Bath & North East Somerset Council

Improving People's Lives

Health and Wellbeing Board

Date: Thursday, 7th November, 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), 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)

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

Other appropriate officers
Press and Public

Corrina Haskins
Democratic Services
Lewis House, Manvers Street, Bath, BA1 1JG
Telephone: 01225 394357
Web-site - http://www.bathnes.gov.uk
E-mail: Democratic_Services@bathnes.gov.uk

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

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

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, 7th November, 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 - 12)

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

ITEMS FOR COMMENT/SIGN OFF

8. FEEDBACK FROM SOUTH WEST HEALTH AND WELLBEING BOARDS CONFERENCE - 4 OCTOBER

   5 minutes

   Chair/Vice-Chair to feedback from the South West Health and Wellbeing Boards Conference which took place on 4 October.

9. JOINT HEALTH AND WELLBEING STRATEGY IMPLEMENTATION PLAN - PROPOSAL FOR A REFRESH (Pages 13 - 18)

5 minutes

The Board to consider an approach for the refresh of the Joint Health and Wellbeing Strategy implementation plan.

Sarah Heathcote, Health Inequalities Manager, B&NES

10. AVON FIRE AND RESCUE SERVICE AND THE HEALTH AND WELLBEING AGENDA/LITHIUM-ION BATTERY SAFETY BILL (Pages 19 - 26)

15 minutes

The Board to consider and comment on attached reports from Steve Quinton, Avon Fire and Rescue Service (AF&RS):

1. The role of AF&RS within the Health and Wellbeing agenda.
2. The proposed Lithium-ion Battery Safety Bill.

11. SEND OFSTED/CQC THEMATIC INSPECTION ON PREPARING FOR ADULTHOOD (Pages 27 - 50)

20 minutes

The Board to consider the feedback report from the recent SEND Ofsted CQC Thematic Inspection on Preparing for Adulthood.

Chris Wilford, Director of Education & Safeguarding, B&NES.

12. BETTER CARE FUND UPDATE (Pages 51 - 66)

10 minutes

The Board is asked to ratify the Better Care Fund Quarter 2 return.

Laura Ambler, Executive Director of Place – B&NES, BSW ICB and Suzanne Westhead, Director of Adult Social Care, B&NES.

13. BATH AND NORTH EAST SOMERSET, SWINDON, WILTSHIRE INTEGRATED CARE BOARD (BSW ICB) - APPROACH TO PLANNING 2025-26 (Pages 67 - 76)

10 minutes

The Board to receive an update on the BSW ICB approach to future planning.

Laura Ambler, Executive Director of Place – B&NES BSW ICB.

14. BATH AND NORTH EAST SOMERSET, SWINDON AND WILTSHIRE INTEGRATED CARE BOARD (BSW ICB) - TRANSFORMING COMMUNITY BASED CARE (Pages 77 - 120)

15 minutes

The Board to receive an update on plans to transform community-based care.

Laura Ambler, Executive Director of Place – B&NES BSW ICB and Val Scrase, Regional Director (HCRG).

15. HEALTH PROTECTION BOARD REPORT (Pages 121 - 156)

15 minutes

The Board to note the Health Protection Board Annual Report for 2023-24 and the recommended priorities for 2024-25.

Anna Brett (Health Protection Manager) and Amy McCullough (Consultant in Public Health).

16. PUBLIC HEALTH ANNUAL REPORT (Pages 157 - 164)

20 minutes

The Board to note the Public Health Annual Report and the focus on household food insecurity in Bath and North East Somerset (B&NES).

Rebecca Reynolds, Director of Public Health.

ITEMS FOR NOTING

17. REFRESH OF THE PHARMACEUTICAL NEEDS ASSESSMENT (PNA) FOR B&NES - OCTOBER 2025 (Pages 165 - 168)

The Board to note the proposals for the revision of a full PNA by 1 October 2025.

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

This page is intentionally left blank

Bath and North East Somerset Council

HEALTH AND WELLBEING BOARD

Minutes of the Meeting held

Thursday, 5th September, 2024, 10.30 am

Councillor Paul May	Bath and North East Somerset Council
Paul Harris	Curo
Laura Ambler	Integrated Care Board
Charles Bleakley	BEMS
Sophie Broadfield	Bath & 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
Suzanne Westhead	Bath and North East Somerset Council
Jocelyn Foster	Royal United Hospitals Bath NHS Foundation Trust

Observer:

Councillor Robin Moss	Bath and North East Somerset Council

14 **WELCOME AND INTRODUCTIONS**

The Chair welcomed everyone to the meeting.

15 **EMERGENCY EVACUATION PROCEDURE**

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

16 APOLOGIES FOR ABSENCE

Apologies had been received from:

Cllr Alison Born – Bath and North East Somerset Council
Saranna Burgess - AWP (Mental Health Care)
Cara Charles Barks - Royal United Hospitals Bath NHS Foundation Trust
Sara Gallagher - Bath Spa University
Will Godfrey - Bath and North East Somerset Council
Julia Griffith – BEMS
Scott Hill - Avon and Somerset Police
Mary Kearney-Knowles - Bath and North East Somerset Council
Stephen Quinton - Avon Fire and Rescue Service
Nic Streatfield – University of Bath

Substitutions:

Charles Bleakley for Julia Griffith - BEMS
Joss Foster for Cara Charles Barks - Royal United Hospitals Bath NHS Foundation Trust

17 DECLARATIONS OF INTEREST

Cllr Paul May and Cllr Robin Moss stated that they were members of Avon and Somerset Fire Authority.

18 TO ANNOUNCE ANY UPDATES OR URGENT BUSINESS AGREED BY THE CHAIR

The Chair reminded the Board about the South West Health & Wellbeing Board Network Conference taking place on Friday 4 October at Somerset County Cricket Club.

There was no urgent business.

19 PUBLIC QUESTIONS, STATEMENTS AND PETITIONS

Tim Birkbeck of the Diversity Trust made a statement about the establishment of a LGBTQ+ network in Bath and its aims in relation to health as summarised below:

1. The Diversity Trust had been awarded 5-year funding to establish a LGBTQ+ network in the South West.
2. A big part of the role was identifying barriers and gaps for communities including access to health care with a particular focus on 21-45 year olds.
3. They were looking to work with organisations in the Bath and North East Somerset area.

The Chair suggested that a report come back to the Health and Wellbeing Board at a future date to report on progress.

20 MINUTES OF PREVIOUS MEETING

RESOLVED that the minutes of the meeting of 11 July 2024 be approved as a correct record and signed by the Chair.

Matters Arising

Sue Poole (Healthwatch) reported back on actions taken since the previous meeting in relation to the item on Refugees/Asylum Seekers experiences of health services. She advised that the Council's Refugee Resettlement Manager had confirmed that the Resettlement Team did liaise closely with the Home office and the South West Migration Partnership and the following statement was agreed to summarise the views expressed at the previous meeting:

'The H&WB recognises the importance of good communications between all organisations concerned with the health and welfare of refugees and asylum seekers, especially where children and other vulnerable people are concerned, acknowledging the trauma that many will have experienced.

The H&WB Board values the benefits of strong and open partnership working between the local authority, health providers, local voluntary organisations, the South West Migration Partnership and the Home Office, in protecting people whilst they are living as refugees or asylum seekers in our area.'

21 LITHIUM-ION BATTERY SAFETY BILL

It was noted that Stephen Quinton (Avon Fire Rescue Service) was unable to attend the meeting to advise on lithium-ion battery safety from the perspective of the Fire Service but had undertaken to provide a briefing note for Board Members.

The Chair stated that as Cabinet Member for Children's Services, he was in support of the Lithium-ion Battery Safety Bill which was currently going through parliament. The Board endorsed the Chair's support for the safety bill.

22 HEALTH AND WELLBEING STRATEGY IMPLEMENTATION PLAN - QUARTER 2 EXCEPTION REPORT

Sarah Heathcote summarised the Quarter 2 Exception Reports and highlighted the main findings (presentation attached as an appendix to the minutes).

Laura Ambler reported that there was a pause on Priority action 4.4 "Improve equitable access to physical and mental health services for all ages via the development of Integrated Neighbourhood Teams (INTs), community-based specialist services and our specialist centres" due to a current procurement process.

The Board raised the following comments:

1. Welcomed the exception reporting and opportunity for the Board to monitor progress in implementing the Joint Health and Wellbeing Strategy.
2. There was a question about whether the RAG ratings should measure progress or outcomes. It was noted that for some of the green ratings the

action had been completed but there was still work required to reach an outcome. It was agreed that the outcome rather than progress should be measured and that this could be considered through a refresh of the JHWS Implementation Plan and a review of the monitoring process subject to agreeing a timeframe and capacity.

3. In terms of how the Council's Children, Adults, Health and Wellbeing Scrutiny Panel was kept informed about progress, there was a regular update from the ICB as well as a deeper dive on specific items.

4. In relation to Priority 3.1.1 "Implement Community Wellbeing Hub (CWH) strategy", it was noted that this was part funded by the Better Care Fund and it was unknown if this source of funding would be continued under the new Government. Links were being made with the new Government/LGA to promote the CWH and it was hoped that the benefits of this approach would be recognised in the upcoming CQC Inspection.

23 WINTER PLANNING

Emma Smith, Lead for Urgent Care BSW ICB gave a presentation on the BSW Winter Plan – 2024/25 including:

1. An overview of the B&NES programme which focused on embedding a culture of "Home is best" to reduce reliance on bed-based care and preventing de-conditioning to improve patient experience and reduce patient harm.

2. A summary of B&NES Locality funded schemes 24/25.

3. Additional capacity plans over Winter.

4. Vaccination Programme.

5. Details of communications plans and governance structure.

Daniel Noad, Emergency Planning Team Manager B&NES gave a presentation on Local Resilience Forums Winter Preparedness and B&NES Council Emergency Planning, Preparedness & Response including details of a programme and events.

The Board was asked to promote the information to ensure that communities engaged with the programme and events on offer.

24 PHARMACIES AND THE PREVENTION AGENDA

Uzo Ibechukwu, Chief Pharmacist – BSW ICB and Helen Wilkinson, ICS Community Pharmacy Clinical Lead gave a presentation on Community Pharmacy Priorities.

The Board raised the following comments:

1. It would be useful to see some figures relating to the uptake of people accessing Pharmacy First services.

2. There was a need to manage expectations of people accessing pharmacy services e.g., timelines for following up blood pressure checks with a GP

appointment.

3. It was noted that access to pharmacy services in rural areas was a challenge.
4. In terms of challenges around workforce, it was noted that this was less of an issue within the B&NES area compared with other areas due to links with local education providers such as the University of Bath.

25 BATH AND NORTH EAST SOMERSET COMMUNITY SAFETY AND SAFEGUARDING PARTNERSHIP (BCSSP) ANNUAL REPORT

Fiona Field, Independent Chair of the BCSSP presented the report.
The Board raised the following comments/questions:

1. In terms of safeguarding, what did success look like and what was the message to share with the public? Fiona Field acknowledged that it was difficult to have a positive message around safeguarding. An increase in the number of referrals did not equate to an increase in the number of incidents, but rather a better awareness and confidence around reporting incidents. There was also a positive message that there was a lot of preventative work being undertaken in relation to safeguarding.
2. It was noted that the BCSSP would be inspected as part of the upcoming CQC adult services inspection.

26 BETTER CARE FUND UPDATE

Suzanne Westhead introduced the report and asked the Board to ratify the Q1 Better Care Fund submission.

The Board **RESOLVED** to ratify the Q1 Better Care Fund submission.

The meeting ended at 12.23 pm

Chair .....

Date Confirmed and Signed .....

Prepared by Democratic Services

This page is intentionally left blank

Bath & North East Somerset Council	
MEETING:	Health and Wellbeing Board
MEETING DATE:	7 November 2024
TITLE:	Proposal for a refresh of the Joint Health and Wellbeing Strategy Implementation Plan
WARD:	All
AN OPEN PUBLIC ITEM	
List of attachments to this report: • Appendix One – Timeline for the B&NES Joint Health and Wellbeing Strategy Implementation Plan 2024/25 Refresh	

1 THE ISSUE

1.1 This paper sets out a proposed process and timeline for a light touch review and refresh of the B&NES Joint Health and Wellbeing Strategy implementation plan.

2 RECOMMENDATION

2.1 The Health and Wellbeing Board is asked to consider taking forward the proposed approach for refreshing the implementation plan with a view to agreeing and signing off on the new plan at the Health and Wellbeing Board meeting February 6th, 2025.

3 THE REPORT

3.1 The Joint Health and Wellbeing Strategy 2023-2030 (JHWS) is a seven-year strategy which sets out a vision to put in place the best conditions for people of all ages to live healthy and fulfilling lives. Extensive engagement and consultation was undertaken to develop the JHWS including public engagement.

3.2 The JHWS was approved by the Health and Wellbeing Board (HWB) in March and published in April 2023. The JHWS Implementation Plan was agreed and signed off by the Health Wellbeing Board (HWB) in June 2023.

3.3 A process for monitoring implementation and impact of the Strategy was agreed by the HWB in September 2023. Reporting leads have been identified to coordinate progress reports against each of the four priority areas as part of this process. In addition, each priority theme also has a sponsor who is a member of the HWB and accountable to the HWB for ensuring that mitigating actions are being taken where progress is not on track through liaison with the reporting lead.

3.4 The JHWS Implementation Plan was scheduled to be reviewed and updated in 2024. The JHWS is led by the HWB and is closely aligned with other strategies and plans across B&NES, Swindon and Wiltshire (BSW) and within B&NES which help to deliver on and support the strategy. It is timely to review the implementation plan to ensure implementation is aligned with current and updated strategies and plans such as the recently published B&NES Economic Strategy.

Guiding principles for the Review and Refresh

3.5 The four priority theme areas of the JHWS and strategy objectives within them remain current and do not require a substantive change. Furthermore, there is limited council officer capacity available to support a comprehensive review and re-write of the implementation plan which is not deemed necessary. The proposal is to undertake a 'light touch' approach to the review and refresh of the current plan in accordance with the following principles:

- Maintain the overall structure of the current implementation plan as far as possible in terms of the four priority areas and associated strategy objectives
- Avoid increasing level of detail or length of the plan through adhering to a 'one in/one out' principle if adding new actions
- Ensure ongoing alignment with System and Place strategies and plans
- Sense check relevance and appropriateness of strategy actions considering if there a need for actions to be updated, reworded or reframed in light of recent developments and shifting priorities
- Provide appropriate challenge and ambition whilst keeping significant changes to a minimum and ensuring that all actions within the plan remain in line with existing resources
- To maximise opportunities to sharpen and smarten existing priority actions

Key Actions and Timescales

3.6 It is proposed that the review and refresh process will be completed by the end of January 2025 in order to be considered at the February 6th HWB meeting. See Appendix One for a timeline with associated actions for the HWB to consider and to note the need to identify a HWB member to act as Project Sponsor.

4 STATUTORY CONSIDERATIONS

4.1 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.

4.2 As a statutory function the Board must prepare and publish a Joint Health and Wellbeing Strategy (JHWS), setting the vision, strategic direction and high-level priorities for system partners to work together on.

5 RESOURCE IMPLICATIONS (FINANCE, PROPERTY, PEOPLE)

5.1 The direct resource implications of this work have been through the time and capacity involved from the Joint Health and Wellbeing Strategy steering group members, from Council, NHS and Third Sector.

6 RISK MANAGEMENT

6.1 It is noted that the timeline (See Appendix One) is quite tight, and that the Christmas holiday falls within the project period which may present issues for those involved in undertaking the review and refresh. To mitigate for this risk to completion of the refresh for consideration at the February HWB meeting a two-stage opportunity for Reporting Leads and Sponsors to input to the process has been built into the timeline. In addition, those who have been identified to contribute to the process have been notified that they may be asked to allocate some time to the review task over the next couple of months and that the detail will be confirmed following the November HWB meeting.

6.2 If partners, notably the Reporting Leads and Sponsors register significant concerns regarding completion of the review within the timescales outlined this will be identified quickly and a request will be made to extend the timeline with a view to completion of the review and refresh in time for the May 2025 HWB meeting as an alternative.

7 EQUALITIES

7.1 A cross cutting theme of the JHWS is to tackle inequalities in B&NES. Through monitoring progress against this ambition, the strategy seeks to promote equity of opportunity, of service provision and to reduce inequalities in experiences and outcomes.

8 CLIMATE CHANGE

One of the four cross cutting themes of the JHWS is to adapt and build resilience to climate change. A number of objectives in the strategy contribute directly to preventing climate change and mitigating its impacts, in particular:

(1) work through the Local Plan to shape, promote, and deliver healthy and sustainable places

(2) work to 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.

(3) using opportunities in legislation to facilitate a targeted private rented sector inspection programme to ensure the minimum statutory housing and energy efficiency standards are met.

9 OTHER OPTIONS CONSIDERED

9.1 None.

10 CONSULTATION

10.1 This report has been considered and cleared for sign off by the S151 Officer and Monitoring Officer. Public engagement on the initial issues and priorities for the Joint Health and Wellbeing Strategy was undertaken during 2022.

Contact person	Sarah Heathcote, Health Inequalities Manager 01225 394455 Paul Scott, Associate Director of Public Health Public Health & Prevention, B&NES Council
Background papers	**B&NES Health and Wellbeing Strategy.pdf** **B&NES Health and Wellbeing Strategy Implementation Plan**
Please contact the report author if you need to access this report in an alternative format	

Appendix One: Timeline for the B&NES Joint Health and Wellbeing Strategy Implementation Plan 24/25 Refresh

Action and Timeline	Nov	Dec	Jan	Feb
HWB to agree process undertaking the Review and Refresh which will be coordinated by Sarah Heathcote (SH)	**7/11/24**			
Agree Lead Director (HWB) as Project Sponsor	**7/11/24**			
SH to engage Reporting leads and Sponsors (RLS), share JHWS, Implementation Plan and provide RLS with instructions and principles to review their theme area and to agree proposed changes with sponsor	**7/11/24**			
RLS to complete review of priority theme and share response by 27/11/24	**27/11/24**			
SH to collate responses and liaise with RLS as needed		**11/12/24**		
SH to liaise with Project Sponsor		**w/c 9/12/24**		
Meeting with all RLS to discuss draft refresh (*include Q2 exception reporting update briefing)*		**w/c 16/12/24**		
Prepare draft revised plan				
Share draft revised plan with Project Sponsor and RLS for final sense check			**w/c 6/1/25**	
Finalise Plan and Prepare Report for HWB			**w/c 20/1/25**	
Submit Report			**27/01/25**	
Consideration of the draft refreshed plan by the HWB				**6/2/25**

This page is intentionally left blank

MEETING:	Bath & Northeast Somerset Health and Wellbeing Board
MEETING DATE:	7th November 2024
REPORT OF:	Steve Quinton Area Manager Avon Fire and Rescue Service
SUBJECT:	Avon Fire and Rescue and the Health and Wellbeing Boards

1. SUMMARY

1.1 This report provides members of the Health and Wellbeing board with information concerning the role of Avon Fire and Rescue Service (AF&RS) within the Health and Wellbeing agenda.

1.2 The Fire and Rescue Service (FRS) holds a trusted position within society allowing access and interaction with broad and diverse communities. Through our long standing experience of prevention work, early intervention is at the heart of our service delivery and one of AF&RS strategic objectives of making our communities safer.

1.3 Our service does not discriminate and our targeting focuses on those most vulnerable and at risk in our communities. We know that addressing root cause health inequalities leads to a reduction in demand for the responsive element of fire and rescue services.

2. RECOMMENDATIONS

The Board is asked to:

a) ‘To note’ the report

3. BACKGROUND

3.1 In 2023/24 nationally the FRS attended over 600,000 operational incidents. The Fire and Rescue Services Act (2004) placed a statutory duty on Fire and Rescue Authorities in England and Wales to promote fire safety, placing the prevention of fires at the heart of their activity. The role of the Fire and Rescue Service has changed over the last thirty years. The interventions employed by FRS to execute this duty have dramatically reduced the incidence of accidental

fires in the home and a range of other incidents by over 40 percent in the last 10 years. This decrease has been the result of changes to the services which has shifted from responding to demand to focussing on prevention.

3.2 The decrease in the demand for the service has resulted in changes in the way that the workforce is utilised, with staff spending less time responding to incidents with more capacity to support prevention and improving community wellbeing.

3.3 The fire service is a trusted profession which has respect across all age groups and in a diverse range of communities. This has been an important aspect of the prevention work undertaken by the service.

3.4 The operational priority of the service remains the need to respond to fire and rescue incidents. In order to retain capacity to respond to these incidents staffing levels need to be maintained. Minimising staff turnover is also essential in order to retain skilled and experienced staff which requires remuneration to be upheld.

3.5 In order to continue to deliver effective services and the downward trend in demand for a responsive Fire and Rescue Service whilst at the same time support our own and partners plans, AF&RS recognises the opportunity of even greater collaboration and support for partners. AF&RS welcome opportunities to work collaboratively with other public services, utilising skills around prevention and early intervention to improve all aspects of health and wellbeing.

3.6 AF&RS would also welcome opportunities to work with wider partners to improve health and wellbeing. Nationally in 2023/24 the FRS delivered over 564,000 home safety checks with a focus on vulnerable groups such as the over 65’s or disabled people. Visits in other areas already include some health interventions like hearing tests to check fire alarms can be heard, to assessing risks of falls and trips and fitting equipment if necessary.

3.7 The Person Centred Framework provides guidance for all FRSs to further develop a consistent and evidence-based approach to conducting person-centred Home Fire Safety Visit (HFSV). The aim of the framework is to support and extend FRSs work to prevent fire, fire fatalities and serious injuries in the home setting. The home (or dwelling in the incident statistics) is where the majority of fire-related fatalities occur. The Framework encourages FRSs to work in partnership with others, to address the underlying causes of fire fatalities and injuries.

3.8 Making Every Contact Count (MECC) is a behavioural change programme, which encourages people to use the day-to-day interactions they have with others to help promote positive behaviour change. The programme gives people the confidence to engage with those who may be looking to make a lifestyle change, such as stopping smoking, drinking less, eating more healthily or being more physically active

3.9 The MECC principles have given he FRS opportunities to extend its work to identify wider health and care support needs that the FRS can provide or through referral on to wider public services. Particularly areas such as mental health, childhood obesity, smoking cessation, isolation, fuel poverty and health inequalities associated winter pressures.

3.10 AF&RS already works closely with partners due to our role in Community safety. We have statutory role in community safety partnerships due to the Crime and Disorder Act 1998. We work closely with colleagues from Banes to exercise this duty. This is as a statutory member of the BCSSP.

3.11 Our community work over the last few years has extended to the following activities to name a few:

- Holiday Activities and Food (HAF) Programme
- Childhood obesity Programme
- Summer Holiday camps
- Water Safety Programmes
- Road Safety Programmes
- Social Isolation programmes
- Kings Trust (formally the Prince's trust)
- Work around smoking cessation.
- Friends Against Scams
- Dementia Bands programme
- Serious Violence Duty

3.10 AF&RS welcomes the opportunity to develop a plan to work collaboratively with wider public services in Banes and across the Avon area to make the most efficient use of the available workforce and to utilise the experience and success of the service in prevention.

4. REPORT CONTACT

Steve Quinton Area Manager Avon Fire and Rescue Service
Stephen.quinton@avonfire.gov.uk
07583 595249

This page is intentionally left blank

MEETING:	Bath & Northeast Somerset Health and Wellbeing Board
MEETING DATE:	7th November 2024
REPORT OF:	Steve Quinton Area Manager Avon Fire and Rescue Service
SUBJECT:	Lithium Battery Safety Bill

1. SUMMARY

1.1 This report provides members of the Health and Wellbeing board with information concerning the proposed Lithium-ion Battery Safety Bill and the work of Avon Fire and Rescue Service (SAF&RS) and the Fire and Rescue Services (FRS) nationally that flows from its introduction.

2. RECOMMENDATIONS

The Board is asked to:

a) 'To note' the report

3. BACKGROUND

3.1 Lithium-ion batteries are the most popular type of rechargeable battery and are used in a wide range of electrical devices worldwide, from mobile phones to electric vehicles. They can store a large amount of energy and can support very high power demands. They can be charged hundreds to thousands of times and can be very light which makes them useful for powering portable devices.

3.2 Lithium-ion technology is generally safe, but improper design, manufacturing and/or damage can lead to 'thermal runaway'. This is one of the primary risks related to lithium-ion batteries, in which they enter an uncontrollable, self-heating state that can result in them ejecting gas, shrapnel and/or particulates and extremely high temperatures leading to fires.

3.3 Poor quality and substandard components, flawed design, physical abuse and improper charging or discharging can all cause a battery to become thermally unstable", leading to catastrophic failure. In the case of lithium-ion battery fires even if a fire is extinguished, it is common for the fire to start again.

3.3 Fires involving Lithium-ion batteries are on the increase nationally and we have seen an increase in the Avon Fire Authority area. This increase in the main is due to the increase in the use of e-scooters and e-Bikes. With an increased use of e-bikes and e-scooters, comes a corresponding fire safety concern associated with their charging and storage.

3.4 In 2022 a fire occurred in a High Rise block of Flats in Bristol. The resulting fast developing high temperature fire resulted in the tragic loss of life of one of the occupants who fell from the 16th floor window. The resulting investigation attributed the fire to an e-bike which was charging in the corridor of the flat. The fire subsequently blocked the means of escape for the occupants. Whilst one person did escape through the front door two others were rescued from another window on the 16th floor. At the subsequent coroner's inquest the district coroner for Avon, Maria Voisin issues a Regulation 28 latter (Prevention of Future Fire Deaths).

3.5 One of the main issues associated with e-bike fires is the use of unregulated conversion kits. These kits are bought from online marketplaces and individuals convert their standard bike to an e-bike. However, there are significant risks in doing this and as a Service we have significant concerns about this practice.

3.6 Locally and Nationally we welcome the introduction of this bill. The bill will make regulations that ensures products must meet prescribed safety standards and also regulate the standards of conversion kits.

3.7 Due to recent media campaigns and Fire and Rescue service sharing their concerns Ebay has made the decision that only eligible business sellers will be allowed to list e-bikes and e-scooters after the 31st October 2024. This is a welcome development and we encourage other online marketplaces to adopt the same approach.

3.8 It should also be noted that incidents involving battery fires have also risen. The fire service has seen an increase nationally and in 2023 over half of the 200 waste fire were caused by lithium-ion batteries.

4. THE BILL

4.1 The bill is a private member's bill sponsored by Lord Redesdale. It would provide for regulations concerning the safe storage, use and disposal of lithium-ion batteries.

4.2 The bill comprises 10 clauses.

Clause 1 sets out that the bill has two purposes:

• to better protect householders and communities from the dangers of lithium-ion batteries

• to increase public confidence in, and acceptance of, battery energy storage systems (BESS)

Clause 2 would mandate planning authorities to consult the Environment Agency, the Health and Safety Executive and the local fire and rescue service before approving a planning application for stand-alone BESS that consist partly or wholly of lithium-ion batteries.

Clause 3 concerns the safety of lithium-ion batteries sold online. It would mandate ministers to make regulations requiring the "operator of any online marketplace to take reasonable steps" to ensure that all goods containing lithium-ion batteries offered for sale complied with safety requirements.

Clause 4 concerns the safety of e-scooters and e-bikes containing lithium-ion batteries. It would mandate ministers to publish a list of conformity assessment bodies (CABs) and prohibit anyone selling on the UK market an e-scooter or e-bike powered by a lithium-ion battery unless the vehicle had been assessed and carried the CE or UKCA conformity marks.

Clause 5 would mandate ministers to make regulations regarding safety standards for conversion kits using lithium-ion batteries and the use of proprietary or non-proprietary e-scooter or e-bike charging systems powered by lithium-ion batteries.

Clause 6 concerns the disposal of lithium-ion batteries. It would mandate ministers to make regulations requiring the sellers of such batteries to "display a prominent warning about the dangers of improper disposal of such batteries" and, as part of the sale, attach information regarding the cell chemistry of lithium-ion batteries and about how to dispose of such batteries safely.

Clause 7 would require ministers to consult "representatives of such persons that they consider to have an interest in this matter" before making any regulations.

Clause 8 would provide for the interpretation of terms used in the bill.

Clause 9 would provide for all regulations under the bill to be subject to the negative procedure.

Clause 10 would provide for the bill's extent, commencement and short title. The bill would extend to the whole of the UK, but would not apply in Scotland, Wales or Northern Ireland until a resolution agreeing to the bill's provisions had been passed by each nation's devolved legislature.

4.3 The bill will also address the issue of Large battery storage sites. AF&RS are seeing increased applications for these sites. AF&RS are not currently a

statutory consultee however are involved in providing advice in relation to operational response matters.

5. FIRE SERVICE ACTIONS

5.1 As a result of the increase in fires all Fire and Rescue services are actively highlighting the dangers associated with Lithium-ion batteries. Advice is given on product safety and how to charge and look after your items such as mobile phones, e-bikes and e-scooters.

5.2 AF&RS were recently interviewed alongside colleagues from the National Fire Chiefs Council (NFCC) highlighting the dangers associated with e-bike conversion kits. We have updated our advice on battery safety and have worked with local Authorities in developing safety messages and procedures in High Rise blocks of flats.

5.3 In response to a rising number of fires involving e-bikes and e-scooters, AF&RS teamed up with Deliveroo to educate riders on safe batter charging practices. This year alone, we have witnessed 57 fires linked lithium-ion batteries highlighting the urgency of addressing this issue. On Tuesday, 17 September, Deliveroo riders gathered in Bristol City Centre for a Rider Roadshow. During the event, firefighters spoke to riders about the potential dangers of e-bike and e-scooter fires, showing just how rapidly they can spread and the intensity of these incidents. Riders received key advice on how to use, charge, and store their e-bikes and e-scooters safely.

6. APPENDICES

1. Lithium-ion Battery safety Bill Briefing Paper (HL)
2. Lithium-ion Battery Safety Bill [HL]
3. Regulation 28 Report to prevent future fire deaths A. Oryakhel

7. REPORT CONTACT

Steve Quinton Area Manager Avon Fire and Rescue Service
Stephen.quinton@avonfire.gov.uk
07583 595249

Bath & North East Somerset Council	
MEETING	**Health & Wellbeing Board**
MEETING	**7th November 2024**
TITLE:	**OFSTED/CQC Preparing for Adulthood Thematic Review**
WARD:	All
AN OPEN PUBLIC ITEM	
List of attachments to this report: B&NES OFSTED/CQC PFA Thematic Review Summary Note Equalities Impact Assessment	

1 THE ISSUE

1.1 This report has been prepared for the Board following a joint Ofsted / CQC thematic review of preparation for adulthood arrangements in Bath and North East Somerset, which took place between the 10th and 27th of June 2024.

2 RECOMMENDATION

The Board is asked to;

2.1 Review the attached OFSTED CQC final summary note written by the Inspectorates following the completion of the thematic review. You will note from the summary that a number of strengths were identified by the Inspectorate, as well as some themes for development for partners in Education, Health and Social Care to consider.

2.2 Be advised that the Department of Education commissions OFSTED/CQC to complete these thematic reviews to inform future DFE policy in a given area. The review was not a graded inspection.

2.3 The Board is advised that the Inspectorates selected Bath & North East Somerset as the southwest region to host the review; we were the fifth out of six regions nationally to receive this review. The full OFSTED/CQC findings from the six thematic reviews will be published as a report in the autumn of 2024. B&NES will be noted as one of the areas visited but will not be identifiable in the content of the report.

2.4 Note that OFSTED/CQC did not provide the local area with a written summary of parent's or young people's surveys that were conducted during the review.

2.5 Be assured that the Local Area Inclusion Partnership (LAIP) is tasked with delivering learning from the review. Representatives from our parent carer forum sit on this partnership and will input into this work stream.

3 THE REPORT

3.1 The review was undertaken in accordance with OFSTED's guidance for thematic review of preparation for adulthood arrangements in local areas. Detailed information on the format of the review can be found via the link below.

Thematic reviews of preparation for adulthood arrangements in local areas - GOV.UK (www.gov.uk)

3.2 The purpose of the review was to find out the extent to which local area partners across education, health and social care are working together effectively to prepare children and young people with SEND for adulthood.This included children and young people who are receiving SEND support or have an education, health and care (EHC) plan.

3.3 The review replicated a full OFSTED/CQC local area inspection. Preparing for, setting up and hosting one of these reviews is a significant task. It included:

Submission of a full set of Annexe A documents, including local area data and practice statements/policies.

Online surveys & questionnaires for parents/carers and young people.

Case studies, including interviews with staff and calls to parent carers and young people.

Off-site visits to providers and meetings with nurseries, schools and colleges.

Individual and group interviews with staff from across education, social care and health.

3.4 Following the completion of the review, the Local Authority hosted a workshop for all who participated in the review to provide additional feedback on how the area managed the review, what went well and what went better, and what the key learning points were from their meetings with inspectors.

3.5 The Bath and North East Somerset Local Area Inclusion Partnership (LAIP) is tasked with implementing the learning from the review. The LAIP has re-established a Preparing for Adulthood subgroup to progress and oversee our joint arrangements in this area. This action was agreed at the last LAIP on 19/9/24. A representative of the ICB will chair the subgroup and will report back to the LAIP at its quarterly meetings.

3.6 A full summary note of the visit, provided by OFSTED, is attached for the Committee to review, consider, and ask questions of representatives from education, social care, and health at the meeting today.

4 STATUTORY CONSIDERATIONS

4.1 The local area has a wide range of education, health and social care statutory responsibilities for children with SEND. The review considered how well these responsibilities support children and young people in preparing for adulthood.

5 RESOURCE IMPLICATIONS (FINANCE, PROPERTY, PEOPLE)

5.1 None identified.

6 RISK MANAGEMENT

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

7 EQUALITIES

7.1 An EQIA for this report has been prepared and attached.

8 CLIMATE CHANGE

8.1 Not applicable

9 OTHER OPTIONS CONSIDERED

9.1 None

10 CONSULTATION

10.1 The report has been approved by Finance and Legal Services

Contact person	Chris Wilford – Director of Education & Safeguarding
Background papers	None
Please contact the report author if you need to access this report in an alternative format	

This page is intentionally left blank

Bath & North East Somerset Council

Improving People's Lives

NHS

Bath and North East Somerset, Swindon and Wiltshire

Integrated Care Board

Equality Impact Assessment / Equality Analysis

(Updated December 2022)

Item name	Details
Title of service or policy	OFSTED/CQC Preparing for Adulthood report
Name of directorate and service	Children's Services & Education
Name and role of officers completing the EIA	Chris Wilford, Director of Education and Safeguarding
Date of assessment	22nd October 2024

Equality Impact Assessment (or 'Equality Analysis') is a process of systematically analysing a new or existing policy or service to identify what impact or likely impact it will have on different groups within the community. The main aim is to identify any discriminatory or negative consequences for a particular group or sector of the community, and also to identify areas where equality can be better promoted. Equality impact Assessments (EIAs) can be carried out in relation to services provided to customers and residents as well as employment policies/strategies that relate to staffing matters.

This toolkit has been developed to use as a framework when carrying out an Equality Impact Assessment (EIA) or Equality Analysis. **Not all sections will be relevant – so leave blank any that are not applicable**. It is intended that this is used as a working document throughout the process, and a final version will be published on the Council's website.

1.1 Identify the aims of the policy or service and how it is implemented

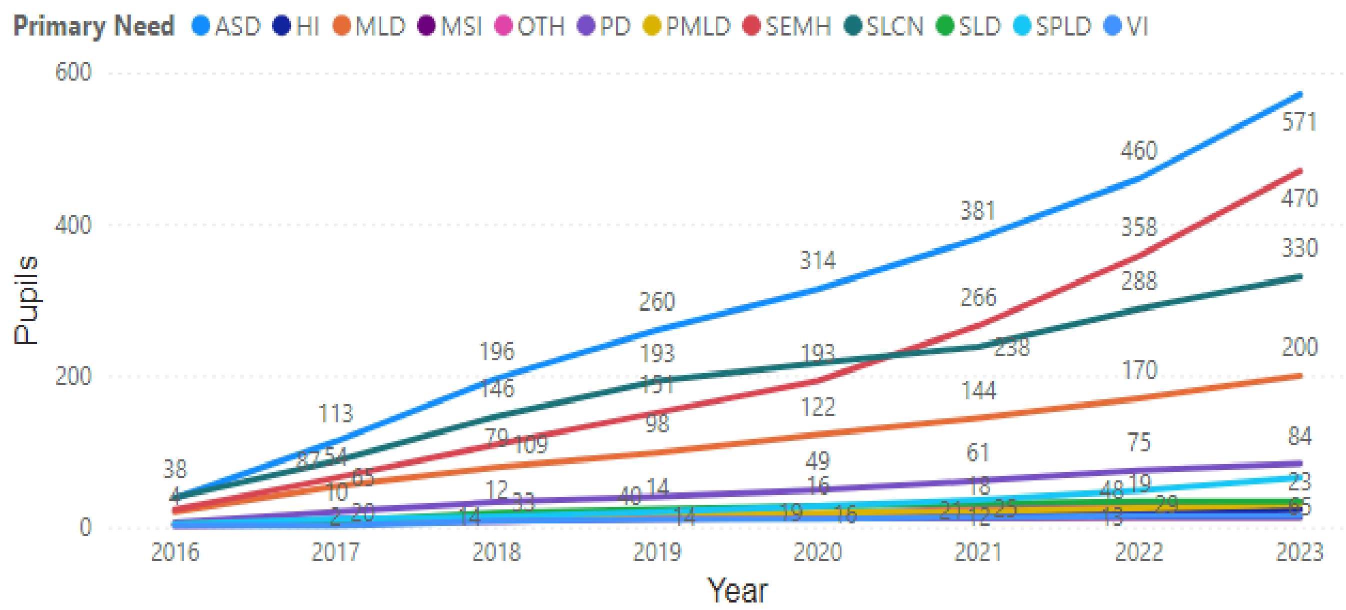
Key questions	Answers / notes
1.1 Briefly describe purpose of the service/policy e.g. • How the service/policy is delivered and by whom • If responsibility for its implementation is shared with other departments or organisations • Intended outcomes	The purpose of the report is to share the findings of an OFSTED/CQC Thematic on preparing for adulthood (PFA) report with the Health and Wellbeing Board. The report is contained in the format of a written note provided by OFSTED. The learning from the Thematic review and any subsequent improvements in service delivery will be the shared responsibility of the B&NES Local Area Inclusion Partnership (LAIP) The LAIP, in turn, has established a PFA group to ensure that learning improves practice in PFA and that children and young people have improved outcomes as they transition into adulthood.
1.2 Provide brief details of the scope of the policy or service being reviewed, for example:	This is not a policy of service it is a written note of a thematic visit carried out by OFSTED/CQC.

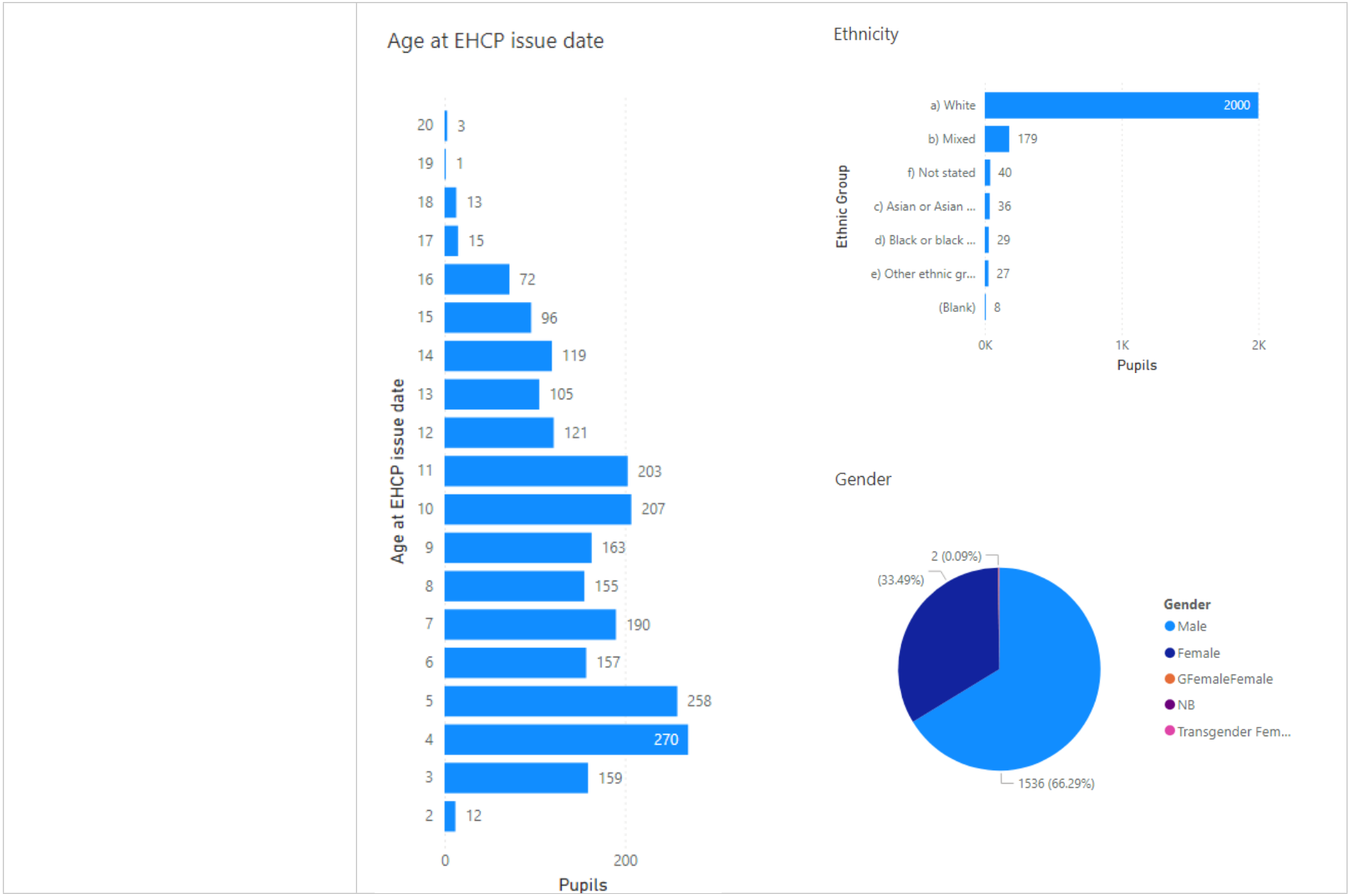
• Is it a new service/policy or review of an existing one? • Is it a national requirement?). • How much room for review is there?	Thematic visits are part of the inspection framework that local areas are subject to. Local Areas are expected to host and allow the inspectorate to review the arrangements made by health, social care and education for specific areas of work within children's services. There is no room to change the written information provided by OFSTED after the written note has been agreed.
1.3 Do the aims of this policy link to or conflict with any other policies of the Council?	The information in the OFSTED/CQC note should inform the future delivery of services and any policy changes that support children transitioning from children to adult services across education, social care, and health.

2. Consideration of available data, research and information

Key questions	**Data, research and information that you can refer to**
2.1 What equalities training have staff received to enable them to understand the needs of our diverse community?	All council staff have mandatory equality training provided by the Council annually. Children's services and Education staff have access to additional training provided by SARI.
2.2 What is the equalities profile of service users?	The equalities profile at the time of writing of the current cohort of children and young people who have an Education and Health Care Plan (EHCP) is as follows:

Primary Need for pupils with an EHCP as at the SEN2 Survey date




Age at EHCP issue date
Age at EHCP issue date
20 3
19 1
18 13
17 15
16 72
15 96
14 119
13 105
12 121
11 203
10 207
9 163
8 155
7 190
6 157
5 258
4 270
3 159
2 12
0
200
Pupils
Ethnicity
Ethnic Group
a) White 2000
b) Mixed 179
f) Not stated 40
c) Asian or Asian ... 36
d) Black or black ... 29
e) Other ethnic gr... 27
(Blank) 8
0K
1K
2K
Pupils
Gender
2 (0.09%)
(33.49%)
1536 (66.29%)
Gender
Male
Female
GFemaleFemale
NB
Transgender Fem...

2.3 Are there any recent customer satisfaction surveys to refer to? What were the results? Are there any gaps? Or differences in experience/outcomes?	The Special Education Needs and Disability (SEND) Team has plans to reinstate the annual EHCP survey following recruitment to the team. OFSTED carried out a survey as part of the thematic review; however, this was not shared directly with the local area. However, parental experiences of service delivery is contained in the feedback note.
2.4 What engagement or consultation has been undertaken as part of this EIA and with whom? What were the results?	Parents, carers, and young people were invited to participate in the Thematic Review, both via an online survey and in-person interviews and telephone calls. We have not had the results of the survey shared with us by OFSTED, but they do form part of the information contained in the note we received after the thematic review was concluded.
2.5 If you are planning to undertake any consultation in the future regarding this service or policy, how will you include equalities considerations within this?	The Local Area Inclusion Partnership, which oversees the governance for SEND in B&NES, will be tasked with implementing the learning from this review, consulting with parents and carers as part of any future changes to delivery models, including carrying out EQIAs as a result of any new, or changed service delivery.

3. Assessment of impact: 'Equality analysis'

Based upon any data you have considered, or the results of consultation or research, use the spaces below to demonstrate you have analysed how the service or policy:

- Meets any particular needs of equalities groups or could help promote equality in some way.
- Could have a negative or adverse impact for any of the equalities groups

Key questions	Examples of what the service has done to promote equality	Examples of actual or potential negative or adverse impact and what steps have been or could be taken to address this
3.1 Issues relating to all groups and protected characteristics	The review should in particular, improve the delivery of services for children & young people with SEND.	The plans are not intended to discriminate based on any protected characteristics, but some individuals may be more impacted than others.
3.2 Sex – identify the impact/potential impact of the policy on women and men.	It is noted that B&NES have a higher ratio of males with SEND 66.29%	There are not anticipated to be any adverse or negative impacts on this protected characteristic.
3.3 Pregnancy and maternity	Young people who are pregnant will receive support from can be signposted for additional support within B&NES Children Services.	There are not anticipated to be any adverse or negative impacts on this protected characteristic.
3.4 Gender reassignment – identify the impact/potential impact of the policy on transgender people	0.09% of children/yp in receipt of an EHCP identify as Trans. They will receive an equitable service but will also be signposted to other specialist services, such as Off the Record which provide groups and support for LGBTQ+ YP. It is well documented that Trans people are significantly more likely to experience poor mental health at some point, this is explored within the EHCP process but will remain an ongoing consideration when developing services.	There are not anticipated to be any adverse or negative impacts on this protected characteristic.
3.5 Disability – identify the impact/potential impact of the policy on disabled people (ensure consideration both physical, sensory and mental impairments and mental health)	The plans are intended to improve early support, provide more timely assessments, and improve preparation for adulthood outcomes wherever possible. As such, they should improve equality for all children with SEND.	

Key questions	Examples of what the service has done to promote equality	Examples of actual or potential negative or adverse impact and what steps have been or could be taken to address this
	The majority of children/yp with SEND in BA&NES have autism, followed by Social Emotional Mental Health. The provision and commissioning of services will consider how best to meet these needs. The Live Well webpage provides a detailed directory of all services available to children/yp https://livewell.bathnes.gov.uk/ SENDIAS provides free impartial advice to children/yp with SEND and their parents/carers.	
3.6 Age – identify the impact/potential impact of the policy on different age groups	The review should aim to inform improvements in support available for young adults to help them remain within the local area. It is noted that there is a spike in EHCP's during key school transition times. This informs us that a focus on moving from school to college and into adulthood requires careful consideration to ensure a continuity of care and support. Improved focus on preparing for adulthood should help some groups of young people be	These plans will only impact children and young people up to the age of 25.

Key questions	Examples of what the service has done to promote equality	Examples of actual or potential negative or adverse impact and what steps have been or could be taken to address this
	better prepared for managing key transitions in their lives.	
3.7 Race – identify the impact/potential impact on across different ethnic groups	Children from ethnic minority groups in B&NES can have lower educational outcomes and greater exclusion rates. Improved focus on preparing for adulthood should help some groups of young people be better prepared for managing key transitions in their lives.	There are not anticipated to be any adverse or negative impacts on this protected characteristic.
3.8 Sexual orientation – identify the impact/potential impact of the policy on lesbian, gay, bisexual, heterosexual people		There are not anticipated to be any adverse or negative impacts on this protected characteristic.
3.9 Marriage and civil partnership – does the policy/strategy treat married and civil partnered people equally?		There are not anticipated to be any adverse or negative impacts on this protected characteristic.
3.10 Religion/belief – identify the impact/potential impact of the policy on people of different religious/faith groups and also upon those with no religion.		There are not anticipated to be any adverse or negative impacts on this protected characteristic.
3.11 Socio-economically disadvantaged* – identify the impact on people who are disadvantaged due to factors like family background, educational attainment, neighbourhood,	Children on free school meals are more likely to have SEND, and the improvement of support to children with SEND through these plans should improve the life chances of these children in the long term.	

Key questions	Examples of what the service has done to promote equality	Examples of actual or potential negative or adverse impact and what steps have been or could be taken to address this
employment status can influence life chances **(this is not a legal requirement, but is a local priority).**		
3.12 Rural communities* identify the impact / potential impact on people living in rural communities	Rurality is a concern for families and young people. Transport services post-16 and the use of public transport in our rural communities do not provide easy access to ETE opportunities post-16.	There are not anticipated to be any adverse or negative impacts on this protected characteristic.
3.13 Armed Forces Community ** serving members; reservists; veterans and their families, including the bereaved. Public services are required by law to pay due regard to the Armed Forces Community when developing policy, procedures and making decisions, particularly in the areas of public housing, education and healthcare (to remove disadvantage and consider special provision).	The Armed Forces community can experience discrimination and an inconsistency in access to services including education. During Equalities training people are reminded to be considerate of the impact that children/yp experience.	There are not anticipated to be any adverse or negative impacts on this protected characteristic.

*There is no requirement within the public sector duty of the Equality Act to consider groups who may be disadvantaged due to socio economic status, or because of living in a rural area. However, these are significant issues within B&NES and have therefore been included here.

** The Equality Act does not cover armed forces community. However, the Armed Forces Bill (which came in on 22 Nov 2022) introduces a requirement to pay 'due regard' to make sure the Armed Forces Community are not disadvantaged when accessing public services.

4. Bath and North East Somerset Council & NHS B&NES
Equality Impact Assessment Improvement Plan

Please list actions that you plan to take as a result of this assessment/analysis. These actions should be based upon the analysis of data and engagement, any gaps in the data you have identified, and any steps you will be taking to address any negative impacts or remove barriers. The actions need to be built into your service planning framework. Actions/targets should be measurable, achievable, realistic and time framed.

Issues identified	Actions required	Progress milestones	Officer responsible	By when

5. Sign off and publishing

Once you have completed this form, it needs to be 'approved' by your Divisional Director or their nominated officer. Following this sign off, send a copy to the Equalities Team (equality@bathnes.gov.uk), who will publish it on the Council's and/or NHS B&NES' website. Keep a copy for your own records.

Signed off by: Chris Wilford (Divisional Director or nominated senior officer)
Date :24.10.24

This page is intentionally left blank

Clive House
70 Petty France
London
SW1H 9EX

T 0300 123 1231
Textphone 0161 618 8524
enquiries@ofsted.gov.uk
www.gov.uk/ofsted

08 July 2024

Mary Kearney-Knowles, Director of Children's Services, Bath and North East Somerset Partnership

Gill May, Chief Nursing Officer, Bath and North East Somerset, Swindon and Wiltshire Integrated Care Board

Dear Mary and Gill,

Ofsted and CQC visit to the Bath and North East Somerset Partnership

Following the Ofsted and Care Quality Commission (CQC) joint visit to the Bath and North East Somerset Partnership (B&NES), I write on behalf of His Majesty's Chief Inspector of Education, Children's Services and Skills and the Chief Inspector of Primary Medical Services and Integrated Care of CQC to summarise the visit's findings. Thank you for the time you made available to participate in this thematic visit on preparation for adulthood.

Ofsted carried out this visit under a section 118(2) request from the Department for Education. The CQC provided assistance to Ofsted under paragraph 9(1) of schedule 4 to the Health and Social Care Act 2008.

The visit was carried out as part of a thematic review, the outcome of which will be aggregated into a national report to support whole-system improvement. This national report will be published on Ofsted's and CQC's websites. It was not a graded inspection.

Thank you for contributing valuable information. During the visit, we spoke to local area leaders, children and young people with SEND, their families, and the education, health and care professionals who work with them. We examined relevant documents and visited a sample of settings.

Context

The purpose of this series of visits is to aggregate insights about preparation for adulthood arrangements, to learn from existing practice and to identify opportunities for improvement.

You can find more information about how inspectors carried out the visit at:

Thematic reviews of preparation for adulthood arrangements in local areas - GOV.UK (www.gov.uk)

Strategic planning

We were told:

- The partnership has developed a clear strategic approach to improving preparation for adulthood (PfA) across education, health and social care. Professionals told us this has strengthened in the past two years, with many changes implemented by leaders now beginning to have an impact on children and young people with SEND. For example, we were told the special educational needs coordinator (SENCO) networks are highly valued and ensures that key information such as the 'PfA fair', 'live well' and 'early help' offer is disseminated across schools in the local area.
- Partnership leaders work proactively with children and young people with SEND and their families and have shared ambitions for an integrated PfA team. The recent strategic review has initiated considerable work on implementing a joint PfA approach. For example, there are two newly appointed specialist transition social workers in adult social care and a SEND information, advice and guidance (IAG) officer.
- Partnership leaders recognise that experiences for children and young people with SEND and their families are variable. They work closely with the parent carer forum (PCF) to improve communication and trust. As such, they are focused on refreshing the SEND strategy, restructuring the SEND team and are due to launch the SEND collaboration programme. They are confident that these changes will make a significant difference.
- Providers are positive about SEND placement planning and how they worked collaboratively with local area leaders to secure funding for a new free school and alternative provision. They would like to see greater co-production and a more proactive approach to developing provision and services together. Providers recognise the pressures on the local area with the increasing numbers of children and young people presenting with SEND for assessment, and access to services that are already stretched.
- The recruitment and retention of sufficiently experienced staff is challenging and can cause delays in preparation for adulthood. This is impacting on teams across the partnership and in settings from early years through to post-16, in particular teaching assistants.

Employment

We were told:

- The partnership provides a range of services that give careers education, information, advice and guidance (CEIAG) to children and young people with SEND. They commission services such as 'youth connect', offering targeted support for young people with SEND at risk of not securing further education,

employment and training. The hospital education reintegration service (HERS) also supports young people at key transition phases. For example, supported visits to post-16 providers and a supportive network where young people can meet regularly.

- Employer relationships are well established in the local area, offering a wide range of work experiences. The local area has initiatives such as 'opportunities for all', a joined-up approach to engaging employers through one point of contact. Leaders are focused on improving support for employers to develop greater confidence in working with young people and adults with SEND, in both paid and voluntary positions. We were told there is an increasing number of job coaches working in schools and an LA job coach to support the access to work programme.
- Special schools work with multiple LAs and talk extremely positively about their experience in B&NES. They work with the local partnership to support children and young people with SEND across the area. An example of this is the specialist autism service (SASS), run by a special school and commissioned by the local authority (LA), which is highly valued by local schools and nurseries. Although leaders in schools also value the relationship with the LA, they say their experience differs to that of special schools and often battle to access services, assessments for children and young people and to secure funding to support children and young people with SEND, with and without EHC plans.
- Children and young people with SEND do very well in both special and mainstream schools in B&NES. Providers and many families told us they are supportive of the local area's 'local first' approach. However, they are frustrated with the range of post-16 opportunities. Most young people transition to the general further education (GFE) college, where they say the range and quality of provision is variable. We heard that young people often repeat learning and regress in independence. Schools welcome greater collaborative working to improve the experiences for young people as they transition into post-16 and 19 education. They believe they have the expertise to improve the system and welcome the LA leading on collaborative working in developing curriculum pathways.
- Special schools work closely with the SEND team, they value the annual destination meeting that is focused on preparing individual young people for transition. They also meet with the SEND team at the beginning of the year to plan annual review meetings, which was particularly helpful when schools had an allocated SEND lead worker. However, this is not the same in mainstream settings for children and young people with SEND. Both special and mainstream schools also told us that annual reviews are not well represented by multi-agencies, even at key transition points. There are particular frustrations with the adult social care team where providers would like to see improved communication, and greater support for young people as they transition from children's services.

- Providers and families would welcome systems for children and young people to 'wait well' whilst going through assessment processes and long wait times for services. For example, providers don't know where the children and young person is within the system, how long it will take and what they need to put in place during the waiting phase. Many schools and trusts are setting up their own services or employing practitioners. However, they expressed concern for children and young people that do not have access to the support they need within their local area. They told us they want to work with the LA to support in coordinating services.
- Local area leaders are committed to developing a greater range of training and employment opportunities for young people, as they transition from education. The local area is focused on building on the successful supported internship programme 'project search' which started in a partnership special school. There are plans to develop a second programme next year with the local GFE. We were told that some trusts are also working with different providers to develop supported internship opportunities.
- The local area is currently piloting the neurodiversity (ND) pathway project. This is in direct response to the wait times for assessing children and young people. They are confident this will improve children and young people accessing the right support including 'waiting well'. They also told us about the many changes since 2021 to ensure that EHC plans are not ceased, where an education, health and care need remains. This is as a result of revised strategies, new panels and greater joined up working across teams, including children and adult services. However, we were told that increasing numbers of families pay for private assessments to ensure the needs of their child are understood, and for providers to put plans in place to support them.
- Providers would like closer partnership working to support children and young people with SEND placed with them. They say often, annual reviews are not supported by multi agencies and welcome a greater understanding of help and support available. They say currently, the early help process is overly complex to access, with uncertainty about the thresholds, and inconsistency in children and young people accepted for support. We were told even when children and young people are accepted for support, this does not guarantee they will receive support.

Independent living

We were told:

- The partnership is committed to creating opportunities to meet the individual needs of children and young people with SEND to live more independently, for example, living at home, in foster care, supported living or shared lives. To meet these accommodation needs, appropriate commissioning is in place that includes capital spend on new accommodation and residential provision. For example, the Englishcombe ND project which will provide 16 new homes.

Engagement with parents, carers and children helps to inform planning for new developments.

- Panel processes are well established to review care planning for all children looked after in children's social care, including children and young people with SEND. The PfA transition panel take into account transition needs. We were told the multi-agency adults transition panel review the needs of children and young people so that care plans can be developed for those moving into adult services. Although, this is not yet consistently in place for all young people with SEND.
- Large caseloads for adult social workers mean that communication with partners and early relationship building with children, young people and their families is not yet securely in place at the earliest opportunity. Leaders recognise the impact of large caseloads and have increased investment so that care planning and transition arrangements can improve. Along with the increased funding for the children with disabilities team, we heard there is investment for the care leaving service, with an increase in personal advisors. Consequently, there is capacity to build earlier relationships for children in care and provide support to care leavers during the important transition period.
- Social workers and personal advisors work closely with other departments, for example housing and adult services, as well as health and education partners to ensure there are clear care plans for children and young people with SEND. As such, young people with an allocated social worker are helped to progress in all areas of their lives.
- Leaders identified gaps in transition planning in children's social care. As a result, system wide improvements have created opportunities to develop practice and ensure that children and young people's needs are better met. An example of this is the extension of the early help offer to young people up to the age of 18 and beyond, where there are exploitation concerns. Leaders across the partnership are aware there is more to do in securing consistently smooth transition plans for all young people.
- Semi-independent and supported care providers contribute fully to care planning and include children and young people in the process. Care providers take into account young people's developmental learning needs so they have the skills to prepare them for adulthood, for example cooking, budgeting, attending college and gaining part-time employment.

Community and inclusion

We were told:

- Live well B&NES is providing a range of information, signposting, resources and activities to support children and young people with SEND to live full and independent lives. Additionally, we were told children and young people have access through school, and locally in their communities, to the Duke of

Edinburgh, army cadets, cycling, a range of sports clubs as well as youth clubs. As a result, children and young people gain social skills and participate well in their communities. We heard the rural nature of B&NES can make accessing groups and facilities a challenge and that there is a need for further opportunities.

- Children and young people with SEND benefit from the breadth of local voluntary sector agencies, providing opportunities such as the Bath area play project (BAPP), 'uproar' and 'welcome to the life' project. Practitioners and families told us they value the 'rainbow resource'. We heard that although young people value the diamond travel cards, there are restrictions around travelling at peak times and wheelchair access.
- Residential care providers support young people well to access activities, for example, going out for meals, going to the zoo, gardening and bowling. Young people are encouraged to develop their own style for their bedrooms and are encouraged to participate in making care environments homely.
- Young people are supported effectively to develop relationships so they can live well in the community. They benefit from stable relationships with a network of supportive professionals who help them to live independently, and to access education and/or work. This helps them integrate and to be valued members of their local communities.

Health

We were told:

- Health and social care partners work collaboratively to support children and young people with mental health and neurodiverse needs, in preparing for adulthood. There are multiple providers all working to secure positive transitions for these children and young people.
- Third sector mental health services such as 'off the record', MIND, 'developing health and independence' play a key role in supporting children and young people with SEND who do not meet adult mental health service thresholds. Statutory services may also over prescribe initially to meet need, and then make a holistic assessment to see where need can be met more appropriately.
- Legislation related to PfA and transitions is very different for social care and health. The legislation for health transitions to adult services and the NICE guidance is open to interpretation by practitioners. For example, it states that adult health services should make 'reasonable adjustment' for young people transferring to adult services, however it is not clear what this means in practice.
- Practitioners find the lack of joined-up systems, processes and recording problematic in B&NES. They told us the IT infrastructure is not always helpful, with systems in place that are not able to automatically share information. The

challenges are both internal and external. However, we heard from leaders there are plans, as part of the planned integrated partnership strategy, to rectify this.

- Adult health care services are not necessarily prepared for young people with life limiting illnesses to live as long as they now do, due to advances in medical science. Commissioned adult services, for example, do not always have the necessary equipment or nursing supplies needed for these young people.
- The length of waiting lists within children's health services is impacting on children and young people receiving the right help at the right time. For children and young people transitioning, there may be a knock-on effect when they try to access adult services. As a result, some young people may end up joining an even longer waiting list.
- A new neurodiversity pathway is being rolled out in B&NES. Health professionals told us this would enable children and young people to access support with targeted assessments, and subsequently reduce waiting times for assessment and access to services.
- Learning disability health checks are carried out in line with national guidance. Practitioners told us the extra time given to these appointments in primary care is the best way to identify any emerging issues which may be occurring for children and young people with SEND.

Next steps

We will use the information we have gathered when writing the national report that sets out our findings. We plan to publish this in Autumn 2024.

Yours sincerely

Tina Pagett
His Majesty's Inspector, Ofsted

Andrea Crosby-Josephs
Children's Services Inspector, CQC

Naintara Khosla
His Majesty's Inspector, Ofsted

This page is intentionally left blank

Bath & North East Somerset Council	
MEETING/ DECISION MAKER:	**Health and Wellbeing Board**
MEETING/ DECISION DATE:	**05 November 2024**
TITLE:	**Bath and North East Somerset Better Care Fund Quarter 2 National Data Return**
WARD:	All
AN OPEN PUBLIC ITEM	
List of attachments to this report: Overview summary slide deck BCF Return Excel Document (On Request)	

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 Quarter 2 report is now being submitted and requires approval from the Health and Wellbeing Board.

2 RECOMMENDATION

The Board is asked to;

2.1 Ratify the BCF Quarter 2 return.

3 THE REPORT

3.1 The Health and Wellbeing Board agreed the proposed plan and narrative explanation for the Better Care Fund 2023-2025 prior to submission in June 2023 and to the planning addendum for 24/25 in July 2024.

3.2 Quarterly reporting is required by national partners which require consultation, agreement, and ratification in line with the agreed governance process.

3.3 The report has been compiled by the Better Care Fund Manager in consultation with relevant senior partners within B&NES Council and ICA, following the agreed governance process.

3.4 Requirements for the submission are 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.

3.5 Requirements for the submission include reporting against key metrics as outlined on the accompanying slide deck and below which apply to varying degrees to work funded partly or wholly by BCF pooled funding, as well as capacity and demand for hospital and community discharge services for the year to date.

3.6 The planning spreadsheet return also requires reporting planned spend and activity against specific defined categories related to 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 Data has been verified via relevant Business Intelligence teams and aligned with other data sets and submissions including Market Sustainability planning and the system led Winter Plan.

3.8 The report was approved by Laura Ambler (B&NES ICA Place Director) and Suzanne Westhead (Director of Adult Social Care) and submitted according to the deadline of the 31st October 2024.

3.9 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.

RETURN SUMMARY

3.10 The 4 National Conditions to produce a jointly agreed plan, to Implement BCF Policy Objective 1: Enabling people to stay well, safe and independent at home for longer, to implement BCF Policy Objective 2: Providing the right care in the right place at the right time and to maintain NHS's contribution to adult social care and investment in NHS commissioned out of hospital services **have all been met.**

3.11 National Metric 1 Avoidable Admissions (Unplanned hospitalisation for chronic ambulatory care sensitive conditions)

Planned performance 152	**On track to meet target**
Actual performance 122.9	

Challenges: Increasing demand and complexity in attendances, which in turn places higher demand on community services and reduces capacity to support anticipatory care approaches to support people to remain at home.

Achievements: Continued development of the BSW Care co-ordination centre, single points of contact which include health care professionals to support keeping people safe and well at home and signposting to alternative services. Building the function and delivery of the Community Wellbeing Hub and access to TS partners. Hospital @Home/Virtual ward step up and step down and Urgent 2-hour Response continue to support, performing at or above planned

expectations. Continued focus on respiratory planning with ARI going live Nov 24 targeting known areas of deprivation.

3.12 National Metric 2 Discharge to normal place of residence (Percentage of people who are discharged from acute hospital to their normal place of residence)

Planned performance 91.5%	**On track to meet target**
Actual performance 91.4%	

Challenges: Ongoing work to ensure efficiencies are maximised and processes are aligned to ensure smooth and timely discharge.

Achievements: Improved metric performance compared to last year. The Home is Best programme included a workstream 'Improve flow & capacity for Home'. This is supported by a number of BCF schemes including Care Journey Co-ordinators, brokerage capacity and home care which support the drive to embed a culture of Home is Best. We are also making effective use of community hospitals to support recovery and free up acute settings with a daily 'battle rhythm' of multiagency patient level discussions to maintain flow. Multi-agency Discharge events (MADE) also continue in community and reablement services.

3.13 National Metric 3 Falls (Emergency hospital admissions due to falls in people aged 65 and over directly age standardised rate per 100,000)

Planned performance 1926.4	**On track to meet target (exceeding)**
Actual performance 404.5	

Challenges: Continued development at system level in process therefore wider impact yet to be determined.

Achievements: Focus on frailty support and an MDT approach to follow up admissions supports improvements in this area. The upskilling of SWASFT clinicians, Occupational Therapists and Physios also support better promotion of the falls pathway.

The Urgent Care and Response group is working through improvements to falls at a system level - this includes a shared Falls response pathway. Additionally, a falls prevention stream is being established and a BSW wide approach to co-ordinating the response. Outcomes will take time to reliably reflect in the data. Urgent 2-hour response services continue to provide falls response in B&NES.

3.14 National Metric 4 Residential Admissions (Rate of permanent admissions to residential care per 100,000 population (65+))

Planned performance 642	**On track to meet target**
Actual performance 426	

Challenges: Local data analysis indicates admissions currently at 426/100,000 65+.

Continued pressure on care home admissions for older people due to complexity of need and ageing population where supply of beds for high and complex needs is limited.

Achievements: The continued impact of D2A Care Home Beds funded by BCF continues to support this metric. In addition, our drive to provide the right care in the right place at the right time for example through wider support achieved through community partners, is helping to ensure that services are provided to meet the individual's specific needs and that they are regularly reviewed. The impact on permanent admissions may be a longer-term benefit.

3.15 Capacity and Demand

Areas are required to reflect on changes to understanding of demand and available capacity for admissions avoidance and hospital discharge since the completion of the original BCF plans, including

- actual demand in the first 6 months of the year
- modelling and agreed changes to services as part of Winter planning
- Data from the Community Bed Audit
- Impact to date of new or revised intermediate care services or work to change the profile of discharge pathways.

Question 1 How have your estimates for capacity and demand changed since the plan submitted in June? Please include any learnings from the last 6 months.
The system Demand and Capacity Plans are monitored in each locality and at system level against performance. Review work in the summer identified focus areas for opportunities for demand management, which will be monitored through across urgent care and flow delivery group as well as other system wide delivery groups. Using the latest activity information, the BSW's Business Intelligence team have been updating demand and capacity model forward projections over winter. This is still being refined and developed further as initial focus has been on front door demand which has been shared with system partners. But further work is needed on back door and out of hospital capacity. The number of discharges has remained in line with expected trajectories. Projections however did not consider level of need - an increasing trend for high intensity support is testing our service provision and with other factors could limit anticipated reduction in NCTR rates in some parts of our system, although not currently seen in in B&NES, despite significant financial investment. However, NCTR Length of Stay is reducing.

Question 2 How have system wide discussions around winter readiness influenced any changes in capacity and demand as part of proactive management of winter surge capacity?
The BSW system continues to work with all partners to review plans for this Winter. We have agreed priority workstreams which include maximisation of commissioned capacity such as Hospital @ Home models. Our dedicated Paediatric Acute Respiratory Illness hubs will be going live in Nov 2024 taking the learning from pilots last Winter and as a key part of our surge planning. We have also worked across all partners in the B&NES locality to create an 'alternative services' poster campaign to help signpost people to the right service

at the right time across health, third sector provision and mental health. The campaign went live in Sept and will be running throughout winter. We continue to manage additional investment in P1 to maximise capacity during the winter period and ensure available supply of affordable spot purchased care.

Having agreed that modelling for 24/25 is sufficient for the current period and will undergo a simple update to align with current demand patterns, BSW system colleagues are working on the development of a full pathway demand and capacity model which will inform service decisions planning for 25/26 onwards.

Question 3 Do you have any capacity concerns or specific support needs to raise for the winter ahead?
Availability of specialist dementia care home capacity remains a concern, and this is being addressed.

Some additional risks for close monitoring and planned response/management have been recognised by the Urgent Care and Flow Board: Ambulance handover delays and response times, community pharmacy capacity, impact of GP collective action and aspects specific to new community-based care contractual arrangements may impact on provider's capacity and capability to respond in a timely way.

Question 4 Where actual demand exceeds capacity for a service type, what is your approach to ensuring that people are supported to avoid admission to hospital or to enable discharge?
We do not have any noted areas where demand exceeds capacity. We have an embedded 'blueprint' of daily tactical calls cross health, social care and third sector partners to track through at patient level actions across admission avoidance and enabling discharge. We have strong systems and market for home care to enable cost effective purchase of interim home care, and adequate availability of D2A beds where needed, to facilitate discharge. Continued focus on preventative and informed community partners support through CWH referral system supports admission avoidance and facilitates supported discharge. We continue to work with our reablement provider to create capacity through workforce and process development.

3.16 Spending against plan is on track with funding committed and currently at 49.75%. Full breakdown by scheme is available in spreadsheet.

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 3.3.

Contact person	Lucy Lang Lucy_lang@bathnes.gov.uk
Background papers	
Please contact the report author if you need to access this report in an alternative format	

Better Care Fund

2023 – 25
Q2 Update – Ratification required

2025 – 27
Planning

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

Bath & North East Somerset Council

Improving People's Lives

BCF Funding Overview

Better Care Fund (BCF) & Improved Better Care Fund (iBCF)

Additional Discharge Funding (ADF)

Disabled facilities Grant (DFG)

Protect Adult Social Care to enable people to receive the right care in the right place at the right time

Increase social care capacity and reduce hospital discharge delays

Capital projects to support disabled and older people to be independent

S75 agreed pooled funding

ICB contributions: Statutory £10m Voluntary £32m

Council contribution: Voluntary £21m

iBCF: £5m

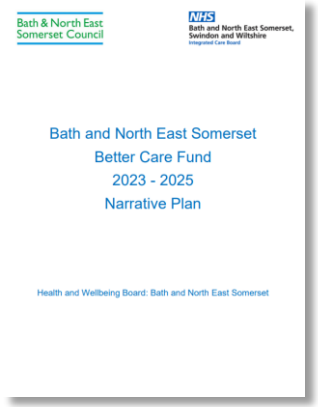
Grants: £3.5m

Council Corporate and ASC Directorate Plan

BSW Inequalities Strategy

ICB Integrated Care Strategy & Implementation Plan

HWB Strategy



In current pooled arrangements voluntary contributions are in place due to community contracts, funding utilised for aspects outside this commitment circa £15m

BCF requirements – A reminder

Better Care Fund (BCF) & Improved Better Care Fund (iBCF)

BCF delivers the ongoing commitment of financial support to ASC from the NHS.

The ASC minimum funds longstanding commitments and/or core social care services.

iBCF must be spent on social care activity

pooled into BCF and use agreed with ICB. Use of the grant must be transparent to ICBs and in plans.

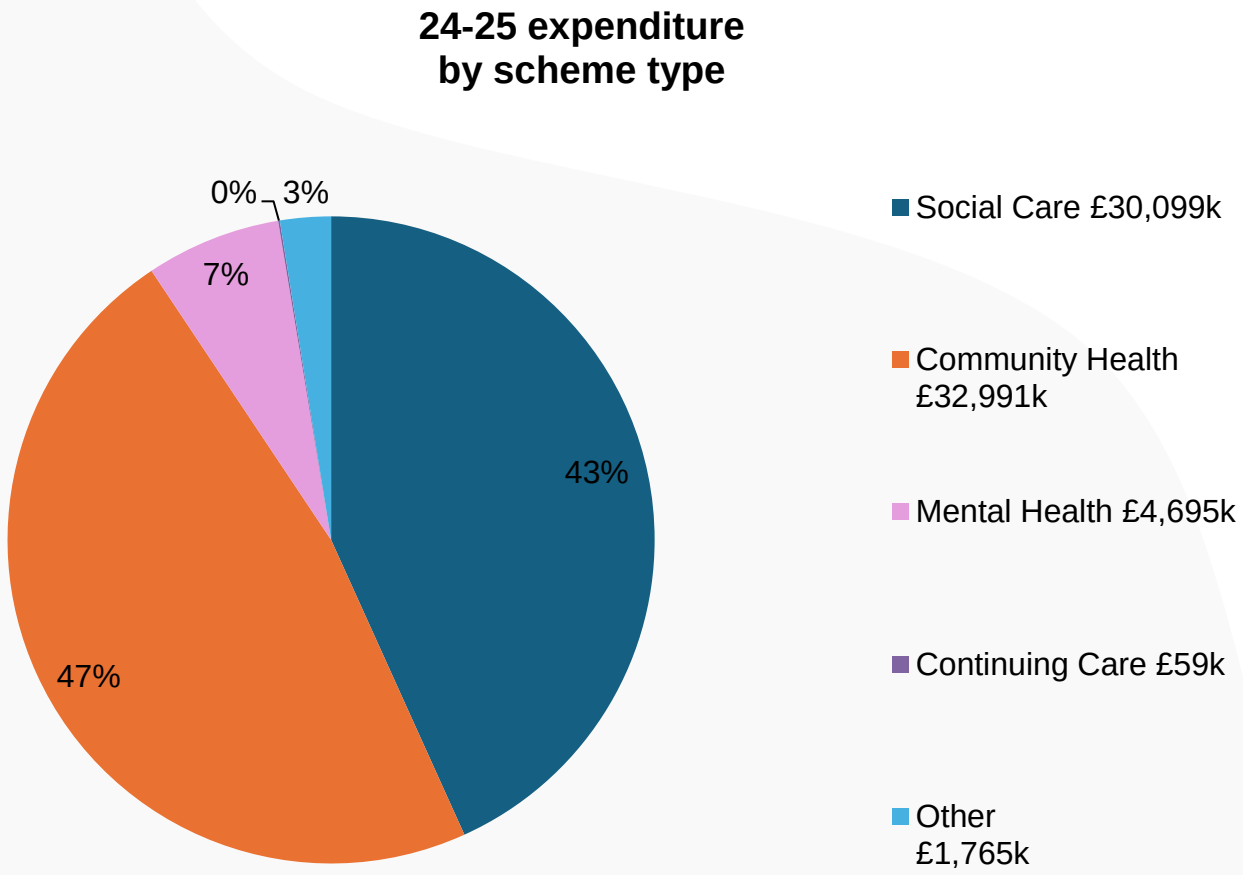
Additional Discharge Funding (ADF)

ADF is allocated equally (at national level) across ICBs and LAs. ICBs must agree with councils how they will allocate their portion of the fund to the HWB level plans within their patch.

Disabled facilities Grant (DFG)

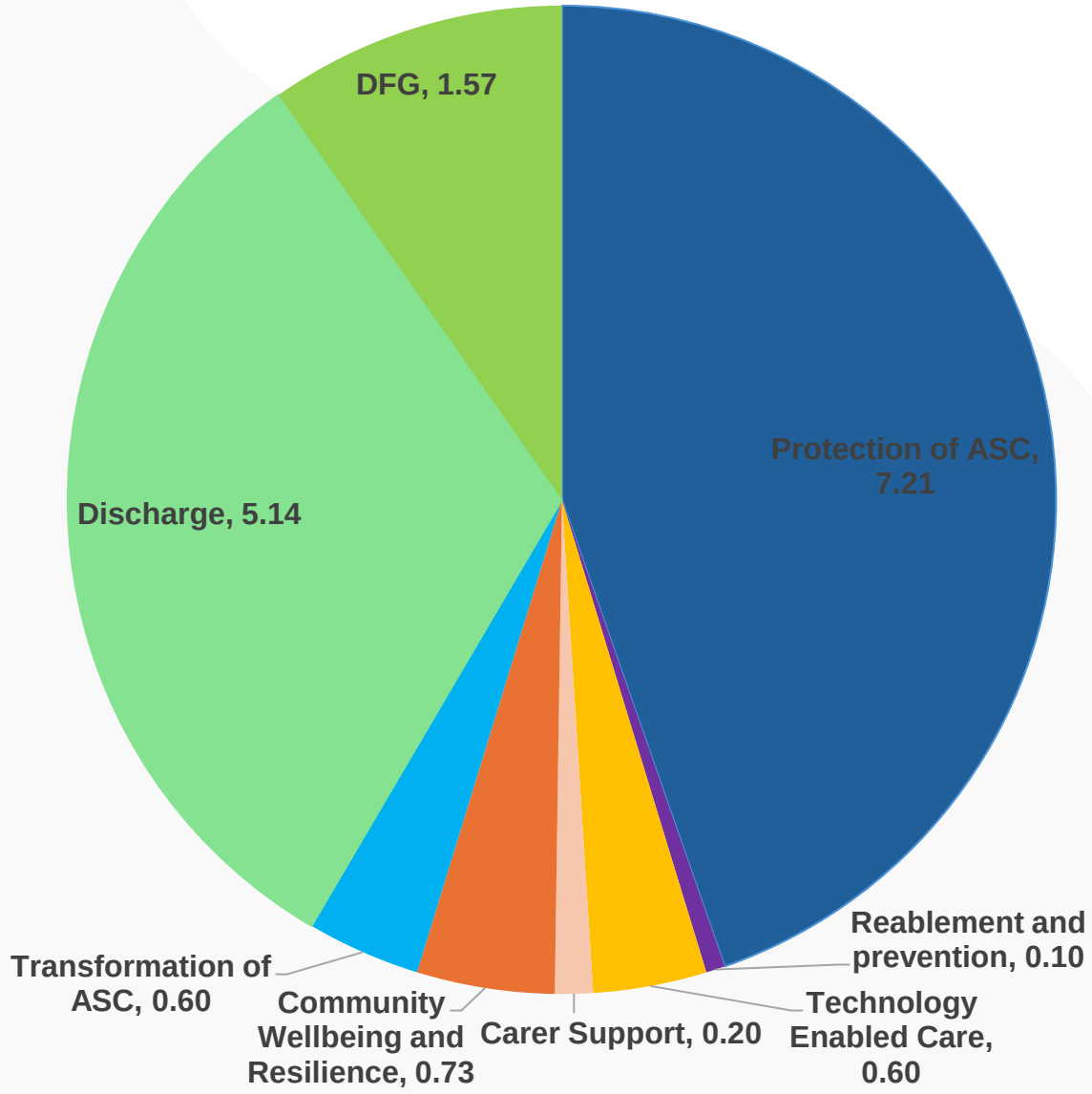
DFG is capital funding for home adaptations to help people remain independent at home, or to return home safely after a stay in hospital.

Funding Overview – Distribution of BCF



Community Services (HCRG)	£48,021427	BCF & VC
Integrated Care and Support	£3,045,578	BCF & OOH
Protection of Social Care & Fair Price of Care	£6,445,994	BCF & iBCF
BCF Strategic Support	£264,266	BCF
Care Act Implementation	£1,390,250	ACT
Disabled Facilities Grant	£1,572,759	DFG
Transformation Funding	£593,143	NHS
BCF Risk Share Contingency	£745,697	NHS
Measured Schemes	£3,845,191	BCF & iBCF
Discharge Grants	£3,049,041	ADF

Funding Overview excluding block and prime contract (£m)



Protection of Social Care	£6,445,994	BCF & iBCF
Disabled Facilities Grant	£1,572,759	DFG
Measured Schemes	£3,845,191	BCF & iBCF
Discharge Grants	£3,049,041	ADF

Measured non-recurrent schemes

Strategic Area		2024/5	Source	
Protection of ASC	Brokerage	£376,151	iBCF	Providing capacity within ASC
	Integration Programme (BSW Care Skills Partnership)	£15,000	iBCF	
	Additional homecare support	£375,000	ADF (C)	
	Block contract HCRG protection of ASC	£6,445,994	iBCF/BCF	
Transformation	Transformation of ASC	£600,000	iBCF	Enabling the development provision and providing capacity within ASC and community health
Carers	Carers Strategy development	£185,000	iBCF	Co-production inc carer strategy and development of associated support (inc Adults with LD and transition)
	Parent Carer Forum - Transition to adulthood	£15,000	iBCF	
Reablement and prevention	Pemberley Place	£50,000	iBCF	Enabling recovery and reduction in use of care and readmission to bedded settings
	Minor Adaptations additional	£50,000	ADF (C)	
	DFGs (and minor adaptations)	£1,572,759	DFG	
Community	Community Catalyst Micro Provider	£75,000	iBCF	Admission avoidance and neighbourhood development inc. Community Wellbeing Hub development and Third Sector support
	Healthwatch	£49,500	BCF	
	Community Wellbeing Hub development	£529,000	BCF	
	3SG	£75,000	BCF	
TEC	TEC development programme	£600,000	iBCF	Supporting adults to remain at home for longer, with greater independence and reduction in overall care costs
Discharge and flow	Home From Hospital Clean and Clutter	£50,000	BCF	Enabling effective and timely discharge to usual place of residence, with the right support to remain at home for longer
	Flow support - Trusted Assessors	£146,997	iBCF/BCF	
	Individual Hospital Discharge Fund	£20,000	ADF (ICB)	
	ART+ (Additional reablement service led by RUH)	£200,000	ADF (ICB)	
	Interim homecare	£1,714,000	ADF (ICB)	
	Care Act Assessment - discharge focus	£120,000	ADF (C)	
	Care Journey Coordinators	£107,000	ADF (C)	
	Dorothy House EOL Discharge Support (flow lead)	£25,000	ADF (ICB)	
	D2A Care Home Beds and GP cover	£2,234,000	ADF (ICB)	
	Community Equipment support (inc store and driver)	£187,000	ADF (ICB/C)	
	Home First HCRG and RUH support	£336,000	ADF (C)	
	Bath Mind ED Adults and Support Planning for MH	£141,000	ICB	

Outcomes and Impact – Scheme focus

Community Wellbeing Hub

A resident's story – 'What matters most'
How the Community Wellbeing Hub is enabling connected care

A person 74 years known to the Black and Ethnic Minority Senior Citizen Association (BEMSCA). BEMSCA were concerned about the person's memory, they had become increasingly frail and had missed several medical appointments. BEMSCA spoke to the person to ask if they would be willing for a referral to be made to the Ageing Well Team. The team is made up of the ICB Frailty Nurse supported by the Community Wellbeing Hub partners (Age UK, Carers, BEMSCA, Village Agents and HCRG Care Group).

The Team visited the person to discuss what mattered most to them. The person had chronic pain due to osteoporosis, they wanted to get the pain under control and increase their social activities.

Referrals were made via the CWH to:

- ReMIND UK for dementia / cognitive impairment assessment.
- Contacted the GP regarding pain control.
- Curo Independent living service.
- Age UK Memory Club.

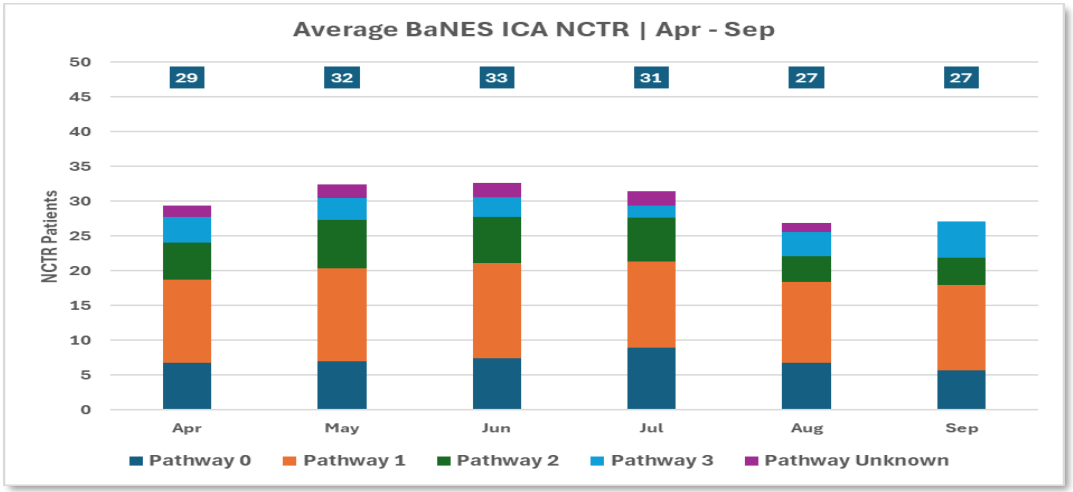
The Village Agents provided a follow up visit to help with diary planning and managing future appointments. The GP was also informed of the person's memory issues and asked to call in advance to remind them about their appointment.

The patient has been supported to remain at home, with the support that matters to them most in place.

Access to interim care	Wait= 2 days max, majority same day Package cost and care supply managed to deliver volume and maintain NCTR
ASC Assessments	Reduction in longest wait for discharge assessment from 136 days to 34 days (end Q2)
DFG	84 housing adaptations completed so far through the DFG in 24/25
Carers	New co-produced carers strategy in action. 383 carers actively engaged in process and next steps
EOL Discharge support	207 referrals in Q1 and 2(143 in 23/24) supporting swift discharge and onward EOL care
Community microenterprise	37 new enterprises created, enhancing provision for self-directed support and diversity of support on offer
TA & Flow Support	TA waiting time maintained at 1 day (down from 8 days prior to scheme)
Community Wellbeing Hub	2133 service users referred to CWH in Q1and 2, 145% increase c.f. 23/24

Outcomes and Impact – Q2 National Return

National Metric 1 Avoidable Admissions		National Metric 2 Discharge to normal place of residence		National Metric 3 Falls admissions (65+)		National Metric 4 Rate of residential admissions (65+)	
152	122.9	91.5%	91.4%	1926	404.5	642/100k	426/100k
On track		On track		On track		On track	



Capacity and Demand	Spend against plan
Overall capacity meeting demand, some increase in community reablement being well managed. Winter planning building on last year's successes	49.75%
On track	On track

- ✓ Maintaining a strong No Criteria To Reside position in B&NES
- ✓ Urgent 2-hour response exceeding plan
- ✓ Continuing Length of Stay reduction
- ✓ High levels of satisfaction from people using social care

B&NES BCF Quarter 2 24/25 Programme Update
Summary Activity & Impact Q2 2024

Overall the BCF programme has good mix of on-going and transformational projects and programmes which is promoting the funding of preventative activity while also protecting the provision of adult social care

The governance is being continually developed, all returns have been to schedule with 23/24 Planning Addendum approved by HWB and National Assurance team (July 24), Q1 and Q2 return submitted (July 24 and Oct 24)

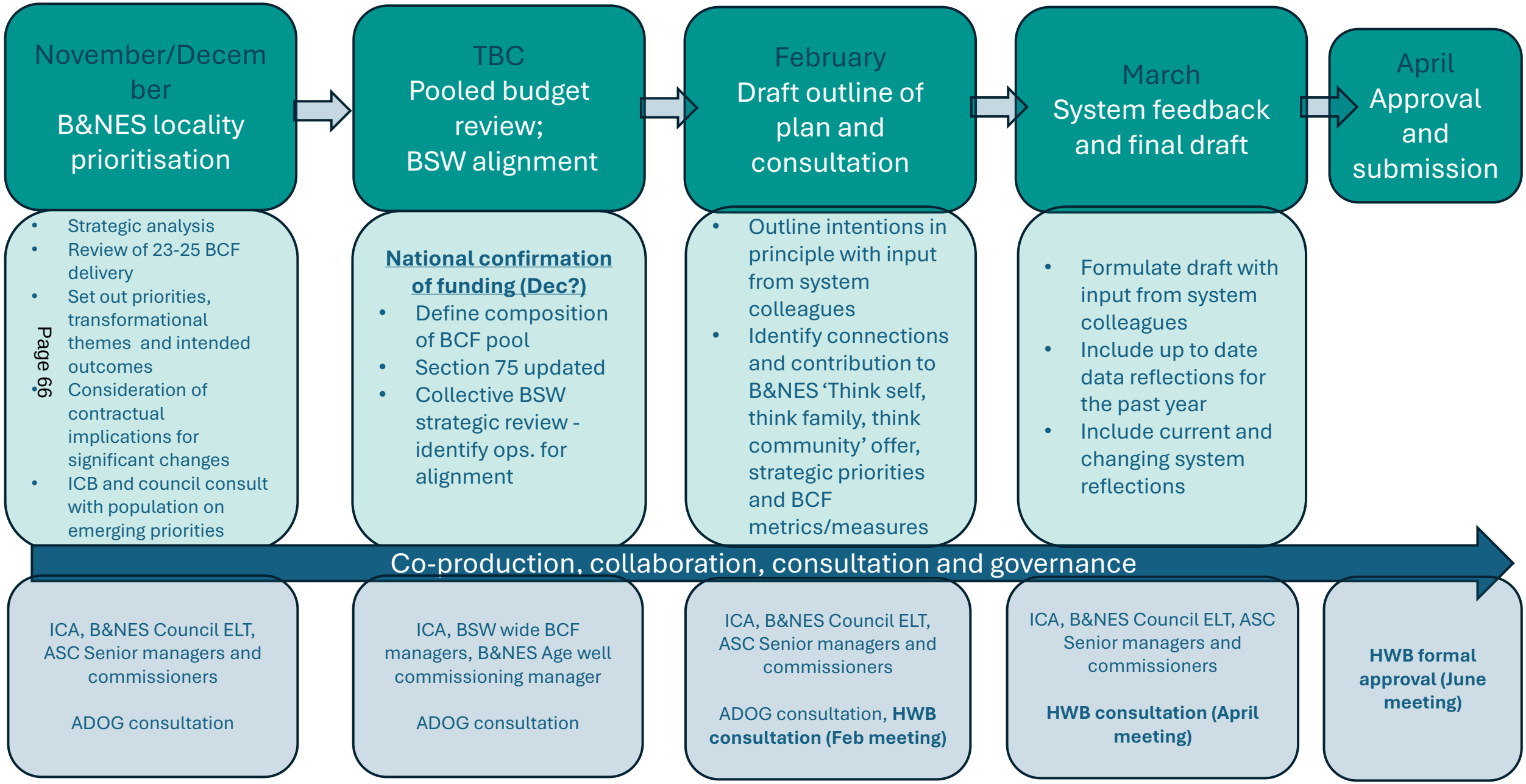
Further conversation is needed about aligned decision making and routes of discussion and reporting, as we work through the impacts of Evolve and the Council commissioning review programmes e.g. Developing contract variation processes

Impact: BCF continues to be a high impact programme, serving the B&NES community well supporting the availability, development and design of care and wellbeing support and fulfilling national priorities

Risks: Anticipated national policy direction and funding indication for next cycle 2025-2027

Opportunities: Transformation of Technology Enabled Care and innovation, Excellence in Carers **support**, **Prevention** and **early intervention** through third sector and community offer, **Diversity and Inclusion** to improve population outcomes

B&NES BCF Planning 2025-2027



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

BSW ICB Approach to Planning for 25/26

October 2024

Planning context for 25/26

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

- New government reviewing the current NHS strategy and starting a national conversation
- Challenging financial and operational performance context for the NHS nationally and in BSW
- 3 major deliverables for the ICB and NHS organisations re planning:
  - 10-year plan engagement and response (Engagement Nov onwards, plan publication date likely to be May 2025, response TBC post May)
  - Joint Forward Plan / BSW Implementation Plan Update (must publish by 31 March 2025)
  - Operating plan for 25/26 (submission TBC but likely March 2025)
- All deliverables are mandated nationally and have some elements of overlap, we are working through how we approach the three requirements so that the asks can be completed efficiently and allow partners to contribute in a meaningful way

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

NHS 10-Year Plan

Building a health service fit for the future

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

- The government has launched a conversation about the future of the NHS in order to shape a new 10-Year Health Plan for England
- The work is being led by the Department of Health and Social Care, alongside NHS England
- The public, organisations and systems are being asked for their views: Change NHS
- There will also be a programme on national, regional and local engagement taking place over the next few months

Approach to engagement

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

- The first phase of the engagement is asking for:
  - Views on current experience of the NHS
  - Views on the 3 ‘shifts’ - big changes to the way health and care services work – that doctors, nurses, patient charities, academics and politicians from all parties broadly agree are necessary to improve health and care services in England:

    Shift 1: moving more care from hospitals to communities

    Shift 2: making better use of technology in health and care

    Shift 3: focussing on preventing sickness, not just treating it
  - Views on satisfaction with the NHS
- ICBs asked to facilitate local engagement using national materials from November onwards once materials have been shared
- Publication of 10-year plan likely to be around May 2025
- ICBs and NHS organisations will likely then be asked to write their response i.e. how will this be implemented locally

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

BSW Implementation Plan (NHS Joint Forward Plan)

Background and context

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

What is the Implementation Plan (Joint Forward Plan)?

- The blueprint as to how we aim to achieve what's set out in the ICP Strategy
- The purpose of the plan is:
  - To set out how the ICB will meet its population's health needs;
  - To describe how the ICB and partners will arrange and provide services to meet physical and mental health needs including the ICS core purposes and ICB legal requirement

Why do we have one?

- It is a statutory requirement under the Health and Care Act 2022
- The plan is also used to support meeting the requirements of the ICB Annual Assessment
- It must be published each year by 31st March

Our approach for 2025/26

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

- Implement learning and feedback from our previous versions about what has worked well and what hasn't including:
  - Strengthen evidence on our NHS statutory duties
  - Clearer golden thread between our ICP strategy, implementation plan and our operating plan
  - Review of approach to the Place section of the Plan taking on board feedback from locality partners – would welcome further feedback on this
  - Be clearer on NHS contribution to prevention and outcomes sections
  - Review of outcomes framework to make fit for purpose
  - Continue to work in partnership ensuring that health actions are aligned to the requirements of social care and other key partners, so plans can be collaboratively developed and used for multiple asks
- Aiming to have first draft ready before Christmas and be relatively light touch given national conversation ongoing re 10-year plan

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

NHS Operating Plan 25/26

Operating plan 25/26

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

- ICB and NHS organisations required to produce a one-year operating plan for the next financial covering finance, operational performance/activity and workforce
- Critical delivery year for BSW given our medium-term financial plan requires us to make significant savings, as well as the need to continue recovering operational performance
- Timeline not yet published (planning guidance expected in December 2024) but we have started local planning as we are aiming to deliver a more joined up approach to planning this year
- Majority of work will take place between November and March, with first submission likely due in March 2025

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

Transforming community-based care in Bath and North East Somerset, Swindon and Wiltshire

October 2024

Agenda

1: Introduction

2: Our case for change

3: Our vision, ambition and improvement priorities

4: What would things look like in the future - example patient stories

5: Next steps

1: Introduction

About us

- BSW Integrated Care Board (ICB) brings together NHS organisations, local authorities and other partners
- Working to improve population health and establish shared strategic priorities.
- Oversee spending and ensure effective and high quality health services
- Hospitals, primary care, local councils, hospices, VCSE organisations and Healthwatch partners work together in three localities: Bath and North East Somerset, Swindon and Wiltshire.
- Part of the BSW Together Integrated Care System (ICS)

We serve a combined population of **940,000** and cover **1,511 square miles**, **i**ncluding the densely populated and growing town of Swindon to the north, the historic city of Bath, Salisbury plains to the south and the rolling Mendip Hills to the west.

Our purpose, vision and aims

Our purpose: Planning and arranging provision of integrated health and care services to meet needs of the population and better address inequalities in health and care. This involves managing the NHS budget for the area and co-ordinating delivery of our strategy, to allow us to be held to account by our local population.

Our vision is to listen and work effectively together to improve health and wellbeing and reduce inequalities.

We will deliver this vision by prioritising **three clear aims:**

- Focus on prevention and early intervention
- Fairer health and wellbeing outcomes
- Excellent health and care services

About community-based care

- Community-based care helps people to live independently.
- Broad term that covers lots of different types of care, support and services.
- Includes supporting people to manage their own health and wellbeing.
- Many different types of organisation provide community-based care: NHS, local authorities and the VCSE.

Community-based care in BSW

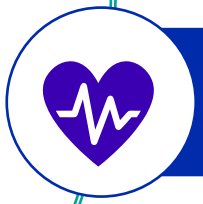
- HCRG Care Group has been appointed to lead an innovative new community-based care partnership with the NHS, local authorities and charities
- Will transform care and support for people at every stage of their lives
- More health and social care in or near home, in a more joined-up and streamlined way
- This presentation gives more detail about what this will mean in practice and plans to improve community-based care across BSW

2: Our case for change

Our changing population will impact on our services and the need for community-based care

The BSW population is projected to grow by 6 per cent over the next 15 years - an extra 60,000 people by 2038

The number of people aged under 60 will remain stable. All growth will be in people over 60 - a 35 per cent increase



Older people tend to live with more health conditions and have more care needs – expecting an additional 32,000 people with two or more long-term conditions by 2038

Proportion of people over 65 compared to those of working age will increase - fewer younger people to support people as they age. Also have an ageing NHS workforce

Continued

- Cost of acute care is currently £340 million per year - in 15 years this will rise to £410 million – £5 million each year – before inflation or the costs of new treatments and innovations
- In five years we will need additional 115 hospital beds and 40 ambulance journeys per day – will also see 50+ additional visits to A&E a day
- Children and young people's services are under extreme pressure post-Covid with long waiting times. Need to improve health of children and young people now to impact on future need
- Additional demand on mental health services since the pandemic with increased waiting times
- Requests for social care support have risen but number able to access support has fallen. Changes in our population will mean an increase in the need for social care.

- We are shifting our focus towards community-based care so that people will get more personalised care
- New focus on prevention and early intervention to help people manage their health proactively and stay healthier for longer

3: Our vision, ambition and transformation priorities

Community-based care transformation is linked to wider BSW vision and priorities

The BSW Vision

We listen and work together to improve health and wellbeing and reduce inequalities.

Our strategic objectives

1) Focus on prevention and early intervention
2) Fairer health and wellbeing outcomes
3) Excellent health and care

Overarching outcome measures

If we are successful, we will see the following long-term improvements:

1) An overall increase in life expectancy across our population
2) A reduction in the gap between life expectancy and healthy life expectancy across our population
3) Reduced variation in healthy life

Transforming community-based care is a key element of our Integrated Care Plan and Primary and Community Care Delivery Plan.

Works alongside the other strategic programmes including primary care, elective recovery, urgent and emergency care, mental health and learning disabilities, autism and neurodivergence.

Our aim is to support people to stay well and offer joined-up care

Working in partnership with HCRG Care Group we are focused on delivering better outcomes against the three strategic objectives agreed by the NHS, local government and the voluntary and community sector:

- **Focus on prevention and early intervention** - more services and support to identify illnesses and health conditions early
- **Fairer health and wellbeing outcomes** – addressing health inequalities and ensuring services meet the needs of local people, wherever they live
- **Excellent health and care services –** developing thriving community-based services, reducing pressure on GPs and hospitals, helping reduce waiting times and making sure people get the right care, in the right place, at the right time

We have identified transformation priorities and outcome measures

- Transformation priorities support new ways of working
- Linked to outcome measures used to assess progress in delivering improvements
- HCRG Care Group will lead on delivering transformation priorities - work will take place in phases.
- Opportunities for local people and communities to continue to help shape health and wellbeing services including those with lived experience.

Our transformation priorities in more detail

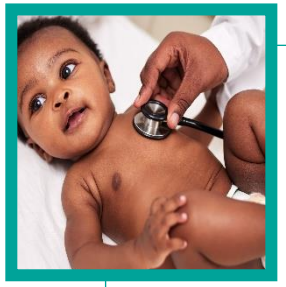
Neighbourhood teams

- Work in local areas to understand health and care needs of communities
- Prevent ill health
- Plan and coordinate personalised care
- Meet mental and physical health and wellbeing needs of most vulnerable in our communities
- Reduce health inequalities, improve access to care and improve outcomes.

VCSE organisations will be key partners in neighbourhood teams.

All-age single point of access

- Single 'front door' to direct public and health and care professionals to the most appropriate service for their needs
- Those with an urgent or emergency clinical need will receive the right help from the most appropriate clinician in the most appropriate place, at the right time.



Family child health hubs

- Improve access to specialist child health and care professionals
- join up care by bringing professionals together
- improve quality of care
- reduce pressure on services and increase productivity.

Continued

Care pathways and admission avoidance

- Do more to help people to stay as well as possible and avoid hospital admission
- Proactively identify those attending or being admitted to hospital that could be managed elsewhere
- Redesign planned care pathways so - where safe - people receive support closer to home.

Specialist advice and support in communities and primary care

- Specialist health and care professionals providing expert advice in community and primary care - more care closer to home
- Establish a children's single point of access offering one stop shop for all requests for support.

Specialist advice and support for people with LDAN

- Deliver improvements in identifying, understanding, meeting, maintaining and escalating needs
- Focus on early intervention and getting support as soon as possible
- Single point of access for LDAN.

Continued

A sustainable and innovative workforce

- Implement initiatives to improve recruitment and retention, encourage innovative ways of working, offer career development and positive working environment
- Organisations providing care will work in partnership with teams focused on prevention and proactive care.

Harnessing digital innovation

Make the most of modern technology, including:

- Secure digital patient records, accessible by different organisations
- Greater use of digital or remote health diagnostic and monitoring tools
- Making full use of the NHS App
- Considering how to best use artificial intelligence (AI) in patient care.

Shifting funding and capacity into community-based care

Working productively and effectively (e.g., by making best use of our estate) to create capacity to reinvest in our transformation priorities and shifting investment into community-based care, including VCSE organisations and preventative approaches.

Timeline for transforming community-based care in BSW

Year 1 (by March 2026)

- Implement integrated neighbourhood teams
- Phase 1 of single point of access
- Phase 1 of Family Child Health Hubs
- Design and implement BSW neurodevelopmental pathway
- Improve digital access to services, join up IT systems and make more use of remote monitoring
- Begin review of estates
- Develop workforce to be flexible, sustainable, with well-supported, highly-trained staff

Year 2 (by March 2027)

- Build on integrated neighbourhood teams
- Phase 2 of single point of access
- Phase 2 of Family Child Health Hubs
- Implement 'virtual ward' for children and young people
- Implement specialist LDAN team
- Expand use of digital technology
- More consistent services and care pathways in place across BSW

Years 3-5 (by March 2031)

- Neighbourhood teams fully implemented, with 7-day working
- Complete roll out of Family Child Health Hubs
- Phase 3 of single point of access
- Finalise review of estates to deliver fit for purpose community-based spaces
- Sustainable workforce thanks to joined up working across the system

Transforming community-based care will lead to a number of positive changes

- Improve the health and wellbeing of local people
- Increase overall life expectancy
- Reduce the impact of long-term conditions
- Improve access to care and improve experience of care
- Improve the sustainability of our workforce so we can recruit and retain the right staff
- Make the best use of the things that help us deliver care, such as digital technology

4: Example patient stories

- Example patient stories help bring to life how community-based care might work in the future
- These stories are not based on real patients but are common scenarios.

Clara, 85 - retired bookkeeper

Clara lives alone. She is relatively independent, however she has had a number of falls at home in the last five years and has had a number of urine infections. She wishes to remain independent, but her family would like her to have more support.

Admitted to hospital following a fall, but **discharge to assess** meant she was able to get home quickly.

G**P** and **care coordinator** use **risk stratification tool to** identify Clara as high risk and recommend **remote monitoring**.

Care coordinator and **social care team** work with Clara and her family to assess her home and to develop a comprehensive care package involving both health and social care.

With some small modifications and the installation of **monitoring devices**, everyone is satisfied Clara can continue to live at home safely.

Digital monitoring devices and software assure Clara and her family that she is safe and well.

In the event of an emergency or fall, staff at the **Community Hub** can act immediately and gain full access to her **shared care record** at any time of day.

If Clara does fall, a **Rapid Response Team** is alerted via the monitoring devices in her home. They are able to access Clara's **shared care records** and provide updates to the other teams supporting Clara.

Clara can be referred to a **community-based clinic** with an enhanced **Community Frailty Multi-Disciplinary Team** who understand her history, have access to community diagnostics and can provide specialist support to the community team.

If required, Clara can be admitted to a **virtual ward** for monitoring and treatment.

As part of her **wellbeing plan,** a **voluntary sector group help** Clara attend her **local community centre** so she can meet her friends.

She is also able to attend the **community frailty clinic** at the **Community Hub** and has been offered **virtual appointments** so she can see health professionals from home and does not have to rely on others to get to hospital or clinics.

Jasek, 48 - builder

Jasek has suffered with increasing aches and pains for the past few years after a knee injury 10 years ago, which has been complicated by early arthritis, but is unsure if he wants to undergo an operation and take time off work. He also is concerned about the impact his health condition and lack of mobility is having on his wife.

Jasek is referred to the **Community Musculoskeletal (MSK) Service** by his **GP**. Jasek has been identified as a high risk of deterioration through the hospital **risk stratification tool** because of his arthritis and previous attendance at hospital.

The **MSK Service** work with Jasek to develop a c**are plan** which he is able to access from his phone. Using the **virtual chat service**, he is able to have a lot of his questions answered.

As part of his **care plan**, Jasek has access to his local gym where he attends classes and even **virtual sessions** around his working pattern.

Jasek has ongoing support from a **Community Physiotherapy Team** and is able to attend the **Community Diagnostic Hub** for regular check-ups and **CT/MRI scans** if required.

Some time later, Jasek's knee feels much worse and he is referred for assessment for surgery. He books an appointment at his **Community Diagnostic Hub** for a **CT scan**. The **CT radiographer** refers him to an **orthopaedic surgeon**.

Jasek discusses his options with the surgeon via a **virtual consultation** and through a **shared decision making** process Jasek decides to proceed with surgery.

Jasek is able to book his surgery on his phone at the **Local Treatment Centre** for a date after he gets back from holiday.

Jasek attends the **Local Treatment Centre** for his knee surgery and he is discharged with a **rehab plan** to adhere to at home.

Jasek uses the **virtual chat service** to answer a number of post op questions and is able to **initiate a follow-up appointment** if required at the local community hospital at a time and day that suits him.

Marvin, 60 – warehouse manager

Marvin is a night shift worker in a warehouse, who values the time outside of work with his family. He has type 2 diabetes which he finds hard to manage, and has recently been diagnosed with chronic obstructive pulmonary disease (COPD). He has a poor diet and is distrusting of health professionals, so avoids visiting his GP.

Marvin speaks to his employer about his **care plan** and how they can work together to ensure his health is prioritised and maintained. Marvin is able to access the **Community Hub** out of hours to suit his shifts. Marvin is able to access **diabetics group support sessions** and **1:1 virtual support** from his GP to help make changes in his life sustainable.

The population health management tool flags Marvin for a review by identifying he is at risk of worsening health. The **Care Coordination Team** contact Marvin and encourage him to see his GP. The **GP** and **Care Coordination Team** work with Marvin to co-develop a **care plan** that suits his work and family life so that he can self-monitor his diabetes and control its impact.

Marvin uses **remote monitoring** and the data he records is reviewed by a **diabetes nurse** in primary care. Both Marvin and the **Diabetes Team** can initiate virtual appointments if either have concerns. The local team can access specialist input if required.

In the event of an acute COPD episode, Marvin can be seen by a **respiratory nurse specialist** in his **local community assessment and treatment unit** without having to go to hospital. If required, he can be admitted to a **virtual ward**.

Marvin is able to better control his diabetes through **self monitoring** and diet. This has enabled him to stay well and out of the hospital. In BSW he lives in a **health promoting environment** where he is able to access a **local gym** out of hours and lead an active lifestyle.

5: Next steps

What happens next?

- HCRG Care Group will take responsibility for community services from 1 April 2025
- Contract will run for at least seven years
- No immediate changes to services
- Mobilisation of new partnership will be carefully planned to ensure that there is no break in services.
- Transformation will take place in phases.
- Opportunities for local people and communities to continue to help shape health and wellbeing services.

This page is intentionally left blank

Start, Live and Age Well

in Bath and North East Somerset, Swindon and Wiltshire

Adult and Children's Community Services BSW

Part of hcrg Care Group

Good CareQuality Commission

NET ZERO

NHS England

Hard to replace provider

Start, Live and Age Well

in Bath and North East Somerset, Swindon and Wiltshire

Our BSW Integrated Community Based Care Model

Part of hcrg Care Group

Good CareQuality Commission

NET ZERO

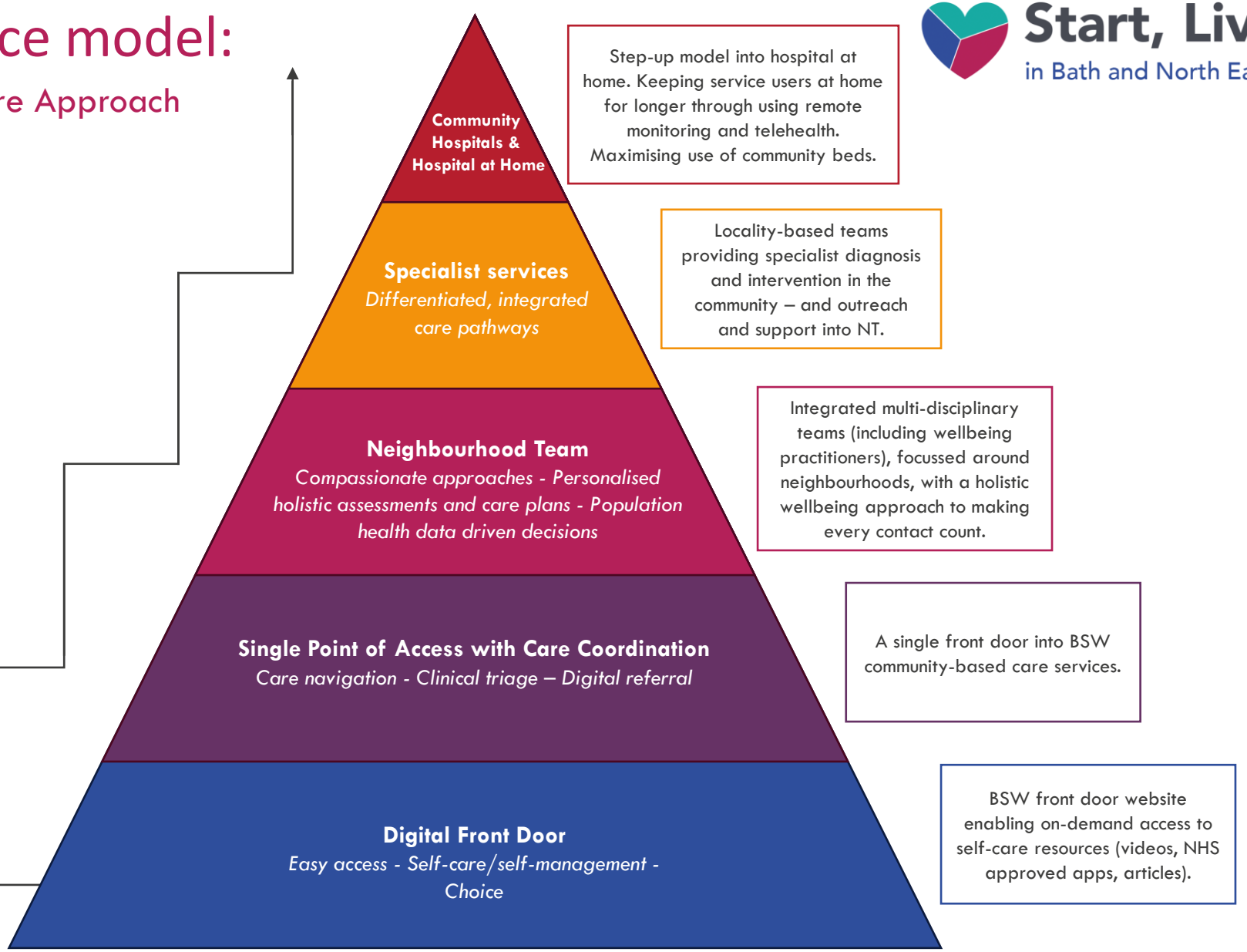
NHS England

Hard to replace provider

Our service model:

A Stepped Care Approach

Start, Live and Age Well
in Bath and North East Somerset, Swindon and Wiltshire



Step-up model into hospital at home. Keeping service users at home for longer through using remote monitoring and telehealth. Maximising use of community beds.

Locality-based teams providing specialist diagnosis and intervention in the community – and outreach and support into NT.

Integrated multi-disciplinary teams (including wellbeing practitioners), focussed around neighbourhoods, with a holistic wellbeing approach to making every contact count.

A single front door into BSW community-based care services.

BSW front door website enabling on-demand access to self-care resources (videos, NHS approved apps, articles).

"I feel that my care is personalised to me, my goals are heard and reviewed."

"I feel confident that I receive the right care, in the right place , at the right time, through truly integrated community health care services"

"My assessment is thorough and addresses my needs, it is not driven by my diagnosis, but by what matters to me"

"I can self-refer, reducing the need to contact my GP and arrange for a referral to be made"

"I can access community health and wellbeing support digitally 24/7, at a time convenient to me."

Part of hcrg Care Group

Good CareQuality Commission

NET ZERO

NHS England

Hard to replace provider

Start, Live and Age Well

in Bath and North East Somerset, Swindon and Wiltshire

Hard to replace provider

Key enablers

Start, Live and Age Well
in Bath and North East Somerset, Swindon and Wiltshire

ENABLING DELIVERY OF THE CARE MODEL AND OUTCOMES

Infrastructure & Systems	Governance & Partnership	Coordinated and Preventative Care	Sustainable Workforce Strategy	Digital Front Door	Estates
Robotic Process Automation (RPA)	Harmonised pathways, policies and procedures	Single Point of Access with Care Coordination	Integrated neighbourhood teams (skill mix)	On-demand online resources & apps for self-care and signposting	Community-based delivery sites
Harmonised IT infrastructure	Clinical and Medical leadership	Connect Care – Professional to Professional advice	Health and Wellbeing Platform for Colleagues	Online appointment management (self-serve)	Welcome areas – including digitally enabled
Population Health Management (PHM)	System inductions – sharing the BSW vision	Integrated care pathways	Needs-led localised workforce plans	Service user & referrer portals	Roaming clinics
Self-service enabled back-office functions and systems	Service user advisory board	Care navigators	MECC, Strengths based and Trauma Informed	Digital referral & triage management platform	Green and environmentally sustainable
Data dashboards enabling data driven decision making	VCFSEs as key partners in delivery	Multi-Disciplinary Team triage	'Grow your own' model and apprenticeships	Chatbot with virtual assistant (24/7 support)	Rationalisation of suppliers
Integrated care record systems	Seamless pathways between providers	Needs-led personalised assessments and care plans	Investment in core competency training	Personalised BSW community services website	Multi-use hub workspaces
Contact centre telephony solution	Partnership strategy and governance framework	Social prescribing and focus on wider wellbeing	Mobile Working with agile workforce tools		

Part of hcrg Care Group

Good CareQuality Commission

NET ZERO

NHS England

Hard to replace provider

Key enabler spotlight:
Digital Front Door

Start, Live and Age Well
in Bath and North East Somerset, Swindon and Wiltshire

Overview:

Our Digital Front Door offers easy access to on-demand trusted health and wellbeing resources, self-referral and healthcare journey tracking.

Key features:

Resource Hub: Apps, videos and links to trusted health and wellbeing resources.

Digital Referral Form: Accessible, step-by-step referral form with in-built logic and signposting.

Service User and Referrer Portal: Secure portal to track referral progress, upload documents

Website Chat Bot: Guiding website users around content, helping with self-management such as appointment management

Benefits:

- Building resilience through a focus on prevention, self-management and promoting sustained healthy behaviour changes.
- Improving accessibility and choice through 24/7 access to evidence-based health and wellbeing resources.
- Improving communication between professionals and service users
- More appropriate needs-led referrals, enabling service users to get the right care at the right time

Part of hcrg Care Group

Good CareQuality Commission

NET ZERO

NHS England

Hard to replace provider

Key enabler spotlight:
Single Point of Access with Care Coordination

Start, Live and Age Well
in Bath and North East Somerset, Swindon and Wiltshire

Overview:

Our all age BSW-wide Single Point of Access with Care Coordination will be the front door for all community services, including urgent care, helping navigate service users to access the right care to meet their needs.

Key features:

1. **Single Front Door:** One single point of contact, streamlining access to services

Care Coordination: Multi-disciplinary team clinical triage and single holistic assessment to ensure the most appropriate pathway

Fast-track urgent care pathways: Ensuring those with an urgent clinical need are seen by the right person at the right time.

Locality-focused Care Navigators: Helping local people understand the wide range of community assets available to them.

Benefits:

- Improving ease of access to community health services.
- Improved service user and professional understanding of wider resources available within the community.
- Reduction in acute admissions, through better coordination, ensuring care is delivered in the right place at the right time by the right person.
- Improving population health outcomes through proactive prevention and health coaching at the front door.

Part of hcrg Care Group

Good CareQuality Commission

NET ZERO

NHS England

Hard to replace provider

Key enabler spotlight:
Integrated Neighbourhood Teams

Start, Live and Age Well
in Bath and North East Somerset, Swindon and Wiltshire

Overview:

Providing personalised, harmonised and holistic care that meets the needs of the local community, delivered close to people's home. Ensuring seamless integrated care pathways and shared caseloads.

Key features:

Skill-mix: Bringing together nurses, therapists, wellbeing practitioners and support staff to offer holistic care.

Compassionate approaches: Core competency training in Making Every Contact Count (MECC), Strengths based, Trauma informed approaches, wellbeing and prevention focused

Population Health Management: Team trained in making data driven decision making, informing targeted approach to reach those most in need.

Single holistic assessments and personalised care plans: Focusing on the wiser determinants of health and wellbeing, ensuring service users are involved in planning their own care

Benefits:

- Providing care closer to home, improving access and removing barriers, especially for those experiencing inequalities.
- Improved health outcomes through taking a holistic approach, tackling the root cause issues with prevention and early intervention.
- Reducing frustration and duplication for service users and clinicians providing information multiple times.
- Improved understanding of population health and risks to poorer health outcomes.

Part of hcrg Care Group

Good CareQuality Commission

NET ZERO

NHS England

Hard to replace provider

Start, Live and Age Well

in Bath and North East Somerset, Swindon and Wiltshire

Mobilisation and Transformation

Part of hcrg Care Group
Good CareQuality Commission
NET ZERO
NHS England
Hard to replace provider

Mobilisation – three key priorities

1.
Building a strong BSW ICBC system leadership and governance framework

"I know my role and responsibilities as a partner in the BSW ICBC system, and I feel involved in decision making about community services."

Part of hcrg Care Group
Good CareQuality Commission
NET ZERO
NHS England
Hard to replace provider

Mobilisation – three key priorities

1.
Building a strong BSW ICBC system leadership and governance framework

2.
Ensuring a seamless, safe transition

"I had all the tools I need on day one to continue seeing service users."

"I was impressed by how seamless the change was. My clinic appointment went ahead as usual, and the service had all my details. I felt safe knowing that everything was handled properly."

Part of hcrg Care Group
Good CareQuality Commission
NET ZERO
NHS England
Hard to replace provider

Start, Live and Age Well
in Bath and North East Somerset, Swindon and Wiltshire

Mobilisation – three key priorities

1.
Building a strong BSW ICBC system leadership and governance framework

2.
Ensuring a seamless, safe transition

3.
Establishing a route to transformation

"I understand the case for change and both myself and my team feel excited and optimistic about the future vision of our BSW community health service"

Part of hcrg Care Group

Good CareQuality Commission

NET ZERO

NHS England

Hard to replace provider

Transformation – first 6 months

Start, Live and Age Well
in Bath and North East Somerset, Swindon and Wiltshire

Leading the system through the change journey

Transition to healthcare first model

Harmonisation

Upfront investment to implement key enablers

Start, Live and Age Well service brand activation campaign

Part of hcrg Care Group

Good CareQuality Commission

NET ZERO

NHS England

Hard to replace provider

Transformation – by end Year 1

Start, Live and Age Well
in Bath and North East Somerset, Swindon and Wiltshire

Integrated Neighbourhood Teams

Single Point of Access (SPA) with Care Coordination

Digital Front Door

Data driven decision making

"I only need to tell my story once."

"I feel seen as a whole person, and both my strengths and needs are understood."

"It's convenient for me to manage my own health when I feel I can, but I also know where to go if I need extra help."

Part of hcrg Care Group

Good CareQuality Commission

NET ZERO

NHS England

Hard to replace provider

Transformation – by the end of Year 2

Start, Live and Age Well
in Bath and North East Somerset, Swindon and Wiltshire

Implementation of the BSW Estates strategy

Digital innovation

VCFSEs as integral partner in delivery of community-based care (£7m invested)

Single holistic assessments and all age personalised care plans embedded

"I feel heard and understood and have been involved in planning my care."

"There's a great selection of health and care support in my community and close to my home."

Part of hcrg Care Group

Good CareQuality Commission

NET ZERO

NHS England

Hard to replace provider

This page is intentionally left blank

Bath & North East Somerset Council	
MEETING/ DECISION MAKER:	**Health and Wellbeing Board**
MEETING DATE:	**Thursday 7 November 2024**
TITLE:	**Bath & North East Somerset Health Protection Board Report 2023-24**
WARD:	All
AN OPEN PUBLIC ITEM	
List of attachments to this report: Appendix 1: B&NES Health Protection Board Annual Report 2023-2024	

1 THE ISSUE

In April 2013 the Health and Social Care Regulations changed the statutory responsibility for health protection arrangements. All Local Authorities (LAs) acquired new responsibilities regarding protecting the health of their population, including infectious disease, environmental hazards, and extreme weather events. The Director of Public Health (DPH) discharges these responsibilities on behalf of the LA and the B&NES Health Protection Board was established in November 2013 to help the LA and DPH fulfil this role.

LAs work with Local Resilience Forums and Local Health Resilience Partnerships to ensure effective and tested plans are in place for the wider health sector to protect the local population from risks to its health.

The DPH should be assured that the planning and preparedness arrangements to protect the health of the communities that they serve are robust and are implemented appropriately to local health needs capturing major communicable disease risks, major incidents involving a health sector response and that there is adequate capacity from relevant partner agencies to plan for and respond to health-related emergencies.

This annual report documents the progress made by the Health Protection Board on the priorities and recommendations made in the 2023-24 report, highlights the key areas of work that have taken place in 2023-24, and sets out the HPB priorities agreed for 2024-25.

2 RECOMMENDATION

The B&NES Health & Wellbeing Board notes this annual report and the following recommended priorities for the Health Protection Board in 2024-25:

a) Assurance: continue to monitor the performance of specialist areas, identify risks, ensure mitigation is in place and escalate as necessary

b) Continue to actively participate in the prevention, preparedness and management of outbreaks and incidents with partner agencies to slow down and prevent the spread of communicable disease and manage environmental hazards

c) Continue to ensure that the public and partner organisations are informed about emerging threats to health

d) Help improve immunisation uptake and reduce inequalities in uptake, particularly MMR vaccination. Contribute to the development of a new Integrated Vaccine Strategy for BSW and outreach vaccination model for B&NES.

e) Scope the health protection work that could be undertaken to support prevention of climate change and mitigation of climate change impact and make recommendations for action.

f) Review B&NES coverage for each NHS screening programme to identify needs/gaps and priorities for action.

3. THE REPORT

The full report is contained in Appendix 1.

The priorities have been agreed by the Health Protection Board, as key issues to be addressed for the DPH, on behalf of the LA, to be further assured that suitable arrangements are in place in B&NES to protect the health of the population. The Health Protection Board is committed to improving all work streams.

The process of reaching the recommended priorities has been informed through discussion at the HPB, monitoring key performance indicators, maintaining a risk log, use of local and national intelligence, and learning from debriefs of outbreaks and incidents. They are also informed by Local Health Resilience Partnership & Local Resilience Forum work plans, which are based on Community Risk Registers. The recommended priorities also align with the UK Health Security Agencies and B&NES, Swindon and Wiltshire Integrated Care Board priorities.

The recommendations contribute to the delivery of the B&NES Council Corporate Strategy 2023-2027 by including priorities that focus on prevention and help to tackle the climate and ecological emergency.

3 STATUTORY CONSIDERATIONS

Several of the DPH's specific responsibilities and duties arise directly from Acts of Parliament. The National Health Service Act 2006 (as amended) Section 73A (1) gives the DPH responsibility for exercising their local authority's functions in planning for, and responding to, emergencies that present a risk to the public's health.

Local authorities also have statutory responsibilities to reduce inequalities, and many of the actions needed to deliver the 2024-25 priorities of the Health Protection Board will contribute towards fulfilling these.

4 RESOURCE IMPLICATIONS (FINANCE, PROPERTY, PEOPLE)

None. The delivery of priorities will be subject to available existing resources.

5 RISK MANAGEMENT

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

Risks relating to proposed recommendation(s)
No significant risks identified

Risks of not taking proposed recommendation(s)
If the H&WB does not note the work of the Health Protection Board, system assurance for health protection work will not be fully met. If the H&WB notes the recommended future priorities, but recommends that the HPB change any priorities, this can be achieved but could have implications for current projects and resources.

Actions to manage risks of not taking proposed recommendation(s)
System partners are already engaged in the work of the HPB; both in informing priorities and in delivering against these.

6 EQUALITIES

The paper is largely retrospective and so an Equalities Impact Assessment has not been included. However, the need to ensure equalities are considered and inequalities are reduced, inform all health protection projects.

7 CLIMATE CHANGE

The following two recommendations relate directly to climate change: b) Continue to ensure that the public are informed about emerging threats to health and e) Scope the health protection

work that could be undertaken to support prevention of climate change and mitigation of climate change impact and make recommendations for action.

8 OTHER OPTIONS CONSIDERED

None

9 CONSULTATION

This report has been reviewed and cleared by the S151 Officer and Monitoring Officer and reviewed and approved by the Director of Public Health and Prevention and the Consultant in Public Health Lead for Health Protection ahead of submission to the Health and Wellbeing Board.

Contact person	Anna Brett, Health Protection Manager, Public Health & Prevention Team. anna_brett@bathnes.gov.uk / 01225 394069
Background papers	*N/a*
Please contact the report author if you need to access this report in an alternative format	

Bath & North East Somerset Council

Improving People's Lives

Health Protection Board Report 2023-2024

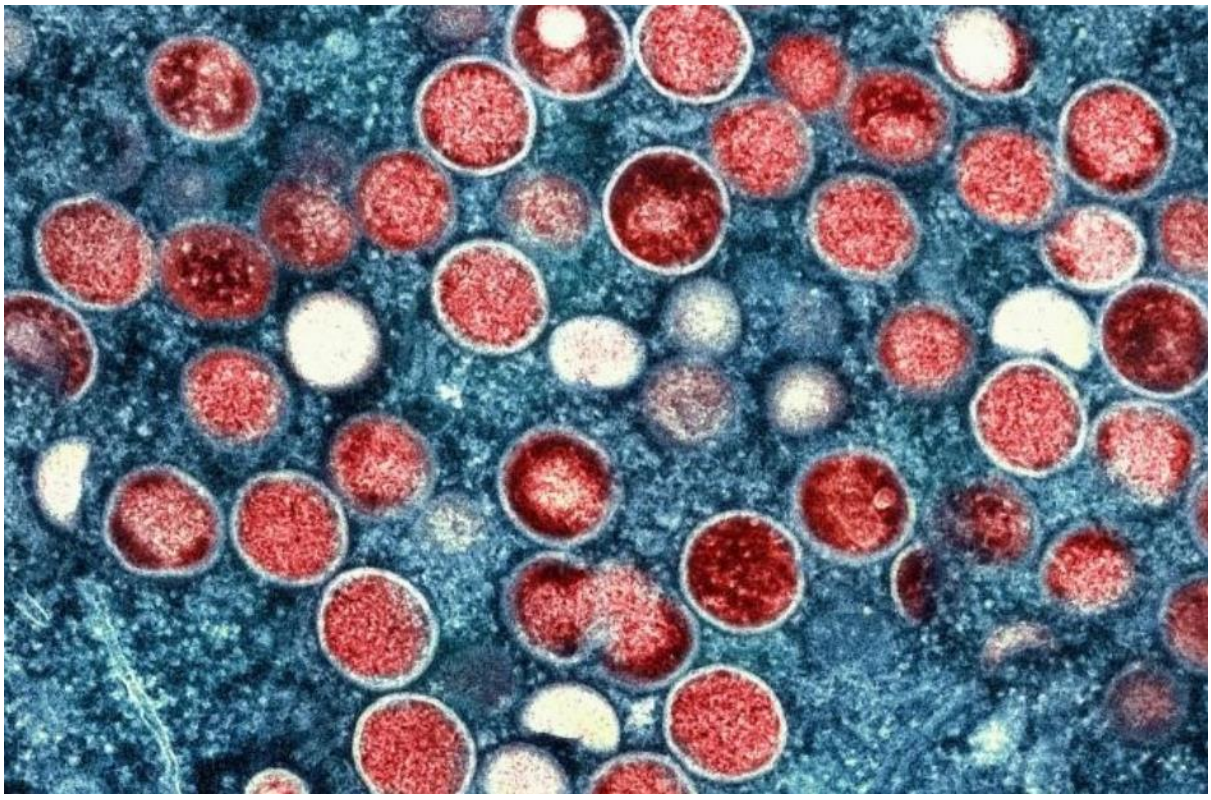


Figure 1: Picture of the Mpox virus under a microscope

Contents

Acknowledgements

Report Author - Anna Brett, Health Protection Manager, Public Health & Prevention, Bath & North East Somerset (B&NES) Council.

Thank you to Health Protection Board members who contributed to the writing of this annual report.

Health Protection Board Members

Name	Role	Organisation
Becky Reynolds	Director of Public Health	B&NES Council
Amy McCullough	Public Health Consultant	B&NES Council
Matthew Dominey	Consultant in Public Health/Screening and Immunisation Lead	NHS England and NHS Improvement
Daniel Noad	Emergency Planning Team Manager	B&NES Council
Suzanne McCutcheon	Team Manager, Safety & Standards	B&NES Council
Sian Dyson	Head of Organisational Resilience & Business Continuity Manager	University of Bath
Paul Sheehan	Development & Commissioning Manager	B&NES Council
Lisa Hocking	Deputy Director Infection, Prevention & Control & Associate Chief Nurse	Royal United Hospital NHS Foundation Trust
Connie Timmins	Lead Nurse for Infection Prevention and Control	NHS Bath & North East Somerset, Swindon & Wiltshire Integrated Care Board
Alasdair Wood	Consultant in Health Protection	UK Health Security Agency
Lucy McCann	Consultant in Health Protection	UK Health Security Agency
Catherine Bailey	Interim Director of Student Support	University of Bath
Paul Harris	Chief Customer Officer	Curo Group

Sharren Pells	Deputy Director of Nursing and Quality	NHS Bath & North East Somerset, Swindon & Wiltshire Integrated Care Board
Becky Brooks	Director	3SG
Diane Flower	Health Protection Practitioner	UK Health Security Agency
Natalia Lachkou	Assistant Director - Integrated Commissioning	B&NES Council
Sara Gallagher	Head of Student Wellbeing Services	Bath Spa University
Celia Lasheras	Development & Commissioning Manager, Public Health	B&NES Council
Joe Prince	Team Manager – Insight	B&NES Council

Introduction

In April 2013 the Health and Social Care Regulations changed the statutory responsibility for health protection arrangements. All Local Authorities (LAs) acquired new responsibilities regarding protecting the health of their population, including infectious disease, environmental hazards, and extreme weather events. The Director of Public Health (DPH) discharges these responsibilities on behalf of the LA and the B&NES Health Protection Board was established in November 2013 to help the LA and DPH fulfil this role.

LAs work with Local Resilience Forums and Local Health Resilience Partnerships to ensure effective and tested plans are in place for the wider health sector to protect the local population from risks to its health.

The DPH should be assured that the planning and preparedness arrangements to protect the health of the communities that they serve are robust and are implemented appropriately to local health needs capturing major communicable disease risks, major incidents involving a health sector response and that there is adequate capacity from relevant partner agencies to plan for and respond to health-related emergencies.

This report documents the progress made by the Health Protection Board during 2023-24 and highlights the key performance indicators, risks, challenges and priorities for the next 12 months in each specialist area. The last Health Protection Board Report covered 2022-23.

Progress on the priorities that were implemented during 2023-24

During 2023-24 the Health Protection Board committed to continued improvement across all work streams, with a particular focus on six agreed priorities. Having priority areas of work is important for the Director of Public Health (DPH), on behalf of the Local Authority (LA), to be assured that suitable arrangements are in place in Bath & North East Somerset (B&NES) to protect the health of the population.

The progress made on each priority has been Red, Amber & Green (RAG) rated below, and further detail of the progress made against each priority is detailed within the report.

No.	Priority (2023-24)	RAG
1	Assurance: continue to monitor the performance of specialist areas, identify risks, ensure mitigation is in place and escalate as necessary	Green
2	Continue to actively participate in the prevention, preparedness and management of outbreaks and incidents with partner agencies to slow down and prevent the spread of communicable disease and manage environmental hazards	Green
3	Continue to ensure that the public and partner organisations are informed about emerging threats to health	Green
4	Embed the BSW Local Health Resilience Partnership Communicable Disease Plan to reduce vaccine preventable diseases and reduce transmission of winter illnesses. Use the Sector Led Improvement Plan and Gap Analysis Action Plan to inform this work	Green
5	Contribute to the BSW system wide quality improvement projects, which aim to reduce the incidence of E-coli blood stream infections and Clostridium Difficile infections	Amber
6	Help improve immunisation uptake and reduce inequalities in uptake through the following: the BSW Maximising Immunisation Uptake Group, a refreshed B&NES Vaccination Implementation Plan, and through contributing to the development of a new Integrated Vaccine Strategy for BSW	Green

Health Protection Board Priorities for 2024-25

The Health Protection Board remains committed to improving all work streams within available resources. The following six priorities have been agreed for 2024-2025 by the Health Protection Board as priority areas to be addressed.

No.	Priority
1	Assurance: continue to monitor the performance of specialist areas, identify risks, ensure mitigation is in place and escalate as necessary
2	Continue to actively participate in the prevention, preparedness and management of outbreaks and incidents with partner agencies to slow down and prevent the spread of communicable disease and manage environmental hazards
3	Continue to ensure that the public and partner organisations are informed about emerging threats to health
4	Help improve immunisation uptake and reduce inequalities in uptake, particularly MMR vaccination. Contribute to the development of a new Integrated Vaccine Strategy for BSW and outreach vaccination model for B&NES.
5	Scope the health protection work that could be undertaken to support prevention of climate change and mitigation of climate change impact and make recommendations for action.
6	Review B&NES coverage for each NHS screening programme to identify needs/gaps and priorities for action.

Chapter 1: Assurance

No.	Priority from 2023-24	RAG
1	Assurance: continue to monitor the performance of specialist areas, identify risks, ensure mitigation is in place and escalate as necessary	Green

No.	Priority for 2024-25
1	Assurance: continue to monitor the performance of specialist areas, identify risks, ensure mitigation is in place and escalate as necessary

Throughout 2023-2024 the HPB continued to provide a forum for professional discussion and improvement of health protection plans, performance, risks and opportunities for joint action. The HPB enables strong relationships between all agencies to be maintained and developed to provide a robust health protection function in B&NES. The Board's Terms of Reference were refreshed in May 2022, and reviewed in March 2024, when the Board's workplan for 2024-25 was finalised.

During 2023-2024 the HPB monitored key performance indicators for each specialist area as set out below and was generally well assured that relevant organisations do have appropriate plans in place to protect the population. Only one new risk was identified during the year and logged in the HPB's Risk Log (as of March 2024), with mitigating actions established. Several other actions which are being tolerated by the Health Protection Board are reviewed periodically.

Specialist Health Protection Workstreams

Healthcare Associated Infection (HCAI) Key Performance Indicators: MRSA, *C. difficile* & *E. coli* bacteraemia	**Communicable Disease Control & Environmental Hazards** Key Performance Indicators: Private Water Supplies & Air Quality Management Areas
Health Emergency Planning Key Performance Indicators: Civil Contingencies Act requirements	**Sexual Health** Key Performance Indicators: HIV & under 18 conceptions
Substance Use Key Performance Indicators: Hep B vaccination, Hep C testing, Opiates & Non-Opiates, Alcohol & Release from prison	**Screening & Immunisation** Key Performance Indicators: National screening programmes & uptake of universal immunisation programmes

Chapter 2: Management of outbreaks and incidents

Priority two and four from 2023-24 both related to the management of outbreaks and incidents:

No.	Priority from 2023-24	RAG
2	Continue to actively participate in the prevention, preparedness and management of outbreaks and incidents with partner agencies to slow down and prevent the spread of communicable disease and manage environmental hazards	Green

No.	Priority from 2023-24	RAG
4	Embed the BSW Local Health Resilience Partnership Communicable Disease Plan to reduce vaccine preventable diseases and reduce transmission of winter illnesses. Use the Sector Led Improvement Plan and Gap Analysis Action Plan to inform this work	Green

No.	Priority for 2024-25
2	Continue to actively participate in the prevention, preparedness and management of outbreaks and incidents with partner agencies to slow down and prevent the spread of communicable disease and manage environmental hazards

Communicable Disease and Environmental Threats

Communicable diseases can be passed from animals to people or from one person to another. They can be mild and get better on their own or develop into more serious illnesses that if left untreated lead to serious illness, long-term consequences, or death. They continue to pose a significant burden to health and society. In the UK infectious diseases account for a large proportion of GP visits for children and adults.

There are a range of environmental hazards that can affect our health and wellbeing. Natural hazards that directly affect the UK including flooding and heat waves. Human-produced hazards are mainly related to pollution of the air, water, and soil.

There continues to be a strong working arrangement and relationship in place between the Southwest health protection team at the UK Health Security Agency (UKHSA), Public Health and Public Protection teams in the council, alongside the ICB and NHS staff, to jointly plan for the prevention of and ensure appropriated co-ordinated responses to infectious disease cases, outbreaks and incidents.

The UKHSA carry out regular health protection surveillance of infectious disease. The table in Appendix 1 show rates per 100,000 of the B&NES population for various infectious diseases and the trend over time. There are fluctuations in these rates and all cases of infectious disease need some degree of follow-up or investigation. These rates are generally not higher than the Southwest average and are as expected for our population size and demographics. National and more local data on Covid-19, Influenza and other respiratory viruses can be viewed by using the following links: UKHSA Data Dashboard Covid-19 , UKHSA Data Dashboard Influenza and UKHSA Data Dashboard

Mpox

Mpox is a zoonotic infection, caused by the monkeypox virus, that occurs mostly in West and Central Africa. Previous cases in the UK had been either imported from countries where mpox is endemic, or where contacts have documented epidemiological links to imported cases. There has been no documented community transmission in the UK.

Cases of mpox virus strain clade II were confirmed in England from 6 May 2022. The outbreak has mainly been in gay, bisexual, and men who have sex with men without documented history of travel to endemic countries. The primary reported route of transmission was through close or sexual contact and there were no confirmed instances of airborne transmission. Limited household transmission took place in the UK.

In June 2022 the mpox vaccination programme was introduced in response to the outbreak. As mpox is caused by a similar virus to smallpox, the smallpox (MVA) vaccine gives a good level of protection against mpox. Vaccination was offered at sexual health clinics and this activity added significant pressure on local sexual health services.

More recently, in August this year The World Health Organization (WHO) declared a public health emergency of international concern because of the rapid spread of a mpox virus strain, Clade I. Clade I emerged in the Democratic Republic of the Congo (DRC) in 2023, and has spread across further countries in central and eastern Africa. At the time of writing this report, there have also been travel-associated cases in India, Kenya, Sweden, and Thailand and there have been no confirmed cases of Clade I in the UK.

The UKHSA is working with the NHS, local authorities, and other government departments to ensure we are ready to respond to any cases we see in the UK and help prevent transmission.

Measles

During 2023-24 the UK declared a national measles incident. The UKHSA warned that further outbreaks of measles would spread to other towns and cities unless urgent action was taken to increase measles, mumps and rubella (MMR) vaccination uptake in other areas including B&NES.

Measles is highly infectious and can easily spread between unvaccinated people. Getting vaccinated is important, as measles can lead to serious problems including meningitis, hearing loss and complications during pregnancy**.** Two doses of the MMR vaccine provide the best protection against measles, mumps and rubella.

The graph in figure 2 shows that coverage of MMR dose 1 and 2 in B&NES is higher than the Southwest and England, however coverage is below the 95% target, so there is still work to do.

.

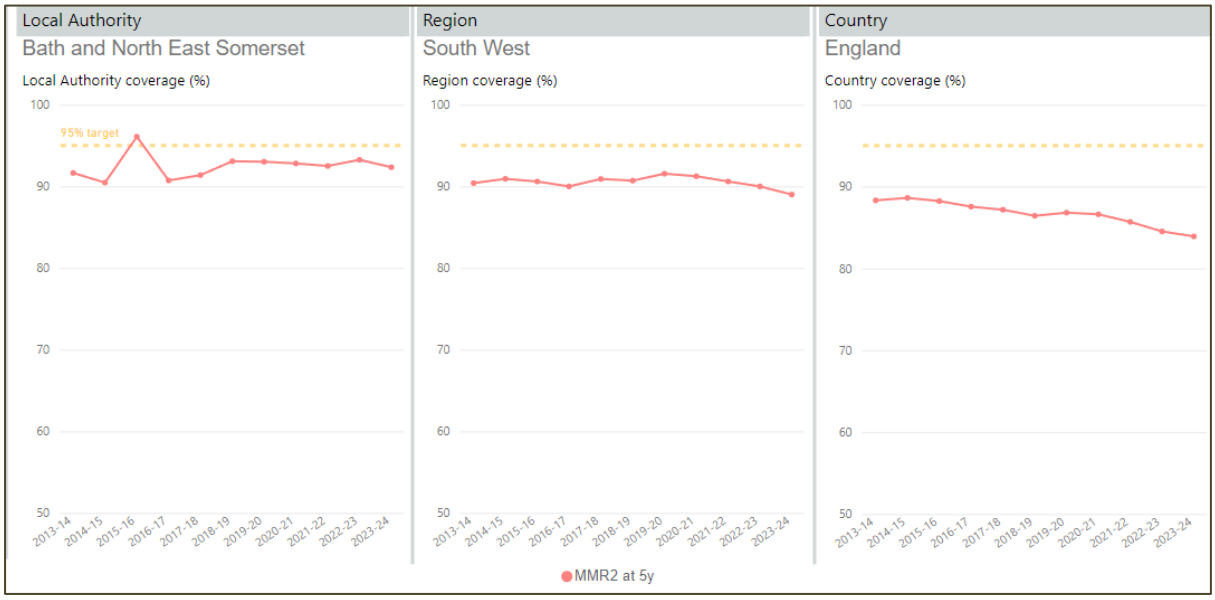


Figure 2: Trend in coverage of MMR dose 1 and 2 at 5 years in B&NES, Southwest and England between 2013 & 2024. Source NHSE, 2024.

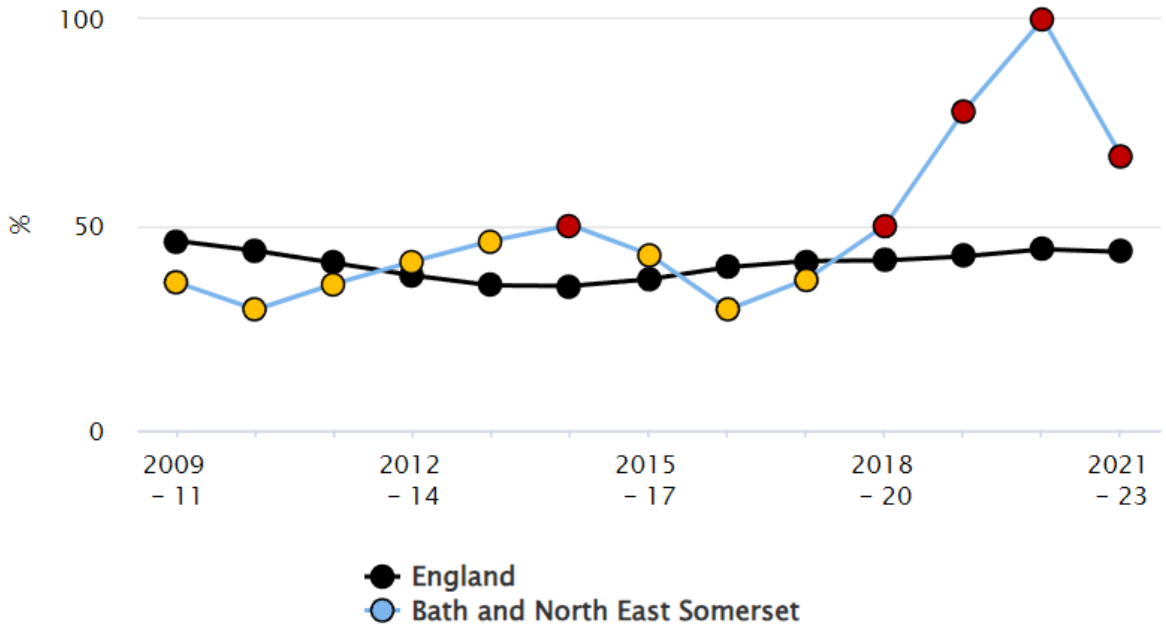
Throughout 2023-24 extensive work was carried out to raise awareness of the national measles incident and the importance of getting up to date with vaccination, including dedicated clinics at both universities in B&NES and a measles training and exercise for education establishments. This work continues throughout 2024-25 and is included in the Board's priorities, particularly focusing on reducing inequalities in uptake.

HIV late diagnosis in people 1st diagnosed with HIV

Late diagnosis of HIV is a clinical term which is used to identify when someone is found to have HIV and is diagnosed with CD4 cells (type of white blood cell) below the level of 350 per mm^3. People diagnosed late with HIV are known to have a mortality rate seven times higher than those who aren't diagnosed late. With an early diagnosis and effective treatments, most people with HIV will not develop any AIDS-related illnesses and will live a near-normal lifespan.

The graph below shows the trend between 2009 and 2023. Late diagnosis has been increasing substantially over the last few years in B&NES. Whilst there has been a recent decrease in late diagnosis, and there are small numbers of people affected,

B&NES is an outlier compared to our nearest statistical neighbours and the impact on each person is potentially high, and so it remains a concern.



Period		Count	Value
2009 - 11		9	36.0%
2010 - 12		5	29.4%
2011 - 13		5	35.7%
2012 - 14		7	41.2%
2013 - 15		6	46.2%
2014 - 16		7	50.0%
2015 - 17		6	42.9%
2016 - 18		5	29.4%
2017 - 19		7	36.8%
2018 - 20		7	50.0%
2019 - 21		7	77.8%
2020 - 22		4	100%
2021 - 23		2	66.7%

*Figure 3HPB reported indicator: percentage of HIV late diagnosis in people first diagnosed with HIV in the UK (aged 15-59) *, B&NES & England. Source: UKHSA 2024*

**NB Indicator name changed from percentage of adults (aged 15 or above) newly diagnosed with a CD4 count <350m2 from April 2023; data does not include those aged 60 and above.*

Work to reduce late diagnosis numbers is overseen by B&NES Sexual Health Board. The following key measures are outlined in the 2024 - 2026 Sexual & Reproductive Health Action Plan: tackling late diagnoses of HIV.

- Increase public awareness
- Review current educational initiatives amongst primary and secondary care staff around HIV, and develop and promote new education materials to cover gaps in knowledge and demand
- Provide increased awareness of HIV and association of clinical indicator conditions amongst GPs and secondary care, and support triggers for testing such as referral pathways or incorporation into primary care guidelines
- Explore opportunity to develop HIV opt out testing in A&E
- Investigate how to create prompt on GP practice consultation software to encourage HIV testing discussion if certain conditions met e.g. no HIV test in last 12 months
- Examine potential to develop HIV testing events for high-risk groups

Hepatitis C Micro Elimination

Hepatitis C is the most common type of viral hepatitis in the UK and is one of the main causes of liver disease in England. Often displaying no symptoms until the virus damages the liver enough to cause liver disease, many people who are infected by the virus will not be aware. NHS England's (NHSE) national Hepatitis C Vaccination elimination programme aims to eliminate hepatitis C as a major health concern by 2025.

In relation to those engaged in drug and alcohol treatment in B&NES:

- 100% have been offered a hepatitis C test
- 90% have been tested
- 75% of people diagnosed with hepatitis C have started treatment

On 21st February 2024, The Hepatitis C Trust announced that B&NES had achieved hepatitis C micro elimination within the drug and alcohol treatment population.

This is a fantastic achievement for B&NES population and one which would not have been achieved without the dedicated, patient centred, innovative and caring approach of the whole system, with excellent partnership from all stakeholders involved every step of the way; The local Drug and Alcohol Services working in partnership with Gilead, Hep C U Later, Hep C Trust, RUH Hepatology Department, Operation Delivery Networks for nursing supported by the Office for Health Improvement and Disparities (OHID) and Public Health.

Environmental Hazards

Air Quality Management Areas

B&NES Council is legally required to review air quality and designate air quality management areas (AQMAs) where concentrations of nitrogen dioxide breach the annual objective. Where an AQMA is designated, an Air Quality Action Plan (AQAP) describing the pollution reduction measures must then be put in place in pursuit of the achievement of the objectives in the designated area.

In June each year the Council reviews air quality throughout B&NES as part of its Annual Status Report; the report is peer reviewed by DEFRA and is published on the Council website.

In Bath and North East Somerset, currently five AQMAs have been declared for nitrogen dioxide (NO2) levels, including the major road network within Bath, Keynsham High Street, a small section of the A4 in Salford, and sections of the A37 in Temple Cloud and Farrington Gurney. Details of the AQMAs can also be found on the Council's Air Quality Website. Actions being taken to improve air quality are contained in the Annual Status Report (above).

National Air Quality Plan

In March 2021, the Council launched a charging Class C Clean Air Zone (CAZ) to comply with Ministerial Direction served by the Joint Air Quality Unit (JAQU) in view of on-going exceedances of nitrogen dioxide (NO2) in and around Bath.

To comply with this Direction, drivers of all higher emission vehicles (excluding cars and motorbikes) are charged to drive within the CAZ, situated in Bath's City Centre.

The CAZ has been successful, since the launch of the zone:

- nitrogen dioxide concentrations have reduced across Bath, with an average reduction of 26% inside the Clean Air Zone. This is an average annual reduction of 8.5µg/m3
- nitrogen dioxide concentrations have also reduced in urban areas outside the Clean Air Zone, with an average reduction of 27%. This is an average annual reduction of 7.1µg/m3
- vehicle compliance rates across all vehicle groups have improved, which means cleaner vehicles are driving across Bath
- over 900 vehicles were replaced with cleaner versions through a financial assistance scheme.

The next step is for the Council to demonstrate that they are likely to maintain this success. More information can be found on the Council's webpage measuring our progress.

Chapter 3: Informing stakeholders about emerging threats to health

No.	Priority from 2023-24	RAG
3	Continue to ensure that the public and partner organisations are informed about emerging threats to health	Green

No.	Priority for 2024-25
3	Continue to ensure that the public and partner organisations are informed about emerging threats to health

Throughout the year the Health Protection Board has been committed to informing the public and partner organisations about emerging threats to health. This is achieved through its well-established health protection networks for specific groups e.g. care providers and higher education networks. The Board also uses its external communication networks to raise awareness amongst the public. During 2023-24 there was a particular focus on winter preparedness and community resilience (see below).

Winter Preparedness

Many events took place ahead of winter 2023-24 to prepare the public and partner organisations for the seasonal increase in communicable disease and adverse weather events.

During September 2023 an in-person event was held to prepare care providers for the autumn winter season, by providing advice and guidance on all aspects of infection prevention management and to provide training and networking opportunities.

An overview of epidemiological data for infectious diseases was presented and guidance and support were provided on how to help prevent and manage outbreaks of infection and how to support uptake of vaccinations for health and social care staff. A new staff training workbook for infection, prevention & control was also launched and training in donning and doffing PPE and hand washing was given.

Community Resilience Days

During 2023 and 2024, B&NES Council Emergency Planning Team organised two Community Resilience Days, which aimed to support community leaders prepare for a community response to emergency incidents and events, such as flooding and power cuts and develop their own Community Emergency Plan.

Many agencies were involved in the resilience days including the Environment Agency, Avon Fire Brigade, Chew Magna Village Volunteers, Public Health, Saltford Parish Council, Community Wellbeing Hub, RE: ACT Disaster Response and Avon and Somerset Police.

There were also several workshops on first aid, defibrillator training as well as how to throw lifesaving gear from river safety cabinets.

Feedback from attendees has been excellent, one person noted: *'Really enjoyed the day, presentations were excellent, and the practical exercises helped to make it more real'.*

Healthcare Associated Infections

No.	Priority	RAG
5	Contribute to the BSW system wide quality improvement projects, which aim to reduce the incidence of E-coli blood stream infections and Clostridium Difficile infections	**Amber**

E-coli Blood Stream Infections

The total incidence of E-coli infections for Bath & North East Somerset, Swindon & Wiltshire (BSW) Integrated Care System (ICS) for 2023-24 were 573, which meant that BSW ICS breached the threshold of (489) cases set by NHSE. Despite breaching the threshold set by NHSE, BSW ICS saw a 5% reduction in E-Coli blood stream infections compared to 2022-23. A quality improvement project on hydration, which aimed support this reduction is explained below. Community onset and community associated cases of E-Coli are significantly higher at 343 compared to Hospital Onset, Healthcare associated of 110 and 89 for Community Onset, Healthcare associated.

Great Western Hospital (GWH) had higher incidence of E-coli blood stream infections compared to Royal United Hospital (RUH) and Salisbury Foundation Trust (SFT). This fits with the broader picture of all gram negative infections, with the

higher proportion at GWH and also within the North Wiltshire and Swindon areas for community onset, community associated.

At the end of 2023-24 BSW ICS were the second-best performing ICS in the southwest for E-coli rates and sat within the first quartile nationally within the top 5 best performing ICSs.

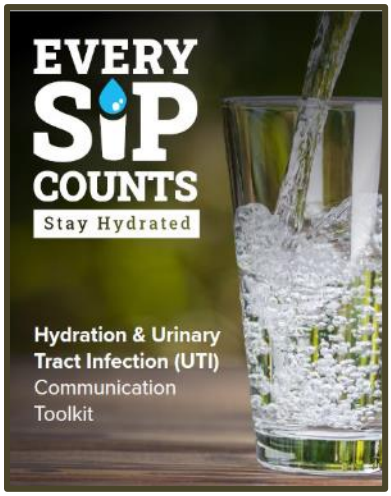
The population age group most affected is the over 65's. Primary sources of infection are largely lower urinary tract infections with a growing rise in hepatobiliary cases being identified throughout 2023-24. Findings from undertaking case reviews have highlighted inappropriate prescribing for lower urinary tract infections in primary care as well as potential impact from waiting list times for hepatobiliary procedures such as ERCP, however this still requires further investigation to understand the granularity associated with waiting lists and risk factors.

Quality Improvement – Every Sip Counts Hydration Project

As part of the BSW ICB Healthcare Associated Infection Collaborative, a project working group was set up with members from B&NES Council Public Heath Team, BSW ICB and RUH.

The project aimed to improve hydration in male and female adults over 65 years old living in B&NES with a secondary focus of preventing UTI incidence. The project used best practice, engaged with older people, looked at data collection, and developed a communication strategy and resources. This includes Every Sip Counts Stay Hydrated Resources to raise awareness of the importance of hydration.

Prior to this project, data was not specifically captured in BSW for dehydration; the RUH have subsequently updated their audit tool to capture hydration and nutrition data. The audit tool is used for inpatient wards to understand an individual's level of hydration and aim to increase hydration levels through their preferences e.g. orange squash rather than plain water, in a mug not a cup etc. The RUH also promoted the urine colour chart, which will allow them to monitor progress of interventions on hydration and UTI incidence.



Clostridioides Difficile (CDI)

The national incidence of reportable Clostridioides *difficile* infection had fallen since the introduction of mandatory surveillance and threshold for cases introduced. This has mainly been due to the implementation of relatively straightforward interventions such as improved cleanliness, hand hygiene and antibiotic prescribing. However, in recent years the rate of decline has plateaued as these measures are exhausted and the complexity and vulnerability of some patient groups increases. These elements combined with the backdrop of the pandemic has seen a steady year on year rise in cases once again nationally, regionally and locally.

During 2023-24 there were 293 cases of CDI reported in BSW. This is 55 more cases compared to 2022-23 and breached the threshold of 216 set by NHSE. In contrast to previous year's most cases were Hospital Onset, Healthcare Associated, with 124 occurring within acute trusts, and 53 cases being community onset, healthcare associated, whilst community onset, community associated were considerably less at 72 cases. This is reflected in regional and national patterns. Both the RUH and GWH had similar counts, with SFT having significantly less cases. None of the BSW Integrated Care System (BSW ICS) Acute Trusts are regional outliers.

Despite the rise in cases seen within BSW ICS, during 2023-24 BSW remained the second-best performing ICS for CDI in the Southwest region and within the second quartile nationally. Learning from case reviews has highlighted prescribing associated with skin and soft tissue and community acquired pneumonia as a contributory factor. Acute case reviews identified use of proton pump inhibitors as an additional factor for Hospital Onset – Healthcare Associated (HOHA) cases, as well as delays in sending specimens for sampling. Further case reviews highlighted a need for primary care to more aware of CDI as a diagnosis. The age population most affected are the over 65's, those with multiple comorbidities, and predominantly those with diabetes and obesity.

Chapter 4: Immunisations

No.	Priority	RAG
6	Help improve immunisation uptake and reduce inequalities in uptake through the following: the BSW Maximising Immunisation Uptake Group, a refreshed B&NES Vaccination Implementation Plan, and through contributing to the development of a new Integrated Vaccine Strategy for BSW	Green

No.	Priority for 2024-25
4	Help improve immunisation uptake and reduce inequalities in uptake, particularly MMR vaccination. Contribute to the development of a new Integrated Vaccine Strategy for BSW and outreach vaccination model for B&NES.

BSW Maximising Immunisation Uptake Group & B&NES Immunisation Group

The BSW Maximising Immunisation Uptake Group (MIUG) continues to provide strategic leadership for immunisations across BSW. During 2023-24 a task and finish groups was established to improve communication with primary care and its focus for 2024-25 will be the development of a new Integrated Vaccine Strategy for BSW.

The B&NES Immunisation Group was established in July 2015 and continues to take a system-wide overview of organisations and other stakeholders contributing to B&NES immunisation programmes with the aim to protect the health of the local population, reduce health inequalities and minimise and deal promptly with any threats that may occur. The group reports to the Health Protection Board. The development of a new Vaccination Implementation Plan was completed in May 2023 following a multi-partner stakeholder workshop. Improving uptake of childhood vaccinations will remain a priority and supports the work of the BSW Maximising Immunisation Uptake Group.

Flu Vaccination

For all population groups except primary and secondary school children coverage decreased in 2023-2024 compared to the previous year. These trends are also seen across the Southwest and nationally. However, for the over 65's uptake remains higher compared to the pre-covid period.

Community prevalence of influenza was low during 2023-24 and this usually means that vaccination demand and uptake is lower than years where there are more cases and community transmission.

There is currently a focus nationally and locally on improving vaccine confidence and supporting health and care professionals as trusted voices to encourage vaccine confidence and empower informed decisions among your patients.

B&NES population vaccine coverage

Over 65-year-olds

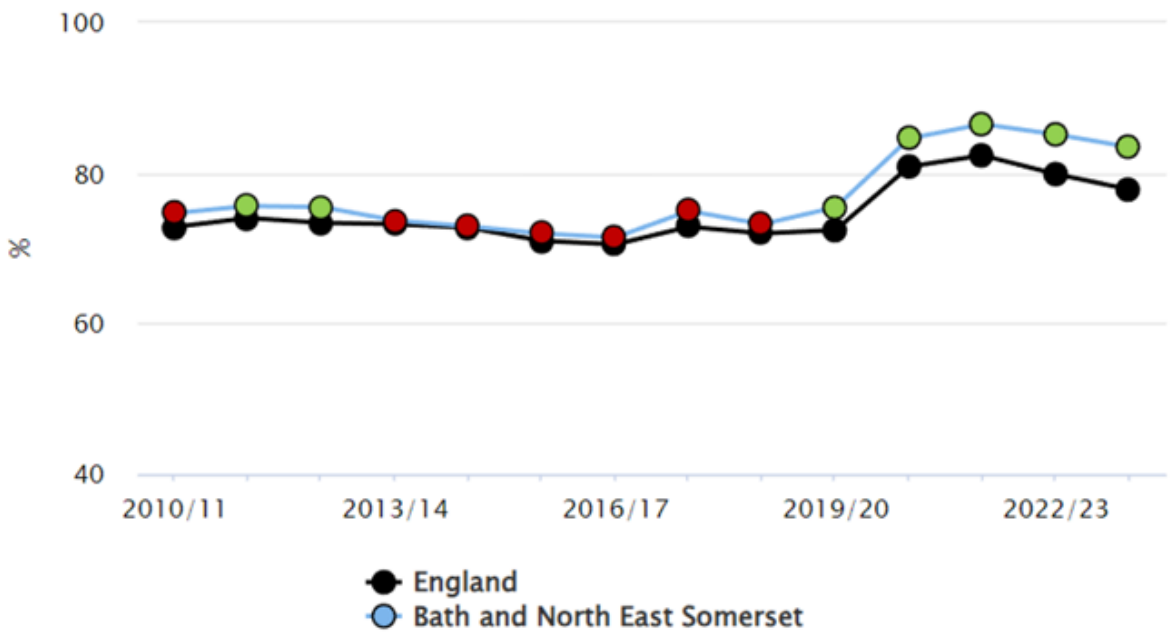


Figure 4: Percentage uptake of over 65-year-olds in BANES who had their flu vaccination between 2010 and 2023 (Source: Office for Health Improvement & Disparities (OHID))

Pregnant women and people

Locality	Year	Percentage Uptake %
BANES LA	2023-24	48.2
BANES LA	2022-23	49.8
BANES CCG	2021-22	46.9

Figure 5 Percentage uptake of pregnant people in BANES who had their flu vaccination between 2021 and 2024 (Source: IMMFORM)

At risk individuals

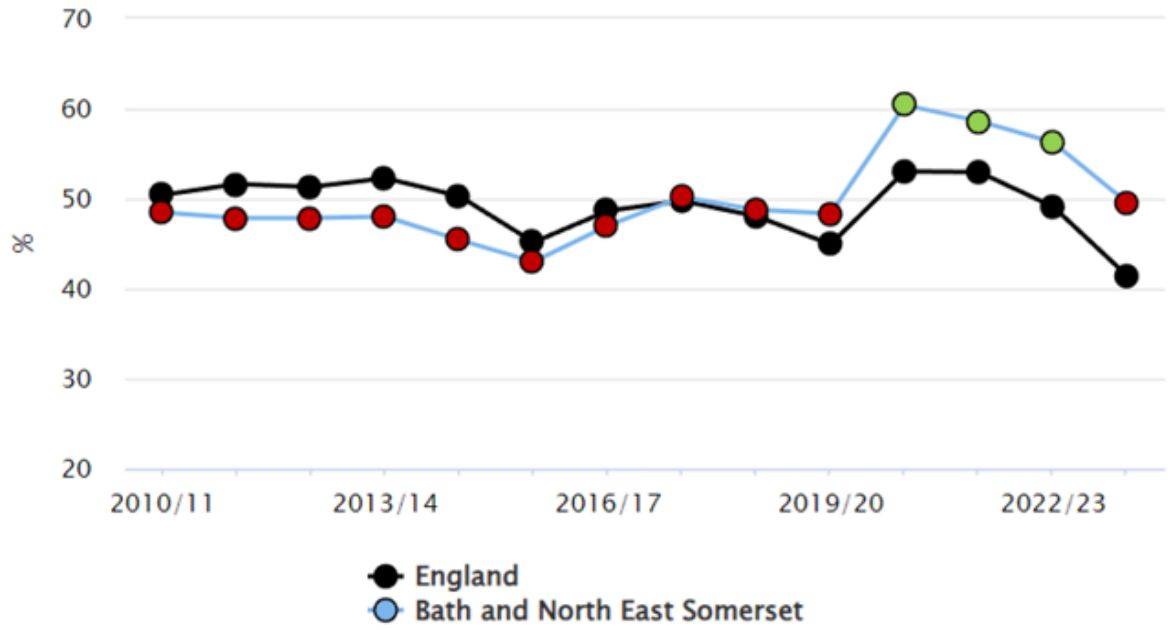


Figure 6: Percentage uptake of at-risk individuals in BANES who had their flu vaccination between 2010 and 2023 (Source: OHID)

2 and 3-year-olds

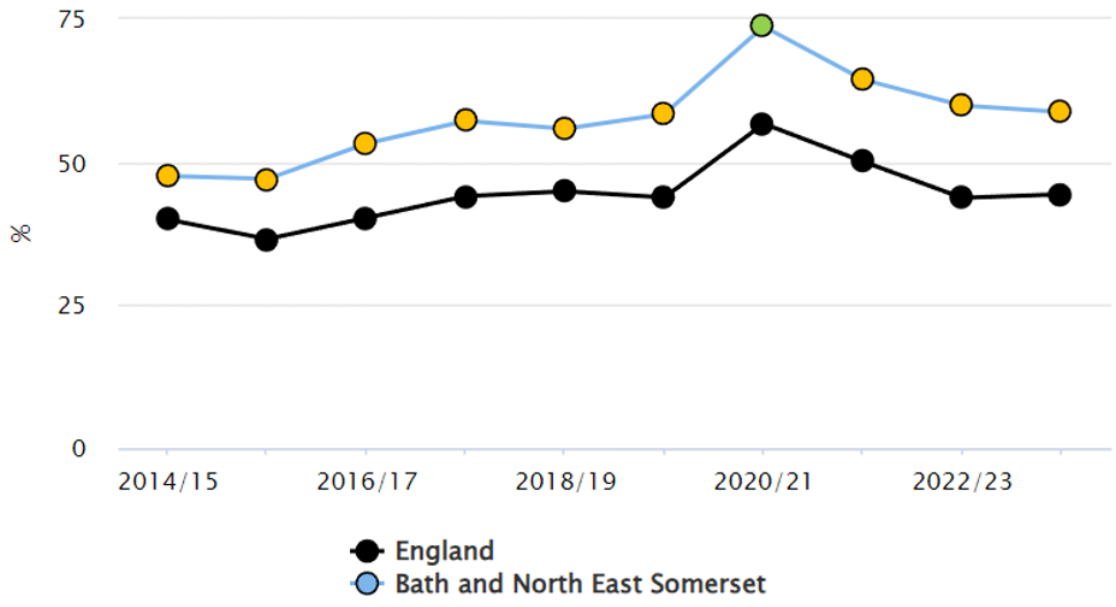


Figure 7 Percentage uptake of 2 and 3-year-olds in BANES who had their flu vaccination between 2014 and 2023 (Source: OHID)

Primary school children

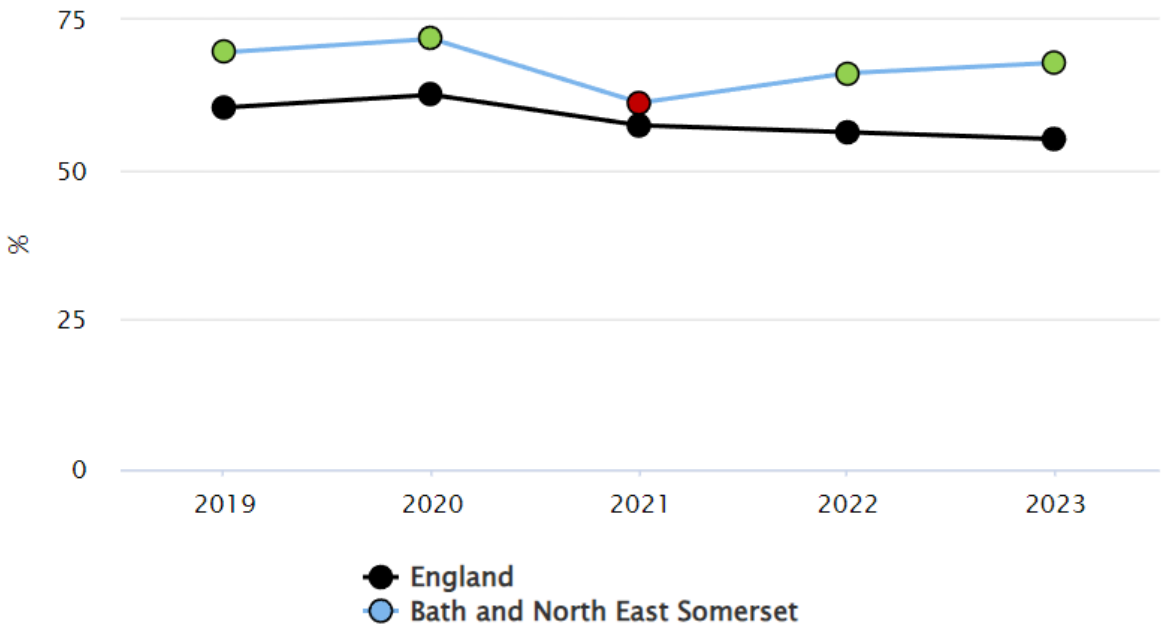


Figure 8: Percentage uptake of primary school children in BANES who had their flu vaccination between 2014 and 2023 (Source: OHID)

Secondary school children

School Year (%)	7	8	9	10	11
2023-24	61.3	58	56.9	55.6	46.1
2022-23	57.4	53.7	54.5	No data	No data
2021-22	62.8	57.1	57.2	61.7	56.3

Figure 9: Percentage uptake of secondary school children in BANES who had their flu vaccination between 2021 and 2024 (Source: IMMFORM)

Covid-19 Vaccination

The Covid-19 vaccination programme continued during autumn/winter 2023-24 and spring 2024. BSW and B&NES achieved some of the highest uptake across all groups nationally. It is unclear why health and social care workers uptake is lower in B&NES than Wiltshire and Swindon. The RUH offered staff flu and Covid-19 vaccination clinics during 2023-24 and for 2024-25 hope to be able to visit each ward with a dedicated team. During 2024-25 there is also a focus on improving uptake of care provider staff, by also taking the vaccine to their places of work, as well as vaccination being available in GP practices and pharmacies.

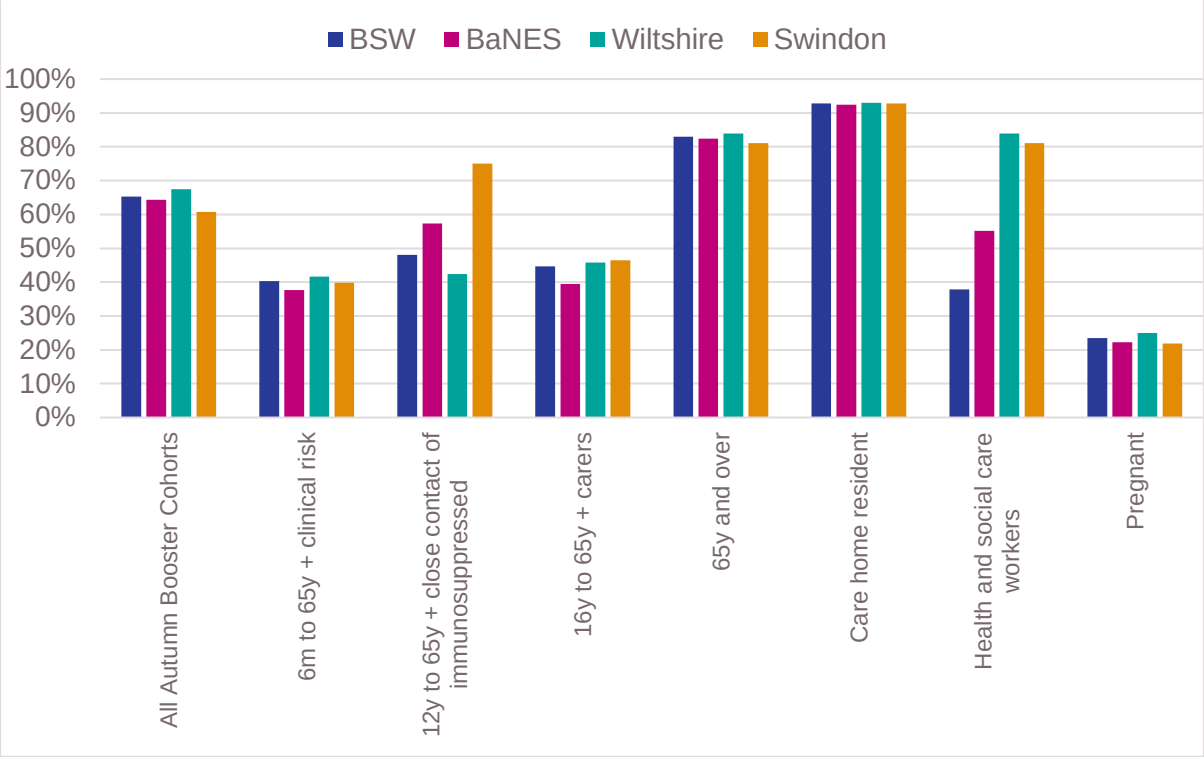


Figure 10: Percentage uptake of eligible groups B&NES and BSW who has they Covid-19 vaccination during autumn/winter 2023-24.

Priorities for the flu and Covid-19 programme 2024-25 include:

- Equal or improve uptake rates
- Pregnant women and people
- 2 and 3-year-olds
- School aged children (focus on primary school children)
- At risk groups: children; chronic liver disease, immunosuppression and chronic neurological disease
- Improving uptake in most deprived areas and ethnic minorities, especially in Black communities
- Core 20 + 5, including chronic respiratory disease
- Chronic obstructive pulmonary disease (COPD) and uptake of COVID, flu and pneumonia vaccines to reduce emergency hospital admissions

Outreach vaccinations

B&NES Council and BSW ICB have continued to work together during 2023-24 to provide outreach vaccinations to vulnerable groups and deprived communities, who otherwise wouldn't access routine NHS vaccination clinics in health care settings. The following table shows the breadth of local groups and organisations visited by the vaccination team.

Age UK Lunch Club Twerton	**St Michael's Without Church**	**Rose Cottage Community Cafe**	**St John's Alms Houses**	**Care Home Staff Engagement**
Bath Sports & Leisure Centre	**Southdown Methodist Church**	**Rackfield House, Supported Living**	**Manvers St, Bath Mind**	**Manvers St Food Bank**
Ukrainian Language Group	**Bath College**	**Local Shops, Bath City Centre**	**Bath One Stop Shop**	**BEMSCA**
Age UK Luch Club, St Michaels Centre	**Avon down House, Supported Living**	**DHI Housing**	**Bath City Farm**	**Carrswood Travellers' Site**

Outreach example 1: people with learning disabilities and autism

In 2023-24 a new approach to offering Learning Disability (LD) Health Checks, vaccinations and other health and wellbeing services such as sensory walks through the Active Way project, support to complete bowel screening tests and other MECC (making every contact count) conversations e.g. hydration, to residents with learning disabilities and autism in B&NES was carried out.

The need for this work was identified by a Health Inequalities and Population Health Management Facilitator, working for Bath Enhanced Medical Services (BEMS) who visited St Michaels GP Practice to understand what support they needed and the challenges they faced when providing services for their LD and Autism population.

The work is a collaboration between St Michaels GP Practice, BEMS, B&NES Council, BSW ICB, The Active Way, Achieve Together & Live West.

A total of 40 people with LD (mainly hearing impairment) were offered these services at their residential units, which has a communal lounge, in the most deprived (core 20% IMD) locality within B&NES.

The LD community and third sector organisations have seen excellent outcomes and given very good feedback. Service users felt more comfortable and at ease in their own surroundings, peer support increased uptake, first time vaccination and screening kits were completed, and 12 LD Health Checks were completed that were overdue. In addition, the GP practice gained an insight on how to engage with the LD community moving forward and the event ensured efficient use of interpreters, it informed recommendations to improve pathways, and generated further ideas for health and wellbeing topics/services to deliver.

In October 2024, the second phase of this work is taking place to offer breast and testicular cancer awareness to Pennard Court residents, as well as autumn/winter vaccinations and health checks.

Outreach example 2: Homeless & Rough Sleeper Vaccination & Health Clinics

Homeless and rough sleepers are an under-represented and disproportionately impacted group who historically have had low vaccination uptake (not just COVID-19) and low engagement with healthcare services. As a result, there was an extensive COVID-19 vaccination outreach programme put in place in B&NES for the homeless and rough sleeper population during the pandemic. Continuing on from this work in 2023, a collaboration between BSW ICB, B&NES Public Health team, Julian House, HCRG Care Group and Heart of Bath GP practice offered Covid and flu vaccines to those staying at Manvers Street hostel in central Bath, as well to the 'breakfast club' run by Julian House at the Salvation Army in Bath which is open to all rough sleepers and homeless people.

Feedback from the homeless and rough sleepers has included: "Thank you for doing that! I hate needles and not really bothered about getting the Covid jab but since you're here I'll have it, and I know it is a good thing for me to have really" (Homeless individual we met at the day centre).

"Go on then. I have a very bad chest and if you say it's important for me to have them then I'll have them!" (Rough sleeper we met at the day centre who had both Covid 19 and flu vaccinations).

This work continues to link in well with the BANES Homeless Partnership and will continue throughout 2024-25.

Chapter 5: Climate Change

No.	Priority for 2024-25
5	Scope the health protection work that could be undertaken to support prevention of climate change and mitigation of climate change impact and make recommendations for action.

During 2023-24 the impact of climate change was considered across all workstreams and has been identified as a priority for focus in 2024-25.

There are many known risks to health associated with Climate Change. Extreme heat during summer months can lead to a decline in human health especially in the health and wellbeing of older people and lead to deaths from cardiovascular and respiratory disease. High temperatures can also increase air pollution ground level ozone and particulate matter in the air which can exacerbate health impacts. Extreme weather events and flooding can also be detrimental to human health with flooding in buildings leading to mould and damp and poor air quality. In addition to this, extreme events can trigger or exacerbate mental health issues such as depression and anxiety.

B&NES Council have worked in recent years to mitigate the health impacts of climate change. This work has included an air quality project in Farrington Gurney and Temple Cloud to raise community awareness of the steps they can take to reduce their exposure to poor air quality and including work with local schools. The Council has also engaged health social care and other frontline professionals in understanding the problems associated with cold homes and what resources and support they can signpost residents to improve housing warmth.

A priority for 2024-25 will be to further scope the health protection work that could be undertaken to support prevention of climate change and mitigation of climate change impact across partners and make recommendations for action.

Chapter 6: Screening

No.	Priority for 2024-25
6	Review B&NES coverage for each NHS screening programme to identify needs/gaps and priorities for action.

During 2023-24 screening was monitored by the HPB and worked on across partner organisations. Screening has become an identified priority for focus in 2024-25.

Screening is a way of finding out if people have a higher chance of having a health problem, so that early treatment can be offered or information given to help them make informed decisions. The NHS offers a range of screening tests to different

sections of the population, and you can read more about the NHS screening programmes on the NHS screening website

There are three NHS cancer screening programmes; breast screening, bowel screening and cervical screening. For two of the three cancer screening programmes; breast and cervical, we have seen a gradual decline in coverage (proportion of a defined population that received their screening) and whilst bowel screening slightly increased in 2023, compared to 2022, it is not as high as we would like it to be. The HPB have therefore agreed to review each screening programme to explore the data in more detail (i.e. what inequalities exist) and identify what action we can take locally.

One of the actions we can take is to incorporate promotion of screening programmes into our outreach and inequalities work, which we have started to do (see the section of this report on outreach vaccinations).

Bowel Screening Trend

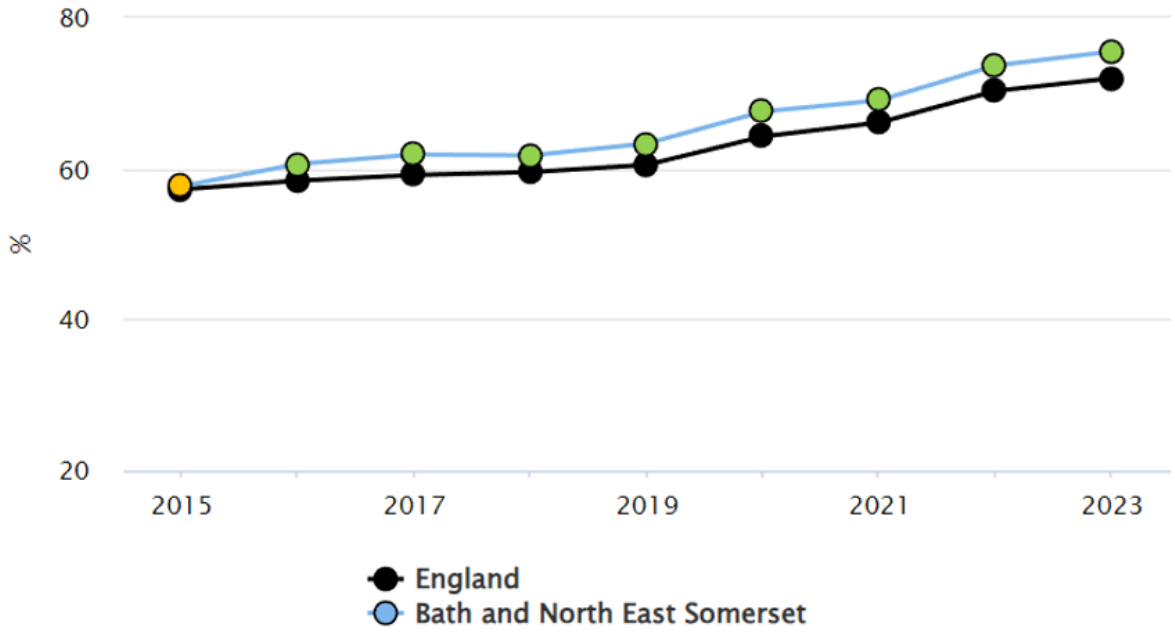


Figure 11: Percentage coverage of eligible people in B&NES who had their bowel screening between 2015 and 2023 (Source: OHID)

Breast Screening Trend

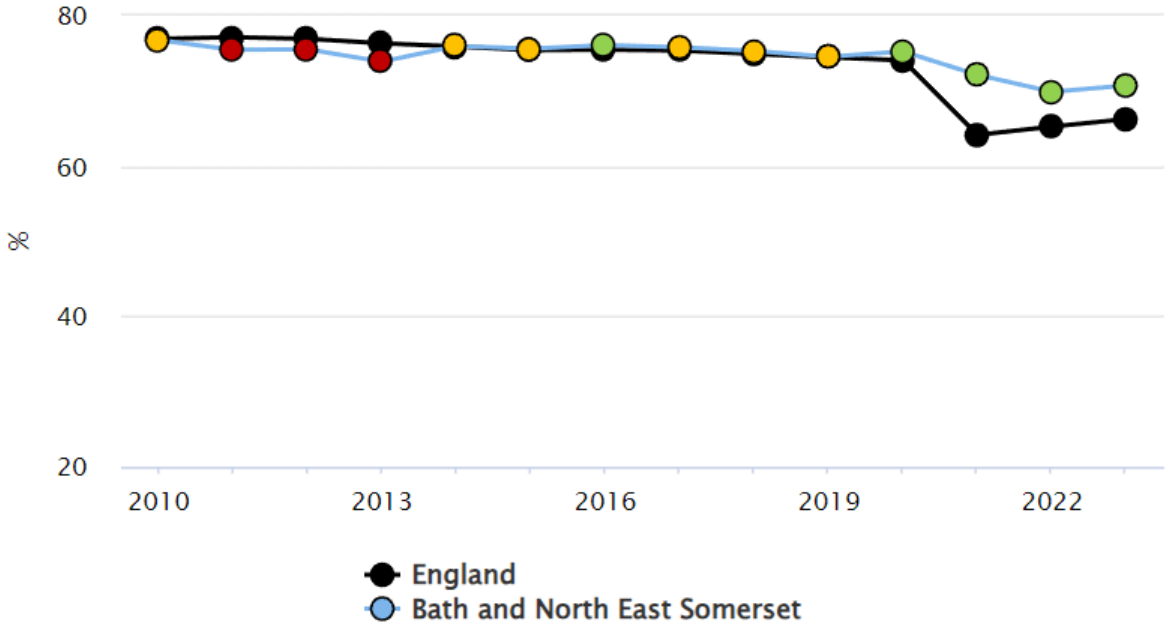


Figure 12: Percentage coverage of eligible people in B&NES who had their breast screening between 2010 and 2023 (Source: OHID)

Cervical Screening Trend: 25 - 49-year-olds

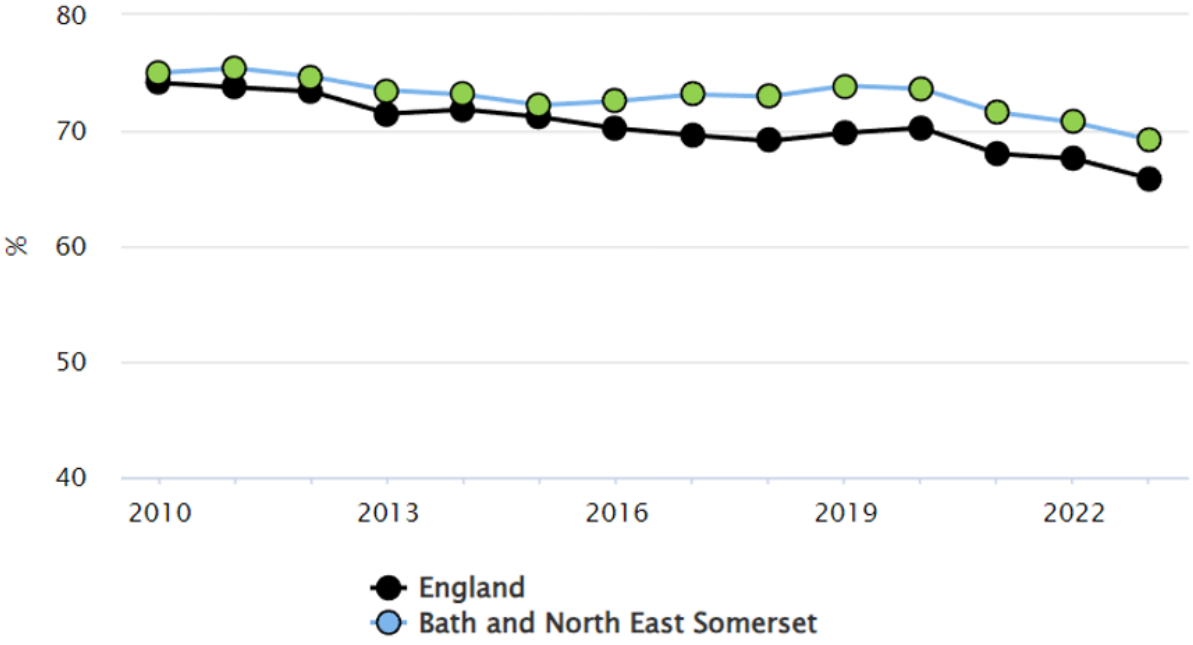


Figure 13: Percentage coverage of 25–49-year-olds eligible people in B&NES who had their cervical screening between 2010 and 2023 (Source: OHID)

Cervical Screening Trends: 50 – 64-year-olds

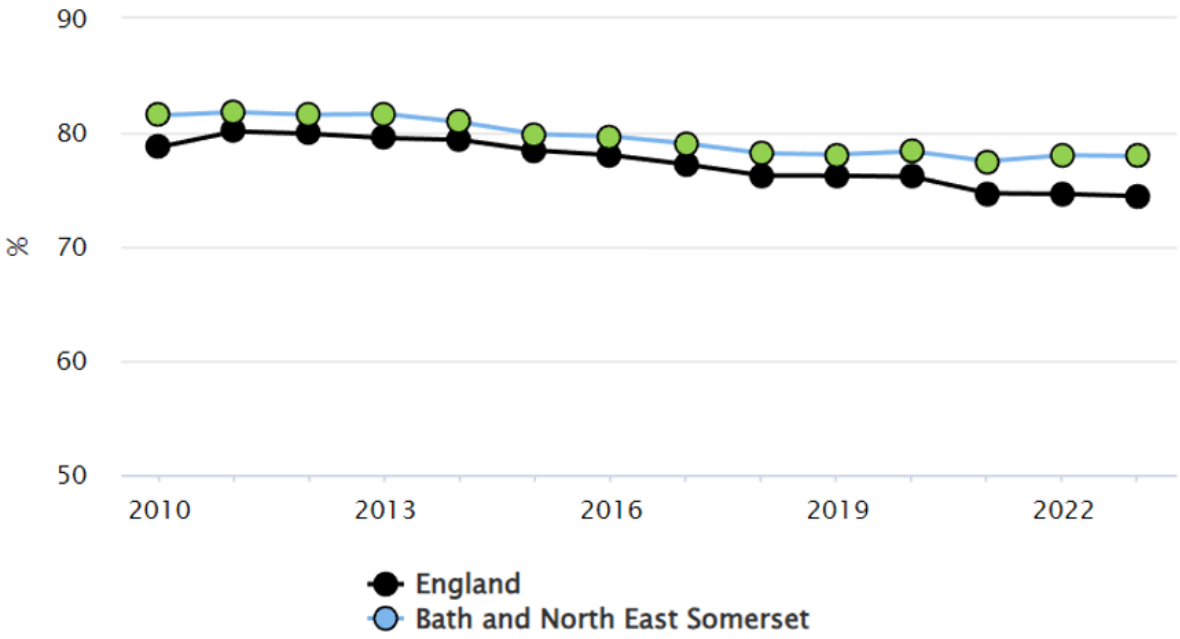


Figure 14: Figure 15: Percentage coverage of 50–65-year-olds eligible people in B&NES who had their cervical screening between 2010 and 2023 (Source: OHID)

Chapter 7: Recommended priority areas for 2024-25

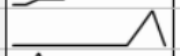
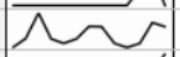
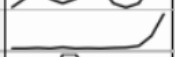
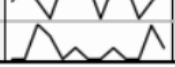
The Health Protection Board is committed to improving all work streams. As highlighted in this report, the following 6 recommended priorities for 2024-25 have been agreed by the HPB as key issues to be addressed to support improvement and provide assurance that suitable arrangements are in place in B&NES to protect the health of the population.

The process of reaching the recommended priorities has been informed through monitoring key performance indicators, maintaining a risk log, use of local and national intelligence, and learning from debriefs of outbreaks and incidents. They are also informed by Local Health Resilience Partnership & Local Resilience Forum work plans, which are based on Community Risk Registers. The recommended priorities also align with UKHSA and BSW ICB priorities.

No.	Priority
1	Assurance: continue to monitor the performance of specialist areas, identify risks, ensure mitigation is in place and escalate as necessary
2	Continue to actively participate in the prevention, preparedness and management of outbreaks and incidents with partner agencies to slow down and prevent the spread of communicable disease and manage environmental hazards
3	Continue to ensure that the public and partner organisations are informed about emerging threats to health
4	Help improve immunisation uptake and reduce inequalities in uptake, particularly MMR vaccination. Contribute to the development of a new Integrated Vaccine Strategy for BSW and outreach vaccination model for B&NES.
5	Scope the health protection work that could be undertaken to support prevention of climate change and mitigation of climate change impact and make recommendations for action.
6	Review B&NES coverage for each NHS screening programme to identify needs/gaps and priorities for action.

<END>

Appendix 1 - Rates per 100,000 of the B&NES population for various infectious diseases and the trend over time

Infection/Disease	Rate per 100,000 population													Trend	Comparison to Q1-2024
	Q2-2021	Q3-2021	Q4-2021	Q1-2022	Q2-2022	Q3-2022	Q4-2022	Q1-2023	Q2-2023	Q3-2023	Q4-2023	Q1-2024	Q2-2024		
Scarlet Fever	0.0	0.0	0.0	0.5	1.0	9.2	26.1	80.3	7.7	3.1	17.9	-	-		-
Invasive Group A *Streptococcus* (iGAS)	**0.0**	**0.0**	**0.5**	**0.5**	**0.5**	**2.0**	**3.1**	**2.0**	**2.0**	**1.5**	**1.5**	**3.0**	**1.5**		↓
Measles	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.5	1.0	0.0		↓
Mumps	**1.0**	**2.1**	**5.2**	**2.0**	**1.5**	**2.0**	**3.6**	**3.5**	**1.5**	**1.0**	**1.5**	**4.0**	**3.5**		↓
Pertussis (whooping cough)	0.0	0.0	1.0	0.0	2.0	0.0	0.5	0.0	1.0	1.5	4.0	18.0	49.5		↑
Meningococcal infection	**0.0**	**0.0**	**0.5**	**0.0**	**1.0**	**1.0**	**0.5**	**0.0**	**0.0**	**0.0**	**0.5**	**0.5**	**0.0**		↓
Legionnaires	0.0	0.0	0.0	0.0	0.0	0.5	0.5	1.0	0.5	0.5	0.0	0.0	1.0		↑
Campylobacter spp.	**31.2**	**30.1**	**30.7**	**19.4**	**27.6**	**26.1**	**19.4**	**15.5**	**24.5**	**30.5**	**17.5**	**19.0**	**31.5**		↑
Cryptosporidium spp.	1.0	3.1	4.2	1.5	2.0	2.6	0.5	1.0	2.0	3.5	7.0	2.0	3.0		↑
Escherichia coli STEC	**0.0**	**1.6**	**0.0**	**0.5**	**0.5**	**0.5**	**0.5**	**0.5**	**0.5**	**0.0**	**0.5**	**1.0**	**0.0**		↓
Giardia spp.	1.6	2.1	2.6	2.0	1.5	2.6	1.5	1.0	3.5	4.0	2.5	4.5	2.5		↓
Salmonella enteriditis	**0.0**	**0.5**	**0.0**	**1.5**	**0.0**	**0.5**	**2.6**	**0.5**	**0.5**	**2.0**	**0.5**	**0.0**	**1.0**		↑
Salmonella typhimurium	0.5	1.0	0.5	0.0	1.0	1.0	1.0	0.0	1.0	1.0	0.0	0.5	1.0		↑
Shigella spp.	**0.0**	**0.0**	**1.6**	**1.0**	**0.0**	**0.5**	**0.0**	**0.0**	**0.5**	**0.0**	**0.0**	**1.5**	**0.5**		↓

HPZone and SGSS data that have no known local authority are included in South West rates.
Rates are rounded to one decimal place, rates of 0.0 per 100,000 population do not therefore equate to no cases across the South West – please refer to individual UTLA summaries.

Tuberculosis†

†Quarterly rates are not available. Annual rates are presented.

Infection	Rate per 100,000 population										Trend	Comparison to 2021
	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022		
Tuberculosis	5.0	10.5	6.5	2.7	1.6	2.6	4.1	0.0	2.6	3.6		↑

This page is intentionally left blank

Bath & North East Somerset Council	
MEETING/ DECISION MAKER:	**Health & Wellbeing Board**
MEETING/ DECISION DATE:	**7 November 2024**
TITLE:	**Director of Public Health Report:**
WARD:	All
AN OPEN PUBLIC ITEM	
List of attachments to this report: **Direct of Public Health 2023/24 Tackling Food Insecurity in B&NES** Please list all the appendices here, clearly indicating any which are exempt and the reasons for exemption	

1 THE ISSUE

1.1 The production of an independent annual report on the health of the local population is a statutory requirement of Directors of Public Health. The focus of this annual report is on household food insecurity in Bath and North East Somerset (B&NES). This report describes the rising number of individuals in B&NES who are reporting that they sometimes or often have not had enough to eat and the impact of this on individuals' health and wellbeing and on society. It explores the drivers of food insecurity, including the impact of low income, adverse life experiences and breakdown in support networks. The report describes the coordinated action that is underway to tackle food insecurity in B&NES and it presents four recommendations. We ask that the Board consider the report and the recommendations and continue to advocate for action to address food insecurity in B&NES.

2 RECOMMENDATION

The Committee is asked to;

2.1 Understand the position of household food insecurity for the population in B&NES and the recommendations made in the report to further tackle this.

2.2 Consider how members can continue to advocate for action to address food insecurity through their roles and networks.

2.3 Note the summary of progress on recommendations made in the previous DPH annual report.

3 THE REPORT

3.1 Food insecurity is described by the Food Standards Agency as having access at all times to enough food that is sufficiently varied and culturally appropriate to sustain an active and healthy lifestyle. The experience of food insecurity varies and can range from compromising on quality and variety to reducing food intake or disrupting eating patterns.

3.2 Food has an impact on individuals at all stages of life, from the pregnancy and neonatal period through to older age. At all ages there is a reduction in immunity, worse mental and physical health and worse cognitive function. Within the household, food insecurity can disrupt family dynamics and necessitate actions such as borrowing money or selling possessions. At a societal level food insecurity disrupts learning and education, reduces productivity and participation, increases the need for health and social care, and prevents social and economic development.

3.3 Despite the UK as a while being relatively food secure, a significant proportion of the population suffer from food insecurity. The University of Southampton's food insecurity tool identifies 3.9% of the B&NES population as living in areas which rank in the 20% at highest risk of food insecurity in England. This is equivalent to approximately 7,611 individuals. The Voicebox Survey 2023 showed an increase in those who either sometimes or often did not have enough to at from 2% in 2023 to 5%, whilst the number who had enough of the kinds of foods they wanted, decreased from 76% to 66%. The later value has been found by the University of Bath to be even lower in those who are receiving pension credits (51%).

3.4 The Trussel Trust has identified 3 key drivers of food insecurity, low income, adverse life experiences and a lack of informal support. These factors are exacerbated by limited availability of affordable, healthy and acceptable food. Research undertaken by the University of Bath found that the main local drivers reflected those seen elsewhere, namely low wages, insecure employment, problems with the benefits system and health issues.

3.5 Bath and North East Somerset has a wide range of food-insecurity-related activity. The Fair Food Alliance is critical in supporting and coordinating the work of B&NES Council, St John's Foundation and a wide range of partner organisations including local, national and international charities. The aim of the Alliance is to eliminate the need for crisis food intervention and significantly reduce the number of people living with all degrees of food insecurity.

3.6 At a civic level, the Council Economic and Corporate strategies and the development of the Local Plan, support key areas that impact on food insecurity including giving people a bigger say, sustainability and the climate, and economic development and good work for all. The Joint Health and Wellbeing

Strategy also places an emphasis on listening to communities and working with them to build stronger places and focuses on the development of sustainable places. It also recognises the importance of skills, good work and employment and the need for this to be fair and inclusive, providing a foundation for food security.

3.7 Achieving change across a population requires services that are effective and accessible. Those experiencing financial and food insecurity are supported by the Council Welfare Team, Citizens Advice B&NES, and the Community Wellbeing Hub. Food insecurity also has a significant impact on children and the Holiday Activities and Food programme provides an opportunity for children who are eligible for benefit-related free school meals to enjoy the company of others as well as receiving a nutritious meal. Alongside the Holiday Activities and Food programme, the B&NES Public Health team are working to engage more schools in the Affordable Schools Programme.

3.8 The report describes the wide range of community-level interventions that support individuals in B&NES. These range from emergency food provision to community-led growing enterprises. Many of these organisations hope to continue their work but also to achieve more, for example the Hive Community Centre would like to increase their offer to users to include benefits advice and mental health support and Grow Timsbury would like to expand to include a monthly ‘Share and Repair’ café.

3.9 The report sets out four wide-ranging recommendations that could assist in taking further action on food insecurity. These are:

(1) Work effectively through the structure of the Fair Food Alliance to review and fulfil the ambitions of the Food Equity Action Plan and to broaden engagement.

(2) Raise awareness and recognition of and embed food security within the Children and Young People’s Plan.

(3) All partners to support progress on upstream determinants of food insecurity through advocating for action on the universal credit essentials offer, widening criteria for free school meals and opt-out for key benefits.

(4) Take forward the conversation with system partners about the development of a local food strategy for B&NES that contributes to addressing household food insecurity, as committed to in the B&NES Economic Strategy 2024-2034.

3.10 Finally, the report reflects on the recommendations made in the previous Director of Public Health Report and the progress that has been made against these and provides an updated list of public health indicators for B&NES.

4 STATUTORY CONSIDERATIONS

4.1 The production of an independent annual report on the health of the local population is a statutory requirement of Directors of Public Health.

5 RESOURCE IMPLICATIONS (FINANCE, PROPERTY, PEOPLE)

5.1 The recommendations made in the report will primarily impact on the work of the Fair Food Alliance. Information on food insecurity in children will be reported into the Children & Young People's subgroup.

6 RISK MANAGEMENT

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

7 EQUALITIES

7.1 This report describes the current situation with regard to household food insecurity in Bath and North East Somerset. An EIA has therefore not been carried out.

7.2 This report demonstrates the contribution poor access to good food has in perpetuating inequality and that the drivers of food insecurity affect groups unequally. It acknowledges that interventions being undertaken aim to reduce inequalities The final chapter reflects on the recommendations from the previous Director of Public Health report and the progress that has been made against these including in tackling inequalities.

8 CLIMATE CHANGE

8.1 The report recognises the close relationship that food security has with the environment through its description of good food. It acknowledges the work done by the Council and the Health and Wellbeing Board to promote the climate and ecological emergency and to help create sustainable futures, as well as the contribution that many of the organisations involved in food security make towards reducing food waste.

9 OTHER OPTIONS CONSIDERED

9.1 None

10 CONSULTATION

10.1 Consultation was undertaken with Council teams and external organisations who have contributed to the report.

Contact person	Kate Richards, Public Health Specialty Registrar, Public Health & Prevention directorate, B&NES Council kate_richards@bathnes.gov.uk
Background papers	Director of Public Health Annual Report 2023-24
Please contact the report author if you need to access this report in an alternative format	

Tackling Food Insecurity in B&NES

Rising to the Challenge

Bath & North East Somerset Council

Improving People's Lives

Director of Public Health Report 2023/24

Contents

Introduction

Welcome to my Annual Report 2023/24 for Bath and North East Somerset which shines a spotlight on food insecurity and its damaging consequences, and sets out some of the activity happening to tackle it.

Food security is described by the Food Standards Agency as having access at all times to enough food that is both sufficiently varied and culturally appropriate to sustain an active and healthy lifestyle. The effects of not having access to or being able to consume sufficient quality food can be wide ranging and severe. Babies, children and adults living in food insecure households are more likely to experience slower rates of development (babies and children), poorer mental health, reduced ability to concentrate in education, work and social situations, malnutrition, dental decay, obesity, and in adult life in particular cardiovascular disease, disability, and greater limitations in activities of daily living.

The B&NES Corporate Strategy sets out the priority given by the Council to reducing inequality and supporting vulnerable children and adults. This annual report with a focus on household food insecurity demonstrates the contribution poor access to good food has to perpetuating inequality and affecting outcomes for people. Actions to address food insecurity are therefore a key contribution to delivering the Council's corporate and wider partnership strategies.

In Chapter 1 we look at what access to sufficient quality good food looks like and what the current picture is locally and nationally.

A number of factors can drive food insecurity and these are explored in Chapter 2. Not having enough money coming into the household is the most pressing factor. We also see how adverse life events can exacerbate the impacts of insufficient income.

There has been a significant response in B&NES to food insecurity, with institutions, organisations and communities rising to meet the challenge. In Chapter 3 we look at examples of such work taking place at a local level and hear from those taking action to prevent and reduce the impact of food insecurity. We consider actions that are taking place at three levels: the civic level, service level and community level and find out more about the important role of the Fair Food Alliance in coordinating and progressing this action.

Having recognised what is currently being taken forward to address food insecurity, Chapter 4 of the report sets out a number of wide-ranging recommendations to take action further.

Finally, the report concludes in Chapter 5 looking back at the recommendations made in the previous DPH report and summarising the progress made against them.

My very grateful thanks go to everyone who has contributed to the production of this report: Amy McCullough, Anna Dietrich, Andrew Forsey, Bath Community Kitchen, Bea Symington, Cathy McMahon, Claire Henwood, Claire Davies, Deborah Griffin, Fiona Bell, Grainne Moher, Jill Souter, Joe Prince, Kate Richards, Katy Wilkins, Marcia Burgham, Milly Carmichael, Paul Scott, Ryan Thomas, Sam Gilett, Sarah Heathcote, Sharon Walter, Sonia Swaby and Veronica Kuperman.

And I'm particularly thankful to Kate Richards who led the writing of the report, working closely with Cathy McMahon and Milly Carmichael.

Becky Reynolds,
Director of Public Health and Prevention.

Chapter 1 - An Introduction to Household Food Insecurity

> Bath may be a rich city attracting tourists from all around the world, but below the surface many of us are struggling to make ends meet.

Oasis Bath Attendee

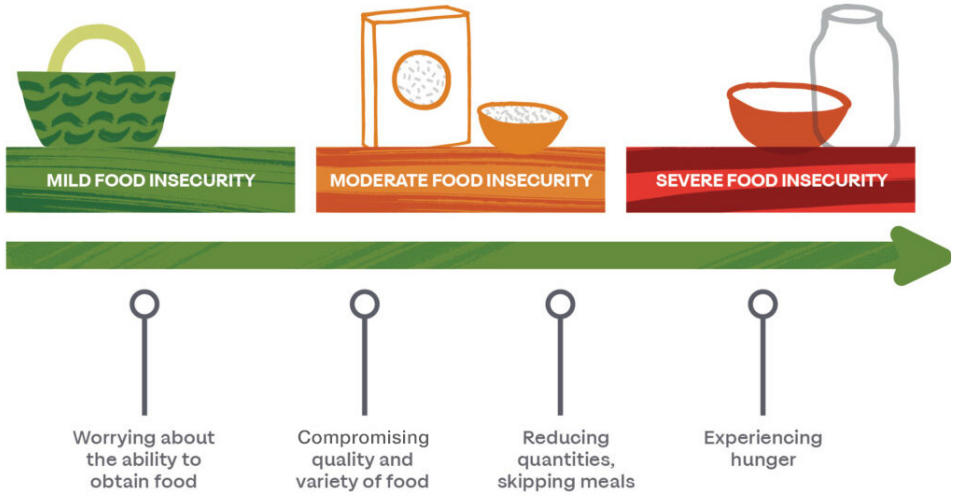
What is Household Food Insecurity?

The Food Standards Agency describes food security as “having access at all times to enough food that is both sufficiently varied and culturally appropriate to sustain an active and healthy lifestyle”.

Moderate food insecurity or low food security results in households compromising on the quality and variety in their diets. Severe food insecurity or very low food security means that individuals reduce their food intake or disrupt their eating patterns (1).

The experience of food insecurity varies and is not always related to hunger. It may include (2):

- Not having access to preferred, culturally familiar or medically required foods,
- Routinely being unable to afford food,
- Emergency need due to crisis,
- Some members of a household going without to feed others.



The different experiences of food insecurity reflect compromise around different elements of what makes food good. This will be explored in more detail on page 6.

Individual households can suffer from food insecurity even whilst the UK as a whole is food secure (1).

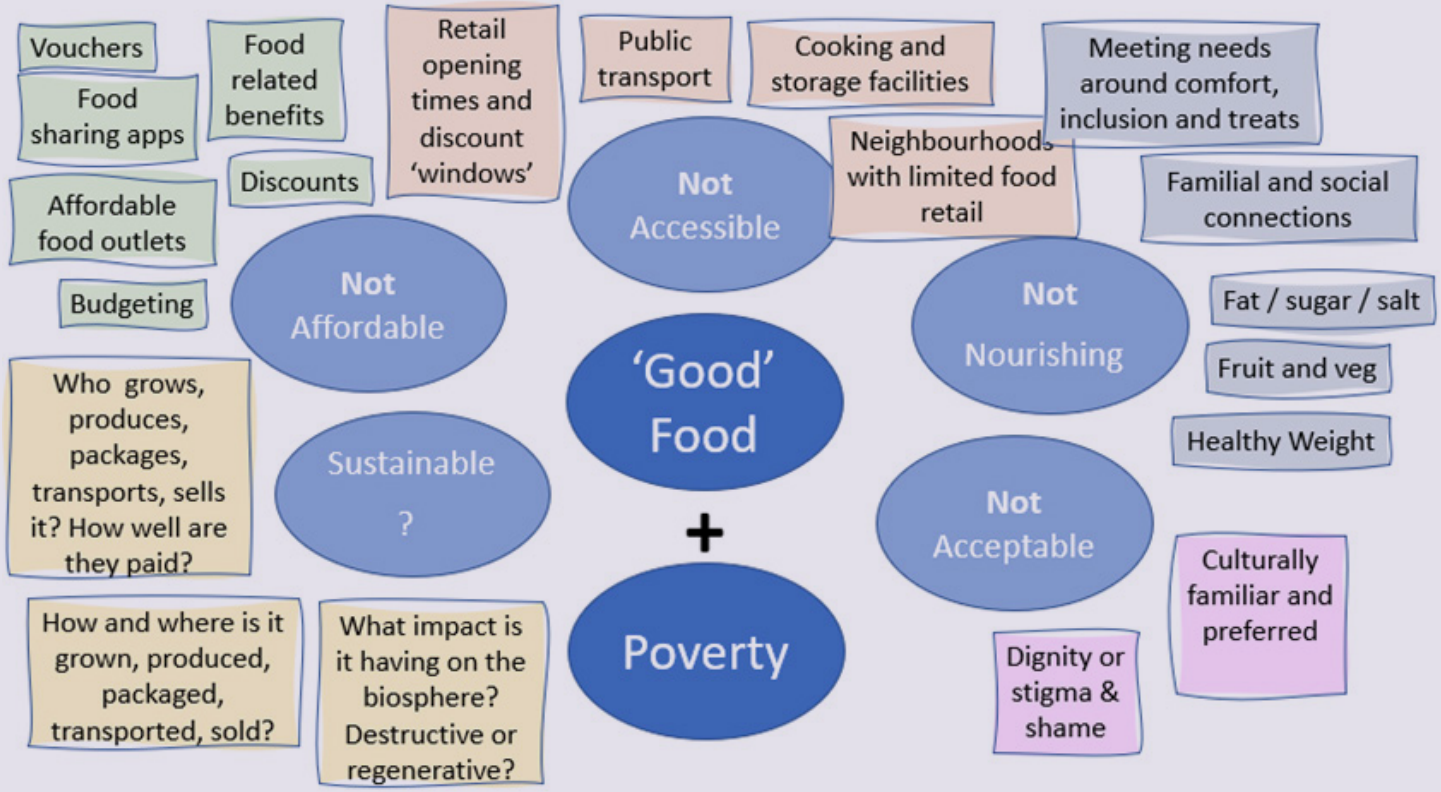
The chronic stress and worry of insecure, insufficient or compromised food supply can be as damaging to health and wellbeing as the impacts of poor nutrition.

What Does Good Food Look Like?

This diagram describes how good food should be affordable, accessible, nourishing, acceptable and sustainable. It also identifies some of the factors that affect these elements. Whilst the individual experience of food insecurity can vary, it occurs when one of these key elements of good food is compromised.

There can be complex interactions and competition between these elements. What is affordable may not be the most nourishing, and what is sustainable may not be the most accessible. This leads to conflict within this model.

Food insecurity frequently compromises all of the elements of good food to the extent that what is affordable and accessible become the only considerations.



The National Picture

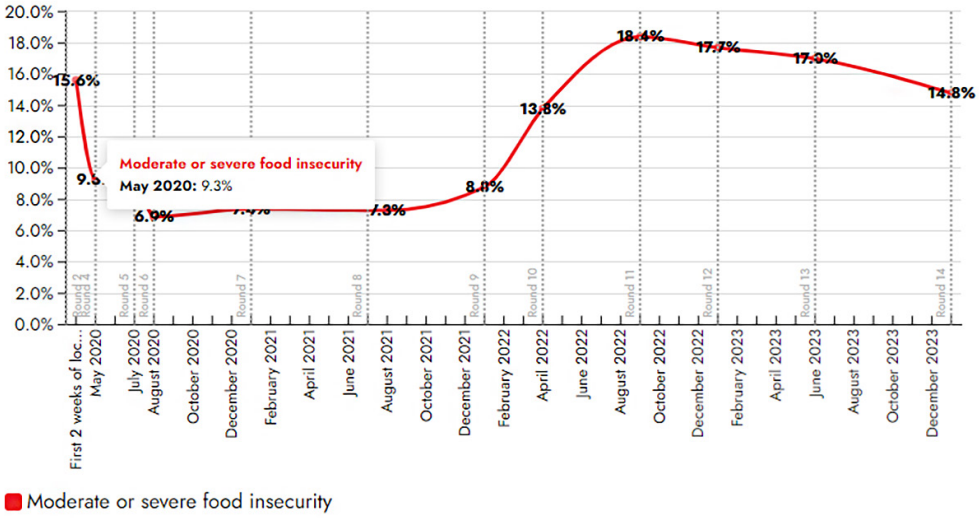
Despite the UK as a whole being relatively food secure, a significant proportion of the population suffer from food insecurity.

The UK Government didn't routinely measure food insecurity until 2019/20 when it was first included in the Department for Work and Pensions Family Resource Survey (3). In 2022/23 10% of households were food insecure and 7% classified as having marginal food security. The Trussell Trust Hunger in the UK Report 2023 noted that **14% of individuals** were going without or cutting back on food due to lack of money in 2021/22 (4). Meanwhile, the Food Foundation reports **14.8% of the population** to be suffering moderate to severe food insecurity (5).

Feeding Britain, a national network of partnerships focusing on prevention and support around food insecurity, have noticed more households than ever before are now accessing affordable food clubs. Official data suggest that as many people report accessing this tier of provision, as report accessing food banks - despite awareness and coverage of the latter being greater.

8 million adults (14.8% of households) experienced food insecurity in January 2024

Percentage of households experiencing food insecurity*:



* 1-month recall period

The Food Foundation

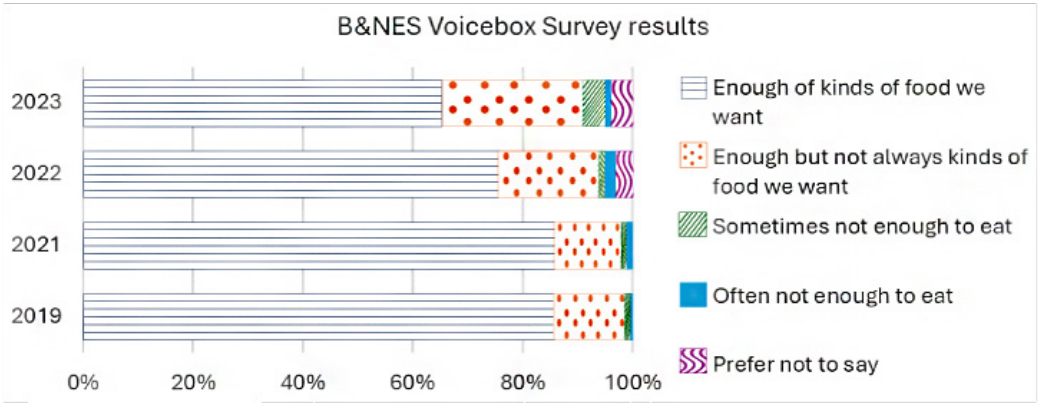
Household Food Insecurity in Bath and North East Somerset (B&NES)

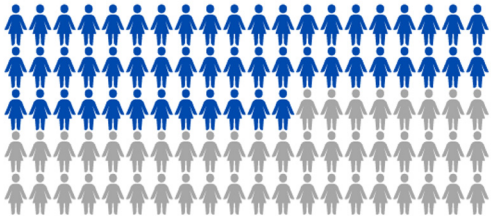
The situation in B&NES reflects the national picture, with rising numbers of individuals seeking support for destitution (the inability to meet the basic needs to keep warm, dry, clean and fed) and food insecurity.

The 2023 Voicebox Survey showed an increase in those who either sometimes or often did not have enough to eat. This increased from 2% in 2021 to 5% in 2023 which although appears small, could equate to more than **8000 residents** experiencing food shortages in late 2023. Meanwhile, there was a further reduction in those who had enough of the kinds of food they wanted from 76% to 66%.

University of Bath research into food insecurity

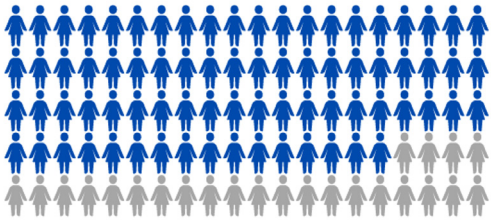
A questionnaire sent to those receiving pension credits in 2023 found that only 51% were food secure over the last 12 months. Furthermore, 1 in 10 had sometimes or often not had enough to eat, and 23% had no one in the local area that they could depend on (6).





Food secure Pension Credit Recipients: 51%

Pension Credit Survey 2023



Food secure B&NES Residents: 76%

Voicebox 2022

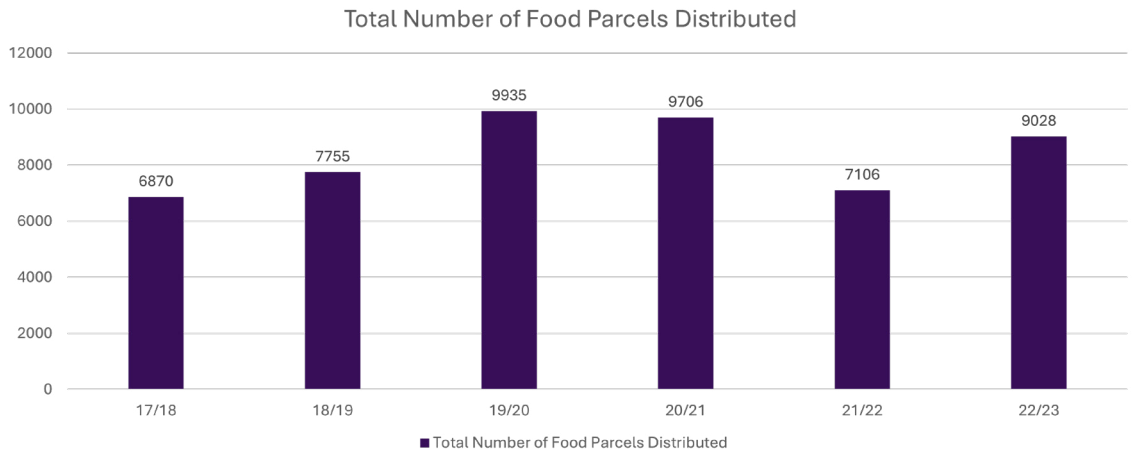
Household Food Insecurity in B&NES

The inability to obtain affordable food locally is reflected in use of affordable food projects. Food bank usage peaked in 2019/2020 prior to the COVID 19 pandemic, with 9935 food parcels distributed that year.

In B&NES we have a strong network of additional affordable food providers. It is now estimated that **4,200 people a week** receive food from affordable food projects. Bath Food Bank are welcoming approximately 50 new households a month who have not previously accessed support. The community charity Oasis Bath notes that they have seen "a significant increase both in the people coming to our pantries who are in work, and in people aged 45 to 65 who are out of work, who feel "stuck" and perceive that there are few opportunities available to them. In addition, the number of people attending with mental health difficulties who are struggling to access support services has increased significantly."

The repeated and predictable pattern of reduced demand in the first 2 to 3 weeks after cost of living payments followed by increased demand, indicates a clear link between the value of these payments and unmet need. At the same time as increasing demand, foodbanks are seeing a reduction in public contributions at supermarkets due to cost of living pressures, resulting in difficulties in meeting demands.

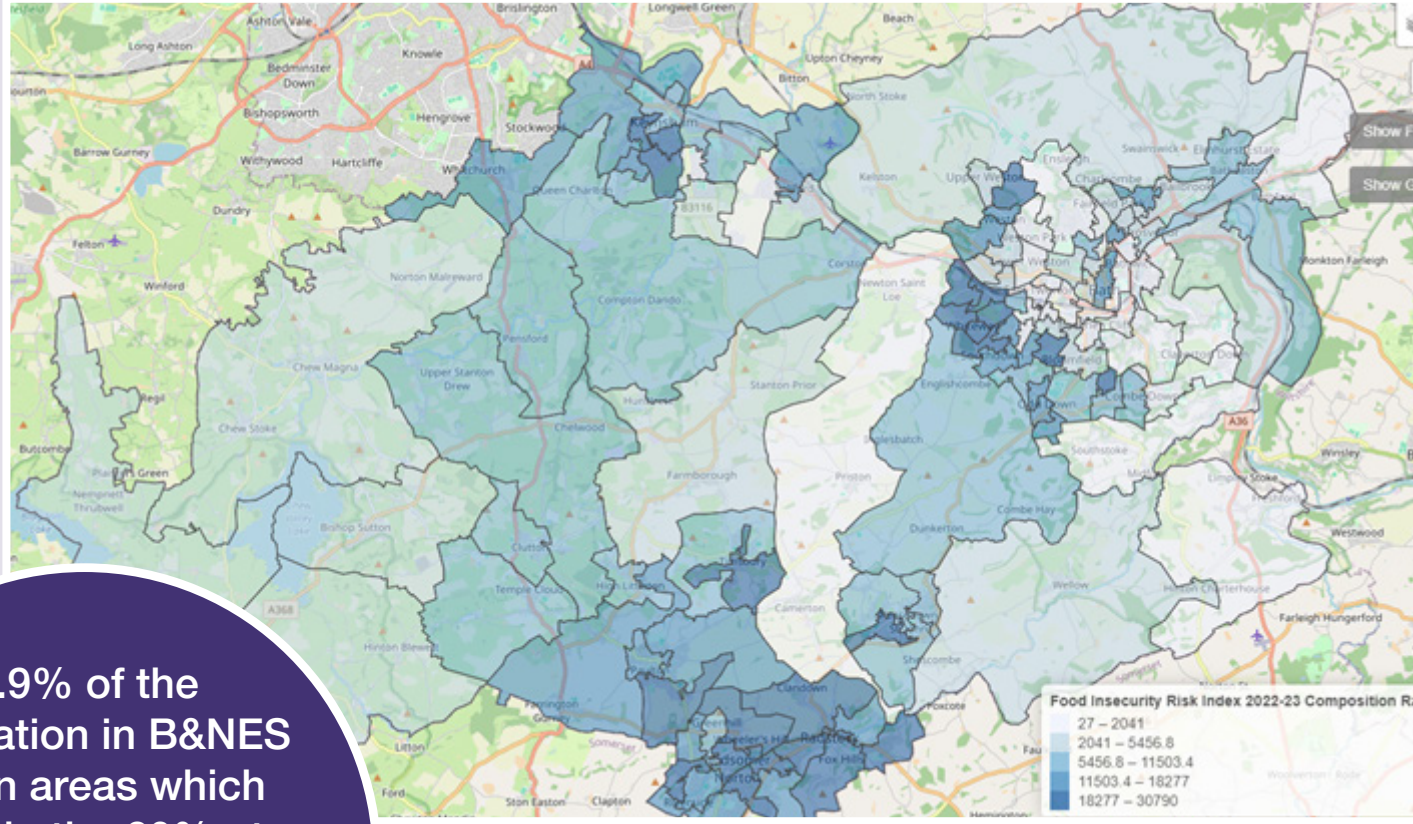
B&NES Food Bank Activity Trussell Trust 2017/8 to 2022/3



Household Food Insecurity in B&NES

The risk of food insecurity will vary between neighbourhoods, with more densely populated areas seeing higher levels of food insecurity. Increased need drives the development of local services, and we see the local community rising to meet these challenges.

Using this mapping tool from the University of Southampton can help the local system to understand and meet varying need across our local area. The tool estimates the relative rank of food insecurity risk across local areas, with risk being estimated using a number of contributing measures. Areas that are darker in colour on the map, with a higher rank are at higher risk.



3.9% of the population in B&NES live in areas which rank in the 20% at highest risk of food insecurity in England. This equates to 7,611 individuals (7).

The Impacts of Food Insecurity

Food insecurity has an impact on individuals at all stages of life. At all ages there is a reduction in immunity, worse mental and physical health, higher social and health care costs, and worse cognitive function (8-11).

Pregnancy & Neonatal:

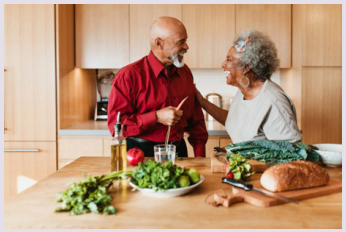
- Depression & stress during pregnancy (12).
- Changes in weight during pregnancy (13, 14).
- Impact on feeding, health, and mortality in newborns (12).

Children:

- Impact on mental health, socialising, and behaviour (15, 16).
- Effect on concentration and poor child development (16).
- Impaired glucose tolerance and type 2 diabetes in children and adolescents (17).
- Dental decay (18).

Adults:

- Increased chronic disease risk including high blood pressure, cardiovascular disease, and obesity (19-22).
- Impact on sleep and mental health (23, 24).
- Three times the rates of disability and long-term health conditions in those attending food banks (11).



Older adults:

- More vulnerable to effects of malnutrition.
- Limitations in activities of daily living (19).
- Depression and anxiety (19).

The Impacts of Food Insecurity

Household impacts of food insecurity

The previous page details some of the impacts of food insecurity on individuals at all ages. This includes the immediate physical effects of hunger and ill health. There are also impacts on the mental health of both adults and children (25-27). Individuals at all ages worry about access to food, fuelling anxiety and depression (25, 27). Seeking out affordable food options also generates feelings of being ashamed and embarrassed (25).

Food insecurity also has a variety of impacts on the household. This includes disrupted eating patterns and changes in family dynamics, for example in parent-child relationships (27). Families may also resort to alternative means of obtaining food such as borrowing money or selling possessions (27).

Societal implications of food insecurity

Food insecurity impairs both adult and child learning (25-27). For children this can include in formal education as well as through access to social activities and other learning opportunities. For example, there may be a decrease in the transfer of knowledge and skills between generations because of disorganised eating patterns (25, 27). There is also a reduction in productivity, alongside an increased need for healthcare (27).

Both children and adults can feel excluded from society and therefore decrease their participation (27). In some situations, despairing criminality may occur, with individuals going against their conscience and morals to obtain food (27).

The consequences of widening inequities, reduced learning and productivity, and societal exclusion prevent social and economic development (27).

Chapter 2 - The Drivers of Household Food Insecurity

“

It [The Community Centre] really does help, as a family of 5 we can always make 2 or 3 meals out of what we get for £3.50. The kids love the little treats. We never thought that we would need this but after my husband was ill and needed more heating, we spend £339 each month on electricity and that’s the wages all gone.

”

The Hive Community Centre Attendee

The Drivers of Food Insecurity

The Trussell Trust State of Hunger Report identified 3 key drivers of food insecurity, and specifically food bank use (28). These include low income, adverse life experiences and a lack of support.

Of these drivers, low income that does not reliably cover essential outgoings is the most significant and pressing factor.

In addition, affordable, healthy, and acceptable food is not always easily available.

Recent challenges that impact on food security include food price inflation, household incomes not increasing in line with costs, a reduction in surplus food available, and drought and conflict affecting exporting regions.

This chapter will look at each of these factors in more detail.

Low income

Income or benefits are insufficient and subject to sudden gaps and reductions.

Adverse life experiences

Most people experience a challenging life experience or ill health before needing a food bank.

Informal social networks

People who don't have, or have exhausted, support and have nowhere else to turn.

Low Income

Income is the most significant driver of food bank need (28). In particular, insufficient income from the social security benefits (28). Working age benefits are at a 40-year low and destitution is extending to reach more people and places than before (29). Almost four million people experienced destitution in 2022 (29). This is two-and-a-half times the number of people in 2017, and one million of these were children (29).

Of those referred to food banks in early 2020 (28):

95% were destitute (unable to afford basic needs).

The average income was **13%** of the national average.

86% of households were in receipt of social security.

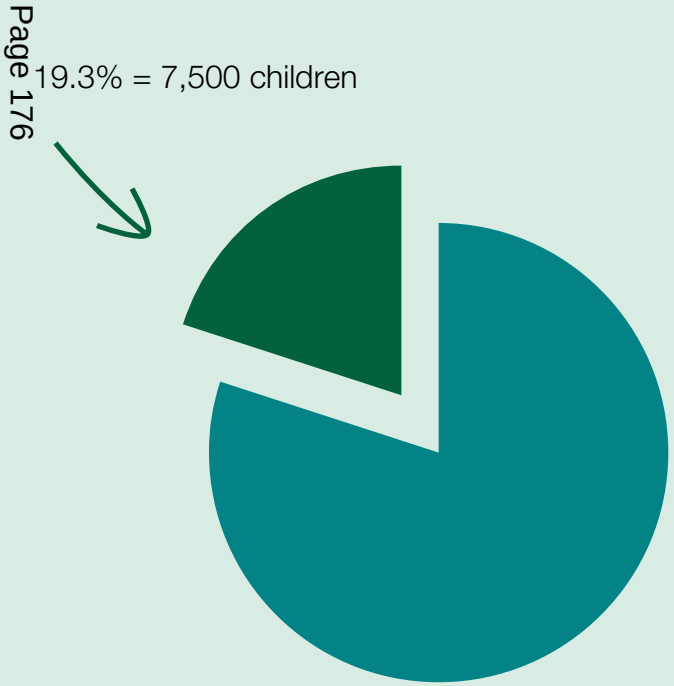
Food is often considered as a ‘squeezable’ aspect of household budgets, more so than housing costs. In an area like B&NES, where housing costs are particularly high relative to average salaries, this can increase vulnerability to food insecurity.

Feeding Britain have noted that both the number and intensity of income-related issues being addressed by on-site advice workers has grown rapidly. Recognising the relationship between poverty and food insecurity has led to projects such as Pathways from Poverty where in conjunction with Citizens Advice, Clean Slate Support Workers were placed inside established food projects. Clean Slate recognises that “food poverty is usually not the only form of poverty that households on a low income are experiencing” and that “placing our services in Food Projects will help reach those individuals otherwise missing out on support.”

Poverty can affect groups disproportionately. The Joseph Rowntree Foundation found that nearly three-quarters of those experiencing destitution are in receipt of social security payments. Those groups disproportionately affected by destitution include working-age adults, those from ethnic minorities, those living with a chronic health problem or disability, and migrants (29).

Poverty also has a significant impact on children. 17% of children in B&NES state-funded schools were eligible to receive Free School Meals in January 2024 (30). This is equivalent to just over 4,700 children. Meanwhile, nearly 7,500 children (19.3%) are living in households that meet the threshold for relative poverty after housing costs (2022/23) (31). It is recognised that nationally a significant proportion of children may be missing out on free school meals despite living in poverty (32).

Proportion of children living in relative poverty



> The B&NES Affordable Schools Programme is a 'movement' that seeks to make school an environment in which all children and young people can thrive whatever their family's financial circumstances. It is an important programme not only for those living in the poorest of circumstances, but for all B&NES families impacted by the rise in cost of living. At its heart is a commitment to work with partners to tackle inequalities, promote healthy places, and support people to live healthier lives (**B&NES Corporate Strategy 2023 to 2027**).
>
> **Claire Davies, Public Health & Prevention Team**

Life Experiences

Food insecurity can be associated with challenging life events. This could be due to life events impacting on income and food security, or because low income and food insecurity have increased the risk of these events. 72% of people referred to food banks in early 2020 had experienced a challenging life event in the previous year (28).

Challenging life experiences can include homelessness, becoming unwell or disabled, substance misuse, bereavement, household separation, eviction, domestic abuse, and offending. Adverse work-related experiences are also included and over one in three individuals referred to a food bank in early 2020 had experienced an adverse work-related event in the previous 12 months (28).

Image from: Brownfield, G. Life happens. Step Change Debt Charity 2019 (33)

Experience of life events amongst the population

Life event	Reduced hours at work for three months or more	Made redundant or became unemployed	New baby or child in the household	Became unwell with a chronic condition	Relationship breakdown or divorce	Took on full or part-time caring responsibilities for a friend or family member	Moved home	Bereavement
Number of GB adults experiencing this in their household in last two years	Over 2.5 million people	4.5 million people	Over 2.5 million people	4 million people	Over 2.5 million people	2 million people	Over 6 million people	Over 6 million people
Of those who experienced this life event in their household, proportion who were left financially worse off as a result	84% 2.1 million GB adults	67% Over 3 million GB adults	60% 1.5 million GB adults	59% 2.4 million GB adults	50% 1.25 million GB adults	50% 1 million GB adults	35% 2.1 million GB adults	11% 660,000 GB adults

The table above shows examples of life events and the number of adults in Great Britain who had experience of these in their household in the last 2 years: Reduced hours of work for 3 or more months 2.5 million, made redundant or became unemployed 4.5 million, new baby or child 2.5 million, became unwell with a chronic condition 4 million, relationship breakdown or divorce over 2.5 million, took on caring responsibilities 2 million, moved home over 6 million, bereavement over 6 million.

Those Affected by Food Insecurity

As with destitution, certain groups are more likely to be affected by food insecurity. Many of these factors relate to individuals' life experiences, for example ill health or adverse work-related experiences.

Food insecurity disproportionately affects households where an individual is disabled, working-age adults particularly if living alone or not currently in paid work, families with children, and those who have experienced structural inequalities (4). Research undertaken by the University of Bath in 2022 into food insecurity in B&NES found that the main local drivers reflected those seen elsewhere in the country; namely low wages, insecure employment, problems with the benefits system, and health issues (34).

The Trussell Trust also found that there were some differences between those groups who report higher risk of food insecurity and those who attend food banks, including for ethnic minority groups, people who are informal carers and those who identify as LGBTQ+ (4).

Recognising the complex lives of those attending affordable food projects, many organisations would like to expand their offer. Oasis Bath already host mental health services and addiction support groups alongside their food pantries and the Hive Community Centre would like to be able to offer mental health support.

Groups disproportionately affected by food insecurity

Member of household living with disability.

Families with children.

Working-age adult.

Those experiencing structural inequalities: ethnic minorities, women, people who are LGBTQ+, those who have ever applied for asylum, care leavers.

Informal Social Networks

Informal social networks can make the difference between people being able to access the essentials and going without (28). They can, therefore, make a significant difference to the need for free and affordable food support.

Research undertaken by the University of Bath in 2023 with a focus on older people demonstrated the importance of social networks (6). Factors found to support individuals in this study included neighbours and communities, church, lunch clubs, coffee mornings and community cafes, foodbanks and pantries, and meals on wheels.

Whilst they can be protective, good social networks alone cannot remove the risk of food insecurity and the need for adequate income. They are also fragile and can be easily disrupted or overwhelmed (28), for example by life events.

In the same way that affordable food projects provide support to manage finances and partner with mental health support services, many projects that respond to food insecurity also provide an opportunity for companionship and to build social networks.

> Our warm space project, Oasis Living Room, has run for two winters, and feedback from those attending is that they come primarily for a shared meal and companionship – social isolation has increased particularly since Covid.
>
> **Oasis Bath**

Food Availability

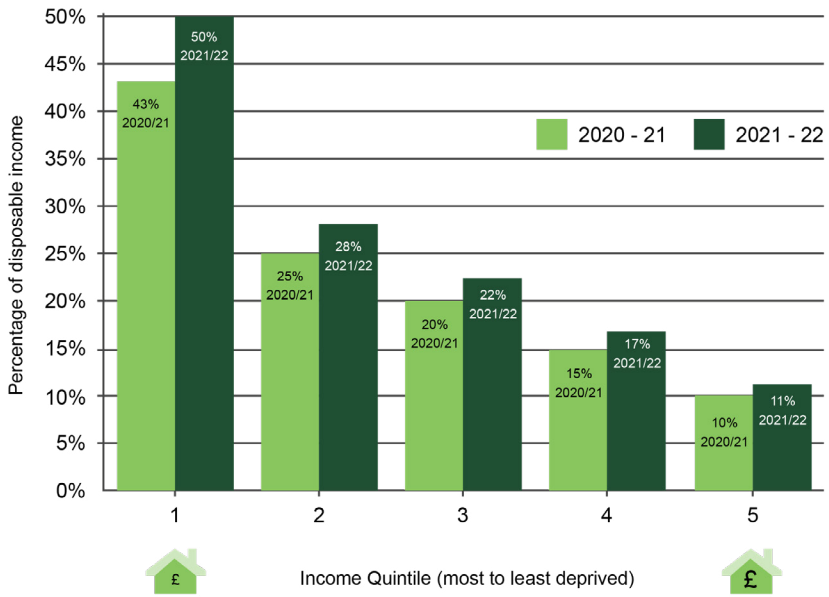
The food environment has a significant impact on the way we eat. The affordability, availability and appeal of food affects our ability to eat healthily and sustainably (18).

The Food Foundation found healthy foods to be over twice as expensive per calorie as less healthy foods. The most deprived fifth of the population would have to spend **50%** of their disposable income on food to meet the Government recommendations for a healthy diet. This is significantly more than the 11% the least deprived fifth of the population would need to spend. It is therefore not surprising that those on low income consume 37% less fruit and vegetables, 54% less oily fish and 17% less dietary fibre than the least deprived fifth of the population (18).

> Crop Drop coordinates the redistribution of fruit and vegetables from bountiful allotments and growers, linking allotments and food projects within the same area to help strengthen communities and minimise the food miles of allotment produce.
>
> **Fiona Bell, Crop Drop**

cropdrop org.uk

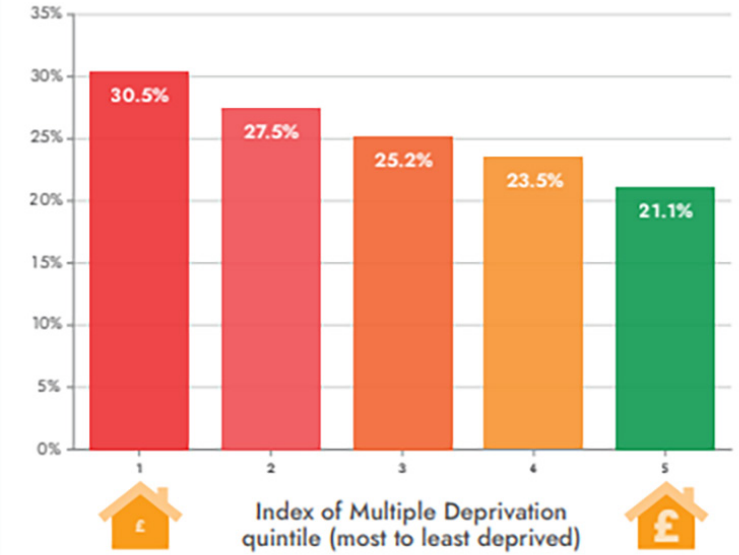
Percentage of disposable income required to afford the Eatwell Guide by income quintile



Source: FoodDB, University of Oxford, London School of Hygiene & Tropical Medicine secondary analysis of the Family Resources Survey 2021-22

The purchase of healthy food is also strongly influenced by availability of quality nutritious food, the nearby food retail offer and marketing and advertising (18). For example, fast food outlets are more prevalent where average income is lower. The location of fast-food outlets has been identified in the development of the B&NES Local Plan.

Percentage of all food outlets in England that are fast-food outlets by deprivation group



Source: Data from Ordnance Survey and analysed in collaboration with the MRC Epidemiology Unit at the University of Cambridge. © Crown copyright and database rights 2023 Ordnance Survey (100025252). This product includes data licensed from PointX © Database Right/Copyright (2023) and OS © Crown Copyright (2023). All rights reserved.

Grow Timsbury is a small volunteer organisation working to promote and enable local growing. One of our core aims is to develop a community growing space, accessible for all and creating a focus for sustainability through growing healthy, low cost, low carbon food.

We run a monthly outdoor village market. This promotes and supports local growing, providing an outlet for local producers, offering high quality and affordable produce whilst helping us to build awareness of Grow Timsbury.

Deborah, Grow Timsbury

Chapter 3 - Action on Household Food Insecurity

“

At Three Ways School we have developed close links with our local food bank providers to support and signpost families as needed.

Our open-door policy means families feel confident in asking for support. Working with local allotment projects also means we take a community approach to food with lots of healthy options in our Food Technology lessons.

”

Three Ways School

Acting Across the System

Bath and North East Somerset has a wide range of food insecurity-related activity ranging from emergency food provision to community-led growing enterprises. This activity is strengthened and co-ordinated by the B&NES Fair Food Alliance. Combatting food insecurity requires action at different points in our local system.

The Population Intervention Triangle was developed by the Health Inequalities National Support Team whilst working to reduce health inequalities (35). It focuses on a place rather than on individual problems and looks at what is required to produce measurable change. It describes how actions can occur at three points within the local system:

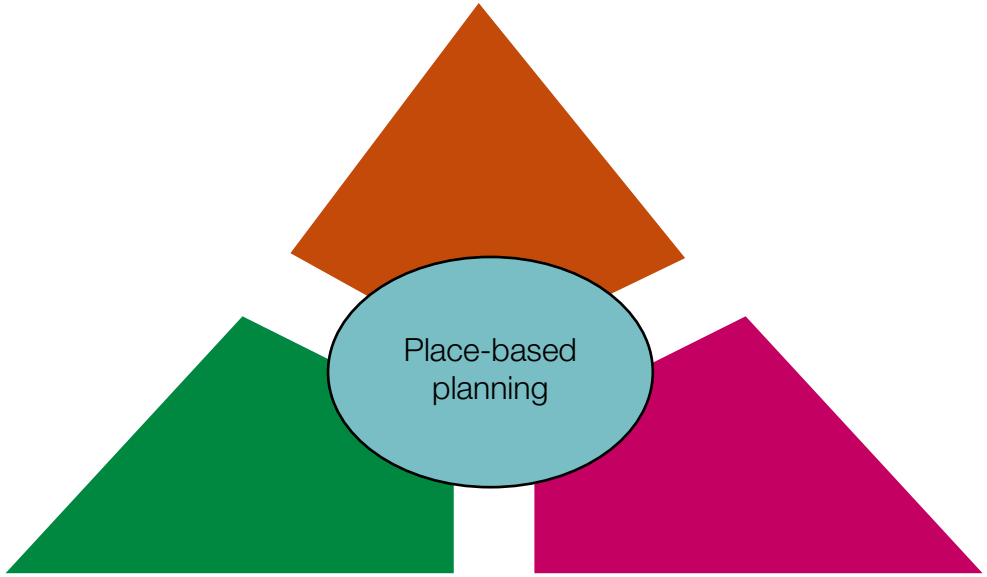
- Civic-level interventions
- Service-based interventions
- Community-centred interventions

Place-based planning

Civic-level Interventions: Includes policy and strategy development eg. B&NES Economic Strategy development, St John's Foundation, the Joint Health and Wellbeing Strategy.

Service-based Interventions: Providing high quality services, for example access to affordable schools, free school meals and Healthy Start vouchers.

Community-centred Interventions: The work of local groups and the community voice e.g. third sector member projects of the Affordable Food Network.



Civic-Level Interventions

Bath & North East Somerset Council has a wide range of civic functions. Alongside the Council, partner organisations like St John's Foundation are also working at a civic level to drive systemic change. Together with others, these organisations form the partnerships which are critical in tackling some of the causes of food insecurity.

Giving People a Bigger Say

The Corporate Strategy has an overarching purpose to improve people's lives in B&NES. One of its core policies is giving people a bigger say. A commitment is also made in the Economic Strategy to working in partnership to address challenges, and to make it easier for local organisations and residents to communicate with the Council and influence what happens. Listening to individuals and communities and working with them to build stronger places, is echoed in the Joint Health and Wellbeing Strategy, the B&NES Swindon and Wiltshire Integrated Care Strategy and the development of the Local Plan. Working in this way helps us to better understand how we can work with local residents to tackle food insecurity and builds capacity in local communities, promoting long term resilience. The University of Sheffield describes this as part of the transition to self-organisation and community-led action in their Food Ladders Approach (36).

A Sustainable Future

Since declaring a climate emergency in 2019 and an ecological emergency in 2020, the Council has been building on its work to tackle the climate and ecological emergency. The aim is to lead the way in building a sustainable future and this is reflected in the Corporate and Economic Strategies, in the development of the Local Plan, and through the Joint Health and Wellbeing Strategy's focus on sustainable places. This links to the upcoming Food Strategy that will develop a plan to access sufficient, safe, and nutritious food that will support food security for all. Achieving food security is crucial both at a district level to increase resilience to global climate and political challenges, and at household level, so that 'good' food is accessible and affordable for everyone.

Economic Development

The development of a sustainable economy and the provision of good quality work is fundamental in providing the right environment to combat food insecurity. The Corporate Strategy aims to achieve this through its principle of a resilient sustainable economy, and its priorities around good jobs and skills to thrive. The Local Plan also recognises sustainable economic development and the provision of the right jobs as part of its central aims. B&NES Council will be working collaboratively with BSW ICB colleagues and other partners to better understand the local work and health support offer, with the aim of improving support for people with long term conditions to start, stay in and return to work. This is part of the Government's Work Well programme.

Within the Economic Strategy there is a focus on achieving an economy that can support food security. This includes promoting place-based strengths to drive economic growth and on rural businesses that have links to land, landscape and our strong agriculture base, presenting opportunities for sustainable rural and eco-tourism, food security, horticultural development and AgriTech innovation. Finally, the Joint Health & Wellbeing Strategy recognises the importance of skills, good work and employment and the need for this to be fair and inclusive. Through this commitment, it promotes a pathway to health that tackles food insecurity.

St John's Foundation

Alongside the work of the local authority, St John's Foundation has shifted its focus. More funding now goes on efforts to create systemic change and improve infrastructure to meet existing need. "Supporting the Health Improvement Officer role in B&NES Public Health team helps St John's to address one of our key Foundation Fund manifesto areas: improving access to nutritious food. And vitally it helps support the three areas of systemic change, infrastructure support and meeting existing need. Since operating in the food security area, a shift in focus from emergency food support to longer-term sustainable planning has been seen."

Fareshare South West

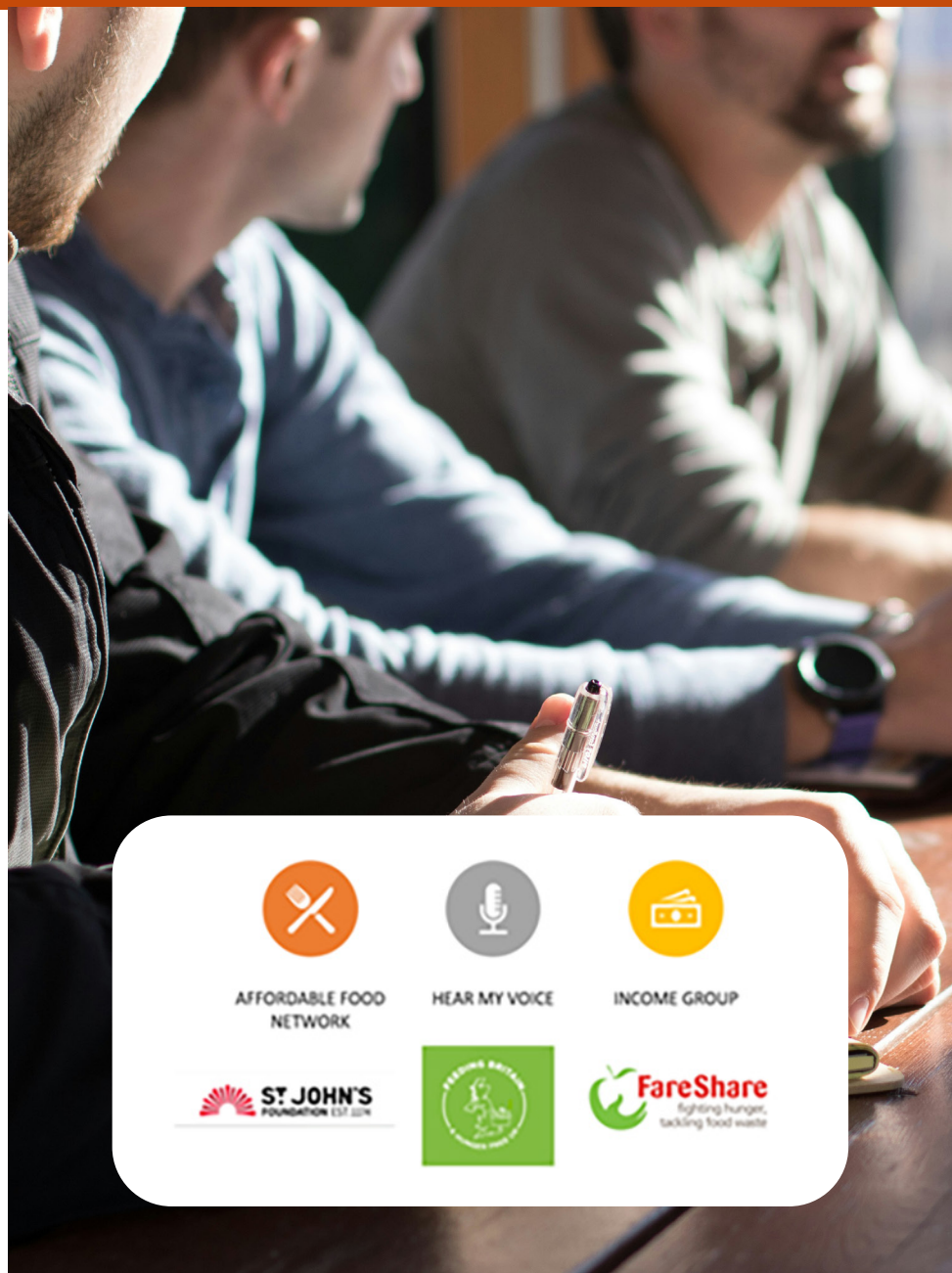
Tackling food insecurity and the climate emergency, Fareshare South West forms part of the UK's largest food charity. They creatively utilise quality surplus food, that would otherwise be wasted, and redistribute it to over 400 charities, schools and community groups across the South West. In 2021, this was enough for over 4.8 million meals.

The Fair Food Alliance

The Fair Food Alliance supports the coordinated work of B&NES Council, organisations like St John's Foundation, and a wide range of partner organisations. Its aim is to eliminate the need for crisis food intervention and significantly reduce the number of people living with all degrees of food insecurity. Membership includes local, regional and national charities, who have a focus on food insecurity and financial wellbeing, as well as Council departments, including welfare support, public health, youth services, business and skills, and children's services. The Alliance works closely with the University of Bath to ensure that the voice of those with lived experience of food insecurity is heard.

The Alliance adopts the Food Ladders approach and aims to move away from crisis support towards more sustainable solutions, with a focus on building resilience within individuals and communities, and on building relationships, support networks and longer terms solutions (36). It works through three task groups which focus on affordable food, income maximisation and hearing the voice of those with lived experience of food insecurity. The Affordable Food Network brings together providers of affordable food and wraparound support across B&NES. It is a collaborative and mutually supportive network that shares good practice and enables referrals between members to best meet customers' and members' needs. The Income Maximisation Group focuses on co-ordination and ensuring that benefits are widely promoted and that mechanisms to improve household incomes such as employment support, skills development and energy efficiency schemes are available.

The Fair Food Alliance has produced the B&NES Food Equity Action Plan 2022-2025 to support its work.



Service-Level Interventions

Achieving change across a population requires services that are effective and accessible, and which reach those who are in greatest need.

Those experiencing financial insecurity are supported by the Council Welfare Team and Citizens Advice B&NES. In 2022/23 the local Citizens Advice supported 4,874 new clients and in 2023/24 the Council Welfare Team supported 3,668 individuals, compared to 2,265 in 2019.

The Council's Welfare Support team have been key to distributing financial support to families and individuals using the Household Support Fund since its introduction in 2020. This has meant that all B&NES children who qualify for free school meals are currently supported financially throughout the school holidays, fuel vouchers are available for those struggling with energy payments, cash payments can be made for residents in crisis, and supermarket vouchers have helped those struggling to afford the weekly shop. The demand for food support has risen year on year since 2021.

The Community Wellbeing Hub provides a central place to access a range of services. It offers a holistic response to support health and wellbeing needs including advice on housing, money, benefits and the cost of living, employment, achieving a healthy weight and accessing affordable food.

The Healthy Start Scheme provides women who are pregnant or have young children, and who are receiving benefits with vouchers to support the purchase of healthy food, milk and vitamins. Uptake of this scheme in B&NES is 77%, which means that 202 eligible recipients are not accessing the scheme (37).

Pathways from Poverty

Clean Slate was funded under the Pathways from Poverty Project to deliver face to face and remote support to individuals on a low income. Clean Slate Support Workers were placed inside established food projects. Certain client groups had not been accessing services in the same way as they had prior to the pandemic, and it was felt that digital exclusion may be one reason for this. Placing services in food projects helped to reach those individuals otherwise missing out on support. Further funding has been secured to continue this work.

Anna Dietrich, Clean Slate

Community Wellbeing Hub
Bath and North East Somerset

NHS Healthy Start

Using funding from the Department for Education B&NES Council has commissioned the Holiday Activities and Food programme. This programme provides an opportunity for children who are eligible for benefit-related free school meals to enjoy the company of others in a safe, active and friendly environment as well as receiving a nutritious meal.

> I never thought I could make something like this [meal] and it's been good – everything is so good. Things I wouldn't do at home or think I would like.
>
> **(Quote from 2022 Director of Public Health report)**

Alongside the Holiday Activities and Food programme, B&NES Council are working to engage more local schools in the Affordable Schools Programme, to make school an environment in which all children can thrive. Almost half of B&NES state schools have engaged with the programme at some level. This has the potential to impact upon the health and wellbeing of 15,951 children and young people. Of these 2,832 are from families in receipt of benefit related free school meals with untold numbers above this low threshold also experiencing financial hardship and food insecurity.

> The Affordable Schools Programme has helped to focus our minds on any school event or practice that could cost parents money. We have relentlessly ensured that it is very clear in our communications to parents that payments are voluntary. This applies to the vast majority of times when we are asking for contributions.
>
> **Warrick Barton, Headteacher, Pensford Primary School**

Community-Level Interventions

Grow Timsbury

We run a monthly outdoor village market including a pop-up café from April to November. We are looking into the potential to expand to include a monthly 'Share & Repair' café. In 2023, we ran 6 monthly markets from May to October. These markets attracted 150-220 people per market, providing opportunities for 13 local growers and producers and improved sustainability links, for example between coffee van owners and plant stall holders. The markets facilitate access to high quality produce at competitive prices and provide a social focus.

Deborah, Grow Timsbury

“At the Timsbury market you can get pretty much all the food essentials you need. There is quality produce at competitive prices, so it’s possible to buy the ingredients to make nutritious food with ‘treats’ as the bonus, rather than, with other markets, these being the focus. I will be attending again due to the quality of the produce and the friendly atmosphere”.

Midsomer Norton resident

The Hive, Peasedown St John

The Hive provides a community fridge whose volunteers collected nearly 1000kg of food last month and made it freely available to anyone in the community. The food goes very quickly and very little is thrown away. There is also the Hive pantry, a low-cost food club whose membership has trebled to over 30 in 18 months with more on the waiting list. Our members especially value fresh fruit and veg - food that is expensive in the local shops. Any profit is used to supplement our Fareshare 'take' with fresh fruit and veg and store cupboard staples

Jill, Hive Community Centre

“It's amazing, a real lifeline...anything could be available each week.”

“It's life-changing.”

Oasis Bath

Oasis exists to build strong, inclusive communities that work together to fight inequality and create opportunity for all.

Here in Bath, we have primarily focused on direct delivery on food insecurity, firstly through holiday hunger projects, then through low-cost food pantries. That immediate, fundamental need for food creates a pathway to provide links to other local services, and we work collaboratively with local organisations to ensure that people receive professional support for change across a number of areas of life. We also host mental health support services and addiction support groups.

Claire Henwood, Oasis Bath

Bath Community Kitchen

Bath Community Kitchen uses free communal meals and cookery workshops to improve people's physical and mental wellbeing in and around Bath. We believe cooking and sharing food are powerful therapeutic and educational tools to improve people's lives which should be available to all. We aim to utilise surplus food from local supermarkets and suppliers, which would have otherwise gone to landfill. Serving more than 200 guests each month.

Bath Community Kitchen

"I have not been to a restaurant for a long time, I felt like it was restaurant quality, like a treat for us rather than just food. A highlight of my week, very nice food and good company."

Guest, Bath Community Kitchen

Bath Ethnic Minority Senior Citizens Association (BEMSCA)

BEMSCA manage a daycare offer at Fairfield House. The main users are the elderly, but rough sleepers and those on low income are also supported with meals and food packages. Funding was also received to open a Warm Space from December to March. This allows for members to prepare meals and enjoy eating together.

We appreciate the food and non-food items that we receive including those from Fareshare. Where we are not able to use items, we pass them on to other groups. We work closely with other groups who provide food outside of our day care hub such as Genesis and Weston Food Hub.

Ideally, we would like to provide more ethnic food items. We have individuals from many different cultures attend Fairfield House. We try to meet the cultural food needs of our members. However, this often means sourcing food from Bristol, for example Halal meat, yam and plantain, which comes at a cost.

Ryan Thomas & Sonia Swaby, BEMSCA

Bath Foodbank

Bath Foodbank provides crisis food support and access to further support to people with little or no money to buy food. The issues that people face can be more complicated than just being able to afford food. For many the problems go much deeper. Our partnership with Citizens Advice and Clean Slate, funded by The Trussell Trust, ensures all those visiting the foodbank centres can access support and advice, helping them towards no longer needing emergency food support. This funded support provides in-person and online support. In addition, we offer referrals to other support services, aiming for a positive outcome.

Grainne Moher, Bath Foodbank

Chapter 4 - Looking Forward

“

Our hope for the future is that through systemic change and campaigning there is less need for food handouts, and so policies are in place to reduce the burden on philanthropic funding.

St John’s Foundation

”

An Affordable B&NES

The food that we access needs to meet the multiple needs outlined in the Good Food model. A small but critical number of people will be compromising on the quantity of food they consume, affecting their calorie intake. Here there is a significant impact of poverty and inequalities. A larger number will be compromising on quality and choice, affecting their nutritional intake and short and long-term health. More still will be unable to partake fully in the social aspects of food, including having abundance to share with others, the ability to eat out, to celebrate and having the skills to cook and grow food. How we grow and access food is also an important influence on the health of the biosphere.

Considering the various needs that food must meet for our community to thrive can assist us in identifying actions to reduce food insecurity and ensuring that everyone in B&NES has access to the nutritious food that they need to sustain a healthy and active lifestyle while protecting the environment and promoting sustainability.

The Fair Food Alliance sees reducing food insecurity as part of a cultural shift towards a more affordable B&NES, including improving availability of sustainable healthy local food, poverty proofing the school day, improving access to household goods, enhancing local travel and improving challenges around services and utilities. This will be supported by the development of a Food Strategy.

This aim is supported by organisations like Feeding Britain and St John's Foundation. Feeding Britain is currently lobbying for:

- The extension of free school meal eligibility,
- Opt-out and automatic enrolment for key means-tested benefits, and
- The "essentials guarantee" to guide the value of Universal Credit.

St John's hope for the future is that through systemic change and campaigning there is less need for food handouts, and policies are in place to reduce the burden on philanthropic funding.

Meanwhile local organisations will continue to look for support for funding and navigating local processes. Many would also like to continue to expand their services, for example Bath Community Kitchen would like to reach more communities and the Hive Community Centre to expand their offer to users to include benefits advice and mental health support.

Recommendations

1. Work effectively through the structure of the Fair Food Alliance to review and fulfil the ambitions of the Food Equity Action Plan and to broaden engagement.

2. Raise awareness and recognition of and embed food security within the Children & Young People's Plan.

3. All partners to support progress on upstream determinants of food insecurity through advocating for action on the universal credit essentials offer, widening criteria for free school meals and opt-out for key benefits.

4. Take forward the conversation with system partners about the development of a local food strategy for B&NES that contributes to addressing household food insecurity, as committed to in the B&NES Economic Strategy 2024-2034.

Chapter 5 - Reflecting on Previous Recommendations

1. Implement the B&NES Living Safely and Fairly with COVID-19 Plan that sets out a framework for how individuals, employers, and institutions can support our ongoing collective efforts to prevent, protect, and respond to COVID-19 in the coming years.

Prevent and protect

Safer behaviours

We have continued to encourage behaviours which help to prevent Covid-19 and the spread of other infections i.e. maintaining good handwashing.

Covid-19 vaccination

We have worked with NHS England and BSW Integrated Care Board (ICB) to provide outreach vaccination clinics aimed at under-represented groups and low uptake areas.

Community resilience

We have built upon the community resilience achieved during the pandemic; where communities harnessed resources to help prepare for, respond to, and recover from Covid-19. Working with other agencies, third sector partners and communities we held a Community Resilience Day in September 2023 to share good practice. The Community Wellbeing Hub, which was set up to support residents to self-isolate during the pandemic, is now in its fifth year of delivery and has broadened its scope to be a front door for community support.

Addressing inequalities

Covid outbreak management fund (COMF) funding was used to support projects and partners addressing inequalities, and we are working with BSW ICB on a programme for third sector organisations to address health inequalities.

Respond: Situation & outbreak management

Support to high-risk settings

We have provided infection and prevention control support to a range of settings including care homes and educational settings.

Communicable Disease Planning & Management

By working with other agencies we have reviewed our communicable disease plan, provided training, developed our workforce, tested plans, and helped to prevent the spread of infection during outbreaks.

Communications and engagement

Local campaigns

We have used our communication networks to run health protection campaigns on Covid-19 vaccination, safer behaviours and other emerging threats to health e.g. national measles incident and the importance of Measles, Mumps & Rubella (MMR) vaccination.

Listen to and work with communities

We have listened to communities and extended our outreach vaccination approach to incorporate other health and wellbeing services e.g. health checks, NHS screening programmes. We have surveyed parents/carers to understand how they'd wish to receive invites for immunisation appointments e.g. by letter, email, or text message.

Surveillance & monitoring

Use of national, regional and system-wide data

We have worked with other agencies to continue to monitor communicable diseases, environmental hazards, emerging threats to health and immunisations.

Local gathering of intelligence

We have used insights from the above work to improve health protection in B&NES.

2. Further strengthen the targeted action to support children, young people and families outlined in the Children and Young People's Plan:

- Tackling poverty (including food, digital and socioeconomic).
- Improving children and young people's emotional and mental health.
- Narrowing the gap (reducing inequalities).

Tackling poverty

The Family Support and Play Service offers Family Food and Play Hubs, providing a healthy meal, play and peer support. Local Children's Centres support families living in poverty through access to IT, school uniform, food, and welfare support. The Community Wellbeing Hub's 'Food pod' element continues to provide holistic support to families, including access to healthy food and cooking skills. Families with school aged children are also supported through the Affordable Schools Programme and Holiday Activities and Food programme. For families with younger children the B&NES Infant Feeding Strategy group have developed an infant feeding crisis pathway to ensure access to infant formula in financial crisis.

Improving children and young people's emotional and mental health

The Children's Centre Services support parents and children aged 0 to 5 with emotional health. Perinatal support is offered through trauma-counselling, creative therapeutic groups and Bumps and Babies. Support is offered to children experiencing emotional challenges or distress through 1:1 and group work for example the Family Links programme, Incredible Years and Theraplay. Counselling and coaching for parents forms part of the Family Support and Play Service's offer. The Targeted Youth Support (TYS) Service has facilitated a young women's wellbeing group, as well as additional one to one support. Mentoring Plus provide a volunteer mentoring service and other activities which improve emotional wellbeing. The school nurse service provides access to confidential advice and support via text message and drop-in sessions.

Narrowing the gap

Access to employment for young people is supported through the proactive work of the Targeted Youth Support Service and Family Support and Play Service. Support in developing skills for employability is provided through Mentoring Plus and the Family Food and Play Hubs, and for parents through the Bright Start Children's Centre services. Work is also undertaken to narrow the educational attainment gap by supporting early years development. Children's Centre Services follow a clear Early Childhood Services pathway and provide access to support around speech and language, communication, relationships, and recognising additional needs. Family Nurses in B&NES are also working with young mothers to improve their child's development and school readiness as well as their own self-efficacy and return to employment, education or training. Finally, programmes are also in place to reduce inequalities associated with oral health.

3. Ensure that the new B&NES Local Plan and the B&NES Economic Strategy that are being developed, both maximise their potential to reduce inequalities and make it easier for people to live healthy lives.

The Local Plan

Addressing inequalities has formed an integral part of the development of the Local Plan. The consultation process has reached out to those from seldom heard groups including those with physical disabilities, from minority ethnic groups, older people, those from a lower socio-economic backgrounds and disadvantaged families with young children. This assists in forming options that can help everyone in B&NES to live a better and healthier life. Consultation with system partners will continue to inform the content of the plan.

The proposed policy options for the Local Plan include examples that will help to target inequalities and improve health, for example through encouraging workplace training, the requirement for health impact assessments for large scale developments and restricting hot food takeaways within close proximity to schools.

The Economic Strategy

The B&NES Cabinet have adopted a new Economic Strategy which sets out a clear vision for a more sustainable local economy. The nature of this strategy is to address many of the deep-rooted inequalities within the authority area. The majority of the six pillars look to address these issues and bring them more firmly into the core working of the council. The implementation of this should result in many positives relating to the council's wider work around inequalities, sustainability, cost savings and a move towards innovation and supporting tourism and businesses.

The Economic Strategy includes targeted actions to support employment opportunities for individuals with protected characteristics. The strategy also contains actions set out to positively impact those from socio-economically disadvantaged backgrounds.

The Strategy takes a holistic approach looking beyond Gross Value Added (GVA) to ensuring that we are making decisions and interventions based around people and planet.

4. Update and implement the B&NES Health and Wellbeing Strategy, ensuring it has a strong focus on addressing inequalities.

The B&NES Joint Health and Wellbeing Strategy (JHWS) 2023 to 30 was published in 2023 using our Strategic Evidence Base and through consultation with local people and organisations. The strategy aims to improve the health and wellbeing of all residents in B&NES and reduce inequalities by focusing action on four priority areas:

- 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.

A robust process for monitoring implementation of the B&NES JHWS has been developed, ensuring that the underpinning principle of addressing inequalities is achieved through delivery. Monitoring includes reports from partners. Biannual exception reporting on delivery of the implementation plan facilitates identification of areas of potential concern and where there has been exceptionally positive progress. Development sessions with the Health and Wellbeing Board (HWB) facilitate deeper scrutiny into priority theme areas and cross cutting themes ensure a strong focus on addressing inequalities. In addition, an annual review of a Priority Indicator Set provides a context to consider how health and wellbeing is improving and inequalities are reducing for the population of B&NES.

5. The NHS to increasingly embed prevention and inequalities action into its priorities and be helped to increasingly support social and economic development in B&NES.

Embedding prevention and addressing inequalities are golden threads through plans and strategies in B&NES and across our wider BSW Integrated Care Partnership (ICP). Achieving fairer health and wellbeing outcomes is a strategic priority in the BSW Integrated Care System Strategy and reducing inequalities is a central pillar of the B&NES Integrated Care Alliance (ICA) Implementation Plan. The BSW Inequality Strategy aims to address inequalities across the life course including healthcare inequalities through the NHS Core20Plus5 priorities.

B&NES Health Inequalities Network

The B&NES Health Inequalities Network was established in May 2023. One post is hosted within the B&NES public health team, one at the Royal United Hospital (RUH) NHS Trust and two Health Inequalities and Population Health Management (PHM) Facilitators within Banes Enhanced Medical Services (BEMS), a GP Federation not-for-profit organisation. The Network has a key remit to embed joined up work on prevention and ensure health inequalities is everyone's business.

As an example, the Health Inequalities Lead at the RUH is working to ensure that consideration of health inequalities and prevention is embedded across all services. The focus is on data utilisation, service planning and patient pathways and the role of the RUH as an anchor institution.

Current initiatives at RUH include:

- Treating Tobacco Dependency for in-patients; due to launch June 2024.
- Digital Inclusion Pilot (aim to reduce digital exclusion amongst in-patients; due to launch June 2024).
- Strengthening link between the Trust and the Community Wellbeing Hub to increase the number of referrals.
- Launch of a health inequalities training and awareness campaign.
- Development of a wellbeing portal to support active wait/ waiting well.

The PHM facilitators work with Primary Care Networks (PCNs) to bring together knowledge of communities with supporting PHM intelligence to deliver action on health inequalities and prevention. The evidence-based work is critical to inform and support activity across primary care, community-based care, secondary care and third sector partners.

This approach has enabled us to establish a robust process for identifying health inequalities and population needs and to target ICB health inequalities funding. A range of initiatives have been delivered to have impact closest to our communities.

6. All partners of the Health and Wellbeing Board, the Integrated Care Alliance, and the Future Ambition Board, commit to and deliver on action to improve health and reduce the inequalities that previously existed and have been highlighted as a result of the pandemic.

A wide range of work has happened in B&NES to improve health and reduce inequalities.

The **B&NES Health and Wellbeing Board** published an Implementation Plan for its **Joint Health and Wellbeing Strategy**. Tackling inequalities is a cross cutting theme of this strategy. The Board received its first report on progress in February 2024 which showed that most actions are being delivered as planned and highlighted some issues where further attention is needed.

The **Integrated Care Alliance** (ICA) oversaw and delivered a variety of work across Bath and North East Somerset. This includes the Community Wellbeing Hub which provides a central place for people to access services to improve their health and wellbeing. The Community Wellbeing Hub is a collaboration between Bath & North East Somerset Council, HCRG Care Group, ICB, many third sector organisations and provides services on issues such as finances, food, housing and carer support. The ICA also provided oversight for allocation of some funds from NHS England for projects to tackle health inequalities. The funds went to a number of local services, many from the third sector and all either working in our areas of greater deprivation or with groups facing higher risks of exclusion and poor health. Linked with this is work that has been happening within the Council, Primary Care and Royal United Hospital.

The **Future Ambition Board** has been leading an Opportunities for All network focused on lifelong learning, improving skills, and tackling inequality. It has also been facilitating partnership work between some of the biggest local public organisations including Bath & North East Somerset Council, Bath Spa University, the Royal United Hospitals and the University of Bath.

An overarching indicator used to monitor the health and wellbeing of the population is the gap in life expectancy between the most and least deprived parts of the district. Latest data shows that the gap in life expectancy has narrowed in recent years for both males and females in B&NES, and this will be due to many factors.

Indicators

Public health outcomes framework and other key indicators (as of May 2024)

General Key:

Better 95% (B)	Similar (S)	Worse 95% (W)

Recent trend Key:

Could not be calculated (CNC)	No significant change (NSC)	Increasing/Getting worse (IGW)
Increasing/Getting better (IGB)	Decreasing/Getting worse (DGW)	Decreasing/Getting better (DGB)

Health Improvement

Period	Indicator Description	England	South West	B&NES	Recent trend
2021	Under 18 conceptions (rate per 1,000)	13.1	11.1 (B)	8.7 (B)	CNC
2022/23	Reception: Prevalence of overweight (including obesity) (4 to 5 yrs)	21.3%	20.5% (B)	19.3% (S)	NSC
2022/23	Percentage of adults (aged 18 plus) classified as overweight or obese	64.0%	62.5% (B)	53.2% (B)	NSC
2022/23	Hospital admissions caused by unintentional and deliberate injuries in children (aged 0-14 years), crude rate per 10,000	75.3	80.7 (W)	80.5 (S)	DGB
2022/23	Hospital Admissions as a result of self-harm (10 to 24 years), DSR - per 100,000	319.0	511.6 (W)	515.1 (W)	NSC
2018/19-20/21	Admission episodes for alcohol-specific conditions - under 18's crude rate per 100,000	29.9	46.9 (W)	79.7 (W)	CNC
2022/23	Percentage of physically active adults (i)	67.1%	71.7% (B)	80.5% (B)	CNC
2022	Smoking Prevalence among adults in routine and manual occupations (aged 18 to 64) - current smokers (APS)	22.5%	21.0% (S)	28.4% (S)	CNC
2022/23	Smoking status at time of delivery	8.8%	9.2% (W)	7.7% (S)	NSC
2022	Successful completion of alcohol treatment	35.1%	35.1% (S)	44.5% (B)	IGB
2020-22	Deaths from drug misuse, DSR - per 100,000	5.2	5.7 (W)	6.3 (S)	CNC
2023	Cancer screening coverage - breast cancer	66.2%	70.4% (B)	70.7% (B)	DGW
2023	Cancer screening coverage - cervical cancer (aged 25 to 49 years old)	65.8%	70.5% (B)	69.2% (B)	DGW
2018/19-22/23	Cumulative percentage of the eligible population aged 40 to 74 who received an NHS Health Check	27.4%	20.1% (W)	39.3% (B)	CNC

Healthcare and Premature Mortality

Period	Indicator Description	England	South West	B&NES	Recent trend
2022	Under 75 mortality rate from all circulatory diseases (DSR - per 100,000), 1 year range	77.8	66.4 (B)	48.5 (B)	NSC
2022	Under 75 mortality rate from cancer (DSR - per 1000,000), 1 year range	122.4	116.5 (B)	106.8 (S)	NSC
2022	Under 75 mortality rate from liver disease (DSR - per 100,000), 1 year range	21.4	17.8 (B)	20.3 (S)	NSC
2020-22	Suicide rate (DSR - per 100,000 population)	10.3	11.9 (W)	8.8 (S)	NSC
2022/23	Hip fractures in people aged 65 and over (DSR - per 100,000 population)	558	547 (S)	476 (B)	NSC
2021/22	Percentage of 5 year olds with experience of visually obvious dental decay	23.7%	19.1% (B)	10.3% (B)	CNC

Inequalities

Period	Indicator Description	England	South West	B&NES	Recent trend
2018-20	Slope index of inequality in life expectancy at birth within English local authorities, based on local deprivation deciles within each area (Male)	9.7	7.4	4.9	CNC
2018-20	Slope index of inequality in life expectancy at birth within English local authorities, based on local deprivation deciles within each area (Female)	7.9	5.4	2.3	CNC
2022/23	Gap in the employment rate between those with a long-term health condition and the overall employment rate	N/A	9.0%	12.0%	CNC
2021/22	% of children living in poverty (after housing cost). Taken from End Child Poverty campaign 2022	30.8%	26.9%	19.0%	CNC
2022/23	School Readiness: the percentage of children with free school meal status achieving a good level of development at the end of reception	51.6%	47.5% (W)	36.4% (W)	CNC

Wider Factors that Shape Health (Wider Determinants of Health)

Period	Indicator Description	England	South West	B&NES	Recent trend
2021	Home ownership (ratio of median house price to median gross annual residence-based earnings, with a higher ratio indicating it is less affordable)	9.1	9.8	11.9	CNC
2022/23	Percentage of people in employment	75.7	78.4% (B)	75.4% (S)	NSC

Health Protection Key:

Achieving target | Around target | Not achieving target

Health Protection

Period	Indicator Description	England	South West	B&NES	Recent trend
2022/23	Population vaccination coverage - MMR for two doses (5 years old) Benchmarking against goal: <90%, 90 to 95%, ≥95%	84.5% (A)	90.0% (A)	93.3% (T)	NSC
2022/23	Population vaccination coverage - Flu (aged 65 years and over) Benchmarking against goal: <75%, ≥75%	79.9% (B)	83.5% (B)	85.1% (B)	IGB
2020-22	HIV late diagnosis in people first diagnosed with HIV in the UK Benchmarking against goal: <25%, 25 to 50%, ≥50%	43.3% (T)	49.0% (T)	100.0% (A)	CNC

Glossary

Activities of daily living: Term used to collectively describe the ability to independently care for oneself.

AgriTech innovation: Innovation in the area of the application of technology to farming.

B&NES (Bath and North East Somerset): Our geographical area (a unitary authority) with Bath and North East Somerset Council providing local government functions.

BMI (Body Mass Index): A calculation which divides a person's weight in kilograms by their height in metres squared.

Cardiovascular disease: A disease which affects the heart or blood vessels.

Chronic disease: A health condition which is persistent or long lasting.

Civic functions: Functions of the Council.

Core20Plus5 priorities: An NHS England approach to reduce health inequalities. The core 20 is the most deprived 20% of the population. The plus are those groups identified locally as experiencing worst health outcomes in addition to the core 20. The 5 refers to 5 areas of clinical focus.

Cost of living payments: Additional cash payments made to recipients of certain benefits between 2022 and 2024.

Cost of living pressures: The pressure resulting from a fall in disposable incomes adjusted for inflation, taxes, and benefits in the UK since late 2021.

Digital exclusion: When a section of the population has unequal access or opportunity to use IT that is required for participation in society.

DSR: directly standardised rate is a statistical calculation for allowing comparison between different populations.

Disability: The experience of any condition which makes it more difficult for a person to do certain activities or have equitable access in society.

Despairing criminality: Crime linked to despair, usually caused by poverty, trauma, or discrimination.

Disposable income: Amount of money a person has left after paying their taxes.

Educational attainment gap: A gap in educational achievement between groups of students.

Food banks: Non-profit charitable organisations that distribute food to those who have difficulties purchasing it.

Food clubs: Collective name for projects that offer food at a fraction of its retail value, for example social supermarkets and food pantries.

Food pantry: A food club where a subscription is paid and then members can select from the food available.

Health checks: Assessments of a person's overall health to identify if they are at higher risk of disease, usually referring to NHS health checks offered between 40 and 74 years.

Health impact assessment: An approach to looking at the effects of a project on health.

High blood pressure: Generally considered to be a blood pressure of higher than 140/90mmHg when taken in a healthcare setting, or higher than 135/85mmHg when taken at home.

Horticultural development: Developing skills in growing and using plants.

Immunity: The immune system's way of protecting the body against infection.

Inequity: Lack of fairness or justice.

Impaired glucose tolerance: Blood glucose (sugar) is raised above normal levels but not high enough for a diagnosis of diabetes.

LGBTQ+: Lesbian, gay, bisexual, transgender, queer or questioning and more.

Malnutrition: Deficiencies, excesses, or imbalances in a person's intake of energy and/or nutrients.

Mortality: Death.

Obesity: In adults is defined as living with a BMI greater than or equal to 30kg/m2. In children is defined as a BMI greater than or equal to the 95th centile.

Philanthropic funding: Where money is given charitably by individuals or businesses to benefit others.

Policy: A set of ideas, a statement of intent or a plan for action adopted or proposed by an organisation.

Poverty: Where people lack resources required to make it possible to meet their basic needs.

Relative poverty: Individuals whose income is below 60% of median incomes.

Social security safety net: The non-contributory assistance which aims to improve the lives of individuals who may be experiencing poverty.

Strategy: A plan of action to achieve a long-term or overall aim.

Structural inequalities: Disparities in wealth, resources and other outcomes that result from discriminatory practices of institutions.

Third sector: Non-governmental, non-profit, values-based organisations.

References

1. House of Commons Library, Food poverty: Households, food banks and free school meals
2. Feeding Liverpool, Introduction to Food Insecurity in Liverpool: Definitions, Impact, Measurement, and Next Steps
3. DWP, Accredited official statistics, Family Resources Survey: financial year 2022 to 2023
4. The Trussell Trust, Hunger in the UK June 2023
5. The Food Foundation, Food Insecurity Tracking
6. University of Bath, Experiences of food insecurity among older people in B&NES: Perspectives of older people and service providers
7. Office for Health Improvement & Disparities, Public health profiles
8. Aljahdali AA, Ludwig-Borycz E, Leung CW. Food insecurity, inflammation, and immune function among older US adults: Findings from the health and Retirement study. Brain Behav Immun. 2024 Jul;119:28-35. doi: 10.1016/j.bbi.2024.03.034. Epub 2024 Mar 27. PMID: 38552920; PMCID: PMC11162895.
9. Royer MF, Guerithault N, Braden BB, Laska MN, Bruening M. Food Insecurity Is Associated with Cognitive Function: A Systematic Review of Findings across the Life Course. International Journal of Translational Medicine. 2021; 1(3):205-222. MDPI, Food Insecurity Is Associated with Cognitive Function: A Systematic Review of Findings across the Life Course
10. Tarasuk V, Cheng J, de Oliveira C, Dachner N, Gundersen C, Kurdyak P. Association between household food insecurity and annual health care costs. CMAJ. 2015 Oct 6;187(14):E429-E436. doi: 10.1503/cmaj.150234. Epub 2015 Aug 10. PMID: 26261199; PMCID: PMC4592315.
11. NHS Confederation, Why preventing food insecurity will support the NHS and save lives
12. Augusto, A. L. P., de Abreu Rodrigues, A. V., Domingos, T. B., & Salles-Costa, R. (2020). Household food insecurity associated with gestational and neonatal outcomes: a systematic review. BMC Pregnancy Childbirth, 20(1), 229. doi:10.1186/s12884-020-02917-9.
13. Arzhang P, Ramezan M, Borazjani M, Jamshidi S, Bavani NG, Rahmanabadi A, et al. The association between food insecurity and gestational weight gain: A systematic review and meta-analysis. Appetite. 2022;176:106124.

14. Demetrio F, Teles CAS, Santos DBD, Pereira M. Food insecurity in pregnant women is associated with social determinants and nutritional outcomes: a systematic review and meta-analysis. Cien Saude Colet. 2020;25(7):2663-76.

15. Cain KS, Meyer SC, Cummer E, Patel KK, Casacchia NJ, Montez K, et al. Association of Food Insecurity with Mental Health Outcomes in Parents and Children. Acad Pediatr. 2022;22(7):1105-14.

16. de Oliveira, K. H. D., de Almeida, G. M., Gubert, M. B., Moura, A. S., Spaniol, A. M., Hernandez, D. C., Buccini, G. et al. 2020. Household food insecurity and early childhood development: Systematic review and meta-analysis. Matern Child Nutr, 16(3), e12967. doi:10.1111/mcn.12967.

17. Blackburn, J., Bres, H., Devenish, G., and Harrah, A. 888-P: Food Insecurity and Type 2 Diabetes in Children: A Systematic Literature Review. Diabetes Jun 2021, 70 (Supplement 1) 888-P; DOI: 10.2337/db21-888-P.

18. The Food Foundation, The Broken Plate 2023

19. Gundersen, C. and Ziliak, J., 2015. Food Insecurity And Health Outcomes. Health Affairs, 34(11), pp.1830-1839.

20. Petrovic D, de Mestral C, Bochud M, et al. The Contribution of Health Behaviors to Socioeconomic Inequalities in Health: A Systematic Review. Preventive Medicine Reports 2018; 113: 15-31.

21. Yau, A., White, M., Hammond, D., White, C., & Adams, J. (2020). Socio-demographic characteristics, diet and health among food insecure UK adults: cross-sectional analysis of the International Food Policy Study. Public Health Nutr, 1-13. doi:10.1017/.

22. Weaver LJ, Fasel CB. A Systematic Review of the Literature on the Relationships between Chronic Diseases and Food Insecurity. Food and Nutrition Sciences. 2018;09(05):519-41.

23. Arenas DJ, Thomas A, Wang J, DeLisser HM. A Systematic Review and Meta-analysis of Depression, Anxiety, and Sleep Disorders in US Adults with Food Insecurity. J Gen Intern Med. 2019;34(12):2874-82.

24. Pourmotabbed, A., Moradi, S., Babaei, A., Ghavami, A., Mohammadi, H., Jalili, C., et al. Miraghajani, M. (2020). Food insecurity and mental health: a systematic review and meta-analysis. Public Health Nutr, 23(10), 1778-1790. doi:10.1017/S136898001900435X.

25. The Childhood Trust, alleviating the impact of child poverty, “It’s like a chronic illness, a report on food insecurity impacting school aged children in London, November 2022

26. The Health Foundation, Briefing: Food insecurity – what can local government do?

27. Hamelin AM, Habicht JP, Beaudry M. Food insecurity: consequences for the household and broader social implications. J Nutr. 1999 Feb;129(2S Suppl):525S-528S. doi: 10.1093/jn/129.2.525S. PMID: 10064323.

28. The Trussell Trust, State of Hunger, Building the evidence on poverty. destitution, and food insecurity in the UK, May 2021

29. JRF, Destitution in the UK 2023

30. Spring School Census January 2024, Department for Education.
31. https://endchildpoverty.org.uk/child-poverty-2024/
32. https://cpag.org.uk/news/800000-children-poverty-not-getting-free-school-meals
33. Life happens, Understanding financial resilience in a world of uncertainty
34. University of Bath, The experience of food insecurity in Bath and North East Somerset
35. Public Health England, Guidance, Place-based approaches for reducing health inequalities: main report, updated 28 September 2021
36. Blake, M. Food Ladders: A multi-scaled approach to everyday food security and community resilience. 2019. University of Sheffield, Food Ladders: A multi-scaled approach to everyday food security and community resilience
37. Bath & North East Somerset Council, The Hub, Healthy Start, NHS

Bath & North East Somerset Council	
MEETING/ DECISION MAKER:	**Health and Wellbeing Board**
MEETING DATE:	**07 November 2024**
TITLE:	**Pharmaceutical Needs Assessment (PNA) refresh October 2025: Information Paper**
WARD:	All
AN OPEN PUBLIC ITEM	
List of attachments to this report: None	

1 THE ISSUE

1.1 The Pharmaceutical Needs Assessment (PNA) is a statement from the Bath and North East Somerset Health and Wellbeing Board which describes the provision of pharmaceutical services across Bath and North East Somerset (B&NES), as well as assess whether there are any significant gaps in the provision of local pharmaceutical services. The PNA also considers whether the level of pharmacy provision will be right for local communities over the next three years. Finally, it is intended to assist local decision makers in the commissioning of future local pharmaceutical services in B&NES.

1.2 This proposed PNA will be the third revised assessment of local pharmaceutical services since the Health and Social Care Act 2012 amendment, the current one having been published in 2022.

1.3 The third revised assessment is due to be published by 1st October 2025.

1.4 In recent years there have been changes across the community pharmacy market in Great Britain. Combined with fewer community pharmacies, there are shortages in skilled pharmacy staff.[i] Along with dispensing volumes having increased,[ii] these factors have led to increased workloads. Since 2021 there have also been reports of increasing supply problems affecting medicines.[iii]

2 RECOMMENDATION

The Board is asked to;

2.1 Note the proposals for the revision of a full PNA by 1st October 2025.

3 THE REPORT

3.1 Planning has started on the production of the PNA, to be published by 1st October 2025.

3.2 The process will be led by the Associate Director of Public Health, project managed by a Principal Analyst, and with analysis undertaken by the Business Intelligence (Insight) team.

3.3 The PNA Steering Group will oversee and provide necessary direction for the work. Membership of the group includes B&NES Council, BSW ICB, Community Pharmacy Avon and HealthWatch B&NES.

3.4 The timetable for key milestones is as follows:

Project Management	November / December 2024
Identification of required data, along with sources	September to November 2024
Data Collection	November 2024 to January 2025
Analysis	December 2024 to March 2025
Write-Up	February to April 2025
Consultation	May to July 2025 (*avoiding any local election period*)
Post Consultation Analysis and Write-Up	July to August 2025
Sign-Off by HWB	4th September 2025
Publication	before 1st October 2025

3.5 The post consultation draft will be presented to the HWB on 4th September 2025, along with recommendations, requesting final sign-off before publication by 1st October 2025.

4 STATUTORY CONSIDERATIONS

4.1 The responsibility for the development, publishing and updating of PNAs became the responsibility of Health & Wellbeing Boards (HWBs) as a result of Section 206 of the Health and Social Care Act 2012 which amended Section 128 of the National Health Service Act 2006.

4.2 This proposed PNA will be the third revised assessment of local pharmaceutical services since the Health and Social Care Act 2012 amendment, the current one having been published in 2022.

4.3 The third revised assessment is due to be published by 1st October 2025.

4.4 PNA guidance remains unchanged from the version published by DHSC in 2021.

5 RESOURCE IMPLICATIONS (FINANCE, PROPERTY, PEOPLE)

5.1 The work will be undertaken within existing resources.

6 RISK MANAGEMENT

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

7 EQUALITIES

7.1 A key purpose of the PNA is to review access to pharmaceutical services for people across different areas within B&NES. There is also consideration of access for people with a disability such as the provision of wheelchair accessible consulting rooms, provision for those with visual or hearing difficulties, etc.

8 CLIMATE CHANGE

8.1 The PNA looks at the sufficiency of community pharmacy provision in local areas which may contribute to a reduction in the need for longer journeys outside of those areas.

9 OTHER OPTIONS CONSIDERED

9.1 None

10 CONSULTATION

10.1 Formal consultation will take place over a period of not less than 60-days during the period May and July 2025, in accordance with the regulations (noting any local election period will need to be avoided)

Contact person	Paul Scott, Public Health & Prevention (01225 394060), and Joe Prince, Business Intelligence.
Background papers	The current B&NES Pharmaceutical Needs Assessment can be found on the Council's Strategic Evidence Base document library *https://beta.bathnes.gov.uk/strategic-evidence/document-library/pharmaceutical-needs-assessment-2022*
Please contact the report author if you need to access this report in an alternative format	

[i] https://www.hee.nhs.uk/our-work/pharmacy/community-pharmacy-workforce-survey
[ii] https://committees.parliament.uk/publications/45156/documents/223614/default/
[iii] https://commonslibrary.parliament.uk/research-briefings/cbp-9997/

This page is intentionally left blank