Strategic Evidence Base for Bath and North East Somerset

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Bath & North East Somerset Council

Improving People's Lives

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Introduction

The Strategic Evidence Base is a summary of information and evidence about Bath and North East Somerset to help inform local decision making.

It is designed to meet the following requirements:

- Outline key facts, figures and outcomes to promote transparency and promote increased use of evidence in strategic decision making.
- Meet the legal requirement to produce a “Joint Strategic Needs Assessment” to inform the Health and Wellbeing Strategy, requirements of the Integrated Care System and to support the development of an overarching commissioning strategy for Social Care.
- Provide a narrative summary of key facts and figures to accompany the annual statement of financial accounts and refreshed Corporate Strategy.
- Provide subject area specific content relating to contextual safeguarding needs of children and young people to inform local strategic and operational planning
- Provide an evidence base for a renewed Local Plan and economic strategy
- Provide a strategic evidence narrative for Bath and North East Somerset Economic Renewal Board to inform practical delivery of the emerging vision for the local area.

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Upcoming Content and Gaps

The Strategic Evidence Base is an evolving product. Content is updated when new information comes to light.

The following content is currently planned to be developed/refreshed:

- Population Projections
- Poverty
- Housing Conditions Survey
- Planning Policy: New Core Strategy Evidence
- Mortality (Cancer types)
- Heritage
- Evidence base for HMO Licensing

The following are currently known gaps:

- Health System Data:
  - Population health analytics
  - Service demand and pressures
- Digital Inclusion
- Active Travel and Travel Times
- Young Carers
- Domestic Abuse
- Tourism and Visitor Economy
- Environmental Nuisance
- Regeneration
- Community Assets

If you can support to help fill these gaps, contact: research@bathnes.gov.uk

Population and Demography

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Improving People's Lives

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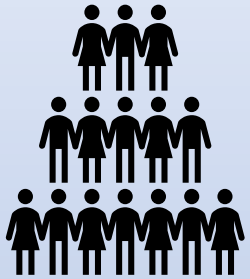
Population and Demography Summary

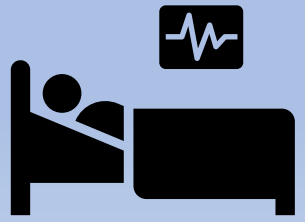


Population

- In 2022 the population of B&NES was estimated to be **195,618**, a 10% increase since 2012.
- This growth is not a result of natural change, but rather **inward migration**, largely students from across England and Wales.
- The shape of the population is largely driven by the **high number of university students** attending the two campus-based universities in the area.
- International net migration is at its highest level since at least 2012.
- Since 2012 the gap between births and deaths in B&NES has been narrowing, even showing some signs of a **natural decrease** in several years.

Demographics

- There is a general shift away from people getting married or entering into a civil partnership, a trend reflected nationally. This is especially true of younger adults.
- In the 2021 Census, **86%** of people in B&NES identified their ethnic background within the White British category, compared with 90% in 2011 and the area has become **more diverse** since 2011.
- Fewer residents identify themselves as 'disabled and limited a lot' in 2021 compared to a decade ago.
- **85%** of residents reported their general health as 'good' or 'very good' in 2021, higher than national rates.
- **~15,000** residents reported providing some level of unpaid care in 2021, down from ~17,500 in 2011.



Ageing and life expectancy

- We have an **ageing population** – whilst the working age population (15-64) is projected to increase by 7% by 2028, the 65+ population is projected to increase by 15% over the same period.
- Whilst life expectancy in B&NES is higher than national averages (85 for women and 80 for men in 2020), we are also seeing the national trend of a **slowing of improvements in life expectancy** in B&NES.
- There are geographical inequalities in life expectancy in B&NES, with the difference between the wards with the highest and lowest life expectancy being **10 for females and 7 for males**.
- Healthy life expectancy figures show that although females live longer than males in B&NES, most of that additional time is **spent in poor health**.

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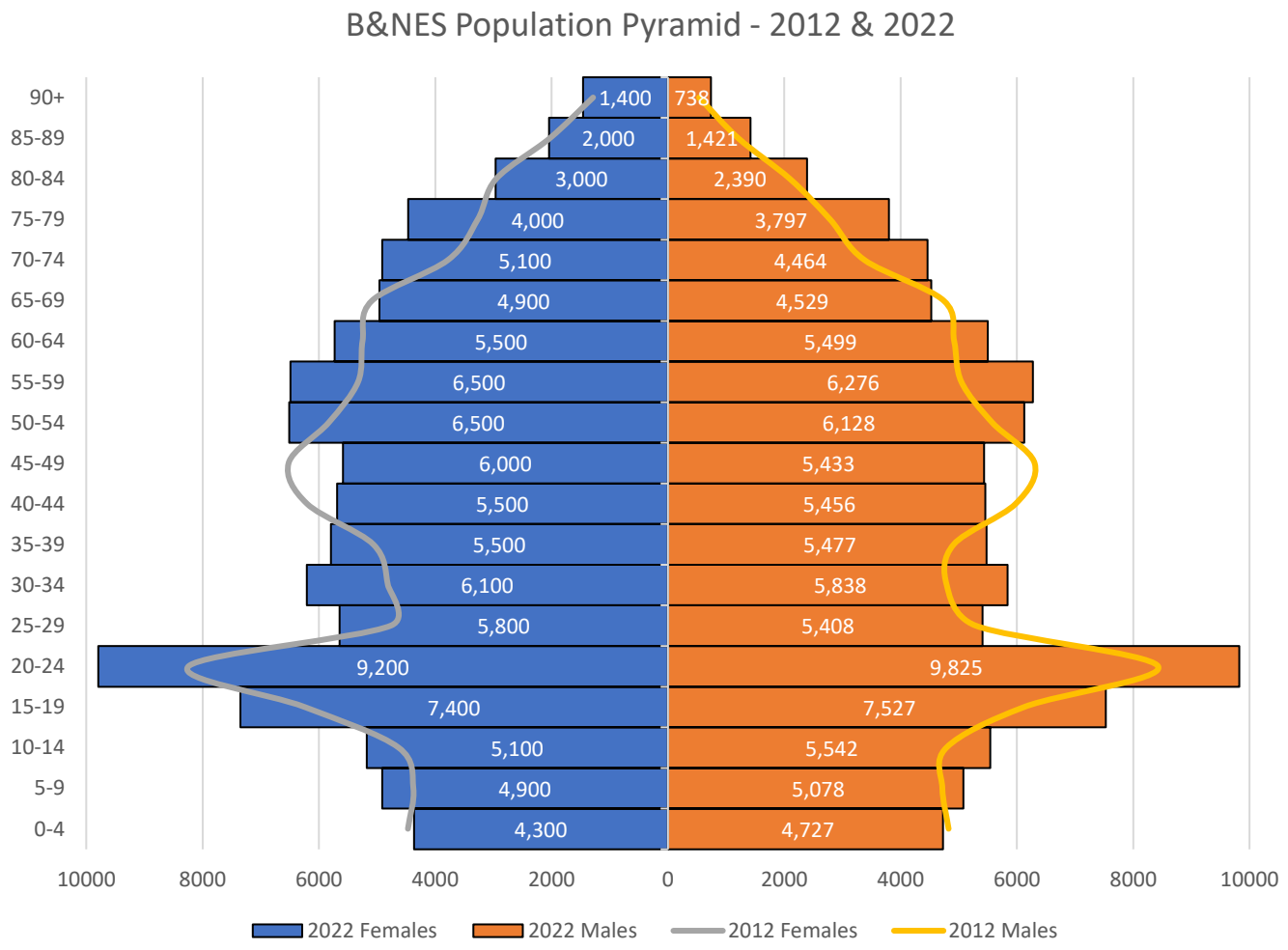
Population: Overview



Source: ONS (2022), *Mid-year population estimates*

- **In 2022, the population of B&NES was estimated to be 195,618, a 10% increase since 2012 estimates (176,598)**
  - This increase is higher than the overall increase for England (7%) and the South West (8%).
  - As of 2022, B&NES was the 8th most densely populated LA in the South West, with a population density of 566 residents per sq km.
  - Since 2012, there has been a **15% increase** in people **aged 65 years and over** in B&NES, lower than the national increase of 18%. We have also seen an **increase of 10% in people aged 15-64** years and **an increase of 7% in children under 15 years**.
- The shape of the population is largely driven by the high number of university students attending the two campus-based universities in the area.
- Click **here** to see an interactive population dashboard for B&NES based on 2022 mid-year estimates.

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Population: 10-year change by age group

B&NES 10-year population change and national comparison (2012 – 2022)

	B&NES				England
Age	Mid 2012	Mid 2022	Change	% Change	% Change
0 to 4	9,295	9,091	- 204	-2.2%	-9.4%
5 to 9	9,094	9,991	897	9.9%	8.3%
10 to 14	9,421	10,721	1300	13.8%	16.5%
15 to 19	12,380	14,878	2498	20.2%	0.3%
20 to 24	16,668	19,620	2952	17.7%	-5.0%
25 to 29	10,054	11,052	998	9.9%	2.0%
30 to 34	9,606	12,045	2439	25.4%	10.3%
35 to 39	9,978	11,270	1292	12.9%	12.2%
40 to 44	12,182	11,146	-1036	-8.5%	-4.4%
45 to 49	12,825	11,019	-1806	-14.1%	-11.4%
50 to 54	11,405	12,640	1235	10.8%	9.6%
55 to 59	10,372	12,767	2395	23.1%	26.2%
60 to 64	10,172	11,229	1057	10.4%	12.3%
65 to 69	9,828	9,488	-340	-3.5%	1.3%
70 to 74	7,160	9,376	2216	30.9%	29.6%
75 to 79	6,056	8,266	2210	36.5%	34.2%
80 to 84	5,045	5,356	311	6.2%	11.9%
85 to 89	3,236	3,465	229	7.1%	15.8%
90+	1,821	2,198	377	20.7%	18.9%

>10% increase
decrease

Source: ONS (2022), *Mid-year population estimates*

- The population in B&NES has increased by nearly 10% since 2012. However, this change is not evenly represented across age groups.
- We have seen large increases in those **aged 15 to 24** (38%) compared to an overall reduction in this age group in the national figures. This reflects the growth in the student population in B&NES over a 10 year period.
- There has been a notable reduction in the **40-49 age group**, at a larger scale than seen nationally (23% compared to 16%).
- Whilst we have seen large increases in the **70-79 age group**, this is similar to the change seen at the national level and reflects an ageing population.
- Increases in the **80-89 age group** have been notably lower than the national figures (13% compared to 28%).

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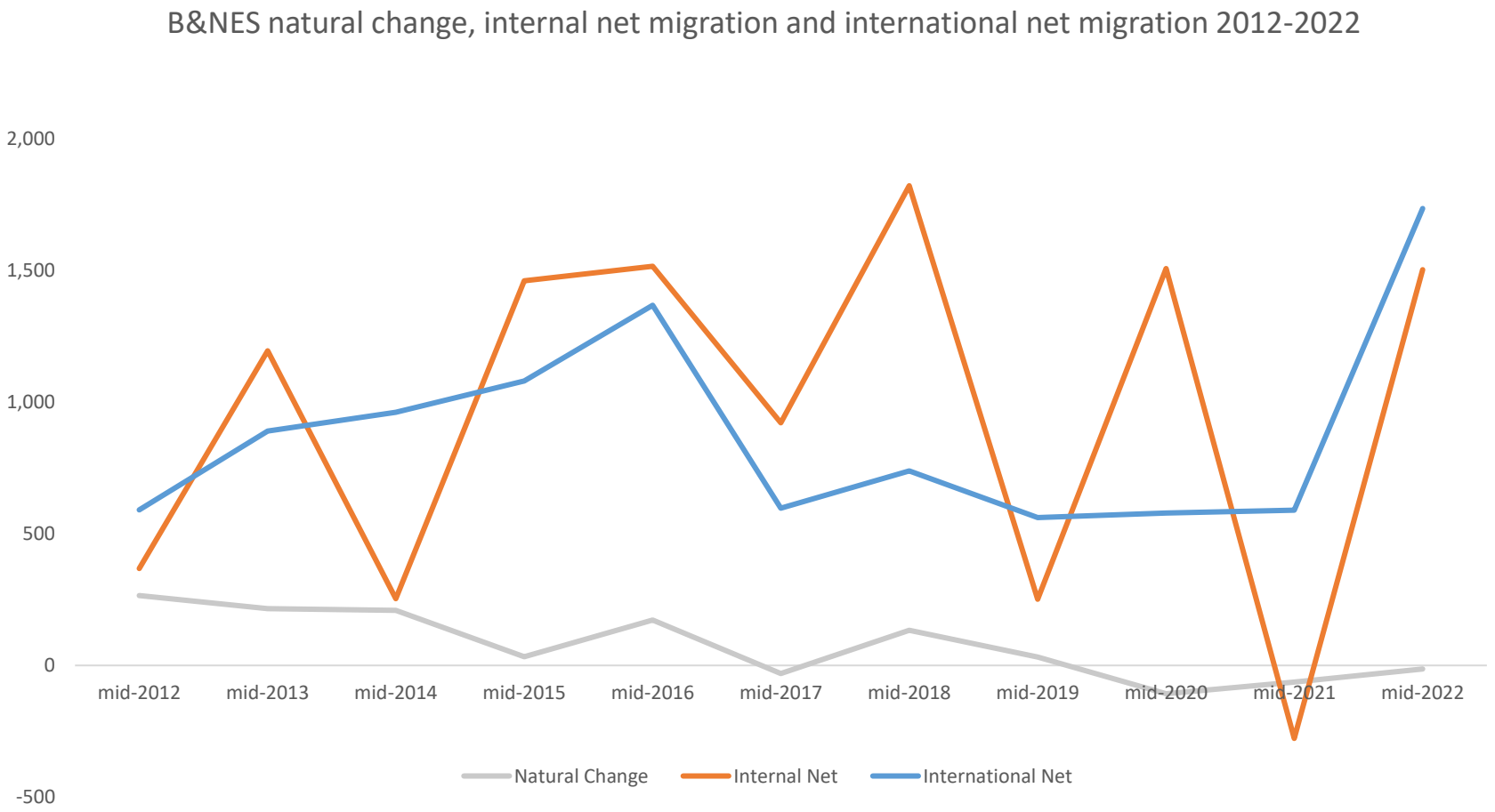
Population: Components of change 1



- From 2012 to 2022, **natural change** in B&NES (births – deaths) has been on an overall downward trajectory, from 265 more births than deaths in 2012, to 13 fewer in 2022.
- Further details on natural population decrease can be found **here**.
- The population increase can be attributed to **net national and international migration** into the area;
  - Mid 2018 was the peak for **net internal migration** (1,821).
  - Mid 2022 was the peak for **net international migration** (1,734).

	mid-2012	mid-2013	mid-2014	mid-2015	mid-2016	mid-2017	mid-2018	mid-2019	mid-2020	mid-2021	mid-2022	Total change 2012-2022
Natural Change	265	216	209	33	173	-30	134	32	-107	-63	-13	849
Internal Net	368	1,194	253	1,460	1,515	921	1,821	251	1,506	-277	1,502	10,514
International Net	591	890	961	1,080	1,367	597	738	561	579	589	1,734	9,687

Source: ONS (2022), *Mid-year population estimates*

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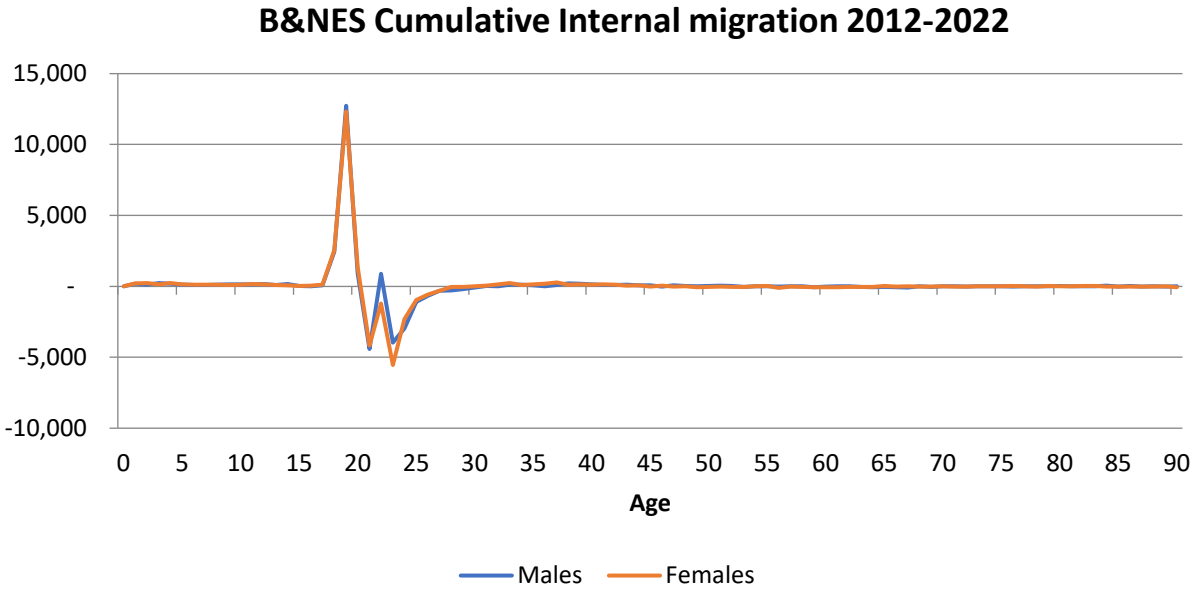
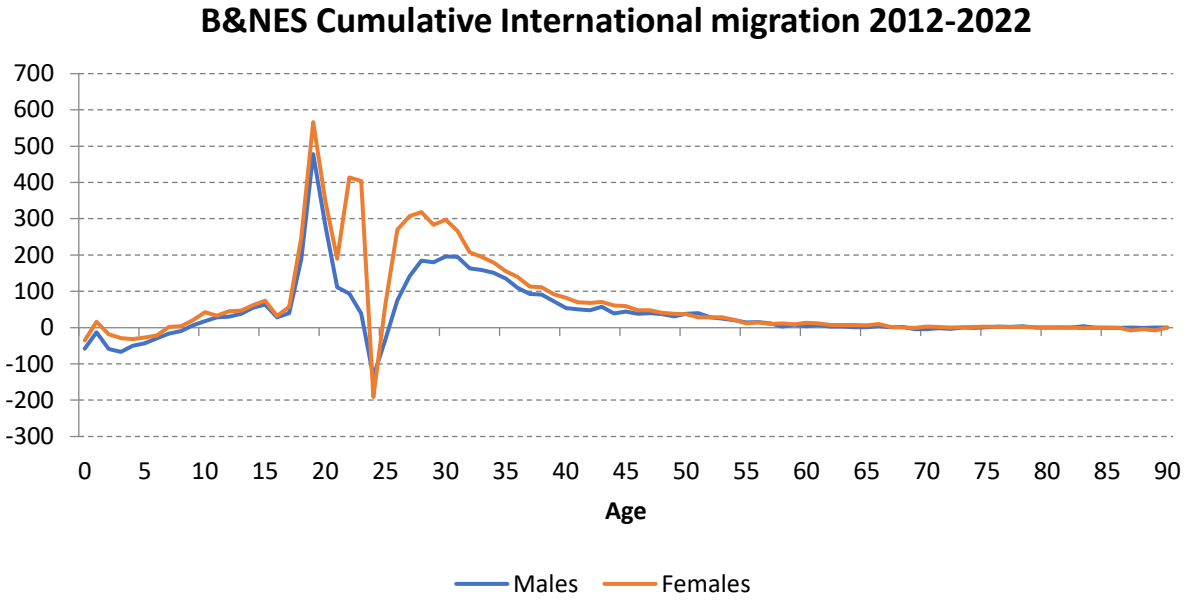
Population: Components of change 2





- From 2012 to 2022, internal migration into B&NES has been dominated by the high influx of 19 year old's, consistent with the high number of students in the area and the two campus-based universities.
- Also notable is the outflow of those in their early to mid 20's, consistent with new graduates leaving university and moving away.
- Note that 'internal' relates to England and Wales.

- From 2012 to 2022, international migration into B&NES has seen a very similar pattern to internal migration (albeit with a wider age spread from 18 to 23) and a sharp drop in those aged 24.
- Unlike internal migration, there is also a notable influx of international migrants in their mid 20's, tapering off after 40, with a larger number of females than males.
- This suggests that while International migration is also largely characterised by students, there is a notable young working age cohort migrating into the area.

Source: ONS (2022), *Mid-year population estimates*

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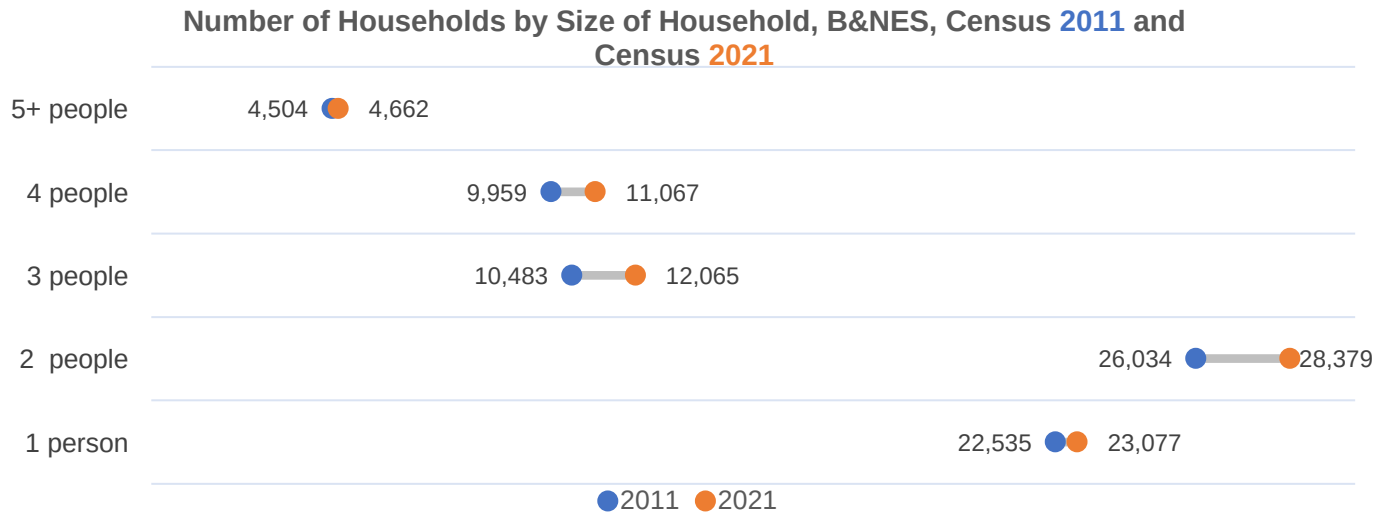
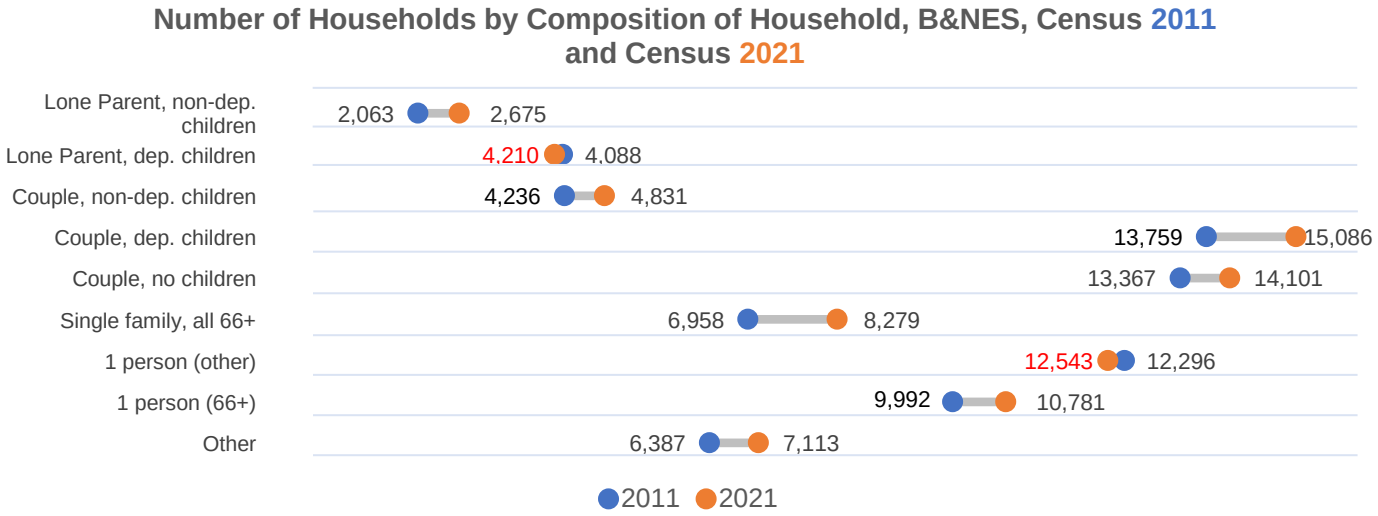
Households





Notes: Numbers in red indicate decreases between 2011 and 2021.

'Other' category of household composition includes: (i) '*other, including all full-time students and all aged 66 years and over*'; (ii) '*other household types: with dependent children*'; and (iii) '*single family household: other single family household: other family composition*'.

- In March 2021, **185,438** usual residents of B&NES had their usual place of residence in **households (96%)**, the remainder (~7,970 | 4%) had their usual residence in communal establishments.
- There were **79,250 households** in **B&NES** on Census Day 2021; the number of households **increased by 5,735 since 2011 (8% increase)**, when there were 73,515 households. This represents **higher growth** compared to England & Wales (6%).
- **Almost two-thirds** of **households** in B&NES are **made up of one or two person** households. **Two, three and four people households** have all **grown faster** in B&NES in the decade to 2021 compared to the growth in all households (9%, 15% and 11% respectively).
- **Couple households with dependent children**, as well as **households where all occupants are aged 66 and over**, have **increased the most** in **B&NES** during the decade up to 2021, increasing by 1,327 and 1,321 respectively.
- **Single person (age under 66)** and **lone parent households with dependent children** have **fallen** in the decade up to 2021 in B&NES, to 12,543 and 4,210 respectively. **All other household types** have **increased** in number during this period.

Data Note: A household is defined as:(i) one person living alone; **or** (ii) a group of people (not necessarily related) living at the same address who share cooking facilities and share a living room or sitting room, or dining area (includes sheltered accommodation units in establishments and caravans on any type of site that is a usual residence).

Sources: ONS (2022), *Household and resident characteristics, England and Wales: Census 2021*, and NOMIS (for 2011).

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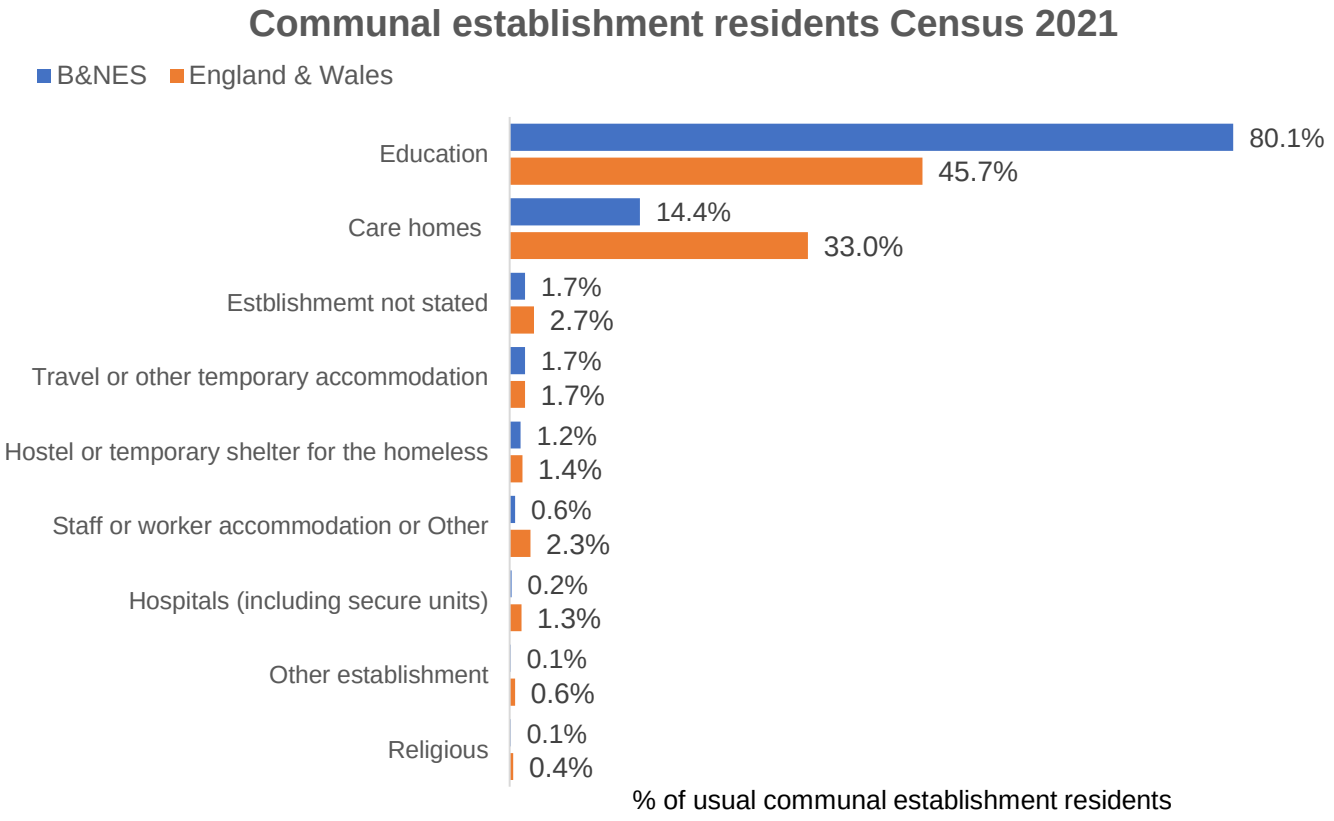
Communal establishment residents



- In **2021**, the number of usual residents that lived in communal establishments in Bath and North East Somerset was **7,972,** the number has **increased by 1,933 since 2011 (32.0% increase)** when there were **6,039** residents living in communal establishments**.**
- The most common type of communal establishment in Bath and North East Somerset was **Education** (**6,382 | 80.1**%), which includes boarding schools and university halls of residence, the number has **increased by 2,681** since 2011 (**72.4% increase**) up from 3,701 | 61.3% in 2021. This is **higher** than the overall percentage for Education establishments across England and Wales (**45.7%**).
- **Care Home** establishments **(1,149 | 14.4**%) was the second most common type of communal establishment. Since 2011 the number of usual residents living in a care home has **decreased by 265 (18.7% decrease),** down from 1,414 | 23.4% in 2021. This is **higher** than the overall **decrease** seen across England and Wales (9.9%)**.**
- The age range with the highest number of residents that live in communal establishments was **16 to 24 years** (5,872 | 75.9%), followed by **85 years and over** (581 | 7.5%).
- The ward with the highest proportion of residents in communal establishments was **Bathwick** 3,065, of which 2,860 (93.3%) were in an education establishment.

Data Notes:

- Census 2021 communal establishment questions asked, 'What is the nature of this establishment?', 'Who is responsible for the management of this establishment?' and 'How many people are currently living in this establishment?' A communal establishment is an establishment with full-time or part-time supervision providing residential accommodation, such as student halls of residence, boarding schools, armed forces bases, hospitals, care homes, and prisons.
- Breakdowns by sex and age are for residents, but not for the smaller numbers of the owners and staff in communal establishments, their family members, and those who were staying in a communal establishment temporarily with no usual UK address.
- Census 2021 was conducted during the coronavirus (COVID-19) pandemic, which may have affected the number of residents in certain types of communal establishment. For example, the disruption of international travel may have led to a lower number of students in education establishments than would otherwise have been expected, because of a reduction in the number of students arriving from overseas.

Source: (i) ONS (Communal establishments residents) England and Wales Census 2021, (ii) Nomis official census and labour market statistics communal establishments residents Census 2011

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Ethnicity

Ethnic background (detail) 2011 - 2021

Ethnicity (2021)	2011	2021	% of population	Change	% Change
White: English, Welsh, Scottish, Northern Irish or British	158,640	165,478	85.56%	6,838	4%
White: Other White	6,629	11,114	5.75%	4485	68%
Asian, Asian British or Asian Welsh: Chinese	1,912	2,089	1.08%	177	9%
Asian, Asian British or Asian Welsh: Other Asian	1,160	1,876	0.97%	716	62%
Mixed or Multiple ethnic groups: White and Asian	954	1,846	0.95%	892	94%
Asian, Asian British or Asian Welsh: Indian	1,116	1,787	0.92%	671	60%
Mixed or Multiple ethnic groups: White and Black Caribbean	951	1,505	0.78%	554	58%
White: Irish	1,146	1,427	0.74%	281	25%
Mixed or Multiple ethnic groups: Other Mixed or Multiple ethnic groups	701	1,310	0.68%	609	87%
Other ethnic group: Any other ethnic group	367	1,058	0.55%	691	188%
Black, Black British, Black Welsh, Caribbean or African: African	499	980	0.51%	481	96%
Black, Black British, Black Welsh, Caribbean or African: Caribbean	672	616	0.32%	-56	-8%
Mixed or Multiple ethnic groups: White and Black African	292	595	0.31%	303	104%
Other ethnic group: Arab	375	552	0.29%	177	47%
Asian, Asian British or Asian Welsh: Bangladeshi	219	359	0.19%	140	64%
Asian, Asian British or Asian Welsh: Pakistani	170	278	0.14%	108	64%
Black, Black British, Black Welsh, Caribbean or African: Other Black	155	250	0.13%	95	61%
White: Roma*		218	0.11%	218	
White: Gypsy or Irish Traveller	58	71	0.04%	13	22%
Total	**176,016**	**193,409**		**17,393**	

- In the **2021** Census, **85.6%** of people in **B&NES** identified their ethnic background within the **White British** category, compared with 90.1% in 2011.
- In contrast, across the whole of **England and Wales** in **2021**, **74.4%** of people identified their ethnic background within the White British category.
- Increases can be observed across the other ethnic backgrounds and the area has **become more diverse** since 2011.
- The largest ethnic group (detailed) in B&NES other than White British (165,409) is **'White: Other White'** (11,114), which excludes White British, Irish, Travellers and Roma.

Notes: The 2021 Census question asked '*What is your ethnic group?*'. Roma category added to major ethnic background grouping for first time in 2021.
Source: ONS (2022), *Ethnic group, England and Wales: Census 2021*

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Language

Top 10 main languages spoken in Bath and North East Somerset	2021 Census
English	178,953
Polish	1,400
Romanian	950
Spanish	726
Italian	630
All Chinese	601
French	440
Greek	358
Arabic	326
Tagalog or Filipino	280

- In the 2021 Census, in Bath and North East Somerset, **96.9%** of usual residents spoke **English** as a main language, compared to 91.1% in England and Wales and 95.4% in the South West.
- **Polish** (0.76%) is the second most commonly spoken main language in Bath and North East Somerset, followed by **Romanian** (0.51%), which is in line with the figures for England and Wales (1.1% and 0.8% respectively).
- In addition to spoken languages, 12 residents (0.01%) stated they used **British Sign Language** or other communication systems as a main language, compared with 0.04% across England and Wales.

Data notes: The 2021 Census question asked 'What is your main language?' with a free text box option for any language other than English. The question captured those aged three and above. 5,231 (2.8%) of people within Bath and North East Somerset did not state their language in the 2021 Census.

Sources: https://www.ons.gov.uk/datasets/TS024/editions/2021/versions/1
https://www.ons.gov.uk/peoplepopulationandcommunity/culturalidentity/language/bulletins/languageenglandandwales/census2021

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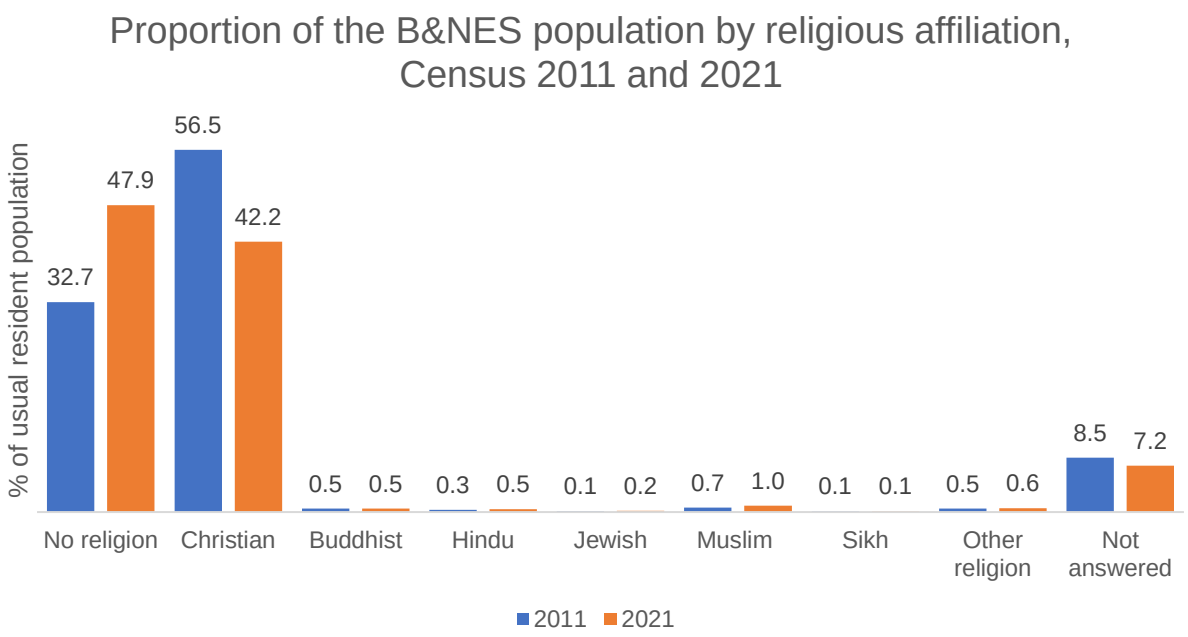
Religion



- In the 2021 Census, for the first time since 2001 '**No religion**' (47.9% | 92,567) was the **highest** response in Bath and North East Somerset followed by '**Christian**' (42.2% | 81,553).
- Since 2011 in Bath and North East Somerset there has been an **increase** of 34,941 people that describe themselves as '**No religion**' from 32.7% to 47.9%; and a **decrease** of 17,915 people that describe themselves as '**Christian**' from 56.5% to 42.2%.
- The percentage of people in Bath and North East Somerset who described themselves as having '**No religion**' (47.9%) is **higher** than the overall percentage across the South West (44.1%) and across England and Wales (37.2%).
- The percentage of people in Bath and North East Somerset who described themselves as '**Christian**' (42.2%) is **lower** than the overall percentage across the South West (46.2%) and across England and Wales (46.2%).
- Compared to 2011, there were **increases in the number of people** who described themselves as **Hindu (875), Jewish (325), Muslim (1,909), other religion (1,097), Buddhist (996) and Sikh (162)**. *Figures in brackets denote numbers in 2021, while percentages are shown in the chart opposite (noting that percentages shown did not increase for Buddhist and Sikh)*.
- In 2021, 7.2% (13,930) of people did not state their religion, down from 8.5% (14,938) in 2011.

Data Note: A voluntary question 'What is your religion?' was introduced to the Census in 2001. Religion refers to a person's religious affiliation i.e., the religion with which they connect or identify, rather than their beliefs or active religious practice. The number of people who answered the question in 2021 was 193,414 an **increase** of 9.9% compared to 176,016 in 2011.

Source: (i) NOMIS Official Census and labour market statistics (Religion), England and Wales Census 2011,
(ii) ONS (Religion), England and Wales Census 2021

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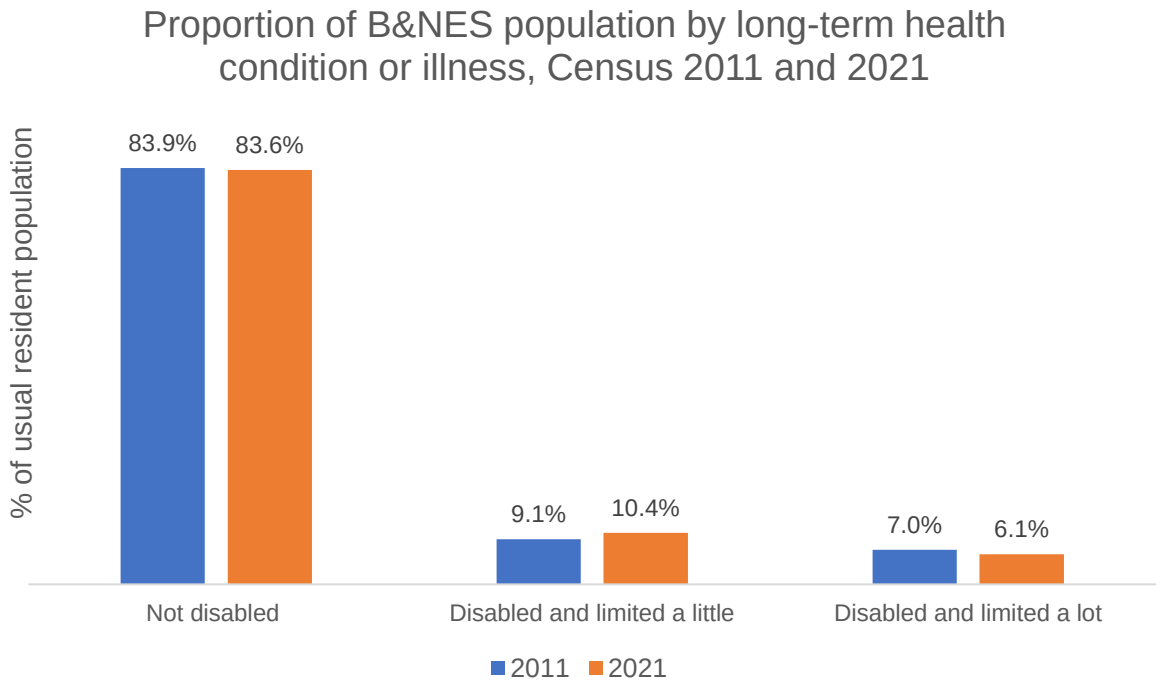
Disability



- In the 2021 Census, 6.1% | 11,717 of Bath and North East Somerset residents identified themselves as '**Disabled and limited a lot**', a **decrease** when compared with 7.0% in 2011.
- 10.4% | 20,061 of residents identified themselves as '**Disabled and limited a little'** an **increase** when compared with 9.1% in 2011.
- The proportion of residents that identified themselves as '**Not disabled'** was 83.6% | 161,631 a **slight decrease** when compared with 83.9% in 2011.
- The percentage of residents who were identified as '**Disabled and limited a lot'**, 6.1%, is **lower** than the overall percentage across England and Wales (7.5%).
- The percentage of residents who were identified as '**Disabled and limited a little'**,10.4%, is **slightly higher** than the overall percentage across England and Wales (10.0%).
- The percentage of residents who were identified as '**Not disabled**', 83.6%, is **higher** than the percentage across England and Wales (82.5%).

Data Notes:

- Census 2021 asked *usual residents to report if they had a long-term physical or mental health condition or illness, lasting or expected to last 12 months or more, and whether it limited their day-to-day activities "a little", "a lot" or "not at all".
  (*A usual resident of the UK is anyone who, on Census Day, was in the UK and had stayed or intended to stay in the UK for a period of 12 months or more or had a permanent UK address and was outside the UK and intended to be outside the UK for less than 12 months)
- Census 2021 was undertaken during the coronavirus (COVID-19) pandemic. This may have influenced how people perceived their health status and activity limitations, and therefore may have affected how people chose to respond.
  Caution should be taken when making comparisons between 2011 and 2021 because of changes in question wording and response options.

Source: (i) NOMIS Official Census and labour market statistics (Long-term health problem or disability), England and Wales Census 2011
(ii) ONS (Disabilty), England and Wales Census 2021

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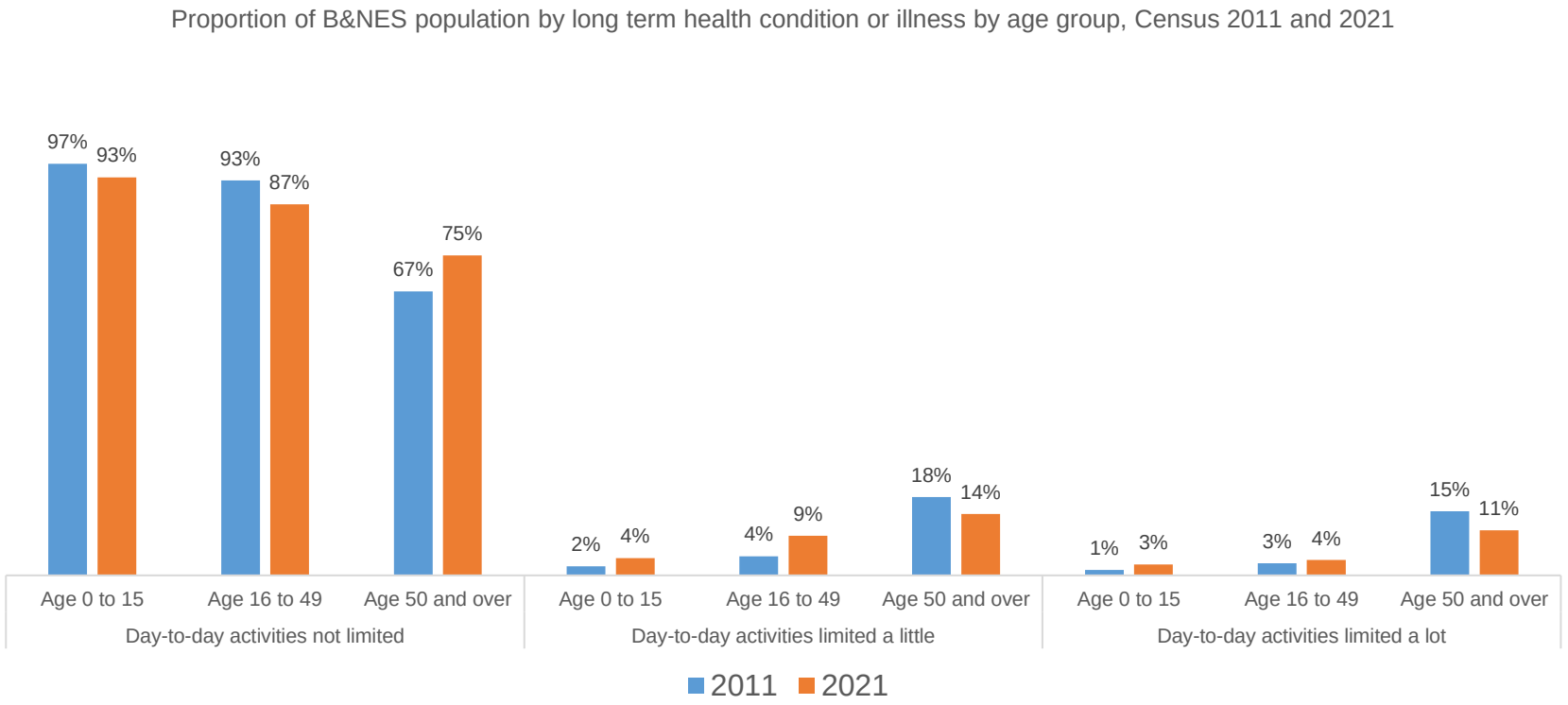
Disability (by age group)



- The age demography of self-reported disability in B&NES has changed between 2011 and 2021.
- **Under 50s** have reported an increase in disability whilst **over 50s** have seen a decrease:
  - Self-reported disability in the over 50s has decreased from 33% in 2011 to 25% in 2021.
  - There has been a small but notable **increase in persons aged under 16** self-reporting as disabled (either limited a little or limited a lot) from 2011 (3%) to 2021 (7%).
  - A **larger increase** in self-reported disability can be seen among the **16-49** age group, from 7% in 2011 to 13% in 2021. Most of those self-report their day to day lives as limited a little.

Data Notes:

- Census 2021 asked *usual residents to report if they had a long-term physical or mental health condition or illness, lasting or expected to last 12 months or more, and whether it limited their day-to-day activities "a little", "a lot" or "not at all".
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Source: (i) NOMIS Census 2011 - disability by age
(ii) NOMIS Census 2021 - disability by age

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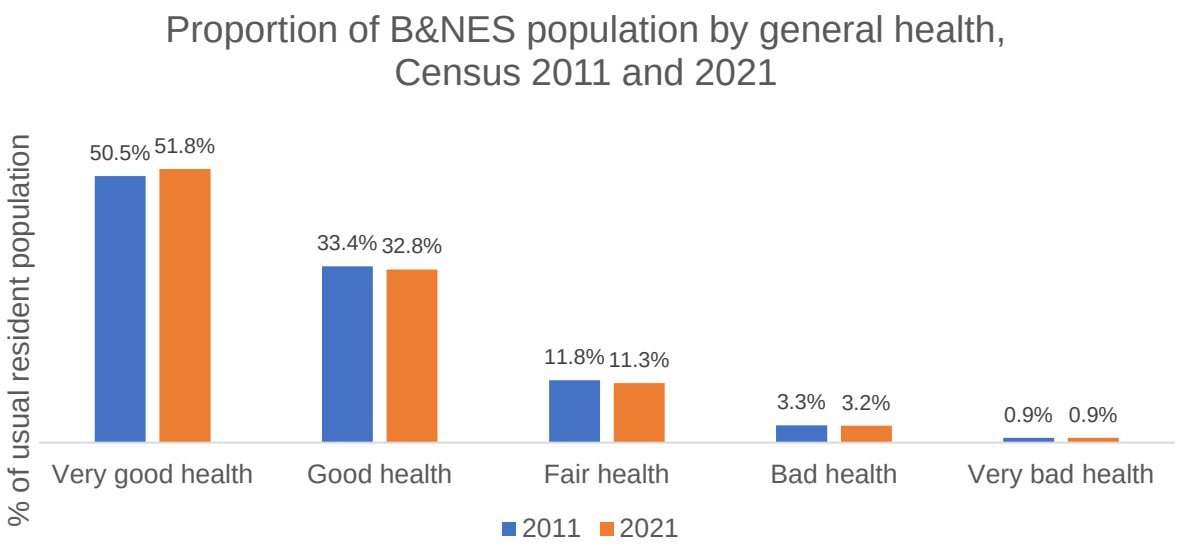
General Health



- In the 2021 Census, 51.8% | 10,0186 of Bath and North East Somerset residents described their health as '**Very good**', an **increase** when compared with 50.5% in 2011. The percentage of residents that described their health as '**Good**' 32.8% | 63,514 **decreased** from 33.4% in 2011.
- The overall percentage of Bath and North East Somerset residents that described their health as '**Very good**' or '**Good**', 84.6%, **increased** from 83.9% in 2011.
- The proportion of residents that described their health as '**Bad**' 3.2% | 6,121 was **similar** to 3.3% in 2011; and the proportion of residents that described their health as '**Very bad**' 0.9% | 1,735 **remained the same.**
- The percentage of residents that described their health as **'Very good'** or **'Good'** 84.6% is **higher** than the overall percentage across England and Wales (81.6%); and the percentage that described their health as '**Bad**' or '**Very bad**' 4.1%, is **lower** than the overall percentage across England and Wales (5.2%).

Data Notes:

- Census 2021 question asked *How is your health in general?' on a five-point scale: "Very good", "Good", "Fair", "Bad", or "Very bad".
  (*A usual resident of the UK is anyone who, on Census Day, was in the UK and had stayed or intended to stay in the UK for a period of 12 months or more or had a permanent UK address and was outside the UK and intended to be outside the UK for less than 12 months)
- Census 2021 was conducted during the coronavirus (COVID-19) pandemic. This may have influenced how people perceive and rate their health and therefore may have affected how people chose to respond..

Source: (i) NOMIS Official Census and labour market statistics (General Health), England and Wales Census 2011
(ii) ONS (General Health), England and Wales Census 2021

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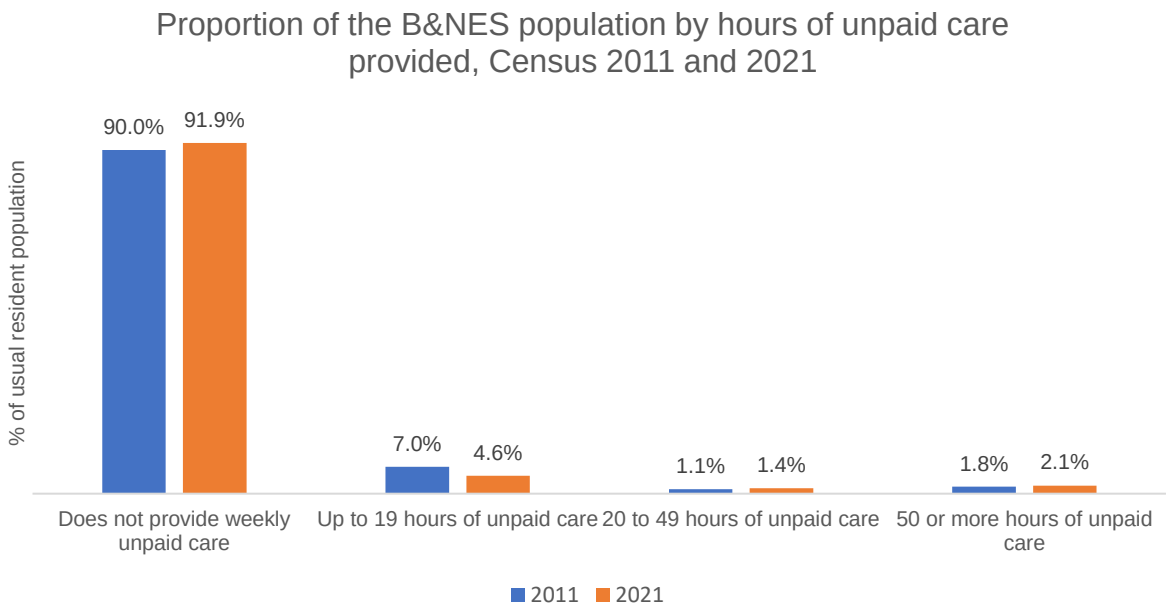
Unpaid Care



Unpaid care	B&NES (2021)
Provides no unpaid care	169,418
Provides 9 hours or less unpaid care a week	6,485
Provides 10 to 19 hours unpaid care a week	2,085
Provides 20 to 34 hours unpaid care a week	1,282
Provides 35 to 49 hours unpaid care a week	1,269
Provides 50 or more hours unpaid care a week	3,849
Total	184,388

- In the 2021 census, **8.1%** of the usual resident population of B&NES reported providing **unpaid care**, an overall **decrease** from 2011 (9.9%).
- The largest decrease was seen in those providing up to 19 hours of unpaid care per week, down from 7.0% in 2011 to 4.6% in 2021.
- A slight increase was recorded in those providing 50 or more hours of unpaid care per week at 2.1%, up from 1.8% in 2011.
- **6,485** usual B&NES residents report providing 9 hours or less of unpaid care per week in 2021, representing **43%** of all unpaid care provision reported in B&NES.

Data Notes:

- Census 2021 was undertaken during the coronavirus (COVID-19) pandemic. This may have influenced how people perceived and managed their provision of unpaid care, and therefore may have affected how people chose to respond.
- Caution should be taken when making comparisons between 2011 and 2021 because of changes in question wording and response options.
- Census 2021 question text asked: "*Do you look after, or give any help or support to, anyone because they have long-term physical or mental health conditions or illnesses, or problems relating to old age? (Exclude anything you do as part of your paid employment)*".

Sources:

1. ONS Unpaid Care Census 2021 Local Authority dataset https://www.ons.gov.uk/releases/healthdisabilityandunpaidcarecensus2021inenglandandwales
2. ONS NOMIS Unpaid Care Census 2011 dataset https://www.nomisweb.co.uk/census/2011/ks301uk

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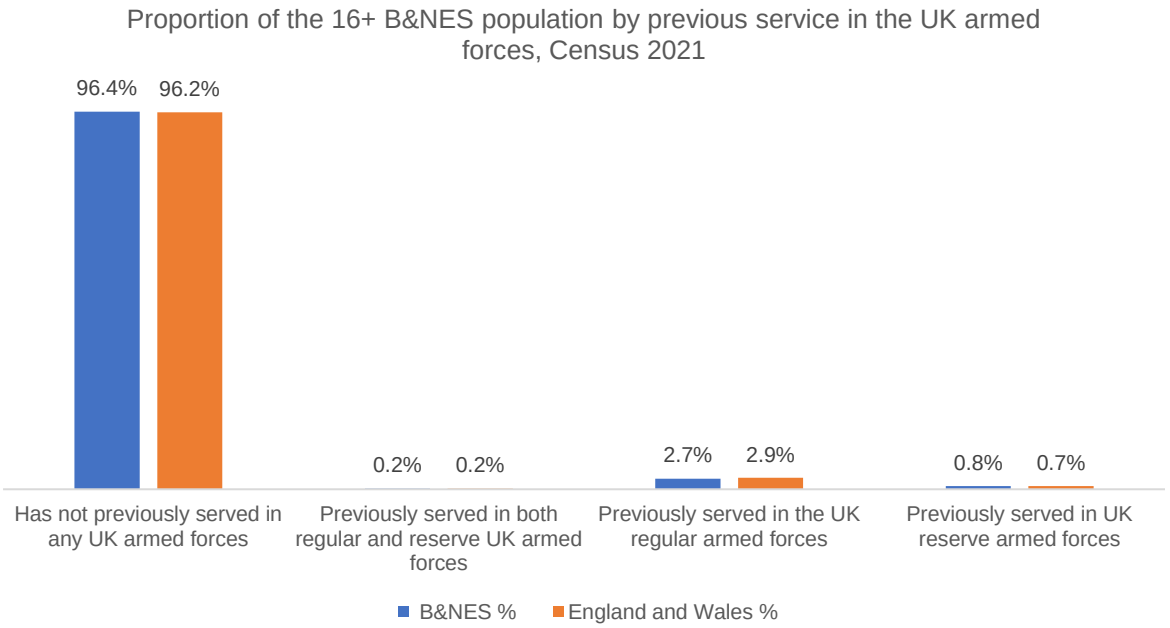
UK Armed Forces Veterans



UK armed forces	B&NES (2021)
Has not previously served in any UK armed forces	155,760
Previously served in both regular and reserve UK armed forces	243
Previously served in the UK regular armed forces	4,341
Previously served in UK reserve armed forces	1,274
Total	161,618

- In the 2021 census, **3.6%** (5,858) of the 16+ population in B&NES had previously served in the UK armed forces, compared with 3.8% across England and Wales.[1]
- Of this figure, the majority (4,341, 2.7%) served in the **regular** armed forces.
- The proportion of B&NES residents who have previously served as either regular or reserve (or both) in the armed forces **varies greatly by ward**.[2]
  - Keynsham North (5.1%), Timsbury (4.8%) and Keynsham East (4.7%) wards have the highest proportions.
  - Westmoreland (1.8%), Oldfield Park (2.2%) and Walcot (2.5%) wards have the lowest proportions.
- B&NES has an Armed Forces Covenant in place since 2013, including numerous local partner organisations.

Data Notes:

- This was a new question for the 2021 census. Therefore, no comparison data is available with the 2011 Census.
- Data relates to those who previously served in the UK armed forces and excludes those who are currently serving (even if they had left and rejoined the armed forces). ONS applied extra quality assurance processes to correct responses from currently serving personnel who had incorrectly identified themselves as previously serving.
- Data applies only to those aged 16 or over. 'Does not apply' responses have been removed from the analysis.

Sources:

1. ONS UK armed forces Census 2021 Local Authority dataset https://www.ons.gov.uk/releases/ukarmedforcesveteranscensus2021inenglandandwales
2. Bath and North East Somerset Ward Profile tool https://app.powerbi.com/view?r=eyJrIjoiMzRhZjJjN2EtNDY2NS00ZWY0LThkZjItMmVjNTM5ZmIyNzQwIiwidCI6ImM1NjJjMGNlLWQ5MjUtNGRmZC04ZDk5LWM5NDE2ZWIwM2ViOSJ9

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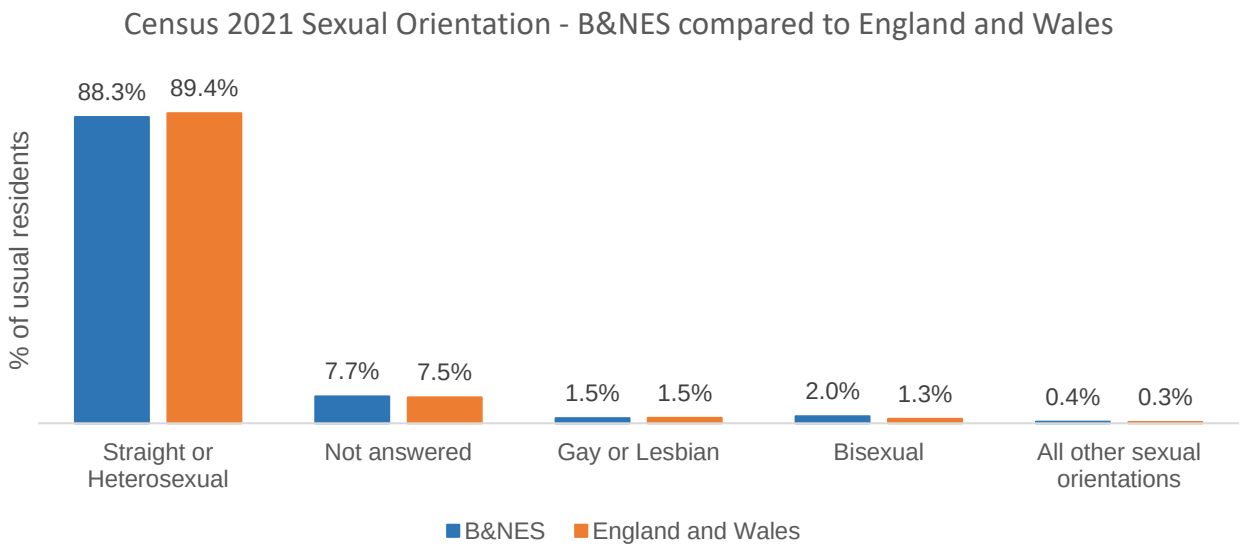
Sexual Orientation



- In the 2021 Census, 44.9 million people answered the question on sexual orientation[1] in England and Wales.
- In B&NES, **7.7% did not answer the question**, a similar percentage compared to national (England & Wales) at 7.5%.
- In B&NES, **88.3% identified as straight or heterosexual**, which aligns closely with the national figure of 89.4% for England & Wales.
- In B&NES, **4.0% identified with an LGB+ orientation ("Gay or Lesbian", "Bisexual" or "Other sexual orientation")**, a higher proportion when compared to England & Wales (3.2%).
- In B&NES, **2.0% identified as Bisexual**, a higher proportion compared to England & Wales (1.3%).

Sexual Orientation	B&NES (2021)
Straight or Heterosexual	142,696
Not answered	12,475
Gay or Lesbian	2,449
Bisexual	3,282
All other sexual orientations	716
Total	161,618

Data Notes:

- [1] The census question on sexual orientation was a voluntary question asked of those aged 16 years and over. 2021 is the first Census in which this question has been asked.
- The question asked: 'Which of the following best describes your sexual orientation?'.
- Sexual orientation is an umbrella term covering sexual identity, attraction, and behaviour.
- Statistics should be interpreted purely as showing how people responded to the question, rather than being about whom they are attracted to or their actual relationships.

Source: ONS Census 2021 Sexual Orientation https://www.ons.gov.uk/datasets/TS079/editions/2021/versions/1

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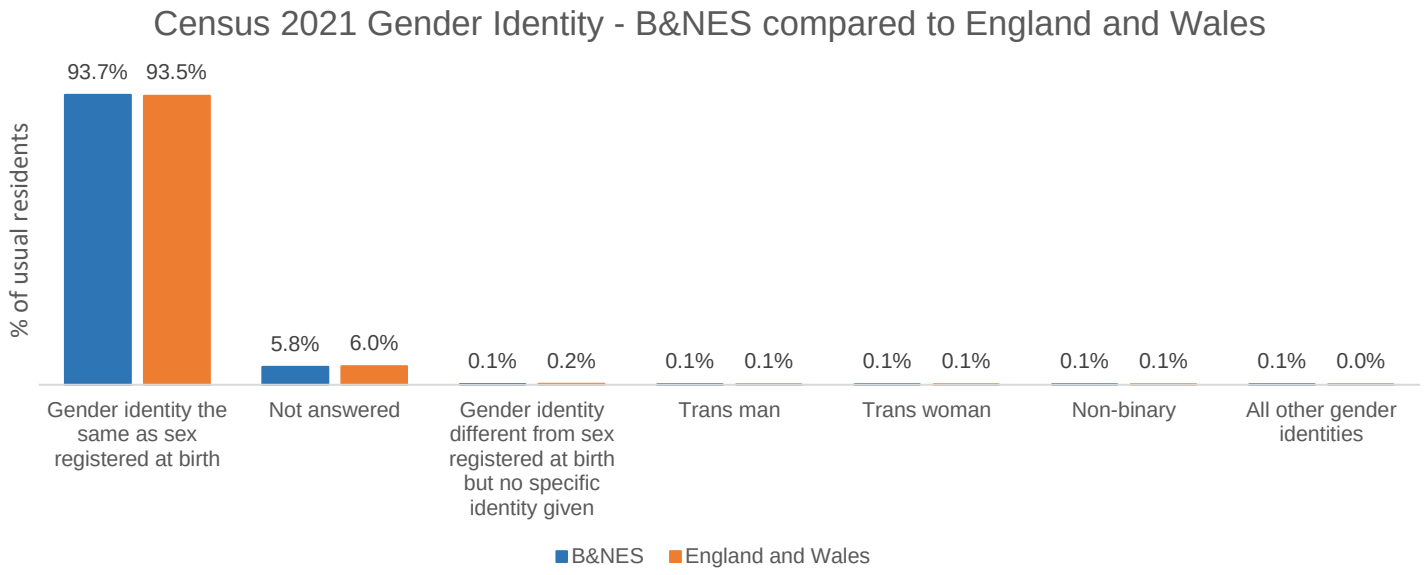
Gender Identity



- In the 2021 census,45.7 million people in England & Wales answered the question on gender identity[1].
- In B&NES, 5.8% of people did not answer the question, similar to the proportion in England & Wales (6.0%).
- In B&NES, **93.7%** of people **answered "Yes" to whether their gender they identified with was the same as their sex registered at birth**, similar to England & Wales (93.5%).
- In B&NES, **0.5%** of people **answered "No" to whether their gender was the same as their sex registered at birth**, the same proportion as in England & Wales.

Gender Identity	B&NES (2021)
Gender identity the same as sex registered at birth	151,504
Not answered	9,343
Gender identity different from sex registered at birth but no specific identity given	200
Trans man	187
Trans woman	140
Non-binary	139
All other gender identities	105
Total	161,618

Data Notes:

- [1] The census question on gender identity was a voluntary question asked of those aged 16 years and over. The question asked "Is *the gender you identify with the same as your sex registered at birth?*". 2021 is the first Census in which this question has been asked.
- Gender identity refers to a person's sense of their own gender, whether male, female or another category such as non-binary. This may or may not be the same as their sex registered at birth.
- Gender identity is a complex variable and ONS have highlighted the higher levels of uncertainty in the estimates relating to the trans population than for other census topics.

Source: ONS Census 2021 Gender Identity https://www.ons.gov.uk/datasets/TS070/editions/2021/versions/1

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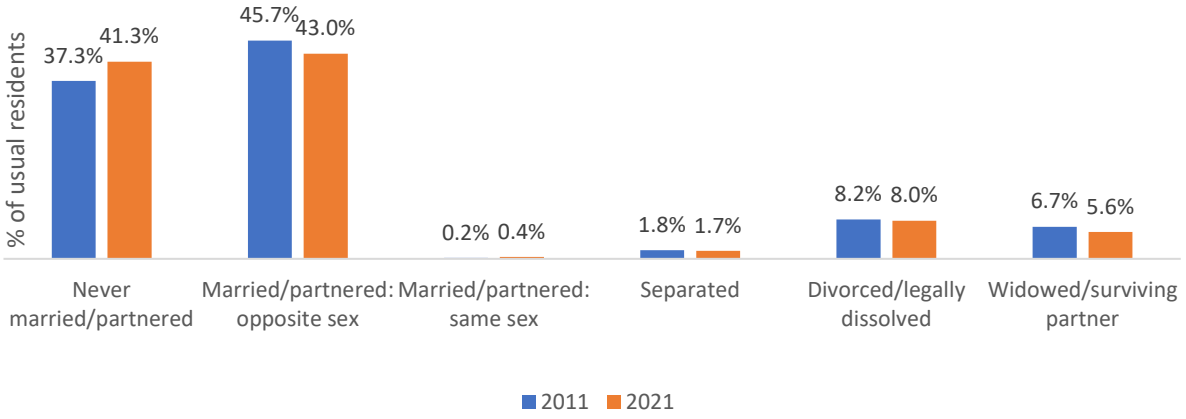
Legal Partnership Status

Legal partnership status	B&NES 2011	B&NES 2021	Change	% Change
Never married/partnered	54,597	66,741	12,144	22%
Married/partnered: opposite sex	66,961	69,495	2,534	4%
Married/partnered: same sex	309	671	362	117%
Separated	2,663	2,707	44	2%
Divorced/legally dissolved	12,057	12,911	854	7%
Widowed/surviving partner	9,852	9,091	-761	-8%
Total	**146,439**	**161,616**	**15,177**	

Proportion of the B&NES population by legal partnership status, Census 2011 and 2021



- There is a **general shift away from people getting married or entering into a civil partnership**. This is especially true of younger adults. The ONS note the following: "*The increase in adults who have never been married or in a civil partnership (since 2011), after standardising for age, is seen across all local authorities, religious groups and ethnic groups*."
- Between 2011 and 2021 in B&NES there has been a **much larger increase** in the number of people who are **never married or in a civil partnership** (+12,144, representing a 22% increase) compared to those people who are **married or in a civil partnership** (+2,896, representing a 4% increase), a trend also seen regionally & nationally.
- Between 2011 and 2021 in B&NES the number of adults **widowed or a surviving partner from a civil partnership** has **decreased by 8%** (from 9,852 to 9,0921 respectively). This same downward trend is also seen in the South West and England.[1]
- There has been a **more than two-fold increase** from **309** (2011) to **671** (2021) for those who identified themselves as **married or in a civil partnership with the same sex** following the Marriage (Same Sex Couples) Act 2013, which can also be seen at both regional and national levels.[2]
- Unsurprisingly, the wards in B&NES with the highest proportion of those **never married or in a civil partnership** are where there are the highest proportions of Higher Education students, e.g. Westmorland Ward (74% of people never married / in a civil partnership).

Sources: 1. ONS UK Legal partnership status Census 2021 dataset. 2. NOMIS UK Legal partnership status Census 2011 dataset. 3. Bath and North East Somerset Ward Profile.

Notes: Census 2021 question text asked *'On 21st March 2021, what was your legal marital or registered civil partnership status?'* The Census 2021 question was broadly comparable with 2011. With same-sex marriage legalised in 2014 and opposite-sex civil partnerships legalised in 2019, the questions related to these areas were updated and added to reflect this change. Data applies only to those aged 16 or over. 'Does not apply' responses have been removed from the analysis. Pandemic restrictions may have affected the number/timings of marriages and civil partnership formations/dissolutions during much of 2020 and 2021.

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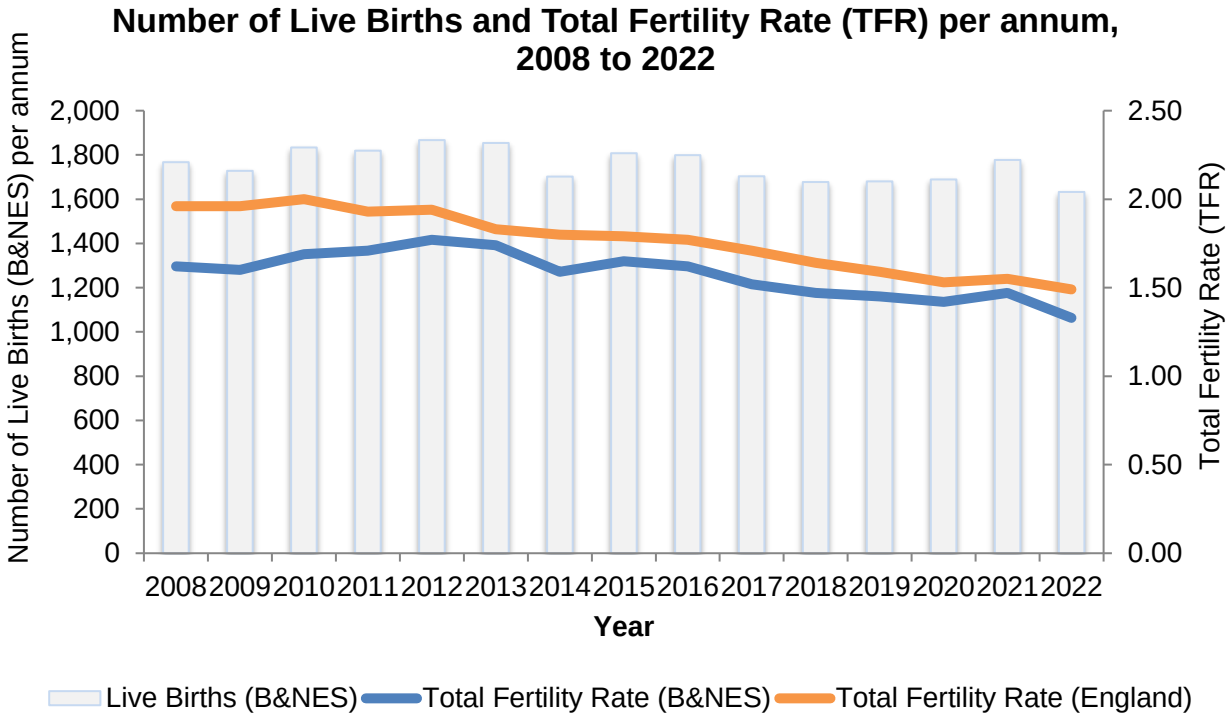
Live Births



Note: Revised TFRs based on rebased populations released by ONS February 2024.

- In **2022** there were **1,633 live births** to mothers usually resident in B&NES, a decrease of 144 live births (8%) compared to the year before, 2021 (1,777). **This represents the lowest number of live births since at least 2008**.
- Nationally it appears that while fertility rates in England & Wales have been **declining for women under the age of 30, they have been broadly level for those aged in their 30s and 40s**.
- The **fertility rate** in B&NES has **decreased by 10%** in one year **between 2021 and 2022** – from 1.47 to 1.33. This is considerably higher than the comparable decrease seen in England - 4%, from 1.55 to 1.49.
- **There is a long-term decline in fertility rates locally and nationally**. The fertility rate for 2022 in B&NES (and England) is the lowest since at least 2008 – 1.33 (1.49).
- **Since 2012 the gap between births and deaths in B&NES has been narrowing, even showing some signs of a natural decrease in several years** (e.g. 1,633 and 1,821 respectively in 2022). This means that in 2022 there was a **natural decrease** to the population of B&NES of 188 people.

Definition: the **Total Fertility Rate (TFR)** in a specific year is defined as the total number of children that would be born to each woman if she were to live to the end of her child-bearing years and give birth to children in alignment with the prevailing age-specific fertility rates. It is calculated by totalling the age-specific fertility rates as defined over five-year intervals. Simply put, total fertility rate is the average number of children a woman would have if she survives all her childbearing (or reproductive) years. Childbearing years are considered age 15 to 49.

Sources: (i) NOMIS (Live births in England and Wales : birth rates down to local authority areas); (ii) ONS (Deaths registered monthly in England and Wales)

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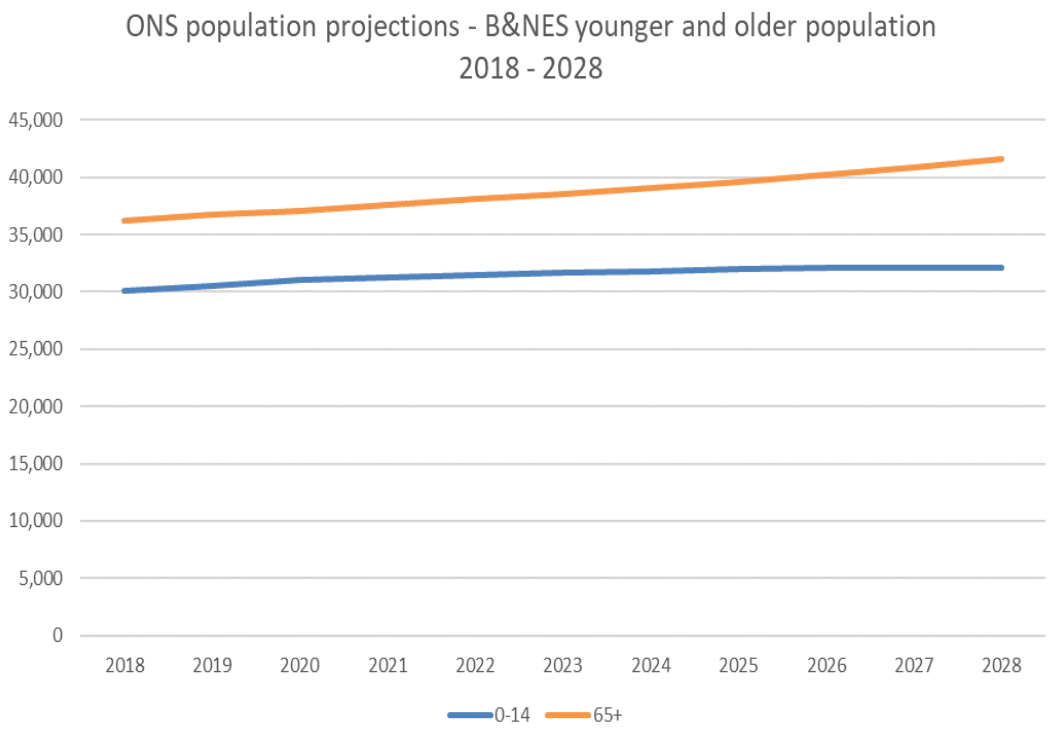
Ageing Population



Source: ONS (2020), *2018-based subnational principal population projections for local authorities*, available from: https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationprojections/datasets/localauthoritiesinenglandtable2

Note: these population projection do not include new policy, particularly planned future housing developments.

- The population of B&NES is projected **to increase by 8%** from 2018 to 2028, from 192,106 to 207,919.
- The working age population (15-64) is projected to increase by **7%** by 2028.
- The 65+ population is projected to increase by **15%** over the same period.
- Within the 65+ group, the largest increase is projected to be in the 75-84 age range (**33%**), followed by the 85+ age group (**20%**).

Impacts of an ageing population

- Nationally, although the proportion of older people living with a social care need has fallen, the projected increase in numbers of older persons still represents a potential **demand increase for health care.**
- The state of ageing 2022 report suggests that **'the experience of being older in England is getting considerably worse** for many' across a number of domains including financial security, life expectancy, disability and loneliness. It recommends the appointment of an ‘older people’s commissioner’. The key findings were;
  - Almost 1 in 5 people of pension age were living in relative poverty in 2019/20.
  - The pandemic has reversed progress on the employment of older people.
  - The number of older private renters is at an all-time high.
  - Disability-free life expectancy is falling.
- The Health Foundation suggests that "*older people are living with an increased number of long-term conditions, typically managed through the NHS, without on average needing more support with social care. But those who do have social care needs may also be managing an **increased number of long-term conditions***."
- A Government Office for Science report states *"The future success and resilience of the UK will be determined in a large part by its ageing population. Nowhere is this more apparent than the productivity of the UK workforce, which will see a major increase in the number of **workers aged 50 and above**"*
- The West of England Housing Needs Assessment notes that there is a predominant demographic trend towards an ageing population, with up to 54% of houses required by 2040 potentially needing to be adapted for people with limited mobility. Further information on longer-term housing requirements can be found here.

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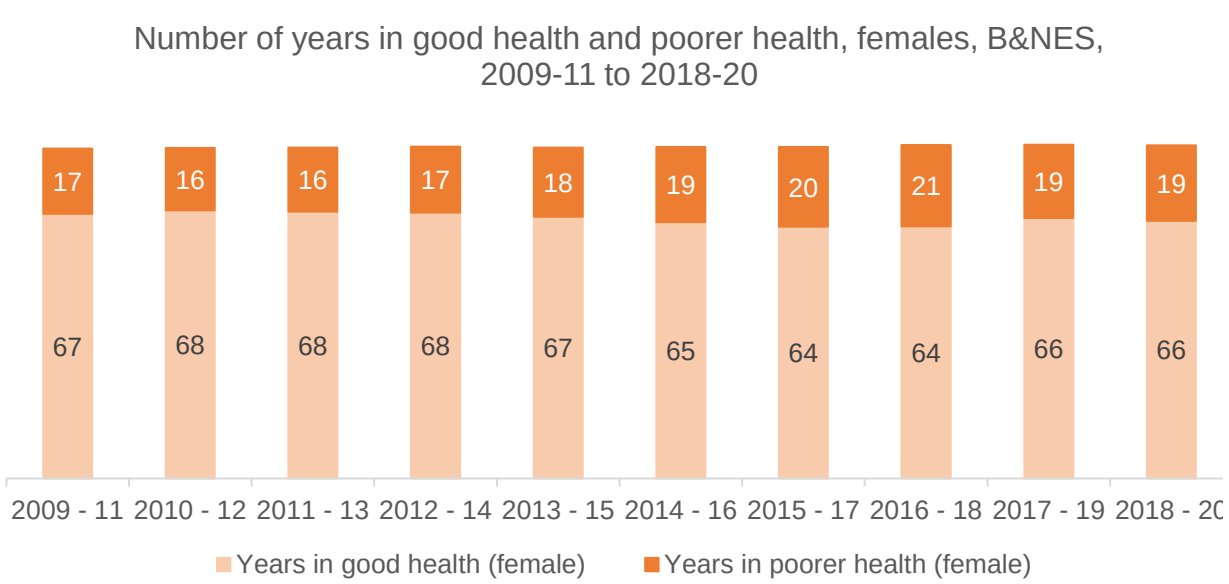
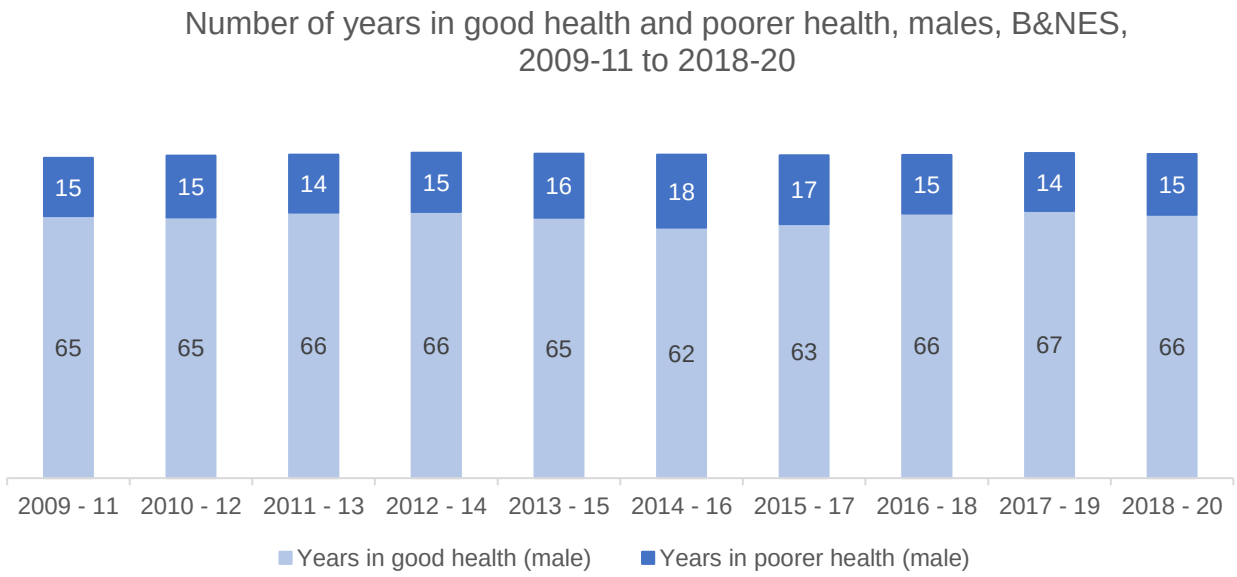
Healthy Life Expectancy





- **Healthy life expectancy** shows the years a person can expect to live in good health (rather than with a disability or in poor health). Combining this with life expectancy at birth provides an **estimate** for the average **number of years people live in 'poorer' health**.
- As is the case nationally, the charts above show that **although females live longer than males in B&NES, most of that additional time is spent in poor health**.
- Those **living in the most deprived areas** in **England** have the **shortest life span** and **live more years in poor health**.

Definition: Healthy Life Expectancy is a measure of the average number of years a person would expect to live in good health based on contemporary mortality rates and prevalence of self reported good health. The prevalence of good health is derived from responses to a survey question on general health.

Source: Office for Health Improvement and Disparities (2022), Public Health Outcomes Framework (PHOF), available from: https://fingertips.phe.org.uk/profile/public-health-outcomes-framework

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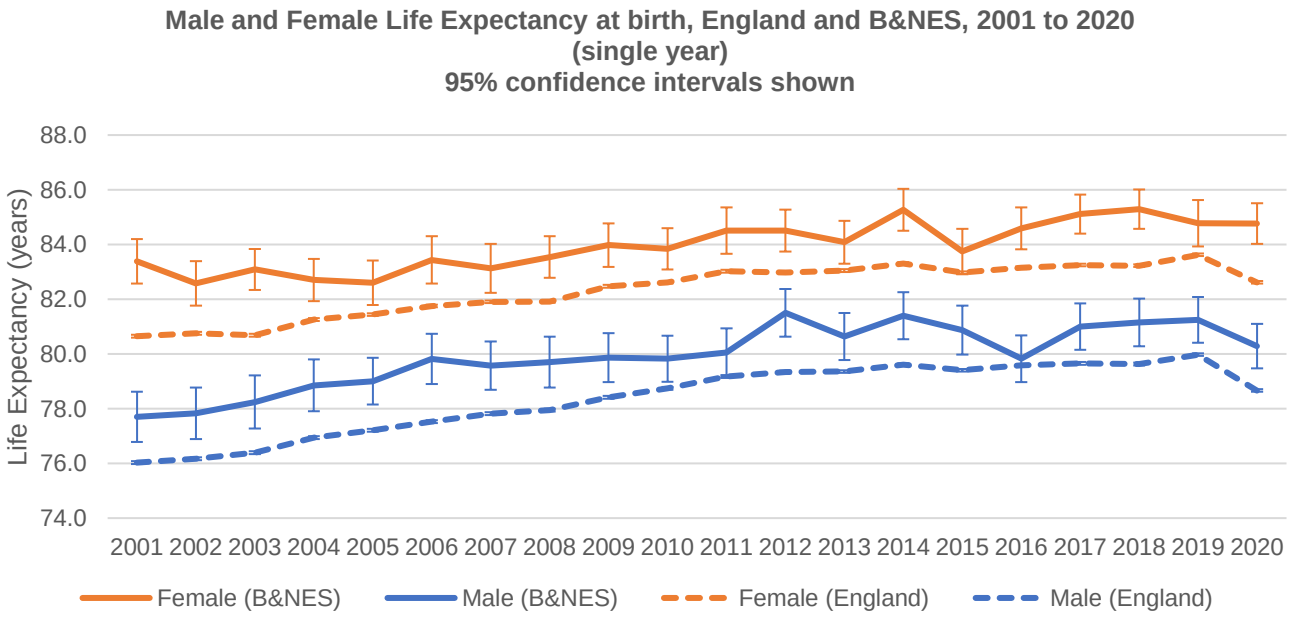
Life Expectancy

Female life expectancy (2020): **B&NES = 84.8 years**, England = 82.6 years

Male life expectancy (2020): **B&NES = 80.3 years**, England = 78.7 years



- Life expectancy is affected by a range of factors and has improved dramatically since the 19th century for many reasons including; better nutrition and living conditions, healthier lifestyle habits, the introduction of immunisation programmes and advances in diagnosis and treatment of diseases such as heart disease and cancer.
- There have been two turning points of more recent trends in life expectancy in **England** in the past decade. **From 2011 increases in life expectancy slowed** after decades of steady improvement (*see chart opposite*). Then **in 2020, the Covid-19 pandemic was a more significant turning point**, causing a sharp fall in life expectancy in male and female life expectancy in England, the magnitude of which has not been seen since World War II.
- Male and female life expectancy in B&NES has been **significantly above England** for almost the entire time since 2001. The same longer-term trend as seen nationally has also generally been evident in B&NES, i.e., **a slowing in the improvement over time**. However, in B&NES the Covid-19 pandemic appears to have led (directly and indirectly) to a decrease in life expectancy for males only, with female life expectancy remaining level in 2020 compared to 2019.
- The **three-year life expectancy at birth figure in B&NES has improved more for males than females over the past two decades** (with a two year improvement for females compared with a three year improvement for males in B&NES over the past two decades).
- There is a **four year gender gap** in favour of females in B&NES during the three year period 2018-20 (compared to England, where this gender gap is 3.7 years).

Definition: Period life expectancy is the average number of years a person would expect to live based on contemporary mortality rates. For a particular area and time period, it is an estimate of the average number of years a new-born baby would survive if he or she experienced the age-specific mortality rates for that area and time period throughout his or her life.

Source: OHID (2022), *Public Health Outcomes Framework (PHOF)*, available from: https://fingertips.phe.org.uk/profile/public-health-outcomes-framework

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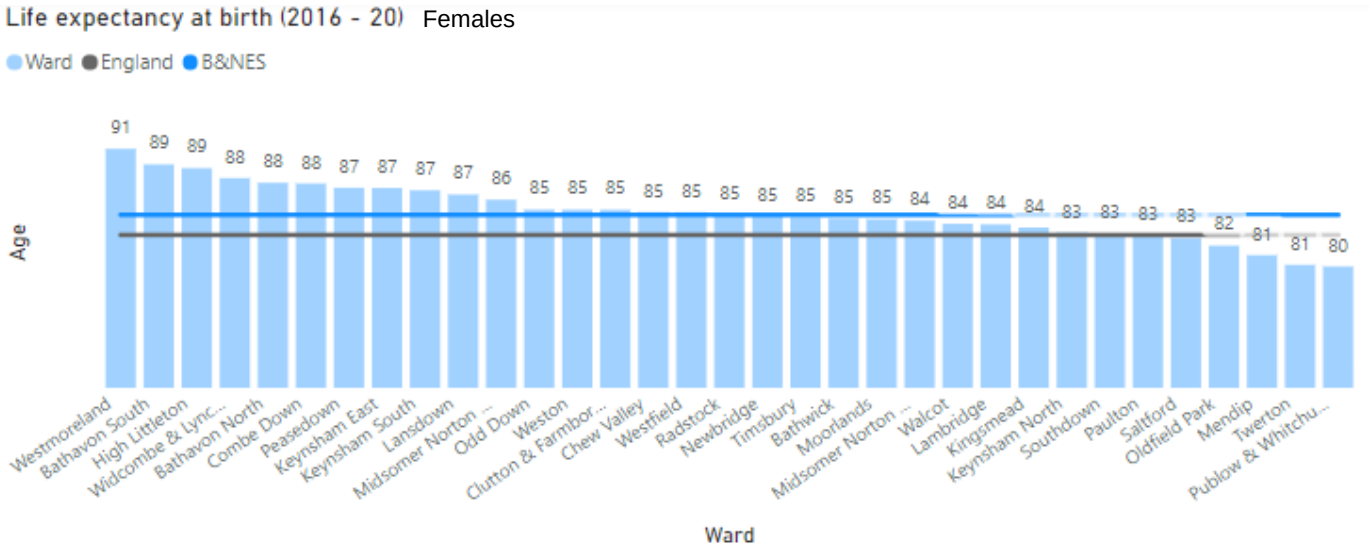
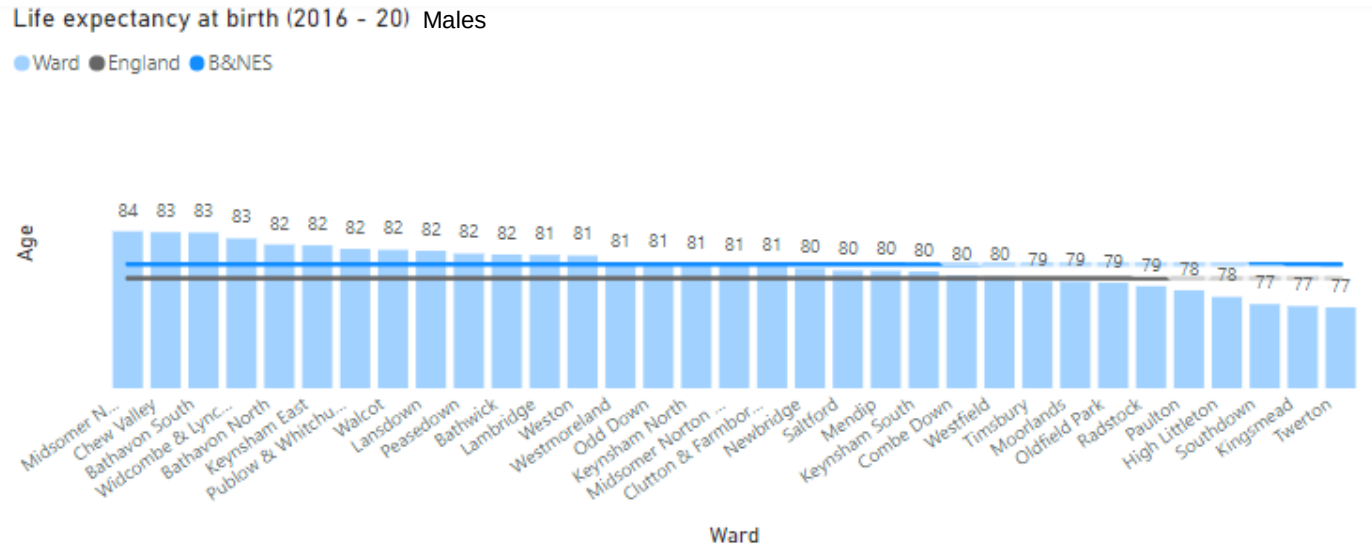
Inequalities in Life Expectancy





- In England during the period 2018 to 2020, males living in the most deprived areas were living 9.7 fewer years than males living in the least deprived areas, with the gap at 7.9 years for females. About **one-third** of these inequalities in life expectancy are **caused** by higher mortality rates from **heart and respiratory disease, and lung cancer** in more deprived areas.
- The chart opposite shows life expectancy within B&NES by ward for males and females during the five year period 2016-2020. When compared to England, **Twerton** is the only ward with a statistically significant lower life expectancy for both males and females. In addition, male life expectancy for **Southdown** ward is significantly lower than England.
- The **gap in female life expectancy in B&NES** between the ward with the highest (Westmoreland, 90.6) and lowest (Publow & Whitchurch, 80.5) life expectancy is **10.1 years**.
- The **gap in male life expectancy in B&NES** between the ward with the highest (Midsomer Norton North, 83.5) and lowest (Twerton, 77.0) life expectancy is **6.5 years**.
- Trends affecting future life expectancy, which are influenced by inequalities, include **childhood obesity rates** amongst those living in more deprived areas, **smoking** prevalence and **drug misuse**. Worsening mental health is also likely to have an impact on life expectancy.

Definition: Period life expectancy is the average number of years a person would expect to live based on contemporary mortality rates. For a particular area and time period, it is an estimate of the average number of years a new-born baby would survive if he or she experienced the age-specific mortality rates for that area and time period throughout his or her life.

The Upper age band used for calculations in the above charts is 90+.

Source: OHID (2022), *Local Health*, available from: https://fingertips.phe.org.uk/profile/local-health

Climate Emergency

Climate Emergency Summary

Bath & North East Somerset Council

Improving People's Lives

Greenhouse Gas Emissions

Responding to the Climate Emergency

Housing Conditions – Energy Efficiency

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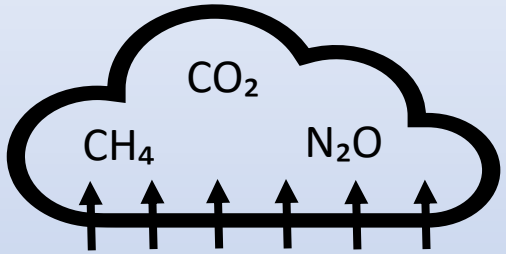
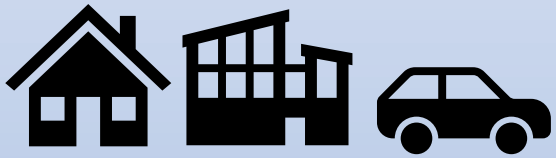
Climate Emergency Summary





Greenhouse Gas Emissions

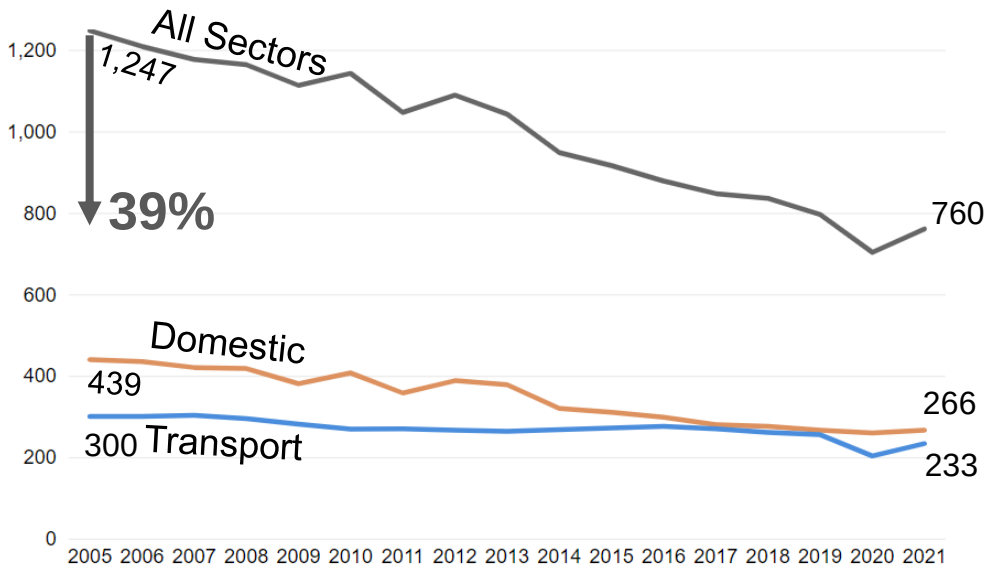
- Greenhouse gas emissions (carbon dioxide, methane and nitrous oxide) from the B&NES district decreased by 39% between 2005 and 2021.
- Emissions from a broad range of economic sectors have reduced: Domestic (39% decrease), Transport (22% decrease), Commercial, Industry, and the Public Sector.
- There was a 2.4% decrease in the Council's greenhouse emissions between the financial years 2021-22 and 2022-23.
- However, B&NES District and Council greenhouse gas emissions are currently not decreasing at a fast enough rate to reach net zero by 2030.

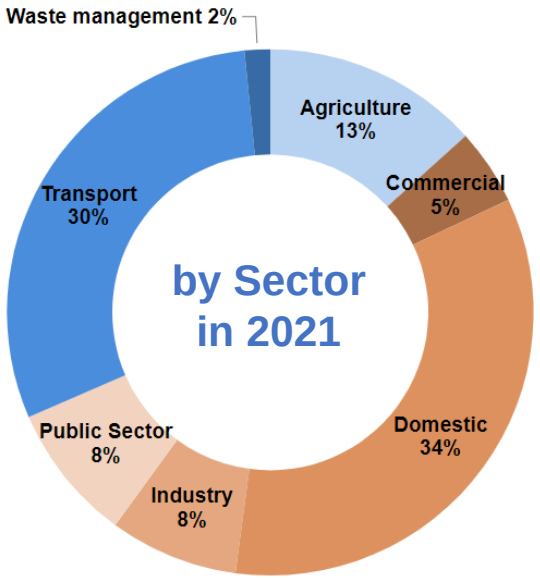
Responding to the Climate Emergency

- Among other improvements, the Council has reduced its electricity use (25% between 2015/16 and 2022/23), improved the energy efficiency of many of its commercial units (EPCs A-C 46% 2022, 56% 2023), reduced its business travel (58% between 2015/16 -2023/24) and increased the proportion of its light commercial fleet vehicles that are electric (16% 2022,20% 2023).
- The Council is working to increase its installed renewable energy capacity (1.6 MW in 2023).
- Improvements have also been made in B&NES more widely to the energy efficiency of residential properties (EPCs A-C 23% in 2020, increased to 33% in 2024), the uptake of electric vehicles by private individuals (0.3% in 2019, increased to 1.7% 2023), and the district's renewable energy capacity (23MW in 2022, increased to 29MW 2023).

Greenhouse Gas Emissions 1

B&NES District Greenhouse Gas Emissions (kt CO2e)





B&NES has committed to providing the leadership to protect people from the adverse impacts of climate change. This will be achieved by cutting area-wide Greenhouse gas emissions and adaptation.

Mitigation of climate change has the potential to **improve overall population health** as a co-benefit. However, the indirect impacts of climate mitigation could also be negative if undertaken in a way which increases social inequalities or which unduly burdens sections of the community which have the least ability to make changes to their lifestyle.

Greenhouse gas emissions (carbon dioxide, methane and nitrous oxide) from the B&NES district have **decreased** by **39%** since 2005.

Emissions from a broad range of economic sectors have reduced: Domestic (**39% decrease**), Transport (**22% decrease**), Commercial, Industry, and the Public Sector. However, **these emissions are not decreasing fast enough to reach net zero by 2030.**

Data source for B&NES greenhouse gas emissions (kt CO2e) graph:

Department for Business, Energy and Industrial Strategy (BEIS),
UK local authority and regional greenhouse gas emissions national statistics
Time period: 2005-2021 **Last updated:** June 2023

Related Reports and Webpages:

Council Climate Emergency Homepage

B&NES Council (2024) Climate Ecological Emergencies Performance Monitor

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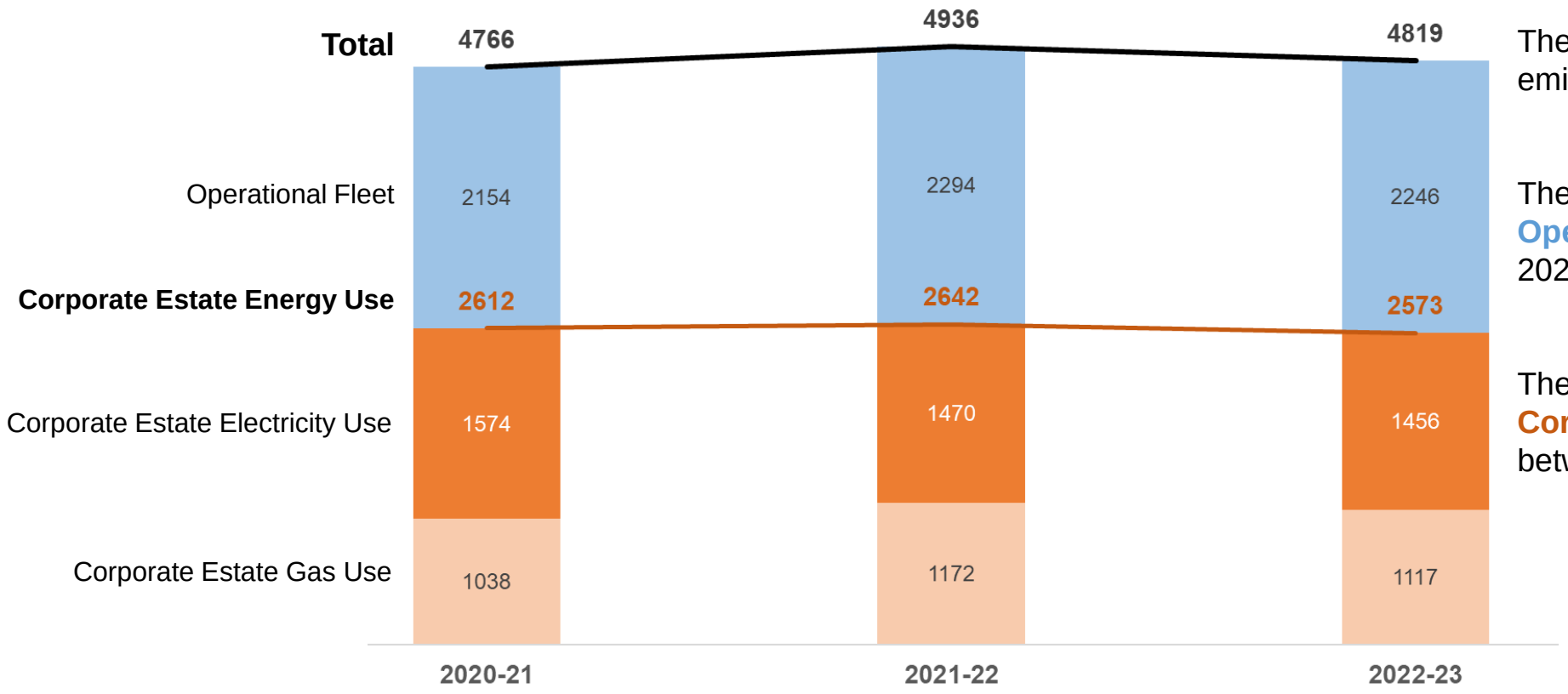
Greenhouse Gas Emissions 2

Council Greenhouse Gas Emissions (tCO2e)



There was a **2.4% decrease** in **total** emissions between 2021-22 and 2022-23.

There was a **2.1% decrease** in **Operational Fleet** emissions between 2021-22 and 2022-23.

There was a **2.6% decrease** in **Corporate Estate Energy Use** emissions between 2021-22 and 2022-23.

Definitions

Council Greenhouse Gas Emissions - emissions from energy consumption by the Council's Corporate Estate and fuel consumption by its Operational Fleet.

Corporate Estate – includes, Council offices, depots, Council run Care Homes, car parks and EV charging points, street lighting, and some pedestrian crossings.

Operational Fleet – Council's fleet of diesel and petrol vehicles (Vans,HGV,PCVs and Cars) that carry out Council operational work

Greenhouse Gas Emissions – include carbon dioxide (CO2), methane (CH4), and nitrous oxide (N2O).

Data Source - B&NES Council (2024) Climate Ecological Emergencies Performance Monitor

Related Webpage - Council Climate Emergency Homepage

Responding to the Climate Emergency 1

Council Climate Emergency Priorities...

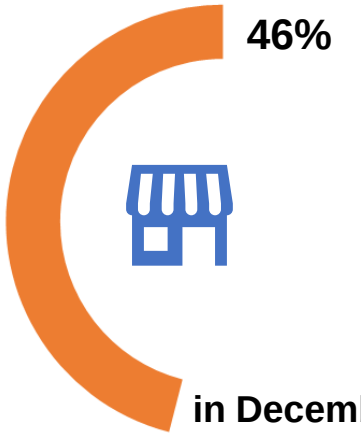
Buildings - Making buildings more environmentally friendly....

There was a **25% decrease** in **electricity use** by the **Council's Corporate Estate**

between **2015/16** and **2022/23**.

The % of **EPCs* rated A -C** for **Council owned commercial units** with an EPC **increased** from…

in December 2021



in December 2022

in December 2023.

*Energy Performance Certificates

The % of **EPCs* rated A - C** for **residential properties** in B&NES with an EPC **increased** from…

in December 2021

in December 2022

in December 2023.

In **FY 2023/24** there were **587** **domestic solar photovoltaic installations.**

A **decrease** compared to the **796** installed in **FY 2022/23.**

In **FY 2023/24** there were **132** **domestic heat pumps installations.**

An **increase** compared to the **76** installed in **FY 2022/23.**

Sources and Related Reports:

B&NES Council (2023) Our priorities, Addressing the Climate Emergency

B&NES Carbon Emissions from Households and Citizens

B&NES Council (2023) Climate Ecological Emergencies Performance Monitor

Responding to the Climate Emergency 2

Council Climate Emergency Priorities...

Renewable Energy - Increasing local renewable energy generation…

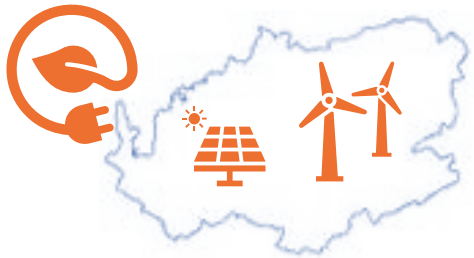
The **Council's Corporate Estate installed renewable energy capacity (MW)** **increased** from…

0.7 MW **in December 2022,**

to…

1.6 MW **in December 2023.**

The **installed renewable energy capacity (MW) in Bath and North East Somerset** **increased** from…



29 MW **in December 2022,**

to…

31.5 MW **in December 2023.**

Definitions

Corporate Estate – includes, Council offices, depots, Council run Care Homes, car parks and EV charging points, street lighting, and some pedestrian crossings

Installed Renewable Energy Capacity – the peak capacity at which renewable energy systems could operate for a sustained period.

Sources and Related Reports:

B&NES Council (2023) Our priorities, Addressing the Climate Emergency

B&NES Carbon Emissions from Households and Citizens

B&NES Council (2023) Climate Ecological Emergencies Performance Monitor

Responding to the Climate Emergency 3

Council Climate Emergency Priorities...

Transport - Enabling more sustainable transport and travel choices....

The Council has made an effort to **decrease** **staff business travel** (grey fleet and pool cars) ….

It has **decreased** from….

1,733,445 km in **2015/16** to…

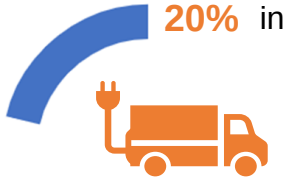
987,830 km in **2022/23** and

730,896 km in **2023/24**

The % of pool car travel done by eclectic vehicle pool cars **increased** from **14%** in **2022/23** to **22%** in **2023/24.**

There has also been a focus on **increasing** the proportion of **Council light commercial* operational fleet vehicles** that are **electric (EV)** …

16% in **March 2022**



20% in **March 2023**

*LGV = under 3.5 tonnes

Similarly, the data suggests that there has been a gradual **uptake** of **electric vehicles (EVs)** by **B&NES residents**…

In **December 2023**…

1.7% of **vehicles registered to a B&NES address** by **private individuals** were **electric**…

compared to **0.3%** in **December 2019**.

Definitions

Pool Cars – the cars owned by the council for employee use for Council business.
Registered Vehicles – with the DVLA to a B&NES address by private individuals, not by companies.
Private Individuals - are the keepers of the vehicle, the person responsible for registering and taxing the vehicle. The keeper is not necessarily the owner or the driver.
B&NES Address - The keeper's address does not have to be where the vehicle is physically kept.

Sources and Related Reports:

B&NES Council (2023) Our priorities, Addressing the Climate Emergency
B&NES Carbon Emissions from Households and Citizens
B&NES Council (2024) Climate Ecological Emergencies Performance Monitor

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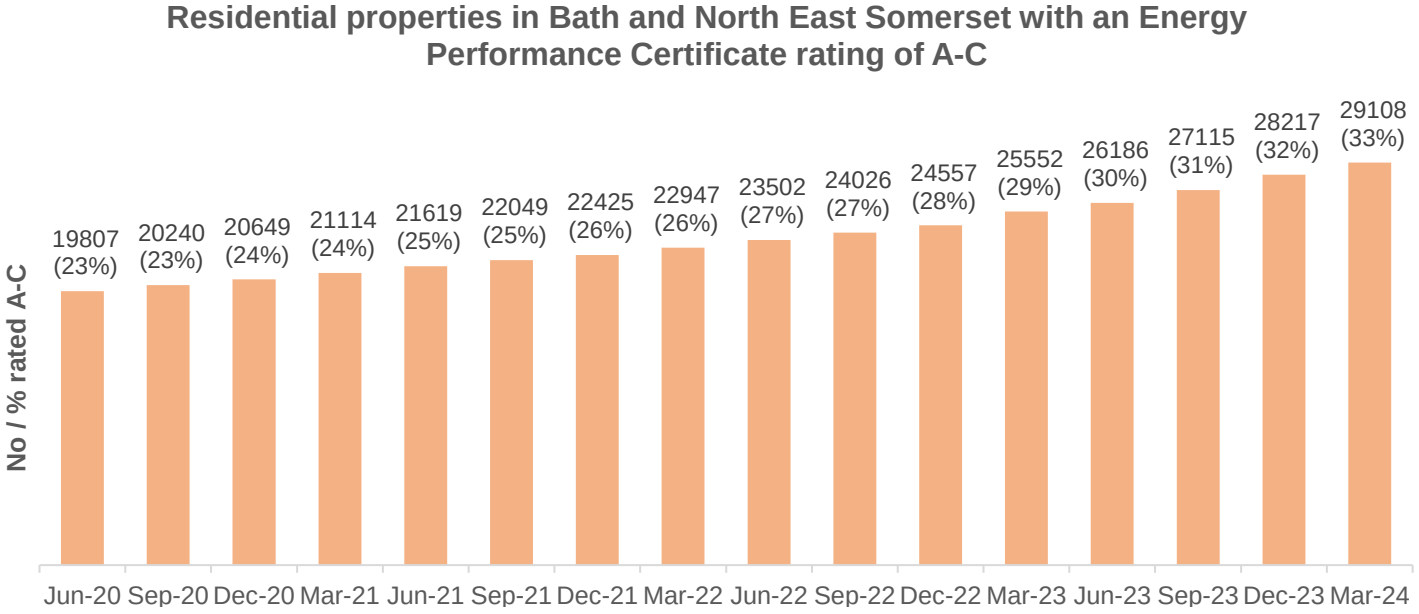
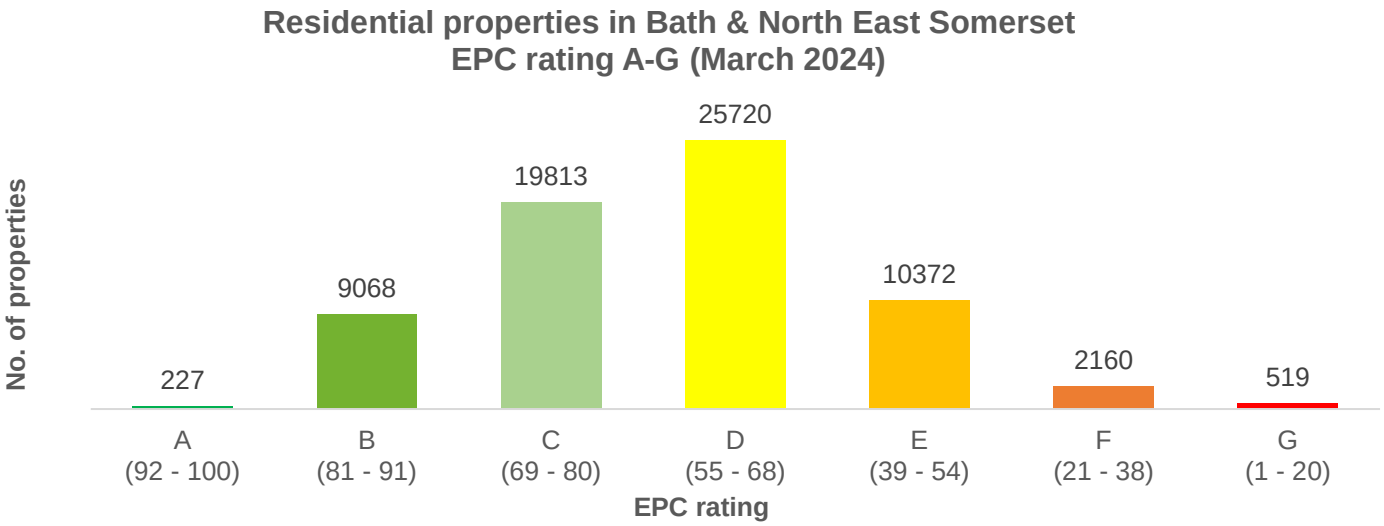
Housing Conditions – Energy efficiency





- The Net Zero Strategy: Build Back Greener states all homes should meet an Energy Performance rating of at least a **B and C by 2035**.
- The percentage of residential properties in Bath & North East Somerset (B&NES) with an Energy Performance rating of A-C has **increased** by **10 percentage points** from **23%** in June 2020 to **33%** in March 2024.
- In March 2024, the **highest** proportion of homes in B&NES rated A-G had an EPC rating of D (**38%**), **25,720** homes. The comparable EPC rating and % for England is D (38%) March 2023.
- The age of a property effects the energy performance of a building. B&NES has a **high proportion of older properties** i.e. built pre-1919, making the target more challenging to meet.
- The Council's action plan for achieving Net Zero by 2030 includes having **more energy efficient buildings**. This can be achieved by retrofitting homes (all tenures) with a range of energy saving measures.
- Energy saving measures include solid wall insulations, super-glazing installations, loft insulations, draught-proofing measures, and switching homes to modern electric heating from gas and gas cookers to electric.

Definition: The **Energy Performance Certificate (EPC)** rating is a measure of the overall efficiency of a home, bands range from A to G, with A being the most energy efficient and G is the least efficient.

Data note: Includes new homes and any development needing to be being **zero carbon or net positive carbon from March 2019.**

Source: IEPC ratings – Energy Performance of Buildings Data, Residential Properties – Uniform in-house system.
Energy efficiency of housing in England and Wales 2023

Ecological Emergency

Bath & North East Somerset Council

Improving People's Lives

Nature Recovery Targets

B&NES Nature Recovery Targets

State of Nature in B&NES

State of Species in B&NES

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Nature Recovery Targets

Over the past couple of centuries our use of land and resources has placed unsustainable pressure on nature, threatening the stability of ecosystems both globally and locally.

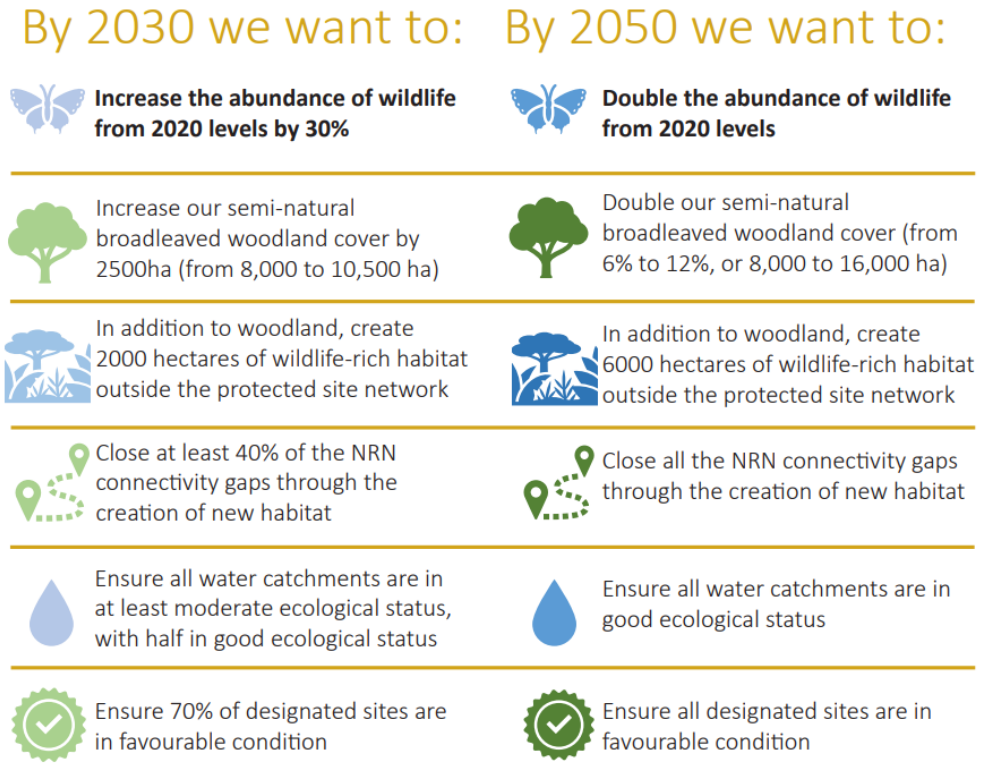
Nature has been collapsing at an alarming rate. Globally, we have lost 60% of wild vertebrates, 83% of freshwater populations[1] and up to 76% of insects since 1970[2]. And in the West of England region, numbers of once common birds like swifts and cuckoos have plummeted in the past 25 years alone.

The West of England Nature Partnership (WENP), which bring togethers key partners (including B&NES Council) across the West of England to deliver more for nature, has published a set of Ambitions for Nature Recovery as part of its Strategy. The ambitions were provided to give a steer to the delivery of the West of England Nature Recovery Network (NRN).

We are using these ambitions, alongside the Nature Recovery Network, to help inform our work to restore nature and address the Ecological Emergency.

The WENP Nature Recovery Ambitions adjusted for B&NES can be found on the next page.

WENP Nature Recovery Ambitions for the region [3]



Data sources:

1 World Wide Fund for Nature (WWF), (2022) Living Planet Report, https://www.wwf.org.uk/our-reports/living-planet-report-2022

2 Hallmann CA, Sorg M, Jongejans E, Siepel H, Hofland N, Schwan H, et al. (2017), More than 75 percent decline over 27 years in total flying insect biomass in protected areas, https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0185809

3 West of England Nature Partnership (WENP), (2021) WENP Strategy 2021 – 2030, https://wenp.org.uk/wp-content/uploads/2021/12/WENP-Strategy-Final-Version.pdf

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B&NES Nature Recovery Targets

WENP Nature Recovery Ambitions adjusted for B&NES

B&NES covers 26% of the West of England area

Current situation:	By 2030 we want to:	By 2050 we want to:
Requires further investigation	**increase** the abundance of priority species from 2020 levels by **30%**	Double the abundance of priority species from 2020 levels
Tree Canopy cover of **5,440 ha** (woodland cover of **2,892 ha**) 1	**increase** our semi-natural broadleaved tree and woodland cover by **650 ha**	**increase** our semi-natural broadleaved tree and woodland cover by **2,080 ha**
2,556 ha of Priority Habitats 2	In addition to woodland, create **520 ha** of wildlife-rich habitat outside of the protected site network	In addition to woodland, create **1,560 ha** of wildlife-rich habitat outside of the protected site network
19 'gaps' (or connectivity opportunities) in the Ecological Network within B&NES 3	Close at least **40%** of the NRN connectivity gaps through the creation of new habitat	Close all the NRN connectivity gaps through the creation of new habitat
2 water bodies in good status; **12** in moderate status; **4** in poor status 4	Ensure all water catchments are in at least moderate ecological status, with half in good ecological status	Ensure all water catchments are in good ecological status
54% of SSSI-sites in favourable condition 5	Ensure **70%** of designated sites are in favourable condition	Ensure all designated sites are in favourable condition

Data sources: 1 Calculated using the Forest Research's Urban Canopy Cover Tool - Forest Research (2022) UK Urban Canopy Cover, https://www.forestresearch.gov.uk/research/i-tree-eco/uk-urban-canopy-cover/
2 Calculated from Bristol Environmental Record Centre (BRERC) data – Bristol Environmental Record Centre (BRERC) (2021), Priority habitat mapping for the West of England, https://www.brerc.org.uk/index.htm
3 West of England Nature Partnership (2022) Nature Recovery Network, https://wenp.org.uk/nature-recovery-network/
4 A number of these sub-catchments are only partly in B&NES - Environment Agency (2023), WFD Classification Status Cycle 2 Ecological Status, https://experience.arcgis.com/experience/73ed24b6d30441648f24f043e75ebed2/page/Classification/
5 Natural England (2022), Designated Sites View, Condition of SSSI Units in County AVON , https://designatedsites.naturalengland.org.uk/SearchCounty.aspx

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State of Nature in B&NES

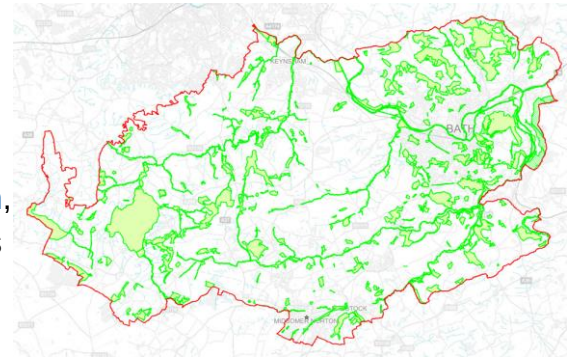
One of the actions in the Council's Ecological Emergency Action Plan is to create a 'State of Nature' report for B&NES, setting out the current state of the natural environment across the region and thereby providing a baseline from which we can measure progress.

In the meantime, some of the key figures that we do know about our natural environment are set out on the next 2 pages.

Protected Areas

14.3% of B&NES covered by **Sites of Nature Conservation Interest** (**5,020** hectares) 1

- **26 SSSIs**, totalling **1,120** hectares
- **14 SSSIs** in **favourable condition**, totalling **851** hectares
- **1 biological SSSI** in **unfavourable, declining condition** 2



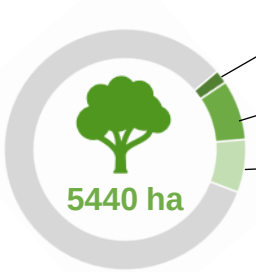
Sites of Nature Conservation Interest (SNCIs) in B&NES 2

Water Health

2 **Water bodies out of 18** in B&NES
are in a 'good' ecological status 3

Trees and Woodland

17% of B&NES is covered by **tree canopy**: 4



1.8% **ancient woodland** 5

8.1% **other woodland** 6

7.1% **other tree cover**

Green Space

1,982 hectares of **accessible green space** in B&NES 7

The equivalent of over **4 Chew Valley Lakes**

There are **24 allotment sites** with **1,209 plots** in B&NES 8

This equates to **162 people per plot**, with an **average wait time of 2.4 years** 8

Data sources: 1 Bristol Environmental Record Centre (BRERC) (2022) Sites of Nature Conservation Interest
2 Natural England (2022), Designated Sites View, Condition of SSSI Units in County AVON, https://designatedsites.naturalengland.org.uk/SearchCounty.aspx
3 Environment Agency (2023), River Basin Management Plan Maps, https://experience.arcgis.com/experience/73ed24b6d30441648f24f043e75ebed2/page/Classification/
4 Calculated using the Forest Research's Urban Canopy Cover Tool - Forest Research (2022) UK Urban Canopy Cover, https://www.forestresearch.gov.uk/research/i-tree-eco/uk-urban-canopy-cover/
5 Calculated from the Ancient Woodland Inventory - Natural England (2022) Ancient Woodland (England), https://naturalengland-defra.opendata.arcgis.com/datasets/Defra::ancient-woodland-england/about
6 Calculated from the National Forest Inventory 2020 – Forestry Commission (2022) National Forest Inventory England 2020, https://www.forestresearch.gov.uk/tools-and-resources/national-forest-inventory/
7 Calculated based on figures from B&NES Green Space Strategy 2015-2019 with the area of Chew Valley Lake subtracted from the figure quoted – B&NES Council (2015), Bath & North East Somerset Green Space Strategy 2015-2019
8 Bath and North East Somerset Council (2022) Find an allotment, https://beta.bathnes.gov.uk/find-allotment

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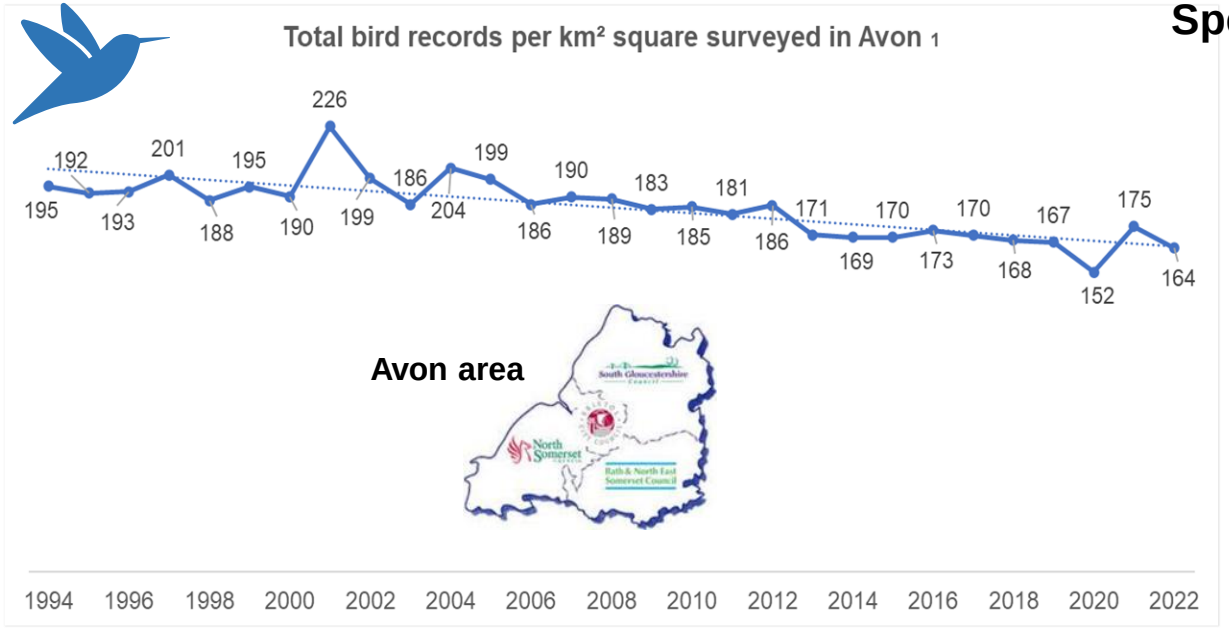
State of Species in B&NES



91% estimated **decrease** in the **swift count**

and

98% estimated **decrease** in the **cuckoo count**

across the West of England.* 2

Species

15 of the **18**

UK species of bats can be found in B&NES 3

Two **key bat species** found in B&NES and SW England are the:

13-34g **4-9g**

Greater and Lesser Horseshoe bats 4

In **2018** there were thought to be **7,280 - 14,600 Greater Horseshoe Bats** in **SW England**. An **increase** compared to **1999** figures.

In **2018** there were thought to be **13,900 - 27,700** Lesser Horseshoe Bats (mostly found) in **SW England**. An **increase** compared to **1999** figures. 5

Data sources:

1 British Trust for Ornithology (2022) Breeding Bird Survey, Totals of individuals counted in Avon (1994-2022), https://app.bto.org/bbs-results/results/county_lists/bbscountydens-GBAV.html

2 British Trust for Ornithology (2022) Breeding Bird Survey, Totals of individuals counted in Avon (1994-2022), https://app.bto.org/bbs-results/results/county_lists/bbscountydens-GBAV.html

* There were no cuckoos recorded in 2022. Taking a smoothed average of the past 3 years versus '95, the decline is now 98%, but they are on the cusp of going regionally extinct.

3 BRERC Species Data Portal (2022) BRERC Interactive Maps, https://brerc.org.uk/imaps/map-index.htm

4 The Vincent Wildlife Trust (2014) Horseshoe Bats, https://www.vwt.org.uk/wp-content/uploads/2015/04/horseshoe-bat-leaflet.pdf

5 Bat Conservation Trust (2021) National Bat Monitoring Programme, Annual Report 2021, https://cdn.bats.org.uk/uploads/pdf/Our%20Work/NBMP/National-Bat-Monitoring-Programme-Annual-Report-2021.pdf?v=1655151480

Environmental Protection

Environmental Protection Summary

Bath & North East Somerset Council

Improving People's Lives

Air Quality and Health

Air Quality in B&NES

Bath Clean Air Zone (CAZ)

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Air Quality and Health

Air pollution (e.g. nitrogen dioxide and particle matter from diesel vehicles) is associated with a range of adverse health impacts, depending on the period of exposure.

Long-term exposure (over years) to air pollution can reduce life expectancy, mainly due to cardiovascular and respiratory diseases and lung cancer.

Short-term exposure (over hours or days) to elevated levels of air pollution can also cause a range of health impacts, including effects on lung function, exacerbation of asthma, increases in respiratory and cardiovascular hospital admissions and mortality.

Other health effects linked to air pollution exposure include diabetes, cognitive decline and dementia, and effects on unborn children.

Each year ...

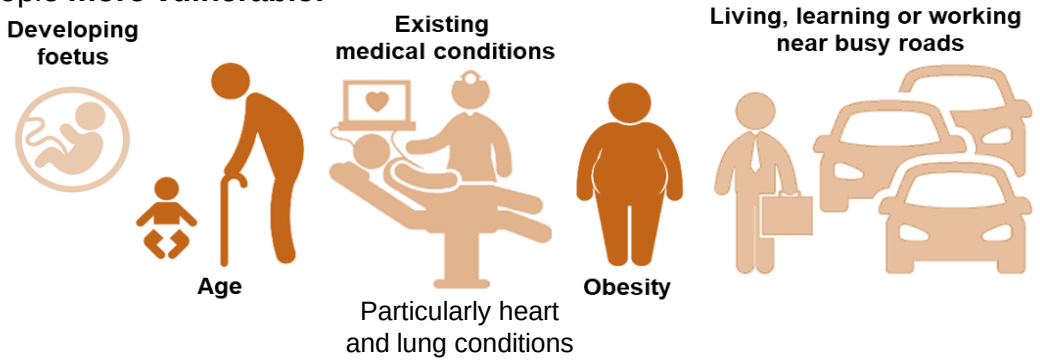
29,000 to 43,000 deaths in the UK are attributable to **outdoor air pollution**

In the UK the estimated costs to the NHS and social care of health problems linked to air pollution in 2017 was £157 million.

The local picture …

Local research in 2014 was unable to determine the extent to which air pollution in B&NES contributes to health problems locally because it was not possible to separate it from other factors such as: age, lifestyle, deprivation and air pollution exposure from elsewhere. Given the quantity of national and international research linking poor air quality to ill-health, there is no reason to believe that this is any different in B&NES.

Air pollution is harmful to everyone. However, there are factors that make some people **more vulnerable:**



These vulnerabilities can also be heightened in **lower income communities**.

For more info visit – The government's guidance - Air pollution: applying All Our Health

Source

Bath & North East Somerset Council (June 2023), 2022 Air Quality Annual Status Report (ASR), https://www.bathnes.gov.uk/services/environment/pollution/air-quality/reports

Related Reports:

B&NES Council (2020), Air Pollution and Your Health, https://www.bathnes.gov.uk/services/environment/pollution/air-quality/air-pollution-and-your-health

Public Health England (2017) Air Quality: A Briefing for Directors of Public Health, https://www.local.gov.uk/publications/air-quality-briefing-directors-public-health

Defra (2006) Air quality and social deprivation in the UK

Defra (2023),Air quality appraisal: damage cost guidance, https://www.gov.uk/government/publications/assess-the-impact-of-air-quality/air-quality-appraisal-damage-cost-guidance

Public Health England (2018), Estimation of costs to the NHS and social care due to the health impacts of air pollution: summary report, https://www.gov.uk/government/publications/air-pollution-a-tool-to-estimate-healthcare-costs

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Air Quality in B&NES

B&NES is a mainly rural district with Bath as the major urban area, together with the small towns of Keynsham, Radstock and Midsomer Norton. The main pollutant source within the area is road traffic. This is exacerbated in Bath with the city being set in a valley surrounded by hills which can trap the pollution within the city.

In Bath, through traffic travels into the Air Quality Management Area (AQMA) on four main corridors:

- M4 junction 18 to A36 south,
- M4 junction 18 to A367,
- A4 west (Bristol) to A36 south, and
- A4 west to A4 east (with 7.5t weight limit).

The lack of alternative routes and a restricted number of River Avon crossing points means that the streets are often congested during peak periods, despite a very high proportion of employed Bath residents using sustainable modes for travel to work.

Source: B&NES Council (June 2023), Air Quality Annual Status Report, https://www.bathnes.gov.uk/services/environment/pollution/air-quality/reports

Related Reports: B&NES Council (2023), Annual Average NO2 Concentrations in B&NES, https://www.bathnes.gov.uk/services/environment/pollution-noise-nuisance/air-quality/air-quality-data-long-term

In 2022 B&NES Council had **180 nitrogen dioxide (NO_2) monitoring sites** and **3 particulate matter (PM) monitoring sites**.

Some headlines from the 2022 monitoring are:

- **NO_2** – 1 site was above the National Government annual mean objective of 40 µg/m³ (Walcot Parade), and 1 exceedance of the 1-hour objective (18 exceedances are allowed). This is the maximum concentration the government considers acceptable. NO_2 remained at similar levels compared to results in 2021.
- **NO_2** – 7 sites were above the new more ambitious Local Council annual mean objective of 36 µg/m³.
- **PM_{10}** – all monitoring results were below the annual average objective of 40 µg/m³ and there were no exceedances of the 24-hour mean objective (35 exceedances allowed). The results were slightly higher than in 2021. This is similar across the National Automatic Urban and Rural Network (AURN) network and shows the increase may have been due to long range pollution.
- **$PM_{2.5}$** – monitoring was below the annual average objective of 20 µg/m³ . The results were slightly higher than in 2021, this is similar across the AURN network.

There is no clear evidence of safe level of exposure to PM or NO_2 below which there is no risk of adverse health effects. This means that further reduction of PM or NO_2 concentrations is likely to bring additional health benefits.

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Bath Clean Air Zone

Whilst air quality has improved significantly in recent decades and will continue to improve due to national policy decisions, there are some areas where local action is needed to improve air quality further.

The **2019 Clean Air Strategy** sets out the case for action, with goals to reduce exposure to harmful pollutants. The **Road to Zero** sets out the approach to reduce exhaust emissions from road transport through a number of mechanisms. A key one being the **Bath Clean Air Zone (CAZ).**

Bath Clean Air Zone (CAZ) – An area where targeted action is taken to improve air quality. This came into place on 15th March 2021. The actions that have been taken as part of the CAZ are:

- **Charges –** for taxis, private hire vehicles, vans, light goods vehicles, buses, coaches and heavy goods vehicles that do not meet the required emission standards to enter the CAZ.
- **CAZ financial support service –** to help drivers adapt or replace their vehicles with cleaner, compliant ones through our financial assistance scheme. By end of Dec 2022 this scheme enabled 900 vehicles to be upgraded.
- **CAZ bus retrofit scheme –** to adapt or replace buses with cleaner, compliant ones. As a result of this scheme 99% for buses in Dec 2022 entering the CAZ were compliant compared to 73% in March 2021.
- **Travel advisors –** deliver and promote sustainable travel and behavioural change and encourage the uptake of various CAZ related mitigation schemes by impacted groups.
- **Business support officers –** oversee processing of CAZ penalty charge notices with the aim of promoting behaviour change and signposting people to mitigation schemes.
- **Discounted residents parking permit charges –** for ultra-low emission vehicles.
- **Anti-idling campaign –** Pilot scheme for community anti-idling signage and development of toolkit to support community activities.

Impact of Clean Air Zone (CAZ) and Related Schemes

- Average 2022 annual NO_2 concentrations within the CAZ were 26% lower than in 2019.
- The percentage of chargeable non-compliant vehicles entering the zone each week reduced from 6% in the launch week to an average of 1% by the end of 2022.

Source

Bath & North East Somerset Council (June 2023), 2023 Air Quality Annual Status Report (ASR), https://www.bathnes.gov.uk/services/environment/pollution/air-quality/reports

Related Reports/Strategies:

B&NES Council (2022) Bath's Clean Air Zone, https://beta.bathnes.gov.uk/bath-clean-air-zone
B&NES Council (2022) Bath's Clean Air Zone Annual Monitoring Reports, https://beta.bathnes.gov.uk/policy-and-documents-library/baths-clean-air-zone-monitoring-reports
Defra (January 2023) Environmental Improvement Plan 2023, https://www.gov.uk/government/publications/environmental-improvement-plan
Department For Transport (July 2018) The Road to Zero, https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/739460/road-to-zero.pdf

Economy

Economy Summary

Bath & North East Somerset Council

Improving People's Lives

Business Demography

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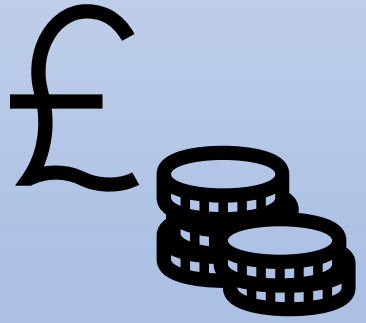
Economy Summary 1

Business Demography

- The growth in the number of businesses in B&NES has not kept pace with England and West of England (21% vs 34%/31% respectively from 2010-2022).
- Our largest sector in terms of the number of businesses is in professional, scientific and technical activities (accounting for around 1 in 5 businesses). The second key sector in B&NES is the combined tourism and leisure sector.
- 89% of businesses in B&NES are 'micro-businesses' (0-9 employees), as is the case nationally and in the West of England.



Economic Growth / Productivity

- Economic growth in B&NES has not kept pace with England and West of England (11% vs 50%/55% respectively from 1998 to 2021). Growth in B&NES is the lowest of all the local authorities in the West of England as well as amongst our statistical neighbours.
- Economic growth since the global financial crisis (2008/9) has been particularly poor, with B&NES not recovering as well as England or the West of England.
- The B&NES economy is dominated by the service sector (accounting for 83% of GVA), as is the case nationally. Education and Health account for almost a third of the local service sector economy. These two sectors make up a higher proportion of the local economy compared to England.
- The strongest economic growth in B&NES has been in the Information & Communication sector. However, this is markedly lower than national and West of England growth (255% vs 748%/899%).
- Productivity in B&NES is lower than England and the West of England with the gap widening over the past decade and growth stagnating in B&NES in recent years.

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Economy Summary 2

Employment (jobs located in B&NES)

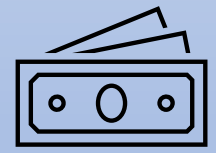
- Around 1 in 5 employees based in B&NES are employed in public sector organisations (19%), which is similar compared to UK and West of England (18%).
- Compared to national, B&NES has a higher proportion of part-time workers (39% vs. 32% respectively).
- Health, Education and Accommodation & food service sectors account for 43% of all jobs in B&NES, higher than national and West of England (30%/31%).
- Following an upwards trend since 2010, the employment rate in B&NES has recently fallen and is now below the national rate for the first time in over a decade.

Unemployment and Economic (In)activity

- Unemployment rates have continued their downward trend in B&NES and nationally.
- Rates of Universal Credit claimants in employment are greater in B&NES than nationally.
- Following a downward trend, economic inactivity has shown a noticeable increase and is now higher than the national rate.
- The main driver of economic inactivity in B&NES is students. There is no evidence that long-term sickness is a key driver of economic inactivity in B&NES (matching national research findings).

Wages

- Nominal annual wage growth has seen a large increase from 2021, with resident-based wages showing a higher increase than workplace-based wages.
- Although resident wages are now higher than national, workplace wages are still lower suggesting those working for employers based outside B&NES receive higher wages on average.



Resident workforce

- B&NES has a highly qualified resident population, with the majority (52%) being qualified to degree level (NVQ level 4 and equivalent).
- B&NES has a much higher proportion of its residents in employment working in professional occupations, which may be behind B&NES higher resident-based earnings.

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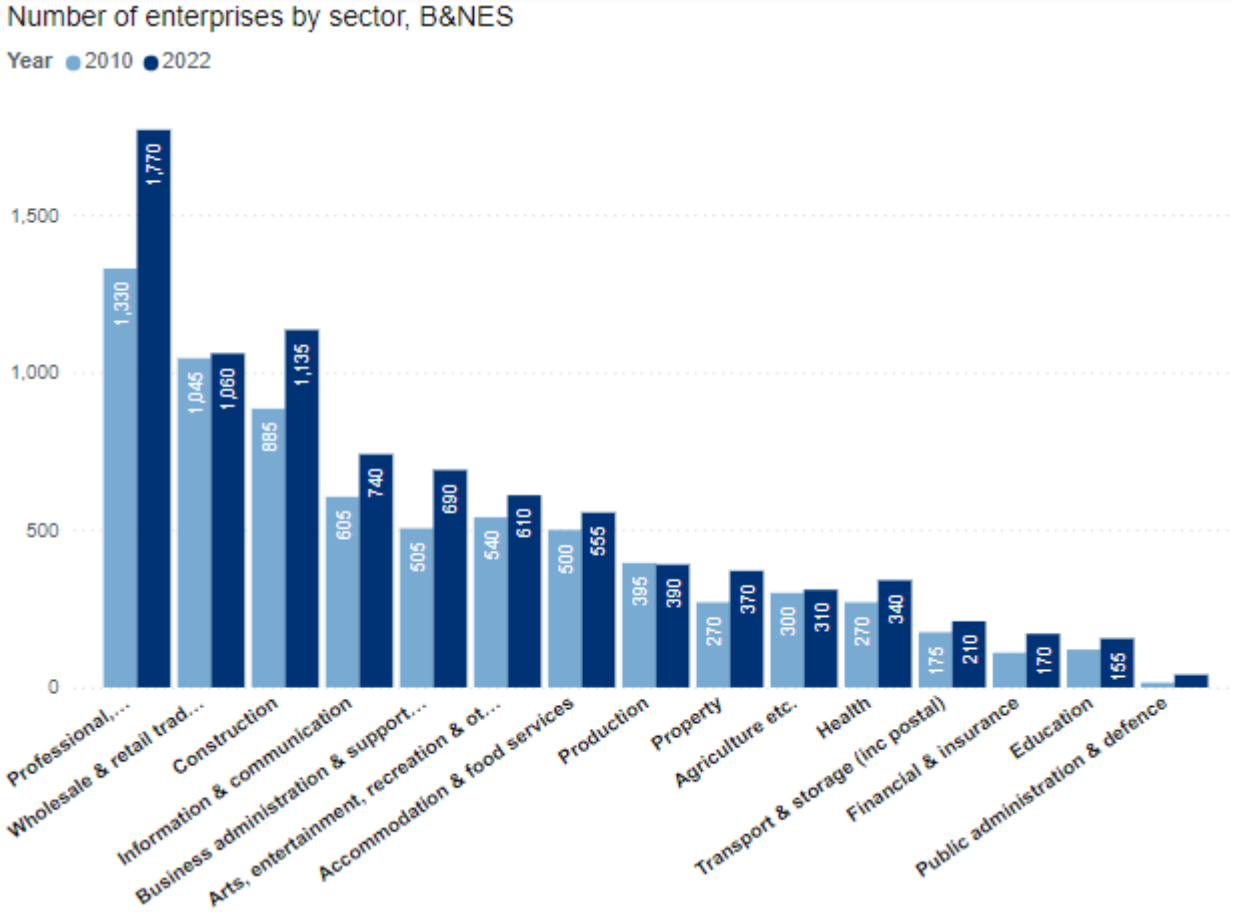
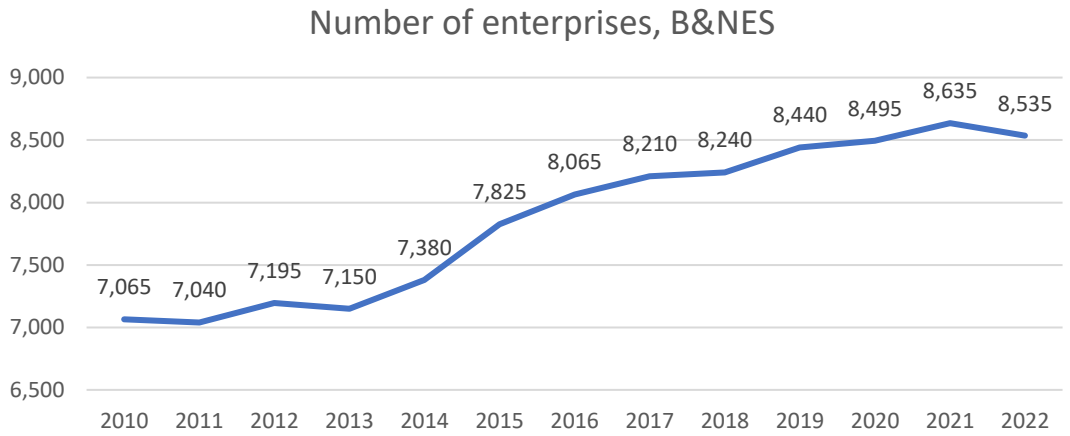
Business Demography: Number of Enterprises





- In 2022 there were **8,535 enterprises (/businesses)** recorded in B&NES[1]. This number has **increased by 21%** since 2010 (7,065) but is a **decrease of 1%** since 2021 (8,635). The increase in B&NES since 2010 is **smaller** than the increase nationally (34%) and in the West of England (31%), but similar to the increase in our near statistical neighbours (20%).
- In B&NES the sector with the greatest number of enterprises is **professional, scientific and technical activities**, accounting for 21% of all enterprises (1,770) in 2022. The increase in this sector since 2010 has been similar to the increase seen nationally (both ~33%).

Sources: Data derived from national statistics published via LG Inform. NOMIS – Official Labour Market Statistics ONS IDBR 2022.

Data notes:

[1] Number of VAT and/or PAYE businesses as of March 2022. Within this IDBR release, 'business' is used to represent an enterprise.

Truncated services in full: 'Professional, scientific & technical', 'Wholesale & retail trade etc.', 'Business administration and support services', 'Arts, entertainment, recreation and other services'.

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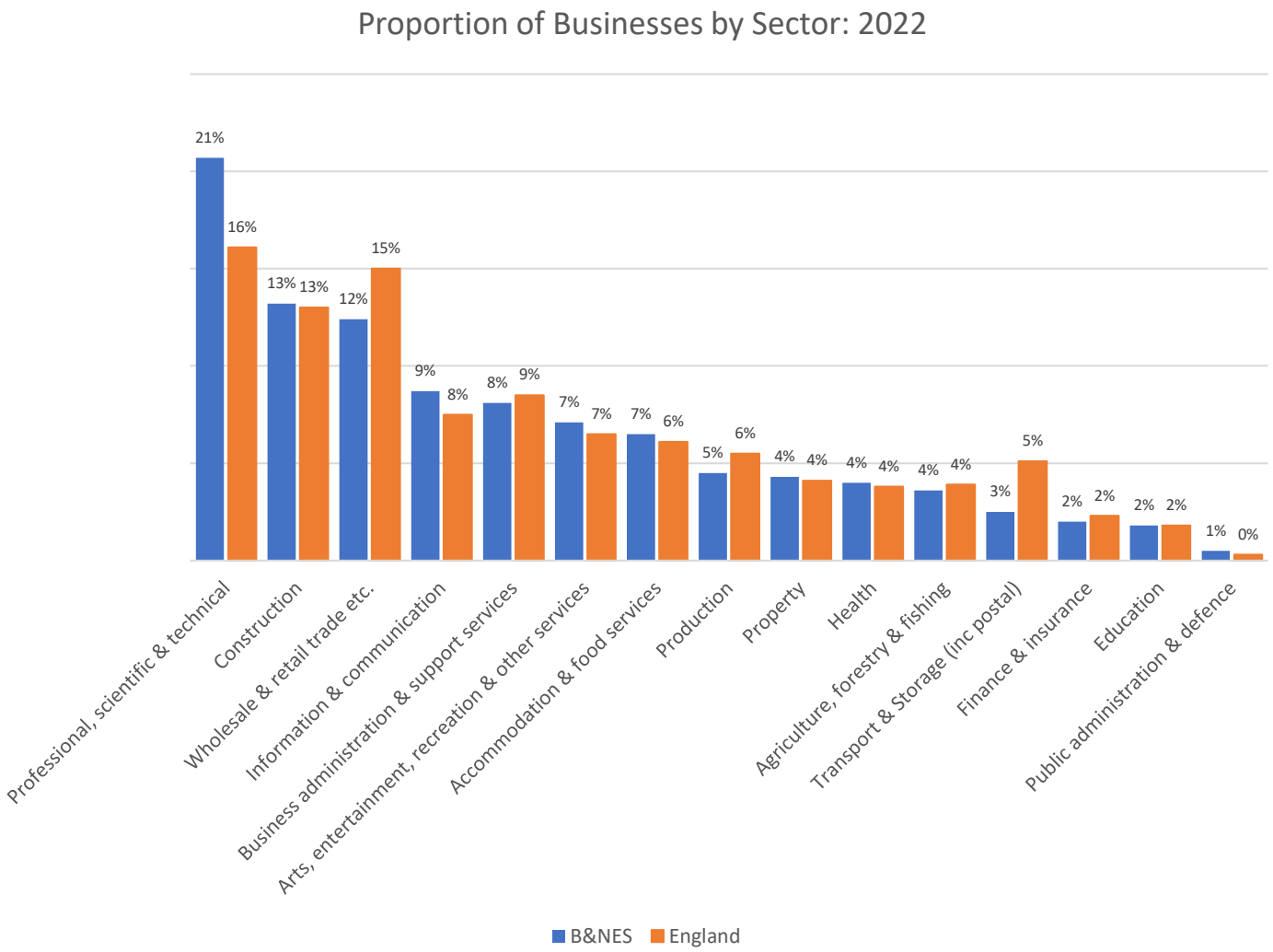
Business Demography: Sector Composition



- As noted previously, in B&NES the sector with the greatest number of businesses is **professional, scientific and technical activities**, accounting for **21%** (1,770) of all businesses in 2022. This is higher than the national level where this sector accounts for **16%** of businesses.
- The second key sector in B&NES is the **combined tourism and leisure** sector[1], accounting for 14% of all businesses (1,165). This is similar to the national level where this sector accounts for 13% of businesses.
- The **wholesale & retail trade** and **transport & storage** sectors are both slightly smaller in B&NES than national levels, whereas other sectors are of a similar proportion in B&NES compared to national.

Sources:
NOMIS – Official Labour Market Statistics. ONS IDBR 2022.

Data notes:
[1] The 'Accommodation and food services' sector, along with the 'Arts, entertainment and recreation' sector combine to form the Tourism and leisure sector across B&NES.

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Business Demography: Enterprises by Size

UK Business Counts, 2022

Enterprises	B&NES		England		WoE	
Total	8,535		2,408,040		46,270	
Micro (0 to 9)	7,550	88.5%	2,157,245	89.6%	41,005	88.6%
Small (10 to 49)	825	9.7%	204,960	8.5%	4,345	9.4%
Medium-sized (50 to 249)	125	1.5%	36,495	1.5%	725	1.6%
Large (250+)	40	0.5%	9,345	0.4%	195	0.4%

- The make-up of businesses in B&NES (from micro to large) is similar to that seen nationally and in the West of England.
- In 2022, **89% of enterprises in B&NES were micro-enterprises** (employing 0-9 persons), **similar** to national (90%) and West of England (89%) levels.
- **Small enterprises** (employing 10 to 49 persons) accounted for **10%** of enterprises in B&NES, **similar** to national and West of England levels (9%).
- **Less than 0.5%** of enterprises across B&NES were large (employing more than 250 people). Large enterprises make up a very low share across all areas. However, they can account for a substantial share of total employment.

Source: NOMIS – Official Labour Market Statistics.

Data notes:
West of England includes B&NES, Bristol, North Somerset and South Gloucestershire.

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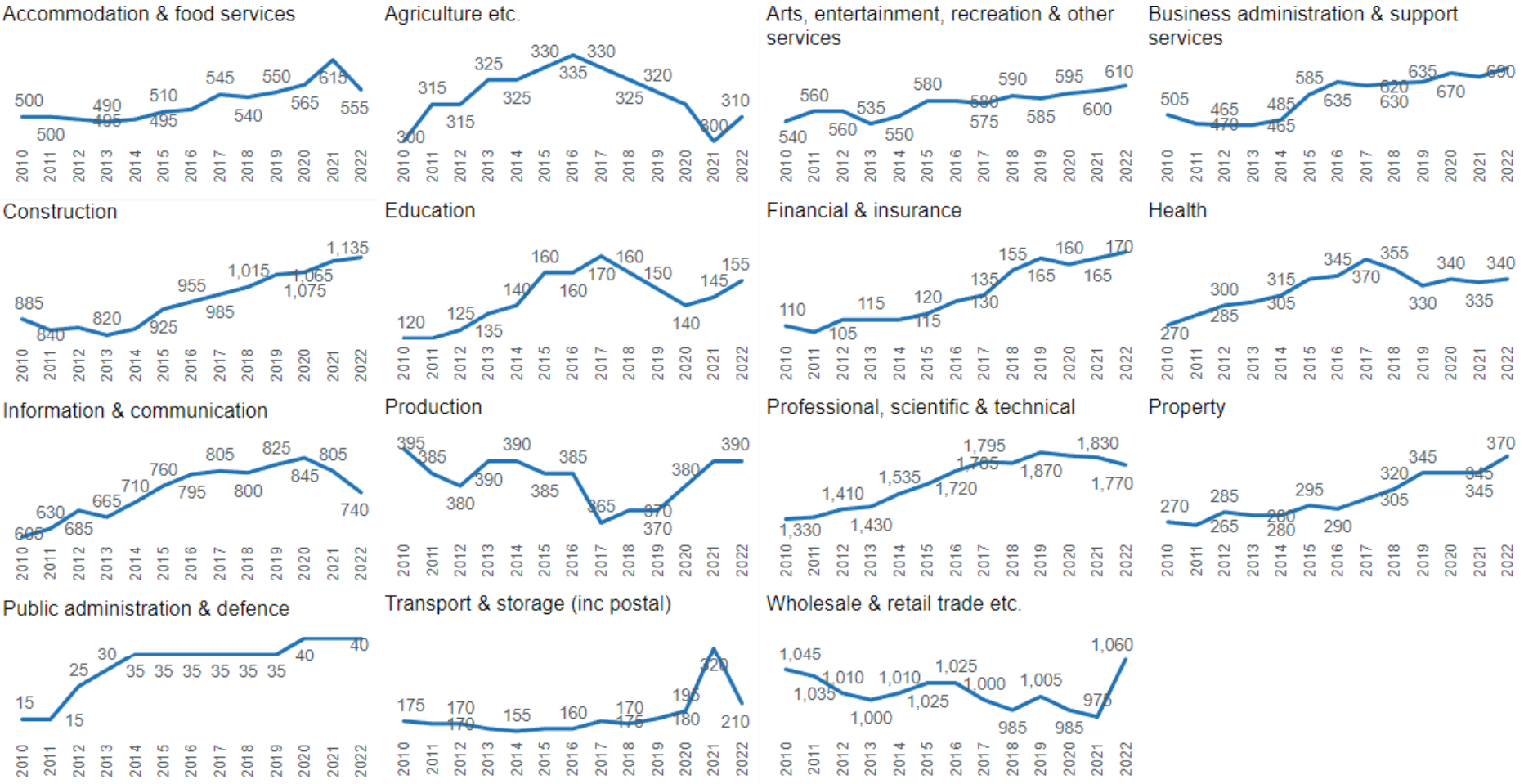
Business Demography: Sector changes over time

Number of enterprises by sector, B&NES, 2010 - 2022



- The sectors in B&NES with the **highest increase in the number of businesses since 2010** are:
  - Professional, scientific & technical (an increase of 440 businesses)
  - Construction (an increase of 245 businesses)

  and
  - Business administration & support services (an increase of 185 businesses)

- Only the Production sector has shown a **decrease** since 2010 (10 fewer businesses)

Source: Data derived from national statistics published via LG Inform.

Data note: Numbers may differ due to rounding. All data are rounded to protect confidentiality. Figures from NOMIS may differ by small amounts from those published in ONS outputs due to the application of a different rounding methodology.

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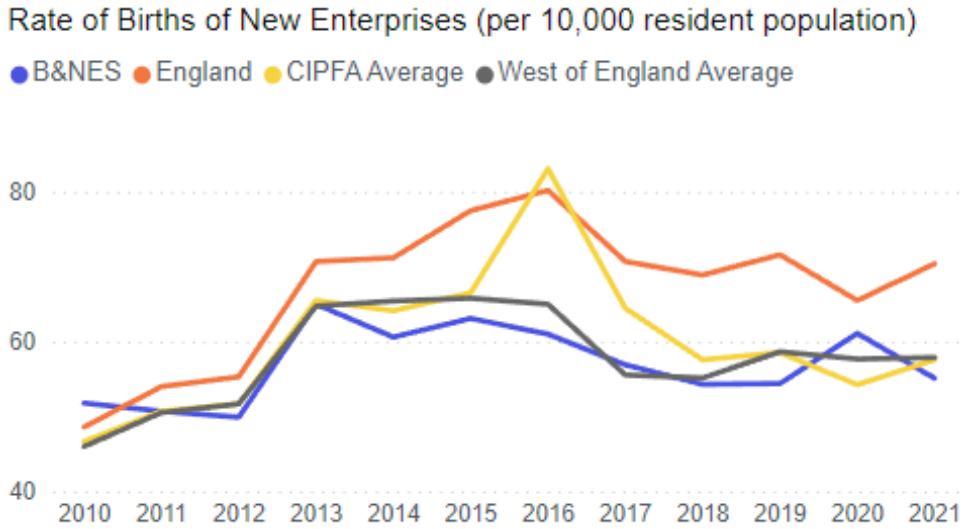
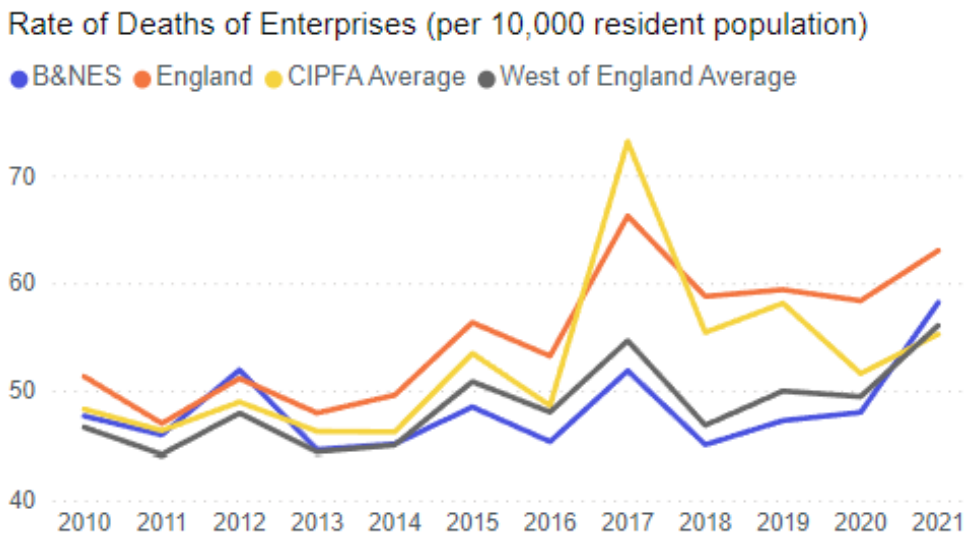
Business Birth and Death Rates





- In 2021, there were **885 births of new enterprises in B&NES**. The **rate of births of new enterprises**[1] per 10,000 resident population aged 16+ has historically been **similar** in B&NES compared to the West of England (WoE) average and this continues to be the case in 2021: B&NES 55.1, WoE 57.9. These rates are **lower** than the national rate (2021 England: 70.4). The rate of births of new enterprises increased nationally in 2021, but declined in B&NES (from 61).
- In 2021, there were **935 deaths of enterprises in B&NES**. The **rate of deaths of enterprises**[2] per 10,000 resident population aged 16+ in B&NES has been similar to the WoE rate and lower than the national and near statistical neighbour rates for much of the last decade. It has shown a greater increase than the national increase from 2020 to 2021 (2020: B&NES 48.0, England 58.4; 2021: B&NES 58.2, England 63.0).

Source:
Data derived from national statistics published via LG Inform.
Data notes:
[1] Proportion of new business registrations (identified through registrations with HMRC for VAT and/or PAYE) per 10,000 resident population aged 16 and above (calculated from the mid-year population estimates for the number of people age 16+).
[2] Proportion of businesses ceasing to trade (identified through de-registration) per 10,000 resident population aged 16 and above. (calculated from the mid-year population estimates for the number of people age 16+).
CIPFA (Chartered Institute of Public Finance and Accountancy) – Statistically similar LA's for comparison (B&NES, Bedford Borough, Central Bedfordshire, Cheshire East, Cheshire West and Chester, Herefordshire, North Somerset, Shropshire, Solihull, South Gloucestershire, Stockport, Swindon, Warrington, West Berkshire, Wiltshire, York).
West of England includes B&NES, Bristol, North Somerset and South Gloucestershire.

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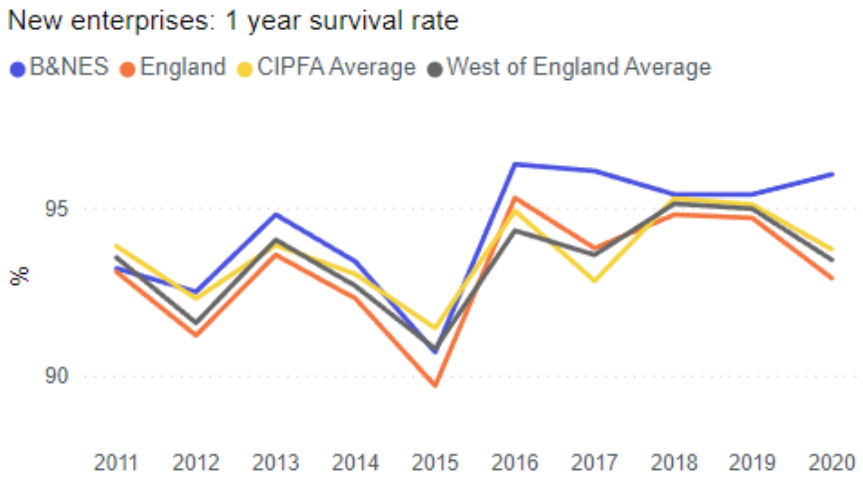
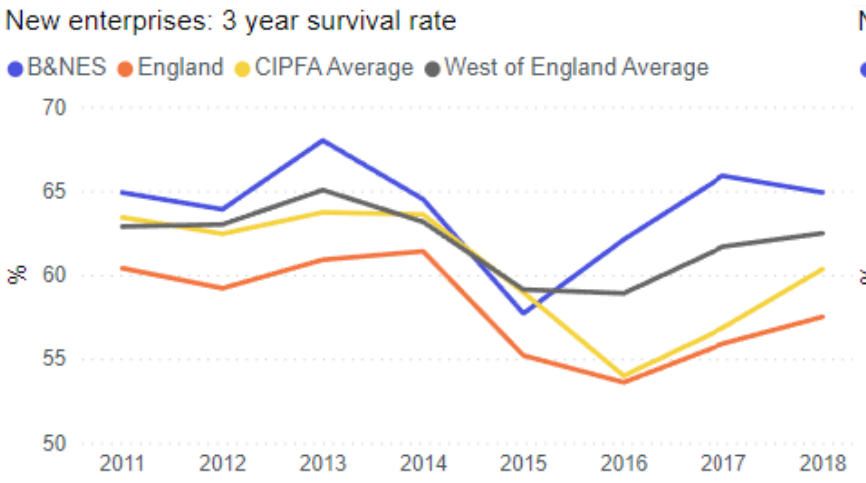
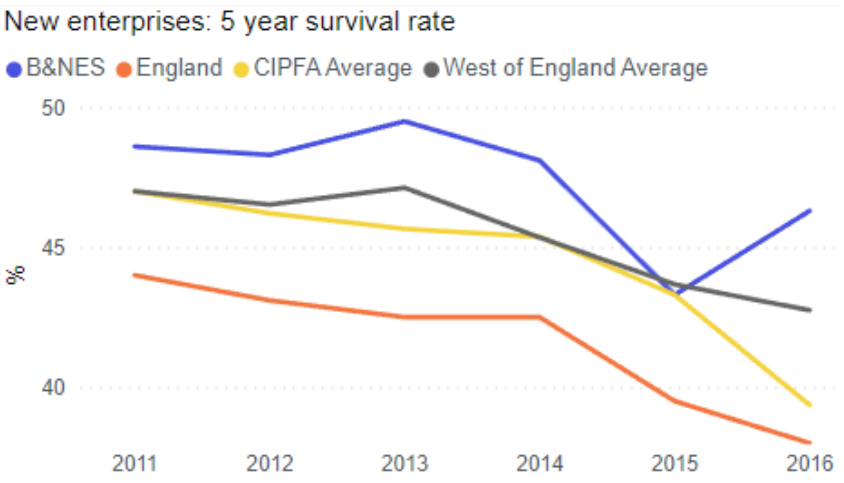
Business Survival Rates







- **Business survival rates have historically been higher in B&NES than national rates** and have also typically been **higher** compared to the West of England and our CIPFA near neighbours.
- In 2020, the 1-year survival rate was 96% in B&NES, compared to 93% in England and 94% in the West of England.
- In 2018, the 3-year survival rate was 65% in B&NES, compared to 58% in England and 63% in the West of England.
- In 2016, the 5-year survival rate was 46% in B&NES, compared to 38% in England and 43% in the West of England.

Source:
Data derived from national statistics published via LG Inform.
Data notes:
CIPFA (Chartered Institute of Public Finance and Accountancy) – Statistically similar LA's for comparison. **West of England** includes B&NES, Bristol, North Somerset and South Gloucestershire.
New enterprises 1-year survival rate is the proportion of newly born enterprises still active 1 year after birth in the area. A business is deemed to have survived if it is still active in terms of employment and/or turnover in any part of the following year.

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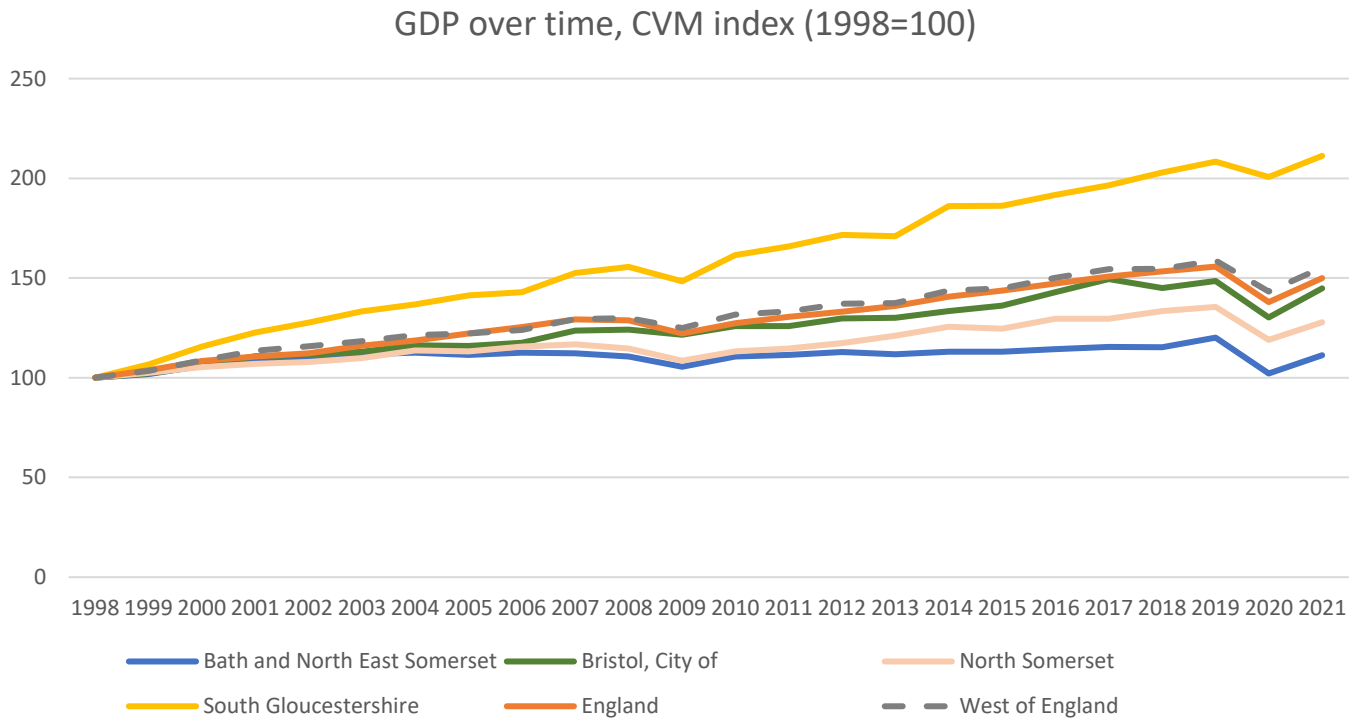
B&NES Economy (GDP) & Economic Growth



- Bath and North East Somerset's economy generated **£5.1bn[1] of Gross Domestic Product** (GDP) in 2021 (the latest year for which data is available). This accounts for **12%** of the **West of England[2] economy** (£42.8bn).
- From 1998 to 2021, real GDP in B&NES is estimated to have **increased by 11.3%**. This is **lower than the growth seen in both England (50.0%) and the West of England (55.2%)** over the same period. This is also the **lowest growth amongst our CIPFA near statistical neighbours** where growth ranged from 11.3% to 205.2% in the period 1998 to 2021. Growth in B&NES began to diverge in the early 2000s and has remained relatively stagnant since.
- Following the economic impact of the Covid-19 pandemic in 2020, B&NES, England and the West of England all showed partial recovery in 2021 but all remained below their pre-pandemic levels.
- Since 2011, B&NES is the only local authority within our near statistical neighbours or the West of England where **real GDP has not grown**. In 2021, real GDP in B&NES decreased by 0.1% since 2011; the corresponding growth was 14.9% in England and 16.4% in the West of England in the same period.
- **Annual growth in GDP[3,4]** in the period **1998-2007** was, on average, 1.3% per annum in B&NES. Whereas during the period **2011-2019** (i.e. the period following the global economic recession to pre-pandemic) it was **lower** at 0.9% per annum, on average. In both England and the West of England the corresponding rates in these two periods were the same (2.2% per annum for England, 2.9% per annum West of England), indicating that **B&NES has not recovered as well as other areas following the financial crisis in 2008-2009**.

Sources:
ONS Regional GDP (April 2023): LAs / ITL regions / Enterprise regions
Data Notes:
Gross Domestic Product (GDP) measures the value of goods and services produced in the UK. It estimates the size of and growth in the economy.
Indexed data are used to show how GDP has changed since a point in time (1998 here). An index of 150 means GDP is 50% higher than in 1998.
[1] **GDP** in current market prices (i.e. expressed in terms of the prices of the time period being estimated).
[2] **West of England** includes B&NES, Bristol, North Somerset and South Gloucestershire.
CIPFA (Chartered Institute of Public Finance and Accountancy) – Statistically similar LA's for comparison.
[3] **GDP** in Chained Volume Measures (CVM), where the effects of inflation have been removed in 2019 money value.
[4] Refers to **compound annual growth rate** i.e. the mean annual growth rate over a specified period of time.

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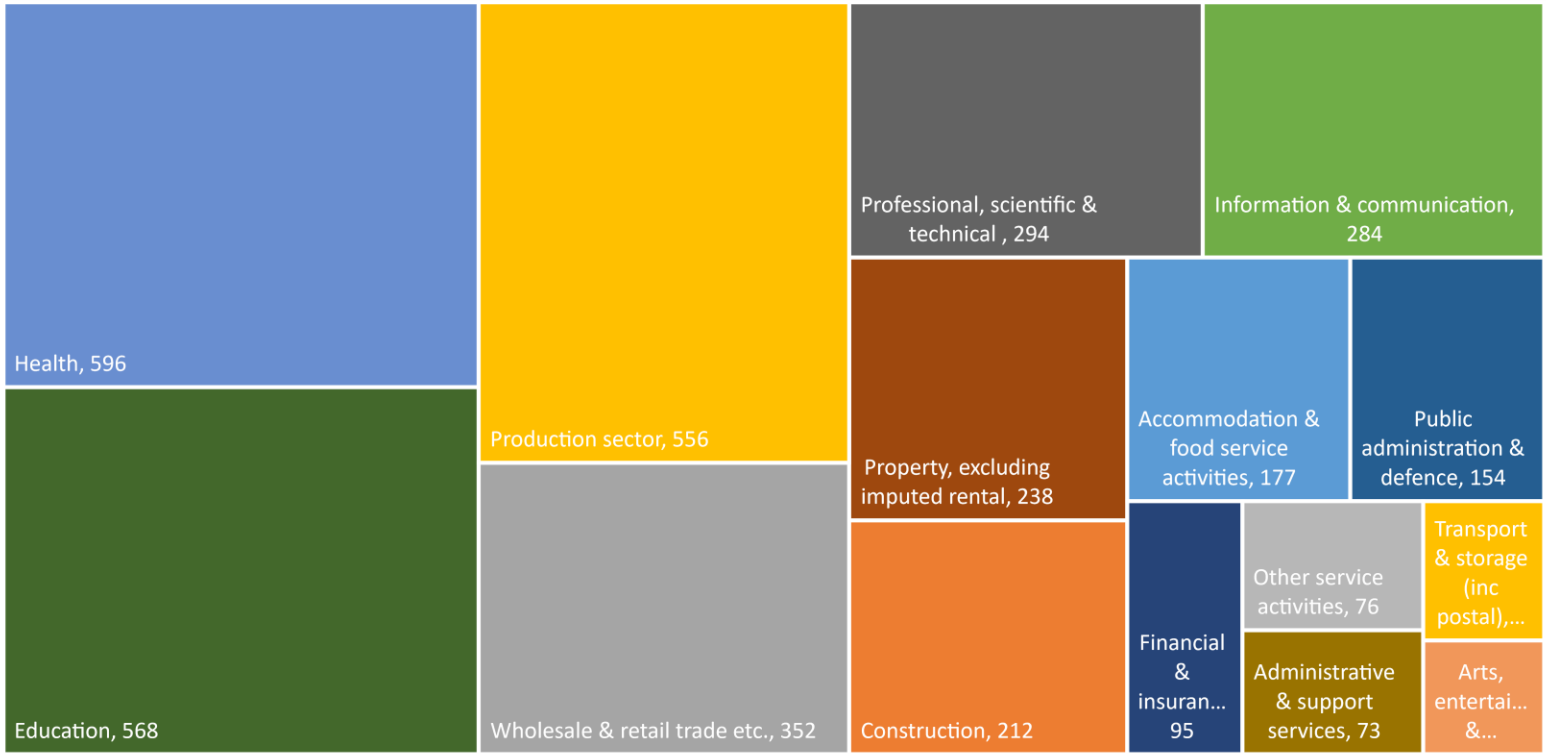
B&NES Economy (GVA) by Sector



GVA[1] by Industry, 2021

Sector	B&NES GVA[1] (£ million)	B&NES %	England %
All industries	4,435		
Production sector	556	13%	13%
Construction	212	5%	6%
Service sector:	**3,668**	**83%**	**81%**
Health	596	13%	8%
Education	568	13%	6%
Wholesale & retail trade etc.	352	8%	11%
Professional, scientific & technical	294	7%	8%
Information & communication	284	6%	7%
Property, excluding imputed rental	238	5%	4%
Accommodation & food services	177	4%	2%
Public administration & defence	154	3%	5%
Financial & insurance	95	2%	9%
Other service activities	76	2%	1%
Administrative & support services	73	2%	5%
Transport & storage (inc postal)	55	1%	3%
Arts, entertainment & recreation	45	1%	1%

- The economy in B&NES is dominated by the **Service sector** which accounts for **83%** of Gross Value Added (GVA)[1]. This is similar to England and West of England where the Service sector accounts for 81% and 83% of GVA respectively. The **Production sector** made up **13%** of GVA in B&NES and **Construction** the remaining 5% in 2021.
- Within the Service sector, **Health and Education** contributed the **most to the B&NES economy**, accounting for 13% each of GVA in 2021. These are higher proportions than the corresponding values for England (8% and 6% respectively). Education and Health have been in the top 3 largest contributors to GVA in B&NES for over 20 years. This is perhaps unsurprising given Health is the biggest employer and Education the third biggest employer in B&NES (see here).

Sources: ONS Regional GVA (balanced) by industry (April 2023): LAs / ITL regions

Data Notes:

Gross Value Added (GVA) is a measure of the economic activity taking place in an area. It reflects the value of goods and services produced, less the cost of any inputs used up in that production process.

[1] 2021 GVA (balanced), current prices. Industries based on the SIC07 categories.

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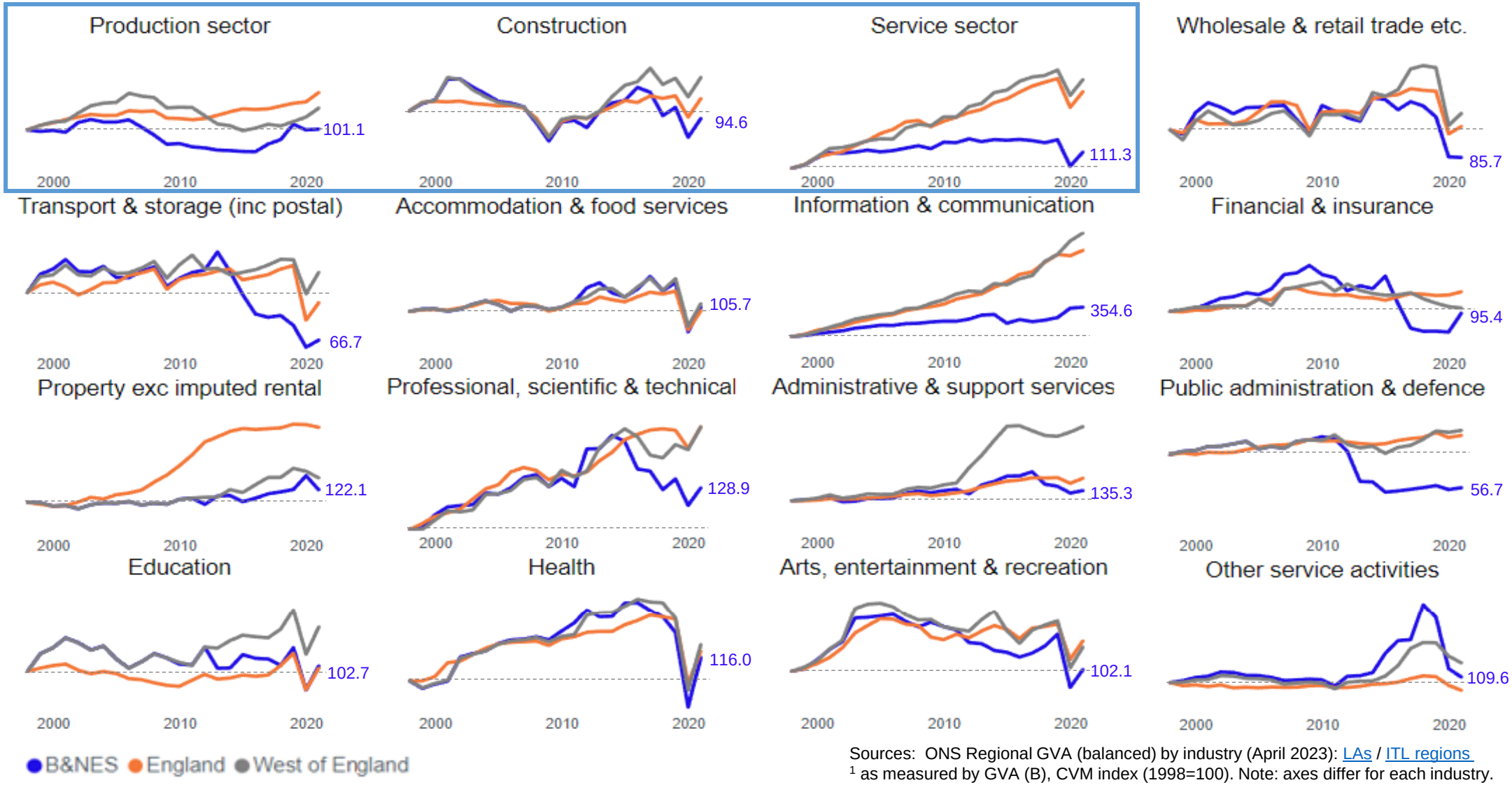
Economic Growth by Industry (overview)

Economic Growth by Industry[1] (1998-2021), (1998=100)



Sources: ONS Regional GVA (balanced) by industry (April 2023): LAs / ITL regions

[1] as measured by GVA (B), CVM index (1998=100). Note: axes differ for each industry.

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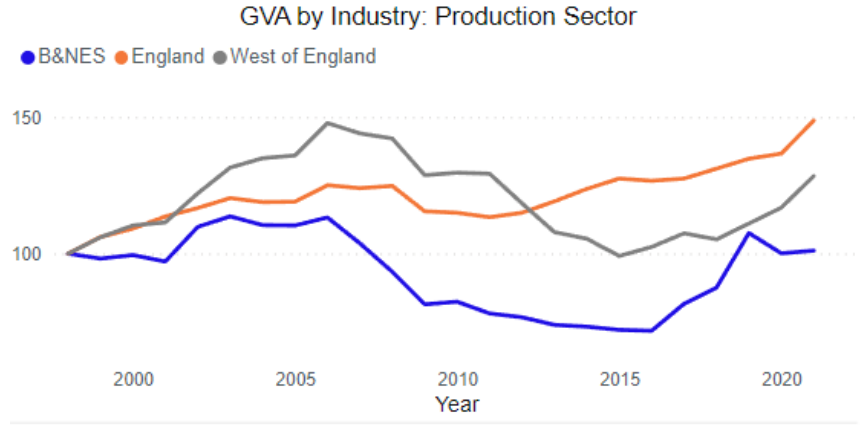
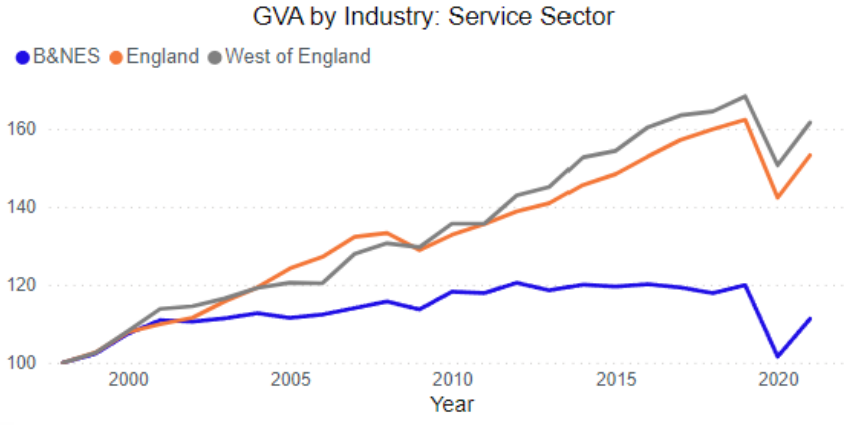
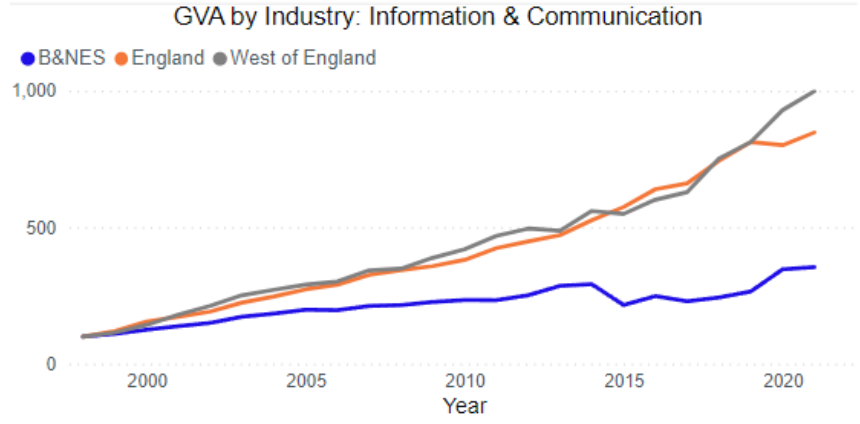
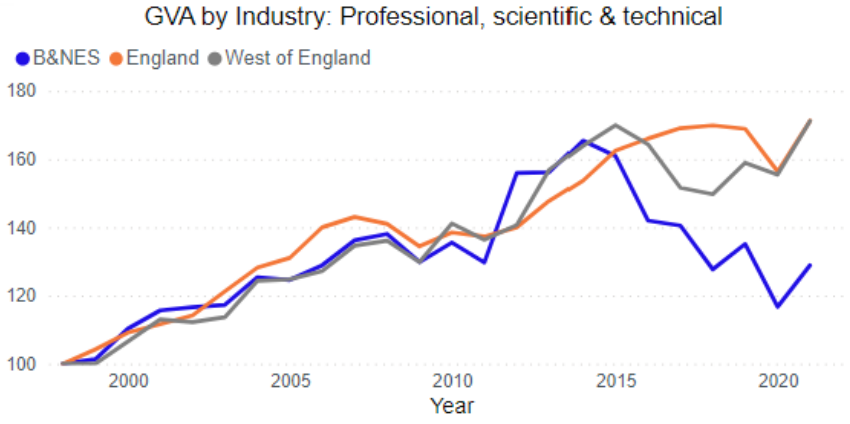
Economic Growth by Industry (further detail)









- **Economic growth** in the **Production and Service sectors** has been **below national** and **West of England** levels for many years in B&NES.
- Following a period of decline, **Production sector growth** in B&NES has returned to near 1998 levels with real GVA in **B&NES** during 2021 being only 1% higher compared to 1998. This compares to **49%** in **England** and **28%** in the **West of England**.
- In 2021, **Service sector growth in B&NES** (since 1998) was **11%**, compared to **53%** in **England** and **62%** in the **West of England**.
- Economic growth in B&NES has been **below national growth** in all service sector industries except for three: Accommodation & food services, Education, and Other service activities[1] (see previous slide).
- By far the **strongest** economic growth in B&NES from 1998 to 2021 has been in the **Information & communication sector** (Note this sector accounted for 6% of B&NES GVA in 2021) **.** However, this growth has been **markedly lower** than national and West of England levels for many years (255% B&NES; 748% England; 899% WoE since 1998).
- The sector with the greatest number of enterprises in B&NES is **professional, scientific and technical activities**. Economic growth in this sector has been **below national and West of England levels since 2015** (1998-2021 growth: 29% B&NES; 71% England; 71% WoE).
- The sectors showing the **largest declines** in B&NES have been the **Public administration & defence[2]** and **Transport & storage (inc postal) sectors** (see previous slide). These sectors now make up a relatively small share of GVA in B&NES (3% and 1% respectively in 2021).

Sources:
ONS Regional GVA (balanced) by industry (April 2023): LAs / ITL regions
Data Notes:
West of England (WoE) includes B&NES, Bristol, North Somerset and South Gloucestershire.
Charts plot GVA(B) CVM index (1998=100), Note: axes differ for each industry. **Indexed data** are used to show how GVA has changed since a point in time (1998 here). An index of 150 means GVA is 50% higher than in 1998.
[1] Other service activities includes activities such as activities of membership organisations, repairs of computer, personal and household goods, other personal service activities (e.g. washing/dry-cleaning, hairdressing and other beauty treatments, physical well-being activities).
[2] The Ministry of Defence sites at Ensleigh, Foxhill and Warminster Road were closed in 2012/13.

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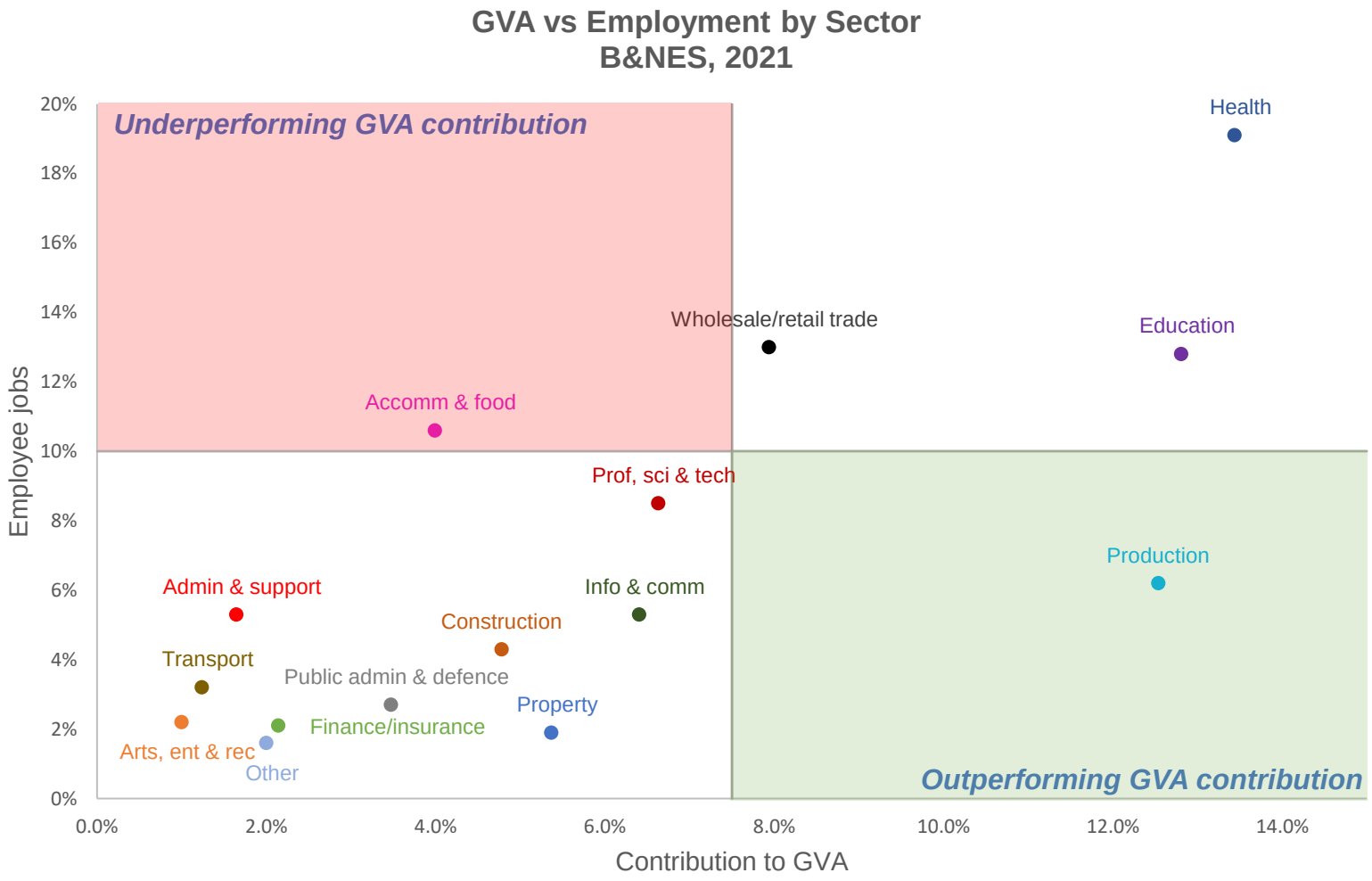
Economy and Employment by Sector



- The chart opposite plots the contribution to GVA against the proportion of employee jobs for each sector in B&NES in 2021 to give an indication of how each sector performs in these measures.
- As noted earlier, the **Health** Sector is both the **largest contributor to the B&NES economy** (accounting for 13.4% of GVA) and is also the **largest employer** (accounting for 19.1% of employee jobs) in 2021.
- The **Production** sector is **outperforming** in terms of its GVA contribution (12.5%) relative to employee jobs in B&NES (6.2%).
- The **Accommodation & food services** sector is **underperforming** in terms of its GVA contribution (4%) relative to employee jobs (10.6%).

Sectors: Accommodation & food services, Administrative & support services, Arts, entertainment & recreation, Construction, Education, Financial & insurance, Health, Information & communication, Other service activities, Production, Professional, scientific & technical, Property (excluding imputed rental), Public administration & defence, Transport & storage (inc. postal), Wholesale & retail trade etc.

Sources:
ONS Regional GVA (balanced) by industry (April 2023): LAs
NOMIS – Official Labour Market Statistics

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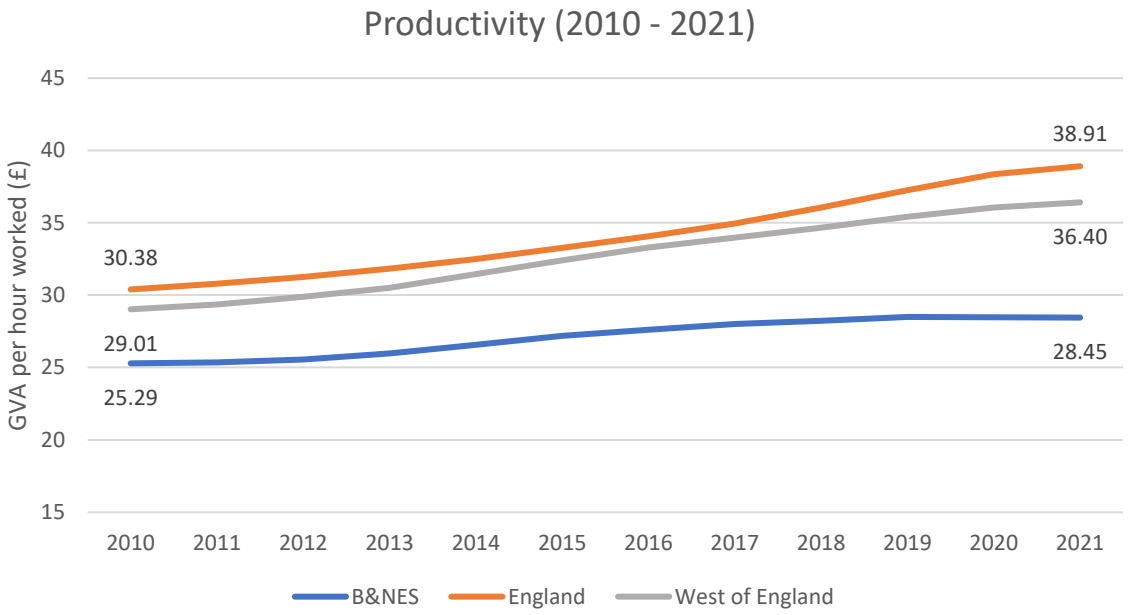
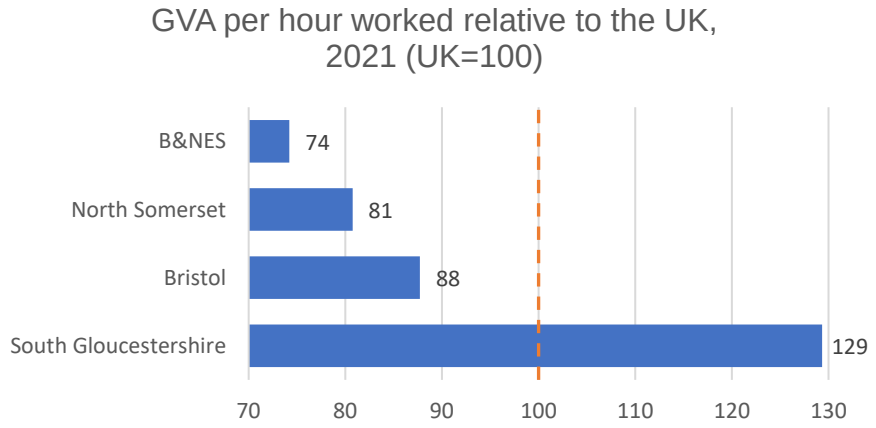
Productivity





- **Poor productivity** is an issue both nationally and locally. UK productivity has been relatively low, particularly since the global financial crisis in 2008. Growth in UK productivity was the 2nd lowest among the Group of Seven (G7) industrialised nations between 2009 and 2019.
- In 2021, **productivity** in B&NES (as measured by GVA per hour worked[1]) was **£28.45, over £10 lower** than the England figure (£38.91). The gap to the national figure has **widened** over the past decade with growth stagnating in B&NES in recent years.
- **Productivity was 26% lower in B&NES compared to the UK in 2021**. LAs with the highest levels of productivity are generally located in the South East. Of the four areas comprising the West of England, only South Gloucestershire showed higher productivity than the UK average (29% higher in 2021). B&NES has seen the lowest productivity within the West of England for much of the past 20 years, whilst South Gloucestershire has consistently seen the highest productivity.
- **Productivity** in B&NES also **compares poorly amongst our CIPFA near statistical neighbours** where productivity in B&NES was ranked 15th lowest out of the 16 areas in 2021. B&NES has ranked in the bottom three for most of the past 20 years.
- It should be noted that the **productivity estimates** quoted here **include property imputed rentals**[1]. Property imputed rentals make up a larger proportion of GVA in B&NES (16% B&NES, 10% WoE, 10% England in 2021) so this implies that productivity estimates in B&NES would be lower compared to England and the West of England if imputed rentals were excluded.

Sources: ONS subregional productivity in the UK (June 2023) (data for labour productivity indices by local authority districts / economic enterprise regions / ITL1, ITL2 and ITL3 regions and subregions)

Data Notes:

Labour productivity measures how many units of output are produced for each unit of labour input and is calculated by dividing output by labour input. The preferred ONS measure for this is GVA per hour worked as hours worked are a more precise measure of labour input than jobs.

Figures quoted use the Balanced Approach and are presented in current prices (smoothed).

[1] Productivity estimates by sector are not available at LA level so estimates shown include imputed rental in the Property sector.

West of England (WoE) includes B&NES, Bristol, North Somerset and South Gloucestershire.

CIPFA (Chartered Institute of Public Finance and Accountancy) – Statistically similar LA's for comparison.

Competitiveness

UKCI in Rank Order, West of England areas

Area	2019	Rank 2019	2023	Rank 2023
South Gloucestershire	107.3	64	109.6	46
Bristol, City of	104.8	78	105.8	70
B&NES	95.3	151	95.0	152
North Somerset	92.7	168	93.4	165

Source:
UK Competitiveness Index 2023

Data Notes:
[1] The UKCI examines the performance of localities, cities and regions based on a number of economic indicators that measure the capability and capacity to grow economically. UK=100.

- The **UK Competitiveness Index (UKCI)** is a measure of the long-run potential of localities, cities and regions to generate economic growth and well paid employment. Across the 362 local areas benchmarked, it found 9 of the top 10 most competitive localities are boroughs in London, with the remaining area situated in the South East.
- In the 2023 UKCI, **B&NES was ranked 152nd** with a UKCI of **95.3** i.e. B&NES is considered 4.7% less competitive than the UK average. Of the 362 local areas benchmarked, **over two-thirds (71%)** have a UKCI considered **less competitive** than the UK average (less than 100).
- South Gloucestershire is considered the most competitive area among the four West of England areas with a UKCI of 107.3 and a ranking of 46th. Bristol is the second most competitive area with a UKCI of 104.8 and a ranking of 70th.
- Out of the 47 Local Enterprise Partnership Areas/City regions, the West of England ranked 8th most competitive with a UKCI of 103.4.
- The 2023 report noted *"the continuing dominance of localities in and around London, which is by far the central location for generating economic growth."* and highlighted that *"a locations proximity to London is an important determinant of its competitiveness and future economic growth."*

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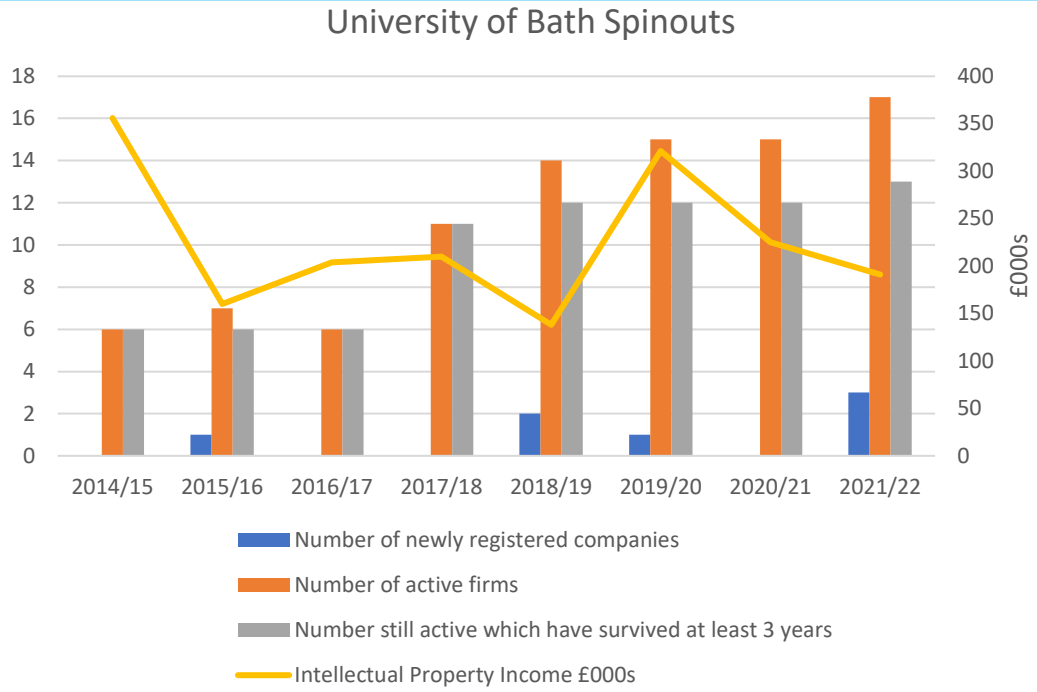
Innovation / University spinouts



Intellectual Property: Disclosures and patents filed by or on behalf of the HEP (2021/22)

HE Provider	Number of disclosures	Number of new patents applications filed in year	Number of patents granted in year	Cumulative patent portfolio	Number of patents filed by an external party naming the HEP as a co-applicant
The University of Bristol	74	53	15	102	20
The University of Bath	23	20	5	183	4
UWE (5)	9	4	4	52	0
Bath Spa University	0	0	0	0	0
Total	**106**	**77**	**24**	**337**	**24**

- The government has recognised the **importance of spinouts**[1] in supporting economic growth and fuelling innovation across the country. In March 2023 an independent review of the UK spinout landscape was announced, aiming to identify best practice in turning university research into commercial success.
- University spinouts are relatively low in B&NES. The **University of Bath** ranked **34th** of UK universities for number of active spinouts[2] in 2021/22 (with **17** active firms), higher than it's ranking of 51st in 2014/15. The Universities of Oxford and Cambridge regularly top these rankings (with 162 and 223 active firms respectively in 2021/22). The University of Bristol has been in the top 5 since 2019/20 (with 80 active firms in 2021/22).[3]
- A recent annual report found that in Jan 2023, The University of Bath ranked joint **27th** in their list of top academic institutions by total number of spinouts, with 16 (based on Beauhurst criteria)[4]. They also highlighted it as one of the universities exhibiting **the fastest growth in their spinout populations over the past two years**. It notes that of the 16 businesses tracked since 2011, *"11 of these have raised a total of £99.9m in equity investment across 21 rounds. The most recent of these was by EnsiliTech, the university's latest spinout, which raised £866k in Dec 2022."*
- In 2019/20, The University of Bath noted that of its then 16 active spinout companies, 7 were based in B&NES. These 16 spinouts employ over 600 people, with the largest (Vectura Ltd), employing over 500 employees. This company spunout in 1997 and is based in Chippenham, Wiltshire.
- In 2021/22, of the four higher education providers (HEPs) located in the West of England, The University of Bristol had the highest number of Intellectual Property disclosures, new patent applications filed, and patents granted in year. **The University of Bath had the highest cumulative patent portfolio** (with 183 individual active and live patents).

Source: Higher Education Statistics Agency (HESA) Tables 4a, 4c, 4e

Data Notes:

[1] Spinouts are companies set-up to exploit Intellectual Property that has originated from within a Higher Education Provider (HEP). See here for further detail.

[2] For categories: 'Spin-offs with some HE provider ownership' & 'Formal spin-offs, not HE provider owned'.

[3] Note: Bath Spa University have no firms in these categories in the period 2014/15 to 2021/22.

[4] Uses Beauhurst criteria for defining spinouts.

[5] UWE – University of the West of England.

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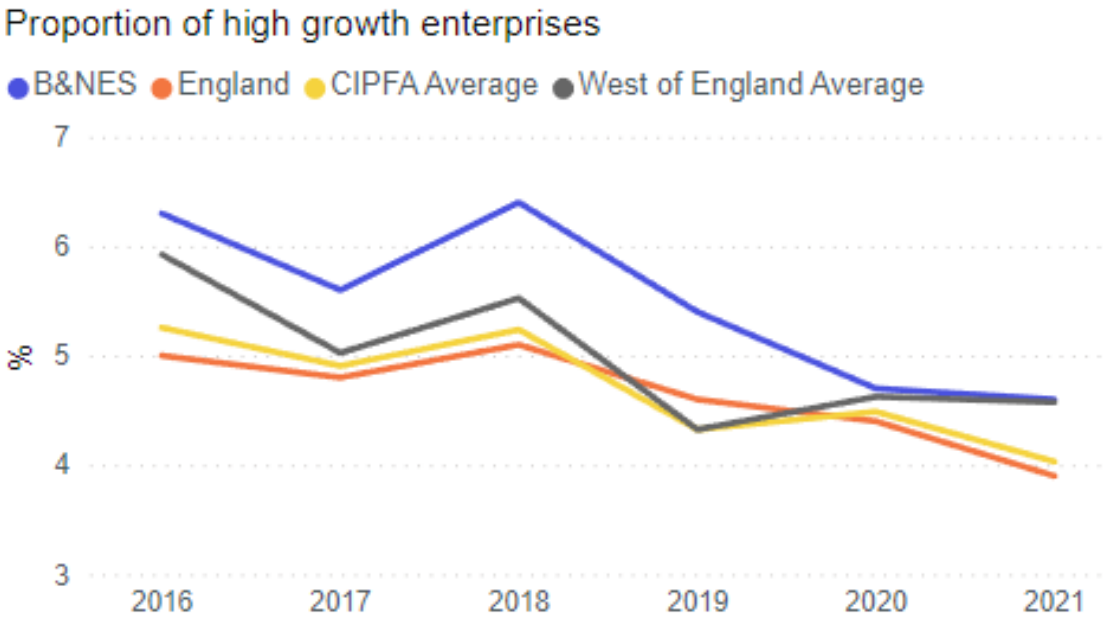
High Growth Enterprises



- High growth enterprises (as measured by employment growth)[1] has seen a downwards trend since 2016 in B&NES and nationally.
- The proportion of high growth enterprises in B&NES has consistently been slightly higher than national levels as well as above West of England and CIPFA near statistical neighbour averages.
- In 2021 there were ~45 high growth enterprises in B&NES. These account for 4.6% of all enterprises with 10 or more employees in B&NES, compared to 3.9% in England.
- Nationally, the industry with the highest percentage of businesses in high growth was Information & Communication (7.7%), followed by Finance & Insurance (5.5%). The industry with the smallest percentage of high growth businesses was Motor Trades (2.5%). Nationally, all sectors showed a fall in high-growth rate in 2021 compared to 2020.

Source:
Data derived from national statistics published via LG Inform. ONS Business Demography, UK: 2021

Data Notes:
[1] This is the number of high growth enterprises in an area, expressed as a proportion of active enterprises with ten or more employees. A high growth enterprise is defined as a business with 10+ employees which has seen at least 20% employee growth each year for the previous three-year period. It is not possible to isolate and remove all cases where size has grown due to a merger or takeover. Proportions are based on figures rounded independently to the nearest 5 units.

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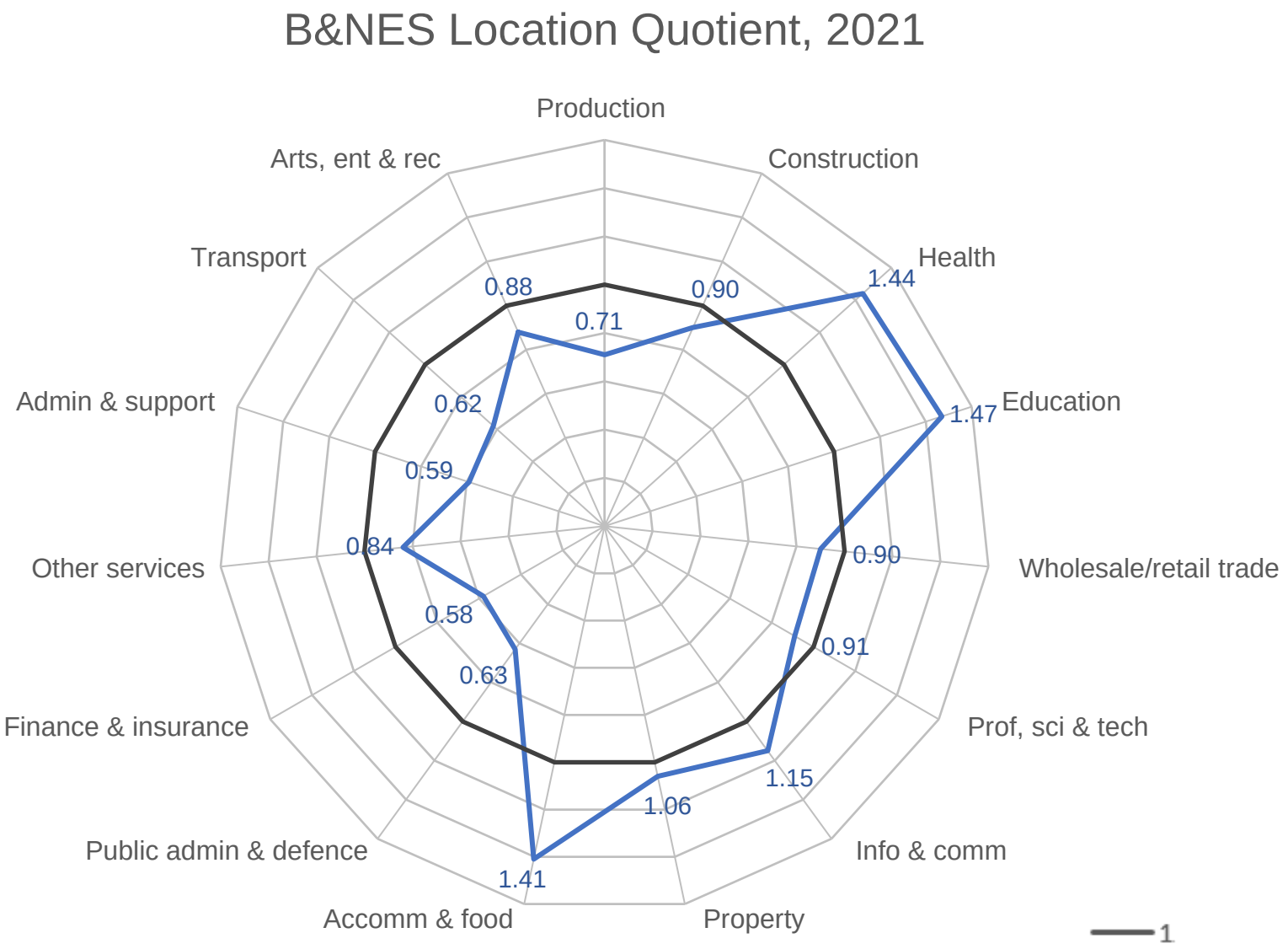
Employment by Industry 1



- The following sectors all had a **higher** proportion of employee jobs in B&NES than national (ratio greater than 1[1]) in 2021:
  - Education (1.47)
  - Health (1.44)
  - Accommodation & food (1.41)
  - Information & communication (1.15)
  - Property (1.06)
- The following sectors have the **lowest** proportion of employee jobs in B&NES compared to national in 2021:
  - Finance & insurance (0.58)
  - Administration & support services (0.59)

Sources:

NOMIS – Official Labour Market Statistics.

Data Notes:

[1] Ratios calculated as the proportion employed in each sector in B&NES divided by the proportion employed in the sector in England (2021). This is commonly referred to as The Location Quotient.

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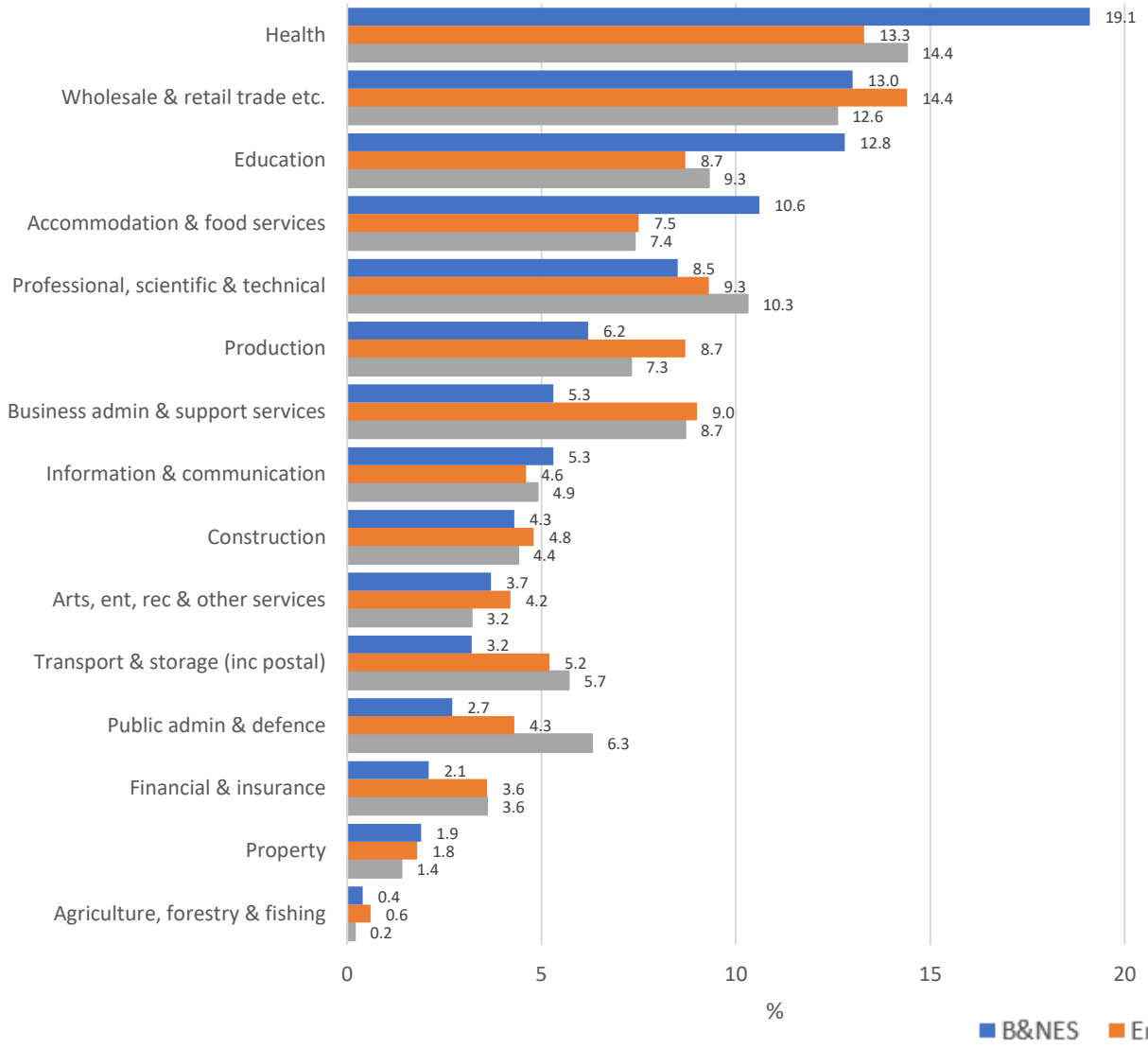
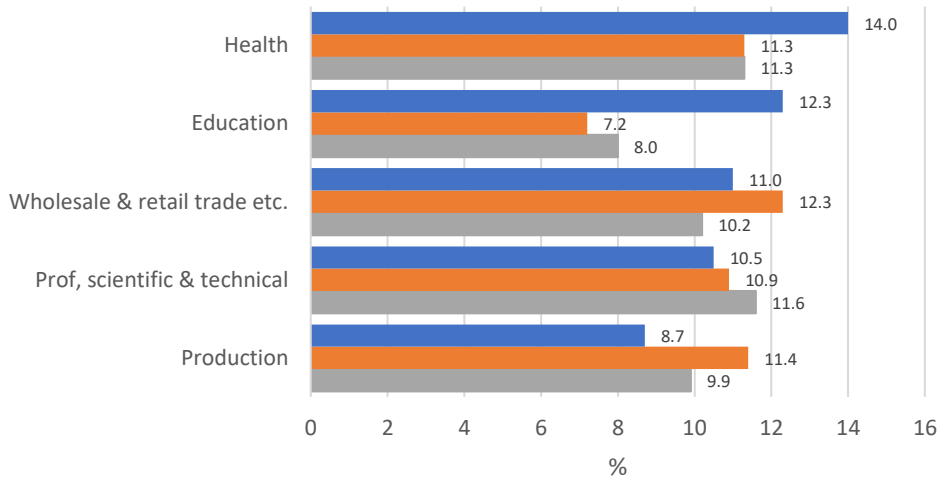
Employment by Industry 2

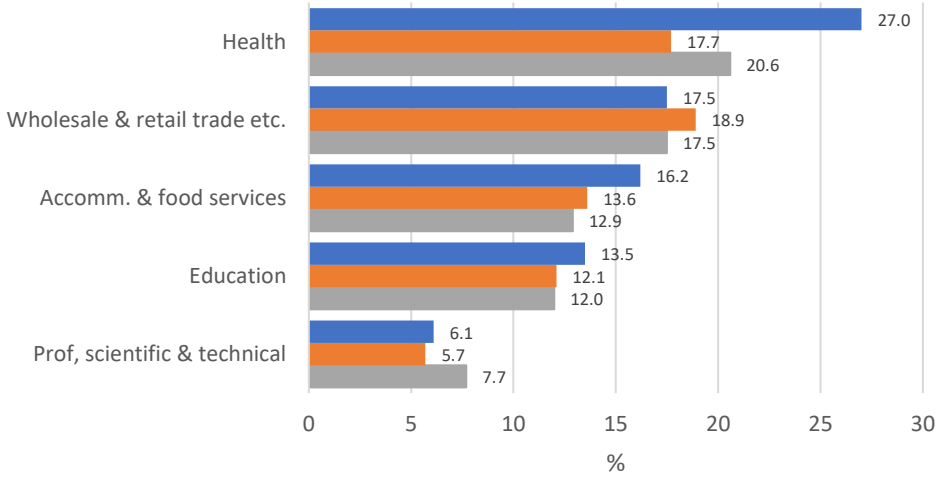
Employee Jobs by Industry (2021) (All)



Employee Jobs by Industry (2021): Full-time (Top 5)



Employee Jobs by Industry (2021): Part-time (Top 5)



Source: NOMIS – Official Labour Market Statistics

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Employment by Industry 3

B&NES, 2021

	N	%
Total employees	93,400	
Public Sector	17,900	19%
Private Sector	75,500	81%
Full-time employees	56,800	
Public Sector	8,500	15%
Private Sector	48,300	85%
Part-time employees	36,700	
Public Sector	9,400	26%
Private Sector	27,200	74%

Sources: NOMIS – Official Labour Market Statistics. BRES data.

Data Notes:

Employees – anyone aged 16+ that an organisation directly pays from its payroll, in return for carrying out a full-time or part-time job or being on a training scheme. It excludes voluntary workers, self-employed and working owners who are not paid via PAYE.

Part time – those working 30 hours or less per week

Full time – those working more than 30 hours per week

[1] **West of England (WoE)** includes B&NES, Bristol, North Somerset and South Gloucestershire.

Figures are rounded to the nearest hundred. Figures may not add up when combined due to rounding.

- In 2021, there were **~93,400 employees based in B&NES**. Of these **19%** (17,900) were employed in the **Public Sector** and **81%** (75,500) in the **Private Sector.** These are similar levels to those seen in the UK and West of England (18% public sector, 82% private sector).
- Of the 93,400 employees**, 61%** (56,800) were employed on a **full-time basis** and **39%** (36,700) were employed on a **part-time basis.** This is a higher proportion of part-time workers compared to national figures (32%).

(See plots on previous slide)

- In B&NES, the **Health sector is the biggest employer** accounting for **19%** (18,000) of jobs in B&NES.
- The second highest employment sector in B&NES is **Wholesale & Retail trade** accounting for **13%** (12,250) of employment, whilst the third highest employment sector is **Education** at **13%** (12,000).
- B&NES has a **higher proportion** of employees in the **Health, Education and Accommodation & food service sectors** than national (see earlier slide)**,** accounting for 43% of all jobs in B&NES (30% England; 31% WoE[1]).
- B&NES has a **higher proportion of part-time workers in the Health sector** than national figures (27% vs 21%). Of the 18,000 jobs in Health in B&NES, over half (~55%) are part-time workers. This compares to nationally where ~42% of those working in the Health sector are part-time.
- B&NES has a **higher proportion of full-time workers in Education** than nationally (12% vs 7%).

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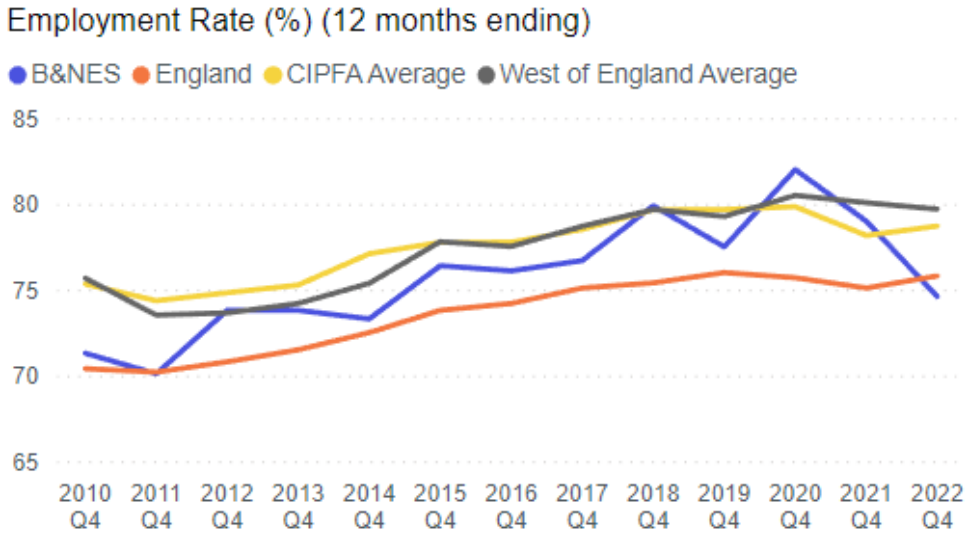
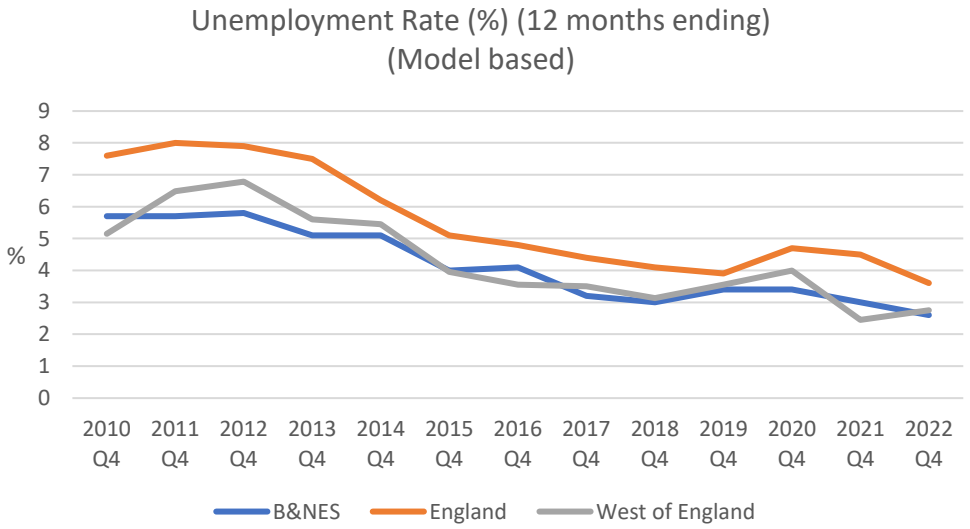
Employment & Unemployment





- Historically, **employment** has been **consistently high** in B&NES.
- Following an upwards trend since 2010, employment in B&NES has recently **fallen** and is now **below the national rate for the first time in over a decade**: as of Q4 2022 (12 months ending), **employment was 75% in B&NES**, compared to 76% for England, 80% for the West of England[1] and 79% for our CIPFA nearest statistical neighbours. This decline in employment rate since 2020 Q4 equates to **~11,200 fewer in employment** in the two years[2] 2020 to 2022 in B&NES; and **~6,200 fewer in employment compared to pre-pandemic** (2019 Q4).
  - the employment rate in males and females have both shown **similar decreases** (6% drop vs. 8% drop respectively) from 2020 to 2022 in B&NES: Males: Q4 2020 87%, Q4 2022 79%; Females: Q4 2020 76%, Q4 2022 70%.
  - as of Q4 2022, B&NES has ~16,000 who are **self-employed** (12.5%) which is **higher** than the national rate (9.5%).
- Historically, **unemployment** has been **consistently lower** in B&NES compared to national levels, and this continues to be the case in Q4 2022 (B&NES 2.6% vs. England 3.6%). This equates to an estimated **2,500 unemployed** in B&NES at the end of 2022.
- **Unemployment** rates have continued their **downwards trend** in B&NES and all comparator areas with rates being similar in B&NES to the West of England.

Sources: Data derived from national statistics published via LG Inform. NOMIS – Official Labour Market Statistics. Annual Population Survey (Jan 2022 – Dec 2022).

Data Notes: Data shows resident based (un)employment rates. **Employment rate** is out of the working age population (aged 16-64); **Unemployment rate** is out of the population aged 16+. Unemployment measures people without a job who have been actively seeking work within the last 4 weeks and are available to start in the next 2 weeks. The unemployment rate for B&NES is model-based whereas for England and West of England they are direct survey estimates.

CIPFA (Chartered Institute of Public Finance and Accountancy) – Statistically similar LA's for comparison (B&NES, Bedford Borough, Central Bedfordshire, Cheshire East, Cheshire West and Chester, Herefordshire, North Somerset, Shropshire, Solihull, South Gloucestershire, Stockport, Swindon, Warrington, West Berkshire, Wiltshire, York).

[1] **West of England** includes B&NES, Bristol, North Somerset and South Gloucestershire.

[2] The 'Furlough' scheme (CJRS) was in operation from Mar 2020 to Sept 2021.

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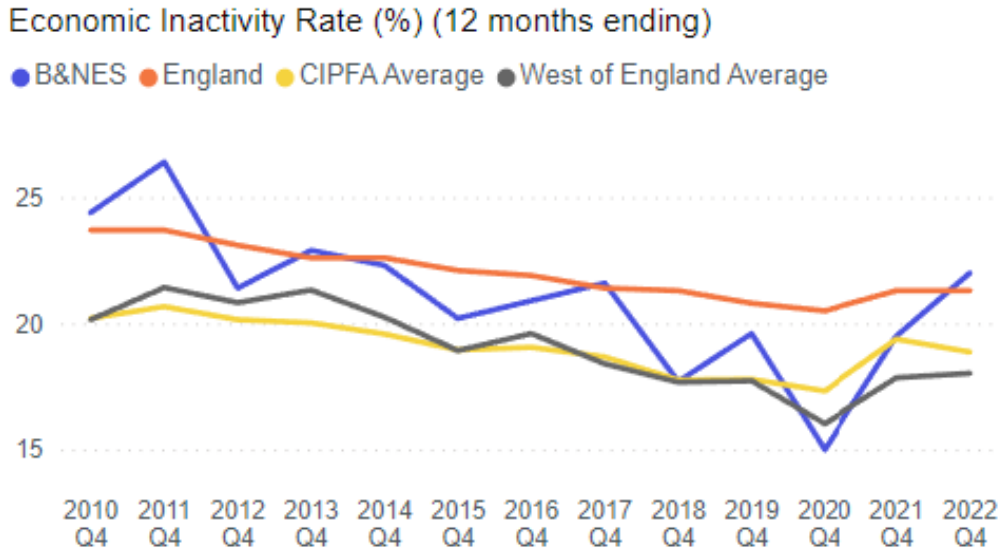
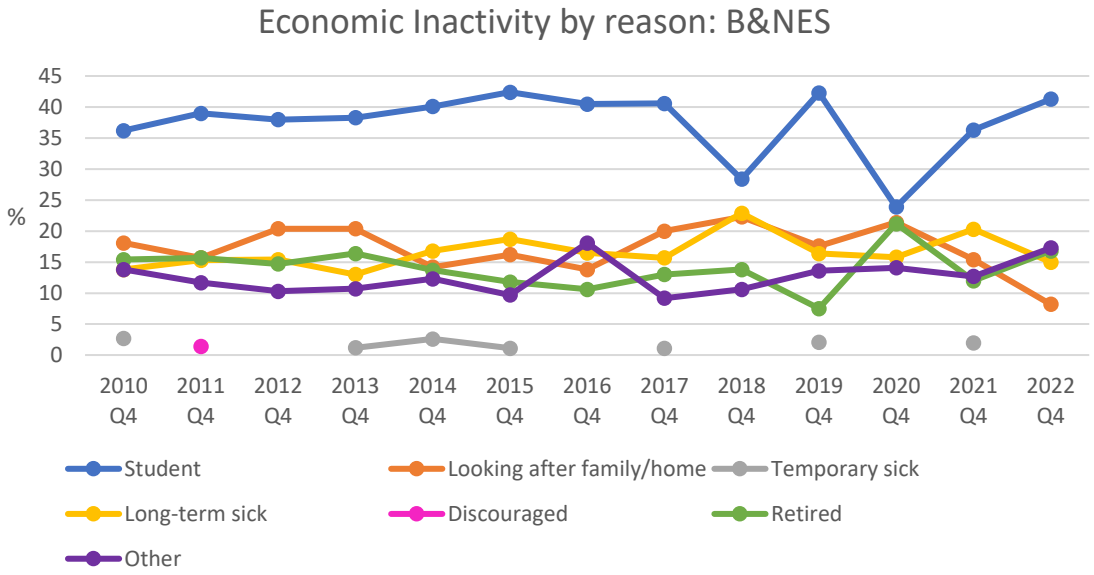
Economic Inactivity





- From 2010 to 2020, the **economic inactivity rate** in B&NES generally showed a **downwards trend**. However, **since 2020**, the economic inactivity rate has **noticeably increased**, rising from 15% in 2020 to 22% in 2022. This is now higher than the national rate (21%), and the rates for both the West of England (18%) and our CIPFA nearest neighbours (19%).
    - this increase in economic inactivity equates to **~8,300 more economically inactive** people in B&NES since Q4 2020[1]; and **~2,700 more compared to pre-pandemic** (Q4 2019).
- The **proportion of the economically inactive who want a job** is higher in B&NES than national, and has been since 2018. In 2022 Q4 the proportion who want a job is 25% (~6,600) in B&NES (England 18%; WoE 23%).

- The B&NES population is made up of a large proportion of students so it is unsurprising that the leading reason for economic inactivity is **'student'** (2022: **41%**). This is higher than the rate seen nationally (27%). Following a decline during the pandemic, numbers of students have returned to pre-pandemic levels **(~10,900)**.
- The number **looking after family/home has shown a general downwards trend** and stood at **8% (~2,200)** in B&NES in 2022, lower than the rate seen nationally (20%).

Sources: Data derived from national statistics published via LG Inform. NOMIS – Official Labour Market Statistics. Annual Population Survey (Jan 2022 – Dec 2022)

Data Notes:
Economically inactive (age 16-64) includes those people who are neither in employment nor unemployed.
Economic inactivity rate is the proportion of people aged 16-64 who are not in the labour force.
[1] Note: The 'Furlough' scheme (CJRS) was in operation from Mar 2020 to Sept 2021.
Economic inactivity reason is suppressed when the sample size is disclosive.
CIPFA (Chartered Institute of Public Finance and Accountancy) – Statistically similar LA's for comparison.
West of England includes B&NES, Bristol, North Somerset and South Gloucestershire.

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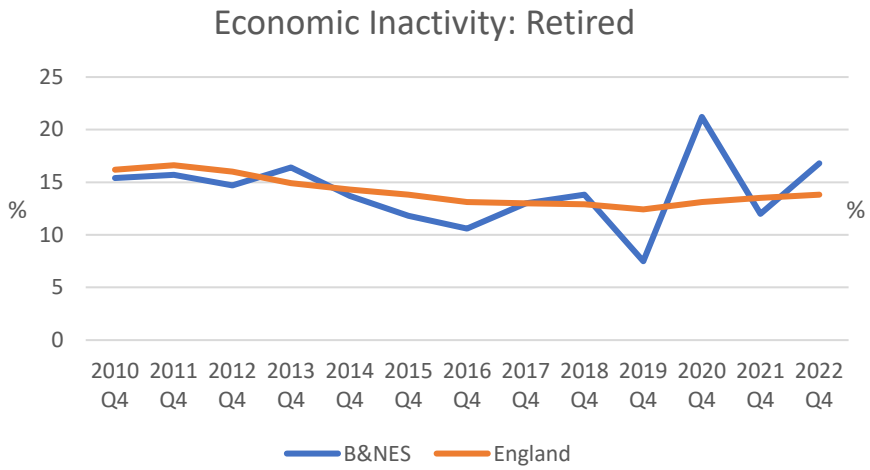
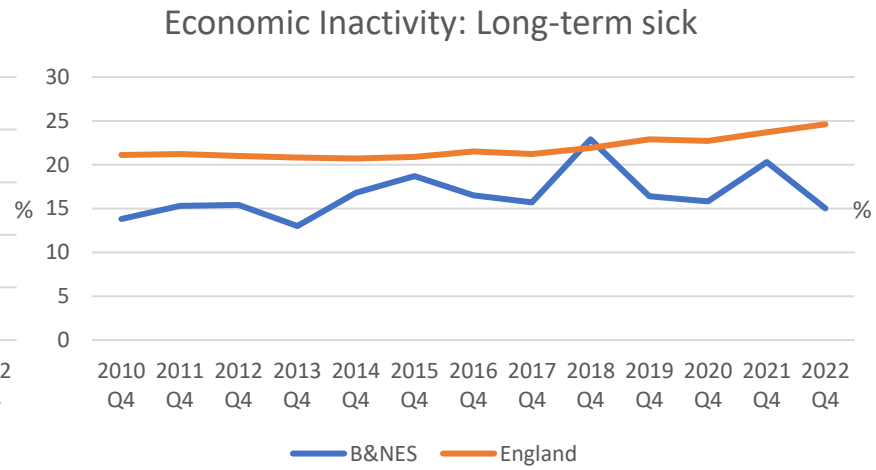
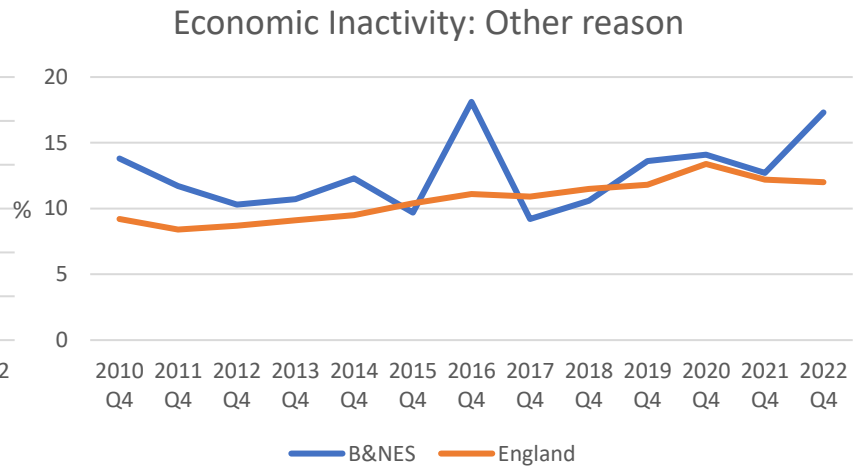
Economic Inactivity cont.







- Recent reports (e.g. Economic Affairs Committee, Resolution Foundation) have discussed the increase in economic inactivity nationally due to increases in long-term sickness and early retirement, particularly amongst 50-64 year olds. Regarding those who retired, the Economic Affairs Committee suggested it would be unwise to believe a *"…significant proportion of those who have exited the labour force since 2020 will come back or be persuaded back by changes in employers' practices or by policy measures".* They also concluded that *"…although the population is getting sicker, much of the rise in sickness-related inactivity is among people who were already inactive, rather than people who were employed becoming inactive due to sickness."*
- In B&NES, economic inactivity due to **retirement increased** during the pandemic to a decade high of 21% in 2020, noticeably higher than the comparable national figure (13%). This decreased to 12% in 2021 but has since increased to 17% in 2022 (equating to **~4,400**), slightly higher than the rate seen nationally (14%).
- Historically, the proportion of **long-term sick** has been **lower** in B&NES than nationally for the majority of the past decade. After an increase to 23% in 2018, this has decreased to **15% (~3,900**) in 2022 and appears to be back to pre-pandemic levels. Nationally, the proportion long-term sick increased slightly to 25% in 2022.
- Economic inactivity due to **other**[1] reasons **increased** to **17% (~4,600**) in B&NES in 2022, higher than the rate seen nationally (12%). There has been an upwards trend both nationally and in B&NES in the number economically inactive due to other reasons.
- The wards with the highest proportion of those economically inactive due to **long-term sickness** is **Twerton** and due to **retirement** is **Keynsham East**.

Sources: Data derived from national statistics published via LG Inform. NOMIS – Official Labour Market Statistics. Annual Population Survey (Jan 2022 – Dec 2022)
Data Notes:
Economically inactive (age 16-64) includes those people who are neither in employment nor unemployed. Economic inactivity reason is suppressed when the sample size is disclosive.
[1] **'Other**' reasons include people waiting for the result of a job application, not yet started looking for work, do not need or want employment, have given an uncategorised reason or gave no reason for being economically inactive.
CIPFA (Chartered Institute of Public Finance and Accountancy) – Statistically similar LA's for comparison. **West of England** includes B&NES, Bristol, North Somerset and South Gloucestershire.
Ward profiles are based on Census 2021 data rather than the APS survey.

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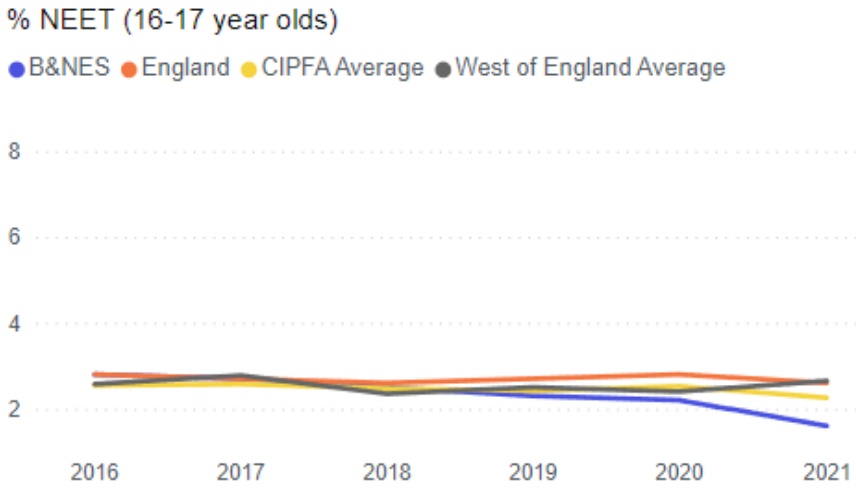
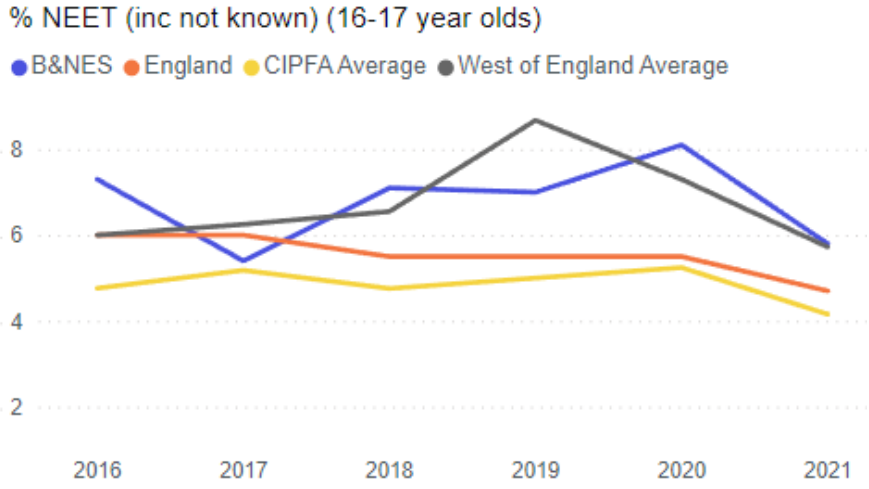
NEET (16–17-year-olds)





B&NES, end 2021 (Dec/Jan/Feb average):

Cohort Avg	NEET & NK %	NEET %	NK %	In Learning %
3,347	5.8	1.6	4.2	93.4

- In 2021, the proportion of 16-17 years olds known to be '**Not in Education, Employment or Training**' **(NEET)** in B&NES **decreased** and is lower than the national rate (1.6% compared to 2.6%). It is also lower than the CIPFA (2.3%) and West of England (2.7%) rates.
- However, if we also include the 16-17 year olds whose activity is **not known (NK)**, the proportion of NEET in B&NES (5.8%) is **higher** than the national (4.7%), CIPFA (4.2%) and WoE (5.7%) rates in 2021 and has been higher than national rates for a number of years.
- The proportion of young people whose activity is **not known in B&NES is double** (4.2%) the national figure (2.1%), putting it in the top quintile for activity not known in the country.
- As at March 2022, the proportion of 16-17 year olds **participating in education and training** in B&NES was **93.4%**, **higher** than the national rate (92.9%).

Sources: Data derived from national statistics published via LG Inform. NEET and Participation Scorecard. ONS NEET LA figures.

Data Notes:

Calculated as the number of 16 & 17 years olds who are not in education, employment or training divided by the number of 16-17 year olds known to the LA (i.e. those who were educated in government-funded schools). For the second chart, the number whose activity is not known are also included in the numerator. Chart data relates to end of each year (average of Dec, Jan & Feb).

CIPFA (Chartered Institute of Public Finance and Accountancy) – Statistically similar LA's for comparison. **West of England** includes B&NES, Bristol, North Somerset and South Gloucestershire.

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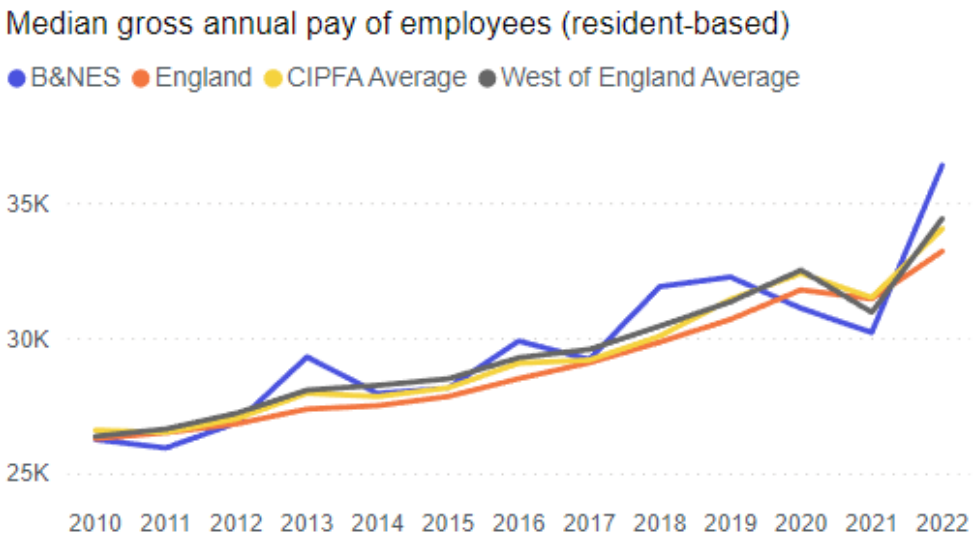
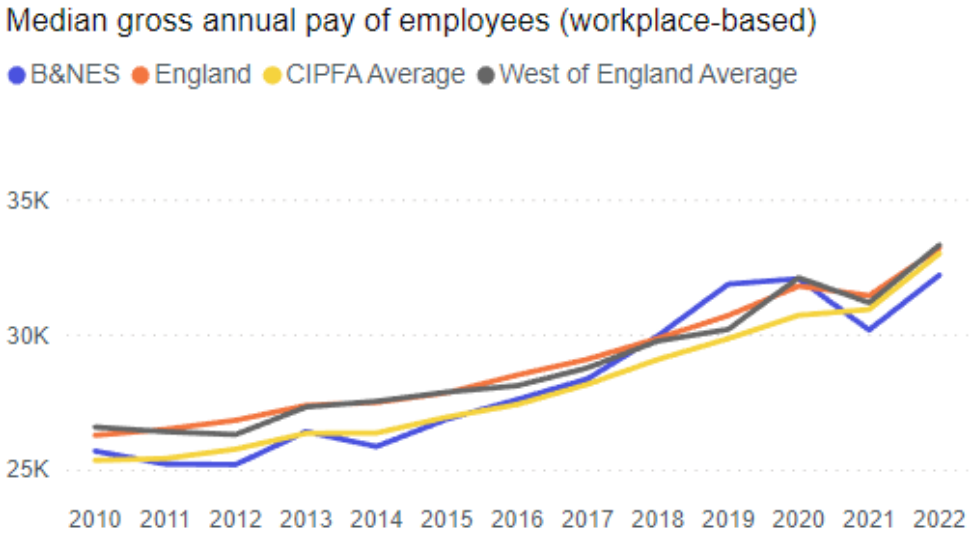
Earnings





- Median resident and workplace gross annual pay have both **increased** in 2022 in B&NES as well as nationally.
  - As of April 2022, **resident** average gross annual pay in B&NES was **£36,389** (up from £30,203 in 2021), compared to £33,208 for England, £34,042 for our CIPFA nearest statistical neighbours and £34,417 for the West of England.[1]
  - As of April 2022, **workplace** average gross annual pay in B&NES was **£32,201**, compared to £33,197 for England, £32,998 for our CIPFA nearest statistical neighbours and £33,311 for the West of England.[1]
- **Resident pay in B&NES** has seen **higher growth** from 2021 to 2022 compared to national and is now higher than the national figure for the first time since 2019. Workplace pay in B&NES has also increased from 2021 to 2022 but continues to be below the national figure, a pattern seen for most of the past decade. This would suggest residents working for employers based outside B&NES receive higher wages on average than those working in B&NES.
- In addition to relatively low workplace earnings, the cost of housing is high in B&NES.

Source: Data derived from national statistics published via LG Inform. Annual Survey of Hours and Earnings

Data Notes:

Resident analysis provides information about earnings of full-time employees who are living in an area.

Workplace analysis provides information about earnings of full-time employees who are working in an area.

CIPFA (Chartered Institute of Public Finance and Accountancy) – Statistically similar LA's for comparison.

[1] West of England includes B&NES, Bristol, North Somerset and South Gloucestershire.

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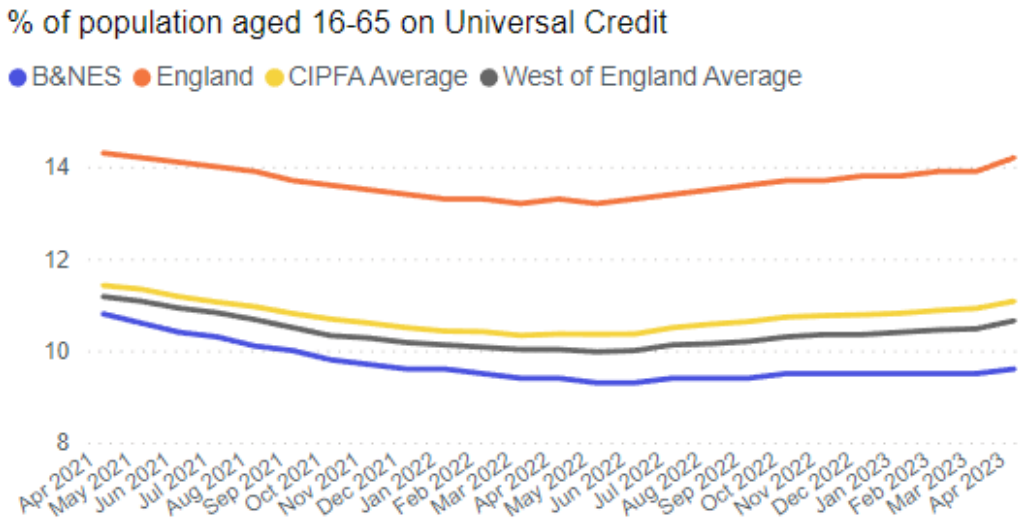
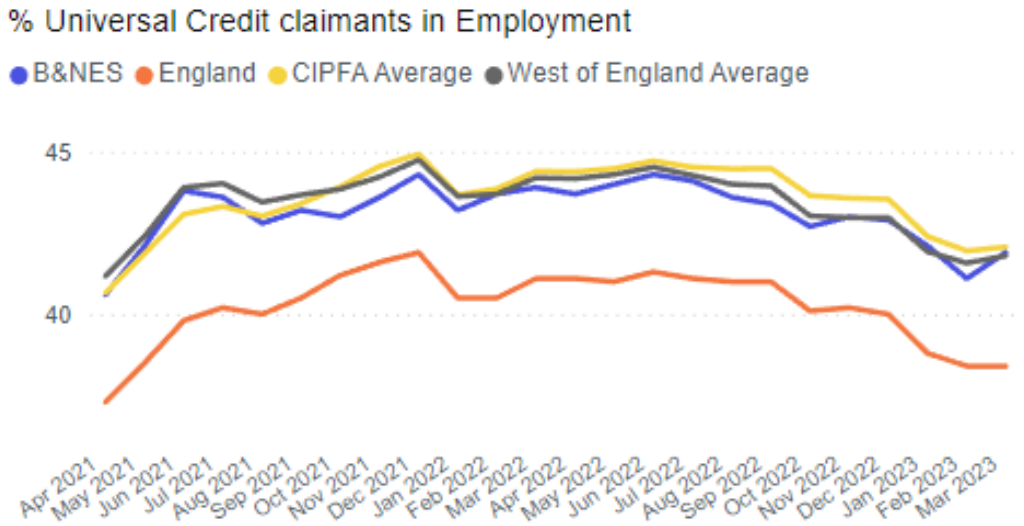
Universal Credit





- The proportion of the B&NES usual working age population (16-65) **claiming Universal Credit is relatively low** compared to national and comparator area levels and has been consistently low over time. After a period of slight decline, rates are showing a slight increase across all comparator areas.
- As of April 2023, the **UC claimant rate was 10% (~12,000)** for B&NES compared to 14% in England, 11% in our CIPFA nearest statistical neighbours and 11% for the West of England[1].
- The proportion of Universal credit claimants in employment has shown a gradual decline in the past year across all comparator areas. B&NES has very similar levels of **employment within the UC claimant cohort** to the West of England and CIPFA levels (42%, Mar 2023), which are noticeably higher than the national rate (38%, Mar 2023).

Source:

Data derived from national statistics published via LG Inform.

Data Notes:

Universal Credit (UC) is a benefit payment for people in or out of work. The proportion of the working age population (age 16-65) claiming UC includes both claimants who are not in employment and those eligible who are in employment.

CIPFA (Chartered Institute of Public Finance and Accountancy) – Statistically similar LA's for comparison.

[1] **West of England** includes B&NES, Bristol, North Somerset and South Gloucestershire.

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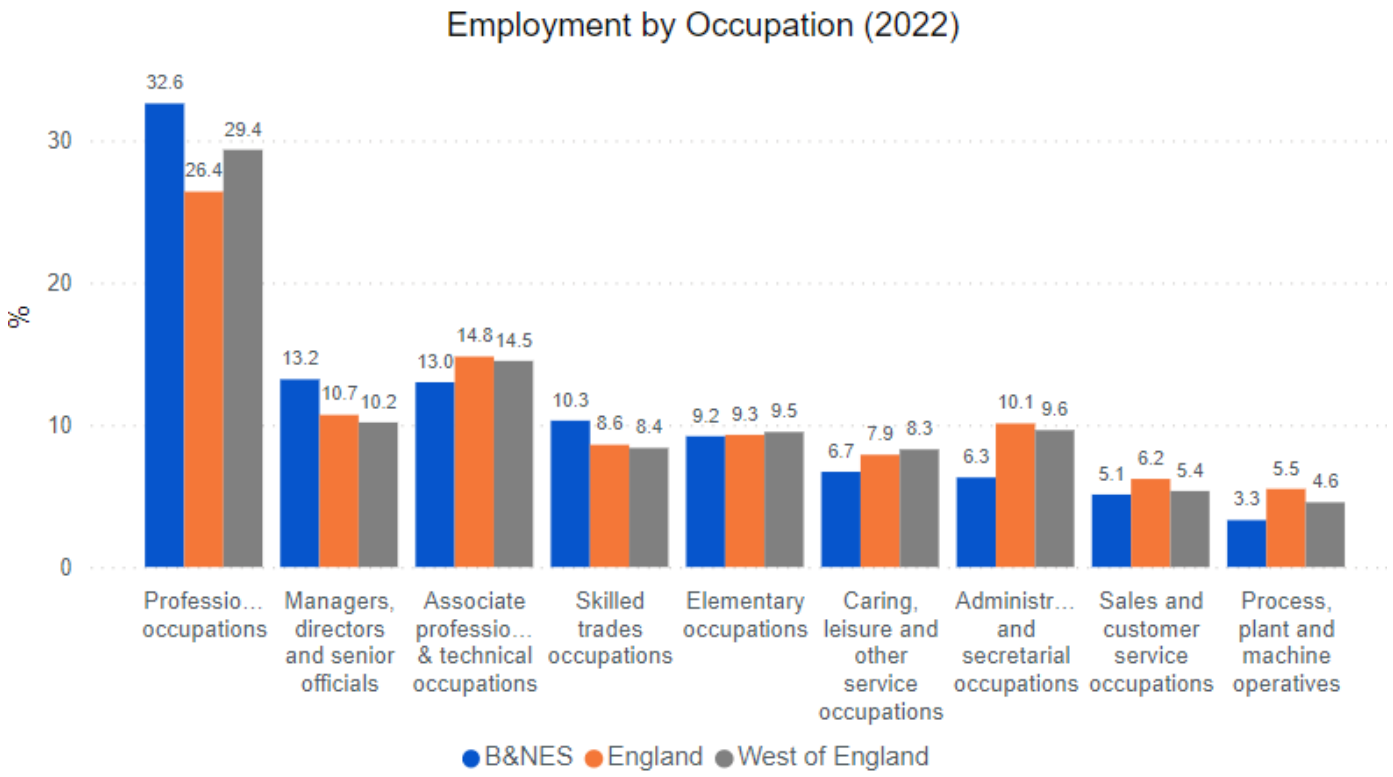
Occupations



Source: Data derived from national statistics published via LG Inform. Annual Population Survey (Jan 2022-Dec 2022).

Data Notes:
West of England includes B&NES, Bristol, North Somerset and South Gloucestershire.
Numbers based on residents of B&NES. Percentages are for those age 16+ in employment.
Occupations are classified according to the Standard Occupation Classification 2020.
Ward profiles are based on Census 2021 data rather than the APS survey.

- Those employed in **Professional occupations** account for the **highest** numbers in employment in B&NES as well as nationally and in the West of England.
- B&NES has a **higher proportion** of people employed in **Professional occupations** (33%) compared to national (27%) and West of England (29%) figures.
- B&NES has a slightly higher proportion of people employed as **Managers, directors and senior officials** (13%) compared to national (11%) and West of England (10%) figures.
- B&NES has a **lower proportion** of people employed in **Caring, leisure & other service occupations**, **Administrative & secretarial occupations, Sales & customer service operations and Process, plant and machine operatives** compared to national and West of England figures.
- The wards with the highest proportion of those employed in **Professional occupations** are Widcombe & Lyncombe, Newbridge and Bathwick. The wards with the lowest proportion of those employed in Professional Occupations are Twerton and Westfield.
- The wards with the highest proportion of those employed in **Caring, leisure and other service occupations** and **Elementary occupations** are Twerton and Westfield.

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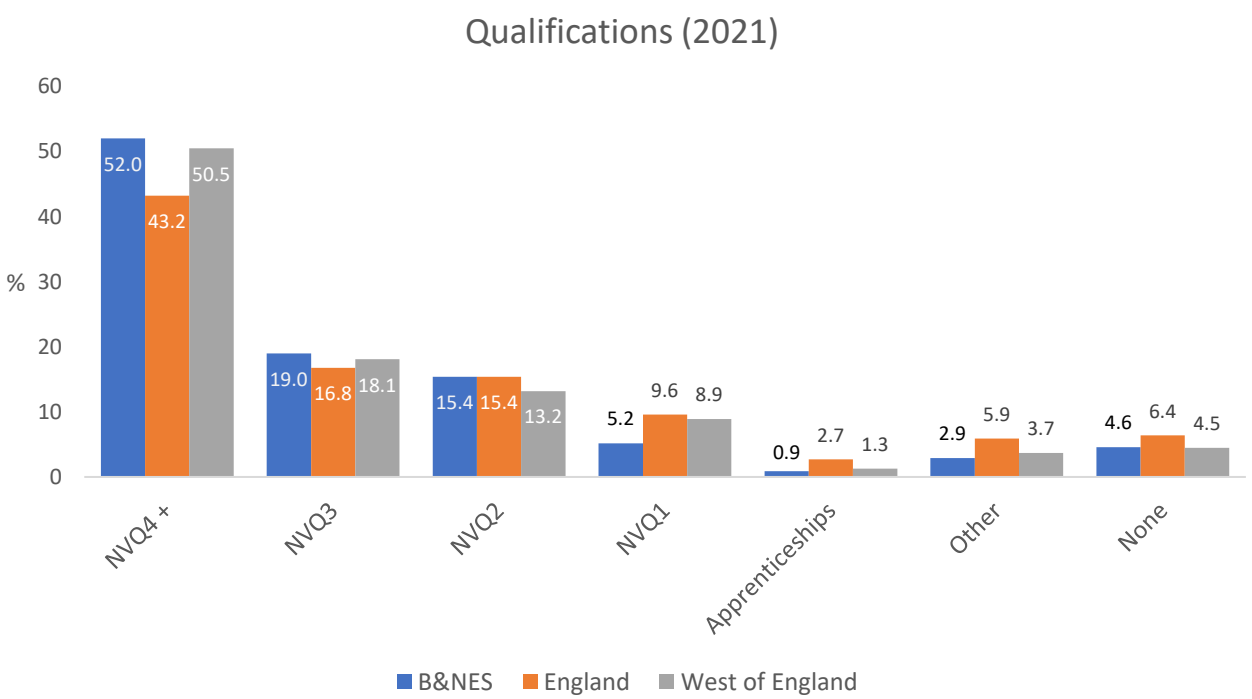
Qualifications



- B&NES has a notably **higher proportion** educated to **degree level and above** when compared to England and a similar proportion to the West of England[1].
  - **52% are educated to degree level** or higher, compared to 43% in England and 51% in the West of England.
- B&NES has lower proportions of the population with NVQ1 level or equivalent, Apprenticeships, Other and No qualifications.
  - the proportion of the population with **no qualifications** is **4.6%** in B&NES, lower than the England figure (6.4%) and similar to the West of England figure (4.5%).
- The wards with the highest proportion of those educated to **degree level and above** are Lansdown, Widcombe & Lyncombe, and Walcot. The wards with the lowest proportion of those educated to degree level and above are Twerton and Westfield.
- The wards with the highest proportion of those with **no qualifications** are Twerton, Midsomer Norton Redfield and Westfield.

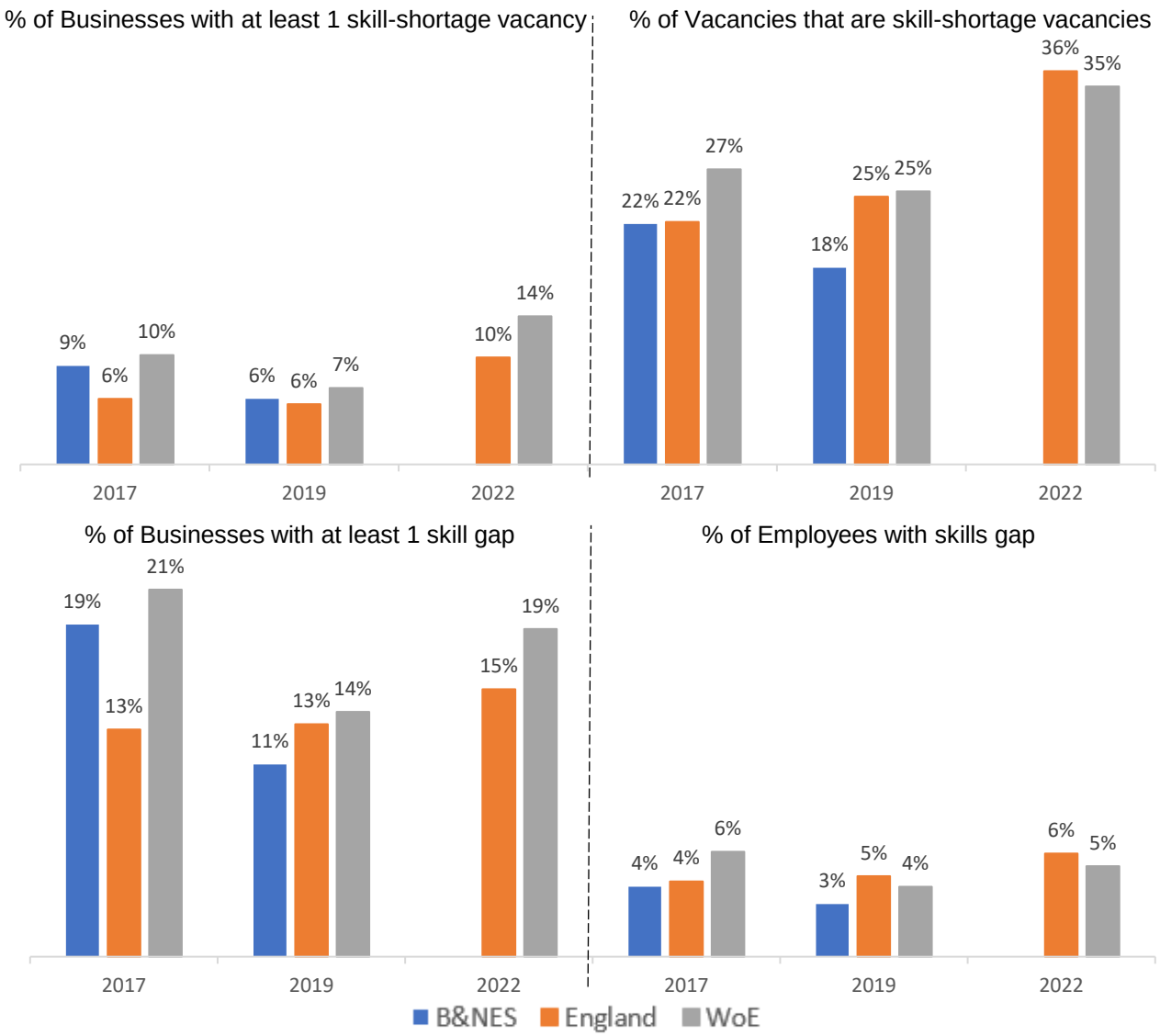
Source: NOMIS – Official Labour Market Statistics Annual Population Survey (Jan 2021 – Dec 2021).

Data Notes: **West of England** includes B&NES, Bristol, North Somerset and South Gloucestershire.

Numbers based on residents of B&NES. Qualification levels are a percentage of the working age population (16-64). Categories are defined as follows:
No qualifications – No formal qualifications held.
Other qualifications – Includes foreign qualifications and some professional qualifications.
NVQ1 equivalent – e.g. fewer than 5 GCSEs at grades A-C, foundation GNVQ, NVQ 1, intermediate 1 national qualification (Scotland) or equivalent.
NVQ2 equivalent – e.g. 5 or more GCSEs at grades A-C, intermediate GNVQ, NVQ 2, intermediate 2 national qualification (Scotland) or equivalent.
NVQ3 equivalent – e.g. 2 or more A levels, advanced GNVQ, NVQ 3, 2 or more higher or advanced higher national qualifications (Scotland) or equivalent.
NVQ4 equivalent and above – e.g. HND, Degree and Higher Degree level qualifications or equivalent.
Ward profiles are based on Census 2021 data rather than the APS survey.

Skills

Skill-shortages & Skills Gaps



- Nationally, 10% of businesses reported having at least one **skill-shortage vacancy** in 2022, an increase from 6% in 2017 & 2019. In 2019, **B&NES had a similar proportion of businesses with at least 1 skill-shortage vacancy (6%)** to England and West of England (6%/7% respectively), This was a decrease from 9% in 2017.
- Nationally, more than a third (36%) of all vacancies in 2022 were skill shortage vacancies, compared to 25% in 2019 and 22% in 2017. In 2019 in B&NES, 18% of all vacancies were skill shortage vacancies, **lower** than the national and West of England levels (both 25%). This was a reduction from 22% in 2017.
- The proportion of employers reporting at least one member of staff who was not fully proficient (i.e. a **skills gap**), increased from 13% in 2017 & 2019 to 15% in 2022 nationally. In 2019, **B&NES had a slightly lower proportion of businesses with at least one skill gap** (11%) compared to England and West of England (13%/14% respectively). This was a decrease from 19% in 2017.
- Overall, 6% of the workforce nationally had a skills gap in 2022 compared to 4% in 2017. In **B&NES the proportion of the workforce with a skills gap was slightly lower** than England and the West of England in both 2017 and 2019 (4% and 3% respectively for B&NES).

Source:
Employer Skills Survey 2017, 2019, 2022
Data Notes:
A **skill-shortage vacancy** is a vacancy that is hard to fill due to lack of skills, qualifications or experience among applicants.
A **skills gap** is where an employee is judged by their employer to lack full proficiency.
West of England (WoE) refers to West of England LEP for 2017 & 2019 data (which includes B&NES, Bristol, South Gloucestershire & North Somerset), and West of England Mayoral Combined Authority for 2022 (which includes B&NES, Bristol and South Gloucestershire).
Employer Skills survey data not currently available at Local authority level for 2022 (due early 2024).

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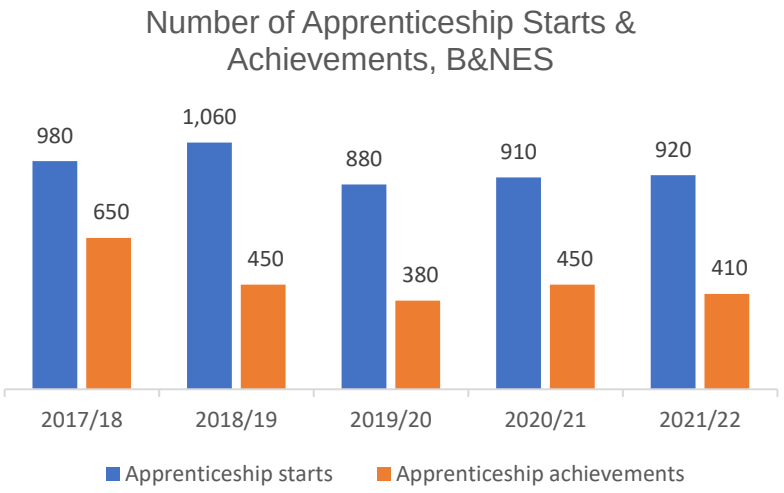
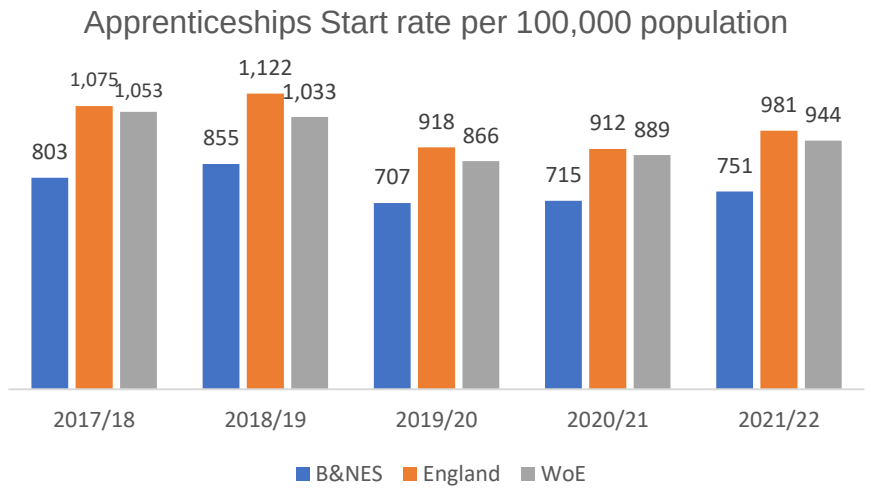
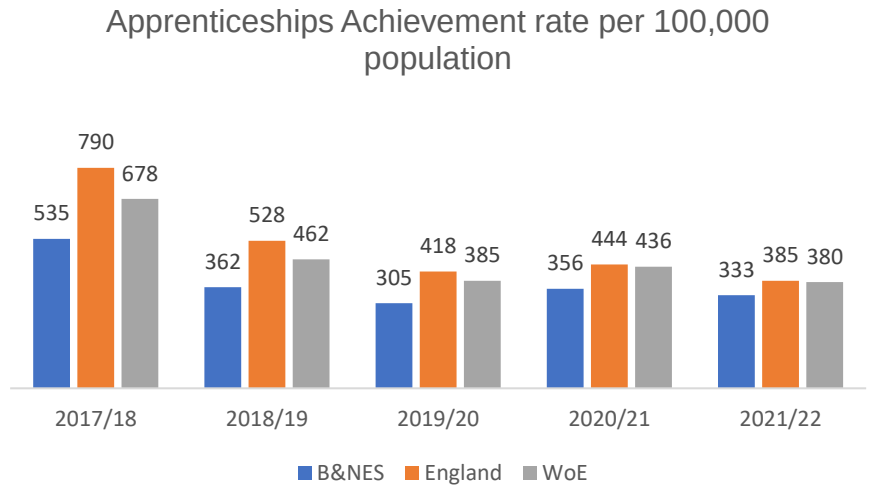
Apprenticeships







- In 2021/22 there were **920 apprenticeship starts** in B&NES. This equates to an **apprenticeship start rate** of **751** per 100,000 population. This is **lower** than the rate seen in England and the West of England (981 and 944 per 100,000 respectively). The apprenticeship start rate has been **lower** in B&NES than in England and WoE for a number of years.
- In 2021/22 there were **410 apprenticeship achievements** in B&NES. This equates to an **apprenticeship achievement rate** of **333** per 100,000 population. This is **lower** than the rate seen in England and the West of England (385 and 380 per 100,000 respectively). The apprenticeship achievement rate has been **lower** in B&NES than in England and WoE for a number of years.
- Of the 920 apprenticeships **started** in B&NES in 21/22, **24%** were **intermediate**, **42%** were **advanced** and **34%** were **higher** apprenticeships. This is a similar pattern to that seen nationally (where 26% were intermediate, 43% advanced and 30% higher).
- Of the 410 apprenticeships **achieved** in B&NES in 21/22, **24%** were **intermediate**, **49%** were **advanced** and **25%** were **higher** apprenticeships. Again, this is similar to the pattern seen nationally (where 27% were intermediate, 48% advanced and 25% higher).
- Of the 920 apprenticeships started in B&NES in 21/22, **almost half (45%)** were in those **aged 25+.** A quarter (25%) were under 19 and 30% aged 19-24. This is similar to the pattern seen in England (where 22% were under19, 30% aged 19-24 and 47% aged 25+).

Source:
Education Statistics: Apprenticeships and traineeships

Data Notes:
Each apprenticeship has a level and an equivalent education level as below:

	Level	Equivalent education level
Intermediate	2	GCSE
Advanced	3	A level
Higher	4,5,6 & 7	Foundation degree and above

Apprenticeship **starts (achievements)** are the counts of apprenticeships started (achieved) at any point during the academic year.
Counts are based on the home postcode of the learner.
West of England (WoE) includes B&NES, Bristol, North Somerset and South Gloucestershire.

Transport

Bath & North East Somerset Council

Improving People's Lives

Regional Context

Change over time

Car or van availability

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Transport – Regional Context

The 2020 Joint Local Transport Plan for the West of England (covering Bath and North East Somerset, Bristol, North Somerset and South Gloucestershire) outlines 7 strategic issues for local transport:

- **Climate Change –** transport is the largest contributor to carbon emissions in the West of England (32% compared to 28% nationally).
- **Growing Travel Demand –** as the population continues to grow, there will be increased pressure on the transport network.
- **There is a perception of limited transport options** - public transport use is low compared to other City Regions.
- **Parts of the road and rail network are under strain** - there is limited spare highway capacity, congestion costs the region an estimated £300m per year.
- **There are high levels of inequality and different accessibility needs** - differences in vehicle ownership and demographic characteristics create different transport needs, particularly affecting women (who are likely to have less access to a car) and older people and those on a low income, particularly in rural communities.
- **A need to manage emerging technology and innovation** - there will increasingly be an impact of new technologies such as "driverless" cars, electric vehicles and smartphone apps
- **Limited historic transport funding -** the South West region has traditionally seen lower than average investment in central government transport funding

Source: West of England Joint Local Transport Plan 4

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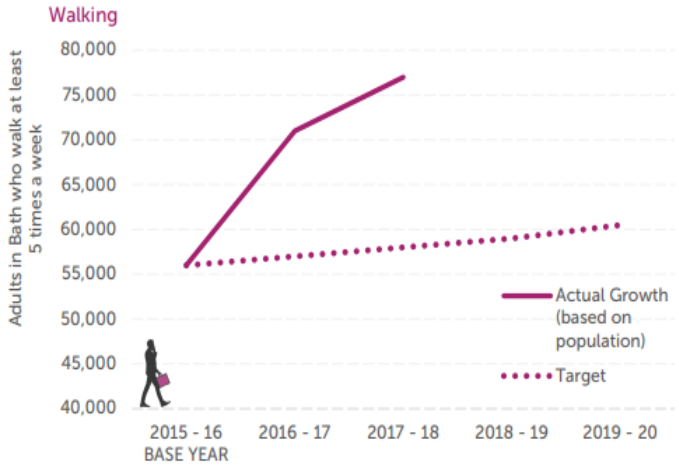
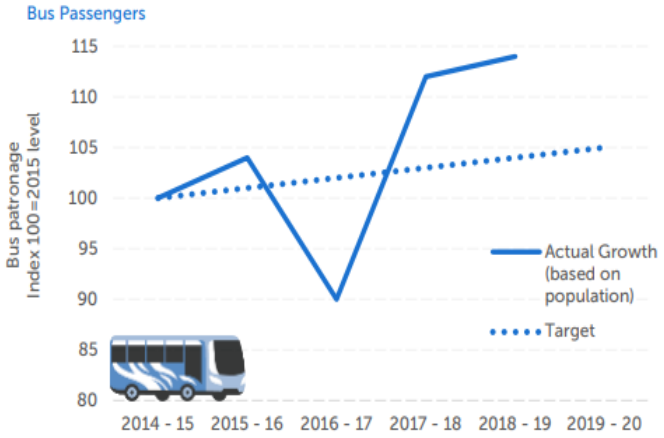
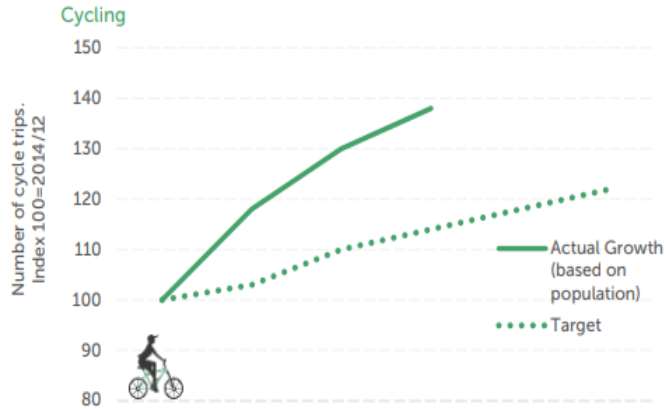
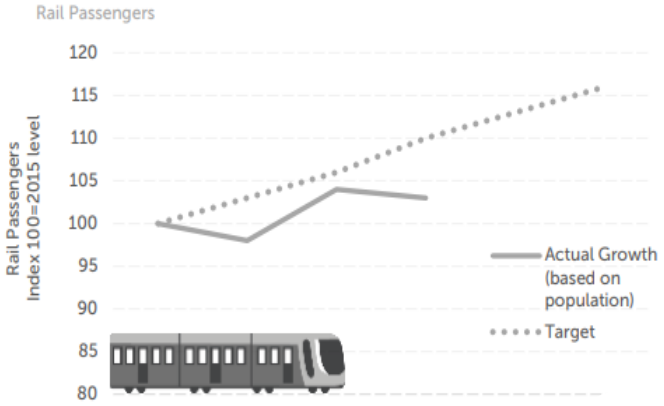
Transport – Change over time



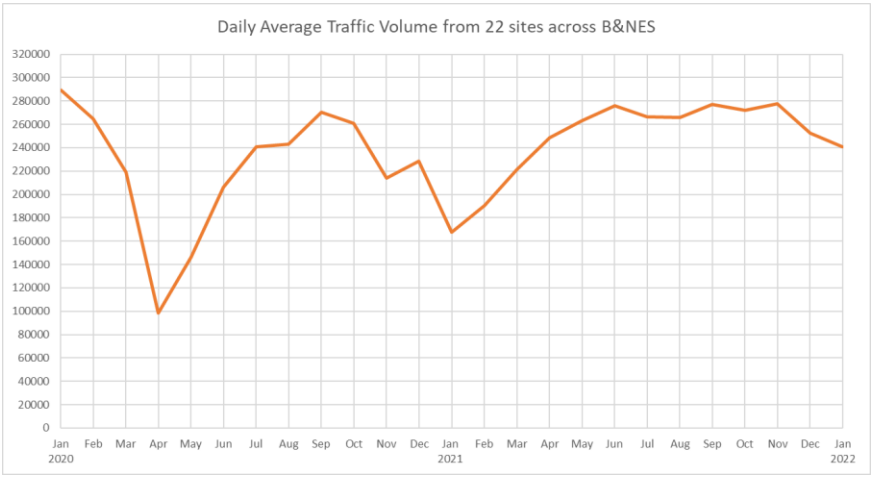


*2016/2017 dip thought to be due to issue with first ticket machines





- The 2020 Transport Delivery Action Plan for Bath outlines progress against increasing use of more sustainable transport types. Increases have been seen in all modes **except rail travel**.
- These trends all existed prior to lockdowns associated with the Covid-19 pandemic.
- Ongoing monitoring across 22 different road traffic monitoring sites across B&NES showed marked reduction in travel during lockdowns, but that levels quickly returned to near previous levels.



Sources:

Transport Delivery Action Plan for Bath

Local Transport Monitoring Data

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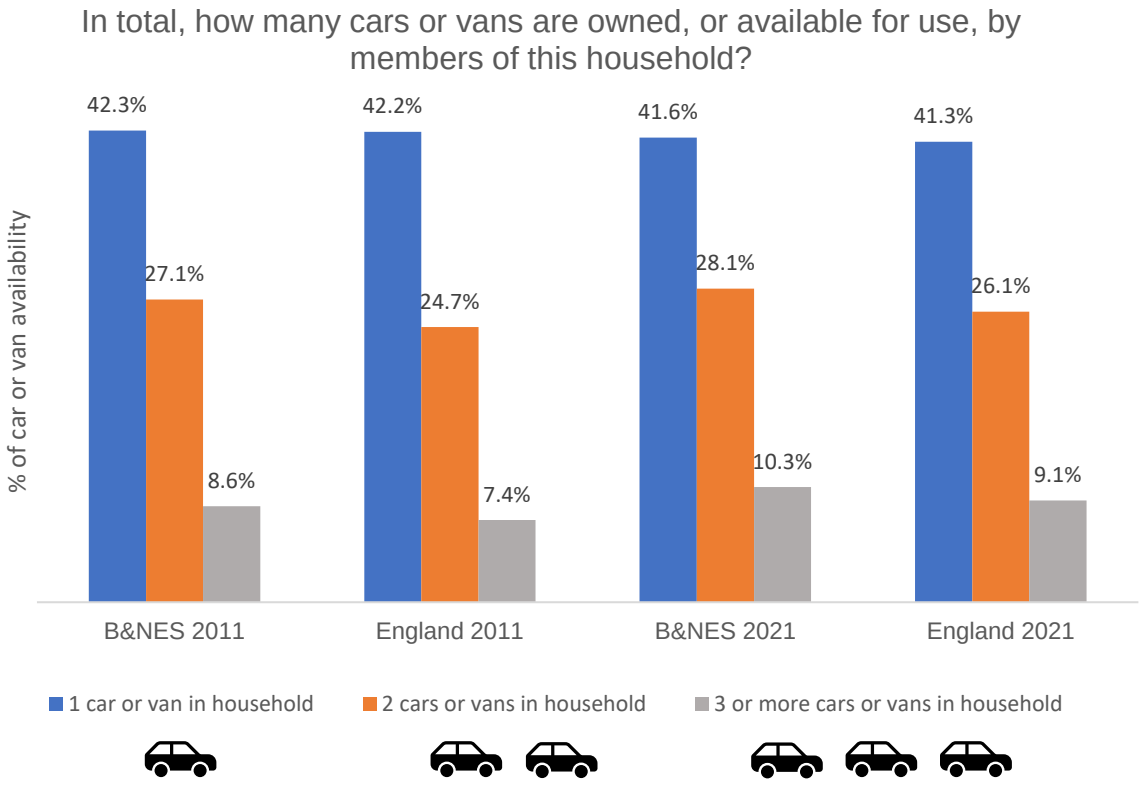
Car or van availability



	B&NES 2011	England 2011	B&NES 2021	England 2021
No cars or vans in household	22.0%	25.8%	19.9%	23.5%

- In the 2021 census, **80.1%** of households in B&NES had access to one or more cars/vans (79,250). The figure is slightly higher when compared with **76.5%** across England and Wales and slightly lower than **83.2%** across the South West.[1]
- In the 2021 Census, the B&NES percentage of '**1 car or van in household**' has broadly remained the same from the 2011 Census. However, there was a small **increase** in the '**2 and 3 or more cars or vans**' categories, a trend which is also seen across England and Wales and the South West.[2]
- The proportion of households in B&NES who have access to a car or van varies by ward:[3]
  - Chew Valley (**94.9%**), Mendip (**94.2%**) and Bathavon South (**93.7%**) wards have the highest availability of a car or van.
  - Westmoreland (**65.0%**), Twerton (**63.0%**) and Kingsmead (**50.5%**) wards have the lowest availability of a car or van.
- The percentage of '**no cars or vans in household**' has **decreased** from the 2011 Census throughout B&NES, England and Wales and the South West.

Data Notes:

- Census 2021 question text asked: *'In total, how many cars or vans are owned, or available for use, by members of this household? (Include any company cars or vans available for private use)'*
- The 2021 question lost the previous category of '4 or more cars or vans in household', therefore the 2011 figures for 3 and 4 'cars or vans in a household' have been combined for a comparison.
- Ward comparison data combines 1,2 and 3 or more car or van options.

Sources:

1. ONS UK Car and van availability Census 2021 Local Authority dataset (Dataset includes pick ups, camper vans and motor homes, vehicles that were temporarily not working, vehicles which failed their MOT, vehicles owned or used by a lodger and company cars/vans available for private use)
2. NOMIS UK Car and van availability https://www.nomisweb.co.uk/census/2011/data_finder Local Authority dataset
3. Bath and North East Somerset Ward Profile tool https://app.powerbi.com/view?r=eyJrIjoiMzRhZjJjN2EtNDY2NS00ZWY0LThkZjItMmVjNTM5ZmIyNzQwIiwidCI6ImM1NjJjMGNlLWQ5MjUtNGRmZC04ZDk5LWM5NDE2ZWIwM2ViOSJ9

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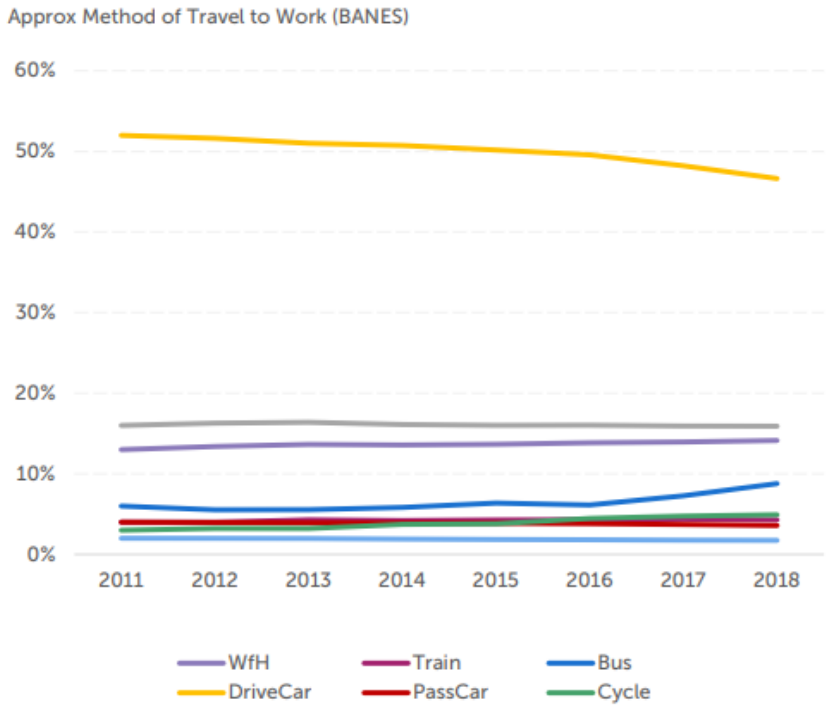
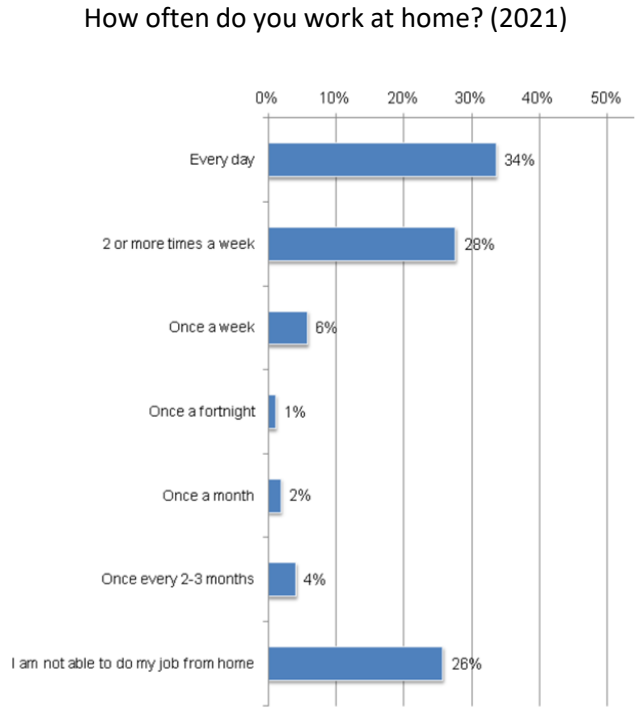
Travel for Work





- Travel for work trends have historically echoed those of overall use, with **car use decreasing as public transport use has increased**.
- These trends existed prior to lockdowns associated with the Covid-19 pandemic
- However, findings from the Bath and North East Somerset Resident's Survey demonstrated that as of September 2021, **62% of residents were still working at home** 2 or more times a week.
- This suggests these trends are likely to have changed significantly since 2018.

Sources:

Transport Delivery Action Plan for Bath

Voicebox Annual Population Survey, 2021

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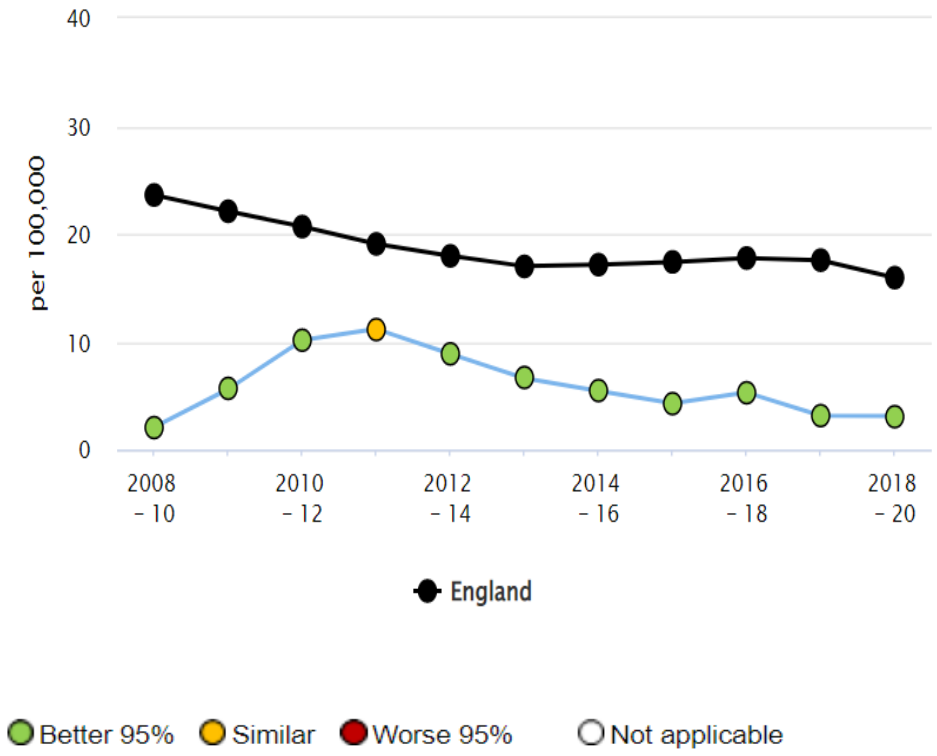
Road Traffic Casualties (RTCs)

Children Killed and Seriously Injured (KSI) on roads, (England and B&NES, 2008-10 to 2018-20)



- Statistics from the Department of Transport (RAS10013) have shown a **decrease** in the total number of reported personal injuries and road accidents by severity in England from 1979 (254,967) to 2020 (91,199).
- However, Her Majesty's Inspectorate of Constabulary and Fire & Rescue Services (HMICFRS) reported a recent rise in the rate of "**Wales and England road deaths**". It reports that fatalities from road traffic collisions rose from 1,541 fatalities in 2013 to 1,624 in 2018 (see page 9).
- Social inequalities have a significant effect on the distribution of RTCs in the UK. Children living in the **20% most deprived areas are more prone** to fatal and serious accidents than those in the least deprived areas.
- As seen in the chart on the left, children killed and seriously injured (KSI) on B&NES roads has **reduced** from 10 in 2011-13 (11.2 per 100,000) to 3 in 2018-20 (3.1 per 100,000).
- B&NES has the second lowest rate for road traffic collisions count in South-West region.
- For slight[1] casualties from road traffic accidents (aged 0-24), B&NES consistently have a lower value per 100,000 population compared to England (121 compared to 205 in 2016-20). Both local and national trends have decreased since 2011.

Source: Office for Health Improvement and Disparities (OHID) (2022)

[1] People who had a traffic accident where the casualty severity was slight.

Housing

Bath & North East Somerset Council

Improving People's Lives

Housing Tenure

Social Housing Register - Homesearch

Homelessness – Temporary Accommodation

New & Affordable Dwellings

Households by Accommodation Type

Homelessness – Initial Assessments

Rough Sleeping

Future Developments

Vacant Dwellings

Homelessness – Prevention & Relief Duties Owed

House Prices

Empty Properties Brought Back Into Use

Homelessness – Main Reasons, Prevention & Relief duties

House Price to Earnings Ratio

Longer-term Growth Requirements

Homelessness – Outcomes, Prevention & Relief duties

Private Rents and Affordability

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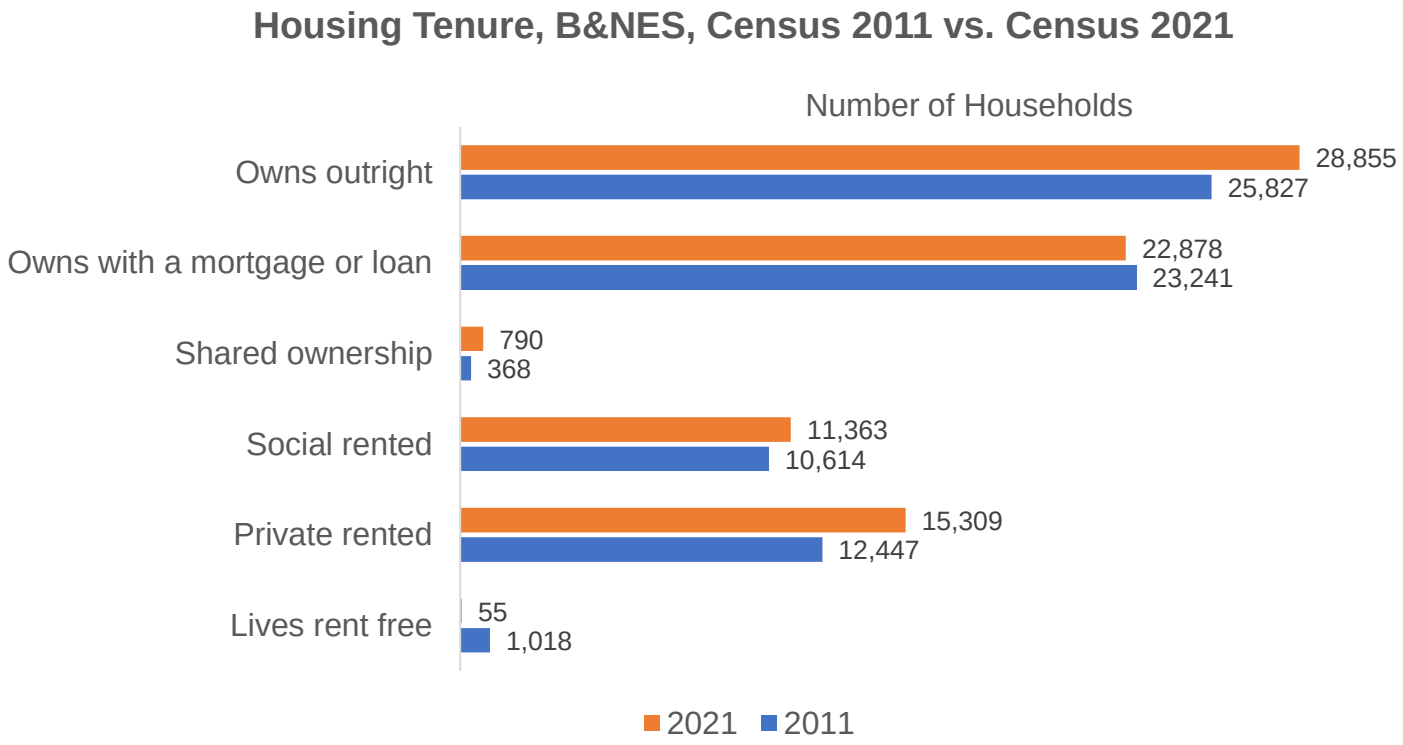
Housing Tenure



- There were **79,250 households** in **B&NES** on Census Day 2021 (March 2021).
- In 2021 around **two-thirds (65%)** of households in B&NES either **owned their own home outright (36%)** or **owned with a mortgage (29%)**.
- In the decade from 2011 there has been a **reduction** in the number of **households who own their own house with a mortgage** – from 23,241 in 2011 to **22,878** in 2021 (a 2% fall).
- During the decade between 2011 and 2021 there has been a **23% increase** in the number of **households who rent their home from a private landlord** – up from 12,447 to **15,309**.
- Those that **rent from the private sector** make up **19% of all households** in B&NES (2021). This is **similar** to the proportion in **England & Wales** who rent privately (20%).
- In 2021 there were **11,363 households who rented from a social landlord**, representing **14%** of all households in B&NES (and a proportion that has remined unchanged during the decade since 2011).

Definition: Tenure is whether a household rents or owns the accommodation that it occupies.

Sources: (1) 2011 Census - NOMIS. (2) 2021 Census – ONS (2023), *Housing, England and Wales: Census 2021*, available from: https://www.ons.gov.uk/peoplepopulationandcommunity/housing/bulletins/housingenglandandwales/census2021

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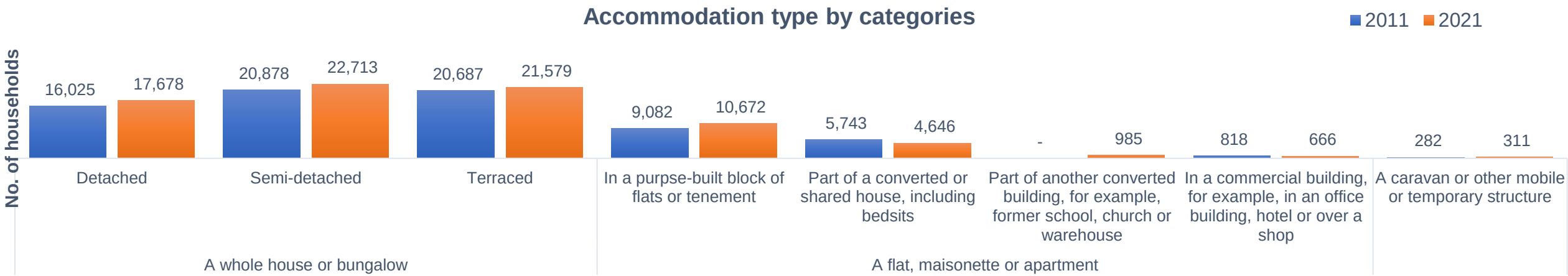
Households by Accommodation Type



- In the 2021 Census, there were **79,250 households** in Bath and North East Somerset, **78.2% | 61,970** of households lived in a **house or bungalow**, **21.4% | 16,969** in a **flat, maisonette or apartment** and **0.4% | 311** in a **mobile or temporary structure**. All three accommodation types have broadly remained the same from the 2011 Census.
- There were increases in all three 'A whole house or bungalow' categories The most common accommodation type in Bath & North East Somerset was a **Semi-detached** house or bungalow **28.7% | 22,713,** followed by **Terraced** house or bungalow **27.2% | 21,579.** There was a decrease of households living in different types of a flat, maisonette or apartment; Part of a converted or shared house, including bedsits **1,097 | -1.9%** and Commercial buildings (in an office building, hotel or over a shop) **152 | -0.3%,** a trend which was also seen across England and Wales and the South West.
- In 2021 there were **2,085 households of multiple occupancy (HMO), 1,319** | **63.3%,** classed as **'**A small HMO', and **766 | 36.7%** 'A large HMO', representing **2.63%** of the total households in Bath & North East Somerset. **1,759 | 84.4%** of HMO's were 'a whole house or bungalow' and **326 | 15.6%** 'a flat, maisonette or apartment'. The most common type of HMO In B&NES was a **Terraced,** house or bungalow **1,267 | 60.8%**, followed by **Semi-detached**, house or bungalow **403 | 19.3%.**

Definition: The Census 2021 question asked, 'What type of accommodation is this', 'A whole house or bungalow that is:', 'A flat, maisonette or apartment that is:', 'A mobile or temporary structure:' all with accommodation categories. Houses in multiple occupation (HMO): A dwelling or household where unrelated tenants rent their home from a private landlord, if both of the following apply: At least three unrelated individuals live there, forming more than one household and Toilet, bathroom or kitchen facilities are shared with other tenants. A small HMO is shared by 3 or 4 unrelated tenants, A large HMO is shared by 5 or more unrelated tenants.

Data notes: Accommodation type: caution should be taken when making comparisons between 2011 and 2021 because the category 'Part of another converted building (for example, former school, church or warehouse)' was added to the accommodation type 'Flat, maisonette or apartment' in the 2021 census. This means that there are some changes to the way people who lived in flats answered the question when comparing this variable with the one in the 2011 Census.
Houses in multiple occupation (HMO) was new for Census 2021 and there is no comparability with the 2011 Census.

Sources: (1) 2021 Census – ONS Accommodation Type (2) 2011 Census – ONS Accommodation type, (3) 2021 Census - ONS: Number of households in houses in multiple occupation (HMO) by accommodation type

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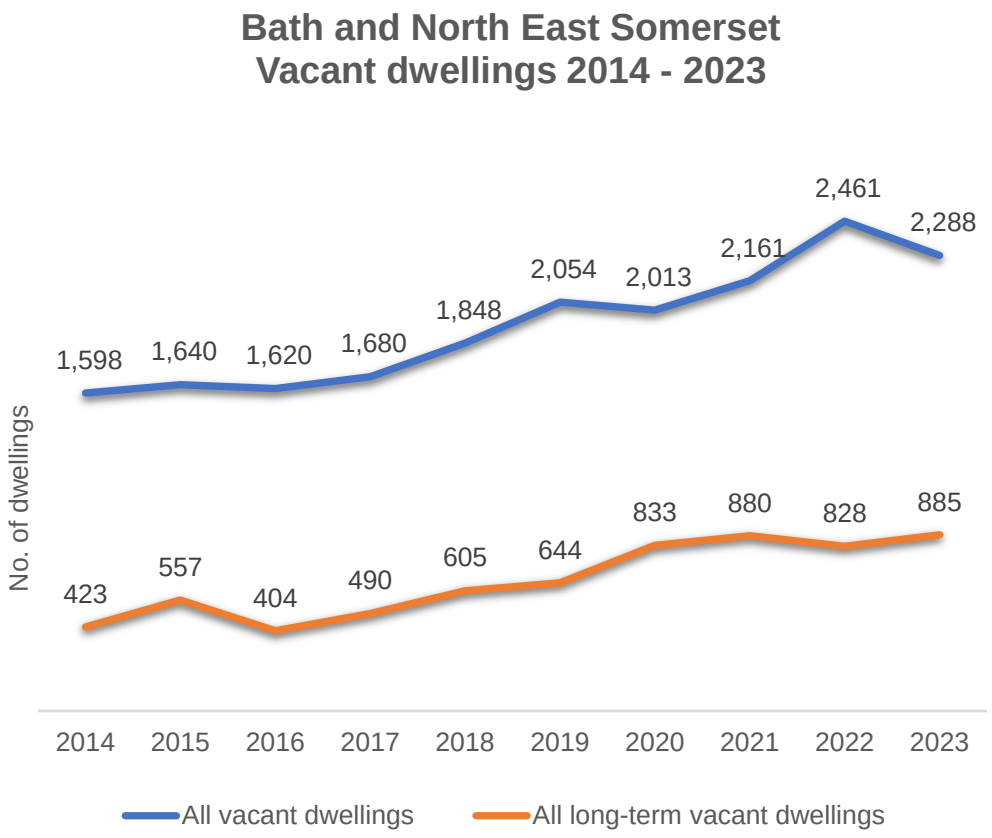
Vacant Dwellings



- During the period between 2014 (1,598) & 2023 (2,288) there has been an **increase** of **690 vacant dwellings** in B&NES**,** representing a **43% increase.** However, in October 2023 there was a **7% decrease (-173 dwellings)** when compared to October 2022 (2,288 v 2,461).[1]
- In October 2023 there were **885 long-term vacant dwellings** in B&NES, a **7%** increase (+**57 dwellings**) when compared to October 2022 (828). This is the highest number reported since 2014. There has been a **more than two-fold increase** between **423** (2014) to **885** (2023), an increase of **462 long-term vacant dwellings.**[1]
- Between 2014 & 2023 the number of **vacant dwellings** in B&NES **increased** by **43%** (1,598 in 2014 to 2,288 in 2023). The comparable figure for England is 15%. The number of **long-term vacant dwellings increased** by **109%** (423 in 2014 to 885 in 2023). The comparable figure for England is 27%. Meanwhile the estimated number of dwelling stock has **increased** by only **10%** over the same period (77,519 in 2014 to 85,151 [p] in 2023).[1]
- During the period 1st April 2022 to 31st March 2023, **158 empty properties**[2] have been brought back into use in B&NES via the Local Empty Residential Property Policy (ERPP).[3]
- Factors contributing to the more recent rise in empty properties include increasing costs of labour and materials, as well as shortages in skilled labour in the construction industry. These factors have been compounded by the Cost of Living Crisis. Furthermore, delays in people being able to undertake work while pandemic related restrictions were in place, as well as delays in the probate process, have likely led to more vacant dwellings, particularly since 2020.

Definition: All vacant dwellings (All tenures): These are defined as empty properties as classified for council tax purposes and include all empty properties liable for council tax and properties that are empty but receive a council tax exemption. All long-term vacant dwellings (All tenures): These are defined as properties liable for council tax that have been empty for more than six months and that are not subject to Empty Homes Discount class D or empty due to specific flooding events.
Data notes: Data for council tax base purposes were not taken on the same date every year and can vary slightly from year to year. It now has to be taken on the first Monday in October and this is consistent each year.
Please note: All vacant dwellings (All tenures): where local authorities award zero discounts for empty properties there is less incentive for owners to report their property as empty. This could have led to some under reporting of some empty properties.
Dwelling stock estimates data 2023 [p] - this figure is provisional and subject to scheduled revision and revisions pending the release of future census dwelling stock data.
Not All vacant dwellings are considered eligible for assistance under the Local ERPP. The policy considers 'Long-term vacant' as 'actionable', so eligible for the empty property assistance offered by the Council. A proportion of properties receiving a Council Tax Exemption are also not routinely offered assistance via the ERPP for various reasons but remain included in the empty property figures.
Source: 1 Live tables on dwelling stock (including vacants) (Table 615 & Table 125), 2 Internal KPI data, 3. Empty Residential Property Policy (ERPP), (reviewed in 2022),

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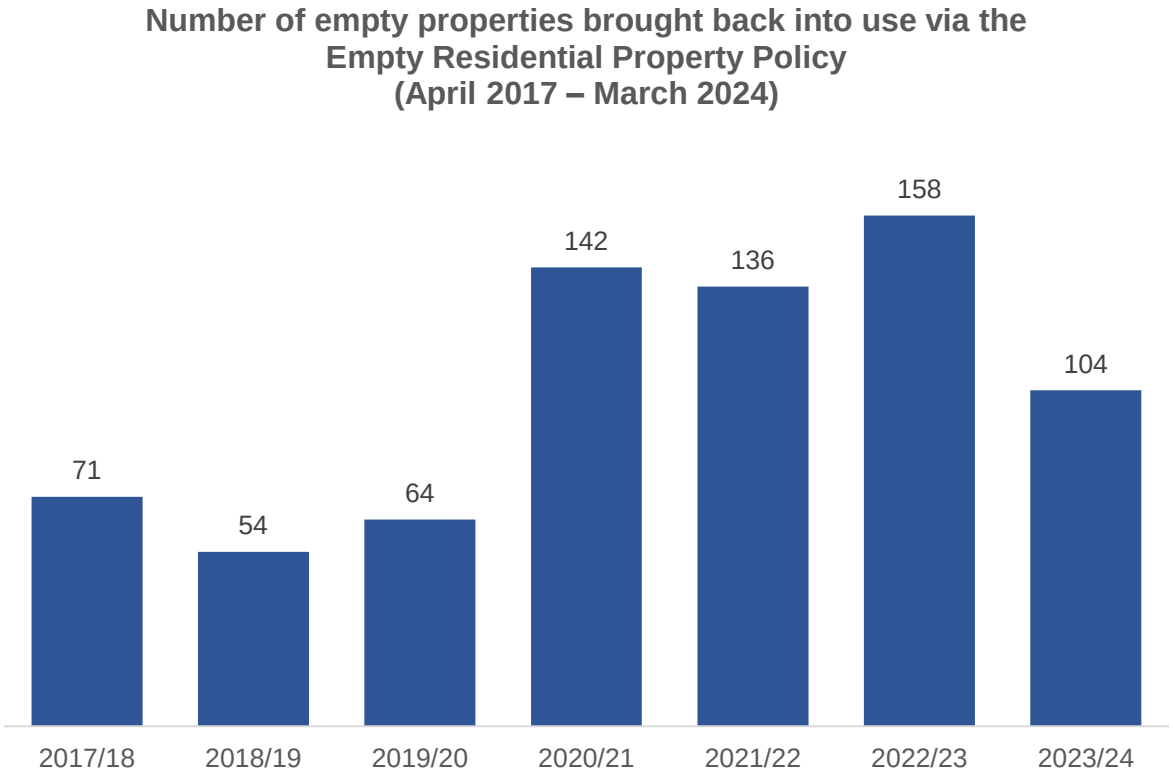
Empty Properties Brought Back Into Use



Bath and North East Somerset Council is committed to bringing residential empty properties back into use in response to the negative impact unoccupied homes have on our communities, and Bath and North East Somerset's ever growing housing demand.

- During the period 1st April 2023 to 31st March 2024, **104 empty properties** have been brought back into use in Bath & North East Somerset [1] via the Local Empty Residential Property Policy (ERPP). [2]
- The latest figure is lower than the previous three years but **exceeds** the **yearly target of 100** empty properties being brought back into use and is still higher compared to the period 2017/18 to 2019/20 (104 v 71, 54 & 64 retrospectively). [1]
- Factors contributing to the recent decrease in properties being brought back into use reflects the challenging market conditions making it unrealistic to exceed the target by as much as in previous years.
- The overall number of empty properties that have been brought back into use in Bath & North East Somerset via the Local Empty Residential Property Policy (ERPP) during the 7-year reporting period, 1st April 2017 – March 2024 is **729.** [1] An average of **104 properties per year**.

Definition: A property is unoccupied when it is nobody's sole or main home (place of residence), this can include unoccupied properties, uninhabitable properties undergoing repair and newly constructed properties. The Local Empty Residential Property Policy (ERPP) defines an empty property as domestic dwelling that's been unoccupied according to Council Tax records, for six months onwards. This definition excludes those recorded by Council Tax as 2nd homes. A property becomes defined as Long Term Empty after two years.

Data notes: Not all vacant dwellings are considered eligible for assistance under the Local Empty Residential Property Policy (ERPP). The policy considers 'Long-term vacant' as 'actionable', so eligible for the empty property assistance offered by the Council. A proportion of properties receiving a Council Tax Exemption are also not routinely offered assistance via the ERPP for various reasons but remain included in the empty property figures.

Source: [1] Internal KPI data, (B&NES Uniform In-house system) [2]. Empty Residential Property Policy (ERPP), (reviewed in 2022),

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Housing – longer-term growth requirements

- **The West of England Local Housing Needs Assessment identifies components of housing need, relating to: the local housing market; demographic projections; Affordable Housing need and the needs of different groups. Key findings suggest that by 2040:**
  - There will be an overall growth of **8,400** households.
  - Just over a third of the growth is from single person households (mostly single people aged over 75). *(Further information on Ageing Population can be found here)*
  - Couples without dependent children are projected to reduce slightly.
  - There is significant expected growth in the number of families with dependent children.
  - 93% of growth will be from single person households and couples aged over 65. This suggests homes meeting older persons' requirements will be a priority.

Source: **West of England Combined authority – Local Housing Needs Assessment Summary – September 2021**

Methodology: refer to the following - Department for Levelling Up, Housing and Communities and Ministry of Housing, Communities & Local Government (2020), *Housing and economic needs assessment*, available from: https://www.gov.uk/guidance/housing-and-economic-development-needs-assessments

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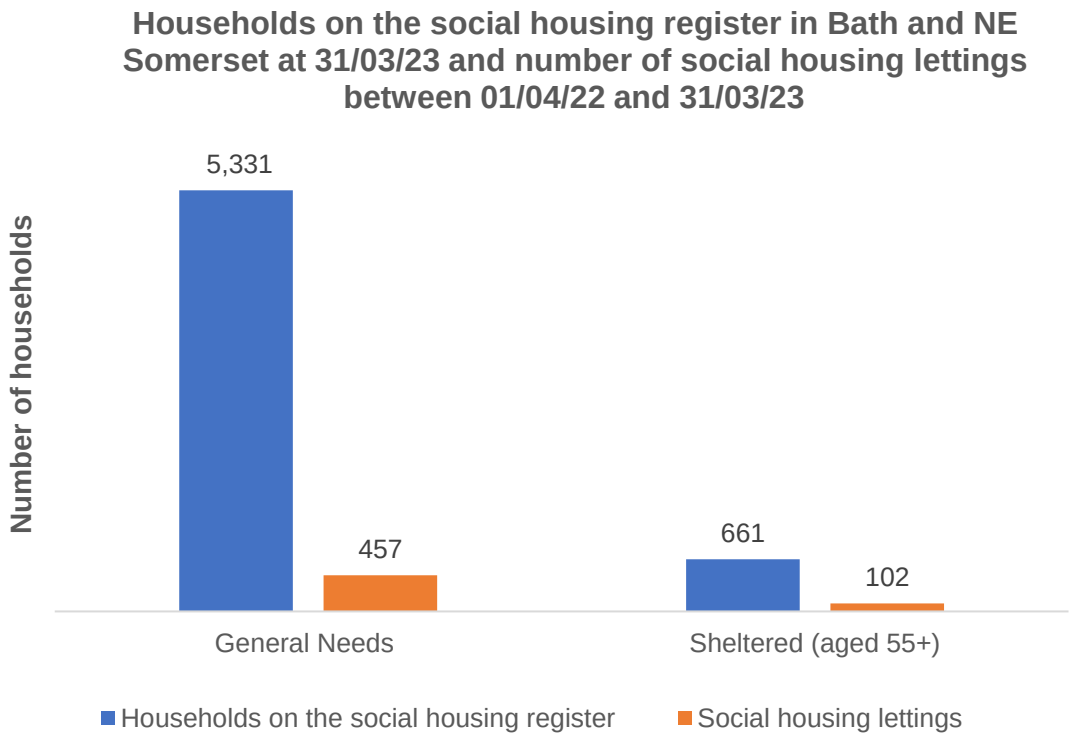
Social Housing Register (Homesearch)



- At the end of March 2023 there were **5,992** households in Bath & North East Somerset on the **waiting list for social housing**, a **9.3% increase** (**510 additional households**) when compared to March 2022 (5,482 households).
- This compares to only **559 new social housing lettings** between April 2022 to March 2023, which is **less than 10% of the number on the waiting list**.
- In B&NES **demand** for social housing continues to be high as social rent is less expensive than market rent, e.g. £532 per month on average for a 2 bedroomed property (April 2022 – March 2023) compared to an average median rent of £1,150 per month in the private sector for Bath & North East Somerset (Table 2.4) for the same period. In addition, social housing offers more security of tenure compared to renting from a private landlord.
- The **average wait** for those housed in a 2-bedroom property for households in:

  Group A (*those who urgently need to be housed because there is a serious risk to health, safety, wellbeing and a specific statutory requirement*) was **45 weeks,** a **21.6% increase (of 8 weeks)** when compared to March 2022 (37 weeks).

  Group B (*those who have a high or medium level housing need*) was **59 weeks,** a **3.5% increase (of 2 weeks)** when compared to March 2022 (57 weeks).

  Group C (*a low housing need*) was **198 weeks,** a **10% increase (of 18 weeks)** when compared to March 2022 (180 weeks).

  There was an increase in the average wait for all 3 groups from the previous year (B&NES CIVICA lettings data 2022/23).

Definition: Social housing provided for people on low incomes or with particular needs by government agencies or non-profit organisations. Homesearch is the register for social rent homes and low-cost home ownership in B&NES.

Sources: Table 600, Number of household on local authorities' housing waiting list by district, England (1987 – 2022) and B&NES CIVICA system.

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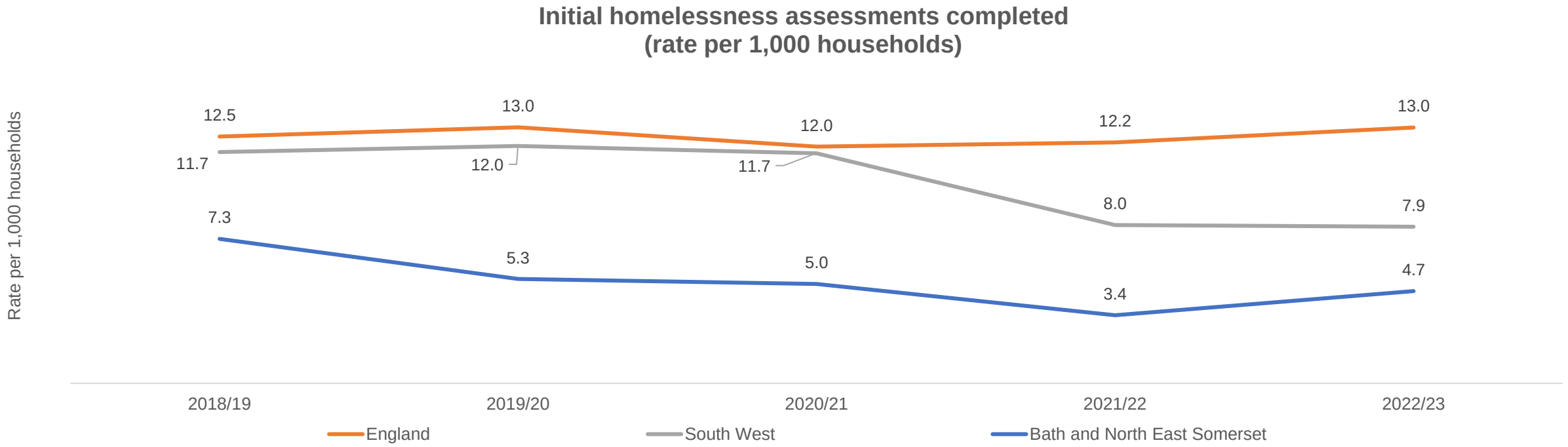
Homelessness – Initial assessments



- Between 2018/19 and 2022/23 the rate of i**nitial homelessness assessments** in Bath & North East Somerset has been on an overall downward trend. B&NES has had a consistently lower rate than England and this gap has widened over the last 5 years. Whilst England has seen a **4%** increase between 2018/19 and 2022/23, B&NES has seen a **36%** decrease over the same period.
- The rate in B&NES (4.7 per 1,000 households) is **roughly a third of the comparable rate for England** (13.0) in 2022/23. However, the rate of initial assessments in B&NES increased from 3.4 per 1,000 in 2021/22 to 4.7 in 2022/23, representing an **increase** of **38%** (representing 92 additional households).

Definitions: **Initial assessments** - every person applying for assistance from a housing authority stating that they are or are going to be homeless will require an initial interview. If there is reason to believe that a household may be homeless or threatened with homelessness within 56 days the housing authority must carry out an assessment to determine if this is the case, and whether they are eligible for assistance.

Source: DLUHC (2023), *Live tables on homelessness*, available from: https://www.gov.uk/government/statistical-data-sets/live-tables-on-homelessness#statutory-homelessness-live-tables

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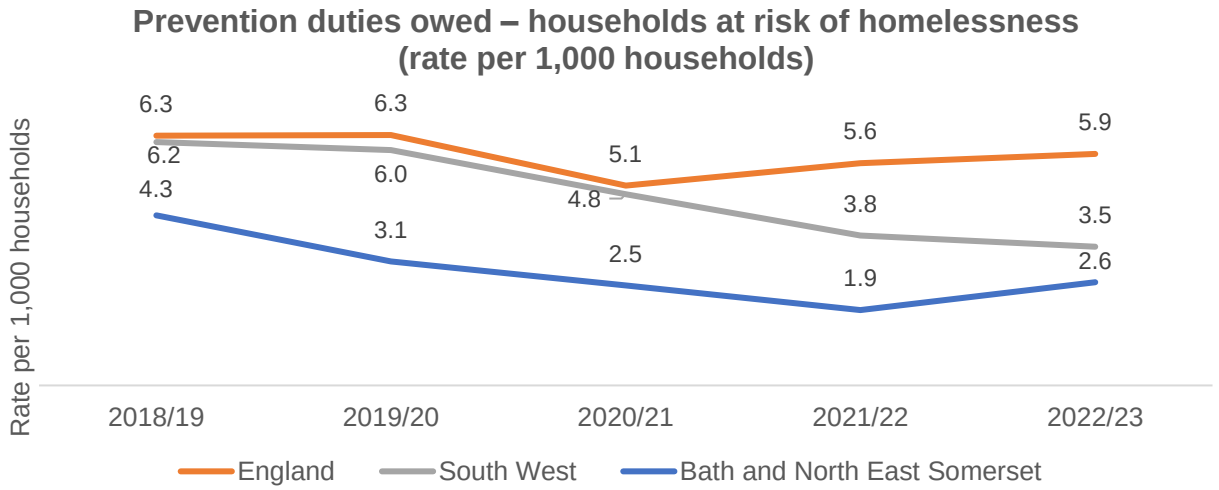
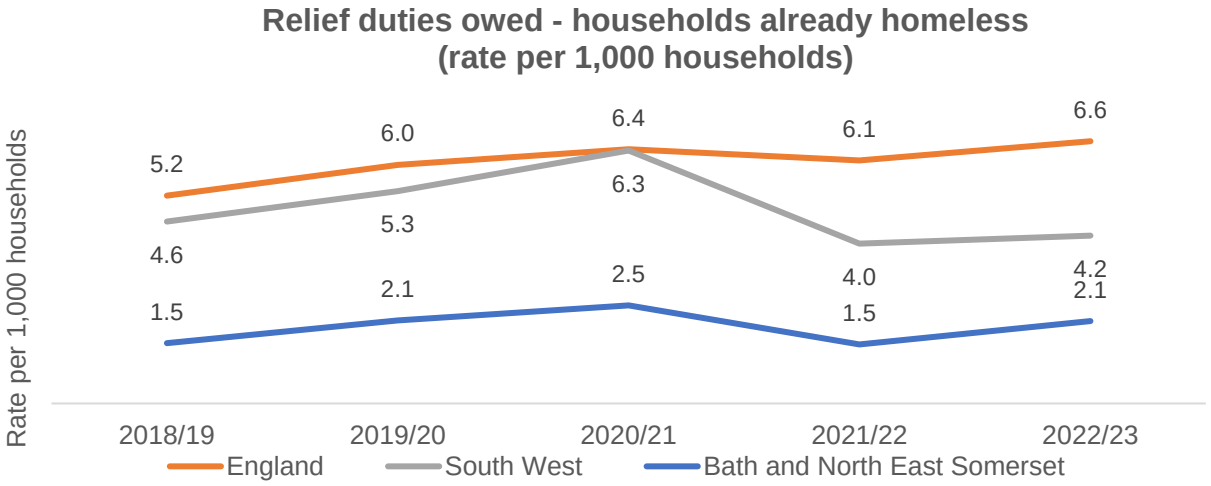
Homelessness – Prevention and Relief duties owed





Prevention duties

- Bath & North East Somerset has had a consistently **lower rate** of households owed a prevention duty (risk of homelessness) than England over the last 5 years. B&NES has seen a **40%** decrease compared to England a **6%** decrease.
- The rate in B&NES (2.6 per 1,000 households) is **less than half of the comparable rate for England** (5.9) in 2022/23. However, the rate increased from 1.9 to 2.6 in one year, representing an **increase** of **37%** (77 additional households).

Relief duties

- Bath & North East Somerset has also had a consistently **lower rate** of households owed a relief duty (already homeless) than England over the last 5 years. B&NES has seen a **40%** increase compared to England a **27%** increase.
- Although the rate of households in B&NES (2.1 per 1,000 households) is **roughly a third of the comparable rate for England** (6.6) in 2022/23; it nevertheless increased from 1.5 to 2.1 in one year, representing an **increase** of **41%** (63 additional households).

Definitions: Households assessed as being owed a prevention or a relief duty - a **prevention duty** is where a household is assessed as being at risk of homelessness within the next 56 days; a **relief duty** is where a household is assessed as being already homeless.
Source: DLUHC (2023), *Live tables on homelessness*, available from: https://www.gov.uk/government/statistical-data-sets/live-tables-on-homelessness#statutory-homelessness-live-tables

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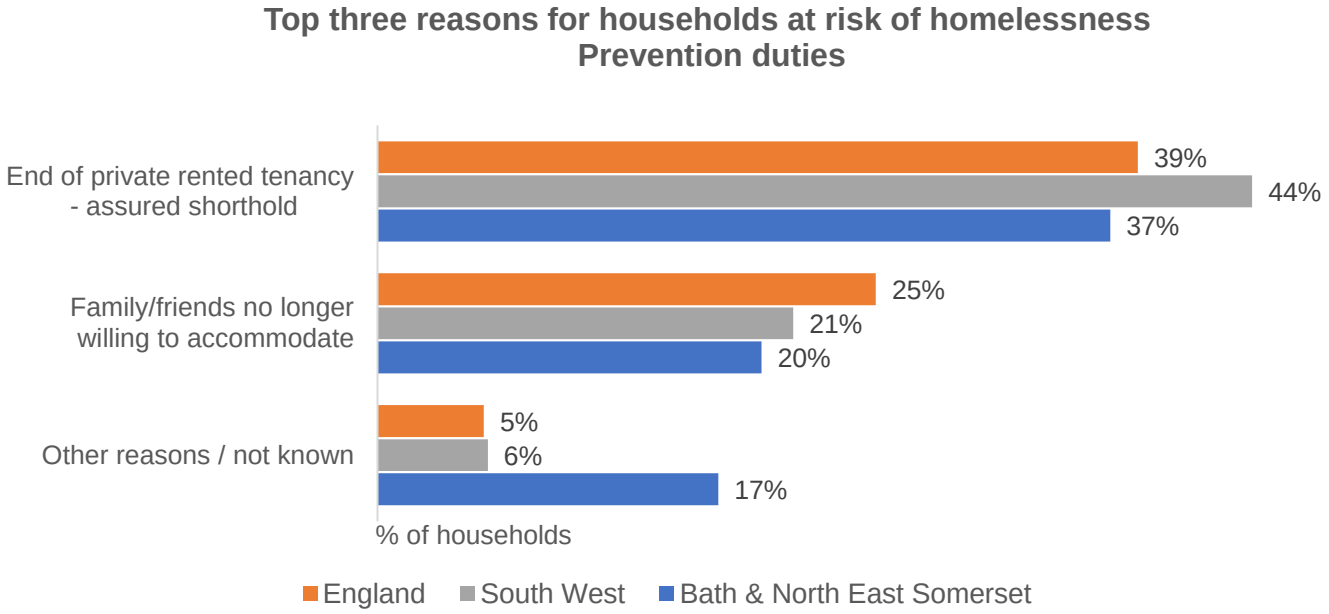
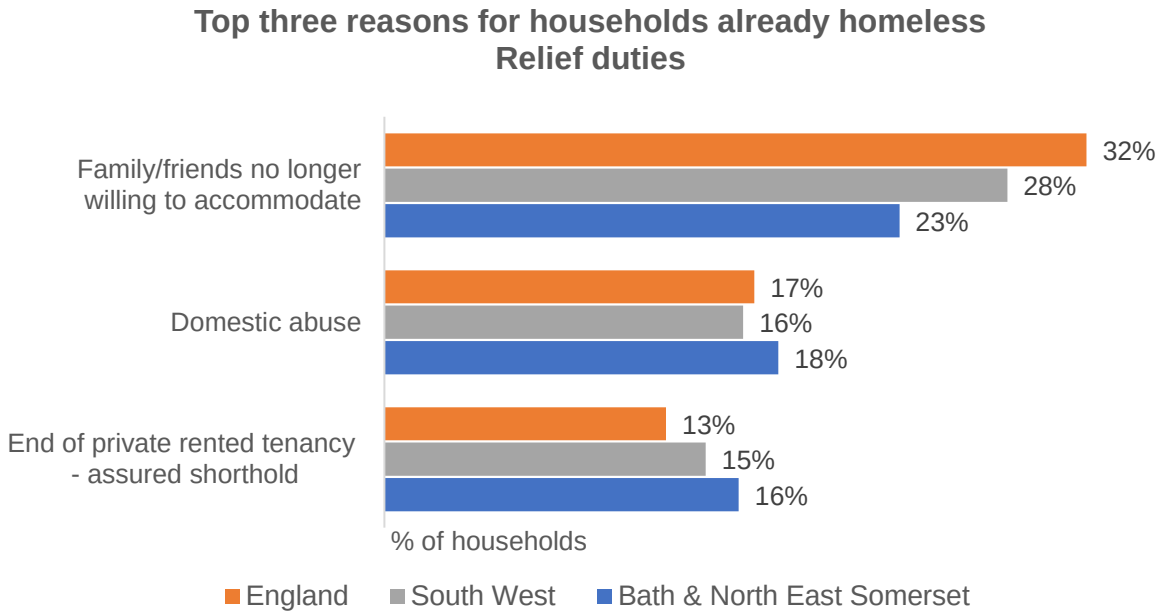
Homelessness - Main reasons, Prevention and Relief duties





In total there were **495** households assessed as owed a duty in Bath & North East Somerset during 2022/23:

- **277 (56%)** households were assessed as being threatened with homelessness and owed a **prevention duty**; this is a **39% increase** from 2021/22. The top three reasons were end of private rented tenancy – assured shorthold (**37%**), followed by family/friends no longer willing to accommodate (**20%**), a trend which was also seen across England and the South West. The third reason was 'other reasons / not known', which includes fire / flood / other emergency, left HM forces, mortgage repossession, property disrepair, other or not known (**17%**).
- **218 (44.0%)** households were initially assessed as being homeless and owed a **relief duty**; this is a **41% increase** from 2021/22. The top three reasons were family/friends no longer willing to accommodate (**23%**), followed by domestic abuse (**18%**), and end of private rented tenancy – assured shorthold (**16%**) a trend which was also seen across England and the South West. **49%** of main applicants owed a relief duty were single adult males.

Of the 495 households owed a prevention or relief duty, **two-thirds (67%) had additional support needs**; **30%** were for a history of mental health issues, and **29%** physical ill health and disability.

Homelessness and ill health are intrinsically linked and households living in unsettled accommodation are more likely to experience mental ill health.

Definition: Households owed a prevention duty i.e., where a household is assessed as being at risk of homelessness within the next 56 days. Households owed a relief duty, i.e., where a household is assessed as being already homelessness.
Source: DLUHC (2022-23), *Live tables on homelessness*, available from: https://www.gov.uk/government/statistical-data-sets/live-tables-on-homelessness#statutory-homelessness-live-tables

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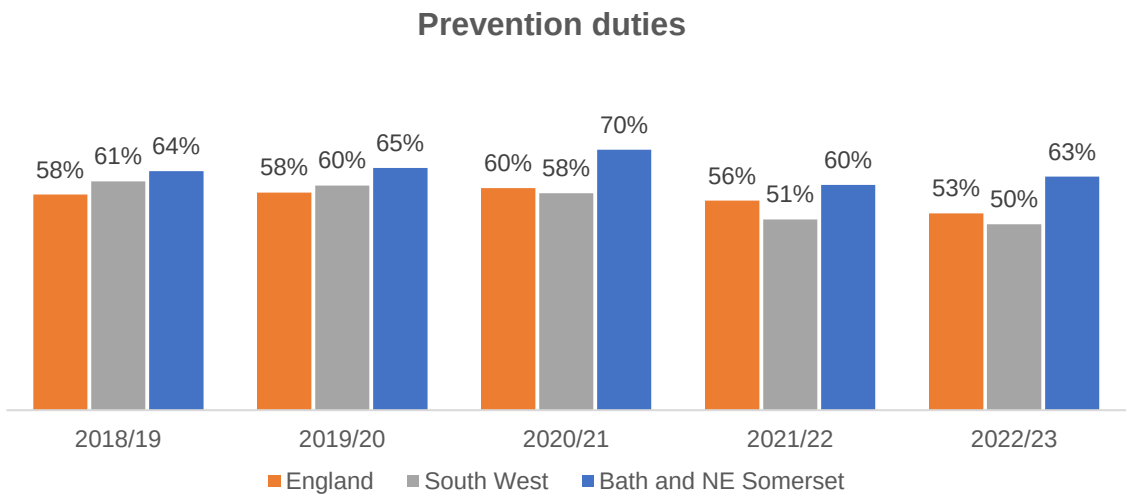
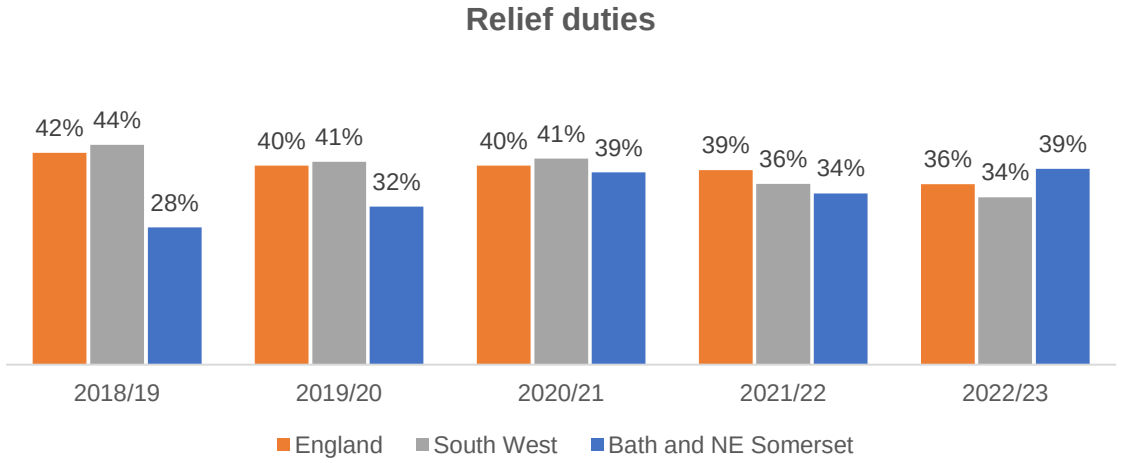
Homelessness – Outcomes, Prevention and Relief duties

% of owed duties ending with secured accommodation for 6+ months





Prevention duties
Bath & North East Somerset has had a **consistently higher proportion of successful outcomes** (households securing settled accommodation for 6+ months) for households that are at risk of homelessness (prevention duties) than England and the South West.

In 2022/23, this figure was 63% in B&NES (169 of 270 households) compared to 53% and 50% for England and the South West respectively. However, B&NES has seen a decrease when compared to 70% in 2020/21. Decreases can be observed in England for two consecutive years and in the South West for four consecutive years.

Of the 169 households with successful prevention outcomes in 2022/23:

- 82% (139) moved to alternative accommodation, and of these 93% (129) were accommodated within B&NES.
- The main type of accommodation secured was private rented sector 51% (86), followed by social rented sector 30% (50).
- 33% (55) were single females with dependent children.

Relief duties
Overall, **during 2022/23 B&NES had a higher level of successful outcomes** for households that are already homeless (relief duties) at 39% (99 of 252 households) compared to England (36%) and the South West (34%). This is the first time in the last 5 years that B&NES has seen a higher rate than national and regional figures.

This is a **15% increase** from 2021/22. Decreases across England and the South West can be observed for two consecutive years.

Of the 99 households with successful relief outcomes in 2022/23:

- 69% (68) moved into accommodation in the social rented sector and 22% (22) moved into private rented accommodation.
- 86% (85) were accommodated within B&NES.
- 36% (36) were single adult males.

Definition: Households owed a prevention duty i.e., where a household is assessed as being at risk of homelessness within the next 56 days. Households owed a relief duty, i.e., where a household is assessed as being already homelessness.
Source: DLUHC (2022-23), *Live tables on homelessness*, available from: https://www.gov.uk/government/statistical-data-sets/live-tables-on-homelessness#statutory-homelessness-live-tables

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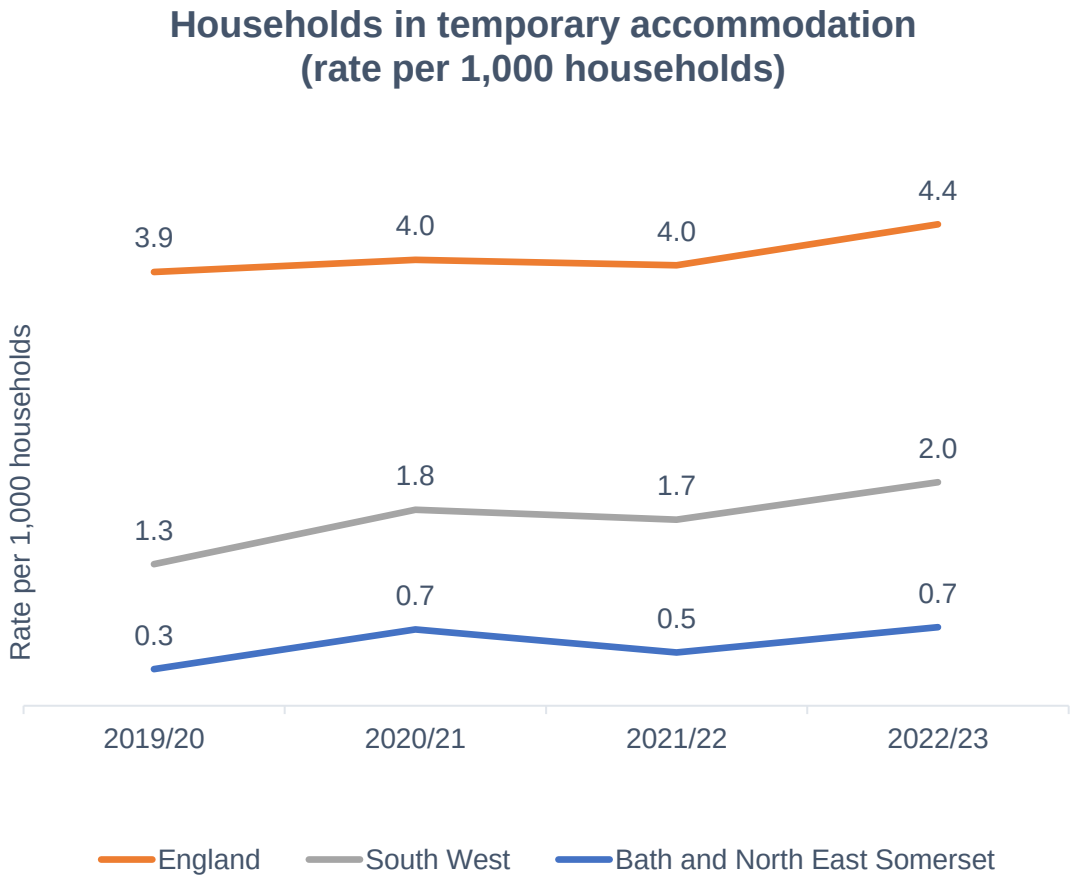
Homelessness – Temporary accommodation



Definitions: The legal definition of **homelessness** is that a household has no home in the UK or anywhere else in the world available and reasonable to occupy. **Temporary accommodation** is night/winter shelters, hostels, bed and breakfasts, woman's refuges, private and social housing.
Data note: DLUHC Official statutory homelessness statistics are available up to the end of March 2023. In house data system CIVICA data is available up to the end of September 2023.

Source:
DLUHC (2022-23) Live *tables on homelessness*, available from: www.gov.uk/government/statistical-data-sets/live-tables-on-homelessness#statutory-homelessness-live-tables
and B&NES CIVICA in-house system.

Bath & North East Somerset has had a **consistently lower rate for households in temporary accommodation** per 1,000 households than England and the South West in the last four years.

At the end of March 2023:

- The rate of households in temporary accommodation was **0.7** (**58 households)**, compared to England (4.4) and the South West (2.0). This is a **40% increase** when compared to March 2022, 0.5 (39 households). Increases in rates between 2021/22 and 2022/23 can also be observed across England (10%) and the South West (18%).
- B&NES had a **higher** percentage of single households in temporary accommodation **69% (40 households).** 68% were single adult males / 33% were single adult females compared to England (**38%**) and the South West (**54%**) and a **lower** percentage of households with children **31%** (**18 households**). This is half the comparable percentage for England (62%) and the South West (46%).
- The main types of accommodation provided for the 58 households in temporary accommodation were bed and breakfast hotels (including shared annexes) **41% (24)**, hostels (including reception centres, emergency units and refuges) **33% (19)** and local authority or housing association (LA/HA) stock **22% (13).**
- The average number of nights spent in temporary accommodation was **86** for these 58 households. This represents a **28% decrease** when compared to the **119** nights at the end of March 2022 (Source B&NES CIVICA in-house system).

Internal data would appear to show a continued increase in the number and rate of homeless households in temporary accommodation between 1st April and the 30th September 2023, as well as an increase in the average number of nights for those households remaining in temporary accommodation when compared to the end March 2023.

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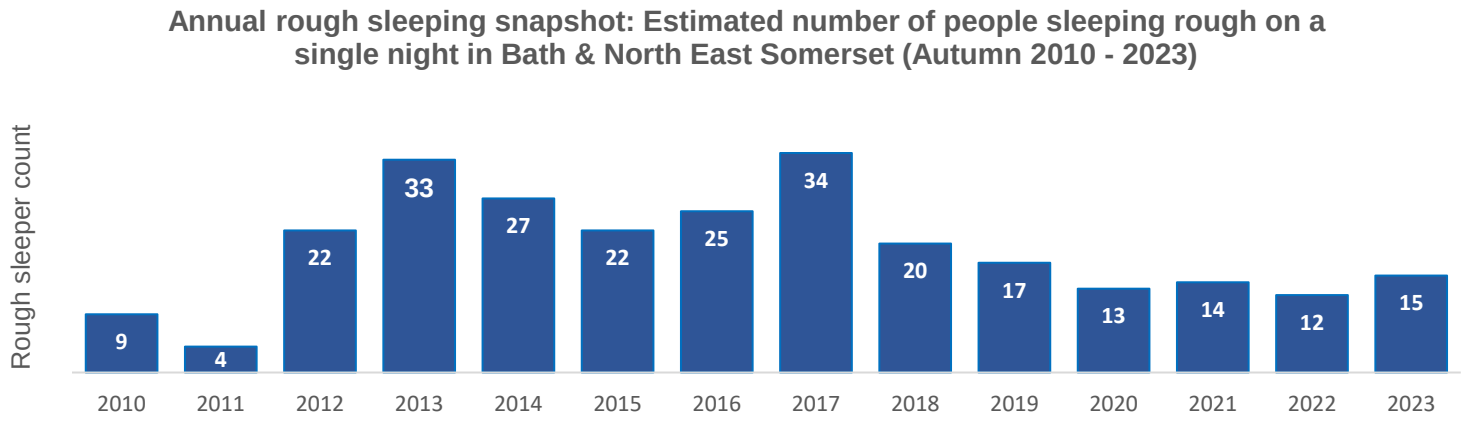
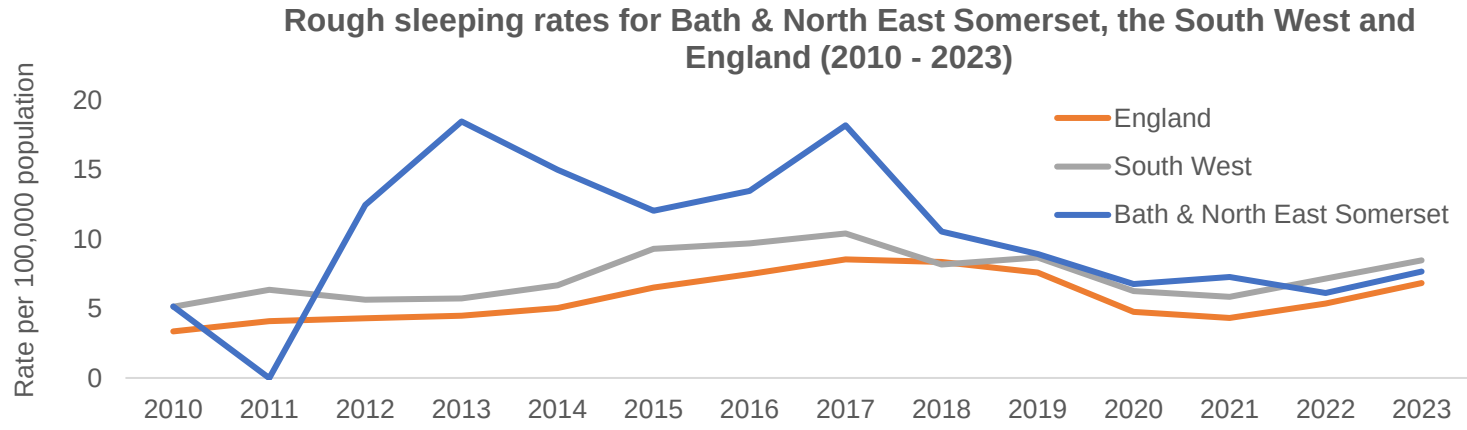
Rough Sleeping





Number of people sleeping rough in Bath & North East Somerset (Jan – Dec 2023) In-house reported data

2023	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
Single night snapshot	10	8	11	10	10	11	10	13	15	19	**15**	13
Over the course of the month	30	27	36	42	34	37	38	35	53	65	49	44

- In 2023, there were **15** people estimated to be sleeping rough on a single night in Autumn in Bath & North East Somerset, this is **higher** than the number estimated in 2022 **(12)**, representing a **25% increase**.
- Both England and the South West have seen increases in the number of people estimated to be sleeping rough on a single night in Autumn 2023, the number increased by **829 & 75** respectively. **Increases** can be observed in both England and the South West for two consecutive years, but overall **decreases** when compared to the **peak in 2017**.
- The rough sleeping rate for 2023 in Bath & North East Somerset is **7.7 per 100,000 population.** The comparable rates for England and the South West are 6.8 and 8.5 per 100,000, respectively.
- The previous Government's strategy 'Ending Rough Sleeping for Good' published in September 2022 has a clear and defined vision for ending rough sleeping, which is '**that it is prevented wherever possible, and where it does occur it is rare, brief and non-recurrent'**.

Definition: "People sleeping, about to bed down (sitting on/in or standing next to their bedding) or bedded down in the open air (such as on the streets, in tents, doorways, parks, bus shelters or encampments). People in buildings or other places not designed for habitation (such as stairwells, barns, sheds, car parks, cars, derelict boats, stations, or 'bashes' which are makeshift shelters, often comprised of cardboard boxes).
The definition **does not include** people in hostels or shelters, people in campsites or other sites used for recreational purposes or organised protest, squatters or travellers".
The annual rough sleeping snapshot can take place on a single date chosen by the local authority in Autumn, between 1 October and 30 November.
Data notes: 2023 Rough sleeping rates were populated using the 2022 Mid-Year population estimates for another year to provide a baseline.
Source: DLUHC Rough sleeping annual snapshot: Autumn 2023
2011-2023 ONS (2022), Mid-year population estimates
2010 ONS Mid-year population estimates for the UK and its constituent countries
2023 In-house reported data (Delta returns): No. of people sleeping rough on a typical night & No. of people sleeping rough over the course of the month in Bath & North East Somerset.

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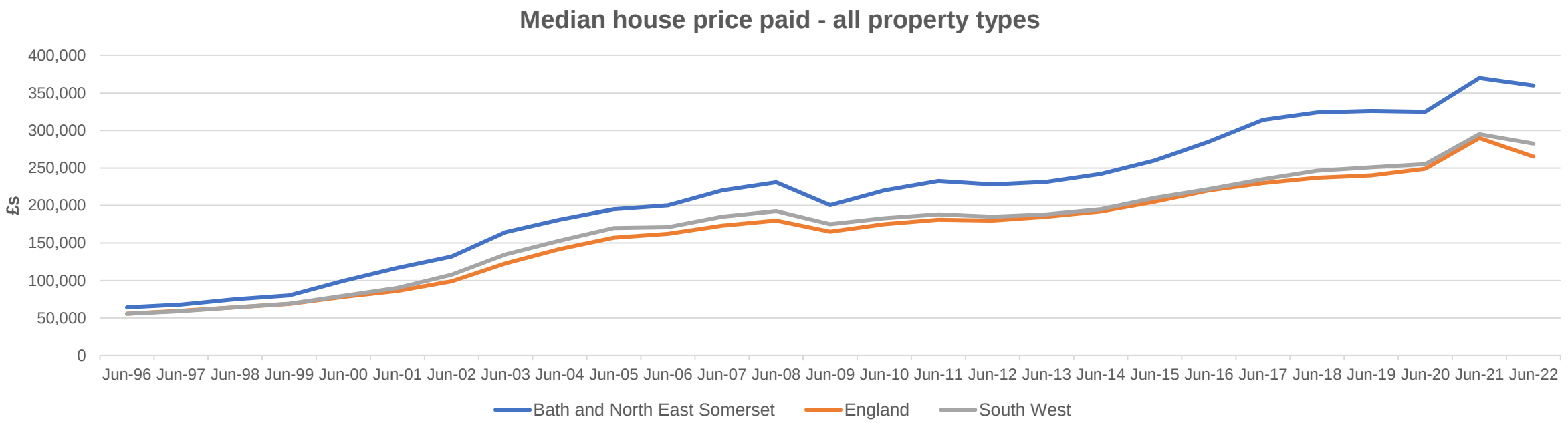
House Prices



- **House prices are considerably higher in Bath & North East Somerset** than in the South West and England (median price paid in June 2022 was around £360,000 vs £282,500 and £265,000 respectively).
- Recently, B&NES mirrored the national trend that saw house prices rise substantially between 2020 and 2021 (from ~£324,995 to £370,000 locally), though they have since fallen again in 2022 (£360,000).
- The fall in median house prices has been greater nationally than the reduction seen in B&NES and the South West.

Source: ONS (2023), *Median house prices for administrative geographies: HPSSA dataset 9*, available from: https://www.ons.gov.uk/peoplepopulationandcommunity/housing/datasets/medianhousepricefornationalandsubnationalgeographiesquarterlyrollingyearhpssadataset09

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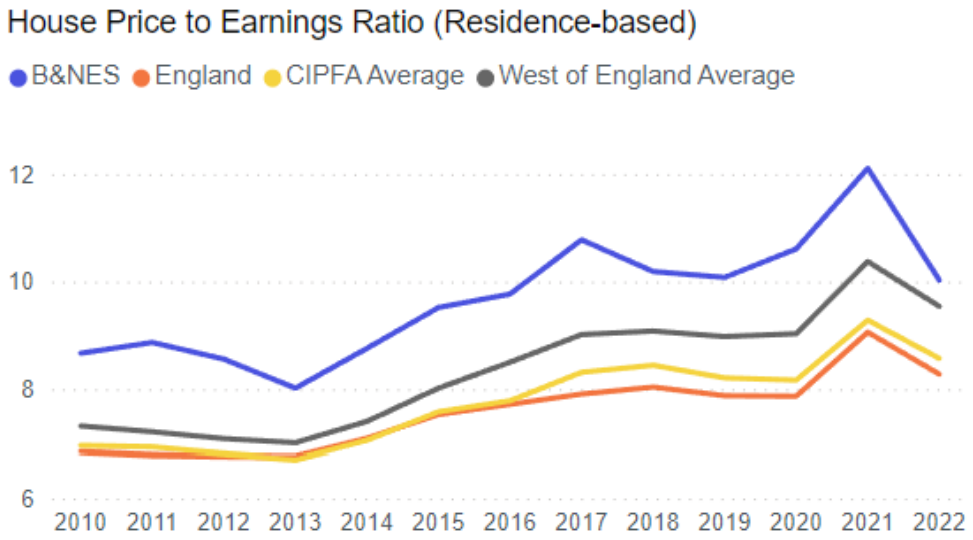
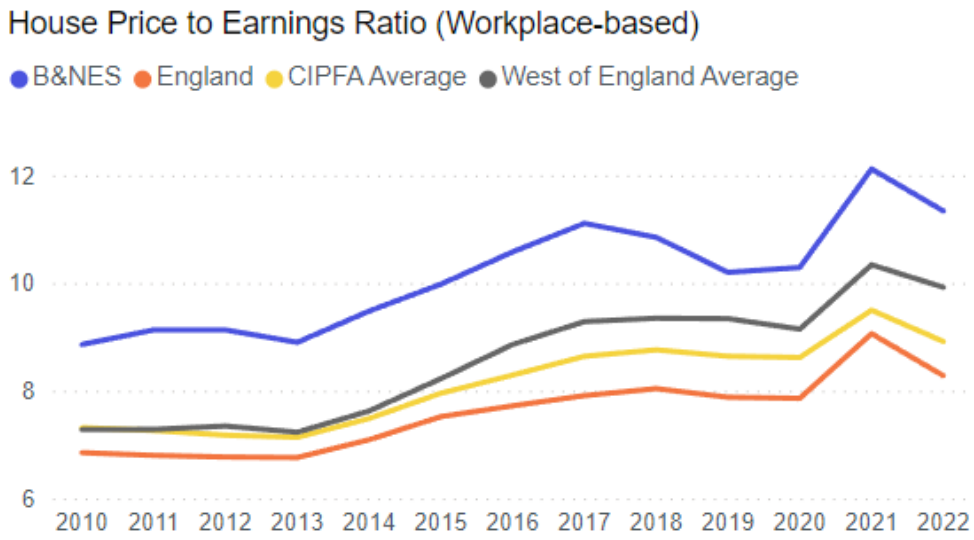
House Price to Earnings Ratio





- The **ratio of house prices to earnings (residence-based)** in B&NES continues to be **higher** than national, CIPFA and West of England[1] (WoE) levels. In 2022, the house price to earnings ratio was **10x annual earnings** in B&NES compared to **8x** nationally and **9.5x** in WoE. These ratios have **decreased** from 12x (B&NES), 9x (England) and 10x (WoE) annual earnings respectively in 2021.
- The **ratio of house prices to earnings (workplace-based)** in B&NES continues to be **higher** than national, CIPFA and West of England[1] (WoE) levels. In 2022, the house price to earnings ratio was **11x annual earnings** in B&NES compared to **8x** nationally and **10x** in WoE. These ratios have **decreased** from 12x (B&NES), 9x (England) and 10x (WoE) annual earnings respectively in 2021.
- Note: caution should be used in interpreting this indicator in terms of providing evidence of a recent improvement in house price affordability due to recent rises in mortgage interest rates.

Source: Data derived from national statistics published via LG Inform. Annual Survey of Hours and Earnings

Data Notes: CIPFA (Chartered Institute of Public Finance and Accountancy) – Statistically similar LA's for comparison. [1] **West of England** includes B&NES, Bristol, North Somerset and South Gloucestershire

Calculated by dividing house prices by gross annual earnings, based on the median of both house prices and earnings.

Residence-based shows what the people who live in an area earn in relation to that area's house prices, even if they work elsewhere.

Workplace-based indicates the extent to which employees can afford to live where they work, not where they necessarily already live, effectively reflecting the house-buying power of employees.

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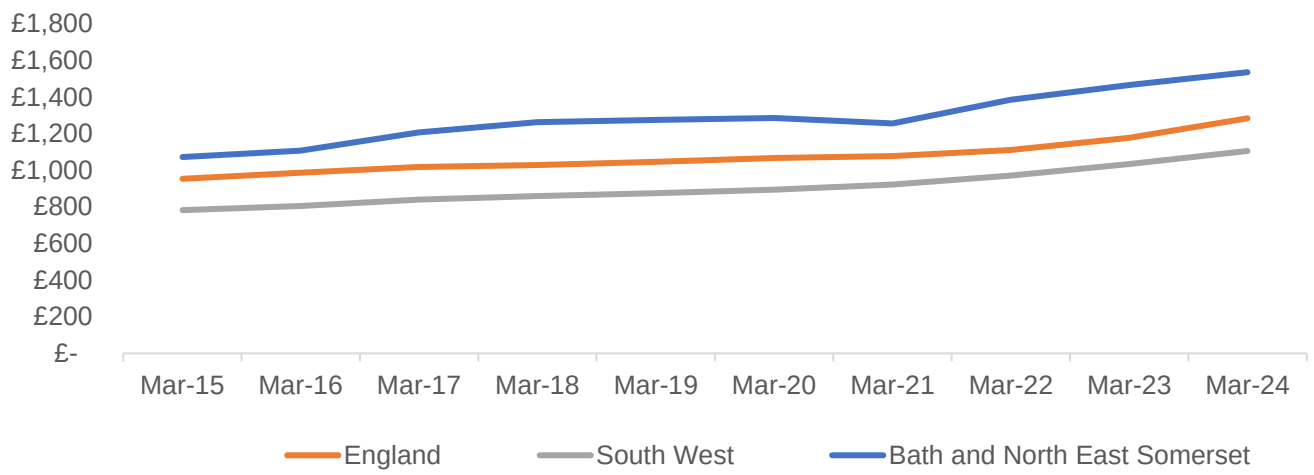
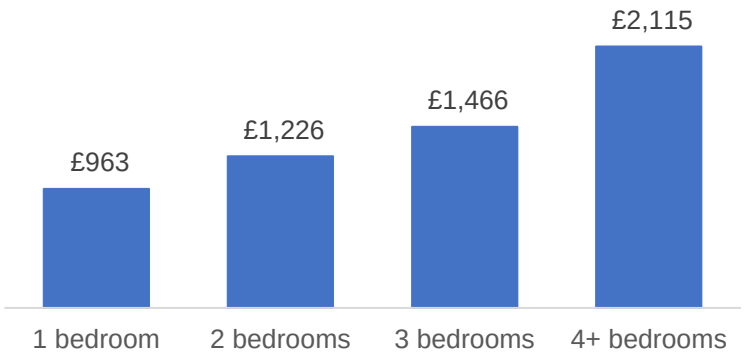
Private Rents and Affordability

Average private rent – All categories (March 2015 - March 2024)
Bath & North East Somerset, the South West and England

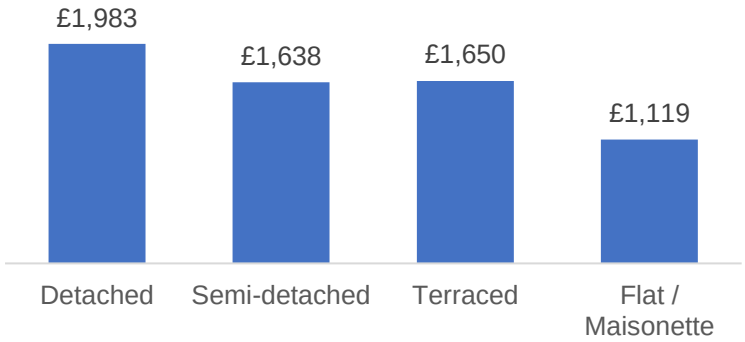


Average private rent (March 2024)
Bath & North East Somerset

By property size



By property type



- The average monthly private rent in Bath & North East Somerset is considerably higher than in the South West and England. The average monthly private rent in March 2024 in Bath and North East Somerset was £1,536 compared to £1,107 in the South West and £1,285 in England. [1]
- The average monthly private rental price in Bath & North East Somerset **increased** by **5%** (£1,466 in 2023 to £1,536 in 2024). The comparable figure for the South West is **+7%** and for England **+9%.** [1]
- Between 2015 & 2024 the average private rent in B&NES **increased** by **43%** (£1,073 in 2015 to £1,536 in 2024). The comparable figure for the South West is **+42%** and for England **+35**. [1]
- Across all property sizes (1 to 4+ bedrooms) in Bath & North East Somerset the average monthly private rents are higher than the maximum Local Housing Allowance (LHA).. [2] The rapid decline in affordability has been seen across all parts of the country. [3]

Definition: Property owned by a private landlord and leased to a tenant. The landlord, in this case, could be an individual, a property company or an institutional investor.

Source: [1] Price Index of Private Rents (PIPR) from the Office for National Statistics (ONS), available from: https://www.ons.gov.uk/economy/inflationandpriceindices/bulletins/privaterentandhousepricesuk/april2024
[2] **https://beta.bathnes.gov.uk/local-housing-allowance-lha**
[3] https://ifs.org.uk/publications/housing-quality-and-affordability-lower-income-households

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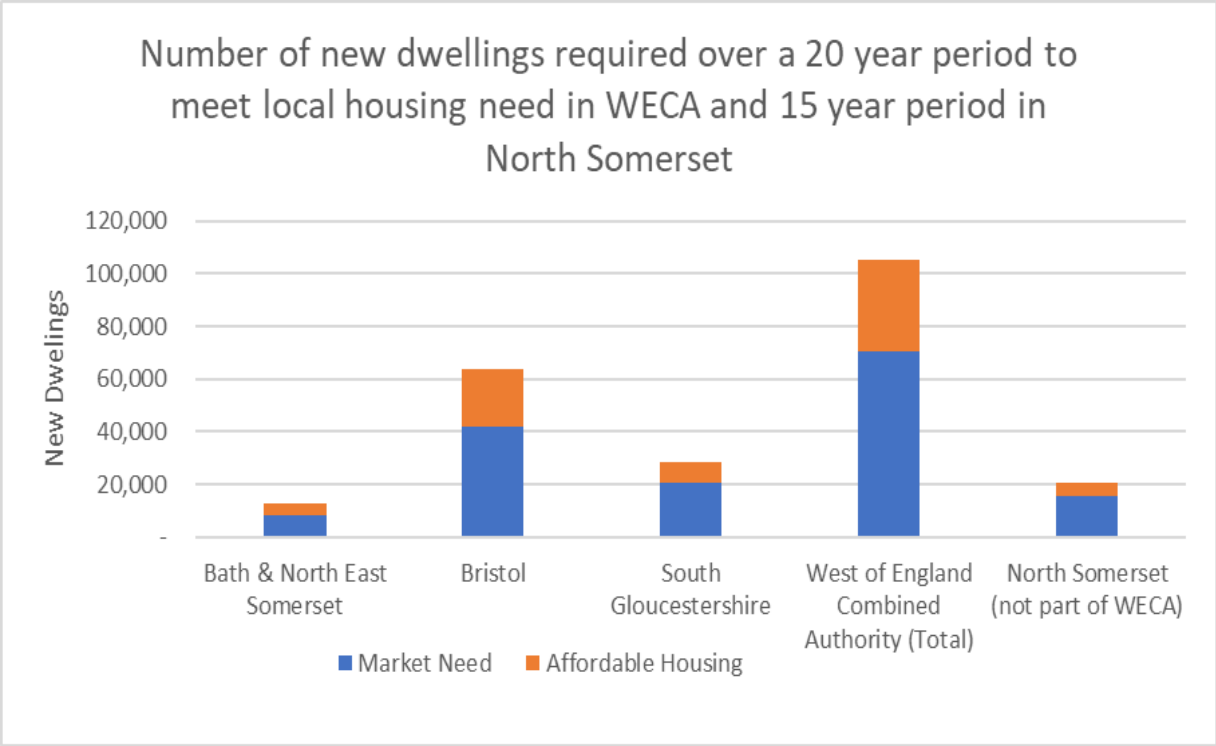
New and Affordable Dwellings



- **The West of England Local Housing Needs Assessment** September 2021 addresses the local housing need for new homes in the West of England Combined Authority and North Somerset.
- There are **8,060 new market dwellings** and **4,900 affordable homes (total of 12,960)** needing to be developed in B&NES **by 2040 to meet the local housing need.**
- On any new development in this area ***that has more than 10 properties***, **38%** of those new homes should be affordable housing i.e. housing that is for sale or rent for those whose needs are not met by the market.
- The latest needs data shows that **a higher level of affordable housing will be needed than in previous years.**
- Whilst delivery over the last three years has averaged 230 per year, this higher target will be challenging and will require a combination of strong delivery through the planning system, public subsidy and other strategic interventions, to deliver (Source: Enabling Manager, Housing).

Definition of Market Dwellings: That part of the Development which is general **market housing** for sale on the open **market** and which is not **Affordable Housing** Units

Definition of Affordable Dwellings: Housing for sale or rent for those whose needs are not met by the market (including housing that provides a subsidised route to home ownership and/or is for essential local workers).

Source: West of England Local Housing Needs Assessment (2021)

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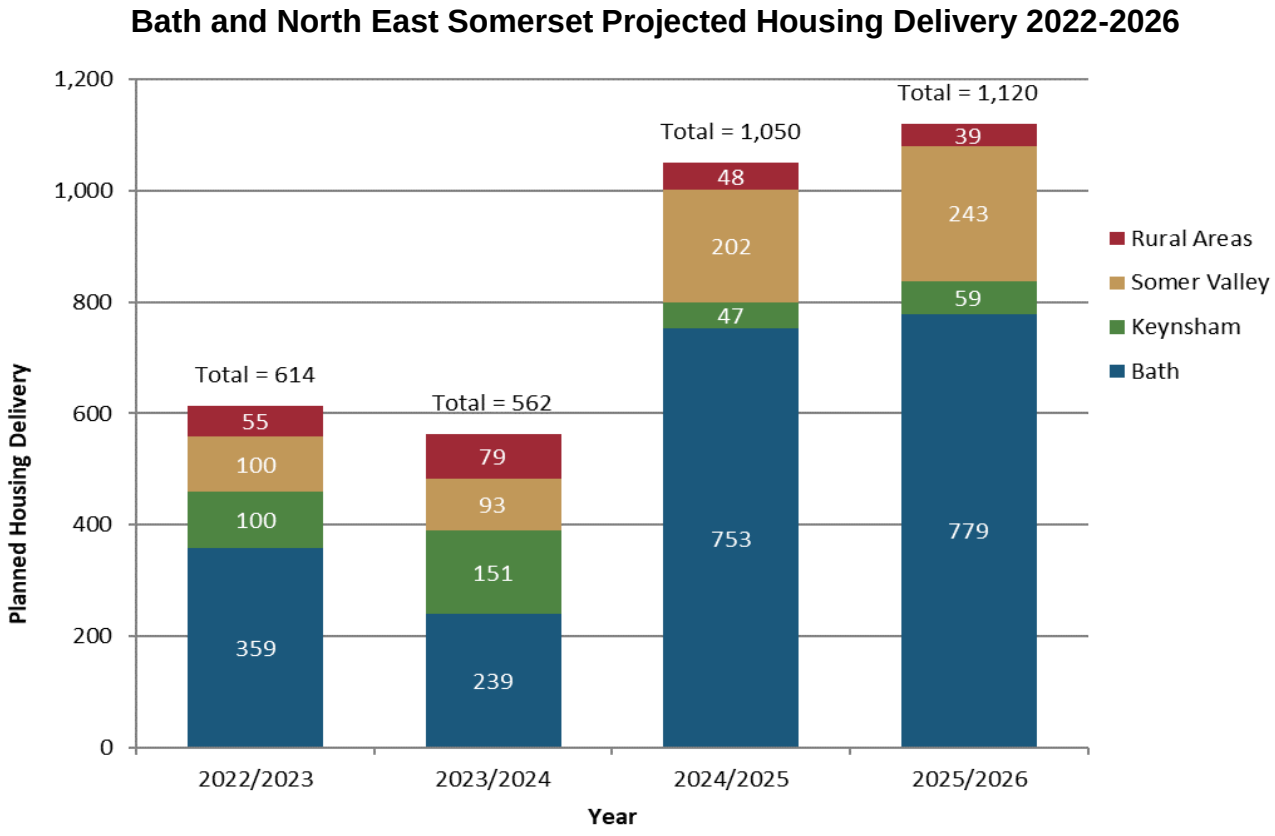
Housing – Future Developments



- The B&NES Core Strategy states that one of the main elements for the overarching strategy is to promote sustainable development by focusing new housing, jobs and community facilities in Bath, Keynsham, and the Somer Valley.
- According to current trajectory calculations there are a projected 3,346 houses to be built between 2022 and 2026. The majority of these are planned to be within the Bath area. However, this does not include student housing provision as it expects growth in student numbers to match growth in purpose-built accommodation.
- The standard method housing figure is reviewed annually by the government and due to changes in housing affordability in B&NES it has increased to 741 per annum (or around 14,800 by 2042) and will be discussed as part of future core strategy research.

Source: B&NES Internal Analysis (2022)

Society

Bath & North East Somerset Council

Improving People's Lives

Views of Residents:

Resident Satisfaction

Inequalities:

Indices of Multiple Deprivation (IMD)

Poverty

Food Insecurity

Fuel Poverty

Crime & Disorder:

Recorded Crime Trends

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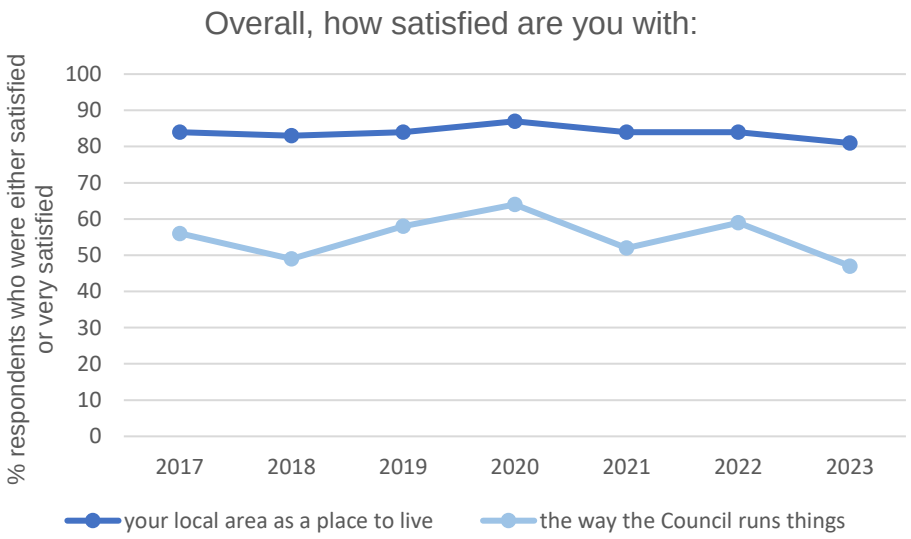
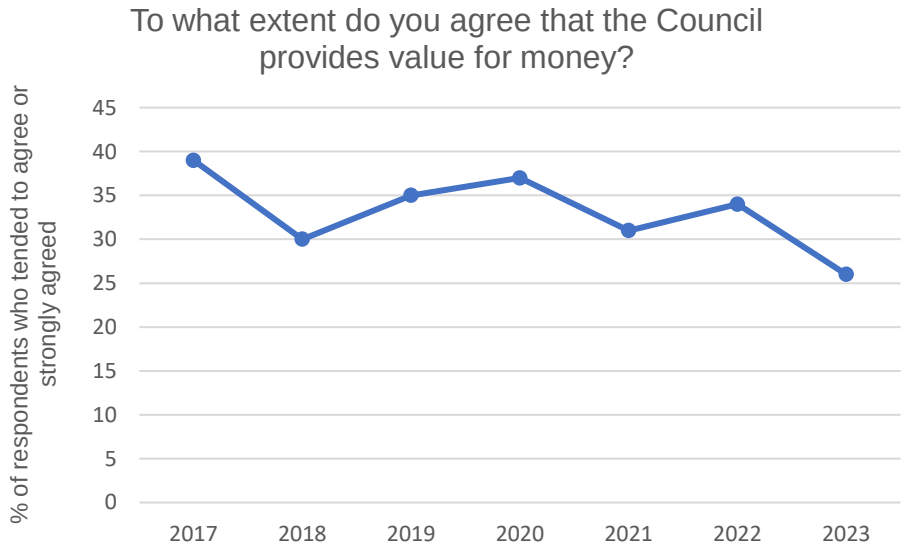
Resident Satisfaction





- The percentage of those **satisfied with their local area** as a place to live has **decreased** from 84% in 2022 to 81% in 2023. This is higher than the national rate reported of 75% in 2022. The level of satisfaction has been broadly stable since 2017, with a slight **increase** in 2020 (87%).
- The percentage of those **satisfied with the way the Council runs things**, **decreased** from 59% in 2022 to 47% in 2023 and is similar to the level reported in 2018 (49%).
- The percentage of those **agreeing that the Council provides value for money**, **decreased** from 34% in 2022 to 26% in 2023 and is now at its lowest level since 2018 (30%).

Definition: The Voicebox Resident Survey is an annual survey posted to a randomly selected sample of addresses within the local authority area. The survey aims to provide an insight into Bath and North East Somerset and its local communities and to capture residents' views on their local area as a place to live and the services provided by the Council.

Source: 'Your Local Area' Voicebox results and comparison data 2017 to 2023. National reported rate available from https://lgiu.org/publication/state-of-the-locals/

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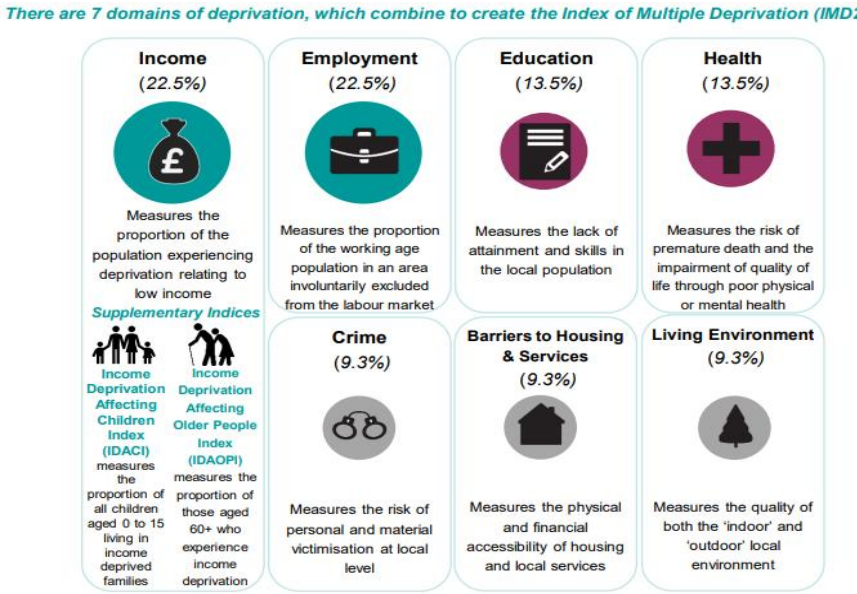
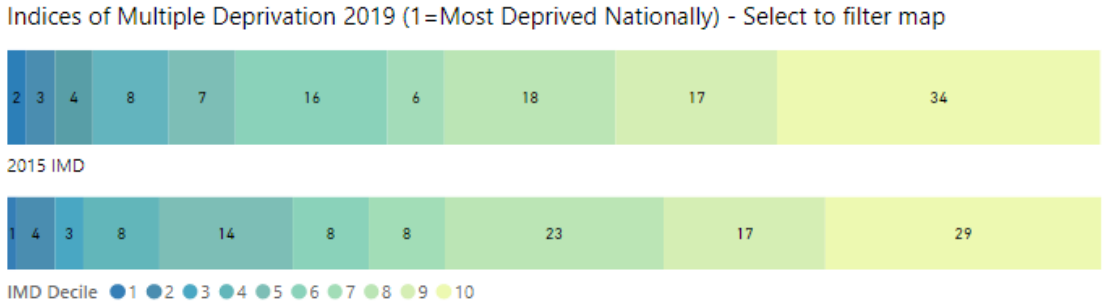
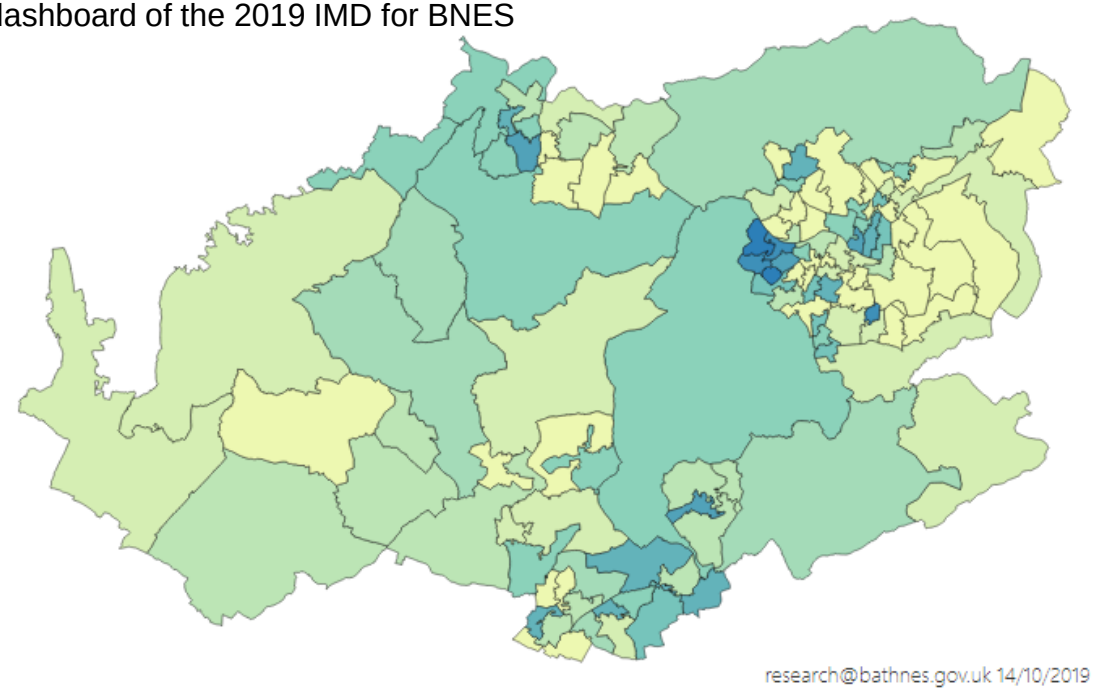
Indices of Multiple Deprivation (IMD)

- The English Indices of Deprivation measure relative deprivation in small areas in England. The IMD represents information from across seven domains, including income, employment, health and more.
- B&NES ranks **269 out of 317** local authorities for overall deprivation in 2019, compared to a rank of 247 in 2015 (where 1 is the most deprived).
- As a whole, B&NES remains one of the **least deprived local authorities** in the country and continues to become relatively less deprived over time.
- However, within some areas, **inequality is widening** and deprivation remains significant. There are now two small areas (LSOAs) within the most deprived 10% nationally – **Twerton West** and **Whiteway**.





Click here to view an interactive dashboard of the 2019 IMD for BNES



Source: In-house analysis of 2019 and 2015 IMD data

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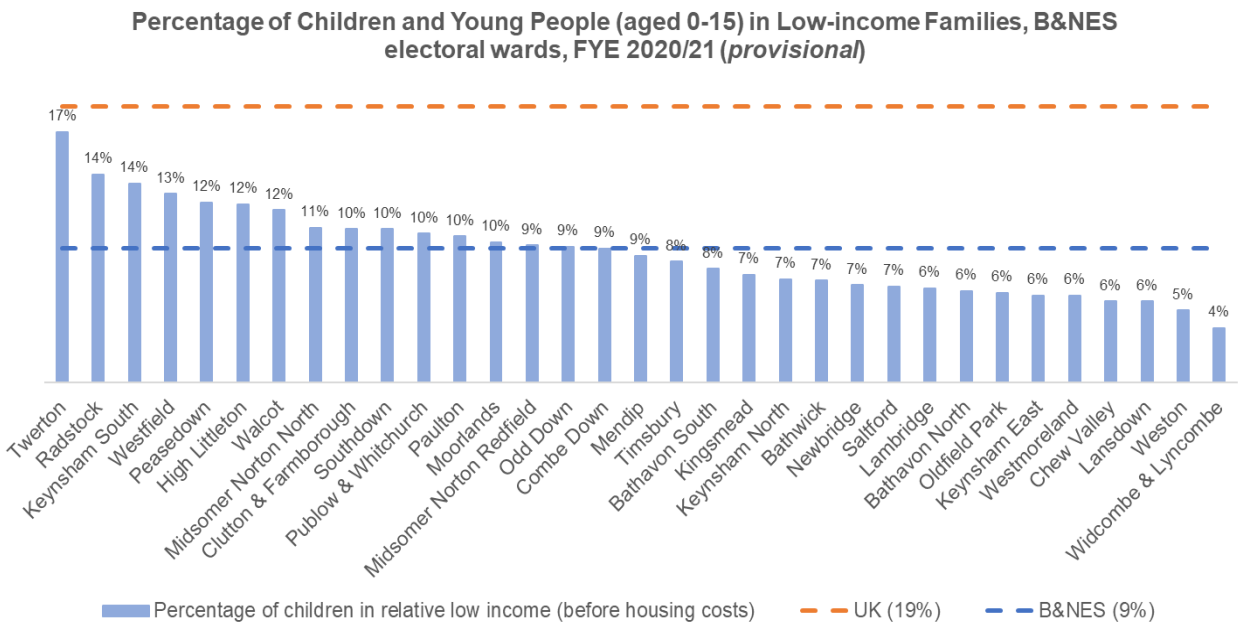
Poverty



Notes: official statistics on the number of children living in relative and absolute low income families before housing costs (BHC) by local area across the United Kingdom. Figures are calibrated to the Households Below Average Income (HBAI) survey 3-year regional averages of children living in low income households but provide more granular local area information that is not available in HBAI.

Source: DWP (2022), *Children in low income families: local area statistics 2014 to 2021*, available from: https://www.gov.uk/government/statistics/children-in-low-income-families-local-area-statistics-2014-to-2021

Definition: **Absolute poverty**: a condition where household income is below a necessary level to maintain basic living standards (food, shelter, housing). **Relative poverty**: a condition where a household is a certain percentage below median incomes.

- The percentage of **individuals** in **relative** low income/**poverty (*after housing costs*)** in the **UK** has **changed little since around the turn of the millennium**, with a little over **1 in 5 living in poverty** (22% during the period 2015/16 to 2019/20, which dropped to 20% during 2020/21, *but due to data collection issues during the pandemic this was not significantly different to previous year*).
- In the **UK children** have had the **highest relative poverty (*after housing costs*)** rates throughout the last 25 years. Since 2013/14 child poverty has been rising, reaching **around 3 in 10** (31% during 2019/20, which dropped to 27% during 2020/21, *but due to data collection issues during the pandemic this was not significantly different to previous year*).
- The **biggest improvement** in **UK relative poverty (after housing costs)** rates since the 1990s has been seen in **pensioner** poverty – falling from a high of 28% and 29% in the mid to late 1990s to 13% in 2012/13. However, pensioner poverty in **2019/20** stood at **18%** (which dropped to 15% during 2020/21, *but due to data collection issues during the pandemic this was not significantly different to previous year*).
- There are several measures of local child poverty available:
  - **1 in 5 (20%)** children and young people in B&NES in 2019/20 were estimated to be **living in relative poverty (*after housing costs*)**, amounting to some **6,500** children and young people aged 0 to 15.
  - **1 in 11 (9%)** children and young people in B&NES in 2020/21 were estimated to be **living in relative poverty (*before housing costs*)**, some **3,000** children and young people aged 0 to 15. The comparable figure for the UK using this measure is 19%, two percentage points higher than the comparable figure for **Twerton ward (17%)**. Other wards with relatively high child poverty rates include **Radstock (14%), Keynsham South (14%) and Westfield (13%)**.
- The current cost of living crisis is likely to force more people into poverty. In May 2022, 88% of UK adults reported an increase in their cost of living. The Resolution Foundation estimates an extra 1.3 million people will fall into **absolute poverty** in 2023, including 500,000 children
  - Based on these estimates, it would mean nearly **4,000 more people in B&NES** in absolute poverty, including **1,500 children**

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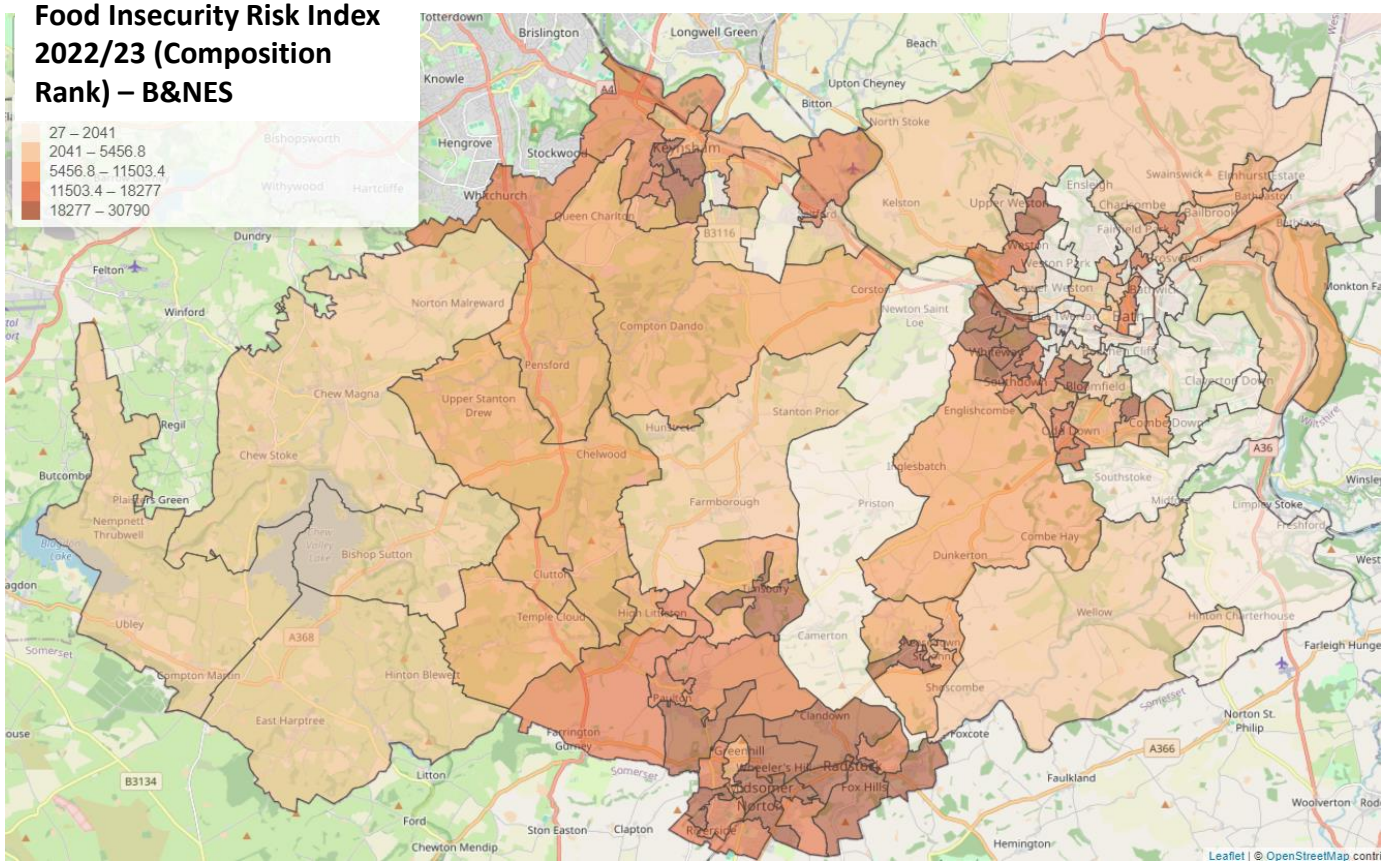
Food Insecurity 1



- **Food insecurity** is defined by the FAO[1] as **lacking regular access to enough safe & nutritious food** for normal growth and development and an active and healthy life. This could be due to unavailability of food and/or lack of resource to obtain food.
- There is currently **no standard measurement** of Food Insecurity in the UK[2]. In 2019, the FRS[3] estimated 6% of households in the South West were food insecure compared to 8% nationally. In 2023 this had risen to 8% in the South West and 10% nationally.
- The University of Southampton Food Insecurity Tool estimates the relative rank of food insecurity risk across local neighbourhoods in England. Risk is estimated based on household structure, benefits claimants, poor mental health and adult educational attainment.[3]
    - Based on this tool, the 10 areas with the **highest food insecurity risk ranks in B&NES** (2022/23) are: *Twerton West, Whiteway, Whiteway West, Fox Hill North, Midsomer Norton West, Twerton, South Paulton, Westfield North, Peasedown St John & Clandown.*

[1] FAO – Food & Agricultural Organisation of the United Nations. [2] Food Standards Agency Report (Discussion, section 7.1).

[3] FRS – Family Resources Survey, questions related to 30-day period prior to response. Data relates to interviews conducted from April 2022 to March 2023.

Map source: https://mylocalmap.org.uk/iaahealth/ (view interactively here). LSOA ranks from 1 to 33,755. Higher rank = higher risk (darker orange on map). Composition ank data compiled from the 2021 Census, 2022 DWP, 2022 Geolytix data. Smith D et al, Identifying populations and areas at greatest risk of household food insecurity in England. Applied Geography. 2018:91:21-31 *and* Smith D et al, Household food insecurity risk indices for English neighbourhoods. 2022. [3] Composition indicators: claimants of benefits, age 16+ (%), persons on low income and either living alone, or living in a household with dependent children, all ages (%), persons with no educational qualifications, age 16+ (%) and Mental ill health (IMD 2019 Mood & Anxiety Indicator).

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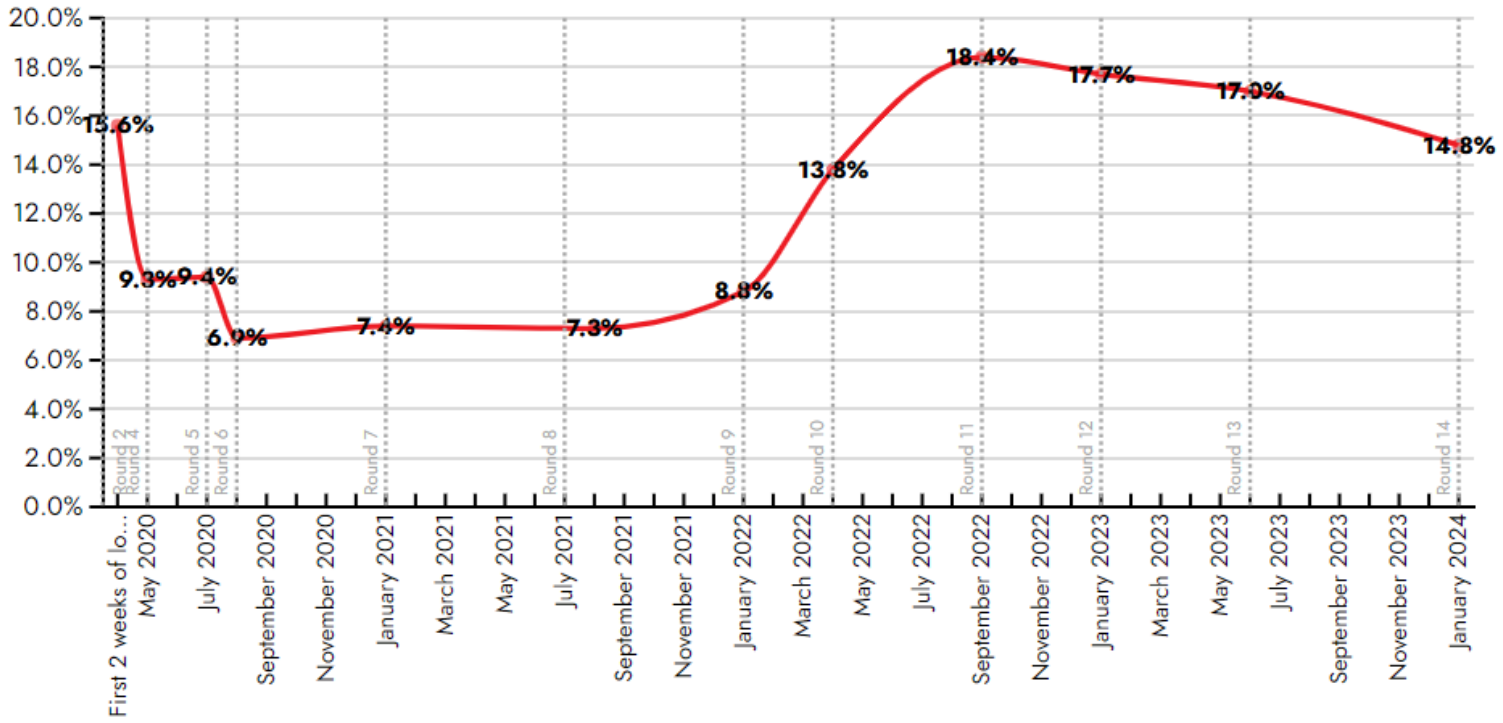
Food Insecurity 2

Percentage of households experiencing Food Insecurity (National Data) *



** Moderate or severe food insecurity. 1-month recall period.*

- Recent **national** research by The Food Foundation[1] showed **14.8%** of households experienced food insecurity in Jan 2024. Following a sharp increase during 2022, this has now decreased from the peak of 18.4% seen in Sept 2022. These results are higher than those reported in the FRS (likely due to methodological differences)[2]. They also found:
  - nearly half of households on **Universal Credit** experienced food insecurity in the past month.
  - people with **disabilities** continue to be disproportionately affected.
  - **non-white ethnic groups** are at higher risk than white ethnic groups.
  - food insecurity in the past month in **households with children** remains higher than in households without children.
  - food insecure households were more likely to **cut back on purchasing healthy foods** such as fruit, vegetables, fish, dairy and eggs.

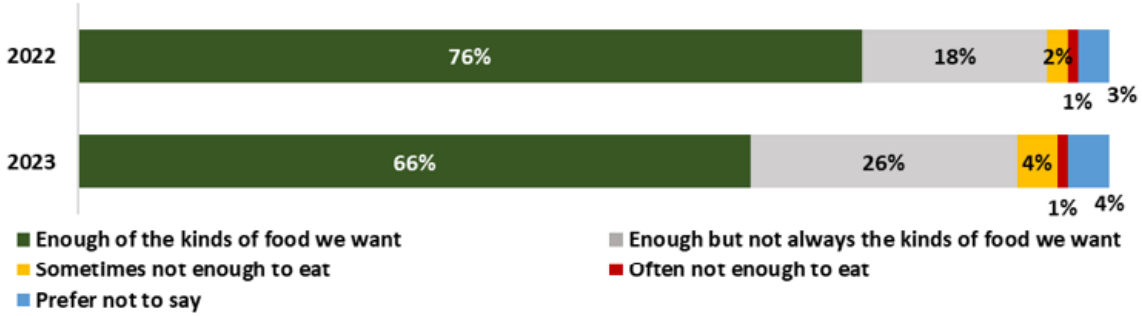
Data Source: The Food Foundation (Round 14).

[1] Results from an online survey of 6,051 adults (18+), conducted 9-16Jan 2024. [2] Questions are: Have you/anyone in your household: 1) had smaller meals than usual or skip meals because you couldn't afford or get access to food? 2) ever been hungry but not eaten because you couldn't afford or get access to food? 3) not eaten for a whole day because you couldn't afford or get access to food?. If they answered yes to any of these 3 questions, they were classified as food insecure. These are an adapted version of questions which form part of the FRS food insecurity questions.

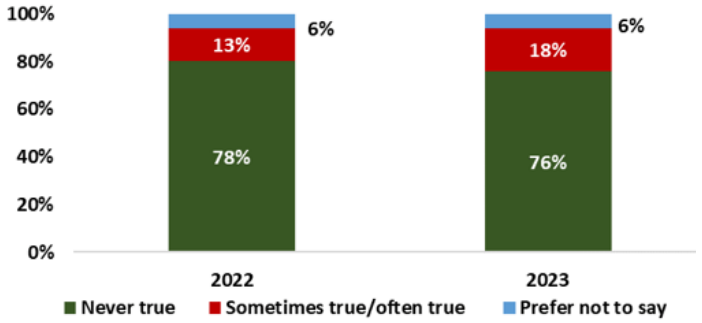
Food Insecurity 3

B&NES Resident Survey (Dec 2023)

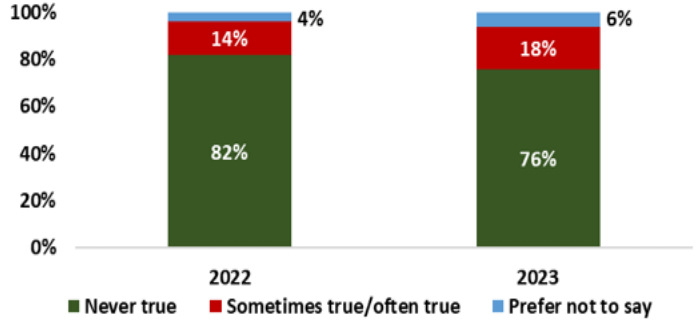
Which of these statements best describes the food eaten in your household in the last 12 months?



I have worried about whether food would run out before I could afford to buy more:



I couldn't afford to eat balanced meals:



- The most recent **B&NES local resident survey**[1] showed two-thirds (66%) of residents had **enough of the kinds of food they wanted to eat**. This was a decrease from 76% in 2022. It showed an **increase** in the proportion reporting they had **eaten enough but not always the kinds of food they want** in the last 12 months, from **18%** in 2022 **to 26%** in 2023. This has increased from 12% in 2021.
    - there was also an **increase** in those reporting they **sometimes did not have enough to eat,** with this **doubling from 2%** in 2022 to **4%** in 2023. This could equate to **almost 8,000 residents experiencing food shortages** in late 2023.
- The majority of residents indicated they were not worried whether food would run out before they could buy more (76%), the food they bought lasted (79%) and could afford to eat balanced meals (76%). However, there were **increases in those sometimes/often worried that food would run out** from **13%** in 2022 to **18%** in 2023. The proportion reporting they **sometimes/often couldn't afford to eat balanced meals also increased** from 14% in 2022 to 18% in 2023. This concurs with the Food Foundation findings of food insecure households being more likely to cut back on purchasing healthy foods.

[1] B&NES Voicebox resident survey 2023 based on ~1,089 returned questionnaires. Conducted Nov-Dec 2023.
B&NES Voicebox resident survey 2022 based on ~1,083 returned questionnaires. Conducted Dec 2022.

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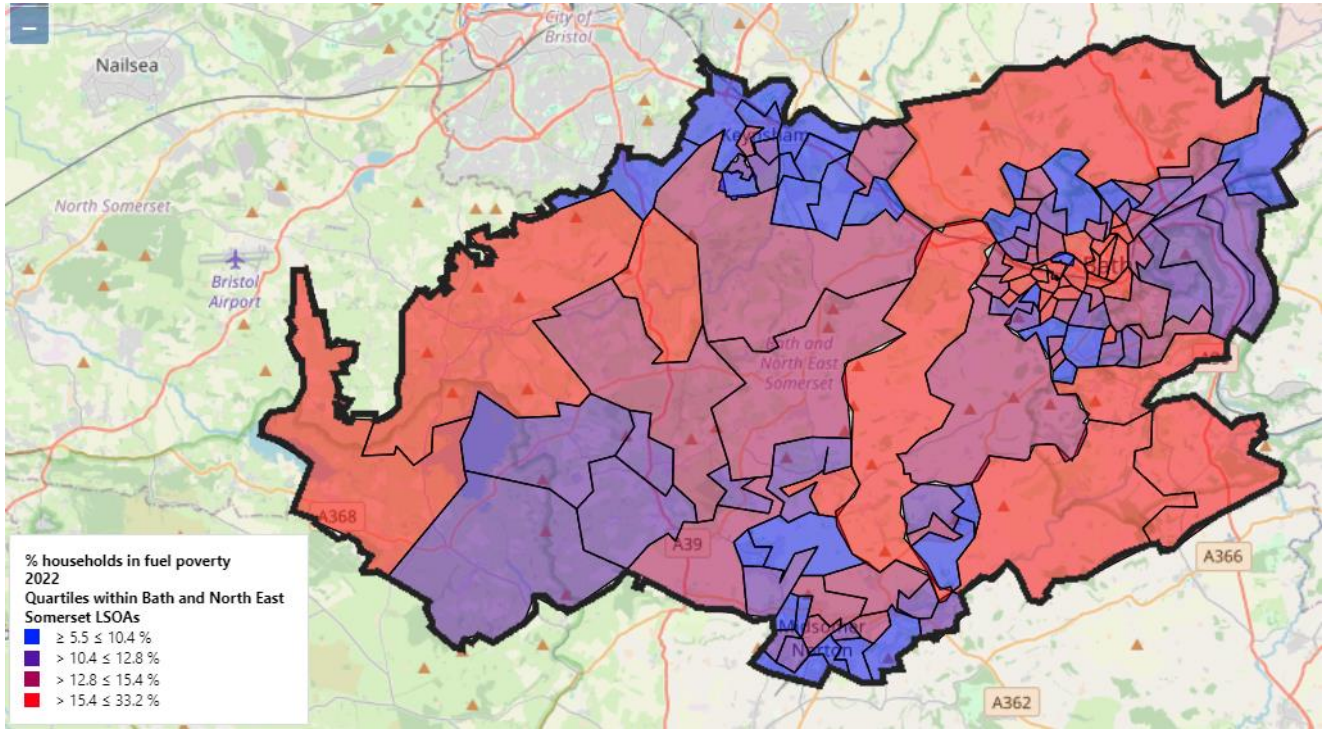
Fuel Poverty

Fuel Poverty in B&NES by LSOA (2022 data)



Fuel poverty in England is measured using the **Low-Income Low Energy Efficiency (LILEE)** indicator. Under this indicator, a household is considered to be fuel poor if:

- they are living in a property with a fuel poverty energy efficiency rating of band D or below;

and

- when they spend the required amount to heat their home, they are left with a residual income below the official poverty line.

[**Note**: previous definition of fuel poverty (Pre 2014) - A household was considered to be in fuel poverty when it needed to spend more than 10% of its income on fuel.]

Nationally in 2023, there were an estimated **13.0%** of households (3.17 million) in fuel poverty in England, effectively unchanged from 13.1% in 2022 (3.18 million). It is projected that in 2024, fuel poverty will decrease to 12.7% (3.12 million).

In B&NES in 2022, there were **10,935** (**13.2%**) households in Fuel Poverty. This represents a **1.1 percentage point** increase compared to 2021 (**12.1%**). In 2022, almost half **(57 out of 118 | 48%)** of the LSOAs in B&NES had Fuel Poverty levels of **13% or above,** an increase from 42 (36%) LSOAs in 2021. There is some overlap with LSOAs with high levels of fuel poverty and those where mains gas is not being used for central heating, as well with areas of higher levels of deprivation.

Note: there are concerns that the LILEE metric **underestimates** fuel poverty. Researchers have found that energy insecurity could be **2.5x higher** than as defined by the LILEE metric. They also highlight concerns around omitting households with an EPC A-C rating as 'not fuel poor' which is felt to be incorrect.

Sources:

- Department for Energy Security and Net Zero, Annual fuel poverty statistics report 2024 (2022 and 2023 data) (published 15Feb24).
- Department for Energy Security and Net Zero, Sub-regional fuel poverty data 2024 (2022 data) (published 25Apr24).
- Map Source: LGInform

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Crime & Disorder – Recorded Crime Trends

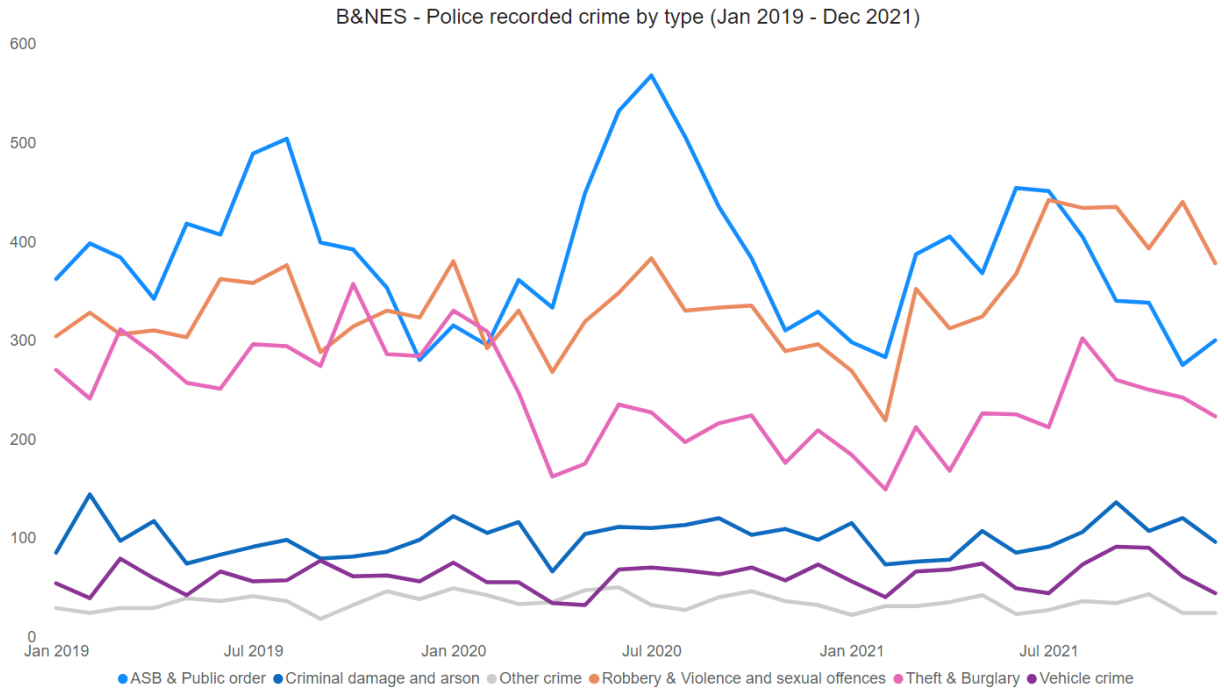

Chart Source: Recorded crime by type Jan 2019 to Dec 2021 - Police Data website

Data Notes: (1) Due to significant changes to police recording, figures do not currently provide reliable trends in hate crime, only a measure of the hate crime-related demand on the police. (2) Police recorded crime figures cover selected offences that have been reported to and recorded by the police.

Police recorded crime (Jan 2019 - Dec 2021)

- The most common crime types in B&NES remain **robbery/violence and sexual offences**; **ASB and public order offences**; and **theft & burglary**.
- Overall, B&NES has seen a **small reduction** in total recorded crime since Jan 2019 across most types of crime. However, robbery & violence and sexual offences have increased over the same period, more rapidly following the re-opening of the night-time economy.
- This is in-line with national crime trend estimates, which indicate a decrease in the incidence of many types of crime during the Covid-19 pandemic (excluding fraud and computer misuse), but with violence and sexual offences now exceeding pre-pandemic levels.

Comparative crime rates in the 12 months ending Q4 2021

- In the twelve months to end of Q4 2021, B&NES recorded **59 crimes per 1,000 people**, an **increase** from 57 crimes per 1,000 recorded in the 12 months ending Q4 2020. There were **11,634** total recorded offences in B&NES during this period.
- Nationally, B&NES ranks **22 out of 152** in all English single tier and county councils for total recorded crime. In the South West, B&NES ranks **11 out of 33** (lower ranks represent fewer crimes)
- The crime types for which B&NES ranks highest are **shoplifting** (ranked 95 of 152) and **public order offences** (ranked 68 of 152) as well as bicycle theft and non-residential burglary (63 of 152 for both).
- B&NES ranks particularly **low for drug offences and possession of weapons** (5 of 152 and 6 of 152 respectively).

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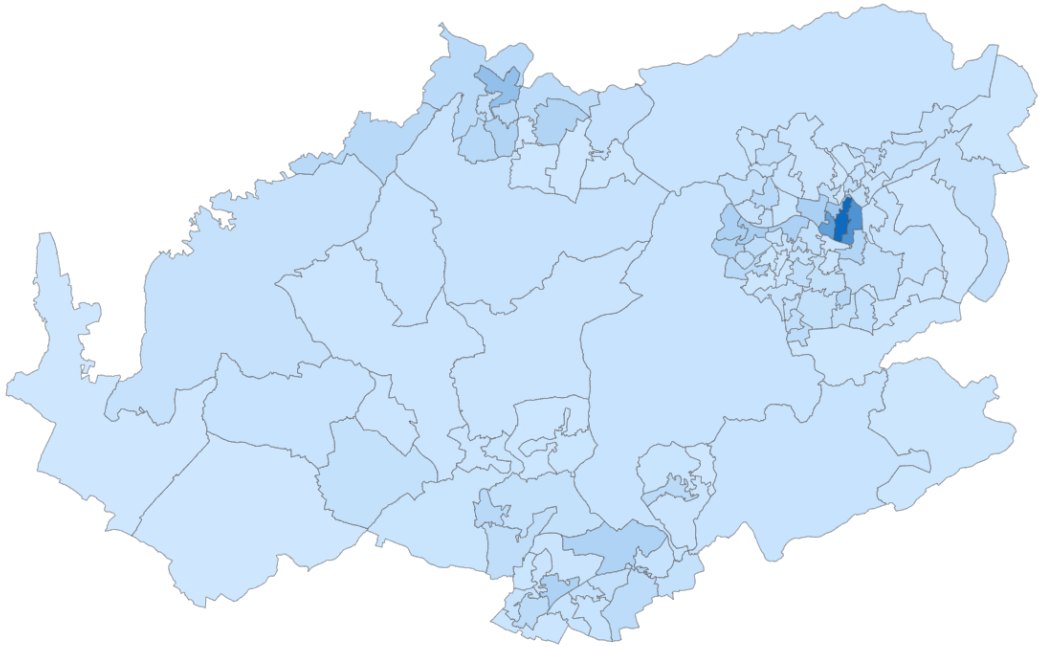
Crime & Disorder – Community Safety

ASB, Public Order offences, Robbery, Violence and Sexual Assault in B&NES (July 2021 - Dec 2021)



Darker shading represents higher numbers of crimes

From July to December 2021, Anti-social behaviour and violent crime was concentrated in **Bath City Centre**, specifically the Kingsmead and Abbey areas. This is likely closely linked with the Night-Time Economy.

Joint Community Safety Plan 2022 [not yet published]

- The Coronavirus pandemic impacted on crime and the demand for policing services during 2021, and levels of crime and demand for police services are **returning to pre-pandemic levels**.
- Complex crimes with high levels of associated risk, such as Child Abuse, Child Sexual Exploitation (CSE), modern slavery and human trafficking are **increasing and this rise is expected to continue.**
- **County lines** are becoming more prevalent in the Avon and Somerset region.

Resident community safety (Voicebox residents survey 2021)

- 85% felt **very safe or safe** from violence outside the home in B&NES during the day and 5% outlined they felt **not very safe** or **not safe at all**.
- Just over half (56%) felt **very safe or safe** from violence outside the home in B&NES during the night and nearly a quarter (23%) felt **not very safe** or **not safe at all**.
- 71% felt children are **very safe or safe** from violence outside the home in B&NES during the day and 11% outlined they felt children are **not very safe** or **not safe at all**.
- 38% felt children are **very safe or safe** from violence outside the home in B&NES during the night and 37% outlined they felt children are **not very safe** or **not safe at all**.
- 62% said they would be very or fairly confident about reporting concerns about violence in their local area and 18% said they would be not very confident or not confident at all.
- 46% said they would be very or fairly confident about recognising the signs of child exploitation e.g., county lines, online grooming and 27% said they would be not very confident or not confident at all.

Chart source: Recorded crime by type July 2021 to Dec 2021 - Police Data website

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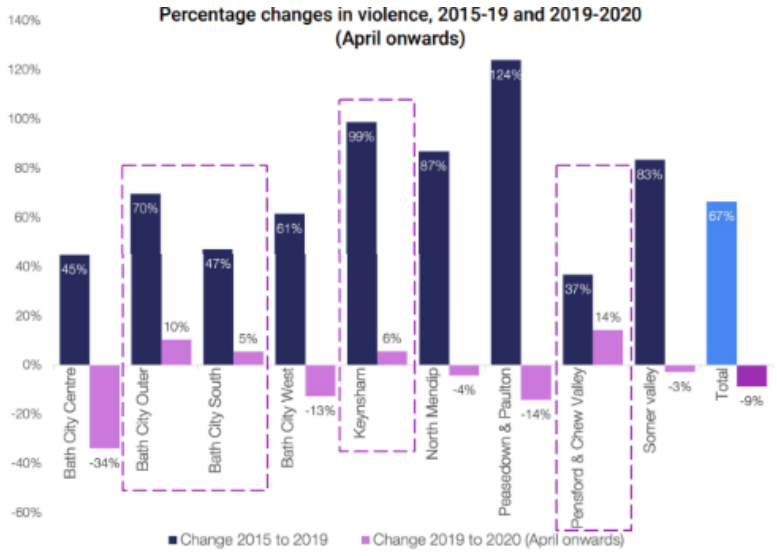
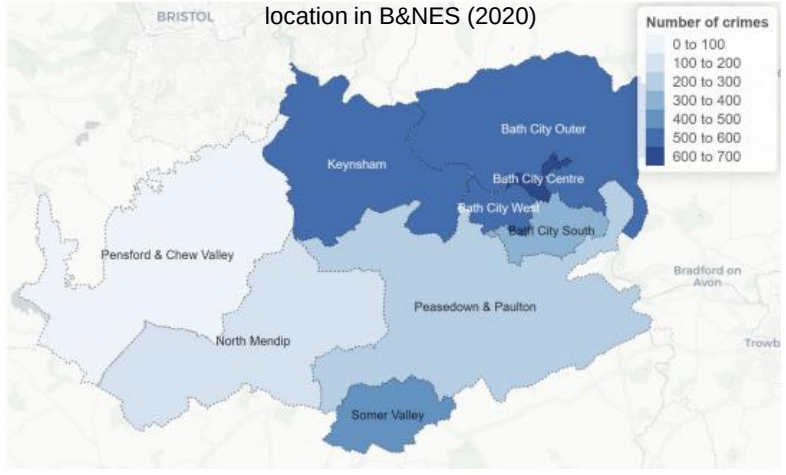
Crime & Disorder – Violence Reduction



Number of recorded violence against the person incidents by location in B&NES (2020)



Source: Crest report: Problem profile update: Impact of the pandemic on serious violence in B&NES (February 2021).

The **Violence Reduction Unit** commissioned an update to its problem profile of serious violence in 2021, covering the impact of the Covid-19 pandemic on the serious violence landscape in B&NES.

- From 2015 to 2019 all areas of B&NES saw an **increase in serious violence** (inc. homicide, knife and gun crime, robbery, sexual offences and domestic abuse). The pattern during the pandemic has been more mixed, with some areas experiencing an increase despite an overall fall in violent offences.
- In contrast to 2018/19, **Keynsham** is now also an area with higher levels of violence. **Bath City Centre and Somer Valley** continue to be centres of concentrated violence, despite a temporary drop likely due to the **closure of the night-time economy.**

The key findings from the **2020 update** were:

- Despite the temporary drop-off in night-time economy violence due to the closure of the night-time economy, it has been reported that 'gang' and organised violence have become more prevalent.
- B&NES has a high proportion of offences where victims **do not support further action** which may be linked to domestic abuse and young people's willingness to engage with the police.
- The data on Domestic Abuse suggests only **a small increase in volume** but this may be due to challenges in reporting.
- There has been a **large increase in BAME referrals to IRIS** (specialist domestic violence and abuse programme for General Practices).
- The pandemic has had a general exacerbating effect on all drivers of serious violence (e.g. drug misuse, vulnerability and decline in effective enforcement) and has increased most forms of vulnerability. This is particularly true for **financial need and mental health** and opportunities for early intervention may have been lost.
- The cohort of offenders involved in serious and violent crime are getting **younger (under 24)** and there is a perceived increase in the involvement of **young females** in violent offending.
- Services are geographically concentrated in Bath City Centre and can be hard to access for more **rural populations**. (e.g. preventative and restorative domestic abuse perpetrator services and trauma counselling).

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Bath & North East Somerset Council

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Education Summary

- Pupils in B&NES attained higher grades compared to regional and national figures in all stages of education except Key Stage 2 (KS2), which dropped below national figures for the first time since 2015/16.
- Girls consistently performed better than boys at all key stages.
- The attainment gap between Free School Meal (FSM) and non-FSM pupils is consistently larger across all key stages in B&NES than the gap seen nationally.
    - Nationally, the attainment gap widens as pupils move through the education system whereas in B&NES the attainment gap at EYFS is the largest, having increased sharply in 2022/23.
    - KS2 attainment in the FSM cohort is the worst in the country and Early Years Foundation Stage Profile (EYFS) attainment in the FSM cohort is 3rd worst in the country.
    - KS4 attainment in the FSM cohort is broadly in line with national.
- Pupils make good progress between KS2 and KS4, with pupils in B&NES achieving on average a quarter of a grade higher in each qualification compared to similar pupils across the country.
- EYFS and KS2 attainment in B&NES is lowest in the Black and Other ethnic groups and is below national levels. Key Stage 4 (KS4) attainment & progress is lowest in the Black ethnic group and again is below national levels. Whilst numbers in these cohorts are relatively low, this is a trend seen for a number of years, particularly at KS2 and KS4.
- Persistent school absence increased sharply in 2021/22, both in B&NES and nationally. However, rates remained lower in B&NES compared to national. Nationally this was driven by increases in illness absences including Covid-19.
- Suspensions are higher in B&NES than national, especially when looked at by ethnicity, where Black and Mixed race pupils have higher suspension rates.

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Pupil Numbers

Type	School count (2022/23)	Bath and North East Somerset 2019/20	2020/21	2021/22	2022/23	2022/23 % of total: B&NES	England
Independent school	9	4,567	4,463	4,648	4,807	14.9%	6.5%
Non-maintained special school	--	--	--	--	--	--	0.04%
State-funded AP school	--	--	--	--	--	--	0.1%
State-funded nursery	--	--	--	--	--	--	0.4%
State-funded primary	65	13,547	13,504	13,556	13,562	42.0%	51.2%
State-funded secondary	14	13,252	13,390	13,497	13,388	41.4%	40.0%
State-funded special school	3	496	500	529	553	1.7%	1.6%
All schools	91	31,862	31,857	32,230	32,310	100%	100%

- There were **32,310 pupils** in 91 schools in B&NES as of January 2023, a slight increase (80 | 0.2%) from 32,230 in 2022.
- Of these, **85% were attending state-funded schools** (Primary, Secondary and Special schools).
- As of January 2023, **15% were attending independent schools**, over twice the national figure (7%).

Source: Department for Education: Schools, pupils and their characteristics

Data Notes: AP – Alternative Provision.

State-funded nurseries are nurseries maintained by the local authority in which they operate. Other nurseries, such as private and voluntary nurseries, are not included in this table. Schools with a nursery attached will complete the school Census as a school rather than as a nursery.

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Pupil Characteristics & Educational Inequalities

Pupil Characteristics 2022/23 (B&NES and England)

Stage	Characteristic	B&NES		England
EYFS:	Total Pupils	1,851		
	Girls	866	46.8%	48.8%
	Any SEN	227	12.3%	11.4%
	SEN with EHCP	50	2.7%	2.5%
	SEN Support	177	9.6%	8.9%
	FSM eligible	228	12.3%	17.6%
KS2:	Total Pupils	1,922		
	Girls	947	49.3%	48.9%
	Disadvantaged	440	22.9%	30.4%
	Any SEN	463	24.1%	20.5%
	SEN with EHCP	142	7.4%	4.8%
	SEN Support	321	16.7%	15.7%
	FSM eligible	402	20.9%	27.3%
KS4:	Total Pupils	2,288		
	Girls	1,111	48.6%	48.9%
	Disadvantaged	412	18.0%	26.2%
	Any SEN	362	15.8%	16.6%
	SEN with EHCP	117	5.1%	4.5%
	SEN Support	245	10.7%	12.1%
	FSM eligible	342	14.9%	22.5%

- The profile within B&NES by pupil characteristic is **broadly similar** to the national picture (see table). However, the **Free School Meal (FSM)** cohort in B&NES is **smaller** in each Key Stage (e.g. 15% in B&NES compared to 23% nationally for KS4) and the **KS2 SEN** cohort is **slightly larger** than national (24% vs 20%).

Educational Inequalities:

- Inequalities in education are a key concern. A 2022 IFS report notes that Educational inequalities are a cause and consequence of wider gaps we see in society. It highlighted a number of findings:
- Higher levels of qualification are strongly associated with better prospects in the labour market
  - Despite decades of policy attention there has been virtually no change in the disadvantage gap in GCSE attainment over the past 20 years
  - Household income is a strong predictor of attainment
  - The Covid-19 pandemic has significantly worsened overall outcomes as well as widening inequalities
  - While girls consistently and substantially outperform boys in the education system, their educational success has not translated into gains in the labour market
  - Differences in educational attainment emerge early in childhood and develop throughout an individual's lifetime
- The report also highlights that "*Educational inequalities cannot be solved by the education system alone. Family background has an extraordinarily strong influence on educational attainment.*"
- Another recent report also highlights that some of the country's most vulnerable children have fallen further behind their peers since 2019.
- In 2021/22 the **national disadvantage gap index increased to their highest levels** since 2012 for both KS2 and KS4 suggesting that disruption to learning during the Covid-19 pandemic had a greater impact on disadvantaged pupils. In 2022/23 the disadvantage gap index **decreased slightly at KS2** (3.23 in 2022, 3.21 in 2023) but **widened further at KS4** (3.84 in 2022, 3.95 in 2023).

Source: Department for Education: EYFS; KS2, KS4 Numbers relate to the following year groups: **EYFS:** Early Years Foundation Stage – Reception **KS2** (Key Stage 2) – Year 6 **KS4** (Key Stage 4) – Year 11

SEN: Special Educational Needs (includes SEN support and those with an Education, Health and Care Plan (**EHCP**)

FSM: Free School Meals. **FSM** does not relate to pupils who actually received free school meals but those who are eligible to receive free school meals and have made a successful eligibility claim. Pupils not eligible for free school meals or unclassified pupils are described as 'All others' for KS2 and KS4. For EYFS, the categories are reported as Eligible, Not eligible and Unclassified.

Pupils are defined as **disadvantaged** if they are known to have been eligible for free school meals at any point in the past six years (from year 6 to year 11), if they have been in the care of the local authority for 1 day or more in the last year or have left local authority care in England and Wales through adoption, a special guardianship order, a residence order or a child arrangements order.

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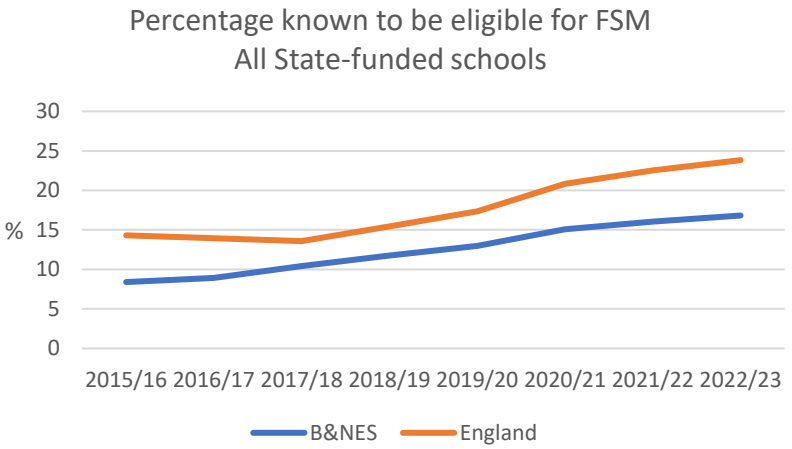
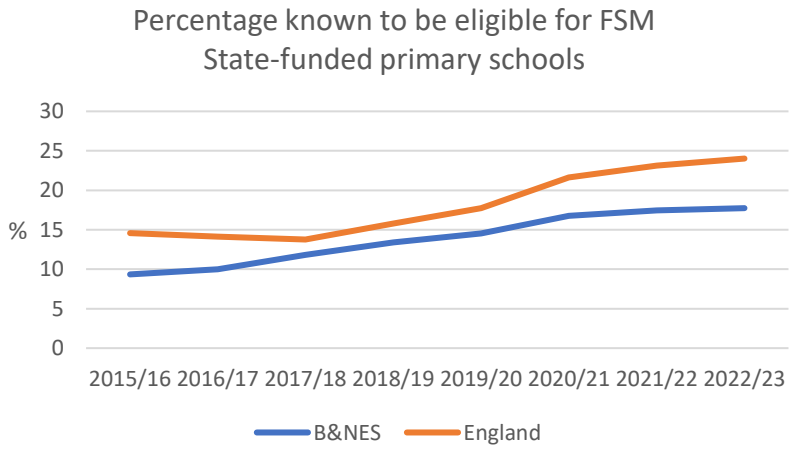
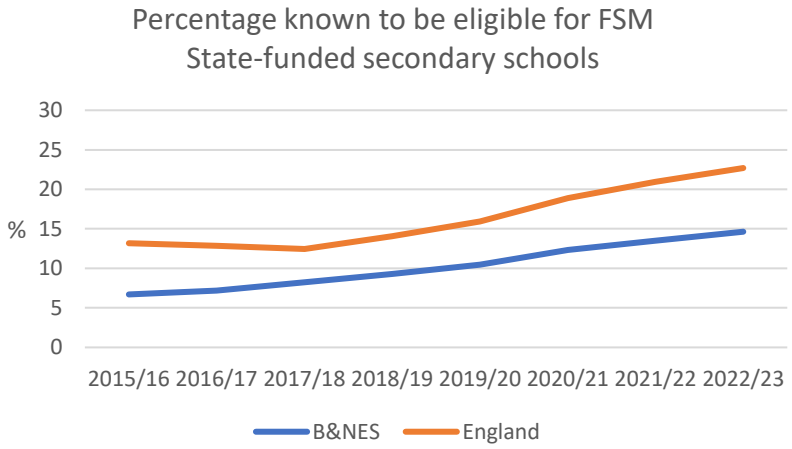
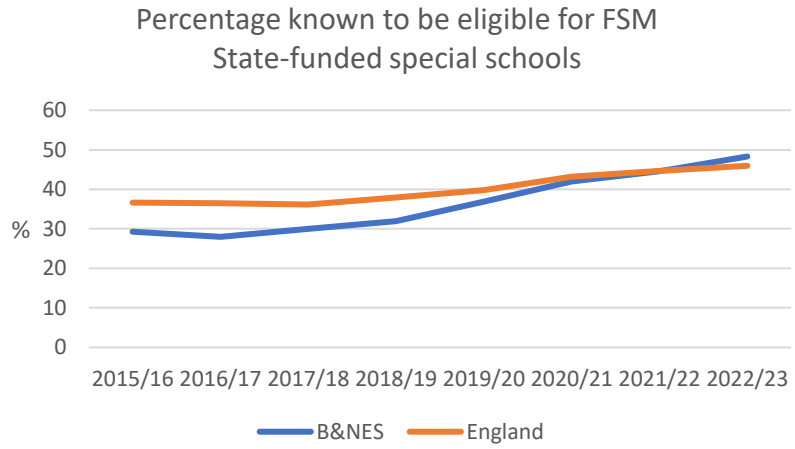
FSM cohort size over time









- The number of pupils eligible for free school meals has continued to **increase** in both B&NES and nationally. In all state-funded schools in B&NES, the number of pupils eligible for FSMs has **more than doubled** from 2,199 in 2015/16 to 4,631 in 2022/23. This is an increase from 8% eligible in 2015/16 to 17% in 2022/23. Nationally, the percentage eligible for FSM **declined** from 14.3% in 2015/16 to 13.6% in 2017/18 but has since increased to 24% in 2022/23. Nationally this increase reflects the continuation of transitional protections (described below).
- In **primary** schools, the number eligible for FSMs has **almost doubled** from 1,238 in 2015/16 to 2,407 in 2022/23 in B&NES (an increase from 9% to 18%).
- In **secondary** schools, the number eligible for FSMs has **more than doubled** from 841 in 2015/16 to 1,957 in 2022/23 in B&NES (an increase from 7% to 15%).
- In **special** schools, the number eligible for FSMs has **more than doubled** from 120 in 2015/16 to 267 in 2022/23 in B&NES (an increase from 29% to 48%). The percentage known to be eligible is now higher than the national figure (46%).

Source: Department for Education: Schools, pupils and their characteristics. **Note:** axis differs for Special schools.

Data Note: Transitional protections have been in place where pupils eligible for FSMs on or after 1 Apr 2018 retain their FSM eligibility even if their circumstances change. These were introduced to ensure families were not disadvantaged during the rollout of Universal Credit. Prior to the pandemic, this was the main driver in the increase in the proportion of pupils eligible for FSMs as pupils continue to become eligible but fewer pupils stop being eligible. After March 2025, existing claimants that no longer meet the eligibility criteria at that time will continue to receive FSMs until the end of their current phase of education (i.e. primary or secondary).

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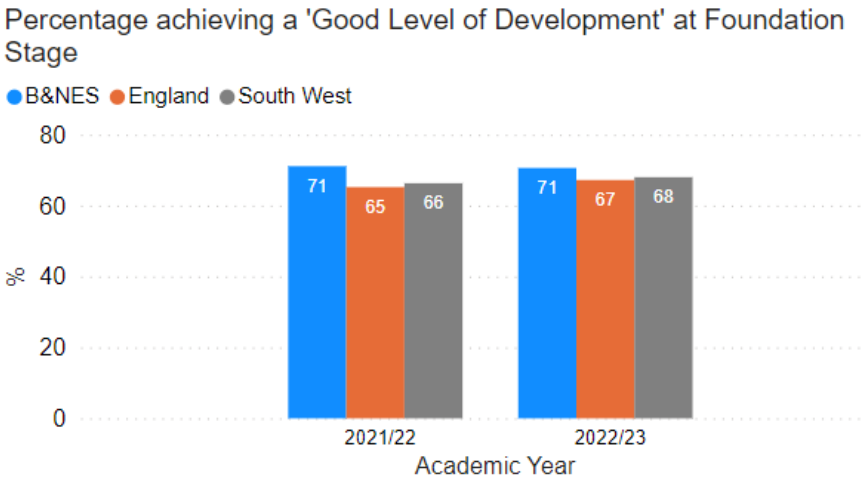
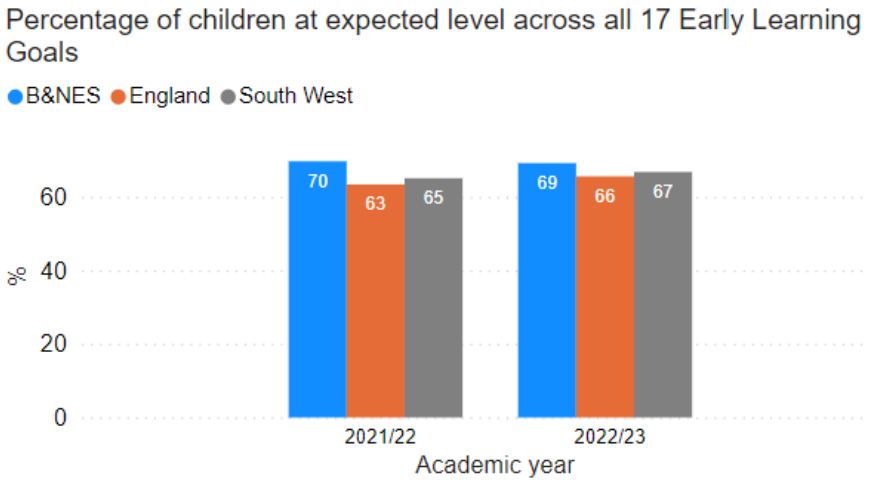
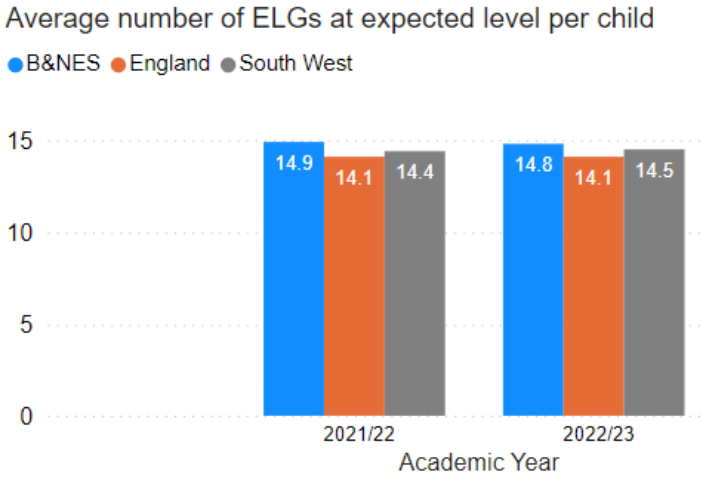
Early Years Foundation Stage







- The statutory EYFS framework requires that children are assessed against the EYFS profiles in the summer term of the academic year in which they turn 5 (typically **Reception** year). It is made up of teacher assessments of the child's outcomes in relation to 17 early learning goals (ELGs) across 7 areas of learning.
- A Good Level of Development (GLD) means they are at the expected level in the 12 ELGs within the 5 areas of learning relating to: communication and language; personal, social and emotional development; physical development; literacy; and mathematics.
- In 2022/23:
  - **71% of children had a good level of development in B&NES**. This is higher than both the South West (68%) and England (67%) values.
  - **69% of children in B&NES were at the expected level for all 17 ELGs**, higher than both the South West (67%) and England (66%) values.
  - On average, children were at **the expected level in 14.8 out of the 17 ELGs in B&NES**. This is higher than the South West (14.5) and England (14.1).
- Although these results for B&NES are higher than the national and regional figures, both national and regional figures have increased since 2021/22 for the percentage achieving GLD and the percentage of children at expected level for all 17 ELGs, whereas the results for B&NES have decreased slightly.

Source: Department for Education: Early Years Foundation Stage Profile (EYFS) and LGInform

Data notes: 2021/22 was the first publication of results since EYFS reforms were introduced in September 2021. As part of those reforms, the EYFS profile was significantly revised. **It is therefore not possible to directly compare 2021/22 & 2022/23 assessment outcomes with earlier years**. No data were collected in 2019/20 and 2020/21 due the Covid-19 pandemic.

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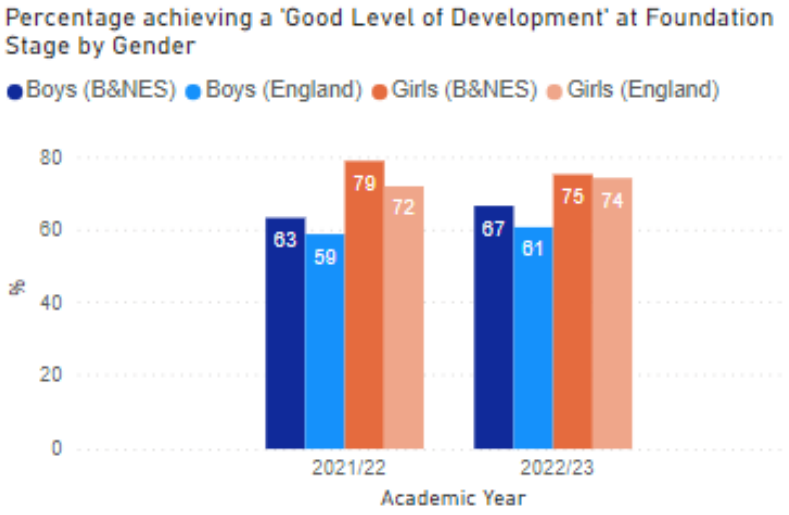
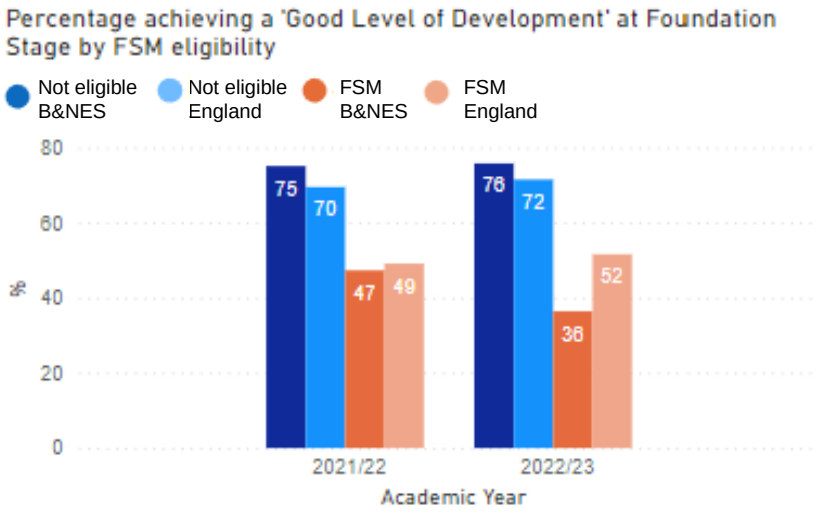
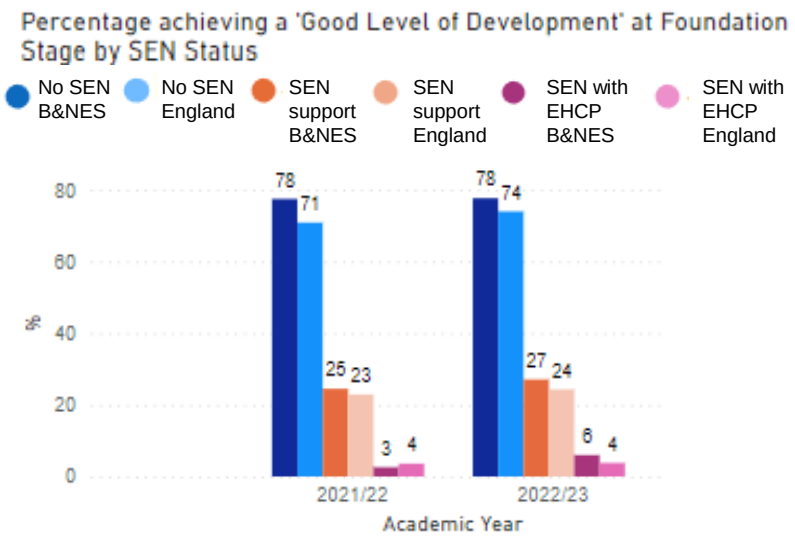
Early Years Foundation Stage by Pupil Characteristic







- As seen nationally, **more girls** (75%) achieved a good level of development in B&NES than boys (67%) in 2022/23. The comparable figures for England were 74% of girls and 61% of boys. This equates to a gender gap of 9% in B&NES, lower than the gap seen nationally (14%) and is also a reduction since 2021/22 when the gender attainment gap in B&NES was 16%.
- In 2022/23, there was a **39% attainment gap** between children eligible for **Free School Meals** and those not eligible in B&NES, with 36% of the FSM cohort achieving a GLD compared to 76% of those not known to be eligible. This is **wider than the same gap observed nationally** (20%), and also a **much wider gap than seen in 2021/22** in B&NES (28%). **Attainment in those eligible for Free School Meals has seen a notable reduction in B&NES** in 22/23 (36%) compared to 21/22 (47%), with **attainment in this cohort ranked 3rd worst in the country** (see: '*FSM Attainment Gap across Education Stages*').
- The attainment gap between pupils with an identified **Special Educational Need (SEN)** and those without was 55%, with 78% of pupils with no identified SEN achieving a GLD compared with 23% of those with an identified SEN. This is **similar** to the 54% gap seen nationally and similar to the 57% gap observed in B&NES in 2021/22.

Source: Department for Education: Early Years Foundation Stage Profile and LGInform

Data notes: 2021/22 was the first publication of results since EYFS reforms were introduced in Sept 2021. As part of those reforms, the EYFS profile was significantly revised. **It is therefore not possible to directly compare 2021/22 & 2022/23 assessment outcomes with earlier years**. No data were collected in 2019/20 and 2020/21 due the Covid-19 pandemic.

In 2022/23, FSM categories are now presented as 'Eligible for FSMs', 'Not eligible for FSMs' and 'Unclassified'. 2021/22 data has been revised to reflect this change.

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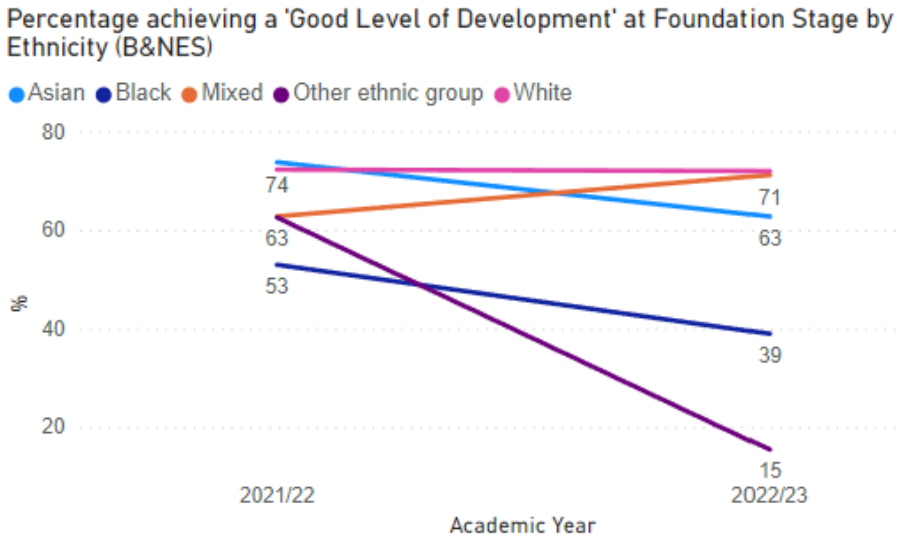
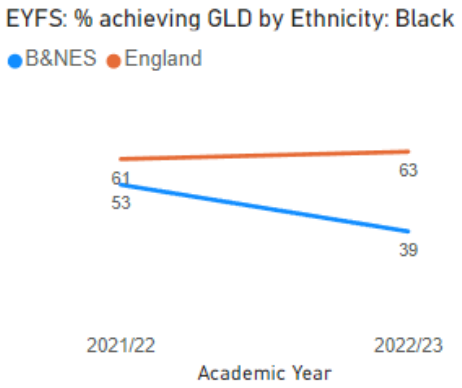
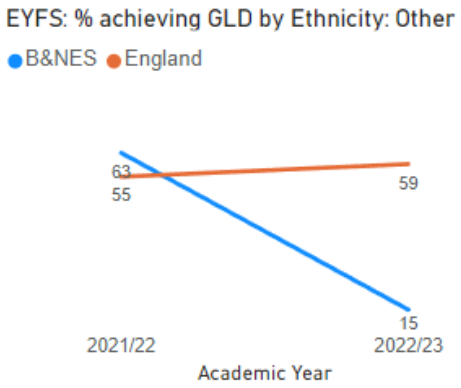
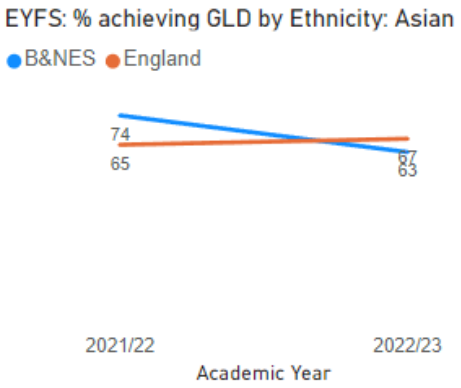
Early Years Foundation Stage by Ethnicity









Number of eligible pupils

Ethnicity	2021/22	2022/23
Asian	38	51
Black	17	18
Mixed	102	114
Other ethnic group	24	13
White	1,588	1,585
Unclassified	*57*	*70*
Total	1,826	1,851

- In 2022/23, the percentage achieving a good level of development was **highest amongst White (72%) and Mixed (71%) ethnic groups in B&NES**. The **lowest** percentage achieving a good level of development was in the **Other (15%) and Black (39%)** ethnic groups. However, it should be noted that the numbers in these ethnic groups are small (18 Black and 13 Other ethnic group) so caution should be used when drawing conclusions.
- This follows a similar pattern to national, where the Mixed and White ethnic groups saw the highest percentages achieving a good level of development (both 69%). The Black and Other ethnic groups saw the lowest percentage achieving a good level of development (63% and 59% respectively).
- The percentage achieving a good level of development in B&NES was below national levels for the Black, Other and Asian ethnic groups (see charts above). It was slightly higher in B&NES than England in the White (72% B&NES, 69% England) and Mixed ethnic groups (71% B&NES, 69% England).

Source: Department for Education: Early Years Foundation Stage Profile and LGInform

Data notes: 2021/22 was the first publication of results since EYFS reforms were introduced in Sept 2021. As part of those reforms, the EYFS profile was significantly revised. **It is therefore not possible to directly compare 2021/22 & 2022/23 assessment outcomes with earlier years**. No data were collected in 2019/20 and 2020/21 due the Covid-19 pandemic.

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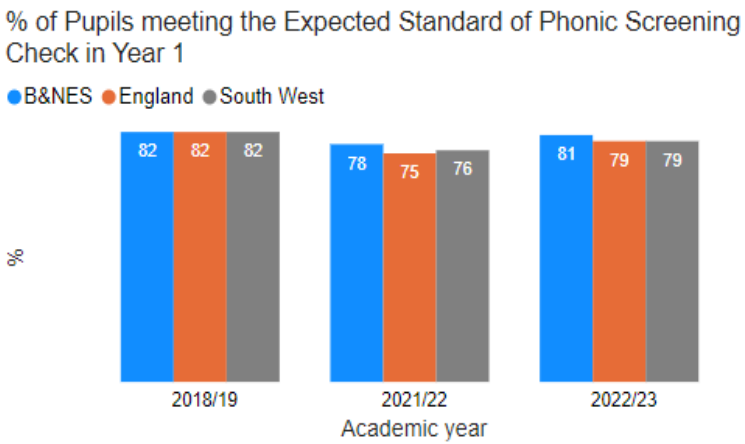
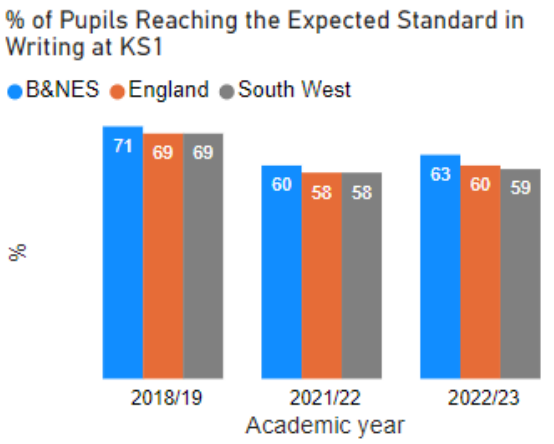
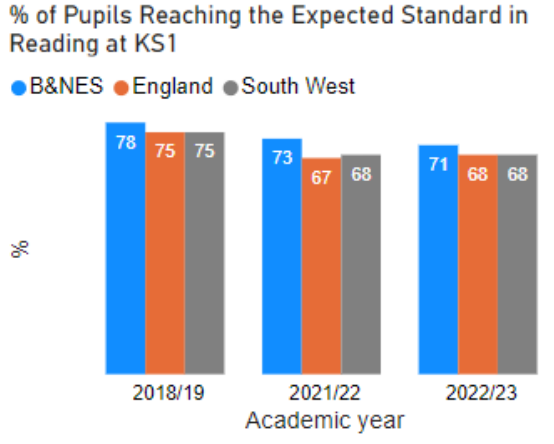
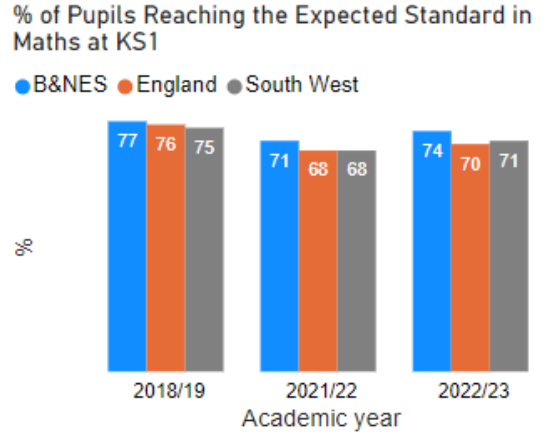
KS1 and Phonics Screening









Phonics Screening:

- The phonics screening check is a statutory assessment for year 1 pupils (typically aged 6) to confirm whether they have met the expected standard in phonic decoding. Teachers administer the check one-to-one with each pupil. In 2023, as in previous years, the threshold to determine whether a pupil had met the expected standard was 32.
- In 2022/23, **81% of pupils in B&NES met the expected standard of Phonics screening**. This is higher than both the South West and England (both 79%). Results are higher in 22/23 than 21/22 but lower than pre-pandemic levels in B&NES as well as nationally (82% in 2017/18 and 2018/19 for B&NES, South West and England).

KS1:

- Teacher assessment judgements in Reading, Writing, Maths and Science are reported for each pupil at the end of KS1 (year 2, typically aged 7).
- **Attainment at KS1 is lower in 2022/23 in all subjects compared to pre-pandemic levels (2018/19)** both in B&NES and nationally. In 2022/23:
    - 63% of pupils in B&NES met the expected standard in **Writing**, higher than the South West (59%) and England (60%).
    - 71% of pupils in B&NES met the expected standard in **Reading**, higher than the South West and England (both 68%).
    - 74% of pupils in B&NES met the expected standard in **Maths**, higher than the South West (71%) and England (70%).
    - 82% of pupils in B&NES met the expected standard in **Science**, higher than the South West (81%) and England (79%).

Source: Department for Education: Key stage 1 and Phonics Screening Check Attainment and LGInform
Data notes: There were no assessments in 2019/20 and 2020/21 due to the Covid-19 pandemic. 2022/23 data is provisional data.

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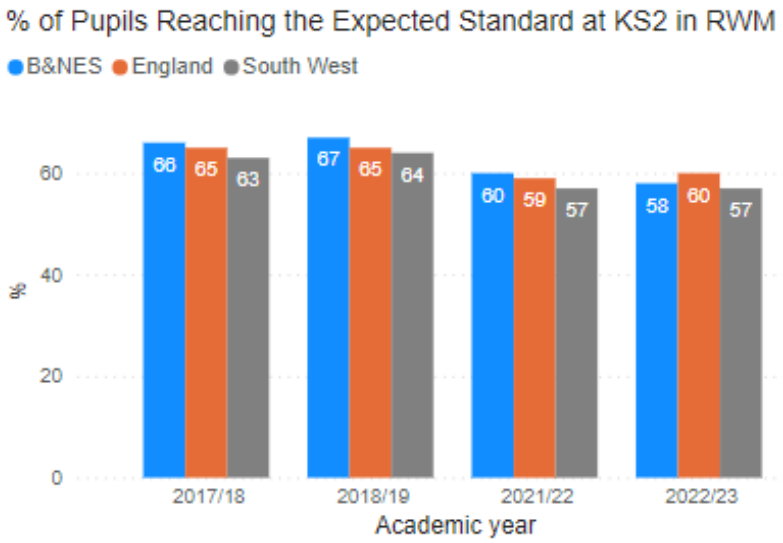
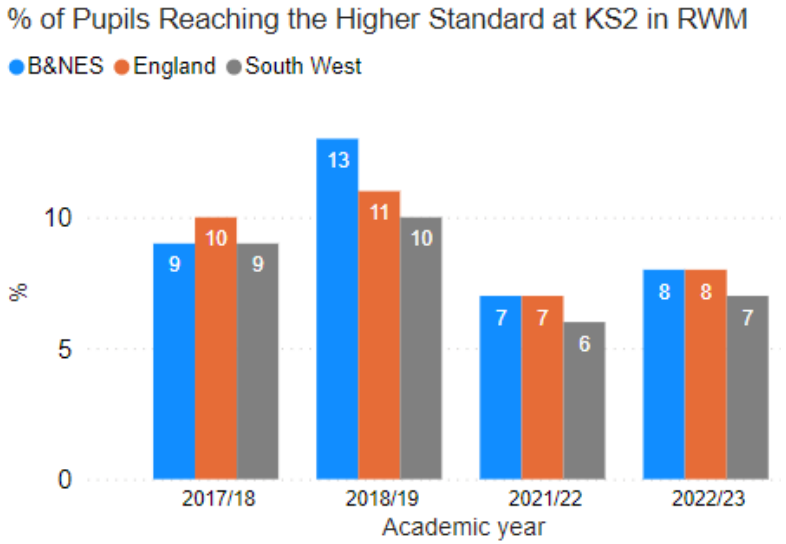
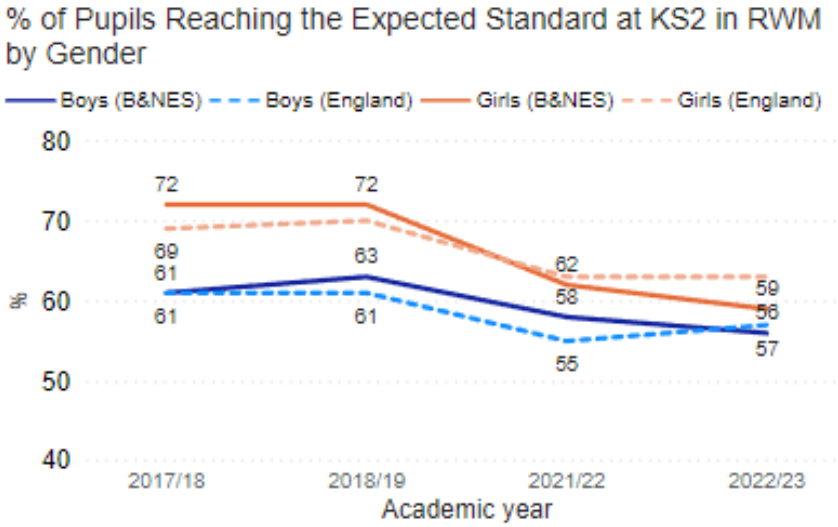
KS2 Attainment







- Assessments taken by year 6 pupils (typically aged 11) are the main assessments at the end of Primary school education. Year 6 pupils taking these assessments in summer 2023 experienced disruption to their learning during the Covid-19 pandemic, particularly at the end of year 3 and in year 4. This should be considered when comparing results across years.
- In 2022/23, **attainment at the expected standard in Reading, Writing and Maths (RWM) combined has continued to decrease** in B&NES but has increased slightly at the higher standard:
  - **58%** of pupils in B&NES reached the **expected standard** in RWM combined, a **decrease** from 67% in 2018/19 and from 60% in 2021/22. This figure is slightly higher than the South West (57%) but slightly lower than England (60%) for the first time since 2015/16.
  - **8%** of pupils in B&NES reached the **higher standard** in RWM combined, a decrease from 13% in 2018/19 but a slight increase from 7% in 2021/22. This figure is the same as England and slightly higher than the South West (7%).
- **Girls consistently perform better than boys** in B&NES and nationally in RWM combined. The gender attainment gap in B&NES decreased to 3% in 2022/23 (down from 4% in 2021/22, 9% in 2018/19 and 11% in 2017/18). The comparable gap in England fell from 8% in 2021/22 to 6% in 2022/23. The percentage of **boys and girls** in B&NES reaching the expected standard in RWM combined was **slightly lower** in B&NES than nationally (Boys: 56% B&NES, 57% England; Girls: 59% B&NES, 63% England).

Source: Department for Education: Key Stage 2 Attainment and LGInform **Data notes:** There were no assessments in 2019/20 and 2020/21 due to the Covid-19 pandemic. 2022/23 data presented is Revised data.

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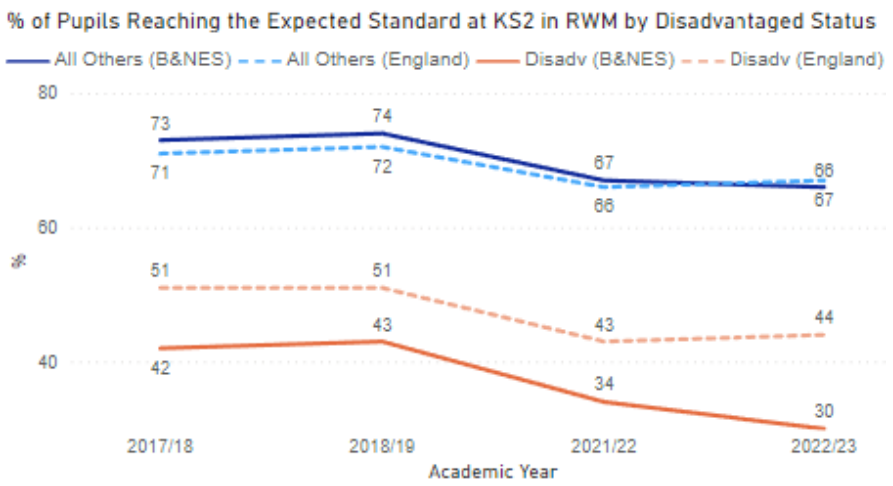
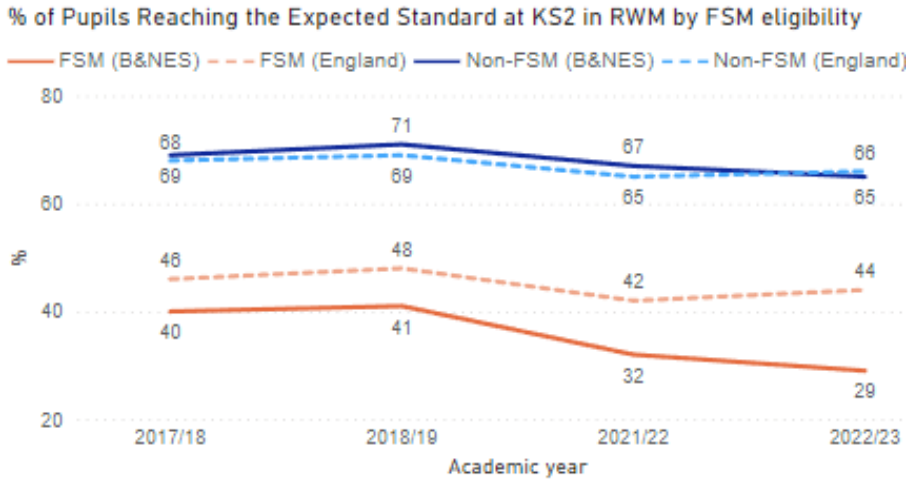
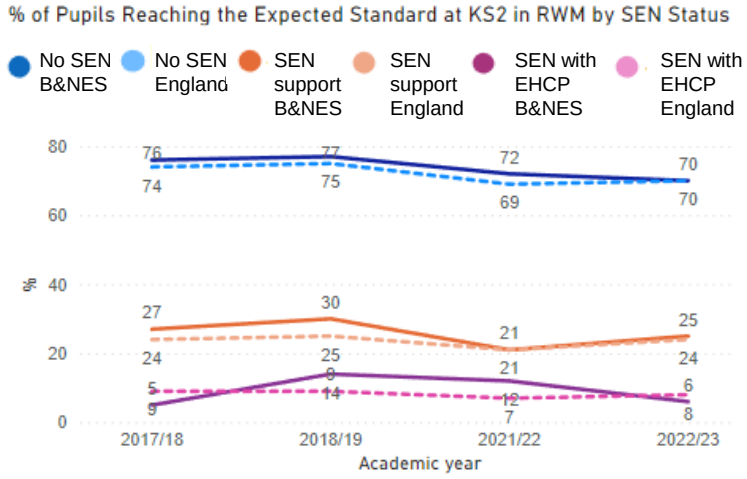
KS2 Attainment by Pupil Characteristic







- The attainment gap in RWM combined between pupils identified as **Disadvantaged** and those who are not, was 36% in 2022/23, higher than the gap seen in 2021/22 (33%) and 2018/19 (31%). The percentage of disadvantaged pupils reaching the expected standard in RWM combined in 2022/23 remained lower in B&NES than England (30% compared to 44%). The percentage of non-disadvantaged pupils reaching the expected standard in RWM combined in the same period was similar in B&NES and England (66% and 67% respectively). This pattern is also consistent in the attainment gap between **pupils eligible for FSM** and those who are not. In 2022/23, **for pupils eligible for FSM, B&NES is ranked the worst in the country** (see: '*FSM Attainment Gap across Education Stages*').
- In 2022/23, the attainment gap in RWM combined in B&NES for those with a **Special Education Need (SEN)** identified compared to those with no SEN identified remained similar to previous years: 51% 2022/23 compared to 53% in 2021/22 and 50% in 2018/19. The comparable attainment gap in England was 50% in 2022/23, again similar to previous years: 51% in 2021/22 and 53% in 2018/19). 19% of pupils in B&NES with any SEN identified reached the expected standard in RWM combined compared to 70% of pupils with no SEN identified in 2022/23.
- In 2022/23, 25% of SEN Support pupils reached the expected standard in RWM combined in B&NES, similar to England (24%); 6% of those with a SEN Education, Health and Care Plan (EHCP) reached the expected standard in RWM combined in B&NES compared to 8% nationally, this is a decrease from 12% in 2021/22 in B&NES. In those pupils with no identified SEN, the percentage of pupils reaching the expected standard in RWM combined was 70% in both B&NES and England.

Source: Department for Education: Key Stage 2 Attainment and LGInform

Data notes: There were no assessments in 2019/20 and 2020/21 due to the Covid-19 pandemic. Non-FSM refers to the cohort not known to be FSM eligible.

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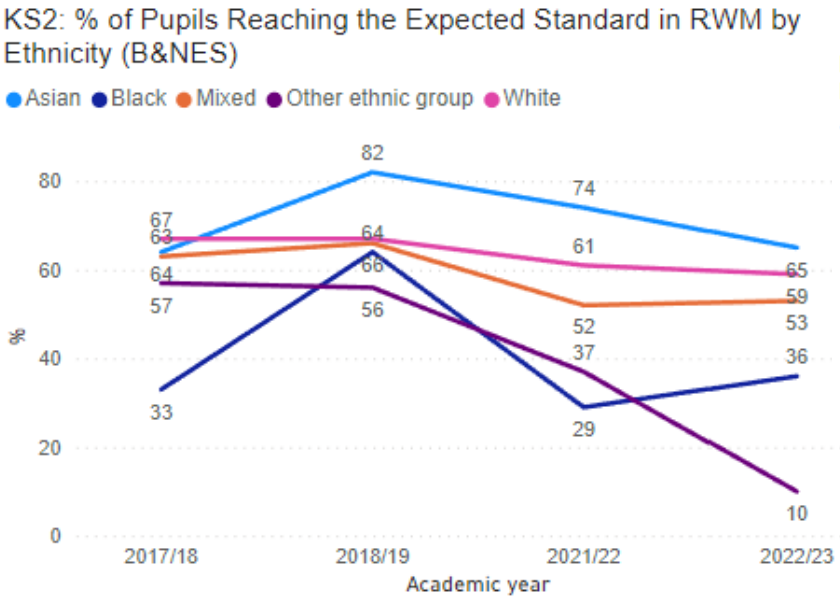
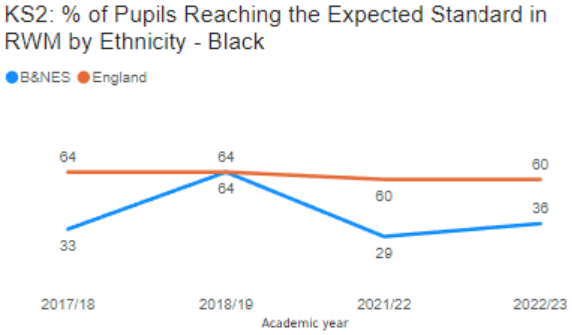
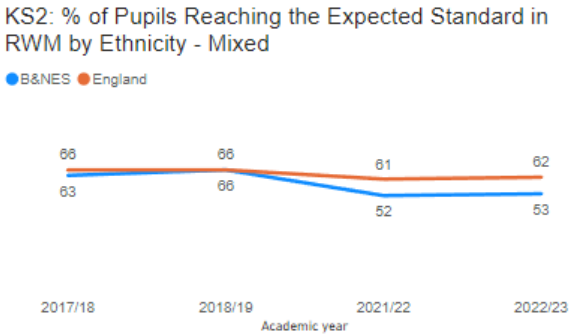
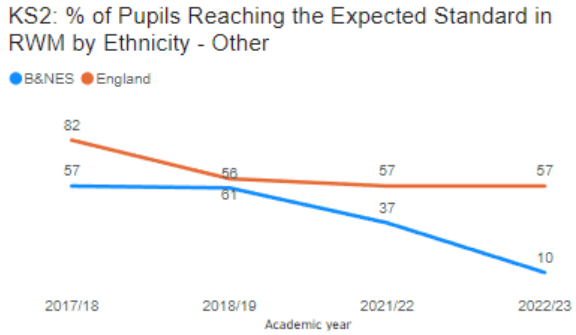
KS2 Attainment by Ethnicity









Number of eligible pupils in RWM (B&NES)

Ethnicity	2017/18	2018/19	2021/22	2022/23
Asian*	28	33	43	52
Black	12	11	17	11
Mixed	100	94	104	122
Other ethnic group	n/a	9	19	21
White	1,734	1,650	1,724	1,690
Unclassified	*n/a*	*15*	*23*	*26*
Total	1,899	1,812	1,930	1,922

- In 2022/23, the **Asian** ethnic group were the **highest** achieving group with 65% reaching the expected standard in RWM (combined) in B&NES. The **lowest** achieving group were the **Other** ethnic group with 10% reaching the expected standard in RWM (combined), **a notable decrease since 2021/22 and continues the downwards trend seen in this ethnic group since 2017/18**. However, it should be noted this is based on a small cohort of pupils (ranging from 9 in 2018/19 to 21 in 2022/23).
- Nationally, Asian pupils were the highest achieving group with 67% reaching the expected standard in RWM (combined) and the Other ethnic group were the lowest achieving group with 57% reaching the expected standard in RWM (combined).
- Since 2017/18, the **Black, Other and Mixed ethnic groups** have consistently been the **lowest** achieving ethnic groups in B&NES. Attainment in the Other ethnic group has been **consistently lower** in B&NES than national figures for the past four years, whilst attainment in the Black and Mixed ethnic groups has been lower than national for three of the last four years. However, it should be noted that the Black and Other ethnic groups have small numbers so this should be considered when drawing conclusions.

Sources: Department for Education: Key Stage 2 Attainment and LGInform

Data Notes: (1) There were no assessments in 2019/20 and 2020/21 due to the Covid-19 pandemic. (2) Some ethnic groups contain small numbers which should be considered when drawing conclusions.

* Chinese pupils were included in the Asian group for the first time in 2021/22 results.

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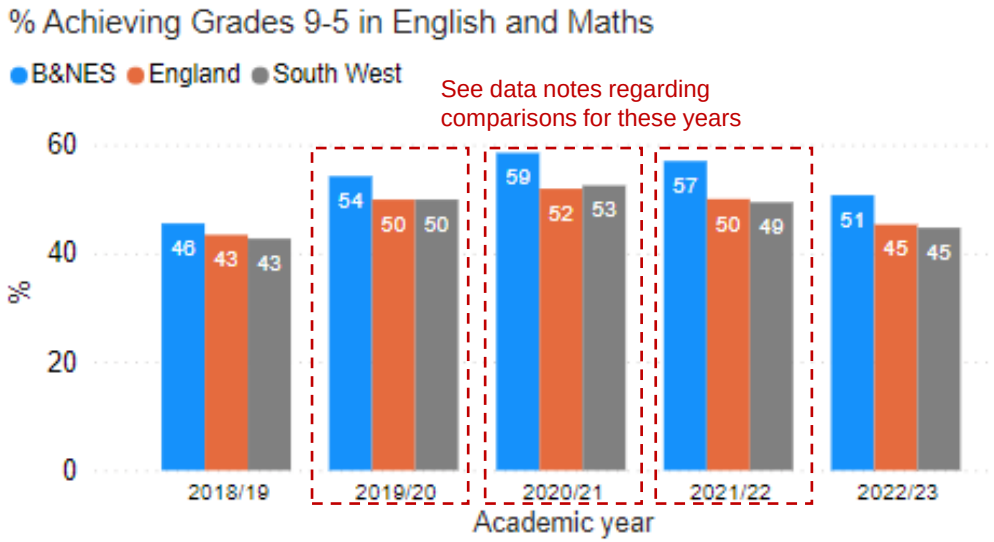
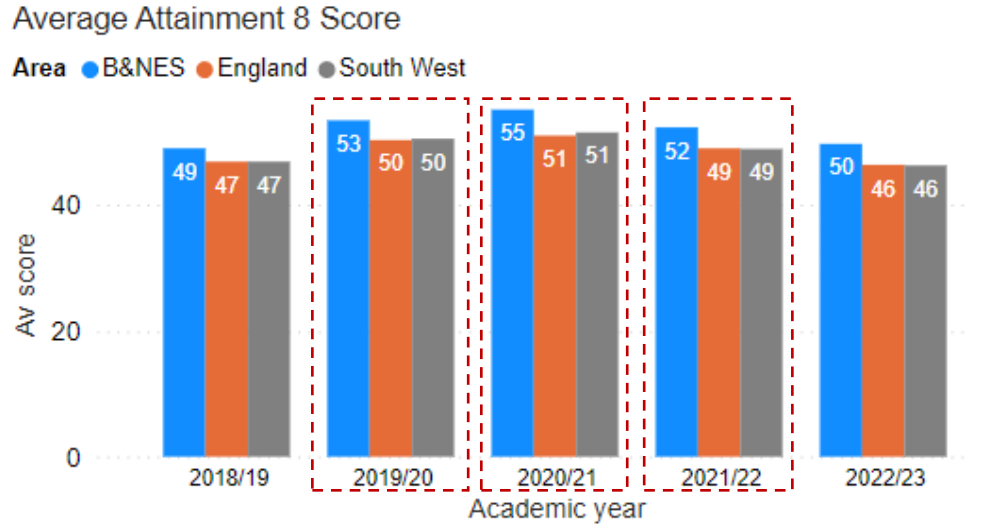
KS4 Attainment





GCSEs are typically taken at the end of year 11 (i.e. typically when aged 16). B&NES pupils have continued to achieve higher grades compared to regional and national figures.

'Good' GCSE Results:

- In 2022/23, pupils in B&NES achieved a **higher proportion of grades (9-5)** in English and Maths (**51%**), compared to the South West (45%) and England (45%). This is higher than the 2018/19 (pre-pandemic) figure (46%), a pattern also seen regionally and nationally.
- Similarly, pupils in B&NES achieved a **higher proportion of grades (9-4)** in English and Maths (**72%**), compared to the South West (65%) and England (65%). This is higher than the 2018/19 (pre-pandemic) figure (70%), a pattern also seen regionally and nationally.

Attainment 8 results:

- The average attainment 8 score in 2022/23 was **higher in B&NES** than the regional and national average (49.6 compared to 46.3 for England and 46.2 for the South West). This is slightly higher than the 2018/19 (pre-pandemic) average score (48.9), a pattern also seen regionally and nationally.

Source: Department for Education KS4 Performance Data and LGInform

Data Notes

GCSEs were cancelled in 2020 & 2021 due to the COVID-19 pandemic. For 2019/20, pupils were awarded centre assessment grades (CAGs). For 2020/21, pupils were awarded teacher assessed grades (TAGs). In 2021/22 the approach to grading broadly reflected a midpoint between results in 2019 and 2021. In 2022/23 there was a return to pre-pandemic standards, with protection built into the grading process to recognise the disruption that students have faced. Therefore, users should exercise caution when making comparisons over time as they may not reflect changes in pupil performance alone. Comparisons between 2022/23 and 2018/19 (the last year the summer exams were taken before the pandemic) are therefore deemed the more meaningful comparison. Whilst it is not possible to compare pupil attainment across years to detect changes in pupil performance, the data can show whether attainment gaps for pupils with particular characteristics have changed between years. 2022/23 data is Provisional data.

Attainment 8 - Attainment 8 measures the average achievement of pupils in up to 8 qualifications. This includes: English language; English literature (if only one GCSE in English is taken then it is double weighted); maths (double weighted); three further qualifications that count in the English Baccalaureate (EBacc); and three further qualifications that can be GCSE qualifications (including EBacc subjects) or any other non-GCSE qualifications on the DfE approved list. A Local Authority Attainment 8 score is the average of all of its eligible pupils' scores.

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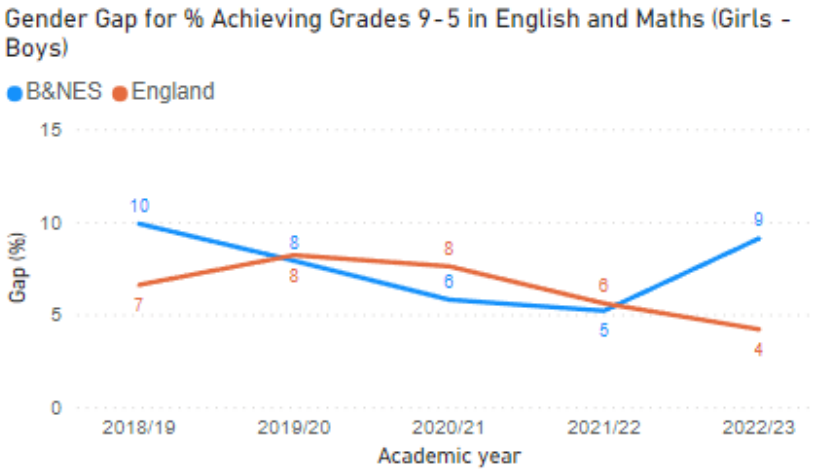
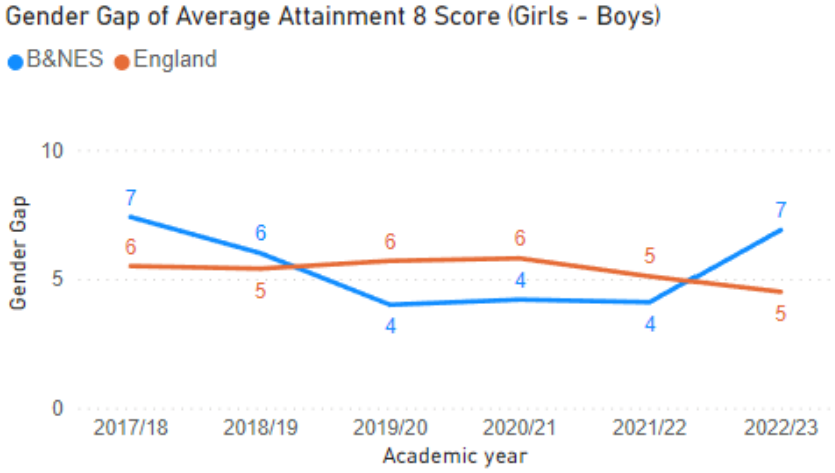
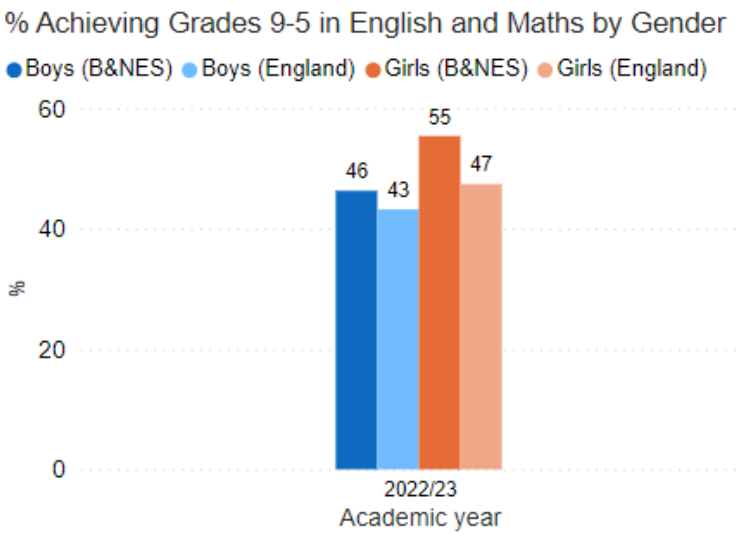
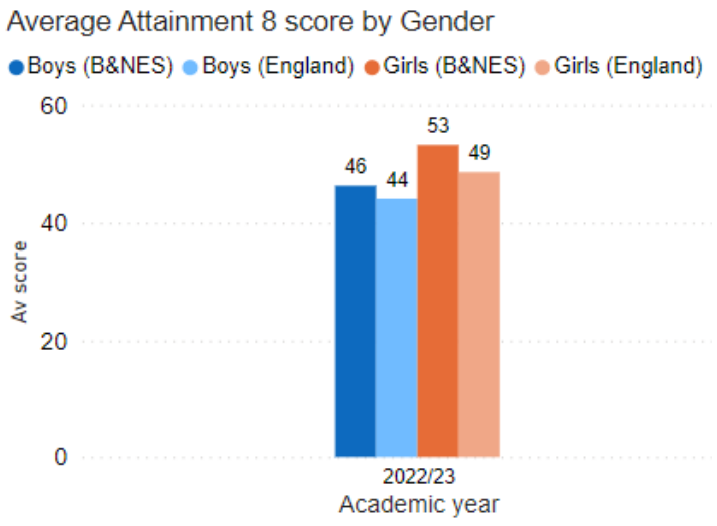
KS4: Attainment by Gender









- Overall, **girls perform consistently better than boys** at GCSE level in B&NES and England.
- In 2022/23, 55% of girls attained grades 9-5 compared to 46% of boys in B&NES. Following a period of declining attainment gap in B&NES, **the gender attainment gap has risen to 9%** in 2022/23, higher than the gap seen nationally (4%). This is driven by the higher proportion of girls attaining grades 9-5 in B&NES (55%) compared to national (47%), whereas although the proportion for boys in B&NES is also higher than national, it is by a smaller amount (46% B&NES vs 43% England).
- A similar pattern can be seen in **Attainment 8** scores. In 2022/23, the average attainment 8 score was 53.2 for girls and 46.3 for boys in B&NES. As with the % achieving grades 9-5, the **gender attainment gap in B&NES has increased** in 2022/23 to **7 points**, higher than the gap seen nationally (5 points). This is driven by the higher average attainment 8 score for girls in B&NES (53.2) compared to national (48.6), whereas although the average attainment 8 score for boys in B&NES is also higher than national, it is by a smaller amount (46.3 B&NES vs 44.1 England).

Source: Department for Education KS4 Performance Data and LGInform

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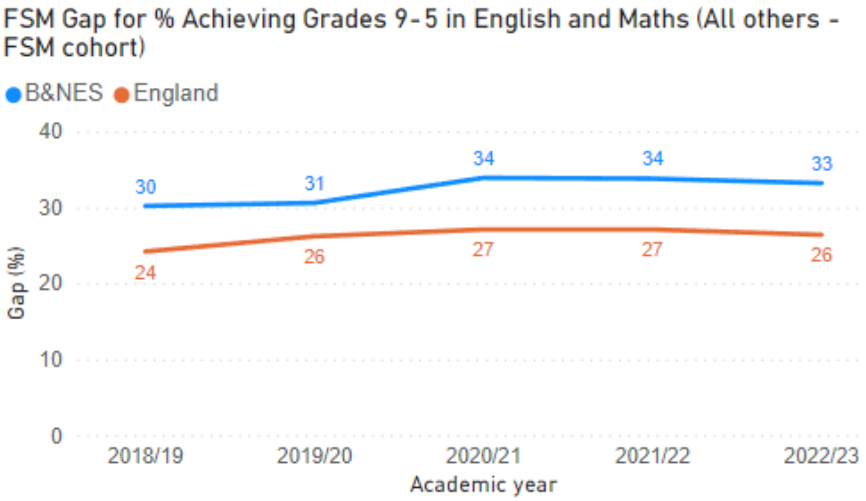
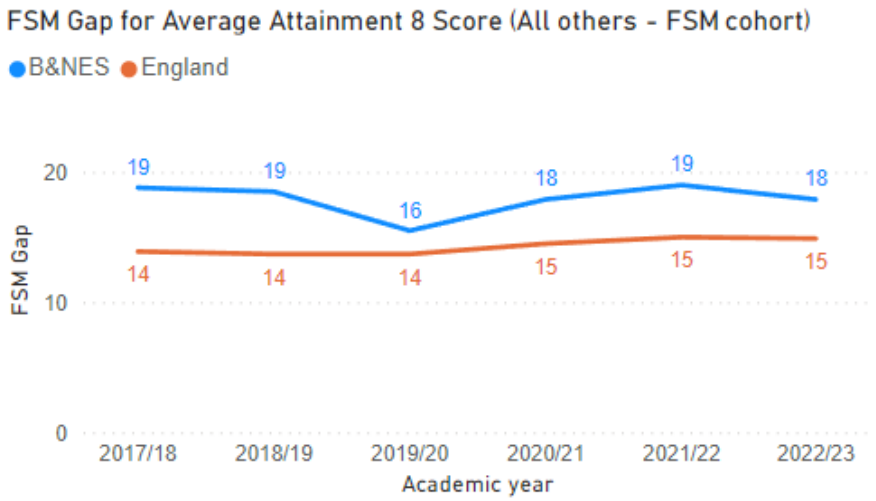
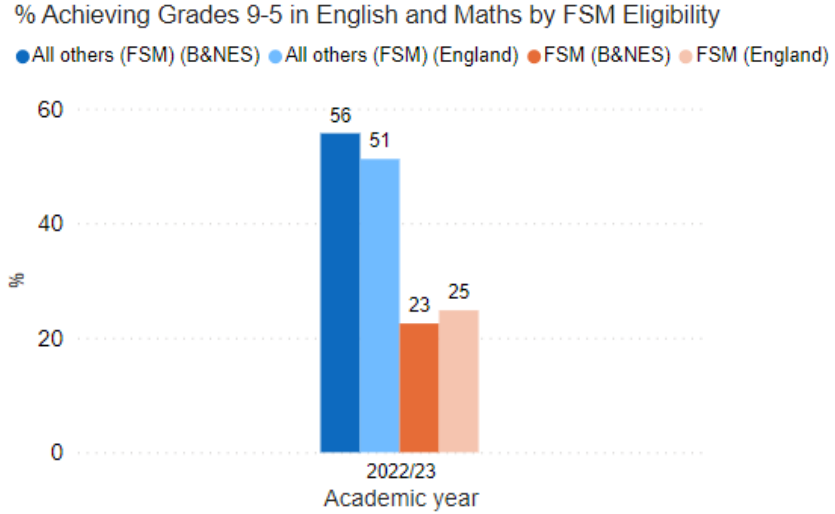
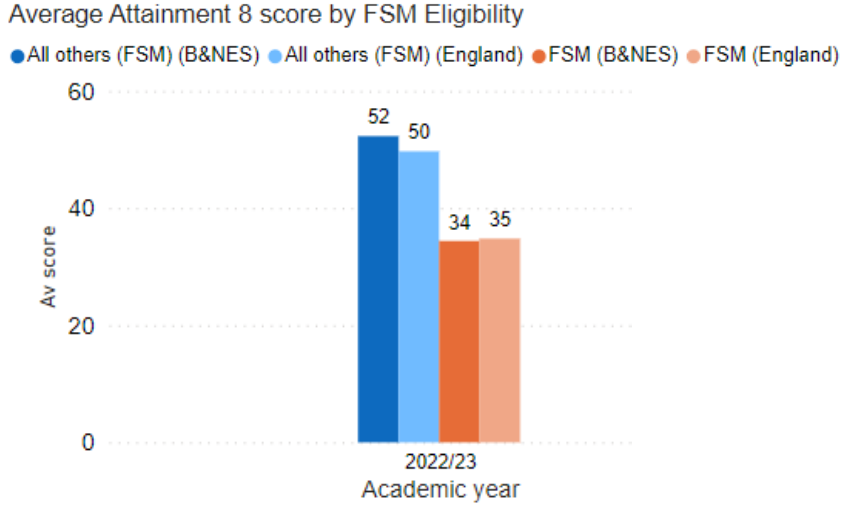
KS4: Attainment by FSM Eligibility









- The attainment gap for achieving Grades 9-5 in English and Maths between **FSM eligible** pupils and those who are not has been **consistently higher in B&NES** compared to national for a number of years. This gap was 33% in 2022/23 compared to 26% nationally. This gap has remained stable for a number of years both in B&NES and nationally. The percentage of FSM eligible pupils achieving grades 9-5 in 2022/23 was slightly lower in B&NES than England (23% B&NES, 25% England), whereas the percentage of non-FSM eligible pupils achieving grades 9-5 in the same period was higher in B&NES than nationally (56% B&NES, 51% England). This pattern is also consistent in the attainment gap between **disadvantaged pupils** and those who are not.
- Similarly, the attainment gap for the average **attainment 8** score between **FSM eligible** pupils and those who are not has been **consistently higher in B&NES** compared to national for a number of years. This gap was 18 points in 2022/23 compared to 15 nationally. The average attainment 8 score of FSM eligible pupils in 2022/23 was similar in B&NES and England (34 B&NES, 35 England). The average attainment 8 score for non-FSM eligible pupils was slightly higher in B&NES than national (52 B&NES, 50 England).

Source: Department for Education KS4 Performance Data and LGInform

See here for the definition of the **FSM eligible** cohort.

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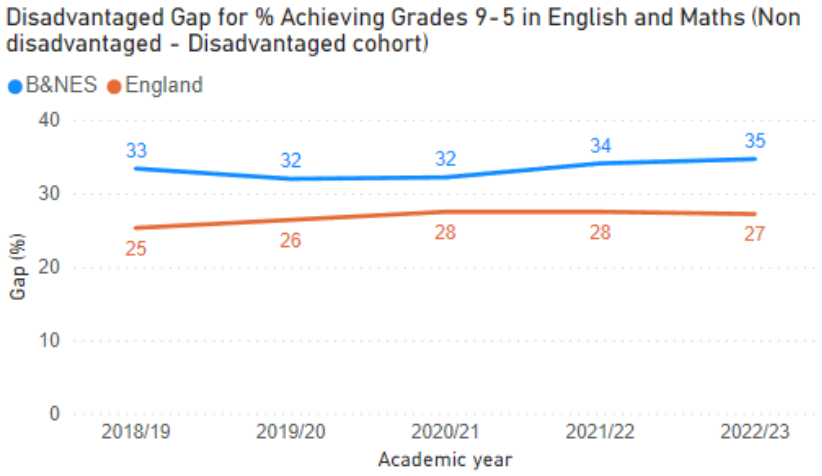
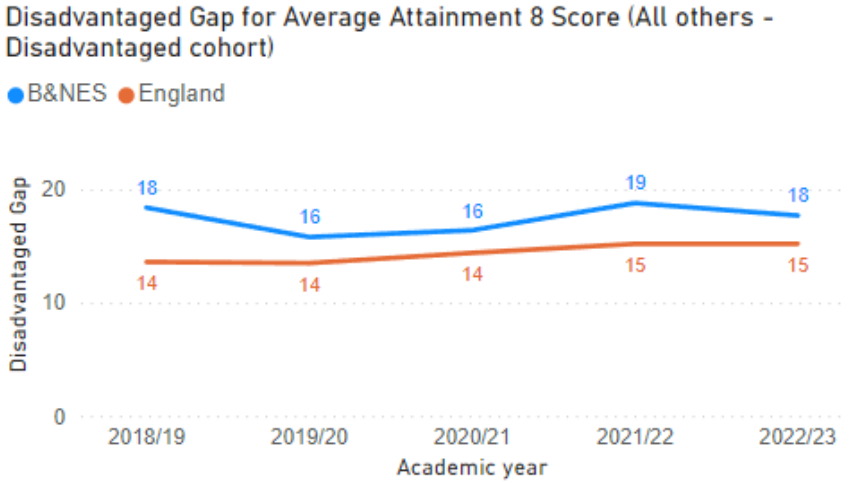
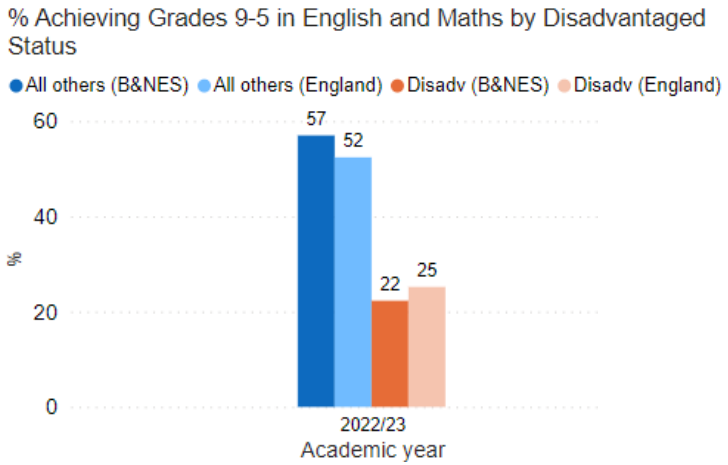
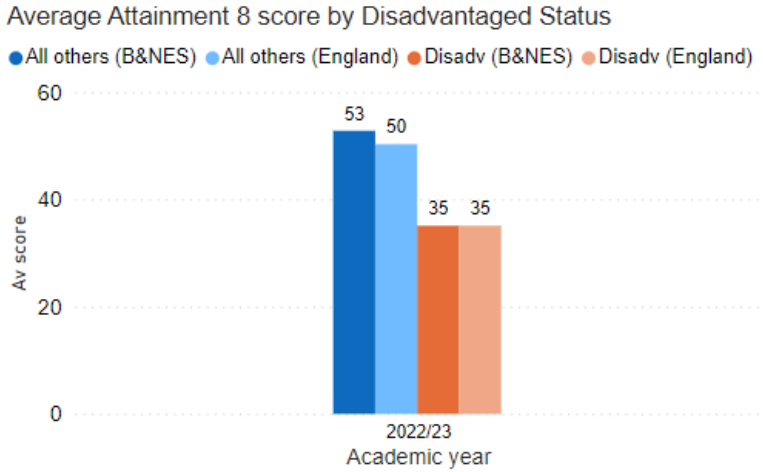
KS4: Attainment by Disadvantaged Status









- The attainment gap between pupils identified as **disadvantaged** and those who are not has been **consistently higher in B&NES** compared to national for a number of years. This gap was 35% in 2021/22 compared to 27% nationally. This gap has remained stable for a number of years both in B&NES and nationally. The percentage of disadvantaged pupils achieving grades 9-5 in 2022/23 was slightly lower in B&NES than England (22% B&NES, 25% England), whereas the percentage of non-disadvantaged pupils achieving grades 9-5 in the same period was higher in B&NES than nationally (57% B&NES, 52% England). This pattern is also consistent in the attainment gap between **pupils eligible for FSM** and those who are not.
- Similarly, the attainment gap for the average **attainment 8** score between **disadvantaged** pupils and those who are not has been **consistently higher in B&NES** compared to national for a number of years. This gap was 18 points in 2022/23 compared to 15 nationally. The average attainment 8 score of Disadvantaged pupils in 2022/23 was the same in B&NES and England (35). The average attainment 8 score for non-disadvantaged pupils was slightly higher in B&NES than national (53 B&NES, 50 England).

Source: Department for Education KS4 Performance Data and LGInform

See here for the definition of the **Disadvantaged** cohort. The **Disadvantaged all other** cohort includes pupils for whom free school meal eligibility, Special Educational Needs status (SEN provision) or SEN primary need could not be determined.

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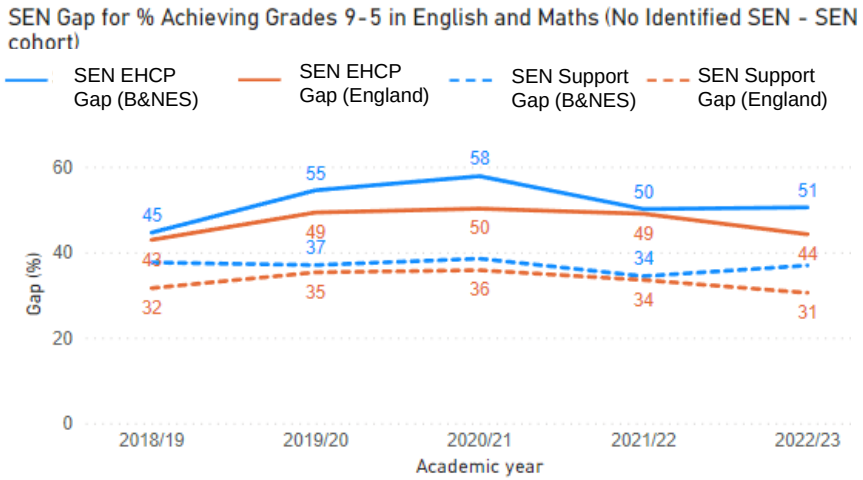
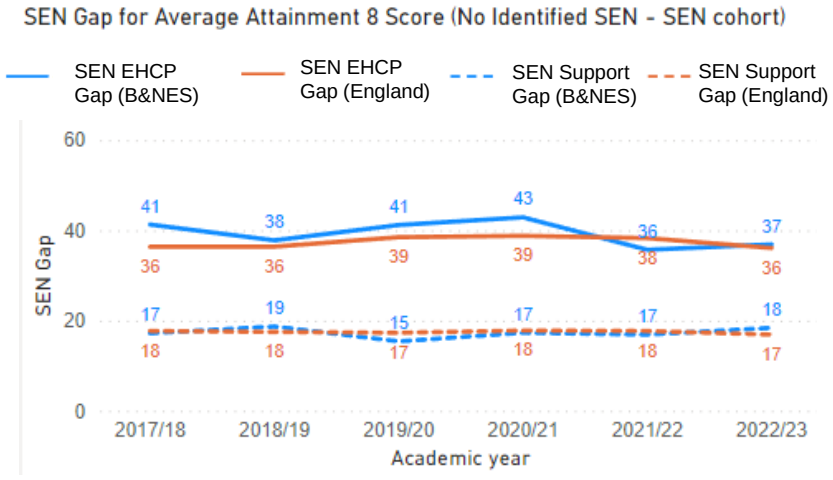
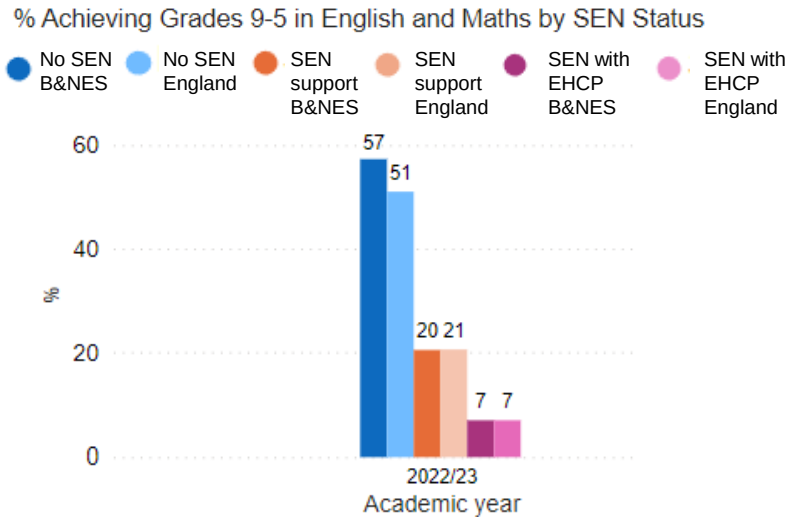
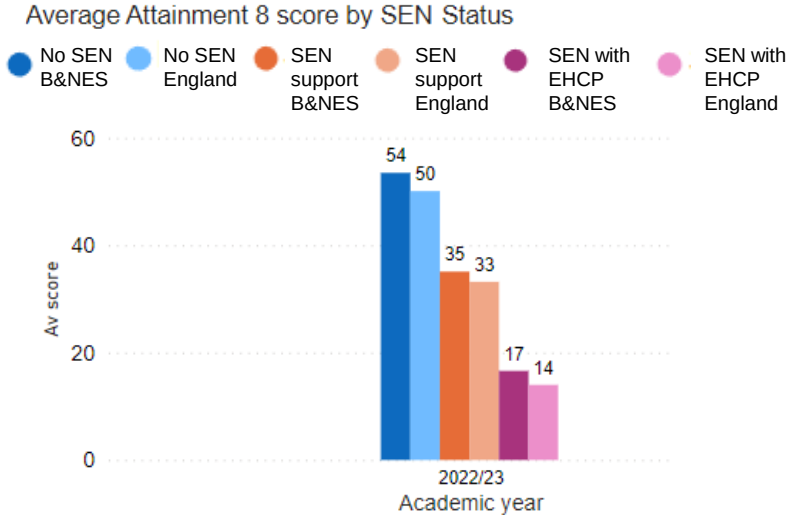
KS4: Attainment by SEN Status









- In 2022/23, the percentage of pupils achieving grades 9-5 in English & Maths in B&NES is similar within each **Special Education Need (SEN)** cohort in comparison to England (SEN with EHCP: 7% B&NES & England; SEN Support: 20% B&NES, 21% England). The percentage achieving grades 9-5 in those with **no identified SEN** is **higher** in B&NES than national (57% vs 51%) leading to slightly higher attainment gaps than seen nationally: 51% B&NES vs 44% England for the SEN with EHCP gap; and 37% B&NES vs 31% England for the SEN support gap.
- In 2022/23, the average attainment 8 score in each of the SEN cohorts was **slightly higher** in B&NES than national as well as the cohort with no identified SEN (SEN with EHCP: 17 B&NES, 14 England; SEN Support: 35 B&NES, 33 England; No SEN: 54 B&NES, 50 England). This leads to **similar attainment gaps** for each SEN cohort compared to the no SEN cohort between B&NES and England (37 points B&NES vs 36 points England for the SEN with ECHP gap; 18 points B&NES vs 17 points England for the SEN support gap).

Source: Department for Education KS4 Performance Data and LGInform

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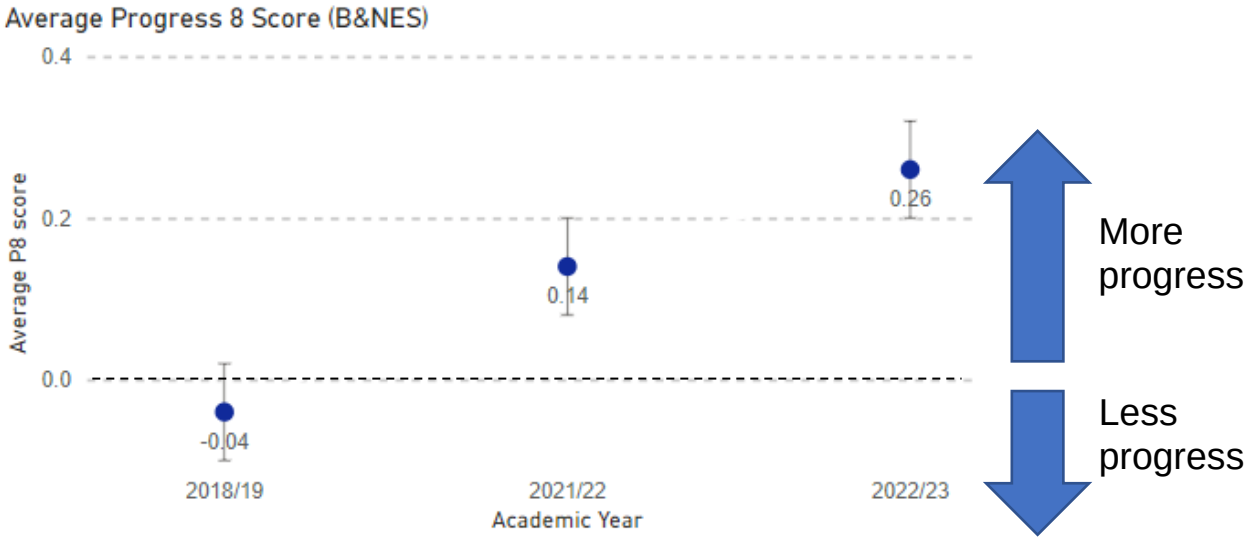
KS2 to KS4 Progress



Source: Department or Education KS4 Performance Data and LGInform

Progress 8: Progress 8 compares pupils' Key Stage 4 results to those of other pupils nationally with similar prior attainment at Key Stage 2. A Progress 8 score of +1 means pupils are making on average approximately a grade more progress than the national average; a score of -0.5 means they make on average approximately half a grade less progress than average. Progress 8 is a relative measure. Therefore, the national average Progress 8 score for mainstream schools is very close to 0. In 2018/19, 2021/22 and 2022/23 the **national** average Progress 8 score was **-0.03**.

Progress 8 is a relative in-year measure and cannot be compared directly year on year.

Confidence Intervals which exclude 0 are statistically significant.

- In 2022/23, the average **Progress 8** score for B&NES was **+0.26**, meaning that pupils in B&NES made on average **more progress** (around 26% of a grade) than other pupils nationally with similar prior attainment at KS2.

By Pupil Characteristic:

- The average progress 8 scores for B&NES **girls** and **boys** were 0.47 and 0.06 respectively. This means girls in B&NES made **more progress** (almost half a grade) than expected compared to similar pupils in their prior attainment group nationally, with boys broadly in line with similar pupils nationally. The corresponding result for girls and boys in England were 0.12 and -0.17 respectively.
- Average Progress 8 scores for B&NES **disadvantaged** and **non disadvantaged** pupils were -0.34 and 0.39 respectively. This means non disadvantaged pupils progressed, on average, more than a third of a grade more than expected compared to similar pupils in their prior attainment group, **whereas disadvantaged pupils achieved around a third of a grade less than expected by the end of KS4**. The corresponding result for England was -0.57 for disadvantaged pupils and 0.17 for non disadvantaged pupils.
- This pattern was also seen in those pupils **eligible for FSM** and those who are not, as well as in those pupils identified with SEN compared to those with no SEN identified. For those pupils in B&NES with a **SEN EHCP**, progress was on average **one grade lower** (-0.99) than expected compared to similar pupils in their prior attainment group nationally. The corresponding result for England was -1.12.

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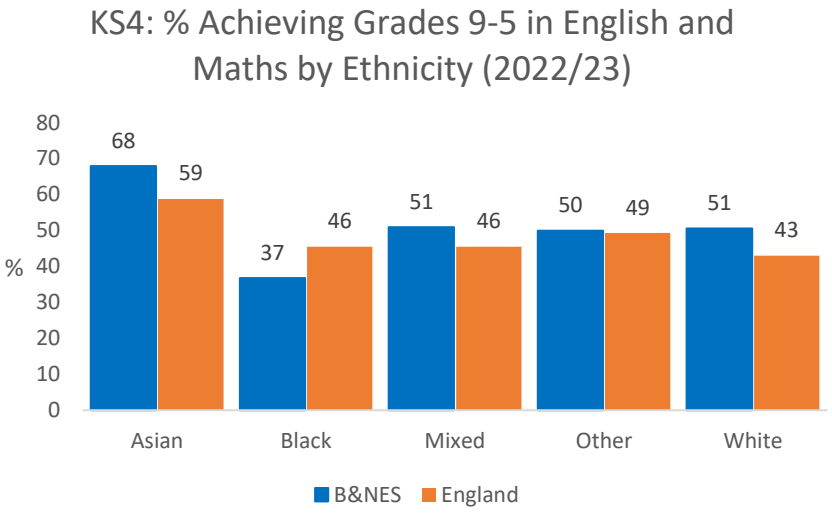
KS4 Attainment by Ethnicity



Average Progress 8 Score by Ethnicity (2022/23, B&NES)

Asian	Black	Mixed	Other	White
0.93	0.07	0.36	0.69	0.25

Number of pupils, 2022/23

Ethnicity	B&NES n	B&NES %	England %
Asian	53	*2.3%*	*12.0%*
Black	19	*0.8%*	*6.2%*
Mixed	114	*5.0%*	*6.1%*
Other	8	*0.3%*	*2.0%*
White	2,061	*90.1%*	*71.7%*
Unclassified	33	*1.4%*	*2.0%*
Total	*2,288*	*100%*	*100%*

Attainment:

- In 2022/23 in B&NES, the **Asian** ethnic group were the **highest** achieving group with 68% achieving grades 9-5 in English & Maths. The **lowest** achieving group was the **Black** ethnic group with 37% achieving grades 9-5 in English & Maths. Attainment in the Mixed, Other and White ethnic groups was similar in B&NES (50%-51%). Note: attention is drawn to the small numbers in some groups, particularly the Other and Black ethnic groups. Nationally, the Asian ethnic group was the highest achieving group with 68%, whilst the lowest achieving group was the White ethnic group with 43% achieving grades 9-5 in English and Maths.
- In B&NES, the percentage achieving grades 9-5 in English and Maths has consistently been **highest** in the **Asian** ethnic group since 2017/18[2]. Attainment has been consistently **lowest** in the **Black** ethnic group since 2017/18 and attainment in the **Mixed** ethnic group has been the **second lowest for 3 of the 5 past years.** Attainment in the Black ethnic group has been lower in B&NES than national figures for a number of years. In 2022/23, attainment in the Mixed ethnic group was higher in B&NES than national (having been lower in 3 of the past 5 years).

Progress:

- In 2022/23 in B&NES, the **Asian** ethnic group made the **greatest progress** from KS2 with an average Progress 8 scores of 0.93 (i.e., on average almost one grade greater progress than expected compared to similar pupils in their prior attainment group nationally). The **Black** ethnic group made the **least** amount of progress with an average progress 8 score of 0.07.

Sources: Department for Education: KS4 Performance Data and LGInform

Data Notes:

(1) Some ethnic groups contain small numbers which should be considered when drawing conclusions.

(2) Due to the changes in how grades were awarded at KS4 in 2020 to 2023, it is not possible to compare attainment over time by ethnic group. However, we can look at the relative positions of each ethnic group in each academic year.

(3) For 2022/23, Chinese pupils are now classified as part of the Asian ethnic major category. This is a change from previous years and means users should exercise caution when making comparisons over time.

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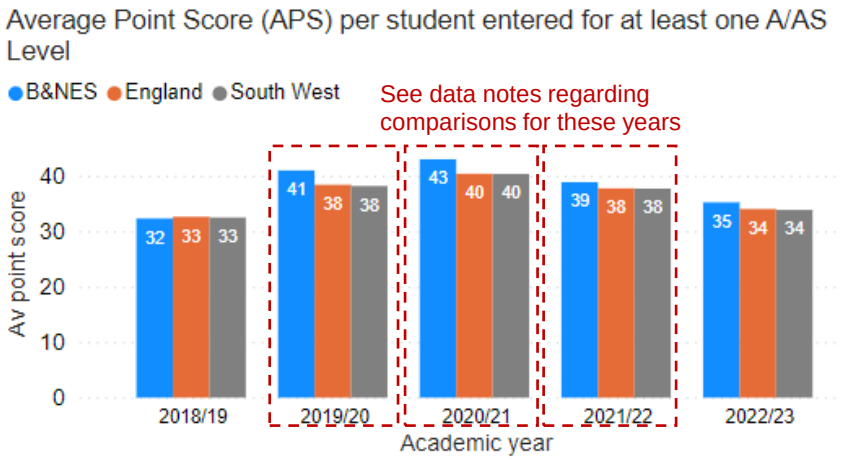
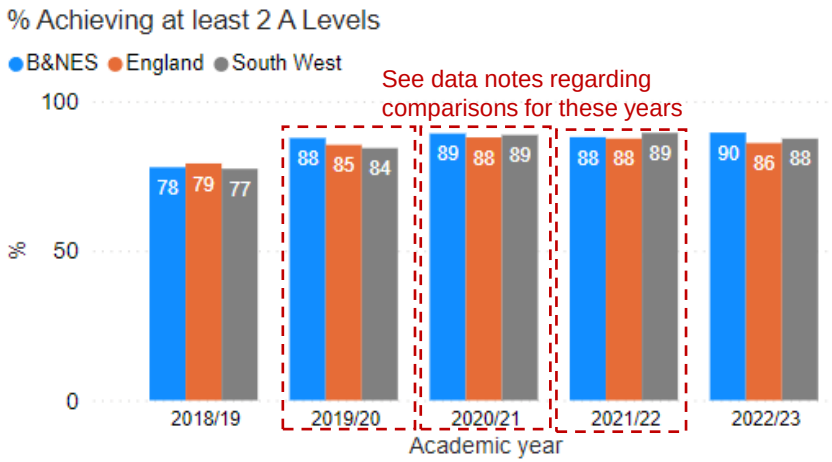
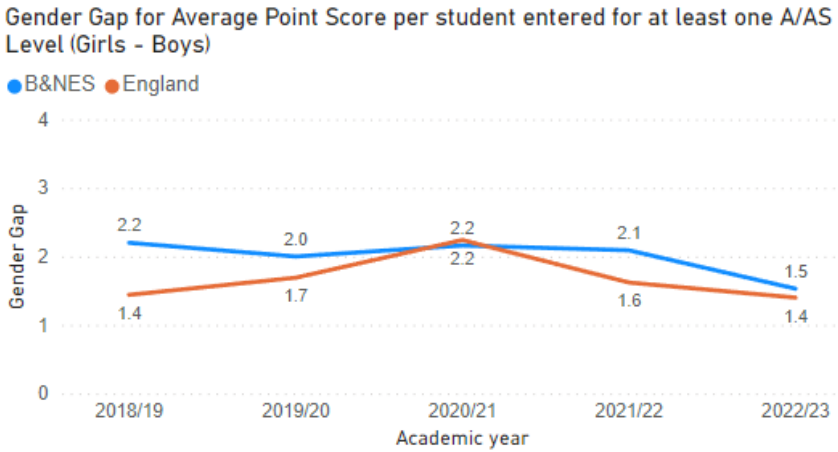
KS5 Attainment







- In 2022/23, **the Average Point Score (APS) per student entered for at least one A/AS Level** was 35.2 in B&NES, giving an average A level result of a grade B-. This is slightly higher than England (APS 34.0, average grade C+) and the South West (APS 33.9, average grade C+).
- In 2022/23, the percentage of students **achieving at least 2 A levels** in B&NES was 90% compared with 86% nationally, and 88% in the South West.
- In 2022/23, the percentage of students **achieving grades AAB or better at A level** in B&NES was 23% in B&NES, slightly higher than England (22%) and the South West (21%).
- As seen nationally, **girls achieved a higher APS than boys** in B&NES in 2022/23 (36.0 girls, 34.5 boys). These figures were higher than the comparable national figures (34.7 girls, 33.3 boys). The gender attainment gap in B&NES has remained **similar** since 2018/19 and is broadly similar to the national gap.

Source: Department for Education: A level and other 16 to 18 results and LGInform

Data Notes: In 2022/23 there was a return to pre-pandemic standards for AS and A levels with protection built into the grading process to recognise the disruptions that students have faced. 2019/20 to 2021/22 - The summer A level exam series were cancelled in 2020 & 2021 due to the COVID-19 pandemic with alternative processes set up to award grades. For 2021/22 adaptations were made to exams (including advance information) with the approach to grading broadly reflecting a midpoint between results in 2019 and 2021. Therefore, users should exercise caution when considering comparisons over time, as they may not reflect changes in student performance alone.

Figures quoted refer to All state-funded students. 2022/23 data is Provisional data.

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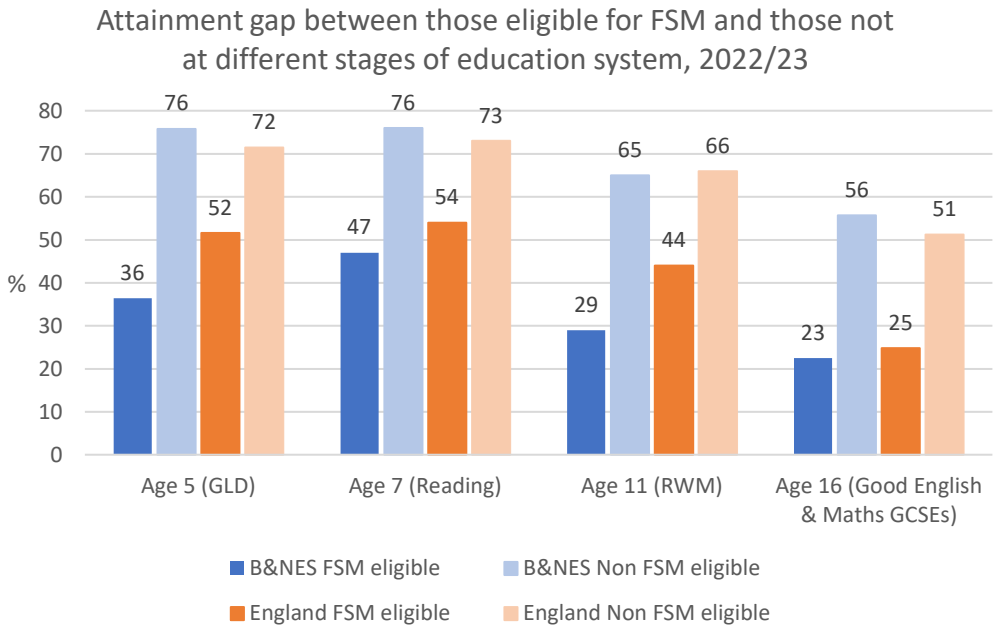
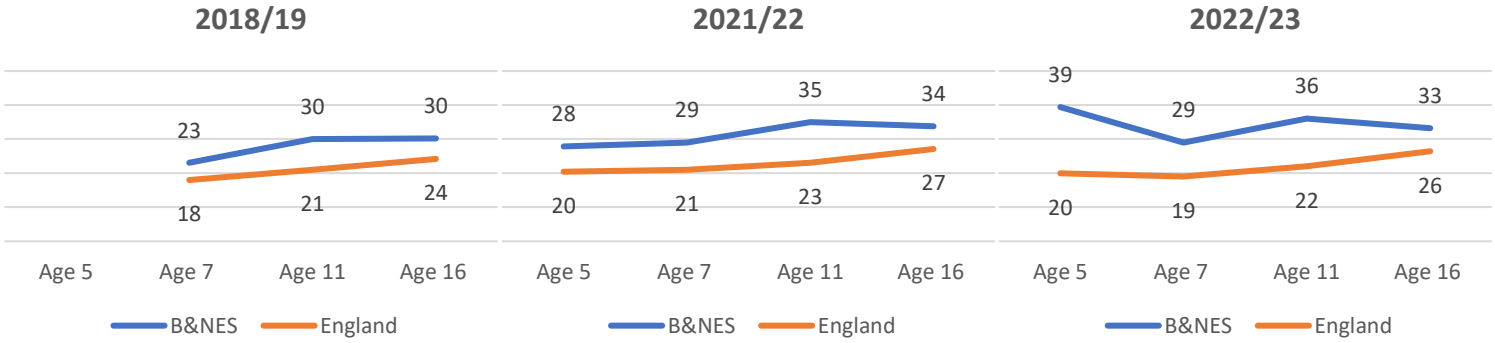
FSM Attainment Gap across Education Stages 1



Attainment gap (%) between those eligible for FSM and those not at different stages of education system:



Graph Source: Department of Education: EYFS; KS1; KS2; KS4
Rankings Source: LGInform (EYFS, KS1, KS2 & KS4).
Results on plots refer to:
Age 5: Percentage achieving a Good Level of Development (Early Years Foundation Stage Profile), available for 2021/22 and 2022/23.
Age 7: Percentage reaching expected standard in Reading (Key Stage 1)
Age 11: Percentage reaching expected standard in Reading, Writing and Maths combined (Key Stage 2)
Age 16: Percentage achieving grades 9-5 in English and Maths (Key Stage 4)
[+] Ranking compared to all English single tier and county councils (including Isles of Scilly and City of London) where a rank of 1st is considered best and 153rd is worst.

- Pupil FSM eligibility data is available at each stage of the education system. Therefore, it is possible to look at the attainment gap by FSM status for each of the main stages of education. Pupil characteristic data for 2022/23 for B&NES and England can be found here. The FSM cohort in B&NES ranges in size from around **one in eight (12%) at EYFS** to around **one in five (21%) at KS2**.
- In looking at the attainment gap between those eligible for FSM and those not for each of the different stages of the education system we can see that the gap at all stages of education is **higher in B&NES compared to England** and has been since 2018/19 (i.e. the most recent year prior to any Covid-19 disruption).
- **Nationally**, the **attainment gap worsens as children progress through the education system**. Whilst this was broadly true in B&NES in 2018/19 and 2021/22, the **attainment gap at age 5 (EYFS) is the highest in 2022/23** (39%), followed by the attainment gap at **age 11 (KS2).**
- In terms of **attainment in the FSM eligible cohorts**, in 2022/23 B&NES ranked[+] in the **bottom decile at Age 5 (EYFS), Age 7 (KS1) and Age 11 (KS2)** out of the 153 English single tier and county councils. This equates to the **worst attainment in the country at KS2 and the 3rd worst at EYFS in the FSM eligible cohorts.** At KS4, **attainment in the FSM cohort was broadly in line with national.**

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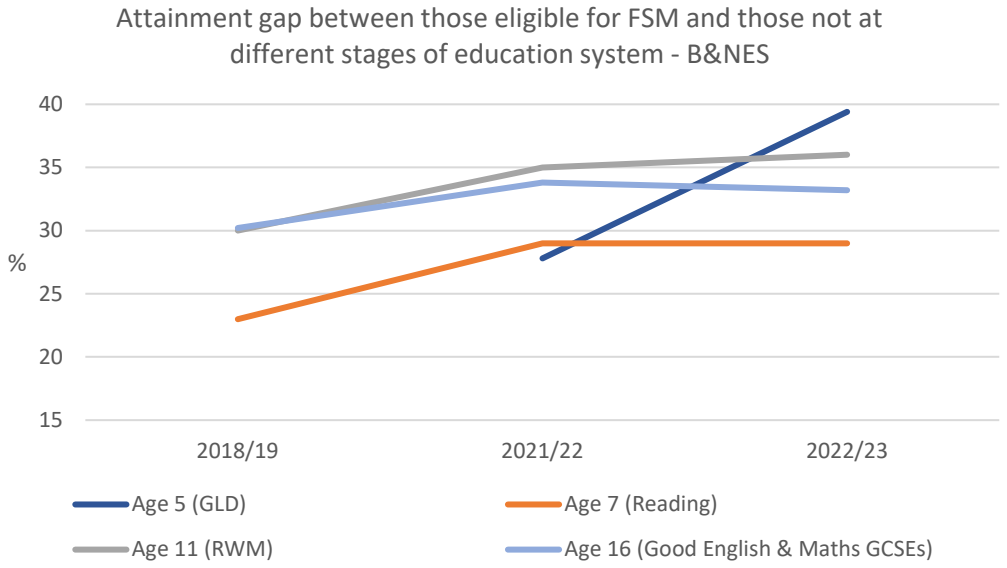
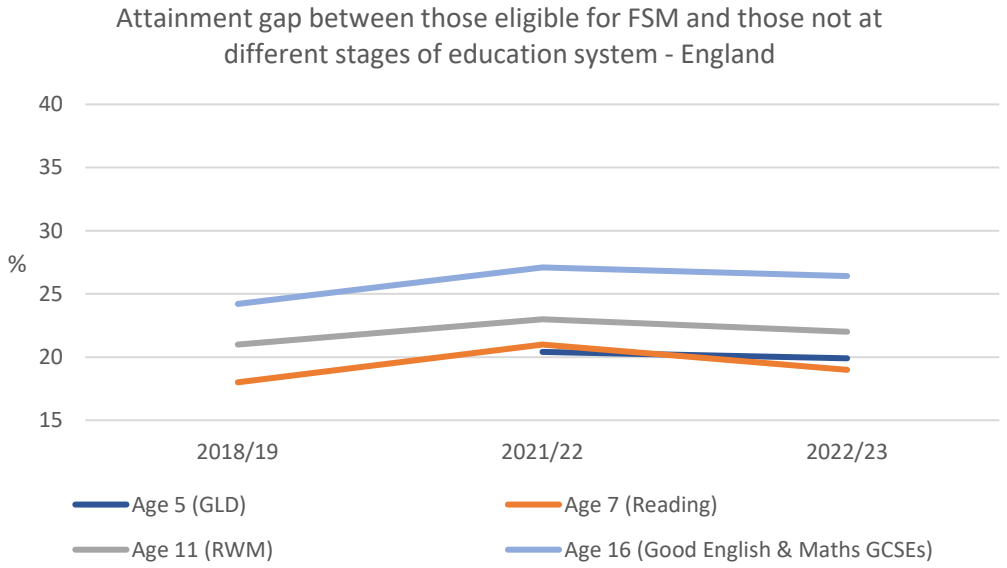
FSM Attainment Gap across Education Stages 2





- At Age 5 (EYFS), the attainment gap has increased substantially in 2022/23 (39%) compared to 2021/22 (28%) in B&NES, whereas nationally the gap remained similar (20%).
- At Age 7 (KS1), the attainment gap increased from 23% in 2018/19 to 29% in 2021/22 and remained at 29% in 2022/23 in B&NES. Nationally the gap fell slightly to 19% in 2022/23 (from 21% in 2021/22).
- At Age 11 (KS2), the attainment gap in B&NES has increased from 30% in 2018/19 to 36% in 2022/23. Nationally the gap fell slightly to 22% in 2022/23 (from 23% in 2021/22).
- At Age 16 (KS4), the attainment gap in B&NES has increased from 30% in 2018/19 to 33% in 2022/23. Nationally the gap fell slightly to 26% in 2022/23 (from 27% in 2021/22).
- As noted on the previous slide, the attainment gap between those eligible for FSM and those not for each of the different stages of the education system is **higher in B&NES compared to England** and has been since 2018/19 (i.e. the most recent year prior to any Covid-19 disruption).

Graph Source: Department of Education: EYFS; KS1; KS2; KS4

Results on plot refer to:

Age 5: Percentage achieving a Good Level of Development (Early Years Foundation Stage Profile), available for 2021/22 and 2022/23

Age 7: Percentage reaching expected standard in Reading (Key Stage 1)

Age 11: Percentage reaching expected standard in Reading, Writing and Maths combined (Key Stage 2)

Age 16: Percentage achieving grades 9-5 in English and Maths (Key Stage 4)

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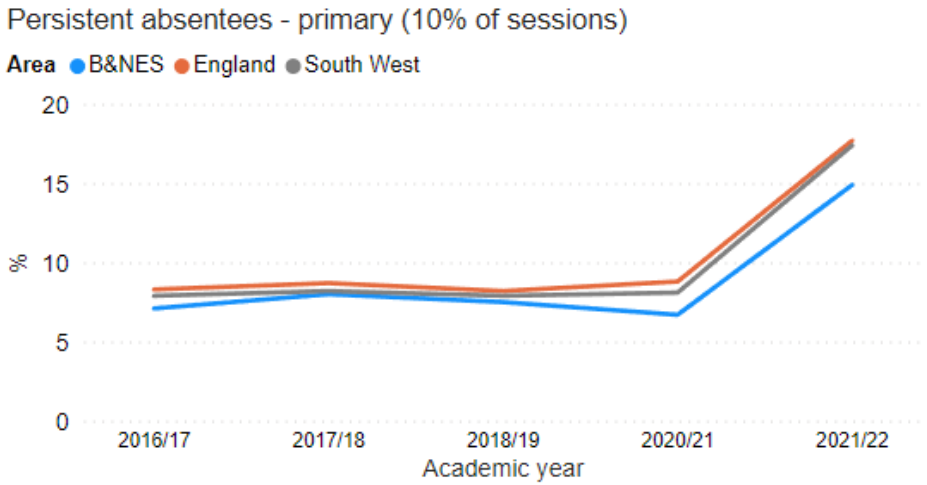
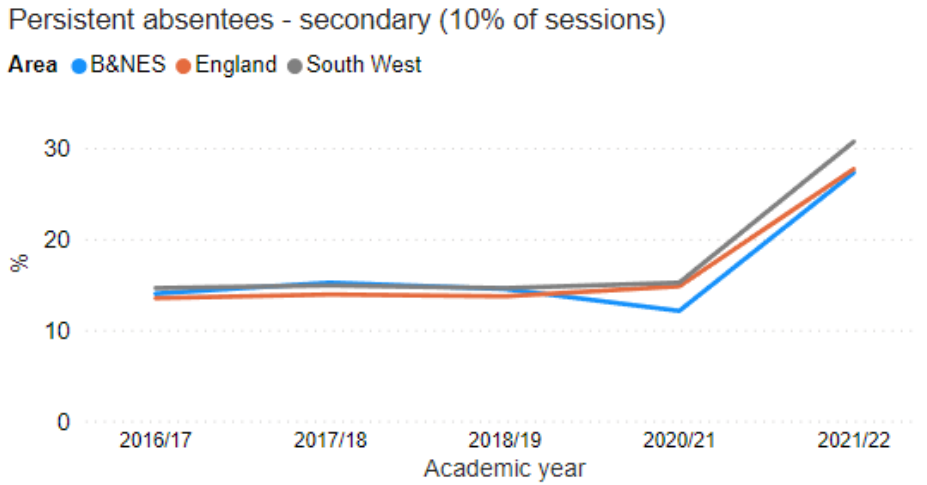
Persistent School Absence





Persistent absenteeism is defined as those pupils missing 10% or more or their own possible sessions (authorised or unauthorised) in an academic year, with a session being the morning or afternoon of a school day. These figures include absence due to illness (including positive Covid cases).

- In **Primary schools** there has been a **sharp increase** in the proportion of pupils classed as persistent absentees in 2021/22 with **14.9% of B&NES pupils** being classed as persistent absentees, double the proportion seen in 2018/19 of 7.5% (i.e. pre-pandemic).
    - This increase has also been seen regionally and nationally. However, B&NES remains lower than regional and national figures for persistent absenteeism in primary schools (2021/22: 17.7% England, 17.4% South West).
- In **Secondary** schools there has also been a **sharp increase** in the proportion of pupils classed as persistent absentees with **27.3% of B&NES pupils** classed as persistent absentees in 2021/22, nearly double the proportion seen pre-pandemic in 2018/19 (14.5%).
    - This increase has also been seen regionally and nationally. Persistent absenteeism in B&NES is now similar to the national rate (27.7%) and slightly lower than the South West rate (30.7%).
- **Nationally, the increase compared to previous years is driven by increases in illness absences** (including positive Covid cases that may have required isolation up to ten days). Nationally, 8.5% of pupils missed 10% or more sessions due to illness absences alone across the 2021/22 academic year.
- The national increase in persistent absence rates since the pandemic has been examined by the Education Select Committee and has been identified as a core priority by The Childrens Commissioner.

Source: Department for Education: Pupil Absence in England and LGInform **Data Note:** No data reported for 2019/20 due to the Covid-19 pandemic. From the 2020/21 academic year, the persistent absence rate for each pupil was calculated using total sessions possible as the sum of possible sessions as recorded on the school census and sessions recorded as not attending in circumstances related to Covid. The spring term 2020/21 was affected by a period of national restrictions where attendance was prioritised for vulnerable and key worked children during which all other pupils would be recorded as not attending due to Covid circumstances. As such, caution should be taken with comparisons across years. From April 2022 schools were advised to stop recording pupils who did not attend for reasons related to Covid using a separate code.

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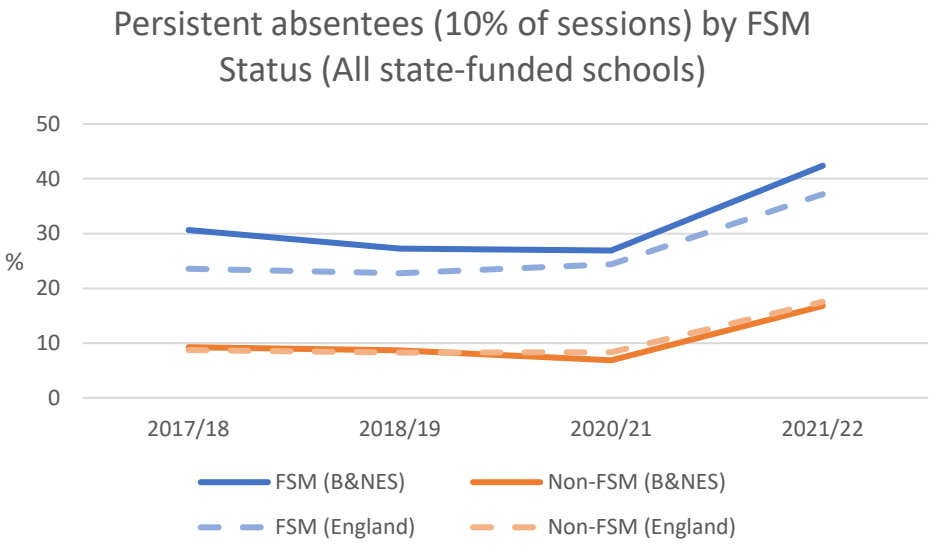
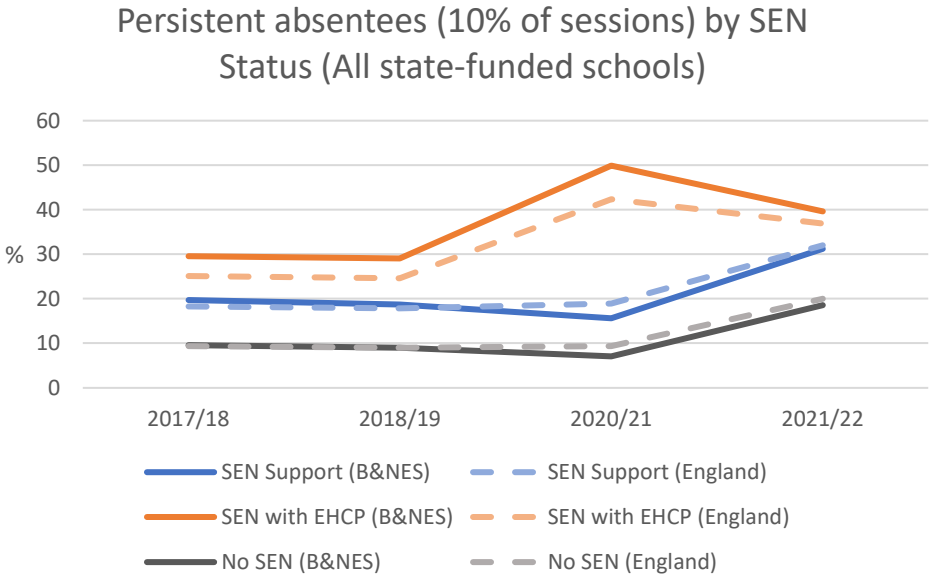
Persistent School Absence by Pupil Characteristic





- Persistent absenteeism (10% or more missed sessions) is **higher in the FSM eligible cohort** in both B&NES and nationally. In 2021/22, **42%** of B&NES FSM eligible pupils were classed as persistent absentees. This is **higher** than the national figure (37%). The rate of persistent absenteeism in B&NES in the FSM cohort has been **higher than national for a number of years**.
- Rates of persistent absenteeism are **similar** in the **non-FSM eligible cohort** (17% B&NES, 18% England in 2021/22). The rates in the non-FSM cohort have been similar in B&NES and national for a number of years.
- Persistent absenteeism is **highest in the SEN with EHCP cohort** in both B&NES and England. In 2021/22, 40% of B&NES SEN with EHCP pupils were classed as persistent absentees. This is slightly higher than the national figure (37%). The rate of persistent absenteeism in B&NES in the SEN with EHCP cohort has been **slightly higher than national for a number of years with the gap closing slightly from 8% in 2020/21 to 3% in 2021/22**.
- Rates of persistent absenteeism are **similar** in B&NES and national in the **SEN support cohort** and have been for a number of years (31% B&NES, 32% England in 2021/22).
- Rates of persistent absenteeism are **similar** in B&NES and national in the **No identified SEN cohort** and have been for a number of years (19% B&NES, 20% England in 2021/22).

Source: Department for Education: Pupil Absence in England and LGInform **Data Note:** No data reported for 2019/20 due to the Covid-19 pandemic. From the 2020/21 academic year, the persistent absence rate for each pupil was calculated using total sessions possible as the sum of possible sessions as recorded on the school census and sessions recorded as not attending in circumstances related to Covid. The spring term 2020/21 was affected by a period of national restrictions where attendance was prioritised for vulnerable and key worked children during which all other pupils would be recorded as not attending due to Covid circumstances. As such, caution should be taken with comparisons across years. From April 2022 schools were advised to stop recording pupils who did not attend for reasons related to Covid using a separate code.

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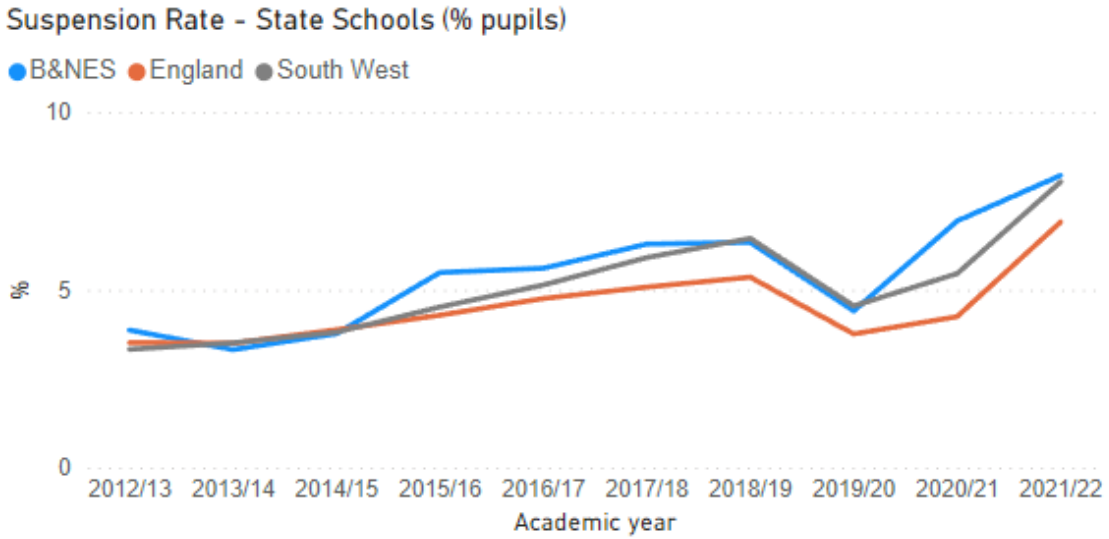
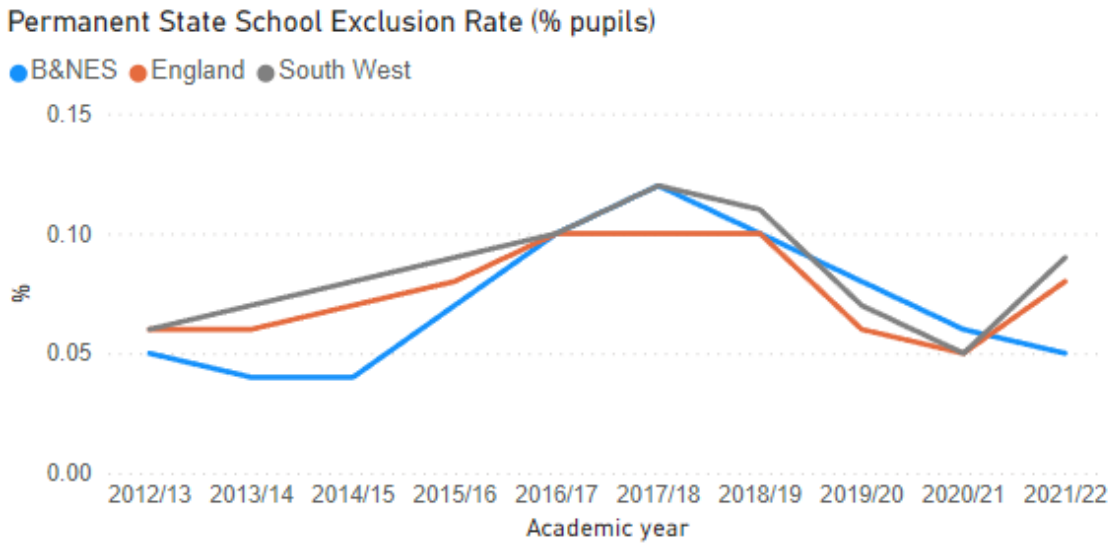
School Exclusions





- During the 2021/22 academic year the rate of **suspensions increased to 8.2%** in B&NES, similar to the South West (8.0%) and higher than the England (6.9%) figures. These rates are higher than pre-pandemic figures (2018/19: B&NES 6.5%, England 5.4%, South West 6.5%).
- During the 2021/22 academic year the rate of **permanent exclusions decreased to 0.05%** in B&NES, whereas nationally and regionally the rates **increased** to 0.08% and 0.09% respectively. This equates to **13 permanent exclusions** in B&NES in 2021/22. This number has ranged from 4 permanent exclusions in 2007/8 to 31 in 2017/18.
- During 2021/22 the suspension rate in B&NES **was ranked[+] in the highest quartile** in the country and was ranked the **second highest rate** among our near statistical neighbours (previously highest in 2020/21).

Source: Department for Education: Permanent exclusions and suspensions in England and LGInform. Ranking source: Exclusions

Data notes and definitions:

For 2019/20 and 2020/21, while suspensions and permanent exclusions were possible throughout the academic year, pandemic restrictions will have had an impact on the numbers presented and caution should be taken when comparing across years. Suspension and Permanent exclusion rates presented include Primary, Secondary and Special schools.

A **permanent exclusion** refers to a pupil who is excluded and who will not come back to that school (unless the exclusion is overturned).

Suspensions, previously known as **'fixed period exclusions'**, refers to when a pupil is excluded from a school for a set period of time.

Suspension and exclusion rates are calculated as the total number of suspensions/exclusions recorded over a whole academic year as a proportion of the overall school population in that academic year.

[+] Ranking compared to all English single tier and county councils (including Isles of Scilly and City of London) where a rank of 1st is considered best and 153rd is worst.

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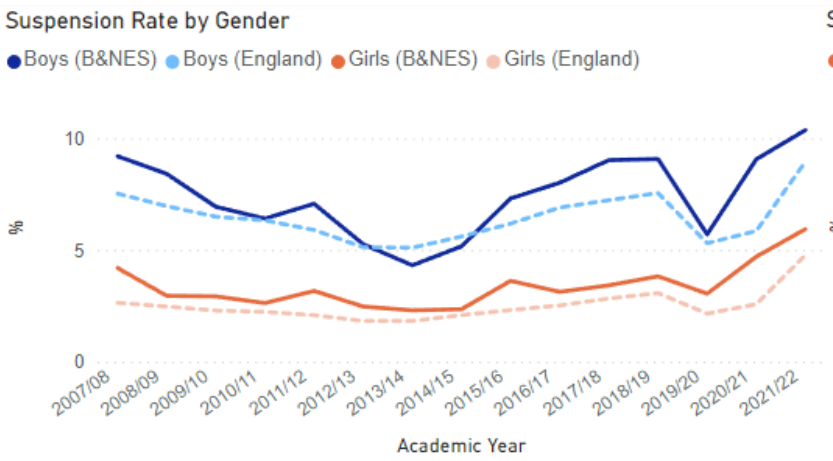
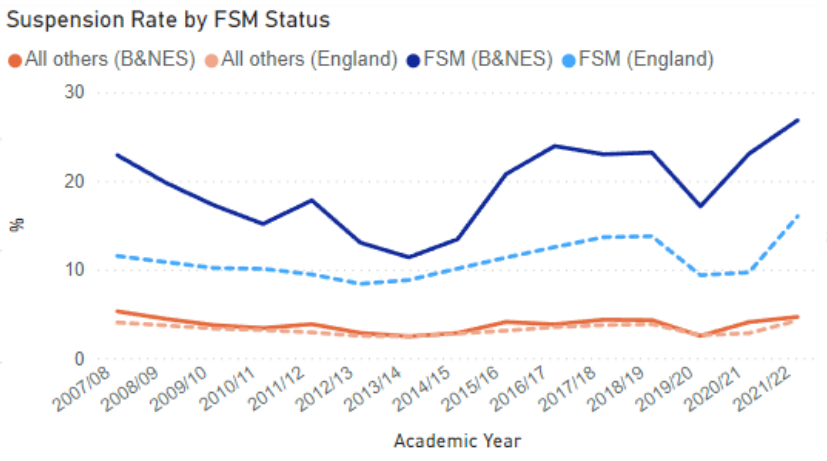
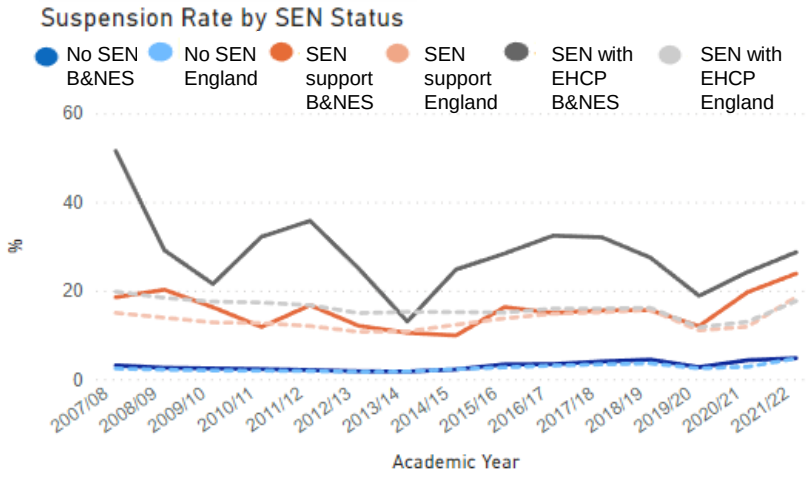
Exclusions by Pupil Characteristic







- **Boys have higher rates of suspension** both nationally and within B&NES. Rates for boys and girls in B&NES have generally been slightly higher than national rates for a number of years and this has continued in 2021/22 (girls B&NES/England 6%/5%; boys B&NES/England 10%/9%).
- **Rates of suspension in those eligible for FSM are higher** both nationally and within B&NES compared to those not eligible for FSM. The suspension rate in B&NES for those eligible for FSM has been **noticeably higher compared to the national rate for the FSM cohort for much of the last decade** with these figures standing at 27% for B&NES compared to 16% for England in 2021/21.
- **Rates of suspension in those cohorts with SEN identified are higher** both nationally and within B&NES compared to those with no SEN identified. For the **SEN support** cohort, rates were generally **similar** between B&NES and national for a number of years but the suspension rate in the SEN support cohort in B&NES was higher than national in both 2020/21 and 2021/22 (24% B&NES vs 19% England).
- **Rates of suspension in the SEN with EHCP cohort have been noticeably higher in B&NES** than nationally for a number of years with suspension rates of 29% in B&NES compared to 18% for England in 2021/22.
- The number of **permanent exclusions** in B&NES is generally low with **16** in 2020/21 and **13** in 2021/22. Similar patterns are seen in the **permanent exclusion rates** as in the suspension rates in B&NES by **gender** and **FSM status** with **higher permanent exclusion rates in boys than girls** (0.06|8 vs 0.04|5 in 2021/22) and **higher permanent exclusion rates in the FSM eligible cohort** compared to those not eligible (0.09|4 vs 0.04|9 in 2021/22).

Source: Department for Education: Permanent exclusions and suspensions in England and LGInform

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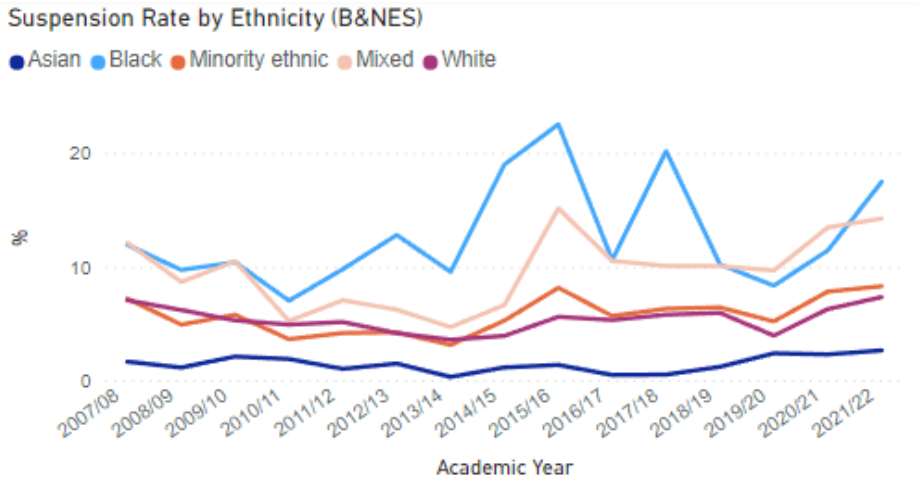
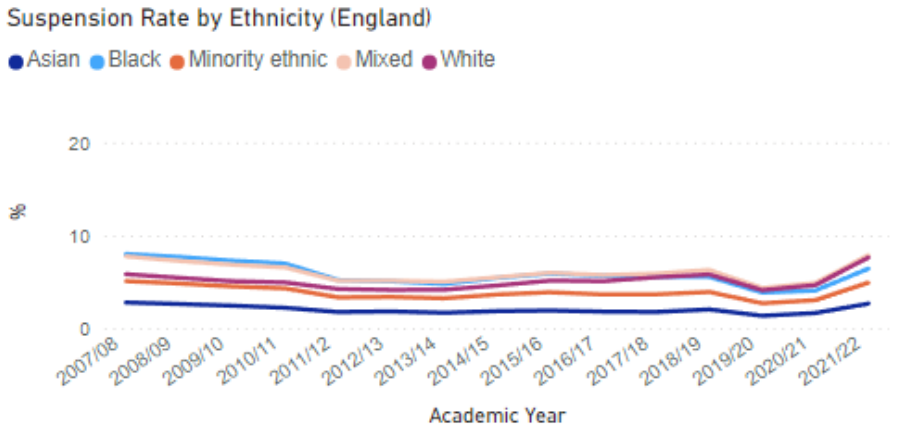
Exclusions by Ethnicity





Suspensions and Permanent Exclusions 2021/22

	Number of Suspensions B&NES	Suspension rate (%) B&NES	Suspension rate (%) England	Number of Exclusions B&NES	Permanent Exclusion rate (%) B&NES	Permanent Exclusion rate (%) England
Asian	**13**	**2.63**	**2.66**	**0**	**0**	**0.03**
Black	**40**	**17.47**	**6.42**	**0**	**0**	**0.07**
Mixed	**220**	**14.24**	**7.87**	**1**	**0.06**	**0.11**
White	**1,782**	**7.33**	**7.62**	**11**	**0.05**	**0.08**
Minority Ethnic*	**340**	**8.28**	**4.91**	**1**	**0.02**	**0.06**
Total:		**8.22**	**6.91**		**0.05**	**0.08**

- In B&NES, **suspension rates** have been **highest amongst Black and Mixed Race pupils for a number of years**. In England, suspension rates are highest amongst Black, Mixed Race and White pupils.
- The rate of **suspensions** in **Black, Mixed Race and Minority ethnic pupils has been notably higher in B&NES than national rates** for a number of years.
- Rates of **suspension** in **Whites** and **Asians** in B&NES are generally **similar** to national rates.
- The number of **permanent exclusions** in B&NES is generally low with **13** in 2021/22 and **16** in 2020/21. In 2021/22, the **permanent exclusion rate** was highest in B&NES in **Mixed race** pupils (0.06%), equating to 1 permanent exclusion. The comparative figure in England was 0.11%.

Source: Department for Education: Permanent exclusions and suspensions in England and LGInform

Data Note: * The 'Minority Ethnic' group includes pupils in the Asian, Black and Mixed groups so numbers will not add to the overall number of Suspensions/Permanent Exclusions.

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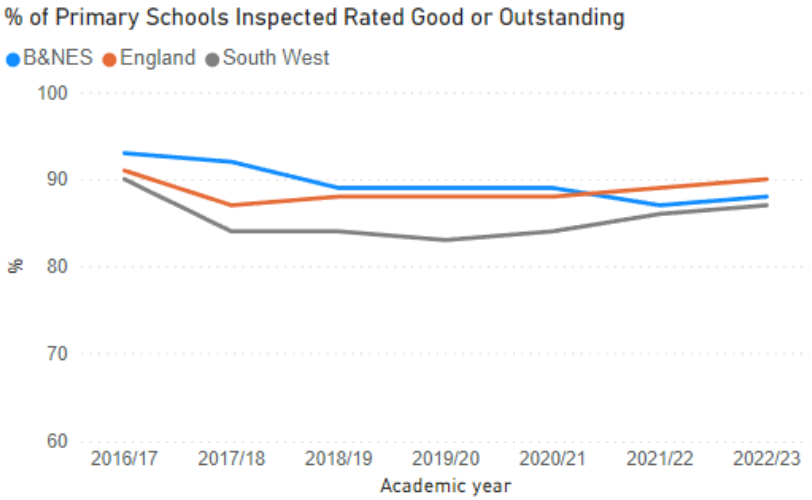
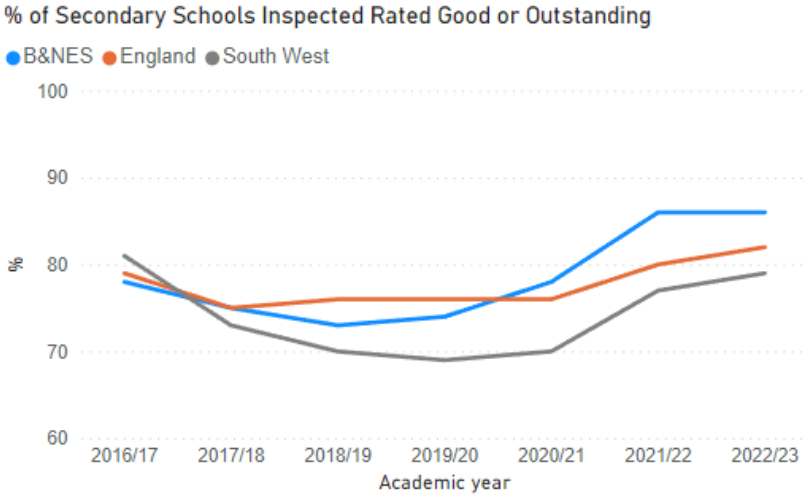
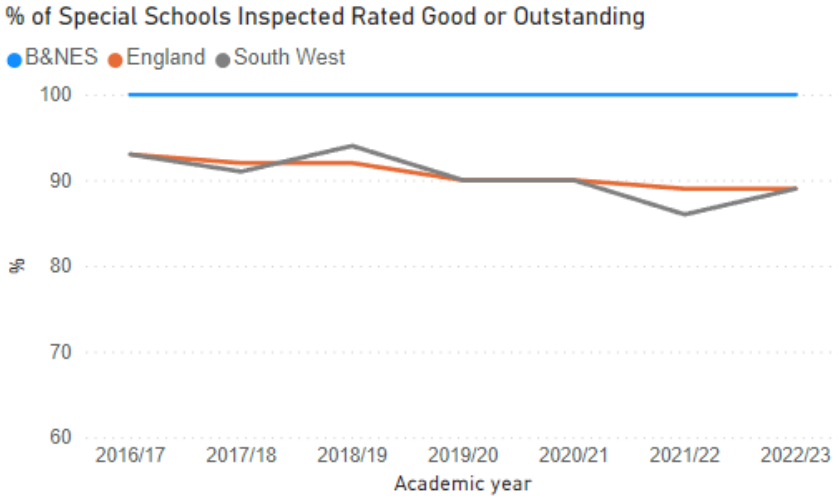
School Ofsted Ratings







Schools inspected in B&NES

	No. of open schools	No. of schools inspected
Primary	65	65
Secondary	14	14
Special	3	3

Schools rated as Requires Improvement or Inadequate in B&NES

	Requires Improvement	Inadequate
Primary	5	3
Secondary	1	1
Special	0	0

- As at 31 August 2023, all 82 state-funded schools in B&NES have been inspected.
- In 2022/23, the percentage of **Primary schools** in B&NES judged to be **Good or Outstanding was 88%**, similar to national and regional figures (90% and 87% respectively). This has gradually decreased from a high of 93% in 2016/17.
    - As at 31Aug23, **5** primary schools were rated as **Requires Improvement** and **3** as **Inadequate.**
- In 2022/23, the percentage of **Secondary schools** in B&NES judged to be **Good or Outstanding was 86%,** higher than both national and regional figures (82% and 79% respectively). This has remained the same as 2021/22.
    - As at 31Aug23, **1** secondary school was rated as **Requires Improvement** and **1** as **Inadequate.**
- In 2022/23, all 3 **Special schools** in B&NES were judged to be **Good or Outstanding (100%),** higher than both national and regional figures (both 89%).

Source: Department for Education: State-funded school inspections and outcomes (data as at 31Aug23) and LGInform

Lifestyle

Bath & North East Somerset Council

Improving People's Lives

Behavioural Risk Factors

Smoking Prevalence in Children & Young People

Smoking Prevalence in Adults

Smoking at Time of Delivery

Alcohol – Children & Young People

Alcohol – Adults

Drug Misuse – Children & Young People

Drug Misuse – Adults

Sexually Transmitted Infections

HIV

U18s Conceptions

Breastfeeding

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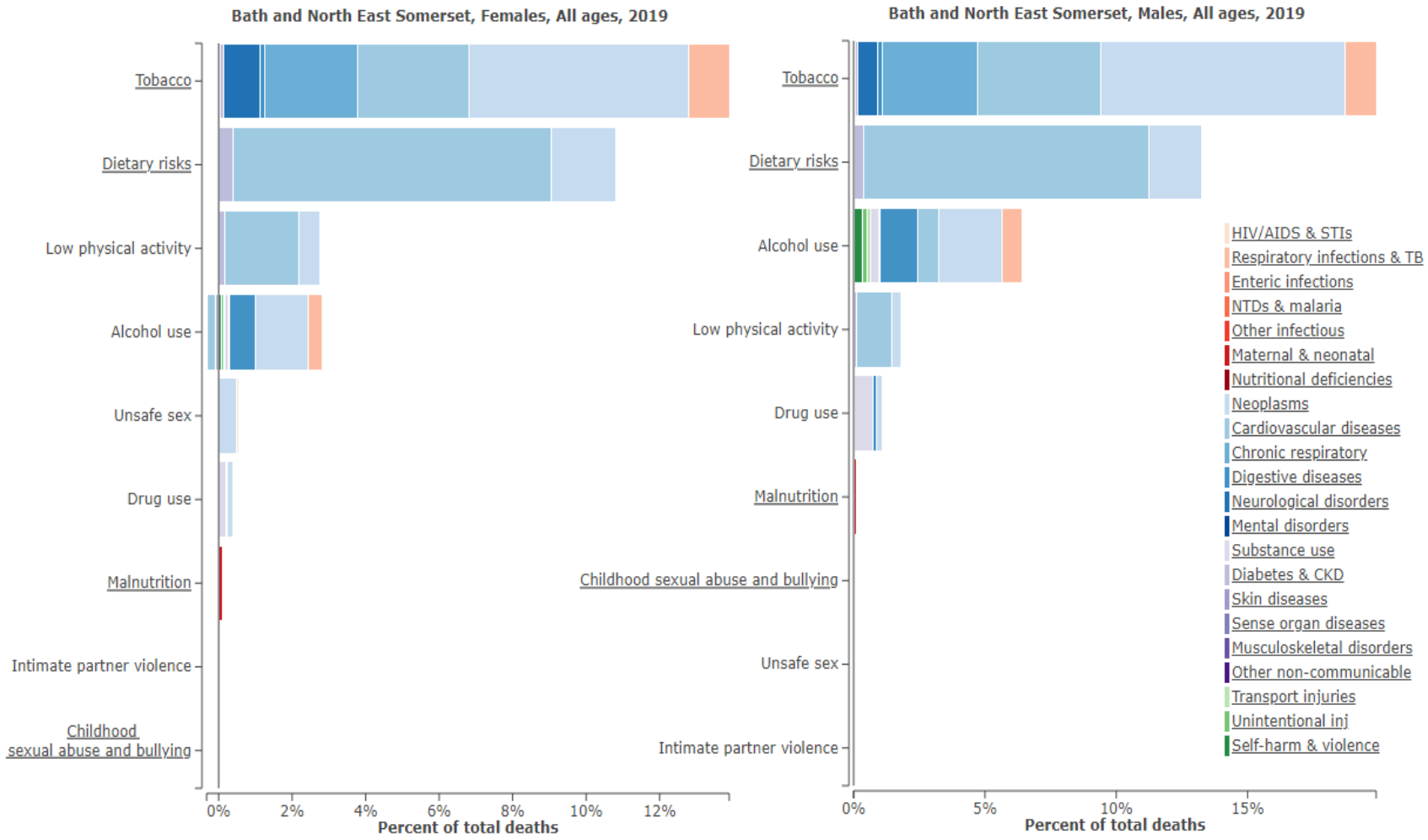
Behavioural Risk Factors



- Behavioural risk factors are those lifestyle choices that pose a risk to health. These include, but are not limited to smoking, poor diet, harmful alcohol use, drug misuse, and physical inactivity. They are some of the most important causes of early death and disability in England.
- Behavioural risk factors do not occur in isolation and are interlinked with other wider determinates of health such as social, economic and environmental factors. Together they contribute to some of the widest health inequalities in England are not a product of individual choice alone.
- The chart to the left is a visualisation of how behavioural risk factors contribute to the percentage of deaths in males and females in B&NES. The top four risk factors for both are tobacco use, dietary risks, alcohol use and low physical activity.

Source: Institute for Health Metrics & Evaluation (2019), *Global Burden of Disease Tool*, available from: GBD Tool

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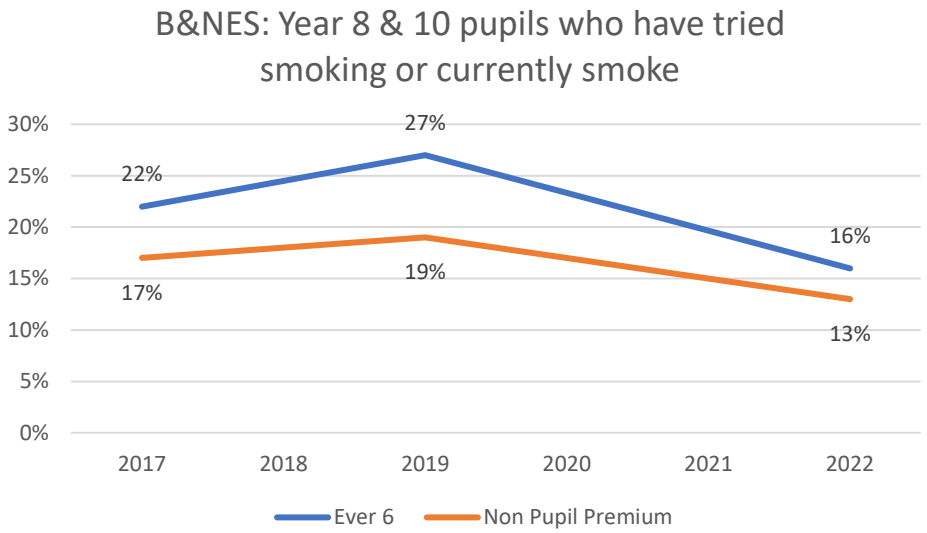
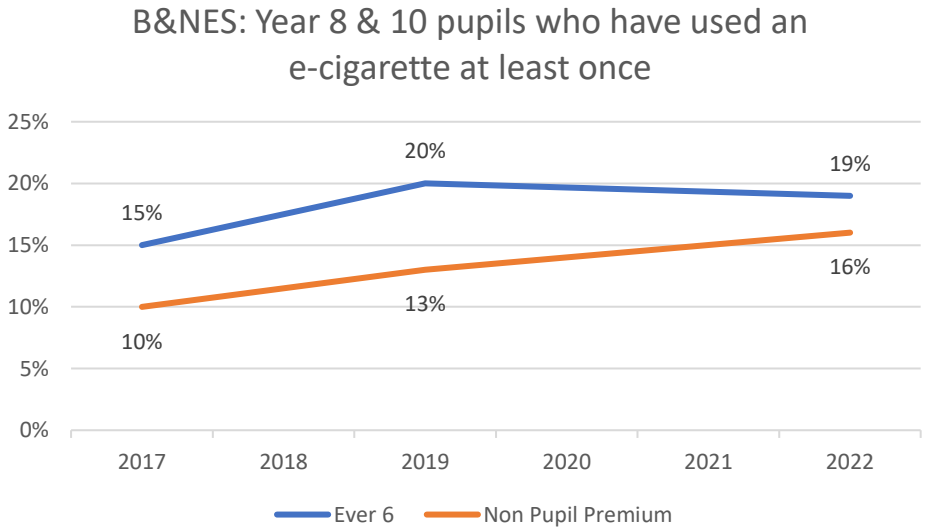
Smoking Prevalence in Children & Young People





- Most smokers start smoking and become addicted to nicotine when they are still children. Those whose parents or siblings smoke are around **three times more likely** to smoke than children living in non-smoking households. Children who start smoking at the youngest ages are more likely to smoke heavily and find it harder to give up. These smokers are at the greatest risk of developing smoking related diseases. Although **e-cigarette use (vaping)** poses a small fraction of the risks of smoking, vaping is not risk-free, particularly for those who have never smoked.
- In 2021, nationally 12% of 11-15 year old pupils had ever smoked, down from 16% in 2018. This continues the **steady decline** since 1996 when 49% of pupils had smoked at least once. In 2021, 3% of pupils were classified as current smokers, a fall from 5% in 2018 and again continues the general decline since 1996 when 22% of pupils were current smokers. The proportion of pupils who have ever smoked increases with age; from 2% of 11 year olds to 25% of 15 year olds in 2021. Current **e-cigarette use (vaping) increased** from 6% in 2018 to 9% in 2021 with 21% of 15-year old girls classified as current e-cigarette users.
- In the 2022 B&NES Child Health and Wellbeing survey, **23%** of Year 10 school pupils and **14%** of combined Year 8 and Year 10 pupils responded that they have **tried smoking in the past or smoke now**, a **reduction** from 31% (Year 10) and 21% (Year 8 & 10 combined) in 2019. 3% of year 10 pupils responded that they usually smoke at least one cigarette a week, a fall from 5% in 2019. In 2022, 27% of Year 8 & 10 pupils responded they have used an **e-cigarette** at least once, similar to the 26% reported in 2019. 10% of year 10 male and female pupils reported they regularly (once a week or more) use e-cigarettes.
- **Ever 6 Free School Meals Pupils** gives us an indication of children from lower income households. As we can see in the chart, in 2022, the gap between the percentage of Ever 6 and Non pupil premium pupils who have tried smoking or currently smoke has decreased (16% vs 13%). Although the percentage of Ever 6 pupils who have used an e-cigarette at least once is still significantly higher than the percentage of Non pupil premium pupils in 2022, this gap has also decreased compared to previous time periods.

Definition: Ever 6 Pupil Premium: Schools receive Pupil Premium funding to support the learning of pupils who are entitled to Free School Meals (FSM). This funding continues for a further 6 years, even if the child is no longer entitled to receive free school meals.

Source: B&NES Internal Analysis (2022) *Child Health & Wellbeing Survey.* **Note:** The 2021 survey was delayed until 2022 due to the Covid-19 pandemic. The surveys were conducted in Feb/March 2022 (Secondary) and June/July 2022 (Primary).

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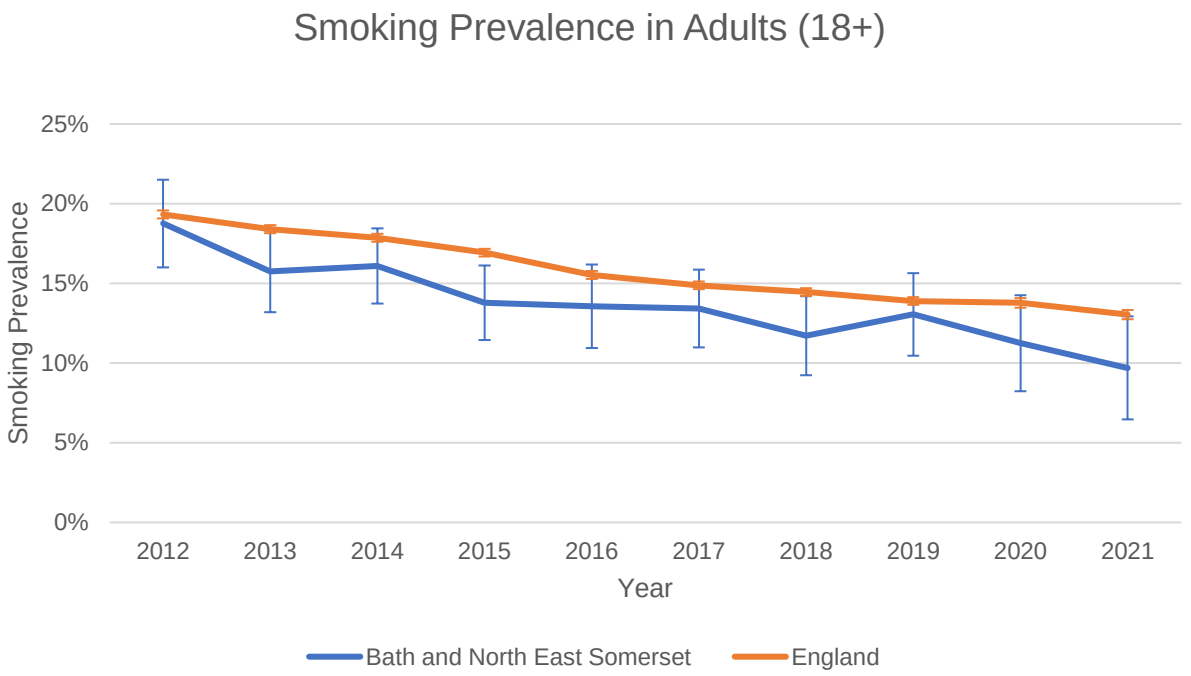
Smoking Prevalence in Adults



- Smoking remains the **single largest cause of preventable deaths** and one of the largest causes of health inequalities in England. More than 200 people a day die from smoking related illness which could have been prevented. As well as dying prematurely, smokers also suffer many years in poor health. Many of the conditions caused by smoking are chronic illnesses which can be debilitating for the sufferer and make it difficult to carry out day to day tasks and engage with society.
- Adult smoking prevalence has been **decreasing year on year** in England. Prevalence in B&NES has followed a similar trend at a generally lower rate compared to the national rate.
- In 2021, smoking prevalence in B&NES was estimated to stand at **9.7% of the population**. This equates to ~18,700 people. This is significantly lower than the national rate (13.0%). 9.9% of men in B&NES smoke compared to 9.5% of women.
- In 2020 in B&NES, workers in routine and manual occupations were the employment group most likely to smoke with 20.7% being smokers. This is lower than the comparable England rate (24.5%). This figure has stayed relatively stable in B&NES over previous years but has recently seen a downwards trend.
- In 2021 in B&NES, adults living in rented accommodation were the most likely accommodation groups to smoke with 27.9% of those renting privately being smokers and 23.0% of those renting from the local authority or housing association being smokers.

Definition: Prevalence of smoking among persons 18 years and over using data from the Annual Population Survey.

Source: OHID: Local Authority Health Profiles

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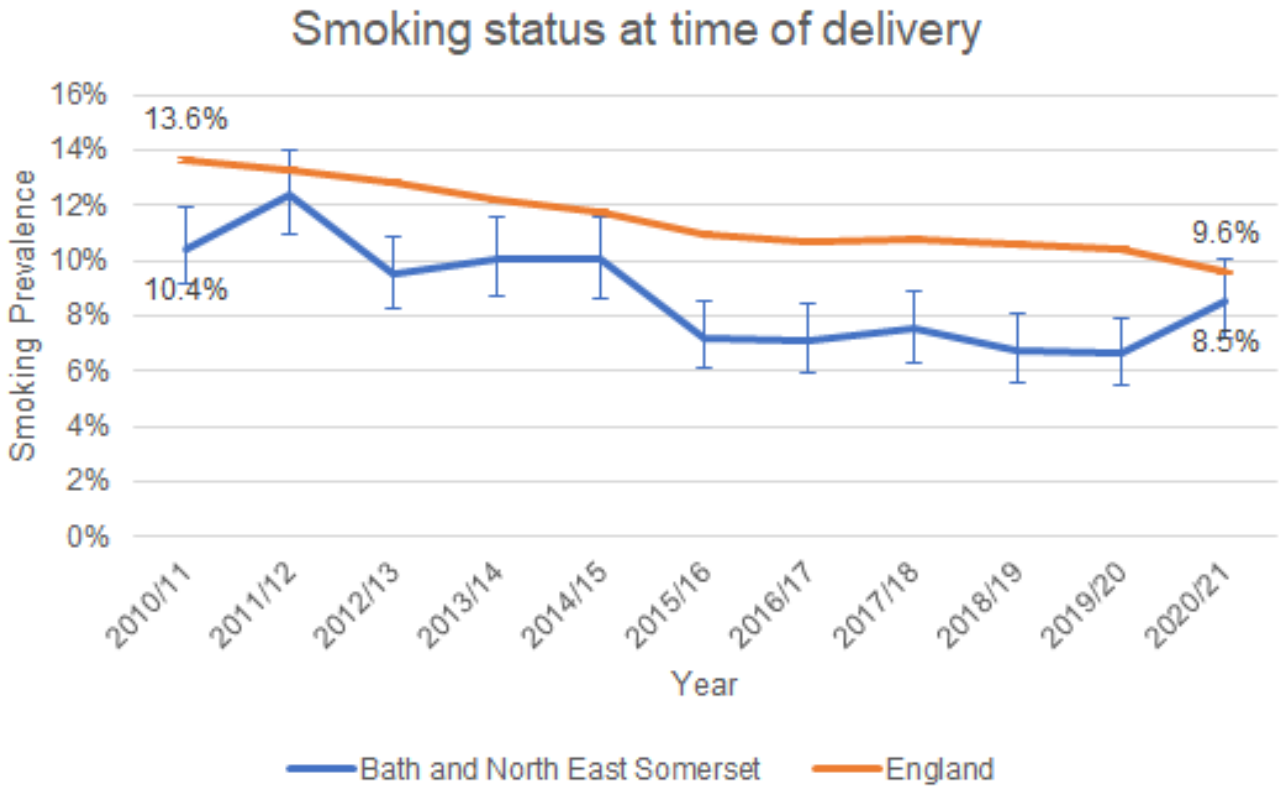
Smoking at Time of Delivery



- Smoking during pregnancy increases the risk of stillbirth, and babies born to mothers who smoke are more likely to be born with low birthweight, born prematurely with the associated risks, develop asthma, chest infections, glue ear and learning difficulties.
- Maternal smoking after birth is associated with a threefold increase in the risk of **sudden infant death**.
- Pregnant women smoking at time of delivery has been **decreasing year on year** in England. Prevalence in B&NES has followed a similar trend at a generally lower rate compared to the national rate.
- Pregnant women smoking at time of delivery in B&NES in 2020/21 was estimated to stand at 8.5% of mothers. This equates to ~130 women. Contrary to the existing trend, this figure is an increase of 1.9 percentage points compared to 2019/20.

Definition: The number of mothers known to be smokers at the time of delivery as a percentage of all maternities with known smoking status. 2010/11 – 2020/21

Source: OHID (2021), *Child & Maternal Health Profile*, available from: https://fingertips.phe.org.uk/profile/child-health-profiles/

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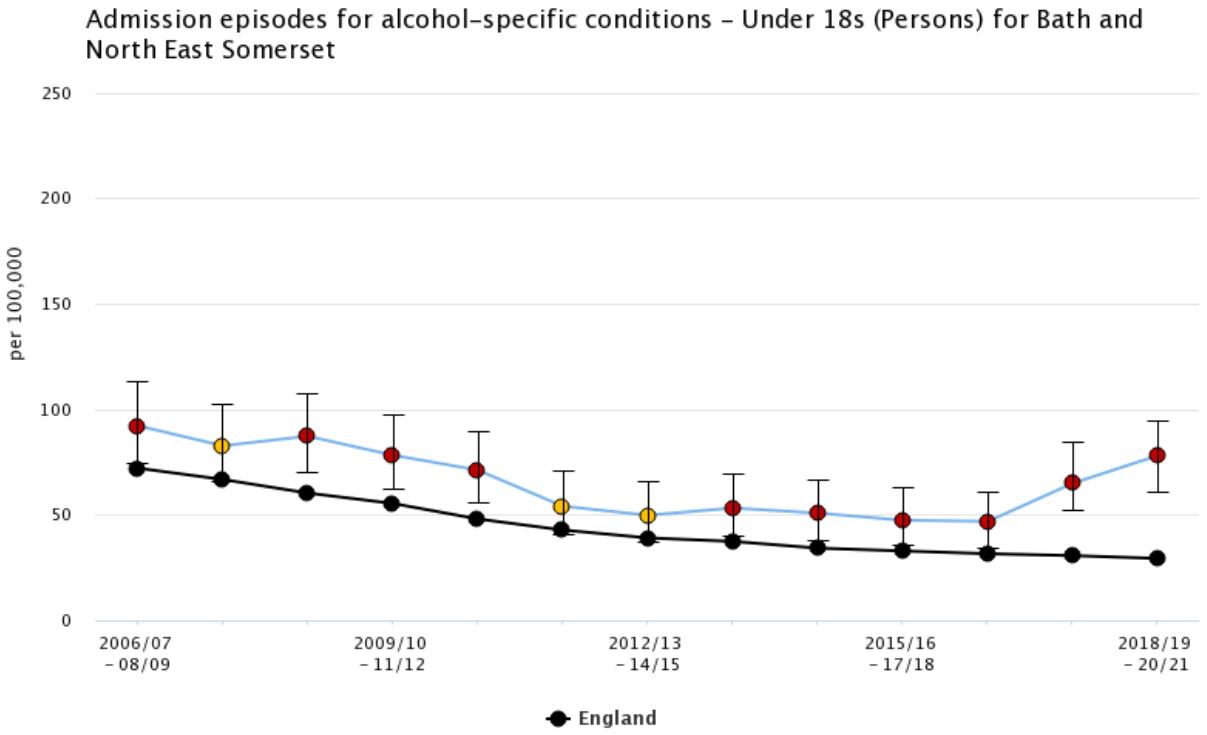
Alcohol – Children & Young People



Definitions: Admissions to hospital for under 18s where the primary diagnosis or any of the secondary diagnoses are an alcohol-specific (wholly attributable) condition. Crude rate per 100,000 population.

Source: OHID (2021), *Local Alcohol Profiles*, available from: Local Alcohol Profiles

B&NES Internal Analysis (2022) *Child Health & Wellbeing Survey.* **Note:** The 2021 survey was delayed until 2022 due to the Covid-19 pandemic. The surveys were conducted in Feb/March 2022 (Secondary) and June/July 2022 (Primary).

- Drinking at a young age, and particularly heavy or regular drinking, can result in physical or mental health problems, impair brain development, and put children at risk of alcohol-related accident or injury. More broadly it is also associated with missing or falling behind at school, violent and antisocial behaviour, and unsafe sexual behaviour.
- In 2021, nationally 40% of 11-15 year old pupils said they had ever had an alcoholic drink, compared to 44% in 2018. Prevalence of having ever had an alcoholic drink was 39% for boys and 42% for girls. Prevalence **increases with age** with 13% of 11 year olds having ever had an alcoholic drink, rising to 65% of 15 year olds. **21% of 15 year olds** reported having been **drunk in the last 4 weeks**.
- In the 2022 B&NES Child Health and Wellbeing survey, **45% of combined Year 8 and Year 10 pupils had ever drunk alcohol** (43% male, 46% female), a fall from 49% in 2019. As seen nationally, prevalence **increases with age** with 25% of Year 8 pupils (age 12-13) having ever drunk alcohol and 65% of year 10 pupils (age 14-15) having ever drunk alcohol. 10% of combined Year 8 and 10 pupils reported being **drunk in the last 4 weeks** (8% male, 11% female), with this figure rising to **18% of Year 10** pupils being **drunk in the last 4 weeks**.
  - 25% of combined Year 8 and 10 pupils reported drinking in the last 4 weeks (23% male, 27% female). Patterns of drinking in B&NES were similar between males and females, and a greater proportion of older teenagers (13%) (Year 10) drink alcohol at least once a week compared to younger teenagers (2%) (Year 8).
- B&NES has the **highest rate of admission episodes** for alcohol specific conditions for under 18's in the South West region and the **4th highest rate in England**. There were 85 admissions during the period 2018/19 to 2020/21, this equates to an overall rate in B&NES of 78.1 per 100,000. Overall admission rates have shown **a sharp increase** since the 2016/17 to 2018/19 period.
- During the 2018/2019 to 2020/21 period the rate is 53.3 per 100,000 people for U18 males (30 admissions), compared to the regional figure of 33.8 and the national figure of 22.8; **for U18 females the rate is significantly higher at 104.6 per 100,000 (55 admissions)** compared to the regional figure of 59.0 and the national figure of 36.1.

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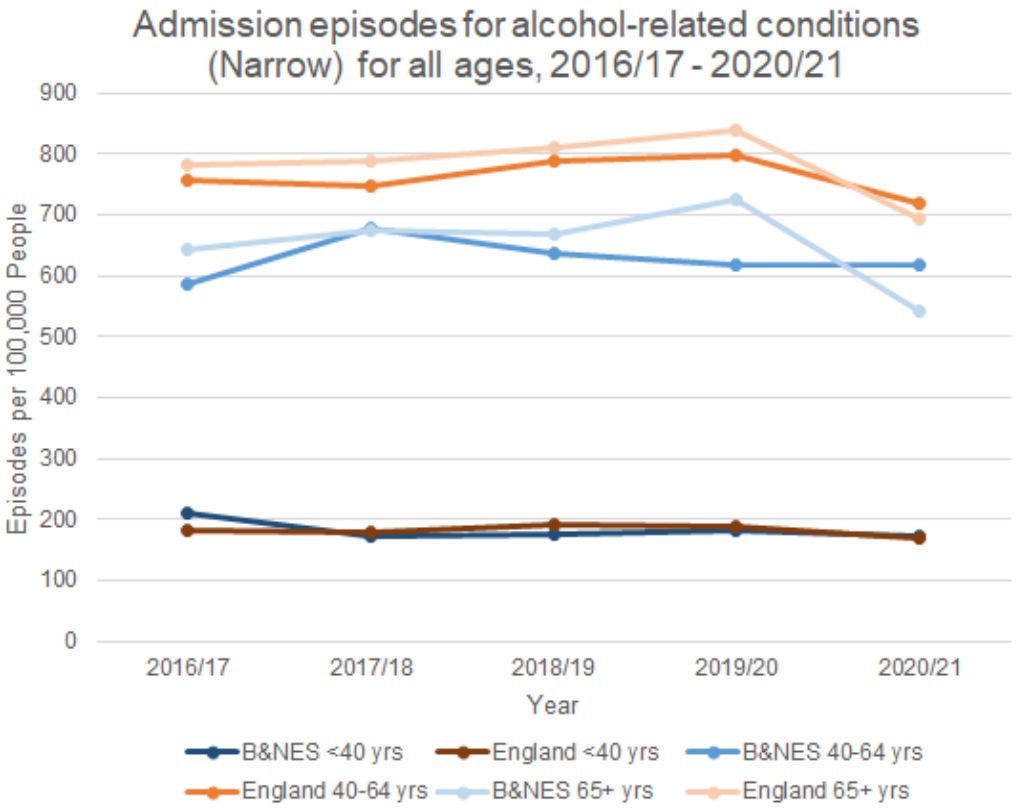
Alcohol – Adults



Definitions: Admissions to hospital for different age groups where the primary diagnosis is an alcohol-attributable code. This represents a Narrower measure. Since every hospital admission must have a primary diagnosis it is less sensitive to coding practices but may also understate the part alcohol plays in the admission. Directly age standardised rate per 100,000 population.

Source: OHID (2021), *Local Alcohol Profiles*, available from: Local Alcohol Profiles

- The World Health Organization (WHO) places alcohol as the third biggest global risk for burden of disease, and alcohol is identified as a causal factor in more than 60 medical conditions, as well as some cancers including breast, throat and liver. The risk of alcohol-related harm increases with the amount drunk on a regular basis. Short-term health risks include accidents and injuries, and alcohol-related hospital admissions continue to increase.
- In B&NES, alcohol admissions for under 40's is similar to the England rate with 174 per 100,000 (171 admissions) compared to 171 per 100,000 in 2020/21. For those age 40-64 and 65+, B&NES has significantly fewer admissions compared to the national rate. In 2020/21 the B&NES rate for 40-64 year olds was 617 per 100,000 (354 admissions) compared to 719 per 100,000 for England. The B&NES rate for over 65s was 544 per 100,000 (199 admissions) compared to 692 per 100,000 for England.
- For both the 40-64 and 65+ age groups, **males are significantly more likely to be admitted to hospital** due to an alcohol related injury or illness than females. In the under 40's, females have a higher rate of alcohol admissions compared to males (180.7 vs 166.8 per 100,000).
- At a national level, during the Covid-19 pandemic alcohol-specific deaths increased by 20% in 2020 (from 5,819 in 2019 to 6,983). Alcoholic liver disease is the third leading cause of premature death and there was a rapid increase in the number of alcoholic liver deaths, rising by 21% between 2019 and 2020, compared to a rise of 3% between 2018 and 2019. For B&NES the under 75's mortality rate from alcoholic liver disease for 2020 is lower than the England rate at 6.3 per 100,000 (10 deaths) compared to 10.8 per 100,000.

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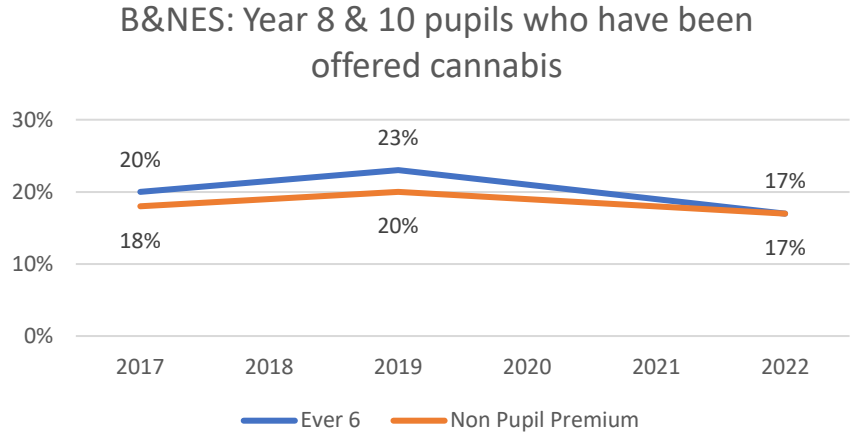
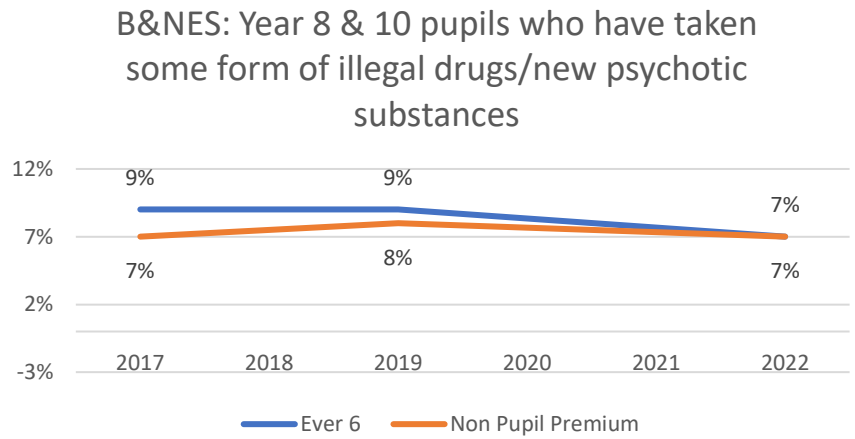
Drug Misuse in CYP





Definition: Ever 6 Pupil Premium: Schools receive Pupil Premium funding to support the learning of pupils who are entitled to Free School Meals (FSM). This funding continues for a further 6 years, even if the child is no longer entitled to receive free school meals.

Source: B&NES Internal Analysis (2022) *Child Health & Wellbeing Survey.* **Note:** The 2021 survey was delayed until 2022 due to the Covid-19 pandemic. The surveys were conducted in Feb/March 2022 (Secondary) and June/July 2022 (Primary).

- Drug use by young people risks worse immediate and long-term outcomes, including health, educational attainment and involvement in criminal activity. Young people at higher risk of using and experiencing harm from drugs include those taken into care, those with untreated mental health issues, those involved with gangs and those whose parents use drugs among other factors. County lines models of drug distribution is especially problematic as they often use and exploit young people.
- In 2021, nationally there was a fall in prevalence of lifetime and recent illicit drug use with 18% of 11-15 year old pupils reporting they had ever taken drugs compared to 24% in 2018. 12% reported they had taken drugs in the last year (17% in 2018) and 6% in the last month (9% in 2018). Cannabis remained the drug most likely to have been taken.
- In 2022, the B&NES Child Health and Wellbeing survey asked a series of questions around the availability and use of drugs. Below are some of the findings. Where relevant there is a comparison between Ever 6 free school meal pupils which is used as a proxy measure for low income families, and non pupil premium pupils. Results are for Year 8 and Year 10 pupils combined.
  - 17% stated that they had been offered cannabis before, a fall from 21% in 2019. This figure was the same (17%) for both Ever 6 free school meal pupils and non-pupil premium pupils, showing a greater reduction for the Ever 6 pupils (from 23% in 2019). 12% stated that they had been offered other illegal drugs or new psychoactive substances, which was slightly higher for Ever 6 free school meal pupils at 13%.
  - 7% of pupils responded that they had ever taken illegal drugs or new psychoactive substances, a slight reduction from 8% in 2019 and 2017. For Ever 6 free school meals pupils this figure was also 7% (a reduction from 9% in 2019 and 2017).
  - When questioned about which drugs they had taken in the last year the majority had taken cannabis (6%), followed by Nitrous Oxide (laughing gas) (2%).
  - Ever 6 free school meal pupils were slightly less likely to talk to a parent or carer if they needed support about problems with alcohol or drugs with 61% stating they would do so compared to 63% of non-pupil premium pupils.
- In 2021/22, the number of young people (<18) in contact with alcohol and drug services in B&NES returned to near pre-pandemic levels (140 in treatment in 2021/22 compared with 160 in 2019/20).

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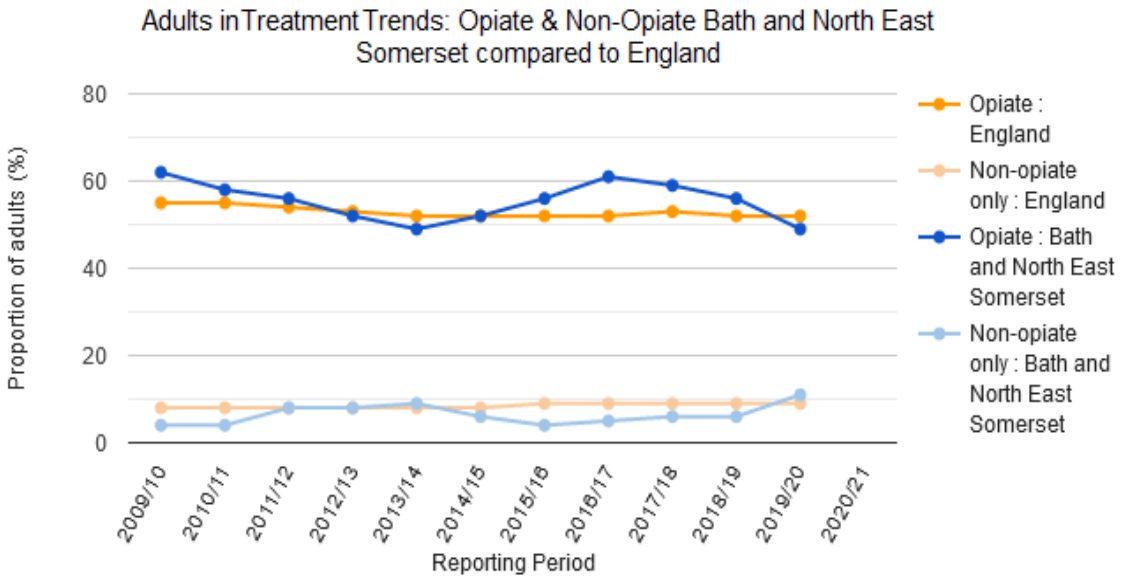
Drug Misuse in Adults



Source: NDTMS (2021), *Adult profiles: Adults in treatment*, available from **NDTMS**

Definitions: opioids are a broad group of pain-relieving drugs that work by interacting with opioid receptors in cells.

Opioids can be made from the poppy plant — for example, morphine - or synthesized in a laboratory - for example, fentanyl. **Non-opioids**, examples include acetaminophen and nonsteroidal anti-inflammatory drugs (NSAIDS), such as aspirin and ibuprofen.

- Drug misuse refers to both the misuse of illegal and legal drugs. Depending on the drugs involved and the extent of the exposure, drug misuse can result in serious health issues including problems with breathing, an increased heart rate and higher blood pressure. Extended use of drugs can cause serious brain damage, psychological problems and lung disease. Substance dependence also increases an individual's risk of a range of negative outcomes such as unintentional injuries, accidents, mental health issues, the risk of domestic violence, medical problems, and death.
- It is not possible to count the number of people misusing drugs and it is a difficult & resource hungry undertaking to create reliable estimates of prevalence. The latest available estimated prevalence for opiate and/or crack cocaine use is **8.8 per 1,000 people in B&NES** (aged 15-64, 2016/17), or 1,073 people, compared to 8.9 per 1,000 people in England.
- Although there is no data on inequalities at a local level, we know from England level data that the most deprived areas have a higher prevalence of opiate and/or crack cocaine use than the least deprived areas.
- The majority of locally available data on drug misuse comes from specialist treatment services. In B&NES in 2020/21 there were **778 people who received treatment** through these local services. This is a rate of 4.9 per 1,000 which is similar to the England rate of 4.5 per 1,000.
- Of the adults in contact with B&NES substance misuse services during 2020/21, 47% were seeking treatment for opiate use and 13% were seeking help for non-opiate use. The chart to left shows the trends in B&NES compared to England where the 2020/21 figures were 51% and 10% respectively.
- In 2020, 3% of opiate users (16 people) successfully completed drug treatment in B&NES compared to 5% of people in England. This is significantly lower than the England value and continues a **decline seen in B&NES** since 2016.
- In 2020, for non opiate users 32% (80 people) successfully completed drug treatment in B&NES compared to 33% of people in England. This is similar to the England value and an improvement on the previous years value of 19%.

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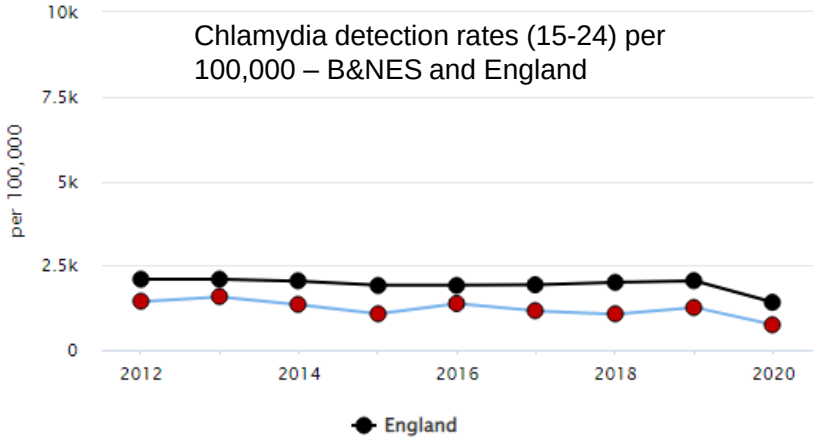
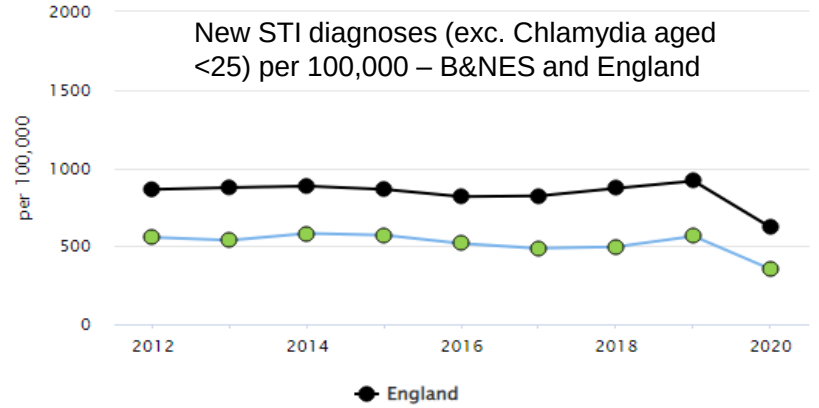
Sexually Transmitted Infections (STIs)





- **Chlamydia detection rates** per 100,000 (ages 15-24) in B&NES have been **significantly worse** than the England rate every year since 2012, reaching their **lowest level in 2020 at 742 per 100,000**.
- **New STI diagnoses (excluding Chlamydia aged <25)** per 100,000 in B&NES have consistently been **significantly better** than the England rate since 2012, reaching their **lowest level in 2020 at 353 per 100,000**.
- Whilst B&NES has low rates of diagnosed HIV, Syphilis and Gonorrhoea, it has high figures for late diagnosis of HIV and low HPV vaccination coverage.
- The ONS reports that diagnoses of sexually transmitted infections (STIs) decreased nationally in 2020 by 32% compared to 2019. This has been attributed to a combination of reduced STI testing as a result of disruption to sexual health services leading to fewer diagnoses, and changes in behaviour during the coronavirus (COVID-19) pandemic.
- As in previous years, in 2020 the highest rates of STI diagnoses nationally were still seen in young people 15 to 24 years; people of Black ethnicity; and gay, bisexual and other men who have sex with men (MSM).

Sources:

- Chlamydia detection rate: Office for Health Improvement and Disparities – Fingertips public health data
- New STI diagnoses (exc. Chlamydia): Office for Health Improvement and Disparities – Fingertips public health data

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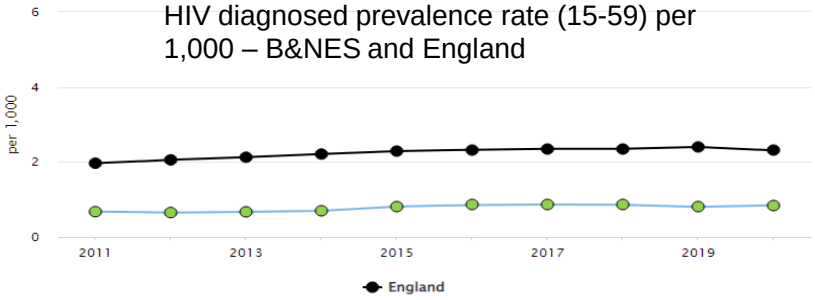
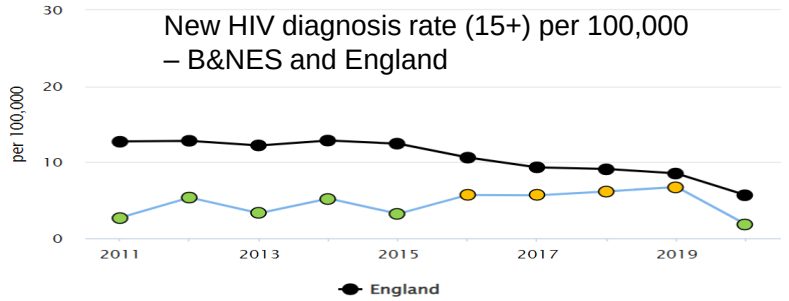
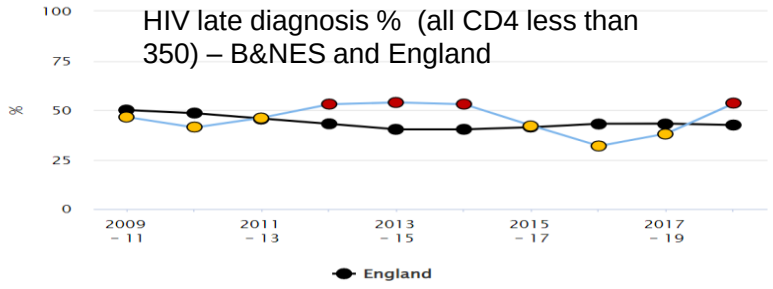
Human Immunodeficiency Virus (HIV)







- The **HIV diagnosed prevalence rate** per 1,000 aged 15 to 59 in B&NES was **0.85** as of 2020. This was **significantly lower** than the South West and England rates (1.31 and 2.31 respectively) and has been since 2011.
- The **New HIV diagnosis rate** per 100,000 aged 15+ in B&NES was **1.8** as of 2020. This was **significantly lower** than the South West and England rates (3.5 and 5.7 respectively) for the first time since 2015.
- The **% of late HIV diagnoses** (all CD4 less than 350) in B&NES was **53.3%** for 2018-2020. This was **significantly higher** than the South West and England rates (43.3% and 42.4% respectively). This is the highest rate recorded in B&NES since 2013-2015.
- The UKHSA reports that **Covid 19** has significantly impacted HIV testing, diagnosis and quality of care. The number of **people testing for HIV fell by 30% in 2020**, and fewer people accessed HIV care. An estimated 5,000 to 9,000 people with diagnosed HIV infection were not seen for care in 2020.
- Among **gay and bisexual men**, the number of HIV diagnoses first made in England **decreased by 41%** in 2020 – given the small decline in testing and availability of **PrEP (pre-exposure prophylaxis)** the fall in diagnoses in gay and bisexual men suggests a continued year-on-year reduction in transmission in this group.
- There was also a **23% decrease** in people who probably acquired HIV through **heterosexual contact** over the same timescale, though it is likely that much of the observed decline in diagnoses in this group was **due to reduced testing** rather than evidence of reduced transmission. Rates of late diagnosis are also higher in heterosexual men and women.
- A **local PrEP service** was introduced in B&NES in October 2020. It shows a steady level of initiations (education and support to administer PreP) and increasing follow-up activity (monitoring, supply and management of side-effects). In Q3 2021/22, there were **22 initiations** and **30 follow-ups** recorded.

Sources: HIV prevalence, new diagnoses and late diagnoses: Office for Health Improvement and Disparities – Fingertips public health data - Sexual Health Profiles
Local PrEP data taken from in-house recorded service use from The Riverside Clinic (Q3 2020-21 to Q3 2021-22)

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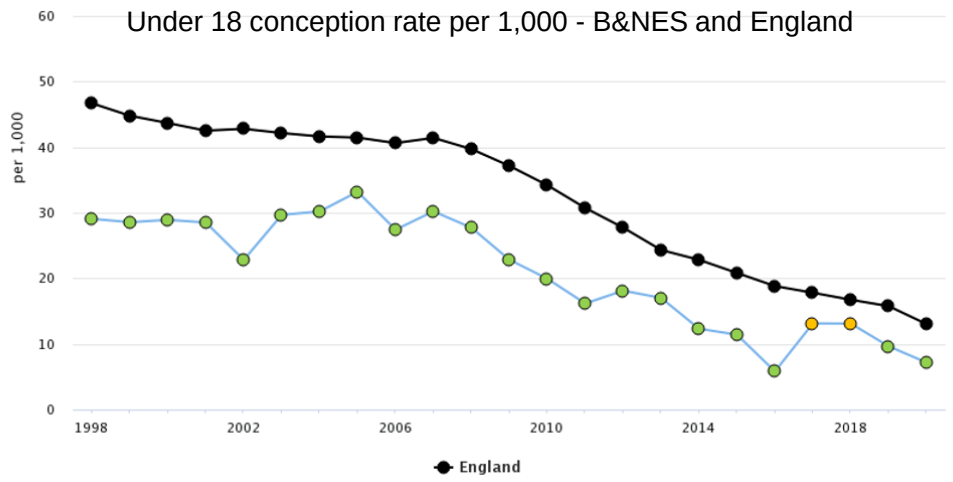
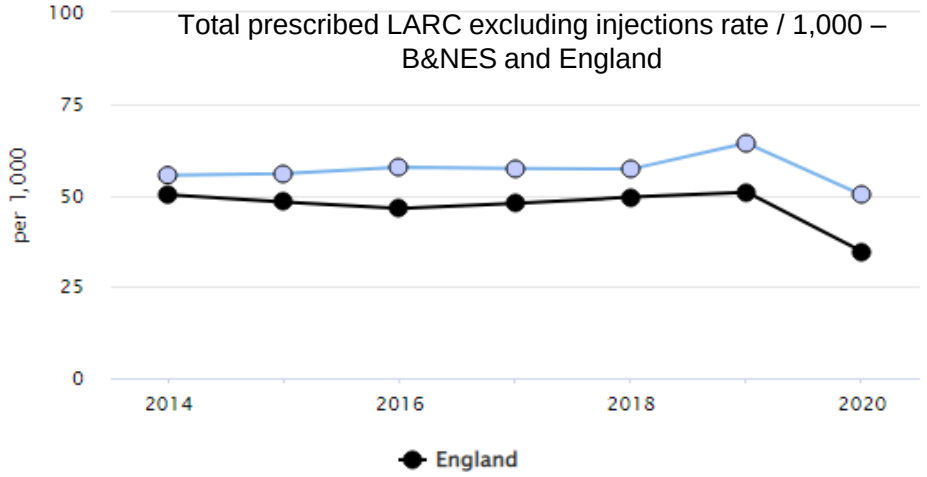
Under 18s Conceptions





- The **under-18 conception rate** per 1,000 in B&NES has been significantly **better** than the England rate every year since 2012 (excluding 2017 & 2018) and was **7.1 per 1,000 in 2020**. Rates have been steadily falling nationally since the late 90's. This is considered a proxy measure for good access to contraception.
- The total **prescribed LARC (Long-Acting Reversible Contraception) excluding injections rate** per 1,000 in B&NES has been **significantly higher** than the England rate every year since 2014 and was **50.1 per 1,000 in 2020**.
- Research has shown that teenage pregnancy is associated with poorer outcomes for both young parents and their children. Teenage mothers are less likely to finish their education, more likely to bring up their child alone and in poverty and have a higher risk of mental health problems.
- A recent study has related declining rates of teenage pregnancies in England to local areas experiencing less youth unemployment, growing Black or South Asian teenage populations, more educational attainment, unaffordable housing, and a lack of available social housing.

Sources:

- Under 18 conception rate per 1,000: Office for Health Improvement and Disparities – Fingertips public health data
- Total prescribed LARC excluding injections rate per 1,000: Office for Health Improvement and Disparities – Fingertips public health data

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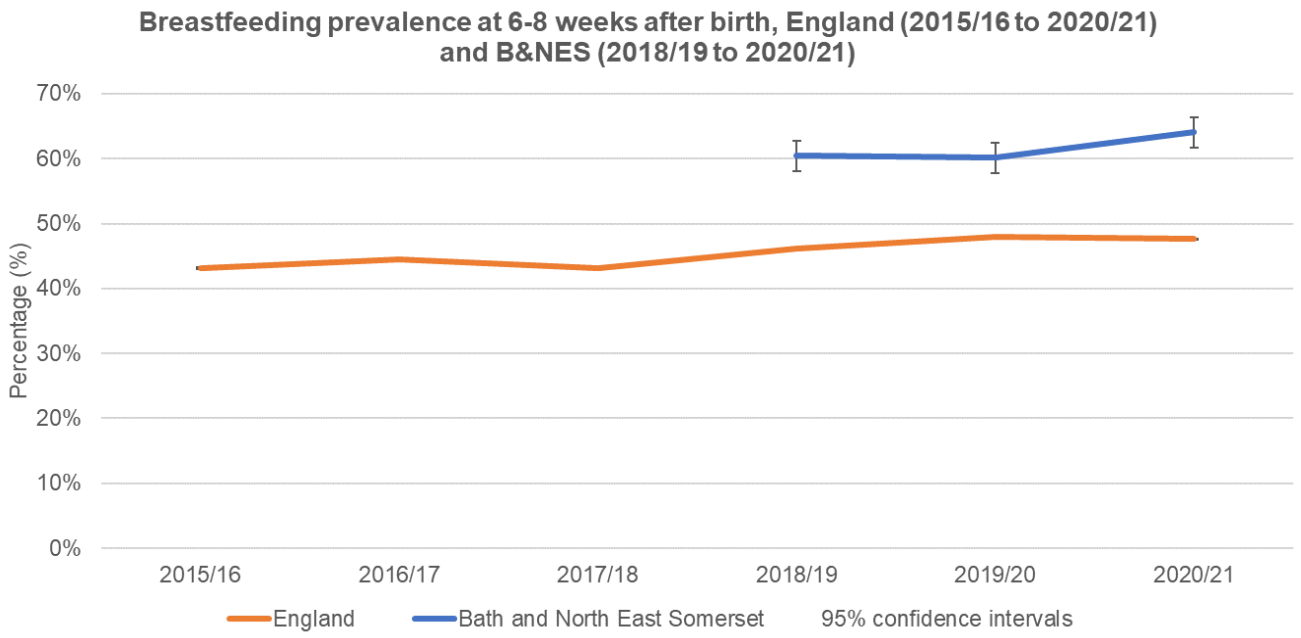
Breastfeeding (6-8 weeks)



- A review of existing studies published in The Lancet in 2016 highlights the **benefits of breastfeeding for the child**, including protection against child infections and malocclusion (misaligned teeth), increases in intelligence, and probable reductions in overweight and diabetes (although there were also associations found with allergic disorders such as asthma or with blood pressure or cholesterol, and there was an increase in tooth decay with longer periods of breastfeeding). There are also **benefits for nursing women**, including protection against breast cancer, improved birth spacing, and it may also protect against ovarian cancer and type 2 diabetes.
- During 2020/21 in **B&NES 64%** of infants at 6-8 weeks were totally or partially breastfed, which is **significantly higher** compared to England (48%).
- A recent study highlighted that inequalities exist in maintaining breastfeeding - "*Among mothers breastfeeding at 1 week, those who were **younger, White or had fewer years of full-time education** were at greatest risk of discontinuing before 6 weeks. This risk persisted over time and was independent of their high risk of not initiating breastfeeding*."

Definition: This is the percentage of infants that are totally or partially breastfed at age 6-8 weeks. Totally breastfed is defined as infants who are exclusively receiving breast milk at 6-8 weeks of age - that is, they are not receiving formula milk, any other liquids or food. Partially breastfed is defined as infants who are currently receiving breast milk at 6-8 weeks of age and who are also receiving formula milk or any other liquids or food. Not at all breastfed is defined as infants who are not currently receiving any breast milk at 6-8 weeks of age. The numerator is the count of the number of infants recorded as being totally breastfed at 6-8 weeks and the number of infants recorded as being partially breastfed. The denominator is the total number of infants due a 6-8 weeks check.

Source: OHID (2022), *Child & Maternal Health*, available from: https://fingertips.phe.org.uk/profile/child-health-profiles

Note on missing data: Data for B&NES during the period 2015/16 to 2017/18 is missing due to data collection methods having changed from October 2015, when this data has been obtained via interim reporting arrangements to collect health visiting activity at a local authority resident level. The collection of 6 to 8 week breastfeeding data moved to Public Health England from October 2015. Between 2015/16 and 2017/18 the data for B&NES did not meet the publication threshold(s) for validation.

Wellbeing and Mental Health

Bath & North East Somerset Council

Improving People's Lives

Wellbeing

Severe Mental Illness

Self-Harm Risk Factors

Children & Young People

Eating Disorders

Children & Young People: Hospital Admissions

Self-Harm

Mental Health Needs Assessment document

Adults

Self-Harm in the South West

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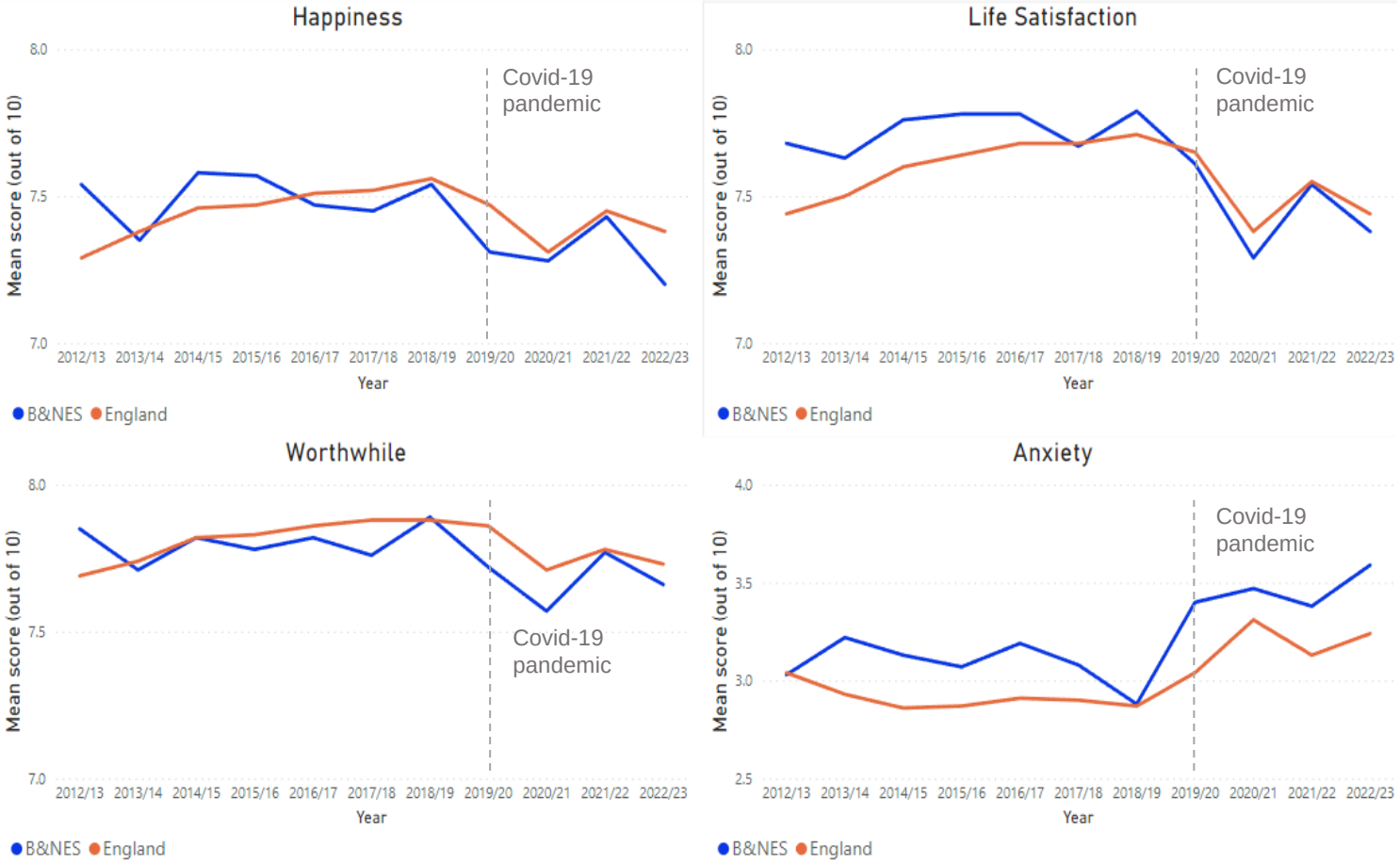
Wellbeing



- The NHS highlights that wellbeing is not just the absence of ill-health but includes the way people feel about themselves and their lives. The ONS assess Personal Wellbeing through four measures: Life Satisfaction, feelings the things done in life are Worthwhile, Happiness, and Anxiety.

Annual Population Survey[1] findings for March 2023:

- Average (mean) ratings of personal wellbeing have worsened across all indicators in B&NES and nationally since 2021/22 and remain below pre-Covid-19 pandemic levels (year ending March 2019).
- Mean ratings in B&NES for happiness (7.20), life satisfaction (7.38), and worthwhileness (7.66) have all decreased since Mar 2022 and all lower than national figures. In the same time period, the mean rating for anxiety (3.59) worsened slightly (i.e. increased) and continues the trend of higher anxiety levels in B&NES compared to national for the majority of the past decade.

- The Good Childhood Report (2023) states that too many young people are unhappy with their lives. **10%** of the children aged 10 to 17 completing their survey[2] had **low wellbeing**, and almost a third were unhappy with at least one specific area of their lives. Children and young people were, on average, most happy with their family. 82% of parents and carers completing the survey were concerned about the **impact of cost of living** increases on their family/household.

Source: ONS Personal Wellbeing in the UK **Note:** Axes do not start at 0 and differ for each domain.

[1] The APS is a continuous household survey which provides a representative sample of those living in private residential households in the UK. People living in communal establishments (such as care homes) or other non-household situations are not represented in this survey. Questions asked: 'Overall, how **satisfied** are you with your life nowadays?', 'Overall, to what extent do you feel that the things you do in your life are **worthwhile**?', 'Overall how **happy** did you feel yesterday?', and 'Overall, how **anxious** did you feel yesterday?'. Responses were on a scale from 0 to 10 where 0 is 'not at all' and 10 is 'completely'.

[2] The Children's Society surveys around 2,000 UK children (aged 10 to 17) and their parent/carer annually. In 2023, 2001 children responded (conducted in May and June 2023).

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Mental Health – Children & Young People

Prevalence Estimates for B&NES based on MHCYP 2017 & 2021 rates

Measure	Age	National	B&NES estimate[1]
No. experiencing at least one mental disorder (2017)	5-19	12.8%	4,470
No. experiencing emotional disorders (2017)	5-19	8.1%	2,830
No. experiencing behavioural disorders (2017)	5-19	4.6%	1,610
Probable mental disorder rate (2021)	6-19	17.4%	5,750
No. experiencing deterioration in MH since 2017	6-16	39.2%	9,150
	17-23	52.5%	14,400
No. experiencing improvement in MH since 2017	6-16	21.8%	5,100
	17-23	15.2%	4,200

[1] Based on ONS population mid-year estimates 2020
Note: groups may overlap i.e. children may experience one or more disorder

MHCYP in England Survey 2017 Collected data on 9,117 children aged 2-19 between Jan-Oct 2017

MHCYP in England Wave 2 follow-up 2021 Collected data on 3,667 children who took part in the 2017 survey between Feb-Mar 2021

The Big Ask – The Big Answer. Launched online April-May 2021 for 6 weeks

[1] STEER education (in partnership with Minds Ahead) data gathered from over 15,000 11-18 year olds in 92 state secondary schools from Oct 2018 to Dec 2021

- The Mental Health of Children and Young People (MHCYP) **national** survey found **rates of probable mental disorder in 6-19 year olds increased between 2017 and 2021** from **one in nine (11.6%) to one in six (17.4%) in 6-16 year olds** and **from one in ten (10.1%) to one in six (17.4%) in 17-19 year olds**. This would give an estimated **5,750** children and young people with a **probable mental disorder in B&NES**. These observed survey rates also suggest an estimated 23,550 have experienced deterioration in mental health since 2017 and an estimated 9,300 have experienced improvement in mental health since 2017 in B&NES.
    - In 2021, the prevalence of **probable mental disorder** in **17-19 year old girls was 24.8%** - this would equate to around **1,165** 17-19 year old girls in B&NES.
- The **Big Ask survey** is the biggest ever **national** survey of children with over half a million responses. Responses were received from children in all English LAs. It found the **majority of 9-17 year olds were happy or ok** with their mental health, but 20% were unhappy. **Girls** were **almost twice as likely to be unhappy** with their mental health (25% vs 13%), and older children (16-17 year olds) were more likely to be unhappy (32% compared to 9% of 9-11 year olds).
- Recent national data from Steer Education[1] shows a **growing divide between girls' and boys' social and emotional wellbeing**. **Girls aged 11** were **30% more likely** to suffer from **poor mental health** than boys of the same age. **By 18, girls were twice as likely** to experience mental health issues than boys.

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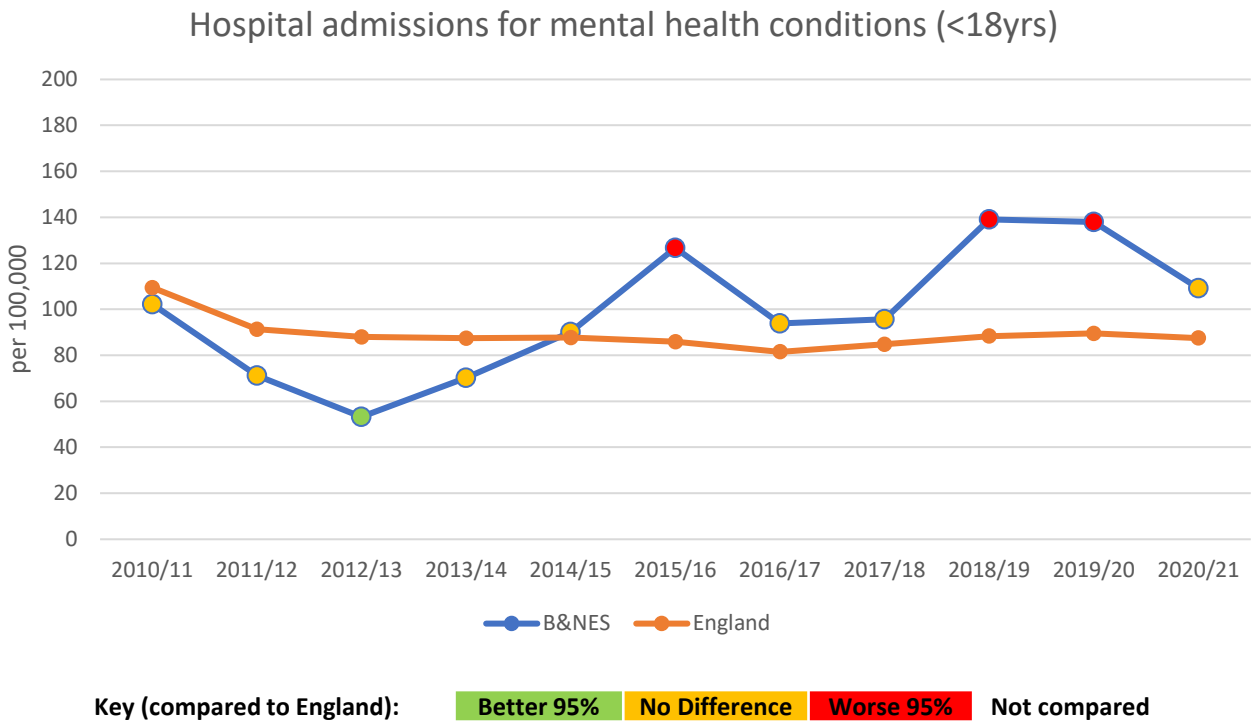
Mental Health – Children & Young People: Hospital Admissions



- Rates of **hospital admissions for mental health conditions[1] in those under 18 years** is **higher than the national rate** but has shown some reduction in 2020/21 compared to 2018/19 & 2019/20. Admissions increased from 33 in 2016/17 to 50* in 2018/19 and 2019/20, reducing to 40* in 2020/21.
- **Females consistently have higher** rates than males both nationally and in B&NES. In 2020/21 there were 35* female admissions and <5* male admissions.
- In three out of the past four years, **Eating disorders** has been the highest observed primary diagnosis reason for admissions with **Mental and behavioural disorders due to use of alcohol** being the second highest primary diagnosis reason. These were also the highest two primary diagnosis reasons for admissions in 2019/20 where Eating disorders was second highest.

Source: OHID Fingertips Public Health Profiles

*** Note: from 2018/19 onwards, counts are rounded to the nearest 5**

[1] Inpatient admission rate for persons aged 0-17 with primary diagnosis codes F00 to F99 (includes: organic mental disorders, mental and behavioural disorders due to psychoactive substance use, schizophrenia and delusional disorders, mood disorders, neurotic disorders, behavioural syndromes, disorders of adult personality and behaviour, mental retardation, disorders of psychological development)

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Mental Health - Adults

CMD Prevalence Estimates (2014) for B&NES[1]

Measure	National	B&NES estimate*
No. of Adults with a CMD	15.7%	25,070
No. of Females with a CMD	19.1%	15,480
No. of Males with a CMD	12.2%	9,590

* Based on ONS population mid-year estimates 2020, adults age 18+

Depression Estimates for B&NES

Measure	National	B&NES	B&NES count
Depression incidence[2] (2020/21)	12.3%	10.6%	18,681
Depression incidence, new diagnosis[3] (2020/21)	1.4%	1.2%	2,102

- **Common Mental Disorders** (CMDs) comprise different types of depression and anxiety. They cause emotional distress and interfere with daily function. Although usually less disabling than major psychiatric disorders, their higher prevalence means the cumulative cost of CMDs to society is great.
- In 2014, **one in six adults (15.7%)** had a common mental disorder. **Women were more likely to be affected than men**; about one in five woman (19.1%) had CMD symptoms compared with one in eight men (12.2%). CMD symptoms were also associated with **age** with **working-age people being around twice as likely** to have symptoms of CMD compared to those aged 65 and over.
- Applying these rates locally would suggest we have around 25,000 adults in B&NES with a CMD; ~15,500 females and ~9,600 males
- The incidence of **depression** is slightly lower in B&NES than England but in 2020/21 this still meant **18,681** people had an unresolved record of depression on GP practice registers within B&NES CCG. These numbers are growing year on year
- In 2020/21, over 2,000 people in B&NES were diagnosed with depression for the first time

[1] From Adult Psychiatric Morbidity Survey 2014

[2] Number of people with an unresolved record of depression on their practice register within a CCG, as a proportion of the practice list size of the CCG aged 18+

[3] Percentage of people aged 18+ with depression recorded on practice disease registers for the first time in the financial year

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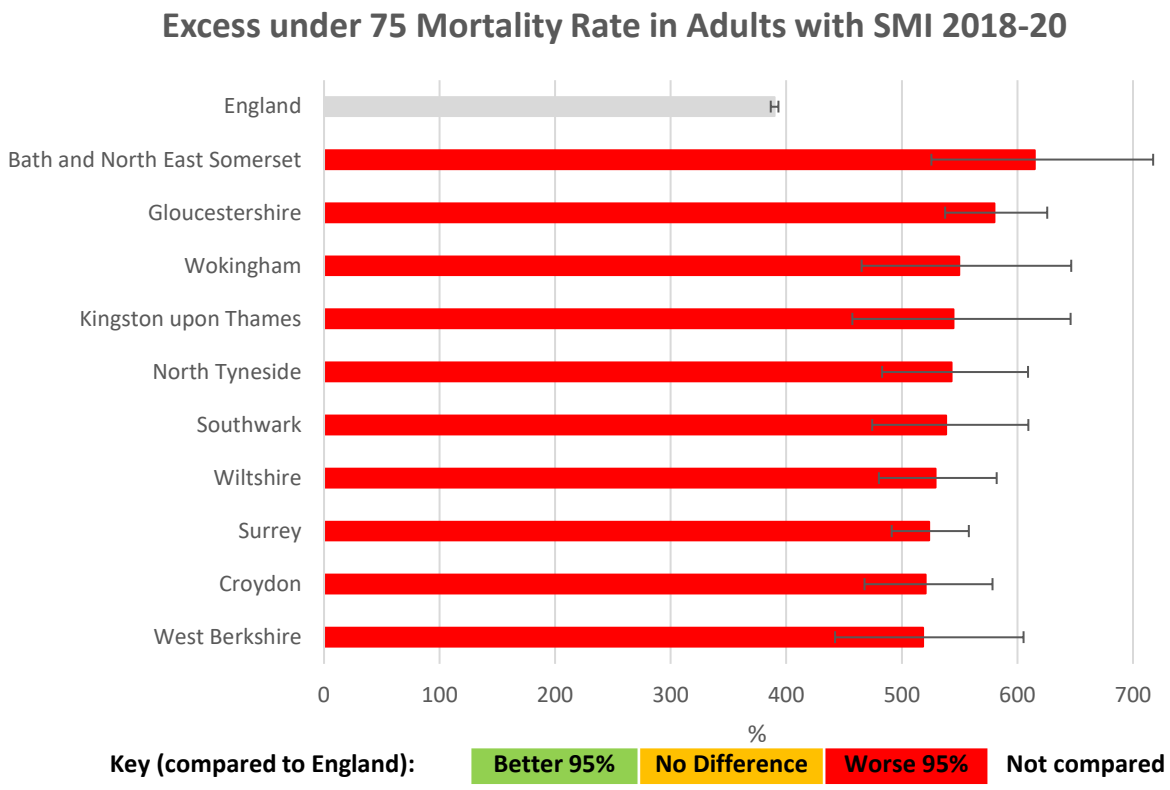
Severe Mental Illness (SMI)



- **SMI** refers to people with psychological problems often so debilitating their ability to engage in functional/occupational activities is severely impaired. Schizophrenia and bipolar disorder are often referred to as an SMI.
- In 2021/22, the percentage of patients with **schizophrenia, bipolar affective disorder and other psychoses** as recorded on GP practice disease registers was **0.84% in B&NES (1,827 patients)**. This remained lower than the national rate (0.95%).
- **Excess under-75 mortality in adults with SMI[1]** is significantly higher in B&NES than nationally (615.1% vs 389.9%). This is the **highest** rate of all Counties & UAs in England, i.e., in B&NES, adults with SMI have a 615% higher chance of premature mortality than those adults without SMI.
  - In B&NES, the premature mortality rate[2] in the SMI population is over **7 times higher** (76.3 per 100,00) than the premature mortality rate in the non-SMI population (10.7 per 100,000)
  - B&NES has consistently been significantly higher than the national rate since 2015-17

Source: OHID Fingertips Severe Mental Illness Profile

(Note: the worst 10 Counties/UAs are included in chart)

[1] Definition: Measure of excess premature mortality experienced in adults with SMI over adults without SMI. SMI is defined as having a referral to secondary mental health services in the 5 years preceding death.

[2] Premature mortality rate in those under 75: Directly Standardised rate per 100,000 population

* Note: counts rounded to nearest 5

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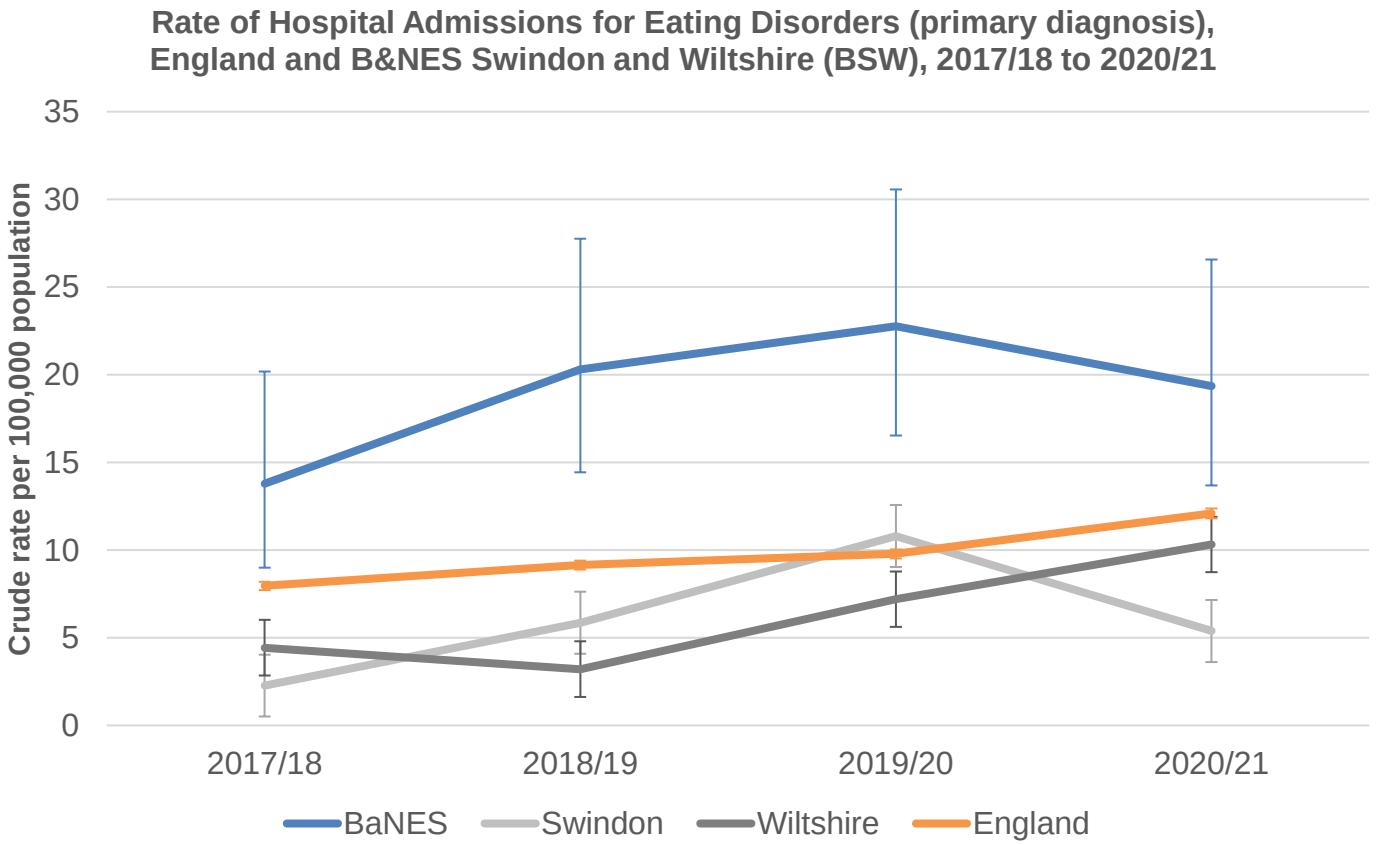
Eating Disorders



Definition: An eating disorder is a mental health condition where you use the control of food to cope with feelings and other situations. The most common types of eating disorder are **anorexia** nervosa (keeping weight down by not eating enough food or exercising too much); **bulimia nervosa** (going through periods of eating a lot of food quickly, 'bingeing', and then trying to get rid of calories in unhealthy ways, for example by making yourself sick, using laxatives, exercising too much, taking medication or using diet supplements; **binge-eating disorder** (regularly eating large portions of food all at once (often in secret) until you feel uncomfortably full, and then often upset or guilty); and **OSFED** ('other specified feeding or eating disorder').

Source: internal analysis using Secondary Uses Service (SUS) pseudo-anonymous data from NHS BSW CCG (supplied February 2022). **Note**: diagnosis code for intentional Eating Disorder hospital admission – F50 (ICD-10).

- Many studies show that eating disorders are among the mental illness types with the highest mortality rate, for example, Anorexia nervosa (AN) is a common eating disorder with the highest mortality rate of all psychiatric diseases.
- The last comprehensive picture of the prevalence of eating disorders in the adult population in **England** was from the Adult Psychiatric Morbidity survey in **2007**. At this time **6.4%** of adults screened positive for an eating disorder [note that fieldwork began on a new adult survey, including questions on eating disorders, in April 2022]. Despite this though, in its clinical guidance, NICE cites data suggesting **anorexia prevalence of 0.6%** and **bulimia prevalence of 1.0%** among **ages 16+**.
- For children and young people, more recent data is available for **England**. The 2017 NHS Digital survey of child and young people's mental health found that **0.4% of children aged 5 to 19 had an eating disorder**. Prevalence was 1.0% among girls aged 11 to 16 and 1.6% among girls aged 17 to 19, but much lower among boys (peaking at 0.2% among ages 11 to 16).
- During 2020/21 there were **6,839** hospital admissions in **England** where the **primary diagnosis was an eating disorder** (*provisional data*). This represents a **65% increase** in four years (4,138 during 2016/17).
- B&NES has a **significantly higher** rate of **hospital admissions where an eating disorder was the primary diagnosis** (19.4 per 100,000 population, 2020/21) compared to England (12.1), Wiltshire (10.3) and Swindon (5.4). This has been the case since at least 2017/18. This represents **38 admissions** in B&NES during 2020/21. Also, there were **120 admissions** during 2020/21 **where an eating disorder was either a primary or secondary diagnosis**.

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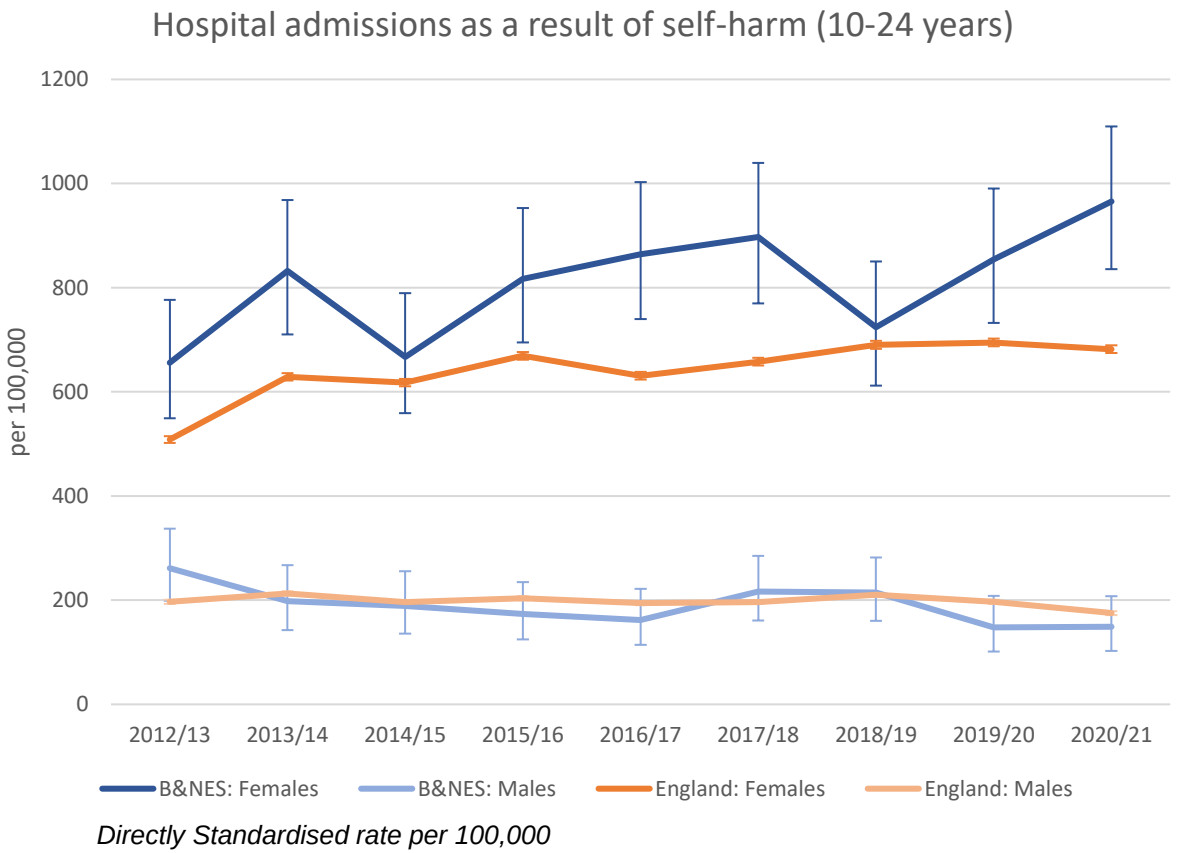
Self-Harm



Directly Standardised rate per 100,000

Source: OHID Fingertips Mental Health Profile

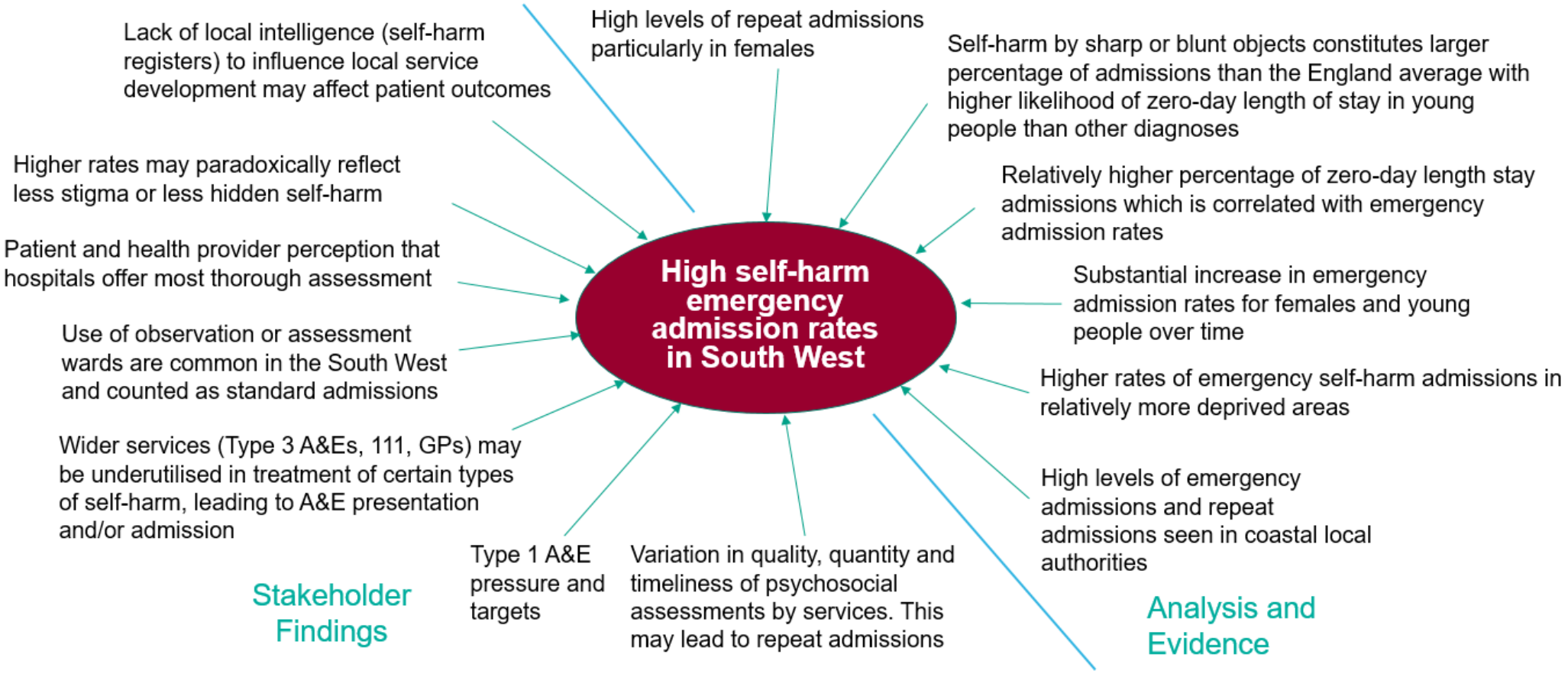
[1] OHID South West Local Knowledge & Intelligence Service (SW LKIS), Understanding Emergency Hospital Admissions for Intentional Self-Harm in the South West, July 2022.

* **Note:** referral counts are rounded to the nearest 5.

- NICE Guideline (NG225) defines the term '**self-harm**' as **intentional self-poisoning or injury, irrespective of the apparent purpose**. This commonly involves self-poisoning with medication or self-injury by cutting. People who self-harm have a substantially greater risk of suicide.
- The rate of **hospital admissions as a result of self-harm in 10–24-year-olds** have been consistently higher in B&NES than the National average since 2011/12 with 240* admissions in 2020/21.
    - **Females consistently have higher rates than Males** both nationally and in B&NES with 205* female and 35* male admissions in 2020/21. Female rates in B&NES have generally been significantly worse than the national female rate since 2012/13.
- The rate of **hospital admissions for self-harm (all ages)** has been significantly higher in B&NES than the National average since 2011/12 with the only exception being 2018/19, where no significant difference was observed. Admissions have **increased** in recent years with 485* admissions in 2020/21 compared to 460* in 2019/20 and 445* in 2018/19.
    - **Females consistently have higher rates than Males** both nationally and in B&NES with 350* female admissions in 2020/21 and 140* male admissions.
- **Self-harm admissions have been high in the SW region for a number of years**. OHID SW LKIS undertook exploratory and explanatory analyses[1] to understand the reasons why the South West region of England has the highest emergency admission rates for self-harm. They note that although emergency hospital admissions are used as a proxy for the prevalence of intentional self-harm, by doing so we are greatly underestimating the true prevalence of intentional self-harm in the community. Possible factors influencing high emergency admission rates from their research are shown here. Further research in this area continues.

Self-Harm in the South West

Possible factors influencing high emergency admission rates from analyses and stakeholder engagement



Source: OHID Webinar Sept 2022, Understanding emergency admissions for intentional self-harm in the South West, 2019/20. Based on the following report: OHID South West Local Knowledge & Intelligence Service, Understanding Emergency Hospital Admissions for Intentional Self-harm in the South West. July 2022

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Self-Harm Risk Factors

Emergency hospital admissions for intentional self harm, standardised admission ratio 2016/17 – 2020/21

Area	Count	Value	95% Lower CI	95% Upper CI
England	-	100.0	99.7	100.3
Bath and North East Somerset	-	117.7	112.9	122.6
Twerton	-	296.3	258.8	337.7
Radstock	-	203.0	167.6	243.6
Moorlands	-	183.3	145.4	228.2
Westfield	-	169.9	139.5	205.0
Weston	-	158.5	125.5	197.6
Keynsham North	-	157.3	125.8	194.2
Combe Down	-	156.8	128.8	188.9
Peasedown	-	150.4	122.2	183.1
Keynsham South	-	147.6	116.7	184.3
Midsomer Norton Redfield	-	139.5	111.7	172.1
Publow & Whitchurch	-	131.4	89.3	186.6
Lambridge	-	129.2	99.5	165.0
Paulton	-	124.9	97.2	158.1
Mendip	-	124.7	84.7	177.0
Walcot	-	124.4	94.2	161.2
Bathavon South	-	120.7	96.3	149.5
Odd Down	-	116.0	90.3	146.8
Southdown	-	112.8	89.9	139.6
Kingsmead	-	110.2	91.4	131.7
Clutton & Farmborough	-	100.1	63.4	150.1
High Littleton	-	92.2	59.0	137.2
Lansdown	-	91.7	72.1	114.9
Westmoreland	-	91.5	74.3	111.6
Newbridge	-	85.4	63.4	112.6
Chew Valley	-	82.8	60.4	110.8
Bathavon North	-	81.2	60.1	107.3
Timsbury	-	75.1	42.9	121.9
Midsomer Norton North	-	72.4	48.8	103.4
Bathwick	-	63.6	52.1	77.0
Keynsham East	-	58.8	39.1	85.0
Saltford	-	56.5	36.2	84.0
Oldfield Park	-	56.2	37.0	81.8
Widcombe & Lyncombe	-	50.1	35.6	68.5

- Risk factors for self-harm include: age, socio-economic disadvantage, social isolation, stressful life events, bereavement by suicide, mental health problems, chronic physical health problems, alcohol and/or drug misuse and involvement with the criminal justice system. Recent research also suggests the following groups are at higher risk of self-harm:
  - boys with ASD
  - young people with ADHD
  - young people who spend time away from school (either through exclusion or absence)
  - girls with Free School Meal status
  - looked after children
- The rate of **hospital admissions for self-harm** is **significantly higher in B&NES compared to England**. In the period 2016/17 - 2020/21, the standardised admission ratio in B&NES was 117.7 indicating self-harm hospital admissions in B&NES are 17.7% more likely than in the England population as a whole.
- The rates in a number of wards in B&NES are significantly higher than the national rate, namely:

  Twerton, Radstock, Moorlands, Westfield, Weston, Keynsham North, Combe Down, Peasedown, Keynsham South and Midsomer Norton Redfield
- This is consistent with the research of a link between areas of deprivation and higher risk of self-harm.

Source: OHID – Fingertips Local Health Profile

The standardised admission ratio (SAR) is a measure of how more or less likely a person living in that area is to have a hospital admission for self-harm compared to the standard population, in this case England. The SAR is a ratio of the number of admissions in the area to the number expected if the area had the same age specific admission rates as England. An SAR of 100 indicates that the area has average self-harm admission rate, higher than 100 indicates that the area has higher than average self-harm admission rate, lower than 100 indicates lower than average self-harm admission rate.

General Health & Morbidity

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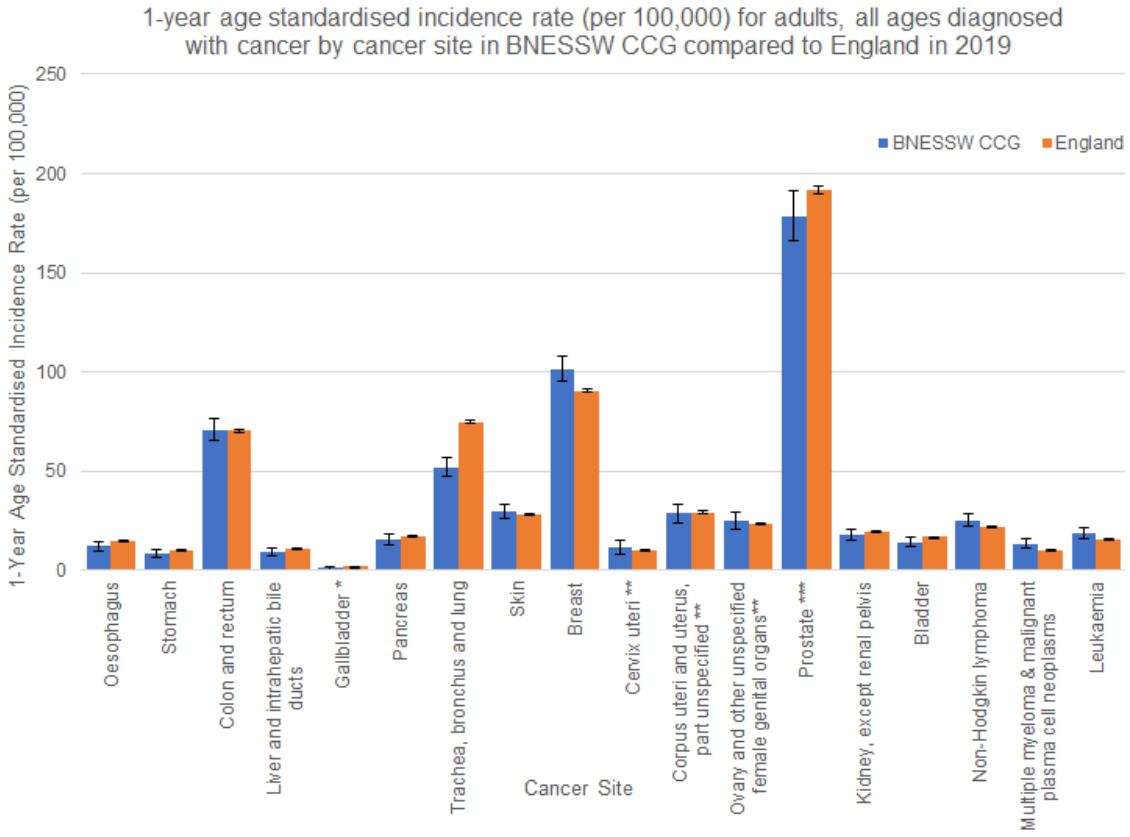
Cancer – Incidence & Prevalence



Source: National Cancer Registration and Analysis Service (NCRAS) (2019), *Cancer Incidence*, available from Cancer Data

*small number of diagnoses may affect the reliability of these rates for BNESSW. **rates in females. ***rates in males. BNESSW CCG: Bath & North East Somerset, Swindon & Wiltshire CCG

Incidence: the number of new cases during a specified time period.

Prevalence: The number of cases of a disease in a specific population at a particular timepoint or over a specified period of time.

- Around 367,000 people are diagnosed with cancer each year in the UK. This is around 1,000 people every day. Men are more likely to get cancer than women. Each year, in the UK around 187,000 men and around 179,000 women are diagnosed with cancer.
- The latest available data on regional cancer incidence is for 2019. For this time period BNESSW CCG had a significantly lower incidence rate of total malignant cancers of 590.4 per 100,000 compared to the national value of 610.1 per 100,000. However, according to GP cancer registers BNESSW CCG has continuously had a significantly higher prevalence of cancer than England as a whole from 2009/10 until the most recent figures in 2019/20 (3.6% of the population vs 3.2% of the population).
- BNESSW CCG had a significantly lower incidence rate compared to the national rate for cancers of the trachea, bronchus and lung (52.1 vs 74.9 per 100,000).
- BNESSW CCG had a significantly higher incidence rate compared to the national rate for cancers of the breast (101.6 vs 90.3 per 100,000) and multiple myeloma and malignant plasma cell neoplasms (13.3 vs 10.3 per 100,000).
- Cancer incidence rates differ by ethnic group and socio-economic group. A recent study at national level found that incidence rates for most cancer sites and ethnic groups were lower in non-White minority ethnic groups compared with the corresponding White group, with particularly low rate ratios for melanoma and some smoking-related cancers. Exceptions included prostate cancer, myeloma, several gastrointestinal cancers, Hodgkin lymphoma and thyroid cancers.
- In terms of socioeconomic group, Cancer Research UK (CRUK) found that there are around 20,000 extra cancer cases each year in more deprived areas of the UK. For some cancer types, people from more deprived communities are more likely to be diagnosed at a later stage, giving them fewer treatment options. They are also 50% more likely to be diagnosed through emergency routes like A&E when looking at all cancers together. Higher proportions of emergency presentations in more deprived groups is particularly clear for bowel, lung, bladder and pancreatic cancers. People diagnosed in this way have worse survival, even when you take into account their cancer stage.

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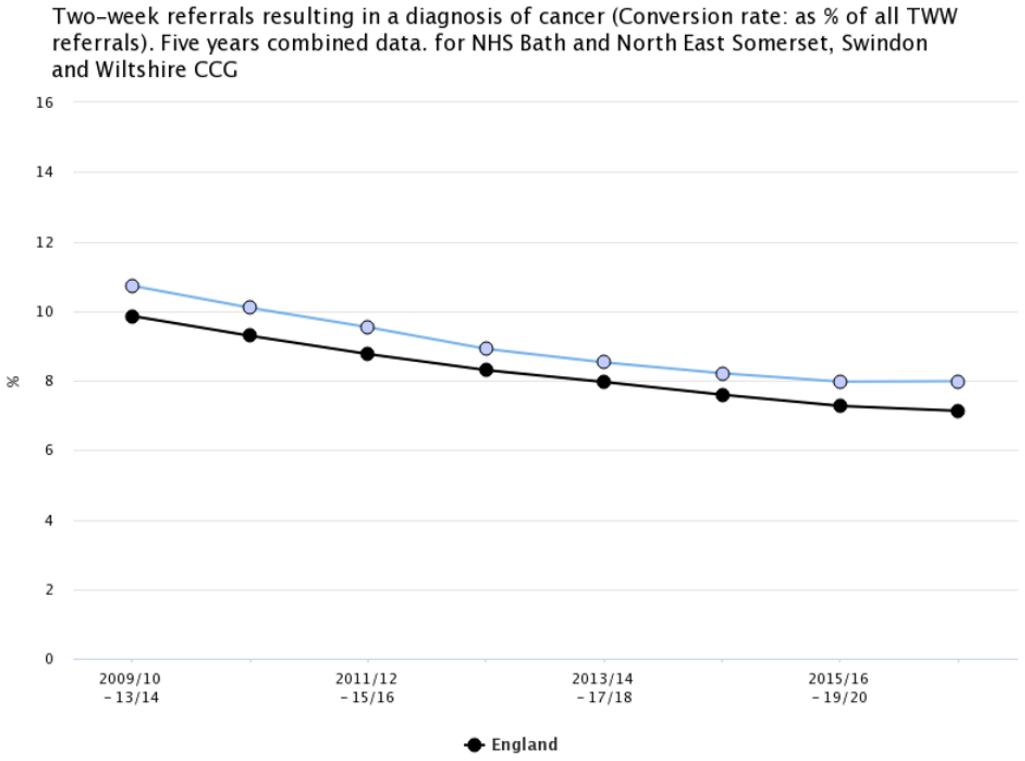
Cancer – Diagnosis, Screening & Referrals



Source: OHID (2021), *Cancer Services*, available from: Cancer Services

Definition: The 'conversion rate', i.e., the proportion of Two Week Wait (TWW) referrals resulting in a diagnosis of cancer: the number of Two Week Wait referrals resulting in a diagnosis of cancer in the year divided by the total number of Two Week Wait referrals in the year

- It is important that cancer is diagnosed as early as possible as it is more likely to be treated successfully. However, between 2012 and 2017 37% of patients in England and Wales were diagnosed after visits to Accident and Emergency. These emergency diagnoses resulted in a two-fold higher risk of dying in the next 12 months compared with people who were diagnosed at other times. CRUK fears the outlook is worse still after the Covid-19 pandemic.
- **Cancer screening** involves testing apparently healthy people for signs of the disease. It can save lives by finding cancers at an early stage, or even preventing them. There are three screening programs in the UK; these are for **bowel cancer**, **breast cancer** and **cervical cancer**. In 2020/21 BSW CCG had a significantly higher rate of uptake for breast screening (66.8% vs 62.8%) and bowel cancer screening (74.5% vs 70.7%) than England. For breast screening this was a decrease on previous years, potentially due to the Covid-19 pandemic, but for bowel cancer screening it was an increase from the previous year, building on an ongoing positive trend.
- If it is suspected by a medical professional that a person may have cancer they will be given an urgent suspected cancer referral. In England this means they should be seen by a specialist within 2 weeks. The **two week wait referral rate** for BSW CCG was 3,379 per 100,000 population for the 5 year period 2016/17 – 2020/21. This is significantly lower than the England rate of 3,484 per 100,000 but continues an ongoing increasing trend. The percentage of these appointments that resulted in a diagnosis for cancer over the same period was 8%, which is significantly higher than the England value of 7% and continues an ongoing downwards trend (see chart on left).
- During the pandemic large numbers of patients did not present at, or were unable to access, routine NHS services. At a national level, as of Sept 2021, there were between 7.6 & 9.1 million missing referrals of patients for elective care and between 240,000 and 740,000 missing urgent referrals for suspected cancer. In Dec 2021, only 67% of patients in England with an urgent referral for suspected cancer were treated within 62 days compared with a requirement for 85% to be treated within that time. Following the decline in referrals during the pandemic, NHS England have reported a record number of cancer checks in the period March '21 to Feb '22, with almost 3 million people referred for cancer checks, an increase of over 10% on the 2.4 million people referred before the pandemic.

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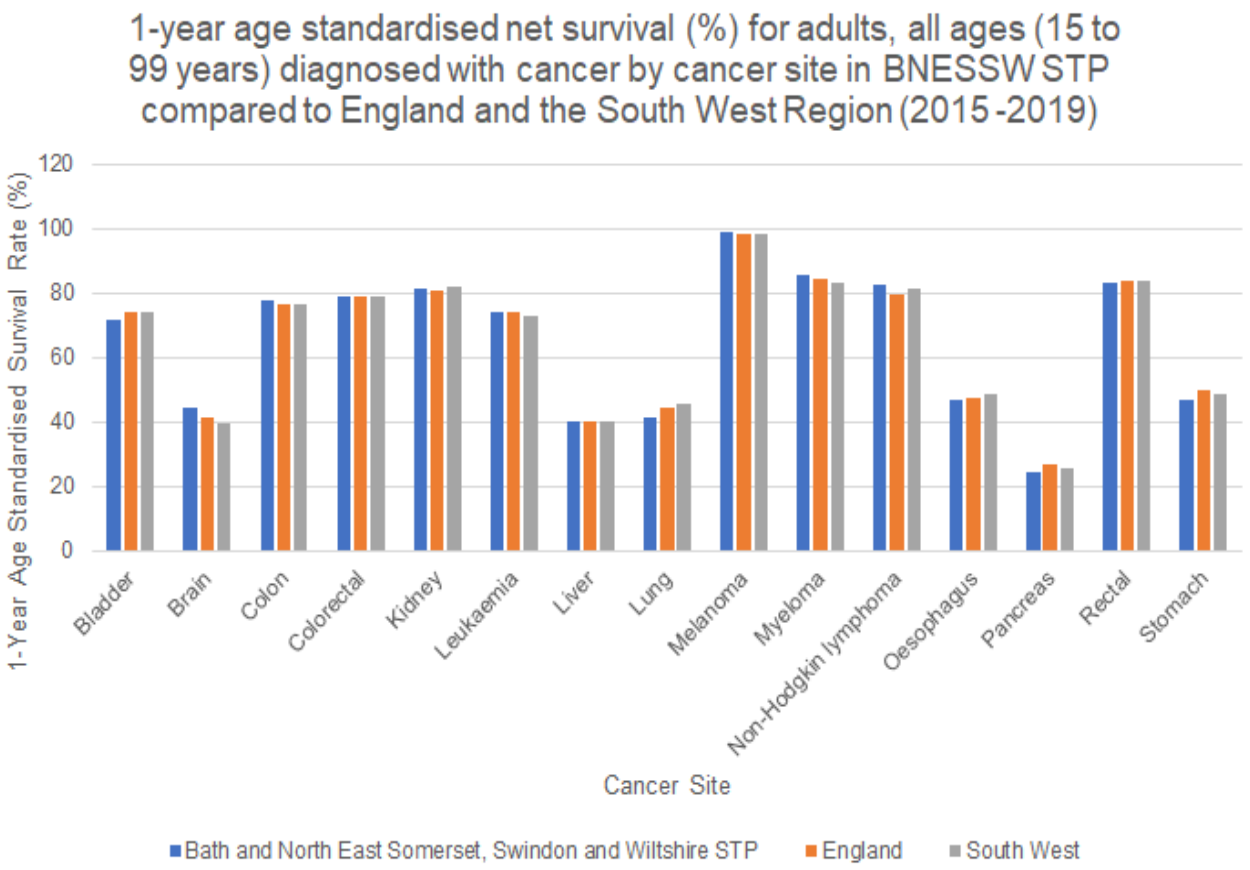
Cancer – Survival Rates



- Cancer survival statistics are an important metric for the effectiveness of cancer management services in an area and can be used to drive improvement in health services.
- Different types of cancer, the types of treatment, an individuals genetics and lifestyles, as well as the stage at which a cancer is diagnosed all have an impact on survival rates.
- At a national level for all cancers, the age-standardised net survival is higher for both males and females living in the least deprived areas when compared to the most deprived areas. For most cancer sites, the survival increases consistently for each deprivation quintile from most deprived to least deprived.
- Cancer survival is highest for melanoma of the skin and lowest for pancreatic cancer and mesothelioma.
- B&NES, Swindon and Wiltshire (BNESSW) STP is generally in-line with England and the South West Region for 1-year age-standardised net survival rates for most cancers outlined in the chart to the left. The biggest variations away from the England rate are in bladder cancer (BNESSW 71.5% vs England 73.7%), brain cancer (BNESSW 44% vs England 41.2%), lung cancer (BNESSW 41% vs England 44.4%), non-hodgkin lymphoma (BNESSW 82.2% vs England 79.4%), and stomach cancer (BNESSW 46.9% vs England 49.6%). However, it should be noted that as the BNESSW STP has a much smaller population than England the age standardised estimates are much more volatile and subject to uncertainty.

Source: NHS Digital (2022), *Cancer Survival in England*, available from Adult Cancer Survival Data Tables

Notes: Adult cancer patients often die from causes unrelated to their cancer diagnosis. To show only the effect of cancer deaths on survival, adult survival estimates are net survival estimates. Net survival estimates compare the survival of cancer patients with that of the general population.

Sustainability and Transformation Partnerships (STPs) are partnerships between NHS organisations and local councils to improve health and care in practical ways. STPs are the smallest geographical areas this data is available at and so fewer age-standardised estimates can be presented. There is more volatility and uncertainty in their estimates because of the smaller populations.

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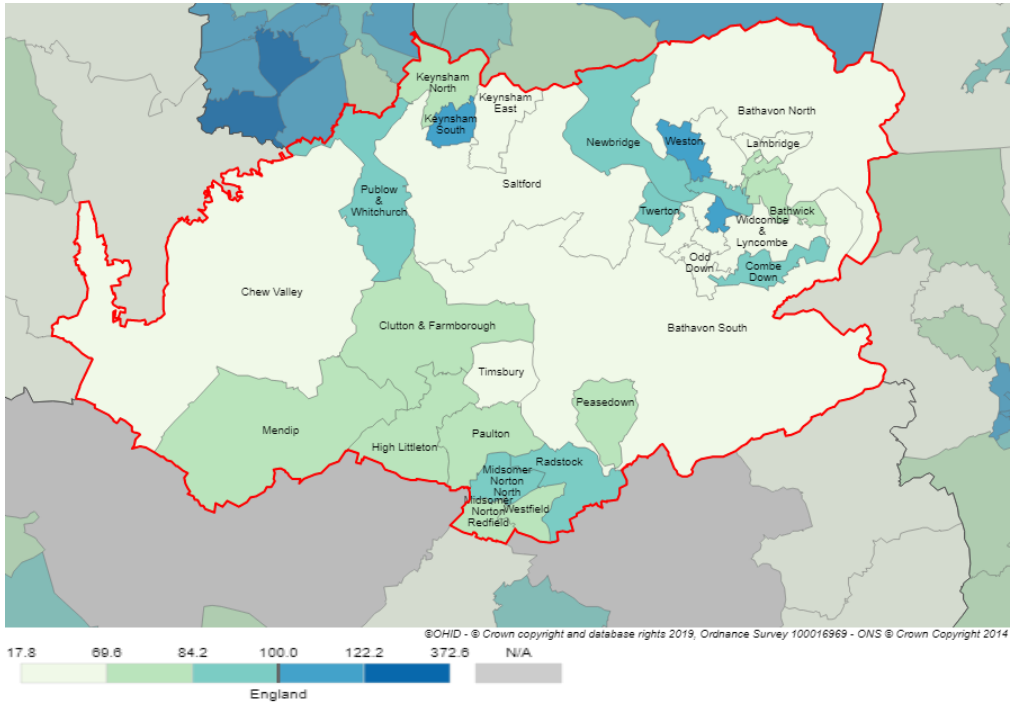
Cardiovascular Disease (CVD) – Coronary Heart Disease (CHD)

Emergency hospital admissions for CHD, 2015/16 to 2019/20 (SAR)



Source: OHID (2021), *Local Health*, available from Local Health

Definition: The standardised admission ratio (SAR) is a measure of how more or less likely a person living in that area is to have an emergency hospital admission for CHD compared to the standard population, in this case England. The SAR is a ratio of the number of admissions in the area to the number expected if the area had the same age specific admission rates as England. An SAR of 100 indicates that the area has average emergency CHD admission rates, higher than 100 indicates that the area has higher than average emergency CHD admission rates, lower than 100 indicates lower than average emergency CHD admission rates.

GP Registers/QOF: NHS Digital have stated that changes in the Quality and Outcomes Framework (QOF) during the pandemic mean that indicator data may be inaccurate for the 2020/21 reporting year, and comparisons with data from previous years could be misleading.

Cardiovascular Disease (CVD) is a general term for conditions affecting the heart or blood vessels. It is usually associated with a build-up of fatty deposits inside the arteries (atherosclerosis) and an increased risk of blood clots. It is one of the main causes of death and disability in the UK, but it can often largely be prevented by leading a healthy lifestyle. CVD includes Coronary Heart Disease (CHD), stroke and peripheral arterial disease.

Coronary Heart Disease (CHD)

- CHD (sometimes called Ischaemic Heart Disease – IHD) is one of the UK's leading causes of death and the most common cause of premature death.
- In 2020-21 there were 6,051 people that were registered with CHD on the GP register within primary care networks (PCNs) in B&NES. That equates to 2.8% of all patients which is significantly lower than the England value of 3.0%. There were two PCNs that were significantly higher than the England value, these were Keynsham PCN (3.5%) and Three Valleys Health PCN (3.3%). There were two that were significantly lower, these were Bath Independents (2.5%) and Unity Medical Group PCN (1.3%)
- In 2020-21 the hospital admission rate for CHD in Bath & North East Somerset, Swindon & Wiltshire (BNESSW) CCG was 311.8 per 100,000 people (2,965 admissions). This is significantly lower than the England rate of 367.6 per 100,000 and it has been consistently reducing year on year.
- For B&NES the standardised admission ratio for emergency hospital admissions for CHD between 2015/16 to 2019/20 was 76.6. This indicates that emergency admissions to hospital due to CHD is less likely than that of the England population as a whole.
- Out of the 33 B&NES wards, 3 had a higher than 100 standardised admission ratio which indicates that people in these areas are more likely to have an emergency admission to hospital with CHD than the England population as a whole. These wards were Keynsham South (112.3), Oldfield Park (106.6) and Weston (101.7) – as seen in blue on the map.
- As a whole, the B&NES population has a lower number of diagnoses of CHD and a lower number of hospital admissions due to CHD than England, there are however smaller geographies within B&NES that have higher than England numbers.

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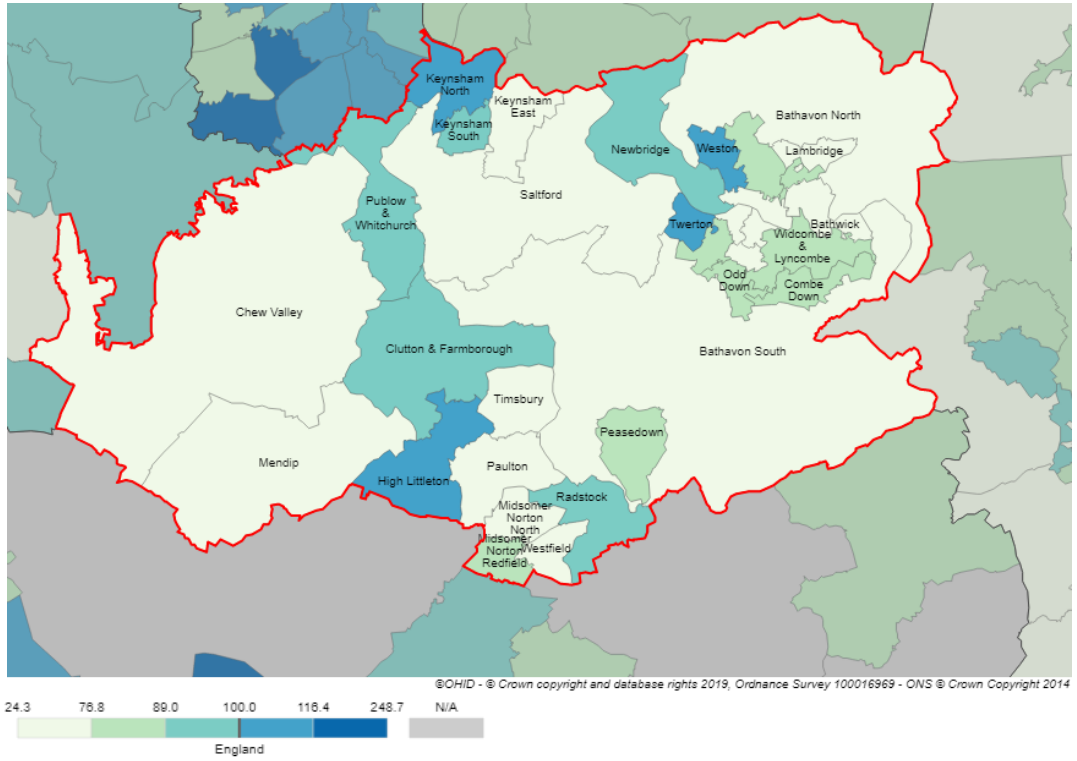
Cardiovascular Disease (CVD) – Stroke

Emergency hospital admissions for Stroke, 2015/16 to 2019/20 (SAR)



Source: OHID (2021), *Local Health*, available from Local Health

Definition: The standardised admission ratio (SAR) is a measure of how more or less likely a person living in that area is to have an emergency hospital admission for stroke compared to the standard population, in this case England. The SAR is a ratio of the number of admissions in the area to the number expected if the area had the same age specific admission rates as England. An SAR of 100 indicates that the area has average emergency admission rates for stroke, higher than 100 indicates that the area has higher than average emergency admission rates, lower than 100 indicates lower than average emergency admission rates for stroke.

GP Registers/QOF: NHS Digital have stated that changes in the Quality and Outcomes Framework (QOF) during the pandemic mean that indicator data may be inaccurate for the 2020/21 reporting year, and comparisons with data from previous years could be misleading.

- In England, one in six people will have a stroke in their lifetime. It is estimated that around 30% of people who have a stroke will go on to experience another stroke. Stroke is one of the biggest killers in the UK, causing around 35,000 deaths each year, it is also the single biggest cause of severe disability in the UK.
- In 2020-21 there were 3,896 people that were registered with having had a stroke on the GP register within PCNs in B&NES. That equates to 1.8% of all patients which is the same as the England rate. There were two PCNs that were significantly higher than the England rate, these were Keynsham PCN (2.5%) and Three Valleys Health PCN (2.0%). There were two that were significantly lower, these were Bath Independents (1.4%) and Unity Medical Group PCN (0.9%)
- In 2020-21 the hospital admission rate for strokes in BNESSW CCG was 165.5 per 100,000 people (1,595 admissions). This is similar to the England rate of 161.8 per 100,000 and in keeping with the longer term trend.
- For B&NES the standardised admission ratio for emergency hospital admissions for stroke between 2015/16 to 2019/20 was 79.5. This indicates that emergency admission to hospital due to a stroke is less likely than that of the England population as a whole.
- Out of the 33 B&NES wards, 4 had a higher than 100 standardised admission ratio which indicates that people in these areas are more likely to have an emergency admission to hospital with a stroke than the England population as a whole. These wards were Weston (111.9), Twerton (107.3), Keynsham North (106.0) and High Littleton (100.3) – as seen in blue on the map.
- As a whole, the B&NES population has a lower prevalence of stroke and a lower number of hospital admissions due to stroke than England, there are however smaller geographies within B&NES that have higher than England numbers and these are not necessarily the same as those wards with higher levels of CHD.

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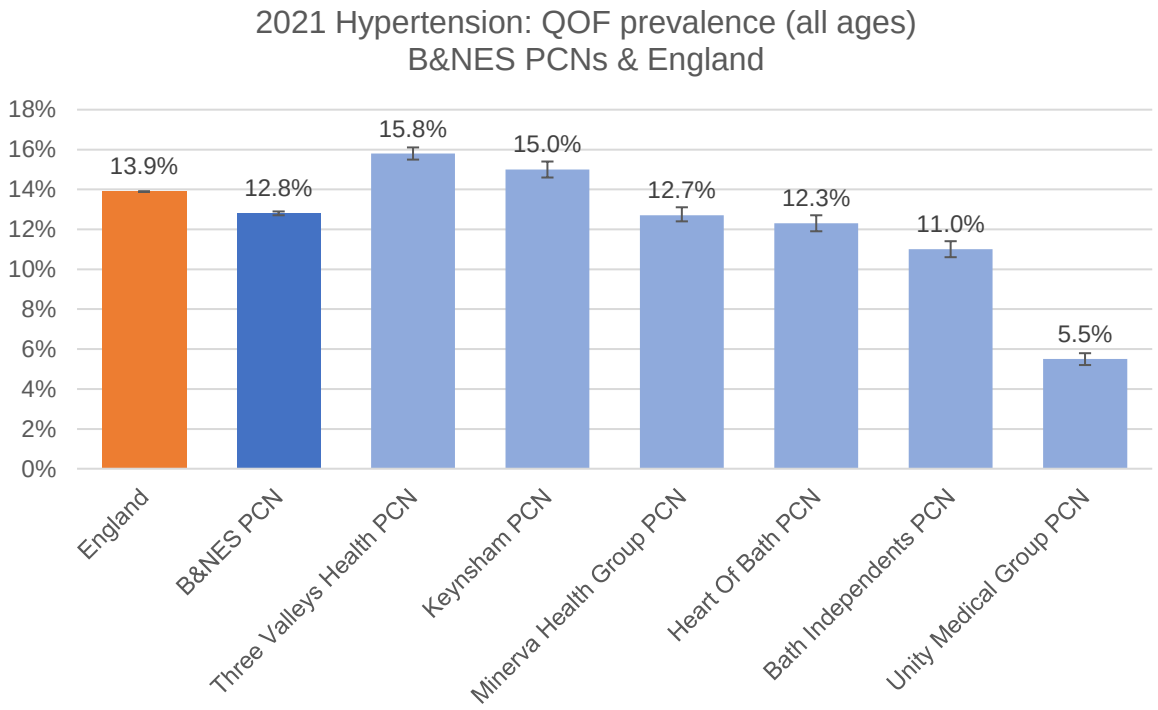
CVD Risk Factors – Hypertension



Source: OHID (2021), *National General Practice Profiles*, available from: General Practice Profiles

B&NES PCN Region is the B&NES council regional value as aggregated from PCN level data.

GP Registers/QOF: NHS Digital have stated that changes in the Quality and Outcomes Framework (QOF) during the pandemic mean that indicator data may be inaccurate for the 2020/21 reporting year, and comparisons with data from previous years could be misleading.

- There are a range of conditions that are considered high risk conditions for CVD, these include hypertension, atrial fibrillation, high cholesterol, diabetes, non-diabetic, hyperglycaemia and chronic kidney disease. Late diagnosis and under-treatment of these high risk conditions is common, and this substantially increases the incidence of stroke and heart attack.
- High blood pressure (hypertension) is the leading modifiable risk factor for heart and circulatory disease in the UK. An estimated 28% of adults in the UK have high blood pressure – this equates to 15 million adults and it is estimated that at least half of them are not receiving effective treatment.
- According to 2020/21 GP registers (QOF), 12.8% of the population registered with GPs in primary care networks (PCNs) in B&NES were recorded as having hypertension, this equates to 27,411 people. This is a significantly lower proportion than the England rate of 13.9%, however there are two PCNs in the area with a significantly higher rate than England; these are Three Valleys Health PCN (15.8%) and Keynsham PCN (15.0%).
- It should be noted that the real proportion of the population living with hypertension is estimated to be much higher as a person may have hypertension with no symptoms for a long time.
- Other risk factors include smoking, air pollution, overweight/obesity, diet & exercise, impaired kidney function, old age, gender, family history, and ethnicity.

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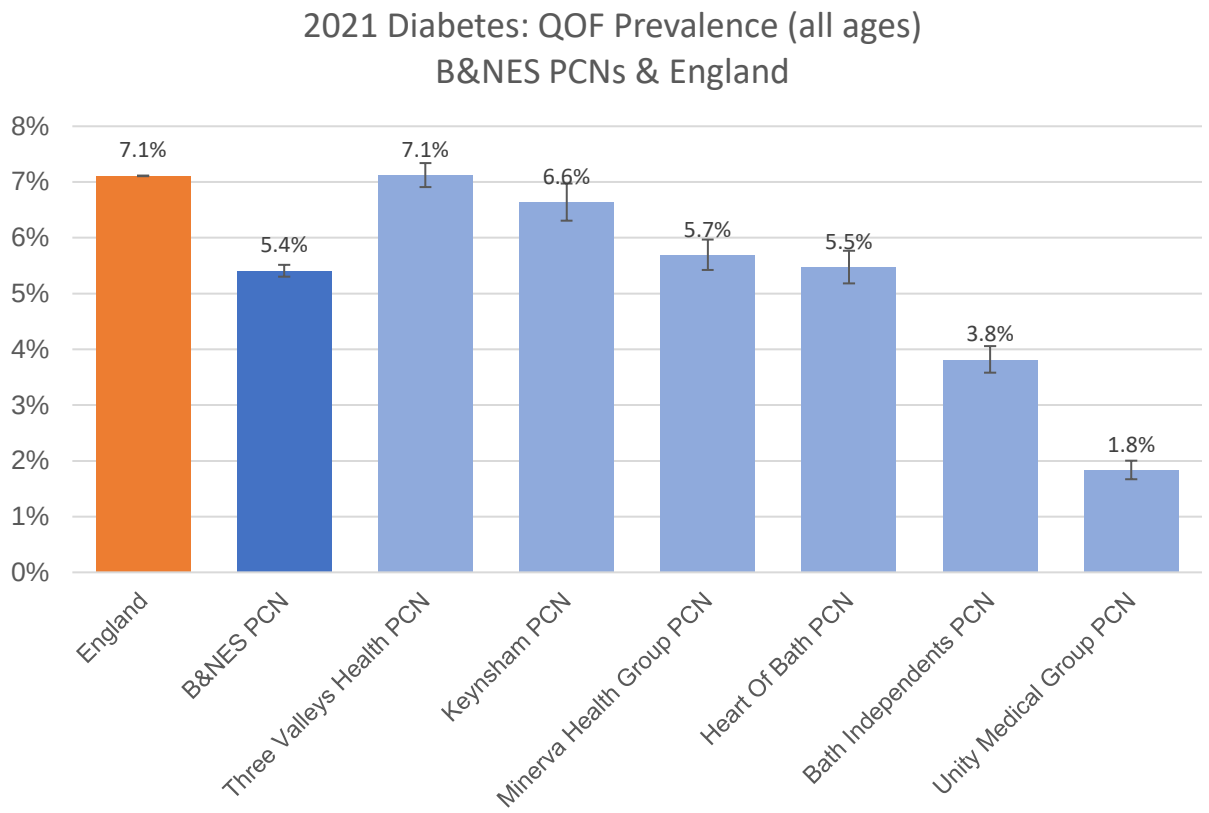
CVD Risk Factors – Diabetes



Source: OHID (2021), *National General Practice Profiles*, available from: General Practice Profiles

B&NES PCN Region is the B&NES council regional value as aggregated from PCN level data.

GP Registers/QOF: NHS Digital have stated that changes in the Quality and Outcomes Framework (QOF) during the pandemic mean that indicator data may be inaccurate for the 2020/21 reporting year, and comparisons with data from previous years could be misleading.

- Diabetes is a lifelong condition that causes a person's blood sugar level to become too high. There are more than 4.9 million people in the UK who live with diabetes (7%), and 13.6 million people that are at increased risk of type 2 diabetes (20%).
- Diabetes is a significant risk factor for heart and circulatory diseases (CVD) and adults with diabetes are 2-3 times more likely to develop heart and circulatory diseases and are nearly twice as likely to die from heart disease or stroke as those without diabetes.
- As well as increasing the risk of heart attack and stroke, CVD can affect the circulation which makes many complications of diabetes worse.
- The B&NES estimated diabetes diagnosis rate as of 2018 is significantly lower than the England rate and has been since at least 2015, suggesting some **underdiagnosis** in B&NES.
- According to 2020/21 GP registers (QOF), 5.4% of the population registered with GPs in primary care networks (PCNs) in B&NES were recorded as having diabetes (see chart opposite), this equates to 9,663 people. This figure is significantly lower than England at 7.1% of the total population but has been increasing year on year similarly to the England trend.

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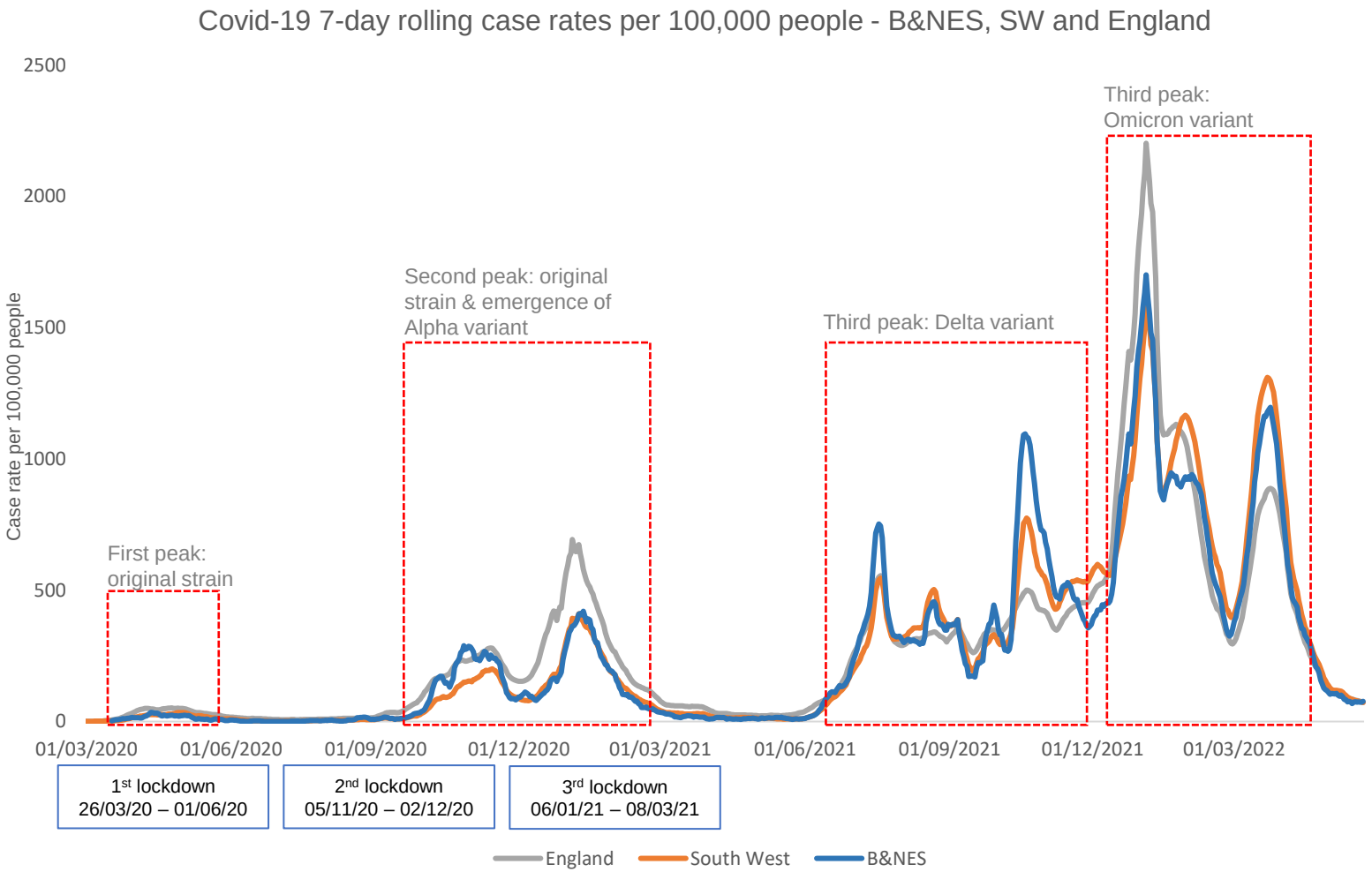
Coronavirus Pandemic: Covid-19 cases



- The World Health Organisation (WHO) **declared a pandemic** on 11th March 2020.
- The first peak in cases of the original strain of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) was seen between March and May 2020, peaking in early April across the UK.
- Mass community testing accelerated in scale from September 2020.
- A second peak in cases was seen from late Summer/Autumn 2020 as the **Alpha variant** (B.1.1.7) was identified in Kent and spread across the UK.
- In late October/early November 2020 B&NES experienced higher case rates compared to the South West as the virus spread rapidly, first through its HE student population.
- A third peak began in Summer 2021 as the **Delta variant** (B.1.617.2) became dominant and B&NES temporarily experienced the highest case rates of any local authority in England in October 2021.
- Winter 2021 saw the roll out of mass vaccinations and the Government's **Winter Plan.** Even though the Delta variant resulted in high case numbers, there have since been lower rates of hospitalisations and deaths due to vaccinations.
- The highest case rates of the pandemic were then recorded in December to January 2021/22 as the **Omicron variant** (B.1.1.529) emerged and became dominant.
- Free mass testing ended on 1st April 2022, although testing continues in health and social care settings.

Data Sources: National Coronavirus Dashboard

Data note: Please note that recorded cases will always undercount the number of actual infections

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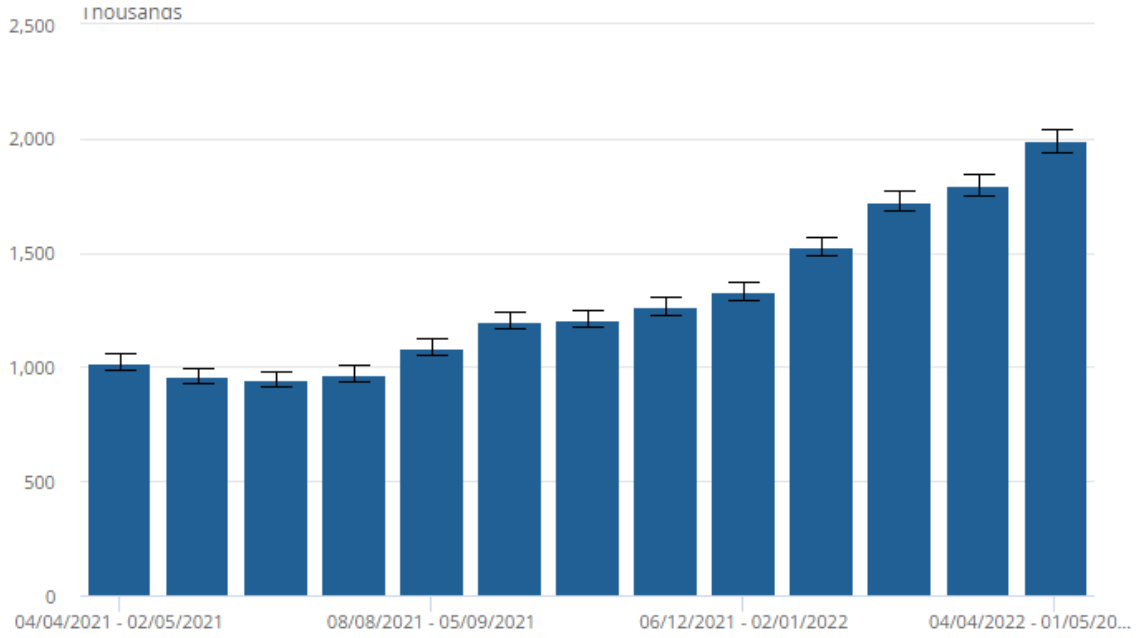
Long-COVID (Post COVID Syndrome)

Estimated number of people living in private households with self-reported long COVID of any duration, UK: four-week periods ending 2 May 2021 to 1 May 2022



- As of 1st May 2022, ONS estimates **2 million** people living in private households in the UK (3.1% of the population) were experiencing **self-reported** long-COVID. This is the highest prevalence to date.
- Long-COVID symptoms **adversely affected the day-to-day activities of 1.4 million people** (71% of those with self-reported long-COVID), with 398,000 (20%) reporting that their ability to undertake their day-to-day activities had been "limited a lot" (as of 1st May 2022).
- **Prevalence** appears to be highest in those aged 35 to 49 years, females, people living in deprived areas, those working in social care, teaching and health care, and people with other activity-limiting disabilities.
- Exact local prevalence is unknown as self-reported long covid is not systematically recorded by GPs. Applying the national estimates to our local population would mean approximately **6,087 people in B&NES** with long-COVID.
- A recent study suggests a reduction in the odds of self-reported long COVID with the omicron variant versus the delta variant.
- UKHSA reports that people who have been fully vaccinated against covid-19 are around half as likely to develop long covid symptoms as people who have received only one vaccine dose or are unvaccinated.
- Symptoms vary but commonly include fatigue, shortness of breath, loss of smell, and difficulty concentrating.
- A recent study also suggests a high incidence of longer-term **olfactory disorder** after recovering from Covid-19 with 65% of individuals in the study experiencing olfactory dysfunction of some form 18 months after recovering from COVID-19.
- In November 2021, the B&NES, Swindon and Wiltshire (BSW) Long-Covid Clinic reported **271 referrals** to the service in B&NES. Data from the service suggests lower referral rates amongst men and older people across the BSW area.

Definition: 'Long COVID' is commonly used to describe signs and symptoms that continue to develop after acute COVID-19. It includes both ongoing symptomatic COVID-19 (from 4 to 12 weeks) and post COVID-19 syndrome (12 weeks or more).

Source: ONS (2022), Prevalence of ongoing symptoms following coronavirus (COVID-19) infection in the UK : 3 February 2022, available from: https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/conditionsanddiseases/bulletins/prevalenceofongoingsymptomsfollowingcoronaviruscovid19infectionintheuk/1june2022

Note: cases and symptoms are self-reported, and estimates based on lab-confirmed cases vary between 3 and 11.7%.

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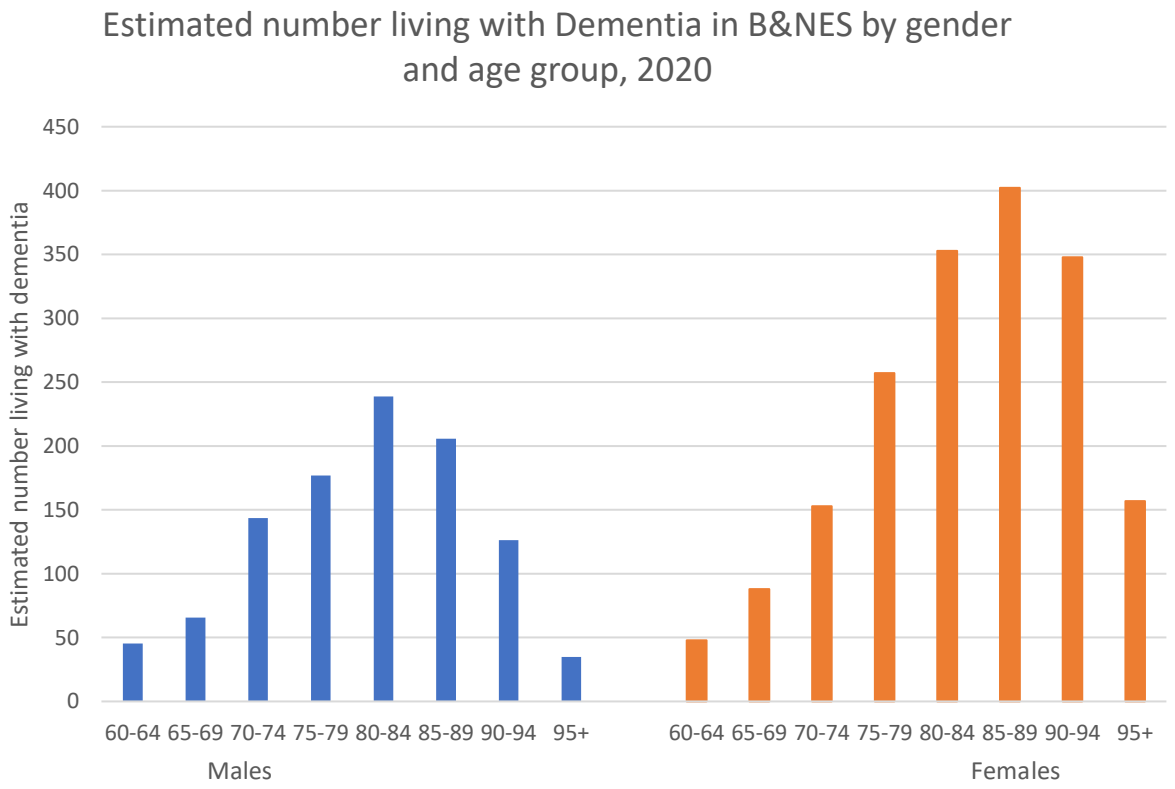
Dementia Prevalence



Graph Source: Dementia UK 2014 prevalence estimates applied to ONS 2020 B&NES population mid-year estimates. Prevalence estimates taken from Prince, M et al (2014) Dementia UK: Update Second Edition report produced by King's College London and the London School of Economics for the Alzheimer's Society.

Note: population estimates for 90-94 and 95+ groups are based on UK proportions in each age group

[1] Projections of older people with dementia and costs of dementia care in the United Kingdom, 2019 – 2040, Nov 2019.

[2] Global Burden of Disease Study

[3] UKHSA: Health Inequalities and Dementia

- **Dementia** is a syndrome associated with an ongoing decline of brain functioning. There are many different causes of dementia and many different types. Symptoms include memory loss, changes in mood and behaviour, problems with communication, reasoning and the ability to carry out daily activities. **Alzheimer's disease** is the most common cause of dementia. The risk of developing dementia **increases exponentially with age**.
- The **prevalence** rate of dementia among **older people (65+) in B&NES** was estimated to be **7.26%** in 2019 and is projected to increase to **8.09%** in 2040[1]. As age is the biggest risk factor for dementia, increasing life expectancy is the driving force behind this projected rise.
- In 2021, there were an estimated **2,715 people aged 65 and over in B&NES with dementia** (diagnosed and undiagnosed). The estimated **dementia diagnosis rate (65+)** for B&NES was **58.6%**. Thus, there is an estimated gap of 1,124 over 65s who may benefit from access to support for dementia. This diagnosis rate is significantly below the 66.7% target set by the NHS.
- The **higher life expectancy of women** is translated into higher prevalence of dementia in older age groups. In 2020, it was estimated there were over **1,200 Females aged 80+** with dementia in B&NES and around **600 Males aged 80+.**
- There is greater prevalence, up to 4 times greater, of dementia in Black and South Asian ethnic groups. The prevalence of dementia is 4 times greater among people with a learning disability. Dementia is much more common in people with Down's syndrome, and onset often begins earlier [3].
- The GBD[2] estimates that **6.36% of total deaths in B&NES were from Dementia and Alzheimer's disease in 2019.** This was the 4th leading cause of death in B&NES in 2019.

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Dementia Projections

B&NES Projection[1]	2019	2025	2030	% growth from 2019
Projected number of older people (65+) with dementia (persons)	2,700	3,170	3,670	36%
Projected number of **Males** (65+) with dementia	999	1,173	1,358	
Projected number of **Females** (65+) with dementia	1,701	1,997	2,312	
Projected total costs of dementia (£million)	110	140	180	66.3%
Projected prevalence rates of dementia in old age (65+)	7.26%	7.75%	8.09%	11.4%
Projected number of older people living with dementia by severity (persons)				
Mild	393	430	489	24.4%
Moderate	741	744	826	11.4%
Severe	1,564	1,997	2,355	50.6%
Projected costs of dementia by type of care (£million)				
Healthcare	15	18.7	23.6	57.3%
Social care	51	68.5	87.9	72.4%
Unpaid care	42	53.7	67.8	61.4%
Other	0.5	0.9	1.2	115.7%

- In **2030**, it is projected there will be **3,670 older people (65+)** with dementia in B&NES, an increase of 36% since 2019, made up of **1,358 Males** (37%) and **2,312 Females** (63%)
- The **total costs of dementia in B&NES** are projected to increase from **£110 million in 2019 to £180 million by 2030**, an increase of 66%
- **Early onset dementia** is defined as symptoms of dementia diagnosed under the age of 65, presenting different issues for the person affected, their carer and their family. Prevalence of early onset dementia, as with late onset dementia, increases exponentially with age, **roughly doubling every 5 years**[2]
- In **2030**, it is projected there will be **28 Males aged 30-64** in B&NES with **Early Onset Dementia** and **20 Females**[3]. These numbers are similar to the estimated numbers in 2020.

[1] Projections of older people with dementia and costs of dementia care in the United Kingdom, (Nov 2019). Note: At the time of writing (March '22), these are the most recent projections. Cases of Dementia are projected to increase over time but at a lower rate than previous projections suggested.

[2] Prince, M et al (2014) Dementia UK: Update Second Edition report produced by King's College London and the London School of Economics for the Alzheimer's Society.

[3] Projecting Adult Needs and Service Information (PANSI)

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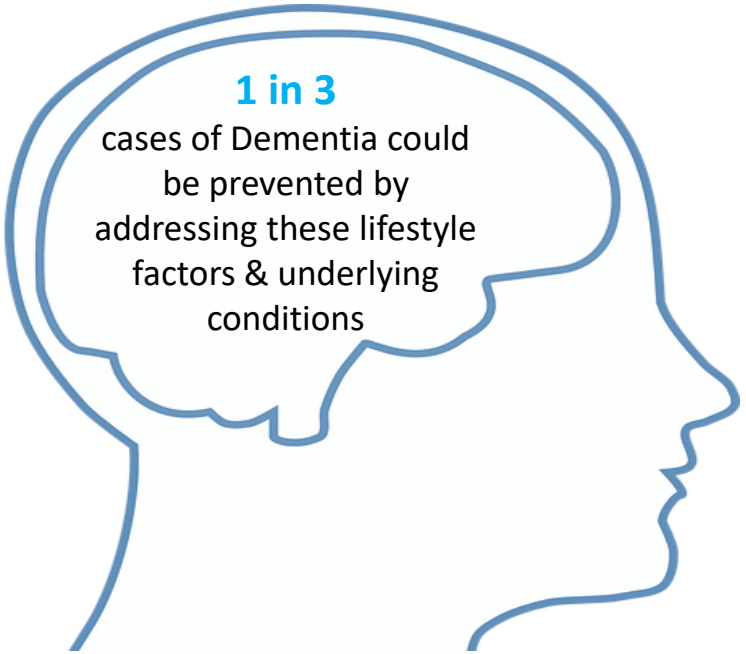
Dementia & Prevention



Increase	Decrease
Education	Hearing Loss
Physical Activity	Hypertension
Social Contact	Obesity
	Smoking
	Depression
	Diabetes
	Air pollution
	Alcohol consumption
	Brain injury

Credit: Keck Medicine of USC

- The 2020 Lancet Commission Report on Dementia prevention, intervention, and care[1] highlight 12 modifiable risk factors which may prevent or delay up to 40% of dementias. They recommend focusing on:
  - Tackling hypertension, hearing impairment, smoking, obesity, depression, physical inactivity, diabetes, low social contact, improving educational attainment, excessive alcohol consumption, traumatic brain injury and air pollution
- A recent study[2] found that multimorbidity[3] in midlife rather than later life has a robust association with subsequent dementia.
  - **Having 2 or more chronic conditions at age 55** was associated with a **2.4 fold increase in risk of dementia**. Developing 2 or more conditions **between 60 and 65** was associated with a **1.5-fold higher risk**
  - **For every 5 year younger age at onset of multimorbidity** up to age 70, the **risk of dementia was higher by 18%**
  - Increased severity of multimorbidity strengthened associations with dementia, particularly multimorbidity in midlife
- These findings highlight the role of prevention and management of chronic diseases over the course of adulthood to mitigate adverse outcomes in old age.

[1] Dementia prevention, intervention, and care: 2020 report of the *Lancet* Commission

[2] Whitehall II cohort study including over 10,000 subjects and a median follow-up time of 31.7 years. Association between age at onset of multimorbidity and incidence of dementia: 30 year follow-up in Whitehall II prospective cohort study: BMJ 2022; 376 (Feb 2022).

[3] Multimorbidity defined as 2 or more chronic conditions (of coronary heart disease, stroke, heart failure, diabetes, hypertension, cancer, chronic kidney disease, COPD, liver disease, depression, mental disorders, Parkinson's disease, arthritis)

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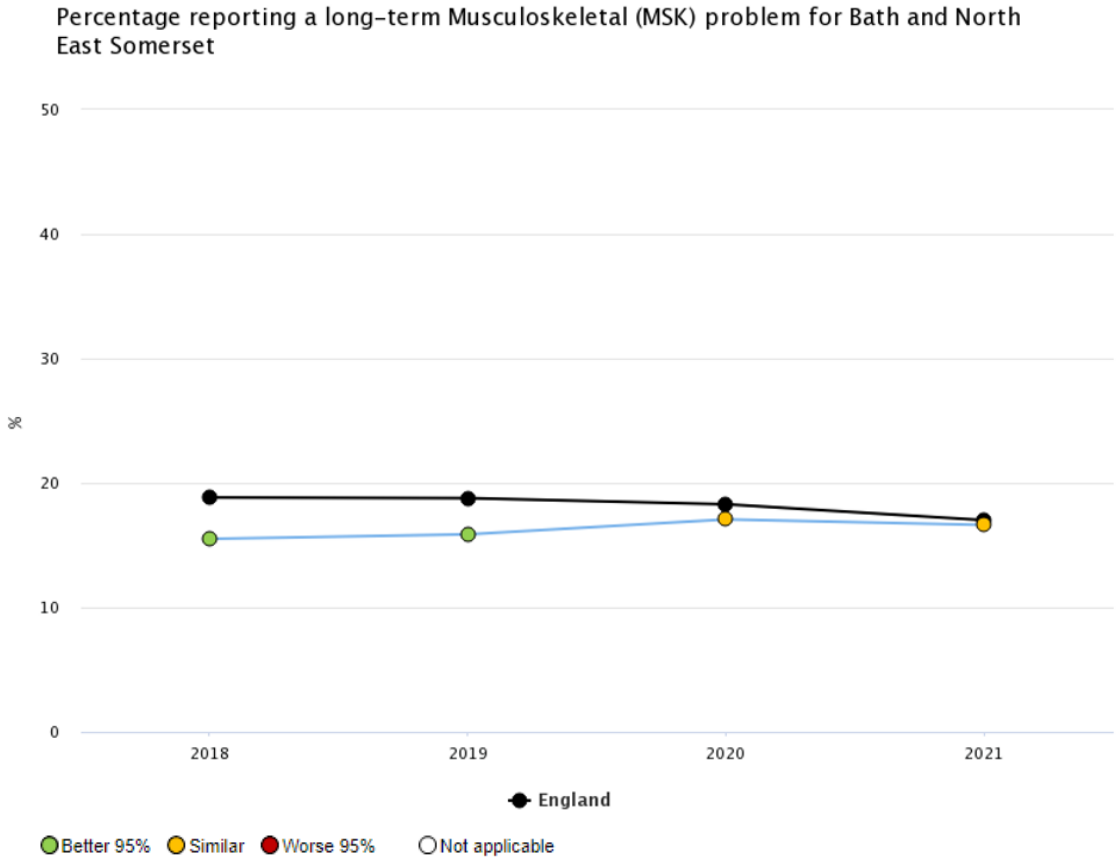
Musculoskeletal Health



- Around a third of the UK population are suffering from musculoskeletal (MSK) conditions, mainly arthritis and lower back pain. 38% of UK males and 35% of UK females suffer from MSK conditions.
- MSK conditions affects people of all ages but becomes more prevalent with increasing age. In 2021, 11% of people under age 35, 40% of people aged 35-64 and 61% of people aged 65 and over, live with MSK conditions in the UK. Further information can be found here.
- There are inequalities in the prevalence of long-term MSK conditions with the most deprived areas in England having a higher prevalence of MSK conditions than the least deprived (18.3% compared 14.3% in 2021).
- In 2021, 16.6% of the B&NES population suffered from long-term MSK health problems, slightly lower than the national rate (17.0%) *[see chart opposite]*.
- In 2019, just over a fifth (22%) of the total Years Lived with a Disability in B&NES was accounted for by MSK conditions. Further information can be found here.
- According to a survey by The Royal Society for Public Health, 39% of people working from home in the UK due to the Covid-19 pandemic are reported to have developed musculoskeletal problems.
- MSK accounted for 11% [334 | 3,043] of the total Employment Support Allowance (ESA) claims in B&NES as at 31 August 2021 (Source: DWP. Note: there will be some people in receipt of Universal Credit who are missing from these figures).

Definition: Musculoskeletal (MSK) health conditions are long-term conditions that affect the normal functioning of bones, muscles, joints, and spine. They are mostly inflammatory conditions, osteoporosis and fragility fractures, and conditions of MSK pain.
Source: OHID (2022), Musculoskeletal Conditions, available from: https://fingertips.phe.org.uk/profile/msk
Note: percentage of people aged 16+ reporting a long-term MSK condition, either arthritis or ongoing problem with back or joints.

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Respiratory Disease

COPD: QOF number of diagnoses (all ages) 2020/21

Proportion - %

Area	Count	Value	99.8% Lower CI	99.8% Upper CI
England	1,170,437	1.9	1.9	1.9
B&NES PCN Region	3,043	1.4*	1.3	1.5
Three Valleys Health PCN	1,202	1.8*	1.6	1.9
Keynsham PCN	414	1.6*	1.4	1.8
Heart Of Bath PCN	426	1.5*	1.3	1.8
Minerva Health Group PCN	518	1.5*	1.3	1.7
Bath Independents PCN	357	1.2*	1.0	1.4
Unity Medical Group PCN	126	0.5*	0.4	0.6

Asthma: QOF number of diagnoses (6+ yrs) 2020/21

Proportion - %

Area	Count	Value	99.8% Lower CI	99.8% Upper CI
England	3,629,071	6.4	6.4	6.4
B&NES PCN Region	13,589	6.7*	6.5	6.9
Keynsham PCN	1,901	7.8*	7.2	8.3
Three Valleys Health PCN	4,837	7.5*	7.2	7.8
Heart Of Bath PCN	1,888	7.1*	6.6	7.6
Minerva Health Group PCN	2,252	6.8*	6.4	7.3
Bath Independents PCN	1,680	6.0*	5.5	6.4
Unity Medical Group PCN	1,031	3.9*	3.5	4.2

Source: OHID (2021), *National General Practice Profiles*, available from: General Practice Profiles

QOF – Quality of Outcomes Framework

B&NES PCN Region is the B&NES council regional value as aggregated from PCN level data. **Asthma QOF:** The percentage of patients aged 6 years and older with a recorded diagnosis of asthma, excluding those who have been prescribed no asthma-related drugs in the previous twelve months, as recorded on practice disease registers from all registered patients aged 6 years and older. **COPD QOF:** The percentage of patients with a recorded diagnosis COPD, as recorded on practice disease registers.

GP Registers/QOF: NHS Digital have stated that changes in QOF during the pandemic mean that indicator data may be inaccurate for the 2020/21 reporting year, and comparisons with data from previous years could be misleading.

- Respiratory diseases are those that affect the airways and lungs. They are diagnosed in 1 in 5 people and are the third leading cause of death in the UK after cardiovascular disease and cancer. They are also a major driver of health inequalities, and much of this disease is largely preventable. Respiratory disease covers a variety of conditions, including asthma, Chronic Obstructive Pulmonary Disease (COPD), lung cancer, and infections such as pneumonia and influenza.
- Nationally, incidence of respiratory disease are higher in disadvantaged groups and areas of social deprivation, with the gap widening and leading to worse health outcomes. The most deprived communities have a higher incidence of smoking rates, exposure to higher levels of air pollution, poor housing conditions and exposure to occupational hazards.
- B&NES has a significantly lower rate of recorded diagnoses of COPD than the England rate (1.4% vs 1.9%) with the majority of PCNs in the area also having a significantly lower rate.
- B&NES has a significantly higher rate of recorded diagnoses of asthma than the England rate (6.7% vs 6.4%) with the majority of PCNs in the area also having a significantly higher rate.
- B&NES, Swindon and Wiltshire (BNESSW) CCG has consistently had a significantly lower rate of emergency hospital admissions for pneumonia than England with 201.4 admissions per 100,000 vs 241.7 admissions per 100,000 in 2020/21. This value is much lower than in previous years coinciding with the Covid-19 pandemic.

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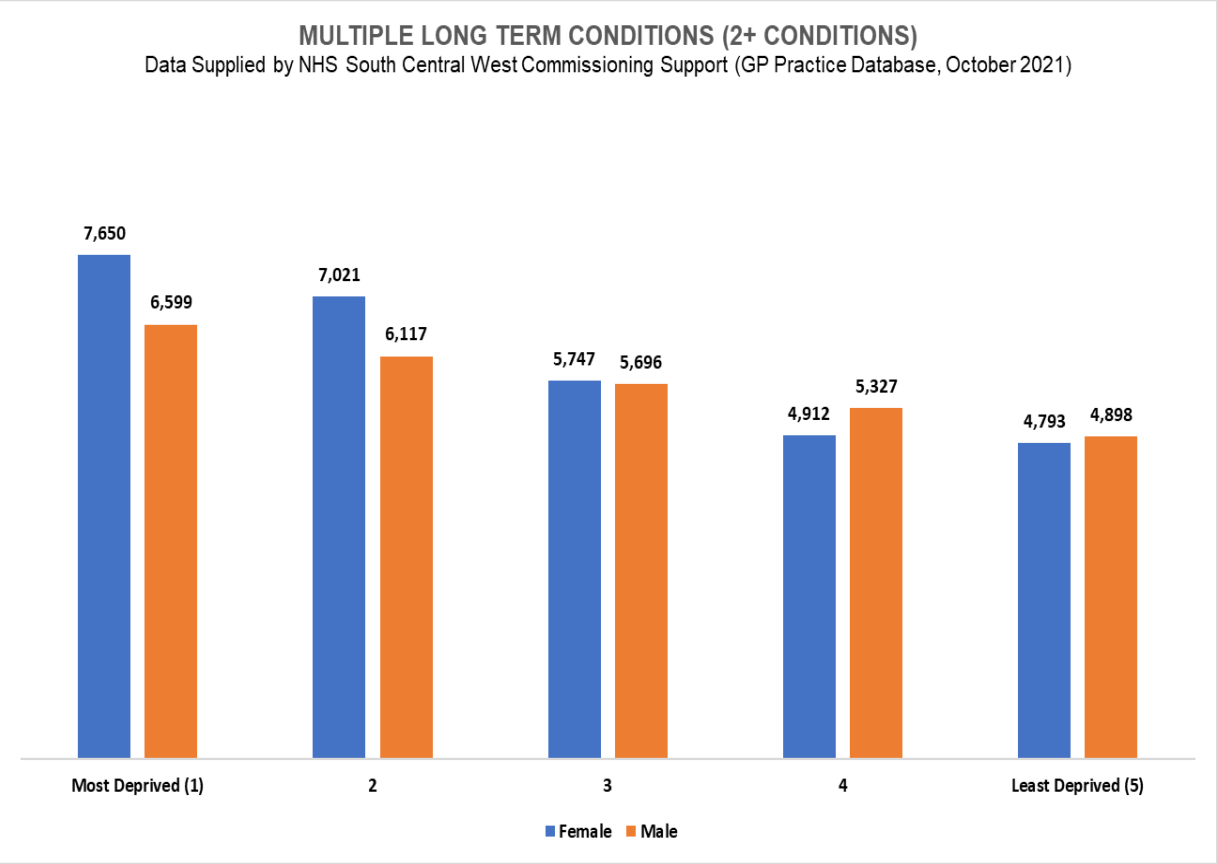
Multiple Long-Term Conditions



- Long-term conditions or chronic diseases are conditions for which there is currently no cure, and which are managed with drugs and other treatments, for example: diabetes, chronic obstructive pulmonary disease, arthritis and hypertension.
- The King's Fund reported that "*people with long-term conditions now account for about 50% of all GP appointments, 64% of all outpatient appointments and over 70% of all inpatient bed days*".
- In B&NES, for 2+ conditions: 2% and 33% of affected people are within the 20-29 and 80+ age groups respectively, i.e. prevalence increases with age.
- In B&NES, for 3+ conditions: 1% and 35% of affected people are within the 20-29 and 80+ age groups respectively, i.e. prevalence increases with age.
- In the most deprived areas in B&NES (quintiles 1 & 2), more females than males experience 2 or more long term conditions; whereas in the least deprived areas (quintiles 4 & 5), more males than females experience 2 or more long term conditions (see chart opposite).
- According to NHS England, 10 million people in England have 2 or more long term conditions. For B&NES, approximately 58,000 people have 2+ conditions (internal analysis).

Source: Data supplied by NHS South Central West Commissioning Support Unit (SCWCSU Bath), extracted from GP Practice Database in October 2021. Internal analysis, which was conducted using Quality and Outcomes Frameworks – NHS performance measures. All figures quoted above relate to B&NES only.

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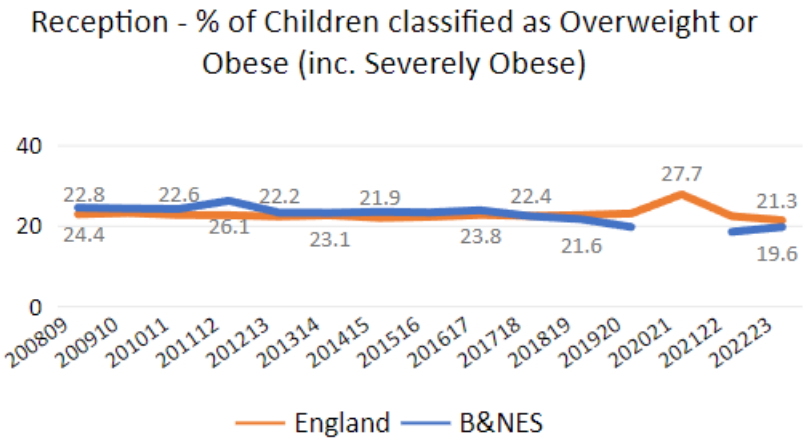
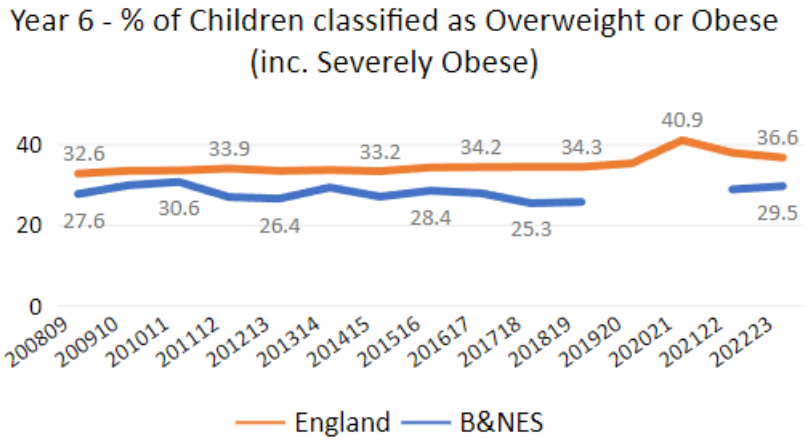
Childhood Weight - NCMP





- Childhood obesity is predictive of adult obesity, but also separately increases the risks of asthma, early onset type-2 diabetes, and cardiovascular risk factors. The predictive ability of childhood weight is stronger with the year 6 cohort than for the reception year cohort and gets stronger still into adolescence.
- In 2022/23, 19.6% of **Reception** aged children resident in B&NES were overweight or obese, lower than the national figure (21.3%). **7.5% were obese or severely obese in B&NES, which is statistically significantly lower than the national rate (9.2%)**.
- In 2022/23, 29.5% of **Year 6** aged children resident in B&NES were **overweight or obese**, which is statistically significantly **lower than the national figure** (36.6%). 17.1% were obese or severely obese in B&NES, also statistically significantly lower than the national figure (22.7%).
- Since the national measurement programme began in 2006/07, the shape of the BMI distribution has become more skewed, with the 2022/23 distribution showing a larger proportion of Year 6 pupils in England having higher BMI values. In B&NES, the percentage of **Reception children classified as overweight** (including those living with obesity) has **decreased** from 23.4% in 2016/17 to 19.6% in 2022/23. However, following the pandemic, there has been an **increase in** the percentage of **Year 6 pupils who are obese**, both nationally and in B&NES.
- Levels of obesity increase with age, and by Year 6, both nationally and in B&NES, there is a higher proportion of boys living with obesity, compared to girls. However, the percentage of girls who were obese (inc. severely obese) increased from 12.5% in 2021/22 to 15.4% in 2022/23. This is approaching the percentage of boys who are obese (18.8%), which remained largely unchanged.
- Deprivation is a significant factor in the number of those living with obesity among Year 6 children, both in B&NES and nationally, and this is even more marked for Year 6 boys. In 2022/23, there were more than twice as many children in B&NES who were obese or severely obese in the most deprived areas, compared to the least deprived areas. National figures show that in the most deprived areas, there is a much larger proportion of children classified as overweight or obese.

Definitions: Children are classified as overweight (including obese) if their BMI is on or above the 85th centile of the British 1990 growth reference (UK90) according to age and sex. Obesity is defined as BMI on or above the 95th centile of the UK90 growth reference. Reception aged children: 4 to 5 years old. Year 6 aged children: 10 to 11 years old. School closures during the pandemic have resulted in missing data for 2019/20 and 2020/21. Only a small fraction of the Year 6 measurements were obtained for B&NES in 2019/20, so the results published for this year are for Reception only. Neither year group were measured during 2020/21.

Source: OHID Obesity Profile (based on postcode of child residency).

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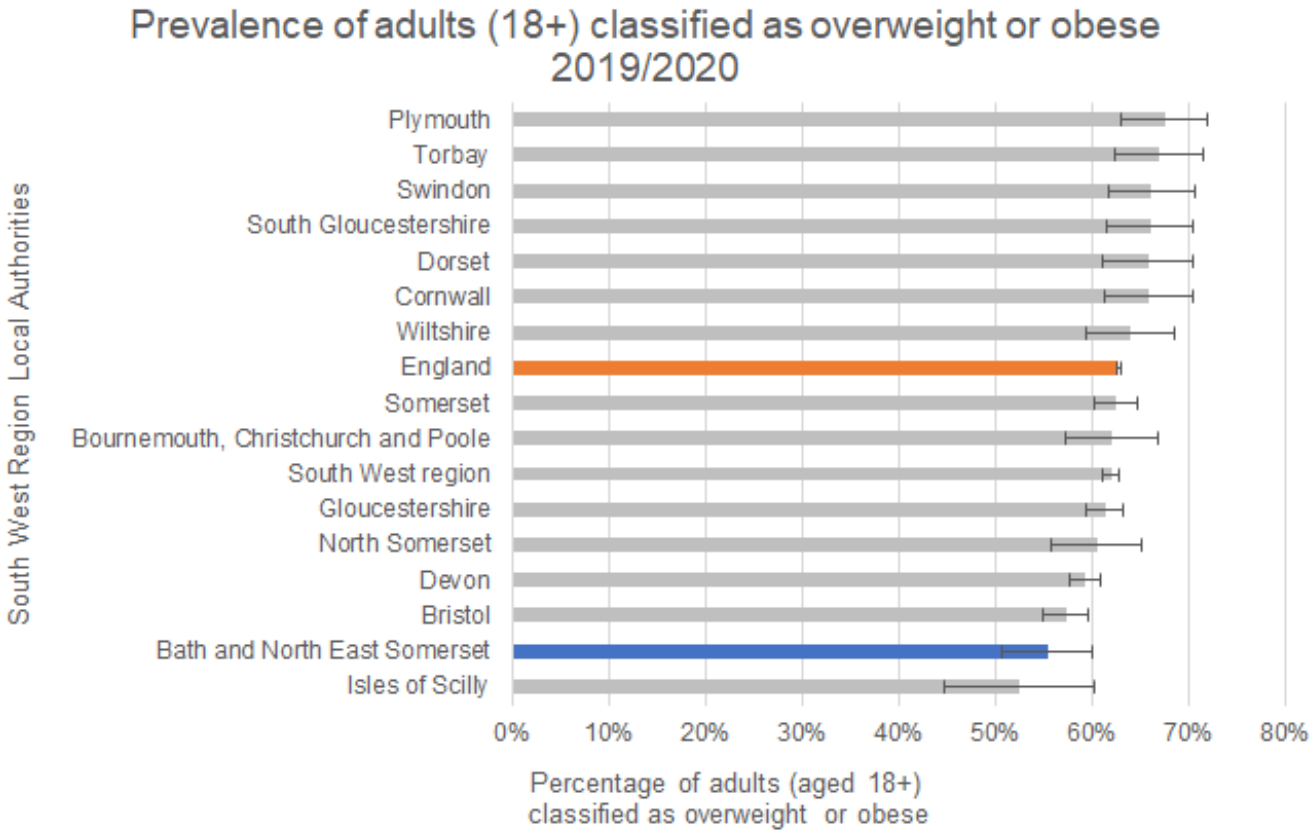
Adult Weight



Definitions: Percentage of adults aged 18 and over classified as overweight or obese based on the Active Lives Survey, Sport England

Source: OHID (2021), *Local Authority Health Profiles*, available from: https://fingertips.phe.org.uk/profile/health-profiles/

- Obesity is a major public health problem in England and globally. In adults, being overweight or obese is associated with life-limiting conditions, such as type 2 diabetes, cardiovascular disease, and some cancers as well as osteoarthritis.
- According to the Health Survey for England for adults 16 and over in 2019, 27% of men and 29% of women were obese. Around two thirds of adults were overweight or obese, this was more prevalent among men (68%) than women (60%).Obesity increased across age groups up to 75 years old.
- Adults living in the most deprived areas of England were the most likely to be obese. This difference is particularly pronounced for women, where 39% of women in the most deprived areas are obese, compared to 22% in the least deprived areas.
- In 2019/20, B&NES has some of the lowest levels of overweight and obesity in the South West with a prevalence of 55% compared to the England rate of 63%. However, this is still more than 1 in 2 adults carrying excess weight.
- In a recent national study, people referred to the NHS Diabetes Prevention Programme for help to lose weight during 2020/21 were on average five pounds heavier than those starting the programme during the previous three years.

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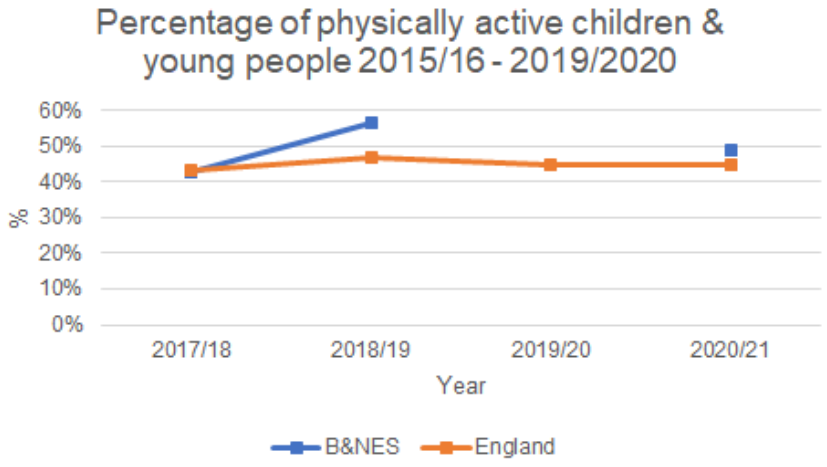
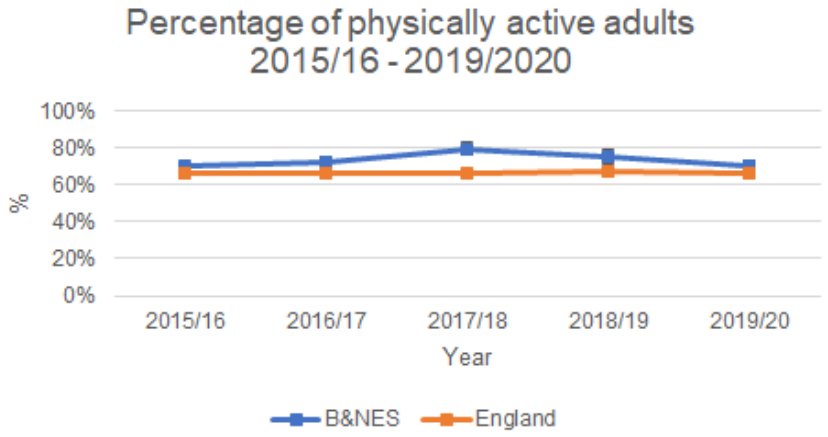
Physical Activity and Inactivity





- Regular physical activity provides a range of physical and mental health, and social benefits, many of which are increasing issues for individuals, communities and society. These include reducing the risk of many long-term conditions, helping manage existing conditions, ensuring good musculoskeletal health, developing and maintaining physical and mental function and independence, supporting social inclusion, helping maintain a healthy weight, and reducing inequalities for people with long-term conditions. A recent systematic review has also linked muscle-strengthening activities with a lower risk of all-cause mortality and major non-communicable diseases.
- Improvements in health are especially significant for those currently doing the lowest levels of activity as the gains per additional minute of physical activity will be proportionately greater, As at 2019, 1 in 4 people in England do less than 30 minutes of physical activity a week.
- In B&NES in 2020/21, **49% of children and young people are physically active** compared to the national average of 45%. There is no data for 2019/20 due to disruption caused by the coronavirus pandemic but we can see that this is a decrease from the 2018/19 total of 57%.
- In B&NES the latest figures suggest that **70% of adults are physically active** compared to the national average of 66%. This is a continuation of a negative trend whereby the percentage of active adults has decreased from a peak of 80% in 2017/18.
- The time periods 2019/20 and 2020/21 include the various restrictions imposed in response to the coronavirus pandemic. The restrictions had an unprecedented impact on peoples ability to excise and engage in sport and this should be taken into account when interpreting figures for this period.
- The ONS opinions and lifestyle survey found that at a national level, although the ability to engage in sports was negatively impacted, exercise levels were actually at their highest during lockdown in spring 2020, and there was an increase in the use of parks and public green spaces during summer 2020.

Definitions: The number of respondents aged 19 and over, with valid responses to questions on physical activity, doing at least 150 moderate intensity equivalent (MIE) minutes physical activity per week in bouts of 10 minutes or more in the previous 28 days expressed as a percentage of the total number of respondents aged 19 and over. Percentage of children aged 5-16 that meet the UK Chief Medical Officers' (CMOs') recommendations for physical activity (an average of at least 60 minutes moderate-vigorous intensity activity per day across the week)

Source: OHID (2021), *Physical Activity Profiles*, available from **Physical Activity Profile**

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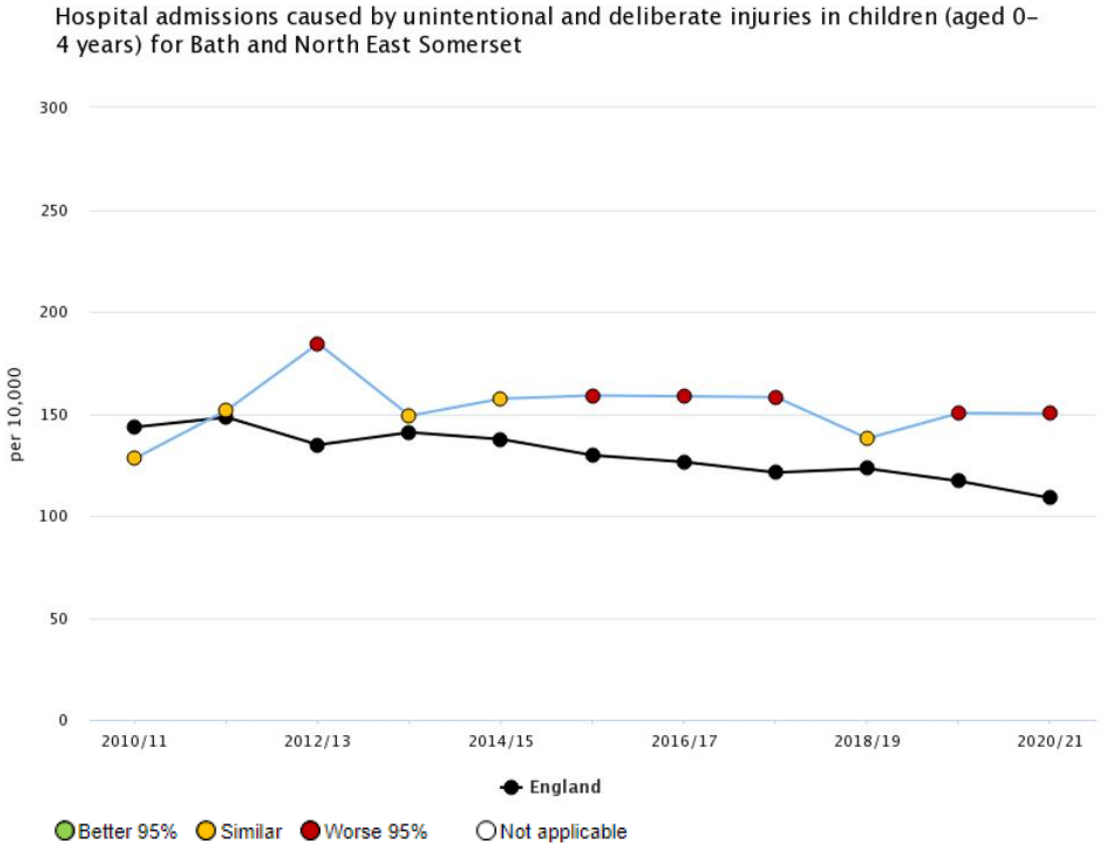
Unintentional and Deliberate Injuries (Under 5s)



- In 2017, the UK Health Security Agency reported that unintentional injuries are one of the main causes of premature death and illness for children. It also noted "*There are 450,000 visits to A&E departments and 40,000 emergency hospital admissions in England each year because of accidents at home among under-fives*".
- In 2020/21, there were 140* hospital admissions in B&NES caused by unintentional and deliberate injuries in children (age 0-4 years), a rate of 150.0 per 10,000 population, **significantly higher** than the national rate of 108.7. The rate in B&NES has been consistently higher than the national rate since 2011/12.
- According to the Child and Maternal Health Profile for B&NES, the top two common causes for emergency hospital admissions (specific unintentional injuries) for under 5s during the three year period 2018/19 to 2020/21 are as follows:
  - *Falls* - rate of 588 per 100,000 and a count of **165*** (higher than the South-West rate of 522 and significantly higher than the national rate of 429 per 100,000); and
  - *Accidental Poisoning* - rate of 213.7 per 100,000 and a count of **60*** (significantly higher than both the South-West rate of 155.4 and the national rate of 114.1 per 100,000).
- Emergency admissions for *exposure to heat and hot substances* has shown an increase in B&NES in 2018/19 to 2020/21 with 40* admissions, a rate of 142.5 per 100,000 which is higher than the South-West rate of 103.2 and significantly higher than the national rate of 76.1 per 100,000

NICE Guidance: https://www.nice.org.uk/guidance/ph30
Source: OHID (2021), *Child and Maternal Health*, available from: Child and Maternal Health
Definition: Unintentional injury - An accidental physical damage that results when a human body is suddenly or briefly subjected to intolerable levels of energy. - Injury Surveillance Guidelines (WHO)
* counts are rounded to the nearest 5
Note: Falls ICD-10 W00-W19; Exposure to heat and hot substances ICD-10 X00-X19; and Accidental Poisoning ICD-10 X40-X49.

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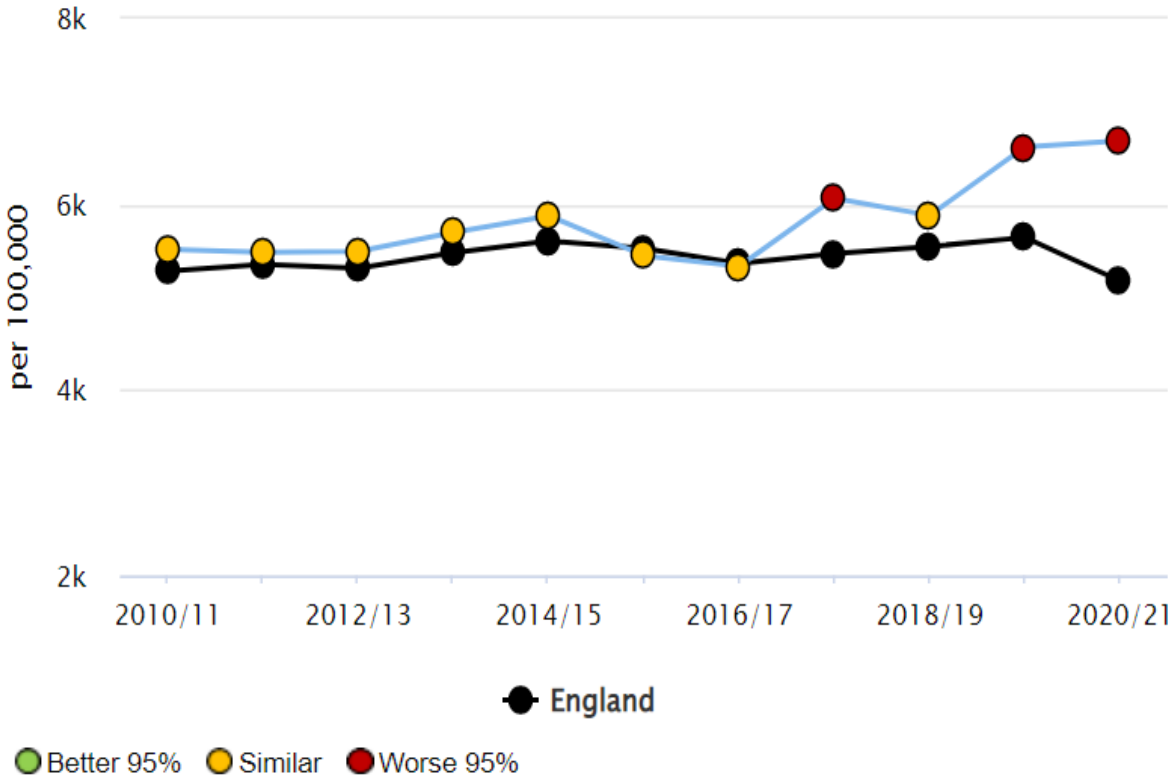
Falls (Older People)

Emergency hospital admissions due to falls in people aged 80+ (B&NES)



- According to the Global Burden of Disease study (GBD), falls had the highest number of cases of natural injuries (all ages, males & females) in B&NES in 2019.
- The NHS state age as a major risk factor for falls. Older people are more likely to fall as they may have *muscle weakness, balance problems, vision loss, osteoporosis, hypotension or dizziness.* Falls are more likely from issues such as *wet floors, running in the house, falls from stairs, history of hip fractures, and alcohol drinking.*
- The rate of emergency hospital admissions in B&NES due to falls in people aged 80+ in 2020/21 was 6,683 per 100,000 population, significantly higher than the England rate of 5,174 per 100,000. During recent years the number of admissions has increased from 547 in 2016/17 to 720* in 2020/21.
- In 2019/20 and 2020/21 there were 1,005* and 1,000* emergency hospital admissions respectively due to falls in people aged 65 and over in B&NES. In the period 2010/11 – 2017/18, the annual number of emergency hospital admissions were relatively stable (ranging from 738 to 845).
- In 2020/21, 195* people in B&NES were reported to have hip fractures (aged 65 and over), a rate of 487 per 100,000 population. This is slightly below the national rate of 529 per 100,000 and is a slight decrease from 2019/20 (215* fractures).

Source: OHID Public Health Outcomes Framework, C29 - Emergency hospital admissions due to falls in people aged 80+.

* numbers are rounded to the nearest 5

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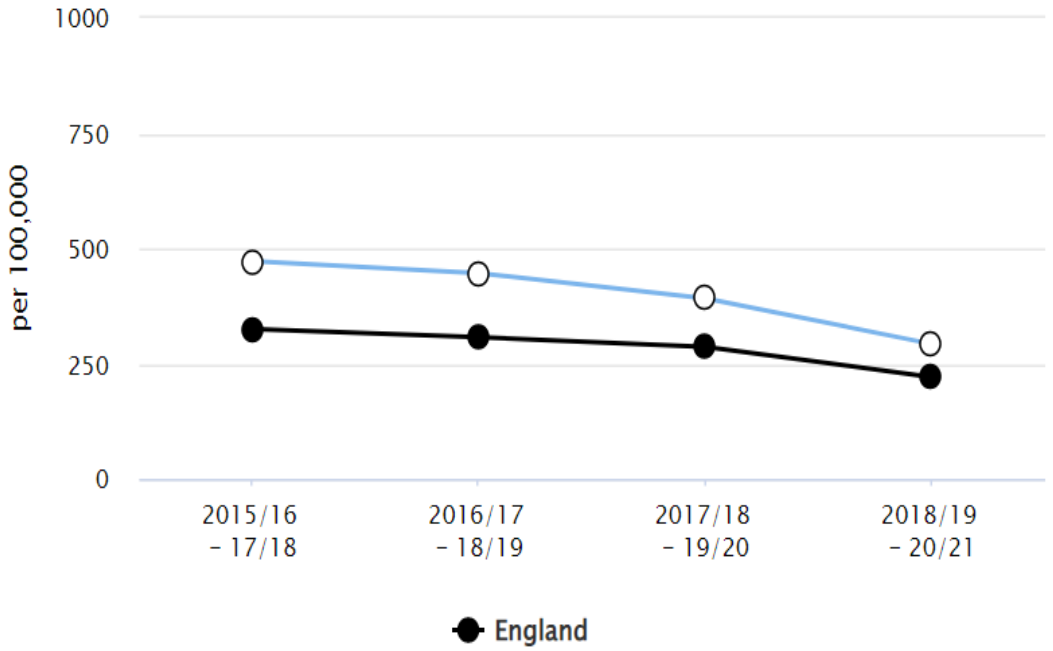
Childhood Oral Health

Hospital admissions for Dental Caries (0-5 years) B&NES and England



Source: OHID Child and Maternal Health

Note: There is another oral health survey expected to take place this year (2022) by PHE to assess the prevalence of dental decay among children in England.

* numbers are rounded to the nearest 5

- Tooth decay is often caused by having too much sugary food and drink and not cleaning your teeth and gums. If it worsens it can lead to problems such as dental cavities.
- According to the 2019 PHE Oral Health Survey, the prevalence of experience of dental decay in 5-year-old children in England was 23.4% (of 78,767 children examined). The 2017 Oral Health Survey also yielded similar results (23.3%). In 2018/19, the percentage of 5 year olds with experience of dental decay in B&NES was 20.8%, lower than the national rate.
- The percentage of 5-year-olds with experience of dental decay in B&NES has fluctuated over the past ten years, dropping from 25.7% in 2007/08 to 15.0% in 2014/15 and rising again to 25.8% in 2016/17. The drop to 20.8% in 2018/19 is slightly higher than the South West rate of 20.4% in that period but lower than the national rate of 23.4%.
- The number of hospital admissions for dental caries (0-5 years) has decreased locally and nationally in recent years as shown in the chart on the left. In the period 2015/16 – 17/18 there were 164 admissions in B&NES, while in 2018/19 – 20/21 this dropped to 100* admissions. The admission rates per 100,000 populations were consistently higher than both regional and national rates since 2015/16 – 17/18.
- Children in B&NES (5-year-olds) had a mean of 0.37 (2014/15), 0.72 (2016/17), and 0.51 (2018/19) **decayed, missing or filled teeth.** These rates are generally lower than the regional and national values.

Health Protection

Bath & North East Somerset Council

Improving People's Lives

- Anti-Microbial Resistance
- Childhood Vaccinations
- Influenza Vaccinations
- Covid-19 Vaccinations

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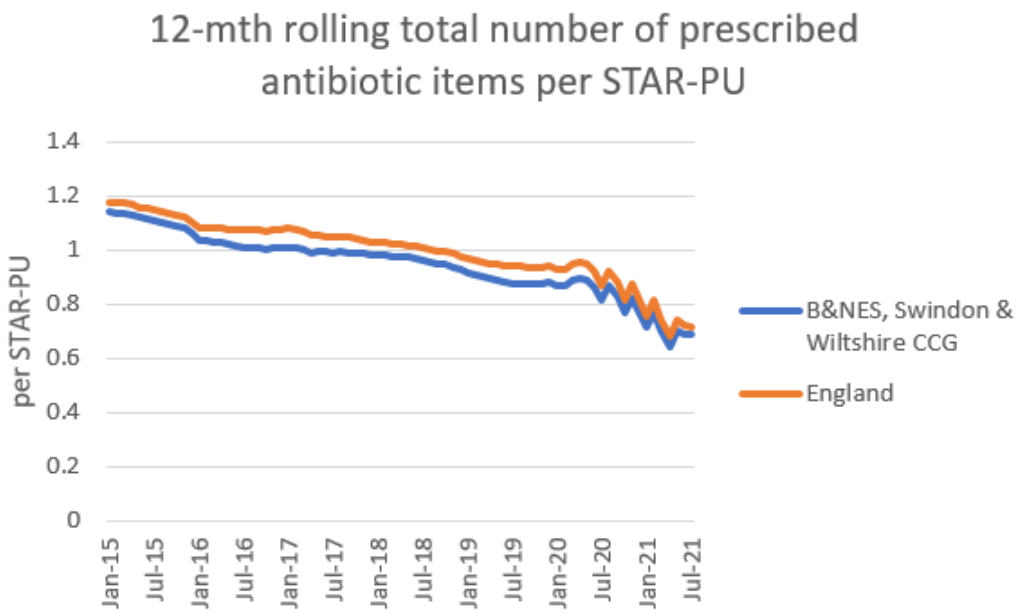
Antimicrobial Resistance (AMR)



Definition: i) **Antimicrobials** are medicines used to prevent and treat infections caused by microorganisms in humans, plants and animals. ii) **Antibiotics** are medicines used specifically to treat bacterial infections iii) STAR-PU is a weighted unit that accounts for the age and sex of the population attending each practice and CCG so that different areas can be compared.

Source: OHID (2021), Local Health

- Antimicrobial resistance occurs when the organism that causes an infection becomes resistant to treatment. These organisms include bacteria, fungi, viruses and parasites and they can occur in humans, animals, and plants. As microorganisms become more resistant to drugs, vulnerable people are at greater risk from infections, and cancer treatments and common operations become much higher risk. Without effective treatments, more infections will cause serious illness, and deaths from AMR will increase.
- Some common bacterial infections such as urinary tract infections, sepsis and some sexually transmitted diseases, are already showing high levels of resistance to the antibiotics normally used to treat them.
- Resistance can happen naturally, but the inappropriate or ineffective use of antimicrobials can increase the rate at which resistance develops. Antibiotic prescribing in England is greatest in general practice settings, which accounts for ~73%, and it is estimated that at least 20% of all antibiotic prescriptions in primary care are inappropriate.
- The rate at which antibiotics are prescribed in GP settings has been declining since 2016 and this downward trend has also been seen in the B&NES, Swindon & Wiltshire CCG, shown opposite, which has been consistently lower than the equivalent value for England since 2015.
- Antibiotic prescribing in dental practises has also been declining between 2016 and 2019 but then increased in 2020. This is likely to be a result of the pandemic restricting access to other procedures which would have reduced the need for antibiotics.

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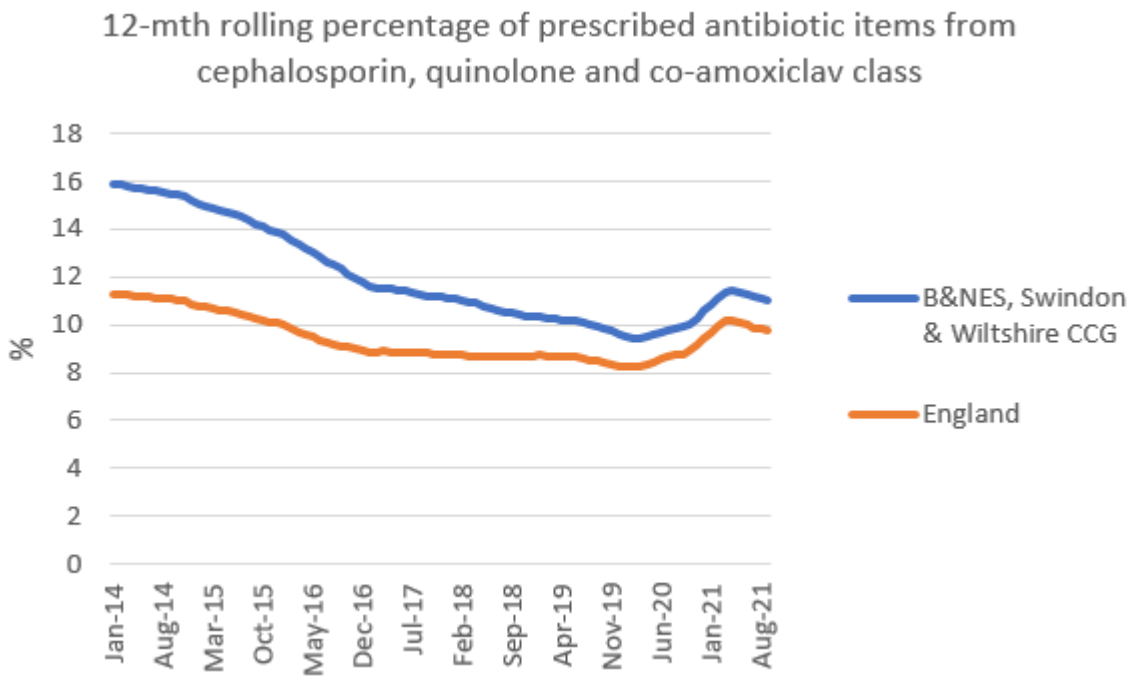
Antimicrobial Resistance cont.



Definition: Cephalosporin, quinolone and co-amoxiclav are all broad-spectrum antibiotics.

Source: OHID (2021), Local Health

- There has been an increase in prescribing for hospital inpatients, but this is likely to be a result of increasing blood stream infections which are normally treated in hospitals and a move away from prescribing single broad spectrum antibiotics in favour of multiple narrow spectrum antibiotics. There is a target to reduce the proportion of broad spectrum antibiotics prescribed, but the chart opposite shows that the percentage for B&NES, Swindon & Wiltshire CCG is consistently higher than that for England.

- It was estimated that there were 2,596 deaths in England during 2019 caused by antibiotic-resistant bacteria (700,000 globally), and this decreased in 2020 to 2,228. Prior to 2020, it was estimated that the number of deaths had been increasing year-on-year since 2016, and this recent reduction is likely to have several causes including changes in treatment guidance, restrictions due to the pandemic and laboratory testing capacity.

- It is expected that by 2030, global human consumption of antibiotics will have increase by 30% and, if the effectiveness of our current medicines are not protected and new medicines are not developed, from 2050 there could be 10 million deaths globally every year due to AMR.

- The UK has a 20-year vision and a 5-year plan to address the issue of antimicrobial resistance which includes better infection prevention and control through immunisation, sanitation and hygiene, reducing the use of antibiotics in animals by improving animal health and incentivising the development of new medicines.

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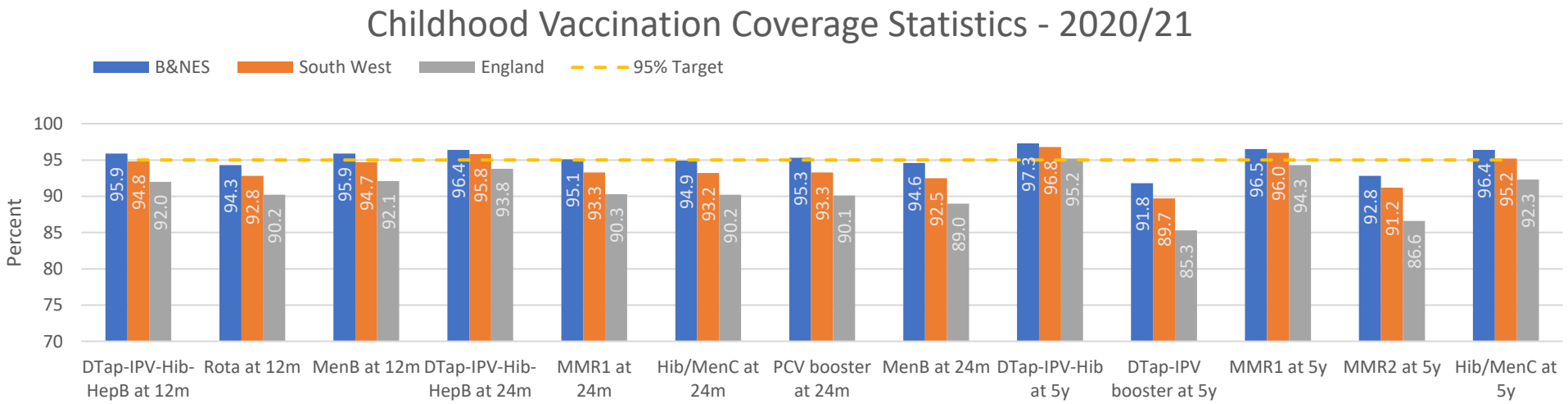
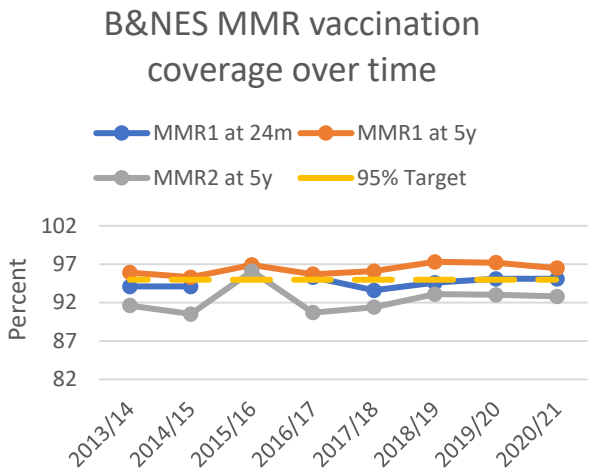
Childhood Vaccinations





- The UK routine childhood immunisation programme[1] includes immunisations recommended by WHO and the Joint Committee on Vaccination and Immunisation (JCVI) with the expectation of at least 95% of children being immunised against vaccine preventable infectious diseases. In 2020/21 B&NES coverage was higher than the national rate for all routine vaccinations and above the 95% target for 8 of the 13 routine vaccinations. MMR vaccine rates in B&NES have been stable in recent years with a first dose by 2 or 5 years exceeding the 95% target. Although below the 95% target in 2020/21, the South-West region had the second highest coverage (91.2%) for those receiving 2 doses of MMR before 5 years of age, and B&NES was in the top quintile of all LAs (92.8%). **However, this means around 1 in 14 children in B&NES have not received the full recommended dose of MMR by age 5**.
- In high-income countries substantial differences exist in vaccine uptake relating to parental socioeconomic characteristics, gender, ethnic group, geographic location, religious belief and education levels [2, 3]. Vaccine misinformation and consumption of negative media also reduce uptake. In B&NES, targeted pilot projects successfully improved uptake rates in areas with known low uptake rates (e.g. Twerton, with MMR booster uptake increasing from 71% in Q1 2017/18 to 100% in Q3 2018/19). However, areas with low uptake continue to exist. In Q2 2021/22, **MMR2 uptake rates were below 90% in surgeries located in Kingsway, Twerton, Central East, Lower Peasedown St John, Chew Valley North and Westmoreland**.

[1] UK routine childhood immunisations: diphtheria, tetanus, pertussis, polio, Haemophilus influenzae type b (Hib), Hepatitis B, measles, mumps, rubella (MMR), pneumococcal disease (PCV), Rotavirus, Meningococcal group B and group C.

Graph Source: NHS Digital Interactive Dashboard

Statistics show the number of children vaccinated as a proportion of the eligible population (coverage). Coverage data not available for PCV for the 12 month cohort.

MMR first dose is usually given within a month of first birthday. A booster dose (MMR2) is then given between 3 and 5 years of age. **Note**: 2015/16 MMR1 at 24m data is known to be incorrect and we await a correction by NHS Digital.

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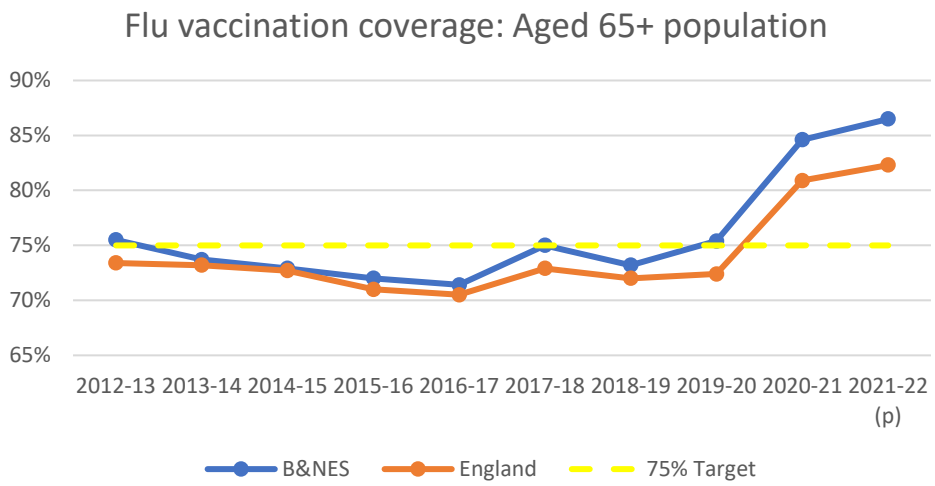
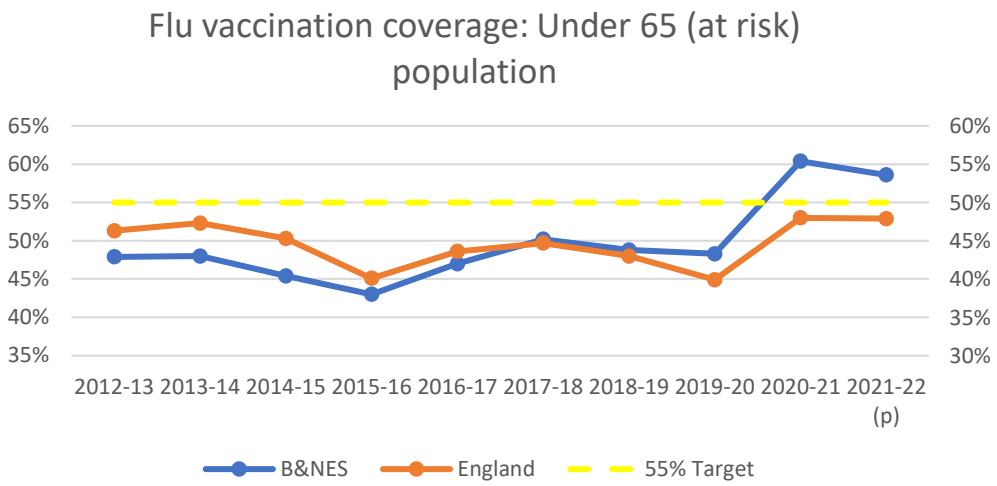
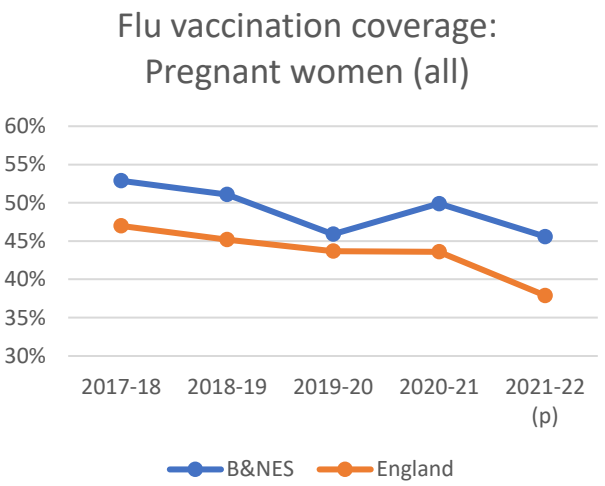
Influenza Vaccinations







- Flu vaccination coverage rates in the **over 65 population** have been higher in B&NES than the national rate for the past decade. During the winter of 2020-21, rates increased significantly to the highest on record both nationally and in B&NES, likely due to the pandemic and the lack of Covid-19 vaccine until Dec '20. Coverage rates in 2020-21 were 85% in B&NES and provisional figures for 2021-22 show a further increase to 87%.
- Similarly, flu vaccination coverage rates in the **under 65 at risk population** have increased during the Covid pandemic with rates in B&NES of 60% in 2020-21, dropping slightly to 59% in 2021-22. These rates are higher than the 55% target for the first time in a decade but still below the national ambition of 75% coverage.
- Flu vaccination coverage rates in **all pregnant women** (healthy and in at-risk groups combined) are higher in B&NES than nationally but have shown declines both nationally and in B&NES over recent years. Provisional figures for 2021-22 show 46% of B&NES pregnant women received a flu vaccination compared to 38% nationally.
- In **children** there has been a phased introduction of the seasonal flu vaccine since 2013/14 commencing with the introduction to 2- and 3-year-old children gradually extending with additional age groups added each year. Coverage in 2- and 3-year-olds in B&NES has gradually increased from 48% in 2014/15 to 58% in 2019/20. This increased further to 74% in 2020/21 and was the highest coverage across all LAs in England[1]. Coverage in B&NES has been consistently higher than the national rate (57% in 2020/21). In 2020-21, all children aged 2-12 (i.e. to school year 7) were offered the flu vaccination. In B&NES, 72% of primary school aged children received the flu vaccine in 2020 compared to 63% nationally.

Note: 2021-22 figures are provisional. Rates cover period 1Sept20 to 28Feb21.

Data sources: OHID Public Health Outcomes Framework and 2021-22 Influenza Vaccination Monthly uptake figures

The under 65 at risk population includes individuals aged 6 months to under 65 years old in one or more clinical risk groups. A list of clinical risk groups can be found here.

[1] Source: Flu vaccination coverage by LA

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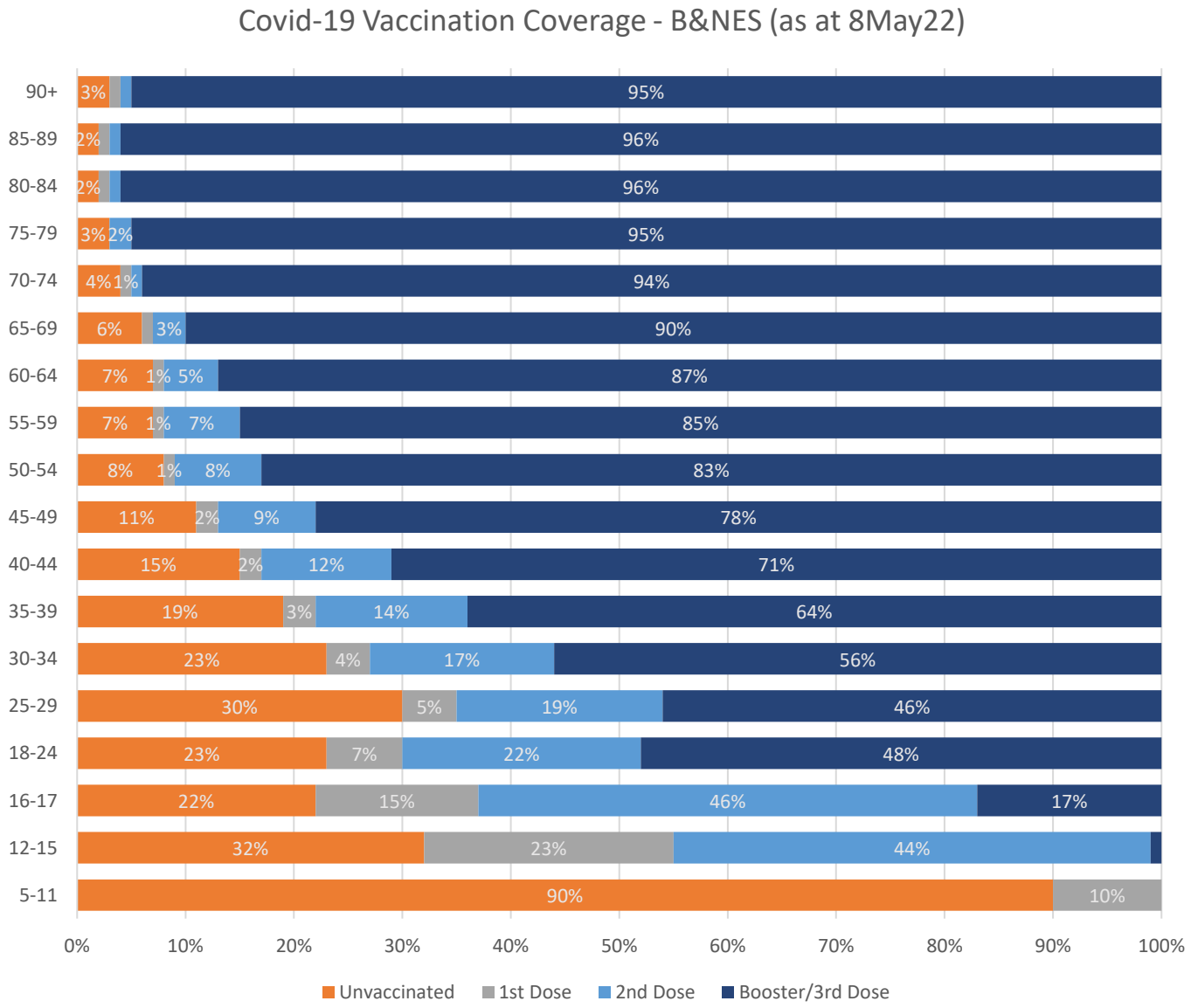
Covid-19 Vaccinations



	Total 1st Dose	Total 2nd Dose	Total Booster/ 3rd Dose
B&NES	85%	81%	68%
South West	87%	83%	69%
England	80%	76%	59%

- Coverage rates in B&NES are **higher compared to national** rates but **slightly lower than South West regional** rates
- Coverage rates in B&NES are over 90% in the **over 50s** for 1st & 2nd dose
- In B&NES over 70% of **12-17 year olds** have received a 1st dose
- In B&NES **residents in older adult care homes** have exceeded 95% coverage for 1st, 2nd & booster/3rd doses, while **staff** have exceeded 95% coverage for 1st & 2nd doses.
- In B&NES, **residents in younger adult care homes** have exceeded 80% coverage for 1st & 2nd doses, while **staff** have exceeded 90% coverage for 1st & 2nd doses. **Staff of Domiciliary Care Providers** have exceeded 90% coverage for 1st & 2nd doses.
- Nationally, Covid-19 vaccination rates among **pregnant women** have been a concern but this has improved in recent months with 53.7% of women giving birth in England having received at least one dose in Dec 2021, up from 22.7% in Aug 2021.

Source: https://coronavirus.data.gov.uk/details/vaccinations. Data as of 8 May 22. Care home data as of 1 May 22.

Note: The denominator used in % coverage calculations is the National Immunisation Management System (NIMS) 12+ Population

Booster vaccinations are offered to people who have had their 2nd dose. 3rd dose vaccinations are offered to people aged 12+ with severely weakened immune systems. Unlike boosters, 3rd doses are considered part of the primary vaccination course.

Mortality

Mortality Summary

Bath & North East Somerset Council

Improving People's Lives

Mortality Trends

Infant Mortality

Drug Poisoning Deaths

Premature Deaths

Stillbirths

Excess Deaths since the start of the Pandemic

Cancer Mortality

Avoidable Deaths

Excess Deaths – International Comparison

Cardiovascular Disease Mortality

Suicide

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Mortality Summary

- Historically, age-standardised mortality rates in England have been dropping, but the rate of improvement had been slowing. **Mortality rates** increased due to the pandemic and although they have since reduced, they are **still above pre-pandemic levels**.
- 2021 data shows that most **mortality rates in B&NES** (including premature and preventable) are statistically significantly **lower than the rate for England**.
- The **stillbirth** rate for B&NES is roughly half that of England (2.3 and 3.9 per 1,000 births over the period 2020-2022). More recently the **improvements seen in England and B&NES have stalled** and England appears likely to miss its target of halving the stillbirth rate by 2025.
- **Premature deaths accounted for 25% of all deaths** in B&NES between 2019 and 2021. In England, improvements in premature mortality rates are slowing the most in deprived areas. Cancer and diseases of the circulatory system are the main causes of premature death. The risk factors of these are smoking and obesity, the rates of which are higher in more deprived areas.
- Between 2018 and 2020 **avoidable deaths accounted for 17% of all deaths** in B&NES. The avoidable mortality rate in England was declining but has now increased due to Covid being classified as an avoidable death. In 2020, avoidable deaths in England were **50% higher for males** compared to females, and the increase in avoidable mortality rate was **greatest for those living in the most deprived areas**. Deaths due to Covid-19 and drugs and alcohol were notably higher in the most deprived areas.
- Suicides in B&NES stopped increasing and levelled off in the early 2010s. It is now similar to the England rate. The **male suicide rate is three times higher** than the female rate and suicides are most common in the 50-54 age band in B&NES.
- The **drug-poisoning mortality rate** for B&NES is **above the rate for England**. It has been increasing since 2012, but early indications show the rate is now starting to drop again. In both B&NES and England & Wales, the mortality rate for **drug poisoning in males is twice as high** as the female rate.

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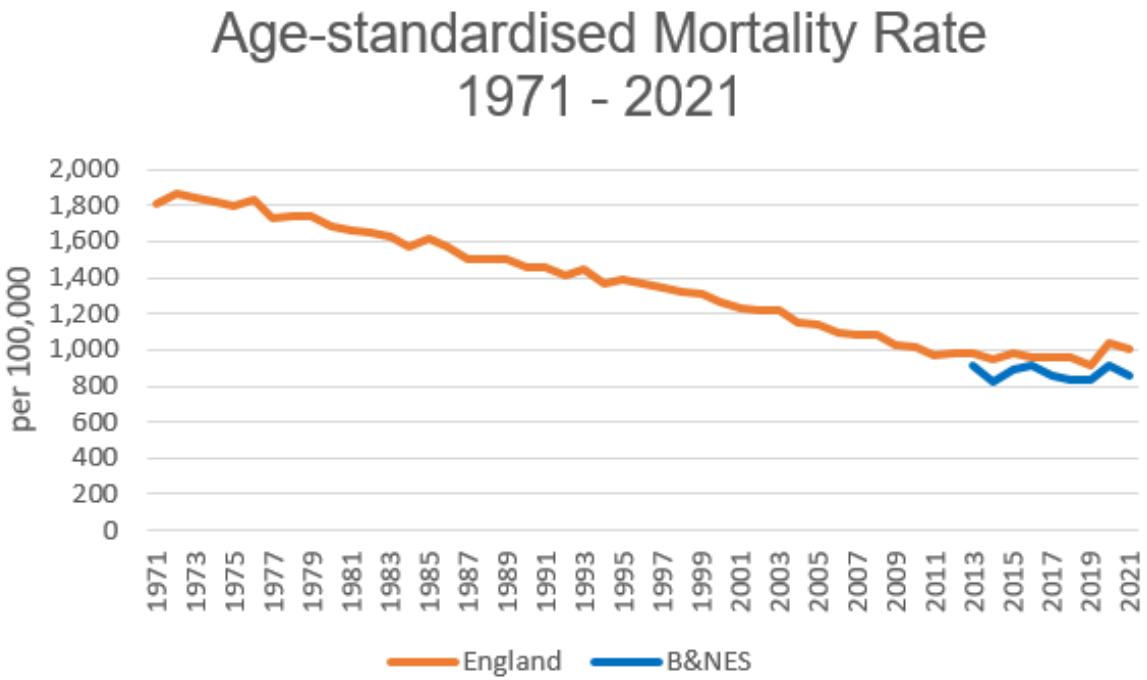
Mortality Trends



Definition: age-standardised rates take into account the age distribution of a population and allow for comparisons over different areas and over time. The method of calculating age-standardised mortality rate changed in 2013 so the B&NES figures are only included back to 2013.

Source: (i) England 1971 to 2012: ONS (2018), *Age-standardised mortality rates standardised using the both 2013 and 1976 European Standard Populations, by sex, England, 1971 to 2016*

(ii) England and B&NES 2013 to 2021: ONS (2021), Deaths registered by area of usual residence, UK

- Age-standardised mortality rates have been falling over time, as shown in the chart opposite. Historic improvements in mortality rates have been associated with a reduction in infant and child mortality during the first half of the 20th century, improvements in controlling infectious diseases in the 1950s and 1960s, and more recently, improvements related to heart disease and stroke.
- However, improvements have slowed since 2011. This reduction in improvement is seen throughout the UK, for both males and females. In 2020 the rate for England and B&NES increased due to the pandemic and then dropped again in 2021, although remained above 2019 levels. Over the last eight years the age-standardised mortality rate for B&NES has been below the England rate.
- The slowdown in improvement seen since 2011 has no single driver. Contributing factors include the reduction in improvement of mortality due to heart disease and rising mortality from dementia. An aging population has increased vulnerability to influenza and increases in suicide and accidental poisoning, with a large proportion due to drug misuse, has affected mortality rates among younger adults.
- This trend has also been seen in other European countries. Although the effect is similar for older age groups, relative to our closest comparators, **the reduction in improvement for the under 50s is greatest in the UK**.
- Heart disease and stroke are still major causes of death in the UK, so reducing the underlying risk factors such as; smoking, obesity and high blood pressure, is likely to have a beneficial impact on mortality rates.
- Between 2019 and 2021 the average number of B&NES residents that died each year was **1,749**.

	2019	2020	2021
Number of B&NES residents deaths	1,657	1,828	1,762

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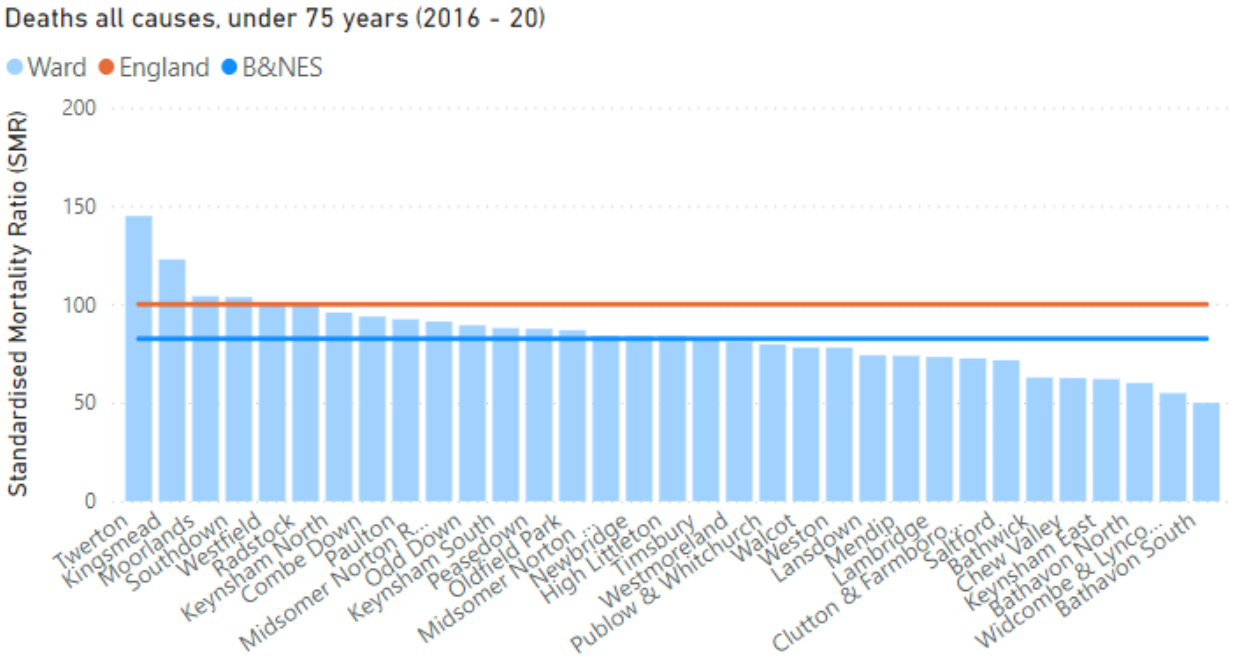
Premature deaths



	2019	2020	2021
Number of premature deaths of B&NES residents	441	461	432

Definition: Premature deaths are those which occur when people are under the age of 75 years. Standardised mortality ratio (SMR) is the ratio of observed deaths in a group to the expected deaths in the general population.

Source (broad causes for B&NES residents): *Primary Care Mortality Database*, as supplied by NHS Digital. *Internal analysis*.

Source (deaths all causes, under 75 years): ONS (2021), *Mortality Profile*

- Between 2019 and 2021 the average number of B&NES residents that died each year was 1,749. Over this same period, the average number of **premature deaths** per year was **445,** making up a **quarter** of all deaths.
- When looking at deaths by all causes, B&NES has a lower premature mortality rate than England, but there are wards within B&NES where the mortality rate for the under 75s is substantially higher, as shown in the chart opposite.
- For males, improvements in premature mortality rates in England since 2011 have slowed down the most for males living in the most deprived areas. For females living in the most deprived areas, premature mortality rates have actually increased.
- Although B&NES has a lower premature mortality rate than England when looking at deaths by all causes, B&NES has a statistically significant higher mortality rate from injuries in males (65 deaths between 2018-20). This is largely driven by an increase in accidental drug poisoning and early data suggests that drug related deaths are now dropping again after a period of increase.
- The two main broad causes of premature death for B&NES residents is neoplasms, which includes cancer and benign growths (167 deaths in 2021), and diseases of the circulatory system, such as heart attacks and stroke (88 deaths in 2021).
- Looking at the broad causes of premature death by gender between 2019 and 2021 shows that neoplasms account for 37% of deaths in males, whilst they are responsible for 45% of deaths in females, with breast cancer being the most common type. Diseases of the circulatory system account for 24% of deaths in males and 14% of deaths in females. This difference is influenced by higher rates of smoking and excessive alcohol consumption among males and a tendency for more men to be overweight, which are all risk factors for cardiovascular disease.

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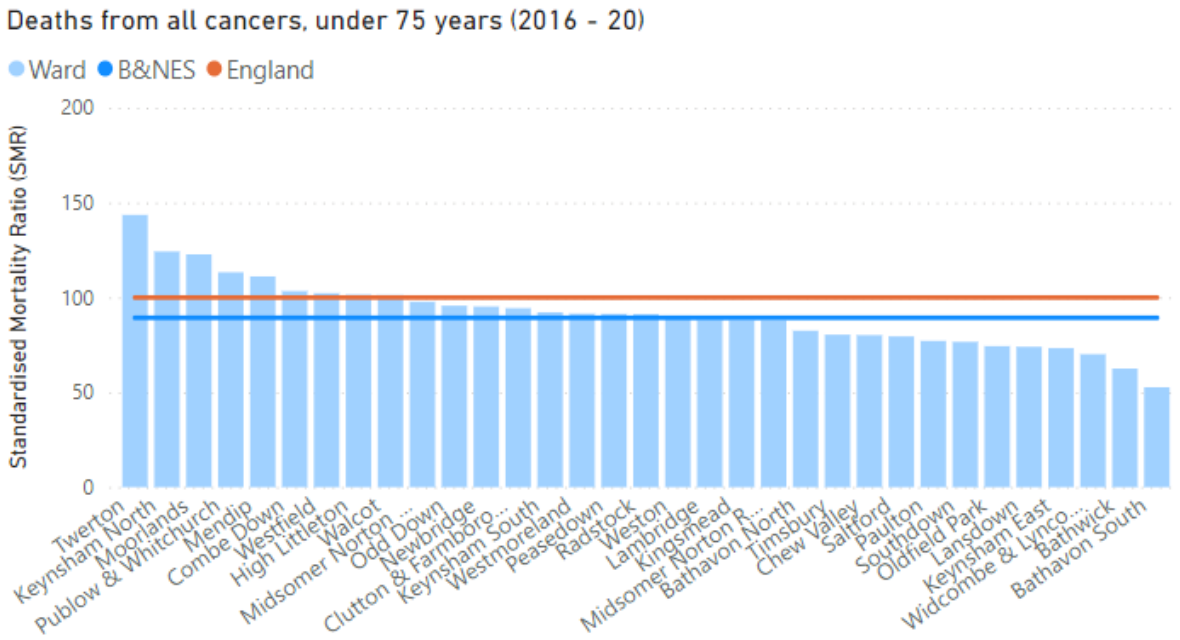
Cancer Mortality



Definition: Neoplasm is an abnormal growth of tissue. The growth can be benign (noncancerous) or malignant (cancerous). Benign growths are usually slow growing and do not spread. Malignant growths often grow quickly and can invade other body parts.

Source (broad causes for B&NES residents): *Primary Care Mortality Database*, as supplied by NHS Digital. *Internal analysis*.

Source: OHID (2021), *Local Health*

- In a typical year, cancer is responsible for just over a quarter of all deaths in England. Between 2019 and 2021, **26% of all deaths in B&NES (1,343)** had a broad cause of death given as neoplasm.
- Since the early 1990s, mortality rates for all cancers combined have decreased for both males and females. The most common forms of cancer, and responsible for almost half of all cancer deaths in the UK in 2018, were lung, colorectal, breast and prostate. Lung cancer on its own accounted for one fifth of all cancer deaths and smoking is the biggest cause of lung cancer in the UK. Of the 20 most common forms of cancer, liver cancer has shown the fastest increase in mortality over the last decade in the UK for males and females.
- In 2021, the male mortality rate from cancer in England was 40% higher than the female rate, but this gap has been decreasing since 2001. Age-standardised mortality rates were similar for males and females up to the age of 60. Over the age of 60 it was higher for males than for females.
- In England, 5-year survival is above 85% for breast, prostate and skin cancers, but below 20% for oesophageal, lung, liver and pancreatic cancer. This correlates with the tendency for breast, prostate and skin cancers to be identified at an earlier stage, whilst pancreatic, lung and colorectal cancers are often identified when the cancer is more advanced.
- The chart opposite shows the standardised mortality ratio for deaths from all cancers in people under 75 for each ward in B&NES during the period 2016 to 2020. The SMR for Twerton is the highest in B&NES and research has shown that the under 75 age-standardised mortality rates from cancer are higher for the most socio-economically deprived groups. In 2020, the age-standardised mortality rates for all malignant cancers in the most deprived quintile of England, were more than 50% higher than in the least deprived quintile.
- Data from 2007-2011 shows the differences in mortality rates between the most and least deprived groups in England are greatest for smoking-related cancers, such as lung and oropharynx, which reflect the high prevalence of smoking in more deprived areas. More recent research has also highlighted that individual socio-economic status, such as education and occupation, can also impact cancer outcomes and should be considered alongside area level deprivation when developing interventions.

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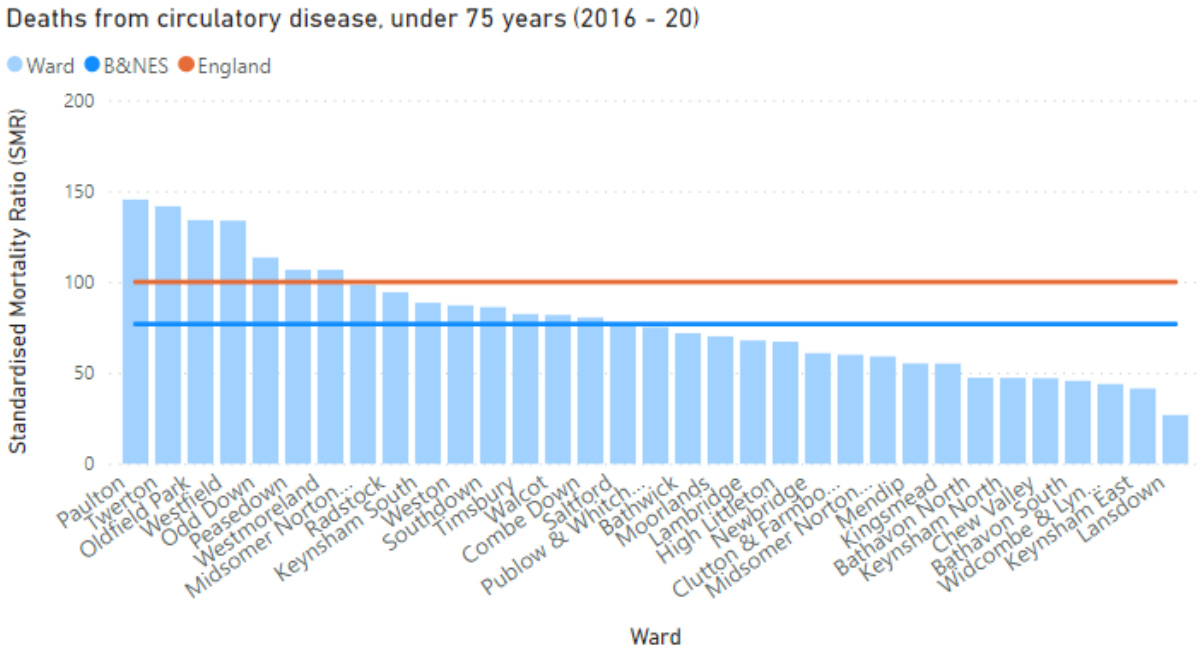
Cardiovascular Disease (CVD) Mortality



Definition: Cardiovascular disease (CVD) is a term which covers diseases of the heart and the blood vessels. Ischaemic heart disease (IHD), also known as coronary heart disease (CHD), refers to heart problems caused by narrowed arteries. It is the most common type of heart and circulatory disease.

Source: OHID (2021), *Local Health*

- Mortality rates from Cardiovascular Disease (CVD) in the UK have been declining since 1961 but the rate of decline has slowed since 2010.
- In 2022, Ischaemic Heart Disease (IHD) was the 2nd most common leading cause of death in England & Wales, accounting for 10.3% of all deaths (Dementia & Alzheimer's disease accounted for 11.4%). It was also the leading cause of death for men (13.3% of male deaths).
- Mortality rates from ischaemic heart diseases in England and Wales are significantly higher for males than females and in 2022 males accounted for 65% of deaths from IHDs.
- IHD can be largely prevented by leading a healthy lifestyle. Risk factors include high blood pressure, smoking, high cholesterol, diabetes and being overweight. Behavioural risk factors, such as smoking and excessive alcohol consumption, may explain some of the gender difference, along with the tendency for men to be less likely to follow a healthy diet and to be overweight.
- The chart opposite shows the standard mortality ratio (SMR) for premature deaths from circulatory disease during the period 2016 to 2020, for each ward in B&NES. Paulton and Twerton have the highest SMRs in B&NES.
- During the period 2014 to 2016 people in England were four times more likely to die prematurely from CVD in the most deprived areas than those in the least deprived. This is influenced by the higher prevalence of behavioural risk factors in the more deprived areas, such as smoking and obesity.

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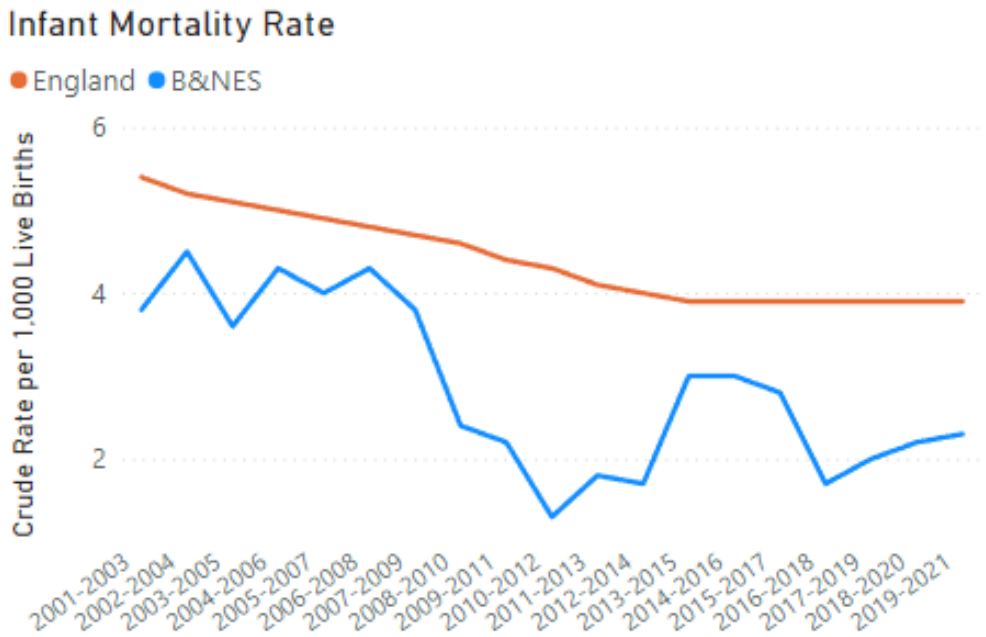
Infant Mortality



	2017-2019	2018-2020	2019-2021
Number of infant deaths in B&NES	10	11	12

Definitions: Infant mortality is the death of a child under the age of one year.

Neonatal mortality: death of a child under 28 days old.

Infant mortality rate: infant deaths under 1 year of age per 1,000 live births.

Source: OHID (2021), *Public Health Outcomes Framework*, E01 - Infant mortality rate

- Infant mortality rates in England & Wales have been declining over recent decades due to improvements in healthcare, midwifery and neonatal intensive care. A factor contributing to the reduction in improvement over recent years is an increase in live births under 24 weeks gestation. Most extremely premature babies only live a short time and this has led to an increase in neonatal mortality rates. Infant mortality risk factors include; maternal age, with women under 20 in the high risk group; low birth weight; black ethnicity; and maternal health factors such as smoking and alcohol consumption.
- The 2019-2021 data shows the **infant mortality rate for B&NES is one of the lowest in the South West** and just over half the rate of England, but the increase in 2019-2021 is no longer statistically significantly lower than the rate for England.
- There is an association between the risk of death and the level of deprivation for children who died in England between April 2019 and March 2020. The risk of death increases with the increase in deprivation. Lower parental income, educational attainment and poor housing are some of the factors which have been shown to influence child health outcomes.
- The 2021-22 West of England Child Death Overview Panel has identified several themes that need to be addressed. These include: unsafe sleep environments, parental literacy, provision of interpreters and the revised guidance on the resuscitation of extremely preterm infants.

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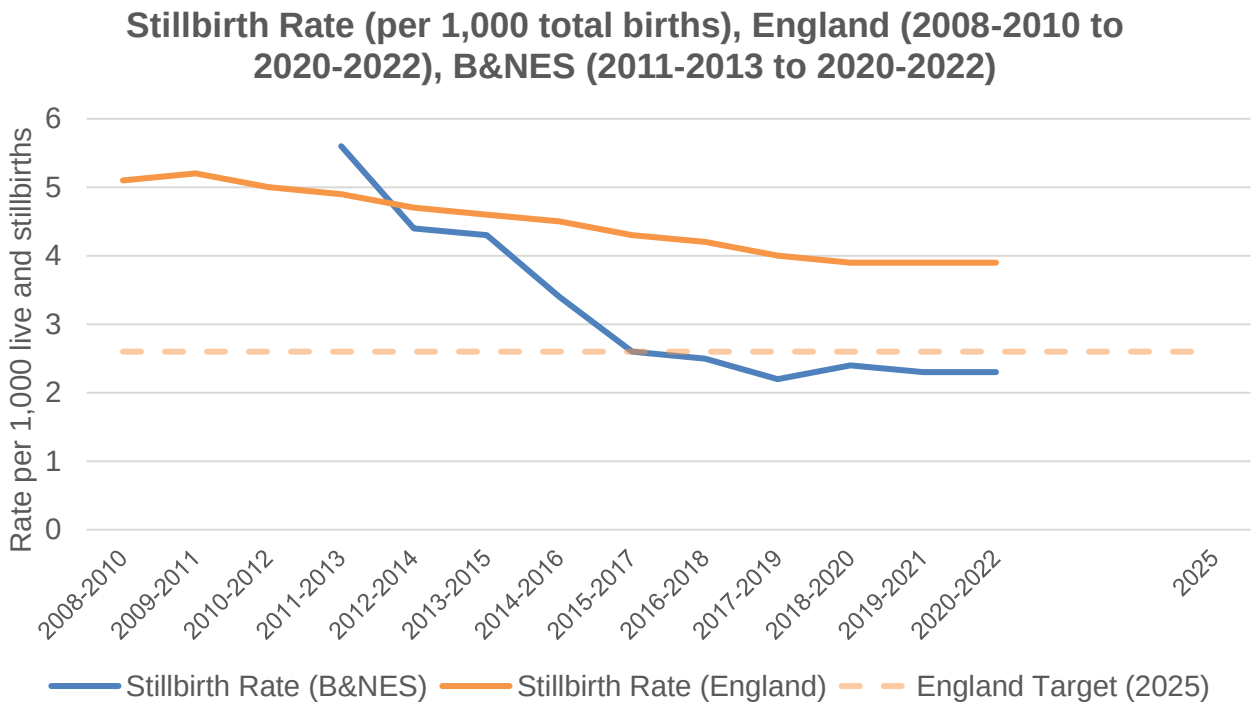
Stillbirths



- The **stillbirth rate** reflects a population's quality of maternity care and women's health. In November 2014, the Secretary of State for Health announced a new ambition to reduce the rate of stillbirths by 50% in England by 2030. The NHS Long Term Plan (2019) accelerated this ambition, bringing the target year forward from 2030 to 2025 (*target rate is 2.6 per 1,000 live births and stillbirths by 2025*).
- In **England** the stillbirth rate has fallen steadily between 2009-2011 and 2018-2020, from a rate of around 5.0 to around 4.0 per 1,000 total births. However, improvements have since stalled and it would appear that England **is currently not on course to meet the 2.6 target rate by 2025**.
- During the three years **2020 to 2022** there were **12** stillbirths registered in **B&NES**, equating to a stillbirth rate of **2.3** per 1,000 live births and stillbirths (**roughly half the comparable rate for England**). However, **stillbirth rates in B&NES have remained largely unchanged since 2015-2017**.
- In a landmark study of more than 1 million births in England, **24% of stillbirths would not have occurred** if all women had the same risk of adverse pregnancy outcomes as women in the least deprived socioeconomic group.

Definition: "A stillbirth is a baby born after 24 or more weeks completed gestation and which did not, at any time, breathe or show signs of life", ONS. Note: the definition changed in 1992.

Sources: (1) PCMD internal analysis for stillbirths in B&NES 2011 and 2014. (2) ONS for stillbirths and live births, B&NES 2015 to 2022; as well as all stillbirths and live births for England: https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/livebirths; supplemented for the period 2008 to 2014 for England from ONS Child Mortality statistics: https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/childhoodinfantandperinatalmortalityinenglandandwales/previousReleases

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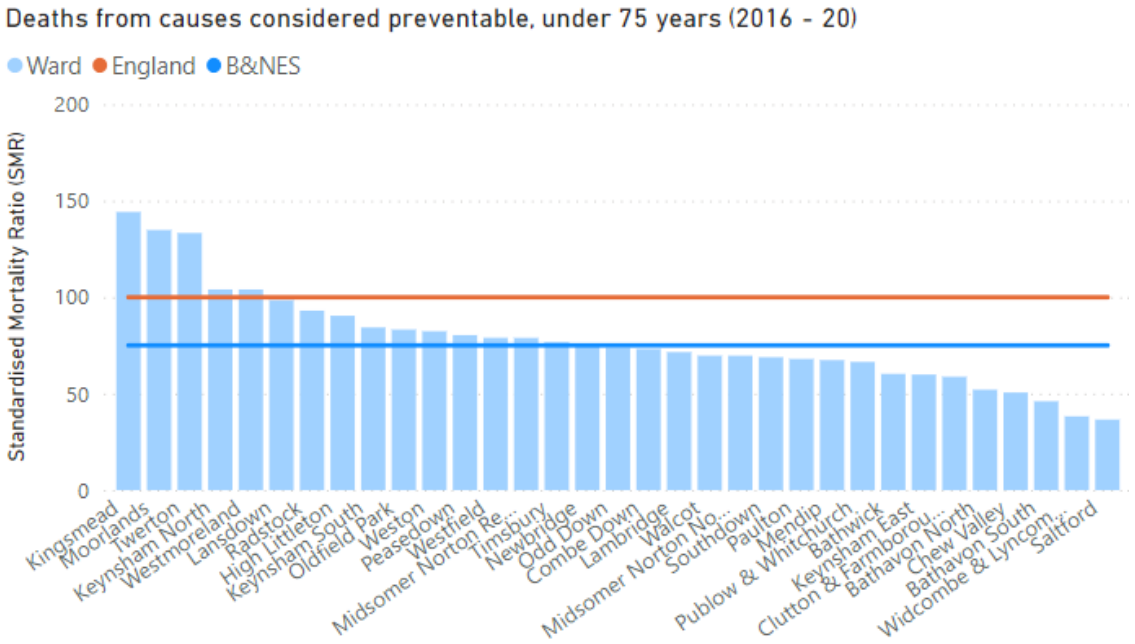
Avoidable deaths



Definitions: (i) **Avoidable** mortality refers to causes of death that are preventable or treatable; (ii) P**reventable** mortality is defined as causes of death that can be mainly avoided through effective public health and primary prevention interventions; and (iii) T**reatable** mortality refers to causes of death that can mainly be avoided through timely and effective healthcare interventions. Coronavirus (COVID-19) has been assigned as a preventable cause of death.

Source: OHID (2022), *Local Health*

- Avoidable mortality rates in B&NES have been consistently below the rate for England for many years. Between 2018 and 2020, there were 854 deaths in B&NES due to avoidable causes (17% of all deaths).
- In 2020, 22.8% of all deaths in Great Britain (153,008 deaths) were considered avoidable. This was a statistically significant increase on all years since 2010 and the long-term decline in avoidable mortality in England was reversed. This is in part due to Covid-19 being assigned as a preventable cause of death.
- Avoidable deaths account for a greater proportion of all deaths in males in England compared to females (~50% higher for males).
- In 2020 the increase in avoidable mortality rate in England was greatest for those living in the most deprived areas and inequalities between the most and least deprived areas have widened. Deaths due to Covid-19 and drugs and alcohol were notably higher in the most deprived areas and they are increasing over time for drug and alcohol related disorders.
- The chart opposite shows the standardised mortality ratio (SMR) for deaths from causes considered preventable, in people under 75, for each ward in B&NES. The SMRs for Kingsmead, Moorlands and Twerton are the highest in B&NES. The level of deprivation in these areas is likely to be a factor in the higher SMR.
- Preventable illnesses have an impact on life expectancy in England and contribute to the observed reduction in improvement.

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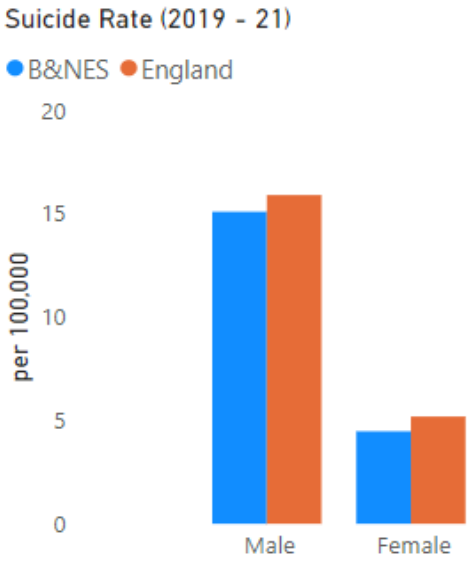
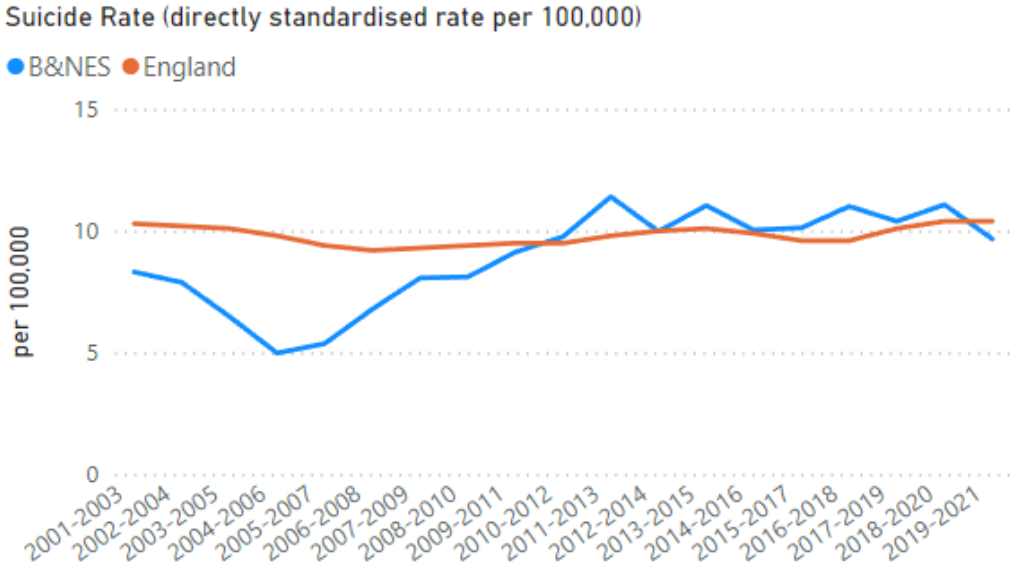
Suicide





Definition: Suicide is defined as deaths where the underlying cause was intentional self-harm, for those aged 10 years and over (ICD-10 codes X60-X84), and deaths where the underlying cause was event of undetermined intent for those aged 15 years and over (ICD-10 codes Y10-Y34).

Primary Source: ONS (2021), *Suicides in England and Wales by local authority*, 7 September 2021

Secondary source: OHID (2023), Public Health Outcomes Framework, indicator E10

- After a gradual decline from the beginning of the 1980s, the suicide rate in England has levelled off since ~2005. The suicide rate in B&NES was increasing after a dip in 2004-2006, but the latest figures in the chart above show it is now following the England trend, since levelling off in the early 2010s.
- Although there were concerns that suicide rates would increase during the pandemic, **early** data currently available from ONS for April to December 2020 shows there was a statistically significant **decrease** in the age-standardised suicide rate for England and Wales, compared to the same period in 2019 and 2018. During this period there was a statistically significant **decrease in the suicide rate for males** and the **30-39 age group**.
- The average number of suicides per year for B&NES's residents in the pre-pandemic years 2017-2019 was 17. This dropped to 16 between 2019 and 2021.
- **Suicide rates for males are approximately three times higher** than those for females.
- In England & Wales during 2021, females in the 45-49 age group had the highest age-specific suicide rate, and for males it was the 50-54 age group.
- Since 2001 the main method of suicide in England & Wales has been hanging, strangulation and suffocation. This has continued to increase over time and was used in nearly 60% of cases in 2021. Poisoning is the second most frequently used method and was used in 21% of cases in 2021.
- The Suicide Prevention Action Plan 2020-2023 for B&NES identifies, amongst other things: the continuing need to raise public awareness of mental health issues to reduce stigma; the availability and adequate signposting of support available for stress factors such as debt, unemployment and relationship advice; and suicide prevention training for professionals. There is also a focus on supporting people with a history of self-harm.

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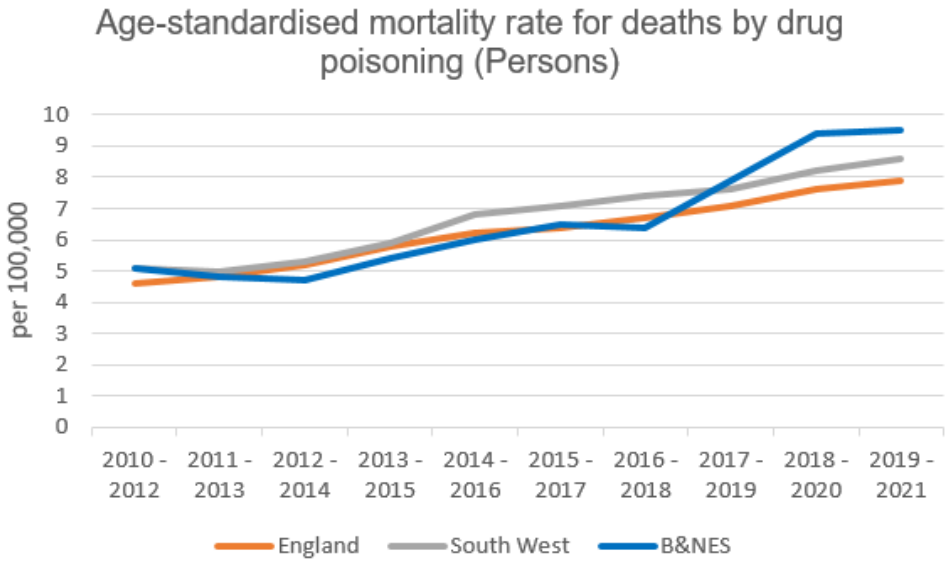
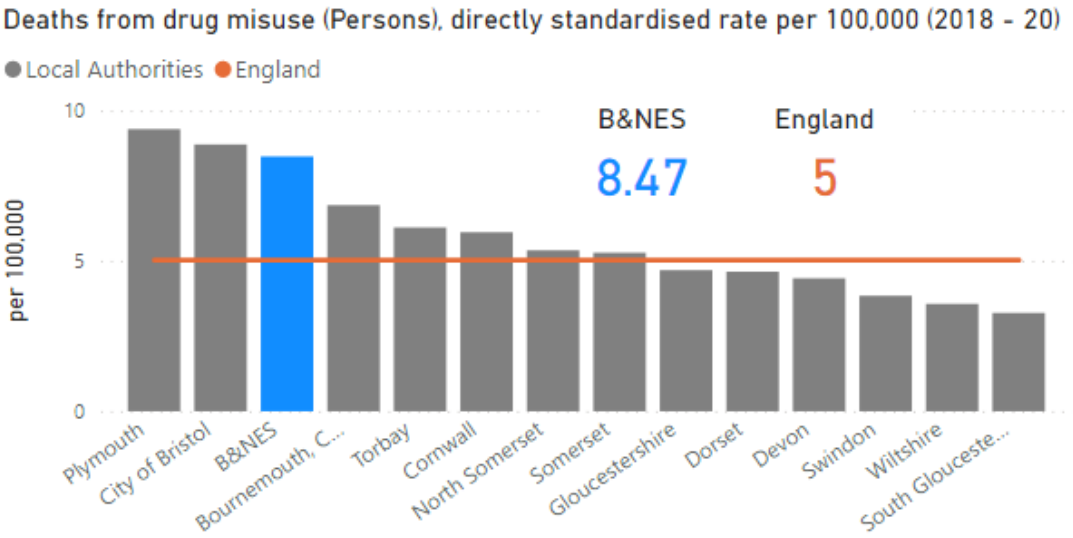
Drug Poisoning Deaths





- The rate of drug poisoning deaths in England and Wales has increased every year since 2012 and the **rate in B&NES has been higher** than the rates for England and the South West since approximately 2018. Possible reasons for this increase could be the aging cohort of drug takers who are more susceptible to overdose; new trends in combining other drugs with heroin or morphine, which may increase the risk of overdose; and the increased availability of drugs in recent years. However, early indications from the Primary Care Mortality Data suggest this mortality rate may now be reducing in B&NES.
- In 2021, there were twice as many drug poisoning deaths among males compared to females in England & Wales. This can also be seen in B&NES where there were **twice as many** drug poisoning deaths among males (33) compared to females (15) between 2019 and 2021.
- Nearly two-thirds of drug poisoning deaths in England & Wales in 2021 were from drug misuse. Out of **48** deaths in B&NES due to **drug-poisoning** between 2019 and 2021, 41 of these were from drug misuse (85%).
- Nearly half of all drug poisoning deaths registered in 2021 in England involved an opiate and there was a statistically significant increase in rates of deaths due to methadone and new psychoactive substances.
- The 2021 B&NES Drug Related Death, Homeless and Suicide report draws a connection between drug related deaths and poor mental health. A paper released in December 2021 outlines the government's approach to reducing drug misuse deaths by reducing supply and demand for drugs and improving treatment. This is also reflected at a local level in the B&NES Drug and Alcohol Strategy 2022-27.

Definitions:

(i) **Drug poisoning deaths** include accidents, suicides and assaults involving drug poisoning, as well as deaths from drug abuse and drug dependence

(ii) Drug misuse deaths must either have an underlying cause of drug abuse or drug dependence, or any of the substances involved are controlled under the Misuse of Drugs Act 1971.

Sources:

(i) ONS (2021), *Drug-related deaths by local authority*, England and Wales

(ii) OHID (2021), *Mortality Profile*

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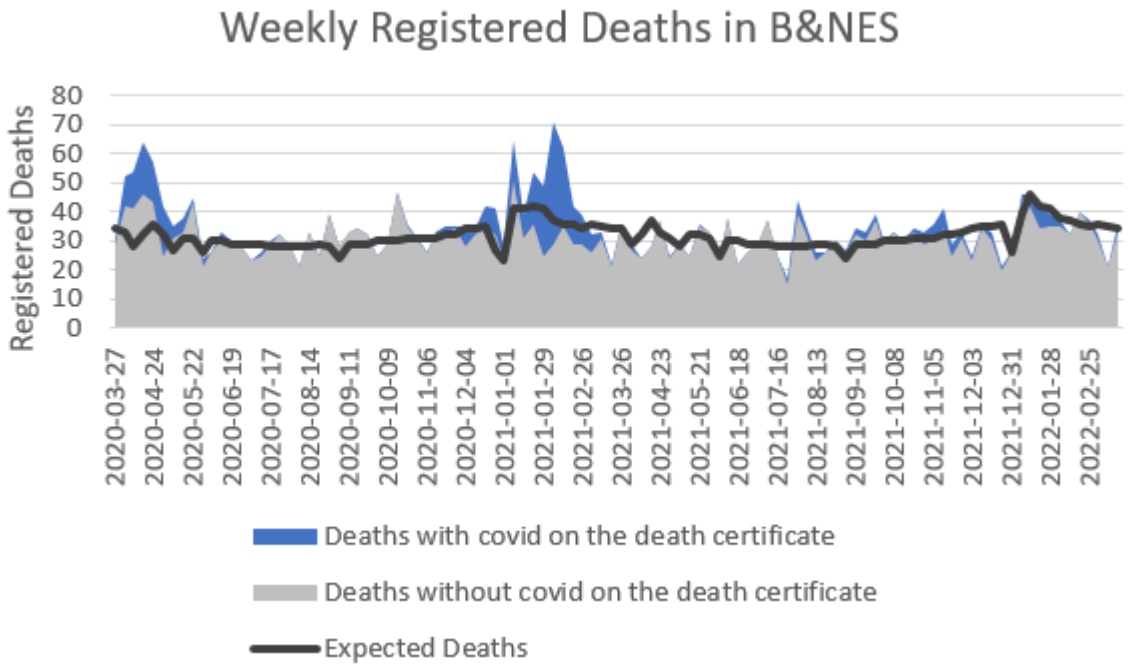
Excess Deaths Since the Start of the Pandemic



Definition: Excess deaths are the difference between the observed number of deaths from all causes in a given period and the expected number of deaths for that period based on historic trends.

Source: GOV.UK, available from: https://www.gov.uk/government/statistics/excess-mortality-in-england-weekly-reports

- The chart opposite shows the weekly registered deaths in B&NES during the pandemic, starting from March 2020 through to February 2022. The black line shows the expected number of deaths which is based on previous mortality rates between 2015 and 2019. It shows two large peaks, the first in April 2020 and the second over winter 2020/21. On both occasions there were a large number of deaths where Covid was recorded on the death certificate (shown in blue).
- Excess deaths is the preferred measure for understanding the true impact of the pandemic because it avoids issues where covid deaths may be recorded differently and also captures deaths which occurred due to indirect issues associated with the pandemic such as shortages in healthcare. The large peaks in April 2020 and winter 2020/21 can be seen but there are also periods where there are fewer deaths than expected, particularly from March 2021 onwards. Some of this may be explained by mortality displacement, where vulnerable people died earlier than expected because of the pandemic, and not in the following weeks and months as would have been expected, but this is not sufficient to offset the large number of deaths seen earlier in the pandemic.
- Calculating cumulative excess deaths show that there were **289 excess deaths in B&NES between March 2020 and February 2022**. The expected number of deaths over this period was 3,303, so there was an increase of nearly 9% (the comparable figure for England is 11%).

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Excess Deaths Since the Start of the Pandemic – International Comparison

	Estimated excess mortality rate (per 100,000)
UK	126.8
High income countries	125.8
Western Europe	140.0
USA	179.3
Australia	-37.6
New Zealand	-9.3

- Excess deaths can be used to compare the impact of the pandemic across different countries which may have different ways of recording covid related deaths. The chart opposite shows the total number of excess deaths in England between March 2020 and December 2021. The high number of excess deaths due to the first wave of the pandemic can be clearly seen in April 2020.
- Despite the UK having a high mortality rate early on in the pandemic, by mid-2021 countries in central Europe had overtaken western European countries, including the UK, by having the highest relative cumulative excess mortality since the start of the pandemic.
- Further analysis looking at deaths recorded between 1 January 2020 and 31 December 2021, found the number of excess deaths per 100,000 population was **127** for the UK, which was very similar to the value for other high income countries which had an average of 126 per 100,000. The average for western Europe was 140 per 100,000 and for USA it was nearly 180. Some countries, such as Australia and New Zealand, had fewer deaths than expected.
- It is important to note that at the time of writing this content deaths from Covid-19 are still being reported across the world, as well as some countries experiencing their first serious outbreak, e.g., media reports coming out of North Korea.

Source: 2022, Estimating excess mortality due to the COVID-19 pandemic: a systematic analysis of COVID-19-related mortality, 2020–21, *The Lancet*, VOL. 399, Issue 10334, P1513-1536, Apr 16, 2022

Service Use

Bath & North East Somerset Council

Improving People's Lives

Early Help Services

Children's Social Care - Trends

Children's Social Care – Need and Risk Factors

SEND: Number with EHCPs

SEND: EHCPs by Age

SEND: EHCPs by Gender & Ethnicity

SEND: New EHCPs

SEND: School Cohort

Adult Social Care Support

Mental Health: CYP Service Demand

Mental Health: IAPT Service Demand

Mental Health: B&NES Community Provision

Access to NHS Dentistry

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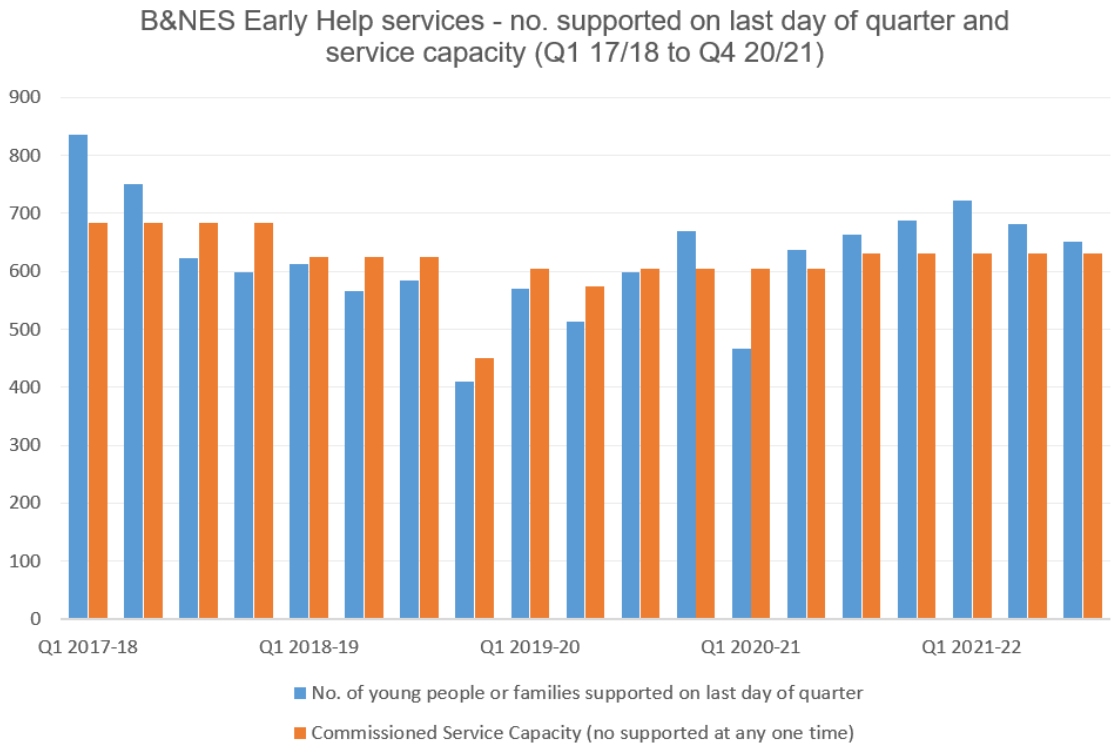
Early Help Services



Data notes: Q4 18/19 and Q1 20/21 do not include data from Bright Start services and Q2 19/20 does not include data from Compass services so actual numbers supported for those 3 quarters will be higher than shown here.

Services data source: In-house Early Help and Targeted Support Dashboard. Data comprised of quarterly returns from service providers for Q1 2017-18 to Q3 2021-22.

- **Early help** means providing support to potentially vulnerable children, young people and their families as soon as problems start to emerge. If they're facing certain challenges, or have complex needs which cannot be dealt with by universal services (for example, schools, health visitors, school nurses), they can be referred to Early Help services for support.
- Since Q1 2017-18, **53%** of all referrals to Early Help services have come from health visitors, primary schools or secondary schools.
- Early Help services have remained consistently **over-capacity** for the last 6 quarters (since Q2 2020/21).
- Referrals into services for the **very young (0-5) age group are predominantly male**. However, females have ~3x the number of referrals for ages 25+ (likely parents of referred children).
- The Early Help Needs Assessment (May 2020) identified that the burden of needs is not uniform across B&NES, with high needs likely to be experienced in **areas of highest deprivation**.
- A survey of Early Help professionals conducted for the needs assessment identified the most commonly occurring needs related to **behaviour**, **mental health**, **safeguarding** (often described as not meeting thresholds), **parenting** (capacity, support and skills) and **speech and language**. The breadth of the needs observed across the system span those relating to practical needs such as those stemming from finances and poverty, and more specific needs such as toileting.

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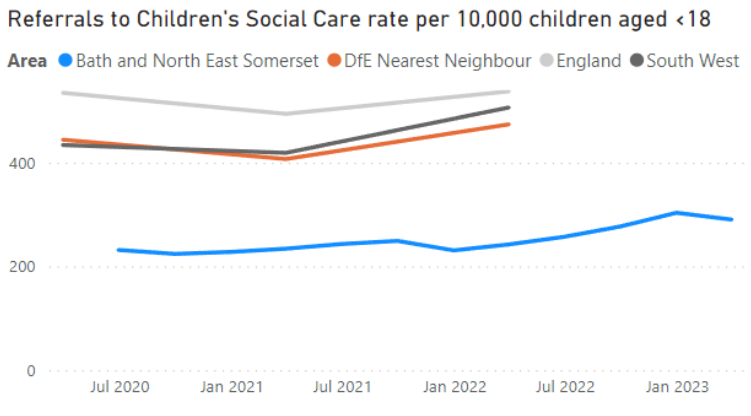
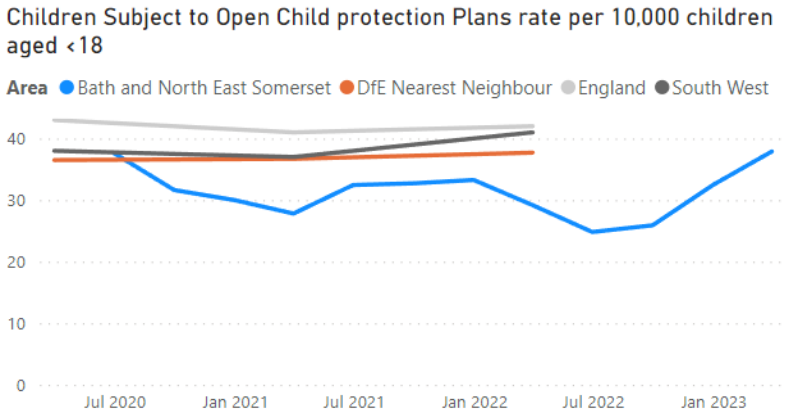
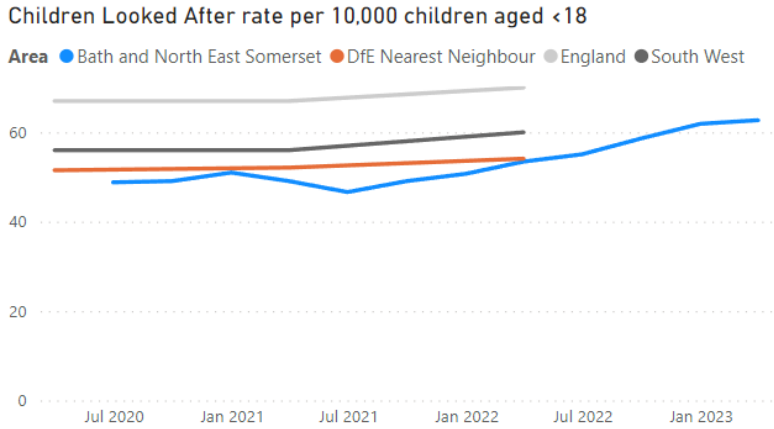
Children's Social Care - Trends







- Referral rates have remained low compared to other local areas and national rates. This can in part be attributed to a sustained focus on ensuring cases are referred into Early Help services. Threshold audits continue to demonstrate that need is being effectively identified.
- Child Protection Plan rates are subject to fluctuation in part due to the relatively small cohort size. However, recent trends have moved rates in line with statistical neighbours.
- Looked After Children rates had remained stable for several years. However, pressures associated with the Covid-19 pandemic and lockdowns have increased the volume and complexity of cases. More recent increases in numbers are associated with this complexity and an increase in unaccompanied asylum-seeking children, a pattern which is expected to be repeated nationally.

Sources:

Historic and Benchmarking Data: Department for Education (2019-2022) *Child In Need Census* and *Children Looked After return*, extracted from LG Inform (2022) *LGA Research: Children in Need and Care in Bath and North East Somerset*

Current Financial Year Data: Local system reporting

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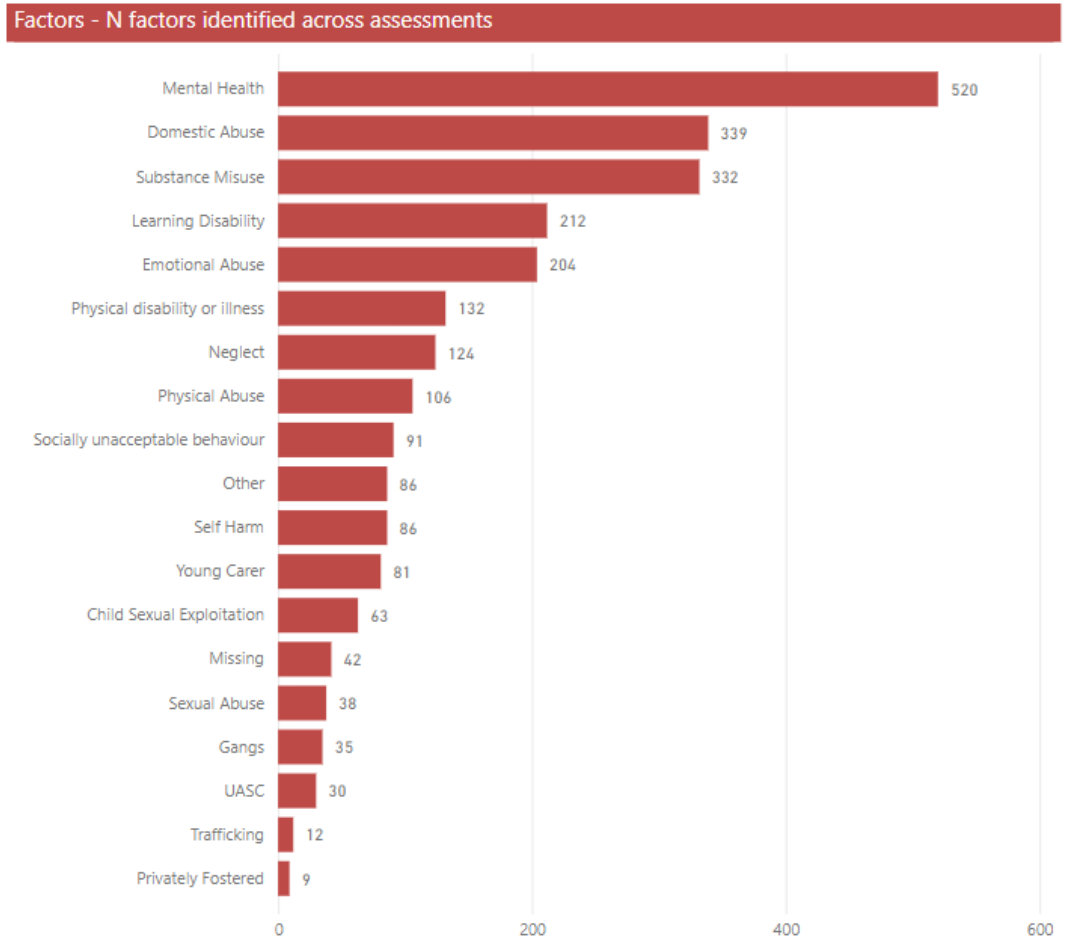
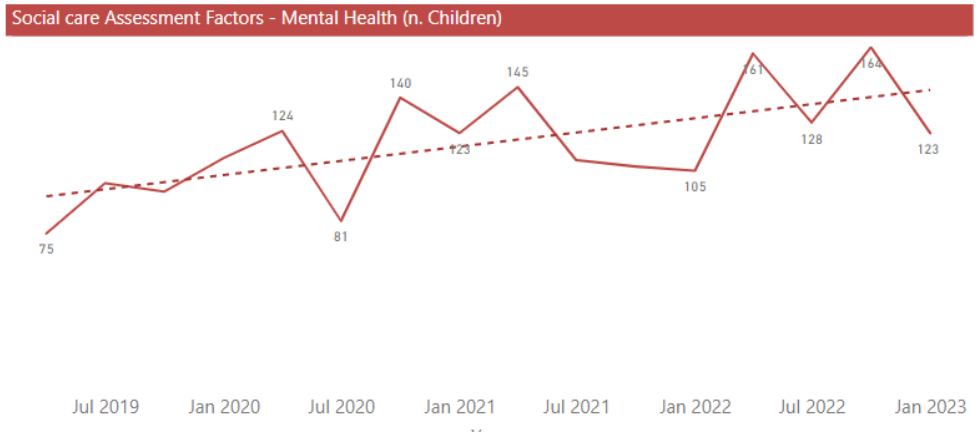
Children's Social Care – Need and Risk Factors





- Assessment factors are captured at the point at which a child reaches the threshold for social care involvement.
- Multiple factors can be identified per case. Therefore, the chart presented relates to the number of children with each individual factor identified.
- As has remained a consistent trend over time, **mental health**, **domestic abuse** and **substance misuse** for child or family are the most common factors recorded, with 50% of cases recording one or more of these factors. This remains consistent with the findings of the Munro review in 2011.
- Mental health related factors have increased consistently over time, affecting both children and parents/family.

Source: Local system reporting

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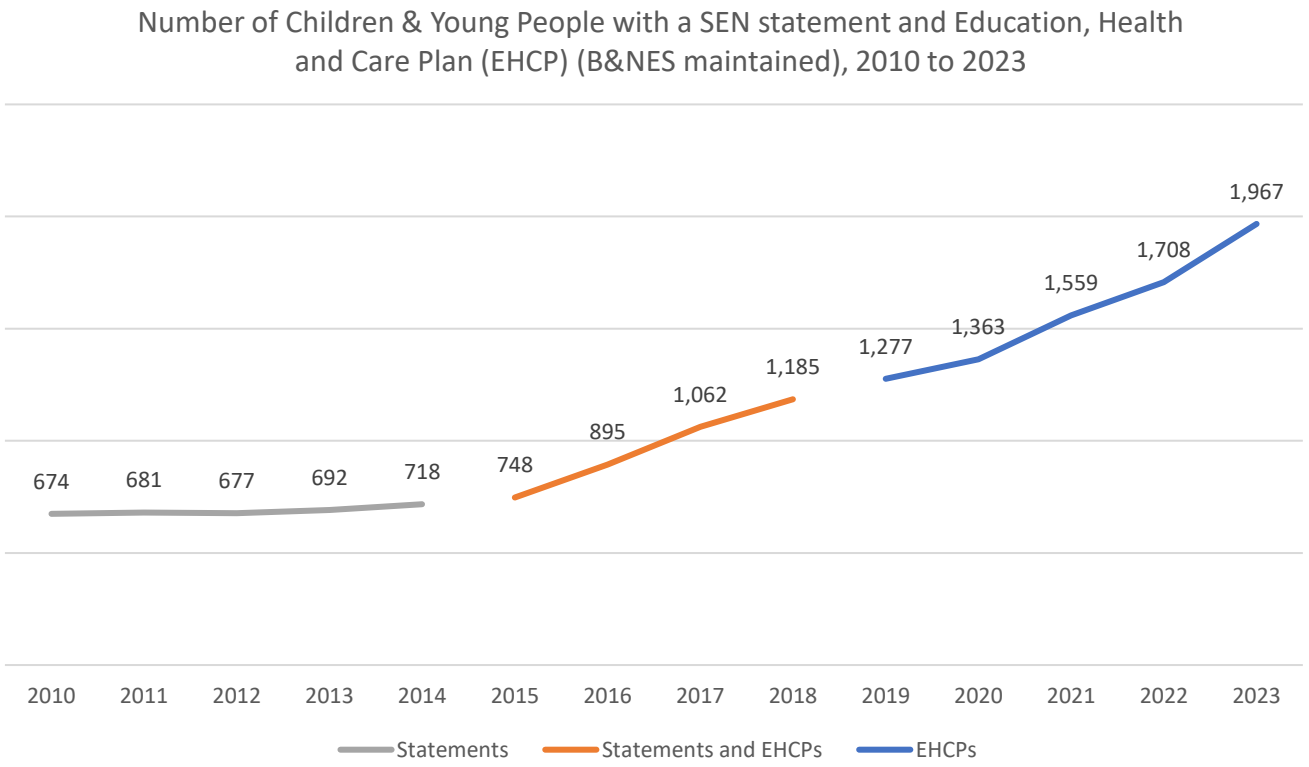
SEND: Number with EHCPs



- **Since the SEND reforms started to be implemented in 2014/15, there has been a year-on-year increase in the number of children and young people with an Education, Health and Care Plan (EHCP)** [incl. SEN statement between 2015 and 2018].
- In **January 2023** there were **1,967 children and young people with an EHCP** maintained by B&NES Council.
- There has been an **increase** year on year in the number of EHCPs issued by B&NES since 2015, **growing by 13% per year between 2015 and 2023, on average**. This is higher compared to national and regional growth trends during the same period (10% national and 11% South West).
- The **annual growth rate has been noticeably higher in B&NES between 2022 and 2023 (15%)** compared to national and regional (9% and 8% respectively).

Definition: Education, Health and Care Plans (EHCPs) have replaced Statements of Special Educational Needs and Learning Difficulty Assessments (2014 reforms). The EHCP is put together by professionals in education, health and social care to make sure children and young people with Special Educational Needs and Disability (SEND) have a package of support to help them through to adulthood (until they are 25). B&NES EHCPs refers to Plans where the Local Authority administers the Plan in line with the definition of the SEN2 return. By 1 April 2018 local authorities had to have transferred all children and young people with statements of SEN to the then new SEND system who met the criteria for an EHCP. Therefore, for the period 2015 to 2018 the numbers shown include both statements of SEN and EHCPs, i.e., transition period.

Source: Department for Education, EHCPs, based on SEN2 data collection. The SEN2 Survey is a snapshot in January each year. From 2023, the data collection changed from aggregated figures at LA level to person level collection.

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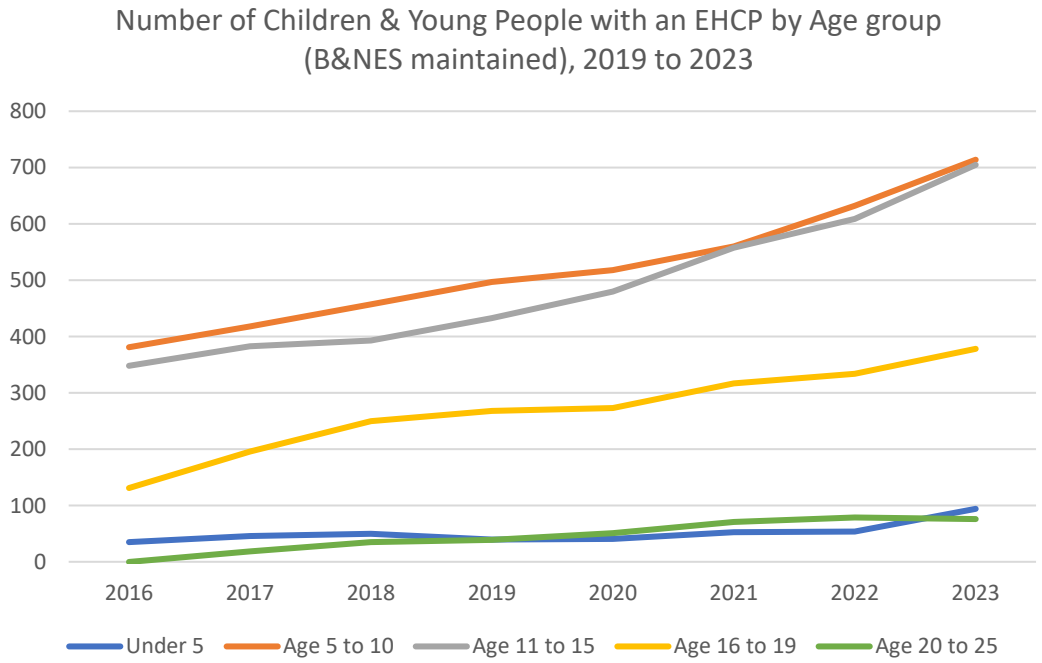
SEND: EHCPs by Age



Prevalence rate of EHCP per 1,000 population, 2023

Age Group	B&NES (No.)	B&NES	England
Under 5	94	10.4	6.9
Age 5 to 10	714	58.7	41.7
Age 11 to 15	705	66.5	55.3

- The increase in children and young people with an Education, Health and Care Plan (EHCP) between 2019 and 2023 has been seen across all age groups.
- **School aged children account for 72% of all EHCPs** within B&NES (**714** 5- to 10-year-olds; and **705** 11- to 15-year-olds in January 2023). The comparable figure for England is 69%.
- **Prevalence of EHCPs in the population is highest in the 11- to 15-year-old population:** 66.5 per 1,000 in B&NES, 55.3 per 1,000 in England.
- **For those aged under 16, EHCP prevalence is much higher in B&NES than nationally**. If our local prevalence rates were to reduce to national levels, we would expect to see the following **fewer** EHCPs in B&NES:
  - Under 5: 32
  - Age 5 to 10: 206
  - Age 11 to 15: 119

Definition: Education, Health and Care Plans (EHCPs) are put together by professionals in education, health and social care to make sure children and young people with Special Educational Needs and Disability (SEND) have a package of support to help them through to adulthood (until they are 25). B&NES EHCPs refers to Plans where the Local Authority administers the Plan in line with the definition of the SEN2 return.

Note: Prevalence per 1,000 population figures have been calculated using 2021 Census. Prevalence for older age groups – 16 to 19 and 20 to 25 – have not been calculated due to our high Higher Education student numbers.

Source: Department for Education, EHCPs, based on SEN2 data collection. The SEN2 Survey is a snapshot in January each year. From 2023, the data collection changed from aggregated figures at LA level to person level collection.

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SEND: EHCPs by Gender & Ethnicity

Number of children and young people with an Education, Health and Care Plan (EHCP) by gender, B&NES maintained, January 2023

Gender	No.	B&NES %	England %
Female	634	32	28
Male	1,331	68	72
Not specified	2	0	0.03
Total	**1,967**	**100**	**100**
Unknown	*0*	*0.00*	*0.02*

Number of children and young people with an Education, Health and Care Plan (EHCP) by ethnicity, B&NES maintained, January 2023

Ethnicity (major cat.)	No.	B&NES %	England %
White	1,723	88.4	
Mixed/Multiple ethnic groups	146	7.5	
Asian/Asian British	31	1.6	
Black/African/Caribbean/Black British	26	1.3	
Other ethnic group	24	1.2	
Total	**1,950**	**100**	
Unknown	*17*	*0.9*	*10.4*

Gender

- As at **January 2023, males** accounted for **68%** [1,331 | 1,967] of children and young people with an Education, Health and Care Plan (EHCP) maintained by B&NES Council. The comparable percentage for **England was slightly higher, at 72%.**
- As at **January 2023, females** accounted for **32%** [634 | 1,967] of children and young people with an Education, Health and Care Plan (EHCP) maintained by B&NES Council. The comparable percentage for **England was slightly lower, at 28%.**

Ethnicity

- **Coverage** of recorded ethnicity in B&NES is significantly better compared to national (0.9% vs. 10.4% respectively with an unknown ethnicity recorded for January 2023 EHCP cohorts).
- As at January 2023 **around 1 in 9 (11.6%)** children and young people with an EHCP with a known recorded **ethnicity** in B&NES had a classification of **non-White**.

Definition: Education, Health and Care Plans (EHCPs) are put together by professionals in education, health and social care to make sure children and young people with Special Educational Needs and Disability (SEND) have a package of support to help them through to adulthood (until they are 25). B&NES EHCPs refers to Plans where the Local Authority administers the Plan in line with the definition of the SEN2 return.

Source: Department for Education, EHCPs, based on SEN2 data collection. The SEN2 Survey is a snapshot in January each year. From 2023, the data collection changed from aggregated figures at LA level to person level collection.

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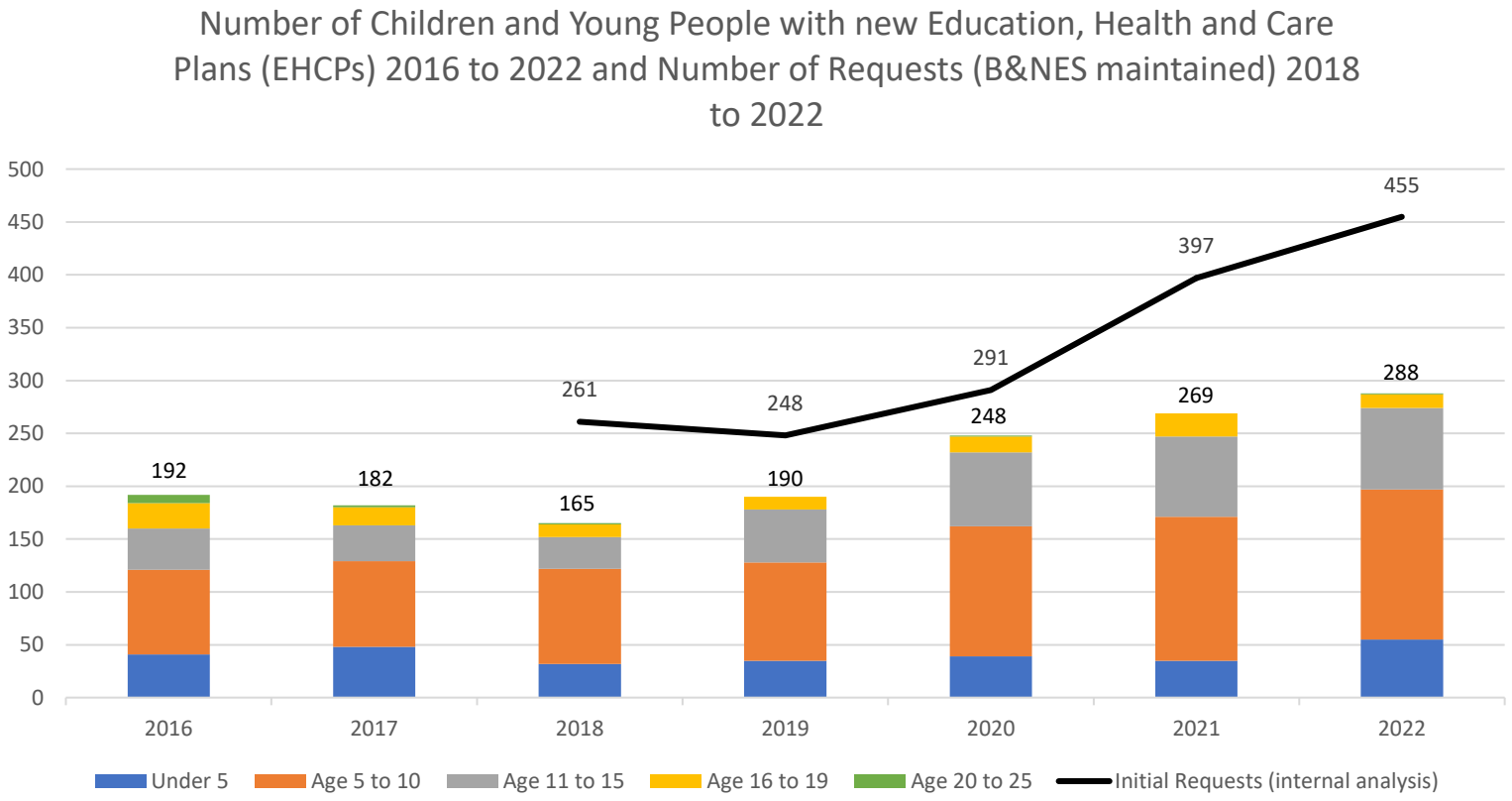
SEND: New EHCPs



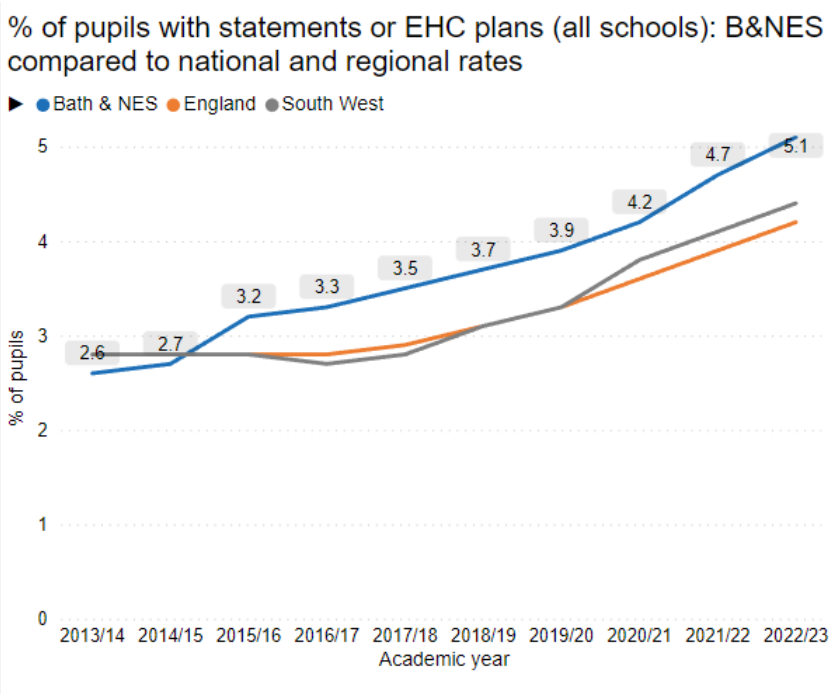
- There were **288** children and young people with new Education, Health and Care Plans (EHCPs) opened during **2022** in B&NES.
- After a decline in the number of children and young people with newly opened EHCPs between 2016 and 2018, **numbers increased from 190 in 2019 to 248 in 2020, i.e. representing a 31% increase**. During the same period the **comparable increases** across **England** and the **South West** were **11%** and **13%** respectively.
- **This increase** between 2019 and 2020 in the number of children and young people with newly opened EHCPs **has not only been maintained**, but has **continued to increase** during the following two most recent years (i.e., 2021 and 2022).
- This increase in newly issued EHCPs needs to be seen alongside the **larger recent increase in requests for EHCPs** – from 248 in 2019 to 455 in 2022 (representing an 83% increase).
- Between 2019 and 2022 **around half of children and young people issued with a new EHCP were aged 5 to 10**, i.e. primary school age.

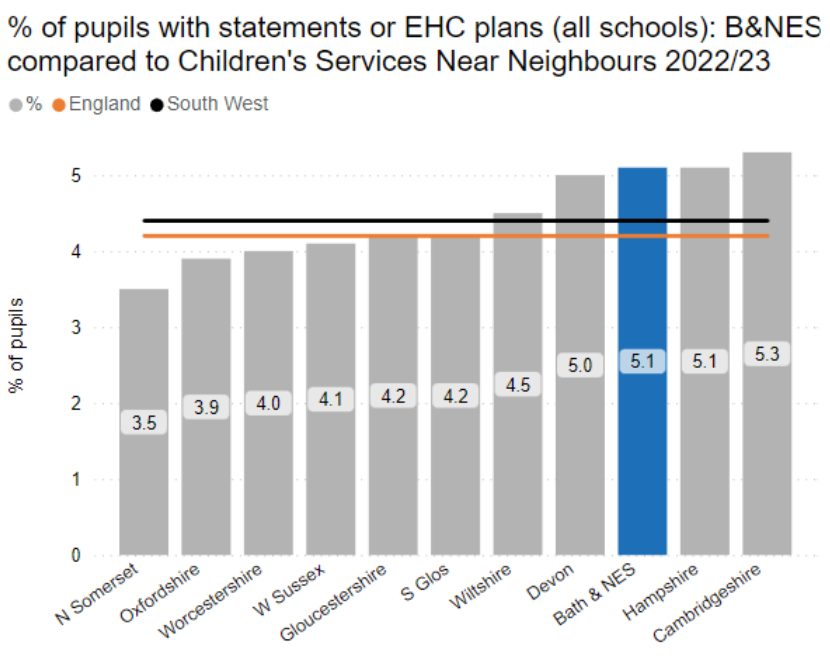
Definition: Education, Health and Care Plans (EHCPs) have replaced Statements of Special Educational Needs and Learning Difficulty Assessments (2014 reforms). The EHCP is put together by professionals in education, health and social care to make sure children and young people with Special Educational Needs and Disability (SEND) have a package of support to help them through to adulthood (until they are 25). B&NES EHCPs refers to Plans where the Local Authority administers the Plan in line with the definition of the SEN2 return.

Sources: Department for Education, EHCPs, based on SEN2 data collection. The SEN2 Survey is a snapshot in January each year. From 2023, the data collection changed from aggregated figures at LA level to person level collection. The annual numbers of initial requests for an EHCP between 2018 and 2022 are from internal analysis.

SEND: School cohort

Benchmarking B&NES' performance: % of pupils with Statements or EHC Plans (all schools)





National & Regional comparison:

- Growth in the B&NES rate of pupils with a Statement or Education Health Care Plan (EHCP) since 2017/18 (3.5% to 5.1% | 1.6 percentage point difference) is **higher** than the increase seen nationally (1.3% percentage point increase).
- The B&NES rate is 0.9% and 0.7% **higher** than the national and regional rates (respectively) in 2022/23, with the variance having increased in the latest results.

Children's Services Near Neighbours comparison:

- In 2022/23, B&NES is the **third highest** area with 5.1% of pupils in all schools with an EHCP, higher than the England rate of 4.2% and the South West rate of 4.4%.

Definition: Education, Health and Care Plans (EHCPs) have replaced Statements of Special Educational Needs and Learning Difficulty Assessments. The Plan is put together by professionals in education, health and social care to make sure children with SEND have a package of support to help them through to adulthood (until they are 25). This release provides information on the number of schools and pupils in the following: state-funded primary, secondary and special schools; non-maintained special schools; pupil referral units; independent schools. This will include pupils who attend B&NES schools and are not B&NES residents and exclude some B&NES residents who are not attending B&NES schools.

Source: Department for Education

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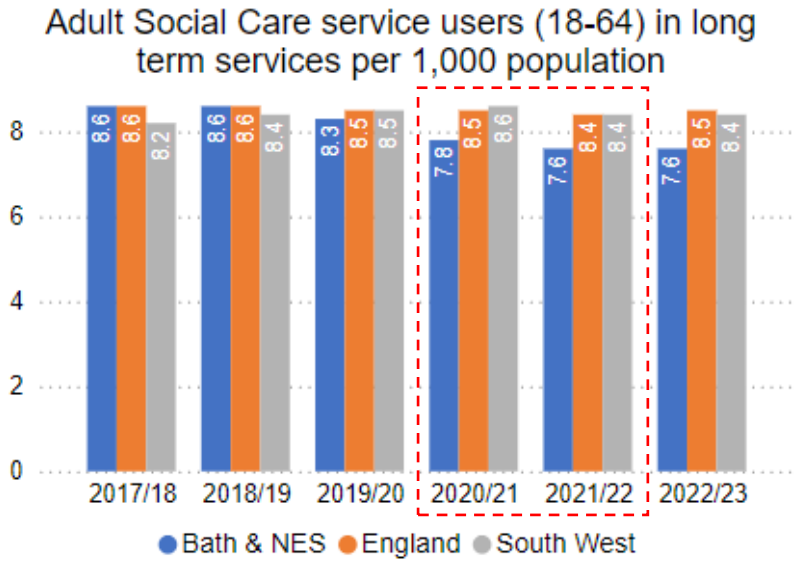
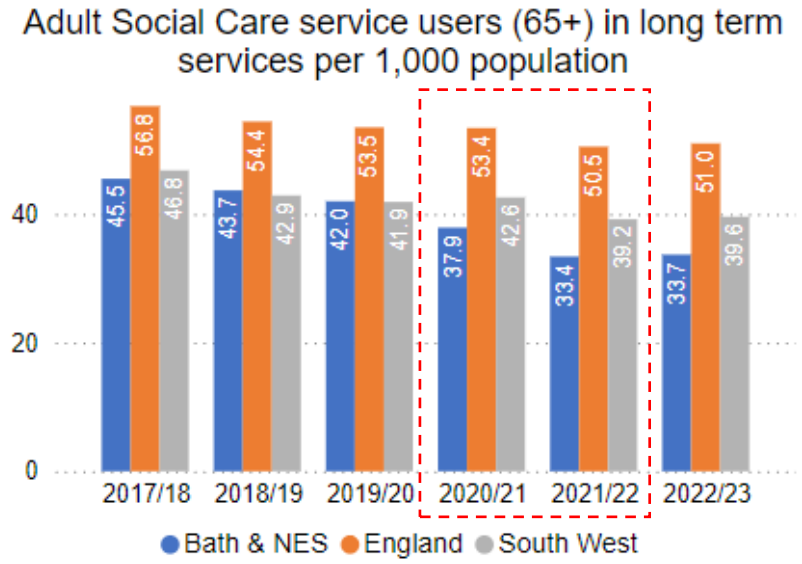
Adult Social Care Support



See Data Quality notes



See Data Quality notes

- The number of **people supported by Adult Social Care (ASC)** per 1,000 – a proxy for demand for ASC services – reduced overall for B&NES between 2019/20 and 2022/23 in both the 18-64 (8%) and 65+ (20%) age groups. The national rate saw a lower level of reduction over the same period for the 65+ age group at 5%, while the 18-64 national rate held its 2019/20 level. In B&NES, there was no growth between 2021/22 and 2022/23 for 18–64-year-olds, while the 65+ group saw a <1% growth.
- As noted in the Data Quality comments, 2020/21 and 2021/22 results are not directly comparable to previous years. While B&NES saw a greater reduction in service users relative to the national rate, it is unclear how consistently local authorities counted people who were subject to Covid-related health funding in the statutory social care return. Further, it is unclear how similar funding arrangements in 2022/23 are to those in effect pre-COVID, so direct comparisons between these periods may not be appropriate.
- B&NES continues to have a lower rate of service users relative to the national average in older adults (65+), and the variance has increased. B&NES was in line with the regional rate prior to the pandemic but has been lower in the past three years.
- The percentage of ASC service users **supported in care homes for over 65s** increased to 0.3% above its pre-COVID (2019/20) levels in 2021/22, to 51.8%. The national rate remained just below 38% for that same period, as B&NES supports a proportionately higher number of people in a care home setting.

Data Quality and References

Source: Adult Social Care Activity & Finance Report, NHS Digital (including data from the statutory social care activity return, known as the SALT return)

2020/21 SALT data was counted on a different basis to previous years. New funding arrangements for people needing out-of-hospital care during the Covid-19 pandemic response meant that some people on interim health funding packages, who in previous years may have been counted as ASC funded, were not included in the SALT return. Councils' approaches to counting these packages may also have varied, as guidance for completing the statutory return was limited. This difference applied to 2021/22 data in part as well. Results for 2022/23 are not impacted by the same issues, but may not be directly comparable with pre-pandemic years.

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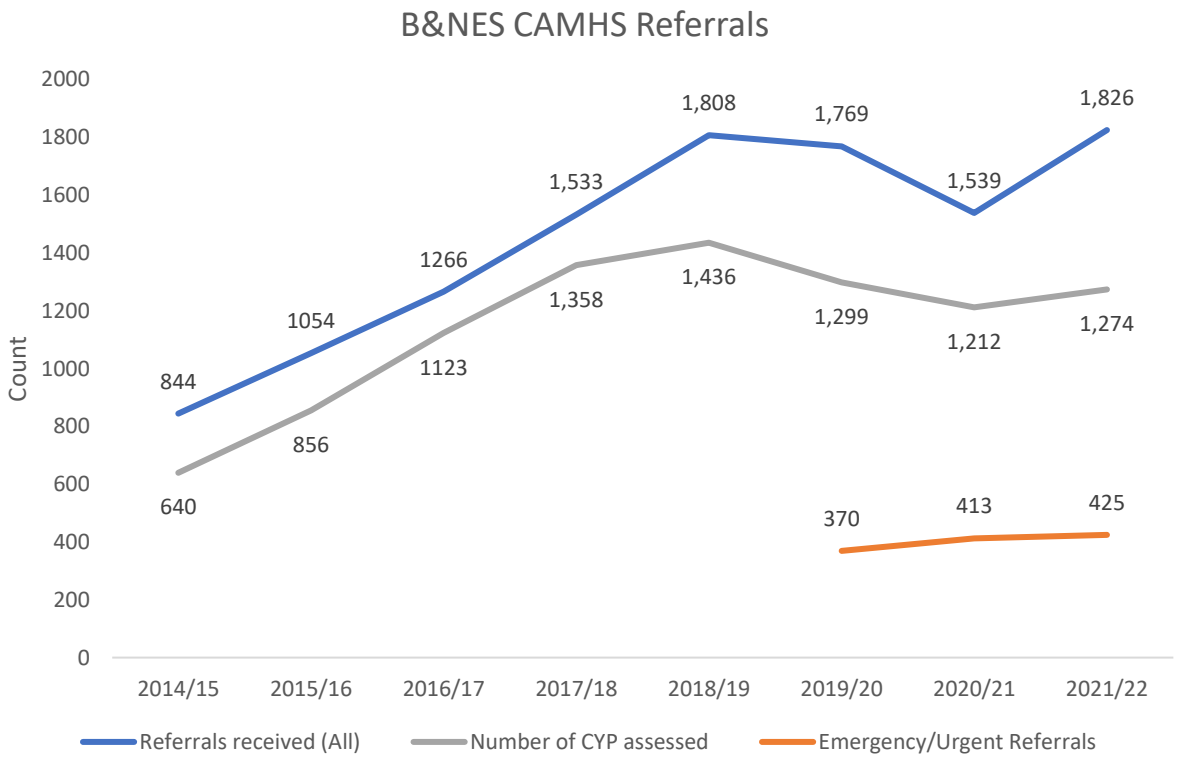
Mental Health – Children & Young People Service Demand



Source: Oxford Health Foundation Trust (OHFT) internal data for B&NES

Inappropriate referrals are those **not** deemed to be for mental health issues after initial discussions. These are offered advice and signposting by the Getting Advice team.

[1] Annual median wait times quoted are for all BSW provided services for B&NES, including urgent and emergency referrals.

Getting Help is a service within CAMHS designed for children & young people who need a short intervention (usually 6 sessions). Getting More Help is designed for those needing a more intensive treatment (usually 12 sessions). Getting More Help also includes specialist support such as the Eating Disorders service

- **Referrals** to CAMHS more than **doubled** from 844 in 2014/15 to 1,808 in 2018/19. Referrals decreased in 2020/21 to 1,539 which is primarily thought to be due to the pandemic but have since **increased to pre-pandemic levels** in 2021/22 (1,826). The percentage of **inappropriate referrals** decreased in 2016/17 and 2017/18 to around 10% but have since increased, with 30% of referrals deemed inappropriate in 2021/22. The median wait time[1] decreased from 20 days in 2019/20 to 11 days in 2021/21. This increased slightly to 13 days in 2021/22.
- **Emergency/Urgent referrals** have increased from 370 in 2019/20 to 413 in 2020/21 and 425 in 2021/22 (a 15% increase during the period).
- **Waiting times** for the **Getting Help** service have **worsened** in recent years. The percentage of GH routine referrals seen within 4 weeks has **decreased from 69% in 2018/19 to 35% in 2021/22.** The percentage of GH routine referrals seen within 8 weeks has **decreased from 99% in 2018/19 to 45% in 2021/22**. The rise in waiting times has been the result of staffing shortages and challenges in recruiting with a high vacancy rate since mid-2020. This has improved so a reduction in waiting times has been seen more recently. The average waiting time from Apr to Oct ‘21 was 85 days, with a maximum of 101 days. From Nov ’21 to Jan ’22 this reduced to an average of 71 days.
- **Waiting times** for the **Getting More Help** service have **improved** in recent years. The percentage of GMH routine referrals seen within 4 weeks was similar in 2018/19 and 2019/20 (40% and 37% respectively) and has **increased to 56% in 2020/21 and 60% in 2021/22**. The percentage of GMH routine referrals seen within 8 weeks increased from 71% in 2018/19 to 78% in 2019/20 and 77% in 2020/21 but has decreased to 63% in 2021/22. The percentage of GMH urgent referrals has remained at 100% seen within 4 weeks since 2018/19.

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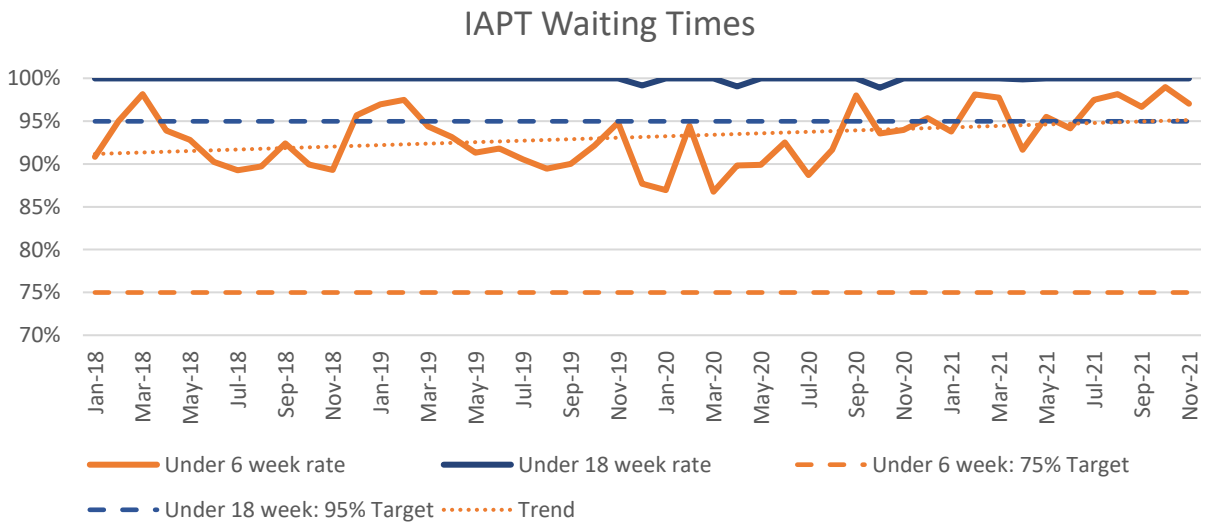
Mental Health – IAPT Service Demand

	2018/19	2019/20	2020/21	2021/22 (YTD (Apr-Nov '21)
The number of people who have been referred for psychological therapies	4,728	4,353	3,434	2,888
The number of people who have entered psychological therapies	3,746	3,592	2,942	2,471
% of people completed treatment waiting under 6 weeks from referral to first treatment	93%	91%	94%	94%
% of people completed treatment waiting under 18 weeks from referral to first treatment	100%	99.9%	99.8%	100%



- The number of people who have been referred for psychological therapies has decreased since 2018/19. Following lockdowns in 2020/21, referrals increased in 2021/22 with 2,888 in the period Apr-Nov '21. This is a 39% increase on referrals compared to the same period in 2020 and a 5% decrease on the same period in 2019.
- The number of referrals entering treatment have shown annual decreases since 2018/19. 2,471 have entered psychological therapies in the period Apr-Nov 2021, a 36% increase on the same period in the 2020 (1,815) and a similar number to the same period in 2019 (2,457).
- The percentage of people completing treatment waiting under 6 weeks from referral to first treatment has generally shown an increasing trend since April 2020 with a rate of 94% in 2020/21 and 94% for YTD 2021/22. This is above the 75% national target. The under 18-week rate has consistently been between 99%-100%, again above the 95% national target.

IAPT – Improving Access to Psychological Therapies

Waiting time data shows the percentage of people who completed treatment waiting under 6/18 weeks from referral to first treatment. Higher percentages are better.

Data source: IAPT service use data provided by Avon and Wiltshire Mental Health Partnership (AWP)

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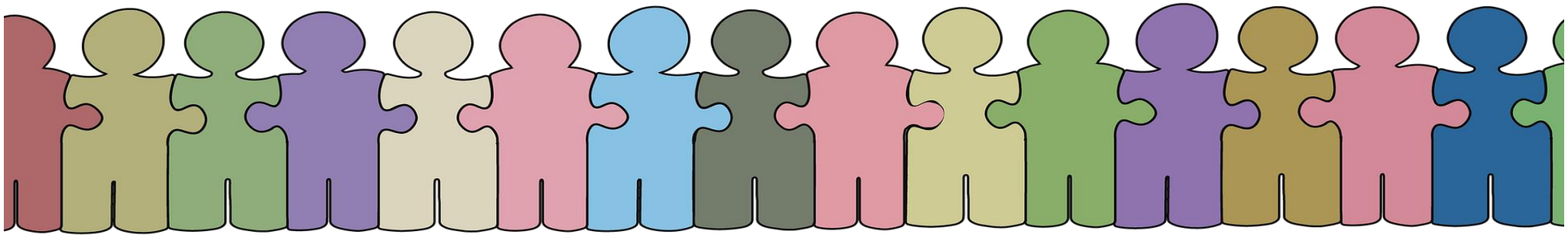
Mental Health – B&NES Community Provision



Children & Young People:

- **Kooth** saw increased demand in 2020/21 during the height of the pandemic but this has decreased in 2021/22 with new registrations falling from 1,356 in 2020/21 to 948 in 2021/22 and total logins falling from 13,563 in 2020/21 to 7,769 in 2021/22. The majority of users are female (~70%) and new registrations identifying as coming from BAME backgrounds have increased recently. The top four presenting issues in both 2020/21 and 2021/22 were: anxiety/stress, self-harm, family relationships and suicide ideation (suicidal thoughts). *Source: Kooth Q4 reports 2019/20 and 2020/21*
- **Off the Record** (OTR) saw their highest ever demand in 2020/21 with a 40% increase in referrals from the previous year. Data for 2021/22 is not yet available. OTR work with significantly more females (78%) than males (22%) and have also noted increasing numbers of BAME and LGBTQ young people accessing services. *Source: OTR Impact Report 2021*
- **Bath MIND** provision also saw increased demand at the height of the pandemic ("two to four fold increases"). *Source: CEO Bath Mind*

Adults:

- **Breathing Space** (Place of Calm provision provided by Bath MIND) has seen increases in referrals each quarter as the service has become more well-known. Other Bath Mind provision also saw increased demand at the height of the pandemic (two to four fold increases). As with other **Community provision**, the main presenting needs are depression and anxiety disorders. There has also been a slight increase in anxiety as a mental health need post-pandemic lockdowns**.** *Source: Senior Commissioning Manager, HCRG Care Group*

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Access to NHS Dentistry: ‘Dental Deserts’

20 Clinical Commissioning Groups (CCGs) in England with the lowest number of NHS dentists per 100,000 people (April 2020 – June 2021)

Area	NHS dentists (per 100,000 population)
North Lincolnshire CCG	32
North East Lincolnshire CCG	37
East Riding of Yorkshire CCG	37
Lincolnshire CCG	38
Norfolk & Waveney CCG	38
North Staffordshire CCG	40
Portsmouth CCG	42
Halton CCG	42
Stoke on Trent CCG	43
NE London CCG	43
West Essex CCG	44
Bath and North East Somerset, Swindon and Wiltshire CCG	44
Thurrock CCG	44
Kent and Medway CCG	45
Hampshire, Southampton and Isle of Wight CCG	45
Northamptonshire CCG	45
Cambridgeshire and Peterborough CCG	45
Kernow CCG	45
Birmingham and Solihull CCG	46
Coventry and Warwickshire CCG	46

- An NHS FOI publication indicates **over 2,000 dentists** left the profession in England between March 2021 and March 2022.
- It is estimated that for every average full-time dentist leaving the NHS who is not replaced, approximately **2,000** patients may miss out on care.
- Beyond the immediate impact on dental health, routine dental check-ups are a vital first line of defence against **mouth cancers** and **type-two diabetes**.
- Nationally, only a third of adults – and less than half of English children – have access to an NHS dentist.
- Research by Healthwatch in 2021 revealed some people face a three-year waiting list to see an NHS dentist.
- **B&NES, Swindon and Wiltshire (BSW) CCG** ranks 12th worst of all English CCG areas for numbers of NHS dentists, with 44 per 100,000 people (see table opposite) from April 2020 to June 2021.
- In BSW, **33% of adults** were seen in the previous 24 months and **44% of children** were seen in the previous 12 months (April 2020 to June 2021). Nationally these figures are 36% for adults and 43% for children.
- Recent BBC research found that 8 in 10 NHS dental practices in the UK were not accepting new adult patients, and 9 in 10 were not accepting children (under 16s). Of the 23 NHS dental practices in B&NE's, 96% were not taking new adult patients.
- The ADG propose a six-point plan to tackle the issue of access to NHS dental provision nationally:
    1. Increase the number of training places in the UK
    2. Continued recognition of EU trained dentists
    3. Recognition of overseas qualifications
    4. Simplify and speed up the process for dentists to get an NHS “performer number”
    5. Allow more dental care professionals (DCPs) to initiate treatments
    6. Dental system reform with new ways of working to retain staff in the NHS

Source: Association of Dental Groups (ADG) report May 2022

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Change log

The following table provides information on changes implemented within this document since previous publications:

Affected Content	Details of change
Changes since initial publication on 1-Jul-22:	
Environmental Protection	New section added with slides covering Air Quality & Health, Air Quality in B&NES, and the Bath Clean Air Zone
Access to NHS dentistry	New research added and slide moved to Service Use section
Fuel Poverty	Moved to Society section
Live Births	2021 ONS published figures added
Stillbirths	2021 ONS published figures added
Changes since publication on 8-Sept-22:	
Households	New slide added with Census 2021 data for Size and Composition of Households
Population Characteristics	New slides added with Census 2021 data for: Ethnicity, Language, Religion, Disability, General Health, Unpaid Care, Sexual Orientation & Gender Identity
Life Expectancy, Inequalities in Life Expectancy and Healthy Life Expectancy	Updated with most recent data and content expanded
Climate Emergency	CO_2 and Responding to the Climate Emergency slides updated with most recent data
Ecological Emergency	New section added with slides covering Nature Recovery Targets and State of Nature in B&NES

Cont.

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Change log cont. 1

The following table provides information on changes implemented within this document since previous publications:

Affected Content	Details of change
Changes since publication on 8-Sept-22 cont:	
Rough Sleeping	Charts corrected and counts <5 suppressed
Education	Content updated to include most recent results. Content further expanded to give greater detail on attainment and exclusions by pupil characteristics as well as to include School Ofsted ratings
Smoking Prevalence in Children & Young People	Slide updated with most recent data
Smoking Prevalence in Adults	Slide updated with most recent data
Alcohol – CYP	Slide updated with most recent data
Drug Misuse in CYP	Slide updated with most recent data
Severe Mental Illness	Slide updated with most recent data (source data corrected by OHID)
Self-harm	Content updated with most recent data and to include findings from the OHID SW LKIS report on self-harm in the SW
NCMP	2021/22 figures added
Multiple Long-Term Conditions	Deprivation bullet reworded for clarity
Deleted content	The following content was deleted: Economic Forecasting (out of date base data), Child Exploitation (pending review of data provenance)

Cont.

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Change log cont. 2

The following table provides information on changes implemented within this document since previous publications:

Affected Content	Details of change
Changes since publication on 23-Feb-23:	
Population & Demography	New slides added Communal establishment residents, Disability (by age group) and UK armed forces veterans
Resident Satisfaction	Slide updated with most recent data
CO2 emissions	Charts and narrative updated
Responding to the Climate emergency	Slides restructured and expanded
Housing conditions: energy efficiency	Slide updated with most recent data
Economy	Content updated to include most recent data. Content expanded to give greater detail on: Business Demography (Number of enterprises, Sector Composition, Enterprises by Size, Sector changes over time, Business Birth & Death rates), Employment by Industry, Employment & Unemployment, Economic Inactivity, NEET (16-17 year olds), Earnings, Universal Credit, Qualifications, Occupations
Transport	New slide added for Car/van availability
Housing Tenure	Slide updated with most recent data
Rough Sleeping	Slide updated with most recent data
House prices	House prices and affordability slide separated and updated

Cont.

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Change log cont. 3

The following table provides information on changes implemented within this document since previous publications:

Affected Content	Details of change
Changes since publication on 23-Feb-23 cont:	
House price to earnings ratio	House prices and affordability slide separated and updated
Education	New slides added on KS2 and KS4 attainment by Ethnicity
Wellbeing	Slide updated with most recent data
Children's Social Care – Trends	Slide updated with most recent data
Children's Social Care – Needs & Risk Factors	Slide updated with most recent data
SEND	Slides updated with most recent data and content expanded (to include number with EHCPs, EHCPs by Age, Gender & Ethnicity, New EHCPs and School Cohort). Primary Need data has been removed (pending review of data quality).
Adult Social Care Support	Slide updated with most recent data
Changes since publication on 27-Jul-23:	
Population & Demography	New slide added on Legal Partnership Status (based on Census 2021 data). Footnote added to the Gender Identity slide to highlight the greater uncertainty in these estimates than other Census topics.
Co2 Emissions	Slide updated with most recent data and content expanded to include a range of greenhouse gases. Slide renamed Greenhouse Gas Emissions

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Change log cont. 4

The following table provides information on changes implemented within this document since previous publications:

Affected Content	Details of change
Changes since publication on 27-Jul-23 cont:	
B&NES Nature Recovery Targets	Slide updated with most recent water bodies data
State of Nature in B&NES	Slide updated with most recent water bodies data
State of Species in B&NES	Slide updated with most recent data
Air Quality & Health	Slide updated with most recent data
Air Quality in B&NES	Slide updated with most recent data
Bath Clean Air Zone	Slide updated with most recent data
Economy	Content expanded to include: Business Survival Rates, B&NES Economy (GDP) & Economic Growth, B&NES Economy (GVA) by Sector, Economic Growth by Industry (overview), Economic Growth by Industry (further detail), Economy and Employment by sector, Productivity, Competitiveness, Innovation/University spinouts, High Growth Enterprises, Employment by Industry (Location Quotient), Skills and Apprenticeships.
Housing	The following slides have been re-organised/refreshed with the most recent data: Social Housing Register (Homesearch), House Prices, Homelessness: Initial assessments, Prevention & Relief Duties owed, Main reasons - Prevention & Relief Duties, Outcomes – Prevention & Relief Duties, Temporary Accommodation. A new slide has been added for Households by Accommodation Type.

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Change log cont. 5

The following table provides information on changes implemented within this document since previous publications:

Affected Content	Details of change
Changes since publication on 27-Jul-23 cont:	
Fuel poverty	Slide updated with most recent data
Mortality	Content updated with most recent data for: Mortality Trends, Premature Deaths, Cancer Mortality, Cardiovascular Disease Mortality, Infant Mortality, Stillbirths, Avoidable deaths, Suicide & Drug Poisoning Deaths
Climate Emergency, Environmental Protection, Economy & Mortality Section Summaries	Section Summaries have been added for these topics. Other section summaries will be added on an on-going basis when the sections are next refreshed.
Changes since publication on 23-Nov-23:	
Population	Section updated with most recent data. Content expanded to include information on changes by age group and net internal & international migration.
Live Births	Slide updated with most recent data
Responding to the Climate Emergency	Figures on the staff business travel graph have been corrected (originally entered in miles rather than km).
Vacant dwellings	New content added on vacant dwellings
Resident Satisfaction	Slide moved from the Population & Demography section to the Society section.
Education	Section updated with most recent data, content expanded and summary slide added.

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Change log cont. 6

The following table provides information on changes implemented within this document since previous publications:

Affected Content	Details of change
Changes since publication on 23-Nov-23 cont:	
Wellbeing	Slide updated with most recent data
Childhood Weight (NCMP)	Slide updated with most recent data
Changes since publication on 22-Feb-24:	
Live Births	Slide updated with most recent data
Climate Emergency	Content updated for Greenhouse Gas Emissions, Responding to the Climate Emergency and Housing Conditions: Energy Efficiency
Housing	Content updated for Vacant Dwellings, Rough Sleeping and Private Rents & Affordability. New content added for Empty Properties Brought Back Into Use.
Education	New slide added on FSM cohort size over time
Resident Satisfaction	Slide updated with most recent data
Food Insecurity	Content updated with most recent data
Fuel Poverty	Slide updated with most recent data
Adult Social Care Support	Slide updated with most recent data

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Change log cont. 7

The following table provides information on changes implemented within this document since previous publications:

Affected Content	Details of change
Changes since publication on 22-Feb-24 cont:	
Healthy Life Expectancy, KS2 attainment and Wellbeing	References to the previous government's levelling up missions have been removed