

North Somerset Director of Public Health Annual Report 2026

Better Everyday Health: Where We Live, Learn and Work

Using early years, school and workplace settings to improve health and wellbeing across the life course



Healthy Early Years North Somerset



Healthy Schools Network North Somerset



Healthy Workplaces North Somerset



Matt (far left) with colleagues on a workplace health lunchtime cycle on Weston-super-Mare's promenade

Introduction from the Director of Public Health

Welcome to the Director of Public Health Annual Report for North Somerset 2026. This year, the report shines a spotlight on the places that shape our everyday lives – early years settings, schools and workplaces – and their role through the life course in improving health and wellbeing. These are places where we spend much of our time, from learning and playing to working and building relationships. They are also where the foundations of good health can develop over time, well before any need for health services arises. For this reason, our settings play a critical role in improving our wellbeing, preventing ill-health, and providing important opportunities for addressing health inequalities, with potential life-long benefits.

North Somerset continues to experience substantial inequalities between populations during childhood and adulthood, with those living in more socio-economically deprived areas and in some population groups experiencing greater challenges and poorer health outcomes. Healthy settings address multiple risk

factors through a preventive and 'whole system' approach, strengthening policies, culture, environments and activities in settings so that they are health promoting and can change the daily experience for thousands of children, young people and adults. Health improvement approaches such as these also align with current policies around ensuring the **Best Start in Life**, and a shift from 'sickness to prevention' outlined in the **NHS 10-Year Health Plan for England**.

This report highlights the growing reach and impact of our programmes in North Somerset, the commitment, innovation, and creativity underpinning delivery of the programmes community members, and our recommendations for practice. I would like to acknowledge and thank everyone involved in designing and delivering our settings programmes – early years practitioners, teachers, employers, families, public health colleagues and wider partners. Amidst the challenges of workforce pressures, tight budgets, and rising health needs, engagement in our projects has grown, our networks are stronger, and we have made huge strides in creating healthier environments – testament to the dedication of all those involved.

I hope that this report will provide a useful resource for raising awareness of preventive settings approaches and will encourage you to join us in creating and sustaining healthy settings and places for everyone to grow up, live, learn, work and age. By working collectively, we can achieve our ambition of creating healthy places across North Somerset, improving experiences, health, and wellbeing, and ensuring everyone has a fair chance of a healthy future.

Matt Lenny

Director of Healthy and Sustainable Communities
(including Director of Public Health)

Find out more

Early years: Healthy.EY@n-somerset.gov.uk

Schools: healthyschools@n-somerset.gov.uk

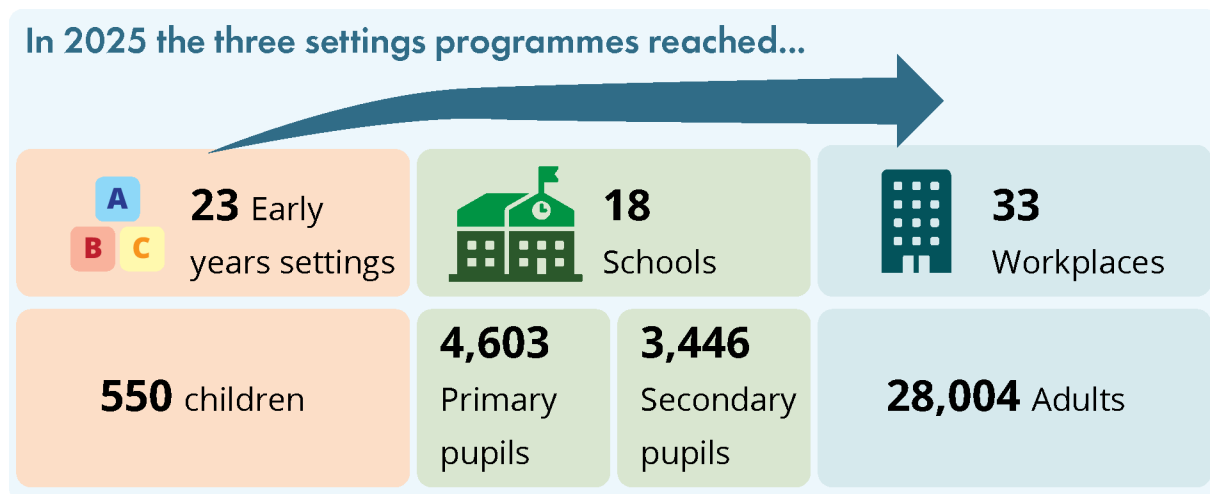
Workplaces: healthyworkplaces@n-somerset.gov.uk

www.betterhealthns.co.uk/professionals/

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Report summary



Settings-based programmes in early years, schools and workplaces help embed health into daily environments, tackling inequalities across North Somerset. These approaches influence long-term wellbeing by shaping behaviours, relationships and opportunities from childhood through to adulthood, with a strong focus on areas of higher deprivation.

Three programmes operate locally: Healthy Early Years, Healthy Schools and Healthy Workplaces, reaching over 550 children, 8,000 pupils and 28,000 employees, respectively, last year. Early years settings promoted the importance of healthy eating and good oral health. Settings also focused on activities that supported children's mental wellbeing and being physically active. Primary schools strengthened mental health, physical activity and sensory regulation, while secondary schools enhanced personal, social, health and economic education and leadership, curriculum quality and student engagement. The Healthy Workplaces Programme supported workplaces to deliver their own internal staff health and wellbeing programmes, delivered 1,196 health checks at 52 workplaces, provided physical activity intervention funding for eight workplaces, hosted six learning and networking events on topics including physical activity, financial wellbeing, compassionate leadership and supporting nutrition in the workplace.

Common challenges include limited workforce capacity, competing priorities, engagement barriers (especially in small businesses and pressured schools), and inconsistent data collection. Anxiety in our population, cost-of-living pressures and school attendance issues have increased the need for sustained support.

Over the next year, priorities for our programmes include implementing consistent evaluation metrics, expanding support to high-need areas, developing flexible digital resources, strengthening links to local preventive services, updating frameworks in line with national guidance, and improving networks for shared learning and collaboration.



The healthy workplaces team at our annual event for local businesses

How the places we live, learn and work influence our health

The importance of settings is recognised by the World Health Organization (WHO) and the [WHO Ottawa Charter for Health Promotion](#) (1986), which highlighted that *'health is created and lived by people within the settings of their everyday life'*. Settings programmes improve health by shaping the environments in which people play, grow up, learn, live and work. They take a preventive and 'whole system' approach that integrates action across risks to health and wellbeing. The WHO highlights that health outcomes are shaped by the interaction of protective and risk factors during critical life stages across the [life course](#), and that supportive environments – delivered through settings-based approaches – help to reduce inequalities and promote wellbeing.

These environments are important because they influence behaviour, stress, opportunities, relationships and long-term health outcomes. Evidence consistently shows that embedding health-promoting environments through a whole-setting approach in early years settings and schools supports cognitive development, emotional wellbeing and long-term healthy behaviours. Likewise, within workplaces, offering supportive cultures and wellbeing initiatives enhance productivity, reduce sickness absence and protect mental health. On average, adults spend around a third of their waking hours in the workplace, thus promoting retention, wellbeing and reducing risk of unemployment, which has major beneficial impacts on health ([Health Matters: Health and Work](#)).

Collectively, the evidence highlights the broad impacts that settings approaches can have on population health and wellbeing. A central tenet to these approaches is also the focus on upstream action and a preventive approach, with multiple actions collectively aiming to reduce the population-level risk of ill-health in ways that individual level interventions alone cannot achieve.

While this report focuses on early years, schools and workplaces, community and care-based settings also play a crucial role in maintaining independence, social connectedness and quality of life for older adults ([Crocker et al](#)). A range of settings may be in scope for a dedicated prevention programme, such as hospitals, care settings, whole villages, towns or cities.

What research tells us across the life course

By shaping the social, physical and organisational conditions of everyday settings, these programmes create sustained, population-level change that benefits individuals, families and communities throughout each stage of life. A life course approach recognises the importance of a healthy start in the early years, supporting the growth and development of children and young people, promoting wellbeing throughout adulthood, and enabling healthy ageing and a dignified end of life. **The life course approach** also highlights the influence of the range of wider social, economic and environmental determinants of health at different stages, which may be protective, and/or which may be risk factors for health and wellbeing. Such factors can cluster unequally in the population and may also have a cumulative effect over time, giving rise to health inequalities. There may also be critical periods, such as infancy and the early years, transition to or between schools, moving into parenthood, into employment or leading up to retirement, when intervention or support is particularly important to improve health and wellbeing. Taking action in settings aims to reduce risk at different stages of the life course, thus improving the health of the whole population, as well as reducing inequalities (**Prevention: a life course approach**).



Local needs and the inequalities we aim to address

North Somerset has a **population of 224,578 residents**, of whom 17.5% are aged 0-15, 58.5% are aged 16-64 years and 24% are age 65 years and over (**Joint Strategic Needs Assessment 2024**). The area combines rural areas, market towns and coastal communities, each with distinct assets and pressures (**Census 2024**).

Proportionate universalism means everyone gets support, but those who need more, receive more. It combines universal access with targeted intensity so that help is scaled to the level of need. In our settings-based programmes, this principle guides how we design, resource and deliver support across early years, schools and workplaces. Programmes prioritise neighbourhoods with higher deprivation, coastal communities and those at higher risk of ill health.

Health inequalities can be described in four domains: socio-economic deprivation (for instance, low income, unemployment, deprived areas), equality and diversity (for example, age, sex, race, sexual orientation, disability, pregnancy, maternity), inclusion health and vulnerable groups (homeless people, vulnerable migrants) and geography (urban, rural, coastal). Across all life stages, there are several recurring inequalities across these domains, that settings-based programmes aim to address:

1. Socioeconomic deprivation

Socio-economic disadvantage affects access to services, quality of housing, employment opportunities, healthy food, transport, and participation in community life. North Somerset includes significant socio-economic inequalities, with areas of high

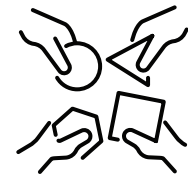
deprivation focused particularly in Weston-super-Mare (South, Central and Hillside wards). Nearly 14% of children in North Somerset live in relative low-income families and, although a lower level than regional and national averages overall, this has increased over recent years and is unequal across the area.

(**Joint Strategic Needs Assessment**). Settings programmes can directly influence the wider determinants impacting on this deprivation through supportive environments for children, which encourage good health and development; and through supportive workplaces.



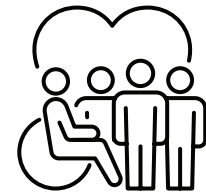
2. Equality and diversity

North Somerset has a higher percentage of residents over the age of 65 years, compared to the national average, and slightly lower proportion of economically active residents, and the population is less diverse than regionally and nationally. The population is changing with a projected rise in the proportion of young people and increasing linguistic and cultural diversity. Inclusive whole-setting approaches to health and wellbeing can address inequalities between population groups and provide culturally tailored and appropriate interventions and support.



3. Inclusion health and vulnerable population groups

There are higher needs among groups such as people with complex health conditions, those experiencing multiple disadvantage, and individuals who face persistent barriers to accessing services. These barriers may include limited health literacy, digital exclusion, language differences, low confidence in navigating healthcare systems, or lack of culturally appropriate information. To support these populations, settings can be adapted to ensure inclusivity and to encourage reach to a range of diverse population groups.



4. Geographic inequalities

As outlined above, North Somerset has area-based differences across wards, with some communities experiencing multiple intersecting risk factors for ill-health, greater deprivation, poorer health outcomes and reduced access to services.

Distinct challenges are present in the more rural parts of North Somerset, for instance through an ageing population, social isolation, and limited public transport. Settings schemes contribute to place-based approaches to ensuring inclusive and accessible ways of improving health and targeting of interventions effectively.



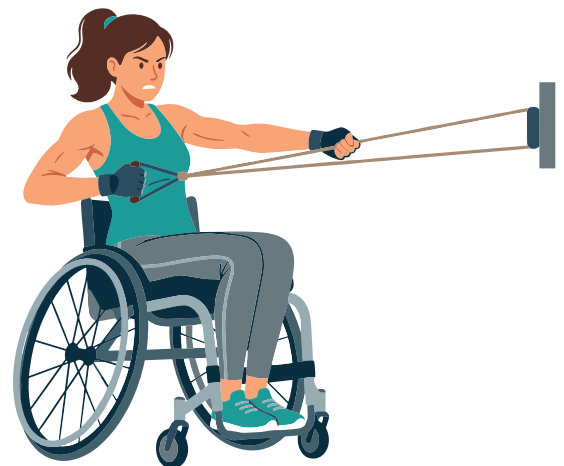


Workplace health checks at North Somerset Council

How settings-based programmes help reduce inequalities in North Somerset

In summary, settings approaches are a key component to addressing North Somerset's persistent health inequalities. This reflects their role in:

- Embedding health promotion into daily life, reaching people at scale in a way that traditional services cannot.
- Addressing the wider determinants of health through policy, environment, culture, norms, and routine – key drivers of inequalities.
- Allowing targeted place-based approaches for communities most affected by deprivation or poor health outcomes.
- Supporting partnership working across education, employers, voluntary sector, health and social care.



How this work fits with national and local priorities

The [NHS 10 Year Health Plan for England](#) highlights three shifts: hospital to community, analogue to digital, and sickness to prevention. Neighbourhood health plans aim to help people to live well in their local areas, by co-ordinating and integrating care and support, through a focus on prevention, and by addressing the wider determinants of health such as education and employment, and community- and place-based approaches to health and care.

The NHS 10 Year Health Plan for England



Locally, the North Somerset [Joint Health and Wellbeing Strategy 2025-2028](#), [North Somerset Council Corporate Plan 2024-2028](#), and related strategies, and plans such as the [Best Start for Life Plan](#) and [Mental Health and Wellbeing Strategy 2024-2029](#), all highlight the role of prevention, addressing wider determinants of health and addressing inequalities.

Our approach aligns with these local and wider health and care system strategic plans and the emphasis on prevention, neighbourhood working and whole setting prevention and health improvement action:

- **Prevention** – Promoting a shift upstream by changing environments in settings where people spend time daily. As outlined above, this reflects the ambition of the NHS 10 Year Health Plan, which emphasises prevention, early intervention and addressing health inequalities.

- **Neighbourhood focus** – Integrating delivery models with Best Start Family Hubs, Primary Care Networks, schools and Voluntary, Community and Social Enterprise (VCSE) partners to ensure support reflects local assets, population needs and barriers. For children and families, alignment with the Healthy Child Programme helps ensure consistent access to trusted early help, development checks, evidence-based interventions and health information from pregnancy through to adolescence.
- **Whole setting improvement** – Embedding health and wellbeing into the culture, routines and policies of early years settings, schools and workplaces provides a holistic preventive approach. This approach strengthens staff knowledge and confidence, supports early identification of need, and creates environments where healthy behaviours are the norm, helping to reduce variation and improve outcomes across the life course.
- **Use of recognised improvement frameworks** – Use of robust, national and international frameworks and guidance ensures quality, evidence-based practice and consistency across settings.
 - **Early years** – Early Years Foundation Stage (EYFS) and Ofsted guidance, complemented by Healthy Child Programme priorities.
 - **Schools** – World Health Organization (WHO)/United Nations Educational, Scientific and Cultural Organization (UNESCO) health-promoting school principles.
 - **Workplaces** – National Institute for Health and Care Excellence (NICE) workplace health guidelines.

These frameworks ensure environments actively support wellbeing, reduce preventable risk and improve health literacy across all age groups.

- **Data-led improvement:** Use of robust data sources such as Office for National Statistics (ONS), Department of Health & Social Care (DHSC) dashboards, local Joint Strategic Needs Assessments (JSNA) and Healthy Child Programme metrics to monitor outcomes, equity and progress over time ensures evidence-based improvement. Data supports targeted action, identifies populations experiencing inequitable access, and enables continuous improvement aligned with the NHS 10-Year Health Plan and local strategies' prevention and inequalities commitments.

Healthy Early Years programme

Purpose and principles

The Healthy Early Years Scheme supports early years settings to create health promoting environments supporting every child to have the best start in life. A key focus is embedding lifelong positive health behaviours which can continue across the life course with early intervention and prevention being a key aim. It is built on these principles:

- **Whole setting approach** – through policies, culture, and the setting environment
- **Evidence-based practice** – NICE guidance, EYFS, OFSTED
- **Proportionate universalism** – a universal core offer with enhanced targeted recruitment for settings in most deprived areas with aim of improving health outcomes and reducing health inequalities.

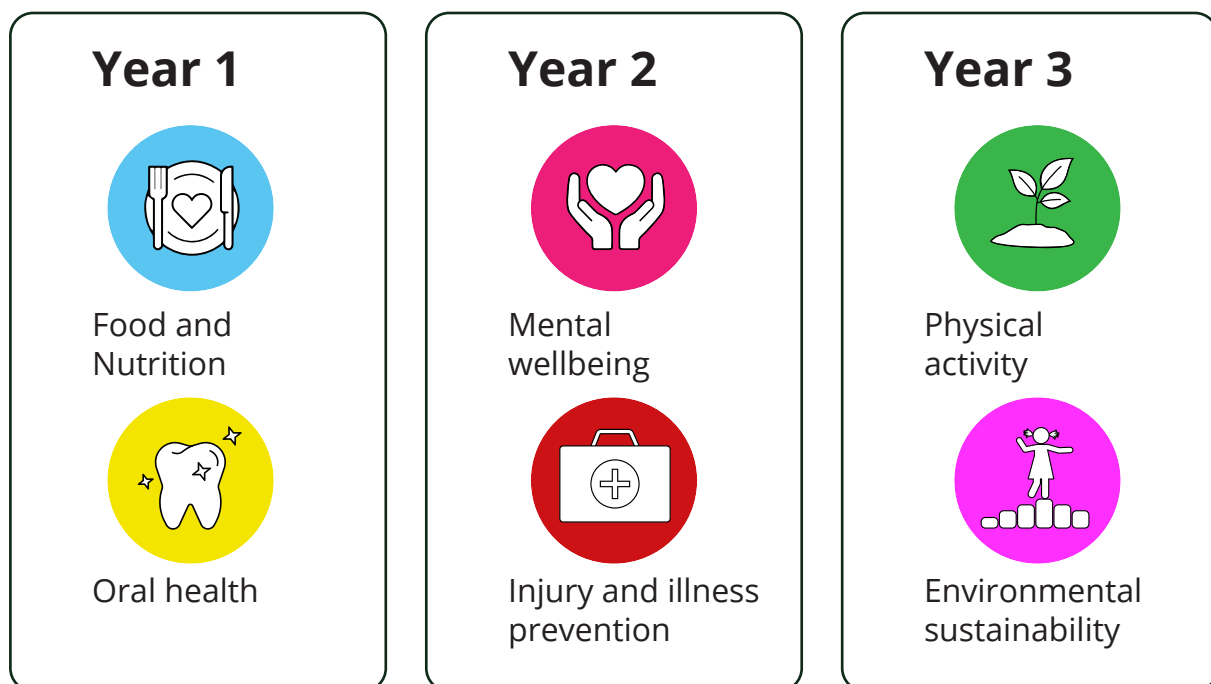
Overview of the Healthy Early Years programme

Approximately 5% of the North Somerset population is under four years of age ([Census 2024](#)). Whilst the health outcomes of North Somerset's young children are often better than regional or national figures, young children living in the most deprived areas continue to experience health inequalities and have disproportionately poorer health outcomes than children living in the least deprived areas. This includes tooth extraction and obesity which are both modifiable and preventable. Data from the [National Child Measurement Programme \(NCMP\)](#) shows that in 2022-23, a fifth of [primary aged children in North Somerset](#) were living with obesity or overweight with this increasing to a third by the end of primary school. The percentage of five-year-olds having visible tooth decay is slightly higher in North Somerset (25.9%) than the [national average](#) (22.4%).

The Joint Health and Wellbeing Strategy 2025-2028 highlights the need to improve oral health and reduce childhood obesity, while the Early Years Strategy emphasises early intervention. The Healthy Early Years (HEY) scheme, launched in 2022, was developed as a key local initiative to support these aims. Its whole systems approach recognises the complex environmental and economic factors that influence young children's health behaviours.

The scheme leverages statutory and non-statutory guidance from the Early Years Foundation Stage (EYFS), Development Matters, the Ofsted inspection framework and key evidenced based policies such as Early Years High Impact Areas and the Childhood Obesity Plan to drive improvements in six key areas. The Scheme aims to strengthen the health and wellbeing of children, families, and staff within early years settings by embedding evidence-based health promotion practices. The six areas are Food and Nutrition, Oral Health, Physical Activity, Illness and Injury Prevention, Mental Wellbeing, and Environmental Sustainability. Settings work through two of these areas per year, with the first-year priorities being identified as an area of greatest need from the Early Years Strategy.

Healthy Early Years Scheme Focus Areas



Settings complete a baseline checklist to identify strengths and areas for improvement. This personalised baseline informs a flexible action plan that can be updated throughout the year. Settings also receive topic specific criteria with suggested initiatives, training opportunities and supporting resources.

Settings are required to collate evidence to demonstrate the changes and improvements they have made and submit this for review alongside their updated action plan. This evidence could include photos of new resources, updated policies or extracts of their newsletter. Each setting is provided with individualised feedback based on their submission.

Key achievements and impact

Stakeholder engagement was key to designing and launching the scheme. Specialists provided insight into sector strengths, challenges, and best practice, while interviews with local practitioners ensured their views shaped the programme. This collaborative approach helped create a scheme that was achievable and appealing to settings.

The scheme aligns to the academic year, so children benefit from a full, consistent programme and to improve planning, delivery, and overall impact. Recruitment for each cohort has involved attending sector events such as Early Years Provider Briefings and Development Days, offering practitioners an overview of the scheme and inviting expressions of interest. Promotion has also taken place through the Early Years Team's Facebook page and newsletter.

Initially open to all settings regardless of size or location, the scheme has now begun to adopt a more targeted recruitment approach using Indices of Multiple Deprivation (IMD) data, prioritising settings in more deprived areas where children experience the greatest health inequalities.

North Somerset has around 235 early years providers. Of these, in the 2024-25 cohort there were 23 early years settings actively participating and engaging in the scheme with over 550 children attending those settings. The settings in the most deprived area, IMD 1, accounted for over 120 (21.8%) of those children, equivalent to nearly 25% of the children experiencing the scheme.



Alongside IMD-based targeted recruitment, the programme also targets settings linked to schools already enrolled in the Healthy Schools programme, helping create a more consistent and sustained impact as children experience health promoting approaches across both preschool and school environments.

Outcomes

A key part of the scheme is upskilling practitioners to deliver consistent, confident health promotion. A focused set of evidence-based courses, aligned with the six topic areas and delivered mainly by North Somerset Council, is regularly updated in response to feedback and emerging guidance.

The training offer includes Five to Thrive (5TT) which supports mental wellbeing, reinforcing key messages of relationship building and meeting children's emotional needs. Furthermore 'reconnecting relationships' training helps practitioners recognise and respond to parental conflict, equipping them with the tools to signpost impacted families appropriately and effectively.



The Food and Nutrition training has been highly responsive, with feedback shaping new topics such as managing difficult conversations and healthy packed lunches. This realtime input enabled cocreated sessions tailored to practitioner and family needs.

Further training includes fire safety, health protection, oral health and infant feeding. Oral health training is open to all settings, and those in targeted areas have benefitted from the national supervised toothbrushing scheme.

Changes to practice

The refreshed knowledge from the scheme has led to clear practice improvements. Settings report that the Healthy Early Year topics are often a standard agenda item for team meetings and influence session and resource planning. They have introduced policies to support staff wellbeing, and strengthened home to setting partnerships by inviting families and local community members in to share skills and support children's understanding.

This has included developing a vegetable plot, meeting a dentist and visits from the recycling truck.

Practitioners report that the scheme has encouraged reflection on best practice and helped them enhance their existing approaches using evidence based tools, ultimately improving outcomes for the children in their care

The following quotes are from practitioners on the scheme, and they mention awareness, enablement and empowerment

“The (Healthy Early Years) award scheme has enabled me to focus on these health topics, to work on activities I’ve done in the past and build on them, but also introduce me to new activities, it celebrates what you have done and helps you see the gaps”

(a setting on the Healthy Early Years Scheme 24-25 cohort)

“Participating in the Healthy Early Years Scheme this year has been transformative for both myself and the children and families I support through my childminding setting. Increased awareness of nutrition and oral hygiene has shifted my reflections, values and ultimately the lives of the children in my care. Dedicating time to these crucial areas has empowered me to enhance my practice, ensuring a brighter healthier future for the little ones I look after. It’s been a wonderful opportunity to receive additional training, and connecting with another childminder has widened my support network”

(a setting on the Healthy Early Years Scheme 24-25 Cohort)



Below is an example of a practitioner's experience of embedding the scheme into their daily practice in their own words.

We did an activity where the children all had the opportunity to try the foods from the Hungry Caterpillar story. During the activity a child said, "We do not eat leaves." Another child said, "XXX eats her leaves for lunch every day." I then explained that I did eat leaves, and they were called spinach leaves. I bought some spinach leaves. We then used the spinach to feed the dinosaurs and cleaned their teeth afterwards. We then tried spinach for snack too. This was just such an amazing learning journey and really demonstrated how the children were fully interested, engaged and worked on extending their own learning. It also demonstrated how as a team we supported and extended the children's learning and promoted healthy eating and oral health

Gathering parental feedback has been key to understanding whether positive health behaviours are being sustained at home. Parents report noticing some encouraging changes and are keen to share these new habits within their families.

Practitioners are proud to be part of the scheme and regularly share their achievements with parents, reflecting the value they see in the approach. Ofsted has also highlighted settings' involvement in recent inspections, indicating that the scheme's promoted practice changes are beginning to embed.

Priorities for the year ahead

Enrolment metrics

- Current reporting does not always separate the number of children on roll from the number of available places. Clearer distinction between these figures is essential for accurately assessing reach and informing future planning. Additionally this would support any academic evaluation which could provide evidence of impact.

Alignment with national guidance

- National frameworks change regularly, so the scheme needs a structured process to review and update its criteria and resources to remain compliant

and in line with best practice. There also needs to be an awareness of incorporating new and emerging local health priorities into the scheme.



Early years children in North Somerset learning about brushing their teeth through play

Long-term health outcomes

- Outcomes such as obesity and tooth decay develop over long periods, making short-term evaluation difficult. Incorporating longitudinal tracking, where possible, would give a more realistic picture of impact and trends.

Feedback loop

- Strengthening coproduction and establishing a more responsive feedback loop will support the development of future scheme strands and ensure emerging local public health issues shape priorities and resource allocation.

It is important the HEY scheme evolves into a robust, scalable intervention that not only improves immediate health outcomes but also fosters lasting cultural change within early years settings. By continuing to engage practitioners, parents, and communities, and by prioritizing equity and sustainability, the scheme can contribute meaningfully to reducing health disparities and supporting the best start in life for all children in North Somerset.





Healthy Schools programme

North Somerset's Healthy Schools Programme is divided into two schemes, the Healthy Schools programme for primary schools and the Personal, Social, Health and Economic (PSHE) programme for secondary schools. We describe these, in turn, below.

1. Health Schools Primary programme

Overview of the Healthy Schools programme

North Somerset's Healthy Schools Programme has been running for over 20 years. It was initially part of a national Healthy Schools programme which started in 1989. The national programme concluded in 2011. Many local authorities, including North Somerset, decided to continue with a localised version of the programme with the aim of supporting schools to be healthier places for children to learn and to encourage children to adopt healthy lifestyles. Over time the programmes used by local authorities have moved away from the original model and there is great variety amongst the models used.

North Somerset's Healthy Schools' programme provides a framework for schools to evaluate their health provision, identify health outcomes, produce an action plan and work on identified interventions over an academic year.

This self-evaluation process is undertaken to evaluate health provision in the following areas:

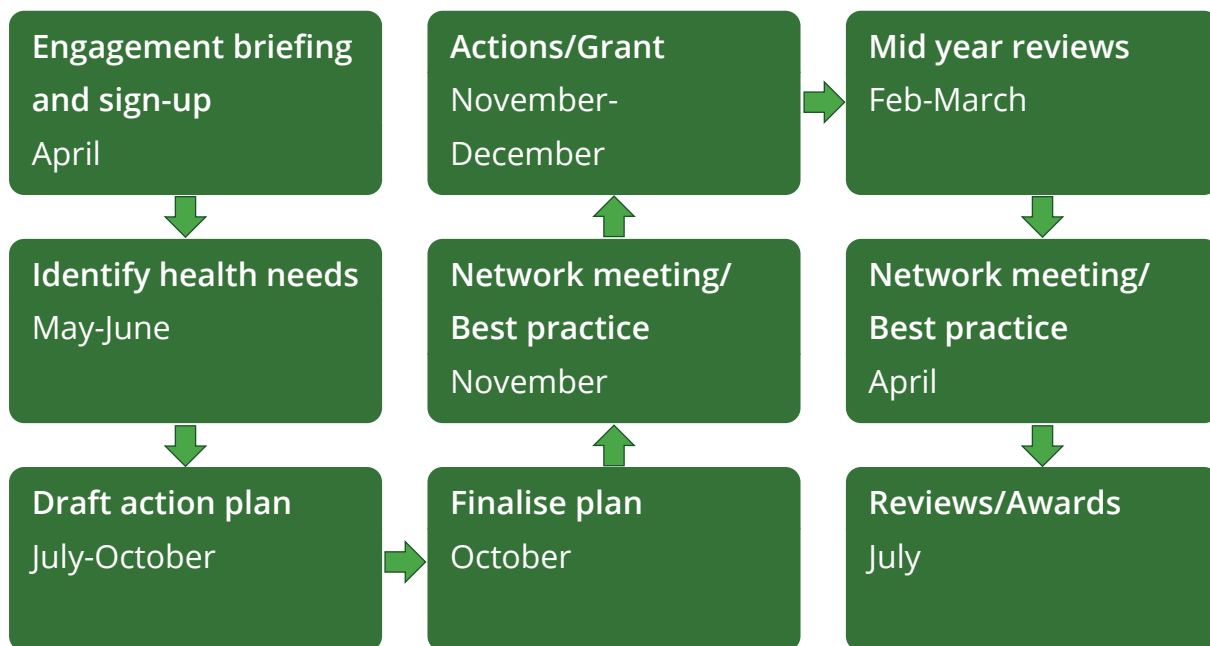
- Key health policies
- Ethos and Environment including the promotion of mental and physical health
- Supporting Mental Health including mental health systems and support
- Personal, Social, Health and Economic (PSHE) Education
- Supporting Healthy Eating
- Supporting Physical Activity
- Looking after the Environment

Once the evaluation process is completed, participating schools are required to identify two or three health outcomes to work on. School leads then work alongside the Healthy Schools' team to produce an action plan mapping out the actions. As part of the programme, schools can apply for Healthy Schools' grants of up to £250 to support work on their identified outcomes.

In the spring term, the Healthy Schools team visit participating schools to hold review meetings: action plans are discussed and updated as required. The meeting often includes a tour of the school to observe aspects of the school's progress in building health provision. Network meetings are also held in the autumn and spring terms to share best practice and to explore key themes across the Healthy School community.

Schools are required to produce an end of year school journey which describes the progress made across the school year in both qualitative and quantitative terms. These journeys are evaluated by the Healthy Schools team. Schools which have made good progress towards their identified health outcomes are awarded Healthy Schools status. Certificates are presented at an awards presentation in July. Schools are also sent a Healthy Schools logo to use on school publications and their website.





Healthy Schools leads attending a Celebration Event at Baytree School in July 2025.

Key achievements and impact

In the 2024-25 academic year, 15 Primary Schools in North Somerset took part in the Healthy Schools’ Programme. This is approximately 25 per cent of North Somerset primary schools. This has increased to 21 schools in the current academic year. Our ambition is to work closely with 50% of primary schools in the next academic year. The range of schools included small schools (approximately 100 pupils), medium

schools (approximately 200 pupils) and large schools (approximately 600 pupils). The cohort also included three special schools from our local area. There were schools from some of the most deprived areas of North Somerset where high health inequalities exist: the work of the schools in these areas was crucial in improving health provision for some of our most disadvantaged pupils.

There were several common themes which were identified by schools to work on:

2024-25 themes	Number of schools (%)
Mental Health	9 (25.7%)
Outdoor Learning	3 (8.6%)
Physical activity	12 (34.3%)
Healthy Breakfast	2 (5.7%)
Healthy Eating	4 (11.4%)
Cooking Skills	3 (8.6%)
Green Travel	2 (5.7%)

The range of actions completed by each school had a positive impact on the health provision in their schools. Key outcomes linked to different themes across schools are outlined below:

Mental health

- More consistent use of supportive, empathetic language building stronger relationships
- Development of strategies for self-regulation and co-regulation
- Improved emotional wellbeing and attendance for anxious pupils through nurturing routines
- New strategies introduced for pupils with sensory needs
- Targeted interventions improving social, emotional and mental health
- Improved behaviour as pupils regulate emotions more effectively
- Staff delivering more consistent support due to clearer understanding of policies
- Stronger family – school relationships improving wellbeing of anxious pupils
- Staff showing calmer, more confident, more understanding support after training

Physical activity

- Greater range of breaktime physical play activities leading to calmer, more positive playtimes
- Older pupils leading play for younger pupils, developing leadership skills
- Creative and collaborative skills enhanced through loose-parts play
- Broader range of sports clubs available to pupils

Healthy eating

- Increased consumption of fruit and vegetables
- More opportunities for pupils to cook healthy snacks and meals
- Healthier lunchboxes due to clearer parent guidance and pupil learning

Many of the health initiatives developed in schools were focused on supporting some of the most disadvantaged pupils with social and emotional/SEN needs. Several schools set up 'soft start' rooms to enable pupils who were struggling to attend school to begin the school day in a quieter and calmer environment with engaging activities and breakfast available. This helped many students to transition from home to school more easily and begin their day in school in a positive and supported way. Here are some comments from pupils at a school which used this approach:

"Breakfast is usually cornflakes and fruit; it helps me out every day as I can't have breakfast at home at the moment. The people in there are really friendly."

"I start the day in the Hive (calm space) because I struggle to go straight into class, Miss X helps me to say goodbye to my mum."

Several schools developed their use of sensory resources to support children's mental health and enabled them to improve their focus and ability to regulate their behaviour. These approaches included setting up sensory rooms for pupils to use at lunchtime when they were becoming dysregulated, sensory toolboxes in classrooms to enable students to maintain focus and sensory circuit plans set up through collaboration with pupils to help them focus, regulate and become more independent.

One pupil said,

"I love the sensory room, it really helps me to not be so cross. I love the squeezey thing and I love to swing on the bar. When I want to hide, I go under the balls and no one can see me. I like to take a friend with me if I can show them how to do things. Then I go back into class and do my learning."

Another key theme was the development of physical activity provision during lunchtimes. Two schools set up OPAL (Outdoor Play and Learning) programmes which use a wide range of resources to promote creative and physical play activities. The activities enable pupils to develop a wide range of skills such as collaboration and problem-solving as well as improving behaviour and mental wellbeing. They also led to more physical activity at lunchtimes which had a positive impact on fitness and stamina levels.

Priorities for the year ahead

Our Healthy Schools programme is continually evaluated and improved. Over the next year, areas of focus for development include:

- Evaluate impact of programme and use learning to develop new model with increased reach and effectiveness
- Establish a PSHE/Healthy Schools Network available to all schools
- Develop a digital offer to support schools in establishing healthy practices
- Develop an effective and wide-reaching CPD offer
- Create a Healthy Schools toolkit available to all schools with key health criteria and recommendations



2. Secondary School Personal, Social, Health and Economic Education (PSHE) programme

Overview of the Secondary School PSHE programme

The 2024-25 Secondary PSHE Programme was the second year of the programme with a pilot being run in 2023-24, and the 2024-25 programme completed by three Secondary schools: Broadoak and Hans Price schools in Weston-super-Mare and Backwell School.

The programme is not part of a national PSHE programme and was devised locally to support North Somerset schools in their efforts to improve the PSHE provision offered in their settings. PSHE stands for Personal, Social, Health and Economic education. PSHE is a non-statutory subject, but the Government expects all schools to make provision for it. Nevertheless, a good deal of material often covered in PSHE is statutorily required as part of Relationships Education (Primary Schools) and Relationships and Sex Education (RSE) and Health Education (Secondary Schools).

Within the current RE and RSHE curriculum (2020), secondary schools must teach children key learning outcomes on the following themes:

- **Secondary relationships and sex education** – families, respectful relationships, including friendships, online and media, being safe, intimate and sexual relationships, including sexual health
- **Secondary physical and mental wellbeing** – mental wellbeing, internet safety and harms, physical health and fitness, healthy eating, drugs, alcohol and tobacco, health and prevention, basic first aid and the changing adolescent body



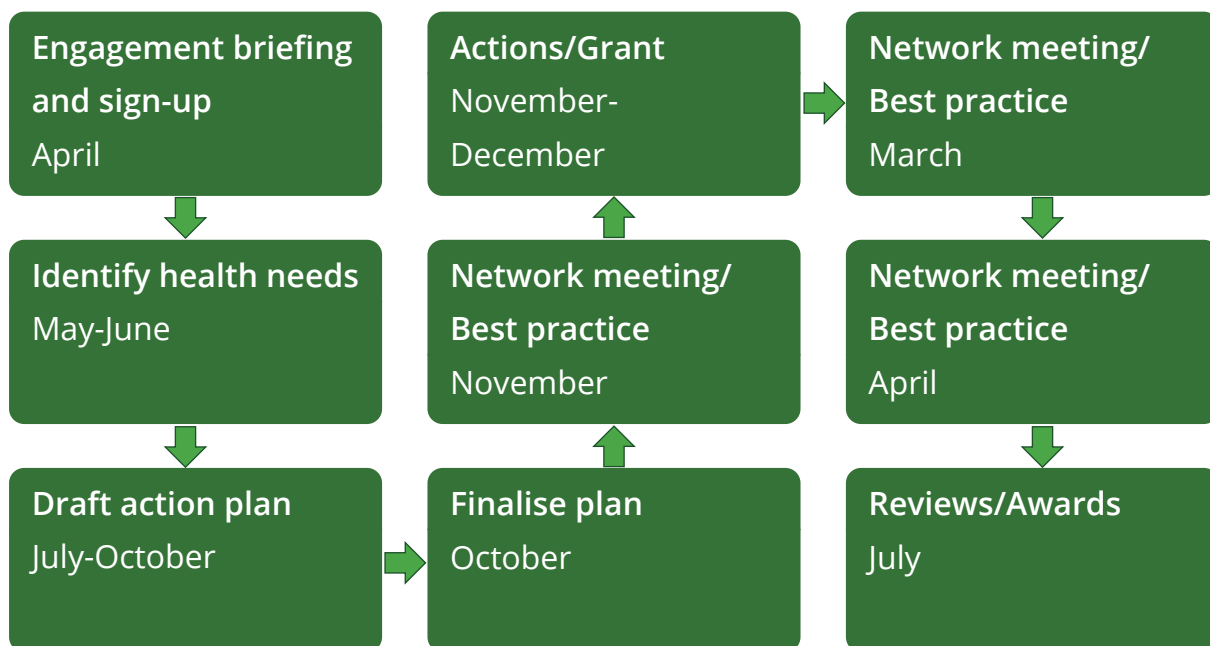
Schools engaged with the programme complete a checklist, providing a list of statements related to PSHE provision which PSHE leads RAG-rate for the school. The statements relate to three key areas of PSHE provision: Leadership and Management of PSHE, Organisation of the PSHE Curriculum and Teaching and Learning in PSHE. Schools also outline their provision to cover the statutory RSHE outcomes and coverage of National Curriculum Science health objectives.

Completing the checklist enables PSHE leads to identify three or four priorities for further development in their PSHE provision. School leads are then required to complete an action plan by the end of September 2024 so that they have a clear set of actions for the forthcoming academic year. Action plans are evaluated by the Public Health programme leads who then hold online meetings with individual PSHE leads to offer further advice and refine action plans. Action plans are reviewed mid-year during a network meeting with advice and support offered from project leads as well as other PSHE leads.

Once each school's action plan is finalised, PSHE leads can apply for a PSHE grant of up to £1000 to support work towards their action plan targets.

Participating schools submit school journey summaries at the end of the year to demonstrate the progress that had been made over the year and the next steps to be undertaken in the 2025-26 academic year. The school journeys are audited by the programme leads with feedback and further information requested if

necessary. In the 2024-25 cohort, all schools made good progress in their PSHE provision and were awarded the Secondary PSHE Award.



Students from Priory School hanging bird feeders which they made with care home residents as part of an intergenerational project



Key achievements and impact

Three schools took part in the 2024-25 PSHE Programme for North Somerset Secondary Schools. There were a number of common themes amongst the priorities identified by each school. The pie chart below summarizes these themes:

2024-25 themes	Number of schools (%)
Student/parent voice	3 (20%)
Curriculum structure	2 (13.5%)
Staff CPD	2 (13.5%)
Guest speakers/visits	2 (13.5%)
Quality assurance	3 (20%)
SEN provision	1 (6.5%)
Develop assessment	1 (6.5%)
Professional support and advice	1 (6.5%)

The programme grant was used to fund various elements of the improvement work undertaken by each school. These included training courses, PSHE Association membership, SEN resources, outside speakers and workshops and classroom cover to enable PSHE leads to monitor and evaluate PSHE teaching and learning.

Summary of impact of PSHE development work across the schools:



- **PSHE curriculum** – Statutory content audit completed, curriculum updated, schemes of learning adapted, planning coherence and progression improved



- **Teaching and learning** – Subject timetable revised to increase PSHE learning time, linking PSHE learning in tutor time and discrete PSHE lessons



- **Teacher development** – Regular meetings to share good practice, attendance at North Somerset and Trust PSHE network increased subject knowledge, staff meeting focused on high quality PSHE teaching and learning, increased lesson monitoring with feedback provided to individuals and teams



- **Pupil voice** – Increased pupil voice activities and surveys leading to curriculum and teaching improvements



- **Assessment** – Best practice shared, leading to assessment changes including termly end of unit learning mapping tasks and assessment booklets



- **Inclusion** – New SEN resources purchased and used to support pupil engagement in lessons



- **Curriculum enrichment** – Wider range of guest speakers and workshops supported learning on themes including county lines, knife crime and mental wellbeing



Priorities for the year ahead

Following an evaluation process at the end of the academic year, the following priorities have been identified:

- Evaluate impact of programme and use learning to develop new models of engagement to increase reach and effectiveness.
- Review PSHE self-evaluation tool to reflect changes to the statutory RSE guidance to be implemented in schools from September 2026.
- Review PSHE Programme grants as number of schools increases.



Healthy Workplaces programme

Overview of the Healthy Workplaces programme

Purpose and principles

Employment is a major determinant of health, influencing individuals, families and communities. ([Workplace Health: applying All Our Health](#)). As people spend much of their adult lives at work, workplace conditions significantly shape physical and mental wellbeing. Evidence shows that good work improves health and quality of life. ([Health matters: health and work – GOV.UK](#))

In the UK, 149 million working days are lost annually to sickness or injury and the wider economic cost of sickness absence and worklessness exceeds £100 billion ([Census 2024](#)). Over 300,000 people leave the workforce each year due to work-limiting conditions, highlighting the importance of early, coordinated support. ([Commission for Healthier Working Lives – The Health Foundation](#))



Staff taking a movement break as part of the physical activity in workplaces scheme at the Harbourside Practice

Why it matters locally

North Somerset has 105,100 people aged 16-64 in employment and an employment rate of 80.7%, above the England value of 75.8%, with variation across the region from 72% to 83%. However, 74.1% of employed individuals report a long-term physical or mental health condition – higher than regional (69%) and national (65.3%) levels. ([Work and Health, Office for Health Improvement & Disparities](#))

Musculoskeletal and mental health conditions are the leading cause of health issues within workplaces. North Somerset has the highest prevalence of long-term musculoskeletal conditions in the South West – 22.5% compared to 18.7% in the South West overall and 17.9% in England. Conversely, the proportion of workers taking at least one sick day per week is the lowest in the region (0.7%, compared to 2.3 in the South West and 2.2 for England) suggesting both strengths and opportunities for targeted intervention. ([Work and Health, Office for Health Improvement & Disparities](#))

Why workplace health and wellbeing programmes?

Local Workplace Accreditation Schemes have been shown to successfully improve workforce health and are supported by **NICE guidance**. These approaches inform the design of the North Somerset Healthy Workplaces Programme.

The programme supports employers to create safe, fair and health-promoting workplaces, based on three principles:

- **Whole organisation change** – policies, culture and environment
- **Evidence-based practice** – following NICE recommendations
- **Proportionate universalism** – a universal offer with targeted support for high-risk sectors and groups

The aims are to improve the health and wellbeing of working-age adults, reduce sickness absence, support people with long-term conditions to stay in work, and create productivity and recruitment benefits for employers. The programme extends the reach of local health services including smoking cessation, healthy lifestyles support and physical activity programmes. It also targets routine and manual occupations and other employment types who are known to have more health needs – to help reduce health inequalities.

Programme design and what we offer



The accreditation scheme (Member → Bronze → Silver → Gold) helps employers benchmark and improve across six healthy workplace goals and nine health and wellbeing topics. Support includes action planning, resources, targeted training, thematic events, networking and links to local health services.

Bronze, Silver and Gold Healthy Workplace criteria

All levels of award are based on the following criteria:

Six key Healthy Workplace goals:

1. Leadership and commitment
2. Compassionate, inclusive and effective line management
3. All staff feel engaged and supported
4. Understanding employee health needs and evaluation of health and wellbeing programme
5. The workplace environment
6. Equity, equality, diversity, inclusion and belonging

Nine health and wellbeing topics:

1. Mental health and wellbeing
2. Musculoskeletal health
3. Smoking and vaping
4. Food, nutrition and oral health
5. Physical activity
6. Drugs and alcohol
7. Support for all life stages
8. Prevention and management of health conditions
9. Other aspects of health and wellbeing



Participation

In 2025, the Healthy Workplaces Programme had the following participation in the programme:

- Thirty-three member workplaces were part of the programme, with a total of 28,004 employees.
- The dominant employment sector was health and social care, with additional representation from public services, education, construction, arts, entertainment and recreation, utilities, waste, and housing.
- Workforce size varied significantly, ranging from one employee to as many as 14,600 employees.
- Staff age profiles spanned from the mid-teens through to the late 60s and 70s.
- A total of two Gold, three Silver and 11 Bronze awards were achieved, with an average timescale of 14.5 months to achieve Bronze.
- Five events held in 2025 reached 236 attendees from 72 businesses.
- The Workplace Cardiovascular Health Check pilot delivered 1,196 health checks across 52 workplaces, resulting in 245 GP referrals and demonstrating strong engagement from employees in routine and manual occupations.

Key achievements and impact

Reach and engagement

Programme membership expanded to 33 workplaces, while outreach activities reached 505 non-member organisations through events, engagement and pilot of the Health Checks scheme. The programme now reflects a diverse workforce from microbusinesses to large anchor institutions.



Quality improvement and recognition

Employers progressed steadily through awards, demonstrating that the framework is practical for busy workplaces. Feedback shows significant

improvement in perceived usefulness of programme materials, events and signposting.

Health checks and prevention

Delivering over 1,000 health checks and ensuring 245 primary care referrals highlighted unmet need and engaged workers least likely to access health services – matching national guidance calling for workplace-based prevention.

Early outcome signals

Some workplaces reported reductions in sickness absence between registration and award submission. Although the dataset is small, the trend aligns with evidence that structured workplace action improves absence levels.

Pathways into local support

There has been increased uptake of services such as Healthy Lifestyles, Smokefree programmes, WorkWell West and local mental health support. The programme also funded workplace physical activity initiatives.

Case study: The power of exercise

- **Workplace** – Access Your Care (social care)
- **Focus** – Physical activity, musculoskeletal health, mental wellbeing.
- **Intervention** – 15-minute bursts of exercise in the office, promoted via newsletters and social media.
- **Impact** – Improved team mood, musculoskeletal health, and team cohesion.
- **Future** – Continued delivery, extension to community teams, regular content refresh



What employers say

“The framework gave us structure and quick wins we could act on.”

“Events were practical and local – we came away with ideas we could implement straight away”

“This funding played a vital role in helping us promote healthier, more active lifestyles among our team, while also fostering a greater sense of community and morale within the workplace”

“For us, this award isn’t just about meeting criteria. It reflects the everyday choices our team makes; supporting one another, prioritising honesty, creating space for wellbeing conversations, and making sure people feel able to bring their whole selves to work. Being part of this programme has encouraged us to look at what we do with fresh eyes, and today we’re really looking forward to learning from other providers who share our commitment. We’ll keep striving to do more – to listen, to adapt, and to stay open to new approaches that genuinely support people.”

Priorities for the year ahead

Based on what we’ve learned, we will focus on a smaller number of high impact priorities for 2026.

1. Expand reach, especially to smaller businesses

Simple onboarding, targeted outreach and follow up after events and health checks.

2. Deliver high value events

At least five events covering topics workplaces have requested such as musculoskeletal health, stress and nutrition.

3. Refine the award framework

Modernise materials, increase flexibility and create a pathway for smaller organisations and those wanting to go ‘beyond Gold’

4. Strengthen links to local health services

Develop how we connect workplaces to local health and wellbeing services including smoking cessation, physical activity, healthy lifestyle service, mental health and musculoskeletal support and resources.

5. Collaborate with academic colleagues

Evaluate the programme in partnership with academic colleagues, working with the National Institute for Health Research (NIHR) Public Health Intervention Responsive Studies Team (PHIRST) Insight team to understand employee experience and inform improvements to workplace support.

6. Provide research-informed resources

Develop practical tools to help employers engage employees and tailor health and wellbeing interventions.

7. Grow our healthy workplaces network

Encourage shared learning, peer support and celebration of success across employers.



University Hospitals Bristol and Weston staff wellbeing team being presented with their Bronze and Silver Healthy Workplaces awards by Counsellor Jenna Ho Marris in November 2025

How the three programmes work together

Aims



Improving health, wellbeing and equity across the life course by embedding supportive environments in the places where people grow, learn and work.

Activities



- Assessment and action planning
- Training and workforce development
- Improving environments and daily practice
- Engagement with families, communities, or employees
- Using recognised frameworks and evidence-based guidance
- Targeted support for disadvantaged groups
- Monitoring, evaluation and recognition (award schemes)

Impacts

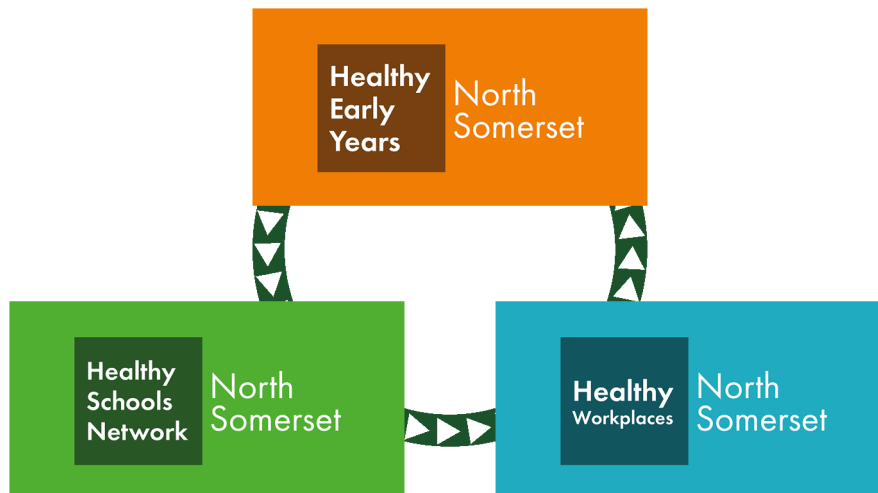


- Stronger, more supportive environments
- Healthier behaviours across the life course
- Increased confidence, skills and workforce capacity
- Improved access to support and earlier intervention
- Reduced inequalities through targeted approaches
- Better health, wellbeing and everyday functioning
- Stronger relationships and community connectedness
- System-level prevention and long-term health benefits

Outcomes



- Improved long-term health and wellbeing
- More consistent health-promoting environments
- Enhanced equity and reduced health inequalities
- Better engagement and participation across settings
- Stronger foundations for healthy development and learning
- Greater workforce wellbeing and productivity
- Sustained prevention embedded across the life course



North Somerset's three settings-based programmes – Healthy Early Years, Healthy Schools, and Healthy Workplaces – demonstrate the power of a coordinated, prevention-focused, life course approach to improving health and reducing inequalities. While each programme focuses on a different stage of life, they share common principles: whole-setting improvement, proportionate universalism, evidence-based practice, and partnership working. Together, they form a coherent system of prevention that reaches people where they spend most of their time – growing, learning and working.

Across the life course, the programmes reinforce one another. Healthy Early Years supports the foundations of emotional regulation, nutrition, oral health and physical development in infancy. Healthy Schools builds on these foundations, strengthening mental wellbeing, inclusion, resilience, physical activity and health literacy through childhood and adolescence. Healthy Workplaces then supports adults to remain healthy, productive and connected, addressing the growing burden of long-term conditions, musculoskeletal issues, stress and economic insecurity.

What emerges is a cumulative impact: children who develop healthy behaviours early are more likely to carry them into school; young people who feel safe, supported and included are more likely to thrive in employment; adults who remain healthier and in work are more likely to maintain good health and community wellbeing. Continuing impacts in community and older age settings such as care homes, can also complement and extend this impact. At every stage, inequalities can either widen or narrow – these programmes actively work

to narrow them by prioritising the most disadvantaged settings, sectors and communities.

Each programme also strengthens protective factors across the system: trusted relationships, confident staff, healthy environments, access to information, and easier routes into preventive services. When these elements are aligned, they create an ecosystem of support that helps individuals maintain wellbeing, even during life transitions.



Cholesterol testing for a workplace health check at North Somerset Council

What we're learning across all programmes

Several joint challenges across the three settings programmes in early years, primary schools, secondary schools and workplaces have been identified, which provides us with learning and which we will focus on addressing:

1. Workforce capacity, competing priorities and variable engagement

Many settings face limited capacity to fully engage with programme activities. Time pressures, competing priorities, ongoing workforce shortages and staff turnover restrict attendance at training, network meetings and review sessions, and affect continuity of practice and the embedding of whole-setting change. Engagement levels vary significantly: smaller businesses and pressured schools often lack the capacity to participate fully, while secondary leads in particular struggle to find time for collaboration and shared learning. Differences in readiness to implement change also influence the pace and depth of progress across settings.

2. Data quality and evaluation limitations

Assessment and monitoring can be challenging due to inconsistent data collection across programmes, gaps in quantitative measures, and difficulties accessing reliable sickness or wellbeing data from some workplaces. In several settings – particularly schools – self-evaluation models limit external validation, and clearer metrics (such as distinguishing children on roll from places available) are needed to strengthen evaluation.

3. Access to high quality, flexible training

Although demand for training is high, workforce pressures make consistent attendance difficult. Settings need more flexible, accessible formats – such as virtual, modular or recorded training – as well as practical, tailored content that reflects real-world challenges and diverse workforce needs.



Elborough Care Services receiving their Healthy Workplaces award from Counsellor Jenna Ho Marris

4. Ensuring equitable reach and targeted support

Delivering proportionate universalism at scale remains a central tenet of programmes, meaning that effective engagement and support for smaller or resource-limited organisations is essential.

5. Communication, relationships and sharing best practice

Evidence shows that settings receiving consistent, ongoing contact make greater progress, highlighting the importance of trusted relationships and communication channels that support collaboration.

6. External pressures shaping health and wellbeing needs

Broader societal pressures are influencing the needs of children, families and employees. Rising anxiety, attendance challenges and growing sensory needs in schools, alongside cost-of-living impacts affecting diet, safety and family wellbeing, highlight the need for holistic support and the importance of sustained, system-wide prevention.

Our shared vision: healthier places to grow, learn and work

The vision is simple but ambitious: every child, young person and adult in North Somerset should experience a healthy place – whether a nursery, school or workplace – that enables them to thrive.

Healthy places are those where:

- Health and wellbeing are part of everyday culture, not an add-on
- Staff are confident and supported to promote health and wellbeing
- Environments make healthy choices easy and enjoyable
- Policies and systems reduce barriers and create fairness
- People feel safe, respected, included and able to participate
- Support is accessible early, without stigma
- Families, communities and employers are partners in prevention

This vision reflects the wider ambitions of the NHS 10 Year Plan and other key government strategies and aligns with local priorities on prevention, neighbourhood working, mental health, physical activity, food and nutrition, workforce wellbeing and reducing inequalities.



Future plans

Over the coming year, our teams will focus on a set of strategic priorities to enhance the quality, reach and impact of all three settings-based programmes. A central priority is strengthening evaluation by establishing simple, consistent and robust data metrics that can be applied across early years settings, schools and workplaces. This will support clearer understanding of programme reach, equity of implementation and outcomes, enabling more accurate monitoring and meaningful comparisons over time.

Alongside this, targeted recruitment will increase within the most deprived communities and high-risk sectors to ensure programme benefits reach those experiencing the greatest health inequalities. This reinforces our commitment to proportionate universalism and aims to reduce gaps in access, participation and health outcomes.

To improve consistency and efficiency, work will continue to expand digital toolkits, templates and training packages that settings can access at any time. Streamlining these resources into accessible digital formats will help reduce pressure on staff and increase uptake among settings with limited capacity or workforce flexibility.

The programmes will also strengthen pathways into local preventive services, including Healthy Lifestyles support, mental health resources and smoking cessation, enabling settings to act as clear connectors to available support and embedding prevention more firmly in everyday environments.

A further priority is to ensure all frameworks, criteria and materials remain aligned with national guidance across early years, schools and workplace health standards. Regular review will support compliance, build practitioner confidence and ensure delivery of high-quality, evidence-based practice. Overall, the programmes deliver a practical shift from treatment to prevention at neighbourhood level – creating healthier, more supportive local places and reducing variation in health outcomes across North Somerset.

Finally, the year ahead will focus on strengthening collaborative networks across early years providers, schools, employers and partners. Expanding these networks will support peer learning, sharing of best practice and collective problem-solving, helping all settings to benefit from expertise, innovation and lived experience across the system.

What success will look like

For Early Years Settings

- More children in North Somerset get the best possible start in life.
- Early years practitioners have the knowledge and confidence to embed health promotion into daily practice.
- Children see positive health behaviours as the norm.
- Newly learned behaviours are reinforced and continue at home.
- Over time, health outcome disparities reduce between children from different economic backgrounds.



For Schools

- Healthier, happier learning environments where pupils feel safe, included, and ready to learn.
- Wellbeing is actively promoted through supportive relationships, good nutrition, physical activity, and positive school culture.
- Attendance improves and students feel listened to.
- Staff feel valued and supported.
- Health and wellbeing improvements support better engagement, behaviour, and achievement.



For Workplaces

- More people in North Somerset experience “good work” that is safe, fair, flexible, and supportive of physical and mental health.
- Employers feel confident supporting staff with health needs.
- Recruit 8-12 workplaces onto the scheme per year.
- Sickness absence levels fall.
- More people with long-term conditions can stay in or return to work.
- Workplaces see improved morale and productivity, and local businesses can attract and retain talented staff.



Across all settings

Ultimately, success across all settings means that wherever people spend their time – early years settings, schools, workplaces or community spaces – they encounter environments that help them stay well, feel supported, and live healthier lives. We see health gaps between communities start to narrow, people of all ages feel more connected and included, and North Somerset becomes a place where everyone has a fair chance to live a long, healthy life.

This publication is available in large print, Braille or audio formats on request.

Help is also available for people who require council information in languages other than English.

For all enquiries please contact

- Early years: Healthy.EY@n-somerset.gov.uk
- Schools: healthyschools@n-somerset.gov.uk
- Workplaces: healthyworkplaces@n-somerset.gov.uk