West Yorkshire
Health and Care Partnership

West Yorkshire Health and Care Partnership Board

6 September 2022

Summary report	
Item No:	39/22
Item:	**Role of the Partnership in helping to alleviate the impact of poverty**
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Executive summary

Summary of key points
- Poverty is an important determinant of physical and mental health and wellbeing.
- The number of people living in poverty is predicted to increase in coming months due to the rising cost of living.
- There are already staff working in West Yorkshire Partnership organisations who live in poverty and the number will increase significantly due to the cost-of-living crisis, impacting on the wellbeing of our workforce
- The health impacts of rising poverty will increase demand for health and social care services at a time when the cost of delivering services will also increase adding additional pressure on stretched services and risking the sustainability of the current health and care services.
- There are opportunities for the West Yorkshire Partnership to take action to tackle poverty and mitigate its impacts – in its role as provider of services, employer of staff, as a purchaser of goods and services and advocate and as anchor organisations
- Poverty is stigmatizing and many people who live in poverty feel ashamed to ask for help, so engaging people with lived experience in our workforce and out communities in action to tackle poverty is essential
- Local authorities and other partners in West Yorkshire have well established anti-poverty programmes and important insights into where action at a West Yorkshire level and through NHS organisations can add value
- The West Yorkshire Partnership is asked to make tackling poverty a priority; through mitigating the consequences of poverty on the health of individuals and on the health service, as well as addressing the drivers of poverty with a range of approaches to reduce poverty in the short, medium and long term.

Recommendations and next steps

Members of the Partnership Board are asked to:

- make tackling poverty a priority; through mitigating the consequences of poverty on the health of individuals and on our health and care services, as well as addressing the drivers of poverty with a range of approaches to reduce poverty in the short, medium and long term;
- approve the establishment of a strategic leadership group to develop an approach, as well as an action focused task and finish group to take forward the work; and
- note the proposed recommendations for the NHS West Yorkshire Integrated Care Board;
- approve the proposed recommendations for the Partnership;
- consider the proposed joint response structure to addressing the Cost-of Living and Climate Crisis; and
- consider the proposed next steps.

Introduction

1. The purpose of this paper is:

    - to enhance understanding of the impact of poverty as a determinant of poor health and wellbeing and its impact on health and social care system;
    - to outline the impact of escalating food and fuel poverty through the current cost-of-living crisis that is happening now and is likely to significantly worsen in coming months;
    - to provide a proposed framework to guide the Integrated Care System's approach to poverty; and
    - to identify priority actions for the so that it contributes to reducing poverty and mitigating its impacts on the population's health and wellbeing

2. The aim is to develop an understanding of the opportunities for the West Yorkshire (WY) Partnership to contribute to tackling poverty by:

    - maximising the contribution that health and care services make to reducing poverty and its impacts;
    - working with other WY-level partners, e.g., West Yorkshire Combined Authority (WYCA), WY Police, to identify what WY-level action needs to take place;
    - developing a WY narrative on poverty and health (working with WYCA and local authority anti-poverty leads); and
    - sharing, amplifying, and adding value to action being taken in our five places.

3. The key points of the paper can be summarised as follows:

    - Poverty is an important determinant of physical and mental health and wellbeing.
    - The number of people living in poverty is increasing now due to the rising cost of living.
    - There are already staff working in WY Partnership organisations who live in poverty and the number will increase significantly due to the cost-of-living crisis, impacting on the wellbeing of our workforce.
    - The health impacts of rising poverty will increase demand for health and social care services at a time when the cost of delivering services will also increase adding additional pressure on stretched services and risking the sustainability of the current health and care services.
    - There are opportunities for the WY Partnership to take action to tackle poverty and mitigate its impacts – in its role as provider of services, employer of staff, as a purchaser of goods and services and advocate and as anchor organisations.
    - Poverty is scarring and stigmatising with long term caused as a result. People who live in poverty feel ashamed to ask for help, so engaging

people with lived experience in our workforce and our communities in action to tackle poverty is essential.

- Local authorities and other partners in WY have well established anti-poverty programmes and important insights into where action at a West Yorkshire level and through NHS organisations can add value.

- The WY Partnership is asked to make tackling poverty a priority; through mitigating the consequences of poverty on the health of individuals and on our health and care services, as well as addressing the drivers of poverty with a range of approaches to reduce poverty in the short, medium and long term.

4. Members of the Partnership Board are asked to:

- make tackling poverty a priority; through mitigating the consequences of poverty on the health of individuals and on our health and care service, as well as addressing the drivers of poverty with a range of approaches to reduce poverty in the short, medium and long term;

- approve the establishment of a strategic leadership group to develop an approach, as well as an action focused task and finish group to take forward the work; and

- note the proposed recommendations for the NHS West Yorkshire Integrated Care Board;

- approve the proposed recommendations for the Partnership;

- consider the proposed joint response structure to addressing the Cost-of Living and Climate Crisis; and

- consider the proposed next steps.

Background

5. There are a number of definitions of poverty and distinctions between different types of poverty, which are important in understanding poverty. However, simplifying this, poverty can be summarising situations when the resources of an individual or a family are so seriously below those commanded by the average individual or family, that they are, in effect, excluded from ordinary living patterns, customs and activities[1]. It leads to inability to buy adequate food, heat the home, have digital equipment to allow participation in the digital world, buy clothes or provide children with the resources to participate in activities with their peers. Research shows that the chronic stress of living in poverty impacts negatively on multiple physical and mental health systems[2]. As well as negatively impacting on the health and wellbeing of individuals and restricting their life chances, it contributes to individuals feeling devalued, dehumanized and stigmatised[3].

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[1] Townsend Centre for International Poverty Research (bristol.ac.uk)
[2] Benzeval M, Bond L, Campbell M et al. How does money influence health? Joseph Rowntree Foundation; 2014. https://www.jrf.org.uk/report/how-does-money-influence-health
[3] Leeds Poverty Truth – Nothing about us, without us, is for us

6.   It is estimated that about a third of the UK population have experience of living in poverty for some or all parts of their life. [4]

7.   In West Yorkshire, currently a fifth of the whole working age population is at risk of low income (above average for England with 15%)[5] and one third of all children are in poverty. Most of the children in poverty in West Yorkshire (70%) live in families where at least one member of the family works[6].

8.   The percentage of people living in poverty in a household where at least one member of the household is in work (in-work poverty) has been increasing over the last 15 years with 68% of working age adults who are in poverty being in in-work poverty in 2019/20. The largest increase in poverty has been in those who work in health and social care where in 2019/20 12% of workers were in work poverty. There has also been a large rise in the proportion of staff working in administrative and supportive services, where 23% of staff are in work poverty[7].

9.   There are inequalities of being at risk of living in poverty with a North / South divide; people who live in the North of England at higher risk of having lower income and being in poverty[8] . Those at greatest risk of living in poverty include people living in a household with someone with a disability, carers, people from Black and Ethnic Minority Backgrounds, lone parent families, and families with 4 or more children (especially if the youngest child is of pre-school age). [9]

10.   Poverty is negatively impacted by global social, economic and environmental issues including the Covid-19 pandemic, conflict and climate change. [10],[11].

11.   There are limitations in current poverty data which make it difficult to assess the true level of the problem at a local level; however, a significant increase in poverty in the coming months and years is predicted. This means there are likely to be more people in poverty, and those already in poverty will become poorer or face destitution.

12.   Experiencing poverty at any part of life can lead to negative health outcomes, including a reduction in both health as well as in overall life expectancy. The cumulative impact of poverty throughout life significantly increases the likelihood of both physical and mental illness.

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[4] health-at-a-price-2017.pdf (bma.org.uk)
[5] Department for Work and Pensions. (2021). Households Below Average Income, 1994/95-2019/20, via Stat-Xplore
[6] These figures are poverty after housing cost and represent 3 year average between 2017/18 -19/20. Source of data: Department for Work and Pensions. (2021). Households Below Average Income, 1994/95-2019/20, via Stat-Xplore
[7] UK Poverty Statistics | JRF
[8] Relationship between income and healthy life expectancy by local authority - The Health Foundation
[9] Inequalities in poverty - The Health Foundation
[10] https://public.flourish.studio/story/1634399/
[11] Climate change and poverty : (un.org)

13. Experience of poverty in early life is linked to lower school readiness and long-term health conditions in childhood and in later adult life; which can further affect life chances and other health and wellbeing consequences throughout the rest of the child's life.

14. Estimations suggest that 1400 lives of children under the age of 15 years are lost in the UK every year as a result of poverty.[12]

15. Increasing numbers of employees of West Yorkshire Health and Care Partner organisations are in poverty, affecting their own health, wellbeing and resilience. As in-work poverty increases, more health and care staff will be affected, further impacting the ability of the health and care system to deliver health and wellbeing outcomes for our population.

16. Poverty and deprivation are linked to higher rates of A&E attendance, hospital admissions, as well as longer length of stay. Children in the most deprived areas are 55% more like to have an unplanned emergency admission than those in the least deprived areas. In 2015/16 it was estimated that if unplanned admissions in the whole population where at the level of the rates amongst the least deprived, there would have been 244,690 fewer paediatric emergency hospital admissions, saving nearly £245 million per year.[13] People living in the most deprived areas of the country also experience worse quality of care.[14] Poverty and poor-quality housing are also linked to delayed discharges.

17. The cost of treating the consequences of poverty were estimated as £69 billion by the Joseph Rowntree Foundation in 2016 and an estimated £1 in every £5 spent on public services is making up for the way that poverty damages people's lives [15]. It is estimated that NHS England spends £1.3 annually to treat illnesses directly linked to people living in cold homes[16]. Given the predicted increases in poverty, this figure is likely to increase further.

Cost-of-Living Crisis

18. The Cost-of-living crisis is leading to increasing household expenditure especially for things like food and energy, due to increasing inflation. As a result, it is estimated that across the UK, an additional 1.3 million people, including 500,000 children, are likely to be in absolute poverty by 2023. In addition, there will be an increase in tax for 7 out of 8 workers as well as a loss in wage for many.[17] The impact of inflation varies across sectors and economists predict that transport fuel and home energy costs will increase the

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[12] Poverty and child health in the UK: using evidence for action - PMC (nih.gov)
[13] Admissions of inequality: emergency hospital use for children and young people (nuffieldtrust.org.uk)
[14] Poverty status is linked to worse quality of care | The BMJ
[15] Counting the cost of UK poverty | JRF
[16] Could the energy crisis cause a public health emergency? | NHS Confederation
[17] Lack of support for low-income families will see 1.3 million people pushed into absolute poverty next year • Resolution Foundation

most. They have also identified the social care sector as particularly vulnerable to inflation in the coming months.

19. This recognition has led to the Real Living Wage rate increase being brought forward from November 2022 to 22 September in 2022. Employers are asked to increase employee's wages in line with the new Real living wage as soon as possible, but at least by May 2023.[18]

20. The cost-of-living crisis will have an impact on the physical and mental health of large numbers of the population, as a result of not being able to afford food and energy to keep homes warm[19],[20]. The chronic stress caused by living in poverty can impact on the immune system, cardio-vascular system and increase distress and mental illness. It can also lead to reduced uptake of preventative interventions including screening immunisation and health checks, as dealing with the challenges of daily life take priority over future health and wellbeing gains. These impacts can be further compounded by the stigma many people feel about struggling to make ends meet.

21. The cost-of-living crisis is already increasing health inequalities and inequalities in access to health care as well as in outcomes and with existing prediction this is likely to further increase over the coming months. Some patients are unable to afford to attend appointments or not have access to digital equipment or data to allow them to make full use of opportunities on offer.

22. In-work poverty of health and care staff can lead to increase staff absences through sickness and poorer health and wellbeing [21], further exacerbating existing workforce pressures in the system. Pay is also one of the main reasons for staff leaving their jobs in health and social care[22] and staff recruitment and retention are key priorities for health and social care, given pressures as a result of workforce shortages. There are some suggestions that the pay in some parts of the health and care sector is contributing to challenges around staff retention and recruitment with large numbers of vacancies further increasing the pressure on the existing workforce.

23. Thus, poverty and the cost-of-living crisis could have a significant impact on the ability of the health and care sector to deliver in line with its ambitions and to meet targets and provide the level of care it wants to provide to its population.

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[18] What is the real Living Wage? | Living Wage Foundation

[19] Goddard A. The cost of living crisis is another reminder that our health is shaped by our environment. BMJ 2022;377:o1343. The cost of living crisis is another reminder that our health is shaped by our environment | The BMJ

[20] Andersen, Reeves. The cost of living crisis is harming mental health, partly because of previous cuts to social security. BMJ 2022;377:o1336. The cost of living crisis is harming mental health, partly because of previous cuts to social security | The BMJ

[21] Valuing the health and wellbeing of lower paid NHS staff - The Health Foundation

[22] Half of NHS staff considering leaving their job - Nursing in PracticeNursing in Practice

24. The price of delivering health and social care is also predicted to increase, with increased costs of medication, energy, transport and wages.

25. Fuel poverty[23] is a particular area of concern in the relation to the current cost of living prices as a result of the significant increase in fuel costs. Household energy bills are set to rise to over £4,200 per year from January 2023[24]. This is expected to result in about two third of households, and 80% of large families, lone parents' households or pension couples in the UK being in fuel poverty by January 2023[25]. There are challenges around accurately estimating the number of homes likely to be in fuel poverty, the definition of fuel poverty used as well as the impact of fuel poverty for different households[26]. So, while some of the figures need to be interpreted with caution, predictions are of an increase of unprecedented scale.

26. Increases in the number of households living in fuel poverty is almost certain to lead to increases in excess winter deaths and increased demand for acute health care, as it is estimated that for every excess winter death, there are 8 excess emergency admissions to hospital[27].

The role of the NHS in reducing poverty

27. While many of the drivers and determinants of poverty are linked to macropolitical decisions and outside the direct control of the National Health Service, there are a range of things that the NHS and its partners across the Health and Care System can do, either independently or collectively, that can have an impact of reducing poverty as well as the negative outcomes associated with poverty for the local populations. These focus on the different functions that the NHS has:

- **An employer of staff** (The NHS across England employs around 1.4million members of staff and an additional 1.6 million members of staff are employed in social care in England [28] and The NHS West Yorkshire Integrated Care Board employs 1,300 people and the West Yorkshire Integrated Care System employs about 100,000 employees across the system.

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[23] a household is considered to be fuel poor if: -they are living in a property with a fuel poverty energy efficiency rating of band D or below and when they spend the required amount to heat their home, they are left with a residual income below the official poverty line Fuel poverty statistics - GOV.UK (www.gov.uk)

[24] Could the energy crisis cause a public health emergency? | NHS Confederation
[25] Could the energy crisis cause a public health emergency? | NHS Confederation
[26] Fuel poverty: updated estimates for the UK | CPAG
[27] the-health-impacts-of-cold-homes-and-fuel-poverty.pdf (instituteofhealthequity.org)
[28] Overview of the health and social care workforce | The King's Fund (kingsfund.org.uk)

- **A deliverer of services** (there are more than 300 million consultations in general practice every year alone, and more in hospital and other community services patient contacts[29])

- **A procurer / commissioner of** services (the NHS procures a range of goods and services) / (opportunities to consider addressing poverty in resource allocations)

- **An anchor institution** (NHS organisations act as anchor institutions in their local communities and can positively influence the social, economic and environmental conditions in an area to support healthy and prosperous people and communities.[30])

- **A partner organisation** (able to influence others across the partnership and system, including the Voluntary, Community and Social Enterprise (VCSE)and private sector)

- **An advocate for local populations** (ability to advocate nationally through NHS England and to government for local populations and to influence policy decisions).

How can West Yorkshire Partnership contribute to tackling poverty?

28. Tackling inequalities has been at the heart of work of the NHS as well as its partners across the health and social care system with established work, led by the Local Authorities and VCSE sector, being undertaken at place.[31]

29. Because of the negative consequences on health, in both the long and short term, reducing child poverty is recognised as one of the most effective ways of managing demand on health and care services with benefits seen in the short, medium, as well as long term[32].

30. In line with the way of working of the Partnership, and the principles of subsidiarity and primacy of place, the role of the Partnership should add value by:
   - Delivering activity at scale across West Yorkshire
   - Adding capacity and capabilities across the system
   - Support the sharing of good practice between health and care partners
   - Collaborate to tackle complex/ wicked issues.

31. Through the development and implementation of the West Yorkshire Partnership People Plan, the Partnership is exploring opportunities of reducing poverty as well as increasing equity across the work force through reviewing processes and policies including travel expenses payments.

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[29] Tackling poverty: Making more of the NHS in England (kingsfund.org.uk)
[30] The NHS as an anchor institution (health.org.uk)
[31] Health matters: cold weather and COVID-19 - GOV.UK (www.gov.uk)
[32] Could the energy crisis cause a public health emergency? | NHS Confederation

32. Through the digital strategy, there is a commitment to take an inclusive co-design approach to transformation. Ensuring people with lived experiences are involved in designing any transformation that takes place. Also taking a neighbourhood approach to delivering digital inclusion initiatives. Designing solutions based on the needs of the individual neighbourhoods from loaning/gifting devices for people who are digital excluded, to developing safe community spaces, in partnership with VCSE organisations/libraries, where digitally excluded citizens can visit to use and be supported with technology, particularly where they have health needs/attending appointments.

33. Currently the Partnership is refreshing its Five Year Strategy, which provides the opportunity to strengthen the Partnership's commitment in addressing poverty as well as laying out the approach of doing so.

Proposed approach

34. The proposed approach, consists of four goals:
   - Contribute to reducing poverty in West Yorkshire as an employer and anchor organisation
   - Mitigate health impacts of poverty through the provision of health and care services
   - Support the parts of our partnership most impacted by inflation (in particular social care because of co-dependencies)
   - Increase the inclusion of people in poverty, by challenging stigma, and working in ways that build long term resilience

35. The approaches the NHS can take to tackle poverty have been described by the King's Fund [33]as:
   - The role of the NHS in **advocacy**
   - Raising awareness of the NHS's role in tackling poverty
   - considering further **actions,** the NHS can take both in relation to actions to mitigate the impact of poverty as well as actions to address the drivers of poverty of income through employment, income through benefits in kind and reduction in the cost of living.

36. How these approaches linked to the different functions of the Partnership could develop into a framework to help structure an approach to addressing poverty is visualised in figure 1 below.

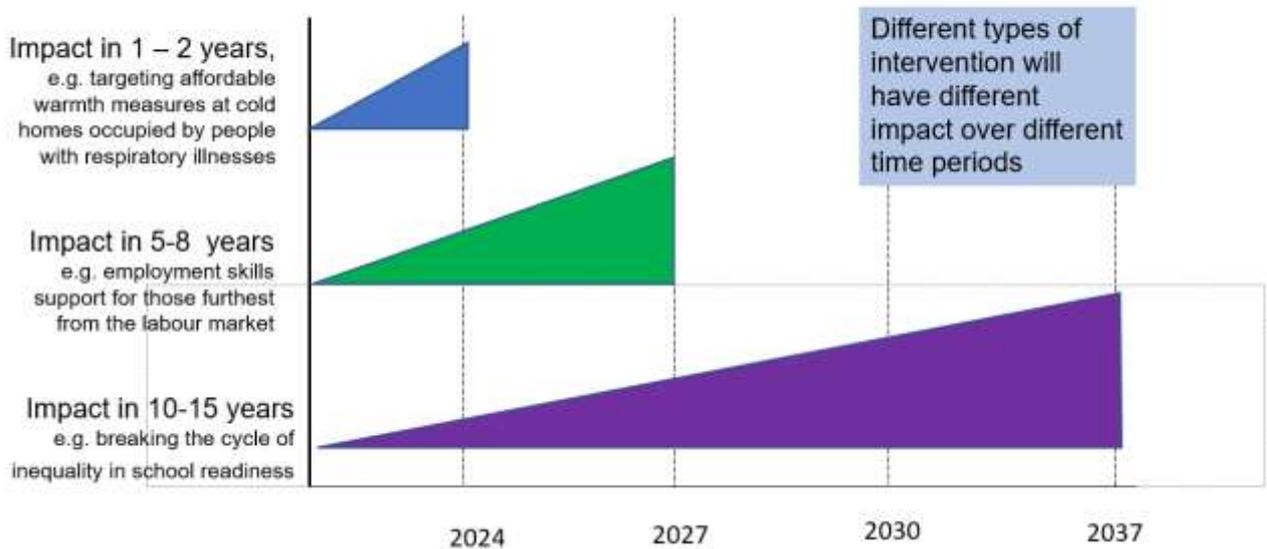[33] The NHS's role in tackling poverty (kingsfund.org.uk)

Figure 1: Framework for the Partnership's role in addressing poverty
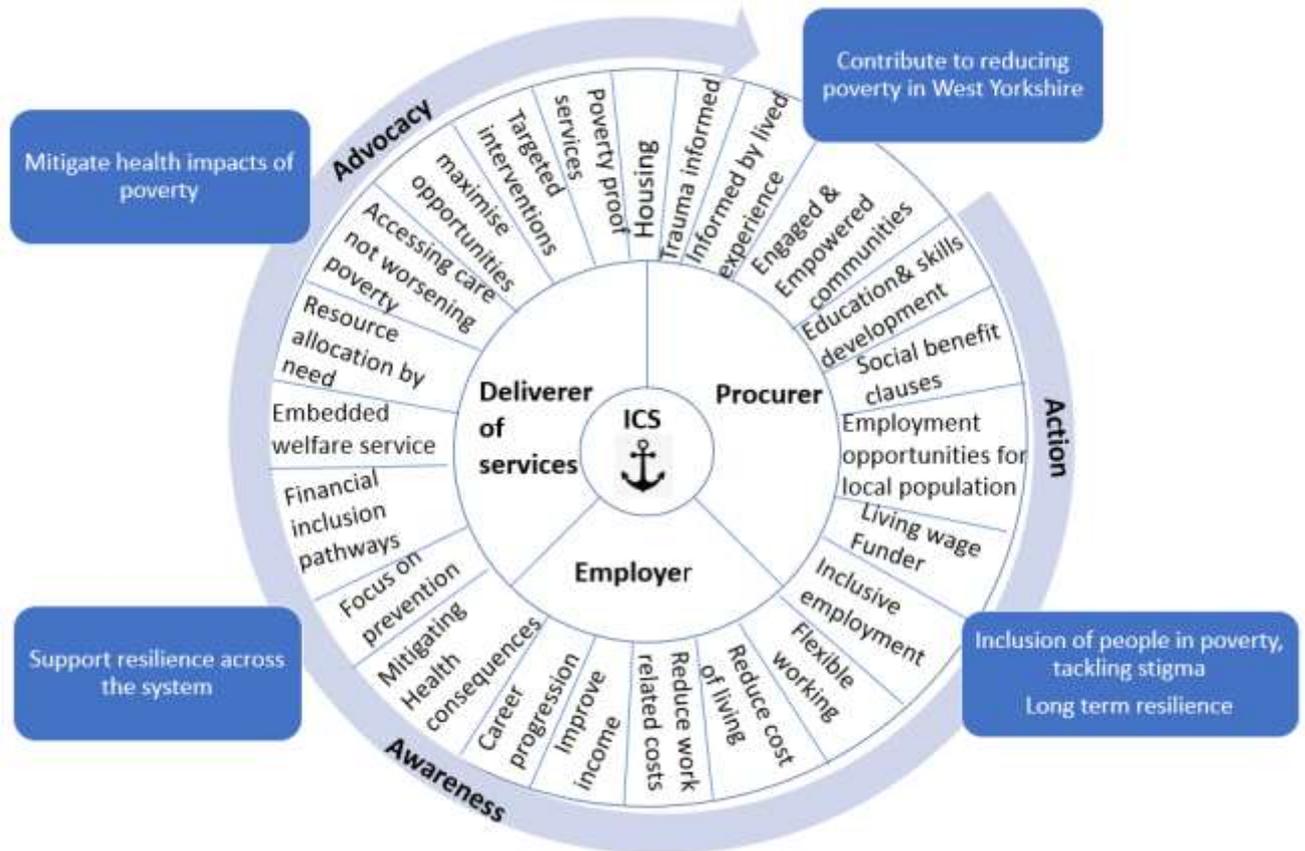
37. When developing an action plan to address poverty for the Partnership, it is important to also consider the timescales of when interventions will impact on poverty and its consequences for health and wellbeing. Given the current rates of poverty and the predicted increase in especially fuel poverty in this autumn and winter, there is an urgency to put in place interventions with a potential of having an impact in the short term and alleviating poverty for individuals and families now. However, to achieve meaningful, long- term reductions in poverty, these measures will have to be paired with measures addressing the underlying causes of poverty to help break the cycle of poverty and lead to long lasting reduction of poverty and its health consequences (Figure 2).

Figure 2: Visualisation of timescale of impact for different approaches in addressing poverty. Source: Deborah Harkins, DPH Calderdale.

Interventions and impact over time

Impact in 1 – 2 years, e.g. targeting affordable warmth measures at cold homes occupied by people with respiratory illnesses

Different types of intervention will have different impact over different time periods

Impact in 5-8 years e.g. employment skills support for those furthest from the labour market

Impact in 10-15 years e.g. breaking the cycle of inequality in school readiness

2024 2027 2030 2037

A few examples of opportunities of systems working to address poverty:

38. **Data and intelligence/ Population health management:** Collaborative working across the system to develop an understanding of poverty and progress in reducing poverty by developing of indicators and establishing timely monitoring, evaluating interventions, and gathering data and insights to inform action. This could include the use of Population health management across the system to inform the resource allocation across the system and to target intervention by population need or areas where poverty is causing the biggest impact on the health and care service.

39. An example of how intelligence is currently being used to inform services delivery and planning in relation to inequalities is the analysis of our waiting lists by deprivation and ethnicity as a mechanism for ensuring services are responsive to poverty; and to ensure elective recovery foresees the issues in planning.

40. There is a potential to further build on this work with a population health management approach and directing interventions and support at population identified as being able to benefit from this support. This support could include a wide range of support from expansion of waiting well initiatives, smoking cessation and weight loss support to help improve outcomes of care, but also could include joining up support across the system to welfare and debt advice, affordable warmth interventions or housing support.

41. **Financial inclusion pathways:** automated referrals from routine care pathways (like maternity services, Health Visiting, Primary care, A&E, smoking cessation services and others). It requires staff to be aware of the issue, be confident in raising it with patients. If patients/service users would like advice or support, an electronic referral could be set up leading to a referral to a welfare advice provider. This requires an understanding of the capacity of welfare advice across the system and sufficient available capacity to support individuals as well as data sharing across organisations. There would also be a potential to set up Inclusion pathways to link to housing / affordable warmth support etc. Financial inclusion pathways have been evaluated as very effective in Scotland[34],[35].

42. **Affordable warmth:** An example of systems work was the investment of £1 million from inequalities funding into Winter warmth / affordable warmth initiatives to help families heat their homes to help with reducing exacerbations of asthma in children[36].

43. This has led to an establishment of a winter warmth task and finish group to join up work with the affordable warmth work established at place. Joining up these approaches leads to the potential to develop an understanding of the collective resource to provide affordable warmth interventions. Systems working could allow using intelligence and taking a population health management approach to targeting these interventions to those most at risk (people with respiratory disease; cardiovascular disease; and children with asthma) and potentially identifying additional resources for the system to support this work as well as opportunities for skill development for people in the local population around this to create routes into employment.

44. **Workforce**: The ICB is considering its role as an employer as well as taking a systems lens to employment across the health and social care sector. Work that has recently been undertaken relating to the impact of the cost of living for members of the Partnership workforce, includes a review of the local organisational responses as employers to the current needs of their workforce. Examples of action include the temporary adjustment and increase of mileage rates (predominantly within organisations whose teams incur great travel costs within community roles), recognising the rising costs of travel fuel and the facility for staff to receive payment for mileage expenses in advance rather than retrospectively. In addition, there is evidence of proactive responses to pay processes with organisations introducing facilities for staff to access a proportion of their pay throughout the month to support people with their personal money management, together with examples of financial awareness

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[34] Healthier, Wealthier Children Project (gcph.co.uk) Overview and benefits of referral pathways - Financial inclusion referral pathways - Local actions to reduce child poverty - Child poverty - Children - Population groups - Public Health Scotland
[35] Tackling Child Poverty in Scotland: Examples of Policy and Practice - Income from Benefits (improvementservice.org.uk)
[36] Improving Population Health Programme. (wypartnership.co.uk)

and well-being support, including the attendance of Citizens Advice Bureau services on-site etc. Such practice is being shared with the places of the West Yorkshire Partnership determining whether there is scope to do more collectively. The ICB also feeds into national developments in this area by sharing the approaches across West Yorkshire.

45. The Partnership's People Plan sets out the workforce strategy and our collective workforce ambitions until 2025[37]. It addresses consideration of the health and wellbeing of our staff and staff retention, as well as recruiting and expanding the workforce to meet increasing demands now and in future. This work on the poverty agenda for our communities and our workforce provides opportunities to further strengthen the systems role as an employer to help staff with the cost of living, opportunities to provide benefits and welfare advice to staff and facilitate opportunities which support members of the local population both with skills acquisition and into employment[38].

46. **Inequalities work:** Through the "**Core 20 plus 5**" approach, work aimed at reducing inequalities for those living in the 20% most deprived areas, as well as population group facing particular disadvantages is being undertaken both at place, as well as at system level in West Yorkshire.

47. The national funding for this work was allocated by population need and deprivation to the 5 places as an example of how data and intelligence and a population health approach can inform the allocation of resources. A part of the resource (£1,286,800) is being used to establish an Inclusion health Unit for population groups considered as socially excluded and experiencing complex or multiple disadvantages. Inclusion groups are at high risk of being in poverty. The Inclusion Health Unit provides an opportunity to commission support for inclusion groups across West Yorkshire and work at scale.

48. It can address the driver of poverty experienced by inclusion health groups like opportunities for routes into employment.

49. This links to existing work on going by partners across the system in West Yorkshire[39] and systems working provides further opportunities to address the wider determinants of health including the drivers of poverty, for example opportunities into good quality employment for refugees and asylum seekers[40], linking into the work to becoming a System of Sanctuary.

50. **Finance strategy:** The finance strategy for the Partnership is being refreshed to be aligned to the Partnership's refreshed strategy and to enable an even stronger focus on reducing inequalities.

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[37] WYHCP_-_People_Plan_-_Workforce_Strategy_2021-2025.pdf (wypartnership.co.uk)
[38] Joined Up for Jobs
[39] Voluntary, community and social enterprises working with migrants in Yorkshire and Humber (yhphnetwork.co.uk)
[40] Helping refugees to rebuild lives - Refugee Council

51. The finance strategy will have objectives of improving outcomes for the population in health and healthcare; tackling inequalities in outcome, experience and access; enhance productivity and value for money as well as supporting broader social and economic development. There is therefore a clear focus in the finance strategy to mitigate against the consequences of poverty, as well as an aim to address the drivers of poverty in the more medium and long term.

52. The finance strategy will also ensure that resource allocation is informed by data and is distributed by need and considering health inequalities.

53. Plans to consider how resources are best spend across the system will strengthen collaborative working across the system and thus facilitate multi-sectorial, joint up working to address the drivers of poverty.

54. **Community/ staff engagement**: working within existing structures led by Local Authorities, the VCSE sector and the WY Harnessing Power of Communities Programme to utilise the wealth of potential and opportunities in our communities. Both in relation to co-designing solutions but also to support community development to empower communities to become part of the solution.

55. Further examples of how Partnership can contribute to reducing poverty and its impacts in the short, medium and long term are summarised at Annex A**.**

Proposed recommendations

56. It is proposed that the NHS West Yorkshire Integrated Care Board should:

- Ensure each ICB function identifies how it will contribute to mitigate impacts of poverty in the short to medium term and contribute to reducing poverty in the longer term.

- Ensure that consideration of addressing the drivers of poverty as well as mitigating the consequences of poverty is embedded in the strategies of all functions and services, considering this is informed by population health management tools and data and intelligence. This could include having an integrated impact assessment approach that includes impact on climate change and poverty for all papers going to the Board for consideration.

- Maximise impact through the ICB role as an organisation. Focusing on measures to address the drivers of poverty amongst staff employed by the ICB as well through its role as a procurer and deliverer of services.

- Strengthen the ICB role in advocacy on poverty,and consider linking in with other ICBs across the North of the country and other partner organisations to strengthen opportunities to influence national policies.

57. It is proposed that the West Yorkshire Health and Care Partnership should:

- Consider making poverty a priority and the reduction of poverty a big ambition for the partnership

- Raise awareness of the impact of poverty on health, for example through the adversity, trauma and resilience approach (ATR) approach as well as other training to those at all levels of the organisations to contribute to reducing the stigma around poverty as well as enabling staff to feel confident in addressing poverty through their services. Building on the Partnership's role in increasing capability and capacity across the system with an aim of mitigating against the impacts of poverty as well as facilitating interventions aimed at reducing poverty

- Strengthen its approach to population health management and data and intelligence across the system to support interventions and target interventions and approaches to those most vulnerable.

- Maximise use of digital solutions in supporting joint up working approaches across traditional organisational boundaries.

- Consider prioritising a focus of reducing poverty amongst the workforce across health and social care and developing a plan for actions in line with the role of organisations across the system as employers and reducing inequalities in the response to this across the system.

Proposed health and care system joint response

58. The health and care system should set up a joint response structure to addressing the Cost-of Living and Climate Crisis. This could include:

- Establishing a strategic leadership group as well as an action focused task and finish group with representation from local authority anti-poverty leads, representation from the WYCA, VCSE sector, national NHS organisations, Office for Health Improvement and Disparities (OHID) and academic organisations and other partners across the system to identify where work at a WY level can add value and ensure plans are influenced by lived experience and complement existing work at place.

- The development of a strategic, co-ordinated and effective operational action plan in relation to action to mitigate the impact of poverty as well as addressing the drivers of poverty, that reflects actions with an immediate, medium as well as long term impact. This could include building on the anchor framework or developing a systems anchor approach.

- Establishing appropriate governance structures to ensure the response recognises the urgency and need for actions to address the impacts of poverty now as well as in the longer term.

- Consider the urgency and co-ordination identifying urgent action to be taken mitigate the health effects of poverty in those most vulnerable and who are most likely to need support from health care services, e.g., people with respiratory disease, heart disease and serious mental illness who are in fuel poverty where working as a system adds benefit beyond what would be achievable through the actions of an individual partner. Also considering the impact of populations most likely to be affected by poverty (representatives from Black, Asian and minority ethnic communities, refugees and asylum seeker, gypsy and travellers, lone parent families, families with more than three children, households with someone with a disabilities or caring responsibilities) and prioritising actions to support them. Building on learning from the cross-sector response to Covid-19 for example in the approach to shielded patients or approach to supporting care homes.

- Develop an understanding of existing actions and interventions aimed at reducing poverty by partners across the system to allow the identification of gaps and the development of a joined-up approach through the anti-poverty leads in each Local Authority, sharing learning where existing work is already progressing well.

- Consider prioritising a focus of reducing poverty amongst the workforce across health and social care as well as children living in poverty.

- Develop a process to ensure an inclusive co-design of services and an approach to addressing poverty with those with lived living experience including both members of staff as well as community members in developing ideas and initiatives. Consider delegating resources to employee networks to delivery locally sensitive anti-poverty programmes and to communities as appropriate.

Proposed next steps

59. The following next steps are proposed:

- establish a task and finish group to scope out a strategic approach for the West Yorkshire Partnership in relation to reducing poverty in the population;

- integrate cost-of-living crisis into existing emergency planning, resilience and response systems in recognition of the expected impact on health and care services as a result of it and identify a group to lead the systems response to the cost-of-living crisis;

- establish an agreed approach to addressing poverty with a clear action plan recognising the actions to address the cost-of-living crisis and short-term consequences, actions with medium term outcomes (e.g. employment opportunities) as well as actions leading to long term

reduction of poverty (including actions aimed at improving school readiness and educational attainment).

Recommendation

60. Members of the Partnership Board are asked to:

- make tackling poverty a priority; through mitigating the consequences of poverty on the health of individuals and on our health and care services, as well as addressing the drivers of poverty with a range of approaches to reduce poverty in the short, medium and long term;
- approve the establishment of a strategic leadership group to develop an approach, as well as an action focused task and finish group to take forward the work; and
- note the proposed recommendations for the NHS West Yorkshire Integrated Care Board;
- approve the proposed recommendations for the Partnership;
- consider the proposed joint response structure to addressing the Cost-of Living and Climate Crisis; and
- consider the proposed next steps.

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Deborah Harkins, Director of Public Health, Calderdale Council

With special thanks to Toni Williams for sharing her work which has significantly informed this work and a lot of her work has been included in this document, as well as her valuable contribution in the wider discussion around this and informing the work.

Thanks also to the other members of the working group for giving their time and sharing their knowledge, views and passion for this work.

Annex A: *Examples of actions NHS can take to reduce poverty and its impacts*

NHS Dimension	short term impacts	medium term impacts	long term impacts
Employer of staff	• Provide public transport travel cards • Temporarily increase mileage rates for staff who must travel • Develop pay systems which enable staff to access a proportion of their pay through the pay period. • Gather ideas from staff at risk of poverty about how employers can support employees • Delegate budgets to employee networks to deliver anti-poverty actions for staff	• Increase recruitment of / apprenticeships and work experience placements for people who are in communities at high risk of poverty, through Positive Action campaigns. • Develop access to skills development programmes which will enhance employment prospects • Acquire a greater understanding of the barriers to employment across the Partnership including working patterns and contractual terms and develop responses accordingly.	• Work with schools, careers and education providers to increase representation in healthcare professions from young people on free school meals • Develop career pathways linked to Talent Management frameworks which ensure that longer-term employment / career opportunities are a clear prospect for the local population within their career choices.
Provider of services	• Accessible health services: - that are poverty informed; - co-designed with people with lived experience of poverty; - ensure that appointment policies (such as Do Not Attend policies) do not worsen inequalities for people experiencing poverty; - identify how to reduce transport costs of travelling to face-to-face appointments, in partnership with people living in poverty but also	• Integrate financial inclusion measures into care pathways • Invest in voluntary and community sector on a sustainable basis • Set equality targets to ensure that the equitable recovery of planned care services for people living in poverty	• Where possible, deliver primary and community health and care services in integrated community campuses in deprived communities, co-designed and co-delivered with local residents

NHS Dimension	short term impacts	medium term impacts	long term impacts
	offering virtual appointments where appropriate to reduce time from work for those people who are in work or unable to travel. • Integrate affordable warmth advice into long term condition checks for people with CVD, respiratory and serious mental illness. • Invest in local voluntary and community sector responses to cost of living crisis. • Ensure that service delivery does not increase poverty.		
Procurer of goods and services	• Living wage funder • Use of social benefit clauses	• Working with local partners across statutory and third sector, to develop employment and skills opportunities in the local economy especially for those most at risk of poverty • Working with the West Yorkshire Combined Authority and education to support skills development and support inclusive economic development • Favouring organisations with social business and co-operative models • Regenerative business models / circular economy vs national contracts	• Strengthening local, green, inclusive development

NHS Dimension	short term impacts	medium term impacts	long term impacts
Anchor organisation	• Integrate anti-poverty actions into social value programmes		
Advocacy	• Sensitively engage with employees in poverty to inform a campaign to tackle the stigma of poverty		• Advocate for action to address the core economic determinants of health using a narrative co-produced with people living in poverty, informed by frameworks institute insight