Bath & North East Somerset Council

Improving People's Lives

Health and Wellbeing Board

Date: Tuesday, 14th March, 2023
Time: 2.00 pm
Venue: Brunswick Room - Guildhall, Bath

Members: Councillor Dine Romero (Bath and North East Somerset Council), Paul Harris (Curo), Laura Ambler (Integrated Care Board), Councillor Alison Born (Bath and North East Somerset Council), Sophie Broadfield (Bath & North East Somerset Council), Cara Charles Barks (Royal United Hospitals Bath NHS Foundation Trust), Jayne Davis (Bath College), Sara Gallagher (Bath Spa University), Will Godfrey (Bath and North East Somerset Council), Julia Griffith (B&NES Enhanced Medical Services (BEMS)), Mary Kearney-Knowles (Bath and North East Somerset Council), Amritpal Kaur (Healthwatch), Ronnie Lungu (Avon and Somerset Police), Alice Ludgate (University of Bath), Kate Morton (Bath Mind), 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 (HCRG Care Group), Richard Smale (Integrated Care Board), Alison Smith (Avon and Wiltshire Mental Health Partnership (AWP)) and Suzanne Westhead (Bath and North East Somerset Council)

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

Other appropriate officers
Press and Public

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

4. **Public Speaking at Meetings**

The Council has a scheme to encourage the public to make their views known at meetings. They may make a statement relevant to what the meeting has power to do. They may also present a petition or a deputation on behalf of a group.

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, 14th March, 2023

at 2.00 pm in the Brunswick Room - Guildhall, Bath

A G E N D A

1. WELCOME AND INTRODUCTIONS

2. EMERGENCY EVACUATION PROCEDURE

   The Democratic Services Officer will draw attention to the 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 4.4 Appendix 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. TERMS OF REFERENCE (Pages 7 - 12)

   To remind the Board of the Terms of Reference in considering the following agenda items.

6. TO ANNOUNCE ANY URGENT BUSINESS AGREED BY THE CHAIR

7. PUBLIC QUESTIONS AND STATEMENTS

8. MINUTES OF PREVIOUS MEETING (Pages 13 - 24)

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

ITEMS FOR COMMENT/SIGN OFF

9. INCREASING PUBLIC PARTICIPATION AT HEALTH AND WELLBEING BOARD MEETINGS (Pages 25 - 28)

   (10 minutes)

To consider options for increasing public participation at Health and Wellbeing Board meetings.

Paul Harris

10. HEALTH AND WELLBEING STRATEGY (Pages 29 - 58)

(5 minutes)

To ask the Board to agree and champion the final Health and Wellbeing Strategy.

Fedalia Richardson

11. HEALTHWATCH NHS ENGLAND AND IMPROVEMENT (NHSEI) - EXPERIENCE OF UNPAID CARERS DURING THE PANDEMIC (Pages 59 - 102)

(30 minutes - 10 minutes presentation/20 minutes discussion)

To receive a presentation on the findings of Healthwatch NHSEI on “Unpaid Carers Experience of Mental Health during the Pandemic”.

The HWB board is asked to respond to the recommendations.

Sue Poole and Ann-Marie Scott, Healthwatch

12. BETTER CARE FUND UPDATE

(10 minutes)

To update the Board on the Adult Social Care Discharge Grant.

Gary Guest

The Democratic Services Officer for this meeting is Corrina Haskins who can be contacted on 01225 394357.

Bath and North East Somerset Health and Wellbeing Board – Terms of Reference and Procedure

TERMS OF REFERENCE

1. Background

1.1 Health and Wellbeing Boards were required to be established in all local authorities under the Health and Social Care Act 2012 as a key mechanism for driving joined up working at a local level.

1.2 Health and Wellbeing Boards are committees of the local authority.

1.3 The legislative framework for Health and Wellbeing Boards is within the Health and Social Care Act 2012 and the Health and Care Act 2022.

2. Vision

2.1 Together we will address inequalities in Bath and North East Somerset so people have the best start in life, live well and age well in caring, compassionate communities, and in places that make it easier to live physically and emotionally healthy lives

2.2 BaNES local authority works with local partners, in partnership with Swindon and Wiltshire as part of the Integrated Care System and with other local authority partners in the West of England Combined Authority to ensure that those services that are shared across a wider population meet the requirements.

3 Functions

3.1 The Board must undertake the following statutory functions:

- Prepare and publish a Joint Health and Wellbeing Strategy (JHWS) for B&NES, setting the vision for desired population level outcomes, strategic direction and high-level priorities for system partners to operationalise, to meet needs identified in the Joint Strategic Needs Assessment (JSNA), referred to locally as the Strategic Evidence Base.

- Prepare and publish a JSNA (Joint Strategic Evidence Base) of current and future health, care and wellbeing needs of the population and ensure this informs the B&NES JHWS and the B&NES, Swindon and Wiltshire (BSW) Integrated Care Strategy.
- Encourage integrated working between health and social care commissioners, and the use of the Health and Care Act 2022 and the NHS Act 2006 flexibilities to increase joint commissioning, pooled and aligned budgets (where appropriate), to support the effective delivery of the JHWS.

- Encourage closer working in planning, commissioning and delivery of services to improve the health and wellbeing of the population of B&NES and reduce health inequalities.
- Prepare and publish a Pharmaceutical Needs Assessment for pharmaceutical services in B&NES.
- Receive and respond to the draft/revised joint forward plan of the BSW Integrated Care Board.
- Be the accountable partnership for the Better Care Fund.

3.2 Achieving the vision and fulfilment of the statutory functions will be supported by the following actions. The Board will:

- Be visible and influential, championing the improvement of health and wellbeing and reduction in inequalities as important strategic issues. It will influence organisations and partnerships both within and external to the B&NES locality and wider Integrated Care System in reflecting this in their operational and commissioning plans.
- Develop strong links with and influence developments in wider services that impact on health and wellbeing including planning, transport, housing, environment, economic development, education and community safety in order to address the wider determinants of health, wellbeing and inequalities, and ensure a focus on mental well-being in conjunction with good physical health.
- Ask partners to show how they embed and deliver meaningful action against the priorities in the Health and Wellbeing Strategy.
- Periodically refresh the Health and Wellbeing Strategy in line with evidence from the Joint Strategic Evidence Base.
- Monitor progress of implementation of the Health and Wellbeing Strategy, and ensure action is taken to improve outcomes when monitoring or performance indicators show that plans are not working.
- Ensure there are effective and sufficient mechanisms and resource to communicate, engage on and co-produce Health and Wellbeing Strategy priorities with local people and stakeholders, working closely with the Third Sector.
- Consider the Integrated Care Partnership's Integrated Care Strategy when preparing or revising its Health and Wellbeing Strategy; and be active participants in the development of the Integrated Care Strategy.
- Consider whether the ICB's joint forward plan (previously the CCG's commissioning plan) has given due regard to the Health and Wellbeing Strategy.
- Strengthen its attention on community resilience and on identifying and building on community assets.
- Work closely with the B&NES Healthwatch and Third Sector partners to ensure appropriate engagement, involvement and feedback with residents, patients and service users.

- Encourage partners to consider sufficient resourcing, both fiscal and human, of the prevention and inequality agendas.
- Seek to secure collaboration in the system to reduce duplication and make best use of available resources.
- Receive a copy of the ICB's joint capital resource plan outlining planned capital resource use, so to help align local priorities and provide consistency with strategic aims and plans.
- Provide strategic oversight and direction to ensure that the approaches adopted for health and wellbeing services are aligned with the aspirations of local partners to operate in a sustainable manner and to address the climate emergency.
- Produce an annual report presented to Cabinet/full Council outlining achievements of the Board in respect of the improvement of health and wellbeing, a reduction of health inequalities for the population of B&NES and influencing Council priorities on the wider determinants of health.

2.3 Responsibility for the scrutiny of health and wellbeing will continue to lie with the Council's Policy Development and Scrutiny Panels.

3. Scope

3.1 The Board's scope shall be set out within the Joint Health and Wellbeing Strategy.

3.2 The Health and Wellbeing Board may consider services beyond health and social care enabling the Board to look more broadly at factors affecting the health and wellbeing of the B&NES population.

4. Accountability

4.1 Those stakeholders with statutory responsibilities will retain responsibility for meeting their individual duties and responsibilities.

4.3 The Board will establish on-going and short lived sub-groups as needed that will report to it. Subgroups established will reflect the priorities of the Health and Wellbeing Board such as children and young people, JSNA, updating the Health and Wellbeing Strategy etc.

4.4 Accountability for safeguarding lies with the B&NES Community Safety and Safeguarding Partnership (BCSSP)

PROCEDURE

5. Membership

5.1.1 The Membership of the Board is:

- B&NES Council x 7 (Cabinet Member for Adult Services, Cabinet Member for Children's Services, Chief Executive, Director of Adult Social Care,

Director – Children and Young People, Director of Public Health, Director of Sustainable Communities)

- B&NES Swindon and Wiltshire Integrated Care Board x 2 (ICB Place Director, nominated ICB Executive Officer)
- Healthwatch B&NES x 1
- Avon and Somerset Police x 1
- Avon Fire and Rescue x 1
- Housing provider representative x 1
- Higher and further education representative x 3
- Health and social care provider and Third Sector representatives x 5 (acute care, community care, primary care, mental health service, and voluntary, community and social enterprise sector)
- NHS England x 1

5.2 The Board will be chaired by a Cabinet Member nominated by the Leader of the Council and supported by a Vice Chair agreed by the Board.

5.2.1 The Council will provide secretariat support to the Chairperson in setting dates for meetings, preparing agendas, and minuting meetings

5.3 In the event of a vote on a substantive matter, the quorum for the meeting will be:

- 3 members of the Council
- 1 member of the Integrated Care Board
- 1 member of Healthwatch B&NES
- 1 health and social care provider or Third Sector representative
- 1 member from either of Avon and Somerset Police or Avon Fire and Rescue
- 1 member from either Higher and Further Education or Housing

5.4 Board members may nominate a named substitute from an appropriate member of their organisation or service.

6. Wider engagement

6.1 By working together the Health and Wellbeing Board will proactively embed good public and patient engagement within the day-to-day business of the Board through adhering to the following principles:

- Taking responsibility for good public engagement
- Clarity about purpose
- Harnessing a range of engagement methods
- Engaging with everyone

- Committed to cultural change
- Providing access to information
- In partnership with Healthwatch B&NES and 3SG
- Feeding back engagement results
- Evaluating engagement

6.2 The Board will seek to engage all stakeholders (including key health and social care providers) on the JHWS and commissioning plans.

6.2 The Council's policy development and scrutiny function offers an opportunity for broader engagement on key issues.

6.3 It is intended that one representative of each Political Group on the council, not currently represented on the board, be invited to formal Board meetings in an observer capacity.

7. Business management

7.1 The Board is a statutory committee of the Council and will be treated as if it were a committee appointed by the Council under section 102 of the Local Government Act 1972.

7.2 The Board will act in accordance with the Council's committee procedures.

7.3 Formal Board meetings shall be held in public. The Board may resolve to hold closed sessions in accordance with the Access to Information rules.

7.4 The Board will develop a work programme framed by the HWS which will guide its work.

7.5 The Board will meet at least 5 times per year in public as a minimum, with the flexibility for development sessions and agenda planning meetings held in private.

Approved by B&NES Health and Wellbeing Board 29/11/2022
Approved by B&NES Council 17/11/2022
Review date: November 2023

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Bath and North East Somerset Council

HEALTH AND WELLBEING BOARD

Minutes of the Meeting held

Tuesday, 24th January, 2023, 10.30 am

Councillor Dine Romero	Bath and North East Somerset Council
Paul Harris	Curo
Laura Ambler	Integrated Care Board
Councillor Alison Born	Bath and North East Somerset Council
Sara Gallagher	Bath Spa University
Julia Griffith	B&NES Enhanced Medical Services (BEMS)
Alice Ludgate	University of Bath
Kate Morton	Bath Mind
Sue Poole	Healthwatch BANES
Rebecca Reynolds	Bath and North East Somerset Council
Val Scrase	HCRG Care Group
Richard Smale	Integrated Care Board
Suzanne Westhead	Bath and North East Somerset Council
Joss Foster	Royal United Hospitals Bath NHS Foundation Trust
David Trethewey	Bath and North East Somerset Council

40 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 introduced themselves.

41 **EMERGENCY EVACUATION PROCEDURE**

The Democratic Services Officer drew attention to the emergency evacuation procedure.

42 **APOLOGIES FOR ABSENCE**

Cara Charles Barks - Royal United Hospitals Bath NHS Foundation, Joss Foster was in attendance as substitute
Sophie Broadfield - Bath and North East Somerset Council, Davie Trethewey was in attendance as substitute
Jayne Davis – Bath College
Will Godfrey – Bath and North East Somerset Councill
Amritpal Kaur - Healthwatch
Mary Kearney Knowles – Bath and North East Somerset Council
Ronnie Lungu – Avon and Somerset Police
Rachel Pearce – NHS England

43 **DECLARATIONS OF INTEREST**

There were no declarations of interest.

44 **TERMS OF REFERENCE**

The Board was asked to note the Terms of Reference when considering the following agenda items.

45 **TO ANNOUNCE ANY URGENT BUSINESS AGREED BY THE CHAIR**

There was no urgent business.

46 **PUBLIC QUESTIONS AND STATEMENTS**

There were no questions or statements.

47 **MINUTES OF PREVIOUS MEETING**

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

48 **UPDATE ON ACTIONS FROM PREVIOUS MEETING**

Paul Harris gave an update on actions from the previous meeting as follows:

Public Participation in Health and Wellbeing Board meetings – feedback from meeting between Paul Harris, Laura Ambler and Kate Morton:

1. The group had discussed how the Board operated and sat within the wider system.
2. They considered the option of rotating Board meetings around different locations with a view to increasing public engagement.
3. They discussed options for promoting meetings to local residents:
    a. Demonstrating areas of impact such as how public feedback had fed

into the Health and Wellbeing Strategy.
   b. Setting up a working group with residents to engage public opinion.
4. The group would report back to the next meeting with proposals.

Board members were asked to contact Paul with any further ideas on making the meetings more engaging to the public.

Housing and health – feedback from meeting between Paul Harris, Laura Ambler and Graham Sabourn:

1. The group discussed affordable warmth and had met with Energy Systems Catapult who had piloted a study with NHS Gloucestershire and a local energy advisor on a heating voucher scheme for vulnerable people. This had given them ideas of how a similar scheme might work in B&NES.
2. Housing Providers were proactive in assessing their housing stock for damp and mould but there was not sufficient funding to address the scale of the problem. The group were looking at what grant funding might be available in the short term e.g., Quartet Community Foundation.
3. They were looking to encourage a consistent way of auditing housing stock as B&NES Council was not reporting as many instances of damp/mould as other social housing providers.

The Board welcomed the momentum that had been established in this area. The following comments were also raised:

1. Alice Ludgate commented that the perspective of students would be welcomed in terms of their accommodation.
2. Richard Smale suggested that this could be an area of discussion for the Integrated Care Board with partners from Swindon and Wiltshire.

49 HEALTHWATCH CARE QUALITY COMMISSION (CQC)

Sue Poole, Healthwatch, gave a presentation on the findings of the CQC work on the experience of accessing health and social care services by those struggling with mental ill health during the pandemic as detailed below:

What did we do?

- Project was carried out in March 2022.
- Used online surveys in Bath & NES and Swindon.
- The majority of data collected during this focused period from an online and paper questionnaire, based on the CQC questionnaire.
- One to one engagement sessions to gather specific feedback.
- Attended group meetings/sessions with families and individuals experiencing mental ill-health.
- Incorporated existing sources of feedback/reports so that people don't have to repeat themselves (data collected by Local Healthwatch).
- Ran a Twitter poll.

Key Findings in Bath & NES – what people told us

- Long waiting lists impacting on the balance between people's ability 'to maintain positive aspects of their life v 'unhelpful coping strategies'.
- The support on offer not meeting needs (gaps or lack of options).
- Difficulty in getting in contact with services or making appointments.
- Combination of low expectations and poor previous experience

with (perceived) poor attitudes of staff.

Key Findings in Bath &NES – what organisations told us

- People with mental ill health represented 32% of families receiving support from Southside (family support and play).
- Challenges with the transition from children's to adult services.
- Lack of social prescribing for children and young people.
- An increase in number of children and young people showing signs of mental ill health.
- An urgent need for more trauma informed services, with a doubling in referrals for specialist trauma therapy from 2021-22.
- Gaps in access to clinical mental health services for serious mental ill health among homeless and Gypsy, Roma, Traveller and Boater communities.
- Carers tell us they were traumatised during Covid by the burden of caring without support services.

What we found – key findings across the whole BSW area

- Waiting lists for referrals and support are very long and people felt they 'get lost'.
- People feel that mental health services should be preventative rather than reactive and reliant on very high thresholds for receiving care; ongoing support should be provided that is more tailored to the individual.
- The transition from Children to Adult Services is problematic. The perception is that you have to start again.
- Carers feel that they are not being listened to and as a result their own mental health is being adversely affected, as well as potentially impacting negatively on the care received by the 'cared for' person.
- Care coordinators are over stretched with a high turnover which further impacts on the unpaid carers' support and the mental health of the people for whom they are caring.
- Lack of staff and poor staff attitudes, maybe partly due to pressure on staff resources.
- Significant increases in referrals and requests for support reported over last year by service providers, especially third sector and emergency services.
- Feedback about individual services or types of service was very mixed, with voluntary and community organisations providing support services receiving generally positive feedback and the formal health services receiving a far greater proportion of negative feedback.
- GP services received a very mixed response with a mix of positive and negative feedback. Often responses recognised the lack of resources and staffing as the problem rather than a lack of will or intention.

Gaps In Services

- There is a gap in services within mental health for people with autism/learning disabilities.
- It was felt that better support is needed across the area for LGBTQ+ people in regard to mental health services including those who are transitioning their gender.
- There is a gap in Children's Mental Health Services with long waiting lists, little or no support while waiting to be seen, home-educated children are falling through the gaps and children under 5 are not being sufficiently catered for.

- People with mental health and eating disorders are getting limited support.
- The rural nature of Wiltshire and Bath & NES meant these areas had unique issues with the bulk of the services not being available outside of the urban areas leading to isolation and a lack of access to services for those in more rural areas.
- CQC Feedback processes. People found the CQC questions off-putting and did not feel able to complete it. The feedback we received showed respondents felt the questions were too formal.

Key recommendations/messages - Clear theme of mental health services being insufficient to meet the needs of the populations of BSW

We recommend:

- Enable better access to initial mental health services/support: engage early to prevent escalation.
- Improve transition from child to adult mental health services and develop consistent thresholds to facilitate transition.
- Involve carers in discussions and decisions wherever possible to achieve the best outcomes for the patient.
- continue to offer a choice of online/virtual as well as face to face appointments and services.
- Improve GPs' use of mental health support and social prescribing.
- Increase level of services to provide better out of hours cover: mental health crises do not fit a 9-5pm schedule and to ensure provision across rural as well as town areas.
- Provide better follow-up post discharge to avoid recurrence of issues and make the patient feel supported.
- Need a central resource library for all services – "Unless you know services are out there it's hard to access them".
- Needs to be more engagement with the BAME communities from our investigations there is a reluctance to discuss mental health or access the services.

Board Members raised the following comments:

1. It was noted that the survey was part of a national CQC project. In response to a question about demographic differences, Sue Poole confirmed that it was not a scientific survey but a collection of user feedback.
2. Kate Morton referred to her recent presentation at the Health and Wellbeing Board Development session which outlined Bath Mind's response to the mental health challenge. She commented that it would have been useful to align the two presentations to reflect what services were already in place to respond to the comments raised by the CQC survey. She acknowledged that there was a problem in promoting the available services due to a lack of resources e.g., the 17 wellbeing services that were available in B&NES. She highlighted the issue of contract frameworks and lack of annual uplifts which impacted the third sector.
3. Richard Smale commented that the key messages in the report would provide a useful baseline in developing the Integrated Care Board Strategy. He questioned whether more strategic action could be taken in terms of signposting people to the appropriate support.
4. It was noted that Avon and Wiltshire Mental Health Partnership (AWP) was currently consulting on its draft strategy, and that it would be useful for the

Board to have a further session on mental health led by Mind and AWP. Sara Gallagher suggested that this should also reflect the student experience.

5. In response to a question about the local context for trauma informed practice, Kate Morton confirmed that Bath Mind was trying to set up a network.
6. In response to a question about whether the responses relating to social prescribing referred to a lack of referrals rather than lack of services, Sue Poole confirmed that the key message was that social prescribing was only available for adults and not children. Laura Ambler confirmed the Integrated Care Alliance was looking at this issue.
7. Suzanne Westhead welcomed the report and stated, that while not there were no new issues in the recommendations, it was important for all partners to be aware of them in continuing to work together to improve people's experience in accessing mental health services.
8. Rebecca Reynolds stated that the priorities in the new Health and Wellbeing Strategy would address mental health and wellbeing and the recommendations arising from this report would help inform the implementation plan.

The Board welcomed the report and recommendations and agreed that the Board receive an update from Bath Mind and AWP to align the work being carried out to meet the needs of people requiring support with mental health with the recommendations within the report.

50 HEALTH AND WELLBEING STRATEGY- FINAL PRIORITIES

Fedalia Richardson gave an update on the final priorities of the Health and Wellbeing Strategy. She confirmed that the priorities were close to being finalised and invited Board Members to advise of any further changes.

Priority 1 – Children and Young People
The Board agreed the priorities as set out.

Priority 2 - Improve skills, good work and employment
It was agreed that specific reference would be made to education providers in 2.1

Priority 3 - Strengthen compassionate and healthy communities

It was agreed that:
3.1 be amended to include "support inclusion"
3.2 be amended to read "encourage and enable"

Priority 4 – Create Health Promoting Places
The Board agreed the priorities as set out.

Rebecca Reynolds reported that, following liaison with colleagues, a need had been identified for a/an additional bullet point/s to enable the clinical side of the NHS to be reflected within the priorities. She asked the Board to sign off the final priorities subject to the wording of this being agreed outside of the meeting.

The Board RESOLVED to;
(1) Sign off on the proposed priorities for the new Joint Health and Wellbeing

Strategy 2023-2030 subject to the wording of a/an additional bullet point/s to be agreed to enable the clinical side of the NHS to be reflected within the priorities.

51 **BATH AND NORTH EAST SOMERSET, SWINDON AND WILTSHIRE (BSW) INEQUALITIES STRATEGY**

Paul Scott, Associate Director and Consultant on Public Health, B&NES gave a presentation on the BSW Inequalities Strategy as follows:

Phase 1: Awareness Raising

Phase 2: Healthcare Inequality
NHS Five Key Priorities

1. Restore service inclusively
2. Mitigate against digital exclusion
3. Ensure datasets are timely and complete
4. Accelerate preventative programmes
5. Leadership and accountability

Core 20 Plus 5

- Core 20% of most deprived areas
- PLUS Groups (defined at place):
    - Black, Asian and Minority Ethnic groups (Swindon)
    - Routine and Manual workers (Wiltshire)
    - Socially excluded and vulnerable groups including looked after children and migrants (B&NES)
- Five clinical areas:
    1. Cardiovascular Disease (CVD)
    2. Maternity
    3. Respiratory
    4. Cancer
    5. Mental Health (including children and young people)

Phase 3: Prevention and social, economic, and environmental factors
Priority Areas:

- Anchor institutions.
- Publish three place-based Joint Strategic Needs Assessments for B&NES, Swindon and Wiltshire.
- Establish local priorities that address public health and the social, economic and environmental factors most affecting inequalities at place.
- Plan and enable progress on prevention where outcomes will take longer to see.

Committed areas of focus:

- Whole system approach to obesity.
- Whole system approach to smoking.

Cross cutting themes: Population Health Management (PHM): Equality, Diversity and Inclusion; Workforce: Prevention; Personalised care.

Paul Scott responded to questions from Board Members as follows:

1. The phases did not need to run sequentially, phase 1 and phase 2 could run concurrently.
2. It would be a challenge to include reference to the current cost of living crisis as this affected everyone, but he would look to include this as part of the strategy refresh in recognition that some groups would be more impacted.
3. He would check that rural communities were included as one of the PLUS groups in the B&NES area as this was a common theme arising from consultation on the Health and Wellbeing Strategy.

The Board raised the following comments:

1. David Trethewey welcomed the strategy and emphasised the importance of long-term planning as well as short term projects to deliver the objectives. Kate Morton concurred with this view and stressed the need to shift from short-term funding streams to a more sustainable approach.
2. Paul Harris commented that it would be useful to have an overview on what funding streams were available and how these funds were spent. This would enable Board members to consider whether money could be spent more effectively to deliver priorities. Rebecca Reynolds advised that there was a table of funding streams which had been shared with Directors of Public Health in the south west and she undertook to find out if there was a breakdown specific to B&NES.
3. It was noted that there were a number of different strategies currently being developed and it was important that the Inequalities Strategy was a common thread that linked with other strategies. Rebecca Reynolds responded that there was a common link between those responsible for developing the strategies which would help ensure alignment.
4. Julia Griffith reported that the Primary Care sector was aware of issues arising from inequalities and her colleagues had already planned a training session to look at the strategy and how it could be implemented.

The Board RESOLVED to;

1) Support the ambitions of the BSW Inequality Strategy.
2) Provide any feedback for the refresh of the Strategy.
3) Consider the status of tackling inequalities as an objective or cross cutting principle in the forthcoming refresh of the B&NES Health and Wellbeing Strategy.
4) Identify how best to align this BSW system wide strategy with B&NES partnerships and plans, including receiving updates on the Strategy's progress.

52 BETTER CARE FUND UPDATE

Gary Guest, Commissioning Project and Programme Manager, B&NES updated the Board on the Adult Social Care Discharge Grant as follows:

Adult Social Care Discharge Fund Re-Cap:

- Delays to discharging people from hospital when they are fit to leave continue to be a significant issue. Not only does this mean fewer hospital beds available for those who need them; it also means people who would be better off recovering at home or in residential care are instead spending too long in

hospital.

- Bath and North East Somerset Council was attributed £2,134,276, and a range of schemes were submitted to outline the projects that will be awarded the funding to help support accelerated discharge from hospital.
- Following consultation across the ICS, building upon our on–going strategic intentions and aspirations, and responding to current pressures, we now have an agreed and submitted set of schemes for B&NES ICA and BSW ICS funded from the Adult Social Care Discharge Fund.
- We are now pro-actively implementing these schemes with support from all partners.
- Reporting of activity as a result of this funding is mandatory on a fortnightly
- basis, from 6th January 2023, reporting on:
    - Number of discharges from hospital by service in the 14 days prior to submission.
    - Packages of care booked or in use for all local authority funded social care in the 14 days prior to submission.
    - Adult Social Care Discharge Fund total spend to date, broken down by
        - Spend from the ICB allocation
        - Spend from the Local Authority Allocation.

B&NES Schemes: £2,190,696

- Assistive Technology - £190,000
- Big packages of care with therapeutic and coordination of support escalation - £300,000
- Care Act Assessments - £160,000
- Flow Co-ordination - £139,000
- Mental Health Case Coordination – £40,000
- Third Sector Support – £105,000
- Individual Hospital payments – £62,500
- Additional care home beds and GPs to cover – £772,114
- Additional home care with support – £422,082

The Board raised the following comments:

1. Cllr Alison Born welcomed the range of initiatives but expressed frustration at the limited timescale.
2. Suzanne Westhead confirmed that there were already improvements with 30 delays reported on the previous day compared with the average of 70 before the schemes were in place. However, she advised that as the money was not recurrent and had to be spent by the end of March, it was not sustainable to continue beyond the funded period.
3. Laura Ambler confirmed that there was a need to move quickly to secure alternative funding, but that the reporting mechanism would be useful to identify which schemes gave the best return on investment to give a viable alternative to bedded care.
4. Kate Morton agreed with the need for more sustainable funding and stated for the third sector and those providing community provision as an alternative to bedded care.
5. Paul Harris stated that non bedded care alternatives should be the long-term aim but asked if step down units would be used as an interim solution. Laura Ambler responded that it was important that step down units were used for the right people.

53 **DEVELOPMENT OF THE BSW INTEGRATED CARE PARTNERSHIP'S INTEGRATED CARE STRATEGY**

Richard Smale gave an update on the BSW Integrated Care Partnership's (ICP) Integrated Care Strategy as follows and undertook to circulate a slide pack after the meeting:

1. He introduced William Pett, Associate Director of Policy and Strategy, ICP who would be leading on developing the strategy.
2. The ICP was required to produce a strategy by the end of March 2023 and was looking to connect with the emerging Health and Wellbeing Strategies being produced by B&NES, Swindon and Wiltshire (BSW).
3. There was a lot of consistency in the themes emerging across BSW:
   - Tackle inequality
   - Focus on the individual
   - All age (start well, live well, age well)
   - Prevention and wellbeing
   - Wider determinants of health
   - Development of communities
   - Strengths based approach
   - Environmental impact
4. There were similarities in the priorities identified by B&NES and Wiltshire (Swindon had not yet reached this stage).
5. In aligning the local and BSW wide strategies, the ICP have identified some **differences in the focus** on specific topics. For example, in the BSW strategy:
   - *'Whole life'* – will include a focus on end of life.
   - Whole care model – need to consider how to deliver improvements in elective care, urgent and emergency care and change the way services.
   - Outline some of the system wide service changes that partners were working on (e.g. Community Services, Virtual Wards, Community Diagnostic Centres).
   - Strong focus on the recruitment, development and retention of a sustainable workforce.
   - Focus on enabling elements like digital and estates.
   - Outline work on how to get the most from the resources across BSW.
6. The draft priorities
   - Reduce the inequalities that exists in outcomes for the population of BSW.
   - Improve access to services.
   - Provide continuity of care for those living with complex health and care needs and long-term conditions.
   - Create sustainable services and focus on the wellbeing of those who deliver services.

The following comments were raised:

1. William Pett asked Board members to contact him with examples of good practice as well as general feedback on the draft strategy and priorities.

2. Suzanne Westhead referred to the priority relating the health and social care workers and stated that there was a lack of respect and pay for carers and there was a need for a proper career pathway for this group of workers.
3. Sara Gallagher reported that in the higher education sector there was a number of funded projects looking at mental health/NHS and there could be an opportunity to bring a scheme forward in B&NES. She undertook to contact Richard Smale with more details.

ACTIONS ARISING FROM THE MEETING

Issue	Action	Action Lead
Public Participation in Health and Wellbeing Board meetings	Paul Harris to report back to next meeting with proposals.	Paul Harris
Aligning CQC survey with mental health schemes	The Board to receive an update on mental health from AWP and Bath Mind.	Kate Morton/ Nicola Hazle
Health and Wellbeing Strategy	Final priorities of Health and Wellbeing Strategy to be signed off.	Rebecca Reynolds/ Fedalia Richardson
Funding streams	Breakdown of funding streams for Board's consideration.	Rebecca Reynolds
ICP Strategy	Board members to feed back any comments on ICP strategy.	All

The meeting ended at 12.25 pm

Chair .....

Date Confirmed and Signed .....

Prepared by Democratic Services

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Bath & North East Somerset
Health & Wellbeing Board
March 2023

Engagement with the HWB

1. Introduction

During the process of creating our new strategy for the HWB, we have reviewed our terms of reference and considered how we can drive greater engagement with the Board and the work it focuses on, across the entire local community.

In recent years it has been rare for a member of the public to submit a question to the Board, or attend formal meetings. With a much clearer and more focused strategy to deliver, it will be important to engage with all sorts of audiences to create a better understanding of what we are trying to do, and how local people can help.

The key groups this paper considers are:

- BANES residents/members of the public
- Businesses, agencies and partners
- Councillors

The outcomes we aim to achieve by creating greater engagement are:

- Increased contribution to the work of the Board (a shining example of this is the consultation exercises run recently to influence the new strategy)
- Stronger performance in terms of delivering the five priority areas in the new strategy
- More public/general awareness of who we are, what we do, how it fits in the wider Local Authority/health ecosystem and why it is important

2. Recommendation

The Board is invited to discuss the proposals and agree how, and by whom, they should be taken forward.

3. Proposal

A similar exercise was carried out in February 2020 off the back of work developing the previous HWB strategy. Some of the proposals have already been adopted, some are in our view no longer as relevant or as much a priority, and some have been included in this paper as they are still likely to be effective but have not yet been delivered.

We have separated our suggestions into five areas:

a. Purpose

What is the HWB? Outside of the members and their organisations, we believe there is a very low level awareness or understanding of the HWB, and its place in the wider ecosystem.

We propose creating a pithy way of describing what the Board is, why it's important, and how it can help residents.

b. Communication

The HWB has benefited from the recruitment of two excellent colleagues to work on the new strategy, but their contracts are due to expire imminently. With only limited support possible from the Local Authority, we need to get support to promote the work and discussions of the Board over time, ideally aligned to our new strategy.

We propose identifying potential resource who may be able to provide a more consistent and targeted communication output across Local Authority and partner channels. In the first instance we should consider how far the new Inequalities Manager role could pick this up.

c. Meetings

For the last four years, at least, meetings have taken place at the Guildhall in Bath, usually in a large room capable of managing large numbers with the appropriate AV facilities.

While this means the meetings can be managed effectively, we do not know if this sort of environment puts off potential visitors, and we believe the location makes it more difficult for residents in other parts of BANES to come along.

We therefore propose we rotate the meetings around different locations (Bath, Keynsham, Radstock/MSN, Chew Valley). We should also specifically promote agenda items which are likely to be more appealing to residents before each meeting.

d. Impact

The impact of our work is something we have found difficult to articulate in the past. Our new strategy should make this easier, but there is no doubt it will be easier to engage with various audiences if they can see that the HWB, and engagement with it, delivers value.

We propose we should focus more on how residents' input and ideas influence the decisions and activities of the Board, eg the surveys completed to support development of the strategy, and the outcomes we achieve. This would be an additional element of the second proposal (Communication), potentially using a similar resource.

e. **Committee**

Relying on BANES residents getting more engaged through better communication alone may not achieve as much impact as could we achieved if we created further mechnisms for engagement. Some of these already exist, others could be created.

We propose to gauge interest in a resident committee/working group, which could be consulted on key issues and represent the voice of BANES residents. Alongside this we propose to discuss with the leads of the existing neighbourhood and health patients forums across BANES to see if we could make better use of them.

f. Joining up

The ecosystem in which the HWB sits is complex even to those of us who work within it each day. It is more likely that residents and other stakeholders will be willing to engage with our work if they understand how it fits within this framework.

We propose we better explain where the HWB sits in the wider ecosystem and how it plays a key role in improving health and wellbeing. This could potentially include communicating about the efforts of partner/linked organisations which may be more familiar to residents. This proposal is aligned with the first one (Purpose) and again would require a similar resource capability.

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Bath & North East Somerset Council	
MEETING/ DECISION MAKER:	**Health and Wellbeing Board**
MEETING DATE:	**14 March 2023**
TITLE:	**Bath and North East Somerset Joint Health and Wellbeing Strategy: Our Vision for 2030 – For Sign Off**
WARD:	All
AN OPEN PUBLIC ITEM	
List of attachments to this report: **Bath and North East Somerset Joint Health and Wellbeing Strategy: Our Vision for 2030**	

1 THE ISSUE

1.1 The Bath and North East Somerset (B&NES) Joint Health and Wellbeing Board has a statutory duty to develop a Joint Health and Wellbeing Strategy for the local population. The Health and Wellbeing Strategy Team began work to create a new Joint Health and Wellbeing Strategy in June 2022. The Strategic Evidence Base (SEB) for Bath and North East Somerset, published in June 2022 and updated in February 2023, was the primary source of evidence used to decide health and wellbeing priorities for the new strategy.

2 RECOMMENDATION

The Board is asked to;

2.1 Sign off on the Joint Health and Wellbeing Strategy 2023-2030.

2.2 Health and Wellbeing Board Members become champions of the Health and Wellbeing Strategy and its priorities.

3 THE REPORT

3.1 The Health and Wellbeing Strategy Team began the process of developing a new Health and Wellbeing Strategy for Bath and North East Somerset in June 2022.

3.1 The Health and Wellbeing Strategy Steering Group (drawn from Health and Wellbeing Board members and other stakeholders) was created to guide the process of developing the new strategy.

3.2 To gather public feedback as we developed the new Joint Health and Wellbeing Strategy, the Health and Wellbeing Board launched a public consultation on the 29th of September 2022.

3.3 The consultation survey was launched on the Bath and North East Somerset Council 'Have Your Say' consultation hub. As well as being promoted through the Health and Wellbeing Board webpage, stakeholders were informed about the survey via area forums, mailing lists, press releases, social media posts, a community radio campaign message and partner bulletins.

3.4 The survey was live on the Council website from Tuesday 29th September to Monday 31st October 2022. Through the efforts of the Health and Wellbeing Strategy Team, Engagement teams within the Council, the Steering Group and partners of the Health and Wellbeing Board, 515 responses were received to the online survey. We also engaged with Voluntary, Community and Social Enterprise Groups so that they could feed into the priority setting for the new Health and Wellbeing Strategy.

3.5 Following public consultation and extensive engagement in other forms, priorities for the new Health and Wellbeing Strategy were identified.

3.6 The Health and Wellbeing Strategy Team met with the steering group and discussed the alignment of the priorities with the evidence and public consultation findings. A decided action from that meeting was the need to ensure that identified priorities are the right ones through further meetings and engagement with related partnerships and partners in the form of sense checking.

3.7 The sense check meetings served to ensure that Health and Wellbeing Board partners and others were aware of the identified priorities and could help to tailor priorities to be in line with their departmental and organisational goals. In these meetings, we discussed current and future plans and considered what would be achievable during the life span of the strategy.

3.8 During the priority identification and sense checking processes, the SEB was referenced to ensure an evidence-based approach was consistently being utilised as we reframed the priorities based on the feedback.

3.9 The Health and Wellbeing Strategy team began writing the new joint Health and wellbeing strategy in December 2022.

3.10 Attention has been given to ensure that the strategy aligns with other strategic plans also in development, including the B&NES, Swindon and Wiltshire Integrated Care Strategy, and the Council's Economic Strategy.

3.11 The Health and Wellbeing Board signed off the priorities for the Health and Wellbeing Strategy on January 24th, 2023.

3.12 The first draft of the Health and Wellbeing Strategy was completed in January 2023 and sent to Steering Group members and other partners of the Health and Wellbeing Board for review and feedback.

3.13 The Health and Wellbeing Strategy contains 4 priorities and 16 objectives that sit under these priorities. The priorities include:

1. Ensure that children and young people are healthy and ready for learning and education

2. Improve skills, good work and employment

3. Strengthen compassionate and healthy communities

4. Create health promoting places

The strategy also contains Our Ways of Working. These include:

1. Tackle inequalities

2. Adapt and build resilience to climate change

3. Share responsibility and engage for change

4. Deliver for all life stages

3.14 The draft Health and Wellbeing Strategy was presented at a Council's Corporate Management Team meeting and the B&NES Integrated Care Alliance meeting, both held in February 2023.

3.15 An implementation plan along with a set of high-level indicators to track progress are being drafted to sit under the Health and Wellbeing Strategy. This will further map out actions to be taken under the four priorities to improve health and reduce inequalities.

3.16 Next Steps

(1) Develop the Implementation Plan for the Health and Wellbeing Strategy in collaboration with delivery partners and develop strategy progress indicators in partnership with the Council's Business Intelligence Team.

(2) The Implementation Plan will be brought to the Health and Wellbeing Board in June 2023.

4 STATUTORY CONSIDERATIONS

4.1 The statutory considerations are set out in section 1 of this report.

5 RESOURCE IMPLICATIONS (FINANCE, PROPERTY, PEOPLE)

5.1 The report contains 4 priorities and 16 objectives for the new Joint Health and Wellbeing Strategy. No specific resource implications are identified in this report.

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.

7 EQUALITIES

7.1 Priorities for the new strategy have been decided with an aim of reducing inequalities in B&NES, particularly to improve health and wellbeing outcomes for low-income households, vulnerable groups, and people with specific accessibility needs. An Equalities Impact Assessment (EQIA) was carried out for the engagement process and updated now that this process is complete.

8 CLIMATE CHANGE

8.1 One of the cross-cutting themes of the strategy is 'Adapt and build resilience to climate change', acknowledging that climate change is having a direct impact on the health and wellbeing of residents in B&NES due to rises in temperatures during summer months and extreme cold weather during the winter periods. Additionally, the identified priority - 'Creating health promoting places', aims to have a positive impact on the current climate position by encouraging the development of and access to green spaces in local neighbourhoods.

9 OTHER OPTIONS CONSIDERED

9.1 None. The creation of a new Joint Health and Wellbeing Strategy is a statutory duty of the Joint Health and Wellbeing Board.

10 CONSULTATION

10.1 The public consultation period ran from September 29th to October 31st, 2022.

Contact person	Fedalia Richardson, Health and Wellbeing Strategy Manager Fedalia_richardson@bathnes.gov.uk
Background papers	Bath and North East Somerset Joint Health and Wellbeing Strategy: Our Vision for 2030
Please contact the report author if you need to access this report in an alternative format	

Bath and North East Somerset Joint Health and Wellbeing Strategy: Our Vision for 2030

Logos of Health and Wellbeing Organisations and Partners will be added to the designed version of the Health and Wellbeing Strategy.

Contents

Foreword

Councillor Dine Romero (Cabinet Member for Children and Young People, Communities, Chair of the Health and Wellbeing Board)
Paul Harris (Vice Chair of the Health and Wellbeing Board)

We are pleased to present the Bath and North East Somerset Health and Wellbeing Strategy 2022-2030. Developing this strategy was a collaborative effort between members and partners of the Health and Wellbeing Board. We consulted extensively with residents so that we could be sure we listened to the views of local people and understand what they feel makes a difference to their health and wellbeing.

Overall, evidence indicates that our residents live a good quality of life. Most of us are in good health and enjoy a good standard of living. Still, inequalities exist. Residents who live in areas with greater levels of deprivation or experience other forms of disadvantage are more likely to suffer from long-term illness, live in poor housing conditions and are unable to afford the healthier foods. This strategy aims to prioritise inequalities so that these gaps can be addressed and significantly reduced.

Undoubtedly, the COVID-19 pandemic has affected each and every one of us. In some circumstances, it has altered our quality of life and financial wellbeing. In other cases, it has brought to the forefront challenges that have long affected us. Residents have reported that it has had an impact on their mental health and willingness to socialise in groups. People have shared feelings of isolation, loneliness, and feeling disconnected. Some have had difficulty finding secure employment which makes it hard for them to live fulfilling lives.

Although generally our children are very healthy and doing well in life, not all our children are thriving as they should. This is evidenced by low educational attainment among our vulnerable pupils in schools, and in the increase in referrals to mental health services. We must improve in these areas, but in order to do so, we will first need to take a closer look at the root causes and use best-practice, effective-based solutions to address them.

With an aging population, we aim to prevent or delay the time when people develop long-term health conditions, as such health conditions can negatively impact on quality of life and reduce life expectancy. These conditions disproportionately impact those living in deprived areas. In preventing or delaying such illnesses we need to recognise the many factors in people's lives and the wider environment that influence them. Also, we know that it is important to tackle issues early to prevent them from worsening.

It is critical to support positive health and wellbeing outcomes for our residents. We must also ensure that our residents are able to access the health services they need, in the right places and at the right times.

Compassion, partnership working, and person-centred care will be at the core of all our efforts.

Welcome to our Health and Wellbeing Strategy

The Bath and North East Somerset (B&NES) Joint Health and Wellbeing Strategy: Our Vision for 2030 which is about how we put in place the best conditions for people of all ages to live healthy and fulfilling lives. Everyone has a stake in creating B&NES as an area that does its very best for its people, and this strategy sets a direction for how we will do this.

The strategy is led by the B&NES Health and Wellbeing Board and delivered through identified partnerships, organisations and communities that work with local people to improve lives for B&NES residents.

The Health and Wellbeing Board has a legal responsibility to produce a Health and Wellbeing Strategy and has representation from a wide range of partners, including the Council, B&NES, Swindon and Wiltshire Integrated Care Board, Healthwatch B&NES, Royal United Hospital, Bath Universities and Bath College, Avon and Somerset Police, 3SG, AWP, the housing association Curo, and Avon Fire and Rescue.

The Health and Wellbeing Board has a clear and ambitious vision to improve health and reduce inequalities:

"Together we will address inequalities in Bath and North East Somerset so people have the best start in life, live well and age well in caring, compassionate communities, and in places that make it easier to live physically and emotionally healthy lives."

This strategy aims to deliver on the Health and Wellbeing Board's vision.

COVID-19 has exacerbated the health and wellbeing challenges in our communities. More than ever, we need to build upon and sustain the effective partnerships developed during the pandemic, and make sure our local health and social care system benefits everyone.

1. What is our Health and Wellbeing Strategy?

Our Health and Wellbeing Strategy is a seven-year strategy that sets out four priorities for improving health and wellbeing and reducing inequalities for the local population. It also identifies the approaches that will be taken to address them. The four priorities are:

- Ensure that children and young people are healthy and ready for learning and education
- Improve skills, good work and employment
- Strengthen compassionate and healthy communities
- Create health promoting places

To develop the strategy, we have drawn on information from the B&NES Strategic Evidence Base (previously known as the Joint Strategic Needs Assessment, or JSNA) and worked closely with partners from health, social care, local authority, higher and further education, public services, and community and social enterprise groups. Residents of B&NES played a key role in identifying priorities through public consultation.

The Health and Wellbeing Board has worked to make sure that this strategy influences and is influenced by the B&NES, Swindon and Wiltshire (BSW) Integrated Care Strategy, the B&NES Economic Strategy, the B&NES Local Plan, and the BSW Health Inequalities Strategy. This strategy sets high-level direction for the B&NES Integrated Care Alliance. Such alignment across partnerships builds strong consensus on what each aim to achieve for, and with local residents.

Our strategy gives our partnerships a common language and vision and acts as a point of reference for all organisations that support the health and wellbeing of B&NES residents. It also identifies how we will work together with our communities to achieve better health and wellbeing for all. Detail of how partners will deliver the strategy is set out in a separate Implementation Plan.

2. What makes us healthy?

Many factors contribute to our health and wellbeing. We can think of these factors as building blocks, and we all need the right ones in place for good health and wellbeing.

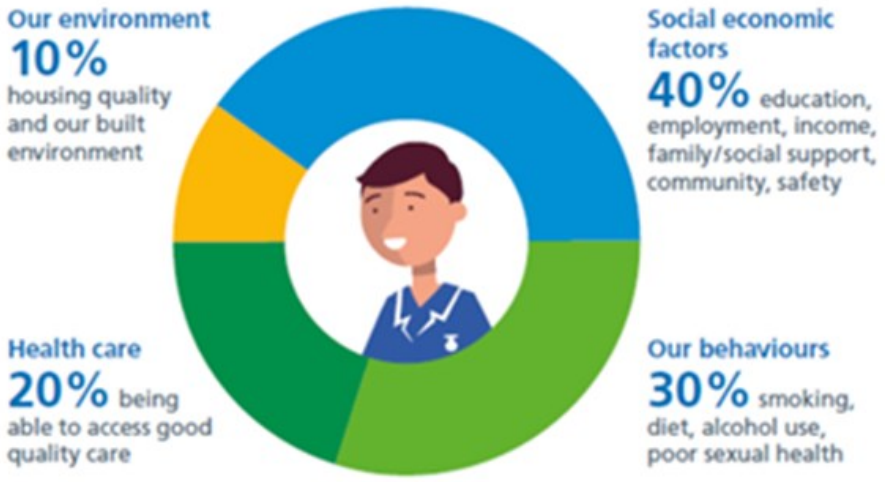
Socioeconomic building blocks have the most influence on our physical and emotional health, and include things such as our financial situation, education, community, family and social support, employment, transport and leisure.

The health promoting activity we do is also very important, such as eating a healthy diet, being physically active, not smoking tobacco, and if we drink alcohol, drinking within NHS guidelines.

Having quality health and care services working closely together to address the needs of individuals is important to health and wellbeing.

Finally, the environment we live in is an important building block contributing to our health and wellbeing. This includes housing, the wider built environment, and air pollution.

The diagram below shows to what degree these building blocks can affect our health and wellbeing.



Adapted from University of Wisconsin Population Health Institute. County Health Rankings Key Findings 2014

3. Inequalities

Looking after ourselves to keep well is key to living healthy and productive lives, although not everyone has an equal chance to be in good health. As previously described, almost every aspect of our lives affects our physical and emotional health and ultimately how long we will live. The right building blocks need to be in place so everyone can thrive, but right now, in some of our communities, some of these building blocks are missing which can lead to unfair and avoidable differences in health and wellbeing across the population and between different groups in society. These differences are known as health inequalities.

Health inequalities experienced by people are often considered across four main areas:

- socioeconomic factors (for example, income)
- geography (for example, differences between populations living in different parts of B&NES)
- specific characteristics (for example, ethnicity, disability, sexuality, young people who have experienced care, young people not in education, training or employment)
- social exclusion (for example, people who experience homelessness, drug and alcohol dependence, single pensioner households)

People experience different combinations of these factors, which has implications for the health inequalities that they are likely to experience.[1]

In B&NES, while most of our residents enjoy a relatively good quality of life, there are some stark differences when comparing areas and communities across B&NES. For example, inequalities are a significant factor in the rate of overweight and obesity among Year 6 aged children in B&NES, and childhood obesity can be a risk factor for poor health later in life. Differences in childhood obesity are most easily seen in differences in between our wealthiest and most deprived areas when comparing obesity rates.

Understanding where building blocks are weak or missing is key to being able to improve health and address health and wellbeing challenges. This strategy aims to strengthen existing building blocks and build them where they are missing, creating strong foundations for everyone.

(Case studies with a graphic that illustrates the story and a short explanation as seen below)

[1] https://www.kingsfund.org.uk/projects/nhs-in-a-nutshell/health-inequalities
https://www.gov.uk/government/publications/inclusion-health-applying-all-our-health/inclusion-health-applying-all-our-health

1. The cost of housing in B&NES makes it difficult for many to be able to afford somewhere suitable to live and there is a long waiting list for social housing. High housing costs mean there is less money to spend on heating a home, which can lead to people living in cold and damp homes. Living in these conditions can cause or worsen respiratory problems, respiratory infections, allergies, and asthma and other existing illnesses. The stress of living in unsuitable housing itself can also lead to poor health and mental health problems.[2]

   "I only use the oven once a fortnight now. I try to only wash my hair every 3 days so I don't keep using the hair dryer. When the temperature is in single figures you go to bed early usually around 7:30/8 o'clock and use an electric blanket to stay warm."
   (Respondent to Curo Housing Association Survey)

2. In B&NES some of our children are doing less well at school than others, such as young carers. A child who does not do as well as their peers at school may earn less in their lifetime, which means they are less able to afford a suitable home, or able to heat that home, or afford healthy foods to eat. They may spend more time worrying about money. All these factors can lead to both physical and mental health challenges. OECD research shows by the age of 30 people with the highest levels of education are expected to live up to 4 years longer than those with the lowest levels of education.[3]

   "When I come home from school, I have little time to focus on my homework. I help to care for my grandmother who is unwell and needs me to look after her. This has caused me to fall behind in school and not do as well as I could if I had more time to focus on my studies. I love my grandmother and like that I get to help, but I wish I had more time to focus on my schoolwork."
   (Stakeholder Engagement with The Carers' Centre)

The Marmot Review 10 Years On (2020) found that the health gap has widened between wealthy and deprived areas and that improvements to life expectancy have stalled and even declined for women living in the 10% most deprived areas. Evidence shows that focusing on the below areas improves the chances of more people having better health and wellbeing outcomes:

- Giving every child the best start in life
- Enabling all people to maximise their capabilities and have control over their lives
- Creating fair employment and good work for all

[2] Fuel Poverty, Cold Homes and Health Inequalities in the UK, Insitute of Health Equity, 2022
https://www.instituteofhealthequity.org/resources-reports/fuel-poverty-cold-homes-and-health-inequalities-in-the-uk/read-the-report.pdf

[3] The OECD, Health at a Glance 2017: OECD Indicators Gap in life expectancy at age 30 between highest and lowest education level, by sex, 2015 (or nearest year), 2017.
Available from: www.oecd.org/health/health-systems/health-at-a-glance-19991312.htm

- Creating and developing healthy and sustainable places and communities.[4]

Ensuring these building blocks are put in place for those for whom they are missing creates the foundations that will have a lasting impact and help us to improve overall health and wellbeing for everyone in B&NES.

4. Current picture of Bath and North East Somerset

a. Population

Bath and North East Somerset is thriving and diverse, with many strengths, resources and assets.

As well as being our main commercial and recreational centre, the World Heritage City of Bath is an international tourist and heritage destination that provides a spectacular setting for world-class arts, culture, and leisure facilities.

Our market towns of Keynsham, Midsomer Norton and Radstock combine with rural communities ranging from the foothills of the Mendips, to the Chew Valley in the west and Cotswold villages around Bath.

We want all of our residents to be able to enjoy what B&NES has to offer.

- **Two-thirds** of the area lies in Green Belt - we have **2** areas of Outstanding Natural Beauty, **37** Conservation Areas and **6,408** Listed Buildings.
- Home to over **193,400** people, we expect our population to rise to **208,000 by 2028** - the most significant increase will be amongst older people. Within the 65+ group, the largest increase is projected to be in the 75-84 age range (33%), followed by the 85+ age group (20%).
- Since 2011 we have also seen an increase of 8.2% in people aged 15-64 years and an increase of 7.6% in children under 15 years.
- Our population growth has come from a combination of increasing student numbers at the two Universities and an increasing number of new housing developments.

b. Community and economy

B&NES is one of the least deprived local authorities in the UK. 49% of our working age adults are educated to degree level, and overall, our children do better at all stages

[4] Marmot Review 10 Years On, Michael Marmot, Jessica Allen, Tammy Boyce, Peter Goldblatt, Joana Morrison, https://www.instituteofhealthequity.org/resources-reports/marmot-review-10-years-on

of education compared to national and regional rates. We have a higher employment rate than the South West and England however, we have lower than average earnings in comparison to regional and national averages.

The affordability of housing in Bath and North East Somerset is an ongoing challenge; averaging 12 times the average salary in 2021, for England, it was 9 times the average salary. In addition, B&NES has high levels of rough sleepers in comparison to the South West and England.

There are significant gaps in educational attainment for children who are eligible for free school meals and pupils with Special Educational Needs and Disabilities at all stages and between boys and girls. Research suggests this can lead to a long-term impact on the health and wellbeing of those doing less well at school.[5]

Overall, life expectancy is higher than the national average, however, there continue to be areas within our district where residents die earlier and live in poor health for longer than others. In 2019/20, 9% of children and young people in B&NES were estimated to be living in relative poverty (before housing costs). Child poverty is more prevalent in deprived areas across B&NES. Areas with the highest children poverty rates include Twerton (17%), Radstock (14%), Keynsham South (14%) and Westfield (13%). The comparative figure for the UK is 19%. When housing costs are taken into consideration 1 in 5 children in B&NES were estimated to be living in relative poverty in 2019/20.

More facts and figures relating to the community and the economy can be found in chapter 8.

c. Development

The council's ambitions for development are outlined in the Local Plan which runs from 2022 to 2042 and includes; responding to the challenge of the climate emergency and facilitating the goal of zero carbon by 2030, and establishing a transitional approach to protecting and enhancing nature as well as maximising delivery of affordable housing to respond to the district's demographic, social and economic needs.

There were an estimated 83,255 dwellings in B&NES in December 2020.

In March 2022, 5,842 households were on the waiting list for social housing, an increase of 12.5% since 2021. We are starting to plan for at least 14,800 more homes by 2042.

B&NES is the first local authority in the UK to have net zero carbon policies on new housing developments.

[5] Education, schooling and health, Public Health Advice, Guidance and Expertise (PHAGE), 2021. https://www.gov.uk/government/publications/education-schooling-and-health/education-schooling-and-health-summary

Our area has seen a reduction in air pollution over the years, but not from transport, our traffic volumes remain the same as before COVID 19 despite more people working from home.

More facts and figures relating to development in B&NES can be found in chapter 8.

d. Health and wellbeing

This section looks at the key indicators for the health and wellbeing of our population. It draws on data from the B&NES Strategic Evidence Base and the Public Health Outcomes Framework to give a picture of the current health and wellbeing of our population.

Healthy life expectancy at birth for both males and females living in B&NES is 65.7 years. This is above the England value of 63.1 years (males) and 63.9 years (females).

The difference in life expectancy between our most deprived and least deprived areas is 10 years for women and 6.5 years for men.

(The information below will be in the form of infographics)

Socioeconomic factors

B&NES is ranked 269 out of 317 Local Authorities in England for overall deprivation, making it one of the least deprived in the country. However, two areas are within the most deprived 10% nationally, and a further three areas are in the most 20% deprived.

In 2021/22, 78.3% of people in B&NES were in employment. In the region, 77.8% of people were employed during the same period, and in England, 75.2% of people were in employment.

In 2020, 11.2% of the B&NES population was considered fuel-poor (low-income, low energy efficiency methodology). In the region, 11.4% of households were fuel-poor, and in England, 13.2% of households experienced fuel poverty.

Behavioural factors and long-term conditions

In 2019/20, 65.8% of the B&NES adult population consumed the recommended 5-a-day' on a usual day. In the South West, 60.1% of the population consumed the recommended 5-a-day and in England, 55.4% consume the recommended 5 a day on a usual day.

In 2021, B&NES has a smoking prevalence in adults of 9.7%. This was lower than the England prevalence at 13%. In 2020 in B&NES, workers in routine and manual occupations were the employment group most likely to smoke, with 20.7% being smokers at the time.

In 2020/2021, 18.5% of adults in B&NES were physically inactive. In England, 23.4% were physically inactive.

In B&NES in 2020/21, 49% of children and young people were physically active compared to the national average of 45%.

In 2021/22, 28.9% of Year 6 aged children in B&NES were overweight or obese, lower than the national figure (37.8%).

In 2020/21, 18.5% of Reception aged children residents in B&NES were overweight or obese, lower than the national (22.3%) figure. 7.1% were obese or severely obese in B&NES, lower than the national rate (10.1%).

B&NES has the highest rate of admission episodes for alcohol-specific conditions for under 18's in the South West region and the 4th highest rate in England.

In 2020, the under 75 mortality rate from cardiovascular disease considered preventable in B&NES was 21.7 per 100,000 people, compared to 29.2 per 100,000 in England.

In 2020, the under 75 mortality rate from respiratory diseases considered preventable in B&NES was 14.6 per 100,000 people. This was higher than the England rate, which was 17.1 per 100,000 people.

Mental health and loneliness

An estimated 1 in 5 women in B&NES has a common mental disorder (any type of depression or anxiety).

There are an estimated 5,750 children and young people with a probable mental disorder in B&NES. In 2021, the prevalence of a probable mental disorder in 17-19 year old girls was 24.8% - this would equate to around 1,165 17-19 year old girls in B&NES.)

In 2019/20, 26.84% of the B&NES population experienced loneliness often, always, or some of the time. This is higher than in England, as 22.26% of the country's population experienced feelings of loneliness during the same period.

The average number of suicides per year for B&NES's residents was 18 between 2018 and 2020. Suicide rates for males are approximately three times higher than those for females. The suicide rate in B&NES has seen a gradual increase after a dip in 2004-2006 and is now higher than the rate for England.

5. What are we trying to achieve?

As partners of the Health and Wellbeing Board, our overarching goal is to improve health and wellbeing outcomes for all our residents and reduce inequalities. We want to make sure that more people can live longer in good health.

The priorities included in this strategy generally are those things which are complex, cannot be tackled by a single organisation on its own and need us to work together in partnership to make real change. We have also focused on prevention; how we can keep more people healthy and well to reduce the need to access health and care services.

A comprehensive list of indicators is being identified for the priorities in this strategy to help measure how well health and wellbeing improves in B&NES. These indicators will allow the Health and Wellbeing Board and others to measure the progress that is being made to deliver change for our residents. Implementation of this strategy aims to play its part in contributing to improving health and wellbeing.

6. Ways of working

In order for our strategy to be a success and make the difference we hope that it will, partnerships and organisations leading the implementation of the strategy will seek to incorporate the following principles in their work delivering on the priorities.

1. **Tackle inequalities**
   Due to the impact of inequalities on health and wellbeing outcomes, reducing inequalities is an important goal in the NHS long term plan, a key challenge in the B&NES council Corporate Strategy and a central aim of our Health and Wellbeing Board's vision.

2. **Adapt and build resilience to climate change**
   Climate change is a public health emergency. As the global climate warms at an increasing rate, we see the effects of climate change being experienced by B&NES residents, especially during the colder months. While this impacts us all, in B&NES, it has already begun to affect the most vulnerable and disadvantaged in our area.

3. **Share responsibility and engage for change**
   We seek to develop our partnerships between the public sector, voluntary and community sectors, local businesses, and residents and recognise our collective responsibility to support health and wellbeing in B&NES. We each individually, and as groups, have our own skills and experiences which will support the delivery of this strategy. The more we each understand the ways that we can contribute to it, the more likely we are to be successful in making the changes we want to see.

4. **Deliver for all life stages**
   This strategy is intended to be an all-age strategy, with each priority delivering for all-life stages - *"start well, live well, age well"* - reflecting the local system's approach.

7. Priorities

B&NES Health and Wellbeing Board considered current health and wellbeing needs and drew on local insight to identify the following four priorities for focused attention and action. In this section we explore each priority further, we look at why each one is important to B&NES, and what people have told us about it. We also describe what we already have in place (our assets) that will help us to deliver on these priorities as well as specific actions we hope to take to bring about change. Further detail can be found in the separate implementation plan.

These four priorities are not a complete list of actions needed to be taken to deliver benefits for residents in B&NES. Rather, they are included based on a collective view that concerted action and focus on these can contribute to improving health and wellbeing and reducing inequalities in B&NES.

Four priorities:

1. Ensure that children and young people are healthy and ready for learning and education
2. Improve skills, good work and employment
3. Strengthen compassionate and healthy communities
4. Create health promoting places

Priority 1: Ensure that children and young people are healthy and ready for learning and education

We want all children to have a fair chance to succeed, and we aim to ensure that no one gets left behind. Levels of education and other experiences early in life shape the opportunities available later in life. The importance of supporting children in their early years and through adolescence has been recognised in the World Health Organisation's Global Strategy for Women's, Children's and Adolescents' Health, the UNICEF Baby Friendly Initiative, and is part of the NHS Long Term Plan.[6] The Levelling Up White Paper highlights the impact of education and skills, health and wellbeing, on the economic life and opportunity of the whole community.[7] Offering support to all children, adolescents and their families, as well as focussing on those who need help the most, reduces inequalities and improves health outcomes.[8]

Why is this important in Bath and North East Somerset?

- Inequalities in educational attainment are highlighted by the Strategic Evidence Base among children eligible for free school meals (FSM) and those with Special Educational Needs/Disabilities (SEND). This disadvantage starts at the early years phase and remains across all educational stages.
- The B&NES Children and Young People's Health and Wellbeing Survey (undertaken in 2021) shows that particular groups of children and young people are more affected by low self-esteem. These groups include those eligible for free school meals, those with Special Educational Needs and Disabilities (SEND), those identifying as Lesbian Gay Bisexual (LGB) and young carers.[9]
- Between 2016 and 2022, the Strategic Evidence Base shows a 128% increase in the number of children and young people receiving SEND support for social, emotional and mental health, this is similar to national trends.
- The Strategic Evidence Base also shows rates of hospital admission for self-harm and eating disorders have increased and are above the national average, with the highest rate in girls and young women aged 10-24. The data points to a link with deprivation.

What have people told us?

Access to children and young people's services is often determined by diagnosis rather than need, which means the service provided does not always respond in a way that helps or supports the child or young person. There appears to be a gap in service provision, for children with emotional and mental health concerns. Stakeholders have

[6] https://www.everywomaneverychild.org/wp-content/uploads/2017/10/EWEC_GSUpdate_Brochure_EN_2017_web.pdf
https://www.unicef.org.uk/babyfriendly/
https://www.longtermplan.nhs.uk/

[7] Levelling up in the United Kingdom White Paper (HM Government) February 2022 Levelling Up the United Kingdomr (publishing.service.gov.uk)

[8] Best Start in Life and Beyond, Public Health England, 2021
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/969168/Commissioning_guide_1.pdf

[9] The results of the survey can be accessed here: https://thehub.bathnes.gov.uk/Page/11031

reported long wait times for Children and Adolescent Mental Health Services (CAMHS) and high thresholds for support.

A Healthwatch BANES report on access to mental health services during the pandemic highlighted gaps in services for people with autism or learning disabilities, children and those suffering from trauma and eating disorders. [10]

A recent survey by Off The Record found local children and young people felt mental health and emotional wellbeing were their biggest concern followed by the impact of poverty on children and young people.[11]

What assets do we already have in the community?

Our area has a strong network of community assets that can support work to ensure that children and young people can be healthy and ready for learning and education. We have a robust evidence base that includes needs identified in the Children & Young People's Health & Wellbeing Survey, the Strategic Evidence Base, an established Early Help programme, and work has begun to transform Children and Young People's Mental Health Services. There is a strong network of Voluntary, Community and Social Enterprise (VCSE) groups that work to support and care for children and young people with emotional and mental health needs. In addition, the Poverty Proofing Schools Project is being piloted to address the impact of poverty on children and young people.

What are we going to do?

1.1 Strengthen family resilience to ensure children and young people can experience the best start in life.

1.2 Improve timely access to appropriate family and wellbeing support.

1.3 Reduce the existing educational attainment gap for disadvantaged children and young people.

1.4 Ensure services for children and young people who need support for emotional health and wellbeing are needs-led and tailored to respond and provide appropriate care and support (from early help to statutory support services).

[10] https://healthwatchbathnes.co.uk/report/2022-10-10/how-did-people-living-mental-ill-health-access-services-during-pandemic

[11] Survey of children and young people attending local youth groups, conducted by Off the Record, 2022, 21 respondents.

Priority 2: Improve skills, good work and employment

Skill development and increased employment prospects can have a direct impact on people's health and wellbeing. The higher our income, the better access we have to the things that keep us healthy and well. Low wages and an insufficient safety net can drive people into poverty. Living in poverty can have a direct impact on the life chances of children.[12] The type of work we do, and the stability of our work also impact our physical health and mental wellbeing.[13] We want to improve the opportunities for people to access work and earn salaries that support them and their families to be able to be more in control of their health and wellbeing.

We also aim to create jobs and work environments in B&NES that are inclusive with employers who understand the importance of social value and care about the health and wellbeing of their staff.

Why is this important in Bath and North East Somerset?

- The Strategic Evidence Base for B&NES shows wages in Bath remain comparatively low when compared to England and the South West and that housing costs are high.
- In 2021, 17% of jobs in B&NES were paid below the living wage (£10.42 per hour), equating to approximately 16,000 jobs.
- In July 2022, 43% of the 11,878 people claiming Universal Credit in B&NES were employed. This is an indication that people who work still require additional financial assistance.
- Two areas in B&NES, Twerton West and Whiteway, are in the 10% most deprived in the country. These areas have higher numbers of universal credit claimants and lower healthy life expectancy when compared to other areas in B&NES.
- In B&NES 2020/21, the Public Health Outcomes Framework shows that when compared to overall numbers employed (aged 18-69), there was a 69% gap in numbers in paid employment for those who were in contact with secondary mental health services (aged 18-69) and on the Care Plan Approach. This is higher than the South West (67%) and England (66%) rates.[14]

What have people told us?

Our survey highlighted key issues around the cost of living, including that the cost of housing had an impact on the health and wellbeing of those in their community.

System stakeholders have voiced concern about the resilience of the workforce within the health and social care system and other caring sectors. Employees are facing an increasing need for their services, as well as more complex needs, having had little

[12] : Wickham S, Anwar E, Barr B, et al. Arch Dis Child 2016;101: 759–766 Poverty and Child Health in the UK: using evidence for action https://adc.bmj.com/content/archdischild/101/8/759.full.pdf
Raphael, D. Poverty in Childhood and Adverse Outcomes in Adulthood, 2011
https://pubmed.ncbi.nlm.nih.gov/21398059/

[13] https://www.health.org.uk/evidence-hub/work

[14] https://fingertips.phe.org.uk/

respite over the last few years of the Covid-19 pandemic response. 3SG's most recent survey of the VCSE sector found 84% of organisations were concerned about the wellbeing of their staff. [15]

In a broader context, poverty was often seen as the driving force for the unequal health outcomes experienced in the area. Resolution Foundation research shows that the increasing cost of living will mean more people will experience absolute poverty in our area.

The King's Fund explains that "Anchor Institutions are large organisations that are unlikely to relocate and have a significant stake in their local area. They have sizeable assets that can be used to support their local community's health and wellbeing and tackle health inequalities".[16] Employers, specifically those considered to be anchor institutions in our area, can play a bigger role to develop a more inclusive economy, which could support those furthest from the workforce into work, and ensure more people are lifted out of poverty.

What assets do we already have in the community?

Bath and North East Somerset Council is striving to establish itself as a leading regional employer in the provision of apprenticeships, paid and unpaid placements, work experience internships and volunteerism by identifying opportunities within its Services and Directorates. The Council also works collaboratively with the voluntary and community sector, private sectors and institutions of learning to increase their earning power and help residents on their path to finding work.

There are a number of programmes and schemes that provide support and training to help people into employment delivered both by local VCSE organisations and the Council. An Employment and Skills Pod is one of the services offered by the Council. This is a free service available to our residents who wish to get back to work, change careers or up-skill in their current jobs.

Specialist programmes provide targeted support for those further from the workforce. For example, the WE WORK for Everyone programme helps to support people with a learning disability or autism into paid employment, and the Women's Work Lab piloted specific support to help women and mums return to or start work.

The Health and Wellbeing Board is a unique partnership including further education providers and employers of substantial numbers of residents. Partners on the Board are able to use the role of their organisations as anchor institutions to influence positive practices in skills development, good work and employment.

What are we going to do?

[15] 3SG 2021-22 Annual Survey of the Third Sector in Bath and North East Somerset (BaNES) https://www.3sg.org.uk/post/3sg-s-2nd-annual-survey-highlights-the-ongoing-challenges-facing-the-third-sector-in-banes

[16] Anchor Institutions and how they can affect people's health, The King's Fund, 2021 https://www.kingsfund.org.uk/publications/anchor-institutions-and-peoples-health

2.1 Work with education providers and other partners to provide robust and inclusive pathways into work and including for disadvantaged young people.

2.2 Work with local employers to encourage, incentivise and promote good quality work.

2.3 Support the development of and access to an inclusive labour market, focusing on engaging our populations most at risk of inequalities in accessing and maintaining good work.

2.4 Prioritise inclusiveness and social value as employers, purchasers and investors in the local economy.

Priority 3: Strengthen compassionate and healthy communities

We would like to work with and support our communities so that they can continue to build personal and communal resilience, knowledge and skills to stay physically and emotionally healthy, reflecting our commitment to a compassionate communities approach. We know that community life, social connections and having a voice in local decisions are all important factors that impact our health and wellbeing. These all help to build resilience in communities and influence positive health-related behaviour.[17]

The pandemic led to an increase in people being socially isolated and placed greater emotional stresses and strains on individuals and groups, such as unpaid carers and the elderly.[18] This resulted in increased levels of loneliness and impacted emotional wellbeing. Lockdowns, social distancing, and restrictions made it increasingly difficult for communities to remain connected, and for people to feel supported. It also expedited a reliance on digital technology, further exposing the digital divide experienced by certain groups.[19]

Why is this important in Bath and North East Somerset?

- The Strategic Evidence Base shows that despite high levels of happiness in B&NES, residents self-report higher rates of anxiety in comparison to figures for England. B&NES also had a higher rate of loneliness than the English average.
- There is an increased demand for Improving Access to Psychological Treatment (IAPT) services.
- Bath and North East Somerset Age UK research found 65% of respondents wanted the opportunity to do more activities and 46% wanted to feel less lonely.[20]
- As individuals we need support to be able to make different decisions about our health and wellbeing. For example, there is a need for more support around giving up smoking, as the Strategic Evidence Base highlights that despite relatively low rates of smoking, this is the greatest risk factor for mortality in B&NES.

What have people told us?

Responses to our survey showed that people think that their emotional wellbeing and mental health have a big impact on their health and wellbeing. This may be greater for some groups. Banes Carers Centre reported that carers constantly worry about the

[17] Community Centred Public Health, taking a whole systems approach, Public Health England, 2020 https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/857029/WSA_Briefing.pdf

[18] https://www.ons.gov.uk/peoplepopulationandcommunity/wellbeing/articles/mappinglonelinessduringthecoronaviruspandemic/2021-04-07

[19] Holmes, H. and Burgess, G. (2022) *Digital exclusion and poverty in the UK: How structural inequality shapes experiences of getting online*. Digital Geography and Society, Volume 3, 2022, 100041. https://www.sciencedirect.com/science/article/pii/S2666378322000162

[20] Learning from our community, 2021, Age UK Banes

people they care for. This affects their mental health and consequently impacts the people they care for.[21]

Stakeholders indicate that there is often a 'cliff edge' when a young person turns 18. This impacts on adult mental health in B&NES. There is an associated demand pressure on third sector organisations to make up for this gap in service.

In engagement sessions, those delivering services and support felt that better health and wellbeing outcomes could be achieved if a more collaborative and inclusive approach is taken. They felt that it would take a whole system approach including statutory health and care services, VCSE organisations, communities and individuals accessing care and support to improve health and wellbeing in communities. People also felt that rural communities were sometimes left out when it came to ensuring communities had access to needed health and care services. It was also emphasised that individuals could be more empowered to take control of their health and care.

What assets do we already have in the community?

Our communities have many assets that can contribute to positive health and wellbeing. These include the skills knowledge and commitment of; individuals, friendships, good neighbours, local groups and community and voluntary organisations. Resources and facilities within the public, private and third sector also help to maintain and improve health and wellbeing in our communities. Social prescribing pilot schemes have been rolled out, as well as initiatives to encourage community engagement and joined-up support via our Community Wellbeing Hub, which provided valuable coordination and support in responding to the Covid 19 pandemic.

What are we going to do?

3.1 Continue to develop the infrastructure that encourages and enables individuals, organisations and networks to work together in an inclusive way, with the shared aim of supporting people in need and building strong local communities.

3.2 Enable and encourage proactive engagement in health promoting activity at all ages for good quality of life.

3.3 Develop a strategic approach to social prescribing to enable people to remain healthy and manage physical and mental health conditions.

[21] https://www.banescarerscentre.org.uk/news/local-unpaid-carers-are-being-pushed-to-breaking-point-warns-the-carers-centre/

Priority 4: Create health promoting places

Our health and wellbeing are significantly impacted by the places in which we live. In this context, *'place'* refers to our homes as well as our local neighbourhoods.

Housing

Our health and wellbeing are significantly influenced by where we live. The Levelling Up White Paper highlights poor quality housing, overcrowding, and an over-reliance on temporary accommodation for vulnerable families as key contributors to poor health and quality of life, and a priority for action at the national and local levels.[22] In the South West, housing prices rose sharply during the pandemic and the most deprived parts of the population have been hit the hardest by the rising cost of living. Poorly heated, ventilated or over-crowding can lead to damp and mould, which can lead to physical and mental health problems. Wetter winters due to climate change have already begun to exacerbate this problem further.[23] To avoid health and wellbeing complications that can stem from poor housing conditions, it is critical to ensure that quality housing is a priority in B&NES.

Local Neighbourhoods

Good spatial planning is important to ensure that people can access everything that is needed to live a healthy life. This includes having access to green space, local shops that offer healthy and affordable fruit and vegetable options and access to health and care services in local neighbourhoods.[24] We want to make it easier for everyone to be physically active by encouraging active travel. This form of physical activity is incorporated into the daily routine and can be in the form of walking or cycling. Through this priority, we aim to promote engagement in these activities by working collaboratively with our local partners to improve access and create enabling environments for good health and wellbeing.

To ensure long-term sustainability, healthcare services are changing too, with an ever-greater focus on prevention and care closer to home or where people go. It is hoped that delivering integrated and holistic services closer to where people live or go, will improve access, and mean that more people receive the care they need, in the right place, at the right time and in the right way.[25]

Why is this important in Bath and North East Somerset?

- Although the Strategic Evidence Base indicates that B&NES has a lower rate of adult obesity than the English average, our rates mean that one in two adults is carrying excess weight.

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[22] Levelling up in the United Kingdom White Paper (HM Government) February 2022
Levelling Up the United Kingdom (publishing.service.gov.uk)

[23] https://www.kingsfund.org.uk/projects/time-think-differently/trends-broader-determinants-health-housing

[24] Spatial Planning for Health, Public Health England 2017
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/729727/spatial_planning_for_health.pdf

[25] https://www.england.nhs.uk/blog/building-on-the-vision-of-an-integrated-primary-care/

- 93% of population growth will be from single person households and couples aged over 65. This suggests homes meeting older persons' housing requirements will be a priority.
- The Government's Net Zero Strategy: Build Back Greener states all homes should meet an Energy Performance rating of at least a Band C by 2035.The percentage of residential properties in B&NES with an Energy efficiency rating of A-C at the end of December 2021 is 26%.
- In 2020 in B&NES the tenure breakdown of homes is: owner occupiers owned outright represent 40% of the total, owner occupiers with a mortgage 26%, private renters 20% and social renters 14%. The English Housing Survey (2021/2022) suggests dwellings in the private rented sector are more likely to fail to meet the Decent Homes Standard than those that are socially rented or owner occupied homes.[26]
- Despite overall falls in carbon dioxide emissions since 2005, emissions from transport have not reduced to the same extent as in other sectors, in 2019 transport accounted for 34% of the carbon dioxide emissions in B&NES.
- The 2021 Census revealed that on Census Day, 10.3% of households in Bath and North East Somerset had 3 or more cars or vans. The comparative percentage for England and Wales on the same day was 9.2%.[27]

What have people told us?

While overall there is satisfaction with the experiences in local areas, some people have expressed a need for improvements in the quality of housing. People have specifically told us about damp and mould and the impact this is having on both their physical and mental health.

Responses to our survey showed that residents felt access to green spaces and nature as well as leisure facilities, have an important impact on their health and wellbeing. While discussion with third sector groups raised concerns about equitable access to these spaces, indicating that more deprived areas may have fewer spaces, or they may be more difficult to access.

Access to health care services was one of the five most common responses to our survey which asked what has the most impact on your own or family's health and wellbeing. People expressed an inability to access the care they need in place. This is particularly true for those living in rural areas. People have also said that long wait times for healthcare services impacted on their health and wellbeing. These issues of access will not impact all equally.

What assets do we already have in the community?

[26] https://www.gov.uk/government/statistics/english-housing-survey-2021-to-2022-headline-report/english-housing-survey-2021-to-2022-headline-report

[27] https://www.ons.gov.uk/census/maps/choropleth/housing/number-of-cars-or-vans/number-of-cars-5a/no-cars-or-vans-in-household

There are pilots already underway to introduce Active Travel Social Prescribing Hubs in Bath and North East Somerset. The pilot programme encourages physical activity as a means of transport in parts of B&NES to improve both physical and mental health.

Integrated Neighbourhood Teams (INT) are being piloted in the wider region to improve access to health and care services by bringing multi-disciplinary health and care teams closer to where people live. In B&NES we have already established the Community Wellbeing Hub and can learn from the experience of other areas to support the development of INTs locally.

Much progress has already been made within B&NES to insulate social housing stock and decrease heating costs.

The Local Plan provides an opportunity to ensure that creating health promoting places is a cornerstone in all developmental plans for the local area, to improve active travel, access to leisure facilities and overall enabling environments for good health and wellbeing.

What are we going to do?

4.1 Utilise the Local Plan as an opportunity to shape, promote and deliver healthy and sustainable places and reduce inequalities.

4.2 Improve take up of low carbon affordable warmth support for private housing; and encourage B&NES social housing providers to provide low carbon affordable warmth for existing social housing to help prevent damp and mould, and cold-related illnesses.

4.3 Maximise opportunities in legislation to facilitate targeted private rented sector inspection programme to ensure the minimum statutory housing and energy efficiency standards are met.

4.4 Improve access to physical and mental health services and interventions for all ages via the development of Integrated Neighbourhood Teams (INTs), community-based services, and our specialist centres.

4.5 The NHS, LA, voluntary and community sector and other partners to increasingly embed prevention and inequalities action into their planning and prioritisation.

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Unpaid Carers Experience of mental health during the pandemic

the care forum

healthwatch Bath and North East Somerset

Who are we?

Healthwatch Bath and North East Somerset

- We champion the views of the public for health and social care.
- We are an independent statutory body, with the power to make sure NHS leaders and other decision-makers listen to feedback and improve standards of care.
- We worked with the NHS England E&I Commitment to Carers Rapid Learning Pandemic Legacy Project to deliver a piece of research to hear the experiences of unpaid carers and their view about mental health during the Covid 19 pandemic.
- The research was carried out in Swindon and Bath and North East Somerset which are part of the BSW ICS.

What did we do?

- Project was carried out in March 2022
- Used online Surveys in Bath & North East Somerset and Swindon
- Attended group meetings/sessions with unpaid carers and families/advocates experiencing mental ill-health
- Analysed information/data supplied from carers centres based in each locality and national statistics taken from Carers UK.
- Incorporated existing sources of feedback/reports so that people don't have to repeat themselves (data collected by Local Healthwatch).
- Ran a Twitter poll.

What were the challenges?

- People do not recognise themselves as carers when caring for loved ones.
- We were NOT able to go into care provisions to carry out interviews to gather feedback directly from their staff and service users due to COVID restrictions and capacity at the time.
- We had limited input from ethnic minority carers, they are less likely to self-identify as carers.
- Only able in timescale to talk to a small proportion of carers

Key Findings

- Pandemic had a significant impact on carers – isolation, lost support and a lot have not got that support back
- Carers feel they are not being listened to and their own mental health is negatively impacted
- Care coordinators are overstretched, high turnover, it further impacts on unpaid carers and other service users.
- Ethnic minorities generally do not self identify as carers.
- Rural nature of Bath and North East Somerset hinders Carers getting support
- One positive was 'virtual' get togethers made carers feel less isolated.

What has happened since ?

- We have shared our report findings both locally and nationally with organisations that can make a change
- Increased Healthwatch engagement with carers across B&NES's communities and shared their feedback
- Continued working with the local Carers Centres to ensure their voice is heard
- The three Carers Centres in BSW are meeting with AWP in March to look at how they can help AWP staff identify carers during their work & make referrals for tailored support (BSW Older people & mental health sub-group)
- Working with the local hospital to improve support for carers when the people they care for are inpatients

Questions for the Health & Well-being Board ?

What further steps are B&NES Council and other Health & Wellbeing Board partners taking to:

- Identify carers ?
- Recognise and meet their needs for support as carers ?
- Listen to their voices as an 'expert' about the person they care for ?

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Unpaid Carers Experience of Mental Health during the Pandemic

NHS E&I Commitment to Carers Rapid Learning Pandemic Legacy Project

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Introduction

Healthwatch Swindon and Healthwatch Bath & North East Somerset (BaNES) are independent champions for people who use health and social care services. We're here to make sure that those running services, put people at the heart of care.

Our sole purpose is to:

- Understand the needs, experiences and concerns of people who use health and social care services and to speak out on their behalf
- Provide information and advice to the public about accessing health and social care services
- Gather feedback from people about their needs for, and experience of, local health and social care services and making those views known to those involved in the commissioning and scrutiny of care services
- Promote and support the involvement of people in the monitoring, commissioning, and provision of local health and social care services
- Ensure the views and experiences of people are known to Healthwatch England to help it carry out its role as national champion
- Write reports and recommendations about how those services could or should be improved
- Make recommendations to Healthwatch England to advise the Care Quality Commission to carry out special reviews or investigations into areas of concern

You can also speak to us to find information about health and social care services available locally.

Healthwatch Swindon and Healthwatch BaNES are working with NHS England and NHS Improvement to support the rapid learning and commitment to carers and unpaid carers, focusing on unpaid carers experiences of mental health during the pandemic.

Amongst many enduring inequalities and hidden needs highlighted by the pandemic, the stress on people taking care of others in an unpaid capacity has come to the forefront. The pandemic saw an increase in carers caring, as 4 in 5 carers provided more care than before the pandemic and over half of the carers said their mental wellbeing had worsened. Adults who are providing unpaid care are on average spending over 25 hours per week looking after loved ones. Over half of unpaid carers believe that they are doing two full-time jobs by looking after someone, many believe they must do so.

Carers UK stated in 2021 that around 6.5 million individuals in the UK were performing unpaid care They are a growing demographic but remain an invisible workforce which plays a crucial role in sustaining our overstretched health and social care system within the UK. Carers Trust social care survey findings, 2022

NHS England define a carer as anyone who looks after a family member, partner or friend who needs help because of their illness, frailty, disability, a mental health problem or an addiction, and cannot cope without their support. The care they give is unpaid.

Unpaid carers have been a vital resource in the health and social care systems in Swindon and BaNES during the Covid 19 pandemic. But still, their role is poorly recognised with little help to support their health and wellbeing. Unpaid Carers need to be recognised for the difficulties they have experienced during the pandemic, respected for all they are doing, provided with information, and given the support, they need to care safely whilst safeguarding their own health and wellbeing.

Our aim

Our research aimed to gather feedback from unpaid carers and to capture their experience of mental health during the Covid 19 pandemic and accessibility to Health and Social Care support networks and providers within both localities.

This required:

- Up to date information about the experiences of unpaid carers in both Swindon and BaNES and the impact of the pandemic on their mental health.
- Unpaid carers experience accessing Health and Social care services and support during the pandemic period in both Swindon and BaNES
- Direct feedback from Carers Centres based in both areas
- Unpaid carers views about what has helped or would help them when it comes to supporting their mental health.

Understanding the impact of the Covid 19 pandemic on unpaid carers is essential to help inform how to best support the health and well-being of those who care for others. The research undertaken by Healthwatch Swindon in collaboration with Healthwatch BaNES provides valuable insights into unpaid carers' experience of mental health over the past year. Our understanding of what we heard was that many of the challenges faced by unpaid carers have been long-standing but further exacerbated by the pandemic.

We want health care decision-makers to understand and properly attend to the existing and future demands of unpaid carers, including a need for greater investment in services locally directed towards unpaid carers, including mental health. This would include core NHS services, local authorities and third sector organisations that work with carers to remove barriers to mental health support and ensure access to services which meet unpaid carers' needs.

The valuable learning gained from this work will also be shared with the Care Quality Commissioners (CQC) to help shape how they monitor and inspect services with Unpaid Carers in mind and hold Health and social care services accountable for adequately providing provisions for care.

What We Did

Between mid-February to April, we reached out to carers and unpaid carers who had experienced poor Mental Health personally or through the person they cared for. We engaged with the Carers Centre in both Swindon and BaNES, health and social care services including the voluntary sector which played a key role in providing care and support during the challenging times of Covid 19 taking the strain of Core NHS services.

How we did it

Between March to April, we ran a Mental Health Survey with carers in mind. The survey was run in both Swindon & BaNES.

Additionally we:

- Held a public engagement event in central Swindon inviting people living with mental ill-health to come and share their experiences of services and support networks.
- Attended focus groups and collected feedback when engaging at planned meetings for community groups and local VCSEs.
- Attended group meetings/sessions with unpaid carers and families/advocates experiencing mental ill-health (conducted either face-to-face or remotely online).
- Analysed information/data supplied from carers centres based in each locality.
- Analysed national statistics taken from Carers UK.
- Incorporated existing sources of feedback/reports so that people don't have to repeat themselves (data collected by Local Healthwatch).
- We ran a Twitter poll.

Reviewed key reports:

KS2 / St Mungo's – 'What's going on?' Event Mental Health Report - focus groups, survey and event (11/8/21 – 5/10/21) 'What's going on' Event Mental Health Report | Healthwatch Bathnes

Healthwatch Swindon, Wiltshire and B carried out a joint project in Oct 2021 looking at what local organisations think of mental health support which had relevant information. What local organisations think of mental health support | Healthwatch Bathnes

Organisations/Groups we engaged with:	What they do:
Swindon Carers Centre: Swindon Carers mental health support group	Part of the Carers Trust network, they provide help and support to unpaid carers of all ages. Working in partnership with other local organisations and Swindon Borough Council to help improve the wellbeing of carers and ensure the best care solutions are in place.
Swindon SEND Family Voice	Is a charity that listens to parents and carers of children and young people who have any kind of special educational need or disability. They then collaborate with the Local Authority and the Integrated Care Board to improve the services to such families.
Avon Wiltshire Mental Health Partnership (Swindon and BaNES)	Lead provider of healthcare for people with serious mental illness, learning disabilities and autism across BaNES, Swindon and Wiltshire, Bristol, North Somerset and South Gloucestershire.
Live Well & Public Health	The team's main work involves handling referrals and giving people access to opportunities and services which can help improve their health and wellbeing.
Swindon Hub Pop Up Mental Health Café run by Healthwatch Swindon at the Swindon Hub	An accessible, friendly space run by the community, for the community. They have an affordable cafe, a relaxing snug, a selection of books to read or buy and various items for sale from local retailers. They also have upcycled furniture by Renew Men's Shed and surplus stock items for sale - donated from shops - with profits going to Swindon Night Shelter.
New College Swindon (both Queens Drive and North Star campuses)	The current College was created by the merger of New College with Swindon College in 2020. Held New College Swindon Mental Health Event Held an Employability Fair for Health and Social Care students

B&NES Carers Centre	Local charity and part of the Carers Trust network; Providing a range of advice and support to all unpaid young and adults carers in the area. Works in partnership with B&NES Council, the Community Well-being Hub, HCRG (formerly Virgin Care) and the Clinical Commissioning Group.
KS2 Bath	Voluntary peer support and information group for carers of people with mental ill-health (KS2 carers). Hold monthly meetings and more informal meet ups. Promote needs of KS2 carers with AWP and others through collaborative working. Developed training package for KS2 carers Helped develop the Carers Charter for AWP.
Swallow BaNES	A charity providing user-led support for teenagers and adults with learning disabilities. A parent's /carers/ forum is also supported.
Age UK BaNES	Age UK Bath & North East Somerset is a local, independent charity supporting older people in Bath & North East Somerset, including older carers. It also runs a number of Dementia groups
Southside BaNES	Southside supports people to make positive changes in their lives and to help build strong, resilient communities. It works with people and families who are grappling with problems such as domestic abuse, substance abuse, mental health difficulties, problems with finance and debt, housing issues or concerns related to education and employment.
Bath Ethnic Minority Senior Citizens Association	BEMSCA provides a range of activities, support and information for older people from black and minority ethnic groups within the area.

Strengths and Limitations

In terms of strengths, we engaged with a wealth of services in both localities, speaking to individual carers through our public engagement events held in central Swindon and attending the carer's cafés and focus groups in both localities to gather essential feedback for this project.

However, we recognise that the data collected from the survey and engagement represents only a small proportion of carers, not least because many unpaid carers do not recognise themselves as carers when caring for loved ones.

Primary care, acute and community healthcare providers faced barriers in allowing Healthwatch to carry out enter and views to gather feedback directly from their staff and service users. This was due to strict Covid guidelines still in place and the added system pressures they faced on both staffing levels and the high levels of anxiety of the people accessing their services. Both Healthwatch localities respected their decision in this and did not want to add further anxiety to those experiencing mental ill-health

What we found

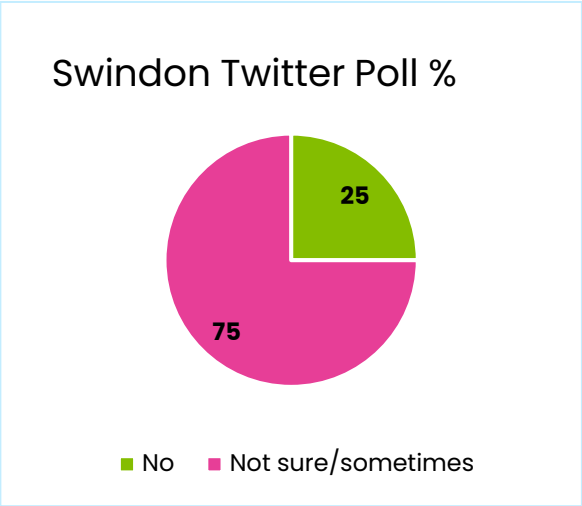
We received 109 responses from our mental health survey in total from both localities along with user stories from the engagement methods already listed.

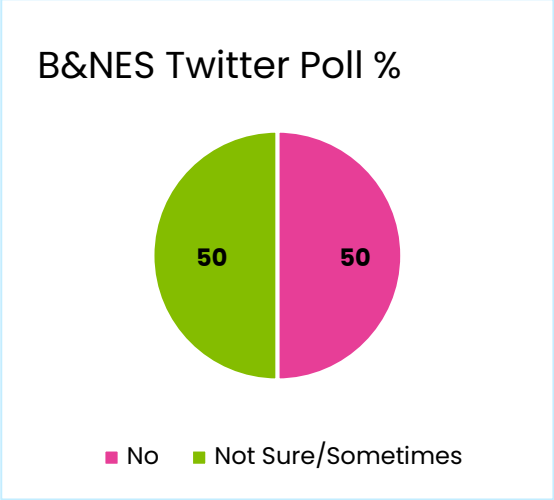
Responses were received from a range of unpaid carers including those caring for partners, children and parents; those caring for individuals with physical care needs and mental health needs or conditions such as autism and dementia and for those who had been caring for a short period to many years.

Carers in both Swindon and BaNES raised the need for more awareness, especially within communities about support services that are available and how to access them. The majority of unpaid carers we spoke to were not aware of the local offer of support available or if these were accessible to them as unpaid carers.

Twitter Poll Results

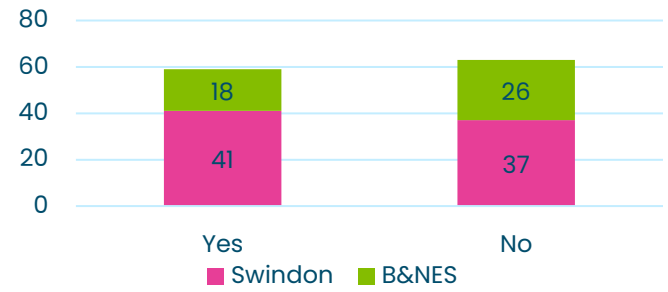
We ran a Twitter poll on both Healthwatch social media platforms asking: 'do you feel recognised as a carer'? The responses received indicated that people were unsure about identifying as a carer, and what this meant, and whether they were recognised as such.





Data from our mental health survey:

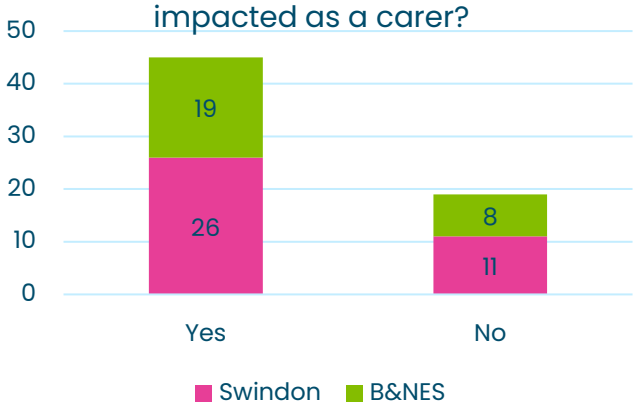
Figure 1
Do you consider yourself a Carer?



59% of people filling out the survey considered themselves as a carer. (Figure 1)

7% were paid carers, 47 % told us there were unpaid Carers and 46 % of people preferred not to say whether they were paid or unpaid. We asked people if they needed additional support over 2021. (Appendix 2)

Figure 2
Has your mental health been impacted as a carer?



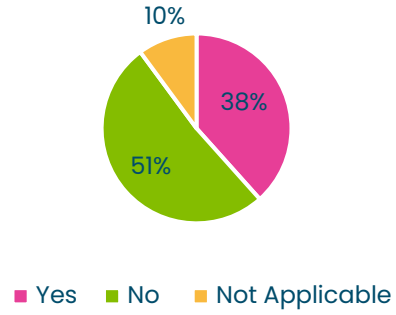
The overwhelming feedback was that the people who replied did, but that many people faced barriers in accessing support.

45% of carers told us that their mental health had been impacted by being a carer during the pandemic (Figure 2).

38% of carers felt that whilst supporting the person they cared for their thoughts and feelings **were** considered by the health and social care providers, whilst 51% **did not** (Figure 3)

59% considered themselves or the person they cared for to have a disability, 32% didn't consider themselves to have a disability and 9% preferred not to say.

Figure 3
Were the feelings and thoughts of the person you cared for considered %



80% of people who responded to our survey were women only 14% were men and 6% were non-binary.

The majority of people answering the survey were aged between 26-64 years of age with a small percentage under the ages of 18 years old.

83% were white British with only a 1-2 % of people filling out the survey were from ethnic minorities. (See Appendix 2)

Key themes

Social Isolation

"Isolation, loneliness" (Unpaid Carer)

"No one seems to care" (unpaid carer)

Many carers reported during one-to-one discussions or group sessions, that they found the second year of Covid more difficult than the first year.

During 2020 there was more of a sense that everyone was having to cope with the restrictions of Covid and behave differently, but as 2021 progressed many non-carers' lives began to get back to 'normal' whereas carers had to continue to isolate themselves due to the vulnerability of the person they cared for.

This was to the extent of 'feeling laughed at' for continuing to wear masks when others had stopped, and in another case, a carer was unable to attend both the funeral of a very close relative and the marriage of another due to continuing medical concerns about the vulnerability of the individuals they cared for.

The biggest impacts of Covid on carers' lives in terms of the number of responses reported were the experience of isolation and loneliness, the stress of caring and feeling in many cases more alone in having to deal with that responsibility.

We heard direct feedback from carers who had supported someone through the crisis but felt that they were not always involved in conversations about the care and follow up or offered any support for their mental health and wellbeing which resulted in a strong feeling of isolation and loneliness.

Stress was experienced mentally, emotionally and physically, including through insomnia, poor nutrition and lack of exercise. One person reported that they had felt suicidal at times due to the stress and difficulty of caring and not being able to access the care and support needed. Another had been traumatized as a result of caring for their child, who self-harmed and needed constant supervision.

Lack of support groups and accessing services

"Battling against the system to get the right support" (unpaid carer)

''Not able to give the support or find the help a mother feels she should give to her child' (Unpaid carer)

''long waiting lists to access mental health support'' (Unpaid carer)

"Instant support, not waiting months where things get a lot worse" (Unpaid carer)

There was a mixed response to the question about how supported carers felt during 2021 and the second year of Covid. The online survey focused more on formal health care and the response to the question about whether as carers their 'thoughts and feelings were considered by health and social care providers' produced mixed results. Overall, 38% of respondents felt their thoughts and feelings were considered as against 51% who did not, with 10% saying this was 'not applicable'. (Figure 5)

When broken down between the two areas however, the results for Bath and North East Somerset were more balanced with 50% saying 'yes' and 44% 'no' compared to Swindon where 29% said 'yes' and 57% said 'no' with 14% saying 'not applicable'.

Responses varied from "totally unheard" to "when I shared issues, I was directed to someone who could listen and give advice, I was able to attend safeguarding meeting on line and speak in person to those involved"

During the one to one and group engagement there was a positive focus more generally on the support provided through carers' groups including the Carers Centre and KS2 especially located in Bath. With services helping to reduce isolation and also providing carers with a voice to express their views and share their experiences (carers cafes, carers voice, KS2 peer group).

There were also some specific comments about the difficulty of getting a carers assessment and also the lack of practical support with tasks such as form filling to claim support or benefits.

In addition, when we spoke to Wiltshire Police and local Community Support Officers, the lack of support and access to services outside of core hours was echoed. With a rise in mental health cases, due to ambulances not being able to get to people during a mental health crisis and members of the public calling the police for support as the 'crisis' team was unavailable for over a week.

High thresholds for accessing care

Carers experienced frustration and stress due to the thresholds of care being so high for the person they cared for – in particular around access to care and support for mental ill-health / eating disorders. Feedback received included:

- The person they cared for had to be at the point of being sectioned due to safeguarding concerns
- They had to be at death's door or extremely unwell (including as a result of eating disorders)

As well as impacting on the cared-for person the impact on the carer is very high.

- One person reported feeling grief that the person they knew had become so mentally unwell due to the difficulty in accessing support that they didn't know if the mental health damage was permanent or if they would recover.

Lack of services or insufficient services

As highlighted above, carers' mental health and wellbeing is directly impacted by the care and support received by the person they care for, and the following paragraphs about gaps in services emphasise this connection by flagging the issues raised directly by carers about the issues which impact on their well-being.

- Gaps in services of services highlighted by carers included:
- Support for autistic children with mental health difficulties
- Lack of local eating disorder services, including a lack of beds and specialist support (for example, one parent said their child was offered a bed in Rotherham – this would impact very severely on a carer who lived in BaNES)
- Lack of trauma therapy and insufficient time allowed ('6-8 weeks not enough')
- Lack of care coordinators

Rural versus city - for rural areas there is a lack of accessible community-based services compared to Bath, with more limited services being available in Keynsham and the other towns

Many of the respondents highlighted the difficulty in navigating between the health and social care services – this is partly about clear information (see below) but also about free and paid for services. With the additional issue that for carers trying to 'buy in' more social care, the impact of Brexit and Covid has meant that it is very difficult to find paid hourly carers.

Confidentiality and recognition of carers of people with mental ill-health

Carers' needs vary greatly, with those caring for people with mental ill-health facing particular challenges, including for example confidentiality, with a feeling that some service providers and care coordinators do not fully understand confidentiality and that they are wrongly excluded from engagement in discussions around service delivery for the person they care for.

This was also described as an issue of trust that is needed between carers and practitioners, and that protocols are needed to support good relationships.

Many carers had reported, through the 'What's going on?' process led by KS2, feeling excluded from any discussion of the person they cared for when they were 'an expert' in their care.

Feedback was received that the initial assessment question by AWP which asks patients if they have a carer, is too simplistic, with just a 'yes / no' answer without any description of what having a carer might mean in practice. They believed that this resulted in a large number of carers not being recognised and therefore not included in the ongoing care of the patient.

An additional example was around the transition between child and adult services – where a parent would stop being involved once their child reached 18 years without the consent of the 18-year-old adult.

Physical health concerns and decline in mental health

"'Very stressful due to looking after 3 children during the pandemic - Mental Health has not been good'' (Unpaid carer)

"The pressure of caring whilst suffering from a mental health issue of my own" (Unpaid carer)

"The impact on me as a carer over the last 6 years has not been acknowledged, and my mental health is failing as a result of the ongoing stress from trying to manage my son's illness" (Unpaid Carer)

"Carers are not considered in the slightest" (Unpaid carer)

The majority of all carers reported a significant negative impact on their mental health or well-being during Covid and 2021.

A smaller group of the carers described experiencing anxiety and fear or depression – for themselves but also for the person they cared for. Unpaid carers told us that it was only when they reached breaking point or crisis point that an organisation would step in to help them.

Caregivers also commented about the lack of support, information and follow-up that they had received after a crisis.

In the majority of cases, it was difficult for people to separate the care needs of the person they cared for and their own well-being and needs as carers'.

One carer reported experiencing fear during Covid that the only other person that shared their caring role would become ill or even die as a result of Covid and this would leave them without any support – they, therefore, took immense care to keep safe.

Another related the experience of having to fight to get help and support for the person they cared for and navigate and coordinate a bureaucratic minefield was a major stress factor.

A small number of people reported that they had opted to pay privately (as they were able to afford this) for health services linked to diagnosis or psychiatric support – it is not known if this was an impact of Covid making access to services more difficult, or if this would have been the case without Covid. Certainly, access to services, especially face-to-face appointments was more difficult as a result of Covid.

Fear of Covid and lack of respite

"Working throughout Covid' (**Paid carer**)

"Carer burnout" (**Unpaid carer**)

"Concern over the person I was caring for who was unable to visit family and friends as normal and the obvious impact on her mental health" (**Unpaid carer**)

The experience of the small number of paid carers who responded included concerns about being on the frontline during a pandemic and the extra stress and responsibilities of working under these circumstances. Resulting in more carers seeking respite.

A few carers reported that the pandemic and the various restrictions imposed in response, had led them to spend extra enjoyable time with the person they cared for, which became beneficial for their relationships and had reminded them of the importance for instances of shared enjoyment.

How are local organisations helping?

Swindon Carers Centre

Swindon Carers Centre is a charitable organisation, which is part of the Carers Trust Network, established to provide help and support to the 21,000 unpaid carers in Swindon.

Providing a wide range of support and services and work in partnership with other organisations, including local

NHS services, Swindon Borough Council's Adult Social Care and Children's Services and other

local voluntary organisations to identify as many carers as possible and to provide the most relevant support for your caring situation.

As of 1st April 2022, Swindon Carers Centre had 4297 carers registered with them, caring for 4170 dependants. 223 dependants are registered with them as having a Mental Health condition or Covid related illness. 176 (4%) carers are registered with them as having a Mental Health condition or Covid related illness.

Statement from Suzanna Jones CEO – Swindon Carers Centre

Becoming an unpaid carer can happen gradually or it can happen overnight. Any one of us could be a carer (at any age). Every carer's experience is unique. But what we do know is that caring has significant health and wellbeing, financial and practical challenges; and it is not sustainable long term without respite and support – and in the case of employers or schools, flexibility. Our carers, whether new to it or not, cannot just back fill social care or health services. Unpaid carers need to be recognised, valued and supported and we have to acknowledge that their resources, however strong, are not infinite and that they should not be seen as a 'contingency' that will always be available when the system is overloaded. Carers' wellbeing is of paramount importance and this report outlines that very starkly.

There is further work to do to ensure all services for carers are fully inclusive and support is able to be accessed by all who would like it. This is crucial, especially for communities where caring is seen as a traditional family role, but it will take time.

One positive from Covid is increased awareness of the crucial roles unpaid carers play in our streets, villages, towns and cities. Let's seize that momentum and ensure unpaid carers across BSW are given the recognition they deserve and it becomes the norm to "think patient – think carer".

The Carers' Centre, Bath and North East Somerset

They are a local charity and Network Partner of Carers Trust, offering a range of services to help unpaid carers support their health and wellbeing, connect with others and navigate the challenges of caring.

They work closely with local organisations like Bath and North East Somerset Council, HCRG Care Group and NHS to improve the recognition and support for unpaid carers, as well as the local community.

The latest published Annual Report showed that in the year to March 2021 2,788 adult carers were registered with them and 535 young carers (under the age of 18 years old). In the year to March 2022 these figures had increased to 3,952 adult carers and 676 young carers (under the age of 18 years old)

During the pandemic many activities were able to be moved on-line until face-to-face meetings could again be resumed, proactive support calls were made to registered carers and the telephone support line was extended through additional funding to give more time to answer and respond to carers' calls.

In 2021 young carers were asked by the BaNES Carers Centre for their views about the impact of Covid. Feedback included that negative impacts of Covid included decreasing opportunities to get away physically from their caring role due to lockdown (including due to increased anxiety) and increasing their caring role as other services reduced. Trying to manage school work from home whilst caring was also an issue exacerbated by Covid.

B&NES Carers Centre also reported:

- 3,914 carers accessed vital support
- 642 young carers under 18 years old received their support
- £12,713 in financial aid was accessed with their help
- 850 queries were responded to via their online support line
- 1,960 times where their wellbeing activities provided essential respite for carers.

Statement from CEO Jacqui Orchard – The Carers' Centre, Bath and North East Somerset

The pandemic shed light on the essential role of unpaid carers in society, yet unpaid care is rarely understood by most. Caring can have a significant impact across many areas of a person's life - health, wellbeing, and finances to name a few. Everyone's caring situation is different, and people can take on caring responsibilities at any age. A key barrier to accessing essential support is identification, by professionals and carers themselves. Countless carers are not recognised in healthcare, employment, and education settings for many years before they seek support, often reaching out because they have hit a breaking point. Unpaid carers need to be heard, valued, and supported to live a life alongside their caring role.

It can be difficult to prioritise your own needs when looking after someone, especially with an overstretched health care system. Caring for a loved one is an emotional rollercoaster. It should not be forgotten by healthcare professionals that they have the right to say no to caring. This can be hard for carers to do when they are not part of the conversation.

This report has brought into sharp focus the need for all healthcare settings to 'think patient, think carer'. To ensure that both patient and carer get the right support at the right time.

Swindon SEND Families Voice

Swindon SEND Families Voice are a non-profit making Community Interest Company formed by parent and carers in January 2018. They are a group of parents that have children with additional needs. They are passionate about ensuring the services in the area meet the needs of Swindon's disabled children and their families and that all parents and carers feel supported. Are a recognised forum by the Department for Education and the National Network of Parent Carer Forums (NNPCF).

Swindon SEND Families collected and found 127 mentions of support around mental health from Jan-Dec 2021.

Due to how data is collected they cannot always differentiate between carer/ children and young people (CYP) support in each case, they found that 92 cases mentioned parent support, and the support they were after was mainly signposting to services that can help them or acting as listening ear.

It was noted that while this data is collected regularly, it is dependent on their reps remembering who they have supported and the subjects too so are likely to be skewed by numbers that have been forgotten.

Additionally, the support given within the social media support group is not accurate data collected as it often appears through conversation on a post that may not have started as a mental health issue. However mental health does seem to be a topic that gets raised by both carers and young people.

Conclusions

Our research shows the effects of the pandemic on carers has been substantial. As a system, we need to continue to recognize and research the impact of the Covid 19 pandemic on the mental health of carers from all communities.

We also need to acknowledge that some of these issues have been amplified by the pandemic not caused by it. Establishing a strong network of support and communication is essential for carers who play a key role in the lives of millions of people in the UK.

The majority of unpaid carers who came forward in Swindon and B&NES were predominantly white British with only a small percentage from ethnic minorities.

The reason for this may be due to pressures within BAME communities to keep caring issues 'in the family' and for BAME carers to be less likely to self-identify. Which can result in many experiencing a high risk of ill health, loss of work, and social exclusion.

We know that there can be additional challenges for carers from some ethnic backgrounds, mainly due to experiencing language barriers and difficulty in accessing culturally suitable services.

Health and social care services need to add an additional description of what carers do; this needs to be included with a question asking patients 'do they have a carer?'. This would be likely to increase the number of carers recognised and start a discussion around them being included in the ongoing care of the patient. To address this from the start and look at what support needs to be put into place to enable them to look after loved ones without having to compromise their own health and wellbeing.

Within BaNES there are issues around accessibility of support services, which impact especially on people living in the rural areas. The Carers Centre, for example, run Carers Cafes in multiple locations but they cannot cover every village.

One positive to have arisen from the pandemic in both localities has therefore been the expansion of virtual 'get togethers'. People with access to a smart phone/laptop may already have used this technology to meet virtually with family members. The pandemic led to organisations such as Carers' Centres to look very quickly at how they could use these technologies to continue to support members when in-person groups suddenly shut down and extend the

offer to those who previously were unable to access service (due to their caring commitments).

One person gave feedback during an engagement event that it was far less stressful and more enjoyable to join a zoom get together with other carers than to come out physically to the Carers café – as they didn't have to worry about leaving the person they cared for.

The Carers Voice meeting attended was 'hybrid' allowing people to choose whether to join remotely or in person. In an area such as BaNES especially it is hoped that virtual or remote options will continue to be offered alongside the resumption of face-to-face gatherings.

This is in itself an issue of course of accessibility as not all carers have access to digital technology to be able to participate in remote meetings. For older carers especially the availability and knowledge of how to use digital technology should not be assumed.

The BaNES Carers Centre set an ambition at the end of 2021 to create 'carer friendly communities' where carers were visible and valued and where informal support systems were strengthened to add to direct services. This could be especially helpful approach for rural parts of the area.

In addition to improved communications, respite care and urgent support services should be improved. By supporting our carers, we can help improve not just the carers wellbeing but the those they look after too. Before situations escalate and require intervention.

Next Steps

Ensuring we continue to work with the groups, individuals and organisations who contributed to our project by sharing their experience with us will be an important next step. This will be achieved by directly responding to individuals who left us their details along with returning to the groups we engaged with making ourselves accountable for how we at Healthwatch support carers.

In addition, the report will be published on our website and key messages shared on our social media channels. We will also share our findings with our commissioners, local Health and Wellbeing Boards, Quality Care Commission, the BaNES, Swindon and Wiltshire Integrated Care System (BSWICS) along with third sector organisations.

Healthwatch Swindon and Healthwatch BaNES will set up a webpage dedicated for Carers, ''Keeping Carers connected'' with support and advice services including the local offer of support services for unpaid carers.

We observed that some carers found their experience of Mental Health too emotional to share with us via completing our survey. Our hope is to use this dedicated page to allow more carers to not only share their experience but seek support and alternative ways to share their experiences.

Next Steps for Healthwatch Swindon

Swindon is one of the most ethnically diverse towns in South West England. This report has highlighted more outreach work is required to engage with people and unpaid carers from ethnic minorities who don't always come forward. We want to fully understand their experiences of support and accessibility to services and the challenges they face coming from an ethnic background.

Healthwatch Swindon will be putting processes in place to invite individuals from all communities in Swindon to form a diverse focus group. This will enable us to discuss health and social care, needs and experiences in Swindon.

We will gather further insight into what needs to change locally to ensure people have the right support and accessibility to health and social care services when they need them in Swindon.

What we learn and find out will be shared with our commissioners in the local authorities, we will also share key themes with local health services by raising this at the Health and Wellbeing quarterly meetings which are attended by Adult Health and Social Care, Public Health, Housing and local MPs to drive these messages forward.

This project has allowed Healthwatch to gain valuable insight to the needs of Swindon. Our hope is to strengthen the relationships formed through this project and increase our community engagement to further support the people of Swindon. We have already begun to do this, by working with Swindon City of Sanctuary, to gain the trust of refugees who have been granted the right to remain. Liaising with organisations to run a series of engagements over a longer time frame in some of the most deprived areas of Swindon. Along with running

more pop-up events of our own to capture experiences of people who prefer not to complete an online survey.

Next Steps for Healthwatch BaNES

Within Bath and North East Somerset our aim following on from the project is to help extend recognition of carers in two key ways:

- As individual carers needing help and support in carrying out their caring roles.
- As key partners in the 'triangle of care' so that carers' views, feelings and needs are also considered as part of the consideration of the cared for person's needs.

To do this we will build on our engagement with the Carers Centre and organisations such as BEMSCA (Bath Ethnic Minority Senior Citizens Association) and Bath Welcomes Refugees, and other geographically based groups such as WERN (the West of England Rural Network) and local community-based groups to help increase recognition and registration of carers across all communities in B&NES including non-white communities

We hope these will improve our communication with unpaid carers and the effectiveness of our signposting for both practical support with the caring role and for well-being support including promoting their recognition by health and social care agencies.

Acknowledgements

Healthwatch Swindon and Healthwatch BaNES would like to extend our appreciation to all the Carers/Unpaid Carers, families and individuals who took the time to complete the survey and share their experiences of mental health and accessing services during the pandemic.

This report was written by Amritpal Kaur, supported by Sue Poole, Ann-Marie Scott and Josephine Fliski.

We would also like to thank all the Healthwatch Volunteers who helped with this project, and health and social care services and organisations in both Swindon and BaNES who advised and shared key information with us. With particular mention to the Carers Centre which provided essential data and the opportunity to meet with unpaid carers.

References

What local organisations think of mental health support | Healthwatch Bathnes

'What's going on' Event Mental Health Report | Healthwatch Bathnes

We're here to make life better for carers - Carers UK

Home - Swindon Carers - Supporting Carers in Swindon

The Carers' Centre | Supporting those looking after someone (banescarerscentre.org.uk)

Carers Trust social care survey findings, 2022

Appendix 1 – Mental health survey

Mental Health Survey Questions

1. Do you or someone you care for suffer from mental ill-health

☐ Yes ☐ No

2. Did you or the person you care for need to access/receive additional support during 2021?

○ Yes ○ No

3. If you or the person you care for did NOT receive any additional support for their health, can you please explain any reasons or factors that may have prevented you receiving help?

4. If yes, would you consider your experience:

☐ Positive

☐ Mixed

☐ Negative

5. Can you please list the service(s)/organisation(s) you have accessed? for e.g., Old Town Surgery, Swindon

6. If you feel able too, can you please share your experience of this service/services?

7. What about the service(s) could be improved or worked well for you?

8. When did this happen? *(if it is more than one incident please add as many dates as needed)*

9. Do or did you work or volunteer for this service (s)/organisation (s)?

Yes No

Which service(s)/organisation(s)?

10. Have you shared this with the service(s)/organisation(s)?

☐ Yes ☐ No

☐ If Yes Which service(s) /organisation(s) did you share it with?

11. Have you told the authorities?

This is asked in case what you've told us is about abuse or neglect. When we read your feedback, we'll decide if we think someone is at risk. If we think they/you are at

risk, we'll need to contact the police or council. It helps if we know who you've already told

- ○ The Police
- ○ The Council Safeguarding Team
- ○ Both the police and the council safeguarding team
- ○ Neither of these

12. Did you hear about this survey through a charity?

- ○ Yes
- ○ No

13. If Yes, please name

14. **Can we contact you for more information?**

Name

Organisation (if applicable)

City/Town

Postal Code

Email Address

Phone Number (optional)

15. Do you consider yourself to be a carer?

- ☐ Yes
- ☐ No
- ☐ Prefer not to say

16. Do you consider yourself or the person you care for to have a disability?

- ○ Yes
- ○ No
- ○ Prefer not to say

17. If you are are carer are you

- ☐ Paid
- ☐ Unpaid
- ☐ Prefer not to say

18. If you are a carer has your mental wellbeing been impacted in the last year?

- ☐ Yes
- ☐ No

If yes, in what way?

19. While supporting the person you care for were your thoughts and feelings considered by the health & social care service providers?

- ☐ Yes
- ☐ No
- ☐ Not applicable

Any comments

20. Gender: How do you identify

- ○ Man
- ○ Women
- ○ Non-binary

Prefer to self-describe

21. **What is your age?**

- ○ Under 18
- ○ 18 to 24
- ○ 25 to 34
- ○ 35 to 44
- ○ 45 to 54
- ○ 55 to 64
- ○ 65 to 74
- ○ 75 or older
- ○ Prefer not to say

22. **What is your Ethnicity?**

- ☐ Asian/Asian British – Chinese
- ☐ Asian/Asian British – Bangladeshi
- ☐ Asian/Asian British – Indian
- ☐ Asian/Asian British – Pakistani
- ☐ Asian/Asian British - Any other Asian background
- ☐ Black or Black British – African
- ☐ Black or Black British – Caribbean
- ☐ Black or Black British - Any other Black Background
- ☐ Any other Ethnic Groups – Arabic
- ☐ Any other Ethnic Groups – Iranian
- ☐ Any other Ethnic Groups - Iraqi
- ☐ Any other Ethnic Groups – Kurdish

- ☐ Any other Ethnic Groups – Turkish
- ☐ Any other Ethnic Groups - Any other Ethnic background
- ☐ Mixed/multiple ethnic groups - White and Asian
- ☐ Mixed/multiple ethnic groups - White and Black African
- ☐ Mixed/multiple ethnic groups - white and Black Caribbean
- ☐ Any other mixed/multiple background
- ☐ White – British
- ☐ White - Eastern European
- ☐ White – Gypsy
- ☐ White – Irish
- ☐ White - Irish or Scottish Traveller
- ☐ White – Roma
- ☐ Any other white Background
- ☐ Prefer not to say

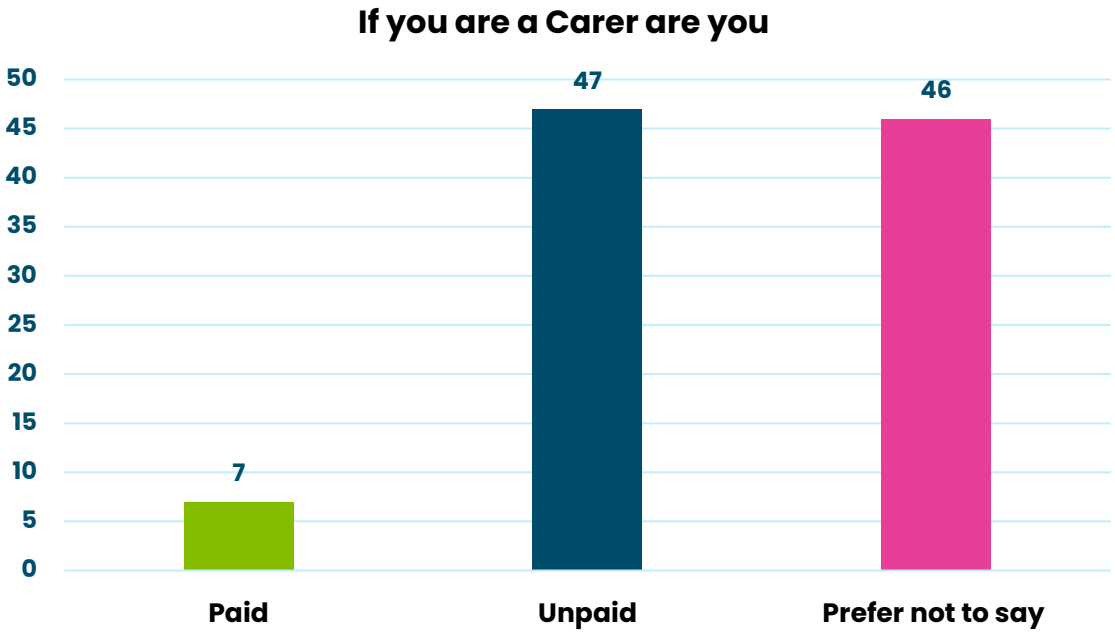
23. **What is your religion?**

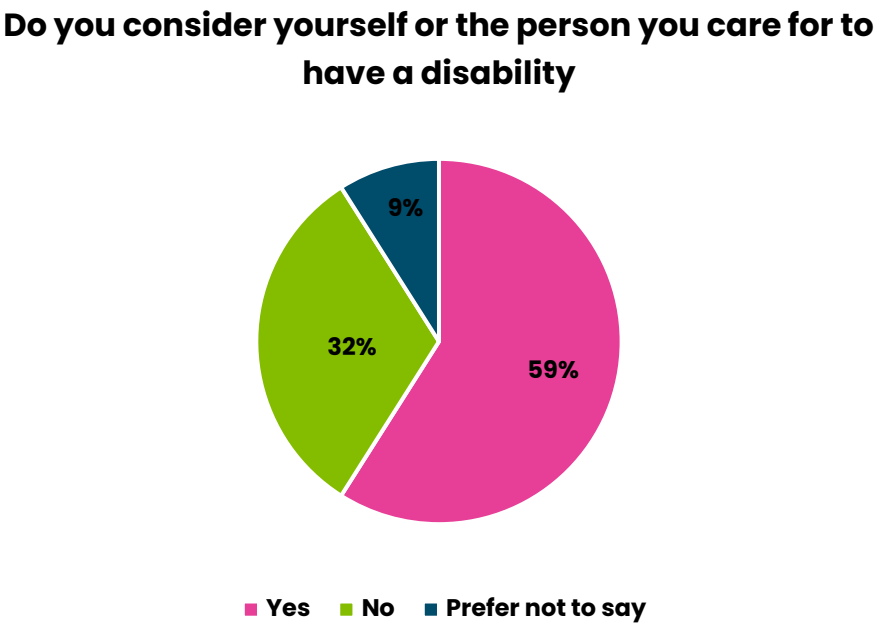
24. **We may use your first name and quote your story when publishing our findings. If you would prefer to remain anonymous, please indicate below.**

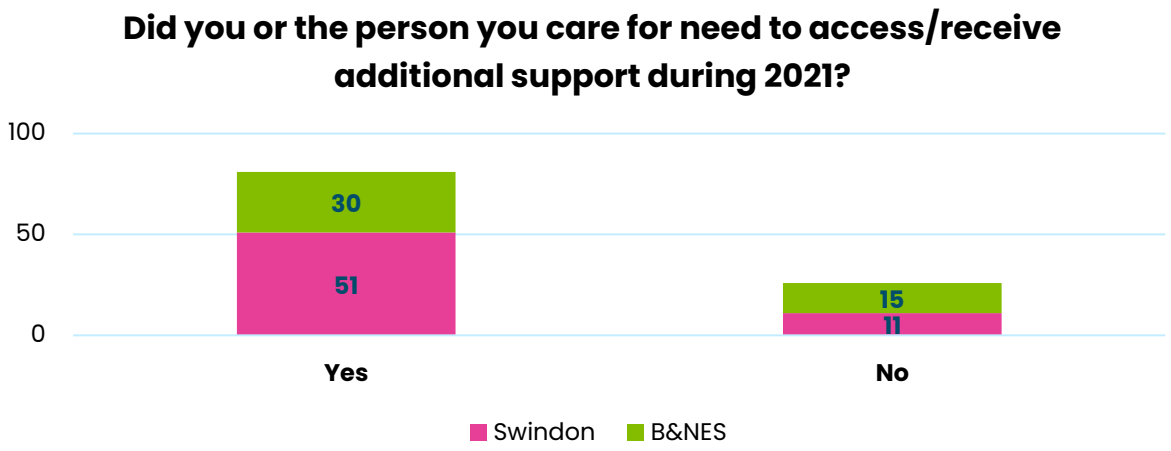
- ☐ Don't use my first name

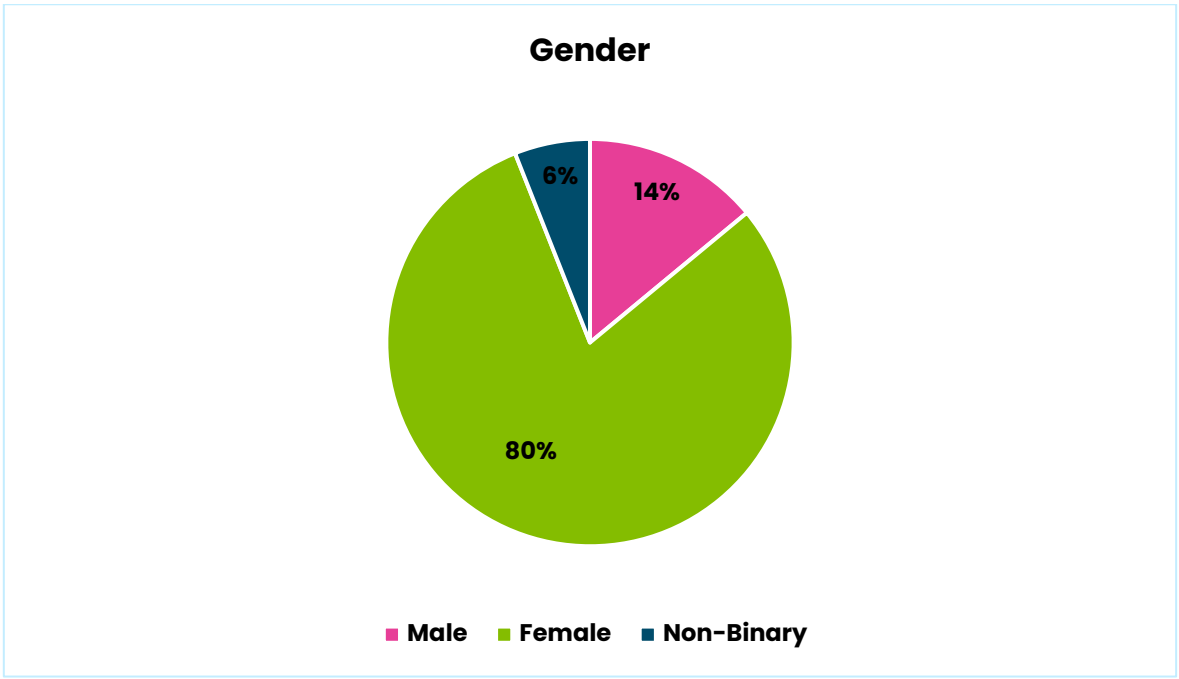
Appendix 2

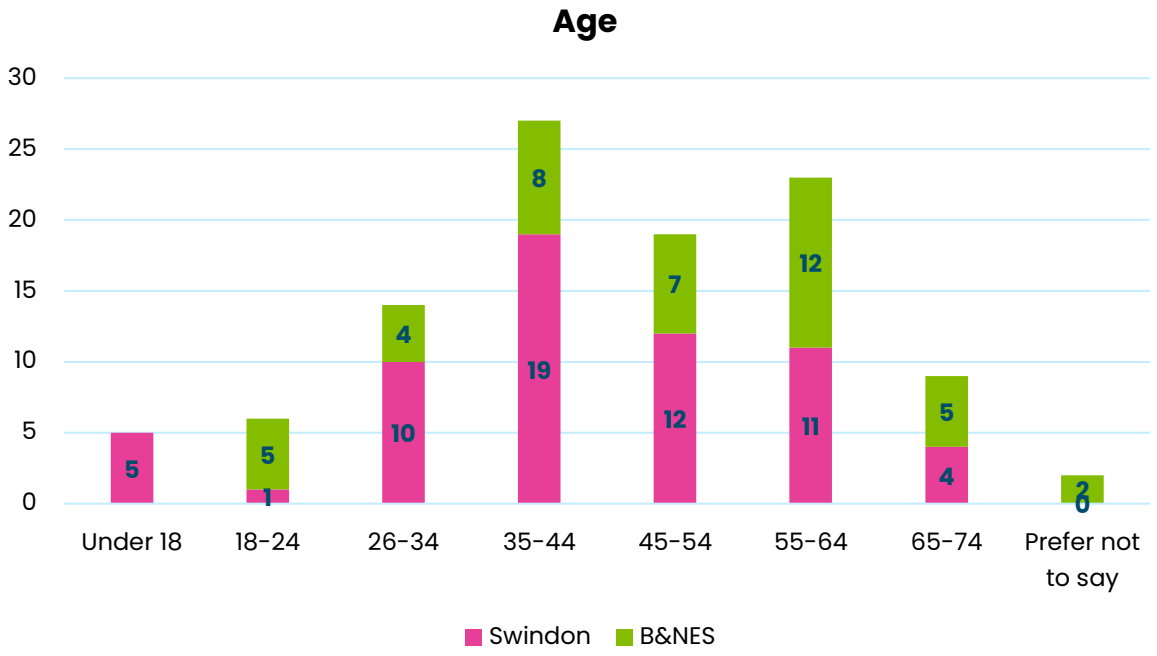
Monitoring Information for Mental Health Survey Respondents



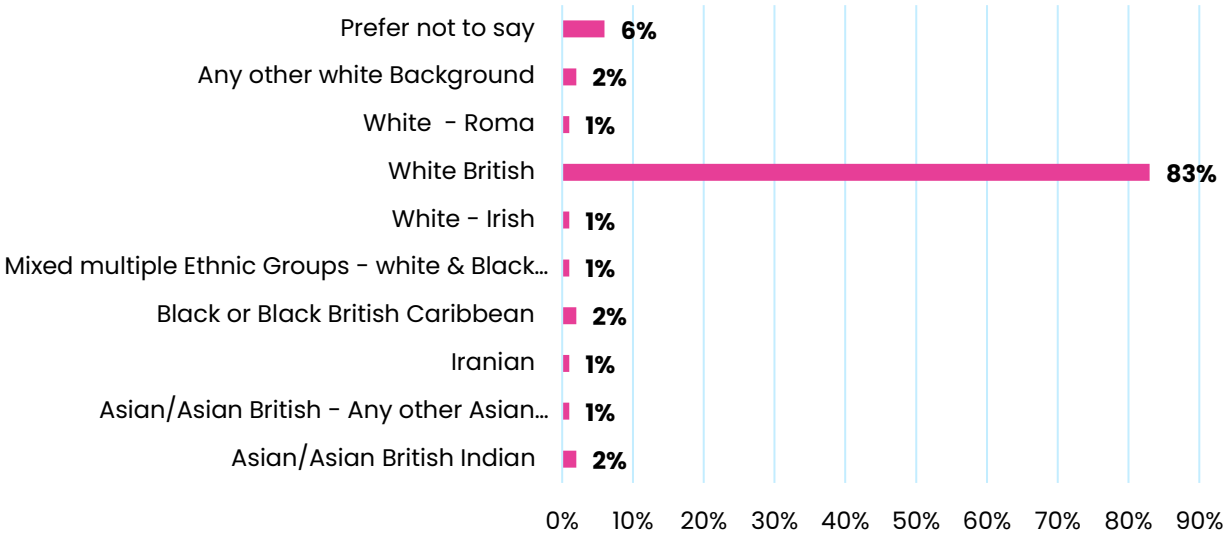



Did you or the person you care for need to access/receive additional support during 2021?
100
50
0
30
51
15
11
Yes
No
Swindon
B&NES


Gender
6%
14%
80%
Male
Female
Non-Binary


Age
30
25
20
15
10
5
0
5
5
1
4
10
8
19
7
12
12
11
5
4
2
0
Under 18
18-24
26-34
35-44
45-54
55-64
65-74
Prefer not to say
Swindon
B&NES

Ethnicity


Prefer not to say
6%
Any other white Background
2%
White - Roma
1%
White British
83%
White - Irish
1%
Mixed multiple Ethnic Groups - white & Black...
1%
Black or Black British Caribbean
2%
Iranian
1%
Asian/Asian British - Any other Asian...
1%
Asian/Asian British Indian
2%
0%
10%
20%
30%
40%
50%
60%
70%
80%
90%

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