Bath & North East Somerset Council

Improving People's Lives

Health and Wellbeing Board

Date: Thursday, 11th July, 2024
Time: 10.30 am
Venue: Brunswick Room - Guildhall, Bath

Members: Councillor Paul May (Bath and North East Somerset Council), Paul Harris (Curo), Laura Ambler (Integrated Care Board), Catherine Bailey (University of Bath), Councillor Alison Born (Bath and North East Somerset Council), Sophie Broadfield (Bath & North East Somerset Council), Saranna Burgess (AWP (Mental Health Care)), Cara Charles Barks (Royal United Hospitals Bath NHS Foundation Trust), Scott Hill (Avon and Somerset Police), 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), Kate Morton (Bath Mind), Rachel Pearce (NHS England), Sue Poole (Healthwatch BANES), Stephen Quinton (Avon Fire & Rescue Service), Rebecca Reynolds (Bath and North East Somerset Council), Val Scrase (HCRG Care Group), Martin Sim (Bath College), Richard Smale (Integrated Care Board) and Suzanne Westhead (Bath and North East Somerset Council)

Non-voting member:

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

Other appropriate officers
Press and Public

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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

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 ask a question or make a statement relevant to what the meeting has power to do. They may also present a petition on behalf of a group.

Advance notice is required as follows:

Questions – close of business 4 clear working days before the day of the meeting to submit the wording of the question in full.
Statements/Petitions – close of business 2 clear working days before the day of the meeting to include the subject matter. Individual speakers will be allocated up 3 minutes to speak at the meeting.

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 - Thursday, 11th July, 2024

at 10.30 am 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. TO ANNOUNCE ANY URGENT BUSINESS AGREED BY THE CHAIR

6. PUBLIC QUESTIONS, STATEMENTS AND PETITIONS

   Please see agenda note 4 overleaf.

7. MINUTES OF PREVIOUS MEETING (Pages 7 - 14)

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

8. HEALTH AND WELLBEING STRATEGY IMPLEMENTATION PLAN - STANDING ITEM

FOCUS ITEM

9. EXPERIENCES OF REFUGEES IN ACCESSING AND USING HEALTH AND SOCIAL CARE SERVICES IN B&NES (Pages 15 - 36)

   40 minutes

1. Presentation by Alice Herve, Bath Welcomes Refugees and Sue Poole of Healthwatch on the report on experiences of refugees in accessing and using health and social care services in B&NES.

A copy of the full report by Dr Aanchal Ranacan be found at: https://healthwatchbathnes.co.uk/report/2023-11-02/my-voice-matters-experiences-refugees-accessing-and-using-health-and-social-care

2. Update from Laura Knight, Employment and Accessibility Officer, Bath and North East Somerset on initiatives to support refugees.

ITEMS FOR COMMENT/SIGN OFF

10. BATH AND NORTH EAST SOMERSET, SWINDON AND WILTSHIRE MENTAL HEALTH STRATEGY

20 minutes

Georgina Ruddle/Jane Rowland, Associate Directors, Mental Health, BSW ICB to give an overview of the strategy.

11. BE WELL B&NES: WHOLE SYSTEMS HEALTH IMPROVEMENT FRAMEWORK (Pages 37 - 50)

25 minutes

The Board is asked to approve the framework.

Annette Luker and Hannah Thornton

12. BETTER CARE FUND UPDATE (Pages 51 - 62)

10 minutes

Ratification of the Better Care Fund Planning return for 2024/2025 and oversight of the process for 2025-2027 Narrative planning. .

Laura Ambler/Suzanne Westhead

13. UPDATE ON ADULT SOCIAL CARE

10 minutes

Suzanne Westhead, Director of Adult Services to give a verbal update on the transfer of adult social cares services and the upcoming inspection.

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

Bath and North East Somerset Council

HEALTH AND WELLBEING BOARD

Minutes of the Meeting held

Thursday, 2nd May, 2024, 10.30 am

Councillor Paul May	Bath and North East Somerset Council
Paul Harris	Curo
Laura Ambler	Integrated Care Board
Councillor Alison Born	Bath and North East Somerset Council
Scott Hill	Avon and Somerset Police
Sara Gallagher	Bath Spa University
Will Godfrey	Bath and North East Somerset Council
Julia Griffith	B&NES Enhanced Medical Services (BEMS)
Nicola Hazle	Bath and North East Somerset, Swindon and Wiltshire (BSW) Integrated Care Board (ICB)
Mary Kearney-Knowles	Bath and North East Somerset Council
Kate Morton	Bath Mind
Sue Poole	Healthwatch BANES
Rebecca Reynolds	Bath and North East Somerset Council
Val Scrase	HCRG Care Group
Martin Sim	Bath College
Jocelyn Foster	Royal United Hospitals Bath NHS Foundation Trust

58 **WELCOME AND INTRODUCTIONS**

The Chair welcomed everyone to the meeting.

59 EMERGENCY EVACUATION PROCEDURE

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

60 APOLOGIES FOR ABSENCE

Apologies for absence were received from:
Sophie Broadfield, Executive Director - Sustainable Communities, Bath and North East Somerset Council
Cara Charles Barks, Chief Executive - RUH
Suzanne Westhead, Director – Adult Social Care, Bath and North East Somerset Council

61 DECLARATIONS OF INTEREST

Cllr Paul May reported that he was a non-executive Director of Sirona Health and Care which operated in Bristol, South Gloucestershire and North Somerset and if a conflict of interest arose at any future meeting, he would declare and withdraw from discussions.

62 UPDATES/URGENT BUSINESS AGREED BY THE CHAIR

To note the following Chair's Updates:

1. At the Bath and North East Somerset Council meeting on 14 March, there was unanimously agreement to pass a motion to treat 'Care Experience' as if it were a 'protected characteristic'.

   Board members were asked to contact the Chair with a view to taking this forward within their organisations.

2. Bath & North East Somerset Council had brought Adult Social Care Services back under its direct control from 1 April 2024.

   Will Godfrey, Chief Executive B&NES thanked HRCG for ensuring the safe transition of the service.

63 PUBLIC QUESTIONS, STATEMENTS AND PETITIONS

There were none.

64 MINUTES AND ACTIONS FROM PREVIOUS MEETING

Sue Poole, Healthwatch gave an update on action taken since the previous meeting following the joint Parent/Carer Forum (PCF) and Healthwatch presentation on emotionally based school avoidance (EBSA):

1. Val Scrase had contacted the PCF to offer assistance in getting health input at the LA led EBSA Steering Group.

2. PCF were now signposting and advising parents to contact the School Nurse with their EBSA concerns rather than their GP.
3. PCF had taken EBSA training into more schools and had also trained 25 members of Children's social services (disability team)
4. Feedback from teachers following EBSA training was that it would make a positive difference in how they responded to EBSA and also that schools /social services were now signposting parents to the PCF
5. PCF now had 750 members having grown significantly since the work on EBSA was initiated 12+ months ago.
6. PCF and Healthwatch proposed to undertake a follow up to the 2023 research in 12-18 months' time to give time for the changes initiated as a result to embed.

RESOLVED that the minutes of the meeting of 8 February 2024 be approved as a correct record and signed by the Chair.

65 **HEALTH AND WELLBEING BOARD STATEMENT TO SUPPORT THE INTEGRATED CARE BOARD IMPLEMENTATION PLAN**

The Board RESOLVED to agree the statement as final wording of the Health and Wellbeing Board statement to support the Integrated Care Board Implementation Plan as follows:

"The Bath and North East Somerset Health and Wellbeing Board welcomed the opportunity to work with Integrated Care Board (ICB) colleagues on responding to the Bath and North East Somerset, Swindon and Wiltshire (BSW) Integrated Care Strategy's refreshed Implementation Plan.

We have a long-standing approach and history to joint working in this area, we have good representation on the Health and Wellbeing Board, and Integrated Care Alliance (ICA) and relevant Integrated Care Board (ICB) committees. We have developed close cooperation since early concepts with good communications, working with directors at both the Council and ICB and the Councils Health Oversight Scrutiny Committee.

This includes working together closely on the ICB Implementation Plan and we can confirm that it is reflective of and informed by the activity at local level and our Health and Wellbeing priorities.

In Bath and North East Somerset our Health and Wellbeing action plan maps across to the ICA key objectives and these have both informed the BSW ICB implementation plan.

We have a model of distributed leadership across our organisations who lead on relevant priorities in the Health and Wellbeing Strategy Action Plan and the refreshed ICB Implementation Plan.

We have provided specific comments around the prevention agenda which will be taken into account in the final version of the plan, and we recognise that there is further opportunity for comment on refining the plan in April and May."

66 **PRESENTATION BY ST JOHNS FOUNDATION/EARLY YEARS PROJECT TEAM**

Sam Gillett, St John's Foundation, gave a presentation on the vision of St John's Foundation, including support for the Language for Life Project as one of the programmes to significantly reduce the Key Stage 2 educational attainment gap (attached).

Julie Adams and Julie Eden, Early Years Project Team and Sally Oakley HCRG SLC gave a presentation on the Language for Life Project (attached).

In response to questions from the Board, the following was confirmed:

1. Families were involved in the project; they were invited to attend a question-and-answer session with a speech and language assessor three times a year and settings were also given resources to share with families.
2. St John's Foundation had agreed to fund the project for the next two years and it was likely that this would be extended to 2030.
3. It was noted that results were better in the second year, and this was due to a number of reasons, such as children benefitting from the first year and the sector being trained to deliver the programme.
4. Individual children were not tracked but there would be general data from the early years' attainment gap in Key Stage 2.
5. It was recognised that it was important for schools to get feedback from early years as part of the transition process and a page had been included in the "moving on" transition pack in relation to the project.
6. In terms of sharing data with Health and Social Care, the setting was able to share with Health Visitors if consent had been granted. There had been examples of the project identifying special educational needs and disability and appropriate referrals being made.
7. There were some common issues identified for children in the red zone including summer born boys and multi lingual children and this information would be further analysed as the project developed.
8. Although there would be expected to be an improvement from year 1 to year 2 as part of the natural development of children, settings now had the tools to speed up the process.
9. In terms of links with the Ages and Stages Questionnaire (ASQ), education settings were encouraged to contact Health Visitors in relation to children in the red zone.

Board Members raised the following comments:

1. Early intervention was important, and this project was making a difference.
2. This was a good example of collaboration between a number of partners.
3. As this was a research project, it was important to share the findings with others.

The Board **RESOLVED** to note the presentation.

67 2024 - 2030 CHILDREN AND YOUNG PEOPLE'S PLAN - PRIORITIES AND INDICATORS

Sarah McCluskey (Strategic Commissioning Officer) introduced the report and drew attention to the following:

1. The Children and Young People's Plan sought to deliver on Priority 1 and strategy objectives of the Health and Wellbeing Strategy.
2. The Children and Young People's sub group of the Health and Wellbeing
3. Board oversaw the delivery of the plan.
4. An update on the red/amber exception reports was included in the appendix.

In addition to the updates set out in the report, the Board received the following verbal updates in relation to exception reports:

Laura Ambler reported that the ICB was in the process of restructuring and one of the proposals was for an Emotional Health and Wellbeing Lead in the Children and Young People's Team who would work across the BSW area.

Mary Kearney-Knowles reported that work was ongoing to resource a Designated Social Care Officer (DSCO) as recommended in the SEND Review and there would soon be an update on the new role.

Board Members raised the following comments:

1. The Children and Young People's Plan should also refer to the physical as well as emotional health and wellbeing of CYP.
2. There was a lot of good work going on in relation to social, emotional and mental health and it would be useful to have a Development Session dedicated to this area in the future.
3. It was good to see that the monitoring of the JHWS was happening and that the Board was being updated in relation to the exception reports.
4. In response to questions about the membership of the CYP Sub-Group, it was recommended that this be looked at as part of the next 6-month review.

The Board **RESOLVED** to

1. Note and approve the CYPP 2024-2030 with the addition of the word "physical" in addition to "emotional health and wellbeing".
2. Note and approve the revised TORs for the CYP Sub-Group of the Health and Wellbeing Board.
3. Note and approve updates relating to the Priority 1 Strategic Objectives that were flagged as either RED or AMBER in the Q4 exception report.

68 REPORT BACK ON GOVERNMENT CONSULTATION "CREATING A SMOKEFREE GENERATION AND TACKLING YOUTH VAPING"

Cathy McMahon (Public Health Development and Commissioning Manager) and Ruth Sampson (Health Improvement Officer) introduced the report and drew attention to the following:

1. The Government's Smoke Free Generation consultation closed on 6 December 2023.
2. There were over 25,000 responses with the majority in support of the proposal to create a smoke free generation.
3. The Tobacco and Vapes Bill would make it an offence for anyone born on or after 1 January 2009 to be sold tobacco products as well as restricting the use of vaping, particularly around children.
4. There would be additional measures to support enforcement.
5. The Bill had its second reading in the House of Commons on 16th April 2024. 383 MPs voted for the Bill.
6. The Government aimed to bring in additional legislation to ban disposable vapes from April 2025.

Board Members raised the following comments:

1. In response to a question about communications, it was confirmed there would be national, regional and local comms on the proposed legislation.

2. There would be a strong message that vaping was a tool to support people in giving up smoking.
3. It was noted that there would be additional funding for enforcement agencies but there may need to be a further discussion if more needed to be done at the local level.
4. Communications plans needed to involve schools/settings to ensure the right messages were reaching young people around vaping. It was noted that this was a sensitive issue as children may have parents using vapes as a way to give up smoking.
5. Sue Poole undertook to share work that Healthwatch was carrying out with young people on this issue.

The Board **RESOLVED** to
Note the contents of the report and consider how agencies/members can support the aim of achieving a smoke free generation, a reduction in youth vaping and supporting smokers to quit.

69 **BETTER CARE FUND UPDATE**

Lucy Lang (Commissioning Programme and Project Manager) gave an update on the Better Care Fund return and timeline for the annual plan submission:

1. 5 April - BCF 24/5 Planning Refresh Requirements Published
2. 13 May - Optional Draft Planning Submission
3. 10 June – Full Planning Submission
4. 15 July - Scrutiny of Plans by Assurance panels/Moderated Outcomes sent to regional BCF teams
5. End of July - Cross Regional Calibration
6. August - Approval Letters Issued
7. 30 September - All Section 75 Agreements to Be signed and In place

She confirmed key updates for 24/25:

1. Addendum to the 2023-25 Policy Framework and Planning Requirements published which confirmed the requirements for plan updates in 2024-25.
2. Areas would be expected to submit plan updates around the following areas:
    - Ambitions for national metrics
    - Capacity and demand plans
    - Spending where applicable. Changes to 2024-25 spending plans as a result of:
        - Agreement to vary spending plans
        - Updates to/confirmation of allocations for the year
    - Demonstrating value for money
3. Due to some changes to data collections in 2024-25, the BCF metrics had been updated for this year. The national metrics that remained the same were:
    - Falls
    - Discharge to usual place of residence
    - Unplanned Admissions
4. Areas were asked to set ambitions for the long-term admissions to residential care metric using the guidance for deriving existing SALT and ASCOF measures from CLD, which was published by NHS England.
5. The metric on percentage of people 65 and over still at home 91 days after discharge would be stood down. The Addendum committed to introducing a

replacement for this later in the year.

6. Increased significance of Capacity and Demand planning
    - Additional data in hospital discharge planning aspect of the template on
        - Average time to commence service
        - Average Length of stay in intermediate care
    - Requirement to set out how BCF Capacity and Demand planning, NHS Demand Capacity and Flow planning and MSIF capacity planning had been aligned.

Board Members raised the following comments:

1. It was noted that the metric on the percentage of people aged 65 and over still at home 91 days after a discharge was being stood down due to the quality of the data not being reliable.
2. The 3 metrics that remained were national priorities, but metrics were just one element and a local narrative could be added to give a complete picture.

The Board **RESOLVED** to note the update.

70 SOCIAL PRESCRIBING

Kate Morton gave a verbal update on the Social Prescribing Project as follows:

1. Sept-Oct 2023 – Task and Finish Group established to agree the framework.
2. Dec 2023 – WECA Active Health funding approved investment for one year to recruit a Project Lead to develop the framework – map provision and identify duplication/gaps/inconsistencies.
3. 20 March 2024 – David Jenkins was appointed to the position. Steering Group to be established as accountable mechanism to oversee and monitor progress.
4. April 2025 – final report and recommendations to be produced.
5. Social prescribing would be launched at the Community Wellbeing Hub.

She suggested that a report on the draft framework come back to the February meeting of the Health and Wellbeing Board and also that it would be useful to have an update on the Community Wellbeing Hub.

In response to questions, it was confirmed that social prescribing did include children and young people.

The Board **RESOLVED** to note the update.

The meeting ended at 12.21 pm

Chair .....

Date Confirmed and Signed .....

Prepared by Democratic Services

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Experiences of refugees accessing and using health and social care in BaNES and Swindon

Practice track report for the degree of MSc Global and Public Health Policy

Aims of the project

- To understand the healthcare needs of refugees in Swindon and Bath and North East Somerset
- To understand what works and what doesn't for refugees when engaging with healthcare services
- To explore ways to improve how healthcare services can meet the needs and expectations of refugees.

What did we do?

The Masters student from the University of Bath undertook research by:

- Interviewing refugees, third sector organisations who work with refugees and NHS staff.
- Visiting community cafes, food pantries, English language courses and hotels
- Undertaking a literature review of existing research.

Who we spoke to:

- **Bath Welcomes Refugees**
- **Bath Council Refugee Team**
- The Harbour Project
- Swindon Borough Council Refugee Team
- **Royal United Hospital, Bath**
- Great Western Hospital, Bath
- Refugees in two hotels in Swindon
- Swindon City of Sanctuary
- **GP's working with refugees**
- **Visited food pantries and community cafes across BaNES** and Swindon

Bath Welcomes Refugees

BWR support in all areas has included

- donations of furniture and household items;
- advice, referrals and signposting to services;
- translation and interpreting;
- language learning developed around managing health care services;
- accompaniment to appointments; and the sharing of health care advice and information;
- facilitating social support.

We don't provide any form of therapy as we are not structured to properly provide this and direct people to their GPs for access to care.

Bath Welcomes Refugees – Local people working directly with refugees and asylum seekers to build new lives

What were the key themes identified?

- Language barrier
- Dental health
- Accessing services
- Mental health
- General Health and housing

Language Barrier

Refugees spoke about the language barrier hindering them understanding the protocols and procedures for accessing the NHS.

They also spoke about how things were done very differently in their country of origin and not understanding how it worked in the UK.

- 'We'd prefer information in our language rather than in English'
- 'Better communication because my parents are old, they have troubles understanding English'
- 'I think getting translators on the spot would be really helpful, because my English is not good, even my mom struggles a lot with English'

Language Barrier

- ‘First and foremost is a language barrier that’s why they don’t understand the protocols and procedures for registering with the GP or any hospital’
- ‘Also communication is the most common challenge because at times there are no translators present at the hospitals’
- ‘They don’t get interpreters during their appointments , its NHS’s responsibility to provide translators for the refugees but they fail’
- ‘One of the biggest challenge is language barrier, it sometimes creates confusion with their doctors appointments'
- ‘Mental health cannot be translated in any other language that’s why its pretty intense’

Bath Welcomes Refugees (BWR) - language

Barriers to accessing GP appointments:

- voice mail options are too complicated & lack of English to book online (& some GPs will not accept appointments being made in person)

Misunderstandings – terminology and meaning:

- ‘passing water’ … translates as … ‘travelling over a river’
- how appointments work – in person or on the phone etc ?
- What are their ‘rights’ e.g. to second opinion or to interpreting

Different types of Arabic – an issue for interpreters:

Need to check first “Are you able to understand one another?”

Dental Health

Refugees indicated they were frustrated and disappointed about the dental registration framework:

- 'Accessing dentists is a task in UK'
- 'I have a dislodged crown in my oral cavity and it's really bothering me. It's been more than a month and I still haven't gotten a dentist's appointment. I can barely eat now'
- 'I am having troubles accessing a dental appointment, I have even asked the organisation who's looking after us here in the hotel to do something about my appointment, but haven't heard from them either'
- 'I was advised for an extraction in Kabul, but couldn't get it done. Here I thought I'll get it done but unfortunately dental appointments are a task here'

Accessing services

Every refugee we spoke to expressed frustration at access to services and the time it takes to get treatment; the perception was that as they were refugees they were being pushed to the back of the waiting list.

- 'I have been going to Ukraine every 3-4 months for my dental treatment and the thyroid problems.
- 'I am aware of the difficult situation due to the war but we can't get help, its better to go back to the Ukraine for the treatment than dying of pain here for 12 months'
- 'They have been saying that it'll take at least 30-45 days for me to get an appointment for the specialist. I can't function with such a huge hernia on me. But now I have got no option but to wait. I might be disabled for life

Accessing Services

- ‘They fail to understand that we need a proper doctor for my wife’s eyes and Nobody’s really responding to our requests’
- We just met with one cardiac doctor, and they said that she needs a surgery, but it’s been more than 6 months now, we have still not got an appointment’
- ‘Healthcare in our country was faster, quicker and much cheaper. We can go to a doctors office or walk into a hospital at any time of the day and we are sure that we get treatment immediately unlike here’
- ‘I think in Ukraine its much simpler also it’s not expensive at all. I would prefer getting treated in the Ukraine. At times even to get a doctors appointment is a task because of improper translator services in site.’

Mental Health

It was mentioned that mental health is seen something that was not culturally acceptable; but they need help and more trauma informed support

- 'Yes, I feel I want to talk to someone about my mental health, but I am not sure whom to talk to or approach'
- 'I am happy that we are here, and we are safe but I have depression, I am battling with it since more than a year now but I am not seeking any help because it's not normal for us. We don't talk about it to anyone'
- 'My elder child needs help, he is not doing well mentally'
- 'Most common health issues are Trauma-related mental health issues, its very traumatic because many women have shared that they have been raped during their journey to UK'

Mental health

- ‘Also, I have observed that adjusting life in a new country is really difficult for people, they leave their homes and families behind and move to a new country in search of security , shelter and food but that leaves a huge impact on their mental health’
- ‘I would also like to add that Mental health goes undiagnosed during all this for the refugees , because they never talk about it on their own. It’s still a stigma and taboo for them’
- It is also clear from interviews that refugees are struggling to enter the work force which is impacting on their mental and physical health

BWR - Mental health

- Particularly for refugees from the Middle East mental health care is scarce and seen as taboo
- Concepts like counselling and therapy are unfamiliar and/or seen negatively.
- Tendency to focus on somatic symptoms because of cultural taboos
- Health professionals and other services need to use language of wellbeing and emotional health rather than “mental health/illness
- Also, the cultural and practical importance of extended family and therefore impact of isolation of nuclear family in UK

General Health and Housing

Living in fear of eviction and being moved was bought up by every refugee, this is having a significant impact on their mental and physical wellbeing.

- ‘We are waiting for a permanent accommodation because we are living in a hotel for a really long time and my wife is getting in depression’
- ‘I think me and my family everyone is dealing with a lot of stress and anxiety issues. We left our country, home, and friends, so it’s not easy for us to live here, that too we are living in a hotel’
- ‘We have applied for permanent housing here in Swindon, its almost been more than a year haven’t heard anything. I am so stressed out, worrying about my mother and siblings. I am the eldest child in my family, and I don’t know if we will ever get proper house, food and facilities’

General Health and Housing

- Here they are living in a hotel room or in someone else's homes. So it's very overwhelming'
- 'They live in hotels where the tariff is 7-8 pounds per day , with poor hygiene and really bad food'
- 'Refugees have been living with the host families in Bath, mostly Ukrainians, and they have to relocate or move to a different house after a year, which leads to change in GP practice'
- 'At times they don't get their prescriptions on time due to this housing issue. Also, delayed appointments due to change in houses and post code'
- 'We have children, and one hotel room is really small to raise kids'

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BWR – cultural issues

- Cultural variations and expectations may not be visible but they can have a significant impact

Examples:

- Mould and damp in houses can be exacerbated by the different ways of washing and bathing - are we providing enough information and advice to prevent this ?
- Ramadan and expectations around fasting - GPs and pharmacists need to ask the question about taking medication during Ramadan when no food or water is taken – so meds might end up being taken all at night
- Culture of silence around domestic violence in some communities exacerbated by the loss of family support which is not available as a refugee
- High sugar diets - cheapness v obesity and dental issues

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BWR - experience of supporting 50 asylum seekers in a hotel

BWR's experience of when a hotel was used highlights some of same issues as raised in Swindon …

- Residents arrived in mid-December with insufficient warm clothing or footwear
- Food brought in from outside, often in plastic containers & supposedly 'culturally appropriate'. One diabetic was concerned about the fact that rice (high sugar content) was a major component of all her meals with insufficient fresh fruit or vegetables.
- Disabilities were largely ignored. Some rooms were overcrowded and damp, one or two with water dripping from the ceiling.
- Many different nationalities were housed together with insufficient use of translation services.
- These conditions and the precarity of their future all served to negatively impact upon the mental and physical health of those housed here.
- One positive was the exceptional support of the doctor assigned to the residents from Combe Down surgery.

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Key findings & recommendations

- Overall the process of registering with the GP worked well in both areas.
- There is a lack of understanding with refugees of how the NHS works and this leads to confusion and frustration.
- There is a perception that refugees are placed at the back of the waiting list.
- Translation services could be improved, this includes support to book appointments with GPs.
- Dental Access needs to be improved
- Specialist mental health support is needed for refugees
- The impact of housing instability on physical and mental health needs to be recognised
- There is a systemic issue that when refugees have to change area, they go back the start with their NHS support

If you would like any further information please email

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healthwatch

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Be Well B&NES: Bath and North East Somerset (B&NES) Whole Systems Health Improvement Framework 2024–2034

1. Foreword

Welcome to the Bath and North East Somerset Whole Systems Health Improvement Framework, known as Be Well B&NES. Be Well B&NES represents a watershed in our work to improve the physical and emotional wellbeing of children and adults, and reduce health inequalities across Bath and North East Somerset.

A wide range of organisations and people contribute to health improvement in Bath and North East Somerset. Be Well B&NES was developed and will be delivered by collaborative networks of Bath and North East Somerset partners including healthcare providers, educational settings, leisure providers, council departments, academics and community organisations. We will work with communities and settings to co-develop solutions to the health improvement issues which matter to them.

Health improvement is a complex problem which requires long term, system wide action. Using the Whole Systems Approach developed by Public Health England (now the Office for Health Improvement and Disparities), we have led our Bath and North East Somerset partners through a programme of work to develop the vision and framework set out in this document.

Our Whole System Approach to health improvement enables us to work on the big picture for Bath and North East Somerset. Our ten-year timeframe will enable us to work on the system changes that evidence shows can improve our population health.

Signatures:

Becky Reynolds, Director of Public Health and Prevention, Bath & North East Somerset Council

Councillor Paul May, Cabinet Member for Children's Services, Chair of the Health and Wellbeing Board, Bath & North East Somerset Council

2. Executive Summary

In Bath and North East Somerset, health outcomes are affected by rising obesity rates, physical inactivity, challenges in accessing affordable good food, poor emotional wellbeing, smoking, and the harmful use of drugs and alcohol. This reflects similar challenges seen across the UK. These issues are key drivers of health inequalities – the avoidable, unfair and systematic differences in health between different groups of people.

Working with a wide range of system partners, and following a review of the evidence, we have developed a Whole Systems Approach to Health Improvement in Bath and North East Somerset. This new Whole Systems Approach, Be Well B&NES, will:

a. Take collective action on the commercial, social, economic and environmental factors that drive our health behaviours, as well as supporting individuals and communities to make healthier choices.
b. Work at different levels of the system to change not only the actions we take, but the structures that support them and the health beliefs that the system holds.
c. Exploit the value of working together on the building blocks of health that affect multiple areas of health improvement. For example, emotional wellbeing and physical health can both be improved by programmes which increase active travel.

Be Well B&NES is a ten-year programme of change which works toward the vision of Bath and North East Somerset being a place where *children and adults are enabled to live healthy lives.*

The Be Well B&NES framework has been co-developed and is jointly owned by system partners including educational settings, leisure providers, health care providers, council departments, academics and community organisations.

Bath and North East Somerset system partners have identified key areas where local health improvement outcomes are affected by local activities in different sectors. These include the commercial determinants of disease (such as advertising and availability of food), housing and homelessness, early years, primary schools and family life, secondary schools and universities, physical environment and transport, personal finance, employment and cost of living, communities and community resilience, and healthcare. The Whole Systems Approach enables us to work collectively to understand and address challenges in these areas, which can in turn lead to improvements in health and health inequalities.

Be Well B&NES partners have co-developed and committed to the following priorities:

- Listening to residents
- Working for target communities which have the greatest health improvement needs
- Focusing on children and families at all levels of the system
- Improving the reach of existing interventions
- Providing consistent, system-wide training opportunities

Oversight of this work will be provided by a Be Well B&NES Steering Group. Be Well B&NES will establish Network Groups to focus on targeted settings and geographical areas, and an operational delivery group to drive wider system change.

3. Introduction

Bath and North East Somerset is a mixed rural and urban area with a population of approximately 194,000. The city of Bath is home to over 50% of the population, with the remainder living in and around towns and villages including Keynsham, Midsomer Norton, Radstock, Westfield, Saltford and the villages in the Chew Valley.

The vibrant city of Bath attracts large numbers of tourists visiting world heritage sites, retail outlets and hospitality venues. However, the external face of Bath does not always reflect the city that many residents call home, with affluent areas sitting alongside those which fall into the 10% most deprived in the country. Outside of Bath, more rural communities often experience challenges around access to amenities, shops, public transport and active travel.

Be Well B&NES takes action on the biggest preventable risk factors for ill health, health inequity and premature death including obesity, tobacco, and the harmful use of drugs and alcohol. These risk factors are closely linked with emotional wellbeing and contribute to a wide range of health conditions including cancer and heart disease. They also have a significant and preventable impact on communities, health care and the economy in Bath and North East Somerset. For example Action on Smoking and Health estimate that the total cost of smoking alone to Bath and North East Somerset is £149 million per year.

Our behaviours related to exercise, food, smoking, and the harmful use of drugs and alcohol are all shaped by the environment and the 'system' around us. Influences like marketing and social media, availability of nutritious food, access to social support and accessibility of exercise all play an important part in our ability to be healthy. Be Well B&NES adopts a Whole Systems Approach, recognising that health improvement outcomes are complex and have many interconnected causes. We propose a system-wide, collaborative way of working to make Bath and North East Somerset a place where it is easier to live a physically and emotionally healthy life.

4. Delivering local strategic priorities

The Whole Systems Approach recognises that our relationship with nature and the physical environment is central to our emotional wellbeing and physical health. The collaborative health improvement work we propose with communities and settings in Be Well B&NES will allow us to listen to and deliver activity shaped by residents and local organisations.

Key elements of the B&NES Health and Wellbeing Strategy will be delivered through this work including the commitment to: *Enable and encourage proactive engagement in health promoting activity at all ages for good quality of life*.

Delivery of Be Well B&NES will support the underpinning principles of the B&NES Health and Wellbeing Strategy:

- Tackle inequalities
- Adapt and build resilience to climate change
- Share responsibility and engage for change
- Deliver for all life stages

More broadly, Be Well B&NES also delivers on health improvement ambitions and commitments set out in:

- Building A Fair, Green, Creative and Connected Bath with North East Somerset – An Economic Strategy for Bath & North East Somerset 2024 – 2034
- The Bath and North East Somerset, Swindon and Wiltshire Integrated Care System (BSW Together) – Our Integrated Care Strategy 2023-2028
- The Bath and North East Somerset, Swindon and Wiltshire (BSW) Health Inequalities Strategy 2021-2024

Be Well B&NES supports delivery of the two core policies of the B&NES Council Corporate Strategy:

- To lead the UK in climate and nature action, building a sustainable future for Bath and North East Somerset - net zero, nature positive by 2030
- To listen to and work with residents to act on their concerns.

5. Local health improvement data

Bath and North East Somerset performs well in terms of health improvement outcomes, with lower than average rates of smoking and obesity reflected in lower rates of heart disease, cancer and hypertension, and longer life expectancy than the England average. However, the burden of these health outcomes remains significant and there are certain groups and geographical areas within Bath and North East Somerset that experience preventable poor outcomes, leading to preventable morbidity, mortality and health inequalities.

More detail on Bath and North East Somerset health improvement outcomes is provided in Appendix 1.

6. The Whole Systems Approach

What is a Whole Systems Approach?

A Whole Systems Approach views the local services, environment and people as a complex system which drives health outcomes. Each piece of the system represents a different part of our lives, such as where we live, work, and socialise, our schools and healthcare systems, and the neighbourhood, environment and natural world around us.

By working like this we understand the different parts of our systems, structures and environment that influence health, and the many people and organisations who support and care for our individual health. We can see the knock-on effects that changes one area could have on other parts of the system, and identify the parts we need to work on to make change.

Crucially, by using this approach, we recognise that work is needed to both act on the commercial, social, economic and environmental factors that drive our health behaviours, and support individuals and communities to make healthier choices.

In Bath and North East Somerset, system partners have identified issues including housing and homelessness, schools and education, the physical environment, personal finance, employment, communities and community resilience, health and social care and commercial factors such as advertising as key issues underlying health behaviours.

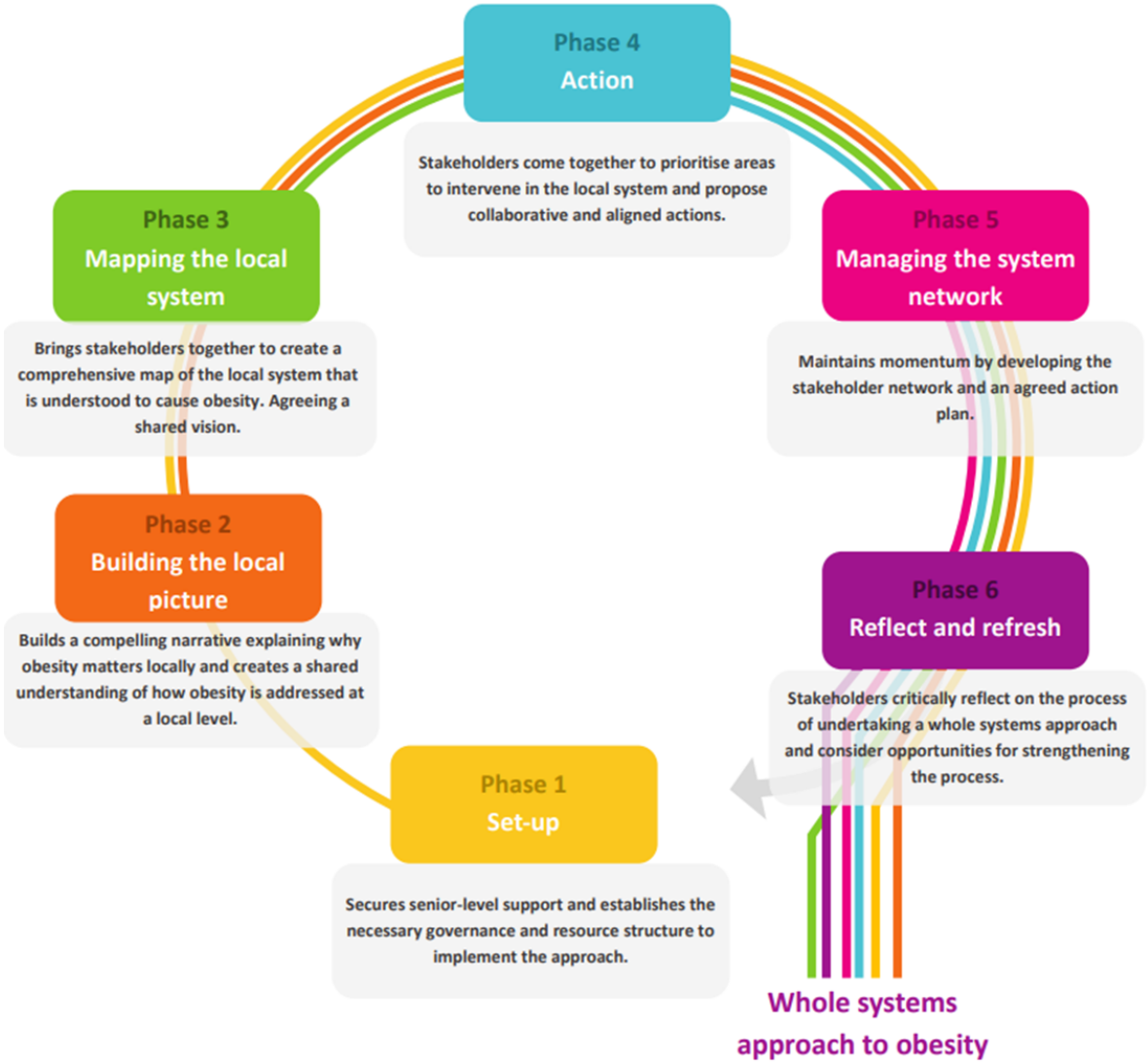
Studies have shown that Whole System Approaches work; when we tackle health issues across and at deeper levels of the system, we see better results. For example, in communities that use this approach, we see better access to healthy food, and better emotional wellbeing. By addressing the root causes of health problems, we can create lasting change.

The approach we have used in Bath and North East Somerset is based on the Whole Systems Guide for Obesity commissioned by Public Health England and developed by Leeds Beckett University in 2015. We have been supported in the process of developing the framework by academics at the University of Bath.

7. Development of our Bath and North East Somerset Whole Systems Approach

The Bath and North East Somerset Whole Systems Approach was first adopted in 2019, with system workshops held to map and action plan a new Whole Systems Approach to obesity in Bath and North East Somerset. This work was paused during the COVID-19 pandemic. In 2023 it was agreed that Bath and North East Somerset would integrate its approach to physical activity, emotional wellbeing, food and nutrition, tobacco, and the prevention aspects of drug and alcohol harm. This builds on the successful foundation of the 2019 Whole Systems Approach to obesity, and recognises the shared risk factors across health improvement.

The diagram below illustrates the phased steps taken to develop and deliver the Be Well B&NES framework. This process is iterative with steps for reflection and appropriate adjustment of actions.



Phases of work in a Whole Systems Approach to obesity. *Reference:* *PHE Whole Systems Approach to Obesity*

Senior-level support was agreed via a steering group with representation from across Bath and North East Somerset Council and system partners. The Be Well B&NES Framework has been developed via a series of workshops, meetings and 1:1 interviews. Outputs include:

- Detailed system mapping, showing the local, modifiable 'causes of the causes' of poor health improvement outcomes. This mapping emphasised to all stakeholders the local connections between health improvement and:
    - Commercial determinants of disease (such as advertising and availability of food)
    - Housing and homelessness,
    - Early Years, primary schools and family life
    - Secondary Schools and Universities
    - Physical Environment and Transport
    - Personal Finance, Employment and Cost of Living
    - Communities and Community Resilience
    - Healthcare
- A log of health improvement activities currently being delivered across Bath and North East Somerset
- A joint vision and aims for Be Well B&NES
- An initial set of proposed priorities for health improvement activity in Bath and North East Somerset
- A shared understanding of the roles of partners in the system
- Commitment from Bath and North East Somerset system partners to work together and use the Whole Systems approach to make long-term change.

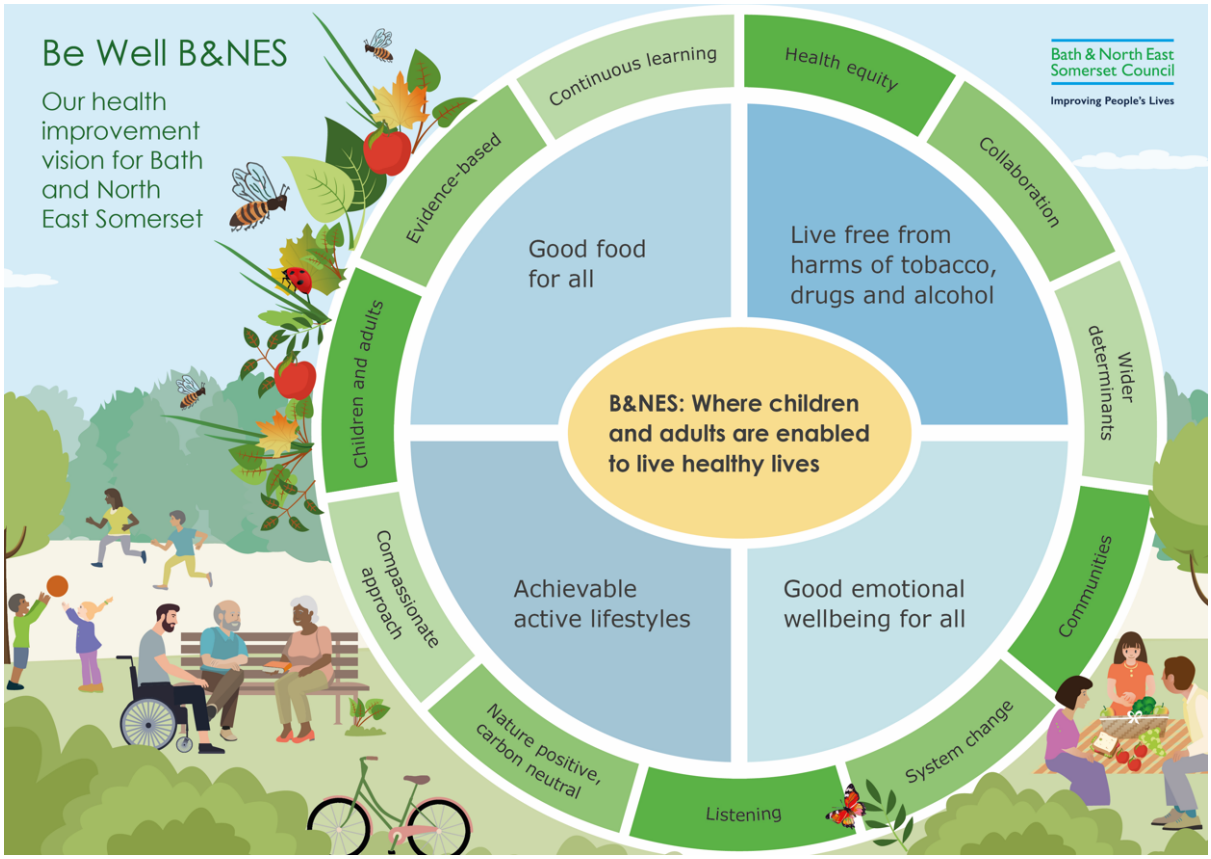
8. Vision, aims and core values

The vision for Be Well B&NES is:

Bath and North East Somerset: Where children and adults are enabled to live healthy lives

To achieve this there are four central health improvement aims:

- Good emotional wellbeing for all
- Good food for all
- Achievable active lifestyles
- Live free from harms of tobacco, drugs and alcohol



Be Well B&NES vision and core values graphic

Core Values

Promoting health equity: Prioritising the needs of underserved populations to ensure that health improvements benefit everyone, regardless of socio-economic status, age, ethnicity, or geography. Our Whole Systems Approach aims to promote the Marmot Principles of health equity by addressing the social determinants of health.

Collaboration: Working with system partners including residents, community organisations, healthcare providers, businesses and academia, in collaborative efforts to address health determinants. By fostering partnerships and collective action, we can leverage the expertise and resources of multiple sectors to achieve shared health goals.

Wider determinants: Going beyond treating symptoms to address the underlying drivers of health improvement outcomes, the "building blocks of health". This may involve addressing issues such as unhealthy living environments, as well as access to healthcare, cultural opportunities, good food, and educational opportunities. It includes working to improve access to and meaningful connection with nature and outdoor spaces for the mental and physical health benefits that these bring**.**

Communities: Working with our local communities to co-develop and support their health improvement goals. Co-production will follow the New Economics Foundation model. This takes 'an assets-based approach to public services where professionals and citizens share power to plan and deliver support together, recognising that both partners have vital contributions to make in order to improve quality of life for people and communities'. We also recognise the importance of forming and maintaining healthy relationships within communities and families.

System change: Recognising that sectors and systems, such as healthcare, education, transportation, housing, and employment, are interconnected and collectively shape health outcomes. This approach acknowledges that changes in one system can have ripple effects across others. By implementing policy, environmental, and system-multi-level interventions we will create sustainable changes. This involves working at different levels of the system: advocating for policy reforms, implementing community-wide interventions, building infrastructure to support healthy behaviours, focused local work, and promoting a culture of health within organisations and communities.

Listening: Taking a systems approach involves listening to the whole system to understand the determinants of health and where effective action can be taken. Engagement with our residents and local communities is a key system working behaviour.

Nature positive and carbon neutral: For the climate and ecological emergencies, the council's ambitions are to lead the UK in climate and nature action, building a sustainable future for Bath and North East Somerset. We want a carbon neutral council by 2030 and a low carbon, climate resilient, nature positive future for the district.

We need to enable nature to recover and become more resilient to the impacts of climate change. We need to protect and sustain our existing nature-rich sites; and create bigger, better, and better-connected habitats at scale. We also need to manage all our land and water more sustainably, including reducing the use of pesticides and other harmful pollutants. As well as benefitting nature, these actions will enrich our society, wellbeing, and economy. We will use the Bath and North East Somerset Decision Wheel which is based on the council core policies, and prompts consideration of impact of proposed change on climate, land, soil, air and biodiversity.

Compassionate approach: A compassionate approach acknowledges that lives are complex and many of the factors that influence health are not always within the control of the individual. It focuses on a strengths-based approach to working with individuals and communities, avoiding stigma and blame and taking a longer-term preventative approach to working with communities on the issues that matter to them.

Children and adults: Meeting the health improvement needs of all age groups in Bath and North East Somerset including babies, children, young people, adults and older adults. Recognising the evidence highlighting the importance of the early years and childhood in future health and wellbeing, and prioritising this group where appropriate.

Evidence-based decision making: Utilising data and evidence-based practices to inform decision-making processes, monitor progress, and evaluate the effectiveness of interventions. By collecting and analysing data and intelligence on health outcomes, risk factors, and social determinants, system groups can identify priority areas for intervention and strategically allocate appropriate resources.

Continuous learning: A Whole Systems Approach to health improvement is an iterative approach, where the system reflects on current actions and ways of working and what can be done differently. This reflective learning will continue as our understanding of what works for our communities and why grows and develops.

9. Be Well B&NES system priorities and action plan

System priorities

To deliver the Be Well B&NES health improvement aims, system partners identified an initial set of priorities for action. These priorities included:

- Listening to residents
- Working for target communities which have the greatest health improvement needs
- Focus on children and families at all levels of the system
- Improving the reach of existing interventions
- Providing consistent, system-wide training opportunities

Be Well B&NES network groups

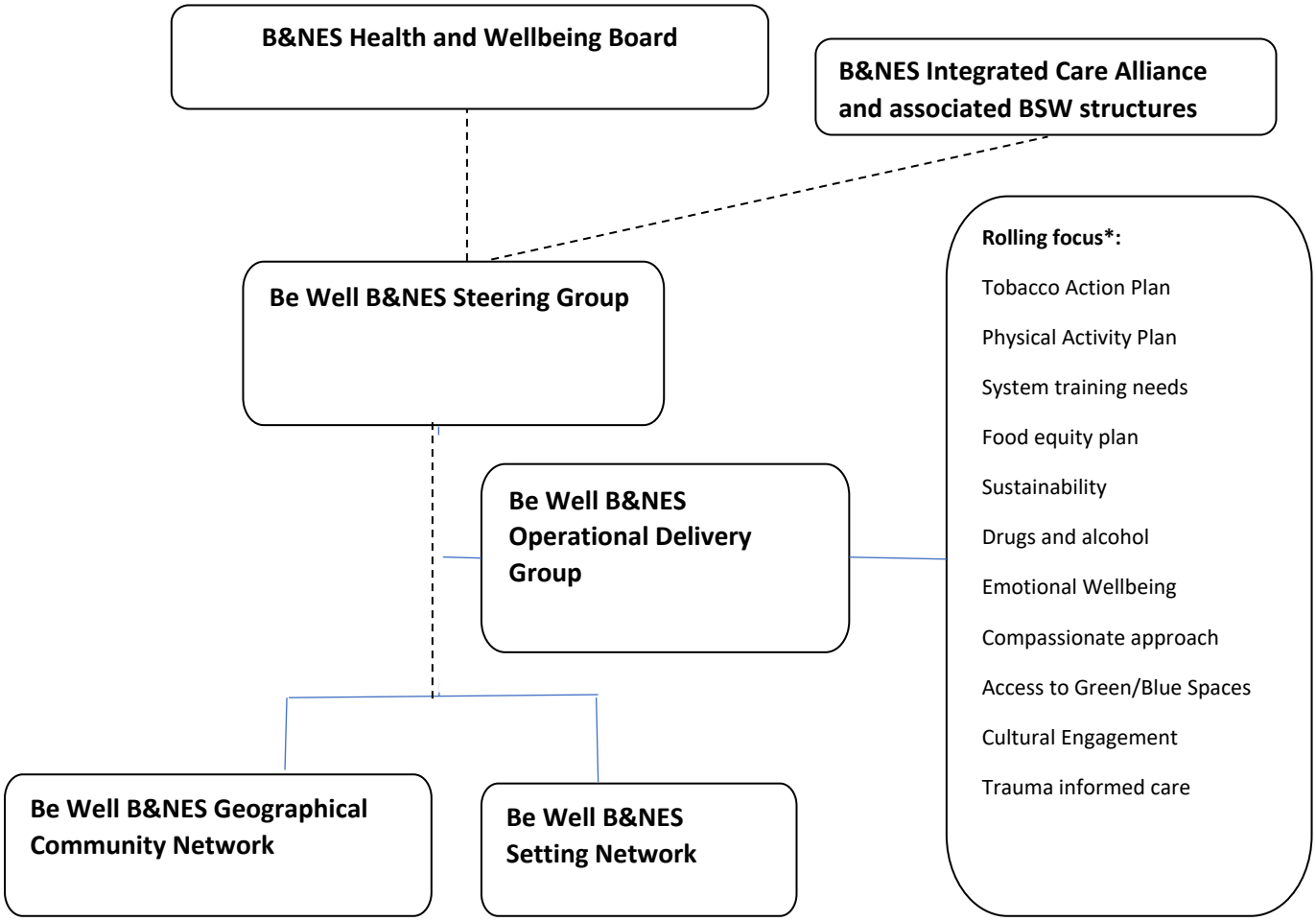
Two network groups are proposed to drive and deliver activity. These network groups will bring together system stakeholders with relevant interest and expertise. They will develop and deliver action plans (building on work already started through stakeholder engagement), to enable prioritised actions across different levels of the system.

There is a strong preference from system partners to undertake targeted work with settings and communities. The first network group will focus on a children and young people's setting, for example Children's Centres or a network of schools. The second will focus on a geographical community. These groups will be formed in partnership with communities and settings where evidence shows that health improvement outcomes are poor, and where a Whole Systems Approach to health improvement is supported.

In addition to the two network groups, a third 'operational delivery group' will ensure that there is a universal health improvement approach for all Bath and North East Somerset residents. The operational delivery group will provide an interface and supporting structure for relevant technical health improvement work streams across physical activity, emotional wellbeing, food, tobacco, and the prevention aspects of drug and alcohol harm. The group will also take forward targeted actions and areas of work at the request of the steering group. For example, it could provide a platform for developing how we work across the system on specific topics e.g. Improving the reach of health improvement training, listening to communities, and delivering a compassionate approach to weight.

Be Well B&NES steering group

Oversight will be provided by the Be Well B&NES Steering Group, who will report into the Bath and North East Somerset health and wellbeing board. The steering group will review the direct and indirect effects of actions in the context of the whole system. This is an iterative way of working; regular review will enable the network groups to develop and change in response to the system. It is likely that over the ten-year span of Be Well B&NES, we will shift focus and work across several different areas and settings, learning from successes and challenges in our initial process.



Be Well B&NES proposed delivery and governance structure. This may change as network groups develop, to align with wider governance structures e.g. Children and Young People's governance

**Examples, to be agreed by steering group*

Reporting ----------

Delivery ——————

Be Well B&NES action registers

Draft action registers have been developed at our system workshops. These will be updated and agreed by each network group.

Action registers will use the Action Scales Model. This model is designed to prompt thinking about actions in a complex system. Actions are identified at four different levels:

- Events: Quick fix actions that react to events but do not change the structure of the system.
- System structures: Reshape or redesign the organisation to change the frequency of events.
- System goals: Alter the goals that the system is aiming to achieve.
- System beliefs: Changes deeply held mindsets of how the system functions.

Using this structure helps to ensure a balance of actions across different levels, and encourages 'out of the box' thinking towards the actions that will have greatest leverage.

10. Evaluation and monitoring

The Be Well B&NES Steering Group holds responsibility for evaluation of Be Well B&NES, with input from system partners. Appropriate quantitative and qualitative evaluation methods will be used where it is feasible to do so, and opportunities to work with the University of Bath to develop methodology and identify funding for evaluation support are being explored.

Processes for monitoring delivery of Be Well B&NES will be established as part of the development of Network Groups. Monitoring will initially focus on system engagement and process outcomes, with changes to health improvement outcomes expected to be targeted over the longer term. The steering group will hold responsibility to demonstrate impact.

11. Next Steps

The steering group, network groups and operational delivery group which will deliver action for Be Well B&NES will be formed over the summer of 2024. Network groups will be launched in October 2024. Draft action plans for the networks and operational group will be agreed in autumn of 2024, building on the prioritisation work already undertaken by system stakeholders. Action plans will become operational by January 2025.

The networks and operational group will be reviewed annually by the steering group in accordance with the PHE Whole Systems model. Where appropriate, activity will be re-focused to address different priorities across the system. This iterative, phased approach will allow Be Well B&NES to learn, adapt and provide focused health improvement activities to improve the health of communities for years to come.

Appendix 1: Bath and North East Somerset Health Improvement data

Emotional wellbeing

In Bath and North East Somerset, we have seen a trend of declining mental wellbeing post-COVID-19 pandemic, with anxiety levels over the past decade consistently higher than national averages.

According to the Annual Population Survey 2023, ratings for happiness, life satisfaction and worthwhileness for adults in Bath and North East Somerset are lower than national figures, while anxiety levels are higher, and have been so for most of the last decade.

For children, the Bath and North East Somerset Children and Young People's Health & Wellbeing Survey 2022 found 65% of primary aged boys and girls in Bath and North East Somerset reported being 'quite' or 'very' happy with their life. However, 89% of primary and 92% of secondary school pupils were worried about at least one issue 'quite a lot' or 'a lot'. For primary aged children 'the environment' and 'the future 'were the most frequently reported concerns. For secondary aged pupils 'exams and tests' were the greatest source of worry for both boys and girls.

Food and Nutrition

Food and nutrition are fundamental for overall health and well-being. Food security, defined as access to enough food for an active and healthy lifestyle, is a crucial aspect of physical and mental health. Impacts of food insecurity include physical and mental health effects, effects on educational attainment, reduced productivity, social exclusion and an increased need for healthcare.

In Bath and North East Somerset, the 2022 Voicebox survey found that 3% of Bath and North East Somerset residents sometimes or often did not have enough to eat, up from 2% in 2021. This equates to around 6,000 residents. Additionally, the proportion of residents who reported having enough of the kinds of food they wanted fell to 76% from 86% in 2021. It's estimated that 4,200 people per week in Bath and North East Somerset rely on affordable food projects.

Excess weight is one potential consequence of poor nutrition. It increases the risk of disability, disease and death, and has significant impact from childhood into older age. While the proportion of children with excess weight in Bath and North East Somerset is lower than the national average, challenges persist. 19.3% of children in reception are overweight or obese, rising to 29.9% in year 6. The proportion of adults in Bath and North East Somerset with excess weight in 2022/23 was 53.2%, with those from lower income households more likely to fall into this category.

Physical Activity

Regular physical activity is essential for maintaining good health, reducing the risk of chronic diseases, and promoting overall well-being.

In Bath and North East Somerset, it's estimated that 74.6% of adults are active for the for the 150+ minutes a week recommended by the Chief Medical Officer, with 15.9% considered inactive. This is positive news; Bath and North East Somerset is more active and less inactive than England as a whole. However, there are still 25,600 inactive adults, which represents significant potential to improve health and wellbeing across the area.

There is potential to improve activity in specific groups. Children's positive views on physical activity decline with age, and lower levels of activity are observed among girls and people with disabilities. According to the Active Lives Children and Young People survey (2022-23), only 54.3% of those with disabilities in Bath and North East Somerset are active.

Drugs, Alcohol and Tobacco

Drugs

The most recent estimates for illicit drug use for Bath and North East Somerset in 2016/17 suggested a rate of opioid and crack cocaine use of 8.8 per 1000 people aged 15-64 years, similar to the England average of 8.9 per 1000. In 2020/21 4.9 per 1000 people in Bath and North East Somerset received treatment for drug use, slightly above the England rate of 4.5 per 1000. The number of deaths from drug misuse in Bath and North East Somerset is 6.3 per 100,000 (2020-2022). This is higher than the England average of 5.2 per 100,000, but has reduced from a high of 8.2 per 100,000 in 2018-2020.

Alcohol

Acute hospital admissions for both intentional and unintentional harm caused by alcohol are higher in Bath and North East Somerset than nationally. The admission rate for intentional self-poisoning by and exposure to alcohol in Bath and North East Somerset in 2022/23 was 66.0 per 100,000 in B&NEs compared to 23.9 per 100,000 for England. This rate has been significantly higher since 2016/17. Female rates of intentional self-poisoning are higher than male rates (81.6 compared to 49.9 per 100,000), although both are significantly higher than national averages. In 2021/22 admission episodes for alcohol related unintentional injuries were higher in Bath and North East Somerset compared to England (55.3 compared to 49.7 per 100,000), this was consistent across gender cohorts.

For those under the age of 18 years, admissions for alcohol-specific conditions in Bath and North East Somerset are significantly higher than the England average 65.2 per 100,000 compared to 26 per 100,00 for 2020/21-2022/23). This is the case for both males and females. For males the rate in Bath and North East Somerset is 36.2 compared to 17.8 per 100,000 for England. For females the rate in Bath and North East Somerset is 95.8 per 100,000 compared to an England rate of 34.7 per 100,000.

Tobacco

Smoking is the most important cause of preventable ill health and premature mortality in the UK. Tobacco use has significant economic cost for individuals and wider society ranging from health and social care costs to household fires, street litter and environmental harm.

In Bath and North East Somerset, smoking prevalence in adults (18+) was 11.5% in 2022. This is lower than the South West and national figures (11.9% and 12.7% respectively), however, there is no safe level of smoking. Smoking and second-hand exposure to smoke represents an important source of health inequalities. Smoking at the time of delivery (childbirth) is lower in Bath and North East Somerset than nationally at 7.7% (2022/23). However, smoking rates in those aged 18-64 years in routine and manual occupations, and in adults with long term mental health conditions, are higher than national rates at 28.4% and 33% respectively.

Smoking related deaths and diseases in Bath and North East Somerset are lower than the English average; however, smoking is still the single biggest cause of premature death and disease locally with 197 deaths per 100,000 in Bath and North East Somerset directly attributable to smoking.

Bath & North East Somerset Council	
MEETING/ DECISION MAKER:	**Health and Wellbeing Board**
MEETING/ DECISION DATE:	**11th July 2024**
TITLE:	**Bath and North East Somerset Better Care Fund 2425 Planning Addendum National Data Return**
WARD:	All
AN OPEN PUBLIC ITEM	
List of attachments to this report: Overview summary slide deck Narrative extract from spreadsheet submission Full BCF Return Excel Document *(by request due to formatting)*	

1 THE ISSUE

1.1 Bath and North East Somerset Council with the Integrated Care Board (ICB) has a statutory duty, through the Health and Wellbeing Board to approve activity related to the Better Care Fund as defined in the requirements of the central Government allocation of these funds. These include a two-year narrative and activity plan, a mid-point planning update and quarterly reports throughout the year. The mid-point 24/25 planning addendum is now being submitted and requires approval from the Health and Wellbeing Board.

2 RECOMMENDATION

The Board is asked to;

2.1 Ratify the 24/25 BCF Planning addendum.

3 THE REPORT

3.1 The Better Care Fund plan and associated narrative explanation is governed by the HWB. The current active plan covers the period April 23 – Mar 25 which was approved prior to submission to NHS England in June 2023.

3.2 As the 2-year planning is a new process introduced last year, an additional addendum submission has been requested by NHSE for 24/25 which requires consultation, agreement, and ratification in line with the locality agreed governance process.

3.3 Requirements for the submission is pre-defined and the BCF manager is provided with templates with prepopulated fixed cells. This does not form or change our published Narrative plan which will require renewal for 25 -27. Specific locality work and reflections on schemes supported by the Better Care Fund are included within the remit of this return.

3.4 This submission, like quarterly submissions over the past year, includes reporting against key national metrics which apply to varying degrees to work funded partly or wholly by BCF pooled funding .

3.5 The overview of the key updates to the national expectations and the metrics for this year were shared with the HWB in the meeting of the 2nd May 2024 and should be referred to in support of this request.

3.6 The planning spreadsheet return requires reporting planned spend and activity against specific defined categories related to planned schemes. These categories of reporting have been defined by the NHS England BCF team and schemes are allocated to categories at a local level on a best fit basis.

3.7 The submission required any adjustments to original planned activity included in the 23-25 planning to be noted and adjusted accordingly and needed to take into account adjusted funding amounts for various funds/grants in the BCF following confirmation of these in April. All adjustments to planned activity were made in line with the strategic approaches and intended activity agreed by the HWB in the original narrative planning and agreed delegated governance. There were no significant adjustments to note.

3.8 The spreadsheet also includes capacity and demand for hospital and community discharges for various pathways. Work has been done within B&NES and across BSW teams to ensure alignment of reporting approaches in this complex data. This has been verified via relevant Business Intelligence teams and aligned with other data sets and submissions.

3.9 An adjusted narrative explaining approaches, activity and alignment with statutory funding expectations has been completed as a requirement within the spreadsheet. An example of this has been extracted and attached to this request.

3.10 The Planning return has been compiled by the Better Care Fund Manager in consultation with relevant senior partners within B&NES Council and ICA, including a presentation and open discussion where adjustments to the submission were agreed.

3.11 A draft submission was made in accordance with the national expectations and feedback was used to support follow up consultation and adjustments. There was a clear expectation from the national team to align planning across members of the BSW ICB, to include detail of broad activities across the system beyond those specifically or directly funded in their entirety by BCF, and an increased expectation to make specific reference to strategies to support Mental Health.

3.12 Following consultation, the return was approved verbally and by email on 7th June 2024 by Laura Ambler (B&NES ICA Place Director) and Suzanne

Westhead (Director of Adult Social Care) and was submitted according to the deadline of 10th June 2024.

3.13 It should be noted that Health and Wellbeing Board meetings do not always precisely align with BCF returns. The National BCF guidelines accept that returns may be given approval, via delegated responsibility by officers and can then be given formal approval via the Health and Wellbeing Board both before and after submission.

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 No specific resource implications are identified in this report, as commitments have already been made through previous approvals.

6 RISK MANAGEMENT

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

7 EQUALITIES

7.1 The joint Health and Wellbeing Strategy for B&NES is in operation supporting aims to improve health and wellbeing outcomes for low-income households, vulnerable groups, and people with specific accessibility needs. An Equalities Impact Assessment (EQIA) has been carried out in relation to the BCF schemes and the schemes have been agreed previously by the HWB to fulfil commitments in the Health and Wellbeing and Inequalities strategies.

8 CLIMATE CHANGE

8.1 This report does not directly impact on supporting climate change progress.

9 OTHER OPTIONS CONSIDERED

9.1 None

10 CONSULTATION

10.1 Appropriate consultation has taken place in the construction and development of this return as mentioned in 3.8.

Contact person	Lucy Lang Lucy_lang@bathnes.gov.uk
Background papers	B&NES BCF Narrative Plan 23-25 https://beta.bathnes.gov.uk/document-and-policy-library/better-care-fund-2023-2025-narrative-plan
Please contact the report author if you need to access this report in an alternative format	

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Additional paper to support document ratification at HWB meeting 11th July 2024

B&NES Better Care Fund Planning Addendum Return 24/25

June 2024

Spreadsheet extract

This extract provides an example of one question answered. The spreadsheet includes 13 detailed answers to questions, alongside financial details, funding allocated to each scheme and projected demand and capacity related to discharge pathways.

Section: Narrative: Ensuring BCF funding achieves impact: What is the approach locally to ensuring that BCF plans across all funding sources are used to maximise impact and value for money, with reference to BCF objectives and metrics.

Our local BCF planning is effectively aligned to the strategic longer term development areas within the ICB, with council objectives and with defined review points so there is alignment of all the funding whilst holding in mind a broader prevention agenda. In order to ensure that care is delivered in the right place at the right time the plan continues to ensure focus on the Home is Best approach identified in the 23-25 narrative planning as well as the investment in our development of the Community Wellbeing Hub and the associated connection of services through a digital solution.

Best value is being secured through investment in Cost Benefit solutions to inform direction of travel for future planning. In addition, we continue to enable people to stay well, safe and independent at home for longer with the CWH and understanding broader prevention work needed in the locality including dementia support workers from Age UK and Alzheimer society engaged as partners through the CWH, development of a system of microproviders through our community catalyst scheme, focus on investment in effective Technology Enabled Care and associated infrastructure as well as enhancement of our Unpaid Carers strategy and support. Moreover, wider consideration is given to engagement with the population and ensuring voices are heard with specific additional focus on funding schemes supporting co-production.

Across BSW, several key schemes are in place to deliver care in the right place at the right time, support system pressures faced with flow and pressures managed by Mental Health providers, such as Care Home support, Reablement with a mental health focus, and ICB investment into the SWAST Ambulance Room with a Mental Health practitioner in place, which has already seen a significant improvement in “hear and treat” cases. There are plans in place to expand this service to a 24/7 Mental health Ambulance Control from August 2024, aiming for a reduction in conveyances to hospitals.

In addition, the BSW Mental Health Strategy has recently been rewritten, and is in the processes of being agreed and signed off. There is an ambition for the delivery plan to be written and implemented from early 2025, and the strategy includes a number of significant schemes with the clear intention of integration and supporting the LTP for Mental Health. These include;

- The transformation of all Mental Health community pathways, supporting the early intervention agenda, and improving ease of access to services. This is an integrated approach with core mental health services, the third sector and social care, and older adults

- From March 2025, a BSW Mental Health Ambulance will be launched, commencing in B&NES [informed by population needs analysis]. The delivery and impact will be evaluated in year to inform next steps. The provision will support crisis intervention, and be staffed by Mental Health practitioners and supporting utilisation of places of calm, crisis housing and other interventions to keep people in places of safety rather than transferring to hospital

- AWP are developing their Acute Care Pathway programme to support and improve flow through mental health in patient beds, which are currently seeing high levels of pressure, with approximately 25% occupied by people who are clinically ready for discharge. Strategic plans to support this includes improved exist pathways, with a strong left shift, and strengthening links particularly with housing needs.

Lucy Lang

BCF Commissioning Programme Manager, B&NES

Better Care Fund 2023 – 5

Planning Update Ratification

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

Bath & North East Somerset Council

Improving People's Lives

NHS
Bath and North East Somerset, Swindon and Wiltshire
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Improving People's Lives

- 24/25 Planning refresh update
    - **Ratification of submission required (paper included)**

- Timeline for 25-27

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24/25 Planning Addendum Submission

Mid-point of 2-year narrative plan, amendments only and no changes to planned funding

Majority of funding (statutory and voluntary) committed in HCRG community contract

Some minor adjustments included where transformational schemes outside of the contract identified in the 23/25 planning have now begun:-

- **Community Wellbeing Hub**
- **Carers Strategy Development**
- **Technology Enabled Care project planning and engagement**

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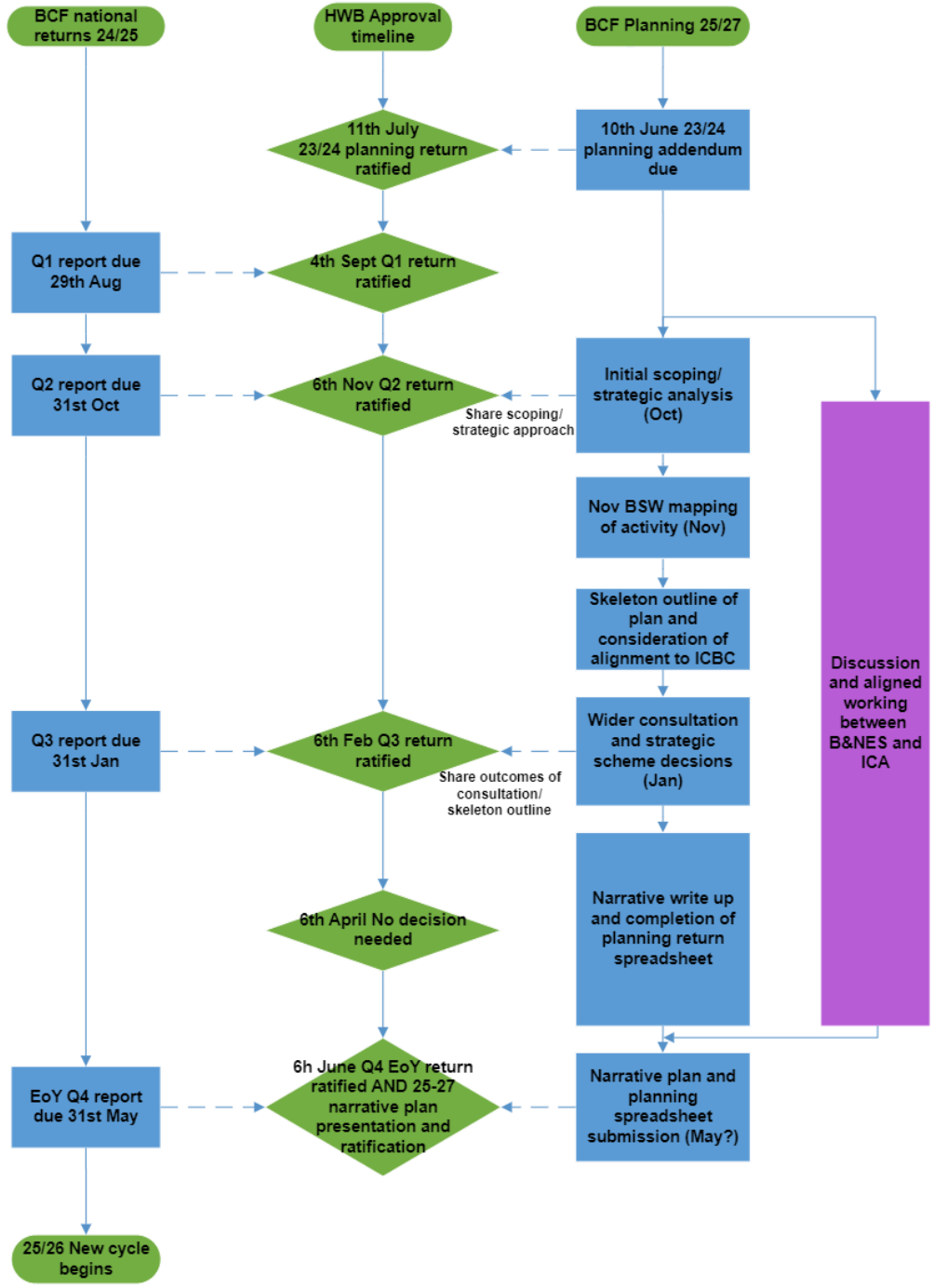
Full year expected submission timeline



- Subject to change
- Content and format of quarterly returns not yet known
- 2-year narrative plan expected for 25-27 but not yet confirmed

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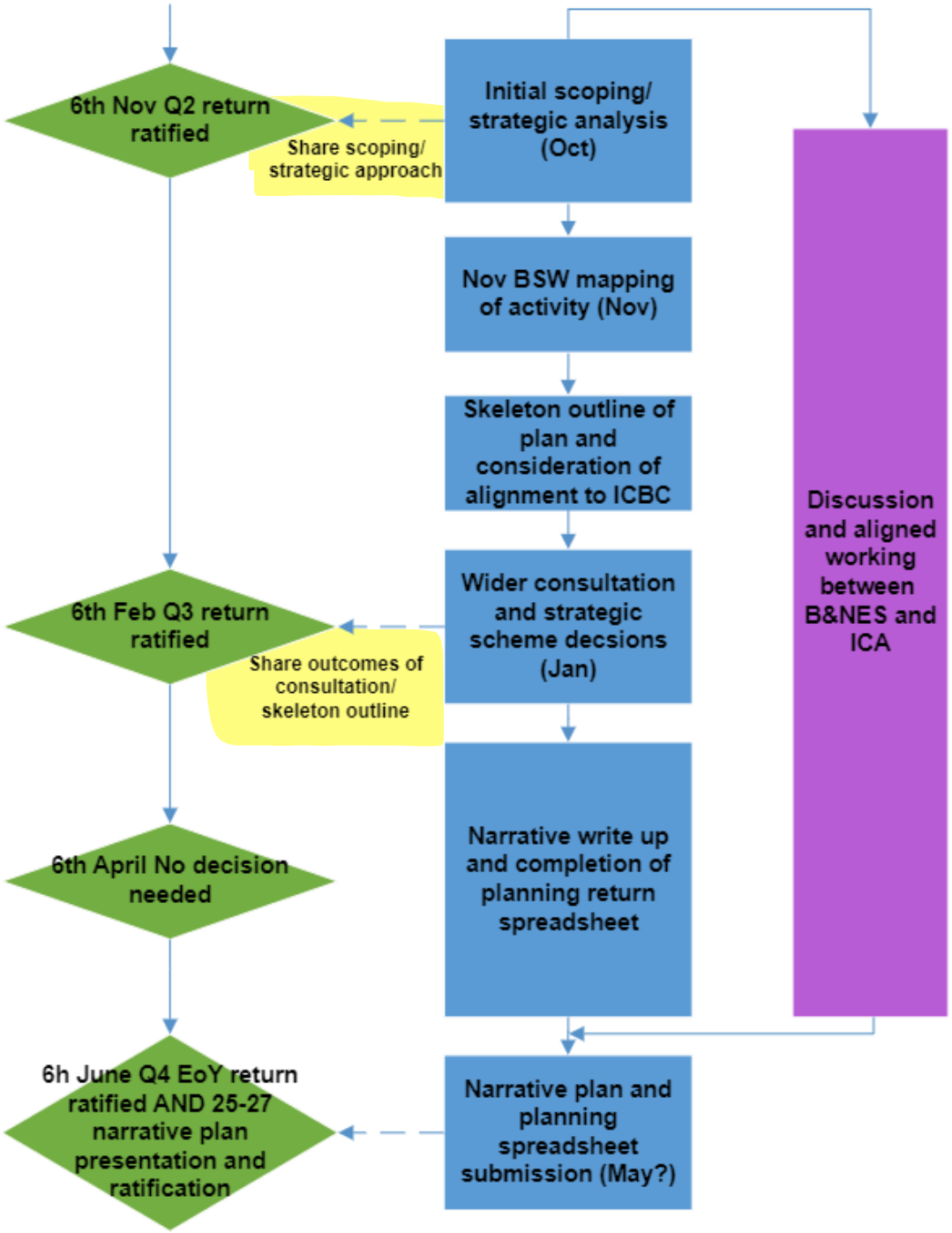

Anticipated HWB dialogue opportunities for 25-27 planning

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25-27 BCF Funding Risks and Influences

Funding unconfirmed - Pure BCF lower risk, non-recurrent Additional Discharge Funding higher risk

Uncertain political landscape

BSW ICB Community contract arrangements – pooled funding will be reduced as this element of voluntary contributions will be directly through the community contract and not through BCF

Development of new aligned strategies for working under new arrangements