Bath & North East Somerset Council

Health & Wellbeing Board

Date: Tuesday, 17th April, 2018
Time: 10.30 am
Venue: Brunswick Room - Guildhall, Bath

Members: Dr Ian Orpen (Member of the Clinical Commissioning Group), Councillor Vic Pritchard (Bath & North East Somerset Council), Ashley Ayre (Bath & North East Somerset Council), Mike Bowden (Bath & North East Somerset Council), Mark Coates (Knightstone Housing), Tracey Cox (Clinical Commissioning Group), Debra Elliott (NHS England), Alex Francis (The Care Forum – Healthwatch), Diana Hall Hall (Healthwatch), Steve Kendall (Avon and Somerset Police), Bruce Laurence (Bath & North East Somerset Council), Kirsty Matthews (B&NES Community Services), Stuart Matthews (Avon Fire and Rescue Service), Councillor Paul May (Bath and North East Somerset Council), Professor Bernie Morley (University of Bath), Laurel Penrose (Bath College), Jermaine Ravalier (Bath Spa University), Hayley Richards (Avon and Wiltshire Partnership Trust), James Scott (Royal United Hospital Bath NHS Trust), Andrew Smith (BEMS+ (Primary Care)), Sarah Shatwell ((VCSE Sector) - Developing Health and Independence), Jane Shayler (Bath & North East Somerset Council) and Elaine Wainwright (Bath Spa University)

Observers: Cllrs Tim Ball and Eleanor Jackson

Marie Todd
Democratic Services
Lewis House, Manvers Street, Bath, BA1 1JG
Telephone: 01225 394414
Web-site - http://www.bathnes.gov.uk
E-mail: Democratic_Services@bathnes.gov.uk

NOTES:
1. **Inspection of Papers:** Papers are available for inspection as follows:

Council's website: https://democracy.bathnes.gov.uk/ieDocHome.aspx?bcr=1

Paper copies are available for inspection at the **Public Access points:-** Reception: Civic Centre - Keynsham, Guildhall - Bath, The Hollies - Midsomer Norton. Bath Central and Midsomer Norton public libraries.

2. **Details of decisions taken at this meeting** can be found in the minutes which will be circulated with the agenda for the next meeting. In the meantime, details can be obtained by contacting as above.

3. **Recording at Meetings**:-

The Openness of Local Government Bodies Regulations 2014 now allows filming and recording by anyone attending a meeting. This is not within the Council's control.

Some of our meetings are webcast. At the start of the meeting, the Chair will confirm if all or part of the meeting is to be filmed. If you would prefer not to be filmed for the webcast, please make yourself known to the camera operators.

To comply with the Data Protection Act 1998, we require the consent of parents or guardians before filming children or young people. For more information, please speak to the camera operator.

The Council will broadcast the images and sound live via the internet www.bathnes.gov.uk/webcast The Council may also use the images/sound recordings on its social media site or share with other organisations, such as broadcasters.

4. **Public Speaking at Meetings**

The Council has a scheme to encourage the public to make their views known at meetings. They may make a statement relevant to what the meeting has power to do. They may also present a petition or a deputation on behalf of a group. They may also ask a question to which a written answer will be given. **Advance notice is required not less than two full working days before the meeting. This means that for meetings held on Thursdays notice must be received in Democratic Services by 5.00pm the previous Monday.** Further details of the scheme:

https://democracy.bathnes.gov.uk/ecCatDisplay.aspx?sch=doc&cat=12942

5. Emergency Evacuation Procedure

When the continuous alarm sounds, you must evacuate the building by one of the designated exits and proceed to the named assembly point. The designated exits are signposted. Arrangements are in place for the safe evacuation of disabled people.

6. Supplementary information for meetings

Additional information and Protocols and procedures relating to meetings

https://democracy.bathnes.gov.uk/ecCatDisplay.aspx?sch=doc&cat=13505

Health & Wellbeing Board - Tuesday, 17th April, 2018

at 10.30 am in the Brunswick Room - Guildhall, Bath

A G E N D A

1. WELCOME AND INTRODUCTIONS

2. EMERGENCY EVACUATION PROCEDURE

3. APOLOGIES FOR ABSENCE

4. DECLARATIONS OF INTEREST

   At this point in the meeting declarations of interest are received from Members in any of the agenda items under consideration at the meeting.

   (a) The agenda item number in which they have an interest to declare.

   (b) The nature of their interest.

   (c) Whether their interest is a **disclosable pecuniary interest** or an **other interest**, (as defined in Part 2, A and B of the Code of Conduct and Rules for Registration of Interests)

   Any Member who needs to clarify any matters relating to the declaration of interests is recommended to seek advice from the Council's Monitoring Officer or a member of his staff before the meeting to expedite dealing with the item during the meeting.

5. TO ANNOUNCE ANY URGENT BUSINESS AGREED BY THE CHAIR

6. PUBLIC QUESTIONS/COMMENTS

7. MINUTES OF PREVIOUS MEETING (Pages 7 - 16)

   To confirm the minutes of the above meeting as a correct record.

8. TOPIC/CASE STUDY: DEMENTIA (Pages 17 - 20)

   To receive an overview of dementia services and support in B&NES including information on the Alzheimer's Social Care campaign.

   10.40am – 15 mins – Chris Atkinson and Ben Stevens (Alzheimer's Society)

9. INTEGRATED CARE SYSTEM UPDATE

To receive an update on plans between the Clinical Commissioning Group (CCG) and Council to move to a single commissioning structure.

10:55am – 20 mins – Tracey Cox and Jane Shayler

10. SUSTAINABILITY AND TRANSFORMATION PARTNERSHIP (STP) UPDATE

To receive an update on the Sustainability and Transformation Partnership (STP).

11:15am – 20 mins – Chris Brown and Tracey Cox

11. SAFE AND WELL INITIATIVE

To receive a presentation regarding the Safe and Well Initiative to provide an understanding of the initiative which is a collaboration of opportunities between the Avon Fire and Rescue Service and health and social care.

11.35am – 15 mins – Neil Liddington

12. PROPOSED CHARTER FOR JOINT ACTION ON IMPROVING HEALTH AND WELLBEING THROUGH NATURE (Pages 21 - 28)

The Board is asked to consider the attached Charter which commits to joint action on improving health and wellbeing through nature between the B&NES Health and Wellbeing Board and the West of England Nature Partnership.

11:50am – 15 mins – Selena Gray

13. DIRECTOR OF PUBLIC HEALTH REPORT 2017 (Pages 29 - 44)

To consider and endorse the annual report of the Director of Public Health 2017.

This year's theme is "What is Health?" The introduction discusses how health, for good or ill, develops through life, shaped by the interaction of many individual and social factors.

The main chapters consist of a small number of topics, carefully chosen to demonstrate the great diversity of influences that affect mental health and physical wellbeing. These include: air quality, children's mental health, domestic abuse, working towards a more physically active culture and the crucial and intricate inter-relationship between health and work. Some of these topics were selected in response to public feedback on last year's report.

12:05pm – 15 mins – Bruce Laurence

14. CLOSING REMARKS

To receive closing remarks from the Chair.

12.20pm – 5 mins – Dr Ian Orpen

The Committee Administrator for this meeting is Marie Todd who can be contacted on 01225 394414.

This page is intentionally left blank

HEALTH & WELLBEING BOARD

Minutes of the Meeting held

Tuesday, 30th January, 2018, 10.30 am

Dr Ian Orpen	Member of the Clinical Commissioning Group
Councillor Vic Pritchard	Bath & North East Somerset Council
Mark Coates	Knightstone Housing
Alex Francis	Healthwatch
Steve Kendall	Avon and Somerset Police
Bruce Laurence	Bath & North East Somerset Council
Professor Bernie Morley	University of Bath
Laurel Penrose	Bath College
James Scott	Royal United Hospital Bath NHS Trust
Andrew Smith	BEMS+ (Primary Care)
Jane Shayler	Bath & North East Somerset Council
Elaine Wainwright	Bath Spa University
Kirsty Matthews (in place of Jayne Carroll)	B&NES Community Services
Non-Voting Member:	Cllr Eleanor Jackson (B&NES Council)

36 WELCOME AND INTRODUCTIONS

The Chair welcomed everyone to the meeting.

37 EMERGENCY EVACUATION PROCEDURE

The Chair drew attention to the evacuation procedure as listed on the call to the meeting.

38 APOLOGIES FOR ABSENCE

Apologies for absence were received from:

Ashley Ayre – B&NES Council
Mike Bowden – B&NES Council
Jayne Carroll – Virgin Care (substitute Kirsty Matthews)
Tracey Cox – CCG
Cllr Paul May – B&NES Council
Hayley Richards – AWP
Sarah Shatwell – Developing Health and Independence

39 DECLARATIONS OF INTEREST

There were no declarations of interest.

40 TO ANNOUNCE ANY URGENT BUSINESS AGREED BY THE CHAIR

There was no urgent business.

41 PUBLIC QUESTIONS/COMMENTS

Three questions were submitted by John Drake, Regional Organiser, UNISON South West. A copy of the questions and responses are attached as *Appendix 1* to these minutes.

42 MINUTES OF PREVIOUS MEETING - 25 OCTOBER 2017

The minutes of the meeting held on 25 October 2017 were approved as a correct record and signed by the Chair.

43 CHILDREN AND YOUNG PEOPLE SUB GROUP REPORT

The Board considered a report from the Children and Young People Sub-Group of the Health and Wellbeing Board.

Officers thanked all partners and the young people who had assisted in the production of the draft Children and Young People's Plan 2018 – 2021. The new plan set out the vision, outcomes and priorities that will best support children and young people in B&NES to achieve the best possible outcomes.

The vision is that "all children and young people will enjoy childhood and be well prepared for adult life."

The 4 outcomes are:

- All children and young people are safe
- All children and young people are healthy (physical and emotional)
- All children and young people have fair life chances
- All children and young people are active citizens within their own community

The 4 cross cutting themes are:

- Strengthen early help
- “Think family” approach
- Narrowing the attainment and inequalities gap
- A skilled and competent workforce

Officers also informed members of the consultation process to be followed and the next steps.

Board members then discussed the following issues:

- The importance of considering the effect of social media on the health and emotional wellbeing of young people. It was vital to consider online safety.
- It will be important in future to work more closely with partners due to services being under increasing pressure.
- There is a focus on early intervention and joined up services. Peer support and mentoring will also be key.
- It was noted that there could be opportunities to work more closely with the universities given the large student population in Bath.
- Bath College has a significant amount of data, which can be shared as appropriate, relating to 16-19 year olds, with a particular focus on protected characteristics and areas of deprivation.
- It was suggested that more emphasis should be put on housing as the risk of homelessness can greatly affect children and young people.

A copy of the presentation slides is attached as *Appendix 2* to these minutes.

RESOLVED:

(1) To endorse the draft Children and Young People’s Plan for 2018 – 2021 (attached as appendix 1 to the report) and to agree that each individual agency supports and promotes the outcomes and priorities within their service delivery to children, young people and their families.

(2) To note the timescales on the completion of the Year 4 review of the Children and Young People’s Plan (covering 2017 – 2018) and the proposal that the completed Year 4 review is presented to the Health and Wellbeing Board in December 2018.

(3) To receive six monthly information reports in June and December on the work undertaken by the Children and Young People Sub-Group and its delivery groups.

(4) To note the B&NES Local Safeguarding Children’s Board (LSCB) challenges 2017 – 2018 to the Children and Young People Sub-Group from the work of the LSCB and its Annual Report 2015 – 2016 and Business Plan 2015 – 18. (These challenges will be reported on every 6 months within the LSCB Business Plan and annually in June to the Health and Wellbeing Board).

(5) To endorse the draft CAMHS Transformation Plan 2017 – 2018 which details the range of additional support commissioned by the CCG, Local Authority and schools to improve children and young people's emotional health and wellbeing.

44 BATH AND NORTH EAST SOMERSET PHARMACEUTICAL NEEDS ASSESSMENT 2018-2021

The Board considered a report regarding the refreshed 2018 – 2021 Pharmaceutical Needs Assessment (PNA) which was currently out for consultation.

The PNA is a statement from the Health and Wellbeing Board which describes the provision of pharmaceutical services across Bath and North East Somerset, as well as assessing whether there are any significant gaps in the provision of local pharmaceutical services. The key findings will help to inform the future commissioning and delivery of local pharmacy services by NHS England, the CCG and the Council.

The key findings of the report are:

- There are no significant gaps in the current provision of easily accessible local community pharmaceutical services that serve all three PNA areas in B&NES.
- Within the existing pharmaceutical provision there are a number of pharmacies that do not have wheelchair accessible "closed" consultation rooms.
- It is anticipated that current pharmaceutical provision from existing pharmacies will be able to cope with the demand from new populations during the period of this PNA.
- There are no known planned relevant local NHS services that could significantly alter the need for pharmaceutical services in B&NES.

It was noted that further work may be required to ensure that there is alternative provision for wheelchair users within a suitable distance of their homes.

Officers confirmed that substance misuse services were covered within the assessment.

It was noted that the majority of people still collect their prescription medication from their local pharmacy. However, this may change in the future with more electronic prescribing and delivery services which could affect the viability of local pharmacies. Seven day working is also becoming more prevalent so the term "out of hours" is becoming less relevant.

Officers explained that if a pharmacy were to close then this would lead to a gap being identified by the PNA Steering Group which meets regularly.

Local communities have been consulted as part of this process and satisfaction with pharmacy services is high.

RESOLVED:

(1) To note the key findings set out in the current draft Bath and North East Somerset Pharmaceutical Needs Assessment 2018 – 2021.

(2) To delegate authority to the co-chairs of the Health and Wellbeing Board to approve the final version of the Pharmaceutical Needs Assessment 2018 - 2021 following the end of the consultation period in February and any further amendments made in March 2018.

(3) To agree the proposed arrangements for maintaining and keeping the Pharmaceutical Needs Assessment up to date.

45 **MENTAL HEALTH PATHWAY REVIEW**

The Board considered a report which summarised the feedback and findings from the Mental Health Pathway Review and made recommendations for further areas of work.

The Review Team has engaged with service users, carers, providers and the general public. This has highlighted a number of areas where people felt that services could improve along with some areas where services were duplicated.

There are 6 workstreams as follows:

- Mental Health Collaborative
- Care Co-ordination
- Crisis Response
- Employment
- Transition
- Governance

It was noted that in there may be opportunities to expand the crisis response service provided by The Wellbeing House. It is currently only available from Monday to Friday and has no staff on site after 5pm which means that there is no safe haven out of hours.

It was also important to consider physical and mental health services together as mental health can often have an effect on a person's physical health.

Concern was expressed about the fact that the options appraisal regarding future contracting arrangements had been unable to conclude because further guidance from HMRC is awaited.

Some work is also taking place regarding flexible transitions between children and young people's mental health and adult mental health with a view to commissioning specific services for this younger age group.

Healthwatch was pleased to see that the report highlighted collaborative working between services. It was noted that some services currently shared with the voluntary sector had been affected by the review. Officers confirmed that information will be circulated to various organisations and partners following this meeting.

The Director, Integrated Health and Care Commissioning, also gave an update regarding the Mental Health Prevention Concordat which covered the following issues:

- Leadership
- Year of Mental Health – this will take place from April 2018 – March 2019. The possible outcomes were also outlined.
- An initial planning session for the year has taken place and a small planning group will be established to develop a communications plan and schedule of events.

A copy of the presentation slides is attached as *Appendix 3* to these minutes.

RESOLVED:

(1) To note the proposed allocation of resources.

(2) To note the process in respect of future contracting arrangements.

46 **BETTER CARE FUND PLAN 2017-2019 UPDATE**

The Board considered a report which gave an update on performance against the B&NES Better Care Plan. This included an update on schemes, governance, finance and the position against delayed transfers of care (DTOCs) from hospital.

The report also set out details of the national performance metrics. The metrics so far this year demonstrate a health and social care system under significant pressure. It was noted that permanent admissions of older people to residential and nursing care homes were 2% below plan. The number of people being placed at home with very intensive care packages has also decreased.

There are a number of schemes in place to reduce delayed transfers of care as follows:

- Reablement and its review
- 7 day working in Home First
- Discharge to Access beds
- Support planning and brokerage (commissioning Care Home Select to provide interim support)
- Community equipment
- Fracture support pathway beds
- Community hospital review

Work is ongoing with Virgin Care and a number of schemes are progressing well. However, some measures have been delayed which means that they have not been as effective as expected.

The use of the additional 5 beds that had been provided would be evaluated to gauge whether this was set at the right level.

Board members were keen to see community equipment being recycled as much as possible. Officers informed the Board that a stocktake has been carried out and that some equipment has been returned. An equipment amnesty is also planned to take place in February.

The figures reflected the national situation and it was noted that evidence showed that the number of emergency admissions are growing and are currently at record levels. This is proving to be a challenge for the RUH.

Concern was also expressed about the projected growth in the number of people aged over 85 which is predicted to grow by 13.6% in the next 10 years. This is likely to present a significant challenge to the health and social care sectors.

RESOLVED: To note the update on the Better Care Fund 2017-19 provided in the report and appendices.

47 **DATE OF NEXT MEETING**

It was noted that the next meeting would take place on Tuesday 17 April at 10.30am in the Brunswick Room, Guildhall, Bath.

The meeting ended at 12.25 pm

Chair .....

Date Confirmed and Signed .....

Prepared by Democratic Services

This page is intentionally left blank

1. *It has been reported to UNISON that one of the IT drive systems used by Virgin Care crashed in December causing a loss of data from the 8th December 2017. This data is, apparently, unrecoverable. What impact assessment has been carried out to determine any potential risk to service users?*

   Response:

   Virgin Care has confirmed that a loss of operational data occurred in December 2017, this data related to activity recorded for operational purposes and contained no personal identifiable information. A hard copy of the data had been kept so it was possible to retrieve all lost data through manual entry. The purpose of collecting the data was to evidence the amount of activity specific teams undertook. This data is not a commissioning requirement and is purely for Virgin Care's internal operational management purposes. An impact assessment regarding the loss of the data was not required in this instance as it was it related to internal operational data and this data was not directly linked to service delivery or service user records.

   From an IT perspective Virgin Care are working with their data hosting partner to fully assess and understand what caused this issue. As part of this Virgin Care has reviewed internal data backup processes and introduced daily alerting to any inconsistencies in the backup datasets.

   Council and CCG Commissioners will continue to review and monitor via our internal governance arrangements and specifically through the monthly Finance and Information Group.

2a. *What measures are in place for front line social care staff to ensure they are compliant with the Care Act and associated case law?*

   Response:

   Front line social care staff employed by the Council are supported to understand the legal framework in which they are working through a range of measures which include: training, professional supervision, auditing of case files and case discussions with their team/ manager or with a multi professional panel. The Principal Social Workers also provide monthly topic specific learning sessions which are open to all staff undertaking the Council's statutory social care duties. These sessions cover legislation, guidance, case law and local procedures relevant to the topic, recent sessions have discussed Direct Payments, Best Interest Decision Making and Charging for Social Care Services.

   For frontline social care services commissioned by the Council there are a range of requirements for the provider regarding compliance with the Care Act. These include: expectations regarding case audits, a requirement that all

staff undertaking the delegated statutory social care duties must be legally literate both in regard to the legislation that applies to Adult Social Care and what that means in practice, a requirement for there to be a workforce strategy in place that supports the ongoing learning and development needs of the social care workforce. The Council also has a Legal Advice Protocol in place that outlines how access to the Council's legal team can be obtained by all staff delivering statutory social care functions.

All registered professionals also have a responsibility for their own learning and development in this area. Both Occupational Therapists and Social Workers are required within the HCPC Standards of Proficiency to be able to practice within the legal and ethical boundaries of their profession. For Social Workers this includes a requirement to understand current legislation applicable to social work with adults. For Occupational Therapists there is a requirement to know about current legislation applicable to the work of their profession.

2.b *Do front line staff have direct contact with legal services to ensure compliance with complex legislation?*

Response:

Direct access to legal services is available to Council employed front line staff For services commissioned by the Council the Legal Advice Protocol outlines how this support can be accessed. It does request that all initial requests for advice on a matter are made via a senior social care manager. This is to ensure that the advice sought requires a legal rather than practice response. It also enables the Council to monitor these potentially complex situations and ensure that any additional advice or support required from the Council's lead professionals is provided. Once the request is received by legal services there is direct contact between the legal services team and the practitioners involved in the situation. The legal services team also attend the monthly topic specific learning sessions arranged by the Principal Social Workers.

Bath and North East Somerset Council – Health and Wellbeing Board

Dementia: BATH AND NORTH EAST SOMERSET

1. About Alzheimer's Society

1.1. Alzheimer's Society is the UK's leading support services and research charity for people with dementia and those who care for them. We work across England, Wales and Northern Ireland. The Society provides information and support to people with all forms of dementia and those who care for them through its publications, dementia helplines and local services.

1.2. We run quality care services, advise professionals and campaign for improved health and social care and greater public awareness and understanding of dementia. We have also recently become the biggest funder of dementia research in the UK.

2. Dementia statistics in Bath and North East Somerset

2.1. According to the most recent figures (February 2018) there are currently estimated to be 2,574 people in Bath and North East Somerset who currently have dementia.

2.2. Of these people, only 1,593 have a diagnosis giving an effective diagnosis rate of 61.9%, which is well below the 66.7% target set by NHS England and below the West of England average (67.3%) and the South West average (62.2%).

2.3. This diagnosis rate has been increasing over the past 12 months, and saw a particular spike in August, which coincided with a concerted effort to diagnose people in care homes.

2.4. The prevalence of dementia in September 2017 was 0.8%, which is the same as the England average and lower than the South West average of 0.9%.

2.5. The prevalence of dementia in over 65s was 4.06% in September 2017, which is lower than the England average (4.33%) and roughly in line with the South West average of 4.08%.

2.6. Due to the methodology, prevalence is less accurate in places with lower diagnosis rates. The prevalence could be higher in Bath and North East Somerset.

2.7. The quality of care in Bath and North East Somerset is varied with some of the indicators that are positive, and others which are cause for concern.

2.8. Emergency admissions to hospital is an indicator of poor care day to day and in B&NES the rates of emergency admissions for people with dementia is lower than the England and South West average.

2.9. However, the percentage of residential care and nursing home beds rating good or outstanding is only just over half, as compared with 62.4% across the South West region.

2.10. We know that people with dementia feel less stressed when they are in a familiar environment, and so it is good to see that the percentage of people with dementia who pass away in their usual place of residence is 82.2%. This compares very favourably to the Regional and England average.

3. Alzheimer's Society in Bath and North East Somerset

3.1. Alzheimer's Society delivers services across Bath and North East Somerset. As well as the advice and support that is available to everyone through our advice line, we also provide some commissioned and voluntary funded services.

3.2. Our Dementia Support Service is specific to each person's needs and is decided in agreement with them. The service provides one to one support to people with dementia and carers. Dementia Support Workers provide information, guidance and practical support to help people understand dementia, cope with day to day living with dementia and prepare for the future.

3.3. The Dementia Support Service saw 568 people, including 506 new referrals, in the year to March 2018, which shows an excellent level of engagement with people who have a diagnosis of dementia.

3.4. 87.9% of people referred to the service were contacted within 6 days of referral to ensure timely interventions and support.

3.5. 43 of the people with dementia who used our services were of working age (7.5%)

3.6. In addition, Alzheimer's Society delivers a Hospital based Side-by-Side scheme at the RUH. This has over 40 active volunteers, with a further 20 being inducted. Following the success of this, we are working to roll out Side-by-Side in the community.

3.7. We have four very active singing for the Brain groups and support the Memory Cafés that are run by the community across B&NES.

3.8. Alzheimer's Society was the official charity for the 2018 Bath Half Marathon, which was sadly snowed off. However we were delighted to have such a high profile role in the city.

4. Becoming more dementia friendly

4.1. Local Authorities have a huge impact on how residents experience the world. Almost every service that someone with dementia experiences day-to-day when they leave their front door is provided or commissioned by the Council.

4.2. The Prime Minister's Challenge on Dementia sets a number of targets for Local Authorities including how to make them, and their service delivery, more dementia friendly.

4.3. Bath and North East Somerset Council has already made great strides to become more dementia friendly. We were delighted to note the active support of the Dementia Action Alliance, both for B&NES and for Keynsham, and the decision taken at the last Health and Wellbeing Board to formally become a member of the B&NES DAA.

4.4. However, there is more we can do and we would be happy to support you to help you take this commitment to the next step.
4.5. We are currently piloting a scheme to deliver Dementia Friends through an online portal that will allow much more flexible roll out. Our pilot Councils are being asked to incorporate this into the training for all their staff, with the aim to ensure all Council staff become Dementia Friends.
4.6. In addition Alzheimer's Society has a number of policy papers or advice sheets, such as the Dementia Friendly Housing Charter, that give advice or support for people wanting to operate in a dementia friendly way.

5. Dementia statistics across England

5.1. There are 850,000 people living with dementia in the UK and this number is set to rise to 1 million by 2021
5.2. The typical person's bill for dementia social care would take 125 years to save for – well over a lifetime
5.3. Dementia costs the UK economy £26.3bn a year – that's enough to pay every household energy bill in the country for a year
5.4. Every year, carers, usually spouses or adult children, provide 1.3 billion hours of care for people with dementia, saving the state £11.6 billion
5.5. Two thirds of people with dementia live in the community. We currently have over 300 communities signed up to the Dementia Friendly Communities recognition process, with a population reach of 28million
5.6. There are 2 million Dementia Friends in the UK and we are committed to reaching 4m by 2020
5.7. Last year Alzheimer's Society worked with Ipsos Mori to conduct an unprecedented look at the real picture of living with dementia today. Many of these findings have influenced our Fix Dementia Care campaign (below)
5.8. Less than half of the public have begun saving for the care and support they might need in the future.
5.9. 27% of carers for people with dementia say they feel cut off from society.
5.10. 61% of carers say their health has been negatively affected by caring for someone with dementia
5.11. More than half (56%) of the public who do not have dementia believe that their life would be over if they had dementia.
5.12. 48% of people living with dementia worry about becoming a burden.
5.13. 87% of people with dementia who were interviewed receive help from family in their day-to-day life but only 14% receive help from a paid carer.

6. Fix Dementia Care: Funding

6.1. Over the past 3 years, Alzheimer's Society has produced a number of reports on the state of dementia care in the UK. These reports, on hospitals, on home care and on

care homes, have identified areas of failure in the dementia care system. However, at their heart, to solve many of these problems will require an increase in funding from central Government.

6.2. As you may well be aware, this is a pivotal moment for Social Care and its impact on Local Authority funding. Following an increased public profile for social care at last year's General Election the Government is due to release a Green Paper over the summer.

6.3. This is a once in a generation opportunity to affect the future of social care in Britain, and Alzheimer's Society will be campaigning to ensure it truly reflects the needs of people with dementia.

6.4. The underfunding of the social care system, which has seen around 40% taken from the budgets of local authorities tasked with providing state care since 2010, has negatively impacted the quality and volume of care that people with dementia receive

6.5. Too often we hear the consequences of inadequate care – our Fix Dementia Care investigation last year revealed people with dementia left in soiled sheets or being left for days without food.

6.6. In modern Britain, it cannot be right that people with dementia are receiving such underfunded care. It cannot be right that, according to our research, it would take 125 years for a person with dementia to save for their care. It must not be allowed to continue.

7. Contacts

Ben Stevens
Stakeholder Relations Officer (South West)
Ben.Stevens@alzheimers.org.uk

Chris Atkinson
Operations Manager for B&NES, Swindon and Wiltshire
Chris.Atkinson@alzheimers.org.uk

Marco Van-Tintelen
Services Manager for B&NES
Marco.Van-Tintelen@alzheimers.org.uk

MEETING	**B&NES HEALTH AND WELLBEING BOARD**
DATE	**17 April 2018**
TYPE	**An open public item**

Report summary table	
Report title	Proposed Charter for joint action on improving health and wellbeing through nature
Report author	Prof Selena Gray, Chair, West of England Nature Partnership selenagray@wenp.org.uk Heather Elgar, Manager, West of England Nature Partnership heatherelgar@wenp.org.uk
List of attachments	'A charter between the West of England Nature Partnership and the B&NES Health and Wellbeing Board that commits to joint action on improving health and wellbeing through natural capital assets in the West of England'
Background papers	N/A
Summary	This proposes closer partnership working between the B&NES Health and Wellbeing Board and the West of England Nature Partnership, to support our shared aims of a healthy society. The attached Charter provides an overview of the value of natural assets and their importance for health and wellbeing, and suggests guiding principles for partnership working. Suggested outcomes include: 1. Establish or maintain reciprocal representation between HWBs and LNPs; 2. Collaborate with the South West LNP Health and Environment work wherever possible; 3. Identify and actively promote commissioning of nature-based solutions; 4. Revise relevant local policies and strategies to embed collaboration on natural capital and healthcare outcomes; and 5. Train Community Connectors, or equivalents, in social prescribing systems about nature-based solutions and opportunities.
Recommendations	The Board is asked to consider the attached Charter which commits to joint action on improving health and wellbeing through nature between the B&NES Health and Wellbeing Board and the West of England Nature Partnership.

Rationale for recommendations	There is a burgeoning evidence base of the importance of our natural environment for health and wellbeing. Shared action on embedding the value of nature into Public Health systems would support our shared aims of a healthy society. Such action would be cross-cutting in contributing to the specific themes outlined in the B&NES Health and Wellbeing Board Strategy: Theme 1: Preventing ill health by helping people to stay healthy *e.g. Creating healthy and sustainable places that encourage physical exercise and foster mental wellbeing* Theme 2: Improving the quality of people's lives *e.g. Increase signposting to opportunities to be in nature, including through social prescribing* Theme 3: Tackling health inequality by creating fairer life chances *e.g. Ensuring equitable access to green spaces*
Resource implications	N/A
Statutory considerations and basis for proposal	N/A
Consultation	The draft charter was developed by the South West Local Nature Partnerships together with regional stakeholders in public health.
Risk management	A risk assessment related to the issue and recommendations has been undertaken, in compliance with the Council's decision making risk management guidance.

THE REPORT

1 The West of England Nature Partnership (WENP) works across the geography of the four unitary authorities of Bath & North East Somerset, North Somerset, South Gloucestershire and Bristol City. As the designated Local Nature Partnership, WENP has a mandate to work collaboratively on a landscape scale to restore and enhance the natural environment in the West of England – which ultimately underpins the health and resilience of our society.

2 Local Nature Partnerships (LNPs) are a key commitment from the 2011 Government White Paper, *'The Natural Choice: Securing the Value of Nature'*, which recognises the need for stronger cross-sector collaboration to reverse the degradation of ecosystems – which we all rely upon, and to secure nature's return to health. Due to clear co-benefits of greening the economy and the links of nature and wellbeing, LNPs were envisioned to work closely with both Local Enterprise Partnerships and Health and Wellbeing Boards. They are similarly prescribed bodies per the Localism Act 2011 and part of the 'Duty to Cooperate'.

3 The attached Charter has been drafted by the South West Local Nature Partnerships to support closer working between Local Nature Partnerships and Health and Wellbeing Boards.

4 We acknowledge previous partnership working between WENP and the Health and Wellbeing Boards across the West of England. At its inception, WENP Board membership was designed to include an agreed nominated joint representative of all four Health and Wellbeing Boards. Due to changing remits and personnel over time, we consider this statement of intent as an opportunity to refresh our joint commitments and identify the best strategic opportunities to drive forward shared objectives.

5 Nature, Health & Wellbeing is a key strategic area for WENP, with an aim to: *facilitate greater awareness of the benefits the natural environment provides to our health and wellbeing to all levels of society*. WENP considers a longer term ambition to be the mainstreamed prescribing (through primary care) and commissioning of 'green care'; preventions and interventions that, through engagement with nature, support people's health and wellbeing while stewarding our natural environment. WENP has an active Nature, Health and Wellbeing working group which facilitates a practitioner network for professionals working in green care, supports public engagement (through healthy city week), and aims to share best practice towards the integration of green care in primary care.

6 WENP also works to influence spatial planning, to ensure the importance of our natural assets are incorporated in decision making for the region, and ultimately to deliver healthy places. WENP supports this through the provision of evidence (e.g. Ecosystem Service mapping, see www.wenp.org.uk/maps) and the development of mechanisms (e.g. Natural Capital Trust). A key priority for 2018 is to ensure that the Joint Green Infrastructure Plan (a commitment arising from the Joint Spatial Plan) can effectively deliver for nature and society.

7 We welcome a discussion of the Charter and how we could work more closely together to support our shared aims of a healthy society.

Please contact the report author if you need to access this report in an alternative format

This page is intentionally left blank

A charter between the West of England Nature Partnership and the B&NES Health and Wellbeing Board that commits to joint action on improving health and wellbeing through natural capital assets in the West of England

1. Background

The UK's natural environment and healthcare systems are both under considerable pressure and need to adopt new ways of working to achieve their desired outcomes and ensure long-term sustainability. There is considerable strategic and operational cross-over between health and environment and in many parts of the UK these opportunities are not being acted upon.

Natural capital is the stock of natural assets, such as soil, air, water and wildlife, from which humans derive a wide range of services. The natural environment is a fantastic asset to healthcare, providing a wealth of places for people of all ages, abilities and backgrounds to be active and improve or manage their mental health and wellbeing. There is significant and growing evidence that access to and activity in natural spaces benefits physical and mental health and wellbeing and can produce a range of positive health outcomes. There is also peer-reviewed evidence that natural assets are a valuable tool for addressing health inequalities and air pollution.

Connecting people with the environment to improve health and wellbeing is a key objective of the government's 25-year environment plan. The plan specifically calls for the NHS, Local Authorities and environmental organisations to work together to help people to improve their health and wellbeing by using green spaces; including through green prescribing and Green Infrastructure provision.

Across the South West, thousands of people regularly participate in nature-based activities and volunteering programmes provided by environmental VCSE organisations, Local Authorities and National Parks, who also maintain huge areas of publicly accessible natural space. Despite this, natural capital is a very underused tool in supporting delivery of Sustainability and Transformation Plans.

Environmental organisations rely on the input of people and public support to meet government objectives to restore, enhance and conserve the nations biodiversity. Therefore, joint working that creates more suitable opportunities for a wider range of people to reconnect with the natural environment would be beneficial.

2. Charter statement

The charter commits the West of England Nature Partnership and the B&NES Health and Wellbeing Board to work together to achieve our shared vision. It also sets out the terms of the collaboration role and principles by which we will work.

3. Roles and responsibilities

Local Nature Partnerships - Local Nature Partnerships (LNP) were established following the 2011 Natural Environment White Paper. The UK Government gave LNPs broad objectives, although their work is also influenced by local priorities. LNPs are required to drive positive change in the local environment and influence decision-making related to the natural environment and its value to social and

economic outcomes. Engaging Health and Wellbeing Boards and integrating 'Nature's Health Services' were key objectives.

Health and Wellbeing Board – Health and wellbeing boards were established under the Health and Social Care Act 2012 to act as a forum in which key leaders from the local health and care system could work together to improve the health and wellbeing of their local population.

4. Vision Statement

We believe that working together to enhance natural capital and improve access to the benefits it provides will support transformation to more sustainable health and care systems that focus on prevention and self-care, whilst delivering financial savings.

We will embed a culture of collaboration on health and environment priorities, work together on strategic planning and seek to develop joint projects. Integrating natural capital with sustainable healthcare outcomes and provision will become normal practice.

[Add locally agreed priorities]

5. Guiding principals

The signatories will adhere to the following principles in how they work together.

i. A place based approach

- Work together through Joint Strategic Needs Assessments to set out a place-based approach to green space enhancement and provision that targets specific local health challenges.
- Work together to integrate natural capital into implementation of Sustainability and Transformation Plans (STPs).
- GPs and healthcare commissioners and providers will use and where appropriate invest in local natural assets to support improved healthcare outcomes.

ii. Leadership

- Support effective local political leadership in all Local Authorities for integrating enhancement and provision of natural capital to address healthcare challenges.
- Use the full range of opportunities to integrate enhancement and provision of natural capital and delivering sustainable healthcare system across the full portfolio of services and activities e.g. planning, regeneration, economic development.

- Strongly advocate the importance of collaboration on natural capital and healthcare to staff, central government and other partners. Emphasising that business as usual is not acceptable and embedding the new culture across policy agendas.
- Establish active South Region Sustainability and Health Network ambassadors in all STP areas in the South West, who will drive integration of a natural capital approach into STP implementation.

iii. Investment and support

- The signatories will share expertise to support each other to achieve the vision set out in this statement.
- The signatories will work together to identify investment and external funding opportunities that will enable natural capital to deliver transformation to a sustainable healthcare system.
- The signatories will review relevant local policies and strategies to identify where integration of natural capital and healthcare outcomes is currently omitted. These documents will be revised to incorporate collaboration on natural capital and healthcare outcomes.

6. Outcomes

1. Establish or maintain reciprocal representation between HWBs and LNPs.
2. Collaborate with the South West LNP Health and Environment work wherever possible.
3. Identify and actively promote commissioning of nature-based solutions.
4. Revise relevant local policies and strategies to embed collaboration on natural capital and healthcare outcomes.
5. Train Community Connectors, or equivalents, in social prescribing systems about nature-based solutions and opportunities.

Others to be determined locally

7. Signatories

Signature:
Printed name:
Organisation:
Position:

Signature:
Printed name:
Organisation:
Position:

This page is intentionally left blank

Bath & North East Somerset Council

Report of the Director of Public Health 2017

What is health?

Bath and North East Somerset – *The* place to live, work and visit
www.bathnes.gov.uk

What is health?

Contents

Thank you to the contributors to this report, including: Cathy McMahon, Louise Lees, Paul Scott, Anna Brett, Claire Laker, Alison Menzies, Harriet Batista Ferrer, Penny McKissock, Lynda Deane, Ali Cliffe, Sam Blacker, Kate Starks, Laura Knight, Paul Hamnett, Ian Savigar, Paul Wilson, Alice McColl, Judy Allies, Kate Murphy, Jo Lewittt, Nick Moyle for design services and to Joanna McLaughlin for editorial support.

Introduction

How do you put a circle around health; around public health? Around what it is to be healthy, as an individual, a family, a community, a nation? Around the causes of health and well-being or illness and suffering?

Many years ago, as a junior doctor, I looked for health in a patient's symptoms and their story, examinations, tests and the curing of diseases. Then I worked for some years in countries beset by wars, famines and disasters and I looked for health in a refugee's makeshift shelter, clean water, a latrine, a ration of food, a vaccination programme. But now, as a Director of Public Health, I look…. everywhere. "All kinds of everything" have an impact on the health of our bodies and minds; from the DNA in our cells to the energy radiating from the Sun.

To a newborn baby, health is as close as her mother's breast, a constant source of food and comfort. But if that mother happens to be poor, and living on benefits, then her own health and ability to provide stable and adequate care for her baby, may be compromised by events as far away and long ago as the 2008 financial crash.

To a child, health is playing with his friends in a park in the crisp autumn sun. But what if that park is next to a main road crammed with crawling cars and lorries pumping out toxic gases. Or if that child is given a computer and finds the addictive temptations of screen life preferable to simpler pleasures, reduces his time outside, and opens himself to risks like cyberbullying or grooming.

To a young adult, establishing an independent life, health is a job, and the dignity, money and dwelling that it brings. Or it is the support and stability of a strong relationship with a potential life partner. But what if the only job available is a zero-hour and minimum wage in a warehouse, while the possibility of buying the cheapest flat in an expensive city, is beyond a dream. And these pressures can then erode the time and attention given to maintaining that all-important relationship.

To an older person, health is keeping active, keeping interested and being part of a community of family and friends. One day it will likely involve good access to competent and caring health services, and for many, to social services too. But what if those services begin to fail under the weight of the demands of an ageing population, a society that has learned to eat and drink but too often beyond the point of merriment, and an economy that cannot or will not provide the means for those services to keep up with increasing needs.

And to all of us: health is a feeling that we are part of a safe, cohesive and optimistic society, on a planet being handled with the care due to our only home. But what if too much concentration of wealth in too few hands, causes others to lose their optimism and hope? And the anger that generates translates to a weakening of common social bonds and a hardening definition of "us and them". Or if an unwillingness to suffer any inconvenience to our lifestyles now leads to an impoverished environment left as our legacy to future generations.

These are truly unsettling times. For many of today's adults in a comfortable place like Bath and North East Somerset, it might have seemed that history was something that happened to our grandparents, or took place somewhere else, far away. But even if that were ever true, no one can doubt that history now has its boots on, and is on the march! Economic strains across much of the world, ferocious inequalities within and between societies, global warming, mass migration, rising nationalism and religious tensions. And add into the mix the promise and the threat of the "fourth industrial revolution" based on information technology, with the technological advances always a step or two ahead of our ability to manage their social and economic implications. These strains must be clear to all, even if we can't agree on their causes or future effects.

> "To all of us health is a feeling that we are part of a safe, cohesive and optimistic society, on a planet being handled with the care due to our only home."

The views of others

Most of us will have strong views on seismic political events like Brexit, and even on the last American election. But perhaps the biggest threat demonstrated in these and other recent upheavals, lies not in any one victory or defeat, but rather in the increasing unwillingness, and inability of partisans of either side to value, consider, or even listen to, the views of the other. There is a danger that our advanced societies could fragment into groups that put up mental barricades around irreconcilable interests and positions; paradoxically reinforced by the echo-chambers created on the internet - a technology which should make communications so easy.

Therefore in Bath and North East Somerset, as in the UK more widely, we must guard and treasure our ability to relate to each other as a common family, finding strength in our many mutual interests as well as in our diversity, and resolving problems that arise through respectful dialogue and practical compromise. And in this task, the Council, where I work, has such an important place.

This may all be far from your traditional idea of health. And yet our ability to secure wellbeing and prosperity, now and in the future, against so many challenges, depends critically on our ability to pool our material, cultural and intellectual resources effectively. For any of us to thrive in the long term, all of us must have that chance. No woman is an island. Health for an individual, family or community is most assured when everyone can hope to attain what we would want for ourselves.

We start from a position of great strength in Bath and North East Somerset. There is ample demonstration of goodwill and fellow feeling in the huge number of community groups and initiatives, and the support they enjoy. People help their neighbours, widely defined, and give their time and energy to maintaining a vibrant civic space. We can be proud that we have extended a hand of friendship to a number of refugee families fleeing conflict in Syria, that our public agencies maintain their determination to support those in most need and that we are working with others across the West of England to secure the future housing and employment needs of following generations. We can celebrate the contribution of our universities to thought leadership and of our businesses to industrial innovation.

Bath symbolises health and hygiene, and the tale of change and continuity through the rise and fall of empires, in its ancient hot springs. The Somer Valley evokes our industry and invention through the era of coal and rail. Keynsham, the home of Fry's, reminds us that in a full life "a little of what you fancy does you good"; and the Chew Valley takes us back to the beauty and bounty of nature and our responsibility for its wise stewardship.

In this year's report, I have chosen to focus on a range of subjects that I know are important to residents in the area. How do we ensure that our air is clean? What pressures are we putting on our young people that so many are unhappy? What does it take to get us more hooked on the wonder drug of physical activity? How are work and health related? And what are we doing to reduce the blight of physical and emotional violence in the home? This is a very selective set of subjects but I hope most of you find something of interest.

Dr Bruce Laurence
Director of Public Health

"What does it take to get people in B&NES physically active?"

What is the single best thing we can do for our health?

Can you limit your sitting and sleeping to just 23 ½ hours a day?

Sounds laughable but in fact many of us struggle to manage this – be it commuting by car or bus, sitting at a desk job, relaxing on the sofa when you get in, sitting down for your evening meal then watching TV…

1 in 5 B&NES residents report being inactive (less than 30 mins of activity a week). This figure is 1 in 4 nationally. (Sport England Survey 2017)

Activity doesn't have to be vigorous to be good for you. The biggest health gains are seen in people who go from doing nothing to doing 10-20 minutes of gentle exercise a day. Increasing exercise levels even further results in further health benefits.

There are strong positive links between our physical and mental health and the level of contact with the natural environment. People living in areas with high levels of greenery are thought to be three times more likely to be physically active and 40% less likely to be overweight or obese than those in areas with low levels of greenery.

B&NES Fit for Life Strategy

Fit for Life[1] is the B&NES council strategy for physical activity. It supports the continued development of physical activity for all within B&NES up to 2019. The strategy also addresses the way in which physical activity can contribute to our economy, sense of place and community and creating a sustainable environment.

Overall vision:
"More people, more active, more often"

The strategy seeks to find a balance between educating individuals to increase their activity levels and cross-council measures to create an environment where activity is an easier choice.

The strategy was shaped with the use of a street survey of 1000 local people: 97% stated regular physical activity was important but only 46% felt they were taking as much activity as they'd like to.

Priority groups include people living in areas of low activity such as Keynsham, Twerton and Radstock, older-age people, families (particularly pregnant women) and those with disabilities or long-term conditions including obesity.

1 in 5 B&NES residents report being inactive
(less than 30 mins of activity a week)

The strategy sets out a framework for partnership action under 4 key themes:

Active Lifestyles

More people are participating in physical activities which are fun and sociable and help to build and strengthen communities.

Active Travel

More people are walking or cycling as a means of getting around as part of everyday life.

Active Design

Our neighbourhoods are designed to offer easy access to a choice of opportunities for physical activity enabling communities to be more active and healthy.

Active Environments

Our leisure facilities and green infrastructure are well used and enjoyed by local residents and visitors.

Walking Netball

What we're doing: The Active Lifestyles Team

Bikeability

Bikeability is the modern day cycling proficiency training for all ages which is now delivered to a standard framework by qualified instructors. The various levels of Bikeability aim to increase cycling confidence by promoting basic cycle skills as well as road safety and an introduction to The Highway Code

GoodGym Bath

A programme in which a group of runners goes on a run, and half way through they carry out a good deed in the community – like visiting a local older person, painting, weeding and giving essential packs of toiletries to the homeless.

Move in Maternity

A partnership approach with local midwife and health visiting teams and our leisure providers ensures all pre- and post-natal women get the opportunity to access leisure services at a concessionary rate with support from specialist fitness staff

Walking Netball at Culverhay Sports Centre

Walking Netball is a slower version of the game; it is netball, but at a walking pace. The game has been designed so that anyone can play it regardless of age or fitness level. We have a wide range of women playing the game – from those who are injured and unable to play, to those who haven't played in years and perhaps aren't fit/active enough to play the full version of the sport, it really does fit almost everyone!

What we're doing: The Active Lifestyles Team

Top: **The People's Grand Prix**
Above: **Bathscape Family Nature Day**

Bathscape Family Nature Day at Entry Hill Golf Course

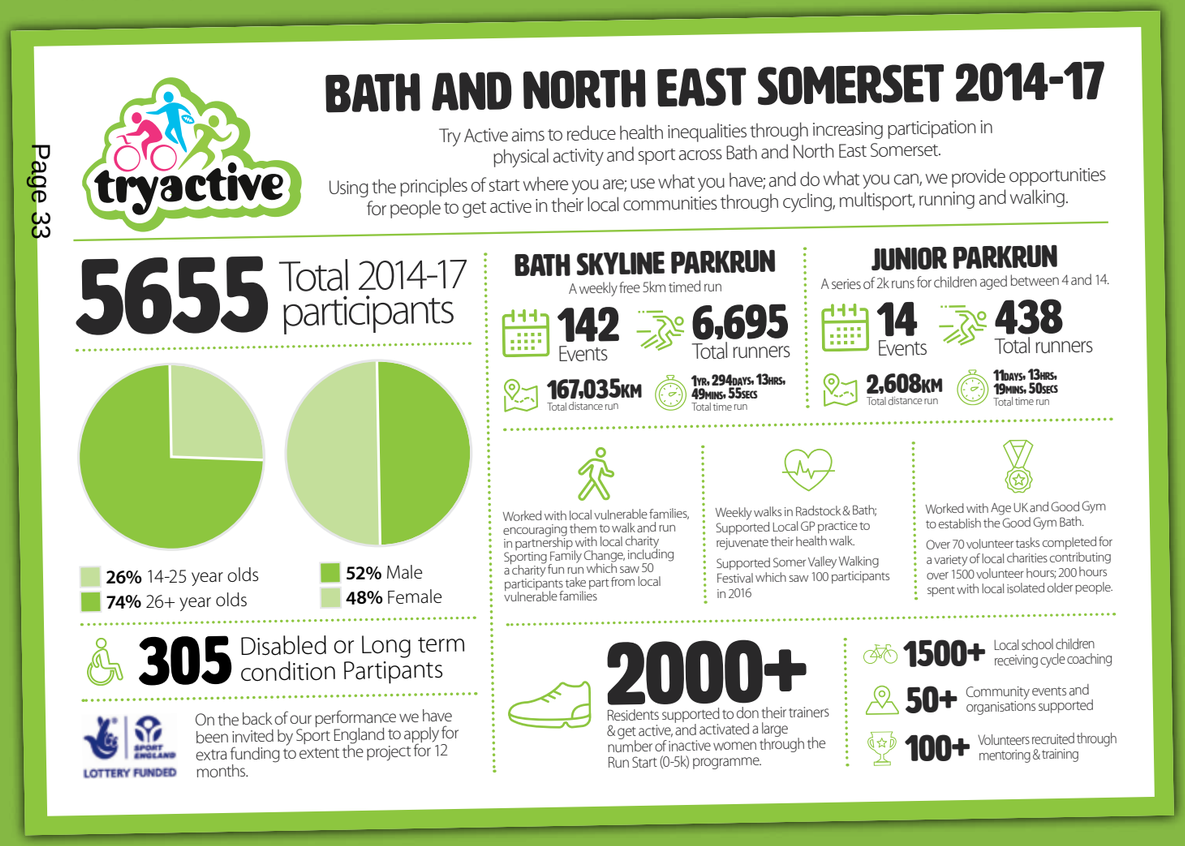
Over 100 people attended. Tree climbing and the nature walks were very well received. More events are planned.

Jessie May Event at Odd Down Sports Ground – The People's Grand Prix

Participants were sponsored to walk, run or push around the track.

Soft Play and Bowling

New soft play and bowling facility open at Bath Sports and Leisure Centre



Above **Tryactive aims to reduce health inequalities through increasing participation in physical activity and sport across Bath and North East Somerset. Using the principles of start where you are; use what you have; and do what you can it provides opportunities for people to get active in their local communities through cycling, outdoor fitness, running and walking.**

Wessex Water Project

B&NES public health team are partners in an exciting and novel project with the area's water provider.

A range of pharmaceuticals (medicines) have been detected in the natural environment across the world and concern is increasing about their ecological impact. The presence of pharmaceuticals in the environment is mainly attributed to the discharge of treated water from sewage treatment works. Medicines are the most common intervention in healthcare and the use of pharmaceuticals continues to increase.

The project is a collaboration between six key partners; Wessex Water, the University of Bath, Bath and North East Somerset Council (Public Health and Bathscape Landscape Partnership), Avon Wildlife Trust, Bath City Farm and Time Bank Plus. In addition, the project links very closely to a number of research studies and networks.

The project involves these organisations working together to look at novel approaches to address the issue of medications reaching our environment. These include:

1.Social prescribing Pilot Trial

It has been estimated that up to 20% of GP appointments are for non-medical reasons. Social prescribing is a way of linking patients in primary care with sources of support within the community – usually provided by the voluntary and community sector offering a non-medical referral option that can operate alongside existing treatments to improve health and wellbeing. There is increasing recognition of the importance of nature and place as a determinant of mental health. Working with our partners Bath City Farm and Bathscape Landscape Partnership amongst others, nature-based interventions are being offered which may help to reduce people's need for medication.

2. Medicines Waste Campaign

Vast quantities of unwanted and unneeded medications are dispensed every year. Many people don't know of the best way to dispose of their unused medications and pour them down the sink or toilet adding to the problem. A campaign can help to spread the message that pharmacies are the place to take back unused medicines and that all dispensed medicines cost our NHS money so we can take responsibility to check we're not dispensed things we don't want or need.

3. Water Quality Monitoring Programme

Academic colleagues are using new approaches to monitor medication levels in sewage water.

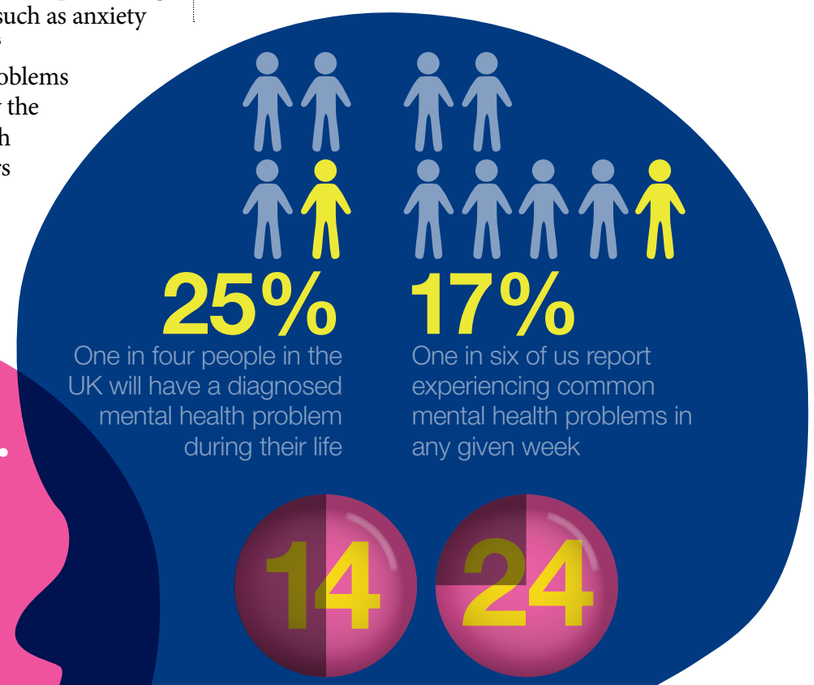
The mental health of children and young people

Mental health is just like physical health: everybody has it and we need to take care of it. When things go wrong the consequences can be devastating and impact on every aspect of life. It is increasingly recognised that poor mental health underpins many physical diseases, unhealthy lifestyles, and social and health inequalities.[2]

The figures are startling. 1 in 4 people in the UK will have a diagnosed mental health problem during their life and 1 in 6 of us report experiencing common mental health problems (such as anxiety and depression) in any given week.[3]

Half of all adult mental health problems began by the age of 14, with 75% by the age of 24. The Department of Health point to a range of childhood factors that that can determine our future mental wellbeing. Key amongst these are the quality of family relationships and parenting, experiences at school, the broader community environment and the range of supportive services.[4]

Promoting the emotional health and wellbeing of children and meeting the needs of those with problems is a priority for B&NES. This is reflected in our Children's Plan[5] and in the decisions we take about investing in services. In this chapter we examine just a few examples of what we are doing starting from conception up to adulthood.



"Promoting the emotional health and wellbeing of children and meeting the needs of those with problems is a priority for B&NES."

Infancy: The Best Start in Life

Across the Council, NHS and partner organisations a group called the Early Help Board[6] work together to ensure all children experience good physical and emotional health and reach a good level of development according to age related expectations. To achieve this, perinatal and infant mental health is their number one priority. Work includes looking at the pathways for identifying perinatal mental illness and ensuring women access the services they need. Midwives have an important role to play assessing a mother's mental health and other vulnerability factors which may impact on the health of the child and the family, for example substance misuse or domestic violence. Health Visitors (commissioned by the Council) also have a key role making an antenatal visit followed by a new birth and 6 – 8 weeks visit then both a one and two year review. Here they continually review the needs of the mother and child. Where families are experiencing specific health issues they can refer onto early help services such as those found in our Children's Centres.

The Council also commissions the Family Nurse Partnership which is an evidence based international parenting programme. This intensive support is offered to all first time mothers who are aged 19 and under, and those up to age 25 where there are particular areas of vulnerability. Those eligible who accept the service have their own dedicated family nurse who they see regularly from 16 weeks in pregnancy through to the 2 year review. The programme focuses on health in pregnancy, child health and development, and planning for the future.

The Council's Parenting Strategy especially acknowledges the important role fathers have to play in the development of emotionally healthy children.[7] Whether dads are living with their children or not there is strong evidence that involving them from the antenatal period through to early adulthood has a positive influence on the physical and mental health of both the mother and the children. Supporting them to develop warm and playful parent-child relationships and effective parenting skills especially in the early years is key to good mental health for all.

Case studies

Positive Mental Health Resource Packs

Schools can promote mental health through a whole school approach. Teaching pupils about mental health problems can help reduce the stigma associated with them and enable pupils to look after their own mental health and seek help when needed. The publication of two locally produced 'Positive Mental Health Resources' packs for schools has provided ways in which this can be taught in both primary and secondary schools. Produced in collaboration with young people who have themselves experienced mental health problems the packs can be downloaded freely from our Child and Adolescent Mental Health Service

Website: www.oxfordhealth.nhs.uk/children-and-young-people/south-west/primary-school-resource-pack

Mindfulness

For the past two years B&NES schools have been offered mindfulness training to enable teachers to teach mindfulness to their classes. Mindfulness can help children improve their abilities to deal with problems, to calm down when they are upset and to make better decisions. One teacher who undertook the 10 week course reported that it helped her to get the Senior Leadership Team to put emotional health and well-being and developing resilience at the top of their federation's agenda. Teaching Mindfulness meant children at her school reported feeling better able to manage their feelings and she observed a reduction in anxiety and upset.

"The school believes that this will have the single most positive effect on pupil's engagement with learning and in maintaining a happy workforce."

Getting ready for school: Theraplay case study

Theraplay is a way of working with children and families to help them build strong relationships, positive behaviour and emotional wellbeing. In B&NES, Theraplay is available to help pre-school children who have social and emotional difficulties to become ready for school. Theraplay provider Ali Cliffe writes about a 2 ½ year old who benefitted from the approach. All names have been changed.

"When Ellie started nursery she appeared very withdrawn and was behaving in a way that suggested she had problems with attachment. When I met her mum Georgie, it was important to gain her trust as she was angry that Ellie and her two older siblings had been placed on a Child Protection Plan. Georgie told me that she had experienced domestic violence whilst pregnant with Ellie and then severe post-natal depression. Her ongoing low mood made it difficult for her to build a strong bond with Ellie.

Theraplay activities provided playful, nurturing early interaction type experiences that they both missed out on when Ellie was a small baby. This strengthened their attachment. We also focussed on soothing and relaxing activities where they both could feel nurtured and special within their relationship together. Together we explored ways of caring for Ellie both physically and emotionally even when things were emotionally difficult for Georgie. By the time Ellie moved up to school Georgie's parenting confidence had really flourished and in turn Ellie was thriving."

Promoting emotional health and wellbeing in schools

Schools have an important role to play in promoting the mental wellbeing of our children and young people. In B&NES the Director of Public Health Award encourages schools to find ways to improve the emotional health of all pupils including those in challenging circumstances. Every other year participating schools take part in a survey to find out more about their pupils' health and wellbeing. In 2017 results showed that:

8%

Almost three quarters of girls and boys in the **primary school pupils** reported they were at least 'quite happy with life but **8% of boys and 7% of girls** responded that they are 'quite' or 'very' unhappy with their life at the moment.

7%

Around a third of both primary school pupils and secondary school pupils respondents said they sometimes felt afraid to go to school because of bullying. Both cited their appearance and size as being the main reason they were picked on with primary age children also mentioning their academic ability.

2%

For the **secondary school pupils** 75% responded in the higher scales for life satisfaction but **2% said they were not satisfied at all**.

88% of the secondary school pupils responses said they worried about one of a list of issues quite a lot or a lot of the time. Worries focused on exams and school work, personal appearance and the future. 80% of the primary children who responded also said they worry a lot. Top on their list are SATS and tests, being bullied, family issues and global concerns.

Tackling air pollution

Air pollution can have a big impact on our health. Here we outline what B&NES is doing to tackle pollution in our region and what we can all do to reduce the problem.

The quality of the air we breathe indoors and outdoors is important to us all. All sorts of everyday activities, such as industrial processes, farming, heating homes, generating energy and driving vehicles can contaminate the air. Air pollution is a local, national and international problem, which has health, occupational, environmental and economic impacts. New evidence of the serious public health impacts of everyday air pollution is increasing political, public and media interest in the issue. The good news is that there are cost-effective actions that we can all take to tackle the impact of air pollution on our health.

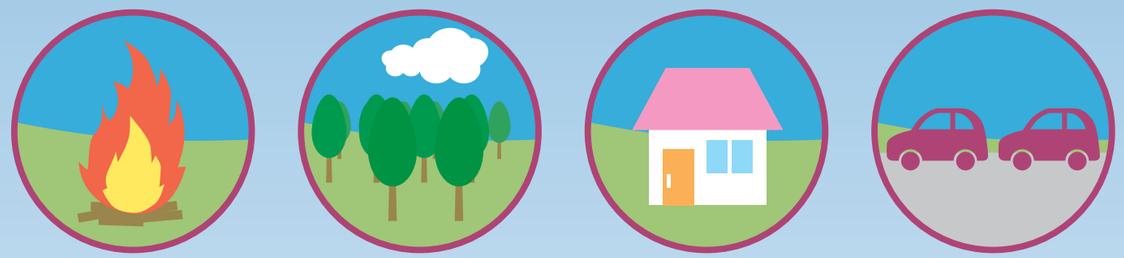
To tackle air pollution collaboration is needed

Housing
Lower emission fuels and heating appliances. Construction standards.

Local Authority
Planning and transport policy policy, air quality management area action plans, sustainability, active travel and public health.

Health sector
Track health impact, protect vulnerable groups.

Waste management
Emission control, bio waste management, reduce, reuse, recycle.



Outdoor burning

Natural sources

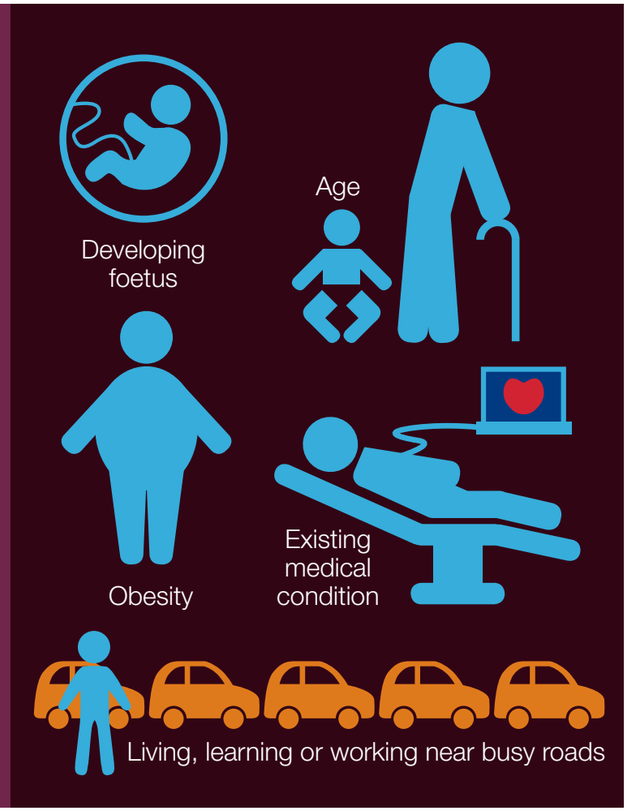
Indoor sources
Cooking, lighting and ventilation.

Traffic
Low emission vehicles, car alternatives.

Air pollution & health

Air pollution is the largest environmental risk to the public's health. Air pollution can be harmful to everyone; however there are some factors which make some people more vulnerable with a disproportionate impact on the young and old, the sick and the poor.

Both long and short term exposure to outdoor air pollution are known to adversely affect health. Short term exposure can exacerbate asthma and respiratory and cardiovascular symptoms which interfere with everyday life. It also increases the chances of hospital admissions and visits to Emergency Departments contributing to pressures on the health care system. Long-term exposure to everyday air pollutants over several years can contribute to the development of cardiovascular disease (CVD), lung cancer, and respiratory disease. In the most severe cases it increases the risk of death, especially for people who are already vulnerable.



Air quality in B&NES

B&NES Council is legally required to review air quality and designate air quality management areas (AQMAs) if improvements are necessary. Where an AQMA is designated, an air quality action plan (AQAP) has been produced describing how the pollution can be reduced to below the required standard.

B&NES Council have declared 3 AQMAs in Bath, Keynsham and Saltford because nitrogen dioxide levels are above the required standard. The largest source of Nitrogen Dioxide (NO2) is emissions from diesel light duty vehicles (cars and vans) and there has been significant growth in these vehicle numbers over the last ten years in the UK.

During the last year, air quality monitoring was undertaken in various locations along the A37 between Whitchurch to the north and Farrington Gurney to the south of B&NES. There are some areas which do not comply with the required standard therefore the Council will be consulting on declaring an AQMA in Temple Cloud and Farrington Gurney.

For more information about air quality in B&NES please visit: http://www.bathnes.gov.uk/services/environment/pollution/air-quality

> "B&NES Council is legally required to review air quality and designate air quality management areas (AQMAs) if improvements are necessary."

What are we doing locally?

In 2015 a public consultation reviewed the AQAPs for Keynsham and Saltford before they were formally adopted in May 2016. The Council are monitoring the effect of the Keynsham High Street one way trial; this is the key action being delivered from the AQAP that relates to Keynsham.

The Bath Air Quality Action Plan is currently under review. Stakeholder engagement has taken place prior to the launch of the review of the Bath Air Quality Action Plan which has generated many ideas and comments for inclusion in the consultation document. The 3 month public consultation period has recently closed. The Bath Air Quality Action Plan consultation responses will be analysed and a consultation report completed.

A further development has been the inclusion of Bath in the National Air Quality Action Plan as it is considered that a section of the A4 in Bath will continue to exceed the National Air Quality objective for nitrogen dioxide beyond 2021. The Bath Air Quality Action Plan Report will inform the Feasibility Study work for the Joint Air Quality Unit (DEFRA and DfT) that requires the development of a final implementation plan to be completed by December 2018. The Feasibility Study work involves substantive traffic, air quality, health and economic assessments to 'develop and implement a plan designed to deliver an improvement in terms of a reduction in the concentration of nitrogen dioxide in the shortest time possible.'

Two projects working across Council departments are currently being developed which aim to raise awareness amongst vulnerable groups living, working and going to school etc. in AQMAs.

The first project uses Geographic Information Systems (GIS) to map and identify those most vulnerable to air pollution in AQMAs e.g. early years settings, schools and care homes. Advice and recommendations will be given to those identified to reduce their exposure to air pollution.

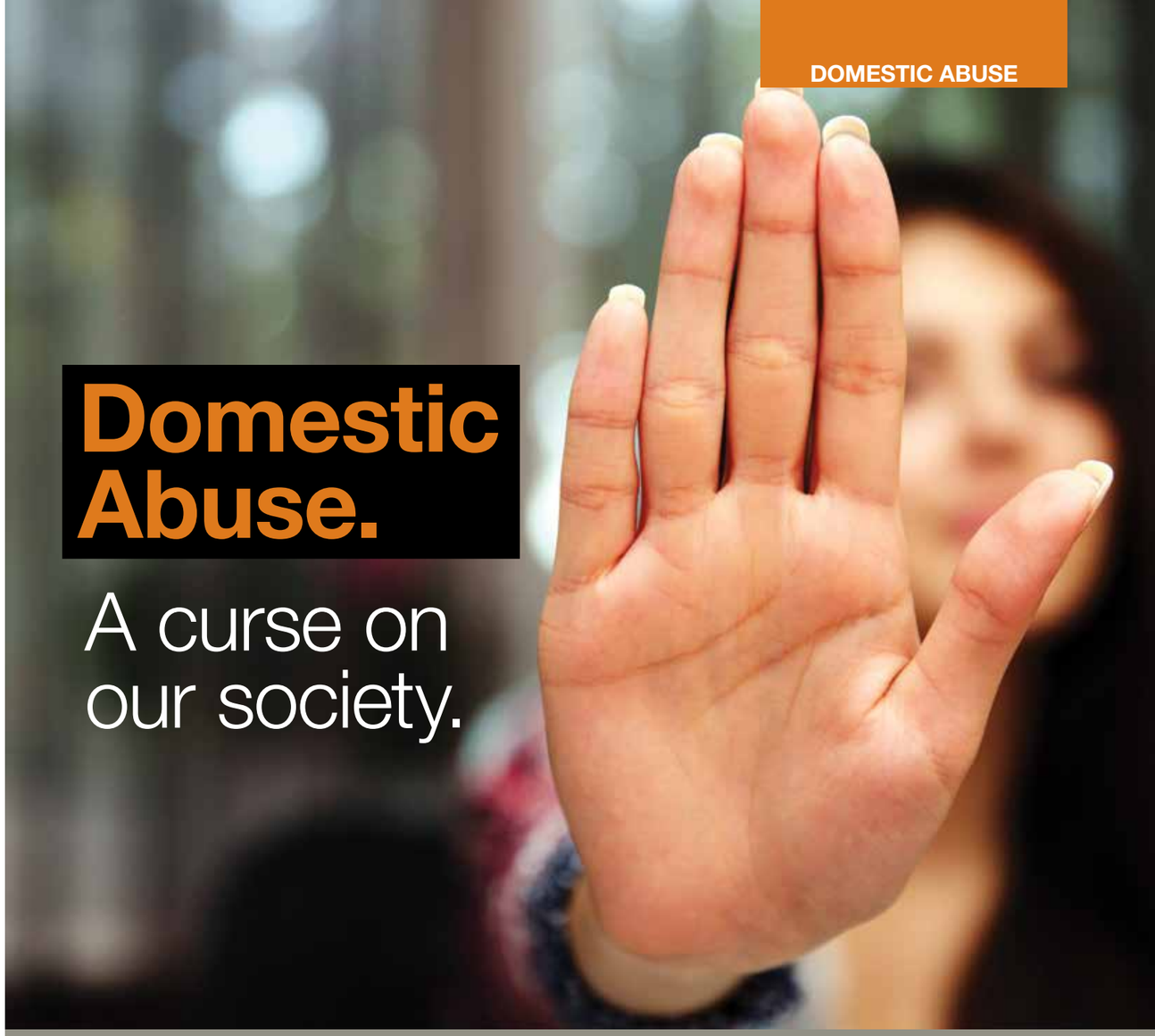
The second is a pilot project working with schools in AQMAs to develop exposure reduction advice and safer routes to school, promote active travel to school, raise public awareness and support behavioural change with school children.

What can I do?

We can all do our bit to improve air quality; any improvement in air quality will have positive health consequences. For example, by walking or cycling to work and school we can improve our health through exercise, limit air pollution and reduce carbon dioxide emissions which are responsible for climate change. Air pollution can vary over very short distances; in general, the closer you are to the sources, the more you breathe in, you can easily avoid the worst pollution by travelling along quieter streets. The health benefits of physical activity (walking or cycling) outweigh the risks from air pollution. If you're in a vehicle, you just get the risks with none of the benefits.

We can choose lower emission fuels and heating appliances for our homes, like gas central heating, or modern wood stoves rather than open fires, smokeless coal rather than house coal or dry high quality wood rather than green wood.

We can also move to lower emission vehicles. Everyone will need to take some action if we are to significantly improve air quality. While the impact of the individual household or business may be small, the combined impact of actions taken by national and local government, large and small businesses and individuals could be great. ■



What should we think about domestic abuse?

Domestic abuse. Domestic violence. Harming, controlling and victimising our "loved ones". Is it the behaviour of a handful of very disturbed people… or groups which have extreme attitudes to gender equality.. or just typical male aggression?

No, no and no! Over 2 million people suffer some form of abuse every year in England and Wales. According to the 2015 Crime Survey, 27% of women and 13% of men in the UK over age 16 have experienced domestic abuse. That's 4.5 million females and 2.2 million males. It spans all classes and ethnic groups. All occupational groups: doctors and lawyers, plumbers and pastors, artists and athletes. It affects straight and gay relationships, and able bodied and disabled people. And it exists in relationships between teenagers and into old age.

The most obvious imbalance is by gender, and this should not be underestimated. 95% of the severe cases going to Multi-Agency Risk Assessment conferences, are male on female. But having made that clear, many believe that the social stigma of men being victims of abuse makes its under-reporting, always common with domestic crime, even higher in men, so all estimates are difficult.

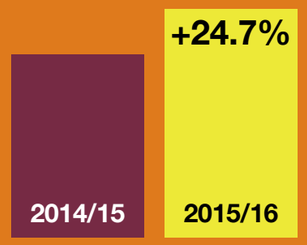
But the clear message is that while it may not be spread equally across all social groups, the scale of these numbers means that if you think it "doesn't happen around here" or "doesn't affect nice circles like mine" … think again.

The local view: Bath and North East Somerset

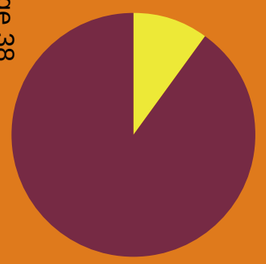
Here are a few local facts and estimates:

5,936

An estimated 5,936 women aged between 16-59 would have experienced domestic abuse here last year.



There were 1,110 domestic abuse crimes recorded in 2015/16, averaging 93 per month. This is an increase of 24.7% (220 crimes) compared to 2014/15.



90% of cases were seen as low or medium risk and **10% at high risk of serious harm**.

As well as obvious costs in human misery, there are other costs measured in the use of health, social and other services and loss of productive capacity. All together it is estimated that domestic abuse costs us 17 million pounds per year. That's almost £100 for each of us.

The difference between estimated and recorded cases shows how reluctant women can be to report abuse… which is why so much of our effort must go into making it easier for those affected to feel able to seek help.

Types of abuse

Abuse is most often thought of as physical violence. We think of a black eye hidden behind dark glasses. And violence is indeed common. In B&NES we have placed an Independent Domestic Abuse Advisor (or "IDVA") in casualty at the Royal United Hospital to help those who have been assaulted and injured.

But abuse takes many other forms. Fundamentally the abuse is that of power, and human power can be physical, psychological, financial, sexual, social or emotional. Its misuse can start in very small ways and build insidiously. And power relations can change with changing life circumstances.

There may be constant verbal threats or belittling of a partner. "You've really let yourself go…. no one else would have you except me". There may be threats to take children away.

One partner, usually the main earner, may demands control over every penny spent, even on necessities. Affection, or sex, can be rationed as a tool of manipulation or coercion, so that any "disobedience" is met with long periods of coldness and silence.

It can involve the deliberate isolation of the victim through attacking social and familial ties: "I need you so much I can't stand you being with anyone else...your family… your friends… anyone except me". There may be "policing" through constant phone calls, or always asking who someone is phoning themselves. Stalking and harassment are related behaviours and they demonstrate how the internet can also be a tool of abuse.

Indeed any situation in which one side attempts to control the other by direct threat or by manipulation of the love, affection, autonomy and care due to a partner is part of the spectrum of abuse.

And of course some of these behaviours are culturally determined, and some communities can put extreme pressures on women to remain in abusive relationships.

I wonder if anyone reading this is asking themself some questions now?

Effects on children

Domestic abuse is one of the worst things a child can experience. It is one of the "toxic trio" of adverse experiences thought to cause so much misery, illness and lack of success in later life (the other two being parental addiction and mental illness). A child can be psychologically devastated by abuse in the home, feeling powerless, fearful and guilty, in the moment and throughout life. Indeed there is some evidence that the "voices" heard by people with psychoses or are often related to real physical or sexual abusers in childhood which become wired into the child's own brain.

And much of our own habitual behaviours are based on what we see in our earliest years, so a child who is a victim is much more likely to become the abuser in later life. This may be one of the main reasons why something that most people would agree should be dying out from a civilised society, remains so common and deep rooted.

By recent estimates some 130,000 children in the UK live in households with high-risk domestic abuse where there is a serious risk of harm or death.

In a survey of 877 cases of domestic abuse in households with children, 62% of those children were also directly harmed, over half had behavioural problems, 39% had trouble adjusting to school, and shockingly, 60% actually felt responsible for the abuse that they saw. And echoing the point above about learned behaviours, over half of the children in these households showed violent or other abusive behaviour towards their mother or a sibling… but rarely towards the actual abuser.

What are we doing about it?

Many agencies in Bath and North East Somerset are committed to ending the scourge of domestic abuse. Although zero is the only proper target for us to accept, this will not be achieved overnight.

We have produced a multi-agency strategy under the guidance of the B&NES Domestic Abuse Partnership which brings together "commissioners" (the ones with the money), service providers like Southside *www.south-side.org.uk* and Julian House *www.julianhouse.org.uk/projects-and-services/domestic-abuse.htm*, the NHS, police, CURO, universities and others

There are five main strands to our approach.

1 Community prevention. We are encouraged that the government is going to make relationships and sex education (RSE) compulsory in schools. It is a small step in promoting an open and informed discussion about healthy relationships among the next generation. But there is so much more that needs to happen. Abuse is buried deep within families and communities and I would welcome ideas about how we might tackle this.

2 Encourage disclosure and early help. Victims often suffer over many years before seeking help. We have therefore particularly focused on making staff across many organisations more aware of domestic abuse, and its signs and able to engage skilfully with victims. Specific programmes have been started in GP surgeries and the Royal United Hospital in Bath.

3 Improving support for victims of domestic abuse. We aim to provide specialist services for people of all ages. Southside currently run several local services for women, families and men including a programme in GP surgeries called IRIS (Identification and Referral to Improve Safety) *www.irisdomesticviolence.org.uk/iris* and the Independent Domestic Violence Advisors (IDVAs) to take on the higher risk cases, with other support workers available for those currently at lower risk.

■ Julian House runs the CRUSH programme for 13-19 year olds who are suffering from or at risk of abuse.

■ Voices, a local organisation set up by survivors, operates a range of support services and informal networks for victims, as well as providing training for other workers, and representing victims' views to planners and service providers..

■ The Police's lighthouse programme for victims of crime and their Victim and witness Care Officers can also help people who have been abused and refer to other agencies if necessary.

■ The B&NES partnership has had some success this year with funding bids this year and will use money received for a range of work from general community awareness through to specialist support for the most high risk and complex cases.

4 Developing a skilled workforce. There is much emphasis on training all staff who might come into contact with domestic abuse victims to help them identify and support those in need.

5 Working with perpetrators. This is a difficult area, because our sympathy very naturally lies with victims, and we are inclined to use our limited resource supporting them. But to reduce abuse and break intergenerational cycles we must also engage with the perpetrators. Where abusers recognise the damage done to others, and indeed themselves by their behaviours and want to change and improve their relationships, there is some support for that through local organisations, particularly DHI (Developing Health and Independence) and Southside.

Case study
Ms S and her family

So much for strategies and services. Who is this all for? Here is just one story of many. Not the most extreme, but a recent case illustrating some of the human reality behind the plans and statistics.

Ms. S, 40 years old, had suffered 12 years of abuse from her ex-partner. This peaked after the birth of a new baby. This illustrates how abuse takes many forms and affect a whole family. But it also shows that lives can be turned round through strong and co-ordinated support working with victims who decide to take back control.

There had been violence - a black eye and several lost teeth. Even the partner's mother joined in, pushing S against a wall while she was holding the baby. There was emotional and psychological abuse. The partner had turned some of her friends against her, used frequent verbal abuse, often of a sexual nature, and undermined her confidence to such an extent, that isolated from others she felt that she must be to blame for her suffering. This was partly why she kept quiet for over ten years... which is not at all uncommon. Finally she spoke up to a health visitor at a routine post-natal check, and this began the road to freedom and recovery. S was referred to Southside where an IDVA did a risk assessment, found there to be a high risk of serious harm and took on the case.

The situation was further complicated by the partner having himself made accusations against S, and this delayed clear understanding and decisive action. But a special panel called a "MARAC" took place where all the professionals working with S came together, and a full picture emerged after which recommendations were made for her and the children's protection and support.

Court appearances were stressful. They are combative processes and can put victims in close proximity to their abusers which can be most intimidating. But with the help of the IDVA at every turn, S was able to take part, and the partner was then banned from threatening or communicating with her. Further proceedings regulated access to the children. Of course, children brought up in an abusive household with its violence and fear, are going to suffer greatly, whether or not directly abused themselves. S's teenage son's fears are expressed in the letter below. A younger daughter was referred to Southside's Children's Group to help her recover from her lifetime of trauma.

But now things have much improved. S and the children are starting to do well. The son, no longer preoccupied with his mother's safety, can concentrate on his work and has just been given an award as an Apprentice of the Year. He is also now training to become a Family Champion for Southside, helping to gather users' views on their services. Ex service users are well suited to such roles.

The last and most powerful words in this chapter go to S herself. This letter written to Southside (with names changed) illustrates the despair that domestic abuse can produce, but also the strength of human resilience and the value of expert and committed support.

I am writing to you to say that my family and I are so grateful for the help that we received from Southside and from Kerry (the IDVA) during what may have been the most difficult time in our lives.

I came to you on the advice of my health visitor after the event that ended my relationship, where I had endured 12 years of physical and emotional abuse and bullying from my ex-partner and his family.

When I came to you I was mentally exhausted and was about to shut down, I knew I needed to make the final break and get legal help to get an injunction to keep myself and my family safe from harm. I would not have been able to do this without Kerry's guidance and support in helping me to understand that I was a victim of emotional abuse and that it was not my fault.

Kerry first arranged for my locks to be changed and for my phone number to be put on alert at the police station for a rapid response if I should ever need assistance. This was a massive weight off my shoulders. She then helped me to choose a good solicitor and helped me to communicate to them what I needed as it was difficult for me to communicate what I needed to say through my lack of confidence.

I successfully got a non-molestation order, which changed me and my children's lives and helped me to gain some confidence as I never thought I would be believed. Then Kerry attended every court hearing with me and helped to provide screens so I didn't have to see him, which helped greatly as I used to feel very intimidated and belittled by my ex-partner and his family.

I became stronger and stronger as time went on and Kerry has basically counselled my whole family and opened our eyes about emotional abuse; because Kerry helped me to understand what emotional abuse was and the dangers. I was then able to speak to my children individually about the situation. When in a conversation with my son he opened up to me and told me that towards the end of the relationship the abuse was so bad that he used to dread coming home but that continued living with us because he believed that if he didn't he would walk in one day and find me dead.

My daughters have gained so much confidence and are really happy, my son is now excelling at his job and my youngest daughter and my baby are now safe from any harm when in the care of my ex-partner. My family will never be in any danger from him again because I stood up and protected my family from him and his family which I may never have been able to do without the help of Kerry.

Thank you so much Southside and Kerry for changing our lives. ■

"When I came to you I was mentally exhausted and was about to shut down, I knew I needed to make the final break and get legal help to get an injunction to keep myself and my family safe from harm."

Health and work

Income and work are so important to our health and wellbeing. Being in good employment is protective of health.

Unemployment is harmful to an individual's health, and inequalities in income affect the health and wellbeing of us all.

Nationally and locally unemployment has been falling since 2011 but rates of unemployment are considerably higher for those living in our most disadvantaged neighbourhoods.

In July 2017 there were 2,060 people in B&NES who were not in work and ready to work, claiming either jobseekers allowance or universal credit.

Some individuals face a number of barriers to getting and maintaining a job. For example there is a significant gap in the employment rates of people with mental health conditions compared to the rest of the population. Disabled people remain significantly less likely to be in employment than non-disabled people. In 2012, 46.3% of working age disabled people were in employment compared to 76.4% of working-age non-disabled people. This gap represents 2 million people.

A good quality job

Public Health England identified the key components of good quality jobs. They include; adequate pay; protection from physical hazards; job security and skills training with potential for progression; a good work-life balance and the ability for workers to participate in organisational decision-making.

A recent commitment by the government to enable 1 million more disabled people into work in the next 10 years challenges the welfare system, the health system and employers to join up their approach to helping people get into and stay in work.[8]

Whilst low unemployment is good news, national trends in part-time work, zero hours contracts and in work poverty mean that a significant proportion of the working population are living with a lack of job security, low pay and poor working conditions. There is also evidence that those with fewer skills and qualifications are more likely to experience poor working conditions and that adverse work conditions are more common amongst ethnic minority groups and disabled people.[9]

In work poverty

In work poverty occurs when a working household's total net income is insufficient to meet their needs. It includes not only earnings from employment, but income from all sources, minus taxes, and takes account of the differences in needs that different household types have, depending on type and size.

In work poverty is more prevalent amongst single earner households and those living in private rented or social housing. Low pay is also a factor but less so than the number of people working in a household, according to a recent study commissioned by the Nuffield Foundation.[10]

Employee health in the UK

The workforce today and in the future will increasingly have a higher proportion of older workers (over 50 years). Factors such as increased life expectancy, removal of the default retirement age and raising of the state pension age, mean that many people will need, and want to continue working. Older workers bring a broad range of skills and experience to the workplace and often have better judgement and job knowledge, so looking after their health and safety makes good business sense.

An estimated 137.3 million working days were lost due to sickness or injury in the UK in 2016. Musculoskeletal and mental health conditions were major reasons for absence after minor illnesses like colds.[11]

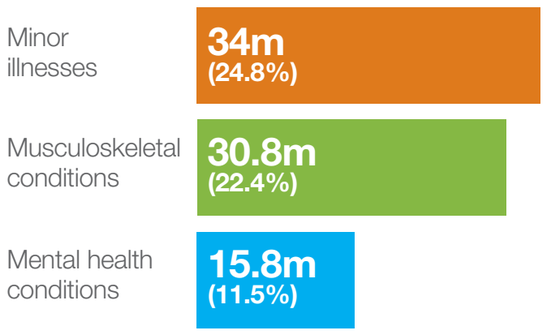
131m working days
are lost to sickness absence every year

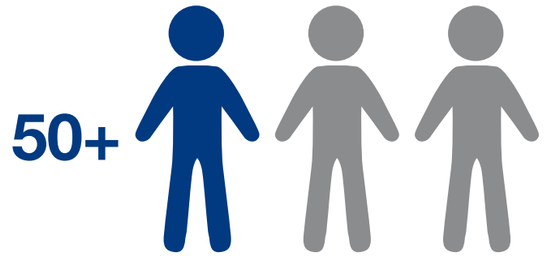
42%
of employees experience at least one period of sickness absence in a year

7%
of employees take periods of sickness absence lasting 2 weeks or more

4.4 days
are lost on average for each worker due to sickness absence

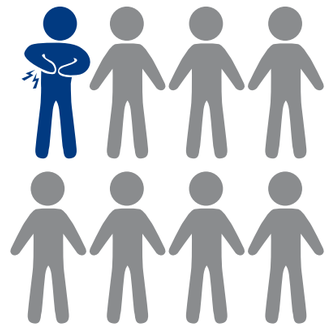
Working days lost to sickness or injury





1 in 3
By 2020 it is estimated that **1in 3** British workers will be **over the age of 50 years**.

Musculoskeletal conditions (MSK)



1 in 8
of the working age population reported having an MSK

£2.37

Return on investment

For every £1 invested in workplace wellbeing programmes there is a return on investment of £2.37. Benefits to the employer include reduction in sickness absence and less presenteeism.[12]

Case study

Support for families

A is a single mum with two children under 10. She split from her partner 3 years ago and has been struggling to cope financially ever since. A lack of financial support from her ex-partner and a change to benefits resulting in a delay in her payments meant that A regularly had to resort to using the local Foodbank to feed her family. A's health condition means she is in constant pain and on medication which affects her energy levels, and with child care responsibilities and a lack of confidence in her own abilities it has been difficult to find a job that works for her and the family.

Life was becoming pretty desperate for A when she was referred to the Councils' Connecting Families Team in May 2017. Working on her strengths the team learned that A had managed to complete a successful internship with a local housing provider and was considered for employment, but due to child care costs and the potential impact this would have on her income she was unable to take up the offer. The team supported A to think through her options, including working for herself. She was also helped to get medical support for her chronic pain. Her medicines were reviewed and she now attends a local support group.

A has since attended a business start-up course. She is feeling more confident now and has more control of her pain management. She is planning a trip to visit her family and can now visualise herself being self-employed in the New Year.

Worklessness and Poverty

The effects of worklessness and poverty on families are well documented. Children do less well at all stages of their education when parents are not in work. Parents' ability to work is often frustrated by a range of complex issues which could include ill health, a lack of qualifications, relationship breakdown, debt, substance misuse and housing issues. All of which have the potential to impact negatively on children's physical and mental health and future potential.[13]

Universal Credit

Bath Job Centre was one of the first areas in the country to introduce Universal Credit. The issues for local residents with its implementation have been common nationally and are due to its design. These are the 6 week wait for the first payment and achieving financial stability. B&NES Council has lobbied Government for a change to the 6 week rule, amongst other issues, and some of these are now being addressed.. Positive feedback on Universal Credit is that online access is beneficial to residents and those who wish to work extra hours are finding the system better as they do not have to keep changing claims.

3,484

The number of people in B&NES who are working and also needing to claim benefits (universal credit and housing benefit combined).
Source: DWP Stat-Xplore

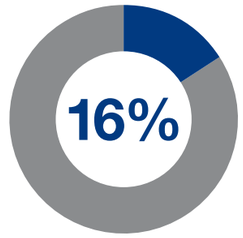
1 in 8 The Joseph Rowntree Foundation reported in December 2016 that one in every eight workers in the UK - 3.8 million people – is living in poverty.

Helping young people to access work

In 2016, 240 children in B&NES aged 16 - 18 yrs were not in education, employment or training.

Some young people, for example those leaving the care system, face more challenges than others in accessing work experience and employment, and benefit from additional support. The Council Corporate Parenting Policy ensures care leavers a guaranteed interview for any new apprenticeship role within the Council for those able to evidence the essential criteria for the role. During their recent Social Care inspection, Ofsted were particularly impressed with the embedded apprenticeships currently within the council that have enabled a number of young people to develop their skills and build a good foundation for their future career aspirations.

A high proportion (75%) of care leavers in B&NES aged 19-21 are currently in education, employment or training, which is much higher than other similar areas across the country.



Young people with disabilities account for 7% of the 16 - 24 population and are **16% of the total 'not in education, employment or training' group**.[14]

383

Young adult unemployment in B&NES is very low at 1.3% of the population of 18-24yr olds (or 383 people).

3,515 The number of children (under 16 yrs) in low income families in B&NES in 2014. This is a positive trend downwards and is significantly better than the England average.

Case study

Building confidence and skills

Louisa is a bubbly, personable 21 year old currently working for Marks and Spencer. She is a care leaver, has a diagnosed personality disorder and a history of offending but despite these challenges she has made incredible progress in the last year, with help from the Council and the Princes Trust.

In September 2016 Louisa was discharged from hospital and was feeling low and lost, with huge reservations about her chances of finding employment. She met with Laura, an Engagement Officer in the Council and after some encouragement agreed to meet with the Prince's Trust to look at her options.

Louisa joined the Fairbridge programme designed to promote emotional resilience and group work skills, involving a 3 day residential outdoor pursuit course. After completing this she then joined a 12 week Team Programme designed to improve personal development and employability skills.

Louisa was then referred into the 'Get into retail' scheme with M&S. Louisa was so successful on this programme that on completion she was offered a job which she accepted. She is now being considered for Junior Supervisory Training at M&S and has been nominated by the Prince's Trust for a National Achievement Award.

B&NES Work Development Team

In B&NES we are fortunate to have a specialist job retention service which provides support to employers and staff to better manage mental health in the workplace. The Work Development Team, based in Midsomer Norton, offer a case management role to both employers and employees in what are often highly sensitive and complex cases. Their role includes liaising with health services, occupational health and human resources departments, particularly when working relationships make direct contact with employees difficult.

Case study

Help to stay in work

The team recently worked with someone close to losing their job. The persons situation was extremely complex involving a very stressful situation outside of the workplace, a history of self-harm, several hospital admissions and poor levels of self-care. Working with the employer, service user and the health care team, they are now about to return to work on a phased basis, with workplace adjustments to support their future health and wellbeing.

The care co-ordinator said: I referred my service user to the Work Development team. They worked with her on a very specific and goal-oriented intervention. Their knowledge and experience around procedures for supporting people back to work has been invaluable. She was given a structured plan to return to work and has been empowered to take responsibility for herself.'

Mental health in the workplace

Over 300,000 people lose their job each year in the UK due to mental health problems, and at a much higher rate than those with physical health conditions.

A recent independent review commissioned by the Government estimated that the annual cost to employers of mental health problems in the workplace is somewhere between £33 billion and £42 billion when staff turnover, sickness absence and presenteeism are taken into account.

With the current national focus on productivity the review draws the conclusion 'that it is massively in the interest of both employers and Government to prioritise and invest far more in improving mental health.' [15]

What works?

NICE guidance on workplace health and management practices (March 2016) focuses on the importance of workplace culture and the role of line managers in particular in promoting employee health.[16] Recommendations for employers from the recent Thriving at Work review also included effective people management alongside:

- Developing mental health awareness among employees
- Encouraging open conversations about mental health and ensuring support is available when employees are struggling
- Providing employees with fulfilling work over which they have control and purpose and
- Routinely monitoring employee mental health and wellbeing

1 in 6

Almost 1 in 6 people of working age have a diagnosable mental health condition*

*Mental health conditions

These are conditions that affect the way a person feels, thinks and acts. They can last for a short time or they can be a long-term condition like depression, anxiety disorders, schizophrenia and eating disorders.

**Presenteeism

Presenteeism is defined as showing up for work when one is ill. It is an important issue for employers to consider as it can result in a loss of productivity, and can impact negatively on an individual's mental and physical health.

Employment supports recovery from substance misuse

Each year 17 million working days are lost through absences caused by alcohol. Alcohol may be a cause or a consequence of unemployment. The majority of people entering treatment for alcohol problems (72%) were not in paid employment at the start of their treatment and the employment rate for those who do develop problematic dependence is half that of the rest of the population.

In 2016 Dame Carol Black's independent review explored the challenges faced by individuals addicted to drugs or alcohol in getting into, staying in or returning to work. The report recognised the key role of employment in supporting recovery from addiction.[17]

£7bn

Estimated costs in lost productivity through unemployment and sickness related to alcohol

72%

of people entering treatment for alcohol problems were **not in paid employment** at the start of their treatment

Developing Health & Independence (DHI)

DHI provide treatment services in B&NES for those experiencing substance misuse problems. They were recently awarded funding from the West of England Works Project to appoint an employment and skills worker. This Big Lottery and European Social Fund project will support at least 1,537 young people not in education, employment or training (NEET) and adults who face multiple and complex barriers to securing sustainable employment and training across the West of England area. Local partners include Julian House, DHI and Carers Support Centre.

DHI help turn lives around

Case study

Getting back into work

John reached out for help from DHI 12 months ago. He was very unsure and anxious about life, having lost his job and accommodation due to alcohol misuse. He lacked confidence, could not see a future for himself and did not know where to start to make a change.

John spent time with DHI's employment and skills worker who helped him review his employment history, identify his strengths and skills and think through his aspirations for the future.

Building on his keen interest in sport and outdoor activities John got involved with a local sport project and proved himself to be a real asset. His skills were quickly recognised and he was offered the opportunity to volunteer as an assistant coach. Following excellent feedback from his coaching role John's confidence started to grow and he developed a clearer sense of direction. He put together an up to date CV and started to look for part time work, quickly securing a evening cleaning job, which left him time in the day to develop his skills and experience towards a career in outdoor pursuits.

Recently John successfully applied for an apprenticeship with an outward bound activities company and will start in April 2018. This has been a long term goal for John and he is quite rightly proud of his achievement. He says' The more I do the more positive I feel'.

Case study

Bath and North East Somerset Council

As a large public sector employer, Bath and North East Somerset Council aims to lead by example on workplace health promotion. Under direction from the Chief Executive, a staff health and wellbeing group has made great progress over the last couple of years.

Health Champions from across the organisation were recruited and trained during 2017. With support from workplace mentors and their line managers, they found out the health and wellbeing needs of their work teams and developed actions to meet those needs. Activities have included running mental health awareness sessions for staff, running a workplace exercise challenge, putting information on the staff intranet and noticeboards and using team meetings to demonstrate the latest health apps and tools.

The Council has also signed the Time to Change Employers pledge. This is a public statement of intention to challenge stigma and discrimination in the workplace. Annual mental health awareness week events are organised for staff such as walk and talk sessions, food and mood and stress awareness.

Mental Health Awareness training for managers is scheduled for 2018 to ensure healthy conversations become part of day to day management practice.

Help for employers

Creating a healthy place to work involves action on many fronts. At work three key areas where you can take action are 'health and safety, 'managing ill health' and 'promotion and prevention'. Information on each of these is below. To start looking at how healthy your workplace is, use Public Health England's Workplace Health Needs Assessment Tool.

Health and Safety

The Health and Safety Executive (HSE) is there to make sure that your workplace doesn't cause any risks to health, for example by causing stress or back pain.

Managing ill health

Encourage employees to talk to their GP if they are experiencing ill health. The NHS Choices website covers a range of illnesses for example back pain, mental illness, cancer, heart disease and diabetes. The website also gives details of local services. For example, B&NES talking therapies offers on line help and links for keeping mentally well.

For help managing staff with ill health contact your HR or occupational health advisor or visit Fit for Work; a government funded on line advice hub and live chat support service.

Promotion and Prevention

ONE YOU is an online health quiz which encourages people to put themselves first and do something about their own health. It covers a range of issues such as sleep, stress and physical activity with lots of free online tools to help you take action.

B&NES Virtual Employment Hub

We recognise the importance of work to everyone's well-being. We also recognise the importance of working together to improve the support we offer to our residents to access employment.

The Virtual Employment Hub, launching Spring 2018, is a website of up-to-date information linking employment support and training to local job opportunities, with open access for residents, service providers and employers. It is also a process, through which we will share resources, outcomes and targets to achieve a common vision of good work for all.

A day in the life of a School Nurse

Ali Menzies is a school nurse. Here she describes the many things her job can cover in the space of a single day.

Thursday is my busiest day as it's the day I base myself at one of my schools. As a service we work out of St. Martins Hospital and are responsible for several schools each, usually one secondary school and several primary schools.

School nurses are qualified nurses who hold an additional specialist public health qualification and provide a confidential service to school aged children and young people at college.

When arriving in the morning I had two 13-year-old students to see who had been referred to me by the Eating Disorder team to monitor their weight. I've also already had 2 texts requesting appointments; a 14-year-old with low mood and a 15-year-old old requesting a repeat prescription for her contraception. I meet the 14-year-old to assess her mental health and give her strategies to try and also direct her to websites and apps to combat low mood. Although the current trend in our work is becoming increasingly mental health related my day today covers a wide range of issues.

In my lunchtime drop in clinic a 15-year-old student attended enquiring about chlamydia testing. I had recently given an assembly to year 11 students advertising my contraception and sexual health clinic "Clinic in a Box" and chlamydia screening is part of that service. Being able to offer contraception in schools has been instrumental in reducing the teenage pregnancy rate in B&NES over the last 10 years.

> "Although the current trend in our work is becoming increasingly mental health related my day today covers a wide range of issues."

The rest of my day's appointments are with young people with anxiety, stress and low mood giving them strategies to manage their mental health.

We have had to manage the increase in mental health as a service and at the moment offer a classroom based programme to targeted primary schools called FRIENDS. This involves our whole team delivering this package which aims to improve children's emotional resilience.

Finally, long after school has closed I drive to our local youth club to run our monthly outreach sexual health clinic and have fun doing condom demonstrations!

All in all a busy day, but at least I know that as our work supports children and young people from immunisations to individual care each child will have contact with us at least once in their school life. ■

Immunisation session for primary school

Public health outcomes framework and other key indicators

Public health outcomes framework and other key indicators (as at November 2017)

PHOF Reference/ Source	Period	Indicator Description	England	South West	Bath and North East Somerset
Health Improvement					
2.04	2015	Under 18 conceptions (females 15-17, rate per 1,000)	20.8	16.8	11.4
2.06i	2015-16	Prevalence of overweight (including obese) in 4 to 5 year olds	22.1%	21.9%	22.6%
2.06ii	2015-16	Prevalance of overweight (including obese) in 10 to 11 year olds	34.2%	30.3%	27.9%
2.07i	2015-16	Hosp admissions, unintentional and deliberate injuries 0 - 4 years per 10,000	129.6	135.2	159.0
2.07i	2015-16	Hosp admissions, unintentional and deliberate injuries 0 - 14 years per 10,000	104.2	105.0	119.6
ChiMat	2015-16	Hospital admissions as a result of self-harm (10-24 years old)/100,000	430.5	597.8	487.6
ChiMat	2013/14 -2015/16	Hospital admissions for alcohol-related conditions, under 18s per 100,000	37.4	46.8	53.2
2.13i	2015/16	Proportion of physically active adults	64.9%	68.6%	68.5%
2.14	2016	Smoking prevalence in adults	15.5%	13.9%	13.6%
2.03	2016-17	Smoking status at time of delivery	10.7%	11.3%	7.1%
2.15ii	2016	Successful completion of drug treatment - non opiate users	37.1%	35.3%	23.1%
2.20i	2015/16	Cancer screening coverage within three years - breast cancer	75.5%	78.3%	76.1%
2.22iv	2013-14/ 2016-17	Take up of the NHS Health Check Programme – health check take up	48.9%	49.0%	50.2%
Health Protection					
3.03x	2015-16	MMR take-up age 5 (2 doses)	88.2%	90.6%	96.1%
3.03xiv	2016-17	Population vaccination coverage flu aged 65 years and over	70.5%	70.9%	71.4%
3.04	2014-16	People presenting with a late stage HIV infection	40.1%	42.9%	52.9%
Healthcare and premature mortality					
4.04i	2014-16	Under 75 mortality rate from cardiovascular diseases (per 100,000)	73.5	63.4	57.0
4.05i	2014-16	Under 75 mortality rate from cancer (per 100,000)	136.8	128.2	122.2
4.06i	2014-16	Under 75 mortality rate from liver disease (per 100,000)	18.3	14.7	17.5
4.10	2014-16	Suicide rate (per 100,000 population)	9.9	10.8	10.0
4.14i	2015-16	Hip fractures in over 65s (per 100,000)	589	598	534
Inequalities					
0.2iii	2013-15	Slope index of inequality in life expectancy at birth within English local authorities, based on local deprivation deciles within each area (Male)			7.8
0.2iii	2013-15	Slope index of inequality in life expectancy at birth within English local authorities, based on local deprivation deciles within each area (female)			3.6
1.01ii	2014	Children in low income families (under 16s)	20.1%	16.1%	12.4%
1.02i	2015-16	% of Reception Year FSM pupils achieving a 'Good Level of Development'	54.4%	51.3%	41.0%

NB. 1.01ii -indicator no longer produced. 2014 will be the last available outcome

KEY: Significance to comparable England figure

Significantly better *Not significantly different* *Significantly worse*

References

1. Fit for Life Strategy http://www.bathnes.gov.uk/sites/default/files/siteimages/Sport-Leisure-and-Parks/Health-and-fitness/ba194_fit_for_life_strategy_aw_web.pdf
2. http://www.bathnes.gov.uk/services/children-young-people-and-families/strategies-policies-planning/children-and-young-peoples
3. https://www.mind.org.uk/information-support/types-of-mental-health-problems/statistics-and-facts-about-mental-health/how-common-are-mental-health-problems/#.WiEm67tLGdU
4. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/575632/Mental_health_of_children_in_England.pdf
5. https://www.mrc.ac.uk/documents/pdf/chief-medical-officer-annual-report-2013/
6. Early Help Strategy https://www.safeguarding-bathnes.org.uk/sites/default/files/early_help_strategy_2017_revision_v4.pdf
7. The impact of fathers on children's mental health https://www.centreformentalhealth.org.uk/briefing-50-fatherhood
8. DWP Improving Lives: The Future of Work Health and Disability November 2017
9. PHE Local Action on Health Inequalities: Promoting good quality jobs to reduce inequalities September 2015
10. Rod Hick and Alba Lanua May 2017 In work poverty in the UK Cardiff University, Nuffield Foundation
11. Health and Safety Executive Health of Older Workers http://www.hse.gov.uk/vulnerable-workers/older-workers.htm
12. Public Health England (2017) Commissioning cost effective services for the promotion of mental health and wellbeing and prevention of mental ill health https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/640714/Commissioning_effective_mental_health_prevention_report.pdf
13. Improving Lives: Helping Workless Families DWP April 2017
14. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/618541/Health_and_work_infographics.pdf
15. Thriving at work. The Stevenson/Farmer Review of Mental Health and Employers. October 2017 https://www.gov.uk/government/publications/thriving-at-work-a-review-of-mental-health-and-employers
16. NICE Guidance NG13 Workplace Health: Management Practices Updated March 2016
17. An independent review into the employment outcomes of drug or alcohol addiction and obesity. Dame Carol Black December 2016 https://www.gov.uk/government/publications/drug-and-alcohol-addiction-and-obesity-effects-on-employment-outcomes