



WELLBEING STRATEGY

For Calderdale 2018 - 2024



#VISIONCDALE2024

Calderdale
Council

VISION 2024

OUR VISION FOR CALDERDALE

The Wellbeing Strategy is set within the context of Vision 2024. Our vision for Calderdale in 2024 is for a place where you can realise your potential whoever you are, whether your voice has been heard or unheard in the past.

- We aspire to be a place where talent and enterprise can thrive.
- A place defined by our innate kindness and resilience, by how our people care for each other, are able to recover from setbacks and are full of hope.
- Calderdale will stand out, be known, and be distinctive. A great place to visit, but most importantly, a place to live a larger life.

The Wellbeing Strategy and the Inclusive Economy Strategy describe a clear and challenging strategic aspiration for Calderdale.

Good physical and mental health has a significant influence on overall wellbeing. It allows people to participate in family life, the community and the workplace. It has value in its own right and it also creates value. Put simply, health should be viewed as an asset that is worth investing in for our society to prosper. Indeed people generally place more value on being healthy than on factors like income, careers or education.

The ways to improve health are well known: investment in early years development; lifelong learning; provision of good-quality, affordable housing; availability of high-quality jobs; public transport systems; and a food system that supports healthy options.

Calderdale is a great place to live. Most of us are fit and healthy, and generally the quality of life here is good. However, like everywhere, the picture in Calderdale is not perfect. The health and wellbeing of people in some of our communities is not improving at the same rate as others. Every year, far too many people suffer avoidable ill health or die earlier than they should – this is known as health inequality. These inequalities need to be tackled to make life better for everyone living in Calderdale.

We also have a growing number of people living into old age. Whilst it is good news that people are living longer, it is important that the quality of our life remains high too.

The things that affect our health and wellbeing vary over the course of our lifetime. Therefore, the strategy has been developed using four significant stages of the life course.

- **Starting well (0-5)**
- **Developing Well (6-25)**
- **Living & working well**
- **Ageing well**

This strategy sets our high level priorities, based on these four life stages.

The success of the strategy will be measured against the outcomes we have included, which



A handwritten signature in black ink that reads "Tim Swift".

Tim Swift
Leader of the Council

will also be used to shape commissioning across the health and care system and to develop more detailed action plans to improve the health and wellbeing of people who live and work in Calderdale. Work will be done to further refine the measures and agree targets. A small number of measures will be common to both the Wellbeing and Inclusive Economy Strategies and align with the outcomes set out in Vision 2024. These outcome measures and action plans will be developed with Calderdale citizens and stakeholders and will be reviewed regularly by the Health and Wellbeing Board.

This strategy does not list everything that all organisations will be undertaking to improve health and wellbeing; instead it focuses on setting out our vision and priorities for integrated working over the next five years to 2024. The strategy will further evolve. For example Calderdale has recently declared a climate emergency, the actions needed to support our environment will very clearly link to protecting and promoting our health.

A wide range of partners, including those from health, local government, voluntary and community sectors will contribute towards the delivery of this overarching strategy through their own strategic aims.

Doing things differently - Our principles

We have identified four key principles that will inform the way we all work together, what we do and how we report our progress on improving health and wellbeing:

A new relationship with communities

We believe the relationship between organisations and communities needs to change. We will listen so people feel heard and we will demonstrate - with evidence - that people have been heard. We will involve our communities in the work we do, and co-design our plans for change with them. People are empowered to take greater control over their lives and outcomes - with improved health, so they are happier and better connected. As organisations we need to focus our limited staff time and money on the things that only we can offer, and support communities to use their valuable skills and time to do more for themselves and each other. We need to work together to create stronger communities that can cope with and recover from problems well. We need to develop 'kindness by design' to ensure our offers best meet the needs of our diverse populations. We will establish methods to ensure a transfer of resources to support community action.

A shift to prevention and health outcomes

Our systems need to shift towards prevention, which will require us to change the ways our organisations and our staff work. As organisations we need to make sure it is easier for people to have healthier options and we need to have a relentless focus on health outcomes and not just on service delivery. These outcomes will be agreed with the people we serve. Our focus will be on reducing the unjust health inequalities that prevail in Calderdale and we will seek to ensure our resources are used in the most effective and efficient way to reduce inequality. We will change the nature of the relationship between people and services, and the relationship between people and their own health, changing the way our staff see their roles, their day job and constant improvement in the work they do.

Support integrated care services

A stronger focus on joining up health and care services - moving more services from hospitals to community settings, only having to tell your story once, and making it easy to find out what support is there to help you and how to access it. Calderdale Cares articulates a vision of integrated commissioning and integrated delivery with organisations coalescing around a single set of outcomes.

Health in all policies

A commitment to ensure that all policies consider and promote the health and wellbeing of citizens, and address the climate change emergency. Resources and assets will be used to address the wider determinants of health and support wellbeing.

Improving health and wellbeing throughout people's lives

Our goal is to optimise the health and wellbeing of people in Calderdale throughout the course of their lives. For this reason, our strategy is divided into four sections, each relating to one of the major life stages:

Starting Well

The first section focuses on babies and very young children, and covers ages 0-5 years (including pregnancy).

Developing Well

Childhood and young adulthood (6-25)

Living & Working Well

Working age adults.

Ageing Well

With a focus on older people, covering people 65 and older.



Starting Well

What happens in pregnancy and early childhood impacts on physical and emotional health all the way throughout our lives.

Supporting good maternal health is important for safe delivery and good birth weight to give babies the best start. The prevention of adverse health factors in pregnancy is vital. Premature and small babies are more likely to have poorer outcomes.

The earliest experiences, starting in the womb, shape a baby's brain development. During the first 2 years of life the brain displays a remarkable capacity to absorb information and adapt to its surroundings. Positive early experience is therefore vital to ensure children are ready to learn, ready for school and have good life chances.

It is shaped by a number of factors such as:

- Sensitive attuned parenting.
- Effects of socio-economic status.
- The impact of high-quality early education and care.
- Parents have the biggest influence on their child's early learning.



Healthy mothers and healthy babies.

Support parents to take care of their own health and the health of their babies.

- More support to help women look after their mental health in the period immediately before and after the birth of their child.
- Improve outcomes for mothers and babies by reducing domestic abuse.
- Reduce the proportion of women who smoke during pregnancy.

Parenting for a bright future: All young children given a strong foundation.

- Work with parents of young children to help them develop well and give them a healthy start in life.
- Reduce the variation across Calderdale in young children's school readiness.
- Reduce the proportion of 4-5 year old children who are overweight or obese.

We will measure our progress by using these indicators:

- Smoking in pregnancy
- Low birth weight
- Breastfeeding prevalence
- Overweight and obesity rate at school reception year
- Children achieving a good level of development at the end of reception year

	PHOF / fingertips indicator	Year	Rate	Calderdale	England
Smoking in Pregnancy	2.03 - Smoking status at time of delivery	2017-18	%	13.5	10.8
Low birth weight of term babies	2.01 - Low birth weight of term babies	2017	%	2.81	2.82
Breastfeeding prevalence at 6-8 weeks after birth	2.02i - Breastfeeding prevalence at 6-8 weeks after birth	2016-17	%	64.9	44.4
Overweight and obesity rate at reception year	2.06i - Child excess weight in 4-5 year olds	2017-18	%	25.3	22.4
Children achieving a good level of development at the end of reception	1.02i - School Readiness: the percentage of children achieving a good level of development at the end of reception	2017-18	%	70.0	71.5
Domestic Violence					

Developing Well

The well-being of our children and young people is vital if they are to become active participants in society, their communities and their families.

Evidence shows that a low level of subjective well-being is associated with a wide range of social and personal problems. These include; poor mental health, social isolation, likelihood of victimisation, and involvement in risky behaviours. Improving levels of well-being and preventing the resulting negative outcomes will ensure that children growing up in Calderdale has a good childhood, and positive life chances.

Good mental health and wellbeing for children and young people.

We will:

- Address the wider causes of poor mental health in children and young people, including domestic abuse, and support those who are experiencing mental health problems.
- Address commonly experienced issues, such as bullying, which have a negative impact on children and young people's mental wellbeing.

Parenting for a bright future: Children and young people equipped to become healthy and successful adults.

We will:

- Support parents to help children and young people develop well and give them a healthy start in life.
- Improve life chances for our most disadvantaged children and young people, especially those looked after by the Council.

Help children and young people to adopt healthy lifestyles (including developing an understanding of healthy and safe relationships, and improving levels of physical activity), which will reduce their risks of experiencing health problems in later life.

- Reduce the proportion of 10-11 year olds who are overweight or obese.





We will measure our progress by using these indicators:

- Obese children reception in reception year and Year 5
- Secondary school pupils with social, emotional and mental health needs
- Hospital admissions caused by unintentional and deliberate injuries to young people aged 15-24

	PHOF / fingertips indicator	Year	% or Rate	Calderdale	England
Obese children reception and Year 6	Reception: Prevalence of obesity (including severe obesity)	2017-18	%	10.3	9.5
	Year 6: Prevalence of obesity (including severe obesity)	2017-18	%	20.8	20.1
Secondary school pupils with social, emotional and mental health needs	Secondary School pupils with social, emotional and mental health needs: % of school pupils with social, emotional and mental health needs	2018	%	1.78	2.31
Hospital admissions caused by unintentional and deliberate injuries in young people (aged 15-24)	Hospital admissions caused by unintentional and deliberate injuries in young people (aged 15-24 years)	2017-18	Rate per 10,000	148.1	132.7

Living and Working Well

Good health and well-being for people of working age, and enabling people to work longer in good health are important.

Exercise and an active and healthy lifestyle can work wonders for both physical and emotional wellbeing, whatever your age, health status, ability or gender. An individual's health is shaped by their workplace cultures and values, and the increase in mental health conditions is taking place in the context of increasing stress within the workplace and life in general. The negative effects of unemployment on health and mortality are well documented. The effects of a positive working-life, and supporting people to return to work are important, and link closely to the aspiration in our Inclusive Economy Strategy.

Good mental health and wellbeing for working age adults.

We will:

- Address the wider causes of poor mental health and support people who are experiencing mental health problems to recover or manage their condition.
- Tackle homelessness and housing issues and their underlying causes.



Healthy lifestyles for working age adults.

We will:

- Reduce avoidable disability and premature deaths by designing our environment to help people adopt more healthy lifestyles.
- Increase the proportion of working age adults who achieve recommended levels of physical activity and reduce levels of overweight and obesity.
- Reduce the harm caused to health by smoking, alcohol and drug use among working age adults.
- Assist people with learning disabilities to live a fulfilling life as citizens in their own local community.

We will measure our progress by using these indicators:

- Levels of physical activity
- Levels of overweight and obesity
- Alcohol related hospital admissions
- Mental health indicator
- Housing indicator

	PHOF / fingertips indicator	Year	% or Rate	Calderdale	England
Levels of physical activity	2.13i - Percentage of physically active adults	2017-18	%	68.4	66.3
Levels of overweight and obesity	2.12 - Percentage of adults (aged 18+) classified as overweight or obese	2017-18	%	69.9	62.0
Alcohol related hospital admissions	Admission episodes for alcohol-related conditions (Narrow)	2017-18	Rate per 100,000	640	632
	Admission episodes for alcohol-related conditions (Broad)	2017-18	Rate per 100,000	2,130	2,224
Mental health indicator	Long-term mental health problems (GP Patient Survey): % of respondents (aged 18+)	2017-18	%	11.4	9.1
Housing Indicator	1.17 - Fuel poverty	2016	%	12.2	11.1

Ageing Well

Health as we age is fundamental to our quality of life, allowing us to remain independent, to work or be involved in our local community and maintain social connections.

While people are living longer, the number of years lived in poor health and with disability are increasing. Aging does not necessarily decrease a person's ability to contribute to society: older people can and do make valuable and important contributions to society, and enjoy a high quality of life. Retirement is an increasingly active phase of life where people have opportunities to continue contributing to society by working longer or volunteering in their communities, enabling them to take personal responsibility for their own wellbeing by working, and looking after their health.

Older people remaining physically active and independent

We will:

- Enable people over 65 to remain physically active and we will reduce levels of frailty.
- Reduce hip fractures and injuries due to falls by people over 65.
- Support older people to regain their independence following a stay in hospital.

Good support in older age and end of life

We will:

- Enable people to live in their own homes for as long as possible and reduce social isolation in people aged over 65, ensuring good support and access to services for the rest of their lives.
- Work together to develop different kinds of accommodation for older people who need support to be as independent as possible.
- Improve the quality of our care homes and ensure people who live in care homes can access all the health services they need.
- Reduce preventable winter deaths of older people.
- Improve the support, care and quality of life of people with dementia and their family carers.
- Increase the number of people who die in their preferred place of death.

Underpinning the work across the life stages will be our commitment to ensure that the determinants of health are considered and addressed. Some of these determinants are addressed in other strategies eg employment and income measures are monitored through the inclusive Economy Strategy. The Wellbeing Strategy will focus on improving air quality and quality housing.

There are two key outcomes that will describe the effectiveness of the strategy in making change:

- Life expectancy
- Healthy life expectancy

	Year	Calderdale	England
Life expectancy at birth - males	2015-17	78.6	79.6
Life expectancy at birth - females	2015-17	82.1	83.1
Healthy life expectancy at birth - males	2015-17	61.6	63.4
Healthy life expectancy at birth - females	2015-17	64.4	63.8
Number of people dying in preferred place of death			

There are significant inequalities in life expectancy in Calderdale, with males in the least deprived quintile expected to live 7 and a half years longer than those in the most deprived quintile. Females in the least deprived quintile are expected to live just over 9 years longer than in the most deprived quintile.

We will measure our progress by using these indicators:

Ageing well

- Physical activity levels
- Hip fractures
- Excess winter deaths
- Social isolation indicator
- Number of people living independently

	PHOF / fingertips indicator	Year	% or Rate	Calderdale	England
Physical activity levels					
Hip fractures	Hip fractures in people aged 65 and over	2017-18	per 100,000	535	578
Excess winter mortality	4.15iv - Excess winter deaths index (3 years, age 85+)	Aug 2014 - July 17	%	29.3	29.3
Social isolation indicator	1.18i - Social Isolation: percentage of adult social care users who have as much social contact as they would like	2017-18	%	53.7	46.0
Number of people living independently	Older people living alone, % of people aged 65 and over who are living alone	2011	%	34.5	31.5
	The proportion of older people aged 65 and over offered reablement services following discharge from hospital.	2017-18	%	1.8	2.9
	Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital	2017-18	%	80.4	82.9

Determinants of health

- Air quality measure
- Housing quality measure

	PHOF / fingertips indicator	Year	Rate	Calderdale	England
Air quality measure	The percentage of the population exposed to road, rail and air transport noise of 65dB(A) or more, during the daytime	2016	%	6.3 Calderdale, and 5.5 England	29.3
	The percentage of the population exposed to road, rail and air transport noise of 65dB(A) or more, during the night-time	2016	%	9.1 for Calderdale and 8.5 England	46.0
Housing quality measure	Older people living alone, % of people aged 65 and over who are living alone	2011	%	34.5	31.5



Our distinctive Communities

Calderdale is made up of distinctive and different towns and communities. We will work with the people of our distinctive communities to keep them well and to develop and improve services with them in five localities through the Calderdale Cares programme.

We will take an asset-based approach, starting from people's strengths, not their deficits. And we will develop the assets in communities, rather than assuming formal health and care services as the first option.

Our distinctive localities are where we will plan the services for people when they need support. Council staff, NHS staff and third sector organisations will work together with local people to design services that will mean:

- Easier and faster access to a wider range of joined-up care options where people only have to tell their story once.

- Better outcomes based on what is important to people.
- Fewer trips to hospital as more services will be available in the community.
- More advice and guidance to help people make the right choices and manage their own health.
- Better access to local voluntary and community groups.
- More involvement in the design of care services.

We will identify the resources our organisations use in each locality, so that those resources can be moved around to get the best outcomes. And we will tackle health inequalities by moving resources to those areas that need them most.

A Kinder Service

All of the Wellbeing Strategy applies to all Calderdale people and seeks to maintain and improve their wellbeing. But, too often, addressing people's physical wellbeing has taken precedence over their mental wellbeing. We will seek to put that right by giving mental

wellbeing parity with physical wellbeing. This will mean moving some resources to help prevent mental ill health and to provide more and different services for people with mental ill health.

Our Enterprising and Talented Staff

The Calderdale health and care system has fantastic staff who provide efficient and effective services to many people, whether they work in the NHS, for the Council or for third sector organisations.

We will continue to support our staff deliver efficient and effective services. Sometimes this

will mean integrating services across different sectors and staff doing their jobs in different ways. We will develop an organisational development programme and training schemes that will support staff to do this and help ensure a supply of professional staff in areas where there are sometimes national shortages.

A resilient health and care system

The foundations of this Wellbeing Strategy are addressing the wider determinants of health and helping people make good choices. But services to help people when they are less well are also very important. The resources available to us as a system have reduced over the last ten years, meaning that we have to operate as efficiently as possible.

We will:

- Arrange Care Closer to Home services through an Alliance approach ensuring that the system works together towards achieving shared agreed outcomes.
- Develop digital solutions that allow the efficient sharing of information across organisations, but, just as importantly, allow service users and patients easy access to their own information, advice, support and to services.
- Some direct service provision will be delivered digitally.
- Develop an estates strategy that will allow the most efficient use of our land and buildings, including co-locating services wherever it is of benefit to patients and is more efficient.
- A Population Health approach will make sure that our system reduces health inequalities and make the most impact.
- It is our ambition through the Wellbeing Strategy to reduce the number of people who need care in hospital. When people do need care in hospital we will improve the quality of those services, including urgent care, through our Right Care, Right Time, Right Place programme.
- Details of the full range of activities being undertaken to deliver our Calderdale Cares Programme can be found on the CCG and Calderdale MBC websites. This includes a set of key enabling activities including; digitisation and workforce.



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Who will do all this?

Services will be planned and delivered through Calderdale's five localities wherever possible. Only if that is not possible will they be arranged Calderdale wide or, exceptionally, at a sub-regional level, working on the principle of 'do it once' where possible.

- Our five Calderdale Cares localities will be the place where the needs of the local population and local services are planned and delivered.
- The Integrated Commissioning Executive, informed by the individual needs of our five localities, will produce and implement

a strategic commissioning strategy, focussing on delivering better outcomes for Calderdale people.

- The Health and Wellbeing Board will be the place where this strategy is overseen in public and partner organisations are held to collective account for its delivery.
- The West Yorkshire and Harrogate Health and Care Partnership will maximise opportunities for services are planned when a sub-regional approach is better for Calderdale people than more local arrangements.

Role of Primary Care Networks

Primary Care Networks (PCNs) have a critical role in delivering the Wellbeing Strategy - building on the early successes of Calderdale Cares and the evolution of the five Calderdale localities. The PCN Network Specification; produced in April 2019 confirms that:

'The success of a PCN will depend on the strengths of its relationships, and in particular the bonds of affiliations between its members and the wider health and social care community who care for the population. Non-GP providers will be essential in supporting the delivery.' The success of a PCN will depend on its relationships particularly with the wider care community. Non-GP providers will be essential in supporting delivery'

"Delivery of the requirements will only be possible through excellent working relationships and close collaboration with community partners"

The Health & Well-being Board believe that the following principles will support the continued strengthening of the work we do in our localities:

- Recognising the Well-being Strategy and Inclusive Economy Strategies as the health and wellbeing system's strategic vision.
- Fostering system support for the new PCNs, building on the approach set out in Calderdale Cares, and ensuring their success as a key part of our system architecture.
- Recognising the mutual dependency between PCNs and the broadest range of local partners and communities in improving the lives of local people.
- Ensuring we build on the specific expertise and skills which already exist within the broad range of organisations and communities across the health and wellbeing system.

Embracing the data we hold in our system, and insights we gain from population health management and conversations with our population - ensuring that this is key to identification of improvement priorities in each discrete locality

The role of PCNs in delivering this Strategy, through the development of priorities based on the principles above, will be a significant success factor in delivery.

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