Connecting people and place for better health and wellbeing

A Joint Health and Wellbeing Strategy for Bradford and Airedale

2018 – 2023

Contents

Leadership, development and links to other strategies and plans

Who will lead the joint Strategy?

Bradford and Airedale Health and Wellbeing Board owns the joint strategy and holds its members to account for leading its implementation. The Board is a partnership that was established through the Health and Social Care Act 2012. Its members include: senior officers and clinicians from local health organisations (Clinical Commissioning Groups who organise health services for the District, both acute hospitals, the District Care Trust, a GP representative); senior elected members and senior officers from the council and representatives of the Voluntary, Community and Faith Sector Assembly, Healthwatch and NHS England.

How the strategy was developed

Our Joint Strategic Needs Assessment (JSNA) has helped us to understand the specific challenges for us as a population and local people helped to shape the Bradford District Plan in 2016. The District Plan's five priorities matter to local people and to our District. This Strategy implements the 'Better Health, Better Lives' priority of the Bradford District Plan.

Links to other strategies and plans

Improving health and wellbeing on a large scale will support economic growth and other District Plan priorities such as 'A Great Start for all our Children'. Likewise, improving health and wellbeing also relies on plans to bring good quality housing and better air quality being achieved. The Strategy also supports work to improve outcomes through the West Yorkshire and Harrogate Health and Care Partnership.

The first years of the strategy will take place in a challenging financial context. This makes it even more important to focus on becoming a healthier place to help manage growing demand on health and care services. Many small changes will add up to a big difference to our health and wellbeing in Bradford District. We can become a healthier place where healthy people live.

Foreword

The Bradford and Airedale Health and Wellbeing Board is proud to introduce the new Joint Health and Wellbeing Strategy for our District. The title 'Connecting People and Place' reflects that where we live shapes our health and wellbeing as much as who we are and the choices we have about how we live.

This strategy addresses the size of our health and wellbeing challenge and shows how we can build on our strengths and take advantage of our opportunities. We have many strengths to celebrate and build on. People who live and work here feel passionate about the place, believe in it and want to see it thrive. We have a varied mix of city, town and village environments to live and work in, celebrated cultural sites and attractions, numerous parks and beautiful countryside close by.

We also have significant challenges. One of the most important is the large number of people whose lives are made harder and shorter by poor health which could often have been prevented.

Health and wellbeing has not improved quickly enough. Health inequalities between different parts of the District are not disappearing fast enough, so a fresh commitment and new approaches are needed.

We are beginning to see the benefits of doing things differently. Many people are making changes - getting more active, eating healthily, and feeling better for it. Community organisations and volunteers are supporting people who face greater barriers or find it harder to make a change in their lives. Health and care professionals and trained volunteers are working with people who want to improve their wellbeing, helping people understand how to stay well even when they have a long-term health condition.

A radical improvement in health and wellbeing would mean that many more people feel better and live more of their lives in good health.

We can achieve this by working together and being willing to do things differently. We ask everyone who lives and works here to support a ten year ambition to reduce health inequalities and improve health and wellbeing.

The strategy sets our direction for the next five years with eight guiding principles to help us work towards the same goals and to hold each other to account for making progress.

Guiding Principles

1. We put prevention first and address the wider causes of poor health and wellbeing.
2. People and communities are the District's biggest assets, at the heart of health and wellbeing improvement.
3. We value mental wellbeing and physical wellbeing equally.
4. We work to reduce health inequalities between different people and different parts of the District.
5. People can seek and receive help earlier, plan their care and experience quality joined-up services that work around them.
6. We are collaborative: we work together, we listen, support and challenge each other to improve health and wellbeing.
7. We work systematically to improve outcomes on a large-scale; we evaluate what difference our actions are making.
8. We want to get maximum value from the Bradford pound (£) and to ensure that the health and wellbeing sector is sustainable.

The Health and Wellbeing Board are proud to adopt these principles. We encourage you to adopt them too and to join us in working together to improve health and wellbeing in all our families, neighbourhoods, workplaces and communities.

Councillor Susan Hinchcliffe
Leader of the Council and Chair of Bradford and Airedale Health & Wellbeing Board

Dr Akram Khan
Clinical Lead, Bradford City CCG, and Deputy Chair of Bradford and Airedale Health & Wellbeing Board

Context: Our wellbeing challenge and ambition

Whilst our District has much to celebrate, we have a higher than average level of challenges that are known to determine our health and wellbeing. We also have a high level of health inequalities, avoidable differences in health between different groups of people and between different areas of the District:

- In 2015 Bradford District was ranked 11th highest for overall deprivation in England and Bradford City health area is the most deprived in the country.
- In 2015-16 nearly a quarter (23.6%) of 10-11 year old children were classed as obese, compared to the England average of 20%.
- 8% of adults were recorded as having diabetes in 2014-15 (10th highest in England).
- In 2016 22% of adults smoked tobacco compared to the England average of 15.5%

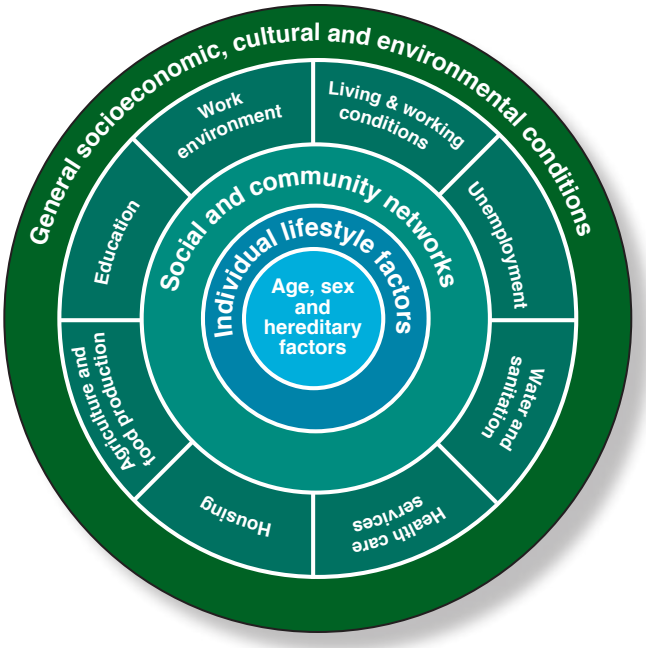
These challenges contribute to lower life expectancy at birth, almost 3 years lower than the national average for men, and 2 years lower for women. Shorter life expectancy is largely due to conditions that can be prevented: heart and lung disease, type 2 diabetes and some common types of cancer. Many people live more years of their life with a disability or a long-term illness than in other parts of the country.

Availability and access to health services are only a small part of what shapes our health and wellbeing. Before we come to use health services we are often already unwell because of many different factors. Realistically, unless there is a significant improvement in long-term health and wellbeing across the District, many of our services will struggle to keep up with rising demand for care and treatment.

What influences our health and wellbeing?

The diagram on this page shows that our health is determined by a wide range of factors, from our gender, how old we are and the genes we've inherited from our parents and grandparents, to how we live our day to day lives, whether we're active, able to access healthy food or have a good network of friends, family or other support. Some areas of the District will have different health and wellbeing needs simply because more of the population is older or more children live there.

Health and wellbeing is also determined by our living and working conditions, our housing, our work, our environment, our education or skill levels, unemployment and other socio-economic conditions. All these factors combined are referred to as the wider determinants of health.



The Determinants of Health (1992)

Dahigren and Whitehead

In Bradford District these wider factors and social inequalities also contribute to significant levels of inequality in health and wellbeing. In areas of high unemployment, low income, social isolation and poor housing quality we find that more people have poor mental wellbeing and more people are living with ill-health and dying earlier than they should.

This strategy has a strong focus on the place where we live. It will support new economic, housing and anti-poverty strategies to address the wider social and economic factors that make it much harder for some people to have good wellbeing.

We will work together as communities to support people who are finding it difficult to improve their wellbeing or to manage their health conditions. At the heart of this Strategy is a determination that health and wellbeing improves in all parts of the District, and improves fastest in areas with the worst health inequalities and in those groups of vulnerable people who have much poorer health and wellbeing.

Strategy: Connecting people and place for better health and wellbeing

This joint strategy is designed to shape how people and partner organisations work together and what we agree to focus on from 2018 to 2023. It will:

- Bring people together around a shared vision of how we can improve our health and wellbeing
- Identify clear outcomes and shared priorities to improve our wellbeing, reduce inequalities and make sure that health and care services are sustainable and high-quality.
- Support effective partnership working that delivers improvements in health and wellbeing.

A shared vision and outcomes

As a place and as a health and wellbeing sector we have come together to establish a shared vision of:

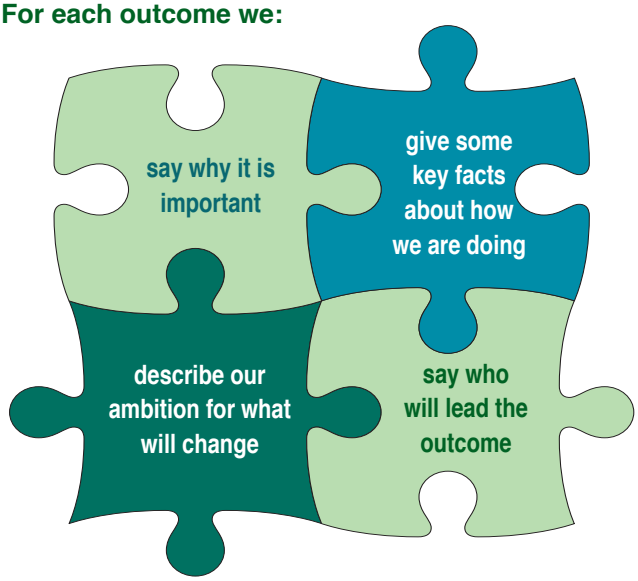
A happy, healthy Bradford District, where people have greater control over their wellbeing, living in their homes and communities for as long as they are able, with the right support when it is needed.

4 Four outcomes describe our aspirations for the district:

- ✔ Our children have a great start in life
- ✔ People in Bradford District have good mental wellbeing
- ✔ People in all parts of the District are living well and ageing well
- ✔ Bradford District is a healthy place to live, learn and work

Working towards these outcomes will ensure that we think about health and wellbeing throughout our lives, focus on physical and mental wellbeing, address health inequalities and ensure that the place where we live supports and improves our health and wellbeing.

For each outcome we:



Outcome 1 Our children have a great start in life

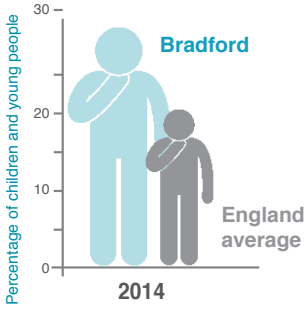
Children first and foremost need to feel loved and safe. Every child and young person needs a loving, responsive relationship with a parent or carer, enabling them to thrive. Improving the health and wellbeing of women of child-bearing age, investing in interventions for pregnant women and their partners so they are well-prepared for pregnancy and parenthood and investing in early education are the best ways to improve health and wellbeing for young children and to reduce health and social inequalities, especially for our more vulnerable young children.

Children's health and wellbeing is also shaped by the condition of the housing they grow up in, their neighbourhood and their family income. The place and the home and family environment where a child grows up has a significant impact on their wellbeing, and their life chances during childhood and into their adult life.

How are we doing?

Some aspects of child health and wellbeing are good and improving. Most parents have their children vaccinated against infectious diseases such as measles and meningitis that can be prevented. Infant mortality rates have reduced so fewer babies are dying in the first year of life. Children's oral health has improved significantly in recent years. However both are still worse on average than in Yorkshire and Humber and in England. Many more children now start school ready to learn with good social and emotional skills, although again we still lag behind national and regional rates. In addition to these areas of improvement, significant challenges remain:

- Children in more deprived parts of the District have worse health and wellbeing on average. They are more likely to die in infancy, to have poorer dental health by age five and 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.
- In 2014 29% of children and young people lived in households below the poverty line (England average is 20%).



Our ambitions for a great start in life are:

- Parents are well-prepared for pregnancy.
- Parents and carers form strong bonds with their new baby, knowing how to care for them as they grow.
- Children, young people and families receive early, effective support when issues arise.
- Children thrive, starting school healthy, happy, confident and ready to learn.
- Children and young people live in safe, secure homes and neighbourhoods.

Lead responsibility

Our Children and Family Trust Board leads the 'Good Schools and A Great Start for all our Children' priority in our District Plan, co-ordinating the work through the Children, Young People and Families Plan. This joint Health and Wellbeing Strategy will support and enhance the work of the Trust Board to ensure that health and wellbeing actions in those plans are delivered.

Outcome 2 People in Bradford District have good mental wellbeing

The evidence tells us that poor mental wellbeing and poor physical health often go hand in hand. Almost half of people with a diagnosed mental illness also have one or more long-term physical health conditions. People are generally better able to take care of their physical health when they have good mental wellbeing, improving the outcomes of healthcare and increasing life expectancy. People with poor physical health are at higher risk of experiencing poor mental health. There is still a long way to go before mental wellbeing is valued and supported equally with physical wellbeing.

How are we doing?

Mental wellbeing can suffer when people are isolated, with little support, or when poor physical health prevents people from working or enjoying life. Risk factors for poor mental wellbeing include stress from adverse life events and also relate to the quality of the place and environment in which people live and work. These factors leave relatively high numbers of people vulnerable to poor mental wellbeing, including children and young people. Our challenges include:

- In 2013/14, 5,520 people living in Bradford District and Craven were diagnosed with depression.
- Our suicide rate is above the national level, and rising in line with the national trend.
- Higher than average levels of risk factors such as child poverty; low income; poor quality housing; unemployment and insecure employment.

Our ambitions for good mental wellbeing are:

- Risk factors such as low-income, unemployment, debt and poor quality housing are reduced.
- The stigma surrounding mental health disappears so that more people seek early help for their mental health needs.
- We change how we think, talk and behave so mental and physical wellbeing are valued equally.
- People and organisations use accessible approaches such as ‘Five Ways to Wellbeing’ to support mental wellbeing.
- More people can recover from poor mental wellbeing, or live well with a well-managed condition.
- Mental wellbeing improves for people of all ages, in all areas of the District.

Delivering outcome 2

The Health and Wellbeing Strategy will support the Mental Wellbeing partnership to deliver the District’s Mental Wellbeing Strategy and Future in Mind plan for Child Mental Wellbeing. This will ensure that mental wellbeing and physical wellbeing are recognised as having equal importance.

Outcome 3 People in all parts of the District are living well and ageing well

We all want to feel well throughout our lives and to stay well enough to live independently in our own homes as we age, close to family, friends and community.

This will obviously be more achievable if all our children and young people have a healthy start and we all take steps to stay healthy throughout our lives. Healthy ageing will usually follow a healthy life but we can all decide to make a change, to feel better and get healthier, with support if needed, whatever stage of life we are at.

Our ambitions for living well and ageing well are:

- Everyone can improve and maintain their health and wellbeing throughout their lives.
- We see reduced levels of health risks, preventable ill-health and health inequalities.
- People enjoy good health and wellbeing into old age
- People are independent, able to live at home and in their communities for as long as they wish, with the right support at the right time.

How are we doing?

Far too many people are living with one or more long-term health conditions from a relatively young age.

- Smoking, being overweight and/or physically inactive is driving high levels of preventable illness, damaging health and wellbeing.
- Most early deaths in the District relate to preventable heart or lung disease, Type 2 diabetes and some common cancers.
- Half of all people who live in the inner-city area of Bradford die before the age of 75; this is not acceptable.

Lead responsibility

The Health and Wellbeing Board leads this area, overseeing prevention, early intervention and self-care programmes that tackle the major causes of preventable illness. The Healthy Bradford Team will co-ordinate work to enable people to live the healthier lifestyles that support health and wellbeing and enable healthy ageing and to equip people to care for their wellbeing throughout their lives.

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. We know we have problems with cold, damp, unsafe houses that increase the risk of illnesses and falls in some of our residents. Poor air quality in some areas is a risk to people's lung and heart health and to children's healthy start.

How are we doing?

The economy is showing signs of improvement, the number of businesses increasing by 16% in 2014-16, higher than the national increase. More new, better and affordable housing is starting to be built, but we also have enduring risk factors that damage wellbeing:

- 26% of private sector homes have a Grade 1 level hazard (mostly risk of cold or falls).
- 14% of households live in fuel poverty.
- Unemployment remains higher and wages are lower than the national average

Our ambitions for a healthy place are:

- Our homes and neighbourhoods, schools and workplaces are healthy places that support our wellbeing.
- Improvements to our built environment make it easier to walk and cycle. New urban green space makes it easier to meet, play, connect to nature and be active.
- The Low Emissions Strategy improves air quality.
- A growing local economy includes and benefits local people through better, higher skilled jobs. Decent wages lift children and adults out of debt and poverty.
- More good quality, affordable housing provides people with healthy, secure homes.

Lead responsibility

The Bradford Economic Partnership leads the Economic Growth Strategy, the Housing Strategy and the anti-poverty work which will help to reduce inequalities and improve health and wellbeing.

6 Implementing the strategy

Three main approaches to implementing the strategy are outlined in brief here; they will be developed in further detail with the lead partnerships outlined above. The strategy should also be read alongside our local Health and Care Plan. Both documents can be found on the Bradford and Airedale Health and Wellbeing Board webpage at <please supply address>.

We will make the difference by:

Creating a health-promoting place to live

Promoting wellbeing and preventing ill health

Supporting people to understand how to get help earlier, how to better care for themselves and manage their health conditions better

1. A health promoting place to live

Why is this important?

Where we live is part of what determines our health and wellbeing. A health-promoting place will improve physical and mental wellbeing for children, families and communities, and help to deliver our four outcomes. The District's Well Bradford programme is exploring what place-based wellbeing could look like.

What can we do?

- Work with communities to identify local priorities and support local action to: build neighbourliness, reduce loneliness and isolation, and help people to feel safer, involved and included.
- Bring resources together to support community action (time pledges, donated goods, financial resources) to make streets and neighbourhoods safe, attractive and greener for children to play outside and people to walk and cycle more to school and work.
- Ensure healthy, active living is at the core of our work to bring new businesses, improved transport and better public spaces to the District.
- Build more opportunities into policies, strategies and interventions to increase the scale and pace of health and wellbeing improvement. Use new strategies for Economic Growth and Housing to ensure people can access better, well-paid jobs that an increased supply of affordable and energy efficient homes.
- Maximise opportunities to adopt a Healthy Workplace approach across the District.
- Implement the Low Emissions Strategy to improve air quality, support healthy child development and good respiratory health by securing investment in greener forms of private and public transport and encouraging people to make fewer short car journeys.
- Increase the supply of accessible and easily adapted housing stock to meet changing needs and reduce or delay the need for expensive adaptations and for residential care.

2. Promoting wellbeing, preventing ill-health

Why is this important?

To improve health and wellbeing on a large-scale we must make it easier to eat well, get active and have good mental wellbeing wherever we live and at every age and stage of life: in our homes, our neighbourhoods, our schools and in our workplaces.

What can we do?

Use every opportunity to get the health and wellbeing message out and make healthy lifestyles easier.

Train more wellbeing champions, volunteers and health and care staff to support and encourage people to identify the change they would like to make, and to take steps to put it into action.

Support people who are already trying hard to change their lifestyle: make it easier for everyone, everywhere to eat better, to stop smoking, to be physically active everyday.

- Co-ordinate the work through our Healthy Bradford Plan, in partnership with Active Bradford.
- Enable many more people to get involved in neighbourhood activities, particularly more vulnerable people who may need additional support to access opportunities.
- Continue to invest in interventions for pregnant women and their partners so they are well-prepared for pregnancy and parenthood. This is the best way to improve health and wellbeing for young children and to reduce health inequalities, especially for our more vulnerable young children.
- Encourage schools to walk or run a Daily Mile with their pupils, and many more people and families to increase their physical activity in a way that works for them.
- Deliver our Mental Wellbeing Strategy to improve our mental wellbeing and general health.

3. Getting help earlier and self-care

Why is this important?

Earlier help is usually more successful and effective than a late response. It can prevent our health from deteriorating. It can also be more cost-effective. Learning to self-care helps us understand how to look after ourselves when we have common illnesses. If we develop a long-term condition, self-care helps us to stay as well as possible and to know when we need to seek help and how and where to find it.

What can we do?

- Encourage everyone to register with primary care services to access screening and earlier help. Increase uptake of screening for common cancers, focusing where uptake is low. Ensure people with mental health conditions, dementia and learning disabilities access screening.
- Increase and improve home care and community-based care to giving greater choice when it is needed, including at the end of life.
- Make greater use of technology to make it easier for people to access advice and support to stay well as well as maximising opportunities to stay independent.
- Continue successful local campaigns to identify and treat people at risk of long-term conditions and to make lifestyle changes to reduce and minimise risk.
- Support children, young people and families to access early help when difficulties arise.

Support everyone to self-care by:

- Knowing how to look after ourselves when we have everyday illnesses.
- Following professional advice if we develop a health or care need.
- Use self-care skills and knowledge to prevent or slow the need for health and care intervention, knowing when and how to seek help when its needed.
- Train self-care champions to support people with long-term health conditions.

Tracking progress

We will track the long-term impact of the strategy by measuring reduction in risks and improvement in wellbeing outcomes (Page 12). Our local health and care plan will track actions in more detail.

Putting our principles into practice

A checklist for decision-makers builds on the strategy's eight Guiding Principles to ensure that we take wellbeing into account in all that we do. See Page 13.

Measuring Progress on the Joint Health and Wellbeing Strategy

The Strategy focuses on the wider factors that shape our wellbeing (employment, housing, income, our environment) and on prevention and earlier intervention. We will track whether risks to health and wellbeing are improving, whether health inequalities are reducing and outcomes are improving. Our local health and care plan will track action plan delivery and service improvement in more detail.

	What does success look like?	We will track measures of
Outcome 1: Our children have a great start in life	All children have opportunities to play and enjoy early learning with their peers Children have good health and wellbeing and are ready to learn when they start school Children and young people eat healthily and are active every day Children, young people have good mental wellbeing and cope with life's ups and downs Issues are addressed sooner and prevented from getting worse Child health and wellbeing improves and inequalities reduce	Maternal health, smoking in pregnancy, breastfeeding, infant mortality. Children with excess weight. Child oral health, child mental health. Uptake of early learning, children ready to learn when they start school. Child poverty, family homelessness.
Outcome 2: People in Bradford District have good mental wellbeing	People including children and young people have good mental wellbeing and can cope with life's ups and downs. People have positive relationships at home at school, in communities and workplaces Fewer people are depressed or anxious 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	Long-term mental health conditions (depression, anxiety). Social isolation. Quality of life for service users and carers. Preventable illness, health-related quality of life and early mortality for people with diagnosed mental health needs.
Outcome 3: People in all parts of the District are living well and ageing well	People have good health for longer and fewer people die early from preventable illness Inequalities in life expectancy and healthy life expectancy reduce People with long-term conditions stay as well as possible People have good health and wellbeing throughout their lives People age well - staying happy, healthy and living at home for as long as possible People have choice about end of life care and experience excellent end of life support	Physical activity and healthy eating. Rates of smoking and harmful drinking. Management and self-care of long-term conditions, health-related quality of life. Preventable mortality and early (under 75) mortality for major conditions. Permanent care home admissions. Choice over end of life plan.
Outcome 4: Bradford District is a healthy place to live, learn and work	Air quality improves, particularly in hotspots Homes, schools and workplaces are safe and energy-efficient People live in places where it is safe to walk and cycle People have access to green space and children have safe places to play outdoors People have decent jobs and financial security The District has a healthy workforce, people are supported to return to work after illness People with additional needs can access education, training and employment	Air quality. Decent homes, fuel poverty and excess winter deaths. Road safety. Access to green space. Wage levels, household income and debt levels. Employment rates, including for young people, and people with diagnosed mental illness or learning disability. Sickness absence and return to work.
Long-term outcomes	**Life expectancy and healthy life expectancy increase for both males and females** People feel in control and included in decisions about their lives	**Inequality gaps close between local and national life expectancy rates, and between different rates in different parts of the District.**

Planning Checklist: Putting wellbeing at the centre of decision-making

The checklist is a short resource based on our Guiding Principles to use when planning activities, prioritising resources, developing policy, reviewing services, or commissioning new services. It will help us to consider health and wellbeing and health inequalities when we make important decisions. Each Guiding Principle is followed by questions and points for discussion.

1. We put prevention first and address the wider causes of poor health and wellbeing

Have we established the root causes of the issue we are seeking to address?

Are wider factors (eg housing insecurity, debt, low-income) driving wellbeing needs for the people we work with?

How could we work with partners to reduce the number of people facing these wider issues?

How does our offer actively seek to prevent ill-health?

2. People and communities are the District's biggest assets, at the heart of health and wellbeing improvement

What are the needs of the people our decisions will affect, what barriers prevent them improving their wellbeing?

How will we support and build on the assets of local people and our neighbourhood?

Have we engaged with people and taken their views into account to shape our actions?

3. We value mental wellbeing and physical wellbeing equally to make the greatest difference to wellbeing

How, when and where will we promote wellbeing and enable people to improve their personal wellbeing or the wellbeing of others?

How will we ensure our offer has a positive impact on people's physical and mental wellbeing, does it consider both physical and mental wellbeing at every step?

4. We work to reduce health inequalities between different people and different parts of the District

Where in the District will our offer have the most impact and who is most affected?

Have we identified and sought to address the wider barriers that would help overcome these factors?

Are we targeting our resource at the people and areas with the highest level of need?

Is our offer appropriate and accessible for those most in need?

Are those with greatest need accessing our offer the most? How have or how can we evidence this?

5. People can seek and receive help earlier, plan their care and experience quality joined-up services that work around them

Do our actions support people to have more control, independence and increased resilience?

Does our offer take a holistic view of people in the context of their family, carers, community and their life?

Do we provide people with accurate, accessible information to help them care for themselves and navigate services?

Does our service work together and coordinate with other services that your customers may also be using?

6. We are collaborative: we work together, we listen, support and challenge each other to improve health and wellbeing

How, when and where will we promote wellbeing and enable people to improve their personal wellbeing or the wellbeing of others?

How will we ensure our offer has a positive impact on people's physical and mental wellbeing, does it consider both physical and mental wellbeing at every step?

7. We work systematically to improve outcomes on a large-scale: we evaluate what difference our actions are making

Have we specified the intended outcomes of our activity and identified a way to measure them?

Have we identified strong, measurable steps and processes that will lead to delivery of our intended outcomes?

8. We want to get maximum value for the Bradford pound (£) and to ensure that the health and wellbeing sector is sustainable. There are three kinds of value:

Value through allocation of resource. Are we allocating resources to different groups equitably (allocating more or less according to need). Doing this helps to reduce need and manage demand for services, delivering better value for everyone.

Value through quality. Is the quality and safety of our offer based on evidence of effectiveness? Can we show that the resources allocated to it are improving the quality of our offer?

Value through a personalised approach. Are our decisions and plans aligned with the personal values of the people and communities that we work with, as well as the values of our own organisation and partners?

The wording in this publication can be made available in other formats such as large print or Braille. Please telephone 01274 431352.