Reducing Inequalities Alliance

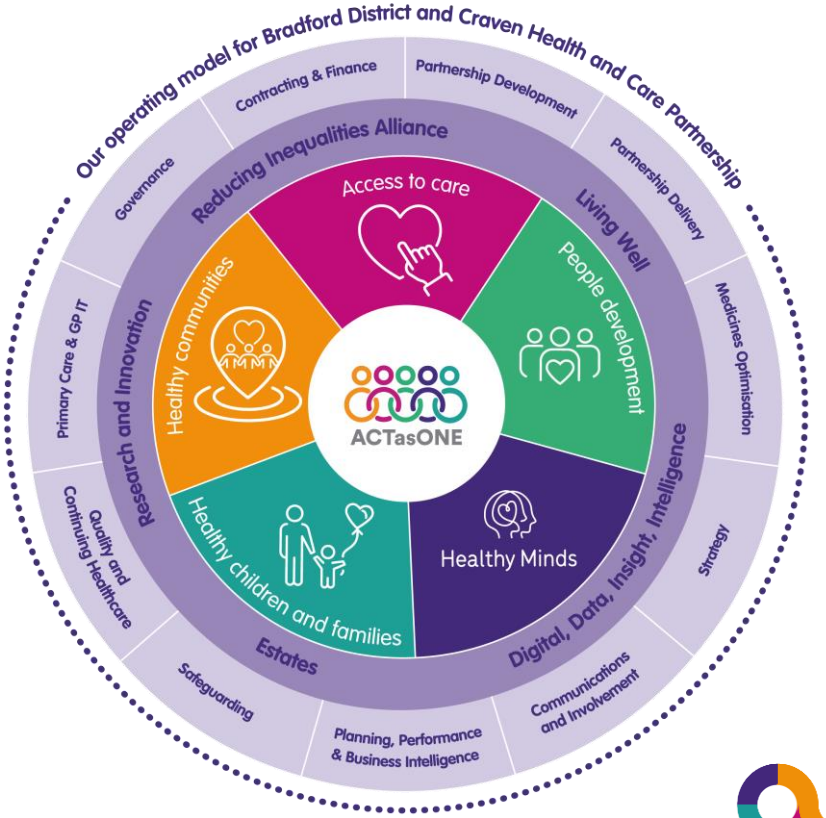
Annual Report 2024

1. Introduction

Welcome to the second annual report of the Reducing Inequalities Alliance (RIA). The RIA aims to support and coordinate action to reduce inequalities in Bradford District and Craven.

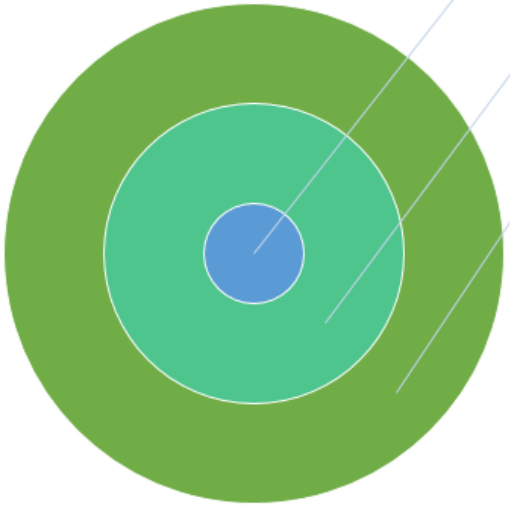
Within this report we will be sharing an overview of the activities and impact of the RIA during 2024.

The Reducing Inequalities Alliance is an enabler programme within Bradford District and Craven Health and Care Partnership. It has been established to support and coordinate action to reduce inequalities across our place.



What is RIA?

The RIA is one of the enabler programmes within Bradford District and Craven Health and Care Partnership, and operates on three levels:



Core team (Bradford & Craven Health & Care Partnership) - deliver key pieces of work and co-ordinate alliance activity

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

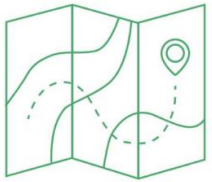
Our workforce (30,000+) – inequalities golden thread, aspiration for a movement of coordinated action

By taking an alliance approach we hope to achieve progress against the shared priorities outlined in the Bradford District Plan (our health and wellbeing strategy) and our Bradford District and Craven Health and Care Joint Forward Plan.

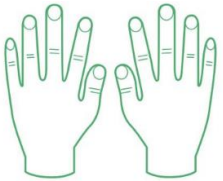
Our workstreams

The following sections describe our progress and achievements in each of the four RIA workstreams. This covers work directly led or influenced by the RIA core team (see section 6) with partners. We have not included an extensive and broader review of all work being done locally to reduce inequalities.

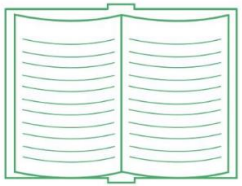
As we review our achievements in 2024, we are also developing our plans for the coming year. The final section summarises our intended areas of focus for the RIA core team for 2024, from which we hope to add and build on with RIA partners (via our steering group and other events).



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 and share learning to evaluate our work and share learning

2. Setting the strategic vision

This workstream was established to embed a systematic approach to reducing inequalities across our local partnership. It involves providing a clear framework for Bradford District and Craven, as well as supporting key partners and programmes to apply an inequalities lens throughout their strategies and plans.

We have:

- Developed a resource to support local NHS organisations to take action to reduce health inequalities. This resource summarises national guidance and local insight to provide recommendations for action, used in board development sessions and Trust wide inequalities work.
- Co-led a wellbeing collaborative with other enablers (Living Well, HDRC, EDI) which delivered partnership events to support the new District plan for Bradford District.
- Worked with the Business Intelligence Team to develop a Population Health Management approach (using population segmentation) to describe and quantify health needs and costs. This is being used to inform prioritisation and strategy in various programmes (e.g. Palliative Care and End of Life, Children and Young People) Supported the Closing the Gap 'meeting our financial challenge' programme to consider the implications of health inequalities in their work by providing briefings and data summaries on specific population cohorts. The have included briefings on multiple long term conditions and end of life care, and input to the inequalities elements of EQIA
- Taken an active role in cross-system groups such as the Tobacco Alliance and the Anti-Poverty Coordination Group to incorporate an inequalities perspective to this work

2. Setting the strategic vision

- Conducted an inclusion health needs assessment to help partners and planners to gain a better understanding of the size, characteristics and needs of people who belong to inclusion groups across our place. Our report covers groups who experience homelessness, substance misuse, Gypsy, Roma and Traveller communities, sex workers, victims of modern slavery, asylum-seekers and refugees, people in contact with criminal justice. This has led to:
  - Utilising funding from Core20Plus5 to fund interventions to support these groups.
  - Expanding membership of the Inclusion Health (IH) forum to represent IH groups more broadly.
  - Stronger focus on advocacy and coproduction
  - Increased joint working with groups such as Multiple Disadvantage System Change group and Alcohol & Drugs Strategy group
  - Established clearer governance structures including reporting mechanism up to Healthy Communities Board and Extended Public Health Leadership Team
- Supporting NHS Bradford District Care Foundation Trust and NHS Bradford Teaching Hospital Foundation Trust to develop approaches and plans to address inequalities.
- Created a poverty briefing (actions for NHS organisations) co-produced with the Anti-Poverty Coordination group
- Developed a briefing on the financial cost of health inequalities across our district." to raise awareness of the importance of maintaining a focus on actions to improve equity.
- Coordinated an Inclusive Digital Healthcare workshop which brought a range of stakeholders from our local system together to discuss and agree digital inclusion priorities.

3. Building confidence and skills

This workstream was established to encourage staff across our partnership to work towards the common purpose of reducing inequalities. We want to build confidence and support staff to understand their role in reducing inequalities and to increase leadership capacity within the alliance of partners. We want everyone to know how their work is helping to address inequalities.

We have:

- We have facilitated deep dive sessions into inequalities in Children & Young People, digital inclusion, tobacco and the anti-poverty strategy.
- Supported the Workforce Programme with the design and delivery of the 'Enhance' Generalist Skills ICS Pilot
- Launched the 'Inequalities Action' page on our website to share the great examples of how our workforce are taking action to reduce inequalities.
- We have grown the readership of our RIA newsletter (covering blogs, events, new research and reports, good news stories) by 47%
- 16,379 views on our Inequalities Action video stories and newsletter content across our social media channels (Youtube, X and Facebook).
- Started our series of 'bitesize inequalities sessions' with workshops on 'The Role of Trusts in Reducing Inequalities', 'Inclusion Health' and 'Poverty Proofing the NHS'
- Supported health inequalities presentation at Learning Disabilities Showcase event, led by City of Bradford Metropolitan District Council's Adult Social Care Department.
- Partnered with the Centre for Population Health to deliver a national conference in Kala Sangam (Bradford) to support awareness raising, showcase local work and deliver workshop and plenaries.

4. Supporting best practice

This workstream was established to support our programmes and workforce to deliver best practice in reducing inequalities. This includes improving the skills and tools we use to assess and reduce inequalities; the evidence base we draw on (both local and international) and the data we use (from personal stories to data led intelligence).

We have:

- Developed and published a best practice approach for carrying out community health checks that has led to community health checks now being delivered in community venues. The community health check guidance includes a recommended model of delivery, quality assurance requirements and evaluation opportunities.
- Worked with the City of Bradford Metropolitan District Council to support with the “Workplace NHS health check pilot”. The pilot will commence with partners across four PCNs, with the intention of understanding barriers and successes by late spring 2025.
- Collaborated with community partnerships and council locality teams to use Core20PLUS5 funding (the national inequalities strategy) to develop and commence 51 separate community interventions to reduce inequalities; a Bradford VCS Alliance small grants scheme supported by participatory budgeting.
- Developed and distributed a range of materials to support the local implementation of the Core20Pus5 framework. These include: Community Partnership guidance, (including updated data packs) Reducing Inequalities Toolkit, What works’ evidence packs for Core20PLUS5. (See next section for our evaluation approach).

4. Supporting best practice

- Supported the Children Young People & Families programme, by commissioning the adversity, trauma and resilience projects ‘Sleep Tight Childrens service’ and ‘My Healthy Mind’ (supporting primary school aged children), that have been rolled out locally in 2024.
- Worked with the Digital Programme to undertake a Digital Inclusion baseline assessment.
- We developed a COVID-19 and flu inequalities plan in 2023. This year we have been working with the Healthy Communities programme to coordinate delivery. This has involved community engagement and outreach in the areas with lowest take up
- Supported the progress of a NHS Charities Together bid through final stages of application for CYP health inequalities project

5. Creating opportunities to evaluate our work and share learning

This workstream was established to develop a clearer understanding of ‘what works’, so that our work on reducing inequalities is intelligence and evidence led. Key functions of the Alliance are to facilitate the capture and sharing of insight across our place, and to create the time and space to share learning with our partners.

We have:

- Evaluated and concluded the Reducing Inequalities in Communities (RIC) programme, producing a suite of research which help share the learning and impact of the programme. These include our final report, recordings from the bite sized sessions, our collection of human stories, and a reflective blog. A number of RIC services have successfully moved to business as usual within NHS Priority Programme work.
- Presented the learning from the RIC programme at national events such as NHS ConfedExpo and a NHS Wales Public Health event.
- Started evaluation planning for Core20Plus5. We have developed a Theory of Change and Logic model and have published our evaluation plan . We have held a Ripple Effect Mapping workshop to start mapping the impact of core20plus5 on communities.
- Shared learning from Core20Plus5 at regional and learning events such as the CLEAR conference
- Completed a report “Inequalities in long term conditions and multi-morbidity’ to support our workforce and community teams to better understand inequalities in their areas. This report is being used to support our access to care programmes, health minds and healthy communities priorities.

6. Our team

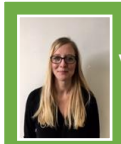
Our core Reducing Inequalities Alliance team is based in Bradford District and Craven Health and Care Partnership (West Yorkshire ICB) although we work across partners in the NHS, Local Authority, VCSE and other sectors.

This year RIA has evolved, with the Living Well leads based within the local ICB team moving into the team. This is a positive move which reinforces the strong connections between prevention and health inequity.

You can find out more about the Living Well work across our place via the website: Home • Living Well • Bradford District

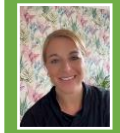
The RIA Team

Sohail Abbas, Director Population Health and Inequalities



Vicki Harmer, PA/ Exec Support

Duncan Cooper. Associate Director Reducing Inequalities



Jo Howes, Reducing Inequalities Lead

Myrte Elbers, Reducing Inequalities Lead

Polly Masson, Reducing Inequalities Lead

Collette Brauns, Senior Head of Living Well

Jill Duffy, Reducing Inequalities Manager

Rebecca Abaleke, Interim RIA C&E Manager

Roz Russell, Living Well Manager

7. Priorities for 2025

We are currently in a period of change. The RIA core team is part of the West Yorkshire Integrated Care Board (WYICB) which is undertaking an organisational change programme where structures will change.

Work to reduce health inequalities will continue however as this is an important national, regional and local priority. The work of this team addresses this priority by applying an inequalities lens to the work undertaken in Bradford District and Craven.

This year, in our place, there is important strategy development underway to set the direction of travel and key actions for coming years. This will include:

- an updated Bradford District Plan (our Health and Well Being strategy which focuses on the wider determinants of health as well as healthcare), and
- our new NHS plans for health, care and wellbeing in Bradford District and Craven

Nationally we are expecting an NHS 10-year plan (originally schedule for Spring 2025). This will focus on 3 strategic shifts, moving care from:

- hospital to community
- sickness to prevention
- analogue to digital

Regionally ICBs, including WYICB, will be expected to strengthen their ‘strategic commissioning’ functions. This will include assessing population need and inequalities and evaluating the impact of our healthcare system.

Transformation priorities for our ICB include ‘Integrated Neighbourhood Health’ (which our Core20PLUS5 programme will support) and ‘Work and Health’ (the RIA team are place leads for our local Work and Health accelerator).

Our interim priorities

With this in mind our interim 25/26 priorities for this transitional period are:

1. Continue Bradford District and Craven strategy support for Act as One partners (mainstreaming action to prevent illness and reduce health inequalities).
2. Strengthen our Core20plus5 programme by embedding our evaluation findings, moving our hyper local Community Partnership commissioning to a more sustainable footing, and supporting new neighbourhood health models of care.
3. Take a population health approach to systematically address health inequalities through population segmentation, local intelligence and needs profiles, and supporting our Closing the Gap cost efficiency programme.
4. Continue the Reducing Inequalities Alliance workforce programme to support individual and organisational work to reduce inequalities and publish their learning.
5. Embed our Living Well Health Settings approach to support patients discharged from hospital, on waiting lists, and on disease registers; and expanding our Creative Health programme (BD25 City of Culture).
6. Roll out the Work and Health Accelerator (with the local authority and partners), to increase economic activity (particularly in deprived areas) to reduce long term sickness and support reasonable adjustment in the workplace.

Together we can close the inequalities gap.

To learn more about our approach to reducing inequalities, visit: **www.bdcpartnership.co.uk/RIA**