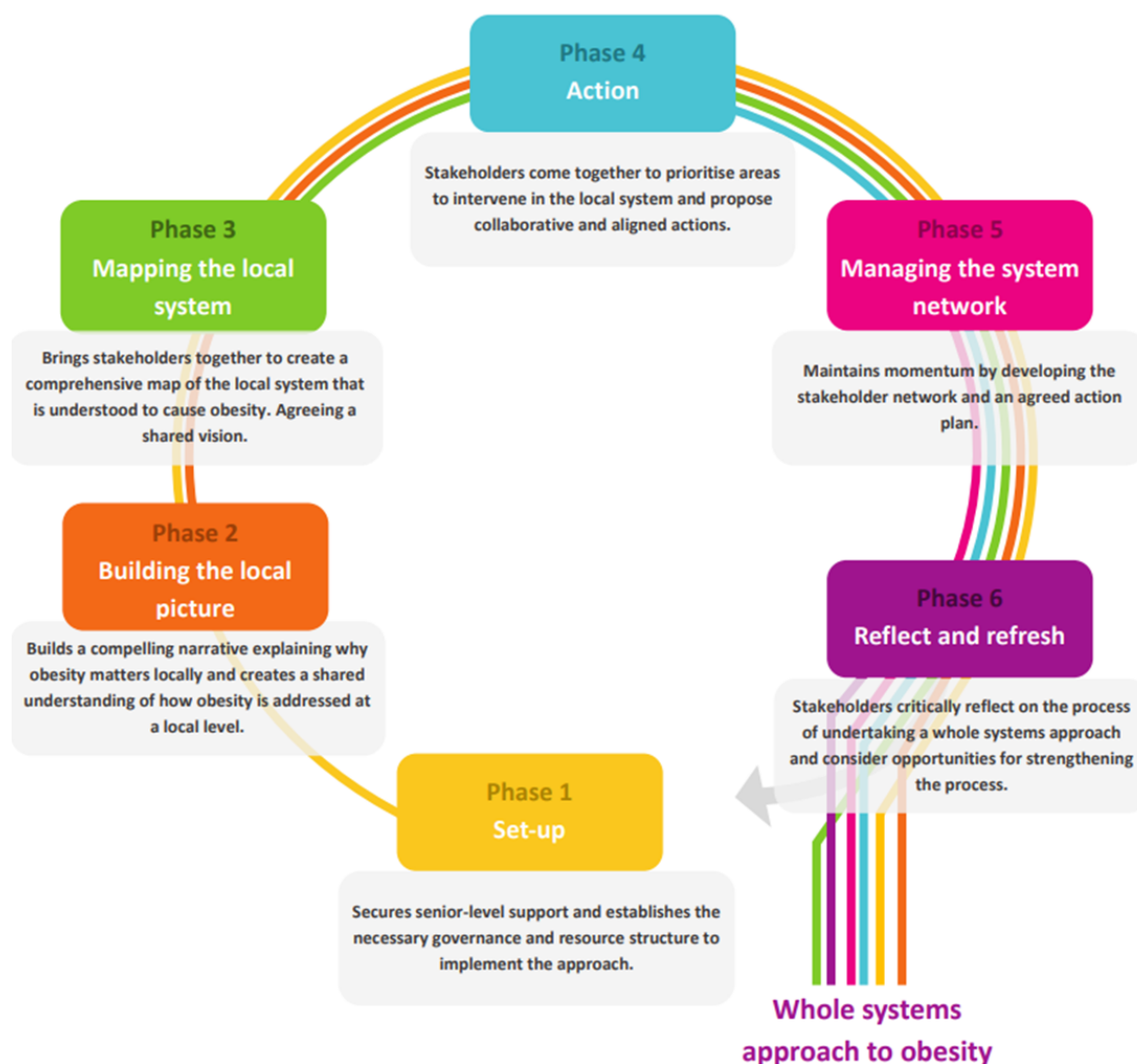
Studies have shown that Whole System Approaches work; when we tackle health issues across and at deeper levels of the system, we see better results. For example, in communities that use this approach, we see better access to healthy food, and better emotional wellbeing. By addressing the root causes of health problems, we can create lasting change.

The approach we have used in Bath and North East Somerset is based on the Whole Systems Guide for Obesity commissioned by Public Health England and developed by Leeds Beckett University in 2015. We have been supported in the process of developing the framework by academics at the University of Bath.

7. Development of our Bath and North East Somerset Whole Systems Approach

The Bath and North East Somerset Whole Systems Approach was first adopted in 2019, with system workshops held to map and action plan a new Whole Systems Approach to obesity in Bath and North East Somerset. This work was paused during the COVID-19 pandemic. In 2023 it was agreed that Bath and North East Somerset would integrate its approach to physical activity, emotional wellbeing, food and nutrition, tobacco, and the prevention aspects of drug and alcohol harm. This builds on the successful foundation of the 2019 Whole Systems Approach to obesity, and recognises the shared risk factors across health improvement.

The diagram below illustrates the phased steps taken to develop and deliver the Be Well B&NES framework. This process is iterative with steps for reflection and appropriate adjustment of actions.



Phases of work in a Whole Systems Approach to obesity. Reference: [PHE Whole Systems Approach to Obesity](#)

Senior-level support was agreed via a steering group with representation from across Bath and North East Somerset Council and system partners. The Be Well B&NES Framework has been developed via a series of workshops, meetings and 1:1 interviews. Outputs include:

- Detailed system mapping, showing the local, modifiable ‘causes of the causes’ of poor health improvement outcomes. This mapping emphasised to all stakeholders the local connections between health improvement and:
 - Commercial determinants of disease (such as advertising and availability of food)
 - Housing and homelessness,
 - Early Years, primary schools and family life
 - Secondary Schools and Universities
 - Physical Environment and Transport
 - Personal Finance, Employment and Cost of Living
 - Communities and Community Resilience
 - Healthcare
- A log of health improvement activities currently being delivered across Bath and North East Somerset
- A joint vision and aims for Be Well B&NES
- An initial set of proposed priorities for health improvement activity in Bath and North East Somerset
- A shared understanding of the roles of partners in the system
- Commitment from Bath and North East Somerset system partners to work together and use the Whole Systems approach to make long-term change.

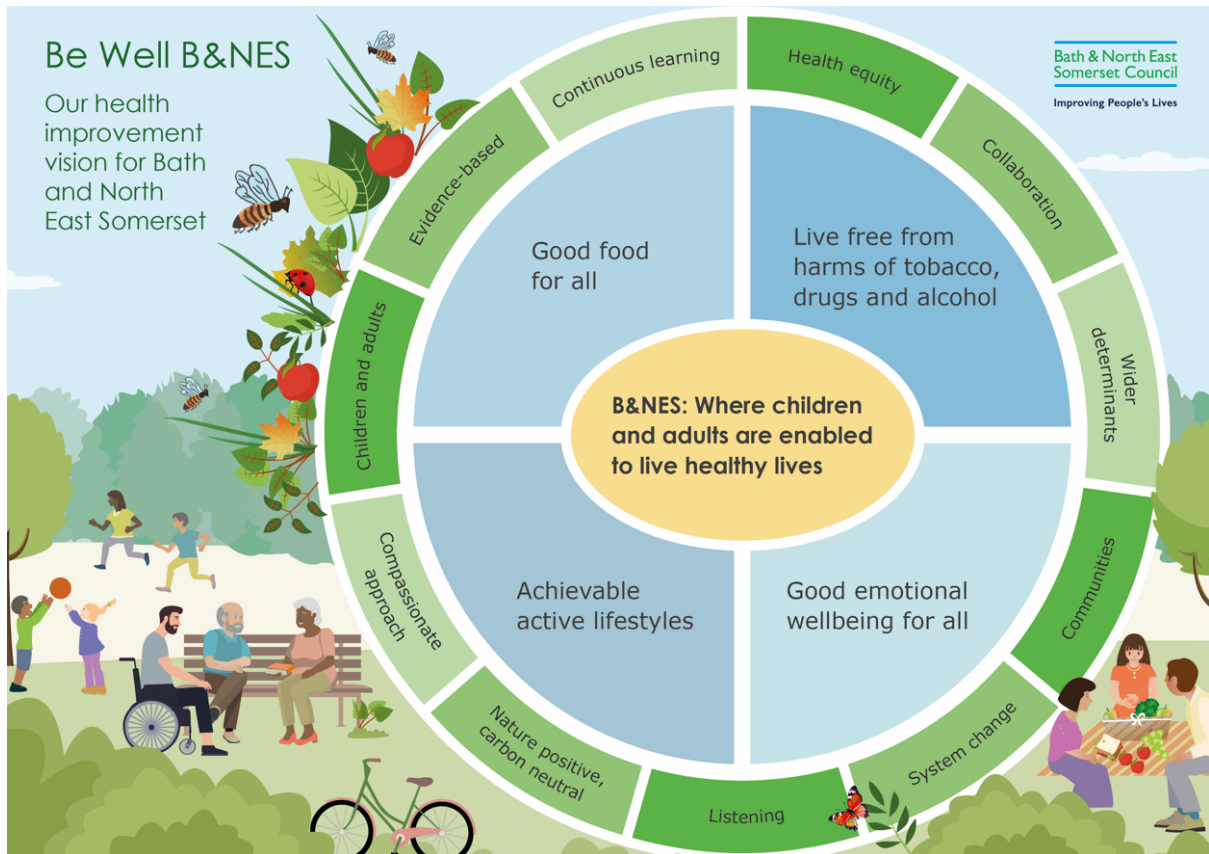
8. Vision, aims and core values

The vision for Be Well B&NES is:

Bath and North East Somerset: Where children and adults are enabled to live healthy lives

To achieve this there are four central health improvement aims:

- Good emotional wellbeing for all
- Good food for all
- Achievable active lifestyles
- Live free from harms of tobacco, drugs and alcohol



Be Well B&NES vision and core values graphic

Core Values

Promoting health equity: Prioritising the needs of underserved populations to ensure that health improvements benefit everyone, regardless of socio-economic status, age, ethnicity, or geography. Our Whole Systems Approach aims to promote the Marmot Principles of health equity by addressing the social determinants of health.

Collaboration: Working with system partners including residents, community organisations, healthcare providers, businesses and academia, in collaborative efforts to address health determinants. By fostering partnerships and collective action, we can leverage the expertise and resources of multiple sectors to achieve shared health goals.

Wider determinants: Going beyond treating symptoms to address the underlying drivers of health improvement outcomes, the “building blocks of health”. This may involve addressing issues such as unhealthy living environments, as well as access to healthcare, cultural opportunities, good food, and educational opportunities. It includes working to improve access to and meaningful connection with nature and outdoor spaces for the mental and physical health benefits that these bring.

Communities: Working with our local communities to co-develop and support their health improvement goals. Co-production will follow the New Economics Foundation model. This takes ‘an assets-based approach to public services where professionals and citizens share power to plan and deliver support together, recognising that both partners have vital contributions to make in order to improve quality of life for people and communities’. We also recognise the importance of forming and maintaining healthy relationships within communities and families.

System change: Recognising that sectors and systems, such as healthcare, education, transportation, housing, and employment, are interconnected and collectively shape health outcomes. This approach acknowledges that changes in one system can have ripple effects across others. By implementing policy, environmental, and system-multi-level interventions we will create sustainable changes. This involves working at different levels of the system: advocating for policy reforms, implementing community-wide interventions, building infrastructure to support healthy behaviours, focused local work, and promoting a culture of health within organisations and communities.

Listening: Taking a systems approach involves listening to the whole system to understand the determinants of health and where effective action can be taken. Engagement with our residents and local communities is a key system working behaviour.

Nature positive and carbon neutral: For the climate and ecological emergencies, the council's ambitions are to lead the UK in climate and nature action, building a sustainable future for Bath and North East Somerset. We want a carbon neutral council by 2030 and a low carbon, climate resilient, nature positive future for the district.

We need to enable nature to recover and become more resilient to the impacts of climate change. We need to protect and sustain our existing nature-rich sites; and create bigger, better, and better-connected habitats at scale. We also need to manage all our land and water more sustainably, including reducing the use of pesticides and other harmful pollutants. As well as benefitting nature, these actions will enrich our society, wellbeing, and economy. We will use the Bath and North East Somerset [Decision Wheel](#) which is based on the council core policies, and prompts consideration of impact of proposed change on climate, land, soil, air and biodiversity.

Compassionate approach: A compassionate approach acknowledges that lives are complex and many of the factors that influence health are not always within the control of the individual. It focuses on a strengths-based approach to working with individuals and communities, avoiding stigma and blame and taking a longer-term preventative approach to working with communities on the issues that matter to them.

Children and adults: Meeting the health improvement needs of all age groups in Bath and North East Somerset including babies, children, young people, adults and older adults. Recognising the evidence highlighting the importance of the early years and childhood in future health and wellbeing, and prioritising this group where appropriate.

Evidence-based decision making: Utilising data and evidence-based practices to inform decision-making processes, monitor progress, and evaluate the effectiveness of interventions. By collecting and analysing data and intelligence on health outcomes, risk factors, and social determinants, system groups can identify priority areas for intervention and strategically allocate appropriate resources.

Continuous learning: A Whole Systems Approach to health improvement is an iterative approach, where the system reflects on current actions and ways of working and what can be done differently. This reflective learning will continue as our understanding of what works for our communities and why grows and develops.

9. Be Well B&NES system priorities and action plan

System priorities

To deliver the Be Well B&NES health improvement aims, system partners identified an initial set of priorities for action. These priorities included:

- Listening to residents
- Working for target communities which have the greatest health improvement needs
- Focus on children and families at all levels of the system
- Improving the reach of existing interventions
- Providing consistent, system-wide training opportunities

Be Well B&NES network groups

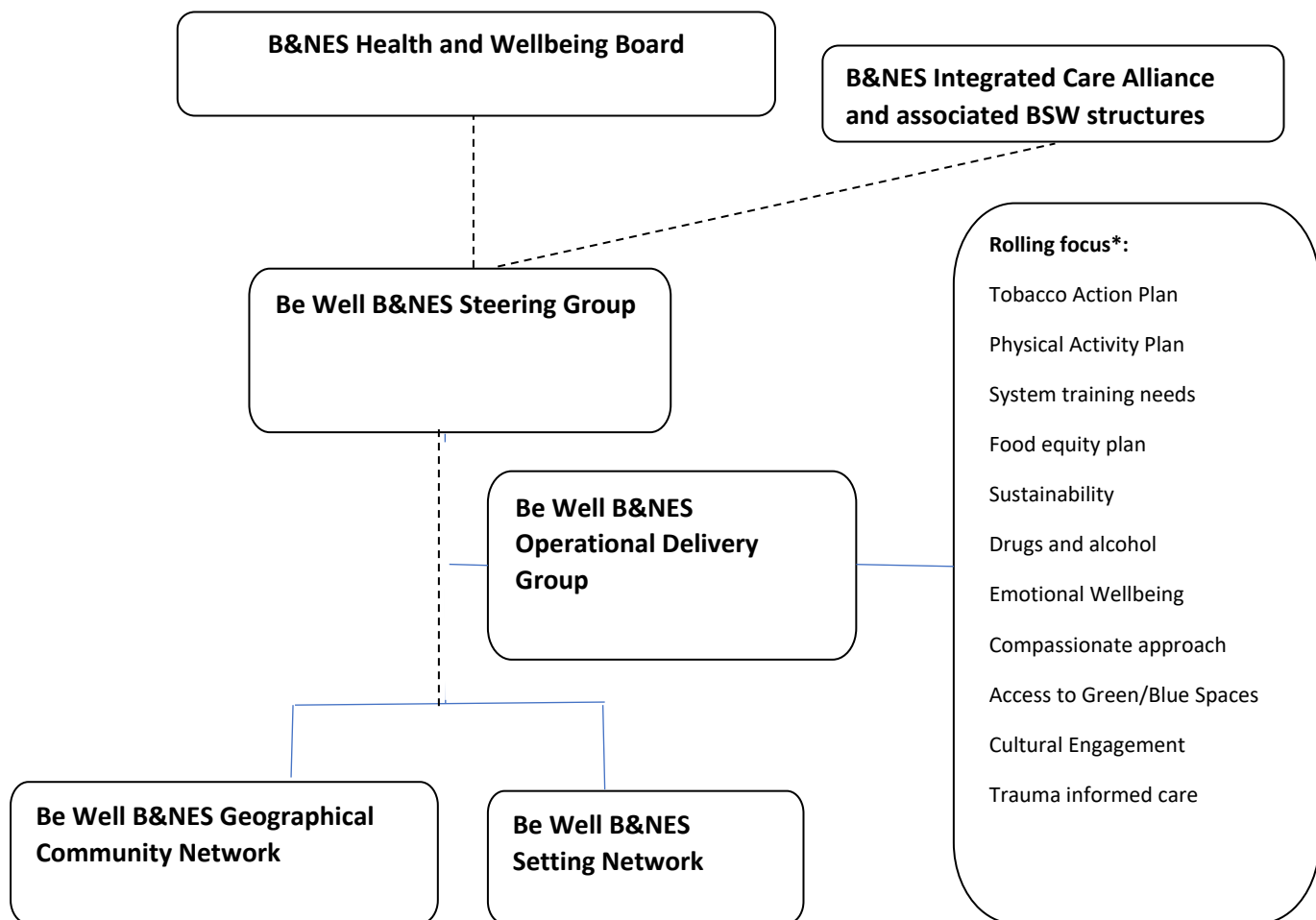
Two network groups are proposed to drive and deliver activity. These network groups will bring together system stakeholders with relevant interest and expertise. They will develop and deliver action plans (building on work already started through stakeholder engagement), to enable prioritised actions across different levels of the system.

There is a strong preference from system partners to undertake targeted work with settings and communities. The first network group will focus on a children and young people's setting, for example Children's Centres or a network of schools. The second will focus on a geographical community. These groups will be formed in partnership with communities and settings where evidence shows that health improvement outcomes are poor, and where a Whole Systems Approach to health improvement is supported.

In addition to the two network groups, a third 'operational delivery group' will ensure that there is a universal health improvement approach for all Bath and North East Somerset residents. The operational delivery group will provide an interface and supporting structure for relevant technical health improvement work streams across physical activity, emotional wellbeing, food, tobacco, and the prevention aspects of drug and alcohol harm. The group will also take forward targeted actions and areas of work at the request of the steering group. For example, it could provide a platform for developing how we work across the system on specific topics e.g. Improving the reach of health improvement training, listening to communities, and delivering a compassionate approach to weight.

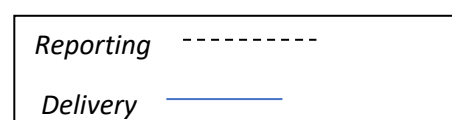
Be Well B&NES steering group

Oversight will be provided by the Be Well B&NES Steering Group, who will report into the Bath and North East Somerset health and wellbeing board. The steering group will review the direct and indirect effects of actions in the context of the whole system. This is an iterative way of working; regular review will enable the network groups to develop and change in response to the system. It is likely that over the ten-year span of Be Well B&NES, we will shift focus and work across several different areas and settings, learning from successes and challenges in our initial process.



Be Well B&NES proposed delivery and governance structure. This may change as network groups develop, to align with wider governance structures e.g. Children and Young People’s governance

**Examples, to be agreed by steering group*



Be Well B&NES action registers

Draft action registers have been developed at our system workshops. These will be updated and agreed by each network group.

Action registers will use the Action Scales Model. This model is designed to prompt thinking about actions in a complex system. Actions are identified at four different levels:

- Events: Quick fix actions that react to events but do not change the structure of the system.
- System structures: Reshape or redesign the organisation to change the frequency of events.
- System goals: Alter the goals that the system is aiming to achieve.
- System beliefs: Changes deeply held mindsets of how the system functions.

Using this structure helps to ensure a balance of actions across different levels, and encourages ‘out of the box’ thinking towards the actions that will have greatest leverage.

10. Evaluation and monitoring

The Be Well B&NES Steering Group holds responsibility for evaluation of Be Well B&NES, with input from system partners. Appropriate quantitative and qualitative evaluation methods will be used where it is feasible to do so, and opportunities to work with the University of Bath to develop methodology and identify funding for evaluation support are being explored.

Processes for monitoring delivery of Be Well B&NES will be established as part of the development of Network Groups. Monitoring will initially focus on system engagement and process outcomes, with changes to health improvement outcomes expected to be targeted over the longer term. The steering group will hold responsibility to demonstrate impact.

11. Next Steps

The steering group, network groups and operational delivery group which will deliver action for Be Well B&NES will be formed over the summer of 2024. Network groups will be launched in October 2024. Draft action plans for the networks and operational group will be agreed in autumn of 2024, building on the prioritisation work already undertaken by system stakeholders. Action plans will become operational by January 2025.

The networks and operational group will be reviewed annually by the steering group in accordance with the PHE Whole Systems model. Where appropriate, activity will be re-focused to address different priorities across the system. This iterative, phased approach will allow Be Well B&NES to learn, adapt and provide focused health improvement activities to improve the health of communities for years to come.

Appendix 1: Bath and North East Somerset Health Improvement data

Emotional wellbeing

In Bath and North East Somerset, we have seen a trend of declining mental wellbeing post-COVID-19 pandemic, with anxiety levels over the past decade consistently higher than national averages.

According to the Annual Population Survey 2023, ratings for happiness, life satisfaction and worthwhileness for adults in Bath and North East Somerset are lower than national figures, while anxiety levels are higher, and have been so for most of the last decade.

For children, the Bath and North East Somerset Children and Young People's Health & Wellbeing Survey 2022 found 65% of primary aged boys and girls in Bath and North East Somerset reported being 'quite' or 'very' happy with their life. However, 89% of primary and 92% of secondary school pupils were worried about at least one issue 'quite a lot' or 'a lot'. For primary aged children 'the environment' and 'the future' were the most frequently reported concerns. For secondary aged pupils 'exams and tests' were the greatest source of worry for both boys and girls.

Food and Nutrition

Food and nutrition are fundamental for overall health and well-being. Food security, defined as access to enough food for an active and healthy lifestyle, is a crucial aspect of physical and mental health. Impacts of food insecurity include physical and mental health effects, effects on educational attainment, reduced productivity, social exclusion and an increased need for healthcare.

In Bath and North East Somerset, the 2022 Voicebox survey found that 3% of Bath and North East Somerset residents sometimes or often did not have enough to eat, up from 2% in 2021. This equates to around 6,000 residents. Additionally, the proportion of residents who reported having enough of the kinds of food they wanted fell to 76% from 86% in 2021. It's estimated that 4,200 people per week in Bath and North East Somerset rely on affordable food projects.

Excess weight is one potential consequence of poor nutrition. It increases the risk of disability, disease and death, and has significant impact from childhood into older age. While the proportion of children with excess weight in Bath and North East Somerset is lower than the national average, challenges persist. 19.3% of children in reception are overweight or obese, rising to 29.9% in year 6. The proportion of adults in Bath and North East Somerset with excess weight in 2022/23 was 53.2%, with those from lower income households more likely to fall into this category.

Physical Activity

Regular physical activity is essential for maintaining good health, reducing the risk of chronic diseases, and promoting overall well-being.

In Bath and North East Somerset, it's estimated that 74.6% of adults are active for the for the 150+ minutes a week recommended by the Chief Medical Officer, with 15.9% considered inactive. This is positive news; Bath and North East Somerset is more active and less inactive than England as a whole. However, there are still 25,600 inactive adults, which represents significant potential to improve health and wellbeing across the area.

There is potential to improve activity in specific groups. Children's positive views on physical activity decline with age, and lower levels of activity are observed among girls and people with disabilities. According to the Active Lives Children and Young People survey (2022-23), only 54.3% of those with disabilities in Bath and North East Somerset are active.

Drugs, Alcohol and Tobacco

Drugs

The most recent estimates for illicit drug use for Bath and North East Somerset in 2016/17 suggested a rate of opioid and crack cocaine use of 8.8 per 1000 people aged 15-64 years, similar to the England average of 8.9 per 1000. In 2020/21 4.9 per 1000 people in Bath and North East Somerset received treatment for drug use, slightly above the England rate of 4.5 per 1000. The number of deaths from drug misuse in Bath and North East Somerset is 6.3 per 100,000 (2020-2022). This is higher than the England average of 5.2 per 100,000, but has reduced from a high of 8.2 per 100,000 in 2018-2020.

Alcohol

Acute hospital admissions for both intentional and unintentional harm caused by alcohol are higher in Bath and North East Somerset than nationally. The admission rate for intentional self-poisoning by and exposure to alcohol in Bath and North East Somerset in 2022/23 was 66.0 per 100,000 in B&NEs compared to 23.9 per 100,000 for England. This rate has been significantly higher since 2016/17. Female rates of intentional self-poisoning are higher than male rates (81.6 compared to 49.9 per 100,000), although both are significantly higher than national averages. In 2021/22 admission episodes for alcohol related unintentional injuries were higher in Bath and North East Somerset compared to England (55.3 compared to 49.7 per 100,000), this was consistent across gender cohorts.

For those under the age of 18 years, admissions for alcohol-specific conditions in Bath and North East Somerset are significantly higher than the England average 65.2 per 100,000 compared to 26 per 100,00 for 2020/21-2022/23). This is the case for both males and females. For males the rate in Bath and North East Somerset is 36.2 compared to 17.8 per 100,000 for England. For females the rate in Bath and North East Somerset is 95.8 per 100,000 compared to an England rate of 34.7 per 100,000.

Tobacco

Smoking is the most important cause of preventable ill health and premature mortality in the UK. Tobacco use has significant economic cost for individuals and wider society ranging from health and social care costs to household fires, street litter and environmental harm.

In Bath and North East Somerset, smoking prevalence in adults (18+) was 11.5% in 2022. This is lower than the South West and national figures (11.9% and 12.7% respectively), however, there is no safe level of smoking. Smoking and second-hand exposure to smoke represents an important source of health inequalities. Smoking at the time of delivery (childbirth) is lower in Bath and North East Somerset than nationally at 7.7% (2022/23). However, smoking rates in those aged 18-64 years in routine and manual occupations, and in adults with long term mental health conditions, are higher than national rates at 28.4% and 33% respectively.

Smoking related deaths and diseases in Bath and North East Somerset are lower than the English average; however, smoking is still the single biggest cause of premature death and disease locally with 197 deaths per 100,000 in Bath and North East Somerset directly attributable to smoking.