

GET FRESH:
Health and Wellbeing in
Bath and North East Somerset

FRESH

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Introduction



Welcome to the 2016 Director of Public Health report. I am here to find ways to help residents become healthier, in body and mind, and avoid, where possible, developing the diseases that prevent us living happy and fulfilled lives.

On average, people in Bath and North East Somerset are some of the healthiest in the UK. But we still face all the challenges that beset any community, and throughout life many of our residents face health problems and disabilities. Our “average” situation reflects a large number of people doing excellently well, but also many with far less positive experiences, and if you are one of those it is little comfort that you live in a healthy area.

Whenever there is a discussion about people’s lifestyles, avoidable illness and health inequality in the media, whether about obesity, alcohol or smoking, you will usually hear two broad sets of views.

The first is that our job as health professionals is just to give people the facts about healthy behaviours and then they will use that knowledge, or not, as they wish. If they don’t want to take

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responsibility for their health that is their choice, and anyway we pay for the NHS to treat us, whatever the causes of our illnesses. Beyond that basic education, it is no business of the state to tell anyone how to live their lives.

The second set of arguments are that people’s choices are heavily influenced and restricted by the nature of their wealth and position in society, their upbringing and education, advertising, the environment and the economy as well as characteristics such as genetics, sex, ethnicity and disability. In recent years “behavioural economics” has given us a more sophisticated understanding of the psychological influences on our behaviour. On the basis of all these points, the argument goes, a just society needs to work actively to shape itself to provide the best possible opportunities for people to thrive and to “make the healthy choices the easy ones”.

There are many refinements to this picture. One is that children are not free to make choices separately from their parents, and society has a responsibility to support them more actively until they are able to do so. Another is that the country pays dearly for the treatment of preventable illness and so there is a shared interest in a healthy population. Yet another is that health inequalities on too great a scale are damaging to the health of all members of the community, even the better off, and that a healthy society therefore needs to take active steps to reduce health inequality and its causes.

We see some of these arguments play out in political and policy debates in the media, and they tend to become very polarised and heated. But as with most of the big questions in life, reality

is far more complex and messy than any simple viewpoint can capture. What I hope to show in this report is that we can achieve the most for our residents by balancing all of these views and finding ways both to help individuals make good choices, and to shape the local environment, in the widest sense, to make those choices easier.

Working in the Council and with the local NHS puts me and my team in an excellent position to play this role, and there is widespread commitment of all the major organisations in Bath and North East Somerset to this work.

So many different things affect our health and wellbeing that it can be hard to identify clear priorities. I have therefore used the short word “FRESH” in this report as a mnemonic to help me identify and explain what they are. Our health can be improved at any time in life, from before birth to the very end, and much of the way we work practically is built around a lifelong approach, starting with helping young families, then school age children, working age adults and older people in retirement.

Part of the report will focus on an important meeting this year, run for our Health and Wellbeing Board, to focus on the health inequalities that we have in our communities, and the work that many organisations and groups can do to narrow the gaps between different parts of our community.

If we are to improve people’s health, we need accurate information, both about the health of our residents and also about what actions and services are most likely to provide effective support. You will find much information summarised in the report, and much

more is available on the Council’s website particularly on the Joint Strategic Needs Assessment (JSNA) pages for those who want to dig deeper.

But behind these figures are real people, families and communities, and in this report you will also see some of their stories and challenges, and hear about the support that we are able to give to them. This year we have also listened to the public, and what they think is important about their health, through the pages of the Bath Chronicle. I thank the editor of that paper for allowing us to do this.

I hope you find it interesting and readable, and if anyone wants to speak to me about anything in the report please get in touch on my email at bruce_laurence@bathnes.gov.uk

Dr Bruce Laurence
Director of Public Health

“Behind these figures are real people, families and communities, and in this report you will also see some of their stories and challenges, and hear about the support that we are able to give to them.”

What is FRESH?

Health and Wellbeing is affected by many different influences – from our genetic make-up, how and where we live, the people we spend time with, the education we receive and the work we do. The Public Health team works within the council and in partnership with a wide variety of other agencies to provide a variety of preventative services to the local population, but also builds on their skills and knowledge to ensure that all services aim to promote physical

and mental health and wellbeing and to reduce inequalities experienced by different groups within the population.

Five priority areas have been identified by the Public Health team which represent the most significant challenges to the health and wellbeing of residents in B&NES and priorities which the team believe can make the biggest difference using the skills and resources that we have. These priorities are expressed using the acronym 'FRESH'.



Food and Fitness

Obesity, inactivity and poor diet are at the root of so many of our disabling and deadly diseases like heart disease, strokes, diabetes and many cancers. These diseases can also have a major impact on an individual's mental health. We invest in services that help people of all ages to eat well, exercise more and achieve a healthy body weight.



Relationships and Resilience

Human connections within families and communities along with good mental health are essential for our overall wellbeing. The Public Health team works with others to ensure that those people who are most vulnerable in our community are able to express their health and social needs. We also invest in specific services to promote good mental health and to improve access to other services for those who might most easily be excluded. We work with others to find ways of reducing social isolation and loneliness.



Early Encouragement

It is well documented that a good start in life, with sufficient love and skilled care will improve a child's prospects into adulthood and old age. Therefore providing help to young families and to children's developing minds and bodies are some of society's most fundamental duties. Two of the Public Health teams' largest and most important investments are in the health visiting and school nursing services. These support families from before birth to the end of adolescence, helping to prevent problems before they start, support those in greater need and enable children to fulfil their potential.



Sex and Substances

Positive sexual relationships are important to most people's overall wellbeing; and human society has always existed with a variety of mood-altering drugs, from tobacco and caffeine to cannabis and other drugs. Together these are the pleasurable but potentially risky activities where Public Health intervention can reduce the likelihood of harm. A major area of service provision funded from the Public Health budget is our comprehensive range of sexual health services, advice to young people, easily accessible contraception, and other valuable services. Another large chunk of our budget goes on the prevention and treatment of addiction to tobacco, alcohol and the other legal and illegal drugs.



Hometowns and Habitats

Our housing, the economy, transport links, the natural environment and workplaces impact heavily on our health and wellbeing. The Public Health team have made strong links to teams such as Public Protection, Transport and Regeneration, and has made a contribution to areas as diverse as air pollution, health and the built environment, active transport planning and the health impacts of climate change.



Food and Fitness

We want everyone to be able to enjoy good quality, safe, affordable food and a healthy diet. The Bath and North East Somerset Food Partnership has been set up to oversee the [B&NES Local Food Strategy](#) and to co-ordinate action on food issues. We are working on more locally produced food that sustains the environment and supports the local economy too. Take a look at our short [Local Food Film](#) to find out more about the work of the partnership. Here are some examples:



Bath and North East Somerset wins Prestigious Sustainable Food Cities Award

Bath and North East Somerset has won the Silver Sustainable Food Cities Award for its work in tackling key food health and sustainability issues such as food poverty, cooking skills, public-sector food and waste. It is one of just 9 local authority areas in the UK to win the prestigious award.

Councillor Martin Veal (Conservative, Bathavon North), Cabinet member for Community Services said **“The Sustainable Food Cities Award recognizes the work of a wide range of organisations including Bath Area Growers who have set up new community**

gardens in Bath and Community @ 67 who have set up a local food co-operative and lunch club in Keynsham. We’re particularly proud of the Local Food Partnership’s efforts to improve public-sector food procurement, increase cooking, growing and healthy eating in schools and to support people to develop cooking skills”.

For more information please view the Sustainable Food Cities Award Application or visit www.bathnes.gov.uk/localfood

School Food Forum

The Forum supports a whole school approach to food and aims to provide healthier food for children. It has helped schools to meet the new school food standards and increase school meal uptake by 20% between 2013 and 2015. It also supports schools to meet healthy eating requirements in the Director of Public Health Award including cooking, growing, healthy eating and farm visits.

Check out our [short film](#) to find out more about food in our local schools!

Public sector food

B&NES Council has developed a new partnership with local food distributor, Fresh Range, to provide fresh, local and sustainable food in schools and other outlets. The new partnership will allow a wide range of local farmers and businesses to supply the Council’s school food service, providing fresh food for children and helping to support local businesses and reduce food miles. The Council currently holds the Soil Association’s silver Food For Life Catering Mark for its school meals. This provides an independent endorsement that meals served are freshly prepared, free from trans fats and additives, promote healthy eating and are produced from local, organic and sustainably sourced ingredients.



‘Cook It’ Service

If we want families to eat well it is essential that people have basic cooking skills. The Cook It Service is a free practical cooking course for parents, carers and pregnant women which targets those at greatest need and focuses on affordable, quick and nutritious meals that can be prepared on a budget. The Cook It Service has worked with over 150 local families during the financial year 2015/2016.

Eat Out, Eat Well Award

The “Eat Out Eat Well Award” is designed to encourage restaurants and take-aways to provide their customers with healthier choices

and to support them to reduce the fat, salt and sugar content of food prepared. The award scheme is open to all types of food outlets including restaurants, cafes, take-aways and work settings. There are currently 82 businesses in B&NES with an “Eat Out Eat Well Award” and there is a target of enlisting 20% of high street food outlets by 2019.



Food and Fitness

Our modern sitting down and labour-saving lifestyles are doing us great harm and physical activity is truly one of the miracle cures that we can use to improve body and mind. The local Fit for Life Partnership is made up of a range of local organisations who work together to get –and keep– B&NES moving. We have had a busy year. Some of the highlights include:



A well established Tryactive programme
- This project with Bath Rugby Foundation uses cycling, running and outdoor fitness to get people active and healthier.



Improved Sportivate Youth engagement projects at Southside and Peasedown St John - Sportivate is a nationwide campaign providing opportunities for teenagers and young adults (aged 14-25) to receive coaching in a sport of their choice and guide them into regular participation within their community.



Wheels for All Cycling Projects - An inclusive programme enabling disabled and non-disabled children and adults, with a wide range of social, emotional, physical and learning requirements, to engage in and enjoy cycling.



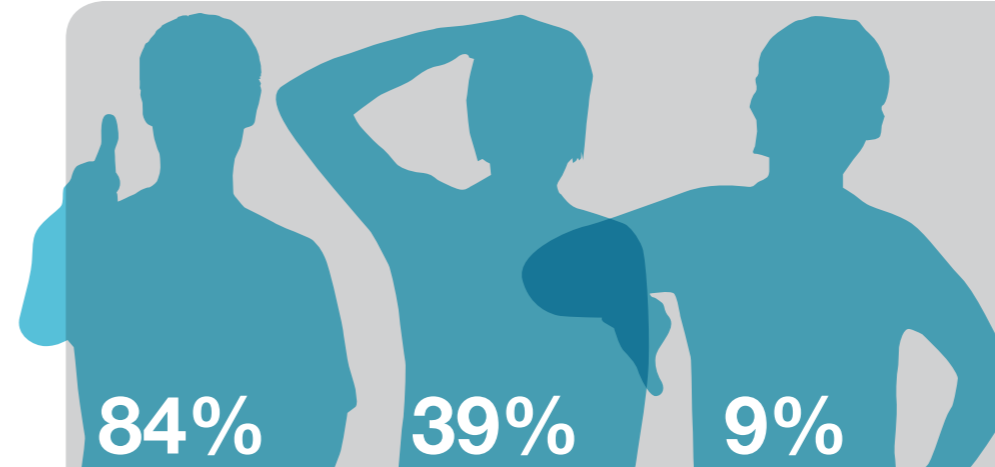
The launch of “**This Girl Can Swim**” at Culverhay Sports Centre - This Girl Can Swim is a national campaign developed by Sport England and a wide range of partnership organisations. It is a celebration of active women up and down the country who are doing their thing no matter how well they do it, how they look or even how red their face gets.

Advice about eating well, moving more and health checks are available as part of the national One You campaign: <http://www.bathnes.gov.uk/services/public-health/one-you>

Relationships and Resilience

How we feel affects our health. Across the UK 10% of older people live with chronic loneliness¹ and loneliness can be as bad for our health as smoking².

According to the Voicebox Residents Survey 2014³, most people living in Bath and North East Somerset are satisfied with their lives and their relationships. Some people though do not have a quality of life that they would hope for:



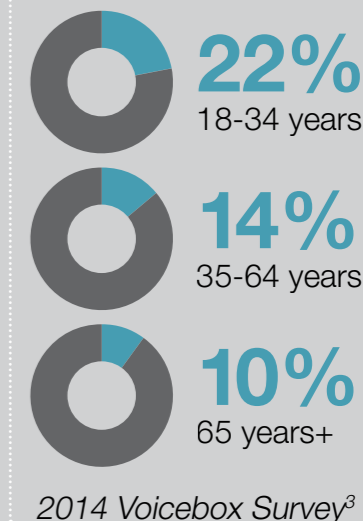
84%
84% of residents reported high levels of satisfaction with their life.

39%
But 39% felt anxious “yesterday”, higher than the regional average.

9%
9% of people said they were not satisfied or not sure if they were satisfied with the kinds of relationships they have.
B&NES Voicebox survey for adults in 2014

Office for National Statistics Wellbeing Survey, 2013/14⁴

Younger people in Bath and North East Somerset are most likely to feel they had no one outside their family they could depend on...



More information is available from <http://www.bathnes.gov.uk/services/your-council-and-democracy/local-research-and-statistics/wiki/wellbeing> and <http://www.bathnes.gov.uk/services/your-council-and-democracy/local-research-and-statistics/wiki/loneliness-and-isolation>

The good news is that research shows there are basic steps we can take to feel better: connecting with others, being active, taking notice of our surroundings, learning something new and giving to others.

These principles form the heart of our work to support the wellbeing of everyone in Bath and North East Somerset. Reducing isolation is a particular priority of our Health and Wellbeing Board. Here's a flavour of our local projects:

Keynsham Older People's Group, a joint initiative with Age Concern. A friendly group of older people meets in Keynsham. Members enjoy outings, such as trips to the Lifeskills Centre and MShed Museum in Bristol, Bath's Holburne Museum, as well as talks by visiting speakers. The group is free to join, members just bring along a small item for the raffle table.

The Lunch Bunch meet in the Midsomer Norton and Radstock area each month for a pub lunch.

The Hub in a Pub at Chew Stoke, a joint initiative between The Stoke Inn, Age UK, Council and City of Bath College. It provides services and support to older people living in the Chew Valley. The 'Gadget Busters' IT scheme is one of many activities.



See <http://www.ageuk.org.uk/bathandnortheastsomerset/activities-events/> or call 01225 484510 for more information.

'MyScript' social prescribing

Health services have a key role in helping people stay mentally and physically well. However, a pill or an operation is not always the best medicine. 'MyScript' is for people who have been in contact with their GP about physical and/or mental health issues who showed an interest in finding out how art, exercise, nature or social activities might help them to feel better.

The service finds out more about peoples current situation and suggests opportunities in the community which might be fun or helpful. The help does not stop there, the team can encourage and support people to attend these opportunities as they are aware that it can feel daunting to try something new.

Nearly 300 people used the service in the first year. Your GP can refer you to the service, so the first step is to talk to them about it. You can fill in a self-referral form (www.dhi-online.org.uk/do/bath/my-script-social-prescribing/) and hand it in to the reception at your Bath and North East Somerset GP surgery. Volunteers are always welcome, to discuss volunteering contact Richard Brookes on 01225 310077.

GoodGym

Runners with a strong community spirit to match their strong legs are paired with an older person who would like a runner to visit for a chat. The runner benefits from a cup of tea and encouragement for the return run! GoodGym runners undertake other activities for the community too.

<https://www.goodgym.org/areas/bath>



The Wellbeing College

The College provides activities and courses in community venues across the area. These aim to improve wellbeing by helping people to learn something new and meet new people. Everyone is welcome and most courses are free. Examples include:

- Woodland wellbeing – a course providing an opportunity to spend two hours in the woods with nature
- Learning about computers in a small supportive group
- Traditional upholstery for beginners
- Gentle yoga – a course very popular with older people

People attend for a number of reasons. Some simply want to start a new hobby or improve their fitness, others are anxious, depressed or lonely and want to do something to feel better. Courses are listed at www.wellbeingcollegebanes.co.uk or call 01225 831820 to speak to an advisor who can help you decide which courses would suit you best.



Feedback from the Wellbeing college

"I was so glad I made the effort last week, even in the rain. It was an achievement. It's really good for me to be doing something different and for myself."
Woodland course

"This course has given me the confidence in myself to approach exercise again"
Gentle Yoga

"Helps me in more ways than I could put into words. Everything about me just feels better. I feel like me, I feel free"
Nature Nurture course

"It has been amazing, I've never laughed so much. Great fun, met some great people and have been able to do things I never thought I would be able to"
Fun Circus Skills

Early Encouragement for Children and Young People

Giving every child the best start in life is crucial. Public Health has been involved in a range of work to strengthen early encouragement in terms of both early help and working with early years.

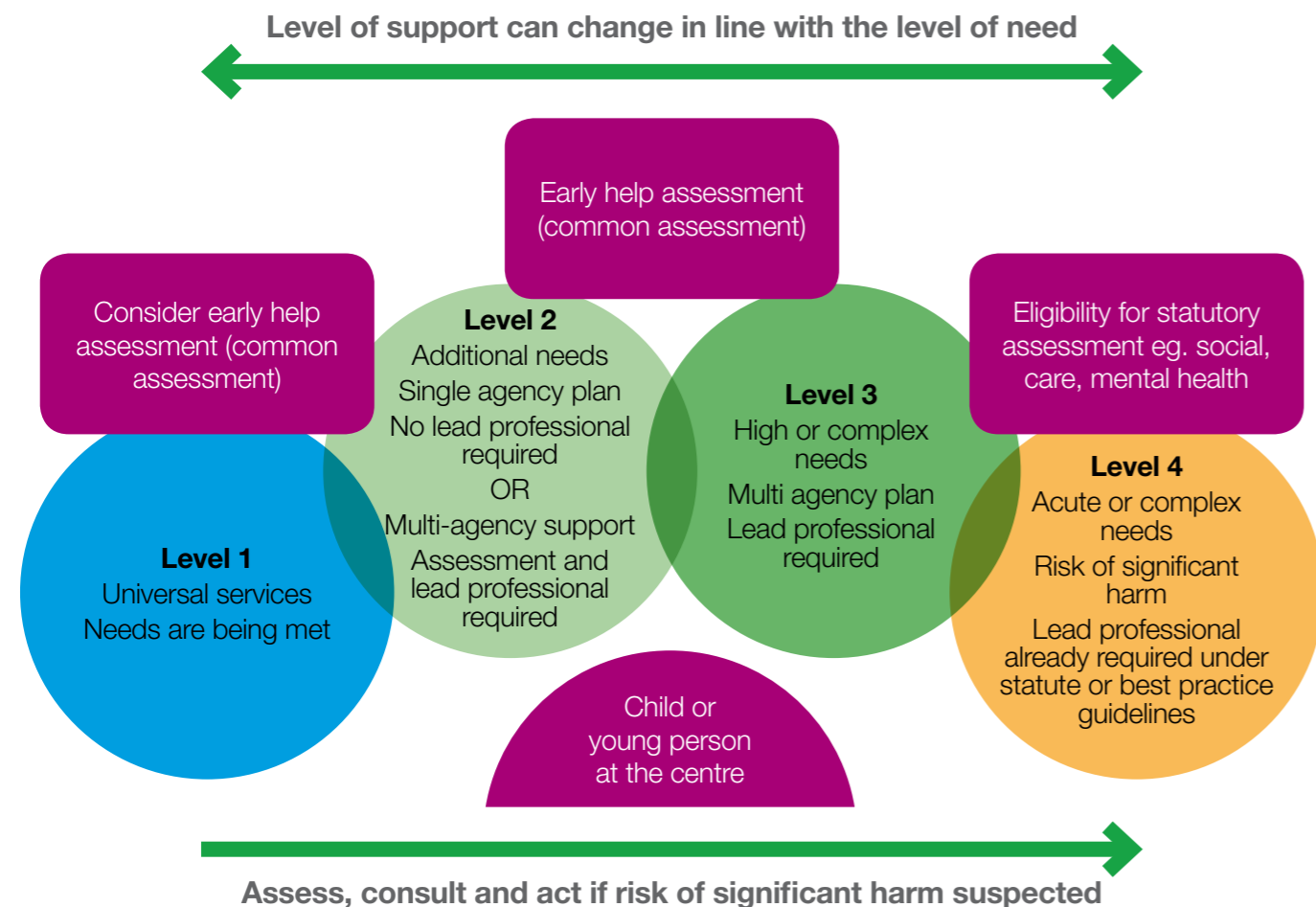
Early Help offer strengthened

Early Help means providing effective support to children and young people as soon as needs start to be identified, and to bring about change to prevent these from escalating and leading to poor outcomes. Early Help may occur at any point when needs arise,

from pre-birth through to the teenage years and at any stage in adulthood.

Organisations have joined together to strengthen the prevention approach with an Early Help offer for children and young people. 2016 saw the launch of the Bath and North East Somerset Early Help Strategy⁵.

Early help is an approach, which should take place across the spectrum of need, from universal services for everyone, through to targeted and specialist services (see fig **)



Early Years - Health visiting becomes part of Council services

Bringing up children is a daunting responsibility for anybody, and our health visitors give valuable advice and support to all our families. In October 2015, the commissioning of services for children between the ages of 0-5 was transferred to local authorities, including the health visitor service.

Now that the council has this responsibility there are great opportunities to work more closely with other services like housing, nurseries and children's centres, as well as local GPs. Our 4-5-6 model shown here explains how health visitors work with young families.

4

Figure ** 4-5-6 model

- Community
- Universal services
- Universal plus
- Universal partnership plus

5

Contacts / touch points

- Antenatal health promoting visits
- New baby review
- 6-8 week assessment
- 3-4 month visit (local additional offer)
- 1 year assessment (9-12 months)
- 2-2½ review

6

High impact areas

- Transition to parenthood
- Maternal mental health
- Breastfeeding
- Healthy weight / nutrition and physical activity
- Minor illness and accidents
- Health and wellbeing / development

Targeted provision – Family Nurse Partnership

The Family Nurse Partnership (FNP) is an extra programme giving intensive support to our youngest mothers. This is a tried and tested approach started in the USA 30 years ago.

The programme focuses on attachment, relationships and psychological preparation for parenthood, helping to overcome adverse life experiences which very young mothers have often faced themselves so that their babies have a great start. Locally there is a team of 5 staff who can see up to 80 families up until their child is 2 years old.

What's changed?

- Health Visitors have been training and now ask all parents about alcohol and substance misuse
- Baby feeding hubs have seen a significant increase in numbers attending
- Health Visitors have started to deliver 'Hello Baby' antenatal courses in Children's Centres.

CASE STUDY

“A day in the life of a Family Nurse from Family Nurse Partnership”

It's Tuesday, nothing special really, just another day...

The Family Nurse in B&NES will see three clients today, one is 14 years old and pregnant; the second is 17 years old with a newborn infant and a partner in prison; and the last client of the day is a 19 year old care leaver who is single with a 22 month old toddler. It's just another day.

With the pregnant client, the Family Nurse will discuss and explore fetal development, nutrition and exercise, smoking and substance use, housing and benefits, plans for the future, healthy relationships and domestic abuse, infant feeding, labour and birth – to name but a few. All the time, affirming strengths and developing the client's increasing knowledge and desire to 'get it right' for her unborn. It's just another day.

With the client with the newborn, the Family Nurse will further explore and build upon all the topics covered in pregnancy. S/he will deliver programme content and complete assessments relating to child health and development – physical, social and emotional – and explore how to support the infant's learning at each stage of development. Not forgetting support around safe sleeping, feeding and introducing solids, immunisations, childhood illnesses and safety. It's just another day.

with the client with the child in toddlerhood (12-24 months) the Family Nurse will further explore and build upon all the topics covered in pregnancy and infancy, with the added blessing of

“The development of a trusting, therapeutic relationship between client and Family Nurse is an intervention in itself.”

a toddler joining in. S/he will deliver programme content that promotes learning for the client and child. They will explore the importance of play on development and explore the challenges of, and responses to, normal toddler behaviour. S/he will also prepare the client for a positive ending, when they say goodbye and the client will access universal services themselves. It's just another day.

Throughout all of this, the development of a trusting, therapeutic relationship between client and Family Nurse is an intervention in itself. For clients who have experienced many losses and been let down many times, this relationship, and the ability to test its strength and still have the Family Nurse there, has a significant impact on the client's ability to build trusting relationships in the future. It's just another day.

Throughout all of this, the Family Nurse is acting as advocate for the client and child, in often very complex, chaotic and vulnerable circumstances. S/he will work with other agencies to best meet the needs of the individual client and child; including Social Care, Domestic Abuse Agencies, Police, Probation, Mental Health Services, Housing, and other Health Services. It's just another day.

Throughout all of this, the attachment and interaction between the client and child is continually observed and supported with tools and activities, with the key objective of positive interaction and secure attachment. For the clients who have not had positive interactions or secure attachments in their own lives up to the point of becoming a parent themselves, this is a great achievement in breaking the inter-generational cycle. It's just another day.

Just another day in the life of a Family Nurse is a true example of Early Help in action, working every two weeks with women aged 19 and under expecting their first child, from early pregnancy until the child's second birthday.

Sex and Substances

Drugs

Figures appear to indicate that the numbers of opiate and/or crack users in the 15-64 population in Bath and North East Somerset have increased over recent years.

There has also appeared to have been an increase in availability and use in the new psychoactive substances (NPS), previously known as 'legal highs' that appear to be commonly available. In order to halt the spread of these new drugs The New Psychoactive Substance Act came into force on the 26th May 2016. This new act will stop UK websites or headshops from selling NPS's, and will also stop

the selling of Nitrous Oxide (NOS) which is often referred to as laughing gas.

Bath and North East Somerset substance misuse team has been proactive in increasing knowledge of new psychoactive substances and Ketamine harm. In response to requests, further training is being delivered in schools, youth clubs and colleges to show the physical changes to the body that, for example, ketamine produces. The Avon and Somerset Police Drug Strategy Manager also delivered training in B&NES on drug trends and NPS's with over 50 professionals attending.



Jason's experience of treatment from Project 28.

Project 28 offer support and assessment services for young people in the BANES area with problematic substance misuse needs.

Jason came to Project 28 at the age of 14 confused with low self-worth and no direction. His journey was not an easy one but he stuck with it reaching goals and keeping to appointments. Support through school for Jason was essential for his treatment and he often said how important it was to have someone to talk to and somewhere to go. More agencies became

involved as Jason's needs began to be revealed. Jason finished school, passing his exams and has just completed his first year of college passing Level one in plumbing. He is proud and excited by life and has learned to talk about his feelings. Other key agencies that supported Jason were Child and Adolescent Mental Health Services (CAMHS) and Youth Connect.

Discharged in July 13, Jason completed treatment and remains drug free.

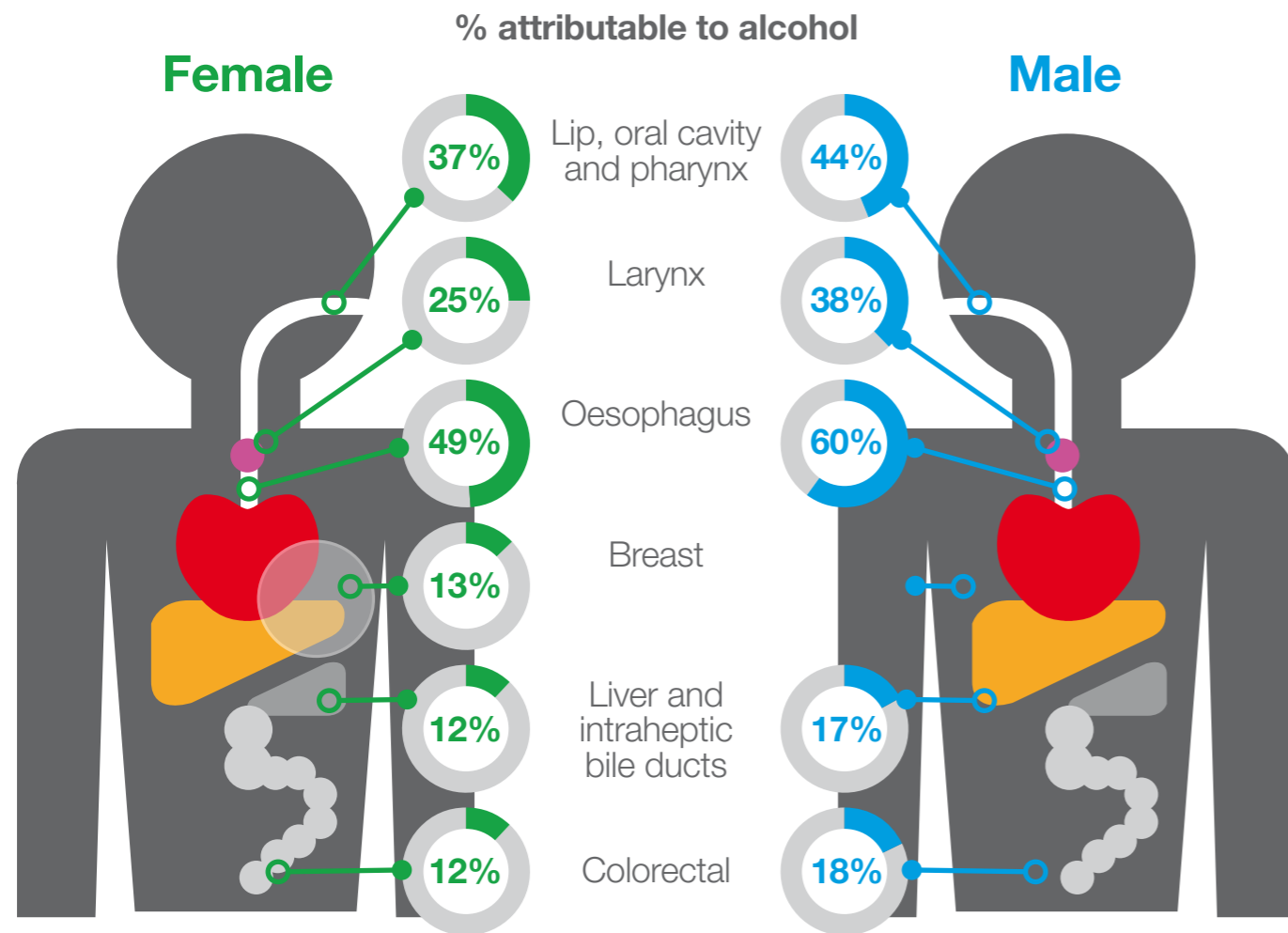
Alcohol

A study commissioned by Public Health Action on behalf of 11 local authorities in the South West revealed that one in three adults are drinking too much alcohol, consuming it at levels that pose an increasing or higher risk of damaging their health. 83% of those drinking above the Government's recommended guidelines underestimated their drinking, seeing themselves as 'moderate' or 'light' drinkers and 69% (7 out of 10) were not concerned

about how much they drink⁶.

According to the 2015 Child Health and Wellbeing Survey the proportion of 12-15 year olds reporting drinking alcohol has declined, for example, the numbers who reported drinking alcohol in the last week: 15% of boys in 2015 compared to 24% of boys in 2013 and 12% of girls compared to 21% of girls in 2013⁷.

Alcohol consumption is a risk factor for many types of cancer



Treatment services for the young:

48% of young people in drug and alcohol treatment services drink alcohol. When leaving treatment, 95% of young people have successfully completed treatment, with only 3% re-presenting.

Treatment services for adults:

The number of people seeking help with alcohol misuse has almost doubled in the last three years. The number of people who have successfully completed their programme is consistently high at between 46% - 50%. This is above the national average.

Young Peoples Sexual Health Services

It is really important that young people develop their sexual awareness and behavior in the context of supportive and respectful relationships. We must help them to stay safe while still young, and learn how to form successful long term relationships in adult life. Our modern highly sexualized society presents some real challenges and pressures, and so our sexual health services focus very much on the importance of relationships and respect, young people's rights to control their bodies and be sexually active or not as they choose, and helping them in practical ways to be safe and avoid risks of unwanted pregnancies and sexually transmitted infections. Around 10 years ago the rate of teenage pregnancy in Bath and North East Somerset increased. Evidence highlights that the most important factors in reducing teenage pregnancies are making access to contraception services easier (complemented by high quality relationships and sex education starting before young people become sexually active). Therefore services were redesigned to change the locations, methods of communication and timings of clinics to suit young people. Teenage pregnancies have decreased by 55% within the last 5 years.

Clinic in a Box

Clinic in a Box is a mobile service delivered by experienced school nurses who offer confidential advice and support, and provide condoms, contraception, pregnancy testing and information on sexual health, contraception and relationship issues to young people. All resources are easily transportable in a mobile container, hence its name. Lots of time was spent talking to young people about the best locations for the clinics. Many different locations were trialed and at present the clinics are located in:

- Secondary schools
- Youth clubs
- Further education colleges
- Youth offending team

The service operates on a flexible system where locations can be changed to meet emerging need, which further enhances the mobile nature of the service.

Text a nurse service

Another service which the school nurses provide to young people is the 'text a nurse' service. This provides young people with access via text message to a nurse for sexual health advice and support.

Some recent text enquires which have been answered this way:

'Help I can't remember if my dentist said that I should stop taking the pill as I am on antibiotics'

'Are you in school today as I have forgotten to take my pill and don't know if I need the morning after pill'



Homes and Habitats

Our health and wellbeing does not exist in isolation. Where and how we rest, work and enjoy leisure activities influences and is influenced by our health. Our environment is critical to our ability to become and remain, physically and mentally healthy. One of the priorities of the B&NES Health and Wellbeing Strategy is to create healthy and sustainable places.

Housing and health Affordable:

Achieving affordable housing is a challenge in B&NES. B&NES has the 15th highest rents outside London for English Housing Market Areas.⁸ As part of the Council's development plans it will be overseeing the building of 13,000 new homes across the district over the coming decade. This includes supporting development of affordable housing options including specialist and supported housing.

Warm:

Living in cold conditions can harm your health. The efficiency of the heating system, home insulation, affordability of heating and the affect which cold has on an individual due to age or medication, all play a part in whether people become ill due to the cold. An estimated 1 in 8 households in B&NES are in "fuel poverty", meaning that they struggle to keep their houses warm as well as pay all their other bills (DECC, 2013). This is more than the regional and national averages.



Warm & Healthy Homes Fund Grant

(advertised as Warm Homes Grant in B&NES)

B&NES Council have a new Warm Homes Grant for those struggling to heat their homes delivered in partnership with the national charity National Energy Action (NEA). This is aimed at residents at risk of fuel poverty and promoted by health and social care staff as well as others working with this group. It can fully fund a heating system and home insulation and includes a home visit for energy efficiency advice.

People can access it through the website www.energyathome.org.uk

Since the fund started in November 2015, there have been 66 home visits to offer advice. Approximately 1 in 5 of these homes so far are receiving home improvement works to improve the energy efficiency. 35 local frontline staff who have contact with groups who are at risk from living in cold homes have been trained to identify fuel poor households and raise awareness of the effects of cold and damp housing on health.



Energy at Home scheme

B&NES Energy at Home scheme is available to all residents and can help them to:

- Use less energy and get the best deal on their energy bills
- Make energy saving home improvements e.g. new boilers and heating controls insulation, efficient glazing renewable technologies
- Access grants to cover the full cost or part of the cost of installation
- Find accredited installers

T: 0800 038 5680

E: advice@energyathome.org.uk

W: www.energyathome.org.uk

Healthy places to live

The B&NES Placemaking Plan sets out how new homes, employment opportunities, schools and travel infrastructure will be developed over the coming decade up to 2029. It includes a variety of policies that will help promote walking and cycling, local food, green spaces, new jobs and affordable housing.

One area included in this plan is the redevelopment of the Foxhill MOD site, now known as Mulberry Park, and the wider Foxhill estate in the southern edge of Bath. This project, led by the housing provider Curo, has the potential to develop of up to 1300 new homes and will include open spaces, a school, community facilities and improved transport infrastructure. It includes the opportunity to redevelop some of the existing housing stock that over time has become poor quality. All of these plans can help to promote the long term health of people living in the area.



Healthy places to work

Local businesses that ensure their workers are in good health are more productive. Last year we worked with a range of organisations, to help improve the health and wellbeing of their employees. They used a national toolkit, the Workplace Wellbeing Charter, to look at how they could promote a healthier environment at work. We provided expert advice on leadership, absence management, health and safety and signposting to local services and lifestyle support for staff. We also tested out delivery of NHS Health Checks on a trading estate targeting male employees, to raise awareness of the risk of cardiovascular disease in a group of people who may be at high risk of this disease.

Examples of businesses that achieved a Charter Award last year include:

- Madison Oakley Estate Agents who reviewed team terms and conditions and organised activities to promote physical activity;

- Bakers of Bath sent staff on health and safety training and ran a Sugar Swaps campaign. They achieved an Eat Out Eat Well Award for supporting people to make healthier choices when eating out;
- DKA Architects focused on using internal media to promote healthy lifestyle services for staff.



B&NES Council and Sirona CIC also sponsored a new category in the 2015 Bath Chronicle Business Awards: The Best Place to Work Award. The Award celebrated businesses that have taken steps to improve the health and wellbeing of their staff. Storm Consultancy won the category; mainly for their work to support the mental wellbeing of their staff through team building activities and flexible working.

Active environments

The council's Fit for Life Strategy sets out plans to improve leisure facilities in Bath and Keynsham. It also commits to protecting playing pitches and enhancing parks and natural play spaces for children and families.



CASE STUDY

A B&NES resident who has benefited from the Warm & Healthy Homes Fund Grant* through the housing services team.

Mrs Clarke is 87 years old and on guaranteed pension credit. She lives alone in a three storey detached house. The property had an old oil boiler which kept breaking down, putting her at risk of excess cold. To keep herself warm she used a portable heater in the kitchen and an electric fire place in the living room. She applied for a warm home grant after contacting the Council's Energy at Home advice service.

I inspected the property on 22 January 2016. A couple of weeks after my inspection I received an email from Mrs Clarke's daughter, to say that Mrs Clarke had fallen and was admitted to hospital with some injuries. This fall might have been related to excess cold. Cold impairs movement and sensation, and a lowered body temperature affects mental functioning, such that falls are more likely in the cold. People over 60 years old are more vulnerable than others.

I requested Eco Residential, our contractor to provide us with quotes for a boiler replacement and installation.

During my inspection I noticed two other hazards: fire, as the property had no working smoke alarms and also falls on stairs because there were no handrails by the external stairs.

I asked Mrs Clarke's daughter to contact an occupational therapist to arrange an assessment. I also contacted the Avon Fire and Rescue Service to organise a fire safety visit and provide the customer with some smoke alarms for an early warning in case of fire and also reduce the risk of potential fire spread.

Eco Residential replaced the boiler and installed Thermostat Radiator Valves. The customer was very pleased with our service and happy that she will not have to struggle with the cold any more.

Written by Piotr Toporowski, Assistant Environmental Health Officer

"I also contacted the Avon Fire and Rescue to organise a fire safety visit and provide the customer with some battery smoke alarms."

**Delivered in partnership with the national charity National Energy Action (NEA)*

Protecting the Health of the Bath and North East Somerset population

Screening for bowel cancer

Bowel cancer is the fourth most common cancer in the UK. If it's detected at an early stage, before symptoms appear, it's easier to treat and there's a better chance of surviving it.⁹

The faecal occult blood (FOB) test is available to everyone aged 60-74. Every two years home test kits are sent through the post and check for the presence of blood in a stool sample, which could be an early sign of bowel cancer.

Taking part in the test reduces the chances of dying from bowel cancer. However, all screening involves a balance of potential harms, as well as benefits. It's up to the individual to decide whether or not to have it.

For further information please visit <http://www.nhs.uk/conditions/Cancer-of-the-colon-rectum-or-bowel/Pages/Introduction.aspx>



Why is it important to offer support to people with learning disabilities to take up screening?

People with learning disabilities have a considerably shorter life expectancy and poorer health than the population as a whole, yet are less likely to access health care. They also have a higher than average chance of health problems associated with bowel cancer – such as obesity and poor diet. It is therefore really important that we do all that we can to help people with learning disabilities take advantage of the preventive health services that we have to offer.

The bowel screening test has been found to be difficult for people with learning disabilities to complete due to difficulties with reading invitations, understanding how to complete the kit and fear of the process. A project has been established in Bath and North East Somerset (B&NES) to help this group of people to complete these tests. This is a joint project between B&NES Council, BANES Clinical Commissioning Group, Sirona Care & Health and NHS England, South (South Central) Public Health Team.

As part of this project, Sirona's community learning disability nurses have been working with people with learning disabilities and their support workers to disseminate easy read resources and visual aids, increase knowledge of the bowel screening programmes, and therefore reduce anxiety and fear linked to the test.

CASE STUDY

Dimensions, Bath

Dimensions are a national organisation providing support for people with learning disabilities and autism. In Bath, Dimensions have a supported living home, providing 24hour support with 12 support workers to 15 residents. The support ranges from help with shopping, days out, cooking and some personal care. 2 residents in this home are in the age group for bowel screening eligible and a number of others are approaching 60 so will become eligible soon.

Last year a number of the support workers helped one of the residents, Mrs P, to complete the bowel screening kit. All post is opened jointly by the resident and their support worker. When the invite and kit arrived Mrs P said that she didn't want to complete the test and the letter and kit was left on the side for a while. Over a few months the support workers were able to explain more about bowel screening and why it was important. In time she was able to decide that she wanted to go ahead and complete the kit.

The support from the staff enabled Mrs P to complete the kit. There were a few challenges along the way with inconclusive samples and difficulties with collecting the stools needed, however, Mrs P was pleased to have completed the kit and relieved to have received a reassuring result. Both the support workers and Mrs P now feel more confident about completing the kit when the next invite arrives in 2 years' time.

This case study has prompted some sharing of learning and easy read leaflets with other support workers who are best placed to help someone with a learning disability. Sirona Care and Health's Community Learning Disability Nurses are able to help with the dissemination of information and advice and have already been doing some of this work with supported people and their support workers.

Enjoy the Countryside and 'Be Tick Aware'

B&NES Council Public Health Team are encouraging residents to become 'tick aware' to continue enjoying outdoor activities with the knowledge and confidence of how to manage ticks should they come into contact with them.



Ticks are small spider-like creatures that can be found where there are deer, small mammals or wild birds. They tend to prefer damp, shady dense vegetation, leaf litter and long grass but can also be found in woodland, open country, public parks or gardens. They don't jump or fly, but live on vegetation and climb onto animals or people as they brush past. They can be found throughout the year, but are most active between spring and autumn.

Ticks can pass on a bacteria which can lead to an illness called Lyme disease in approximately 2500 people per year. Symptoms of Lyme Disease can include flu like illness and a rash, however, this can be treated effectively with antibiotics if caught in the early stages.

Tick Awareness

Know what ticks look like, where they can be found, and practice prevention behaviours to help avoid tick bites.

1. Take simple steps to avoid coming into contact with ticks

- walk on clearly defined paths
- avoid dense vegetation
- wear light-coloured clothing so ticks are easier to spot and brush off
- use repellents such as DEET

2. Check your clothes and body regularly for ticks when outdoors and when you return home.

3. Remove ticks as soon as possible with tweezers or a tick removal tool. Once removed apply antiseptic to the bite area or wash with soap and water and keep an eye on it for several weeks for any changes.

4. If you have been bitten by a tick or recently spent time outdoors and develop flu-like symptoms, contact your GP or dial NHS 111.



Mission Critical: Reducing Antimicrobial Resistance

Can you imagine a time when antibiotics do not work anymore? Modern medical and veterinary practice relies on being able to use antimicrobials to prevent and treat infections in humans and animals. Antibiotics are a particular type of antimicrobial that work against bacteria and have many important uses such as treating and preventing infections and reducing the risk of potentially life threatening complications in surgery, chemotherapy and transplantation.

The grim reality is that infections are increasingly developing that are resistant to the drugs we have available. This means that antibiotics are losing their effectiveness at an increasing rate. Without them many common and vital medical procedures such as gut surgery, caesarean section, setting bones, joint replacements and chemotherapy could become too dangerous to perform.

So what can be done to prevent antibiotic resistance? There are many things that need to be done to cut down on unnecessary use of antimicrobials and increase the supply of new drugs. In B&NES we are working across health and education organisations to improve the way we use antibiotics, making sure that they are not wasted on viral illnesses like colds, coughs and flu.

Individuals also have a vital role to play to slow down resistance. They can:

- take antibiotics exactly as prescribed and never share them with other people
- have the recommended vaccinations offered by the NHS
- try treating the symptoms of infections that our bodies are good at fighting off on their own, like coughs, colds, sore throats and flu for five days rather than going to the GP
- encourage children to understand more about antibiotics - visit the ebug website (www.e-bug.eu)
- regularly wash your hands, especially if you have a cold or the flu

Antibiotic Guardian is a Public Health campaign to raise awareness and engagement with this important issue. You can have a look at the web site at <http://antibioticguardian.com>, and pledge to become an Antibiotic Guardian too.



Health Inequalities in Bath and North East Somerset

What is a health inequality?

Health inequalities are preventable and unjust differences in health status experienced by certain population groups. People in lower socio-economic groups are more likely to experience chronic ill-health and die earlier than those who are more advantaged. Other causes of health inequality are many and include disabilities, mental health problems, adverse circumstances like domestic

abuse or worklessness, homelessness and for some conditions differences between ethnic groups.

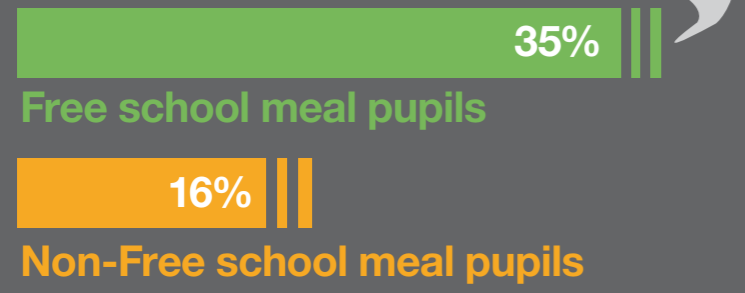
Some of these factors such as ethnicity or sex may be fixed. Others, such as the type of employment people have; where people live, study, work and play; or the food people eat, are less fixed. But even when fixed characteristics cause risk, their effects can be modified.

Some local examples

A boy born in the **least deprived area** can expect to live **9 years longer** than one born in **the most deprived area**



A much higher proportion of year 8 and 10 **Free School Meal pupils** said that **people regularly smoke cigarettes around them**



Fewer children from **low income** homes are **school ready**



What is being done to try to tackle them?

The Health and Wellbeing Board arranged a summit on May 11th to explore health inequalities within BANES. This day provided an opportunity for approximately 80 people from diverse workplaces and backgrounds – from head teachers, GPs, charity workers council staff and CCG commissioners, to discuss the issues and identify potential areas for improvement.

The Director of Public Health for Coventry attended to discuss the work that this council has done to reduce health inequalities by harnessing the efforts of many different organisations and groups. Workshops were undertaken to discuss inequalities in education, employment, access to health services and ill health prevention.

Outcomes from the Inequalities Day Summit:

The day provided a platform to explore ideas and identify areas where improvements could be made. Examples of work to take forward included:

- To encourage the uptake of free child care available for 2 year olds from disadvantaged circumstances

- To improve the identification of people requiring employment support and to improve the communication between job seekers, training providers and employers through a single point of contact
- To facilitate the change of attitudes and stigma towards health and social issues
- To address the long length of time that people with low to moderate mental health needs have to wait for a mental health assessment
- To improve coordination and awareness of community activities amongst the public and professionals
- To better understand the health needs of people who have the greatest health issues and to determine whether they are able to attend the services they need.

The next steps

The steering group from the summit are presenting the recommendations collated on the day to the September Health and Wellbeing Board.



Public Health Headlines in the Bath Chronicle

The Bath
Chronicle

What are the people of Bath and North East Somerset interested in in relation to their health. This year we thought we might get an idea by scanning the columns of the Bath Chronicle, and we are grateful to the editor for supporting us. We didn't have to look for long to find quite a range of interesting articles

21/4/16

'How just a short bus ride can take you from riches to poverty'

Twerton has FOURTEEN times more children living in poverty than another area of Bath just three miles away. A shocking 28% of children in Twerton come from low-income families, compared with just 2 per cent in affluent Bathwick.

21/4/16

'KEEP ON RUNNING IN PARK FOR FREE, ENTRANTS ASSURED'

Park run to be kept free in bath after the South Gloucester council ruling to start charging an entry fee

28/04/16

'VISION OF A SPORTING CHANCE FOR EVERYONE'

Redevelopment of Bath Leisure centre

12/05/16

'Merger of surgeries 'will help maintain the quality of care'

Merger of St James' and Catherine Cottage surgeries in Bath

12/05/16

'Clinic move to the benefit of patients'

Sexual health clinic services, currently located in the RUH, to move to central Bath

19/05/16

'HUNDREDS SIGN UP TO HELP DEFEAT DEMENTIA'

Volunteers across Bath are signing up to take part in various research studies with 'Join Dementia Research'

19/05/16

'Show how much fun greens can be'

Freshford pre-school has signed up to a scheme encouraging pupils to eat more fruit and vegetables. First local pre-school to sign up to Riverford New Veg for Schools programme – show young people how to prepare family meals and understand the need for a balanced diet. Preschool is working towards the BANES healthy early years award

Public health indicators:

Although many of our health outcomes are good in Bath and North East Somerset, we've identified areas where more work needs to be done.

Public health outcomes framework and other key indicators (as at August 2016)

PHOF Reference/Source	Period	Indicator Description	England	South West	Bath and North East Somerset
Health Improvement					
2.04	2014	Under 18 conceptions (females 15-17, rate per 1,000)	22.8	18.8	12.3
2.06i	2014-15	Excess weight (overweight and obesity) in 4 to 5 year olds	21.9%	22.3%	23.5%
2.06ii	2014-15	Excess weight (overweight and obesity) in 10 to 11 year olds	33.2%	30.5%	27.3%
2.07i	2014-15	Hospital admissions, unintentional and deliberate injuries 0 - 4 years per 10,000	137.5	145.8	157.3
2.07i	2014-15	Hospital admissions, unintentional and deliberate injuries 0 - 14 years per 10,000	109.6	111.1	110.6
ChiMat	2014-15	Hospital admissions as a result of self-harm (10-24 years old)/100,000	398.0	537.9	422.0
ChiMat	2010/11-2012/13	Alcohol specific admissions to hospital aged under 18s per 100,000	42.7	51.2	68.2
2.13i	2014	Proportion of physically active adults	57.0%	59.4%	64.0%
2.14	2014	Smoking prevalence	18.0%	16.9%	15.6%
2.03	2014-15	Smoking status at time of delivery	11.4%	11.9%	10.0%
2.15ii	2014	Successful completion of drug treatment - non opiate users	39.2%	33.4%	37.9%
2.20i	2015	Cancer screening coverage - breast cancer	75.4%	78.6%	75.6%
2.22iv	2013-14/2014-15	Take up of the NHS Health Check Programme - health check take up	48.9%	46.6%	50.4%

Healthcare and premature mortality

4.04i	2012-14	Under 75 mortality rate from cardiovascular diseases (per 100,000)	75.7	65.3	53.2
4.05i	2012-14	Under 75 mortality rate from cancer (per 100,000)	141.5	130.5	117.4
4.06i	2012-14	Under 75 mortality rate from liver disease (per 100,000)	17.8	14.5	14.5
4.10	2012-14	Suicide rate (per 100,000 population)	8.9	10.1	8.9
4.14i	2012-14	Hip fractures in over 65s (per 100,000)	571	570	604

Inequalities

0.2iii	2012-14	Slope index of inequality in life expectancy at birth within English local authorities, based on local deprivation deciles within each area (Male)			7.8
0.2iii	2012-14	Slope index of inequality in life expectancy at birth within English local authorities, based on local deprivation deciles within each area (female)			4.8
1.01ii	2013	Child poverty, under 16s	18.6%	14.8%	11.7%
1.02i	2014-15	% of Reception Year FSM pupils achieving a 'Good Level of Development'	51.2%	49.0%	53.9%

KEY: Significance to comparable England figure

■ Significantly better ■ Not significantly different ■ Significantly worse

Health Protection

3.03x	2014-15	MMR take-up age 5 (2 doses)	88.6%	90.9%	90.5%
3.03xiv	2014-15	Population vaccination coverage flu aged 65 years and over	72.7%	72.4%	72.9%
3.04	2012-14	People presenting with a late stage HIV infection	42.2%	44.1%	57.1%

KEY:

■ <90% target ■ >90% target ■ <75% target ■ <25% to 50% target ■ >50% target

SOURCES | PHOF: <http://www.phoutcomes.info/> | ChiMat: <http://www.chimat.org.uk/>

Marmot: http://www.lho.org.uk/LHO_Topics/national_lead_areas/marmot/marmotindicators.aspx

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