

Exception report for progress on the Health and Wellbeing Strategy Implementation
Priority 1: Ensure that children and young people are healthy and ready for learning and education.

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: February 8 th 2024
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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?
1	Sarah McCluskey	Mary Kearney-Knowles	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: SARAH MCCLUSKEY Priority ONE Ensure Children and Young People have the best start in life and are ready for education and learning. Intended outcome: All our children are healthy and ready for learning and education.						
Strategy Objective 1.1 Strengthen family resilience to ensure children and young people can experience the best start in 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?
1.1.1 Implement Best Start in Life Action Plan	GREEN					
1.1.2 Work towards a shared trauma informed resilience approach	GREEN					
1.1.3 Ensure constant promotion of existing and new services so practitioners and families know what support is available	GREEN					

Strategy Objective 1.2 Improve timely access to appropriate family and wellbeing support						
Strategy objective Action <i>Add hyperlink to detailed update on progress on this indicator where available.</i>	Risk level 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?
1.2.1 Ensure continuity of Early Help offer	GREEN					
1.2.2 New Family Therapy AWP provision.	AMBER	Provision for a dedicated Emotional Health and Wellbeing (EH&WB) lead for MH Services for CYP not yet in place	Director of Children's Services will where possible influence decisions that impact on CYP emotional wellbeing and mental health by maintaining engagement with the ICB to ensure we are informed about developments/options being considered to fulfil this provision	Once resource identified we will gain better understanding of CYP EH&WB services and establish links with key commissioners in health.	Ongoing	To note that until resource for leading Children EH&WB is identified this will continue as to be flagged as an Amber Risk
1.2.3 Progress work towards a Family Hub/Multi-Disciplinary Team approach to support families linked to new Integrated Neighbourhood Team model.	GREEN					

Strategy Objective 1.3 Reduce the existing educational attainment gap for disadvantaged children and young people.						
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?
1.3.1 Improve Disadvantaged Educational Outcomes Programme (IDEOP) to commission work to provide intensive support for children eligible for free school meals, Children Looked After (CLA), SEND and BAME to support them to achieve better outcomes at school	RED	% of PP/FSM pupils achieving ARE at end of reception and year 6 has dropped in B&NES MATS hold the funding and responsibility to deliver interventions for FSM/PP children not defined as 'vulnerable'	The Local Authority's Statutory responsibility is to report on and close the attainment gap for pupils open to the Virtual School. For pupils with SEND , B&NES has the responsibility for the implementation of EHCP's, but schools are responsible for supporting pupils to achieve better outcomes.		Ongoing	For the H&WBB to receive a report on this at the May 2024 with a view to review this objective

<p>1.3.2 Continue to work alongside schools and social care to reduce exclusions and suspensions for all children open to social care but with a specific focus on CLA and Children with Protection Plans (CPP) in place</p>	<p>AMBER</p>	<p>Suspensions for those on CPP and CLA are slightly above national average at this stage in the year.</p>	<p>Continued regular monitoring of those at risk of suspension or exclusion from Virtual School.</p> <p>Introduction of Education inclusion Co-ordinator to offer advice to prevent PEX.</p> <p>Introduction of 4 tiers of support to highlight to school's support that should be accessed prior to exclusion.</p> <p>Development of AP and Advice Service.</p> <p>Steering Group within the local authority to look at suspensions and exclusions and pull together support that we offer schools.</p> <p>Continues challenge of suspensions and exclusions for all young people.</p>	<p>Continued low level of PEX for children open to social care.</p> <p>Suspensions to be in line with national average.</p> <p>Reduction in PEX across B&NES schools.</p>	<p>Ongoing</p>	<p>NO</p>
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1.3.3 Continue affordable school's work.	GREEN					
Strategy Objective 1.4 Ensure services for children and young people who need support for emotional health and wellbeing are needs-led and tailored to respond and provide appropriate care and support (from early help to statutory support services)						
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 exceptional progress)</i>	Actions to control risk	Success measures	Timescales	Any requests to Health and Wellbeing Board?
1.4.1 Retain commissioned services	AMBER	<p>The LA and the ICS will continue to collaborate and work to review Early Help and Support provision.</p> <p>The DfE have placed B&NES into an enhanced monitoring regime regarding our Safety Valve Plan. As a result, we are</p>			The revised safety valve plan will be submitted for consideration by the DfE by the end of March '24	

		<p>required to resubmit our plan to show how we will get the DSG back into a balanced position for 2028-2029.</p> <p>(This will include looking at our discretionary spend on preventative services commissioned from the DSG)</p>					
1.4.2	Influence ICA to invest and take action to address emotional wellbeing and mental health.	AMBER	<p>Provision for a dedicated Emotional Health and Wellbeing (EH&WB) lead for MH Services for CYP not yet in place.</p>	<p>Director of Children's Services will where possible influence decisions that impact on CYP emotional wellbeing and mental health by maintaining engagement with the ICB to ensure we are informed about developments/options being considered to fulfil this provision.</p>	<p>Once resource identified we will gain better understanding of CYP EH&WB services and establish links with key commissioners in health.</p>	Ongoing	<p>To note that until resource for leading Children EH&WB is identified this will continue as to be flagged as an Amber Risk</p>

<p>1.4.3 Use and refresh Dynamic Support Register and Care, Education and Treatment Plans to ensure support provided is needs led and tailored to child</p>	<p>GREEN</p>					
<p>1.4.4 Improve transition processes between children and young people and adult services (Physical and MH provision)</p>	<p>AMBER</p>	<p>The absence of a Designated Social Care Officer (DSCO) as recommended in the SEND Review, reduces the ability of Education, Health and Social Care to liaise closely and plan effectively for transitions to adult services.</p>	<p>The lack of a DSCO and impact is highlighted in the draft SEND & AP SEF which comes under the Local Area Inclusion Partnership</p>			<p>To note that until resource for DSCO is identified this will continue as to be flagged as an Amber Risk</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 as set out below.*

**Date of Health and Wellbeing Board meeting this report will be reviewed at:
February 8th, 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, links to actions being undertaken in JHWS implementation plan...)</i>
Gap in School Readiness: the gap in the percentage of children with free school meal status achieving a good level of development at the end of reception compared to pupils who are not in receipt of free school meals	2022 2023	<p>2023 EYFS Profile data shows the gap in FSM/ non-FSM outcomes has widened. Outcomes for non-FSM status remained broadly consistent and higher than the England comparison, whilst outcomes for children in receipt of FSM fell.</p> <p>The % of the cohort in receipt of FSM also reduced by 3% to 12.5% (England 17.7%).</p>	<p>The impact of the pandemic was not evident in the 2022 data, in contrast to England as a whole, but may be a factor in the 2023 outcomes.</p> <p>The multiagency Language for Life early communication and language pilot project, funded by St Johns Foundation, has evidenced positive outcomes for this group of children over the past 2 years.</p>
Hospital admissions caused by unintentional and deliberate injuries in children (aged 0-14 yrs.), crude rate per 10,000,	Data last updated on the Fingertips website in 2021/22.	B&NES rate is 94.4 slightly higher than the South West rate of 90.7 and higher than the England rate of 84.3.	The local Injury Prevention Board reviews the 0-4 Injury Prevention rates which remain higher than both national and regional rates.
Hospital Admissions as a result of self-harm (10-24 years), DSR (directly standardised rate) - per 100,000	2021/22	In B&NES, 518.4 admissions per 100,000 compared to 427.3 admissions per 100,000 across England.	Nationally, the rate of young people being admitted to hospital as a result of self-harm, between 2016 and 2020, is not significantly changing, and this is also the case in Bath and North East Somerset.
Child development: percentage of children achieving a good level of development at 2 to 2½ years	Financial Year ending 2022	82.1% of children aged 2 to 2½ years were at or above the expected level of development in all five areas of development (communication, gross motor, fine motor, problem-solving and personal-social skills) in the financial year ending 2022	This is similar to the England average. A higher proportion of children were at or above the expected level of development for communication skills (88.5%) and a higher proportion for personal-

			social skills (94.1%) when compared with England (86.5% for communication and 91.2% for personal-social skills).
Number of mothers known to be smokers at time of delivery as a percentage of all maternities with known smoking status	2022/23	2022/23 PHE Tobacco Control Profiles SATOD data for B&NES is 7.7% The South West is 9.2% and England is sitting at 8.8%	In 2023 Saving Babies Lives Care Bundle was published, providing evidence based best practice for providers and commissioners of maternity care across England. Element 1 focuses on reducing smoking in pregnancy.