

Exception report for progress on the Health and Wellbeing Strategy Implementation Priority 4: Create Health Promoting Places

Exception reporting will take place biannually at Health and Wellbeing Board (HWB) meetings which fall in Q2 (July-September) and Q4 (Jan-March). Use the RAG rating to indicate where progress is significantly off track or where significantly ahead of expected target or timescale. Threshold determined by whether the identified 'risk' will be resolved by the end of the financial year.

Date of Health and Wellbeing Board meeting this report will be reviewed at: 8 February 2024

1 - Sign off from theme leads that progress has been reviewed for each theme and shared with Sponsor with any exceptions listed below.

Reporting leads to ensure exception reports are shared with and signed off by Sponsors prior to submission

Theme	Lead officers	Sponsor	Progress reviewed and exceptions have been reported?
4	Paul Scott (4.5)	Laura Ambler	Yes

2. Open 'Red' actions from previous exception reports

Add any 'Red' actions from previous meeting including resolution/mitigation or other action. See example below

Actions to control risk	Strategy action this relates to	Lead officer	Progress on the action	Current risk level (RAG)	Any requests to Health and Wellbeing Board?
N/A					

3 New exception reports for areas that have deviated significantly from expectations set out in the JHWS implementation plan or where there is exceptional progress *Please keep text as brief as possible*

LEAD OFFICER: PAUL SCOTT						
Priority Four Create Health Promoting Places						
Strategy Objective 4.5 The NHS, LA, Third Sector and other partners to increasingly embed prevention and inequalities action into their planning and prioritisation (Cross referenced to ICA's priorities 2 and relevant cross cutting teams)						
Strategy objective Action <i>Add hyperlink to detailed update on progress on this indicator where available</i>	Risk level – RAG (see chart below)	Reason for escalation <i>(leave blank if green unless <u>exceptional</u> progress)</i>	Actions to control risk	Success measures	Timescales	Any requests to Health and Wellbeing Board?
4.5.1 Establish B&NES health inequalities network	GREEN					
4.5.2 Develop B&NES health inequalities plan	GREEN					
4.5.3 To influence population outcomes group to left shift resources to focus on babies, children and young people	AMBER	There has been some progress through the BSW Integrated Community Based Care Programme (ICBC). This aims to provide	We will monitor whether sufficient progress is being made by the next report to the Board and if not will escalate for further action.			

		<p>excellent community-based services and increase the focus on prevention and early intervention, through the BSW Care Model.</p>				
--	--	--	--	--	--	--

Risk Assessment

Risk Level - RAG (Red, Amber, Green)

None - green

Action plan on or exceeding target
Continue to monitor

Medium - amber

Some items not delivered to timeframe
Monitoring suggests a trend line diverging from plan
Low risk/likely to resolve

High - red

Action item not being delivered
Monitoring does not evidence that sufficient progress is being
High risk

4. Annual Priority Indicator Set Summary*

Notes for Reporting Leads: The Health and Wellbeing Board will have access to the Power BI priority indicator set. Progress will be discussed annually at the HWB meeting falling in Q4 (Jan-March) *. Reporting leads will provide a summary of key points from the Power BI report on indicators which link to the priority theme they are responsible for reporting on.

Date of Health and Wellbeing Board meeting this report will be reviewed at: 8 February 2024

Priority Indicator	Timescales <i>(Period covered by data)</i>	Summary Points <i>(Pull out and summarise key points)</i>	Comments <i>(e.g., limitations of the data, alternative interpretations, links to actions being undertaken in JHWS implementation plan...)</i>
Percentage of physically active adults	March 2018 to March 2022	The percentage of physically active adults fell in B&NES during the height of the pandemic period but has now returned to pre-pandemic levels. B&NES (77.3%) does better than the England average (67.3%).	
Percentage of adults classified as overweight or obese	December 2016 to December 2022	The percentage of adults in B&NES at 62.7% was very similar to the England average (63.8%) in 2022. This was due to a rise in B&NES However, at all other points over the last 5 years B&NES has had a lower percentage. This may mean a rise in this figure post-pandemic.	This data comes from self-reported height and weight in the national Active Lives survey so is potentially open to some reporting bias. However, it should be reasonably consistent over time and between areas.

Population Health Indicators

Inequality of life expectancy at birth	2012 to 2020	Inequality ('the gap') in life expectancy for our most and least deprived communities has almost halved over the last 10 years. This is the case for both females and males. The gap remains bigger for males than females.	
Healthy life expectancy at birth	2009-2011 to 2018-2020	Healthy life expectancy at birth in B&NES has remained at the same level over the last decade, for both females and males. Healthy life expectancy shows the years a person can expect to live in good health (rather than with a disability or in poor health). People living in the most deprived areas in England have the shortest life span and live more years in poor health. Unfortunately data are not available to look at inequality in B&NES and other local authority areas, but the same pattern is likely to be seen.	