

# Director of Public Health Report

## Prevention in South Gloucestershire

2025



## Contents

Foreword.....	3
Executive Summary .....	4
What do we mean by prevention? .....	7
Types of prevention.....	7
Opportunities for prevention .....	7
South Gloucestershire Prevention Framework.....	8
Why prevention matters .....	9
Evidence for and challenges in investing in prevention .....	10
Prevention policy .....	12
Local Policy .....	12
National Policy .....	12
South Gloucestershire Council Prevention Fund Programme .....	14
Overall Prevention Programme Evaluation .....	15
Prevention Project Minimum and Maximum Ranges for ROI and SROI Estimates.....	16
Conclusions from UWE’s Evaluation.....	17
Making the Case for Prevention: A Toolkit .....	18
Overview .....	18
Who it is for .....	19
How to use the toolkit.....	19
Conclusion .....	20
Call for Action.....	21

Case Studies - South Gloucestershire Council Prevention Fund Programme.....23

- Family Link Workers .....24
- Health Promotion in Education Settings (HPES) .....26
- Cost of Living (Financial Hardship) .....28
- Complex Needs (Creative Solutions Project).....30
- Prevention of Violence Against Women and Girls (VAWG) .....32
- Health and Happiness Hubs .....34
- Village Agents Plus.....36
- Improving Homes and Wellbeing Service .....38
- Asset-Based Community Development (ABCD) Framework and Community in Action Enablement Grants.....40
- Information Advice and Guidance (IAG) .....42

Resources .....44

References .....45

Acknowledgements .....48

# Foreword

Welcome to the Director of Public Health Annual Report for South Gloucestershire 2025 which focuses on prevention.



Directors of Public Health have a statutory requirement to produce an independent annual report. These reports highlight local health issues and showcase best practice, as well as promoting local action for better health and wellbeing.

I have chosen to focus my 2025 report on prevention to celebrate the excellent partnership work that has taken place over the last few years on prevention through our South Gloucestershire Prevention Programme 2023-25; to share the [Making the Case for Prevention Toolkit](#) produced as part of this work; and to set out the opportunities I see for building on this in response to local, regional and national policy including the national [10 Year Health Plan for England: fit for the future](#).

The intention of the Prevention Programme was to deliver long-term, transformational system change in the way we work in South Gloucestershire. We structured the programme around four themes - start well, live well, age well and community-in-action. South Gloucestershire's Public Health team provided partnership support and technical expertise in the development of projects, organisation of workshops and operational oversight and we partnered with the University of the West of England to design an overarching evaluation of the programme's impact and develop a prevention toolkit to help new projects demonstrate expected prevention gains through return on investment and social value.

In collaboration with the South Gloucestershire Locality Partnership, the programme has brought partners from the council, NHS and voluntary and community sector together in new ways and put prevention at the heart of our work for health and wellbeing. This report is intended to capture our learning, highlight areas of good practice already in place and set out further opportunities for local action to protect and improve the health and wellbeing in South Gloucestershire. I hope that it will provide a useful reference document for years to come.

I would like to acknowledge and thank all those who have been involved in the development and delivery of South Gloucestershire's Prevention Programme. It has been a true partnership approach including colleagues across the Council, NHS, and voluntary sector and in our local communities and University of the West of England.

**Sarah Weld, Director of Public Health**

# Executive Summary

Prevention can be simply defined as the action of stopping something from happening or arising. From a public health perspective prevention means taking action to help people live longer, healthier lives.

Many health and care challenges stem from preventable risks and there is a strong case for the social and economic benefits of prevention across the life course. However, it is widely recognised that prevention has repeatedly been given less attention than more immediate pressures on the NHS and social care. This is because short-term budgetary pressures often require organisations to demonstrate in-year cashable savings whilst prevention initiatives tend to have longer-term horizons in terms of impact on individuals and communities and return on investment.

This Director of Public Health Annual Report for South Gloucestershire 2025 sets out a comprehensive and evidence-based case for putting **prevention at the heart of health, wellbeing, and public services**. It reflects on the achievements of the **South Gloucestershire Prevention Programme**, the results of its independent evaluation and the future opportunities to embed prevention across systems, communities, and policies.

## Prevention matters because:

- It improves quality of life and reduces health inequalities
- It saves money, makes better use of limited resources and can reduce demand for services
- It tackles inequalities
- Every £1 invested in prevention can deliver significant social and economic benefits
- Multiple small changes across a whole system can have a big cumulative impact

Demonstrating the impact of local investment in prevention can be complex. The benefits of prevention initiatives often span sectors and unfold over time. Economic Return on Investment (ROI) and Social Return on Investment (SROI) play important roles in understanding the full spectrum of impact investing in prevention can play in population health improvement.

The £2m South Gloucestershire Prevention Programme, established in 2022/23, set out to deliver **long-term, transformational system change** in the way we worked in South Gloucestershire so that **we shifted the balance of our support towards prevention** to improve health and wellbeing outcomes for local people and reduce inequalities.

Evaluation of the programme conservatively estimated social return on investment across all projects was at £4.50 to £7.50 per £1 invested, with even greater returns likely to accrue over time as long-term outcomes matured. This confirmed the Prevention Programme's success not only as an economically effective initiative, but also as a transformative investment in and impact on the health, equity and resilience of the South Gloucestershire population.

Based on the evidence presented in this report including findings from the Prevention Programme, we set out **six actions** that partners across the **council, the NHS and VCSE organisations** should take together to **shift the system towards prevention**.

- 1. Align priorities and funding around longer-term shared prevention outcomes**
- 2. Embed prevention into frontline services and pathways**
- 3. Tackle the building blocks of health together**
- 4. Invest in community-led and VCSE-delivered prevention**
- 5. Share data and insight to target early action**
- 6. Measure what matters and learn together**

The South Gloucestershire Public Health team is committed to ensuring that our learning from the Prevention Programme is taken forward and embedded in ongoing work by the council and its partners. The Making the Case for Prevention Toolkit, produced as part of the programme, leads a legacy tool for supporting local planners to evaluate the impact of future initiatives.

We set out below some of our key work over the coming year.

**In 2026 our Public Health work will include:**

- **Promoting this report and the South Gloucestershire Prevention Toolkit** to raise awareness and better enable council teams and partner organisations to build return on investment thinking into project planning.
- **Continuing to lead and promote the [South Gloucestershire Joint Local Health and Wellbeing Strategy 2025-29](#)** strategic commitment to shift upstream with a focus on prevention.
- **Reviewing our Public Health core training offer** and sharing learning opportunities about the prevention of ill health, the importance of the building blocks of health, the science of behaviour change and reducing health inequalities. This will involve locally delivered training and signposting to regional and national resources, such as [Making Every Contact Count - elearning for healthcare](#), the [Behaviour Change Development Framework - BCDF](#) and [Events and webinars - The Health Foundation](#).
- **Working with partners to develop and implement Neighbourhood Health and Best Start in Life Plans** with a focus on prevention and early intervention; reaching people earlier and empowering them to stay healthy and well, and achieve and thrive.

# What do we mean by prevention?

Prevention can be simply defined as **the action of stopping something from happening or arising**. From a public health perspective prevention means taking action to help people live longer, healthier lives.

Prevention encompasses approaches and actions that can be taken to increase the chances of people of all ages being in good mental and physical health; influence local social and economic determinants of health and inequalities (the building blocks of health); reduce the risk of people deteriorating if they are in poor health and support quicker recovery; and support people to be as independent as they want to be.

## Types of prevention

There are many ways to classify prevention. Prevention is often described in different 'levels' according to whether an intervention focuses on preventing, reducing, or delaying the progression of disease or need for care and support (1).

- **Primordial prevention:** action to **prevent** exposure to risk factors or improve environmental, social and economic conditions.
- **Primary Prevention:** action to **reduce** risk and promote health and wellbeing.
- **Secondary prevention:** emphasises early intervention by identifying disease before symptoms have progressed to stop or **delay** a condition worsening, if possible, through promotion of independence and self-care.
- **Tertiary prevention:** **support** or rehabilitation to help people to maintain independence and manage their condition.

## Opportunities for prevention

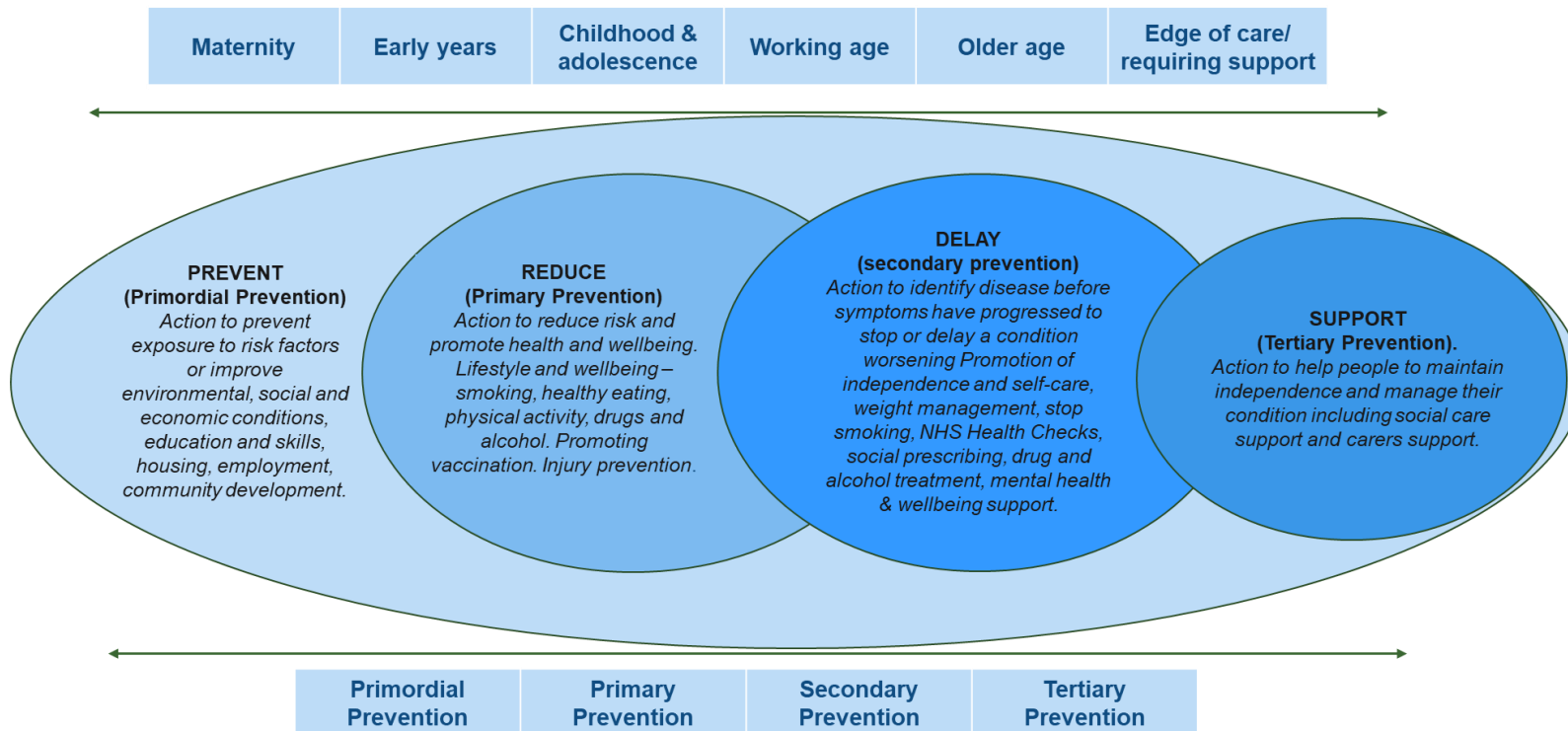
There are opportunities for prevention:

- **Across the life course** - by giving every child the best start, supporting working-age adults and enabling older people to age well.
- **In our communities** - by strengthening connections, reducing isolation, building on existing assets and tackling local inequalities.
- **In services people use** - embedding prevention into health, education, housing and social care.
- **Through joined up strategic work** on the 'Building Blocks of Health' such as education, housing and employment.

# South Gloucestershire Prevention Framework

To inform the planning and design of our South Gloucestershire Prevention Programme we created a framework to describe the different levels (types) of prevention, provide some examples of the types of initiatives that could be established and how we must also ensure we take a life course approach from early years through to older age.

## South Gloucestershire Prevention Framework



South Gloucestershire Council

# Why prevention matters

A healthy population is vital for a strong economy and for communities in which everyone can participate fully. Almost every aspect of our lives impacts our health and ultimately how long we will live – from the quality of our homes and jobs to access to education, public transport, and experiences of poverty or discrimination. These are often described as the “building blocks of health” (2).



Figure 1- Building Blocks of Health, Frameworks UK and Health Foundation, 2022

Over the last century great progress has been made in helping people live longer lives because of developments in health and care and public health. However, many people in South Gloucestershire are living with poor mental and physical health and lives are being cut short.

In South Gloucestershire average life expectancy is 81 years for men and 85 years for women. Healthy life expectancy for both men and women in South Gloucestershire is 63 years, meaning that on average, men born today can expect to live 18 years in poor health and women 22 years (3) (4). As a result, many people are living longer with complex health and care needs, affecting both quality of life and demand for services. There are opportunities to change this through prevention.

It is widely agreed that prevention is important.

- Prevention improves quality of life and reduces health inequalities.
- Prevention saves money, makes better use of limited resources, and can reduce demand for services.

- Prevention tackles inequalities.
- Every £1 invested in prevention can deliver significant social and economic benefits.
- Multiple small changes across a whole system can have a big cumulative impact.

## Evidence for and challenges in investing in prevention

Many health and care challenges stem from preventable risks and there is a strong evidence base for the social and economic benefits of prevention across the life course. However, it is widely recognised that prevention has repeatedly been given less attention than more immediate pressures on the NHS and social care. This is because short-term budgetary pressures often require organisations to demonstrate in-year cashable savings whilst prevention initiatives tend to have longer-term horizons in terms of impact on individuals and communities and return on investment (5) (1).

### Evidence shows that:

- **The health and care system is unsustainable unless we do something differently.** Without comprehensive action to promote health and wellbeing and prevent the need for intervention, the pressures on health, care and other public services will only increase (5).
- **A system focus on prevention is essential for improving population health and wellbeing.** Early intervention to tackle the risk factors that cause disease enables people to live longer in good health (6). Staying healthy helps individuals to remain independent and active in their community. This in turn supports wellbeing.
- **Prevention and early intervention in childhood** fosters healthy behaviours throughout life, especially for improvements in immunisation take up, healthy weight and oral health. Increased investment in early help and family support reduces statutory intervention in Children's Services and has a positive impact on numbers of Children in Need (7). Return on investment (ROI) from prevention is greater the earlier in life it is invested in.
- **Prevention is an effective way to reduce inequalities.** Preventable diseases are disproportionately experienced by some groups (8). For example, cardiovascular disease is among the largest contributor to health inequalities, accounting for one-fifth

of the life expectancy gap between the most and least deprived communities (9). Action to tackle risk factors for major preventable disease is an important way to reduce health inequalities.

- **Action to tackle the core determinants (building blocks) of health can have the greatest impacts.** Many health inequalities stem from social inequalities such as inadequate housing, limited access to nutritious food and poverty (6). Social and economic factors account for 40% of the modifiable determinants of our health (1). Healthcare contributes only about 20% and yet the bulk of current health spending goes to health services.

The benefits of prevention initiatives often span sectors and unfold over time. Demonstrating an impact on the population is an important element of supporting investment decisions and continuing to create evidence to build the case for prevention is a public health priority locally and nationally. Implementing community prevention interventions requires robust and systematic approaches to measure and value population impact effectively and this is why in South Gloucestershire we have created the [Making the Case for Prevention Toolkit](#) described later in this report to guide project managers and leads in planning and evaluating the impact of public health and prevention initiatives.

# Prevention policy

Local Authorities and the NHS have statutory responsibilities for undertaking prevention and the wider public sector, the voluntary, community and social enterprise (VCSE) sector and the business sector all have a role to play.

Prevention has long been a priority in South Gloucestershire. Many current local and national policies set out a commitment to prevention (6) (11) (12).

## Local Policy

Prevention is a theme within South Gloucestershire's [Council Plan 2024-2028](#) and shifting upstream with a focus on prevention is one of the five strategic commitments in the [South Gloucestershire Joint Local Health and Wellbeing Strategy 2025-29](#) (13). The Health & Wellbeing Strategy sets out a new approach for the South Gloucestershire Health and Wellbeing Board to strengthen the delivery of existing prevention commitments, develop how it works together in partnership and more closely with our communities, and strengthen our use of data and insights in planning and decision making. This approach builds on the learning from the South Gloucestershire Prevention Programme described in this report.

## National Policy

The key national health policy, [Fit for the future: 10 Year Health Plan for England](#) (14), sets out a shift from sickness to prevention for the health service in England as one of the core strategic shifts. This shift is woven throughout the policy and is described as essential to the future sustainability of the NHS.

It commits to:

- shifting resources and services upstream
- reaching people earlier

- using technology to predict risk
- empowering people to stay healthy
- reducing the burden of avoidable disease

This is echoed in Neighbourhood Health policy which places prevention at the core of the shift towards a neighbourhood-based model of care.

Prevention is a core theme in the **Children's Wellbeing and Schools Bill** (15) and supporting policy. Especially the [Giving every child the best start in life - GOV.UK Policy Paper](#) (16) which sets out actions to ensure every child has the best start in life and the chance to achieve and to thrive.

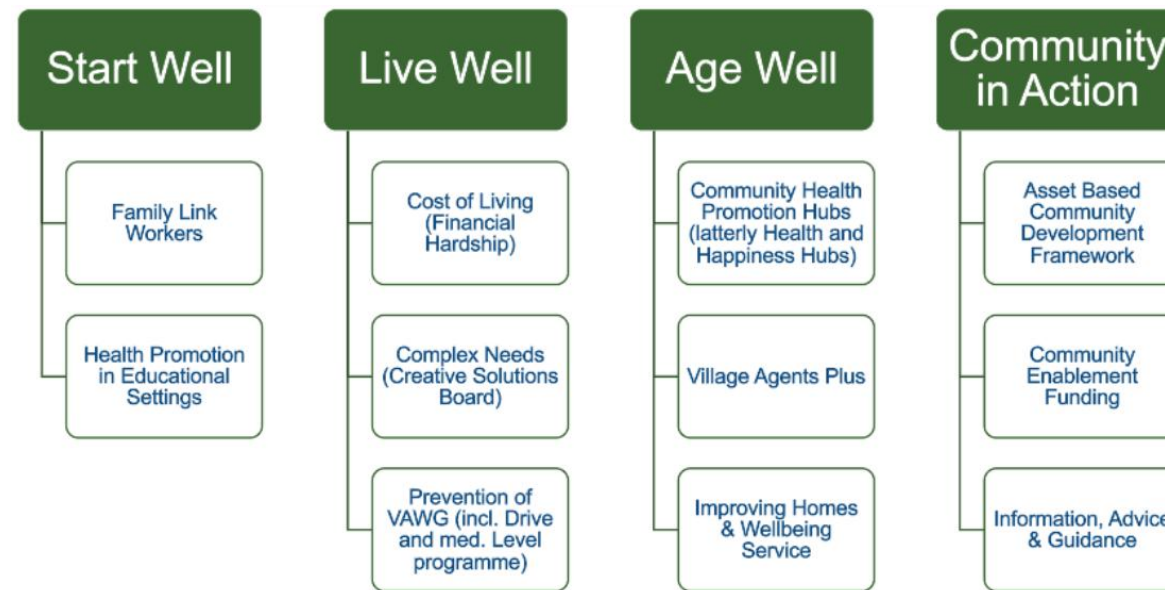
The [English Devolution White Paper: Power and partnership: Foundations for growth](#) (17) highlights the need for urgent reform to public services to focus on prevention, with programmes built more closely around people and the places they live.

# South Gloucestershire Council Prevention Fund Programme

The South Gloucestershire Prevention Programme was a £2million one-off fund established in 2022/23 using £1m from South Gloucestershire Council and £1m from the Bristol, North Somerset and South Gloucestershire (BNSSG) Integrated Care Board (ICB) in match funding.

The intention of the Prevention Programme was to deliver **long-term, transformational system change** in the way we worked in South Gloucestershire so that **we shifted the balance of our support towards prevention** to improve health and wellbeing outcomes for local people and reduce inequalities.

The programme included 11 projects across four themes:



# Overall Prevention Programme Evaluation

We commissioned the University of the West of England (UWE) to design an overarching evaluation (18) of the prevention programme's impact on system and culture change. This included capturing the economic and social impacts of the prevention fund projects using measures and techniques to calculate the economic **Return on Investment (ROI)** and the **Social Return on Investment (SROI)**, which are two complementary approaches to evaluate the economics of prevention.

<p><b>ROI</b> traditionally focuses on how much money is saved or earned for every £1 spent or invested</p>	<p><b>SROI</b> is a broader concept, monetising social, wellbeing, and community outcomes improved mental health, reduced loneliness, enhanced resilience, or better housing security vital to wellbeing and healthy lives</p>
---	--

In the field of preventive public health, where benefits often span sectors and unfold over time, both ROI and SROI play important roles in understanding the full spectrum of impact investing in prevention can play in population health improvement.

Key findings from the evaluation are set out below. The full evaluation report can be viewed on the health strategies page of the [Council website](#).

The final section of this Director of Public Health Report sets out a series of case studies of projects included in the Prevention Programme:

- Family Link Workers
- Health Promotion in Education Settings (HPES)
- Cost of Living (Financial Hardship)
- Complex Needs (Creative Solutions Project)
- Prevention of Violence Against Women and Girls (VAWG)
- Health and Happiness Hubs
- Village Agents Plus

- Improving Homes and Wellbeing Service
- Asset-Based Community Development (ABCD) Framework and Community in Action Enablement Grants
- Information Advice and Guidance (South Glos LIFE)

Each case study provides an overview of the project, what was achieved, return on investment estimated from the programme evaluation and a description of impact and future plans.

## Prevention Project Minimum and Maximum Ranges for ROI and SROI Estimates

Project	ROI Range (Min–Max)	SROI Range (Min–Max)
Family Link Workers	£2.00 - £4.00	£3.50 - £4.00
Health Promotion in Education	£2.00 – £4.00	£6.00 – £10.00
Cost of Living: Financial hardship	£1.00 – £2.00	£2.00 – £5.00
Creative Solutions Board (CSB)	£4.00 – £10.00	£7.00 – £12.00
VAWG Schools Programme	£3.00 – £6.00	£6.00 – £10.00
Health and Happiness Hubs	£1.50 – £2.50	£3.00 – £5.00
Village Agent Project	£2.50 – £4.00	£3.50 – £5.00
Improving Homes & Wellbeing	£4.50 – £7.50	£7.00 – £10.00
Community in Action (ABCD)	£1.50 – £2.00	£2.00 – £3.00

The blended SROI across all projects was conservatively estimated at £4.50 to £7.50 per £1 invested, with even greater returns likely to accrue over time as long-term outcomes mature. This confirmed the programme’s success not only as an economically effective initiative, but also as a transformative investment in and impact on the health, equity, and resilience of the South Gloucestershire population.

## Conclusions from UWE's Evaluation

While all projects delivered positive social returns, those addressing complex needs - the **Creative Solutions Board**, **Improving Homes & Wellbeing**, school-based initiatives such as **Health Promotion in Education Settings** and **Violence Against Women and Girls (VAWG)** —offered the greatest long-term impact. Other projects also played a vital role in stabilizing vulnerable populations and supporting access. The **Family Link Worker** project sitting in the middle delivered strong, personalized gains in attendance, wellbeing, and family resilience (12)

- South Gloucestershire Council's Prevention Fund Programme **delivered a strategic, place-based investment in population health**, combining community empowerment with fiscal responsibility.
- By focusing on **early intervention, social connection, and upstream support**, the programme successfully targeted root causes of poor health, reduced inequalities, and shifted the system toward a more proactive, person-centred approach.
- Successful preventative work starts with innovation, identifying the priorities and needs of communities in action, to start well, live well, age well and ensure investment in prevention achieves impact for communities.
- Taken together, the **£2 million investment** by South Gloucestershire Council and the local Integrated Care Board funded targeted prevention projects that collectively delivered **strong economic returns and meaningful social value**. Across health, housing, education, and community wellbeing, the SGC Prevention Fund Programme has demonstrated excellent value for money, particularly through early intervention, system collaboration, and community engagement.

# Making the Case for Prevention: A Toolkit

## Overview

As well as independently evaluating our prevention programme we wanted to develop a way for project managers to illustrate how further initiatives to improve people's health and wellbeing can lead to wider positive benefits for the economy and society (e.g. returns on investment and increases in social value). We felt this could help get projects over the line because decision-makers would have a fuller picture of the wider impact(s) of a project; and it could also support project evaluation and building an evidence base for public health impact.

We commissioned UWE to investigate this and they created a [Making the Case for Prevention Toolkit](#).

The toolkit is based on the RE-AIM planning and evaluation framework: [www.re-aim.org](http://www.re-aim.org) (19), which was developed to make research findings more generalisable through the application of specific and standardised ways of measuring key factors. It also facilitates **translation** of evidence into practice.

### RE-AIM stands for:

**R**each

**E**ffectiveness

**A**doption

**I**mplementation

**M**aintenance



## Who it is for

- Those responsible for planning, implementing, and evaluating health and prevention projects across the Integrated Care System.
- Staff writing business cases so that they can make the case for prevention and what impact it is expected to have economically and socially for the population or community.
- It can be used to think forward to appraise/plan or look back to evaluate interventions.
- Business cases can be presented in both future and past modes to persuade decision makers to invest in prevention where there are competing choices.

## How to use the toolkit

- Plan and Document Impact: Use the RE-AIM framework to assess project reach, effectiveness, and sustainability, helping you build a strong case for your work.
- Communicate with Funders and Stakeholders: Present clear, structured insights on your project's value, impact, and long-term potential, ensuring alignment with organisational and funding priorities.

[Making the Case for Prevention Toolkit](#)

# Conclusion

Embedding prevention in everything we do is essential if we want to improve the health of our population and reduce the demand on health and care services.

The evaluation of the South Gloucestershire Prevention Programme demonstrated the economic and social gains that can be achieved from a preventative approach, with a particular focus on groups with complex needs to improve resilience, equity and reduce inequalities in health and care outcomes.

The South Gloucestershire Public Health team is committed to ensuring that our learning from the Prevention Programme is taken forward and embedded in ongoing work by the council and its partners. The Making the Case for Prevention Toolkit, produced as part of the programme, provides a legacy tool for supporting local planners to evaluate the impact of future initiatives.

We set out below some of our key work over the coming year and our calls to action for the wider council and partner organisations.

## **In 2026 our Public Health work will include:**

- **Promoting this report and the South Gloucestershire Prevention Toolkit** to raise awareness and better enable council teams and partner organisations to build return on investment thinking into project planning.
- **Continuing to lead and promote the [South Gloucestershire Joint Local Health and Wellbeing Strategy 2025-29](#)** strategic commitment to shift upstream with a focus on prevention.
- **Reviewing our Public Health core training offer** and sharing learning opportunities about the prevention of ill health, the importance of the building blocks of health, the science of behaviour change and reducing health inequalities. This will involve locally delivered training and signposting to regional and national resources, such as [Making Every Contact Count - elearning for healthcare](#), the [Behaviour Change Development Framework - BCDF](#) and [Events and webinars - The Health Foundation](#).
- **Working with partners to develop and implement Neighbourhood Health and Best Start in Life Plans** with a focus on prevention and early intervention; reaching people earlier and empowering them to stay healthy and well, and achieve and thrive.

# Call for Action

Based on the evidence presented in this report including findings from the Prevention Programme we set out below **six actions** that partners across the **council, the NHS and VCSE organisations** should take together to **shift the system towards prevention**, grounded in evidence from local and national place-based practice:

## 1. Align priorities and funding around longer-term shared prevention outcomes

- Recognise that prevention initiatives tend to have **longer-term horizons** in terms of impact on individuals and communities and return on investment.
- Agree a **set of shared prevention goals** to work together on across partnerships.
- Align outcomes and funding so prevention is a **core, jointly owned objective**.
- Move from short-term pilots to **multi-year investment** that gives delivery partners and communities stability.

## 2. Embed prevention into frontline services and pathways

- Make prevention “everyone’s business” by embedding **brief interventions, social prescribing and early help** into primary care, social care, housing and employment services.
- **Routinely ask** about issues such as social and lifestyle determinants of health and respond by signposting to information, support and training (see links on Resources page).
- Support workforce training across sectors so staff understand **prevention, behaviour change and trauma-informed practice**.

## 3. Tackle the building blocks of health together

- Coordinate action on **housing quality, employment, income, education, transport and green space**, recognising these as prevention interventions.
- Use council levers (planning, licensing, procurement) alongside NHS influence and VCSE reach to create **health-promoting settings, neighbourhoods and places**.
- Prioritise prevention efforts in communities experiencing the **greatest health inequalities**.
- **In our role as employers**: maximise workforce wellbeing, workforce training and development.
- **In our roles as “anchor institutions”**: consider the building blocks for health and how to improve the local economy and provide a healthy environment to support population health outcomes.

#### 4. Invest in community-led and VCSE-delivered prevention

- **Understand what outcomes matter to people.** Be brave in our redistribution of power and agency to communities so that we build on existing assets and strengths.
- Shift resources upstream by working with or commissioning **VCSE organisations** to plan and deliver prevention activity with and in local communities.
- Use asset-based approaches that build on **community strengths**, not deficits.

#### 5. Share data and insight to target early action

- Combine quantitative data with **VCSE insight and lived experience** to understand what's really driving need locally.
- Develop **shared population health intelligence** across partners which enable evidence-based actions to be targeted where they are most needed.

#### 6. Measure what matters and learn together

- Shift performance frameworks away from activity and throughput towards **long-term outcomes, wellbeing and reduced demand**.
- Recognise that whilst it can be difficult to show impact on outcomes short term, with the use of tools, such as the **Prevention Toolkit and the RE-AIM framework** we can identify more interim shifts (for example in mindsets, experiences, structures and support mechanisms) that move us in a more positive direction.
- Build in **learning, evaluation and improvement** from the start, using the Prevention Toolkit to make the case for prevention and the expected economic and social return on investment for the population or community concerned; and build this into decision making and performance monitoring.
- **Share learning openly** across the system to scale what works and stop what doesn't.

# Case Studies - South Gloucestershire Council Prevention Fund Programme

The final section of this report sets out a series of case studies of projects included in the Prevention Programme:

- Family Link Workers
- Health Promotion in Education Settings (HPES)
- Cost of Living (Financial Hardship)
- Complex Needs (Creative Solutions Project)
- Prevention of Violence Against Women and Girls (VAWG)
- Health and Happiness Hubs
- Village Agents Plus
- Improving Homes and Wellbeing Service
- Asset-Based Community Development (ABCD) Framework and Community in Action Enablement Grants
- Information Advice and Guidance (South Glos LIFE)

Each case study provides an overview of the project, what was achieved, return on investment estimated from the programme evaluation and a description of impact and future plans.

# Family Link Workers

## Overview

This project supported the Council Plan to give children the best start in life by tackling persistent and severe school absence. Launched in December 2023 (with a two-year funding period) the team worked early with families to identify barriers to attendance, improve wellbeing, and reduce the need for statutory intervention.

Schools referred families via termly attendance meetings, with referrals reviewed by a multi-agency panel (Family Link Managers, Education, Compass, Virtual School, EPs).

Support was voluntary and tailored, with each family receiving an assessment and individual plan.

Work included building confidence, managing anxiety, improving routines, travel training, social skills, and signposting to other services.

Close collaboration with schools and professionals ensured coordinated early help and consistent communication.

## What was achieved

- Improved attendance and re-engagement in mainstream education.
- Stronger home-school relationships and earlier help pathways.
- Reduction in exclusions, safeguarding referrals, and EHCP requests.
- Families reported better wellbeing, reduced stress, and renewed confidence.
- The team worked with over 100 young people over the two-year period.
- Average increase in attendance was 17%.

**Young people said:** “It feels really weird to say this, but I actually love school now!”

**Parents said:** “Your support came just at the right time—it took the pressure off us.”

## Family Link Support Plan



## Return on Investment

Estimated **ROI** was **£2.00–£4.00 per £1** invested, reflecting the cost avoided through improved attendance, fewer exclusions, and reduced referrals to Child and Adolescent Mental Health Services (CAMHS) or safeguarding services. The **SROI** was estimated at **£3.50–£4.00 per £1**, capturing broader social value such as improved family stability, emotional wellbeing, and community connectedness. These estimates were consistent with evidence from similar early intervention models, including social prescribing and family-focused support schemes (EIF, PHE, HACT), which showed strong returns when working relationally with vulnerable families to prevent crisis escalation.

## What next

The project secured continuation funding from other sources and the workers were made permanent members of staff. The team continues to work with children, young people and families to increase attendance and secure better outcomes.

# Health Promotion in Education Settings (HPES)

## Overview

This project supported schools to design, deliver, and evaluate health and wellbeing interventions that improve attendance, attainment, and reduce health inequalities. The project worked with ten targeted schools, identified through health need data (Free School Meals (FSM) %, Pupil Premium, attendance, and deprivation).

- Schools analysed Online Pupil Survey (OPS) data to define SMART objectives and priorities.
- Support provided through guidance, meetings and access to delivery and teaching resources.
- Focus areas included improving self-esteem, resilience, mental wellbeing, physical activity and healthy lifestyle choices.
- Aims were to build capacity for sustainable health promotion practice using an Assess, Plan, Do, Review framework.

## What was achieved

- 100% of targeted schools completed project proposals with SMART objectives.
- 80% delivered and evaluated the intended intervention.
- 100% of targeted schools identified barriers and facilitators to delivering health promotion.
- Strengthened links between educational settings and health improvement teams.
- Schools reported increased confidence in using pupil data to plan wellbeing interventions.

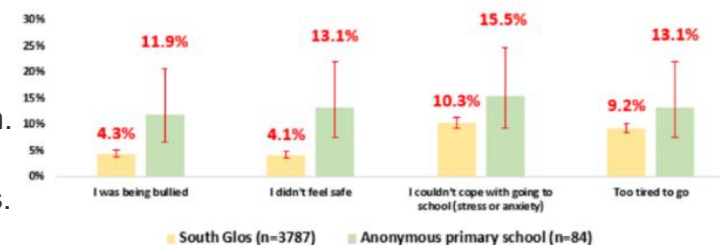
## Schools said

“The OPS data helped us see exactly where support was needed - our pupils’ confidence and attendance are already improving.”  
“Having access to shared resources and funding made it possible to run activities we’d only ever talked about before.”

## Return on Investment

Although no formal cost–benefit model was applied, proxy analysis suggested a strong **ROI of £2.00–£4.00 per £1** invested, derived from reductions in future service demand (e.g. CAMHS referrals, absenteeism and exclusion). The **SROI** was estimated at **£6.00–£10.00 per £1**, reflecting added value from increased confidence, inclusion, physical activity, and staff capability. These estimates were consistent with evidence from WHO and NICE on school-based health promotion interventions. The previously evaluated

Comparing all South Glos (Primary stage - Yr 4 to 6) vs Anonymous primary school (Yrs 4 to 6) pupil responses to the multiple choice question: *Why did you miss school?* for the cohort of pupils who indicated that they had missed 1 or more days of school between September 2022 and December 2022



Outdoor Learning & Food sub-project reinforced this by demonstrating long-term sustainability through infrastructure and staff development investments. In addition, 86% of the targeted schools who delivered their planned intervention and completed the medium-term outcomes and measures questionnaire reported having planned and delivered a subsequent health and wellbeing-related intervention within six months of completing their project.

**Case Study:** A priority neighbourhood primary school, with 30% of pupils eligible for FSM, 17% receiving SEN support, and 40% in IDACI ranks 1-3, used art and Lego therapy interventions to bolster their mental health support to build additional resilience and coping strategies in pupils. The aim was to reduce persistent absence in the pupil population, whilst increasing Pupil Premium attendance.

Persistent absence amongst all pupils in the academic year prior to the intervention was 17.7%. By the mid-point of the academic year 2023/24 that had reduced to 14%, with a further reduction to 12% by the end of the project. For Pupil Premium children, attendance improved by 1%.

The school reported being more likely to use OPS data and very likely to use an assess, plan, do, review framework when delivering future interventions. When asked to select descriptions from a list to capture their experience, they highlighted:

- This has been a positive experience for us, and we are appreciative of having had the opportunity to participate.
- This opportunity has allowed us to deliver something of value to our school and pupils, and we have taken positive learning from this experience that we can use in the future.
- Participating in this project has made us more confident and/or more likely to deliver other specific and/or targeted health and wellbeing interventions in the future.

## What next

HPES leaders have worked collaboratively to ensure their Core Offer is better aligned with the needs of our schools. In time, we anticipate this resulting in increased uptake of awards and quality marks that enhance whole-school approaches to things like mental health and food and nutrition. Improvements in OPS participation, data collection, and reporting enhances the ability of our schools to better understand pupil health and wellbeing need and plan, deliver, and evaluate interventions accordingly. A new Online Pupil Survey is being undertaken in 2026 which will inform future priorities for HPES.

# Cost of Living (Financial Hardship)

## Overview

This project supported residents, families, and communities to improve financial security and resilience, helping people stay warm, well fed, and mentally well. Work included developing a Financial Security Framework, supporting the council and partners with inequality analysis and delivering targeted programmes such as holiday clubs and the 'Take the Credit' Pension Credit campaign.

- It provided holistic financial support, including benefit checks and tailored advice.
- Used data and insights to target support and adapt service delivery.
- Worked with community partners (e.g. Mamas Bristol, TPX Ltd, supermarkets, LGBTQ+ group Alphabets).
- Delivered practical help through Community Welcome Spaces, Warm Packs and Cool Packs.

## What was achieved

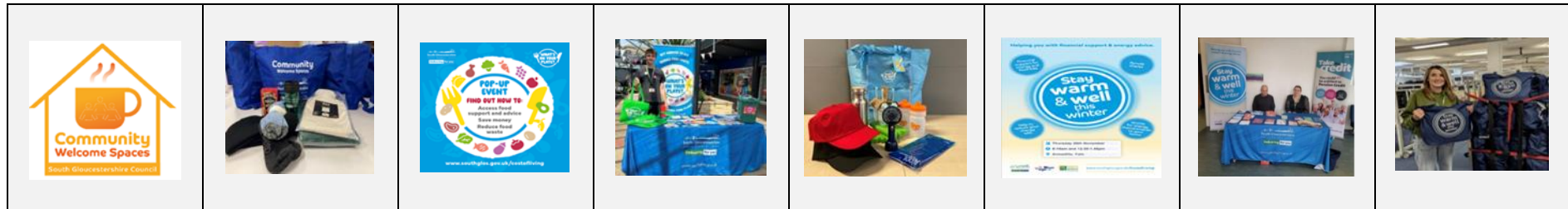
- Developed a Financial Wellbeing Strategy and action plan.
- Shortlisted for LGA Campaign of the Year for Cost-of-Living communications.
- In 23/24 distributed 500 Cool Packs to residents during the summer, then 1,000 Warm Pack and 250 electric blankets during the winter months.
- In 24/25 distributed another 500 cool packs, 100 warm packs and 393 electric blankets.
- Worked in partnership with Age UK, Severn Wye and Lendology to offer more support to our residents through low interest loans, boiler and home checks as well as ensuring they were on the correct tariff and getting everything they were entitled to.
- Increased uptake of Pension Credit through targeted community outreach, including over 60 'pop ups' in our local communities.
- Enhanced partnership working and data-driven decision making across services.



## Residents said

“I can’t thank you enough for the free blankets and goodies... I don’t put my heating on as much now - I’m like a little caterpillar all snug in my warm cocoon.”

“Pension Credit has made my life a lot easier - my energy costs are down, and I’m getting the help I didn’t know I was entitled to.”



## Return on Investment

Estimated **ROI** was **£1.00–£2.00 per £1** invested, primarily reflecting modest reductions in cold-related GP visits, A&E attendances, and hospitalisations (based on PHE’s cold homes evidence and Age UK fuel poverty models). The **SROI** was estimated at **£2.00–£5.00 per £1**, accounting for improved thermal comfort, reduced stress, and enhanced perceived wellbeing. These estimates were in line with broader evaluations of winter warmth programmes across the UK, such as those reported in NICE guideline NG6 and Public Health England’s housing and health cost–benefit analysis.

## What next

The next steps are to continue to offer support to our residents but move away from a crisis approach and focus more on long-term sustainable help. The Crisis and Resilience Fund starting in April 2026 will support our ability to do this.

Cost of Living support hub: [Cost of living help | BETA - South Gloucestershire Council](#)

# Complex Needs (Creative Solutions Project)

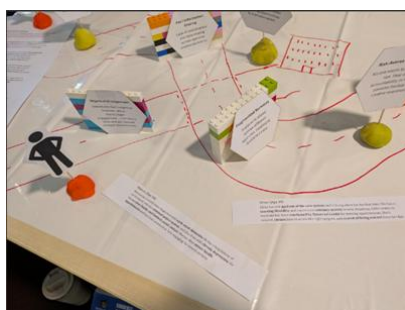
## Overview

Individuals and families living with complex situations often require more flexible, creative approaches involving many agencies working together. This project further developed the Creative Solutions Project (CSP) to provide an independent escalation process, ensuring collaborative and person-centred responses for people dealing with significant complexity, including young people aged 16–18.

- We expanded the Creative Solutions Board (CSB) model to promote flexible working across services and build understanding of the “cost of complexity.”
- We developed a resource pack including shared risk assessments and supported lived experience participation infrastructure to inform practice across wider systems.
- We ran regular multi-agency ‘Journey through Complexity’s’ sessions with partners such as Drive, Julian House, Nelson Trust, Housing First, AWP, and Unity Sexual Health.
- We strengthened the trauma-informed practitioner network, with around 80 professionals engaging monthly through a combined CSP and trauma-informed newsletter.

## What was achieved

- More collaborative, flexible inter-agency working.
- Improved health and wellbeing outcomes for people with complex needs.
- Successful outcomes in several complex cases, including access to specialist rehab and independent support.
- Greater practitioner understanding of complexity and system-wide learning shared across the network.
- Cost savings through more effective, joined-up solutions.



**Case Study:** Client A, a veteran struggling with alcohol addiction, was referred to the CSB by Help for Heroes after other services had reached their limits. Through joint working, the client related to a specialist veterans' rehabilitation centre and completed 12 weeks of treatment. Adult social care and occupational health adapted his home to meet his needs and ongoing support was coordinated across agencies. He has since shown remarkable progress — a powerful example of how creative, multi-agency collaboration can transform lives.

## Return on Investment

Estimated **ROI** was **£4.00–£10.00 per £1** invested, reflecting cost avoidance from reduced A&E visits, homelessness-related spending (~£25,000 per person annually), and criminal justice interventions. The **SROI** was even greater at **£7.00–£12.00 per £1**, considering personal empowerment, housing stability, and improved mental health. These figures aligned with findings from the Golden Key Bristol evaluation, MEAM coalition research, and King's Fund work on integrated care for high-need population.

## What next

Multiple agencies, led by the council, are now exploring together how we embed the learning, structures and processes created for the Creative Solutions Project in our business-as-usual work to support people living with complexity.

# Prevention of Violence Against Women and Girls (VAWG)

## Overview

This project used public health principles - early intervention, health promotion and trauma-informed creative education - to prevent violence against women and girls (VAWG) in South Gloucestershire. By working collaboratively with schools and partners, it aimed to foster safer environments and drive cultural change. Key partners included Unique Voice, which delivered creative school workshops, and co-funding for the Drive perpetrator programme, challenging abusive behaviours at their root.

**School Education:** Unique Voice delivered creative assemblies and workshops to Year 9–11 pupils in 12 secondary schools (Sept 2024–July 2025), using interactive activities and a film made with Crimestoppers to explore VAWG.

**Phase 2 Targeted Interventions:** Based on feedback, targeted sessions for Year 10 groups in four schools covered:

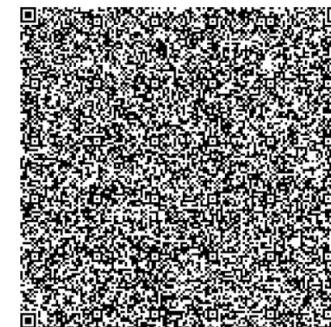
- Redefining violence (physical, psychological, systemic, online)
- Power dynamics and healthy relationships
- Safety and vulnerability
- Respect, equality, advocacy and collective action

**Boys' Workshops:** 32 targeted sessions engaged 120 male students in four schools, providing a safe space to challenge stereotypes, reflect on values, and learn about respectful relationships.

**Drive Perpetrator Programme:** Collaborative project with police and agencies targeting high-risk perpetrators of domestic abuse. Delivers case management, disruption activities, and behaviour change.

Scan this QR code to view our video: “We Feel Unsafe - Ending Violence Against Women and Girls-VAWG-

Safer Streets”. Web Link - [We Feel Unsafe - Ending Violence Against Women and Girls - VAWG - Safer Streets on Vimeo](#)



### Highlighted responses from participants:

Whats the most important thing you'll take away from these workshops?

“

I know the different types of abuse

Learn how to keep girls safe and if you're a girl how to be safe

That violence and harm can occur anywhere, in any relationship

To look out for women if I see anything to help.

That we deserve respect, we don't have to earn it

VAWG happens everywhere

Don't think it's normal for you to feel unsafe

Treat everyone patiently and respectfully

To stay safe

To treat everyone fairly

To respect women

We can make a difference

To be kind to everyone

All people are equal

”

## What was achieved

- Student Knowledge: After workshops, 94% understood VAWG occurs in multiple forms (up from 78% pre-programme); 83% recognised harm of gender stereotypes (up from 70%); 81% supported gender equality (up from 74%); 76% understood media's role in VAWG (up from 48%).
- Confidence: 45% felt comfortable discussing VAWG; 45% confident challenging stereotypes; 38% confident calling out harmful behaviour.
- Staff Feedback: 100% of school staff would recommend the programme, citing strong pupil engagement and improved understanding.
- Drive Programme results: Worked with 85 perpetrators, 91 victim/survivors, and 175 impacted children/year. 1,044 support/disrupt interventions annually. 87% reduction in physical abuse; 31% improvement in understanding of abusive behaviour.



## Return on Investment

Estimated **ROI** was **£3.00–£6.00 per £1** invested, mainly via avoided school exclusions, safeguarding referrals, and early abuse prevention. Estimated **SROI** was **£6.00–£10.00 per £1**, including increased safety, equality, wellbeing, and healthier relationships. These are consistent with Home Office VAWG programmes, Respectful Relationships Education (Australia), and Early Intervention Foundation findings.

## What next

- Successful expansion of the Drive Programme - now running across three local authority areas with further Home Office funding secured for 2026/7. Independent evaluation by Workforce Development Trust available.
- Pilot group work for medium-risk perpetrators underway (2025/6); next steps involve reviewing and deciding on future funding.
- Education in Schools: This year's Online Pupil Survey (OPS) will further evaluate pupil understanding. Ongoing work, funded by the Prevention Fund and other sources, will inform future VAWG school initiatives.
- Strategic Alignment: In line with the National VAWG strategy focus on prevention, efforts will continue to fill identified gaps in provision through partner collaboration.

# Health and Happiness Hubs

## Overview

This project involved the establishment of Health and Happiness Hubs, community-based, non-clinical programmes supporting people with long-term health conditions to improve wellbeing, confidence and quality of life. Managed by the VCSE sector and delivered in partnership with Primary Care Networks (PCNs) and local services, the hubs addressed wider determinants of wellbeing, including social connection, physical activity, mental health, housing, finance, and lifestyle. The hubs empowered people to value themselves and take an active responsibility in managing their health and happiness, helping to reduce demand on health and social care services.

Participants attended a ten-week programme focussing on health and wellbeing education, advice and practical guidance through interactive discussions and tasks. A strong focus on peer support helped reduce isolation, build confidence, and create lasting social connections, with regular reunion sessions offered between programmes.

## What was achieved

- Hubs launched in January 2024 in Yate and Cadbury Heath, targeting priority cohorts identified through Population Health Management data.
- Established an open system for professional and self-referrals.
- Regularly reviewed programme content to remain responsive and flexible.
- Participants reported positive lifestyle changes, increased confidence, improved social connections and increased physical activity.
- Participants reported feeling welcome and safe, with positive peer support developing and groups meeting independently outside the hub.
- Hubs expanded to five locations across South Gloucestershire.

Scan this QR code to view our video, “Health & Happiness Hubs”.

Web Link - [Health & Happiness Hubs - YouTube](#)



#### Residents said:

“I’m definitely feeling more motivated now. I’ve started line dancing and I think much more about what I eat – before, I couldn’t be bothered.”

“I feel a bit more confident and think more about what I want and who I am. This was a great group and the hub is a great place. The discussions and chats are wonderful.”

## Return on Investment

ROI is estimated between **£1.50–£2.50 per £1** invested, primarily reflecting reduced use of primary care and lower demand for long-term services, consistent with NHS England evaluations of self-management and health coaching. The **SROI** is higher, between **£3.00–£5.00 per £1**, factoring in enhanced confidence, social networks, and emotional wellbeing. These estimates are supported by NICE guidance (PH49) on behaviour change and findings from social prescribing models, including evaluations from the University of Westminster and NHS England’s universal personalized care framework.



## What next

Secured additional funding to continue the hubs, including the recruitment of a second group facilitator to enable increased outreach work into rural and minority communities while still providing 1:1 support for those who cannot attend the hubs.

# Village Agents Plus

## Overview

This project helped isolated and vulnerable residents access high-quality local information, support, and services, enabling them to remain independent in their homes and reduce reliance on health and social care services. The Village Agents worked in partnership with communities to build resilience and empower residents to support each other.

- Provided personalised support, advice and signposting across health, wellbeing, mobility, financial and social needs.
- Engaged communities to identify gaps, devise solutions and maintain local facilities.
- Supported the creation of peer networks and local initiatives such as warm hubs, seated yoga and outreach foodbanks.
- Worked closely with Parish Councils, local organisations and service providers to coordinate support.

## What was achieved

- Established strong links with communities and Parish Councils, with Village Agents held in high regard.
- Approximately 80 residents supported by February 2025, including complex cases.
- Assisted residents with a wide variety of issues, including social isolation, mental and physical health, access to services and financial support.
- Facilitated new local initiatives, e.g. warm hubs in Marshfield, seated yoga in Hawkesbury, outreach foodbank in Severn Beach.
- Roadshows and steering group meetings strengthened community engagement and collaboration across four local areas.

### Residents said:

“It was such a relief to find someone I could talk to face to face, someone who took time to understand the issues and had the contacts to find out what was happening.”

## Return on Investment

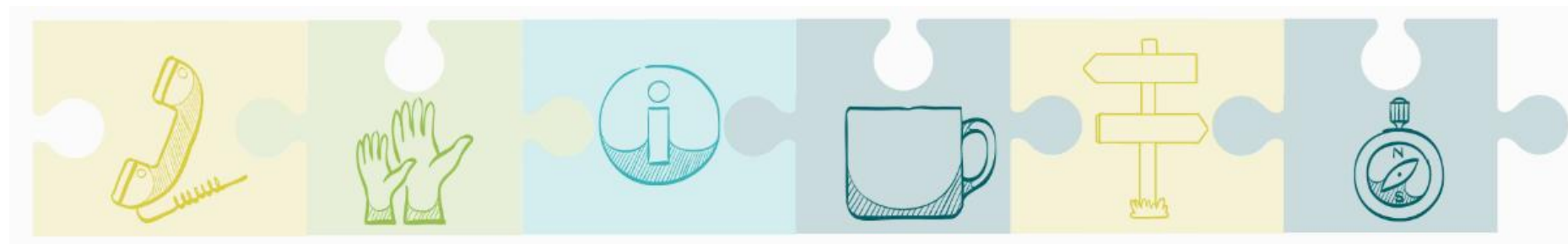
**ROI** was estimated between **£2.50–£4.00 per £1** invested, driven by reduced GP visits, delayed entry into formal care and avoided crises. **SROI** was estimated at **£3.50–£5.00 per £1**, reflecting improved wellbeing, reduced loneliness and strengthened community support networks. These estimates aligned with national evaluations of Age UK's Personalised Integrated Care programme and the Rotherham social prescribing pilot.

### Case Study:

82-year-old lady received support with Blue Badge application, stairlift installation, Attendance Allowance and benefits, improving mobility, financial wellbeing and reducing isolation.

## What next

Secured additional funding for the West of England Rural Network to continue to provide a Village Agent service in South Gloucestershire. Further information, including how to refer to the service, can be found here: <https://www.wern.org.uk/southglos-village-agents>



# Improving Homes and Wellbeing Service

## Overview

This project saw the establishment of the Improving Homes and Wellbeing Service (IHWS), designed to tackle poorly maintained homes and the underlying causes, primarily supporting older homeowners (aged 50+). By offering free, personalised interventions, the programme aimed to improve living conditions, promote independence, and reduce health and wellbeing risks. The service educated residents on home maintenance and wellbeing, connected them with financial and health support, and involved communities to build neighbourly resilience and reduce crime risk. Professionals benefited from an alternative referral pathway and collaborative working with Village Agents.

## What was achieved

### Year One

- 51 referrals received; 33 residents fully supported; 10 given advice only.
- Issues addressed included hoarding (14 cases), clutter (20), overgrown gardens (18), broken windows/house repairs (11) and fire/CO<sub>2</sub> risks (21).
- Distribution of essential items: 19 oil-filled radiators, 56 heated blankets, 40 cold weather packs, 10 boiler services, 40 door draught excluders, 15 extension leads.
- Financial benefits: Estimated £45,000 saved through avoided enforcement; NHS savings from damp, cold, and fall prevention may reach £313,500.
- £14,000 additional client support funding from St. Monica's Trust.

### Year Two

- 43 referrals received; 85 more residents supported via practical items (heated blankets, well packages, energy bulbs, extension leads, boiler services).

Outcome	Number of People Helped
Improved living conditions	6
Home/garden improvements	21
Prosecutions/enforcement prevented	9
Fewer GP/hospital visits	15
Health and wellbeing improvements	21
Slips, trips, and falls prevented	17
Support networks improved	24
Positive service outcomes	22
Safeguarding concerns resolved	8

- 96 residents assisted with: 23 oil radiators, 76 heated blankets, 40 cold weather packs, 25 extension leads, 40 draught excluders, 150 energy bulbs, 21 boiler services.
- Critical interventions: two boilers and one gas cooker condemned and replaced via grant support.
- Wales and West provided £35,000 funding for 121 boiler repairs, ensuring safe winter heating for vulnerable residents.

### Partnership Impact

The involvement of Age UK South Gloucestershire proved invaluable, leveraging trusted connections with the 50+ community and enhancing holistic wellbeing through additional projects like walking clubs and financial clinics. This partnership supported residents to remain safely and independently at home.

### Return on Investment

Estimated **ROI was £4.50–£7.50 per £1** invested, driven by reductions in health and social care costs (falls, winter deaths). Estimated **SROI was £7.00–£10.00 per £1** invested, reflecting improvements in comfort, independence, and mental wellbeing. Evidence base: BRE’s cost-benefit analysis, PHE toolkit, Welsh RRAP programme.

Consistently high referral and uptake rates demonstrated trust in the service and its team. The IHWS significantly improved residents’ health, wellbeing, and safety, enabling them to remain in their homes for longer. Rapid consideration for continuation and potential scaling was recommended to sustain its preventative impact on statutory services such as Adult Social Care and the NHS.

### What next

Secured additional funding for Age UK South Gloucestershire to continue the service in 2026/27 subject to putting in place a longer-term plan for commissioning the service from 2027. [Age UK South Gloucestershire | Improving Homes & Wellbeing](#)

### Case Study: J’s Story

J’s home fell into disrepair, and he was hospitalised due to mental health issues and diagnosed with dementia. IHWS coordinated entry to his home, installed a key safe, addressed heating and safety concerns, and provided essential household repairs and cleaning. These interventions enabled J’s safe return home and avoided a potential weekly care cost of £1,000. The social worker praised the service’s efficiency and impact, highlighting its role in multidisciplinary hospital discharge and ongoing support.

# Asset-Based Community Development (ABCD) Framework and Community in Action Enablement Grants

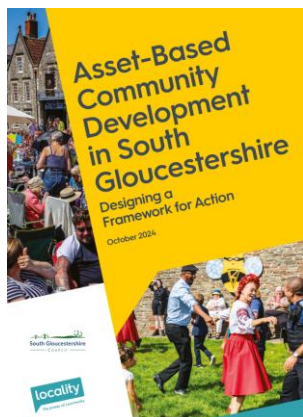
## Overview

This programme strengthened communities by focusing on their existing strengths, assets, and capacities, rather than deficits. The ABCD approach identified individual skills, experience, enthusiasm, networks, and physical spaces such as parks or buildings, enabling community-led development. The Community in Action Enablement Grants put this into practice by providing flexible funding to support locally driven plans, helping communities address inequalities, improve wellbeing, and reduce demand on public services.

- Developed a consistent ABCD Framework for South Gloucestershire to guide strategic partnership working.
- Supported VCSE, local communities, and Town/Parish Councils to identify and harness local assets.
- Enabled transformational change in how the Council and partners engage with communities.
- Provided grants through Community in Action Enablement to fund locally tailored community initiatives aligned with ABCD principles.
- Integrated with the Information, Advice, and Guidance project to promote preventative working across the wider prevention programme.

## What was achieved

- In September 2023, national organisation 'Locality' was commissioned to help develop and deliver the ABCD Framework for South Gloucestershire, in partnership with local stakeholders.
- Extensive cross-sector engagement (pop-ups, meetings and co-production workshops) took place to assess awareness, opportunities and training needs.
- Creation of an ABCD Framework with core principles, actions, and indicators and an ABCD training plan to build stakeholder capacity.
- Strengthened relationships across sectors, facilitated a growing awareness and support for ABCD and early grant activity enabling communities to act on local priorities, fostering empowerment, resilience and preventative outcomes.



[Stronger Together - Asset-Based Community Development for South Gloucestershire - Leaflet](#)

[Asset-Based Community Development in South Gloucestershire - Report](#)

## Return on Investment

Estimated **ROI** was **£1.50–£2.00 per £1**, based on more efficient use of local resources and reductions in service duplication. **SROI** was estimated at **£2.00–£3.00 per £1**, reflecting increased social capital, civic participation and resilience. These values were supported by Locality and NEF research on ABCD models, as well as the IMPACT Age well project in Northern Ireland, which demonstrated strong social returns from community-led health improvement.

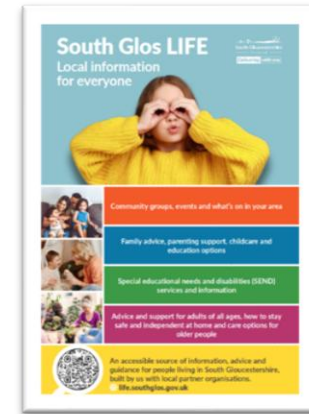
## What next

Continued use and embedding of the ABCD Framework in business-as-usual and remaining funds for community grants to be allocated during 2026-27.

# Information Advice and Guidance (IAG)

## Overview

This project strengthened preventative working by enhancing South Gloucestershire Council's [South Glos LIFE website](#) and asset-mapping tools (directory of services). A clear, well-promoted IAG offer to help residents make informed decisions about their wellbeing, supports frontline staff and reduces digital exclusion - particularly in rural communities. The project delivered targeted communication, partner outreach and training to increase awareness, usage, and confidence in navigating available support.

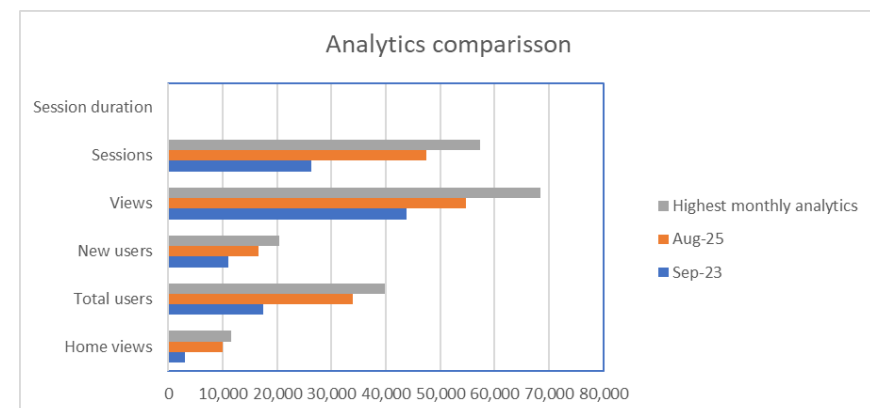


## What was achieved

- Promoted South Glos LIFE through presentations, digital/print materials, social media, and partner newsletters to increase awareness and uptake across internal teams, partners, rural forums, and VCSE groups.
- South Glos LIFE became the recommended 'directory of services' so it was better populated and used by stakeholders.
- Stakeholder insights informed redevelopment of the website to improve accessibility and relevance.
- Improved and positive feedback received about the look, feel and content of the website.
- Delivered the 'Tea and Tech – You Said, We Did' pilot with Village Agents (WERN) and Age UK South Glos to support digitally excluded rural residents in navigating the site.
- Age UK South Glos now uses the website as the homepage for tablet-loan schemes and as a teaching tool in 1:1 and group digital inclusion sessions.

## Website Growth (Average Monthly, Sept 2023 – August 2025)

+3,121 Home views  
+5,511 total users  
+3,184 new users  
+7,948 sessions  
+6,369 page views



## Return on Investment

Improved digital access strengthens independence, connects residents to services and enhances preventative support. Increased awareness and use of IAG reduces isolation, supports wellbeing and builds capacity for frontline staff. Estimated **ROI** was **£1.50–£2.00 per £1**, based on more efficient use of local resources and reductions in service duplication. **SROI** was estimated at **£2.00–£3.00 per £1**, reflecting increased social capital, civic participation and resilience. These values are supported by Locality and NEF research on ABCD models, as well as the IMPACT Age well project in Northern Ireland, which demonstrated strong social returns from community-led health improvement.

## What next

Integrate the promotion of South Glos LIFE and the directory of services into everyday operations, with all officers taking an active role in engaging residents and partners. In line with stakeholder support, there are plans to further amplify the South Glos LIFE website across social media and other council platforms, ensuring wider community awareness and access to resources for the future.



# Resources

[UWE Evaluation Report](#)

[Prevention Toolkit](#)

[Locally delivered training courses](#)

[Behaviour Change Development Framework - BCDF](#) – sets out what sort of behaviour change training and planning is needed to effectively support people to make positive changes in their lives.

[Making Every Contact Count - elearning for healthcare](#) – national MECC online training.

[Population Health Intelligence Portal | BETA - South Gloucestershire Council](#) (home of the South Gloucestershire Joint Strategic Needs Assessment (JSNA)).

[South Gloucestershire Joint Local Health and Wellbeing Strategy 2025-29](#)

[Home | One You South Gloucestershire](#) – South Gloucestershire healthy lifestyles information.

[Events and webinars - The Health Foundation](#) – national events and webinars.

# References

1. The King's Fund. What is prevention in health? [Internet] 2025 Jun 18 [cited 2025 Dec 2]. Available from: <https://www.kingsfund.org.uk/insight-and-analysis/long-reads/what-is-prevention-in-health>
2. Frameworks UK and The Health Foundation. 1 July 2022 [cited 2026 Feb 5]. How to talk about the building blocks of health Toolkit. Available from: <https://frameworksuk.org/building-blocks-of-health-hub/>
3. South Gloucestershire Council 2026. Our Population Data. [cited 2026 March 9] Available from: [Population Health Intelligence Portal | BETA - South Gloucestershire Council](#).
4. The Department of Health and Social Care. UK Gov. 2026. Public health profiles. [cited 2026 March 9]. Available from: [Fingertips | Department of Health and Social Care](#)
5. Deloitte. 2025. [cited 2026 March 9] Available from: [The Shift to Prevention: Realising the Socio-Economic Potential](#).
6. The Department of Health and Social Care. UK Gov. 2024 [cited 2025 Dec 2]. Independent investigation of the NHS in England. Available from: <https://assets.publishing.service.gov.uk/media/66f42ae630536cb92748271f/Lord-Darzi-Independent-Investigation-of-the-National-Health-Service-in-England-Updated-25-September.pdf>
7. National Children's Bureau Evidence paper: Impact of investing in prevention on demand for statutory children's social care [cited 2026 March 9]. Available from: [Evidence Paper - Investing in Prevention - FINAL.pdf](#)
8. Marmot M. Fair society, healthy lives: the Marmot Review: strategic review of health inequalities in England post-2010. Department for International Development, UK Gov [Internet]. 2010 Jan 1 [cited 2025 Dec 2]. Available from: <https://www.gov.uk/research-for-development-outputs/fair-society-healthy-lives-the-marmot-review-strategic-review-of-health-inequalities-in-england-post-2010>

9. Raleigh V JDWD. The Kings Fund. 2022 [cited 2025 Dec 2]. Cardiovascular disease in England. Available from: <https://www.kingsfund.org.uk/insight-and-analysis/reports/cardiovascular-disease-england>
10. Park H et al. Relative Contributions of a Set of Health Factors to Selected Health Outcomes. National Library of Medicine [Internet]. 2015 Dec [cited 2025 Dec 2];49(6). Available from: <https://pubmed.ncbi.nlm.nih.gov/26590942/>
11. South Gloucestershire Council. South Gloucestershire Council Plan 2024-28 [Internet]. 2024 [cited 2025 Dec 2]. Available from: <https://beta.southglos.gov.uk/static/79206395faf3bf2485db1ec9146e9593/Council-Plan-2024-to-28.pdf>
12. Bristol North Somerset and South Gloucestershire Integrated Care Board. Bristol, North Somerset and South Gloucestershire Integrated Care System Joint Forward Plan 2025-2030 [Internet]. March 2025 [cited 2025 Dec 2]. Available from: <https://bnssghealthiertogether.org.uk/library/joint-forward-plan-2025-30/>
13. South Gloucestershire Council. South Gloucestershire Joint Local Health and Wellbeing Strategy 2025-29 [Internet] 2025 [cited 2025 Dec 2]. Available from: <https://beta.southglos.gov.uk/static/5bdc8c9dd98517e7b14ce167291234b2/South-Gloucestershire-Joint-Local-Health-and-Wellbeing-Strategy-2025-29.pdf>
14. The Department of Health and Social Care. UK Gov. 2025 [cited 2025 Dec 2]. Fit for the future: 10 Year Health Plan for England – executive summary (accessible version). Available from: [Fit for the future: 10 Year Health Plan for England - executive summary \(accessible version\) - GOV.UK](#)
15. UK Parliament. Children’s Wellbeing and Schools Bill Government Bill 2024 [cited 2026 March 9]. Available from: [Children’s Wellbeing and Schools Bill - Parliamentary Bills - UK Parliament](#)
16. Department for Education. Policy paper. Giving every child the best start in life 2025 [cited 2026 March 9]. Available from: [Giving every child the best start in life - GOV.UK](#)
17. Ministry of Housing, Communities & Local Government. Policy paper English Devolution White Paper 2024 [cited 2026 March 9]. Available from: [English Devolution White Paper - GOV.UK](#)

18. University of the West of England. South Gloucestershire Prevention Fund Evaluation Report [Internet] 2025 [cited 2026 Feb 5]. Available from: <https://beta-edit.southglos.gov.uk/wp-content/uploads/South-Gloucestershire-Prevention-Fund-Evaluation-Report.pdf>
19. RE-AIM Improving Public Health Relevance and Population Health Impact [Internet] 2026 [cited 2026 Feb 5]. Available from: <https://re-aim.org/>

# Acknowledgements

Prevention is everyone's business. This DPH report is evidence of that and represents whole team effort in the Public Health and Wellbeing Division at South Gloucestershire Council and colleagues across the Council, NHS, and voluntary sector and in our local communities and University of the West of England. Thanks go to everyone who contributed to this report.

Editors: Claire Rees and Alfie Lucas

Contributors: Jane Powell, Hamed Zandian, Emily Dodd, Mike Wheeler, Nikki Giles, Sophie Dalton, Nicola Street, Helen Bradley, Debbie Evans, Fiona Lewis, Rebecca Ahearn, Laura Powell, Tina Huckle-Mills, Robert Evely, Hazel Everett

Media, communications, and design: David Pedley

Reviewers: Public Health Leadership Team, particularly Maddy Gupta-Wright

We also appreciate all other colleagues and partners who have continued to invest efforts in prevention and tackling health and wellbeing inequalities in South Gloucestershire