

Exception report for progress on the Health and Wellbeing Strategy Implementation Priority 3: Strengthen compassionate and healthy communities

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?
3	Amy McCullough	Becky Reynolds	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: AMY McCULLOUGH						
Priority THREE						
Strengthen compassionate and healthy communities						
Strategy Objective						
3.1 Infrastructure that encourages and enables individuals, organisations and networks to work together in an inclusive way, with the shared aim of supporting people in need and building strong local communities						
Strategy objective Action Add <i>hyperlink to detailed update on progress on this indicator where available</i>	Risk level – RAG (see chart below)	Reason for escalation (leave blank if green unless <u>exceptional progress</u>)	Actions to control risk	Success measures	Timescales	Any requests to Health and Wellbeing Board?
3.1.1 Implement Community Wellbeing Hub (CWH) strategy To note: There is not a specific CWH strategy document. There is a Business Plan, which has been developed by the CWH Partnership, and there is an Outline Business Case (led by Council colleagues and developed with the CWH Partnership and wider partners) that sets out the strategic, economic, financial and commercial case for a CWH. For information about the CWH see: https://communitywellbeinghub.co.uk	AMBER	CWH Business Plan in place and the CWH operating and delivering well. Amber because there are a number of dependencies impacting timeline for the completion of the CWH Outline Business Case, which seeks to secure	Meetings in place to secure recommended commissioning intentions. Timeline for confirming budget envelope for the CWH, and appropriate governance to seek approval, drafted to support timely decision-making. Meetings to discuss funding underway.	Commissioning intentions for the specialist triage function confirmed. Recommended budget agreed in principle and secured through appropriate governance. Outline Business Case complete.	January 2024 April 2024	For HWB members to champion the CWH as an approach that delivers on integrated neighbourhoods and prevention, and to support the realisation of opportunities to align the CWH (strategically and potentially operationally)

		sustainable funding for the CWH (funding only secured up until the end of March 2025) and set out commissioning intentions (for the specialist triage function) as part of the Community Transformation Programme.				with other front doors across the system
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Strategy Objective

3.2 Enable and encourage proactive engagement in health promoting activity at all ages for good quality of life

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 (leave blank if green unless <u>exceptional progress</u>)	Actions to control risk	Success measures	Timescales	Any requests to Health and Wellbeing Board?
3.1.2 Implement Health Improvement Strategy To note: Currently referred to as a Framework and Action Plan to emphasise its action orientated approach	AMBER	Amber as likely to be completed in June 2024 rather than Spring	Work progressing well and initial mapping workshop with system partners completed with good engagement. Second workshop planned for the end of February and remaining working and	Framework and Action Plan complete in June 2024 Continued wide engagement	June 2024	For HWB members to continue to champion this work within their own organisations and with

			steering groups in calendars to prevent against any further slippage in the timeline.	of stakeholders in the delivery of the Action Plan.		partners working across the system
3.1.3 Cultural strategy to include activities that support/promote wellbeing	GREEN				Three year Strategy to be developed by Autumn 2024	For members to flag any funding opportunities to support the alignment of culture and health and wellbeing outcomes, which will support delivery of the Cultural Strategy
Strategy Objective 3.2 Develop a strategic approach to social prescribing to enable people to remain healthy and manage physical and mental health conditions <i>(cross ref to ICA's priorities 2,3 and 4 and cross cutting themes)</i>						
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 progress</u>)</i>	Actions to control risk	Success measures	Timescales	Any requests to Health and Wellbeing Board?

3.3.1 Establish a framework for social prescribing across B&NES – include mapping of existing services, identification of gaps in provision and develop a shared definition of what social prescribing means in B&NES	GREEN		To note: Social Prescribing Steering Group established (Chaired by Kate Morton), funding secured for a fixed term Project Manager to lead development of the Framework on behalf of partners, and post currently out for advert		2024/25	Not currently
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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.

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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>
Prevalence of smoking among persons aged 18-64 years in the routine and manual group	2018-2022	Smoking in this demographic group was lower than the England average during 2020 and into the first part of 2021, but most recent data (as at 31 st March 2022) shows an increase above the England average; 28.4% for B&NES compared to 22.5% for England.	<p>During Covid-19 the data suggested more favourable smoking prevalence (i.e. lower) for adults and LA's were advised to treat the data with caution due to a change in methodology during 2020 and 2021.</p> <p>The Government recently announced additional funding for LA's from April 2024 to enhance local stop smoking support and access to free vape kits for smokers (from Dec 23 – March 25). This will increase capacity locally to focus on this target group.</p>
Percentage of adults who feel lonely often/always or some of the time (aged 16+)	2020	As at December 2020 the percentage of adults who felt lonely often/always or some of the time was 26.8% compared to 22.3% for England.	To note: Based upon survey data and so a sample of residents.

High ratings of anxiety (% adults 16+)	2012-2022	The percentage of adults in B&NES with high ratings of anxiety is higher than the England average; 23.5% in B&NES compared to 22.6% for England, though not statistically significantly so. Over the last ten years the B&NES average has generally been above the England average with a few exceptions.	<p>To note: Based upon survey data and so a sample of residents.</p> <p>At national level anxiety increased during the Covid-19 pandemic, and young people (16 to 25 years) were particularly affected.</p> <p>Other indicators such as happiness, life satisfaction and worthwhileness increased in the latest year, though remain below pre Covid-19 levels.</p>
Percentage satisfaction with local area as a place to live	2016-2022	As at December 2022 84.3% of B&NES residents were satisfied with the local area as a place to live (no England comparator).	To note: Based upon survey data and so a sample of residents.