

Reducing Inequalities Alliance

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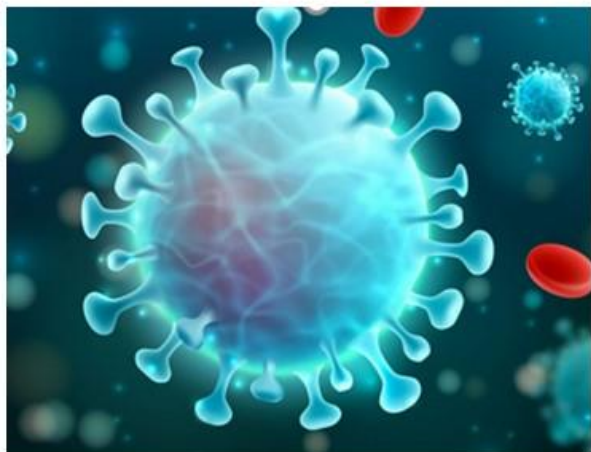
<https://bdcpartnership.co.uk/strategic-initiatives/ria/>



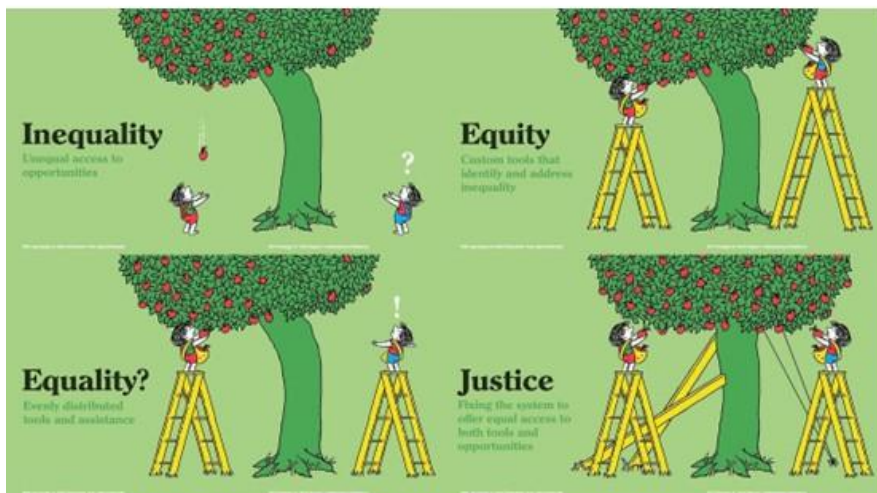
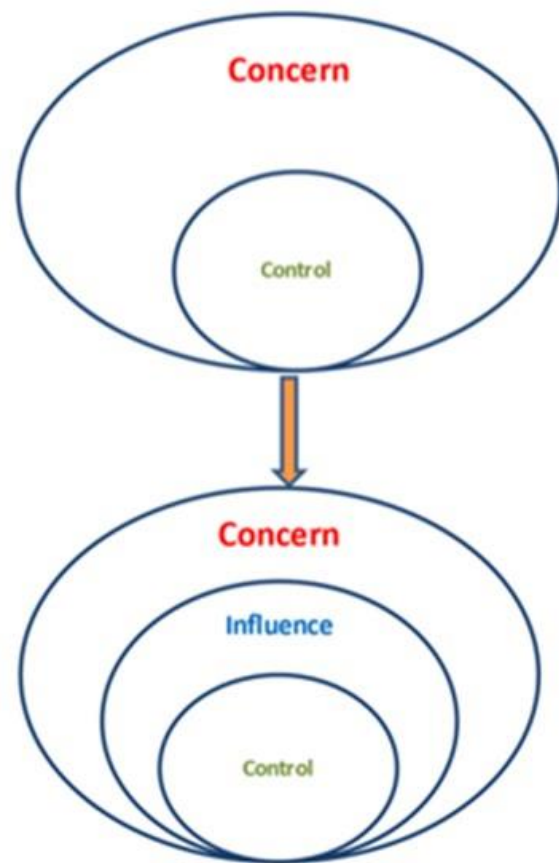
Today's discussion

- Reducing Inequalities Alliance - D Cooper
- Equality Diversity and Belonging – Z Niazi
- Well-being and inequalities (options for future working) - All





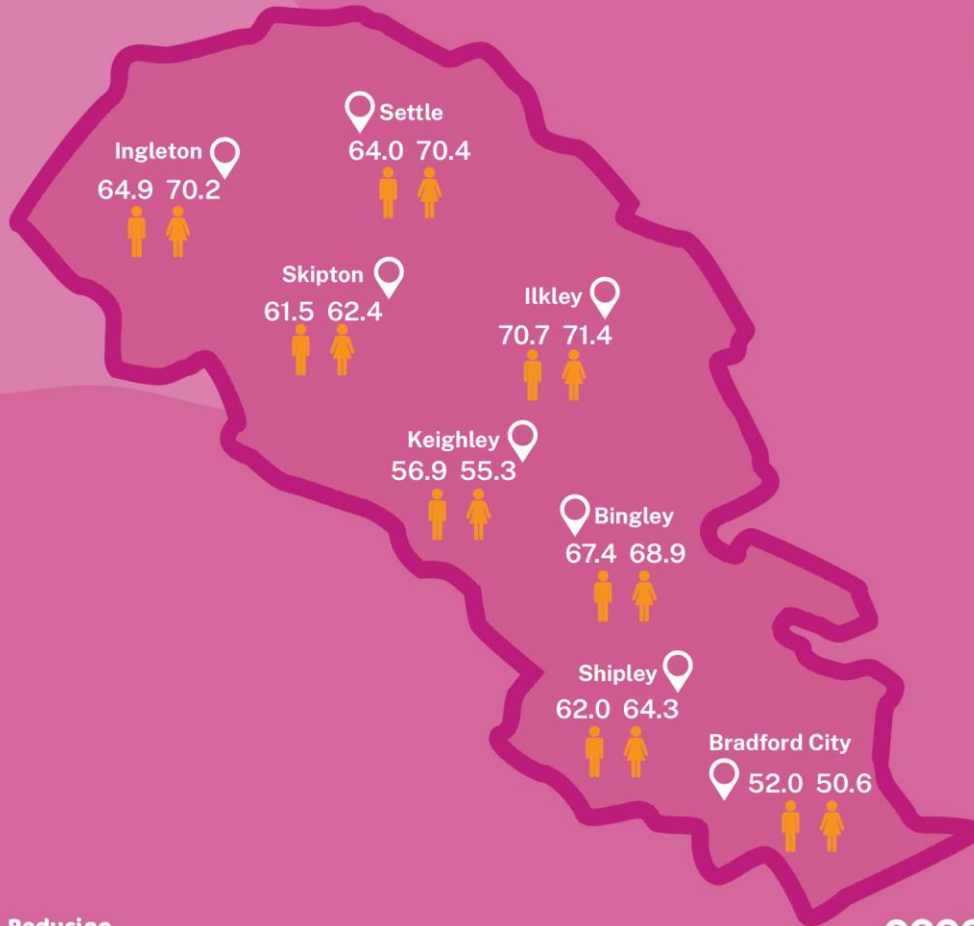
Why an Alliance approach?



Healthy Life Expectancy

Across our district healthy life expectancy varies by 20 years

Data source: Office of National Statistics, 2009 - 2013



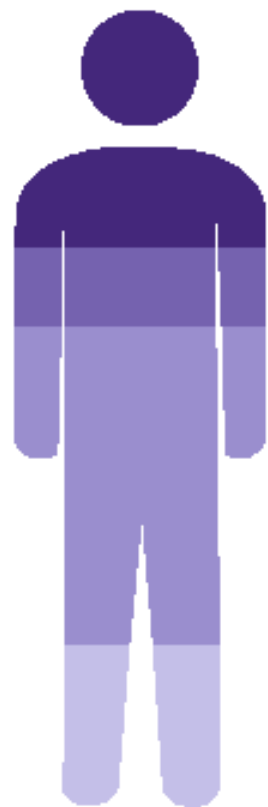
Challenges

Vulnerable population (almost half in the most the deprived 20% of the country)

Fifth most income deprived authority in England

2 in 5 children living below the poverty line (& rising)

The wider determinants of health



40% Wider factors



Education



Family Support



Income



Job status

10% Environment



Housing



Air quality and green spaces

30% Behaviours



Tobacco use



Alcohol use



Diet and exercise



Sexual activity

20% Health



Access and quality of care



Children have the best start in life



Residents achieve good health and wellbeing



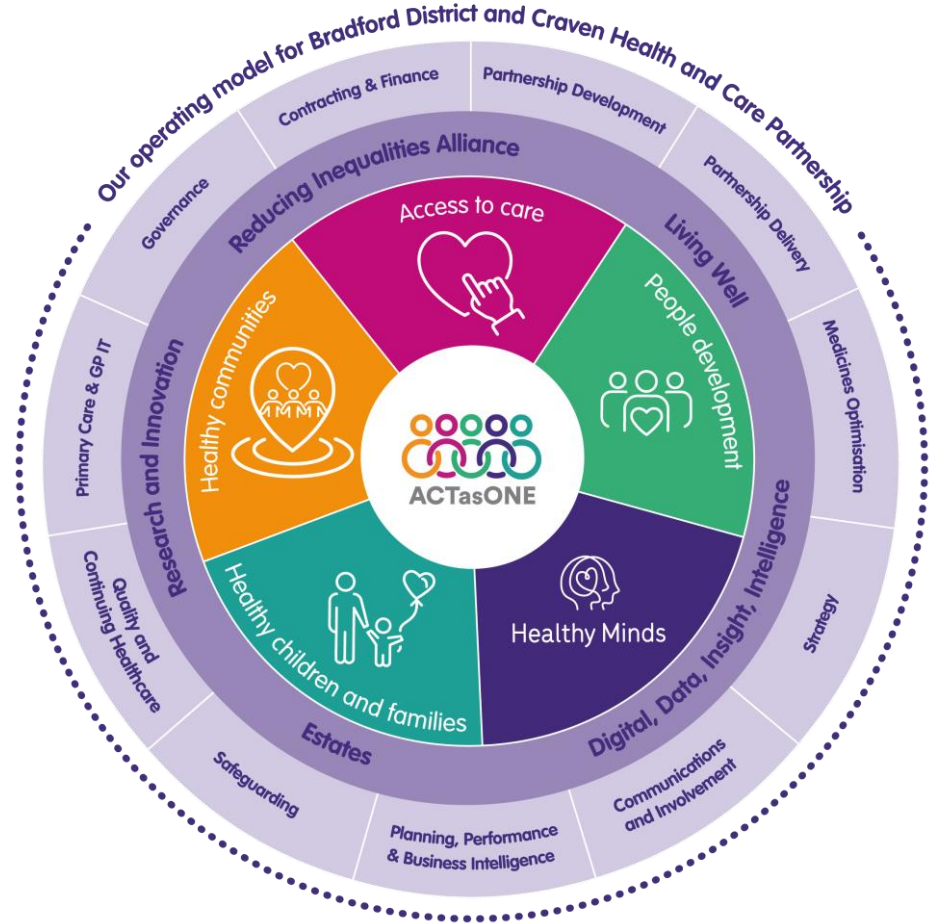
Sustainable economic growth and decent work for all



Safe, sustainable and inclusive communities



Action at all levels to address climate and environmental change



The Reducing Inequalities Alliance

Aims to support and coordinate action to reduce inequalities in Bradford District and Craven



The Reducing Inequalities Alliance objectives



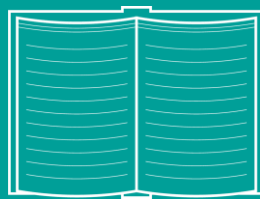
Setting the strategic vision

for reducing inequalities in health (and the determinants of health)



Building confidence and skills

in our workforce to reduce inequalities



Supporting best practice

in the ways we work, the skills we use and the evidence we draw on to reduce inequalities



Creating opportunities

to evaluate our work and share learning



Reducing Inequalities Alliance – Bradford District and Craven

The Alliance acts as an enabler programme (no delivery board)



Core team (Bradford & Craven Health & Care Partnership) – lead some programmes & co-ordinate alliance activity

The Alliance (partner representation) – learning network, oversee programmes, deep dive sessions, lead specific work

Our workforce (30,000+) – aspiration for a movement of coordinated action
(inequalities as a golden thread)



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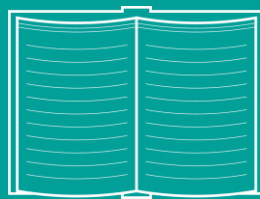
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Reducing Inequalities - our call to action for Bradford District and Craven



Section 1:
Our collective call to action

Section 2:
Why we need to take action

Differences in Life Expectancy

COVID-19

Equality Diversity and belonging

Social and financial

Section 3:
Why we need to work together

Population health approach

Different types of inequalities

Key measures of inequality

Section 4:
Local Inequalities

Wider determinants of health

Our health behaviours

Health and care services

Communities

Section 5:
Our alliance approach - getting involved

Our workplan

How can you get involved?

Appendix - key sources



Animated video

This animated film tells the story of the stark inequalities we see across our district and how we're working together to reduce these inequalities.

[Watch our film here >>>](#)





Key measures for reducing inequalities

Wider determinants of health

- Level of development at reception
School attainment
- Education/employment/training
16-17 years
- Low income households (living wage)
- Employment rates in deprived areas
- Mortality attributable to air pollution
- Housing quality
- Digital connectivity

Integrated health and care

- Premature mortality (infant mortality, cancer, CVD, respiratory, serious mental illness)
- GP appointments per head
- Children & young people access to mental health & learning disability services
- Inclusive leadership & workforce development



Communities

- Mental wellbeing (happiness)
- Health equity embedded in community projects
- Community cohesion and safety perception
- Strength and diversity of local partnerships
- Reducing racism and discrimination
- Health literacy
- Transport to health and support services

Behaviours and lifestyles

- Smoking rates
- Obesity rates
- Physical activity
- Alcohol related admissions
- Access to green spaces

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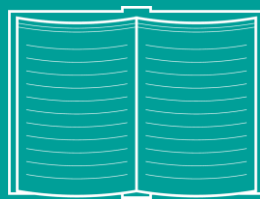
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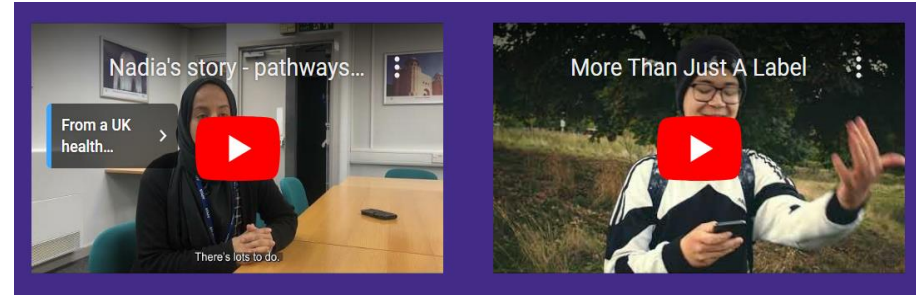
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Your role in reducing inequalities



Workforce & patient journeys Impact on lives



Improving Population Health Fellows

Role	Fellowship project
Clinical Pharmacist	Improving access to flash glucose monitoring in <u>underserved communities</u>
Director of Midwifery	Increasing the intention to take up <u>midwifery</u> as a profession amongst South Asian students to strengthen a workforce representative of the local population
Paediatric Registrar	Incorporating sustainability and <u>climate change</u> into paediatric training
Occupational Therapist	Falls Information and <u>Healthy ageing</u> (Prevention) Discharge Folder
Mental Health Community Builder (16 – 25-year-olds)	Exploring how to strengthen pathways for young people transitioning to adult <u>mental health services</u>
Strategic Relationship Manager	Supporting our Junior Doctors with Mental Health Support Structures
Chief Inspector	It's a fine Line/Last Orders Programmes (Drug/Alcohol Harm Reduction)
Grants/ Project Manager	Participatory Budgeting – Increasing equity and transparency in <u>Asset Based Community Development</u> health funding.
Councillor for Golcar Ward (Elected Member)	Working towards <u>elected members</u> understanding and adoption of best practice in adversity, trauma and resilience in accordance with the Our Kirklees Vision strategy

See the website for more info:

<https://www.wypartnership.co.uk/our-priorities/population-health-management/health-inequalities/improving-population-health-fellowship>

Putting inequalities into our way of doing things



Welcome to our reducing inequalities newsletter. Our newsletter highlights inequalities work happening across Bradford District and Craven, shares best practice and provides updates on data and research in this area.

We want to shine a light on the great work happening in Bradford District and Craven, so let us know of work you're doing to tackle inequalities by emailing: ria@bradford.nhs.uk

In this newsletter:

- Care Trust's new three-year plan – Ambition to Action 2023-2026
- Inequalities Action: Nadia's story
- E-learning inequalities modules
- South Asian Heritage Month: The 'D' Word event
- How can we build and strengthen trust in our district?
- Call for nominations - tackling inequalities award category
- Core20Plus5 update
- Tackling food insecurity
- Lung cancer checks to be rolled out across our district
- RIC update
- Half a million more people are lonely all or most of the time
- News, useful links and documents



Inequalities

Turning talk to action: successful inequalities action workshop

Over 100 colleagues working in health and care from across Bradford District and Craven came together on Tuesday 27 June for a workshop focusing on how we can take ownership...

The Reducing Inequalities Alliance objectives



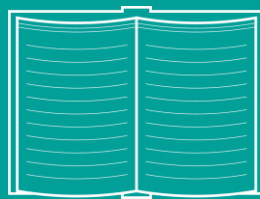
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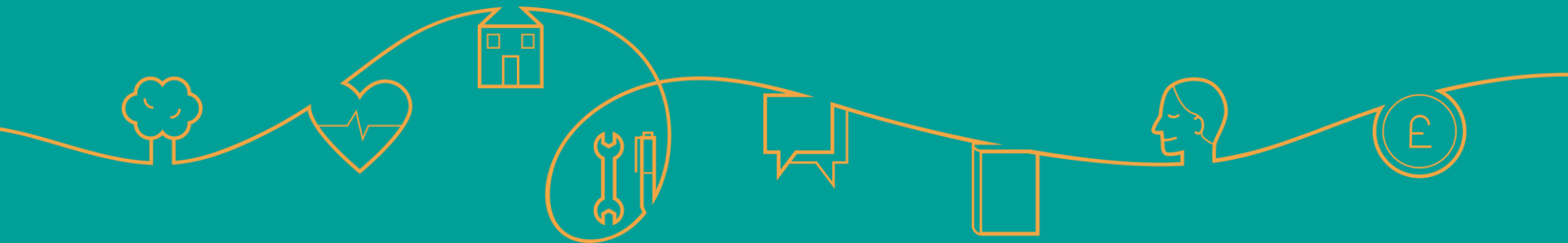


Reducing
Inequalities
Alliance

Bradford District and Craven
Health and Care Partnership



Core20Plus5



REDUCING HEALTHCARE INEQUALITIES

The Core20PLUS5 approach is designed to support Integrated Care Systems to drive targeted action in health inequalities improvement

CORE20

The most deprived 20% of the national population as identified by the Index of Multiple Deprivation



Target population

CORE20 PLUS 5

PLUS

ICS-chosen population groups experiencing poorer-than-average health access, experience and/or outcomes, who may not be captured within the Core20 alone and would benefit from a tailored healthcare approach e.g. inclusion health groups



Key clinical areas of health inequalities



1 MATERNITY
ensuring continuity of care for **75%** of women from BAME communities and from the most deprived groups



2 SEVERE MENTAL ILLNESS (SMI)
ensuring annual health checks for **60%** of those living with SMI (bringing SMI in line with the success seen in Learning Disabilities)



3 CHRONIC RESPIRATORY DISEASE
a clear focus on Chronic Obstructive Pulmonary Disease (COPD), driving up uptake of Covid, Flu and Pneumonia vaccines to reduce infective exacerbations and emergency hospital admissions due to those exacerbations



4 EARLY CANCER DIAGNOSIS
75% of cases diagnosed at stage 1 or 2 by 2028



5 HYPERTENSION CASE-FINDING
to allow for interventions to optimise blood pressure and minimise the risk of myocardial infarction and stroke



Core20PLUS5 - Community Interventions

- Core20plus5 (areas of deprivation prioritised)
- Community Partnership funding (50-125k per annum depending on deprivation levels)
- Reducing inequality managers employed working up to Locality footprint with NHS & LA staff, and VCS alliance Community Anchor network
- Develop locally determined priorities – linked to existing programmes to avoid duplication and spread best practice (e.g. living well, long term conditions)



Bradford District and Craven Community Partnership - Core20PLUS5 healthcare indicators

	Deprivation rank (IMD)	Smoking QOF prevalence 2021/22	Maternity: % booking before 10 Weeks	SMI prevalence (Dec 22)	Completeness of SMI annual health checks (Apr-Dec 22)	COPD prevalence (Dec 22)	Total Flu Vaccinations (to Dec 2022)	People (60-74yrs) screened for bowel cancer in last 30 months (June 22)	People (50-70yrs) screened for breast cancer in last 36 months (June 22)	People (25-64yrs) attending cervical screening within target period (Oct 22)	Hypertension prevalence (Dec 22)	Individuals with several high BP readings not on hypertension register
Affinity	5	20%	47%	1.2%	62%	2.6%	47.9%	71%	62%	75%	17%	0.4%
Airedale	6	17%	64%	1.3%	51%	2.3%	42.9%	72%	59%	64%	15%	1.4%
Bingley Bubble	3	11%	68%	1.0%	45%	2.0%	67.3%	75%	68%	79%	18%	0.7%
Bradford 4 Plus	10	24%	39%	1.2%	64%	3.5%	44.1%	65%	53%	67%	15%	0.3%
Bradford City & Horton Collaborative	11	17%	45%	1.0%	71%	0.9%	25.3%	52%	30%	55%	8%	0.8%
Bradford South Network	8	23%	45%	1.1%	47%	2.3%	31.9%	65%	40%	61%	13%	0.3%
Central 5	12	21%	40%	1.4%	59%	1.4%	27.5%	59%	41%	62%	9%	0.3%
Craven	2	11%	78%	1.0%	53%	1.9%	65.0%	78%	50%	77%	19%	0.9%
Five Lane Ends	7	20%	38%	1.0%	53%	2.7%	41.9%	68%	56%	71%	14%	0.9%
South10	9	19%	43%	1.3%	49%	1.7%	32.6%	64%	53%	59%	13%	0.3%
Together 4 Health	13	20%	38%	1.2%	76%	1.4%	21.7%	57%	61%	57%	11%	0.2%
Wharfedale	1	8%	71%	0.8%	37%	1.4%	72.9%	80%	70%	82%	18%	0.3%
WISHH	4	16%	35%	1.0%	56%	2.3%	55.1%	72%	64%	76%	17%	0.5%
Bradford District & Craven Partnership		18%	51%	1.1%	56%	2%	42%	69%	56%	67%	14%	0.6%

Universal healthcare

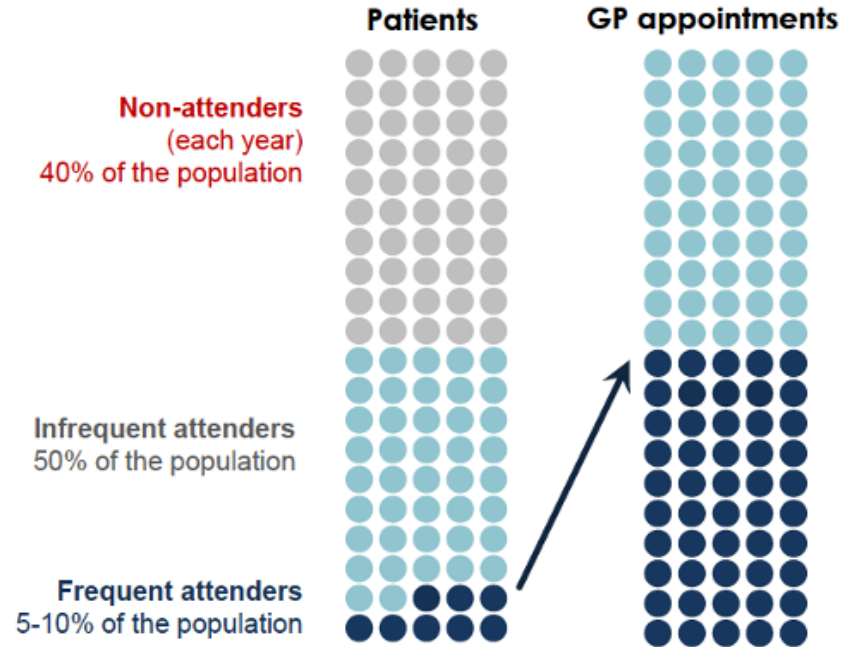
Reactive care is unequal

In a frantic world, primary care generally waits for people to come to it and then reacts.

GP appointments skew to a small portion of the population every year with little left over for proactive work.

40 - 50% of people registered won't come to primary care in a given year - and a quarter or more haven't been heard from for 3-4 years, possibly longer

Data example : patient vs appointment 'skew'
(aggregated across 25 practices)



Examples of Core20 projects

Over 30 Core20PLUS5 projects are underway or in mobilisation:

Adults

Community based health checks (Together 4 health)

Physical activity for BAME women (Horton & City)

Maternity circle (Central 5 partnership)

Community transport (Bingley Bubble)

Stop smoking project (BD4 plus)

Diabetes prevention project (Horton & City)

Social prescribing pathways (Wharfedale & Silsden)

Community centre health partnership (WISSH)

Maternity and Children & Young People

Maternity circle (Central 5 partnership)

Together trust – sleep service (via family hubs)

My Happy Mind (primary schools in deprived areas)

Core20**Plus**5 - Inclusion health

- **Inclusion health- catch all term for people who are socially excluded**
- Inequalities within inequalities – e.g you may live in a deprived area, face language barriers in accessing care, and have recently applied for asylum in the UK
- Core20 aims to support the local inclusion health group (and a new assurance framework working with public health and providers, WY Health inclusion unit)
- Priorities emerging from Community partnerships:
 - Gypsy and traveller advocacy
 - Health literacy in asylum seeking women
 - Additional support for young carers, CYP in care or youth justice system
 - Opportunities to learn from and expand work of Bevan HC



The Reducing Inequalities Alliance objectives



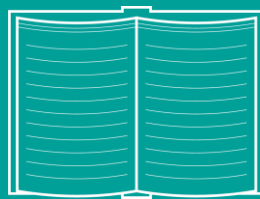
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Reducing Inequalities in Communities (RIC)

RIC projects at each stage of life

Birth

Health messaging

Improving mental health support for schools and communities

Advanced midwifery support

Stopping smoking in pregnancy

Expanding the Bradford Doula project

Raising awareness of increased genetic risk in close relative marriage

Priority groups

- People living in the most deprived 10%
- People living with mental ill health, learning disabilities or autism
- People from Black, Asian or minority ethnic communities
- People who have unpaid caring responsibilities
- People who are homeless

Childhood and adolescence

Living Well schools

Tier 3 weight management service for children

Young people's social prescribing pilot

Future Focus Early Engagement

Adulthood

Central Locality Integrated Care Services (CLICS)

Proactive Care Team (PACT)

BEEP exercise service for long term conditions

Culturally appropriate bowel screening messaging

Improving health for homeless people and sex workers

Primary care workforce development

Psychologically-informed environments for people who are homeless

Welfare benefits advice

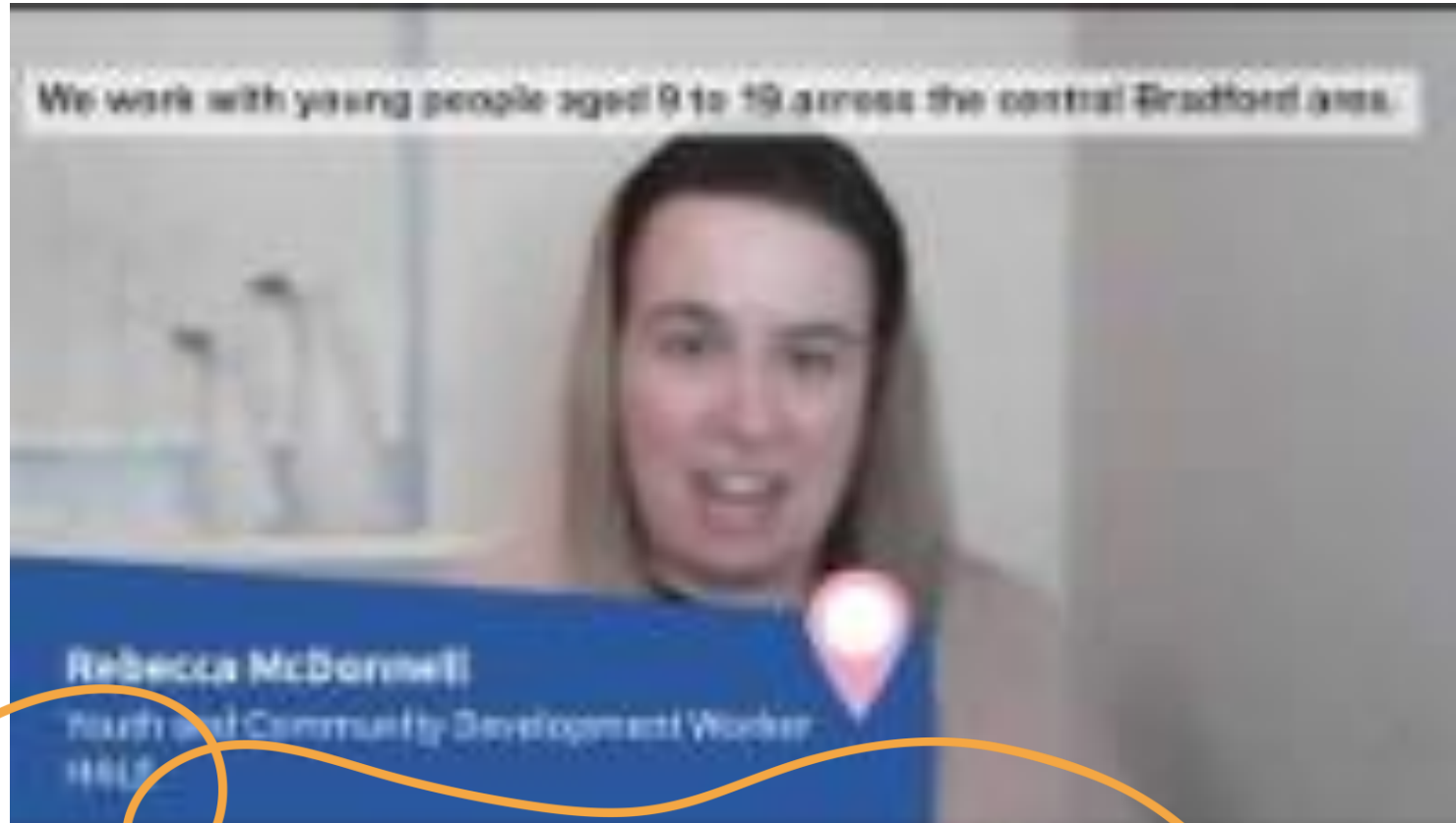
Culturally appropriate therapeutic support

Later life and end of life

Dementia specialist nurses

Holistic approach to dying well

Example – Reducing Inequalities in Communities (RIC)



Impact

- 16,000 through the services (service users, new volunteers and our workforce)
- Examples at a project level:
 - **Proactive Care Team** (multi-disciplinary across organisations)
 - Reduces the odds of A&E attendances by 41% and improves patient reported outcomes.

 - **Welfare Benefits Advice**
 - 4000+ people, £2 million additional household income, 35% report stress reduction

 - **Culturally appropriate IAPT (talking therapies)**
 - Better retention in the service, lower anxiety and depression symptoms

Together we can close the
inequalities gap.

To learn more about our approach to
reducing inequalities, visit:

www.bdcpartnership.co.uk/RIA



The Wellbeing Board is asked to:

- Comment on progress of the Reducing Inequalities Alliance approach
- Support the four programmes outlined
- Discuss how the board can strengthen a system approach to reducing inequalities

(an updated well being & inequalities checklist will be shared)



Equality , Diversity and Belonging

Zahra Niazi



-  Children have the best start in life
-  Residents achieve good health and wellbeing
-  Sustainable economic growth and decent work for all
-  Safe, sustainable and inclusive communities
-  Action at all levels to address climate and environmental change



Checklist to embed inequalities

Well being strategy (2018-2023)

Planning Checklist of 8 principles with 29 questions (to put wellbeing at the centre of decision-making) –

Quite long to go through, how much has it been used?

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?

DRAFT (updated 2023) - checklist for well being & reducing inequalities

Ten key questions to consider for new strategies, programmes & investment decisions.

1. **Inequalities** – have we identified inequalities clearly and targeted resources accordingly?
2. **Equality Diversity & Belonging** - have we ensured that EDI principles are embedded throughout our design?
3. **Prevention and early interventions** – are we considering prevention and making healthy choices easier?
4. **Community voice & influence** – have relevant communities and patient groups been consulted?
5. **Parity of esteem** – have we valued physical and mental well-being equally to improve overall wellbeing?
6. **Integrated care** – are our actions & policies supporting people to access joined-up services?
7. **Sustainability** – does our approach support an inclusive local economy that also mitigates climate change?
8. **Value for Money** – are we encouraging integrated economic decisions and returns on investment for partners?
9. **Research & evaluation** – are we being data and research led and evaluating the impact of our work?
10. **Child Friendly District** – have we maximised opportunities to make this a better district to grow up in?

