
HEALTH AND WELLBEING BOARD

Minutes of the Meeting held

Tuesday, 17th September, 2019, 10.30 am

Dr Ian Orpen	Member of the Clinical Commissioning Group
Councillor Rob Appleyard	Bath and North East Somerset Council
Mike Bowden	Bath & North East Somerset Council
Corinne Edwards	Clinical Commissioning Group
Jocelyn Foster (in place of James Scott)	Royal United Hospital Bath NHS Trust
Alex Francis	The Care Forum – Healthwatch
Paul Harris	Curo
Nicola Hazle	Avon and Wiltshire Partnership Trust
Lesley Hutchinson	Safeguarding and Quality Assurance (B&NES Council)
Steve Kendall	Avon and Somerset Police
Bruce Laurence	Bath & North East Somerset Council
Professor Bernie Morley	University of Bath
Kate Morton	Bath Mind
Laurel Penrose	Bath College
Dr Andrew Smith	BEMS+ (Primary Care)
Jo Scammell (in place of Kirsty Matthews)	Virgin Care

The Chair (Dr Ian Orpen) welcomed everyone to the meeting.

44 EMERGENCY EVACUATION PROCEDURE

The Senior Democratic Services Officer drew attention to the evacuation procedure as listed on the call to the meeting.

45 APOLOGIES FOR ABSENCE

Apologies were received from Councillor Kevin Guy, James Scott (Joss Foster was his substitute) and Kirsty Matthews (Jo Scammell was her substitute).

46 DECLARATIONS OF INTEREST

There were none.

47 TO ANNOUNCE ANY URGENT BUSINESS AGREED BY THE CHAIR

There was no urgent business.

48 PUBLIC QUESTIONS/COMMENTS

There were none.

49 MINUTES OF PREVIOUS MEETING - 29 JANUARY 2019

The minutes of the previous meeting were approved as a correct record and signed by the Chair.

50 HEALTH INEQUALITIES UPDATE

The Chair invited Paul Scott (Associate Director of Public Health Public Health Department, B&NES) to give a presentation.

Paul Scott gave a presentation (attached as Appendix to these minutes) where he highlighted the following points:

- What are health inequalities?
- Health and Wellbeing – the things that affect it
- Inequalities at the start of life
- How circumstances, not initial intelligence of children create differences
- Health comparisons (obesity, smoking, life expectancy) between more deprived and least deprived areas
- What causes the extra deaths in the most deprived parts of B&NES?
- National context
- Income inequality diagram
- Marmot Review 2010: the current policy basis for reducing health inequalities
- What are we doing to address health inequalities in B&NES?
- Do we have a strategic approach?
- Time needed to deliver outcomes from different interventions

- Where does an addressing health inequality sit in B&NES?
- Implementing Chapter 2 of the NHS Long Term Plan
- A matter of justice – Local Government's role in tackling health inequalities
- Inequalities in education and attainment
- Inequalities and employment
- Environmental inequalities
- Inequalities and housing
- Inequalities and behavioural risks
- Where next for this work?

The Chair thanked Paul Scott for his presentation by highlighting the importance of the subject, and the role of the Health and Wellbeing Board in reducing health inequalities in B&NES.

Councillor Rob Appleyard asked if there were any information/statistics on a take-up of free school meals from those who were eligible.

Mike Bowden responded that there was no information on a take-up of free school meals. Free school meals have been promoted to those who were eligible. Higher use of free school meals would benefit the schools in terms of getting the funding for resources. The real challenge was in narrowing the gap between those who were eligible for free school meals and those who were not eligible, in terms of their educational attainment.

Paul Scott added that there was no local indicator on the school meals take-up but that was something that Local Authority could look at.

Jo Scammell expressed her concerns on the gap in terms of the educational attainment in the area and asked if there were any reasons for these anomalies.

Mike Bowden responded that it was a challenge to understand the reasons behind the large gap in terms of the educational attainment. B&NES was probably in the bottom 5 areas in the country in terms of the educational attainment gap yet at the same time high percentage of the early years settings were marked as Good or Outstanding by Ofsted. Local Authority would have to work with early years to narrow that gap, although there was no simple solution on that matter.

Paul Scott added that some schools in London area were faced with the same challenge, so this was not unique just for B&NES area.

It was **RESOLVED** to note the presentation and ask Paul Scott to come back with another update on Health Inequalities in 12 months' time.

51 **BETTER CARE FUND PLAN 2019/20**

The Chair invited Rebecca Paillin (Strategic Business Partner Joint Commissioning) to introduce the report.

Rebecca Paillin took the Board through the report by highlighting that the recommendations have contributed to the Health and Wellbeing Board's aims including delivery of the Joint Health and Wellbeing Strategy, such as:

- An increased emphasis on prevention, early intervention and empowering individuals to be more independent including the use of adaptations and technology to support independent living;
- A further shift of investment from acute and specialist health services to support investment in community-focused provision; and
- Exploration by commissioners and providers of new approaches to sharing resources, including knowledge and expertise, where there are demonstrable benefits in doing so.

The Chair welcomed the document by saying that it has recognised the opportunity for partner engagement, and that some of those partners were sitting on the Health and Wellbeing Board.

Nicola Hazle commented that there has been a significant rise in older adult population and that this was an area that the Board should focus more on as one of the issues was a significant impact on carers due to an increase of older adult population.

The Chair agreed with that comment and added that there has been an increase in demand for services for older population, and that demand for those services would be on increase in ten years' time.

Rebecca Paillin responded that that was something that officers had monitored for the last three years. One of the initiatives that were set up was Dementia Pathway which was relevant to that particular age group.

Paul Harris commented that one of the things that Curo has been proactive about was for people to live independently in their housing units so they can cut the need of going to care facilities. Paul Harris asked if the consultation on the Better Care Fund involved external stakeholders.

Rebecca Paillin responded that there had been quite a lot of internal stakeholders' engagement in the process, although it would be even better communicating external stakeholders and asked Paul Harris if he could make any suggestions. Paul Harris responded that he would be happy to suggest external stakeholders.

Mike Bowden commented that this was a massive piece of work which was required in order to comply with the relevant legislative act. The Better Care Fund document has presented in detail a massive list of schemes and initiatives conducted to support and promote the independent living in order to shift a weight of pressure on the system.

Corinne Edwards thanked the officers for the collaborative work in creating the Better Care Fund Plan for 2019-2020 and agreed that one of the main pressures was with the care of older people.

Bruce Laurence also praised the hard work of all involved in the creation of the Better Care Fund Plan and added that one of the major challenges would be around workforce, and asked if there were any schemes addressing the issues of the

workforce.

Corinne Edwards agreed with Bruce Laurence that one of the major challenges for every organisation around this table was workforce, especially with primary care. The officers would look into initiatives how to develop workforce with new skills and new ways of joint working. These initiatives would be monitored on regular basis.

It was **RESOLVED** that the Health and Wellbeing Board agreed with the following recommendations:

- 1) The 2019/20 Better Care Fund plan as described in the attachment fulfils the National Condition 1 in that it is a jointly agreed plan;
- 2) The 2019/20 Better Care Fund plan as described in the attachment fulfils the National Conditions 2 and 3 in that it maintains the level of investment in social care and agrees to invest in NHS-commissioned out of hospital services;
- 3) The 2019/20 Better Care Fund plan supports people to remain independent at home or to return to independence after an episode in hospital, recognising the NHS Long Term Plan and a commitment for a new NHS offer of emergency response and recovery support through expanded multidisciplinary teams in primary care networks in line with the Joint Health and Wellbeing Strategy; and
- 4) A Section 75 agreement to pool funding to support the plan as described in the attachment is drawn up and signed by CCG and Council by 15 December 2019.

52 **BABY FRIENDLY INITIATIVE WORK AND PROMOTION OF BREASTFEEDING**

The Chair invited Shiela Willoughby and Jane Peters (both from Virgin Care) to give a presentation to the Board.

Shiela Willoughby and Jane Peters gave a presentation (attached as Appendix to these minutes) where they highlighted the following points:

- Team Structure
- UNICEF Call to Action 2019 video
- Role of Health Visitor
- Partnership with Children Services
- How are we doing in B&NES?
- Priority area for development
- How we fit with the Sustainability and Transformation Plan
- Think Family

The Chair welcomed the presentation and commended Shiela Willoughby and Jane Peters for the great work that they were doing in terms of promoting and supporting breastfeeding in the area.

Alex Francis also welcomed the presentation and asked if there were particular demographic groups outlined in the project, and whether the priority development area was chosen because it was identified as deprived or due to its location.

Shiela Willoughby and Jane Peters replied that Radstock area has been chosen as pilot site, regardless of its socioeconomic and demographic status. Shiela Willoughby and Jane Peters added that, for example, Chew Valley area had more- less the same needs in terms of the low prevalence of breastfeeding.

Councillor Vic Pritchard (Chew Valley Ward) asked what issues were with Chew Valley area in terms of the low prevalence of breastfeeding.

Shiela Willoughby and Jane Peters responded that Health Visitors reported issues with the transport, remoteness of the area and the lack of facilities in that region.

Bruce Laurence said that he was quite impressed with emphasises made on the importance of breastfeeding. Bruce Laurence also said that local focus and support from the health bodies and community was crucial for this programme.

Shiela Willoughby and Jane Peters added that although the programme was not only set to provide additional support to the community and breastfeeding mothers, but also to support mothers who cannot breastfeed for various reasons.

Joss Foster asked about the project alignment between midwives and health visitors.

Shiela Willoughby and Jane Peters replied that Baby Friendly Initiative team has been working closely with the RUH midwives. pregnancy services and other health teams.

Councillor Rob Appleyard asked what would be the reason for young mothers to stop breastfeeding and use the bottle instead.

Shiela Willoughby and Jane Peters responded that sometimes young mothers may feel down due to a number of reasons (post-natal depression, exhaustion, etc.) and they would turn to their family or friends for support. The advice they may receive could be 'give them a bottle' which they could see as an easy option to use and feed the baby. One way to deal with this would be change of culture.

The Chair commented that there was a need for enhanced collaboration between education, housing, and other relevant organisation in terms of sending the message about benefits of breastfeeding.

Kate Morton commented that mothers who come to Bath Mind due to post-natal depression have had difficulties in breastfeeding their babies.

It was **RESOLVED** to note the presentation and to thank Shiela Willoughby and Jane Peters for their work in terms of promoting breastfeeding.

The Chair invited Lesley Hutchinson (Director for Safeguarding and Quality Assurance) to introduce the report.

Lesley Hutchinson took the meeting through the report as per bullet point 1.1 and highlighted the following issues:

- Launch of the Partnership on 28th September 2019;
- Legal framework did not specify how the funding would be allocated between the partners;
- Nobody would be overlooked with the new governance arrangements;
- There has already been some joint work with the Avon and Somerset Police, especially with children affected by County Lines;
- New Independent Chair appointment; and
- Everyone in the new Partnership were ready to start with new Governance Arrangements for Community Safety and Safeguarding in B&NES

The Chair thanked Lesley Hutchinson for the report and commented that one of the main reasons for setting up new Governance Arrangements for Community Safety and Safeguarding in B&NES was to not lose anyone in the system.

Jo Scammell welcomed the new governance arrangements and added that this would benefit young people who were going through transition from young age to adulthood. Jo Scammell expressed her concerns on the funding arrangements and also about the training provision for the new body.

Lesley Hutchinson replied that financial contributions have been agreed with the Council, B&NES NHS CCG and Avon and Somerset Constabulary. Contributions from the other two statutory partners – Avon Fire and Rescue and the National Probation Service would be provided through staff resource. There was no requirement in the legislation for Avon Fire and Rescue and the National Probation Service to contribute financially. In terms of the training arrangements – the new body would not do anything different from what previous bodies did.

Paul Harris welcomed the new arrangements however he expressed his concerns about the attendance, as turnout at previous Boards was not that good.

Lesley Hutchinson inform the Board that arrangements for Independent Scrutiny, which was a statutory requirement to produce as part of the new arrangements, have been put in place. Also, the Health and Wellbeing Board and other equivalent Committees/Bodies would receive regular Annual Reports like they did in the past.

It was **RESOLVED** to note the report and to receive annual reports from Local Safeguarding Children Board (LSCB) and the Local Safeguarding Adult Board (LSAB) at the next meeting of the Board.

NOTE: *The Senior Democratic Services Officer has been informed straight after the meeting that annual reports from Local Safeguarding Children Board (LSCB) and the Local Safeguarding Adult Board (LSAB) have been circulated to all Members of the Health and Wellbeing Board in advance of the meeting for them to read and comment. As bringing the same reports for the next meeting would be seen as a duplication of agenda item, subject to approval from the Members of the Board at the*

next meeting, it is suggested that the resolution on this item should read:

It was **RESOLVED** to note the report and also to note the last annual reports from Local Safeguarding Children Board and the Local Safeguarding Adult Board.

54 **B&NES TOBACCO CONTROL STRATEGY 2019 - 2024**

The Chair invited Joanna McLaughlin from B&NES Public Health Team to give a presentation.

Joanna McLaughlin gave a presentation (attached as Appendix to these minutes) where she highlighted the following points:

- Smoking prevalence in adults in B&NES
- The Vision – Towards a Smoke Free Generation
- Key messages from the strategy
- Attempts and success in quitting
- Message – ‘Don’t give up giving up’
- Vaping – is it risky?
- The NHS Long Term Plan for SmokeFree
- The Health and Wellbeing Board could provide support for the strategy by adopting some key actions

The Chair thanked Joanna McLaughlin for her presentation and said that this would be interesting opportunity for the Board to engage in which tied-in with Health Inequalities item that was on the agenda for this meeting, although it would be quite a challenging subject overall.

Joanna McLaughlin commented that some of key issues and actions outlined in the strategy have been already in use. This strategy would follow to build on the progress resulting from the previous 2014-2018 strategy by defining how the Local Authority and its partners would seek to act in evidence and needs based way across the next 5 years.

Kate Morton commented that a number of young people (who to Bath Mind for information, advice and support) were smokers and that those numbers had gone up.

Joanna McLaughlin commented that results of schools’ surveys, conducted every two years, have suggested that the numbers of young people smoking had gone down.

Jo Scammell acknowledged that vaping was far less dangerous than smoking. However, she expressed her concerns on the rise in vaping and asked if there were any ways on stopping that trend, in particular with young people.

Bruce Laurence replied that there were many uncertainties on why vaping has risen over the last few years, whether because a number of people stopped smoking or because people enjoy vaping different flavours. The risk of vaping flavours with higher dosage of nicotine would be in developing an addiction. Although nicotine was not a significant health hazard for people without heart conditions, it would raise

heart rate which could create problems to people with heart conditions.

Paul Harris commented that he spoke to Curo residents about smoking, and some residents felt that 'smoking was the only pleasure in life and it made them happy'. Paul Harris asked the Board how to address such misleading opinions/views as there was a population of 30,000 housing residents in B&NES, with many of them likely to smoke.

Joanna McLaughlin replied that it would be very useful to work with representatives every organisation and body around this table by speaking to and offering support for people to stop smoking.

Councillor Rob Appleyard welcomed the report and thanked the officers for their great work on making B&NES smoke free. Councillor Appleyard said that some of the recommendations in the report may be difficult to achieve, stopping pension funds to invest in tobacco companies (as they provide high returns). Nevertheless, Councillor Appleyard informed the Board that the Council would be looking to divest from non-ethical companies over the period of time.

It was **RESOLVED** that:

- 1) The Health and Wellbeing Board noted the contents of this report and the full strategy document
- 2) The Health and Wellbeing Board approved the contents of this report and the full strategy document
- 3) The Health and Wellbeing Board provided support for the strategy by undertaking the following key actions:
 - I. Build on the success of Smokefree NHS by promoting smokefree environments across all partner organisations
 - II. Respond to the Government's consultation on the green paper for prevention 'Advancing our health: prevention in the 2020s' by endorsing the following:
 - a levy on tobacco companies to raise funds for smoking cessation and prevention activities
 - a requirement for manufacturers and importers of cigarettes to include Government mandated pack inserts to support quitting
 - a change in the legal age of sale for tobacco from 18 to 21.

55 **DATE OF NEXT MEETING**

It was confirmed that the date of the next meeting is 26 November 2019 at 10.30am.

56 **CLOSING REMARKS**

The Chair thanked everyone who participated at the meeting.

The meeting ended at 12.35 pm

Chair

Date Confirmed and Signed

Prepared by Democratic Services

‘Health Inequalities in B&NES: update and future roles’

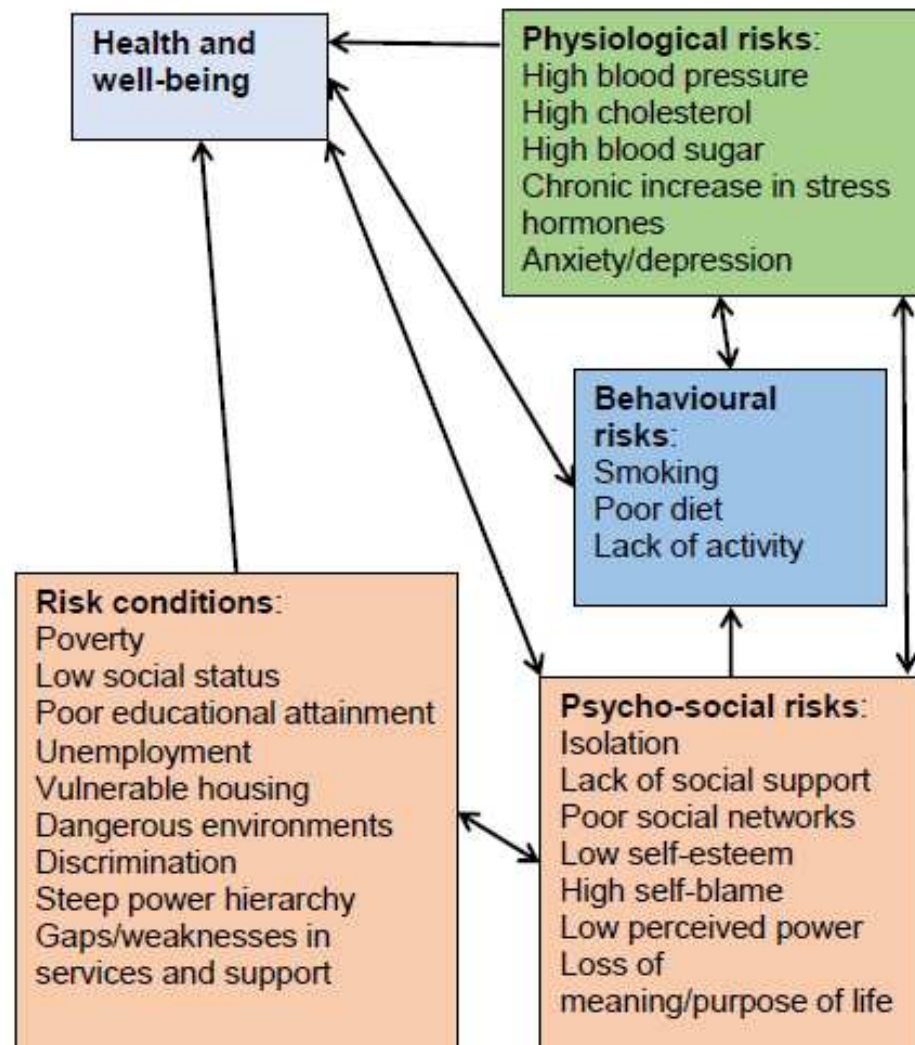
Joe Prince, Insight Manager

**Paul Scott, Associate Director of Public Health
Public Health Department, B&NES**

What are health inequalities?

- Some sections of society have worse health than others
- Some differences arise from chance, genetics or individual decisions
- But research shows that most health inequalities are determined by people's social and economic status over the course of their lives
- These differences are seen across different levels of wealth, between men and women, different ethnic groups, people with and without disability and between other discriminated-against groups and the majority

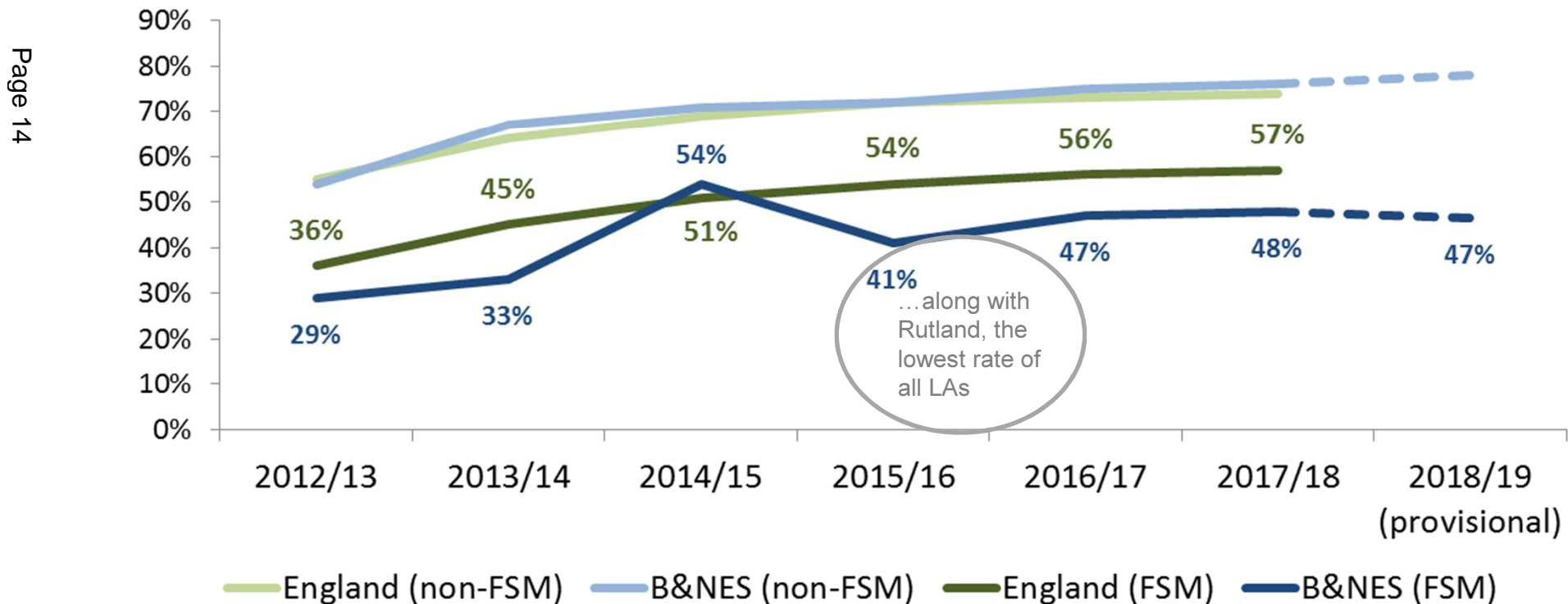
Health and wellbeing ...and the things that affect it



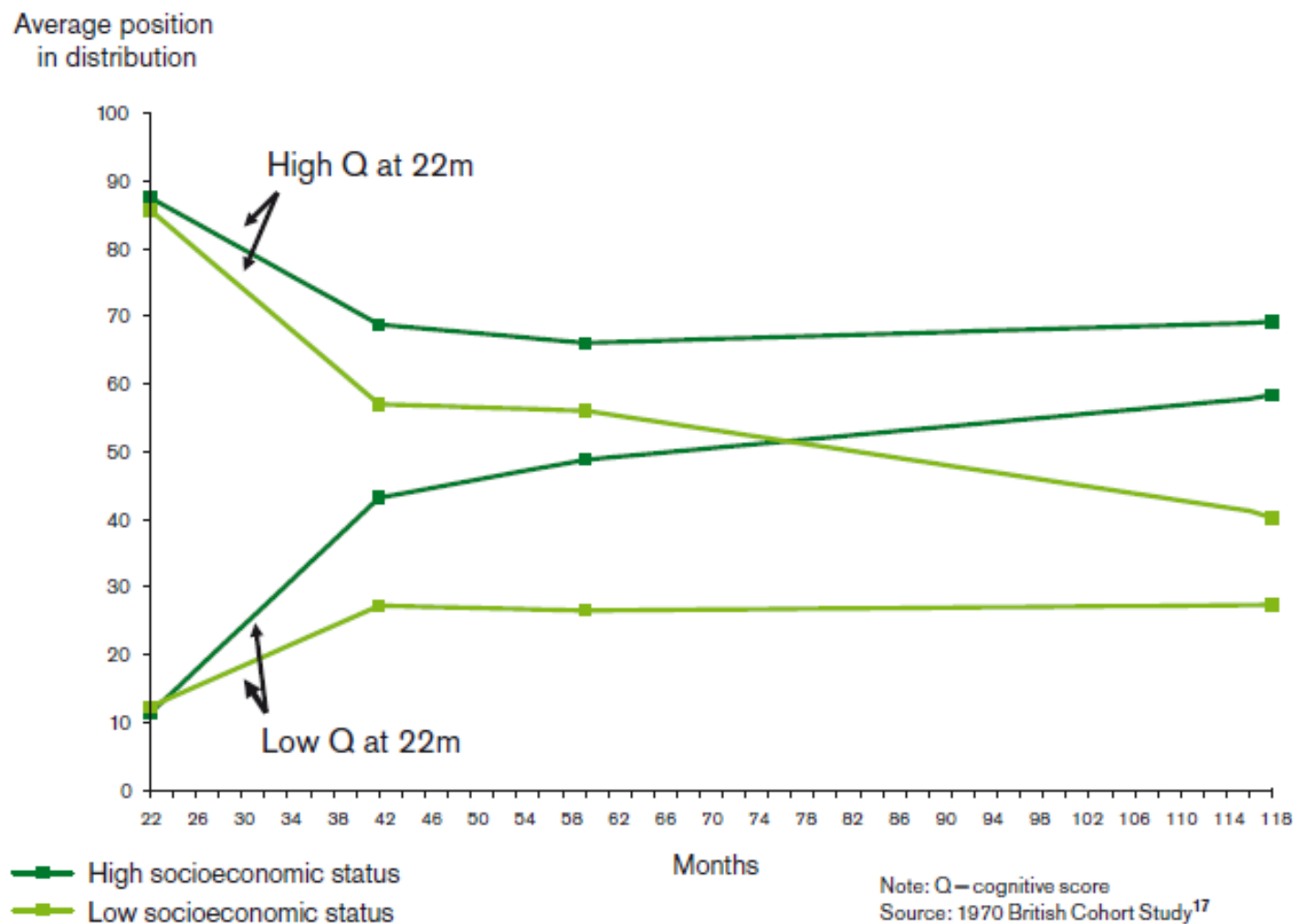
Inequalities show at the start of life

Children eligible for free school meals (FSM) are already facing challenges in the first year of school

Percentage of Reception Year FSM and non-FSM pupils achieving a Good Level of Development (EYFSP), B&NES and England, 2012/13 to 2018/19



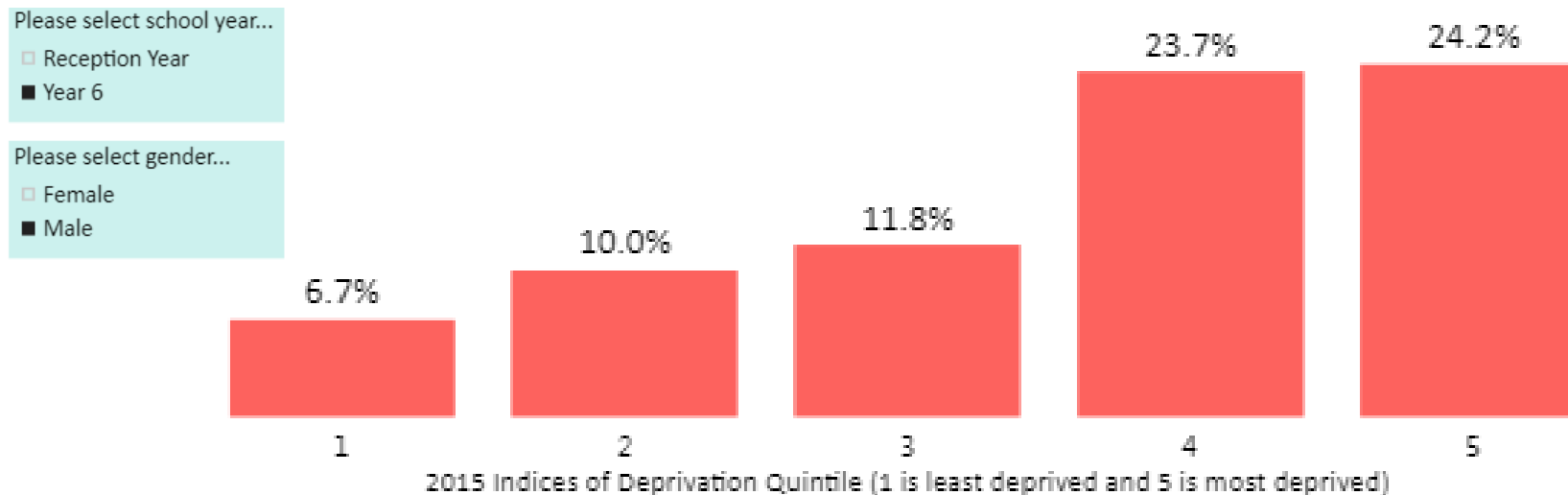
This difference is about circumstance, not initial intelligence of children



Source: *The Marmot Review 2010*

When B&NES children leave primary school, those from our more deprived areas are 3.5 times more likely to be obese (1 in 4) compared children to living in our least deprived area (1 in 15)

Percentage of Children Classified as Very Overweight, 2015/16 to 2017/18, B&NES



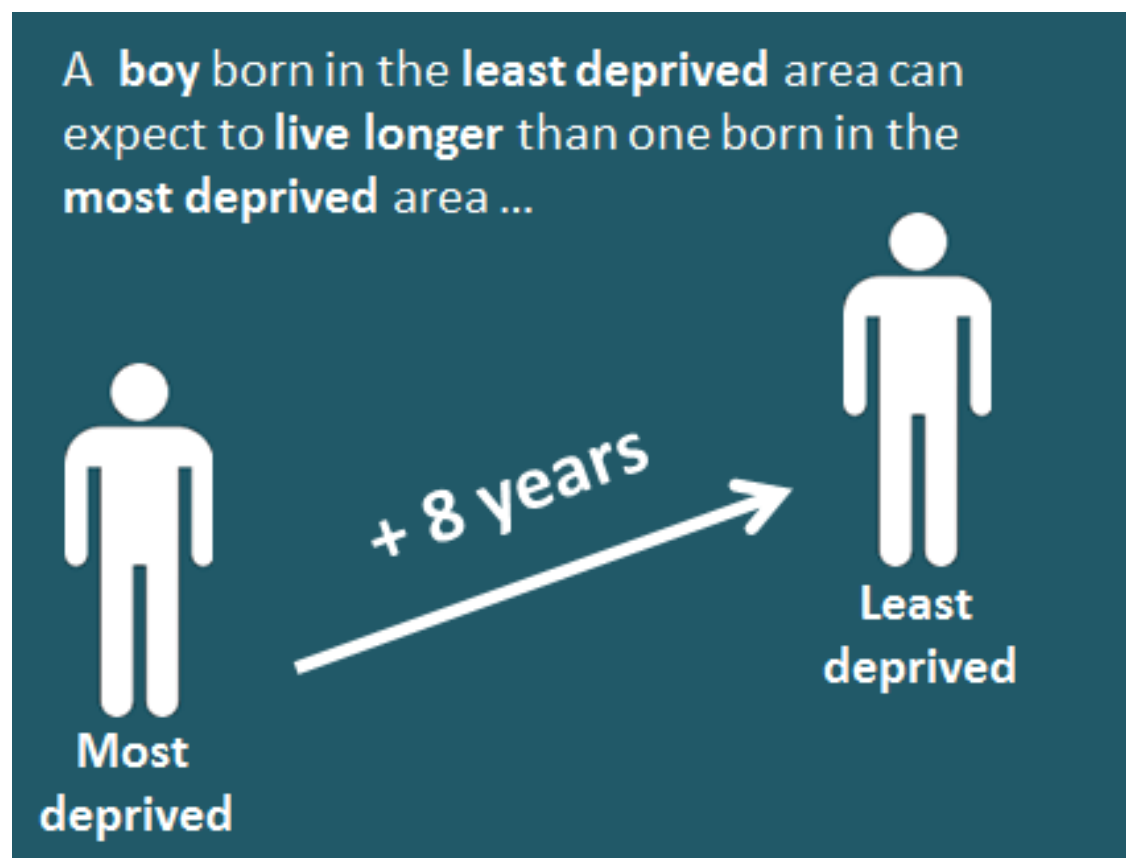


12% of adults in B&NES smoke
(downward trend nationally and locally)



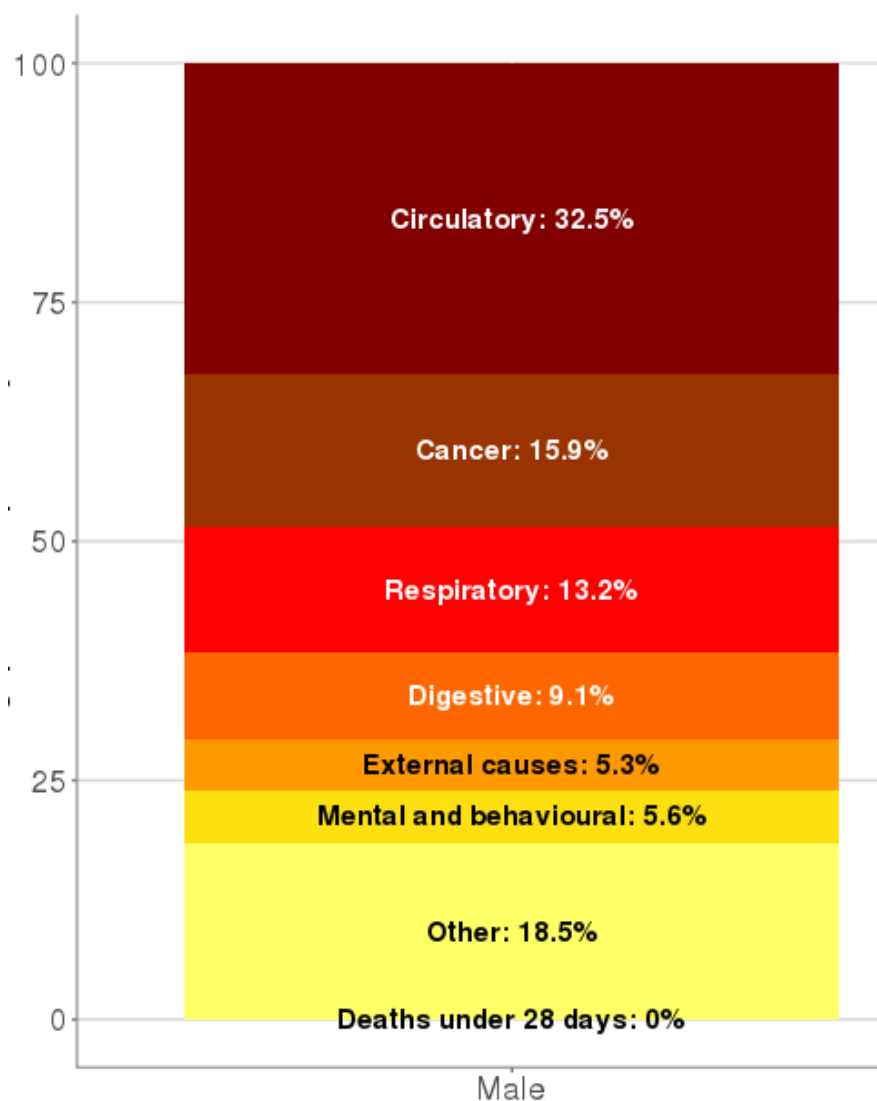
27% of working age adults in **routine and manual occupations** in B&NES smoke
(downward trend nationally, **but level trend locally**)

The different social and health experiences of people in more deprived areas result in shorter lives and more years lived with illness



Source: PHE (2019), Public Health Outcomes Framework (PHOF), indicator 0.2iii - Inequality in life expectancy at birth (Male), 2015-2017, available from: <https://fingertips.phe.org.uk/profile/public-health-outcomes-framework/data#page/4/gid/1000049/pat/6/par/E12000009/ati/102/are/E06000022/iid/92901/age/1/sex/1>

What causes the extra deaths in the most deprived parts of B&NES?



Source:
https://connect.healthdatainsight.org.uk/health_inequalities/segment_tool/

And what causes those causes...

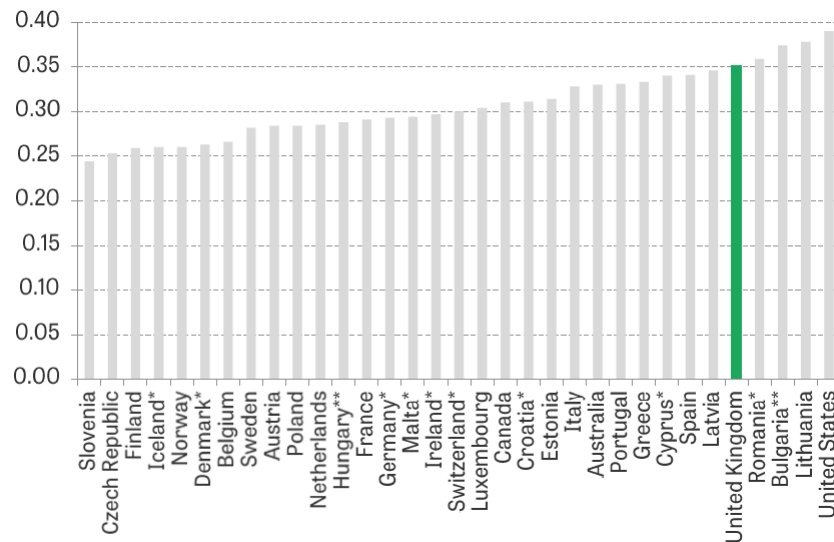
Health behaviours 30%	Socioeconomic factors 40%	Clinical care 20%	Built environment 10%
Smoking 10%	Education 10%	Access to care 10%	Environmental 5%
Diet/exercise 10%	Employment 10%	Quality of care 10%	Built environment 5%
Alcohol use 5%	Income 10%		
Poor sexual health 5%	Family/social support 5%		
	Community safety 5%		

Source: Robert Wood Johnson Foundation and University of Wisconsin Population Health Institute.
Used in US to rank counties by health status

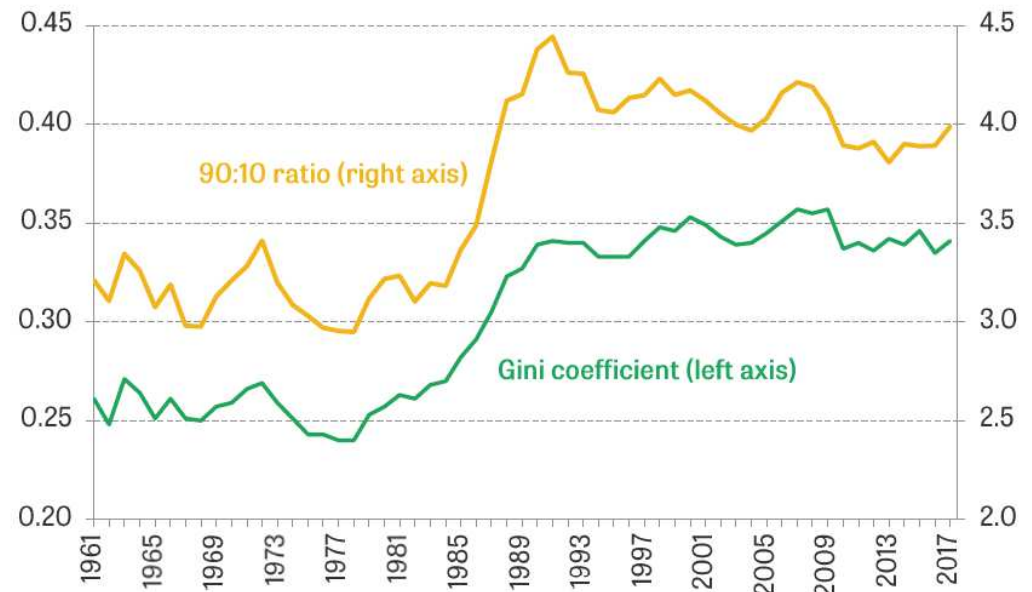
National Context

Income inequality rose sharply during the 1980s, and has remained at a similar level since...

Gini coefficient of equivalised net household incomes in selected countries, 2016



Gini coefficient and the 90:10 ratio in Great Britain, 1961-2017

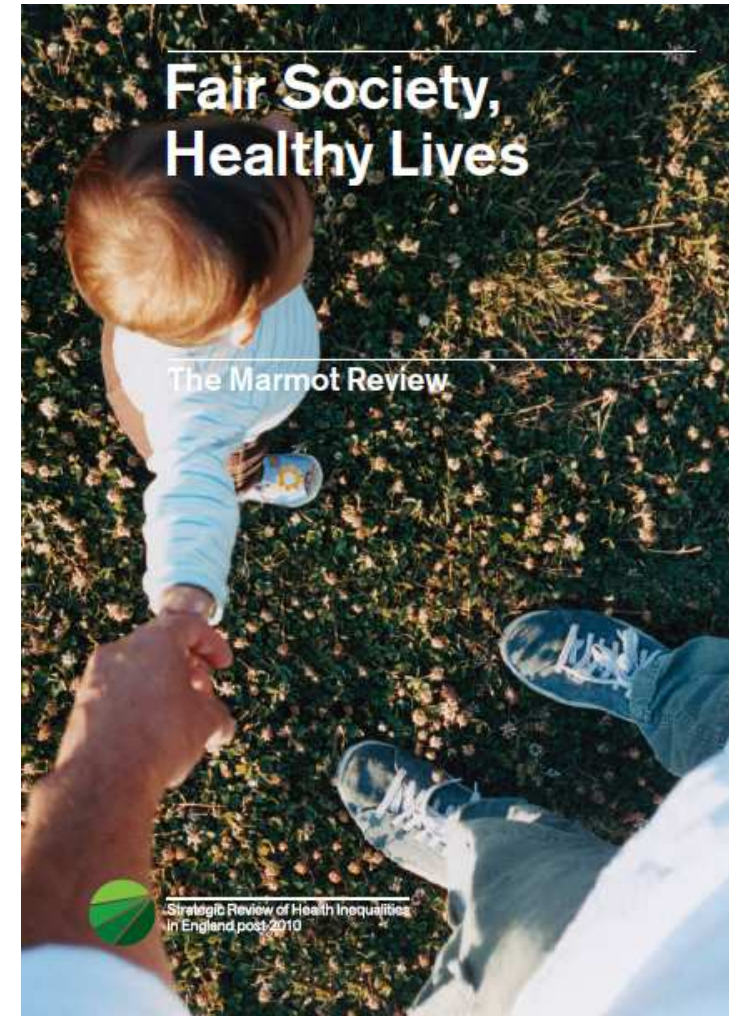


...which is at a relatively high level internationally.

Marmot Review 2010: the current policy basis for reducing health inequalities

Six policy objectives:

1. Give every child the best start in life
 2. Enable all children young people and adults to maximise their capabilities and have control over their lives
 3. Create fair employment and good work for all
 4. Ensure a healthy standard of living for all
 5. Create and develop healthy and sustainable places and communities
 6. Strengthen the role and impact of ill health prevention
- *Equity in access to healthcare*
 - *Helping people to help themselves*



Source: Marmot (2010), *Fair Society Healthy Lives (The Marmot Review)*, available from:

<http://www.instituteofhealthequity.org/resources-reports/fair-society-healthy-lives-the-marmot-review>

*“In the ten years since the publication of The Marmot Review, **health inequalities appear to be widening, and life expectancy increases have stalled.** We urgently need to reprioritise and take action on health inequalities.”*

Marmot (2019), ‘*Health Equity in England: The Marmot Review 10 Years On*’ (to be published in February 2020)

What are we doing to address health inequalities in B&NES?

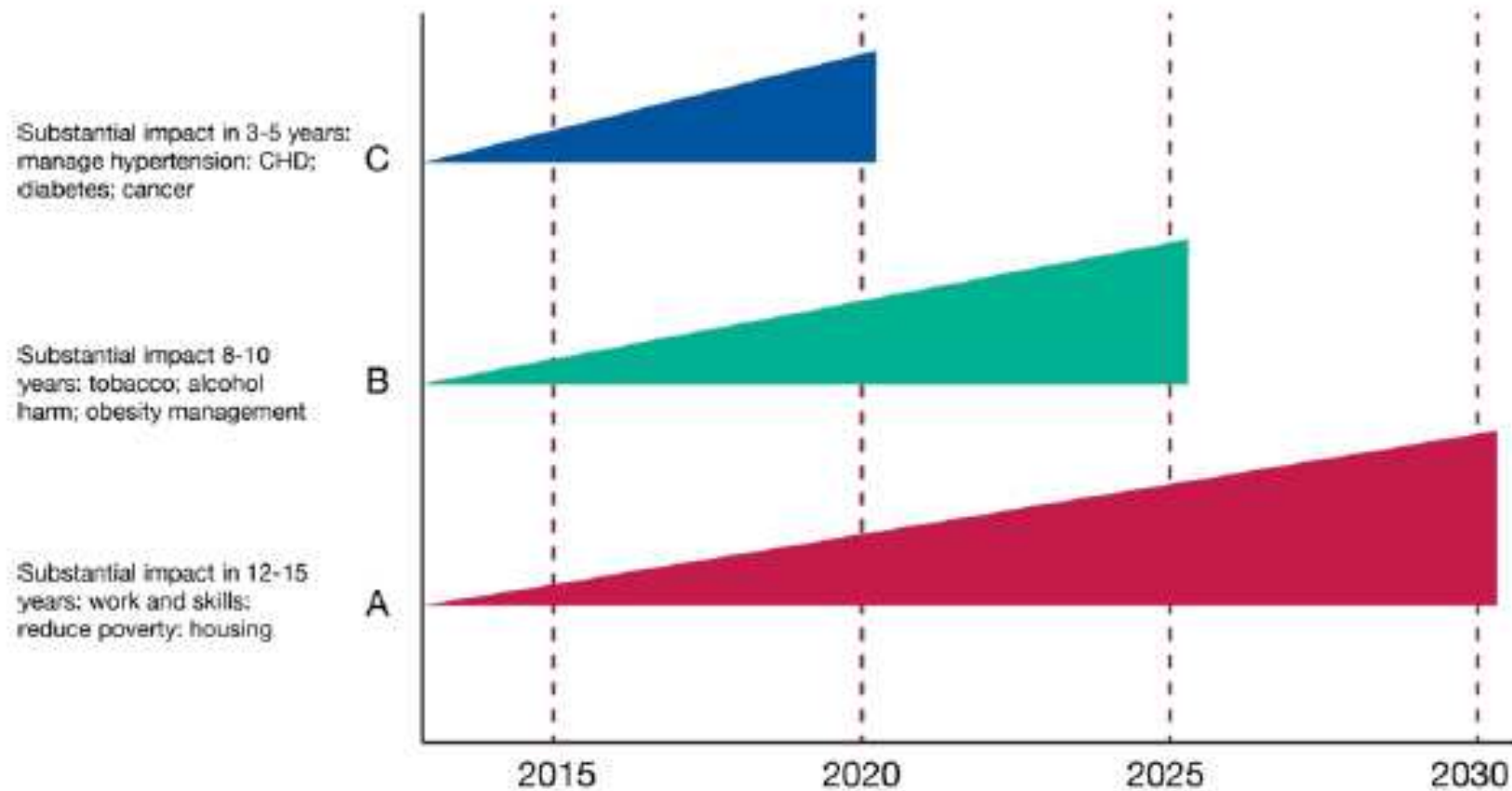
- **Narrowing the Gap project** in primary schools
- **‘UP’ project** in Early Years (*Understanding Progress, Unlocking Potential*)
- **Employment and skills** work with employers, young people, carers, etc
- Consideration of inequality in **Clean Air Zone** plans
- Improving participation in **child immunisations** in our most deprived surgery – from about 75% to 100%
- Improving physical care for **people with mental illness**

Do we have a strategic approach ?

Public Health England recommend:

- Understanding of local issues
- Identifying interventions needed and timescales
- Outcomes agreed for main objectives
- Accountability for progress and delivery
- Regular involvement from communities

Time needed to deliver outcomes from different interventions



Where does it sit in B&NES?

- Liberal Democrat Manifesto
- Council's key priorities
- NHS Long Term Plan
- Various joint strategies across B&NES

Implementing Chapter 2 of the NHS Long Term Plan

- **CCGs to set out during 2019 how they will reduce health inequalities by 2023/24 and 2028/29**
- support a range of disadvantaged groups
 - women who smoke during pregnancy,
 - people with a learning disability or autism
 - rough sleepers
 - carers, particularly those from vulnerable communities
 - people with serious gambling problems
 - people with severe mental illness
- ensure screening and vaccination programmes narrow health inequalities
- work in partnership with third sector organisations and local communities

A matter of justice - Local government's role in tackling health inequalities

Inequalities in the early years:

- home visiting
- promoting breastfeeding
- educational and other support for teenage parents
- parenting programmes
- children's centres

Inequalities in education and attainment

- home-school transition, especially groups where later educational attainment is lower
- childcare and support for working parents where need is greatest.
- children with special educational needs
- whole school approach to health

Inequalities and employment

- council' economic strategies tackle low pay and worklessness
- jobs where workers are valued, have opportunities for progression and are protected from adverse conditions
- seasonal workers
- 'living wage' for your employees and as part of procurement
- health of workforce
- Target welfare benefits advice to disadvantaged groups

Environmental inequalities

- Public transport access to healthcare facilities from areas of deprivation
- reduce impacts of climate change on disadvantaged groups
- planning for green spaces, access to services and facilities, walking and cycling
- more equal access to green spaces, parks and leisure facilities
- combat air pollution from traffic and reduce people's need to travel through polluted areas (eg children walking to school)

Inequalities and housing

- Do health, social care and planning strategies meet people's housing needs at each of the life stages
- opportunities for genuinely affordable housing
- reducing overcrowding and inadequate housing conditions
- homelessness strategy should address mental health and substance misuse
- fuel poverty

Inequalities and behavioural risks

- Health in All Policies (HiAP)
- Inequalities in smoking
- Inequalities in obesity
- Inequalities in alcohol misuse
- Tackling food poverty

Where next for this work?

- Impact of devolution?
- Impact of changes in CCGs and integrated care systems?
- Impact of ongoing need for public sector savings?
- Any questions?

Virgin Care

Shiela Willoughby: Professional Lead 0-5 BANES

Virgin Care

Infant Feeding Team Lead Jane Peters

The Team Structure



Professional Lead 0-5
B&NES
Shiela Willoughby

Infant Feeding and
EYCP Lead
Jane Peters

Infant Feeding Team
Emma Jeffery, Caroline Parfitt, Crystal Douthwaite, Vicky Gillett,
Catherine Henaghan, Bethany Hill, Nicola Hill, Emma Hamilton & Lisa
Button

Unicef Call to Action: 2019



https://www.youtube.com/watch?v=7yNvkk_LfpU#action=share

ROLE OF HEALTH VISITOR

- Family Health Need Assessment
- Antenatal Assessment
- New birth Visit 10-14 days
- Care Plan
- Pathway
- Build Community Capacity:- Groups, Hubs, Peer support, Websites.



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Useful links:-

www.babyfriendly.org.uk www.breastfeedingnetwork.org.uk www.laleche.org.uk

National breastfeeding helpline 0300 100 0212

Partnership with Children Centres:

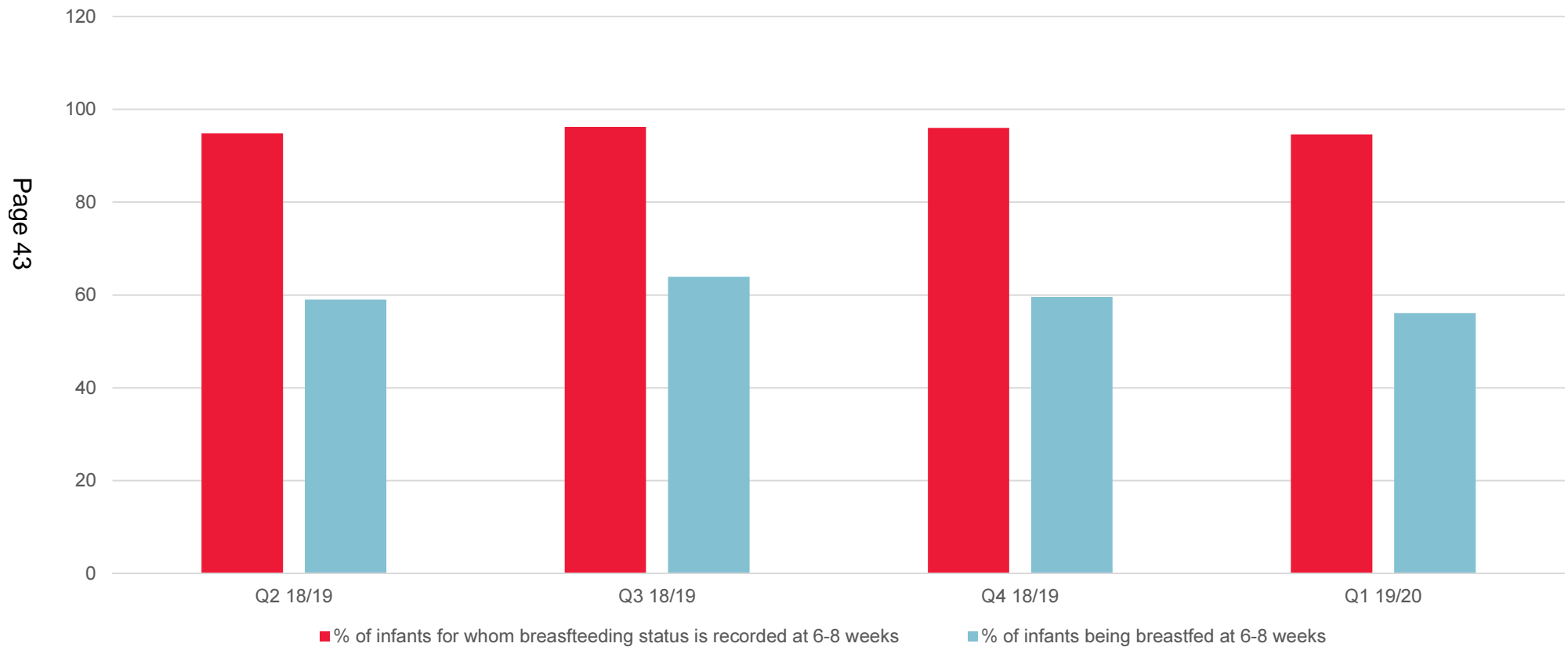
- Children Centres have solid professional relationships with health visitors and know how to refer for additional breast feeding support.
- Shared learning with Baby Friendly standards and updates.
- Through this training children centre staff can better identify the need for different levels of support and help mothers accordingly.



How are we doing in BANES?



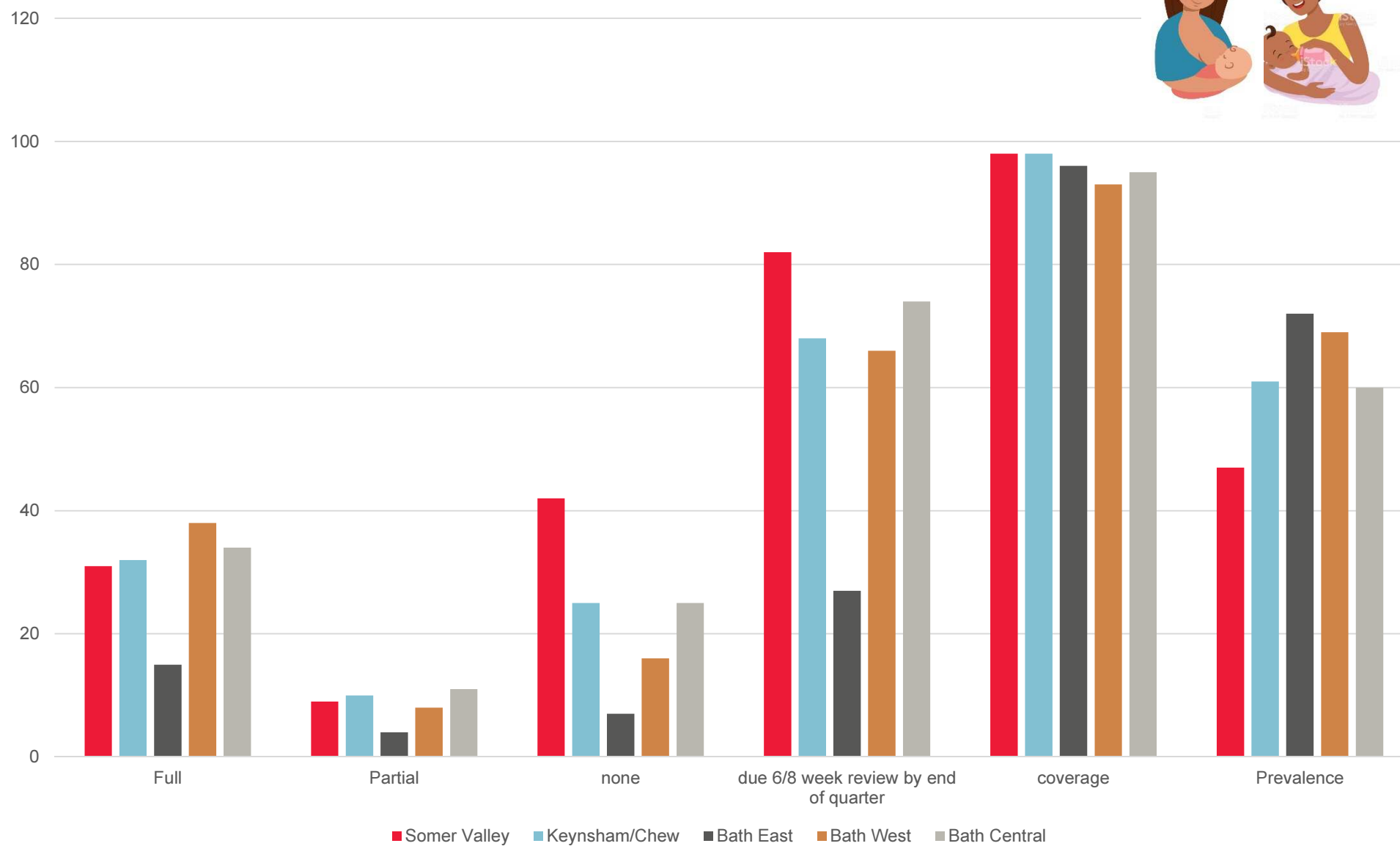
Breastfeeding



Breastfeeding coverage and prevalence (at 6-8 weeks) by locality

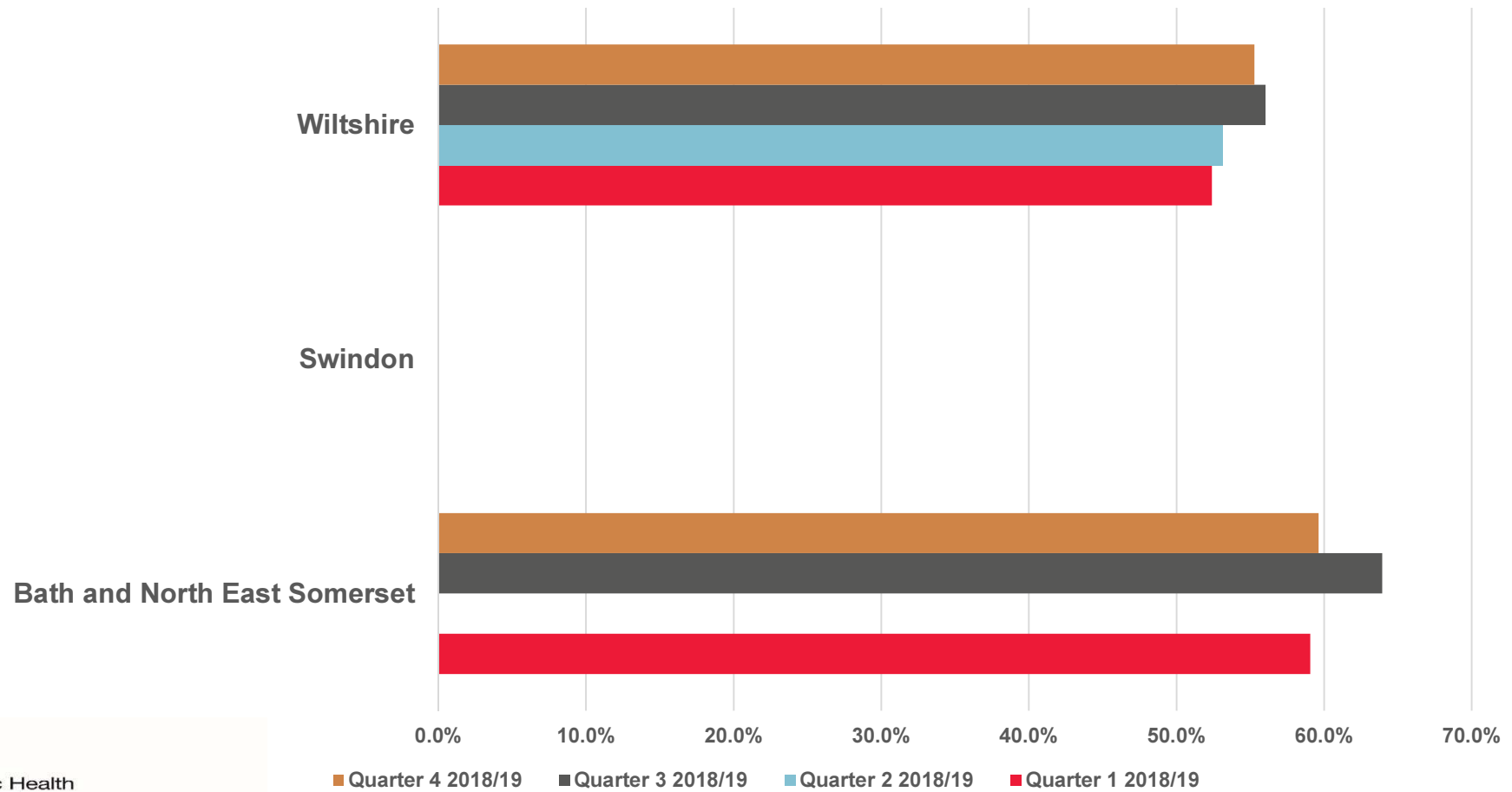


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**Breastfeeding prevalence at 6-8 weeks after birth
(Experimental Statistics)
Quarter 4 2018/19 (July 2019 release)**



Priority area for development



Radstock:-

Engage with the community to develop a profile to understand the needs of the community.

Write a project plan to address the low prevalence of breastfeeding.

Increased skill mix ensures additional support to the community and breastfeeding mothers

How we fit with the Sustainability and Transformation Plan



- Consistent messages for our service users
- Sharing Best Practice in line with national guidance and standards
- Develop shared pathways
- Building cross boundary relationships
- Supports professional challenge

THINK FAMILY

Transforming healthcare for babies, their mothers and families in the UK. WHO/Unicef 2019



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Bath and North East Somerset Health and Wellbeing Board September 2019: **Tobacco Control Strategy**

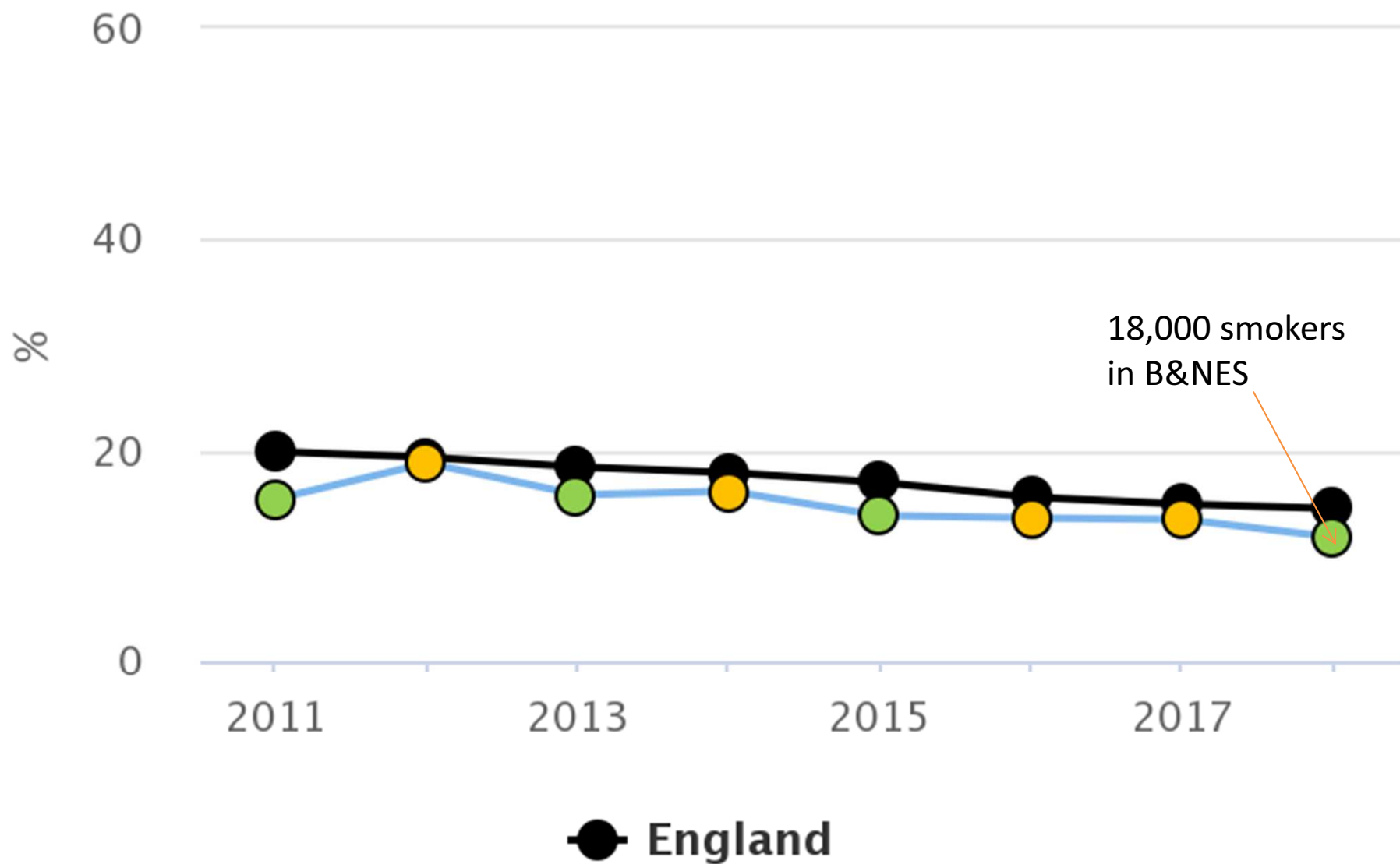
Dr Joanna McLaughlin
B&NES Public Health Team

**Tobacco Control Strategy
2019-2024**

**Bath and North East
Somerset**

2019

Smoking Prevalence in adults (18+) – current smokers (APS) for Bath and North East Somerset



The Vision

TOWARDS A
SMOKEFREE
GENERATION

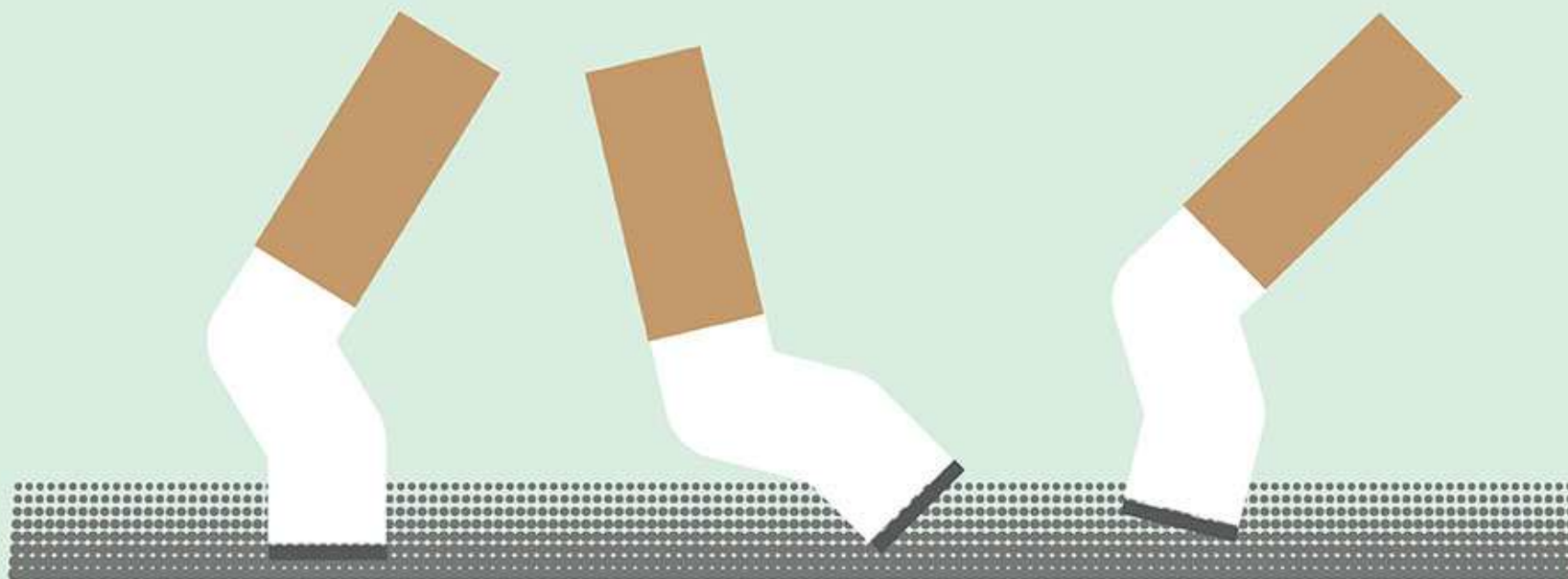
Key messages from the strategy

- 1.Reduce uptake
- 2.Improve chances of quitting
- 3.Provide diverse stop smoking support

Attempts and success at quitting

37% of smokers
attempted to stop
smoking in 2014...

...but it can take many
attempts: just **19% of
these were successful***



*Refers to short-term success (more than a few weeks)



**Don't give up
giving up.**





SMOKEFREE

NHS

NHS

The NHS Long Term Plan



The Health and Wellbeing Board provides support for the strategy by undertaking the following key actions:

- Build on the success of Smokefree NHS by promoting smokefree environments across all partner organisations
- Respond to the Government's consultation on the green paper for prevention 'Advancing our health: prevention in the 2020s' by endorsing the following:
 - a levy on tobacco companies to raise funds for smoking cessation and prevention activities
 - a requirement for manufacturers and importers of cigarettes to include Government mandated pack inserts to support quitting
 - a change in the legal age of sale for tobacco from 18 to 21.
- Identify the support possible to address the issue of HWB members' pension funds investing in tobacco companies with recognition of the fact that other local authorities have already achieved ethical investment policies
- Support use of tobacco control levers in all policy areas. For example: Housing – all new builds to be smokefree