

Tackling Food Insecurity in B&NES Rising to the Challenge

Bath & North East
Somerset Council

Improving People's Lives

Director of Public Health Report 2023/24



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Introduction

Welcome to my Annual Report 2023/24 for Bath and North East Somerset which shines a spotlight on food insecurity and its damaging consequences, and sets out some of the activity happening to tackle it.

Food security is described by the Food Standards Agency as having access at all times to enough food that is both sufficiently varied and culturally appropriate to sustain an active and healthy lifestyle. The effects of not having access to or being able to consume sufficient quality food can be wide ranging and severe. Babies, children and adults living in food insecure households are more likely to experience slower rates of development (babies and children), poorer mental health, reduced ability to concentrate in education, work and social situations, malnutrition, dental decay, obesity, and in adult life in particular cardiovascular disease, disability, and greater limitations in activities of daily living.

The B&NES Corporate Strategy sets out the priority given by the Council to reducing inequality and supporting vulnerable children and adults. This annual report with a focus on household food insecurity demonstrates the contribution poor access to good food has to perpetuating inequality and affecting outcomes for people. Actions to address food insecurity are therefore a key contribution to delivering the Council's corporate and wider partnership strategies.

In Chapter 1 we look at what access to sufficient quality good food looks like and what the current picture is locally and nationally.

A number of factors can drive food insecurity and these are explored in Chapter 2. Not having enough money coming into the household is the most pressing factor. We also see how adverse life events can exacerbate the impacts of insufficient income.

There has been a significant response in B&NES to food insecurity, with institutions, organisations and communities rising to meet the challenge. In Chapter 3 we look at examples of such work taking place at a local level and hear from those taking action to prevent and reduce the impact of food insecurity. We consider actions that are taking place at three levels: the civic level, service level and community level and find out more about the important role of the Fair Food Alliance in coordinating and progressing this action.

Having recognised what is currently being taken forward to address food insecurity, Chapter 4 of the report sets out a number of wide-ranging recommendations to take action further.

Finally, the report concludes in Chapter 5 looking back at the recommendations made in the previous DPH report and summarising the progress made against them.

My very grateful thanks go to everyone who has contributed to the production of this report: Amy McCullough, Anna Dietrich, Andrew Forsey, Bath Community Kitchen, Bea Symington, Cathy McMahan, Claire Henwood, Claire Davies, Deborah Griffin, Fiona Bell, Grainne Moher, Jill Souter, Joe Prince, Kate Richards, Katy Wilkins, Marcia Burgham, Milly Carmichael, Paul Scott, Ryan Thomas, Sam Gilett, Sarah Heathcote, Sharon Walter, Sonia Swaby and Veronica Kuperman.

And I'm particularly thankful to Kate Richards who led the writing of the report, working closely with Cathy McMahan and Milly Carmichael.

Becky Reynolds,

Director of Public Health and Prevention.

Chapter 1 - An Introduction to Household Food Insecurity

“

Bath may be a rich city attracting tourists from all around the world, but below the surface many of us are struggling to make ends meet.

Oasis Bath Attendee

”



What is Household Food Insecurity?

The [Food Standards Agency](#) describes food security as “having access at all times to enough food that is both sufficiently varied and culturally appropriate to sustain an active and healthy lifestyle”.

Moderate food insecurity or low food security results in households compromising on the quality and variety in their diets. Severe food insecurity or very low food security means that individuals reduce their food intake or disrupt their eating patterns (1).

The experience of food insecurity varies and is not always related to hunger. It may include (2):

- Not having access to preferred, culturally familiar or medically required foods,
- Routinely being unable to afford food,
- Emergency need due to crisis,
- Some members of a household going without to feed others.

The different experiences of food insecurity reflect compromise around different elements of what makes food good. This will be explored in more detail on page 6.

Individual households can suffer from food insecurity even whilst the UK as a whole is food secure (1).

The chronic stress and worry of insecure, insufficient or compromised food supply can be as damaging to health and wellbeing as the impacts of poor nutrition.

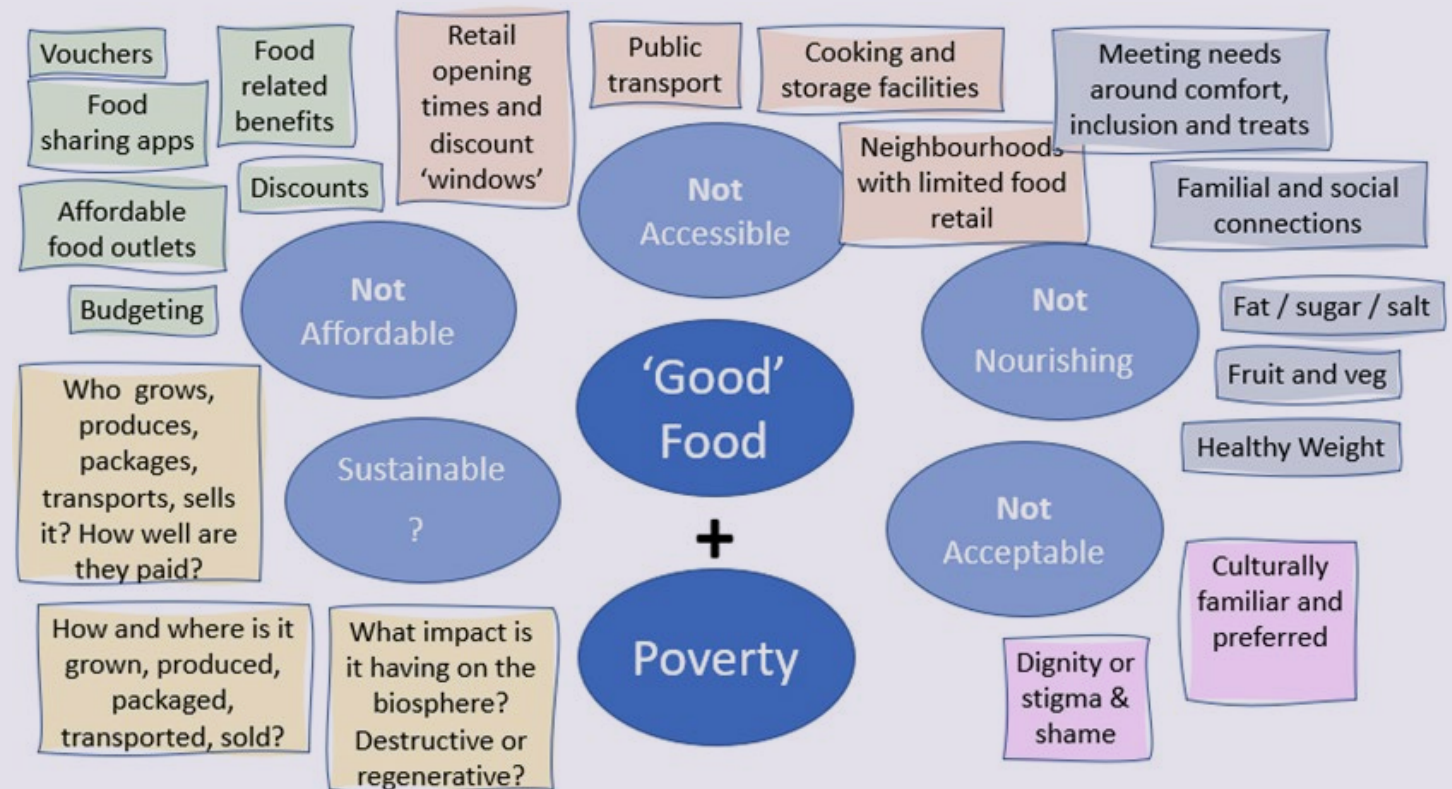


What Does Good Food Look Like?

This diagram describes how good food should be affordable, accessible, nourishing, acceptable and sustainable. It also identifies some of the factors that affect these elements. Whilst the individual experience of food insecurity can vary, it occurs when one of these key elements of good food is compromised.

There can be complex interactions and competition between these elements. What is affordable may not be the most nourishing, and what is sustainable may not be the most accessible. This leads to conflict within this model.

Food insecurity frequently compromises all of the elements of good food to the extent that what is affordable and accessible become the only considerations.



The National Picture

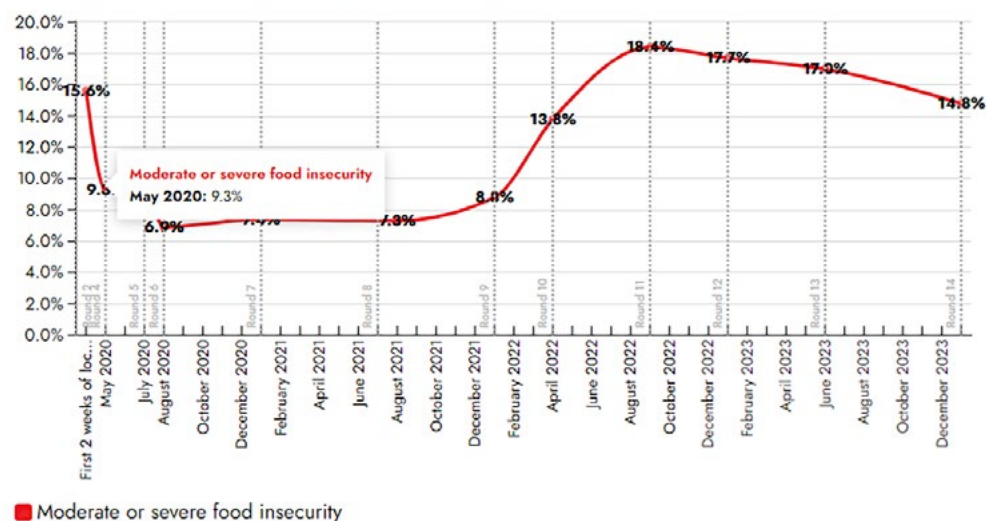
Despite the UK as a whole being relatively food secure, a significant proportion of the population suffer from food insecurity.

The UK Government didn't routinely measure food insecurity until 2019/20 when it was first included in the Department for Work and Pensions Family Resource Survey (3). In 2022/23 10% of households were food insecure and 7% classified as having marginal food security. The Trussell Trust Hunger in the UK Report 2023 noted that **14% of individuals** were going without or cutting back on food due to lack of money in 2021/22 (4). Meanwhile, the Food Foundation reports **14.8% of the population** to be suffering moderate to severe food insecurity (5).

Feeding Britain, a national network of partnerships focusing on prevention and support around food insecurity, have noticed more households than ever before are now accessing affordable food clubs. Official data suggest that as many people report accessing this tier of provision, as report accessing food banks - despite awareness and coverage of the latter being greater.

8 million adults (14.8% of households) experienced food insecurity in January 2024

Percentage of households experiencing food insecurity*:



* 1-month recall period



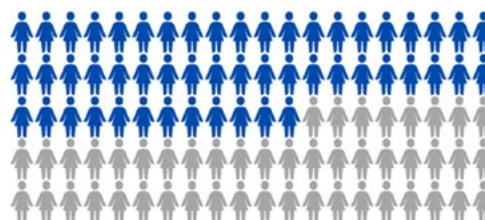
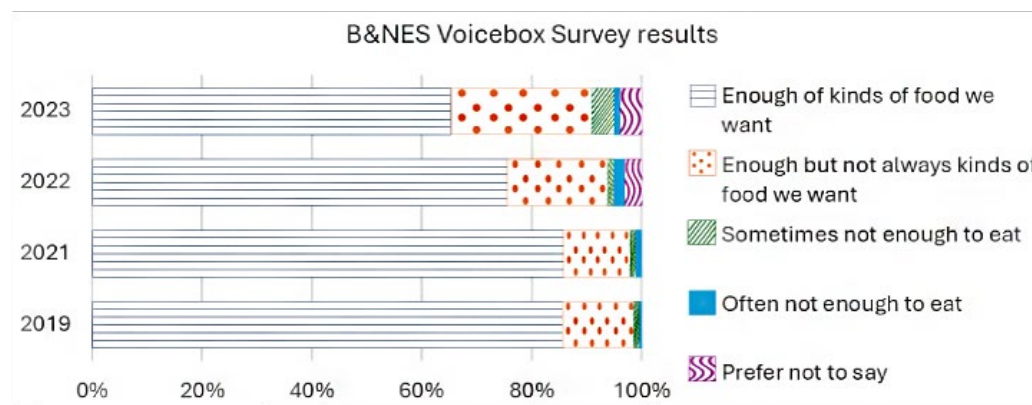
Household Food Insecurity in Bath and North East Somerset (B&NES)

The situation in B&NES reflects the national picture, with rising numbers of individuals seeking support for destitution (the inability to meet the basic needs to keep warm, dry, clean and fed) and food insecurity.

The 2023 Voicebox Survey showed an increase in those who either sometimes or often did not have enough to eat. This increased from 2% in 2021 to 5% in 2023 which although appears small, could equate to more than **8000 residents** experiencing food shortages in late 2023. Meanwhile, there was a further reduction in those who had enough of the kinds of food they wanted from 76% to 66%.

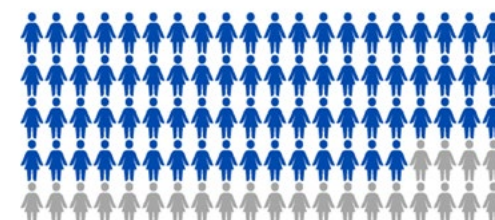
University of Bath research into food insecurity

A questionnaire sent to those receiving pension credits in 2023 found that only 51% were food secure over the last 12 months. Furthermore, 1 in 10 had sometimes or often not had enough to eat, and 23% had no one in the local area that they could depend on (6).



Food secure Pension Credit Recipients: 51%

Pension Credit Survey 2023



Food secure B&NES Residents: 76%

Voicebox 2022

Household Food Insecurity in B&NES

The inability to obtain affordable food locally is reflected in use of affordable food projects. Food bank usage peaked in 2019/2020 prior to the COVID 19 pandemic, with 9935 food parcels distributed that year.

In B&NES we have a strong network of additional affordable food providers. It is now estimated that **4,200 people a week** receive food from affordable food projects. Bath Food Bank are welcoming approximately 50 new households a month who have not previously accessed support. The community charity Oasis Bath notes that they have seen “a significant increase both in the people coming to our pantries who are in work, and in people aged 45 to 65 who are out of work, who feel “stuck” and perceive that there are few opportunities available to them. In addition, the number of people attending with mental health difficulties who are struggling to access support services has increased significantly.”

The repeated and predictable pattern of reduced demand in the first 2 to 3 weeks after cost of living payments followed by increased demand, indicates a clear link between the value of these payments and unmet need. At the same time as increasing demand, foodbanks are seeing a reduction in public contributions at supermarkets due to cost of living pressures, resulting in difficulties in meeting demands.

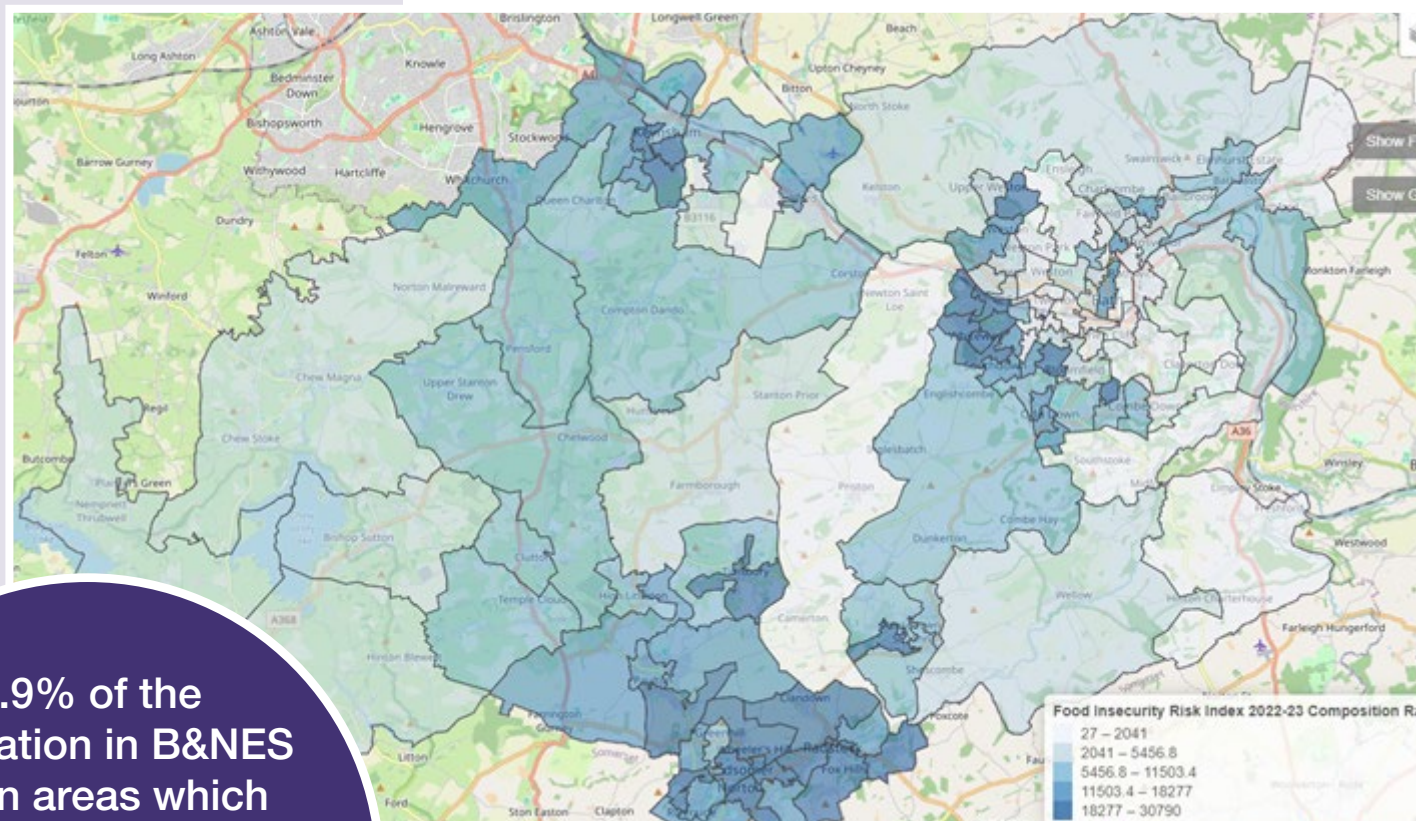
B&NES Food Bank Activity Trussell Trust 2017/8 to 2022/3



Household Food Insecurity in B&NES

The risk of food insecurity will vary between neighbourhoods, with more densely populated areas seeing higher levels of food insecurity. Increased need drives the development of local services, and we see the local community rising to meet these challenges.

Using this [mapping tool](#) from the University of Southampton can help the local system to understand and meet varying need across our local area. The tool estimates the relative rank of food insecurity risk across local areas, with risk being estimated using a number of contributing measures. Areas that are darker in colour on the map, with a higher rank are at higher risk.



3.9% of the population in B&NES live in areas which rank in the 20% at highest risk of food insecurity in England. This equates to 7,611 individuals (7).

The Impacts of Food Insecurity

Food insecurity has an impact on individuals at all stages of life. At all ages there is a reduction in immunity, worse mental and physical health, higher social and health care costs, and worse cognitive function ([8-11](#)).



Pregnancy & Neonatal:

- Depression & stress during pregnancy ([12](#)).
- Changes in weight during pregnancy ([13, 14](#)).
- Impact on feeding, health, and mortality in newborns ([12](#)).



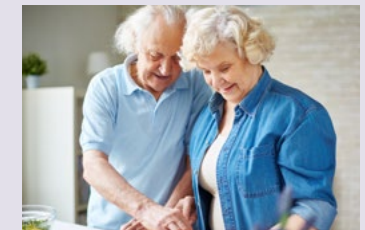
Children:

- Impact on mental health, socialising, and behaviour ([15, 16](#)).
- Effect on concentration and poor child development ([16](#)).
- Impaired glucose tolerance and type 2 diabetes in children and adolescents ([17](#)).
- Dental decay ([18](#)).



Adults:

- Increased chronic disease risk including high blood pressure, cardiovascular disease, and obesity ([19-22](#)).
- Impact on sleep and mental health ([23, 24](#)).
- Three times the rates of disability and long-term health conditions in those attending food banks ([11](#)).



Older adults:

- More vulnerable to effects of malnutrition.
- Limitations in activities of daily living ([19](#)).
- Depression and anxiety ([19](#)).

The Impacts of Food Insecurity

Household impacts of food insecurity

The previous page details some of the impacts of food insecurity on individuals at all ages. This includes the immediate physical effects of hunger and ill health. There are also impacts on the mental health of both adults and children (25-27). Individuals at all ages worry about access to food, fuelling anxiety and depression (25, 27). Seeking out affordable food options also generates feelings of being ashamed and embarrassed (25).

Food insecurity also has a variety of impacts on the household. This includes disrupted eating patterns and changes in family dynamics, for example in parent-child relationships (27). Families may also resort to alternative means of obtaining food such as borrowing money or selling possessions (27).

Societal implications of food insecurity

Food insecurity impairs both adult and child learning (25-27). For children this can include in formal education as well as through access to social activities and other learning opportunities. For example, there may be a decrease in the transfer of knowledge and skills between generations because of disorganised eating patterns (25, 27). There is also a reduction in productivity, alongside an increased need for healthcare (27).

Both children and adults can feel excluded from society and therefore decrease their participation (27). In some situations, despairing criminality may occur, with individuals going against their conscience and morals to obtain food (27).

The consequences of widening inequities, reduced learning and productivity, and societal exclusion prevent social and economic development (27).



Chapter 2 - The Drivers of Household Food Insecurity

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It [The Community Centre] really does help, as a family of 5 we can always make 2 or 3 meals out of what we get for £3.50. The kids love the little treats. We never thought that we would need this but after my husband was ill and needed more heating, we spend £339 each month on electricity and that's the wages all gone.

**The Hive Community
Centre Attendee**

”



The Drivers of Food Insecurity

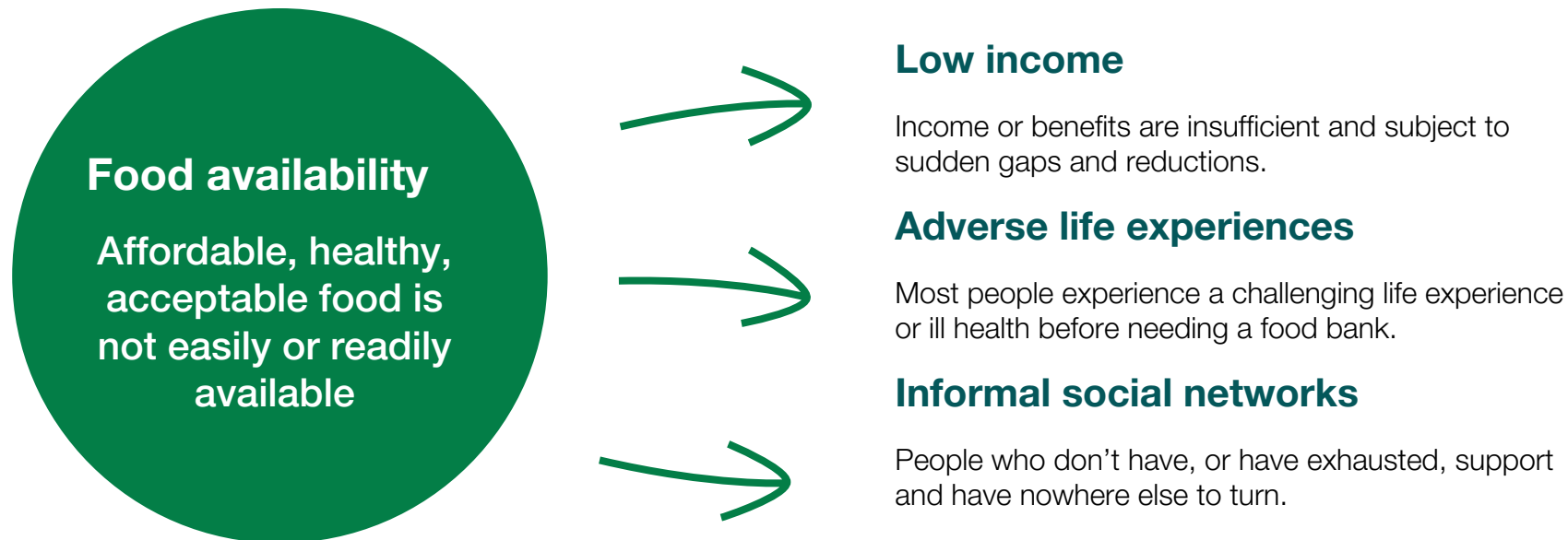
The Trussell Trust [State of Hunger Report](#) identified 3 key drivers of food insecurity, and specifically food bank use (28). These include low income, adverse life experiences and a lack of support.

Of these drivers, low income that does not reliably cover essential outgoings is the most significant and pressing factor.

In addition, affordable, healthy, and acceptable food is not always easily available.

Recent challenges that impact on food security include food price inflation, household incomes not increasing in line with costs, a reduction in surplus food available, and drought and conflict affecting exporting regions.

This chapter will look at each of these factors in more detail.



Low Income

Income is the most significant driver of food bank need (28). In particular, insufficient income from the social security benefits (28). Working age benefits are at a 40-year low and destitution is extending to reach more people and places than before (29). [Almost four million people experienced destitution in 2022](#) (29). This is two-and-a-half times the number of people in 2017, and one million of these were children (29).

Of those referred to food banks in early 2020 (28):



95% were destitute (unable to afford basic needs).



The average income was **13%** of the national average.



86% of households were in receipt of social security.

Food is often considered as a 'squeezable' aspect of household budgets, more so than housing costs. In an area like B&NES, where housing costs are particularly high relative to average salaries, this can increase vulnerability to food insecurity.

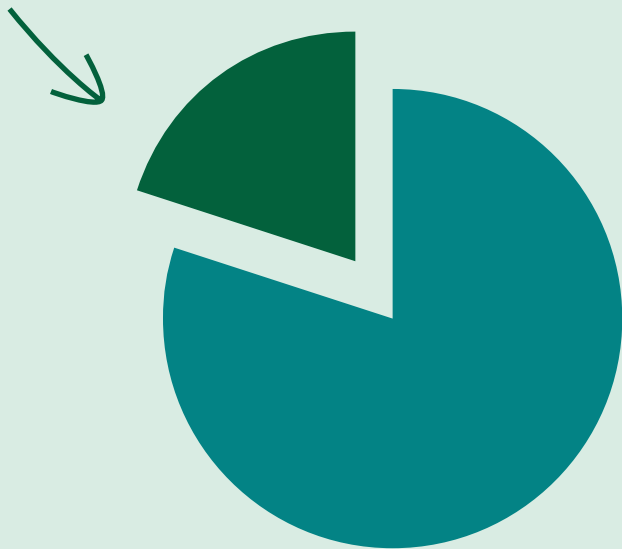
Feeding Britain have noted that both the number and intensity of income-related issues being addressed by on-site advice workers has grown rapidly. Recognising the relationship between poverty and food insecurity has led to projects such as Pathways from Poverty where in conjunction with Citizens Advice, Clean Slate Support Workers were placed inside established food projects. Clean Slate recognises that "food poverty is usually not the only form of poverty that households on a low income are experiencing" and that "placing our services in Food Projects will help reach those individuals otherwise missing out on support."

Poverty can affect groups disproportionately. The [Joseph Rowntree Foundation](#) found that nearly three-quarters of those experiencing destitution are in receipt of social security payments. Those groups disproportionately affected by destitution include working-age adults, those from ethnic minorities, those living with a chronic health problem or disability, and migrants ([29](#)).

Poverty also has a significant impact on children. 17% of children in B&NES state-funded schools were eligible to receive Free School Meals in January 2024 ([30](#)). This is equivalent to just over 4,700 children. Meanwhile, nearly 7,500 children (19.3%) are living in households that meet the threshold for relative poverty after housing costs (2022/23) ([31](#)). It is recognised that nationally a significant proportion of children may be missing out on free school meals despite living in poverty ([32](#)).

Proportion of children living in relative poverty

19.3% = 7,500 children



The B&NES Affordable Schools Programme is a ‘movement’ that seeks to make school an environment in which all children and young people can thrive whatever their family’s financial circumstances. It is an important programme not only for those living in the poorest of circumstances, but for all B&NES families impacted by the rise in cost of living. At its heart is a commitment to work with partners to tackle inequalities, promote healthy places, and support people to live healthier lives ([B&NES Corporate Strategy 2023 to 2027](#)).

Claire Davies, Public Health & Prevention Team



Life Experiences

Food insecurity can be associated with challenging life events. This could be due to life events impacting on income and food security, or because low income and food insecurity have increased the risk of these events. 72% of people referred to food banks in early 2020 had experienced a challenging life event in the previous year (28).

Challenging life experiences can include homelessness, becoming unwell or disabled, substance misuse, bereavement, household separation, eviction, domestic abuse, and offending. Adverse work-related experiences are also included and over one in three individuals referred to a food bank in early 2020 had experienced an adverse work-related event in the previous 12 months (28).

Image from: Brownfield, G. Life happens. Step Change Debt Charity 2019 (33)

Experience of life events amongst the population



The table above shows examples of life events and the number of adults in Great Britain who had experience of these in their household in the last 2 years: Reduced hours of work for 3 or more months 2.5 million, made redundant or became unemployed 4.5 million, new baby or child 2.5 million, became unwell with a chronic condition 4 million, relationship breakdown or divorce over 2.5 million, took on caring responsibilities 2 million, moved home over 6 million, bereavement over 6 million.

Those Affected by Food Insecurity

As with destitution, certain groups are more likely to be affected by food insecurity. Many of these factors relate to individuals' life experiences, for example ill health or adverse work-related experiences.

Food insecurity disproportionately affects households where an individual is disabled, working-age adults particularly if living alone or not currently in paid work, families with children, and those who have experienced structural inequalities (4). Research undertaken by the University of Bath in 2022 into food insecurity in B&NES found that the main local drivers reflected those seen elsewhere in the country; namely low wages, insecure employment, problems with the benefits system, and health issues (34).

The Trussell Trust also found that there were some differences between those groups who report higher risk of food insecurity and those who attend food banks, including for ethnic minority groups, people who are informal carers and those who identify as LGBTQ+ (4).

Recognising the complex lives of those attending affordable food projects, many organisations would like to expand their offer. Oasis Bath already host mental health services and addiction support groups alongside their food pantries and the Hive Community Centre would like to be able to offer mental health support.

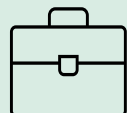
Groups disproportionately affected by food insecurity



Member of household living with disability.



Families with children.



Working-age adult.



Those experiencing structural inequalities: ethnic minorities, women, people who are LGBTQ+, those who have ever applied for asylum, care leavers.

Informal Social Networks

Informal social networks can make the difference between people being able to access the essentials and going without (28). They can, therefore, make a significant difference to the need for free and affordable food support.

Research undertaken by the University of Bath in 2023 with a focus on older people demonstrated the importance of social networks (6). Factors found to support individuals in this study included neighbours and communities, church, lunch clubs, coffee mornings and community cafes, foodbanks and pantries, and meals on wheels.

Whilst they can be protective, good social networks alone cannot remove the risk of food insecurity and the need for adequate income. They are also fragile and can be easily disrupted or overwhelmed (28), for example by life events.

In the same way that affordable food projects provide support to manage finances and partner with mental health support services, many projects that respond to food insecurity also provide an opportunity for companionship and to build social networks.

“ Our warm space project, Oasis Living Room, has run for two winters, and feedback from those attending is that they come primarily for a shared meal and companionship – social isolation has increased particularly since Covid.

Oasis Bath

”



Food Availability

The food environment has a significant impact on the way we eat. The affordability, availability and appeal of food affects our ability to eat healthily and sustainably (18).

The [Food Foundation](#) found healthy foods to be over twice as expensive per calorie as less healthy foods. The most deprived fifth of the population would have to spend **50%** of their disposable income on food to meet the Government recommendations for a healthy diet. This is significantly more than the 11% the least deprived fifth of the population would need to spend. It is therefore not surprising that those on low income consume 37% less fruit and vegetables, 54% less oily fish and 17% less dietary fibre than the least deprived fifth of the population (18).

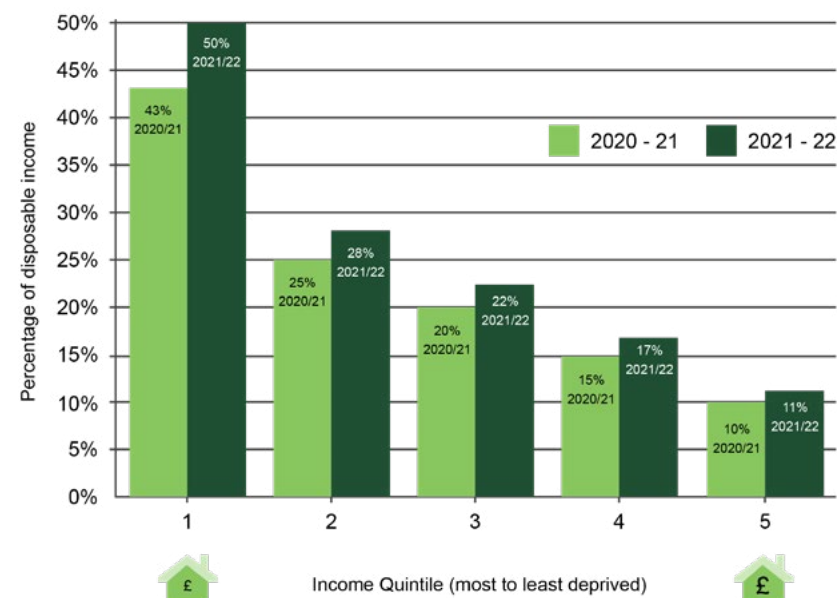


Crop Drop coordinates the redistribution of fruit and vegetables from bountiful allotments and growers, linking allotments and food projects within the same area to help strengthen communities and minimise the food miles of allotment produce.

Fiona Bell, Crop Drop

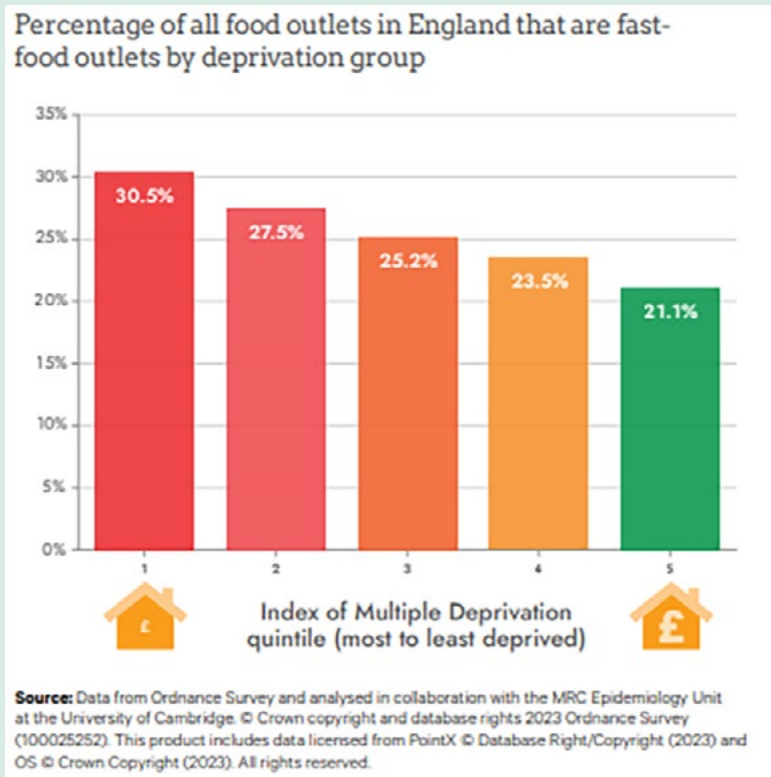


Percentage of disposable income required to afford the Eatwell Guide by income quintile



Source: FoodDB, University of Oxford, London School of Hygiene & Tropical Medicine secondary analysis of the Family Resources Survey 2021-22

The purchase of healthy food is also strongly influenced by availability of quality nutritious food, the nearby food retail offer and marketing and advertising (18). For example, fast food outlets are more prevalent where average income is lower. The location of fast-food outlets has been identified in the development of the B&NES Local Plan.



“

Grow Timsbury is a small volunteer organisation working to promote and enable local growing. One of our core aims is to develop a community growing space, accessible for all and creating a focus for sustainability through growing healthy, low cost, low carbon food.

We run a monthly outdoor village market. This promotes and supports local growing, providing an outlet for local producers, offering high quality and affordable produce whilst helping us to build awareness of Grow Timsbury.

Deborah, Grow Timsbury

”

Chapter 3 - Action on Household Food Insecurity

“

At Three Ways School we have developed close links with our local food bank providers to support and signpost families as needed.

Our open-door policy means families feel confident in asking for support. Working with local allotment projects also means we take a community approach to food with lots of healthy options in our Food Technology lessons.

Three Ways School

”



Acting Across the System

Bath and North East Somerset has a wide range of food insecurity-related activity ranging from emergency food provision to community-led growing enterprises. This activity is strengthened and co-ordinated by the B&NES Fair Food Alliance. Combatting food insecurity requires action at different points in our local system.

The Population Intervention Triangle was developed by the Health Inequalities National Support Team whilst working to reduce health inequalities (35). It focuses on a place rather than on individual problems and looks at what is required to produce measurable change. It describes how actions can occur at three points within the local system:

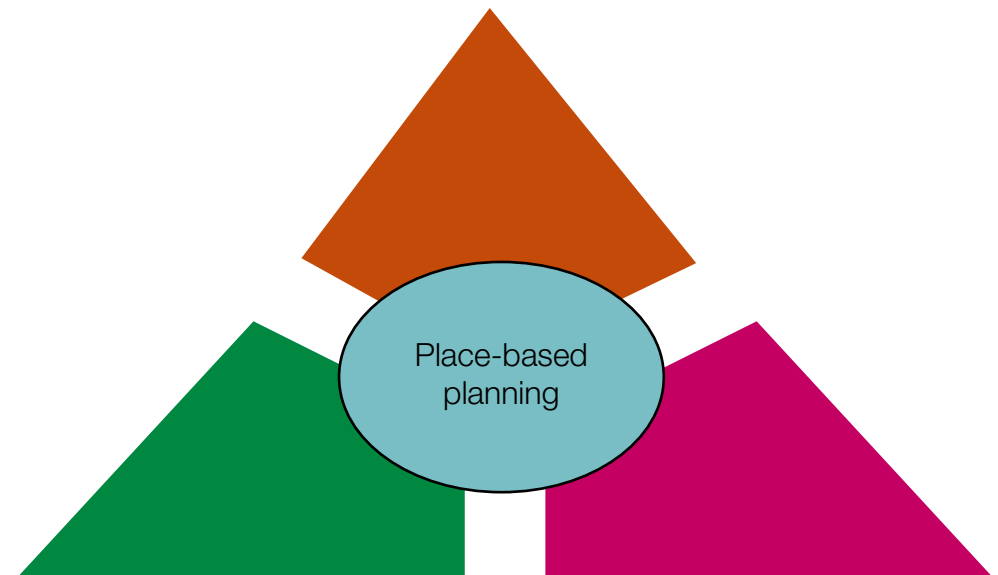
- Civic-level interventions
- Service-based interventions
- Community-centred interventions

Place-based planning

Civic-level Interventions: Includes policy and strategy development eg. B&NES Economic Strategy development, St John's Foundation, the Joint Health and Wellbeing Strategy.

Service-based Interventions: Providing high quality services, for example access to affordable schools, free school meals and Healthy Start vouchers.

Community-centred Interventions: The work of local groups and the community voice e.g. third sector member projects of the Affordable Food Network.



Civic-Level Interventions

Bath & North East Somerset Council has a wide range of civic functions. Alongside the Council, partner organisations like St John's Foundation are also working at a civic level to drive systemic change. Together with others, these organisations form the partnerships which are critical in tackling some of the causes of food insecurity.

Giving People a Bigger Say

The Corporate Strategy has an overarching purpose to improve people's lives in B&NES. One of its core policies is giving people a bigger say. A commitment is also made in the Economic Strategy to working in partnership to address challenges, and to make it easier for local organisations and residents to communicate with the Council and influence what happens. Listening to individuals and communities and working with them to build stronger places, is echoed in the Joint Health and Wellbeing Strategy, the B&NES Swindon and Wiltshire Integrated Care Strategy and the development of the Local Plan. Working in this way helps us to better understand how we can work with local residents to tackle food insecurity and builds capacity in local communities, promoting long term resilience. The University of Sheffield describes this as part of the transition to self-organisation and community-led action in their Food Ladders Approach (36).

A Sustainable Future

Since declaring a climate emergency in 2019 and an ecological emergency in 2020, the Council has been building on its work to tackle the climate and ecological emergency. The aim is to lead the way in building a sustainable future and this is reflected in the Corporate and Economic Strategies, in the development of the Local Plan, and through the Joint Health and Wellbeing Strategy's focus on sustainable places. This links to the upcoming Food Strategy that will develop a plan to access sufficient, safe, and nutritious food that will support food security for all. Achieving food security is crucial both at a district level to increase resilience to global climate and political challenges, and at household level, so that 'good' food is accessible and affordable for everyone.



Economic Development

The development of a sustainable economy and the provision of good quality work is fundamental in providing the right environment to combat food insecurity. The Corporate Strategy aims to achieve this through its principle of a resilient sustainable economy, and its priorities around good jobs and skills to thrive. The Local Plan also recognises sustainable economic development and the provision of the right jobs as part of its central aims. B&NES Council will be working collaboratively with BSW ICB colleagues and other partners to better understand the local work and health support offer, with the aim of improving support for people with long term conditions to start, stay in and return to work. This is part of the Government's Work Well programme.

Within the Economic Strategy there is a focus on achieving an economy that can support food security. This includes promoting place-based strengths to drive economic growth and on rural businesses that have links to land, landscape and our strong agriculture base, presenting opportunities for sustainable rural and eco-tourism, food security, horticultural development and AgriTech innovation. Finally, the Joint Health & Wellbeing Strategy recognises the importance of skills, good work and employment and the need for this to be fair and inclusive. Through this commitment, it promotes a pathway to health that tackles food insecurity.

St John's Foundation

Alongside the work of the local authority, St John's Foundation has shifted its focus. More funding now goes on efforts to create systemic change and improve infrastructure to meet existing need. "Supporting the Health Improvement Officer role in B&NES Public Health team helps St John's to address one of our key Foundation Fund manifesto areas: improving access to nutritious food. And vitally it helps support the three areas of systemic change, infrastructure support and meeting existing need. Since operating in the food security area, a shift in focus from emergency food support to longer-term sustainable planning has been seen."

Fareshare South West

Tackling food insecurity and the climate emergency, Fareshare South West forms part of the UK's largest food charity. They creatively utilise quality surplus food, that would otherwise be wasted, and redistribute it to over 400 charities, schools and community groups across the South West. In 2021, this was enough for over 4.8 million meals.

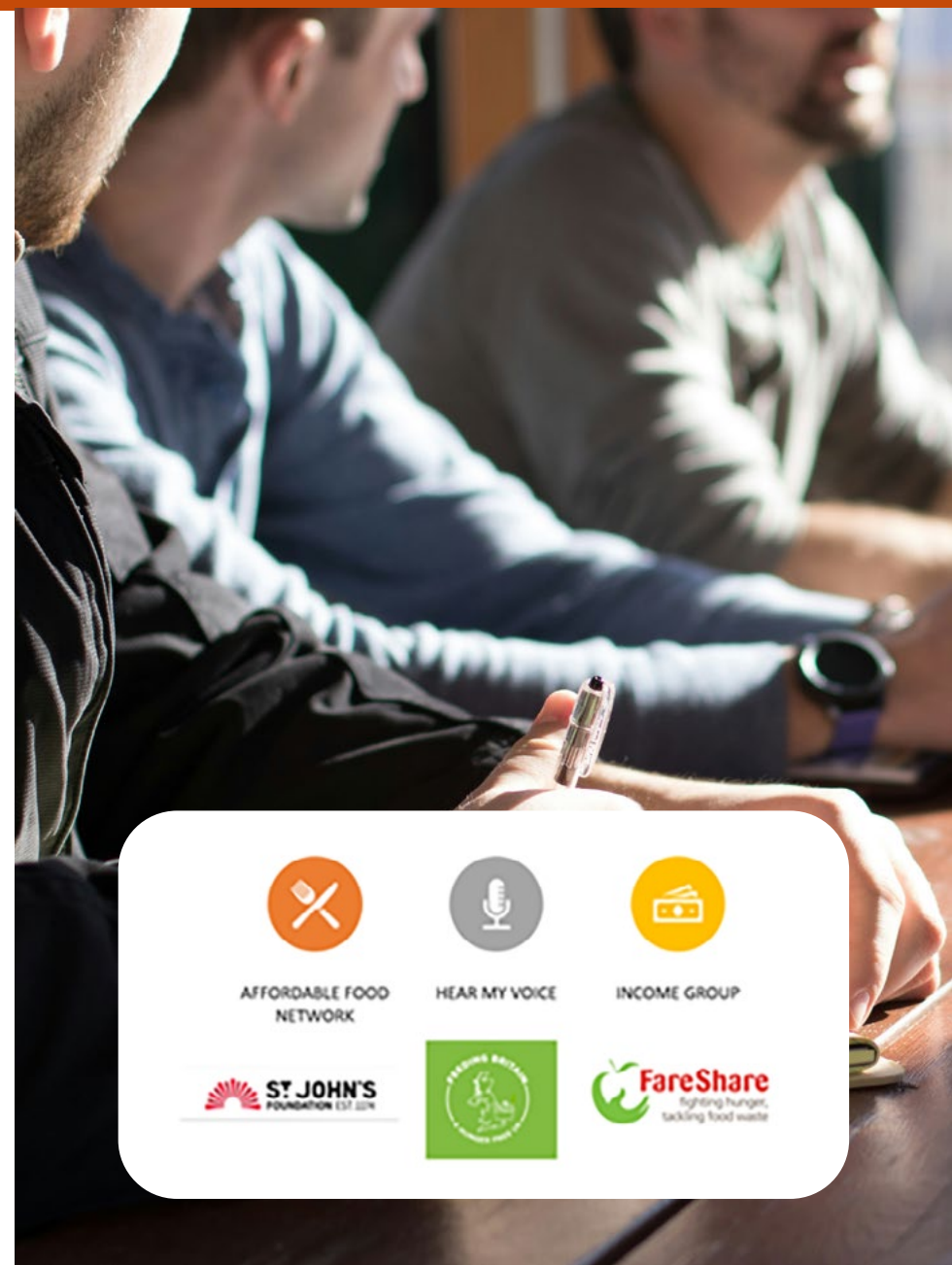


The Fair Food Alliance

The Fair Food Alliance supports the coordinated work of B&NES Council, organisations like St John's Foundation, and a wide range of partner organisations. Its aim is to eliminate the need for crisis food intervention and significantly reduce the number of people living with all degrees of food insecurity. Membership includes local, regional and national charities, who have a focus on food insecurity and financial wellbeing, as well as Council departments, including welfare support, public health, youth services, business and skills, and children's services. The Alliance works closely with the University of Bath to ensure that the voice of those with lived experience of food insecurity is heard.

The Alliance adopts the Food Ladders approach and aims to move away from crisis support towards more sustainable solutions, with a focus on building resilience within individuals and communities, and on building relationships, support networks and longer term solutions (36). It works through three task groups which focus on affordable food, income maximisation and hearing the voice of those with lived experience of food insecurity. The Affordable Food Network brings together providers of affordable food and wraparound support across B&NES. It is a collaborative and mutually supportive network that shares good practice and enables referrals between members to best meet customers' and members' needs. The Income Maximisation Group focuses on co-ordination and ensuring that benefits are widely promoted and that mechanisms to improve household incomes such as employment support, skills development and energy efficiency schemes are available.

The Fair Food Alliance has produced [the B&NES Food Equity Action Plan 2022-2025](#) to support its work.



AFFORDABLE FOOD
NETWORK



HEAR MY VOICE



INCOME GROUP



Service-Level Interventions

Achieving change across a population requires services that are effective and accessible, and which reach those who are in greatest need.

Those experiencing financial insecurity are supported by the Council Welfare Team and Citizens Advice B&NES. In 2022/23 the local Citizens Advice supported 4,874 new clients and in 2023/24 the Council Welfare Team supported 3,668 individuals, compared to 2,265 in 2019.

The Council's Welfare Support team have been key to distributing financial support to families and individuals using the Household Support Fund since its introduction in 2020. This has meant that all B&NES children who qualify for free school meals are currently supported financially throughout the school holidays, fuel vouchers are available for those struggling with energy payments, cash payments can be made for residents in crisis, and supermarket vouchers have helped those struggling to afford the weekly shop. The demand for food support has risen year on year since 2021.

The Community Wellbeing Hub provides a central place to access a range of services. It offers a holistic response to support health and wellbeing needs including advice on housing, money, benefits and the cost of living, employment, achieving a healthy weight and accessing affordable food.

The Healthy Start Scheme provides women who are pregnant or have young children, and who are receiving benefits with vouchers to support the purchase of healthy food, milk and vitamins. Uptake of this scheme in B&NES is 77%, which means that 202 eligible recipients are not accessing the scheme ([37](#)).



Pathways from Poverty

Clean Slate was funded under the Pathways from Poverty Project to deliver face to face and remote support to individuals on a low income. Clean Slate Support Workers were placed inside established food projects. Certain client groups had not been accessing services in the same way as they had prior to the pandemic, and it was felt that digital exclusion may be one reason for this. Placing services in food projects helped to reach those individuals otherwise missing out on support. Further funding has been secured to continue this work.

Anna Dietrich, Clean Slate



Using funding from the Department for Education B&NES Council has commissioned the Holiday Activities and Food programme. This programme provides an opportunity for children who are eligible for benefit-related free school meals 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. ”
(Quote from 2022 Director of Public Health report)

Alongside the Holiday Activities and Food programme, B&NES Council are working to engage more local schools in the Affordable Schools Programme, to make school an environment in which all children can thrive. Almost half of B&NES state schools have engaged with the programme at some level. This has the potential to impact upon the health and wellbeing of 15,951 children and young people. Of these 2,832 are from families in receipt of benefit related free school meals with untold numbers above this low threshold also experiencing financial hardship and food insecurity.

“ The Affordable Schools Programme has helped to focus our minds on any school event or practice that could cost parents money. We have relentlessly ensured that it is very clear in our communications to parents that payments are voluntary. This applies to the vast majority of times when we are asking for contributions. ”

**Warrick Barton, Headteacher,
Pensford Primary School**



Community-Level Interventions

Grow Timsbury

We run a monthly outdoor village market including a pop-up café from April to November. We are looking into the potential to expand to include a monthly 'Share & Repair' café. In 2023, we ran 6 monthly markets from May to October. These markets attracted 150-220 people per market, providing opportunities for 13 local growers and producers and improved sustainability links, for example between coffee van owners and plant stall holders. The markets facilitate access to high quality produce at competitive prices and provide a social focus.

Deborah, Grow Timsbury

“At the Timsbury market you can get pretty much all the food essentials you need. There is quality produce at competitive prices, so it’s possible to buy the ingredients to make nutritious food with ‘treats’ as the bonus, rather than, with other markets, these being the focus. I will be attending again due to the quality of the produce and the friendly atmosphere”.

Midsomer Norton resident

The Hive, Peasedown St John

The Hive provides a community fridge whose volunteers collected nearly 1000kg of food last month and made it freely available to anyone in the community. The food goes very quickly and very little is thrown away. There is also the Hive pantry, a low-cost food club whose membership has trebled to over 30 in 18 months with more on the waiting list. Our members especially value fresh fruit and veg - food that is expensive in the local shops. Any profit is used to supplement our Fareshare 'take' with fresh fruit and veg and store cupboard staples

Jill, Hive Community Centre

“It's amazing, a real lifeline...anything could be available each week.”

“It's life-changing.”



Oasis Bath

Oasis exists to build strong, inclusive communities that work together to fight inequality and create opportunity for all.

Here in Bath, we have primarily focused on direct delivery on food insecurity, firstly through holiday hunger projects, then through low-cost food pantries. That immediate, fundamental need for food creates a pathway to provide links to other local services, and we work collaboratively with local organisations to ensure that people receive professional support for change across a number of areas of life. We also host mental health support services and addiction support groups.

Claire Henwood, Oasis Bath



Bath Community Kitchen

Bath Community Kitchen uses free communal meals and cookery workshops to improve people's physical and mental wellbeing in and around Bath. We believe cooking and sharing food are powerful therapeutic and educational tools to improve people's lives which should be available to all. We aim to utilise surplus food from local supermarkets and suppliers, which would have otherwise gone to landfill. Serving more than 200 guests each month.

Bath Community Kitchen

"I have not been to a restaurant for a long time, I felt like it was restaurant quality, like a treat for us rather than just food. A highlight of my week, very nice food and good company."

Guest, Bath Community Kitchen



Bath Ethnic Minority Senior Citizens Association (BEMSCA)

BEMSCA manage a daycare offer at Fairfield House. The main users are the elderly, but rough sleepers and those on low income are also supported with meals and food packages. Funding was also received to open a Warm Space from December to March. This allows for members to prepare meals and enjoy eating together.

We appreciate the food and non-food items that we receive including those from Fareshare. Where we are not able to use items, we pass them on to other groups. We work closely with other groups who provide food outside of our day care hub such as Genesis and Weston Food Hub.

Ideally, we would like to provide more ethnic food items. We have individuals from many different cultures attend Fairfield House. We try to meet the cultural food needs of our members. However, this often means sourcing food from Bristol, for example Halal meat, yam and plantain, which comes at a cost.

**Ryan Thomas & Sonia Swaby,
BEMSCA**

Bath Foodbank

Bath Foodbank provides crisis food support and access to further support to people with little or no money to buy food. The issues that people face can be more complicated than just being able to afford food. For many the problems go much deeper. Our partnership with Citizens Advice and Clean Slate, funded by The Trussell Trust, ensures all those visiting the foodbank centres can access support and advice, helping them towards no longer needing emergency food support. This funded support provides in-person and online support. In addition, we offer referrals to other support services, aiming for a positive outcome.

Grainne Moher, Bath Foodbank



Chapter 4 - Looking Forward

“

Our hope for the future is that through systemic change and campaigning there is less need for food handouts, and so policies are in place to reduce the burden on philanthropic funding.

St John's Foundation

”

CHANGE

An Affordable B&NES

The food that we access needs to meet the multiple needs outlined in the Good Food model. A small but critical number of people will be compromising on the quantity of food they consume, affecting their calorie intake. Here there is a significant impact of poverty and inequalities. A larger number will be compromising on quality and choice, affecting their nutritional intake and short and long-term health. More still will be unable to partake fully in the social aspects of food, including having abundance to share with others, the ability to eat out, to celebrate and having the skills to cook and grow food. How we grow and access food is also an important influence on the health of the biosphere.

Considering the various needs that food must meet for our community to thrive can assist us in identifying actions to reduce food insecurity and ensuring that everyone in B&NES has access to the nutritious food that they need to sustain a healthy and active lifestyle while protecting the environment and promoting sustainability.

The Fair Food Alliance sees reducing food insecurity as part of a cultural shift towards a more affordable B&NES, including improving availability of sustainable healthy local food, poverty proofing the school day, improving access to household goods, enhancing local travel and improving challenges around services and utilities. This will be supported by the development of a Food Strategy.

This aim is supported by organisations like Feeding Britain and St John's Foundation. Feeding Britain is currently lobbying for:

- The extension of free school meal eligibility,
- Opt-out and automatic enrolment for key means-tested benefits, and
- The "essentials guarantee" to guide the value of Universal Credit.

St John's hope for the future is that through systemic change and campaigning there is less need for food handouts, and policies are in place to reduce the burden on philanthropic funding.

Meanwhile local organisations will continue to look for support for funding and navigating local processes. Many would also like to continue to expand their services, for example Bath Community Kitchen would like to reach more communities and the Hive Community Centre to expand their offer to users to include benefits advice and mental health support.



Recommendations

1 Work effectively through the structure of the Fair Food Alliance to review and fulfil the ambitions of the Food Equity Action Plan and to broaden engagement.

2 Raise awareness and recognition of and embed food security within the Children & Young People's Plan.

3 All partners to support progress on upstream determinants of food insecurity through advocating for action on the universal credit essentials offer, widening criteria for free school meals and opt-out for key benefits.

4 Take forward the conversation with system partners about the development of a local food strategy for B&NES that contributes to addressing household food insecurity, as committed to in the B&NES Economic Strategy 2024-2034.

Chapter 5 - Reflecting on Previous Recommendations



COULD GET OUR TAGINE + HERBS + COUS COUS + Pumpkin seeds
MORRISONS HERBS + PEAS + ALMONDS
SPICED YOGHURT + SP. YOGHURT

DESSERT

BANANA CAKE (WE GET A LOT OF BROWN BANANAS!) TOFFEE SAUCE, WHIPPED CREAM AND EADES SURPLUS FIGS

- CAKE ✓
- TOFFEE SAUCE
- FIGS

MUSKATDOORN

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.

Prevent and protect

Safer behaviours

We have continued to encourage behaviours which help to prevent Covid-19 and the spread of other infections i.e. maintaining good handwashing.

Covid-19 vaccination

We have worked with NHS England and BSW Integrated Care Board (ICB) to provide outreach vaccination clinics aimed at under-represented groups and low uptake areas.

Community resilience

We have built upon the community resilience achieved during the pandemic; where communities harnessed resources to help prepare for, respond to, and recover from Covid-19. Working with other agencies, third sector partners and communities we held a Community Resilience Day in September 2023 to share good practice. The Community Wellbeing Hub, which was set up to support residents to self-isolate during the pandemic, is now in its fifth year of delivery and has broadened its scope to be a front door for community support.

Addressing inequalities

Covid outbreak management fund (COMF) funding was used to support projects and partners addressing inequalities, and we are working with BSW ICB on a programme for third sector organisations to address health inequalities.



Respond: Situation & outbreak management

Support to high-risk settings

We have provided infection and prevention control support to a range of settings including care homes and educational settings.

Communicable Disease Planning & Management

By working with other agencies we have reviewed our communicable disease plan, provided training, developed our workforce, tested plans, and helped to prevent the spread of infection during outbreaks.

Communications and engagement

Local campaigns

We have used our communication networks to run health protection campaigns on Covid-19 vaccination, safer behaviours and other emerging threats to health e.g. national measles incident and the importance of Measles, Mumps & Rubella (MMR) vaccination.

Listen to and work with communities

We have listened to communities and extended our outreach vaccination approach to incorporate other health and wellbeing services e.g. health checks, NHS screening programmes. We have surveyed parents/carers to understand how they'd wish to receive invites for immunisation appointments e.g. by letter, email, or text message.

Surveillance & monitoring

Use of national, regional and system-wide data

We have worked with other agencies to continue to monitor communicable diseases, environmental hazards, emerging threats to health and immunisations.

Local gathering of intelligence

We have used insights from the above work to improve health protection in B&NES.



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).

Tackling poverty

The Family Support and Play Service offers Family Food and Play Hubs, providing a healthy meal, play and peer support. Local Children's Centres support families living in poverty through access to IT, school uniform, food, and welfare support. The Community Wellbeing Hub's 'Food pod' element continues to provide holistic support to families, including access to healthy food and cooking skills. Families with school aged children are also supported through the Affordable Schools Programme and Holiday Activities and Food programme. For families with younger children the B&NES Infant Feeding Strategy group have developed an infant feeding crisis pathway to ensure access to infant formula in financial crisis.

Improving children and young people's emotional and mental health

The Children's Centre Services support parents and children aged 0 to 5 with emotional health. Perinatal support is offered through trauma-counselling, creative therapeutic groups and Bumps and Babies. Support is offered to children experiencing emotional challenges or distress through 1:1 and group work for example the Family Links programme, Incredible Years and Theraplay. Counselling and coaching for parents forms part of the Family Support and Play Service's offer. The Targeted Youth Support (TYS) Service has facilitated a young women's wellbeing group, as well as additional one to one support. Mentoring Plus provide a volunteer mentoring service and other activities which improve emotional wellbeing. The school nurse service provides access to confidential advice and support via text message and drop-in sessions.

Narrowing the gap

Access to employment for young people is supported through the proactive work of the Targeted Youth Support Service and Family Support and Play Service. Support in developing skills for employability is provided through Mentoring Plus and the Family Food and Play Hubs, and for parents through the Bright Start Children's Centre services. Work is also undertaken to narrow the educational attainment gap by supporting early years development. Children's Centre Services follow a clear Early Childhood Services pathway and provide access to support around speech and language, communication, relationships, and recognising additional needs. Family Nurses in B&NES are also working with young mothers to improve their child's development and school readiness as well as their own self-efficacy and return to employment, education or training. Finally, programmes are also in place to reduce inequalities associated with oral health.



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.

The Local Plan

Addressing inequalities has formed an integral part of the development of the Local Plan. The consultation process has reached out to those from seldom heard groups including those with physical disabilities, from minority ethnic groups, older people, those from a lower socio-economic backgrounds and disadvantaged families with young children. This assists in forming options that can help everyone in B&NES to live a better and healthier life. Consultation with system partners will continue to inform the content of the plan.

The proposed policy options for the Local Plan include examples that will help to target inequalities and improve health, for example through encouraging workplace training, the requirement for health impact assessments for large scale developments and restricting hot food takeaways within close proximity to schools.

The Economic Strategy

The B&NES Cabinet have adopted a new Economic Strategy which sets out a clear vision for a more sustainable local economy. The nature of this strategy is to address many of the deep-rooted inequalities within the authority area. The majority of the six pillars look to address these issues and bring them more firmly into the core working of the council. The implementation of this should result in many positives relating to the council's wider work around inequalities, sustainability, cost savings and a move towards innovation and supporting tourism and businesses.

The Economic Strategy includes targeted actions to support employment opportunities for individuals with protected characteristics. The strategy also contains actions set out to positively impact those from socio-economically disadvantaged backgrounds.

The Strategy takes a holistic approach looking beyond Gross Value Added (GVA) to ensuring that we are making decisions and interventions based around people and planet.



4. Update and implement the B&NES Health and Wellbeing Strategy, ensuring it has a strong focus on addressing inequalities.

The B&NES [Joint Health and Wellbeing Strategy](#) (JHWS) 2023 to 30 was published in 2023 using our [Strategic Evidence Base](#) and through consultation with local people and organisations. The strategy aims to improve the health and wellbeing of all residents in B&NES and reduce inequalities by focusing action on four priority areas:

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

A robust process for monitoring implementation of the B&NES JHWS has been developed, ensuring that the underpinning principle of addressing inequalities is achieved through delivery. Monitoring includes reports from partners. Biannual exception reporting on delivery of the implementation plan facilitates identification of areas of potential concern and where there has been exceptionally positive progress. Development sessions with the Health and Wellbeing Board (HWB) facilitate deeper scrutiny into priority theme areas and cross cutting themes ensure a strong focus on addressing inequalities. In addition, an annual review of a Priority Indicator Set provides a context to consider how health and wellbeing is improving and inequalities are reducing for the population of B&NES.



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.

Embedding prevention and addressing inequalities are golden threads through plans and strategies in B&NES and across our wider BSW Integrated Care Partnership (ICP). Achieving fairer health and wellbeing outcomes is a strategic priority in the [BSW Integrated Care System Strategy](#) and reducing inequalities is a central pillar of the [B&NES Integrated Care Alliance \(ICA\) Implementation Plan](#). The [BSW Inequality Strategy](#) aims to address inequalities across the life course including healthcare inequalities through the NHS [Core20Plus5](#) priorities.

B&NES Health Inequalities Network

The B&NES Health Inequalities Network was established in May 2023. One post is hosted within the B&NES public health team, one at the Royal United Hospital (RUH) NHS Trust and two Health Inequalities and Population Health Management (PHM) Facilitators within Banes Enhanced Medical Services (BEMS), a GP Federation not-for-profit organisation. The Network has a key remit to embed joined up work on prevention and ensure health inequalities is everyone's business.

As an example, the Health Inequalities Lead at the RUH is working to ensure that consideration of health inequalities and prevention is embedded across all services. The focus is on data utilisation, service planning and patient pathways and the role of the RUH as an anchor institution.

Current initiatives at RUH include:

- Treating Tobacco Dependency for in-patients; due to launch June 2024.
- Digital Inclusion Pilot (aim to reduce digital exclusion amongst in-patients; due to launch June 2024).
- Strengthening link between the Trust and the Community Wellbeing Hub to increase the number of referrals.
- Launch of a health inequalities training and awareness campaign.
- Development of a wellbeing portal to support active wait/waiting well.

The PHM facilitators work with Primary Care Networks (PCNs) to bring together knowledge of communities with supporting PHM intelligence to deliver action on health inequalities and prevention. The evidence-based work is critical to inform and support activity across primary care, community-based care, secondary care and third sector partners.

This approach has enabled us to establish a robust process for identifying health inequalities and population needs and to target ICB health inequalities funding. A range of initiatives have been delivered to have impact closest to our communities.

6. All partners of the Health and Wellbeing Board, the Integrated Care Alliance, and the Future Ambition 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.

A wide range of work has happened in B&NES to improve health and reduce inequalities.

The **B&NES Health and Wellbeing Board** published an [Implementation Plan](#) for its **Joint Health and Wellbeing Strategy**. Tackling inequalities is a cross cutting theme of this strategy. The Board received its [first report on progress](#) in February 2024 which showed that most actions are being delivered as planned and highlighted some issues where further attention is needed.

The **Integrated Care Alliance** (ICA) oversaw and delivered a variety of work across Bath and North East Somerset. This includes the [Community Wellbeing Hub](#) which provides a central place for people to access services to improve their health and wellbeing. The Community Wellbeing Hub is a collaboration between Bath & North East Somerset Council, HCRG Care Group, ICB, many third sector organisations and provides services on issues such as finances, food, housing and carer support. The ICA also provided oversight for allocation of some funds from NHS England for projects to tackle health inequalities. The funds went to a number of local services, many from the third sector and all either working in our areas of greater deprivation or with groups facing higher risks of exclusion and poor health. Linked with this is work that has been happening within the Council, Primary Care and Royal United Hospital.

The **Future Ambition Board** has been leading an Opportunities for All network focused on lifelong learning, improving skills, and tackling inequality. It has also been facilitating partnership work between some of the biggest local public organisations including Bath & North East Somerset Council, Bath Spa University, the Royal United Hospitals and the University of Bath.

An overarching indicator used to monitor the health and wellbeing of the population is the gap in life expectancy between the most and least deprived parts of the district. Latest data shows that the gap in life expectancy has narrowed in recent years for both males and females in B&NES, and this will be due to many factors.



Indicators

Public health outcomes framework and other key indicators (as of May 2024)

General Key:

Better 95% (B)

Similar (S)

Worse 95% (W)

Recent trend Key:

Could not be calculated (CNC)

No significant change (NSC)

Increasing/Getting worse (IGW)

Increasing/Getting better (IGB)

Decreasing/Getting worse (DGW)

Decreasing/Getting better (DGB)

Health Improvement

Period	Indicator Description	England	South West	B&NES	Recent trend
2021	Under 18 conceptions (rate per 1,000)	13.1	11.1 (B)	8.7 (B)	CNC
2022/23	Reception: Prevalence of overweight (including obesity) (4 to 5 yrs)	21.3%	20.5% (B)	19.3% (S)	NSC
2022/23	Percentage of adults (aged 18 plus) classified as overweight or obese	64.0%	62.5% (B)	53.2% (B)	NSC
2022/23	Hospital admissions caused by unintentional and deliberate injuries in children (aged 0-14 years), crude rate per 10,000	75.3	80.7 (W)	80.5 (S)	DGB
2022/23	Hospital Admissions as a result of self-harm (10 to 24 years), DSR - per 100,000	319.0	511.6 (W)	515.1 (W)	NSC
2018/19-20/21	Admission episodes for alcohol-specific conditions - under 18's crude rate per 100,000	29.9	46.9 (W)	79.7 (W)	CNC
2022/23	Percentage of physically active adults (i)	67.1%	71.7% (B)	80.5% (B)	CNC
2022	Smoking Prevalence among adults in routine and manual occupations (aged 18 to 64) - current smokers (APS)	22.5%	21.0% (S)	28.4% (S)	CNC
2022/23	Smoking status at time of delivery	8.8%	9.2% (W)	7.7% (S)	NSC
2022	Successful completion of alcohol treatment	35.1%	35.1% (S)	44.5% (B)	IGB
2020-22	Deaths from drug misuse, DSR - per 100,000	5.2	5.7 (W)	6.3 (S)	CNC
2023	Cancer screening coverage - breast cancer	66.2%	70.4% (B)	70.7% (B)	DGW
2023	Cancer screening coverage - cervical cancer (aged 25 to 49 years old)	65.8%	70.5% (B)	69.2% (B)	DGW
2018/19-22/23	Cumulative percentage of the eligible population aged 40 to 74 who received an NHS Health Check	27.4%	20.1% (W)	39.3% (B)	CNC

Healthcare and Premature Mortality

Period	Indicator Description	England	South West	B&NES	Recent trend
2022	Under 75 mortality rate from all circulatory diseases (DSR - per 100,000), 1 year range	77.8	66.4 (B)	48.5 (B)	NSC
2022	Under 75 mortality rate from cancer (DSR - per 1000,000), 1 year range	122.4	116.5 (B)	106.8 (S)	NSC
2022	Under 75 mortality rate from liver disease (DSR - per 100,000), 1 year range	21.4	17.8 (B)	20.3 (S)	NSC
2020-22	Suicide rate (DSR - per 100,000 population)	10.3	11.9 (W)	8.8 (S)	NSC
2022/23	Hip fractures in people aged 65 and over (DSR - per 100,000 population)	558	547 (S)	476 (B)	NSC
2021/22	Percentage of 5 year olds with experience of visually obvious dental decay	23.7%	19.1% (B)	10.3% (B)	CNC

Inequalities

Period	Indicator Description	England	South West	B&NES	Recent trend
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	CNC
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	CNC
2022/23	Gap in the employment rate between those with a long-term health condition and the overall employment rate	N/A	9.0%	12.0%	CNC
2021/22	% of children living in poverty (after housing cost). Taken from End Child Poverty campaign 2022	30.8%	26.9%	19.0%	CNC
2022/23	School Readiness: the percentage of children with free school meal status achieving a good level of development at the end of reception	51.6%	47.5% (W)	36.4% (W)	CNC

Wider Factors that Shape Health (Wider Determinants of Health)

Period	Indicator Description	England	South West	B&NES	Recent trend
2021	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	CNC
2022/23	Percentage of people in employment	75.7	78.4% (B)	75.4% (S)	NSC

Health Protection Key:

Achieving target

Around target

Not achieving target

Health Protection

Period	Indicator Description	England	South West	B&NES	Recent trend
2022/23	Population vaccination coverage - MMR for two doses (5 years old) Benchmarking against goal: <90%, 90 to 95%, ≥95%	84.5% (A)	90.0% (A)	93.3% (T)	NSC
2022/23	Population vaccination coverage - Flu (aged 65 years and over) Benchmarking against goal: <75%, ≥75%	79.9% (B)	83.5% (B)	85.1% (B)	IGB
2020-22	HIV late diagnosis in people first diagnosed with HIV in the UK Benchmarking against goal: <25%, 25 to 50%, ≥50%	43.3% (T)	49.0% (T)	100.0% (A)	CNC

Glossary

Activities of daily living: Term used to collectively describe the ability to independently care for oneself.

AgriTech innovation: Innovation in the area of the application of technology to farming.

B&NES (Bath and North East Somerset): Our geographical area (a unitary authority) with Bath and North East Somerset Council providing local government functions.

BMI (Body Mass Index): A calculation which divides a person's weight in kilograms by their height in metres squared.

Cardiovascular disease: A disease which affects the heart or blood vessels.

Chronic disease: A health condition which is persistent or long lasting.

Civic functions: Functions of the Council.

[Core20Plus5 priorities](#): An NHS England approach to reduce health inequalities. The core 20 is the most deprived 20% of the population. The plus are those groups identified locally as experiencing worst health outcomes in addition to the core 20. The 5 refers to 5 areas of clinical focus.

Cost of living payments: Additional cash payments made to recipients of certain benefits between 2022 and 2024.

Cost of living pressures: The pressure resulting from a fall in disposable incomes adjusted for inflation, taxes, and benefits in the UK since late 2021.

Digital exclusion: When a section of the population has unequal access or opportunity to use IT that is required for participation in society.

DSR: directly standardised rate is a statistical calculation for allowing comparison between different populations.

Disability: The experience of any condition which makes it more difficult for a person to do certain activities or have equitable access in society.

Despairing criminality: Crime linked to despair, usually caused by poverty, trauma, or discrimination.

Disposable income: Amount of money a person has left after paying their taxes.

Educational attainment gap: A gap in educational achievement between groups of students.

Food banks: Non-profit charitable organisations that distribute food to those who have difficulties purchasing it.

Food clubs: Collective name for projects that offer food at a fraction of its retail value, for example social supermarkets and food pantries.

Food pantry: A food club where a subscription is paid and then members can select from the food available.

Health checks: Assessments of a person's overall health to identify if they are at higher risk of disease, usually referring to NHS health checks offered between 40 and 74 years.

Health impact assessment: An approach to looking at the effects of a project on health.

High blood pressure: Generally considered to be a blood pressure of higher than 140/90mmHg when taken in a healthcare setting, or higher than 135/85mmHg when taken at home.

Horticultural development: Developing skills in growing and using plants.

Immunity: The immune system's way of protecting the body against infection.

Inequity: Lack of fairness or justice.

Impaired glucose tolerance: Blood glucose (sugar) is raised above normal levels but not high enough for a diagnosis of diabetes.

LGBTQ+: Lesbian, gay, bisexual, transgender, queer or questioning and more.

Malnutrition: Deficiencies, excesses, or imbalances in a person's intake of energy and/or nutrients.

Mortality: Death.

Obesity: In adults is defined as living with a BMI greater than or equal to 30kg/m². In children is defined as a BMI greater than or equal to the 95th centile.

Philanthropic funding: Where money is given charitably by individuals or businesses to benefit others.

Policy: A set of ideas, a statement of intent or a plan for action adopted or proposed by an organisation.

Poverty: Where people lack resources required to make it possible to meet their basic needs.

Relative poverty: Individuals whose income is below 60% of median incomes.

Social security safety net: The non-contributory assistance which aims to improve the lives of individuals who may be experiencing poverty.

Strategy: A plan of action to achieve a long-term or overall aim.

Structural inequalities: Disparities in wealth, resources and other outcomes that result from discriminatory practices of institutions.

Third sector: Non-governmental, non-profit, values-based organisations.

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