

Health and Wellbeing Board

Date: Thursday, 6th February, 2025

Time: 11.15 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), 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), Nic Streatfield (University of Bath) and Suzanne Westhead (Bath and North East Somerset Council)

Non-voting member:

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

Other appropriate officers
Press and Public



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, 6th February, 2025

at 11.15 am in the Brunswick Room - Guildhall, Bath

A G E N D A

1. WELCOME AND INTRODUCTIONS

2. EMERGENCY EVACUATION PROCEDURE

The Democratic Services Officer will draw attention to the emergency evacuation procedure.

3. APOLOGIES FOR ABSENCE

4. DECLARATIONS OF INTEREST

At this point in the meeting declarations of interest are received from Members in any of the agenda items under consideration at the meeting.

(a) The agenda item number in which they have an interest to declare.

(b) The nature of their interest.

(c) Whether their interest is a **disclosable pecuniary interest** or an **other interest** (as defined in Part 4.4 Appendix B of the Code of Conduct and Rules for Registration of Interests).

Any Member who needs to clarify any matters relating to the declaration of interests is recommended to seek advice from the Council's Monitoring Officer or a member of his staff before the meeting to expedite dealing with the item during the meeting.

5. TO ANNOUNCE ANY URGENT BUSINESS AGREED BY THE CHAIR

6. PUBLIC QUESTIONS, STATEMENTS AND PETITIONS

Please see agenda note 4 overleaf.

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

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

ITEMS FOR COMMENT/SIGN OFF

8. DIRECTOR OF PUBLIC HEALTH ANNUAL REPORT (Pages 15 - 76)

20 minutes

The Board to note the Director of 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

9. BETTER CARE FUND UPDATE

10 minutes

To update the Board on re-adjusted planning timescales and process for 25/26 and seek approval for the Quarter 3 return – report to follow.

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

10. ICB IMPLEMENTATION PLAN REFRESH AND THE OUTCOMES FRAMEWORK (Pages 77 - 94)

10 minutes

To update the Board on the process and principles for the ICB Implementation Plan refresh and the Outcomes Framework.

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

11. JOINT HEALTH AND WELLBEING STRATEGY IMPLEMENTATION PLAN (Pages 95 - 126)

20 minutes

The Board to consider:

1. Quarter 4 Exception Reports (including verbal update on priority 4.4)
2. Annual Priority Indicator Set Summary

Sarah Heathcote, Health Inequalities Manager, B&NES Council

12. WINTER PLANNING - REVIEW OF URGENT AND EMERGENCY CARE DATA (Pages 127 - 130)

5 minutes

Children and Young People Urgent and Emergency Care information is attached. The most recent snapshot of the Single Health Resilience Early Warning Dashboard (SHREWD) dashboard will be shared at the meeting.

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

13. UPDATE ON PUBLIC HEALTH AND MENTAL HEALTH PROCUREMENTS

5 minutes

The Board to receive a verbal update on recent procurements.

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

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

HEALTH AND WELLBEING BOARD

Minutes of the Meeting held

Thursday, 7th November, 2024, 10.30 am

Councillor Paul May	Bath and North East Somerset Council
Paul Harris	Curo
Laura Ambler	Integrated Care Board
Councillor Alison Born	Bath and North East Somerset Council
Jody Clark	The Care Forum
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
Kate Morton	Bath Mind
Stephen Quinton	Avon Fire & Rescue Service
Rebecca Reynolds	Bath and North East Somerset Council
Val Scrase	HCRG Care Group
Suzanne Westhead	Bath and North East Somerset Council

Observer:

Councillor Robin Moss	Bath and North East Somerset Council
-----------------------	--------------------------------------

27 WELCOME AND INTRODUCTIONS

The Chair welcomed everyone to the meeting.

28 EMERGENCY EVACUATION PROCEDURE

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

29 APOLOGIES FOR ABSENCE

Apologies had been received from:

Sophie Broadfield – Executive Director – Sustainable Communities

Sara Gallagher – Bath Spa University

Scott Hill - Avon and Somerset Police

Sue Poole – Healthwatch (Jody Clark substituting)

30 DECLARATIONS OF INTEREST

Cllr Paul May reported that he was a non-executive Director of Sirona Health and Care which operated in Bristol, South Gloucestershire and North Somerset.

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

31 TO ANNOUNCE ANY URGENT BUSINESS AGREED BY THE CHAIR

Cllr Alison Born read a statement on behalf of the B&NES Council administration in relation to the decision by ICB to award the community care contract to HCRG as summarised below:

1. NHS core services were better provided by the NHS.
2. In 2021 Virgin Care was sold to private equity-owned company, HCRG and this resulted in a decision by the Council not to extend the contract and undertake a detailed review.
3. As a result of the review, B&NES Council decided to in-source all adult social care services from April 2024.
4. The recent decision to award the community care contract to HCRG was disappointing but it was accepted that this was the outcome of a robust procurement process and that the preferred bidder was competent and scored most highly.
5. The Council would be working with HCRG and NHS providers to ensure the delivery of the contract and secure the best service for B&NES residents.

32 PUBLIC QUESTIONS, STATEMENTS AND PETITIONS

There were none.

33 MINUTES OF PREVIOUS MEETING

RESOLVED that the minutes of the meeting of 5 September 2024 be approved as a correct record and signed by the Chair.

34 **FEEDBACK FROM SOUTH WEST HEALTH AND WELLBEING BOARDS
CONFERENCE - 4 OCTOBER**

Paul Harris reported back from the South West Health and Wellbeing Board Conference which took place on 4 October as follows:

1. The South West Health and Wellbeing Board network had recently been relaunched. Approximately 100 people had attended the conference including Chairs/Vice Chairs, representatives from the NHS and local government.
2. There were workshops on specific topics and a lot of focus on leadership and culture.
3. There were examples of the challenges that was facing the south west region:
 - a. There was an increasing number of people with long term health conditions.
 - b. 26% of the population was unable to work due to long term health conditions.
 - c. Population increases would mean there would be a need for an additional 120,000 jobs in the NHS in next 20 years and not enough people to fill the roles.
 - d. Over the last 3 years, on average one third of deaths in young people aged 10 to 24 were from suicide.
4. The conference was useful, and he encouraged others to attend future events.

It was agreed that the slides of the event would be circulated as well as the details of the annual B&NES suicide prevention event taking place on 20 November.

35 **JOINT HEALTH AND WELLBEING STRATEGY IMPLEMENTATION PLAN -
PROPOSAL FOR A REFRESH**

Sarah Heathcote, Health Inequalities Manager, B&NES introduced the report which outlined plans for a light touch refresh of the Joint Health and Wellbeing Strategy Implementation Plan. She confirmed that Becky Reynolds would be the sponsor from the Board to oversee the project and advised that the timescale for the revised plan to come back to the Board would be May 2025 rather than February.

The Board **RESOLVED** to agree the proposed approach for refreshing the Joint Health and Wellbeing Strategy Implementation Plan.

36 **AVON FIRE AND RESCUE SERVICE AND THE HEALTH AND WELLBEING
AGENDA/LITHIUM-ION BATTERY SAFETY BILL**

Steve Quinton, Avon Fire and Rescue Service (AF&RS), introduced the reports and drew attention to the following:

1. There was more to the Fire and Rescue Service than responding to incidents. The service also provided training, public protection and prevention of fires.
2. AF&RS was a trusted brand and maximised opportunities to make every contact count.
3. AF&RS had a statutory role in community safety partnerships and worked closely with colleagues from B&NES to exercise this duty.
4. AF&RS was often called to incidents involving a mental health crisis and trained staff on how to be the first person to arrive at the scene of such an incident.

Members of the Board raised the following comments:

1. Recognised the role of AF&RS in supporting care homes and people who were vulnerable through hoarding and self-neglect.
2. There were good connections between AF&RS and the third sector, but one area of challenge was how to share information. A system of integrated care records would help ensure that services worked in a joined-up way to support the needs of residents.
3. There was an opportunity to publicise the issue around the risks of scooter batteries through school settings.
4. AF&RS was a valuable resource in local communities.

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

37 **SEND OFSTED/CQC THEMATIC INSPECTION ON PREPARING FOR ADULTHOOD**

Chris Wilford, Director of Education and Safeguarding, B&NES, summarised the report which highlighted the key findings of the recent Ofsted/CQC thematic review of arrangements for preparing for adulthood as follows:

1. The review was across health and social care as well as the education service.
2. The thematic review covered 4 main areas: employment, independent living, health and community and inclusion.
3. The full report would be published in the near future.
4. A full inspection was anticipated late in 2025, there were some challenges around capacity which the service was looking to address.

The Board raised the following comments:

1. Thanked all those involved in preparing for the review.
2. Noted that preparing for adulthood was an important issue for parent/carers.
3. Asked for an update in six months' time to look at progress.

The Board **RESOLVED** to:

1. Note the OFSTED CQC final summary note written by the Inspectorates following the completion of the thematic review including 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. Be advised that the Department of Education commissions OFSTED/CQC to complete these thematic reviews to inform future DFE policy in a given area

and note that the review was not a graded inspection.

3. Note that the Inspectorates selected Bath & North East Somerset as the southwest region to host the review and were the fifth out of six regions nationally to receive this review.
4. Note that the full OFSTED/CQC findings from the six thematic reviews will be published as a report in the autumn of 2024 and B&NES will be noted as one of the areas visited but will not be identifiable in the content of the report.
5. 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.
6. Be assured that the Local Area Inclusion Partnership (LAIP) is tasked with delivering learning from the review and note that representatives from our parent carer forum sit on this partnership and will input into this work stream.

38 **BETTER CARE FUND UPDATE**

The Board **RESOLVED** to ratify the Quarter 2 Better Care Fund return.

39 **BATH AND NORTH EAST SOMERSET, SWINDON, WILTSHIRE INTEGRATED CARE BOARD (BSW ICB) - APPROACH TO PLANNING 2025-26**

Laura Ambler, Executive Director of Place – B&NES, BSW ICB, gave a presentation on the approach to planning 2025-26 as included with the agenda papers.

The Board raised the following comments/questions:

NHS Ten Year Plan

1. What were the timescales for the production of the NHS 10-year plan? *The engagement process was from November with the final plan publication date likely to be May 2025.*
2. Was there a role for the Health and Wellbeing Board to respond? *Partner organisations were encouraged to be proactive and respond and the questions and link to the consultation would be shared after the meeting.*

BSW Implementation Plan (NHS Joint Forward Plan)

1. Input from the Board was requested on reviewing the approach to the Place section of the Plan.
2. There was a section on children and adults with cross referencing to avoid repetition.

Operating Plan 2025-2026

1. The recent Government budget identified an additional £22bn for the NHS compared with £1.9bn for local authorities. Has the presentation taken account of the additional funding for the NHS? *Yes, but in real terms some of this money would be used to fund the National Insurance uplift for NHS staff.*

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

40 **BATH AND NORTH EAST SOMERSET, SWINDON AND WILTSHIRE INTEGRATED CARE BOARD (BSW ICB) - TRANSFORMING COMMUNITY BASED CARE**

Laura Ambler Executive Director of Place – B&NES, BSW ICB and Val Scrase, Regional Director (HCRG) gave a presentation on the ICB plan to transform community care as included with the agenda papers.

Cllr Robin Moss raised concerns about the awarding of the contract to HCRG and the consultation process.

The Board raised the following questions:

1. Why were mental health services were not included as these services were critical? *The contract for mental health services was outside the scope of the community-based care contract and was a separate commission, but there was an expectation that the contracts would be aligned. Emotional wellbeing was just as important as physical wellbeing and would be included in the developing partnership strategy.*
2. The Bath and North East Somerset area was one locality in the contract which also covered Swindon and Wiltshire. Could reassurances be given that services within B&NES would not be reduced as a result of the contract? *HCRG had been a partner since 2016 and had delivered good services, but there were variances across BSW and there was a need to look at population health matrixes to respond to the needs of the population and focus on areas where there were inequalities.*
3. What role would HCRG play in influencing other organisations? *By being a conduit through community partners working to make a difference.*
4. What opportunities were there for pathways/preparing for adulthood? *The proposed family/child health hubs would provide an opportunity.*

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

41 **HEALTH PROTECTION BOARD REPORT**

Anna Brett (Health Protection Manager) and Amy McCullough (Consultant in Public Health, B&NES gave a presentation on the Health Protection Board annual report (copy of the presentation attached to the minutes).

In response to a question about whether the vaccination programme covered the north east somerset area as well as Bath, the Board was advised that the list of locations in the presentation was an example of outreach vaccinations and there was a wider vaccination programme, including schools and the targeting of rural areas.

The Board **RESOLVED** to:

Note the 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.

42 **PUBLIC HEALTH ANNUAL REPORT**

The Board **RESOLVED** to defer the report until the next meeting.

43 **REFRESH OF THE PHARMACEUTICAL NEEDS ASSESSMENT (PNA) FOR B&NES - OCTOBER 2025**

The report was noted.

The meeting ended at 12.30 pm

Chair

Date Confirmed and Signed

Prepared by Democratic Services

This page is intentionally left blank

Bath & North East Somerset Council	
MEETING/ DECISION MAKER:	Health & Wellbeing Board
MEETING/ DECISION DATE:	6 February 2025
TITLE:	Director of Public Health Report: Annual 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	

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 whole 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 eat 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 latter 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

Page 17



Contents

Introduction	3
Chapter 1 - An Introduction to Household Food Insecurity	4
Chapter 2 - The Drivers of Household Food Insecurity	13
Chapter 3 - Action on Household Food Insecurity	22
Chapter 4 - Looking Forward	32
Chapter 5 - Reflecting on Previous Recommendations	35
Indicators	44
Glossary	48
References	50

Page 18



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

“

Page 20 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.

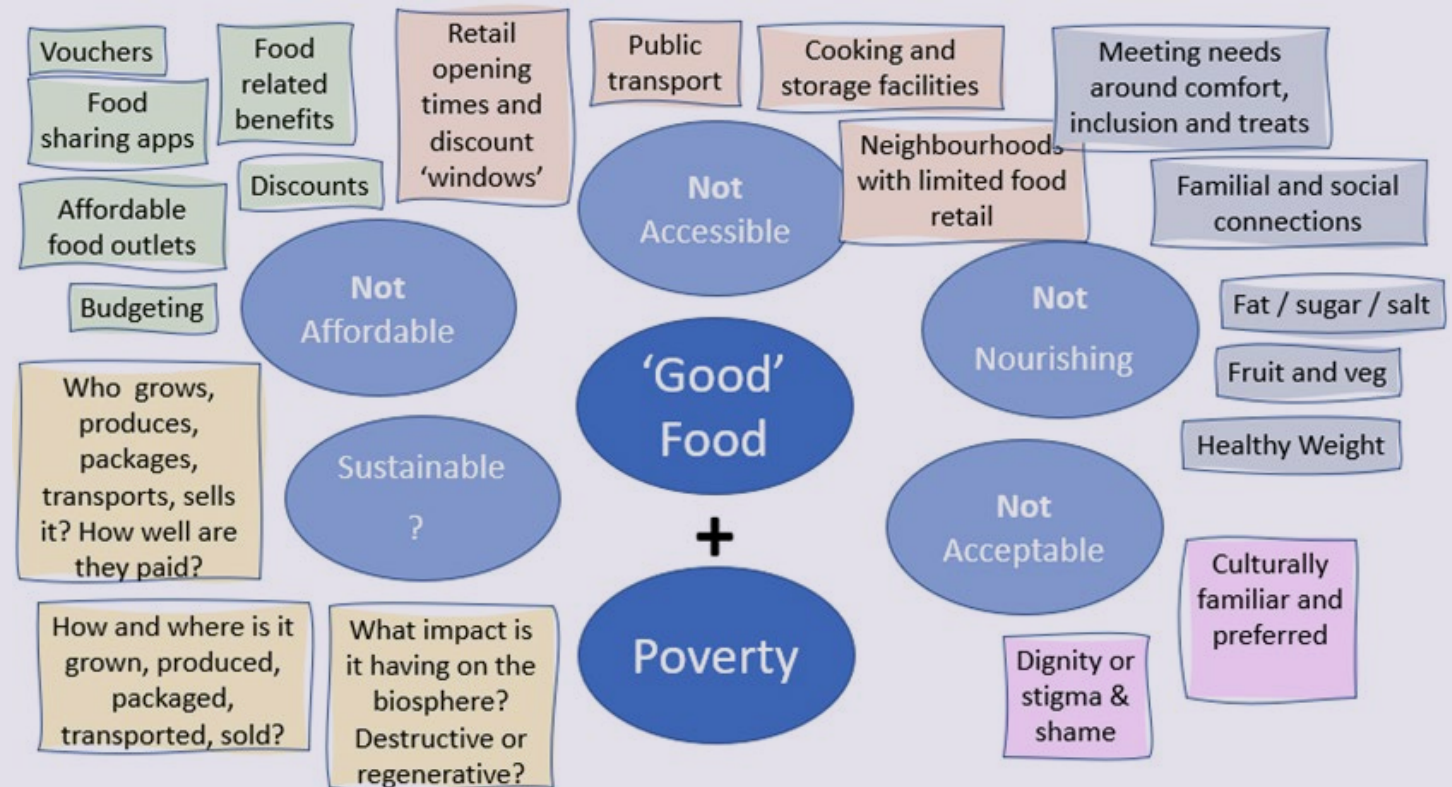


What Does Good Food Look Like?

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

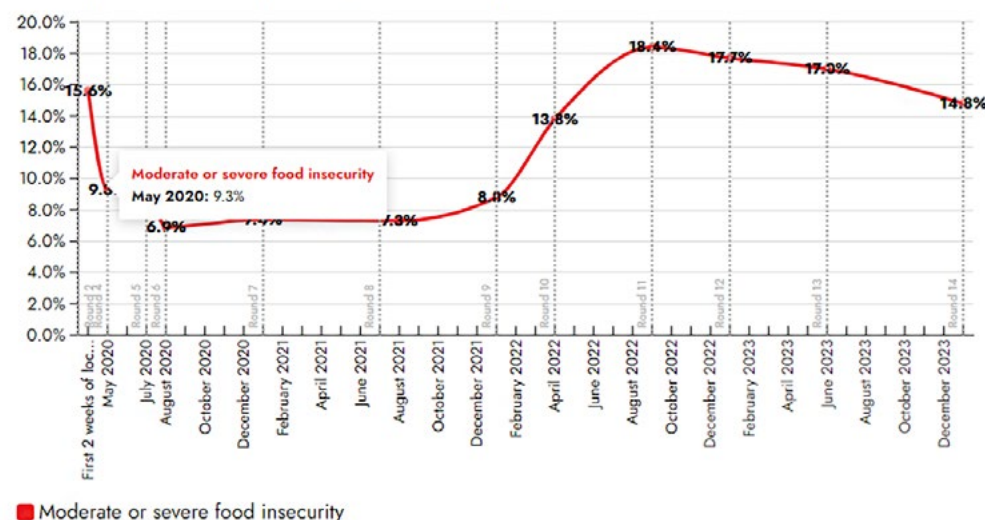
Despite the UK as a whole being relatively food secure, a significant proportion of the population suffer from food insecurity.

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



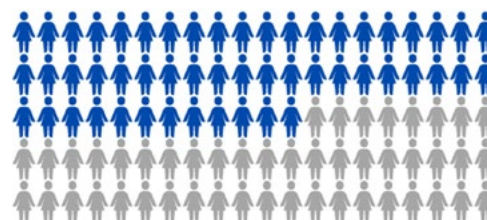
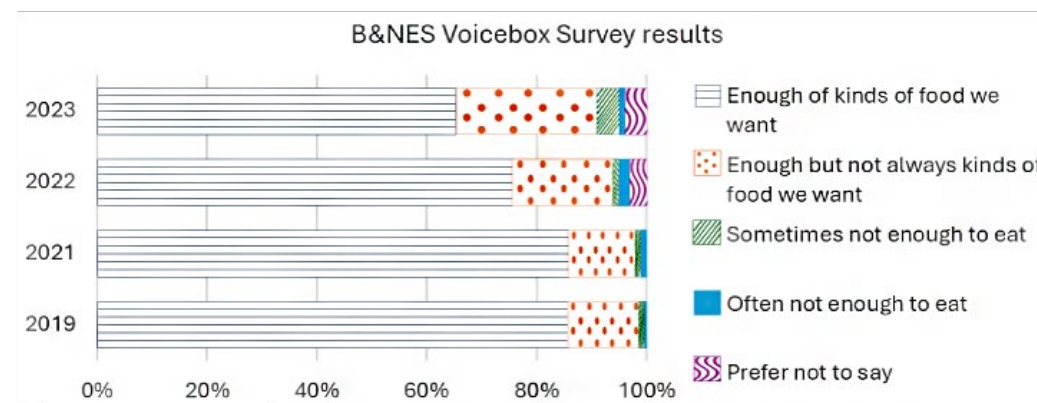
Household Food Insecurity in Bath and North East Somerset (B&NES)

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%.

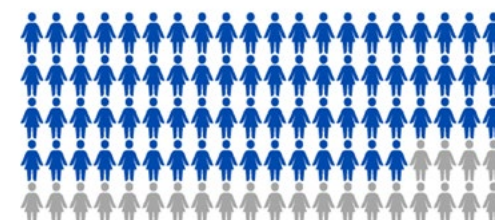
University of Bath research into food insecurity

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

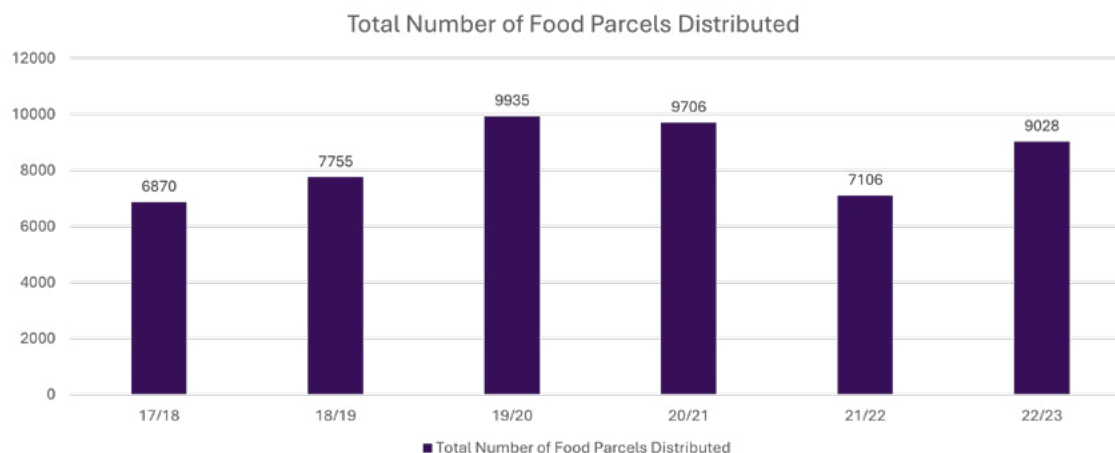
Household Food Insecurity in B&NES

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

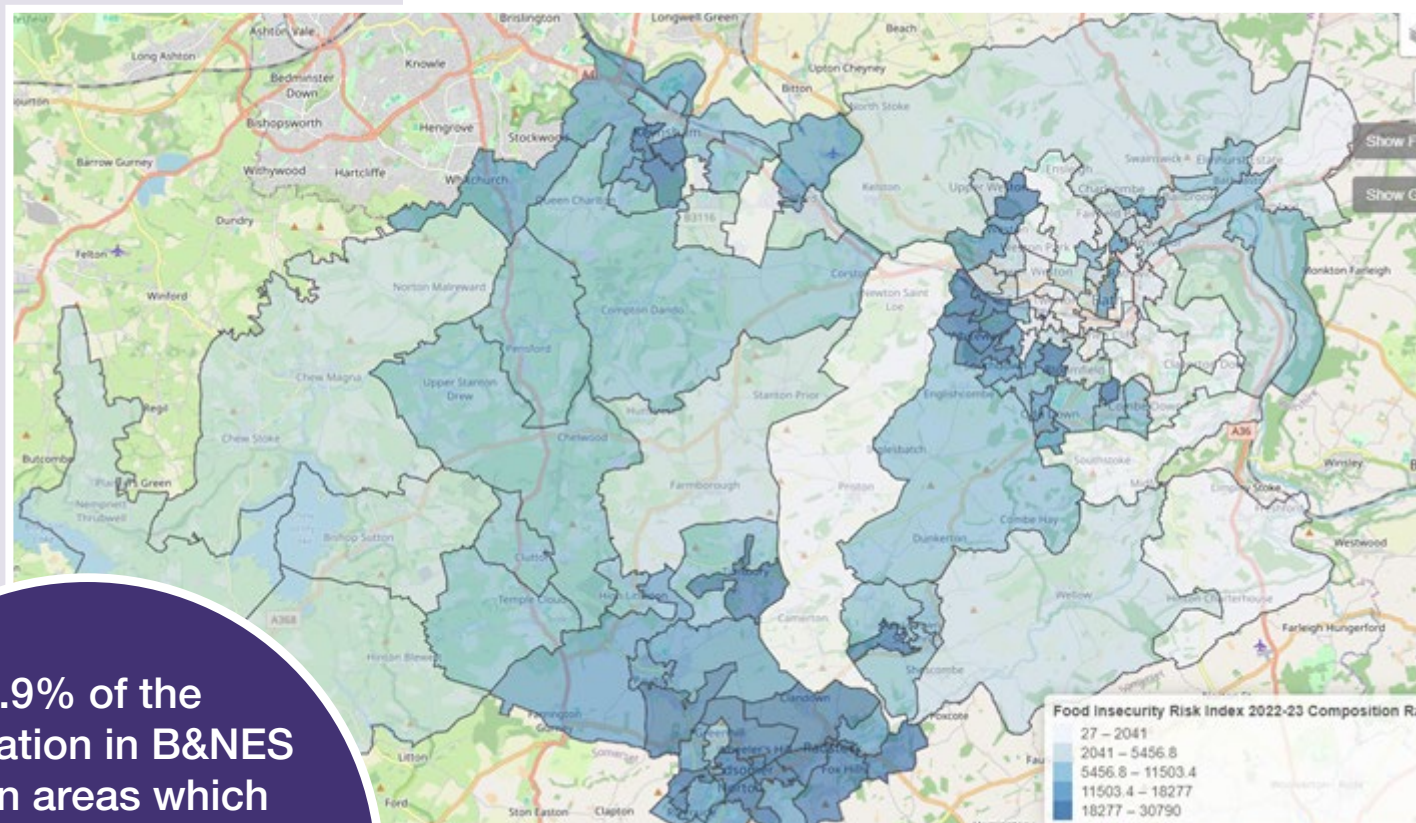


Household Food Insecurity in B&NES

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.

Page 26 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](#)).

Page 27



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

Page 28 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.

Page 29 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.

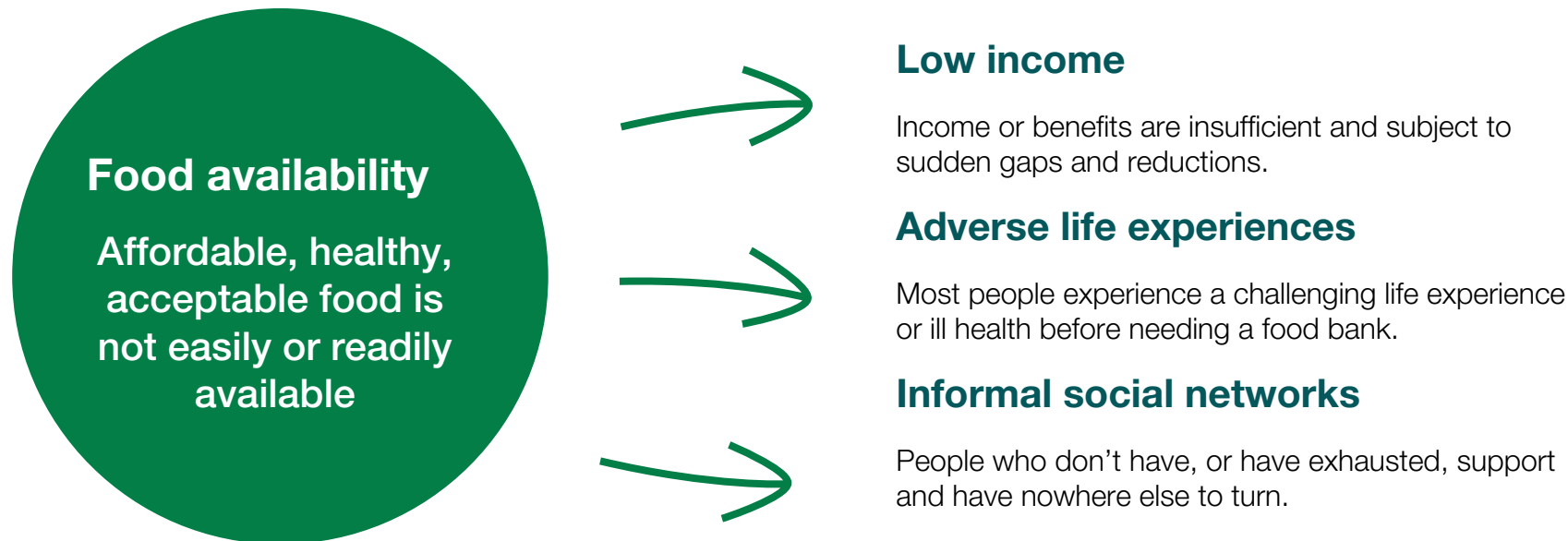
Of these drivers, low income that does not reliably cover essential outgoings is the most significant and pressing factor.

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.

Page 30



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):

Page 31



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.

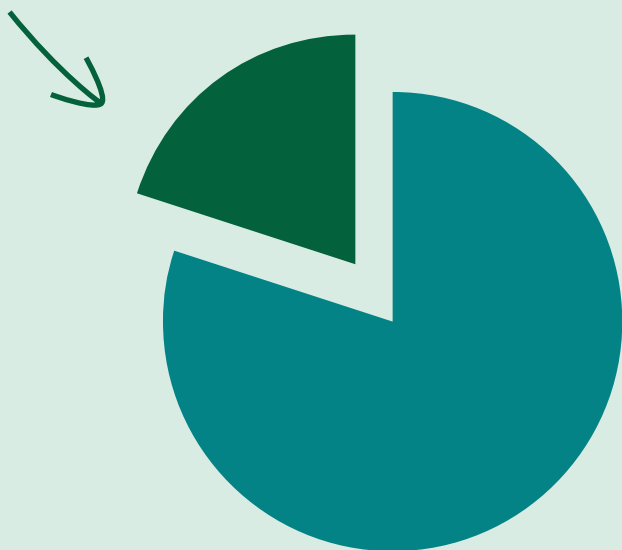
Feeding Britain have noted that both the number and intensity of income-related issues being addressed by on-site advice workers has grown rapidly. Recognising the relationship between poverty and food insecurity has led to projects such as Pathways from Poverty where in conjunction with Citizens Advice, 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

Page 32
19.3% = 7,500 children



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).

Page 33

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).

Page 34
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.

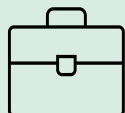
Groups disproportionately affected by food insecurity



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).

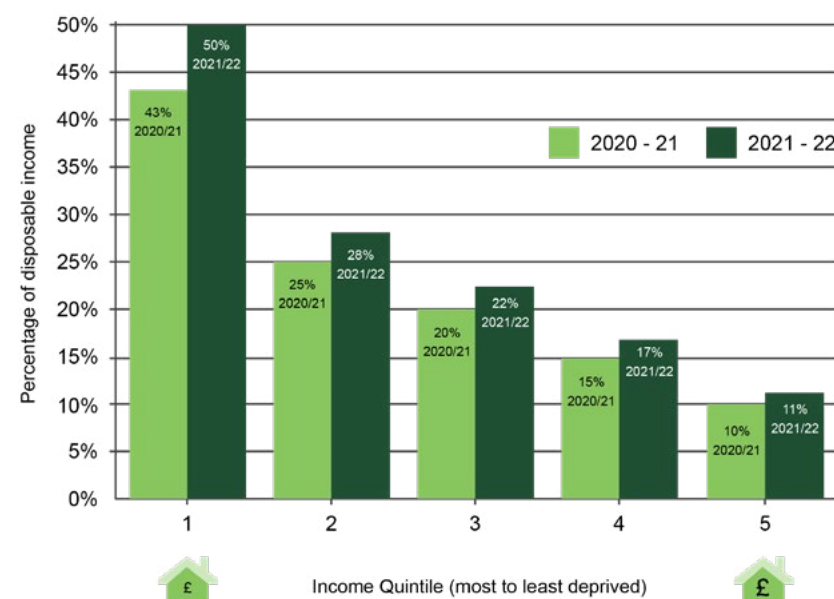
Page 36

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



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

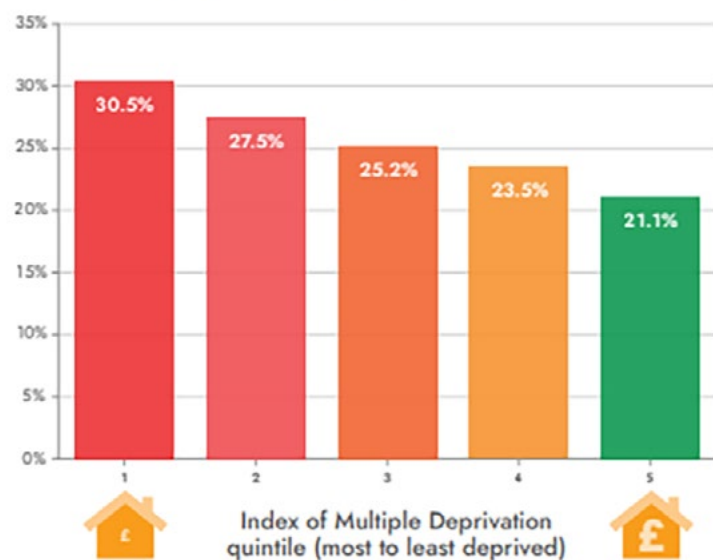


Source: FoodDB, University of Oxford, London School of Hygiene & Tropical Medicine secondary analysis of the Family Resources Survey 2021-22

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

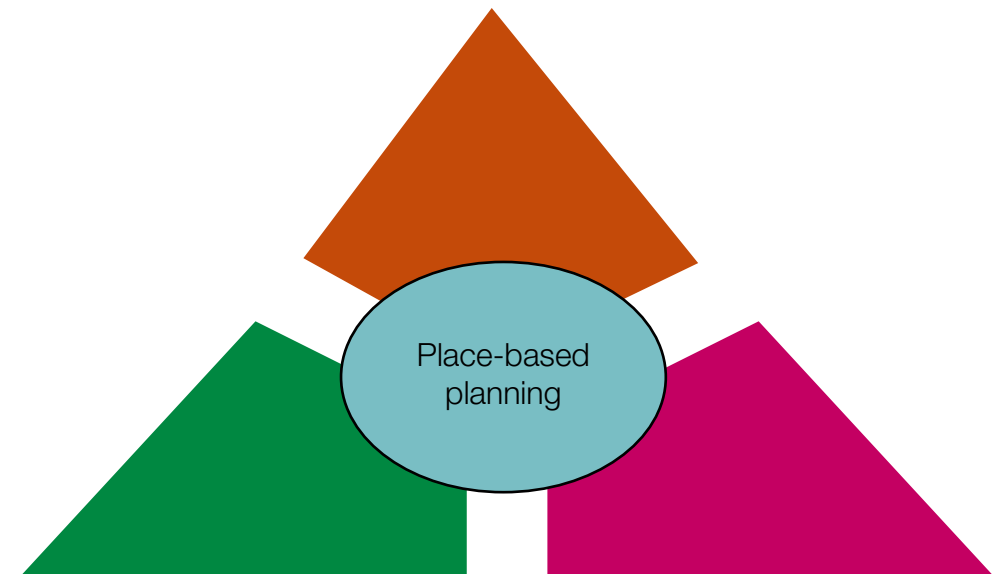
Page 39

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 ST JOHN'S FOUNDATION EST. 1174

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.

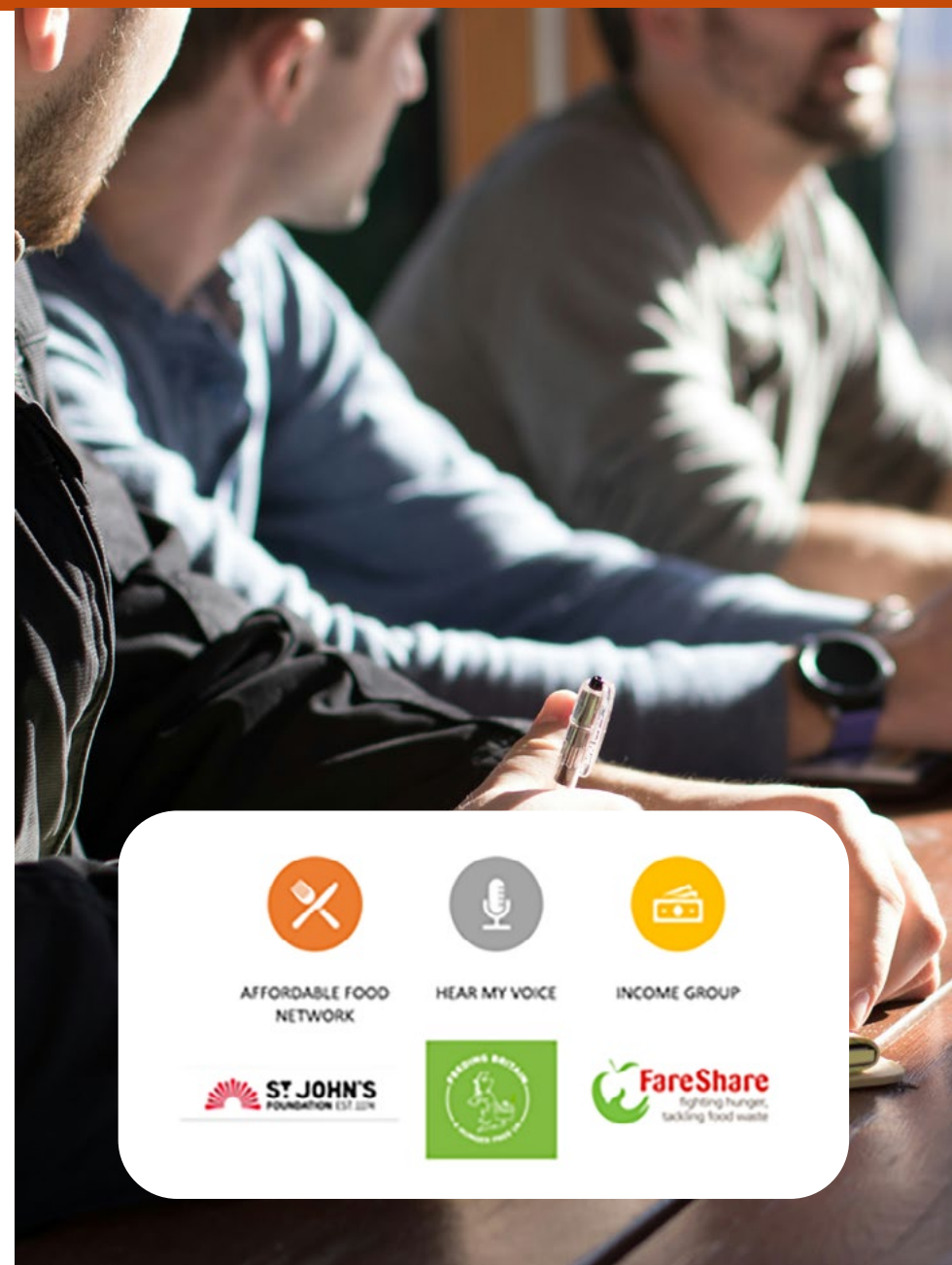


The Fair Food Alliance

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.



AFFORDABLE FOOD
NETWORK



HEAR MY VOICE



INCOME GROUP



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.

Page 43 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

”



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)

Page 44
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.

Page 47
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

”

CHANGE

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.

Page 49

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

Page 53
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

Page 54

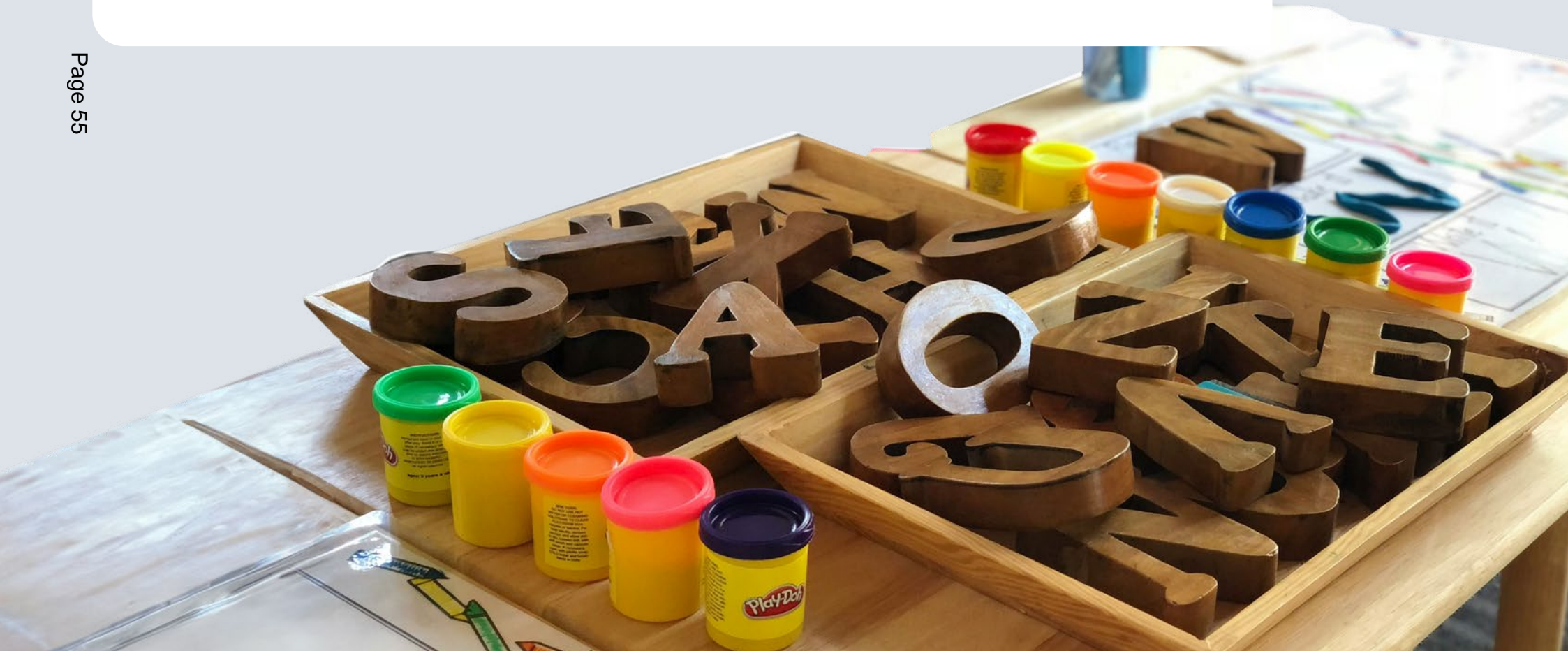
The Family Support and Play Service offers Family Food and Play Hubs, providing a healthy meal, play and peer support. Local Children's Centres support families living in poverty through access to IT, school uniform, food, and welfare support. The Community Wellbeing Hub's 'Food pod' element continues 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.

Page 56
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.

Page 58

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.

Page 59 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.

Page 65 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](#)

Director of Public Health Annual Report 2023/24

Tackling Food Insecurity in B&NES: Rising to the Challenge

Page 69

B&NES Health and Wellbeing Board 6 February 2025

Becky Reynolds, Director of Public Health

Kate Richards, Public Health Registrar

Bath & North East
Somerset Council

Improving People's Lives

Tackling Food Insecurity in B&NES Rising to the Challenge

Director of Public Health Report 2023/24

Bath & North East
Somerset Council

Improving People's Lives



Background to food insecurity

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

The Food Standards Agency



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](#)).



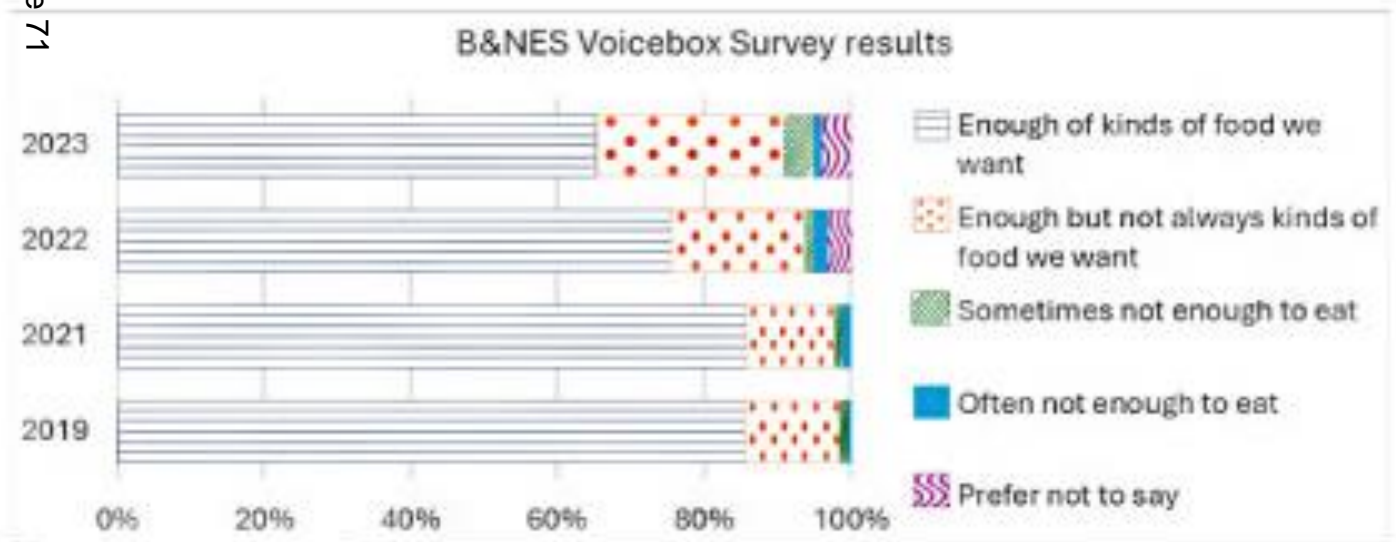
Older adults:

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

The local picture on food insecurity

- An increasing number report difficulty in accessing food.
- Research by University of Bath demonstrates a high level of food insecurity in those receiving pension credits.

Page 71



Food secure Pension Credit
Recipients: 51%

Pension Credit Survey 2023

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

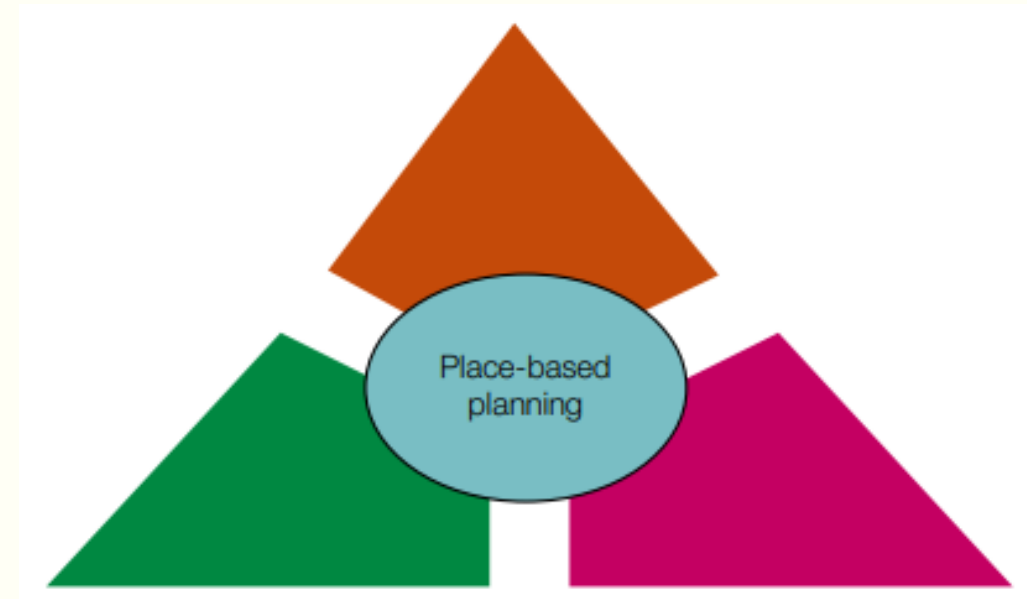


Action taken to address household food insecurity

Civic-level interventions: eg, B&NES economic strategy, corporate strategy, joint HWB strategy, joint special plan work of St John's Foundation,

Page 72
Service-level interventions: eg, Council Welfare Team, Citizens Advice B&NES, Community Wellbeing Hub, Healthy Start, free school meals, Holiday Activities and Food programme, Affordable Schools Programme.

Community-level interventions: eg, local groups, social networks, the community voice – work of Third Sector members of the Affordable Food Network



Looking forward (and reflecting back)

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.

Discussion: what could members of this Board do to advocate for action to address food insecurity through their spheres of influence?

Bath & North East Somerset Council	
MEETING	Health and Wellbeing Board
MEETING DATE:	6 February 2024
TITLE:	BSW ICS Implementation Plan 2025/26
WARD:	All
AN OPEN PUBLIC ITEM	
List of attachments to this report: Please list all the appendices here	

1 THE ISSUE

- 1.1 Every Integrated Care Board (ICB) in England is required to produce an updated Joint Forward Plan (JFP) setting out how the ICB and NHS partners in each system will implement their Integrated Care Strategy and meet their legal duties to their population in 2025/26;
- 1.2 As part of this requirement ICBs and partner trusts are subject to a general legal duty to involve each Health and Wellbeing Board (HWB) in the geographical area with particular reference as to how the ICB proposes to implement the relevant Joint Local Health and Wellbeing Strategies (JLHWS);
- 1.3 In the BaNES, Swindon & Wiltshire (BSW) system partners have called the JFP the Implementation Plan for the BSW Strategy and present work across all partners rather than only NHS partners; - this has been the case since 2023.
- 1.4 The two previous iterations of the Implementation Plan have both been reviewed by the Health and Wellbeing Boards in BSW.
- 1.5 Those Board meetings have supported the Implementation Plan and in some instances delegated the approval of the Plan to the Chair of their respective Health and Wellbeing Board in consultation with a senior local authority representative and the ICB Place Director.
- 1.6 The 2025/26 approach for the Implementation Plan is now being brought to the Health and Wellbeing Board to set out the path to publication at the end of March 2025 and the opportunities for feedback until that date.

2 RECOMMENDATION

The Health and Wellbeing Board is asked to;

- a. Note the attached slide deck setting out the pathway and approach to the 2025/26 Implementation Plan refresh.
- b. Encourages Board members to participate in the feedback process once open.
- c. Delegates opinion and approval of the Plan to the Chair of the Board in consultation with their chosen local authority representative and the ICB Place Director.

3 THE REPORT

- 3.1 The ICB is setting out the approach to the Implementation Plan for 2025/26 and the timeline to publication. There are opportunities for engagement and feedback that members of the Board are invited to participate in. The required publication date does not align with the Health and Wellbeing Board dates and an agreed process for review and Health and Wellbeing Board response is essential to ensure the governance requirements are achieved.
- 3.2 Responding to feedback from public and colleagues, and the regional NHS England team, the format and layout of the Implementation Plan is being revised to take a more reader-friendly approach and one that ensures the plan is easier to understand and use. The content and level of detail will be simplified, supported by clearly defined Delivery Groups. Readers should expect to see a significant difference between the previous plan and the 2025/26 version.
- 3.3 It should be noted that this does not diminish or reduce the breadth of the work across the system which is ongoing.
- 3.4 The Integrated Care Alliances have agreed high level priority areas to include in the Plan and are currently working through a series of steps to refine and set out the specific objectives and working arrangements. These are in addition to the other responsibilities of the ICAs – please refer to the accompanying slide deck.
- 3.5 There is planned workshop for Alliance partners in B&NES to further refine and develop the priority objectives on the 31st January 2025.
- 3.6 An evidence based Outcomes Framework is currently in development across the system which will form part of the Plan's evaluation process.
- 3.7 During February, a full draft version of the Implementation Plan will be made available to the members of the BSW Health and Wellbeing Boards. At that time a clear route for feedback on the Plan will be advised such that all members will be able to ensure their views and voices are considered in developing the final version.

- 3.8 Following this feedback process, a summary of the feedback will be shared with Board members and a final version of the Plan will be developed and shared.
- 3.9 If delegation is agreed by the Board, the Health and Wellbeing Board Chairs will be asked for their review and support of the plan via a statement which will be included in it.

3.10 Next Steps

- (1) Decision on delegating Health and Wellbeing Board opinion and support for the plan to the Chair – this meeting.
- (2) Confirmation of the ICA priority area objectives and projects – February 2025
- (3) Circulation of a draft version of the Plan and invitations for feedback – February 2025
- (4) Feedback phase will close and a final version will be circulated to Boards – March 2025
- (5) Final publication – March 31st 2025

4 STATUTORY CONSIDERATIONS

- 4.1 Every Integrated Care Board (ICB) in England is required to produce an updated Joint Forward Plan (JFP) setting out how the ICB and NHS partners in each system will implement their Integrated Care Strategy and meet their legal duties to their population in 2025/26.
- 4.2 As part of this requirement ICBs and partner trusts are subject to a general legal duty in involve each Health and Wellbeing Board (HWB) in the geographical area with particular reference as to how the ICB proposes to implement the relevant Joint Local Health and Wellbeing Strategies (JLHWS).

Contact person	<i>Emma Higgins – emma.higgins1@nhs.net</i>
Background papers	
Please contact the report author if you need to access this report in an alternative format	

This page is intentionally left blank

Health and Wellbeing Board Update

Implementation Plan and Outcome Framework

Page 79

January 2025



Background and context

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

- 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
 - Be clearer on NHS contribution to prevention and outcomes sections
 - Review of outcomes framework to make fit for purpose
- Refresh will be relatively light touch given national conversation ongoing re 10-year plan
- Plan to be split into two documents
 - Front facing, easily digestible public document
 - Supporting companion document/appendix with detailed delivery plans
- Aim for full initial draft for HWB's to review in mid-Feb
 - Request for sign off to be delegated to board chair
 - Will require a statement from HWB to embed into the plan

Steering group members/representatives

We have set up a steering group to support this work – the member organisations and roles are as follows:

- Health and Care Professional Director, ICB
- Head of Strategic Intelligence, ICB
- Head of Delivery, ICB
- People and Communities Engagement Specialist, ICB
- Delivery Officer, ICB
- Head of Locality, ICB
- PH consultant, Swindon Borough Council
- PH consultant, BaNES council
- PH consultant, Wiltshire council
- Associate Director of Strategy, GWH
- Associate Director of Strategy, SFT
- Head of Performance and Capacity, SFT
- Head of Workforce Planning and Intelligence, RUH
- Data analyst, BaNES council
- Director of Transformation, RUH
- VCSE Representatives

Objective and Proposed Key Priorities 25-26

Objective 1 – Prevention and Early Intervention

1. Mobilise our Integrated Community Based Care service will be mobilised and enter the first year of operation, engaging with the public on the future of services
2. We will increase our focus on prevention, embedding our revised approach to hypertension and expanding our approaches to mental health

Objective 2 – Fairer Health Outcomes

- Page 32
1. We will further embed our approach to reducing inequalities by championing a focus on our CORE20Plus5
 2. We will realise more consistent clinical and patient benefits of greater acute collaboration as identified in clinical case for change

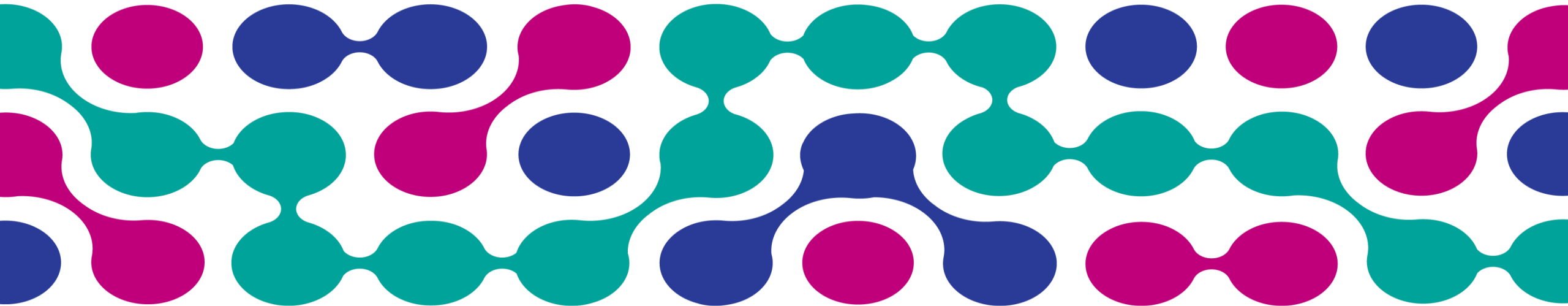
Objective 3 – Excellent Health and Care Services

1. We will continue the recovery of services to improve quality and outcomes for our patients, and make sure services are sustainable for the future
2. The second year of our medium-term financial plan will be delivered to aid the continuation of our financial recovery
3. Use of Digital Tools and Technology will be increased to provide a system wide approach to patient care and services
4. Workforce retention and opportunities will be improved by working closer together with system partners and developing our BSW People Plan

What delivering our priorities will mean

Priority	Outcome
Mobilise our Integrated Community Based Care service and enter the first year of operation, engaging with the public on the future of services	Increased patient satisfaction and access to community-based care, with measurable improvements in health outcomes and reduced reliance on acute care services.
Begin to realise clinical and patient benefits of greater acute collaboration as identified in clinical case for change	Improved clinical outcomes and patient experiences through streamlined, collaborative care across provider pathways, reducing duplication and inefficiencies
Deliver the second year of our medium-term financial plan and continue financial recovery	Achieved financial sustainability, with clear evidence of cost savings and reinvestment in frontline services supporting long-term system resilience
Further embed our approach to reducing inequalities by championing a focus on our CORE20Plus5	Measurable reductions in health inequalities, demonstrated by improved health metrics within underserved and vulnerable populations
Increase our focus on prevention, embedding our revised approach to hypertension and expanding our approaches to mental health	A decrease in the prevalence and complications of hypertension through enhanced prevention strategies, leading to a reduction in avoidable hospital admissions.
Continue recovery of services to improve quality and outcomes for our patients, and make sure services are sustainable for the future	Shortened waiting times for elective care and increased early-stage cancer diagnosis rates, improving patient outcomes and system performance metrics. Shorter waits for urgent care treatment, reduced unnecessary stays in our hospital, more people kept well at home.
Increase use of Digital Tools and Technology to provide a system wide approach to patient care and services	Enhanced patient care through widespread adoption of digital tools, reducing administrative burden and improving clinical efficiency and accessibility.
Improve workforce retention and opportunities by working closer together with system partners and developing our BSW People Plan	A more engaged, resilient, and well-supported workforce, with lower turnover rates and a clear impact on service quality and staff satisfaction.

Locality Plans



Introduction to place



Bath and North East Somerset,
Swindon and Wiltshire Together

The Role of Integrated Care Alliances in BSW

- Integrated Care Alliances (ICAs) play a central role in delivering the vision of the Bath and North East Somerset, Swindon, and Wiltshire (BSW) Integrated Care System (ICS). As collaborative partnerships, ICAs bring together health, care, Local Authority, voluntary, and community sector organisations to improve outcomes, reduce inequalities, and promote the health and wellbeing of local populations.
- ICAs focus on the integration of services to ensure residents receive joined-up, high-quality care that meets their needs. By operating at a local level, ICAs are able to respond to the specific challenges and strengths of their communities while contributing to wider system goals.

Purpose of Integrated Care Alliances?

ICAs are responsible for planning, coordinating, and overseeing health and care services in their local areas. By working together, ICA partners ensure that services are:

Person-centred: Seamless and accessible, enabling residents to receive the right care, in the right place, at the right time.

Focused on prevention: Promoting early intervention to address issues before they escalate, improving long-term outcomes.

Aligned to tackle inequalities: Addressing health disparities and ensuring equitable access to care for all parts of the population.

Each ICA works in alignment with the Joint Strategic Needs Assessments (JSNAs), Health and Wellbeing Strategies, and the BSW Integrated Care Strategy. This ensures their priorities reflect both local population needs and system-wide ambitions.

Governance and Accountability

ICAs operate as key components of the BSW ICS, providing a forum for senior decision-makers from NHS, local authority, and community partners to collaborate effectively. Each ICA is established as a formal partnership with robust governance arrangements to oversee delegated functions and resources.

Decisions are made collectively, with members working towards shared goals that benefit local populations. Regular reporting ensures accountability to the Integrated Care Board (ICB) and relevant sub Committees, local Health and Wellbeing Boards, and partner organisations.

Introduction to Place, cont'd



Bath and North East Somerset,
Swindon and Wiltshire Together

Core Responsibilities

- **Health and Care Strategy:** Develop local strategies to improve outcomes, informed by data and partner expertise.
- **Service Transformation:** Oversee integrated service delivery, quality, and resource use to meet local needs.
- **Tackling Inequalities:** Identify and address health disparities through targeted programmes.
- **Population Health Management:** Use data to design services that improve health and reduce inequalities.
- **Resource Alignment:** Oversee budgets, including the Better Care Fund, to support shared priorities.
- **Community Connections:** Link health and care services with voluntary and community partners for locally rooted support.

What This Means for Our Residents

ICAs ensure that health and care services are more integrated, making them easier to navigate and more effective in meeting the needs of local populations. Their focus on prevention, tackling inequalities, and using shared resources means better long-term outcomes and fairer access to services for everyone.

Looking to the Future

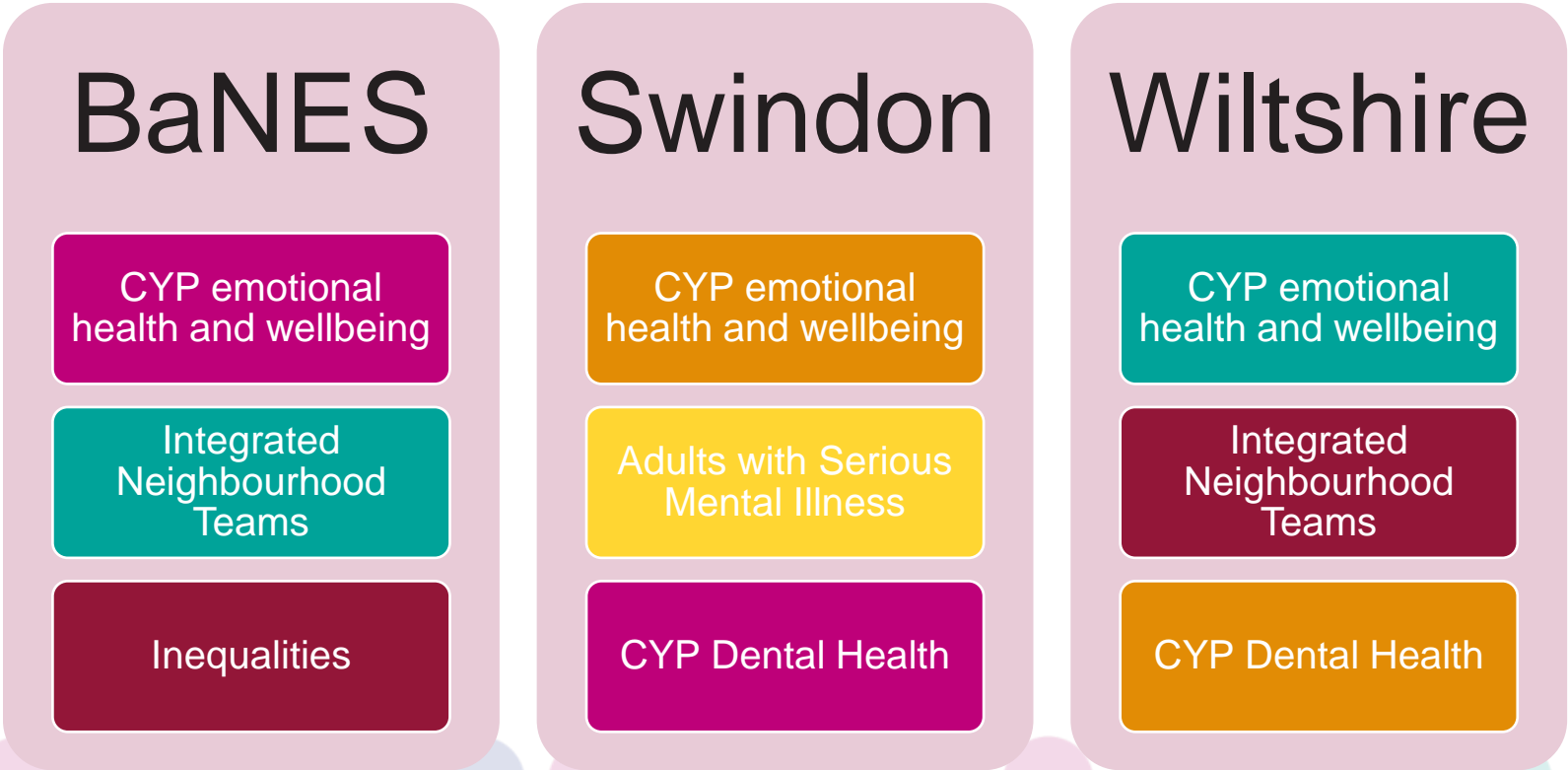
The recent Darzi Report emphasises the importance of place-based partnerships in integrated care systems. ICAs are key to this transformation, promoting innovation, prevention, and integrated approaches to meet local needs. By focusing on prevention and reducing inequalities, ICAs help create sustainable health and care systems with better outcomes for everyone.

Place Priorities

Programme Priorities

The following pages highlight three key programme areas for each ICA in 2025/26, aligned with the goals of prevention, reducing inequalities, and excellent care. These priorities represent a focus within the broader scope of ICA activities, which encompass extensive efforts to improve outcomes, tackle local challenges, and deliver the Integrated Care Strategy. The ICAs are working through a series of steps to develop and refine the focus of these priority areas.

Page 88



*BANES priorities due to be workshopped on 31st Jan
* These cover the top headlines, however further work taking place in all localities to refine and set SMART objectives

Outcomes Framework

Approach to Updating for 25/26

Page 89



BSW System Outcomes Framework overview

- Outcomes were developed as part of the 2023/24 Implementation Plan.
- There was significant consultation around these outcomes.
- However, many of the outcomes are not fit for purpose – there is no recent data available, they cannot be segmented by place or to explore inequalities (Core20, BAME) and they are not reported on regularly enough. In addition, they have not been embedded in our delivery infrastructure i.e. it is not clear which group is responsible for delivery on which metric.
- Major programmes like ICBC and the development of our Case for Change have now influenced our approach and plans..
- We now have an opportunity to update these outcomes as part of our Implementation Plan refresh.
- The following checklist was used to guide our selection of outcome metrics to ensure these issues were addressed:
 - ✓ Can be split by Place
 - ✓ Can be segmented by Deprivation, Ethnicity, Age and Sex
 - ✓ Frequency of reporting (at least quarterly)
 - ✓ Reporting lag (3 months max)
 - ✓ Benchmarking available
- It was not possible to find a single indicator that met all these criteria. Therefore bundles (generally 2) of indicators have been identified that meet the criteria between them.
 1. Indicator that is produced nationally and therefore benchmarking data is available.
 2. A complementary local indicator that achieves the other criteria,

BSW ICB System Outcomes Framework (Draft)



Key outcomes	
1	Life expectancy at birth
	Years of life lost (use 100 as benchmark)
2	Healthy life expectancy at 65
	Average age when someone becomes mildly frail.
3	Emergency bed days

Contributory outcomes	
1	<i>Staff satisfaction</i>
2a	<i>% of employees who are residents in BSW.</i>
2b	<i>% employees paid real living wage or above</i>
2c	<i>% of apprenticeships as a proportion of all employees.</i>
2d	<i>% of apprenticeships who are residents of BSW.</i>
2e	<i>Purchasing for social benefit.</i>
2f	<i>Collaborating with communities – how well we have listened.</i>
3	<i>Carbon savings through transformational schemes.</i>

Alignment with value	
	Personal value
	Technical value
	Allocative (or Population) value
	Societal value

Indicators available in national frameworks

Placeholder indicators to be developed

Contributory outcomes	
4a	Under 75 mortality from CVD (including diabetes)
	Years of life lost from CVD
4b	Under 75 mortality from Cancer
	Years of life lost from Cancer
4c	Under 75 mortality from Liver Disease
	Years of life lost from Liver Disease
4d	Under 75 mortality from Respiratory Disease
	Year of life lost from Respiratory Disease
4e	Dementia diagnosis rate
	Dementia prevalence recorded in GP records
4f	Premature Mortality in adults SMI
	Years of life lost with SMI
4g	Admissions for self-harm (PHOF & SUS)
4e	<i>Placeholder for MSK indicator</i>
5a	% patients reporting, they have a care plan
	% patients reporting care plan helpful (GPPS)
	No. Care Plans on ICR
5b	<i>No. completing CollaboRATE. % scoring 9+</i>
5c	<i>Place holder – social prescribing</i>
5d	<i>Place holder – Personal Health Budgets</i>
5e	<i>No. completing IntegRATE. % scoring 8+</i>
5f	<i>Place of death/ Place of Care</i>
	<i>• Proxy - % deaths in hospital</i>

Contributory outcomes	
6	% ICS resource invested in prevention (or % ICB budget invested in acute services)
7	Personal Wellbeing ONS4 scores (Life Satisfaction, Worthwhile, Happiness, Anxiety)
	No. people on QOF depression registers/ with anxiety code
	GP patient survey - report mental health condition
	<i>Measure of Loneliness</i>
	<i>Measure of independence</i>
	<i>Child mental wellbeing (from school surveys?)</i>
	<i>Placeholder for something better</i>
8	School readiness: % children achieving a good level of development at the end of Yr R
	Good level of development at 2 ½
9	Smoking prevalence in adults/ age 15
	Smoking prevalence recorded in GP records
10	Alcohol admissions for alcohol specific conditions (PHOF & SUS)
	<i>Placeholder high alcohol consumption recorded in GP records</i>
11	Obesity prevalence in adult/ children
	Obesity prevalence recorded in GP records
12	<i>Vaccination rates (Childhood and adults)</i>

This page is intentionally left blank

Q4 2024/25 Exception Report on the Four Priority Areas of the B&NES Joint Health and Wellbeing Strategy (JHWS) Implementation Plan

Please refer to the JHWS: <https://www.bathnes.gov.uk/document-and-policy-library/joint-health-and-wellbeing-strategy> and to the JHWS Implementation plan: <https://www.bathnes.gov.uk/sites/default/files/BandNES%20Health%20and%20Wellbeing%20Strategy%20Implementation%20Plan1.pdf> when reviewing the report

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

Date of Health and Wellbeing Board meeting this Q4 report and performance indicator set will be reviewed at: 06/02/25

Risk Assessment

Risk Level - RAG (Red, Amber, Green)

None - green

Action plan on or exceeding target
Continue to monitor

Medium - amber

Some items not delivered to timeframe
Monitoring suggests a trend line diverging from plan
Low risk/likely to resolve

High – red

Action item not being delivered
Monitoring does not evidence that sufficient progress is being made
High risk

1. Sign off from Sponsor

Theme	Lead officers	Sponsor	Progress reviewed and exceptions have been reported?
1	Sarah McCluskey	Mary Kearney-Knowles	YES

2. Open 'Amber' and 'Red' actions from previous exception report Q2

Actions to control risk	Strategy action this relates to	Lead officer	Progress on the action	Current risk level (RAG)	Any requests to Health and Wellbeing Board?
Recognition that some services have a very strong trauma informed resilience approach which can be shared/promoted amongst the wider CYP workforce	1.2.1	Marcia Burgham Sarah Gunner	January 2025, plans to review the current trauma information resilience training and resource available are ongoing as we identify appropriate contacts/ workstreams to enable this mapping. Trauma informed guidance has been rewritten and sent out to all schools in B&NES and all schools that support children who are looked after. This is supported by a training offer from the education directorate. Details are available on the hub Within the local authority we are looking to set up a trauma informed practice steering group (TIPS) to ensure that all of our practice is aligned across all of our partners.	AMBER	

<p><i>Big Education</i> commissioned to deliver a project to support schools to improve educational outcomes of disadvantaged children</p>	<p>1.3.1</p>	<p>Olwyn Donnelly</p>	<p>Last academic year (23-24) we recruited and trained 6 school leaders to lead action learning sets across 6 schools. Each school was supported to design an intervention or change to practice to address the attainment gap, according to their context and based on best evidence. This academic year (24-25) we have been able to extend the project to a further 9 schools and have secured additional funding to support supply cover to allow staff to me released. Impact evaluation data will be collected and analysed during Summer Terms '25 and a final report issued. The project will culminate with a B&NES conference to present the findings from the ALS with the aim of leaving a legacy of best practice.</p>	<p>AMBER was RED</p>
		<p>Marcia Burgham</p>	<p>The Be Well B&NES Steering Group has agreed that the associated Children's Network (to be formed) will focus on implementing the recommendations from the Educational Attainment Gap Report, including overseeing the action plan to reduce the attainment gap. This will aim to achieve a whole systems approach to supporting children and young people to be healthy and ready to learn, with a focus on removing the barriers to educational attainment to support those at greatest risk.</p>	

Promote and encourage schools to engage in the Affordable Schools Programme.	1.3.3	Marcia Burgham	<p>Network meetings set up for 2025. The Palladium Trust have taken the Affordable Schools programme on trust wide and support has been provided to the trust lead.</p> <p>The 7 B&NES schools in the trust have been offered a staff meeting (1 trust school already engaged).</p> <p>Total number of B&NES schools enrolled in the programme is 35.</p> <p>Introduction to the programme briefing sessions are being held in mid-Jan to recruit new schools into cohort 4.</p>	AMBER	
Taking forward revised Safety Valve Plan 3 areas of focus: strengthening system of SEN support; Proactive development of local specialist provision; strengthening statutory decision making.	1.4.1	Olwyn Donnelly	The SEND & AP Advice Service is now fully recruited to and has already made contact with schools and stakeholders to build capacity and help at a pre-statutory level and ensure needs can be identified and met in a timely fashion.	AMBER	

3. New exception reports

<p>Priority ONE</p> <p>Ensure Children and Young People have the best start in life and are ready for education and learning</p> <p>Intended outcome: All our children are healthy and ready for learning and education.</p>	
<p>Strategy Objective</p> <p>1.1 Strengthen family resilience to ensure children and young people can experience the best start in life.</p>	

Strategy objective Action	Risk level – RAG	Reason for escalation	Actions to control risk	Success measures	Timescales	Any requests to Health and Wellbeing Board?
1.1.1 Implement Best Start in Life Action Plan	GREEN					
1.1.2 Work towards a shared trauma informed resilience approach	AMBER					
1.1.3 Ensure constant promotion of existing and new services so practitioners and families know what support is available	GREEN					

Strategy Objective 1.2 Improve timely access to appropriate family and wellbeing support						
Strategy objective Action	Risk level – RAG	Reason for escalation	Actions to control risk	Success measures	Timescales	Any requests to Health and Wellbeing Board?
1.2.1 Ensure continuity of Early Help offer	GREEN					
1.2.2 New Family Therapy AWP provision.	GREEN					

1.2.3	Progress work towards a Family Hub/Multi-Disciplinary Team approach to support families linked to new Integrated Neighbourhood Team model.	GREEN					
Strategy Objective 1.3 Reduce the existing educational attainment gap for disadvantaged children and young people.							
Strategy objective Action		Risk level RAG	Reason for escalation	Actions to control risk	Success measures	Timescales	Any requests to Health and Wellbeing Board?
1.3.1	Improve Disadvantaged Educational Outcomes Programme (IDEOP) to commission work to provide intensive support for children eligible for free school meals, Children Looked After (CLA), SEND and BAME to support them to achieve better outcomes at school	AMBER was RED					
1.3.2	Continue to work alongside schools and social care to reduce exclusions and suspensions for all children open to social care but with a specific focus on CLA and	GREEN					

Children with Protection Plans (CPP) in place						
1.3.3 Continue affordable schools work.	AMBER Was GREEN					Promote and encourage schools to engage in the Affordable Schools Programme.
Strategy Objective 1.4 Ensure services for children and young people who need support for emotional health and wellbeing are needs-led and tailored to respond and provide appropriate care and support (from early help to statutory support services)						
Strategy objective Action	Risk level RAG	Reason for escalation	Actions to control risk	Success measures	Timescales	Any requests to Health and Wellbeing Board?
1.4.1 Retain commissioned services	AMBER					
1.4.2 Influence ICA to invest and take action to address emotional wellbeing and mental health.	GREEN					

1.4.3	Use and refresh Dynamic Support Register and Care, Education and Treatment Plans to ensure support provided is needs led and tailored to child	GREEN					
1.4.4	Improve transition processes between children and young people and adult services (Physical and MH provision)	GREEN was AMBER			Designated Social Care Officer now in post		

4. Annual Priority Indicator Set Summary

Priority Indicator	Timescales	Summary Points	Comments
Gap in School Readiness: the gap in the percentage of children with free school meal status achieving a good level of development at the end of reception compared to pupils who are not in receipt of free school meals	2023- 2024	2024 EYFS Profile data shows that most children in B&NES make good progress in school and achieve their milestones. EYFSP attainment in B&NES is typically above the England average. Outcomes for the cohort of children in receipt of FSM remain have improved, and to a greater extent than the improvement for non-FSM status. As a result, the attainment gap has narrowed. However, outcomes for children in receipt of FSM remain lower than the England comparison.	The impact of the pandemic was strongly reflected in a fall in GLD outcomes for children in receipt of FSM in 2023. In 2024, this outcome is much improved, returning to near pre pandemic levels. This remains a key focus as B&NES outcomes remain below those in England. The multiagency Language for Life early communication and language pilot project, funded by St Johns Foundation, has evidenced positive outcomes for this group

		The % of the cohort in receipt of FSM remained largely the same as the previous year at 12.6% (England 17.6%).	of children over the past 3 years. In 2024-26 this will be rolled out to the Somer area.
Child development: percentage of children achieving a good level of development at 2 to 2½ years	Financial Year ending 2022	82.1% of children aged 2 to 2½ years were at or above the expected level of development in all five areas of development (communication, gross motor, fine motor, problem-solving and personal-social skills) in the financial year ending 2022	This is similar to the England average. A higher proportion of children were at or above the expected level of development for communication skills (88.5%) and a higher proportion for personal-social skills (94.1%) when compared with England (86.5% for communication and 91.2% for personal-social skills).
Hospital admissions caused by unintentional and deliberate injuries in children (aged 0-14 yrs.), crude rate per 10,000,	Data last updated May 2024 (for 2022/23)	B&NES rate is 80.5 which is a reduction from the previous reported rate and the same as the SW rate at 80.7, but higher than the England rate of 75.3	B&NES Injury Prevention Partnership continue to meet quarterly, and targeted campaigns are circulated to key professionals and stakeholders supporting children, young people and parent/carers. A request has been made to colleagues in the RUH to work collaboratively to identify pathways to share intelligence and understanding regarding injury presentations at A&E and those more likely to result in hospital admissions.
Hospital Admissions as a result of self-harm (10-24 years), DSR (directly	2022/23	B&NES admissions 515.1 per 100,000 compared to 319 admissions per 100,000 across England.	Nationally, the rate of young people being admitted to hospital as a result of self-harm, between 2016 and 2020, is not significantly

standardised rate) - per 100,000			changing, and this is also the case in Bath and North East Somerset
Number of mothers known to be smokers at time of delivery as a percentage of all maternities with known smoking status	2023/24	2022/23 PHE Tobacco Control Profiles SATOD (smoking at time of delivery data for B&NES was 7.7% The South West was 9.2% and England is sitting at 8.8%	In 2023 Saving Babies Lives Care Bundle was published, providing evidence based best practice for providers and commissioners of maternity care across England.

Priority 2: Improve skills, good work and employment

1. Sign off from Sponsor

Theme	Lead officers	Sponsor	Progress reviewed and exceptions have been reported?
2	Claire Lynch	Sophie Broadfield	Yes

2. Open 'Amber' and 'Red' actions from previous exception reports - NONE

3. New exception reports

LEAD OFFICER: Claire Lynch Priority TWO - Improve skills, good work and employment						
Strategy Objective 2.1. Work with education providers and other partners to provide robust and inclusive pathways into work and including for disadvantaged young people						
Strategy objective Action	Risk level – RAG	Reason for escalation	Actions to control risk	Success measures	Timescales	Any requests to Health and Wellbeing Board?
2.1.1 Map future skills requirements, including in major projects and emerging sectors,	GREEN	www.skillsconnect.org.uk/directory				

and work with skills providers on relevant course provision such as Adult Education Budget (AEB) and the FWD project		www.achieveinbathnes.co.uk The achieve in bathnes website has been updated and now show's qtrly interactions				
2.1.2 Prioritise projects to address barriers to employment for young people, including care leavers and those with SEND, vulnerable learners	GREEN	Secured an additional 2 years for We Work For Everyone – supporting 18+ with Neurodiverse https://weworkforeveryone.org/ Progressive Routes supports our NEETS https://www.achieveinbathnes.co.uk/support-and-				

		guidance/progressive-routes Secured additional 6 months of funding				
2.1.3	Improve access to support by providing clarity to the extensive and complex employment and skills ecosystem through high quality and impartial IAG	GREEN	Future Bright https://www.westofengland-ca.gov.uk/what-we-do/employment-skills/future-bright/ Secured an additional 2 years of funding starting in April 25			
Strategy Objective 2.2 Work with local employers to encourage, incentivise and promote good quality work						
Strategy objective Action	Risk level level – RAG	Reason for escalation	Actions to control risk	Success measures	Timescales	Any requests to Health and

						Wellbeing Board?
2.2.1	Encourage partners and local businesses to sign up to WECA Good Employment Charter	AMBER		We have a number of business events coming up this year where we will look to support the CA in their promotion		
2.2.2	B&NEs council to lead by example and support partners and local businesses to transition into an Employer of choice.	AMBER				To be developed further within Council for 2025
Strategy Objective 2.3 Support the development of and access to an inclusive labour market, focusing on engaging our populations most at risk of inequalities in accessing and maintaining good work						
Strategy objective Action	Risk level RAG	Reason for escalation	Actions to control risk	Success measures	Timescales	Any requests to Health and Wellbeing Board?

2.3.1	Create and deliver an inclusive employment and skills plan for Bath and North East Somerset, ensuring UKSPF supports B&NES requirements	GREEN					
2.3.2	Promote the Disability Confident Employer scheme and increase our own levels and be an employer who can encourage local employers to enhance the recruitment, retain and develop residents with disabilities	GREEN	Following the success of our 1 st event in Nov 24 we will look to organise another for 2025				
2.3.3	Through the FWD programme, offer an alternative and inclusive structure to training that addresses barriers to training not addressed through existing provision, and has embedded routes to employment	GREEN	Completed - The programme's pilot and funding came to an end. We are reviewing lessons learnt with partners.				

Strategy Objective 2.4 Prioritise inclusiveness and social value as employers, purchasers and investors in the local economy						
Strategy objective Action	Risk level RAG	Reason for escalation	Actions to control risk	Success measures	Timescales	Any requests to Health and Wellbeing Board?
2.4.1 Collaborate as B&NES anchor institutions (and major employers) to review and adopt good work practices	GREEN	https://civicuniversitynetwork.co.uk/				
2.4.2 Use social value to promote apprenticeships for vulnerable groups	GREEN					

4. Annual Priority Indicator Set Summary

Priority Indicator	Timescales	Summary Points	Comments
Gap in the employment rate between those with a long term health condition and the overall employment rate		<i>We are reviewing and collecting data on employment outcomes for B&NES residents with a long-term health condition. The latest employment rate for residents is 76% (ONS Annual Population Survey). Figures from the Department for Work and Pensions show</i>	

		<p><i>there were 23,533 disabled people living in Bath and North East Somerset as of March, with 64% of them in employment (significantly lower than the overall employment rate). At the same time, only 17% of economically inactive B&NES residents give long-term sickness as the primary reason for not being in work, compared with 27% in the South West and 28% nationally, so more analysis is needed to understand the scale of the issue and whether B&NES is truly underperforming on health-based employment outcomes</i></p>	
<p><i>Additional measures will be reported here when strategic measures from the Economic Strategy are identified</i></p>			

This page is intentionally left blank

Priority 3: Strengthen compassionate and healthy communities

1. Sign off from Sponsor

Theme	Lead officers	Sponsor	Progress reviewed and exceptions have been reported?
3	Amy McCullough	Becky Reynolds	Yes

2. Open 'Red' actions from previous exception reports - NONE

3. New exception reports

LEAD OFFICER: AMY McCULLOUGH Priority THREE Strengthen compassionate and healthy communities						
Strategy Objective 3.1 Infrastructure that encourages and enables individuals, organisations and networks to work together in an inclusive way, with the shared aim of supporting people in need and building strong local communities						
Strategy objective Action	Risk level – RAG	Reason for escalation	Actions to control risk	Success measures	Timescales	Any requests to Health and Wellbeing Board?
3.1.1 Implement Community Wellbeing Hub (CWH) strategy	AMBER	CWH Business Plan in place and the CWH is delivering well.	Both the Council and ICB have agreed to use BCF to partially fund the CWH beyond March 2025 (subject to approval of	Recommended budget secured through BCF governance.	BCF agreed for April '25 to end of March '26.	For HWB members to champion the CWH as an approach that

<p>To note: There is not a specific CWH strategy document. There is a Business Plan, which has been developed by the CWH Partnership, and there is an Outline Business Case. The latter has been led by Council colleagues and developed with the CWH Partnership and wider partners, and it sets out the strategic, economic, financial and commercial case for a CWH.</p> <p>For information about the CWH see: https://communitywellbeinghub.co.uk</p>		<p>RAG rated Amber because use of Better Care Funds Conditions and metrics are not yet confirmed for 25/26 and funding for the CWH beyond March 2026 is not able to be agreed – Better Care funding has reverted to 1 year confirmed funding (not 2) with funding for further years not yet confirmed.</p>	<p>planning) and including (in principle) if further national BCF is made available beyond March 2026.</p>		<p>Needs to be agreed beyond March '26 once further national funding confirmed.</p>	<p>delivers on integrated neighbourhoods and prevention, and to support the realisation of opportunities to align the CWH with other front doors across the system. To support the use of core funding for the CWH where this is possible in the future.</p>
Strategy Objective 3.2 Enable and encourage proactive engagement in health promoting activity at all ages for good quality of life						
Strategy objective Action	Risk level – RAG	Reason for escalation	Actions to control risk	Success measures	Timescales	Any requests to Health and Wellbeing Board?
<p>3.2.2 Implement Be Well B&NES – the Whole System Health Improvement Framework</p>	<p>GREEN (based upon the development of the Educational Attainment Gap action plan and</p>		<p>To note: Progress is being made on the development of the community aspect of the Be Well B&NES work, which is taking more time than anticipated.</p>			

	network group)					
3.2.3 Cultural strategy to include activities that support/promote wellbeing	GREEN		To note: Audit on cultural activity across B&NES undertaken, which with other evidence such as findings of the LGA Cultural Peer Challenge that took place in 2023, will be used to inform health and wellbeing content for the new Culture Strategy. An initial draft strategy (to engage with stakeholders on) will be drafted by the end of this financial year.	Key products developed, including the Strategy, indicator set, and qualitative measures.	Cultural Plan (2 year) Strategy to be developed by end of 25/26	For members to flag any funding opportunities to support the alignment of culture and health and wellbeing outcomes
Strategy Objective 3.3 Develop a strategic approach to social prescribing to enable people to remain healthy and manage physical and mental health conditions <i>(cross ref to ICA's priorities 2,3 and 4 and cross cutting themes)</i>						
Strategy objective Action	Risk level RAG	Reason for escalation	Actions to control risk	Success measures	Timescales	Any requests to Health and Wellbeing Board?
3.3.1 Establish a framework for social prescribing across B&NES – include mapping of existing services, identification of gaps in provision and develop a shared definition of what	GREEN			Social Prescribing Project Manager in post, scoping work for framework complete, and	2024/25	Due to be discussed at the May HWB – any asks will be made then

social prescribing means in B&NES				draft framework has been developed.		
-----------------------------------	--	--	--	-------------------------------------	--	--

4. Annual Priority Indicator Set Summary

Priority Indicator	Timescales	Summary Points	Comments
Prevalence of smoking among persons aged 18-64 years in the routine and manual group	2018-2022	Smoking in this demographic group was lower than the England average during 2020 and into the first part of 2021, but data for 2022 and 2023 shows an increase above the England average; as at April 2023 smoking prevalence of 28.9% for B&NES compared to 19.5% for England.	During 2020 and 2021 the survey methodology was changed due to COVID. Government announced additional funding for LA's from April 2024 to enhance local stop smoking support and access to free vape kits for smokers (from Dec 23 – March 25). This will increase capacity locally to focus on this target group.
Percentage of adults who feel lonely often/always or some of the time (aged 16+)	2020	As at December 2020 the percentage of adults who felt lonely often/always or some of the time was 26.8% compared to 22.3% for England.	To note: Based upon survey data and so a sample of residents.
High ratings of anxiety (% adults 16+)	2012-2022	The percentage of adults in B&NES with high ratings of anxiety are higher than the England average; 23.5% in B&NES compared to 22.6% for England, though not statistically significantly so. 22/23 data show the same trend – with self reported anxiety at 26% for B&NES and 23.3% nationally. Over the last ten years the B&NES average has generally been above the England average with a few exceptions.	To note: Based upon survey data and so a sample of residents. Anxiety increased during the Covid-19 pandemic.
Percentage satisfaction with local area as a place to live	2016-2022	As at December 2022 84.3% of B&NES residents were satisfied with the local area as a place to live (no England comparator).	To note: Based upon survey data and so a sample of residents.

Priority 4: Create Health Promoting Places

1. Sign off from Sponsor

Theme	Lead officers	Sponsor	Progress reviewed and exceptions have been reported?
4	Amy McCullough 4.1.	Laura Ambler	Yes

2. Open 'Red' actions from previous exception reports – NONE

3. New exception reports

LEAD OFFICER: AMY McCULLOUGH						
Priority FOUR Create Health Promoting Places						
Strategy Objective 4.1 Utilise the Local Plan as an opportunity to shape, promote and deliver healthy and sustainable places and reduce inequalities						
Strategy objective Action	Risk level – RAG	Reason for escalation	Actions to control risk	Success measures	Timescales	Any requests to Health and Wellbeing Board?

<p>4.1.1 Key policies included in the Local Plan that promote health and wellbeing and support the implementation of the ecological emergency action plan e.g., policies that promote: - Access to green space; Active travel; Access to healthy food; Accessible/safe housing for aging population</p>	<p>GREEN</p>	<p>RAG rated green on the basis that the policies in the Local Plan will still promote health and wellbeing.</p>	<p>To note: The government recently published the revised National Planning Policy Framework (NPPF), as well as revised housing figures. Whilst the scale of the challenge for B&NES (particularly in relation to new homes and appropriate infrastructure) has increased, the opportunity to embed health and wellbeing content and outcomes in the Local Plan remains.</p>		<p>Refreshed timescales: Local Plan submission date of July 2026.</p>	<p>To engage in Local Plan workshops/meetings (where requested) to support policy content development during 2025/26. A HWB session on the Local Plan due to take place in June '25.</p>
---	---------------------	--	--	--	---	--

Priority 4: Create Health Promoting Places

1. Sign off from Sponsor

Theme	Lead officers	Sponsor	Progress reviewed and exceptions have been reported?
4.2, 4.3	Chris Mordaunt	Laura Ambler	Yes

2. Open Amber and Red actions from previous exception reports - NONE

3. New exception reports

LEAD OFFICER: Chris Mordaunt Priority FOUR Create Health Promoting Places							
Strategy Objective 4.2 Improve take up of low carbon affordable warmth support for private housing; and encourage B&NES social housing providers to provide low carbon affordable warmth for existing social housing to help prevent damp and mould and cold-related illnesses							
Strategy objective Action	Risk level – RAG	Reason for escalation	Actions control risk	to	Success measures	Timescales	Any requests to Health and Wellbeing Board?
4.2.1 Develop an overarching “Housing & Delivery Strategy”, incorporating action plans for affordable warmth measures, such as, improving information	GREEN				Housing Plan governance complete and signed off	April 2025	Promote www.energyathome.org.uk For all information and signposting on affordable warmth and energy efficiency

& signposting; working with Regulated Providers (RPs) and other partners at West of England level to promote & encourage low carbon affordable warmth etc www.energyathome.org.uk						
---	--	--	--	--	--	--

Strategy Objective 4.3 Maximise opportunities in legislation to facilitate targeted private rented sector inspection programme to ensure the minimum statutory housing and energy efficiency standards are met						
Strategy objective Action	Risk level level – RAG	Reason for escalation (leave blank if green unless <u>exceptional progress</u>)	Actions to control risk	Success measures	Timescales	Any requests to Health and Wellbeing Board?
4.3.1 Develop an overarching “Housing & Delivery Strategy” incorporating action plans for the regulation and improvement of housing conditions	GREEN			Housing Plan governance complete and signed off	April 2025	
4.3.2 Commission housing condition survey modelling	GREEN			Survey report available	Available now	

4.3.3 Assess the evidence for a further discretionary licensing scheme within B&NES	GREEN		Assess impact of new legislation on the introduction of a new scheme	Legal advice on evidence provided	December 2025	
---	-------	--	--	-----------------------------------	---------------	--

4. Annual Priority Indicator Set Summary

Priority Indicator	Timescales	Summary Points	Comments
Number of air quality monitoring locations in B&NES exceeding the targeted level of Nitrogen Dioxide	April 22 – March 23	3 locations where air quality standard for Nitrogen Dioxide exceeded	Awaiting further update of data. For 2024. Continuing a trend of significant reduction in locations where standard exceeded
% EPC (Energy Performance Certificate) rating A-C B&NES residential premises	Snapshot at September 2024	22.7% Upward trend for increasing % EPC	Business intelligence are working to improve the Council's ability to use the national EPC data base for the purpose of monitoring this indicator

This page is intentionally left blank

Priority 4: Create Health Promoting Places

1. Sign off from Sponsor

Theme	Lead officers	Sponsor	Progress reviewed and exceptions have been reported?
4.5	Paul Scott	Laura Ambler	Yes

2. Open Amber and Red actions from previous exception reports - NONE

3. New exception reports

LEAD OFFICER: PAUL SCOTT Priority Four Create Health Promoting Places						
Strategy Objective 4.5 The NHS, LA, Third Sector and other partners to increasingly embed prevention and inequalities action into their planning and prioritisation (Cross referenced to ICA's priorities 2 and relevant cross cutting teams)						
Strategy objective Action	Risk level – RAG	Reason for escalation	Actions to control risk	Success measures	Timescales	Any requests to Health and Wellbeing Board?
4.5.1 Establish B&NES health inequalities network	GREEN					

4.5.2	Develop B&NES health inequalities plan	GREEN					
4.5.3	To influence population outcomes group to left shift resources to focus on babies, children and young people	AMBER		The ICB continue to push forward strategic intentions through delivery of the Integrated Community Based Care Programme and the Core20Plus5 Programme for Children and Young People.			

4. Annual Priority Indicator Set Summary

Priority Indicator	Timescales	Summary Points	Comments
Percentage of physically active adults	March 2023	This indicator has improved for a third year running and is now higher than pre-pandemic levels at 80.5%. This compares to a relatively static England indicator of 67.1%.	
Percentage of adults classified as overweight or obese	December 2023	53.2% of adults in B&NES reported as being overweight or obese in this latest data. This was down from 62.7% for B&NES in December 2022. This compares to 64% of people in England where the % has risen year on year. This indicator fall is in line with the rise in people being physical active mentioned above.	Although better than England, it still means that half of the adult population in B&NES report a height and weight that is overweight or obese and carries risks for future ill health as a consequence.
Population Health Indicators			

Inequality of life expectancy at birth	Up to December 2020	<p>The gap in life expectancy for females has reduced markedly to 2.3 years. This compares to 4.9 years in December 2012, and compares to the current England gap for females of 7.9 years which has been rising consistently over time while B&NES has been falling.</p> <p>The gap for males has also fallen and is now the smallest it has been in over a decade, at 4.9 years. This compares to a rising England value which is 9.7 years.</p>	This indicator compares life expectancy between the most and least deprived tenth of the population in B&NES.
Healthy life expectancy at birth	Up to December 2020	<p>Healthy life expectancy for females in B&NES has remained stable at 65.7 years. This is similar, though slightly higher, than the England average of 64.1</p> <p>Health life expectancy for males is 65.7 years which is slightly higher than the England average of 63.2 years. Both are relatively unchanged over the last few years.</p>	

This page is intentionally left blank

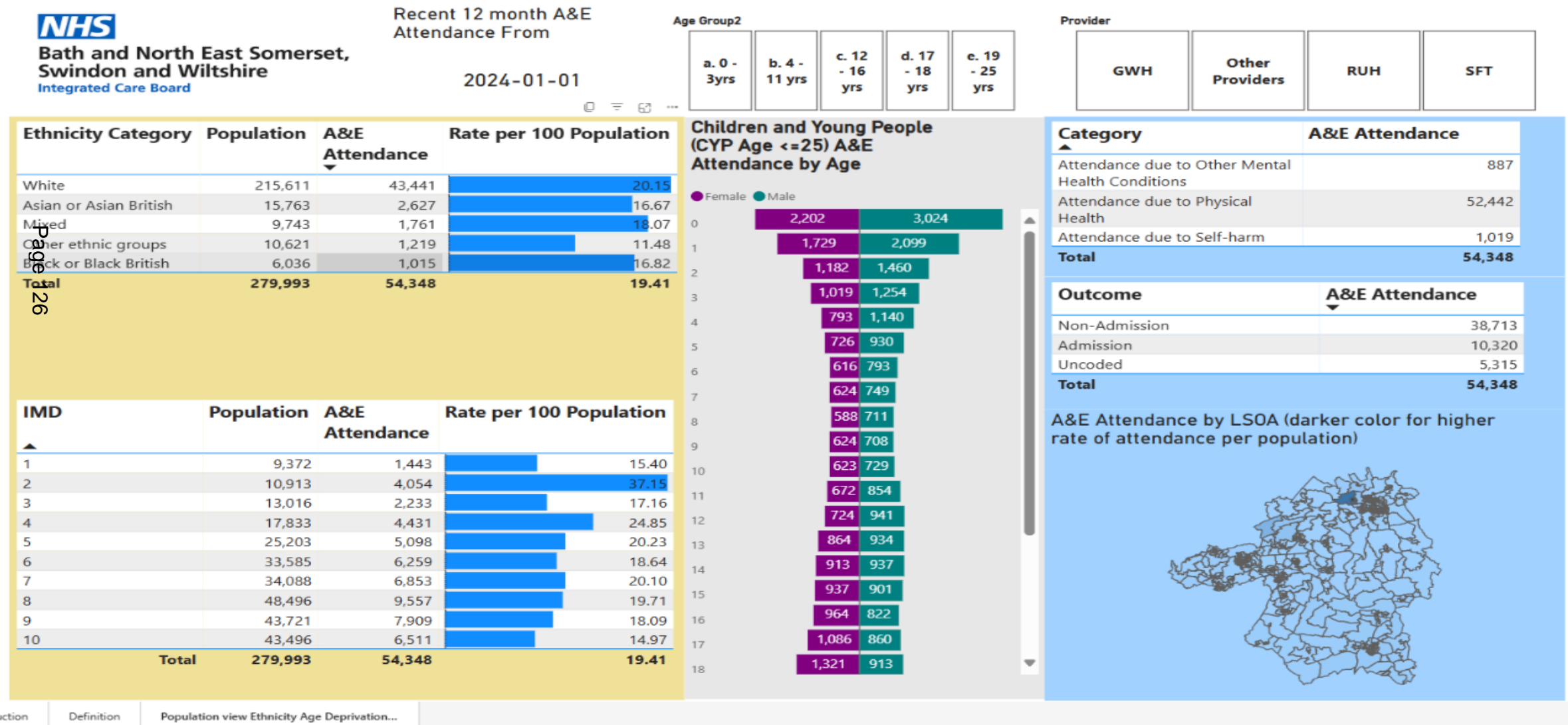


**Bath and North East Somerset,
Swindon and Wiltshire**
Integrated Care Board

BSW CYP Urgent and Emergency Care

Health and Wellbeing Board

New dedicated BI dashboard – CYP UEC



Key Initial Workstreams

- **Paeds Acute Respiratory Illness (ARI) hubs**

- BaNES seven clinics a week (mon to fri) located in known areas of deprivation 112 slots a week

96% clinic fill rate

Referrals through Primary Care. Working on links into 111/CAS

- **Winter CYP UEC Communications**

- ‘Talking Head’ used across social media Jan 2nd to target messaging around how parents/ carers can help their children

- **Under Ones** – Review of pathways across 111 and CAS services. Strengthening links with midwives and health visitors. Communication plan being co-developed to include dedicated messaging for parents/carers
- **Healthier Together** – Formal project to roll out as single parental portal across BSW. Includes cultural change work to move from Emergency Department as default
- **XRAY pathways** – Reviewing Minor Injury Unit access and processes for reporting results. Improved CYP and family experience
- **Review of CYP emotional wellbeing and MH** – Multiple workstreams. Stocktake to agree what is discussed where to avoid duplication and agree key priorities and actions