

Bath and North East Somerset Joint Health and Wellbeing Strategy: Our Vision for 2030



Logos of Health and Wellbeing Organisations and Partners will be added to the designed version of the Health and Wellbeing Strategy.

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Foreword

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We are pleased to present the Bath and North East Somerset Health and Wellbeing Strategy 2022-2030. Developing this strategy was a collaborative effort between members and partners of the Health and Wellbeing Board. We consulted extensively with residents so that we could be sure we listened to the views of local people and understand what they feel makes a difference to their health and wellbeing.

Overall, evidence indicates that our residents live a good quality of life. Most of us are in good health and enjoy a good standard of living. Still, inequalities exist. Residents who live in areas with greater levels of deprivation or experience other forms of disadvantage are more likely to suffer from long-term illness, live in poor housing conditions and are unable to afford the healthier foods. This strategy aims to prioritise inequalities so that these gaps can be addressed and significantly reduced.

Undoubtedly, the COVID-19 pandemic has affected each and every one of us. In some circumstances, it has altered our quality of life and financial wellbeing. In other cases, it has brought to the forefront challenges that have long affected us. Residents have reported that it has had an impact on their mental health and willingness to socialise in groups. People have shared feelings of isolation, loneliness, and feeling disconnected. Some have had difficulty finding secure employment which makes it hard for them to live fulfilling lives.

Although generally our children are very healthy and doing well in life, not all our children are thriving as they should. This is evidenced by low educational attainment among our vulnerable pupils in schools, and in the increase in referrals to mental health services. We must improve in these areas, but in order to do so, we will first need to take a closer look at the root causes and use best-practice, evidence-based solutions to address them.

With an aging population, we aim to prevent or delay the time when people develop long-term health conditions, as such health conditions can negatively impact on quality of life and reduce life expectancy. These conditions disproportionately impact those living in deprived areas. In preventing or delaying such illnesses we need to recognise the many factors in people's lives and the wider environment that influence them. Also, we know that it is important to tackle issues early to prevent them from worsening.

It is critical to support positive health and wellbeing outcomes for our residents. We must also ensure that our residents are able to access the health services they need, in the right places and at the right times.

Compassion, partnership working, and person-centred care will be at the core of all our efforts.

Welcome to our Health and Wellbeing Strategy

The Bath and North East Somerset (B&NES) Joint Health and Wellbeing Strategy: Our Vision for 2030 which is about how we put in place the best conditions for people of all ages to live healthy and fulfilling lives. Everyone has a stake in creating B&NES as an area that does its very best for its people, and this strategy sets a direction for how we will do this.

The strategy is led by the B&NES Health and Wellbeing Board and delivered through identified partnerships, organisations and communities that work with local people to improve lives for B&NES residents.

The Health and Wellbeing Board has a legal responsibility to produce a Health and Wellbeing Strategy and has representation from a wide range of partners, including the Council, B&NES, Swindon and Wiltshire Integrated Care Board, Healthwatch B&NES, Royal United Hospital, Bath Universities and Bath College, Avon and Somerset Police, 3SG, AWP, the housing association Curo, and Avon Fire and Rescue.

The Health and Wellbeing Board has a clear and ambitious vision to improve health and reduce inequalities:

“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.”

This strategy aims to deliver on the Health and Wellbeing Board’s vision.

COVID-19 has exacerbated the health and wellbeing challenges in our communities. More than ever, we need to build upon and sustain the effective partnerships developed during the pandemic, and make sure our local health and social care system benefits everyone.

1. What is our Health and Wellbeing Strategy?

Our Health and Wellbeing Strategy is a seven-year strategy that sets out four priorities for improving health and wellbeing and reducing inequalities for the local population. It also identifies the approaches that will be taken to address them. The four priorities are:

- 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

To develop the strategy, we have drawn on information from the B&NES Strategic Evidence Base (previously known as the Joint Strategic Needs Assessment, or JSNA) and worked closely with partners from health, social care, local authority, higher and further education, public services, and community and social enterprise groups. Residents of B&NES played a key role in identifying priorities through public consultation.

The Health and Wellbeing Board has worked to make sure that this strategy influences and is influenced by the B&NES, Swindon and Wiltshire (BSW) Integrated Care Strategy, the B&NES Economic Strategy, the B&NES Local Plan, and the BSW Health Inequalities Strategy. This strategy sets high-level direction for the B&NES Integrated Care Alliance. Such alignment across partnerships builds strong consensus on what each aim to achieve for, and with local residents.

Our strategy gives our partnerships a common language and vision and acts as a point of reference for all organisations that support the health and wellbeing of B&NES residents. It also identifies how we will work together with our communities to achieve better health and wellbeing for all. Detail of how partners will deliver the strategy is set out in a separate Implementation Plan.

2. What makes us healthy?

Many factors contribute to our health and wellbeing. We can think of these factors as building blocks, and we all need the right ones in place for good health and wellbeing.

Socioeconomic building blocks have the most influence on our physical and emotional health, and include things such as our financial situation, education, community, family and social support, employment, transport and leisure.

The health promoting activity we do is also very important, such as eating a healthy diet, being physically active, not smoking tobacco, and if we drink alcohol, drinking within NHS guidelines.

Having quality health and care services working closely together to address the needs of individuals is important to health and wellbeing.

Finally, the environment we live in is an important building block contributing to our health and wellbeing. This includes housing, the wider built environment, and air pollution.

The diagram below shows to what degree these building blocks can affect our health and wellbeing.



Adapted from University of Wisconsin Population Health Institute. County Health Rankings Key Findings 2014

3. Inequalities

Looking after ourselves to keep well is key to living healthy and productive lives, although not everyone has an equal chance to be in good health. As previously described, almost every aspect of our lives affects our physical and emotional health and ultimately how long we will live. The right building blocks need to be in place so everyone can thrive, but right now, in some of our communities, some of these building blocks are missing which can lead to unfair and avoidable differences in health and wellbeing across the population and between different groups in society. These differences are known as health inequalities.

Health inequalities experienced by people are often considered across four main areas:

- socioeconomic factors (for example, income)
- geography (for example, differences between populations living in different parts of B&NES)
- specific characteristics (for example, ethnicity, disability, sexuality, young people who have experienced care, young people not in education, training or employment)
- social exclusion (for example, people who experience homelessness, drug and alcohol dependence, single pensioner households)

People experience different combinations of these factors, which has implications for the health inequalities that they are likely to experience.¹

In B&NES, while most of our residents enjoy a relatively good quality of life, there are some stark differences when comparing areas and communities across B&NES. For example, inequalities are a significant factor in the rate of overweight and obesity among Year 6 aged children in B&NES, and childhood obesity can be a risk factor for poor health later in life. Differences in childhood obesity are most easily seen in differences in between our wealthiest and most deprived areas when comparing obesity rates.

Understanding where building blocks are weak or missing is key to being able to improve health and address health and wellbeing challenges. This strategy aims to strengthen existing building blocks and build them where they are missing, creating strong foundations for everyone.

(Case studies with a graphic that illustrates the story and a short explanation as seen below)

¹ <https://www.kingsfund.org.uk/projects/nhs-in-a-nutshell/health-inequalities>
<https://www.gov.uk/government/publications/inclusion-health-applying-all-our-health/inclusion-health-applying-all-our-health>

1. The cost of housing in B&NES makes it difficult for many to be able to afford somewhere suitable to live and there is a long waiting list for social housing. High housing costs mean there is less money to spend on heating a home, which can lead to people living in cold and damp homes. Living in these conditions can cause or worsen respiratory problems, respiratory infections, allergies, and asthma and other existing illnesses. The stress of living in unsuitable housing itself can also lead to poor health and mental health problems.²

“I only use the oven once a fortnight now. I try to only wash my hair every 3 days so I don’t keep using the hair dryer. When the temperature is in single figures you go to bed early usually around 7:30/8 o’clock and use an electric blanket to stay warm.”
(Respondent to Curo Housing Association Survey)

2. In B&NES some of our children are doing less well at school than others, such as young carers. A child who does not do as well as their peers at school may earn less in their lifetime, which means they are less able to afford a suitable home, or able to heat that home, or afford healthy foods to eat. They may spend more time worrying about money. All these factors can lead to both physical and mental health challenges. OECD research shows by the age of 30 people with the highest levels of education are expected to live up to 4 years longer than those with the lowest levels of education.³

“When I come home from school, I have little time to focus on my homework. I help to care for my grandmother who is unwell and needs me to look after her. This has caused me to fall behind in school and not do as well as I could if I had more time to focus on my studies. I love my grandmother and like that I get to help, but I wish I had more time to focus on my schoolwork.”
(Stakeholder Engagement with The Carers’ Centre)

The Marmot Review 10 Years On (2020) found that the health gap has widened between wealthy and deprived areas and that improvements to life expectancy have stalled and even declined for women living in the 10% most deprived areas. Evidence shows that focusing on the below areas improves the chances of more people having better health and wellbeing outcomes:

- Giving every child the best start in life
- Enabling all people to maximise their capabilities and have control over their lives
- Creating fair employment and good work for all

² Fuel Poverty, Cold Homes and Health Inequalities in the UK, Institute of Health Equity, 2022
<https://www.instituteoftheequity.org/resources-reports/fuel-poverty-cold-homes-and-health-inequalities-in-the-uk/read-the-report.pdf>

³ The OECD, Health at a Glance 2017: OECD Indicators Gap in life expectancy at age 30 between highest and lowest education level, by sex, 2015 (or nearest year), 2017.
Available from: www.oecd.org/health/health-systems/health-at-a-glance-19991312.htm

- Creating and developing healthy and sustainable places and communities.⁴

Ensuring these building blocks are put in place for those for whom they are missing creates the foundations that will have a lasting impact and help us to improve overall health and wellbeing for everyone in B&NES.

4. Current picture of Bath and North East Somerset

a. Population

Bath and North East Somerset is thriving and diverse, with many strengths, resources and assets.

As well as being our main commercial and recreational centre, the World Heritage City of Bath is an international tourist and heritage destination that provides a spectacular setting for world-class arts, culture, and leisure facilities.

Our market towns of Keynsham, Midsomer Norton and Radstock combine with rural communities ranging from the foothills of the Mendips, to the Chew Valley in the west and Cotswold villages around Bath.

We want all of our residents to be able to enjoy what B&NES has to offer.

- **Two-thirds** of the area lies in Green Belt - we have **2** areas of Outstanding Natural Beauty, **37** Conservation Areas and **6,408** Listed Buildings.
- Home to over **193,400** people, we expect our population to rise to **208,000 by 2028** - the most significant increase will be amongst older people. Within the 65+ group, the largest increase is projected to be in the 75-84 age range (33%), followed by the 85+ age group (20%).
- Since 2011 we have also seen an increase of 8.2% in people aged 15-64 years and an increase of 7.6% in children under 15 years.
- Our population growth has come from a combination of increasing student numbers at the two Universities and an increasing number of new housing developments.

b. Community and economy

B&NES is one of the least deprived local authorities in the UK. 49% of our working age adults are educated to degree level, and overall, our children do better at all stages

⁴ Marmot Review 10 Years On, Michael Marmot, Jessica Allen, Tammy Boyce, Peter Goldblatt, Joana Morrison, <https://www.instituteofhealthequity.org/resources-reports/marmot-review-10-years-on>

of education compared to national and regional rates. We have a higher employment rate than the South West and England however, we have lower than average earnings in comparison to regional and national averages.

The affordability of housing in Bath and North East Somerset is an ongoing challenge; averaging 12 times the average salary in 2021, for England, it was 9 times the average salary. In addition, B&NES has high levels of rough sleepers in comparison to the South West and England.

There are significant gaps in educational attainment for children who are eligible for free school meals and pupils with Special Educational Needs and Disabilities at all stages and between boys and girls. Research suggests this can lead to a long-term impact on the health and wellbeing of those doing less well at school.⁵

Overall, life expectancy is higher than the national average, however, there continue to be areas within our district where residents die earlier and live in poor health for longer than others. In 2019/20, 9% of children and young people in B&NES were estimated to be living in relative poverty (before housing costs). Child poverty is more prevalent in deprived areas across B&NES. Areas with the highest children poverty rates include Twerton (17%), Radstock (14%), Keynsham South (14%) and Westfield (13%). The comparative figure for the UK is 19%. When housing costs are taken into consideration 1 in 5 children in B&NES were estimated to be living in relative poverty in 2019/20.

More facts and figures relating to the community and the economy can be found in chapter 8.

c. Development

The council's ambitions for development are outlined in the Local Plan which runs from 2022 to 2042 and includes; responding to the challenge of the climate emergency and facilitating the goal of zero carbon by 2030, and establishing a transitional approach to protecting and enhancing nature as well as maximising delivery of affordable housing to respond to the district's demographic, social and economic needs.

There were an estimated 83,255 dwellings in B&NES in December 2020.

In March 2022, 5,842 households were on the waiting list for social housing, an increase of 12.5% since 2021. We are starting to plan for at least 14,800 more homes by 2042.

B&NES is the first local authority in the UK to have net zero carbon policies on new housing developments.

⁵ Education, schooling and health, Public Health Advice, Guidance and Expertise (PHAGE), 2021.
<https://www.gov.uk/government/publications/education-schooling-and-health/education-schooling-and-health-summary>

Our area has seen a reduction in air pollution over the years, but not from transport, our traffic volumes remain the same as before COVID 19 despite more people working from home.

More facts and figures relating to development in B&NES can be found in chapter 8.

d. Health and wellbeing

This section looks at the key indicators for the health and wellbeing of our population. It draws on data from the B&NES Strategic Evidence Base and the Public Health Outcomes Framework to give a picture of the current health and wellbeing of our population.

Healthy life expectancy at birth for both males and females living in B&NES is 65.7 years. This is above the England value of 63.1 years (males) and 63.9 years (females).

The difference in life expectancy between our most deprived and least deprived areas is 10 years for women and 6.5 years for men.

(The information below will be in the form of infographics)

Socioeconomic factors

B&NES is ranked 269 out of 317 Local Authorities in England for overall deprivation, making it one of the least deprived in the country. However, two areas are within the most deprived 10% nationally, and a further three areas are in the most 20% deprived.

In 2021/22, 78.3% of people in B&NES were in employment. In the region, 77.8% of people were employed during the same period, and in England, 75.2% of people were in employment.

In 2020, 11.2% of the B&NES population was considered fuel-poor (low-income, low energy efficiency methodology). In the region, 11.4% of households were fuel-poor, and in England, 13.2% of households experienced fuel poverty.

Behavioural factors and long-term conditions

In 2019/20, 65.8% of the B&NES adult population consumed the recommended 5-a-day' on a usual day. In the South West, 60.1% of the population consumed the recommended 5-a-day and in England, 55.4% consume the recommended 5 a day on a usual day.

In 2021, B&NES has a smoking prevalence in adults of 9.7%. This was lower than the England prevalence at 13%. In 2020 in B&NES, workers in routine and manual occupations were the employment group most likely to smoke, with 20.7% being smokers at the time.

In 2020/2021, 18.5% of adults in B&NES were physically inactive. In England, 23.4% were physically inactive.

In B&NES in 2020/21, 49% of children and young people were physically active compared to the national average of 45%.

In 2021/22, 28.9% of Year 6 aged children in B&NES were overweight or obese, lower than the national figure (37.8%).

In 2020/21, 18.5% of Reception aged children residents in B&NES were overweight or obese, lower than the national (22.3%) figure. 7.1% were obese or severely obese in B&NES, lower than the national rate (10.1%).

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.

In 2020, the under 75 mortality rate from cardiovascular disease considered preventable in B&NES was 21.7 per 100,000 people, compared to 29.2 per 100,000 in England.

In 2020, the under 75 mortality rate from respiratory diseases considered preventable in B&NES was 14.6 per 100,000 people. This was higher than the England rate, which was 17.1 per 100,000 people.

Mental health and loneliness

An estimated 1 in 5 women in B&NES has a common mental disorder (any type of depression or anxiety).

There are an estimated 5,750 children and young people with a probable mental disorder in B&NES. In 2021, the prevalence of a probable mental disorder in 17-19 year old girls was 24.8% - this would equate to around 1,165 17-19 year old girls in B&NES.)

In 2019/20, 26.84% of the B&NES population experienced loneliness often, always, or some of the time. This is higher than in England, as 22.26% of the country's population experienced feelings of loneliness during the same period.

The average number of suicides per year for B&NES's residents was 18 between 2018 and 2020. Suicide rates for males are approximately three times higher than those for females. The suicide rate in B&NES has seen a gradual increase after a dip in 2004-2006 and is now higher than the rate for England.

5. What are we trying to achieve?

As partners of the Health and Wellbeing Board, our overarching goal is to improve health and wellbeing outcomes for all our residents and reduce inequalities. We want to make sure that more people can live longer in good health.

The priorities included in this strategy generally are those things which are complex, cannot be tackled by a single organisation on its own and need us to work together in partnership to make real change. We have also focused on prevention; how we can keep more people healthy and well to reduce the need to access health and care services.

A comprehensive list of indicators is being identified for the priorities in this strategy to help measure how well health and wellbeing improves in B&NES. These indicators will allow the Health and Wellbeing Board and others to measure the progress that is being made to deliver change for our residents. Implementation of this strategy aims to play its part in contributing to improving health and wellbeing.

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6. Ways of working

In order for our strategy to be a success and make the difference we hope that it will, partnerships and organisations leading the implementation of the strategy will seek to incorporate the following principles in their work delivering on the priorities.

1. Tackle inequalities

Due to the impact of inequalities on health and wellbeing outcomes, reducing inequalities is an important goal in the NHS long term plan, a key challenge in the B&NES council Corporate Strategy and a central aim of our Health and Wellbeing Board's vision.

2. Adapt and build resilience to climate change

Climate change is a public health emergency. As the global climate warms at an increasing rate, we see the effects of climate change being experienced by B&NES residents, especially during the colder months. While this impacts us all, in B&NES, it has already begun to affect the most vulnerable and disadvantaged in our area.

3. Share responsibility and engage for change

We seek to develop our partnerships between the public sector, voluntary and community sectors, local businesses, and residents and recognise our collective responsibility to support health and wellbeing in B&NES. We each individually, and as groups, have our own skills and experiences which will support the delivery of this strategy. The more we each understand the ways that we can contribute to it, the more likely we are to be successful in making the changes we want to see.

4. Deliver for all life stages

This strategy is intended to be an all-age strategy, with each priority delivering for all-life stages - "*start well, live well, age well*" - reflecting the local system's approach.

7. Priorities

B&NES Health and Wellbeing Board considered current health and wellbeing needs and drew on local insight to identify the following four priorities for focused attention and action. In this section we explore each priority further, we look at why each one is important to B&NES, and what people have told us about it. We also describe what we already have in place (our assets) that will help us to deliver on these priorities as well as specific actions we hope to take to bring about change. Further detail can be found in the separate implementation plan.

These four priorities are not a complete list of actions needed to be taken to deliver benefits for residents in B&NES. Rather, they are included based on a collective view that concerted action and focus on these can contribute to improving health and wellbeing and reducing inequalities in B&NES.

Four priorities:

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

Priority 1: Ensure that children and young people are healthy and ready for learning and education

We want all children to have a fair chance to succeed, and we aim to ensure that no one gets left behind. Levels of education and other experiences early in life shape the opportunities available later in life. The importance of supporting children in their early years and through adolescence has been recognised in the World Health Organisation's Global Strategy for Women's, Children's and Adolescents' Health, the UNICEF Baby Friendly Initiative, and is part of the NHS Long Term Plan.⁶ The Levelling Up White Paper highlights the impact of education and skills, health and wellbeing, on the economic life and opportunity of the whole community.⁷ Offering support to all children, adolescents and their families, as well as focussing on those who need help the most, reduces inequalities and improves health outcomes.⁸

Why is this important in Bath and North East Somerset?

- Inequalities in educational attainment are highlighted by the Strategic Evidence Base among children eligible for free school meals (FSM) and those with Special Educational Needs/Disabilities (SEND). This disadvantage starts at the early years phase and remains across all educational stages.
- The B&NES Children and Young People's Health and Wellbeing Survey (undertaken in 2021) shows that particular groups of children and young people are more affected by low self-esteem. These groups include those eligible for free school meals, those with Special Educational Needs and Disabilities (SEND), those identifying as Lesbian Gay Bisexual (LGB) and young carers.⁹
- Between 2016 and 2022, the Strategic Evidence Base shows a 128% increase in the number of children and young people receiving SEND support for social, emotional and mental health, this is similar to national trends.
- The Strategic Evidence Base also shows rates of hospital admission for self-harm and eating disorders have increased and are above the national average, with the highest rate in girls and young women aged 10-24. The data points to a link with deprivation.

What have people told us?

Access to children and young people's services is often determined by diagnosis rather than need, which means the service provided does not always respond in a way that helps or supports the child or young person. There appears to be a gap in service provision, for children with emotional and mental health concerns. Stakeholders have

⁶ https://www.everywomaneverychild.org/wp-content/uploads/2017/10/EWEC_GSUpdate_Brochure_EN_2017_web.pdf
<https://www.unicef.org.uk/babyfriendly/>
<https://www.longtermplan.nhs.uk/>

⁷ Levelling up in the United Kingdom White Paper (HM Government) February 2022 [Levelling Up the United Kingdom \(publishing.service.gov.uk\)](https://www.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/969168/Levelling-Up-the-United-Kingdom.pdf)

⁸ Best Start in Life and Beyond, Public Health England, 2021
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/969168/Commissioning_guide_1.pdf

⁹ The results of the survey can be accessed here: <https://thehub.bathnes.gov.uk/Page/11031>

reported long wait times for Children and Adolescent Mental Health Services (CAMHS) and high thresholds for support.

A Healthwatch BANES report on access to mental health services during the pandemic highlighted gaps in services for people with autism or learning disabilities, children and those suffering from trauma and eating disorders.¹⁰

A recent survey by Off The Record found local children and young people felt mental health and emotional wellbeing were their biggest concern followed by the impact of poverty on children and young people.¹¹

What assets do we already have in the community?

Our area has a strong network of community assets that can support work to ensure that children and young people can be healthy and ready for learning and education. We have a robust evidence base that includes needs identified in the Children & Young People's Health & Wellbeing Survey, the Strategic Evidence Base, an established Early Help programme, and work has begun to transform Children and Young People's Mental Health Services. There is a strong network of Voluntary, Community and Social Enterprise (VCSE) groups that work to support and care for children and young people with emotional and mental health needs. In addition, the Poverty Proofing Schools Project is being piloted to address the impact of poverty on children and young people.

What are we going to do?

- 1.1 Strengthen family resilience to ensure children and young people can experience the best start in life.
- 1.2 Improve timely access to appropriate family and wellbeing support.
- 1.3 Reduce the existing educational attainment gap for disadvantaged children and young people.
- 1.4 Ensure services for children and young people who need support for emotional health and wellbeing are needs-led and tailored to respond and provide appropriate care and support (from early help to statutory support services).

¹⁰ <https://healthwatchbathnes.co.uk/report/2022-10-10/how-did-people-living-mental-ill-health-access-services-during-pandemic>

¹¹ Survey of children and young people attending local youth groups, conducted by Off the Record, 2022, 21 respondents.

Priority 2: Improve skills, good work and employment

Skill development and increased employment prospects can have a direct impact on people's health and wellbeing. The higher our income, the better access we have to the things that keep us healthy and well. Low wages and an insufficient safety net can drive people into poverty. Living in poverty can have a direct impact on the life chances of children.¹² The type of work we do, and the stability of our work also impact our physical health and mental wellbeing.¹³ We want to improve the opportunities for people to access work and earn salaries that support them and their families to be able to be more in control of their health and wellbeing.

We also aim to create jobs and work environments in B&NES that are inclusive with employers who understand the importance of social value and care about the health and wellbeing of their staff.

Why is this important in Bath and North East Somerset?

- The Strategic Evidence Base for B&NES shows wages in Bath remain comparatively low when compared to England and the South West and that housing costs are high.
- In 2021, 17% of jobs in B&NES were paid below the living wage (£10.42 per hour), equating to approximately 16,000 jobs.
- In July 2022, 43% of the 11,878 people claiming Universal Credit in B&NES were employed. This is an indication that people who work still require additional financial assistance.
- Two areas in B&NES, Twerton West and Whiteway, are in the 10% most deprived in the country. These areas have higher numbers of universal credit claimants and lower healthy life expectancy when compared to other areas in B&NES.
- In B&NES 2020/21, the Public Health Outcomes Framework shows that when compared to overall numbers employed (aged 18-69), there was a 69% gap in numbers in paid employment for those who were in contact with secondary mental health services (aged 18-69) and on the Care Plan Approach. This is higher than the South West (67%) and England (66%) rates.¹⁴

What have people told us?

Our survey highlighted key issues around the cost of living, including that the cost of housing had an impact on the health and wellbeing of those in their community.

System stakeholders have voiced concern about the resilience of the workforce within the health and social care system and other caring sectors. Employees are facing an increasing need for their services, as well as more complex needs, having had little

¹² : Wickham S, Anwar E, Barr B, et al. Arch Dis Child 2016;101: 759–766 Poverty and Child Health in the UK: using evidence for action <https://adc.bmj.com/content/archdischild/101/8/759.full.pdf>

Raphael, D. Poverty in Childhood and Adverse Outcomes in Adulthood, 2011
<https://pubmed.ncbi.nlm.nih.gov/21398059/>

¹³ <https://www.health.org.uk/evidence-hub/work>

¹⁴ <https://fingertips.phe.org.uk/>

respite over the last few years of the Covid-19 pandemic response. 3SG's most recent survey of the VCSE sector found 84% of organisations were concerned about the wellbeing of their staff.¹⁵

In a broader context, poverty was often seen as the driving force for the unequal health outcomes experienced in the area. Resolution Foundation research shows that the increasing cost of living will mean more people will experience absolute poverty in our area.

The King's Fund explains that "Anchor Institutions are large organisations that are unlikely to relocate and have a significant stake in their local area. They have sizeable assets that can be used to support their local community's health and wellbeing and tackle health inequalities".¹⁶ Employers, specifically those considered to be anchor institutions in our area, can play a bigger role to develop a more inclusive economy, which could support those furthest from the workforce into work, and ensure more people are lifted out of poverty.

What assets do we already have in the community?

Bath and North East Somerset Council is striving to establish itself as a leading regional employer in the provision of apprenticeships, paid and unpaid placements, work experience internships and volunteerism by identifying opportunities within its Services and Directorates. The Council also works collaboratively with the voluntary and community sector, private sectors and institutions of learning to increase their earning power and help residents on their path to finding work.

There are a number of programmes and schemes that provide support and training to help people into employment delivered both by local VCSE organisations and the Council. An Employment and Skills Pod is one of the services offered by the Council. This is a free service available to our residents who wish to get back to work, change careers or up-skill in their current jobs.

Specialist programmes provide targeted support for those further from the workforce. For example, the WE WORK for Everyone programme helps to support people with a learning disability or autism into paid employment, and the Women's Work Lab piloted specific support to help women and mums return to or start work.

The Health and Wellbeing Board is a unique partnership including further education providers and employers of substantial numbers of residents. Partners on the Board are able to use the role of their organisations as anchor institutions to influence positive practices in skills development, good work and employment.

What are we going to do?

¹⁵ 3SG 2021-22 Annual Survey of the Third Sector in Bath and North East Somerset (BaNES)
<https://www.3sg.org.uk/post/3sg-s-2nd-annual-survey-highlights-the-ongoing-challenges-facing-the-third-sector-in-banes>

¹⁶ Anchor Institutions and how they can affect people's health, The King's Fund, 2021
<https://www.kingsfund.org.uk/publications/anchor-institutions-and-peoples-health>

2.1 Work with education providers and other partners to provide robust and inclusive pathways into work and including for disadvantaged young people.

2.2 Work with local employers to encourage, incentivise and promote good quality work.

2.3 Support the development of and access to an inclusive labour market, focusing on engaging our populations most at risk of inequalities in accessing and maintaining good work.

2.4 Prioritise inclusiveness and social value as employers, purchasers and investors in the local economy.

DRAFT

Priority 3: Strengthen compassionate and healthy communities

We would like to work with and support our communities so that they can continue to build personal and communal resilience, knowledge and skills to stay physically and emotionally healthy, reflecting our commitment to a compassionate communities approach. We know that community life, social connections and having a voice in local decisions are all important factors that impact our health and wellbeing. These all help to build resilience in communities and influence positive health-related behaviour.¹⁷

The pandemic led to an increase in people being socially isolated and placed greater emotional stresses and strains on individuals and groups, such as unpaid carers and the elderly.¹⁸ This resulted in increased levels of loneliness and impacted emotional wellbeing. Lockdowns, social distancing, and restrictions made it increasingly difficult for communities to remain connected, and for people to feel supported. It also expedited a reliance on digital technology, further exposing the digital divide experienced by certain groups.¹⁹

Why is this important in Bath and North East Somerset?

- The Strategic Evidence Base shows that despite high levels of happiness in B&NES, residents self-report higher rates of anxiety in comparison to figures for England. B&NES also had a higher rate of loneliness than the English average.
- There is an increased demand for Improving Access to Psychological Treatment (IAPT) services.
- Bath and North East Somerset Age UK research found 65% of respondents wanted the opportunity to do more activities and 46% wanted to feel less lonely.²⁰
- As individuals we need support to be able to make different decisions about our health and wellbeing. For example, there is a need for more support around giving up smoking, as the Strategic Evidence Base highlights that despite relatively low rates of smoking, this is the greatest risk factor for mortality in B&NES.

What have people told us?

Responses to our survey showed that people think that their emotional wellbeing and mental health have a big impact on their health and wellbeing. This may be greater for some groups. Banes Carers Centre reported that carers constantly worry about the

¹⁷ Community Centred Public Health, taking a whole systems approach, Public Health England, 2020
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/857029/WSA_Briefing.pdf

¹⁸<https://www.ons.gov.uk/peoplepopulationandcommunity/wellbeing/articles/mappinglonelinessduringthecoronaviruspandemic/2021-04-07>

¹⁹ Holmes, H. and Burgess, G. (2022) *Digital exclusion and poverty in the UK: How structural inequality shapes experiences of getting online*. Digital Geography and Society, Volume 3, 2022, 100041. <https://www.sciencedirect.com/science/article/pii/S2666378322000162>

²⁰ Learning from our community, 2021, Age UK Banes

people they care for. This affects their mental health and consequently impacts the people they care for.²¹

Stakeholders indicate that there is often a 'cliff edge' when a young person turns 18. This impacts on adult mental health in B&NES. There is an associated demand pressure on third sector organisations to make up for this gap in service.

In engagement sessions, those delivering services and support felt that better health and wellbeing outcomes could be achieved if a more collaborative and inclusive approach is taken. They felt that it would take a whole system approach including statutory health and care services, VCSE organisations, communities and individuals accessing care and support to improve health and wellbeing in communities. People also felt that rural communities were sometimes left out when it came to ensuring communities had access to needed health and care services. It was also emphasised that individuals could be more empowered to take control of their health and care.

What assets do we already have in the community?

Our communities have many assets that can contribute to positive health and wellbeing. These include the skills knowledge and commitment of; individuals, friendships, good neighbours, local groups and community and voluntary organisations. Resources and facilities within the public, private and third sector also help to maintain and improve health and wellbeing in our communities. Social prescribing pilot schemes have been rolled out, as well as initiatives to encourage community engagement and joined-up support via our Community Wellbeing Hub, which provided valuable coordination and support in responding to the Covid 19 pandemic.

What are we going to do?

3.1 Continue to develop the infrastructure that encourages and enables individuals, organisations and networks to work together in an inclusive way, with the shared aim of supporting people in need and building strong local communities.

3.2 Enable and encourage proactive engagement in health promoting activity at all ages for good quality of life.

3.3 Develop a strategic approach to social prescribing to enable people to remain healthy and manage physical and mental health conditions.

²¹ <https://www.banescarerscentre.org.uk/news/local-unpaid-carers-are-being-pushed-to-breaking-point-warns-the-carers-centre/>

Priority 4: Create health promoting places

Our health and wellbeing are significantly impacted by the places in which we live. In this context, 'place' refers to our homes as well as our local neighbourhoods.

Housing

Our health and wellbeing are significantly influenced by where we live. The Levelling Up White Paper highlights poor quality housing, overcrowding, and an over-reliance on temporary accommodation for vulnerable families as key contributors to poor health and quality of life, and a priority for action at the national and local levels.²² In the South West, housing prices rose sharply during the pandemic and the most deprived parts of the population have been hit the hardest by the rising cost of living. Poorly heated, ventilated or over-crowding can lead to damp and mould, which can lead to physical and mental health problems. Wetter winters due to climate change have already begun to exacerbate this problem further.²³ To avoid health and wellbeing complications that can stem from poor housing conditions, it is critical to ensure that quality housing is a priority in B&NES.

Local Neighbourhoods

Good spatial planning is important to ensure that people can access everything that is needed to live a healthy life. This includes having access to green space, local shops that offer healthy and affordable fruit and vegetable options and access to health and care services in local neighbourhoods.²⁴ We want to make it easier for everyone to be physically active by encouraging active travel. This form of physical activity is incorporated into the daily routine and can be in the form of walking or cycling. Through this priority, we aim to promote engagement in these activities by working collaboratively with our local partners to improve access and create enabling environments for good health and wellbeing.

To ensure long-term sustainability, healthcare services are changing too, with an ever-greater focus on prevention and care closer to home or where people go. It is hoped that delivering integrated and holistic services closer to where people live or go, will improve access, and mean that more people receive the care they need, in the right place, at the right time and in the right way.²⁵

Why is this important in Bath and North East Somerset?

- Although the Strategic Evidence Base indicates that B&NES has a lower rate of adult obesity than the English average, our rates mean that one in two adults is carrying excess weight.

²² Levelling up in the United Kingdom White Paper (HM Government) February 2022

[Levelling Up the United Kingdom \(publishing.service.gov.uk\)](https://www.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/729727/levelling-up-the-united-kingdom-white-paper.pdf)

²³ <https://www.kingsfund.org.uk/projects/time-think-differently/trends-broader-determinants-health-housing>

²⁴ Spatial Planning for Health, Public Health England 2017

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/729727/spatial_planning_for_health.pdf

²⁵ <https://www.england.nhs.uk/blog/building-on-the-vision-of-an-integrated-primary-care/>

- 93% of population growth will be from single person households and couples aged over 65. This suggests homes meeting older persons' housing requirements will be a priority.
- The Government's Net Zero Strategy: Build Back Greener states all homes should meet an Energy Performance rating of at least a Band C by 2035. The percentage of residential properties in B&NES with an Energy efficiency rating of A-C at the end of December 2021 is 26%.
- In 2020 in B&NES the tenure breakdown of homes is: owner occupiers outright represent 40% of the total, owner occupiers with a mortgage 26%, private renters 20% and social renters 14%. The English Housing Survey (2021/2022) suggests dwellings in the private rented sector are more likely to fail to meet the Decent Homes Standard than those that are socially rented or owner occupied homes.²⁶
- Despite overall falls in carbon dioxide emissions since 2005, emissions from transport have not reduced to the same extent as in other sectors, in 2019 transport accounted for 34% of the carbon dioxide emissions in B&NES.
- The 2021 Census revealed that on Census Day, 10.3% of households in Bath and North East Somerset had 3 or more cars or vans. The comparative percentage for England and Wales on the same day was 9.2%.²⁷

What have people told us?

While overall there is satisfaction with the experiences in local areas, some people have expressed a need for improvements in the quality of housing. People have specifically told us about damp and mould and the impact this is having on both their physical and mental health.

Responses to our survey showed that residents felt access to green spaces and nature as well as leisure facilities, have an important impact on their health and wellbeing. While discussion with third sector groups raised concerns about equitable access to these spaces, indicating that more deprived areas may have fewer spaces, or they may be more difficult to access.

Access to health care services was one of the five most common responses to our survey which asked what has the most impact on your own or family's health and wellbeing. People expressed an inability to access the care they need in place. This is particularly true for those living in rural areas. People have also said that long wait times for healthcare services impacted on their health and wellbeing. These issues of access will not impact all equally.

What assets do we already have in the community?

²⁶ <https://www.gov.uk/government/statistics/english-housing-survey-2021-to-2022-headline-report/english-housing-survey-2021-to-2022-headline-report>

²⁷ <https://www.ons.gov.uk/census/maps/choropleth/housing/number-of-cars-or-vans/number-of-cars-5a/no-cars-or-vans-in-household>

There are pilots already underway to introduce Active Travel Social Prescribing Hubs in Bath and North East Somerset. The pilot programme encourages physical activity as a means of transport in parts of B&NES to improve both physical and mental health.

Integrated Neighbourhood Teams (INT) are being piloted in the wider region to improve access to health and care services by bringing multi-disciplinary health and care teams closer to where people live. In B&NES we have already established the Community Wellbeing Hub and can learn from the experience of other areas to support the development of INTs locally.

Much progress has already been made within B&NES to insulate social housing stock and decrease heating costs.

The Local Plan provides an opportunity to ensure that creating health promoting places is a cornerstone in all developmental plans for the local area, to improve active travel, access to leisure facilities and overall enabling environments for good health and wellbeing.

What are we going to do?

4.1 Utilise the Local Plan as an opportunity to shape, promote and deliver healthy and sustainable places and reduce inequalities.

4.2 Improve take up of low carbon affordable warmth support for private housing; and encourage B&NES social housing providers to provide low carbon affordable warmth for existing social housing to help prevent damp and mould, and cold-related illnesses.

4.3 Maximise opportunities in legislation to facilitate targeted private rented sector inspection programme to ensure the minimum statutory housing and energy efficiency standards are met.

4.4 Improve access to physical and mental health services and interventions for all ages via the development of Integrated Neighbourhood Teams (INTs), community-based services, and our specialist centres.

4.5 The NHS, LA, voluntary and community sector and other partners to increasingly embed prevention and inequalities action into their planning and prioritisation.