Improving People's Lives

Health and Wellbeing Board

Date: Thursday 7th May 2026
Time: 11.00 am
Venue: Brunswick Room - Guildhall, Bath

Members: Councillor Paul May (Bath and North East Somerset Council), Kate Morton (3SG), Lucy Baker (BSW ICB), Charles Bleakley (BEMs+ (Primary Care)), Councillor Alison Born (Bath and North East Somerset Council), Fiona Lloyd-Bostock (Oxford Health), Marc Cole (Bath and North East Somerset Council), Darryl Freeman (Bath and North East Somerset Council), Julie Evans (Director of Neighbourhoods - Curo Group), Kevin Hamblin (Bath College), Sara Gallagher (Bath Spa University), Amritpal Kaur (Healthwatch), Jean Kelly (Bath and North East Somerset Council), Natalia Lachkou, Ronnie Lungu (Avon and Somerset Police), Helen McColl (AWP), Lisa Miller (Oxford Health), John Palmer (Royal United Hospital), Sue Poole (Healthwatch BANES), Stephen Quinton (Avon Fire & Rescue Service), Paul Scott (Bath & North East Somerset Council), Val Scrase (HCRG Care Group), Emma Solomon-Moore (University of Bath), Becky Somerset (3SG), Nic Streatfield (University of Bath), Agata Vitale (Bath Spa University) and Suzanne Westhead (Bath and North East Somerset Council)

Other appropriate officers
Press and Public

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

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

2. **Details of decisions taken at this meeting** can be found in the minutes which will be circulated with the agenda for the next meeting. In the meantime, details can be obtained by contacting as above.

3. **Recording at Meetings:-**

The Openness of Local Government Bodies Regulations 2014 now allows filming and recording by anyone attending a meeting. This is not within the Council's control. Some of our meetings are webcast. At the start of the meeting, the Chair will confirm if all or part of the meeting is to be filmed. If you would prefer not to be filmed for the webcast, please make yourself known to the camera operators. We request that those filming/recording meetings avoid filming public seating areas, children, vulnerable people etc; however, the Council cannot guarantee this will happen.

The Council will broadcast the images and sounds live via the internet www.bathnes.gov.uk/webcast. The Council may also use the images/sound recordings on its social media site or share with other organisations, such as broadcasters.

4. **Public Speaking at Meetings**

The Council has a scheme to encourage the public to make their views known at meetings. They may ask a question or make a statement relevant to what the meeting has power to do. They may also present a petition on behalf of a group.

Advance notice is required as follows:

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

Further details of the scheme can be found at:

https://democracy.bathnes.gov.uk/ecCatDisplay.aspx?sch=doc&cat=12942

5. Emergency Evacuation Procedure

When the continuous alarm sounds, you must evacuate the building by one of the designated exits and proceed to the named assembly point. The designated exits are signposted. Arrangements are in place for the safe evacuation of disabled people.

6. Supplementary information for meetings

Additional information and Protocols and procedures relating to meetings

https://democracy.bathnes.gov.uk/ecCatDisplay.aspx?sch=doc&cat=13505

Health and Wellbeing Board - Thursday 7th May 2026

at 11.00 am in the Brunswick Room - Guildhall, Bath

A G E N D A

1. WELCOME AND INTRODUCTIONS

2. CONFIRMATION OF VICE-CHAIR

   Kate Morton to be confirmed as Vice-Chair.

3. EMERGENCY EVACUATION PROCEDURE

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

4. APOLOGIES FOR ABSENCE

5. 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.

6. TO ANNOUNCE ANY URGENT BUSINESS AGREED BY THE CHAIR

7. PUBLIC QUESTIONS, STATEMENTS AND PETITIONS

   Please see agenda note 4 overleaf.

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

   To confirm the minutes of the Health and Wellbeing Board meeting of 5 February 2026 as a correct record.

9. FEEDBACK FROM DEVELOPMENT SESSIONS (Pages 15 - 30)

   10 minutes

   The Board to receive feedback from the recent development session on the Families First programme.

ITEMS FOR COMMENT/SIGN OFF

10. BETTER CARE FUND

10 minutes

The Board to receive an update as follows:

1. Planning for 2026-27 and forward planning for 2027-28 (process, timeline, and conditions including alignment with neighbourhood health).
2. Timeline update for end of year 2025-26 submission.

Lucy Baker, Place Director, Bath and North East Somerset ICB/
Natalia Lachkou, Head of Commissioning, Bath and North East Somerset Council

11. LOCAL SEND REFORM PLAN (Pages 31 - 48)

20 minutes

The Board to receive an update on the Local SEND Reform Plan.

Chris Wilford, Director of Education and Safeguarding

12. FOOD STRATEGY (Pages 49 - 98)

15 minutes

The Board to consider the attached Food Strategy.

13. DIRECTOR OF PUBLIC HEALTH ANNUAL REPORT (Pages 99 - 168)

15 minutes

The Board is asked to consider the Director of Public Health Annual Report.

Paul Scott, Interim Director of Public Health.

14. UPDATE FROM INTEGRATED CARE BOARD (ICB)

10 minutes

To include update on winter pressures and Neighbourhood Health Plans.

Lucy Baker, Place Director, Bath and North East Somerset ICB.

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 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

40 WELCOME AND INTRODUCTIONS

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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Health and Wellbeing Board – Families First Programme

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1) Families First – why this matters for the partnership

The Families First programme is driving a system-wide shift so that families experience **the right help at the right time**, with improved continuity, stronger multi-agency working and earlier intervention. Locally, this is being progressed through key elements including:

- **Family Help** delivered through multidisciplinary teams, supporting targeted early help and children in need in a more integrated way, with clear lead practitioner responsibility and continuity for families.
- An **Integrated Front Door** approach to strengthen consistent information-sharing and timely routing into the right support.
- A **Multi-Agency Child Protection Team (MACPT)** model to strengthen multi-agency child protection and shared responsibility.
- Embedding **Family Group Decision Making (FGDM)** so that families are more consistently involved in shaping plans and decisions.

The Health and Wellbeing Board has a pivotal role in supporting the **conditions for prevention to work** across the whole local system—particularly where delivery depends on aligned thresholds, joined-up practice, trusted information sharing and shared investment decisions.

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2) What the workshop explored (and how the outputs are used)

The workshop used group exercises to:

1. define what *successful preventative roles and relationships* look like across agencies;
2. identify *current engagement gaps* and why they persist; and
3. surface what is *stopping the system closing the gaps* and what could reduce them.

The sections below capture the outputs as provided by participants, reorganised into a structured narrative for partner use.

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3) What successful preventative roles & relationships look like

3.1 What young people and families need

Participants described that children, young people and families need:

- **Access to support**

- **Elimination of stigma**
- **Their voice to be heard**

Interpretation in Families First terms: this aligns strongly with Families First expectations around earlier help, destigmatised access to support, and practice models that keep families central to plans and decision-making.

3.2 What effective inter-agency relationships need

Participants highlighted that relationships need:

- **Collective responsibility & decision-making**
- **Shared understanding**
- **Mutual trust**

Interpretation in Families First terms: prevention relies on consistent multi-agency ownership and shared thresholds—particularly when families move between universal, targeted and statutory support.

3.3 What communication needs to be

Participants described communication as needing to be:

- **Seamless**
- **Clear and concise**
- **Consistent across partners**

Interpretation in Families First terms: the system must support timely information sharing and reduce repeated retelling/reassessment—this is a core expectation of an integrated approach and a strengthened “front door”.

3.4 How we need to work together

Participants identified that partnership working needs to be:

- **Integrated and coordinated**
- **Outcome-focused**
- **Data-driven**

Interpretation in Families First terms: this aligns with programme emphasis on coherent pathways, shared performance insight and a coordinated multi-agency response.

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4) “What does this look like?” – practical features of success

Participants translated “success” into the following practical features:

4.1 Core practice and system behaviours

1. **Clarity on thresholds**
2. **Right people in the room**
3. **Know the need and the outcome**
4. **Timely sharing of information**
5. **Managing expectations**

4.2 Operating model features partners want to see

1. **One plan approach**
2. **Improved digital access**
3. **Universal preventative roles**
4. **Embed offer in community**
5. **Graduated response**

Interpretation in Families First terms: these points map directly onto the programme’s direction of travel—integrated practice, clearer routing/thresholds, multidisciplinary working, and family-facing pathways that feel coherent rather than fragmented.

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5) Additional success factors identified

Participants also described success as being supported by:

- **Graduated response – proactive prevention**
- **Increased family resilience**
- **Children’s Centres acting as hubs**
- **Co-delivering where we cannot co-locate**
- **Reduced statutory need**
- **Reduced children in care**
- **Right skills and capacity within the workforce**
- **Systems that talk to each other**
- **Families involved in the co-design of the system**

Interpretation in Families First terms: these inputs reinforce the preventative ambition, the importance of workforce readiness, and the role of community assets—

while underlining that system design should be shaped with families, consistent with FGDM principles and wider reform direction.

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6) Current engagement gaps and why they persist

Participants clustered gaps into four main themes:

6.1 “Opaque ecosystem” (navigation and first contact)

- **Who to go to first?**
- **Where does a professional go for advice?**
- **So many options can be overwhelming**

What this results in (as described):

- First-step paralysis
- Historic decisions creating gaps

6.2 Communication between partners (how we connect day-to-day)

- **Data sharing protocols**
- **“Silo” relations between families and partners**
- **A way to have less formal conversations**

What this results in (as described):

- Inconsistent pace
- Lack of shared data
- Frustration from partners

6.3 Alignment (shared purpose, perceived value and sustainability)

- **Failure to find common ground – each agency has its own remit**
- **Partners only feeling valued when the Council needs something**
- **Unreliable funding to partners from the Council**

What this results in (as described):

- Fighting for services
- Risk adversity

6.4 System design (how we design and retire ways of working)

- **Ability for partners to come together**
- **Equal voices in co-design**
- **Shutting down old systems**

What this results in (as described):

- Too many groups
- Voluntary sector not connected
- Lack of joined-up working

Interpretation in Families First terms: these gaps describe the exact failure modes Families First is seeking to address—fragmentation, unclear routes, inconsistent thresholds, and insufficiently joined-up multi-agency operating conditions.

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7) What can be done to reduce the gaps (ideas captured)

Participants suggested a set of practical interventions and enablers:

7.1 Make the system easier to understand and navigate

- Clear mapping of the system
- Safe and trusted space to get information
- Understanding community communication
- Community sessions used more effectively
- Make more use of existing community activities
- Very local front door – where the families are

7.2 Improve information flow and professional support

- Connected data
- Toolbox to support professionals
- Skilling up partners
- Midwives as system navigators

7.3 Strengthen shared investment and shared measures of success

- Holistic view of investment and funding
- Baseline of success identified and measured

Interpretation in Families First terms: these suggestions align with programme needs around clarity of pathways, better cross-agency access to advice, improved data sharing, and shared outcomes/metrics.

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8) What is stopping us closing the gaps (barriers captured)

Participants identified the following barriers and constraints:

8.1 Capacity and demand pressures

- Competing statutory priorities
- Lack of capacity
- Increased demand
- Families seeking help too late
- Not enough time

8.2 Structural and commissioning drivers of fragmentation

- Services commissioned in silos so work in silos
- Diluted funding across organisations with overlapping purpose

8.3 Complexity, understanding and data barriers

- Dealing with necessary complexity
- Pressure that does not track together across organisations
- Don't understand each other's work
- Fragmented and disjointed data
- Lack of understanding of availability of universal services

Interpretation in Families First terms: these barriers highlight that delivery is not only about "new structures", but also about joint operating conditions—capacity, shared understanding, and enabling infrastructure (especially data and clarity on the universal offer).

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9) Implications for Families First delivery (partner-facing synthesis)

Based on the workshop outputs, the following implications emerge for Families First implementation across the partnership (this section is a synthesis of the captured points, not additional workshop content):

1. **Threshold clarity is a foundational requirement for prevention.** Partners explicitly linked success to clear thresholds and managing expectations—without this, early help entry points feel risky, inconsistent and slow.
2. **Navigation and "where to go first" must be simplified.** The "opaque ecosystem" creates first-step paralysis for partners and families; the partnership needs a clearer map and advice routes.
3. **Prevention depends on "everyday" partner communication, not just formal forums.** The desire for less formal conversations and timely

information sharing suggests a need to strengthen routine working interfaces, not only governance.

4. **Children's Centres and community assets are seen as key enablers.** Participants identified Children's Centres as hubs and highlighted embedding the offer in the community as a success feature—this supports a place-based prevention model.
5. **Data connectivity is both a gap and a solution.** Participants named fragmented data as a barrier and "connected data" as a remedy, indicating this is likely a critical enabler for multi-agency coordination.

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10) Suggested "asks" of the Health and Wellbeing Board (for discussion)

The workshop outputs naturally point to a small number of practical partnership decisions. The following are suggested "Board asks" to consider (these are recommendations to help turn outputs into action):

1. **Agree a shared commitment to threshold clarity and a "graduated response" approach** across partners (including how advice is accessed and how step-up/step-down is managed).
2. **Sponsor a partnership-wide "system map"** that clarifies: first contact points, advice routes for professionals, and a simple view of the universal and targeted offer.
3. **Strengthen multi-agency information-sharing arrangements** by prioritising pragmatic solutions that enable timely sharing (while remaining lawful and proportionate).
4. **Support a community-embedded prevention approach**, including the role of Children's Centres and maximising existing community activity as part of the prevention "front door".
5. **Back a shared outcomes baseline** so progress can be measured consistently across agencies (including a small number of jointly-owned indicators).
6. **Encourage shared investment conversations**, recognising that siloed commissioning and fragmented funding were identified as obstacles to joined-up delivery.

Appendix A – Captured outputs (as provided)

A1. Successful preventative roles & relationships

- Young people and families need: Access to support; elimination of stigma; their voice to be heard.

- Relationships need: collective responsibility & decision making; shared understanding; mutual trust.
- Communication needs: seamless; clear and concise; consistent across partners.
- How we work together: integrated and coordinated; outcome-focused; data-driven.

A2. What this looks like

- Clarity on thresholds; right people in the room; know the need and the outcome; timely sharing of information; managing expectations.
- One plan approach; improved digital access; universal preventative roles; embed offer in community; graduated response.

A3. What else supports success

- Graduated response / proactive prevention; increased family resilience; Children's Centres as hubs; co-delivering where we cannot co-locate; reduced statutory need; reduced children in care; right skills/capacity; interoperable systems; families involved in co-design.

A4. Engagement gaps & why they persist

- Opaque ecosystem; communication between partners; alignment; system design.
- Resulting in: first-step paralysis; historic decisions creating gaps; inconsistent pace; frustration; lack of shared data; fighting for services; too many groups; voluntary sector not connected; lack of joined-up working; risk adversity.

A5. What can reduce gaps

- Connected data; clear mapping; community comms; better use of community sessions/activities; safe trusted information space; midwives as navigators; toolbox for professionals; skilling up partners; local front door; holistic investment view; baseline measures.

A6. What is stopping us

- Competing statutory priorities; lack of capacity; increased demand; late help-seeking; siloed commissioning; necessary complexity; diluted overlapping funding; unaligned pressures; limited understanding of each other's work; fragmented data; limited understanding of universal services; not enough time.

B&NES Health and Wellbeing Board Development Session *05/02/2026*

Session Output Slides

What do successful preventative roles & relationships look like?

Young people and families need...	**Relationships** need...	**Communication** needs to be...	**How we work together** needs to be...
Access to support	Collective responsibility & decision making	Seamless	Integrated and coordinated
Elimination of stigma	Shared understanding	Clear and concise	Outcome focused
Their voice to be heard	Mutual trust	Consistent across partners	Data driven

What does this look like?

- Clarity on thresholds
- Right people in the room
- Know the need and the outcome
- Timely sharing of information
- Managing expectations
- One plan approach
- Improved digital access
- Universal preventative roles
- Embed offer in community
- Graduated response

What else was identified as successful or supporting success?

- Graduated response - proactive prevention
- Increased family resilience
- Children's Centres acting as hubs
- Co-delivering where we cannot co-locate
- Reduced statutory need
- Reduced children in care
- Right skills and capacity within the workforce
- Systems that talk to each other
- Families involved in the co-design of the system

Other comments of note or caution:

Streamlined communications can become **overwhelming**

Early years settings are key

It's not a Monday to Friday, 9 - 5 service

Investment is needed to make this work - where will this come from?

Need to build back community relationships

Surestart was a holistic One Stop Shop - **and it worked!**

Families and Young People **don't want** to repeat their stories

What are the current engagement gaps and why do they persist?

Opaque ecosystem

- Who to go to first?
- Where does a professional go for advice?
- So many options can be overwhelming

Communication between partners

- Data sharing protocols
- "Silo" relations between families and partners
- A way to have less formal conversations

Alignment

- Failure to find common ground - each agency has own remit
- Partners only feeling valued when Council needs something
- Unreliable funding to partners from Council

System Design

- Ability for partners to come together
- Equal voices in co-design
- Shutting down old systems

What does this result in?

- First-step paralysis
- Historic decisions creating gaps
- Inconsistent pace
- Frustration from partners
- Lack of shared data
- Fighting for services
- Too many groups
- Voluntary sector not connected
- Lack of joined up working
- Risk adversity

What can be done to reduce the gaps?

Connected Data	Community sessions could be used more effectively	Midwives as system navigators	Very local front door - where families are
Clear mapping of the system	Safe & trusted space to get information	Toolbox to support professionals	Holistic view of investment and funding
Understand local community communication	Make more use of existing community activity	Skilling up partners	Baseline of success identified and measured

What is stopping us?

Competing statutory priorities	Families seeking help too late	Diluted funding across organisations with overlapping purpose	Fragmented and disjointed data
Lack of capacity	Services commissioned in solos so work in silos	Pressures that do not track together across organisations	Lack of understanding of availability of universal services
Increased demand	Dealing with necessary complexity	Don't understand each other's work	Not enough time

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Bath & North East Somerset Council	
MEETING	**Health and Wellbeing Board**
MEETING DATE:	**7 May**
TITLE:	**Local SEND Reform Plan**
WARD:	All
AN OPEN PUBLIC ITEM	
List of attachments to this report: Slide-deck of the White Paper and SEND Reform Plan	

1 THE ISSUE

On 23 February, the Government launched the 'Every Child Achieving and Thriving' White Paper. This focuses on:

- Higher academic outcomes for children (so that every child is stretched and can achieve); and
- Halving the disadvantage gap for children from low-income backgrounds.

The White Paper outlines the three key shifts that they will be delivering to transform education for all children:

1. Narrow to Broad – a curriculum that builds knowledge and skills, alongside enrichment opportunities for all children
2. Sidelined to Included – high standards and inclusion come together.
3. Withdrawn to engaging – children feel safe and connected to their school environment and meet academic excellence.

The White Paper also focuses on the numbers of Children and Young People with SEND who have been told they cannot thrive in mainstream education. This is further detailed in the accompanying 'SEND Reform: Putting children and young people first' consultation paper.

The SEND Reform consultation paper outlines the changes it wants to make over 10 years. The SEND Reform principles are **Early, Local, Fair, Effective and Shared**. The consultation paper main theme is inclusion and local partnerships providing a wrap-around system of support for children.

There are also proposed changes regarding: the statutory system (especially funding); governance and inspection over multi-academy trusts; and a capital programme geared at creating more Inclusion Bases.

Whilst this is a consultation, the DfE are clear that they want local partnerships to take immediate action. On 9 March, in a joint letter to LAs and ICBs, DfE confirmed that they were commissioning each local area partnership to develop and submit a Local SEND Reform Plan in June 2026, underpinned by a Local Partnership Maturity Assessment.

The ask is for these documents to clearly set out how we will improve and further strengthen our system, tilting provision towards stronger inclusive practice and early intervention, and ensuring that the conditions underpinning effective long-term outcomes are in place. This will help to identify and spread best practice as we work collectively to reform our SEND system.

The Local SEND Reform Plan is the key accountability vehicle for this collaborative commitment, with expectations that are reviewed annually as proposed reforms rolls out.

2 RECOMMENDATION

The Health and Wellbeing Board is asked to:

2.1 Note the contents of this paper.

3 THE REPORT

3.1 The **Local Partnership Maturity Assessment Tool** asks Local Partnerships to rate themselves on a scale of 0 to 3 (where 0 is 'Not yet emerging'; 1 is 'Emerging', 2 is 'Developing' and 3 is 'Maturing') against 7 pillars:

- Pillar 1 – Co-production with parent carers, children and young people;
- Pillar 2 – Effective system leadership and governance;
- Pillar 3 – Accurate understanding of needs through effective use of data;
- Pillar 4 – High Quality Service Delivery at universal, targeted and specialist levels to promote inclusion;
- Pillar 5 – Effective Partnership working across education, health and social care;
- Pillar 6 – Skilled and organised workforce;
- Pillar 7 – Targeted, judicious and sustainable use of resources including sufficiency, place planning and capital.

3.2 This exercise has now been completed, and the Local Partnership has come out as a '2' (Developing) across all Pillars, with the exception of Pillar 5, where the partnership felt that we were 'Emerging' around joined-up practice.

3.3 The **Local SEND Reform Plan** asks partnerships to look at the areas of development that the Maturity Assessment Tool identified, and then focus its work into 4 areas:

- Experts at Hand Offer

- Sufficiency and Place Planning
- Effective Practice – Universal Offer (including Early Years – aligned with Best Start in Life – and Post-16)
- Effective Partnerships (including co-production and mediation).

3.4 By having been in the Safety Valve programme, the Local Authority has developed a strong foundation to deliver the Plan already.

- The Sufficiency and Place Planning work mirrors Safety Valve's 'SEND Capital and Sufficiency' workstream. This includes the LA's commitment to delivering the special SEND school on the old Culverhay site.
- 'Effective Practice – Universal Offer' builds on the work of the Inclusion and SEND Advice Service, which has been operational for 18 months. This Service was funded by the LA as part of Safety Valve and is focused on what all settings should be providing as part of 'Ordinarily Available Provision' (i.e. 'the Universal Offer').
- The Effective Partnerships workstream develops the governance model already established through our Local Area Inclusion Partnership (LAIP).
- The area of significant change and opportunity is the **Experts at Hand Offer**, where partnerships have been asked to create more equitable access to specialists (such as Speech and Language Therapists, Occupational Therapists) for all settings. This is where local partnerships have been encouraged to explore clustered models of delivery.

3.5 Cross-partnership 'content working groups' are launching 29 April and will run until 11 May. This will be where the Partnership will discuss what they will commit to delivering together, which will then outline the contents of the SEND Reform Plan.

3.6 In terms of the drafting process, timelines are incredibly tight. As the 'system convener', the Local Authority is tasked with writing and submitting the Plan. We will have approximately one week to do this before we submit a draft to our DfE Advisors. We will then have another week to make edits from their feedback, in order to meet governance deadlines both internally within the LA, as well as the LAIP and ICB. The final deadline for Plans is 19 June.

4 STATUTORY CONSIDERATIONS

4.1 None.

5 RESOURCE IMPLICATIONS (FINANCE, PROPERTY, PEOPLE)

5.1 None.

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 Improved outcomes for children and young people with SEND.

8 CLIMATE CHANGE

8.1 More local SEND provision will reduce carbon emissions by a reduction in mileage of cars and Home to School Transport.

9 OTHER OPTIONS CONSIDERED

9.1 None.

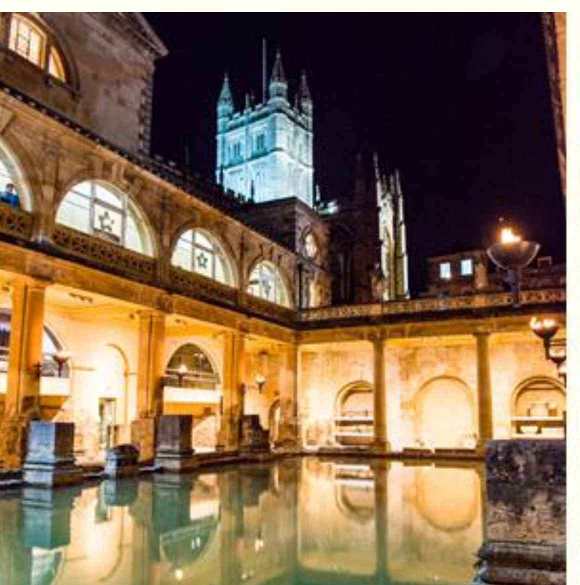
10 CONSULTATION

10.1 Jean Kelly – Director of Children's Services

Contact person	Antonia White
Background papers	
Please contact the report author if you need to access this report in an alternative format	

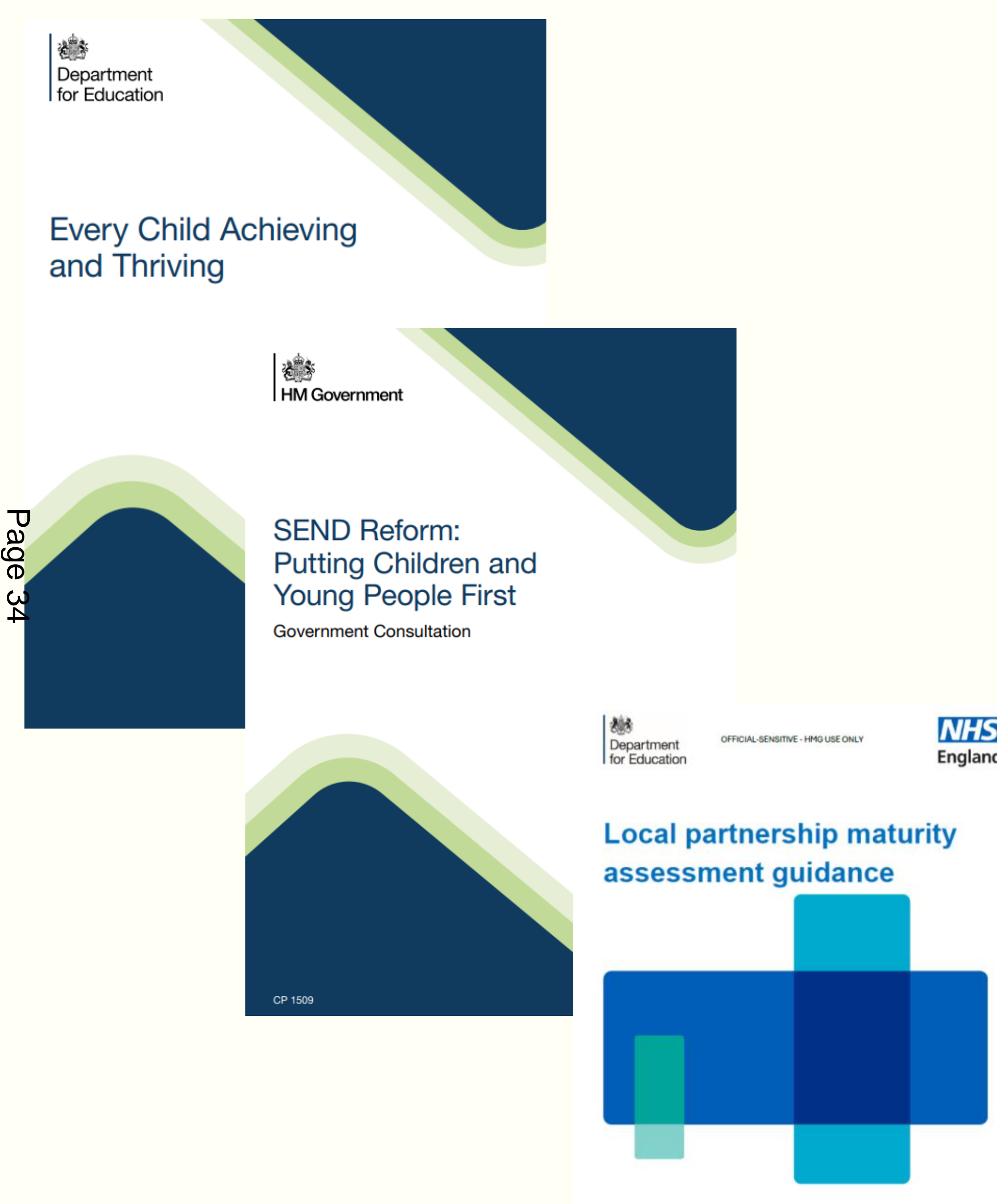
Overview of: Education White Paper Local SEND Reform Plan Maturity Matrix Assessment

May 2026



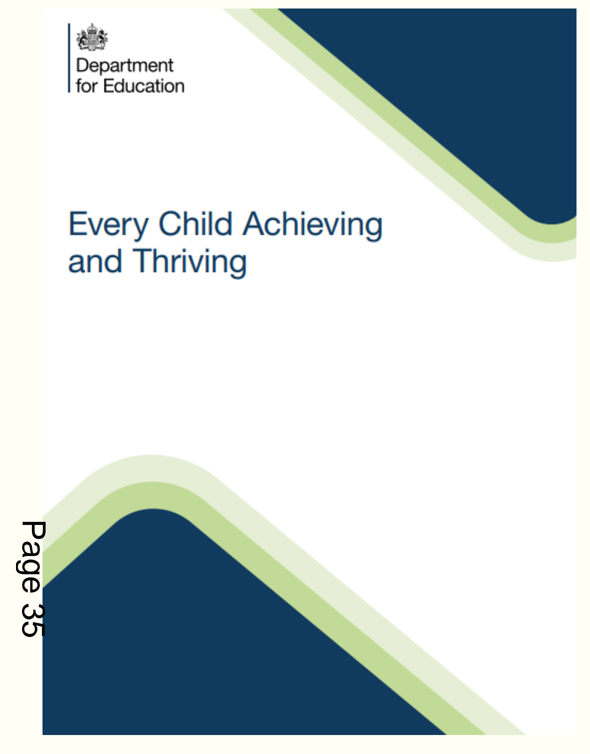
Bath & North East Somerset Council

Improving People's Lives



Introduction

- 1 x White Paper, 2 key docs:
  - Every Child Achieving and Thriving
  - SEND Reform: Putting Children and Young People first
- Local SEND Reform Plan
- Local Partnership Maturity Assessment Tool



Schools White Paper: Every Child Achieving and Thriving

- Published 23 February 2026
- Consultation runs until 18 May 2026
- Every Child Achieving and Thriving Schools White Paper
- SEND Consultation Putting children and young people first
- Further information and fact sheets
- Sign up for updates on DFE planned events for those working in education, focused on the proposed SEND reform for each phase of the 0 to 25 journey.

Our Vision

- The education and experiences we give our children today will shape tomorrow's society. It's **vital we prepare children to thrive in a rapidly changing, technologically-driven world**.
- Children thrive when the love and support they receive at home is built on by a **stretching, enriching, and inclusive school experience.**
- Great schools deliver this for every child, with teachers who challenge, support and stretch every learner to help them achieve and thrive, recognising **high standards and inclusion as two sides of the same coin**
- We are **rebuilding public services** to wrap around our children, to support healthy, happy childhoods and enable every child to achieve at school.
- Government must set the conditions which enable every family and every school to support children's success: **a partnership** between all those with the responsibility to set our children up so they can achieve their ambitions and aspirations.

This white paper is not simply a vision of the change we want to bring to our schools. It's a call to parents, schools, local services, and everyone working with children and young people to join us in building a future where every child can achieve and thrive, in school and beyond.

Setting every child up to succeed and building stronger foundations

Across government, we are rebuilding public services for our children, to support healthy, happy childhoods and enable every child to achieve and thrive. Our plans will wrap services around children and schools (Chapter 1).

Our reforms will deliver **three key shifts to transform education for all children from:**

1. **Narrow to broad** (Chapter 2) - a rich and broad school experience, underpinned by a curriculum that builds knowledge and skills, that challenges and stretches every child and provides enrichment opportunities for all children.
2. **Sidelined to included** (Chapter 3) - high standards and inclusion come together. Schools must be places where every child is included, where they are supported and challenged to achieve and thrive. This is especially true for those whose needs are often sidelined by the wider system – including white working-class children, children with SEND and those progressing but capable of more.
3. **Withdrawn to engaging** (Chapter 4) – Our best schools know that children achieve most when they feel safe and connected to their school environment; they show that high expectations for academic excellence and deep pupil engagement go hand in hand.

Excellent individual practice can transform outcomes for individual children. But it takes an excellent system to transform outcomes for communities and generations of children. We need to **build stronger foundations to deliver change**. We will do this through:

- **Support and investment in quality staff** (Chapter 5)
- **Collaboration between schools and with other partners** (Chapter 6)
- **Enabling innovation and ambition** (Chapter 7)

The Schools White Paper sets out our vision to improve education for all children in England.

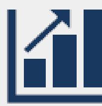
The Schools White Paper commits to the following key policies to ensure all children can achieve and thrive, supporting children to move **from a narrow to broad education, from sidelined to included, and from withdrawn to engaged.**

SEND

1. A formal consultation launching in February, concluding in May on SEND reform, incl. funding, mainstream inclusion and accountability.
2. A request to all local authorities to produce detailed Local SEND reform plans.
3. Proposals that funding for supporting mainstream inclusion will increasingly be integrated into core school budgets, with responsibility and accountability for the use of that funding sitting with schools.

School Trusts

1. A commitment that in time, all schools will be part of high-quality school trusts
2. A commitment to expand diversity in the trust landscape, by enabling LAs to establish trusts and revising co-operative articles.
3. A commitment to introduce new expectations for all trusts on collaboration and engagement, providing local communities access to trust governance.
4. A commitment that DfE will work with local partners (LAs, religious bodies, schools and trusts) to develop a school landscape that is right for their area.
5. A commitment to publish a new set of revised standards for trusts. These will inform new commissioning guidance from Regions Group that will underpin our decision-making on school groupings. They will also inform Ofsted in developing its future MAT inspection framework.



School Improvement

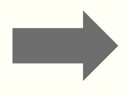
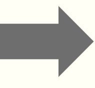
1. Confirmation that we will continue to roll out and define the Universal RISE service, through our work on the National Priorities, Universal+ and the new digital service.
2. Scaling up work on targeted RISE, through the expansion of RISE into RSI schools from September 2026
3. Changing our approach to intervention, shifting from a duty to convert failing maintained schools to academies to a power, and introducing inspection of and intervention in trusts.
4. Establishing a KS3 alliance to pioneer best practice on KS3.

Other reforms

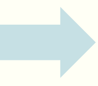
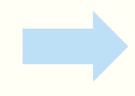
1. Education Estates Strategy Published
2. Post-16 Qualification reform, following the consultation with the sector.

OFFICIAL

The reformed SEND system will ensure an improved Universal Offer, and three additional layers of support for those who need it built on the best of what works

Children and young people		The new offer		Children and young people's experiences
All children		**Universal**		• Newly trained, upskilled teachers, providing high-quality teaching for all. • First of kind National Inclusion Standards

Layers of support

Children and young people		The new offer		Children and young people's experiences
Children who require some additional support from their setting, e.g. personalised materials, outlined in an Individual Support Plan. Children who require additional support from their setting, with input from education and health care professionals, e.g. a speech and language therapist.		**Targeted and Targeted Plus**		High quality support, on demand, in mainstream: • Individual Support Plans • Support for transitions Improved access to external expertise: • Inclusion Bases • Experts at Hand
Children with the most complex needs, which cannot be met in the mainstream classroom.		**Specialist**		• Specialist Provision Packages • EHCPs (in mainstream & specialist settings) • Specialist Bases • Special school places

SCHOOLS WHITE PAPER

Every child achieving and thriving

We are investing heavily in the system so that children receive timely and appropriate support

We will invest an additional £4bn in reforms between 2026-27 to 2028-29 and £3.7bn in Capital (2025-26 to 2029-30)

Inclusive Mainstream Fund - £1.6bn
For to schools, colleges and early years settings, to spend on targeted support for children with additional needs, such as small group support for literacy or numeracy.

National training for all EY, School and Post-16 staff – over £200m
To ensure that all staff get new training to support children with SEND.

Experts at Hand - £1.8bn
For LA and health services to give EY settings, mainstream schools and colleges direct access to expert support - 40 days per average primary school and 160 days per average secondary school.

Education Psychologists and Speech and Language Therapists - over £40m
To fund training for over 200 more educational psychologists per year from 2026 and 2027 and ensure there is a SaLT advanced practitioner in every Integrated Care Board (ICB) area.

Support for local areas to deliver the new system - £200m
To transform local SEND services and build a cohesive, child-focused, inclusive system. This funding will strengthen LAs' strategic planning, commissioning, leadership capacity and engagement with the education sector.

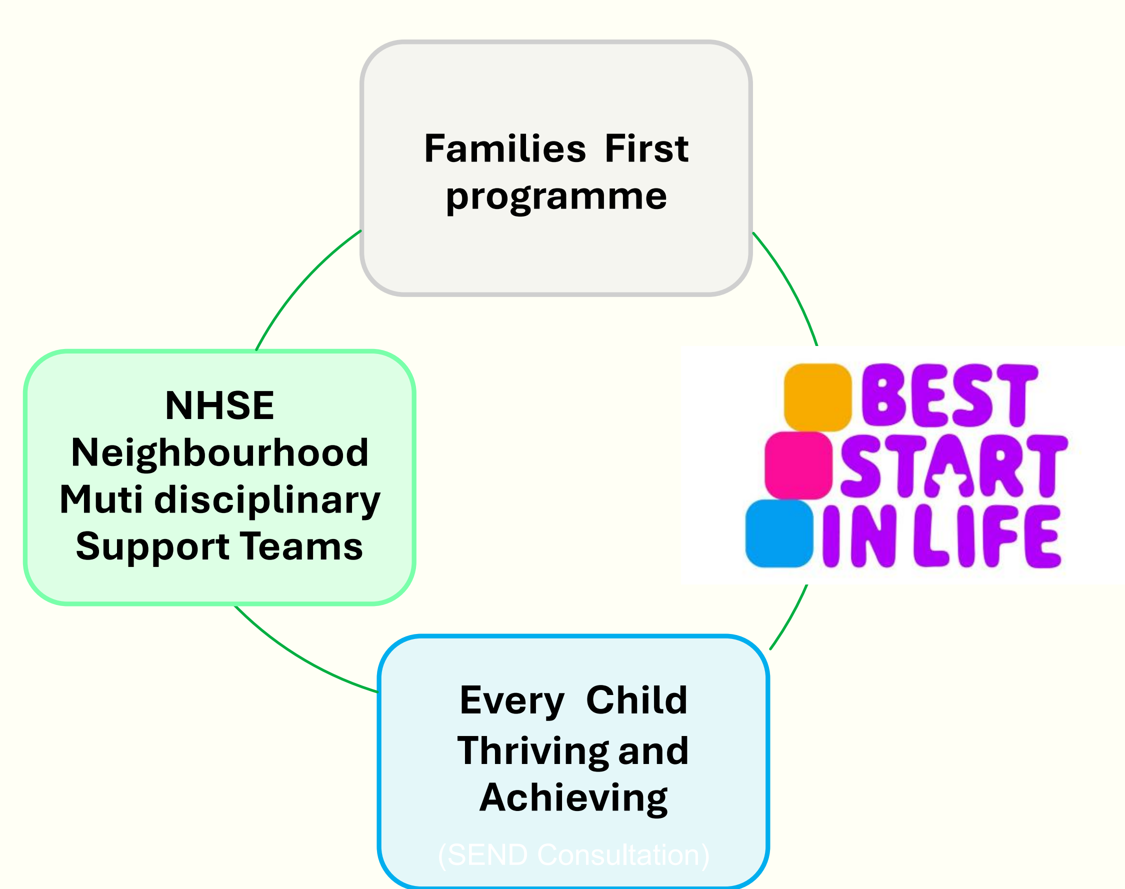
Best Start in Life Family Hubs – over £200m
For every Best Start Family Hub to enable each hub to have a SEND practitioner to offer direct support to children and families.

High Needs Capital - £3.7 billion
To create 60,000 new specialist places, including tens of thousands of places in inclusion bases and new special school places.

1 single system – 4 Major reforms

Together these reforms describe a single system of early, inclusive, neighbourhood-based support for children and families, delivered through:

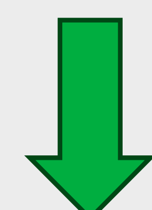
1. coordinated
2. multi-agency working,
3. across health, care and education.



3 major reforms with common challenges

- separate sponsoring Departments, separate reforms and programmes, guidance cross references the three programmes but does not integrate them.
- It's going to be up to local areas to develop their integrated arrangements.
- Very busy systems

3 major reforms with common features



- Focus on early identification and help
- Seeking to prevent the escalation of needs
- Stress the importance of multi-disciplinary working
- Emphasis on integrated systems and processes
- Neighbourhood based services

Local SEND Reform Plan

On 9 March, in a joint letter to LAs and ICBs, DfE confirmed that they were commissioning each local area partnership to develop and submit a **Local SEND Reform Plan** in June 2026, **underpinned by a Local Partnership Maturity Assessment**.

The ask is for these documents to clearly set out how we will improve and further strengthen our system, **tilting provision towards stronger inclusive practice and early intervention**, and ensuring that the conditions underpinning effective long-term outcomes are in place.

This will help to identify and spread best practice as we work collectively to reform our SEND system.

The Local SEND Reform Plan is the key accountability vehicle for this collaborative commitment, with expectations that are reviewed annually as proposed reforms rolls out.

Local SEND Reform Plan

- As a Local Area Partnership (health, settings, LA), we need to produce a "first iteration" of:
  - The SEND Reform Plan ("the Plan")
  - 20-section Data Return
  - Maturity Matrix self-assessment – which will underpin the Plan
- DfE have requested the LA to be the "System Convener" taking the lead to bring partners together
- DfE expects that all partners will respond to the LAs' leadership to fulfil their partnership responsibilities

Local SEND Reform Plan – Structure

- Vision and Goals – What are we trying to achieve
- Strategy – How we plan to achieve it
  - 3-year 'Road-map'
  - 1-year Delivery Plan (More detailed. Can adapt.)
  - Funding plans
- Monitoring and Evaluation – How we will know delivery is on track
- Governance – What action will we take to stay on track
- Central Government Support – How the DfE can help up

Minimum Requirements

Experts at Hand Offer

Sufficiency and Place Planning

Effective Practice – Universal Offer

- Early Years (aligned to Best Start in Life plans)
- Post-16

Effective Partnerships

Effective Co-Production Practices

- Mediation

SCHOOLS WHITE PAPER

Every child achieving and thriving

What's in the Local SEND Reform Plan?

Plan component:	What good looks like
The Vision: What does the area want the system to become?	➢ A clear and realistic picture of the local SEND system in three years, grounded in evidence about current strengths and challenges. ➢ A defined end-state for the Expert at Hand Offer: who delivers it, how it operates across EY/schools/FE, and the scale of provision. ➢ A clear shift toward early intervention and mainstream inclusion, showing how universal and targeted support will improve over time. ➢ Alignment with wider strategies (Early Help, Inclusion, AP, place planning) and co-produced with families through meaningful engagement.
The Strategy: How will the area get there?	➢ A credible theory of change showing how the area will move from its current position to the desired future state, informed directly by the Local Partnership Maturity Assessment. ➢ A sequenced three-year roadmap setting out the order in which major reforms will be delivered (EAHO rollout, workforce changes, data improvements, sufficiency plans). ➢ A strategy that tackles the area's actual problems, linking actions to known weaknesses and risks surfaced through LPMAT and local diagnostics ➢ A realistic approach to shifting spend from reactive, high-cost provision toward early and inclusive support.
Year-1 Delivery Plan: What will happen first?	➢ Clear, testable workstreams (e.g., EAHO workforce, inclusion bases, data architecture, governance) with quarterly milestones advisers can track in progress meetings. ➢ A credible investment plan that demonstrates how funding supports system change and contributes to long-term DSG sustainability. ➢ Realistic delivery capacity, with resourcing aligned to the ambition in Year 1 and clarity on who is accountable for each task. ➢ Early actions that establish the building blocks for reform, not excessive long-term commitments that cannot be achieved within the year.
Monitoring and Evaluation: How will progress be tracked?	➢ A workable, proportionate system for tracking milestones and outcomes, aligned with quarterly monitoring and national data requirements. ➢ Ability to generate accurate, timely data, including health and ICB contributions, with a clear plan to address known data gaps. ➢ Clear links between delivery actions, outcomes, and financial impact, allowing progress to be assessed against both performance and sustainability measures.
Governance: Who is responsible and can they deliver?	➢ A credible SRO with seniority, influence and clear accountability for driving the plan across all partners. ➢ Strong joint LA–ICB leadership, with clear roles, regular involvement of health partners, and agreed routes for escalation. ➢ Clear structures that support decision-making and timely issue resolution, including linked governance for inclusion, sufficiency, and early help. ➢ Meaningful co-production with Parent Carer Forums and engagement with EY, schools, FE and MATs, not token consultation.

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Bath & North East Somerset Council	
MEETING	**Health and Wellbeing Board**
MEETING DATE:	**07/05/2026**
TITLE:	**Bath & North East Somerset Food Strategy (2026–2031)**
WARD:	All
AN OPEN PUBLIC ITEM	
List of attachments to this report: **Final Draft Bath & North East Somerset Food Strategy (2026–2031)**	

1 THE ISSUE

1.1 To present the final draft of the B&NES Food Strategy 2026-2031 to the Health and Wellbeing Board.

2 RECOMMENDATION

The Health and Wellbeing Board is asked to:

2.1 Note the B&NES Food Strategy and the engagement that has taken place to inform its development.

2.2 Nominate a representative from your organisation that the Council can link with to progress system wide action on food (the third sector already has good representation).

3 THE REPORT

3.1 The Strategy sets out a five-year, whole system approach to creating a healthier, fairer, greener and more thriving local food system. It has been developed through extensive engagement with residents, community groups, businesses, farmers, partners and internal Council services. It includes:

- Four overarching objectives
- Eleven priorities for system wide action

- Council commitments for the first two years, with further delivery expected through a future Local Food Partnership

3.2 The Strategy is in final draft, with provisional approval by the Sustainable Economies Steering Group prior to full sign off by Informal Cabinet (June 2026).

3.3 Design of a public facing version is planned following final sign off.

4 STATUTORY CONSIDERATIONS

4.1 The Strategy supports delivery of existing obligations relating to public health, environmental sustainability, economic development, and equalities.

5 RESOURCE IMPLICATIONS (FINANCE, PROPERTY, PEOPLE)

5.1 The Strategy identifies areas where future investment may be beneficial. Any such proposals would be subject to separate business cases and approval processes.

5.2 No direct property implications have been identified.

6 RISK MANAGEMENT

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

7 EQUALITIES

7.1 A full equality impact assessment has been undertaken, and extensive co-development of the final strategy has taken place. One of the four key objectives of the strategy is a “Fairer” food system within B&NES.

8 CLIMATE CHANGE

8.1 One of the four overarching objectives of the strategy relates to a greener food system for B&NES, including a focus on the carbon footprint of our food, and growing methods which promote soil health, the quality of our waterways and biodiversity

9 OTHER OPTIONS CONSIDERED

9.1 None

10 CONSULTATION

10.1 Considerable consultation undertaken including a B&NES wide resident survey, 2 in person stakeholder workshops and specific outreach focus groups with lesser heard communities.

Contact person	Joseph Dalloz

Background papers	B&NES Economic Strategy 2024 to 2034
Please contact the report author if you need to access this report in an alternative format	

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Bath and North East Somerset Food Strategy (2026-2031)

Document Control	
Name of document	Bath and North East Somerset Food Strategy
Version and date	Version 1: January 2026
Author	Joe Dalloz, Public Health Registrar The development of the Strategy has been overseen by a Food Strategy Steering Group with representation from B&NES Council and third sector partners.
Head of Service sign off	Jackie Clayton, Head of Place Shaping Amy McCullough, Consultant in Public Health

Acknowledgements

The Food Strategy 2026–2031 has been shaped through the insight, energy, and experience of people across Bath & North East Somerset. Developed collaboratively with partners, community groups, local organisations, and residents, this strategy reflects the priorities and opportunities across our whole area. We are grateful to everyone who contributed their time, expertise, and perspectives to create this strategy.

<u>The Food Strategy Steering Group</u>

Alice Barnes (B&NES Council), Amy McCullough (B&NES Council), Cathy McMahon(B&NES Council), Charlotte Webbon(B&NES Council), David Jenkins (3SG), Erica Draisey (Bath Allotment Association), Fiona Bell (CropDrop), Hamish Evans (Middle Ground Growers), Jackie Clayton (B&NES Council), Milly Carmichael (Food Expert), Simon Billing (Consultant in Sustainable Food Systems), Stuart Gardner (B&NES Council)

<u>Key Partners</u>

3SG; Age UK; Avon Needs Trees; B&NES Climate and Nature Team, B&NES Procurement Team, B&NES Waste Services Team, B&NES Green Infrastructure Team, B&NES Public Health Team, B&NES Sustainable Economies Team; Bath Allotment Association; Bath Area Growers; Bath Area Growers Network; Bath Business Improvement District; Bath City Farm; Bath Community Kitchen; Bath Organic Group; Batheaston Food Projects; Bristol Food Network; Citizens Advice; Community Farm (The); CropDrop; Developing Health and Independence; Fareshare South West; Feeding Bristol; Feeding Britain; Freshford Community Farm Project; Grow for Life Bath; Grow Timsbury; B&NES Integrated Care Board; Keynsham Community Fridge; Larkhall Butchers; Mercy in Action; MIND; MSN Food Co-op; Oasis Pantry Bath; Radstock and Westfield One Big Local; Roots Allotments; Somer Valley Farm; St Johns Foundation Bath; SV Farm; The Hive; Transition Bath; Trussell Trust Foodbanks; Twerton and Whiteway Network; University of Bath; Urban Agricultural Consortium; Weston and Round Hill Food Pantries

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1. Foreword

Food is part of who we are in Bath & North East Somerset. It shapes our landscape, our local economy and the way our communities come together. From the farms and orchards of the Chew Valley and Somer Valley to the independent cafés, bakeries and producers that give Bath its character, food runs through daily life. We're fortunate to have a strong community of growers and food businesses, dedicated volunteers and food charities, and a proud history of doing things differently - including being home to the UK's first farmers' market.

Over the past decade, residents, growers, volunteers, community groups and local businesses have shown what can happen when people pull together. New community led organisations like market gardens have taken root, more people are getting access to places to grow food through allotments and shared growing spaces, and the way our area supported one another during the pandemic showed just how powerful food can be in connecting people. This strategy builds on that experience and sets a vision for creating a local food system that is healthier, fairer, greener and which supports a thriving local food economy.

"I'm proud that this strategy puts climate, nature and sustainability at its centre. A greener food system is one of the most practical ways we can cut emissions, restore biodiversity and build resilience to future climate challenges. Supporting regenerative growing, reducing waste and strengthening local supply chains will help protect the landscapes we depend on and ensure food plays its part in tackling the climate and ecological emergencies."
Councillor Warren

"I'm equally proud that this strategy tackles food insecurity head-on and aims to put healthy, affordable food within reach of all our residents. A fairer food system means no one is forced to choose between heating and eating. By strengthening community provision, supporting families and ensuring those facing the greatest pressures get the help they need, we help to give every resident the dignity, security and opportunity they deserve."
Councillor Born

What unites us is a simple belief: food is not a side issue. It sits at the heart of the public's health, our environment, and our local economy. Delivering this strategy will depend on continued collaboration across the Council, the voluntary sector, the NHS, schools, growers, retailers and residents. No single organisation can reshape a food system alone, but together, we can.

We want to thank everyone who shared their insight, experience and creativity throughout this process. Their contributions have shaped a strategy that is ambitious, practical and rooted in the realities of Bath & North East Somerset.

We are proud to present this Food Strategy for 2026–2031. It is a commitment to fairness, health, environmental responsibility and a thriving local food economy, and above all, to improving the lives of our residents now and for the future.

2. Executive Summary

Bath & North East Somerset has spent the past decade laying the foundations for a stronger local food system. The Food Strategy for 2026–2031 brings this progress together: it celebrates the people, projects and local food assets we already have, and sets a clear shared vision for the next five years. It also sets out the key needs and gaps that must be addressed to make the local food system healthier, fairer and greener, whilst supporting the conditions for local food growers and businesses to thrive.

The strategy has been developed through extensive collaboration. Engagement with residents, community groups, the voluntary sector, food businesses, farmers, and public services has provided a detailed and nuanced picture of local strengths and the challenges that still need to be addressed. This has been combined with national policy, local data and examples of best practice from other areas. In order to deliver on this aim, the strategy has four key objectives:

To create…

- **A healthier food system**, where nutritious, healthy and culturally appropriate food is easy to access
- **A fairer food system**, where every resident can access good quality, affordable food
- **A greener food system**, where food production protects nature, with reduced waste and local supply chains that support climate and ecological goals
- **A thriving local food system**, where local food businesses and growers can thrive and contribute to the local economy

To achieve these objectives the strategy sets out priorities that B&NES Council, our partners and communities wish to deliver. For some priorities, the Council is in a position to commit to taking action immediately (chapter 6). For others, as they require the Council and partners to identify and mobilise capacity and resources together, they are expressed as opportunities (chapter 5). For each objective and set of priorities, the strategy articulates outcomes which align with the UK Food Strategy priority outcomes. The emerging West of England Combined Authority (WECA) Outcome Framework will serve as the key monitoring framework for our collective action. Delivery of this strategy will depend on strong partnership working. The framework set out in the following chapters highlights a range of priority areas across health, planning, economic development, community resilience, climate and nature. It also identifies opportunities to strengthen local supply chains, improve access to good food, support community provision, and embed food more firmly within strategic decision-making.

No single organisation can transform a food system alone. This strategy sets a shared direction for joint action, enabling Bath & North East Somerset to build a food system that benefits people, place and the environment.

3. Understanding the local food system

3.1 What is a local food system

A local food system is the connected network of people, places and activities that gets food from the land to our plates. It includes the whole cycle of food: how it is grown or raised, processed and stored, transported and sold, prepared and eaten, and how surplus and waste are managed. The local food economy sits within this system and describes the economic activity it generates, such as trading, jobs and how spending is kept within the area. A local food system is wider: it also includes the social, health and environmental outcomes of how food is produced and accessed.

A diagram showing the components of a local food system: production, distribution, processing, marketing, purchasing, consumption, and recovery. A diagram showing the components of a local food system: production, distribution, processing, marketing, purchasing, consumption, and recovery.

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3.2 A ten-year journey towards a stronger local food system

Over the past decade, Bath & North East Somerset's food system has evolved through a series of distinct phases, each shaped by changing local capacity, national

1 https://mmfc.coop/wp-content/uploads/2021/09/Local-Food-System-Chart-for-Food-Co-ops.jpg

pressures and community leadership. Together, these phases have created a strong foundation for the next stage of coordinated action.

2014–2017: Establishing food as a priority

Food became a clear focus for the Council, supported by a dedicated council officer and the area's first food strategy. Early efforts centred around increasing local food production, improving access to good food and supporting our local food culture. Strong progress was made in using local suppliers for school meals, supporting allotments and community growing, and achieving one of the first Sustainable Food Places Awards.

2017–2020: Community leadership grows

Whilst community and voluntary organisations have always played a crucial role in relation to food, community and grassroots projects have played a key role in leading and sustaining momentum over the last ten years. Transition Bath, Bath Farmers' Market, FoodCycle, local growers and farms, food pantries and kitchens, as well as many local volunteers, have sustained growing, education, and food access initiatives, providing important local leadership.

2020–2022: Responding to the pandemic

The pandemic created an urgent need for rapid coordinated action to ensure our residents had continued access to food. The councils Health Improvement Officer (HIO) for food insecurity (recruited in early 2020 in response to a council motion to address food insecurity) became pivotal, alongside the establishment of the Community Wellbeing Hub and the strengthening of the Fair Food Alliance which enabled partners across statutory and voluntary sectors to work together at scale. This period highlights both the fragility of the food system and the value of local partnership working.

2022–2024: Rebuilding momentum and looking ahead

Community-led initiatives continued to expand, including the successful Weston Spring Farm crowdfunding campaign. The 2024 Economic Strategy formally recognised the importance of food within place-making, health and economic resilience, committing to the development of a local food strategy.

Learning from the journey

Three clear lessons emerge from this journey:

- **Sustained coordination is essential** to keep food priorities visible and connected across sectors
- **Community organisations are indispensable**, and their leadership and innovation must be recognised and supported
- **Resilience requires both crisis response and long-term systems change**, ensuring we can respond to future challenges

These lessons inform the Food Strategy for 2026–2031, which seeks to build on the strengths developed over the past decade while addressing the structural gaps that remain.

3.3 Celebrating our strengths

3.3.1 Those who already make our food system healthier

Across Bath and North East Somerset, community groups are doing the everyday, practical work that helps people eat well. They run community fridges, pantries, food clubs, food banks, farmers' markets, community kitchens (such as Bath Community Kitchen), and provide shared meals, all rooted in local relationships and a commitment to good, healthy food. Organisations like Age UK Bath & North East Somerset also offer a variety of different services for older people including support with shopping and cooking.

Since the pandemic, the area has seen a real shift in how surplus food is shared. Projects like CropDrop, which passes on spare allotment produce to community originations such as Keynsham community fridge, sit alongside national schemes like FareShare. During Covid, local commercial kitchens even turned surplus ingredients into healthy ready meals — a great example of what's possible when people get creative. In addition, organisations such as Grow For Life recognise the benefit that green space and gardening can have on our mental health, offering social and therapeutic gardening sessions to support people living with low confidence, anxiety, depression or isolation.

Alongside this, B&NES Council commissions and delivers a range of services which support access to healthy food. Working with schools and wider partners, these include ensuring that eligible children have access to free school meals, lunch clubs, and the Holiday Activity and Food Programme, which supports children and families in receipt of benefits related free school meals outside of term time. Beyond these, the Council's planning policies also help protect opportunities for access to healthy food, for example, by supporting space for food growing in new developments and safeguarding land used for allotments and community growing.

3.3.2 Those who already make our food system fairer

Fairness in the local food system is driven by people and organisations who make sure support reaches those who need it most. St John's Foundation Trust funds a Public Health Officer in the Council who leads the B&NES Food Equity Action Plan and coordinates the Affordable Food Network and Income Maximisation Group. This work helps connect community food support with council policy, local data, and wider funding opportunities. The Fair Food Alliance also works with the University of Bath to understand the lived experience of food insecurity, making sure services are shaped by the people who use them. "3SG, as the B&NES voluntary sector infrastructure organisation, provides essential support to community food partners, including training, networking and help accessing funding."

Alongside this strategic work, a wide range of community food organisations offers practical, dignified support to residents experiencing food insecurity. Groups such as Oasis (Roundhill Pantry), The HIVE pantry, Mercy in Action and FoodCycle Bath provide low-cost food, shared meals and welcoming spaces that help keep good food accessible to all.

Community gardens and shared growing spaces such as Somerdale Shed and Community Garden and Alice Park Community Garden deliver inclusive, public-facing growing opportunities that prioritise social outcomes as much as food production. These spaces are managed as shared, collective projects where people work together to grow in a shared community space. They are often flexible about participation, and open to one-off volunteers.

3.2.3 Those who already make our food system greener

B&NES has a strong network of growers, gardeners and community organisations who are helping the district respond to climate and nature challenges through food. Groups such as Bath & Bristol Organic Growers, Bath Organic Group, Bath Allotments Association, Bath Area Growers and Transition Bath offer practical training, advice and coordination to support climate friendly and ecologically rich projects and often bring in external funding like RHS Connected Communities. Their work helps people grow food in ways that look after soil, support wildlife, and strengthen local ecosystems.

Market gardens, including Gerald Rich's Market Garden in Batheaston and Middle Ground Growers in Bath, show what climate friendly food production looks like in practice. They supply local markets, restore soil, create habitats and train new growers, with demand for those skills continuing to rise.

Community growing already plays a part in meeting the Council's climate goals. Allotments, community growing projects (such as the Pear Tree Community Farm Project or Grow Timsbury) and urban growing projects provide green spaces, support pollinators, cool built-up areas and shorten supply chains. The strength of interest in food growing is also reflected in the emergence of new commercial allotment providers in the district, such as Roots, offering additional space for people who want to grow their own food.

The Council has taken practical steps within its own remit. Since declaring a Climate Emergency in 2019, it has expanded food waste recycling (including to flats) and collected more than 7,000 tonnes of food waste in 2021. The updated Climate and Nature Strategy, being developed alongside this food strategy, strengthens the link between food, climate action and nature recovery.

3.3.4 Those who already make our food system thrive

Our thriving local food economy is built on the diversity of farmers, growers, producers, retailers and hospitality businesses who support jobs and businesses in the area. B&NES is home to a mix of arable and livestock farms that supply cereals, fodder and pasture for regional dairy and beef systems. Farmers markets in Bath, Midsomer Norton, the Chew Valley and Timsbury give local producers, such as Bath

City or Somer Valley Farm, regular places to sell their food, while other local businesses such as Larkhall Butchers help to further support the local food economy. In Bath, the Bath Business Improvement District (Bath BID) supports cafes, restaurants and independent food retailers by promoting markets and events that bring people into the city, and by coordinating practical services like waste and street management.

Through its planning policies, the Council protects agricultural land and supports the development of local food infrastructure, both of which help to underpin a resilient local food economy. Its management of council owned allotments provides affordable routes into growing for residents, supporting skills, confidence and early pathways into horticulture.

This foundation of local skills and production also benefits major employers like Yeo Valley, just outside the district, which supports around 1,800 jobs across farms, manufacturing and distribution in the South West.

The Grown in Bath and North East Somerset map helps residents, visitors and businesses discover local producers, strengthening the visibility and identity of the local food economy.

3.3.5 Case Studies

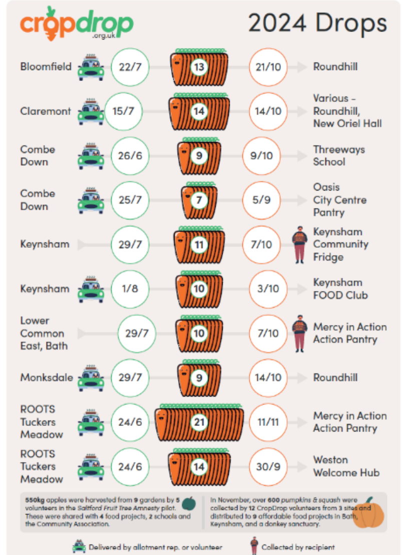
Case Study – Crop Drop

*Launched in 2020, CropDrop, is a volunteer-led project, which coordinates the redistribution of fruit and vegetables from allotments and growers in Bath and North East Somerset to food projects. By 2024 the number of connected allotments sites had increased to 7 and the food projects increased to 8, with 10 connections - see **2024 Drops Infographic** (credit Joseph Lavington). Now in their 6th year of operation, CropDrop has begun matching individual allotment sites with affordable food projects to build the relationships between the two organisations, as well as setting up the collection/delivery arrangements from the outset, either with the food project collecting the produce from the allotment site or 'allotmenteers' delivering produce to the food project.*

With the encouragement and support of the Bath Allotment Association, two new allotment sites recently joined the CropDrop operation, these are Larkhall allotments, who donate not once, but twice a week to Larkhall's New Oriel Hall and to Oasis City Centre Pantry, and High Common allotments which donates to the Mercy in Action Pantry.

Looking to 2026, CropDrop is hoping to continue its work with the Bath Allotment Association:

- *To connect more allotments with food projects such as Abbey View and Canal Gardens*
- *To seed more growing knowledge and confidence into areas like Twerton and Whiteway, by collaborating with the Twerton & Whiteway Network and Bath City Farm.*



Quote

*"I still continue to be so grateful for the kindness and generosity of everyone especially through a challenging growing season. Nothing is ever wasted and I cannot convey my gratitude enough for the hundreds of nutritious meals that have been made and the myriad of food based experiences created for our wonderful kids. The produce and project has meant I have things to draw from especially now when budgets are tighter than ever. I don't think I can ever thank you enough!!!" - **Rosalie Forde** (Head of Food and Design Technology, Three Ways School)*

Case Study – Bath Allotments Association (BAA)

*BAA is an independent, not-for-profit organisation with over **700 members partners with a number of local and national growing and wildlife organisations to protect and strengthen these vital green spaces.** Run entirely by volunteers, it represents allotment and garden growers across Bath and surrounding areas. To find out more follow this link.*

Our aims

- *Campaign to safeguard existing allotments and secure new food-growing spaces*
- *Support growers through affordable seeds, equipment, advice and training*
- *Promote sustainable, productive food growing*

What we do

During 2024–25, BAA delivered a wide-ranging programme of improvements by combining grant funding from the Community Infrastructure Levy, Councillors' Discretionary Fund and Wessex Water with its own funds and volunteer time. Partnership is key to our success and we have long established links with Transition Bath, Alice Park Community Garden, The Urban Garden, Bath City Farm as well as BANES Parks Department who support us in delivering our projects.

Expanding access to food growing

*Volunteers clear hard-to-let plots and in 2024-2025 created **20 microplots across four sites**, enabling new growers to start producing food. Several microplot holders have already progressed to larger plots.*

Improving sustainable food production

*BAA also expanded its work on **regenerative growing**, establishing trial plots across the city and supporting a growing network of practitioners sharing practical, soil-friendly approaches. **Biodiversity** initiatives flourished through partnerships with Avon Wildlife Trust, Froglife and Bath Natural History Society, resulting in new ponds, wildlife corridors and habitat features across multiple sites.*

***Reducing water use for crops:** Water resilience is another priority. Discounted water butts are supplied, communal rainwater capture systems installed and natural water source improved, reducing reliance on mains water for food growing during dry periods.*

***Affordable seeds and equipment:** The Trading Hut provides discounted seeds, seed potatoes, compost and essentials, lowering the cost of growing food.*

***Skills and knowledge sharing:** Free workshops cover seasonal food-growing skills, soil care, perennial crops and ecological pest control. Monthly bulletins provide timely growing advice and we host school groups, care centre residents and health focused projects on sites across the City.*

Sharing surplus food: *Through Cropdrop, surplus produce is donated to local food pantries and community organisations from May to November and in 2025 we led a session as part of the Holiday Activities and Food programme in support of young people discovering the benefits of growing and eating your own food.*

Case Study – The Monksdale Road Allotments (Bath Allotments Association)

*The Monksdale Road Allotments has **149 plots** and a six-month waiting list, reflecting strong demand for food-growing space. Growers range from experienced food producers to families and first-time growers*

A strong community spirit underpins shared initiatives such as a chicken co-operative and a productive orchard supplying apples, pears and plums, supported by community juicing and fundraising events. Microplots help new growers gain skills before moving to larger plots.
Surplus produce is donated to Roundhill Pantry through Cropdrop, directly supporting local food access. The site also hosts Greenlinks (Bath Mind), where participants grow food to support physical and mental wellbeing.

With new ponds, hedging and wildflower areas created this year, Monksdale Road Allotments exemplify how allotments can produce food and importantly function as thriving community hubs and urban nature sanctuaries—quiet, productive spaces that deliver lasting social, health and environmental benefits.

Follow this link to take a tour of the Greenlinks Space at Monksdale allotments.

Case Study –Weston Spring Farm

Middle Ground Growers (MGG) was born in 2020, on a small 2-acre market garden at Dry Arch Growers (a Transition Towns project) in the village of Bathampton.

Like all ventures, MGG started with an idea: producing planet friendly food for local communities, delivered by bike.

We started by supplying a whole food shop (Harvest) in Bath and selling directly on the farm. Rapidly we also decided to launch a veg box scheme and began delivering to 20-25 families every week in 2020, 75 in 2021 and 110 in 2022.

We received the support of hundreds of people in 2021 when we successfully raised over £95,000 in donations to get us started on our new 16 acre 'Ecological Farm for Bath' in Weston.

Our operations are now based at Weston Spring Farm and we are aiming to provide food for over 200 homes and 12 local outlets. We grow planet friendly organic vegetables for home delivery veg box schemes and Bath Farmers Market. We also host seasonal farm open days, learning opportunities and workshops on the land.

Case Study – B&NES's Council waste programme

Bath & North East Somerset has taken a long-term, strategic approach to tackling food waste as part of its Towards Zero Waste Strategy. Following the district-wide rollout of household food waste collections in 2010, the council has steadily expanded access and currently provides food waste collections to over 90% of all flats.

In 2025 the council delivered further improvements by transitioning over 300 harder to reach flats in Bath city centre from bagged waste collections to standard recycling containers, including food caddies. To ensure every B&NES resident has access to a food recycling collection, the council's waste team will also be installing new, communal on-street food bins to serve central Bath flats that do not have storage space for regular containers.

All collected food waste is processed at Codford Biogas through anaerobic digestion, generating renewable energy and fertiliser. Diverting food waste from residual waste is key to reducing disposal costs and waste-related greenhouse gas emissions. Alongside the expansion of food recycling, the council has invested in behaviour-change campaigns, school engagement, and planning guidance to ensure new developments include appropriate recycling bin storage. These actions have contributed to a 25% reduction in residual waste since 2017 and a 60.5% recycling rate in 2024/25.

3.4 Key needs this strategy seeks to address

3.4.1 BANES population and geography

By 2032, B&NES's population is projected to increase by 8.4% and one in five residents will be over 65. [2]. These demographic shifts will influence food needs, with greater emphasis required on the provision of accessible, nutritious diets for older residents. An ageing population may also strengthen local food community groups and volunteering capacity, as older residents typically make up a high proportion of volunteers and play a significant role in sustaining these initiatives. Food needs should also continue to be influenced by the needs of other demographic groups such as families, as well as communities that require culturally appropriate foods.

Geographically, Bath and North East Somerset combines the historic city of Bath and market towns such as Keynsham and Midsomer Norton with a wide rural area consisting of villages, hamlets and farmland. This mix creates distinct challenges: rural communities often face transport barriers and limited retail choice, while some urban areas experience concentrated deprivation and a lack of growing spaces.

Although Bath and North East Somerset remains one of the least deprived local authorities nationally (ranked 245 out of 296 in 2025), inequalities are widening. A decade ago, only around 1,500 residents lived in areas among the most deprived 10% nationally; today that figure has risen to 4,500, concentrated in Twerton West, Whiteway, and Fox Hill North [3]. These communities face higher risks of food insecurity, fuel poverty, and poor health outcomes. However, food insecurity is not limited to these neighbourhoods: it is increasingly interspersed across the district, affecting residents in otherwise less deprived areas following the rising cost-of-living pressures.

Food insecurity is a growing concern for our residents. The 2024 Voicebox survey found that 1 in 6 residents worry about food running out before they can afford more, and a recent survey of food insecurity among Bath and North East Somerset residents on pension credits by the University of Bath found that nearly half of respondents reported some degree of food insecurity over the past 12 months [4] [5]. Residents also highlighted the difficulty of accessing affordable, nutritious food and the longer-term impacts this has on children's health and wellbeing.

While food insecurity is closely linked to urban deprivation hotspots, food deserts appear more widely across the district. Food deserts are neighbourhoods with limited access to affordable and nutritious foods, and living in them is associated with worse health, social, and economic outcomes. UK research shows higher risks of obesity, diet-related illness, mental health challenges, and social inequality in these

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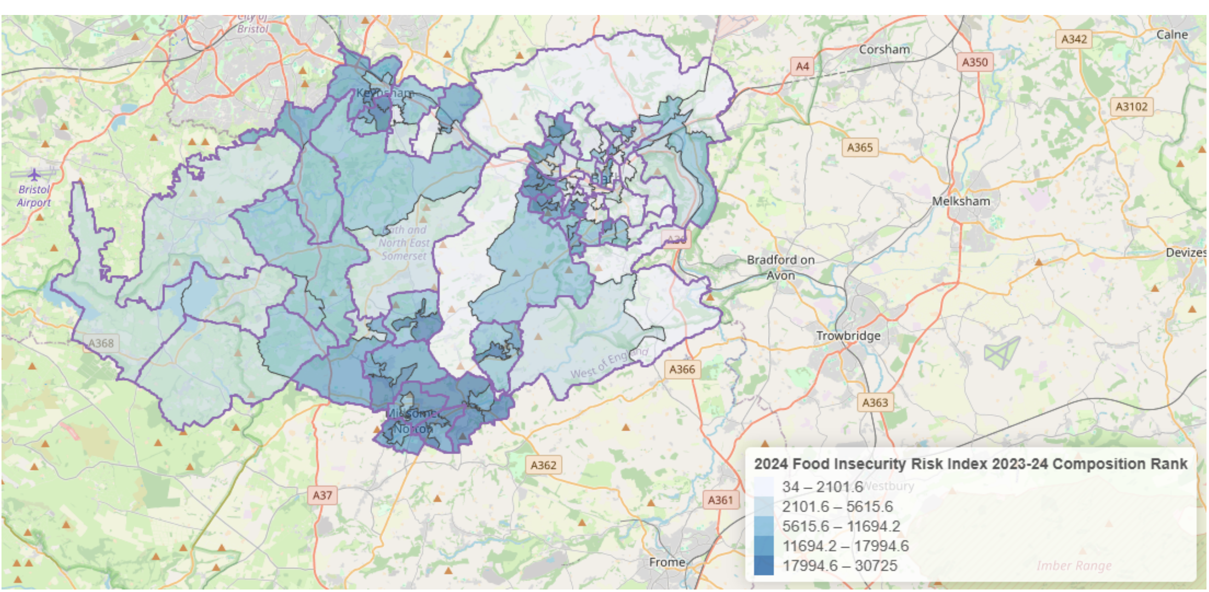
2 https://www.bathnes.gov.uk/strategic-evidence
3 https://www.gov.uk/government/statistics/english-indices-of-deprivation-2025
4 https://www.bathnes.gov.uk/sites/default/files/Voicebox33%20Report%202024.pdf
5 Wise, J., Hurwitz, R. & Blackwood, L. (2023) A survey of food insecurity among Bath and North East Somerset residents in receipt of Pension Credits. University of Bath. Available at: https://www.bathnes.gov.uk/sites/default/files/Older%20people%20food%20insecurity%20-%20August%202023.pdf

communities [6] [7]. The Food Security Index, created by Associate Professor Dianna Smith and Professor Nisreen Alwan from The University of Southampton is designed to identify which neighbourhoods in England are most at risk of food insecurity, a measure akin to food deserts. It evaluates the extent to which neighbourhoods exhibit a range of characteristics across four key drivers. Mapping this index highlights areas of Bath and North East Somerset where food access is most constrained. Figure 1 shows that the areas of Bath and North East Somerset with the greatest risks to food access are certain areas in Midsomer Norton, Keynsham and Bath Central.

Taken together, the demographic profile, urban–rural mix and widening inequalities paint a clear picture: food is a critical issue for Bath and North East Somerset and will only become more important over time. Addressing these challenges requires a whole-system approach — embedding food into planning, health, and community development, while ensuring environmental sustainability and resilience.

Figure 1 - 2024 Food Insecurity Risk Index 2023-24 Composition Rank [8]



6 https://www.resolvepoverty.org/wp-content/uploads/2018/11/Food-deserts-in-the-UK.pdf
7 https://www.gov.uk/government/statistics/united-kingdom-food-security-report-2024/united-kingdom-food-security-report-2024-theme-4-food-security-at-household-level
8 University of Southampton funded by NIHR ARC Wessex - https://www.mylocalmap.org.uk/iaahealth/

3.4.2 Our local food economy

Bath and North East Somerset retains a distinctly rural and small-business character: around 70% of land is in agricultural use, and agriculture represents roughly 4% of all local businesses. Our 396 farms are typically modest in scale, averaging 68 hectares compared with the English average of 87, but they form part of a wider South West farming sector that remains commercially significant. In 2024 the South West as a region generated £1,055 million in total income from farming (+32% on 2023), with milk and beef contributing around 41% of this total output. Grazing livestock (47%) and general cropping (22%) continue to dominate the regional farm profile [9].

Bath and North East Somerset's food economy sits within a predominantly service-led local economy, where health and social care remain the largest employment sector (≈18,000 jobs). Despite this, the *Accommodation and food services* sector, along with the *Arts, entertainment and recreation* sector combine to form the tourism and leisure sector across B&NES. In combination they account for around 900 businesses, 10% of the total, and make tourism and leisure a key sector for B&NES[10]. The food sector is also proportionally larger in Bath and North East Somerset than nationally (≈4% of local spending vs ≈2% nationally), and benefits from a rich ecosystem of local food assets, from the long-established Bath Farmers' Market (est. 1997) to a dense network of independent producers and small food businesses clustered around our urban areas such as Bath Centre and Keynsham. These enterprises provide strong foundations for a resilient, locally rooted food system [11] [12].

The size and strength of the visitor and food economy create the potential for additional growth in the local food industry, which would further support a resilient, equitable and locally sourced food system. Increased trade of local food, from local food growing and farming through to retail and hospitality, provides multiple economic benefits; It generates income growth for food and farming businesses, helps to create new jobs in local food processing and distribution and retail trades, and contributes to the local multiplier effect where money is retained and circulated in the local economy [13].

Whilst a strength in B&NES is that activity on food has been the result of entrepreneurship, innovation and energy, partners have expressed the need for a coordinated strategic framework for food that supports alignment to a strong vision and greater use of specific levers that are important in a thriving local food economy. These relate to land-use planning, distribution and logistics infrastructure, workforce training pathways, and the links between local producers and institutional procurement. This strategy seeks to strengthen coordination and address these structural gaps.

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9 https://www.gov.uk/government/statistics/agricultural-facts-england-regional-profiles/agricultural-facts-south-west-region
10 Economic Strategy Evidence Base: Final Report. 2002. Hardisity Jones Associates.
11 https://www.bathnes.gov.uk/sites/default/files/SEB%20Economy%20Apr25.pdf
12 https://app.bathnes.gov.uk/docs/temp/Planning-Policy/Placemaking-Plan/banes_draft_local_food_strategy.pdf
13 Sustain (2025) Local Food Growth Briefing. Sustain: The Alliance for Better Food and Farming. Available at: https://www.sustainweb.org/assets/local-food-growth-policy-briefing-1758723866.pdf

3.4.3 Local, regional and national policy

National policy is moving towards healthier, fairer, greener and more prosperous food systems. Across government strategies, there is a consistent emphasis on expanding access to nutritious food, strengthening schemes that support community food programmes, while also using fiscal measures to reduce sugar, salt and ultra-processed foods. National policy also highlights the need to align food production with Net Zero and biodiversity goals by supporting nature-positive farming and minimising food waste. Alongside this, health and planning frameworks increasingly recognise the influence of local environments on food choices, giving councils stronger powers to restrict unhealthy outlets and improve school food standards. Appendix 1 summarises the key national policies shaping this direction of travel.

Alongside this national picture, local and regional policy across Bath and North East Somerset is increasingly recognising food as a cross-cutting issue that shapes health, sustainability, economic resilience and community wellbeing. Strategies across the Council consistently emphasise the need to expand opportunities for local food growing, reduce food waste, strengthen local supply chains, and embed sustainability into everyday decision-making. There is a clear direction of travel towards creating healthier, fairer, greener and more prosperous places, with policies calling for food growing space in new developments, improved access to nutritious food, and stronger support for communities to engage in food-related activity. Local policy highlights the importance of aligning food with wider environmental and economic goals. Plans such as the Ecological Emergency Action Plan and the Greener Places Plan emphasise nature-positive food production, biodiversity, and land stewardship, while the Economic Strategy promotes rural diversification, horticultural development, and showcasing local producers. The Health and Wellbeing strategy reinforces the role of food in building healthy, sustainable places, and in supporting a good quality of life, while the Procurement Strategy embeds sustainability and climate action into purchasing decisions. Please see appendices for full table summarising key local policies.

3.4.4 Wider factors driving needs

Bath and North East Somerset has a strong and distinctive local food culture, but the wider national picture is shifting in ways that we can’t ignore. Many of the indicators that shape people’s everyday experience of food are heading in the wrong direction. More households are experiencing food insecurity, and more people are being supported by food banks such as those provided by the Trussel trust. The cost of a healthy food basket is rising faster than household income, adding pressure to families already affected by the cost-of-living crisis [14] [15] [16] [17].

14 Food Foundation Food Insecurity Tracker — 14% of UK households (≈7.3 million adults) were food insecure in Jan 2025
15 Trussell Trust Hunger in the UK report — food bank use rising sharply, with millions experiencing severe hardship in 2024.
16 Food Foundation analysis — cost-of-living pressures reducing fruit & veg consumption and widening dietary inequalities.
17 https://www.trussell.org.uk/news-and-research/news/food-banks-brace-for-winter-surge

Health outcomes linked to diet are also worsening. Nationally, obesity and Type 2 diabetes are at record levels, only a small proportion of adults and children eat enough fruit and vegetables, and levels of malnutrition are rising [18][19]. In 2022/23, obesity contributed to one in sixteen hospital admissions in England [20]. In B&NES more than 1 in 2 adults carry excess weight and nearly 30% of year 6 children are overweight or obese. Whilst lower than the national average, these figures highlight the extent of the issue and need for children and young people to be eating healthier foods.

The food environment is also part of this picture, with a significant number of schools across the UK now having a fast-food chain within a short walking distance, and fast-food outlets being most concentrated in the neighbourhoods with the poorest health outcomes [21] [22]. Schools in B&NES that are in an urban centre have the most fast-food chains within a 400-metre radius.

Across the UK, food economies are also under strain. Farmers are reporting rising mental health pressures, and farms had worst business survival rate of any sector in early 2025. Production costs such as energy and fertiliser have increased sharply, and there are limited training routes and career pathways for people entering into food and farming sectors[23] [24] [25] [26]. Environmental indicators point in the same direction. The carbon footprint of the food we grow and choose to consume is not falling quickly enough, soil health is deteriorating, most water bodies are failing to meet good ecological standards, and biodiversity across rural England continues to decline [27] [28] [29] [30] [31].

All of this is happening at a time when the financial context for local action is becoming more difficult. The cost-of-living crisis, inflation, wage pressures and rising demand for public services mean that resources are stretched across both public services and the voluntary sector. According to the Institute for Fiscal Studies, councils' overall core funding in 2024/25 is 9%t lower in real terms than in 2010/11, and 18% lower per person. Funding for voluntary organisations has also fallen in real terms, with reductions in central government support and individual donations.

Given this context, it is more important than ever to make the best use of the levers and capacity already available across the system, while working with partners to secure additional funding where possible. The way the local food system has grown over time has created real strengths, including strong local leadership, committed

18 Food Foundation (2024) New data highlights rising cases of undernutrition and falling height in children.
19 Malnutrition Task Force (2024) State of the Nation: Older People and Malnutrition in the UK 2024.
20 NHS England – Obesity: https://www.england.nhs.uk/ourwork/prevention/obesity/
21 Bite Back report — 14.2% of schools now have a major fast-food chain within 400m
22 Public Health England — fast-food outlet density ranges from 26–232 per 100,000 population, highest in deprived areas
23 ONS / Cynergy Bank — 1,890 farm businesses closed in Q1 2025 vs 805 new openings (worst survival rate of any sector)
24 AHDB — Farm input costs up 44% since 2019 (fertiliser, electricity, feed, fuel all sharply increased).
25 Farm Safety Foundation — 91% of farmers say poor mental health is the biggest hidden problem; 44 suicides in 2022
26 Farming evidence pack — ageing workforce, declining number of small farms, and structural barriers to new entrants
27 Climate Change Committee. The Seventh Carbon Budget: Advice to Government on the Level of the Seventh Carbon Budget (2038–2042).
28 Environment Agency — 4 million hectares at risk of compaction; 2 million at risk of erosion; arable soils have lost 40–60% of organic carbon
29 Defra / Environment Agency — agricultural diffuse pollution a major contributor to water quality failure; 78% of water bodies not achieving good ecological status.
30 State of Nature Report — 1 in 6 species at risk of extinction; farmland birds down 58% since 1970
31 WRAP Food System GHG Update — UK food system emissions falling too slowly to meet 2030 targets; urgent action required

volunteers and responsive community-led initiatives, including those demonstrated during the Covid-19 pandemic response. But it has also left gaps in areas such as the way we use our land to grow food, food distribution, workforce development and the links between local producers and key public sector institutions (anchor institutions) [32].

The Council has a range of tools that can influence food outcomes, including planning policy through the Local Plan, procurement and commissioning, and decisions about infrastructure. The West of England Combined Authority also plays a key role, particularly in relation to work and skills, regional transport, and child poverty, all of which shape people's access to good food.

Taken together, these pressures and opportunities make this the right moment to develop a shared food strategy that brings partners together around a whole-system approach. By working collectively, we can ensure that food in Bath and North East Somerset is good for people, good for the economy and good for the environment. Recent joint funding successes, including those supported by the National Lottery and St John's Foundation, show what can be achieved when organisations invest together and underline the value of shared ownership in strengthening the local food system.

3.4.5 Residents and partners views on Food in Bath and North East Somerset

From the outset, this Food Strategy was designed to be a co-owned programme, recognising that no single organisation can transform a food system alone. This collaborative approach was led by a Food Strategy Steering Group [33], established at the start of the process and bringing together representatives from the Council, voluntary and farming sector. This steering group arranged two partner workshops, a range of in-person engagement with lesser-heard groups in community settings, and a Bath and North East Somerset wide resident survey to capture local views on food. Feedback gathered through these range of engagement methods has informed the content of this strategy.

Residents across Bath and North East Somerset expressed a mixture of pride in the local food culture and frustration at the systemic barriers that prevent everyone from accessing healthy, affordable, and sustainable food. Affordability emerged as the single most pressing concern. People consistently highlighted that fresh and nutritious food is valued but often out of reach financially, particularly for families and those on lower incomes. This sense of inequity was reinforced by the reliance on food banks, which many described as both a lifeline and a symbol of societal failure in a wealthy country.

32 https://www.kingsfund.org.uk/insight-and-analysis/long-reads/anchor-institutions-and-peoples-health
33 Membership list in Appendix 3

“Food banks are a fantastic resource for when money is tight, it would be great for these to develop further in the area to provide a wider range of food and an even closer community feel”

At the same time, there was strong pride in the strengths of the local food system. Farmers’ markets, allotments, community orchards, and independent shops were celebrated as sources of fresh produce and as places that build community connection. Residents spoke warmly about community fridges, kitchens, and food pantries, which not only provide food but also foster solidarity and reduce waste. Sustainability values were evident throughout, with enthusiasm for local, seasonal food and initiatives that cut packaging and the distance our food has to be transported.

The barriers identified were clear. High costs, food deserts in villages and estates, and limited healthy takeaway options were repeatedly mentioned. Many felt that supermarkets and fast-food chains dominate the food environment, crowding out healthier independent outlets and promoting ultra-processed foods. Stigma around food banks and the reliance on charity rather than systemic provision were also seen as major challenges.

“It would be difficult if I didn't have food delivered as I have no car and the shops in my village are two small supermarkets with limited stock. Often smaller supermarkets are more expensive and do not cater so much for healthy cooking from scratch. I also want to buy British veg in season and there are too many imported foods in supermarkets, ultra processed foods and very few local food options.”

Looking ahead five years, residents described a vision of a food system that is more local, affordable, and sustainable. They want fresh produce to be accessible within walking distance, supported by an expansion of allotments, community growing projects, and food hubs. There was a strong call for better support for local producers and small businesses, alongside measures to reduce packaging, expand refill shops, and redistribute surplus food. Education was seen as central: healthier school meals, cooking lessons for children and families, and community kitchens where people can learn and eat together were all highlighted. Policy interventions were also suggested, including limits on fast-food outlets, incentives for healthier independents, and restrictions on the advertising of ultra-processed foods.

“*I feel very fortunate to be able to access good food, however the price of it isn't sustainable. People’s incomes are not reflective of the price of food, making the affordability of food very challenging - especially for those with young children who are growing and need wholesome, nourishing foods.”*

Residents also raised additional considerations for the Food Strategy. They emphasised the need to link food to wider cost-of-living issues such as housing, debt, and transport, and to ensure that older people are not overlooked in food

provision. Respondents urged the Council to be pragmatic, balancing ambition with affordability.

A small minority felt that a food strategy was an unnecessary interference in personal choice. In contrast, others wanted stronger leadership and lobbying on national issues such as food labelling, sugar and salt content, and ultra-processed food regulation. Calls were made to support agroecological farming, protect farmland from development, and champion animal welfare, and there was also a recognition of the importance of celebrating local food culture more actively, through publicity, events, and education.

"*I would like to stop building houses on Grade 1 - 3a farmland. I would like to be able to go into any shop or supermarket and know it only contains actual food, and not the fake food additives that make up the vast majority of the ultra-processed food in there. I would like to see an end to factory farming, and have everything organic, even if people have to eat less meat.*"

4. Our vision for a Better Food System in Bath & North East Somerset

Residents, partners and local organisations described a clear and ambitious vision for the future of food in Bath & North East Somerset: a food system that is healthier, fairer, greener and more prosperous for everyone. To deliver this vision, the strategy sets out four aims that describe the kind of food system residents want to see in the years ahead.

4.1 A Healthier Food System

- Make healthier choices the easiest, most natural choices for residents
- Build a positive food culture where good food is visible, enjoyable and part of everyday life
- Help people of all ages gain the skills and confidence to cook, grow and understand food
- Treat access to healthy food as a basic right and support those facing food insecurity.
- Tackle the underlying causes of poor diet, not just the symptoms
- Reduce reliance on ultra-processed foods through practical cooking skills, clear information and healthier food environments

4.2 A Fairer Food System

- Ensure everyone can access healthy, affordable and culturally appropriate food, wherever they live

- Take a whole-system approach, with public services, businesses, landowners, community groups and residents working together
- Make food education, support and participation inclusive and co-designed with communities
- Provide access to land for growing in every community
- Support growers and community food organisations to operate sustainably, with fair pay and reliable routes to market
- Build on existing strengths and community assets rather than starting from scratch

4.3 A Greener Food System

- Support diets that are better for the planet, including more plant-based proteins, fruit and vegetables
- Reduce food waste across households, businesses and public services
- Support agroecological and regenerative growers who improve soil health, biodiversity and carbon capture
- Strengthen local supply chains and infrastructure to cut food-based emissions and increase our resilience
- Use public-sector procurement to champion the use of seasonal, low-carbon, locally sourced food
- Make planning, development and land-use decisions that embed greener food systems at every stage

4.4 A Thriving Local Food System

- Build a thriving local food economy that creates good jobs, skills and opportunities.
- Further recognise food as part of economic development and support local producers, processors, retailers and caterers to grow
- Create stable, long-term demand for local food businesses through procurement and local markets
- Encourage fair pay, apprenticeships and training pathways relating to the local food economy
- Strengthen cross-sector food system leadership, with long-term commitment from the Council, NHS, universities, housing associations, businesses, farmers, landowners and community groups

5. Our priorities for a better food system in Bath & North East Somerset

Delivering the four **objectives** set out in this strategy will enable the kind of food system residents, partners and local organisations want for Bath & North East Somerset: one that is heathier, fairer, greener and which supports a thriving local food economy. These objectives are informed by the sustainable food places framework, which were used as a starting point for many discussion with stakeholders, and have evolved throughout the development process. To turn these objectives into practical change, we have identified a set of **priorities** that reflect what people told us matters most and where coordinated action can make the biggest difference.

These priorities, with their intended **outcomes** (aligned with the UK Food Strategy priority outcomes), provide a clear framework for delivery over the coming years. They bring together the key needs and issues and raised through engagement and translate them into focused areas of work that partners across the system can contribute to. Because food influences so many parts of everyday life, the priorities also include a cross-system commitment to put the right structures, leadership and ways of working in place for long-term collaboration.

Under each of these priorities, we have noted our partners and residents' aspirations – ideas for initiatives, projects and collaborations that could strengthen the local food system in the years ahead. They are presented as opportunities rather than commitments on the basis that they require partners to further work together to mobilise the capacity and resources required to achieve them, but partners want this strategy to reflect the shared opportunities and to demonstrate where energy, creativity and community ambition already exist. Actions that the Council can commit to are set out in chapter 6.

This is a whole-system strategy, not a council-owned plan. The framework is intentionally flexible, enabling organisations, communities and networks across Bath & North East Somerset to contribute in ways that reflect their roles, strengths and capacity.

Objective	Priority Number	Priority	Outcome (aligned with the UK Government Food Strategy priority outcomes)
Cross-cutting (across objectives)	1	Establish a framework and ways of working to support long-term, cross-sector collaboration on food in Bath and North East Somerset, enabling coordinated action across communities, organisations, and policy areas.	
Healthier	2	Strengthen children's opportunities to learn about, grow and enjoy healthy food	An improved food environment that supports healthier and more environmentally sustainable food sales People are more connected to their local food systems and have the confidence, knowledge and skills to cook and eat healthily
	3	Reduce structural drivers of unhealthy, commercialised food environments	
Fairer	4	Strengthen the provision of community food partner activities across Bath and North East Somerset	Access for all to safe, affordable, healthy, convenient and appealing food options
	5	Strengthen local affordable food provision and support to those experiencing food insecurity	
Greener	6	Strengthen community food and growing infrastructure	Food supply is environmentally sustainable, with high animal welfare standards, and waste is reduced Resilient production for a secure supply of healthy food Greater preparedness for supply chain shocks, disruption and impacts of chronic risks
	7	Reduce the local food-related carbon and nature footprint	
	8	Promote food growing methods that restore ecosystems and build long-term soil and river health	

Thriving	9	Increase opportunities for growers and food businesses to connect with consumers	Conditions for the food sector to thrive and grow sustainably, including investment in innovation, and productivity, and fairer, more transparent supply chains Food sector attracts talent and develops skilled workforce in every region Celebrated and valued UK, regional and local food cultures
	10	Align ethical, healthy, and sustainable sourcing practices across Bath and North East Somerset's key food partners	
	11	Showcase Local Food Businesses	

5.1 Priority 1: Establish a framework and ways of working to support long-term, cross-sector collaboration on food in Bath and North East Somerset, enabling coordinated action across communities, organisations, and policy areas.

What we're already doing

- Bath and North East Somerset system has governance and ways of working in place that enables cross-sector collaboration on food insecurity related issues. The Fair Food Alliance was formed to unite statutory bodies, charities, and community groups involved in addressing food insecurity. This alliance has two network groups that operate within it, the Affordable Food Network and the Income Maximisation Group, which take action on specific aspects of the affordable food agenda

Opportunities

- Create a cross-sector BANES food partnership to oversee a "whole systems" approach to food, support the delivery of the B&NES Food Strategy, and guide future actions related to all elements of food (not just food insecurity), bringing together representatives from the voluntary sector, business, Council, NHS, landowners, farmers, housing and other key stakeholders
- A funded coordinator role to support the establishment of a cross-sector food partnership and the delivery of the Food Strategy, hosted within a trusted local organisation or the Council, and jointly funded by key partners to ensure buy-in and shared ownership

5.2 Priority 2: Strengthen children's opportunities to learn about, grow and enjoy healthy food

What we're already doing

- Holiday Activities and Food (HAF) programme – offers eligible children and young people enriching activities during school holidays, a balanced meal and where possible food education sessions, such as activities linked to the EatWell Guide, food preparation and cooking
- Universal infant free school meals – all pupils in Reception, Year 1, and Year 2 benefit from free school meals, and new changes mean that there is now auto enrolment in B&NES to automatically register all eligible children to Free School Meals so no child misses out on their entitlement
- An Early Years 'Eating Well' Audit tool is being developed by the Council and will be shared with Early Years Settings, who will be able to self-assess against best practice guidelines. This will include food provision (including the Early Years Nutrition Guidance), the environment, play, and elements of The Early Years Foundation Stage (EYFS) statutory framework. Completion of the tool will act as evidence towards the statutory safeguarding and welfare requirement that asks providers to follow Early Years Nutrition Guidance unless there is good reason not to
- A range of courses and workshops are available for residents of all ages to build confidence in cooking, learn about food and nutrition, and socialise with others - for example, sessions provided through Bath Mind
- School Curriculum – schools embed food education across health, science, and PSHE lessons, helping children understand nutrition, wellbeing, and sustainability
- Council initiatives such as the Public Health in Schools programme and the affordable schools initiative support best practice in relation to health and wellbeing in schools and work to reduce the cost pressures that children and families face

Opportunities

- Establish a network of "good food champions" linking education settings with food related groups or settings to enable sharing of best practice and to inspire change. This includes for example, linking farms and/or community growing spaces with education settings, enabling children to visit throughout the year and experience different stages of food production
- Create partnerships between university growing clubs and local schools to teach growing skills and inspire future growers
- Encourage food to be embedded within schools' newly mandated climate and nature strategies, linking healthy eating with the climate and nature impacts of food

- Maximise opportunities for settings to access the best tools and resources to teach children and young people about food

5.3 Priority 3: Reduce structural drivers of unhealthy, commercialised food environments

What we're already doing

- A policy restricting the development of new Hot Food Takeaways and fast-food outlets near places for children and young people will be included in the Local Plan, which is scheduled for consultation in 2026

Opportunities

- An advertising ban on ultra-processed food on Council owned advertising space
- Advocate for national policy change, including raising business rates for large corporations reliant on UPFs, while offering tax breaks or subsidies to those sourcing local, non-UPF food and tax rebates to encourage institutions such as schools, hospitals, cafés, and prisons to serve plant based and non UPF foods

5.4 Priority 4: Strengthen the provision of community food partner activities across Bath and North East Somerset

What we're already doing

- A map of local food business in Bath and North East Somerset has been created and shared publicly by the Council
- The Council support local food partners by publishing a list of already available resources for community groups (such as the 3SG grant application course and the B&NES "Achieve and Invest" grant list)
- B&NES 3rd Sector Group (3SG) provides support to community food partners, including training, networking and help accessing funding

Opportunities

- Ensure community food partners are fully aware of the resources already available to support them in delivering food-related activities across Bath and North East Somerset
- A way of highlighting and promoting local food activities — including community meals, growing projects, and cooking workshops — so that they reach and engage more residents

5.5 Priority 5: Strengthen local affordable food provision and support to those experiencing food insecurity

What we're already doing

- Fair Food Alliance – coordinates the local response to food insecurity across B&NES through subgroups such as the Affordable Food Network and the Income Maximisation Group, ensuring joined-up action across partners. Its priorities include improving access to money advice and income-related support, shifting from crisis provision (food banks) to sustainable affordable community food models such as food clubs and pantries, and embedding lived experience in the design and delivery of services
- Community Wellbeing Hub – provides a single point of access for residents experiencing food insecurity, including referrals to food banks, food clubs, and wider wellbeing services
- Pay It Forward schemes – local businesses such as Landrace Bakery enable customers to pre-pay for food items for other residents helping those in need access affordable meals
- Food Clubs and Pantries – community-based schemes (e.g. Bright Start Children and Family Centres, Curo's Pantry) provide low-cost weekly food baskets, supporting families, young carers, and older residents. A list of food clubs and pantries is available on the BANES Food Finder Tool hosted by Joe Lavington
- Holiday Activities and Food (HAF) programme –provides eligible children access to nutritious meals and food skills during the Spring, Summer and Winter school holidays, reducing seasonal food insecurity
- Redistribution initiatives – projects like CropDrop and FareShare South West redistribute surplus food to community organisations, reducing waste and improving access to fresh produce

Opportunities

- Strengthen community connections by expanding the community kitchens model and offering taster sessions, pop-up cafés, workshops and food events that build inclusive social networks, develop cooking and budgeting skills, create volunteering opportunities, and increase awareness of available support

- Improve communication with communities through local champions, clearer signposting, and accessible information for residents and organisations, including awareness of financial support, mental health support and employment opportunities
- Increase access to affordable food through additional community pantries and subsidised weekly veg/food boxes sourced from allotments or local growers
- Transport policy in Bath and North East Somerset better supports access to affordable food
- Better use our data and insights to identify and target areas of greatest need, ensuring support reaches those most at risk of food insecurity
- Develop a community-led ready-meal system that combines locally grown produce with community kitchen capacity to deliver surplus food to people’s homes, with a particular focus on rural households experiencing food insecurity
- Ensure affordable food provision is more culturally appropriate, including in the provision of culturally sensitive community meals.
- Strengthen the sustainability of our local affordable food provision and wrap around support for the long term

5.6 Priority 6: Strengthen community food and growing infrastructure

What we're already doing

- Bath and North East Somerset is home to a range of food and food growing infrastructure, including allotments, community gardens, markets, community kitchens, food pantries etc
- B&NES are commissioning an open space assessment for Bath and North East Somerset to support the revised Local Plan which will include allotments and local food growing spaces. Tasks include identifying and mapping allotments and local food growing spaces, identifying provision, a review of local standards and the policy context, identifying the percentage of households with access through network analysis modelling, and identifying future needs
- The current Local Plan includes policies LCR8 (Protecting Allotments) and LCR9 (Increasing the Provision of Local Food Growing) which are applied to development in Bath and North East Somerset. Policy LCR9 is used to secure opportunities for informal food growing in residential development and allotments, either through on-site provision or contributions to the provision of allotments. Quantity and access standards are set out in B&NES Green Space Strategy and Planning Obligations Supplementary Planning Document
- The B&NES Local Plan is progressing through multiple stages and includes a period of pubic consultation, which provides opportunities for food growing stakeholders to feed in their views on policy content
- B&NES Council hosts the B&NES Food Finder, which highlights food clubs and pantries across Bath and North East Somerset

Opportunities

- Expand the scope of the Council's growing space mapping exercise to include community food assets such as kitchens and facilities that can be used by social enterprises and local food projects
- The Local Plan actively supports new food growing spaces, brings underused land into cultivation, and protects both existing and potential food assets for the future
- Embed food considerations into the Council's corporate asset challenge and explore where Council owned land can be used for growing purposes.
- Better recognition of farmer poverty and the related mental health challenges, alongside a strengthening of support systems to help farmers address these issues

5.7 Priority 7: Reduce the local food-related carbon and nature footprint

What we're already doing

- A range of funding and support is available to support local food businesses in their move towards net zero (such as grants from WECA)
- B&NES declared a climate emergency in 2019 and an ecological emergency in 2021 and is currently developing its new climate and nature strategy
- The Council waste programme runs a food waste collection scheme for both residents and businesses, and has an aim of eliminating food waste to landfill by 2030
- Redistribution Networks (FareShare South West, CropDrop) – Ensure surplus food is redistributed ethically to community organisations, reducing waste while supporting food access
- Hospitality Sector – Many Bath restaurants and cafés are engaging with Too Good To Go and similar schemes, reducing waste and promoting sustainable sourcing to consumers

Opportunities

- That residents and partners are aware of the choices they can make to have the biggest impact on reducing their food-related carbon and nature footprint, such as shifting consumption towards the eat-well plate[34]
- Local food businesses, including restaurants and producers, are aware of the resources and funding available to support changes towards net zero, such as grants from WECA
- More surplus food is redistributed, and that is supported through a regional distribution hub
- Eliminating food waste to landfill by 2030

34 https://www.carbontrust.com/our-work-and-impact/guides-reports-and-tools/the-eatwell-guide-a-more-sustainable-diet

5.8 Priority 8: Promote food growing methods that restore ecosystems and build long-term soil and river health

What we're already doing

- Regenerative Farms – Local initiatives such as Middle Ground Growers and Undercliff Urban Farm are pioneering agroecological methods, focusing on soil restoration, biodiversity, and low-input farming that actively rebuilds ecosystems
- A policy for 'low impact farming' is being consulted on in the latest Local Plan Consultation, which will facilitate agroecological methods being employed
- The existing Local Plan Policy RE5 protects the best and most versatile agricultural land in Bath and North East Somerset from development.
- A farmer cluster has been set up for the Chew, Cam and Wellow catchments, helping farmers to work together at the landscape scale, and the West of England Combined Authority has provided farmers within the Cluster with funding for interventions that deliver nature recovery. The potential for an 'Supercluster' of farmer clusters in the Avon catchment is being explored
- The Bristol Avon Rivers Trust has supported farmers and landowners throughout Bath and North East Somerset to improve river health, reduce agricultural run-off, and promote land management practices that protect water quality

Opportunities

- Active and funded farmer clusters throughout Bath and North East Somerset, with stronger links to B&NES Council, that enable genuine collaboration around food growing practices such as agroecological approaches
- Consideration of edible gardens, "pick me signs", soil health and other good food growing practices in the management of the Council's Estate
- Farmers are supported in adopting farming practices that are resilient to a changing climate and help recover nature, including the use of nature-based solutions
- A land use and management strategy that protects, enhances and makes available all Grade 1 and 2 urban and peri-urban land for both community growing and commercial sustainable agriculture

5.9 Priority 9: Increase opportunities for growers and food businesses to connect with consumers

What we're already doing

- Farmers' Markets – Bath Farmers' Market (Green Park Station) is one of the UK's longest-running farmers' markets, providing a weekly platform for local growers and producers to sell directly to residents. Other markets across Bath and North East Somerset, such as Keynsham and Midsomer Norton, also showcase local produce
- Community Food Enterprises – Initiatives like Middle Ground Growers, The Community Farm, The Midsomer Norton Food Co-op, and Southside Food Co-op supply veg boxes, market stalls, and co-op distribution, giving residents direct access to local food
- Events and Festivals – Food festivals and seasonal events in Bath and surrounding towns (such as Bath Foodies Festival and Bath Christmas Market) provide opportunities to highlight local producers

Opportunities

- A local community hub that supports local food producers to better collaborate through shared growing spaces, commercial kitchen units and teaching areas. This would better link small local growers with local consumers and enable them to come together and bid for larger contracts
- A more streamlined application process for communities to host food events and farmers markets

5.10 Priority 10: Align ethical, healthy, and sustainable sourcing practices across Bath and North East Somerset's key food partners

What we're already doing

- B&NES Council's procurement policy states that "procurement must consider environmental, social, and economic wellbeing", meaning that as part of any Council formal tendering process, these elements are considered [35]
- Key public sector partners in Bath and North East Somerset (such as the Royal United Hospital) have a sustainability focus in their procurement policies or a sustainable procurement policy, which cover food procurement
- The West of England Combined Authority has a sustainable procurement strategy

Opportunities

- A shared understanding of sustainable food procurement best practice by local partners (including major public sector procurers), and a commitment by these partners to procure their food in this way
- More food procured by the Council as part of all their local services (such as the Holiday Activity and Food Programme, or care homes), is sourced in a sustainable and ethical way
- To better explore use of the Crown Commercial Framework in local procurement. This is a procurement arrangement that can be used to purchase food and drink, with the aim being to "support sustainability, food quality and welfare standards" when buying food and drink

[35] It should be noted that B&NES Council procures a very small amount of its own food, predominately for Council owned care homes.

5.11 Priority 11: Showcase local food businesses

What we're already doing

- Economic Strategy – Food is recognised as part of B&NESs economic strategy, with a focus on showcasing local producers and best practice
- Bath BID – Bath BID host a Good Food Week and Bath BID Indie Guide, both showcasing independent cafés, restaurants, and shops, encouraging residents and visitors to buy local and promoting Bath's food culture.

Opportunities

- Continue growing the annual Bath BID event celebrating Bath and North East Somerset's independent food businesses, with specific recognition of those producing food sustainably or using local produce
- A dedicated page in the Bath BID Indie Guide that highlights independent restaurants and food businesses in Bath and North East Somerset that prioritise local produce and sustainable sourcing
- A way of recognising and celebrating businesses that are using local produce/working sustainably

6. Commitments and actions

While the aspirational priorities for our food system in Bath and North East Somerset are the right ones, the Council alone cannot adopt them all as formal commitments, nor should responsibility for delivery rest with any single organisation. This strategy has been designed as a co-owned framework, recognising that meaningful food system change requires collective effort across communities, public services, businesses and the voluntary sector.

Below is a list of Council commitments for the first two years of this strategy, setting out the actions the Council can take directly. In future years, we expect this section to evolve into a wider set of Food Partnership Commitments, with a cross-sector partnership group leading and coordinating delivery across Bath and North East Somerset. This approach helps partners share responsibility, work more closely together and build a stronger base for long-term change.

- We will secure capacity for a coordinator role to support the establishment of a cross-sector food partnership and delivery of the Food Strategy can be secured, and how it will be hosted e.g. within a trusted local organisation or the Council (Priority 1)
- To share good practice examples of education settings that promote food education and skills via The Hub and Public Health in Schools newsletter (Priority 2)
- To share information on farms and community growing spaces that can facilitate visits by schools via The Hub and Public Health in Schools newsletter (Priority 2)
- To restrict advertising of ultra-processed food on council owned advertising spaces (Priority 3)
- To continue with local plan development, providing the opportunity for key stakeholders to provide feedback to the draft plan published in summer 2025 (Priority 3,6,8 and 9)
- To continue highlighting potential support for community groups, such as via the B&NES "Achieve and Invest" grant list (Priority 4)
- To support discussions on securing more sustainable long-term funding for the voluntary sector organisations that provide the affordable food provision in the area (Priority 5)
- To strengthen planning policy to meet future needs in the proposed housing growth context and to identify local food growing space projects that could be funded through developer contributions (Priority 6)
- Improved Council communications to residents to help them take action for climate and nature (Priority 7 and 8)
- To explore a set of environmental standards required for all direct Council food procurement (Priority 10)
- To explore how better co-ordination can be used within procurement to align deliveries of food to care-homes, minimising the total transport miles that food needs to undergo (Priority 10)

7. Governance & delivery

7.1 Local Food Partnership

This strategy aims to have food-related work in Bath and North East Somerset be coordinated through a cross-sector Food Partnership. This partnership will bring together representatives from the Council, the voluntary and community sector, the business community, the NHS, and landowners or housebuilders. Meeting periodically, the group will provide shared leadership across all key food issues, oversee delivery of the Food Strategy, and ensure it is refreshed at the end of its five-year cycle.

This model is well established elsewhere in the UK, especially across Wales where national funding has supported the development of similar partnerships. Such groups act as a central forum for collaboration across the food system, enabling more joined-up delivery of projects and initiatives. They also provide a collective platform for securing external funding, allowing the area to respond more quickly and strategically to new investment opportunities. Importantly, the partnership will not duplicate existing activity or take on direct delivery roles; instead, it will strengthen coordination, alignment and shared purpose across organisations already active in the food system.

Potential additional roles for the Food Partnership which came out during the strategy development process included:

- Encouraging parish councils, town councils, faith groups and community organisations to deliver practical elements of the strategy locally
- Developing engagement plans with regional and national bodies, including WECA
- Strengthening engagement with farmers, landowners and the business sector
- Establishing sub-groups to lead on specific themes or areas of expertise
- Embedding food-related priorities into the strategies and plans of partner organisations

7.2 Internal Council governance

Within the Council, governance of the Food Strategy will sit with the Sustainable Economy Steering Group, which is responsible for overseeing delivery of the Economic Strategy that originally called for the development of a Food Strategy. The longer-term intention is for the Local Food Partnership to report into this same group.

Alongside this formal reporting and monitoring route, the Food Strategy will also feed into the Be Well B&NES Steering Group and the Climate and Nature Partnership Group (sub-pillar of the future ambitions board). These groups will not hold direct responsibility for delivery but will provide insights and challenge to ensure the work reflects wider health, climate and nature priorities.

7.3 Monitoring & evaluation

For the monitoring and evaluation of the food strategy, we are adopting a connected approach. Our core monitoring framework will draw on the emerging West of England Outcome Framework. This alignment will help us to work in a more co-ordinated way across the region, and increase the likelihood of accessing future funding streams that depend on partnership working, or which come through the West of England Combined Authority (WECA). Potentially linked metrics from the West of England Outcome Framework include:

- 3.5.2 Increase accessibility and use of nature and green space (for food)
- 5.2.1 Reduction in direct carbon emissions from industry and commercial operations, including from buildings upgraded
- 5.5.2 Increase in climate resilience for new developments, existing buildings and other infrastructure
- 5.6.1 Increase area/length of green and blue habitat in line with Local Nature Recovery Strategy (LNRS) measures
- 5.6.3 Increase in land managed for nature
- 5.6.9 Increase use of nature-based solutions to solve climate resilience problems
- 5.6.11 Increase public engagement with nature (for food)
- 6.1.1 Increase engagement with support, advice, and information for families (as related to food)
- 6.1.2 Increase engagement in activities and education for children and families (as related to food)

The West of England Outcome Framework is still in development, which means we are not yet in a position to monitor the proposed metrics in their current form. However, several of the themes and indicators under consideration are already being tracked through existing council strategies, plans, and statutory reporting processes. As the regional framework becomes more defined, we will integrate relevant indicators into our monitoring approach.

Alongside this, the food strategy will include an annual progress report. The long -term ambition is for the responsibility of preparing this report to sit with the local food partnership, reflecting the strategy's commitment to shared ownership, distributed leadership, and community-led deliver.

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Bath & North East Somerset Council	
MEETING:	Health and Wellbeing Board
MEETING DATE:	7 May 2025
TITLE:	Director of Public Health Annual Report 2024/25
WARD:	All
AN OPEN PUBLIC ITEM	
List of attachments to this report: • Appendix One – Full Report	

1 THE ISSUE

1.1 The production of an independent annual report on the health of the local population is a statutory requirement of Directors of Public Health, and the focus of this annual report is on health inequalities in Bath and North East Somerset.

1.2 The report sets out how there are groups and communities in B&NES who face unfair differences in how long they live and how healthy these lives are. The report describes how groups that face health inequalities include people living within more deprived areas, people who have a protected characteristic such as a disability and people who are particularly vulnerable such as those experiencing homelessness.

1.3 The report additionally outlines that there are many causes of health inequalities ranging from the places we live (such as access to warm housing, secure employment and a good education), the lives we lead and the services we use.

1.4 The report recognises that whilst B&NES performs comparatively well against a range of health indicators, there are still distinct health inequalities within B&NES such as the difference in life expectancy between the most and least deprived populations or the fact that someone with a severe mental illness (SMI) is five times more likely to die before the age of 75 than individuals without an SMI.

1.5 The report then shines a spotlight on the work already taking place to reduce health inequalities within B&NES, with a focus on actions at a civic, service and community level. However, the report recognises that there is more work to do to ensure everyone in B&NES can live a long and healthy life and sets out five clear recommendations for the year ahead:

1. System partners to further strengthen the accurate collection and use of inequalities data to allow for better identification of disparities and development of targeted responses; with the ambition that efforts lead to improvements that benefit those with the poorest outcomes first and fastest.

2. Ensure that the emerging Neighbourhood Health Plan for B&NES has a focus on reducing inequalities, including considering how the building blocks of health (wider determinants) can further contribute.

3. Work with the West of England Combined Authority (WECA) to ensure its core levers around the building blocks of health (Transport, Housing, Employment and Skills & Economic Development) are used to reduce child poverty in B&NES as outlined in its West of England Child Poverty Action Plan.

4. Embed and deliver the updated Health and Wellbeing Strategy Implementation Plan with its focus on its key pillars to reduce inequalities.

5. In line with the recommendation of the Local Government Association (LGA) Peer Review of B&NES Council of ensuring inequalities features more prominently in the Council's thinking, planning, narrative and delivery; undertake a self-assessment on the current position and develop a Council wide plan.

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

2 RECOMMENDATION

2.1 The Health and Wellbeing Board is asked to consider the report and note the actions currently in place to reduce such inequalities.

2.2 Review and endorse the 5 recommendations to further reduce health inequalities in B&NES

2.3 Consider how Health and Wellbeing Board members can support implementation of these 5 recommendations, particularly where they relate to the Health and Wellbeing Strategy, Neighbourhood Health Plan and collection and use of inequalities data.

2.4 Note the summary of progress from recommendations made in the previous Director of Public Health annual report.

3 THE REPORT

3.1 See Full Report at Appendix One.

4 STATUTORY CONSIDERATIONS

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

5 RESOURCE IMPLICATIONS (FINANCE, PROPERTY, PEOPLE)

5.1 The recommendations made in the report will have strategic impact in terms of identifying priorities and proportionate allocation of resources but are not identifying any additional spend or capacity.

6 RISK MANAGEMENT

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

7 EQUALITIES

7.1 This report provides clear insight into how inequalities exist within B&NES and the causes and impact of health inequalities on the health and well-being of residents. It makes clear recommendations which aim to further reduce health inequalities in B&NES building on the work that has already been undertaken to date.

8 CLIMATE CHANGE

8.1 The broad work programme to reduce inequalities includes a focus on the building blocks of healthy including housing, food, transport and our surrounding environment. Proposed actions in these areas can help prevent, or mitigate the impacts of, climate change and also have significant co-benefits for population health (dry and warm homes, active travel, sustainable and affordable food, good quality air and water, etc).

9 OTHER OPTIONS CONSIDERED

9.1 None.

Contact person	Ryan Doherty, Public Health Registrar, Paul Scott, Interim Director of Public Health and Prevention B&NES Council
Background papers	Director of Public Health Annual Report 2024/25

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Bath & North East Somerset Council

Improving People's Lives

Working Towards a Fairer B&NES

Reducing Health Inequalities in Bath and North East Somerset

Director of Public Health Annual Report 2024/25

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Director of Public Health (DPH) Introduction and Acknowledgments

Introduction

I am pleased to present the 2024/25 Director of Public Health Annual Report for Bath and North East Somerset (B&NES). This report focuses on health inequalities. At its heart, tackling health inequalities is about fairness and making sure that everyone has the best chance of a long and healthy life. While the population of B&NES generally has good health compared with that of the population in England as a whole, some groups of people have poorer health than others and die earlier, and that's not right.

When that poorer health happens because of preventable unfairness or barriers to opportunities, then we need to tackle that inequality through coordinated action, building on the strengths of communities and voluntary sector, and working across our services and other system partners. B&NES has many excellent partnerships, programmes and community-led initiatives which are making a difference and some of these are highlighted in Chapter 3 of this report. However, there is more to do.

This report cannot do justice to the whole subject of health inequalities, so instead aims to raise issues as important prompts for urgent further discussion and action. Chapter 4 sets out five clear recommendations for the year ahead, ensuring we stay focused on those who need more support first and fastest. If I was to have one overall recommendation, it would be that we make reducing inequalities a collective strategic priority across organisations and partnerships, working closely with local communities. There's great strength in coordinated endeavour.

Acknowledgements

My grateful thanks to Ryan Doherty (Public Health Registrar) who led the research and production of this excellent report, supported by Sarah Heathcote (Health Inequalities Manager), Paul Scott (Associate Director and Consultant in Public Health), and Katy Wilkins for the design work.

I am especially grateful to colleagues in the voluntary and community sector, B&NES Council, the NHS, and other partners for your valuable contributions to this report through your sharing of case studies and insights.

Finally, thank you to our elected members in Cabinet and in the B&NES Policy Development and Scrutiny panels for your ongoing commitment to improving the conditions for good health and fairness through the council's activities.

Becky Reynolds
Director of Public Health and Prevention

Chapter 1 – What Are Health Inequalities

Health inequalities are avoidable, unfair and systematic differences in health between groups of people. These inequalities may include differences in:

1. How long people live
2. The health conditions they may have
3. How they use health and care services and their experiences of this care
4. Behavioural risks to health, for example smoking or diet
5. The building blocks of health, for example housing or education[1]

Communities that may face inequalities are often described by the following 4 key groups, as shown in Figure 1:

The groups referenced in Figure 1 include[2,3]:

1. **Socio-economic deprived populations** - for example the impact of income, living in deprived areas or other determinants of health such as education or employment
2. **Inclusion health groups** - for example people who are homeless, migrants or people who are part of Gypsy, Roma, Traveller and Boater communities
3. **Protected characteristics** - including those protected in law, such as sex, ethnicity or disability
4. **Geography** - for example whether living in an urban or rural area, or the impact of the built and natural environment

Sometimes a person belongs to more than one of these groups. When this happens, the effects can add up and make health inequalities even worse. This is called intersectionality. For example, the combined inequalities faced by a woman from a Black Caribbean background who is living with a long-term disability.

The following pages will look more closely at the following groups and how inequalities affect them: Socio-economic deprived populations, Inclusion health groups and Protected characteristics. Geography, and specifically the impact of rurality and service access, will be explored within later sections of this report.

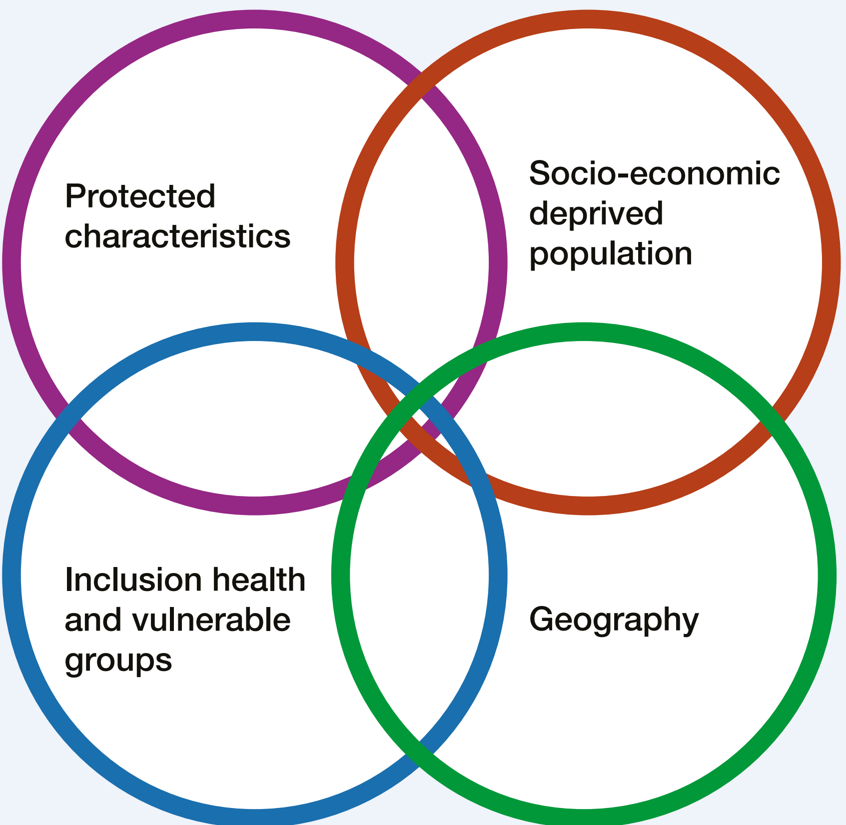


Figure 1 – Health Inequalities Population Dimensions Source: Local Government Association

Socio-economic deprived populations

Deprivation is more than not having enough money and refers more broadly to a lack of resources and opportunities in life[3]. The Index of Multiple Deprivation (IMD) is a way of measuring how deprived an area is in England. It combines seven domains (Income, Education, Employment, Health, Crime, Barriers to Housing and Services, and Living Environment) to create a ranking of small areas (around 1,500 people) from 1 (most deprived area) to 33,755 (least deprived area)[4].

In his seminal 2010 Marmot Review[5], Sir Michael Marmot explored the impact of deprivation on health. The review found that people living in poorer areas tend to die younger and spend more of their lives in poorer health. This is called the social gradient in health. In a 10 year update[6] of the original Marmot Review, the report highlighted that people can expect to spend even more of their lives in poor health and that the health gap between the most and least deprived areas had grown during the period. Figure 2 outlines the national life expectancy gap between the most deprived and least deprived areas in England.

Within B&NES the most recent IMD release (2025) showed that whilst it remains among the least deprived local authorities nationally, it has become relatively more deprived since 2019, with 3 areas in the 10% most deprived in 2025 compared to 2 in 2019 and 1 in 2015. Approximately 4,500 people now live in the 10% most deprived areas in B&NES compared to 1,500 in 2015. Figure 3 shows a map of B&NES by IMD deprivation levels.

As is seen nationally, the impact of deprivation is pronounced in B&NES with men in the most deprived areas living on average 8 years less than men in the least deprived areas, and women in the most deprived areas living on average 5.1 years less than women in the least deprived areas in 2021-23. This means that people from more deprived areas in B&NES are unfairly dying sooner than those from the least deprived areas.

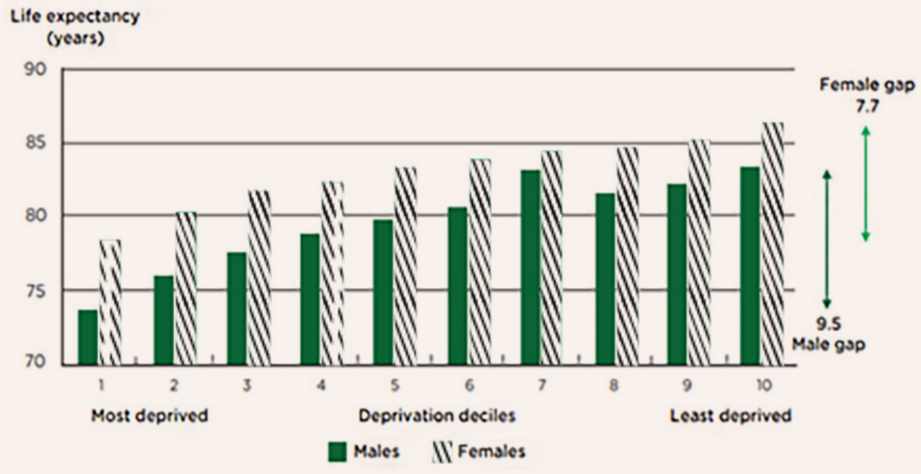


Figure 2 – Life expectancy at birth by area of deprivation deciles and sex, England, 2016-18. Source – Marmot Review – 10 Year Update (2020). For further explanation go to Figure 2 in the Appendix

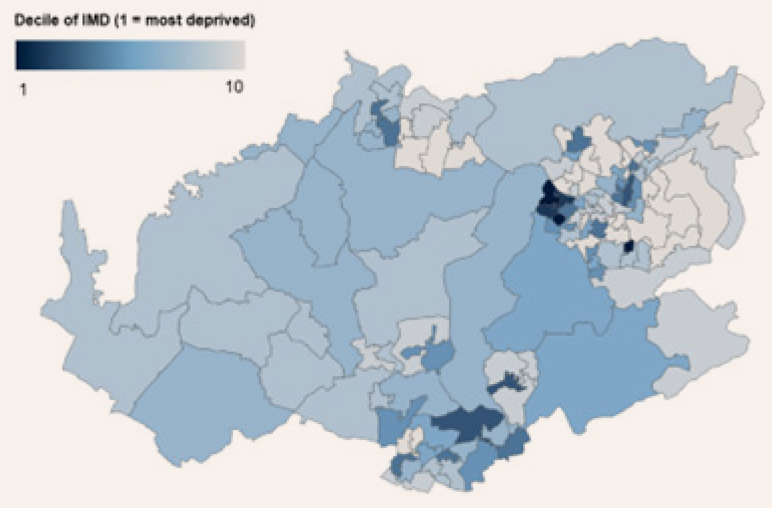


Figure 3 – Map showing areas of B&NES by the decile of IMD (1 = most deprived). Source – B&NES Strategic Evidence Base

Inclusion Health Groups

"Inclusion health" is an umbrella term used for people/groups who are left out or excluded from society. They often face many challenges that harm their health, like stigma, discrimination, poverty, violence, and difficult life experiences[7].

These groups include people who are homeless, refugees and vulnerable migrants, and Gypsy, Roma, and Traveller communities. People in these groups often have much worse health outcomes. In fact, they can be 8 to 12 times more likely to die early compared to the general population[8]. Their death rates are even far higher than those in the most deprived communities in England (see Figure 4), showing just how big these health gaps and inequalities are.

For people who are homeless the average age of death in 2021 was about 45 years for men and 43 years for women in England and Wales[9]. That's around 33–39 years less than the average life expectancy at that time[10].

Asylum seekers and refugees also face big health challenges such as poorly controlled chronic conditions, such as high blood pressure or diabetes, or by having untreated infectious diseases, such as tuberculosis or Hepatitis B. Additionally, they are 10–20 times more likely to have post-traumatic stress disorder (PTSD) than most people, because of experiences like war, violence, and living in fear[7].

Gypsy, Roma, and Traveller communities face severe inequalities. They have the lowest levels of educational attainment and economic activity of any ethnic group in England and Wales[11]. Their life expectancy is 10–12 years shorter than other groups. They are also more likely to have long-term health problems (42% compared to 18% in the general population), and Gypsy Traveller mothers are 20 times more likely to suffer child loss than mothers in other communities[11].

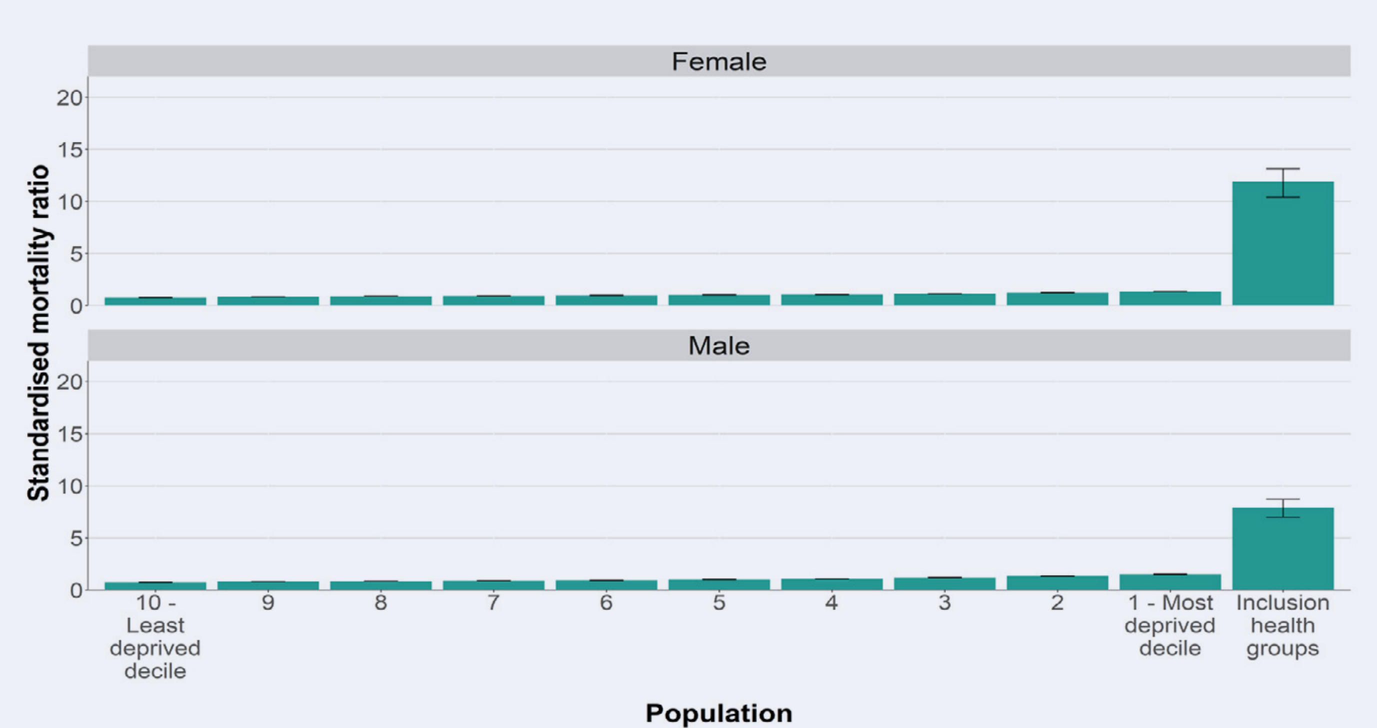


Figure 4 – Standardised all-cause mortality ratio for inclusion health groups, compared to the general population by deprivation decile. Source: Office for Health Improvement and Disparities (OHID). For further explanation go to Figure 4 in the Appendix.

Protected Characteristics

"Protected characteristics" are things like age, disability, ethnicity, and sexual orientation, as set out in the Equality Act 2010. These characteristics are often linked to differences in health outcomes and experiences[3].

Health inequalities exist between ethnic groups. Analysis by The King's Fund showed that before COVID-19, some ethnic minority groups had a higher life expectancy than White and mixed groups. But during the pandemic, this reversed with death rates higher among ethnic minority groups[12]. These overall figures hide big differences - people from Gypsy or Irish Traveller, Bangladeshi, and Pakistani communities often have the poorest health outcomes across many measures[12].

Looking beyond life expectancy, the King's Fund found some ethnic minority groups are more likely to say they have poorer health or a long-term health condition than White British people[12]. Additionally, South Asian and Black mothers have higher proportions of premature, stillbirth and low birthweight babies than white mothers[12].

Beyond ethnicity, people who identify as lesbian, gay, bisexual or transgender (LGBT) often have worse mental health and lower wellbeing than those who do not identify as LGBT[13]. Additionally, people with a severe mental illness (SMI) also face big health inequalities - they are almost four times more likely to die before age 75 than the general population[14]. Young adults with SMI are also 5 times more likely to have 3 or more physical health conditions[14].

Within B&NES, people with SMI are at much higher risk of dying early. The rate of deaths for people with SMI under age 75 is worse than the England average - 504% compared to 384 % (2021–23) and has been consistently poorer than England since 2015-17 as shown in Figure 5[15]. B&NES ranks among the worst areas in England for this measure (13th out of all local authorities).

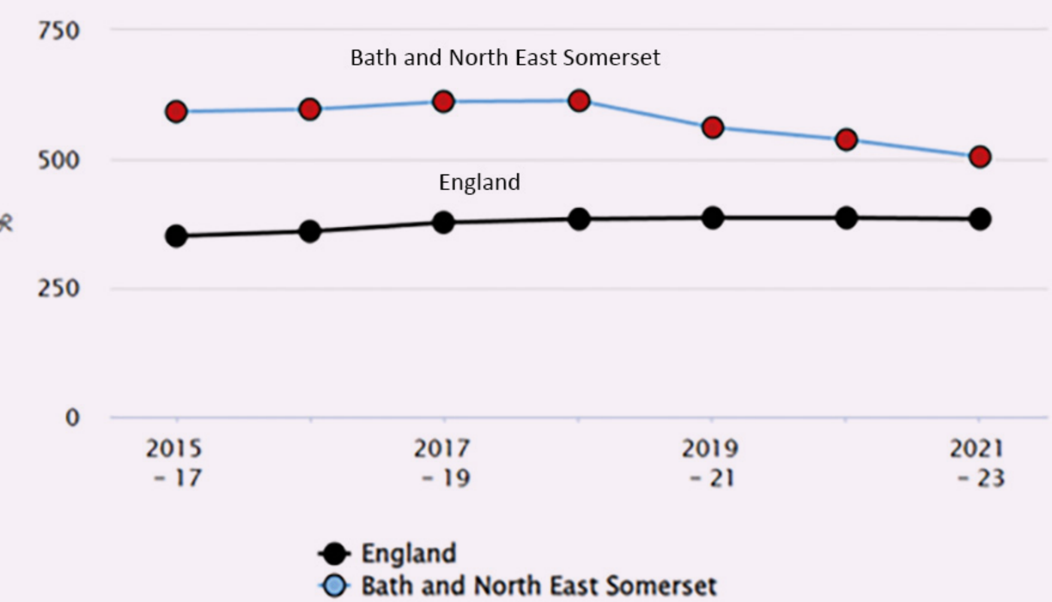


Figure 5 – Excess under 75 mortality rate in adults with SMI (2015-2023). Source – OHID Fingertips. For further explanation go to Figure 5 in the Appendix.

Chapter 2 – What Are The Causes of Health Inequalities

Health inequalities stem from a complex range of factors, including the building blocks of health such as housing, employment and education, the services available to us, and lifestyle risks that shape how we live. These conditions influence our opportunities for good health, and how we think, feel and act, and this shapes our mental health, physical health and wellbeing[16].

These factors affect us throughout life. This idea is called the "life course" model. It helps explain how health inequalities start, continue, and even pass from one generation to the next. Our health is shaped by the experiences we have over our whole life[17].

The life course model recognises that specific times in life may matter more than others. For example, difficult experiences in childhood can affect our opportunities, health and wellbeing for the rest of our lives. We can also have both good and bad experiences at different points in life, and these all add up to shape our health.

The Dahlgren and Whitehead rainbow model[18] (Figure 6), shows how health is shaped by many layers – from our personal factors and choices, through to our education, the services we have access to and the environment in which we live. This model helps show that our health and in turn health inequalities are shaped by many factors, rather than our personal choices alone.

Studies have looked at how much each factor affects our health[19]. They all show that while things like healthy habits and healthcare matter, they are only part of the picture. Other factors, like housing and income, play a big role too as shown by Figure 7[20]. The following pages will now explore these different factors in more detail.

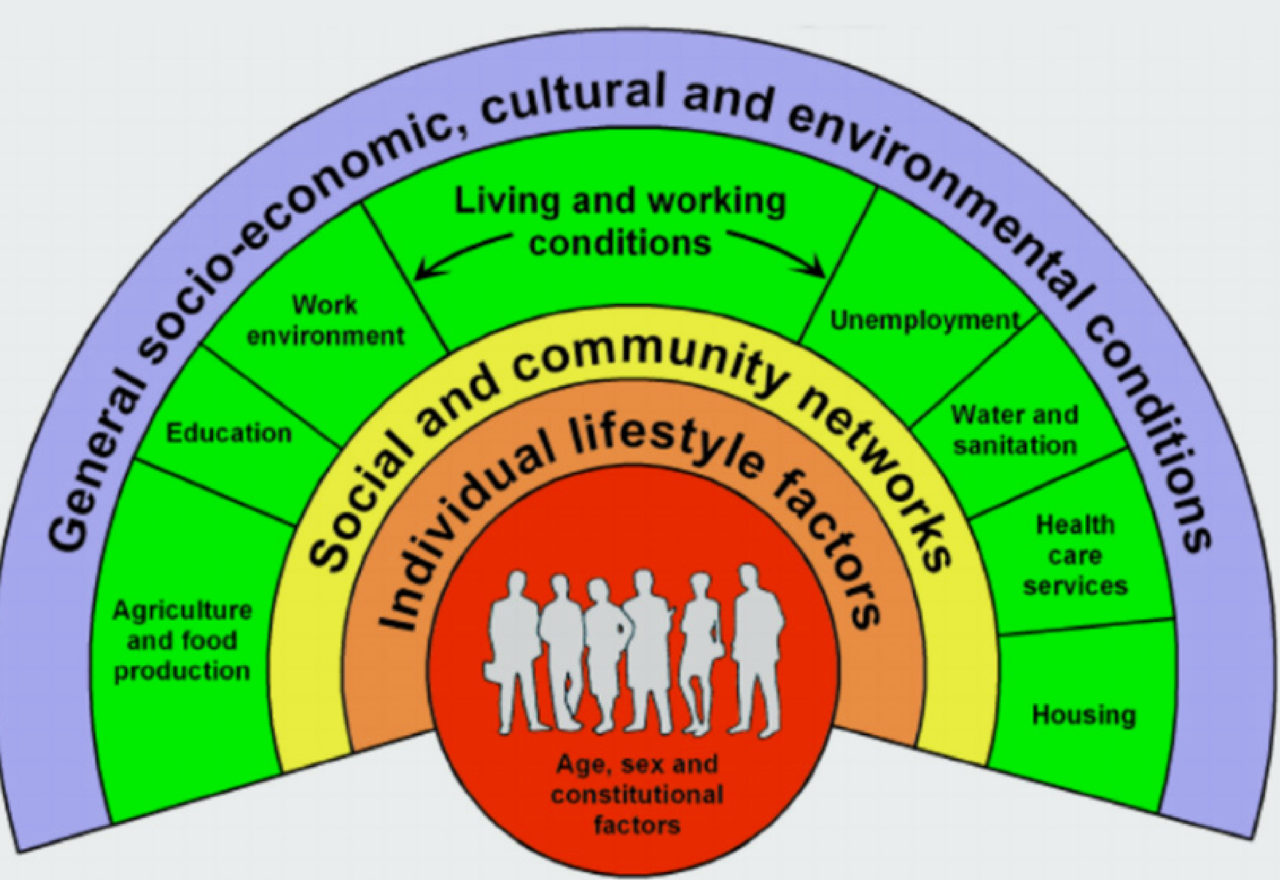


Figure 6 – The Dahlgren and Whitehead Rainbow Model. Source: Dahlgren, Göran & Whitehead (1991). For further explanation go to Figure 6 in the Appendix.

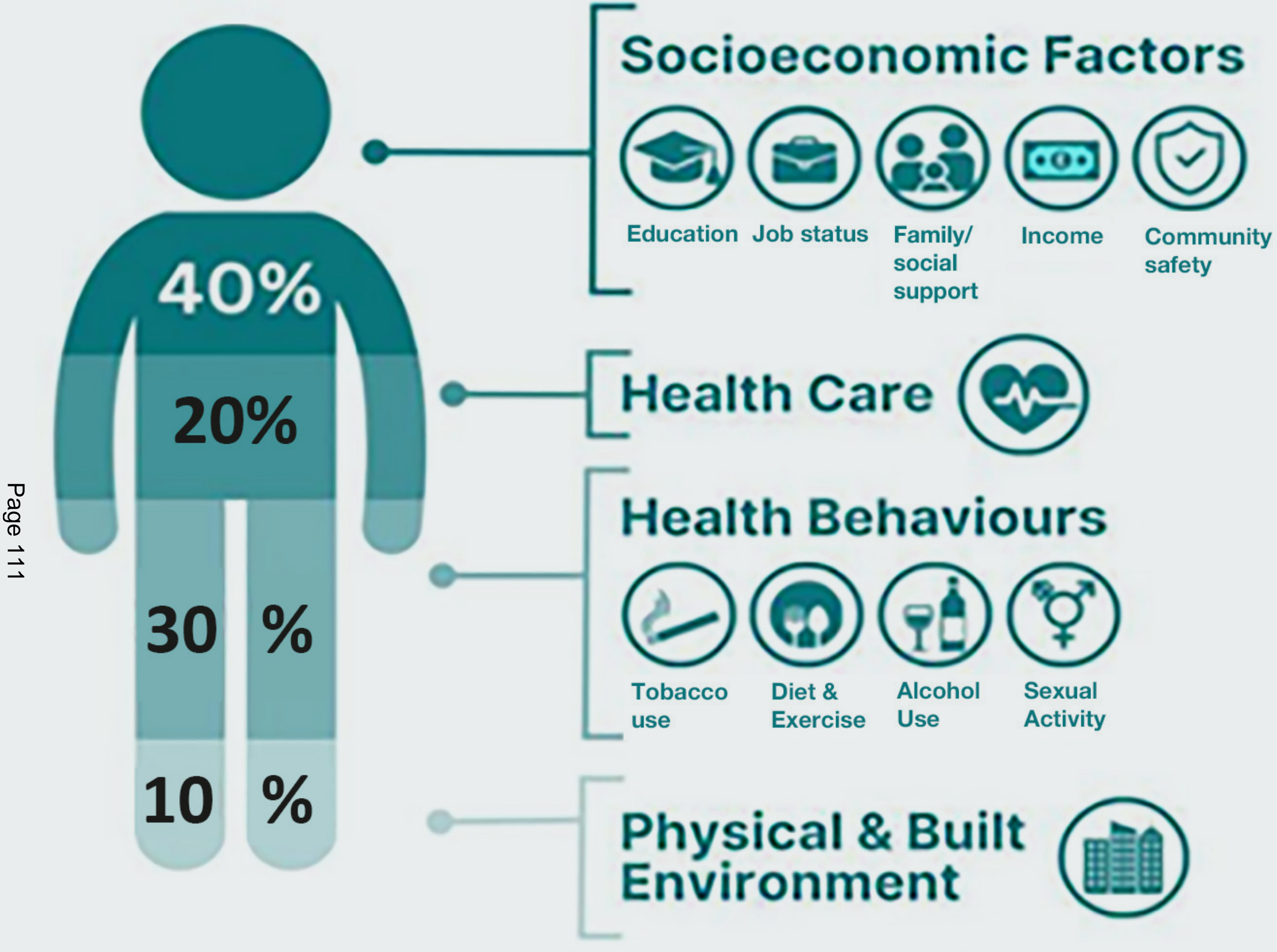


Figure 7 – Factors Affecting Health. Source – Milton Keynes Local Authority. For further explanation go to Figure 7 in the Appendix.

The Building Blocks of Health

The socio-economic and environmental factors shown previously in Figure 7 have an important influence on our health and are present where we are born, grow, learn, work and age[21].

These factors are the building blocks of our health (see Figure 8), as not only are they themselves vital to our health, but they are also the foundations on which other factors are built upon, such as the services we use and the lives we live. The building blocks of our health include:

- Education and skills
- Housing
- Money and resources
- Work
- The food we eat
- Transport
- Family, friends and communities
- Our surroundings

These building blocks are connected. For example, if someone doesn't do well at school, they may struggle to get a good job later. That can lead to low income and poor housing, which might expose them to damp and mould - harming their health.

Next, we will look at some of these building blocks in more detail, how they each contribute to our health and what they look like in B&NES.

(The following descriptions and narrative have been taken and adapted from The Health Foundation[22])

"Why treat people and send them back to the conditions that make them sick?"

Sir Michael Marmot, The Health Gap

Figure 8 – Infographic of the building blocks of health. Source: The Health Foundation

Education and Skills

A good education is a strong foundation for a decent quality of life. Along with the skills we learn and develop, it influences our prospects for where we live and work, and for our health.

Children from disadvantaged households tend to do worse at school which in turn influences their life chances. Eligibility for free school meals (FSM) is one sign of disadvantage, and children who get FSM are less likely to reach expected education levels at every stage, from preschool to entry to higher education, compared to those who don't[22].

In B&NES, whilst overall school performance is good compared to national figures, and including for pupils with special educational needs (SEN), inequalities in educational attainment exist. The gap in attainment between pupils who receive FSM and those who don't is wider in B&NES than the national gap at every stage of education, and this has been the case for several years[23].

At Key Stage 4 (KS4) (GCSE level), whilst pupils receiving FSM in B&NES still do worse than the national average, their performance is stronger than at earlier stages - B&NES sits in the bottom third of Local Authorities (LAs) for KS4 results, which is noticeably better than its rankings for Early Years Foundation Stage (EYFS) and Key Stage 2 (KS2)[23].

Attainment in the B&NES FSM cohort is amongst the lowest in England - second lowest of all LAs at the EYFS, and joint third lowest of all LAs at KS2, with trends in KS2 attainment in B&NES shown at Figure 9[23].

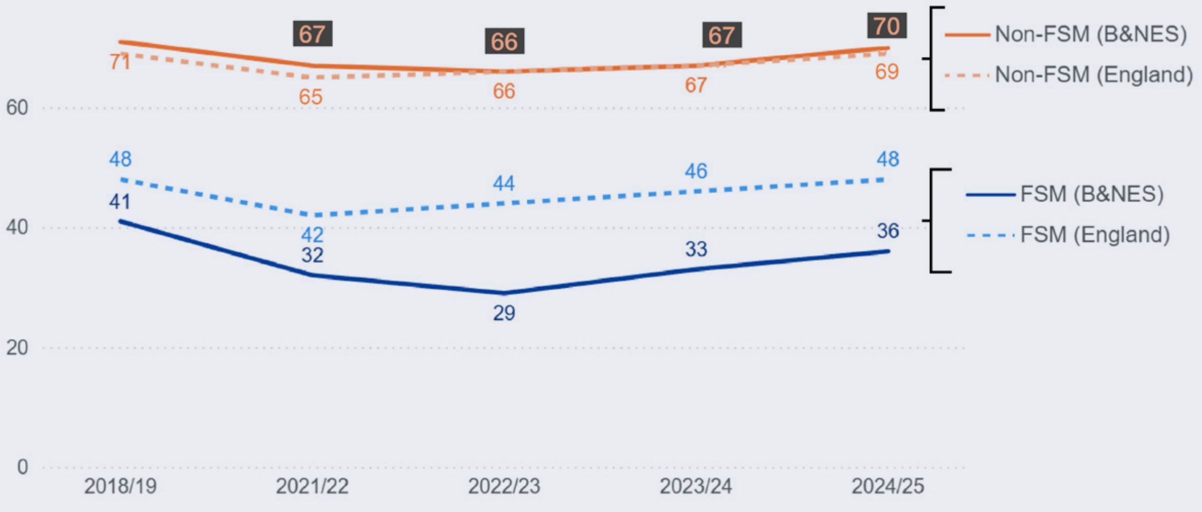


Figure 9 – Percentage of pupils meeting expected standard at KS2 in reading, writing & maths by FSM status. Source: B&NES Strategic Evidence Base (SEB). For further explanation go to Figure 9 in the Appendix.

Housing

Our homes affect both our physical and mental health. Things such as whether our housing is affordable, safe, and of good quality all make a difference. Nationally, more than one in four families spend over a third of their income on housing, making it unaffordable for many[24].

In 2022, over 3.1 million homes in England (14%) did not meet the Decent Homes Standard[25]. Poor-quality housing was most common in private rentals and low-income households. This includes homes that were exposed to damp and mould, which can seriously harm peoples physical and mental health, especially for children and older adults[26].

Affordability of housing within B&NES is a significant challenge, with the ratio of house prices to earnings above both national and West of England figures as shown in Figure 10. Additionally, the average monthly private rent is much higher in B&NES (£1,734) compared to England (£1,386)[23].

Finally, around 10.5% of households within B&NES were estimated to be in fuel poverty in 2023, which is where households must spend a high proportion of their income to keep their houses warm. This compares to around 11.4% of households in fuel poverty within England[27].

House Price to Earnings Ratio (Workplace-based)

B&NES England West of England Average

Figure 10 – House Price to Earnings Ratio (Of people working in B&NES). Source: B&NES SEB. For further explanation go to Figure 10 in the Appendix.

Money and Resources

Money and resources are essential for good health as they unlock access to other building blocks of health, such as good-quality housing and participation in society. Not having enough money and resources can cause poor health by making it hard to save, feel in control of our circumstances and keep healthy.

In the UK 11.6 million people (17%) were in relative poverty before housing costs and 14.2 million after housing costs (21%) in 2023/24[28]. This includes 3.4 million children (23%) before housing costs and 4.5 million after housing costs (31%)[28], with children consistently the most affected by poverty as shown in Figure 11[29]. When considering the deepest form of poverty, destitution, where people cannot afford to meet their most basic physical needs to stay warm, dry, clean and fed, around 3.8 million people experience destitution in 2022, including 1 million children[29].

Within B&NES, whilst levels of poverty are below average rates within the UK, 1 in 5 (21.1%) children and young people in B&NES in 2023/24 were estimated to be living in relative poverty (after housing costs), which equates to some 8,100 children and young people[30].

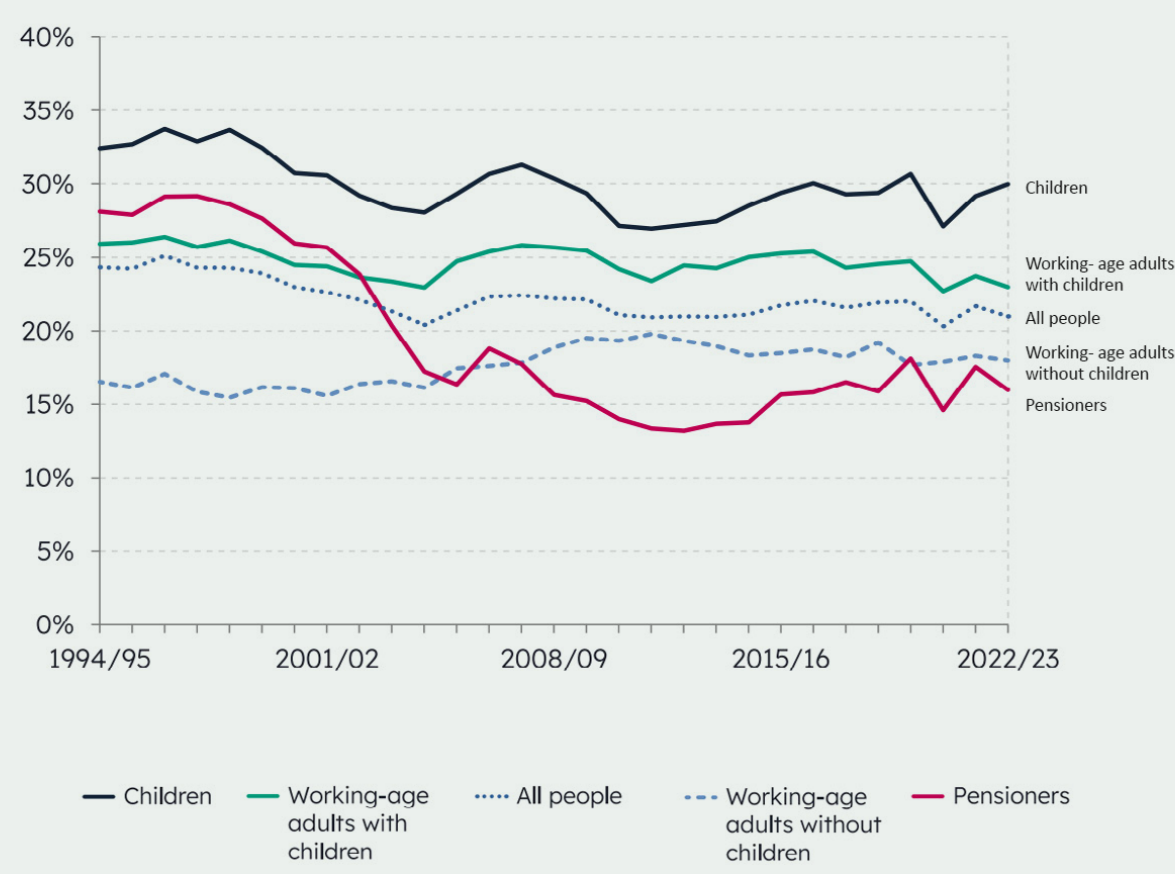


Figure 11 - % poverty rate in the UK by population group, 1994/95 to 2022/23. Source: Joseph Rountree Foundation. For further explanation go to Figure 11 in the Appendix.

Work

Access to good-quality jobs is one of the building blocks of a healthy life and a healthy society. It's not just about being paid enough and having enough money to meet basic needs – a good-quality job benefits our health in other ways too.

People who are unemployed are more than five times more likely to have poor health than those who are employed[31]. Unemployment can lead to poor health, but poor health can also make it harder to find work. Disabled people are more than twice as likely to be unemployed compared to non-disabled people[32].

Other employment inequalities that exist are that younger people are the most likely to be unemployed[33], as shown in Figure 12. Being out of work at a young age can affect health, wellbeing, and lifelong opportunities.

The quality of work also matters, with employees with insecure jobs or low job satisfaction are more than twice as likely to report poor health as the average employee[34].

In B&NES, unemployment was at 3.7% between July 2024 and June 2025, better than the national average (4.2%) but slightly worse than the South West (3.5%)[35]. This equates to around 3,900 people in B&NES able and looking for work. When considering inequalities, in B&NES, people with a long-term health condition or illness are over 20% less likely to be employed compared to those without[23].

Finally, in 2025 4.6% of 16 to 17 year-olds in B&NES were not in education, employment or training or whose activity is not known (NEET), this compares with a national figure of 5.6%[36].

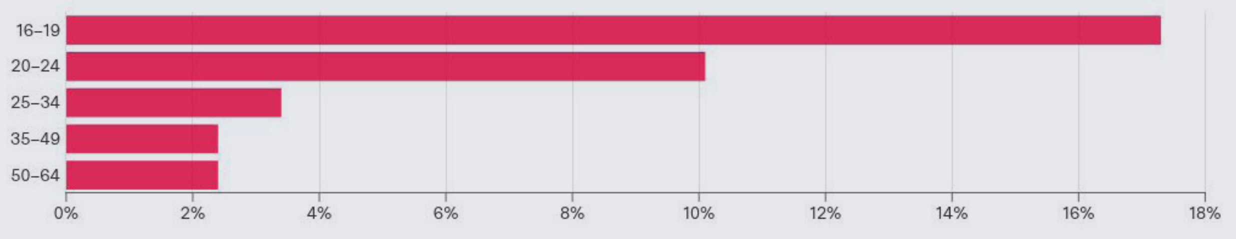


Figure 12 – Unemployment rates for ages 16-64 years by group, UK, 2024. Source: Health Foundation analysis of Office for National Statistics, Annual Population Survey, UK, 2024. For further explanation go to Figure 12 in the Appendix.

The Services We Use

Beyond the building blocks of health, the services we use are also another important determinant of our health. However, not everyone has the same access to services, experiences of these services or outcomes from these services.

Groups that face health inequalities often have differences in their access, experience or outcomes of services because of things like where they live, holding protected characteristics, or being part of inclusion health groups. We'll now look at these issues in more detail.

"The availability of good medical care tends to vary inversely with the need for it in the population served."

Tudor Hart, The Inverse Care Law

Service Access

More than 50 years ago, Tudor Hart described the "inverse care law" - which described how people who need healthcare the most often get the least[37]. This need is often driven by deprivation, with those in the most deprived areas having higher need but less access than those in the least deprived areas. Evidence shows that people living within deprived areas have fewer GP's[37], longer waits for elective treatment[38] and later entry to the social care system[39], despite having a greater need for such services.

People who have protected characteristics and/or are from inclusion health groups also face access barriers. For example, breast and cervical cancer screening rates are lower among women from ethnic minority groups, especially South Asians[12]. Additionally, children of mothers from some ethnic minority groups are less likely to get childhood vaccinations than those of White mothers[40]. Finally, sex workers often report barriers to accessing cervical screening and antenatal appointments[7]. The barriers these groups face include stigma, language difficulties, lack of internet access, cultural misunderstandings, and structural racism[3]; with these often combined or made worse by higher levels of deprivation.

When considering geography, people living within rural communities often report barriers in accessing specialist healthcare settings, driven by long and costly travel for appointments[41, 42]. They also travel further for GP access and have poorer internet access[41, 42], which may make it harder to access online health services and clinics.

Within B&NES, Swindon and Wiltshire (BSW), persistent inequities in access to mental health, elective care, and emergency services exist - especially among deprived communities and marginalised groups.

Service Experiences

People with protected characteristics, who are from inclusion health groups, or who live in more deprived areas often have different experiences with services. For example, in mental health care, people from the most deprived areas or from Black or Black British backgrounds are much more likely to be detained under the Mental Health Act[43].

Additionally, Gypsy, Roma, and Traveller communities often face problems registering with GP practices. They are also less satisfied with GP access and the care they receive compared to White British people[44, 45].

Finally, a Stonewall study found that one in eight LGBT people (13%) report having experienced some form of unequal treatment from healthcare staff because they're LGBT[46].

Service Outcomes

Some of the differences in health outcomes between groups are directly linked to the services people get. For example, Cancer Research UK found that people in deprived areas wait longer for cancer diagnosis and treatment, which leads to poorer survival outcomes[47].

Additionally, people from some ethnic minority groups, people who are Lesbian, Gay or Bisexual or people living in deprived communities are less likely to recover well after mental health treatment compared to others[48].

Finally, in social care, people living within more deprived areas, where more residents rely on state funding, are more likely to receive worse quality care than those from less deprived areas, which have a higher proportion of self-funded residents[49].

Health outcomes in BSW remain unequal across gender, age, ethnicity, deprivation and inclusion health groups, with such populations repeatedly experiencing poorer outcomes across different conditions and services. Key issues include longer waiting times for patients in deprived areas, lower uptake of vaccinations, such as the flu vaccine, and higher risk of serious illness, including stroke and heart attack.

NHS Action on Healthcare Inequalities

To respond to the inequalities different groups may face when accessing healthcare services and to reduce healthcare inequalities, NHS England (NHSE) developed the Core20PLUS5 programme. It identifies key population groups and clinical areas that need faster improvement to reduce healthcare inequalities[50]. The key focus areas for children are shown in Figure 13. There are also key focus areas for adults.

Alongside Core20PLUS5, NHS England published a national framework in October 2023 to improve services for inclusion health groups[7]. The key principles and actions outlined to make real improvements for these groups include:

1. Commit to action on inclusion health
2. Understand the characteristics and needs of people in inclusion health groups
3. Develop the workforce for inclusion health
4. Deliver integrated and accessible services for inclusion health
5. Demonstrate impact and improvement through action on inclusion health

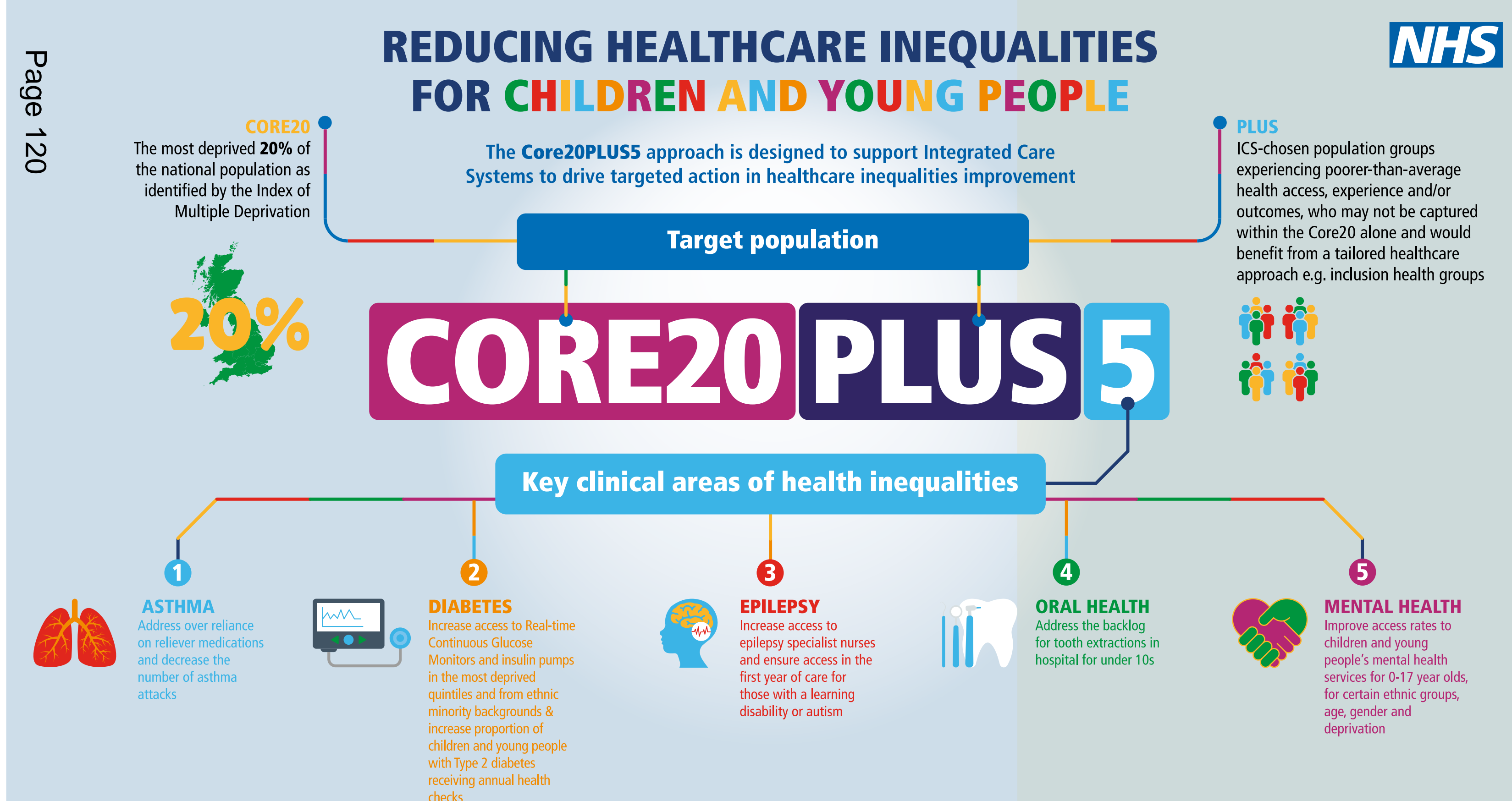


Figure 13 – Infographic of Core20PLUS5, Children and Young People. Source – NHSE. For further explanation go Figure 13 in the Appendix.

Lifestyle Risk Factors (The Lives We Lead)

The ability of people to lead healthy lives is influenced by both their individual health behaviours (which is in turn associated with their opportunities and experiences) and by the building blocks of health[3]. The main behavioural risk factors for health are smoking, having excess weight, physical inactivity and drinking too much alcohol[3].

These risk factors are not spread evenly. People's chances of smoking, eating well, staying active, and drinking moderately are linked to their social, economic, and environmental conditions[3]. Next, we'll look at these risk factors in more detail.

Smoking

Smoking is the biggest preventable cause of illness and early death. It caused 74,000 deaths in 2019 and over 400,000 hospital admissions in 2022/23[51]. Smoking harms both smokers and those around them and is the biggest contributor to health inequalities in England, especially in disadvantaged communities[51, 52].

People with lower incomes are much more likely to smoke. The more disadvantaged someone is, the higher their risk of smoking-related illness and early death[52]. Smoking rates are also higher among people with mental health conditions, those involved with the criminal justice system, and LGBT people[52].

In B&NES, overall adult smoking rates are lower than England (9.4% vs 10.9% in 2022–24). But there are big differences within the area. Among people in routine and manual jobs, smoking is much higher, 24.5% compared to 19.2% nationally, and this rate has been rising in recent years in B&NES while falling in England (see Figure 14). Smoking is also much more common among adults in B&NES with long-term mental health conditions, with a figure of 22.3% in B&NES compared to 24% nationally[53].

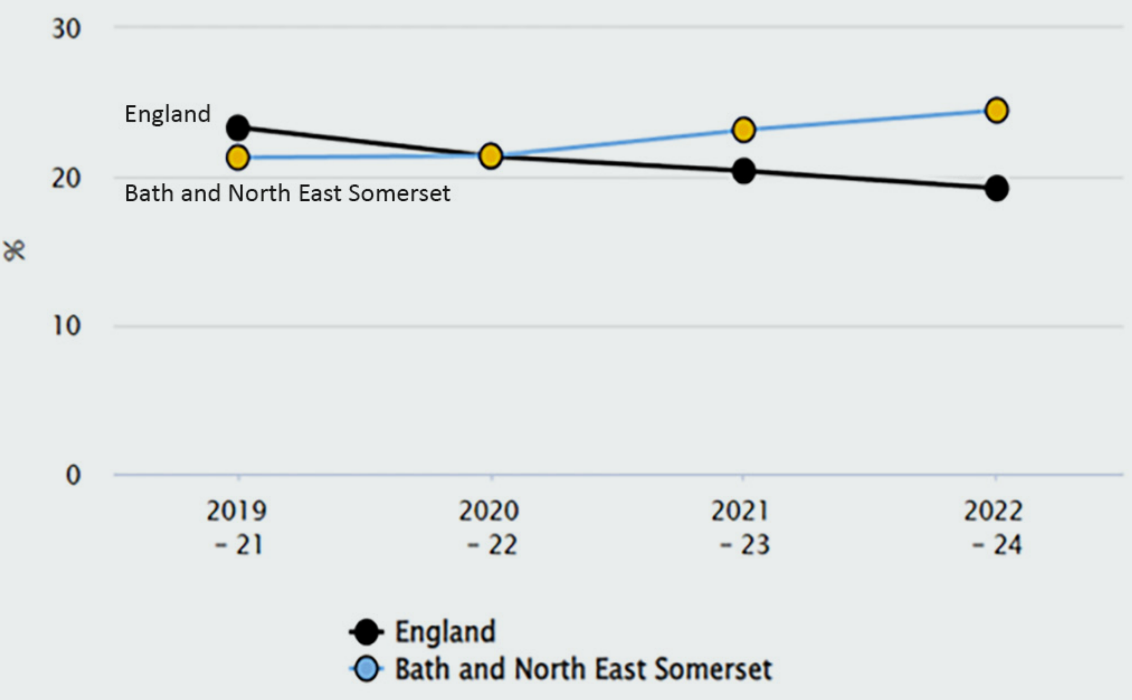


Figure 14 – Smoking prevalence in adults in routine and manual occupations (aged 18 to 64) – current smokers – 2019 - 2024. Source: OHID Fingertips. For further explanation go Figure 14 in the Appendix.

Having Excess Weight

Excess weight means being either overweight or obese as calculated by Body Mass Index (BMI)[54]. Having excess weight can cause many harms including increased risks of disease, disability and death, lower employment, and experiencing discrimination and stigmatisation, with these impacts noted throughout life[55, 56].

There are many reasons why people become overweight or obese, including biology, psycho-social reasons, lifestyle, the environment (such as having lots of fast-food outlets nearby) and commercial (through unhealthy food advertisement)[55]. People in more deprived areas are more likely to have excess weight[57].

In B&NES, while fewer children have excess weight compared to the national average, it is still a significant concern. In 2024/25, 22% of reception-age children were overweight or obese, rising to 28.7% by Year 6[58]. Obesity amongst children was highest in children from the most deprived areas, as show in Figure 15. Among adults, 51.6% had excess weight in 2023/24[58], again rates are higher among lower-income households.

Finally, as the last DPH Report noted, around 8,000 B&NES residents experienced food insecurity in 2023 with 4,200 people per week receiving food from affordable food projects. A challenge that has emerged in recent years is the cost of eating a healthy diet, with those on lowest incomes needing to spend 43% of their disposable income on food to comply with the Government's recommended Eatwell Guide (pdf)[59].

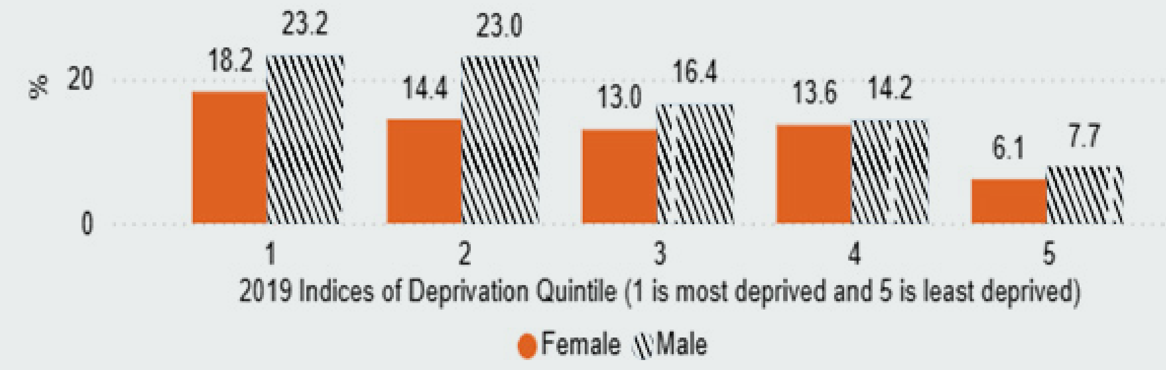


Figure 15 – percentage of Year 6 children classified as Obese (inc. Severely Obese) by Deprivation Quintile, B&NES 2017/18 – 2023/24. Source: B&NES SEB. For further explanation go to Figure 15 in the Appendix.

Physical Inactivity

Being physically active is key to staying healthy, lowering the risk of long-term illnesses, and improving overall wellbeing. Regular physical activity brings many health benefits including reducing the risk of death (by 30%), risk of dementia (by up to 30%), reducing hip fractures (by up to 68%) and reducing type 2 diabetes (by up to 40%)[60].

In B&NES, in 2023/24 about 72.8% of adults were active for the recommended 150+ minutes of physical activity per week, compared with 67.4% in England[61]. The proportion of people considered physically inactive was 14.9% in B&NES compared with 22.0% in England[61]. This is positive news; B&NES is more active and less inactive than England as a whole. However, there are still 24,287 inactive adults, which represents significant potential to improve health and wellbeing across the area.

There is potential to improve activity in specific groups. Children's positive views on physical activity decline with age, and lower levels of activity are observed among girls.

Additionally, according to the Active Lives survey (2022/23), only 52.4% of those with disabilities in B&NES met the recommended 150+ minutes of physical activity per week, with rates consistently lower than people in B&NES who do not have a disability as indicated at Figure 16[62].

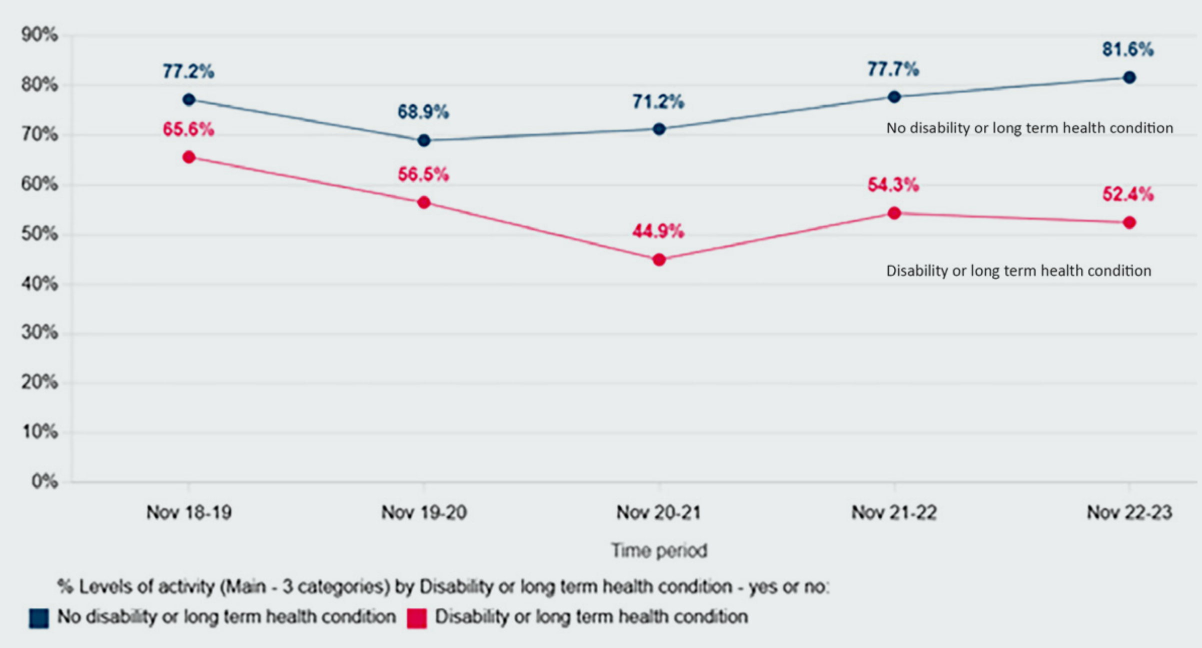


Figure 16 – % of physical activity (150 mins+ per week) by disability in B&NES, 2018/19 – 2023/24. Source: Active Lives. For further explanation go to Figure 16 in the Appendix.

Alcohol Consumption

Alcohol is one of the main causes of ill health and death in the UK. It harms health and wellbeing both in the short and long-term, as well as having significant effects on society. While its use is often seen as a normal part of social life, it carries serious risks to health as outlined in Figure 17.

While alcohol consumption rates have fallen since their peak in 2008, rates of binge drinking in men have remained steady and have increased in women[63, 64]. Additionally, alcohol related deaths have been increasing, with 22,644 deaths in England in 2023 which was a 23% higher than 2016 (start of data collection)[65]. In B&NES, figures suggest around 28% of adults are at increased risk of health harms from their drinking patterns[66].

People on the lowest incomes suffer more harm from alcohol, even though they drink less than wealthier groups. Those in the most deprived areas are twice as likely to die from alcohol-related causes compared to those in the least deprived areas[65,67]. This is thought to be due to differences in diet, fitness, smoking, alcohol consumption patterns, more shops selling very cheap alcohol and psychosocial stresses.

In B&NES, there were 1,273 alcohol-specific condition admissions in 2023/24, which is equivalent to a rate of 687 per 100,000 population. This is the highest rate seen in B&NES since currently available data started in 2016/17[68].

Additionally, there were an estimated 70 alcohol-related deaths in B&NES in 2024, which is equivalent to a rate of 35.7 per 100,000 population. This compares to a rate of 38.9 deaths per 100,000 in England[68].

Harmful use of alcohol causes

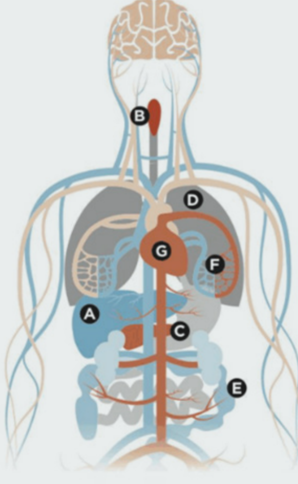
100% of alcohol use disorders

18% of suicides

18% of interpersonal violence

27% of traffic injuries

13% of epilepsy



- A 48% of liver cirrhosis
- B 26% of mouth cancers
- C 26% of pancreatitis
- D 20% of tuberculosis
- E 11% of colorectal cancer
- F 5% of breast cancer
- G 7% of hypertensive heart disease

Figure 17 – Infographic showing health harms of alcohol use. Source: WHO.

Chapter 3 – Action on Health Inequalities in B&NES

Although B&NES is a relatively wealthy area and does well on many health measures, there are still big differences in how long people live, their health and wellbeing, and how they access and experience health and care services.

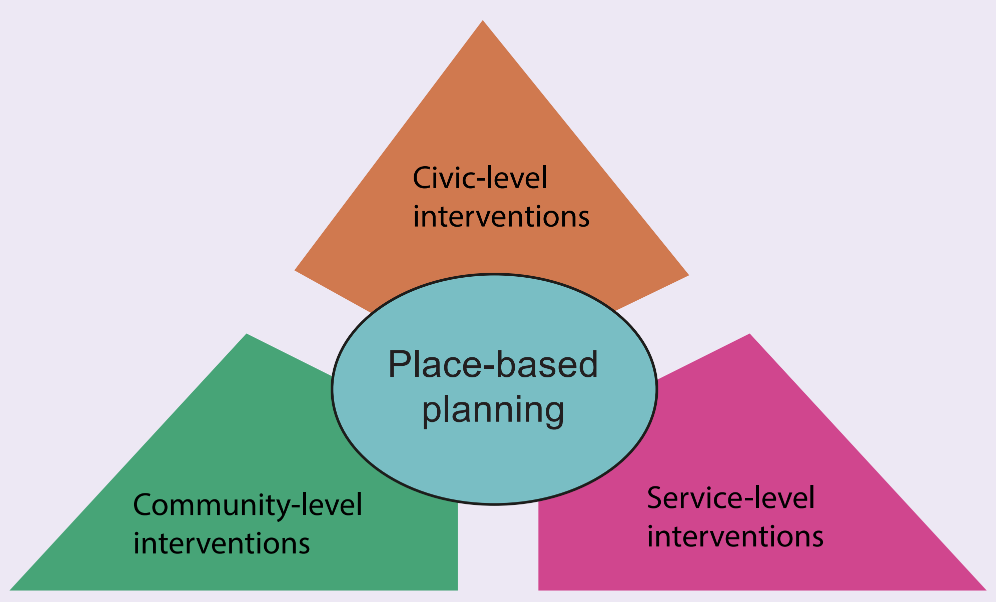
Whilst these inequalities can be stark and may appear complicated, we can and must act to reduce them. People from disadvantaged communities should not continue to die earlier than they should or live with poorer health during these shorter lives.

Within B&NES, many activities and actions are underway to reduce health inequalities within the area. These range from work led by the Local Authority through its plans and strategies to grassroots projects happening within local communities.

To make a real difference, action must collectively happen at three levels: civic, service, and community. The Health Inequalities National Support Team created the Population Intervention Triangle[16] to explain this approach.

The Population Intervention Triangle recognises that the causes of health inequalities are complex and connected and thus require a joined-up approach that treats the 'place' and not just individual problems or issues[16]. The key components of the Triangle are outlined in Figure 18.

Next, we'll look at examples of work in B&NES to reduce health inequalities using the Population Intervention Triangle framework. It is recognised this will only ever be a snapshot of the huge amount of work taking place to reduce health inequalities within organisations and communities across B&NES every single day.



Civic-level Interventions – Includes policy and strategies, economic development and environmental planning

Service-level Interventions – Includes targeting of services to meet the needs of disadvantaged groups for example through tailored service access and choice

Community-level Interventions – Includes promoting health and wellbeing using non-clinical methods and building upon assets already within communities

Figure 18 – Infographic showing the Population Intervention Triangle

Civic Level Interventions

Bath and North East Somerset Council, along with other statutory partners such as the B&NES, Swindon and Wiltshire Integrated Care Board (BSW ICB), have a range of civic-level responsibilities and functions. Activities happening at this level include:

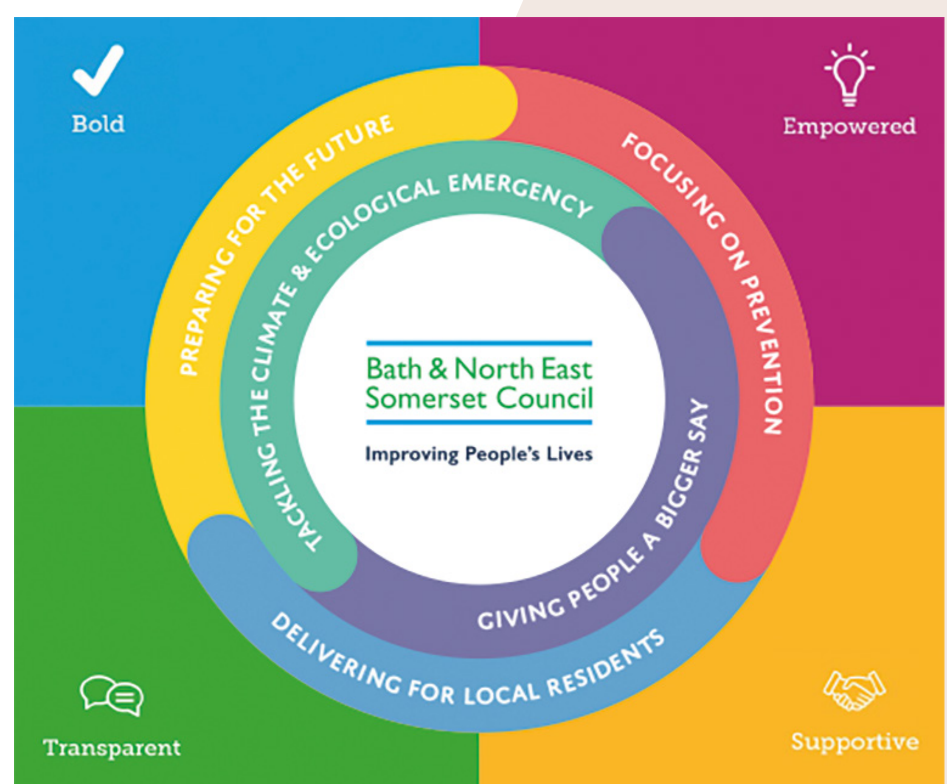
Council's Strategic Priorities

The B&NES Corporate Strategy sets out the Council's overarching principle which is to improve people's lives alongside two key policies which are tackling the climate and nature emergency and giving people a bigger say. These are then underpinned by three principles – Preparing for the Future, Delivering for Local Residents and Focusing on Prevention, with the latter having a key focus on tackling inequalities.

The Council is currently consulting on its Local Plan, which will outline how places may change over the next 20 years to 2043. A key focus of this consultation is engagement with, and outreach, to young people, renters and other underrepresented groups, including via a roving engagement bus.

When considering the building blocks of health including employment and money and resources, the B&NES Economic Strategy sets out the economic vision for B&NES between 2024-2034. This strategy has 6 pillars which are a Greener Economy, Good Work, Resilient Businesses, Creativity & Innovation, Housing Affordability and Stronger Places.

Specific examples of how this will help to reduce inequalities in B&NES include increasing inclusive pathways in to work, for example through We Work for Everyone, which supports people with a learning disability, learning difficulty or who are autistic in to paid work. Additionally, there will be a focus on increasing sustainable transport options and digital connectivity for residents living within rural communities.



Health and Wellbeing Strategy

B&NES Joint Health and Wellbeing Strategy (JHWS) (2023-2030) has addressing inequality at the heart of its 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 commitment to tackling inequalities is one of the core principles underpinning action focused on four priority areas:

- Ensure that children and young people are healthy and ready for learning and education
- Improve skills, good work and employment
- Strengthen compassionate and healthy communities
- Create health promoting places

These actions which are owned by a key partnership, team, or subgroup of the Health and Wellbeing Board are detailed in an Implementation Plan. The plan has been reviewed and refreshed in 2024-25 ensuring that bridging the gap and addressing inequality are central to all actions.

There is a well-established process for monitoring implementation of the JHWS which provides the Health and Wellbeing Board with assurance that addressing inequalities is addressed through delivery.

B&NES Health Inequalities Network

NHSE health inequalities funding allocated to B&NES has supported implementation of the BSW Inequalities Strategy objectives through creation of dedicated posts in different parts of the local system, including at the Royal United Hospitals Bath and within primary care via B&NES Enhanced Medical Services.

This core network of posts has fostered relationships across organisations and sectors to tackle health inequalities. Some of the B&NES Health Inequalities Funding (BHIF) has been directly allocated to work to address healthcare inequality through the Core20Plus5 approach for adults and children since 2024/25.

The network has developed and overseen a robust process for allocation of the BHIF. This process has been in line with the Core20PLUS5 priority criteria as set out by BSW ICB. Creation of the B&NES Health Inequalities Group (BHIG) and Dynamic Core20PLUS5 Delivery Plan has broad engagement across partners and has been a vehicle for understanding and acting on healthcare inequality over the past two years.

BSW Integrated Care Board

Embedding prevention and addressing inequalities are golden threads through various plans, strategies and governance activities within the BSW ICB. Achieving fairer health and wellbeing outcomes by reducing inequalities are strategic priorities in the BSW Integrated Care System (ICS) Strategy and within the BSW ICS Implementation Plan. The BSW Inequalities Strategy aims to address inequalities across the life course, with a current focus on healthcare inequalities via Core20PLUS5. The Inequality Strategy is currently in the process of being refreshed, capturing strategic intentions and setting a foundation for future system-wide engagement. Finally, the BSW Outcomes Framework, which focuses on measuring outcomes rather than activity, and the BSW Population Health Board Outcome Deep Dives, ensure system oversight of activities to reduce inequalities.

B&NES Educational Attainment Gap Workstream

In B&NES children and young people that are eligible for FSM and/or are care experienced are experiencing lower educational attainment than their peers in most other areas in England. Poor educational attainment affects children and young people in their childhood (lower confidence, self-esteem and aspirations for example) and reverberates into lifelong disparities across health, employment, and income.

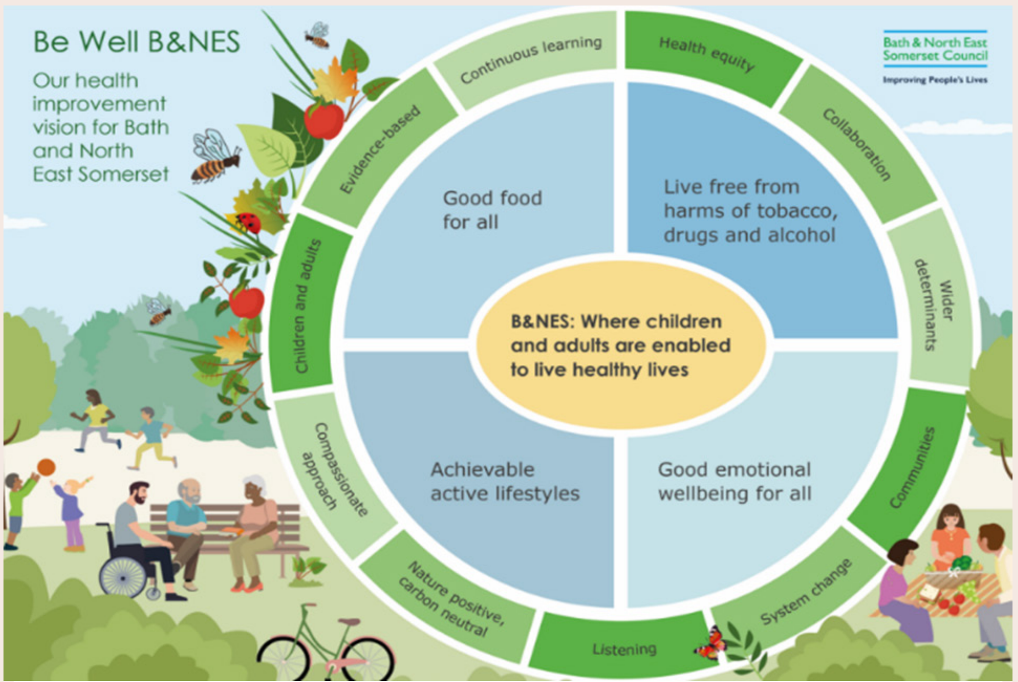
Addressing the attainment gap is a shared responsibility. B&NES Council has an important role in leading a whole-systems approach to addressing the attainment gap by addressing the root causes across Council services, coordinating place-based action with partners, and aligning capacity and resources. To date research has been undertaken to better understand the reasons for B&NES educational attainment gap and how best to address it and a Council action plan has been developed to utilise key Council levers.

Be Well B&NES

Be Well B&NES is our whole system health improvement framework for B&NES. The framework has four main health improvement aims as outlined in the blue segments above.

Tacking inequalities is one of the key underpinning principles of Be Well B&NES and promoting health equity is one of the core values. By this we mean prioritising the needs of underserved populations to ensure that health improvements benefit everyone, regardless of socio-economic status, age, ethnicity, or geography.

We aim to do this by addressing the building blocks of health and working with communities which have the greatest health improvement needs. When working with communities we will work in genuine partnership - listening, understanding community assets, and co-developing activities and plans.



Infographic showing the Be Well B&NES framework, which is the Councils health improvement vision for B&NES. Further explanation go to Be Well B&NES in the Appendix.

Service Based Interventions

Community Wellbeing Hub

The Community Wellbeing Hub (CWH), established in March 2020 as a key part of B&NES Council's pandemic response, is a partnership between the Council, BSW ICB, HCRG Care Group and a wide range of commissioned organisations such as Bath Mind, Citizens Advice, Developing Health and Independence (DHI), and Everyone Health who are among a few. Whilst the original focus of the CWH was on the pandemic response, the CWH has steadily adapted to new crises: offering practical and emotional support for Ukrainian refugees settling in B&NES, supporting people on hospital discharge and tackling the cost-of-living crisis with solutions for housing, debt advice, mental health, and community support.

The CWH aims to support multi-agency collaboration among its 38 member organisations to respond to what are often complex problems, ensuring service users holistic needs are considered and managed. This is facilitated by using a shared IT system, RIVIAM, which provides a secure digital platform for referral and case management, ensuring service users only have to tell their story once. In April 2025, CWH marked its fifth anniversary, achieving over 32,000 referrals and providing support to more than 15,000 individuals.

When considering inequalities, the CWH facilitates early detection and swift referrals to services like housing, debt advice, mental health support, and community services - tackling the building blocks of health before they develop into clinical crises. By ensuring individuals do not fall through service gaps, the CWH helps reduce inequalities, foster healthier, more resilient communities and supports the prevention of the need for formal care in the longer term.

"The Community Wellbeing Hub is a remarkable legacy from the pandemic that is still supporting the most vulnerable residents in B&NES. There could be no better examples of what happens when a community comes together to help others and we are proud to be part of that journey."

Becky Somerset, Director of the 3SG (B&NES 3rd Sector Group)

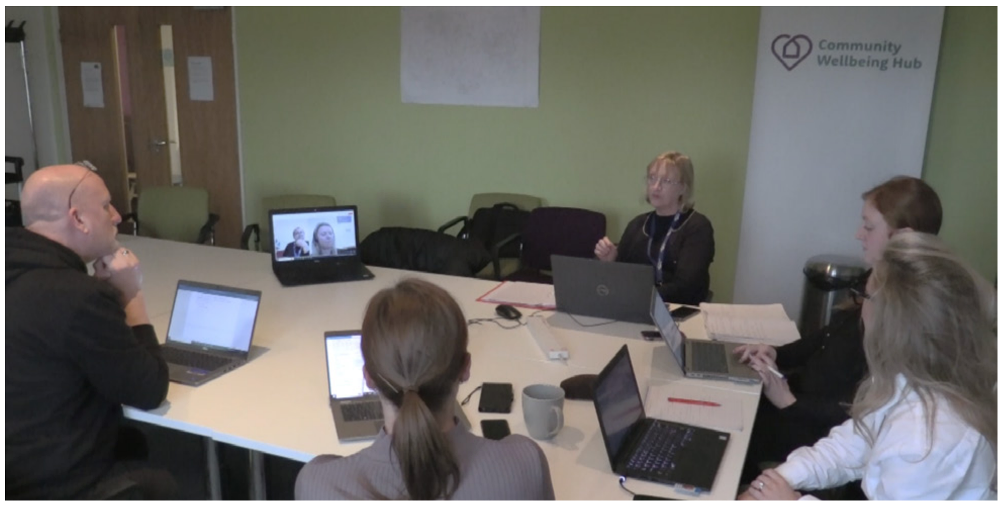
B&NES Multi-Disciplinary Team (MDT) Frailty Service

The B&NES MDT Frailty Service is a community-based service which aims to support the proactive, coordinated and person-centred management of clinically frail individuals. The MDT, which meets weekly, comprises of an Advanced Nurse Practitioner (ANP) along with health coaches and several third sector organisations.

The MDT aims to identify individuals who tend not to be on the radar of other health and care services but who have evidence of a deterioration, a history of falls or reaching a crisis point. The MDT provides a frailty review by the ANP with relevant referral, signposting and ongoing case management until needs are met.

Two of the many third sector organisations involved include West of England Rural Network Village Agents and the Bath Ethnic Minority Senior Citizens Association (BEMSCA). Their involvement helps to reduce inequalities in the access, uptake and experiences of services in population groups that may often face barriers due to rurality, language/cultural barriers or a lack of awareness or accessibility of services.

Video of the Frailty MDT in action.



Reducing Inequalities: Cold Homes, Damp and Mould

B&NES Council and partners deliver targeted interventions to reduce health risks from cold homes, damp and mould. This includes practical advice on our website and leaflets, a Damp and Mould Charter for landlords, and development of a frontline professional toolkit. Initiatives such as the Bright Green Homes scheme and Community Energy Network provide affordable warmth and energy efficiency support for vulnerable households, alongside signposting to grants and local services.

As cold, damp and mould disproportionately affect low-income households, renters, and those in poor-quality housing, by providing such resources and schemes, the programme targets those most at risk of fuel poverty and poor housing conditions. This approach aligns with the JHWS and supports equitable health outcomes by improving housing quality and reducing preventable illness.

One student at a Fresher's Fair who received information said, "Thank you so much for the leaflet, I have been really worried about the damp and mould in my student house, so it's helpful to know what I can do about it".

Keynsham Waste and Recycling Service – Improving Health

Working with Keynsham Waste and Recycling Centre in January and February 2025, the Council's Public Health Team and B&NES Wellness Service, provided by Everyone Health, offered employees health checks, including blood pressure and cholesterol testing, and support to stop smoking for those wanting to quit.

We know those of working age, in manual occupations and men are less likely to take up the offer of health checks/wellbeing support. With the support of managers, employees were given time to have free health checks and talk to advisors about their health goals. Those wanting to quit smoking were offered free vape kits and free nicotine replacement therapy. 26 staff took up the offer of an NHS Health Check and 10 received vape kits to help their quit journey.

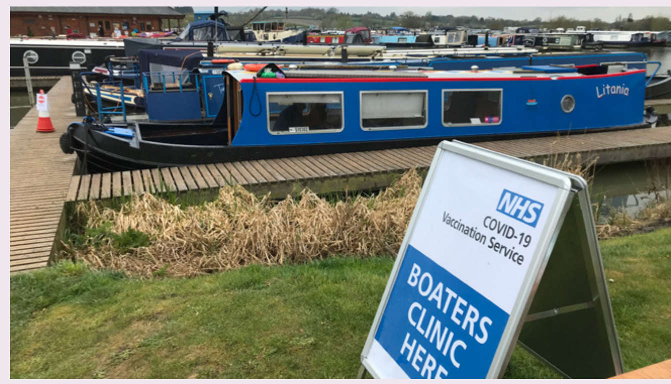
Laura, Operations Manager Keynsham Waste and Recycling Centre, said "As an ex-smoker myself, I have first-hand experience of the benefits of quitting, both physical and financial so was very keen for this to go ahead. As a manager, it is not uncommon to hear staff regretting that they smoke but acknowledging how difficult it is to stop. If we could provide some practical help with this, I thought it could only be a good thing."

Reducing Inequalities in Immunisation & Screening Uptake

B&NES Council works with NHS England, BSW ICB, and local providers to improve vaccination and screening uptake among underserved groups. Initiatives include Family Health & Wellbeing Clinics in deprived areas, outreach vaccination in care homes, and targeted campaigns for flu, COVID-19, Measles Mumps & Rubella (MMR), and Human Papilloma Virus (HPV). Screening priorities focus on breast and cervical programmes, supported by local awareness campaigns and national strategies such as the HPV catch-up programme.

Lower uptake of immunisations and screening can be linked to many factors including deprivation, ethnicity, and access barriers. Recent outreach clinics in Twerton and Whiteway improved flu vaccination rates for children and adults, while care home engagement and outreach delivery provided nearly 900 vaccinations to staff who wouldn't have ordinarily visited a GP or pharmacy to get their vaccinations, including internationally recruited workers.

As an example, one social care worker receiving outreach support said "I would not have been vaccinated if you had not made it accessible to me at my workplace."



Age UK B&NES - Befriending Service

Friendship and meaningful social connections are essential for good mental health and wellbeing, especially in later life. Loneliness is a recognised major determinant of health for older people in B&NES, especially for those living alone, with dementia, or without local family networks.

Our Befriending Service aims to reduce the impacts of loneliness, supporting older people in B&NES through regular visits or phone calls from trained volunteers. The service pairs individuals who feel lonely or isolated with a like-minded volunteer, helping to build confidence, foster community bonds, and create lasting, mutually rewarding friendships.

The family of Doreen (a service user) said "Doreen absolutely loves her weekly visits from George (befriender) and Winslow (George's dog). Having always had dogs and being a huge animal lover, it improves her week greatly. She loves the company and the interesting chats they have…"

Nick Howdle, CEO, Age UK B&NES

"Doreen absolutely loves her weekly visits from George (befriender) and Winslow (George's dog). Having always had dogs and being a huge animal lover, it improves her week greatly. She loves the company and the interesting chats they have…"

Family of Doreen, service user of the Age UK B&NES Befriending Service

St John's Foundation - Best Start in Life

In 2020, we launched our ambitious strategy to narrow the attainment gap at Key Stage 2 across B&NES. The vision for Best Start in Life is to ensure all children, regardless of their background, grow into healthy, happy, educated members of their communities.

Through investment in organisations, charities and direct school funding, interventions have been implemented with the aim of reducing the attainment gap, focusing on schools in the most deprived areas of B&NES. The programme has supported thousands of children, focusing on mental health and wellbeing; foundational literacy, numeracy and oracy; and nutritious food.

One specific example is that of the mathematics parents' workshops, which have specifically addressed generational mathematical anxiety, helping to break cycles of negative attitudes towards mathematics and ensure parents are better able to support their children at home.

Sam Gillett, Head of Delivery & Impact, St John's Foundation

Julian House - Gypsy, Roma, Boater & Traveller Outreach

Our Support for travelling communities aims to improve the lives of Gypsy, Roma, Boater and Traveller (GRBT) communities across B&NES. Without a fixed address, accessing services for health, housing support, education, or social care can be challenging. Members of our outreach team, all of whom have lived experience of life in a travelling community, work to support clients to overcome barriers and live safer, healthier lives wherever they call home.

Our crisis support work has fostered greater trust between the GRBT community and statutory services. We've found ourselves acting as a bridge between the community and external agencies. This has led to more effective collaboration and a noticeable increase in service uptake among individuals who had previously disengaged or been excluded. One client said:

"Thank you I haven't slept properly for 10 nights because of this. I'll sleep tonight". When asked how they had heard about the service they replied that a former client had recommended the service saying, "Julian House will sort you out, they helped me."

Fanny Tastic, Service Manager GRBT Services, Julian House

Orchestra of Everything Foundation (OOEF)

The OOEF is a Bath-based charity formed by local music teachers and volunteers. We provide free, high-quality music tuition to primary school children, including those in receipt of Pupil Premium funding, for whom educational attainment is amongst the lowest in England. With nearly 80% of participants receiving Pupil Premium, and 40% with Special Educational Needs or Disabilities (SEND), OOEF removes financial and access barriers to music.

Children benefit from the sheer joy of making music, and our impact goes beyond that too. Research shows that learning music fosters confidence and resilience. Our program has led to teachers reporting a noticeable improvement in attitude toward learning in around 86% of the children we support.

One parent emailed us: "Your music lessons and band workshop make such a difference to my nine-year-old's school experience. The fact that he's exposed to music is like a lifelong gift!"

News report on the OOEF (video).

Jon Gore, Founder, Orchestra of Everything Foundation

Bath City FC Foundation - “Beyond the Pitch” Initiative

As an anchor institution based within Twerton, Bath City FC Foundation run a wide variety of football and non-football related activities, one of which is Beyond the Pitch. Beyond the Pitch is a free weekly session which provides a space for individuals to exercise and socialise in an environment that encourages discussion and honesty about mental wellbeing, while promoting a healthy lifestyle to improve physical wellbeing.

The sessions, which started in April 2024, are a safe space which provide a mix of workshops, guest speakers, casual conversation and exercise, and additionally benefit from a clinical mental health professional attending the sessions.

Hayley, who started attending sessions in March 2025 and who has a diagnosis of Autism and trauma induced Schizophrenia, said “Opening up to the staff has been massive for me, I got ill six years ago and had to stop working”. Hayley went on to say, “The biggest change for me is I didn’t do anything on my own before attending, it has really helped me gain confidence.”

Chris Gannon, Head of Wellbeing & Communications, Bath City FC Foundation

Bath City Farm - Roots to Work

The Roots to Work programme works holistically with people facing barriers to employment through poor mental health, learning disabilities or economic/educational disadvantage. It offers supported work placements in areas including Hospitality, Maintenance, Horticulture and Wildlife Conservation.

Trainees gain help with CVs, interviews, employment opportunities and can earn certification in AQA Awards and City and Guilds. People complete placements when they feel they have improved their self-confidence, learned and enhanced their skills and are ultimately ready to move on. Destinations trainees have moved on to in the past year include paid employment (11), volunteer roles (22), education (28) and traineeships/ apprenticeships (3).

One trainee said ‘It transformed my life. The placement equipped me with all the skills for re-entering employment after becoming ‘unfit for work’ due to mental health. I learnt to manage my time, ask for help, maintain friendships, practice new skills – enough to start work, which I didn’t think I could do again!’

Amy Nelson, Adults Skills and Employability Lead, Bath City Farm

Chapter 4 – Looking Forward – Report Recommendations

Although a lot of work is being done across B&NES to reduce inequalities, we need to go further and act faster on this, as despite this action inequalities will remain. This is even more important as the B&NES population is becoming relatively more deprived and diverse, there needs to be further focus on the impacts of inequalities that different population groups may face.

Actions to reduce inequalities should make use of the strengths and resources that communities already have - this is called an asset-based approach. It means building on positive things already happening locally and working with communities as equal partners[69]. For example, this approach could guide how the £20 million Pride in Place funding is used in Twerton.

These actions also need to reflect how complex inequalities are. This means using a whole-systems approach, bringing together organisations and communities to understand the issues and take coordinated action. This approach helps create long-term, sustainable change[70].

Finally, such actions should have an eye to the future and respond to national priorities, including considering the Government's Missions which have a focus on Breaking Down Barriers to Opportunity and Building an NHS Fit For the Future. Specific areas of focus include priorities to giving every child the Best Start in Life and the NHS 10 Year Plan including its focus on shifting focus from sickness to prevention and the delivery of Neighbourhood Health Services within communities.

With this in mind, this report makes the following recommendations for the year ahead to further reduce inequalities within B&NES and ensure the residents of B&NES can live as happy, healthy and fulfilling lives as possible.

1. System partners to further strengthen the accurate collection and use of inequalities data to allow for better identification of disparities and development of targeted responses; with the ambition that efforts lead to improvements that benefit those with the poorest outcomes first and fastest.

2. Ensure that the emerging Neighbourhood Health Plan for B&NES has a focus on reducing inequalities, including considering how the building blocks of health (wider determinants) can further contribute.

3. Work with the West of England Combined Authority (WECA) to ensure its core levers around the building blocks of health (Transport, Housing, Employment and Skills & Economic Development) are used to reduce child poverty in B&NES as outlined in its West of England Child Poverty Action Plan (pdf).

4. Embed and deliver the updated Health and Wellbeing Strategy Implementation Plan with its focus on its key pillars to reduce inequalities.

5. In line with the recommendation of the Local Government Association (LGA) Peer Review of B&NES Council of ensuring inequalities features more prominently in the Council's thinking, planning, narrative and delivery; undertake a self-assessment on the current position and develop a Council wide plan.

Chapter 5 – Reflecting on 2023/24 Recommendations

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

The B&NES Food Equity Action Plan sets out our goals, principles and strategies for reducing food inequality across B&NES, with key pillars focusing on Governance, Money, Food and Inclusion.

Food security and supporting local food supply is an objective in the stronger places pillar of the B&NES Economic Strategy. Good Food has also been included as key focus of the Be Well B&NES Health Improvement Framework, and is a theme within the developing B&NES Climate and Nature Strategy. In addition, much work has taken place over the last year to develop a Food Strategy for B&NES. Addressing food insecurity is central to the healthy affordable food element of this work.

Integral wraparound financial support from Citizens Advice and Clean Slate continues in food banks, funded by the Trussell Trust, and further funding from Feeding Britain has allowed this service to be extended to food clubs and pantries. A priority going forward will be to map provision and explore ongoing funding for this income maximisation support.

There have been many examples of local community organisations continuing to offer opportunities for education and experience of food growing, preparation and cooking in the community. For example, Bath City Farm have set up a community fruit press, and partnership work between Bath Community Kitchen, One Big Local, Radstock Town Council, 3SG and the National Trust has meant the first community meal at the Trinity Community Hub has recently taken place.

In addition, work to better understand lived experience continues with a food and transport project focusing on ways in which local voices can influence transport planning and provision. This builds on previous research by B&NES Public Health and the University of Bath which highlighted how important affordable and accessible local and community transport is to reliably access healthy and affordable food.

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

The Children and Young People's (CYP) Plan reports as a subgroup of the B&NES Health and Wellbeing Board. Key actions to raise awareness and recognition and embed food security for CYP is as followed:

The B&NES Affordable School Programme is a collaborative movement helping schools create inclusive environments where all children can thrive, regardless of family financial circumstances. Alongside reducing hidden costs of education, the programme supports schools to address food access, such as barriers to school lunches, promotion of breakfast clubs, and signposting families to local food support and advice. Through network meetings and policy reviews, it raises awareness of the impact of food insecurity on learning and wellbeing. Currently, just over half of B&NES schools are engaged, supported by regular network meetings.

With funding from the Department for Education (DfE), Holiday Activities and Food (HAF) Programme provides access to nutritious food during school holidays for children and young people eligible for benefits-related free school meals, a time when food insecurity often increases because free school meals are not available. Alongside enriching activities such as physical activity, science, technology, engineering, and mathematics (STEM) building, and outdoor education, the programme connects families to local food banks, community resources, and advice services, helping to build a stronger support network for those experiencing food insecurity. In Winter 2024, HAF partnered with FareShare South West and Feeding Bristol to distribute 275 food hampers containing essential dried goods, recipe booklets, and creative resources, to support families after the Christmas period.

The Best Start in Life group, alongside the B&NES Affordable Food Network, prioritises tackling food insecurity as a core determinant of child health and wellbeing. It commits to creating supportive food environments, promoting breastfeeding and infant nutrition, and improving access to schemes like Healthy Start and advocating for automatic enrolment to reduce barriers. It also calls for tighter regulation of infant food marketing and an increase in Healthy Start allowances to strengthen the nutritional safety net. These actions aim to reduce inequalities and ensure every child thrives.

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

The Welfare and Support Team have continued to work on auto-enrolment for free school meals over the past year. Around 570 families were contacted regarding free school meal eligibility based on Council Tax Support and an income lower than the threshold for free school meals. Some families weren't eligible due to other factors, but 138 families are now in receipt of free school meals who didn't previously have them. In addition, schools now receive extra funding for each of these children (approx. £1,400 a year). From September 2026, free school meals will apply to any household in receipt of Universal Credit. Officers are now confident that residents who are entitled to FSM within B&NES are receiving this support.

The team have also worked to increase the number of people in B&NES claiming pension credits. In total, 188 people that were identified as potentially being eligible for pension credit were contacted, and of these, 55 are now in receipt of pension credits.

The Council has made funding available from the Government's Household Support Fund to tackle the root causes of food insecurity most notably through Clean Slate's Financial Health Check scheme. This is in addition to providing immediate support to families who receive Free School Meals through supermarket vouchers for school holiday periods, and funding allocations to Citizens Advice and Bath and North East Somerset Carer's Centre, to help with living costs.

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

The B&NES Food Strategy has been in development since January 2025 following a commitment in the 2024 Economic Strategy. It sets out a whole system approach to make healthy, affordable, local, sustainable and culturally appropriate food accessible to all residents. The strategy has been co produced from the start, involving stakeholder workshops, resident surveys and resident engagement events with groups such as Age UK. It uses the Sustainable Food Places framework, organised around six themes:

- Food Governance
- A Good Food Movement
- Healthy Food for All
- A Sustainable Food Economy
- Catering and Procurement
- Food for the Planet

The strategy has been developed to align with the Climate and Nature strategy and the Local Plan, ensuring that food is embedded into decisions around neighbourhood design and other key policy decisions.

Addressing inequalities is central to any food strategy, particularly in B&NES. B&NES is a generally affluent area, however there are clear pockets of deprivation with limited access to healthy, nutritious, affordable, local and culturally appropriate food. Work continues to tackle food insecurity in the area.

Prioritising income maximisation - the Council has become a registered partner with the Money Guiders programme, a self-development programme that helps organisations to confidently talk about money with their service users and give safe, effective guidance. The programme is currently being piloted with the Council's Welfare and Support Team and with Food Bank volunteers. Feedback from the pilot will help to inform how the programme is rolled out to other partners and organisations in the future to help improve the knowledge, skills, and confidence of those working to support the financial wellbeing of B&NES residents.

Indicators

Public Health Outcomes Framework and other key indicators (as of Dec 2025)

Health Improvement

Period	Indicator Description	England	South West	B&NES	Trend
2022	Under 18 conceptions (crude rate per 1,000)	13.9	12.4	6.9 (B)	NSC
2024/25	Reception prevalence of overweight (including obesity) (4-5 yrs)	23.5%	23.5%	22.0% (S)	CNC
2023/24	Overweight (including obesity) prevalence in adults, (using adjusted self-reported height and weight) (18+ yrs)	64.5%	62.7%	51.6% (B)	CNC
2023/24	Hospital admissions caused by unintentional and deliberate injuries in children (aged 0-14 years), crude rate per 10,000	-	-	65.3*	DGB
2023/24	Hospital Admissions as a result of self-harm (10-24 years), DSR per 100,000	-	-	434.4*	NSC
2021-24	Admission episodes for alcohol-specific conditions (under 18 years), crude rate per 100,000	-	-	53.5*	CNC
2023/24	Percentage of physically active adults	67.4%	71.4%	72.8% (B)	CNC
2022-24	Loneliness: Percentage of adults who feel lonely often or always	7.0%	6.3%	6.1% (S)	CNC
2022-24	Smoking prevalence in adults in routine and manual occupations (aged 18 to 64) - current smokers (APS)	19.2%	19.1%	24.5% (S)	CNC
2022/23	Smoking status at time of delivery	8.8%	9.2%%	7.7%	NSC
2024/25	% showing substantial treatment progress (all substances)	46.8%	-	51.5%	CNC
2021-23	Deaths from drug misuse, DSR - per 100,000	5.5	6.2	6.3 (S)	CNC
2024	Cancer screening coverage - breast cancer	69.9%	72.6%	70.8% (B)	DGW
2024	Cancer screening coverage - cervical cancer (aged 25 to 49 years old)	66.1%	70.5%	71.0% (B)	DGW
2020-25	Cumulative percentage of the eligible population aged 40-74 who received an NHS Health Check	29.6%	21.9%	41.2% (B)	CNC

Health Protection

Period	Indicator Description	England	South West	B&NES	Trend
2024/25	Population vaccination coverage - MMR for two doses (5 years old). Benchmarking against goal: <90%, 90 to 95%, ≥95%	83.7%**	89.6%	91.1% (S)	NSC
2024/25	Population vaccination coverage - Flu (aged 65 years and over). Benchmarking against goal: <75%, ≥75%	74.9%	79.4%	82.1% (B)	DGW
2022-24	HIV late diagnosis. Benchmarking against goal: <25%, 25 to 50%, ≥50%	43.3%	48.7%	50.0% (W)	CNC

Healthcare And Premature Mortality

Period	Indicator Description	England	South West	B&NES	Trend
2022-24	Under 75 mortality rate from cardiovascular disease (DSR per 100,000), 3 year range	76.5	66.3	52.3 (B)	CNC
2022-24	Under 75 mortality rate from cancer (DSR per 100,000), 3 year range	120.3	114.8	109.8 (B)	CNC
2022-24	Under 75 mortality rate from liver disease (DSR per 100,000), 3 year range	21.1	17.9	16.8 (B)	CNC
2022-24	Suicide rate (DSR per 100,000 population)	10.9	11.8	9.6 (S)	CNC
2023/24	Hip fractures in people aged 65 and over (DSR per 100,000 population)	547	530	513 (S)	NSC
2023/24	Percentage of 5 year olds with experience of visually obvious dental decay	22.4%	19.7%	16.7% (B)	CNC

Inequalities

Period	Indicator Description	England	South West	B&NES	Trend
2021-23	Slope index of inequality in life expectancy at birth within English local authorities, based on local deprivation deciles within each area (Male)	10.5***	8.0***	8.0***	CNC
2021-23	Slope index of inequality in life expectancy at birth within English local authorities, based on local deprivation deciles within each area (Female)	8.3***	5.9***	5.1***	CNC

Wider Factors that Shape Health (Wider Determinants of Health)

Period	Indicator Description	England	South West	B&NES	Trend
2024	Home ownership (ratio of median house price to median gross annual residence-based earnings, with a higher ratio indicating it is less affordable)	7.7	8.4	9.7	CNC
2024/25	Percentage of people in employment	75.7%	78.6%	79.3% (S)	NSC
2022/23	Gap in the employment rate between those with a physical or mental long term health condition (aged 16 to 64) and the overall employment rate	10.4%	9.0%	12.0% (S)	CNC
2023/24	School Readiness: the percentage of children with free school meal status achieving a good level of development at the end of reception	51.5%	50.0%	44.6% (W)	CNC
2023/24	% of children living in poverty (after housing costs)	31.0%	27.0%	21.1%	CNC
2024/25	Attainment gap between disadvantaged and non-disadvantaged pupils reaching the expected standard in Reading, Writing, Maths (RWM) at KS2	22%	25%	33%	CNC
2024/25	% of disadvantaged pupils meeting the expected standard in RWM at KS2	48%	41%	37%	CNC
2024/25	% of non-disadvantaged pupils meeting the expected standard in RWM at KS2	70%	66%	70%	CNC

Glossary

Below is a glossary of terms not defined within the main report:

- Anchor institution: a large, stable organisation, such as a university, hospital, or local authority, that is firmly rooted in its community and uses its long-term presence and resources to support local economic and social wellbeing.
- B&NES (Bath and North East Somerset): Our geographical area (a unitary authority) with Bath and North East Somerset Council providing local government functions.
- B&NES, Swindon and Wiltshire Integrated Care Board (BSW ICB): A statutory body which brings together NHS organisations with local authorities and other partners to work to improve population health and establish shared strategic priorities. It oversees how money is spent and ensures that health services work well and are of high quality.
- BMI (Body Mass Index): A calculation which divides a person's weight in kilograms by their height in metres squared.
- Cardiovascular disease: A disease which affects the heart or blood vessels.
- Chronic condition: A health condition which is persistent or long lasting.
- Civic responsibilities: Responsibilities of the Council include its duties such as providing certain services, its engagement with communities, policy and strategy development, and community leadership.
- Disability: The experience of any condition which makes it more difficult for a person to do certain activities or have equitable access in society.
- Disadvantaged household: A household that faces social or economic barriers, such as low income, limited resources, or restricted opportunities, that reduce its ability to meet basic needs and thrive.
- Economic activity: Participation in work that contributes to the production of goods or services, including being employed or actively seeking employment.

- Educational attainment gap: A gap in educational achievement between groups of students.
- Elective Treatment: A planned, non emergency medical procedure that is scheduled in advance.
- Frailty: A condition in which a person's physical and sometimes cognitive reserves are reduced, making them more vulnerable to stressors and increasing the risk of poor health outcomes.
- Governance: System of rules, processes, and decision-making structures that guide how an organisation or society is directed, controlled, and held accountable.
- Health checks: Assessments of a person's overall health to identify if they are at higher risk of disease, usually referring to NHS health checks offered between 40 and 74 years.
- High Blood Pressure: Generally considered to be a blood pressure of higher than 140/90mmHg when taken in a healthcare setting, or higher than 135/85mmHg when taken at home.
- Life Expectancy: The average number of years a person can expect to live based on current patterns of mortality (deaths).
- Obesity: In adults it is defined as living with a body mass index (BMI) greater than or equal to 30kg/m2. If you have an Asian, Chinese, Middle Eastern, Black African or African-Caribbean family background it is defined as a BMI greater than or equal to 27.5kg/m2. In children it is defined as a BMI greater than or equal to the 95th centile.
- Overweight: A condition in which a person has more body weight than is considered healthy for their height, usually defined by a BMI between 25 and 29.9kg/m2. If you have an Asian, Chinese, Middle Eastern, Black African or African-Caribbean family background it is defined as a BMI between 23 to 27.4kg/m2.
- Policy: A set of ideas, a statement of intent or a plan for action adopted or proposed by an organisation.
- Poverty: Where people lack resources required to make it possible to meet their basic needs.
- Post Traumatic Stress Disorder: A mental health condition triggered by experiencing or witnessing a traumatic event, leading to persistent symptoms such as flashbacks, avoidance, and heightened alertness.
- Relative poverty: Individuals whose income is below 60% of median incomes.
- Refugee: A person who has been forced to flee their country because of persecution, conflict, violence, or a well-founded fear of harm.
- Self-Funded Residents: People who pay for their own social care costs.

- Stigma: A negative label or set of beliefs that leads people to judge, reject, or discriminate against someone based on a particular characteristic or circumstance.
- Strategy: A plan of action to achieve a long-term or overall aim.
- Third sector: Non-governmental, non-profit, values-based organisations.
- Universal Credit: UK government benefit that provides a single monthly payment to help with living costs for people who are on a low income, out of work, or unable to work.
- Wellbeing: A state in which a person feels healthy, happy, and able to cope with life's challenges, encompassing physical, mental, and social aspects.

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Appendix

Explanatory text of charts and images referenced in main report:

Figure 2. A bar chart which shows the life expectancy gap between the most deprived and least deprived deciles in England split by sex in years 2016-2018.

- Decile 1 (most deprived) life expectancy was around 74 for males and 78 for females
- Decile 2 it was around 76 for males and 80 for females
- Decile 3 it was around 77 for males and 81 for females
- Decile 4 it was around 78 for males and 82 for females
- Decile 5 was around 79 for males and 83 for females
- Decile 6 was around 80.5 for males and 84 for females
- Decile 7 was around 83 for males and 84.5 for females
- Decile 8 was around 81 for males and 85 for females
- Decile 9 was around 82 for males and 85 for females
- Decile 10 was around 84 for males and 86 for females

The overall gap between life expectancy of the most (1) and least (10) deprived deciles is 9.5 years for males and 7.7 years for females.

Figure 4. A graph showing the Standardised all-cause mortality ratio for inclusion health groups, compared to the general population by deprivation decile. There are two graphs one for females and another underneath for males split by bars for each deprivation decile. The graph shows for both males and females there is around double the mortality ratio for the most deprived decile, compared with the least deprived decile. However, for inclusion health groups, which are included as a separate bar, the mortality ratio is more than 10 times higher for females and more than 6 times higher for males. Confidence intervals are shown and are narrow.

Figure 5. A line graph showing the excess under 75 mortality rate in adults with severe mental illness (SMI) in B&NES compared to England from 2015 to 2023. The following key data points are shown:

- 2015 - 2017 – Excess mortality was 592% in B&NES and 351% in England
- 2017 - 2019 – It was 612% in B&NES and 377% in England
- 2019 - 2021 – It was 561% in B&NES and 385% in England
- 2021 - 2023 – It was 504.3% in B&NES and 384% in England

Figure 6. A semi-circular image with concentric circles showing the following influences on health:

- The outer ring (blue) represents the General socio-economic, cultural and environmental conditions.
- The next one is labelled the Living and working conditions (green) including things like housing, health services, water and sanitation, unemployment, work environment, education and agricultural/food production.
- The next ring is Social and community networks (yellow) and then Individual lifestyle factors (orange).
- Finally, age, sex and constitutional factors are in the centre (red).

Figure 7. The factors affecting health. On the left of the image is a simple human figure divided into sections with percentages representing the significance of each factor. On the right the description of the factor is given alongside the percentage. The image shows that the effects of each factor are as follows:

- Physical and built environment = 10% effect
- Health behaviours (including smoking, diet/exercise, sexual activity and alcohol use) = 30%
- Health care = 20%
- Socioeconomic factors (including education, job status, income, family support and community safety) = 40%

Figure 9. A line graph showing the percentage of pupils meeting expected standard at Key Stage 2 in reading, writing and maths by Free School Meals (FSM) eligibility status. The graph shows the following data points:

- 2018/19 – In B&NES 71% of Non-FSM students met expected standard compared with 69% in England. In FSM students, 41% met the expected standard in B&NES compared with 48% in England.
- 2021/22 – In B&NES 67% of Non-FSM students met expected standard compared with 65% in England. In FSM students, 32% met the expected standard in B&NES compared with 42% in England.
- 2022/23 – In B&NES 66% of Non-FSM students met expected standard compared with 66% in England. In FSM students, 29% met the expected standard in B&NES compared with 44% in England.
- 2023/24 – In B&NES 67% of Non-FSM students met expected standard compared with 67% in England. In FSM students, 33% met the expected standard in B&NES compared with 46% in England.
- 2024/25 – In B&NES 70% of Non-FSM students met expected standard compared with 69% in England. In FSM students, 36% met the expected standard in B&NES compared with 48% in England.

Figure 10. A line graph comparing house prices to earnings ratio (of working people) between B&NES, England and West of England (WoE) averages between years 2010 and 2024. This chart shows that B&NES has consistently had higher price to earning ratios than England and West of England.

In 2010 the price to earnings ratio was around 9 in B&NES, 7.5 in WoE and 7 in England. It steadily increased to 2017 reaching a ratio of 11 in B&NES, 9 in WoE and 8 in England. It then falls slightly between 2017 and 2020 before reaching its highest point in 2021. Here the ratio was 12 in B&NES, 10 in WoE and 9 in England. It then falls since this point reaching 11 in B&NES, 9 in WoE and 8 in England in 2024.

Figure 11. A line graph showing poverty rates for five population groups in the UK from 1994/95 to 2022/23. The following groups are represented:

- Children (Dark Navy) - Highest poverty rates across the entire period. Starts at around 32% in 1994/95. Fluctuates between 28% and 33% through the late 1990s and 2000s. Falls slightly in the early 2010s. Rises again towards around 30% by 2022/23. There is a sharp dip in 2020/21 from above 30% in the previous year to around 27%. It then sharply rises back to 30% in 2022/23.
- The pattern of a sharp decrease in 2020/21 with a rise back to the previous level in the subsequent year is seen across all population groups
- Working-age adults with children (Green) - Begins at just over 25% in the mid-1990s. Shows small variation through the 2000s. Ends just below 25% in 2022/23
- Pensioners (Red). Starts at around 27% in 1994/5. Experiences a sharp decline from 2000 to 2010, falling to around 14%. Stays between 14% and 18% afterward. Ends around 16% in 2022/23 and is the lowest poverty rate of all groups at this point.
- All people (Dark Blue Dotted Line). Starts at around 25% in 1994/95 and falls on a mostly downwards trajectory to around 21% in 2022/23.
- Working-age adults without children (Blue Dashed Line). Starts as the lowest poverty rate of all groups in 1994/95 at around 16% with small fluctuations until around 2007/08 where is starts a steady upwards trajectory before falling slightly, reaching around 18% in 2022/23.

Figure 12. A bar chart showing unemployment rates by age band during 2024 in the UK. The chart shows the following data points:

- Ages 16 – 19 is 17% unemployment rate
- Ages 20 – 24 is 10% unemployment rate
- Ages 25 – 34 is 3.5% unemployment rate
- Ages 35 – 49 is 2.5 % unemployment rate
- Ages 50 – 64 is 2.5 % unemployment rate

Figure 13. An infographic showing the NHS England Core20PLUS5 approach to support the reduction of health inequalities for Children and Young People (CYP).

It shows 2 target populations for this approach:

1. CORE20 = most deprived 20% of the national population as identified by the national Index of multiple deprivation
2. PLUS = Integrated care system chosen population groups experiencing poorer-than-average health access, experience and/or outcomes, who may not be captured within the CORE20 alone and would benefit from a tailored healthcare approach e.g. inclusion health groups

It then shows the following 5 key clinical areas of focus to reduce health inequalities:

3. Asthma - Address over reliance on reliever medications; and decrease the number of asthma attacks
4. Diabetes - Increase access to real-time continuous glucose monitors and insulin pumps across the most deprived quintiles and from ethnic minority backgrounds; and increase proportion of CYP with Type 2 Diabetes receiving annual health checks
5. Epilepsy - Increase access to epilepsy specialist nurses and ensure access in the first year of care for those with a learning disability or autism
6. Oral Health - Address the backlog for tooth extractions in hospital for under 10s
7. Mental Health - Improve access rates to children and young people’s mental health services for 0-17 year olds, for certain ethnic groups, age, gender and deprivation

Figure 14. A line graph showing the smoking prevalence in adults in routine and manual occupations (aged 18 to 64) who are current smokers in B&NES compared to England from 2019 to 2024. The graph shows how the England rate has fallen slightly in the period, whereas the B&NES rate has increased. It has the following key data points are shown:

- 2019 – 2021 – Smoking prevalence was 21.3% in B&NES and 23.3% in England
- 2020 – 2022 – It was 21.4% in B&NES and 21.4% in England
- 2021 – 2023 – It was 23.1% in B&NES and 20.4% in England
- 2022 – 2024 – It was 24.5% in B&NES and 19.2% in England

Figure 15. This bar chart shows the percentage of year 6 children classified as obese (including Severely Obese) split by IMD (2019) deprivation quintile and then further split by sex. It covers the years 2017/18 to 2023/24. It shows the following data points (bars):

- IMD Quintile 1 (most deprived) – 18.2% of females were obese (orange) and 23.2% of males (blue)
- IMD Quintile 2 – 14.4% of females were obese and 23% males
- IMD Quintile 3 – 13% of females were obese and 16.4% of males
- IMD Quintile 4 – 13.6% of females were obese and 14.2% of males
- IMD Quintile 5 (least deprived) – 6.1% of females were obese and 7.7% of males

Figure 16. This line graph shows percentage of physical activity in B&NES split by people who have no disability or long-term condition (LTC) (blue line) and those with a disability or LTC (red line). It covers the period Nov 2018 to Nov 2023 and has the following data points:

- Nov 2018/19 – Not disabled/LTC = 77.2% physically active and those with a disability/LTC = 65.6%
- Nov 2019/20 – Not disabled/LTC = 68.9% physically active and those with a disability/LTC = 56.5%
- Nov 2020/21 – Not disabled/LTC = 71.2% physically active and those with a disability/LTC = 44.9%
- Nov 2021/22 – Not disabled/LTC = 77.7% physically active and those with a disability/LTC = 54.3%
- Nov 2022/23 – Not disabled/LTC = 81.6% physically active and those with a disability/LTC = 52.4%

Be Well B&NES. An infographic showing the Be Well B&Nes framework – which is the Councils health improvement vision for B&NES.

Centre is statement saying B&NES: Where children and adults are enabled to live healthy lives.

Surrounded by a circle divided into four segments showing the 4 key principles

1. Good food for all
2. Live free from harms of tobacco, drugs and alcohol
3. Achievable active lifestyles
4. Good emotional wellbeing for all

This is then surrounded by an outer circle divided into segments showing the 11 other facilitators:

1. Health equity
2. Collaboration
3. Wider determinants
4. Communities
5. System-change
6. Listening
7. Nature positive, carbon neutral
8. Compassionate approach
9. Children and adults
10. Evidence-based
11. Continuous learning

Director Of Public Health Annual Report 2024/25

Bath & North East Somerset Council

Improving People's Lives

Working Towards a Fairer B&NES

Reducing Health Inequalities in Bath and North East Somerset

Director of Public Health Annual Report 2024/25

Paul Scott, Interim Director of Public Health and Prevention

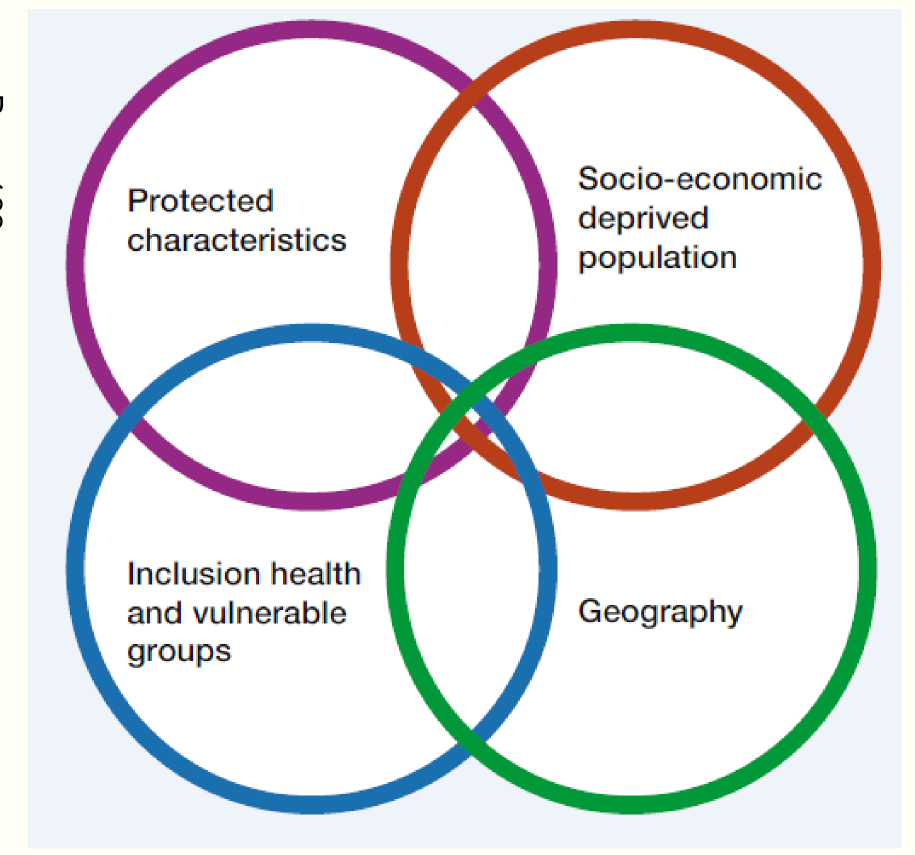
Ryan Doherty, Public Health Registrar

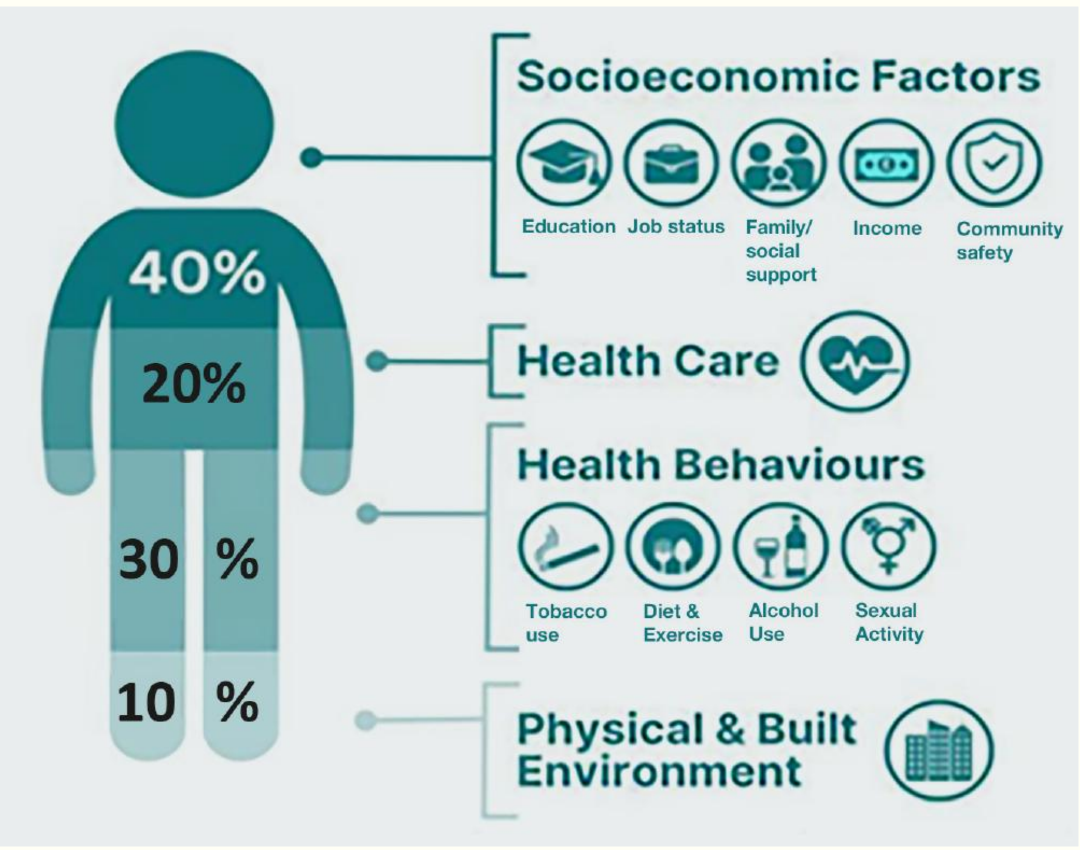
Bath & North East Somerset Council

Improving People's Lives

What Are Health Inequalities?

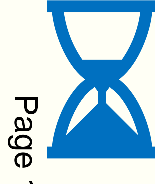
"Health inequalities are **avoidable**, **unfair** and **systematic** differences in health between groups of people"





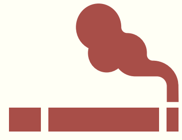
What Do Health Inequalities Look Like?

Below is a snapshot of some of the inequalities residents of B&NES may face:



The difference in life expectancy between people living in the most and least deprived areas in B&NES is **8 years in men** and **just over 5 years in women**

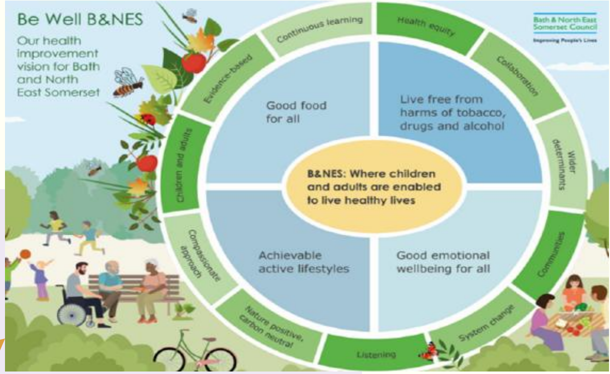
Someone with a Severe Mental Illness (SMI) in B&NES is **around 5 x more likely to die young** (before 75) than those without a SMI



24.5% of people who have a manual or routine occupation in B&NES are smokers, compared with only 9.4% of the total B&NES population

People from more deprived areas are **waiting longer for their elective hospital treatment** in BSW than those from less deprived areas

What Can Be Done About Health Inequalities?

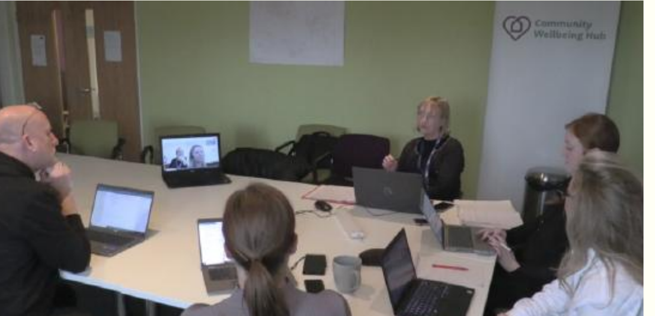


Civic-level interventions

Place-based planning

Community-level interventions

Service-level interventions



Report Recommendations

1. System partners to further strengthen the accurate collection and use of inequalities data to allow for better identification of disparities and development of targeted responses; with the ambition that efforts lead to improvements that benefit those with the poorest outcomes first and fastest.

2. Ensure that the emerging Neighbourhood Health Plan for B&NES has a focus on reducing inequalities, including considering how the building blocks of health (wider determinants) can further contribute.

3. Work with the West of England Combined Authority (WECA) to ensure its core levers around the building blocks of health (Transport, Housing, Employment and Skills & Economic Development) are used to reduce child poverty in B&NES as outlined in its West of England Child Poverty Action Plan (pdf).

4. Embed and deliver the updated Health and Wellbeing Strategy Implementation Plan with its focus on its key pillars to reduce inequalities.

5. In line with the recommendation of the Local Government Association (LGA) Peer Review of B&NES Council of ensuring inequalities features more prominently in the Council's thinking, planning, narrative and delivery; undertake a self-assessment on the current position and develop a Council wide plan.

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