STRATEGY

2025 - 2030

HEALTHY MINDS STRATEGY 2025 - 2030

INTRODUCTION

Strategy is...

"... the plan that integrates an organisation's major goals, policies and action sequences into a cohesive whole. A well-formulated strategy helps to marshal and allocate resources **to anticipate changes in the environment**." Quinn *et al.* (2013) *The Strategy Process*
"... the direction and scope of an organisation over the long-term, which achieves advantage ... through its configuration of resources within a changing environment and **to fulfil stakeholder expectations.**" Johnson & Scholes (2002) *Exploring Corporate Strategy*
These summarise nicely (with emphasis added) what this Strategy aims to achieve. The rest of this document will set out what has been considered, where we are going, and how we will get there.

Who we are

Healthy Minds is the working name of Calderdale Wellbeing, a mental health charity based in Halifax, West Yorkshire.

We define mental health not just as the absence of distress but as a state of wellbeing in which each person realises their own potential.

The What Works Centre for Wellbeing definition aligns with our approach:
"Wellbeing is about people's experience, and whether they are struggling or thriving. Wellbeing is how we're doing as individuals, communities and as a nation, and how sustainable that is for the future. It encompasses the environmental factors that affect us and how we function in society, and the subjective experiences we have throughout our lives … Wellbeing includes the wider physical, social and economic experience."

As different factors can affect people's wellbeing, we try to provide a range of services for people to address needs on an individual and community level, equipping people with the resources, opportunities and support to thrive.

Healthy Minds was founded on the principle of making support as accessible as possible; our services are open to anyone who feels they would benefit from support on issues affecting their mental health. Everything we do is aimed towards fulfilling our Vision and Mission, guided by our core values:

Our Vision

We want everyone in Calderdale to have better mental health.

Our Mission

2025 marks 16 years since Healthy Minds launched its first service. As this strategy will describe, much has changed in the world, including societal attitudes about mental health. This new strategy updates our Mission to better reflect what we have achieved so far, and how we will continue to work towards our Vision.

Our Mission, up to 2025, was:

- We provide high-quality mental health services to individuals and families in Calderdale.
- We promote awareness and reduce stigma by partnering with local organisations, and providing education and resources that empower people to take control of their mental health.
- We listen to our community and speak up for positive change.

Our Mission, from 2025, is:

- We provide high-quality, psychologically safe mental health services to support and empower people in Calderdale.
- We provide education and resources that increase understanding of issues that affect mental health.
- We listen to our community and speak up for positive change.
- We promote community partnership and cross-sector working in finding the best solutions to meet community needs.

Our Values

- We are a LOCAL, home-grown organisation, connected across Calderdale and committed to its communities.
- We aim to build trust by being HONEST, demonstrating that we are a safe organisation.
- We are non-judgemental, and RESPECTFUL of people's diverse experiences and strive to be as inclusive and accessible as possible.
- Our process is focused on EMPOWERING people to recognise the choices they can make over their own lives
- We have the strength of understanding that comes from being LED BY LIVED EXPERIENCE, enabling us to listen, relate, and meet people as equals.

CONTEXT

Appendix 1 offers a comprehensive analysis of the financial and strategic context that has been considered in shaping this strategy.
Appendix 2 describes the local context: Calderdale's population and the geographical and political landscape.

In summary:
The fact that public finances are tight, particularly as the new government grapples with the legacy of their predecessors, cannot have gone unnoticed. Voluntary and Community Sector (VCS) organisations like Healthy Minds – most of which are very familiar with volatility and uncertainty - are especially affected, with many having had to reduce capacity or close services in the past year. The biggest proportion of Healthy Minds funding comes through public sector commissioning, largely as a result of building our reputation as an able and trusted provider that contributes to strategic objectives. Our strategy needs to consider both the advantages and the risks in these relationships.

The VCS oftens 'picks up the pieces', filling gaps in provision by offering services and reaching people in communities the public sector can't or doesn't. There is widespread recognition of the value of VCS organisations like Healthy Minds. Yet, without sustainable funding, equitable partnerships, and coherent strategy integration, this value is at risk of being lost amidst ongoing reforms, uncertainty, and demand pressures.

Healthy Minds operates in an environment that is shaped by lots of factors, few of which are within our power to influence directly. We need to understand those factors to anticipate how they might affect us and the people we serve, and plan how we ensure we are strong and adaptable enough to handle what may come through the next five years.

STRATEGIC APPROACH

"Between stimulus and response there is a space. In that space is our power to choose our response. In our response lies our growth and freedom." (Viktor E. Frankl)

We must confront changes that affect us and be ready to respond. Whilst we cannot influence everything, there are many elements we can – most of all how we respond. The main themes of this strategy are summarised below, with more detail outlined in the Management Priorities.

Resilience

As this strategy sets our direction for the next five years in a rapidly changing context, it takes a broader view than previous strategies on what makes us a resilient organisation. The resources we need are not only financial, but also the people involved in the organisation and the culture and systems that underpin what we do.

Independence and collaboration

We describe ourselves as an "independent charity". As charities are clearly dependent on external relationships and funding sources, it is worth clarifying what we mean by this.

Collaboration is an essential part of achieving our Mission: working alongside other organisations across the voluntary and public sectors; seeking positive and productive relationships with funders to fulfil mutual objectives; and, above all, with the communities we serve. "Independence" means that we do not compromise our values and mission in these relationships and will not pursue opportunities or relationships that expect this of us.

This strategy includes an increased focus on being open to possibilities and opportunities for collaborative working, where this offers the best solutions.

Awareness to action

Healthy Minds advocates a social model of mental health that recognises mental health as a fluctuating state affected by many factors. We offer accessible support regardless of diagnosis, offering a safe alternative or complement to clinical services. This helps reduce pressure on overwhelmed systems by offering earlier, appropriate interventions.

Societal attitudes to mental health have changed greatly since Healthy Minds was founded – tackling stigma, promoting the social model, was a key objective. Whilst this remains an important aspect of our work, awareness-raising is not necessarily an end in itself; the question is what happens after awareness.

This strategy refocuses our Mission to be more active, seeking to embed understanding of the social model in our own support offers and advocate for wider adoption and consideration of the social model across the system.

Outcomes – what we want to achieve

Each service and team in Healthy Minds has its own defined outcomes but all relate to the overall objectives of the organisation – these are the outcomes that tell us how well we are fulfilling our mission:

1. **People feel able to talk about mental health**
2. **People are better equipped to manage their own mental health and to support other people**
3. **People know where to get help when they need it**

MANAGEMENT PRIORITIES

We have identified key management priorities through which we will fulfil our vision, mission and outcomes. Our Strategy outlines the broad priorities and the accompanying Business Plan, which will be reviewed more frequently, will detail the actions through which the priorities will be met and how progress will be measured. It should be noted that, although the following priorities are numbered, each priority is of equal importance.

Priority 1: Healthy Minds to be a resilient organisation

"The pessimist complains about the wind; the optimist expects it to change; the realist adjusts the sails." (William Arthur Ward)

Why is this a priority?

We are operating in a changing and evolving environment. Healthy Minds needs to have sufficient resources to be able to fulfil our vision and mission, adapting and responding to internal and external changes.

How will it be achieved & What does this entail?

This involves not only financial resilience but also having an authentic organisational culture across all our staff and volunteer teams, that embodies our values and attracts and retains the best people in a team equipped with the right skills, experience and capacity.

1.1 Financial Resilience:

1.1.1 Income generation:

- Maintain current commissioned services
- Consider new commissioning opportunities that are aligned with our values
- Fundraising to build and top-up reserves
- Exploring more diverse / alternative funding streams

1.1.2 Efficient use of resources:

- Every service / team / department has a defined budget for its operating period
- Commissioned services operate within contract budgets (i.e. not subsidised)
- Conscious and controlled use of reserves

1.2 Organisational resilience & culture:

- Staff feel supported and able to do their jobs
- There is greater cohesion and collaboration between all Healthy Minds services / teams as part of the whole organisation
- There is sufficient capacity in the core team to maintain and develop operations
- There is an active and valued volunteer base making meaningful contributions throughout the organisation
- We have an organisational mindset of being open to opportunity

Priority 2: Healthy Minds to develop and provide psychologically safe services that are relevant to the community by meeting expressed and identified needs.

Why is this a priority?

To fulfil our Mission to:

- provide high-quality, psychologically safe mental health services to support and empower people in Calderdale;
- provide education and resources that increase understanding of issues that affect mental health;
- promote community partnership and cross-sector working in finding the best solutions to meet community needs.

How will it be achieved & What does this entail?

We need to understand what people in Calderdale want and need, and find the best ways to meet those needs. Our process is focused on empowering people to recognise the choices they can make over their own lives and on strengthening people's knowledge, skills and resources so that they are equipped to manage their own mental health and to support other people.

2.1 We understand expressed and identified needs in Calderdale's communities

- Continue to monitor demand through service use, local consultation and external research / system intelligence
- Develop / improve impact measurement and evaluation so we know what is making the biggest difference (Zone Standard & Impact Report (link))

2.2 Services are responsive to community needs and feedback from people who engage with services

- Review / develop service provision responsively to ensure resources are achieving impact
- Maintain our ethos of open access to support with as few barriers as possible
- Consider partnership / cross-system working if that offers the best solution to meet community needs
- Support communities to identify, develop and lead on solutions

2.3 We can confidently demonstrate that our services are high quality and psychologically safe

- We obtain / maintain appropriate quality standards
- Embed trauma-informed practice across services (WY Trauma Informed Charter)
- All services are geared to fulfilling Healthy Minds' outcomes

Priority 3: Healthy Minds to maintain a high profile as a trusted, reputable, influential VCS MH provider in Calderdale

"Don't explain your philosophy; embody it." (Epictetus)

Why is this a priority?

To fulfil our Mission to listen to our community and speak up for positive change.

How will it be achieved & What does this entail?

We need to keep momentum behind the significant progress made on engagement and membership so that even more people can have a voice in matters that affect their wellbeing.

3.1 Establish a representative membership base that:

- Demonstrates community support for Healthy Minds' Vision and Mission
- Inspires and engages supporters in furthering our Mission
- Enables us to represent the views and interests of Calderdale communities from an informed perspective
- Embodies our core value: We have the strength of understanding that comes from being LED BY LIVED EXPERIENCE, enabling us to listen, relate, and meet people as equals.

3.2 Empower people in Calderdale to safely and meaningfully share their lived experiences to influence strategic direction within Healthy Minds and the wider system

- Maintain Healthy Minds Forum as a core function
- Maintain and further develop volunteering opportunities throughout the organisation

3.3 Engage with communities, and strategic and system partners, to:

- advocate for the VCSE sector on a local, regional and national level
- advocate for the views and interests of Calderdale communities

3.4 Communicate Healthy Minds' work, successes and impact

- Further improve communication with internal and external stakeholders
- Publish an annual Impact Report

APPENDIX 1: Financial & Strategic Context

The Cranfield Trust has dubbed 2025 "the year of the big squeeze" for the charity sector, and the Charity Commission identifies financial resilience as one of the main challenges charities face in its 2025 Sector Risk Assessment. A combination of factors, including the impact of reducing income against higher costs and demand for services, affect every charity to various degrees. Whilst we cannot solve all the problems, we need to try to understand them to determine how, and how much, we can mitigate them.

In delivering the Government's Spending Review 2025, the Chancellor referred to "difficult choices" no less than 25 times. This seems to have become something of a refrain everywhere, and whilst volatility and uncertainty have long been undesirable attendants in the voluntary sector, there is a strong feeling that things have never been tougher.

Public sector funding is allocated per capita on what is deemed a "fair share" calculation. NHS funding, for example, is c.£3,300 per person in England; in comparison with neighbouring boroughs, Calderdale has the smallest population and is less densely populated: it, therefore, receives the lowest allocation of the boroughs in West Yorkshire (about 8.3%). The cost of provision, however, does not necessarily follow an economy of scale – some things cost the same regardless of population size and, spread across a borough that is large relative to its population, there are different challenges locally that are not taken into consideration – meaning that Calderdale is at an eternal disadvantage.

In a system that is already under financial pressures whilst also grappling with heightened demands, tough decisions become necessary: Tight Budgets And Tough Decisions | The Impact Of NHS Financial Decisions | The King's Fund

In December 2024, West Yorkshire ICB was alerted to risks faced by the voluntary sector across the region: 88% organisations were actively reducing service capacity; 57% had to close services and 39% anticipated having to close services during the year (compared to 2% in 2022). This is despite the positive and significant progress achieved through a commitment in West Yorkshire to strengthen the VCS role in health and social care, which has seen more VCS commissioning and relationship-building from the NHS. In Healthy Minds, this is shown in Calderdale ICB commissioning services - Safespace and Link being two longer-term examples –but, with a significant proportion of our income being from the public sector, our fortunes are married.

Despite the rhetoric (and genuine desire), this is not an equal partnership: NHS providers are cushioned from some cost increases, such as employer National Insurance contributions, but this has not been extended to the charity sector; as necessarily larger institutions, NHS providers have infrastructure – departments handling policy, HR, finance, etc. - that is not replicated in the VCS; VCS providers are more often commissioned on shorter-term and lower value contracts than those in the NHS.

In 2023-4 nationally only one quarter of public / VCS contracts were uplifted in line with inflation and 62% were below the full cost of delivery, with the VCS having to subsidise public contracts by an average of 35% of the contract value (source: King's Fund / Sayer Vincent). This is not sustainable.

Calderdale's VCSE Strategy sets out a "commitment to working together in a way that enables all partners, including the VCSE sector to participate equitably and proactively in the delivery of our shared Vision for Calderdale that everyone should be able to live a larger life." It is not the public sector's job to resolve all the challenges the VCS faces – better partnership working is about recognising value and suitably resourcing the VCS to make its contribution to strategic objectives, rather than a working assumption that the VCS can freely 'step up' when called upon. The strategy refers to "a context of resources that are already stretched". The best intentions and ambitions suffer when resources are scarce, as each party will inevitably protect its own interests. The VCSE Strategy also observes: "there [are] likely to be significant opportunities for the VCSE to contribute to system transformation, innovation, and integration *if it is supported to do so"* (emphasis added).

The Mayor of West Yorkshire has launched plans to strengthen the relationship with the VCSE sector as a "key enabler of inclusive growth and safe, thriving and cohesive communities" to "deliver improved outcomes for all of the county's communities and groups, including the most deprived and disadvantaged."

The new Labour government has launched a Civil Society Covenant with the ambition to progress from a transactional to a collaborative relationship that better recognises the contribution of the VCS to "tackle society's challenges together". Again, however, positive action lags behind rhetoric: the VCS has not been protected from employer cost increases, and the Department for Culture, Media and Sport (which includes "civil society") is among those to have lost funding in the most recent Spending Review (see: Spending Review 2025: key changes for charities | NCVO).

The Cranfield Trust has joined the call to "recognise small charities as a national asset requiring urgent investment". The VCSE sector contributes an estimated annual £5bn to the West Yorkshire economy, produced by 5,700 registered and an estimated 7,400 unregistered organisations, with a total of 126,000 volunteers and 32,000 employees (source: West Yorkshire Combined Authority).

Overall, there is a good sense of moral support that recognises the invaluable contribution organisations like Healthy Minds make to society – but that translating this into action depends on complex, interrelated factors all working in harmony; for example, how (or whether) the NHS 10-Year Plan relates to the Civil Society Covenant to strengthen the role of the VCS in achieving its objectives.

The impact of government policy

Our strategy needs to consider how government policies might affect us and the people we support, and how we might respond. There are many changes proposed or in motion: these are set out in the Government's Plan for Change.

At the time of writing, the NHS is undergoing huge changes. The NHS 10-Year Plan bluntly states:

"The choice for the NHS is stark: reform or die. We can continue down our current path, making tweaks to an increasingly unsustainable model, or we can take a new course and reimagine the NHS through transformational change that will guarantee its sustainability for generations to come."

Integrated Commissioning Boards (ICBs) are directed to reduce their operating costs by 45% and this creates an uncertainty in which positive relationships with providers may be lost, commissioning decisions delayed, and strategic drivers lose momentum.

Reforms in the welfare benefits system propose restricting eligibility to Personal Independence Payments (PIP) alongside a policy to drive more people into employment will affect many of the people we support with long-term poor mental health. Around 90% of cases supported by our specialist Welfare Rights service relate to PIP. This is one example of how we need to be conscious of potential impact on the demand of our services and the support we offer.

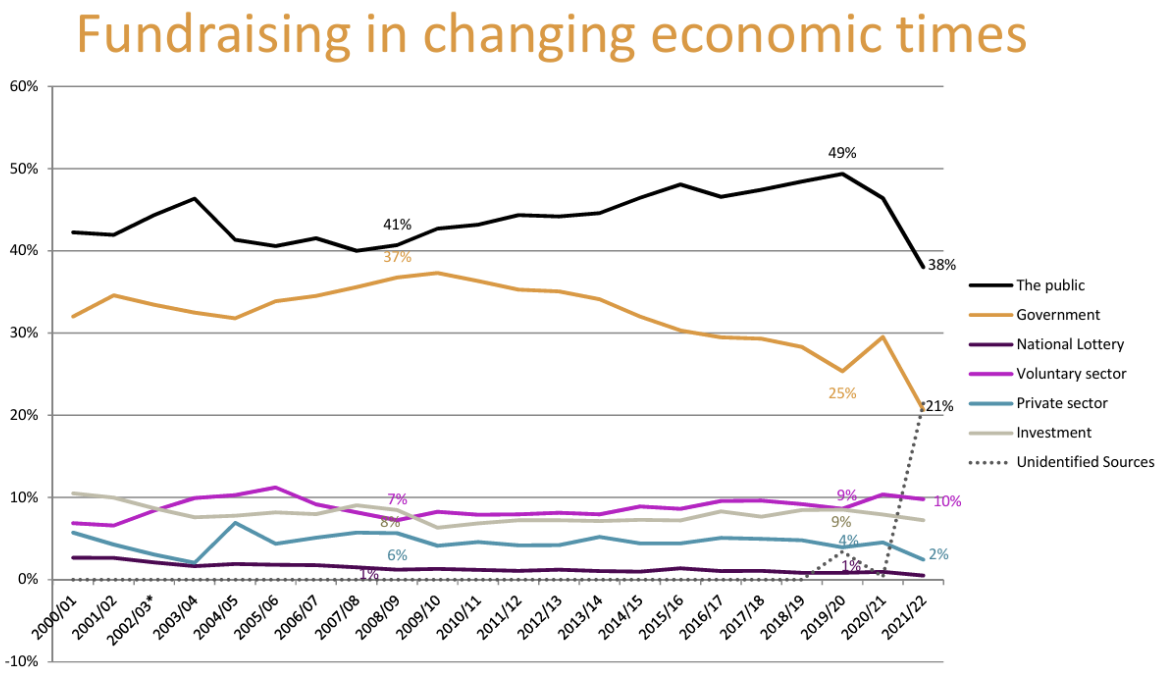
Another is the expansion of Mental Health Support Teams (MHSTs) in schools: Almost million more pupils get access to mental health support - GOV.UK. This is a prominent policy, with the intention of ensuring that every school has on-site mental health support for pupils by 2029-30. As this involves education and awareness-raising in schools, there is a potential threat of rendering redundant our long-established Time Out offer that delivers mental health education sessions in schools. This is, however, a more complicated picture. ICBs have already expressed serious concerns about the viability of achieving 100% MHST coverage without significant additional funding that the government has not committed.

There are potential opportunities as well. Government plans include:

- **National Youth Strategy** (launching autumn 2025) with capital investment in youth services.
- **£100m Community Help Partnerships** to support adults with complex needs.
- **Social Impact Investment Vehicle** to fund initiatives tackling entrenched social problems.

What these will entail, and whether they will involve the VCS or mitigate losses in the public sector, remains to be seen.

Funding landscape beyond the public sector



(Source: Blume Consultants, citing NCVO / Charity Commission)

The graph above shows that, for the voluntary sector overall, public sector funding represents around 21% VCS income: a fall from 30-40% historically. It also shows a drop in all income sources from 2020 – the economic impact of the Covid pandemic, which is still being felt.

VCS organisations that might previously have relied on public donations and fundraising have been driven to seek other sources, increasing demand and competition on the likes of the National Lottery and charitable foundations and trusts. Funders have, in turn, experienced their own downturn in support, leaving them with fewer resources to spread around more organisations. Many funders have paused or refocused their funding strategies and introduced more stringent criteria to try to mitigate overwhelming demand. Feedback from a recent funding application to a charitable foundation was that they were able to fund just 1% of the applications they received. Applications to National Lottery's Reaching Communities fund had a success rate of around 67% ten years ago; it now stands at around 33% for stage two applications (source: National Lottery Community Fund). Although there are no officially reported figures, sector reports indicate that only 5% of Lottery applications make it through stage one. Similarly, Children in Need can now only fund 1 in 6 of the applications they receive (source: BBC Children in Need).

This means that even strong applications with good alignment to funders' strategic objectives are being rejected.

Another aspect is that many funders exclude organisations with an income over £1 million – Healthy Minds has been in this category for the past few years. Whilst this is a positive position in many ways, it creates a conundrum in which we need more income to maintain a position that precludes many funding opportunities.

Our strategy is to spread risk by having diverse income streams so that we are not reliant on one funder, but we also need to be conscious that funding opportunities are fewer and more competitive. We maintain a register of potential funders so that we can prioritise applications and target those that offer the greatest chances of success.

As the above graph shows, the highest proportion of charity funding comes from the public, through fundraising and donations. Although it is a relatively small percentage of our overall income, this has been a growing income source for Healthy Minds in the past few years, largely thanks to the increased focus and support for fundraising enabled by investment in outward public communications and a dedicated Community Fundraiser post. An important aspect of this role is relationship and awareness building; there is more on this later in reference to our membership base.

Developing Resilience

As all of the above describes, we are operating in a changing and evolving environment. "Resilience" involves not only financial resilience but also having an authentic organisational culture that embodies our values and attracts and retains the best people in our staff and volunteer teams, equipped with the right skills, experience and capacity so that we can respond and adapt to the changes that affect us.

Our staff team is our greatest asset, with significant contribution from our many volunteers. This Strategy includes greater emphasis on our **teams feeling supported and able in their work**: this

includes realistic expectations of job roles and responsibilities, and having sufficient capacity within services and the organisation to fulfil those expectations. The Staff Wellbeing Policy, introduced in 2023, addresses the peculiar challenges of working in the voluntary sector as well as the emotionally demanding nature of our work. Many of those issues are intractable but we must identify and act on what we can.

Priority 1 above includes measures to ensure that services operate within budget and that core functions within the organisation that support frontline activity and fulfilling our Mission are maintained. Healthy Minds, like many VCS organisations, has experienced loss and reduction in services recently due to increased costs against static or reduced funding. Services that are performing well and have demonstrable value have been lost or at risk. This has come at a cost of heavy criticism and dissatisfaction at decisions that have been necessary but unpalatable and uncomfortable.

Investing in leadership – a conundrum*: Throwing The Baby Out With The Bathwater? Leadership Development In Uncertain Times | The King's Fund*

Whilst staff are our greatest asset, staff costs also represent our highest expenditure and sustaining a service team is about more than just paying salaries: as has been identified, staff need to be supported and able to do their jobs – this requires organisational infrastructure to manage and develop the service along with the systems that support the service to function effectively. Service budgets, therefore, necessarily contribute to core and management costs: the standard core allocation (included in public sector contracts and considered reasonable by most funders) is 15% and we apply this to all service budgets.

This has been perceived by some as sacrificing frontline capacity. That is an over-simplistic view, as there cannot be a *sustainable* frontline without an organisation behind it. Ploughing resource into an unsupported frontline team is not sustainable and will do more harm than good in the long-term.

Having proportionate management capacity costs less than a service team but allows for service development and growth to strengthen longer-term prospects for the service. Whilst this is not a position with which everyone will agree, it is one that takes a long-term strategic view that preserves our ability to maintain and develop frontline services.

There is also new emphasis in this Strategy on **being more open to collaboration** within Healthy Minds and with other organisations where this offers the best solution for Calderdale's needs.

Although each service within Healthy Minds has its defined outputs and outcomes, opportunities for working together to best meet community needs will exist and should be maximised. Healthy Minds teams are part of the organisation as well as the service in which they work. As we are all geared to fulfilling our organisational outcomes, many aspects of what we deliver are organisation-wide rather than service-specific.

Externally, when resources are scarce the urge can be to protect our own interests above all else, so it might seem counter-intuitive and self-sacrificing to consider whether other organisations are better-placed to deliver work that Healthy Minds could do. If we are to best serve Calderdale, however, we must respect the expertise of other organisations (as we expect others to respect ours).

A more collaborative approach, where possible, benefits the sector and the community by allowing the best solutions to 'breathe' rather than spreading resources so thinly that they have less meaningful impact. Recent developments, such as Calderdale Mental Health Alliance, are a step

towards this. In social psychology, this concept is described as "identity fusion": a sense of unity and belonging within a group that fosters positive regard for group members in which others' needs might be recognised over (or alongside) our own. In this context, an example could be that other group members support the one with the strongest fit to pursue a funding opportunity, minimising competition to give them a greater chance of success. Of course, this can be seen as naive or idealistic as it assumes that all group members are mutually respectful – this is an approach to adopt watchfully, being prepared to assert our position when needed. The sector can be stronger together than apart: that has to be a better environment than one in which we compete for resources for our own survival at others' expense.

Above all, however, we must engage and listen to communities: they know their needs best and readily express what they feel could best meet those needs. Historically, however, communities have been rarely asked and even more rarely empowered to develop and mobilise their ideas. As an organisation with vast experience on developing and delivering peer support, Healthy Minds has a role to play in nurturing community-led ideas to fruition. We will continue to pursue activities that promote peer-led solutions as a living manifestation of our core values.

Since our origin, Healthy Minds' volunteers have been instrumental in designing, delivering, and championing our services. With a rich diversity of personal and professional experiences, volunteers not only gift their time but their knowledge, from their lived experience and as members of Calderdale's communities. We will continue to invest in support and development so that volunteers feel valued and have fulfilling and meaningful roles in Healthy Minds.

Nurturing "connection, inspiration and a sense of community" is also among the aims of our new **membership offer**. As well as embodying our values and founding principles, a strong and engaged membership base demonstrates that Healthy Minds is valued by the communities we serve. Through members, we can extend our reach so that more people know about Healthy Minds and can access help when needed, and may be willing to support us through donations and fundraising; this has been described as "friend-raising".

Awareness to Action

There is a growing unease that raising awareness has had unintended consequences: it has driven demand into a system that was already over-stretched. (See, for example, this article by psychologist Dr Lucy Foulkes).

The argument goes that, in having successfully raised awareness of mental health in society, more people readily identify as having mental health conditions and, therefore, seek treatment. When this awareness promotes a medicalised understanding of need, non-clinical interventions are seen as less valid – people demand clinical treatment that 'takes their condition seriously'.

Healthy Minds has always promoted a social model that recognises mental health as a fluctuating state affected by many factors. For this reason, we do not require people to have a mental health diagnosis to access our services – this has sometimes been perceived as being anti-psychiatry, which we are not. Some people undoubtedly benefit from medication and clinical intervention; for many, a diagnosis can help people to understand what they are experiencing. If that is seen as the only route to recovery, however, everyone is channelled into a few pathways that quickly become blocked. Our view is that, by demonstrating that we offer a safe alternative or complement to clinical treatment, people can receive an appropriate level of support when they need it. For some, what we offer will be enough; for those who need more, spreading the load across the system could

release capacity and ease some of the pressure on services trying to meet demand. This is among the objectives of Safespace (to offer an alternative to NHS MH crisis services) and Link (to work with people who frequently contact other services).

This strategy refocuses our Mission, shifting some of the emphasis of our work from awareness-raising to action, seeking to embed understanding of the social model in our own support offers and advocate for wider adoption and consideration of the social model across the system.

APPENDIX 2: Local context

Calderdale comprises of the towns of Halifax, Elland, Brighouse, Sowerby Bridge, Hebden Bridge and Todmorden as well as a number of villages.

Calderdale is a Metropolitan Borough of 140 square miles and a population of 211,000 (1507 people per square mile). This compares with other boroughs in West Yorkshire: Kirklees 158 square miles / 439,787 (2783 people per square mile); Bradford 141.5 square miles / 533,135 (3768 people per square mile); Leeds 213 square miles / 840,083 (3944 people per square mile); Wakefield 131 square miles / 333,564 (2546 people per square mile). Calderdale is, therefore, large in area relative to population.

The borough is carved into 5 areas for health service provision, defined by groups of GP practices - "Primary Care Networks (PCNs)" - operating within those areas; these are: Central, North, Lower Valley, Upper Valley and Calder & Ryburn. As health service reform involves developing "Integrated Neighbourhood Health Teams", it is anticipated that "neighbourhoods" will align with PCN footprints. These will be key relationships for the future, as Healthy Minds' offer will need to be, at the very least, understood by INHTs if we are to reach people in communities effectively.

Commissioning relationships are changing as part of health reform: Calderdale Cares Partnership is the Integrated Care System (ICS), which includes Calderdale Metropolitan Borough Council (CMBC) and Calderdale ICB (NHS), along with other partners that include VAC to represent VCS interests; the public sector contracts Healthy Minds holds have been with Calderdale ICB, and this will no longer exist in its current form. The direction of travel seems to be to merge Calderdale, Kirklees and Wakefield, with each area having a "Place Provider Partnership (PPP)" that is, effectively, the new local commissioner. Whilst there is still much uncertainty at the time of writing, our relationship with Calderdale PPP is also going to be crucial. How 'Place' and 'Neighbourhood' relate is to be worked out: this might matter where a service that is currently borough-wide is recommissioned, as it may be expected to operate at a neighbourhood level.

Healthy Minds is among the inaugural members of Calderdale Mental Health Alliance. Whilst this is still in a formative stage, the longer-term ambition is to devolve strategic and, possibly, commissioning decisions to the Alliance. Whether and how this links with Calderdale PPP are important questions.

Calderdale demographics

- The median age in Calderdale is 42 years. The most recent ONS data (2024) shows an ageing population: the over 75 age group increased by 13% between 2021 and 2024. 19.6 % of people in Calderdale are over 65 (18.9% 2021; 16% 2011); 61.6% aged between 16-64; and 18.8% 0-15 years.
- The 2021 Census showed that the majority of the population is White (86.1%), with the second largest ethnicity being Asian (10.5%). Healthy Minds conducted its own "census" in 2018, 2020 and 2023, in which the two highest groups of service users' reported ethnicity were 86% White and 8% Asian (2020); in 2023, this had shifted slightly to 84% White (80.5% White British) and 12% Asian (mainly Asian Pakistani at 8%). Although this indicates that Healthy Minds is achieving a good level of diversity in race and ethnicity, relative to the population, there are many complex issues that create health inequalities and people from non-White backgrounds have poorer health outcomes and access to services than those from White backgrounds. Identifying and

addressing health inequalities, particularly around mental health, is embedded in Priority 2 above.

- 21.5% of Calderdale's population is "economically inactive" (national average 20.8%).
- 4.6% of 16–64-year-olds are claiming unemployment-related benefits (national average 3.2%).
- 30.5% children in Calderdale live in "relative poverty" (national average 18.9%).
- 28.4% of Calderdale's population is classed as having a disability (national average 24.8%), with 8.8% qualifying for PIP / DLA disability benefits.
- The borough consists of 17 electoral wards. There can be significant disparities between wards: Life expectancy in Town Ward is 72 years (men) / 78 (women) compared to 82 (men) / 87 (women) in Hipperholme & Lightcliffe. Just 37.9% people aged 65+ in Park Ward are in "good or very good health", compared to 65.4% in Northowram & Shelf. Across the borough, there are obvious correlations with poor health and poverty (Source: Public Health Ward Data 2025)
- 38% Calderdale residents have taken part in formal volunteering (i.e. through an organisation or community group)
- 72% residents say that Calderdale is "a great place to live" (Perception Survey 2024)

Mental health is not well-monitored. The only published indicators are from statutory sources, so VCS insight and intelligence is missing from the picture:

- Compared to the national average, there is higher self-reported anxiety, lower feeling that life is worthwhile, lower happiness and lower life satisfaction in Calderdale (ONS, 2023).
- Most recent data from Public Health (2021-2023) shows:
    - The rate of suicide in Calderdale is 17.6 per 100,000 people. This is much higher than England (10.7) and Yorkshire and Humber average (12.3).
    - Calderdale has the highest rate of suicide in Yorkshire and Humber. It is notably higher than neighbouring local authorities including Kirklees (12.2), Leeds (11.6), and Bradford (10.8).
    - Between 2021-23, 81 people died by suicide in Calderdale.
    - In Calderdale, about 80% of suicides are males. Calderdale has the second highest rate of male suicide in England at 30.9 per 100,000. This is significantly above Yorkshire & Humber average (18.3) and England (16.4).
    - Healthy Minds facilitates the Suicide Prevention Network, which links with the Suicide Prevention Strategy Group.
- Children's Health & Wellbeing in Calderdale Report (2024) analyses self-reported measures from school pupils in Calderdale:
    - 51% primary school pupils "worry all the time about something". This is lower than 2023 (68%) and higher than 2019 (44%). For secondary school pupils, this was 49%, again lower than in 2023 (63%) and about the same (48%) in 2019.
    - 9% primary and 16% secondary pupils reported "overall low personal wellbeing".
    - 31% secondary pupils had ever self-harmed and 10% "often" self-harm, most by self-injury (cutting themselves).
    - There are also many positive aspects, however: around two-thirds felt positive about hopes, aspirations and opportunities in life. 76% primary and 61% secondary pupils had high life satisfaction.
    - Demand for CAMHS is increasing exponentially: access data for Calderdale shows an increase of around 150 children and young people per month, which is 38.5% above anticipated rates (Source: NHS England National Oversight Framework data April – June

2025). This supports the case for early intervention and prevention initiatives that could help slow down or divert CAMHS referrals and spread the load across the system.

Strategic fit

- **Calderdale's Joint Wellbeing Strategy 2022-27** identifies these priority outcomes that are relevant to Healthy Minds' vision and mission:
    - Developing Well: Every 15-year-old has hope and aspiration
    - Living and Working Well: Working-aged people have good emotional health and well-being and fewer suicides
    - Ageing Well: Older people have strong social networks and live in vibrant communities
- **Calderdale's Suicide Prevention Strategy and Action Plan 2025 – 27** identifies many actions that Healthy Minds already does, and could, help to fulfil, particularly:
    - 1. Raise awareness of suicide prevention.
    - 2. Take early action to prevent crisis.
    - 3. Effectively respond to crisis.