



Humber Teaching
NHS Foundation Trust

Health Inequalities Plan 2025-28



Caring, Learning
& Growing Together



Health inequalities are unfair, systematic and avoidable differences in health across the population, and between different groups within society. In our Trust Strategy 2023-28, we committed to taking action to address health inequalities and the underlying causes of inequalities. Our Health Inequalities Plan builds on this approach and sets out the actions we plan to take over the next three years to make our services accessible, trauma informed and welcoming to all our communities.



The services we provide are very diverse, including universal services such as primary care, health visiting, social prescribing and community services as well as targeted services which support groups within our communities who are at the highest risk of experiencing health inequalities. This includes people with severe mental illness, autism, learning disabilities, addictions, people in contact with the criminal justice system and those experiencing homelessness. As a result, we have not chosen to identify specific conditions or services as the focus of our activity on health inequalities.

Instead, our approach to addressing health inequalities is deeply intertwined with our organisational culture and our commitment to being a trauma informed and recovery focused organisation.

We need to start by understanding the health inequalities experienced by our communities and how this intersects with any barriers to access or poorer outcomes and experiences that different groups might have within our services. This includes people with protected characteristics such as older people, minoritised groups or people with disabilities as well as people who experience poor health outcomes due to poverty or experiences of trauma.

Understanding this picture will help our staff to identify potential inequalities within our services and work with our communities to co-produce solutions.

Health inequalities is everyone's business: we want to empower people in all parts of our Trust to make change happen within our services, ranging from front line staff to strategic leaders.

At a Trust wide level, we will put a commitment to addressing health inequalities at the heart of our biggest programmes of change, by routinely and systematically assessing the impact of any changes to services, policies and processes on groups of people who commonly experience inequity. Alongside this, we will review the way we communicate and interact with patients and service users to make sure our services are welcoming and accessible to all our communities.

To ensure that the way we deliver care supports health equity, we will embed holistic, trauma

informed and person-centred approaches into our clinical and professional practice. This includes making conversations about health equity and the wider, social determinants of health a routine part of the care we deliver. At the same time, we will make sure our staff have the right tools, connections and information to support our patients, service users and carers with social issues and proactively support our communities to improve their health and wellbeing.

Finally, we recognise that health inequalities is a complex issue which needs a collaborative response from a wide range of organisations. We are therefore committed to working with public and voluntary and community sector partners across the Humber and North Yorkshire to maximise our collective impact on health inequalities.



Rt Hon Caroline Flint
Trust Chair



Michele Moran
Chief Executive



Kwame Fofie
Executive Medical Director

Health Inequalities Plan on a Page: How our approach supports delivery of the Trust Strategy

Health Inequalities In Our Trust Strategy

The Trust takes action to address health inequalities and the underlying causes of inequalities, both in our role as a developing anchor institution and a system leader, supporting the long-term aim of increasing life expectancy and healthy life expectancy for our most deprived areas and for population groups experiencing poorer than average health access, experience and outcomes.

Trust Goals	Health Inequalities Actions	Health Inequalities Outcomes
Optimising an efficient and sustainable organisation	Understanding health inequalities in our services and communities	Our staff use accurate data and community insights to identify inequalities in access, outcomes and experience.
Developing an effective and empowered workforce	Change happens at all levels	Health inequalities are everyone's business - people in all parts of our Trust are empowered to make change happen within our services.
Innovating for quality and patient safety	Health inequalities at the heart of our biggest programmes of change	Our policies and the way we deliver our biggest programmes of change put addressing health inequalities at the heart of our approach to delivering care.
	The way we communicate and interact with patients and service users is welcoming to all	Health literate and culturally appropriate information and reasonable adjustments improve access to our services.
Enhancing prevention, wellbeing and recovery	The way we deliver care supports health equity	Work to support health equity is embedded in our clinical and professional practice.
Promoting people, communities and social values	Tackling the wider causes of inequality	We strive to tackle the wider causes of inequality such as poverty, racism, stigma, lack of opportunity and poor living environments.
Fostering integration, partnerships and alliances	Working with partners	We work with partner organisations across the Humber and North Yorkshire to maximise our collective impact on health inequalities.

Demonstrating Impact

- Inequalities of access, experience and outcomes within our services are reduced.
- Our services are accessible, trauma informed and welcoming to all our communities.
- Our communities are equal partners in addressing health inequalities and the causes of health inequities.

Measuring impact at Trust level

- Trust level data analysis.
- Investment in health inequalities projects.
- Trust involvement in research.
- Evaluations of major transformation projects.
- Trust Social Values Report.

Measuring impact at service level

- QI projects to address health inequalities.
- Service plans, business cases, PIDs and co-production projects.
- Health Stars funding for Trust and VCSE health inequalities projects.

Tracking activity and changes to processes

- Completed EHIIAs.
- Trust and system strategies and policies with health inequalities content.
- Changes to clinical documentation.

Staff, patient and carer experience

- Insights from services and communities.
- Case studies demonstrating innovation, collaboration and working with lived experience.
- Support in place for staff.

Glossary

BAU	Business As Usual
CAMHS	Child and Adolescent Mental Health Services
CORE20PLUS5	national approach to health inequalities focusing on the 20% most deprived communities ("CORE20"), plus other groups at risk of experiencing health inequalities such as people from minoritised communities, homeless people or people facing digital exclusion.
CQC	Care Quality Commission, the organisation responsible for inspecting health and care providers
Culture of Care	a national quality improvement programme which aims to improve the culture of inpatient mental health, learning disability and autism wards for patients and staff so that they are safe, therapeutic and equitable places to be cared for, and fulfilling places to work
DIALOG+	a holistic, patient led outcomes scale for assessing people entering secondary mental health services
DNA	when a patient "Did not attend" an appointment. For children and other people who would be unable to attend independently, the equivalent is "Was not brought"
EHIA	Equality and Health Inequalities Impact Assessment
ICB	Integrated Care Board, the NHS body responsible for planning and commissioning care for a geographical area, in our case Humber and North Yorkshire
LGBT+	Lesbian, Gay, Bisexual, Transgender and other sexualities and gender identities
MADE/Super MADE	Multi Agency Discharge Event, a meeting focusing on preventing delayed discharge

MDT	a multi-disciplinary team, where people from different professions come together to support a patient or service user
HI	Health inequalities
Humber and North Yorkshire Health and Care Partnership	a partnership that bring together NHS organisations, local authorities and others to take collective responsibility for planning services, improving health and reducing inequalities across Humber and North Yorkshire
INT	Integrated Neighbourhood Teams, initiatives to bring together healthcare, social care and voluntary organisations who support communities in a local area
PACE	Patient and Carer Engagement
PID	Project Initiation Document, a document which collects relevant information before the start of a project
PMO	Programme Management Office
Provider Collaboratives	partnerships that bring together two or more NHS trusts (public providers of NHS services including hospitals and mental health services) to work together at scale to benefit their populations.
QI	Quality Improvement, a structured approach to continuous improvement of health and care services
Reach Deck	an online tool which improves the accessibility of websites through simplification, reading aloud or translation
VCSE	Voluntary, Community and Social Enterprise



Health Inequalities Plan Action:

Understanding health inequalities in our services and communities

Where we are now

- We have undertaken some significant health inequalities data projects including workshops with CAMHS and Talking Therapies to understand health inequalities data.
- Our strong focus on patient, carer and community engagement supports our health inequalities programme.
- However, due to the diversity of our services, we do not have a Trust-wide approach to reporting on health inequalities within our services.

What we will do

- Develop and promote accessible, easy to use tools to analyse Trust wide and service level data alongside population health data, focusing on people from the most deprived communities, protected characteristics and inclusion health in line with CORE20PLUS5.
- Use insights from patient, carer and community engagement and co-production and from thematic analysis of patient safety incidents to identify areas of focus.
- Agree a robust reporting and assurance framework for health inequalities data, aligned with data collection requirements for other culture and health equity programmes of work (Culture of Care, Trauma informed, Patient and Carer Race Equality Framework).
- Work with our Staff Health and Wellbeing Group and our Disability, Rainbow Alliance LGBT+ and Race Equality staff networks to understand and address health inequalities and cost of living challenges experienced by our staff.

What this will achieve

- Our staff use accurate data and community insights to identify inequalities in access, outcomes and experience within our services and put in place co-produced plans to address them.
- Our approach to service design uses data and the voice of lived experience to identify and address health inequalities.
- Our Board are assured that we can identify and take action on health inequalities.
- All our staff are supported to improve their health and wellbeing and develop in their careers.

Supporting and enabling work

- Supporting staff to develop the skills to access and use population health data.
- Improving the quality of our protected characteristics and demographic data.
- Supporting research on addressing health inequalities, including our collaboration with the Centre for Addiction and Mental Health Research at the University of Hull which provides targeted research into addictions and mental health, focusing on those often most hidden or excluded from treatment.
- Working with the Humber and North Yorkshire Health and Care Partnership to co-ordinate regional work on the use of health inequalities data.
- Using local national datasets such as Learning from lives and deaths – People with a learning disability and autistic people (LeDeR).



Health Inequalities Plan Action: Change happens at all levels

Where we are now

- We have created a set of health inequalities resources on our staff intranet.
- Health inequalities has been made an integral part of our organisational culture through our Being Humber behavioural framework.
- We support and encourage our staff to do training on health inequalities through online platforms and through our Proud Leadership programmes.

What we will do

- Empower leaders and managers to make change happen by supporting QI projects and leading cultural change.
- Continue to provide easy to access training and information for our staff on health inequalities and the causes of health inequalities.
- Support our teams to co-produce solutions to health inequalities with people with lived experience and develop plans to address inequalities in access, experience and outcomes within our services.
- Use our Trust charity, Health Stars, to fund activity which addresses health inequalities.

What this will achieve

- Health inequalities are everyone's business - people in all parts of our Trust are empowered to make change happen within our services.
- Our organisational culture supports and empowers staff to make change happen.
- Our staff understand the barriers and challenges our communities face to accessing and getting the best outcomes from the services we provide.
- Investment in health inequalities projects increases.

Supporting and enabling work

- Build a supportive community of people who are passionate about addressing health inequalities through our Innovation Hub.
- Increase the number of Quality Improvement projects within our services which address health inequalities.
- Visible leadership commitment to health equity from the Trust Board and senior leaders.



Health Inequalities Plan Action:

Health inequalities at the heart of our biggest programmes of change

Where we are now

- We have recently adopted an Equality and Health Inequalities Impact Assessment, but this has not yet been systematically applied to all areas of work.
- Health inequalities is already a golden thread running through our Trust Strategy and is covered by some supporting strategies, such as our Physical Health Strategy.
- Our business case and project management documentation ask about health inequalities.

What we will do

- Use our Equality and Health Inequalities Impact Assessment (EHIIA) to understand and address the impact of all new changes to our policies and services on groups that are at risk of experiencing health inequalities.
- Use our understanding of our communities to inform the design of future change programmes, e.g. by designing services to support under-served communities.
- Deliver a transformation project focusing on reducing DNA levels as well as understanding health inequality related reasons for DNAs
- Embed health inequalities in all Trust plans and strategies as they are renewed, including the Trust's new Access Policy.
- Work with commissioners to embed tackling health inequalities in service specifications.

What this will achieve

- Our policies and the way we deliver our biggest programmes of change put addressing health inequalities at the heart of our approach to delivering care.
- Our services will be designed around the needs of our communities.
- Health inequalities are routinely and systematically considered during service development and delivery.
- Trust strategies and policies actively promote health equity.
- Work to address health inequalities is part of all our major transformation schemes.

Supporting and enabling work

- Implement national and Trust level transformation programmes to make sure our services are trauma informed, autism informed, person centred, and anti-racist. These include NHS England's Culture of Care Programme [<https://www.england.nhs.uk/long-read/culture-of-care-standards-for-mental-health-inpatient-services/>], the national Patient and Carer Race Equality Framework [<https://www.england.nhs.uk/mental-health/advancing-mental-health-equalities/pcref/>] as well as our own work towards becoming a trauma informed organisation.
- Maintaining the Trust's Veteran's Aware Hospital Status and delivering the associated work plan.
- Evidencing our health inequalities work against the CQC quality statements.



Health Inequalities Plan Action:

The way we communicate and interact with patients and service users is welcoming to all our communities

Where we are now

- Our websites use Reach Deck tools for translation and to improve readability.
- Interpretation and translation services are available across our services, but provision is not as good as we would like.
- Some of our Trust documents and information for patients is available in accessible formats, but we do not have a comprehensive approach to supporting services with this.

What we will do

- Ensure that all our Trust documents and information for patients and are accessible, trauma informed and welcoming to all our communities, considering digital exclusion and access to health information for carers and families.
- Improve access to interpretation and translation services.
- Embed robust processes to ensure that our patients' and service users' need for reasonable adjustments are recorded and adjustments are offered, alongside supporting people to access adjustments beyond our services.
- Use our communications with our communities for health promotion, supporting health literacy and to proactively reach out to under-served communities.

What this will achieve

- Our patients, service, users, carers and families understand our services and are supported to be equal partners in their care.
- Our communities have access to easy to understand, health literate and culturally appropriate information about health and wellbeing.
- Our services do their utmost to offer reasonable adjustments so that people's needs are met
- Our staff are empowered to adapt the day-to-day delivery of care to take each individual's needs into account.

Supporting and enabling work

- Developing a new system wide approach to commissioning interpretation and translation services.
- Use of self-assessment by services as part of our ambition to become a trauma informed organisation will inform changes to patient communications.
- In implementing the national shift towards a digital NHS, we will be mindful of digital inclusion.



Health Inequalities Plan Action:

The way we deliver care supports health equity

Where we are now

- We have a strong commitment to providing trauma informed, recovery focused care.
- Our Physical Health Strategy stresses the importance of primary, secondary and tertiary prevention to address inequalities.
- Some of our services have already embedded health equity and a focus on the social determinants of health into their assessment and care planning processes.
- Other services are still in the process of transitioning to person centred approaches.

What we will do

- Embed needs and strengths based, holistic, trauma informed, person-centred approaches to delivering care across all our physical and mental health services. This will help our staff to offer support based on people's needs rather than their diagnosis.
- Continue work to embed health equity in our clinical and professional practice by ensuring our assessments, care plans and outcome measures recognise the role the social determinants of health play in supporting or preventing recovery.
- Make health inequalities a routine part of conversations with staff at all levels within team meeting agendas, MDT discussions and supervision.
- Involve patients, services users, their carers and families in decisions about their or their loved one's care.

What this will achieve

- Our clinical processes and documentation support staff to explore, understand and address our patients' and service users' strengths, aspirations and wider social needs.
- Conversations about health equity and the social determinants of health are a regular and routine part of the care we deliver.
- Patients, service users, carers and families are equal partners in decisions about their care where appropriate.

Supporting and enabling work

- Review of assessment and formulation tools.
- National focus on the transition to Person Centred Care.
- Delivery of the Culture of Care programme and sharing learning across the Trust.
- Use of self-assessment tool by services as part of our ambition to become a trauma informed organisation.



Health Inequalities Plan Action: Tackling the wider causes of inequality

Where we are now

- We recognise the impact on our communities of the wider causes of inequality such as poverty, racism, stigma, lack of opportunity and poor living environments (often called the social determinants of health).
- Some of our services provide additional support for service users to address the social determinants of health, for example, offering employment support alongside mental health treatment.
- Some of our services provide information and signposting to support with wider social issues but this is not universal.

What we will do

- Provide the people we support with information or signposting to wider support for issues such as housing and homelessness, access to financial support, social isolation and healthy lifestyles (smoking cessation, healthy weight services and alcohol advice).
- Help our staff to build community connections and increase their knowledge of sources of support in local communities.
- Use our Trust premises to offer community wellbeing and outreach activities in partnership with the voluntary and community sector.
- Use our voluntary and community sector small grants programme to support projects that address health inequalities, as well as building closer relationships with our communities.

What this will achieve

- Our patients, service users, carers and families are supported to address wider issues that may impact on their health and wellbeing.
- Our communities find it easier to access our services and partner organisations' services through welcoming, trauma informed and accessible community hubs.
- The Trust has strong, collaborative relationships with voluntary and community sector partners which we use to deepen our understanding of our communities and deliver projects which reduce inequity.

Supporting and enabling work

- Our approach to Social Values and developing as an Anchor Institution, including our focus on supporting the local economy through our spending, how we use our estate and reducing our impact on the environment.
- Providing employment opportunities to people with lived experience of mental and physical ill health, autism and learning disabilities and people from communities experiencing deprivation.
- Supporting local delivery of the Prevention Concordat for Better Mental Health [<https://www.gov.uk/government/publications/prevention-concordat-for-better-mental-health-consensus-statement/prevention-concordat-for-better-mental-health>].



Health Inequalities Plan Action: Working with partners

Where we are now

- The HNY Specialised Provider Collaborative for Mental Health, Learning Disability and Autism, for which Humber is the lead provider, has as one of its strategic aims that “inequalities in access, experience and outcomes are understood and tackled”.
- We discuss the impact of social issues like housing at system meetings such as the Multi-Agency Discharge Event.
- Humber provides executive sponsorship and leadership for the delivery of the East Riding Health and Care Committee programme to improve access to and experience of services for inclusion health groups.
- We support and champion place-based action to address inequity such as the Hull Poverty Truth Commission.

What we will do

- Proactively raise concerns that affect our patients and service users and work with other organisations partners to tackle complex issues, for example, preventing housing crisis and reducing the neurodiversity waiting list.
- Support the transition to neighbourhood health services which support under-served (“core20plus”) communities.
- Put addressing health inequalities, prevention and working with communities at the heart of the Humber and North Yorkshire Mental Health Collaborative, as host entity and delivery partner.

What this will achieve

- We use our role as a system leader to promote impactful work to address health inequalities
- We work with partner organisations across the Humber and North Yorkshire to maximise our collective impact on health inequalities.
- Our work on addressing health inequalities aligns with national and regional policy.

Supporting and enabling work

- Alignment with Humber and North Yorkshire Population Health and Prevention programme, East Riding Inclusion Health workstream and neighbourhood NHS initiatives such as Integrated Neighbourhood Teams.
- Close collaborations with the Humber and North Yorkshire Health and Care Partnership, Place, Provider Collaboratives and Mayoral Strategic Authorities to support delivery of their duties in relation to health improvement and health inequalities.
- Supporting the East Riding Inclusion Champion scheme.
- Supporting the delivery of community wellbeing hubs for people with learning disabilities across Hull and East Riding.

Demonstrating Impact

Most changes in population level profiles of health inequalities, such as changes in life expectancy or prevalence of illness, are only measurable over long periods and are usually monitored through public health data.

However, it will be possible for us to demonstrate the impact of the actions described in this plan within our own services and for our own patients and service users in the following ways:

Measuring impact at Trust level

Within the first year of the plan, we have committed to developing a reporting framework which covers health inequalities, Culture of Care, Trauma informed organisation and the Patient and Carer Race Equality Framework. Going forward, we will be able to measure progress against this set of metrics, which is likely to cover key health inequalities measures such as access to services and DNA rates by deprivation and protected characteristics.

Example evidence: Trust level data analysis, Investment in health inequalities projects, Trust involvement in research, Evaluations of major transformation projects, Trust Social Values Report.

Measuring impact at service level

A lot of the changes we make will take place within an individual service, for example, building relationships with voluntary sector groups to improve access to a service for our diverse communities. The impact of these changes can be measured at service level, for example, though increased referrals from the communities we have engaged with.

Example evidence: QI projects to address health inequalities, Service plans, business cases, PIDs and co-production projects, Health Stars funding for Trust and VCSE health inequalities projects.

Tracking changes to processes and policies

Demonstrating that we are embedding action to address health inequalities at a structural and strategic level. These changes will be reflected in changes to our policies and processes which incorporate measures to promote health equity.

Example evidence: Completed EHIIAs, Trust and system strategies and policies with health inequalities content, Changes to clinical documentation.

Staff, patient and carer experience

The insights we gather through engagement, co-production and evaluation with our staff, patients, service users and carers are the most valuable evidence of the difference we make to the people and communities we support.

Example evidence: Insights from services and communities, Case studies demonstrating innovation, collaboration and working with lived experience, Support in place for staff.