

HEALTH AND WELLBEING BOARD

Minutes of the Meeting held

Thursday 5th February 2026, 11.00 am

Councillor Paul May	Bath and North East Somerset Council
Paul Harris	Curo
Lucy Baker	BSW ICB
Charles Bleakley	BEMs+ (Primary Care)
Councillor Alison Born	Bath and North East Somerset Council
Marc Cole	Bath and North East Somerset Council
Darryl Freeman	Bath and North East Somerset Council
Andrew Hollowood	Royal United Hospital, Bath
Amritpal Kaur	Healthwatch
Jean Kelly	Bath and North East Somerset Council
Natalia Lachkou	Bath and North East Somerset Council
Ronnie Lungu	Avon and Somerset Police
Kate Morton	3SG
Rebecca Reynolds	Bath and North East Somerset Council
Val Scrase	HCRG Care Group
Emma Solomon-Moore	University of Bath

The Chair welcomed everyone to the meeting.

41 **EMERGENCY EVACUATION PROCEDURE**

The Democratic Services Officer drew attention to the evacuation procedure.

42 **APOLOGIES FOR ABSENCE**

Sara Gallagher – Bath Spa University
Kevin Hamblin – Bath College
Fiona Lloyd Bostock – Oxford Health
Helen McColl - AWP
Stephen Quinton - Avon Fire & Rescue Service
Becky Somerset – 3SG
Nick Streatfield – University of Bath
Agata Vitale – Bath Spa University
Suzanne Westhead – B&NES

43 **DECLARATIONS OF INTEREST**

There were no declarations of interest.

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

The Chair gave the following updates:

1. Congratulated Lucy Baker on her appointment as Place Director at BSW ICB.
2. Advised the Board that this was the last meeting of the vice-chair, Paul Harris and thanked him for his contribution to the work of the Board.
3. Thanked Rebecca Reynolds for her contribution to the Health and Wellbeing Board and wished her well for her upcoming retirement.

45 **PUBLIC QUESTIONS AND STATEMENTS**

Professor Rory Shaw read a statement about air pollution in Bath (see attached appendix).

46 **MINUTES OF PREVIOUS MEETING**

RESOLVED that the minutes of the meeting of 6 November 2025 be approved as a correct record and signed by the Chair.

47 **FEEDBACK FROM DEVELOPMENT SESSIONS**

Lucy Baker, Executive Director of Place – B&NES BSW ICB, summarised the outputs following a previous HWB Development Session on emotional health and wellbeing:

1. Strengthen early intervention in schools and neighbourhoods.
2. Simplify access and navigation for CYP and families.
3. Develop integrated models with education, NHS and VCSE partners.
4. Prioritise work on self-harm reduction and resilience.
5. Embed youth voice and lived experience in monitoring and improvement.

She undertook to bring a further update on actions to a future meeting.

48 **UPDATE FROM HEALTHWATCH**

Kevin Peltonen-Messenger (Chief Executive, Healthwatch) gave an update on Healthwatch as follows:

1. Government proposals within the NHS 10-Year Plan and the Penny Dash Review would abolish Healthwatch England and local Healthwatch services, transferring their statutory functions into a new Patient Experience Directorate within DHSC.
2. There was confusion about what that would mean for the service at a regional level.
3. There were concerns that the proposals would mean that patients would not be willing to come forward and share experiences due to the loss of an independent voice.
4. Healthwatch was an independent body that listened to people and co-produced health outcomes.

The Board **RESOLVED** to confirm support for the continuation of an independent voice for patient feedback in health and social care.

49 **CHANGES WITHIN THE NHS**

Lucy Baker advised the Board of the latest developments in relation to changes within the NHS:

1. The restructuring of the ICB was continuing with the formation of ICP clusters.
2. B&NES, Swindon and Wiltshire (BSW) ICP was in a cluster with Bournemouth, Poole and Dorset.
3. The new executive team was mainly in place.
4. There was 50% less resources as a result of the restructure and some members of staff had opted for voluntary redundancy.
5. The Executive team would be looking at structures but there would be a dedicated B&NES resource.

In response to a question about how the new ICP cluster would relate to a Metro Mayor in the context of devolution, it was noted that there would be local funding agreements and decision making and that there were dedicated roles on the board for each place to represent the voice of local communities.

The Chair commented that B&NES may need to consider joining with Bristol, North Somerset and South Gloucestershire (BNSSG) ICP in the future if further powers were devolved to Metro Mayors.

50 **UPDATE ON DEVELOPING NEIGHBOURHOOD HEALTH PLANS**

Lucy Baker briefed the Board on the latest developments in relation to the

development of Neighbourhood Health Plans including feedback on the workshop session which took place on 29 January:

1. The workshop was the first multi-partner event about the B&NES neighbourhood vision.
2. There was a discussion about understanding of the context of B&NES and the localised vision of neighbourhood.
3. Following feedback from the session, there were actions to strengthen wider determinants and local participation.
4. Neighbourhood Health Plans would not be a single solution; it was about doing things differently together and building on the strong foundations that were already in place.
5. Greater coherence, clarity and consistency were needed to reduce fragmentation
6. The vision reflected local strengths and challenges.
7. There was collective ownership of the direction of travel and partners could align behind the vision, even with different roles and responsibilities
8. The vision would be used in the next phase of development and provided a usable narrative for conversations, planning and decision-making across the system.

The following points were raised by Board members:

1. The workshop was well facilitated.
2. There were good outcomes.
3. Health and Wellbeing Board members were advised to attend any future sessions.

51 **BSW ICB STRATEGIC COMMISSIONING PLAN**

Lucy Baker introduced the report and drew attention to the following:

1. BSW ICB was seeking assurance from B&NES Health and Wellbeing Board to endorse the plan.
2. Following feedback, it was noted that there was a need to strengthen the narrative around children and young people including how to align with the Families First Partnership Programme.
3. The revised plan put a greater emphasis on population health and measuring outcomes to ensure that resources were being invested in the right areas.
4. This was the strategic high-level plan and there would be further engagement on the delivery plan.

The Board raised the following comments/questions:

1. In response to a question about how B&NES fitted into the plan in the context of the wider BSW area, it was confirmed that the delivery plan would be more specific and localised.
2. The focus on preventative health, narrowing the gap in inequalities and focus on outcomes was welcomed.
3. There was support for a greater emphasis on children and young people.
4. Further consideration was needed around language in relation to neighbourhood health “services”.

The Board **RESOLVED** to endorse the BSW ICB Strategic Commissioning Plan.

52 **LOCAL PLAN**

Richard Daone/Amy McCollough presented an update on the Local Plan covering:

1. Local plan programme
2. Working with ICB and their advisers on primary care needs
3. Health and wellbeing evidence
4. Social infrastructure audit/mapping

The Board raised the following comments/questions:

1. In response to a question about how GPs could access developer contributions, it was confirmed that monies were paid to local authorities in the first instance and it could be transferred to GPs as a grant. This would involve GPs signing up to a grant agreement.
2. The update and work on primary care needs was welcomed. The “left shift” needed to happen now.
3. There wasn’t a “one size fits all” way of funding GP practices and it was important to consider larger spaces that housed more than just GP spaces.
4. Consideration also needed to be given to people isolated from health and social care.
5. In addition to health infrastructure consideration needed to be given to other infrastructure such as fire and police services.

53 **BETTER CARE FUND**

Natalia Lachkou, Head of Commissioning – Adult Social Care, B&NES and Lucy Baker introduced the report and drew attention to the following:

1. The Quarter 3 Return was compliant, and the 4 national conditions had been met.
2. In terms of performance, out of 3 national metrics, 1 was currently not on track to meet the goal - 3.12 – “how long people stay in acute health settings”. There had been additional measures put in place, and it was hoped that the situation would improve by the time of the annual return.
3. Additional capacity was put in place during December, and the focus was now on community hospitals.

The Board **RESOLVED** to ratify the Better Care Fund Quarter 3 return.

54 **JOINT HEALTH AND WELLBEING BOARD STRATEGY EXCEPTION REPORTING**

The priority theme sponsors introduced the report:

Priority 1 - Jean Kelly

1. There were some amber rated actions.
2. The Families First Partnership Programme was still in development and there was a significant amount of work to embed.
3. Work was ongoing in relation to closing the education attainment gap.
4. There was multi-agency work to improve transitional processes.
5. In relation to children’s emotional health and wellbeing, a number of actions had been agreed at the recent HWB development session.

Priority 2 - Jackie Clayton

1. The actions were all green rated.

2. Delivery was focussed on NEET prevention and there would be a full update at the meeting in July. A new NEET panel had been set up and was chaired by Bath Rugby Foundation, and this was allowing the voices of young people to be heard.
3. There had also been a data clean up within the council which would improve performance.
4. A lot of this work was funded by WECA up until March 2027; therefore it would be a pivotal year in terms of considering how to continue this work if there was no future funding.

Priority 3 - Rebecca Reynolds

1. Out of 5 objectives, 2 were amber rated.
2. Work was taking place in relation to Social Prescribing Framework actions, and this was due to be completed by the end of March.
3. In relation to the objective relating to the Community Hub Business Plan, this was being aligned with the Neighbourhood Health Plan.
4. It was noted that the indicator set data had not been completed as work was needed to update the indicators.

Priority 4 - Lucy Baker

1. There actions were mainly RAG rated as green and there were 2 amber actions.
2. There was an amber action around the Local Plan.
3. There was also the key area around prevention, children and young people and improving outcomes. This work was being aligned with work around the Families First Partnership Programme and the Neighbourhood Health Plans.

It was noted that:

1. This was a new way of reporting with the sponsors reporting back on their priority area.
2. Once finalised, the Neighbourhood Health Plan would sit as an appendix to the plan.

The Board **RESOLVED** to note the exception report and annual priority indicators set summary.

55 AIR POLLUTION AND HEALTH: EVIDENCE AND TARGETS

Cllr Sarah Warren (Cabinet Member for Sustainable Bath and North East Somerset) introduced the report and asked the Health and Wellbeing Board to support the proposal for the Council to deliver a Clean Air Strategy.

Michelle Tett (Environmental Protection Manager) and Alexei Turner (Senior Officer, Environmental Monitoring) gave a presentation on air pollution and the impact on health and asked the Board to consider the following:

1. Whether the Council should identify and adopt local targets for nitrogen dioxide and particulate pollution.
2. Whether the Council should prepare a Clean Air Strategy that sets out what the local target should be, and what regulatory powers there are to help protect people's lives.

Rebecca Reynolds stated that as Director of Public Health, she supported the development of a Clean Air Strategy from a public health perspective. She noted the presentation and the statistics that air quality affected people differently. She also referred to the statement of the public speaker relating to air pollution in Bath.

The Board was in agreement with the recommendations put forward in the report.

The Board **RESOLVED** to:

1. Recommend that the Council should identify and adopt local targets for nitrogen dioxide and particulate matter.
2. Recommend that the Council should prepare a Clean Air Strategy that sets out what the local target should be, and what regulatory powers there are to help protect people's lives.

The meeting ended at 12.30 pm

Chair

Date Confirmed and Signed

Prepared by Democratic Services

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Statement by Professor Rory Shaw:

Reducing Air Pollution in Bath

The problem with air pollution is that it is invisible and everywhere. Pollution kills and disables us humans by causing the major killing diseases of heart attacks, stroke, lung cancer, chronic bronchitis, and asthma. Pollution can kill quickly. There are more stroke and heart attack fatalities within hours of a pollution spike. Pollution also leads to progressive accelerated disability, with cost to the patient and NHS. In children there is progressive life-long disadvantage due to recurrent infection and impaired lung growth as well as time off school.

There are two aspects to the science. The more visible the smoke and the more you can smell it, the greater the number of partially combusted particles which in turn have been rendered toxic by heating. Good examples of the most dangerous smoke are bonfire smoke, wood and coal smoke. The second very dangerous type is the smoke containing microscopic toxic soot particles (PM10s and PM2.5s)) which penetrate deep into the lungs past the body's normal defense systems. These are released by diesel engines.

Bath has a particular problem. The steep valleys restrict pollution dispersal. We have canal boats which traditionally burn solid fuel. We have not enacted bonfire restrictions in built up areas. Many homes use wood burning stoves. There are also still many diesel vehicles on our roads.

On the plus side, Bath people are sensible, proud of their City and interested in their environment. The first step has to be a well thought through public education campaign, combined with reminders about adhering to current legislation (eg for the barge owners). In addition, I suggest small but high-profile steps. Make public announcements about rigorously enforcing the Highways Act 1980, by issuing Abatement notices to any householder whose bonfire smoke spreads outside the curtilage of their garden. Randomly inspect Barges emitting yellow smoke. These will upset very few people, yet make a small but significant difference to pollution and importantly show that the Council has started to take action.

I would focus my education campaign around mothers and children. Damaging children's health for life seems a cruel thing to do just because we can't be bothered to avoid causing air pollution.

Professor Rory Shaw, Retired Consultant Chest Physician

Useful resources:

Royal College of Paediatrics and Child Health website

Hammersmith and Fulham Council re danger from wood burning

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