

Health Inequalities & Public Health Update

Trust Board

24 September 2026

Presented for:	Information and Assurance
Presented by:	Dr Elizabeth Garthwaite, Chief Medical Officer
Author:	Charlotte Orton, Public Health Specialist Programme Manager Dr Anna Ray, Consultant in Public Health
Previous Committees:	Quality Assurance Committee

Link to Strategic Objective	Focus on care quality, effectiveness and patient experience
Link to Provider Capability Assessment	Strategy, leadership and planning
Link to CQC Well-led Statement	Governance, Management and Sustainability
Regulatory Impact	Regulation 17: Good governance

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	Minimal	↔ (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.	Open	↔ (same)

Key points The Trust Board is asked to note the progress made on delivering the LTHT Health Equity and Public Health Strategy 2025-2028 and actions progressed from March 2026 to date.	Information/Assurance
---	-----------------------

1. Summary

This paper is to update members of the Trust Board on the progress made on addressing health inequalities and Public Health activity from March 2026 to date.

2. Background

The LTHT Health Equity and Public Health Strategy 2025-2028 vision is '*to embed equity at the heart of everything we do and maximise the Trust's contribution to improving health equity in the populations we serve*'. The strategy focusses on ensuring **equitable access, excellent experience, and optimal outcomes for those experiencing health inequalities**, and the application of the **Core20Plus5** frameworks aimed to target action on healthcare inequalities improvement. The strategy emphasises *who* we need to focus on, the role of *prevention* and three *annual focal areas*. The 2026-2027 areas of focus continue to be: equity in our waiting lists; improving renal health and health equity within our workforce.

Improving Health Equity is everybody's business. Improvement work is carried out by multiple departments, teams and individuals across the Trust not all of which is possible to capture within this report. The small public health team concentrates on coordination, partnerships, specialist advice and support, strategic direction, capacity building and development of systems and infrastructure to enable others to act. This paper provides a summary of progress on delivering our Health Equity and Public Health Strategy over the last 6 months including the three annual focus areas; activity delivered through the Trust's Health Inequalities and Public Health Subgroups; and an update on *measuring* health equity within the Trust.

3. Delivering our Health Equity & Public Health Strategy - Focal Areas for 2026

3.1 Equity in our Waiting Lists

The Outpatient Transformation & Productivity Programme have embedded a focus in equitable access into their programme. This includes reducing missed appointments, a key aspect to tackling long and inequitable waits. They have a target within the programme, specifically identifying the need for a greater reduction in missed appointments for patients living in the most deprived areas (IMD 1 & 2) who have higher baseline rates and generally a higher burden of disease. The programme have implemented a range of improvement work to support equitable access including improving patient communication with departments, a focus on patient and visitor travel barriers and extending the standardisation of patient letters (to diagnostics and surgery).

The ambition is to develop and apply a health equity score to our waiting lists alongside chronological waiting times and clinical priority scoring. Following a proof-of-concept trial in 2025, the plan is to move towards a simplified system that supports booking in a more equitable way for patients on our waiting lists. The approach will allow Clinical Service Units to review the health equity score that has been applied directly to the Patient Tracking List (PTL) without the need for an additional system and can be managed in a more efficient way, which will allow enhanced data-driven decision making applied to managing chronological waiting times, then clinical priority (urgency of treatment required), then health inequity. Progress has currently stalled for this technical solution due to a lack of capacity within I&I. In the meantime, the Public Health Team are exploring how our current data could be better used to embed equity within waiting list recovery work learning from local examples of this approach undertaken by Leeds Community Healthcare Trust.

3.2 Improving Renal Health

The Health Equity & Public Health Strategy outlines renal health as a priority area due to the significant inequalities in renal disease experienced by certain groups in terms of disease prevalence, late presentation, missed appointments and longer waits. A range of activity continues to be led by Abdominal Medicine & Surgery colleagues, including community engagement activity targeting ethnically diverse communities, increasing awareness of renal disease, its prevention and importance of live donor transplantation along with QI projects across Yorkshire aimed to reduce missed appointments in renal care. Progress since March 2026 includes the recruitment of a Clinical Leadership Fellow in Health Equity, hosted by the Public Health Team. The fellow will work on improving equity in renal health for twelve months and commenced the role on 5 August. This work will focus on groups currently experiencing avoidable poor health outcomes related to renal disease such as those with serious mental illness and ethnic minority communities.

4.3 Health Equity Within our Workforce

Patterns of health inequalities within the community are reflected within our workforce. Some staff will experience poorer health outcomes arising from the conditions in which they were born, grew-up, live or work in now.

4.3.1 Workforce Health Inequalities

The NHSE Equality, Diversity & Inclusion Improvement Plan 'high impact action 4' requires all NHS Trusts to develop a workforce health inequalities improvement plan. In response to this, the Public Health Team led the development of an insight report outlining workforce health inequalities within our organisation, based on national evidence, local data and intelligence, and interviews with over 30 key stakeholders. Six key themes emerged from this work, as follows:

- | | |
|-------------------------|--|
| 1. Unmet basic needs | 4. Discrimination |
| 2. Feeling safe at work | 5. Targeting need |
| 3. Poverty | 6. Missed opportunities for prevention |

Progress since March 2026 includes using evidence from the detailed insight work to develop a new workforce health equity improvement plan for 2026-2027. The plan has been presented to a range of forums, including the Staff Health & Wellbeing Discussion Forum and Staff Health & Wellbeing Group. A vast amount of work is already ongoing across the trust on many of the actions within the improvement plan. However, due to the changes in leadership and governance arrangements at the Trust in recent months, further discussion is required to re-visit whether this remains a priority programme of work and if so, identify resource to support the work and clarify governance arrangements.

4.3.2 Health Equity Development Programme

The health equity workforce development programme was funded in 2025 via the NMAHP continuing professional development fund and delivered by the Leeds Health and Care Academy. The programme supports the Leeds Ambitions and Leeds Marmot City status. The mission is: *'To create a confident, skilled, and empowered health and social care workforce in Leeds providing quality care that is fair for all. We will proactively address health inequalities by embedding equitable, inclusive, and accessible care into everyday practice'.*

The programme moves beyond concepts of Health Equity to empowers staff to take action on inequality within their roles. The programme as four levels, which includes an essential knowledge 9-minute animation, study days for those in public facing roles, capacity building for leaders and managers and bespoke improvement workshops for specific services or pathways.

Progress since March 2026 includes launching all four levels of the health equity development programme and delivery of study days, which has seen positive engagement from hundreds of LTHT colleagues. Evaluation of the programme is embedded and ongoing but feedback to date has been overwhelmingly positive. There has been significant interest from services at LTHT wishing the complete bespoke improvement work within their services supported by the programme. Readiness assessments for these services is being completed. Improvement work will focus on perinatal mortality, maternity pathways, missed outpatients within the children's hospital and the integrated renal weight management pathway.

4. Delivering our strategy through Health Inequalities & Public Health Sub-Groups ***4.1 Cancer Health Inequalities Group***

The Cancer Health Inequalities Group, chaired by the Lead Cancer Nurse, meets quarterly to drive action on reducing health inequalities in cancer care. Examples of progress made since March 2026 include:

- Strengthening partnership work and engagement, including work with Forward Leeds and St George's Crypt to address health inequalities faced by cohorts of cancer patients.
- Lung Cancer Screening programme soon to launch, with a health inequality working group set up to ensure a health equity focus from the start of programme roll out and an Equality & Health Inequalities Impact Assessment undertaken.
- Macmillan Information and Support Service pilot has started with lung cancer patients, targeting support to patients with greater need.
- Staff training on inclusion health scheduled provided by St Gemma's Inclusion Team.
- Work is underway to understand demographics of longest waiting cancer patients. Initial exploration shows a link between deprivation and delayed engagement with care.

4.2 Preventing Ill-Health (Tobacco) Group

The Preventing Ill-Health (Tobacco) Group, chaired by the Director of Quality, meets quarterly to oversee the breadth of Trust-wide action on the smoke-free agenda. Highlights since March 2026 include:

- WY ICB funding allocation confirmed for the LTHT in-house Stop Smoking Service for 26/27.
 - WY ICB funding allocation reduced by £24k from 25/26 which is impacting on the reach of the service. However, from 1 March to 31 August 2026 our Stop Smoking Advisers saw **2,576** inpatients who smoke and provided specialist stop smoking support to **1,148** inpatients and **120** pregnant people.
 - Of those receiving smoking cessation support, **325** patients (26%) reported they remained quit smoking at 4-week follow-up.
- Continuation of the Swap to Stop scheme (free vape kits) for LTHT staff who want to stop smoking without support from a service. 74 staff have signed up (January-August).
- Partnership work with Leeds Stop Smoking Service, including:
 - Continuation of the successful in-reach smoking cessation clinic for lung cancer patients which started in February 2025 and is achieving excellent quit rates. Of

the 143 patients referred, 119 booked an appointment (83%), 112 attended (94%), 80 set a quit date (70%) and 47 quit at 4 weeks (59% quit rate).

- In-reach session held at joint thyroid clinic (endocrinology and ophthalmology) in Beckett Wing to engage with staff and patients about the Leeds-wide service.

4.3 Children's Health Inequalities Group

Leeds Children's Hospital re-launched the children's health equity working group under new leadership. Examples of progress since March 2026 include:

- Secured further funding for the provision of pyjamas for patients. The plan is to expand the offer beyond the CAT Unit to support more families in need.
- Health equity pop-up event took place on 3 June in Clarendon Wing Reception. Information and health promotion stalls provided information on dental care; managing finances; smoking cessation; healthy eating; and advice on accessing housing support. Plans are in place to hold monthly engagement events from September.
- The Children's Hospital are engaging with the Leeds Health and Care Academy led Health Equity Development Programme, including representation on the programme steering group, attendance on the Level 2 & Level 3 study days; and widely promoting the programme to colleagues across the children's hospital. The Academy will be supporting the Children's Hospital with a health equity improvement project targeted around reducing "Was Not Brought" rates and ensuring equitable access.

4.4 Drugs & Alcohol Steering Group

The LTHT Drugs & Alcohol Steering Group is Consultant-led and meets quarterly to lead, support and report on activity aimed to reduce alcohol and substance use related harm within our population. Progress since March 2026 includes:

- Education sessions held for new starters in the Emergency Department on alcohol and substance use.
- A rise in the number of individuals admitted on J82 with a CIWA (at risk of alcohol withdrawal) has led to registered staff being provided with education to develop their confidence and competency to accurately score patients during their inpatient stay.
- Education seminars held for the Band 4/5 development days on drugs and alcohol.
- Alcohol Change UK conducted four study days (Understanding Alcohol and Alcohol & Older People) from March to May. All courses were fully booked (104 colleagues) and 59 staff attended.
- A third year of OHID funding (via Public Health, Leeds City Council) has been confirmed for the LTHT B7 Drug & Alcohol Development Practitioner post for 26/27.

4.5 Emergency Department Health Inequalities Group

The ED Health Inequalities Group, chaired by an Advanced Clinical Practitioner, meets bi-monthly and brings together teams affiliated with the ED to help tackle health inequalities and promote inclusion health. Activity since March includes:

- Continued promotion of the ED social prescribing pathway which started in December with the aim of increasing ED staff referring patients that would benefit from social support.

- ED data (ECS and Re-attendance) incorporated into the new Health Equity performance report. The report was presented to the ED Health Inequalities Group on 18 March as part of the development phase before sharing more widely (see section 5).
- Projects, service updates and case studies showcased across the ED via the bi-monthly Health Inequalities ED staff newsletter (published in March, May & July).

5. Measuring Health Equity

5.1 Health Equity Index

Progress on how we measure and report on health inequalities has been made during 2025-2026. Our intention is to transition from high level ambition, as set out in the Health Equity & Public Health Strategy, to transparent and data-led accountability across the Trust.

We have a continued commitment to developing a **health equity index** for application across the system and within organisations in Leeds, led the Leeds Healthcare Inequalities Oversight Group. The benefits of adopting the index include simplifying the interpretation of health equity data for individuals, teams and the Trust; empowering our workforce to build equity into business as usual; and strengthening our assurance processes around health equity.

To date, the Leeds Office of Data Analytics has developed a technical solution for the Health Equity Index. They are supporting our business intelligence team to build this technical solution into our own reporting systems. Ensuring staff capacity (both technical and analytical) to take this forward will be key to progressing this work in 2026.

5.2 Health Equity Integrated Quality & Performance Report (IQPR)

This year have undertaken the development of a **Health Equity Integrated Quality & Performance Report (IQPR)** for 2025-2026. The purpose is to provide a comprehensive overview of our performance and quality of service delivery in relation to health equity. This report will allow us to systematically monitor, assess, and report on disparities in healthcare access, experience and outcomes across different population groups. The report provides data disaggregated by ethnicity, sex and deprivation for the following indicators:

- | | |
|---------------------------|--------------------------|
| - Emergency Care Standard | - RTT 52 Week Breaches |
| - A&E 7-day Reattendance | - Outpatient DNAs |
| - Cancer Diagnosis | - Workforce Demographics |
| - Length of Stay | - Complaints (3 C's) |
| - Cancelled Operations | |

Progress since March 2026 includes development and finalising a report for 25/26, seeking feedback from key stakeholders on content and refining based upon this. We are reviewing how to integrate the Health Equity Index within the report. The first report provides an annual overview, with a view to quarterly updates being provided from Q1. We are working with colleagues on the most appropriate governance arrangements for the report to ensure its maximal usefulness at informing service improvement.

5.3 Equality & Health Inequality Impact Assessment

LTHT uses a combined Equality and Health Inequality Impact Assessment (E&HIIA) tool. Utilisation of the E&HIIA varies across the Trust and those leading the change hold responsibility for undertaking these where required. There are number of areas within the Trust where E&HIAs are embedded e.g. Policies, Corporate Planning, cancer services, DIT projects. Activity progressed since March 2026 that supports further embedding E&HIIA includes:

- Undertaken a snapshot review of ten Trust Board Committee and Sub-Committee reports to explore content on equality and health inequalities information. As a result, the requirements for the equality and health inequalities section have been refreshed within the 2026/27 report templates.
- Review of our current E&HIIA template with the aim of ensuring it is accessible and easy for Trust colleagues undertaking assessments to utilise.
- Planning to set up a Community of Practice to support those undertaking assessments.
- A city-wide Equality & Health Inequality Impact Assessment working group has been established, aimed to support a co-ordinated system-wide approach and to address joint impacts. The working group reports to the Leeds Healthcare Inequalities Oversight Group.

6. Next Steps

The focus for September 2026 onwards will remain on delivering the LTHT Health Equity & Public Health Strategy, supporting and/or leading the six Health Inequalities & Public Health Sub-Groups and on annual focal area activity. In addition, priority work areas include:

- Working with partners in the city-wide Healthcare Inequalities Oversight Group to develop the systems to robustly embed Health Equity within healthcare.
- Further developing the Health Equity Index, including incorporating into routine reporting of health equity metrics (IQPR) and supporting the agreed city-wide approach.
- Agreeing effective dissemination and oversight of the data within the Health Equity Integrated Quality Performance Report (IQPR) and the approach to ensuring this informs meaningful action across the Trust.
- Continue providing leadership and support to the Leeds Health and Care Academy health equity development programme, including supporting the programme evaluation (Leeds Beckett University) and ensuring LTHT staff engage with training available. The Public Health team will prioritise providing direct support to LTHT services undertaking health equity improvement work as part of the training programme as well as disseminating good ideas and practise.
- Finalise and submit a position paper outlining the LTHT Stop Smoking Service funding position and seeking internal and external support to sustain the service long-term.
- Deliver the communications plan targeting LTHT staff to increase knowledge and awareness of stop smoking support, including access to Swap to Stop scheme (free vape kits), promotion of the national Stoptober campaign (October) and Tobacco & Vapes Act.
- Identifying opportunities to increase capacity within the Public Health Team to drive further action and support CSUs to embed equity e.g. Fellowships, Public Health Registrars. We will particularly explore how to increase Public Health Intelligence capacity within the Trust to expedite work on performance and measurement.
- Work with colleagues around the trust to further embed Health Equity within transformation and improvement programmes. This will focus on practically how we

incorporate equity within patient care such as how we consider social complexity within maternity care pathways.

- Improve equitable access by embedding equity principles into waiting list management. This includes learning from data driven improvement work undertaken at Leeds Community Healthcare whilst we negotiate capacity for implementing the waiting list health equity scoring tool.

7. Risk

The Risk Management Committee provides oversight of the Trust's most significant risks, which cover the Level 1 risk categories (see summary). Delivering on the Trust Health Equity & Public Health Strategy is critical to providing assurance in relation to Patient Safety and Outcomes Risk, Strategic Planning Risk and wider Partnership Risk. 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.

Current risks associated with the Health Equity and Public Health Strategy include the sustainability of the LTHT Stop Smoking Service. WY ICB funding for the service for 2026/27 has been reduced from the 2025/26 allocation. Funding beyond March 2027 remains uncertain. NHSE mandated requirement is to reach 100% pregnant people in Leeds and 60% inpatients. The funding reduction will impact on service capacity and patient reach. As highlighted in this report, a position paper has been drafted and will be shared with senior leads and ICB colleagues for discussion and escalation.

Limited capacity within the Public Health Team means there is a risk we will not deliver the improvements in health equity at the pace and scale required to align with the Trust's ambitions. Currently the core public health team leading the delivery of the strategy is made up of 1.3 WTE staff (0.3 Consultant returned from extended leave on 17 August). There is currently no project or administration support for this team. The two public health staff work across the Trust to build a matrix team of passionate, committed and aligned individuals, recognising health equity is everyone's business. However, the core team to lead, co-ordinate and drive work is very limited. It should be noted this was particularly the case for the period this report covers due to the absence of the Public Health Consultant from August 2025-August 2026.

8. Communication and Involvement

A communications plan is in place to support the delivery of the Health Equity and Public Health Strategy. Activity includes maintaining the Health Inequalities & Public Health Group, co-ordinating and/or supporting the six Sub-Groups and their leads, ensuring regular communications throughout the organisation including sharing good practice and showcase events/webinars to engage staff and wider partners. Opportunities to maximise communications is a challenge with the current capacity within the Public Health team.

9. Improving Health Equity

The Health Equity & Public Health Strategy 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 Trust wide focus on people living in the 20% most deprived areas (IMD 1 & IMD 2); ethnically diverse communities and inclusion health groups, as per the CORE20PLUS5 frameworks.

10. Publication Under Freedom of Information Act

This paper has been made available under the Freedom of Information Act 2000.

11. Recommendations

The Trust Board is asked to note the progress made in delivering the Health Equity and Public Health Strategy from March to September 2026.

Previously, development sessions have been provided to board members on Health Equity, to facilitate their role in its advancement at the Trust. Given the new composition of the board, please advise if members would like to participate in a workshop (or similar) on Health Equity, to refresh and update on knowledge, skills and support compliance of related legal duties.

Please advise on if the board would like to receive a summary of the Health Equity Integrated Quality & Performance Report (IQPR) in future Health Equity board reports.

12. Supporting Information

None.

Dr Anna Ray

Consultant in Public Health

Charlotte Orton

Public Health Specialist Programme Manager

11 September 2026