West Yorkshire and Harrogate
Health and Care Partnership

Friday, March 15, 2024

West Yorkshire Joint Health Overview and Scrutiny Committee
Health Inequalities and Prevention

1. Introduction

In 2020 the West Yorkshire Health and Care Partnership launched a five year strategy with ten big ambitions. The first of these ambitions was to reduce the gap in the years of life people live, and the years of life people live in good health, that we see between our communities.

In West Yorkshire the average life expectancy is lower than the England average, as is the proportion of lives that people report living in good health. In West Yorkshire in 2020/21 there was an 8.9 year gap for males and 8 year gap for females in the average length of life between the communities living in the most and least deprived 20% of our communities. There are multiple factors that contribute to the difference in life expectancy and the differences in the years of life people live in good health.

Across the West Yorkshire system, most of the action on reducing health inequalities is led by Directors of Public Health in local places and communities. This paper will focus on the added value of the Integrated Care Partnership and Integrated Care Board in working as a collective across the system to contribute to a reduction in health inequalities for the population we serve.

This paper will provide an overview on progress to date on our progress as an Integrated Care Partnership to address inequalities. Factors that contribute the most to the gaps in years of life lived in West Yorkshire will be identified and recommendations will be made for targeted system action over the coming 12 months.

2. Population Health and Inequalities in West Yorkshire

In West Yorkshire there is a gap of 9.8 years for men and 11.8 years for women between the communities with the highest and lowest average life expectancy. The most recent published data from 2020/21 for West Yorkshire shows the conditions that contribute the most to the gap in life expectancy related to deprivation are circulatory conditions, respiratory conditions and cancer. For males the conditions contributing most to the gap in life expectancy were circulatory disease, followed by COVID-19 and cancer. For females the conditions were cancer followed by circulatory disease and COVID-19. For both males and females the cancer contributing most to the gap is lung cancer. This is important as many of these deaths are preventable through changes in risk factors or avoidable through improved access to good quality health care services.

It is not only the length of life but also quality of life and years of life spent in good health that contributes towards inequalities across our society. In West Yorkshire there is a gap of 17.2 years for men and 24.8 years for women between our communities with the highest and lowest healthy life expectancy – the years of life people report living in good health.

In terms of healthy life expectancy, the conditions that contribute the most towards reducing the number of years people report living in good health are musculoskeletal (MSK) conditions and mental health conditions, most commonly anxiety and depression.

Both the factors driving the gaps in life expectancy and healthy life expectancy are driven by inequalities in protective and risk factors for good health across the life course. The risk factor that contributes the most to the gap in life expectancy is smoking. Half of the gap in life expectancy we see is explained by differing smoking prevalence rates. For healthy life expectancy, people who smoke are 1.76 times more likely to report poor health when compared to the group that do not smoke. Smoking prevalence has reduced in recent years, but socioeconomic inequalities remain high**.** In West Yorkshire Smoking rates overall are 13.1% but for those in routine and manual occupations smoking prevalence is 22%.

These risk factors are underpinned by determinants of health which encompass the context of people's lives including their social, physical economic and environment. With factors such as income, employment, housing and education all playing a part in health outcomes.

3. System approaches to reducing health inequalities – Progress 2020/21 – 2023/24

Since the publication of the Five Year strategy for the partnership in 2020 and subsequent refresh in 2023, progress has been made across the system to better understand and address the inequalities we see across the population.

In addition to approaches that are led by local authority public health teams in each place we have focused on how we can add value in reducing inequalities through collective action as a system. This approach has centred around how we can add capacity, capability and intelligence through working together as a partnership of the health and care partnership that serve the 2.4 million people living in West Yorkshire. This approach has been a collective effort, coordinated through a core Improving Population Health Programme team, influenced through a West Yorkshire Health Inequalities Network and delivered through the wider Health and Care Partnership, with the impact felt across the population of West Yorkshire. The outputs of the West Yorkshire Health Inequalities Network are included in this progress section of this report.

We connect with partners regionally, nationally and internationally and are recognised for the great work that is taking place across the system to address health inequalities.

Since the ambition was set by the West Yorkshire Health and Care Partnership board in 2020, collective action has been taken to address health inequalities across our partnership, this action has been influenced by what we have learnt through the pandemic.

3.1 Progress to date – Building System Capacity

- **CORE20Plus5 resource -**This resource, allocated from NHS England to reduce healthcare inequalities, represents 0.5% of the West Yorkshire NHS Integrated Care Board budget. 80% of the resource was allocated to local places with the focus of spend to be determined locally. The remaining 20% was allocated for work at scale to reduce inequalities including system leadership and inclusion health. A CORE20Plus5 leadership group Provides the oversight and governance for this resource on behalf of the system.

  - **Health Inequalities Funding for VCSE and Health Partnerships**

  In July 2020 we allocated over £500,000 to 13 voluntary and community organisations across the area. The funds were used to support community organisations, working together with health partners, to support those disproportionately affected by COVID-19. This was followed by a Targeted Prevention Grant Fund in November 2020 to support targeted, community level preventative interventions that reduce harmful health behaviours, improve health outcomes and contribute to a reduction in inequalities for population groups who were disproportionately affected by COVID-19 and the indirect social implications of measures such as isolation and shielding. 11 organisations from across the health, voluntary and community and social enterprise (VCSE) sector successfully applied for the funding. In 2021 members of the West Yorkshire Health Inequalities Network worked in partnership with Leeds Cares to allocate £1,158,385 to VCSE organisations working in partnership with NHS services to reduce health inequalities. Details of the funded services can be found here.

- **Inclusion Health Unit –** Launched in 2023, the WY Inclusion Health Unit, brings together system partners across the NHS, Local Authorities and the VCSE to improve outcomes for people in inclusion health groups. This unit aims to support the needs of population groups who experience some of the most stark inequalities in West Yorkshire. Priorities have been agreed from the unit to deliver three main functions; to support and strengthen the five places in their inclusion health work, to respond to key at-scale priorities, and implement collective solutions to challenges and to act as a 'critical friend' to other programmes/mainstream provision. To date the work of the unit has influenced dental commissioning, secured additional resource to support vaccination of people living in contingency accommodation, developed a project to improve diagnosis of respiratory disease in the rough sleeper population and identified use of Women's Health hub resource to support women who engage in sex work.

- **Alcohol care teams -** As a Integrated Care Board we have supported the implementation of Alcohol Care Teams in Bradford Teaching Hospitals NHS Foundation Trust and Mid Yorkshire NHS Trust emergency departments.

- **Weight management and living with obesity -** We have provided access for West Yorkshire residents to the NHS Digital Weight Management Programme. We are co-producing a strategy for West Yorkshire to detail plans for a compassionate, trauma informed life course approach to weight management and living well with obesity. We are also working as a system to understand and respond to existing and new treatments to ensure equitable access and ongoing support for obesity management.

- **Smoking Cessation Services**

In relation to reducing risk factors for ill health overall we have made positive progress in reducing smoking prevalence. In West Yorkshire has reduced from 15.5% in 2020 to 13.1% in 2022. The greatest reductions were seen in Wakefield where smoking prevalence fell from 20.3% in 2020 to 12.5% in 2022. West Yorkshire had a greater reduction in smoking prevalence between 2020 and 2022 than the England overall. Figure 1 below shows the changes in smoking prevalence for each place in West Yorkshire 2017-2022.

Figure 1: Table to show smoking prevalence percentage in West Yorkshire by Local Authority 2017-2022

	Bradford	Calderdale	Kirklees	Leeds	Wakefield
2017	18.9	17.1	17.1	16.7	17.9
2018	18.5	15.5	15.1	18.2	19.3
2019	16.5	16.1	14.3	15.3	16.7
2020	16.2	14.7	13.8	14.3	20.3
2021	15.4	14.8	13	12.1	15.6
2022	15.6	11.5	12.7	12.4	12.7

Source: OHID Fingertips 2024

One aspect of tobacco control which is commissioned through the NHS is the Tobacco Dependency Treatment Service. The services are now required to be in place for all Acute Inpatient, Maternity and Mental Health Inpatient settings. Tobacco Dependency treatment services are now required to be in place for all Acute Inpatient, Maternity and Mental Health Inpatient settings. Of the 8/13 services submitting data in West Yorkshire between November 22 to November 23, at least 4,900 smokers have been referred to inhouse Tobacco Dependency Treatment Services (all pathways), of which at least 3,905 were seen, 1,395 engaged with support, including at least 1,065 who undertook a supported quit attempt. These attempts to quit varied by service, with 36% of Acute Inpatient referrals setting a quit date compared to 32% of maternity referrals and 9% of Mental Health inpatient setting referrals.

When focusing on specific points in the life course we have a focus on reducing smoking prevalence in pregnancy. In West Yorkshire we have seen a reduction in the proportion of mothers who reporting as smokers at the time of delivery between 2020/21 and Q2 of 2023/24. In West Yorkshire we have seen a steady decline and are reporting the lowest overall prevalence for this cohort in the region. While a decision to quit is multi-factorial the implementation of smoking cessation services has correlated with a decline in smoking prevalence for this cohort.

- **Inclusive Recovery -** West Yorkshire has led the way nationally on an approach to improve inclusive recovery. This means considering how we take a health equity focus to addressing the waiting lists and ensuring those in the greatest level of need are prioritised for treatment. Examples of this include prioritising people with learning disabilities who are on waiting lists for elective care and pilots in the community with VCSE to support people who on waiting lists with peer support and creative health initiatives.

- **COVID vaccination** – COVID vaccination programme in West Yorkshire has had a focus on understanding and reducing inequality in uptake. In December 2024 £950,000 vaccination inequalities funding was made available targeting investment in practices and pharmacies in communities ranked most deprived, we are evaluating this approach to support further targeted work. A case study from one of the participating pharmacies can be found here. A West Yorkshire Health inequalities Vaccination group is in place to share good practice and take action to reduce inequalities in uptake for wider vaccination programmes.

- **Winter Warmth** – In January 2022 £1 million of NHS resource for winter pressures was made available to reduce inequalities in health outcomes due to fuel poverty. The funding supported affordable warmth by increasing low-income households' energy efficiency rating, giving advice on reducing their energy bills, and helping people access additional support they are entitled to. An evaluation of this initiative is currently underway. Resources were also made available for health and care staff to support signposting where risks related to affordable warmth for children were identified.

- **Joint roles and health inequalities expertise** –In addition to the West Yorkshire Improving Population Health function and to embed approaches to reduce inequalities, a number of joint appointments have been made across the West Yorkshire Health and Care Partnership. These include a Public Health Consultant working between the ICB and the West Yorkshire Combined Authority, an Inclusivity Champion working across the system, a Public Health Consultant working in the Mental Health, Learning Disability and Autism Provider Collaborative and a public health lead working between the ICB and the West Yorkshire Violence Reduction Partnership.

3.2 Progress to date – Building System Capability

- **West Yorkshire Health Inequalities Academy** – Launched in 2020, the academy offers a variety of training and development opportunities tailored to different roles within the system. A dedicated website hosts training materials and resources to support people working across West Yorkshire to understand and address inequalities.

- **Health Equity Fellowship** - Supported by the leadership of the West Yorkshire Health and Care Partnership Board. In 2022, 28 fellows completed the programme and 52 more fellows were welcomed in 2023. **I**n this nine month programme fellows are supported to undertake health equity projects alongside foundations in public health training. The first year of the fellowship was well evaluated, in 2023 we expanded the

scope of the fellowship and in 2024 we will partner with Humber North Yorkshire ICB to further increase the scale of the programme.

- **Trauma Informed System** – recognising that Trauma and Adversity can impact health inequalities in West Yorkshire has made a commitment to "Work together with people with lived experience and colleagues across all sectors and organisations to ensure West Yorkshire is a trauma informed and responsive system by 2030". Our approach is to reduce trauma, adversity and build resilience for the population across West Yorkshire in particular people who are vulnerable, facing multiple difficulties, complex needs, adversity, and childhood trauma.
- **Partnership of Sanctuary** - In 2023, West Yorkshire Health and Care Partnership became the first Partnership of Sanctuary in the country. This is for going above and beyond to welcome people seeking sanctuary into West Yorkshire. This award is supported by a delivery plan which includes targeted approaches to reduce inequalities for refugees and asylum seekers such as the delivery of safer surgeries training, the development of a resource to support new arrivals to navigate the NHS and the delivery of a community connectors programme for perinatal mental health.

3.3. Building System Intelligence

- **West Yorkshire Race Equality Review**
  This review specifically aimed to understand this impact on ethnic minority communities and staff. Details of the review can be found here.
  The aim was to review existing work, to explore if this work was sufficient to address this impact and to identify recommendations for action to reduce this impact. Supported by VCSE voices panel and progress reported to the West Yorkshire Health and Care Partnership Board since the publication of the independently chaired review in 2020. One of the recommendations of the review was to improve ethnicity recording across the organisations in West Yorkshire. We have made progress on improving recording of ethnicity and we are performing well compared to other ICBs in our region.
- **Evaluation and reports –** we have commissioned a number of evaluations to support the health inequalities agenda, the findings of these are published on the health and care partnership website.
- **Universal Healthcare Report** – Published in October 2023 summarises programme of work in Bradford that conducted local data analysis and tested these hypotheses with local partners, to co-design potential solutions. The report highlighted that the way NHS traditionally designs and deliver services alongside differential access can exacerbate inequality.

4. Next Steps.

To make further progress in understanding and addressing inequalities it is recommended that priority areas are chosen for the coming 12 months.

- Targeted action on the factors that contribute towards inequalities. We will focus on action where we can add value as a system through working at scale.
- Maintaining system leadership to become an equity-based system with a focus on accountability, advocacy and allocation.

If we are to take action on reducing inequalities we need to consider the scale of the factors driving the gap in health outcomes and what is within our gift to either directly control or to influence. The factors contributing towards the gap in life expectancy are multi-faceted and as such our system response should continue to reflect this.

4.1 Next Steps: Determinants of Health

Socio-economic factors are frequently referred to as the determinants of health. These are the conditions that shape people's lives through their education, employment, housing and a multitude of other factors. Our Local Authorities and the Combined Authority therefore have a key role in understanding and affecting inequalities in these building blocks of health.

4.1.1 NHS Partnerships with Local Authority and West Yorkshire Combined Authority.

Local Authorities are led by their Directors of Public Health in addressing those core determinants of health, as well as leading many primary prevention services. The Combined Authority and the Integrated Care Board have signed a unique partnership agreement , which sets out our shared commitment to working together on the factors that affect population health: fair economic growth, climate, tackling inequality.

This approach supports the West Yorkshire Work and Health Partnership to inform our Economic Strategy, support delivery of the Fair Work Charter, and to deliver support to those at risk of falling out of work due to ill health or have fallen out of the labour market due to ill health.

4.1.2 NHS role in reducing and mitigating poverty

There are actions we can take as health and care services to prevent poverty and mitigate against the impact of poverty on population health. In West Yorkshire poverty should not be a barrier to accessing good quality health care.

We are working with hospital trusts reduce barriers to care that might be related to poverty such as transport to hospital, times of appointments and telephone reminders to individuals from communities who are more likely to miss their hospital appointments.

In addition to adapting services to be more inclusive for people living in poverty we can act as a system to prevent poverty through local investment. Several our health trusts locally have taken this approach to hyper-local recruitment including Leeds Community Healthcare NHS Trust .

4.1.3 Inclusion Health

Inclusion health is an umbrella term used to describe people who are socially excluded, who typically experience multiple overlapping risk factors for poor health, such as poverty, violence and complex trauma. We will maintain a continued focus on these populations and communities to be coordinated through the West Yorkshire inclusion health unit.

Launched in 2023, the WY Inclusion Health Unit brings together system partners to improve outcomes for people in inclusion health groups. Priority populations and approaches have been identified including a specific focus on migrant health to support our work as a Partnership of Sanctuary . Additional areas of focus agreed for 2024/25 include; improving diagnosis of respiratory conditions for people who are homeless, research to better understand the needs for women who engage in sex work, improving access to healthcare services for Gypsy, Traveller and Roma populations and improving health outcomes for people in contact with the criminal justice system.

This approach aligns with the ICB requirements for the national framework for action on inclusion health. As part of the framework ICBs are required to have a named lead for inclusion health to ensure ICP strategies and ICB plans tackle inequalities of access, experience and outcomes for people in inclusion health groups. Areas of focus for 2024/25 include; improving diagnosis of respiratory conditions for people who are homeless, research to better understand the needs for women who engage in sex work, improving

5.2 Next Steps: Risk Factors for ill health

5.2.1 Tobacco Control

As smoking prevalence is a key driver for inequalities in preventable ill health, we are proposing a whole system approach for tobacco control to compliment work that happens in each of our local places. Over the coming 12 months collective action as a system is recommended to make targeted efforts to reduce smoking prevalence working with the communities that require the most support.

In 2024 we will Launch a West Yorkshire Tobacco Alliance to bring together partners from all sectors across West Yorkshire under to learn from best practice and identify opportunities to work at scale. The aims for the Alliance will be to:

- Support the ongoing work on illicit tobacco at a West Yorkshire footprint as a flagship approach to tobacco control.
- Continue to support the implementation of tobacco control services in NHS settings.
- Target population groups where we know smoking rates are higher and where we could take collective action as a health and care partnership e.g. links with social housing providers through West Yorkshire Health and Housing Network.

5.2.2 Coordinated Approach to Physical Activity Offers at Scale

As a Health and Care Partnership many of the approaches to reduce inequalities in physical activity levels are led by local authority public health teams. There is an opportunity to work collectively on specific areas across West Yorkshire and support connections between industry partners and the NHS system.

We will work with physical activity partners to make the most of opportunities to support prehabilitation for people awaiting assessment and treatment for both physical and mental health conditions.

5.3 Next Steps: Secondary prevention and Long Term Conditions.

We will continue to use of intelligence and insight to focus efforts on the conditions and that drive the gap in life expectancy in West Yorkshire related to early diagnosis and timely treatment of long-term health conditions. We recommend a focus on high impact interventions across disease pathways for cardio-vascular disease (CVD), respiratory disease and cancer, as these are the health conditions that contribute the most to the gap in life expectancy.

Earlier diagnosis of long term conditions and effective treatment can both improve health outcomes and reduce demand on NHS services. We know in West Yorkshire that people who live in communities ranked most deprived are more likely to have a later diagnosis of a health condition, are more likely to have emergency hospital admissions for their condition and are more likely to die prematurely from their long term conditions.

Targeted approaches to NHS Health Checks and Pulmonary Rehabilitation Programmes are underway in West Yorkshire – some of which has been funded through CORE20Plus5 resource. To reduce the gap in healthcare activity and poorer health outcomes we will continue to target these approaches and ensure services are designed and delivered in a way that is tailored to the people with the greatest levels of need.

5.4 Next Steps: Conditions for an Equity Based System

We have made progress in embedding approaches to reduce inequalities as a partnership. We will continue to embed approaches to leadership, service delivery and resource allocation to reduced inequalities in health outcomes for the population of West Yorkshire. To support these approaches as a health and care partnership we will focus on system accountability, advocacy and allocation to support us to be an equity based system.

5.4.1 Accountability

To address inequalities across a population, leadership is required from every part of the system. Organised efforts through our West Yorkshire Health Inequalities Academy provides opportunities for training and development, including a Health Equity Fellowship programme which has been replicated in other ICBs across the country. We will continue to build on this approach to ensure staff within the system are informed about the action they can take to reduce inequalities.

We will continue to focus on board level commitments to reducing inequalities. Our current strategies reflect our commitments to reduce inequalities as a Health and Care Partnership. We will continue to act as a partnership to demonstrate the delivery of the ambitions outlined in these strategies. Approaches to address inequalities will continue to be explicit

in the strategies and plans published by the health and care partnership coupled with clear plans for delivery.

5.4.2 Advocacy

As a system we have a role in advocating for populations disproportionately affected by health inequalities. A large part of this advocacy is through engaging with communities to better understand their assets and the barriers they face to accessing our services.

Learning from the COVID-19 pandemic highlighted the importance of working with the VCSE and local community champions to help spread health protection messages. We have built on this approach through work on our Core20PLUSConnectors programme working with members of the Romany Gypsy and Irish Traveller Populations in addition to Refugees and Asylum seekers to understand how we can improve access to our services. We plan to learn from and expand this approach through the creation of a Community Board to support the West Yorkshire Inclusion Health Unit.

We will continue to put people with lived experience at the heart of our approach to reducing inequalities both through co-production and the development of a workforce that better represents the population we serve. The VCSE offer an important role as a system partner to support this type of engagement often acting as a conduit to the population groups experiencing the greatest inequalities. We are working towards becoming the first "Keep it Local" Integrated Care System. This will involve embedding the principles of Keep it Local which help health and care systems to reduce inequalities and shift towards prevention through working with the VCSE to unlock the power of local communities.

5.4.3 Allocation

Targeting resource to reduce health inequalities can contribute to an improved financial position in the short term, medium and longer term. In addition to the strong moral case for tackling the unjustifiable differences in health between the rich and the poor there is also a strong financial case for doing so. Population health data provides the evidence to show the disproportionate cost of managing the extra burden of disease in the most deprived socio-economic groups.

We have made progress in allocating dedicated CORE20Plus5 resource based on population need and will continue this into 2024/25. In addition we will seek new approaches to fund the system fairly based on population need will offer better value to the system and help to break the inverse care law which currently sees lower levels of service provision in communities with higher levels need.

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