Connecting people and place for better health and wellbeing

A Joint Health and Wellbeing Strategy for Bradford and Airedale 2017-2022

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## Foreword

To be added



### **Context**

Bradford District has many strengths — including a proud population that is strongly committed to the District and a varied mix of city, town and village environments to live and work in. We have nationally-celebrated cultural sites and attractions, many parks and beautiful countryside where people can meet up or get out and about. People who live and work here feel passionate about the place — believing in it and wanting to see it thrive.

Whilst our District has much to celebrate, we also face a higher than average level of risk factors that damage health and wellbeing:

Bradford District is ranked 11<sup>th</sup> for overall deprivation in England.

By age 11, 37% of children are overweight or obese.

8% of the adult population are registered as having diabetes, the 10<sup>th</sup> highest in England

21% of adults smoke

These risks contribute to male and female life expectancy at birth being 2 years below the national average, largely due to preventable illness.

Despite this we know that the people of Bradford care about their health. At public meetings in 2016 local people helped to shape the Bradford District Plan, developing five priorities that mattered to them, including 'Better Health, Better Lives'. This Strategy will deliver that priority.

Much of the ill health in the district is due to health conditions such as respiratory disease, heart disease and type 2 diabetes, which are largely preventable. Inspiring a population to make lifestyle changes that will improve health and wellbeing on a large scale can be complex, but it is achievable and together we will get there.

Our health is determined by a wide range of factors from how old we are, the genes we've inherited from

our parents and grandparents and how we live our day to day lives, whether we're active, able to access healthy food or have a good network of friends and family that care for us. It is also determined by our housing, our work, our environment, our education or skill level, unemployment and other socio-economic conditions. In fact, availability and access to health services are only a small proportion of what contributes to our health and wellbeing. Before we come to use health services we are often already unwell. All these factors combined are referred to as the wider determinants of health.

Education

Agriculture and food production

Colorectoromic, cultural and environmental working conditions

Unemployment

Unemployment

Unemployment

Water and sanitation

Water and sanitation

Health care services

Housing factors

Source: Dahlgren, G. and Whitehead, M. (1993) Tackling inequalities in health: what can we learn from what has been tried? Image courtesy of the <u>Kings Fund</u>

In areas where unemployment and low income, social isolation and poor housing quality are worse, we find more people living with ill-health and dying earlier than they should. In Bradford District these wider factors and inequalities contribute to significant levels of inequality in health and wellbeing. These wider factors can make it harder at times, for people to look after their health, for example if they are isolated or struggling to meet their basic needs for housing and income. At the heart of this Strategy is to see health improve fastest in areas where it is poorest, and we understand that sometimes people need more support to improve their health and wellbeing.

## **Our Purpose**

This joint strategy is designed to shape how the Health and Wellbeing Board, the people of the District and partners work together, and what we focus on between 2017 and 2022. It will:

- Bring us together as partners and public with a shared vision and focus on how we can improve health and wellbeing of local people.
- Identify shared priorities and clear outcomes we can work on together to; improve local wellbeing; reduce inequalities and provide sustainable, quality services.
- Support effective partnership working that delivers improvements in health.
- Provide a framework that will enable us to keep the health of local people at the centre of our decision-making.

### The strategy:

- Describes our shared vision for the District
- Sets out the Outcomes that we want to achieve, and will tell us how we are achieving our vision
- Describes how we will deliver the change, through our Priority Actions
- Provides eight Guiding Principles by which we will work
- Provides a toolkit to help us adhere to our Guiding Principles in all that we do

#### **Our Vision and Outcomes**

As a place and as a health and wellbeing sector we have come together to establish our shared vision for a healthier Bradford District:

- our children have the best possible start in life
- the people of Bradford have good mental wellbeing
- people are living their lives well and are ageing well
- Bradford District is a healthy place to live, learn and work

# Outcome 1: Our children have the best possible start in life

The nature of the place and environment a child grows up in has a significant impact on their wellbeing throughout their childhood, but also significantly, their adult life. Children and young people deserve to have healthy childhoods and the best possible start so that they can fulfil their potential and go into their adult lives in a good state of health and wellbeing. They need stable, loving homes lives, access to healthy and nutritious food, safe places for active play and high-quality education.

#### What are our needs?

Some aspects of child health are good and improving. Rates of most childhood vaccinations and immunisations are very good. Many more children now start school with good social and emotional skills and ready to learn. The high child injury rate has started to reduce and fewer babies are dying in the first year of life. However there are significant challenges remaining:

- 28% of children and young people live in households that are below the poverty line.
- Children in poorer parts of the District have worse health and wellbeing on average: poorer dental health by age five, more likely to be overweight by age 11.
- Children in more deprived areas are more likely to be injured, to have long-term conditions such as asthma and to be admitted to hospital.

#### What will success look like:

Children have good health and are ready to learn

Children eat healthily and are active every day

Children have good mental wellbeing

Families thrive and can cope if things go wrong

Child health improves

Child health inequalities reduce

# Outcome 2: People have good mental wellbeing

Mental health has historically been under-valued compared to physical health and yet we know, and the evidence tells us, that they are often not separate issues.

- Nearly half of people with a diagnosed mental illness have one or more long-term conditions.
- When people with mental illness have longterm conditions the outcomes of healthcare can be worse, quality of life suffers and life expectancy can be lower as a result of poorly managed health.
- Risk factors for poor mental wellbeing also relate to the place and environment in which we live and work.

There is still a long way to go before mental health is valued equally, but we can reduce the stigma that has prevented people from talking about mental health, asking for support or seeking professional help.

#### What are our needs?

Our local mental health crisis services are nationally recognised as examples of good practice. However, more people are vulnerable to poor mental wellbeing in the District because we have high risk factors such as low income, child poverty, low quality housing, unemployment and insecure employment. Mental health can suffer when people are isolated and have little support and when poor physical health prevents people from working or enjoying life. In 2013/14, 5,520 of people living in Bradford District and Craven were diagnosed with depression, higher than the national rate.

#### What will success look like?

- People have good relationships and stronger connections in their community
- People are resilient with good mental wellbeing
- Rates of depression and anxiety are reduced
- People with mental health needs have good quality of life and can access employment
- People with mental health needs are supported at home and in their communities as far as possible

## Outcome 3: People live well and age well

Most people want to live independently in their own home, with their families and communities for as long as possible. This is much more likely to be achievable if people remain in good health into old age. A healthy old age will usually follow a healthy life. Our vision for the District will support people to stay as well as they can throughout their lives and to enjoy life into old age: healthy, happy and at home.

What are our needs? More people in the District receive an early diagnosis of cancer than across England on average, giving people a better chance of recovery. However,

- Many people are living with one or more longterm health conditions from a relatively young age.
- Smoking, being overweight and/or physically inactive are still damaging the health and wellbeing of too many local people.
- Shockingly, half the population dies before the age of 75 in the Bradford City health area, mostly from preventable disease.

### What will success look like?

- Fewer people die early from preventable illness
- Healthy life expectancy increases
- Inequalities in life expectancy and healthy life expectancy reduce
- Long-term conditions are well-managed
- People age well staying happy, healthy and living at home for as long as possible

## Outcome 4: Bradford District is a healthy place to live, learn and work

The place where we live, go to school and work plays a central role in our health and wellbeing. Our wellbeing is influenced by the condition of our housing, the air we breathe, our local environment, how safe we feel in our streets and how connected we are to people in our local neighbourhood.

- Growing our local economy with better, higher skilled jobs will lift more people, families and children out of debt and poverty.
- Ensuring access to good quality, affordable housing will provide more people with healthy, secure homes.
- Reducing traffic, improving air quality and creating walkable, connected neighbourhoods will help to improve health and wellbeing.

A healthier population leads to a healthier school population meaning children are able to reach their potential; and a healthier workforce is better able to take part in our growing local economy.

What are our needs? There are many good things about the place where we live, the economy has turned a corner and new, better, affordable housing is being built. There are also key risk factors that negatively affect wellbeing:

- 26% of private sector homes have a Grade 1 hazard (the highest grade), mostly risk of cold or risk of falls.
- 14% of households live in fuel poverty and too many people die in winter as a result.
- Unemployment is higher and wages for people in work are still lower than average.

#### What will success look like?

- Our schools, workplaces and neighbourhoods are healthy places to be
- Our homes are safe and energy-efficient
- We live in safe, connected walkable places
- People have access to green space especially in urban areas
- Children in urban areas can play safely
- The District has a healthy workforce
- People with additional needs are supported into work

## **Priority Actions**

This section sets out three priority actions for delivering on our vision and outcomes. These are:

- create a place to live that promotes health
- make it easier for people to improve their health and wellbeing and prevent ill health, and
- support people to better care for themselves and their health conditions and to get help earlier

Asking everyone to focus their efforts on increasing wellbeing and preventing ill health means we can support people to maintain their health and reduce preventable illness, and it will also help to keep our local services sustainable and working well for when we need them the most.

## 1. A health promoting place to live

What are we doing well? Many local communities and organisations are working to make a difference in their own neighbourhood, bringing people together to look after their street or their park, looking out for neighbours – having a chat, keeping loneliness at bay, taking bins out, clearing snow in the winter.

- The People Can campaign supports people to be neighbourly, to volunteer, to raise money and bring people together on local improvement projects.
- A City and town centre renewal programme is bringing new businesses and better public spaces to the District.
- New homes are being built.

There is a new confidence in the District, the University is expanding, new businesses and start-ups are moving into the digital health zone, more affordable homes are being built.

What else can we do? Empowering local areas to identify their own priorities and plan community action will improve health and wellbeing in locally supported, sustainable ways.

The District's Core Strategy provides the framework for local development and guidance on many issues that can improve health and wellbeing: development and regeneration of city centre, towns and neighbourhoods; high-quality housing supply, design and standards; energy efficiency; green space and active transport. Using all opportunities in our policies, strategies and interventions to improve health and wellbeing would really increase the scale and pace of change. Implementing the Low Emissions Strategy will encourage new, green forms of transport, improve air quality - supporting good respiratory health and healthy child development.

A new Economic Strategy and an Anti-Poverty Strategy in 2017 are two of the first opportunities to harness the opportunities of economic growth so everyone can benefit from:

- Decent, well-paid jobs that provide security and good working conditions.
- Even more affordable and energy efficient homes that reduce fuel poverty and debt.
- Accessible and easily adaptable housing that enables people to stay longer in their homes and communities, reducing the need for expensive adaptations. This, together with a 'Home First' approach supporting people in their own homes will mean fewer people need residential care.

Health and Wellbeing Board members will work in their organisations, with communities, businesses and other partnerships, and to build health and wellbeing improvement into every possible aspect of the place where we live.

## 2. Promoting Wellbeing, Preventing illhealth

What are we doing well? Many people are already trying hard to change their lifestyle: eating better, stopping smoking, making physical activity an

everyday part of their lives. We need to scale this up – supporting many more people to make a change and feel the benefit.

What else can we do? More local schools are walking a Daily Mile with their pupils. Walking groups are helping people to walk themselves happy and healthy and are connecting people at the same time. More people could take up this approach with friends, family or colleagues. We can support this through 'conversations for change' a self-care approach.

A new Healthy Bradford Charter will bring together all the good work going on to inform, support and inspire local people, families and organisations to improve their own wellbeing, and that of their families, customers, pupils and staff to become a well-being focused organisation.

Local health mentors and professionals will be able to refer people to lifestyle programmes and activities, helping them to get well, stay active and be sociable in ways that they enjoy. We will see and feel the benefit over the next few years.

Improving mental wellbeing on a large scale would really improve the general health of people in the District. People are better able to take care of their physical health when they have good mental wellbeing. Delivering the aims of our Mental Wellbeing Strategy will shift our thinking from managing illness to supporting improvement and recovery – a message of hope.

Focusing more of our existing resource on training and supporting local people as wellbeing volunteers or 'buddies' could extend this 'hopeful', recovery-focused approach to improve both mental and physical health and wellbeing in local communities.

## 3. Getting help earlier and self-care

#### What are we doing well?

Successful campaigns to identify tens of thousands of people at risk or in the early stages of heart disease and diabetes, are tackling the most significant local causes of early death and disability. This earlier help offers support to make lifestyle changes and medication to control risk factors. Thousands more people now have better controlled blood pressure, cholesterol and blood sugar levels

We will continue to invest in this approach to benefit people who could be in very poor health by late middle-age. A similar approach is being developed to help people manage and improve their long-term lung conditions.

To self-care means using the evidence-based guidance that is available online, using the expertise in our local pharmacies, using over-the-counter medicines, looking after ourselves and looking out for others when we have everyday illnesses. It also means following health advice, learning how to look after ourselves if we do develop a long-term condition. Developing the understanding and resilience to self-care for life helps to prevent or slow down the progress of long-term conditions so we can enjoy the best possible state of health and wellbeing, for as long as possible - staying healthy, happy and at home.

#### What else can we do?

Programmes to identify and treat people at high risk of preventable diseases are making a difference already, but primary care professionals can only spot risk factors and intervene early with people who use their services. People who don't use primary care services can be too late for effective, early help. We will work together with local organisations, schools, the community, voluntary and faith sector to encourage people to register with their local health services to benefit from these new approaches.

Self-care support will be offered to more people with long-term health conditions. We will make more extensive use of technology to make it easier to access advice and support when we need it to stay well. Once more people are enabled to stay well, we can use more of our resources for earlier interventions, helping to keep local health and care services sustainable and working well for us when we need them.

## **Delivering our Priority Actions**

Our priorities will require that we work together as a whole health and wellbeing system and with communities and other sectors and partnerships to shift our ways of thinking and working together, away from waiting for people to become ill and towards a positive, proactive focus on prevention.

We will need to use the opportunities provided by existing strategic action plans to improve health and wellbeing, and also look for new opportunities. We will work alongside communities, partners and organisations as transformations are taking place, to embed the commitment to improving health and wellbeing in new ways of working and new approaches as they emerge.

This strategy will need to be delivered through the actions of individuals, communities, partners and partnerships. Its future success is grounded in all of us shaping and changing the way we behave and work, being determined to resolve problems and prepared to think and behave differently as we make decisions together for the wellbeing of the District.

## **Our Guiding Principles**

To enable delivery of this joint strategy eight Guiding Principles will ensure we deliver our priority actions.

- 1. Put prevention first and address the wider causes of poor health and wellbeing
- 2. Place individuals and communities at the centre of health and wellbeing improvement.
- 3. Secure the support of other partnerships and sectors to help us improve health and wellbeing, and help them to improve their outcomes in return.
- 4. Place equal value on mental wellbeing to physical wellbeing.
- 5. Reduce health inequalities between different people and different parts of the District.
- 6. Focus on outcomes and evaluate impact.
- 7. Seek out value and ensure sustainability.
- 8. Enable, support and encourage people to improve their own wellbeing, to plan their own care, prompt them to seek help earlier

and provide quality joined up services that work around them

## Our Accountability to the District

It is for everyone to own this strategy and make a contribution to improving health and wellbeing. The Health and Wellbeing Board will lead this strategy, overseeing the work that will deliver its vision and outcomes. As a partnership we will hold our members to account for changing how they and their organisations work with our communities, and for taking decisions back to their individual organisations for further discussion and approval. The Board will work with other strategic partnerships, using the potential of health and wellbeing improvement to contribute to their priorities, and ensuring that their strategies and plans contribute to improving health and wellbeing.

The Board will ensure it is held to account for progress and improvement by reporting to the wider Bradford District Partnership, enlisting its help to remove barriers to progress. We will report progress to Overview and Scrutiny each year. We will work across West Yorkshire and the region to secure the best outcomes and access to services for local people.

## **Strategic Planning Toolkit**

## Applying the Guiding Principles when planning activities, prioritising resources, redesigning a service, commissioning a new service, writing or reviewing policy. Each Principle has prompts for discussion.

### Put prevention first and address the wider causes of poor health and wellbeing

- Have you established the root causes of the issue you are seeking to address?
- Is there a recurrent theme in the population who are experiencing the issue?
- How could you work with partners to reduce the number of people facing these issues?

#### Place individuals and communities at the centre of health and wellbeing improvement

- What are the needs of the people your decisions will affect, what barriers are preventing them improving their wellbeing?
- How will you support and build on the assets of the community with which you're working?
- Can you evidence and share how you have engaged with people and how this has shaped your actions?

#### Secure the support of other partnerships and sectors to help us improve health and wellbeing, help them improve their outcomes in return

- Could your objective be better delivered if you worked collectively with other organisations?
- How could you work with these partners to increase awareness of actions they could take to influence health and wellbeing?
- Could you identify a way to work together to tackle the issue you are addressing?

## Place equal value on mental wellbeing to physical wellbeing

- How does the issue you are addressing impact on mental wellbeing?
- How can you ensure it has a positive impact, how can you prevent negative impacts on mental wellbeing?
- Does what you are offering or seeking to change consider mental wellbeing at every step?

#### Reduce health inequalities between different people and different parts of the District

- Do you know where in the District your issue has the most impact and who is most affected?
- Have you identified and sought to address the wider barriers that would help overcome these factors?
- Are you targeting your resource at people and areas with the highest level of need?
- Is your offer appropriate and accessible for those most in need?
- Are those with greatest need accessing the offer the most and can you evidence this?

#### Focus on outcomes and evaluate impact

- Have you defined the specific outcomes of your activity and identified a way to measure them?
- Have you identified the causal pathway, the steps and processes, that need to take place to achiever your outcomes? Weakness in any steps of your pathway to changing an outcome will not deliver the best impact, can you measure each step and be assured it is happening?

### Seek out value and ensure sustainability

- Have you considered the three domains of value?
- Allocative Value: Are you allocating resources to different groups equitably in a way that maximise value for the whole population?
- Technical Value: Is the quality and safety of your offer such that it will maximise the value of the resources allocated to it?
- Personalised Value- are your decisions and plans based on the current evidence, do they align with the values of your organisation and your partnerships and the personal values of the individuals you will impact upon?
- Does your work promote social, economic and environmental sustainability? Will you get the most you can for the Bradford £?

Enable, support and encourage people to improve their own wellbeing, to plan their own care, prompt them to seek help earlier and provide quality joined up services that work around them

- Have you identified every opportunity your offer can use to promote wellbeing, support people to improve their own wellbeing, and that of employees working to deliver a service too?
- Do your actions support people to have more control, independence and increased resilience?
- Does your offer consider a holistic view of the individual, their family, carers, and their life?
- Does your work provide people with the right information in an accessible way to help them care for them selves and navigate services?
- Does your service work together and coordinate with other services your customers may also be using?