**Improving People's Lives** 

# Health and Wellbeing Board

# Date: Tuesday, 27th September, 2022 Time: 10.30 am Venue: Council Chamber - Guildhall, Bath

**Members:** Councillor Dine Romero (Bath and North East Somerset Council), Councillor Alison Born (Bath and North East Somerset Council), Cara Charles Barks (Royal United Hospital), Jayne Davis (Bath College), Sara Gallagher (Bath Spa University), Will Godfrey (Bath and North East Somerset Council), Paul Harris (Curo), Nicola Hazle (Avon and Wiltshire Partnership Trust), Mary Kearney-Knowles (Bath and North East Somerset Council), Ronnie Lungu (Avon and Somerset Police), Kate Morton (Bath Mind), Alice Ludgate (University of Bath), Rachel Pearce (NHS England), Sue Poole (Healthwatch BANES), Rebecca Reynolds (Bath and North East Somerset Council), Nikki Rice (Avon Fire and Rescue Service), Val Scrase (Virgin Care), Dr Andrew Smith (BEMS+ (Primary Care)), Richard Smale (Integrated Care Board) and Suzanne Westhead (Bath and North East Somerset Council)

# Non-voting member:

**Observers:** Councillor Robin Moss (Bath and North East Somerset Council)

Other appropriate officers Press and Public

#### 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 Guildhall - Bath

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. We request that those filming/recording meetings avoid filming public seating areas, children, vulnerable people etc; however, the Council cannot guarantee this will happen.

The Council will broadcast the images and sounds live via the internet <u>www.bathnes.gov.uk/webcast</u>. 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.

# 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 can be found at:

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 and Wellbeing Board - Tuesday, 27th September, 2022

### at 10.30 am in the Council Chamber - Guildhall, Bath

# <u>A G E N D A</u>

- 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 20)

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

 REFRESH OF THE PHARMACEUTICAL NEEDS ASSESSMENT (PNA) (Pages 21 -102)

Joe Prince/Paul Scott

9. CHILDREN AND YOUNG PEOPLE'S SUB-GROUP REPORT (Pages 103 - 206)

Mary Kearney-Knowles

10. HEALTH PROTECTION BOARD ANNUAL REPORT (Pages 207 - 272)

Anna Brett/Amy McCullough

11. SEXUAL HEALTH STRATEGY ANNUAL REPORT (Pages 273 - 298)

The Democratic Services Officer for this meeting is Corrina Haskins who can be contacted on

01225 394357.

### HEALTH AND WELLBEING BOARD

# Minutes of the Meeting held

Tuesday, 21st June, 2022, 10.30 am

Councillor Dine Romero	Bath and North East Somerset Council		
Jayne Davis	Bath College		
Paul Harris	Curo		
Mary Kearney-Knowles	Bath and North East Somerset Council		
Sue Poole	Healthwatch BANES		
Rebecca Reynolds	Bath and North East Somerset Council		
Richard Smale	Clinical Commissioning Group		
Libby Walters	Royal United Hospital, Bath		
Ruth Gawler	Avon & Somerset Police		

#### 1 WELCOME AND INTRODUCTIONS

The Chair, Councillor Dine Romero, Cabinet Member for Children, Young People and Communities welcomed everyone to the meeting.

Members of the Board and officers that were present introduced themselves.

#### 2 **Emergency Evacuation Procedure**

The Chair drew attention to the emergency evacuation procedure.

#### 3 Apologies for Absence

Apologies had been received from Will Godfrey, Chief Executive, BANES; Cara Charles-Barks, Chief Executive, RUH; Rachel Pearce, NHS England Area Representative; Sara Gallagher, Bath Spa University; Suzanne Westhead, Director of Adult Social Care, BANES; Amritpal Kaur, The Care Forum; Kate Morton, Bath Mind; Susan Hayter, Strategic Co-ordination Officer, BANES; Nicola Hazle, AWP (Mental Health Care); Dr Bryn Bird, BSW CCG; Ronnie Lungu (Avon and Somerset Police) and Councillor Alison Born, Cabinet Member for Adult Services.

Libby Walters, Director of Finance & Deputy Chief Executive attended as substitute Cara Charles-Barks.

Ruth Gawler, Avon & Somerset Police attended as substitute for Ronnie Lungu.

#### 4 **Declarations of Interest**

Sue Poole declared an other interest in agenda item 11 (Reprocurement of Local Healthwatch in Bath and North East Somerset) as she is an employee of Healthwatch BANES. She stated that she would leave the room for the duration of the item.

#### 5 **To Announce any Urgent Business Agreed by the Chair**

There was no urgent business.

#### 6 **Public Questions/Comments**

There were none.

#### 7 Minutes of Previous Meeting; 29th March 2022

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

#### 8 Joint Strategic Needs Assessment (JSNA)

Joseph Prince, Team Manager – Insight gave a presentation to the Board regarding this item. A copy of the presentation will be attached as an online appendix to these minutes and a summary is set out below.

#### Strategic Evidence Base – Update and Key Findings

#### **Themes**

Broadly, five themes have emerged.

• <u>B&NES in summary</u>

In 2020, the population of B&NES was estimated to be 196,953. (ONS)

The population has grown steadily over time:

This growth has come from a combination of increasing student numbers at the two Universities and an increasing number of new housing developments.

The shape of the population is largely driven by the high number of university students.

This data will be superseded by release of data collected during the 2021 Census in early summer 2022.

Overall population outcomes remain good.

- Life Expectancy is 80.8 for men and 84.7 for women, both significantly higher than national average. (OHID).
- 84% of residents satisfied with area as a place to live compared to 75% nationally. (Voicebox & LGIU)
- 84% of residents satisfied with area as a place to live compared to 75% nationally. (Voicebox & LGIU)
- Inequalities

2019 - As a whole, B&NES remains one of the least deprived local authorities in the country (ONS). However, within some areas, inequality is widening and deprivation remains significant.

Two small areas within the most deprived 10% nationally – Twerton West and Whiteway.

Premature mortality:

Between 2019 and 2021 the average number of B&NES residents that died each year was 1,748. Over this same period, the average number of premature deaths per year was 444. (OHID)

B&NES has a lower premature mortality rate than England, but there are wards within B&NES where the mortality rate for the under 75s is substantially higher.

Education and Lifestyle outcomes:

• Education outcomes (DFE)

The attainment gap between children eligible for free school meals is significant and has not changed over time. For early years, this is one of the highest gaps in the country. This trend continues in 20/21 Key Stage 4 attainment.

There remains an attainment gap for children with Special Educational needs and Disability, although this has reduced across all key stages.

Children eligible for free school meals and those of a mixed ethnic background see higher rates of fixed term exclusions than for England and similar authorities

Lifestyle

Smoking - Tobacco remains the greatest risk factor for mortality in B&NES, particularly for those in their 50s and 60s, but also for those aged 70+. (*OHID*) In B&NES, 1 in 4 workers in routine and manual occupations smoke.

Drugs - England level data shows that the most deprived areas have a higher prevalence of opiate and/or crack cocaine use than the least deprived deciles. *(OHID)* 

Alcohol - In the over 40s, men are significantly more likely to be admitted to hospital due to an alcohol related injury or illness than women. *(OHID)* 

• Demand and Growth

Requests for adult social care support rose by 8% between 18/19 and 20/21, although provisional data for 21/22 suggests a 17% reduction. (In-house data)

There were 1,708 Education Health and Care Plans for children with Special Education Needs and Disability in 2021. 128% increase since 2016, reflecting both national and regional trends. (in-house data)

5,842 households are on the waiting list for social housing as of March 2022 a 12.5% increase since 2021 (in-house data)

83% of adults in the UK reported an increase in their cost of living in March 2022. (House of Commons Library)

Low-income households spend a larger proportion than average on energy and food so will be more affected by price increases. The Resolution Foundation estimates that an extra 1.3 million people will fall into absolute poverty in 2023, including 500,000 children.

Housing Growth - At least 14,800 more homes between 2022 and 2042 (Local Plan). 54% of additionality from regional demand may need adaptations for disability, (WECA)15% increase in 65+ population (ONS).

Employment Forecasts - Forecast to return to pre-pandemic levels by 2022 with modest growth thereafter. (Hardisty Jones Associates) Growth in administrative services, health and care, arts and entertainment.

• Ongoing pandemic impacts

B&NES had a lower overall rate of covid deaths than England. (ONS)

Cumulative excess deaths show that there were 289 excess deaths in B&NES between March 2020 and February 2022. The expected number of deaths over this period was 3,303 so there was an increase of 9%.

Exact local prevalence is unknown as self-reported long covid is not systematically recorded by GPs. Applying the national estimates to our local population, we would be expecting approximately 5,500 people in B&NES with long-COVID. (ONS)

Children and Young people's experience of lockdowns can be attributed to increased complexity and demand in services (Social Care, SEN) Falls in 80+ resulting in hospitalisation rising and much higher than national rates. (OHID)

• Wellbeing and Mental health

Anxiety levels have generally been higher in B&NES than England since 2013/14 and have shown a greater increase than the national figure in 2020/21. (ONS)

During the period of the Coronavirus pandemic though national rates of probable mental disorders increased more steeply – to 1 in 6 in 2021 (estimating 5,750 children and young people with a probable mental disorder in B&NES).

Social and Emotional Mental Health (SEMH) as the primary SEND need has more than doubled in recent years. (In-house data).

We also see high and increasing levels of (OHID):

- U18 hospital admissions for mental health conditions
- Eating disorders
- U18 hospital admissions for alcohol specific conditions
- Self harm hospital admissions
- Young women and girls have particularly high levels of admissions for self-harm and mental health conditions

#### <u>Gaps</u>

Data will be fed in when received regarding these subject areas.

- Health System Data:
  - Population health analytics
  - Service demand and pressures
- Digital Inclusion
- Active Travel
- Young Carers
- Child Exploitation
- Tourism and Visitor Economy
- Environmental Nuisance
- Regeneration

#### Future Approach

- Published June 2022
  - Infographic headline document
  - Summary document (~150 pages)
  - Links to underlying content (e.g. more detailed reports) on Council website
- Iterative, what we know changes all the time.
- Refresh when new knowledge is generated.
- Aligned to core strategy/local plan refresh

• Ward Profiles (Post Census), including community asset information

# Questions for strategy

- How might we build on our positive outcomes and use community assets to support everyone?
- How can we best respond to rapidly changing demands?
- How can we collaborate to produce better evidence/intelligence?

Paul Harris said that now the data had been gathered the focus should be on choosing the most important issues and tackling them. He added that from his point of view these would Inequalities and CYP and Adults Mental Health.

Rebecca Reynolds stated that a Sub-Group of the Board had been set up to decide on focus areas.

Councillor Romero said that what we do now with this information is so important.

Jayne Davis said that action must be taken to resolve the education gap as that can affect those from Early Years through to 19. She added that this can impact some disadvantaged learners throughout their whole lives.

Mary Kearney-Knowles commented that she felt that a whole system approach was needed and that a collective response was required to those issues that are deemed as a priority. She added that she recognised and acknowledged the pressures associated within Children's Health and that the development of the ICS (Integrated Care System) should be seen as an opportunity to tackle these issues.

Councillor Romero said that they need to find ways to address the problems identified and that the specific wards identified in B&NES have been classed as areas of deprivation for some time.

Richard Smale said that he was keen to accept the challenge to try to tackle the issues raised and that it was key that a collective response is orchestrated. He added that he believed that we should not be afraid to target those areas in most need and that tangible next steps should be agreed by the Sub-Group.

Rebecca Reynolds commented that since the last meeting of the Board a development session had been held and that Sophie Broadfield, Director of Sustainable Communities had agreed for the need to work with specific communities to address issues raised.

Jayne Davis said that the Sub-Group was the right place to start to form ideas of how to resolve some of these matters. She added that she felt that the Board would benefit from inviting in people who are closer to the problems to gather further evidence and address them.

Rebecca Reynolds agreed and said that public engagement with the Board was very important.

Ruth Gawler asked if the Sub-Group would report back to the Board.

Councillor Romero replied that it would.

Councillor Rob Appleyard commented that he hoped this work would act as an opportunity for change. He added that in terms of attainment he was aware of the work that the St. John's Foundation were doing with schools and asked the Board to consider hearing about the impact of their work.

Mary Kearney-Knowles said that a report could be provided if the Board decided that they would like further information.

Councillor Romero thanked Joseph Prince for his presentation on behalf of the Board and said she looked forward to seeing what developments could be made over the coming months.

# 9 Housing, Health and Wellbeing

Paul Harris, Executive Director, Curo addressed the Board, a summary of his presentation is set out below.

#### Housing crisis

Crisis has been ongoing for around 30 years and the recent Government target of building 300,000 new houses a year is not being met.

#### Investment in safety and zero carbon

This work is of course necessary but has changed the perspective of how we manage our budget.

#### Levels of mental ill-health and disability

Increase in these numbers is higher for those people who live in affordable homes.

#### Poverty / Cost of living

This is inevitably affecting those who were already struggling more.

#### Social housing and other tenures

Social Housing

- 2.4m tenants (1.6m LA)
- Lonely, anxious, support
- Smaller homes (66 sqm)
- 13% decent homes failure
- 66% energy efficiency

Private rented

- 4.4m private renters
- Currently unregulated
- Smallish homes (74 sqm)
- 21% decent homes failure
- 42% energy efficiency

#### Owner occupied

- 15.5m owner occupiers
- Larger homes (109 sqm)
- 16% decent homes failure
- 42% energy efficiency

#### **B&NES (Housing) context**

- High cost of living
- Huge waiting lists
- Increasing homelessness, overcrowding
  - Large families living in properties with a low number of rooms
- Accessibility
  - Properties not equipped or in a good enough state for the people living there
- Curo estate
  - Former Council homes in the main, built in the 1960's
- Lack of development / land prices / planning
  - Small numbers of Affordable Homes

#### Major factors affecting health

- Space
- Neighbourhood
- Quality of home
- Damp & Mould
- Cost/poverty
- Poor finish/furniture

#### Damp & Mould - An increasing concern

- 42% Curo properties reported at least once
- 49% residents have someone at home for whom D&M makes their health worse
- 15% residents can heat only one room
- 6.5% have disability, damp & mould and affordability concerns

#### What is Curo doing to help

• Damp & Mould Plan, remote monitoring, national awareness-raising

- Customer support fund
- Passport 2 Housing, Money Advice Service, Navigators
- Hoarding help & advice
- Better data targeted investments (£100m over five years)
- Building new homes (+ HE funding)
- Green spaces plan

#### What can other partners do to help

- NHS/ICS understand role housing plays in health and wellbeing; recognise harmful effects of damp and mould, work closely with housing providers
- All consider joint investments to improve housing quality and save costs elsewhere in the system
- LA properly fund DFG (Disabled Facilities Grants) process; create adapted housing register; air quality strategy

Rebecca Reynolds said that the presentation showed it was clear that there is a link between housing conditions and the health of residents. She asked who within the Council would be best to talk with regarding the Disabled Facilities Grants.

Paul Harris replied that they would normally discuss this with Graham Sabourn (Head of Housing) and Mike Chedzoy (Housing Options & Homelessness Manager).

Councillor Romero suggested that these officers could be invited to a future meeting of the Board.

Libby Walters asked if a shortlist of top priorities could be identified.

Paul Harris replied that the gaps in housing provision need to be addressed as well as homelessness and availability of supported accommodation. He added that the Foyer in Bath which provides housing for people aged between 18 and 25, normally does so for up to two years, but currently has 5 people that have been there for longer as there is a lack of 'move on' facilities.

He said that work to improve neighbourhoods in our most deprived areas should also be prioritised.

Richard Smale commented that he would be willing to provide contacts if required to the NHS / ICS to enable further discussions.

Jayne Davis stated that it was vital to have the views of young people on the issues that affect them. She added that she believed that the homeless problem was bigger than the current figures suggest.

Paul Harris agreed and said that he felt that the count that takes place is not reflective of the actual number of homeless people and that the numbers are much bigger.

Mary Kearney-Knowles said that the presentation shows how startling the housing problem is and that it is a clear priority that needs addressing.

Rebecca Reynolds suggested that the BSW Academy could also look to have the subject of housing and health as part of their training and development programme.

Joseph Prince said that housing features highly in the JSNA (Joint Strategic Needs Assessment) and that the evidence is there to support it as a priority to be addressed.

Councillor Rob Appleyard asked how the Council and Housing Association can improve the provision of larger properties.

Paul Harris replied that the Housing Association should where possible attempt to work more closely with Planning Dept. He added that the Council could consider the development of larger properties by not always selling their land to the highest bidder and having an influence on what type of houses are built.

Councillor Romero asked what scope was there to extend current properties and was there any type of programme to do so.

Paul Harris replied that Curo do have an Asset Management Plan and that they are considering whether the basements of some central properties could be developed. He added that they have 800 listed homes to which no development work is allowed and said that that for some properties it can be a very long process.

Councillor Romero commented that she would like officers to assess what work would be required to have in place an Adapted Homes Register. She also thanked Paul Harris for his presentation on behalf of the Board.

#### 10 Better Care Fund Report

Judith Westcott, Senior Commissioning Manager for Adult Health and Social Care addressed the Board. A copy of her presentation will be attached as an online appendix to these minutes, a summary is set out below.

#### Key Better Care Fund Developments

Allocations from Integrated Care Boards to BCF plans for 2022-23 have been published. The NHS Revenue finance and contracting guidance (published 12 April) confirmed that the NHS contribution to the BCF would increase by 5.66% in 2022-23.

- Disabled Facilities Grant Determination: Department for Levelling Up, Housing & Communities have confirmed 2022-23 allocations for the Disabled Facilities Grant. Allocation for 2022-23 will be £1,441,905.
- Improved Better Care Fund (iBCF) Grant Determination: Publication issued & confirms that the grant determination for the iBCF for 2022-23 will be £4,903,011 (3.02% increase from 2021-22).
- Better Care Fund Planning and Assurance 2022-23: The national Better Care Fund team are working closely with Government Departments to secure final sign off for this year's Planning Requirements. The planning timeline looks

like it will begin in July and run until September (but is subject to partner sign off).

# Better Care Fund End of Year Report – 2021/22

The Better Care Fund reporting requirements and set out in the BCF Planning Requirements document for 2021-22, which supports the aims of the BCF policy framework and the BCF programme. The key purpose of the report is to:

- To confirm the status of continued compliance against the requirements of the fund (BCF)
- To confirm actual income and expenditure in BCF plans at the end of the financial year.
- To provide information from local areas on challenges, achievements, and support needs in progressing the delivering of BCF plans.
- To enable the use of this information for national partners to inform future direction and for local areas to inform improvements.

#### Non Recurrent Funding Applications 22-23

Our ambition - Working together to empower people to lead their best life

Benefits to deliver:

- Keeping people safe by improving the status quo
- Improving people's outcomes by testing different system approaches and learning from these
- Transforming people's lives through prevention and early intervention

Our journey outcomes:

- Recovery /relieving system pressure
- System learning / culture change
- B&NES System transformation

Organisations across the B&NES health and social care sector were invited to apply for nonrecurrent project funding through submission of a high-level project plan.

30 projects were initially submitted for consideration for 22-23 non-recurrent funding. 3 projects were withdrawn as they were able to secure funding from a different source or felt the application was no longer relevant. 27 projects were presented to the AODG (Alliance and Delivery Operational Group) panel across 3x separate 1hour sessions. The total value of the 27 projects was £8,984,157.

ADOG members and applicants were invited to rank applications in priority order by submitting a 'league table' style vote. Votes have been collated and results can now be shared with the Health and Wellbeing Board, as some of these projects will utilise available iBCF funding.

Available Funding: Project applications totalled £8,984,157, and unfortunately, only

approximately £4,153,000 is available for commitment.

Whilst at this stage, we are only able to commit to supporting 9 of the 27 projects that were submitted for consideration, discussions will be held at ADOG to agree plans for reducing the spend on the approved projects with the aim of releasing funds to projects that were unsuccessful. If plans are developed quickly, funding can be released promptly, allowing some of the other high scoring projects to be initiated.

Rebecca Reynolds commented that she felt that there was a robust governance system in place for the Fund. She asked for clarification that the Board were being asked to approve a further £1.2m into the process.

Judith Westcott replied that this was correct.

Mary Kearney-Knowles said that she could also give the Board an assurance of the robust process that is carried out by the Fund.

Paul Harris said that he welcomed the use of the BCF in providing some stepdown provision. He added that if it was felt that Curo could provide any further support to contact Harriet Bosnell.

Judith Westcott replied that ADOG would welcome a housing representative.

The Health & Wellbeing Board **RESOLVED** to:

- i) Note the contents of the report.
- ii) Approve the 2021-22 End of Year Better Care Fund Report,
- iii) Note the key developments regarding the 2022-23 Better Care Fund planning,
- iv) Note the process and agree in principle the next steps that have been outlined and undertaken in collaboration with the Alliance and Delivery Operational Group (ADOG) for 2022-23 non-recurrent funding.

# 11 Healthwatch Procurement

Andy Thomas, Head of Strategy Engagement & Marketing addressed the Board and highlighted the following points from the report.

Healthwatch England provides advice to the Secretary of State for Health and Social Care, NHS England and English local authorities. He added that the Secretary of State is also required to consult Healthwatch England on the NHS mandate, which sets the objectives for the NHS.

Healthwatch England also provides advice and support to Local Healthwatch organisations. Based in upper-tier and unitary local authority areas in England - and funded and commissioned by them – they gather evidence from the views and experiences of patients, service users and the public about their local health and care services and provide feedback based on that evidence.

Following a procurement process for a local Healthwatch in Bath and North East

Somerset, the Care Forum were commissioned for a period running from 1st April 2018 to 31st March 2021, with the option to extend for up to 24 months following this.

The Care Forum was granted two 12-month extensions to the original contract for Local Healthwatch in Bath and North East Somerset, from 1st April 2021 to 31st March 2022. from 1st April 2022 to 31st March 2023.

There is therefore now a requirement to re-procure Local Healthwatch in Bath & North East Somerset from 1st April 2023, and initial work is underway to plan for this procurement process, which will be undertaken by Bath & North East Somerset Council.

The current indicative timetable identifies a review of the previous specification over the summer in the light of these and other changes, with a view to beginning the procurement process in the autumn.

The Health and Wellbeing Board is therefore invited to nominate a member to assist with this process of reviewing and updating the specification, ahead of the procurement process beginning.

Paul Harris said that he would be happy to be involved.

Mary Kearney-Knowles said that she would also be willing to take part in the process.

#### The Board **RESOLVED** to;

- i) Note the position relating to Local Healthwatch procurement in Bath and North East Somerset as set out in the report.
- ii) Agree that Paul Harris and Mary Kearney-Knowles represent the Health and Wellbeing Board and sit on a working group to review the specification for Local Healthwatch in Bath and North East Somerset.

The meeting ended at 12.35 pm

Chair

Date Confirmed and Signed

Prepared by Democratic Services

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Bath & North East Some	erset Council
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MEETING:	Health and Wellbeing Board			
MEETING DATE:	27 September 2022			
TITLE:	Pharmaceutical Needs Assessment			
WARD:	All			
AN OPEN PUBLIC ITEM				
List of attachments to this report:				
Pharmaceutical Needs Assessment report				

# 1 THE ISSUE

- 1.1 Health and Wellbeing Board's (HWB) have a legislative duty to develop and update Pharmaceutical Needs Assessments (PNAs), as set out in the Health and Social Care Act 2012 and the National Health Service (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013. In summary the HWB must:
  - produce its first PNA which complies with the regulatory requirements;
  - publish its first PNA by 1 April 2015;
  - publish subsequent PNAs on a three yearly basis;
- 1.2 The current PNA was originally due to be renewed in April 2021. However, the Department of Health and Social Care (DHSC) announced that due to ongoing COVID-19 pressures across all sectors, the requirement to publish renewed PNA was suspended until October 2022.

The existing B&NES PNA (2018 to 2021) has been refreshed and is presented for approval by the Health and Wellbeing Board.

# 2 **RECOMMENDATION**

#### The Cabinet / Council / Panel / Committee is asked to;

- 2.1 Note the findings of the Pharmaceutical Needs Assessment, in particular the key finding at the end of the Executive Summary.
- 2.2 Approve the report for publication.

# 3 THE REPORT

3.1 The Pharmaceutical Needs Assessment 2022 to 2025 is attached with this cover report.

### 4 STATUTORY CONSIDERATIONS

4.1 The statutory duties on the Health and Wellbeing Board are set out in section 1 at the start of this cover report.

# 5 RESOURCE IMPLICATIONS (FINANCE, PROPERTY, PEOPLE)

5.1 The direct resource implications of this work have been through the time and capacity involved from the PNA steering group members.

#### 6 RISK MANAGEMENT

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

#### 7 EQUALITIES

7.1 Equality issues in current service provision and inequalities in population health are set out in the report. A formal Equality Impact Assessment has not been carried out as there is no recommended change in service provision.

#### 8 CLIMATE CHANGE

8.1 The pharmaceutical needs assessment is a key document for those wishing to open new pharmacy or dispensing appliance contractor premises and is used by NHS England to determine such applications. There are no changes recommended to current service provision and so is considered to have a neutral impact on the current climate position.

# 9 OTHER OPTIONS CONSIDERED

9.1 None.

# 10 CONSULTATION

10.1 The report has been considered by the relevant council officers.

Contact person	Paul Scott, Associate Director of Public Health,		
	01225 394060		
Desc 20			

Background	
papers	

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

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# Bath & North East Somerset Council

# **Improving People's Lives**

Bath and North East Somerset Pharmaceutical Needs Assessment

1<sup>st</sup> October 2022 to 30<sup>th</sup> September 2025

1

# **1** Acknowledgements

# **1.1 Steering Group Members:**

Paul Scott, Consultant in Public Health & Assistant Director, B&NES Council

Jon Poole, Business Intelligence Manager, B&NES Council

Joe Prince, Insight Team Leader, B&NES Council

Richard Brown, Chief Officer, Avon LPC

Melanie Green, Associate Director Medicines Optimisation, NHS BSW CCG

Amrit Palkaur, Projects Portfolio Manager, Healthwatch Swindon & Healthwatch Bath & NES

Laura Brennan, Senior Intelligence Analyst, Quarter Analytics acting on behalf of B&NES Council

NHS England

# **1.2 Lead Author:**

Laura Brennan, Senior Intelligence Analyst, Quarter Analytics acting on behalf of B&NES Council

# Contents

1	Ac	knowledgements2				
	1.1	Ste	ering Group Members:	2		
	1.2	2 Lead Author:2				
2	Ex	ecuti	ve summary	5		
3	Ba	ckgro	bund to PNA	6		
	3.1	Pur	pose of the PNA	6		
	3.2	ΗW	B duties in respect of the PNA	7		
4	Со	ntext	of the PNA	8		
	4.1	Ove	erview of B&NES	8		
	4.2	Loc	alities for the PNA	8		
	4.3	Loc	al Demographics	9		
	4.4	•	pulation growth			
	4.5	Ηοι	using Growth	12		
	4.6	Hea	alth Needs of the B&NES Population	13		
	4.6	5.1	Overview of the population health in B&NES	13		
	4.6	5.2	Deprivation	14		
	4.6	5.3	Cardiovascular disease	15		
	4.6	6.4	Diabetes	16		
	4.6	6.5	Respiratory diseases	16		
	4.6	6.6	Healthy Lifestyles	16		
	4.6	6.7	Smoking	17		
	4.6	6.8	Alcohol	18		
	4.6	6.9	Substance misuse			
	4.6	5.10	Under 18 Conceptions	19		
	4.6	5.11	Sexually Transmitted Infections	19		
	4.6	5.12	Life Limiting Long-Term Illness, Disability, and learning difficu	ılties 20		
	4.6	5.13	Homelessness	20		
	4.7	Key	changes since the last PNA	21		
	4.8	Тур	es of pharmaceutical provider			
	4.9	Def	inition of NHS pharmaceutical services	23		
	4.9	).1	Essential services	24		

	4.9	.2	Advanced services	25
	4.9	.3	Enhanced services	27
	4.9	.4	Opening hours	27
	4.9	.5	Locally commissioned services	27
	4.10	S	Scope of the assessment	28
	4.11	E	Excluded from the PNA	29
5	PN	A pr	ocess and consultation	29
	5.1	ΡN	A Steering Group	29
	5.2	Da	ta Gathering & Sources of Information	29
	5.3	Ana	alysis & Draft Report Writing	30
	5.4	For	mal consultation	30
	5.5	Fin	al publication	30
	5.6	Life	espan and review of the PNA	31
6	B&I	NES	Pharmaceutical Services provision	31
	6.1	Pha	armaceutical providers	31
	6.2	Ор	ening Hours	34
	6.3	Tra	vel Time	34
	6.4	Dis	tance Selling Pharmacies	43
	6.5	Aco	cessibility	43
	6.6	Ch	oice	44
	6.7	Adv	vanced and Enhanced services	44
	6.7	.1	New Medicine Service (NMS)	44
	6.7	.2	Influenza vaccination service	45
	6.7	.3	Lateral Flow Device Distribution (LF)	45
	6.7	.4	Stoma Appliance Customisation (SAC)	45
	6.7	.5	Hypertension case-finding service	46
	6.7	.6	Hepatitis C testing service	46
	6.7	.7	AUR	46
	6.8	Loc	cally Commissioned Services	47
7	Pha	arma	aceutical Services Provision by PNA Locality	47
	7.1	Bat	th & Bathavon Locality	47
	7.2	Ke	ynsham & Chew Valley Locality	51

7.3	Somer Valley Locality	55
8 Con	clusion	59
9 Refe	erences	59
10 Ap	opendices	62
10.1	Appendix 1: List of Abbreviations	62
10.2	Appendix 2: Localities by Parish	63
10.3	Appendix 3: Geographic boundary issues with population estimates	64
10.4	Appendix 4: Opening Times	66
10.5	Appendix 5: Community Pharmacy Accessibility	71
10.6	Report on public consultation	73

# 2 Executive summary

The aim of this document is to identify the current pharmaceutical needs of the population of Bath & North East Somerset (B&NES), whether these needs are being met, and determine if there are any gaps in the current provision. As of the Health and Social Care Act 2012, Health and Wellbeing Boards (HWBs) are responsible for developing and updating PNAs every three years, with the delayed renewed PNA due to be published in October 2022, as set out by the National Health Service (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013.

In 2018, the population of the B&NES was 192,106, and was predicted to increase to 207,919 by 2028, with the highest increase predicted to be in the 75 –84 age range (ONS, 2020). Any increase in population will have an effect on the pharmaceutical needs of the area, and this will need to be considered when determining whether the current pharmaceutical provision can provide for the projected population. Over half of the population of B&NES live in the city of Bath, with the rest of the population residing in market towns and rural communities of varying sizes. Therefore, one arm of the B&NES core strategy is to focus on new housing and community facilities in areas projected to see the biggest population growth.

People in B&NES have a longer life expectancy than the general population of South West England, with the main causes of premature death being cardiovascular disease and cancer. Deprivation is a factor in health outcomes for the population causing inequalities in health and wellbeing. Though the B&NES local authority remains one of the least deprived in England, and overall is becoming less deprived, there is a widening inequality within the area. This PNA considers the overall health

B&NES PNA 2022 -2025

of the population of B&NES and the impact of the needs of groups with specific conditions and diseases.

The development of this PNA has been led by a steering group to ensure compliance with the regulations and needs of the local population. Information was gathered from various sources including published statistics, reports, and a consultation with the public.

In the B&NES local authority there are 36 community pharmacies and one distance selling pharmacy, equating to 18 pharmacies per 100,000 population. There are five Dispensing General Practices serving rural areas. The opening hours of the pharmacies range from those that open seven days a week, those that open six days a week, and those that are only open on weekdays. Five of the pharmacies open beyond 6pm, and one pharmacy is open for 100 hours each week. Some pharmacies provide Advanced Pharmacy Services, as defined in the PNA.

The access to local community pharmacy, opening hours, and the services available to the population of B&NES are considered in this PNA. It is concluded that there is no gap in provision of pharmaceutical services in B&NES and that there are sufficient pharmacies to provide for the current and expected population during the lifetime of this PNA.

# 3 Background to PNA

In England people make 1.2 million visits to a pharmacy for health-related reasons every day. As such community pharmacies are a pivotal health and social care asset in the community as they offer an ideal setting to reach out to the public and help to improve their heath, reduce disease burden and premature mortality, and reduce health inequalities (PHE, 2017). Through the Community Pharmacy Contractual Framework, health promoting activity is an integral part of a pharmacy's role which is then expanded upon by local authority public health commissioning. (RSPH, n.d.).

A growing body of evidence shows that community pharmacies are successful when it comes to delivering health improvement initiatives. Community pharmacies are often embedded in some of the most deprived and challenging communities, providing daily contact for individuals seeking ad hoc health advice, alongside picking up prescribed medicines, or purchasing over-the-counter health-related products (RSPH, 2015).

# 3.1 Purpose of the PNA

B&NES PNA 2022 -2025

The purpose of the PNA is for each health and wellbeing board to assess and outline the need for pharmaceutical services in its area for a period of up to three years. In doing so it outlines how these services can meet the health needs of the population, linking closely to the Joint Strategic Needs Assessment (JSNA).

Whilst the JSNA focuses on the general health needs of the population of Bath & North East Somerset (B&NES) the PNA looks at how those health needs can be met by pharmaceutical services commissioned by NHS England.

If a person (a pharmacy or a dispensing appliance contractor) wants to provide pharmaceutical services, they are required to apply to NHS England to be included in the pharmaceutical list for the HWB's area in which they wish to have premises. In general, their application must offer to meet a need that is set out in the HWB's PNA, or to secure improvements or better access similarly identified in the PNA. There are however some exceptions to this, in particular, applications offering benefits that were not foreseen when the PNA was published ('unforeseen benefits applications').

The PNA will identify whether there is a need for an additional service or services, or whether improvements or better access to existing services are required. Identified needs, improvements, or better access could either be current or will arise within the lifetime of the PNA.

Whilst the PNA is primarily a document for NHS England to use to make commissioning decisions, it may also be used by local authorities and CCGs. A robust PNA will ensure those who commission services from pharmacies and appliance contractors (DACs) are able to ensure services are targeted to areas of health need and reduce the risk of overprovision in areas of less need.

# 3.2 HWB duties in respect of the PNA

The legislation containing the HWB's specific duties in relation to PNAs can be found in the Health and Social Care Act 2012, which transferred responsibility for the developing and updating of PNAs to HWBs from the then Primary Care Trusts (PCTs). The legislative basis for developing and updating PNAs is set out by the National Health Service (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013 and can be found on the government legislation website - <u>legislation.gov.uk</u> however in summary the HWB must:

- produce its first PNA which complies with the regulatory requirements;
- publish its first PNA by 1 April 2015;
- publish subsequent PNAs on a three yearly basis;
- publish a subsequent PNA sooner when it identifies changes to the need for pharmaceutical services which are of a significant extent, unless to do so would be a disproportionate response to those changes; and

7

B&NES PNA 2022 -2025

• produce supplementary statements in certain circumstances.

The current PNA was originally due to be renewed in April 2021. However, the Department of Health and Social Care (DHSC) announced that due to ongoing COVID-19 pressures across all sectors, the requirement to publish renewed PNA was suspended until October 2022.

# 4 Context of the PNA

# 4.1 Overview of B&NES

Bath and North East Somerset local authority was formed in 1996, covering an area of approximately 135.2 square miles. The largest urban settlement and main urban centre in this area is Bath which acts as the commercial and recreational centre of the district. More than half of the population live here and in its surrounding urban area, it is one of the few cities in the world to be named a UNESCO World Heritage Site (B&NES, n.d.).

To the west of Bath lies Keynsham, a traditional market town whose population comprises just over 9% of B&NES. Two small further historical market towns located in the south of the B&NES area are Midsomer Norton and Radstock, with a combined population of 12% of the district split between them. These two towns have a strong mining and industry heritage stemming from the North Somerset Coalfield.

The remainder of the district consists of 69 diverse rural communities of varying sizes and characteristics, including a line of villages along the foothills of the Mendips, Chew Valley, and Cotswolds villages around Bath (B&NES, n.d.).

# 4.2 Localities for the PNA

This PNA uses the same locality boundaries as the previous PNA as these best reflect the differences in the way community pharmacy is accessed across the B&NES region. These geographical areas are as follows:

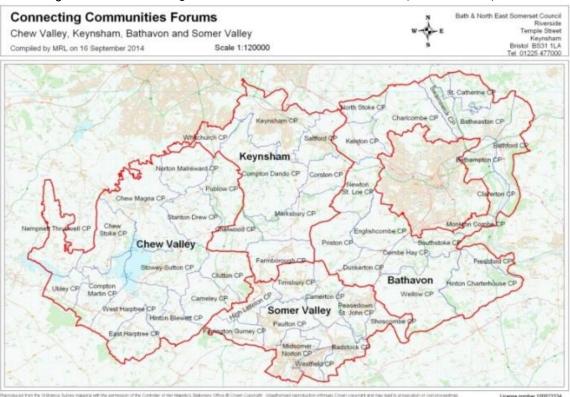


Figure 1. Connecting Communities Forum Areas, B&NES (B&NES, 2014)

- Bath & Bathavon PNA Locality made up of Bath City Centre electoral wards and the Bathavon Connecting Communities Forum area in B&NES
- Keynsham and Chew Valley PNA Locality made up of the Keynsham and Chew Valley Connecting Communities Forum areas in B&NES
- Somer Valley PNA Locality made up of the Somer Valley Connecting Communities Forum area in B&NES

The connecting communities forums are made up of parishes. The breakdown of parishes to PNA locality is found in section 10.2 Appendix 2:

# 4.3 Local Demographics

In 2020, the ONS mid-year estimates put the population of B&NES at 196,537, this figure is broken down by PNA locality in Table 1. It should be noted that some of the geographies that the population estimates are available at do not neatly fit with the parish geographies that the PNA locality boundaries are based on and so this may differ slightly to the actual population of the area (This is further detailed in Appendix 3: Geographic boundary issues with population estimates). Over time the population of B&NES has steadily grown, this may be in part due to increasing

B&NES PNA 2022 -2025

student numbers at the two universities in the area and an increasing number of new housing developments.

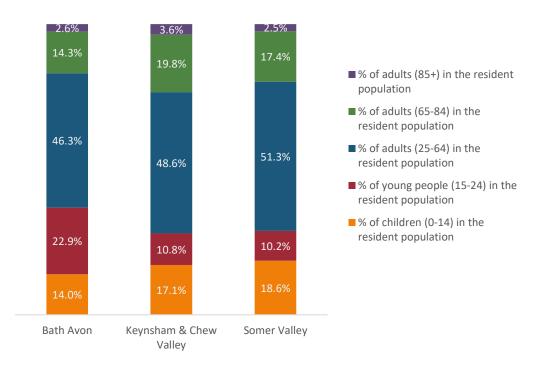
Age Group	B&NES	Bath & Bathavon PNA Locality	Keynsham and Chew Valley PNA Locality	Somer Valley PNA Locality
0-14	30,769	15,687	6,315	8,767
15-24	34,504	25,694	3,997	4,813
25-64	94,093	51,996	17,949	24,148
65-84	31,548	16,078	7,295	8,175
85+	5,443	2,935	1,343	1,165
Total	196,357	112,390	36,899	47,068

 Table 1.
 B&NES Resident Population by Age and PNA Locality (ONS, 2021)

The PNA locality with the largest population is Bath & Bathavon at an estimated 112,390 residents (57% of the total B&NES resident population). This is followed by Somer Valley PNA locality with an estimated 47,068 residents (24%); then Keynsham & Chew Valley PNA locality with an estimated 36,899 residents (19%).

Somer Valley PNA locality has the highest proportion of children aged under 15 at 19%, or nearly one in five of the area's population in this age category (Table 1 and Figure 2).

The number and proportion of children and young adults aged 15 to 24 is highest in the Bath & Bathavon PNA Locality with 34,504 and 23% respectively (Table 1 and Figure 2). In large part these will be from the resident student population.



Data relating to ethnicity of the B&NES population has not been updated for several years but according to the 2011 Census, 10% of the population, or 17,500 residents, are classified as belonging to a minority ethnic group (non-White British). Approximately 6,600 residents identify themselves as 'Other White' (a large proportion of whom are assumed to be from the EU Accession states) and 4,500 as Asian or Asian British descent (B&NES, n.d.).

Gypsy and Traveller communities have poorer health outcomes than UK ethnic minority and socioeconomically disadvantaged groups. The 2015 Health Needs Assessment showed a higher prevalence of risk factors for a range of health issues including child mortality, smoking, mental illness, and physical disabilities (B&NES, 2015).

In addition, B&NES has a relatively high number of resident 'Boaters' who are mainly moored along the Kennet and Avon Canal. The 2016 Boaters survey showed the majority comprise single/separated men aged over 40 years, in addition to young families and couples (B&NES, 2016). Definitive numbers are not available due to the fact that there are limited numbers of permanent moorings in the are which mean most boaters are moving every 14 days.

# 4.4 Population growth

The Office for National Statistics produce regular projections designed to model the

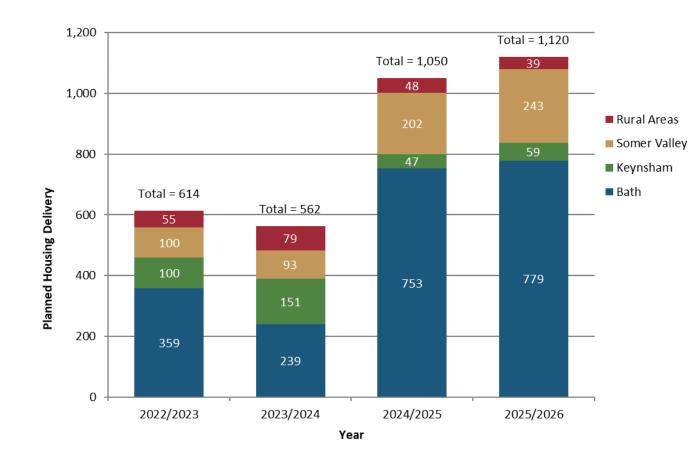
B&NES PNA 2022 -2025

future growth of the population for each local authority. These projections are based on historical trends of births, deaths, and migration.

In the decade from 2018 to 2028, the population of B&NES is projected to rise by 8% from 192,106 to 207,919. In this time, the working age population (15 - 64) is forecast to increase by 7%, and the over-65s population to increase by 15%. Within this group, the largest increase is projected to be in the 75 - 84 age range (33% increase), followed by the 85+ age group (20%). However, these projections do not consider any population changes due to policy, i.e., they exclude increases in the population due to planned new housing development.

# 4.5 Housing Growth

To address sustainable development in the area, The B&NES Core Strategy states that a main element of their overarching strategy is to focus on new housing, jobs, and community facilities in Bath, Keynsham and the Somer Valley. Figure 3 illustrates the projected number of houses to be delivered between April 2022 to March 2026 as subject to agreement through the examination of the Local Plan at the time of writing this PNA. The majority of projected development is located in in the Bath area with a total of 2,130 dwellings, followed by the Somer valley area with 638 dwellings, then much smaller numbers are projected for Keynsham (357 dwellings) and the rural areas across the PNA localities of B&NES (221). The new dwellings are not focused in large developments but are instead spread across different sites with the largest development located in the Bath area with a total projected number of dwellings of 390 over the time period. The anticipated increase in housing, and therefore population, in each B&NES PNA locality over the next three-year period until 2025/26 will not have a significant impact on the provision of, or access to pharmaceutical services and at present it is not anticipated that additional pharmacy facilities will be required.



# Figure 3. B&NES Projected Housing Delivery 2021 – 2026 (Subject to agreement through the examination of the Local Plan at the time of writing) (B&NES, 2022)

# 4.6 Health Needs of the B&NES Population

This section gives an overview of the health needs of the population that may have an influence on the populations demand for pharmaceutical services in B&NES. This information is more fully discussed in the B&NES Strategic Evidence Base/JSNA (B&NES, 2022).

# 4.6.1 Overview of the population health in B&NES

People in B&NES live longer than that of the general population in the South West. With the life expectancy from 2018 to 2020 for males being 80.9 and 84.9 for females. The healthy life expectancy for both was 65.

The two major causes of premature death, nationally and in B&NES are cardiovascular disease, including coronary heart disease and strokes, and cancer. In 2020 B&NES had a had a mortality rate of 57.3 per 100,000 for under 75's due to cardiovascular disease, and a mortality rate of 101.8 per 100,000 for under 75's due

B&NES PNA 2022 -2025

to cancer.

When looking at the broad causes of premature death by gender, neoplasms account for 35% of deaths in males and 51% of deaths in females, with breast cancer being the most common type. Diseases of the circulatory system account for 24% of deaths in males and 12% of deaths in females. This difference is influenced by a tendency for more men to be overweight, as well as higher rates of smoking and excessive alcohol consumptions, all of which are risk factors for cardiovascular disease.

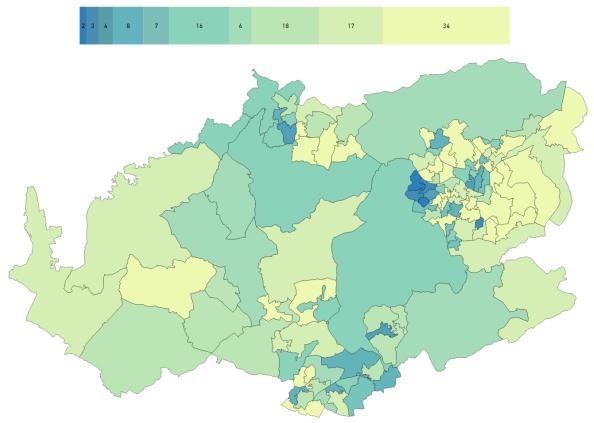
# 4.6.2 Deprivation

Deprivation is an important factor of health and well-being for communities and individuals. Where there are higher levels of deprivation, there are consistent associations with poorer health outcomes across a range of measures that represent a major cause of inequalities in health and well-being. The indices of deprivation (IMD) are a measure of the relative deprivation across England, which includes information across 7 domains, such as income, employment, health and more.

For overall deprivation in 2019, B&NES ranks 269 out of 317, compared to a rank of 247 in 2015 (where 1 is most deprived). As a whole B&NES remains as one of the least deprived local authorities in England and is continuing to become relatively less deprived over time. However, within some areas of B&NES, inequality is widening, and deprivation remains significant, with Twerton West and Whiteway, two small areas of B&NES, being within the 10% most deprived areas nationally. In Figure 4 the more deprived wards and their location within B&NES are shown in blue, with the least deprived wards in yellow.



Indices of Multiple Deprivation 2019 (1=Most Deprived Nationally)



### 4.6.3 Cardiovascular disease

Cardiovascular diseases (CVD) describe the category of diseases which affect the circulatory system, including coronary heart disease (CHD) and stroke. Premature mortality is defined as deaths that occur before the age 75. Age-standardised premature deaths from CVD in B&NES were 56.1 per 100,000 population in 2016-2018 and 50.6 per 100,000 population in 2017-2019.

In 2020-2021 there were 6,051 people in B&NES that were registered with CHD on the GP register within primary care networks (PCNs). That equates to 2.8% of all patients, which is significantly lower than England's national value of 3.0%.

In 2020-2021 there were 3,896 people in B&NES that were registered with having had a stroke on the GP register within PCNs. This equates to 1.8% of all patients, which is the same as England's national value.

B&NES PNA 2022 -2025

### 4.6.4 Diabetes

Diabetes is a chronic and progressive disease, associated with an increased risk to certain complications such as CVD and chronic kidney disease. According to the 2020/2021 GP registers Quality and Outcomes Framework (QOF) 5.4% of the population in B&NES, registered with the GP's PCNs, were diagnosed as having diabetes, equating to 9,663 people. This is a significantly lower figure than England's 7.1% of the total population, however, similarly to the England trend, B&NES figure has been increasing year on year.

### 4.6.5 Respiratory diseases

Chronic Obstructive Pulmonary Disease (COPD) is the shared term used to describe a range of conditions that cause long-term damage to the lungs. B&NES has a significantly lower number of people diagnosed with COPD, with a value of 1.4%, when compared to the England value of 1.9%, with the majority of the PCN's in the area also having a significantly lower value than the England value.

Asthma is a more common condition than COPD, affecting many children as well as adults. B&NES has a significantly higher number of people recorded with a diagnosis of asthma, with a value of 6.7%, than that of England, with a value of 6.4%. The majority of PCNs in the area also have a significantly higher value than the England value.

# 4.6.6 Healthy Lifestyles

Obesity is a major public health concern across in England and globally. In adults, obesity and being overweight are associated with life-limiting conditions, such as type 2 diabetes, cardiovascular disease, some cancers, and osteoarthritis. According to the Health Survey for England, for those aged 16 and over, 27% of men and 29% of women, were obese. Around two thirds of adults were overweight or obese, with this being more prevalent among men at 68%, whilst 60% of women were overweight or obese. Obesity was seen to increase across age groups of up to 75 years old. Adults living in the most deprived areas were the most likely to be obese, with this difference being particularly pronounced for women.

B&NES has some of the lowest levels of obesity and being overweight in the South West with 55.4%, however, this still accounts for more than 1 in 2 adults carrying excess weight. In addition, people living in areas within B&NES that are amongst the

B&NES PNA 2022 -2025

most deprived 10% in England, are much more likely to be carrying excess weight than adults living in less deprived areas.

Childhood obesity is predictive of adult obesity, as well as separately increasing the risk of asthma, early onset type-2 diabetes and cardiovascular risk factors. In B&NES school's 19.7% of reception aged children are of an unhealthy weight, with 7.9% of B&NES reception aged children being very overweight/obese. Whilst 25% of year 6 aged children in B&NES schools are of an unhealthy weight, with 13.5% of year 6 aged children in B&NES schools being very overweight/obese. Among children in B&NES age is a significant factor in the levels of very overweight/obese, with overweight/obesity increasing with age.

Regular physical activity can provide a range of physical and mental health benefits, as well as social benefits, many of which are increasing issues for individual, communities, and society as a whole. Such benefits include, but are not limited to, reducing the risk of many long-term conditions, helping to manage existing conditions, helping to maintain a healthy weight, ensuring good musculoskeletal health, developing and maintaining physical and mental function and independence, supporting social inclusion and reducing inequalities for people with long-term conditions. Improvements in health are especially significant for those who are currently doing the lowest levels of activity, as the gains per additional minute of physical activity will be proportionally greater, when compared to those doing the highest levels of activity. Currently 1 in 4 people in England do less than 30 minutes of physical activity a week.

In B&NES 49% of children and young people are physically active, compared to the national average of 44.6%. For adults in B&NES the latest figures suggest that 69.9% are physically active, compared to the national average of 66.4%. This is a continuation of a negative trend, whereby the percentage of active adults has decreased from a peak of 79.7% in 2017/2018.

# 4.6.7 Smoking

Smoking remains the single largest cause of preventable deaths and one of the largest causes of health inequalities in England. Not only do smokers suffer many years in poor health, but they also have an increased risk of dying prematurely, with more than 200 people a day dying from smoking related illnesses that could have been prevented. Many of the conditions caused by smoking are chronic illnesses which can be debilitating for the sufferer, making it difficult to engage with day-to-day tasks and with society generally.

The prevalence of adults who smoke in England has been decreasing year on year. In B&NES there has been a similar trend of decreasing numbers of adults smoking, although at a generally lower rate than the national rate. In 2019, smoking prevalence in B&NES was estimated to stand at 13.0% of the population, equating to 20,484 people. Of those that work in routine and manual occupations this figure is much higher and equates to around 1 in 4.

# 4.6.8 Alcohol

The World Health Organisation (WHO) places alcohol as the third biggest global risk for burden of diseases, whilst it is also identified as a casual factor in more than 60 medical conditions and some cancers including breast, throat, and liver. The risk of alcohol related harm increases with the amount drunk on a regular basis, with short term health risks including accidents and injuries, accounting for the continuing increase in alcohol-related hospital admissions.

B&NES alcohol admissions in 2020-2021 for those under 40 years of age has a rate of 174 per 100,000, which is comparable to the England rate of 171 per 100,000. For those aged 40 to 60 and for those aged 65 years plus, B&NES has significantly less admissions compared to the national rate. In 2020/2021 the B&NES rate for 40 to 60 years olds was 617 per 100,000, compared to 719 per 100,000 for England. Whilst the B&NES rate for those aged 65 years plus was 544 per 100,000 compared to 692 per 100,000 for England.

Drinking at a young age, particularly heavy or regular drinking can result in physical or mental health problems, impair brain development and put children at risk of alcohol related accident or injury. More broadly it is also associated with missing or falling behind at school, violent and antisocial behaviour and unsafe sexual behaviour. B&NES has the highest rate of admissions for alcohol specific conditions for those under 18 years of age in the South West region. For males, B&NES rate is 53.3 per 100,000 people, compared to the South West regional figure of 33.8 per 100,000, and the national figure of 22.8 per 100,000. For B&NES females the rate is slightly higher at 104.6 per 100,000, compared to the regional figure of 59.0 per 100,000 and the national figure of 36.1 per 100,000. For the 2018/2019 to 2020/2021 period the overall rate in B&NES is 78.1 per 100,000, presenting a sharp increase in overall admission rates since the 2016/2017 to 2018/2019 period.

# 4.6.9 Substance misuse

Drug misuse refers to both the misuse of illegal and legal drugs. Depending on the drugs involved and the extent of the exposure to the drug, drug misuse can result in serious health issues, such as problems with breathing, an increased heart rate and higher blood pressure. As well as the above, extended drug use can cause serious brain damage, psychological problems and lung disease. Substance dependence also increases an individual's risk of a range of negative outcomes including unintentional injuries, accidents, mental health issues, medical problems, the risk of

domestic violence and death.

It is not possible to count the number of people misusing drugs as creating reliable estimates of drug misuse prevalence is a difficult and resource hungry undertaking. In B&NES the latest available estimated prevalence for opiate and/or crack cocaine use is 8.8 per 100,00 people aged 15 to 64 years of age, compared to 8.9% per 100,000 people in England. Although there is no data showing the effect inequalities have on drug misuse within B&NES, we know from England level data that the most deprived deciles have a higher prevalence of opiate and/or crack cocaine use than the least deprived deciles.

The majority of locally available data on drug misuse comes from specialist treatment services. In B&NES in 2020/2021 there were 778 people who received treatment through these local services, a rate of 4.9% per 1,000, which is similar to the England rate of 4.5 per 1,000. Of the adults using B&NES substance misuse services during 2020/2021, 47% were seeking treatment for opiate use, with 13% seeking help for non-opiate use.

# 4.6.10 Under 18 Conceptions

Research has shown that teenage pregnancy is associated with poorer outcomes for both young parents and their children. Teenage mothers are less likely to finish their education, more likely to bring up their child alone in poverty and have a higher risk of mental health problems.

In B&NES, the under-18 conception rate per 1,000 has been significantly better than the England rate for every year since 2012, excluding 2017 and 2018. In 2019 the under-18 conception rate for B&NES was 9.6 per 1,000. Nationally, rates of under-18 conception have been steadily falling since the late nineties, and these falling rates are considered a proxy measure for good access to contraception. In B&NES the total prescribed Long-Acting Reversible Contraception (LARC), excluding injections, rate per 1,000 has been significantly higher than the England rate for every year since 2014. In 2020 B&NES total prescribed LARC was 50.1 per 1,000.

# 4.6.11 Sexually Transmitted Infections

The detection rates of chlamydia in B&NES per 100,00 people aged 15 to 24 have been significantly worse than the England rate every year since 2012, reaching their lowest rate in 2020 at 742 per 100,000. However, new Sexually Transmitted Infection (STI) diagnoses in B&NES per 100,00 have been significantly better than the England rate every year since 2012, reaching their lowest in 2020 at 353 per

B&NES PNA 2022 -2025

100,000. Whilst B&NES figures show low rates of diagnosed HIV, Syphilis and Gonorrhoea, the figures are high for late diagnosis of HIV, and show a low HPV vaccination coverage.

The ONS reports that diagnoses of STIs decreased nationally in 2020 by 32% compared to rates in 2019. This has been attributed to a combination of, reduced STI testing as a result of disruption to sexual health services leading to fewer diagnoses and, changes in behaviour during the Coronavirus pandemic. In 2020, as was seen in previous years, the highest rates of STI diagnoses nationally were still seen in young people aged 15 to 24 years; people of Black ethnicity; as well as gay, bisexual and other men who have sex with men (MSM).

# 4.6.12 Life Limiting Long-Term Illness, Disability, and learning difficulties

Ill health and disability refer mainly to people with long term conditions (LTCs). This means people living with conditions/ suffering from illnesses which cannot currently be cured, but that can be controlled with the use of medication and/or other therapies.

In B&NES rates of LTCs are comparatively low but are rising in line with the rest of the country. In a 2011 survey within B&NES, nearly half of those suffering with LTCs felt that they were able to manage their condition. In addition, people living with LTCs are more likely to be elderly and living in deprived areas. They are also likely to be taking medication, or often several medications, as many people with LTCs receive a number of different medications for co-morbidities. The number of emergency bed days for LTCs in B&NES are consistently lower than the regional and national levels

Those with learning difficulties are amongst one of the most vulnerable groups in society, and are known to experience health inequalities, resulting in a higher risk of suffering poor health outcomes when compared to the general population. In the Bath & North Eats Somerset, Swindon & Wiltshire CCG 0.5% of the population are recorded as having a learning disability which is a similar rate to England (OHID, 2022).

# 4.6.13 Homelessness

Homeless people, when compared to the rest of the population, experience overall poorer health, facing particular issues around mental health, social isolation, poor access to services and substance misuse. Homeless people also have a significantly lower life expectancy than the rest of the population, often due to the above-mentioned increased risk factors.

B&NES PNA 2022 -2025

Rates of initial assessment of homelessness have dropped slightly in England and the South West between 2018/2019 and 2020/2021, dropping to an even greater extent in B&NES, from 569 households in 2018/2019, to 403 households in 2020/2021. These drops in rates of initial assessments, deciding whether a household is owed a prevention or a relief duty, are not surprising, as the recent Coronavirus pandemic has impacted the number of households being assessed. This is partly due to the fact that people were advised to remain in their current accommodation, with the exception of victims fleeing domestic abuse.

However, although there has been a drop in assessments, the number of households that were already homeless and owed a relief duty has increased in B&NES. Households that are owed a relief duty are those households that are assessed as already being homeless. In 2018/2019 there were 117 households that were already homeless and owed a relief duty across B&NES, whilst in 2020/2021 there were 196 households. This was due to the number of rough sleepers and the 'Everyone In' initiative, putting pressure on the Council to find and provide more emergency accommodation.

B&NES presents a greater level of successful outcomes for households that are at risk of homelessness, with 70% of cases being successful in 2020/2021, whilst this was only 58% for South West and 59% for England. This may be due to there being a strong focus on prevention within local government in general, as well as in B&NES Housing Options Team more specifically. Both of these groups aim to prevent homelessness and avoid the need for households to be placed in emergency accommodation, wherever this is possible.

# 4.7 Key changes since the last PNA

There have been a number of key developments since the publication of the last B&NES PNA in 2018. Demographic changes, such as the projected increase in the number of older people in B&NES, are likely to affect local pharmaceutical service provision, for example, leading to an increase in the number of prescription items being dispensed and an increased demand for services targeted to an older population. Health needs also change over time and pharmaceutical services need to reflect this and make sure they are meeting the needs of a changing population.

There have also been a number of pharmacy changes since the last PNA publication, in particular, the closure of:

- 1 pharmacy in Bath & Bathavon: Jhoots Pharmacy, Brock Street, Bath
- 1 pharmacy in Keynsham & Chew Valley: Lloyds Pharmacy, Keynsham Health Centre, Keynsham
- 1 pharmacy in Somer Valley: Lloyds Pharmacy, Chesterfield House, High Street, Midsomer Norton.

In 2018 there were 40 pharmacy contractors, 39 community pharmacies and 1 distance selling pharmacy. This has decreased to a total of 37 pharmacy contractors, 36 community pharmacies and 1 distance selling pharmacy.

# 4.8 Types of pharmaceutical provider

NHS England must keep lists of contractors who provide pharmaceutical services in the HWB. The principal types of contractor are:

• **Pharmacy contractors** – Individual pharmacists (sole traders), partnerships of pharmacists or companies who operate pharmacies. Who can be a pharmacy contractor is governed by The Medicines Act 1968. All pharmacists must be registered with the General Pharmaceutical Council, as must all pharmacy premises.

Within this group there are:

- Community pharmacies These are pharmacies which provide services to patients in person from premises in (for example) high street shops, supermarkets or adjacent to doctors' surgeries. As well as dispensing medicines, they can sell medicines which do not need to be prescribed but which must be sold under the supervision of a pharmacist. They may also, but do not have to, dispense appliances. Community pharmacies operate under national terms of service set out in schedule 4 of the 2013 regulations and also in the Pharmaceutical Services (Advanced and Enhanced Services) (England) Directions 2013 (the 2013 directions).
- Local pharmaceutical services (LPS) contractors A small number of community pharmacies operate under locally-agreed contracts. While these contracts will always include the dispensing of medicines, they have the flexibility to include a broader or narrower range of services (including services not traditionally associated with pharmacy) than is possible under the national terms of service, and so can be more tailored to the area they serve.
- Distance-selling pharmacies (DSPs) These pharmacies cannot provide most services on a face-to-face basis. They operate under the same terms of service as community pharmacies, so are required to provide the same essential services and to participate in the clinical governance system, but there is an additional requirement that they must provide these services remotely. For example, a patient may post their prescription to a distance

selling pharmacy and the contractor will dispense the item and then deliver it to the patient's address by post or using a courier. Distance selling pharmacies therefore interact with their customers via the telephone, email or a website and will deliver dispensed items to the customer's preferred address. Such pharmacies are required to provide services to people who request them wherever they may live in England and cannot limit their services to particular groups of patients.

- Dispensing appliance contractors (DACs) DACs supply appliances such as stoma and incontinence aids, dressings, bandages etc. They cannot supply medicines. There are no restrictions on who can operate as a DAC. DACs operate under national terms of service set out in schedule 5 of the 2013 regulations and also in the 2013 directions. They are different to pharmacy contractors because they only dispense prescriptions for appliances, they cannot dispense prescriptions for drugs, are not required to have a pharmacist, do not have a regulatory body, and their premises do not have to be registered with the General Pharmaceutical Council.
- Dispensing doctors Medical practitioners authorised to provide drugs and appliances in designated rural areas known as "controlled localities". Dispensing doctors can only dispense to their own patients. They operate under national terms of service set out in schedule 6 of the 2013 regulations. The rules on eligibility of patients are complex. In summary, and subject to some limited exceptions which may be allowed on an individual patient basis, a dispensing doctor can only dispense to a patient who:
  - $\circ$  is registered as a patient with that dispensing doctor, and
  - lives in a designated rural area (known as a 'controlled locality' see below), and
  - lives more than 1.6 kilometers (about 1 mile) in a straight line from a community pharmacy, and
  - lives in the area for which the doctor has been granted permission to dispense, or is a patient for whom the doctor has historic dispensing rights.

The services that a PNA must include are defined within both the NHS Act 2006 and the 2013 regulations.

# 4.9 Definition of NHS pharmaceutical services

Unlike for GPs, dentists and optometrists, NHS England does not hold contracts with most pharmacy contractors (the exception being Local Pharmaceutical Services

contractors). Instead, as noted above, they provide services under terms of service set out in legislation.

Pharmacy contractors provide three types of service that fall within the definition of pharmaceutical services: essential, advanced, and enhanced. Each community pharmacy must provide essential services in order to be entered onto the pharmaceutical list.

For the purposes of this PNA we consider a 'necessary' service to be the essential services. All other advanced, enhanced and locally commissioned services are not considered necessary but secure improvements or better access to pharmaceutical services.

### 4.9.1 Essential services

Essential services are those which each community pharmacy must provide. All community and distance-selling pharmacies with NHS contracts must provide the full range of essential services which includes:

- **Dispensing of prescriptions** The supply of medicines and appliances ordered on NHS prescriptions (both electronic and non-electronic), together with information and advice, to enable safe and effective use by patients and carers, and maintenance of appropriate records. Also, the urgent supply of a drug or appliance without a prescription at the request of a prescriber.
- Dispensing of repeatable prescriptions The management and dispensing of repeatable NHS prescriptions for medicines and appliances in partnership with the patient and the prescriber. Repeatable prescriptions allow, for a set period of time, further supplies of the medicine or appliance to be dispensed without additional authorisation from the prescriber, if the dispenser is satisfied that it is appropriate to do so.
- **Disposal of unwanted drugs** Acceptance by community pharmacies, of unwanted medicines which require safe disposal from households and individuals.
- **Discharge medicines service** By referring patients to community pharmacy on discharge with information about medication changes made in hospital, community pharmacy can support patients to improve outcomes, prevent harm and reduce readmissions. This service was introduced in 2021.
- **Promotion of healthy lifestyles** The provision of opportunistic healthy lifestyle and public health advice to patients receiving prescriptions who appear to have particular conditions, and pro-active participation in national/local campaigns, to

promote public health messages to general pharmacy visitors during specific targeted campaign periods.

- **Signposting** The provision of information to people visiting the pharmacy, who require further support, advice or treatment which cannot be provided by the pharmacy but is available from other health and social care providers or support organizations who may be able to assist the person. Where appropriate, this may take the form of a referral.
- **Support for self-care** The provision of advice and support by pharmacy staff to enable people to derive maximum benefit from caring for themselves or their families.

Note: where a pharmacy contractor chooses to supply appliances as well as medicines, the requirements of the appliance services also apply.

### 4.9.2 Advanced services

Pharmacies may choose whether to provide these services or not. If they choose to provide one or more of the advanced services they must meet certain requirements and must be fully compliant with the essential services and clinical governance requirements. The below are advanced services that have been available thorough community pharmacy in the period since the last PNA in 2018, or are current at the time of writing.

- New medicine service (NMS)— The promotion of the health and wellbeing of patients who are prescribed a new medicine or medicines for certain long-term conditions, by providing support to the patient after two weeks and four weeks with the aim of reducing symptoms and long-term complications and enabling the patient to make appropriate lifestyle changes and self-manage their condition.
- Influenza vaccination service The provision of influenza vaccinations to patients in at-risk groups, to provide more opportunities for eligible patients to access vaccination with the aim of sustaining and maximising uptake.
- Stoma appliance customisation service (SAC) The modification to the same specification of multiple identical parts for use with a stoma appliance, based on the patient's measurements (and, if applicable, a template) to ensure proper use and comfortable fitting, and to improve the duration of usage.

- **Appliance use review service** (AUR) The improvement of patient knowledge, concordance and use of their appliances through one-to-one consultations to discuss use, experience, storage and disposal, and if necessary, making recommendations to prescribers.
- Community pharmacist consultation service (CPCS) The urgent supply of a Prescription Only Medicine (POM) without a prescription to a patient who has previously been prescribed the requested POM. The service takes referrals from NHS 111 (and NHS 111 online for requests for urgent supply), Integrated Urgent Care Clinical Assessment Services and in some cases, patients referred via the 999 service. These services can also refer patients for minor illness consultations. Since November 2020, general practices have also been able to refer patients. If a community pharmacist does make a supply of a medicine or appliance through CPCS they are required to notify the patient's GP on the day the supply is made or on the following working day.
- Hypertension case-finding service The service aims to help prevent cardiovascular disease by identifying people aged 40 years or older with high blood pressure who have previously not had a confirmed diagnosis of hypertension. At the request of a general practice, the pharmaceutical provider can undertake ad hoc normal and ambulatory blood pressure measurements; provide 24-hour ambulatory blood pressure monitoring (ABPM) for those with high blood pressure readings and promote healthy behaviours to patients.
- Hepatitis C testing service (currently until 31 March 2022) The provision of point of care testing for Hepatitis C antibodies to people who inject drugs, i.e., individuals who inject illicit drugs, e.g., steroids or heroin, but who haven't yet moved to the point of accepting treatment for their substance use. Where people test positive for Hepatitis C antibodies, they will be referred for a confirmatory test and treatment, where appropriate.
- Smoking Cessation Service The provision of evidence-based smoking cessation support for 12 weeks including follow up after patient discharge from hospital. NHS trusts can refer patients to a pharmacy of their choice so they can receive continuing treatment, advice, and support with their attempt to quit smoking. This service is a new service from March 2022.
- **Covid-19 lateral flow device** distribution As at October 2021, the community pharmacy Covid-19 lateral flow device distribution service and community pharmacy Covid-19 medicines delivery service are also commissioned from community pharmacies. These may however not be commissioned when the pharmaceutical needs assessment is being drafted or published.

### 4.9.3 Enhanced services

Enhanced services are directly commissioned by NHS England. The 2013 directions contain a list of enhanced services which NHS England may commission, and broadly describe the underlying purpose of each one.

NHS England may choose to commission enhanced services from all or selected pharmacies to meet specific health needs, in which case it may develop an appropriate service specification.

In B&NES the specialist medicines enhanced service is not commissioned through the NHSE, it is commissioned locally through the CCG.

### 4.9.4 Opening hours

Community pharmacies have what are termed core hours, these are a minimum of 40 hours per week where they are required to be open (NHS, 2019). Many pharmacies choose to open for longer and these additional hours are referred to as supplementary opening hours. Some contractors have successfully applied to open new premises based on being open for 100 core opening hours per week ('100-hour pharmacies'), which means that they are required to be open for at least 100 hours per week, for 52 weeks of the year (apart from weeks which contain a bank holiday, Christmas Day, or Easter Sunday). Any contractor can subsequently apply to change their core opening hours, but they must demonstrate that the needs of the population have changed. NHS England assesses the application against the PNA and whether there have been any changes in the needs of the population.

### 4.9.5 Locally commissioned services

Local councils and CCGs may also commission services from pharmacies and DACs, however these services fall outside the definition of pharmaceutical services. For the purposes of this document, they are referred to as locally commissioned services. They are included within this assessment where they affect the need for pharmaceutical services, or where the further provision of these services would secure improvements or better access to pharmaceutical services.

The locally commissioned services commissioned by B&NES council are:

 Emergency hormonal contraception service: community pharmacies provide free emergency contraception and contraceptive advice to women aged 13 -24.

B&NES PNA 2022 -2025

- Ccard provision: Pharmacies participate in the Ccard scheme which enables people aged 13 – 24 to access free condoms from a range of services and community venues across B&NES
- Chlamydia treatment: Pharmacies provide free doxycycline treatment to men and women aged 15 -24, and their sexual partners, who test positive for chlamydia
- Pregnancy testing supply: Pharmacies provide free pregnancy tests to women aged 13 24 upon request.
- Supervised Consumption: Pharmacies provide supervised self-administration of opiate substitution therapy by patients referred from identified general practitioners or Avon & Wiltshire Partnerships Specialist Drug & Alcohol Services (SDAS).
- Nicotine Replacement Therapy (NRT): the supply of NRT to clients receiving support from the Specialist Stop Smoking Service who have been issued with a voucher for supply of NRT
- Stop smoking support services: Supports people who want to stop smoking through one to one support and advice and facilitates access to, and where appropriate supply of, pharmacotherapy and aids. The service will also refer clients to specialist services where appropriate.

Locally commissioned services currently commissioned by Bath and North East Somerset, Swindon and Wiltshire CCG (BNESSW CCG):

- Community Pharmacy Emergency supply: In addition to the service commissioned by NHSE, BSW CCG commissions an Emergency Supply Service for regular medicines that can be accessed by walking into any pharmacy and does not requires a referral via NHS 111
- Urgent Medication Supply Service: This service improves access to a wide range of palliative care medicines and other urgent medicines during normal and Bank Holiday working hours in the community. The service works to support appropriate anticipatory prescribing for palliative care and thus contribute to supporting the individual to remain at home.
- BSW CCG commissions a Patient Group Direction (PGD) that supports the CPCS so that if a minor illness requires an intervention that would usually require the patient to return to the GP for a prescription this can be supplied via a PGD as long as the qualifying criteria are met

# 4.10 Scope of the assessment

The PNA encompasses pharmacy contractors and Dispensing Appliance Contractors (DAC) within B&NES. Reference is made to B&NES's five GP Dispensing Practices, who provide a valuable dispensing service to their (mainly rural) registered patients to

the south and south west of B&NES.

In addition, a number of pharmacies which are outside of the B&NES district are considered, due to their proximity to the border making them likely to be suppliers of pharmaceutical services to B&NES residents. These are referred to as bordering pharmacies.

# 4.11 Excluded from the PNA

There are aspects of pharmaceutical services that are beyond the scope of the PNA including some areas in which the CCG has an interest. These include: prisons, secondary, and tertiary care sites, where patients may obtain pharmaceutical services not covered by this assessment; and advice to clinicians and/or patients via specialist pharmacists.

Although the PNA makes no assessment of the need for pharmaceutical services in secondary or tertiary care, it is concerned that all patients receive continued medication support through an integrated pharmaceutical service; from hospital to community pharmacies. For this to occur, community pharmacies are required to work holistically with other pharmaceutical services within their communities to ensure patients receive the continuity of care they require.

# 5 PNA process and consultation

# 5.1 PNA Steering Group

The HWB has overall responsibility for the publication of the PNA, and the director of public health is the HWB member who is accountable for its development. B&NES HWB established a PNA steering group, the purpose of which was to ensure that the HWB develops a robust PNA that complies with the 2013 regulations and the needs of the local population. The membership of the steering group ensured all the main stakeholders were represented and a list of the group's members can be found in.

# 5.2 Data Gathering & Sources of Information

B&NES council and Bath & North East Somerset, Swindon & Wiltshire CCG and provided information on:

- services provided to residents of the HWB's area, whether provided from within or outside of the HWB's area
- changes to current service provision
- known housing developments within the lifetime of the PNA

• any other developments which may affect the need for pharmaceutical services.

The B&NES JSNA (B&NES, 2022) provided background information on the health needs of the population.

Information on pharmacy locations, opening times and essential/advanced services was gathered by NHS England and NHS Improvement. Local mapping of pharmacy locations and travel time analysis was produced using SHAPE (Strategic Health Asset Planning and Evaluation tool).

ONS mid-year population estimates for 2020 were used unless other sources are indicated.

At the point of production of the PNA the 2021 census data was not yet available therefore some figures utilize 2011 census data which may not reflect the current population.

It should be noted that the information contained within this PNA was correct and accurate at the time of writing (March/April 2022).

# 5.3 Analysis & Draft Report Writing

The content of the PNA was produced as a result of collecting, analysing and compiling information from published national and local statistics and reports. In addition, commissioners were asked about the services they commission. Much of this information was mapped to show the geographical spread of each commissioned service and also opening hours of the pharmacies to assess out of hours coverage and accessibility. The draft document was shared with a number of stakeholders and an accessibility check was undertaken on the report prior to draft publication.

# **5.4 Formal consultation**

The statutory 60 day consultation commenced on 6<sup>th</sup> June 2022 and ran until 6<sup>th</sup> August 2022. A report on the consultation can be found in appendix 6.

### 5.5 Final publication

After public consultation and final review by the HWB the PNA will be published prior to 1<sup>st</sup> October 2022 in line with the regulations.

# 5.6 Lifespan and review of the PNA

The PNA will be valid for three years from 1st October 2022 to 30th September 2025 when an updated version will be published. Supplementary statements may be published before then if any significant changes occur.

# 6 **B&NES** Pharmaceutical Services provision

# 6.1 Pharmaceutical providers

The most recent estimate of the population of B&NES is 196,357 (ONS, 2021). With 36 community pharmacies within the area at the time of writing this equates to 18 pharmacies per 100,000 population or approximately 1 pharmacy for every 5,454 people. This is lower than the England average of 21 per 100,000 (NHSBSA, 2021) but higher than the bordering regions of Wiltshire which has an average of 13 per 100,000 population and Swindon which has an average of 17 per 100,000 population on number of pharmacies per 100,000 population as business models vary from pharmacy to pharmacy. The 36 community pharmacy locations are shown in purple on the map in Figure 5, this map also shows the geographical location of any pharmacy contractors up to one mile (or 1.6 kilometers) beyond the boarder of B&NES. This is due to the fact that for some residents of B&NES that live close to, or work in a neighboring county, these community pharmacies may be the most convenient for them.

The majority of pharmacy contractors in B&NES are located in the Bath & Bathavon PNA locality, with 23 of the 36 community pharmacy contractors (64 per cent). There are no pharmaceutical contractors located within one mile of the border of the Bath & Bathavon PNA locality. Six of the 36 community pharmacy contractors in B&NES are located in the Keynsham and Chew Valley PNA locality (17%). There is also a distance selling pharmacy within this locality. There are nine pharmacy contractors located within one mile of the B&NES border (referred to as 'bordering pharmacies' in this PNA). The remaining 7 of the 36 community pharmacy contractors in B&NES are located in the Somer Valley PNA locality (19%). There are no pharmaceutical contractors located within one mile of the border of the Somer Valley PNA locality. This breakdown is further detailed in the locality profiles in section 7, Pharmaceutical Services Provision by PNA Locality.

In addition to community pharmacy there is 1 distance selling pharmacy located within the B&NES (The Bath Pharmacy Company Limited) and 5 Dispensing General

B&NES PNA 2022 -2025

Practices specifically serving the rural areas as shown in green in Figure 5. These practices serve rural populations across the south and south west of B&NES. Two of the 5 dispensing GP practices are located in the Keynsham and Chew Valley PNA Locality, and 3 are located in the Somer Valley PNA Locality.

The dispensing GP practices are as follows:

- Keynsham and Chew Valley PNA Locality
  - Chew Medical Practice
  - Harptree Surgery
- Somer Valley PNA Locality
  - $\circ \quad \text{EIm Hayes Surgery} \\$
  - St Mary's Surgery
  - St Chads Surgery

There are no pharmacy contractors in B&NES registered as a Dispensing Appliance Contractor (DAC).

Dispensing of medicines also takes place in hospitals and the Urgent Care Centre (UCC) within B&NES. These include:

- The RUH and UCC, Bath (Royal United Hospitals Bath NHS Foundation Trust);
- Sulis Hospital Bath, Peasedown St John, Bath; and
- Bath Clinic, Combe Down, Bath.

The dispensing services within these hospitals are not directly commissioned by NHS BaNES CCG or NHS England and are excluded from the PNA assessment because they do not fall within the PNA regulations. Each hospital will have its own dispensing arrangements in place.

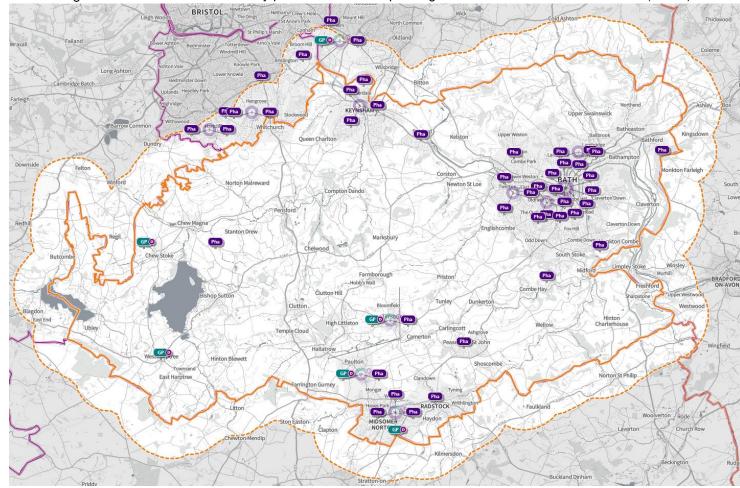


Figure 5. Location of community pharmacies and dispensing GPs in B&NES and within a 1 mile (1.6km) boundary (NHS, 2022)

Notes: (1) the bold orange line represents the B&NES border. (2) the dotted orange line represents the 1-mile (1.6 km) buffer border.

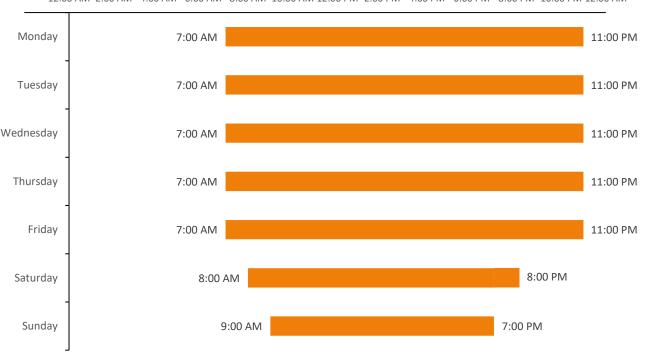
This map shows the location of community pharmacies and dispensing GP practices including those that lie within a 1.6 km (1 mile) distance of the B&NES Local Authority area border. Community pharmacy information is denoted in purple; Dispensing GP practice information is denoted in green with a D icon.

# 6.2 **Opening Hours**

Detailed opening times of all 37 pharmacy contractors in B&NES are shown in Appendix 4: Opening Times.

There is one 100-hour pharmacy in B&NES, which is open for 100 hours each week and serves the Somer Valley. There are a total of 5 community pharmacies across B&NES that are open 7 days a week. There are 29 that are open on a Saturday, and 7 that are open Monday – Friday. There are 22 that are open on an evening until 6pm, 5 of those being open later than 6pm.

#### Figure 6. Earliest opening hours and the latest closing hours for community pharmacy in B&NES



12:00 AM 2:00 AM 4:00 AM 6:00 AM 8:00 AM 10:00 AM 12:00 PM 2:00 PM 4:00 PM 6:00 PM 8:00 PM 10:00 PM 12:00 AM

### 6.3 Travel Time

In B&NES the population is at its most dense in the urban areas of Bath, located in the Bath & Bathavon PNA locality, Midsomer Norton in the Somer Valley PNA locality, and Keynsham in the Keynsham & Chew Valley locality, this is visualised in the map in Figure 7. As expected, the majority of community pharmacies are clustered around these areas.

In B&NES 75% of all urban households and 91% of all rural households have access to a car or van according to the 2011 census (ONS, 2011). As such, time travel

analysis will mainly focus on travel times by car to community pharmacy with the inclusion of public transport analysis for the urban community. This analysis does include community pharmacies within a 1-mile zone of the B&NES boarder. As can be seen from Figure 8 the majority of B&NES population reside within a 10 minute drive time from a community pharmacy, and 100% of the population live within a 20 minute drive time.

The majority of the B&NES population are able to get to a community pharmacy that is open on an evening within a 10 minute drive and 100% are able to get to one within a 20 minute drive (Figure 9). The same is true of drive time to community pharmacies that are open on a Saturday (Figure 10). There are far fewer pharmacies that open on a Sunday but the majority of the population do still reside within a 15 minute drive time of a community pharmacy, and 100% of the population are within a 30 minute drive time of one (Figure 11 – 30 minute drive time not included).

The most deprived areas in B&NES appear to be reasonably well served by with close by community pharmacy services accessible by foot, public transport, or car, or covered within a dispensing GP area (Figure 13).

Regarding the urban areas where it is more likely that a household does not have access to a car or van there is good public transport provision in these areas as seen in Figure 12. Public transport is much more limited in the rural areas therefore, those people that do not drive or have a car are limited in terms of being able to easily access a pharmacy or dispensing practice. This is a particular concern for older and younger people, and people with disabilities, who are less likely to have their own means of independent transport. However, there are now many options for having medicines delivered to an address of the patients choosing, this is discussed further in Distance Selling Pharmacies.

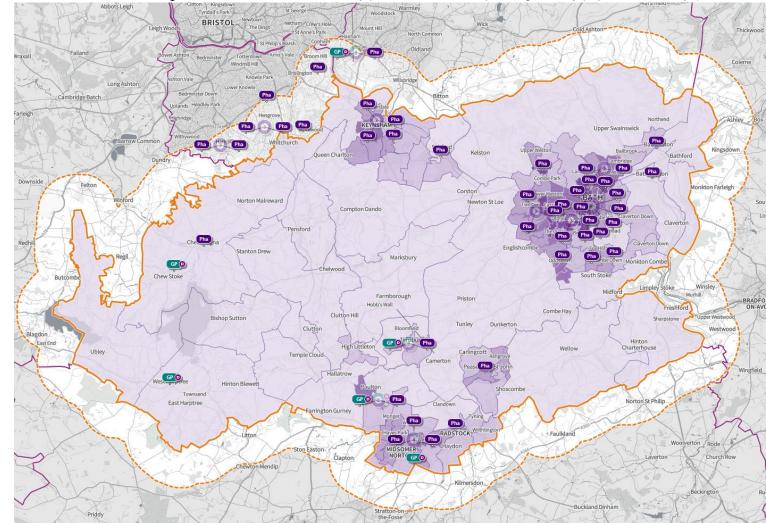


Figure 7. Location of community pharmacies and dispensing GPs by population density (NHS, 2022)

Notes: (1) the bold orange line represents the B&NES border. (2) the dotted orange line represents the 1-mile (1.6 km) buffer border.

This map shows the location of community pharmacies and dispensing GP practices by population density. Community pharmacy information is denoted in purple; Dispensing GP practice information is denoted in green with a D icon. Population is at its most dense in areas with darker purple shading and least dense in areas with lighter purple shading.

Pha Pha Pha Pha KEYNSHAM Pha 🕤 Pha Pha Pha Pha Pha laute Pha Pha Pha Pha Pha Bat Pha Pha Pha Pha Pha Pha Pha Pha

Notes: (1) the bold orange line represents the B&NES border. (2) the dotted orange line represents the 1-mile (1.6 km)

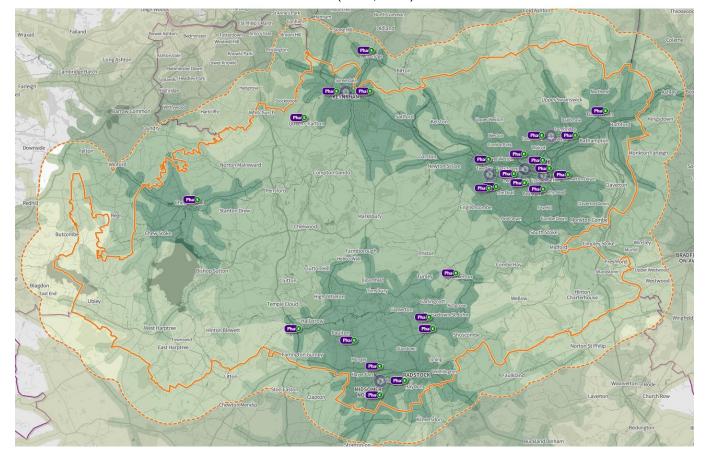
buffer border.

This map shows the travel time by car to community pharmacies, including those that lie within a 1.6 km (1 mile) distance of the B&NES Local Authority area border.

Community pharmacy information is denoted in purple. The darker the green shading the less the travel time by car.



# Figure 9. Travel time by car analysis to community pharmacies with evening opening hours in B&NES including a 1.6km (1 mile) buffer around the B&NES border (NHS, 2022)



Notes: (1) the bold orange line represents the B&NES border. (2) the dotted orange line represents the 1-mile (1.6 km) buffer border.

This map shows the travel time by car to community pharmacies with evening opening hours, including those that lie within a 1.6 km (1 mile) distance of the B&NES Local Authority area border.

Community pharmacy information is denoted in purple. The darker the green shading the less the travel time by car.



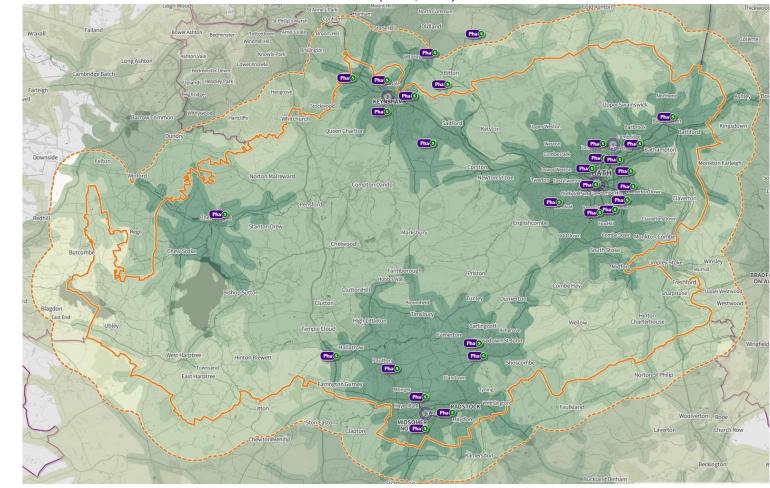
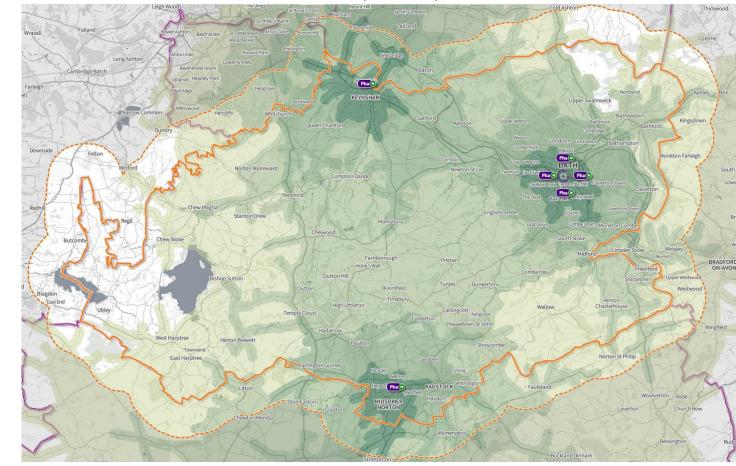


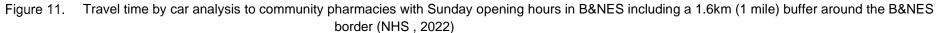
Figure 10. Travel time by car analysis to community pharmacies with Saturday opening hours in B&NES including a 1.6km (1 mile) buffer around the B&NES border (NHS, 2022)

This map shows the travel time by car to community pharmacies with Saturday opening hours, including those that lie within a 1.6 km (1 mile) distance of the B&NES Local Authority area border.

Community pharmacy information is denoted in purple. The darker the green shading the less the travel time by car.







This map shows the travel time by car to community pharmacies with Sunday opening hours, including those that lie within a 1.6 km (1 mile) distance of the B&NES Local Authority area border.

Community pharmacy information is denoted in purple. The darker the green shading the less the travel time by car.



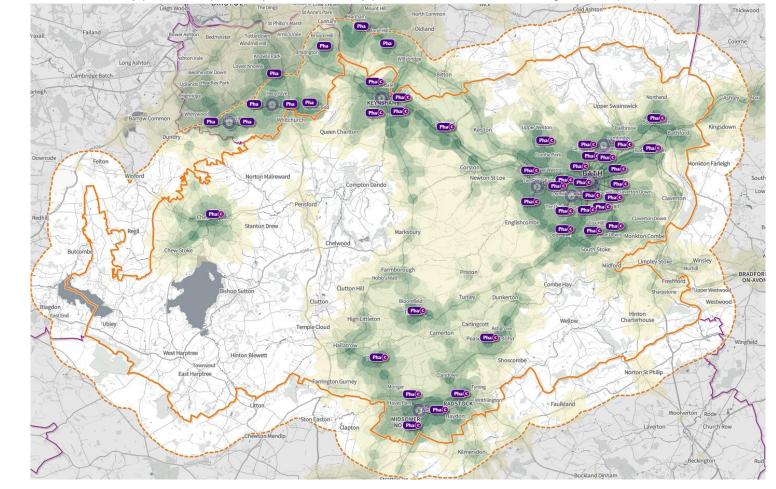


Figure 12. Travel time by public transport analysis to community pharmacies in B&NES including a 1.6km (1 mile) buffer around the B&NES border (NHS, 2022)

This map shows the travel time by public transport to community pharmacies including those that lie within a 1.6 km (1 mile) distance of the B&NES Local Authority area border.

Community pharmacy information is denoted in purple. The darker the green shading the less the travel time by public transport.



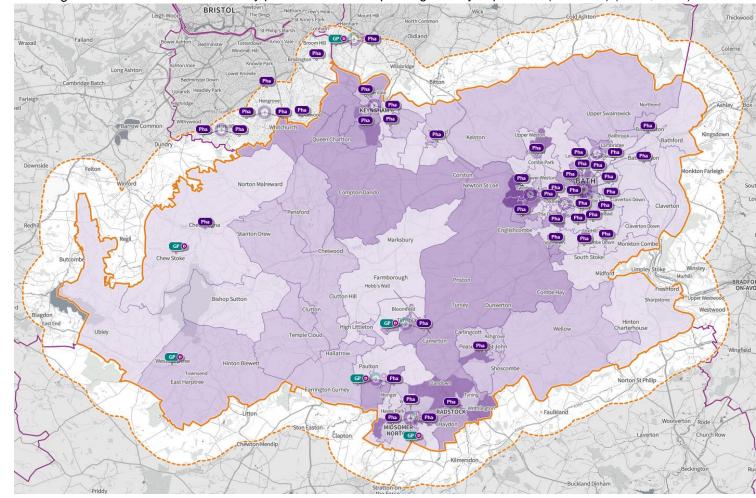


Figure 13. Location of community pharmacies and dispensing GPs by deprivation (IMD2019) (NHS, 2022)

This map shows the location of community pharmacies and dispensing GP practices by deprivation. Community pharmacy information is denoted in purple; Dispensing GP practice information is denoted in green with a D icon. Deprivation is at its highest in areas with darker purple shading and lowest in areas with lighter purple shading.

# 6.4 Distance Selling Pharmacies

There has been a change in how people choose to have their medicines dispensed with more choosing to get their medicines delivered. It was reported by the Pharmaceutical Journal (2021) that the online pharmacy dispensing volume increased by 45% in 2020 during the COVID-19 pandemic (The Pharmaceutical Journal, 2021). As such residents in B&NES can choose to use any one of the 372 online/distance selling pharmacies in England within their opening hours and have their medicines delivered to their chosen address, this figure includes The Bath Company Pharmacy Ltd, a local distance selling pharmacy located in the Keynsham and Chew Valley PNA locality. Table 2 shows that the percentage of prescriptions generated in B&NES that are dispensed by community pharmacy and by distance selling pharmacies. Distance selling pharmacies dispense 6.9% of prescriptions generated in B&NES, a figure that is higher than the UK local authority average. In addition to distance selling pharmacies, 35 out of 36 (94%) of the pharmacy contractors in B&NES offer a discretionary delivery service for dispensed medicines, either to resident's homes, or a secure local community location (e.g. village hall, shop).

Table 2.	Dispenser	<b>Contract Type</b>	e in B&NES 2021/22
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	Community Pharmacy	Distance Selling Pharmacies	DAC/LPS/Missing
B&NES	76.14%	6.91%	16.96%

The Electronic Prescription Service (EPS) enables prescribers to send prescriptions electronically to a dispenser (such as a pharmacy) of the patient's choice meaning that patients do not have to take their prescription in to a pharmacy to access these services. This makes the prescribing and dispensing process more efficient and convenient for patients.

# 6.5 Accessibility

The Equalities Act 2010 legislates against direct discrimination against any person for the supply of goods or services. Pharmacy contractors are required to make reasonable adjustments to accommodate any person with a disability both on their premises and in terms of service, for example, wheelchair access and ramps. Wherever possible, provision of disabled-friendly services (wheelchair accessible consulting rooms, provision for those with visual or hearing difficulties, etc.) should be considered an important aspect of good service provision.

Twenty seven (75 per cent) of local pharmacy contractors stated that they have step free access to the pharmacy (see 10.5 Appendix 3). The majority of pharmacy contractors that do not have wheelchair accessible consultation rooms or areas serve the Bath & Bathavon PNA locality (6 out of 23 pharmacies). This is due, at least in part, to the physical and planning related constraints of Bath's historic buildings. Despite this though, there are 17 pharmacy contractors in the Bath & Bathavon PNA Locality which have a consultation room or area with wheelchair access.

Eighteen (50 per cent) offer induction loops which are a type of audio technology which supports improved hearing and communication for people with a hearing impairment.

Language spoken can be another barrier to accessing health services, and as such it is important to consider access for those for whom English is not their first language. All pharmacies in B&NES are able to utilize the NHS interpretation and translation services, in addition to this 14 (39%) of local pharmacy contractors have multi-lingual staff.

# 6.6 Choice

There are a variety of ways in which the B&NES population are able to choose to access pharmaceutical services, these include the in person access to community pharmacies or the remote services offered by these pharmacies, dispensing GPs, and distance selling pharmacies.

# 6.7 Advanced and Enhanced services

Advanced and enhanced services are defined in sections 4.9.2 and 4.9.3.

### 6.7.1 New Medicine Service (NMS)

There is generally good coverage of the New Medicines Service (NMS) across B&NES with 92% of pharmacy contractors (distance selling pharmacy included) providing this service.

### Table 3. NMS service provision in B&NES

Service (NMS)         Bathavon         Chew Valley         PNA Locality           PNA Locality         PNA Locality         PNA Locality
--

	No.	%	No.	%	No.	%	No.	%
NMS	34	92%	22	96%	6	86%	6	86%
No NMS	3	8%	1	4%	1	14%	1	14%

### 6.7.2 Influenza vaccination service

The majority of pharmacy contractors in B&NES deliver the influenza vaccination service with 31 out of 37 pharmacy contactors doing so (84%).

### Table 4. Influenza vaccination service provision in B&NES

Influenza vaccination service	B&NES		Bath & Bathavon PNA Locality		Keynsham and Chew Valley PNA Locality		Somer Valley PNA Locality	
	No.	%	No.	%	No.	%	No.	%
Flu Vaccine	31	84%	19	83%	6	86%	6	86%
No Flu Vaccine	6	16%	4	17%	1	14%	1	14%

### 6.7.3 Lateral Flow Device Distribution (LF)

During the time period in which pharmacies were commissioned to distribute lateral flow devices, 97% of pharmacies in B&NES did so.

### Table 5. LF service provision in B&NES

Lateral Flow Device Distribution (LF)	B&NES		Bath & Bathavon PNA Locality		Keynsham and Chew Valley PNA Locality		Somer Valley PNA Locality			
	No.		%		No.	%	No.	%	No.	%
LF		36	Ċ,	97%	22	96%	7	100%	7	100%
No LF		1		3%	1	4%	0	0%	0	0%

### 6.7.4 Stoma Appliance Customisation (SAC)

At the time of writing 8% of pharmacies in B&NES provide a stoma appliance customization service.

### Table 6. SAC service provision in B&NES

Stoma Appliance Customisation (SAC)	B&NES		Bath & Bathavon PNA Locality		Keynsham and Chew Valley PNA Locality		Somer Valley PNA Locality	
	No.	%	No.	%	No.	%	No.	%
SAC	3	8%	0	0%	1	14%	2	29%
No SAC	34	92%	23	100%	6	86%	5	71%

### 6.7.5 Hypertension case-finding service

Of the 37 pharmacy contractors in B&NES, 11 provided the hypertension casefinding service to the local population.

 Table 7. Hypertension case-finding service provision in B&NES

Hypertension case-finding	B&NES		Bath & Bathavon PNA Locality		Keynsham and Chew Valley PNA Locality		Somer Valley PNA Locality	
service	No.	%	No.	%	No.	%	No.	%
Hypertension								
Service	11	30%	7	30%	3	43%	1	14%
No Service	26	70%	16	70%	4	57%	6	86%

### 6.7.6 Hepatitis C testing service

During 2021/22, 2 pharmacies, both situated in the Bath & Bathavon PNA Locality delivered the Hep C testing service. This equates to 5% of B&NES pharmacy contractors.

### Table 8. Hep C service provision in B&NES

Hepatitis C testing service	B&NES		Bath & Bathavon PNA Locality		Keynsham and Chew Valley PNA Locality		Somer Valley PNA Locality	
	No.	%	No.	%	No.	%	No.	%
Hep C Service	2	5%	2	9%	0	0%	0	0%
No Service	35	95%	21	91%	7	100%	7	100%

### 6.7.7 AUR

No pharmacy contractors in B&NES delivered the Appliance Use Review services in 2021/22.

# 6.8 Locally Commissioned Services

The locally commissioned services are defined in section 4.9.5. These services are commissioned locally through B&NES council and BNSSG CCG and access and delivery are continually reviewed outside of the PNA. This allows for a more immediate response should a need for these services arise within the local population.

# 7 Pharmaceutical Services Provision by PNA Locality

# 7.1 Bath & Bathavon Locality

There are currently 23 pharmacies in Bath & Bathavon as of 2021/22. Of these, 12 pharmacies are owned by national pharmacy chains:

- 6 by Boots Pharmacy
- 1 by Lloyd's Pharmacy
- 2 by Jhoots Pharmacy
- 1 by Superdrug Pharmacy
- 1 by Bestway (Well) Pharmacy
- 1 by Dudley Taylor Pharmacy

There are 11 other pharmacies in Bath & Bathavon not part of national pharmacy chains. All 23 of the pharmacies are currently 40-hour pharmacies, there are no 100-hour pharmacies.

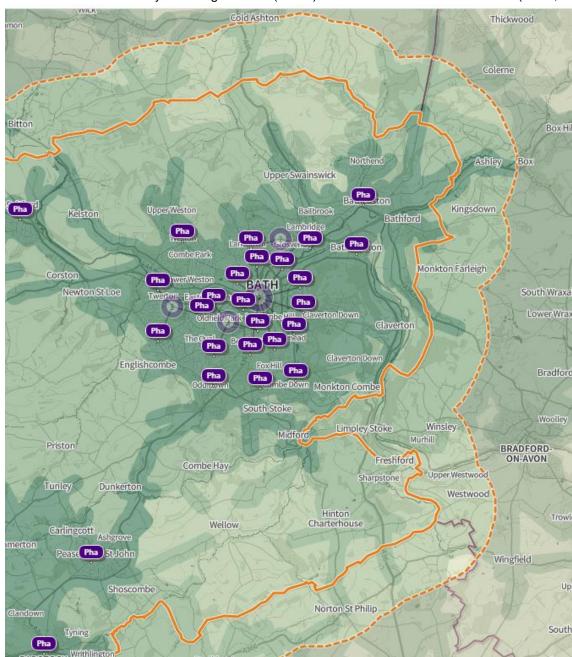


Figure 14. Travel time by car analysis to community pharmacies and dispensing GP practices in the Bath & Bathavon PNA locality including a 1.6km (1 mile) buffer around the B&NES border (NHS, 2022)

All of the pharmacies are Community Pharmacist Consultation Service (CPCS) accredited, providing a total of 1,294 CPCS consultations in the first seven months of 2021/22 (April to October 2021).

In addition, all of the pharmacies have access to EPS and, based on regional NHSEI data, 22 pharmacies provide lateral flow devices.

There are no distance-selling pharmacies and no pharmacies with LPS contracts as of January 2022. There are also no DACs in Bath & Bathavon.

Since the last PNA was published one pharmacy has closed (Jhoots Pharmacy on Brock Street, Bath) and no new pharmacies have opened in Bath & Bathavon. Over the last three years provision in Bath & Bathavon can be seen in table Table 9:

Year	Population	Number of pharmacies	Pharmacies per 100,000 population	Number of items dispensed	Items dispensed per head
2018/19	-	24	-	1,616,816	-
2019/20	110,324	24	21.8	1,615,871	14.6
2020/21	112,390	24	21.4	1,510,445	13.4
2021/22 (7 month)	-	23	-	855,771	-
South West 2020/21	5,659,143	1,065	18.8	95,447,553	16.9
England 2018/19	55,977,178	11,997	21.4	1,015,065,205	18.1
England 2019/20	56,286,961	11,938	21.2	1,035,763,855	18.4
England 2020/21	56,550,138	11,748	20.8	1,016,769,042	18.0

 Table 9. Pharmacy provision by population in Bath & Bathavon Locality

Notes:

- Populations are based ONS mid-year population estimates. The population for each financial year is taken as the mid-year estimate for the first of the two years that make up the financial year. For example, for 2019/20 the population is taken as the mid-year estimate for 2019
- Mid-year population estimates were not available for 2021 at the time of writing
- Ward level populations assigned to locality were not available in 2018/19 due to changes in ward boundaries in the same year
- Number of pharmacies in England and South West England in 2020/21 and total items dispensed are taken from Supporting Tables from NHSBSA found at: <u>https://www.nhsbsa.nhs.uk/statistical-collections/general-pharmaceutical-servicesengland/general-pharmaceutical-services-england-201516-202021</u>
- All pharmacy numbers include both community pharmacies and DACs

The number of pharmacies per 100,000 population is above the South West and England averages as of 2020/21.

The overall number of items dispensed reduced by 6.6% between 2018/19 and 2020/21 with the largest fall occurring between 2019/20 and 2020/21. Additionally, the number of items dispensed per head in 2020/21 was lower than both the South West and England averages.

In terms of access to the essential services:

- 3 pharmacies are open 7 days a week
  - o Boots Pharmacy, 33-35 Westgate, Bath
  - o Lloyds Pharmacy inside Sainsbury's on Green Park Road, Bath
  - o Boots Pharmacy, Newark Street, Bath
- 13 pharmacies are open on Monday to Saturday only
- 7 pharmacies are open Monday to Friday only
- No pharmacies are open before 8am from Monday to Friday
- 2 pharmacies are open until after 6.30pm from Monday to Friday
  - Lloyds Pharmacy inside Sainsbury's on Green Park Road, Bath
  - Boots Pharmacy, 1 Newark Street, Bath

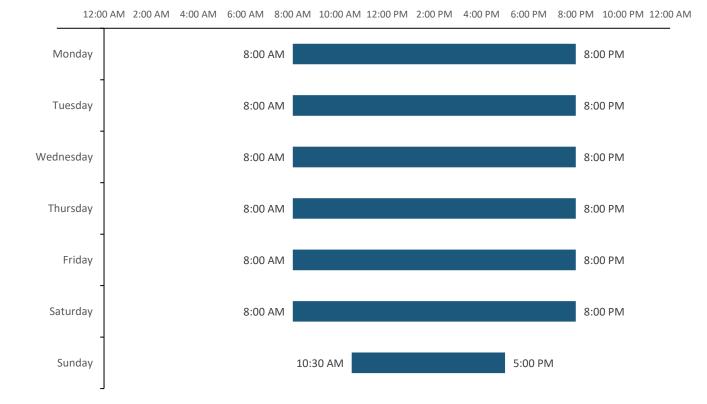


Figure 15. Earliest opening hours and the latest closing hours for the Bath & Bathavon Locality

In terms of access to advanced services, several of the pharmacies in Bath & Bathavon provide advanced services to their patients, for definitions of these refer to 3.7.2 advanced services.

According to the data 22 out of 23 pharmacies in Bath & Bathavon had NMS

accreditation in 2021/22 and during the first seven months 1,413 NMSs were undertaken, an increase on the total of 1,203 NMSs undertaken in 2020/21.

In 2021/22, 19 out of 23 pharmacies in Bath & Bathavon delivered the influenza vaccination advanced service. This amounted to a total of 4,316 vaccinations given, according to the NHSBSAs Advanced Flu Vaccination Service report dataset by matched locality pharmacies with B&NES, Swindon and Wiltshire STP (September 2020 to March 2021).

During the same year no pharmacies in Bath & Bathavon provided stoma appliance customisation, nor AUR advanced services. The latter may have been done through the DACs based around the country who may dispense the appliances.

The Hypertension Case-Finding Service was provided by seven pharmacies over this period:

- Well Pharmacy, Claremont Terrace, Bath
- Combe Down Pharmacy, The Avenue, Combe Down
- Jhoots Pharmacy, Newbridge Hill Surgery, Bath
- Hawes Whiston & Company, St. James Square, Bath
- Pulteney Pharmacy, Great Pulteney Street, Bath
- Bathampton Pharmacy, Holcombe Lane, Bathampton
- Jhoots Pharmacy, Frome Road, Odd Dow

Two pharmacies provided the Hepatitis-C Antibody Testing Service during 2021/22:

- The Hawes Whiston and Company Pharmacy, 38 James Square, Bath
- Jhoots Pharmacy, 88 Frome Road, Odd Down

Given the above analysis it is concluded that there is no gap in current provision of community pharmacy services nor any gap in the access to community pharmacy in the Bath Avon Locality.

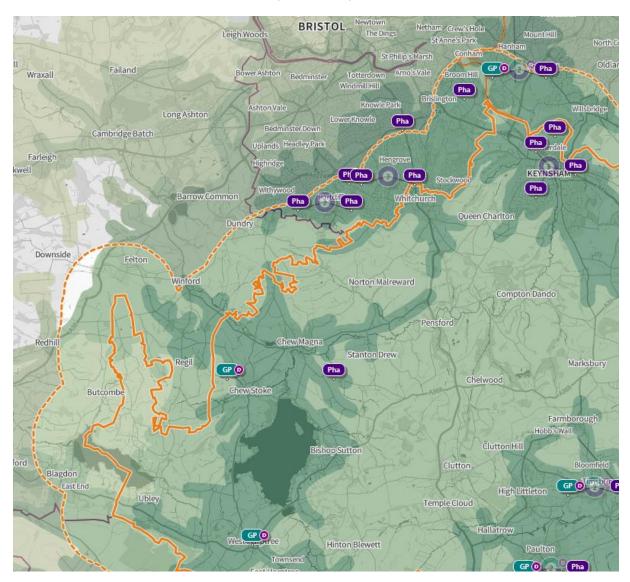
### 7.2 Keynsham & Chew Valley Locality

There are currently seven pharmacies in Keynsham and Chew Valley as of 2021/22. Of these, three pharmacies are owned by national pharmacy chains:

- 1 by Boots Pharmacy
- 1 by Lloyd's Pharmacy
- 1 by Day Lewis Pharmacy

There are four other pharmacies in Keynsham and Chew Valley not part of national pharmacy chains. All seven pharmacies currently in Keynsham and Chew Valley are 40-hour pharmacies; there are no 100-hour pharmacies.

Figure 16. Travel time by car analysis to community pharmacies and dispensing GP practices in the Keynsham & Chew Valley PNA locality including a 1.6km (1 mile) buffer around the B&NES border (NHS, 2022)



All pharmacies are Community Pharmacist Consultation Service (CPCS) accredited, providing a total of 162 CPCS consultations in the first seven months of 2021/22 (April to October 2021).

In addition, all pharmacies have access to EPS and all pharmacies provide lateral flow devices.

There is one distance-selling pharmacy (The Bath Company Pharmacy, Unit 32, Burnett Business Park, Keynsham) but no pharmacies with local pharmaceutical services contracts as of January 2022, additionally there are no DACs in Keynsham and Chew Valley.

Since the last PNA was published one pharmacy has closed (Lloyds Pharmacy, Keynsham Health Centre, Keynsham) and no new pharmacies have opened in

Keynsham and Chew Valley. Over the last three years provision in Keynsham and Chew Valley can be seen in Table 10.

Year	Population <sup>1</sup>	Number of pharmacies	Pharmacies per 100,000 population	Number of items dispensed	Items dispensed per head	
2018/19	-	8	-	796,070	-	
2019/20	36,107	8	22.2	813,828	22.5	
2020/21	36,899	8	21.7	757,716	20.5	
2021/22 (7 month)	-	7	-	431,709	-	
South West 2020/21	5,659,143	1,065	18.8	95,447,553	16.9	
England 2018/19	55,977,178	11,997	21.4	1,015,065,205	18.1	
England 2019/20	56,286,961	11,938	21.2	1,035,763,855	18.4	
England 2020/21	56,550,138	11,748	20.8	1,016,769,042	18.0	

 Table 10. Pharmacy provision by population in Keynsham & Chew Valley Locality

Notes:

- Populations are based ONS mid-year population estimates. The population for each financial year is taken as the mid-year estimate for the first of the two years that make up the financial year. For example, for 2019/20 the population is taken as the mid-year estimate for 2019.
- Mid-year population estimates were not available for 2021 at the time of writing.
- Ward level populations assigned to locality were not available in 2018/19 due to changes in ward boundaries in the same year.
- Number of pharmacies in England and South West England in 2020/21 and total items dispensed are taken from Supporting Tables from NHSBSA found at: <u>https://www.nhsbsa.nhs.uk/statistical-collections/general-pharmaceutical-servicesengland/general-pharmaceutical-services-england-201516-202021</u>
- All pharmacy numbers include both community pharmacies and DACs

The number of pharmacies per 100,000 population is higher than the South West and England averages.

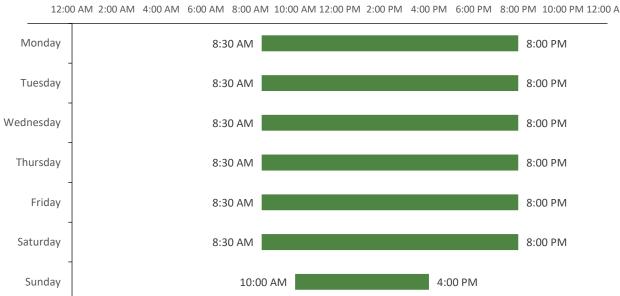
The total number of items dispensed has fallen overall by 4.8% between 2018/19 and 2020/21, despite the total number increasing in 2019/20. The number of

items dispensed per head was higher than the South West and England averages in both 2019/2020 and 2020/2021.

In terms of access to the essential services:

- 1 pharmacy is open 7 days a week
  - Keynsham Pharmacy, 15 Station Road, Keynsham
- 5 pharmacies are open on Monday to Saturday only
- No pharmacies are open before 8am from Monday to Friday •
- 1 pharmacy is open after 6.30pm from Monday to Friday
  - Keynsham Pharmacy, 15 Station Road, Keynsham 0

#### Figure 17. Earliest opening hours and the latest closing hours for the Keynsham & Chew Valley Locality



12:00 AM 2:00 AM 4:00 AM 6:00 AM 8:00 AM 10:00 AM 12:00 PM 2:00 PM 4:00 PM 6:00 PM 8:00 PM 10:00 PM 12:00 AM

In terms of access to the advanced services:

In the year 2021/22, several pharmacies provided advanced services to their patients, for definitions of these refer to 3.7.2 advanced services.

NMS accreditation is held by six out of the seven pharmacies in Keynsham and Chew Valley and during the first seven months of 2021/22 389 NMSs were undertaken, this is an increase on the 354 NMSs completed in the whole of 2020/21.

The influenza vaccination service was delivered by six out of seven pharmacies in Keynsham and Chew Valley in 2021/22. According to the NHSBSAs Advanced Flu Vaccination Service report dataset, a total of 1,788 vaccinations were given in the last complete flu season by matched locality pharmacies within the B&NES, Swindon and Wiltshire STP from September 2020 to March 2021.

One pharmacy in Keynsham and Chew Valley provided stoma customisation (Lloyds pharmacy, 58 High Street, Keynsham) with 19 stoma customisations provided in the first seven months of 2021/22. By comparison, 50 stoma customisations were provided in 2020/21.

No pharmacies provided AUR, as it is possible that this service may be provided by DACs based around the country which provide these appliances. Additionally, no pharmacies provided the Hepatitis-C Antibody Testing Service.

Three pharmacies provided the Hypertension Case-Finding Service at this time:

- Day Lewis Pharmacy, Bath Road, Saltford
- Chandag Road Pharmacy, Chandag Road, Keynsham
- Chew Pharmacy, South Parade, Chew Magna

Given the above analysis it is concluded that there is no gap in current provision of community pharmacy services nor any gap in the access to community pharmacy in the Keynsham and Chew Valley Locality.

### 7.3 Somer Valley Locality

There are currently seven pharmacies in Somer Valley as of 2021/22. Of these, four pharmacies are owned by national pharmacy chains:

- 2 by Lloyd's Pharmacy
- 2 by Dudley Taylor Pharmacy

There are three other pharmacies in Somer Valley not part of national pharmacy chains. There is one 100-hour pharmacy in Somer Valley as of 2021/22 (Midsomer Pharmacy, 98 High Street, Midsomer Norton) and six 40-hour pharmacies.

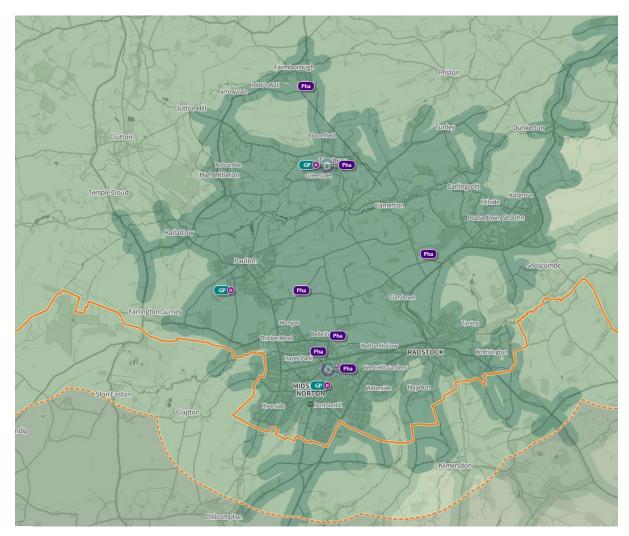


Figure 18. Travel time by car analysis to community pharmacies and dispensing GP practices in the Somer Valley PNA locality including a 1.6km (1 mile) buffer around the B&NES border (NHS, 2022)

All pharmacies are Community Pharmacist Consultation Service (CPCS) accredited providing a total of 227 CPCS consultations in the first seven months of 2021/22 (April to October 2021).

In addition, all pharmacies have access to EPS and all pharmacies provide lateral flow devices.

There are no distance-selling pharmacies and no pharmacies with local pharmaceutical services contracts as of January 2022, nor are there any DACS in Somer Valley.

Since the last PNA was published one pharmacy has closed (Lloyds Pharmacy, Chesterfield House, High Street, Midsomer Norton) and no new pharmacies have opened in Somer Valley. Over the last three years provision in Somer Valley can be seen in Table 11.

Year	Population <sup>1</sup>	Number of pharmacies	Pharmacies per 100,000 population	Number of items dispensed	Items dispensed per head	
2018/19	-	8	-	865,990	-	
2019/20	46,851	8	17.1	877,280	18.7	
2020/21	47,068	8	17.0	836,424	17.8	
2021/22 (7 months)	-	7	-	481,495	-	
South West 2020/21	5,659,143	1,065	18.8	95,447,553	16.9	
England 2018/19	55,977,178	11,997	21.4	1,015,065,205	18.1	
England 2019/20	56,286,961	11,938	21.2	1,035,763,855	18.4	
England 2020/21	56,550,138	11,748	20.8	1,016,769,042	18.0	

 Table 11. Pharmacy provision by population in the Somer Valley Locality

Notes:

- 1. Populations are based ONS mid-year population estimates. The population for each financial year is taken as the mid-year estimate for the first of the two years that make up the financial year. For example, for 2019/20 the population is taken as the mid-year estimate for 2019
- 2. Mid-year population estimates were not available for 2021 at the time of writing
- 3. Ward level populations assigned to locality were not available in 2018/19 due to changes in ward boundaries in the same year
- 4. Number of pharmacies in England and South West England in 2020/21 and total items dispensed are taken from Supporting Tables from NHSBSA found at: <u>https://www.nhsbsa.nhs.uk/statistical-collections/general-pharmaceutical-services-england/general-pharmaceutical-services-england-201516-202021</u>
- 5. All pharmacy numbers include both community pharmacies and DACs

The number of pharmacies per 100,000 in Somer Valley is lower than the South West and England averages as of 2020/21.

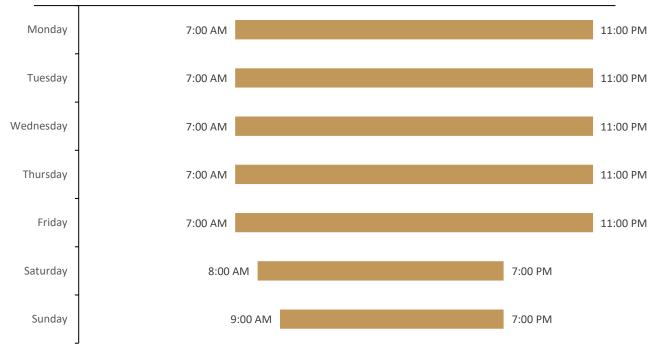
The total number of items dispensed has decreased by 3.4% between 2018/19 and 2020/21 despite an increase in 2019/20. The number of items dispensed per head in 2020/21 remains higher than the South West average but lower than the England average.

In terms of access to the essential services:

- 1 pharmacy is open 7 days a week
  - Midsomer Pharmacy, 98 High Street, Midsomer Norton
- 6 pharmacies are open on Monday to Saturday only
- 1 pharmacy is open before 8am from Monday to Friday
   Midsomer Pharmacy, 98 High Street, Midsomer Norton
- 2 pharmacies are open until after 6.30pm from Monday to Friday
  - Midsomer Pharmacy, 98 High Street, Midsomer Norton
  - o Lloyds Pharmacy, St. Chads Surgery, Midsomer Norton



12:00 AM 2:00 AM 4:00 AM 6:00 AM 8:00 AM 10:00 AM 12:00 PM 2:00 PM 4:00 PM 6:00 PM 8:00 PM 10:00 PM 12:00 AM



In terms of access to the advanced services, in the year 2021/22, several pharmacies provided advanced services to their patients, for definitions of these, refer to 3.7.2 advanced services.

At this time six out of seven pharmacies in Somer Valley had NMS accreditation in 2021/22. Over the first seven-month period of 2021/22, 584 NMSs were undertaken, an increase on the 565 NMSs undertaken during the whole of 2020/21.

Influenza vaccinations were administered at six out of seven pharmacies in Somer Valley totaling 1,387 vaccinations according to the NHSBSAs Advanced Flu Vaccination Service report dataset, by matched locality pharmacies within the B&NES, Swindon and Wiltshire STP in the last complete flu vaccination season from September 2020 to March 2021. Stoma customisations were provided by two pharmacies in Somer Valley in 2021/22:

- Lloyds Pharmacy, St Chads Surgery
- Lloyds Pharmacy, Elm Hayes Health Centre

In the first seven months of the year, 17 stoma customisations were provided, compared to the 45 customisations provided over the whole of 2020/21.

No pharmacies in Somer Valley provided AUR. It is possible that many appliances will be serviced by the DACs based around the country which dispense them. Additionally, no pharmacies provide the Hepatitis-C Antibody Testing Service.

In this timeframe, one pharmacy provided the Hypertension Case-Finding Service (Midsomer Pharmacy, High Street, Midsomer Norton).

Given the above analysis it is concluded that there is no gap in current provision of community pharmacy services nor any gap in the access to community pharmacy in the Somer Valley Locality.

### 8 Conclusion

- In this PNA the potential changes in the population demographics of B&NES and its PNA localities has been considered in respect to the area's need for pharmaceutical services. There have not been any gaps identified that cannot be met by current providers in the lifetime of this PNA.
- There are no known planned relevant local NHS services that could significantly alter the need for pharmaceutical services in B&NES and as such no gaps have been identified in this respect.
- A thorough analysis of access was undertaken and it was found that the pharmaceutical needs of the area continue to be met by the existing providers.
- There are no gaps in the current provision of local community pharmaceutical services that serve all three PNA localities in B&NES.

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### **10 Appendices**

### **10.1** Appendix 1: List of Abbreviations

AUR	Appliance Use Reviews
B&NES / BaNES	Bath and North East Somerset
BMI	Body Mass Index
BSW	B&NES, Swindon and Wiltshire
BSWSTP	B&NES, Swindon and Wiltshire Sustainability and Transformation
	Plan
CCG	Clinical Commissioning Group
CPCF	Community Pharmacy Contractual Framework
DAC	Dispensing Appliance Contractors
DH	Department of Health
DHI	Developing Health and Independence Charity
ED	Emergency Department
EHC	Emergency Hormonal Contraceptive
EPS	Electronic Prescription Service
ETTF	Estates and Technology Transformation Fund
GP	General Practice
HLP	Healthy Living Pharmacy

HWB	Health and Wellbeing Board
ID	Indices of Deprivation
JHWS	Joint Health and Wellbeing Strategy
JSNA	Joint Strategic Needs Assessment
LPS	Local Pharmaceutical Services
MUR	Medicines Use Reviews
NHS	National Health Service
NMS	New Medicines Service
NRLS	National Reporting and Learning System
NRT	Nicotine Replacement Therapy
NSP	Needle and Syringe Programmes
NUMSAS	NHS Urgent Medicine Supply Advanced Service
ONS	Office of National Statistics
PCN	Primary Care Network
PGD	Patient Group Direction
PhAC	Pharmacy Access Scheme
PNA	Pharmaceutical Needs Assessment
PSNC	Pharmacy Services Negotiation Committee
SAC	Stoma Appliance Customisation
SCR	Summary Care Record
STI	Sexually Transmitted Infection
STP	Sustainability and Transformation Plan
UCC	Urgent Care Centre

### 10.2 Appendix 2: Localities by Parish

Parishes	Locality
Bath and North East Somerset, unparished area	Bathavon
Bathampton	Bathavon
Batheaston	Bathavon
Bathford	Bathavon
Camerton	Bathavon
Charlcombe	Bathavon
Chelwood	Keynsham & Chew Valley
Chew Magna	Keynsham & Chew Valley
Chew Stoke	Keynsham & Chew Valley
Claverton	Bathavon
Clutton	Keynsham & Chew Valley
Combe Hay	Bathavon
Compton Dando	Keynsham & Chew Valley
Compton Martin	Keynsham & Chew Valley
Corston	Keynsham & Chew Valley
Dunkerton and Tunley	Bathavon
East Harptree	Keynsham & Chew Valley
Englishcombe	Bathavon
Farmborough	Somer Valley

Farrington Gurney	Somer Valley
Freshford	Bathavon
High Littleton	Somer Valley
Hinton Blewett	Keynsham & Chew Valley
Hinton Charterhouse	Bathavon
Kelston	Bathavon
Keynsham	Keynsham & Chew Valley
Marksbury	Keynsham & Chew Valley
Midsomer Norton	Somer Valley
Monkton Combe	Bathavon
Nempnett Thrubwell	Keynsham & Chew Valley
Newton St. Loe	Bathavon
North Stoke	Bathavon
Norton Malreward	Keynsham & Chew Valley
Paulton	Somer Valley
Peasedown St. John	Somer Valley
Priston	Bathavon
Publow	Keynsham & Chew Valley
Radstock	Somer Valley
Saltford	Keynsham & Chew Valley
Shoscombe	Bathavon
Southstoke	Bathavon
St. Catherine	Bathavon
Stanton Drew	Keynsham & Chew Valley
Stowey-Sutton	Keynsham & Chew Valley
Swainswick	Bathavon
Temple Cloud with Cameley	Keynsham & Chew Valley
Timsbury	Somer Valley
Ubley	Keynsham & Chew Valley
Wellow	Bathavon
West Harptree	Keynsham & Chew Valley
Westfield	Somer Valley
Whitchurch	Keynsham & Chew Valley

# 10.3 Appendix 3: Geographic boundary issues with population estimates

The population estimates for the following parishes were not counted in their geographic PNA locality. This is because parishes are a very old form of spatial unit that are confined within local authority district boundaries but are not contiguous with other UK administrative geographies such as wards or lower super output areas (LSOAs). The parishes that cross ward boundaries were matched with the ward in which the majority of their postcodes sit within, and then their population allocated to

the PNA locality within which that ward sits.

Parish	Geographical PNA Locality	Population Estimate Locality
Marksbury	Keynsham & Chew Valley	Bathavon
Farmborough	Somer Valley	Keynsham & Chew Valley
Newton St. Loe	Bathavon	Keynsham & Chew Valley

ODS CODE	Trading Name	Tota I Core Hour s	Supplement ary Hours	Openi ng Hours Monda y	Openi ng Hours Tuesd ay	Opening Hours Wednesd ay	Openin g Hours Thursd ay	Openi ng Hours Friday	Openin g Hours Saturd ay	Openi ng Hours Sunda y	Total Openi ng Hours
FAL03	Boots Pharmacy	40	17	08:30- 13:00 13:30- 17:30	08:30- 13:00 13:30- 17:30	08:30- 13:00 13:30- 17:30	08:30- 13:00 13:30- 17:30	08:30- 13:00 13:30- 17:30	08:30- 13:00 13:30- 17:30	10:30- 16:30	57
FAX91	Wellsway Pharmacy	42.5	4	09:00- 17:30	09:00- 17:30	09:00- 17:30	09:00- 17:30	09:00- 17:30	09:00- 13:00	Closed	46.5
FD358	The Bath Company Pharmacy Ltd	40	0	09:00- 13:00 13:30- 17:30	09:00- 13:00 13:30- 17:30	09:00- 13:00 13:30- 17:30	09:00- 13:00 13:30- 17:30	09:00- 13:00 13:30- 17:30	Closed	Closed	40
FDL00	Lloydspharm acy Inside Sainsbury's	40	38	08:00- 20:00	08:00- 20:00	08:00- 20:00	08:00- 20:00	08:00- 20:00	08:00- 20:00	11:00- 17:00	78
FFA62	Day Lewis Pharmacy	40	6.5	08:30- 13:00 14:00- 18:00	08:30- 13:00 14:00- 18:00	08:30- 13:00 14:00- 18:00	08:30- 13:00 14:00- 18:00	08:30- 13:00 14:00- 18:00	09:00- 13:00	Closed	46.5
FFQ25	Clement Pharmacy	40	11.5	08:30- 18:00	08:30- 18:00	08:30- 18:00	08:30- 18:00	08:30- 18:00	09:00- 13:00	Closed	51.5

### **10.4 Appendix 4: Opening Times**

FFX95	Dudley Taylor Pharmacies Ltd	40	4	09:00- 13:00 13:30- 17:30	09:00- 13:00 13:30- 17:30	09:00- 13:00 13:30- 17:30	09:00- 13:00 13:30- 17:30	09:00- 13:00 13:30- 17:30	09:00- 13:00	Closed	44
FG072	Lloydspharm acy	53.5	2.5	08:30- 18:00	08:30- 18:00	08:30- 18:00	08:30- 18:00	08:30- 18:00	09:00- 17:30	Closed	56
FGH83	Westfield Pharmacy	40	9	09:00- 18:00	09:00- 18:00	09:00- 18:00	09:00- 18:00	09:00- 18:00	09:00- 13:00	Closed	49
FGQ09	Boots Pharmacy	40	9	09:00- 18:00	09:00- 18:00	09:00- 18:00	09:00- 18:00	09:00- 18:00	09:00- 13:00	Closed	49
FGW41	Chandag Road Pharmacy	40	9	09:00- 18:00	09:00- 18:00	09:00- 18:00	09:00- 18:00	09:00- 18:00	09:00- 13:00	Closed	49
FH238	Boots Pharmacy	51	3	08:30- 17:30	08:30- 17:30	08:30- 17:30	08:30- 17:30	08:30- 17:30	08:30- 17:30	Closed	54
FH641	Well Pharmacy	40	4	09:00- 13:00 14:00- 18:00	09:00- 13:00 14:00- 18:00	09:00- 13:00 14:00- 18:00	09:00- 13:00 14:00- 18:00	09:00- 13:00 14:00- 18:00	09:00- 13:00	Closed	44

FHH40	Shaunaks	40	4	09:00-	09:00-	09:00-	09:00-	09:00-	09:00-	Closed	44
	Pharmacy			13:00	13:00	13:00	13:00	13:00	13:00		
				14:00-	14:00-	14:00-	14:00-	14:00-			
				18:00	18:00	18:00	18:00	18:00			
FJ361	Chew	40	3	09:00-	09:00-	09:00-	09:00-	09:00-	09:00-	Closed	43
	Pharmacy			18:00	18:00	18:00	18:00	18:00	12:00		
FJL09	Superdrug	40	10.5	08:30-	08:30-	08:30-	08:30-	08:30-	09:00-	Closed	50.5
	Pharmacy			14:00	14:00	14:00	14:00	14:00	13:30		
				14:30-	14:30-	14:30-	14:30-	14:30-	14:00-		
				17:30	17:30	17:30	17:30	17:30	17:30		
FKE13	Lifestyle	40	10	09:00-	09:00-	09:00-	09:00-	09:00-	09:00-	Closed	50
	Pharmacy			17:30	17:30	17:30	17:30	17:30	17:30		
FKH73	Widcombe	42.5	10	08:30-	08:30-	08:30-	08:30-	08:30-	09:00-	Closed	52.5
	Pharmacy			18:00	18:00	18:00	18:00	18:00	14:00		
		400		07.00	07.00	07.00	07.00	07.00	00.00	00.00	400
FKL51	Midsomer Pharmacy	100	0	07:00- 23:00	07:00- 23:00	07:00- 23:00	07:00- 23:00	07:00- 23:00	09:00- 19:00	09:00- 19:00	100
FM343	Lloydenbarm	40	20	08:00-	08:00-	08:00-	08:00-	08:00-	08:00-	Closed	60
FI¥I343	Lloydspharm acy	40	20	19:00-	19:00-	19:00-	19:00-	19:00-	13:00-	Ciosed	00

FMQ62	Preddy Newco Ltd	44.5	6	09:00- 17:30	09:00- 17:30	09:00- 17:30	09:00- 17:30	09:00- 17:30	09:00- 17:00	Closed	50.5
FN163	Boots Pharmacy	66	6	08:00- 19:00	08:00- 19:00	08:00- 19:00	08:00- 19:00	08:00- 19:00	08:00- 19:00	11:00- 17:00	72
FN326	Boots Pharmacy	40	0	09:00- 13:00 14:00- 18:00	09:00- 13:00 14:00- 18:00	09:00- 13:00 14:00- 18:00	09:00- 13:00 14:00- 18:00	09:00- 13:00 14:00- 18:00	Closed	Closed	40
FNW33	Keynsham Pharmacy	67.5	7	08:30- 20:00	08:30- 20:00	08:30- 20:00	08:30- 20:00	08:30- 20:00	09:00- 20:00	10:00- 16:00	74.5
FQ484	The Bathwick Pharmacy	40	13.5	09:00- 18:00	09:00- 18:00	09:00- 18:00	09:00- 18:00	09:00- 18:00	09:00- 17:30	Closed	53.5
FQX10	Lloydspharm acy	55	1.25	08:30- 18:00	08:30- 18:00	08:30- 18:00	08:30- 18:00	08:30- 18:00	08:45- 17:30	Closed	56.25
FRM92	Timsbury Pharmacy	43.5	0	09:00- 13:00 14:00- 18:00	09:00- 13:00 14:00- 18:00	09:00- 13:00 14:00- 18:00	09:00- 13:00 14:00- 18:00	09:00- 13:00 14:00- 18:00	09:00- 12:30	Closed	43.5
FT528	Combe Down Pharmacy	50	0	08:30- 18:30	08:30- 18:30	08:30- 18:30	08:30- 18:30	08:30- 18:30	Closed	Closed	50
FTE07	Boots Pharmacy	44	0	09:00- 13:00	09:00- 13:00	09:00- 13:00	09:00- 13:00	09:00- 13:00	09:00- 13:00	Closed	44

B&NES PNA 2022 -2025

				14:00- 18:00	14:00- 18:00	14:00- 18:00	14:00- 18:00	14:00- 18:00			
FVD88	Boots Pharmacy	40	4	09:00- 13:00 14:00- 18:00	09:00- 13:00 14:00- 18:00	09:00- 13:00 14:00- 18:00	09:00- 13:00 14:00- 18:00	09:00- 13:00 14:00- 18:00	09:00- 13:00	Closed	44
FW879	Jhoots Pharmacy	40	2.5	08:30- 13:00 14:00- 18:00	08:30- 13:00 14:00- 18:00	08:30- 13:00 14:00- 18:00	08:30- 13:00 14:00- 18:00	08:30- 13:00 14:00- 18:00	Closed	Closed	42.5
FWJ55	Larkhall Pharmacy	40	9	09:00- 18:00	09:00- 18:00	09:00- 18:00	09:00- 18:00	09:00- 18:00	09:00- 13:00	Closed	49
FX290	Hawes Whiston & Company	40	7.5	08:45- 13:15 13:45- 18:00	08:45- 13:15 13:45- 18:00	08:45- 13:15 13:45- 17:30	08:45- 13:15 13:45- 18:00	08:45- 13:15 13:45- 18:00	08:45- 13:00	Closed	47.5
FXJ77	Pulteney Pharmacy	42.5	1.25	08:30- 13:00 14:00- 17:45	08:30- 13:00 14:00- 17:45	08:30- 13:00 14:00- 17:45	08:30- 13:00 14:00- 17:45	08:30- 13:00 14:00- 17:45	Closed	Closed	43.75
FXL67	Bathampton Pharmacy	37.5	0	08:45- 12:45 14:00- 17:30	08:45- 12:45 14:00- 17:30	08:45- 12:45 14:00- 17:30	08:45- 12:45 14:00- 17:30	08:45- 12:45 14:00- 17:30	Closed	Closed	37.5
FYT07	Hounsell & Greene	42.5	2.5	08:30- 13:00 14:00- 18:00	08:30- 13:00 14:00- 18:00	08:30- 13:00 14:00- 18:00	08:30- 13:00 14:00- 18:00	08:30- 13:00 14:00- 17:30	Closed	Closed	45

FG530	Jhoots Pharmacy	40	0	09:00- 17:00	09:00- 17:00	09:00- 17:00	09:00- 17:00	09:00- 17:00	Closed	Closed	40

### 10.5 Appendix 5: Community Pharmacy Accessibility

ODS CODE	Trading Name	Induction Loop	Step Free Access	Consultation Room	Multi-lingual Staff	Prescription Delivery Service
FAL03	Boots Pharmacy	Yes	Yes	Yes	No	Yes
FAX91	Wellsway Pharmacy	No	No	Yes	Yes	Yes
FDL00	Lloydspharmacy Inside Sainsbury's	No	Yes	Yes	No	Yes
FFA62	Day Lewis Pharmacy	No	Yes	Yes	No	Yes
FFQ25	Clement Pharmacy	Yes	Yes	Yes	No	Yes
FFX95	Dudley Taylor Pharmacies Ltd	Yes	Yes	Yes	No	Yes
FG072	Lloydspharmacy	Yes	Yes	Yes	No	Yes
FGH83	Westfield Pharmacy	Yes	Yes	Yes	No	Yes
FGQ09	Boots Pharmacy	Yes	No	Yes	No	Yes
FGW41	Chandag Road Pharmacy	No	Yes	Yes	No	Yes
FH238	Boots Pharmacy	Yes	No	Yes	Yes	Yes
FH641	Well Pharmacy	Yes	No	Yes	No	No
FHH40	Shaunaks Pharmacy	Yes	Yes	Yes	No	Yes

FJ361	Chew Pharmacy	No	No	Yes	Yes	Yes
FJL09	Superdrug Pharmacy	Yes	Yes	Yes	No	No
FKE13	Lifestyle Pharmacy	No	Yes	Yes	Yes	Yes
FKH73	Widcombe Pharmacy	No	Yes	No	No	Yes
FKL51	Midsomer Pharmacy	No	Yes	Yes	Yes	Yes
FM343	Lloydspharmacy	Yes	Yes	Yes	No	Yes
FMQ62	Preddy Newco Ltd	No	Yes	Yes	No	Yes
FN163	Boots Pharmacy	Yes	Yes	Yes	No	Yes
FN326	Boots Pharmacy	Yes	Yes	No	No	Yes
FNW33	Keynsham Pharmacy	No	Yes	Yes	Yes	Yes
FQ484	The Bathwick Pharmacy	No	No	Yes	Yes	Yes
FQX10	Lloydspharmacy	Yes	Yes	Yes	No	Yes
FRM92	Timsbury Pharmacy	No	No	Yes	Yes	Yes
FT528	Combe Down Pharmacy	Yes	Yes	Yes	Yes	Yes
FTE07	Boots Pharmacy	Yes	Yes	Yes	Yes	Yes
FVD88	Boots Pharmacy	Yes	No	No	No	Yes
FW879	Jhoots Pharmacy	No	Yes	Yes	Yes	Yes
FWJ55	Larkhall Pharmacy	No	Yes	Yes	No	Yes
FX290	Hawes Whiston & Company	No	Yes	Yes	No	Yes
FXJ77	Pulteney Pharmacy	No	No	Yes	Yes	Yes
FXL67	Bathampton Pharmacy	No	Yes	Yes	No	Yes
FYT07	Hounsell & Greene	No	Yes	Yes	Yes	Yes
FG530	Jhoots Pharmacy	Yes	Yes	Yes	Yes	Yes

### **10.6 Appendix 6: Report on public consultation**

As required by the Pharmaceutical Regulations 2013, B&NES HWB held a 60-day consultation on the draft PNA from 6<sup>th</sup> June to the 6<sup>th</sup> August 2022.

The draft PNA was hosted on the B&NES Council website and invitations to review the assessment, and comment, were sent to a wide range of stakeholders. Responses to the consultation were possible via an online survey or email.

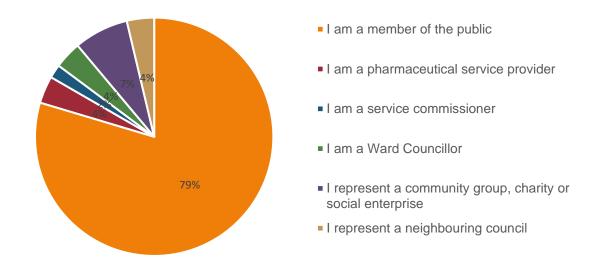
All responses were considered by the PNA Steering Group before completing the final report. These responses included comments and views on the following issues:

- Accessibility
- Quality of services
- Use of interpreters
- Users of community pharmacy
- Staffing

There were a variety of responses relating to the quality of services in particular. This is not within the remit of the PNA itself and so we have passed these comments on to NHSE England who are the commissioner of community pharmacies and are better placed to consider them.

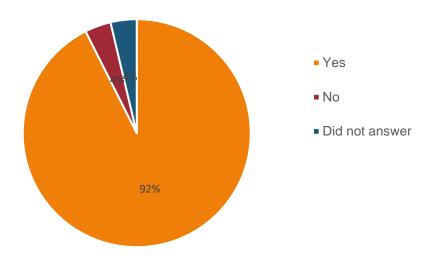
### Question 1. What is the basis of your interest in the Pharmaceutical Needs Assessment (PNA)?

There was a total of 54 responses, 79% (43) of which were from members of the public.



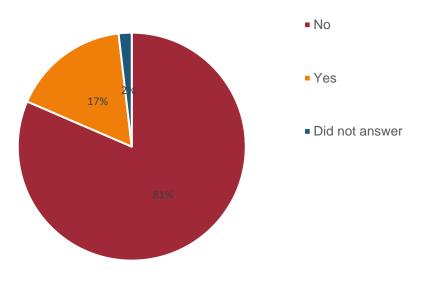
#### Question 2. Is the purpose and scope of the PNA clear?

The majority of respondents (92% or 50 respondents) agreed that the purpose and scope of the PNA was clear. Two respondents disagreed. Their responses indicated that it was not clear due to the document being long and difficult to understand for the average person. Two respondents did not answer this question.



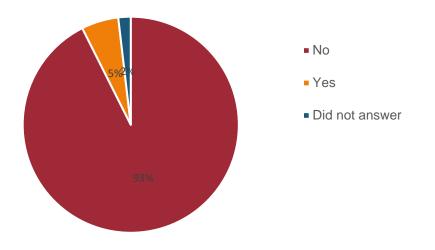
### Question 3. Are any current pharmaceutical services not mentioned in the draft PNA?

The majority of respondents (81% or 44 respondents) did not know of any current pharmaceutical services not mentioned in the draft PNA. Nine respondents (17%) felt there were services missing, and one respondent (2%) did not answer this question.



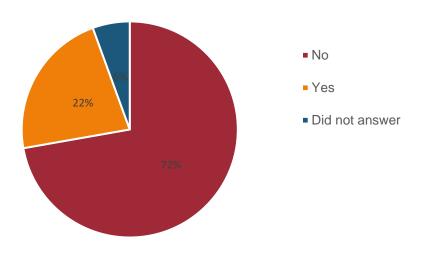
### Question 4. Are you aware of any future changes to pharmaceutical services which are not identified in the draft PNA?

The majority of respondents (93% or 50 respondents) did not know of any future changes to pharmaceutical services not identified in the draft PNA. 3 respondents (5%) felt there were future changes not considered, and 1 respondent (2%) did not answer this question.



## Question 5. Are any current or anticipated pharmaceutical service needs in B&NES not considered in the draft PNA?

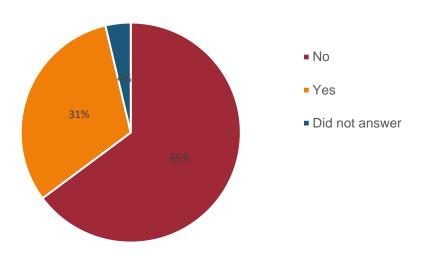
The majority of respondents (72% or 39 respondents) did not know of any current or anticipated pharmaceutical service needs that were not already considered in the draft PNA. Twelve respondents (22%) felt there were needs that were not considered, and 3 respondents (6%) did not answer this question.



### Question 6. Are you aware of any barriers to pharmaceutical service access which are not identified in the PNA?

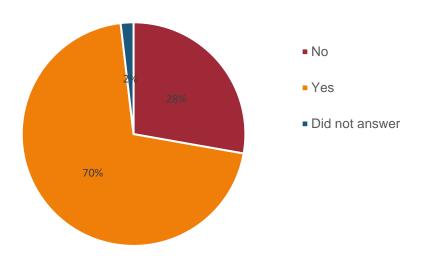
The majority of respondents (65% or 35 respondents) were not aware of any barriers to pharmaceutical service access which are not identified in the PNA. Seventeen

respondents (31%) felt there were barriers that were not considered, and two respondents (4%) did not answer this question.



### Question 7. Do you agree with the key findings of the draft PNA?

The majority of respondents (70% or 38 respondents) agreed with the key findings of the draft PNA. Fifteen respondents (28%) did not agree with the key findings, and 1 respondent (2%) did not answer this question.



### Question 8. Do you have any further comments about the PNA that you have not already mentioned?

There were fourteen futher comments.



Bath and North East Somerset, Swindon and Wiltshire

Integrated Care Board

Bath & North East Somerset Council							
MEETING/ DECISION MAKER:	Health and Wellbeing Board						
MEETING DATE:	27th Sept 2022						
TITLE:	Children and Young People Sub Committee Report (CYP subcommittee) Report author: Sarah McCluskey Strategic Commissioning officer. Presented by : Mary Kearney - Knowles						
WARD:	All						
	AN OPEN PUBLIC ITEM						
List of attac	hments to this report:						
<ul> <li>Children and Young People's Plan (CYPP) 2021-2023 Year 1 Progress Review - Appendix 1</li> <li>CYP Sub Committee revised TOR's for approval – Appendix 2</li> <li>Participation Standards Report – Appendix 3</li> <li>Overview of Children and Young People's Participation – Appendix 4</li> </ul>							

- Overview of SEND Children and Young People's Participation Appendix 5
- Education Inclusion Service Report Rosemary Collard Appendix 6

### For information:

### 1 THE ISSUE

- **1.1** To receive a report from the CYP Sub-Group on the effective delivery of the Children and Young People's Plan (CYPP) 2021/2022
- **1.2** To consider how going forward how the Health and Wellbeing Board Agencies/Members can support the delivery of the CYPP Priorities as identified within the current plan and agree to the recommendations.



#### 2 **RECOMMENDATION**

The Board is asked to.

- **2.1** Note and approve the CYPP Year 1 Review progress report on the priorities identified in the plan for 2021-2023.
- **2.2** Approve the revised TORs for the CYP subcommittee.
- **2.3** To incorporate the CYPP Year 1 review and the priorities into the new Health and Wellbeing Strategy, currently under development
- **2.4** Note and approve the Participation Standards
- 2.5 Note and approve the overview of Participation/SEND Standards report
- **2.6** Note and approve the Education Inclusion Report

#### 3 THE REPORT

- **3.1** The Children and Young People's Plan has always been closely aligned to the Health and Wellbeing Strategy: it is in effect the delivery arm of the Health and Wellbeing Strategy for children and young people in addition to the work of the B&NES Community Safety and Safeguarding Partnership. The indicated recommendations will support and enable the Health and Wellbeing Board to ensure their priorities are being discharged across B&NES.
- **3.2** The report also includes revised TOR's which reflect changes made to the relationship between the cyp sub committee and the BCSSP and changes to Youth Democracy in B&NES. (3.2) (4.4)
- **3.3** The CYPP 2021- 2022 Year 1 Review sets out the progress made against the priorities. These has been positive delivery against all priority areas reflected in the RAG ratings of either Green or Amber. However the H&WBB should be aware of the following pressures in regard to Priorities 5 and 9 :
- **3.4** Priority 5 Meeting the emotional health and wellbeing needs of children and young people. These pressures are felt especially in regards to meeting the emotional health and wellbeing needs of our more vulnerable children and young people, and the needs of children and young people with special educational needs and / or disabilities and have been evidenced in the Strategic Evidence Base <u>https://beta.bathnes.gov.uk/strategic-evidence/document-library/strategicevidence-base-summary-and-full-report</u> previously shared with Heath & Wellbeing Board



- **3.5** The Emotional Health and Wellbeing Sub Group which feeds into the CYP sub Committee is currently reviewing its TOR's and will have a refocus on its priorities going forward.
- **3.6** Priority 9 Pressures on Special School Places within B&NES. To note the work that is being undertaken to address the sufficiency of places in the attached report on the Education Inclusion Service,
- **3.7** The H&WBB is also requested to acknowledge the Participation Standards report. This report that good participation is clearly embedded within our B&NES commissioned services offering targeted support to children and young people.
- **3.8** The H&WBB is also requested to acknowledge the further evidence of good participation across health and social care as evidenced in the Annual Participation Report.

**NB** The cyp subcommittee would like to reflect to the H&WBB that all /agencies and partners have continued to work together during the COVID 19 recovery period. There have been system pressures that have had an impact but the subcommittee requests that the H&WBB recognise and articulate their support for the collective way that the entire children and young people's workforce have continued to deliver services that ensure the best outcomes for our cyp in B&NES

### **4** STATUTORY CONSIDERATIONS

**4.1** Much of the work in the CYPP contributes towards meeting the statutory duties of the Council and the Integrated Care Board in respect of health and social care. The Council commission the Participation Service delivered by Off the Record helps support the delivery of the statutory duties and ensuring that the voice and rights of children and young people are central to service delivery, development and review.

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

**5.1** The delivery of the CYPP 2021-2023 and the priority areas are being delivered within the current financial envelope; there are challenges with capacity of some services however there is no request for additional resources in this report.

### 6 RISK MANAGEMENT

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

### 7 EQUALITIES



7.1 An EIA will be undertaken as part of the consultation on the new plan

### 8 CLIMATE CHANGE

**8.1** The plan aims to maximise resources whilst minimising the impact on the environment, as the next plan is developed it will set out how the reduction on climate change will be supported.

#### 9 OTHER OPTIONS CONSIDERED

9.1 None

#### 10 CONSULTATION

alternative format

This paper has been shared with the CYP Sub-Group, the Director for Children's Service and Education and the Lead Member for Children and Young People.

Contact person	Sarah McCluskey Strategic Commissionir Sarah_McCluskey@bathnes.gov.uk 01225 394464	ng Officer					
Background papers							
Please contact the report author if you need to access this report in an							

### Bath & North East Somerset Council



Bath and North East Somerset, Swindon and Wiltshire Integrated Care Board

Children and Young Peoples Plan 2021-2023

Year 1 2021 - 2022 Progress Report

OUTCOME 1 Children and Young People are Safe								
Priority	Key positives	Key Challenges	Evidence we have made a 'difference'	RAG				
1 Increase the proportion of children and young people living in safe, supportive families and communities.	<ul> <li>Partnership</li> <li>Prevention and Early Intervention Sub-group</li> <li>Best Start in Life Sub-Group</li> </ul>	Referrals into Early Help services continues to exceed commissioned capacity Impact of the cost of living increase on services, families, and individuals	The Injury Prevention implementation plan is in place and contributes to the BCSSP priorities.Reports Prevention and Early Intervention subgroup have included plans to refresh the Early Help Assessment, and this includes plans to					

(*The assurance around the Outcome 'All Children and Young People are Safe also sits with the BSSCP)	<ul> <li>Injury Prevention Partnership</li> <li>Service Improvement Board</li> <li>YOS</li> <li>Maturity matrix identifies areas for development</li> </ul> Intelligence <ul> <li>Early help needs assessment identified areas for improvement</li> <li>Annex A data</li> <li>Positive feedback in Ofsted inspections for SEND</li> <li>Review of early Help contract management process completed inc. reporting lines</li> </ul>	Increasing SEMH needs within communities which have a direct impact on Early Help commissioned services delivery and capacity. Changes proposed by the Business intelligence Team could increase costs (for providers) and workload (for all in the short term) if recommended changes are substantially different to current request	condense the form and start work on an on-line version. Quality assurance continues to be reported via audit group and contract monitoring Activity reported via power BI for internal and targeted commissioned services and shows that services continued to provide targeted support throughout the pandemic.	
	Strategy			

		I	
	<ul> <li>"All age strategy</li> </ul>		
	in place with		
	associated		
	action plan that		
	reports to		
	BCSSP		
	Services and		
	interventions		
	Early Help Toolkit/Offer		
	inc App and good		
	performance of services		
	Deview of Forthelists		
	Review of Early Help		
	app for future		
ф	development		
Page 107			
P	The Family Support and		
6	Play Service contract		
7	tender was awarded to		
	Southside in partnership		
	with Bath Area Play		
	Project in July (new		
	contract started		
	November 1 <sup>st</sup> )		
	System design		
	<ul> <li>Re-design of the</li> </ul>		
	Children's Social		
	Care front door:		
L		I	

	<ul> <li>Service adaptations due to COVID</li> <li>Integrated Childhood Services pathway</li> </ul>		
Page 108	The Prevention and Early Intervention Sub- Group has reviewed the first draft of the Adults Chapter (signed off February 2022) The refreshed EHA was signed off by the PEI Sub Group in November and has now been built into the Early Help Module and added to the webpage for use by staff across the workforce. The 'task and finish' group is now working with IT to develop an online version of the Early Help Assessment		

Page	tool. Consultation with users and non-users is informing this process and a number of opportunities for improving reporting arrangements are being identified. The multi- agency audit group is continuing to review assessments and identify strengths and training needs.		Evidence we have made a	RAG
<pre>% Priority</pre>	Key positives	Key challenges	'difference'	RAG
2 Decrease	Injury Prevention	There has been an 8%	Progress of Injury Prevention	
proportion of	Partnership (IPP)	<b>increase</b> in rate of hospital admissions caused by	development work showing progress with (PH Fingertips data):	Next Steps:
children and youn		unintentional and deliberate		
people affected by unintended or	·	injuries in 0-4 year olds in	- a <b>15% decrease</b> in the rate of	
accidental injury	Children and Young People's Health and	B&NES when comparing	hospital admissions caused by unintentional and	-Widen partnership to
(*The assurance around the Outcom	Wellbeing Survey has been	data from 2018/19 to 2020/21.	deliberate injury in children 0- 14 years in B&NES when	include Social Care –

<sup>(</sup> All Children and Young People are Safe also sits with the BSSCP)	Funding from St John's Foundation has been secured to fund 5 rounds of the survey. Research project launched with the RUH (led by Public Health Registrar) to understand situation from Emergency Departments point of view. Services and interventions • Home safety equipment scheme • Injury Prevention awareness for under 5's Children's workforce training being delivered	Representation of schools on IPP. Initial findings from research within Emergency Department point of view available, but further work required to understand what is happening on the ground when capacity is available. Commissioners to review the update of the Home Safety Equipment Scheme	<ul> <li>comparing 2018/19 to 2020/21</li> <li>a <b>7% decrease</b> in the rate of hospital admissions caused by unintentional and deliberate injuries in young people 15-24 years</li> <li>IPP has oversight of the progress against implementation plan which contributes to the BCSSP priorities.</li> <li>Monitoring data via contract monitoring of the home safety equipment scheme</li> <li>Injury data in PHOF and child health profile</li> <li>Workforce knowledge will be improved through attendance at one of the training sessions. Evaluation of the sessions will evidence knowledge and understanding pre and post training.</li> </ul>	Completed Louise T now attends the partnership -Provide an update/ training session to children's workforce using the Child Accident Prevention Trust – Completed currently being delivered in-house -Populate injury prevention resources for schools onto the HUB - Work with Virgin Care now hrcg group, Commissioners to review the update of the Home Safety Equipment Scheme
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Campaigns <ul> <li>Road Safety</li> <li>Child safety week</li> </ul>		Injury Prevention training being delivered Dec 2021 Jan 2022
Communications:		
<ul> <li>Refreshed and relaunched bi- annual newsletter 'SafeHome'</li> </ul>		
<ul> <li>2020/2021 refresh of the implementation plan completed</li> <li>Added injury</li> <li>prevention resources</li> <li>for schools onto the</li> <li>HUB</li> </ul>		
Widened partnership to include Social Care		

Priority	Key positives	Key challenges	Evidence we have made a 'difference'	RAG
3 Increase the proportion of children and young people are protected from crime and anti- social behaviour (*The assurance around the Outcome 'All Children and Young People are Safe also sits with the BSSCP)	The VRU has continued to promote its work of keeping people safe from serious violence and home and in the community including by piloting peer mentoring and an education inclusion project. It hosted a practitioners' conference involving more than 130 people, to share learning and support planning for the year ahead. It has also helped to increase awareness of trauma informed work by facilitating training for over 100 staff from across the partnership. The Operational Group that shares	Difficulties in measuring the impact – no baseline	Compass continues to provide intensive support for children and parents/carers The VRU Operational Group and the BCSSP Exploitation Operational Group share information to help keep children and adults safe The BCSSP Exploitation Subgroup works to address all kinds of criminal exploitation Update May 22 – The post of Education Inclusion Coordinator was extended until the end of this academic year. Production of a tool to support schools is part of the remit before the contract ends in July so that schools have a document, they can access depending on the information they want to know. The VRU is anticipating a 3-year funding settlement via the Police and Crime Commissioner and is awaiting confirmation of its procurement	<ul> <li>VRU-procured universal awareness raising sessions about knife crime have been delivered by DHI to Year 7 pupils.</li> <li>VRU-procured detached youth work has been delivered by DHI and Youth Connect South West in serious violence hotspot areas</li> <li>VRU grant-funded awareness raising sessions about trusted relationships have been delivered by stand against Violence to Year 6 pupils</li> <li>Additional posters and cards to promote reporting of knife crime have been purchased for distribution in schools and other settings</li> <li>The VRU is now also delivering a pilot project to</li> </ul>

Page 112	information about individuals, networks, and places of concern in relation to serious violence has now merged with the Exploitation Operational Group.		intentions for 2022-23. These include continuation of detached youth work in serious violence hotspot areas, building on the peer mentoring project and exploration of how to take forward education inclusion project and 'teachable moments' work with victims of serious violence at the RUH.	address school exclusions and introducing a pilot lived-experience mentoring scheme and training and supporting staff in delivery of the Crush relationships programme. It is also facilitating the delivery of trauma informed practice training for teams within Social Care, Education Inclusion, Schools, Health and the VCS in support of better shared understanding of some children's experiences and how we collectively respond to support them.		
OUTCOME 2 – Children and Young People are Healthy         Priority       Key positives       Key challenges       Evidence we have made a       RAG						
4 Increase the proportion of children and young	Intelligence		'difference'	New integrated strategy (Heathy weight, physical activity, and food		

Page 114	<ul> <li>A randomised sample of children were weighed and measured for the 20/21 National Child Measurement Programme (NCMP).</li> <li>All reception and Year 6 pupils will be measured in the NCMP during the academic year 21/22.</li> <li>Schools Health and Wellbeing Survey (formally SHEU) Survey - which provides data on weight related babaviour</li> </ul>	<ul> <li>Healthy weight steering group had oversight of progress (but now disbanded)</li> <li>Public Health in Schools programme is limited to self-audits. Follow up and support only available in Early Years settings. No data on usage of each audit.</li> <li>Currently very limited specialist Tier 3 weight management service for CYP</li> <li>Physical Activity – All leisure services were severely impacted by COVID (but are now fully open)</li> <li>Problems associated with transition of healthy start scheme to digital which has affected take up</li> </ul>	<ul> <li>Published 20/21 national NCMP data shows prevalence of obesity in reception year is likely to be between 14.2% and 14.6%. Obesity prevalence is likely to be between 25.3% and 25.8% for year 6 children.</li> <li>Covid has had an impact: Nationally the prevalence of severe obesity in reception increased from 2.5% in 2019/20 to 4.7% in 2020/21. Prevalence of severe obesity has increased in year 6 from 4.7% in 2019/20 to 6.3% in 2020/21.</li> <li>Nevertheless, prevalence of overweight and obese reception year children in B&amp;NES remains lower than the national prevalence.</li> <li>The B&amp;NES Infant Feeding group implements the BSW Infant Feeding action plan. The Health Visiting Service has been reaccredited by UNICEF BFI and is now aiming for</li> </ul>	<ul> <li>insecurity) and working partnership is being established</li> <li>Work continues to support the council to work towards the 16 pledges and sign the Healthy Weight Declaration</li> <li>The Children's weight management pathway has been reviewed and referrals to Tier 2 services (LEAP) for obese children are expected to increase.</li> <li>Children and families find</li> </ul>
	on weight	scheme to digital which	action plan. The Health Visiting	Children and families find it difficult to sustain committed engagement

d and will	be more families into	rates in B&NES are above SW	during weight loss
undertake	n by debt/financial insecurity	region and national rates.	programmes
schools/co	<b>0</b>		
this acade	-		
year (21/2		Service activity and performance	The DoE's Holidays
The surve been fund		data is provided by the Children's	Activities and Food
by St Johr		Healthy Weight service and	programme for pupils
Foundatio		additional new data will be provided from October 22.	eligible for benefits-
		Tom October 22.	related Free School
The nation			Meals will continue for at
Healthy S		B&NES Fair Food Alliance has	least a further 3 years. A
Scheme is		oversight of food insecurity and	new provider will lead
being simplified	and	progress reported to Policy,	local partners in
may lead		Development and Scrutiny Panel	delivering holiday HAF
a increased	-		provision throughout the
uptake (Se	ept	All primary and secondary schools	LA
60%).		will be offered the Health and	
		Wellbeing Survey (formally called	
		SHEU). LA findings relating to	
Services		healthy weight will be collated into	
		reports and disseminated in July 22.	
Children's		School-level NCMP data will also be	
weight		shared.	
managem services (			
2) are nov			
staffed an	•		
operationa			

	<ul> <li>Public Health in Schools and Early Years Programme – audit, training and signposting continues to be offered and updated</li> </ul>		
Page 116	<ul> <li>Strategy</li> <li>There is a new Infant Feeding Strategy across BSW</li> <li>Food Equity Action Plan – 2022 – 2025 now in place</li> <li>Commitment gained for LA Healthy Weight Declaration</li> <li>Local marketing of Change 4 Life and Sugar Smart national</li> </ul>		

Page 17	campaigns as well as PH Eng Breastfeeding Week celebrations	Key challenges	Evidence we have made a	RAG	
			'difference'		
5. Increase the proportion of children and young	<b>Strategy</b> A CYP EHW Sub-group workplan has been	The CAMHS team have been in the Business Continuality Plan since May 2021 due to vacancies and	Until high level KPI's and revised workplan agreed as the evidence	ACTION:CY P EHW subgroup have made	ACTION: Subgroups are not yet agreed as

The Public Health in Schools Programme offer schools support in delivering universal/preventative interventions to support the mental health and wellbeing of learners. Between Oct 21 and Mar 22 the programme continued to maintain	people experiencing	developed from the	an increase in acuity and	available is as follows: (relating to RED	progress but	to how
Intelligenceusual waiting times. A waiting list initiative will be established in the New Year.Since April 2021 providers have been required to submit outcome measure scores collected at the start and at the end of an intervention ans submit these to the Mental Health Services Data Set ( MHSDS) during the CYP is discharged.work.Next StepsThe Public Health in Schools Programme offer schools support in delivering universal/preventative interventions to support the mental health and wellbeing of learners. Between Oct 21 and Mar 22 the programme continued to maintainThat National shortage of cAMHS inpatient mental health beds (65 recently closed) has created huge pressures on the system to support CYP awaiting admissions.Nationally both the number of paired scores and the number of paired scores and the number of paired scores showing any significant improvement are very low. However, there are likely to be data quality issues as many providers are currently recording very 	good emotional			column)		
up to date information guidance, and resources on the Public Health in Schools pages of the HUB. User datavacancy rates in specialist (CAMHS (OHFT)Continuing pressure or the Eating Disorder service has seen anContinuing pressure of the HUB.measures and populate KPIs.	good emotional mental health, wellbeing, and	previous strategy and case reviews etc. Intelligence Services and interventions The Public Health in Schools Programme offer schools support in delivering universal/preventative interventions to support the mental health and wellbeing of learners. Between Oct 21 and Mar 22 the programme continued to maintain up to date information guidance, and resources on the Public Health in Schools pages	complexity which has resulted in higher than usual waiting times. A waiting list initiative will be established in the New Year. The National shortage of CAMHS inpatient mental health beds (65 recently closed) has created huge pressures on the system to support CYP awaiting admissions. A national shortage of experienced mental health practitioners (CYP and adults) has resulted in high vacancy rates in specialist CAMHS (OHFT) The Eating Disorder	column) Since April 2021 providers have been required to submit outcome measure scores collected at the start and at the end of an intervention ans submit these to the Mental Health Services Data Set ( MHSDS) during the CYP is discharged. Nationally both the number of paired scores and the number of paired scores showing any significant improvement are very low. However, there are likely to be data quality issues as many providers are currently recording very	not against all areas of work. Next Steps Carried forward Reviewing workplan and creating SMART actions that are focussed on delivering priority 5. Continuing pressure on schools which makes	measure impact. Next Steps Carried forward Review of EHWB Sub Group and Plan by the EHWB subgroup to agree high level impact measures and populate
users, with 964 of these more complex and more		visits to view the			to take a preventative	

	B&NES Best Practice	unwell than prior to the		rather than	
	Audit. There were a total of 1,164 resources downloaded.	pandemic. Difficulties in recruiting a		reactive approach to mental	
	Counselling services for 11–25-year-olds	skilled practitioner to work with anxious CYP with ASD via SASS has meant no additional support has been offered.		health and wellbeing	
	continues to be offered (Off the Record) as does online counselling and support (Kooth)				
Pane 140	Specialist CAMHS (OHFT) referrals now include self-referrals.				
Ō	BN&ES Mental Health Support Teams (MHST) has now received 3 waves of funding to develop the service. Four Wave two EMHP's have been supporting 20 schools since qualifying in June 2021.	BN&ES Mental Health Support Teams MHST Finding space within some schools to provide the interventions has been a challenge. Therefore, some	The Routine Outcome Measure scores demonstrate BN&ES Mental Health Support Teams (MHST) has made a difference to those they have worked with. This information was taken in November 2021.		
	One Wave four EMHP has qualified in May 2022 and now has full capacity to support an additional 6 schools.	schools have a waiting list due to not being able to have a room to offer interventions.	Paired Outcomes RCADS (child) – 86/113 (76.1%) reported improvement.		

Four wave six trainee EMHP's have started their training in January 2022 and have started to pick up a small training caseload, as of May 2022. The team will be able to pick up full capacity from all 43 schools in February 2023.	Three schools are not engaging or responding to contact made from the MHST. Therefore, reallocation of the offer may need to be considered	Depression Scale (child) - 47/74 (63.5%) reported improvement Separation Anxiety – 22/35 (62.9%) reported improvement Social Phobia – (child) -42/62 (67.7%) reported improvement Panic (child) – 31/41 (75.6%) reported improvement Outcome rating scale - (child) – 158/205 (77.1%) reporting improvement <u>Session Rating Scale – Experience of MHST</u> From 84 young people, there were 276 session rating scales completed . The average score was 35. 7/40 Out of a possible score of 10, the average score for feeling understood and respected was 9.2 Out of a possible 10, the average score for talking about what they wanted was 8.9. Out of a possible 10, the average score	
		for those who felt that the therapist approach was right for them was 8.8.	
		Out of a possible 10, the average score for overall satisfaction was 8.8.	
		From 25 individual parent/carers of 20 young people, there were 68 Session rating scales completed (57 mothers, 6	

Page 121	The DfE Senior Mental Health Leads Training was launched to schools in September 2021 with schools able to access a grant of £1200 to support staff development. B&NES is a DfE quality assured provider for this programme. During this period 32 schools accessed this course. SASS had a successful first year of the new service contract and provided support to autistic CYP, their education settings and their families including those experiencing anxiety and at risk of placement breakdown.	Difficulties in recruiting a skilled practitioner to VirginCare to work with anxious CYP with ASD via SASS has meant no additional support has been offered.	mother & father, 4 fathers and 1 professional). The average total score was 38.3/40. Out of a possible 10, parent rated understood and respected as 9.7, talked about what they wanted as 9.5, felt that the therapist approach was right for them as 9.4 and overall satisfaction as 9.7.		
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Page 122	Nurture Support (Brighter Futures) in Schools continues. THRIVE training has been delivered to some educational staff Improved oversight of CYP at risk of, or admitted to, Mental Health hospital inpatient through monthly updates and discussion at CYP Dynamic Support Register meetings.		The Joint Needs Strategic Assessment is currently being being updated, the Chair of the Subgroup has discussed data received from providers and identified important population outcomes to improve underpinning intelligence.	
Priority	Key positives	Key challenges	Evidence we have made a 'difference'	RAG
6 Increase the proportion of children and young people free from the	1. Need's assessment update		PH, UoB, Treatment Services Q3 73 (75%) YP left treatment drug free PH, VC, DHI/P28, wider children services. Work on-going with RUH to	Next steps:

Page 123	Update key sections of the needs assessment and take a closer look at vulnerabilities of children and young people in B&NES to substance misuse April – Sept Completed Plan operational delivery against recommendations from the need's assessment review. Oct-March 3 year treatment plan drawn for Supplemental Funding bid. 1 extra YP worker to be funded for 3 years 22-25 to increase capacity and number in treatment. 2. Continue responding and adapting to new ways of working due to Covid-19 April – Sept completed	promote referral process we have seen a small increase in Q3 PH, UoB, Treatment ServicesDeveloped a selection of vaping guides for young people, teachers, and school nurses.Linking with DHI to undertake joint school visits to raise awareness and shareMeetings completed regarding Supplementary funding grant information regarding role and capacity building within the team by Clive Lewis and Julie Hughes.Q3/4 32 YP were taken on Diversionary activities to the music workshop /Go- karting/Wiltshire wildlife adventure park/Boxing /Gym. Diversionary activity's delivered Q1,2,3,4Referral process simplified for RUH and P 28. Flowchart completed to enable better flow of referrals to CAMHS	DHI also invited to attend the Tobacco Action Network. Looking to review membership of the Tobacco Action Network and strengthen links with young people's services to inform the 2022/23 Action Plan. Finalise questions to be included in the Schools Health and Wellbeing Survey (Previously SHEU) Survey for 2021/22 to include questions relating to substance misuse.
	April – Sept completed	· · ·	

Page 124	Develop simplified referral process. April – Sept Completed. Develop CAMHS protocol and strengthen joint working. Continue increase of outreach based on need. 3. Increase D&A capability- enhanced early interventions Plan and develop on- line early intervention offer for advice, information and brief intervention on D&A, MH, sex and relationships for young people and professionals. Drink Think App to be launched.		the team training from CAMHS is also offered April – Sept Enhanced offer due to PCC funding- outreach 4 nights a week currently The Wrap (www.thewrapdhi.org.uk) steady growth with 943 users in Q3, offers early intervention Project 28 are also carrying out PSHE lessons in schools alongside be-spoke workshops and assemblies. Rise in referrals and diversity from services 1,669K Instagram followers, resulting in new self-referrals P28 attending Early Help panel, working well with referrals coming through as a result. Drink think App in the apple ap store and training being rolled out throughout the year. Council and HCRGCG will be doing some work on comms to promote the app. Project 28 have 4 peer mentors.	Q3: New project- "Born into care" going to be launched in January in conjunction with social services to increase family referrals into treatment
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	YP peer mentors have	DHI Family programme integrated with	training-for-professionals-
	started	YP services	tickets-163622616651
	Statted		<u>IICKEIS-103022010031</u>
	Oct- March completed	Group offer was reviewed and adapted	
	·	to suit parents' timetable- completed.	
	4. D&A treatment for		
	parents accessible and	There has been an increase in the	
	engaging	number of parents in treatment	
		compared with Q1 and Q2, the largest	
	Continue developing the	increase has been in alcohol and non-	
	integrated Drug and	opiate (separately)	
	alcohol service to		
	ensure easy access,	Close work with Footprints	
	engagement and	Trial with children appiel care families	
7	bespoke treatment offer	Trial with children social care families	
	for parents	supporting parents in a flexible and	
	<b>-</b>	innovative way.	
	Targeted work to	Multi agency work attending meetings	
1	strengthen links with	for SYV and Problem profiling in BANES	
	social services-		
	completed.	Remote treatment offer very successful	
	D29 in partnership with	with parents and set to continue-	
	P28 in partnership with	completed. Project 28 working with	
	Connecting Families	connecting families to deliver talking	
	deliver the drug and	teens programmes	
	alcohol part of the		
	Talking Teens		
	programme.		
	Q3: New project- "Born		
	into care" going to be		

	launched in January in	Presentation completed regarding	
	conjunction with social	'Parental impact of substance misuse on	
	services to increase	children ' to link in with DHI adult	
	family referrals into	training	
	treatment		
		PH, Project 28	
	5. Wider workforce		
	development		
	Explore development	POF	
	and delivery of alcohol		
	identification and brief	Banes Drug and Alcohol Workforce De	
	advice training from a		
	Think Family	Think Family completed and trialled in	
-	perspective joining	August, promotion in September and	
ac	Drink Think and adult	training started in October. Well,	
ē	alcohol IBA in one	received (3 more dates organised for	
Page 126	training session	2022 with plan to offer 3 sessions per	
	training session	quarter). 57 people trained in Q3	
	YP peer mentors have		
	started		
	Oct- March completed		
	4. D&A treatment for		
	parents accessible and		
	engaging		

	Continue developing the		
	integrated Drug and		
	alcohol service to		
	ensure easy access,		
	engagement and		
	bespoke treatment offer		
	for parents		
	Targeted work to		
	strengthen links with		
	social services-		
	completed.		
	P28 in partnership with		
	Connecting Families		
	deliver the drug and		
	alcohol part of the		
	Talking Teens		
7	programme.		
	O2: Now project "Dern		
	Q3: New project- "Born		
	into care" going to be launched in January in		
	conjunction with social		
	services to increase		
	family referrals into		
	treatment		
	5. Wider workforce		
	development		

Exp	plore development		
and	d delivery of alcohol		
ider	entification and brief		
adv	vice training from a		
Thi	ink Family		
per	rspective joining		
Drir	nk Think and adult		
alco	ohol IBA in one		
trai	ining session		
	C		

# OUTCOME 3 Children and Young People have Equal Life Chances

Priority age	Key Positives	Key Challenges	Evidence we have made a 'difference'	RAG
♂ 7 Ensure disadvantaged children are supported to have the best start in life and be ready for learning	School Improvement: St Johns and the LA have worked in partnership to establish new pastoral support roles in 7 identified primary schools in BANES with the highest % of children in receipt of Pupil Premium funding. The LA & St Johns are commissioning a 3-stage programme to evaluate and improve the outcomes	Ensuring consistent approaches to the use of the £5.4 million of Pupil Premium Funding. Influencing the work of settings & schools under a wide umbrella of leaderships & management presents (private, academy etc) a challenge to LA leadership capacity.	The Primary Empowerment project funded by St Johns and developed with the LA started in September 2021. This will provide additional resources to the 7 schools in B&NES with the largest primary disadvantage gap and 40% of primary pupil in B&NES. This will be independently evaluated, and data should be available in Autumn of 2022. The Project also links with Language for Life Project that LA is delivering in Early Years settings The Local Authority is also in the pre- liminary stages of establishing an Improving	Work around learning for life project and primary empowerment project. First Annual update due in Autumn 2022. The LA & St Johns are about to commission stage 1 of IDEOP.This will commence in September 22.

of disadvantaged learners. This is known as the Improve Disadvantaged Educational Outcomes Programme (IDEOP) and will report to the School Standards Board Early Years:	46.5% of children in receipt of	Educational Outcomes for Disadvantaged Children strategy. This will be a multi- agency strategy working alongside schools, public health, St Johns, and Health partners.	Develop	Progress
Outcome's data Language for life: Making a Difference together (LFL)Two-year pilot partnership project with St John's Foundation, EY Service and Virgin Care Speech and Language therapies. Rigorous multiagency communication & language programme to close the word gap Focus: EY settings with additionally funded children, in communities linked to Primary Empowerment Project schools.	FSM in B&NES achieved the Good Level of Development measure compared with 57% GLD for FSM in England (2019). All other children's outcomes are above England comparisons. The gap is wide and persistent and continues through all key stages. Sustained impact on setting capacity to engage due to Covid 19 related staffing and recruitment shortages and low pay rates linked to national funding approaches in pre- reception early years settings. Some settings reducing places for youngest children to manage staff shortages.	2021 due to Covid 19. <b>LFL April to Sept 21</b> Concept, definition, and planning phase 1 completed on time. 25 settings engaged. Project launch, with Jean Gross CBE, attracted 153 attendees plus 14 accessed the recording. Sharing of LfL work at Children's Service Team Day has led to other services identifying their potential contribution to closing the word gap in early years. Initial trial screening highlighted children for onward referral or additional support. <b>Oct 2021-March 2022:</b> <b>Project progress is rated green.</b> <b>Early data demonstrated positive impact on key group of children in receipt of EYPP</b>	Leadership and management support programme within LfL (communicati on Champions) and universally Continue to work on the Early Childhood Outcomes multiagency operational priorities: strengthen early	with the Language for life project until 2023. Embed Wellcomm Toolkit in all project settings to strengthen early identification of where extra C&L support is required <b>Project</b> progress is rated green

Page 129

	I			
			Full cohort screen of 745 children in	identification;
			January identified approx. 250 children	communicate
			needing extra setting-based intervention	pathways,
			to support their communication and	focus on
			language development and some needing	communicatio
			referral to specialist services. The	n and
			resulting interventions indicate a positive	language;
			impact so far, particularly for the children	getting it right
			who do not have an identified SEN but	for 2-year
			are not yet in line with age related	funded
			expectations. To date 169 children have	children;
			been rescreened after approx. 12 weeks	workforce
			of intervention, showing a 9% drop in	development;
			those screening red, a 19% drop in those	supporting
			screening amber and a 28% rise in those	families and
<del>, 1</del>			screening green. We are expecting all the	high-quality
J.			children who have been receiving setting-	provision
Page 130			based intervention to be rescreened by	
38			the end of May.	
			· · · · · · · · · · · · · · · · · · ·	EYFS
	EYFS Statutory	Engaging all EYFS settings	April – September 2021	Reforms:
	Framework Reforms.	with the changes to the	313 EY practitioners accessed the	Assessment
	Support and training on	statutory framework prior to	introductory briefings	exemplificatio
	the revisions, aimed at	implementation in Sept 2021	298 practitioners attended training on	n materials
	reducing paperwork and	September 1 <sup>st</sup> .	understanding the revised educational	roll out
	increasing practitioner		programmes	Spring 2022
	time for quality		105 settings accessed the EYFS Reforms	Complete
	interactions to support		information page on the Hub with a total of	Educational
	closing the attainment		384 views.	Programme
	gap.		Ofsted HMI presentation for Headteachers	training by
	3~5.		attended by 62% schools in B&NES	Summer
			Oct-March 22	2022
				2022

	Understanding progress, Unlocking Potential project (UP) 2019-21 18 settings – 109 children Focus: 2yr and Early Years Pupil Premium funded children.	Identification of unmet need where children do not meet thresholds for specialist support.	<ul> <li>376 attended EYFS reforms related training</li> <li>UP Project :Support plan system established to set targets and plan interventions. Lessons learned from this project used to inform and plan the Language for Life project.</li> <li>Project ended July 2021</li> </ul>	
Page 131	Strengthening of multiagency links around early years settings; focus on referral pathways. Closing the Gap setting support process. Reviewed in light of findings from UP project	Building relationships and strengthening communications to help EY settings access the right support at the right time. Access to settings is based on positive relationships and working in partnership	<ul> <li>Early Childhood Outcomes Group: multiagency operational plan in place to strengthen work with EY settings.</li> <li>'One stop shop' on the Hub developing for services supporting EY settings.</li> <li>Annual strategic multiagency meeting for leaders and managers of EY settings to share updated pathways and gain feedback from settings.</li> <li>Strengthened focus on individual children's progress and risk indicators</li> </ul>	<b>Equalities</b> – provision of more training training around race and unconscious bias

Page 132	Equalities SEND support for childminders	Engaging practitioners with CPD Access to SENCo training is difficult for this sector	<ul> <li>with the setting for children who may be falling behind.</li> <li>Reinstated annual conversation for all settings during COVID has shown benefits, maintaining connections, and giving oversight of settings without funded children</li> <li>Better Bilingual -72 practitioners attended Dr Stella Louis – Race and unconscious bias; 30 attended</li> <li>Updated equalities page on Hub with resources and information.</li> <li>October to March 22</li> <li>30 practitioners attended 2-part session on Race and Unconscious bias</li> <li>January 2021 to August 2021</li> <li>13 childminders contacted around SENCO support.</li> <li>13 received support including 61 support calls. 18 Children supported</li> </ul>	Setting based EY lead practitioners Develop a pool of setting- based lead practitioners to offer peer support programme. Focus on home learning, home visiting for funded 2s, early phonics.
	Safeguarding and welfare training and support		<ul> <li>1<sup>st</sup> September 2021 to 31<sup>st</sup> December</li> <li>2021 (Dec- March data not yet available)</li> <li>14 Childminders contacted around SENCo support. 9 received SENCo support including 20 support calls.</li> <li>10 Children being supported</li> <li>Programme of accessible, affordable high-quality training and support for all early years practitioners and designated safeguarding leads is available</li> </ul>	Safeguardin g – LADO to contribute regular training as part of evening safeguarding

		Attendance (April – September): Child Protection Level 1 - 184 attendees (individual training and in-house delivery to staff teams) Role of the LADO- 40 <b>Sept – March 22</b> 271 practitioners attended child protection training	CPD programme.
Virtual School: Virtual School had a successful bid with the What works for Children's social care foundation to appoint 2 advisory teachers to raise academic outcomes for the most vulnerable on CP and CIN plans. Cohort have been identified and bespoke education plans and funding is in place to raise academic outcomes for 70 children across EYFS to Y11. This includes 7 children in EYFS.	Number of children looked after by the authority in EYFS are placed outside of B&NES schools and settings. National Lockdown 3, impact of COVID. Update May 2022: Increase in numbers of CLA in EYFS	<ul> <li>81% of EYFS LAC are making expected progress.</li> <li>The outcomes of the pilot project with CP and CIN showed 100% engagement with the intervention and attendance increased.</li> <li>All children on the pilot project cohort were making either expected progress or above in both literacy and numeracy.</li> <li>Update May 2022: 68% of CLA in EYFS making good or above progress.</li> <li>Training delivered to the early years cohort around the impact of trauma and how to support children who have experienced trauma.</li> </ul>	
During the third lockdown all looked after children in			

	EYFS continued to access nursery placements. September 2022: Announcement that the Virtual School will support an extended cohort for 1 year, this includes all young people open to social care.			
Priority	Key Positives	Key Challenges	Evidence we have made a 'difference'	RAG
8 Ensure children and young people are supported to achieve and that gaps in their educational outcomes are closed	School Improvement:St Johns and the LA have worked in partnership to establish new pastoral support roles in 7 identified primary schools in BANES with the highest % of children in receipt of Pupil Premium funding.The LA & St Johns are commissioning a 3 stage programme to evaluate and improve the outcomes of disadvantaged learners. This is known as the Improve Disadvantaged	Due to the cancellation of exams and SATs in 2020 2021 there is no reportable data in relation to this issue. (Attainment gaps for disadvantaged pupils not improving)		Work around learning for life project and primary empowerment project. First Annual update due in Autumn 2022. The LA & St Johns are about to commission stage 1 of IDEOP.This will commence in September 22.

Page 135	Educational Outcomes Programme (IDEOP) and will report to the School Standards Board Virtual School: Virtual School had a successful bid with the What works for Children's social care foundation to appoint 2 advisory teachers to raise academic outcomes for the most vulnerable on CP and CIN plans. Cohort have been identified and bespoke education plans and funding is in place to raise academic outcomes for 70 children across	Increase in number of children coming into care since June 2020 and increased numbers leaving to go under SGO or adopted so quite a transient population with 20% of the cohort being new to care. National lockdown 3. COVID. 65% of LAC children are placed in schools outside of BANES LA. Update May 2022: Increase in	69% of LAC in KS1-4 making expected or above progress.89% of LAC in KS1-4 attend Good or better rated schools. 81% of LAC in post 16 full-time education are making expected progress in their courses. 81% of LAC post 16 are attending colleges that have OFSTED ratings of Good or better. All LAC pupils have PEPs updated each term. All PEPs are within timescales. The impact of the pilot project showed increased attendance and progress across all 4 key stages. There was a reduction in permanent exclusions but overall, the fixed term exclusion rates data was difficult to compare due to the impact of the school	
	raise academic outcomes for 70 children across EYFS to Y11. 35 schools identified and engaged in the project.		term exclusion rates data was difficult to	
	All PEPS are highly focussed on gaps in education due the impact of COVID and focused on ensuring progress. September 2022:		children open to CP and CIN plans. Update May 2022: 70% of statutory school age children are making good progress. The number of fixed term exclusions have reduced over the past 4 years and this was	

9 Ensure children and young people are able to access and maintain appropriate local education provision	All children and young people have access to a good quality mainstream education at primary and secondary level.	EHCP growth continues to place pressure on B&NES placements Continued growth in the number of children with SEND as a result, some	'difference' 94% of schools in B&NES are good or outstanding.	JE	PF	RC
Priority	Announcement that the Virtual School will support an extended cohort for 1 year, this includes all young people open to social care.	Key Challenges	highlighted by OFSTED. 87% of CLA attend Good or outstanding schools. 64% of Post 16 pupils are on track to gain their chosen qualifications. Extended cohort – 70 children are on the Virtual School caseload. Overall we provide specific support to 127 children. For the 70 children on our caseload, from baseline data at the start of the academic year 2021 to May 2022, attendance and academic outcomes have risen in all age ranges. Training delivered to 12/14 secondary schools on trauma informed practice. Guidance for all schools written and sent to all schools in B&NES.	RAG		

Page 137	SEND Capital Strategy has already increased the number of Special Educational Needs places across B&NES and across all age ranges.	children do have to travel out of county for their education Rosemary Collard: There is now an even greater pressure on special school places within BANES, with the 2 generic schools full for 2022 and 2023 In addition, other LA schools on our borders are also full. This is resulting in an increase in the numbers placed out of authority – a number that has stabilised in recent years.	The LA is working with schools and MATs to look at increasing provision through resource bases but there is a limit to the funding to support this. June 2022 – funding has now been made available from the DfE to create more local spaces for CYP with an EHCP. Work has started with the MATs and maintained schools to look at where and what type of resource bases can be opened/built within B&NES. The premise is to open between 5 & 7 bases in the next 2 years. In addition the DfE have now opened the wave to enable LA's to bid for new special free schools. The LA is working with an outside agency (appointed by DfE) to pull together a bid. If successful the plan would be to open a new generic		
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Page 138		Philip Frankland Sufficiency of sustainable high-quality early education and childcare provision remains at Amber. Providers are struggling to recruit and retain staff in a sector exhausted by the impact of the pandemic and impacted by declining funding in an inflationary economy. There is less stress and higher salaries in other employment sectors.	special school in the Keynsham/Chew area. The build will be overseen by the DfE so this is a medium-term plan. With the re-tender of BOP it is also hoped that this could be relocated from the existing Three Ways site – freeing up approx. 20 places in Three Ways School		
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Page 139			Although overall closures are currently low, the number of childminders leaving the sector combined with group provision being unable to recruit or retain staff is decreasing the number of places available to families. This is likely to be worse in September as rather than close some providers will just decrease admissions in order to have enough staff to maintain statutory staff/child ratios.			
	Priority	Key Positives	Key Challenges	Evidence we have made a 'difference'	RAG	
	10 All children and young people are supported through key transitions,	All children who are looked after by B&NES have personal education	Capacity in some service areas remains an issue, but systems and processes continue to be effective.	84% of Transition Support Funded (TSF) children made positive progress in their Early Years Foundation Stage (EYFS) during their reception year		

am continue to hit the target e transfers at around 90- am are introducing a PfA kers to be responsible for om Yr 9 upwards to support ent transition pathways into pdate May 22 – this is now fully operational ransformation Agenda in the a Transitions Group that is ing to improve the transition ASC. A consultant has ted to look at this piece of 22 – This has now been rith the outcome that a should be set up with all ed in working with 14-25 yr ext steps in this are to be	Earlier support for children with SEND in schools has been identified as a need. More work is needed on a link between children's and adults social care for those with an EHCP and funded through JAP	plans that support key transitions. The Local Authority, by working in partnership with early years settings, schools, health, and social care, is continuing to successfully identify and provide support to children with SEND on transition to school.	including into adulthood
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Priority	Key Positives	Key Challenges	Evidence we have made a 'difference'	RAG
11 Ensure children and young people are supported to participate to influence change	Off the Record work with the in-Care Councils ,Care Leavers and Youth Forum. Off the Record work with the in-Care Councils , Care Leavers and Youth Forum. Took part in the Independent Care Review met with the Team heading the Review. Two new Young Ambassadors (Care Experienced young people) role works across ACE team and OTR.	SEND Participation Has a focus on EHCP Plans, need to develop a model to capture wider participation of cyp with SEND. The challenge is around the lack of a dedicated SEND participation lead. A mapping exercise of SEND is underway. The Send Partnership is working with a small cohort of young people with SEND across B&NES, Christchurch, Bournemouth and Poole to make a series of films about the experience of SEND for Young People. Continue to ensure effective support for	Attendance at ICC at both Senior and Junior groups has increased since April 21 in particular the numbers attending JICC Youth Forum have a standing agenda item on the CYP sub- Committee. Young People influencing LA's policy and strategies eg. input into Participation Standards reviewed the Standards Jan 2022 Review of the role of MYP is underway Youth Forum/ICC present annually to BCSSP H&WBB reporting on their campaigns and successes. ICC's via OTR continue report six monthly to Corporate Parents	ACTION SEND participatio n

	CEC Groups gave	young ambassadors in		
	feedback to The	their role.		
	Independent Care			
	Review, Bright Spots			
	Survey and to Ofsted			
	as part of the			
	Inspection Feb 2022			
	Youth Forum and			
	other commissioned			
	services user groups			
	are now part of a Bath			
	Young People's			
Page	Network			
142	Young Ambassadors			
Γ <b>γ</b>	(Care Experienced			
	young people) role			
	works across ACE			
	team and OTR.			

Signed off CYP Sub Committee – Sept 2022

Bath & North East Somerset Council **NHS** Bath and North East Somerset, Swindon and Wiltshire Integrated Care Board

# **B&NES HEALTH AND WELLBEING BOARD**

# CHILDREN AND YOUNG PEOPLE SUB COMMITTEE TERMS OF REFERENCE

## 1. Name

1.1 The B&NES Health and Wellbeing Board Children and Young People Sub Committee.

# 2. Statement of purpose

- 2.1 The Health and Wellbeing Board (H&WBB) are responsible for the development and delivery of the Children and Young People's Plan (CYPP) or equivalent strategies. The H&WBB will, more broadly, act as the key strategic forum through which children's health and wellbeing will be improved, so ensuring the best outcomes for all children and young people in B&NES.
- 2.2 This group will operate as a subcommittee of the HWBB and will support the H&WBB in delivering these responsibilities.

## 3. Roles and responsibilities

- 3.1 The subcommittee will be responsible for:
  - Development, delivery and monitoring of the Children and Young People's Plan, or equivalent strategies (as a service delivery plan for the H&WBB)
  - Ensuring that the activity of relevant strategy groups directly inputs into the CYPP, taking decisions on what information needs to be escalated to the H&WBB, to include but not limited to SEND Strategy, CAMHS Transformation Plan, etc.
  - Providing an update report to the H&WBB annually as a minimum
  - Where appropriate, feeding into strategic H&WBB discussions, with a perspective relating to children & young people from B&NES.
  - Considering the delivery and review of Joint Health and Wellbeing Strategy priorities with a perspective relating to children & young people from B&NES.
  - Promoting a Think Family Approach between adults and children's services.

- Input to JSNA as appropriate
- Ensuring equality of access to services, so reducing inequalities in outcomes

3.2 The BCSSP Business Manager will attend meetings to give updates to the sub committee on the work of the BCSPP and its sub groups in relation to the safeguarding of children and young people.

## 4. Membership

- 4.1 Core members of the subgroup shall consist of the following:
  - Health and Wellbeing Board member (Chair)
  - Head of Education, Inclusion Service
  - Senior School and Improvement, Achievement Advisor
  - Director of Children and Young People's Service
  - Chair of the Children and Young People's Emotional Health and Wellbeing subgroup
  - Head of Virtual School
  - Chair of the Prevention and Early Intervention sub group of BCSSP
  - Senior Commissioning Manager Children's Public Health and Early Help Public Health Department
  - Third Sector representative
  - Children's Community Health Services, HCRG Care Group
  - Clinical Commissioning Group Children's Safeguarding Lead
  - Designated Nurse for Looked After Children
  - BCSSP Business Manager
  - Strategic Commissioning Officer- Participation
  - Senior Commissioning Manager- Complex Care and Targeted Support

(Other organisations/individuals may be invited to attend, depending on the meeting agenda).

- 4.2 The Strategic Commissioning Officer Participation will attend in a coordination and advisory capacity.
- 4.3 Sub committee members should nominate a named substitute from an appropriate member of their organisation or service.
- 4.4 Members of B&NES Youth Forum/Partnership will be allocated a slot at the meetings to either attend in person, in which case, meetings should be scheduled in school holidays or after 4.30pm <u>or</u> provide a question on behalf of the B&NES Youth Forum/Partnership for discussion by the subcommittee.

#### 5. Reporting and operating arrangements

5.1 The subcommittee will be chaired by an Officer member of the H&WBB

- 5.2 It is anticipated that the subcommittee will meet at least six times a year, with additional meetings planned as required. The agenda for these meetings will be circulated a week in advance. Outside of these meetings, discussions will be supported through virtual mechanisms (e.g. email/skype/teleconference).
- 5.3 The sub committee will be declared quorate when six of its core members are in attendance. However, the six members must not all be from the same agency.
- 5.4 Agendas will focus primarily on contributing to the development of the H&WBB Strategy and the relevant children and young people strategies

Agendas can be developed by:

- Discussion amongst members of the sub committee
- Learning from practice reviews and surveys
- Following recommendations by the Health and Wellbeing Board
- Requests from young people
- 5.5 The B&NES H&WB Children and Young People sub committee will feedback, on a regular basis (through a range of mechanisms including reports and presentations to the H&WBB and H&WBB Agenda Setting Group, as required).

Reviewed CYP Sub Committee – May 2021 Signed off at H&WB September 2021 Reviewed and signed off CYP Sub Committee – Sept 2022

	Membership 2021-2022											
Name and email	Service/Agency/Organisation	Role	Other Boards/Partnerships attended	Links to other strategies								
Rosemary Collard Rosemary_collard@bathnes.gov.uk	School Improvement Board School's Forum SEND Strategy Board	Head of Education Inclusion Service	School Improvement Board School's Forum SEND Strategy Board	SEND Strategy 2020-2023 and the SEND Strategy Action Plan – Transformation & Sufficiency (being updated).								
Jackie Mathers jackie.mathers@nhs.net @ Atternating with: <sup>4</sup> 7 Naomi Black <u>Naomi.Black1@nhs.net</u>	Designated Safeguarding lead for Adult, Children and Domestic Abuse Designated Nurse for Looked After Children NHS Bath and North East Somerset, Swindon and Wiltshire Clinical Commissioning Group	<ul> <li>Operational Grp</li> <li>PRG</li> <li>Quality &amp; Performance</li> <li>Training &amp; Dev</li> <li>DAP</li> </ul>	BSW CCG									
Lucy Kitchener Lucy_Kitchener@bathnes.gov.uk	Bath & North East Somerset Council NHS Bath and North East Somerset, Swindon and Wiltshire Clinical Commissioning	Commissioning Manager – Mental Health	Chair of the Children and Young People's Emotional Health and Wellbeing subgroup	Draft B&NES Mental Health Strategic Commissioning Intentions. Draft BSW Mental Health Strategy Community Services								

				framework transformation
Fiona Finlay Fiona.finlay@virgincare.co.uk	Virgin Care/BSW/CCG	Designated Doctor – Safeguarding Children	PRG BCSSP Early Help & Intervention Sub group	Early Help and Intervention Strategy
Kirstie Webb Kirstie_webb@bathnes.gov.uk	B&NES Community Safety and Safeguarding Partnership	Business Manager	All of the BCSSP Groups/sub-groups, Avon & Somerset Strategic Safeguarding Partnership	BCSSP Strategic Plan OPCC Community Safety Plan
Marcia Burgham@bathnes.gov.uk Page 148	Bath and North East Somerset Council	Senior Commissioning Manager – Children's Public Health and Early Help	Early Help and Intervention Sub-group Best Start in Life Healthy Weight, Physical Activity and Food Integrated Strategic Group	Early Help and Intervention Strategy Healthy Weight / Physical Activity / Food (in development) Injury Prevention Strategy Oral Health Strategy
Caroline Haworth caroline@bathareaplayproject.co.uk Mary Kearney-Knowles	Third Sector Representative for B&NES Children & Young People's Network Bath Area Play Project Director of Children's Services	Director	Trustee of 3SG EHAP SEND Partnership Advisory Group	
Mary_Kearney-Knowles@bathnes.gov.uk	and Education/DCS			
Alison Woodiwiss Alison_Woodiwiss@bathnes.gov.uk	Bath & North East Somerset Council NHS Bath and North East Somerset, Swindon and Wiltshire Clinical Commissioning	Senior Commissioning Manager – Complex Care and targeted Support	SEND Strategy Board Children's Transformation Programme (Council) Children's Transformation Programme (CCG) YOS	SEND Strategy 2020-2023 and the SEND Strategy Action Plan Children's Transformation Strategy (Draft) BSW CYP Transformation Strategy (to be scoped)

			NHSE SEND Board	
Sarah Gunner	B&NES Virtual School	Head of Virtual	CYP Emotional Health	Virtual School
Sarah_Gunner@bathnes.gov.uk		School	and Wellbeing Group	Development Plan
				-
Jude Sellers	HCRG Care Group – provider	Head of Universal	BCSSP Early Help &	Early Help and
Judith.Sellers@hcrgcaregroup.com	B&NES children's community	Services and Deputy	Intervention Sub group	Intervention Strategy
	services	Head of Operations		

Page 150

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**Integrated Care Board** 

External Report of the audit of Participation Standards 2021-2022

# Contents

- 1. Background
- 2. Table of providers
- 3. Summary of audit questions
- 4. Recommendations
- 5. Appendix 1 Table of results page 6-8

# 1. Background

Our Participation Standards capture the engagement of the children and young people engaged with Commissioned Services and are completed as part of the Q4 monitoring. The standards endorse the underpinning theme of all our services in hearing and responding to 'The Voice of the Child'.

# Youth Forum.

The Youth Forum input into the Participation Standards and reviewed the Standards 3 & 4 in Jan 2022.

A total of 23 providers were sent the standards to complete, 21 were returned, 91.3% return.

The Participation Standards were sent to the following Commissioned Targeted and Preventative Services.

# 2. Table of providers

Organisation	Contract Manager
1.Bright Start CC	Ellie Weyman
2.FSPS (Southside)	Heather Brumby
3.Youth Connect	Heather Brumby
4.Action for Children (Bath West Children's Centre) BWCC	Ellie Weyman
5 Action for Children (Beaumonds)	Dee Chaddha
6.Black Families Education Support	Dee Chaddha
7.Off the Record (OTR)- Participation,	Sarah McCluskey /
8.OTR Advocacy SEND Advocacy,	Vincent Murrell
Advocacy Shout Out	
9.SARI	Dee Chaddha
10.BANES Carers Centre -	Dee Chaddha
Young Carers, Parent Carer Facilitator	
11. WECIL	Dee Chaddha
12 Bath Area Play Project (BAPP)-	Kay Sibley
Targeted Term Time Provision	
13 Bath Area Play Project - Targeted	Kay Sibley
Holiday Scheme,	
14. Reconstruct -Signis	Vincent Murrell
15. Student & Family Support SAFS (Mentoring Plus)	Olwyn Donnelly
16. Hospital Reintegration Service (HERS)	Olwyn Donnelly
17. Brighter Futures Nurture Outreach	Olwyn Donnelly
Service (BFNOS)	
18 Bath Opportunity Playgroup (BOP)	Olwyn Donnelly
19. Specialist Autism Support Service	Olwyn Donnelly
(SASS)	
20 YOS/Compass	Ellie Weyman
21. Connecting Families Team	Paula Bromley
22 Learn@MAT AP – Primary *	Olwyn Donnelly
23 Learn@MAT AP – Secondary *	Olwyn Donnelly

\*

In regard to Primary and Secondary AP provision in B&NES the organisation is currently being been supported during this period, and has received enhanced support from our commissioned school improvement consultant in order to work towards their Ofsted improvement plan. As a consequence, certain reporting requirements were not asked for this year, including the participation standards.

# 3 Summary of contents of audit questions

The Standards have been RAG rated and have been tabled below in appendix 1. Overall, participation and engagement with services users appears to be progressing in the right direction, and in most cases where answers were self assessed as requiring further action, these were clearly identified. None of the services found the Standards onerous or difficult to complete as all of the service clearly demonstrate a positive relationship with their service users.

Examples of 'Good Practice' included;

# Standard 1:Service users are given a range of opportunities to give feedback on the service they receive and are clear about how that feedback will be used.

- At the close of the work, children are consulted with to get their voice at the close of the work to find out what was helpful, what not so helpful and their view of how things have changed as a result of the support they have received.
- Improved accessibility and opportunity for children and young people to
  provide feedback to each provision anonymously. This is accessed through a
  secure web link and young people are given space to provide both targeted
  and general feedback about the service they receive.
- We use the Thrive Approach to support staff to understand children's emotional and social development and assist with interpreting children's emotional responses.

# Standard 2: Service users are encouraged and supported to participate and contribute to service delivery and development.

- This is an ongoing process which takes place throughout the programme, is integrated into delivery, and serves as an important strategy for engagement.
- Families are involved as partners with staff, this means that they are fully involved with their assessment of their needs, their family's action plans and outcomes recorded. Our aim is to support families to be independent, so they do not need us in the future.
- The children's guide has been updated with every child being consulted and taking part in how they want to shape the guide for themselves and other children

Standard 3: We actively ensure those service users in minority groups have equal capacity to participate within our organisation e.g SEND, LGBTQ+, BAME, Children Looked After, Care Experienced and Care Leavers, Socioeconomically underprivileged/disadvantaged cyp, and those who have experienced a 'challenging' home life during the pandemic?

- Specific activities with children that reflect their protected characteristics as well as the specific disability are actively considered with different needs e.g., age, a child may have their chronological age of 15 but we also deliver suitable activities to support the child's developmental age.
- Staff are continually offered CPD training to support different minority groups and provided with supervision and reflective practice to explore and address any areas of challenge they may have.
- Our staff are committed to reaching more young people from underserved communities. In line with our strategy this is: CYP from socio-economic areas of deprivation, boys and young men, and young people from communities of colour.

# Standard 4: How have you supported service users through the long-term repercussions of the COVID-19 pandemic?

- We have continued to provide specialist support to young people who are finding it difficult to return to school following the lock downs and required home-learning, alongside supporting families who have been in crisis as a result of the pandemic, including those in educational placements which have broken down. This has more recently included visiting CYP and families at home and supporting them to transition back into school.
- We have supported children on their return to nursery/school and helped them to settle back in

We have supported young people (and their families) with regular telephone/email contact (for those who wished to) providing the following:

- Wellbeing checks
- Play/Sensory activities ideas for home
- Mental health signposting and support
- Sign posting to virtual youth clubs and other relevant activites or resources

# Standard 5 : We have a clear commitment to participation within our organisation, which all staff are aware of.

• Young people involved in budget setting and programme planning for their projects and in designing their support plans.

- Children/young people typically participate in the recruitment of relevant posts. A YAC was involved in recruitment of our CEO in October.
- Using a road map of a person's journey through service from first contact; through assessment process; to planning and support then closure, we will seek feedback on how we have been able to work to our aims.

# Standard 6 : Sufficient budget and finance is made available to support participation.

- We reimburse young people's travel expenses to ensure transport is not a barrier. We also provide food and drinks for young people who attend groups.
- Recoupment for increased numbers has allowed us to be flexible and creative in our offer to ensure that we can enable more learners to participate
- We have an allocated participation budget, which is managed by the service lead. This ensures we have funds available to support participation where required.

# 1. Recommendations

It is recommended that:

- 1. This *anonymised* report is shared with the CYP Sub group and the H&WBB & BCSSP and with Commissioners to share with their providers.
- 2. Feedback is given to the Youth Forum on Standards 3 & 4
- 3. That Commissioners 'mystery shop' one of the standards during Q3 monitoring visits.

The next Participation Standards audit will be completed in April 2023 as part of the Quarter 4 Monitoring 2022-2023

Report Author - Sarah McCluskey July 2022

# 5.Appendix 1 RAG rating

- **Red** Not met or met in part
- Amber Answer given but no further actions identified given Green Answer met in full with good supporting evidence, clearly identified actions & timescales

Standards											
1. Service users are given a range of opportunit ies to give feedback on the service they receive and are clear about how that feedback will be used.											

2 : Service											
users are											
encourag											
ed and											
supported to											
participat											
e and											
contribute											
to service											
delivery and											
developm											
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developm ent. a ge 3. We											
actively											
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those											
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users in											
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on e.g											
SEND,											
LGBTQ+,											
BAME,											
Children											
Looked											
After,											
Care Experienc											
ed and											
Care											
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cyp, and											
those who											
have											
experienc											
ed a											

<pre>'challengi ng' home life during the pandemic ?</pre>											
4. How have you supported service users through the long- termo repercuss ionscof the COVID-19 pandemic ?											
5. We have a clear commitme nt to participati on within our organisati											

on, which all staff are aware of.											
6. Sufficient budget and finance is made available to support participati on.											



Somerset Council Bath and North East Somerset, Swindon and Wiltshire

**Integrated Care Board** 

Report Particip		Children	and You	ng People Rep	ort 2021- 2022			
Date	Aug 202	22	Author	Sarah McClus	skey			
Recom	mendatio	n/Decisi	ion requir	ed				
Informa	tion report							
Backgr	ound:							
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and to h	nave their	views co	onsidered a	and taken serio	lings and wishe usly. This right a or the child's da	pplies at all	times, for e	
				of the Child une g People's Plar	derpins all our w ı CYPP	ork and is o	one of the fo	ur
Mar 202		ldren an			gement work ur service users of			
Sectior	<b>B –</b> Over	view of I	Participatio	on of Children L	ooked After with	in Children'	s Social Ca	re
Section	Α							
<b>Provide</b> Off the								
	of Comm 1/03/2026							
Service Particip								
		ers activ	vely enga	ged				
JICC	11	SICC	5	Care Leavers	5		Youth Forum	6

# Key highlights:

## Summarized from Monitoring

### Junior in Care Council

- Creating designs for Health Care Leaflets
- Promotion of the JICC
- Support for younger children new to being in care.
- Range of activities eg, Circus Skills and trampolining
- Increased frequency and timing of sessions.

#### Senior in Care Council :

- Promoting wellbeing and connection has been a theme throughout the year
- Input into the Bright Spots Coram Voice Survey
- Contributing to the feedback session given to practitioners
- Input into the Independent Care review and gave feedback to Josh MacAlister.
- Recruitment for new Development Worker.
- Recruitment of Young Ambassador
- Closer working with the CEC group.
- Transition of new members from JICC.

### Care Leavers (Care Experienced Council CEC)

- Work undertaken terminology used around Care Leavers
- Jamie's Farm event in August 2021 and Dec 2021
- Range of outdoor activities mini golf, ice skating
- Presenting at Youth Networking Event
- Input into the Independent Care Review
- Planning for delivering a presentation for a meeting with Ofsted.

# Young Ambassadors -

Young Ambassadors are care experienced young people 18-25 employed and supervised by Social Care but who will work with OTR to support with the 'In Care Councils' and undertake project work.

- Two Ambassador (YA) were successfully recruited to the role during 2020-2021 but have now left their role to pursue other opportunities. Two new YA 's are now in post.
- Assisted with Junior in Care Council events.
- Promoting engagement of Care Leavers

#### Youth Forum:

- Developing new Participation Strategy for OTR
- Starting new discussions re changes to the Youth Forum structure
- Developing stronger links with young people from other groups and organisations.
- Revised Participation Standards.
- Bath Youth Networking Event.
- Promotion
- Choosing new campaigns including LGBQT+ Pride Event
- Updating website
   <u>https://www.offtherecord-banes.co.uk/youth-forum</u>

#### Key challenges:

COVID obviously impacted on the service during the first quarter but face to face delivery has now resumed and sessions have been run in person.

Amount of engagement /consultation requests to the groups – this was a challenge but has led to the development of a service request form which will be used by the Youth Forum and ICC/CEC to

determine which consultations they will engage with.

#### Service user quotes:

#### Youth Forum

- 'Making friends is half of what it's about... We need fun at this time, and it entices new people in'.
- '[the best part of being in Youth Forum this quarter has been] The new direction that it is being taken in, and the increasing size of the group.'

# IN CARE COUNCILS

### Junior In Care Council JICC

'I like doing fun stuff like this' 'I live with my uncle at the moment, so we do different things to normal'. I'm proud of myself because 'I'm brave' What would make it better – 'MacDonald's!'

### Senior In Care Council SICC

'I'd really like my sister to come along because she doesn't get out much and I think she'd really like it'. We haven't got on in the past but we're much better now'

sometimes you feel like you need to talk to someone and that's why you have SICC and other people that might have the same problems' '

I must say all the staff are amazing and always keeping an eye on us and making sure we are comfortable and welcome and safe'

#### Care Experienced Council CEC

'Young people need help at the right time in their lives, the earlier the better'. It's good to be part of these things and meet other people in care as it can be a very lonely experience'

*'We need more help around accommodation. It took me two years to get a place'. You need people supporting you until you're ready to move out'* 

#### Independent Care Review Comments

Key areas discussed were around.

- Foster care the highs and lows
- Respite the need for LOTS of it
- Seeing family (immediate and extended) and the reality of what this looked like for them or rather the lack of offerings around seeing extended family and their acceptance of this as they 'didn't always feel like they could 'have a say about these things'.
- Social workers the turnover of SW's and how this was managed well or not, this really varied. Some described 'turning up to meetings to be unexpectedly introduced to new SW's' often at a time when they were feeling 'really angry and unable to cope with change'. Everyone showed empathy for social care staff and on reflection said that 'they wouldn't have wanted to do that job and that it must've been hard'. Notably the empathy was felt more with older members in the session who were not currently in care.
- Accommodation and access to services and support
- Locations Being placed out of area away from friends and the impact this had.

• **Isolation** and having to cope with rapid change.

# Provider – Signis Reconstruct Independent Visiting

Length of commission - 3 Years

**Service** : To provide Children and Young People (cyp) in the Care of the Local Authority with emotional support, sound adult advice, and any help that aids their development. The visitor is independent of the local authority and of the other people who are involved in the young person's care.

The service is for cyp who have little or no contact with their family for more than a year or for whom it is determined that it is in the child/young person's best interests to receive this service.

No of service u	<b>isers actively engaged</b> 15 – 18 p	er Quarter	
Age 5-11	Age 11-18	Age 11-25	

#### Key Highlights :

- Our Independent Visiting Service resumed F2F.
- We have increased our Staff Training
- We have been supporting current matches to maintain contact and requesting new referrals for our service. With restrictions having lifted many activities have returned to normal meaning the matches have different/ new things they can do together.

**Key Challenges:** Decrease in the number of Volunteers a national trend – partly due to continuing impact of COVID. We are looking at more creative ways of engaging volunteers.

#### Service users quotes :

(Young people, Foster carers, Keyworkers)#

'He's fun and a good visitor for me. We do activities I like. I feel more confident I have liked all the visits, I'm looking forward to the London visit, which we are doing soon. I would give him 1000/10 !' Young Person - Dec 21

'He's into the same stuff as I am, like gaming. I have a PlayStation and we can talk about games and things we enjoy about it. It's made me more active. I'm getting more exercise now and have someone to talk to about stuff.' Young Person- Dec 21

'Yes it's been very positive indeed, X is a brilliant visitor for Y. She is supportive, reliable and they get on really well. Y was a little reluctant at first, but they get on really well, they've been clay pigeon shooting, climbing and out for food. They do a great mix of visits. It's given Y a new outlook and Y has time away from her younger sister which is important for her.' Foster Carer -Jan 22

'It helps having another male in his life, they get on really well. A is a talker and C isn't, so it works really well. C looks forward to it. It's helped his confidence, they got a bus together. A takes him out for a long time, sometimes 3 to 4 hours.' Foster Carer -Dec 2021

'He likes the same things as I do and we do fun trips out, I like all the visits.' Young Person Dec - 2021

'Yes they do a good mix of activities. L is a good visitor for D, he lets D choose the activities they do and is reliable and friendly. D looks forward to the visits which is a good sign and always comes back in a good mood. I think it's a really good service' Foster Carer - Dec 2021

'Yes it's been really good for F. He gets to go out and do activities he enjoys. N is really reliable and

always turns up when she says she will. It gives F someone that makes him feel cared for and supported. It definitely makes a positive impact. Yes they do a good mix of activities which F enjoys.' Key Worker - Jan 2022

'F is kind and nice and easy to get on with. She is a really good visitor for me She helps me get things off my mind. I can speak to her about things which helps me. She is kind, sweet and caring.' Young Person - Jan 2022

'It's fun, he's funny. We normally go cinema, we saw Doctor Dolittle and a couple of Marvel movies which were really good. It's helped me in a lot of areas, I would say in all the ones you mentioned. Now I know how to make music and use a laptop.' Young Person - Jan 2022

'Yes, P's great, I'm a single carer so having a positive male role model for R makes a big difference. I think he is much more forward in saying how he feels now and what he wants to do. It's made a big difference in his confidence.' Foster Carer -Jan 2022

Provider: WECIL

Length of Commission: 3 years plus 2

**Service -** Befriending service for disabled young people

#### No of service users actively engaged

30

#### Key highlights

Face-to-face support resumed with the majority of visits taking place in-person, following thorough risk assessment process.

Two successful family events took place in the Summer during (one in Bath, and another in Stockwood).

Service offered all families from the linked and enquiry list free tickets to see a pantomime. This was well attended and gratefully received.

#### Key challenges

There has also been a noticeable recent drop in volunteer applications, perhaps owing to the lessening of Covid restrictions and those previously on furlough resuming work, coupled with fewer students able to commit to volunteering at present, as noted above.

#### Service user quotes

"D is visiting regularly, and R is getting to know him much more now. This is fantastic to see the difference in R. Making connections with someone out of his family unit is having such a positive impact on our family. Thank you so very much."

"Thank you so much for your continued support. Time2Share@WECIL has been a lifeline through this difficult year."

"I am always amazed that the volunteers offer their time to us. We are so grateful for everything that you do."

C (volunteer) is amazing. She has given so much to E (young person). It is wonderful to see".

"Any support that the volunteer can give us is a lifeline. It is so lovely for our boys to have interactions with someone outside of the family, doing the things that they enjoy."

Professionals:

From DCT after making a referral to the befriending team. "Thank you for your help with this matter. It means a lot to the family and any support that you could offer would be gratefully received."

Volunteers:

"Volunteering has really improved my confidence and has improved my understanding of other people's lives. I think I have helped (my befriender) to feel less isolated and given her something to look forward to each week as she was unable to do many things due to the pandemic. The support has been fantastic - the organisation has made me feel very valued" ~ Volunteer Befriender (Bath)

"I just received the certificate you issued earlier this month since it was waiting for me at home. Thank you so very much, some of my best memories of the year include some of the online socials we all attended!

" ~ Volunteer Befriender (Bath)

"The training was very useful, especially knowledge on how a disabled person could sometime be mistreated unintentionally due to lack of understanding of an abled person. The breakout rooms were useful for small group discussion and to get to know people better" ~ Trainee Volunteer

#### Provider

Bath Area Play Project (BAPP) Short Breaks respite

Length of Commission: 3 years

Service

Targeted holiday provision for disabled children & targeted term time provision for disabled children – Short breaks

#### No of service users actively engaged

Holiday scheme: estimate 130 Term time only estimate 125

Age 5-11 x 11-19 x	
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#### Key highlights

Short breaks provide invaluable support for disabled children, young people, and their families. It provides disabled children and young people with the opportunity to experience new relationships, environments and positive activities which provides them with valuable social skills and independence.

The provisions are all running face to face now.

#### Key challenges

The challenges for the contracts are keeping adequate staffing levels. For example there has been an agreed reduction in days delivered in the Fosse Way holiday scheme as they were finding it increasingly difficult to staff. NAS have also cancelled a number of sessions at short notice. The other issue raised by providers is the increase in cost of living on a limited budget. There is also an increase of complex needs linked mainly to behaviour.

#### Service user quotes

'I enjoyed making the pancakes, it was good to cook them a different way'

H 'I was pleased with my lava lamp' J

D said he loved the dart board,

A enjoyed biscuit decorating and arts and crafts

#### **Quotes from Parents**

24 parents completed the BAPP Annual Evaluation Form; 92% citing improvement in social skills as a result of using the Clubs.

All parents said there had been some or a big improvement in their child's emotional well-being since attending

"It's just lovely to have something positive for them to attend, as most mainstream activities are impossible, she would just be bored at home"

"She loves having a club of her own. She likes that she has made friends. It has also shown my husband how confidently she can move schools to a special school in the near future."

"It has given our son some independence and extra confidence"

"She's a lot happier when she attends rampage on a Tuesday as since starting college she very isolated "

"He is more confident, sociable and expressive"

"She has become more socially confident"

#### Provider: Action for Children (Beaumonds) Length of Commission: 3 years + 2

Service

**Residential Overnight Service** 

#### No of service users actively engaged

Age	5-11	11-18	18-25

#### Key highlights

- Continued provision during covid young people attended either individually or in small bubbles. The staff of Beaumonds and the young people who use the service have shown a great deal of flexibility, adaptability, and resilience
- The building has now been refurbished and meeting Ofsted requirements. Several internal
  doors have been widened/altered along with three external doors, allowing easier access to
  different parts of the building, garden and Rumpus Room for young people who use
  wheelchairs. Other aspects of the building have been modernised to provide greater comfort
  and a lovely environment for the young people, eg the installation of a wet room with
  underfloor heating, a new kitchen with height adjustable surfaces.

During the building closure the service maintained provision and young people were offered short breaks in the community. A wide range activities and outings were planned with young people and were a great success.

# Key challenges:

The main challenges during this have been:

- Prevalence of the Covid 19 virus The Covid 19 pandemic impacted the number of stays offered to young people
- Closure of the building for twelve weeks from the end of July.
- Staffing shortages, challenges filling vacancies-which is a nationwide problem. Existing staff have been covering additional shifts during this period, but there has been a reduction in the number of overnights being offered by the service.

#### Service user quotes:

The service is brilliant. The staff do all they can to meet the children's needs. I also like that they do nice things for the children such as ordering takeaways. I think the service is just fantastic". "I think it is a really lovely service and I feel that he is safe and well looked after". "Overall, the service gives really great support, and she loves it there".

### **Provider Black Families Education Support**

### Length of Commission: 3 + 2 years

Service: Information Advice and Advocacy **B&ME Education Support Service** 

No of service users actively engaged 18

Age 5-11		Age 11-19	18	Age 18-25
Kov highligh	te			

Key highlights

The Supplementary School delivered a series of sessions contributing to a partnership project with the University of the West of England, involving the creation of a series of podcasts broadcast through the Imperial Voice radio Station exploring and celebrating Black History through looking at the life and impact of Emperor Haile Selassie on the City of Bath.

Development of the Race Equality Charter for Schools and the official launch webinar-

Development Manager did a presentation and the Education Coordinator and two young people from the Supplementary School took part.

Delivering race equality training for schools.

Supported and enabled young people to participate in local decision making, contributing to a collaborative Youth Sharing Event in February along with other local youth centred organisations B&NES Council Officers for participation and the Cabinet member for children's services. The event contributed to the future development of youth participation in the area.

#### Key Challenges:

- Delivering face to face during the pandemic in line with school health and safety guidance and requirements in relation to safe working and Covid 19.
- "The Black Families Education Support Group has been amazing support through very difficult times while my daughter was victim to racial abuse. harassment and daily micro

aggressions at her school in Somerset. The team were readily available for both practical support and to lend an ear. They offered excellent and timely advice and signposted me to extremely useful resources. They were able to guide and support me through two school appeals, both of which a team member attended to support my case and both of which were successful. Thanks to their help, my daughter is now looking forward to a fresh start in a new school. I cannot express my gratitude and relief enough."

#### Service user quotes:

"Many thanks for all the amazing work that you are doing for all our children. We know that we have been very lucky to access some of your love, time, connections, listening and wisdom for one of our children. The difference you make is truly remarkable."

'Jason has offered further support for the next step of going to the new school. Our family thank you for being there when we needed you.'

**Provider:** B&NES Carers Centre **Length of Commission:** 3+2 years

Service - Young Carers Service

#### No of service users actively engaged

672 registered with service (min. will receive newsletter) 88 young people accessing short break activities

## Key highlights

- Working with Bath Philharmonic a group of young carers benefited from a weeklong music course.
- Other activities included online cooking, crafts and outdoors archery and axe throwing.
- Supported 25 children to go to Barton Camp for a daytime residential which they loved.
- Ran successful virtual schools conference with 25 schools represented. The conference focused on creating action plans so that schools could better identify and support young carers in their setting. YCS worked in partnership with the Children's Society who will support schools through their schools' programme.
- Successful summer of activities offering over 120 individual places across July and August.
- Time for You' days, which is our emotional support group offer- sessions at Bath City Farm.
- Partnership with Freedom Church to provide 20 hampers to Young Carers families in need this Christmas.
- launched a new website making it easier for Young Carers to register and to register interest in breaks online.

#### Key challenges:

- 90 young carers on a waiting list for Needs Assessments, as a result of Covid-19 restrictions, school closures and increased referrals.
- The needs of a significant number of young carers have been complex due to the impact of Covid-19 on them and their families. We have seen an increase in the number of referrals

and discussions with early help and Children's services and requests to be involved case reviews.

• Seen rise in referrals to the service, and currently 150 more young carers registered than commissioned to support. As resource is limited, service adapted to ensure help and support to those who need it most. Good communication with Contract Manager around this challenge. Have put in place new referral/registration process to enable service to have a universal offer for all young carers who register, while ensuring that a more intensive service offered to those who need it most.

#### Service user quotes

Absolutely incredible! Thank you very, very much for making X so happy after a very hard year. He hasn't stopped talking about it all since he got"

"So nice to see my daughter come home with such a huge smile and excited to tell us all about her day out"

Feedback – 26 Young Carers completed summer activity feedback:

"Both kids had great fun and eldest showed determination whereas would normally just give up trying!"

"It was fun to try something different that I haven't tried before."

"It was really good fun and want a chance to do it again"

"My child had a fabulous time!

**Mum gave feedback in person for YC WB session and Picnic & Play-** YC had a fantastic day, can't wait to do it all again and was beaming about all of the things that she got to do. Thank you so much with providing us with the opportunity for YC to have fun and to make a break. Please pass on my thanks- it means so much to us that this is here for her.

#### Provider: SARI Length of Commission: 3 plus 2 years

#### Service

Cultural Diversity and Equalities Work with schools and Children's Social Care

#### No of service users actively engaged

#### Key highlights:

Contributed to work around **Race Equality Charter for Schools.** Director did a presentation on the live launch webinar

Supported the development of the Incident Reporting Portal (RID).

Appointment of Outreach Development Worker for B&NES (funded by National Lottery) Resumes face to face work with schools and young people.

#### Key Challenges:

Covid-19 related containment measures continued to cause some degree of disruption in SARI's education work

#### Service user quotes:

'The whole consultation has aided my understanding and given me a platform from which to complete more learning both with this family but also others in the future, the session was excellent.'

Training for Social workers- 'Yes it met expectations and exceeded. I got a number of new ideas to follow up over potential areas for recruitment of new foster carers'.

"The assembly and workshop were great, and the children got a lot out of it...The Year 6 children will be following this up by sharing what they have learnt in the workshop with the rest of the school next week in assembly".

**Provider:** Southside and Bath Area Play Project **Length of Commission:** November 2021 – October 2024

Service: Family Support and Play Service

### No of service users actively engaged

476

Age 0-5 – 34, age 6-10 – 227, age 11-15 – 152, age 16-18 – 13, age 19-25 - 11

### Key highlights

- The service supports Young Advocates and the BAPP (Bath Area Play Project) Children's Participation Group to be involved in service design and development.
- The Young Advocates are currently completing a training programme that they helped design with subject titles they feel are relevant and useful for their personal development and for them to support their peers.
- For example, the Young Advocates recently gave feedback on a pilot Peer Mentoring Project and offered their lived experience of Mentoring to help the service adapt a programme suitable for young people.
- The service has a child friendly 'Hello' letter explaining the service, encouraging children and young people to share their thoughts and feelings, and providing contact details
- The service has a specific section on all Family Support assessments to record the child's voice and their view of what the situation is they are living in and the support they think they or their parents need.
- The service ensures children are consulted with to get their voice at the close of the work to find out what was helpful, what not so helpful and their view of how things have changed as a result of the support they have received.
- The service has developed a Participation Policy to reflect participation practice.

#### Key challenges:

Capacity within the service since referrals for support have increased as a result of the Pandemic.

#### Service user quotes

- "A Southside worker helped my brother stop being so annoying. He used to smash up my bedroom but talking to someone from Southside stopped him, I now have a tidy bedroom."
- "I have grown in confidence since coming to the young advocates. My anxiety is better, and I have put myself forward more at school and I am now part of the athletics team and speak out in class."
- "Southside helped my family. We explored the qualities we have as a family."
- "I like coming to YAP, it is empowering and entertaining."
- "Good to be included in the training programme, we were able to put across our ideas."
- "Loved helping to present some of the sessions, any future projects happy to get involved

with."

Provider: Mentoring Plus

Length of Commission: New contract started March 2021 for 3 years +1+1

### Service: Mentoring Service for Vulnerable Young People

## No of service users actively engaged

Age	5_11		11_10	30	
Age	5-11		11-10	30	
Kov highlights					

#### Key highlights

- Improved accessibility and opportunity for children and young people to provide feedback to each provision anonymously. This is accessed through a secure web link and young people are given space to provide both targeted and general feedback about the service they receive
- Every practitioner job description contains the following as standard under the General Responsibilities section: "*To promote and encourage the participation and empowerment of young people*"
- Youth Reps and Girls' Group are service user advocacy groups, available to mentoring graduates, who meet weekly (YR) or monthly (GG) to share and give back to other young people what they learnt and experienced through mentoring. The groups take responsibility by co designing and planning projects of their choosing events, attending training and developing their own manifestos and calls to action.
- In the past year, M+ have employed participation leads for Girl's Group, Youth Club and Mentee Activities groups, as well as an activities assistant. A Senior Practitioner has also just been recruited who will focus solely on participation.

#### Key challenges

- M+ plan to start involving young people in the recruitment process
- Additional funding will need to be sought throughout the year to support activity groups
- Increased demand for services

#### Service user quotes

- My life was terrible before Mentoring Plus but now it is not. My personality has changed in a positive way since Mentoring Plus, I've been getting out the house a lot
- Mentoring couldn't be better. My mental health is better, I get more human interaction with my mentor, I get out more, I get fresh air
- Mentoring Plus has been good. The staff are friendly and helpful. Ian is good. I am disappointed it is coming to an end but I know where to go for support going forward
- I have more confidence since being mentored which I didn't think was possible!
- The way that you've helped me, my mental health and family, you've made it all better
- I think it's a really good idea for people like me to get away from their actual life. It's a great thing, who ever thought of it is amazing.... I've just become a better person because of mentoring
- *it's not just going out with (mentor), you have helped me at school too and it has got better, they have actually listened to you*

# Provider: Youth Connect South West

# **Length of commission:** 4<sup>th</sup> November 2019 – 3<sup>rd</sup> November 2024

#### Service:

To provide targeted early help for children and young people aged 13 - 19 (up to 25 with SEND), living in Bath and North East Somerset who have additional or complex needs to improve their outcomes and reduce inequalities by.

- Helping young people overcome barriers to fully engage in education, employment or training meeting statutory duties as specified in the description of service.
- Providing support and interventions that will engage and challenge vulnerable young people to help them develop their resilience and make a positive difference to their lives and to their communities

#### No of service users actively engaged:

# 871

Age 5-11	Age 11-18 844	Age 18 - 25 27

### Key highlights

- Feedback forms at the end of targeted service, young people brief on how feedback is used.
- Annual User survey, young people receive report on how the information was used.
- Young people's participation group discuss service issues. Annual User survey, young
  people responses used in service development through trustee board and participation
  group. Changes fed back through report.
- Young people's participation group, contribute to service development and delivery plans We have a space on the board of trustees for young people.
- Participation is a key component of Youth Work as professional practice and is in the core training for staff.
- Young people involved in budget setting and programme planning for their projects. Young people involved in designing their support plans.
- Young people sit on all recruitment panels for young people focused roles. We have allocated 18.5 hours of a staff's role to participation. YCSW funds its own participation group and funds travel and costs for the members.

#### Key challenges

• Capacity within the service since referrals for support have increased as a result of the Pandemic.

#### Service user quotes

# Taken from contract monitoring data 2021/2022.

- "I've turned into a better version of myself and feel so much happier."
- "Made me so much stronger in myself and brought my family back"
- "Hi, thank you so much for running the groups and coming to see me in Writhlington. i really appreciated everything you have done and you have made me into such a stronger person and I'll be forever grateful for all you have done for me :)"
- "thank you for seeing me today, I asked my sister if I could stay at hers and she said yes so that's a good sign" (relationship had broken down)
- "It's been good to have a space that's about me, and to get support for my family."
- "Its (the service) helped me know how to cope with things. i liked the breathing exercises and the groups.'
- "I can go into town efficiently to get where I need to be. I am a bit more open talking about feelings. S is nice and understanding".
- "I feel like you've helped me the most that anyone ever has. You've given me like the most direction, so you've been helpful."

- *"Thank you. For everything."*
- "it's given me an understanding of what support is available, how i can support myself and time to process what i want to do next. It's helped me in school on the bad days when i couldn't find the words; S gave me a voice"
- The work was supportive and helpful

Provider: Oxford Health NHS Trust

Length of Commission: 7 years

#### Service:

Child and Adolescent Mental Health Services (CAMHS)

#### No of service users actively engaged:

#### Key highlights

<u>Supporting Service Design</u>: Participation is embedded within strategic groups operating across BSW including Clinical Advisory group, CAHTS Project working group, 16-25 Platform subcommittee and BSW Governance board. This helps to ensure the voice of children young people and their families is an integral part of service design and development.

<u>Shaping the design of the new Crisis and home treatment service (CAHTS)</u>: Following their involvement in developing the initial service specification young people were then consulted about the service structure and how CAHTS should fit with existing provision. We also shared our groups top tips on accommodating the needs of autistic young people to be used in the ASD training the team were providing for staff in the new CAHTS team

<u>Contributing to the development of the 16-25 pathway:</u> In October 2021 the views and experiences of young people were included in a presentation to the 16-25 Sub-committee board, outlining Oxford Health's vision. Voice clips from young people were shared, ensuring their experiences were reflected as well as their hopes for the future.

<u>Referral criteria:</u> In Autumn 2021 the CAMHS referral criteria were reviewed and once a draft was agreed, we set to work on developing an accessible version for young people and their parents/carers. The Clinical Advisory group approved the young people's edit and we hope it will provide greater clarity as to the circumstance in which a young person could expect a referral to CAMHS to be accepted. At the same time, whether CAMHS is appropriate or not, we want to encourage young people to contact CAMHS because we can help them access alternative support and avoid their difficulties becoming more severe or entrenched. We also considered how best to communicate referral information and agreed a short film/s would work well and could be shared widely through the trust YouTube channel and website, as well as through local websites and social media accounts. An initial meeting has now taken place with a local film production company, and we hope to start work on the project soon

#### Developing Local Participation:

In BaNES there are several active youth Participation groups and in 2021 Bath Mind invited a number of these organisations to form a planning group, after they were successful in securing funding to undertake a wellbeing project with young people across BaNES. The group included a range of third sector providers, including Mentoring Plus, Off the Record, Boys in Mind, as well as the council and ourselves. An initial youth sharing event was planned for February 2022, offering local youth groups and young people the opportunity to showcase some of the participation work they have been involved in and network with other groups and organisations. The Participation team was delighted to be part of this event, celebrating the wide-ranging, youth participation taking place

across BaNES. Children and young people from organisations including, Off the Record, Project 28, Black families in Education, Boys in Mind, Room 627 and Youth Connect made presentations about their service and their participation and achievements alongside our Participation team. Ian, one of our young people outlined some of our key achievements and showed a short film, featuring some of the group, outlining the value of participation, both for participants and for CAMHS. Bath Mind hosted the evening and feedback was very positive, from all those attending.

### Key challenges:

Two young people, one 16 and one 19, presented their own stories, one about the difficulties of accessing CAMHS and feeling that she wouldn't get support until she was sick enough. The other talked about the challenges of dealing with anorexia during Covid and repeated hospital admissions. Their accounts were both heartfelt and unflinchingly honest and many of those attending said how much they appreciated the young people's bravery and insight.

<u>Parent/Carer participation</u>: The first meeting was very positive, with those present sharing very openly the challenges of supporting children who are struggling with mental health issues. They appreciated the space to talk with others with the same challenges. They also enjoyed hearing from Catherine, an older member of the Participation team who joined and provided the perspective of someone who has used CAMHS during her teens. They valued her input and appreciated the opportunity to ask her questions.

#### Service user quotes:

*"Participation is about young people and CAMHS staff being able to work together as a team, so that the help a young person gets is right for them." (Holly 19)* 

"My transition worked quite well as I had a bit of overlap and a few sessions with my adult person while I was still with CAMHS, but it can be frustrating, particularly if services use different online system - you end up having to go over stuff you've already talked lots about and that can feel quite overwhelming"

"I was also able to gain a lot from it as well as everyone else, such as possible new opportunities if I reach out to the groups that were there, but it was also simply amazing to hear that my generation is so active in supporting mental health and other issues that I also feel strongly about!"

"I've enjoyed being part of the Participation team, especially as I get to share my experience as a trans person who has accessed CAMHS. I have been able to let people working in mental health care know things I wish the people responsible for my care had known. Health care for trans people is often so ineffective and frustrating for us, due to the ignorance and lack of education and awareness about trans and other queer issues, so it's been good to be able to contribute to services becoming more inclusive through participation."

"More participation can only be good and I hope next year more young people will be able to share their experiences and shape the services they and their peers use." (Ian 20)

**Provider:** B&NES Connecting Families Team **Length of Commission:** N/A (we are an in-house service) Commissioner Public health collect our data but not do commission us as such

#### Service Connecting Families

# No of service users actively engaged

No of service users actively engaged we normally have 60 to 70 families engaged at any one time approx. 250 people at any one time. We work with people of all ages 0 to 100 years

# Key highlights 2021 -2022

We have recently started a women's groups for the Afghan refugees to create a support network and share experiences with other women in their cultural community. This will really help to gain their voice as in the family home they are often the silent parent / partner.

We have run several activities days / events which always help us to sit alongside and speak to children / young people and parents/ cares.

We also have added the voice of the child / young person to every family assessment completed in 2021 / 2022 which has enhanced the work we do and ensured that children and young people were heard.

We also had 100 % attendance from a service user on any interview panel for family key workers and their views and opinions feed into the process and taken very seriously and they influence the outcomes.

# Key challenges:

We would like to set up a user group who we can consult about key changes but need some resource to help with this.

# Service user quotes:

1<sup>st</sup> quote from a young person

I really liked drawing Walking Dead pictures with Amy. If I wasn't working with Amy, I would be feeling a lot worse than I am. I really liked the Wheels for All activity and would like to go to more activities.



# 2<sup>nd</sup> quote from a parent

I would still be struggling on mostly with H behaviour and not knowing how to keep the others safe, I could see what it is doing to them.

Just good how my family key worker has got these meetings so we can all sit around the table and discuss the next steps and hear from everyone at once.

Children's Centre Services 0-5

**Provider:** Bright Start Children's Centre Services **Length of Commission:** Internal SLA

Service: Bright Start Children's Centre Services

## No of service users actively engaged

Commissioned to support 174 children aged 0-5. Q4 returns show BSCC supported 287 children and their families during 2020 -2021

#### Key highlights

- Children are asked about their experience of involvement in one-to-one work and groups; this contributes to the overarching feedback.
- Learning activities are led by and tailored to the expressed needs of individual children,
- Play diaries are created within groups to support children's learning and provide a voice.
- Families are included in decision-making within groups about the activities they are involved in
- Some groups are now delivered virtually as we found that this was the preferred option for parents/carers and supported attendance.
- Where possible BSCC have included service users in recruitment such as being part of the interview process. However, due to Covid this has been limited as face-to-face group have reduced
- BSCC have robust marketing strategy to support parents to access wider community and council services and increase their community participation

#### Key challenges:

- Take up and completion of a few courses following high volume of referrals has been low. BSCC looking into reasons
- Feedback form being developed for parents receiving childcare placement funding

#### Service user quotes:

- It has given me reassurance about the bond with my baby and ideas on ways to play at home. M also made sure I was ok and looked at ways to help me cope. She passed me on to people who could give me the appropriate advice
- It was a positive experience for P and for us. We felt well supported and it's nice to know that there is help there so that we don't feel so alone. We now feel more empowered to cope with P and her needs
- I hope that you are well and truly recognised for the work that you do. To provide such a dedicated service especially through covid lockdowns is very special. I really hope that everyone who needs it gets access to your service. I really cannot thank you enough
- My son's teacher is reporting a massive improvement in my son's behaviour he's remaining calm, and the teachers described him now as a bright and lovely kid we're all very pleased
- I am so very thankful to you and all the team. You have been an amazing support to me and my family during the lockdown of recent months and especially during the past two weeks when we have been self-isolating.
- I am a single parent with a 12-year-old and a toddler to take care of and I am also 21 weeks pregnant. Being unwell on top has been a challenge, but one that was made manageable thanks to your brilliant team and the wonderful innovation that is Food Club. I have been moved by the kindness and generosity that has been shown to me. This is just my story, and I know you will be making a huge difference to the lives of all the families you support. The service you provide is amazing and deserves to be acknowledged and celebrated
- It was a great group, we felt listened to and the techniques will really help and were well explained. I am more reflective about my own parenting and my own behaviour and how I am a role model to my children. I have much more confidence in my parenting
- A sense of support. No question too silly. Asking other professionals. Helping with day-to-

day problems. I have a friendly familiar person to turn to again if things unravel at home

• I have found the support to be invaluable. Has helped me immensely. Also, XX loved playing with (worker) and the sessions have been such great fun for me and XX. I feel so much more confident with aspects of parenting XX during difficult behaviour.

Provider: Action for Children

Length of Commission: Since 5/1/18. 3 years plus 2.

Service: Bath West Children's Centre Service

#### 305 children supported in Q4 2021/22

#### Key highlights

- Contact notes written after each visit include the voice of the child to record any child's comments or practitioner observations.
- The support given is family led. The views of the child are taken into account and services are developed to meet the needs of the community
- Action for Children have a national Participation and Engagement Officer- Sarah Reynolds who supports the involvement of children and young people.
- The service has recognised that many families have required additional support to attend groups following COVID. Very young children have struggled with being in groups. Group planning reflects the lack of social opportunities young children have had during the Pandemic.

#### Key challenges:

 Children being supported are generally 0-5 and so voice of child is often interpreted through observation

#### Service user quotes:

- "I liked the course because it was safe. It was advice and not telling people what to do, thought I would feel judged but did not at all. It was voluntary contribution and no pressure
- I just wanted to let you know as you were so good with working with us as a family. I always appreciated your support throughout everything.
- Thank you so much for all your help, you really have helped us and changed our lives for the better. We appreciate your support and help and advice
- I just want to say thank you for everything you do for us, and I am truly feeling stronger and in a good place.
- I truly am going to achieve getting to baby groups next year for H and with your help Will do this!
- The staff are always friendly and happy to help if we need an extra pair of hands
- Talking to you and being honest about everything going on I have felt so much better, emotionally you have help because you have made me realise it is not me
- I don't know if I could have handled this if you didn't come into our life's, I really appreciate everything

#### Mental Health Services 16 - 25 Support

Provider: Bath Mind

Length of Commission: Data taken from period 19/01/2022 to 19/07/2022

Service: Wellbeing Service. Greenlinks; The University of Bath

54 Students engaged with gardening sessions

64 students engaged with terrarium making sessions for "Be well week" at the University.

#### Key highlights

- Bright and engaged group. Most are keen to learn and physically able.
- Useful, well-equipped space with indoor area and kitchen.
- Realistic budget set by the University for Purchase of resources.

#### Key Challenges

- Engaging enough students to attend group regularly.
- The weather.
- Small gardening space with limited jobs each week, occupying larger groups can be challenging.
- Maintaining the upkeep of the garden and watering of plants between sessions.
- Maintaining a sustainable service during university holidays.

#### Service user quotes:

"" The garden makes me feel calm and tranquil, I have enjoyed being outdoors and being able to meet new people and learn new things in a relaxed environment" JN

"The garden has always been my favourite place in campus and always brings me happiness. Every week I look forward to coming back to the beautiful flowers we planted ourselves and to harvest the vegetables that are growing vigorously under our love and care. It puts a big smile on me when I see the new flowers blooming and new fruits growing in our garden. I enjoy this rewarding way nature works and enjoy the peace we share with other nature lovers" SY

Provider: Bath Mind

Length of Commission:

Service: Access Community Mental Health

#### No of service users

08/07/22 - Currently actively working with 85 people, of which 17 are (16+).

#### **Key Highlights:**

Access Community Mental Health launched in BANES in end March 2022, supporting people 16+ living in BANES.

Supported 38 people 16+ since launch to 08/07/22.

#### Key Challenges:

Supporting students moving out of area during holiday time and trying to find applicable services local to them.

#### Service user quotes:

Service user (19) stated she was very satisfied with the service as it was effective and very personal, which is refreshing.

Provider: Bath Mind

Length of Commission: Spot Purchase

Service: Community Support Service

#### No of service users actively engaged: Age 18 -25 7 Key highlights

> Supporting one client to start an apprenticeship despite great anxiety.

> Supporting a client who was previously virtually housebound to access the community; this has now increased in frequency to the point where we are looking for independent accommodation for this client. This is amazing life-changing progress.

> Supporting a client to attend and manage the responsibilities of going to university.

> Good multi agency working for many of these clients.

#### Key challenges:

Heightened anxiety due to Covid limiting the decisions made by a couple of clients so they have not felt confident to progress with accessing the community.

#### Service user quote

"It is partly the support with organising, but then also stress management and a chance to talk through the week and come up with solutions. The value I've had from this service- I couldn't recommend it enough. This absolutely is so valuable - it helps me to organise my life. The weekly check in is invaluable. I find it hard to reach out for support so the weekly check in enables me to talk things though and it is extremely useful for organising appointments, things like G.P appointments- I find organising things difficult, so this is incredibly valuable."

**Provider:** Coop Resilience

Length of Commission: 1 year

Service: Safe Space at Bath Mind (16-25's)

Delivery of Mental Health and Wellbeing Support to 16-25's, in the form of a Peer Support Group facilitated by fully trained staff and volunteers, Peer Mentoring and Youth Counselling.

#### No of service users actively engaged:

30 aged 18 -30 (with a reach of 100 plus, from the Bath Mind website, Outreach Work within Youth Connect settings and via Bath Mind attending wellbeing events at Bath College and Bath University

Key highlights **Key highlights**:

#### Safe Space Group

- Weekly Peer Support Group meeting either face to face or across Zoom. The sessions encourage open conversations around MH and wellbeing and are all supported by staff fully trained in MH First Aid.
- Sessional work is delivered into the sessions, including creative theatre, nutrition and building healthy relationships with food and sessions with a videographer.
- Several young people have finished work with CAMHS and attend Safe Space to bridge the gap between CAMHS and Adult MH Services.
- There is good signposting within and beyond Bath Mind, including Counselling, Breathing Space and Peer Mentoring.
- There are a range of attendees with varying MH needs- OCD, ADHD, Autism, anxiety depression, eating disorders. This helps the young people increase their understanding of other people's needs and supports the development of compassion in each person.
- At the group's request, they have now organised two social gatherings (bowling and trampolining, engaging with what they consider to be 'normal' social activities with the support of Bath Mind, giving them confidence to do this unsupported in future
- Group Members have started to meet socially without staff.
- A drama group is due to begin across the summer of 2022, engaging 16-25's in Radstock where we have identified a need for young people to engage in something to improve their sense of wellbeing and purpose

#### Peer Mentoring Scheme

- 6 young people have accessed support from the Safe Space Peer Mentoring Scheme, 4 of these referrals were from CAHMS. The following was achieved:
- Practising interview skills and securing a new job
- One young person has gone from extreme social anxiety, to now being able to attend the face-to-face Safe Space Group and access Breathing Space
- Relaxation techniques to support a young person to manage her ADHD
- Support to a Young Carer to help her develop her passions and create a life for herself outside of her caring role
- Emotional support to a young person who is very isolated from family, who live in India
- Work with a 16-year-old who is out of school due to anxiety, building self-esteem and confidence to engage in the wider Safe Space sessions
- Support to challenge negative thinking and create gratitude lists with clients

#### Youth Counselling

• 5 Young people have engaged in 12 weeks of Youth Counselling funded through this project, and there is a waiting list.

#### Key challenges

The time limited funding presents challenges in terms of growing the service, in particular the Peer Mentoring and Youth Counselling

#### Service user quote

I have only been accessing Bath Mind services since the start of 2022 and can confirm that the multiple different types of services they offer are helpful. I have mainly used safe space, breathing space, and peer mentoring. My main goal was to feel like there is always someone to go to, to help manage my ADHD better by creating a routine, and to try to relax more. All these resources have helped me to do so. When I have time, I would like to look at other services in Bath Mind as there are so many different opportunities that can adapt in the way you need them to What situation brought you to Bath Mind? Seeking an environment where I felt secure discussing my mental health experiences, or alleviating them, at university.

□ What have you hoped to gain? Finding a community where mental health or unity and understanding was not only accepted but encouraged.

What groups/ services have supported you and how? The Bath Mind groups on campus, and

the Safe Space group in specific, have supported me by giving a sense of encouraging consistency in my weekly life, in addition to introducing me to an accepting group of various individuals and experiences.

How things in your life (however small) have changed as a result of accessing these services? As stated, introducing to different or unfamiliar individuals or experiences, as well as maintaining a sense of stability in my personal and social life.

Anything else you wish to say! Bath Mind has consistently been a force of support in my life, and that of personal friends within the group, and I have enjoyed interacting with various members. I have also witnessed the good done to several individuals in their personal lives, self-esteem, and capacity to understand other people, and I can acknowledge and must emphasise the good done by that as a result.

#### LD Support

Provider: Swallow

#### Length of Commission:

Service: Base House/Swallow Youth Group social activities

Personal Budgets

Base house is a training and respite house where people with learning disabilities and come and experience staying away from home. They are supported to practice, improve, and learn independent living skills as well as experience being supported by support workers and to have social interaction with their peers.

#### No of service users actively engaged:

Age	11-18	18-25
-		5 attend Base House

#### Key Highlights

• Young people at both groups are making real progress

#### Key challenges

Funding - Our Youth Group funding has now ended with Children In Need. SWALLOW are now funding this activity out of our dwindling reserves- if funding is not found by Christmas this group will reluctantly end.

Referrals and funding agreements from social workers for Base House can be so slow and sometimes inappropriate for the level of support that we are able to offer.

• Recruiting new staff if proving *extremely* challenging (SWALLOW have never previously had issues with recruitment or retention – this this is now a real issue! – a crisis)

#### Service user quotes:

"I really do not want to stop attending Base House – I've loved it from the beginning."

Parent carer stated – the Base House is a credit to your amazing team – the only reason she is stopping attending is because BANE'S can't fund the STEPS programme and SWALLOW.

#### Section B

Capturing 'Voice of the Child' within Social Care. 2021-2022

#### Key Highlights

#### Care Outcomes

• Ongoing support and recruitment of Young Ambassador's.

- Young Ambassadors involvement in the CSC participation strategy, led by Leigh Zywek and including adult service users.
- To have clear guidance for staff and partner agencies on the language we use
- To further develop a Care Experienced Council
- To increase participation in the junior/senior in care councils
- Young Ambassadors to re-design our Pledge and Local Offer
- Social Care are facilitating a group called Building Bridges; this group is comprised of families that have had previous social work involvement. They are now working with Social Care to provide advice on what works most effectively when Social Care are working with families. They will eventually receive training with a view to becoming advocates for families involved with Social Care.
- To have a social media platform to aid communication with young people
- To have a Pathway Plan form and process that is tailored to the YP's needs.
- To contribute to the Corporate Parenting Group Meeting.
- To ensure information is accessible for children and young people who have different communication needs who are open to social care.
- To have a resource available for young people explaining the safeguarding and court process
- To inspect specific areas of the service from a YP perspective
- Links with FPT to explore consultation and participation opportunities with foster carers

#### Independent Reviewing Officer - IRO's

- The service continues to provide information to parents and carers about what they can
  expect when attending a child protection conference. Independent Chairs contact parents /
  carers ahead of conferences to ensure they feel prepared and have an opportunity to share
  their wishes and feelings and those of their children.
- Off the Record are notified of every child aged 11+ who is going to be discussed at an initial child protection conference so that advocacy can be offered. Independent Chairs and Advocates work together to ensure the child's voice is heard within the conference. The virtual delivery of child protection conferences means that for some children they have been able to attend part of their conference supported by their advocate.
- The Service is working with Off the Record to consider how we might be able to improve children's attendance and participation in conferences, as well as obtaining their feedback once they have attended a conference.
- A steering group has been reinstated with Off The Record, Children's Social Care and the Safeguarding Quality Assurance Service to consider issues related to advocacy for children subject to a child protection plan and child in care. The steering group will allow exploration of

children receiving advocacy, help identify reasons advocacy is not in place for children and allow promotion of advocacy across all three service areas. In turn it is hoped this will allow for good quality advocacy for all children involved in services.

- Children in care continue to be allocated an IRO within five days of the service being notified
  of them coming into care. Their allocated IRO will send them a personalised letter which
  introduces themselves, include a photo and provide information about what the role of an
  IRO is and what a child can expect in terms of their child in care review. Children are
  provided with their IRO's name, telephone, mobile and email address and encouraged to
  contact their IRO should they wish to.
- IRO's will offer to see children ahead of their review and arrange for this visit to be in line with the child's wishes and feelings. Some children requesting they go for a walk with their IRO to talk, have a hot drink away from their home, speak via video call or text message. IRO's seek to establish a good rapport/relationship with all the children they are allocated to. Child in care reviews and visits have in the majority since January 2022 returned to in person.
- In the recent Ofsted inspection (March 2022) inspectors deemed IRO's to know children's circumstances well and the oversight of a child's IRO was seen clearly recorded in the child's record.
- A child's review continues to be written directly to the child, with them in mind, with IRO's using language the child will understand. Not all review records will be shared directly with the child, for some children this isn't deemed appropriate in such instances IRO's will send a summary letter of what was discussed, highlighting a child's likes, achievements and their wishes and feelings. The Ofsted inspection deemed the outcome of a child's review to be sensitively written to children, capturing their opinions and these records are used to inform the child's care plan.
- The IRO service are keen to learn from those with lived experience, a care leaver has attended a team meeting to talk about their experiences as a child in care and the input of the IRO. This allowed IRO's to reflect on how they could further improve their input with children in care.
- The appointment of a new Young Ambassador within Children's Social Care is welcome by the IRO's and Independent Chairs, discussions are taking place as to how the lived experience of Young Ambassadors can help shape service delivery.
- The IRO service with input from the In Care Council produced recommendations in 2020 as to an information pack that should be made available to all children in care, the content of the information pack has been designed with input from the In Care Council and the Young Ambassadors. The information pack has now been approved and there is practice guidance in place setting out what information should be provided to children in care and when,

unfortunately children are not receiving this information from their social worker and this is an area for improvement. The IRO service will be considering the provision of the information pack to children as part of their review and making this part of recommendations where not provided.

#### **Key Challenges**

#### **Care Outcomes**

- Capacity and needs of Young Ambassadors training is needed in some areas
- Prioritisation of work plan
- Funding for events
- To hold an In-Care Celebration even

#### Safeguarding and Quality Assurance Service

- Obtaining feedback from children, their parents and carers remains an area of focus for the service. Feedback systems have been introduced within the child protection service, but a feedback strategy needs to be developed for the IRO service.
- The Safeguarding and Quality Assurance Service is keen to strengthen its links with the In Care Council and hear directly from children in care as to the issues they feel should be areas of priority for the IRO service.
- The Safeguarding and Quality Assurance Service will be looking at the templates used across the service to see how these can be improved to become more accessible to children and their families.
- Input from those with lived experience is needed and consideration to be given as to how this can be achieved.

Report: July 2022

Author: Sarah McCluskey

Signed off CYP Sub Committee Sept 2022

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Bath & North East Somerset Council



#### SEND Participation of Young People - April 2021 - March 2022

This table captures the range 'Participation' that is undertaken with children and young people in schools and colleges, (mainly around their EHC Plans).

In B&NES there is no single group that has a focus on yp with SEND. When we need to consult with yp with SEND we will go to the schools councils of our two local Special Schools, or ask SENCO's to support with consultations as part of EHCP reviews. We also have a small group of young people who are part of our SEND Partnership Service who are currently working with their peers in Bournemouth Christchurch and Poole as part of an IASS funded programme. Many of our commissioned services have users groups who we also work with on consultations and which are run as fully inclusive groups.

SEND Participation 0 -14	<u>Responsibility/Delivery</u>	<u>Impact</u>
'Voice of the Child' is the thread through EHC Plan	Schools/SEND Practitioners/Advice Givers. LA required to offer children and young people (and parents/carers) impartial information, advice and support – SEND Partnership Service (SPS)*. <u>wwwspsbathnes.org.uk</u> Information available on Local Offer via Rainbow Resource website.* <u>https://www.rainbowresource.org.uk/</u> <u>https://www.rainbowresource.org.uk/pages/11-14-years/education- health-and-care-plans</u>	The plan is person centred and relative to the individual child or young person that it is written for. Ensures that the plan is "their" document. Children and young people are offered impartial information and advice relating to their education, health and social

ership Service offers impartial, information, advice and is and carers, children and young people with SEND to be to be heard during the needs assessment process a plan is issued, the voice of the child or young person and running through the plan	
is not achieving milestones as well as his/her peers s (Black Families Education & Support) provides ce and Advocacy to BAME families where risk of	Even without an EHCP the child or young person will be entitled to receive impartial information, advice and support to navigate through the SEND agenda or exclusion process. This gives them
t	th a family when a family first has concerns that a child is not achieving milestones as well as his/her peers s (Black Families Education & Support) provides ce and Advocacy to BAME families where risk of IAS regarding exclusions. .org.uk

	https://www.rainbowresource.org.uk/pages/11-14-years/information- advice-and-support	The Local Offer offers information to cyp, parents and carers. Each school needs to publish a SEN Information Report so that families and young people know what they can expect. The Graduated Approach (link below) outlines how early years settings, schools and post-16 providers support children and young people who have Special Educational Needs and Disabilities.
Meaningful outcomes are identified, and the child's aspirations are practical and realistic.	Schools/SEND Practitioners/Advice Givers. LA required to offer children and young people and their parents/carers impartial information, advice and support – available from SPS. (& Education Equals for BAME) Training and support has been provided to special schools by the Specialist PFA practitioners around outcomes and PFA. This is now being rolled out to resource bases.	Outcomes will be achievable and led by the children and young people. This makes the EHP a more relevant document. Concerns have been raised in the QA group that the Outcomes still need more work – this is a training need for Advice Givers and is in hand. May 22 – as a result of the identification that further training is needed the SEND Manager has been training the teams of relevant professionals to improve the

		quality of the advice received.
1-1 meeting with young person at the start of their Needs Assessment or review of EHC. There is also a booklet that is given to the child 0-14 which parents or the school can support the child to complete.	SEND Practitioners. LA required to offer children and young people and their parents/carers impartial information, advice and support – SPS offer this. wwwspsbathnes.org.uk Off the Record offer support to review of EHCP in year 11	Training is also offered through annual joint Health and SEND Conferences the next one is to be arranged The QA Group is also attended by relevant leads from advice provider agencies and the findings are fed back to the individual teams by those attending the group. Families and young people are contacted either in person or virtually by the SEND Practitioner who is their main point of contact regarding the SEN process. The Needs Assessment process explained in a person-centred way. It is good to put a "face to a name". SPS Impartial information and advice enables the family to be confident in their statutory rights.
		This meeting has been affected by the staffing capacity in the team and therefore is offered as a meeting or phone call and is not always taken up by parents. This will continue to be monitored.
Before each Annual Review child will complete their one-	Schools. Resources and LA required to offer impartial information available to support through SPS.	To ensure that the plans are "living documents" ensuring that the
page profile including their own views. The 'My Future,	https://www.rainbowresource.org.uk/pages/11-14-years/education-	child/young person's voice is at the centre of the plan.
My Choice document is also	health-and-care-plans	The vocational profile has

SEND Participation 14-25	<u>Responsibility/Delivery</u>	<u>Impact</u>
Schools are clear that voice of child can be captured in any way e.g. PPT. – Guidance is sent to schools giving the range of methods that can be used	Schools/SEND Practitioners/SEND team. Digital resources available via Local Offer – Rainbow Resource and SPS web pages <u>www.spsbathnes.org.uk</u> <u>https://www.rainbowresource.org.uk/pages/14-25-years/employment-</u> <u>education-and-training</u>	Making the whole process child/young person centred ensuring that their "voice" is heard in the best way for that individual.
Meetings are person centred – Guidance is issued for Schools and Staff/SEND Practitioners have completed training – SENCO Conference 2021	Schools/SEND Practitioners/SEND team. Impartial information and support available from SPS LA required to offer children and young people and their parents/carers impartial information, advice and support available from SEND Partnership Service (SPS). www/spsbathnes.org.uk	As above.
completed for the Annual Review to capture the Voice of the Child up to the age of 14. For 14+ a vocational profile is used to capture the Voice of the Young Person, including their aspirations and a mapping of future education and career options.		supported in the identification of meaningful work experience relevant to young people's aspirations. Good progress with this but a review now needs to take place of the careers offer and a review of implementation of the Gatsby benchmarks. This has not been completed due to COVID and staff capacity but will need to be looked at in relation to the SEND Review as forms part of the green paper

The Transitions Panel aims to identify young people who may be eligible for Adult Social care from the ages of 14-18 and to ensure smooth transition into adulthood. Transition has been looked at under the council transformation programme. The outcome from the consultancy work is to look at forming a virtual team to ensure a better process that is seamless for the families and young people involved	Chaired by Adult Social Care Jon P Quarterly Meetings LA required to offer impartial information and support available from SPS LA required to offer children and young people and their parents/carers impartial information, advice and support available from SEND Partnership Service (SPS). www/spsbathnes.org.uk	Ensure care package is in place to support the individual. Referrals through the transitions panel for young people have increased as a result of the distribution of materials at annual review meetings and active promotion of this process by the practitioners. This has meant that Adult Social Care are aware of young people requiring a package of support from an early stage and young people are not experiencing gaps in service.
Consulting with Young people about the EHCP process.pdf This report gives the views and opinions of children and young people who have undergone the Education, Health and Care plan (EHC plan) process	Strategic Commissioning Officer – Short Breaks	
We now have specific practitioners linked to our Special Schools raising participation, Local First, and increasing understanding of the LA role. This has been extended to supporting reviews at the	Special Schools SEND Practitioners. LA required to offer children and young people and their parents/carers impartial information, advice and support available from SEND Partnership Service (SPS). www/spsbathnes.org.uk	Child/young person and family feel fully involved in the review of their plans. The meeting is run in a person centred way based on what the child/young person request as the SEND Practitioner can work closely with each family.

Wellow Centre, Bath College, the HITZ program and Learning for Work students		The special school Practitioners have increased young people's participation and involvement in decision making through the use of person-centred planning by 70% since 2016 across the special school settings.
		Parental engagement and participation in transition planning has also increased as a result of the Special school Practitioner involvement in the review process. Based on a recent parent questionnaire, it was evident that parents have valued having a named Practitioner and more importantly a relationship with this person allowing problems to be discussed in calm and more focussed way. They also valued the opportunity to discuss the Preparing for Adulthood agenda at a time when they were finding it difficult to manage the emotions and practicalities around their children becoming adults.
'My Future, My Choice' Booklet has been updated following consultation with young people and Off the Record. My further my choice used	Preparing for Adulthood Coordinator and service user feedback. Local Offer and LA required to offer impartial information and support available from SPS <u>https://www.rainbowresource.org.uk/documents/769-my-future-my- choice.pdf</u>	Ensuring that there is only one booklet for all which the child/young person can become familiar with up to the age of 14. The Vocational Profile provides a better way to look at the future aspirations for young people.

for younger children and vocational profile now being used for year 9 and above	https://www.rainbowresource.org.uk/pages/14-25-years/employment- education-and-training LA required to offer children and young people and their parents/carers impartial information, advice and support available from SEND Partnership Service (SPS). www/spsbathnes.org.uk	
Work stream ongoing around Employment Networks and securing work opportunities for young people with SEND	Preparing for Adulthood coordinators LA required to offer impartial information and support available from SPS Post 16 options information: <u>https://www.rainbowresource.org.uk/pages/14-25-years/employment-education-and-training</u>	Employment navigators under 'We Work for Everyone programme.' One in the SEN Team and 1 in ASC. Funding secured to improve Information advice and guidance in special schools from September. This will include reviewing the vocational profile and ensuring a robust careers offer is in place under the career's strategy.
Updated leaflets are available for each of the Pathways, Local First and the Transitions. Transitions working group- A draft transition policy has also been created and a consultation will take place around this in the near future. This will be available in easy read.	Leaflets are distributed by the special school SEND practitioners at Annual Reviews. LA required to offer children and young people and their parents/carers impartial information, advice and support available from SEND Partnership Service (SPS). www/spsbathnes.org.uk Information available on Local Offer via Rainbow Resource https://www.rainbowresource.org.uk/documents/1423-your-pathway- 2021.pdf https://www.rainbowresource.org.uk/documents/1440-b-nes-local-first-	Young people attending a special school in BANES receive an information pack with this information from year 9 as part of their annual review.

	information-leaflet.pdf	
Expectation from school staff that they will support young person to complete 'My Future, My Choice' booklet and the Vocational Profile. Also, Off the Record and SEND practitioners support with this.	Schools/SEND Practitioners LA required to offer children and young people and their parents/carers impartial information, advice and support – SEND Partnership Service (SPS). Information available on Local Offer via Rainbow Resource. https://www.rainbowresource.org.uk/pages/14-25-years/employment- education-and-training	Full completion of this document will ensure that the Pathways for adulthood are fully covered from an early age and will feed through to the fruition of the child/young person's aspirations for their future. The introduction of the Vocational Profile ensures that future careers/education and aspirations are considered fully for young people. Preparing for adulthood outcomes are now included in all EHC plans for young people year 9 and above in a specialist setting. This has enabled clear pathways to adulthood to be identified early with joint planning taking place between children's and adult services
Impartial Information, Advice and Support SEND provided by the SPS. Advocacy is provided specifically for Year 11's by OTR.	LA required to offer children and young people impartial information, advice and support (and their parents/carers) Agreed SLA in place with LA and ICB <u>www.spsbathnes.org.uk</u> <u>https://www.rainbowresource.org.uk/pages/14-25-years/information- advice-and-support</u>	All children, young people and their parents/carers have access to impartial and confidential information, advice and support when they need it. The information, advice and support is based on legislation and guidance. Any family can access SPS when they first suspect their child or young person is falling short of

		their education milestones compared to their peers
Bath College/ Somer Valley Campus demonstrate very supportive approach to students who are remaining in local provision since the opening of Wellow House, SEND Centre at Somer Valley, vocational for complex needs and PMLD. Work is in progress to build a residential element to the SEND Centre to increase the offer of working towards supported or independent living Joint working between Youth Connect South West (YCSW) and the College on the Learning for Work Programme and the Partnership for Learning to support disaffected young people into further education, employment or training.	Bath/Somer Valley colleges and a range of accessible resources for children and young people The SEND Centre offers employment preparation, step up onto internships and level 1 courses. Resources include a sensory room, a higher staff ratio, quiet space, focus on PFA pathways and a range of specialist course options for pre entry and entry 1,2 and 3 level. These can progress to supported internships.	Placements in the FE Independent special sector remain low due to the college offer.
Project Search 16+ -Two of these are now running Learning for Work Programme for potential NEET and Hard to engage Young People.	<ul> <li>Project Search team:</li> <li>Bath College in conjunction with the Bath and North East Somerset Council</li> <li>Fosse Way School in conjunction with RUH</li> <li>Learning for Work programme facilitated by Bath College and Youth Connect.</li> </ul>	Learning for Work programme has significantly reduced NEET young people. Young people have reintegrated back into training, some have gone into employment. They have been provided with the necessary tools to access

Residential facility in conjunction with the Wellow	https://www.rainbowresource.org.uk/organisations/26945-project-search?term=project+search         SEN Team are working with Bath College to facilitate this.	employment. Engagement from this population has significantly improved leading to improved outcomes and higher skills sets. From project search 85%of young people progress into employment. Still a work in progress
House Short breaks 14 -19 Provision to develop Independent Skills in residential setting at Beaumonds	Action for Children ( Commissioned Service) <u>https://www.rainbowresource.org.uk/pages/14-25-years/health/sen-support/bath-and-north-east-somerset-universal-and-sen-support-graduated-approach-draft/educational-psychology-service/independence-and-housing/short-breaks-for-disabled-children</u>	May 22 - This service is no longer available. AFC were unable to deliver, so we removed it from the contract. (Dee Chaddha)
	SEND focus groups:	
SEND Strategy Group	Chris Wilford (Co-Chair), Sharren Pells (Co-Chair), Rosemary Collard, Rebecca Claridge Ali Woodiwiss, Sally Beckley, Chris Jorgensen if required or Jackie Fielder as chair of SPS Advisory Service , Sally Churchyard, -, Jo Stoaling, Megan Moore, Melanie Hodgson, Fiona Moody,Clare Galloway, , ,Emily Graham, Jacqui Buffton, Olwyn Donnelly, Louise Murray, Phil Walters Sally Eaton, Suzanne Westhead, Jane De Ste Croix and Rachael Ward	Aim of this group is to provide strategic oversight and bring stakeholders together quarterly across Education, Health and Social Care in relation to SEND, ensuring that the aims and objectives of the SEND strategy are being met
SEND Strategy Operations Group	Rosemary Collard (Chair), Rebecca Claridge, Sally Beckley, Olwyn Donnelly, Rosie Cullis, Jane De Ste Croix, Chris Jorgensen, Megan Moore, Emily Graham, Claire Galloway.	Aim of this group is to action projects and processes allocated from the Strategy Group.

Bath Parent Carer Forum Meets quarterly feeds into the SEND Strategy Group and various other meetings	Dee Chaddha- Commissioning Officer Clare Abrahams – Carers Centre Rosemary Collard – Head of Education Inclusion Service Becky Belben – Chair BPCF Rachael Hale – Vice Chair BPCF Molly Breese - Coordinator	May 22 - Regular meetings take place with Dee Chaddha- Commissioning Officer Claire Abrahams-Carers Centre Chair/Vice Chair of BPCF Rosemary Collard – Head of Education Inclusion Christine Jorgenson -Manager Service Manager SPS
QAS Group – to Quality Assurance the EHC Plans Meets termly Recently developed an Audit Tool /Dashboard Also feeds into the SEND Strategy Group	Rosie Cullis Julie Knight Gaynor Griffin Jane de St Croix Sally Eaton Sally Beckley Becky Lewis - SENCO Norton Hill Clare Jones OTR Nick Fortt Joao Roe- Sensory Support Service Emily Graham- OT and Physio service Stuart Cook- SALT A representative from Children's Social Care and Adult Social Care	Better quality EHCP's
West of England Group Aim of the group is to share information and good practice from across the SW region.	Representatives from South West LA's Representatives from SW FE Colleges Representative from NATSPEC	Good information sharing and pooling across the region. This helps to inform future courses, ways to employment, (e.g. apprenticeships, internships and traineeships). The colleges and LA's can work together to provide a good cross section of course availability and access.
SEND Partnership Service Advisory Group	Representatives from Education, Health, Social Care, LA and CCG,	Holds SPS to account and ensures that SPS is compliant with

	Minimum Standards (2018) for SENDIASS delivery as endorsed by DfE

Updated July 2022

Page 200

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**NHS** Bath and North East Somerset, Swindon and Wiltshire

Integrated Care Board

#### Report on Education Inclusion Service for HWBB

The SEN Strategy is focusing on increasing provision within the local area for children and young people with SEND. This has a major impact on various areas within the LA and is proven to be of major benefit for the children, young people and their families.

Areas this impacts:

- Improve life and educational outcomes for children and young people with SEND by providing excellent quality provision within the local area
- Improving the social aspects for the children and young people by supporting them to be part of their local community
- Enabling young people to access employment and training opportunities offered within BANES for example Project Search, Learning for Work and Partnership 4 Learning all BANES driven opportunities to aid young people to transfer into employment.
- Reduce the costs of the placements in expensive out of county independent special schools therefore easing the pressure on the High Needs budget
- Reducing the costs and the carbon footprint in relation to transport.

Since the SEN reforms in 2014 the number of Education, Care and Health plans (EHCPs) within BANES has more than doubled with the figure now standing at 1842 and still increasing. The number of requests for Needs Assessments has also increased in 2021 there were 405 requests as compared to 293 in 2020. As of August 2022 there have been 335 requests this year.

This data shows the pressure in the system. There is pressure on the teams involved not only the SEN Team but all the other agencies that feed into the assessment process e.g. Educational Psychologists, Social Care, OT & Physio, Speech & Language and the newly formed SASS (Specialist Autism Support Service).

Linking into the above these figures also highlight the pressures on the educational settings within BANES. Both generic special schools are full for 2022 and 2023, Aspire Academy for Social Emotional and Mental Health young people has expanded numbers and is increasing to a total of 120 places within the academic year 2022/23 but for September 2022 is also full. The lack of spaces in the B&NES special schools puts pressure on the mainstream sector and leads to increased placements in the independent sector (See below for future plans in relation to sufficiency of places linked to the SEND Strategy). With the increase in mental health difficulties following the pandemic and with the increased pressure on schools there is also a chance that there will be more exclusions due to poor behaviour and schools struggling to manage. However BANES is committed to working with schools to reduce exclusions.

**NHS** Bath and North East Somerset, Swindon and Wiltshire Integrated Care Board

#### Improving Outcomes for Children and Young People with SEND

We continue to support excellence in SEND teaching and practice and ensure key local and national priorities are communicated via our SENCO conferences. BANES is also working closely with schools to embed the Graduated Approach (GA) (Assess, Plan, Do, Review) this should be a whole school approach and if adopted can lead to a reduction in the requests for EHCPs. The work around this sits under the Head of Education Commissioning, Olwyn Donnelly. The start of this is to employ an ex special school Headteacher to carry out an audit of the use of the GA in B&NES Schools to underpin further work in supporting schools to adopt this approach and to ensure that going forward the offer at SEN Support is robust. The intention is to improve school and parental confidence at this stage to reduce the number of requests received for needs assessment and thereby the number of EHCPs.

In addition it is vital that the B&NES Early Years offer is robust and sustainable. The contract for the specialist nursery provision will be out for re-tender between September and December 2022. This will include the nursery provision together with training for staff and some outreach support. Also included is the need for new premises for this nursery which will then free-up 20 much needed places within Three Ways School.

#### Employment and Training Opportunities

The offer from Youth Connect South West has expanded to accommodate the need in the local area. The Learning for Work programme continue to support young people who find accessing formal education a challenge, this is run in conjunction with Bath college. This is for young people who would like to gain skills and experience for work but find formal education a challenge. Partnership 4 Learning is also run in conjunction with Bath College and supports young people who require a more flexible personalised learning offer and are socially isolated with high levels of anxiety/mental health.

WECA supported initiatives in relation to careers advice and support are also run in the special schools, Alternative provision and with YCSW. This is now going to be widened to the mainstream arena focussing particularly on young people with SEN.

#### Sufficiency of Places/Reduction of out of count placements and transport

Within the next couple of years BANES will need to consider investment in more special school type places and one way of doing this is to work with MATS to set up resource bases attached to mainstream schools. At present BANES has 5 bases and we are working on increasing this. It is imperative that these bases provide a full and excellent curriculum and education for those attending.

## **NHS** Bath and North East Somerset, Swindon and Wiltshire

#### **Integrated Care Board**

This piece of work now sits with the new Head of Education Inclusion (Capital & Strategy) post held from September by Rosemary Collard. To date there has been interest in opening a potential of 9 new bases across B&NES, 6 in Primary and 3 in Secondary. In addition B&NES is working with Premier Advisory Group to put in a bid to the DfE for a new free special school.

**Rosemary Collard - Head of Education Inclusion Service** 26<sup>th</sup> August 2022 This page is intentionally left blank

Bath & North	<b>East Somerset</b>	Council
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MEETING/ DECISION MAKER:	Health and Wellbeing Board					
MEETING DATE:	Tuesday 27 September 2022					
TITLE:	Bath & North East Somerset Health Protection Board Report 2019-22					
WARD:	All					
AN OPEN PUBLIC ITEM						
List of attachments to this report:						
Appendix 1a: B&NES Health Protection Board Annual Report 2019-22						
Appendix 1b: Health Protection Board Risk Log						
Appendix 1c: B&NES Living Safely & Fairly with Covid-19 Plan 2022-2024						

#### 1 THE ISSUE

In April 2013 the Health and Social Care Regulations changed the statutory responsibility for health protection arrangements. All Councils acquired new responsibilities with regard to protecting the health of their population. Specifically, the Director of Public Health (DPH), on behalf of the local authority, has to assure themself that relevant organisations have appropriate plans in place to protect the population against a range of threats and hazards and to ensure that necessary action is being taken. B&NES Health Protection Board was established in November 2013 to help the DPH to fulfil this role.

This annual report documents the progress made by the Health Protection Board on the priorities and recommendations made in the 2018-19 report, highlights the key areas of work that has taken place in 2019-22, and identifies priorities for the next 12 months.

#### 2 **RECOMMENDATION**

The B&NES Health & Wellbeing Board notes this annual report and supports the following recommended priorities for the Health Protection Board in 2022-23:

- 1. Assurance: continue to monitor performance of specialist areas, identify risks, ensure mitigation is in place and escalate as necessary
- 2. Continue to actively participate in the prevention, preparedness and management of outbreaks and incidents with partner agencies to slow down and prevent the spread of communicable disease and manage environmental hazards
- 3. Continue to ensure that the public are informed about emerging threats to health
- 4. Support the development and implementation of clean air projects and plans in B&NES
- Ensure the delivery of the B&NES Living Safely and Fairly with Covid-19 Plan 2022-24, and associated actions, and informed by the evaluation of key interventions
- Support the development of an Infection, Prevention & Control (IP&C) Strategy across the Integrated Care System, and further embed IP&C prevention across settings
- 7. Improve the uptake of flu, pneumococcal, covid and childhood vaccinations in identified eligible groups
- 8. Continue to reduce health inequalities, including in cancer screening programmes and particularly bowel screening and cervical screening

#### 3 THE REPORT

The full report is contained in Appendix 1a.

These priorities have been agreed by the Board as key issues to be addressed in order for the DPH, on behalf of the local authority, to be further assured that suitable arrangements are in place in B&NES to protect the health of the population. The Health Protection Board is committed to improving all work streams.

The process of reaching the recommended priorities has been informed through monitoring key performance indicators, maintaining a risk log, use of local and national intelligence, and learning from debriefs of outbreaks and incidents. They are also informed by Local Health Resilience Partnership & Local Resilience Forum work plans, which are based on Community Risk Registers. The recommended priorities also align with the UK Health Security Agency's and B&NES, Swindon and Wiltshire Integrated Care Board priorities. The recommendations contribute to the delivery of the B&NES Council Corporate Strategy 2020-2024 by including priorities that help to tackle the climate and ecological emergency, and which focus on prevention.

#### 4 STATUTORY CONSIDERATIONS

This is a statutory role of the Director of Public Health acting on behalf of the Secretary of State. A number of the priorities will help to address health inequalities, particularly the focus on screening and immunisation programmes.

Improving air quality in B&NES will directly impact health, inequalities, sustainability and the natural environment.

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

5.1 None. The delivery of priorities will be subject to available existing resources.

#### 6 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.

#### Risks relating to proposed recommendation(s)

No significant risks identified

#### Risks of not taking proposed recommendation(s)

The risks of not approving the proposed recommendations are that the Health Protection Board will lack approval of the Health and Wellbeing Board for its actions delivered during 2019/20 and for its proposed priorities in 2022/23.

Without the approval of the Health and Wellbeing Board the direction and forward planning of the Health Protection Board will have to be reoriented.

#### Actions to manage risks of not taking proposed recommendation(s)

Further discussions with the Health and Wellbeing Board around proposed direction and priorities for 2022/23.

#### 7 EQUALITIES

As this paper is an annual report reviewing the work of the Health Protection Board an Equalities Impact Assessment was not considered to be necessary.

#### 8 CLIMATE CHANGE

8.1 Recommendation 3. Continue to ensure that the public are informed about emerging threats to health and recommendation 4. Support the development and implementation of clean air projects and plans in B&NES - contribute to improving the climate and help to achieve carbon neutrality by 2030.

#### 9 OTHER OPTIONS CONSIDERED

#### 9.1 None

#### **10 CONSULTATION**

This report has been reviewed and cleared by the S151 Officer and Monitoring Officer, and reviewed and approved by the Director of Public Health and Prevention & Consultant in Public Health, Health Protection Lead ahead of submission to the Health and Wellbeing Board

Contact person	Anna Brett, Health Protection Manager, Public Health & Prevention Team. anna brett@bathnes.gov.uk / 01225 394069						
Background papers	N/a						
Please contact the report author if you need to access this report in an alternative format							

# BATH AND NORTH EAST SOMERSET HEALTH PROTECTION BOARD REPORT 2019-22

## **Specialist Health Protection Areas:**

#### Healthcare Associated Infection (HCAI)

Key Performance Indicators: MRSA, *C. difficile* & *E. coli* bacteraemia

#### Communicable Disease Control & Environmental Hazards

Key Performance Indicators: Private Water Supplies & Air Quality Management

#### Health Emergency Planning

Key Performance Indicators: Civil Contingencies Act requirements

#### Sexual Health

Key Performance Indicators: HIV & under 18 conceptions

#### Substance Use

Key Performance Indicators: Hep B vaccination, Hep C testing, Opiates & Non-Opiates, Alcohol & Release from prison

#### **Screening & Immunisation**

Key Performance Indicators: National screening programmes & uptake of universal immunisation programmes

## Contents

1	Ex	ecut	ive summary4
	1.1	Pur	pose of the report4
	1.2 beyoi	Pro nd	gress on the 2018-19 priorities that were implemented in 2019-20 and 4
	1.3	Pric	orities for 2022-235
2	Int	rodu	ıction6
	2.1	.1	Priorities identified for 2022-2023 – Priority 1
	2.2	Res	sources to support past and future HPB priorities7
3	Co	mm	unicable disease & environmental hazards8
	3.1	Cor	nmunicable disease8
	3.1	.1	Confirmed or probable cases of infectious disease during 2019-22 8
	3.1	.2	Covid-19 Situations9
	3.1	.3	Priorities identified for 2022-2023 – Priority 2 & 3 11
	3.2	Env	vironmental hazards
	3.2	.1	Air Quality Management Areas
	3.2	.2	Bath Air Quality Action Plan13
	3.2	.3	Keynsham and Saltford Air Quality Action Plans13
	3.2	.4	Temple Cloud and Farrington Gurney Air Quality Management Areas. 14
	3.2	.5	Priorities identified for 2022-2023 – Priority 4 14
4	Th 15	e Co	ovid-19 pandemic, health emergency planning resilience & response
	4.1	Add	Iressing emergency planning risks15
	4.2 2022	Cov -24 .	vid-19 Pandemic and B&NES Living Safely and Fairly with Covid-19 Plan
	4.2	.1	Priorities identified for 2022-2023 – Priority 5 16
5			care associated infection (HCAI) & reducing antimicrobial
re			(AMR)17
	5.1		SA bacteraemia blood stream infections (BSI) 17
	5.2		stridium difficile infection
	5.3		coli Bactereamia
	5.4		ducing HCAI's
	5.4		Priorities identified for 2022-2023 – Priority 6
6	Se	xual	health

	6.1	S	exual health action plan & key performance indicators	21
	6.2	А	chievements during 2019/20 to 2021/22	22
	6.3	С	hallenges during 2019/20 to 2021/22	23
7	S	Subs	tance Use (Drug & Alcohol)	24
	7.1	Α	ccess to services	. 25
	7.2	0	utcomes for clients	25
	7.3	В	lood Borne Viruses	. 26
8	S	cre	ening & immunisations	28
	8.1	В	&NES Immunisation Group	28
	8.2	S	easonal flu vaccination programme	29
	8	.2.1	Vaccination of eligible groups	29
	8	.2.2	Winter Advertisements Vaccination Campaign	29
	8.2.3 B&		B&NES Population Vaccination Coverage	30
	8	.2.4	Flu Vaccination Programme 2022-23	32
	8	.2.5	Priorities identified for 2022-2023 – Priority 7	32
	8.3	R	educing health inequalities in screening & immunisation programmes	33
			Bowel Cancer Screening Programme in B&NES - Social Marketing Plan	
	8.4	С	ovid-19 Vaccinations	34
	8	.4.1	Covid-19 vaccinations for the boating community	34
	8	.4.2	Priorities identified for 2022-2023 – Priority 8	35
9	R	leco	mmendations	36
	9.1	R	ecommended priorities:	36
10	) A	ppe	endices	37

## **1** Executive summary

#### **1.1 Purpose of the report**

This report documents the progress made by the Health Protection Board during 2019-20, 2020-21 and 2021-22 and highlights the key performance indicators, risks, challenges and priorities for the next 12 months in each specialist area. The last Health Protection Board Report was written in 2018-19 prior to the Covid-19 pandemic.

## 1.2 Progress on the 2018-19 priorities that were implemented in 2019-20 and beyond

In the last Health Protection Board report 2018-19, the Board committed to improving all work streams and identified six priorities to be addressed in order for the Director of Public Health (DPH), on behalf of the local authority, to be further assured that suitable arrangements are in place in B&NES to protect the health of the population.

The progress made on each priority has been RAG rated below and more detail of the progress made with each priority is detailed within the report.

No.	Priority	RAG Rating
1	Assurance: continue to monitor the performance of specialist areas, identify risks, ensure mitigation is in place and escalate as necessary	Green
2	Continue to actively participate in the prevention, preparedness and management of outbreaks and incidents with partner agencies to slow down and prevent the spread of communicable disease and manage environmental hazards	Green
3	Continue to ensure that the public are informed about emerging threats to health	Green
4	Support the development and implementation of all the Air Quality Action Plans in B&NES	Green
5	Improve the uptake of flu vaccinations in identified eligible groups, and maintain high rates of childhood vaccinations	Amber
6	Continue to reduce health inequalities in bowel screening	Amber

### 1.3 Priorities for 2022-23

The Health Protection Board remains committed to improving all work streams within available resources. The following eight priorities have been agreed for 2022-23 by the Board as key issues to be addressed in order for the DPH, on behalf of the local authority, to be further assured that suitable arrangements are in place in B&NES to protect the health of the population.

No.	Priority
1	Assurance: continue to monitor the performance of specialist areas, identify risks, ensure mitigation is in place and escalate as necessary
2	Continue to actively participate in the prevention, preparedness and management of outbreaks and incidents with partner agencies to slow down and prevent the spread of communicable disease and manage environmental hazards
3	Continue to ensure that the public and partner organisations are informed about emerging threats to health
4	Support the development and implementation of clean air projects and plans in B&NES
5	Ensure the delivery of the B&NES Living Safely and Fairly with Covid- 19 Plan 2022-24, and associated actions, and informed by the evaluation of key interventions
6	Support the development of an Infection, Prevention & Control Strategy across the Integrated Care System, and further embed Infection Prevention & Control (IP&C) prevention across settings
7	Improve the uptake of flu, pneumococcal, covid and childhood vaccinations in identified eligible groups
8	Continue to reduce health inequalities, including in cancer screening programmes and particularly bowel screening and cervical screening

## 2 Introduction

The Health Protection Board was established in November 2013 to enable the Director of Public Health to be assured on behalf of the local authority that relevant organisations have appropriate plans in place to protect the population against a range of threats and hazards and to ensure that necessary action is being taken.

Throughout 2019-20 the Board continued to provide a forum for professional discussion of health protection plans, performance, risks and opportunities for joint action and ensures strong relationships between all agencies are maintained and developed to provide a robust health protection function in B&NES. The Terms of Reference are available on request.

The Board continued to monitor key performance indicators for each specialist area and was generally well assured that relevant organisations do have appropriate plans in place to protect the population. A small number of risks were identified throughout the year and logged, describing the mitigation that was in place for each one, please see Appendix 1b. These are described and discussed throughout the report.

Priority 1 from 2019-20 report: Assurance: continue to monitor the performance of specialist areas, identify risks, ensure mitigation is in place and escalate as necessary

#### **RAG: Green**

As a result of the Covid-19 Pandemic, in June 2020 the Covid-19 Health Protection Board was formed, this ran alongside the usual Health Protection Board. During 2020-2021 & 2021-22 The Health Protection Board met periodically throughout the pandemic, but not as frequently. The Board focused on the affects that the pandemic was having on wider Health Protection services and what could be done to mitigate the risks and challenges which were faced.

In June 2022 the Covid-19 Health Protection Board & the substantive Health Protection Board merged and now meets four times (increased from three times) per year. The Board's Terms of Reference are available on request.

#### 2.1.1 Priorities identified for 2022-2023 – Priority 1:

Assurance: continuing to monitor performance of specialist areas, identify risks, ensure mitigation is in place and escalate as necessary has been identified as priority 1 for 2022-23.

Sections 3 to 8 of this report describe the performance, risks, challenges and priorities in each of the 6 specialist health protection areas and includes Covid-19:

- Communicable Disease Control & Environmental Hazards
- Covid-19 Pandemic & Health Emergency Planning
- Healthcare Associated Infection
- Sexual Health
- Substance Use
- Screening & Immunisation

## 2.2 Resources to support past and future HPB priorities

Whilst there has been good Local Authority health protection capacity to respond to the Covid-19 pandemic and to ensure delivery against key HPB priorities during 2022-23, it is important to recognise that national Covid-19 funding for Local Authorities has come to an end, and any funding carried forward by Local Authorities from 2021-22 must be spent by April 2023. At the same time, UK Health Security Agency's (UKHSA's) budget allocations to support Covid-19 related activities has reduced significantly. Going forward, and particularly beyond March 2023, we will therefore be working within a context of reduced health protection resources. A reduction in resources is necessary as we shift from pandemic response to living with Covid-19, though this will have implications for what can be delivered, both in relation to how quickly the system can flex up to meet the needs of a large-scale acute response and in relation to other health protection priorities. It also poses risks in relation to gaps in specialist expertise that have been developed during the pandemic, and specially in relation to health protection, Infection, Prevention & Control (IP&C) and emergency planning. The Council currently does not have any substantive IP&C posts for example.

We will seek innovative ways to embed health protection, infection prevention and control and emergency planning capacity and skills across the system in the context of reduced resources and seek opportunities to maintain a robust level of expertise where this is possible. We will also seek to build upon the strong community resilience achieved during the pandemic; where communities and individuals have harnessed resources and expertise to help themselves prepare for, respond to and recover from Covid-19, and in a way that complements the work of the Local Authority, emergency responders and wider partners.

## 3 Communicable disease & environmental hazards

Priority 2 from 2018-19 report: Continue to actively participate in the prevention, preparedness and management of outbreaks and incidents with partner agencies to slow down and prevent the spread of communicable disease and manage environmental hazards

#### **RAG: Green**

Communicable diseases can be passed from animals to people or from one person to another. They can be mild and get better on their own, or develop into more serious illnesses that if left untreated lead to serious illness, long-term consequences or death. They continue to pose a significant burden to health and society. In the UK infectious diseases account for a large proportion of GP visits for children and adults.

There are a range of environmental hazards that can affect our health and wellbeing. Natural hazards that directly affect the UK including flooding. Human-produced hazards are mainly related to pollution of the air, water and soil.

#### 3.1 Communicable disease

#### 3.1.1 Confirmed or probable cases of infectious disease during 2019-22

The Health Protection Team in UKHSA (UK Health Security Agency) South West works in partnership with external stakeholders including the Public Health and Public Protection teams based in B&NES Council to deliver an appropriate co-ordinated response to infectious disease cases, outbreaks and incidents.

	2019/2020	2019/2020	2019/2020	2019/2020	2020/2021	2020/2021	2020/2021	2020/2021	2021/2022	2021/2022	2021/2022	2021/2022
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Campylobacteriosis	20.3	30.7	21.4	24	12.5	27.1	21.4	19.8	29.7	28.6	32.8	18.8
Cryptosporidiosis	1.6	4.2	3.6	3.6	0.5	1	1.6	1	0.5	4.2	4.2	1.6
E.coli infection, STEC	0	0	0	0	0	1	1.6	0	0	1.6	0.5	0.5
Giardiasis	3.1	4.7	3.1	5.2	1	1.6	3.1	0.5	0.5	2.6	2.6	2.1
iGAS (Invasive Group A Streptococcal) infection	0	0	1.6	1	0.5	0	0	1	0	0	0.5	0.5
Measles	0	0	0	0	0	0	0	0	0	0	0	C
Meningococcal infection	0	0	0.5	1	0	0.5	0	0	0	0	0.5	C
Mumps	29.2	10.4	22.4	39.1	4.2	3.6	0.5	1.6	1	2.1	5.2	2.1
Pertussis	1	4.7	5.2	9.9	3.6	0	0	0	0	0	1	C
Salmonellosis	3.6	5.2	2.1	0.5	0	3.1	2.1	0.5	1.6	3.6	2.1	1.6
Scarlet Fever	1.6	0	10.9	12	0.5	0	0.5	0	0	0	0	0.5
Shigellosis (Bacillary Dysentery)	0	0.5	1.6	0	0	0	0	0	0	0	1.6	1

Covid-19 Pandemic Measures Start 🤳

(Source UKHSA, 2022)

The UKHSA carry out regular health protection surveillance of infectious disease. The table above show rates per 100,000 B&NES population of various infectious diseases and the trend over time. All cases of infectious disease need some degree of follow-up or investigation. These rates are as expected for our population size. The reduction in some of the infections such as Scarlet Fever and Mumps is very apparent from the time that Covid-19 measures came into effect during Q1 2020 (column highlighted in yellow). Scarlet Fever and Mumps are mainly childhood infections, so the reduced time that children spent at school and early years settings, would have had an impact on the transmission of these types of infections.

#### 3.1.2 Covid-19 Situations

The UKHSA also recorded the number of Covid-19 outbreaks that they actively managed. These outbreaks were seen in a variety of settings such as care homes, businesses, schools, workplaces and universities.

The UKHSA South West Health Protection Team supported 238 outbreaks of Covid-19 in various settings in B&NES between March 2020 and March 2022.

The UKHSA South West Health Protection Team did not have capacity to support all settings, so in addition to the 238 outbreaks, B&NES Council Public Health & Adult Social Care Teams also supported more than this many situations and outbreaks in these settings.

#### 3.1.2.1 Early Years, Schools, Further and Higher Educational Settings

During the pandemic early years, schools, further and higher educational settings experienced high numbers of Covid-19 cases and outbreak situations. These settings worked extremely hard and effectively to implement their outbreak management plans, including use of a range of robust infection prevention and control measures and testing regimes to prevent and manage outbreaks. B&NES Council Public Health team, through its Covid-19 acute response function, provided health protection and IP&C resource to support these settings.

The team designed processes to enable settings to contact them efficiently and to be able to respond quickly, carried out outbreak risk assessments in line with national guidance, advised on control measures to apply and when it was appropriate to escalate, and held outbreak control meetings when necessary. Bespoke communications and guidance were also produced to empower settings to feel confident in managing outbreaks of Covid-19. It was also important to collaborate with colleagues in education and other services working with children and young people, which was achieved through multidisciplinary team working via the Early Years and Schools and Universities sub-groups of the Health Protection Board.

As we have moved towards living with Covid-19, the focus working with these settings has shifted from acute response to prevention work. For example, a series of proactive IP&C educational workshops with early years and schools settings are

currently being delivered. These interactive sessions aim to promote good IP&C practice in everyday life, reduce children's anxiety around 'germs', and provide children with the opportunity to learn and discuss why we might use certain control measures. The ability to provide some acute response support to education settings remains for Autumn/Winter 2022 if required.

### 3.1.2.2 Care Homes

A multi-disciplinary team (MDT) approach between adult social care, public health and health colleagues has enabled robust IP&C support to be provided to care providers during the Covid-19 pandemic in the following ways:

- Identification of seven key areas to focus early on in the pandemic, providing direction to Care Homes on how to plan for the prevention and management of Covid-19 cases and outbreaks.
- The establishment of a MDT care home subgroup to the Covid-19 Health Protection Board, to support the articulation of national guidance and advice provided to care homes.
- The recruitment of IP&C Officers to support Care Homes in their risk assessment and management of situations and outbreaks, and implementation of relevant new national guidance and initiatives in a timely manner.
- Access to essential PPE (personal protection equipment) via the Local Authority PPE store. and
- Investment in and provision of training and development.

A risk-based approach for implementing and adapting IP&C guidance through collaborative working within the MDT was crucial, particularly when applying this to vulnerable populations such as care residents.

Dan Hubbard, a GP from St Chads Surgery in Midsomer Norton who attended the IP&C MDT and subgroup meetings said the approach had proved to be extremely effective: "The situation in care homes during the first outbreak was very challenging but once this multi-disciplinary team was put in place, we were able to offer a much more coordinated approach... in terms of better IP&C support and staff being more informed and motivated to help and more prepared in terms of effectively controlling an outbreak".

Over the last two years, health protection and IP&C staff have been able to increase their preventative work with care home and other vulnerable settings across the breadth of infectious diseases, to support the prevention of situations and outbreaks. The Adult Social Care Team continue to play a key role in working with the RUH, ICB and other health professionals to support the discharge of patients to care home settings and ensure that pathways are in place and reviewed regularly, which is crucial to ensuring system flow.

#### 3.1.2.3 Other areas of work

A vast range of Council teams and organisations across the system have played a vital role in preventing and reducing the spread of Covid-19. Within the Council these range from frontline teams such as children's services, housing, and waste services who have continued to provide critical services and in a way that has minimised the risk of spread of infection, to corporate teams such as HR and IT have enabled staff to work in new ways and including to support the pandemic response.

Health partners have played a crucial role in both delivering and commissioning front-line services and supporting system flow, whilst minimising spread of infection within health settings and providing specialist IP&C support to other settings. As we shift to living with COVID-19 it is important to recognise that the challenges confronting the NHS and social care in recovering from the pandemic's consequences are considerable.

The voluntary and community sector, faith organisations, and community networks have also played a critical role, and worked very closely with the Council, health and broader partners. The Community Wellbeing Hub for example, was made possible by being set up as a collaboration between HCRG Care Group, 3SG, Bath Mind, Bath & North East Somerset Council, BSW Clinical Commissioning Group, and other voluntary and community sector partners.

The businesses and event organisers in B&NES helped to minimise the spread of infection through careful planning and risk assessment and by supporting safer behaviours by encouraging and implementing robust IP&C measures.

Communications teams across organisations have had a critical role in raising awareness of Covid-19 and encouraging engagement with safe behaviours for example.

#### 3.1.3 Priorities identified for 2022-2023 – Priority 2 & 3:

Continue to actively participate in the prevention, preparedness and management of outbreaks and incidents with partner agencies to slow down and prevent the spread of communicable disease and manage environmental hazards has been identified as priority 2 for 2022-23

Continue to ensure that the public are informed about emerging threats to health has been identified as priority 3 for 2022-23.

## 3.2 Environmental hazards

#### 3.2.1 Air Quality Management Areas

Priority 3 from 2018-19 report: Support the development and implementation of all the Air Quality Action Plans in B&NES

**RAG: Green** 

B&NES Council is legally required to review air quality and designate air quality management areas (AQMAs) where concentrations of nitrogen dioxide breach the annual objective. Where an AQMA is designated, an Air Quality Action Plan (AQAP) describing the pollution reduction measures must then be put in place in pursuit of the achievement of the objectives in the designated area.

B&NES Council currently have 5 declared AQMAs; in Bath, Keynsham, Saltford & Temple Cloud & Farrington Gurney. In June each year the Council reviews air quality throughout B&NES as part of its Annual Status Report; the report is peer reviewed by DEFRA and is published on the Council website.

### 3.2.1.1 National Air Quality Plan

In view of on-going exceedances of nitrogen dioxide in and around Bath, B&NES Council was served with a Ministerial Direction by the Joint Air Quality Unit - JAQU (a unit which combines Department for Environment, Food and Rural Affairs and Department of Transport) in 2017 to produce a Clean Air Plan that leads to compliance with nitrogen dioxide (NO2) levels in Bath the shortest time possible, and by 2021 at the latest.

To comply with this Direction, the Council launched a charging Class C Clean Air Zone in March 2021, the first outside of London.



Drivers of all higher emission vehicles – excluding cars and motorbikes – are charged to drive in the city centre. A suite of exemptions, concessions and additional supporting measures, such as financial help in the form of grants and interest free loans, have also been introduced to lessen the impact of the zone, especially on

businesses, the economy and vulnerable individuals; and to encourage greener modes of travel.

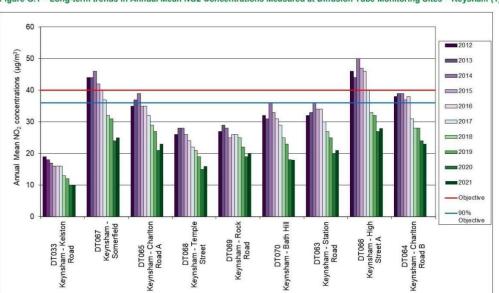
After over a year of the scheme's operation, the annual mean nitrogen dioxide concentration for 2021 within the zone **is 21% lower than in 2019**. **This is an average reduction of 7 µg/m-3**. This demonstrates significant progress in reducing pollution and protecting the public health of our local residents and businesses. The lowering of NO<sub>2</sub> concentrations took place in the context of traffic levels returning to close to pre-pandemic levels at around 1% to 5% below the pre pandemic baseline by August 2021. We await to hear the outcome of JAQU's assessment of our progress in achieving compliance with the Ministerial Direction due in Autumn 2022. Further information on the achievements of the scheme can be found in our monitoring reports at https://beta.bathnes.gov.uk/policy-and-documents-library/baths-clean-air-zone-monitoring-reports

#### 3.2.2 Bath Air Quality Action Plan

The National Air Quality Plan supersedes any local plans, and as such becomes the Bath Air Quality Action Plan.

#### 3.2.3 Keynsham and Saltford Air Quality Action Plans

Air Quality Management Areas (AQMA) were declared in Keynsham in 2010 and in Saltford in 2013. Following the implementation of their respective Air Quality Action Plans, the monitoring data shows the air quality objective continues to be met (since 2017/2018) in both locations and there is a downward trend in concentrations (figures G1 and G3). As such, in line with national guidance, it is recommended that the both AQMA's are revoked.





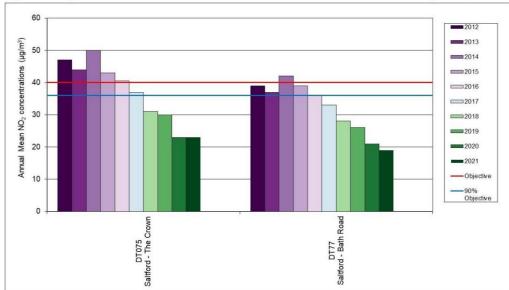


Figure G.3 - Long-term trends in Annual Mean NO2 Concentrations Measured at Diffusion Tube Monitoring Sites - Saltford

#### 3.2.4 Temple Cloud and Farrington Gurney Air Quality Management Areas

Monitoring has been continuing in various locations along the A37 between Whitchurch to the north and Farrington Gurney to the south. There are some areas along the A37 which do not comply with the National Air Quality Objectives for nitrogen dioxide and as a result, an Air Quality Management Area was declared to cover Temple Cloud and Farrington Gurney in 2018. The Air Quality Action Plan will be adopted in 2022. Between 2018 and 2022 several actions contained within the draft AQAP and a reducing nitrogen dioxide trend has been observed (fig A20).

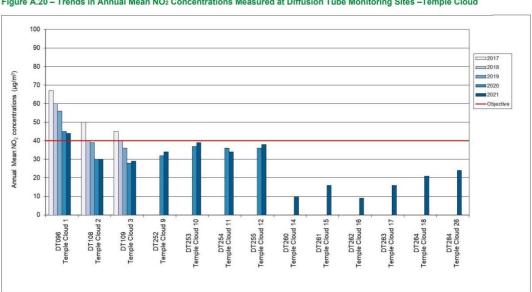


Figure A.20 – Trends in Annual Mean NO2 Concentrations Measured at Diffusion Tube Monitoring Sites – Temple Cloud

#### 3.2.5 Priorities identified for 2022-2023 – Priority 4:

Support the development and implementation of clean air projects and plans in B&NES has been identified as priority 4 for 2022-23.

# 4 The Covid-19 pandemic, health emergency planning resilience & response

Emergencies, such as road or rail disasters, flooding or other extreme weather conditions, or the outbreak of an infectious disease, have the potential to affect health or patient care. Organisations therefore need to plan for and respond to such emergencies.

## 4.1 Addressing emergency planning risks

The inability to respond to emergencies long term and the absence of a formal out of hours provision for the Council's Public Protection Team have remained on the Board's risk log throughout 2019-2022. However, the best endeavour out of hours system that Public Protection operate has been tested a number of times and has worked, therefore the risk is being tolerated.

An insufficient Rest Centre Plan has also been on the risk log for some time. The Rest Centre Plan has been reviewed and simplified. The next step is to train on-call officers and HCRG Directors. Following that an exercise will take place to test the plan during October 2022.

A large volume of work has gone into mitigating the risk of not being able to respond to an emergency long term and as such the likelihood of this occurring has been greatly reduced.

This is a summary of some of the work which has taken place to reduce the risk:

- Mutual aid arrangements with surrounding Local Authorities, Local Resilience Forum (LFR), Local Health Resilience Partnership (LHRP) and voluntary organisations have been strengthened
- On-call directors rota
- On-call Loggist rota and training for Loggists
- All Directors and Heads of Service have received silver and tactical training, the Chief Executive Officer & Directors received strategic and gold training.
- Regular desktop exercising of plans, collation of lessons learned and implementation of actions.
- Training emergency management volunteers

The pandemic period has also provided staff with the opportunity to become skilled in key aspects of emergency planning, through participation in the Council, wider system and LRF response.

## 4.2 Covid-19 Pandemic and B&NES Living Safely and Fairly with Covid-19 Plan 2022-24

The Covid-19 pandemic has been an unprecedented challenge for our health and care system and has had far reaching economic and social impacts. Whilst the risk of further waves of infection and localised outbreaks remains high, two years on from the start of the pandemic, the UK has moved to a situation where the majority of national measures to control the spread of the virus have been removed, and we are learning to live safely with the virus.

The Local Outbreak Management Plan has been updated with the B&NES Living Safely and Fairly with Covid-19 Plan 2022-24. This new plan provides a framework for how we will live safely with Covid-19 in Bath and North East Somerset. It builds on what we have learnt over the past two years and sets out how, within the new national context, we will prevent and protect, respond to localised outbreaks and any national resurgence of Covid-19, communicate and engage with our communities, and utilise surveillance and monitoring information.

The full plan is contained in Appendix 1c.

The Council have held both Covid-19 'look back' and 'look forward' exercises with internal and external partners and have undertaken evaluations of key Covid-19 Health Protection Board workstreams. As well as informing the B&NES Living Safely and Fairly with Covid-19 Plan, these have been used to inform an action plan to ensure delivery of the Plan, which will be monitored by the Health Protection Board.

#### 4.2.1 Priorities identified for 2022-2023 – Priority 5:

Ensure the delivery of the B&NES Living Safely and Fairly with Covid-19 Plan 2022-24, and associated actions, and informed by the evaluation has been identified as priority 5 for 2022-23.

# 5 Health care associated infection (HCAI) & reducing antimicrobial resistance (AMR)

Evidence shows that improved public awareness around IP&C can lead to a reduction in infections. NHS Bath & North East Somerset, Swindon & Wiltshire Clinical Commissioning Group (BSW CCG), now NHS BSW Integrated Care Board (ICB), continuously strives to improve infection prevention and control practice in collaboration with provider organisations and other stakeholders including NHS England, UKHSA and Local Authorities to ensure that there are robust IP&C plans, policies and capacity to reduce Healthcare Associated Infections.

The Covid-19 pandemic has posed unprecedented challenges, with safe infection prevention and control (IP&C) practices being more important than ever.

During the last three years there has been a need for continuous review and a sustained focus on IP&C standards in a rapidly changing environment, with the requirement for IP&C expertise and guidance being crucial to supporting safety within our population.

BSW ICB has a responsibility to ensure that systems and processes are in place to support the management, prevention and control of Health Care Associated Infections (HCAI) across the BSW healthcare system. The BSW ICB Nursing and Quality Team aims to support the delivery of clinically effective, safer healthcare and to drive improvements.

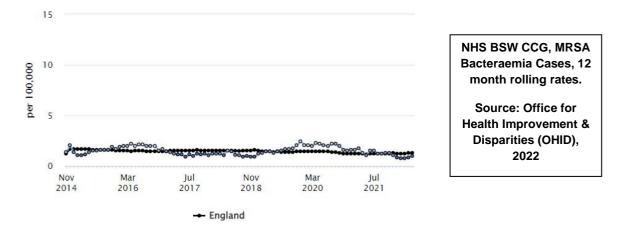
The ICB supports system wide compliance in relation to IP&C requirements and seeks assurance on commissioned providers' contribution towards continuous improvement workstreams for IP&C practices. In pursuit of zero tolerance to HCAI, the ICB agrees and systematically monitors and reviews surveillance data against nationally set objectives for specific organisms and other locally agreed indicators. Learning identified from post-infection reviews (PIR) or root cause analysis of incidents is used to inform key improvement areas and address potential risks.

## 5.1 MRSA bacteraemia blood stream infections (BSI)

In April 2013 NHS England launched a Zero Tolerance Approach to MRSA BSI. The Post Infection Review Toolkit was introduced to support commissioners and providers of care to identify how a case of MRSA BSI occurred and to identify actions that could prevent it reoccurring. The zero tolerance continues and the combination of good hygiene practice, appropriate use of antibiotics, improved techniques in care and use of medical devices, as well as adherence to all best practice guidance remains paramount. B&NES did not achieve zero MRSA BSI in 2019/20? and had an increase in cases compared to 2018/19, with 7 cases; an increase of 6 cases compared to 2018/19. There was a rise in cases reported in the population of people who inject drugs.

Since B&NES CCG merged with Swindon and Wiltshire CCG to become BSW CCG, the data has been reported for the BSW system. The total incidence of MRSA across BSW CCG for 2020/21 was 16 cases. The number of cases for B&NES local authority area was 5, 2 less than 2019/20.

During 2021/22 B&NES local authority area achieved the zero-tolerance ambition and had no incidence of MRSA. The NHS Royal United Hospital Bath, have carried out a considerable amount of work on their invasive line care and education, however, for community rates it is unclear what has driven the reduction.



## 5.2 Clostridium difficile infection

NHSE set the threshold for each system. The *C.Diff* target for B&NES CCG remained unchanged during 2019/20.

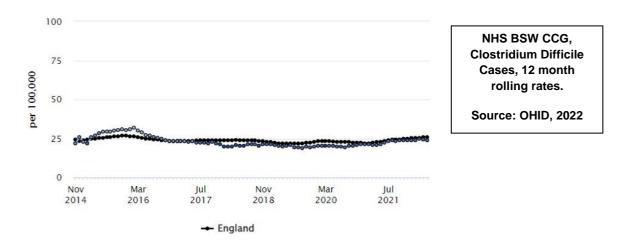
The total number of cases for B&NES during 2019/20 was 35, this was 21 less than in 2018/19. This can be party attributed to the work carried out by the Royal United Hospital who managed to significantly reduce their incidence of *C.Diff*.

BSW CCG was the best performing CCG for rates of *C.Diff* during 2020/21 in the southwest region.

B&NES local authority area had 55 cases, 20 more cases than 2019/20. Post infection reviews identified antibiotic prescribing during the pandemic as an area for improvement.

The rise in *C.Diff* infections continued throughout 2021/22, with 61 incidence of *C.Diff* identified, 6 more cases than 2020/21. This is in line with both the BSW

system, regional and national trends. BSW remain the best performing system in southwest for incidence of *C.Diff.* 



## 5.3 E. coli Bactereamia

*E. coli* Bacteraemia is an example of a Gram Negative Blood Stream Infection (GNBSI). Reducing healthcare associated *E. coli* blood stream infections is a UK NHS priority patient safety programme, they are the leading cause of healthcare associated bloodstream infections nationally and have now overtaken MRSA and Clostridium *difficile* in the numbers of infections that occur yearly.

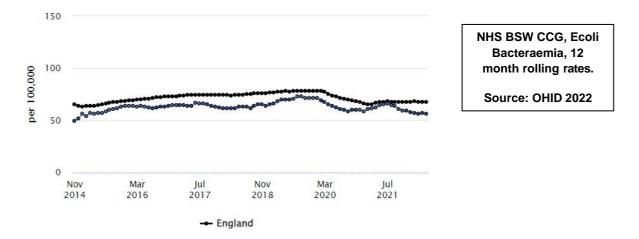
During 2019/20 the incidence of E-coli BSI decreased from 172 during 2018/19 to 144 from 2019/20, 28 less. This was below the regional and national averages.

B&NES had 128 incidences; 18 less E-coli blood stream infections compared to 2019/20. Regionally BSW are the third best performing system for E-coli and Gram Negative Blood Stream Infections. The majority of cases are community onset accounting for just under 80% of all cases across BSW. The main primary source identified through post infection reviews is Urinary Tract Infections (UTI) accounting for around 50% of E-coli BSI's.

B&NES had 124 incidences of E-coli, 4 less than 2020/21. During 2021/22 NHSE introduced a threshold for E-coli, set at 623. The BSW system had a total of 518 cases, 49 less incidence compared to 2020/21 and 17% under threshold. Community cases remain the highest proportion of all E-coli BSIs.

Urinary Tract Infections remain the highest primary source of the BSW systems Ecoli cases accounting for 67.5% of the cases. This has increased compared to 2020/21.

There also remains an element of antimicrobial resistance contributing to these cases, notably in the community onset community associated cases.



## 5.4 Reducing HCAI's

BSW ICB are taking a collaborative approach across the system to identify opportunities for improvement and good practice. There is a continued focus on learning from cases to establish themes and trends in relation to the delivery of care which may have contributed to the case along a patient's journey. The BSW System will also be looking at wider health inequalities and social determinants of health to understand the impact these may have on BSW population and health care associated infections.

5.4.1 Priorities identified for 2022-2023 – Priority 6:

Support the development of an Infection, Prevention & Control Strategy across the Integrated Care System, and further embed IP&C prevention across settings has been identified as priority 6 for 2022-23.

## 6 Sexual health

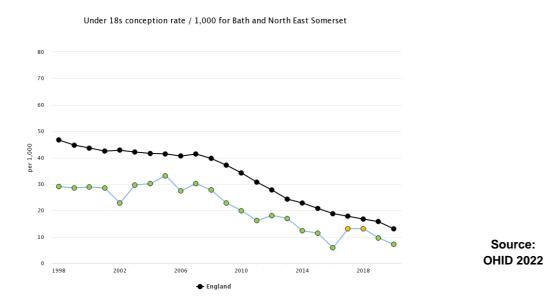
Sexual health is an important part of physical and mental health and is a key part of our identity as human beings. The B&NES Sexual Health Board supports the World Health Organisation's (WHO) universal definition of sexual health and adds our own view that additional elements of good sexual health are equitable relationships and sexual fulfilment, with access to information and services to avoid the risk of unintended pregnancy, illness or disease.

## 6.1 Sexual health action plan & key performance indicators

The Sexual Health Board has developed an annual B&NES sexual health action plan for 2019/20, 2020/21 and 2021/22. Each action plan grouped actions into four thematic areas: prevention and promotion; intelligence and research; service improvement; and governance and contracting.

In developing the action plans and in helping to assess progress, the Sexual Health Board utilises an outcome indicator set that helps assess the overall sexual and reproductive health of the population of B&NES. The Board also reviews the indicator set regularly to understand sexual and reproductive health issues and scan for any emergent problems. The Health Protection Board uses two of the outcome indicators; the *under 18 conception rate, per 1,000 women aged 15-17*; and the *percentage of adults (aged 15 or above) newly diagnosed with a CD4 count <350m2.* 

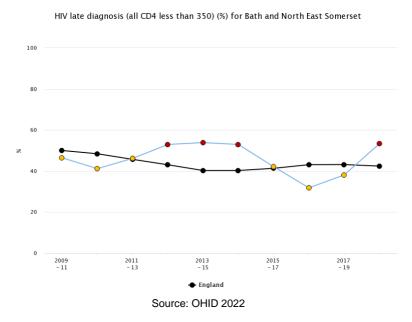
Throughout 2019/20 to 2021/22 the under 18 conception rate in B&NES remained low, and below the England average. It is likely that the pandemic impacted the rate as particularly in the early phases of the pandemic, young people had to participate in lockdowns and reduce their contact with others, alongside the general population.





Page 229

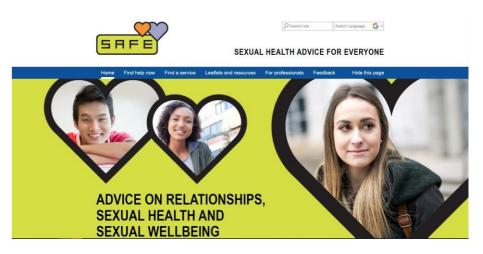
Throughout 2019/20 to 2021/22 the percentage of adults (aged 15 or above) newly diagnosed with a CD4 count <350m2 (meaning that HIV has weakened the immune system and may be making people ill) fluctuated somewhat and increased in the last reporting period. It should be noted the number of new late diagnoses each year is very small. Small changes in small numbers can appear more significant than they are, because a small absolute change in the number can result in a large percentage change.



## 6.2 Achievements during 2019/20 to 2021/22

Throughout 2019/20 to 2021/22 there were a number of achievements including:

- Continued low rates of sexually transmitted infections (STIs)
- Continued high rate of Long Acting Reversible Contraception (LARC) provision, especially through general practices
- The redesign and relaunch of www.safebanes.com, our young personsfocused website providing information, advice and details on local services



Page 230

- The formal contractual integration of the former genitourinary medicine (GUM) and contraception and sexual health (CaSH) budgets into one budget to comprehensively fund Riverside Clinic
- The rollout of HIV Pre Exposure Prophylaxis (PrEP) treatment for vulnerable groups
- The launch of targeted outreach services focused on the sexual and reproductive health needs of young people with substance misuse issues, rough sleepers and teenage parents.

In 2021 the Clinic in a Box service won the *Nursing Times Nursing in the Community Award 2021* for their delivery of the service to vulnerable young people during the Covid-19 pandemic. Additionally Riverside Clinic won the *RUH Team of the Month* award because of their tireless work to maintain the service during the Covid pandemic.



## 6.3 Challenges during 2019/20 to 2021/22

2019/20 to 2021/22 also brought a significant number of challenges. By far the biggest was the impact of Covid-19. Services had to radically change their operating processes to move away from an open access model to a triage model to help prevent Covid-19 transmission. This was a challenge not just for services, but also for patients who were used to accessing services in a very different way. Another challenge was that our sexual health training programme had to be moved completely online instead of being face to face; this presented a number of issues for both the trainers and delegates so that the quality of the training could continue to be maximised. Finally, all services reported an increase in patients accessing their services as Covid-19 restrictions reduced, but services continued to be under pressure with staff absence and sickness due to Covid-19. Management of these issues, ensuring the most vulnerable people could be seen as quickly as possible whilst maintaining staff health and wellbeing and avoiding burnout, has been and continues to be a significant challenge.

## 7 Substance Use (Drug & Alcohol)

During 2019/20, the Drug & Alcohol (D&A) treatment service was remodelled. Specialist and community services were integrated via a new commissioning arrangement with the prime provider, Virgin Care (now HCRG Care Group). The integrated model continues to deliver a highly accessible, locality and asset-based treatment system which promotes recovery and improves the health and wellbeing of clients, their families, and the wider community affected by the misuse of substances, with an increased focus on prevention and early intervention.

A community development and reintegration approach (CDR) supports clients from an early stage to address their housing, education/employment/training and financial needs in addition to brokering wider community support, including clients not engaged in structured treatment who will also be supported by CDR to address the wider determinants of recovery.

From April 2020, Virgin Care commissioned the entirety of the integrated treatment service to Developing Health and Independence (DHI) with additional specialist support, through a subcontract arrangement, from DHI to the Specialist Drug and Alcohol Services (SDAS-AWP). During the Covid-19 pandemic, ways of working were adapted to accommodate the new circumstances whilst prioritising engagement into treatment and the prevention of harm.

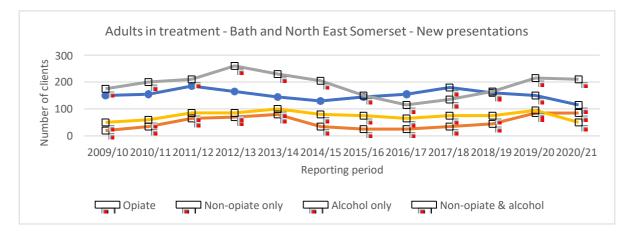
In 2021, Dame Carol Black's independent review of drugs highlighted the all-time high drug related death rate and the impact the disinvestment has had in D&A treatment, the cost of crime and wider drug impacts. This review was the foundation for the national policy 'From harm to hope: A 10-year drugs plan to cut crime and save lives' launched by government in December. Attached to the strategy there have been different funding streams available and a real focus on treatment planning to achieve:

- 1. Increase in treatment and harm reduction capacity, including inpatient detoxification and residential rehabilitation
- 2. Enhance treatment quality
- 3. Enhance and develop the Drug and alcohol workforce
- 4. Reduce drug related deaths and improve access to mental and physical health care
- 5. Develop a recovery orientated system of care, including peer-based recovery support services

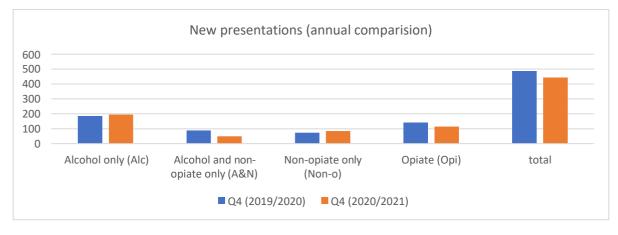
Furthermore, the public health team are working with partners to finalise a local drug and alcohol strategy which will shape work in B&NES over the next 5 years.

## 7.1 Access to services

During 2018/2019 B&NES drug and alcohol treatment services saw 445 new presentations, the majority of these were opiate (36%) and alcohol only (37%) clients. The number of presentations increased to 545 in 2019/20, yet there was a reduction in the proportion of opiate clients entering treatment (39%). This decrease of opiate clients continued in 2020/21. However, the number of new presentations increased to 518. This is due to the upwards trend in alcohol and/or non-opiate presentations.



### Number of new presentations in treatment in B&NES

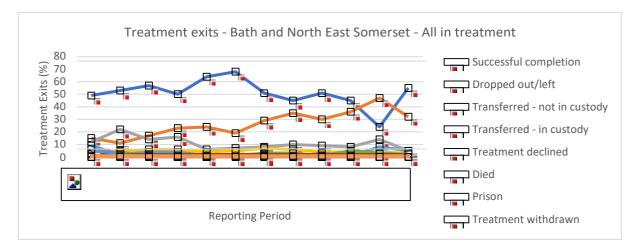


New presentations into treatment cumulative report for Q4

## 7.2 Outcomes for clients

During 2018/2019, 45% of opiate clients successfully completed treatment and 35% of opiate clients reported abstinence in treatment at the 6-month review with a further 29% reducing their use. Successful completions during 2019/2020 reduced to 24% with the highest proportions of clients dropping out/leaving treatment (47%). This was reflected by a reduction in the improved substance use of opiate and alcohol clients and abstinent rates in alcohol clients. This is likely to be an implication of the

Covid-19 pandemic as treatment moved remotely, however, further research is required to support this.



Proportion of treatment exits for all clients in treatment in B&NES

After a reduction in successful completion in 2019/2020 there was a substantial increase in the proportion of successful completions in 2020/2021. Exceeding rates of the 5 prior years. The rate of successful completions in 2020/2021 in B&NES (55%) was above national value (50%). 33% of opiate clients become abstinent and 50% reduced their opiate use whilst 44% of alcohol clients become abstinent and 16% reduced their use.

## 7.3 Blood Borne Viruses

Clients entering treatment services in B&NES are more likely to be at risk of Blood Borne Viruses (BBV) compared to national as we have higher numbers injecting: 42% in 2018/19, almost double the national average of 25%; with a reduction to 35% in 2019/2020 and 2020/2021 continuing above national average of 22% (2020/2021).

During 2021 the BBV pathway for B&NES was reviewed and updated with a new pathway approved by the Health Protection Board in 2022.



Picture right: workshop to finalise the pathway.

After Covid, and to ensure that BBV testing and Hep B vaccination were effectively targeting higher risks clients, the service prioritised current and previous IV users before the scope of the offer was widened to include clients who had been exposed to other risks. This strategy has been largely effective, and interventions are now back to being offered more widely at all stages of treatment.

Reporting changes have taken place meaning comparisons between date sets are limited for this time period.

Tracking performance from 2019 into 2022 has seen a reduction and then reincrease in the number and proportion of clients offered and accepting Hep C testing, overall, a reduction from 22% in 2019-2020 to 16% in 2021-2022. During this time there has been an increase in the number of clients reviewed and an increase in the proportion of clients who are assessed as not appropriate to offer from 47% to 59% and 68% respectively. Positively, between 2019 and 2022 there has been a reduction in the number of clients offered and refusing the test from 28% to 7%.

During this period there has also been a reduction in the proportion of clients offered and accepting Hep B vaccination from 17% in 2019-2020 to 11% in 2021-2022, although it is important to note that there was an increase in clients assessed and an increase in clients identified as not appropriate to offer. There has been a decrease in the number and proportion of clients who have been offered and refused, from 82 (17%) in 2019/2022 to 56 (11%) in 2021/2022. Due to reporting changes from 2019/2020 into 2021/2022 we are unable to definitively state there has been an increase in vaccination completion, however in 2019/2020 18% of clients completed their vaccination course in 2021/2022 45% completed their vaccination course, so it is reasonable to assume that there has been an improvement in vaccination completion for Hep B.

## 8 Screening & immunisations

Immunisation remains the safest and most effective way to stop the spread of many of the most infectious diseases. If enough people in the community are immunised, the infection can no longer spread easily from person to person.

Screening is a way of identifying apparently healthy people who may have an increased risk of a particular condition. These people are then offered information, further tests, diagnosis and (where needed) treatment. There are six NHS England national screening programmes.

For further information on the national screening programmes and vaccines that are routinely offered to everyone in the UK free of charge on the NHS please visit the NHS website: www.nhs.uk and search screening or vaccinations.

The pandemic did affect some of our screening and immunisation programmes. There are no major concerns about the performance of any of our local screening programmes or immunisation programmes in place across B&NES at the moment, however investigating inequalities in uptake and implementing interventions to improve inequalities in uptake, remains a priority of the Health Protection Board. For performance data please visit the Office for Health Improvement & Disparities website: http://tinyurl.com/y9c9tby8 and search under indicator keywords.

Priority 5 from 2018-19 report: Improve the uptake of flu vaccinations in identified eligible groups, and maintain high rates of childhood vaccinations

#### Amber

## 8.1 **B&NES** Immunisation Group

The B&NES Immunisation Group was established in July 2015 and continues to take a system-wide overview of organisations and other stakeholders contributing to B&NES immunisation programmes with the aim to protect the health of the local population, reduce health inequalities and minimise and deal promptly with any threats that may occur. The group reports to the Health Protection Board and whilst meeting less frequently during the pandemic, met to ensure a focus on the challenges and risks that the pandemic posed to the programme.

The terms of reference were refreshed in November 2021 and the Group continues to meet three times per year. The development of a new action plan is underway and improving uptake of childhood vaccinations will remain a priority. The Terms of Reference are available on request .

## 8.2 Seasonal flu vaccination programme

#### 8.2.1 Vaccination of eligible groups

The Covid-19 pandemic had an impact on flu vaccination coverage. For most population groups vaccination coverage increased, as vulnerability and the importance of vaccination against infectious disease was highlighted during the pandemic. Those most vulnerable to the effects of flu were prioritised and these included those in care homes and the housebound.

Reductions in uptake were however seen in pregnant women and children, this reduction was also seen nationally. It is not known why these reductions occurred, however it thought to be related to school attendance linked to the Covid-19 pandemic and the Covid-19 vaccination programme delivery being priortised before flu vaccination delivery in some of our schools, so some children were offered it later in the season. Community prevalence of influenza was low during 2021-22 and this usually means that demand and uptake is lower than years where there is a lot of cases and community transmission. There were some changes in guidance related to Covid-19 vaccination for pregnant women and this is likely to have impacted on women's decisions about having the flu vaccination. Some women may have also been concerned about having too many vaccinations.

#### 8.2.2 Winter Advertisements Vaccination Campaign

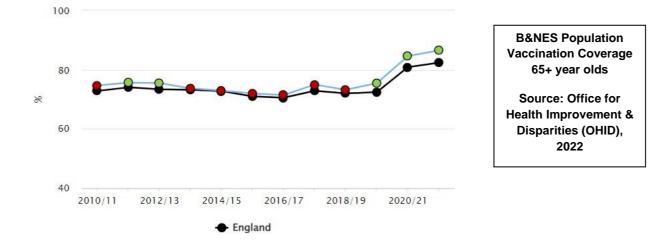
During winter 2021-22, B&NES Council launched a winter vaccinations advertisement campaign to:

- A) Urge people to get vaccinated for COVID-19 and flu to protect themselves, others and the NHS.
- B) Raise awareness of who is eligible for COVID-19 and flu vaccination.

The campaign targeted all adults over 16, particularly pregnant women and 18-30 year olds, as these two groups had the lowest uptake of the COVID-19 vaccination. The campaign involved placing a series of digital and physical advertisements (see below) around Kingsmead in cinemas, buses, car parks and bus shelters. Kingsmead was particularly targeted as this area had been flagged nationally as having one of the lowest COVID-19 vaccination uptake rates in England.

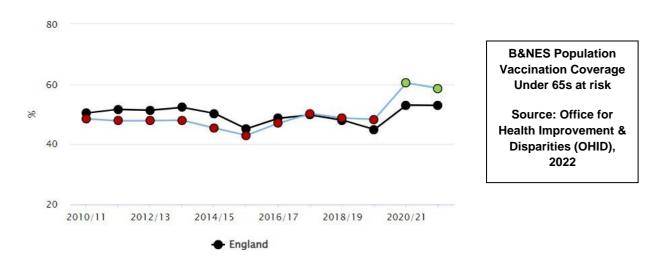




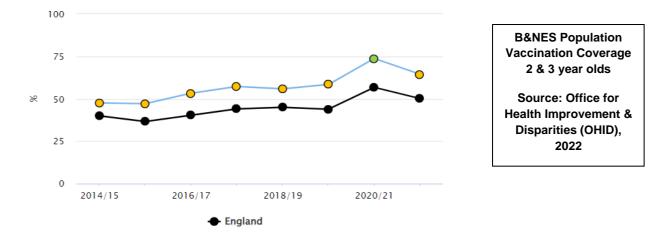


#### 8.2.3.1 65+ year olds

#### 8.2.3.2 Under 65s at risk









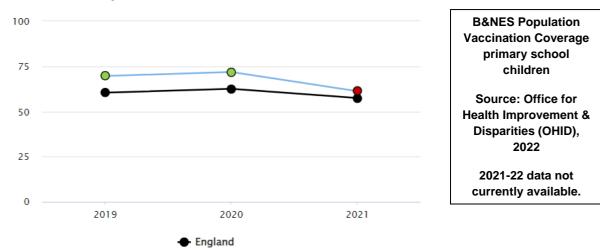
#### 8.2.3.4 50-64 year olds

	Year	Adults
		aged 50-
		64
BSW CCG	21-22	72.2%
BANES	20-21	52.5%
CCG	19-20	N/a
	18-19	N/a

B&NES Population Vaccination Coverage 50-64yr olds
20-21 was the first year that 50-64yr olds were first offered the vaccination and this was late in the season (Nov) hence the lower uptake.
Source: BANES CCG & BSW CCG [B&NES only data

for 21-22 is not available since the CCGs merged]

8.2.3.5 Primary school children



#### 8.2.3.6 Secondary School Children

	Year	Yr 7	Yr 8	Yr 9	Yr 10	Yr 11	B&NES Population Vaccination Coverage
B&NES LA	2021-22 2020-21	62.8% 64.0%	57.1% -	57.2% -	61.7% -	56.3% -	Secondary School Children
							Source: Gov.uk

[data for Yr8-Yr11 2020-21 is unavailable]

#### 8.2.3.7 Pregnant Women

	Year	Pregnant	
		women	
BSW CCG	21-22	46.9%	
BANES	20-21	50.2%	
CCG	19-20	44.4%	
	18-19	52.1%	

B&NES & BSW Population Vaccination Coverage						
Pregnant Women						
Source: Immform						

[B&NES only data for 21-22 is not available since the CCGs merged]

#### 8.2.4 Flu Vaccination Programme 2022-23

Eligibility for NHS flu vaccination during 2022-23 largely remains the same as last year, with a few exceptions. During the 2020-21 and 2021-22 flu seasons, an expanded offer was made which enabled those aged 50 to 64 years not in clinical risk groups to receive the flu vaccine as part of an NHS funded programme. This offer will continue for this age group for the 2022- 23 programme. However, as the priority is to vaccinate those in clinical risk groups, those aged 65 years and over and pre-school and primary school aged children, the offer to healthy 50 to 64 year olds will begin later, from mid-October 2022.

For the past two flu seasons, the childhood flu vaccination programme was extended to include, as a temporary measure, children in secondary schools. During 2020-21, children in year 7 were eligible and in 2021-22 children in year 7 to year 11 were eligible. For the 2022-23 flu season, flu vaccine will be offered to all children aged 2 or 3 years on 31 August 2022, all primary school aged children (from reception to year 6) and later in the season to secondary school children in years 7, 8 and 9. Any remaining vaccine will then be offered to children in years 10 and 11, subject to vaccine availability. Children from 6 months of age in clinical risk groups will continue to be offered flu vaccine.

The national and local uptake ambitions are to achieve and ideally exceed uptake in all groups, with a focus to improve uptake in clinical at risk groups, pregnant women and children aged 2 and 3.

The BSW Integrated Care Board, has an annual flu plan 2022-23, which all partner organisations in B&NES have fed into. The ICB will ensure that opportunities to co-promote and co-administrate will be maximised (e.g. Covid-19, flu and pneumococcal vaccines) and there is a health inequalities plan in place to support uptake in underserved groups.

#### 8.2.5 Priorities identified for 2022-2023 – Priority 7:

Improve the uptake of flu, pneumococcal, covid and childhood vaccinations in identified eligible groups has been identified as priority 7 for 2022-2023.

## 8.3 Reducing health inequalities in screening & immunisation programmes

Priority 6 from 2018-19 report: Continue to reduce health inequalities in bowel screening

Amber

#### 8.3.1 Bowel Cancer Screening Programme in B&NES - Social Marketing Plan 2019

Bowel cancer is the second most common cause of cancer death in England after lung cancer. The rate of bowel cancer is much higher in men and the majority of cases are amongst those over 50.

The earlier bowel cancer is diagnosed the more effective treatment will be. In England, screening is offered every 2 years for men and women aged 60 to 74.

In B&NES screening uptake has improved year on year since 2015. However uptake varies considerably by age, gender, and socio-economic status. National studies also show ethnicity and marital status are also factors and there is lower uptake amongst vulnerable groups and those with a learning disability.

Men aged 60 - 64 who live in the most deprived areas of Banes, Swindon and Wiltshire had the lowest uptake of screening at 33.2% in 2015.

The consequences of this are likely to be widening health inequalities through increases in late diagnosis of bowel cancer and lower survival rates amongst men, in particular those in lower socio-economic groups in B&NES.

PHE has a target of 75% of eligible people taking up invitations for bowel cancer screening, as part of the Cancer Taskforce Review

A working group was set-up to put into place a social marketing campaign and focused primary care support. A comprehensive literature search was undertaken, and the following recommendations were made:

#### Recommendations

- It is recommended that a B&NES wide multi media campaign is implemented to uplift the national PHE campaign raising awareness of the new FIT test to run from September 2019 March 2020
- This should include a range of strategies including outdoor advertising, face to face events in key geographies of B&NES linked to social housing clusters/ lower socio economic groups, targeted face book adverts, workplace promotion, radio adverts and video content where possible.
- It is recommended that the considerable partner assets identified above are used to facilitate access to the male population. In particular engaging partner

organisations to identify health champions/celebrities and spokespeople to advocate for testing where possible

 It is recommended this campaign is supplemented with a primary care arm which would include both awareness raising training for local health and social care professionals, as well as a targeted, personalised approach to addressing specific sections of the target audience.
 Priority should be given to those men who are 'first timers' i.e. 'rising 60's' as influencing this group is likely to improve overall uptake in future years.

The campaign was due to be launched during April 2020, just after the Covid-19 pandemic started. Unfortunately, the campaign was postponed and is due to recommence during autumn 2022.



## This little kit could save your life.

Aged 60-74? You'll be sent a free bowel cancer screening kit once every two years. It's meant for people with no symptom

Don't ignore it. Take the test.



## 8.4 Covid-19 Vaccinations

Vaccinations are our first line of defence against Covid-19. To ensure our communities, particularly those who are most vulnerable, are protected against the virus, B&NES Council have worked extensively with the NHS and wider partners to implement a comprehensive outreach Covid-19 vaccination programme across B&NES. The Covid-19 vaccination outreach programme for the boating community is one example of the services which have been provided, others include, homeless, travellers, deprived and low uptake communities such as Twerton, and lower uptake groups such as students.

#### 8.4.1 Covid-19 vaccinations for the boating community

To help vaccinate and protect our most at-risk communities, a Covid-19 canal boat outreach vaccination service was quickly set up for the boating community across B&NES and Wiltshire. As well as working with key statutory organisations like Public Health Wiltshire and the BSW Integrated Care Board, Julian House and the Canal Ministries also played an invaluable role in mobilising the service and offering valuable insights into the barriers faced by boaters when accessing healthcare. The drop-in vaccination clinic was held on a canal boat for three two-week periods to offer 1st doses, 2nd doses and booster vaccinations. Covid-19 testing, first aid kits and wellbeing information were also given out.

The service was a huge success with 782 vaccinations given in total. The canal boat clinic was also invaluable in enabling boaters to ask a health professional questions about the Covid-19 vaccine and seek advice for wider health and wellbeing concerns. We are looking forward to incorporating wider health services as part of a more regular clinic.



8.4.2 Priorities identified for 2022-2023 – Priority 8:

Continue to reduce health inequalities, including in cancer screening programmes and particularly bowel screening and cervical screening has been identified as priority 8 for 2022-23.

## 9 Recommendations

The Health Protection Board is committed to improving all work streams. The recommended priorities for 2022-2023 have been agreed by the Board as key issues to be addressed in order for the DPH, on behalf of the local authority, to be further assured that suitable arrangements are in place in B&NES to protect the health of the population.

The process of reaching the recommended priorities has been informed through monitoring key performance indicators, maintaining a risk log, use of local and national intelligence, and learning from debriefs of outbreaks and incidents. They are also informed by Local Health Resilience Partnership & Local Resilience Forum work plans, which are based on Community Risk Registers. The recommended priorities also align with the UKHSA and BSW ICB.

## 9.1 Recommended priorities:

- 1. Assurance: continue to monitor performance of specialist areas, identify risks, ensure mitigation is in place and escalate as necessary
- 2. Continue to actively participate in the prevention, preparedness and management of outbreaks and incidents with partner agencies to slow down and prevent the spread of communicable disease and manage environmental hazards
- 3. Continue to ensure that the public are informed about emerging threats to health
- 4. Support the development and implementation of clean air projects and plans in B&NES
- 5. Ensure the delivery of the B&NES Living Safely and Fairly with Covid-19 Plan 2022-24, and associated actions, and informed by the evaluation of key interventions
- 6. Support the development of an Infection, Prevention & Control Strategy across the Integrated Care System, and further embed IP&C prevention across settings
- 7. Improve the uptake of flu, pneumococcal, covid and childhood vaccinations in identified eligible groups
- 8. Continue to reduce health inequalities, including in cancer screening programmes and particularly bowel screening and cervical screening

## **10 Appendices**

**10.1 Appendix 1b: Health Protection Board Risk Log** 

10.2 Appendix 1c: B&NES Living Safely & Fairly with Covid-19 Plan 2022-24

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Risk Ref.	Risk Description	Likelihood	Impact	Risk Factor	Mitigation	Responsibility	Review Date
1	Emergency Planning - Inability to respond to emergencies long term (ongoing)	3	5	Very High	COVID-19 and the river incident highlighted this risk further. Likelihood increased from 1-3, impact remains the same. EP Team are now fully staffed, Daniel Noad is now the Team Manager, Heather Titterington has been appointed as Team Leader and Ian Cousins starts in December as Public Health EP Officer. Plan to have HoS available as well as Directors to support emergencies. Mutual aid from neighbouring LAs in place.	Daniel Noad	Jun-22
2	Public Protection - No formal out of hours provision for Public Protection	4	4	Very High	Best endeavours system in place – Council is tolerating risk. Due to Covid, and increased likelihood of investigation of outbreaks, some form of formal out of hours arrangements requires to be implemented. Looking into shared arrangements with Wiltshire and Swindon Council. This is not currently an option as both Swindon and Wiltshire have indicated that the Public Health Teams take the lead in Contact Tracing and so are not looking at out of hours arrangements.	Suzanne McCutcheon	Jun-22
3	In-sufficent Rest Centre Plan	1	4	Medium	The Council's Rest Centre Plan and SLA with Virgin Care (now HCRG) is currently being reviewed, to include more venues that don't rely on schools etc. A pool of trained staff are required, internal request to Council staff will go out. A live exercise is being planned for Oct 2022.	Daniel Noad	Jun-22

Page 248

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## **B&NES LIVING SAFELY AND FAIRLY** WITH COVID-19 PLAN

2022-24

Document Control	
Name of document	B&NES Living Safely and Fairly with COVID-19 Plan
Version and date	Version 1 – July 2022
Owner	B&NES Director of Public Health
Author	COVID-19 Health Protection Board

## Contents

FORWARD	3
PLAN ON A PAGE	4
SECTION 1: INTRODUCTION	5
1.1 Aim, objectives and approach	5
1.2 Capacity to deliver the plan and mobilisation of resources	5
1.3 Health and social care context	6
SECTION 2: NATIONAL CONTEXT TO LIVING SAFELY AND FAIRLY WITH COVID-19	7
2.1 The case for transition - why we can move to living safely with COVID-19	7
2.2 Future COVID-19 scenarios	7
2.3 The ability to respond to future scenarios	8
2.4 National policy and principles	9
SECTION 3: LOCAL FRAMEWORK FOR LIVING SAFELY AND FAILRY WITH COVID-19	
3.1 Learning from the past and maximising strengths and opportunities	
3.2 Local Framework	
3.2.1 Prevent and protect	
3.2.2 Outbreak management and response	14
3.2.3 Communications and community engagement	16
3.2.4 Surveillance and monitoring	16
SECTION 4: GOVERANCE, ROLES AND RESPONSIBILITIES	

#### FORWARD

The COVID-19 pandemic has been an unprecedented challenge for our health and care system and has had far reaching economic and social impacts. Whilst the risk of further waves of infection and localised outbreaks remains high, two years on from the start of the pandemic, the UK has moved to a situation where the majority of national measures to control the spread of the virus have been removed, and we are learning to live safely with the virus.

Our updated plan, which replaces the Local Outbreak Management Plan, provides a framework for how we will live safely with COVID-19 in Bath and North East Somerset. It builds on what we have learnt over the past two years and sets out how, within the new national context, we will **prevent and protect**, **respond** to localised outbreaks and any national resurgence of COVID-19, **communicate and engage** with our communities, and utilise **surveillance and monitoring** information.

As we make the transition to living safely with COVID-19, it is important that we state positively how individuals, employers, and other sections of our communities can manage risk. People need to have robust information to be able to risk assess their actions, and what their actions mean for themselves and others. We also need people to engage in behaviours that minimise risk, so for example, taking up the offer of COVID-19 vaccinations and adopting safe habits and choices such as regular hand washing and staying at home if unwell.

Good health and economic success are mutually dependent, and we will need to live fairly as well as safely with COVID-19. Reducing underlying poor health and inequalities, which were exposed and exacerbated by the pandemic, should be at the heart of our recovery so that all of our population are equally prepared to deal with any future resurgence of COVID-19, and we ensure more equal outcomes for our whole population.

We would like to acknowledge the Association of Director of Public Health report, Living Safely with COVID-19, which has informed our local approach. This B&NES Living Safely with COVID-19 Framework is for individuals, employers, and institutions to support our ongoing collective efforts to prevent, protect, and respond to COVID-19 in the coming years.

## PLAN ON A PAGE

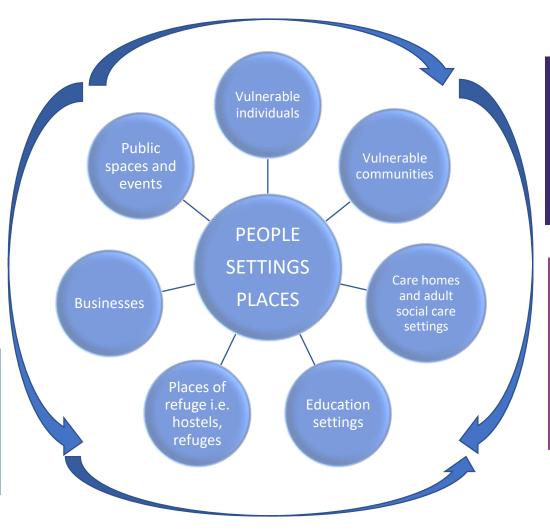
How we will live safely and fairly with COVID-19 in Bath & North East Somerset



- Safer behaviours i.e. maintaining regular and good handwashing, "catch it bin it kill it", stay at home if unwell
- Vaccination
- Community resilience;
   communities have the
   resources and expertise to
   prepare for, respond to and
   recover from threats
- Addressing inequalities

#### Surveillance and monitoring

- Use of national, regional and system-wide surveillance
- Local gathering of intelligence i.e. to support vaccination uptake



## Respond: outbreak management response

- Support to higher-risk settings
- Testing and treatment
- Preparedness to flex up the response

## Communications and engagement

- Local campaigns
- Use of behavioural insights; to encourage good choices by communities
- Work with communities

# **SECTION 1: INTRODUCTION**

This Plan provides a framework for how we will live safely and fairly with COVID-19 in Bath and North East Somerset. It provides a consistent approach and set of principles by which B&NES will manage what remains a dynamic situation; national policy is now more stable, but we remain in a global pandemic, and the Government's Scientific Advisory Group for Emergencies (SAGE) is clear that there is considerable uncertainty about the path that the pandemic will take in the UK.

The plan is part of the council's overall response to emergencies and does not replace the existing Major Incident Plan. The B&NES Living Safely and Fairly with COVID-19 Plan will be kept under review, in line with changes in national guidance and capacity across the system. In support of this plan, there are detailed plans that will also change and evolve.

# 1.1 Aim, objectives and approach

**AIM:** The aim of the B&NES Living Safely and Fairly with COVID-19 Plan is to harness the capacity of the Council, working with communities and partners, to enable residents of Bath and North East Somerset to live safely and fairly with COVID-19, while retaining resilience and capabilities to respond to new variants, outbreaks and any resurgence of COVID-19.

**OBJECTIVES:** The objectives of the Plan are therefore to ensure:

- A strategic and coordinated approach to the prevention and control of COVID-19 infection.
- The protection of those individuals, communities and settings that remain more vulnerable to COVID-19.
- A focus on reducing inequalities during recovery, so that we ensure more equal outcomes for our whole population.
- Local resilience and capacity to flex up the response in the event of outbreaks, new variants that pose an additional threat to public health and/or any national resurgence of COVID-19.
- Robust communications and engagement with communities and partners, informed by intelligence and behavioural insights approaches.
- Effective surveillance and monitoring to inform the early identification and proactive management of potential outbreaks, and to inform the targeting of programme resource (i.e. the targeting of vaccination outreach clinics).

**APPROACH:** Our approach will be to:

- Learn from the last 2 years, addressing what didn't work so well and building on the strengths of our tried and tested approach and the opportunities that new ways of working have created.
- Adopt an equity and needs based approach, reflecting increased understanding about the differential impact of COVID-19 across B&NES and the risk of increasing health inequalities.
- Recognise the considerable assets in the city demonstrated through the overwhelming positive community response to the pandemic.
- Ensure that governance arrangements associated with our plan provide the structure and responsibilities to enable an effective place-based approach in B&NES.
- Use the evidence base and local knowledge to steer a consistent approach to decision making.
- Where it will strengthen efforts in B&NES, we will work with neighbouring Local Authorities and other key partners, such as the regional UK Health Security Agency (UKHSA) health protection team, the local NHS, and the Local Resilience Forum (LRF).

### 1.2 Capacity to deliver the plan and mobilisation of resources

Whilst there is good Local Authority capacity to deliver this Plan during 2022/23, it is important to recognise that national funding for Local Authorities has come to an end, and any funding carried

forward by Local Authorities must be spent by April 2023. At the same time, UKHSA's budget allocations to support COVID-19 related activities has reduced significantly. Going forward, and particularly beyond March 2023, we will therefore be working within a context of reduced resources. A reduction in resources is necessary as we shift from pandemic response to living with COVID-19, though this will have implications for what can be delivered and how quickly the system can flex up to meet the needs of a large-scale acute response. It also poses risks in relation to gaps in specialist expertise. We will seek innovative ways to embed health protection, infection prevention and control and emergency planning capacity and skills across the system in the context of reduced resources. We will also seek to build upon the strong community resilience achieved during the pandemic; where communities and individuals have harnessed resources and expertise to help themselves prepare for, respond to and recover from COVID-19, and in a way that complements the work of the Local Authority, emergency responders and wider partners.

**Annex A** outlines which aspects of the Local Authority COVID-19 programme response have been demobilised or stood down to align with the shift to living with COVID-19.

#### 1.3 Health and social care context

As we shift to living with COVID-19 it is important to recognise that the challenges confronting the NHS and social care in recovering from the pandemic's consequences are considerable. There is currently very high demand on all services due to a combination of factors, including the prioritisation of services during the first phase of the pandemic, patients delayed care seeking, new or exacerbated needs and conditions (from long covid to increases in mental health conditions), and challenges in recruiting and retaining staff. Elective services that were scaled down during the worst of the crisis to meet the needs of acute and COVID-19-related care for example, are now facing extremely high demand. GP practices and mental health services are also experiencing significant strain, with 424,963 children and young people (0 to 18 years) in contact with mental health services in December 2021 compared with 367,403 in December 2019, an increase of 15.7%<sup>1</sup>. Further demand is likely for many months to come as patients that have not yet accessed, or been able to access, primary, community or mental health services have their health concerns addressed. At the same time, the system has faced challenges in managing the flow of patients from hospital to community settings such as care homes and their own homes with packages of domiciliary care, exacerbated by periods of care home closures to admissions due to COVID-19 outbreaks in the setting.

The NHS England *Delivery plan for tackling the COVID-19 backlog of elective care* has tasked the NHS with clearing backlogs and managing system pressures as quickly as possible, while simultaneously strengthening services so that they are more prepared and resilient for the future. This is reconfirmed by the NHS England 2022/23 priorities and operational planning quidance, which sets out how the NHS and partners will need to meet new care demands and reduce the care backlogs that are a direct consequence of the pandemic. Yet services must do so with persistent staffing shortages and health and social care professionals still coping with the cumulative stress of the pandemic and impact on their mental health and wellbeing. Both the NHS delivery plan and operational planning guidance (and accompanying documents) recognise that going forward, it will be important to recruit further staff and maintain a focus on engaging, developing and supporting existing staff.

<sup>&</sup>lt;sup>1</sup> Royal College of Psychiatrist analysis of NHS Digital Data: <u>https://www.rcpsych.ac.uk/news-and-features/latest-news/detail/2022/03/15/record-4.3-million-referrals-to-specialist-mental-health-services-in-2021</u>

# SECTION 2: NATIONAL CONTEXT TO LIVING SAFELY AND FAIRLY WITH COVID-19

### 2.1 The case for transition - why we can move to living safely with COVID-19

The past two years have seen many restrictions imposed on everyday life to manage COVID-19, though it is widely acknowledged that these have come with a huge toll on wellbeing, social outcomes, and economic output. Scientists and the Government now understand more about COVID-19, how it behaves and how it can be treated. We know what individual and societal behaviours can help to reduce the risk of COVID-19 transmission and how we can protect those that are most vulnerable to COVID-19 infection. We are also in a very different place to the first phase of the pandemic in relation to vaccinations and treatments; we have a comprehensive and effective vaccination programme in place, and a range of therapeutic drug and treatment approaches that the NHS can deploy to treat people who are most vulnerable to COVID-19. As the virus continues to evolve, it will be important to continue to add to this understanding to inform our range of prevention and treatment options.

The Government has stated that this evolved position means that it can move away from deploying regulations and restrictive requirements such as lockdowns in England, to using public health measures and guidance, with the key lines of defence being safer behaviours and vaccinations<sup>2</sup>. To date, the data supports this approach as it continues to show that the link between cases, hospitalisations, and deaths has weakened significantly since the start of the pandemic. However, the Government recognises that it can only take these steps because it will retain contingency capabilities and will respond as necessary to further resurgences or worse variants of the virus.

### 2.2 Future COVID-19 scenarios

There is considerable uncertainty about the path that the virus will take over the next few years. The SAGE committee have outlined a number of medium-term scenarios for the pandemic in the UK (see **Diagram 1**). Each of these scenarios assumes that a more stable position will be achieved over time, but that we could move between scenarios, or more than one could co-exist at any one time. A constant in each scenario is the possibility of continued disproportionate impacts on certain groups, for example communities with lower vaccination rates.

The 'reasonable best-case' scenario assumes that although there will be new variants, none of these will be more severe or transmissible than the current situation and vaccines will continue to protect well, with booster doses administered for vulnerable people in winter periods. Lasting immunity results in minimal seasonality, and there's limited risk of new epidemics because we're able to identify and get on top of new variants very quickly. The 'reasonable worst-case' scenario assumes that we see constant and high prevalence infection in the population, and that waning immunity results in seasonality overlapping with existing seasonal Winter pressures, putting extra strain on systems and populations. In addition, there's a high risk of new epidemic waves resulting from new variants, or even a new pandemic.

The middle two positions - 'optimistic central' and 'pessimistic central' - are considered most likely, though remain hard to predict as they depend on the nature of the variants that do emerge, and ongoing uptake and effectiveness and availability of vaccines and treatments. Eventually, when the virus transmission is more steady and predictable, we will have reached an endemic state<sup>3</sup>, but

<sup>&</sup>lt;sup>2</sup> Cabinet Office (2022). Covid-19 Response; Living with Covid-19: <u>https://www.gov.uk/government/publications/covid-19-response-living-with-covid-19/covid-19-response-living-with-covid-19</u>

<sup>&</sup>lt;sup>3</sup> A disease outbreak is endemic when it is consistently present but limited to a particular region. This makes the disease spread and rates predictable.

meanwhile, we need to ensure capability to respond if new variants emerge domestically or internationally.

#### Diagram 1: SAGE 4 working scenarios<sup>4</sup>

**REASONABLE BEST CASE:** Minimal further escape from current vaccines and infection-induced immunity. Minor seasonal/regional outbreaks from waning immunity and minor antigenic change. Existing vaccines used annually to boost vulnerable only. Antivirals have a significant impact on mortality and morbidity and remain effective. Years with higher SARS-CoV-2 waves tend to have fewer influenza cases.

**CENTRAL OPTIMISTIC:** Increasing global immunity leads to generally lower realised severity. Waves of infection are driven by cycles of significant waning immunity and/or the emergence of new variants either from Omicron or other lineages. The general pattern is of annual seasonal infection with good and bad years, the latter with high transmissibility and intrinsic severity similar to Delta. Severe illness and mortality largely limited to vulnerable, elderly and those without prior immunity. Regularly updated vaccines given annually to the vulnerable and to others in bad years. Voluntary protective behaviours are high during waves. Some countries impose NPIs (e.g. face coverings) in bad years. Anti-viral resistance begins to appear and limits use until combination therapies are available.

**CENTRAL PESSIMISTIC:** High global incidence along with increasing population immunity drives unpredictable emergence of variants for many years, with a combination of enhanced immune evasion and greater transmissibility relative to Omicron, sometimes more than once per year and/or with intrinsic severity similar to Delta in bad years. Existing immunity and updated vaccines continue to provide good protection against most severe outcomes. Although now more severe, repeated waves of infection cause widespread disruption with disproportionate impacts in some groups, e.g. children in education. Widespread annual vaccination with updated vaccines. Anti-viral resistance is widespread. SARS-CoV-2 waves do not reduce influenza; SARS-CoV-2 waves overlap leading to further burdens on healthcare. Limited voluntary protective behaviours during waves. Some countries impose more significant NPIs in bad years.

**REASONABLE WORST-CASE:** High global incidence, incomplete global vaccination and circulation in animal reservoirs leads to repeated emergence of variants, including through recombination (exchange of genetic material between different variants infecting the same cell). Not all variants are equally challenging, but some show significant immune escape with respect to immunity from vaccines and prior infection. Unpredictable changes in how the virus causes disease alters the rate and age profile of severe disease and mortality, with increased long-term impacts following infection. Widespread annual vaccination with updated vaccines is required. Anti-viral resistance widespread. Voluntary protective behaviours are largely absent and/or a source of societal conflict. Significant use of NPIs is needed, especially when new variants outpace vaccine updates (and/or testing technologies fail).

#### 2.3 The ability to respond to future scenarios

The national guidance <u>COVID-19 Response: Living with COVID-19</u> states that the Government will ensure resilience and maintain contingency capabilities to deal with the range of possible COVID-19 scenarios. Whilst large scale demobilisation of some national infrastructure has taken place, including the demobilisation of NHS Test and Trace and community testing, some testing and contract tracing capability will be maintained and be scalable. Some sequencing of positive PCR samples from healthcare and community testing programmes, and some national surveillance will also remain (including the ONS survey, SIREN and VIVALDI studies), to support the rapid identification of new variants and monitoring of the virus over time.

B&NES Council is reviewing its resilience and capacity as an organisation to scale up to future COVID-19 and wider threats through the refresh and exercising of the B&NES Major Incident Plan, which recognises the importance of system-wide resilience involving partners and communities. To inform this process, workshops are taking place with partners, the voluntary and community sector and communities to provide an opportunity to reflect on how we can learn from and build upon the achievements of the first two years, and how we can remain ready to cope with the uncertainty and challenges of the future. As central funding to support the COVID-19 response reduces or comes to an end, key Council and UKHSA posts that support health protection resilience will be lost, and so a

<sup>&</sup>lt;sup>4</sup> SAGE (2022): <u>S1509 SAGE 105 minutes.pdf (publishing.service.gov.uk)</u> and S151 SAGE scenarios: <u>https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\_data/file/1054323/S151</u> <u>3 Viral\_Evolution\_Scenarios.pdf</u>

key challenge for the system going forward will be to embed crucial skills and expertise within roles, organisations and communities.

### 2.4 National policy and principles

The Government states that it's goal is to move towards managing COVID-19 in line with other respiratory viral illnesses and promote behaviours, from good hand hygiene to vaccination uptake, that can reduce the transmission of such viruses. This will both support ongoing COVID-19 management, and reduce the risk of surges of other respiratory viral infections and the subsequent impacts on the health and care system, local economy, and the wider community.

To meet this goal, the Government will structure its ongoing response around four principles:

- Living with COVID-19: removing domestic restrictions while **encouraging safer behaviours** through public health advice, in common with longstanding ways of managing most other respiratory illnesses;
- Protecting people most vulnerable to COVID-19: **vaccination** guided by Joint Committee on Vaccination and Immunisation (JCVI) advice, and deploying targeted testing;
- **Maintaining resilience: ongoing surveillance, contingency planning** and the ability to reintroduce key capabilities such as mass vaccination and testing in an emergency; and
- Securing innovations and opportunities from the COVID-19 response, including investment in life sciences. Would include treatments here.

This Plan sets out what actions will be taken in Bath & North East Somerset to support implementation of these principles at the local level; through the framework for how we will live safely and fairly with COVID-19 as outlined in the next section. Some of the national principles align with the key epidemiological principles that the ADPH advise should guide us through the next phase of the pandemic, which include reducing transmission, use of surveillance and vaccinations, and a clear testing strategy.

# SECTION 3: LOCAL FRAMEWORK FOR LIVING SAFELY AND FAILRY WITH COVID-19

### 3.1 Learning from the past and maximising strengths and opportunities

As we move into the next phase of living safely and fairly with COVID-19, it is essential to consider and learn from what has worked well and what has not worked so well and why. The Coronavirus Pandemic has been the largest and most enduring pandemic since the "Spanish Flu" in 1918–1919, and the UK has experienced one of the highest proportions of excess deaths in the World (where excess deaths are recorded), particularly in the first wave of the pandemic. This is partly thought to be due to a lack of national preparedness to respond to a pandemic of this nature, and because the general population was less healthy than many Western counterparts. The pandemic has exposed and magnified health inequalities, resulting in even worse health outcomes for some of the worst off in our society.

Conversely, the challenge of the situation has brought about rapid change and innovation of a scale that would have been unimaginable just two years ago. New ways of working have been adopted at pace, solutions to problems not previously experienced have been found, and communities and partners across sectors have pulled together with unity and determination.

Between February and May 2022 B&NES Council conducted a number of "Look Back" and "Look Forward" workshops, including with internal colleagues, the COVID-19 Health Protection Board and the voluntary and community sector, to inform our understanding of what went well and areas of our response that we could improve and build on. From these workshops, key strengths of our local response that were highlighted include partnership working across organisations and sectors, and including to protect the most vulnerable, with the <u>Community Wellbeing Hub</u> frequently sighted as an excellent model for collaboration between commissioners and a wide range of providers. Other strengths include the flexible and agile response that all sectors demonstrated, the resilience of the workforce, the additional capacity and resilience provided by volunteers and volunteer networks, the development of new ways of working (supported by IT systems, software and equipment), and the development of new skills and opportunities across workforces. Robust emergency planning structures and relationships, and the delivery of robust COVID-19 interventions such as local contact tracing, community testing, the PPE store, and the mobilisation of an infection prevention and control team to support situations and outbreaks, including in care homes, education settings, and hostels, were also highlighted as strengths.

Key areas of our response that we will seek to improve and build on include developing more agile processes to support the recruitment and redeployment of staff, embedding the skills required to support a health protection response into continuing professional development programmes, ensuring that workforce wellbeing is a key element in preparing for both acute and sustained responses, and maintaining community resilience to respond to future COVID-19 and health protection threats. Further areas of focus also include addressing the harms that the pandemic has had on mental health and wellbeing, using recovery as an opportunity to address heath inequalities, and ensuring that our learning on the roles and responsibilities that different organisations, partners and communities fulfil in such emergencies inform this Plan and also the refresh of plans such as the Major Incident Plan and BSW Communicable Disease Plan.

#### Partnership working across sectors to protect the most vulnerable

**Case study 1:** The <u>Community Wellbeing Hub</u> was set up in the early stages of the pandemic to support residents with their basic needs, including providing emergency food parcels, collecting prescriptions, transporting residents to medical appointments, support with a gas or electricity top up, and support to people feeling anxious and/or lonely. Over time the Community Wellbeing Hub has expanded its offer to support people with a wide range of needs such as housing and benefits advice and health and wellbeing support such as help with stopping smoking, getting active or losing weight. This integrated offer has been made possible by the Hub being set up as a collaboration between HCRG Care Group, 3SG, Bath Mind, Bath & North East Somerset Council, BSW Clinical Commissioning Group, and other voluntary and community sector partners.

**Case study 2:** During the pandemic, a Homeless Partnership meeting was held weekly to bring together key partners involved in the care and support of homeless people and people at risk of homelessness. Members of the partnership included B&NES Public Health and Housing Services, homeless providers (Curo, Julian House, DHI, Home Group, Brighter Places, Genesis Trust, St Mungo's), police, Big Issue, HCRG Care Group and Citizen's Advice Bureau.

Key issues where discussion and action took place included support to residents to self-isolate and access to COVID-19 testing and vaccinations. The partnership acted as a valuable space for Public Health to provide updates on COVID-19 to the group, as well as for organisations and services to flag any COVID-19 related concerns or issues. Feedback from the partnership was key to informing the local authority's communications and outreach work. Outside of the weekly meetings, Public Health also communicated regular updates via email on locations and times of test sites (e.g. mobile testing van) as well as local walk-in vaccination clinics. Engagement with the homeless partnership during the pandemic was hugely valuable for all partners, and broader public health and health protection issues are now being discussed and taken forward by the partnership.

#### Case study 3: Community asymptomatic testing

B&NES Council set up asymptomatic community testing in early 2021 alongside other local authorities. Between June 2021 and April 2022, approximately 40,000 lateral flow test kits were handed out from the fixed testing site in Bath city centre and the mobile testing van. Additionally, 5,000 people were assisted with a lateral flow test from these sites. Lateral flow tests were also available to collect from community libraries and one-stop shops across B&NES.

The mobile testing unit, set up in August 2021, travelled to over 50 locations across B&NES including, parks, supermarkets, voluntary and community sector organisations, and faith settings, providing information about COVID-19 testing and facilitating access to lateral flow test kits. B&NES residents fed back that this was "a very useful service" and "a good way to help keep people safe".

By working with voluntary and community sector organisations such as Julian House, Bath Welcome Refugees, Bath Mind and Age UK, communities previously not accessing tests were able to access tests more easily, and were provided with information to be able to perform tests robustly and with confidence. "It's been really helpful and informative for our clients and ourselves" said Age UK.

Community asymptomatic testing has not only improved access to lateral flow tests in underrepresented communities, but also provided wider support and comfort to individuals throughout the COVID-19 pandemic. As one testing operative stated, "meaningful interactions are the benchmark... some people just want human interaction and a chat, and I am more than happy to have a chat".

#### 3.2 Local Framework

This section sets out the local framework for how, within the new national context, we will **prevent and protect**, **respond** to localised outbreaks and any national resurgence of COVID-19, **communicate and engage** with our communities, and utilise **surveillance and monitoring** information.

#### 3.2.1 Prevent and protect

#### Encouraging safer behaviours

Small actions can make a big difference. Maintaining certain infection prevention and control choices and habits in the home, workplaces and public places will help to reduce transmission of COVID-19 and help to minimise transmission of other respiratory viruses. All individuals, employers and institutions will be encouraged to follow <u>national safer behaviour advice</u>, which includes:

- Getting vaccinated and boosted; this offers the best protection against COVID-19, it reduces the risk of getting seriously ill and of spreading it to others
- Let in fresh air when indoors
- Wash your hands regularly for 20 seconds or more
- Stay home if you feel unwell, if possible
- Consider wearing a face covering in the following scenarios; when coming into close contact
  with someone at higher risk of becoming seriously unwell from COVID-19 or other
  respiratory infections, when COVID-19 rates are high and you will be in close contact with
  other people, such as in crowded and enclosed spaces, and/or when there are a lot of
  respiratory viruses circulating, such as in winter, and you will be in close contact with other
  people in crowded and enclosed spaces.

During 2022-23 B&NES Infection Prevention and Control (IP&C) team will work with a range of settings, including higher risk settings, to train staff, residents and pupils in safer behaviours and IP&C measures, with the aim of preventing and reducing transmission of COVID-19 and other infections. A train the trainer approach will be utilised to support the sustained sharing of knowledge.

#### **Vaccination**

COVID-19 vaccines remain the most important and effective way the public can protect themselves and others from becoming seriously ill or dying from the virus. Without the vaccine programme, and the high levels of take-up, we would not have been able to transition into the current phase of living safely with COVID-19. A recent review by UKHSA also showed that people who have had one or more doses of a COVID-19 vaccine are less likely to develop long COVID symptoms than those who remain unvaccinated<sup>5</sup>. Nevertheless, no vaccine is 100% effective, not everyone will choose to be vaccinated, and there will be an ongoing risk of a new variant emerging that the vaccine is less effective against, and so vaccination remains one of a number of important measures.

A key role locally, will be for the Council and NHS to continue to work in partnership with the voluntary and community sector and communities to increase uptake in groups that have lower vaccine uptake. This includes continuing activities that make vaccinations more accessible, analysing vaccination uptake data to help identify which groups may need more support to access vaccination, and building behavioural insights into the programme to support understanding of how vaccine confidence can be increased. It also includes ensuring robust communications and community engagement campaigns that provide residents with the evidence-based information on the safety, efficacy, and rationale for vaccination, that they need to make informed choices.

#### Case study 4: Reducing inequalities in vaccine uptake

B&NES Council, the NHS, voluntary and community sector partners and key institutions, have made vaccinations more accessible through a central Bath vaccination clinic to supplement the Bath Racecourse vaccination centre, and through "pop-up" clinics at location across the local authority, and including in community centres, sports facilities, and University settings. We have also taken vaccinations to where people live, where they face specific barriers in accessing healthcare.

**Boaters** are at increased risk to COVID-19 due to cold weather/fuel poverty, underlying health conditions and reduced living space. Barriers to accessing healthcare are also significant due to lack of transport and no fixed abode. Approximately 12% of boaters are not registered with a GP. Of those that are registered, boaters live on average 47km away from their GP compared to 92% of the general population that live within 2km.

In light of this, a multi-agency group was set up – including Public Health B&NES and Wiltshire, BSW Clinical Commissioning Group, Julian House and Canal Ministries - to mobilise a COVID-19 canal boat outreach vaccination service. A drop-in vaccination clinic was held on a canal boat for three 1–2-week periods to offer 1st doses, 2nd doses and boosters. COVID-19 testing, first aid kits and health promotion material were also given out. The service was received very positively with 782 vaccinations (314 1st doses, 266 2nd doses and 202 boosters) administered. Nearly everyone who accessed the clinics had the vaccine. The service was valuable in enabling boaters to ask a health professional questions about the vaccine, particularly for those who had concerns.

<sup>&</sup>lt;sup>5</sup> UKHSA (2022): The effectiveness of vaccination against long COVID A rapid evidence briefing: <u>https://ukhsa.koha-ptfs.co.uk/cgi-bin/koha/opac-retrieve-file.pl?id=fe4f10cd3cd509fe045ad4f72ae0dfff</u>

#### Community resilience

The pandemic has led to more resilient communities, though households, communities, organisations and businesses developing knowledge, skills and capabilities to support themselves and others in the event of major threats. The development of existing and new local support networks, some linked to voluntary and community organisations and some informal neighbourhood networks for example, has strengthened community resilience by harnessing the assets of individuals and groups. Volunteers have played a pivotal role in the response; from providing food and medical provisions and offering to transport people to medical appointments, through to telephone befriending services and doorstop visits to reduce social isolation and loneliness. We will continue to support the development of resilient communities through a programme of work with different sectors to develop the skills, capacity and neighbourhood plans to enable communities to prepare themselves for threats and know how best to respond, and particularly in order to protect those that are most vulnerable in our communities.

#### Addressing inequalities

By mid-March 2021 the pandemic had led to 119,000 excess deaths in the UK and in 2020 caused a 9.9% drop in GDP<sup>6</sup>. Behind these overall figures lie the unequal burdens carried by different population groups and regions. The pandemic for example, has revealed stark differences in the health of the working age population – those younger than 65 in the poorest 10% of areas in England were almost four times more likely to die from COVID-19 than those in wealthiest<sup>7</sup>. The type and quality of people's work, housing conditions, and access to financial support to self-isolate all contributed to different exposures to the virus. The pandemic has shown that health and wealth are inextricably connected and it will be important at the local level, for economic strategy to recognise this and to seek to create good health and wealth for all. Some groups, such as young people, those with disabilities, care home residents and minority ethnic groups have also been disproportionately affected by the pandemic, and it will be important to seek opportunities to address their needs. As part of its ongoing work to address inequalities the BaNES, Swindon and Wiltshire (BSW) Partnership is developing a new strategy to make sure that tackling inequalities is everybody's business and that there is a long-term commitment to addressing these issues across the system.

#### 3.2.2 Outbreak management and response

#### Support to higher-risk settings

It will be important to maintain support to higher risk settings such as care homes, due to the clinical vulnerability of residents and the nature of multiple occupation settings, which means that viruses such as COVID-19 can spread very quickly without appropriate controls in place. Other higher-risk settings include homeless hostels and some sheltered housing settings, again due to the clinical vulnerability of residents and close proximity of living arrangements. Such settings will continue to be provided with support by UKHSA and B&NES Council, including to risk assess more complex situations and outbreaks and to provide advice on control measures. Key partnership forums will also be sustained so that there continues to be regular dialogue with care homes and other adult care providers to support preventative and outbreak management work, and so that as national

https://www.health.org.uk/publications/reports/unequal-pandemic-fairer-

<sup>7</sup> The Health Foundation (2021): Unequal pandemic, fairer recovery:

https://www.health.org.uk/publications/reports/unequal-pandemic-fairer-

<sup>&</sup>lt;sup>6</sup> The Health Foundation (2021): Unequal pandemic, fairer recovery:

recovery#:~:text=Despite%20these%20efforts%2C%20by%20mid,different%20population%20groups%20and%2 Oregions

recovery#:~:text=Despite%20these%20efforts%2C%20by%20mid,different%20population%20groups%20and%2 Oregions

COVID-19 funding and resources reduce within UKHSA and the Council, providers are in a good position to manage routine situations independently.

Education settings from pre-school settings right the way through to universities will also remain vulnerable to outbreaks due to the close proximity of children and young people in these settings. However, as the overall risk of children and young people becoming severely ill from COVID-19 is extremely low, whilst the overall impact of control measures on their social and emotional wellbeing and educational outcomes is high, living safely and fairly with COVID-19 has required a new approach to managing COVID-19 infection in education settings. Risk assessments and safer behaviours remain important, but COVID-19 infection (confirmed or suspected) will be managed in line with other respiratory infections, asymptomatic and symptomatic testing is no longer recommended, and outbreak testing is only available by exception in eligible SEND residential settings.

#### Case study 5: Working with high risk settings

Care homes have been and continue to be identified as a high risk setting and have seen restrictions in place during outbreaks of COVID-19, which in some cases have been in place for long periods of time. These restrictions include limitations on visiting. The visiting policy and outbreak management plans of the care home are the responsibility of the registered manager. The B&NES adult social care Infection Prevention and Control (IP&C) team are able to support and advise in line with national guidance.

In one situation during a long running outbreak, meetings were held on a 1:1 basis with the registered manager to modify visiting during an outbreak using risk assessment in line with national guidance. This allowed outdoor events for special occasions, visits out of the care home, and visits inside to occur in a safe way. By supporting the manager in this intensive way the IP&C team were able to then explain the reasons for restrictions, what the risks were and the appropriate modifications to support the wellbeing of residents. This skilled up the care home manager to independently modify visiting in a safe way. The IP&C team also used this learning and the scenarios presented to write documents enabling other care home managers to understand risks and mitigations associated with COVID-19 in care homes, particularly during an outbreak.

#### Testing and treatment

The government has committed to ensuring those aged over 12 years who are at <u>highest risk of</u> <u>severe illness from COVID-19</u>, can continue to access tests so that they can check very quickly if they have developed the virus and get access to treatments quickly. Other groups eligible for free tests include NHS staff who care for patients, hospital patients who need PCR tests before treatment, people working in higher-risk settings such as care homes and prisons, care home residents, and hospital patients who are discharged to care homes or hospices.

The NHS is offering antibody and antiviral treatments to people with coronavirus (COVID-19) who are at highest risk of becoming seriously ill.

#### Preparedness to flex up the response

B&NES Council and other key agencies are required to prepare for and respond to health emergencies, including but not limited to COVID-19. As there is uncertainty about the path that the

virus will take, we will review our response plans periodically to ensure we are able to reinstate arrangements in a timely manner if required.

Plans will address mobilising capacity and arrangements to support:

- surge testing
- contact tracing
- self -solation or quarantine
- the management of situations and outbreaks
- the distribution of anti-viral treatments
- the distribution of personal protective equipment (PPE)
- mass surge vaccination
- contracts for emergency facilities and services
- community and voluntary sector and volunteer networks to meet the diverse needs of our local population

### 3.2.3 Communications and community engagement

Living safely and fairly with COVID-19 must state positively what we can do and how, so that individuals, employers and institutions can manage risk. People need to have robust information to be able to risk assess their actions, and what their actions mean for themselves and others. B&NES Council will continue to ensure the delivery of a robust Communications Plan so that local campaigns, in support of national campaigns, provide communities and strategic partners with clear and evidence-based information to inform their decision-making.

We know, however, that providing information isn't enough to influence the behaviours of everyone. We need to shift and change behaviours so that people act upon the information they are provided with. We will, therefore, continue to use behavioural insights intelligence to better understand the social, economic and cultural determinants that support engagement with (rather than hesitancy towards or refusal of) public health interventions. We will also continue to make use of frameworks such as EAST and APEASE to support the design and implementation of interventions. EAST encourages the design of interventions that are Easy, Attractive, Social and Timely and APEASE encourages consideration of Affordability, Practicability, Effectiveness and cost-effectiveness, Acceptability, Side-effects and safety, and Equity.

Reducing transmission is as much about influencing and changing population behaviour to be safe... We need large scale population adoption of safer behaviours as both habits (i.e. sustained behavioural patterns people do not need to think about) as well as a mindset of "safety first", where people are actively seeking to reduce risk. If enough sectors of the economy use design, behavioural choice, behavioural insights, and social psychology consistently, we can create a culture where people perform safer behaviours as habit.

ADPH Report (2021): Living safely with COVID-19

### 3.2.4 Surveillance and monitoring

With the demobilisation of community PCR and LFD testing, it is no longer possible to monitor the number of COVID-19 infections, and better measures for understanding whether infections are going up or down are COVID-19 hospitalisations and excess deaths. However, the Government will continue to monitor cases, in hospital settings in particular, and will use genomic sequencing, which will allow some insights into the evolution of the virus. UKHSA will maintain scaled down critical surveillance capabilities including the COVID-19 Infection Survey (CIS) population level survey,

genomic sequencing and additional data. This will be supplemented by continuing the SARS-CoV-2 Immunity & Reinfection Evaluation (SIREN) and Vivaldi studies. The purpose of the SIREN study is to understand whether prior infection with SARS-CoV2 (the virus that causes COVID-19) protects against future infection with the same virus. The Vivaldi study was established to investigate COVID-19 infections in care homes.

At the local level, data and intelligence is crucial in informing strategic and operational decisions on how best to prevent the transmission of COVID-19, maintain public confidence and engagement with public health measures, and inform the identification and proactive management of local outbreaks in higher risk settings such as Care Homes. B&NES Council will continue to utilise the national and local COVID-19 dashboards and proxy indicators to maintain an oversight of COVID-19 in the local authority and to support the targeting of appropriate infection prevention and control support and interventions. This includes using data to support specific settings in responding to situations and outbreaks, and using data proactively, for example, the Council and NHS will continue to utilise vaccination intelligence to inform the locations for "pop up" and outreach clinics for underrepresented groups and the targeting of communications and community engagement activities.

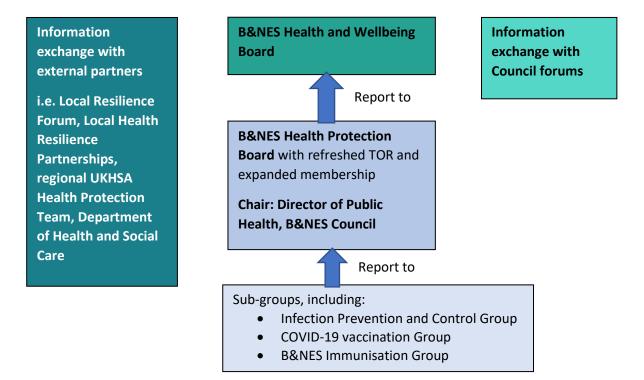
B&NES Council will also work with UKHSA in 2022-23 to develop a refreshed regional health protection dashboard, to support the surveillance of COVID-19 and also other infectious diseases

# SECTION 4: GOVERANCE, ROLES AND RESPONSIBILITIES

Clear governance is essential to ensure that each area of the system operates effectively. Local governance of COVID-19 builds on existing practice and structures:

- the Director of Public Health (DPH) has a responsibility to ensure the development and implementation of the COVID-19 local outbreak management plan (or equivalent); supported by wider local authority teams as necessary
- the local authority corporate management team has a key role in providing strategic leadership and direction, ensuring local communications and engagement, and deploying local government resources
- local authorities, through their elected mayors and council leaders, are accountable to their local community for the local response, decisions and spending undertaken
- councillors, as local systems leaders, and local community leaders can facilitate systems relationships and community engagement
- the Civil Contingencies Act 2004 provides that other responders, through the local resilience forum (LRF), have a collective responsibility to plan, prepare and communicate in a multi-agency environment
- the local 'gold' structure, once "stood up", provides resource coordination, and links to COVID-19 regional partnership teams and other key category 1 responders from the local system
- local authorities have legal powers relating to public health which are listed in Annex B.
- Regional teams such as the South West UKHSA health protection team play an important role in connecting the national and local response, providing specialist expertise and capability, and working collaboratively with the Council and local partners.

The following governance arrangements are in place to support effective and transparent decisionmaking.



B&NES' geographical position adds some complexity to the response plan. Our LRF alignment is with Avon and Somerset, while our NHS system incorporates Swindon and Wiltshire who share a separate LRF. As we have done throughout the last 2 years, we will continue to work with our partner organisations across both footprints. Annex A: Aspects of the Local Authority COVID-19 programme response that have been demobilised or stood to align with the shift to living with COVID-19

COVID-19 PROGRAMME	
Projects and resource in place to enable the delivery of B&NES Local Outbreak Management Plan between 2020-2022	Status of project as at June 2022
Public Health Inbox to respond to COVID-19	In place though resource scaled back
related queries	from 31 <sup>st</sup> March 2022 as enquires have reduced
Vaccination programme	Will remain in place and as directed by DHSC
Asymptomatic (LFD) community testing	Demobilised on 31 <sup>st</sup> March 2022
Local PCR fixed and mobile sites (led by DHSC)	Demobilised on 31 <sup>st</sup> March 2022
Local contact tracing service, in support of NHS Test and Trace	Demobilised on 24 <sup>th</sup> February 2022
Infection prevention and control acute response	Scaled back though in place to support
	reactive and proactive work with higher risk settings, and to ensure resilience for Winter 2022/23
Environmental Health response	Scaled back though in place to support reactive and proactive work with settings in 2022/23
Community Wellbeing Hub	Specific functions demobilised though in place to support wider community wellbeing needs
Communications and community engagement	In place though scaled back to support engagement with vaccination and safer behaviours only.
	Weekly COVID-19 briefing, weekly Sitrep, and weekly extract for E-Connect <b>demobilised.</b> Education setting newsletter less frequent and covers all health protection issues.
Surveillance and intelligence	Weekly Sitrep <b>demobilised</b> . Power BI COVID-19 dashboard demobilised.
	Care Home dashboard, education tracker dashboard, RUH sitreps and Resilience Direct remain in place.
Forums in place to enable the delivery of B&NES Local Outbreak Management Plan between 2020-2022	Status of Forums as at June 2022
Command and control internal arrangements i.e. Gold, Silver, Bronze	Stood down
LRF command and control arrangements i.e. Tactical Coordinating Group, Strategic Coordinating Group	Stood down
COVID-19 Outbreak Engagement Board	Stood down
COVID-19 Health Protection Board	COVID-19 specific Board <b>stood down</b> and remit of the Board incorporated into the Terms of Reference for the B&NES Health Protection Board
Public Health Covid internal meeting	Replaced by a Health Protection Internal meeting, that meets monthly.
Vaccination sub-group	In place
Adult social care sub-group	In place

Higher risk groups and places sub-group	Stood down
Education sub-group	Stood down
Universities sub-group	Stood down
Contain Outbreak Management Fund sub-group	In place whilst funding is available (for 2022/23)

#### Annex B: Current Public Health legal powers

The legal context, including enforcement powers, for managing the Coronavirus pandemic has changed over the course of the pandemic. With the publication of the national <u>Living with COVID-19</u> plan on the 24<sup>th</sup> February 2022, the government ended COVID-19 specific legal restrictions in England, in favour of public health guidance. Nevertheless, health protection legal powers for managing outbreaks of communicable disease, which present a risk to the health of the public requiring urgent investigation and management, remain and sit with:

• United Kingdom Health Security Agency (UKHSA) under the Health and Social Care Act 2012;

• Directors of Public Health, who have a duty to prepare for and lead the Local Authority Public Health response to incidents that present a threat to the public's health under the Health and Social Care Act 2012;

• Chief Environmental Health Officers under the Public Health (Control of Disease) Act 1984 and suite of Health Protection Regulations 2010 as amended;

• NHS Clinical Commissioning Groups to collaborate with Directors of Public Health and UKHSA to take local action (e.g. testing and treating)

Bath & North East Somerset Council								
MEETING/ DECISION MAKER:	Health and Wellbeing Board							
MEETING DATE:	Tuesday 27 <sup>th</sup> Sentember 2022							
TITLE:	TITLE: SEXUAL HEALTH BOARD ANNUAL REPORT 2021/22							
WARD:	All							
	AN OPEN PUBLIC ITEM							
List of attac	hments to this report:							
Please list all the appendices here, clearly indicating any which are exempt and the reasons for exemption								
Appendix 1: Terms of reference of the Sexual Health Board								
Appendix 2	: Sexual health action plan 2022/23, updated June 2022							
Appendix 3	Appendix 3: Outcome indicator set, updated June 2022							

## 1 THE ISSUE

1.1 This annual report summarises the work overseen and completed during 2021/22 by the Bath and North East Somerset (B&NES) Sexual Health Board by providing background and context to the board; a brief overview of sexual and reproductive health in B&NES; details of some of the key work overseen and completed during the year; the challenges we faced; and the Board's priorities for 2022/23

## 2 **RECOMMENDATION**

## The Board is asked to;

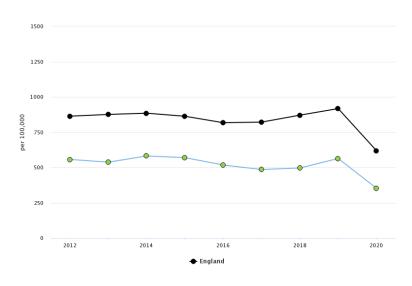
- 2.1 **Proposal 1:** consider the contents of this report
- 2.2 **Proposal 2:** approve the contents of this report

# **3 THE REPORT**

- 3.1 The biggest influence on sexual and reproductive health during 2021/22, and on services, has been the Covid-19 pandemic. Across the country, and in B&NES, sexually transmitted infections (STIs) reduced during this period, but we also had a corresponding drop in the number of patients coming into services, meaning not all who needed testing may have been able to access it. All services reported an increase in patients accessing their services as Covid restrictions reduced, but services continued to be under pressure with staff absence and sickness due to Covid. Management of these issues, ensuring the most vulnerable people could be seen as quickly as possible whilst maintaining staff health and wellbeing and avoiding burnout, has been and continues to be a significant problem
- 3.2 Sexual and reproductive health services are usually based on an open-access model meaning that appointments are not usually necessary and that patients can walk-in to services. Services had to radically change their operating processes to move away from an open access model to a triage model to help prevent Covid transmission, and some basic testing services were brought online. This was a challenge not just for services, but also for patients who have been used to accessing services in a very different way. In another example our sexual health training programme had to be moved completely online instead of being face to face; this presented a number of issues for both the trainers and delegates so that the quality of the training could continue to be maximised
- 3.3 The full terms of reference of the sexual health board are detailed in Appendix 1; briefly the board's key purposes are to oversee the development and delivery of an action plan for sexual and reproductive health in B&NES; to monitor sexual and reproductive health outcomes for the population of B&NES; to influence the commissioning and delivery of high quality sexual health promotion, clinical provision and sexual health-related social care, ensuring equitable provision according to need; and to ensure effective partnership responses are developed and delivered in respect of all sexual health services for B&NES residents. The sexual health board meets three times per year
- 3.4 The sexual health board develops and implements an annual sexual health action plan which is agreed every April; the 2022/23 action plan is detailed in Appendix 2. The action plan shapes the work of the board throughout the subsequent financial year, identifying priorities and key programmes of work. The board reports on progress and reviews the action plan at least three times per year
- 3.5 The action plan contains around 40 specific actions, grouped into four thematic areas:
  - (a) prevention and promotion
  - (b) intelligence and research
  - (c) service improvement
  - (d) governance and contracting

The action plan highlights the action, the responsible officer, a deadline for completion and a traffic light indicator detailing a summary of progress made to date

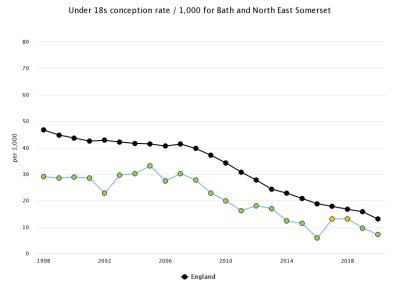
- 3.6 In developing the action plan and in helping to assess progress, the board utilises an outcome indicator set which is detailed in **Appendix 3**. The indicator set helps us asses the overall sexual and reproductive health of the population of B&NES which the board also reviews regularly to understand sexual and reproductive health issues and scan for any emergent problems. The indicators are split into three broad ambitions for the population of B&NES which are
  - a) Sexually active adults and young people in B&NES are free from sexually transmitted infections (STIs)
  - b) Sexually active adults and young people in B&NES are free from unplanned pregnancies
  - c) Young people in B&NES are supported to have choice and control over intimate and sexual relationships
- 3.7 The outcome indicator set provides a detailed overview of sexual and reproductive health in B&NES, but three important outcomes from 2021/22 are highlighted below. The rate of new sexually transmitted infections, excluding chlamydia, in under 25s, dropped during 2020 and remains lower than the England average:



New STI diagnoses (exc chlamydia aged <25) / 100,000 for Bath and North East Somerset

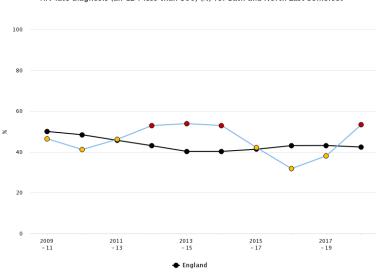
Source: OHID 2022

The under 18 conception rate in B&NES continued to be low in 2020 and remains below the England average:





The percentage of adults with HIV who were diagnosed late increased between 2017-19 and 2018-20 although it should be noted the number of new late diagnoses each year is very small. Small changes in small numbers can appear more significant than they are, because a small absolute change in the number can result in a large percentage change. There are likely to be several reasons for late diagnosis of HIV – low overall prevalence of HIV in B&NES may mean medical professionals do not prioritise HIV testing above other potential conditions with similar symptoms, online HIV testing in B&NES is highly limited meaning HIV testing must occur during a face-to-face appointment, and Covid may have impacted on people being able to access HIV testing in person during 2020 specifically. We are working during 2022/23 to improve early diagnosis of HIV:



HIV late diagnosis (all CD4 less than 350) (%) for Bath and North East Somerset

Source: OHID 2022

Page 274

- 3.8 The sexual health board oversaw a number of initiatives during 2021/2022 and was able to achieve much of its work programme detailed in the previous year's action plan. Some of the highlights include:
  - the development and expansion of HIV pre-exposure prophylaxis (PrEP) -PrEP is a free drug treatment provided to people at higher risk of HIV infection which when taken before and after sex, significantly reduces the chance of contracting HIV
  - a complete update of <u>www.safebanes.com</u>, our young persons' website providing information and advice on relationships and sexual health, C-card, contraception, STIs, pregnancy and much more
  - survey consultation with young people a major project which identified and worked with hundreds of young people and associated professionals looking into sexual and reproductive service provision across B&NES, and how effective, accessible and relevant they are for young people, helping us redesign and improve our service provision
  - the launch of the Riverside online portal <u>www.sh.uk/welcome</u> enabling B&NES residents to access free STI testing via a dedicated website
  - the successful relaunch of our sexual health training programme, aimed at any professional working either in B&NES or with B&NES residents, providing free courses on STIs, working with young people and their sexual health, the effects of alcohol and substance use on sexual health, and the sexual health needs of people with learning disabilities
- 3.9 During 2021/2022 it should also be noted that two B&NES sexual and reproductive health services attained special recognition. The Riverside Clinic won the *RUH Team of the Month* because of their tireless work to maintain the service during the Covid pandemic, changing its operating model to ensure the most vulnerable patients, and those facing emergencies, could continue to be seen in addition to managing treatment and care for HIV patients and developing outreach provision targeting homeless, rough sleeping and vulnerably housed people, vulnerable young people, and people with substance misuse issues. Additionally, the Clinic in a Box service won the *Nursing Times Nursing in the Community Award 2021* for their delivery of the service to young people during the Covid pandemic. The sexual health board was exceptionally proud to hear that the work of our partners was so well recognised, but it should be added that many other partners also undertook amazing work during the pandemic supporting sexual and reproductive health, including the Family Nurse Partnership, MSI Choices and DHI Project 28



Pictured above: Members of the Clinic in a Box team presented with the Nursing Times Nursing in the Community Award 2021

- 3.10 The sexual health board's priorities for 2022/2023 are detailed in the action plan in **Appendix 2**, but four of our key priorities for this year are highlighted as follows:
  - although not an STI, the response to Monkeypox is being led by Riverside Clinic, B&NES's integrated sexual and reproductive health service. Although cases so far have been low, Monkeypox has created significant extra work and has put the service under much pressure when it is still recovering from the work required during the Covid pandemic
  - we hope to merge the sexual health board with the B&NES sexual health stakeholder group by the autumn. The stakeholder group is comprised of professionals focused more on day-to-day provision and good practice, and we believe the board will benefit from this additional expertise in responding to need and making key strategic decisions
  - we are developing the E-Ccard, which will enable young people to register for the Ccard scheme and receive their Ccard online, instead of in person
  - we intend to rollout a mystery shopper exercise across services to help us evaluate their accessibility, approachability and effectiveness

# 4 STATUTORY CONSIDERATIONS

4.1 The Health and Social Care Act 2012 sets out the statutory commissioning responsibilities around sexual and reproductive health for local authorities, Clinical Commissioning Groups (now Integrated Care Boards) and NHS England. Additionally, local government responsibilities for commissioning most sexual health services and interventions are further detailed in the Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013. These mandate local authorities to commission confidential, open access services for STIs and contraception as well as reasonable access to all methods of contraception. These responsibilities are fully met, and although the

sexual health board is not a commissioning forum, the board provides additional assurance that these responsibilities are met

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

5.1 A budget for the commissioning of sexual and reproductive health services is held by the Public Health and Preventative Services team. The team contains a full time Development and Commissioning Manager and part time Health Improvement Officer post dedicated to sexual and reproductive health. There are no further resource implications

### 6 RISK MANAGEMENT

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

## 7 EQUALITIES

As this paper is an annual report reviewing the work of the sexual health board an EIA was not considered to be necessary

### 8 CLIMATE CHANGE

8.1 The sexual health board aims to maximise resources and outcomes whilst minimising the impact on the environment in all of its responsibilities. Board meetings are held via Teams to minimise the need for travel. In the delivery of services which often require an in-person, one to one intervention, this can be more challenging. However, two examples to reduce environmental impact whilst delivering services safely include the development of online STI testing in March 2022, enabling patients with non-complex issues to receive and administer selftesting at home, and of the E-Ccard which is expected to launch in September 2022 which will reduce carbon footprint and plastic usage

## 9 OTHER OPTIONS CONSIDERED

9.1 None

### 10 CONSULTATION

10.1 This report has been reviewed and cleared by the S151 Officer and Monitoring Officer, and reviewed and approved by the Director of Public Health and Prevention ahead of submission to the Health and Wellbeing Board

Contact person	Paul Sheehan							
	Development and Commissioning Manager, Public Health and Preventative Services							
	paul_sheehan@bathnes.gov.uk							
	01225 394065							
Background papers	Background papers are included as attachments to this report as follows:							
	Appendix 1: Terms of reference of the Sexual Health Board							
	Appendix 2: Sexual health action plan 2022/23, updated June 2022							
	Appendix 3: Outcome indicator set, updated June 2022							
Please contact the report author if you need to access this report in an alternative format								

# Bath & North East Somerset Council

# **Sexual Health Board**

# **Terms of Reference 2021**

### BACKGROUND

Sexual health is an important part of physical and mental health. It is a key part of our identity as human beings together with the fundamental human rights to privacy, a family life and living free from discrimination. Essential elements of good sexual health are equitable relationships and sexual fulfilment with access to information and services to avoid the risk of unintended pregnancy, illness or disease.

Sexual health goes well beyond the medical model of the treatment of disease. The World Health Organisation definition of sexual health captures this point:

"Sexual Health is a state of physical, emotional, mental and social wellbeing, related to sexuality; it is not merely the absence of disease, dysfunction or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence. For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected and fulfilled "<sup>1</sup>

This definition is central to the purpose of the Sexual Health Board and provides an important focus for the future development of strategic planning.

# OUTCOME

The population of Bath and North East Somerset have good sexual health.

# PURPOSE

- To oversee the development, promotion and delivery of a strategic plan for sexual health in B&NES
- To influence the commissioning and delivery of high-quality sexual health promotion, clinical provision and sexual health-related social care, ensuring equitable provision according to need
- To influence wider relevant strategic partnerships to ensure that sexual health is taken account of
- To ensure effective partnership responses are developed and delivered in respect of all sexual health services for B&NES residents.

# Bath & North East Somerset Council

# **Sexual Health Board**

# **Terms of Reference 2021**

### SCOPE

The key elements of sexual health covered by Sexual Health Board are:

- 1. Sexually transmitted infections
- 2. Unintended pregnancy and safe termination of pregnancy
- 3. Young people's sexual health; and relationships and sexual health education
- 4. Psychosexual issues
- 5. Promotion of safe sexual experiences

- 6. Teenage pregnancy
- 7. HIV

Other areas such as rape, sexual violence and sexual exploitation, perimenopausal sexual health, fertility, sexual dysfunction and gynaecological issues, whilst linked to the area are out of direct scope, although linkages with these areas will be developed where required.

The Board will encourage sexual health services to work in collaboration with key local organisations and partnership groups that work with vulnerable/at risk populations who are at risk of poorer sexual health outcomes for example substance misuse, supported housing etc.

# **Terms of Reference 2021**

### FUNCTIONS

- 1. To identify the sexual health needs of the population of Bath and North East Somerset
- 2. To take a strategic, collaborative and co-ordinated approach to the implementation of national sexual health and related strategies and programmes
- 3. To ensure collaboration between the various commissioners and leads of sexual health services (e.g. integrated sexual health services, HIV treatment and care, termination of pregnancy etc.)
- 4. To agree a set of priorities that will inform future sexual health commissioning intentions in line with national guidance
- 5. To develop, and lead on the implementation of, the Bath and North East Somerset sexual health strategy and action plan
- 6. To initiate and agree the aims of sexual health working groups that support the delivery of the action plan
- 7. To lead continuous improvement within available resources in the quality, range, consistency and accessibility of sexual health services across the partnership by receiving from relevant commissioners and considering an overview of provider activity and quality measures, making recommendations as necessary
- 8. To ensure that expert clinical input is available to provide direction to the commissioning and improvement of local sexual health services
- 9. To tackle inequalities, stigma and discrimination that have a negative impact on sexual health

### FREQUENCY OF MEETINGS

The board will meet three times per calendar year; however, if urgent issues arise that require more immediate discussion additional meetings with be arranged as required

# **Terms of Reference 2021**

### ATTENDANCE AT MEETINGS

All members need to attend all meetings. If unable to attend, they may submit written comments or send a substitute, as well as sending comments via email.

#### **ADMINISTRATION**

Agenda items to be received two weeks before meetings. Agenda and associated papers will be sent out one week before meetings. Minutes will be circulated two weeks after meetings.

#### **DECISION MAKING**

50% of members are required to be in agreement for decision making. Members not in attendance at meeting will be given 2 weeks to comment on decisions.

#### ACCOUNTABILITY

The Sexual Health Board will be directly accountable to the Health and Wellbeing Board and will report annually.

# **Terms of Reference 2021**

### MEMBERSHIP

Paul Scott (Chair)	Associate Director and Consultant in Public Health	Public Health B&NES Council	Paul_scott@bathnes.gov.uk		
Paul Sheehan	Development and Commissioning Manager	Public Health, B&NES Council	Paul_sheehan@bathnes.gov.uk		
Billie Turner	Billie Turner         Health Improvement Officer, Sexual Health         Public Health, B&NES Council				
Angela White /	Business Support Officer	Public Health, B&NES Council	Angela_white@bathnes.gov.uk		
Shelley Oake (notes)			Shelley_oake@bathnes.gov.uk		
Dr. Arnold Fernandes	Consultant in Genitourinary Medicine and Contraception	Riverside Clinic, RUH	a.fernandes1@nhs.net		
Dr. Kate Horn	Consultant in Genitourinary Medicine and Contraception	Riverside Clinic, RUH	Kate.horn@nhs.net		
Dr. Kate Fallon	General Practitioner	Somerton House Surgery	katefallon@nhs.net		
Richard Brown	Chief Officer	Avon LPC	richard.avonlpc@gmail.com		
Sue Anderson	School Nursing Team Lead	Virgin Care	sue.anderson2@virgincare.co.uk		
Norah O'Brien	Sexual Health Facilitator	NHS England	Norah.OBrien@phe.gov.uk		
Jacqueline Hewitt	Family Nurse Partnership Supervisor	Virgin Care	Jacqueline.Hewitt@virgincare.co.uk		
Angela Keene	Engagement Manager	MSI Choices	angela.keane@msichoices.org.uk		

# Bath & North East Somerset Council

# **Sexual Health Board**

# **Terms of Reference 2021**

Ash Pal	Business Development Manager	MSI Choices	ash.pal@MSIChoices.org.uk
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Alice Pullen			alice.pullen@nhs.net
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Brian Leitch	Senior Commissioning Manager	BSW CCG	brian.leitch1@nhs.net
Sarah Button	Head of Wellbeing Programmes	Virgin Care	Sarah.button@virgincare.co.uk
Becks Marsh (papers only)	Senior Health and Justice Associate	NHS England	rebecca.marsh9@nhs.net
Jayne Elton (papers only)	Advanced Nurse Practitioner	Riverside Clinic, RUH	jayne.elton@nhs.net
ТВС	Primary Care Commissioning Manager	Virgin Care	
ТВС		Youth Connect representative	
ТВС		Education representative	
ТВС	Child Sexual Exploitation Lead	Willow Project	



# **Terms of Reference 2021**

#### These terms of reference will be reviewed annually. Next review date: JULY 2022

#### **REFERENCES:**

1. WHO (2006). *Defining sexual health - Report of a technical consultation on sexual health, 28 – 31 January 2002, Geneva.* Sexual Health Document Series, World Health Organisation, Geneva. Available from: <u>http://www.who.int/reproductivehealth/publications/sexual\_health/defining\_sexual\_health.pdf</u>

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	Theme	Action(s)	Lead (Supporting)	Completed by	Progress (R/A/G & narrative)
	Intelligence and research	Update outcome indicator set and present regular updates to SHB	PSh	Jun-22	Agreed and presented to SHB at Jul 22 meeting; SHB to monitor over the year
	Prevention and promotion	Develop and implement sexual health campaigns plan, including evaluation processes for each campaign	СР	Jun-22	HIV Prevention England Summer Campaign w/c 4/7/22. Next campain will be C-card relaunch in September 22.
	Prevention and promotion	Set up electronic Ccard and electronic reporting system for Ccard with web developer, including training for Ccard venues and media campaign to promote it	СР	Jun-22	Electronic reporting system and virtual C-card in development. Campaign and training to commence September 22
	Service improvement	Develop and implement sexual health training programme, including developing additional training sessions based on demand from 2021/22, and doxycycline and Ccard training to be made available 24/7 on Vimeo	СР	Jun-22	Provisional Sexual Health Training Programme dates arranged. C-card Training is taking place online. C-card training will be available September 22. Doxycycline training to be arranged.
	Intelligence and research	Review and update Pharmoutcomes EHC and Doxycycline self enrolment templates	PSh	Jun-22	Template format discussed with Avon LPC. Need to formalise agreement and initiate
	Intelligence and research			Jun-22	Agreed and presented to SHB at Jul 22 meeting; aligned with Council objectives and PH team plan; SHB to monitor over the year
	Service improvement	Resond to findings and implement any necessary actions arising from rapid audit in GP LARC	PSh / SB	Jun-22	First audit completed Mar 22; follow up audit now running, results expected Jul 22
	Service improvement	Agree and implement development plan for Riverside Clinic	AF	Jun-22	Service development plan in place, monitored/updated quarterly
	Governance and contracting	Agree funding and contracting model for of PrEP delivery during 2022/23	PSh	Jun-22	Funding and contracting in place with Riverside for 2022/23

Г					
	Governance and contracting	Set up formal contractual governance links from Riverside quarterly performance meetings to CCG/RUH CRM meetings, ensuring contractual issues are raised at CRM by exception	PSh	Jun-22	Governance links in place between performance/mobilisation group and CRM
	Governance and contracting	Complete 2021/22 sexual health annual report and present to HWB	PSh	Jun-22	Report for HWB delayed until September 2022
	Governance and contracting	Consider proposals to merge SHSG and SHB	PSh	Jun-22	To be discussed at Jul SHB and SHSG meetings
	Intelligence and research	Agree and obtain outcomes-based reporting from Riverside service	PSh / AF	Oct-22	Work ongoing; initial cluster of indicators to be reported on in July
	Intelligence and research	Run young persons' focus groups and report overall findings and recommendations to sexual health board	СР	Oct-22	Finalising arrangements for focus groups. Ethics have been approved. First FG August 22
0000 000	Service improvement	Implement actions to restore CinaB attendance and reach to pre-pandemic levels, including work with Youth Connect and School Nursing to evaluate potential to run CinaB sessions in Youth Connect venues	PSh / CP	Oct-22	Data around quarterly attendance and provision analysed; meeting to be arranged with Jude Sellers to go through wider details
	Intelligence and research	Review and update Pharmoutcomes templates for Ccard and pregnancy testing provision	СР	Oct-22	Not started
	Intelligence and research	Update general practice (LARC) and community pharmacy reporting in line with integrated service performance monitoring	PSh / SB	Oct-22	Contract decision made by Council/CCG and HCRG likely to delay this action significantly
	Intelligence and research	Examine ways to access, share and utilise BSW-wide service data on ToPs and vasectomies to improve local response and planning	PSh / BSW commissioners	Oct-22	BSW commissioners group set up; requests to be made to providers
	Prevention and promotion	Review and implement ways in which Ccard returns can be improved from services	PSh / CP	Oct-22	Electronic reporting system in development. Training to commence September 22

Prevention and promotion	Deliver safeguarding update for community pharmacy where women are accessing EHC	PSh / BNSSG commissioners	Oct-22	Not started
Service improvement	Write new Doxycycline PGD for implementation in B&NES community pharmacies, and deliver training courses	PSh / CP	Oct-22	Not started
Prevention and promotion	Examine and implement actions to reduce the number of late HIV diagnoses	PSh / AF	Oct-22	Initial discussions held between AF and PSh looking at importance of primary care assessments and considerations around HIV
Prevention and promotion	Investigate trends of very young people aged <=15 accessing community pharmacy for EHC without safeguarding concerns being flagged	PSh	Oct-22	Not started
Service improvement	Examine potential to develop SRH provision via Julian House day centre projects	PSh / AF	Oct-22	Day centres now in place; further discussions to be held with Julian House and Riverside
Service improvement	Examine ways to encourage community pharmacy referral into GP LARC following issue of EHC	PSh / SB	Oct-22	Not started
Intelligence and research	Investgate potential to deliver rapid SHNA during 2022/23	PSh / PS	Oct-22	Request made under for PH trainee to pick up due to limited capacity in PH team
Governance and contracting	Highlight risks around future Ccard and SAFE funding through Health Improvement Service	PSh	Oct-22	Initial discussions held with HCRG commissioners and Council directors
Governance and contracting	Highlight risks presented by providers around lack of inflation uplifts into GP LARC and CP sexual health service contracts	PSh	Oct-22	Request made under for PH trainee to pick up due to limited capacity in PH team
Prevention and promotion	Pick up local actions from South West PrEP project looking at inequalities in PrEP access in B&NES	PSh	Oct-22	Funding agreed for project Apr 22; awaiting next steps
Service improvement	Review SAFE accredited services and encourage lapsed services to reaccredit; review SAFE accreditation documents to ensure they are fit for purpose	СР	Mar-23	SAFE accreditation document has been drafted. Will disseminate for feedback

	[Develop mystery shopper exercise in community pharmacy to]		1	
Intelligence and research	support evaluation of services, including SAFE, Ccard and safebanes.com; provide feedback and recommendations to SHB and providers	Mar-23	Not started- This will be phase 3 of the young person consultation	
Prevention and promotion	Increase the number of registration points for Ccard, especially in pharmacies	СР	Mar-23	C-card Training available online to train services. Pharmacy's to be contacted directly
Service improvement	Ensure LARC fitters have access to Faculty-approved trainers for practitioners who need to reaccredit, and link with BSWCCG training offered to fitters in general practice	PSh / SB	Mar-23	Not started
Service improvement	Examine future models of LARC delivery in GP practices as part of change towards ICSs and most efficient utilisation of fitters	PSh	Mar-23	Contract decision made by Council/CCG and HCRG likely to delay this action significantly
Service improvement	Review future commissioning arrangements for community pharmacy providing EHC to ensure guaranteed 7-day access around relevant locations	PSh / SB	Mar-23	Contract decision made by Council/CCG and HCRG likely to delay this action significantly
Service improvement	Examine ways to strengthen sexual health provision in community pharmacy	PSh / RB	Mar-23	Not started
Service improvement	Develop and implement plan to increase the number of community pharmacists actively delivering sexual health services, especially delivery of EHC and chlamydia treatment	PSh / CP	Mar-23	Not started
Governance and contracting	Agree procurement process and future model of CSO from April 2024	PSh	Mar-23	Initial discussions held with BNSSG partners and RUH; further meeting to be held in July
Prevention and promotion	Support Riverside Clinic in rollout of MPXV vaccination	PSh	Ongoing through year	Processes in place in agreement with UKHSA and NHSE. Expected initial rollout to begin 29th June 2022
Prevention and promotion	Maintain and develop joint work with Youth Connect including SAFE and Ccard provision	СР	Ongoing through year	Youth Connect have C-card provision in place. Need to explore further opportunities for joint working
Prevention and promotion	Maintain and develop joint work with joint Universities group to understand sexual health needs and support sexual health service provision for their student population	СР	Ongoing through year	Meetings attended and campaigns shared. Will be attending Freshers

Service improvement	minimum standard qualifications to fit, and monitor practitioners to ensure minimum fits and removals are being met	SB	Ongoing through year	GP LARC fitters register sent to practices. Awaiting responses by July 2022
Service improvement	Maintain and develop targeted outreach services from Riverside Clinic	AF	Ongoing through year	Outreach services in place; potential to add Julian House day centres to these services
Service improvement	Maintain and develop web-based postal kit testing platform for Riverside service and monitor uptake	AF	Ongoing through year	Platform established Apr 22; data to be reviewed in August
Prevention and promotion	Work with schools and school nursing team to promote Ccard as part of RSE provision	CP / SA	Ongoing through year	Schools to promote relaunch of C-card in September

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#### APPENDIX 3 Outcome 1 - Sexually active adults and young people are free from STIs UPDATED 30TH JUNE 2022, new data in *italics*

			Indicator Description			Geo	graphic area					Trend	Three year rolling average	Most recent figure and range	Comments
	Indicator type	Period		B&NES	South Glos	Central Bedfordshire	Cheshire East	South West	England	TARGET	RAG				
o	Dutcome 1	2020	Combined rate of new diagnoses of gonorrhoea and syphilis (crude rate per 100,000 population; GUM only)	46 (n=91)	48.7	61.2	75.6	45.8	112.2	N/A	N/A			2012 - 2020 High 58; Low 23.1 Three-year Clarmin 46 (2020) Three-year Clarmin 46 (2020) 56 (2013-2015) 35 (2014-2016); 35 7 (2015- 2017); 33.8 (2014-2016); 35 7 (2015- 2017); 33.8 (2014-2016); 35 7 (2015- 2017); 33.8 (2014-2016); 35 7 (2015- 2017); 35.8 (2015-2016); 47 (2015- 2017); 47 (	The combined rate of new diagnoses of gonorrhoea and sypt has fluctuated, but 2020 saw a drop from the previous year's likely due to the impact of Covid. This reflects a South West. England decrease on the previous year. The three-year roll average remains relatively shalle. Our rate varies with our statistical neighbours - atthough B&NES remains similar to SW rate and considerably lower than the England rate
c	Outcome 1	2020	New STI diagnosis rate excluding chlamydia aged under 25 (per 100,000 population)	353 (n=454)	342	312	397	429.0	619.0	N/A	N/A			2012 - 2020 High: S81 Low: 353 Current: 353 (2020) Three-year rolling average: n/a	New indicator from April 2022. 2020 baseline indica rate of 353 per 100,000 similar to geographic comparators, lower than the regional comparator a national comparator
o	Dutcome 1	2020	Rate of new acute STIs in 15 - 19 year olds (per 100,000 population, attendance at all GUM and non GUM clinics)	1001 (n=135)	1050.0	1033.0	1129.0	not available	1431.0	N/A	N/A			2012 - 2020 High: 2448.8 Low: 1001 (2020) Three-year (2014 (2015)) 1754 (2015) 2015; 1955 (2014-2014); (2015) 2015; 1955 (2014-2016); 1989 (2015-2017; 1987 (2015-2015)) 2019); 1340 (2015-2020)	During 2020 the B&NES rate decreased from the previous y reflecting national trends due to the impact of Covid. B&NE rates are similar to our statistical neighbours and lower than national rate.
	Dutcome 1	2020	Rate of new acute STIs in 20 - 24 year olds (per 100,000 population, attendance at all GUM and non GUM clinics)		1921.0	2384.0	2914.0	not available	2819.0	N/A	N/A			2012 - 2020 High: 2740 Current: 1332 (2020) Three-year rolling awrage: 2547 (2012-2014); 2560 (2013-2015); 2544 (2014-2016); 2238 (2015-2017; 2206 (2016-2012); 2210 (2017- 2019); 1908 (2018-2020)	The rate from 2012-2020 shows a steady declin despite screening numbers increasing, with a substantial drop in 2020 due to Covid. B&NES rem. lower than our statistical neighbours and lower th the national rate.
002 003	Dutcome 1	2020	Chlamydia detection rate in women aged 15 - 24 (per 100,000 population)	1046 (n=174)	1472.0	1561.0	1821.0	1698.0	1889.0	N/A	N/A			2020 High: 2115 Low: 1046 Current: 1046 (2020) Three-year rolling average: 1427 (2018-2020)	New indicator from April 2022. 2020 baseline indica rate of 1046 per 100,000 significantly lower than geographic comparators, the regional comparator a national comparator
o	Dutcome 1	2020	HIV diagnosed prevalence rate (crude rate per 1,000 population agd 15 - 59)	0.85 (n=100)	1.24	1.37	1.12	1.31	2.31	N/A	N/A			2011 - 2020 High 0.86; Low 0.87; Dree-year cling average: 0.70 (2012-2014); 0.74 (2013-2015); 0.84 (2014-2016); 0.84 (2015-2017); 0.88 (2016-2016); 0.76 (2017- 2019); 0.82 (2016-2020)	During 2020 the B&NES rate was 0.85, with the three year average showing a leveling out. HIV rates across the 50, West and Engine have also leveled out over this period. B&NES rate overall remains tower than our geographic comparators and the South West and Engind rates reflect the low level of HIV infection in B&NES.

APPENDIX 3		Outco	Indicator Description	young people are free from unplanned pregnancies Geographic area						UPDA			ew data in italics	Most recent figure and	•
	_		indicator Description			Geograpi	lic area					Trend	Three year rolling average	range	Comments
	Indicator type	Period		B&NES	South Glos	Central Bedfordshire	Cheshire East	South West	England	TARGET	RAG				
Ou	tcome 2	2020	Total prescribed LARC rate, excluding injections, (per 1.000 women)	50.1 (n=1995)	40.5	29.1	38.9	47.5	34.6	increase from 2020 baseline	N/A			2014 - 2020 High: 64.3 Low: 50.1 Current: 50.1 (2020) Three-year rolling average: n/a	New indicator from April 2022. 2020 baseline indicates rate of 50.1 per 1,000 women, higher the geographic comparators, similar to the regional comparator and higher than national comparator
Ou	tcome 2	2022	LARC provision in general practices (percentage rate of total general practices actively providing LARC)	95 (n=21)	n/a	n/a	n/a	n/a	n/a	increase from 2022 baseline	N/A			2022 High: 95 Low: 95 Current: 95 (2022) Three-year rolling average: n/a	New indicator from April 2022. 2022 baseline indicates 21 of 22 practices have LARC fitters and actively fitting LARC
Ou	tcome 2	2021	EHC provision in community pharmacies (percentage rate of total community pharmacies actively providing EHC)	71 (n=24)	n/a	n/a	n/a	n/a	n/a	increase from 2021 baseline	N/A			2021 High: 71 Low: 71 Current: 71 (2021) Three-year rolling average: n/a	New indicator from April 2022. 2022 baseline indicates 24 of 34 pharmacies have EHC traines pharmacists and are actively offering EHC
	tcome 2	2021	EHC consultations provided in community pharmacies (rate per 1,000 women aged 13 - 24)	38.4 (n=722)	n/a	n/a	n/a	n/a	n/a	n/a	N/A			2021 High: 38.4 Low: 38.4 Current: (2021) 38.4 Three-year rolling average: n/a	New indicator from April 2022. 2022 baseline indicates EHC consultation rate of 38.4 during 20 per 1,000 women aged 13 - 24
<b>)</b> ou	tcome 2	2020	Under 18 conception rate per 1,000 women aged 15-17	7.1 (n=20)	6.4	9.3	11.4	10.5	13.0	18	G	$\sum$		2009 - 2020 Quarter High 23.1; Quarter Low 8.2; Current 7.1 (2020) Three-year rolling average: 17.0 (2011-2013): 18.8 (2012-2014); 13.6 (2013-2015): 9.8 (2014- 2016); 10.1 (2015-2017); 10.7 (2015-2018); 11.9 (2016-2019); 9.9 (2018-2020)	Low actual numbers affect the variation in or 18 conception rate; currently rate is lower than local comparators and to mergional and hatmost regional and hatmost rate. Overall rate from 2009 - 2020 has dropped from 22.8 to 1
Ou	tcome 2	2021	Abortion rate (crude rate per 1,000 resident women aged 15- 44)	11.6 (n=472)	15	17.6	18.5	15.4	18.7	N/A	N/A	$\sim$		2012 - 2021: High 12.5; Low 10.3; Three-year rolling areas: 10.9 (2012-2016); 10.2015; 10.6 (2011-2016); 10.10 (2015- 2017); 11.6 (2016-2016); 12 (2017-2019); 12 (2018-2020);	The advision rate in B&NES has showe a flattening from 2019 peak from 2016 to 2021 the abortion rate has be very stable, despite there being an increase in the Engla rate over the same period. The B&NES rate remains considerably lower than our regional and national compare
Ou	tcome 2	2021	Under 18 abortion rate (crude rate per 1,000 women)	4.3 (n=12)	4.0	5.9	3.5	5.7	6.5	N/A	N/A			2012 - 2021: High: 3.0; Low: 3.9; Ourrent 4.3; Three-year colling average: 8.5 (2012-2014); 7.6 (2013-2015); 6.9 (2014-2016); 4.9 (2013- 2017); 6.5 (2016-2018); 6.5 (2017-2019); 6.2 (2016-2020); 4.4 (2019-2021)	The under 18 abortion rate in B&NES has dropped since 2018 level, but caution needs to be applied as low numb affect the rate (e.g. just 12 during 2021). The rate remains stable from 2019-2021. The rate in B&NES is lower than regional and England rates
Ou	tcome 2	2020	Percentage of under 18 conceptions that lead to abortion	60 (n=12)	48.3	59.1	61.1	52.1	53.0	N/A	N/A			2011 - 2020: Hgir 76.6; Low. 47.1; Carrent 60 (2013-2015), 87.4 (2012-2014), 84.7 (2013-2015), 86.2 (2012-2016), 86.8 (2015-2017), 60.0 (2016-2016), 87 (2015-2017), 60.0 (2016-2016), 87	The percentage of under 18 conceptions leading to abortic BANES remains at the same level of 2011, with peak in 2 before a reductions. 2020 data incidents the BANES rate higher than most of our compatator areas, and higher the both the SW and England rates
Ou	tcome 2	2021	Repeat abortions in under 25s (%)	21.2 (n=XX)	27.6	31.3	28.5	25.5	29.7	N/A	N/A			2012 - 2021: High: 24, Low: 184; Curret: 21.2 Three-year cling average: 21.4 (2012-2014); 21.1 (2015-2015); 21.9 (2014-2016); 21.0 (2015- 2017); 21.0 (2016-2018); 19.7 (2015-2021) (2015-2021);	The percentage of repeat abortions in under 25s wh have aiready had an abortion has fluctauted betwen 2 to 2021 due to too numbers but remains low overall it is a slight increase over the three-year rolling averag from 2018. BeNES rate is lower than local and region comparators, and lower than the national comparate
Ou	tcome 2	2021	Repeat abortions in all ages (%)	38.6 (n=XX)	40.1	42.7	39.7	39.2	42.6	N/A	N/A			2012 - 2021; High: 38.6; Low: 30; Current: 38.6 Three-year rolling average: 31.6 (2012-2014): 32.3 (2015-2016); 33 (2014-2016); 33.4 (2015- 2017): 35.0 (2016-2021); 36 (2017-2019); 35 (2016-2022); 38 (2019-2021)	The percentage of repeat abortions in all ages who h already had an abortion shows a slow but steady inco- from 2012 to 2021, with a peak in 2021. The BANES is close to regional comparators and slightly lower th the national rate

#### APPENDIX 3 Outcome 2 - Sexually active adults and young people are free from unplanned pregnancies UPDATED 30TH JUNE 2022, new data in italics

		Indicator Description Geographic area								Trend	Most recent figure and range	Comments	
Indicator type	Period		B&NES	South Glos	Central Bedfordshire	Cheshire East	South West	England	TARGET	RAG			
Outcome 3	2021/22	Number and % of service users in Clinic in a Box service reporting improved choice and control over their sexual health and relationships	98%	not available	not available	not available	not available	not available	85%	G		2016/17 - 2021/22: High: 100; Low: 95; Current: 98 (Q4 2021/22)	A consistenly high number of respondents report increasd choice and control post- intervention
Outcome 3	2021/22	Number and % of service users in Clinic in a Box service reporting increased skills enabling them to have safer sexual experiences	98%	not available	not available	not available	not available	not available	85%	G		2016/17 - 2021/2022 High: 100; Low: 97; Current: 98 (Q4 2021/22)	A consistenly high number of respondents report increasd choice and control post- intervention

#### APPENDIX 3 Outcome 3 - Young people are supported to have choice and control over intimate and sexual relationships UPDATED 30TH JUNE 2022, new data in italics

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