

## Trust Board Report Summary

<b>Date of meeting:</b> 7 <sup>th</sup> May 2026	
<b>Title of Document:</b> Health Inequalities Strategy 2026-2030	
<b>To be presented by:</b> Angela Tillett, Chief Medical Officer & Sally Barber, AD for QI & Health Inequalities	<b>Authors:</b> Helen Green, Sally Barber & Amy Donovan
<b>1. Status:</b> For Approval	
<b>2. Purpose:</b> For the Board to approve the refreshed Health Inequalities Strategy for 2026-2030	
Relates to:	
Strategic Objective	<p>Include the relevant objective/<b>all –</b></p> <ul style="list-style-type: none"> <li>• <b>Improving health:</b> not just treating illness, moving from treatment to prevention.</li> <li>• <b>Joined up care:</b> integration and community-based delivery.</li> <li>• <b>Excellent care:</b> improved outcomes, increasing personalisation and co-production.</li> <li>• <b>Developing staff:</b> supporting our teams and building for the future.</li> <li>• <b>Using technology to improve care:</b> digital, technology and innovation – shifting from analogue to digital care.</li> </ul>
Operational performance	Operational performance will impact positively on addressing health inequalities
Quality and equality impact	Quality: The board is cautious when it comes to quality and places the principle of "no harm" at the heart of the decision. It is prepared to accept some risk if the benefits are justifiable and the potential for mitigation is strong.
Legal, Regulatory, Audit	CQC Regulations 8, 9, 10, 12 13, 14.
Finance	HI Team funded for 25/26, ESNEFT underwriting for 26/27. Financial risk to the team and the programme for 27/28.
Governance	The HI programme reports via the Clinical Governance framework and the ICB HI Prevention Committee
NHS policy/public consultation	The NHSE Impact programme supports continuous improvement
Accreditation/ Inspection	Regulatory frameworks expect Trusts to have a programme of continuous improvement. Supported by the NHSE Statement of Information on Health Inequalities.
Anchor institutions	The HI Programme supports the Trust in becoming an Anchor Institution
ICS/ICB/Alliance	Projects within the HI Programme align with ICS/Alliance

	projects/work.
Board Assurance Framework (BAF) Risk	BAF Risk 4: If ESNEFT does not have the correct quality assurance mechanisms in place, then it may fail to maintain or improve the quality and safety of patient services, resulting in poor patient care, increased health inequalities, experience and potential harm.
Other	NA
<p><b>3. Summary:</b></p> <p>Our first Health Inequalities Strategy was launched in 2022 and significant progress has been made since then. Our second Strategy has been developed building upon our ambition to “ensure equitable access to our services and improve health outcomes for all our patients and communities”. It also sets out our medium-term objectives over the next four years:</p> <ol style="list-style-type: none"> <li>1. Support our patients to be in control of their health</li> <li>2. Progress the shift from treatment to prevention</li> <li>3. Use data to routinely identify, monitor and reduce inequalities in access, experience and outcomes</li> <li>4. Understand the causes of service delivery inequities and how to improve through working with patients and system partners</li> <li>5. All staff have a role to play in addressing equity across ESNEFT</li> </ol> <p>Health inequalities are unfair and avoidable differences in health across the population, and between different groups in society. They are defined by variations in health outcomes amongst different population groups. ESNEFT serves a population across Suffolk and Essex and according to the 2025 Index of Multiple Deprivation, Ipswich remains the most relatively deprived District in Suffolk and Jaywick is the most deprived in Essex (and England).</p> <p>Just over 20% of our children in Reception are living with obesity or overweight, rising to over a third by Year 6. There are around 10% of smokers in Suffolk and 9.7% in Essex, although higher rates are seen in our areas of deprivation.</p> <p>There has been a strong national focus on addressing Health Inequalities and a framework called the CORE20PLUS5 approach was developed. We have used this framework to shape our Strategy, and programme delivery over the past 4 years.</p> <p>A comprehensive set of success measures are in place to monitor progress of the programme and are reported via the Trust’s Clinical Governance Framework.</p> <p>It should be noted that there is a financial risk to the programme for 27/28 as no funding has currently been identified for the team roles or programme initiatives.</p> <p>This Strategy has been approved by Quality Patient Safety Committee in April 2026.</p> <p>A detailed Health Inequalities Annual Report for 25/26 will be reported to QPS in June 2026.</p>	
<p><b>4. Recommendations / Actions</b></p> <p>The Board is asked to approve the content of the Health Inequalities Strategy 2026-2030.</p>	