

Trust Board of Directors

Item 3.1

Subject: Health inequalities at LHCH: position paper – September 2024

Date of Meeting: 24th September 2024

Presented by: Tom Pharaoh – Director of Strategy

Purpose of Report: ~~For Approval / Decision~~ / Note

BAF Reference	Impact on BAF
<i>BAF7 – Anchor institution and health inequalities</i>	Establishes baseline position of health inequalities at LHCH and proposes new governance and work programmes to reduce corporate risk to target level by end of 2024/25

Level of assurance (<i>please tick one</i>) <i>To be used when the content of the report provides evidence of assurance</i>					
<input type="checkbox"/>	Acceptable assurance Controls are suitably designed, with evidence of them being consistently applied and effective in practice	<input checked="" type="checkbox"/>	Partial assurance Controls are still maturing – evidence shows that further action is required to improve their effectiveness	<input type="checkbox"/>	Low assurance Evidence indicates poor effectiveness of controls

Executive Summary

The purpose of this paper is to:

- Summarise the background to the health inequalities agenda,
- Clarify the role of NHS provider trusts in tackling health inequalities,
- Set out LHCH's work to-date in response to this agenda, and
- Outline the proposal for a strong ongoing programme of work to continue to tackle health inequalities by focusing on factors that are within our control.

The report sets out the two clear ways in which NHS services can address health inequalities:

1. By ensuring fair access, experience, and outcomes across different groups in the population.
2. By acting as an anchor institution to support work on the wider determinants of health

The report recommends that the future work programme should be structured to reflect this distinction. It also proposes the addition of a further supportive cross-cutting work stream that looks to develop within LHCH the leadership and culture to tackle health inequalities.

The paper summarises the work that has begun at LHCH in developing the leadership and culture to tackle health inequalities. There has also been initial work to assess the equitability of our services. The work to develop as an anchor institution has had more focus historically is therefore more developed.

The paper outlines the need to develop work programmes to continue to tackle the different elements of health inequalities and sets out a number of areas that these work plans should cover. It proposes that a new governance forum, the Health Inequalities and Anchor Institution Group, is formed to drive forward all parts of the health inequalities agenda and provide the necessary reporting and assurance to the LHCH Board of Directors.

Health inequalities at LHCH: position paper

September 2024

1 Introduction

Health inequalities are unjust and avoidable differences in people's health across the population and between specific groups. The need and desire to tackle health inequalities rose up the agenda in the wake of the Covid-19 pandemic as inequalities in health outcomes across the country were exposed. The data available demonstrate stark inequalities for those from more deprived groups, from ethnic minorities, and for those with severe mental illness or learning disabilities, among others.

The health inequalities agenda is linked to, but separate from, the more general agenda of equality, diversity, and inclusion. The concept of health inequalities is also distinct from the concept of population health management, although the two are sometimes conflated.

The causes of health inequalities are complex, but the main drivers are the social determinants of health. Nevertheless, health inequalities are also driven by the ways in which health services are designed, delivered, funded, and by the quality of clinical care received.

The purpose of this paper is to:

- Summarise the **background** to the health inequalities agenda,
- Clarify the **role of NHS provider trusts** in tackling health inequalities,
- Set out **LHCH's work to-date** in response to this agenda, and
- Outline the proposal for a strong **ongoing programme of work** to continue to tackle health inequalities by focusing on factors that are within our control.

2 Background

2.1 Policy context

In recent years there has been a significant volume of policy and guidance on the role of the NHS in addressing health inequalities. Some of the statements and documents published provide statutory actions that trusts must take, while others are recommendations of good practice, for example:

- Published in 2019, NHSE's Long Term Plan provides a 10-year vision for NHS services. Chapter two of the plan sets out specific commitments to deliver "more action on prevention and health inequalities".

- This expected commitment to lessening health inequalities has been reflected in subsequent annual operational planning guidance. The 2024/25 guidance states that ICBs and system partners should continue to address health inequalities and deliver on the CORE20PLUS5 approach (further detail in next section of report).
- Trusts must also describe the extent to which they have exercised their functions consistently with NHS England's statement on information on inequalities.
- NHSE's leadership and competency framework for board members states that "promoting equality and inclusion, and reducing health and workforce inequalities" is one of six key leadership domains for trust boards.
- Tackling inequalities in health and care is embedded in the Care Quality Commission's 2021 strategy. Alongside the strategy, the CQC has published five equality objectives to support their role in addressing health inequalities.
- The Department of Health and Social Care published the Major Conditions Strategy case for change and strategic framework in 2023, which outlines addressing health inequalities as an overarching aim across each of the priority areas.

2.2 CORE20PLUS5

CORE20PLUS5 is a national NHS England approach to support the reduction of health inequalities.

The approach defines a target population cohort, the 'CORE20PLUS', and identifies 5



focus clinical areas requiring accelerated improvement. The three elements of the approach are outlined below, and full details are provided in the appendix.

CORE20: The most deprived 20% of the national population as identified by the national Index of Multiple Deprivation.

PLUS: Integrated care system determined population groups experiencing poorer than average health access, experience, or outcomes, but not captured in the 'CORE20' alone. Inclusion health groups include, for example, ethnic minority communities, coastal communities, people with multi-morbidities, protected characteristic groups, and other socially excluded groups.

5: The final part of the approach sets out 5 clinical areas of focus:

- **Hypertension case-finding:** to allow for interventions to optimise blood pressure and minimise the risk of myocardial infarction and stroke.
- **Chronic respiratory disease:** a clear focus on chronic obstructive pulmonary disease (COPD) driving uptake of COVID-19, flu and pneumonia vaccines to reduce infective exacerbations and emergency hospital admissions due to those exacerbations.
- **Early cancer diagnosis:** Increased focus on cases diagnosed at stage 1 or 2 by 2028.
- **Maternity:** ensuring continuity of carer including for women from Black, Asian and minority ethnic communities and from the most deprived groups.
- **Severe mental illness (SMI):** ensuring annual health checks for those living with SMI, thus bringing SMI in line with the success seen in learning disabilities.

The approach also acknowledges the role of **smoking cessation** in positively impacting all five of these clinical areas of focus.

2.3 Health inequalities in Cheshire and Merseyside

The *Cheshire and Merseyside Health and Care Partnership Interim Strategy: 2023-2028* outlines that there are long standing social, economic and health inequalities across Cheshire and Merseyside, with levels of deprivation and health outcomes in many communities worse than the national average. It highlights that:

- 35% of the Cheshire and Merseyside population are deprived and 26% of our children live in poverty
- Deaths due to heart disease, cancer, respiratory conditions, and alcohol and drugs are higher than the England average.
- People in the most deprived area can live 15 years less than those in wealthier areas.

The strategy sets out the effect that this has on the region's CORE20PLUS5 position. CORE20 refers to the most deprived 20% of the national population. More than 900,000 of the nation's most deprived 20% live in Cheshire and Merseyside, equating to over a third of the 2.7 million population.

While efforts to address the 5 clinical areas of focus are coordinated across the region, Cheshire and Merseyside's PLUS population groups are defined locally in each of the region's nine 'places' so that the variations in population make-up can be best reflected.

3 The role of NHS Trusts

Recent guidance from NHS Providers, *Reducing health inequalities: A guide for NHS trust board members*, notes that progress to reduce disparities has been slow in some areas and that the role of NHS trusts in taking action to reduce inequalities has not always been clearly articulated.

The NHS Providers guidance acknowledges that, though willing, NHS trust leaders may struggle to identify where to start as the nature of the topic itself covers so many elements and needs vary in different local areas. The guidance seeks to clarify the role of NHS provider trusts:

The causes of health inequalities are complex, but research has shown that the main drivers of health inequalities are social determinants; the environments people live in, access to employment, the kind of start they had in life.

Inequalities are also driven by the ways in which health services are designed, delivered, funded, and by the quality of clinical care received.

The NHS plays a role in both mitigating against the impact of the wider determinants and in reducing healthcare-based inequalities.

The guidance helpfully sets out the two clear ways in which NHS services can address health inequalities:

1. By ensuring **fair access, experience, and outcomes** across different groups in the population.
2. By acting as an **anchor institution** to support work on the wider determinants of health

The rest of this paper adopts this helpful model. The future work programme that the paper introduces later will also be structured to reflect this distinction, with the addition of a further supportive cross-cutting work stream that looks to develop within LHCH the **leadership and culture** to tackle health inequalities.



4 LHCH health inequalities work to-date

There has been work at LHCH in each of the above three areas in recent years, but a considerable focus to-date has been on anchor institution activities.

4.1 Developing leadership and culture

LHCH has Board-level leadership for health inequalities in place through the Director of Strategy. This arrangement predates the change in Director of Strategy in April 2024.

The LHCH Board of Directors undertook work in early 2023 (through formal Board meetings and Board Development Days) to enhance and assess its awareness and understanding of health inequalities agenda and its policy drivers. This work also involved awareness raising with the LHCH senior team – through both the Operational Board and Clinical Leaders development sessions.

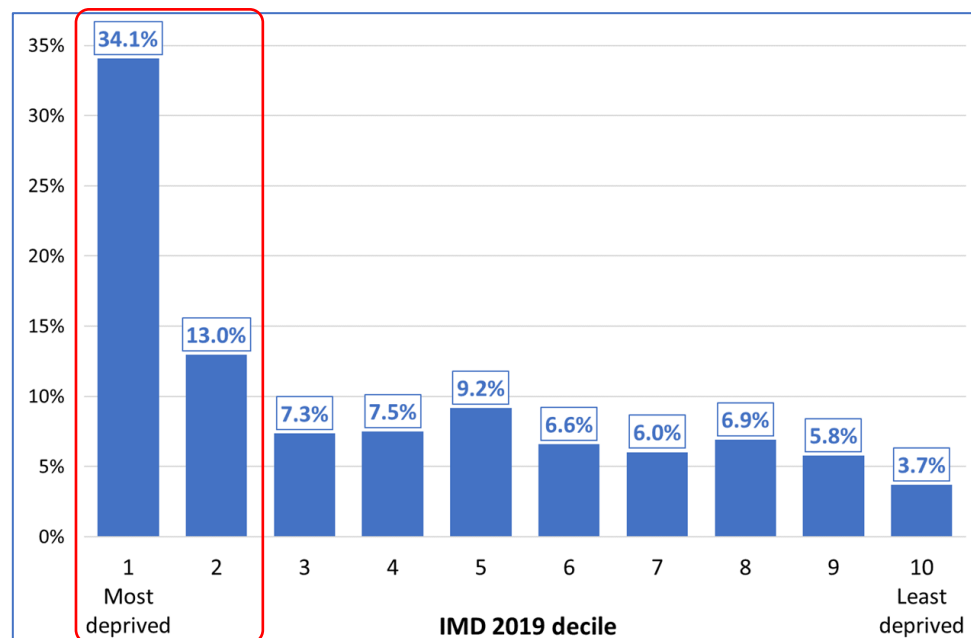
As might be expected, this process revealed variation in the level of awareness and understanding of this relatively new agenda for NHS provider trusts. There is also some evidence of the conflation during this work of the separate themes of health inequalities, EDI, and population health, which may have contributed to this variation in levels of awareness.

4.2 Ensuring fair access, experience, and outcomes

Understanding the equitability of our services

Initial work, led by the data and analytics team, to start to assess the equitability of LHCH services took place in early 2023. This work reviewed the Trust's referral to treatment (RTT) waiting list data from April 2021 to September 2022 and was presented to the Board of Directors in early 2023. The analysis highlighted a number of key messages:

- The quality of data held for the age and sex of patients on the waiting list was good, but the data on patient ethnicity was poorer. Potential reasons for this were suggested in the report.
- The LHCH waiting list patient cohort had disproportionately more deprived individuals when compared to England as a whole. Over a third of patients were in the most deprived decile and the two most deprived deciles (i.e. the CORE20 population) accounted for nearly half the total – as set out in the figure below.



- Knowsley community service patients were significantly more likely to be from the most deprived deciles when compared to other LHCH services.
- There was an analysis of patients with learning disabilities, which focused on the adult congenital heart disease (ACHD) service. At the time there were six patients with a learning disability on the ACHD waiting list, four of whom were in the top five longest waiters – with each having waited over 34 weeks for treatment.
- Long surgical waiters – those waiting over 18 weeks – were generally younger, male and from less deprived groups.

The analysis suggested areas of further work that should be pursued and set out an action plan to improve data quality, engage with services, and develop targeted interventions. The intention was that this action plan would be delivered by a working group, led by the data and analytics team, that would report quarterly to the Board of Directors. This working group

was never formed, due at least in part to staff turnover in the data and analytics team, and the action plan was not progressed.

Our contribution to the clinical areas of focus in CORE20PLUS5

A number of LHCH services make important contributions towards three of the clinical areas of focus identified in the CORE20PLUS5 approach

- | | |
|------------------------------------|--|
| Early cancer diagnosis | The targeted lung health check programme, rolled out across Cheshire and Merseyside by LHCH, is playing a key role in the early detection of lung cancer. This early detection means more patients are suitable for potentially curative thoracic surgery at LHCH. Moreover, data from our partners at the Clatterbridge Cancer Centre show that the increase in 1-year survival rates for lung cancer is most pronounced in the most deprived groups. |
| Hypertension case finding | In recent years LHCH has worked with its partners to encourage awareness of the importance of good heart health, including blood pressure and hypertension. This work has been through the Trust's involvement in the Cheshire and Merseyside CVD prevention programme and has included: Know your Numbers blood pressure campaigns, administering the Happy Hearts website on behalf of the region, and supporting outreach into communities through the Healthy Families school project and opportunistic health checks. |
| Chronic respiratory disease | Our Knowsley community respiratory service takes LHCH specialist expertise out into the community in one of the country's most deprived boroughs. The team provides services including respiratory diagnostics, COPD services, and pulmonary rehabilitation among many others. |

As previously noted, smoking cessation is identified as a key support for the five CORE20PLUS5 areas of clinical focus. LHCH has two linked smoking cessation services in place. One service forms part of the Knowsley community service and the other offers smoking cessation support to our inpatients. The team also offer a service to staff seeking to address tobacco dependency.

4.3 Acting as an anchor institution

The Health Foundation describes anchor institutions as large organisations whose long-term sustainability is tied to the wellbeing of the populations they serve. These organisations are 'rooted in place' and have significant assets and resources which can be used to influence the health and wellbeing of their local community. By strategically and intentionally managing their resources and operations, anchor institutions can help address local social, economic, and environmental priorities and, in doing so, lessen health inequalities.

While the main function of NHS trusts is to provide health services, they can also play an active role in supporting partner organisations and communities to address the wider determinants of health. Many hospitals are developing their role as an anchor and increasing their positive impact on their communities. Encouraging and requiring provider trusts to act as anchor institutions is a key part of NHS Cheshire and Merseyside's approach to health inequalities.

NHS Cheshire and Merseyside has set out clear expectation that provider trusts commit to this agenda through adopting and achieving a range of pledges, charters, and awards. The ICB has also supported the joint procurement of a system called the Social Value Portal to allow the measurement of the social value created by anchor initiatives.

LHCH was an early adopter of the overarching Cheshire & Merseyside Anchor Institution Charter in 2022 and action trackers are in place to monitor the multiple actions and projects that contribute to our anchor institution status. The trackers are managed by a project manager in the Strategy and Transformation Division. The project manager works closely with colleagues across the Trust but there is not currently a working group in place to support the delivery of the work plan. While the Board of Directors has received updates on anchor institution activities there is no other formalised reporting in place.

Our anchor institution work takes place in five broad areas:

- Preventing ill health and supporting wellbeing
- Widening access to quality work
- Purchasing for social benefit
- Reducing our environmental impact
- Working closely with communities and local partners

Preventing ill health and supporting wellbeing

The prevention agenda is one area when population health management and health inequalities come together. In general, prevention activities are population health management interventions. Prevention activities with a more targeted approach to particular groups or communities can also be seen as interventions to tackle health inequalities.

The Cheshire and Merseyside Prevention Pledge provides a framework for trusts in the region to demonstrate their commitment to preventing ill health and supporting wellbeing in both patients and staff. LHCH adopted the Prevention Pledge in 2022 and our work in prevention and wellbeing (and therefore in support of the Pledge) is taking place in the following five areas:

Area of work	LHCH activity
1. The wider wellbeing of LHCH patients	We work to support the wider wellbeing of our patients beyond the direct care that they receive from us. Smoking cessation services for Knowsley community patients and LHCH inpatients have been in place since

	<p>2022. As previously noted, these services form part of our response to the CORE20PLUS5 approach.</p> <p>We have a comprehensive programme of Making Every Contact Count (MECC), which allows staff to harness the thousands of interactions that we have with patients and the public to encourage behaviour change and tackle preventable illnesses.</p>
2. LHCH prevention initiatives on behalf of Cheshire & Merseyside	<p>We have worked with colleagues across Cheshire and Merseyside to use transformation funding to pilot innovative services with the aim of preventing future cardiovascular disease.</p> <p>We are piloting a Familial Hypercholesterolemia (FH) service across Cheshire & Merseyside. FH is an inherited condition that predisposes affected individuals to extremely high cholesterol levels and premature cardiovascular disease. There is significant underdiagnosis of the condition and the service is seeking to identify those affected early and prevent their future deterioration.</p> <p>We are testing the extension of the Targeted Lung Health Check programme to include a CVD prevention service for patients whose low dose health check CT scan shows an incidental finding of coronary artery calcification.</p>
3. LHCH community engagement and awareness raising on behalf of Cheshire & Merseyside	<p>We have worked with colleagues across Cheshire and Merseyside to engage with communities and raise awareness of the importance of heart and lung health.</p> <p>As noted previously in the summary of LHCH's response to the CORE20PLUS5 approach, our activities here include:</p> <ul style="list-style-type: none"> • The Healthy Families school project (targeting schools in deprived areas) • Opportunistic testing at outreach events • Administering the Happy Hearts and Breathing Points websites, raising awareness in Cheshire and Merseyside of the importance of heart health and lung health
4. Supporting the wider Cheshire and Merseyside prevention programmes	<p>We work with colleagues across the system who are designing and delivering other prevention initiative and support the region to continue this work.</p>

	<p>LHCH has recently supported the integration of cardiac governance arrangements across the system, including the review of the Cheshire and Merseyside CVD Prevention Group.</p> <p>The leadership of the CVD Prevention Group has passed appropriately to the ICB Public Health team. LHCH will continue to support the group through Exec-level engagement and the hosting of a new ICB CVD Prevention Programme Manager post to support the programme. The postholder will be seconded from within the LHCH strategic partnerships team into the CVD prevention programme manager role.</p>
5. Staff health and wellbeing	<p>We also support our staff to maintain their health and wellbeing and reduce their risk of becoming patients of Cheshire and Merseyside's NHS services.</p> <p>Our comprehensive and varied staff health and wellbeing programme includes:</p> <ul style="list-style-type: none"> • Live Well, Work Well events • Wellbeing Walks • Smoking cessation advice • Encouragement of physical activity, including exercise classes and active travel, working with our NHS partners where possible

Purchasing for social benefit

The concept of social value promotes a broader understanding of value, moving beyond using money as the main indicator. Maximising the social value that we generate has an indirect effect on health inequalities through its impact on the wider determinants of health.

We are committed to, where possible, purchasing supplies and services from organisations that embed social value to make positive environmental, social, and economic impacts. Data from our shared procurement function – Health Procurement Liverpool (HPL) – shows that just over 35% of procurement expenditure in 2023/24 was 'local' (expenditure within Cheshire and Merseyside). Furthermore, while the data were not able to show the specific volume, a proportion of the remaining 64% will have been spent within the wider North West region.

Along with our NHS partners we have worked with HPL to ensure that there is a minimum 10% weighting on net zero and social value in every procurement tender process that they run on our behalf. As previously mentioned, or work with ICB colleagues on procuring the Social Value Portal allows us to start to measure the social value created by our different procurement decisions.

Our commitment to the wider social value agenda is demonstrated by our adoption of the Cheshire and Merseyside social value charter and in March 2024 LHCH was awarded Social Value Bronze Health Award for our work on procurement and other anchor institution work streams.

Reducing our environmental impact

We are committed to taking action to reduce our carbon emissions and consumption, reduce waste and protect and enhance the natural environment. LHCH has developed a Green Plan to set out how we will reduce our environmental impact and the team continue to link with colleagues across Cheshire and Merseyside to support its delivery. Examples of the recent work undertaken include:

- Our clinical services have worked to reduce their impact, for example through eliminating the use of harmful anaesthetic gases (such as desflurane) in theatres and working to improve hand hygiene and reduce waste in critical care through a 'Gloves Off' campaign
- On our estate, we were successful in securing grant funding of £124,000 to replace lighting across the Trust. As part of this replacement, all fluorescent fittings (1,143 in total) were replaced with LED bulbs.
- We have an ongoing programme to support staff to make more sustainable choices with regard to their commute to work:
 - A staff lease salary sacrifice scheme in partnership with NHS Fleet solutions, which promotes the use electric vehicles,
 - A cycle to work scheme,
 - Discounted public transport with Arriva buses,
 - Good electric vehicle charging provision on site, and
 - The upcoming implementation of a system to encourage and support staff to car share for their commute.

Widening access to quality work

We are committed to being a good and inclusive employer, creating opportunities for local communities to develop skills and access jobs in health and care.

The Trust embraces apprenticeships, which are programmes that combine work and study, enabling individuals to develop their skills and gain a recognised qualification. At one point during 2023 LHCH had 76 apprenticeships in place. We also offer work experience – with 3 to 4 work experience placements happening at any one time – and work with local partners to ensure that there is an LHCH presence at local careers fairs.

We also have an established Widening Participation programme, led by the learning and development team. This programme includes:

- Traineeships – skills development programmes that includes a work experience placement and help prepare people for employment or an apprenticeship.

- Pre-employment training – providing training, work experience and application support to people experiencing barriers (real or perceived) to employment.
- Supported internships – work-based study programmes for 16 to 24-year-olds with special educational needs and disabilities.

Working closely with communities and local partners

This element of being an anchor institution involves collaborating with communities to help address local priorities and working with other anchors and partners to increase and scale impact. This can include using buildings and spaces to support communities, but this may be more relevant to non-healthcare anchor institutions with less specialised buildings and facilities.

To-date the majority of our anchor work with our communities has been focused on widening access to work and the prevention agenda as set out previously in this report. It should be acknowledged though that working closely with particular communities and local populations presents a particular challenge for trusts that operate regional specialist services. At LHCH our population for many services is the entire 2.7 million population of Cheshire and Merseyside (and more beyond the borders of our region).

5 Developing our response to health inequalities

Over recent years the foundations have been laid to enable a greater understanding of the health inequalities agenda and LHCH's role in tackling the issue. The work required to deliver on this role for LHCH has also been started.

It is proposed that the Trust now builds on these foundations with the establishment of a full health inequalities work programme and an associated programme governance structure. This programme will ensure that work continues to be delivered in each of the three work streams set out previously:



5.1 Developing leadership and culture

The establishment of a new working group, the Health Inequalities and Anchor Institution Working Group, is the first task in developing our leadership and culture on this issue. The working group will be chaired by the Director of Strategy and will include representation

from each of the key teams from across the Trust with a role to play. This group will meet for the first time in October 2024 and terms of reference will be agreed.

The work plan of the group will include raising the awareness of health inequalities across the Trust. This will include consideration of further Board development sessions that, if considered appropriate, would be delivered by an external expert.

As previously noted, there is some evidence in past that awareness-raising efforts included conflation between health inequalities and other linked agendas. A key role for the working group will be to ensure that future efforts are based on clarity of the distinctions between health inequalities, EDI and population health management.

The development of the work plan for the working group will be informed by a thorough self-assessment against the recommendations set out by NHS Providers guidance (noted in section 3). Other elements of this work stream will be:

- General awareness raising across the Trust of the health inequalities agenda through staff communications channels such as Team Brief.
- Measures to embed health inequalities as part of our key business processes, including recruitment and induction, operational business planning, business case development.
- Ensuring that the equality impact assessment process for new services, service changes, and new plans and strategies, includes the consideration of health inequalities.
- The establishment of regular reporting to Operational Board and Board of Directors (or a Board sub-committee as appropriate)

5.2 Ensuring fair access, experience, and outcomes

The initial focus of the fair access, experience and outcomes work stream will be to develop an improved understanding of the current equity of services. The working group will build on the RTT analysis carried out in 2023 and pick up the elements of the action plan that continue to be relevant to the new work plan.

The revised action plan will therefore include:

- Work to improve the data quality of key data sets that support the health inequalities agenda, for example the data on ethnicity on the patient waiting list.
- Interrogation of the Trust's internal data sources to identify any potential areas for targeted action. This work should cover the full range of LHCH business, from understanding the make-up of our RTT waiting list to analysing the uptake of community services (like pulmonary rehabilitation) by different groups.
- The leveraging of external data sources, including the dashboards developed by Cheshire and Merseyside's Combined Intelligence for Population Health Action (CIPHA) team and the upcoming NHS Federated Data Platform.
- The agreement and oversight of key interventions to ensure the ongoing fairness of our services in terms of access, experience, and outcomes.

- The development of key health inequalities metrics and building these into the Trust's strategic oversight framework. Identifying meaningful metrics will allow us to track our performance and the impact of our interventions.
- Measures to ensure that health inequalities are given due consideration during the development of new plans and strategies, for example the upcoming refresh of the Research Strategy.
- Work with our partners to ensure that new interventions are implemented as they emerge. For example, NHS Cheshire and Merseyside is currently developing a system-wide DNA Predictor Tool that will allow the pre-appointment administrative validation of patients who are more likely to miss their appointments based on a set of pre-agreed socio-economic, geographic and trust operational factors.

5.3 Acting as an anchor institution

There has been considerable anchor institution activity within LHCH in recent years. The task now is to build on this work and ensure that it is effectively overseen and coordinated. This coordination will take place within the multidisciplinary Health Inequalities and Anchor Institution Group. The group will work as an initial priority to develop a complete understanding of the range of anchor institution activities taking place across the Trust. The ongoing work programme of the new working group will then cover the five areas of anchor institution work already outlined:

Preventing ill health and supporting wellbeing

- Develop plans to further meet all relevant commitments in the Cheshire and Merseyside Prevention Pledge, including through the ongoing staff wellbeing programme
- Work with partners to stabilise and sustain the transformation-funded Cheshire and Merseyside CVD prevention pilots, where appropriate
- Shifting the LHCH approach to the Cheshire and Merseyside CVD prevention programme from leadership to active involvement and support

Purchasing for social benefit

- Improve our understanding of our local expenditure to include suppliers and partners outside of Cheshire and Merseyside yet still in the North West region
- Work with Health Procurement Liverpool to identify further areas where social benefit can be created through our procurement
- Seek to maximise the usefulness of the Social Value Portal to LHCH, using the example of a small number of key schemes to measure the social value created

Reducing our environmental impact

- Continue to deliver the commitments set out in our current green programme
- Expand and develop the sustainability programme, harnessing the considerable interest and enthusiasm within our workforce for reducing our environmental impact

- Ensure that the green programme in particular has the necessary coordination and programme management support to deliver significant and measurable carbon reductions in line with NHS net zero targets

Widening access to quality work

- Continue to deliver and support the workforce team's programme to widen access to quality work
- Explore whether the Social Value Portal can help the Trust to understand the measurable impact of this programme of work

Working closely with communities and local partners

- Consider whether there is more that the Trust could do beyond existing work on widening access to work and prevention activities

6 Conclusions and recommendations

This report has set out the background and policy context to the health inequalities agenda as well as clarifying the role of NHS trusts. It has set out that work has begun in developing the leadership and culture to tackle health inequalities, and that there has also been initial work to assess the equitability of our services. Our work to develop as an anchor institution has had more focus historically and is therefore more developed.

The task now is to build on these foundations and ramp up our work on health inequalities. The overall work programme should be rebalanced to bring equal focus to the different elements of the agenda. We also need to be clear about how this work programme is monitored, overseen, and coordinated, and also make sure that it is understood and acknowledged more widely across the Trust.

It is proposed that a new governance forum, the **Health Inequalities and Anchor Institution Group**, is formed to drive forward all parts of the health inequalities agenda. This new group will meet for the first time in October 2024. It is proposed that this group:

- Has executive leadership (through the Director of Strategy)
- Has a membership drawn from across the Trust's relevant teams, including workforce, estates and facilities, procurement, digital, and transformation
- Meets every two months and reports to Operational Board through minutes and/or a Chair's report
- Develops work plans that cover all work streams of the health inequalities programme, picking up and refining work plans that are in place currently, and developing future plans based on analysis of date and self-assessments against national guidance
- Delivers assurance to the Board of Directors through 6-monthly update reports replacing currently scheduled separate reports on green and anchor institution and related agendas, and

- Is the focus of liaison with external partners around this agenda, for example the ICB sustainability and anchor institution teams.

The risks to the programme will be:

- The reliance on the capacity of colleagues from across the Trust to engage in this work alongside their core activities, and
- The reliance for coordination on a single project manager in the Strategy and Transformation division

Putting in place improved governance will help mitigate these risks, but a clear case could be made for additional resource to support and coordinate LHCH's work in this increasingly important area. This issue is particularly acute with our environmental sustainability programme. However, given the financial constraints within the Cheshire and Merseyside system at present it is not proposed that a case for additional investment is made at this stage.

The Board of Directors is asked to:

- Note the background and policy context
- Note the work carried out to-date
- Note the proposal to develop clear programme governance and associated work plans
- Discuss and approve a preferred route for Board assurance on the health inequalities programme.

Appendix: CORE20PLUS5 infographic

