MEETING OF THE
CALDERDALE HEALTH AND WELLBEING BOARD

Tuesday 31 January 2012

Shibden Room, 5th Floor, F Mill Dean Clough

14.00 – 16.00

AGENDA

1	**Apologies**	
2	**Declarations of interest**	
3	**Minutes of the meeting on 25 October 2012 (attached)**	**PAGE 2**
4	**Matter arising from the minutes**	
5	**Wellbeing Strategy Development: Priority Outcomes and Next Steps (Written report attached)**	**PAGE 6**
6	**Calderdale Transition Programme: Update (Oral Report)**	
7	**Local Healthwatch: report from the Task and Finish Group (Written report attached)**	**PAGE 20**
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9	**AOB**	

Next meeting - 24th April 2012

Calderdale's Health and Wellbeing Board is still in development and over the coming months will be looking at alternative ways to involve the public in its meetings and each approach will be subject to evaluation.

If you wish to attend this meeting and have any special requirements please contact the numbers below.

For further information on this agenda please contact the Partnership Support Team on 01422 393199/393032

Agenda Item 3

Minutes of the Calderdale Health and Wellbeing Board Meeting
held on Tuesday 25th October 2011 at 14:00pm
at the Town Hall, Halifax, Room B

Present:

Angela Monaghan	Chair, NHS Calderdale (Deputy Chair)
Owen Williams	Chief Executive Calderdale MBC
Graham Wardman	Director of Public Health, NHS Calderdale and Calderdale MBC
Cllr Bob Metcalfe	Calderdale MBC
Sue Ross	Interim Director Adults, Health and Social Care, Calderdale MBC
Cllr Stephen Baines	Calderdale CMBC
Chris Dowse	Director, Single Commissioning and Transformation, NHS Calderdale (Substitute for Julie Lawreniuk)
Shaffiq Mahmood	Calderdale LINk
Sian Rees	Head of Children's Trust, Children and Young People's Services, Calderdale MBC (Substitute for Janet Donaldson)
Dr Steven Cleasby	Clinical Commissioning Executive (Substitute for Dr Alan Brook)

Apologies for absence:

Cllr Janet Battye	Calderdale MBC (Chair)
Julie Lawreniuk	Chief Operating Officer, NHS Calderdale
Jane Ingham	Calderdale Head Teachers
Janet Donaldson	Director Children and Young People's Services, Calderdale MBC
Dr Alan Brook	Clinical Commissioning Executive

In attendance:

Alan Duncan	LSP & Partnerships Manager, Calderdale MBC
Mick Mellors	Head of Mental Health & Learning Disabilities, Calderdale MBC
Paul Butcher	Deputy Director of Public Health, NHS Calderdale (Item 5)
Rachel Stewart	Partnership Support Officer, Calderdale MBC
Sarah Manfredi	Locality & Commissioning Manager, Safer & Stronger Communities, Calderdale MBC (Item 7)

There were 8 members of the public in attendance.

The Chair, Councillor Janet Battye, had sent apologies, so Angela Monaghan, the Deputy Chair, opened the meeting and welcomed the public. The public were asked if they had any specific comments or questions for the Board. None were received.

1. Apologies

1.1 Apologies were noted.

2. Declarations of interest

2.1 There were no declarations of interest.

3. Minutes of the meeting on 26 July 2011

3.1 The draft minutes were agreed as an accurate record.

4. Matters arising from the minutes

4.1 There were no matters arising.

5. Calderdale Needs Assessment: Report on Conclusions

5.1 Paul Butcher gave a presentation on the Calderdale Needs Assessment and provided a demonstration of the website www.calderdalejsna.org.uk. Paul updated that the Joint Strategic Needs Assessment (JSNA) would now be called the Calderdale Needs Assessment.

5.2 Paul outlined the consultation process which involved commissioning Voluntary Action Calderdale to engage with equalities forums and there constituent members to engage with the process. The consultation included the following questions to all stakeholders with some 150 individuals engaged.

- Do you agree with key messages? What others are there?
- For your specific community/area of interest, what does the data presented indicate the main priorities are? Are these correct?
- Do you have any data/research which informs health needs? Can it be shared?
- What is missing? How could this data be gathered in an effective and efficient way?
- Do you have data which identifies any groups which experience significantly poorer health and wellbeing which are not identified in this version of the JSNA?
- Does this draft capture the bigger picture about health and well being for Calderdale

5.3 From this consultation a number of additions to the needs assessment were made including increased data on gay and lesbian issues, an additional chapter on domestic violence and further integration of work done through the housing strategy.

5.4 The next steps for the needs assessment include the development of a climate change chapter, a Roma community need assessment, an update to the data in December 2011 and agreement to explore with the voluntary sector how to further develop an assets based needs assessment.

5.5 It was proposed that a 6-month evaluation of the website be undertaken to evaluate impact and highlight further areas of development. Paul added that there was currently capacity within the public health team to maintain the website, although a lot was reliant on colleagues from partner organisations (e.g. identifying and/or providing data).

5.6 Owen suggested that addressing long term worklessness should be a priority. Paul updated that the theme partnerships were consulted, however, due to the status of economy and enterprise partnership being uncertain it had not been possible to get their feedback.

6. Health and Wellbeing Strategy: Development – update and discussion

6.1 Graham Wardman gave a presentation on the development of the Wellbeing Strategy. Graham confirmed that Calderdale's Health & Wellbeing Strategy would now be referred to as the Wellbeing Strategy to reflect the broader approach that had been adopted.

6.2 Owen confirmed that the Assembly would start the process of engagement with individuals, organisations and partnerships.

6.3 Graham informed that the relationship between Health & Wellbeing Boards and Clinical Commissioning Groups was still emerging nationally.

6.4 Steven Cleasby confirmed that the Clinical Commissioning Group was accountable to the Cluster and when the Cluster dissolves it will be accountable to the National Commissioning Board. He added that the group would look to the Health & Wellbeing Board to inform its strategic direction.

7. Calderdale HealthWatch: Task & Finish Group Report on Initial Proposals

7.1 Sarah Manfredi provided an update on the work of the HealthWatch Task & Finish Group.

7.2 Sarah informed that Calderdale was not a pathfinder area but was ahead of some of the pathfinders and that Calderdale was being used as a case study at a local authority commissioners peer support session.

7.3 It was acknowledged that the timescales were challenging but that everyone is committed to doing what they can to deliver on time.

7.4 Sarah added that engagement would also take place with providers to ensure the service specification is both realistic and deliverable.

7.5 The Health and Wellbeing Board

- **endorsed** the draft outline for commissioning Local HealthWatch as set out in the report;
- **agreed** that the existing Task and Finish Group should continue to provide partnership input to this work by:

    - Finalising the commissioning structure for Local HealthWatch through the consultation and soft market testing phase to the point where the structure is agreed by Calderdale MBC prior to procurement;

- Overseeing the procurement processes through regular reports from a procurement subgroup of CMBC officers;

- Ensuring the continued engagement of stakeholders through these phases, from now until the launch of Local HealthWatch in October 2012 and the launch of the advocacy service in April 2013.

8. Calderdale Assembly: Update

8.1 Alan Duncan updated on the progress of the Calderdale Assembly:

- 70 delegates had registered so far
- The programme and supporting evidence of need resource had been circulated to delegates and posted on the Calderdale Forward website.

9. Any Other Business

9.1 Angela updated that as a pathfinder Health and Wellbeing Board, Calderdale had been invited to be part of a national learning set.

10. Items to be received

10.1 The following two papers were received: (1) Calderdale Transition Programme: Update - highlight report and (2) Any Qualified Provider.

The next meeting will take place on January 31st 2012 at 14.00hrs.

Agenda Item 5

Calderdale Health and Wellbeing Board

Date: 31 January 2012

Subject: Wellbeing Strategy Development: Priority Outcomes and Next Steps

Report of the Director of Public Health

1. Purpose of Report

1.1. To present the outcome of the prioritisation process following the Calderdale Assembly meeting on 10th November 2011.

1.2. To ask the Board to agree the priority outcomes for the Wellbeing Strategy and seek the Board's approval for the next steps in developing the Strategy.

2. Recommendations

2.1. The Board is asked to consider the responses to the outcome prioritisation process and, taking into account the questions set out in paragraph 3.8, agree priority outcomes for inclusion in the Wellbeing Strategy.

2.2. The Board is asked to approve proposals for developing the strategy as set out in paragraphs 4.4 and 4.5.

3. Background and Information

3.1. In previous discussions on Wellbeing Strategy priorities the Board agreed that they should have the following characteristics:

- Produce measurable results over time
- Address inequalities
- Require actions of a number of partners
- Be based on evidence
- Focus on preventative or early intervention activity
- Build on existing strategies
- Focus upon strategic outcomes, not services

3.2. The Calderdale Assembly that met on 10th November considered the evidence of need from the Calderdale Needs Assessment which included the JSNA and, against 5 key life stages, identified 15 priorities for potential inclusion in the Wellbeing Strategy.

3.3. On the issue of wider stakeholder engagement on possible priority outcomes, a strong view emerged during the Assembly's discussions that a long list of potential outcomes should be circulated widely and views sought on what should constitute the top priorities. Consequently the 15 priorities from the Assembly, together with key issues from the Needs Assessment, were converted into a long list of 15 outcomes.

3.4. The list was widely circulated within the public, private and voluntary and community sector and invitations to respond appeared in the local press and in communications with the attendees at ward forums and with the youth parliament. Respondents were invited to identify and rank their top 5 priority outcomes. (A copy of the list of outcomes and reply form is attached for the Board's information as Appendix 1.)

3.5. By the deadline for comments, a total of 96 responses had been received. These were a mix of group and individual responses from a wide range of stakeholders. The results are presented graphically in Appendix 2. In addition to the total number of responses received for each outcome, the graph also shows the number of times each of the outcomes was a respondent's first choice.

3.6. The graph illustrates that "People have good health" received the most "votes" with 59, and 18 of these were first choices. A "Balanced and dynamic economy" appeared in the top 5 choices of 56 respondents and was first choice on 25 occasions. Notable issues arising from the prioritisation process include two outcomes addressing children and young people with similar overall results, a number of outcomes with no first choices, and low support from respondents for environmental issues.

3.7. The Board has previously agreed that the Wellbeing Strategy should focus on a small number of priority outcomes (5 or 6). The results from the prioritisation

process would suggest that the Strategy should be built around the following priorities:

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

3.8. In deciding the priority outcomes it wishes to include in the Strategy, the Board may wish to consider the following questions:

- Is the Board satisfied that these are the top 6 priority outcomes as identified by respondents?
- Would the Board consider it appropriate to have only 1priority focusing on children and young people? If so what might this be?
- Are there any other issues the Board wishes to include in the Strategy?

4. Next Steps

4.1. Draft Statutory Guidance on health and wellbeing strategies, as well as other issues in the Health and Social Care Bill is expected in January (now available), in advance of the Bill receiving Royal Assent. This will provide clear guidance on statutory requirements in relation to Calderdale's Wellbeing Strategy. A document published by the Department of Health early in December explains the Department's current expectations with regard to Health and Wellbeing Strategies. This clearly indicates that statutory responsibility for the preparation of the Strategy by 2013 will rest firmly with the Health and Wellbeing Board.

4.2. Calderdale's approach to preparing the "preparatory" Wellbeing Strategy appears to coincide with DH expectations and confirmation will be received once the Statutory Guidance is released. Board members will recall from previous discussions, in terms of preparation of the strategy, it was agreed the following features would be included:

The Strategy would:

- focus on a small number of high level deliverables that require the co-operation of a range of partners to deliver improved health and wellbeing population outcomes (taking into account Marmot's headings);
- capture the key priorities of significant partnerships and hold those partnerships to account and help to address any intractable problems that they escalate to it;
- take a broad view of the economic, environmental, social, medical and behavioural determinants of good health and wellbeing;
- be sensitive to the balance between individual responsibility and the responsibility of society;

- have a ten year timeframe;
- focus on life stages/age groups (or cohorts) within the population;
- not attempt to summarise all the activity that should be going on in Calderdale.

4.3. Those priority outcomes that are not included in the Wellbeing Strategy will still be delivered by partners. Inclusion in the long list indicates there is clearly evidence of need, existing support and activity to address these issues. It will be the role of the Health and Wellbeing Board, as the champion of change and improvement, to encourage implementation by partners and where appropriate to drive and motivate partners to develop joint approaches to address these outcomes.

4.4. Once the Board has agreed the priority outcomes for the preparatory Wellbeing Strategy, it is suggested that a task and finish group be established, chaired by the Director of Public Health, which will be responsible for the preparation of a brief with timescale for the preparation of Calderdale's Wellbeing Strategy to be approved by the Chair and Deputy Chair of the Board. The Task and Finish Group should aim to develop the Wellbeing Strategy in time for key commissioning decisions in advance of the statutory requirement to produce a strategy in 2013.

4.5. When preparing its brief the Strategy Task and Finish Group will need to take into account and/or address the following issues:

- Draft Statutory Guidance (Jan 2012) and Statutory Guidance (following Royal Assent);
- The timetable for seeking Council approval through its decision-making process;
- The input from the Calderdale Assembly (scheduled for end March);
- The form and content of the strategy taking into account previous discussions at this Board;
- Identifying ways in which the Board can exercise its leadership role in promoting and creating ownership for the Strategy and its priorities;
- How the Strategy's priorities will be delivered and by whom (a delivery plan);
- How progress will be measured and the key measures of success; and
- A framework of accountability for performance management, including evidence of effectiveness and needs assessments.

For further information on this report contact:
Graham Wardman Director of Public Health
01422 281416 graham.wardman@calderdale-pct.nhs.uk
Documents Used in the preparation of this report:
Attached

Item 5 Appendix 1

POTENTIAL PRIORITY OUTCOMES FOR CALDERDALE'S FIRST WELLBEING STRATEGY

Please read through the following fifteen outcome summaries and then use the form at the end to indicate your top 5 preferences (1-5).

CALDERDALE IS A PLACE WHERE PEOPLE ARE ACTIVE

People in Calderdale will benefit from increasing levels of physical activity which will lead to improvements in their physical and mental health.

Children and young people with increased levels of physical activity will develop more healthily and while enjoying play may learn good social skills, such as leadership, teamwork and co-operation. Exercise can lead to improved concentration in school.

The positive benefits of improved skills and participation at school can increase self confidence which in turn may reduce anti-social and criminal behaviour.

As a result of more people being active, more often, there will be improved productivity in the workplace, through fewer sick days and reduced congestion and pollution through active travel.

People will live longer, healthier lives and this will reduce the costs for health and social care services.

CALDERDALE IS A PLACE WITH A BALANCED AND DYNAMIC LOCAL ECONOMY

For its income and employment, Calderdale relies on businesses in manufacturing and financial services. To make sure we have a balanced and dynamic local economy we will need to take action to support existing businesses to stay in Calderdale, but also attract and develop new business and employers, particularly those with the potential for good growth.

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

Improved employment will increase income in Calderdale, which may be spent in local shops and businesses which in turn will increase growth and employment in this sector.

Additionally, new business in Calderdale will contribute towards council services through their payment of business rates, improving services, particularly for those who are most vulnerable.

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

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

Children who are born into a family in Calderdale who live 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 and domestic violence.

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. Lone parents will be supported to go back into paid employment.

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

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.

This is important because if people feel part of their community they are more likely to 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.

This will improve trust in local in statutory agencies like the police and the council and give an increased understanding of the rights and responsibilities for local communities.

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.

CALDERDALE IS A LOW CRIME AREA

Crime has a negative impact not only on individual victims, but on families, communities, businesses and society, whether its theft, deception, acts of violence, dangerous driving or vandalism to property.

Reducing crime and maintaining it at a low level will reduce the economic impact of crime for households and businesses.

There will be positive benefits for communities, improved physical, mental health and general wellbeing. This will be felt even more in areas which have had higher crime levels.

Low crime levels will encourage trust in areas making them attractive as places to live in. This will also have an effect on communities and the businesses that serve them making them more sustainable.

Where there have been higher crime levels in particular areas, the reduction in crime will give residents more confidence and improve feelings of safety and satisfaction with their local area and local services.

Low crime levels and increasing confidence in the District will help the economy by encouraging existing employers to stay in Calderdale and by attracting new businesses to the area.

CALDERDALE IS A PLACE WHERE DOMESTIC ABUSE IS NOT TOLERATED

Domestic abuse can be physical, psychological, sexual, financial or emotional.

By taking action on domestic abuse and creating a culture where it is unacceptable, there will be fewer people who suffer such violence and abuse. People living with domestic abuse will have greater confidence to report incidents and seek help and support, whether from friends, family or voluntary groups or services such as the police or housing.

A co-ordinated approach to tackling domestic abuse will reduce the need for victims to have medical treatment or other forms of support.

Domestic abuse has a massive impact on children and young people. In every case where there are children in the household, support services are made aware and if necessary become involved with the family. If there are fewer cases the impact on children will reduce, family breakdown will be less likely and health and social services can focus on those who need most support. Children and young people will have the potential to thrive, improve educational attainment and have happier lives.

Through early intervention, education and awareness, children and young people will be taught that domestic abuse is unacceptable in our society and the result may be to prevent them from becoming victims or perpetrators themselves.

CALDERDALE IS AN ENERGY CONSCIOUS PLACE

Local action is needed to tackle the causes and manage the effects of climate change.

Due to increasing greenhouse gas emissions in Calderdale, action and a change in how we behave is needed in the next 5 years. These changes will help to slow down the causes, and help to manage the effects, of climate change.

As an area which is working to lower its greenhouse gas emissions, residents will be supported to change how they behave and look at what they can do to reduce their carbon footprint. Businesses will take responsibility for reducing their carbon emissions and have the knowledge and skills to do this.

The result of these changes will mean that household and commercial energy bills will be reduced. There will be health improvements as air pollution is reduced and residents think more about their choice of transport; some of which will provide more health benefits.

As costs are reduced there will be more money for renewable energy and green technology which will help Calderdale lower its carbon emissions in the future

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CALDERDALE IS A PLACE WHERE PEOPLE CAN AFFORD TO KEEP THEIR HOMES WARM

Despite rising heating costs and a large number of properties in Calderdale being difficult to insulate, people will be able to afford to keep warm in their homes during the colder months.

As a result there will be less cold related illnesses, and those people who are vulnerable, or who have health problems will be less likely to require hospital treatment. There will also be a reduction in deaths from cold related problems.

Solutions to insulate properties and reduce energy use, particularly in older terraced housing, will be put in place. These will be affordable and cost effective. Calderdale's Green House Gas emissions will also be reduced which will have a positive effect on the environment.

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

In years to come there will more over 65's living in Calderdale.

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.

Chronic long-term conditions will be managed better at home to prevent people having to be admitted to hospital if their conditions get worse.

Older people will be safer, warmer and more physically and socially active, which will lead to less emergency admissions to hospital and less demand for traditional health and social care services.

Fewer older people will die in hospital.

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

CALDERDALE IS A PLACE WHERE PEOPLE HAVE GOOD HEALTH

In Calderdale where you live can have an impact on your health. If you live in certain 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.

As we start to choose healthier lifestyles we will reduce the rate of early deaths and illness in Calderdale. 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 longer overall bringer them more in line with the richest neighbourhoods.

CALDERDALE IS A PLACE WHERE PEOPLE'S HOUSING NEEDS ARE MET

There is less money available to develop affordable housing and there are low levels of private development. As a result, in order to meet the changing housing needs of Calderdale's current and future residents, new homes will have to be designed to meet community need or existing homes adapted.

This will mean that people should be able to remain in their home as they get older or if they become disabled.

People will be able to live in energy efficient homes that are of a decent standard.

Any homes that are empty will be brought back into the housing market more quickly.

Housing support will be designed to meet needs of the most vulnerable people such as the homeless, older people, and those with mental health problems

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CALDERDALE IS A PLACE WHERE THE ENVIRONMENT IS IMPROVED THROUGH THE PREVENTION OF, AND REDUCTION IN, WASTE

As the financial and environmental costs of removing and disposing of waste increase, Calderdale will reduce the amount of waste going to landfill and will re-use and recycle more.

Householders will be encouraged and supported to use improved recycling facilities, which will lead to a positive approach towards reducing waste and recycling. Businesses will be able to use a waste collection service which will be regular and efficient. They will benefit from lower waste disposal costs and a better environmental image.

The Council and residents will benefit as there will be less likelihood of paying landfill charges. Improved waste disposal and an emphasis on waste reduction, re-use and recycling will reduce waste going to landfill, lessening the damage on the environment and reducing CO2 and methane emissions.

CALDERDALE IS A PLACE WHERE CHILDREN ARE SAFE HAPPY CONFIDENT AND READY FOR SCHOOL

The number of children aged between 0-4 years old will increase across Calderdale. Working with children and families early on life will bring about less infant deaths and help more mothers breastfeed their babies.

Action will be taken to support the health and well being of children from early childhood. This will ensure that children at reception age are not obese, and have better oral health by the time they get to 5 years old. There will also be fewer

children living in homes where there is domestic abuse. This means that more children will enter school feeling safe, healthy, happy, confident and ready to learn.

Schools will put the right support in place to allow a child to reach their full potential. This in turn will have a positive effect on reducing inequalities and promoting health and well being.

CALDERDALE IS A PLACE WHERE THE HARM CAUSED BY SUBSTANCE MISUSE IS REDUCED

Calderdale has a higher than average hospital admission rate of adults and young people from alcohol related harm. The cost of these admissions can be as much as £6 million each year. To add to this there are on average 1,198 people who are regular drug users.

Alcohol misuse in young adults makes them more likely to commit offences, become victims of violence and sexual assault which can affect them for life. Reducing substance misuse in the local area will result in fewer hospital admissions, improved health and less alcohol and drug related crime and anti-social behaviour.

More people will lead healthier lifestyles, with a responsible attitude to alcohol and free from drugs and tobacco. People will be able to remain in jobs and will have less time off work, meaning productivity in the workplace will increase. There will be fewer problems in families caused by drugs and alcohol and as a result family breakdowns will happen less often. Overall demand on services will be reduced.

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

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 can have a serious effect on the opportunities available to them later in life.

Education is a way of improving chances. If children across Calderdale are able to achieve similar results it will show that that all young people are participating successfully in education. This is particularly important for the very young and those at 18.

Children, young people and their families will be supported early so that their homes and local communities are safe. This will reduce the risk of harm when they are teenagers.

By supporting and guiding young people to understand what they need in order to help them through life, there will be better health, education and job outcomes for them as they grow up and become adults in Calderdale.

REPLY FORM

NAME: _____

ORGANISATION: _____

Please rank the top five priority outcomes that you would like to appear in the Wellbeing Strategy from the list below. Please type in numbers 1 – 5 in the corresponding boxes, 1 being the outcome you would most like to see in the strategy.

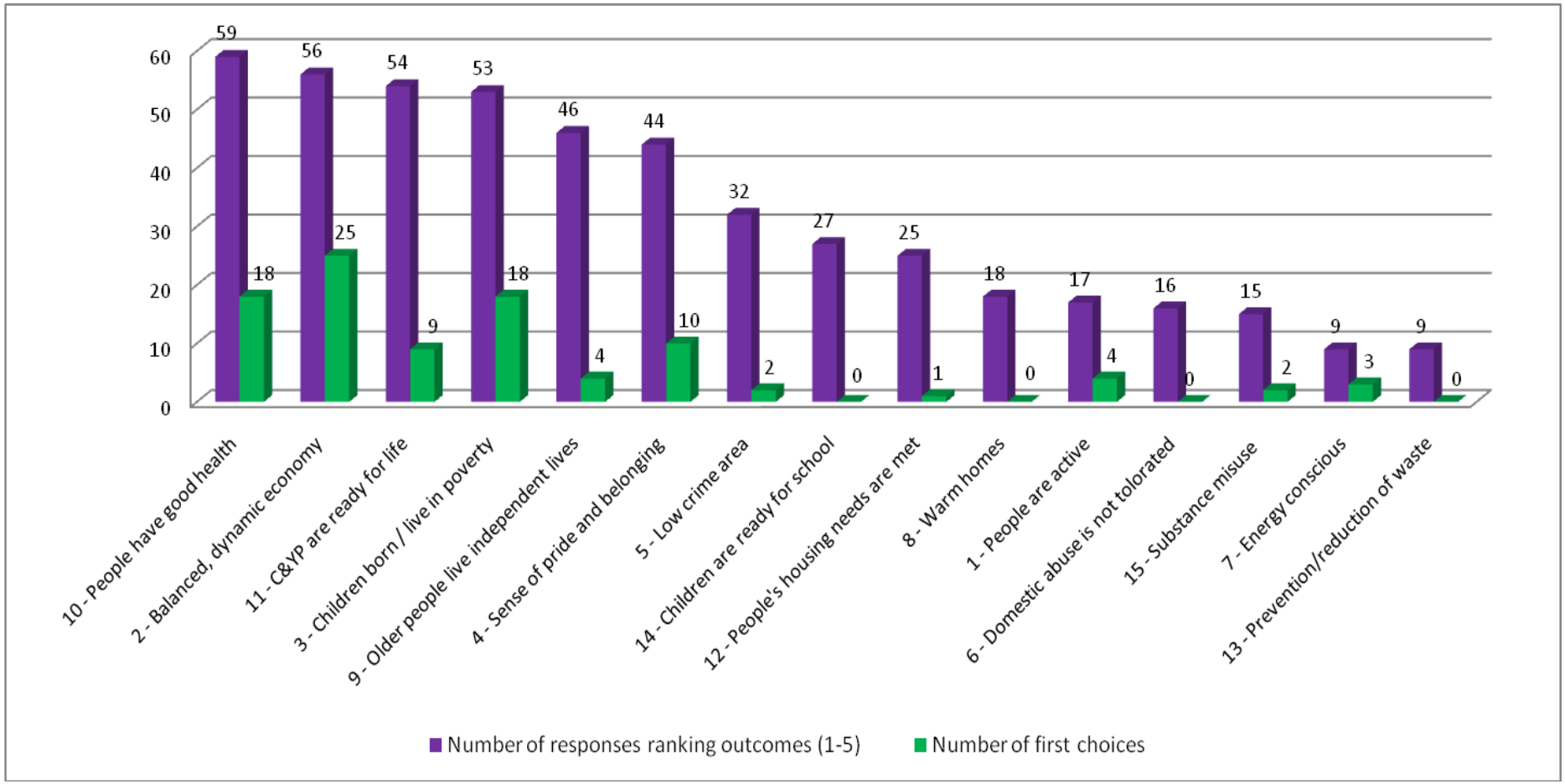
OUTCOME	RANK (1-5)
Calderdale is a place where people are active	
Calderdale is a place with a balanced and dynamic local economy	
Calderdale is a place where fewer children under the age of 5 live in, and are born into, poverty	
Calderdale is a place where everyone has a sense of pride and belonging based on mutual respect	
Calderdale is a low crime area	
Calderdale is a place where domestic abuse is not tolerated	
Calderdale is an energy conscious place	
Calderdale is a place where people can afford to keep their homes warm	
Calderdale is a place where older people live fulfilling and independent lives	
Calderdale is a place where people have good health	
Calderdale is a place where children and young people are ready for life	
Calderdale is a place where peoples' housing needs are met	
Calderdale is a place where the environment is improved through the prevention of, and reduction in, waste	
Calderdale is a place where children are safe happy confident and ready for school	
Calderdale is a place where the harm caused by substance misuse is reduced	

If you wish to make any comments please do so in the space below:

Please save a copy of the Reply Form with your ranked preferences, and submit this by **Monday 9th January 2012** by email to partnerships@calderdale.gov.uk, or by post to the Partnership Support Team, 2nd Floor Westgate House, Westgate, Halifax, HX1 1PS.

Responding to the opportunity to rank preferred outcomes for the Wellbeing Strategy

The graph below provides a breakdown of the 96 responses received by 13th January 2012



Agenda Item 7

Calderdale Health and Wellbeing Board

31st January 2012

Local Healthwatch: report from the Task and Finish Group

1. Purpose of the report

1.1 To provide an update on progress towards Local Healthwatch since the last report in October 2011.

2. Background

2.1 The Health and Social Care Bill 2010/11 proposes establishing a new consumer champion called Healthwatch as part of its new arrangements for the NHS and social care. Local authorities will have a duty to establish a Local Healthwatch in their area. The Government intends that Healthwatch will "be the independent consumer champion for the public – locally and nationally – to promote better outcomes in health for all and in social care for adults". [1]

2.2 The key functions of Local Healthwatch are:

- **Influencing**: helping to shape the planning of health and social care
- **Signposting**: helping people access and make choices about health and social care
- **Advocacy**: Advocacy for individuals making complaints about healthcare

2.3 The Shadow Health and Wellbeing Board established a Task and Finish Group to help shape the commissioning of Local Healthwatch, by engaging widely, evaluating options and recommending a way forward for the Council to commission an effective, value for money service for Calderdale.

2.4 In October, the Task and Finish Group reported back, and as a result, the Board endorsed a draft outline for commissioning Local Healthwatch, and agreed that the Task and Finish Group should continue to oversee the process from this point.

[1] Taken from the Department of Health document: Healthwatch Transition Plan March 2011

3. Developments since October 2011

3.1 The key development is that the timescale for the introduction of Local Healthwatch has now been changed– see below:

	Previous timescale	Revised timescale
Calderdale LINk	Statutory duty to have a LINk to end 30th September 2012	**Statutory duty to have a LINk to end 31st March 2013**
Local Healthwatch: Influencing role	Statutory duty to begin on 1st October 2012	**Statutory duty to begin on 1st April 2013**
Local Healthwatch: Signposting role	Statutory duty to begin on 1st April 2013	**Statutory duty to begin on 1st April 2013**
Local Healthwatch: Advocacy role	Statutory duty to being on 1st April 2013	**Statutory duty to being on 1st April 2013**

3.2 Funding for Local Healthwatch start up during 2012/13 has been announced nationally but local allocations have not been confirmed.

3.3 The Task and Finish Group has consulted existing stakeholders on the commissioning outline as endorsed by the Shadow Health and Wellbeing Board in October. Calderdale LINk have engaged more widely with people to inform and consult with them about Local Healthwatch, which has fed into the Task and Finish plans.

4. Next Steps

4.1 The additional time gives the Task and Finish Group more time to ensure that the commissioning process continues to engage widely, and to make sure that the service commissioned meets the needs of Calderdale residents.

4.2 The next stage will be to agree a revised procurement schedule, and alongside this, to establish an engagement plan that will ensure as many people as possible are informed and engaged ahead of the launch of Local Healthwatch in 2013.

4.3 Transitional arrangements will be put in place to ensure that the statutory duty to have a LINk in Calderdale is maintained until 31st March 2013. Growth has been identified as part of the Cabinet's proposed budget to support this work in 2012/13, and to fund ongoing support for Local Healthwatch once it is launched in 2013/14. Funding will be decided at annual Budget Council on 27th February 2012.

4.4 The Group is on target to deliver the work allocated to it by the Shadow Health and Wellbeing Board, within the revised timescale, ie:

- Finalising the commissioning structure for Local Healthwatch through the consultation and soft market testing phase to the point where the structure is agreed by Calderdale MBC prior to procurement;

- Overseeing the procurement processes through regular reports from a procurement subgroup of CMBC officers;

- Ensuring the continued engagement of stakeholders through these phases, from now until the launch of Local Healthwatch in April 2013.

For more information on this report, please contact:

Sarah Manfredi sarah.manfredi@calderdale.gov.uk

Locality & Commissioning Manager Tel: 01422 393271/ 0754 066 9488

Communities, Calderdale MBC, Northgate House, Halifax, HX1 1UN

Agenda Item 8

Calderdale Health and Wellbeing Board

Date: 31 January 2012

Subject: Dates of Future Meetings

1 Background

In 2011/2012, the quarterly meetings of the Board have been scheduled to take place on the last Tuesday of the month from 2pm – 4pm. Only one further agreed date remains in the current cycle – 24th April 2012.

The Board needs to agree some future dates for its meetings. If it wishes to continue the current schedule then future meetings in 2012/2013 would fall on the following dates.

31st July
30th October
29th January

2 Suggested Action

The Board is asked to consider if it wishes to continue the previous cycle of meetings and if so to agree the proposed future dates above.