Bath & North East Somerset Council

Improving People's Lives

Health and Wellbeing Board

Date: Thursday 6th November 2025
Time: 11.00 am
Venue: Brunswick Room - Guildhall, Bath

Members: Councillor Paul May (Bath and North East Somerset Council), Paul Harris (Curo), Laura Ambler (Integrated Care Board), Charles Bleakley (BEMs+ (Primary Care)), Councillor Alison Born (Bath and North East Somerset Council), Sophie Broadfield (Bath & North East Somerset Council), Becky Somerset (3SG), Cara Charles Barks (Royal United Hospitals Bath NHS Foundation Trust), Fiona Lloyd-Bostock (Oxford Health), Kevin Hamblin (Bath College), Scott Hill (Avon and Somerset Police), Sara Gallagher (Bath Spa University), Will Godfrey (Bath and North East Somerset Council), Amritpal Kaur (Healthwatch), Helen McColl (AWP), Lisa Miller (Oxford Health), Sue Poole (Healthwatch BANES), Stephen Quinton (Avon Fire & Rescue Service), Rebecca Reynolds (Bath and North East Somerset Council), Val Scrase (HCRG Care Group), Emma Solomon-Moore (University of Bath), Nic Streatfield (University of Bath), Suzanne Westhead (Bath and North East Somerset Council) and Christopher Wilford (Bath & North East Somerset Council)

Other appropriate officers
Press and Public

Corrina Haskins
Democratic Services
Lewis House, Manvers Street, Bath, BA1 1JG
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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 November 2025

at 11.00 am in the Brunswick Room - Guildhall, Bath

A G E N D A

1. WELCOME AND INTRODUCTIONS

2. EMERGENCY EVACUATION PROCEDURE

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

3. APOLOGIES FOR ABSENCE

4. DECLARATIONS OF INTEREST

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

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

   (b) The nature of their interest.

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

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

5. TO ANNOUNCE ANY URGENT BUSINESS AGREED BY THE CHAIR

6. PUBLIC QUESTIONS, STATEMENTS AND PETITIONS

   Please see agenda note 4 overleaf.

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

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

8. FEEDBACK FROM DEVELOPMENT SESSIONS

   Report back on Active Travel Session

ITEMS FOR COMMENT/SIGN OFF

9. BETTER CARE FUND UPDATE (Pages 15 - 20)

   10 minutes

The Board to ratify the Q2 return.

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

10. NEIGHBOURHOOD HEALTH PLAN

10 minutes

Board to receive an update on the development of Neighbourhood Health Plans.

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

11. CHANGES WITHIN NHS

10 minutes

Laura Ambler, Executive Director of Place – B&NES BSW ICB to advise the Board of the latest developments.

12. JOINT HEALTH AND WELLBEING STRATEGY IMPLEMENTATION PLAN - REFRESH (Pages 21 - 48)

20 minutes

Board to agree the refresh of the JHWS Implementation Plan.

Sarah Heathcote, Health Inequalities Manager, B&NES

13. HEALTH PROTECTION BOARD REPORT 2024-2025 (Pages 49 - 80)

20 minutes

Board to endorse the priorities for the Health Protection Board in 2025/26.

Anna Brett/Amy McCullough.

ITEMS FOR NOTING

14. BATH AND NORTH EAST SOMERSET COMMUNITY SAFETY AND SAFEGUARDING PARTNERSHIP (BCSSP) ANNUAL REPORT 2024-25

The Board is asked to note the BCSSP Annual Report 2024-25:

https://bcssp.org.uk/assets/7a7eb990/annual_report_vf.pdf

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

Bath and North East Somerset Council

HEALTH AND WELLBEING BOARD

Minutes of the Meeting held

Thursday 4th September 2025, 11.00 am

Councillor Paul May	Bath and North East Somerset Council
Paul Harris	Curo
Laura Ambler	Integrated Care Board
Charles Bleakley	BEMs+ (Primary Care)
Councillor Alison Born	Bath and North East Somerset Council
Fiona Lloyd-Bostock	Oxford Health
Jocelyn Foster	Royal United Hospitals Bath NHS Foundation Trust
Sara Gallagher	Bath Spa University
Jean Kelly	Bath and North East Somerset Council
Natalia Lachkow	Bath and North East Somerset Council
Liz Kearton	University of Bath
Sue Poole	Healthwatch BANES
Stephen Quinton	Avon Fire & Rescue Service
Rebecca Reynolds	Bath and North East Somerset Council
Val Scrase	HCRG Care Group
Emma Solomon-Moore	University of Bath
Agata Vitale	Bath Spa University

14 WELCOME AND INTRODUCTIONS

The Chair welcomed everyone to the meeting.

15 EMERGENCY EVACUATION PROCEDURE

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

16 APOLOGIES FOR ABSENCE

Apologies for absence had been received from:
Becky Brooks – 3SG
Sophie Broadfield – Executive Director of Sustainable Communities, B&NES
Will Godfrey – Chief Executive, B&NES
Kevin Hamblin – Bath College
Scott Hill - Avon and Somerset Police
Nick Streatfield – University of Bath – Kiz Kearton substituting
Suzanne Westhead – Director of Adult Social Care, B&NES - Natalia Lachkow substituting

17 DECLARATIONS OF INTEREST

There were no declarations of interest.

18 TO ANNOUNCE ANY URGENT BUSINESS AGREED BY THE CHAIR

There was no urgent business.

19 PUBLIC QUESTIONS, STATEMENTS AND PETITIONS

There were none.

20 MINUTES OF PREVIOUS MEETING

The minutes of the meeting held on Thursday 3 July 2025 were approved as a correct record and signed by the Chair.

21 FEEDBACK FROM DEVELOPMENT SESSIONS

Paul Harris gave the following feedback on some of the actions following the previous HWB Development Session on Warm Homes:

1. The B&NES Community Energy Network Project Manager had met with 3SG and was looking to engage other organisations in a retrofitting group.
2. A toolkit was being developed to raise awareness among frontline professionals and assist in identifying and addressing damp and mould.
3. A fridge magnet had been created for residents which contained advice on what they could do if they had a problem with damp or mould.

22 **BETTER CARE FUND UPDATE**

Laura Ambler, Executive Director of Place – B&NES BSW ICB and Natalia Lachkou, Adult Social Care, B&NES gave a verbal update as follows:

1. The BCF Quarter 2 report had been signed off and submitted. NHSE continued to give positive feedback about B&NES annual and quarterly reporting on the BCF. There was a need to demonstrate impact and the link to winter planning.
2. There was ongoing work to monitor and track progress with a focus on delivering plans in place.
3. The future of the BCF was still unknown but there was likely to be something similar in place and the advice was to continue working as before.
4. The B&NES locality was proactive in the national network and looked at best practices to inform future plans.

23 **CHANGES WITHIN NHS**

Laura Ambler, Executive Director of Place – B&NES BSW ICB advised the Board of the latest developments in relation to changes within the NHS:

1. She reminded the Board that there would be significant changes. In March it was announced that NHSE would be abolished and its role would be subsumed. ICBs were instructed to cut costs by 50% and to achieve this, individual ICBs were looking to cluster with other ICBs. BSW ICB would be clustering with Dorset and Somerset.
2. There was a key role for Health and Wellbeing Boards in the NHS 10 Year Plan. Every locality would be required to prepare neighbourhood plan and the HWB would be responsible for signing off the plan. B&NES HWB was well placed to respond to this challenge.
3. Neighbourhood Plans would come together in the ICB clusters (there would be 6 areas in the new cluster) and inform a population health management plan which ICBs would need to take account of in planning services.
4. The ICB blueprint identified 13 workstreams to be transferred out, this was being reviewed to see where this work would sit.
5. The regional blueprint for NHSE had not yet materialised.
6. There would be different time scales for changes as some required legislation.

Board members raised the following questions/comments:

1. *How could services be delivered in the context of 50% cuts to the ICB?* The cluster was looking at a new operating model and identifying what needed to be done across the whole area and what needed to be done at a place perspective. The first step would be the appointment of a Chair and Chief Executive Officer for the cluster. Early indications were that there was a function for place and that

this would be built into the operating model.

2. *Will the ICB still provide the same services in relation to children and SEND?* This was not clear, SEND was originally on the list of services to be retained for a period of time or maybe indefinitely. The ICB would need to keep working with the local authority as there was a shared statutory duty.

3. *Is there any indication that there will be a cut in budgets for services?* The cuts would be in relation to operational costs and there was no planned reduction to the costs of programmes.

4. Further guidance would be produced with details of Neighbourhood Plans and how they would differ from the Joint Health and Wellbeing Strategy and the ICB Strategy.

5. B&NES, Swindon and Wiltshire had experience of working together across three local authority areas which was a strong position to be in when moving towards clustering.

6. In relation to the future of Healthwatch, until there was legislative change Healthwatch was continuing to carry out its statutory function. There was a petition asking the Government to support the independent voice in relation to health services.

7. In terms of boundaries, healthcare had been grouped together with Swindon and Wiltshire for a long time and to move away from that may cause more problems than it solved. Patients had always crossed boundaries to access health services and this would continue to happen, e.g., residents of B&NES accessing health services in Bristol. There may be a future expectation for health services to align with the strategic authority (West of England Combined Authority) and any formal merger between ICBs would need to take this, along with other issues, into account.

8. Whatever the future model would be, it was important to continue to work together effectively with the ICB.

The Chair thanked Laura Ambler for the update and acknowledged the difficult position for ICB staff in responding to the changes.

24 JOINT HEALTH AND WELLBEING STRATEGY IMPLEMENTATION PLAN

Paul Scott, Consultant & Associate Director of Public Health, B&NES, introduced the Q2 exception reports and thanked reporting leads and sponsors for producing the reports. He drew attention to the following:

1. The action plan was being refreshed and the deadline for amendments was 8 September. The refreshed action plan would come back to the HWB in November.

2. Most actions were now green; some had changed from amber to green and a few remained amber.

3. Priority 1 - good progress in relation to the work on Families First. There were still challenges around the safety valve.

4. Priority 2 – there had been good progress in meeting the actions. The Business and Skills Annual Report 2025 highlighted some positive actions in this area.
5. Priority 3 – the actions were mostly green, but amber in relation to the future of the Community Hub and there was a request for the Board to continue to support the hub.
6. Priority 4 – 4.1 was amber around the Local Plan in terms of getting people engaged and making it work in terms of health and wellbeing infrastructure. There had been good progress on 4.2 and 4.3 and it was noted that the Housing Plan had been adopted in April 2025. There was also a new affordable warmth grant about to launch with details on B&NES own energy advice website www.energyathome.org.uk

The Board raised the following comments/questions:

1. Welcome the exception reports as evidence that the Board was delivering its Joint Health and Wellbeing Strategy.
2. For future reports it would be useful to have a breakdown at the top of the report on the number of red, amber and green actions.
3. In relation to Priority 1:
    a. It was hoped that the £11m safety valve funding would soon be released to the Council.
    b. There would be a focus on the Families First programme at the Development Session in February in advance of plans being in place by 1 April. This was a multi-agency, integrated front-door approach to support children and their families.
    c. Be Well B&NES was helping reduce the attainment gap for young people in B&NES.
4. In relation to Priority 3:
    a. The risk to the future funding around the Community Hub was that it was funded through the Better Care Fund and there was a level of uncertainty about the future of BCF.
    b. There had been a positive peer review on the Community Hub which recognised the strengths of joining up referrals and information sharing. It was noted that the hub now served children as well as adults.
5. In relation to Priority 4.1 - Local Plan: if B&NES had to deal with an additional 29k homes in the next 20 years, there would be major implications in terms of health care and it was essential to keep promoting the need for associated infrastructure. It was noted that there would be a special Cabinet meeting on 25 September to agree the Local Plan options document and Board members were urged to encourage people to engage with the consultation.

Rebecca Reynolds, Director of Public Health, advised the Board that Sarah

Heathcote, Health Inequalities Manager, had been ensuring that the Implementation Plan and related exception reporting had a strong focus on addressing inequalities, and that her role may not continue beyond March 2026. By March 2026 the Implementation Plan would have been refreshed and a reporting system would be embedded. She confirmed the reporting system would be "lighter touch" with reporting leads continuing to update on actions, and the role of sponsor would become increasingly important in terms of overseeing Development Sessions and reporting back to HWB.

25 **PHARMACEUTICAL NEEDS ASSESSMENT (PNA)**

Paul Scott, Associate Director and Consultant in Public Health, B&NES introduced the report and Victoria Stanley, ICB and Richard Brown, Chief Officer, Community Pharmacy - Avon and Wiltshire were in attendance to answer questions:

1. The PNA was a duty of the Health and Wellbeing Board and needed updating every 3 years.
2. The purpose of the PNA was for NHSE to use as an evidence base when they receive applications for changes to pharmacies.
3. No gaps had been identified in the report, but it had been noted that there were a number of long-term temporary pharmacy closures.

The Board raised the concerns about long-term temporary closures which were creating a gap in provision for patients and questioned why this was not addressed in the PNA report. It was noted that this was a particular problem for patients where temporary closures were concentrated within a geographical area where there was no alternative local pharmacy provision.

It was clarified that, in terms of the regulations, a pharmacy was either open, temporarily closed or no longer a pharmacy. The regulations did not cover the scenario of long-term temporary closures, and a gap could not be identified when a pharmacy contract was still in place.

The Board recognised the need to have an up-to-date PNA, but asked that, in publishing the report, a note be included in relation to concerns about long-term temporary pharmacy closures and the impact on patients.

In response to a question about late night opening hours and the fact that there was only a service up until 7pm in Bath rather than 9pm as suggested in the report, it was clarified that it was unreasonable to request pharmacies to open late at their own cost when there may not be a demand for a late night service and that there were other options for dispensing urgent medication.

The Board **RESOLVED** to:

1. Note the findings of the Pharmaceutical Needs Assessment, in particular the key finding at the end of the Executive Summary.
2. Approve the report for publication with a note included in relation to concerns about long-term temporary pharmacy closures and the impact on patients.

The meeting ended at Time Not Specified

Chair .....

Date Confirmed and Signed .....

Prepared by Democratic Services

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Bath & North East Somerset Council	
MEETING/ DECISION MAKER:	**Health and Wellbeing Board**
MEETING/ DECISION DATE:	**6th November 2025**
TITLE:	**Bath and North East Somerset Better Care Fund Quarter 2 National Data Return**
WARD:	All
AN OPEN PUBLIC ITEM	
List of attachments to this report: BCF Return Excel Document (On Request)	

1 THE ISSUE

1.1 Bath and North East Somerset Council with the Integrated Care Board (ICB) has a statutory duty, through the Health and Wellbeing Board to approve activity related to the Better Care Fund as defined in the requirements of the central Government allocation of these funds. For the period 2025 to 20256, these include a single year narrative and activity plan and quarterly reports throughout the year. The Quarter 2 report is now being submitted and requires approval from the Health and Wellbeing Board.

2 RECOMMENDATION

The Board is asked to;

2.1 Ratify the BCF Quarter 2 End of Year return.

3 THE REPORT

3.1 The Health and Wellbeing Board agreed the proposed plan and narrative explanation for the Better Care Fund 2025-2026 prior to submission in April 2025.

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

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

3.4 Requirements for the submission are pre-defined and the BCF manager is provided with templates with prepopulated fixed cells. This does not form or change our published Narrative plan which has been approved for 25-26.

3.5 Requirements for the submission include reporting against key metrics specific for the 2025 to 2026 period, which apply to varying degrees to work funded partly or wholly by BCF pooled funding.

3.6 The spreadsheet return also requires reporting spend against sources of funding pooled in the BCF.

3.7 The report has been approved by Laura Ambler (ICB Place Director) and Suzanne Westhead (B&NES Director of Adult Social Care) and will be submitted according to the deadline of the 11th November 2025.

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

RETURN SUMMARY

3.9 The 4 National Conditions are to:

(1) Have a jointly agreed plan -

a) Local health and social care commissioners must agree to a plan, which is then signed off by the Health and Wellbeing Board (HWB).

b) The plan should set out a joined-up approach to person-centred services, including joint commissioning and arrangements for embedding the discharge policy.

(2) Meet Policy objectives –

a) Objective 1: Shift from sickness to prevention: Support people to stay healthier and more independent for longer.

b) Objective 2: Shift from hospital to home: Provide the right care in the right place at the right time, focusing on enabling people to stay at home.

(3) Comply with gran funding conditions -

a) The NHS must continue its contribution to adult social care.

b) Funding must be used in accordance with the BCF plan,

c) Pooled into a single fund under a section 75 agreement to be used for the local BCF plan.

(4) Comply with oversight and reporting processes

3.10 **These conditions have all been met.**

3.11 National Metric 1 Emergency Admissions (for age 65+ per 100,000 of population)

Target trajectory: Lower is positive	
Planned performance 1720/100000 avg	**On Track to Meet Goal**
Actual performance up to Q2 1701/100000	

Increasing demand and complexity in attendances which presents challenge and in turn places higher demand on community services and reduces capacity to support anticipatory care approaches to support people to remain at home. However care co-ordination promoting out of hospital pathways and access to services is in place. The teams in B&NES continue to work flexibly, to ensure that we use all of our available capacity flexibly, to meet any surges in demand. Respiratory hubs are planned building on last year's success, targeting known areas of deprivation.

3.12 National Metric 2 Average length of Discharge Delay for all acute adult patients (including proportion discharged on their planned discharge day and for those delayed the average number of days delay)

Goal trajectory: Lower is positive			
Avg Discharge Delay for all (days)	Planned 0.5	Actual to date 0.6	**Not currently on track to meet goal**
Proportion discharged at Discharge Ready Date	88.5%	88%	
Avg delay for those discharged after DRD (days)	4.29	4.84	

Overall, discharge performance remains consistent with the direction of travel identified in the NCTR data. While the Bath and North East Somerset position appears not on track at surface level, local validation suggests this is partly attributable to data recording variation. The locality team is working with acute flow leads to refine discharge readiness recording and locally work on improving P0 performance is continuing led by RUH with support by B&NES VCSE. BCF-funded schemes continue to make a measurable contribution to supporting timely, safe discharge for people requiring supported pathways, manage surge demand and prepare for the winter ahead.

3.14 National Metric 3 Residential Admissions (Rate of permanent admissions to residential care per 100,000 population (65+))

Goal trajectory: Lower is positive	
Planned performance 325.2 (to Q2), annual 650.4	**On Track to Meet Goal**
Actual performance 285.7 (Q1 on track, Q2 over planned = overall on track)	

There is continued pressure on care home admissions for older people due to complexity of need and ageing population where options for continued care at home due to complex needs is not always most appropriate option. However wider support is achieved through effective support from community partnerships, which is helping to ensure that services are provided to meet the individual's specific needs and that they are regularly reviewed. Hospital connector and community connector models support knowledge of care needs and ASC restructure will continue to support this. Outcomes of frailty project for early identification and support positive and being integrated into BSW wide planning. The impact of preventive community support on permanent admissions may be a longer-term benefit, but current position is positive.

3.15 Expenditure Summary

Areas are required to report overall spend of allocated funding and against the plan. B&NES report 47% of funding commitment spent at end of Q2, with planned spend on track for 100% at year end.

4 STATUTORY CONSIDERATIONS

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

5 RESOURCE IMPLICATIONS (FINANCE, PROPERTY, PEOPLE)

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

6 RISK MANAGEMENT

6.1 A risk assessment related to the issue is in place, in compliance with the Council and ICA's decision making risk management guidance.

7 EQUALITIES

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

8 CLIMATE CHANGE

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

9 OTHER OPTIONS CONSIDERED

9.1 None

10 CONSULTATION

10.1 Appropriate consultation has taken place in the construction and development of this return as mentioned in 3.3.

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

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Bath & North East Somerset Council	
MEETING	**Health and Wellbeing Board**
MEETING DATE:	**6 November 2025**
TITLE:	**B&NES Joint Health and Wellbeing Strategy Implementation Plan Refresh**
WARD:	All
AN OPEN PUBLIC ITEM	
List of attachments to this report: B&NES Joint Health and Wellbeing Strategy Implementation Plan	

1 THE ISSUE

1.1 The Bath and North East Somerset (B&NES) Health and Wellbeing Board (HWB) approved its Joint Health and Wellbeing Strategy (JHWS) 2023-2030 in March 2023 and the first iteration of the Strategy's Implementation Plan in June 2023. A process for monitoring the Implementation Plan was subsequently agreed by the HWB in September 2023. The monitoring process relies on a network of reporting leads and sponsors for each of the four priority theme areas of the JHWS.

1.2 The Implementation Plan was due for review and update in 2024/25. The process for undertaking a light touch review and refresh was approved by the HWB in November 2024 and reporting leads and sponsors have contributed revised actions, milestones and timeframes for their priority theme areas.

1.3 In February 2025 The Local Government Association (LGA) undertook a review of the HWB which resulted in recommendations for consideration by the Board. This included a recommendation to categorise actions within the JHWS Implementation Plan according to a 'drive, 'sponsor', 'observe' framework as follows:

Drive: These areas will be the focus of the delivery and monitoring of our Strategy. We will drive and strengthen our activities in these areas to reduce inequalities in health. Local data and our stakeholders, including local communities, have told us these areas are important.

Sponsor: Work is already taking place in these areas; there are existing strategies or action plans. The named lead organisation will monitor progress and highlight when the Health and Wellbeing Board needs to consider aspects of this work in detail.

Observe: Although much of these areas are important to population health, the decision-making sits outside of the Health and Wellbeing Board. The Board's role is to observe and influence.

Should the Board wish to take up this recommendation, this would need to be planned as a separate piece of work with the HWB.

2 RECOMMENDATION

The Health and Wellbeing Board is asked to;

2.1 Note the engagement undertaken with priority theme sponsors and reporting leads in the review and refresh process

2.2 Approve the refreshed Joint Health and Wellbeing Strategy Implementation Plan and agree a timeframe for a future review

2.3 Consider and agree action, milestone and timeline under priority 2, objective 2.4 in the implementation plan for *'HWB Board partners commit to support individuals from vulnerable groups with apprenticeships, jobs and work placements'*

2.4 Consider the LGA recommendation to apply the Drive Sponsor Observe framework to categorise and prioritise actions in the Implementation Plan

3 THE REPORT

3.1 See attached B&NES Joint Health and Wellbeing Strategy Implementation Plan

3.2 The Implementation Plan sets out milestones and timeframes to monitor progress on delivery. As with the previous iteration of the Implementation Plan all actions are owned by key partnership, team or subgroup of the HWB.

3.3 The review and refresh process has highlighted the progress made on original actions and many of the achievements that have been made. The process for monitoring implementation of the strategy has also highlighted this progress and the exception reporting log provides further evidence of this.

4 STATUTORY CONSIDERATIONS

4.1 Production of a Health and Wellbeing Strategy is a statutory requirement of the Health and Wellbeing Board. There is no statutory requirement to produce an Implementation Plan to the strategy.

5 RESOURCE IMPLICATIONS (FINANCE, PROPERTY, PEOPLE)

5.1 The report covers the refreshed Implementation Plan for the Joint Health and Wellbeing Strategy. Any resource implications will be addressed by the partnerships that own the actions in the Plan.

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 Priorities in the overarching JHWS have been drafted with an aim of reducing inequalities in B&NES which is one of the underpinning principles of the strategy. An Equalities Impact Assessment (EQIA) was carried out for the engagement process when developing the JHWS and was updated when the priorities were agreed upon.

8 CLIMATE CHANGE

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

- work through the Local Plan to shape, promote, and deliver healthy and sustainable places
- work to improve take up of low carbon affordable warmth support for private housing and encourage B&NES social housing providers to provide low carbon, affordable warmth for existing social housing.
- using opportunities in legislation to facilitate a targeted private rented sector inspection programme to ensure the minimum statutory housing and energy efficiency standards are met.

9 OTHER OPTIONS CONSIDERED

9.1 None

10 CONSULTATION

10.1 Given the extensive public consultation was undertake previously as part of JHWS development the Board agreed that further consultation was not required for this refresh.

Contact person	Sarah Heathcote Sarah_heathcote@bathnes.gov.uk Rebecca Reynolds Rebecca_Reynolds@bathnes.gov.uk
Background papers	B&NES Joint Health and Wellbeing Strategy Implementation Plan Proposal for a refresh of the Joint Health and Wellbeing Strategy Implementation Plan **B&NES Health and Wellbeing Strategy.pdf** **B&NES Health and Wellbeing Strategy Implementation Plan**
Please contact the report author if you need to access this report in an alternative format	

JOINT HEALTH AND WELLBEING STRATEGY IMPLEMENTATION PLAN NOVEMBER 2025

Bath & North East Somerset Council

Improving People's Lives

Contents

1.Context

This Implementation Plan translates the B&NES Joint Health and Wellbeing Strategy into some of the practical actions we are going to undertake to deliver on the priorities identified in the B&NES Health and Wellbeing Strategy.

Our Health and Wellbeing Strategy sets out a seven-year plan (2023-2030), to reduce inequalities and improve health and wellbeing for all. It identifies four priorities:

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

These priorities help us understand what is important to collectively focus on in order to deliver on the Health and Wellbeing Board's vision:

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

The Joint Health and Wellbeing Strategy seeks to complement and strengthen existing and developing strategies in B&NES which help deliver on and support the vision of our strategy; aligning with the B&NES Council Corporate Plan, B&NES, Swindon and Wiltshire (BSW) Integrated Care Strategy, BSW Health Inequalities Strategy, the B&NES Economic Strategy, and the B&NES Local Plan.

We worked closely with colleagues from the NHS, local VCSE groups and the Council to identify and agree the key actions that will contribute towards reducing inequalities and improve health and wellbeing for all in B&NES. This implementation plan sets out those actions that will be taken by partners to deliver on the priorities identified by the strategy.

2. Our approach to implementing our Joint Health and Wellbeing Strategy

We have sought to link with existing strategies and work with existing capacity. For example, the Health and Wellbeing Board and the Integrated Care Alliance work collaboratively towards achieving improved health and wellbeing outcomes for our population, with the ICA having responsibility for oversight and assurance of the delivery of identified actions in the B&NES Health and Wellbeing Strategy's Implementation Plan.

Similarly, the B&NES Health and Wellbeing Strategy's Implementation Plan contains employment-related actions that will sit within the Economic Strategy. The actions have been included in the Health and Wellbeing Strategy Implementation Plan due to their impact on people's health, wellbeing, and inequalities.

All actions in this Implementation Plan are owned by a key partnership, team, or subgroup of the Health and Wellbeing Board. These owners have taken responsibility for ensuring work is delivered on the agreed actions, will report on progress to the Health and Wellbeing Board, and will bring related issues to the Board for further intelligence sharing, discussion and development as appropriate.

The Joint Health and Wellbeing Strategy sets out four principles: tackling inequalities, adapting and building resilience to climate change, sharing responsibility and engaging for change, and delivering for all life stages. We strongly encourage partners to always consider these when planning for, delivering and reporting on their activities.

This Implementation Plan was first published in June 2023 and this is the updated version of the plan for the next two years. It will next be reviewed and updated in 2027/2028.

3. What will we measure?

An indicator set has been developed which helps the Board understand changes to population health, wellbeing and inequalities, such as changes in the gap in educational achievement or the percentage of people smoking for example. The indicator set also includes longer term and overarching indicators including healthy life expectancy which are outside the scope of this Implementation Plan on its own to influence. Understanding changes in the health of the population will help the Health and Wellbeing Board frame discussions to focus its work on addressing inequality and improving health and wellbeing for all.

A process by which implementation of the Strategy and its impact is monitored, understood and reported back to the Board for discussion and assurance has been developed and agreed by the Health and Wellbeing Board.

Priority 1: Ensure that children and young people are healthy and ready for learning and education
Intended outcome: All our children are healthy and ready for learning and education.

Strategy Objective	Action/s	Milestone and timeframe	Partnership responsible for leading/ overseeing delivery	Others involved in delivering action	Role of Health and wellbeing Board
1.1 Strengthen family resilience to ensure children and young people can experience the best start in life	Implementation of Families First Partnership Programme Implement Best Start in Life Action Plan ensuring alignment with the Giving Every Child the Best Start in Life Strategy. Confirm declaration of intent to participate in the Best Start Family Hubs Development Grant 2025/26 and adhere to requirements for implementation from April 2026	Families First delivery plan in place April 2026 Report progress in Annual Review by March 2026 Best Start in Life workstream and governance agreed to align with Families First Partnership Programme by April 2026 to be implemented by March 2027	Childrens Transformation Steering Group Best Start in Life Group	B&NES Childrens Social Care and BSW ICB Multi agency, including BSW Local Maternity and Neonatal System, VCSE, early years settings, educational institutions, all commissioned providers, healthcare services including primary care	To receive updates on progress and champion work when relevant via CYP sub group of B&NES Joint Health and Wellbeing Board (HWB)

Strategy Objective	Action/s	Milestone and timeframe	Partnership responsible for leading/ overseeing delivery	Others involved in delivering action	Role of Health and wellbeing Board
	Ongoing work towards a shared trauma informed resilience approach	Increase in staff trained to deliver trauma informed approach by December 2026			
1.2 Improve timely access to appropriate family and wellbeing support	Ensure Early Help offer aligns with Families First Partnership Programme Progress work towards a family hub/Multi-Disciplinary Team approach to support families linked to new Integrated Neighbourhood Team model	Alignment by March 2027 By March 2027	Children's Services Transformation Steering Group	BSW Local Maternity and Neonatal System, Schools, Early Years Settings, all educational settings, VCSE groups, CAMHS, Healthcare services including Primary Care	To receive updates on progress and champion work when relevant via CYP sub group of HWB
1.3 Reduce the existing educational attainment gap for disadvantaged children and young people	Improve Disadvantaged Educational Outcomes Programme (IDEOP) to commission work to	Final Report of 'Big Education' in Autumn 2025	St Johns Foundation, BIG Education, Public Health, Be Well B&NES CYP Steering Group	Education Inclusion Service Virtual School, VCSE, educational institutions, SEND Transitions	To receive updates on progress and champion work when relevant via CYP sub group of HWB

Strategy Objective	Action/s	Milestone and timeframe	Partnership responsible for leading/ overseeing delivery	Others involved in delivering action	Role of Health and wellbeing Board
	provide intensive support for disadvantaged children Develop plan to understand and address impact of wider determinants on the educational attainment gap Prepare business case to narrow educational attainment gap 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 Children Looked After (CLA) and Children with	 Plan developed by Autumn 2025 and implemented by December 2026 By December 2025 Termly data reports produced three times a year by Social Care. The Virtual School Governing Body meetings have oversight of key issues and data report at their quarterly meetings	 B&NES Virtual School Governing Body	Local inclusion partnerships	

Strategy Objective	Action/s	Milestone and timeframe	Partnership responsible for leading/ overseeing delivery	Others involved in delivering action	Role of Health and wellbeing Board
	Protection Plans (CPP) in place Continue affordable schools work	15 more schools engaged by March 2027	Public Health and Prevention Directorate, B&NES		
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)	Ensure commissioned services are designed to identify and support needs Influence ICA to invest and take action to address emotional wellbeing and mental health through working together to develop a joint two-year work programme ensuring activity supports the needs of CYP	All newly commissioned services designed to identify and support Early Help from April 2026 By April 2026	CYP subgroup of B&NES Health and Wellbeing Board	B&NES Children's Social Care /Oxford Health Foundation Trust, BSW, relevant VCSE groups, Healthcare Services, HCRG, Educational Settings	To receive updates on progress and champion work when relevant via CYP sub group of HWB

Strategy Objective	Action/s	Milestone and timeframe	Partnership responsible for leading/ overseeing delivery	Others involved in delivering action	Role of Health and wellbeing Board
	Use and refresh Dynamic Support Register and Care, Education and Treatment plans to ensure support provided is needs led and tailored to child Improve transition processes between children and young people and adult services (physical and MH provision)	Annual review of Outcomes and Delivery (April 2026, April 2027) Governance in place with the Preparing for Adulthood (PfA) sub group chaired by the ICB, to take forward the joint work programme by April 2026			

Priority 2: Improve skills, good work and employment
Intended outcome: More people are working in jobs that support their health and wellbeing

Objectives	Action/s	Milestone and timeframe	Partnership or team responsible for leading/ overseeing delivery	Others involved in the delivery	Role of the Health and Wellbeing Board
2.1. Work with education providers and other partners to provide robust and inclusive pathways into work and including for disadvantaged young people	Map future skills requirements, including in major projects and emerging sectors, and work with skills providers on relevant course provision such as Adult Skills Fund (ASF) Skill Bootcamps Prioritise projects to address barriers to employment for young people, including care leavers and those	Skills mapping completed by Q2 2026 Ongoing prioritisation	Sustainable Communities Directorate B&NES	Bath college, Careers Hub, Universities, local employers, Adult Social Care, CYP subgroup, VCSE groups, educational settings	Consider own roles as employers in inclusive employment Receive progress updates

Objectives	Action/s	Milestone and timeframe	Partnership or team responsible for leading/ overseeing delivery	Others involved in the delivery	Role of the Health and Wellbeing Board
	with SEND and vulnerable learners Improve access to support by providing clarity to the extensive and complex employment and skills ecosystem through high quality and impartial Information Advice and Guidance (IAG)	Ongoing			
2.2 Work with local employers to encourage, incentivise and promote good quality work	Encourage partners and local businesses to sign up to WECA Good Employment Charter (GEC)	Charter engagement campaign launched by April 2026 Anchor institution commitments to GEC agreed by September 2026 First GEC progress review by March 2026	Sustainable Communities Directorate B&NES	B&NES council, local employers, including VCSE, educational settings and public sector	Collaborate as BANES anchor institutions (and major employers) to review and adopt good work practices Receive updates on progress

Objectives	Action/s	Milestone and timeframe	Partnership or team responsible for leading/ overseeing delivery	Others involved in the delivery	Role of the Health and Wellbeing Board
	B&NEs council to lead by example and support partners and local businesses to transition into an Employer of choice	Actions to be agreed and implemented with partners by March 2027			
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	Create and deliver an inclusive employment and skills plan for BANES ensuring UK Shared Prosperity Fund (or similar scheme) supports B&NES requirements Promote the Disability Confident Employer scheme and increase our own levels and be an employer who can encourage local employers to enhance the	Annual report/update by July 2026 (and in July 2027) Disability Confident annual events achieved by December 2026	Sustainable Communities Directorate B&NES	Local employers, employees, VCSE groups, anchor institutions	Consider own roles as employers in inclusive employment Receive progress updates

Objectives	Action/s	Milestone and timeframe	Partnership or team responsible for leading/ overseeing delivery	Others involved in the delivery	Role of the Health and Wellbeing Board
	recruitment, retain and develop residents with disabilities Through the FWD (and future successor) programme, offer an alternative and inclusive structure to training that addresses barriers to training and has embedded routes to employment	FWD successor programme launched by September 2026			
2.4 Prioritise inclusiveness and social value as employers, purchasers and investors in the local economy	Collaborate as BANES anchor institutions (and major employers) to review and adopt good work practices Use social value to promote apprenticeships for vulnerable groups	Social value through programmes such as S106 to support apprenticeship targets agreed by September 2026 HACT (social value measuring tool) indicators embedded in all	Sustainable Communities Directorate B&NES	Anchor institutions, Local businesses, VCSE, Future Ambitions Board	Collaborate as BANES anchor institutions (and major employers) to review and adopt good work practices

Objectives	Action/s	Milestone and timeframe	Partnership or team responsible for leading/ overseeing delivery	Others involved in the delivery	Role of the Health and Wellbeing Board
	HWB Board partners commit to support individuals from vulnerable groups with apprenticeships, jobs and work placements	new projects by December 2026 Social value targets/impact evaluation are embedded within Employment and Skills projects, in addition to traditional targets around referrals, into employment by March 2027 HWB partner commitment by XX *(to be determined)*			

Priority 3: Strengthen compassionate and healthy communities
Expected Outcome: Our communities are compassionate and support individuals to be healthy and well

Strategy Objective	**Action/s**	**Milestone and timeframe**	**Partnership responsible for leading/ overseeing delivery**	**Others involved in delivering action**	**Role of Health and wellbeing Board**
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	Implement the Community Wellbeing Hub (CWH) Business Plan to include extension of scope to support families with CYP (as well as adults) and engagement with HCRG regarding Integrated Neighbourhood Teams and CWH's role within these new structures Update CWH Business plan to align with new NHS strategy	CWH Strategy implemented **2023-2030** CWH Business Plan update – *date to be determined*	B&NES CWH Partnership Board (Reporting to the B&NES Commissioning Hub)	B&NES Council, BSW ICB, VCSE and commissioned provider services	Receive progress updates Promote and champion to support sustainability of the CWH Help remove barriers to implementation of the Business Plan as appropriate

Strategy Objective	Action/s	Milestone and timeframe	Partnership responsible for leading/ overseeing delivery	Others involved in delivering action	Role of Health and wellbeing Board
3.2 Enable and encourage proactive engagement in health promoting activity at all ages for good quality of life	Implement Be Well B&NES (BWB) programme, a whole systems approach to health improvement B&NES Cultural Development Plan to promote health and wellbeing and the reduction of inequalities	Demonstrate progress on BWB four central aims and network groups by end of March 2026 B&NES Cultural Development Plan with ongoing implementation agreed by April 2026	Public Health and Prevention, B&NES Council Culture and Heritage Services, B&NES Council	BSW ICB, HCRG Care Group, VCSE organisations, B&NES Council, Primary Care Networks (PCNs) VCSE organisations, anchor instructions, business	Receive progress updates Promote, champion, and remove barriers as appropriate
3.3 Develop a strategic approach to social prescribing to enable people to remain healthy and manage physical and mental health conditions	Implement recommendations from the B&NES Social Prescribing Framework as feasible	Framework and Action Plan to be agreed by the ICA by end of March 2026	B&NES ICA	VCSE organisations, BSW ICB, PCNs, general practices	Receive progress updates Promote, champion, and remove barriers as appropriate. This includes supporting opportunities to embed social prescribing into key programmes (e.g. prevention) and transformation work

Priority 4: Create Health Promoting Places
Intended Outcome: Our places promote health and wellbeing and reduce inequalities

Objectives	**Action/s**	**Milestone and timeframe**	**Partnership or team responsible for leading/ overseeing delivery**	**Others involved in the delivery**	**Role of the Health and Wellbeing Board**
4.1 Utilise the Local Plan as an opportunity to shape, promote and deliver healthy and sustainable places and reduce inequalities	Key policies included in the Local Plan that promote health and wellbeing, tackle inequalities, root causes of unhealthy urban development and sustainability outcomes. Including policies that promote: - Access to green space - Active travel - Access to healthy foods and growing spaces - Affordable, accessible and safe housing	Policies and social infrastructure requirements drafted and agreed in line with timescales for developing the Local Plan (timescale *to be determined*)	Sustainable Communities Directorate B&NES	Other Council teams (transport, housing, Public Health etc.) Housing associations, VCSE organisations, BSW ICB, PCNs, communities	Receive progress updates on the key milestones Promote, champion, and remove barriers as appropriate

Objectives	Action/s	Milestone and timeframe	Partnership or team responsible for leading/ overseeing delivery	Others involved in the delivery	Role of the Health and Wellbeing Board
	- Social infrastructure Comprehensive public engagement to inform the Options Appraisal and Local Plan	Evidence that Options Appraisal and Local Plan informed by engagement with timescale to align with Local Plan Development *(to be determined)*			
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	Investigate further opportunities (e.g. with energy firms) for warm home schemes or similar initiatives and express interest for these Ensure affordable warmth grant schemes and initiatives are promoted	Prepare expressions of interest by Autumn 2025 Warm Homes Grant scheme effectively promoted by December 2025	Sustainable communities Directorate Leadership Team B&NES	West of England Heads of Housing Partnership; Social Housing Providers (Registered Providers), Private Landlords, Homes West Partnership etc West of England Local Authorities, NHS providers, Bristol City Leap (delivery partner for private grant scheme in B&NES)	Receive updates on progress and champion and support work where relevant

Objectives	Action/s	Milestone and timeframe	Partnership or team responsible for leading/ overseeing delivery	Others involved in the delivery	Role of the Health and Wellbeing Board
	Assess progress of West of England based Registered Providers (RP) Forum on implementing affordable warmth initiatives for social housing tenants	Affordable warmth initiatives update for private and social housing by April 2026			
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	Identify and assess the potential impact of the Renters Rights legislation alongside other existing statutory duties on improving housing and energy efficiency standards in B&NES, then agree and implement work programme to include awareness raising and inspection arrangements	Education and awareness campaign plan implemented by November 2026 Risk assessment and inspection arrangements in place following implementation of National Landlords Database (*date to be determined*)	Sustainable Communities Directorate B&NES	Private landlords & other partners	Receive updates on progress and champion and support work where relevant

Objectives	Action/s	Milestone and timeframe	Partnership or team responsible for leading/ overseeing delivery	Others involved in the delivery	Role of the Health and Wellbeing Board
	Agree opportunities for improvement and priority actions arising from the HWB development session held in July 2025	Opportunities for improvement and priority actions agreed by March 2026			
4.4 Improve equitable access to physical and mental health services for all ages via the development of Integrated Neighbourhood Teams (INTs), community-based specialist services and our specialist centres **(Cross referenced to ICA's priorities)**	Design and implement Integrated Neighbourhood Teams (INTs), taking into consideration existing local models and experience through the newly commissioned ICBC programme and Integrated neighbourhood team model as part of that delivery, and the emerging guidance on neighbourhood	Building on previous frailty pilot, work to refocus a test and learn INT model in B&NES September 2025 to Spring 2026 Learning incorporated from any neighbouring authorities which take part in Wave 1 of the National neighbourhood health improvement programme Autmn 2025	B&NES ICA	Community Wellbeing Hub/VCSE groups, B&NES, Mental Health Providers, primary care (PCNs), community healthcare services	Receive progress updates, champion and drive forward work where relevant

Objectives	Action/s	Milestone and timeframe	Partnership or team responsible for leading/ overseeing delivery	Others involved in the delivery	Role of the Health and Wellbeing Board
	health as part of the NHS 10 year plan. Programme alignment workshop to bring together relevant workstreams that touch on neighbourhood health	Take forward recommendations from Programme alignment workshop held in Autumn 2025 to March 2027			
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)**	Ensure work on both prevention and inequalities are visible and aligned in key NHS and Local Authority plans, and in the monitoring of them including the future Neighbourhood Health Plan, ICBC programme, the Local Plan and the Economic Strategy	Evidence that prevention and inequalities are explicit as objectives in plans by October 2026 Evidence that prevention and inequalities are explicit monitoring and reporting by March 2027	B&NES ICA B&NES Health and Wellbeing Board Sustainable Communities Directorate B&NES	B&NES Council directorates, VCSE organisations, NHS partners, healthcare providers local businesses, B&NES Health Inequalities Group (BHIG)	Seek assurance about inequalities when reports are presented to the Board Ensure inequalities are explicitly recognised and addressed Support focus on preventative work through agenda and papers for HWB

Objectives	Action/s	Milestone and timeframe	Partnership or team responsible for leading/ overseeing delivery	Others involved in the delivery	Role of the Health and Wellbeing Board
	Explore opportunities to embed the work of the Health Inequalities Network as BAU and for any future opportunities to support further development and coordination of the network	Options for taking the work forward in a business usual way have been considered and prioritised by March 2026 Evidence that the Core20Plus5 programme has been embedded in existing work programmes by June 2026	B&NES ICA B&NES Health and Wellbeing Board B&NES Health Inequalities Group (BHIG)		Ensure capacity to support the work of the BHIG is identified and maintained
	Shift resources towards babies, children and young people to improve population outcomes	This ambition is explicit in the objectives of the Families First Partnership Programme and the development of Neighbourhood Health plans, by March 2027	B&NES Health and Wellbeing Board Children and Young People's sub-group of the Health and Wellbeing Board		Seek assurance about inequalities when plans are presented to the Board

5. Glossary of terms

Acronym	Full form	Definition
B&NES Council	Bath and North East Somerset Council	The local authority for Bath and North East Somerset, responsible for a range of vital services for people and businesses in the area.
B&NES ICA	Bath and North East Somerset Integrated Care Alliance	This is the 'place-based' subcommittee of the BSW NHS Integrated Care Board. It brings together representatives from the Hospital Trusts; the Local Authority; the Integrated Care System; Primary Care Networks; Healthwatch; Social Care; and the Third Sector.
BANES	Bath, and North East Somerset	This refers to the area of Bath and North East Somerset rather than the council.
BCSSP	Bath and North East Somerset Community Safety and Safeguarding Partnership	The community and safeguarding partnership for the local area which coordinates local work to maximise the integration of safeguarding children and adults with community safety.
BSW ICS	Bath and North East Somerset, Swindon and Wiltshire Integrated Care Strategy	The BSW Integrated Care Strategy sets out BSW Together's ambition as partners working across the health, social care, voluntary and other sectors to support the people of BSW to live happier and healthier for longer.
CAMHS	Child and Adolescent Mental Health Services	The term used for all services that work with children and young people who have difficulties with their mental health or wellbeing.
CYP	Children and Young People	
HWB	Health and Wellbeing Board	A Health and Wellbeing Board is a formal statutory committee of the local authority. It provides a forum where political, clinical, professional and community leaders from across the health and care system come together to drive joined up working at the local level, improve the health and wellbeing of their local population and reduce health inequalities.
HWS	Health and Wellbeing Strategy	A Health and Wellbeing Strategy identifies priorities for health and wellbeing for local populations and the approaches that will be taken to bring about improvements in these areas.

INT	Integrated Neighbourhood Team	Multi-disciplinary teams, which enable care to be better coordinated and offer care closer to where people live at the right time.
ICBC	Integrated Community Based Care	An integrated model for the delivery of community health services
PCN	Primary Care Network	These are groups of GP practices working together with community, mental health, social care, pharmacy, hospital and voluntary services in their local areas.
SEND	Special Educations Needs/Disability	A child or young person has special educational needs and disabilities if they have a learning difficulty and/or a disability that means they need special health and education support, this is often shortened to SEND
UK SPF	UK Shared Prosperity Fund	National UK Shared Prosperity Fund (UKSPF), succeeds the old European Union structural funds. The fund invests in local priorities; communities and place, support for local businesses and people and skills.
VCSE	Voluntary, Community and Social Enterprise	The VCSE sector is a term that includes any organisation (incorporated or not) working with Social Purposes. This ranges from small community based groups/schemes (Good Neighbour Schemes, 'Stitch & Knit' or Cubs & Brownies etc.), through to larger registered Charities that operate locally, regionally & nationally.
WECA	West of England Combined Authority	The West of England Combined Mayoral Authority is a combined authority within the West of England area, consisting of the local authorities of Bristol, South Gloucestershire, and Bath and North East Somerset. It was established in 2017 with a purpose to deliver economic growth for the region through focus on areas including productivity, and skills, housing and transport.

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Bath & North East Somerset Council	
MEETING/ DECISION MAKER:	**Health and Wellbeing Board**
MEETING DATE:	**Thursday 6 November 2025**
TITLE:	**Bath & North East Somerset Health Protection Board Report 2024-25**
WARD:	All
AN OPEN PUBLIC ITEM	
List of attachments to this report: Appendix 1: B&NES Health Protection Board Annual Report 2024-2025	

1 THE ISSUE

In April 2013 the Health and Social Care Regulations changed the statutory responsibility for health protection arrangements. All Councils acquired new responsibilities with regard to protecting the health of their population. Specifically, the Director of Public Health (DPH), on behalf of the local authority, has to assure themself that relevant organisations have appropriate plans in place to protect the population against a range of threats and hazards and to ensure that necessary action is being taken. B&NES Health Protection Board was established in November 2013 to help the DPH to fulfil this role.

This annual report documents the progress made by the Health Protection Board on the priorities and recommendations made in the 2024-25 report, highlights the key areas of work that have taken place in 2024-25, and sets out the HPB priorities agreed for 2025-26.

2 RECOMMENDATION

The B&NES Health & Wellbeing Board notes this annual report and endorses the following priorities agreed by the Health Protection Board for 2025-26:

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) Contribute to regional planning on the delegation of vaccination responsibilities from NHS England to the ICB, and to local vaccination planning, to support vaccination and inequality outcomes.

e) Implement actions to support prevention of climate change and mitigation of climate change impact

f) Improve uptake of NHS screening programmes with a focus on breast and cervical screening programmes.

g) Support the delivery of the Bath and North East Somerset, Swindon & Wiltshire Integrated Care System Infection Prevention and Management Strategy 2024-2027, to ensure that the local interventions and workplans to progress the purpose, principles and seven ambitions of the Southwest Strategy are implemented.

3. THE REPORT

The full report is contained in Appendix 1.

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

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

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

3 STATUTORY CONSIDERATIONS

This is a statutory role of the Director of Public Health acting on behalf of the Secretary of State. A number of the priorities will help to address health inequalities, particularly the focus on screening and immunisation programmes.

Improving air quality in B&NES will directly impact health, inequalities, sustainability and the natural environment.

4 RESOURCE IMPLICATIONS (FINANCE, PROPERTY, PEOPLE)

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

5 RISK MANAGEMENT

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

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

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

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

6 EQUALITIES

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

7 CLIMATE CHANGE

The following two recommendations relate directly to climate change: b) Continue to ensure that the public are informed about emerging threats to health and e) Implement actions to support prevention of climate change and mitigation of climate change impact

8 OTHER OPTIONS CONSIDERED

None

9 CONSULTATION

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

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

Bath & North East Somerset Council

Improving People's Lives

Health Protection Board Report 2024-2025

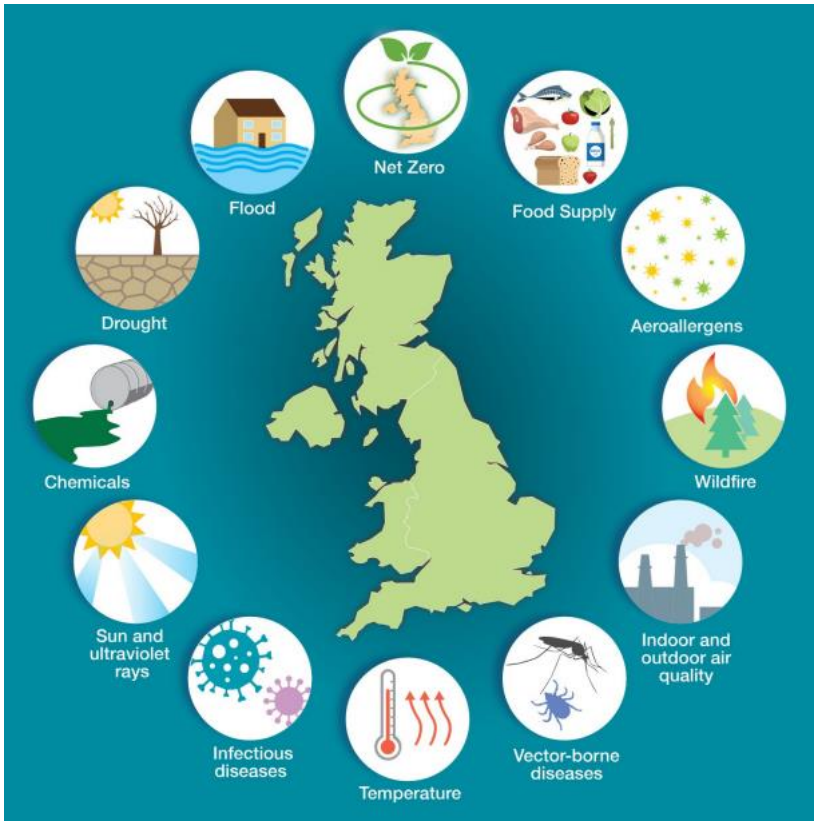


Figure 1: Health effects of climate change – UKHSA Health Effects of Climate Change (HECC) in the UK State of the evidence 2023

Contents

Introduction

This report documents the progress made by the Bath and North East Somerset Health Protection Board (HPB) during 2024-25 and highlights the key performance indicators, risks, challenges and priorities for the next 12 months in each specialist area. The last HPB Report covered 2023-24.

Progress on the priorities that were implemented during 2024-25

During 2024-25 the HPB committed to continued improvement across all work streams and identified six priorities to focus on. Having priority areas of work is important for the Director of Public Health (DPH), on behalf of the local authority, to be assured that suitable arrangements are in place in B&NES to protect the health of the population.

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

No.	Priority (2024-25)	RAG
1	Assurance: continue to monitor the performance of specialist areas, identify risks, ensure mitigation is in place and escalate as necessary	Green
2	Continue to actively participate in the prevention, preparedness and management of outbreaks and incidents with partner agencies to slow down and prevent the spread of communicable disease and manage environmental hazards	Green
3	Continue to ensure that the public and partner organisations are informed about emerging threats to health	Green
4	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.	Amber
5	Scope the health protection work that could be undertaken to support prevention of climate change and mitigation of climate change impact and make recommendations for action.	Green
6	Review B&NES coverage for each NHS screening programme to identify needs/gaps and priorities for action.	Green

Health Protection Board priorities for 2025-26

The HPB remains committed to improving all work streams within available resources. The following seven priorities have been agreed for 2025-2026 by the HPB as priority areas to be addressed.

No.	Priority
1	Assurance: continue to monitor the performance of specialist areas, identify risks, ensure mitigation is in place and escalate as necessary.
2	Continue to actively participate in the prevention, preparedness and management of outbreaks and incidents with partner agencies to slow down and prevent the spread of communicable disease and manage environmental hazards.
3	Continue to ensure that the public and partner organisations are informed about emerging threats to health.
4	Contribute to regional planning on the delegation of vaccination responsibilities from NHS England to the ICB, and to local vaccination planning, to support vaccination and inequality outcomes.
5	Implement actions to support prevention of climate change and mitigation of climate change impact
6	Improve uptake of NHS screening programmes, with a focus on breast and cervical screening programmes.
7	Support the delivery of the Bath and North East Somerset, Swindon & Wiltshire Integrated Care System Infection Prevention and Management Strategy 2024-2027, to ensure that local interventions and workplans, and the seven ambitions of the Southwest Strategy are implemented.

Priority 1: Assurance

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

No.	Priority for 2025-26
1	Assurance: continue to monitor the performance of specialist areas, identify risks, ensure mitigation is in place and escalate as necessary

The HPB was established in November 2013 to enable the Director of Public Health to be assured on behalf of the local authority that relevant organisations have appropriate plans in place to protect the population against a range of threats and hazards and to ensure that necessary action is being taken.

Throughout 2024-25 the HPB continued to provide a forum for professional discussion of health protection plans, performance, risks and opportunities for joint action. The HPB enables strong relationships between all agencies to be maintained and developed to provide a robust health protection function in B&NES. The Board's Terms of reference (Appendix 1) were reviewed in December 2024.

During 2024-25 the HPB monitored key performance indicators for each specialist area as set out below in diagram 1 and was generally well assured that relevant organisations do have appropriate plans in place to protect the population.

Two new risks were identified during the year and logged on the HPB's risk log (as of March 2025) (Appendix 2), with mitigating actions established. These two new risks relating to the emergence of an infectious disease and failure of a major social care provider. Both these risks are on the national risk register and were therefore considered locally, as well as at the Avon & Somerset Local Resilience Forum (A&SLRF) and Bath & North East Somerset, Swindon & Wiltshire Local Health Resilience Partnership (BSW LHRP). Several other actions which are being tolerated by the HPB are reviewed periodically.

Diagram 1: Specialist health protection workstreams

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

Priority 2: Management of outbreaks and incidents

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

No.	Priority for 2025-26
2	Continue to actively participate in the prevention, preparedness and management of outbreaks and incidents with partner agencies to slow down and prevent the spread of communicable disease and manage environmental hazards

Communicable disease and environmental threats

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

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

There continues to be strong working arrangements and relationships in place between the Southwest health protection team at the UK Health Security Agency (UKHSA), Public Health & Prevention and Public Protection teams in the council, alongside the BSW Integrated Care Board (BSW ICB) and NHS staff, to deliver an appropriate co-ordinated response to infectious disease cases, outbreaks and incidents. During 2024-25 these teams have supported incidents and outbreaks of various types of infectious disease including Measles, Tuberculosis, Influenza and Covid-19.

The UKHSA carry out regular health protection surveillance of infectious disease. There are fluctuations in the rates of infectious disease, and all cases of infectious disease need some degree of follow-up or investigation. The rates are generally not higher than the Southwest average and are as expected for our population size and demographics. Data is provided to the Health Protection Board for assurance, however due to data governance it is not possible to publicly share this data.

Pandemic preparedness

Over the course of 2024–25, the HPB and wider multi-agency partners have actively contributed to strengthening pandemic preparedness at local, regional, a national levels. This has included risk assessing the emergence of a novel infectious disease and engaging in strategic exercises such as Exercise Pegasus, led by the Department of Health and Social Care (DHSC) in collaboration with NHS England, UKHSA, and devolved nations. It has also included leading the development of a pandemic annex for the BSW Local Health Resilience Partnership (LHRP) Communicable Disease Plan, a useful tool for informing system partners pandemic plans and ensuring consistency in planning.

Learning from Covid-19 and other recent exercises has highlighted some challenges in multi-agency coordination, particularly across the A&SLRF footprint, which spans five local authorities, two ICBs and three LHRPs.

To address these issues, a dedicated multi-agency workshop is being convened in November 2025 to consolidate lessons learned, review current communicable disease and pandemic plans, and clarify roles and responsibilities across LRFs, LHRPs and health partners, ensuring a more coordinated and effective response to future communicable disease threats.

HIV late diagnosis in people 1st diagnosed with HIV in the UK

Late diagnosis of HIV is a clinical term which is used to identify the percentage of adults (aged 15 years or over) newly diagnosed with HIV with a CD4 count less than 350 cells per mm^3 within 91 days of diagnosis, excluding those with evidence of recent seroconversion. The CD4 cell count identifies the number of these types of white blood cells present in the body, which are serve as an indicator of immune system health and are used to monitor the progression of HIV infection which directly targets and destroys CD4 cells. The late diagnosis indicator includes reports only of HIV diagnoses first made in the UK which excludes those previously diagnosed with HIV overseas.

People diagnosed late with HIV can have a mortality rate seven times higher than those who aren't diagnosed late. With an early diagnosis and effective treatments, most people with HIV should not develop any AIDS-related illnesses and can generally expect to live a near-normal lifespan.

The graph below shows the trend between 2009 and 2023 grouped in three-year aggregates. Late diagnosis has been increasing substantially from 2018 in B&NES, with the red circles depicting when B&NES is statistically higher compared to the England average. Whilst there has been a recent decrease in late diagnosis, and there are relatively small numbers of people affected (2021-2023 reported a total of two individuals who were diagnosed late), B&NES is an outlier compared to our nearest statistical neighbours – the next five nearest statistical neighbours compare with an average rate of 53.8% versus 66.7% in B&NES. Despite the low number the

health impact on each person who is diagnosed late can be high, so it remains a concern.

Percentage of HIV late diagnosis in people first diagnosed with HIV in the UK

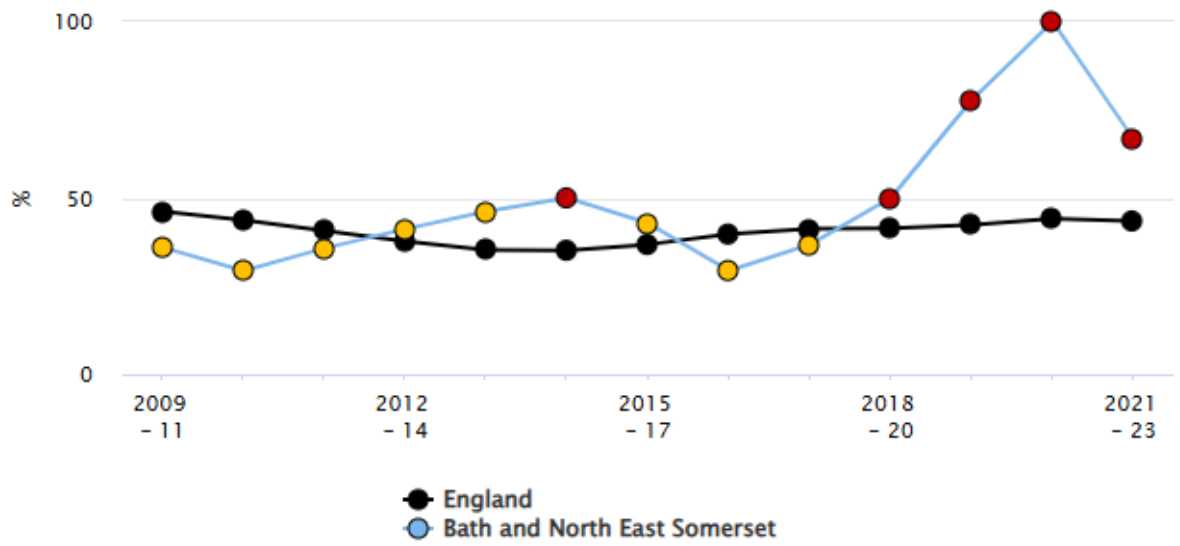


*Figure 2: reported indicator: percentage of HIV late diagnosis in people first diagnosed with HIV in the UK (aged 15-59) *, B&NES & England. Source: UKHSA 2025*

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

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

- Increase public awareness: during 2024/25 we undertook a series of local campaigns aiming at encouraging early testing, including adoption of the national *Give HIV The Finger* campaign promoting rapid testing and targeted work with local Universities and Colleges
- Review current educational initiatives amongst primary and secondary care staff around HIV, and develop and promote new education materials to cover gaps in knowledge and demand: during 2024/25 we supported the development of local education sessions for primary care professionals provided by Riverside Clinic focused on HIV indicator conditions, seroconversion and promotion of testing
- Provide increased awareness of HIV and association of clinical indicator conditions amongst GPs and secondary care, and support triggers for testing such as referral pathways or incorporation into primary care guidelines: we have provided educational drop-in sessions, along with targeted sessions for primary care and A&E professionals to increase knowledge and support early testing and diagnosis

- Explore opportunity to develop HIV opt out testing in A&E: we piloted HIV opt out testing in RUH's A&E department: from January to October 2024 the A&E team provided almost 500 HIV tests, leading to the diagnosis of two individuals with HIV. Lack of further funding has meant we have been unable to progress beyond this pilot but alongside our partners at RUH we continue to try to identify opportunities to recommence this intervention
- Investigate how to create prompt on GP practice consultation software to encourage HIV testing discussion if certain conditions met e.g. no HIV test in last 12 months: consultation around feasibility with practice staff has resulted in not carrying this action forwards as it was felt the software prompt would not be as effective as initially thought. Instead, we are continuing to focus on direct education sessions
- Examine potential to develop HIV testing events for high-risk groups: we continue to examine the practicalities of providing such events. This has been delayed due to the uncertainties created by procurement and recommissioning processes that have affected several of our partner providers, but we are now able to move this forward

Environmental hazards

Air Quality Management Areas

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

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

In B&NES, currently three AQMAs have been declared for nitrogen dioxide (NO_2) levels, including the major road network within Bath and sections of the A37 in Temple Cloud and Farrington Gurney. Details of the AQMAs can also be found on the Council's Air Quality Website. Actions being taken to improve air quality are contained in the Annual Status Report (above).

National Air Quality Plan

In March 2021, the Council launched a charging Class C Clean Air Zone (CAZ) to comply with Ministerial Direction served by the Joint Air Quality Unit (JAQU) in view of on-going exceedances of nitrogen dioxide (NO_2) in and around Bath.

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

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

- nitrogen dioxide concentrations have reduced across Bath, with an average reduction of 40% inside the Clean Air Zone since 2019. This is an average annual reduction of 13.0µg/m^3
- nitrogen dioxide concentrations have also reduced in urban areas outside the Clean Air Zone, with an average reduction of 41% since 2019. This is an average annual reduction of 10.4µg/m^3
- vehicle compliance rates across all vehicle groups have improved, which means cleaner vehicles are driving across Bath
- Over 900 vehicles were replaced with cleaner versions through a financial assistance scheme.

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

Priority 3: Informing stakeholders about emerging threats to health

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

No.	Priority for 2025-26
3	Continue to ensure that the public and partner organisations are informed about emerging threats to health

Throughout the year the HPB has been committed to informing the public and partner organisations about emerging threats to health. This is achieved through its well-established health protection networks e.g. higher education network and B&NES Immunisation Group. A new Infection Prevention & Control Champion Network has also been established for care providers. The Board also uses its external communication networks to raise awareness amongst the public. Two examples of this work are given below; Scabies and how we identify vulnerable people in an incident. There are further examples in the section below on immunisations and climate change.

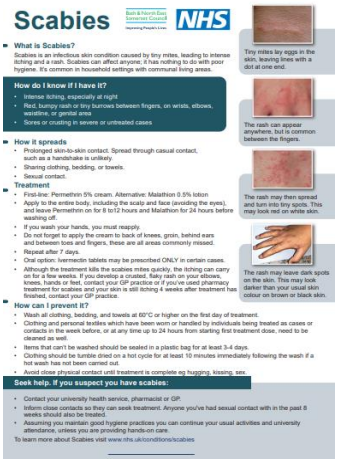
Scabies

Scabies is a highly contagious skin infestation caused by microscopic mites (*Sarcoptes scabiei*) that burrow into the skin, causing intense itching, especially at night, and a rash. It spreads easily through close skin-to-skin contact and shared items like bedding and clothing.

Since 2021, the UK has seen a significant rise in scabies cases and locally we were aware of cases in the settings outlined as high-risk below. Scabies can be notoriously difficult to diagnose, often requiring referral to dermatology specialists. Treatment typically involves topical creams like permethrin or malathion. Scabies is especially difficult to manage in:

- **Students in shared accommodation**, due to close living conditions and limited access to funded treatment.
- **Disadvantaged communities**, including asylum seekers, homeless populations, and those in overcrowded housing.
- **Care homes and institutions**, where outbreaks can spread rapidly and crusted scabies may occur in immunocompromised individuals.

B&NES Council and BSW ICB have worked closely with the newly formed B&NES Infection Prevention and Control (IPC) Champion network to raise awareness of scabies among care providers, ensuring consistent messaging and improved recognition and response. In collaboration with university medical centres and higher education institutions, we've also supported students and staff through tailored communications and resources. This included the development of a unified poster, social media assets, and webpage content. Communications and resources have also been shared with those supporting homeless and rough sleepers.



Supporting vulnerable people in an incident

The LRF, LHRP and B&NES Council have been strengthening work to support and protect vulnerable people during an incident such as flooding. A B&NES Vulnerable People Information Sharing Cell process has been established and tested to coordinate a multi-agency mechanism to identify and support individuals who may be at heightened risk. It is typically triggered by a declaration of an incident or in anticipation of one, and involves collaboration between public health, social care, housing, NHS, and other local services. The cell is convened via the B&NES Council Public Health & Prevention Team and operates under a structured agenda to gather, share, and act on data about vulnerable individuals in affected areas.

Once activated, the cell uses a common information-sharing template and follows strict protocols to ensure secure handling of personal data. It identifies individuals based on criteria such as physical or communication impairments, reliance on medication or care, pregnancy, or social vulnerability (e.g. homelessness, asylum seekers). The cell facilitates safe evacuation planning, resource prioritisation, and

tailored communication strategies. It also ensures that frontline responders and agencies are aligned in their response, and that data is shared appropriately to protect lives while respecting privacy and legal frameworks.

Priority 4: Immunisations

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

No.	Priority for 2025-26
4.	Contribute to regional planning on the delegation of vaccination responsibilities from NHS England to the ICB, and to local vaccination planning, to support vaccination and inequality outcomes.

Delegation of vaccination responsibilities

Recent changes to national immunisation programmes reflect a strategic shift towards more targeted, equitable, and responsive vaccination delivery. These changes include updates to eligibility criteria, the introduction of new vaccines, and enhanced efforts to improve uptake in underserved populations, as well as continuation of access and inequalities programme via regional funded contracts.

NHS England is moving towards delegating commissioning of all vaccination services and some screening services to Integrated Care Boards (ICBs) from April 2027. Some functions like health and justice services and national screening components will remain centralised to ensure consistency and efficiency.

Work is currently underway locally to prepare for these changes, including new governance structures to support vaccination and inequality outcomes.

Outreach vaccinations

Collaborative working with NHS England (NHSE) Vaccine and Screening Teams, local authorities, and the BSW Vaccination Hub Team (currently operated by Bath Enhanced Medical Services + Ltd (BEMS)) ensures that outreach is tailored to local needs, supported by data-driven planning and community engagement. During 2024-25 work has continued to provide outreach vaccinations to vulnerable groups and deprived communities, who otherwise wouldn't access routine NHS vaccination clinics in health care settings. Examples of two of the projects which were carried out in early years' settings and care homes are given below.

Family health and wellbeing clinics

The Family Health & Wellbeing Clinics project in B&NES was developed in response to declining childhood vaccination rates and rising vaccine-preventable diseases, particularly in areas of deprivation like Twerton and Whiteway. The initiative aimed to improve access to flu, Covid-19, and Measles, Mumps and Rubella (MMR) vaccinations, alongside wider health services, by delivering cli nics directly in early years settings. These clinics were designed to overcome barriers such as access, low vaccine confidence, and lack of awareness, while also supporting families with health checks, oral health advice, and Making Every Contact Count (MECC) conversation.

The project involved collaboration between B&NES Council Public Health, St Michael's GP Surgery, BSW ICB, HCRG Care Services, and local nurseries. Five clinics were held across different early years settings, offering vaccinations and health services to children, parents, and staff. The clinics were well received, with approximately 25% of children in session receiving flu vaccinations and many adults also taking up the offer. Oral health packs were distributed, and health checks were popular among nursery staff. Feedback highlighted the convenience, positive experience for children, and the value of integrating multiple health services in familiar community settings.

The evaluation concluded that family clinics are a viable and effective outreach model, especially in underserved areas. Recommendations included expanding the model to other parts of B&NES, improving communication with parents, involving more GP surgeries, and addressing governance barriers to offering all vaccinations universally, all of which are being considered during 2025-26. It also suggested holding multiple clinics on different days to reach more children, integrating broader health services, and exploring commissioning arrangements with school-aged immunisation teams.

Care Home Engagement Project

The BSW Care Provider Engagement Project was launched to address health inequalities and improve vaccination uptake among social care staff across BSW. The project built on previous pilots that revealed barriers to vaccine access and confidence, particularly among internationally recruited staff and those not registered with a GP. Its purpose was to reduce outbreaks in care settings, increase vaccine confidence (especially for flu, Covid-19, and MMR), and support staff wellness through education and health checks.

To achieve these goals, the project prioritised care providers based on outbreak history, vulnerability of service users, and other risk factors. Outreach vaccination clinics were delivered in care homes and domiciliary care settings, alongside health and wellbeing checks and MECC conversations. Winter Preparedness Workshops and vaccine confidence training sessions were held to educate staff and managers. Despite challenges such as clinic cancellations, limited occupational health offers, and logistical issues, the project reached hundreds of staff and delivered nearly 900 vaccinations.

The evaluation concluded that strong collaboration, targeted outreach, and peer-to-peer engagement were key to success. Recommendations included expanding vaccine confidence training, improving access to vaccination clinics, exploring peer vaccination governance, and enhancing communication with care providers. The project highlighted the need for better occupational health support, earlier engagement with domiciliary care providers, and further analysis of outbreak data. It also called for continued efforts to reduce vaccine hesitancy and improve health equity among social care staff, especially those from international backgrounds or with limited access to healthcare.

Flu & Covid-19 vaccination

For over 65-year-olds, at risk individuals, 2 and 3-year-olds and secondary school children coverage decreased in 2024 compared to the previous year. Except for 2 and 3-year-olds, these trends were also seen across the Southwest and nationally, however B&NES still had one of the highest rates of coverage for 2 and 3-year-olds nationally. For pregnant women and people and primary school children coverage rates increased.

The Covid-19 vaccination programme continued during autumn/winter 2024-25 and spring 2025. BSW and B&NES achieved some of the highest uptake across all groups nationally. Uptake for 2024-25 is generally lower than in 2023-24, this is in line with national trends

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

Priorities for the 2025-26 flu and Covid-19 programs include:

Programme	Ambition
Flu	
65+ age group	Maintain
2–3-year olds	Increase
Primary school children	Increase
Secondary school children	Increase
Under 65s in at-risk groups	Increase
Frontline healthcare workers	Increase
Covid-19	
Care home cohort	Maintain
75+ cohort	Maintain
Immunosuppressed cohort	Maintain

B&NES population vaccine coverage

Over 65-year-olds

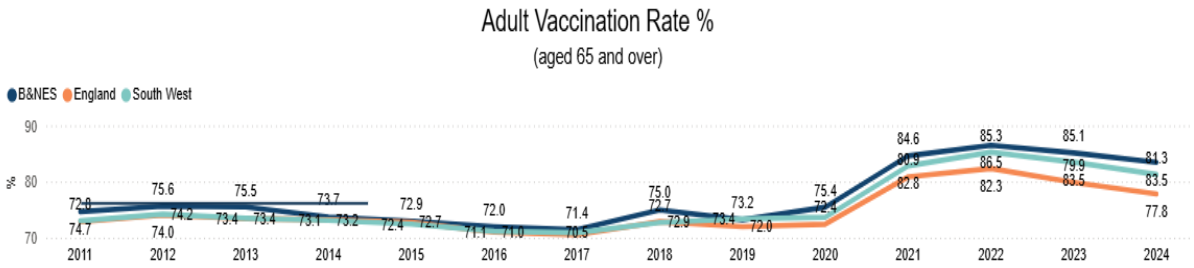


Figure 3: Percentage uptake of over 65-year-olds in BANES who had their flu vaccination between 2010 and 2024 (Source: Office for Health Improvement & Disparities (OHID))

At risk individuals

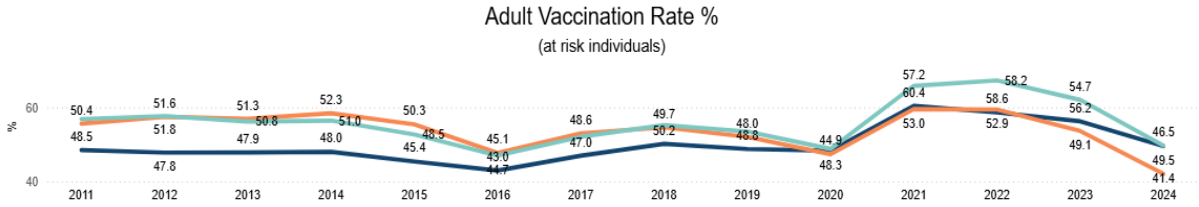


Figure 4: Percentage uptake of at-risk individuals in BANES who had their flu vaccination between 2010 and 2024 (Source: OHID)

2 and 3-year-olds

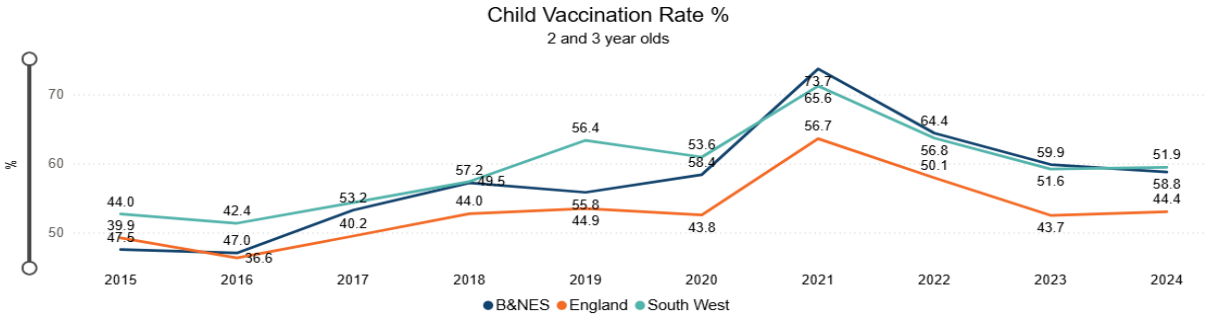


Figure 6: Percentage uptake of 2 and 3-year-olds in BANES who had their flu vaccination between 2014 and 2024 (Source: OHID)

Primary school children

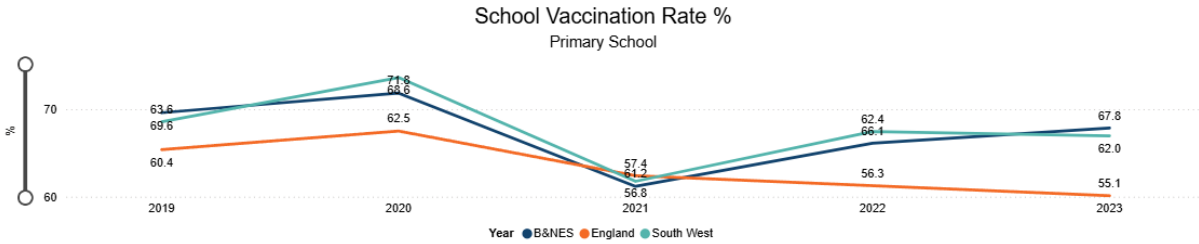


Figure 7: Percentage uptake of primary school children in BANES who had their flu vaccination between 2014 and 2023 (Source: OHID)

Secondary school children

School Year (%)	7	8	9	10	11
2024-25	71.3	61.2	59.5	59.2	57.1
2023-24	61.3	58	56.9	55.6	46.1
2022-23	57.4	53.7	54.5	No data	No data
2021-22	62.8	57.1	57.2	61.7	56.3

Figure 8: Percentage uptake of secondary school children in BANES who had their flu vaccination between 2021 and 2025 (Source: IMMFORM)

Covid-19 Vaccination

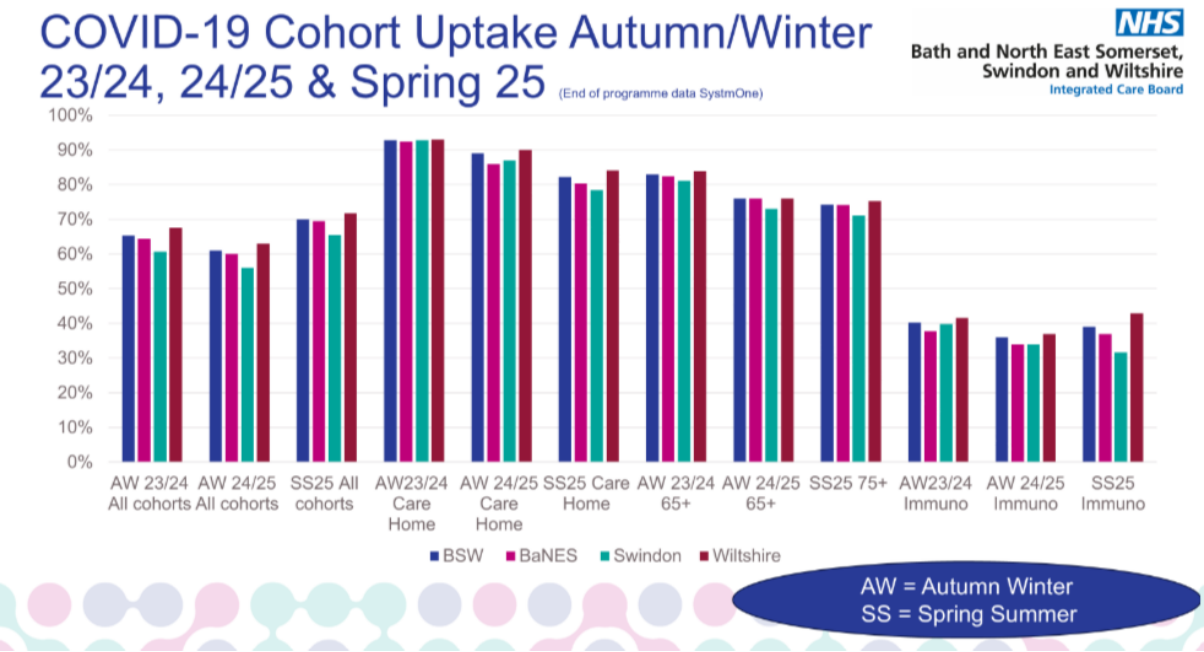


Figure 9: Percentage uptake of eligible groups B&NES and BSW who had they Covid-19 vaccination during autumn/winter 2023-24, 2024-25 and Spring 2025 (Source: BSW ICB)

Priority 5: Climate Change

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

No.	Priority for 2025-26
5.	Implement actions to support prevention of climate change and mitigation of climate change impact

The UKHSA's Health Effects of Climate Change (HECC) Report 2023 is a comprehensive summary of the scientific evidence on the health effects of climate change, research gaps and potential implications of these risks for public health. The report says that there is a large and growing evidence base which highlights diverse and substantial threats to health from climate change. Many risks are preventable through adaptation at low levels of warming. Despite the substantial evidence of risk,

the evidence base on effective interventions is less developed and should be prioritised.

Extreme Heat: Projected increase in heat-related deaths, especially among older populations. Up to 10,000 deaths per year by the 2050s under high-warming scenarios without adaptation.

Vector-Borne Diseases: Risk of transmission of diseases like chikungunya, dengue, and Zika in the UK. Due to spread of Aedes albopictus and Culex mosquitoes.

Flooding: more people at high risk due to changing rainfall patterns. Greatest health impacts are mental health: increased depression, anxiety, Post Traumatic Stress Disorder (PTSD).

Food Security: Growing dependence on climate-vulnerable countries for food. Potential instability in supply of fresh fruit and vegetables.

Health Co-Benefits of Climate Action: Nature-based solutions and behavioural shifts can reduce health inequalities. Benefits include reduced air pollution, healthier homes, greenspaces, and less pressure on health services.

Research Gaps Identified: Need for better understanding of intervention effectiveness and economic impacts. More research into mental health, behaviour, and equity. Improved climate-health modelling and standardised metrics. Assessment of co-benefits and compound risks.

Local action on climate change and health

In B&NES severe weather and housing have emerged as current priority areas, because the risks and local actions are clearer and more actionable than some other climate-related threats. Extreme heat events, which are increasing in frequency and intensity, pose serious health risks particularly to older people and those in poor-quality housing. Issues like damp, mould, and cold homes contribute to respiratory illnesses, while lack of access to cool spaces during heatwaves increases the risk of heat exhaustion and heatstroke.

The Health & Wellbeing Board's recent focus on cold, damp, and mould-affected homes directly supports the housing objectives set out in the B&NES Joint Health and Wellbeing Strategy Implementation Plan. These housing conditions are known to contribute to respiratory and cardiovascular illnesses, mental health issues, and increased vulnerability during climate-related events such as heatwaves and cold snaps. All partners including the Council, Social Housing Providers & Charities are advancing practical interventions through initiatives like the Bright Green Homes scheme, the Damp and Mould Charter, and the Community Energy Network to promote affordable warmth and energy efficiency.

Damp, mould & cold homes

To support residents and frontline professionals, B&NES Council and local partners have produced a leaflet on damp, mould and cold homes, offering practical, low-cost advice on reducing moisture, improving ventilation, and maintaining safe indoor temperatures. This resource also clarifies landlord responsibilities and encourages residents to seek help when needed. Building on this, the Council plans to develop a damp and mould toolkit for use by frontline professionals, helping them identify issues, offer guidance, and signpost support services.

Damp, Mouldy and Cold Home?

You can do something about it – live smarter.

What causes damp?

Damp happens when moisture from showers, cooking, or leaks builds up and can't escape - usually because the place isn't warm or ventilated enough.

What can I do?

Cold, damp homes can affect your health. Try these quick, low-cost tips to reduce condensation and prevent mould.

Heat Smart

- Keep rooms at 18-21°C if you can – too cold can cause damp
- Don't heat just one room – spread warmth evenly
- Avoid using portable gas heaters (they create moisture and are a carbon monoxide risk). Electric plug-in heaters are safer if you need extra heat

Vent Daily

- Open a small window or built in vent (above the frame)
- Use extractor fans when cooking or bathing
- Leave gaps behind furniture to help airflow

Cut Moisture

- Dry clothes outside or near open windows - drying clothes inside without proper ventilation is a major cause of moisture
- Keep pan lids on when cooking
- Vent tumble dryers properly
- Clean mould safely and wear gloves
  - Use fungicidal wash or diluted bleach
  - Never brush or vacuum mould as this spreads spores
- Use mould-resistant paint when redecorating

Bath & North East Somerset Council

Improving People's Lives

Need help?

Many people face damp, mouldy or cold homes - you're not alone. Support is free, friendly and easy to access.

Energy Advice Line

Call 0800 038 5680 for free, impartial guidance on heating, bills and damp.

Community Wellbeing Hub

Call **0300 247 0050** for local advice, referrals and energy support including other health and wellbeing support.
communitywellbeinghub.co.uk

Still having issues after 6 weeks?

Speak to your landlord or letting agent. By law, landlords must fix damp and mould caused by leaks, damage, or faulty heating and ventilation to keep your home safe and healthy. They should also check your heating system and make sure your home meets the Minimum Energy Efficiency Standard (EPC rating E or above).

Find everything you need at:

www.bathnes.gov.uk/damp-mould-and-cold-homes

Share this flyer with other people you live with - everyone's actions affect damp and mould and everyone benefits when the whole home is warm and dry.

Carbon Monoxide Warning

Test your alarm regularly. Faulty gas appliances can be deadly.

People who cannot access this document in its original format are entitled to receive it in an alternative format such as Easy Read, large print, translated language or an audio recording. It can also be emailed as a Microsoft document.
Contact: **public_health@bathnes.gov.uk**

Cool Spaces

B&NES Council has launched a new Indoor Cool Spaces Directory to help residents find safe, shaded, and well-ventilated indoor areas to rest during hot weather. These spaces offer seating, toilets, and drinking water, and are designed to provide respite for those unable to stay cool at home. Local organisations are encouraged to register their facilities on the Livewell Bathnes Cool Spaces webpage. Alongside this, the council has introduced an Outdoor Spaces Map highlighting green areas with amenities like seating, shade, and cafes to support comfort and hydration during heatwaves.

This initiative is part of a broader public health effort to reduce heat-related risks, especially as summers become increasingly hot. It complements campaigns such as the BSW ICB's summer health guidance for families and aligns with national resources like the Met Office Heat-health Alert Service and the Government's Beat the Heat advice. Residents are also encouraged to stay hydrated, with resources available on the council's website under the Every Sip Counts campaign.

Priority 6: Screening

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

No.	Priority for 2025-26
6.	Improve uptake of NHS screening programmes with a focus on breast and cervical screening programmes.

Screening is a way of finding out if people have a higher chance of having a health problem, so that early treatment can be offered or information given to help them make informed decisions. The NHS offers a range of screening tests to different sections of the population, and you can read more about the NHS screening programmes on the NHS screening website

There are three NHS cancer screening programmes; breast screening, bowel screening and cervical screening. For two of the three cancer screening programmes; breast and cervical, we have seen a gradual decline in coverage (proportion of a defined population that received their screening) and although both programmes have slightly improved over recent years, they both remain considerably below the World Health Organisation (WHO) targets. Coverage of bowel screening has steadily been increasing and in B&NES it is above the national target of 60% coverage. The HPB have therefore agreed to review the breast and cervical screening programme more closely to explore the data in more detail (i.e. what inequalities exist) and identify what action we can take locally.

Breast screening trend

The breast screening target in England is for all eligible women, aged 50 to their 71st birthday, to be screened every three years to detect breast cancer at an early, more treatable stage. In B&NES coverage in 2024 was 70.8 %, NHS England aims to improve screening attendance to 80%.

B&NES is part of the Avon Breast Screening programme, who have recently set up a specific group to look at health inequalities in the breast cancer screening programme and what local action we might be able to take to address any health inequalities found. Initial meetings will focus on the availability of inequalities data, access to screening services, breast cancer awareness and campaign work.

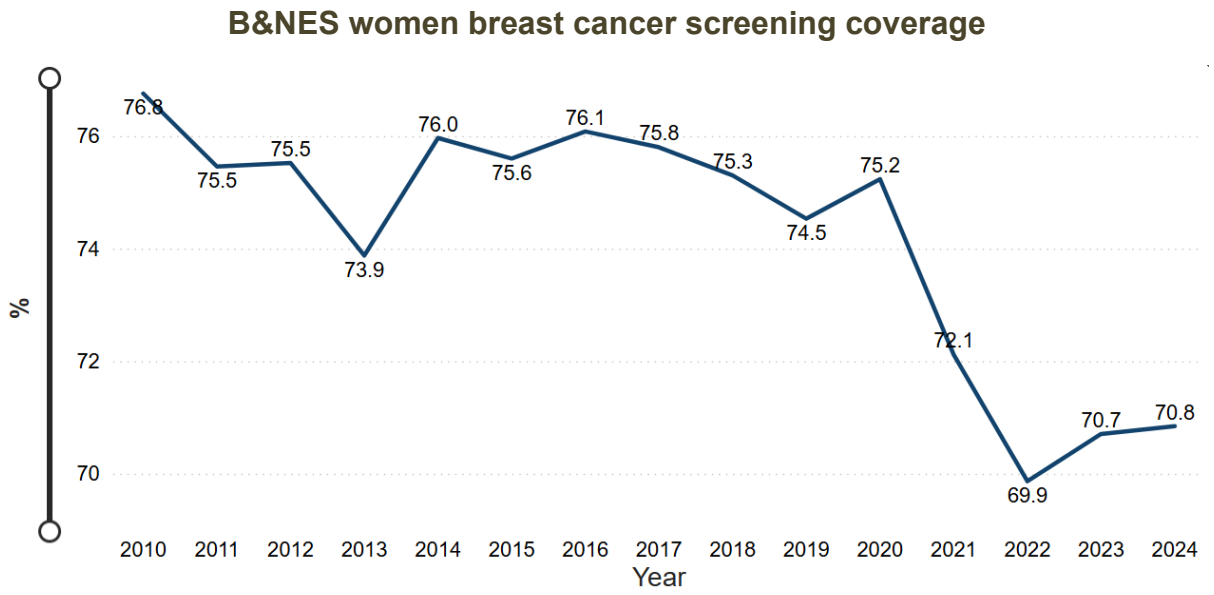


Figure 2: The proportion of B&NES women eligible for screening who have had a test with a recorded result at least once in the previous 36 months 2010 and 2024 (Source: OHID)

Cervical screening trend: 25 - 49-year-olds

The cervical screening target in England is women and people with a cervix aged 25 to 64 years, with invitations for screening sent starting at age 24.5 and continuing every three years until age 49, then every five years until age 64. The ultimate goal, set by NHS England and the World Health Organization, is to eliminate cervical cancer as a public health problem by 2040 by achieving 90% screening coverage and 90% HPV vaccination rates.

Cervical Cancer Elimination Strategy

The UK's Cervical Cancer Elimination Strategy aims to eliminate cervical cancer by 2040, aligning with the World Health Organization's target of reducing incidence to below 4 cases per 100,000 women. The strategy focuses on increasing equitable access to HPV vaccination and cervical screening, particularly among underserved populations such as those in deprived areas, ethnic minorities, and individuals with disabilities. Key actions include improving uptake of the HPV vaccine, reversing the decline in screening participation, and ensuring timely treatment for those diagnosed. Through targeted outreach, community engagement, and integration of services, the strategy seeks to reduce health inequalities and prevent hundreds of cervical cancer deaths annually.

A recent Southwest Cervical Cancer Elimination Screening workshop was held to support the formulation of an action plan. Once finalised the HPB will support any actions which can be implemented locally.

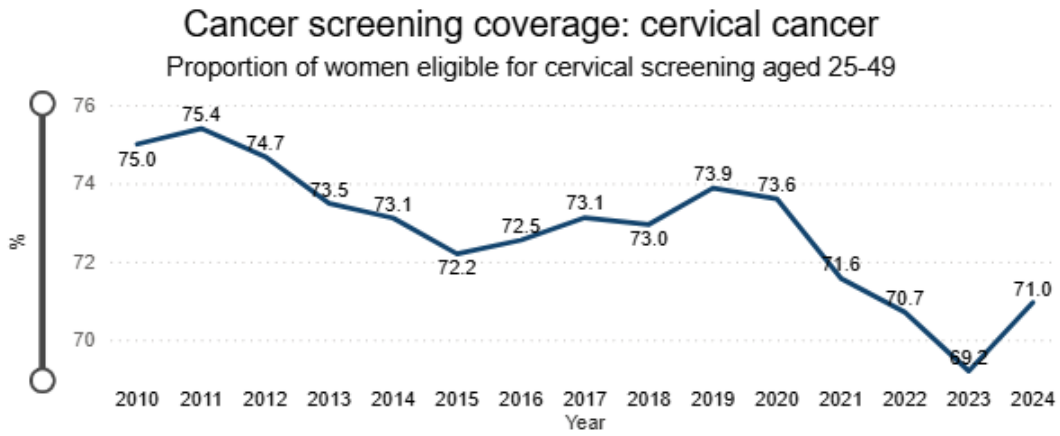


Figure 3: Percentage coverage of 25–49-year-olds eligible people in B&NES who had their cervical screening between 2010 and 2024 (Source: OHID)

Cervical screening trends: 50 – 64-year-olds

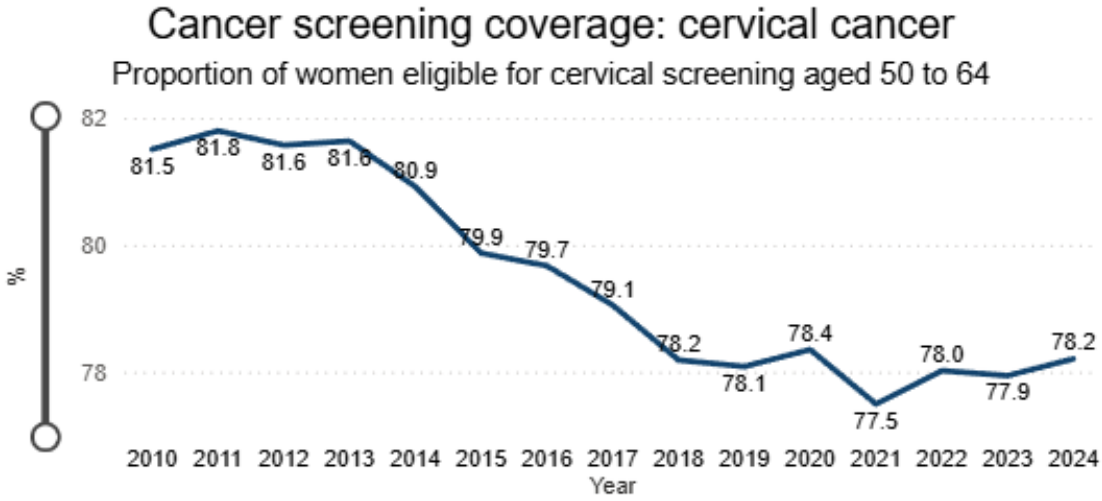


Figure 4: Figure 5: Percentage coverage of 50–65-year-olds eligible people in B&NES who had their cervical screening between 2010 and 2023 (Source: OHID)

HPV catch-up campaign

The 2025–26 HPV catch-up campaign is a national initiative led by NHS England to increase vaccination uptake among individuals aged 14 to 24 who missed their school-based HPV vaccine. GP practices are responsible for identifying and inviting eligible patients through letters, texts, emails, and app notifications, with the campaign running until 31 March 2026. The campaign supports the UK's cervical cancer elimination strategy and aims to reduce health inequalities by improving access to vaccination.

Locally, delivery of the HPV catch-up campaign is taking place at Riverside in Bath, providing a convenient site for eligible young people to receive their vaccine. This complements outreach efforts and supports improved uptake in the area, particularly among underserved groups.

Bowel Screening Trends

Uptake of bowel screening has continued to improve, supported by increased public awareness of bowel cancer following several high-profile cases in the media. This has been reinforced by national campaigns and our own local awareness initiative delivered a few years ago, which helped to normalise conversations around screening and encourage participation. The introduction of the FIT (Faecal Immunochemical Test) has also played a significant role, offering a simpler and more acceptable testing method that has boosted engagement and accessibility.

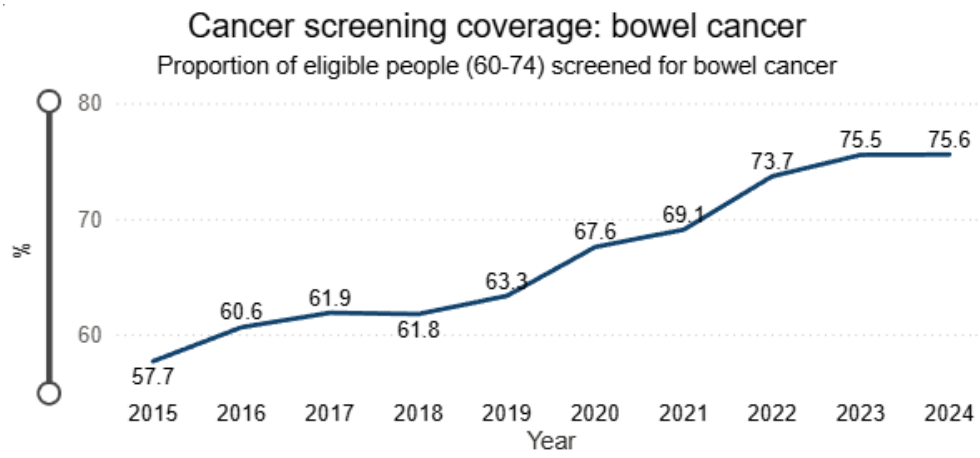


Figure 6: Percentage coverage of eligible people in B&NES who had their bowel screening between 2015 and 2024 (Source: OHID)

Priority 7: Healthcare Associated Infections

No.	Priority for 2025-26
7.	Support the delivery of the Bath and North East Somerset, Swindon & Wiltshire Integrated Care System Infection Prevention and Management Strategy 2024-2027, to ensure that local interventions and workplans, and the seven ambitions of the Southwest Strategy are implemented.

The BSW ICS Infection Prevention and Management Strategy 2024–2029 outlines a comprehensive and collaborative approach to reducing population harm from infection across B&NES, Swindon, and Wiltshire. It aligns with national frameworks such as the NHS Long Term Plan and the UK Antimicrobial Resistance Action Plan, and integrates principles of equity, people-centred care, and system-wide collaboration. The strategy's purpose is to promote inclusive, preventative, and sustainable infection management practices that support healthier, more resilient communities and reduce health inequalities.

To achieve its goals, the strategy sets out seven key ambitions: prevention, population engagement, addressing health inequalities, workforce development, data and digital innovation, sustainability, and collaboration. Each ambition is supported

by targeted actions, such as mapping infection burdens, improving immunisation uptake, enhancing workforce training, and leveraging digital platforms for resource sharing and data analysis. The strategy also emphasises co-production with communities, integration with local authority intelligence, and alignment with regional and national campaigns and frameworks.

In 2025–2026, the B&NES HPB will support three priority workstreams focused on urinary tract infections, respiratory tract infections, and skin and soft tissue viability. These targeted efforts aim to reduce the incidence of key healthcare-associated infections, specifically MRSA, *Clostridioides difficile*, and *Escherichia coli* bacteraemia. By concentrating resources and collaborative action on these areas, the Board seeks to drive measurable improvements in infection outcomes across the system.

Recommended priority areas for 2025-26

The HPB is committed to improving all work streams. As highlighted in this report, the following 7 recommended priorities for 2025-26 have been agreed by the HPB as key issues to be addressed to support improvement and provide assurance that suitable arrangements are in place in B&NES to protect the health of the population.

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

No.	Priority
1	Assurance: continue to monitor the performance of specialist areas, identify risks, ensure mitigation is in place and escalate as necessary.
2	Continue to actively participate in the prevention, preparedness and management of outbreaks and incidents with partner agencies to slow down and prevent the spread of communicable disease and manage environmental hazards.
3	Continue to ensure that the public and partner organisations are informed about emerging threats to health.
4	Contribute to regional planning on the delegation of vaccination responsibilities from NHS England to the ICB, and to local vaccination planning, to support vaccination and inequality outcomes
5	Implement actions to support prevention of climate change and mitigation of climate change impact
6	Improve uptake of NHS screening programmes with a focus on breast and cervical screening programmes.
7	Support the delivery of the Bath and North East Somerset, Swindon & Wiltshire Integrated Care System Infection Prevention and Management Strategy 2024-2027, to ensure that local interventions and workplans, and the seven ambitions of the Southwest Strategy are implemented.

Appendix 1 B&NES Health Protection Board Terms of Reference Reviewed Dec 2024

B&NES Health Protection Board ToR

Appendix 2 – B&NES Health Protection Board Risk Log March 2025

HP Board Risk Log March 2025.xlsx

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