

HEALTH AND WELLBEING BOARD

Minutes of the Meeting held

Thursday 6th November 2025, 11.00 am

Paul Harris	Curo, Chair for the meeting
Laura Ambler	Integrated Care Board
Charles Bleakley	BEMs+ (Primary Care)
Sophie Broadfield	Bath & North East Somerset Council
Jocelyn Foster	Royal United Hospitals Bath NHS Foundation Trust
Sara Gallagher	Bath Spa University
Amritpal Kaur	Healthwatch
Jean Kelly	Bath and North East Somerset Council
Kate Morton	3SG
Stephen Quinton	Avon Fire & Rescue Service
Rebecca Reynolds	Bath and North East Somerset Council
Val Scrase	HCRG Care Group
Emma Solomon-Moore	University of Bath
Becky Somerset	3SG
Agata Vitale	Bath Spa University
Suzanne Westhead	Bath and North East Somerset Council

26 WELCOME AND INTRODUCTIONS

The Chair welcomed everyone to the meeting.

27 **EMERGENCY EVACUATION PROCEDURE**

The Chair drew attention to the evacuation procedure as listed on the call to the meeting.

28 **APOLOGIES FOR ABSENCE**

There were none.

29 **DECLARATIONS OF INTEREST**

There were none.

30 **TO ANNOUNCE ANY URGENT BUSINESS AGREED BY THE CHAIR**

There was no urgent business.

31 **PUBLIC QUESTIONS, STATEMENTS AND PETITIONS**

There were none.

32 **MINUTES OF PREVIOUS MEETING**

RESOLVED that the minutes of the meeting of 4 September 2025 be approved as a correct record and signed by the Chair.

33 **FEEDBACK FROM DEVELOPMENT SESSIONS**

Tom Gaze/Tim Rawlings gave the following feedback following the previous HWB Development Session on active travel:

1. The comments raised at the session had been shared with the wider team.
2. **Deprivation and inequalities:** the team had access to mapping which could be used in the future for updates to the Active Travel Masterplan. It had already been used in prioritising projects as part of the criteria for scoring.
3. **Education attainment gap:** It was agreed that one of the wider benefits of active travel would be closing the education attainment gap and this would be included in future updates of the masterplan. The Active Way would be publishing their local evaluation in the Spring which would provide the outcomes of the activities and interventions delivered in the pilot project in the Somer Valley. Early evaluation was that it was improving confidence and access.
4. **Parish/Town Councils:** engagement had already happened and would continue to do so.
5. **Active Travel and relationship with similar projects:** The team was continuing to liaise with colleagues on other projects such as the Joint Travel Plan.
6. **Infrastructure:** The Board had recognised that there was a need for

investment in infrastructure to give cyclists confidence in using routes. It was noted that introducing this type of infrastructure was controversial, and the Council would benefit from support from HWB partners. The wording of a supportive statement was subsequently agreed on behalf of the HWB.

7. **Training for health service staff:** pop up roadshows and triaging workshops had taken place and there had been good engagement with health service staff.
8. **Prioritising vulnerable groups:** the Active Way had been successful in targeting and engaging people from isolated and disadvantaged backgrounds, as well as those with physical and mental health problems and long-term conditions.

34 **BETTER CARE FUND UPDATE**

Laura Ambler, Executive Director of Place – B&NES BSW ICB and Suzanne Westhead, Director of Adult Social Care, B&NES gave a verbal update as follows:

1. B&NES was on track to meet all targets apart from one – the average length of discharge. Work was taking place with the RUH on preventative work to avoid admissions and safe discharge for people requiring supported pathways.
2. The Board was advised to keep a watching brief on what Better Care Funding would look like in the future.

The Board **RESOLVED** to ratify the BCF Quarter 2 End of Year return.

35 **NEIGHBOURHOOD HEALTH PLAN**

Laura Ambler, Executive Director of Place – B&NES BSW ICB briefed the Board of the latest developments in relation to the development of Neighbourhood Health Plans

1. There was now more clarity about the requirement for Neighbourhood Health Plans (NHPs).
2. NHPs were required for each local authority boundary (locality) and would be a joint endeavour between the local authority and NHS.
3. The Health and Wellbeing Board would have an official role in approving plans. The timeline was the end of the year.
4. There had been an instruction to focus on 3 key areas, improving access to GPs; admission avoidance and discharges; bringing care closer to home.
5. The guidance was NHS specific but there was an ambition to make it broader in B&NES to address the wider determinants of health.
6. A joint working group would be set up and more guidance would follow.

It was noted that the Joint Health and Wellbeing Strategy would run alongside the Neighbourhood Health Plans, and the Board would need to monitor the relationship between the two plans.

36 **CHANGES WITHIN NHS**

Laura Ambler, Executive Director of Place – B&NES BSW ICB advised the Board of the latest developments in relation to changes within the NHS:

1. There had been significant restructuring within the ICB. Laura would be leaving to take up a new role; Rob Whiteman had been appointed as Chair of the new cluster and Jonathan Hickman had been appointed as Chief Executive Officer.
2. The timeline for further changes to the structure were unknown, but there would continue to be ICB representation on the Board.
3. The medium-term planning guidance had been recently released. This was the mechanism for the NHS to deliver services.

Board members raised the following comments:

1. It was noted that it would be Laura Ambler's last meeting and the Board thanked Laura for her contribution and support.
2. As well as changes at the ICB, there were also a lot of leadership changes across the system including B&NES Council and the RUH.

37 **JOINT HEALTH AND WELLBEING STRATEGY IMPLEMENTATION PLAN - REFRESH**

Sarah Heathcote, Health Inequalities Manager, B&NES, introduced the report and drew attention to the following:

1. The Health and Wellbeing Board requested a 'light touch' review and refresh.
2. Priority theme reporting leads were briefed to update actions ensuring alignment with System and Place plans. Priority theme sponsors signed off changes.
3. A key principle was to have ambition, ensuring that all actions remain in line with existing resources (working to a two-year time frame).
4. As part of the refresh the HWB requested an explicit focus on disadvantaged groups and specific action on inequalities where possible.
5. The review highlighted the progress made on actions in the current plan. The established process for monitoring implementation of the strategy has also highlighted progress and the exception reporting log provides evidence of this.
6. The four priority theme areas of the JHWS and the strategy objectives within them remain current and did not require substantive change.
7. The LGA review of the HWB in February 2025 included a recommendation to categorise actions within the JHWS Implementation Plan according to a 'drive, 'sponsor', 'observe' framework and the Board was asked to consider whether to take this forward as a separate piece of work.

The Board raised the following comments:

1. In relation to priority 2, there was a lot of work going on in the Future Ambition Board (FAB) and young people not in education, employment, or training (NEETs) were a particular priority. There may be a better way of building on the work of the FAB to ensure there was no duplication with the JHWS. (action: Kate Morton/Sophie Broadfield)
2. The suggestion of the LGA to apply the drive/sponsor/observe framework would be helpful in moving forward. It was agreed that the reporting leads would look at this issue and this would be the subject of a future development session.

The Board RESOLVED to:

1. Note the engagement undertaken with priority theme sponsors and reporting leads in the review and refresh process.
2. Approve the refreshed Joint Health and Wellbeing Strategy Implementation Plan and agree a timeframe for a future review.
3. Consider the LGA recommendation to apply the Drive Sponsor Observe framework to categorise and prioritise actions in the Implementation Plan at a future development session.

38 HEALTH PROTECTION BOARD REPORT 2024-2025

Becky Reynolds, Director of Public Health and Prevention (B&NES) and Anna Brett, Health Protection & Core Determinants of Health Manager (B&NES) presented the Health Protection Board Annual Report 2024-25 and posed the following questions to the Board:

1. Is the Health & Wellbeing Board assured that the Health Protection Board has delivered on the priorities from last year?
2. Does the Health & Wellbeing Board support the priorities that have been recommended for next year and are there further opportunities to join up with partners to achieve them?

The Board raised the following comments/questions:

1. The Board was assured that the Health Protection Board had delivered on the priorities from last year but asked for further information about the one amber rated priority "Help improve immunisation uptake and reduce inequalities in uptake, particularly MMR vaccination. Contribute to the development of a new Integrated Vaccine Strategy for BSW and outreach vaccination model for B&NES" *Response: some progress had been made in relation to MMR vaccination uptake and take up was good across the district but there were some pockets of lower take up in the Kingsmead and Lansdown wards. The team was working with GP practices in these areas and also with pre-school settings to promote vaccines.*
2. In terms of achieving the priorities, there was a focus on external threats but what about the internal threat of behaviour shift to a partnership approach to health? Was there enough in relation to the population taking ownership of their own health? *Response: this was a good challenge and would be taken*

back to the Health Protection Board.

3. There were elements of co-design such as student/university involvement in the work around information and advice relating to damp and mould.
4. An action was agreed that Board members would link up with Health Protection Board members within their organisations to see if there could be any further improvements in the links between the two boards.

The Board **RESOLVED** to note the annual report and endorse the following priorities agreed by the Health Protection Board for 2025-26:

1. Assurance: continue to monitor the performance of specialist areas, identify risks, ensure mitigation is in place and escalate as necessary
2. Continue to actively participate in the prevention, preparedness and management of outbreaks and incidents with partner agencies to slow down and prevent the spread of communicable disease and manage environmental hazards
3. Continue to ensure that the public and partner organisations are informed about emerging threats to health
4. Contribute to regional planning on the delegation of vaccination responsibilities from NHS England to the ICB, and to local vaccination planning, to support vaccination and inequality outcomes.
5. Implement actions to support prevention of climate change and mitigation of climate change impact
6. Improve uptake of NHS screening programmes with a focus on breast and cervical screening programmes.
7. Support the delivery of the Bath and North East Somerset, Swindon & Wiltshire Integrated Care System Infection Prevention and Management Strategy 2024-2027, to ensure that the local interventions and workplans to progress the purpose, principles and seven ambitions of the Southwest Strategy are implemented.

39 **BATH AND NORTH EAST SOMERSET COMMUNITY SAFETY AND SAFEGUARDING PARTNERSHIP (BCSSP) ANNUAL REPORT 2024-25**

The Board was asked to note the Bath and North East Somerset Community Safety and Safeguarding Partnership (BCSSP) Annual Report 2024-25:

https://bcssp.org.uk/assets/7a7eb990/annual_report_vf.pdf

The meeting ended at 12.10 pm

Chair

Date Confirmed and Signed

Prepared by Democratic Services