

MARKET BRIEFING: Reducing Health and Care Inequalities

1. Introduction

This Market Briefing is published as part of the journey to transform the way services are commissioned and delivered across the Bradford District. It should be read in conjunction with our Market Position Statement, [which can be found here](#).

2. Purpose of the briefing

This briefing is aimed at adult social care providers who work, or are interested in working, in the Bradford District. It gives a short overview of issues around health and care inequalities in the District, explains the Council's approach to reducing inequalities and how providers can support with this.

3. What we mean when we talk about inequalities

Inequalities are systematic differences between groups in our society (such as gender, ethnicity, disability, income etc.). When we talk about health and social care inequalities, we are referring to the unfair and avoidable differences in health and social care outcomes between these groups¹.

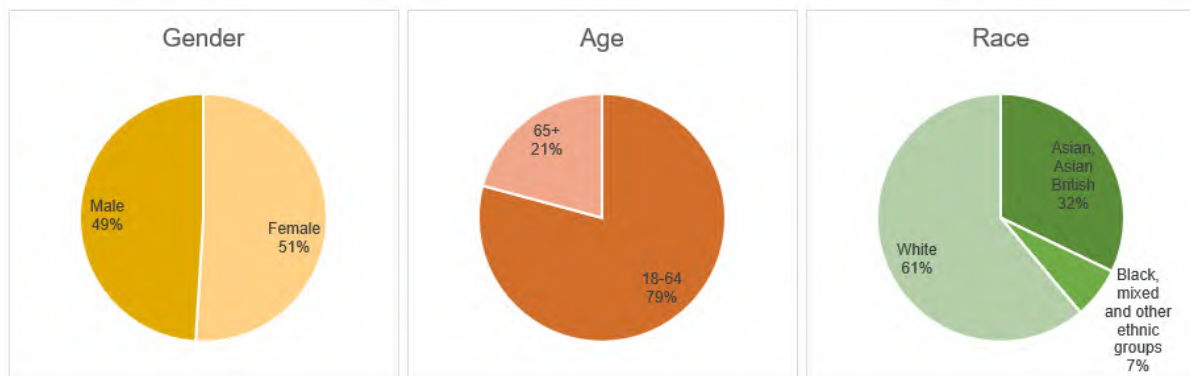
Unfair and avoidable differences in outcomes may occur because people in some groups are more likely to live or work in harmful environments, to be less aware of health risks and less able to prioritise health, and to encounter more barriers to care (e.g. transport, language barriers, digital exclusion).

A short film explaining inequalities in Bradford is available here: [Reducing Inequalities Alliance: Closing the health gap in Bradford District and Craven \(youtube.com\)](#)

Addressing health inequalities is frequently focused on within the NHS and Public Health teams, however adult social care also has an important role to play in addressing inequalities.

4. Key demographics

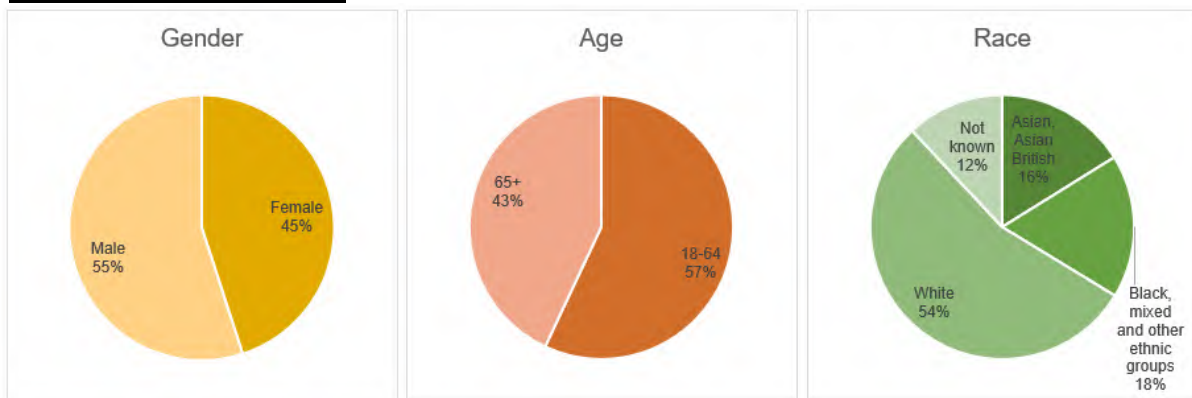
District Profile from 2021 Census



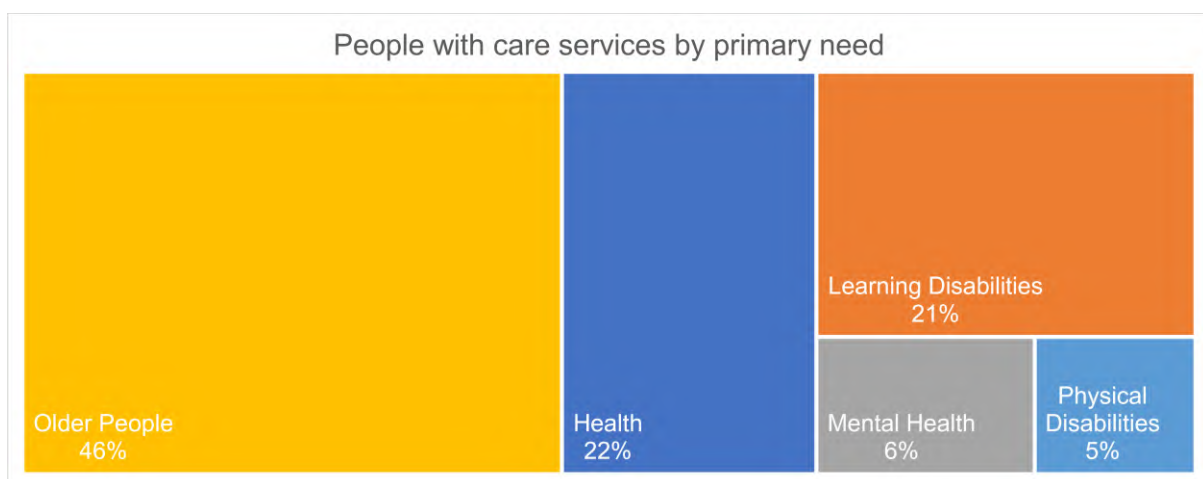
¹ <https://www.england.nhs.uk/about/equality/equality-hub/national-healthcare-inequalities-improvement-programme/what-are-healthcare-inequalities/>

- 33.4% of the population are Christian, 30.5% are Muslim and 28.2% have no religion.
- 17% of the population have a long-term condition that limits their day to day activities.
- It is estimated that 3,150 people in the District are autistic. In the UK it is estimated that 15-20% of the population is neurodivergent, with thinking and learning styles that differ from what's considered typical (neurodiversity includes conditions like attention deficit disorder (ADHD), dyslexia and dyspraxia).
- 89% of the population are straight or heterosexual, 1.1% are gay or lesbian and 1% are bisexual.
- 0.6% of the population identify as transgender, while 92% identify as the gender they were registered as at birth.

People with social care:



- Data from our case management system shows that 13% of people who have active care and support lines are from mixed or multiple ethnic groups (compared to 3% of the general population). We think this may be to do with how people report their ethnicities to social workers but are exploring this further.



Other social determinants

- Deprivation: 22% of working age people live in relative poverty in the District. There are 157,000 people living in wards in the 10% most deprived wards in England ([Bradford Anti-Poverty Strategy](#))

- Housing: 62% of the population live in owner-occupied housing, 15% in social rented housing and 23% in private rented housing (2021 Census).
- Employment: Bradford's employment rate is 69.7% (people aged 16-64). 24.9% of people aged 16-64 are economically inactive (meaning they are neither employed nor seeking work) ([ONS](#)). 4.8% of adults with a learning disability are in paid employment (2022/23 ASCOF)
- Caring: 2.4% of people provide between 20 and 49 hours of weekly unpaid care (2021 Census).
- Gypsy, Roma and Traveller: In the 2021 census 1.8% of the population identified their ethnic group as Roma

5. Health inequalities in the District

Life expectancy varies by 11 years between our most economically deprived wards and our least (from 77 to 88 years for women and from 72 to 83 years for men).

Importantly for social care providers to be aware of, there is also a significant variation in healthy life expectancy – this is the number of years people are expected to live in good health. There is up to 23 years variation between people living in different areas of the District.

People with a learning disability have over 25 years less life expectancy than the general population and people with serious mental illness have 15-20 years less life expectancy than the general population.

Read the [Reducing Inequalities Alliance call to action](#) for more information.

In social care, inequalities are present around:

- The need for care: The older people get, the more likely they are to need support with daily living activities. Women in their 70s are more likely to need help than men in their 70s and people living in deprived areas are more likely to need help with daily activities as they age than those in the least deprived neighbourhoods.
- Unmet need: Similarly, research has shown that older women, people in deprived areas and people from ethnic minorities are more likely to have unmet need (need not met by adequate services or unpaid care)².
- Caring: People living in more deprived areas are more likely to provide care at a higher intensity than people living in the least deprived areas. Providing higher levels of unpaid care is associated with greater impacts on carer's employment and mental and physical health. Carers from ethnically diverse communities are less likely to receive paid for support.

Intersection of disability and other protected characteristics, particularly ethnicity, has been shown to compound discrimination within systems. The CQC's latest state of care report³ describes evidence that fewer people from ethnic minority groups with long-term conditions expect to receive on-going care and support after leaving hospital than white people with a long-term condition.

² <https://digital.nhs.uk/data-and-information/publications/statistical/health-survey-for-england/2018/summary>

³ <https://www.cqc.org.uk/publications/major-report/state-care/2022-2023/inequalities>

Autistic people and people with a learning disability face barriers to equality of access to services that promote independent living and that address physical health needs.

6. How the Department of Adult Social Care is working to reduce inequalities

- We are working to get a better understanding of who is accessing services through piloting new approaches to collecting equalities data. By increasing our awareness of the difference groups of people using our services we will be better able to respond to and address any gaps or issues.
- We are part of the [Reducing Inequalities Alliance](#) network, gaining learning and sharing best practice, we promote [Living Well](#) services and are engaged in research around equity and inequality as part of the HDRC Community of Research.
- Our social work teams have been restructured to create an Adults with Disabilities service area. This includes a team with a specialist focus on Autism and Neurodiversity.
- We ask providers to commit to measurable outcomes around social value when they take on a new contract following procurement. Areas of focus for social value outcomes include supporting our anti-poverty work and supporting with the delivery of our carers strategy.
- We are proactively engaging with communities whose voices are less often heard

7. Role for adult social care and support providers

We are encouraging providers to think about what they can do to reduce inequalities, using the 3 'A's Framework:

1. **Awareness:** Think about what training is available to staff on inequalities and what information it might be helpful for staff to know so they are aware of the inequalities people may face.
2. **Action:** Think about what action your organisation can take to reduce inequalities. Consider in particular access to your services. Are there groups of people who are less able to access your service due barriers created by the way you work.
3. **Advocacy:** Think about how you can champion the rights of the people who use your services and support them to speak-up when barriers are found.

The services we commission can help reduce inequalities by ensuring fair and equitable access to their services, supporting district-wide approaches to reducing inequalities, using fair recruitment practices, offering good working conditions and skills development, outsourcing ethically, and reducing carbon emissions and air pollution.

8. Sources of further information

The Reducing Inequalities Alliance has a list of tools and resources that can help us to understand and reduce inequalities in the District:

<https://bdcpartnership.co.uk/strategic-initiatives/ria/tools-and-resources/>