

CALDERDALE'S JOINT WELLBEING STRATEGY 2012-2022

CALDERDALE HEALTH AND WELLBEING BOARD

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Contents

	Page No
Foreword	3
1. What is a Joint Wellbeing Strategy?	5
2. The approach in Calderdale	6
3. The Calderdale Needs Assessment	7
4. Priority Outcomes	8
5. Vision and Outcomes	9
• People have good health	10
• A balanced and dynamic local economy	13
• Fewer children under the age of 5 live in, and are born into poverty	16
• Children and young people are ready for learning and ready for life	19
• Older people live fulfilling and independent lives	23
• Everyone has a sense of pride and belonging based on mutual respect	26
6. Implementing the Strategy	29
7. Assessing Performance	29

Foreword:

Wellbeing is a positive state of mind and body, feeling safe and able to cope, with a sense of connection with people, communities and the wider environment.

This is Calderdale's first Joint Wellbeing Strategy (JWS). It sets out our vision for improving the wellbeing of local people and reducing inequalities in Calderdale. It goes beyond taking simply a physical view of wellbeing to also include good mental health, spirituality and the broader environment in which we live. It sets out the priorities that partners across Calderdale will focus on in order to deliver our vision.

“Our vision is for Calderdale to be an attractive place where people are prosperous, healthy and safe, supported by excellent services and a place where we value everyone being different and through our actions demonstrate that everyone matters”

This broad vision was agreed by all partners in the Local Strategic Partnership in 2009/10 and was set out in Calderdale's Sustainable Community Strategy. Behind the vision and strategy there lay an ambition to address wide economic, environmental and social issues. That ambition is carried forward into the Wellbeing Strategy, with a focus on those issues that impact on health inequalities and the wellbeing of local people.

Calderdale is facing some key challenges including: an increase in population – which is greatest in the over 65s and the 0 to 15 year-old age group; constraints on local economic growth due to a lack of viable land for development and a highway network close to capacity; high dependence on the manufacturing, public and financial services sectors; an estimated one in five children living in poverty; a growing health gap, with those living in Calderdale's most disadvantaged communities experiencing greater ill-health than elsewhere in the district; and, a similar gap in educational attainment between the most and least deprived areas .

National policy changes and financial constraints on the public sector mean that in developing this Strategy a practical and focused approach to tackling the main issues has been adopted.

This Wellbeing Strategy provides a framework for addressing the District's key issues and identifies a number of outcomes which have been widely agreed as being those that will most effectively improve wellbeing in the District. As in previous years it is recognised that Calderdale's economy is the foundation for driving improvements in quality of life in the District.

This joint strategy serves two functions - it is both an overarching strategy to guide broad decision-making and it provides a high-level framework for improving service provision to meet the needs of local people.

The JWS has been produced by the Health and Wellbeing Board, a new forum involving a number of key partners in the area of health and social care. The Health and Wellbeing Board was established in 'Shadow' form in 2011 but, from April 2013, functions as a statutory committee of the Council. The Board will operate with major contributions by the local authority and the Calderdale Clinical Commissioning Group (CCG), representing the group of GPs that, from April 2013, is responsible for the designing and commissioning of health services in the District. At the time the JWS was produced, the Board was reviewing its role and membership with a view to broadening both of these in time for April 2013.

The JWS will be reviewed periodically and updated when wellbeing issues and system changes make it appropriate. Each review of the strategy will be consulted upon and published.

It is recognised that a number of issues, which people feel are very important, do not feature in the JWS. However these issues will not be forgotten and partners will still continue to take these forward and include them in their strategies and plans.

Whilst this Strategy has been developed and produced by the Health and Wellbeing Board, it is very clear that the broad set of issues it covers cannot be successfully addressed without the support of many organisations, both within and outside Calderdale, and without the support of residents in local communities.

The aim now is to seek broad support for the outcomes in this strategy and to harness commitment and resources from a wide range sources to achieve measurable improvements in the wellbeing of local people.

Signed on behalf of the Shadow Health and Wellbeing Board

Chair of the HWB

Chair of the CCG

1. What is a Joint Wellbeing Strategy?

The 2012 Health and Social Care Act sets out a duty for the local authority and the Clinical Commissioning Group to prepare a Joint Strategic Needs Assessment (JSNA) and to use the findings on needs to develop a Joint Health and Wellbeing Strategy.

The starting point for the development of the joint strategy is the Joint Strategic Needs Assessment, or the JSNA. The JSNA is a process that takes and analyses data and information from a wide range of issues and services which affect our health, independence, care and wellbeing. From this emerges an objective view of the priorities for action in Calderdale.

The role of the Joint Wellbeing Strategy is to translate [Calderdale's JSNA](#) into a high-level 'summary' of existing and planned activity, which partners on the Health and Wellbeing Board agree to support in the ways most appropriate for their organisations. It follows that these priorities then become a focal point for discussion, tracking of outcomes, integrated commissioning and service delivery at the Health and Wellbeing Board. In Calderdale the JSNA has been incorporated into a broader analysis of need (see Section 3) which goes beyond health and social care. A key task of the Board is to encourage other key partners who are not on the Board to support and contribute to the delivery of the Strategy's objectives.

In July 2011, Calderdale's Shadow Health and Wellbeing Board agreed that, the Calderdale Wellbeing Strategy should be broad in its scope addressing a wide set of issues, many of which lay outside the remit of health and social care but which nevertheless impacted on health and health inequalities .

To be successful, the Board agreed the strategy needs to:

- Focus on a small number of high level outcomes which require the co-operation of a range of partners to deliver.
- Address the economic, environmental, social, medical and behavioural determinants of wellbeing and health.
- Be based on the best evidence available.
- Focus on life stages – e.g. prenatal, preschool, school, training, employment and retirement.
- Prioritise activities which have a positive impact on the poorest populations and communities.
- Be sensitive to differences according to for example , age, sex, culture etc.
- Be sensitive to the balance between individual responsibility and the responsibility of society.
- Inform the commissioning strategies of the NHS, local authority, schools and other partners to deliver the actions necessary to achieve the outcomes
- Include evaluation and monitoring of progress as essential components.
- Have a 10 year timeframe.
- **Not** attempt to summarise all the activity that should be going on in Calderdale.

2. The approach in Calderdale

Process

It was agreed the Wellbeing Strategy needed to focus on a small number of high level outcomes and that to arrive at these a prioritisation process was required. The chosen outcomes were required to meet certain criteria. It was required that the outcomes selected should:

- produce measurable results over time
- address inequalities
- require actions of a number of partner agencies
- be based on evidence
- focus on preventive or early intervention activity
- build on existing strategies

In November 2011 the first Calderdale Assembly considered the evidence of need (from the Calderdale Needs assessment) across a wide range of issues – economic, health, housing, environment, community safety, children and older people - and put forward three priority outcomes for each “life stage” of the local population.

The prioritisation process took place during December 2011 and January 2012. A long list of 15 priorities, drawn from the Assembly meeting in November was widely circulated within the public, private and voluntary and community sector. Around 100 responses were received. The [conference report](#) provides a full analysis of the event and prioritisation process.

Following much discussion, on the 31st January 2012, the Health & Wellbeing Board endorsed the top six outcomes that received the most support from the prioritisation process. There was some concern at the Board that the prioritisation process had not supported an environmental outcome amongst the top six. Rather than add a seventh outcome to the list, the Board felt it was more appropriate that environmental sustainability become a principle to which all 6 outcomes should be required to adhere.

The Calderdale Assembly met for a second time in March 2012 to agree the priorities and the approach for moving them forward.

3. Calderdale Needs Assessment

The Wellbeing Strategy is informed by the [strategic needs assessment](#). This highlights “the big picture” in terms of the needs of Calderdale. The needs assessment is to enable local priorities to be agreed and services commissioned to meet those needs. It identifies groups where needs are not being met and are experiencing poor outcomes. The needs assessment draws data from a number of data sources, including the JSNA, local economic assessments and emerging work on child poverty, to provide a broader view of needs and determinants of wellbeing.

The key issues identified, by pulling a range of assessments together, are set out below. The evidence behind the key issues was presented at the first Calderdale Assembly in November 2011.

Profile	Key Issues				
Economy	Resilience	Inequality	Retail & Tourism	Innovation	Location & Connectivity
Health	Children and young people	Cancer and cardiovascular disease	Lifestyle choices	Health inequalities	Ageing population
Safer & Stronger	Confidence	Tackle antisocial behaviour and create stronger and more cohesive communities	Reduce Risk to the public and vulnerable groups	Reduce Re-offending	Support strong communities with a thriving voluntary sector
Environment	Climate Change & Calderdale’s Energy Future	Biodiversity & Green Infrastructure	Waste Management	Sustainable Travel	Pollution
Child Poverty	Achievement	Poor Health	Household Income & Financial Support	Worklessness	High risk groups
Housing	Providing affordable housing	Preventing homelessness	Supporting vulnerable groups	Addressing fuel poverty	Sustaining housing and neighbourhoods

4. Priority Outcomes

The outcomes identified as those that should be priorities within the Wellbeing Strategy see Calderdale as a place ...

- **Where people have good health**
- **With a balanced and dynamic local economy**
- **Where children and young people are ready for learning and ready for life**
- **Where fewer children under the age of 5 live in, and are born into, poverty**
- **Where older people live fulfilling and independent lives**
- **Where everyone has a sense of pride and belonging based on mutual respect**

Developing the 6 outcomes

The Outcomes Based Accountability (OBA) approach has been used to develop and flesh out the 6 outcomes. This approach concentrates on finding the root causes of issues and problems and finding ways to improve things for local residents. The focus in the OBA approach is not on services.

A key technique in the OBA approach is the completion of “turning the curve” report cards against the key issues. The aim of completing the report cards is that an examination of each issue will identify:

- the factors and causes at work;
- how the problem or issue might be measured;
- what actions might help to improve things or “turn the curve”; and,
- the partners that need to be involved in improving outcomes

Each of the 6 priority outcomes were broken down into 2 or 3 constituent parts and turning the curve report cards were developed by small groups for, what were considered to be, the significant barriers to achieving the main outcomes. This resulted in the identification of a number of success measures and ideas for actions to achieve success.

Confirming our Commitment

Some of the ideas for action are longer-term proposals requiring further development, including sign-up from a range of partners to ensure the transition from proposal to action. These are identified in the following pages as “calls to action”.

Where there is an existing commitment to deliver these ideas, these actions have been classified as “commitments to action”.

5. Vision and Outcomes

“Our vision is for Calderdale to be an attractive place where people are prosperous, healthy and safe, supported by excellent services and a place where we value everyone being different and through our actions demonstrate that everyone matters”

Further detail on the 6 priority outcomes that would impact most on wellbeing in Calderdale were developed using the outcomes based accountability framework and methodology. This approach resulted in:

- further clarification of the 6 outcomes
- the outcomes expressed as a series of success measures, and
- ideas for improving these outcomes.

These details are set out for each outcome in the following pages.

CALDERDALE IS A PLACE WHERE PEOPLE HAVE GOOD HEALTH

Why this is a priority for Calderdale

In Calderdale where you live can have an impact on your health. If you live in poorer neighbourhoods you will, on average, spend more of your life with a disability and die 9 years earlier than people living in the richest neighbourhoods.

What success will look like?

It is estimated that 40% of all illness in Calderdale can be attributed to lifestyle factors. As we start to choose healthier lifestyles we will reduce the rate of early deaths and illness. Fewer people will smoke, drink too much alcohol and more people will eat healthily. When we do this there will be less risk of developing cancer, diabetes or cardiovascular diseases, fewer heart attacks and less people going to hospital for alcohol related issues.

As a result of changing lifestyles and tackling housing, income levels and other factors, people in the poorest neighbourhoods will live longer without disabilities and live longer overall, bringing them more in line with the richest neighbourhoods.

We will know that we are achieving our outcome if:

- People in the poorest neighbourhoods in Calderdale live for longer
- People in the poorest neighbourhoods in Calderdale live healthily for longer
- The life expectancy gap between the people in the poorest neighbourhoods and those in the richest neighbourhoods is narrowed

Our measures of success

- Life expectancy by electoral ward or Age Standardised Mortality Rate by electoral ward.
- Healthy life expectancy by electoral ward
- Slope index of Inequality.

Our approach to tackling this outcome

We believe the choices we make as individuals affect our health and these are influenced by: the day-to-day pressures we face; the behaviours, aspirations and peer pressure of those around us; the neighbourhood and environment we live in; and, the messages we receive from the news and media.

The approach we are taking to improve people's health in Calderdale is to focus on encouraging and supporting individuals and their families to make healthy choices and to adopt healthy lifestyles. We are also encouraging and supporting communities to take responsibility for the healthy lifestyles of those living there. We are seeking to develop an environment conducive to good health, and ensure appropriate and accessible health and social care services.

Therefore the actions we have committed to taking now focus on working with people in their home and communities to encourage them to think of their own and their family's health, to change their lifestyle particularly in relation to healthy weight, smoking and alcohol, and to signpost them to further specialised help and support where appropriate.

However, more needs to be done in order to have the greatest impact over the next decade on the health of people in the poorest neighbourhoods. This will involve the commitment of organisations and communities to work together over a number of years. It has been recognised that to achieve real health improvements over the long term: organisations need to be more joined up in persuading people to adopt a more active lifestyle; the efforts of several organisations need to come together to provide a seamless package of support for people experiencing housing problems; the staff in all organisations need to be involved in efforts to encourage and support people in their homes and communities to live healthier; and, young people and adults in schools and in local areas should be encouraged to help and support their families, friends and neighbours to live healthier lives.

Commitments to action:

- The “Making Every Contact Count” Programme, through which staff working with people in their homes or in a front line position, encourage healthier lifestyles and signpost to the right intervention or organisation.
Delivery Partners: NHS, Council, Voluntary and Community Sector, Fire Service, Police, Housing providers
- Make homes smoke free in Calderdale to protect children and young people from second hand smoke
Delivery Partners: NHS, Council, Voluntary and Community Sector, Housing Providers, Fire Service
- Ensure all 40-74 year olds are invited for a health check over the next 5 years
Delivery Partners: NHS (including GPs)
- Expansion of the weight management programmes in Calderdale
Delivery Partners: NHS, Council, Voluntary and Community Sector
- Increase the number of health champions working in priority neighbourhoods
Delivery Partners: Council, NHS Voluntary and Community Sector
- Improved pathways for people with alcohol problems
Delivery Partners: NHS, Council, Voluntary and Community Sector

Calls to action:

- A major integrated programme to improve healthy lifestyles and make Calderdale a place where more people enjoy being active, based on the format of “Active Calderdale”, developing a brand and profile, which encourages people of all ages to develop a more active lifestyle.
- An integrated “wrap-around” programme for people with a range of problems related to their housing situation (such as possibly losing their home), which addresses issues such as debt, worklessness, redundancy and subsequent mental health issues.
- To extend “Making Every Contact Count” to include all organisations in Calderdale
- Develop a cohort of mentors, role models and champions, including young people as peer mentors, to work in schools to encourage young people and their parents to live healthier lives. The project would recruit local people leading healthy lives as mentors and champions to promote the “if I can you can” ethos.

CALDERDALE IS A PLACE WITH A BALANCED AND DYNAMIC LOCAL ECONOMY

Why this is a priority for Calderdale

For its income and employment, Calderdale relies on businesses in manufacturing and financial services, although the public sector too is a major contributor. Action is needed to support existing businesses to stay in Calderdale, and to attract and develop new business and employers from a range of sectors, particularly those with the potential for good growth in the future.

The increase in youth unemployment over the last few years is a major concern and unemployment in general remains high in certain areas of Calderdale.

What success will look like?

With more business, local people will have more job opportunities requiring a range of different skills. A greater variety of jobs will lead to reduced unemployment in both younger people and in those areas of Calderdale where it has been high.

Increased confidence about the future will continue to attract new investment into Calderdale, resulting in a more sustainable economy.

We will know that we are achieving our outcome if:

- Existing businesses stay in Calderdale
- New businesses and employers, especially high growth businesses are developed and sustained
- Unemployment amongst young people and all people living in areas of high unemployment is reduced

Our measures of success

- Gap between births of enterprises and enterprise deaths (Source: ONS Business Demography)
- Survival rate of businesses beyond 2 years (Source: ONS Business Demography)
- Youth unemployment rate (JSA Claimants 18-24 – Source ONS/NOMIS)

Our approach to tackling this outcome

The approach we are taking reflects the fact that only in the longer term can our actions have any impact on the structure and size of the Calderdale economy. During these challenging and fluctuating economic times, there is little that can be done by the public sector to directly create businesses and jobs. We believe that the public, private and not for profit sectors working together should focus on developing a supportive environment and enabling an infrastructure both physical, digital and environmental that is conducive to attracting sustainable business growth and employment. Similarly, in order to develop an appropriate local skills base to meet future business needs a long term approach involving all sectors of the economy is

required. Crucial to our long term prosperity is being very clear about, and promoting, what makes Calderdale a good place to invest, work, live and visit.

The actions that we are committed to now reflect this long term approach. Clarifying future land and infrastructural options over the next fifteen years is central to providing for the future needs of business and jobs. Supporting local businesses, social enterprises and helping young people to get training and job opportunities during the current recession is a crucial part of preparing for future growth. Making the most of local producers and services and linking them up to create local supply chains supports the retention of profits, income and jobs in the District and helps to make us more economically resilient. Working with education and training providers, businesses and not for profit organisations to plan skills training will ensure we are meeting future business and skills needs.

A number of proposals have been identified to develop the economy in the longer term and to ensure it remains dynamic - creating jobs and income into the future. These actions will require further discussion, clarification and commitment from many organisations across the business, public and not for profit sectors. One stop shops for businesses and skills have been identified to reduce confusion and simplify access to support business creation and growth.

Additionally, attracting new business and investment from outside the District is seen as equally important to our economic health and establishing a private sector-led agency to achieve this is also a key proposal. Promoting local business success and encouraging a 'buy local' approach amongst business and consumers builds on current actions and helps create economic resilience in the longer term as well as potentially helping to diversify our business structures through the establishment of social enterprises. Directly tackling unemployment through a funding programme and supporting businesses to train apprenticeships will provide help, particularly for young people, to gain useful experience and skills, crucial to support economic growth in the future.

Commitments to action:

- The production of a Local Plan setting out the priorities and policies for sustainable development for the period to 2029 – setting out for consultation the Council's preferred spatial options for housing and economic growth in Calderdale.
Delivery Partners: Council, Utility companies, Infrastructure providers, local residents
- Support through the Council's Economic Fighting Fund of £2.8m to assist business start-ups and improvement, social enterprises, a youth employment programme and a Creative Calderdale network.
Delivery Partners: Council, Mid- Yorkshire Chamber of Commerce, Halifax Opportunities Trust, Calderdale College, Job Centre Plus, Training providers, Halifax Courier

- A Totally Locally marketing and branding campaign to support local growers, producers and services.
Delivery Partners: Council, Totally Locally.
- A review of Post 16 provision - to ensure appropriate capacity and choice to support the future workforce.
Delivery Partners: Council, Calderdale College, Secondary and Higher Education Providers
- Implement the 'Raising Participation Strategy' - to ensure young people are appropriately skilled and work ready.
Delivery Partners: Council, Calderdale College, Training Providers, Voluntary and Community Sector Providers

Calls to action:

- Create a Calderdale One-Stop Business Offer.
- Establish an Inward Investment Agency – private sector-led.
- Encourage businesses and people to buy locally- seek to develop local supply chains.
- Develop a “made in Halifax campaign” using business success stories.
- Review and refresh the Council’s economic strategy to take account of changing local, regional and national developments.
- One Stop Skills Agency (Apprenticeships) - a one stop skills point for employers to find their apprentice.
- A 'Future Jobs Fund' type programme to combat unemployment.
- Apprenticeship Training Agency – sector-based model for small and medium sized enterprises (SMEs).

CALDERDALE IS A PLACE WHERE FEWER CHILDREN UNDER THE AGE OF 5 LIVE IN, AND ARE BORN INTO, POVERTY.

Why this is a priority for Calderdale

Children who are born into a family in Calderdale living in poverty are more likely to end up living in poverty as an adult. In Calderdale, 21% of children are living in poverty which equates to 9,660 children, of which approaching 5,000 are estimated to be below 5 years of age.

Living in poverty means that children will not do as well at school, get a job or go into training for a job. There is a greater risk of ill health, substance misuse, domestic violence and becoming a teenage parent.

What success will look like?

Reducing the numbers of children living in, and born into, poverty means there will be fewer babies born with low birth weight and fewer infant deaths under the age of one. It will also mean that children have better physical and mental health, making them ready for school.

Families will have more income and claim less welfare benefits.

We will know that we are achieving our outcome if:

- Numbers of children under 5 living in or born into poverty are reduced
- Families with children in poverty become more financially independent

Our measures of success

- Children aged 0-4 in families in receipt of Child Tax Credit (<60% median income) or Income Support/Job Seekers Allowance
- Children in families in receipt of Child Tax Credit (<60% median income) or Income Support/Job Seekers Allowance
- A reduction in the under 18 conception rate

Our approach to tackling this outcome

Success in achieving a reduction in child poverty relies mainly on providing employment opportunities in order to raise income levels. Additional jobs can only be provided in the longer term and will be located primarily in the private sector. Our challenge is to support sustainable growth in the local economy, in order to increase local jobs and provide opportunities for parents in low income families to enter employment and receive a living wage.

Our approach is to create the conditions in which businesses will thrive and more jobs might be generated over the medium and longer term. Recognising that tackling child poverty requires considerable focus on families and that many

organisations and services can have an impact on the family situation, a strategic approach to child poverty to clarify objectives and identify where actions are taken is being developed. Securing a public and private sector commitment to a living wage policy could impact positively upon the income levels of poor families thus raising them out of poverty. Other support is currently being provided, mainly in partnership with the voluntary sector to help and support families with debt problems and benefits. Actions that directly address infant mortality, which is often a result of family poverty, are also being taken.

The actions we have already committed to therefore reflect our desire to target and support those most at risk of being born into or living in poverty. There is however much more to do over the next decade if we are to understand and change the nature of poverty, and support the most vulnerable groups. Future activities involve training front line staff to recognise and support those families and children most in need and to assess the appropriateness of current service provision. More knowledge is needed in order to assess the extent and depth of child poverty within the private rented housing sector in order to better understand the problem and devise responses. Support to help those in need to develop skills to deal with home and family demands, to manage finance and to enter the employment market is also proposed. Increasing the aspirations of children, along with other interventions, could in the long term reduce the numbers of children born into poverty who end up in poverty as adults.

Commitments to action:

- The development of a strategy for tackling child poverty based on the needs identified in the [2011 Child Poverty Needs Assessment](#) and taking account of the impact of Welfare Reform on child poverty.
Delivery Partners: Council, Clinical Commissioning Group, Schools, Police, Voluntary and Community Sector (including Calderdale Citizens Advice Service)
- To secure a commitment to a living wage policy for Calderdale, the success of which will be measured by its inclusion in future procurement rules and the commitment of a leadership group of private and public sector employers.
Delivery Partners: Council and Public and Private Sector Employers
- Amelioration of the effects of the recession – support for advice services, including giving people access to information and advice on benefits services, financial inclusion and other issues affecting their health and wellbeing.
Delivery Partners: Council, Voluntary and Community Services
- A Demonstration Project in Park Ward set up to explore ways of reducing infant mortality - Targeted work with pregnant women and young mothers to encourage them to choose healthy lifestyle choices, to improve health outcomes for them and their babies.
Delivery Partners: Public Health, Council, Midwives, Health Visitors, Children's Centres, Calderdale Safeguarding Board, The Park Initiative, Halifax Opportunities Trust

Calls to action:

- Review training for front line staff, set against criteria of what needs to be delivered differently, encouraging increased understanding of the spectrum of current provision and how this can be used more effectively to target those most in need.
- Improve knowledge on levels and nature of poverty in private rented accommodation.
- Further develop a 'Resilience Programme' to help the most vulnerable groups, and those who could fall into that category, to manage personal finances, keep their home, and access life and vocational skills.
- Develop a programme to raise aspiration amongst children and young people.

CALDERDALE IS A PLACE WHERE CHILDREN AND YOUNG PEOPLE ARE READY FOR LEARNING AND READY FOR LIFE

Why this is a priority for Calderdale

Some children and young people from low income families living in areas considered deprived may not have the same opportunities or experiences as other children in Calderdale. This affects their early development, ability to learn and can have a serious impact on the opportunities available to them later in life.

What success will look like?

Education improves life chances. If children across Calderdale are able to make expected progress and achieve learning outcomes, in line with or greater than the national average, this will increase their long term participation in education and training and support their successful transition to working life.

Young people will successfully enter the labour market and, as a result, will be healthier, safer, more likely to contribute to their community and less likely to raise their own children in poverty.

Children and young people will share their experiences about their own health and well being and this will help to improve and target service provision.

We will know we are achieving our outcome if:

- More children in deprived areas are school ready by the age of 4.
- More young people at the age of 18 will achieve education outcomes in line with or above the national average.
- More children, young people and families will feel safe at home, in school and in their community.
- There are increased numbers of young people accessing apprenticeship places.
- There is a decrease in the number of unemployed young adults aged 16-24.

Our measures of success

- Narrow the gap between lowest achieving 20% in the Early Years Foundation Stage Profile and the rest to national levels
- Reduce the inequality gap - KS2 & KS4 gap between pupils eligible for Free School Meals and peers to national levels
- An increase in the number of young people reporting that they never feel unsafe at home, school and community through the Electronic Health Needs Assessment (e-HNA)
- Maintaining a low level of 16 – 18 year olds who are 'Not in Education, Employment or Training' (NEET)

Our approach to tackling this outcome

The approach we are taking to tackle this outcome focuses on ensuring high quality education, skills and training, to equip children and young people with the tools they need to be ready for learning and for life. Our aim is to ensure the best possible start for all our children by working with and supporting families. We will encourage and value the contribution of young people to society and their communities, engaging them as active participants in the shaping of Calderdale.

The actions we have committed to, demonstrate a determination to tackle this outcome from a multitude of different angles. They include actions aimed at: improving the outcomes for looked after children, early year's settings, educational attainment, and preparing and supporting young people for their progression into work.

Commitments to action:

- To undertake e-HNA survey with all year 10 students and a pilot with year 6 pupils - Present the outcomes from the survey to head teachers and governors and develop an action plan in response to the outcomes.
Delivery Partners: Public Health, Council, Secondary and Primary Education providers, School Governors
- To deliver the actions in the Single Integrated Improvement Plan to secure systemic and sustainable change in children's social care services.
- To engage with Early Years settings to support quality improvement through a challenge and support model.
Delivery Partners: Council, Child Care providers, Voluntary & Community groups, Parents and Carers
- To review Child Care provision across Calderdale and ensure resources are targeted at those most in need.
Delivery Partners: Council, Child Care providers
- To determine the specification for Children's Centre delivery in Calderdale, with resources target at those most in need and clear ready to learn outcomes established to monitor performance.
Delivery Partners: Council, service providers - including the VCS, NHS, Schools
- To support and challenge schools, through the self improving school system, to ensure children and young people achieve expected levels of progress and learning outcomes in all phases of education.
Delivery partners: School clusters, School Governors, Council

- To implement an information sharing agreement between schools and produce a data booklet, shared with school governors, which will ensure transparency and improve outcomes.
Delivery Partners: School clusters, School Governors, Council
- To create an Early Intervention delivery model in localities with partners targeting resources on those most in need as early as possible.
Delivery Partners: Council, NHS, schools, VCS
- To agree Calderdale's Partnership Strategy to Raise Participation in line with statutory requirements.
Delivery Partners: Council, Calderdale College, Voluntary & Community groups, Local Employers, Secondary Education Providers, Parents, Carers, Young People, Calderdale & Kirklees IAG provider, National Apprenticeship Service
- Develop a coherent vocational offer with providers to achieve progression from learning into work, including foundation learning pathways.
Delivery Partners: Council, Calderdale College, Secondary and Higher education Providers, Voluntary & Community groups, Calderdale & Kirklees IAG provider, employers
- Development of sector skills academies for key sectors with skill shortages, built in paid work experience, progressing into pre- apprenticeships / apprenticeships.
Delivery Partners: Council, College, Voluntary & Community groups; Workwise, Job Centre Plus, Training providers, Princes Trust
- A Youth Employment campaign.
Delivery Partners: Council, Return to Work Group, National Apprenticeship Service, Training providers, Job Centre Plus, Skills Funding agency, Calderdale College, Halifax Courier

Calls to action:

- To roll out the new Early Years Foundation stage, review child care provision and commission the delivery of Children's Centres to target resources and drive up standards.
- To engage all partners in the delivery of the [Early Intervention Strategy](#)
- To fully implement the self improving school model in partnership with schools and governors.
- To agree key actions arising from the e-HNA survey in discussion with schools and learning providers.
- To implement the [Raising Participation Strategy](#) and outcomes from the Post 16 review.

- To develop a coherent vocational offer in Calderdale.

CALDERDALE IS A PLACE WHERE OLDER PEOPLE LIVE FULFILLING AND INDEPENDENT LIVES

Why this is a priority for Calderdale

The age structure of the Calderdale population is projected to change in the coming years, with a notable increase in the number of people aged over 65.

This will have a significant impact on the health and social care needs of the population, including:

- an increased burden of chronic diseases associated with old age
- an associated increase in demand on health services
- an increase in the demand for adult social care services across all client groups.
- Specifically, an ageing population will also have an impact on neurological, rheumatologic and orthopaedic conditions, dementia and falls, and social and physical isolation.

What success will look like?

Older people will be supported to remain in control of their lives and stay comfortable in their own homes for as long as they want.

Older people will be safer, warmer and more physically and socially active and will manage their own long term conditions, which will lead to fewer emergency admissions to hospital and less demand for traditional health and social care services.

The partners and carers of older people will get appropriate advice and support when they need it.

We will know we are achieving our outcome if:

- More older people feel they have control of their lives and are comfortable in their own homes.
- More older people with chronic long-term conditions manage their condition from home
- Fewer emergency admissions to hospital by older people and less demand for traditional health and social care services.

How we will measure success

- Fewer emergency admissions for patients aged 65 or over/ Care home placements
- Fewer Care home placements
- Survey of how much control older people (social care users) feel they have over their daily life.
- Smaller proportion of older people receiving formal community care assessments

Our approach to tackling this outcome

The approach we are taking to achieve fulfilling and independent lives for Calderdale's older people focuses on supporting people to find their own solutions within their own communities. We aim to improve the health and wellbeing of older people through early and preventative interventions, supporting them to be less dependent on statutory services. We will also support older people to remain active participants in their communities. Our approach over the longer term will include helping people to plan for their older age, with the aim of ensuring their own good economic wellbeing.

Therefore the actions we have committed to taking now focus on providing services and support to enable older people to take control of their lives and feel supported within their homes and neighbourhoods, whilst also ensuring that those who are vulnerable are kept safe.

However, to better meet the challenges of an ageing population and also achieve positive outcomes for Calderdale's older people over the term of this strategy, we need to come together with partners to concentrate our efforts on providing integrated, personalised and innovative ways of increasing choice and control, aimed at early intervention and centred around the future needs of individuals.

Commitments to action:

- To offer services and support that aim to promote personal resilience and inclusion within communities.
Delivery Partners: Council, NHS, Voluntary and Community Services, Social landlords; Police; Neighbourhood schemes
- To help people remain connected to their communities wherever possible.
Delivery Partners: Council, NHS, Voluntary and Community Services, Social landlords; Neighbourhood Schemes, Care Providers
- To safeguard adults at risk of abuse.
Delivery Partners: Council, NHS, Police, Care Providers
- To expand the support available for people to adapt their homes or make positive choices over their housing options.
Delivery Partners: Council, Social and Private Landlords, NHS, Voluntary and Community Services
- To adopt a positive attitude and approach to older people.
Delivery Partners: Council, NHS, Voluntary and Community Services, Social landlords; Police

Calls to action:

- Training for all front line staff in valuing and respecting older people, to promote dignity and to reduce assumptions and stereotyping.
- Personalised planning - professionals working with individuals to enable them to develop their own personal care plans.
- Housing research to find the best ways to develop improved housing facilitates to help keep older people comfortable at home for as long as possible,(this will include short, medium and longer term solutions and the necessary financial options to fund).
- Health Information Hub - including health promotion, prevention activities, housing and carer support (broadening out the current “Connect to Support” service).
- Expansion of the “Making Every Contact Count” service to ensure all staff who have contact with older people are able to refer, offer early intervention or signpost in a positive way that focuses on individual need.
- Development of a system of shared intelligence across all organisations that come into contact with Older People (including research, data and analysis of evidence from the NHS, Adult Social care, Age UK, Older People Forums, other Third Sector Bodies).
- Use customer insight to develop a range of preventative activities to improve the quality of people’s lives.
- Introduce telehealth and expand telecare, e.g. develop a care navigation model, where phone contact is made with individuals and visits made if a person’s position changes.
- Adapt the recent partnership approach taken to supporting people with dementia, (initiated by an in-depth scrutiny exercise), to support the development of plans for other long-term conditions, with the inclusion of preventative measures.

CALDERDALE IS A PLACE WHERE EVERYONE HAS A SENSE OF PRIDE AND BELONGING BASED ON MUTUAL RESPECT

Why this is a priority for Calderdale

Compared to other areas in West Yorkshire, fewer people in Calderdale say they feel that people from different backgrounds get on well together.

Improving relationships within and between different communities so they get on well together and mix easily will help to increase people's sense of belonging to their neighbourhood and to Calderdale as a whole. Understanding that we are all different and accepting and respecting differences is a key sign that people within our communities are becoming more confident.

What success will look like?

People feel part of their community and feel they can influence decisions in their local area and play a part in shaping its future. This may happen in many ways including; by doing voluntary work for local communities or charities, being school governors, magistrates or councillors.

Trust in local statutory agencies like the police and the council will improve and local communities will have an increased understanding of their rights and responsibilities.

Where people from different backgrounds have similar life opportunities they will develop strong and positive relationships with each other in the workplace, in schools and within neighbourhoods.

We will know we are achieving our outcome if:

- More people living in Calderdale feel a sense of belonging to their neighbourhood and to Calderdale as a whole
- More people have confidence in local statutory agencies
- More people feel that they can influence local decisions

How we will measure success

Currently the West Yorkshire Police Authority Survey is the main source of data. This provides data on:

- The number of people who strongly agree or agree that their local area is a place where people from different backgrounds and communities live together harmoniously
- The number of people who report that they are satisfied with how the police and council are dealing with ASB/crime

We are working with our partner authorities at a Regional level to agree a basket of indicators to improve the measurement and tracking of this indicator.

Our approach to tackling this outcome

Our aim is to work locally with our communities to help them develop a sense of pride and place. We will also engage local communities to ensure they have influence over the things that affect their lives.

There are a number of key issues in the immediate future that will impact significantly on this outcome such as the forthcoming Welfare Reform programme, the establishments of Police and Crime Commissioners, public sector reform and the continued economic recession. The actions we have committed to taking are therefore aimed at managing the impact of these challenges and building on the successes we have already achieved to maintain and increase the confidence and resilience within our communities.

Although significant work has been undertaken to support communities to become more cohesive and resilient, there is still more to do. We will continue to build better relationships and trust between Calderdale's different communities, through meaningful community involvement and engagement, to shape neighbourhoods and services.

Commitments to action:

- Produce a Partnership Confidence Strategy, which links individual to individual or locality confidence plans.
- Increased partnership work and visibility to offset reduction in budgets within individual services.
- Effective Multi-agency problem solving around safer cleaner greener issues raised as local priorities.
- Collaboration around services delivered through locally shared contact points.
- Continued commitment to Neighbourhood Teams and Neighbourhood Policing.
- Increase resilience in communities, the ability to respond to challenge driven by local or national agendas.
- Manage the impact of the Welfare Reform and Universal credit on the residents of Calderdale.
- Implement the Troubled Families Strategy in partnership through the appointment of key workers.

The Delivery Partners for all the above actions are the partners on Calderdale's Community Safety Partnership, as follows: Police, Council, NHS, Together

Housing, West Yorkshire Fire Service, Voluntary and Community Sector, West Yorkshire Probation Service.

Calls to action:

- As negative reporting is cited as a key issue, there needs to be a review of communication strategies and plans across partner bodies. Consider how to improve use of the partner website and find ways to engage using social media.
- Develop a strong Calderdale profile and identity that people can be proud of and that generates a sense of pride of place. This needs to be a celebration of place and draw together the rich tapestry of the range of communities.
- Increase community engagement and involvement by all partners and build relationships between and within communities at every opportunity, building trust and promoting a sense of fairness and transparency.
- Build on the existing “Make Every Contact Count” initiative to gain greater insight and local intelligence and using this as a form of customer insight to change or reprioritise services.

6. Implementing the Strategy

Whilst a number of actions are set out under each outcome in this document, the Health and Wellbeing Board will not be producing a detailed action plan for this Strategy. Instead it will be looking to organisations/partners to support the strategy and deliver through their individual and joint plans/strategies. A list of those partners that are committed to delivering the strategy's priority outcomes is published on the [Calderdale Forward website](#). Where gaps are identified in terms of the actions required to deliver the outcomes, the Health and Wellbeing Board and its members will engage with partners and exert influence to ensure these gaps are filled. Where partners commit to the delivery of an action in the Strategy they will be asked to ensure it is then embedded in their own strategy/business plan.

It is important to note that in many cases the actions identified to deliver a specific outcome will contribute positively to other key outcomes. For example, actions taken to improve people's health will not only have a positive impact on older people feeling more in control of their own lives, but will also minimise the effects of sickness on the workplace.

The Health and Wellbeing Board will discuss and reach agreement with other key partnerships in Calderdale, which of the six priority outcomes individual partnerships might take the lead on and which they might contribute to.

Board members will all work to ensure that their own organisations' plans and strategies support the Joint Wellbeing Strategy and, through their leadership role within their organisation and with partners, will press for the use of evidence to support service provision to meet the Strategy's outcomes.

7. Assessing the Strategy's performance

The Strategy will be assessed in two ways.

a) Through its progress towards delivering the priority outcomes

The Health and Wellbeing Board has overall responsibility for ensuring progress against the measures of success for the 6 priorities agreed through this strategy. The Board will use current trends in the measures of success to identify the changes achieved. A report on progress against the measures of success will be published annually although it should be borne in mind that the strategy is a long term one and change on some issues is not expected in the short term, and may not be achieved in the medium term.

The Board will rely on a range of partners to deliver actions against the priorities and report on their performance in delivering these actions. The partners will be expected to provide details of the actions they have taken, give evidence of the

impact on the outcomes in the Strategy. The precise details and timing of these reports will be decided following discussions between the Health and Wellbeing Board and partners.

In addition, a senior group working to the Health and Wellbeing Board will be charged with ensuring performance issues are effectively dealt with and promoting a culture of performance improvement.

b) As a framework for commissioning

The Health & Wellbeing Board will also use the strategy to ensure that the commissioning plans of key partners, especially the Council and the Clinical Commissioning Group (CCG) reflect the Strategy's priorities. The Local Authority and the CCG will share their commissioning plans with the Health and Wellbeing Board for this purpose.

Detailed assessment of the effectiveness of these commissioning plans is undertaken through the performance systems of the commissioning organisations. Overview reports are presented regularly through arrangement with the Health and Wellbeing Board.

In addition partners will be encouraged to follow an outcome based accountability (OBA) approach to assess their individual and joint contributions to the strategy's outcomes.