Bath & North East Somerset Council

Improving People's Lives

Health Protection Board Report 2024-2025

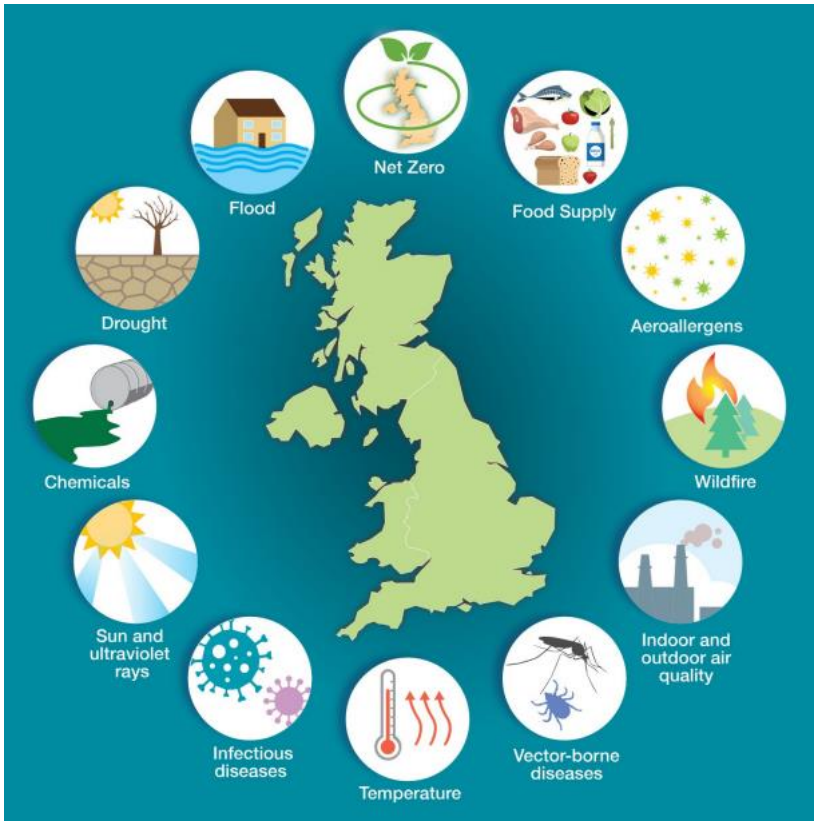


Figure 1: Health effects of climate change – UKHSA Health Effects of Climate Change (HECC) in the UK State of the evidence 2023

Contents

Introduction

This report documents the progress made by the Bath and North East Somerset Health Protection Board (HPB) during 2024-25 and highlights the key performance indicators, risks, challenges and priorities for the next 12 months in each specialist area. The last HPB Report covered 2023-24.

Progress on the priorities that were implemented during 2024-25

During 2024-25 the HPB committed to continued improvement across all work streams and identified six priorities to focus on. Having priority areas of work is important for the Director of Public Health (DPH), on behalf of the local authority, to be assured that suitable arrangements are in place in B&NES to protect the health of the population.

The progress made on each priority has been Red, Amber & Green (RAG) rated below, and further detail of the progress made against each priority is detailed within the report.

No.	Priority (2024-25)	RAG
1	Assurance: continue to monitor the performance of specialist areas, identify risks, ensure mitigation is in place and escalate as necessary	Green
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	Green
3	Continue to ensure that the public and partner organisations are informed about emerging threats to health	Green
4	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.	Amber
5	Scope the health protection work that could be undertaken to support prevention of climate change and mitigation of climate change impact and make recommendations for action.	Green
6	Review B&NES coverage for each NHS screening programme to identify needs/gaps and priorities for action.	Green

Health Protection Board priorities for 2025-26

The HPB remains committed to improving all work streams within available resources. The following seven priorities have been agreed for 2025-2026 by the HPB as priority areas to be addressed.

No.	Priority
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 local interventions and workplans, and the seven ambitions of the Southwest Strategy are implemented.

Priority 1: Assurance

No.	Priority from 2024-25	RAG
1	Assurance: continue to monitor the performance of specialist areas, identify risks, ensure mitigation is in place and escalate as necessary	Green

No.	Priority for 2025-26
1	Assurance: continue to monitor the performance of specialist areas, identify risks, ensure mitigation is in place and escalate as necessary

The HPB was established in November 2013 to enable the Director of Public Health to be assured on behalf of the local authority that relevant organisations have appropriate plans in place to protect the population against a range of threats and hazards and to ensure that necessary action is being taken.

Throughout 2024-25 the HPB continued to provide a forum for professional discussion of health protection plans, performance, risks and opportunities for joint action. The HPB enables strong relationships between all agencies to be maintained and developed to provide a robust health protection function in B&NES. The Board's Terms of reference (Appendix 1) were reviewed in December 2024.

During 2024-25 the HPB monitored key performance indicators for each specialist area as set out below in diagram 1 and was generally well assured that relevant organisations do have appropriate plans in place to protect the population.

Two new risks were identified during the year and logged on the HPB's risk log (as of March 2025) (Appendix 2), with mitigating actions established. These two new risks relating to the emergence of an infectious disease and failure of a major social care provider. Both these risks are on the national risk register and were therefore considered locally, as well as at the Avon & Somerset Local Resilience Forum (A&SLRF) and Bath & North East Somerset, Swindon & Wiltshire Local Health Resilience Partnership (BSW LHRP). Several other actions which are being tolerated by the HPB are reviewed periodically.

Diagram 1: Specialist health protection workstreams

Healthcare Associated Infection (HCAI) Key Performance Indicators: MRSA, *C. difficile* & *E. coli* bacteraemia	**Communicable Disease Control & Environmental Hazards** Key Performance Indicators: Private Water Supplies & Air Quality Management Areas
Health Emergency Planning Key Performance Indicators: Civil Contingencies Act requirements	**Sexual Health** Key Performance Indicators: HIV & under 18 conceptions
Substance Use Key Performance Indicators: Hep B vaccination, Hep C testing, opiates & non-opiates, alcohol, and release from prison	**Screening & Immunisation** Key Performance Indicators: National screening programmes & uptake of universal immunisation programmes

Priority 2: Management of outbreaks and incidents

No.	Priority from 2024-25	RAG
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	Green

No.	Priority for 2025-26
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

Communicable disease and environmental threats

Communicable diseases can be passed from animals to people, from one person to another, through food and water, and via health care transmission. They can be mild and get better on their own or develop into more serious illnesses that if left untreated lead to serious illness, long-term consequences, or death. Communicable diseases continue to pose a significant burden to health and society. In the UK they account for a large proportion of GP visits for both children and adults.

There are a range of environmental hazards that can affect our health and wellbeing. Natural hazards that directly affect the UK include flooding and heat waves. Human-produced hazards are mainly related to pollution of the air, water, and soil.

There continues to be strong working arrangements and relationships in place between the Southwest health protection team at the UK Health Security Agency (UKHSA), Public Health & Prevention and Public Protection teams in the council, alongside the BSW Integrated Care Board (BSW ICB) and NHS staff, to deliver an appropriate co-ordinated response to infectious disease cases, outbreaks and incidents. During 2024-25 these teams have supported incidents and outbreaks of various types of infectious disease including Measles, Tuberculosis, Influenza and Covid-19.

The UKHSA carry out regular health protection surveillance of infectious disease. There are fluctuations in the rates of infectious disease, and all cases of infectious disease need some degree of follow-up or investigation. The rates are generally not higher than the Southwest average and are as expected for our population size and demographics. Data is provided to the Health Protection Board for assurance, however due to data governance it is not possible to publicly share this data.

Pandemic preparedness

Over the course of 2024–25, the HPB and wider multi-agency partners have actively contributed to strengthening pandemic preparedness at local, regional, a national levels. This has included risk assessing the emergence of a novel infectious disease and engaging in strategic exercises such as Exercise Pegasus, led by the Department of Health and Social Care (DHSC) in collaboration with NHS England, UKHSA, and devolved nations. It has also included leading the development of a pandemic annex for the BSW Local Health Resilience Partnership (LHRP) Communicable Disease Plan, a useful tool for informing system partners pandemic plans and ensuring consistency in planning.

Learning from Covid-19 and other recent exercises has highlighted some challenges in multi-agency coordination, particularly across the A&SLRF footprint, which spans five local authorities, two ICBs and three LHRPs.

To address these issues, a dedicated multi-agency workshop is being convened in November 2025 to consolidate lessons learned, review current communicable disease and pandemic plans, and clarify roles and responsibilities across LRFs, LHRPs and health partners, ensuring a more coordinated and effective response to future communicable disease threats.

HIV late diagnosis in people 1st diagnosed with HIV in the UK

Late diagnosis of HIV is a clinical term which is used to identify the percentage of adults (aged 15 years or over) newly diagnosed with HIV with a CD4 count less than 350 cells per mm^3 within 91 days of diagnosis, excluding those with evidence of recent seroconversion. The CD4 cell count identifies the number of these types of white blood cells present in the body, which are serve as an indicator of immune system health and are used to monitor the progression of HIV infection which directly targets and destroys CD4 cells. The late diagnosis indicator includes reports only of HIV diagnoses first made in the UK which excludes those previously diagnosed with HIV overseas.

People diagnosed late with HIV can have a mortality rate seven times higher than those who aren't diagnosed late. With an early diagnosis and effective treatments, most people with HIV should not develop any AIDS-related illnesses and can generally expect to live a near-normal lifespan.

The graph below shows the trend between 2009 and 2023 grouped in three-year aggregates. Late diagnosis has been increasing substantially from 2018 in B&NES, with the red circles depicting when B&NES is statistically higher compared to the England average. Whilst there has been a recent decrease in late diagnosis, and there are relatively small numbers of people affected (2021-2023 reported a total of two individuals who were diagnosed late), B&NES is an outlier compared to our nearest statistical neighbours – the next five nearest statistical neighbours compare with an average rate of 53.8% versus 66.7% in B&NES. Despite the low number the

health impact on each person who is diagnosed late can be high, so it remains a concern.

Percentage of HIV late diagnosis in people first diagnosed with HIV in the UK

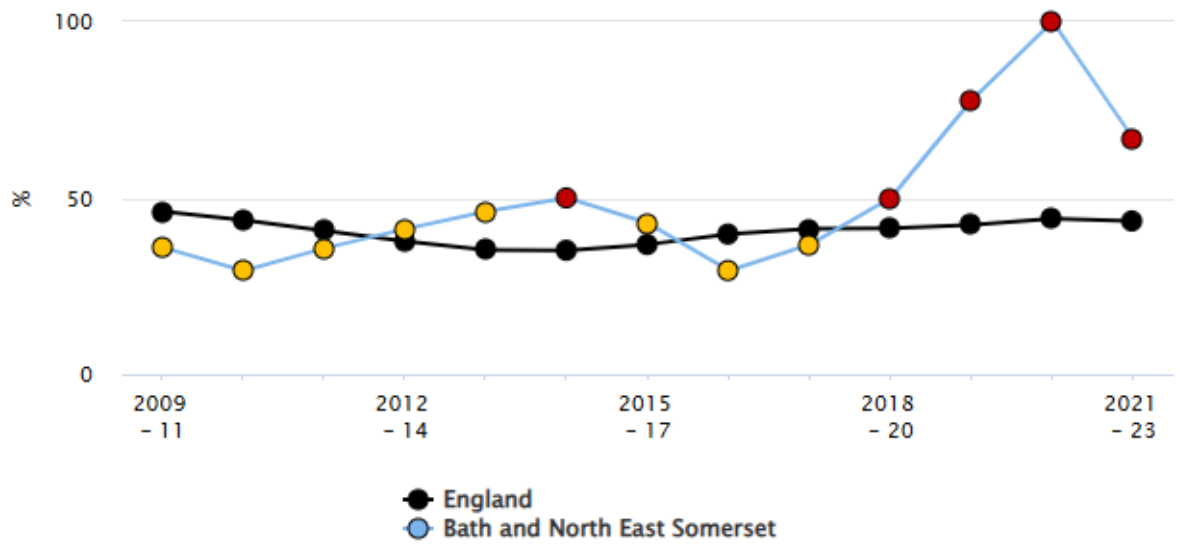


*Figure 2: reported indicator: percentage of HIV late diagnosis in people first diagnosed with HIV in the UK (aged 15-59) *, B&NES & England. Source: UKHSA 2025*

**NB Indicator name changed from percentage of adults (aged 15 or above) newly diagnosed with a CD4 count <350m2 from April 2023; data does not include those aged 60 and above.*

Work to reduce late diagnosis numbers is overseen by B&NES Sexual Health Board. The following key measures are outlined in the 2024 - 2026 Sexual & Reproductive Health Action Plan:

- Increase public awareness: during 2024/25 we undertook a series of local campaigns aiming at encouraging early testing, including adoption of the national *Give HIV The Finger* campaign promoting rapid testing and targeted work with local Universities and Colleges
- Review current educational initiatives amongst primary and secondary care staff around HIV, and develop and promote new education materials to cover gaps in knowledge and demand: during 2024/25 we supported the development of local education sessions for primary care professionals provided by Riverside Clinic focused on HIV indicator conditions, seroconversion and promotion of testing
- Provide increased awareness of HIV and association of clinical indicator conditions amongst GPs and secondary care, and support triggers for testing such as referral pathways or incorporation into primary care guidelines: we have provided educational drop-in sessions, along with targeted sessions for primary care and A&E professionals to increase knowledge and support early testing and diagnosis

- Explore opportunity to develop HIV opt out testing in A&E: we piloted HIV opt out testing in RUH's A&E department: from January to October 2024 the A&E team provided almost 500 HIV tests, leading to the diagnosis of two individuals with HIV. Lack of further funding has meant we have been unable to progress beyond this pilot but alongside our partners at RUH we continue to try to identify opportunities to recommence this intervention
- Investigate how to create prompt on GP practice consultation software to encourage HIV testing discussion if certain conditions met e.g. no HIV test in last 12 months: consultation around feasibility with practice staff has resulted in not carrying this action forwards as it was felt the software prompt would not be as effective as initially thought. Instead, we are continuing to focus on direct education sessions
- Examine potential to develop HIV testing events for high-risk groups: we continue to examine the practicalities of providing such events. This has been delayed due to the uncertainties created by procurement and recommissioning processes that have affected several of our partner providers, but we are now able to move this forward

Environmental hazards

Air Quality Management Areas

B&NES Council is legally required to review air quality and designate air quality management areas (AQMAs) where concentrations of nitrogen dioxide breach the annual objective. Where an AQMA is designated, an Air Quality Action Plan (AQAP) describing the pollution reduction measures must then be put in place in pursuit of the achievement of the objectives in the designated area.

In June each year the Council reviews air quality throughout B&NES as part of its Annual Status Report; the report is peer reviewed by DEFRA and is published on the Council website.

In B&NES, currently three AQMAs have been declared for nitrogen dioxide (NO_2) levels, including the major road network within Bath and sections of the A37 in Temple Cloud and Farrington Gurney. Details of the AQMAs can also be found on the Council's Air Quality Website. Actions being taken to improve air quality are contained in the Annual Status Report (above).

National Air Quality Plan

In March 2021, the Council launched a charging Class C Clean Air Zone (CAZ) to comply with Ministerial Direction served by the Joint Air Quality Unit (JAQU) in view of on-going exceedances of nitrogen dioxide (NO_2) in and around Bath.

To comply with this Direction, drivers of all higher emission vehicles (excluding cars and motorbikes) are charged to drive within the CAZ, situated in Bath's City Centre.

The CAZ has been successful, since the launch of the zone:

- nitrogen dioxide concentrations have reduced across Bath, with an average reduction of 40% inside the Clean Air Zone since 2019. This is an average annual reduction of 13.0µg/m^3
- nitrogen dioxide concentrations have also reduced in urban areas outside the Clean Air Zone, with an average reduction of 41% since 2019. This is an average annual reduction of 10.4µg/m^3
- vehicle compliance rates across all vehicle groups have improved, which means cleaner vehicles are driving across Bath
- Over 900 vehicles were replaced with cleaner versions through a financial assistance scheme.

The next step is for the Council to demonstrate that they are likely to maintain this success. More information can be found on the Council's webpage measuring our progress and in our annual monitoring reports.

Priority 3: Informing stakeholders about emerging threats to health

No.	Priority from 2024-25	RAG
3	Continue to ensure that the public and partner organisations are informed about emerging threats to health	Green

No.	Priority for 2025-26
3	Continue to ensure that the public and partner organisations are informed about emerging threats to health

Throughout the year the HPB has been committed to informing the public and partner organisations about emerging threats to health. This is achieved through its well-established health protection networks e.g. higher education network and B&NES Immunisation Group. A new Infection Prevention & Control Champion Network has also been established for care providers. The Board also uses its external communication networks to raise awareness amongst the public. Two examples of this work are given below; Scabies and how we identify vulnerable people in an incident. There are further examples in the section below on immunisations and climate change.

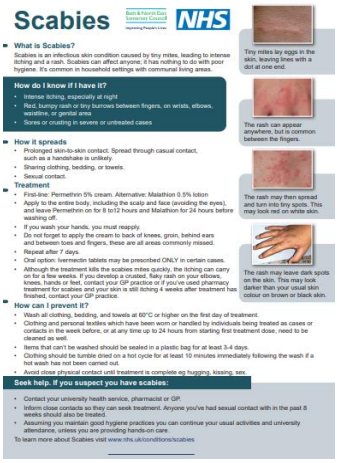
Scabies

Scabies is a highly contagious skin infestation caused by microscopic mites (*Sarcoptes scabiei*) that burrow into the skin, causing intense itching, especially at night, and a rash. It spreads easily through close skin-to-skin contact and shared items like bedding and clothing.

Since 2021, the UK has seen a significant rise in scabies cases and locally we were aware of cases in the settings outlined as high-risk below. Scabies can be notoriously difficult to diagnose, often requiring referral to dermatology specialists. Treatment typically involves topical creams like permethrin or malathion. Scabies is especially difficult to manage in:

- **Students in shared accommodation**, due to close living conditions and limited access to funded treatment.
- **Disadvantaged communities**, including asylum seekers, homeless populations, and those in overcrowded housing.
- **Care homes and institutions**, where outbreaks can spread rapidly and crusted scabies may occur in immunocompromised individuals.

B&NES Council and BSW ICB have worked closely with the newly formed B&NES Infection Prevention and Control (IPC) Champion network to raise awareness of scabies among care providers, ensuring consistent messaging and improved recognition and response. In collaboration with university medical centres and higher education institutions, we've also supported students and staff through tailored communications and resources. This included the development of a unified poster, social media assets, and webpage content. Communications and resources have also been shared with those supporting homeless and rough sleepers.



Supporting vulnerable people in an incident

The LRF, LHRP and B&NES Council have been strengthening work to support and protect vulnerable people during an incident such as flooding. A B&NES Vulnerable People Information Sharing Cell process has been established and tested to coordinate a multi-agency mechanism to identify and support individuals who may be at heightened risk. It is typically triggered by a declaration of an incident or in anticipation of one, and involves collaboration between public health, social care, housing, NHS, and other local services. The cell is convened via the B&NES Council Public Health & Prevention Team and operates under a structured agenda to gather, share, and act on data about vulnerable individuals in affected areas.

Once activated, the cell uses a common information-sharing template and follows strict protocols to ensure secure handling of personal data. It identifies individuals based on criteria such as physical or communication impairments, reliance on medication or care, pregnancy, or social vulnerability (e.g. homelessness, asylum seekers). The cell facilitates safe evacuation planning, resource prioritisation, and

tailored communication strategies. It also ensures that frontline responders and agencies are aligned in their response, and that data is shared appropriately to protect lives while respecting privacy and legal frameworks.

Priority 4: Immunisations

No.	Priority for 2024-25	RAG
4	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.	Amber

No.	Priority for 2025-26
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.

Delegation of vaccination responsibilities

Recent changes to national immunisation programmes reflect a strategic shift towards more targeted, equitable, and responsive vaccination delivery. These changes include updates to eligibility criteria, the introduction of new vaccines, and enhanced efforts to improve uptake in underserved populations, as well as continuation of access and inequalities programme via regional funded contracts.

NHS England is moving towards delegating commissioning of all vaccination services and some screening services to Integrated Care Boards (ICBs) from April 2027. Some functions like health and justice services and national screening components will remain centralised to ensure consistency and efficiency.

Work is currently underway locally to prepare for these changes, including new governance structures to support vaccination and inequality outcomes.

Outreach vaccinations

Collaborative working with NHS England (NHSE) Vaccine and Screening Teams, local authorities, and the BSW Vaccination Hub Team (currently operated by Bath Enhanced Medical Services + Ltd (BEMS)) ensures that outreach is tailored to local needs, supported by data-driven planning and community engagement. During 2024-25 work has continued to provide outreach vaccinations to vulnerable groups and deprived communities, who otherwise wouldn't access routine NHS vaccination clinics in health care settings. Examples of two of the projects which were carried out in early years' settings and care homes are given below.

Family health and wellbeing clinics

The Family Health & Wellbeing Clinics project in B&NES was developed in response to declining childhood vaccination rates and rising vaccine-preventable diseases, particularly in areas of deprivation like Twerton and Whiteway. The initiative aimed to improve access to flu, Covid-19, and Measles, Mumps and Rubella (MMR) vaccinations, alongside wider health services, by delivering cli nics directly in early years settings. These clinics were designed to overcome barriers such as access, low vaccine confidence, and lack of awareness, while also supporting families with health checks, oral health advice, and Making Every Contact Count (MECC) conversation.

The project involved collaboration between B&NES Council Public Health, St Michael's GP Surgery, BSW ICB, HCRG Care Services, and local nurseries. Five clinics were held across different early years settings, offering vaccinations and health services to children, parents, and staff. The clinics were well received, with approximately 25% of children in session receiving flu vaccinations and many adults also taking up the offer. Oral health packs were distributed, and health checks were popular among nursery staff. Feedback highlighted the convenience, positive experience for children, and the value of integrating multiple health services in familiar community settings.

The evaluation concluded that family clinics are a viable and effective outreach model, especially in underserved areas. Recommendations included expanding the model to other parts of B&NES, improving communication with parents, involving more GP surgeries, and addressing governance barriers to offering all vaccinations universally, all of which are being considered during 2025-26. It also suggested holding multiple clinics on different days to reach more children, integrating broader health services, and exploring commissioning arrangements with school-aged immunisation teams.

Care Home Engagement Project

The BSW Care Provider Engagement Project was launched to address health inequalities and improve vaccination uptake among social care staff across BSW. The project built on previous pilots that revealed barriers to vaccine access and confidence, particularly among internationally recruited staff and those not registered with a GP. Its purpose was to reduce outbreaks in care settings, increase vaccine confidence (especially for flu, Covid-19, and MMR), and support staff wellness through education and health checks.

To achieve these goals, the project prioritised care providers based on outbreak history, vulnerability of service users, and other risk factors. Outreach vaccination clinics were delivered in care homes and domiciliary care settings, alongside health and wellbeing checks and MECC conversations. Winter Preparedness Workshops and vaccine confidence training sessions were held to educate staff and managers. Despite challenges such as clinic cancellations, limited occupational health offers, and logistical issues, the project reached hundreds of staff and delivered nearly 900 vaccinations.

The evaluation concluded that strong collaboration, targeted outreach, and peer-to-peer engagement were key to success. Recommendations included expanding vaccine confidence training, improving access to vaccination clinics, exploring peer vaccination governance, and enhancing communication with care providers. The project highlighted the need for better occupational health support, earlier engagement with domiciliary care providers, and further analysis of outbreak data. It also called for continued efforts to reduce vaccine hesitancy and improve health equity among social care staff, especially those from international backgrounds or with limited access to healthcare.

Flu & Covid-19 vaccination

For over 65-year-olds, at risk individuals, 2 and 3-year-olds and secondary school children coverage decreased in 2024 compared to the previous year. Except for 2 and 3-year-olds, these trends were also seen across the Southwest and nationally, however B&NES still had one of the highest rates of coverage for 2 and 3-year-olds nationally. For pregnant women and people and primary school children coverage rates increased.

The Covid-19 vaccination programme continued during autumn/winter 2024-25 and spring 2025. BSW and B&NES achieved some of the highest uptake across all groups nationally. Uptake for 2024-25 is generally lower than in 2023-24, this is in line with national trends

There is currently a focus nationally and locally on improving vaccine confidence and supporting health and care professionals as trusted voices to encourage vaccine confidence and empower informed decisions among patients.

Priorities for the 2025-26 flu and Covid-19 programs include:

Programme	Ambition
Flu	
65+ age group	Maintain
2–3-year olds	Increase
Primary school children	Increase
Secondary school children	Increase
Under 65s in at-risk groups	Increase
Frontline healthcare workers	Increase
Covid-19	
Care home cohort	Maintain
75+ cohort	Maintain
Immunosuppressed cohort	Maintain

B&NES population vaccine coverage

Over 65-year-olds

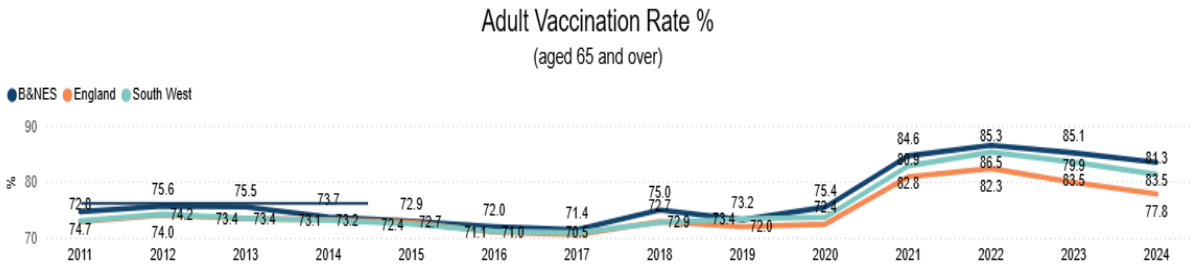


Figure 3: Percentage uptake of over 65-year-olds in BANES who had their flu vaccination between 2010 and 2024 (Source: Office for Health Improvement & Disparities (OHID))

At risk individuals

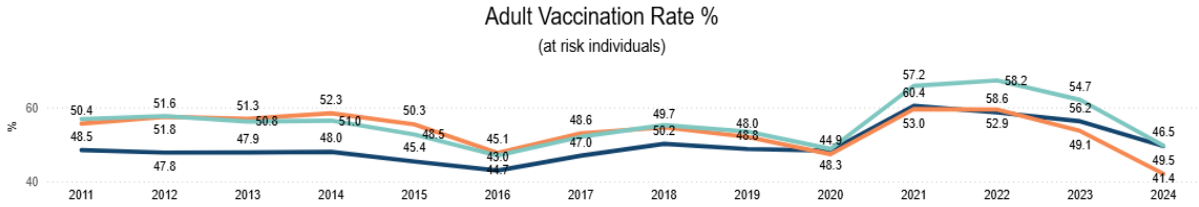


Figure 4: Percentage uptake of at-risk individuals in BANES who had their flu vaccination between 2010 and 2024 (Source: OHID)

2 and 3-year-olds

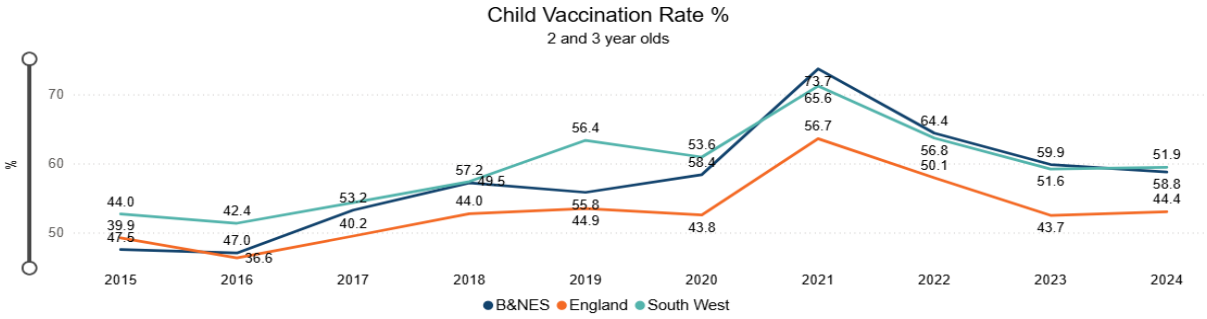


Figure 6: Percentage uptake of 2 and 3-year-olds in BANES who had their flu vaccination between 2014 and 2024 (Source: OHID)

Primary school children

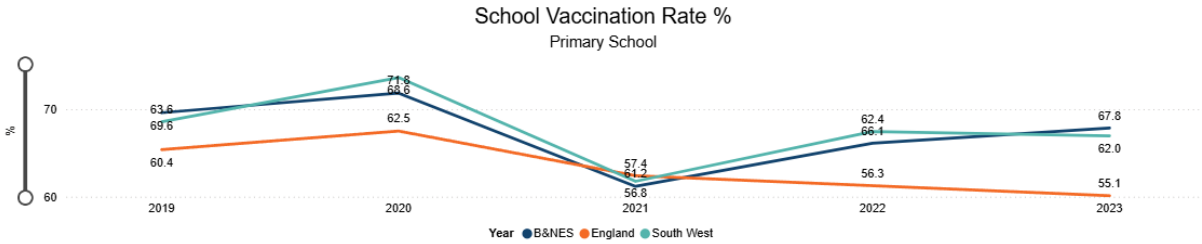


Figure 7: Percentage uptake of primary school children in BANES who had their flu vaccination between 2014 and 2023 (Source: OHID)

Secondary school children

School Year (%)	7	8	9	10	11
2024-25	71.3	61.2	59.5	59.2	57.1
2023-24	61.3	58	56.9	55.6	46.1
2022-23	57.4	53.7	54.5	No data	No data
2021-22	62.8	57.1	57.2	61.7	56.3

Figure 8: Percentage uptake of secondary school children in BANES who had their flu vaccination between 2021 and 2025 (Source: IMMFORM)

Covid-19 Vaccination

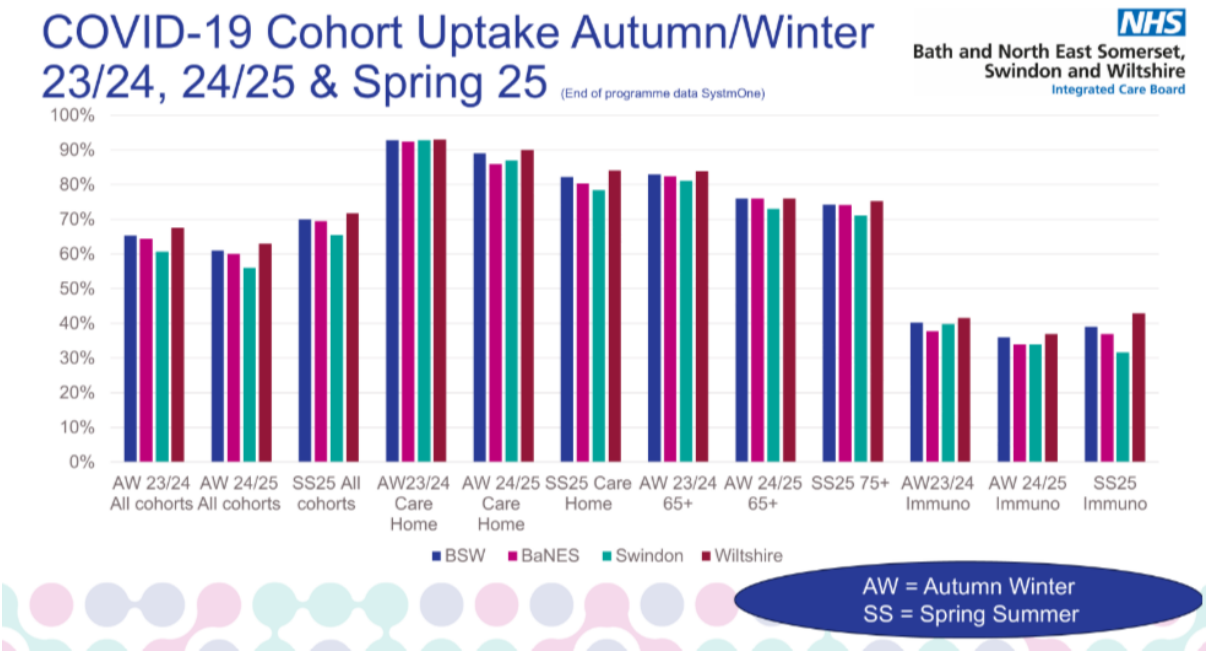


Figure 9: Percentage uptake of eligible groups B&NES and BSW who had they Covid-19 vaccination during autumn/winter 2023-24, 2024-25 and Spring 2025 (Source: BSW ICB)

Priority 5: Climate Change

No.	Priority from 2024-25	RAG
5.	Scope the health protection work that could be undertaken to support prevention of climate change and mitigation of climate change impact and make recommendations for action.	Green

No.	Priority for 2025-26
5.	Implement actions to support prevention of climate change and mitigation of climate change impact

The UKHSA's Health Effects of Climate Change (HECC) Report 2023 is a comprehensive summary of the scientific evidence on the health effects of climate change, research gaps and potential implications of these risks for public health. The report says that there is a large and growing evidence base which highlights diverse and substantial threats to health from climate change. Many risks are preventable through adaptation at low levels of warming. Despite the substantial evidence of risk,

the evidence base on effective interventions is less developed and should be prioritised.

Extreme Heat: Projected increase in heat-related deaths, especially among older populations. Up to 10,000 deaths per year by the 2050s under high-warming scenarios without adaptation.

Vector-Borne Diseases: Risk of transmission of diseases like chikungunya, dengue, and Zika in the UK. Due to spread of Aedes albopictus and Culex mosquitoes.

Flooding: more people at high risk due to changing rainfall patterns. Greatest health impacts are mental health: increased depression, anxiety, Post Traumatic Stress Disorder (PTSD).

Food Security: Growing dependence on climate-vulnerable countries for food. Potential instability in supply of fresh fruit and vegetables.

Health Co-Benefits of Climate Action: Nature-based solutions and behavioural shifts can reduce health inequalities. Benefits include reduced air pollution, healthier homes, greenspaces, and less pressure on health services.

Research Gaps Identified: Need for better understanding of intervention effectiveness and economic impacts. More research into mental health, behaviour, and equity. Improved climate-health modelling and standardised metrics. Assessment of co-benefits and compound risks.

Local action on climate change and health

In B&NES severe weather and housing have emerged as current priority areas, because the risks and local actions are clearer and more actionable than some other climate-related threats. Extreme heat events, which are increasing in frequency and intensity, pose serious health risks particularly to older people and those in poor-quality housing. Issues like damp, mould, and cold homes contribute to respiratory illnesses, while lack of access to cool spaces during heatwaves increases the risk of heat exhaustion and heatstroke.

The Health & Wellbeing Board's recent focus on cold, damp, and mould-affected homes directly supports the housing objectives set out in the B&NES Joint Health and Wellbeing Strategy Implementation Plan. These housing conditions are known to contribute to respiratory and cardiovascular illnesses, mental health issues, and increased vulnerability during climate-related events such as heatwaves and cold snaps. All partners including the Council, Social Housing Providers & Charities are advancing practical interventions through initiatives like the Bright Green Homes scheme, the Damp and Mould Charter, and the Community Energy Network to promote affordable warmth and energy efficiency.

Damp, mould & cold homes

To support residents and frontline professionals, B&NES Council and local partners have produced a leaflet on damp, mould and cold homes, offering practical, low-cost advice on reducing moisture, improving ventilation, and maintaining safe indoor temperatures. This resource also clarifies landlord responsibilities and encourages residents to seek help when needed. Building on this, the Council plans to develop a damp and mould toolkit for use by frontline professionals, helping them identify issues, offer guidance, and signpost support services.

Damp, Mouldy and Cold Home?

You can do something about it – live smarter.

What causes damp?

Damp happens when moisture from showers, cooking, or leaks builds up and can't escape - usually because the place isn't warm or ventilated enough.

What can I do?

Cold, damp homes can affect your health. Try these quick, low-cost tips to reduce condensation and prevent mould.

Heat Smart

- Keep rooms at 18-21°C if you can – too cold can cause damp
- Don't heat just one room – spread warmth evenly
- Avoid using portable gas heaters (they create moisture and are a carbon monoxide risk). Electric plug-in heaters are safer if you need extra heat

Vent Daily

- Open a small window or built in vent (above the frame)
- Use extractor fans when cooking or bathing
- Leave gaps behind furniture to help airflow

Cut Moisture

- Dry clothes outside or near open windows - drying clothes inside without proper ventilation is a major cause of moisture
- Keep pan lids on when cooking
- Vent tumble dryers properly
- Clean mould safely and wear gloves
  - Use fungicidal wash or diluted bleach
  - Never brush or vacuum mould as this spreads spores
- Use mould-resistant paint when redecorating

Bath & North East Somerset Council

Improving People's Lives

Need help?

Many people face damp, mouldy or cold homes - you're not alone. Support is free, friendly and easy to access.

Energy Advice Line

Call 0800 038 5680 for free, impartial guidance on heating, bills and damp.

Community Wellbeing Hub

Call **0300 247 0050** for local advice, referrals and energy support including other health and wellbeing support.
communitywellbeinghub.co.uk

Still having issues after 6 weeks?

Speak to your landlord or letting agent. By law, landlords must fix damp and mould caused by leaks, damage, or faulty heating and ventilation to keep your home safe and healthy. They should also check your heating system and make sure your home meets the Minimum Energy Efficiency Standard (EPC rating E or above).

Find everything you need at:

www.bathnes.gov.uk/damp-mould-and-cold-homes

Share this flyer with other people you live with - everyone's actions affect damp and mould and everyone benefits when the whole home is warm and dry.

Carbon Monoxide Warning

Test your alarm regularly. Faulty gas appliances can be deadly.

People who cannot access this document in its original format are entitled to receive it in an alternative format such as Easy Read, large print, translated language or an audio recording. It can also be emailed as a Microsoft document.
Contact: **public_health@bathnes.gov.uk**

Cool Spaces

B&NES Council has launched a new Indoor Cool Spaces Directory to help residents find safe, shaded, and well-ventilated indoor areas to rest during hot weather. These spaces offer seating, toilets, and drinking water, and are designed to provide respite for those unable to stay cool at home. Local organisations are encouraged to register their facilities on the Livewell Bathnes Cool Spaces webpage. Alongside this, the council has introduced an Outdoor Spaces Map highlighting green areas with amenities like seating, shade, and cafes to support comfort and hydration during heatwaves.

This initiative is part of a broader public health effort to reduce heat-related risks, especially as summers become increasingly hot. It complements campaigns such as the BSW ICB's summer health guidance for families and aligns with national resources like the Met Office Heat-health Alert Service and the Government's Beat the Heat advice. Residents are also encouraged to stay hydrated, with resources available on the council's website under the Every Sip Counts campaign.

Priority 6: Screening

No.	Priority for 2024-25	
6	Review B&NES coverage for each NHS screening programme to identify needs/gaps and priorities for action.	

No.	Priority for 2025-26
6.	Improve uptake of NHS screening programmes with a focus on breast and cervical screening programmes.

Screening is a way of finding out if people have a higher chance of having a health problem, so that early treatment can be offered or information given to help them make informed decisions. The NHS offers a range of screening tests to different sections of the population, and you can read more about the NHS screening programmes on the NHS screening website

There are three NHS cancer screening programmes; breast screening, bowel screening and cervical screening. For two of the three cancer screening programmes; breast and cervical, we have seen a gradual decline in coverage (proportion of a defined population that received their screening) and although both programmes have slightly improved over recent years, they both remain considerably below the World Health Organisation (WHO) targets. Coverage of bowel screening has steadily been increasing and in B&NES it is above the national target of 60% coverage. The HPB have therefore agreed to review the breast and cervical screening programme more closely to explore the data in more detail (i.e. what inequalities exist) and identify what action we can take locally.

Breast screening trend

The breast screening target in England is for all eligible women, aged 50 to their 71st birthday, to be screened every three years to detect breast cancer at an early, more treatable stage. In B&NES coverage in 2024 was 70.8 %, NHS England aims to improve screening attendance to 80%.

B&NES is part of the Avon Breast Screening programme, who have recently set up a specific group to look at health inequalities in the breast cancer screening programme and what local action we might be able to take to address any health inequalities found. Initial meetings will focus on the availability of inequalities data, access to screening services, breast cancer awareness and campaign work.

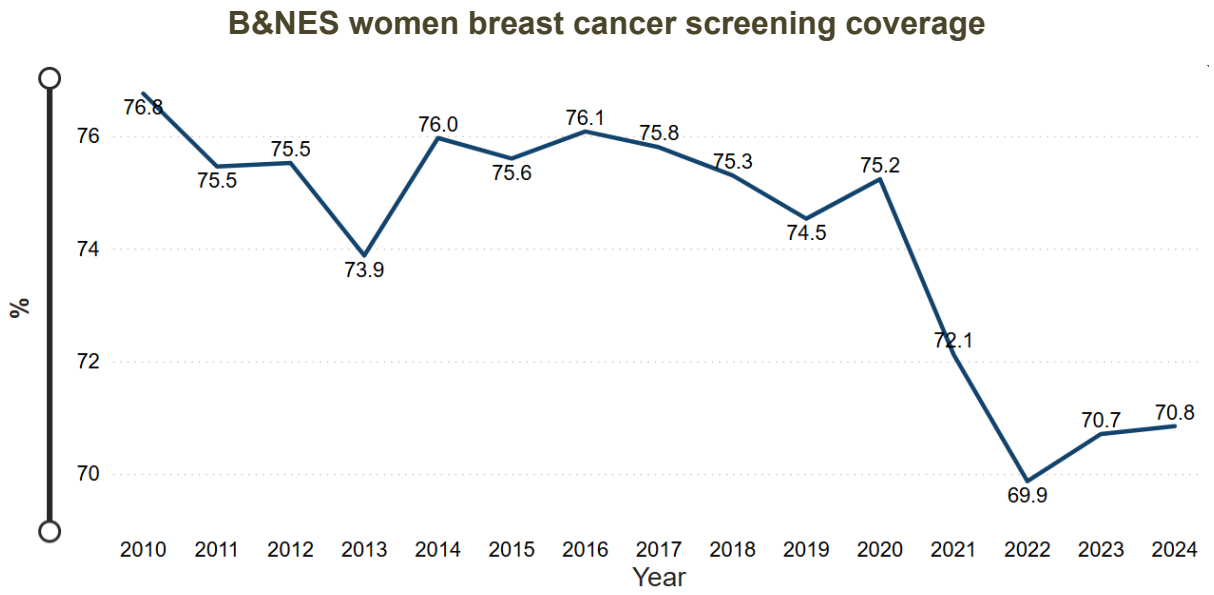


Figure 2: The proportion of B&NES women eligible for screening who have had a test with a recorded result at least once in the previous 36 months 2010 and 2024 (Source: OHID)

Cervical screening trend: 25 - 49-year-olds

The cervical screening target in England is women and people with a cervix aged 25 to 64 years, with invitations for screening sent starting at age 24.5 and continuing every three years until age 49, then every five years until age 64. The ultimate goal, set by NHS England and the World Health Organization, is to eliminate cervical cancer as a public health problem by 2040 by achieving 90% screening coverage and 90% HPV vaccination rates.

Cervical Cancer Elimination Strategy

The UK's Cervical Cancer Elimination Strategy aims to eliminate cervical cancer by 2040, aligning with the World Health Organization's target of reducing incidence to below 4 cases per 100,000 women. The strategy focuses on increasing equitable access to HPV vaccination and cervical screening, particularly among underserved populations such as those in deprived areas, ethnic minorities, and individuals with disabilities. Key actions include improving uptake of the HPV vaccine, reversing the decline in screening participation, and ensuring timely treatment for those diagnosed. Through targeted outreach, community engagement, and integration of services, the strategy seeks to reduce health inequalities and prevent hundreds of cervical cancer deaths annually.

A recent Southwest Cervical Cancer Elimination Screening workshop was held to support the formulation of an action plan. Once finalised the HPB will support any actions which can be implemented locally.

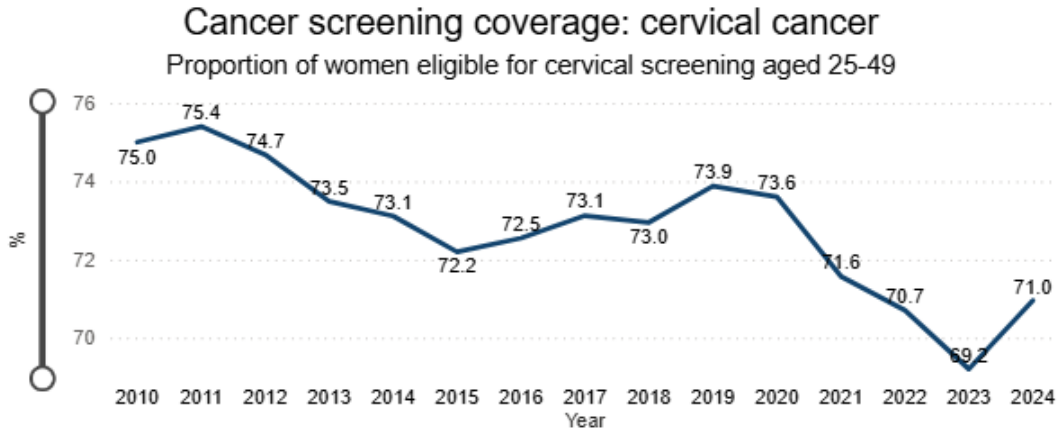


Figure 3: Percentage coverage of 25–49-year-olds eligible people in B&NES who had their cervical screening between 2010 and 2024 (Source: OHID)

Cervical screening trends: 50 – 64-year-olds

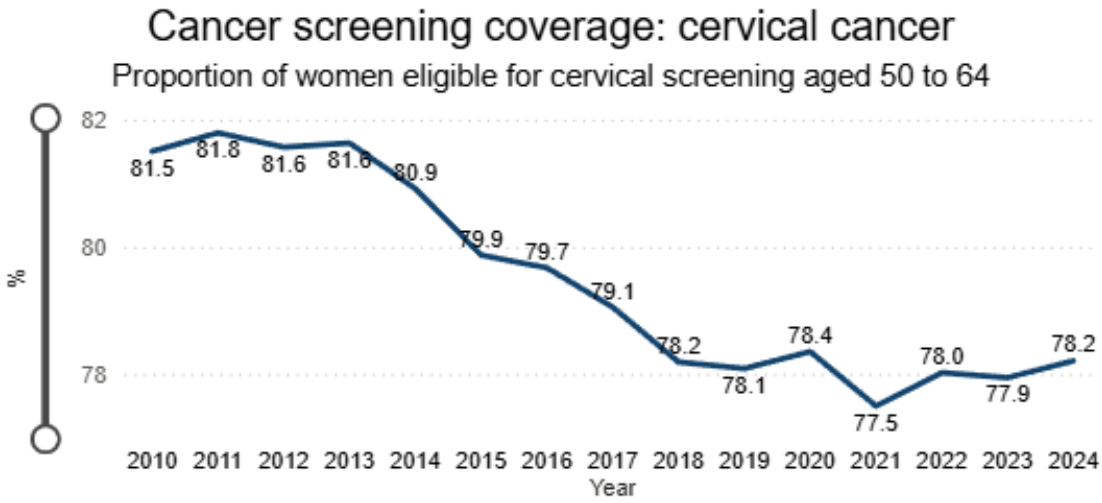


Figure 4: Figure 5: Percentage coverage of 50–65-year-olds eligible people in B&NES who had their cervical screening between 2010 and 2023 (Source: OHID)

HPV catch-up campaign

The 2025–26 HPV catch-up campaign is a national initiative led by NHS England to increase vaccination uptake among individuals aged 14 to 24 who missed their school-based HPV vaccine. GP practices are responsible for identifying and inviting eligible patients through letters, texts, emails, and app notifications, with the campaign running until 31 March 2026. The campaign supports the UK's cervical cancer elimination strategy and aims to reduce health inequalities by improving access to vaccination.

Locally, delivery of the HPV catch-up campaign is taking place at Riverside in Bath, providing a convenient site for eligible young people to receive their vaccine. This complements outreach efforts and supports improved uptake in the area, particularly among underserved groups.

Bowel Screening Trends

Uptake of bowel screening has continued to improve, supported by increased public awareness of bowel cancer following several high-profile cases in the media. This has been reinforced by national campaigns and our own local awareness initiative delivered a few years ago, which helped to normalise conversations around screening and encourage participation. The introduction of the FIT (Faecal Immunochemical Test) has also played a significant role, offering a simpler and more acceptable testing method that has boosted engagement and accessibility.

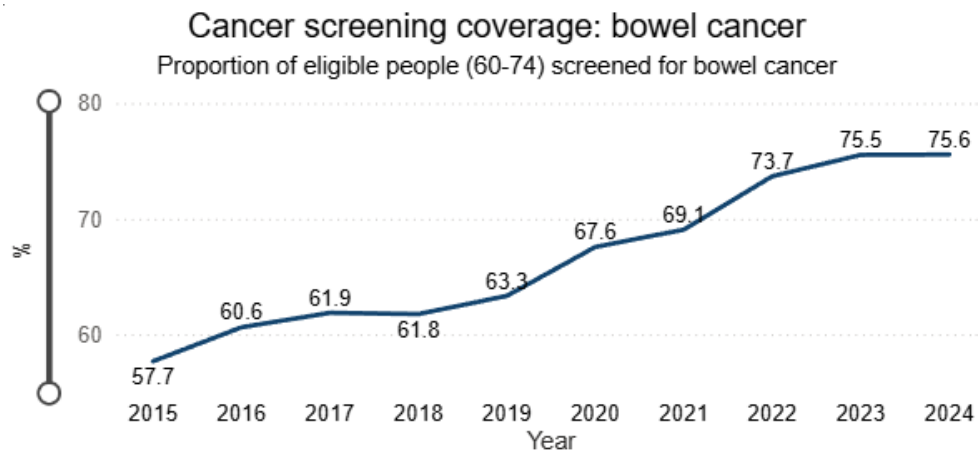


Figure 6: Percentage coverage of eligible people in B&NES who had their bowel screening between 2015 and 2024 (Source: OHID)

Priority 7: Healthcare Associated Infections

No.	Priority for 2025-26
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 local interventions and workplans, and the seven ambitions of the Southwest Strategy are implemented.

The BSW ICS Infection Prevention and Management Strategy 2024–2029 outlines a comprehensive and collaborative approach to reducing population harm from infection across B&NES, Swindon, and Wiltshire. It aligns with national frameworks such as the NHS Long Term Plan and the UK Antimicrobial Resistance Action Plan, and integrates principles of equity, people-centred care, and system-wide collaboration. The strategy's purpose is to promote inclusive, preventative, and sustainable infection management practices that support healthier, more resilient communities and reduce health inequalities.

To achieve its goals, the strategy sets out seven key ambitions: prevention, population engagement, addressing health inequalities, workforce development, data and digital innovation, sustainability, and collaboration. Each ambition is supported

by targeted actions, such as mapping infection burdens, improving immunisation uptake, enhancing workforce training, and leveraging digital platforms for resource sharing and data analysis. The strategy also emphasises co-production with communities, integration with local authority intelligence, and alignment with regional and national campaigns and frameworks.

In 2025–2026, the B&NES HPB will support three priority workstreams focused on urinary tract infections, respiratory tract infections, and skin and soft tissue viability. These targeted efforts aim to reduce the incidence of key healthcare-associated infections, specifically MRSA, *Clostridioides difficile*, and *Escherichia coli* bacteraemia. By concentrating resources and collaborative action on these areas, the Board seeks to drive measurable improvements in infection outcomes across the system.

Recommended priority areas for 2025-26

The HPB is committed to improving all work streams. As highlighted in this report, the following 7 recommended priorities for 2025-26 have been agreed by the HPB as key issues to be addressed to support improvement and provide assurance that suitable arrangements are in place in B&NES to protect the health of the population.

The process of reaching the recommended priorities has been informed through monitoring key performance indicators, maintaining a risk log, use of local and national intelligence, and learning from debriefs of outbreaks and incidents. They are also informed by Local Health Resilience Partnership & Local Resilience Forum work plans, which are based on Community Risk Registers. The recommended priorities also align with UKHSA and BSW ICB priorities.

No.	Priority
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 local interventions and workplans, and the seven ambitions of the Southwest Strategy are implemented.

Appendix 1 B&NES Health Protection Board Terms of Reference Reviewed Dec 2024

B&NES Health Protection Board ToR

Appendix 2 – B&NES Health Protection Board Risk Log March 2025

HP Board Risk Log March 2025.xlsx