

# Extraordinary Times, Extraordinary People

A Time Like No Other



Director Of Public Health Report 2021-2022

Bath & North East  
Somerset Council

Improving People's Lives

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# Hello,

and welcome to my first annual report as the Director of Public Health for Bath and North East Somerset. Directors of Public Health have a statutory requirement to write an independent annual report on the health of their population to raise awareness and understanding of local health issues, highlight areas of specific concern and make recommendations for change. It gives me great pleasure to share this 2021/22 annual report with you, within which I have focused on several themes.



I'm often asked what it's been like working in a public health team during the COVID-19 pandemic, and the word that comes to mind is – privilege. It is a huge privilege to work in Bath and North East Somerset with so many dedicated people in the team and across the council, the social care sector, health system, third sector, local communities, businesses, schools, early years, colleges and universities, and the national public health system amongst so many others. People giving everything and more to keep others safe and connected.

The last couple of years have been like no other. The COVID-19 pandemic has been

the public health emergency of modern times, disrupting and changing the lives of us all. Significant events were missed, loved ones passed away, school days spent learning remotely from home, relatives not visited, holidays not taken, grandchildren not held, social activities stopped, jobs lost, graduations postponed, people isolated, inequalities widened. Yet there's another side to the story. Communities and organisations came together in times of need, people showed such extraordinary acts of kindness, 'essential workers' were rightly recognised, we discovered more about the joys of the local

outdoors, existing services innovated rapidly in a virtual environment, and new COVID-19 vaccination and testing services were quickly established.

As a result, COVID-19 is the focus of the first chapter in this report. As we move into a world in which we live with the virus and have the benefit of effective vaccines, I wanted to take the opportunity to recognise the huge impact of the pandemic by amplifying the voices of local people and organisations who responded to such a remarkable challenge. Through their stories and case studies we get a sense of the highs and lows of such an

## Introduction continued



extraordinary time for Bath and North East Somerset.

The second chapter in the report focuses on children, young people and families. Generally, the majority of children and young people in Bath and North East Somerset are healthy and enjoy opportunities to keep well and do well in education. However, we know that during the past two years they have lost out on vital education and social activity, and, due to their age, have spent a larger proportion of their lives living with the constraints and stresses that the pandemic has brought. In this chapter you will find more information on health and education outcomes along with excellent examples of programmes aiming to enrich the lives of children and young people and provide earlier support to families when it's needed.

Living through the pandemic has shone a light on how important local places are for

our emotional and physical health. People who live in areas with the right building blocks in place such as streets that are easy to walk and cycle along, clean air, parks and green spaces, good jobs, warm housing, supportive communities, good food and other opportunities, generally find it easier to live healthy, fulfilling lives than those who don't. Not having the basic things we need for our physical and emotional health and constantly worrying about making ends meet puts a strain on our bodies and our relationships, leading to poorer health. So in the third chapter of the report, I'm pleased to be able to give a focus on the importance of our local places. Here you will find examples of innovative ways in which partners are working together to further strengthen our health and wellbeing through developing the places in which we live.

The first three chapters each conclude with a 'forward look'. Chapter four then pulls these together and sets out a number of recommendations to further improve health and wellbeing and reduce inequalities in Bath and North East Somerset.

I very much hope that you find the report interesting, and that it gives an opportunity to reflect on what we have all learnt over the past couple of years. I hope that it also stimulates conversation about how that learning can be used to tackle the challenges that lie ahead, particularly as our communities and services

face increasing pressures from the cost of living crisis and increases in energy bills.

My grateful thanks go to the very many people who have contributed to this report – Fiona Bell, Anna Brett, Beverley Brooks, Heather Brumby, Liz Bryan, Marcia Burgham, Gaynor Bush-Alsop, Milly Carmichael, Imogen Coningsby, Sarah Davies-Waters, Corinne Evans, Margaret Fairbairn, Chloe Fletcher, Lucy Fordham, Laura Gibb, Sarah Heathcote, Dr Elizabeth Hersch, Clare Laker, Celia Lasheras, Annette Luker, Wendy Maden, Alice Marriott, Amy McCullough, Cathy McMahan, Jenny Myatt, Cleo Newcombe-Jones, Shelley Oake, Jed Parsons, Anthony Payne, Joe Prince, Matthew Rees, Jayne Rochford-Smith, Ruth Sampson, Madeline Sciberras, Paul Scott, Paul Sheehan, Hannah Thornton, Rachael Ward, Cecil Weir, Ellie Weyman, Rachel Wheeler, Sally Williamson, Miriam Woolnough and Justin Wride. Also my particular thanks to Kathryn Hamilton for bringing it all together and editing the overall document.

My thanks also to my predecessor, Dr Bruce Laurence, who was the Director of Public Health during the first year of the pandemic.

A handwritten signature in black ink that reads "Becky Reynolds". The signature is written in a cursive, flowing style.

Becky Reynolds  
**Director of Public Health and Prevention**

# Chapter 1: The Impact Of COVID-19

**The COVID-19 pandemic has been the largest and most enduring pandemic in living memory. In the first wave of the pandemic in April 2020, the UK had a high number of excess deaths, compared to many other countries. Looking at data up to the end of 2021, the UK excess death rate was subsequently similar to other high income countries. COVID-19 has exposed and magnified health inequalities, resulting in poorer health outcomes for some of the worst off in our society. People's work, housing conditions, and access to financial support to self-isolate all led to different exposure levels to the virus. Some groups, such as young people, those with disabilities, care home residents and minority ethnic groups have been disproportionately affected by the pandemic in the UK. Improving underlying health and reducing inequalities, should be at the heart of our recovery so that all of our population are equally prepared to deal with any future resurgence of COVID-19. We must strive for more equal outcomes for everyone.**

As we have shifted to living safely with COVID-19, it is important to recognise that the challenges for the NHS and social care in recovery are considerable. The pandemic had significant consequences for all essential service delivery, especially in our healthcare system. There is currently very high demand in health and social care due to a combination of factors. These include the backlog from prioritisation during the first phase of the pandemic, patients delaying seeking care, new or exacerbated needs and conditions (from long COVID to increases in mental health conditions), and challenges in recruiting and retaining staff. Meanwhile health and social care professionals are still coping with the cumulative stress of the pandemic and impact on their own mental health and wellbeing.

Conversely, the challenge of the situation has brought about rapid change and innovation of a scale that would have been unimaginable just two years ago. New ways of working have been adopted at pace, and communities and partners across sectors have pulled together with unity and determination. So, the pandemic is also a story of hope, with huge collective action by residents and communities to look after one another.

# Our commissioned services

During the pandemic, existing services adapted and innovated. Early Help services and drug and alcohol services had to engage adults, families and young people virtually. This was alongside staffing pressures, increasing numbers of children struggling emotionally and changing trends in accessing services and in substance use. Sexual health services saw big shifts in how people sought care, and radically changed their operating processes so the most vulnerable people were seen as quickly as possible. Finally, the Bath and North East Somerset (B&NES) Health in Pregnancy team worked with HCRG Care Group to develop an in-house 'postal delivery service' during lockdown. This meant pregnant women (a vulnerable group), could receive e-cigarettes to support their quit attempts without needing to leave the house.

Meanwhile, additional services such as the COVID-19 vaccination clinics and the Community Wellbeing Hub, were set up at pace. One notable success was the B&NES delivery of the national Everyone In initiative, introduced in the first wave of the COVID-19 pandemic. Local authorities provided emergency accommodation to rough sleepers and those at risk of rough sleeping. Credit must also go to our NHS colleagues and all other partner organisations that deliver essential services. We all relied on the many key workers that have worked tirelessly to support, care for and protect people across B&NES.



# Vaccination outreach programmes

**Vaccinations are our first line of defence against COVID-19. Bath & North East Somerset Council (the council) worked extensively with the NHS and wider partners to deliver the B&NES COVID-19 vaccination programme.**

To help protect our most at-risk communities, outreach clinics took vaccines to where people live or visit, and especially where they faced barriers in accessing healthcare. Outreach pop-up clinic locations included hostels, community centres, sports facilities, churches, traveller sites and university campuses, using new approaches like the vaccination bus. One notable success was the outreach vaccination service for the boating community in B&NES and Wiltshire. This was a collaboration between key statutory organisations like Public Health Wiltshire and the BSW (Bath, Swindon and Wiltshire) Clinical Commissioning Group. Julian House and the Canal Ministries were critical in mobilising the service and offering insights into the barriers faced by boaters when accessing healthcare. The service gave 782 vaccinations in total, and boaters were able to ask questions about the COVID-19 vaccine alongside wider health and wellbeing concerns.



# Asymptomatic Community Testing Programme for COVID-19

Testing for COVID-19 has been a valuable tool to help control the spread of COVID-19 and protect the vulnerable. The COVID-19 Asymptomatic Community Testing Programme ran in B&NES from March 2021 until March 2022. Initially, the programme was designed to increase testing using Lateral Flow test Devices (LFDs) among key workers. Over time, local authorities were advised to target their approach to improve uptake of testing among groups disproportionately impacted by COVID-19 and underrepresented in universal programmes, including the elderly and minority ethnic communities. The council offered assisted testing and home test kits via testing sites and a mobile testing van. Tests were also given out through libraries, one-stop-shops and trusted organisations that work with vulnerable and, or, underrepresented groups.

#### In B&NES:

- More than 14,700 people attended a testing site and were shown how to undertake a test
- More than 46,000 people were issued with self-test kits from across 60 locations, of which:
  - 26,530 self-test kits were from the COVID-19 mobile testing van
  - 4,800 were via trusted organisations

B&NES residents said this was “a very useful service” and “a good way to help keep people safe”.

In addition to the Asymptomatic Community Testing Programme, many organisations including schools, colleges, universities, care settings and workplaces, also rapidly established COVID-19 asymptomatic testing programmes in their settings.





# Community Wellbeing Hub

**The Community Wellbeing Hub ('the Hub') is a multi-agency, single point of access for wellbeing services. It was set up at pace in the early stages of the pandemic when the impact on communities was becoming apparent. The Hub is a collaborative initiative involving the council, HCRG Care Group, and a range of third sector organisations including 3SG<sup>[1]</sup>. Key to its success has been the close working between partners and the support of over 2,000 local volunteers.**

One B&NES resident said "I think they were brilliant, they stepped up when I really needed them at the start of all of this and gave me a lifeline really..."

In its first six months the Hub received more than 7,800 calls that included support for emergency food parcels, medication, housing, welfare, community transport and health and wellbeing.

One resident was referred to the Hub by Age UK, having been unwell for a week, and with no friends or family to help them buy food. The Hub worked with Age UK to make sure the person had a food pack and supplies for the time they wouldn't be able to get out themselves. The Hub also provided regular follow-up, including diet and wellbeing advice. Feedback from the resident showed a good recovery and a positive impact: "I feel 100% better now and I couldn't have done it without your help."

The Hub continues to evolve. It now has a 'skills and education' function to support those who lost their jobs as a result of the pandemic, and is also providing support to Ukrainian refugees.



<sup>[1]</sup> A membership organisation of charities, social enterprises and community groups in B&NES: <https://www.3sg.org.uk/>

# B&NES Fair Food Alliance

Food insecurity was present and recognised before the pandemic, but during the pandemic people have experienced increasing financial pressure and hardship. The B&NES Fair Food Action Plan (2022–2025) has unanimous support from Councillors. The B&NES Fair Food Alliance steers the local work around household food insecurity. The group is overseeing the transition from crisis food intervention to a broader vision of affordable and sustainable food. Key partnerships with Feeding Britain, Sustain, St John's Foundation, FareShare Southwest and the University of Bath continue to strengthen and underpin local work.

### Interventions and pilots include:

- Pathways From Poverty, which provides financial support outreach at affordable food projects
- Poverty Proofing the School Day
- A local campaign addressing illegal lending through Trading Standards and Clean Slate
- CropDrop, an innovative partnering of allotment surplus with community food projects and schools. Now in its third season, with five B&NES allotment sites matched with at least seven community organisations



# My COVID-19 Story

What follows are a number of powerful and remarkable stories written by local people who describe the highs and lows they faced when preparing for and responding to the pandemic.



**Dr Elizabeth Hersch, GP partner at St Chads Surgery Midsomer Norton and Clinical Director of 3 Valleys Primary Care Network**

“In the beginning, there was a sense of anticipation and foreboding, as we prepared ourselves. But we had invaluable head space to think and plan as patients were triaged. We had to learn so much about how to deal with it, it was like becoming a doctor again.

There was so much to do throughout. Getting to grips with ever-changing advice and protocols; protecting our most vulnerable and shielding patients; dealing with care home outbreaks; minimising face-to-face contact; and so on.

**As clinical director for the PCN, I was responsible for mobilising a local vaccination centre using new vaccines and this was very stressful – but very rewarding and fun, too. It was quite daunting at times, but everyone pulled together, worked hard and there was incredible teamwork.**

There were many negative changes – PPE (Personal Protective Equipment) depersonalising face-to-face interaction; long waiting times; patient support changed to frustration; staff exhaustion and burnout; and childcare gaps.

But there were positive changes, too. The team became stronger as responsibility devolved down – it was liberating having less regulation and oversight. Virtual meetings were often more efficient and better for the environment; there was better and more frequent communication to patients via text messaging; care home support from public health and the CCG helped improve infection control standards; and frontline teams were empowered to problem solve and work together.”

# My COVID-19 Story



**Gaynor Bush-Alsop, Senior Sister at the Royal United Hospitals in Bath, who helped set up the COVID-19 Intensive Care Unit (ICU)**

“Going into the unknown was very unsettling. It was eerie to have no traffic going through the hospital, and everyone was terrified. I worked with a huge team, and often not my own staff as we called in a lot of reservists, some of whom were dealing with death for the first time.

The whole PPE thing was incredibly scary – and it was just awful for the patients who only saw eyes. One doctor made stickers to help the patients understand who they were talking to. And it was very scary not knowing what we would take home to our families.

The teamwork was phenomenal – you saw people in a different light. We had a team of physios helping with proning, anaesthetists meeting patients as they came into the hospital, and doctors running between hospital departments on their days off. And we were all wearing a variety of different scrubs that were

made by the public, which made it more interesting. Communication was always a big problem. We were shouting through doors early on, and then we set up walkie-talkies, which was great.

**It was such a learning curve, we were doing things once that we wouldn't do a second time. It was amazing to move to the new intensive care unit 18 months ago, which was purpose built for COVID.**

**It might not be COVID in the future – but at least we've got the structure to deal with whatever's thrown at us.**

Lots of positives have come out of COVID. We've met and worked with people we wouldn't normally have. I'm very privileged to have worked through it and lived through it. But it was such a horrible time for patients and their families.”

# My COVID-19 Story

### **Beverley Brooks, Senior Care Assistant at Mostyn Lodge Care Home**

“For us, it wasn’t too bad to begin with. It didn’t change much in the home. We just became very, very careful. Although the families stopped visiting, they were still calling.

We went through gallons of PPE, though. We were extremely lucky we never ran short. We were doing zoom meetings, but I’m not technically minded, so I left that to others.

All the staff were extremely careful, and we took every precaution we possibly could. We kept Covid out of the home for a long time and were extremely lucky. And then it just crept in.

Everything changed when our manager got Covid in January 2021. Suddenly, almost all the staff got Covid, and I was left on my own with just three other members of staff. We were in the midst of lockdown at the time, and everyone just went down like flies.

That fortnight was absolutely horrendous – we lost six residents.

I was staying there 24 hours a day, running the home. It was constantly getting them to feed, drink, take medication, etc. I was up at half 5, working all day, and then getting to bed at gone 11. I just didn’t go home because we just didn’t have the staff.

The exhaustion and stress was unbearable. There were constant phone calls from families, and then we were watching residents test positive, go downhill, and then die. And then having to call families and arrange funerals.

**It was just the most horrendous time, and I hope I don’t ever have to go through that again. It’s all back to normal now – back to the way it was before. It was so unfortunate that it came in and knocked us sideways. But we got through it.”**

# My COVID-19 Story



**Lucy Fordham, Operational Manager at Southside, a charity helping families and individuals**

“There was a sense of uncertainty before lockdown – wondering what things would look like and how we’d see our families. But there was also quite an energy – a real can-do attitude.

All our work, such as our family support groups, just fell off a cliff. We just had to ask ourselves: how are we going to continue meeting families? So, initially we prioritised the vulnerable and most isolated. We then moved to finding ways and places to meet people in the open – restrictions permitting.

We adapted and started delivering meals, which gave us a chance to continue meeting people.

**At times, it felt like a move from a career in social work into logistics – and as it went on, a health and safety officer. But it felt good to be doing something concrete.**

The work really has changed, and some things have just stayed. Our work is all about outreach, and these opportunities disappeared so we had to find new ways to engage. There was lots of phone and online support instead. We found lockdown meant fewer people Did Not Engage. Many, particularly dads, had fewer reasons to miss meetings. We now do a combination of both.

Working from home was the hardest bit – the fun workplace culture we’d created just disappeared and everything was done through email and zoom. Being at home meant not being able to draw on colleagues for emotional support, particularly after a difficult call or incident.”

# My COVID-19 Story

**Jayne Rochford-Smith, Headteacher,  
St Andrew's Church School, Bath**

“We’ve come so far, it’s easy to forget what it was like in those early days. But there was so much unknown and it was scary at times. We worried about the health and wellbeing of children, families and our staff. It was challenging to lead through that unknown time; we were looking at risks and responding with limited information. I’m really proud of how we worked as a school to minimise risk and support children and families. We learnt so much through that process, especially in the first lock down.

With very little notice we had to deliver learning safely to children of key workers at school and to many children and families at home. We used a lot of creativity and problem solving, creating learning packs for every child to take home, and teachers also sending things digitally. By the second lockdown we were much more skilled in working virtually and knowing what children needed. Throughout that, we worked with families to improve how we were working. We’re still using virtual learning for children, and it’s helped us to work with other agencies and schools as we’ve come out of the pandemic.

**One of the biggest focuses was wellbeing. We knew it was important to keep children, families and staff connected with the school and their community through lockdown.**

Coming back into school was a big moment for families, so we ran whole school wellbeing focus days to bring everyone together and settle back in. These were a real success and we’ve continued to run them three times a year as part of our curriculum. With developments like this, and other changes like children coming into school in their PE kit on PE days, we’ve built on the things we’ve learnt in the past two years to move forwards as a school.”



# My COVID-19 Story

### **Laura Gibb, Operations Manager, Waste and Recycling Collections (Refuse and Garden waste)**

“When Covid happened, some of our vulnerable operatives had to self-isolate. Two of my Supervisors did too, but did so in their vehicles. They did admin at home and came into the yard later to pick up their vans after crews were out.

Initially we suspended the garden waste service and reduced the number of people per crew to socially distance. We had to reschedule all the routes. It was really manic to start with, and we were worried we would inadvertently miss streets off the new routes and find out later that some bins hadn't been collected. Luckily, the crews did a really good job of following the new maps.

We soon employed additional people including now out of work taxi drivers and hired in extra fleet and re-started the garden waste. We also had operatives from the now closed Recycling Centres.

The team all coped remarkably well and the supervisors were fabulous.

**Although everyone was concerned and worried, they all stepped up. We had really low sickness rates – people didn't go off because they were nervous and didn't really complain, just cracked on with it.**

My main concerns were for my staff, particularly my supervisors who were isolating, but still working outside of their homes. Most of the time I remember feeling really grateful that I had the team I did because they were great.

There haven't been many changes since, but it's proven to us that the model we had in place was the best one. It wasn't so challenging for me, but difficult for the supervisors and crews whose ways of working had to change. It's so much easier for us to be here in the building, able to communicate directly with one another.”



# My COVID-19 Story

**Cecil Weir, Fundraising and Public Relations Director, Julian House (Charity supporting vulnerable and at-risk individuals including adults and young people experiencing homelessness)**

“We knew very quickly that there was going to be a dramatic impact, but because we’d never known anything like this before it was a case of making best estimates and planning around what we knew. We had to crack on with a ‘can do’ approach to everything. We were ferrying meals to clients, sourcing PPE and seeking out other support that was needed. All the while trying to secure the voluntary income that was necessary to keep services operating.

There are many elements of my role that are normally predictable – running shops, overseeing annual fundraising activities. COVID, in an instant, disrupted all that. Having long experience was a great help but this was unknown territory and even for a bullish character like me, there were still doubts about the efficacy of new activities and a degree of heightened pressure. When things eventually calmed down, it was gratifying to see that most of what we did worked well.

**The level of collaboration that we experienced was tremendous – a willingness to overcome the hurdles and find workable solutions. There were some real nitty gritty needs – bedding and supplies for extra accommodation, food and cooks to prepare it, and volunteers.**

The council particularly were terrific around accommodation, as part of Everyone In – a 20-bed unit was brought into service within 72 hours. That was a remarkable achievement involving several agencies. Rather than it being a temporary measure this accommodation is carrying on – providing a huge increase in supported housing capacity. Within Julian House, not overcrowding the hostel during the day has led to a better environment for those staying there and has improved engagement.”



# My COVID-19 Story



**Anthony Payne, Director of Student Services during the pandemic, at the University of Bath, on behalf of Covid Response Group**

“It’s fair to say that the pandemic changed a great deal, and the sense of responsibility that we have for just under 20,000 students and 3,500 staff was never more clearly held in mind. As it dragged on, physical and emotional exhaustion became a clear risk factor for many staff. COVID had serious personal implications for some of us too, so supporting each other was essential.

New developments emerged daily, and this required planning for multiple scenarios as the pandemic grew, scientific knowledge developed, and government policy responded. Moving our teaching and support services online was a huge undertaking, as was rapidly returning to face-to-face teaching. Some of the skills and knowledge required were outside our areas of expertise. So, we drew on expertise from across the University and engaged in new ways with colleagues in the wider community, particularly with PHE and the council.

**The increase in student mental health concerns was a particular challenge. Likewise providing for the physical and emotional needs of our 4,000 students in university accommodation and those living in the community.**

University staff delivered free pizzas, Friday treat boxes and Sunday roast dinners, along with laundry services, mail delivery and entertainment to university accommodation. At one point, more than 1,500 of these students were in isolation, and our team made more than 9,000 check-in and follow up calls.

Our student leaders were outstanding in the way they supported the wider student body. The Students’ Union set up an online community and led online cooking and exercise classes to keep students connected and engaged.

As we come out of the pandemic, we take with us more agile systems and decision-making processes, stronger relationships with partner organisations and new employment practices. All of this supports a renewed focus on health and wellbeing in our student and staff communities.”

# My COVID-19 Story

**Rachel Wheeler, Family Nurse, Family Nurse Partnership (FNP), HCRG Care Group, B&NES**

“Family Nursing continued visiting throughout the pandemic, working with other services. It took a couple of weeks to get PPE sorted, once we got that, we started to visit face-to-face again, it was strange, we had to carry a letter in case we were stopped, being out felt really strange and scary.

**We didn't know how vulnerable we were, but we knew it was important to support young mums, many of whom were living alone. Many were living in flats, with a toddler and they couldn't go anywhere. Sometimes they could see the park from their flat, but it was chained shut.**

We never stopped wearing PPE, but the infection control guidance was changeable. We spent a lot of time getting it right to support and keep families and the team safe.

We had to adapt because we couldn't take our usual resources into clients' homes to start with. Technology presented a huge opportunity, sending links and emails to support clients, although we realised many are digitally poor and often didn't have Wi-Fi. We were often the only service they were receiving face to face. Clients weren't always confident to speak up and access services themselves, so we were helping them with this and providing our programme of visits.

It was really stressful, adhering to the rules and giving a good service as most face-to-face resources were removed. And with PPE on we felt we couldn't be as human. But we had to adapt. After the pandemic, feedback from clients was that we were a lifesaver.

“We're more agile using technology and I think we've gained in confidence. We have built closer links with GPs and other support services which benefits our clients.”

# Looking forward

**It will be incredibly important to maintain and build upon what we have achieved during the pandemic. This includes strong partnerships, new ways of working, the flexible and agile response that all sectors demonstrated, the resilience of the workforce, and the development of new workforce skills and opportunities. We must also nurture the considerable capacity and resilience provided by volunteers and volunteer networks and the wider community. These will continue to be essential in responding to existing and future threats, including the cost of living crisis that is undoubtedly impacting upon people's health and wellbeing. Increasing prices, food and fuel poverty, debt, and the loneliness and social isolation that come with these, pose a very real threat to public health, and will again have the biggest impact on the most vulnerable.**

In relation to how we live safely with COVID-19, it is important that we state positively how individuals, employers, and other sections of our communities can manage risk. People need to have robust information to be able to risk assess their actions, and what their actions mean for themselves and others. We also need people to engage in behaviours that minimise risk, including taking up COVID-19 vaccinations, regular hand washing and staying at home if unwell. The B&NES Living Safely and Fairly with COVID-19 Plan sets out a framework for how individuals, employers, and institutions can collectively prevent, protect, and respond to COVID-19 in the coming years.

# Chapter 2: The Health Of Children, Young People And Families

**The majority of children and young people living in B&NES are healthy and enjoy opportunities available to maintain good health, wellbeing and education outcomes. However, there are opportunities to improve outcomes, particularly for children and young people with vulnerabilities.**

Here are some of the key facts and figures showing overall our children and young people continue to do well despite the pandemic disruption, and knowing that the effect of coming out of the pandemic needs to be monitored:

- Three quarters of children in foundation and key stage 2 (from reception to age 11) achieved a good level of development
- Nearly 8 out of 10 young people in B&NES achieved a good grade in English or Maths in 2020/21
- In 2020/21, around half (49%) of children and young people were physically active. This is lower than pre-pandemic but still higher than the national figures (45%)

- In 2019/20, around one in five (19%) of reception-aged children resident in B&NES were living with overweight or obesity. This is lower than national figures (23%)
- Fewer secondary school pupils<sup>[1]</sup> have tried smoking or smoke now, down from 21% to 14% since 2019
- Fewer secondary school pupils have been drunk before, down from 23% to 20% since 2019

<sup>[1]</sup> Health Related Behaviour Survey, completed with all of our local secondary schools

# Chapter 2: The Health Of Children, Young People And Families continued.

While there is much to feel positive about, COVID-19 and the effects of social distancing, remote learning from home, wider family pressures and reduced access to appropriate support services have worsened existing inequalities. In B&NES, children eligible for free school meals have one of the highest educational attainment gaps in the country. There is also an attainment gap for children with special educational needs and disabilities, though we are pleased that this has begun to reduce across all age groups.

Evidence shows that nationally and in B&NES, mental health disorders are increasing amongst children and young people. Overall, wellbeing levels have reduced. Our local community mental health services have experienced significant increases in demand during the pandemic. In recent years, for children and young people with an educational health care plan, more than double the number have a recorded social, emotional mental health need as the primary SEND (Special Educational Needs and Disabilities) need. For children being assessed for social care intervention in B&NES, parental mental ill health is increasingly reported as the highest factor contributing to safeguarding concerns. A whole family approach is crucial to supporting people to have positive mental health.

In B&NES during 2021, one in 11 (9%) children and young people were estimated to be living in relative poverty (before housing costs). This means around 3,000 children and young people aged from 0 - 15 are affected. The cost of living crisis means more families are at risk of experiencing poverty. In the last year, Early Help and Intervention services are seeing more families accessing food banks, food clubs, emergency food packages and Family Food and Play hubs.

How are we improving the lives of children, young people and families in Bath and North East Somerset?

# Holiday Activity and Food Programme

School holidays can be particularly difficult for some families with increased costs (including food and childcare) or reduced incomes. With funding from the Department of Education, the council has commissioned a Holiday Activity and Food (HAF) Programme. The programme is primarily for children and young people who are eligible for benefit-related Free School Meals, and for a smaller number of children and young people considered vulnerable by the council, with benefits from attending.

“We don’t really leave the house as everything is so expensive but these sessions being free and something we can walk to has been a life saver...When the lady said I could get free lunches for the kids, I was so relieved.”

The HAF clubs provide great opportunities for 4 – 16-year-olds to enjoy the company of others in a safe, active, and friendly environment as well as receiving a nutritious meal.

“I never thought I could make something like this [meal] and it’s been good – everything is so good. Things I wouldn’t do at home or think I would like.”

The clubs, provided by different organisations, include a wide variety of enriching activities and sports. Details of the HAF Programme offered in many locations across B&NES, can be found here:

<https://we-activate.co.uk/activate-your-holiday/>



How are we improving the lives of children, young people and families in Bath and North East Somerset?

# Poverty Proofing Our School Project

A recent magazine article had the strapline, “The one place it is especially miserable to be poor is at school”. It is not just miserable, evidence shows that financial hardship leads to poorer health, poorer exam results, and worse life opportunities. Simply put, not having much income makes life harder and carries stigma and this impacts on children. All parents and carers want the best for their child, but financial pressures mean that it is increasingly difficult for some to support their child’s schooling as much as they would like to.

The council’s Poverty Proofing Our School project aims to help schools review their provision through the lens of families on low incomes. It asks them to examine how what they provide might exclude some pupils and their families and encourages them to make some simple changes to ensure no-one is excluded. For example, it asks schools to consider their uniform, trips, clubs, homework, and other policies to make sure these are accessible for every pupil and their family. This is a newly developed project which has been tested out in 10 of our schools; we are looking forward to supporting more to take part in the coming year.





How are we improving the lives of children, young people and families in Bath and North East Somerset?

# Targeted Early Help for Children and Families

Supporting people earlier can often prevent further difficulties developing or harms worsening. The Early Help offer in B&NES includes a multi-agency early help assessment, triaging and allocation process, a toolkit and an App for practitioners. Six services, provided by community-based providers and the council, work together. They give targeted support for children, young people and families through children's centres, family support, play, youth support and volunteer mentoring.

Impacts on children, young people and families of the pandemic reported by Early Help services in B&NES include:

- Increased isolation and feelings of loneliness
- Decreased emotional wellbeing
- Decreased physical wellbeing
- Anxieties around food and fuel poverty
- Interruptions to children and young people's education

Our services have been innovative and flexible to develop a new 'business as usual' with a hybrid delivery of support and services in person and virtually. Over the last financial year (2021/22), 2,773 people (children, young people and families) accessed at least one Early Help service for support.



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# Project 28

Project 28 is our young people's drug and alcohol service in B&NES. They provide advice, guidance and one-to-one sessions for young people who are having problems with drugs and/or alcohol. The service is free and confidential and offers a flexible and non-judgemental space. By going increasingly digital and using outdoor spaces, the way of working has really changed in the last two years.

"Thank you so much for helping our family during this horrible time – the laptop has helped us all enormously."

From accessing remote professional meetings and delivering digital equipment to families funded by Bath businesses, to joining in family barbeques or taking young people for bike rides.

A 14-year-old was experiencing difficulties with antisocial behaviour, exclusion from school, and was at risk from exposure to county lines exploitation and knife crime. He was supported by Project 28, social care, the police, the youth offending service and the Mentoring Plus service. Through a personalised collaborative approach to offer regular support, he was able to stop drinking and taking drugs, to hand over his knives to a police knife bin, and take part in alternative positive activities. This is real progress for a young person with multiple vulnerabilities.



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# Fostering Families

**Fostering Families is a new programme in B&NES, which aims to provide vulnerable families with long term support by matching them with an emotionally invested person (carer). The aim is to ensure that children can remain at home. Additional safety and support to achieve that may include:**

- Respite care
- Daily visiting for new parents
- Support in learning to cook meals and establishing routines
- Support to deal with challenging behaviour from their children
- Support to access activities within the community
- Assistance in managing appointments and paying bills
- Help to keep the home tidy and clean

To date, the Fostering Families service has successfully matched three carers with families where children were subject to children in need or child protection plans. Initial findings from one family show tangible benefits from the Fostering Families service. The family's initial aims are beginning to be achieved. The children in this family are no longer subject to child protection plans, and this progress has been attributed to Fostering Families, which is a fantastic outcome. The programme is continuing to develop, with more carers being recruited.



# Looking forward

**Throughout the last two years, services for children and families across B&NES have continued to work collaboratively and adapt, to ensure that both existing and emerging needs brought on by the pandemic have been supported. We will continue to reflect on what has worked well and review emerging national guidance around joining up services for families with children of all ages.**

This includes exploring a family hub model of support to improve access to services as soon as needs are identified. It also means an increased focus on prevention, whole family support and striving to ensure all children, including children with SEND and families in crisis, are able to receive the right support in the right place at the right time. Finally, we will continue to review how we can support increasing demand for services, recognising the importance of our wider workforce that supports our local children, young people and families.

# Chapter 3: The Importance Of Our Places

The places in which we grow up in and live have a profound effect on whether we live healthy lives. People who live in neighbourhoods with clean air, good parks, community cohesion, streets that are easy and pleasant to walk and cycle along, places to meet and socialise, good quality warm homes, and who have access to jobs, opportunities, good food and services, find it easier to live healthy fulfilling lives than those who do not. These influences that span the community, social, economic and environmental aspects of our lives are often referred to as the 'wider determinants of health'. Together with individual level factors such as genes, age, gender, etc, they are the building blocks to good health.

Local government is well-placed to understand and meet the needs of local populations and influence the wider determinants of health in local areas. Addressing the wider determinants of health has a key role to play in reducing health inequalities. Men that live in the least deprived areas of the local authority are expected to live almost five years longer than men who live in the most deprived areas. By ensuring that people across B&NES live in places that promote health and wellbeing, whether that's through increased education and job opportunities, or through a built and natural environment that promotes healthier choices like walking and cycling, those building blocks can help people to live longer and healthier lives.

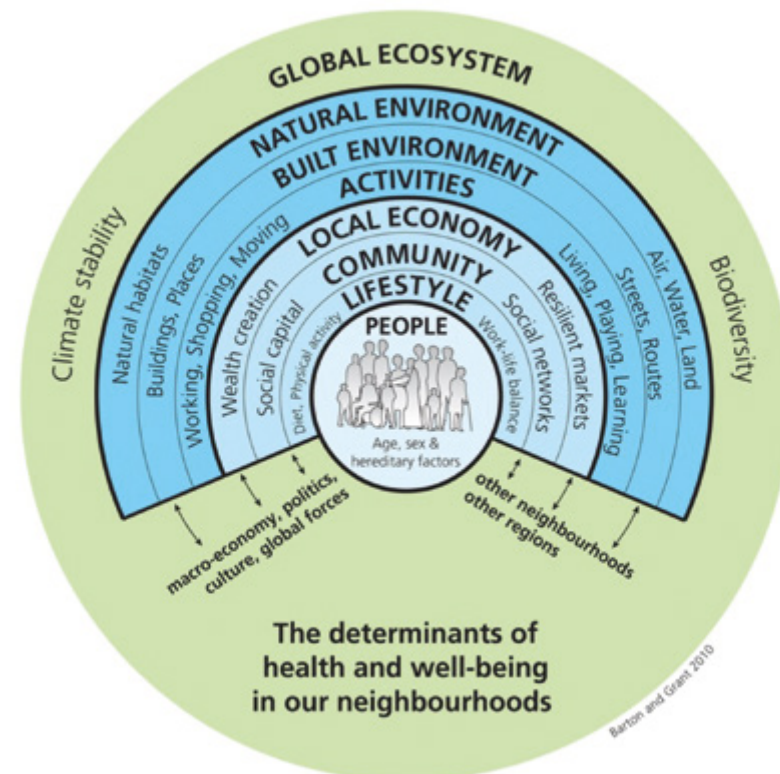


Image: Barton and Grant's 'health map for the local human habitat'

How are we developing and re-energising across Bath and North East Somerset?

# Somer Valley Rediscovered

**Somer Valley Rediscovered (SVR) is a partnership project set up in 2020 and led by the council, Nature England, and Wessex Water. It aims to improve greenspace and biodiversity in the Somer Valley, with a strong emphasis on the link between good quality greenspace, and health and wellbeing. There is clear evidence to show that wildlife-rich, accessible greenspace close to where people live can have a positive impact on both physical and mental health.**

SVR has produced a greenspace map for the Somer Valley and is working with Radstock Town Council, Westfield Parish Council and Midsomer Norton Town Council to improve five key greenspaces in the area including Haydon Batch, Waterside Valley and Midsomer Norton Town Park. A funding bid has been submitted that, if successful, will see biodiversity improvements and access improvements – plus a whole programme of community engagement, including volunteering and green social prescribing opportunities rolled out across the five sites.



How are we developing and re-energising across Bath and North East Somerset?

# Healthy High Streets

**Our high streets have long been the heart of our cities, towns and communities and an important way of supporting people to connect and live healthy lives. Across B&NES, there is investment into our high streets.**

The Bath High Street Renewal Programme supports the transition towards less car dominated and more accessible, people-friendly high streets. Early changes have included the introduction of parklets to provide greenery and seating alongside cycle parking to encourage active travel. These changes have been supported by experimental trials to reduce private vehicle access to streets to reclaim public space. A programme of on-street events has included the Great Bath Feast, Bath Carnival, and the Milsom Street Festive Lighting.

In Midsomer Norton, the High Street Renewal Programme includes a new market square on The Island, new street furniture all along the high street, and a pop-up community space, to make the high street more welcoming and animated. The Cultural Programme for Midsomer Norton includes the re-launched Midsomer Norton Wassail, which celebrates local culture while building community connections and encouraging people to be active.

In Keynsham, the programme of renewal will include widening footways, improving cycling and bus facilities, new seating, planting and better wayfinding, as well as improved shop fronts. These changes will all make active travel easier, with benefits to health and the environment. These changes will complement the local Cultural Programme, aiming to animate the town centre through inclusive events over the next two years.



How are we developing and re-energising across Bath and North East Somerset?

# Liveable neighbourhoods

The Climate Action Plan (2019) sets out the council's intention to reduce carbon emissions, improve air quality, promote healthier lifestyles through a major reduction in car use, and a shift to more active and sustainable travel. The Liveable Neighbourhoods Programme aims to play a significant part in tackling the Climate Emergency while improving the health and wellbeing of residents and visitors. This is promoted by offering a simple and cost-effective way to reduce through-traffic while maintaining vehicle access to homes and businesses.

The approach involves working with the community to rethink how street space is used, making it safer to move around actively, and enabling more people to travel on foot, by bike or wheeling. Each Liveable Neighbourhood will be different, and following a series of public engagement events, changes may include more space for cycling, walking and sitting, as well as improving the public realm. Liveable Neighbourhoods and particularly Active Travel, have been shown to lead to positive benefits in terms of physical and mental health, and overall general health and wellbeing.





# Looking forward

**Over the coming year, there are important opportunities to promote health and wellbeing through the places in which we live. We will be establishing an Active Travel Hub in the Somer Valley that will offer cycling and walking interventions on prescription. This will include group walks, cycling training and confidence building all aiming to help people to be more active and feel good. Learning from the Hub will contribute to a three-year national pilot of active travel and social prescribing schemes.**

The development of a new B&NES Local Plan during 2022-2024 will help ensure that new development is planned and designed to make it easier for people to live healthier lives. Local Plans have the capacity to influence many of the wider determinants of health, including people's lifestyles, their local communities, the local economy, the activities available to them, the built environment, the natural environment, and the mitigation and adaptation of the effects of climate change.

Another opportunity is the development of key strategies that will shape the priorities of the council and its partners, as well as our collective approach to those priorities over the coming years. Notably the B&NES Economic Strategy and B&NES Health and Wellbeing Strategy. The economic strategy will recognise the role of the local economy in influencing health, wellbeing and inequalities, and sets out tangible actions for addressing these. This is a powerful lever for achieving a more inclusive and sustainable local economy, and in turn better health and wellbeing for all.

# Chapter 4: Recommendations

**Reflecting on the key challenges and activities highlighted in this report, we have opportunities to take action to reduce inequalities that leave people more vulnerable to illness and poorer health; improve the health and wellbeing of children and young people; and further strengthen the building blocks that need to be in place so that people in B&NES can thrive.**

## **The six recommendations:**

- 1.** Implement the B&NES Living Safely and Fairly with COVID-19 Plan that sets out a framework for how individuals, employers, and institutions can support our ongoing collective efforts to prevent, protect, and respond to COVID-19 in the coming years
- 2.** Further strengthen the targeted action to support children, young people and families outlined in the Children and Young People's Plan:
  - Tackling poverty (including food, digital and socioeconomic)
  - Improving children and young people's emotional and mental health
  - Narrowing the gap (reducing inequalities)

- 3.** Ensure that the new B&NES Local Plan and the B&NES Economic Strategy that are being developed, both maximise their potential to reduce inequalities and make it easier for people to live healthy lives
- 4.** Update and implement the B&NES Health and Wellbeing Strategy, ensuring it has a strong focus on addressing inequalities.
- 5.** The NHS to increasingly embed prevention and inequalities action into its priorities, and be helped to increasingly support social and economic development in B&NES
- 6.** All partners of the Health and Wellbeing Board, the Integrated Care Alliance, and the Future Ambitions Board, commit to and deliver on action to improve health and reduce the inequalities that previously existed and have been highlighted as a result of the pandemic

# Indicators

Public health outcomes framework and other key indicators (as of October 2022). We have particularly chosen indicators to show our areas of greatest challenge

## Key for recent trends

— Could not be calculated

↑ Increasing/getting better

→ No significant change

↓ Decreasing/getting worse

Period	Indicator Description	England	South West	B&NES	Recent trend
<b>Health Improvement</b>					
2020	Under 18 conceptions (rate per 1,000)	13.0	10.5	7.1	→
2019/20 i	Reception: Prevalence of overweight (including obesity)	23.0%	22.7%	19.1%	→
2018/19 ii	Year 6: Prevalence of overweight (including obesity)	34.3%	29.9%	25.6%	→
2020/21 iii	Hospital admissions caused by unintentional and deliberate injuries in children (aged 0-14 years), crude rate per 10,000	75.7	92.7	91.0	→
2020/21	Hospital admissions caused by unintentional and deliberate injuries in children (aged 0-4 years), crude rate per 10,000	108.7	143.4	150.0	→
2020/21	Hospital Admissions as a result of self-harm (10-24 years), DSR - per 100,000	421.9	624.9	544.8	→
2018/19-20/21	Admission episodes for alcohol-specific conditions - Under 18's crude rate per 100,000	29.3	46.0	78.1	—
2020/21	Percentage of physically active adults iv	65.9%	70.5%	70.4%	—
2020	Smoking Prevalence among adults aged 18-64 in routine and manual occupations - current smokers (APS) [2020 definition]	21.4%	21.0%	20.6%	—
2020/21	Smoking status at time of delivery	9.6%	10.3%	8.5%	→
2020	Successful completion of treatment for alcohol only	35.3%	32.5%	39.1%	→
2018-20	Deaths from drug misuse, DSR - per 100,000	5.0	5.5	8.5	—
2021 v	Cancer screening coverage - breast cancer	64.1%	67.7%	72.1%	↓
2017/18-21/22 vi	Cumulative percentage of the eligible population aged 40-74 who received an NHS Health Check	28.4%	20.5%	38.0%	—

# Indicators

## Key for recent trends

— Could not be calculated

→ No significant change

↑ Increasing/getting better

↓ Decreasing/getting worse

Period	Indicator Description	England	South West	B&NES	Recent trend
<b>Health Protection</b>					
2020/21	Population vaccination coverage - MMR for two doses (5 years old) Benchmarking against goal: <90% 90% to 95% >95%	86.6%	91.2%	92.8%	→
2021/22 vi	Population vaccination coverage flu (aged 65 years +) Benchmarking against goal: <75% >75%	82.3%	85.3%	86.5%	↑
2019-21	HIV late diagnosis (%) Benchmarking against goal: <25% 25% to 50% >50%	43.4%	48.5%	80.0%	—
<b>Healthcare and premature mortality</b>					
2020	Under 75 mortality rate from all cardiovascular diseases (DSR - per 100,000), 1 year range	73.8	62.8	57.3	→
2020	Under 75 mortality rate from cancer (DSR - per 1000,000), 1 year range	125.1	117.8	101.8	→
2020	Under 75 mortality rate from liver disease (DSR - per 100,000)	20.6	17.3	11.6	→
2018-20	Suicide rate (DSR - per 100,000 population)	10.4	12.0	9.7	—
2020/21	Hip fractures in people aged 65 and over (DSR - per 100,000 population)	529	524	487	→

# Indicators

## Key for recent trends

— Could not be calculated

→ No significant change

↑ Increasing/getting better

↓ Decreasing/getting worse

Period	Indicator Description	England	South West	B&NES	Recent trend
<b>Inequalities</b>					
2018-20	Slope index of inequality in life expectancy at birth within English local authorities, based on local deprivation deciles within each area (Male)	9.7	7.4	4.9	—
2018-20	Slope index of inequality in life expectancy at birth within English local authorities, based on local deprivation deciles within each area (Female)	7.9	5.4	2.3	—
2020/21	% of children living in poverty (after housing cost). Taken from End Child Poverty campaign 2022			18.3%	—
2018/19 <b>vii</b>	School Readiness: the percentage of children with free school meal status achieving a good level of development at the end of reception	56.5%	53.0%	46.5%	→
<b>Wider Factors that Shape Health (Wider Determinants of Health [WDOH])</b>					
2021	Affordability of home ownership (ratio of median house price to median gross annual residence-based earnings, with a higher ratio indicating it is less affordable)	9.1	9.8	11.9	
2020/21	Percentage of people of aged 16-64 in employment	75.1%	77.7%	80.7%	→
2019/20	Percentage of adults walking for travel at least three days per week	15.1%	14.8%	28.2%	

# Indicator footnotes and abbreviations

i. Due to the Covid pandemic 2020-21 results are not available

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ii. Due to the Covid pandemic 2019-20 and 2020-21 results are not available

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iii. Hospital admission rates fell in 2020-21 in England, South West and B&NES compared to the previous year, most probably in part at least, due to the Covid pandemic

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iv. Defined as being at least 150 moderate intensity equivalent (MIE) minutes physical activity per week in bouts of 10 minutes or more in the previous 28 days

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v. Cancer screening rates fell in England, South West and B&NES compared to the previous year due to the Covid pandemic - see: <https://www.cancerresearchuk.org/health-professional/our-research-into-the-impact-of-covid-19-on-cancer>

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v. NHS Health Checks uptake rates fell during the Covid pandemic

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vi. Flu vaccination rates increased during the Covid pandemic

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vii. The early years foundation stage profile results in England: 2019 to 2020 publication has been cancelled due to Covid pandemic

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<b>ChiMat</b>	Child and Maternal Health (OHID)
<b>DSR</b>	Direct Standardised Rate
<b>OHID</b>	Office for Health Improvement & Disparities
<b>TCP</b>	Tobacco Control Profile (OHID)
<b>WDOH</b>	Wider Determinants of Health Profile (OHID)

## Key for shading

Unless otherwise indicated: shaded green where significantly better than national; shaded red where significantly worse than national; and shaded orange where there is insufficient evidence to state statistical significance either way.

## Technical terms and abbreviations

<b>Asymptomatic</b>	Without symptoms that suggest illness
<b>B&amp;NES (Bath and North East Somerset)</b>	Our geographical area (a unitary authority) with Bath & North East Somerset Council providing local government functions
<b>BMI (Body Mass Index)</b>	A calculation which divides an adult's weight in kilograms by their height in metres squared
<b>Carer</b>	Anyone, including children and adults who looks after a family member, partner or friend who needs help because of illness, frailty, disability, a mental health problem or an addiction and cannot cope without their support
<b>Clinical Commissioning Group</b>	
<b>Cost of Living Crisis</b>	The fall in disposable incomes adjusted for inflation, taxes and benefits in the UK since late 2021
<b>County lines</b>	A form of criminal activity in which drug dealers establish networks for supply and sale of drugs, typically involving exploitation of young or otherwise vulnerable people
<b>Early Help and Intervention Service</b>	A service that specialises in supporting children, young people and families with potential vulnerabilities as soon as problems arise
<b>Educational Attainment Gap</b>	A gap in educational achievement between groups of students
<b>Educational Health and care plan</b>	For children and young people aged up to 25 who need more support than is available through SEND support
<b>Excess deaths</b>	Deaths from all causes during a crisis above and beyond what we would have expected to see in "normal" conditions. The number of excess deaths might be converted into an excess death rate (e.g. per 100,000) which takes account of the total population number for better comparison between different populations
<b>Family Nurse Partnership</b>	A home visiting programme for first-time young mums and families

## Technical terms and abbreviations

<b>HCRG Care Group</b>	Independent provider of community health and care services
<b>Health Inequalities</b>	Unfair and avoidable differences in health between different groups of people
<b>ICB (Integrated Care Board)</b>	A statutory organisation bringing the NHS together locally (here across B&NES, Swindon and Wiltshire) to improve population health
<b>ICU (Intensive Care Unit)</b>	Specialist ward providing treatment and monitoring for very unwell patients
<b>IMD (Index of Multiple Deprivation)</b>	The official measure of relative deprivation for small areas in England. The IMD ranks every small area in England from 1 (most deprived area) to 32,844 (least deprived area)
<b>LFD (Lateral Flow Test Device)</b>	A rapid testing device for immediate diagnosis of COVID-19 infection
<b>Long COVID</b>	Signs and symptoms that continue beyond 4-12 weeks after initial infection
<b>Mentoring Plus</b>	Charity in B&NES that supports children and young people through mentoring and activity provision
<b>Obese</b>	Adults are defined as living with obesity if their body mass index (BMI) is greater than or equal to 30kg/m <sup>2</sup> . In children, obesity is defined as BMI greater than or equal to the 95th centile
<b>Outreach</b>	Taking a service out to a group that needs it
<b>Overweight</b>	Adults are defined as living with overweight if their body mass index (BMI) is 25-29.9kg/m <sup>2</sup> . In children, overweight is defined as BMI greater than or equal to the 85th centile and less than the 95th centile for population monitoring
<b>PPE</b>	Personal Protective Equipment e.g. mask, gloves, apron
<b>Physically active</b>	Measured against the Chief Medical Officer's guidelines for physical activity
<b>Pilot</b>	Run as a test before introducing more widely
<b>Primary Care Network</b>	Local groups of practices working together to focus local patient care



## Technical terms and abbreviations

<b>Poverty</b>	People whose lack of resources makes it impossible to meet the basic needs of life
<b>Relative poverty</b>	When households receive 50% less than average household incomes
<b>Safeguarding</b>	Protecting health, wellbeing and human rights
<b>SEND (Special Educational Needs and Disabilities)</b>	These may affect a child or young person's ability to learn or socialise, and may also affect their behaviour
<b>Strategy</b>	A plan of action to achieve a long-term or overall aim
<b>Statutory</b>	Regulated by the law
<b>Third sector</b>	Non-governmental, non-profit, values-based organisations
<b>Wellbeing</b>	About feeling good and doing (or functioning) well