

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: 5 Sept 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?
<i>None to date</i>					

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 hyperlink to detailed update on progress on this indicator where available	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?
<p>3.1.1 Implement Community Wellbeing Hub (CWH) strategy</p> <p>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. The latter has been led by Council colleagues and developed with the CWH Partnership and wider partners, and it sets out the strategic, economic, financial and commercial case for a CWH.</p> <p>For information about the CWH see: https://communitywellbeinghub.co.uk</p>	Amber	<p>CWH Business Plan in place and the CWH is operating and delivering well.</p> <p>RAG rated Amber because use of Better Care Funds for the CWH beyond March 2025 has not yet been formally agreed; due to be agreed by Autumn 2024 via Better</p>	The risk that Better Care Funding is not agreed has been minimised through Council and ICB meetings; strategic leads have agreed to recommend use of BCF to fund the CWH beyond March 2025.	<p>Recommended CWH budget agreed in principle – agreed.</p> <p>Recommended budget secured through BCF governance.</p>	<p>January 2024; complete</p> <p>BCF governance to conclude in Autumn 2024</p>	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 with other front

		Care Funding governance. Will become green once funding agreed.				doors across the system.
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 exceptional progress)	Actions to control risk	Success measures	Timescales	Any requests to Health and Wellbeing Board?
3.1.2 Implement Be Well B&NES – the Whole System Health Improvement Framework	Amber	Amber as action plans now aiming to be developed by December 2024 (rather than Summer 2024)	Framework development completed and signed off by HWB in July 2024 Work underway to scope and develop network groups	Action Plans now due for completion in December 2024 Continued wide engagement of stakeholders in the delivery of the Action Plan	December 2024	For HWB members to continue to champion this work within their own organisations and with partners working across the system

3.1.3 Cultural strategy to include activities that support/promote wellbeing	Green		To note: An audit on cultural activity across B&NES will be undertaken in September - November 2024, which will help to identify where doing well and less well in relation to health and wellbeing outcomes. This, with other evidence such as findings of the LGA Cultural Peer Challenge that took place in 2023, will be used to inform the new Culture Strategy.	Key products developed, including the Strategy, indicator set, and qualitative measures.	Cultural Plan (2 year) Strategy to be developed by end of 25/26	For members to flag any funding opportunities to support the alignment of culture and health and wellbeing outcomes
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	Green			Social Prescribing Project Manager in	2024/25	Not currently

<p>social prescribing means in B&NES</p>				<p>post – complete.</p> <p>Scoping work to inform Framework complete – ongoing.</p> <p>B&NES Framework for social prescribing developed and being implemented – ongoing.</p>		
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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.

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

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.	During 2020 and 2021 the survey methodology was changed due to COVID. 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.
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.	To note: Based upon survey data and so a sample of residents. Anxiety increased during the Covid-19 pandemic.
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.