How can the NHS and care organisations reduce poverty?

Briefing paper on priority areas for action

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Summary

This briefing summarises key actions for NHS and care organisations in Bradford District and Craven (working with partners) to prevent and reduce the impact of poverty.

An initial long list of actions amenable to NHS action was produced (referencing the Bradford District anti-poverty strategy and local/national research – Appendix 1).

The long list was refined to ten action areas through further consultation with the Reducing Inequalities Alliance (RIA) and Bradford District anti-poverty group (see below & page 5 for further details).

NHS role as a system partner

1. Sign up to specific actions within the Bradford District anti-poverty strategy

NHS role as an anchor organisation and employer

2. Use social value levers in contracting and procurement
3. Adopt inclusive employment practices
4. Increase digital inclusion

NHS role in delivering care

5. Poverty-proof services and pathways
6. Integrate finances, benefits and housing advice into care pathways
7. Ensure routine signposting & discharge to the local cost of living support guide
8. Adopt a smoke-free policy
9. Communicate complex information using readability and accessibility guidance
10. Involve communities & patient groups in addressing barriers to care

Background

- Poverty occurs when individuals, families or groups lack the resources to meet the minimum needs deemed reasonable by their society.
- In Bradford District, one in five of our working families and two in five children aged under 15 years live in relative poverty (defined as household incomes of less than 60% of the current UK average). 19% of children in Craven District are living in poverty after housing costs.
- Child poverty in particular is rising sharply in the UK, which negatively impacts children's health during childhood and throughout their lives.
- Poverty is not just about income levels. It concerns the multiple factors (originating from living in poverty) that affect a person's ability to fully participate in society. This includes the availability of affordable transport options, good housing, access to training and work opportunities and digital inclusion.
- Poverty is neither inevitable nor about bad personal choices. Poverty levels are largely determined by the way in which we organise our society and shape economic and social policies[1].

Local policy context

Although major economic levers, such as taxation and welfare are used nationally to address economic inequality, action can also be taken at a local level (via local strategic plans and programmes covering economic, social, health, educational and environmental outcomes).

Bradford Council published the multi-agency Bradford District Anti-Poverty Strategy in November 2022 which is led by the Anti-Poverty Co-ordination Group.

The **Bradford District and Craven Health and Care partnership** signed up to implementing the poverty strategy, supporting its goals and seven themes via its Joint Forward Plan (with specific system wide inequalities and prevention programmes). Local NHS organisations also support measures to prevent and mitigate the impact of poverty:

Bradford Teaching Hospital NHS Foundation Trust Corporate Strategy 2022-2027 contains a commitment to offer NHS careers to local people (via apprenticeships, career development and job opportunities, and provide outreach to local schools) acting as a local anchor organisation.

Airedale Hospital Foundation Trust strategy 2020-2025 to provide sustainable transport options and care models that nurture social and economic health and wellbeing.

Bradford District Care NHS Foundation Trust 2023-2026 strategy refresh to provide recruitment programme for local communities, to reduce the gender pay gap for its staff, and to build social value into investment and procurement.

[1] For example, the wider societal costs of poverty in the UK are estimated to be £78 billion per year (£39 billion for children alone). The net cost of removing absolute UK poverty via a universal basic income (UBI) scheme would be approximately £67 billion per year. This would also reduce low-income families from 16% to 4%. Maintaining poverty at current levels is therefore a societal choice.

The graphic below summarises the four core aims and seven work themes from the **Bradford District anti-poverty strategy**.

The relationship between the NHS and poverty

There is a strong relationship between the NHS and levels poverty in the UK:

- Poverty makes it harder or less likely that some people access care (due to travel, available time or digital restrictions; stigma or lack of trust in services; low health literacy)
- The NHS does not always reach those in poverty. In areas of deprivation people wait on average longer for non-urgent treatment and there are fewer general practitioners (GPs) (with shorter consultations).
- These access issues also contribute to lower use of preventive services in deprived areas. This in turn leads to later diagnosis and more advanced disease when people do present to the NHS (with greater use of acute services and increased treatment costs).

Key causal mechanisms between poverty and health

General: Allostatic load (cumulative impact of stress) is the psychological impact and price the body pays for maintaining stability through environmental change. The greater the time spent living in poverty, the greater the exposure to cumulative risks (and elevated allostatic load), and the greater the risk of disease.

Specific: There are specific factors, for example housing status, that can both cause and mediate the impact of poverty, leading to poor health, e.g.

- High energy costs and low energy efficiency (potentially leading to cold, damp and mouldy homes)
- Poor home safety (trip hazards, unsafe electrical circuitry and/or overcrowding impacting on health status)

- Low housing stability (affecting affordability, tenure security, homelessness & temporary accommodation and mental health)

Feedback mechanism: Poor health can lead to reduced earning potential or reduced income. Low income or poor working environments can lead to lower healthcare access, lower good housing affordability, and unhealthy coping mechanisms. This means that many are caught in a downward spiral of poverty that is difficult to stop and escape from.

How can the NHS reduce poverty?

The range of potential actions the NHS could take reduce poverty (Appendix 1) cover:

- **Adaptation (Pathways and Participation)**: ensuring that NHS services are available & accessible for those in low-income families

- **Mitigation (Protection):** reducing the impact of poverty by directly reducing costs

  But also (preferably) longer term

- **Prevention** of poverty by investing in early years, family programmes, and supporting training and stable employment

A short list of 10 suggested areas of action using the following process:

Step 1: A long list of actions within these themes were developed under three headings:

- The NHS role as a system partner
- The NHS role as an anchor organisation and employer
- The NHS role in delivering care

This list is by no means exhaustive & further additions of high impact areas are welcome.

Step 2: Policy options and actions were rapidly assessed for:

1. **Impact** (intended to **directly** support individuals or be **indirectly** targeted at groups & services)
2. **Timeframe** (approximate speed of impact from short (<1yr), medium (1-3yr), long (>3yr)
3. **Cost** (**variable**: depending on the scope of intervention, **low**: cost neutral or some use of existing staff capacity, **medium**: significant use of existing staff or new roles, or **high**: new services or significant investment

This is an approximate assessment rather than using formal cost-benefit analysis.

Step 3: The long list was refined to 10 suggested areas for action, from discussion and consultation within the Reducing Inequalities Alliance partnership and Bradford anti-poverty action group.

Suggested action for local NHS organisations	From Bradford District poverty strategy	Role
NHS role as a system partner		
Sign up to specific actions within the Bradford District anti-poverty strategy (and ensure strong supporting governance/accountability for these actions)	*	Strategy
NHS role as an anchor organisation and employer		
Use **social value levers in contracting and procurement** to maximise local spend & good employment practices throughout supply chains (Applying Net Zero and Social Value , Social Value Model)		Prevention
Adopt **inclusive employment practices** (e.g. use of apprenticeships; skills/experience based recruitment; out-reach to communities; in-job training; subsidised childcare; West Yorkshire fair wage charter)	*	Pathways
Increase **digital inclusion** (identifying a digital inclusion lead, improving device/data access for those most in need, ensuring care isn't 'digital by default' (using face/phone alternatives)) Digital inclusion Framework	*	Pathways
NHS role in delivering care		
Poverty-proof services and pathways (e.g. subsidised travel & food in hospital, simplifying/reducing appointment burden, identifying poverty equality champions, using poverty impact assessment, example)		Pathway
Integrate information & advice about **finances, benefits & housing** into care pathways (either via in-house provision or via Social Prescribing to non-medical support services) Benefits and welfare advice and help		Protection
Ensure routine signposting & discharge to **cost of living support** (2023 poverty booklet (costoflivingbradford.co.uk); & Living Well lifestyle initiatives)		Protection
Adopt a **smoke-free policy** in Trusts or other service locations (for staff & patients) including NICE QS207 & extend 'opt-out' smoking cessation support from patients to also family members and Swap-to-Stop[i] scheme; comprehensive smoking cessation advice and support via pharmacy & primary care		Protection
Communicate complex information using **readability and accessibility guidance**		Participation
Involve communities & patient groups in co-production to address barriers to care		Participation

For enquiries and further information

Please email : RIA@bradford.nhs.uk

References

Bradford District anti-Poverty Strategy 2022-2027. City of Bradford Metropolitan District Council, November 2022. https://www.bradford.gov.uk/media/qxknlaxg/anti-povertystrategy-2022-2027.pdf

Illustrating the relationship between poverty and NHS services. Kings Fund, 2024. https://www.kingsfund.org.uk/insight-and-analysis/long-reads/relationship-poverty-nhs-services?s=09

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The Data Poverty. APPG's Second State of the Nation Report. Data poverty appg 2023. https://www.datapovertyappg.co.uk/news/the-data-poverty-appgs-second-state-of-the-nation-report

The Rising Cost of Living: A Review of Interventions to Reduce Impacts on Health Inequalities in London by Alice Munro, Jessica Allen, Michael Marmot. 2023. https://www.instituteofhealthequity.org/resources-reports/evidence-review-cost-of-living-and-health-inequalities-in-London?s=09

Further guides on specific topics for action include:

- Cost of living resource page - https://www.nhsconfed.org/topic/cost-living
- Fuel poverty - https://www.nhsconfed.org/long-reads/could-energy-crisis-cause-public-health-emergency
- Food insecurity - https://www.nhsconfed.org/long-reads/why-preventing-food-insecurity-will-support-nhs-and-save-lives

Appendix 1 – Poverty interventions amenable to NHS action (Long list)	Referenced within Bradford District poverty strategy	Suggested action for local NHS organisations **** [DRAFT]	Role	Impact *	Time to impact **	Approximate cost ***
NHS role as a system partner						
Sign up to specific actions within the anti-poverty strategy (and strong supporting governance/accountability)	*	*	Strategy	Indirect	Variable	Variable
Establish a Trust or PCN inequalities action plan with specific actions to reduce or mitigate poverty			Strategy	Indirect	Variable	Variable
Establish a 'Deep End Network' (networks of GP practices serving & advocating for the most deprived communities)			Strategy	Indirect	Medium	Low
Support resource & capacity building into early help offers (Children's Centre's, family hubs & public health nursing)	*		Prevention	Indirect	Long	High
Include a 'Poverty Equality impact Assessment' (for those living in poverty as a protected group) in the equality impact assessment process.	*		Protection	Indirect	Medium	Low
NHS role as an anchor organisation and employer						
Adopt the 'West Yorkshire Fair Wage Charter' including paying the national living wage, adequate protections of pay and conditions & access to comprehensive occupational health services			Protection	Direct	Medium	High
Use social value levers in contracting and procurement to and good employment practices throughout supply chains		*	Prevention	Indirect	Medium	Low
Adopt inclusive employment practices (e.g. use of apprenticeships; skills/experience based; out-reach to communities, in-job training, subsidised childcare)	*	*	Pathways	Indirect	Medium	High
Invest in the VCSE sector (in particular advice and support services that offers a high ROI)	*		Strategy	Indirect	Medium	High
Promote credit unions in relevant cost-of-living communications	*		Protection	Direct	Short	Low
Support trade union membership in the workforce (in particular for the lowest paid)			Prevention	Direct	Long	Low

Appendix 1 – Poverty interventions amenable to NHS action (Long list)	Referenced within Bradford District poverty strategy	Suggested action for local NHS organisations **** [DRAFT]	Role	Impact *	Time to impact **	Approximate cost ***
Promote active & affordable travel (e.g. cycle to work schemes, interest free season ticket loans)	*		Protection	Direct	Short	Low
Work with local schools & colleges in deprived communities (& with higher NEET rates) to offer family support, work experience & skills programmes	*		Prevention	Indirect	Long	Medium
Increase digital inclusion (identifying a digital inclusion lead, improving device/data access for those most in need, ensure care isn't 'digital by default' (using face to face/phone alternatives)	*	*	Pathways	Indirect	Medium	Variable
NHS role in delivering care						
Poverty-proof services and pathways (e.g. subsidised travel & food in hospital, simplifying/reducing appointment burden, identifying poverty equality champions, using poverty impact assessment)		*	Pathway	Indirect	Medium	Medium
Integrate (where possible) financial, benefits and housing advice into care pathways		*	Protection	Direct	Medium	Medium
Adopt smoke-free policy in Trusts (for staff and patients) including NICE Quality statement 207 and 'opt-out' smoking cessation) and smoking cessation, and routine advice and support via pharmacy and primary care settings			Protection	Direct	Short	Medium
Use data intelligence in real time to identify patients/families who are most at risk from rising costs (and include poverty within waiting list prioritisation)	*		Pathways	Indirect	Short	Medium
Provide workforce training on how to identify people at risk of poverty			Prevention	Indirect	Medium	Medium

Appendix 1 – Poverty interventions amenable to NHS action (Long list)	Referenced within Bradford District poverty strategy	Suggested action for local NHS organisations **** [DRAFT]	Role	Impact *	Time to impact **	Approximate cost ***
Routine signposting & discharge to cost of living support (2023 poverty booklet (costoflivingbradford.co.uk); & waiting well initiatives)		*	Protection	Direct	Short	Low
Social prescribing to non-medical support services (for training, money and welfare advice, foodbanks)		*	Protection	Direct	Short	Low
Increase primary care registration rates for inclusion health groups with low access (e.g. new migrants, ex-offenders, GRT communities)			Pathways	Direct	Medium	Variable
Communicate complex information using readability and accessibility guidance		*	Participation	Indirect	Medium	Medium
Involve communities in identifying needs & assets to address barriers to care		*	Participation	Indirect	Medium	Medium
Promote the uptake of Healthy Start vouchers	*		Protection	Direct	Short	Low

*** Impact** (intended to **directly** support individuals or **indirectly** targeted at groups / services)
**** Timeframe** (approximate speed of impact – short (<1yr), medium (1-3yr), long (>3yr)
***** Cost** (**variable**: depending on the scope of intervention, **low**: cost neutral or some use of existing staff time, **medium**: significant use of existing staff or new roles, or **high**: new services or significant investment
**** Prioritised from literature, Reducing Inequalities Alliance membership and Bradford District anti-poverty group (pending July 24)

[i] Swap to stop: contact Nasar Ahmed (Nasar.Ahmed@bradford.gov.uk) Public Health, Bradford Council