Reducing Inequalities Alliance

Bradford District and Craven Health and Care Partnership

ACTasONE

Our ‘Inequalities Bitesize session: Inclusion Health’ will start shortly...

Please post your name and organisation in the chat.

Reducing Inequalities Alliance

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ACTasONE

Inclusion Health in Bradford District and Craven: *Health Needs Assessment*

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What is Inclusion Health?

- Inclusion Health (IH) is an umbrella term used to describe people who are **socially excluded**, who typically experience **multiple interacting risk factors for poor health**, such as stigma, discrimination, poverty, violence, and complex trauma [1].
- IH groups are recognised as part of the “PLUS” groups to be prioritised nationally within CORE20PLUS5.
- IH groups may belong to multiple disadvantaged groups within communities e.g. more likely to reside in Core20/most deprived 20% areas.
- IH groups can face mortality rates around nine times higher than the rest of the population [2].
- Poorer health outcomes and poorer access to health and care services among these groups contributes to worsening health inequalities.

Why a health needs assessment on inclusion health?

- NHS England's "National framework for NHS – action on inclusion health" [1] outlines five principles for action on inclusion health [see diagram below]. Principle 2 is an understanding of the characteristics and needs of people in inclusion health groups.
- This health needs assessment (HNA) aims to contribute to the 2nd inclusion health principle.
- A HNA is a systematic approach to identifying the unmet health and care needs of a population and making recommendations to address those needs.

What is the Population – summary of all groups

NB. [Bradford District] + [Craven] numbers

2680 + 60 (assessed as statutory homeless per year)

~1400 Asylum Seekers as of Dec 23 (BD only)

1100 + 50 (Gypsies & Travellers) Census 2021

1600 + 13 (Roma) Census 2021

85 (street based) service users

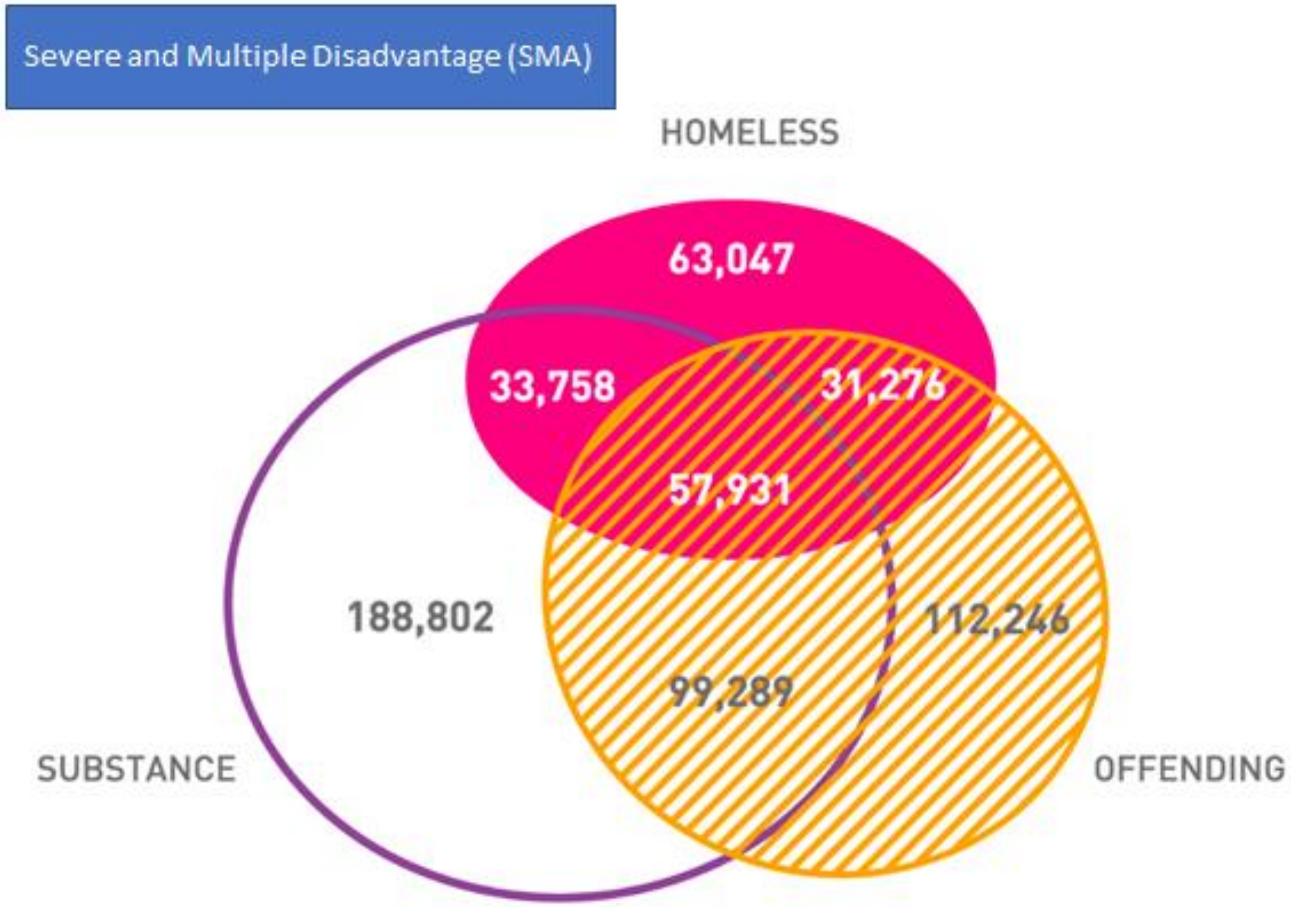
140 + 2 (offences per year)

3800 + 55 (on Probation as of Nov 23)

>10,000 as of 2019-20 (BD only)

112 in drug treatment (Craven) 2021-22

Not as simple as adding up… Intersectionality/ Multiple Disadvantage – England estimate 2015



SMD 3
58,000

SMD 2
164,000

SMD 1
364,000

TOTAL
586,000

Around 10% of people who are homeless, offending, or substance users are estimated to have all three of these risk factors for exclusion (38% have two or more)

Hard Edges: Mapping Severe and Multiple Disadvantage in England (Lankelly Chase, 2015)

What are the Health Needs – summary of all groups 1/2

Asylum Seekers and Refugees –

Untreated communicable diseases

Poor mental health (1 in 5) – under-reporting in primary care

Poorly controlled chronic conditions

Maternity care

Eastern European Roma

Maternity care ;

Poorly controlled long-term conditions.

Less engagement with preventative interventions

Lack of knowledge of UK healthcare system

People that experience **homelessness** –

Life expectancy more than 30 years less than general population

Tri-morbidity: physical, mental, and substance use issues

Diagnosed mental health conditions doubled since 2012

Gypsies and (Irish) Travellers

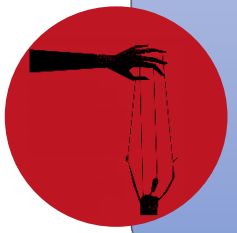
self-report the highest levels of “bad or very bad health” compared to people of other ethnic backgrounds

On-street **sex work**, substance misuse and enduring mental health problems go hand in hand

What are the Health Needs – summary of all groups 2/2

57% of people on Probation self-report that they have a physical and/or mental health condition – this is better than anywhere else in Yorkshire & Humber but twice the Bradford District average (based on similar question in Census 2021).

Similar to homelessness, substance misuse increases the risk of suicide



There is fragmented knowledge of the health needs of prison leavers, victims of modern slavery, sex workers (except on-street), as this does not systematically get flagged on healthcare systems, nor disclosed due to fear or stigma.

For women in Craven, the (narrow) rate of alcohol hospital admissions was the highest in Yorkshire and Humber.

63% of people in substance use treatment in Bradford District are opiate users, which is higher than England (49%), and 18% of people are in treatment for alcohol dependency, which is lower than England (29%).

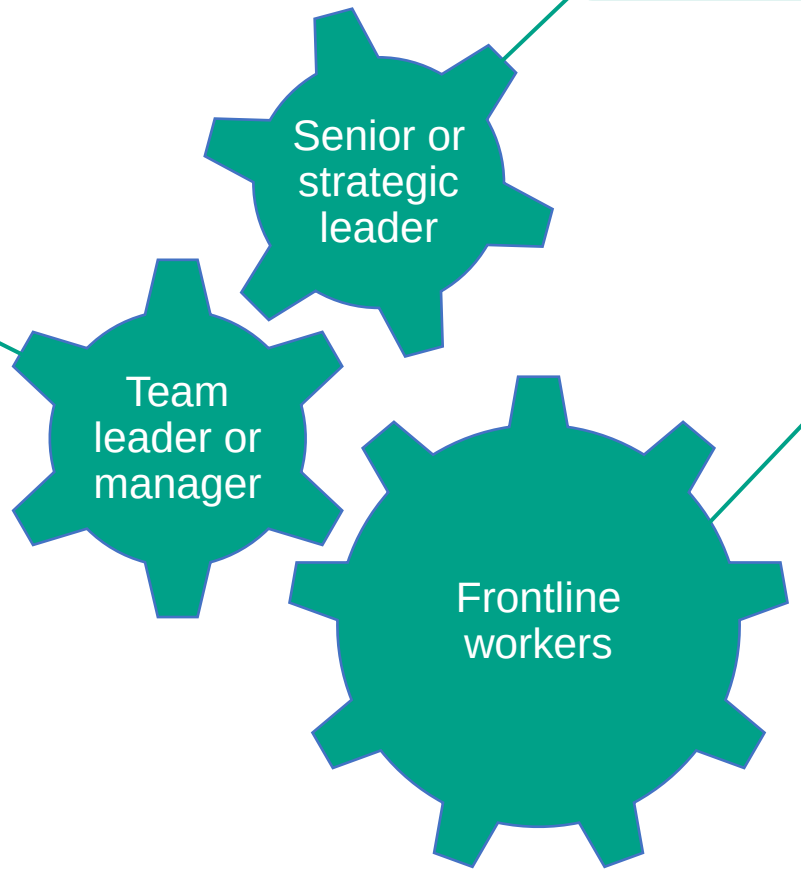
2.1 What works? Principles for inclusion health

Provide leadership and support services
raise the profile of inclusion health, ensure it is included in JSNAs, promote a coherent approach, challenge current ways of working

Collaborating with local services
identify need, build protocols, develop pathways, offer integrated services

Offer the highest quality standards
audit against key criteria, work with local partners, ensure nobody is excluded, involve people with lived experience

Ensure your team has the right training



Building trusting relationships
- non-judgemental attitudes, good communication

Accessible services
- don't refuse access, outreach

Ensuring other needs are met
- holistic assessments, ask and record social issues

Connecting people to other services
- help with GP registration, using windows of opportunity, challenge barriers

Use community assets
- be aware, collaborate and support access

Professional development
- cultural sensitivity, trauma informed approaches, entitlements

Slide produced by Office for Health Improvement and Disparities (OHID)

2.1 What works - for *all* IH groups

Slide produced by Public Health Devon, Devon County Council (2022)

- Generic approaches do not work - a place-based approach recognising local needs is required.
- Targeted, co-ordinated approach in planning / multi-disciplinary approach in delivery - to address all needs
- Co-ordination and continuity of care and support
- Support for staff to meet range of needs and recognising they go ‘above and beyond’
- Involvement of inclusion health groups in planning and delivery of services is crucial
- Adopting person-centred approach and trauma informed practice throughout
- Flexible attitude and approaches in delivery – e.g. longer contact times, sensitive approach to eligibility, no-linear recovery
- Ease of access is key for all groups (outreach/walk-in/in-reach). Outreach works particularly well for homeless, G&T, sex worker populations. Assertive outreach for those who struggle to engage
- Maximise opportunities for health protection interventions

4. Emerging data gaps 1/2

Data from local healthcare providers:
Due to limited capacity it was not possible to obtain local data from various healthcare providers. However, Bevan Healthcare data was extracted for patients who were coded as homeless, asylum seekers/ refugees, and sex workers, giving an indication of health issues experienced by these IH groups.

Homelessness - Untapped health data available through Housing Options assessments and future work with Health Determinants Research Centre (HDRC) with support from Wellbeing Collaborative

Gypsy, Roma, Travellers:
The availability of healthcare data for these groups is very limited due to poor recording of ethnicity in primary care records. This is a national issue and relates to the measurement of health inequalities across all ethnic groups.

Alcohol/drugs dependency - no locality specific estimates available for Craven

- Little data on physical health of those experiencing substance misuse

4. Emerging data gaps 2/2

Sex workers – raised through Regional Sex Work Steering Group:

- Further explore the needs of indoor, migrant and trans sex workers to inform future work.
- Work with local authorities to identify opportunities to influence work around adverse childhood experiences (ACEs). There is a need to establish a joint approach on this in relation to sex work and sexual exploitation.

Modern Slavery victims:
Little known about health needs of Modern Slavery victims in our area.
Possibility to follow up with victim support provider such as Palm Cove Society with the caveat that sample is relatively small.

Criminal justice – more detail needed on 60% of people on Probation that self-report a “physical or mental health condition”, what those conditions are and what support options are available to them etc. There are opportunities to follow up with Health and Justice colleagues at Probation Y&H. Also, no data was included from the Youth Service re: 18-25 with SEND, or Youth Justice.

BD Inclusion Health Forum

Jointly coordinated by RIA/Public Health

The **purpose** of the group is to help reduce inequalities within socially excluded groups that are experiencing multiple disadvantage and unmet needs through:

- Providing a space for local partners and stakeholders to meet regarding inclusion health
- Facilitating sharing of best practice and learning that can be utilised across the District
- Building and strengthening partnerships across the District to improve health and wellbeing of IH groups
- Informing the system of endemic, emerging, or unmet needs/issues within the IH communities we serve and/or represent

Future meetings:

Date	Theme	Agenda items (TBC)
11th December 10-11:30	Mental Health	Mind in Bradford's Ethnically & Culturally Diverse Communities Programme; TBC
12th March 2025 10-11:30	Cardiovascular Health	Community Health Checks; TBC


Listen in
hearing from local
communities about
what matters most

What are we hearing from communities?	Shipley	Bradford East	Bradford West	Keighley	Bradford South	Craven
Healthy communities						
Getting GP appointments is a significant challenge	✓	✓	✓	✓	✓	✓
Positive impact of community support & VCSE	✓	✓		✓	✓	✓
Cost of living crisis impacting wellbeing		✓	✓	✓	✓	✓
Improve access to care						
Once people are 'in the system' care is generally good	✓			✓		✓
Poor communication about delays or changes	✓		✓		✓	✓
Primary care is a 'blocked gateway' in the system		✓	✓	✓	✓	✓
Travel and transport is a challenge	✓	✓			✓	✓
Healthy Minds						
Long waits for mental health support leads to crisis		✓	✓	✓	✓	✓
Improve consistency of care and sharing information	✓		✓	✓		✓
Mainstream services don't meet needs		✓		✓		✓
Workforce						
Information and support needed on entry-level roles		✓		✓	✓	
Concern about staff shortages	✓				✓	✓
Negative experience of working in health or care		✓	✓	✓		
Healthy children and families						
Health visitor support is lacking	✓			✓		
Not enough mental health support for teenagers	✓	✓	✓	✓	✓	✓
Impact of C-19 on children & young people	✓			✓	✓	✓

Listen in year two

We are now in our second year of Listen in cycles focusing on reaching into communities of interest and understanding the differing experiences of groups of our population.

Working with the following specific communities of interest will provide insight to drive forward our partnership's priorities:

- Children and young people
- Inclusion health groups (as defined Core20Plus5)
- Disabled people and their carers
- LGBTQ+ communities
- *Racial minority communities*
- *Men (particularly long term unemployed or low-income)*
- *Women (particularly in areas of deprivation)*

Inclusion Health

- We worked closely with the Reducing Inequalities Alliance to ensure that we focused our efforts in ways that would deepen insight without damaging trust with groups who are often both ‘over-consulted’ and ‘easy to ignore’.

RIA’s Health Needs Assessment for Inclusion Health groups identified a gap in our understanding of health needs for people who are in contact with the justice system.

During this cycle we gathered insights that are relevant for all inclusion health groups, with a specific intention to hear from people with experience of the criminal justice system and to build connections with the groups that support them.

Inclusion Health Hot Topics

Mental Health and Substance Use: The intersection of mental health and substance use was a prevalent topic, with individuals highlighting the importance of addressing both issues concurrently for holistic care.

Access to Healthcare Services: Challenges in accessing healthcare services. The need for more accessible and culturally sensitive health services for minority communities was emphasized.

Support for Families of Prisoners: Providing support for families of individuals in prison or leaving prison was a key topic of discussion. Issues such as re-adjusting life post-release, sharing responsibilities, and financial struggles were highlighted.

Stability and Consistency in Support Services: The importance of stability and consistency in support services, such as probation officers and mental health support, was a recurring theme. Individuals expressed challenges in building relationships and the impact of inconsistent support on their well-being.

Community Engagement and Peer Support: The value of community engagement, peer support, and informal group settings for sharing experiences, providing advice, and fostering a sense of belonging was a significant topic.

Reintegration Challenges: Issues related to housing, reintegration into society post-release, and navigating the complexities of the outside world after being incarcerated were commonly discussed. People talked about feeling unsafe, lack of support, and challenges in accessing essential services.

Disconnects and assumptions

- knowing how the system works
- “not willing to engage” or “non-compliant”
- basic resources
- people prioritise their health
- freedom to speak
- stigma

Thanks for listening

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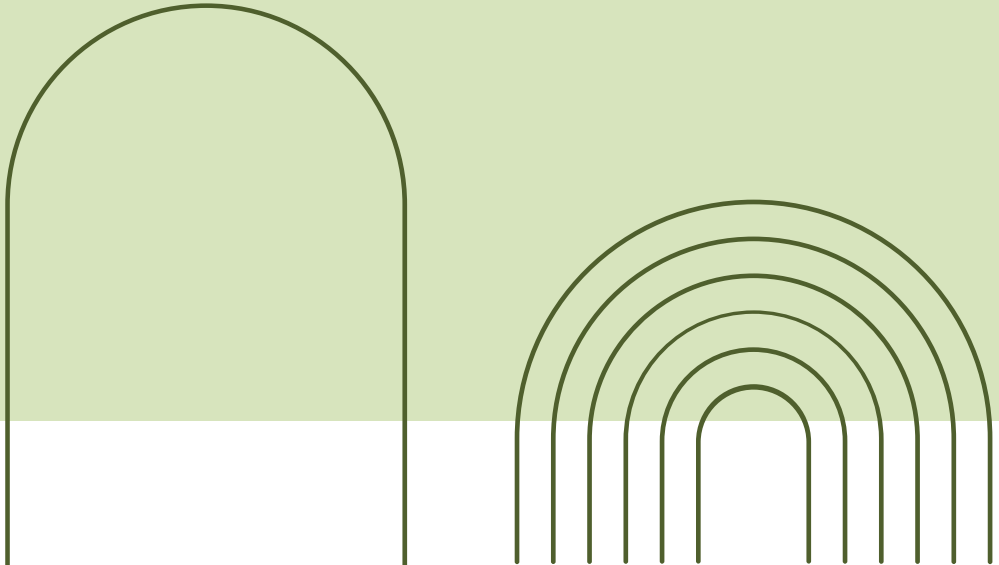
All reports available online at engagebdc.com/listen-in-bdc

CREATE STRENGTH GROUP
RECOVERY SOLUTIONS

CREATE STRENGTH GROUP



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ABOUT CREATE STRENGTH GROUP

- Create Strength Group, a LERO, was formed in 2015 by service users and staff of the Bridge Project in Bradford.
- We support past and current users of cannabis, spice, and legal highs, along with their families.
- Cannabis is the most commonly used illegal drug yet has the least specialist mutual aid support within user-led addiction services.
- The group provides cannabis addiction support through abstinence recovery, mutual aid, and self-help, focusing on change, growth, and commitment without relying on quick fixes or medications

Dependency & Recovery

CREATE STRENGTH GROUP
RECOVERY SOLUTIONS

Probation Service | City of BRADFORD METROPOLITAN DISTRICT COUNCIL | NEW VISION BRADFORD

- Partnership with NPS and NVB
- Based in City Courts for POPs with problematic Cannabis Use
- Started in July 2024
- Deliver Courses, 1-2-1s and workshops

CASANOA

CSG deliver CASANOA training to frontline workers, on a monthly basis.
Delivered to POs which has helped them identify clients they have with problematic cannabis use.

CAG

CANNABIS AWARENESS GROUP

CASE STUDY: CAG

Client A was known to CSG prior to coming onto CAG. he first came to our Mutual Aid groups 5 years ago and became abstinent from Cocaine and Cannabis

Client A was then referred to CAG through his PO for problematic cannabis use

Client A is now looking at complete abstinence with support from CSG through CAG and joining our mutual aid groups again and hoping to join our Recovery Academy as a Volunteer

Lived Experience
Evaluation Project

The Lived Experience Evaluation Project (LEEP) seeks the views of all affected by and/or experiencing drug and alcohol related harms, including people who use (or have used) drugs, their family members, family members of those who have died or been killed as a result of involvement in drugs and local residents, or businesses affected by drug-related harm.

LEEP

LEEP: VIDEO

“IF WE CAN, THEN YOU CAN TOO

Presenters' reflections, followed by Q&A:

- What 3 learning points would you share with someone undertaking similar work?
- What are the 3 key things people should take away / build into their work?

Reducing Inequalities Alliance

For further information or questions:

Email - RIA@bradford.nhs.uk
Website - https://bdcpartnership.co.uk/strategic-initiatives/ria/
Newsletter - RIA newsletter sign-up (link)