

What is health?



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Introduction

How do you put a circle around health; around public health? Around what it is to be healthy, as an individual, a family, a community, a nation? Around the causes of health and well-being or illness and suffering?

Many years ago, as a junior doctor, I looked for health in a patient's symptoms and their story, examinations, tests and the curing of diseases. Then I worked for some years in countries beset by wars, famines and disasters and I looked for health in a refugee's makeshift shelter, clean water, a latrine, a ration of food, a vaccination programme. But now, as a Director of Public Health, I look.... everywhere. "All kinds of everything" have an impact on the health of our bodies and minds; from the DNA in our cells to the energy radiating from the Sun.

To a newborn baby, health is as close as her mother's breast, a constant source of food and comfort. But if that mother happens to be poor, and living on benefits, then her own health and ability to provide stable and adequate care for her baby, may be compromised by events as far away and long ago as the 2008 financial crash.

To a child, health is playing with his friends in a park in the crisp autumn sun. But what if that park is next to a main road crammed with crawling cars and lorries pumping out toxic gases. Or if that child is given a computer and finds the addictive temptations of screen life preferable to simpler pleasures, reduces his time outside, and opens himself to risks like cyberbullying or grooming.

To a young adult, establishing an independent life, health is a job, and the dignity, money and dwelling that it brings. Or it is the support and stability of

a strong relationship with a potential life partner. But what if the only job available is a zero-hour and minimum wage in a warehouse, while the possibility of buying the cheapest flat in an expensive city, is beyond a dream. And these pressures can then erode the time and attention given to maintaining that all-important relationship.

To an older person, health is keeping active, keeping interested and being part of a community of family and friends. One day it will likely involve good access to competent and caring health services, and for many, to social services too. But what if those services begin to fail under the weight of the demands of an ageing population, a society that has learned to eat and drink but too often beyond the point of merriment, and an economy that cannot or will not provide the means for those services to keep up with increasing needs.

And to all of us: health is a feeling that we are part of a safe, cohesive and optimistic society, on a planet being handled with the care due to our only home. But what if too much concentration of wealth in too few hands, causes others to lose their optimism and hope? And the anger that generates translates to a weakening of common social bonds and a hardening definition of "us and them". Or if an unwillingness to suffer any inconvenience to our lifestyles now leads to an impoverished environment left as our legacy to future generations.

These are truly unsettling times. For many of today's adults in a comfortable place like Bath and North East Somerset, it might have seemed that history was something that happened to our grandparents, or took place somewhere else, far

away. But even if that were ever true, no one can doubt that history now has its boots on, and is on the march! Economic strains across much of the world, ferocious inequalities within and between societies, global warming, mass migration, rising nationalism and religious tensions. And add into the mix the promise and the threat of the "fourth industrial revolution" based on information technology, with the technological advances always a step or two ahead of our ability to manage their social and economic implications. These strains must be clear to all, even if we can't agree on their causes or future effects.

The views of others

Most of us will have strong views on seismic political events like Brexit, and even on the last American election. But perhaps the biggest threat demonstrated in these and other recent upheavals, lies not in any one victory or defeat, but rather in the increasing unwillingness, and inability of partisans of either side to value, consider, or even listen to, the views of the other. There is a danger that our advanced societies could fragment into groups that put up mental barricades around irreconcilable interests and positions; paradoxically reinforced by the echo-chambers created on the internet - a technology which should make communications so easy.

Therefore in Bath and North East Somerset, as in the UK more widely, we must guard and treasure our ability to relate to each other as a common family, finding strength in our many mutual interests as well as in our diversity, and resolving problems that arise through respectful dialogue and practical compromise. And in this task, the Council, where I work, has such an important place.

This may all be far from your traditional idea of health. And yet our ability to secure wellbeing and prosperity, now and in the future, against so many challenges, depends critically on our ability to pool our material, cultural and intellectual resources effectively. For any of us to thrive in the long term, all of us must have that chance. No woman is an island. Health for an individual, family or community is most assured when everyone can

hope to attain what we would want for ourselves.

We start from a position of great strength in Bath and North East Somerset. There is ample demonstration of goodwill and fellow feeling in the huge number of community groups and initiatives, and the support they enjoy. People help their neighbours, widely defined, and give their time and energy to maintaining a vibrant civic space. We can be proud that we have extended a hand of friendship to a number of refugee families fleeing conflict in Syria, that our public agencies maintain their determination to support those in most need and that we are working with others across the West of England to secure the future housing and employment needs of following generations. We can celebrate the contribution of our universities to thought leadership and of our businesses to industrial innovation.

Bath symbolises health and hygiene, and the tale of change and continuity through the rise and fall of empires, in its ancient hot springs. The Somer Valley evokes our industry and invention through the era of coal and rail. Keynsham, the home of Fry's, reminds us that in a full life "a little of what you fancy does you good"; and the Chew Valley takes us back to the beauty and bounty of nature and our responsibility for its wise stewardship.

In this year's report, I have chosen to focus on a range of subjects that I know are important to residents in the area. How do we ensure that our air is clean? What pressures are we putting on our young people that so many are unhappy? What does it take to get us more hooked on the wonder drug of physical activity? How are work and health related? And what are we doing to reduce the blight of physical and emotional violence in the home? This is a very selective set of subjects but I hope most of you find something of interest.



Dr Bruce Laurence
Director of Public Health



“.....
To all of us health is a feeling that we are part of a safe, cohesive and optimistic society, on a planet being handled with the care due to our only home.”

“What does it take to get people in B&NES physically active?”

What is the single best thing we can do for our health?

Can you limit your sitting and sleeping to just 23 ½ hours a day?

Sounds laughable but in fact many of us struggle to manage this – be it commuting by car or bus, sitting at a desk job, relaxing on the sofa when you get in, sitting down for your evening meal then watching TV...

1 in 5 B&NES residents report being inactive (less than 30 mins of activity a week). This figure is 1 in 4 nationally. (Sport England Survey 2017)

Activity doesn't have to be vigorous to be good for you. The biggest health gains are seen in people who go from doing nothing to doing 10-20 minutes of gentle exercise a day. Increasing exercise levels even further results in further health benefits.

There are strong positive links between our physical and mental health and the level of contact with the natural environment. People living in areas with high levels of greenery are thought to be three times more likely to be physically active and 40% less likely to be overweight or obese than those in areas with low levels of greenery.



1 in 5 B&NES residents report being inactive
(less than 30 mins of activity a week)

B&NES Fit for Life Strategy

Fit for Life¹ is the B&NES council strategy for physical activity. It supports the continued development of physical activity for all within B&NES up to 2019. The strategy also addresses the way in which physical activity can contribute to our economy, sense of place and community and creating a sustainable environment.

Overall vision:

“More people, more active, more often”

The strategy seeks to find a balance between educating individuals to increase their activity levels and cross-council measures to create an environment where activity is an easier choice.

The strategy was shaped with the use of a street survey of 1000 local people: 97% stated regular physical activity was important but only 46% felt they were taking as much activity as they'd like to.

Priority groups include people living in areas of low activity such as Keynsham, Twerton and Radstock, older-age people, families (particularly pregnant women) and those with disabilities or long-term conditions including obesity.

The strategy sets out a framework for partnership action under 4 key themes:

Active Lifestyles



More people are participating in physical activities which are fun and sociable and help to build and strengthen communities.

Active Travel



More people are walking or cycling as a means of getting around as part of everyday life.

Active Design



Our neighbourhoods are designed to offer easy access to a choice of opportunities for physical activity enabling communities to be more active and healthy.

Active Environments



Our leisure facilities and green infrastructure are well used and enjoyed by local residents and visitors.

What we're doing: The Active Lifestyles Team



Bikeability

Bikeability is the modern day cycling proficiency training for all ages which is now delivered to a standard framework by qualified instructors. The various levels of Bikeability aim to increase cycling confidence by promoting basic cycle skills as well as road safety and an introduction to The Highway Code

GoodGym Bath

A programme in which a group of runners goes on a run, and half way through they carry out a good deed in the community – like visiting a local older person, painting, weeding and giving essential packs of toiletries to the homeless.

Move in Maternity

A partnership approach with local midwife and health visiting teams and our leisure providers ensures all pre- and post-natal women get the opportunity to access leisure services at a concessionary rate with support from specialist fitness staff

Walking Netball at Culverhay Sports Centre

Walking Netball is a slower version of the game; it is netball, but at a walking pace. The game has been designed so that anyone can play it regardless of age or fitness level. We have a wide range of women playing the game – from those who are injured and unable to play, to those who haven't played in years and perhaps aren't fit/active enough to play the full version of the sport, it really does fit almost everyone!



Walking Netball

What we're doing: The Active Lifestyles Team

Bathscape Family Nature Day at Entry Hill Golf Course

Over 100 people attended. Tree climbing and the nature walks were very well received. More events are planned.



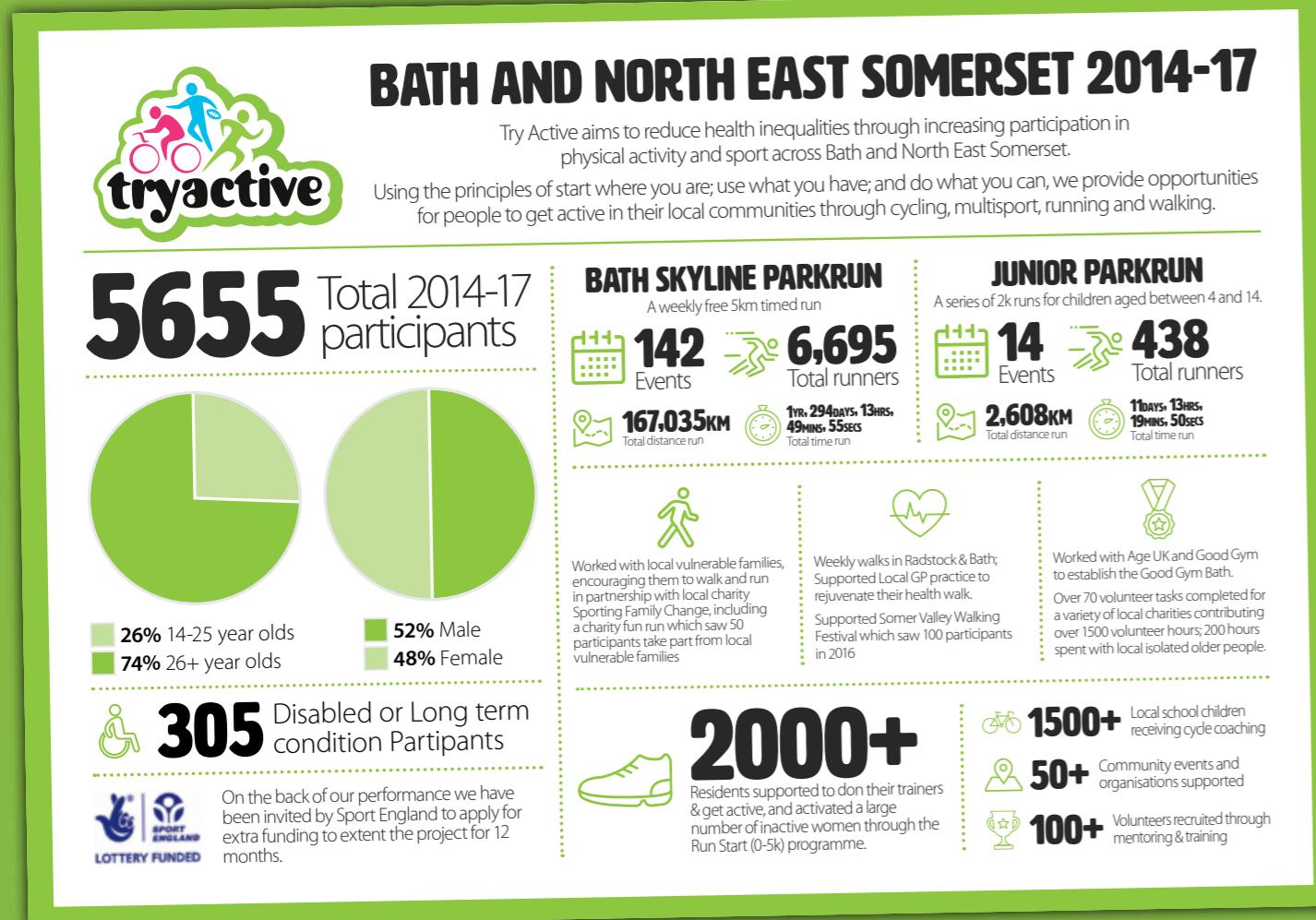
Jessie May Event at Odd Down Sports Ground – The People's Grand Prix

Participants were sponsored to walk, run or push around the track.

Soft Play and Bowling

New soft play and bowling facility open at Bath Sports and Leisure Centre

Top: **The People's Grand Prix**
Above: **Bathscape Family Nature Day**



Above Tryactive aims to reduce health inequalities through increasing participation in physical activity and sport across Bath and North East Somerset. Using the principles of start where you are; use what you have; and do what you can it provides opportunities for people to get active in their local communities through cycling, outdoor fitness, running and walking.

Wessex Water Project

B&NES public health team are partners in an exciting and novel project with the area's water provider.

A range of pharmaceuticals (medicines) have been detected in the natural environment across the world and concern is increasing about their ecological impact. The presence of pharmaceuticals in the environment is mainly attributed to the discharge of treated water from sewage treatment works. Medicines are the most common intervention in healthcare and the use of pharmaceuticals continues to increase.

The project is a collaboration between six key partners; Wessex Water, the University of Bath, Bath and North East Somerset Council (Public Health and Bathscape Landscape Partnership), Avon Wildlife Trust, Bath City Farm and Time Bank Plus. In addition, the project links very closely to a number of research studies and networks.

The project involves these organisations working together to look at novel approaches to address the issue of medications reaching our environment. These include:



1. Social prescribing Pilot Trial

It has been estimated that up to 20% of GP appointments are for non-medical reasons. Social prescribing is a way of linking patients in primary care with sources of support within the community – usually provided by the voluntary and community sector offering a non-medical referral option that can operate alongside existing treatments to improve health and wellbeing. There is increasing recognition of the importance of nature and place as a determinant of mental health. Working with our partners Bath City Farm and Bathscape Landscape Partnership amongst others, nature-based interventions are being offered which may help to reduce people's need for medication.

2. Medicines Waste Campaign

Vast quantities of unwanted and unneeded medicines are dispensed every year. Many people don't know of the best way to dispose of their unused medications and pour them down the sink or toilet adding to the problem. A campaign can help to spread the message that pharmacies are the place to take back unused medicines and that all dispensed medicines cost our NHS money so we can take responsibility to check we're not dispensed things we don't want or need.

3. Water Quality Monitoring Programme

Academic colleagues are using new approaches to monitor medication levels in sewage water.

The mental health of children and young people

Mental health is just like physical health: everybody has it and we need to take care of it. When things go wrong the consequences can be devastating and impact on every aspect of life. It is increasingly recognised that poor mental health underpins many physical diseases, unhealthy lifestyles, and social and health inequalities.²

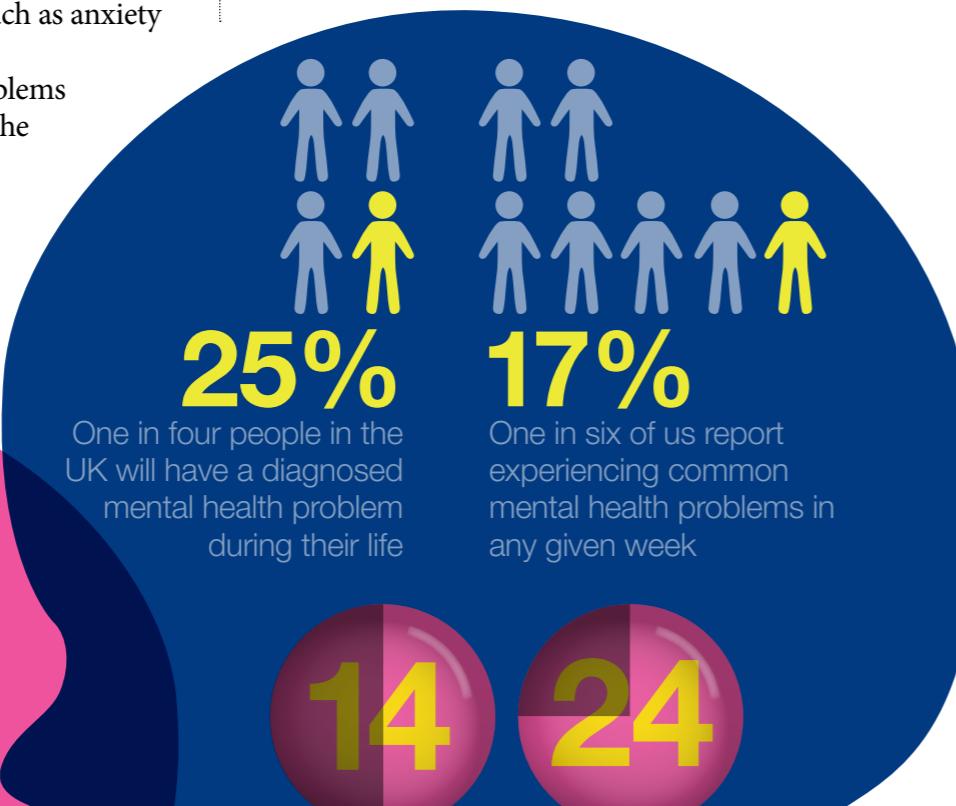
The figures are startling. 1 in 4 people in the UK will have a diagnosed mental health problem during their life and 1 in 6 of us report experiencing common mental health problems (such as anxiety and depression) in any given week.³

Half of all adult mental health problems began by the age of 14, with 75% by the age of 24. The Department of Health point to a range of childhood factors that can determine our future mental wellbeing. Key amongst these are the quality of family

“.....Promoting the emotional health and wellbeing of children and meeting the needs of those with problems is a priority for B&NES.”

relationships and parenting, experiences at school, the broader community environment and the range of supportive services.⁴

Promoting the emotional health and wellbeing of children and meeting the needs of those with problems is a priority for B&NES. This is reflected in our Children's Plan⁵ and in the decisions we take about investing in services. In this chapter we examine just a few examples of what we are doing starting from conception up to adulthood.



Infancy: The Best Start in Life

Across the Council, NHS and partner organisations a group called the Early Help Board⁶ work together to ensure all children experience good physical and emotional health and reach a good level of development according to age related expectations. To achieve this, perinatal and infant mental health is their number one priority. Work includes looking at the pathways for identifying perinatal mental illness and ensuring women access the services they need. Midwives have an important role to play assessing a mother's mental health and other vulnerability factors which may impact on the health of the child and the family, for example substance misuse or domestic violence. Health Visitors (commissioned by the Council) also have a key role making an antenatal visit followed by a new birth and 6 – 8 weeks visit then both a one and two year review. Here they continually review the needs of the mother and child. Where families are experiencing specific health issues they can refer onto early help services such as those found in our Children's Centres.

The Council also commissions the Family

Nurse Partnership which is an evidence based international parenting programme. This intensive support is offered to all first time mothers who are aged 19 and under, and those up to age 25 where there are particular areas of vulnerability. Those eligible who accept the service have their own dedicated family nurse who they see regularly from 16 weeks in pregnancy through to the 2 year review. The programme focuses on health in pregnancy, child health and development, and planning for the future.

The Council's Parenting Strategy especially acknowledges the important role fathers have to play in the development of emotionally healthy children.⁷ Whether dads are living with their children or not there is strong evidence that involving them from the antenatal period through to early adulthood has a positive influence on the physical and mental health of both the mother and the children. Supporting them to develop warm and playful parent-child relationships and effective parenting skills especially in the early years is key to good mental health for all.

Case studies

Positive Mental Health Resource Packs

Schools can promote mental health through a whole school approach. Teaching pupils about mental health problems can help reduce the stigma associated with them and enable pupils to look after their own mental health and seek help when needed. The publication of two locally produced 'Positive Mental Health Resources' packs for schools has provided ways in which this can be taught in both primary and secondary schools. Produced in collaboration with young people who have themselves experienced mental health problems the packs can be downloaded freely from our Child and Adolescent Mental Health Service

Website: www.oxfordhealth.nhs.uk/children-and-young-people/south-west/primary-school-resource-pack

Mindfulness

For the past two years B&NES schools have been offered mindfulness training to enable teachers to teach mindfulness to their classes. Mindfulness can help children improve their abilities to deal with problems, to calm down when they are upset and to make better decisions. One teacher who undertook the 10 week course reported that it helped her to get the Senior Leadership Team to put emotional health and well-being and developing resilience at the top of their federation's agenda. Teaching Mindfulness meant children at her school reported feeling better able to manage their feelings and she observed a reduction in anxiety and upset.

"The school believes that this will have the single most positive effect on pupil's engagement with learning and in maintaining a happy workforce."

Getting ready for school: Theraplay case study

Theraplay is a way of working with children and families to help them build strong relationships, positive behaviour and emotional wellbeing. In B&NES, Theraplay is available to help pre-school children who have social and emotional difficulties to become ready for school. Theraplay provider Ali Cliffe writes about a 2 ½ year old who benefitted from the approach. All names have been changed.

"When Ellie started nursery she appeared very withdrawn and was behaving in a way that suggested she had problems with attachment. When I met her mum Georgie, it was important to gain her trust as she was angry that Ellie and her two older siblings had been placed on a Child Protection Plan. Georgie told me that she had experienced domestic violence whilst pregnant with Ellie and then severe post-natal depression. Her ongoing low mood made it difficult for her to build a strong bond with Ellie.

Theraplay activities provided playful, nurturing early interaction type experiences that they both missed out on when Ellie was a small baby. This strengthened their attachment. We also focussed on soothing and relaxing activities where they both could feel nurtured and special within their relationship together. Together we explored ways of caring for Ellie both physically and emotionally even when things were emotionally difficult for Georgie. By the time Ellie moved up to school Georgie's parenting confidence had really flourished and in turn Ellie was thriving."



Promoting emotional health and wellbeing in schools

Schools have an important role to play in promoting the mental wellbeing of our children and young people. In B&NES the Director of Public Health Award encourages schools to find ways to improve the emotional health of all pupils including those

in challenging circumstances. Every other year participating schools take part in a survey to find out more about their pupils' health and wellbeing. In 2017 results showed that:



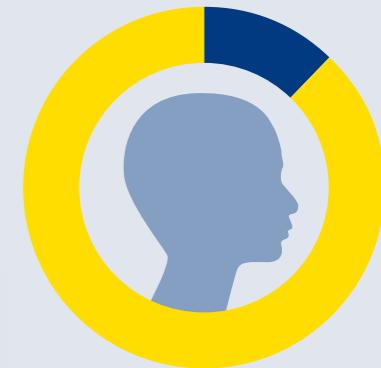
Almost three quarters of girls and boys in the **primary school pupils** reported they were at least 'quite happy with life but **8% of boys and 7% of girls** responded that they are 'quite' or 'very' unhappy with their life at the moment.



7%



2%
For the **secondary school pupils** 75% responded in the higher scales for life satisfaction but **2% said they were not satisfied at all.**



88% of the secondary school pupils responses said they worried about one of a list of issues quite a lot or a lot of the time. Worries focused on exams and school work, personal appearance and the future. 80% of the primary children who responded also said they worry a lot. Top on their list are SATS and tests, being bullied, family issues and global concerns.

Tackling air pollution

Air pollution can have a big impact on our health. Here we outline what B&NES is doing to tackle pollution in our region and what we can all do to reduce the problem.

The quality of the air we breathe indoors and outdoors is important to us all. All sorts of everyday activities, such as industrial processes, farming, heating homes, generating energy and driving vehicles can contaminate the air. Air pollution is a local, national and international problem, which has health, occupational, environmental and economic impacts. New evidence of the serious public health impacts of everyday air pollution is increasing political, public and media interest in the issue. The good news is that there are cost-effective actions that we can all take to tackle the impact of air pollution on our health.

To tackle air pollution collaboration is needed



Housing
Lower emission fuels and heating appliances.
Construction standards.



Local Authority
Planning and transport policy policy, air quality management area action plans, sustainability, active travel and public health.



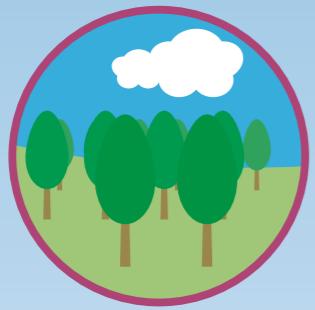
Health sector
Track health impact, protect vulnerable groups.



Waste management
Emission control, bio waste management, reduce, reuse, recycle.



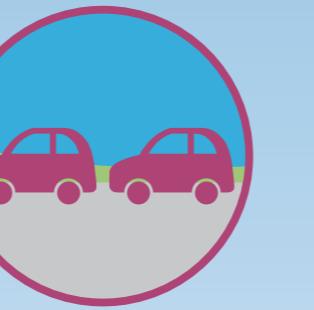
Outdoor burning



Natural sources



Indoor sources
Cooking, lighting and ventilation.



Traffic
Low emission vehicles, car alternatives.

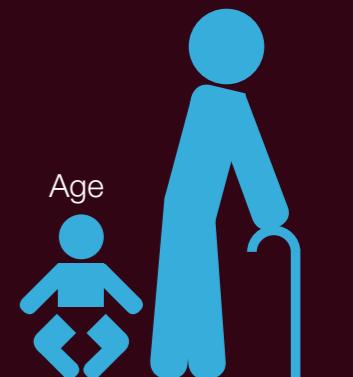
Air pollution & health

Air pollution is the largest environmental risk to the public's health. Air pollution can be harmful to everyone; however there are some factors which make some people more vulnerable with a disproportionate impact on the young and old, the sick and the poor.

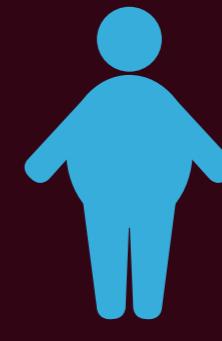
Both long and short term exposure to outdoor air pollution are known to adversely affect health. Short term exposure can exacerbate asthma and respiratory and cardiovascular symptoms which interfere with everyday life. It also increases the chances of hospital admissions and visits to Emergency Departments contributing to pressures on the health care system. Long-term exposure to everyday air pollutants over several years can contribute to the development of cardiovascular disease (CVD), lung cancer, and respiratory disease. In the most severe cases it increases the risk of death, especially for people who are already vulnerable.



Developing foetus



Age



Obesity



Existing medical condition



Living, learning or working near busy roads

Air quality in B&NES

B&NES Council is legally required to review air quality and designate air quality management areas (AQMAs) if improvements are necessary. Where an AQMA is designated, an air quality action plan (AQAP) has been produced describing how the pollution can be reduced to below the required standard.

B&NES Council have declared 3 AQMAs in Bath, Keynsham and Saltford because nitrogen dioxide levels are above the required standard. The largest source of Nitrogen Dioxide (NO₂) is emissions from diesel light duty vehicles (cars and vans) and there has been significant growth in these vehicle

numbers over the last ten years in the UK.

During the last year, air quality monitoring was undertaken in various locations along the A37 between Whitchurch to the north and Farrington Gurney to the south of B&NES. There are some areas which do not comply with the required standard therefore the Council will be consulting on declaring an AQMA in Temple Cloud and Farrington Gurney.

For more information about air quality in B&NES please visit: <http://www.bathnes.gov.uk/services/environment/pollution/air-quality>

“.....
B&NES Council is legally required to review air quality and designate air quality management areas (AQMAs) if improvements are necessary.”



What are we doing locally?

In 2015 a public consultation reviewed the AQAPs for Keynsham and Saltford before they were formally adopted in May 2016. The Council are monitoring the effect of the Keynsham High Street one way trial; this is the key action being delivered from the AQAP that relates to Keynsham.

The Bath Air Quality Action Plan is currently under review. Stakeholder engagement has taken place prior to the launch of the review of the Bath Air Quality Action Plan which has generated many ideas and comments for inclusion in the consultation document. The 3 month public consultation period has recently closed. The Bath Air Quality Action Plan consultation responses will be analysed and a consultation report completed.

A further development has been the inclusion of Bath in the National Air Quality Action Plan as it is considered that a section of the A4 in Bath will continue to exceed the National Air Quality objective for nitrogen dioxide beyond 2021. The Bath Air Quality Action Plan Report will inform the Feasibility Study work for the Joint Air Quality Unit

(DEFRA and DfT) that requires the development of a final implementation plan to be completed by December 2018. The Feasibility Study work involves substantive traffic, air quality, health and economic assessments to 'develop and implement a plan designed to deliver an improvement in terms of a reduction in the concentration of nitrogen dioxide in the shortest time possible.'

Two projects working across Council departments are currently being developed which aim to raise awareness amongst vulnerable groups living, working and going to school etc. in AQMAs.

The first project uses Geographic Information Systems (GIS) to map and identify those most vulnerable to air pollution in AQMAs e.g. early years settings, schools and care homes. Advice and recommendations will be given to those identified to reduce their exposure to air pollution.

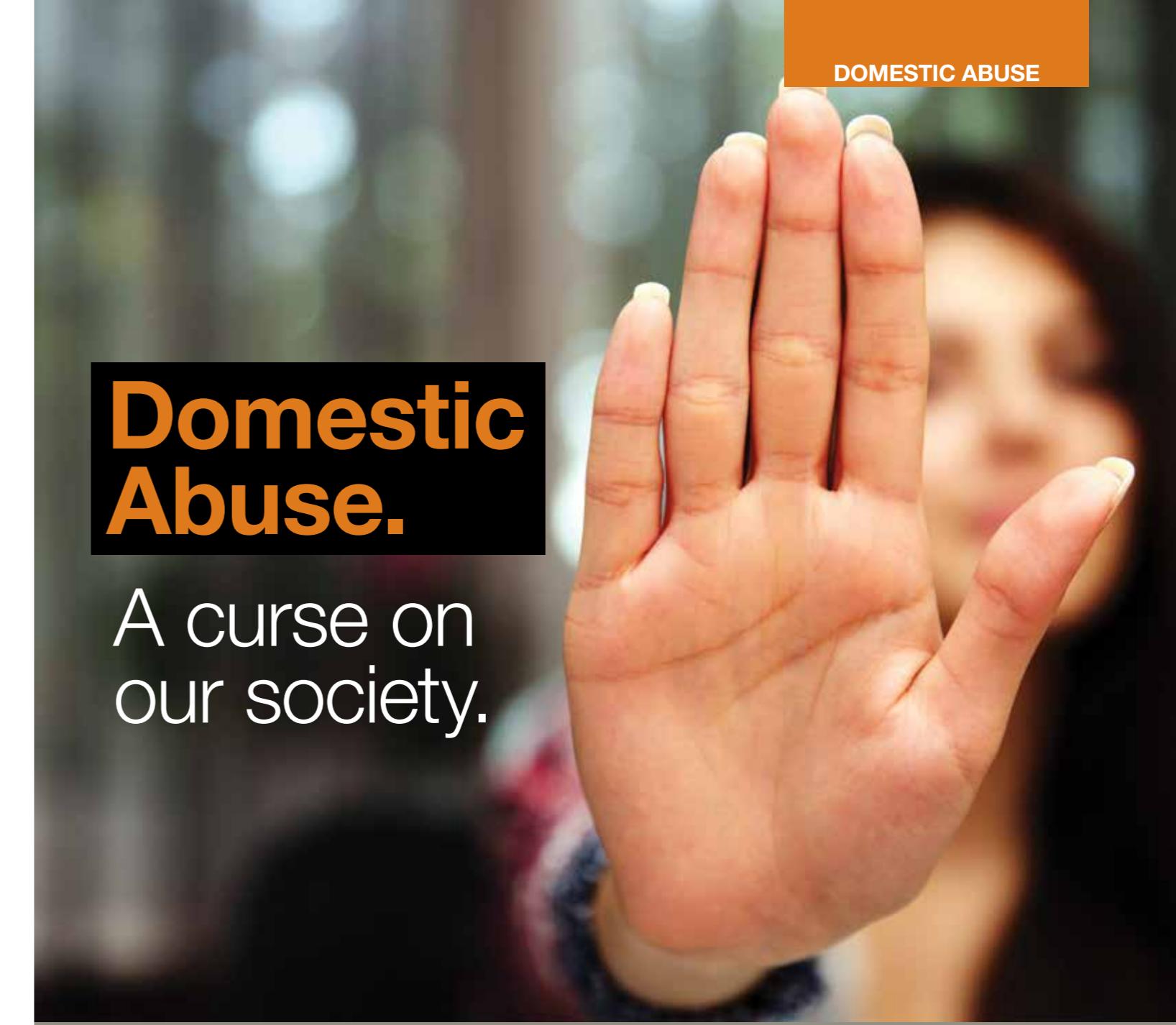
The second is a pilot project working with schools in AQMAs to develop exposure reduction advice and safer routes to school, promote active travel to school, raise public awareness and support behavioural change with school children.

What can I do?

We can all do our bit to improve air quality; any improvement in air quality will have positive health consequences. For example, by walking or cycling to work and school we can improve our health through exercise, limit air pollution and reduce carbon dioxide emissions which are responsible for climate change. Air pollution can vary over very short distances; in general, the closer you are to the sources, the more you breathe in, you can easily avoid the worst pollution by travelling along quieter streets. The health benefits of physical activity (walking or cycling) outweigh the risks from air pollution. If you're in a vehicle, you just get the risks with none of the benefits.

We can choose lower emission fuels and heating appliances for our homes, like gas central heating, or modern wood stoves rather than open fires, smokeless coal rather than house coal or dry high quality wood rather than green wood.

We can also move to lower emission vehicles. Everyone will need to take some action if we are to significantly improve air quality. While the impact of the individual household or business may be small, the combined impact of actions taken by national and local government, large and small businesses and individuals could be great. ■



Domestic Abuse.

A curse on our society.

What should we think about domestic abuse?

Domestic abuse. Domestic violence. Harming, controlling and victimising our "loved ones". Is it the behaviour of a handful of very disturbed people... or groups which have extreme attitudes to gender equality.. or just typical male aggression?

No, no and no! Over 2 million people suffer some form of abuse every year in England and Wales. According to the 2015 Crime Survey, 27% of women and 13% of men in the UK over age 16 have experienced domestic abuse. That's 4.5 million females and 2.2 million males. It spans all classes and ethnic groups. All occupational groups: doctors and lawyers, plumbers and pastors, artists and athletes. It affects straight and gay relationships, and

able bodied and disabled people. And it exists in relationships between teenagers and into old age.

The most obvious imbalance is by gender, and this should not be underestimated. 95% of the severe cases going to Multi-Agency Risk Assessment conferences, are male on female. But having made that clear, many believe that the social stigma of men being victims of abuse makes its under-reporting, always common with domestic crime, even higher in men, so all estimates are difficult.

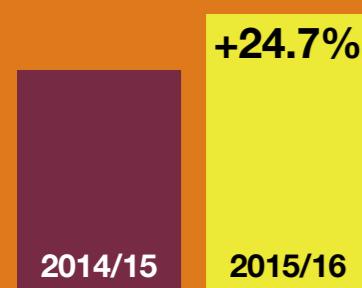
But the clear message is that while it may not be spread equally across all social groups, the scale of these numbers means that if you think it "doesn't happen around here" or "doesn't affect nice circles like mine" ... think again.

The local view: Bath and North East Somerset

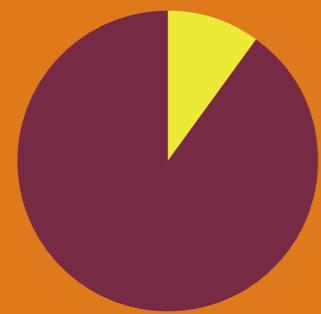
Here are a few local facts and estimates:

5,936

An estimated 5,936 women aged between 16-59 would have experienced domestic abuse here last year.



There were 1,110 domestic abuse crimes recorded in 2015/16, averaging 93 per month. This is an increase of 24.7% (220 crimes) compared to 2014/15.



90% of cases were seen as low or medium risk and **10% at high risk of serious harm**.

As well as obvious costs in human misery, there are other costs measured in the use of health, social and other services and loss of productive capacity. All together it is estimated that domestic abuse costs us 17 million pounds per year. That's almost £100 for each of us.

The difference between estimated and recorded cases shows how reluctant women can be to report abuse... which is why so much of our effort must go into making it easier for those affected to feel able to seek help.

Types of abuse

Abuse is most often thought of as physical violence. We think of a black eye hidden behind dark glasses. And violence is indeed common. In B&NES we have placed an Independent Domestic Abuse Advisor (or "IDVA") in casualty at the Royal United Hospital to help those who have been assaulted and injured.

But abuse takes many other forms. Fundamentally the abuse is that of power, and human power can be physical, psychological, financial, sexual, social or emotional. Its misuse can start in very small ways and build insidiously. And power relations can change with changing life circumstances.

There may be constant verbal threats or belittling of a partner. "You've really let yourself go.... no one else would have you except me". There may be threats to take children away.

One partner, usually the main earner, may demands control over every penny spent, even on necessities. Affection, or sex, can be rationed

as a tool of manipulation or coercion, so that any "disobedience" is met with long periods of coldness and silence.

It can involve the deliberate isolation of the victim through attacking social and familial ties: "I need you so much I can't stand you being with anyone else...your family... your friends... anyone except me". There may be "policing" through constant phone calls, or always asking who someone is phoning themselves. Stalking and harassment are related behaviours and they demonstrate how the internet can also be a tool of abuse.

Indeed any situation in which one side attempts to control the other by direct threat or by manipulation of the love, affection, autonomy and care due to a partner is part of the spectrum of abuse.

And of course some of these behaviours are culturally determined, and some communities can put extreme pressures on women to remain in abusive relationships.

I wonder if anyone reading this is asking themselves some questions now?

Effects on children

Domestic abuse is one of the worst things a child can experience. It is one of the "toxic trio" of adverse experiences thought to cause so much misery, illness and lack of success in later life (the other two being parental addiction and mental illness). A child can be psychologically devastated by abuse in the home, feeling powerless, fearful and guilty, in the moment and throughout life. Indeed there is some evidence that the "voices" heard by people with psychoses or are often related to real physical or sexual abusers in childhood which become wired into the child's own brain.

And much of our own habitual behaviours are based on what we see in our earliest years, so a child who is a victim is much more likely to become the abuser in later life. This may be one of the main reasons why something that most people would agree should be dying out from a civilised society, remains so common and deep rooted.

By recent estimates some 130,000 children in the UK live in households with high-risk domestic abuse where there is a serious risk of harm or death.

In a survey of 877 cases of domestic abuse in households with children, 62% of those children were also directly harmed, over half had behavioural problems, 39% had trouble adjusting to school, and

shockingly, 60% actually felt responsible for the abuse that they saw. And echoing the point above about learned behaviours, over half of the children in these households showed violent or other abusive behaviour towards their mother or a sibling... but rarely towards the actual abuser.

What are we doing about it?

Many agencies in Bath and North East Somerset are committed to ending the scourge of domestic abuse. Although zero is the only proper target for us to accept, this will not be achieved overnight.

We have produced a multi-agency strategy under the guidance of the B&NES Domestic Abuse Partnership which brings together "commissioners" (the ones with the money), service providers like Southside www.south-side.org.uk and Julian House www.julianhouse.org.uk/projects-and-services/domestic-abuse.htm, the NHS, police, CURO, universities and others

There are five main strands to our approach.

1 Community prevention. We are encouraged that the government is going to make relationships and sex education (RSE) compulsory in schools. It is a small step in promoting an open and informed discussion about healthy relationships among the next generation. But there is so much more that needs to happen. Abuse is buried deep within families and communities and I would welcome ideas about how we might tackle this.

2 Encourage disclosure and early help.

Victims often suffer over many years before seeking help. We have therefore particularly focused on making staff across many organisations more aware of domestic abuse, and its signs and able to engage skilfully with victims. Specific programmes have been started in GP surgeries and the Royal United Hospital in Bath.

3 Improving support for victims of domestic abuse. We aim to provide specialist services for people of all ages. Southside currently run several local services for women, families and men including a programme in GP surgeries called IRIS (Identification and Referral to Improve Safety) www.irisdomesticviolence.org.uk/iris and the Independent Domestic Violence Advisors (IDVAs) to take on the higher risk cases, with other support workers available for those currently at lower risk.

■ Julian House runs the CRUSH programme for 13-19 year olds who are suffering from or at risk of abuse.

■ Voices, a local organisation set up by survivors, operates a range of support services and informal networks for victims, as well as providing training for other workers, and representing victims' views to planners and service providers..

■ The Police's lighthouse programme for victims of crime and their Victim and witness Care Officers can also help people who have been abused and refer to other agencies if necessary.

■ The B&NES partnership has had some success this year with funding bids this year and will use money received for a range of work from general community awareness through to specialist support for the most high risk and complex cases.

4 Developing a skilled workforce. There is much emphasis on training all staff who might come into contact with domestic abuse victims to help them identify and support those in need.

5 Working with perpetrators. This is a difficult area, because our sympathy very naturally lies with victims, and we are inclined to use our limited resource supporting them. But to reduce abuse and break intergenerational cycles we must also engage with the perpetrators. Where abusers recognise the damage done to others, and indeed themselves by their behaviours and want to change and improve their relationships, there is some support for that through local organisations, particularly DHI (Developing Health and Independence) and Southside.



Case study Ms S and her family

So much for strategies and services. Who is this all for? Here is just one story of many. Not the most extreme, but a recent case illustrating some of the human reality behind the plans and statistics.

Ms. S, 40 years old, had suffered 12 years of abuse from her ex-partner. This peaked after the birth of a new baby. This illustrates how abuse takes many forms and affect a whole family. But it also shows that lives can be turned round through strong and co-ordinated support working with victims who decide to take back control.

There had been violence - a black eye and several lost teeth. Even the partner's mother joined in, pushing S against a wall while she was holding the baby. There was emotional and psychological abuse. The partner had turned some of her friends against her, used frequent verbal abuse, often of a sexual nature, and undermined her confidence to such an extent, that isolated from others she felt that she must be to blame for her suffering. This was partly why she kept quiet for over ten years... which is not at all uncommon. Finally she spoke up to a health visitor at a routine post-natal check, and this began the road to freedom and recovery. S was referred to Southside where an IDVA did a risk assessment, found there to be a high risk of serious harm and took on the case.

The situation was further complicated by the partner having himself made accusations against S, and this delayed clear understanding and decisive action. But a special panel called a "MARAC" took place where all the professionals working with S came together, and a full picture emerged after which recommendations were made for her and the children's protection and support.

Court appearances were stressful. They are combative processes and can put victims in close proximity to their abusers which can be most intimidating. But with the help of the IDVA at every turn, S was able to take part, and the partner was then banned from threatening or communicating with her. Further proceedings

regulated access to the children. Of course, children brought up in an abusive household with its violence and fear, are going to suffer greatly, whether or not directly abused themselves. S's teenage son's fears are expressed in the letter below. A younger daughter was referred to Southside's Children's Group to help her recover from her lifetime of trauma.

But now things have much improved. S and the children are starting to do well. The son, no longer preoccupied with his mother's safety, can concentrate on his work and has just been given an award as an Apprentice of the Year. He is also now training to become a Family Champion for Southside, helping to gather users' views on their services. Ex service users are well suited to such roles.

The last and most powerful words in this chapter go to S herself. This letter written to Southside (with names changed) illustrates the despair that domestic abuse can produce, but also the strength of human resilience and the value of expert and committed support.

I am writing to you to say that my family and I are so grateful for the help that we received from Southside and from Kerry (the IDVA) during what may have been the most difficult time in our lives.

I came to you on the advice of my health visitor after the event that ended my relationship, where I had endured 12 years of physical and emotional abuse and bullying from my ex-partner and his family.

When I came to you I was mentally exhausted and was about to shut down, I knew I needed to make the final break and get legal help to get an injunction to keep myself and my family safe from harm. I would not have been able to do this without Kerry's guidance and support in helping me to understand that I was a victim of emotional abuse and that it was not my fault.

Kerry first arranged for my locks to be changed and for my phone number to be put on alert at the police station for a rapid response if I should ever need assistance. This was a massive weight off my shoulders. She then helped me to choose a good solicitor and helped me to communicate to them what I needed as it was difficult for me to communicate what I needed to say through my lack of confidence.

I successfully got a non-molestation order, which changed me and my children's lives and helped me to gain some confidence as I never thought I would be believed. Then Kerry attended every court hearing with me and helped to provide screens so I didn't have to see him, which helped greatly as I used to feel very intimidated and belittled by my ex-partner and his family.

I became stronger and stronger as time went on and Kerry has basically counselled my whole family and opened our eyes about emotional abuse; because Kerry helped me to understand what emotional abuse was and the dangers. I was then able to speak to my children individually about the situation. When in a conversation with my son he opened up to me and told me that towards the end of the relationship the abuse was so bad that he used to dread coming home but that continued living with us because he believed that if he didn't he would walk in one day and find me dead.

My daughters have gained so much confidence and are really happy, my son is now excelling at his job and my youngest daughter and my baby are now safe from any harm when in the care of my ex-partner. My family will never be in any danger from him again because I stood up and protected my family from him and his family which I may never have been able to do without the help of Kerry.

Thank you so much Southside and Kerry for changing our lives.

".....

When I came to you I was mentally exhausted and was about to shut down, I knew I needed to make the final break and get legal help to get an injunction to keep myself and my family safe from harm."

Health and work

Income and work are so important to our health and wellbeing. Being in good employment is protective of health.

Unemployment is harmful to an individual's health, and inequalities in income affect the health and wellbeing of us all.

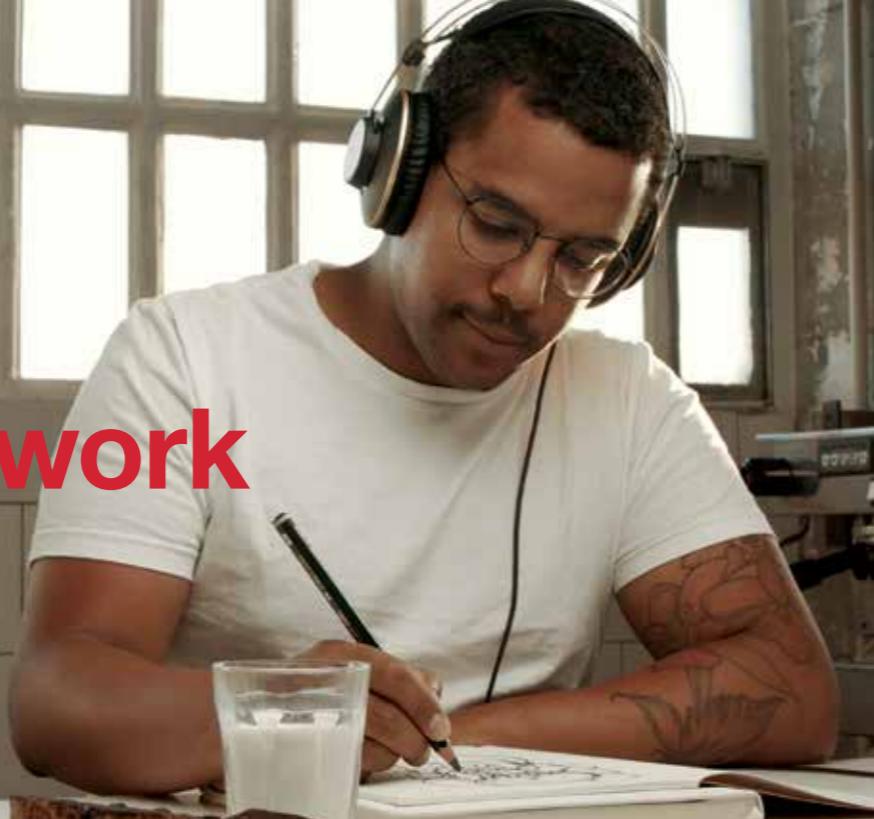
Nationally and locally unemployment has been falling since 2011 but rates of unemployment are considerably higher for those living in our most disadvantaged neighbourhoods.

In July 2017 there were 2,060 people in B&NES who were not in work and ready to work, claiming either jobseekers allowance or universal credit.

Some individuals face a number of barriers to getting and maintaining a job. For example there is a significant gap in the employment rates of people with mental health conditions compared to the rest of the population. Disabled people remain significantly less likely to be in employment than non-disabled people. In 2012, 46.3% of working age disabled people were in employment compared to 76.4% of working-age non-disabled people. This gap represents 2 million people.

A good quality job

Public Health England identified the key components of good quality jobs. They include; adequate pay; protection from physical hazards; job security and skills training with potential for progression; a good work-life balance and the ability for workers to participate in organisational decision-making.



A recent commitment by the government to enable 1 million more disabled people into work in the next 10 years challenges the welfare system, the health system and employers to join up their approach to helping people get into and stay in work.⁸

Whilst low unemployment is good news, national trends in part-time work, zero hours contracts and in work poverty mean that a significant proportion of the working population are living with a lack of job security, low pay and poor working conditions. There is also evidence that those with fewer skills and qualifications are more likely to experience poor working conditions and that adverse work conditions are more common amongst ethnic minority groups and disabled people.⁹

In work poverty

In work poverty occurs when a working household's total net income is insufficient to meet their needs. It includes not only earnings from employment, but income from all sources, minus taxes, and takes account of the differences in needs that different household types have, depending on type and size.

In work poverty is more prevalent amongst single earner households and those living in private rented or social housing. Low pay is also a factor but less so than the number of people working in a household, according to a recent study commissioned by the Nuffield Foundation.¹⁰

Employee health in the UK

The workforce today and in the future will increasingly have a higher proportion of older workers (over 50 years). Factors such as increased life expectancy, removal of the default retirement age and raising of the state pension age, mean that many people will need, and want to continue working. Older workers bring a broad range of skills and experience to the workplace and often have better

judgement and job knowledge, so looking after their health and safety makes good business sense.

An estimated 137.3 million working days were lost due to sickness or injury in the UK in 2016. Musculoskeletal and mental health conditions were major reasons for absence after minor illnesses like colds.¹¹

131m working days

are lost to sickness absence every year

42%

of employees experience at least one period of sickness absence in a year

7%

of employees take periods of sickness absence lasting 2 weeks or more

4.4 days

are lost on average for each worker due to sickness absence

Working days lost to sickness or injury

Minor illnesses

**34m
(24.8%)**

Musculoskeletal conditions

**30.8m
(22.4%)**

Mental health conditions

**15.8m
(11.5%)**

50+

1 in 3

By 2020 it is estimated that **1 in 3** British workers will be **over the age of 50 years**.

Musculoskeletal conditions (MSK)



1 in 8

of the working age population reported having an MSK

£2.37

Return on investment

For every £1 invested in workplace wellbeing programmes there is a return on investment of £2.37. Benefits to the employer include reduction in sickness absence and less presenteeism.¹²

Case study

Support for families

A is a single mum with two children under 10. She split from her partner 3 years ago and has been struggling to cope financially ever since. A lack of financial support from her ex-partner and a change to benefits resulting in a delay in her payments meant that A regularly had to resort to using the local Foodbank to feed her family. A's health condition means she is in constant pain and on medication which affects her energy levels, and with child care responsibilities and a lack of confidence in her own abilities it has been difficult to find a job that works for her and the family.

Life was becoming pretty desperate for A when she was referred to the Councils' Connecting Families Team in May 2017. Working on her strengths the team learned that A had managed to complete a successful internship with a local housing provider and was considered for employment, but due to child care costs and the potential impact this would have on her income she was unable to take up the offer. The team supported A to think through her options, including working for herself. She was also helped to get medical support for her chronic pain. Her medicines were reviewed and she now attends a local support group.

A has since attended a business start-up course. She is feeling more confident now and has more control of her pain management. She is planning a trip to visit her family and can now visualise herself being self-employed in the New Year.



Worklessness and Poverty

The effects of worklessness and poverty on families are well documented. Children do less well at all stages of their education when parents are not in work. Parents' ability to work is often frustrated by a range of complex issues which could include ill health, a lack of qualifications, relationship breakdown, debt, substance misuse and housing issues. All of which have the potential to impact negatively on children's physical and mental health and future potential.¹³

Universal Credit

Bath Job Centre was one of the first areas in the country to introduce Universal Credit. The issues for local residents with its implementation have been common nationally and are due to its design. These are the 6 week wait for the first payment and achieving financial stability. B&NES Council has lobbied Government for a change to the 6 week rule, amongst other issues, and some of these are now being addressed.. Positive feedback on Universal Credit is that online access is beneficial to residents and those who wish to work extra hours are finding the system better as they do not have to keep changing claims.



3,484

The number of people in B&NES who are working and also needing to claim benefits (universal credit and housing benefit combined).

Source: DWP Stat-Xplore

1 in 8

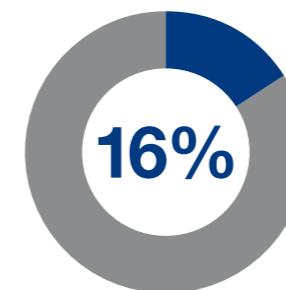
The Joseph Rowntree Foundation reported in December 2016 that one in every eight workers in the UK - 3.8 million people – is living in poverty.

Helping young people to access work

In 2016, 240 children in B&NES aged 16 - 18 yrs were not in education, employment or training.

Some young people, for example those leaving the care system, face more challenges than others in accessing work experience and employment, and benefit from additional support. The Council Corporate Parenting Policy ensures care leavers a guaranteed interview for any new apprenticeship role within the Council for those able to evidence the essential criteria for the role. During their recent Social Care inspection, Ofsted were particularly impressed with the embedded apprenticeships currently within the council that have enabled a number of young people to develop their skills and build a good foundation for their future career aspirations.

A high proportion (75%) of care leavers in B&NES aged 19-21 are currently in education, employment or training, which is much higher than other similar areas across the country.



Young people with disabilities account for 7% of the 16 - 24 population and are **16% of the total 'not in education, employment or training' group.¹⁴**

383

Young adult unemployment in B&NES is very low at 1.3% of the population of 18-24yr olds (or 383 people).

3,515

The number of children (under 16 yrs) in low income families in B&NES in 2014. This is a positive trend downwards and is significantly better than the England average.

Case study

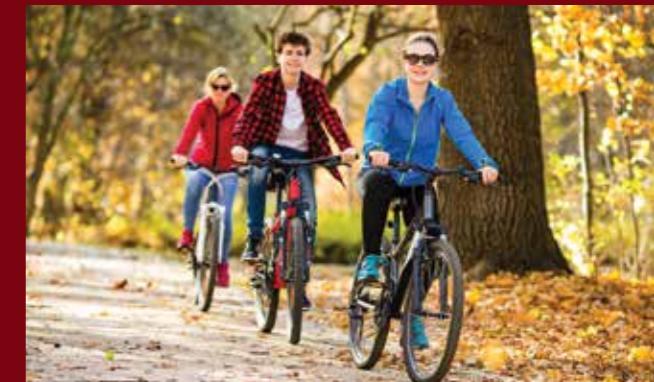
Building confidence and skills

Louisa is a bubbly, personable 21 year old currently working for Marks and Spencer. She is a care leaver, has a diagnosed personality disorder and a history of offending but despite these challenges she has made incredible progress in the last year, with help from the Council and the Princes Trust.

In September 2016 Louisa was discharged from hospital and was feeling low and lost, with huge reservations about her chances of finding employment. She met with Laura, an Engagement Officer in the Council and after some encouragement agreed to meet with the Prince's Trust to look at her options.

Louisa joined the Fairbridge programme designed to promote emotional resilience and group work skills, involving a 3 day residential outdoor pursuit course. After completing this she then joined a 12 week Team Programme designed to improve personal development and employability skills.

Louisa was then referred into the 'Get into retail' scheme with M&S. Louisa was so successful on this programme that on completion she was offered a job which she accepted. She is now being considered for Junior Supervisory Training at M&S and has been nominated by the Prince's Trust for a National Achievement Award.



B&NES Work Development Team

In B&NES we are fortunate to have a specialist job retention service which provides support to employers and staff to better manage mental health in the workplace. The Work Development Team, based in Midsomer Norton, offer a case management role to both employers and employees in what are often highly sensitive and complex cases. Their role includes liaising with health services, occupational health and human resources departments, particularly when working relationships make direct contact with employees difficult.

Case study

Help to stay in work

The team recently worked with someone close to losing their job. The person's situation was extremely complex involving a very stressful situation outside of the workplace, a history of self-harm, several hospital admissions and poor levels of self-care. Working with the employer, service user and the health care team, they are now about to return to work on a phased basis, with workplace adjustments to support their future health and wellbeing.

The care co-ordinator said: I referred my service user to the Work Development team. They worked with her on a very specific and goal-oriented intervention. Their knowledge and experience around procedures for supporting people back to work has been invaluable. She was given a structured plan to return to work and has been empowered to take responsibility for herself.'

Mental health in the workplace

Over 300,000 people lose their job each year in the UK due to mental health problems, and at a much higher rate than those with physical health conditions.

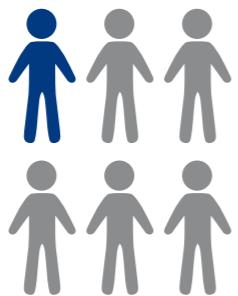
A recent independent review commissioned by the Government estimated that the annual cost to employers of mental health problems in the workplace is somewhere between £33 billion and £42 billion when staff turnover, sickness absence and presenteeism are taken into account.

With the current national focus on productivity the review draws the conclusion 'that it is massively in the interest of both employers and Government to prioritise and invest far more in improving mental health'.¹⁵

What works?

NICE guidance on workplace health and management practices (March 2016) focuses on the importance of workplace culture and the role of line managers in particular in promoting employee health.¹⁶ Recommendations for employers from the recent Thriving at Work review also included effective people management alongside:

- Developing mental health awareness among employees
- Encouraging open conversations about mental health and ensuring support is available when employees are struggling
- Providing employees with fulfilling work over which they have control and purpose and
- Routinely monitoring employee mental health and wellbeing



1 in 6

Almost 1 in 6 people of working age have a diagnosable mental health condition*

*Mental health conditions

These are conditions that affect the way a person feels, thinks and acts. They can last for a short time or they can be a long-term condition like depression, anxiety disorders, schizophrenia and eating disorders.

**Presenteeism

Presenteeism is defined as showing up for work when one is ill. It is an important issue for employers to consider as it can result in a loss of productivity, and can impact negatively on an individual's mental and physical health.

Employment supports recovery from substance misuse

Each year 17 million working days are lost through absences caused by alcohol. Alcohol may be a cause or a consequence of unemployment. The majority of people entering treatment for alcohol problems (72%) were not in paid employment at the start of their treatment and the employment rate for those who do develop problematic dependence is half that of the rest of the population.

In 2016 Dame Carol Black's independent review explored the challenges faced by individuals addicted to drugs or alcohol in getting into, staying in or returning to work. The report recognised the key role of employment in supporting recovery from addiction.¹⁷



£7bn
Estimated costs in lost productivity through unemployment and sickness related to alcohol



72%
of people entering treatment for alcohol problems were **not in paid employment** at the start of their treatment

Developing Health & Independence (DHI)

DHI provide treatment services in B&NES for those experiencing substance misuse problems. They were recently awarded funding from the West of England Works Project to appoint an employment and skills worker. This Big Lottery and European Social Fund project will support at least 1,537 young people not in education, employment or training (NEET) and adults who face multiple and complex barriers to securing sustainable employment and training across the West of England area. Local partners include Julian House, DHI and Carers Support Centre.



help turn lives around

Case study

Getting back into work

John reached out for help from DHI 12 months ago. He was very unsure and anxious about life, having lost his job and accommodation due to alcohol misuse. He lacked confidence, could not see a future for himself and did not know where to start to make a change.

John spent time with DHI's employment and skills worker who helped him review his employment history, identify his strengths and skills and think through his aspirations for the future.

Building on his keen interest in sport and outdoor activities John got involved with a local sport project and proved himself to be a real asset. His skills were quickly recognised and he was offered the opportunity to volunteer as an assistant coach. Following excellent feedback from his coaching role John's confidence started to grow and he developed a clearer sense of direction. He put together an up to date CV and started to look for part time work, quickly securing a evening cleaning job, which left him time in the day to develop his skills and experience towards a career in outdoor pursuits.

Recently John successfully applied for an apprenticeship with an outward bound activities company and will start in April 2018. This has been a long term goal for John and he is quite rightly proud of his achievement. He says 'The more I do the more positive I feel'.

Case study

Bath and North East Somerset Council

As a large public sector employer, Bath and North East Somerset Council aims to lead by example on workplace health promotion. Under direction from the Chief Executive, a staff health and wellbeing group has made great progress over the last couple of years.

Health Champions from across the organisation were recruited and trained during 2017. With support from workplace mentors and their line managers, they found out the health and wellbeing needs of their work teams and developed actions to meet those needs. Activities have included running mental health awareness sessions for staff, running a workplace exercise challenge, putting information on the staff intranet and noticeboards and using team meetings to demonstrate the latest health apps and tools.

The Council has also signed the Time to Change Employers pledge. This is a public statement of intention to challenge stigma and discrimination in the workplace. Annual mental health awareness week events are organised for staff such as walk and talk sessions, food and mood and stress awareness.

Mental Health Awareness training for managers is scheduled for 2018 to ensure healthy conversations become part of day to day management practice.

Help for employers

Creating a healthy place to work involves action on many fronts. At work three key areas where you can take action are 'health and safety', 'managing ill health' and 'promotion and prevention'. Information on each of these is below. To start looking at how healthy your workplace is, use Public Health England's [Workplace Health Needs Assessment Tool](#).

Health and Safety

The [Health and Safety Executive \(HSE\)](#) is there to make sure that your workplace doesn't cause any risks to health, for example by causing stress or back pain.



Managing ill health

Encourage employees to talk to their GP if they are experiencing ill health. The NHS Choices website covers a range of illnesses for example back pain, mental illness, cancer, heart disease and diabetes. The website also gives details of local services. For example, [B&NES talking therapies](#) offers online help and links for keeping mentally well.

For help managing staff with ill health contact your HR or occupational health advisor or visit [Fit for Work](#); a government funded online advice hub and live chat support service.

Promotion and Prevention

[ONE YOU](#) is an online health quiz which encourages people to put themselves first and do something about their own health. It covers a range of issues such as sleep, stress and physical activity with lots of free online tools to help you take action.



B&NES Virtual Employment Hub

We recognise the importance of work to everyone's well-being. We also recognise the importance of working together to improve the support we offer to our residents to access employment.

The Virtual Employment Hub, launching Spring 2018, is a website of up-to-date information linking employment support and training to local job opportunities, with open access for residents, service providers and employers. It is also a process, through which we will share resources, outcomes and targets to achieve a common vision of good work for all.

A day in the life of a School Nurse

Ali Menzies is a school nurse. Here she describes the many things her job can cover in the space of a single day.

Thursday is my busiest day as it's the day I base myself at one of my schools. As a service we work out of St. Martins Hospital and are responsible for several schools each, usually one secondary school and several primary schools.

School nurses are qualified nurses who hold an additional specialist public health qualification and provide a confidential service to school aged children and young people at college.

When arriving in the morning I had two 13-year-old students to see who had been referred to me by the Eating Disorder team to monitor their weight. I've also already had 2 texts requesting appointments; a 14-year-old with low mood and a 15-year-old old requesting a repeat prescription for her contraception. I meet the 14-year-old to assess her mental health and give her strategies to try and also direct her to websites and apps to combat low mood. Although the current trend in our work is becoming increasingly mental health related my day today covers a wide range of issues.

In my lunchtime drop in clinic a 15-year-old student attended enquiring about chlamydia testing. I had recently given an assembly to year 11 students advertising my contraception and sexual health clinic "Clinic in a Box" and chlamydia screening is part of that service. Being able to offer contraception

.....
Although the current trend in our work is becoming increasingly mental health related my day today covers a wide range of issues."

in schools has been instrumental in reducing the teenage pregnancy rate in B&NES over the last 10 years.

The rest of my day's appointments are with young people with anxiety, stress and low mood giving them strategies to manage their mental health.

We have had to manage the increase in mental health as a service and at the moment offer a classroom based programme to targeted primary schools called FRIENDS. This involves our whole team delivering this package which aims to improve children's emotional resilience.

Finally, long after school has closed I drive to our local youth club to run our monthly outreach sexual health clinic and have fun doing condom demonstrations!

All in all a busy day, but at least I know that as our work supports children and young people from immunisations to individual care each child will have contact with us at least once in their school life. ■



Immunisation session for primary school

Public health outcomes framework and other key indicators

Public health outcomes framework and other key indicators (as at November 2017)

PHOF Reference/ Source	Period	Indicator Description	England	South West	Bath and North East Somerset
Health Improvement					
2.04	2015	Under 18 conceptions (females 15-17, rate per 1,000)	20.8	16.8	11.4
2.06i	2015-16	Prevalence of overweight (including obese) in 4 to 5 year olds	22.1%	21.9%	22.6%
2.06ii	2015-16	Prevalence of overweight (including obese) in 10 to 11 year olds	34.2%	30.3%	27.9%
2.07i	2015-16	Hosp admissions, unintentional and deliberate injuries 0 - 4 years per 10,000	129.6	135.2	159.0
2.07i	2015-16	Hosp admissions, unintentional and deliberate injuries 0 - 14 years per 10,000	104.2	105.0	119.6
ChiMat	2015-16	Hospital admissions as a result of self-harm (10-24 years old)/100,000	430.5	597.8	487.6
ChiMat	2013/14 -2015/16	Hospital admissions for alcohol-related conditions, under 18s per 100,000	37.4	46.8	53.2
2.13i	2015/16	Proportion of physically active adults	64.9%	68.6%	68.5%
2.14	2016	Smoking prevalence in adults	15.5%	13.9%	13.6%
2.03	2016-17	Smoking status at time of delivery	10.7%	11.3%	7.1%
2.15ii	2016	Successful completion of drug treatment - non opiate users	37.1%	35.3%	23.1%
2.20i	2015/16	Cancer screening coverage within three years - breast cancer	75.5%	78.3%	76.1%
2.22iv	2013-14/ 2016-17	Take up of the NHS Health Check Programme – health check take up	48.9%	49.0%	50.2%
Health Protection					
3.03x	2015-16	MMR take-up age 5 (2 doses)	88.2%	90.6%	96.1%
3.03xiv	2016-17	Population vaccination coverage flu aged 65 years and over	70.5%	70.9%	71.4%
3.04	2014-16	People presenting with a late stage HIV infection	40.1%	42.9%	52.9%
Healthcare and premature mortality					
4.04i	2014-16	Under 75 mortality rate from cardiovascular diseases (per 100,000)	73.5	63.4	57.0
4.05i	2014-16	Under 75 mortality rate from cancer (per 100,000)	136.8	128.2	122.2
4.06i	2014-16	Under 75 mortality rate from liver disease (per 100,000)	18.3	14.7	17.5
4.10	2014-16	Suicide rate (per 100,000 population)	9.9	10.8	10.0
4.14i	2015-16	Hip fractures in over 65s (per 100,000)	589	598	534
Inequalities					
0.2lli	2013-15	Slope index of inequality in life expectancy at birth within English local authorities, based on local deprivation deciles within each area (Male)			7.8
0.2lli	2013-15	Slope index of inequality in life expectancy at birth within English local authorities, based on local deprivation deciles within each area (female)			3.6
1.01ii	2014	Children in low income families (under 16s)	20.1%	16.1%	12.4%
1.02i	2015-16	% of Reception Year FSM pupils achieving a 'Good Level of Development'	54.4%	51.3%	41.0%

NB. 1.01ii -indicator no longer produced. 2014 will be the last available outcome

KEY: Significance to comparable England figure

■ Significantly better ■ Not significantly different ■ Significantly worse

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