 **Our plan to reduce health inequalities** 

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Foreword



As the Director of Public Health for Lancashire, I am honoured to present Lancashire Teaching Hospital's Health Improvement Plan, a comprehensive strategy aimed at reducing health inequalities across our region. This is a testament to the organisation's unwavering commitment to fostering a healthier, fairer society where everyone can thrive.

Health inequalities are a persistent challenge, deeply rooted in the social, economic, and environmental conditions in which people are born, grow, live, work, and age. These disparities are not only unjust but also preventable. The Trust's mission is to address these inequalities head-on, ensuring that every individual, regardless of their background or circumstances, can lead a healthy and fulfilling life.

The foundation of this Health Improvement Plan is built upon improving the social determinants of health. By focusing on these determinants, we aim to create an environment where health equity is the norm, not the exception. This approach is holistic, encompassing a wide range of factors that influence health outcomes, from education and employment to housing and community support.

One of the key components of the plan is the Core20PLUS5 framework, which targets the most deprived 20% of our population and identifies specific groups at increased risk of poor health outcomes. This targeted approach allows us to concentrate our efforts where they are needed most, ensuring that our interventions are both effective and equitable. By addressing the unique needs of these populations, we can make significant strides in reducing health disparities and improving overall health outcomes.

This plan also highlights the importance of collaboration and partnership. Health improvement is not the sole responsibility of the healthcare sector; it requires a concerted effort from all sectors of society. We are committed to working closely with our partners in health and social care, education, housing, and the voluntary and community sectors. Together, we can create a supportive network that promotes health and well-being at every stage of life.

Our Health Improvement Plan is not just a document; it is a call to action. It is a roadmap for creating a healthier, more equitable society, and it requires the commitment and participation of everyone in our community. As we move forward, we will continue to engage with our residents, listen to their needs, and adapt our strategies to ensure that we are making a meaningful impact.

I am confident that, with the dedication and collaboration of our partners and the resilience of our community, we can achieve our vision of a safer, fairer and healthier Lancashire. Together, we can build a future where health inequalities are a thing of the past, and every individual can live a healthy, fulfilling life.

Sincerely,

Dr Sakthi Karunanithi

Director of Public Health, Wellbeing and Communities,
Lancashire County Council.



Introduction



As the CEO of Lancashire Teaching Hospitals, I am deeply committed to addressing the health inequalities that persist within our community. These inequalities are not only avoidable and unfair but also systematic differences in health that affect various groups of people. In 2010, Professor Sir Michael Marmot's strategic review¹ of health inequalities provided us with a clear roadmap for improvement through six key recommendations:

1: Give every child the best start in life

2: Promote education and life-long learning

3: Ensure fair employment and good working conditions

4: Secure the minimum income necessary for a healthy life

5: Create healthy and sustainable environments and communities

6: Adopt a social determinants approach to prevention and healthy lifestyles

To implement these recommendations effectively, it requires concerted, coordinated, and long-term action from the entire community. At Lancashire Teaching Hospitals, we are dedicated to transforming into a 'health improvement organisation' that not only treats illness but also actively promotes health and well-being.

At Lancashire Teaching Hospitals we provide a full range of general hospital services not only to our local population of 390,000 people in Preston, Chorley and South Ribble but also provide specialist care to the 1.8 million people across the region. To effectively implement a health improvement approach to not only to the local population of Central Lancashire but across the region to the patients we serve we will need to work in partnership with our wider health and

social care network and the voluntary, community, faith and social enterprise partner organisations to achieve the shared goal of healthier and happier lives in Lancashire. Across the Lancashire and South Cumbria region there are high levels of deprivation and persistent poverty in coastal areas, rural communities as well as in its towns and cities, all of which contribute to unfair and wide inequalities in health and poor health.

Our role is crucial, and we take it very seriously. We are committed to working collaboratively with our partners and the community to tackle the root causes of health inequalities and have aligned our work to that of the Lancashire and South Cumbria Integrated Care Partnership strategy 2023–2028 and the life course approach of Starting well, Living well, Working well, Ageing well and Dying well. By focusing collectively on prevention, education, and creating supportive environments, we aim to ensure that everyone has the opportunity to lead a healthy life. Together, we can make a significant impact on the health and well-being of our community, now and for future generations. It is our mission to lead this change and to inspire others to join us in this vital endeavour.

Prof. Silas Nicholls

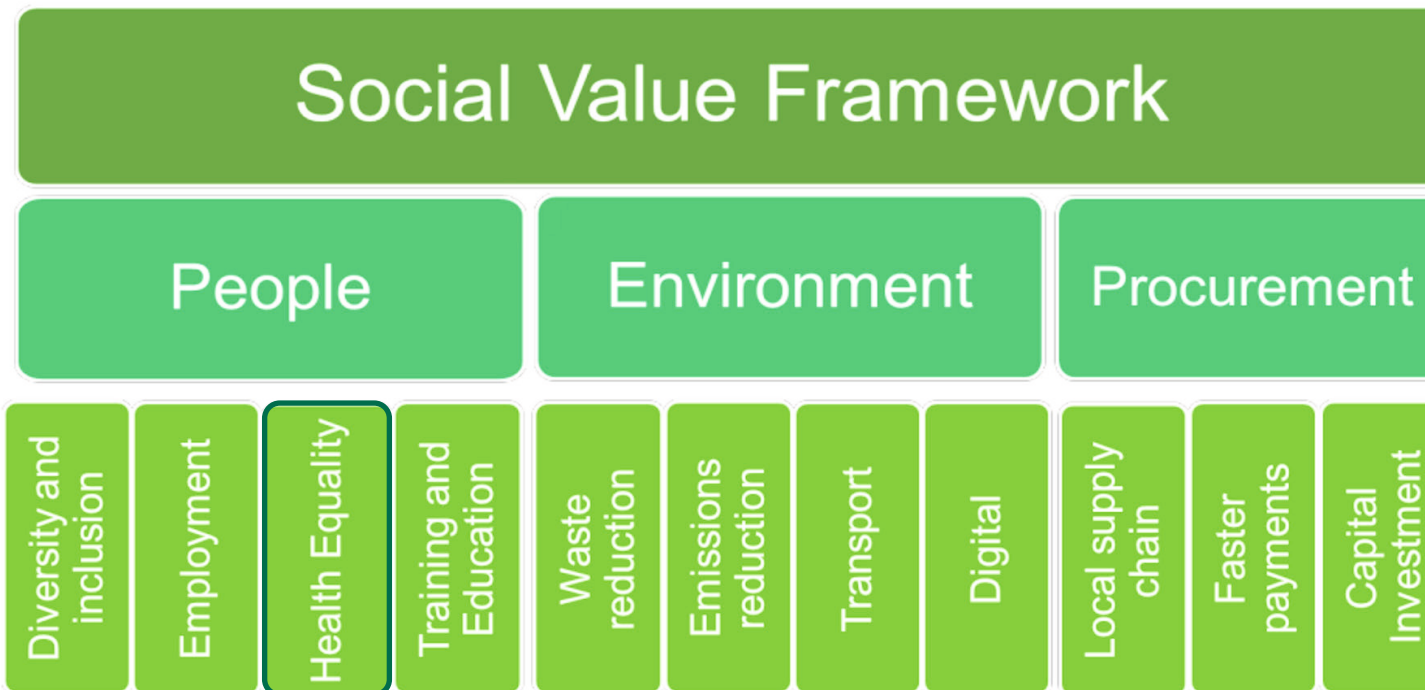
Chief Executive,
Lancashire Teaching Hospitals.

[1. Strategic Review of Health Inequalities in England post-2010. \(2010\). Fair society, healthier lives: The Marmot review](#)



Lancashire Teaching as a Health Improvement Organisation

The LTH **Social Values Framework** supports the Trust to align associated priorities, agree improvements, mobilise change and celebrate improvement. The framework for Lancashire Teaching Hospitals has 3 main lenses: **people**, **environment** and **procurement**.



Anchor Institution Framework – to drive improvements in the wider determinants of health through our corporate functions such as recruitment, procurement, managing our estate and partnership working.



Health Improvement Plan – working with our partners aligned to the Lancashire and South Cumbria Health and Wellbeing Partnership Strategy to improve health for the population of Lancashire

Green Plan – to reduce our environmental impact and adapt our services to the changing climate



Social determinants of health

Almost every aspect of our lives impacts our health and ultimately how long we will live. This includes:

Our jobs

Our homes

Our access to education,

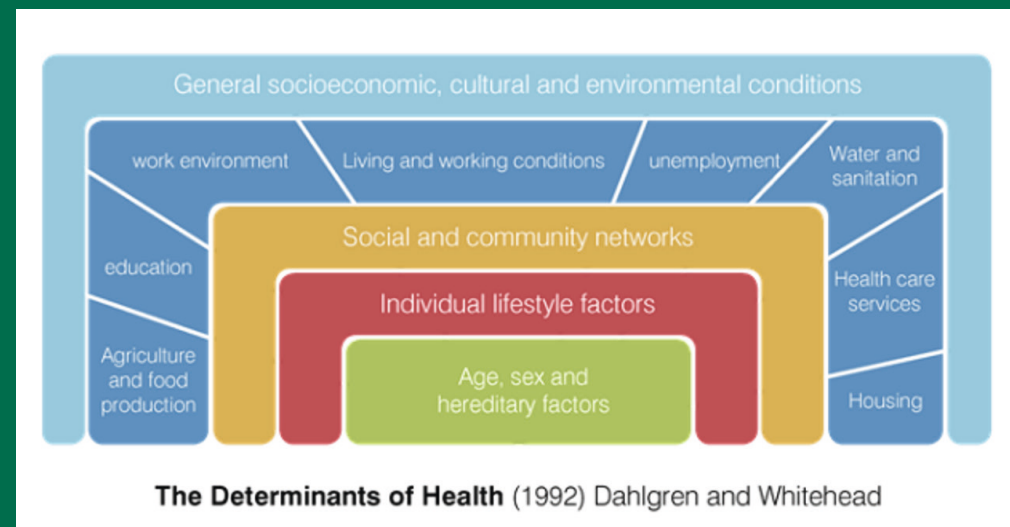
Our access to employment opportunities

Our public transport networks

Our social networks

Whether we experience poverty

Whether we experience discrimination.



These factors are often referred to as the wider determinants of health. Where we live can dictate the extent to which it facilitates exercise, a good diet and social connections.

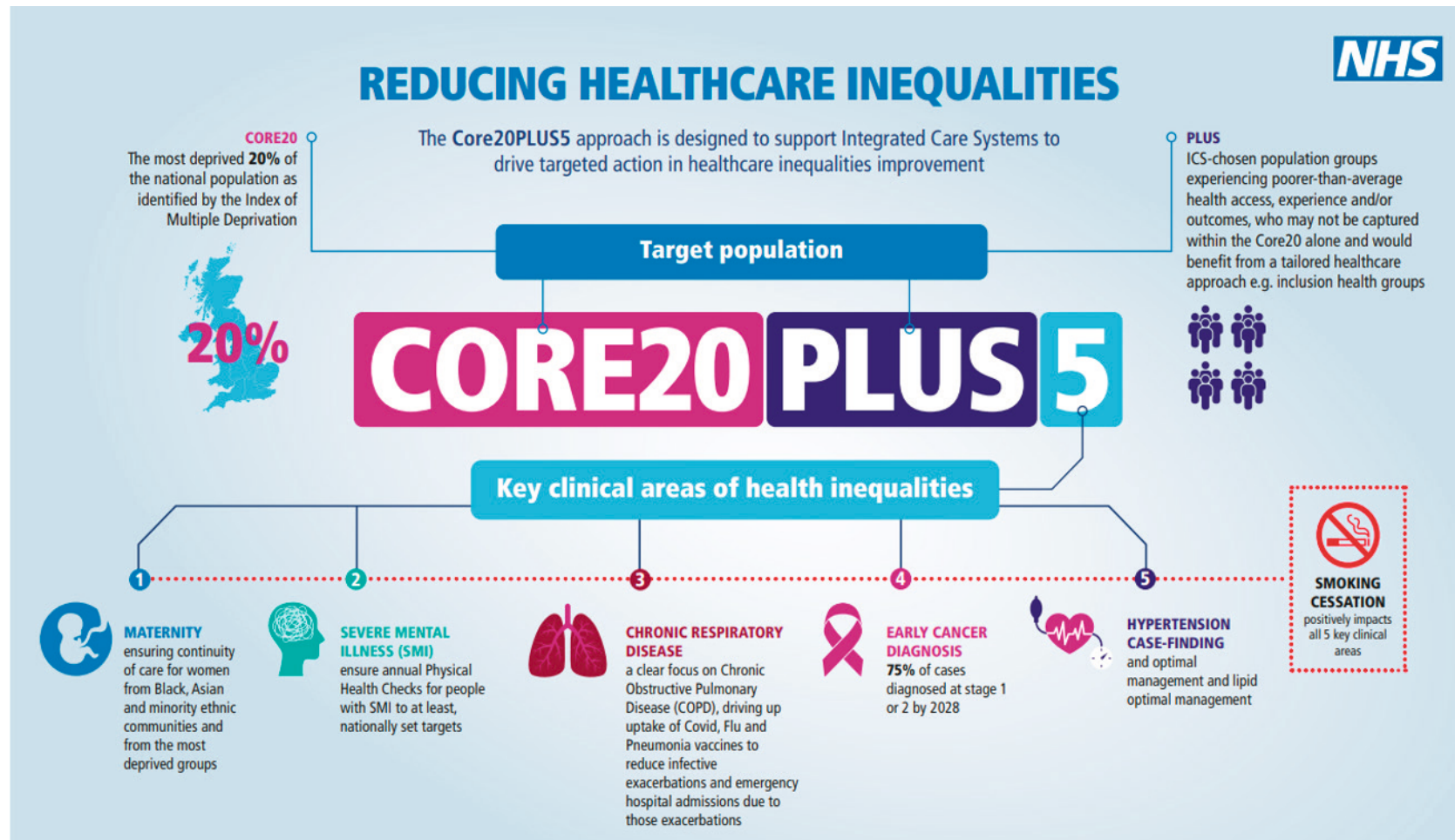
This is a challenge for those who want to address the widening inequalities in health across the country. When people see how jobs, homes, hardship and discrimination link to health, they are more likely to understand how they can help address the inequalities many of our population in Lancashire and South Cumbria face.

Source: *The Health Foundation (2022) How to talk about the building blocks of health.*

Dahlgren G, Whitehead M. Policies and Strategies to Promote Social Equity in Health. Stockholm: Institute for Futures Studies.

Core20PLUS5: Adults

This is an NHS framework to inform action on reducing healthcare inequalities at a national and system level based on the theory of social determinants of health. The approach defines a target population – the 'Core20' most deprived 20% of the population, 'PLUS' population groups that are at increased risk within our area, and identifies '5' focus clinical areas requiring accelerated improvement and drive action in healthcare inequality improvement. The Core20PLUS5 framework forms the basis of our clinical interventions for adults.

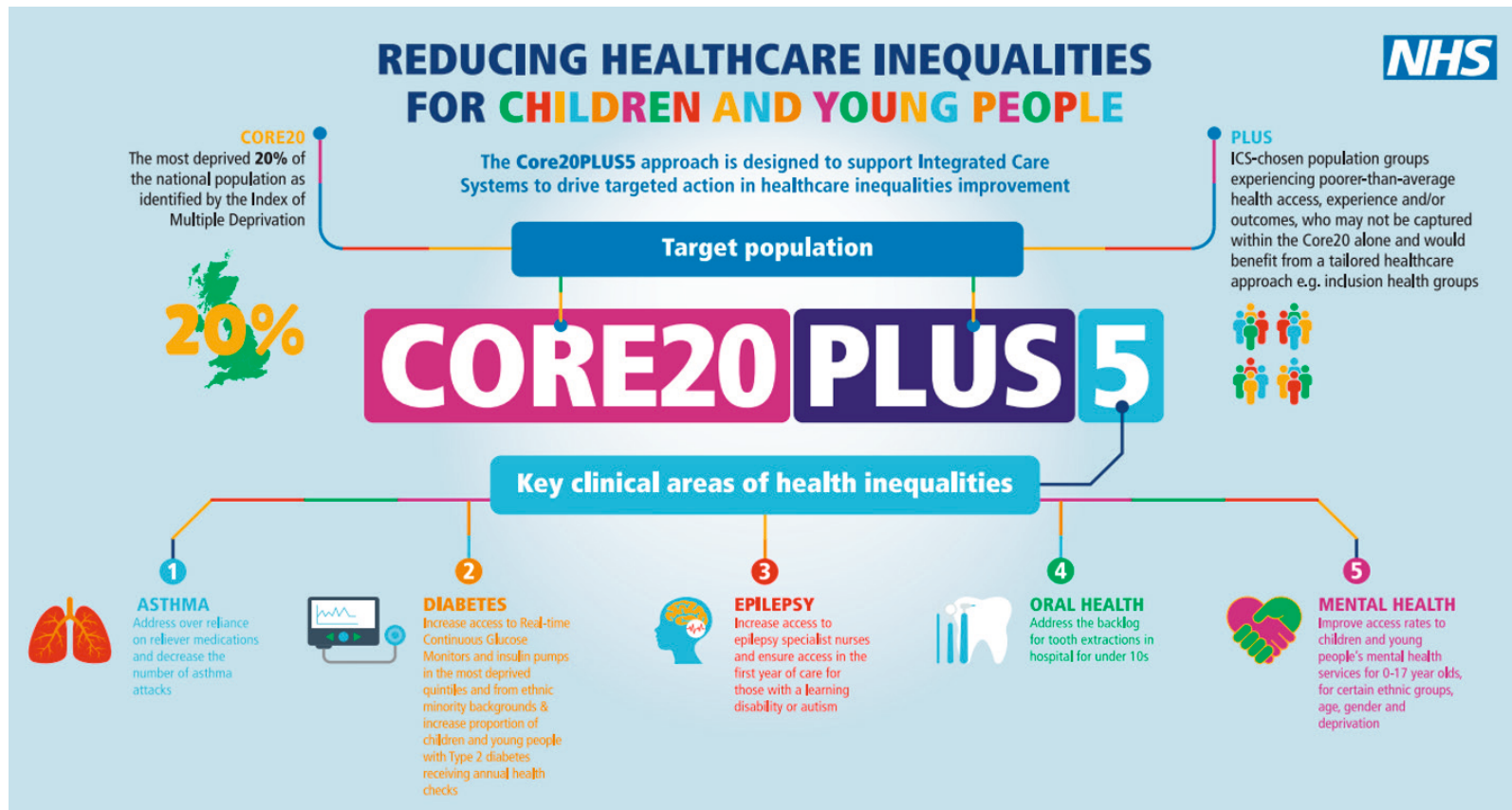


Core20PLUS5: Children and Young People

Focussing on children's health ensure they have best start in life. Children and Young people need special attention for health inequalities because:

- **Critical Development:** Early years are crucial for growth and development.
- **High Vulnerability:** Children and Young people are more affected by poor living conditions.
- **Preventable Issues:** Many health problems in children and young people can be prevented.
- **Long-term Benefits:** Healthier children and young people lead to healthier adults.
- **Educational Impact:** Poor health affects school performance and future opportunities.

The **Core20Plus5** priorities form the basis of our clinical interventions for children and young people.



Health Inequalities in Lancashire & South Cumbria

The Lancashire and South Cumbria ICS has a population of 1.8m people, as the specialist provider it is important we think about inequalities across the whole of Lancashire and south Cumbria as well as the local Central Lancashire footprint.

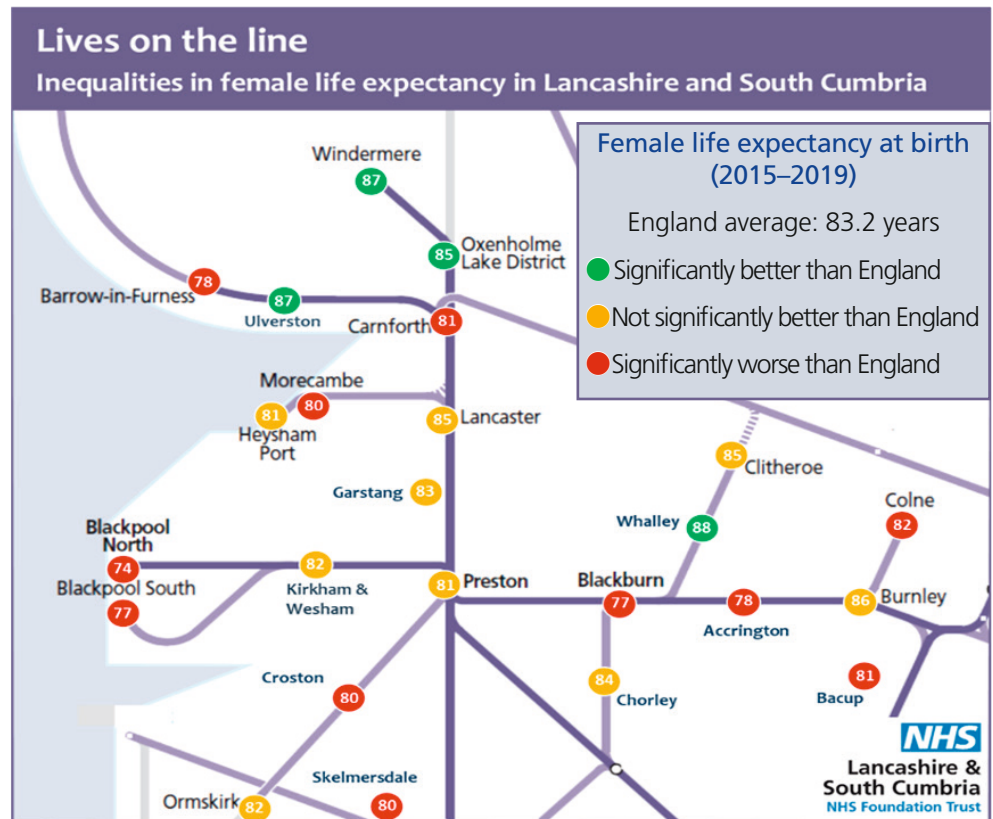
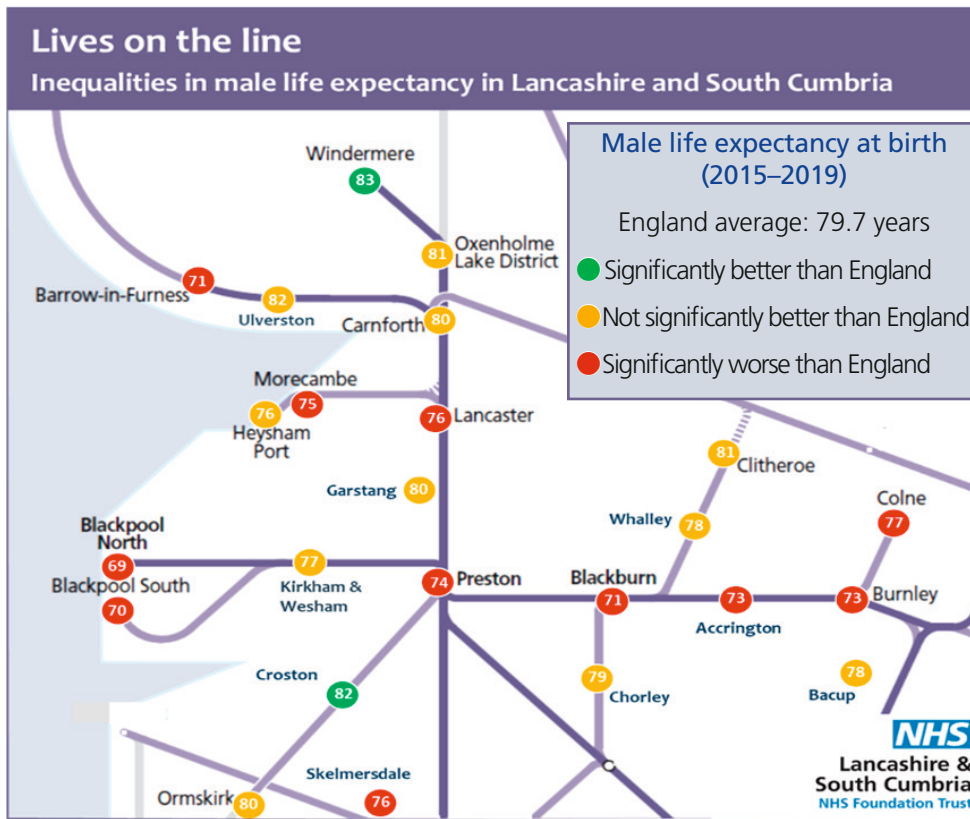
This summary table shows our key population demographics and prevalence across Lancashire and South Cumbria in line with the priorities in the Core20PLUS5 framework

Core20	PLUS		5	
Deprivation	Diverse	Aging population	Long Term Conditions	Core Determinants
<p>The 'Core20' accounts for 31% of our population.</p> <p>In some of our places it is a much higher proportion.</p> <p>In Blackpool 70% of the population are within the 20% most deprived areas.</p> <p>Up to 25% of children are living in poverty and 20% of over 65s are living in poverty.</p>	<p>17% of people in Pennine Lancashire are in minority ethnic groups.</p> <p>Population in rural communities is 20.4% vs national average for England is 17%.</p> <p>Locally determined groups include:</p> <ul style="list-style-type: none"> • LGBTQ+ and transgender, • BAME, • Sex workers • People in contact with justice system • Victims of modern slavery • Gypsy Romany travellers • Asylum seekers and refugees • Veterans • Homeless. 	<p>Over 75s will double by 2035.</p> <p>Population over 65 is 19.9% vs national average for England is 18.2%.</p> <p>One person households with people aged 65 or over is 14% vs national average for England is 12.4%.</p>	<p>High levels of mental health conditions including depression.</p> <p>High levels of other long term health conditions including:</p> <ul style="list-style-type: none"> • Cardiovascular disease, • Heart failure • Hypertension • Asthma • Dementia. 	<p>High rates of:</p> <ul style="list-style-type: none"> • Alcohol and smoking/ respiratory related admissions, Obesity and digestive related conditions • Late-stage cancer diagnosis.

Life expectancy

These maps show that life expectancy in Lancashire and South Cumbria is lower than the national average – by almost a decade in some areas. There is also a large variation in the number of years people can expect to live a healthy life. Babies born in this area today have a healthy life expectancy that is lower than the expected state pension age of 68. In some areas, healthy life expectancy is as low as 46.5 years, although this varies significantly across our communities.

Diseases that contribute to the gap in life expectancy between the most and least deprived areas are circulatory disease, cancer, respiratory conditions. Around 21,000 people across Lancashire & South Cumbria who are currently registered with a GP practice have 5 or more long-term health conditions, and a disproportionate number of these are from the areas of greatest disadvantage.

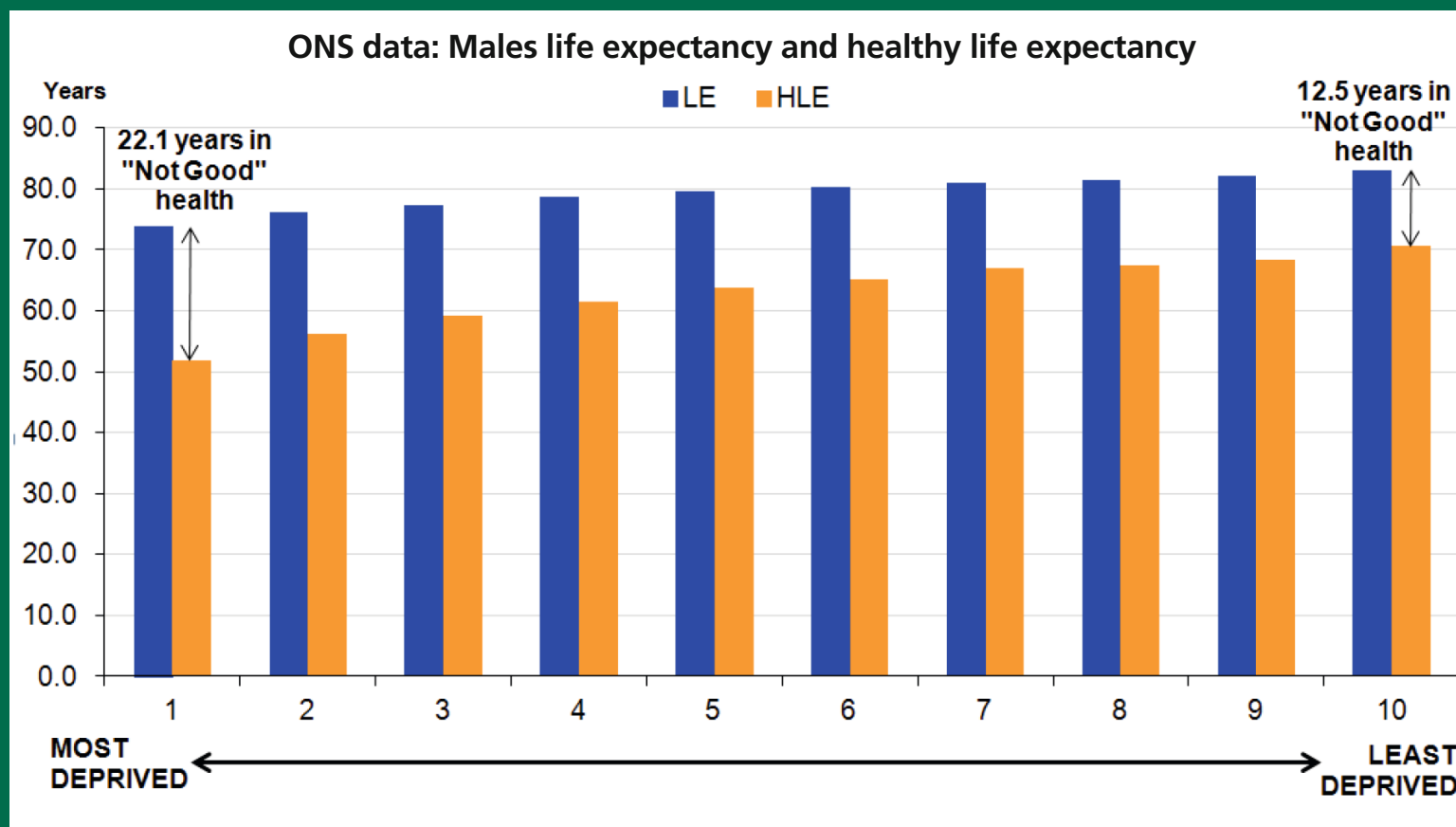


Number of years spent in ill health

This chart shows the national life expectancy and healthy life expectancy for Males by national declines in England for 2013-2015. As deprivation decreases (moving from left to right on graph), both life expectancy (LE) and healthy life expectancy (HLE) increase. This indicates a correlation of better income levels and health life expectancy in less deprived areas.

The gap between expected years spent in ill health also decreases in less deprived areas showing a 10 year difference in good health of the most and least deprived population groups.

Source: ONS HLE and LE

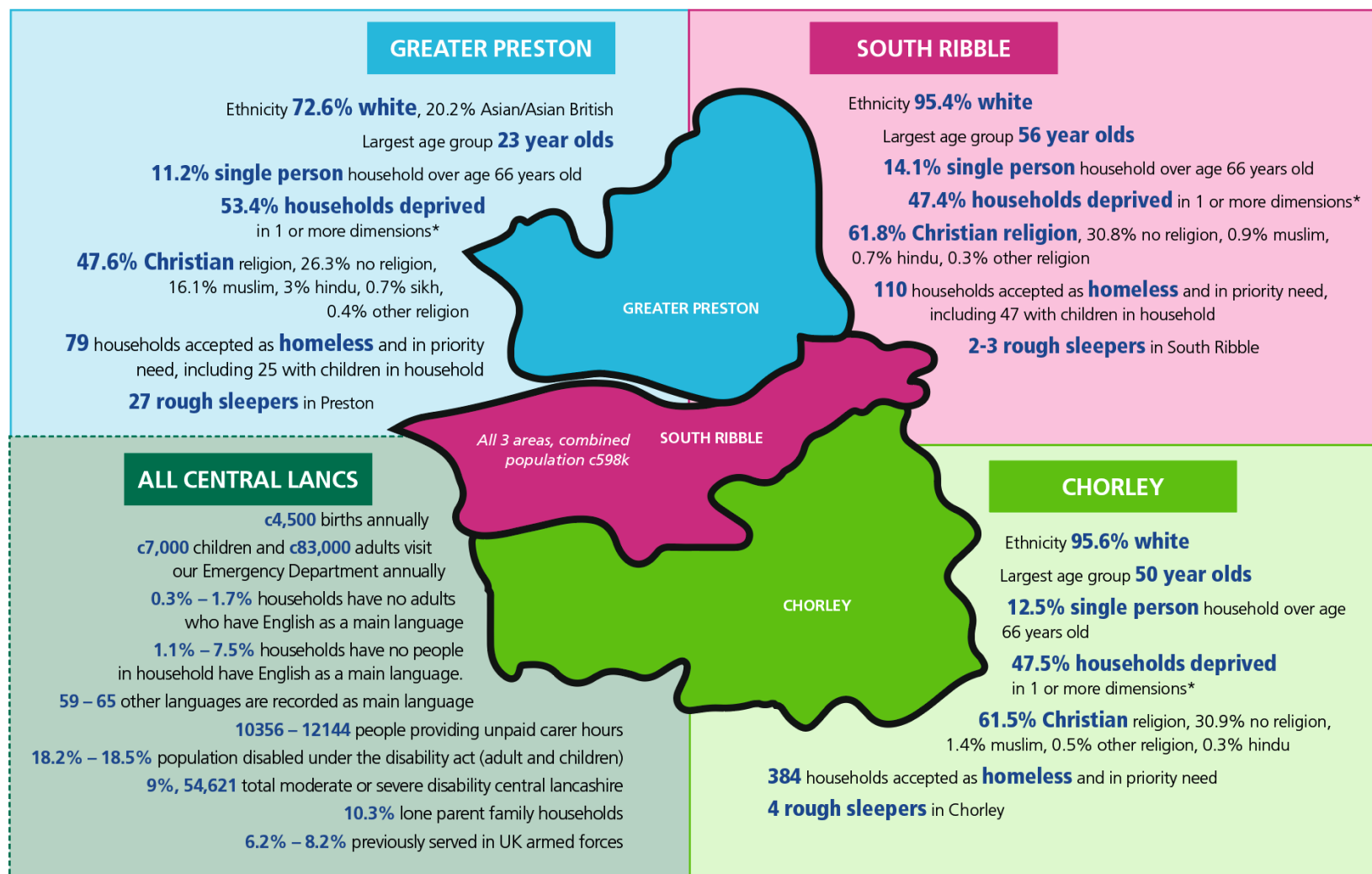


Our population in Central Lancashire

Mapping population demographics shows the differences across areas and wards within our own locality and differing needs of each population.

Source: Data from 2021 Census

<https://www.lancashire.gov.uk/lancashire-insight>



*dimensions of deprivation used to classify households are based on education, employment, health and housing.

Our partners in Central Lancashire

Successfully reducing health inequalities will require working in partnership with stakeholders in and outside of health. Across partner organisations there is a synergy in the ambition, but also individual responsibility where each organisation can help to connect either data, intelligence or programmes of work that have the same aims. The Place based health inequalities strategy is developed in partnership between the Lancashire & South Cumbria Integrated Care Board (ICB) and Lancashire County Council (LCC) through the Health & Wellbeing Boards. There is a health and well-being board for Chorley and for Preston.

Voluntary, Community, Faith and Social Enterprise Partners (VCFSE)

There are approximately 50 VCFSE partners actively working with LTHTR across Central Lancashire and ongoing work to engage with more partners.

Supporting to improve patients' and families experience inclusive of 9 protected characteristics:

- 9 protected characteristics
- Carers
- Bereavement
- Community support
- Health promotion and resources



Health & Social Care partners across the system

- Derian House Children's Hospice
- St Catherine's Hospice
- Lancashire & South Cumbria Integrated Care Board
- Lancashire & South Cumbria Foundation Trust
- North West Ambulance Service
- 3 Preston Primary Care Network
- 3 Chorley Primary Care Networks
- 3 South Ribble Primary Care Networks
- Preston City Council
- Chorley Council
- South Ribble Borough Council
- His Majesty's Prison Service
- Lancashire County Council



Joining together under the Lancashire and South Cumbria Integrated Care Partnership Strategy with the vision for a safer, fairer and healthier Lancashire. 3 key priorities



Achieving the very best start in life for our children, young people and families



Reducing the changes of heart disease, stroke, diabetes, dementia and cancer



Improving wellbeing and reducing addiction, self-harm and loneliness

Health and lifestyle factors in Central Lancashire

Health behaviours, such as diet and exercise, can improve or damage the health of individuals. These are determined by the choices available in the places where people live, learn, work and play. Behaviours such as stopping smoking, moderation of alcohol intake, healthy eating, physical activity, sexual practices and disease screening can reduce the risks of developing serious illnesses such as cancer, heart disease and type 2 diabetes.²

Health Factor	Chorley	South Ribble	Greater Preston	England average
Children overweight (obese) by age 4–5 years old	22.2%	21.1%	22.2%	21.3%
Hospital admission caused by unintentional/ deliberate injuries (0–14 yrs old)	98.1	108.9	99.5	75
Under 18s conception rate	19.4	14.4	20	13.1
Overweight (obesity) prevalence in adults	65.4%	66.4%	64.6%	64%
Smoking prevalence in adults	15%	13.6%	16.3%	12.7%
Smoking status at time of delivery	8.9%	9.4%	9.4%	8.8%
Admission episodes for alcohol related conditions	479	410	482	475
Estimated diabetes diagnosis rate	73%	75.6%	88.5%	78%
Cancers diagnosed stages 1 and 2	55.5%	54.3%	51.7%	54.4%
High anxiety score reported	17.9%	17.5%	25.8%	23.3%

Source: <https://fingertips.phe.org.uk/profile/public-health-outcomes-framework> 2023 data, shown values per 1,000 population or %

When compared to England average most health risk factors are higher in Central Lancashire.

Lancashire Teaching Hospitals Health Improvement Plan

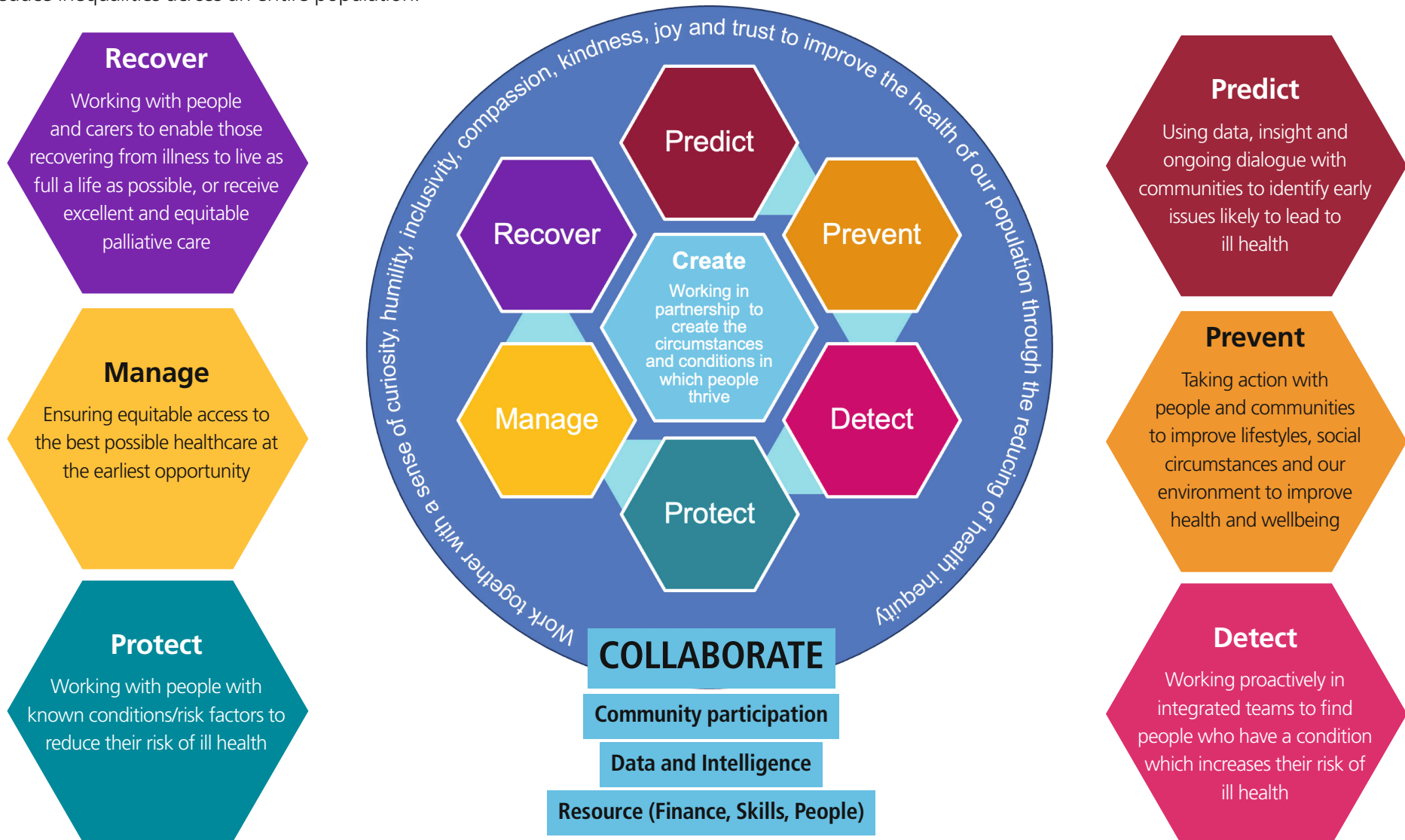
Effective delivery of this work will rely on 3 key principles that will be threaded throughout this plan to ensure our organisation can embed and sustain change, and grow our understanding in reducing health inequalities.

This table describes the high-level structure and approach for our **Health Improvement Plan**. Detailed drivers, actions and outcomes support the delivery and monitoring of the plan.

Principle	Driver	How will we do this?
To give everyone a 'health equity attitude'	Through better awareness, understanding and visibility we can then act to improve access, experience and outcomes for our patients	<ul style="list-style-type: none"> • Health inequalities education: a new approach to health equity education • Health inequality data visibility: mandated collection, sharing and use of data to understand inequalities • Active health promotion: for patients, families and colleagues • Connection – Understand our role as an anchor institution and the Social Values Framework.
To actively engage with local communities to improve services for their needs	<p>Engaging our local communities and co-produce improvement must be at the centre of this work.</p> <p>We need to genuinely listen to understand with an appreciation that our communities are best placed to co-produce the solutions to the problems that we seek to solve.</p>	<ul style="list-style-type: none"> • Lived Experience: Learning from the experience of people on whom a social or combination of issues has had a direct impact on the person • Co-production: A way of working together underpinned by principles that support inclusion, equity, shared decision and ownership for what is produced and the impact of has at all levels, especially strategically.
To take a population health approach to improvement work	An approach to be effective in enacting sustainable change that makes an impact to the group most in need.	<ul style="list-style-type: none"> • Structure: Following the 6-step approach for population health intervention • Data led: Using data to drive areas that require improvement • Focussed: Targeted population specific solutions, not generalised solutions that may not be effective

The Population Health approach

L&SC ICB have developed a population health model to provide a structured, consistent and effective approach across Lancashire and South Cumbria. Population health management takes a risk-based approach to improve health outcomes and reduce inequalities across an entire population.



Adults – Population health improvement work

Examples of improvement work already underway within the Lancashire Teaching Hospitals specific to adults.

	Improvement work	Improvement aim	Outcomes
ADULTS	Race & Health Observatory project: Postpartum Haemorrhage for Black, Asian and Minority Ethnic	Reduce post-partum haemorrhage ($\geq 1000\text{mL}$) experienced by black & ethnic minority women & birthing people by 50% (from 12% to 6%) by March 25.	Reduction in post-partum haemorrhage ($\geq 1000\text{mL}$) in women & birthing people from black & ethnic minority groups from 12% to 9%.
	Institute for Healthcare Improvement Accelerator Collaborative: Early cancer diagnosis for Black, Asian and Minority Ethnic	Engage population group to co-produce solutions to increase earlier stage cancer diagnosis.	Successful and continuing community engagement. Positive feedback from community with increased awareness of cancer symptoms and body vigilance.
	High Intensity User service	Reduce repeat emergency Department attendances using a psychosocial Multi-disciplinary Team model of intervention.	7/10 patients had a reduction in attendance, ranging from 25–100% fewer emergency presentations.
	Prisoner Referral to treatment	To reduce the time prisoners wait on the waiting list.	>65weeks reduced from 12 to 5. Prior to the work zero prisoners had a date to be treated, now all are dated to receive treatment by 45 weeks.
	Tobacco and Alcohol Cessation Team interventions	Increase in inpatient referrals to smoking cessation service and increase in patients receiving nicotine replacement therapy.	4 week quit rate increased by 433% Nicotine Replacement Therapy prescription increase from 14% in 2021 to 44% in 2023.

**13%
of our
community
smoke**

**46%
of cancers are
diagnosed late at
stage 3 and 4**

**65%
of adults are
overweight**

**569 admissions
to hospital due
to alcohol related
conditions**

**79% estimated
diabetes
diagnosis rate**

*average across Central Lancashire. Shown values per 1,000 population or %

Children – Population health improvement work

Examples of improvement work already underway within the Lancashire Teaching Hospitals for Children and Young People

	Improvement work	Improvement aim	Outcomes
CHILDREN	Emergency Department navigator role in partnership with Lancashire Violence Reduction Network.	Navigate 10 to 25-year-olds away from violence towards a more positive lifestyle.	Increase from 4 to 17 patients intercepted per month to support making positive plans to disrupt the cycle of violence.
	Paediatric complications of excessive weight gain service integration	Develop an integrated Child Excessive Weight service and referral pathway with three centres (Manchester, Alder hey and Preston) to provide care close to home.	Multi-disciplinary Team integration established. Hub and spoke model implemented with 33 follow up and 28 new patients.
	Children in Care team	Provide Individual Health Assessments and expand the service to include 16 and 17-year olds following increase in unaccompanied asylum seeker children.	Implemented a trauma informed training programme, aid understanding and approach to care leading to willingness to disclose and support underlying issues.
	Children's Elective Surgery Hub Chorley District General Hospital	Become accredited elective hub and reduce the number of children waiting for surgery by implementing dedicated theatre lists.	Dec 23: 108 patients waiting >65 weeks, now zero. Current there are 16 patients waiting for oral surgery.

**18 under 18s
conception rate**

**102 hospital
admissions
caused by
accidents or
violence for
0–14 year olds**

**22%
of children are
overweight by
5 years old**

**25%
of 5 year olds
have tooth decay**

*average across Central Lancashire. Shown values per 1,000 population or %

Community population health improvement work

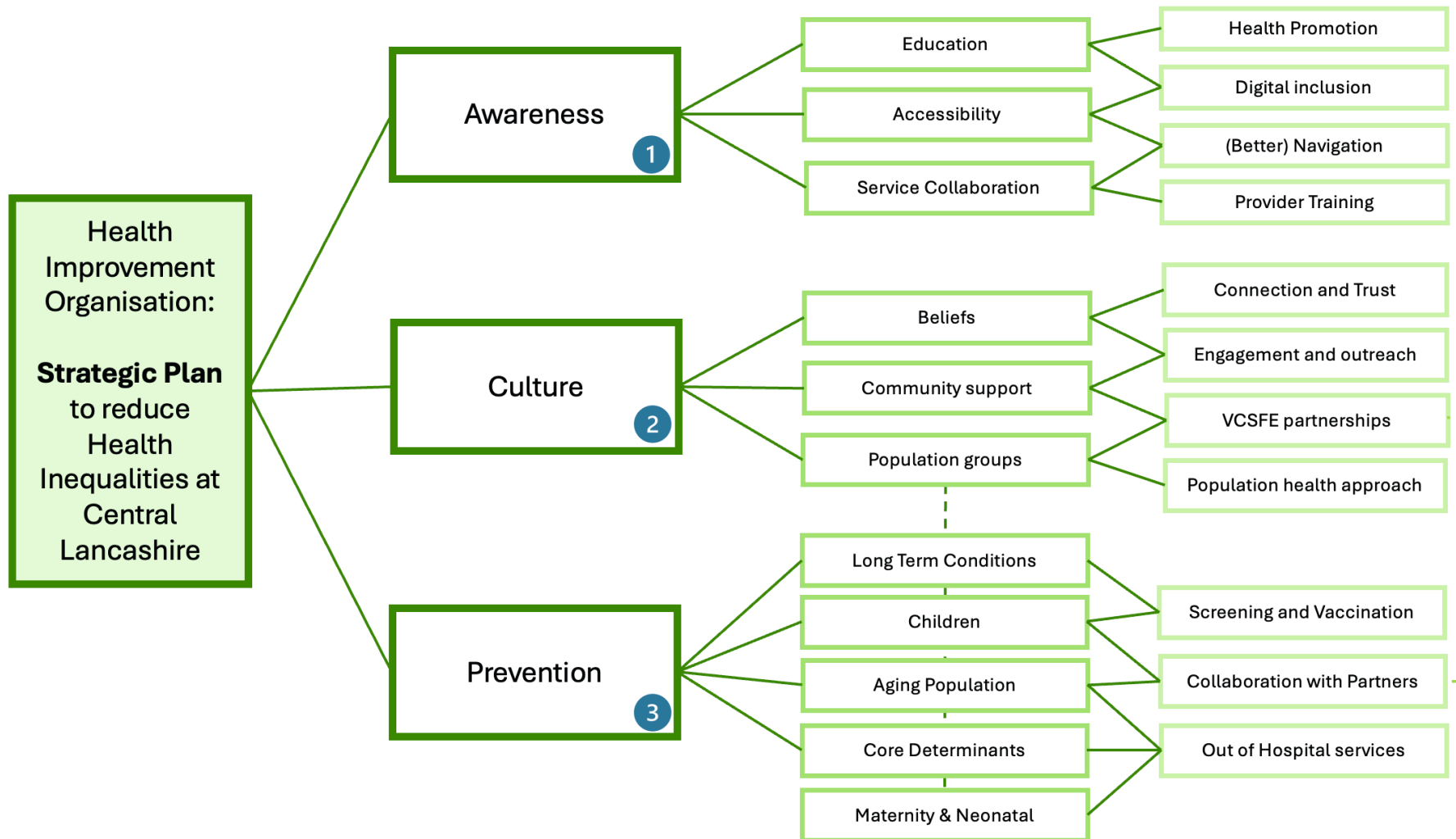
To align with our partners, it's important to have an awareness and understanding of the work underway within primary care and the community across Central Lancashire. This ensures we are joined up and effective in our work across Central Lancashire. Included below are examples of work underway within primary care networks that are focussed on either a specific population group or clinical areas requiring acceleration of prevention or interventions.

Targeted population improvement	Prevention and detection improvement
Enhanced health checks in the evening and weekends, including target on vulnerable groups	Promotion of national screening participation
Trauma informed care training for health professionals	Veterans breakfast club – focus on undiagnosed cardiovascular disease
Proactive identification of streets not accessing primary care	Hepatitis C and liver screening
Target newly diagnosed mental health patients	Suicide prevention, bereavement and mental health support
Target patients not engaged in primary care 3–5 years	Ethnic minority group prostate risk screening
Priority wards – provide outreach services targeting support	Living well events
Bilingual outreach workers	Children peer support programmes enhancing well being for children and young people age 10 – 19 and up to age 25 Special Educational Needs and Disabilities
Food banks and community support for families living in poverty	Oral health education, fluoride varnish programmes in schools, promoting regular dental checks and reduced sugar intake.

2024–2026 Action plan and measures: Strategic Drivers

The **Health Improvement Plan** has been developed using Quality Improvement methodology which includes structuring the plan using a driver diagram method. This helps to translate a high level improvement goal into a logical set of underpinning drivers and projects which have been split into strategic and operational drivers.

This plan details work specific for our Patients which features as part of the Trust Single Improvement Plan (SIP) with detailed timescales and metrics to monitor delivery. Following this plan for 2024 – 2026 a longer-term strategy will be developed as our organization grows its understanding and maturity in reducing health inequalities.



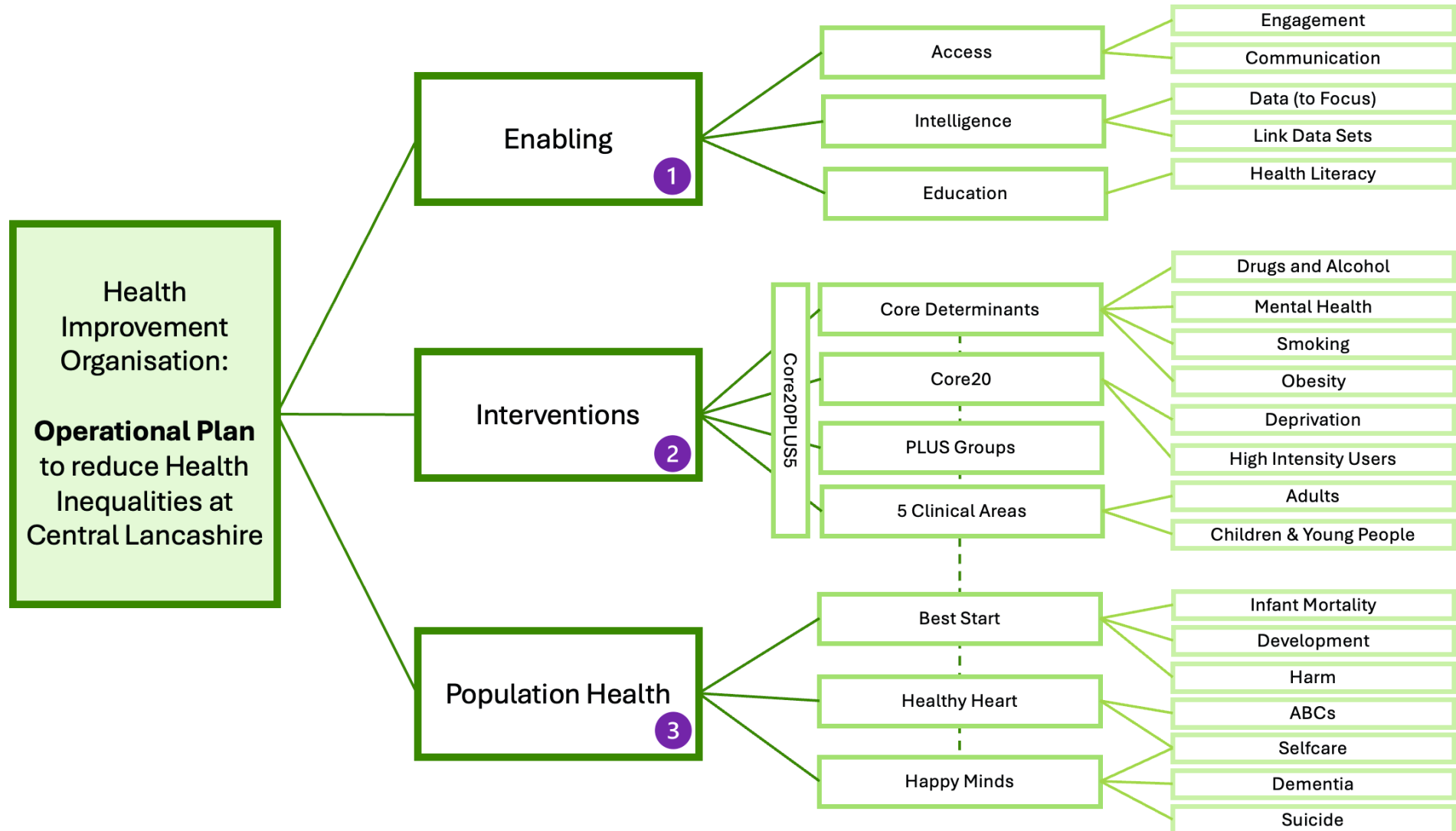
Strategic Actions

Alignment	Driver	Contributing Work	Timeframe	Outcome	Measures (Outcome, process and balance)
1	AWARENESS	EDUCATION: Develop an educational offer that ranges from core skills to practitioner level understanding of health inequalities and Making Every Contact Count (MECC). Includes enhancing current EDI training provision to broaden scope and include health inequalities	Q4 2024–25	Increased awareness of health inequalities to make a shift in the way we deliver our services	% Completion of health inequality awareness training
		RESOURCES: Provide staff and public access to skills and resources to reduce inequalities by signposting to accessible digital health information through the Lancashire Health Hub	Q4 2024–25	Increase in uptake of services that support improving socio-economic and health issues	Patient assessment documentation to reflect the socioeconomic determinants of health
		ACCESS: Implement clear signage and differentiated access to patient information and increase use of digital translation solutions.	Q4 2024–25	Ensure digital and communication solutions don not create barriers to accessing our services	Provide explicit alternatives for easy read/non digital options
		SERVICE COLLABORATION: Explore partnership with PHE to provide signposting and support to patients, for example whilst waiting in ED or in discharge lounge	Q3 2024–25	Increase in uptake of services that support improving socio-economic and health issues	Patient discharge documentation reflects signposting undertaken regarding social determinants of health
2	CULTURE	CONNECTIONS AND TRUST: Engage in existing and emerging partnership networks beyond traditional health and social care providers to deeply listen and understand what our population requires. Engage across VCFSE partners to develop long term relationships across organisations	Ongoing	Following evidence-based practice to be effective in tackling barriers and sustaining improvements in this work	Outcomes to be determined based on engagement with VCFSE groups in response to feedback and codesign approaches
		ENGAGEMENT AND OUTREACH: Direct engagement with our local communities, inviting them to actively contribute what matters to them in health, and design our services that enable better access and experience for our communities	Ongoing		
		POPULATION HEALTH APPROACH: Take a targeted and specific population improvement methodology in this work that is effective in change to those most at need	Ongoing		

Alignment	Driver	Contributing Work	Timeframe	Outcome	Measures (Outcome, process and balance)
3	PREVENTION	<p>SCREENING & VACCINATION: Focus on delivering prevention improvement work linked to Core20PLUS5 including:</p> <ul style="list-style-type: none"> • Pneumococcal and influenza vaccination status for COPD, Lung health checks, • Cancer Alliance led earlier cancer diagnosis programme, 	Ongoing	Reduction of long-term conditions and preventable diseases	<ul style="list-style-type: none"> • % Pneumococcal and influenza vaccination vaccine uptake • % cancer diagnosis stage 1 & 2
		<p>COLLABORATION WITH PARTNERS: Join up services expanding on work commenced with Care Connexions to bring services together from across organisations under one umbrella support of community physical health services.</p>	2024–25	Making services more accessible by removing barriers and delivering what the patient need when it is needed by the most appropriate teams.	10% increase in the number of patients referred to Care Connexions by primary care for support services



2024–2026 Action plan and measures: Operational Drivers



Operational Plan

Alignment	Driver	Contributing Work	Timeframe	Outcome	Measures (Outcome, process and balance)
1	ENABLING	EDUCATION: Develop an educational offer that ranges from core skills to practitioner level understanding health literacy	Q4 2024–25	Increased awareness of health literacy to make a shift in the way we communicate	Train 100 leaders in health literacy training
		RESOURCES: Provide staff and public access to skills and resources to reduce inequalities by signposting to accessible digital health information through the Lancashire Health Hub	Q3 2024–25	Increase access to information that supports lifestyle changes and increases access to support	Evidence of signposting at discharge
		ACCESS: Implement clear signage and differentiated access to patient information and increase use of digital translation solutions	2025–26	Become an accredited health literacy friendly organisation and reduce waits and delays during procedures and appointments to improve patient experience	LTH Health Literacy Accreditation Create pathways that facilitate patients at increase risk of inequalities to access services with increased support
		INTELLIGENCE: Health equity data as a part of board performance packs focusing on unwarranted variation across UEC and Elective services for ethnicity and deprivation demographics	Q4 2024–25	Focussed work to enable reducing unwarranted variation and ensure equity in access to services	Evidence of change programmes enacted as a result of the data

Alignment	Driver	Contributing Work	Timeframe	Outcome	Measures (Outcome, process and balance)
2	INTERVENTIONS	<p>CORE DETERMINANTS: Promotion and connecting services that improve core determinants of health including:</p> <ul style="list-style-type: none"> Smoking drug and alcohol cessation interventions Excessive childhood obesity clinics Optimisation of elective patients through signposting services to support modifying risk factors ahead of surgery 	Ongoing	Increase in uptake of interventions that improve core determinants of health affecting long term conditions for both adults and children and young people	<p>Increased 4 week Quit rate</p> <p>Maintenance of mortality within expected range</p> <p>Evidence determinant changes following pre op health coaching</p>
		<p>CORE20: Focus on delivering targeted improvement work linked to Core20PLUS5 including:</p> <ul style="list-style-type: none"> High intensity user programme Integrated neighbourhood teams ED navigators 	Ongoing	Reduced attendance in ED and inpatients admissions through promoting a cycle of change and different way to manage unmet needs	<p>25% reduction attendance in ED of patients receiving intervention</p> <p>25% reduction in admissions of patients receiving intervention</p> <p>20% more 25years and under signposted for violence interventions</p>
		<p>5 PRIORITY CLINICAL AREAS: Focus on delivering accelerate improvement work to linked to Core20PLUS5 including:</p> <ul style="list-style-type: none"> Continuity of carer and Postpartum Hemorrhage for minority ethnic groups Discharge referral to CCN and reduce salbutamol/weaning plan for asthmatic children Diabetes real-time access to glucose monitor and insulin pumps for children Reducing wait for tooth extractions for children under 10 yrs old 	2025–26	Deliver focused improvement in areas leading to long term conditions in both adults and children	<p>10% reduction in post partum haemorrhage for minority ethnic groups</p> <p>10% increase in smoking interventions</p> <p>10% increase in alcohol interventions</p> <p>Decreased number of asthma attacks for children (% to be determined)</p> <p>95% real time glucose monitoring in place, 60% insulin pump for children</p>
		<p>PLUS GROUPS: Focus on delivering targeted improvement work linked to Core20PLUS5 including:</p> <ul style="list-style-type: none"> Prisoner PTL management Veteran status identification 	2025–26	Demonstrate improvement in outcomes for groups most at need identified through LTH data.	<p>Reduction >65 week patients in prisons</p> <p>Further groups to be identified as part of the data analysis</p> <p>Implement an approach to identifying Veteran status</p>

Alignment	Driver	Contributing Work	Timeframe	Outcome	Measures (Outcome, process and balance)
3	POPULATION HEALTH	<p>Work with partner organisations across health and social care to focus on key factors that impact population health for children and adults including</p> <ul style="list-style-type: none"> • Safeguarding and Mental health champions in clinical areas • Develop an approach to patient and family education whilst interacting with services • Dementia strategy and access for early support fro families and patients 	Ongoing	Families will understand how to access support for their loved ones	Determine a baseline of referral activity to support services and aim to increase this once baseline understood.



Governance and reporting

Leadership at every level of the organisation as well as a commitment to working with partners will be essential to successfully deliver this plan. We will continue to engage with our partner organisations building connections and relationships to ensure we work together an aligned approach across our Health & Social Care system.

Clear reporting will ensure we understand the progress we are making. The governance and reporting arrangements are outlined below

Annual Reporting

- We will publish on our website the national inequality data submission in line with duty under section 13SA of the National Health Service (NHS) Act 2006

Progress reports

- We will continue to produce twice annual reports to provide assurance on the progress on this topic to the Safety & Quality committee
- We will continue to report progress via Integrated Care Board quarterly stock take for System Oversight Framework (SOF)

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The Lancashire and South Cumbria Population Health Academy

Governance structure

- A working group is in place and includes colleagues from a wide variety of settings ranging from patient experience, operational, library and knowledge, improvement, clinical and data scientists.
- The Executive lead for Health Inequalities is Sarah Cullen, Chief Nursing Officer.
- The plan to reduce health inequalities is part of the Trust's Single Improvement Plan (SIP) within the Chief Nursing Officer's safety, quality and effectiveness portfolio, which will follow reporting arrangement as a part of the SIP governance structure.
- In addition to provide close oversight to the Trust Board, monthly chairs reports from the HIG are submitted into sub- board Safety & Quality committee as well as the twice annual detailed progress reports.

Glossary of terms

Term	Definition	Term	Definition
LTHTR	Lancashire Teaching Hospitals NHS Foundation Trust	IHI	Institute for Healthcare Improvement
GP	General Practitioner	TACT	Tobacco and Alcohol Care Team
LGBTQ+	Lesbian, gay, bisexual, transgender, queer or questioning, or another diverse gender identity	ED	Emergency Department
BAME	Black, Asian and Minority Ethnicity	MDT	Multi-Disciplinary Team
HLE	Health Life Expectancy	PPH	Post Partum Haemorrhage
LE	Life Expectancy	NRT	Nicotine Replacement Therapy
ONS	Office for National Statistics	CEW	Children's Excessive Weight
FT	Foundation Trust	CDH	Chorley District General Hospital
ICB	Integrated Care Board	CYP	Children and Young People
PCN	Primary Care Network	Hep C	Hepatitis C
VCFSE	Voluntary, community, faith and social enterprise partners	CVD	Cardiovascular Disease
L&SC	Lancashire and South Cumbria	SEND	Special Educational Needs and Disabilities