



Public Health & Health Inequalities Update

Public Board

28 March 2024

Presented for:	Assurance
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Previous Committees:	Quality and Safety Assurance Group Quality Assurance Committee – 22 February 2024

Our Annual Commitments for 2023/24 are:	
Effectively develop and deploy new assets (buildings, equipment, IT)	
Reduce healthcare associated infections	
Improve staff retention	
Deliver the financial plan	
Reduce average length of stay by 0.5 days per patient	✓
Achieve the Access Targets for Patients	✓
Support a culture of research	✓

Trust Risk Appetite Scale				
Level 1 Risk	(✓)	Level 2 Risks	(Risk Appetite Scale)	Risk
Clinical Risk	✓	Patient Safety & Outcomes Risk - We will provide high quality services to patients and manage risks that could limit the ability to achieve safe and effective care for our patients	Cautious	↔ (same)
External Risk	✓	Strategic Planning Risk - We will deliver Our Vision “to be the best for specialist and integrated care” through the delivery of a set of Strategic Goals and operating in line with Our Values	Cautious	↔ (same)
External Risk	✓	Partnership Working Risk - We will maintain well-established stakeholder partnerships which will mitigate the threats to the achievement of the organisation’s strategic goals.	Cautious	↔ (same)

Key points The board is asked to note the progress made in delivering the LTHT Health Inequalities & Public Health Strategy and actions progressed on the 8 workstreams and detailed discussion at the recent Quality Assurance Committee.	Information
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1. Summary

This paper is to update the Board on the progress made on addressing healthcare inequalities and Public Health activity within LTHT since the previous update presented in March 2023.

2. Background

Health inequalities are the systematic, unfair, and avoidable differences in health within the population, and between different groups in society. Health inequalities are caused by the conditions in which we are born, live, work and grow. These conditions influence our opportunities for good mental and physical health.

Healthcare delivery has an important role to play preventing and tackling health inequalities. As a Trust, our focus remains on ensuring equitable access, excellent experience, and optimal outcomes for those experiencing health inequalities, and the application of the Core20Plus5 framework.[<https://www.england.nhs.uk/about/equality/equality-hub/national-healthcare-inequalities-improvement-programme/core20plus5/>] LTHT also has a vital role to play in improving health and tackling inequality through our role as an anchor institution and an influential system partner.

LTHT has an action plan that aims to abolish health inequalities. The focus since the previous update has continued to build upon the first year of delivery and focus delivery in all eight priority workstreams.

There has been an excellent response to the challenge of health inequalities across many parts of LTHT with several emerging examples of good practise. To continue to address health inequalities requires engagement across the whole of LTHT, and then to scale up and embed pockets of good practise into systems and services.

3. Public Health and Health Inequalities Update

The Health Inequalities and Public Health Action Plan 23/24 sets out our eight priority workstreams. To capture the breadth of progress being made (and those in development), examples from each workstream are outlined in this report. Highlights include:

- Public Health colleagues working with colleagues working in cancer services to support trialling a new Equality and Health Inequality Impact Assessments (EHIIA) tool. The tool is being piloted within the cancer transformational programme and several assessments have now been completed. CSU colleagues are leading this work with support from the Public Health Team, which is helping to reduce health inequalities in cancer care.
- Agreement to ensure a standardised approach for accurate coding of ethnicity is adopted across the Trust. This is aligned to healthcare system partners and provides a more robust understanding of our populations to better address their health and care needs.

- LTHT Stop Smoking Service continues to support inpatients and pregnant women who smoke. The Team of Advisers have supported over 6000 smokers since the start of the service (November 2022) and over 500 have reported they have stopped smoking.
- On the 16th April the Public Health Team are hosting a cross-provider event on reducing missed appointments. Missed appointments deepen existing health inequalities and lead to inequitable access, poor experience, and worse clinical outcomes. This event will focus on sharing learning on reducing missed appointments for those at risk of health inequalities.

3.1 Workstream 1: Patients, Carers & Community Engagement

The Public Health Team works closely with the Patient, Carer and Public Involvement Team (PCPI) to ensure a health inequalities approach to PCPI. Actions progressed include:

- Recruitment of a Community Connector with lived experience of addiction. They are now a member of the LTHT Drug & Alcohol Steering Group and bring their lived experience and connections in the recovery community to help shape and influence decision making and service development. They presented at the Drug & Alcohol Study Day (18 October) attended by over 80 frontline LTHT staff.
- Two joint workshops delivered by the PCPI Team and Public Health to explore health inequalities and engagement of 'Plus' communities (populations who experience poorer-than-average health access, experience and/or outcomes that would benefit from a tailored healthcare approach) - as highlighted in the Core20Plus framework. The workshops were attended by over 45 Trust colleagues and following positive feedback will be repeated. Feedback will also inform the new LTHT PCPI Strategy and help ensure a health inequalities approach to our involvement activity.

3.2 Workstream 2: Organisational Development

An important role for the Public Health Team is to help inform and upskill our workforce to better understand and appropriately respond to health inequalities experienced by the populations we serve. Actions progressed include:

- Health inequalities workshop held with the Business Intelligence Team to increase understanding of the importance of accurate and timely data in evidencing health inequalities. For example, the importance of standardised ethnicity monitoring for use in Trust reports and data dashboards.

3.3 Workstream 3: Quality Improvement

The ambition is to embed health inequalities within the approach taken to quality improvement work across the Trust. Actions progressed include:

- Health inequalities briefing session held with QI Facilitators and the development of a narrated health inequalities (PowerPoint) slide deck. Further agreement is needed to better integrate a health inequalities lens within the Trust's QI work. This should include engaging and involving those most likely to experience health inequalities in the design and planning of QI projects to ensure improvements to access, experience and outcomes for these groups is considered throughout.
- The Trust currently has two Health Equity Fellows (West Yorkshire Health & Care Partnership). Projects underway include: the development of resources to support

staff to have better conversations with their patients about healthy eating and exercise; and development of a patient resource pack with the aim of providing falls prevention information on discharge.

3.4 Workstream 4: Data & Intelligence

A priority is ensuring a consistent approach to the collection and presentation of health inequalities data within Trust reports and dashboards. Actions progressed on this include:

- Incorporation of health inequalities data within the new Outpatient Dashboard (using Power BI). This means that aspects of outpatient care within the dashboard, (including Did Not Attend, PIFU, follow-up backlog) can be explored by ethnicity, age, sex and IMD (deprivation) thus enabling the identification of health inequalities and disparities within outpatient care.
- A new data set for patient information has been created which includes IMD (deprivation) and ethnicity. These data points can now be included in all applicable future reporting and are accessible by all Trust data teams (via SQL).
- NHS England have recently released a statement on the legal duties of Trusts in relation to health inequalities. This states that NHS Trusts must include information on health inequalities in its annual reports. The report must include a minimum set of indicators related to health inequalities. Various LTHT staff attended a webinar to ensure that our responsibilities around reporting will be met.

3.5 Workstream 5: Leadership & Accountability

The current public health team at LTHT consists of 2.2. WTE staff. Since the previous update report a replacement Public Health Consultant (providing 0.2 WTE) has been appointed working across LTHT, LYPFT and LCH. A Population Health Fellow is also on placement with the Public Health Team (1-year placement). The Fellow is developing a project which aims to reduce the number of patients who do not attend outpatient appointments. This project involves Volunteer Services colleagues.

3.6 Workstream 6: Person Centred Care - Communication, Co-ordination & Compassion

Meeting the requirements of the Accessible Information Standards (AIS) is led by the Patient Experience Team and is an important element in tackling health inequalities. Progress on this includes:

- Continuation of work to meet the AIS and reporting of this through the Patient Experience Steering Group, bi-annually. Our Trust position against the standards has also been presented to the Leeds Health and Wellbeing Board (October 23).
- Increasing the number of Easy Read patient information leaflets available on the Trust website from 27 (in 2022) to 65 (at present). All leaflets on the website are also now supported by Reach Deck to improve accessibility for patients, and this includes translation of information into other languages, audio leaflets, and large text.

3.7 Workstream 7: Accelerating Preventative & Public Health Programmes

The delivery of the LTHT Stop Smoking Service, in line with Yorkshire Cancer Research and NHS England (mandated) requirements, has continued since launching the service in November 2022. Activity provided by the LTHT Stop Smoking Service Team is summarised below:

LTHT STOP SMOKING TEAM ACTIVITY - INPATIENTS																
	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	Apr 23	May 23	Jun 23	Jul 23	Aug 23	Sep 23	Oct 23	Nov 23	Dec 23	Jan 24	Total
No. of smokers identified on admission	65	124	309	290	409	415	456	532	504	454	423	496	518	454	530	5979
No. smokers seen by team	56	106	188	191	269	268	259	344	387	386	352	410	410	360	440	4426
No. smokers given Very Brief Advice & opted out of further support	16	29	80	73	112	145	135	172	218	223	190	232	229	195	249	2298
No. smokers receiving support	40	77	108	118	157	123	124	172	169	163	162	178	181	165	191	2128
No. smokers referred to community support to continue quit	17	47	79	77	104	75	81	114	93	58	74	106	90	95	102	1212
No. smokers receiving support quit at 28 day follow-up	2	17	31	37	54	43	27	33	33	4	22	37	60	32	34	466

The Stop Smoking Team has now seen over 6000 smokers who were admitted onto our wards since November 2022. Of those smokers who were supported, 466 patients reported that they had remained quit when contacted 4 weeks post discharge.

LTHT STOP SMOKING TEAM ACTIVITY - MATERNITY																
	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	Apr 23	May 23	Jun 23	Jul 23	Aug 23	Sep 23	Oct 23	Nov 23	Dec 23	Jan 24	Total
No. pregnant women referred	19	18	19	29	42	38	23	31	39	59	91	109	114	89	96	816
No. smokers declining/not engaging	12	7	9	12	11	11	5	8	21	26	34	44	53	35	39	327
No. smokers agreeing to appointment	7	11	10	17	31	27	18	23	18	33	40	39	39	34	42	389
No. smokers supported by team	3	4	7	8	16	14	9	11	4	17	38	31	36	27	34	259
No. smokers reporting quit at 28 days	0	4	2	1	2	0	2	1	0	6	10	5	9	3	0	45

The Team has supported 259 pregnant women who are smokers, many more have been referred and contacted (817). Many women then decline support offered or did not attend their appointment (327). This demonstrates a difficult to engage group. Forty-five pregnant women reported that they had quit smoking following support received from the team.

A priority for the Trust is to ensure we remain committed to reducing smoking prevalence and support the Leeds-wide and national ambition to achieve a smoke-free generation by 2030. Providing an effective Stop Smoking Service for inpatients plays a significant part. In addition to the outcomes achieved by the service, further actions progressed include:

- Updating the LTHT Smoke-Free Hospitals Policy (November 23) to provide further clarity on our smoke-free status. Feedback from staff has led to more specific information incorporated into the policy relating to vaping.
- LTHT recommitted to the NHS Smoke-Free Pledge, acknowledging our role as a healthcare leader (signed by our Chair, Chief Executive and CMO).
- Submitting a response on behalf of the Trust to the public consultation on the Government plans for the age of sale of tobacco products to be reduced by one year, each year and on addressing youth vaping.
- Undertaken a Trust-wide Nursing audit (Q1 & Q3) to assess compliance with smoking screening on admission, as required within the Nursing Specialist Assessment for adult inpatients. Results have identified areas within the Trust requiring improvement and further help to ensure all smokers are identified on admission and therefore eligible for support from the in-house stop smoking service.

3.8 Workstream 8: Delivering Equitable Clinical Services

The focus for workstream 8 is to provide a lens for health inequalities in the care that we provide. A wide range of activity and projects are underway to embed this across the Trust's clinical services. Some examples of the action progressed include:

- A well-established Children's Health Inequalities Group, meeting every 6 weeks, with a Delivery Plan in place. Progress includes the development of an asthma dashboard, which supports one of the five clinical priorities set out in the Children's Core20Plus5 framework.
- An Emergency Department Health Inequalities Working Group established, meeting every month, with a Delivery Plan in place. Progress within the emergency department setting includes the development of the Social Prescribing pilot (SJUH site) following the appointment of a Linking Leeds Wellbeing Co-ordinator working within the department to provide emergency department patients with non-clinical social support and signposting.
- A Cancer Health Inequalities Group is in place, meeting monthly. The group is overseeing the Equality & Health Inequality Impact Assessments being undertaken within the CSU and reporting of metrics to evidence impact on health inequalities.
- There is agreement within the Planned Care Transformational Programme to adopt the Coventry and Warwickshire NHS Trust HEARRT Tool. This tool adopts an approach to waiting list prioritisation that incorporates clinical and non-clinical factors alongside time since referral. The tool when applied to the waiting list, results in the elimination of the difference in waiting times between people in the most and least deprived areas.

3.9 Next steps

Our Health Inequalities & Public Health Strategy remains active. Through discussions with LTHT colleagues and external partners the following topics are emerging as priorities for the coming year:

- 1) Scaling up and embedding good practise on health inequalities into LTHT systems and processes.
- 2) Continuing to build on our current work on Children's Health Inequalities through strengthening alignment between the Children's Health Inequalities Group and

the trust and city-wide activities. This will particularly focus on 0-5 years age group, aligning with the city-wide focus on this area and examining the role of secondary care within this agenda.

- 3) Strengthening leadership and capacity for action on health inequalities across all levels of the Trust.
- 4) In line with the Healthy Leeds Plan, exploring further the Trust's contribution to secondary prevention. With the role of the Public Health Consultant covering three Trusts, specifically examining joined up working on secondary prevention across NHS providers for system wide benefit.
- 5) Development of a simple measurement framework for monitoring health inequalities at Trust Level as a starting point for a quantitative view of progress being made on this agenda. This will support reporting to board in the future and will aim to align with other providers and the Trust reporting duties on health inequalities.

4. Summary

This update provides a summary of the progress made in delivering the LTHT Health Inequalities and Public Health Strategy.

Risk

The Risk Management Committee provides assurance oversight of the Trust's most significant risks, which cover the Level 1 risk categories (see summary on front sheet). Delivering on the Trust Health Inequalities Strategy is critical to providing assurance in relation to Patient Safety and Outcomes Risk, Strategic Planning risk and our wider Partnership Risk. NHSE have detailed the mandate for this work in the 2023/24 Planning Guidance and 2022 Outcome Metrics. Following discussion at the Risk Management Committee meeting there were no material changes to the risk appetite statements related to the Level 2 risk categories and the Trust continues to operate within the risk appetite for the Level 1 risk categories set by the Board.

5. Communication and Involvement

The Health Inequalities and Public Health Action Plan includes an objective to ensure a clear communications plan is in place and maintained. Activity to support this includes a new Health Inequalities intranet page which is now well established and continually reviewed and updated. A communications lead for Health Inequalities has been agreed within the Communications Team to ensure related activity is linked Trust-wide. There is also a new 'Patient Partner' and Community Connector supporting the agenda. Work will continue into 2024 to further develop our links with the local Third sector as a key stakeholder and plans are in development to strengthen links with Forum Central to formalise this.

6. Equality Analysis

The Health Inequalities Strategy and Action Plan is focused on ensuring we are delivering *equitable access, excellent experience, and optimal outcomes for those experiencing health inequalities*. As a minimum this requires a focus on people living in the 10% most deprived neighbourhoods (measured by IMD 1); ethnic minority communities and health inclusion groups.

7. Publication Under Freedom of Information Act

This paper is exempt from publication under Section 22 of the Freedom of Information Act 2000, as it contains information which is in draft format and may not reflect the organisation's final decision.

8. Recommendation

The Quality Assurance Committee and Quality Safety and Assurance Group were assured on progress made in delivering the LTHT Health Inequalities and Public Health Strategy and Action Plan, demonstrated through the breadth of examples of work provided in this update.

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5th March 2024