

| Bath & North East Somerset Council | |
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| MEETING/ DECISION MAKER: | Health and Wellbeing Board |
| MEETING DATE: | 29 November 2022 |
| TITLE: | Progress report on the re-writing of the Bath and North East Somerset Joint Health and Wellbeing Strategy |
| WARD: | All |
| AN OPEN PUBLIC ITEM | |
| List of attachments to this report: | |

1 THE ISSUE

- 1.1 The Bath and North East Somerset (B&NES) Joint Health and Wellbeing Board has a statutory duty to develop a Joint Health and Wellbeing Strategy for the local population. The Health and Wellbeing Strategy Team began work to create a new Joint Health and Wellbeing Strategy in June 2022. The Strategic Evidence Base for Bath and North East Somerset, published in June 2022, is the primary source of evidence being used to decide health and wellbeing priorities for the new strategy. The public consultation phase was recently carried out. This gave people who live and work in B&NES the opportunity to help determine the strategy's key priorities. We have evaluated the findings from the public consultation and stakeholder engagement phases. Using evidence from the Strategic Evidence Base, the findings from the public consultation and stakeholder engagement sessions, the priorities for the new Joint Health and Wellbeing Strategy 2023-2030 have been drafted.

2 RECOMMENDATION

The Board is asked to;

- 2.1 Note the findings from the public consultation and feedback from stakeholder engagement sessions with third sector organisations.
- 2.2 Note the proposed priorities for the new Joint Health and Wellbeing Strategy 2023-2030.

3 THE REPORT

- 3.1 To gather public feedback as we develop the new Joint Health and Wellbeing Strategy, the Health and Wellbeing Board launched a public consultation on the 29th of September, 2022.
- 3.2 The consultation survey was launched on the Bath and North East Somerset Council 'Have Your Say' consultation hub. As well as being promoted through the Health and Wellbeing Board webpage, stakeholders were informed about the survey via area forums, mailing lists, press releases, social media posts, a community radio campaign message, and partner bulletins.
- 3.3 The survey was live on the Council website from Tuesday 29th September to Monday 31st October 2022. Through the efforts of the Health and Wellbeing Strategy Team, Engagement teams within the Council, the Steering Group and partners of the Health and Wellbeing Board, 515 responses were received to the online survey.
- 3.4 The survey sought the views of residents and people who work with residents in B&NES. The survey results are not designed to be representative of a sample of the B&NES population.
- 3.5 Of the 515 respondents, 266 were residents of B&NES, 164 were council employees, 41 were from the volunteer sector, 20 were from public sector organisations, 13 were NHS employees and 2 were Council Elected Members.
- 3.6 Using a list of determinants of health and wellbeing taken from the Strategic Evidence Base, residents of B&NES were asked to select five of these that they felt had the most impact on health and wellbeing for themselves, their families, and households. The top five most selected by residents were:
 - (1) Access to health services
 - (2) Their emotional wellbeing and mental health
 - (3) Access to nature and leisure facilities
 - (4) Physical activity
 - (5) The emotional wellbeing and mental health of children and young people
- 3.7 Using a list of health and wellbeing determinants taken from the Strategic Evidence Base, residents of B&NES, and all other respondents of the survey, including Council employees, NHS employees, and third sector organisation representatives, were asked what had the most impact on the health and wellbeing of people in communities across B&NES.

The top five most selected responses were:

- (1) Emotional wellbeing and mental health
- (2) Access to health services
- (3) Housing that meets the needs of families

(4) Access to healthy food and enough to eat

(5) The cost of heating to keep homes warm and dry

3.8 People who selected access to health services as having an impact on their health and wellbeing were asked which NHS services they were thinking about. The top NHS services selected were as follows:

(1) General Practitioner (GP)

(2) Dentist

(3) Hospital

(4) Mental health services

(5) Pharmacy

The fourth most selected response to this question was from people who did not face any barriers.

Respondents who selected an NHS service as having an impact on their health and wellbeing reported that their challenges with these services included (a) there not being available appointments, (b) long wait times and (c) difficult appointment booking systems.

3.9 Engagement in an Area with High Levels of Deprivation

Engagement in an area of high levels of deprivation revealed that a significant number of residents felt that their role as carers had a negative impact on their health and wellbeing. They also highlighted education as a factor, and feelings of isolation. Residents also indicated that cost of living challenges were negatively impacting their health and wellbeing.

Engagement with Third Sector Organisations

Engagement sessions were conducted with third sector organisations to explore the key health and wellbeing challenges. Poverty and inequality were seen as a root cause for many of the health and wellbeing issues for B&NES.

Cost of living crisis: housing, food, transport, cost of childcare and heating are having a direct and indirect impact on individuals. Increasing costs will have an impact on public services and what can be provided. These are already having a direct impact on particular groups e.g. those with disabilities, long term health conditions, (62% of people accessing Citizen's Advice B&NES had either a disability or long term health issue) those with caring responsibilities, low income families, unemployed and people with long term health conditions.

Third sector organisations felt that a lack of integrated/joined up working was still failing individuals seeking care and support, particularly those in the most deprived areas. Getting this right was seen as a keyway to address health inequalities

Engagement with Ethnic Minority Groups

During engagement sessions with ethnic minority groups, emotional wellbeing and mental health were discussed as having the most impact on health and wellbeing among ethnic minority groups in B&NES. Access to health services, housing that meets their needs, and the needs of their families, access to healthy food and enough to eat, and access to nature and leisure facilities were other determinants of health that were thought to impact their health and wellbeing as well.

Representatives of the travelling community in B&NES attribute health and wellbeing challenges in this community to overcrowding in households, mental health challenges that spiked during the COVID-19 pandemic, job loss due to the economic downturn, adult literacy challenges, and difficulties registering with a GP without a fixed address.

3.10 People who work with children and young people (CYP) in B&NES communities felt that the emotional health and wellbeing of children and young people had the most impact on their health and wellbeing. They also felt that housing that meets the needs of children had an impact on the health and wellbeing of children. These were followed very closely by children having access to healthy food and enough to eat, and the emotional wellbeing and mental health of people who work with children.

3.11 In rural communities, respondents felt emotional wellbeing and mental health had the most impact on health and wellbeing of residents. They also felt that access to social care has an impact on the health and wellbeing. Other areas that were thought to be impactful were housing that meets their needs and the needs of their families, feelings of isolation, and the cost of heating their homes to keep them warm and dry.

3.12 The draft priorities for the new Joint Health and Wellbeing Strategy decided based on the Strategic Evidence Base, the findings from the public consultation and feedback in stakeholder engagement meetings and sessions are:

1. Improving access to health services
2. Mental health and emotional wellbeing of children, young people and adults
3. Low-income families (housing, food security, fuel poverty, access to education, training and skills)
4. Chronic disease prevention with a focus on the four main behavioural risk factors (tobacco smoking, physical inactivity, unhealthy eating, and the harmful use of alcohol)
5. The health and wellbeing needs of rural communities (inequality and different accessibility needs, isolation and loneliness)
6. Improved quality of life for people with dementia (*this priority may change as the needs of older people coming through the engagement process and SEB are further explored*)
7. Access to nature and leisure facilities

3.13 Next Steps

- (1) The Health and Wellbeing Strategy Steering Group will provide feedback on the identified priorities.
- (2) The Health and Wellbeing Strategy Team will meet with key partnership groups to sense-check the draft priorities.
- (3) The Health and Wellbeing Strategy Team will meet with colleagues within the public health team and council to 1) discuss whether these are the right priorities 2) discuss interventions already in place to tackle identified priorities.

4 STATUTORY CONSIDERATIONS

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

5 RESOURCE IMPLICATIONS (FINANCE, PROPERTY, PEOPLE)

5.1 The report contains seven draft priorities for the new Joint Health and Wellbeing Strategy. No specific resource implications are identified in this report.

6 RISK MANAGEMENT

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

7 EQUALITIES

7.1 Priorities have been drafted with an aim of reducing inequalities in B&NES, particularly to improve health and wellbeing outcomes for low-income households, people in rural communities, underrepresented groups, and people with specific accessibility needs. An Equalities Impact Assessment (EQIA) was carried out for the engagement process and will be updated once priorities are agreed upon.

8 CLIMATE CHANGE

8.1 The identified priorities of the Health and Wellbeing Strategy, specifically access to nature and leisure facilities, aim to have a positive impact on the current climate position.

9 OTHER OPTIONS CONSIDERED

9.1 None. The creation of a new Joint Health and Wellbeing Strategy is a statutory duty of the Joint Health and Wellbeing Board. The public consultation and engagement insight report that informs priority setting are an integral part of the process to create a New Health and Wellbeing Strategy that considers the views of residents and people who work in B&NES.

10 CONSULTATION

10.1 The public consultation period ran from September 29th to October 31st, 2022. This report contains the findings from the public consultation.

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| Background papers | |
| Please contact the report author if you need to access this report in an alternative format | |