

## Priority 3: Strengthen compassionate and healthy communities

### 1 - Sign off from Sponsor

Theme	Lead officers	Sponsor	Progress reviewed and exceptions have been reported?
3	Amy McCullough	Becky Reynolds	Yes

### 2. Open 'Amber' and 'Red' actions from previous exception reports - NONE

### 3 New exception reports

<b>LEAD OFFICER: AMY McCULLOUGH</b> <b>Priority THREE</b> <b>Strengthen compassionate and healthy communities</b>						
<b>Strategy Objective</b> <b>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</b>						
Strategy objective Action	Risk level – RAG)	Reason for escalation	Actions to control risk	Success measures	Timescales	Any requests to Health and Wellbeing Board?
3.1.1 Implement Community Wellbeing Hub (CWH) strategy* <i>*To Note: This should refer to implementation of the CWH</i>	<b>AMBER</b>	Amber due to two key factors:  1. Nationally, Better Care	.	BCF (or alternative funding stream)		For HWB members to continue to champion the CWH as an

<i>Business Plan rather than Strategy</i>		<p>Funding (BCF) only able to be agreed for one year (2025-26) due to NHS reforms and national review of (some) funding streams. CWH funding therefore agreed for 2025-26 but remains a lack of certainty over future Better Care Funding. The hope is that it will move to a 3 year funding stream approach.</p>	<p>Ensure CWH continues to be reviewed as part of the BCF process, and any alternative funding streams that are aligned with NHS reforms.</p>	<p>confirmed beyond 2025-26 and ideally for at least a 3 year period.</p>	<p>In line with national updates on BCF</p>	<p>approach that delivers on Council, ICB and NHS Plan reforms/ transformation, and to support the realisation of opportunities to align the CWH with wider transformation work.</p>
		<p>2. Significant changes in Council leadership means there is</p>	<p>Engage new and future Council (and Health) leaders, and including through visits to the CWH and taking them through</p>	<p>New and future leaders supportive of the CWH (and</p>	<p>During 25/26 – as new postholders in place</p>	<p>To support the use of core funding for the CWH where this is possible in the future.</p>

		a potential risk to strategic support for the CWH. Current/past leadership has been very supportive.	the strategic, financial and economic case, and through alignment with transformation programmes and activities (already taking place).	the business case).  Good alignment of the CWH to support transformation programmes, including in relation to CYP and families.		
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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	Risk level level – RAG	Reason for escalation	Actions to control risk	Success measures	Timescales	Any requests to Health and Wellbeing Board?
3.1.2 Implement Health Improvement Strategy*  <i>*To note: Now referred to as Be Well B&amp;NES</i>	GREEN					
3.1.3 Cultural strategy to include activities that support/promote wellbeing	GREEN					

### Strategy Objective

#### 3.3 Develop a strategic approach to social prescribing to enable people to remain healthy and manage physical and mental health conditions (cross ref to ICA's priorities 2,3 and 4 and cross cutting themes)

Strategy objective Action	Risk level RAG	Reason for escalation	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	Framework complete and delivering next phase of work, which is focussed on delivery of an action plan and plan for securing longer term funding to support social prescribing				