

Reach and impact report



The Reducing Inequalities Alliance has produced a 3-year reach and impact evaluation for the Core20PLUS5 programme in Bradford District and Craven. You can view the full report on the [Bradford District and Craven Health and Care Partnership website](#).

[VIEW THE FULL REPORT HERE](#)

KEY FINDINGS FROM THE CORE20PLUS5 PROGRAMME



1 Between 2023-2025 the Core20Plus5 programme reached over 14,000 people across the district, employed 48 paid and 39 volunteer staff, and implemented 73 different initiatives focused on prevention and reducing inequalities.



2 Core20Plus5 has demonstrated the value of devolved decision-making to Community Partnerships (CPs) to identify priorities and design interventions based on local populations needs.



3 The programme has built capacity, strengthened local leadership, and fostered innovation in tackling health inequalities.



4 It has demonstrated that targeted efforts to reduce health inequalities through hyperlocal and community-led interventions can identify priority cohorts (by deprivation, ethnicity and inclusion health groups).



5 Data from our Core20plus5 providers shows that the programme has been broadly successful in reaching target groups most at risk of poor health outcomes (when measured against deprivation and ethnicity).



6 Of the 73 projects delivered, 51 were deemed effective (in terms of addressing their initial aims) and focused on reducing inequalities in target populations (particularly in deprived and diverse communities). The average return on investment (ROI) for interventions developed by Community Partnerships was £7.62 per £1 invested (99% CI: £5.96–£9.28)



7 The emphasis on relationship-based models, cultural competency, and holistic support (taking a bio-psychosocial approach) has proven essential in engaging inclusion health populations (such as refugees, Roma communities, and those experiencing homelessness).



8 High-performing interventions included health literacy and awareness campaigns, health coaching for target communities, smoking cessation for COPD patients, targeted wellbeing in primary schools, a universal sleep service for CYP and health checks in community settings.



9 The scale of individual interventions was modest relative to the whole population. However, the collective learning demonstrates potential to integrate these approaches into wider system efforts to support equitable health improvements.

RECOMMENDATIONS

Recommendations for Bradford District and Craven new NHS structure and leadership:

Promote the distribution and use of digestible population health data at community level, to support local needs led decision making.

Maintain an equity-led approach to health inequalities resource allocation within Core20plus5 or equivalent grant funding

Given the reduction in local commissioning capacity in the ICB, contract a lead VCSE provider to deliver Core20plus5 grant funding and evaluation

Maintain sufficient ICB infrastructure support to retain these neighbourhood structures and 'engine' rooms for ABCD.

Embed areas of interventions where we have seen multiple successful interventions into longer term and more strategic programme areas.

Retain capacity to explore additional funding streams to sustain health inequalities work.

Move to a more sustainable model of supporting community designed and led initiatives to reduce inequalities, with a minimum 3 year settlement within core funding.

Recommendations for the Bradford District and Craven Integrated Neighbourhood Health (INH) programme:

Maintain Core20Plus5 as a known 'brand' for funding and delivery

Facilitate cross-place collaboration, facilitating opportunities for shared learning, innovation and peer support, within INH models.

Scale up good practice, continuing to invest Core20plus5 funding in high-impact areas.

Recognise the time and trust required to embed community-led projects, to encourage trusted community roles that build self-efficacy and navigation of statutory and community services.

