Review of NHS trust strategies for addressing health inequalities

1. Introduction

NHS trusts play a crucial role in addressing health inequalities by focusing on providing equitable access to services and ensuring patients receive a consistent level of care. Our health inequalities guide for trust board members provides practical steps to ensure trust boards address health inequalities as part of their core business (NHS Providers, 2024a). Taking a strategic approach is identified as a key enabler to making progress; it can provide a helpful roadmap to achieve long term objectives that are aligned with the trust's overall strategy and identify the opportunities and risks to making progress.

Our recent report *'United against health inequalities: moving in the right direction'* set out the progress NHS trusts have made in setting strategic commitments for reducing health inequalities (NHS Providers, 2024b). For example, 78% of trusts reported that health inequalities are embedded within their organisational strategy and priorities, and half of trusts (50%) have developed a specific trust strategy for addressing health inequalities. However, despite these best efforts we know that trusts can often struggle to overcome the significant barriers that prevent them from making further progress and turning strategy into action.

This review sets out the key components of a successful trust strategy for reducing health inequalities. It is based on desk-based research into a selection of published trust strategy documents and follow-up interviews to better understand the extent to which action on health inequalities has been prioritised. More information on our approach can be found in appendix one. Our findings offer a nuanced view of the current strategic approaches to addressing health inequalities, highlighting effective practice, common challenges, and opportunities for future improvement for trusts in taking strategic action.

Our review highlighted several key insights and common features across the available health inequalities strategies. One of the most prominent findings is that health inequalities are frequently referenced within NHS trusts' organisational strategies, standing at 23 out of the 30 trusts within our sample (77%). This indicates a widespread recognition of the importance of addressing health disparities as part of trusts' overall strategic direction. We found that trusts refer to health inequalities

either as part of their 'mission statement', within clinical area sections in the strategy, or as standalone health inequalities sections. From our sample, 12 of the 30 trusts (40%) had a dedicated standalone health inequalities strategy and four trusts had a specific, detailed health inequalities section within their overall strategy document. These results are broadly similar to what we found in our United against health inequalities survey results and show promising indication of strategic commitment within trusts. It should also be noted that our review only covered publicly available strategy documents; a higher number of trusts may have internal health inequalities plans or strategies guiding their work.

2. What makes a successful health inequalities strategy?

Strategically committing to addressing health inequalities helps embed the work as a core function of the trust, guiding oversight, accountability, and continuous improvement. This commitment can be captured within a trust's overarching organisational strategy, however a specific health inequalities strategy can facilitate focused board-level discussions and support the trust to monitor progress systematically.

Our review found the most developed health inequalities strategies were characterised by:
- Clear leadership and board buy-in
- Being integrated in the wider context of the trust and system
- Prioritised with clear measurable outcomes identified
- Underpinned by data
- Realistic with well-defined implementation plans
- Patient centred
- Focus on the need for a cultural shift

We found that these elements collectively create a comprehensive and adaptive approach to reducing health inequalities, ensuring that strategies are both effective and sustainable.

Clear leadership and board buy-in

Leadership plays a crucial role in providing oversight, ensuring accountability, and fostering a culture that addresses health inequalities. Trusts with the most developed health inequalities strategies had collective board buy-in with governance processes that enable regular board reporting, board committee oversight and staff groups involved in implementation.

Most well-developed strategies identified specific leads for implementation. For example, the chief medical officer or medical director often provides clinical leadership, ensuring that the strategy is aligned with clinical priorities, and the chief people officer focuses on workforce, ensuring that staff are supported, including through equality, diversity and inclusion initiatives for staff. In many cases trusts have identified a board level executive lead, which is an NHS England requirement from the 2021/2022 priorities and operational planning guidance, to champion the importance of reducing health inequalities across the organisation and oversee the strategy implementation (NHS England, 2021). More recently, trusts are also required to develop and implement a plan to address health inequalities within their workforce, as set out in High Impact Action 4 in the NHS equality, diversity and inclusion (EDI) plan (NHS England, 2023).

Our health inequalities guide includes suggested objectives for trust board members to support collective responsibility for making progress.

Being integrated in the wider context of the trust and system

Well developed health inequalities strategies are often aligned with the trust's overarching organisational strategy. This often includes a clear reference to the health inequalities strategy, with best practice cases showing how these strategic priorities overlap with the trust's wider organisational work and priorities.

We also found that the most developed health inequalities strategies are characterised by strong system working and integration with partners within their ICS and other stakeholders. In particular, systems were noted as particularly valuable in providing strategic direction and for sharing best practice for continuous improvement. Trusts also have a statutory responsibility to consider the strategies set by their local authority wellbeing boards, including those concerning health inequalities, as outlined in the Health and Care Act 2022 (NHS Providers, 2022). By aligning trust strategies with the priorities and goals of wider system partners, trusts ensure a cohesive and collaborative approach to tackling health inequalities. Utilising existing strategy and insights already gained from other bodies also presents an opportunity for trusts to build on this work, hopefully reducing the burden of setting strategic priorities.

Additionally, trusts are taking action in their roles as anchor institutions, driving change in the communities they serve (NHS Providers, 2023). This involves leveraging their influence and resources to support community development and address the social determinants of health.

Prioritised with clear measurable outcomes identified

The review highlighted the different approaches trusts have taken in developing a health inequalities strategy, specifically in the selection of priority areas for interventions. While the majority of trusts emphasised underpinning themes that are needed to tackle health inequalities generally (data collection, system working and workforce culture), others concentrated on making improvements in specific clinical areas.

By setting priority themes or clinical areas, trusts aim to address some of the most pressing health challenges that disproportionately affect disadvantaged populations, such as obesity and smoking cessation. These issues are widely recognised and due to the clear inequalities seen within these areas – for example, the prevalence of severe obesity in children is four times higher in more deprived areas, compared to the least deprived (House of Commons Library, 2023).

The most developed strategies have used precise metrics that focus on specific population groups or services. This allows for more targeted and effective interventions. Where strategies are accompanied by an implementation plan, there are detailed metrics and a clear roadmap for achieving its objectives. Such specificity in planning and measurement is crucial for evaluating progress over time and making necessary adjustments.

Underpinned by data

Effective trust health inequalities strategies recognise the importance of collecting and analysing robust data to identify and address health inequalities effectively. Through data analysis and interpretation, trusts can build a comprehensive understanding of patient populations, using the insights to improve access to healthcare services, enhance patient engagement, and implement targeted interventions. This data-driven approach enables the identification of specific needs within different patient groups, ensuring that resources are allocated efficiently, and interventions are tailored to achieve the greatest impact.

We found that trusts frequently utilise data from accessible sources to inform their health inequalities strategies. Sources included the following:

- The Office for National Statistics (ONS): provides detailed demographic and health-related data that helps trusts understand broader population trends and health outcomes.
- NHSE: offers insights into national health trends, service usage, and outcomes, enabling trusts to benchmark their performance and identify areas for improvement.

- Local authority data: Includes area level public health reports, social care data, and other relevant information that helps trusts to tailor their strategies to local needs.

Some strategies are underpinned by trust-level data dashboards to develop a deeper understanding of patient populations – these provide access to regular data insights that can be monitored over time to inform interventions. Some trusts also have access to dedicated public health teams, who contribute to interpreting data, identifying trends, recommending interventions, and have often developed data dashboards alongside trust Business Intelligence (BI) teams.

Realistic with well-defined implementation plans

Two of the strategies we reviewed were underpinned by a realistic implementation plan with clear actions, measurable outcomes and specified timescales. The typical timeframe for strategies aimed at tackling health inequalities spans three to five years. The rationale for this is that it should allow an adequate timeframe for the implementation of meaningful interventions and the measurement of their impacts over a substantial period. It also reflects a balance between setting long-term goals and the need for periodic reassessment and adaption of strategies to ensure they remain relevant and effective in addressing evolving challenges.

Patient centred

Improving patient experiences of services across the trust is another key strategic priority. Trusts are focused on ensuring that all patients, regardless of their background or circumstances, receive high-quality, accessible, and equitable care. Enhancing patient experience involves addressing barriers to access, improving communication and engagement, and ensuring that services are responsive to the needs of diverse patient groups. By prioritising patient experience, trusts aim to build trust and confidence among communities, ultimately leading to better engagement with healthcare services and reduced inequalities.

Engagement with both patients, their communities, and staff is a cornerstone of a developed health inequalities strategy. The majority of organisational strategies we reviewed (24 of 30) had input from patient and staff engagement. Processes such as surveys, committee or ad-hoc sessions are widely used to gather insights to understand the needs and experiences of the community and staff. These feedback mechanisms help trusts to identify specific areas of concern, gauge satisfaction with current services, and recognise gaps in care provision. By actively involving patients and staff in the strategy development process, trusts can ensure that their approaches are grounded in the lived experiences of those they serve. Our recent report on co-production and engagement with communities

highlighted the value of co-production and engagement in removing barriers to service access and ensuring patient-centred, responsive care (NHS Providers, 2024c).

The most developed strategies have leveraged existing ICS and community sector networks to develop strong relationships and establish robust engagement groups. Taking a collaborative approach ensures diverse perspectives and insights are incorporated into the strategy. Furthermore, these trusts have implemented dynamic feedback mechanisms that allow for revaluation and adjustment of their strategic priorities, as opposed to a single input from relevant stakeholders defining strategic direction for a number of years. This is critical for sustaining progress and ensuring the strategy remains responsive to emerging needs, and for creating opportunities for communities to hold trusts to account on the implementation of strategic commitments.

Focus on the need for a cultural shift

Another common strategic priority for addressing health inequalities is commitment to implementing measures that ensure the trust's workforce is inclusive and representative, reflecting the diversity of the patient populations they serve. This includes promoting EDI initiatives and fostering a cultural shift within the organisation whereby tackling health inequalities is well understood and acted on. By training staff and cultivating the right attitudes, trusts aim to ensure that their services effectively address health inequalities both within the workforce and the wider patient population. The NHS EDI improvement plan aims to foster an inclusive work environment where all staff are equipped and motivated to contribute to the reduction of health disparities, with specific actions around improving workplace culture, via wellbeing conversations within teams, and enhancing local employment opportunities as local anchor institutions. Successful strategies focus on the need for a cultural shift where appropriate and set strategic objectives to achieve this.

3. Case Study: Central London Community Healthcare NHS Trust

Background

Central London Community Healthcare NHS Trust (CLCH) is a major provider of community care across 11 London Boroughs and Hertfordshire. Operating across 650 sites, the trust employs 5,000 staff members, collectively serving around four million patients annually. This considerable patient volume underscores the trust's significant role in the community. A key characteristic of the trust is its diverse workforce, with 58% of employees coming from black, Asian and other minority ethnic backgrounds. This diversity is mirrored in the patient population, which also has a high representation of black, Asian and other ethnic minority groups.

Health inequalities strategy

Within the trusts '*Promoting Equality and Tackling Inequality Strategy*', CLCH has demonstrated a forward-thinking approach by recognising the need for a cultural shift that starts at the board level and permeates through to the clinicians (Central London Community Healthcare NHS Trust, 2021). This shift involves fostering an inclusive leadership style and decision-making process that reflects the diversity of both the staff and the patient population. The strategy reflects numerous ways of working which single out the document as an advanced and effective example.

Informing the strategy

To inform its strategy, the trust conducted comprehensive staff surveys and utilised the latest equality data, sourced both internally and externally. This data-driven approach helped identify the specific gaps and areas requiring focused action. External stakeholders from four ICSs also played a pivotal role in informing the strategy.

The formation of an Equality Group was a critical step in informing the strategy and maintaining direction, in embedding the strategy and its priorities across the trust. This group, which includes a cross-section of staff at various levels and representatives from existing staff networks, ensures that staff co-design and accountability are integral to the strategy. The Equality Group reports directly to the executive leadership team, the quality committee, and the people committee, ensuring that the strategy is thoroughly integrated across the trust. Board buy-in is evident, with the Chief Executive chairing the Equality Group, highlighting the importance of senior commitment.

Once the priority areas were identified, the trust held engagement events and consultations with the trust board, shared governance councils, staff networks, and a patient engagement group to refine and finalise these areas.

The strategy outlines the relevant legal and regulatory drivers for the trust's health inequalities programme, referencing important guidance from NHS England and others, such as the NHS Long Term Plan (NHS England, 2019) and the Marmot Review (Marmot, M., 2010).

Priority areas

The trust's priority area action plans are driven by continuous data analysis and community engagement, aiming to implement targeted interventions wherever possible. A significant innovation is the development of a trust data dashboard, which allow population health teams to provide local analysis, track progress of equality related improvement initiatives, and adjust interventions as required.

A unique aspect of the trust's strategy is its focus on digital inclusion, addressing an often-overlooked area in health inequalities.

Additionally, the trust acknowledges its role as an anchor institution, leveraging this position to address socio-economic health inequalities. This commitment is exemplified through a dedicated workforce priority area that focuses on local recruitment, supported by clearly established key performance indicators (KPIs). By doing so, the trust not only enhances its workforce diversity but also contributes to the local economy.

Governance processes are robust, ensuring that actions are systematically implemented. The strategy is supported by the trust's other strategies, reinforcing a commitment to continuously improving governance arrangements. Uniquely, the trust includes partners, carers, and members of the public in its shared governance model, ensuring a broad range of perspectives and enhancing accountability.

Collaborative system working

The trust's collaborative efforts extend to working closely with the four London ICSs, system partners, primary care networks, the voluntary sector, and local authorities. This collaboration ensures a comprehensive approach to tackling health inequalities. The trust also prioritises sharing learning and best practices with system partners through a Hub (intranet system) and quarterly seminars, fostering a collaborative environment.

Measuring success

To evaluate the impact and success of the health inequalities strategy, the trust has developed a comprehensive five-year implementation plan for each priority area, with metrics of success that are staggered year-on-year to build on previous progress. This approach ensures that improvements are sustainable and continuously evolving. The trust produces quarterly reports on health inequalities, maintaining transparency and accountability. An established process to refresh the implementation plan ensures it remains aligned with national and local trends, supporting the long-term sustainability of the strategy. 'Equality Action Teams', chaired by executive directors at the trust, are tasked with monitoring progress and reporting directly to the quality committee. These teams are designed to convene when metrics are not being met, allowing for rapid response and issue resolution.

Through these detailed and integrated practices, CLCH exemplifies a comprehensive and inclusive approach to addressing health inequalities.

4. Overcoming barriers to implementing strategic priorities

Our review has identified several barriers can hinder the successful implementation of health inequalities strategies. Understanding these challenges is essential for addressing them effectively and ensuring that the strategic priorities achieve their intended impact.

Resource constraints

A common barrier to implementing health inequalities strategies is a lack of adequate resources. This includes financial limitations, insufficient staffing, and inadequate infrastructure. Many trusts find it challenging to allocate sufficient funds to new initiatives aimed at addressing health inequalities. Additionally, a shortage of skilled personnel, such as public health specialists and community outreach workers, can limit trusts' ability to deliver targeted interventions.

Data and measurement

Accurate data collection and analysis are critical for identifying and addressing health inequalities. However, many trusts face difficulties in obtaining comprehensive and disaggregated data on patient demographics, social determinants of health, and health outcomes. Inconsistent data collection methods, lack of standardised metrics, and challenges in sharing data across different organisations can impede trusts' ability to accurately assess the scope and nature of health inequalities. Without reliable data, it is difficult to tailor interventions to specific needs and evaluate their effectiveness.

Culture and attitudes

Cultural factors within healthcare organisations can also pose significant barriers. This includes biases and stereotypes held by healthcare providers and staff, which can affect their interactions with patients from diverse backgrounds. Such biases can lead to differential treatment and contribute to disparities in care. Moreover, a lack of cultural competence among healthcare professionals may result in misunderstandings and miscommunications with patients, further exacerbating health inequalities.

Addressing the social determinants of health

Health inequalities are often rooted in complex social determinants, such as income inequality, education, housing, and access to healthcare. Addressing these determinants requires a coordinated effort across multiple sectors, including healthcare, social services, education, and housing. However, the complexity and interdependence of these factors can make it difficult for trusts to design and

implement comprehensive strategies and interventions. Moreover, while there is a clear role for trusts as anchor institutions to address the wider determinants of health, they have limited control over the scope of factors outside the healthcare system that can constrain the effectiveness of interventions aimed at addressing social determinants.

Policy and regulatory environment

The broader policy and regulatory environment can also impact the implementation of health inequalities strategies. National policy, funding mechanisms, and regulatory requirements can either facilitate or hinder the efforts of healthcare trusts. For instance, policies and funding decisions that do not prioritise health equity and preventative services can limit the scope and impact of health inequalities strategies.

5. Conclusion

Trusts have made important progress in addressing health inequalities in recent years and this review outlines the importance of taking a strategic approach in embedding this work as core business and taking meaningful action. It is important to recognise that NHS trusts cannot tackle health inequalities alone, making progress relies on action across all sectors that impact the wider determinants of health. Our shared commitments to delivering the next generation NHS set out the importance of taking collaborative action to address the wider determinants of health and called for a whole-government approach (NHS Providers, 2024d). We look forward to working with the new government on this as part of their mission-led approach. It will be important for the new ten-year health plan to recognise addressing health inequalities as a pre-condition of success for the long-term sustainability of the NHS and overall health of the population.

Appendix 1

Our approach

Selection of trusts

We selected 30 NHS trusts at random, ensuring a diverse representation in terms of sector, size, and geography. This allowed us to reflect a wide range of perspectives and practices in addressing health inequalities, reflecting the variation of challenges faced by trusts.

Research

There were three key areas that the review covered:
- To analyse the extent to which the trust's organisational strategy set out a strategic commitment around addressing health inequalities
- Whether the trust had a publicly available strategy or plan for addressing health inequalities
- The content included within the health inequalities strategy or plan, if available.

To gather detailed information from the trusts identified as best practice examples, we reached out for in-depth interviews to discuss the development of their strategy, progress made in implementing the strategy and any challenges they encountered. We interviewed two trusts within our sample to gain further detail on these areas.

To encourage honest participation and maintain confidentiality, we have kept the identities of the trusts involved anonymous. This approach ensured trusts could share information freely about their challenges and provide honest insight. The exception to this is Central London Community Healthcare NHS Trust, which we have highlighted as a key case study within this report.

Content review

The selected strategies were reviewed to identify the key themes and characteristics. The commonalities across the sample group were then analysed to form our findings. Our analysis focused on understanding what informed each strategy, the priorities and processes outlined to tackle health inequalities, and evaluating how these strategies are structured to implement actionable outcomes. Specifically, we considered the data and indicators that were used to underpin these strategies. Additionally, where available, we assessed the implementation frameworks to understand the specific goals, targeted interventions, stakeholder engagement, and evaluation metrics used by the trusts.

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