
Bath & North East Somerset Council

Improving People's Lives

Progress Report:
Health and Wellbeing Strategy Public Consultation
Findings and Engagement Feedback

Health and Wellbeing Strategy Team

Introduction

This presentation sets out the outcomes of the first phase of our consultation on Bath and North East Somerset Council's Health and Wellbeing Strategy, as well as feedback from engagement sessions.

It shows how the Strategic Evidence Base along with the public consultation, and engagement feedback were used to determine draft priorities.

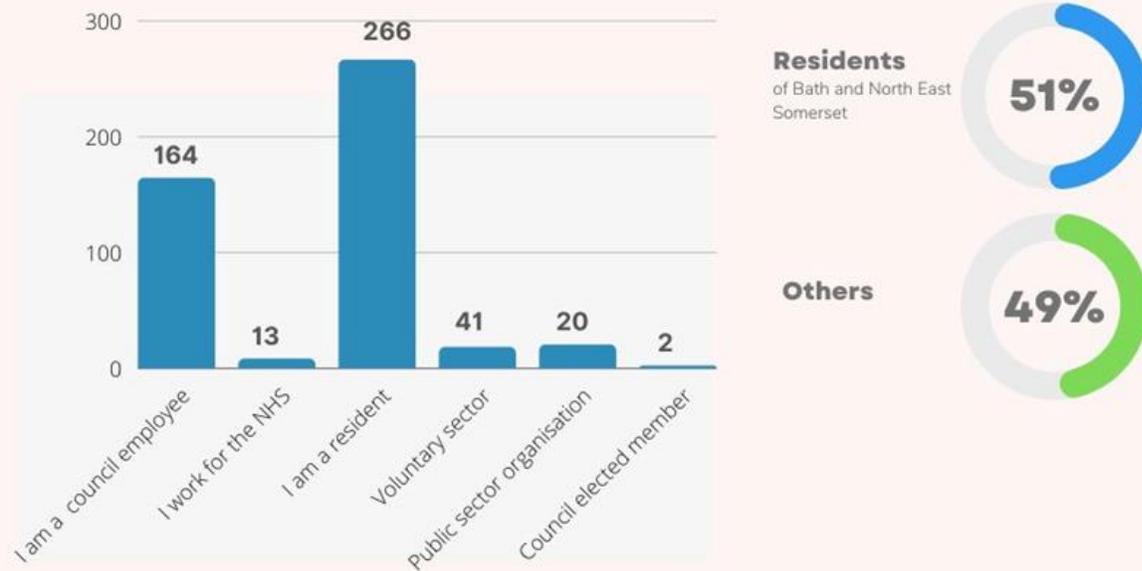
Lastly, it contains the draft priorities that have been identified for the new Joint Health and Wellbeing Strategy.

Methodology

The 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 mailing lists, press releases, social media posts, a community radio campaign message, and partner bulletins. We also used engagement sessions with local area forums and third sector organisations to encourage people to share the survey with wider networks.

Types of Respondents

WHAT IS THE BASIS OF YOUR INTEREST IN THE JOINT HEALTH AND WELLBEING STRATEGY?

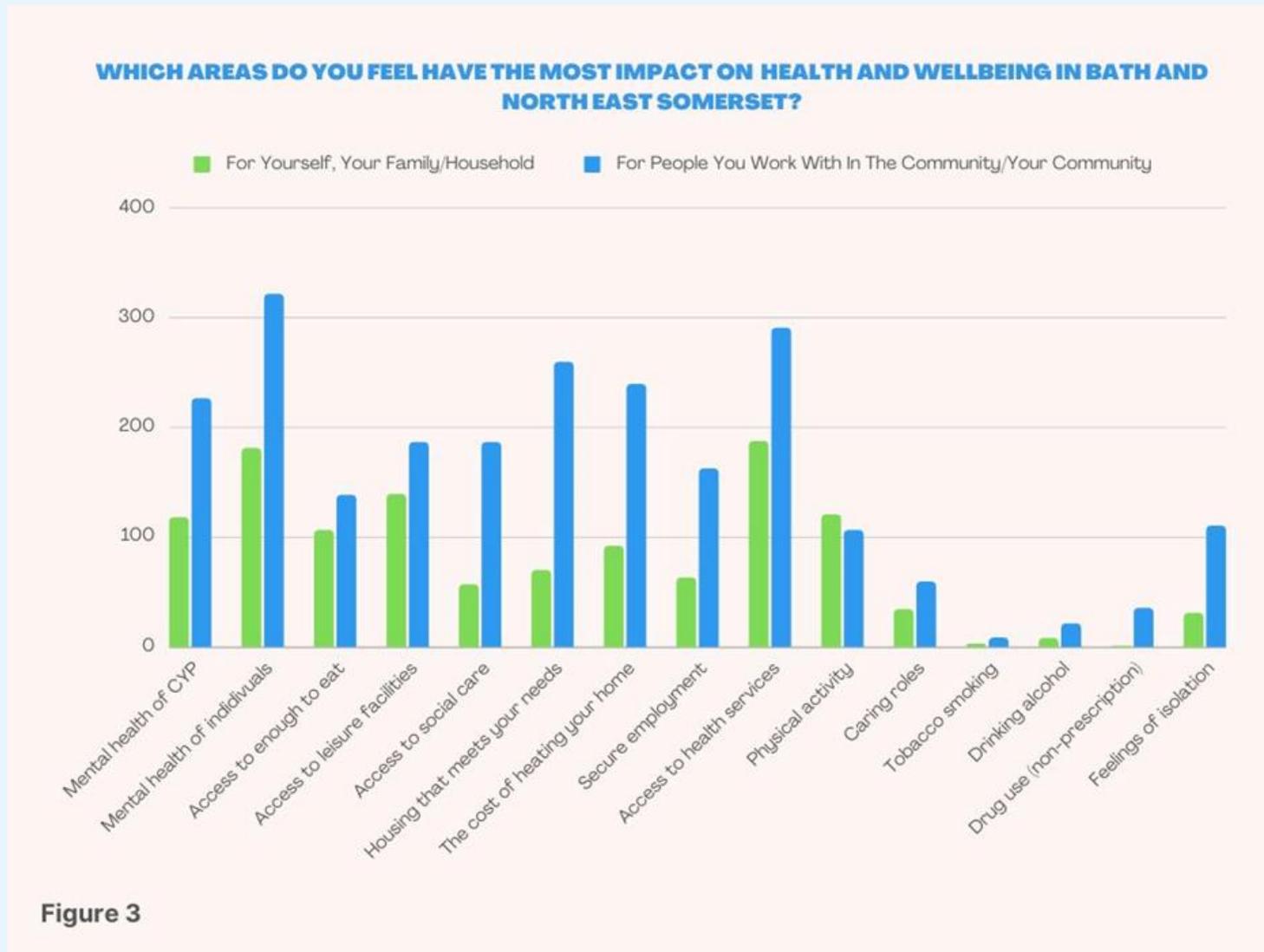


Other respondents included retired social workers, church leaders and people who live near Bath and North East Somerset and use healthcare services in the area.

Figure 1

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.

Views of respondents on what areas have the most impact on health and wellbeing



Views of respondents on what areas have the most impact on health and wellbeing

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

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

The views of respondents on health services with most impact on their health and wellbeing

YOU SELECTED ACCESS TO HEALTHCARE SERVICES AS HAVING AN IMPACT ON YOUR HEALTH AND WELLBEING.

WHICH NHS HEALTH SERVICES WERE YOU THINKING ABOUT?

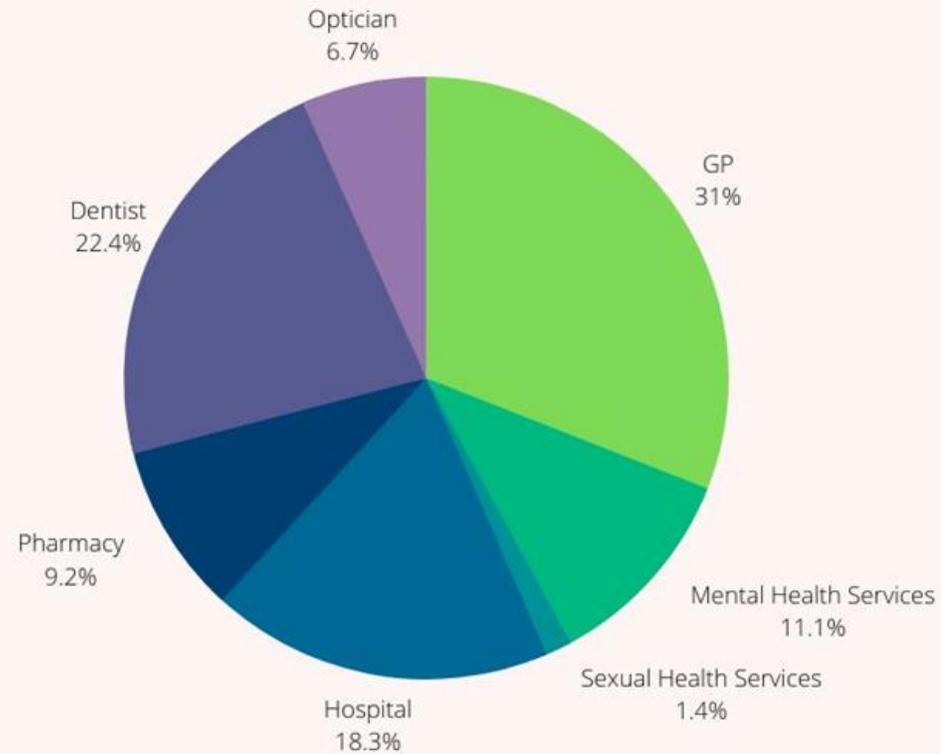


Figure 4

Barriers faced by respondents when accessing GP services

PLEASE SELECT WHICH, IF ANY, OF THE FOLLOWING BARRIERS YOU HAVE FACED WHEN ACCESSING GP SERVICES

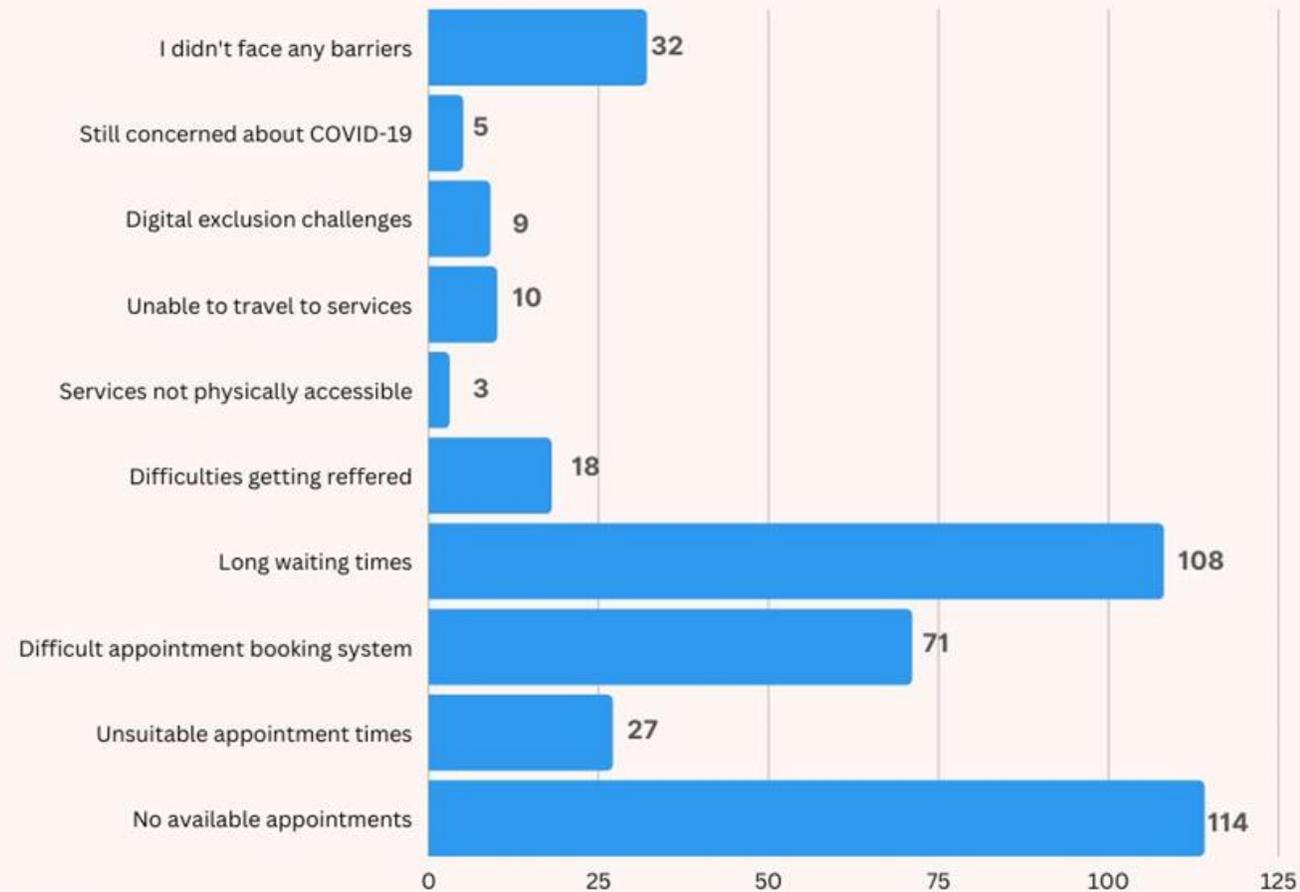


Figure 5

The views of respondents on NHS health services with most impact on their health and wellbeing

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

When asked about specific barriers, the fourth most selected response was from people who did not face any barriers.

Other responses to this question included (a) there not being available appointments, (b) long wait times and (c) difficult appointment booking systems.

Engagement Feedback: Area of 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 Feedback: 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 residents. Increasing costs will have an impact on public services and what can be provided. These are already having a direct impact on people with disabilities, people with 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, and the unemployed.

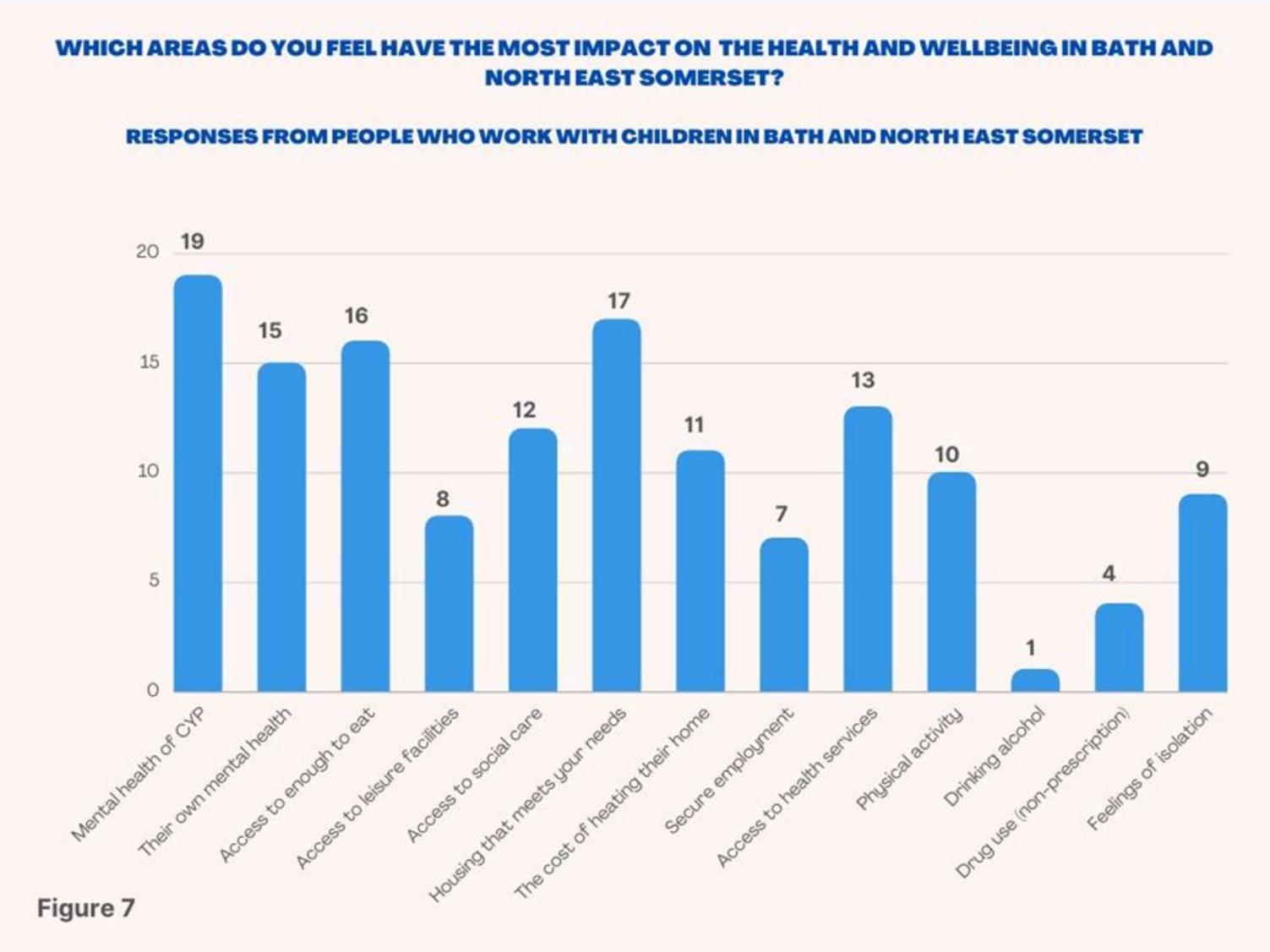
Third sector organisations felt that a lack of integrated/joined up working was still failing individuals seeking care and support, particularly those in the most deprived areas. Getting this right was seen as a key way to address health inequalities.

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.

Views of respondents who work with children



Views of respondents who work with children

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.

Views of health and social care professionals who work in rural communities

VIEWS OF HEALTH AND SOCIAL CARE PROFESSIONALS AND THIRD SECTOR ORGANISATIONS ON AREAS THAT HAVE THE MOST IMPACT ON HEALTH AND WELLBEING OF RESIDENTS THEY SUPPORT IN RURAL COMMUNITIES

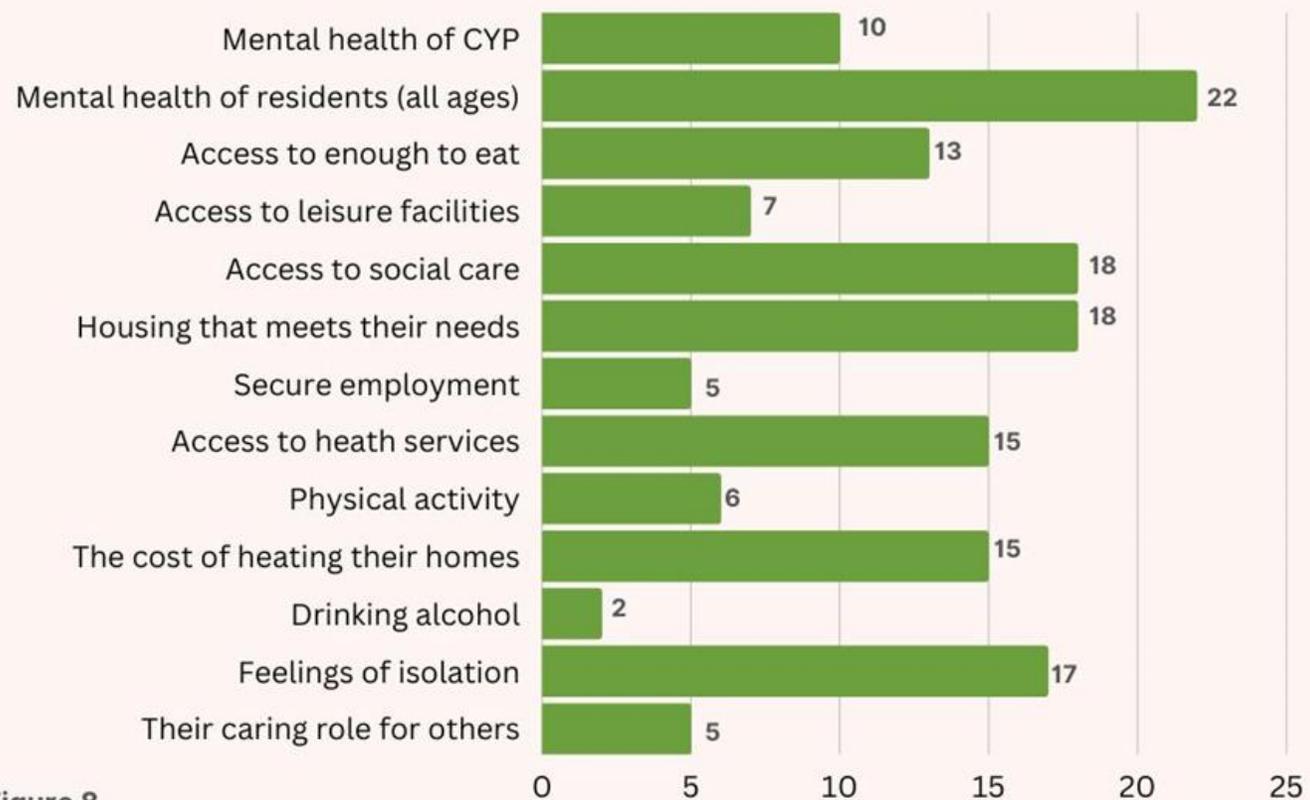


Figure 8

Rural communities

People who work in rural communities felt that:

- 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 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
- The cost of heating their homes to keep them warm and dry

Engagement Feedback: Rural communities

In engagement sessions with community groups and organisations working in rural communities, access to efficient transport to get to and from health and social care services was raised as a challenge.

They highlighted a need for considerations around where residents from rural communities are instructed to attend medical appointments, considering distance and public transportation challenges.

They also expressed a need for more joined up working within these areas between health and social care professionals (e.g. joined up working between village agents and social prescribers).

Strategic Evidence Base for Bath and North East Somerset

*Primary source of evidence the Joint Health and Wellbeing Strategy
2023-2030*

Strategic Evidence Base

Behavioural risk factors

- Smoking is the greatest risk factor for mortality in B&NES. Smoking remains the single largest cause of preventable deaths and one of the largest causes of health inequalities in England.
- B&NES has the highest rate of admission episodes for alcohol specific conditions for under 18's in the South West region and the 4th highest rate in England.

Mental health and wellbeing

- The Strategic Evidence Base for Bath and North East Somerset (2022) indicates an estimated 5,750 children and young people have a probable mental disorder in B&NES. Further, it shows that an estimated 25,070 people who live in B&NES have a common mental disorder (such as depression and anxiety). Working aged people tend to struggle with common mental disorders most and 1 in 5 women in B&NES have a common mental disorder.

Rural communities

- There are high levels of inequality and different accessibility needs - differences in vehicle ownership and demographic characteristics create different transport needs, particularly affecting older people and those on a low income, particularly in rural communities.

Strategic Evidence Base

Financial Wellbeing and Inequalities

- B&NES is ranked 269 out of 317 Local Authorities in England for overall deprivation, making it one of the least deprived in the county, but two areas are within the most deprived 10% nationally.
- Gaps in education attainment are present for the Free School Meal cohort and Special Educational Needs & Disability at all stages and between boys and girls.
- With the cost of living challenges, estimates suggest 4,000 people (of whom 1,500 are children) will fall into absolute poverty in 2022/23.
- We expect the economy to slowly recover with increases in jobs, but average weekly resident wages have gone down by 4%, and house price/wage ratio has gone up by 20% since 2019.

Strategic Evidence Base

Older People

- Life expectancy is improving, except for those in most deprived areas.
- The state of ageing 2022 report suggests that 'the experience of being older in England is getting considerably worse for many' across a number of domains including financial security, life expectancy, disability and loneliness.

Dementia

- In 2021, there were an estimated 2,715 people aged 65 and over in B&NES with dementia (diagnosed and undiagnosed). The estimated dementia diagnosis rate (65+) for B&NES was 58.6%. Thus, there is an estimated gap of 1,124 over 65s who may benefit from access to support for dementia. This diagnosis rate is significantly below the 66.7% target set by the NHS.

Joint Health and Wellbeing Strategy Draft Priorities

Joint Health and Wellbeing Strategy Draft Priorities

We used the strategic evidence base, stakeholder engagement sessions and public consultation findings to determine the key priorities for the Joint Health and Wellbeing Strategy.

- 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

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:
 - i. discuss whether these are the right priorities
 - ii. discuss interventions already in place to tackle identified priorities

Thank you