

Q4 Exception report for progress on B&NES Health and Wellbeing Strategy Implementation

Date of Health and Wellbeing Board meeting this report will be reviewed at: 5 February 2026

The exception report is one of the identified ways by which the Health and Wellbeing Board (HWB) Board fulfils its responsibility to have oversight on progress of delivery against the [JHWS Implementation Plan](#). Biannual exception reporting takes place at HWB meetings which fall in Q2 and Q4. Use the RAG rating (See below) shading and write RED, AMBER, or GREEN to indicate where progress is *significantly* off track or ahead of expected target/timescale. Threshold determined by whether the identified 'risk' will be resolved by end of financial year.

Report Summary

	Number RED actions items	Number of AMBER actions	Number of GREEN actions
Current report	0	9	34
Previous report	0	9	14

Priority ONE: Ensure that children and young people are healthy and ready for learning and education – with annual indicator summary.

1 - Sign off from Sponsor

Theme	Lead officers	Sponsor	Progress reviewed and exceptions have been reported?
1.	Sarah McCluskey	Jean Kelly	Yes

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

3. New exception reports Priority One

Strategy Objective 1.1 Strengthen family resilience to ensure children and young people can experience the best start in life							
Strategy objective Action		Risk level RAG	Reason for escalation	Actions to control risk	Success measures	Timescales	Requests to Health and Wellbeing Board?
1.1.1	Implement Families First Partnership Programme	AMBER	The Transformation Programme for Families First is an ambitious DfE mandated reform, involving wide ranging review of current practice and processes.	Development of key options to support service delivery for key requirements for Families First are currently out for discussion, feedback and agreement. A clear timeline is in place to support implementation and changes to family help, family group decision making and multi agency child protection teams will be embedded over the course of the next 3 years in line with DfE monitoring and funding.	Implementation of Families First	July 2026	
1.1.2	Implement Best Start in Life Action Plan ensuring alignment with the Best Start in Life Strategy	GREEN					

1.1.3	Confirm declaration of intent to participate in Best Start Family Hubs Development Grant 25/26 and adhere to requirements for implementation from April 2026	GREEN					
1.1.4	Ongoing work towards a shared trauma informed resilience approach	GREEN	<p>There is a clear offer of trauma informed training for all schools available.</p> <p>Trauma Informed Toolkit for schools sent to all BANES schools in Term 1.</p>		<p>Trauma Informed Guidance for all Early Years settings to be launched in Term 3 (January). It has been written and published. It will have a training offer to accompany it.</p>		

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)</i>	Risk level RAG	Reason for escalation /leave blank if green unless <u>exceptional</u> progress	Actions to control risk	Success measures	Timescales	Requests to Health and Wellbeing Board?
1.2.1 Ensure Early Help offer aligns with Families First Partnership Programme	GREEN					
1.2.2 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	Reason for escalation (leave blank if green unless <u>exceptional</u> progress	Actions to control risk	Success measures	Timescales	Requests to Health and Wellbeing Board?
1.3.1 Improve Disadvantaged Educational Outcomes Programme (IDEOP) to commission work to provide intensive support for disadvantaged children	AMBER	Inequality in Education is a key priority as evidenced in the Big Education programme	Continue to: - Implement programme of work with education settings.	Project Report ** (see link to Big Education report at end 1.4.4)	Wider determinants Action Plan 2025 -2027	

			<ul style="list-style-type: none"> - Implement B&NES Council Action Plan to address wider determinants of the attainment gap. <p>Align actions with work of wider system partners</p>			
1.3.2	Develop plan to understand and address impact of wider determinants on the educational attainment gap	GREEN				
1.3.3	Prepare business case to narrow educational attainment gap	GREEN				
1.3.4	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 Children Looked After (CLA) and Children with Protection Plans (CPP) in place	GREEN				

1.3.5 Continue Affordable Schools 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	Risk level RAG	Reason for escalation	Actions to control risk	Success measures	Timescales	Requests to Health and Wellbeing Board?
1.4.1 Ensure commissioned services are designed to identify and support needs	AMBER Was GREEN	The focus going forward in 2026 will be the transformation programme around Families First.	We currently have the right commissioned services in place, and they are working well. However, we will need to review future commissioning needs in light of new national guidance.	Start Well commissioning is working closely with Children's Social Care to ensure the Families First Initiative is at the forefront of our future commissioning intentions. Across Education, Commissioning decisions reflect	April 2026-March 2028	To support with changes to future commissioning intentions in line with new national guidance outlined in Families First, Children's Wellbeing and Schools Bill and Best Start in Life Strategy

				changing need, have a focus on supporting inclusive practice in mainstream settings, and are directed at supporting the graduated approach in schools.		
1.4.2 Influence ICA to invest and take action to address emotional wellbeing and mental health through working together to develop a joint two-year work programme ensuring activity supports the needs of CYP	AMBER		Health and Wellbeing Board Development Session held to agree and progress key actions.		April 2026-March 2027	
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	GREEN					
1.4.4 Improve transition processes between children and young people and adult services (physical and Mental Health provision)	AMBER	Transitions to adult services remains a priority.	The Preparing for Adulthood (PfA) sub group of the LAIP Board continues to work with multiagency partners to continue to improve transitions processes.	Transitions from Children Social Care/SEND to Adult Social Care Protocol	Dec 2025 – Dec 2027	

			Options for delivery of PfA provision is being finalised for consideration and decision making.	December 2025		
				 Protocol for Transitions from Children in Care		

** 1.3.1 <https://sites.google.com/school360.org.uk/banes-bigeducation/project-reports/project-reports>

4. Annual Priority Indicator Set Summary

Priority Indicator	Timescales	Summary Points	Comments
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	2024-2025	<p>The attainment gap between children eligible for free School Meals (FSM) and their peers widened in 2025. The FSM gap increased to 38.9 percentage points up from 32 percentage points in 2024.</p> <p>This widening is due to improving outcomes for children not-in receipt of FSM. (Good Learning Development - GLD for non-FSM children increased to 77.1 % in 2025 up from 76.8% in 2024), combined with declining GLD outcomes for children in receipt of FSM (GLD 44.6% in 2024 declined to 38.2% in 2025).</p>	<p>Actions being undertaken:</p> <p>Ongoing support to raise educational settings awareness of their cohort characteristics and potential risk factors that can impact on attainment.</p> <p>Ongoing rollout of Language for Life early speech and language screening intervention programme.</p>

			<p>Bespoke support for educational settings with local factors impacting on quality of provision and outcomes.</p> <p>Focus on effective transitions into school, EYPP take up and use, parental engagement with home learning, accurate assessment.</p> <p>Building relationships with all settings across a diverse and fragmented EYFS delivery sector, to support partnership working.</p>
Hospital admissions caused by unintentional and deliberate injuries in children (aged 0-14 yrs.), crude rate per 10,000,	2023/24	B&NES rate is 65.3 per 100,000 which is a reduction from the previous reported rate.	<p>It is not possible to compare local admission statistics with national statistics due to a change in how hospital activity is reported in Hospital Episode Statistics (HES). Local trends can still be used reliably until 2025/26.</p> <p>The local Injury Prevention Group continues to monitor this and feeds into the Best Start in Life group which reports to the CYP Sub-group of the H&WBB.</p>
Hospital Admissions as a result of self-harm (10-24 years), DSR (directly	2023/24	B&NES 2023/24 B&NES admission 434.4 per 100,000	It is not possible to compare local admission statistics with national statistics due to a change in how

standardised rate) - per 100,000			hospital activity is reported in Hospital Episode Statistics (HES). Local trends can still be used reliably until 2025/26.
Child development: percentage of children achieving a good level of development at 2 to 2½ years	2024/25	81.4% of children achieved a good level of development at 2 – 2.5 year	<p>Emotional Health and Wellbeing (EHWB) for CYP remains an ICA priority. The B&NES Health Inequalities Group has focused on mental health, aligned with the Core 20+5 framework. Public Health has supported this work by gathering intelligence and data, including insights from the Schools Health and Wellbeing Survey.</p> <p>Plans are underway for a CYP EHWB Summit in Spring 2026. In addition, the BSW Senior Mental Health Leads meeting for schools will focus on recognising and supporting anxiety in CYP.</p>
Number of mothers known to be smokers at time of delivery as a percentage of all maternities with known smoking status	2024/25	Smoking in pregnancy rates in B&NES are consistently lower than BSW and national averages. From local data smoking at time of booking (SATOD) rates in B&NES are around 5.5-6.5% annually and smoking at time of delivery rates are lower at 3.7%	BSW ICB identified an error in data submission for Q4 24/25 SATOD data which has meant one of the Trusts is showing an incorrect figure, affecting the overall prevalence of SATOD across