

# Bath & North East Somerset Council

MEETING:	<b>Children, Adults, Health &amp; Wellbeing Policy Development &amp; Scrutiny Panel</b>	
MEETING/ DECISION DATE:	<b>9<sup>th</sup> September 2024</b>	EXECUTIVE FORWARD PLAN REFERENCE:
TITLE:	<b>Public health and prevention update</b>	
WARD:	All	
<b>AN OPEN PUBLIC ITEM</b>		
<b>List of attachments to this report:</b> Annex A: Further information about The Active Way		

## 1 THE ISSUE

1.1 This report updates the panel on the following three programmes of work, and outlines the key aims, current areas of focus, progress and achievements, issues and/or risks, and future priorities in relation to each:

- Be Well B&NES; a Whole Systems Approach to health improvement
- Social prescribing (including the Active Way)
- Sexual and reproductive health strategy and future commissioning proposals

1.2 All three programmes of work are undertaken in partnership with a wide range of partners across the Council and system, and including with B&NES, Swindon and Wiltshire Integrated Commissioning Board (BSW ICB) and the third sector. Public Health takes a lead role and has mandatory responsibilities for some elements of public health improvement and sexual and reproductive health. The Public Health team takes a supporting role within the system in relation to social prescribing.

## 2 RECOMMENDATION

**The Panel / Committee is asked to;**

2.1 Note the work underway for each of the three programmes of work.

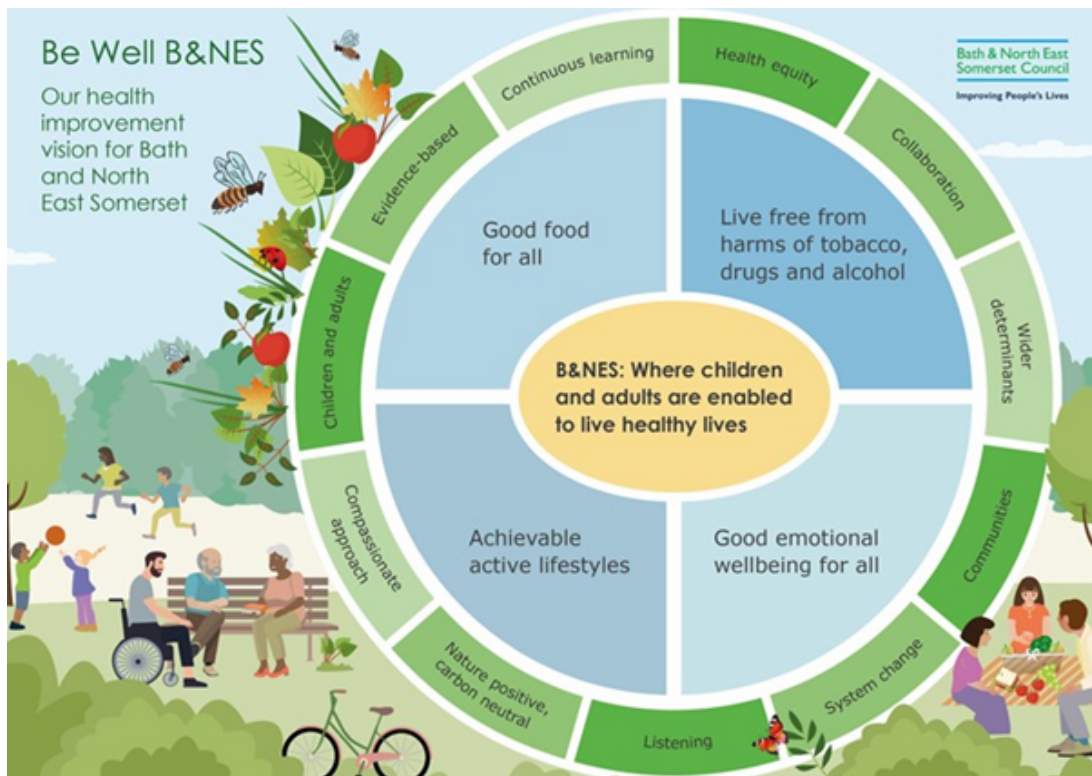
2.2 Note the risks to long-term sustainability of some of the interventions available for our residents.

- 2.3 Support the ambitions of each programme of work by considering opportunities to champion each programme and their alignment with wider Council work.

### 3 THE REPORT

#### **BE WELL B&NES; A WHOLE SYSTEMS APPROACH TO HEALTH IMPROVEMENT**

- 3.1 Be Well B&NES is a new Whole Systems Approach to health improvement in Bath and North East Somerset. It has been developed, and will be owned and delivered, by a collaborative network of partners including healthcare providers, educational settings, leisure providers, Council departments, and community organisations.
- 3.2 Be Well B&NES aims to take action on the biggest preventable risk factors for ill health, health inequity and premature death including obesity, tobacco, physical inactivity and the harmful use of alcohol and drugs. These risk factors are closely linked with emotional wellbeing and contribute to a wide range of health conditions including cancer and heart disease.
- 3.3 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 higher rates of preventable poor outcomes.
- 3.4 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. 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.
- 3.5 A Whole Systems Approach views the local services, environment and people as a complex system which drives health outcomes. It brings partners from across the system together to examine the causes of the causes of health improvement outcomes, and allows us to:
- 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.
  - 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.
  - 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.
- 3.6 The vision for Be Well B&NES is *Bath and North East Somerset: Where children and adults are enabled to live healthy lives*. This will be achieved through four health improvement aims: Good emotional wellbeing for all, good food for all, achievable active lifestyles, and live free from harms of tobacco, drugs and alcohol. Be Well B&NES has adopted 11 core values: promoting health equity, collaboration, wider determinants, communities, system change, listening, nature positive and carbon neutral, compassionate approach, children and adults, evidence-based decision making and continuous learning. This is illustrated on the following diagram:



3.7 Partners have co-developed the following initial 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, and
- Providing consistent, system-wide training opportunities.

3.8 Two network groups are proposed to bring together system stakeholders with relevant interest and expertise. One network group will focus on a geographical community and one on a children and young people's setting. These networks will co-develop and deliver action plans enabling prioritised actions across different levels of the system. A third operational delivery group will be created to ensure a universal health improvement approach is delivered, and to take forward targeted actions, for example improving the reach of training. 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 and the B&NES Integrated Care Alliance.

3.9 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.

## **SOCIAL PRESCRIBING**

3.10 Social prescribing, sometimes referred to as community referral, is a means of enabling professionals to refer people to a range of local, non-clinical services. Recognising that people's health and wellbeing are determined mostly by a range of social, economic and environmental factors, social prescribing seeks to address people's needs in a holistic way. Social prescribing connects people to community-based and community-led social, practical and emotional support, as well as statutory services.

- 3.11 Under one of the Health and Wellbeing Board's four strategic priorities (*strengthen compassionate and healthy communities*) there is a commitment to developing "a strategic approach to social prescribing to enable people to remain healthy and manage physical and mental health conditions". Whilst there are some excellent examples of social prescribing taking place in B&NES, this commitment recognises that there is no system-wide strategy or vision for social prescribing in B&NES. At a strategic level the system will benefit from having a shared framework so that all partners are working towards the same vision and priorities and are aligned with a shared approach and definition of social prescribing. At an operational level, having a joint strategic approach encourages and supports partners to further align their work, for example by integrating or aligning social prescribing projects and pathways and by developing joint bids for funding.
- 3.12 In order to deliver on the Health and Wellbeing Board's commitment to develop a strategic approach to social prescribing, a two-year Social Prescribing Project Manager post (employed by 3SG) has been funded to lead and coordinate system-wide work. In year one (2024/25) the post-holder will co-ordinate the development of the social prescribing framework. Current activities to support this include; working with partners to agree shared language and a definition of social prescribing that all partners can work to, undertaking scoping and mapping to capture the current social prescribing offer in B&NES, and undertaking a gap analysis to identify service duplication, inconsistencies in provision, unmet needs, and areas for improvement. Year 2 (2025/26) will focus on coordinating delivery of the framework and a subsequent action plan. A multi-partner Social Prescribing Task and Finish Group has been established to oversee and inform the work, joint-chaired by 3SG and B&NES Council, and with support from Bath Mind.

### **Existing good practice work**

- 3.13 There are a number examples of social prescribing good practice underway in B&NES. The Community Wellbeing Hub delivers social prescribing by creating the infrastructure for residents to be referred to a wide range of community partners that offer support to connect with local services and activities. Partners work together to ensure that the right support is offered to meet the needs of the person, which can include referral to health and wellbeing promoting activities such as volunteering, group learning, arts and cultural activities, sports, and outdoor activities such as gardening. Primary Care Networks (PCNs) also undertake social prescribing by direct referral from professionals such as GPs and practice nurses and/or by Social Prescribing Link Workers .
- 3.14 Somer Valley Rediscovered provides a range of green social prescribing activities aimed at enhancing mental health, reducing obesity and contributing to the reduction of pharmaceuticals entering the water catchment. Activities include mindfulness, walking groups, and art and nature sessions amongst others. The Active Way is a 3-year pilot funded by Active Travel England, which aims to improve sustainability and health and wellbeing outcomes through social prescribing to a range of active travel interventions (see below for further information).
- 3.15 Whilst there is good practice social prescribing taking place, both Somer Valley Rediscovered and the Active Way are funded through short-term funding and so there is a risk that they will not be funded longer-term.

### **The Active Way**

- 3.16 The Active Way is one of eleven local authorities selected for a three-year pilot to deliver social prescribing into active travel interventions, and aims to:
- Promote increased levels of physical activity through cycling and walking.

- Support modal shift to active travel by providing people with travel choices and supporting changes in behaviour.
  - Address local community need relating to under-represented groups and health inequalities.
  - Understand how infrastructure influences the uptake of active travel.
- 3.17 The Active Way is in year two of its three-year pilot and is currently delivering a wide range of walking and cycling related interventions within the Somer Valley, in priority areas such as Twerton, and in partnership with settings such as Pennard Court. To date, key achievements include the delivery of Beat the Streets in the Somer Valley, which 4,212 people participated in and together walked, cycled or wheeled a total of 37,542 miles. The Beat the Streets evaluation found that 59% of participants that stated they were “inactive” at the start of the 6-week game became more active. The University of West of England (UWE) is verifying results as part of their evaluation of the Active Way programme, and suggest that there were statistically significant increases in cycling and walking more than three times a week after the end of the 6 week game compared to at the beginning.
- 3.18 Other interventions that are demonstrating effectiveness include KiActive and Inclusive Cycling. Kiactive involves use of technology (worn as a wrist band) to enable residents to monitor their movement, combined with one-to-one mentoring, in order to support behaviour change to a more active lifestyle. 720 residents with long-term conditions (i.e. hypertension, type-2 diabetes, asthma) have benefited to date and initial Ki-Active analysis on the first 100 residents has found that on average, each person recorded a total additional dose of physical activity equating to 33 minutes per day. Inclusive Cycling has been able to expand its partnership working with settings such as Pennard Court and as of July 2024 have delivered cycling sessions to 119 residents with physical and/or learning disabilities.
- 3.19 A business case for the Active Way is currently under development, which will be used to try and secure longer-term funding for elements of the Active Way that demonstrate both effectiveness and cost effectiveness. Without further funding, the service will come to an end in Autumn 2025. For more information about the Active Way see **Annex A**.

## **SEXUAL AND REPRODUCTIVE HEALTH (SRH)**

- 3.20 From 1st April 2013, Local Authorities have been mandated to commission comprehensive open access sexual health services, including free testing and treatment for sexually transmitted infections (STIs), notification of sexual partners of infected persons, and free provision of contraception. Sexual health is an important area of public health, and access to quality sexual health services improves the health and wellbeing of both individuals and populations. The Government has set out its ambitions for improving sexual health in its publication, A Framework for Sexual Health Improvement in England.
- 3.21 B&NES generally has good SRH outcomes, for example new STI diagnoses are lower than the England and SW averages, the teenage conception rate remains low and shows a significant reduction from 2009 to 2021, and total prescribed long-acting-reversible contraception (LARC) rates remain high. However, although HIV diagnoses are much lower than the England and SW averages, late diagnoses of HIV are increasing and double the England average. Sexual ill health is also not equally distributed within the population. Strong links exist between deprivation and STIs, teenage conceptions and abortions, with the highest burden borne by women, men who have sex with men (MSM), teenagers, young adults and black and minority ethnic groups. Similarly, HIV infection in the UK disproportionately affects MSM and Black Africans in the UK. Some groups at higher risk of poor sexual health face stigma and discrimination, which can influence their ability to access services.

## **2024-26 Sexual and Reproductive Health Action Plan**

3.22 The B&NES Sexual Health Board (SHB) is a multi-agency, multi-professional group with the purpose of bringing together commissioners, service providers and wider partners from across statutory and voluntary sectors to collaborate to ensure the diverse communities of Bath and North East Somerset have good sexual and reproductive health. The SHB sets aims and population-level outcomes that it seeks to achieve in improving sexual and reproductive health. The SHB has created a two-year action plan from April 2024 to March 2026, prioritising key issues identified by a range of SRH data, audit tools and patient feedback. The following actions have been agreed as priorities for 2024/25 in the action plan:

- Community transformation programme: procurement, commissioning and mobilisation of SRH services including GP LARC, Pharmacy sexual and reproductive health services, chlamydia screening programme, Clinic in a Box and LARC project
- Education, training and support: delivering the sexual health training programme and specialised training to services/professionals
- Focus on specific communicable diseases: particularly late diagnosis of HIV
- Intelligence and research: upgrading our indicator set to Power BI and adoption within Council Strategic Evidence Base (SEB) reporting; and improving outcomes-based reporting in services
- Sexual health inequalities, vulnerable populations and those with complex needs: delivering the mystery shopper exercise and young person's focus groups

### **Future commissioning proposals**

3.23 The commissioning and procurement intentions for core sexual and reproductive health services are as follows. Our mainstream service/clinical hub Riverside Clinic is contracted with Royal United Hospitals NHS Foundation Trust until March 2029 with agreed funding until March 2026. Services currently delivered or subcontracted by HCRG are part of the community transformation programme, including Clinic in a Box, GP LARC and pharmacy sexual and reproductive health services, and will either be recommissioned or re-contracted from August 2024 with an aim for contract commencement in April 2025. The chlamydia screening programme is currently being recommissioned with an aim for contract commencement in April 2025. The Women's Health Hub-supported LARC training project is currently in the final stages of contract negotiation with an expected contract commencement date of September 2024.

## **4 STATUTORY CONSIDERATIONS**

4.1 Through the work of Be Well B&NES, social prescribing, and sexual and reproductive health, the Public Health team, working with Council and wider partners, will promote health and wellbeing outcomes for our residents and take preventative action to address health inequalities.

## **5 RESOURCE IMPLICATIONS (FINANCE, PROPERTY, PEOPLE)**

5.1 No additional resources have been secured or allocated at this time to support Be Well B&NES. By taking a Whole Systems Approach to health improvement, the aim is to improve health outcomes through increasingly collective and coordinated action across the system.

5.2 Short-term external funding has been secured to enable delivery of the Active Way three-year pilot, the two-year Social Prescribing Project Manager post to lead and coordinate system-wide work, and to commission social prescribing activities through Somer Valley Rediscovered. Funding for the continuation and/or development of interventions (i.e.

those that demonstrate effectiveness and cost effectiveness) will be the subject of a business case and funding bids.

5.3 Under the Directed Enhanced Service (DES) PCNs are required to co-ordinate, organise and deploy shared resources to support and improve resilience and care delivery at both PCN and practice level. This includes improving health outcomes for patients through effective population health management and reducing health inequalities, and through collaborating with non-GP providers to provide better care, as part of an integrated neighbourhood team.

5.4 Sexual and reproductive health (SRH) services are budgeted from the ring-fenced public health grant paid to local authorities from the Department for Health and Social Care (DHSC) budget.

## **6 RISK MANAGEMENT**

6.1 A risk assessment related to the issue and recommendations has been undertaken, in compliance with the Council's decision making risk management guidance.

## **7 EQUALITIES**

7.1 Aspects of health improvement are key drivers of health inequalities and differences in health improvement outcomes are seen across B&NES. Promoting health equity and prioritising the needs of underserved populations are core values in the Be Well B&NES Framework, sexual health programme and social prescribing work such as The Active Way.

## **8 CLIMATE CHANGE**

8.1 Social prescribing has the opportunity to reduce pharmaceutical pollution through prescribing community based activities as an alternative or in addition to prescribing medicines.

8.2 Nature positive and carbon neutral is one of the core values of Be Well B&NES. The Bath and North East Somerset Decision Wheel based on the council core policies will be applied. This will prompt consideration of the impact of proposed change on climate, land, soil, air and biodiversity.

## **9 OTHER OPTIONS CONSIDERED**

9.1 None

## **10 CONSULTATION**

10.1 This report has been approved by Cllr Alison Born, Cabinet Member for Adult Services and Liz Beazer, Senior Finance Manager, B&NES Council.

<b>Contact person</b>	Rebecca Reynolds, Director of Public Health and Prevention
<b>Background papers</b>	Annex A: Further information about The Active Way
<b>Please contact the report author if you need to access this report in an alternative format</b>	