

Overview

By adopting a clear, well-managed structure to facilitate partnership working on health inequalities and prioritising population groups' health at system level, the West Yorkshire and Harrogate Health and Care Partnership has ensured that it can deliver improved outcomes for key groups and maximise its effectiveness across a large population.

What the partnership faced

Health inequalities persist amongst the 2.6 million population of West Yorkshire and Harrogate. For example, people have a shorter average life expectancy than the rest of England. Males lives are on average one year shorter than the England average, and females almost ten months shorter. Around 480,000 people in West Yorkshire and Harrogate live in the 10 per cent most disadvantaged areas in the country. Areas within the partnership, such as Bradford city centre, have some of the highest proportions of population living with socio-economic deprivation in the country.

What the partnership did

The partnership has put in place an improving population health programme, to work as a partnership to contribute towards an improvement in health and a measurable reduction in health inequalities for the people living in West Yorkshire and Harrogate.

The partnership has two strategic priorities to reduce inequalities. One is reducing the gap in life expectancy in the most deprived areas, the other is reducing the gap in life expectancy for people living with mental health conditions, learning disabilities and autism.

The Improving Population Health Programme in the partnership is supported by three networks: health inequalities, prevention and population management. The health inequalities network includes representatives from local authorities, acute and mental health trusts, primary care, universities and the voluntary and community sector (VCS). It aims to share good practice and identify priority population groups to focus on in partnership programmes. For example, much has been done in the Keighley area to help people with learning disabilities manage their health, such as carrying out health checks and raising awareness among primary care health professionals about their health needs of this group. This has then been shared across the system.

Key elements of the programme are health and housing, climate change, economic recovery and violence reduction, which are all intertwined in tackling inequalities.



The programme has also highlighted a number of priority population groups identified by the improved outcomes, including children and young people, diabetes, cancer and care for people at the end of their life. As a system, through the health inequalities network the partnership has selected three priorities to work on at scale: improving health for rough sleepers, improving support for young carers and reducing the risk of violence for women and young girls.

Tackling inequalities during the COVID-19 pandemic

COVID-19 has brought the partnership's work on health inequalities into sharp focus and has led to consideration of wider population groups that have been disproportionately affected by the direct and indirect impacts of the pandemic.

A Health Inequalities Prevention Pathway (HIPP) framework has been developed to break down high-level partnership ambitions into specific objectives and preventive actions. This approach aims to learn from the inequalities that have been exacerbated by COVID-19, to better understand how the programme can target preventative interventions to improve health outcomes in the future.

Voluntary sector grants programme

The partnership has allocated over £500,000 to 13 voluntary and community organisations across the area. This programme was designed before the pandemic, but has come into its own by enabling the partnership to support communities that have been disproportionately affected by COVID-19. The funding decisions were made with input from public health, community sector, and partnership colleagues. The 13 groups selected include:

- Keighley Healthy Living, supporting health in communities, with a focus on black, Asian and minority ethnic communities and older adults.
- The Thornbury Centre, Bradford, delivering befriending support for people aged over 55 and people from South Asian, refugee and Eastern European Roma population
- GIPSIL, Leeds, supporting young people in transition from children's to adults' mental health services.

Over 80 high-quality applications from VCS groups were received and the programme has increased the NHS's links with the VCS, so more groups may receive funding in the future from other programmes and other external sources.

BAME staff and communities review

While the partnership's ambitions already included tackling health inequalities and supporting black, Asian and minority ethnic (BAME) communities and staff, the COVID-19 pandemic has brought these issues into even sharper focus. The BAME staff and communities review, chaired by Professor Dame Donna Kinnair, general secretary of the Royal College of Nursing, will seek to understand the impact of inequalities faced by BAME staff and communities, review the work the partnership is doing, explore if this is sufficient to address the impact and identify recommendations for action. Key themes of the review are workforce, leadership, population planning, and reducing inequalities by ethnicity for mental health outcomes.

Learning disability champions

The ICS is working with people with learning disabilities so they can become health and care champions for its priority programmes, including cancer, mental health, maternity care and hospitals working together. This partnership approach is supported by councils and NHS organisations. The ICS is now working with an organisation called Bradford Talking Magazine for an initial period of 12 months to help identify health and care champions with learning disabilities from all equality groups across West Yorkshire and Harrogate, to enable the system to improve the way it plans services.

Useful learning for other organisations

Use intelligence to identify and work with specific population groups affected by inequalities in health around planning and priorities, including those living in poverty; people living with learning disabilities, those living with serious mental illness, unpaid carers and BAME groups.

- Incorporate the expertise of people with lived experience, for example those with learning disabilities and create learning disability champions to support and improve programme delivery.
- Be self-critical. The partnership reviewed its own support provided to BAME staff and communities, in the light of the evidence of how COVID-19 has impacted BAME communities.
- Engage early. The challenges presented by system-working at scale require early engagement of all partners, including those less used to prioritising health inequalities programmes, such as the acute and mental health sectors in addition to wider partner organisations including the police and housing providers.
- Consider and communicate the added value of the taking action at scale across a large population with multiple partners.



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