NHS
Berkshire Healthcare
NHS Foundation Trust

# Berkshire Healthcare
# Health Inequalities Strategy (Interim)

Working with our community to provide equitable and accessible health services for all.

**2024 - 2026**

www.berkshirehealthcare.nhs.uk

# Introduction

**Thank you for taking the time to read our 2024/25 health inequalities strategy.**

As a provider of mental and community health services, we are committed to ensuring that we are delivering equitable and accessible services that support people to achieve the best outcomes possible.

We recognise however that we can only do this by working better with our communities. This strategy therefore represents our commitment to working in partnership to co-produce a health inequalities strategy for 2026.

**The following pages provide:**

- The definition of health inequalities we are working to
- Data on our population health
- A picture of what we are already doing
- And our commitment to engagement with our communities and Voluntary and Community Sector Enterprises (VCSE) to build a new health inequalities strategy for 2026

We hope you find this interim strategy informative. We look forward to working with you on the current actions and building a new strategy for 2026.

For any comments and/or suggestions, please contact
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# What are health inequalities

Health inequalities are the unjust and avoidable differences in people's health across the population and between specific population groups.

They are the result of a complex combination of environmental and social factors that affect the population of a local place or area.

These include the accessibility and quality of health and care services, individual behaviours and, most importantly, wider determinants such as housing and income.

This complexity gives rise to a number of lenses through which we may view health inequalities.

Inequalities can arise through the gap in health status and in access to health services between different groups, for example, those with different socioeconomic status or different ethnicity or populations in different geographical areas.

From a provider of community and mental health services, inequalities can manifest in various ways, such as uneven access to services, unequal availability of services and inconsistent experiences with services. All of these can lead to inequalities in outcomes.

Looking more holistically at health inequalities, differences in health reflect the differing social, environmental and economic conditions of local communities.

## The most deprived places in Berkshire are Slough and Reading

There is a proven strong link between deprivation and health inequalities. People living in more deprived areas may have less access to healthy foods, safe places to exercise and preventive health services. They may also experience more stress, which can negatively impact on health. On average, people in the most deprived 10% of local places are expected to live a shorter life than those in the least deprived areas. They are also more likely to spend more of their life in poor health.

The Index of Multiple Deprivation (known as IMD), shown below is a measure of relative deprivation of an area across seven domains. The seven domains are income, employment, education, health, crime, access to housing and services, and the living environment.

Reading is the only place in Berkshire which has residents living in the highest area of deprivation. Slough is the only place with no areas of higher relative prosperity.

## Places with high levels of income deprivation have higher rates of poor physical and mental health

All of the domains listed above can contribute to health inequalities, but income deprivation* is a significant factor. Areas with more income deprivation are more likely to have a range of health conditions, including serious mental illness, obesity, diabetes and learning disabilities.

## Race and deprivation are also significant drivers of health inequalities

The largest racialised grouping in Berkshire identify as Asian or Asian British at 18.57% of the total Berkshire population.

Less than 20% of the Berkshire population that identify themselves as white live in the highest areas of deprivation while 40% of those identifying as Asian or Asian British and 44% of those identifying as Black or Black British live in the most deprived places.

The data tells us that Reading and Slough have the highest number of people from racialised communities living in these two areas and have the highest number of people from racialised communities living in the most deprived areas.

## What the data is telling us

The data tells us that we have two significant places of income deprivation in Berkshire – Reading and Slough – but also pockets of income deprivation across the county. We know that people in areas of deprivation are more likely to lead shorter lives and experience less healthy lives. They are also more likely to encounter poorer outcomes, a poorer experience and barriers to accessing health services.

The data also tells us that children in Reading and Slough are more likely to live in areas of deprivation than children in other parts of the county. Children born in the most deprived areas will typically live shorter and less healthy lives. Slough and Reading have the highest number of children aged under 5 years.

More than 65% of the children under 5 in Slough and 47% of the children under 5 in Reading live in the most deprived areas of the boroughs.

There is evidence to show that children under 5 from more deprived backgrounds are more likely to attend A&E services, compared to older ages and those from the least deprived areas. Children that Did Not Attend (known as DNAs) or 'Was Not Brought' rates are higher for children in areas of higher deprivation2.This means it is likely that these children will experience less healthy lives and possibly die sooner.

We also know from the data that a high proportion of the population living in areas of higher deprivation are from Culturally, Ethnically Diverse communities (otherwise known as racialised communities). In addition to the inequalities brought on by deprivation, these communities will face problems in accessing services due to language and cultural barriers and issues of racism within society and the NHS3.

We are committed to making the changes we can as a healthcare provider of community physical and mental health services across Berkshire for children, young people, adults and older adults.

## Our **Ambition**

"We will reduce health inequalities by ensuring equitable access to our services and improving health outcomes for our most vulnerable patients and communities. We will address the wider determinants of health by looking at our day-to-day activities to see where we can generate wider social, economic and environmental benefits."

## The **Marmot framework...**

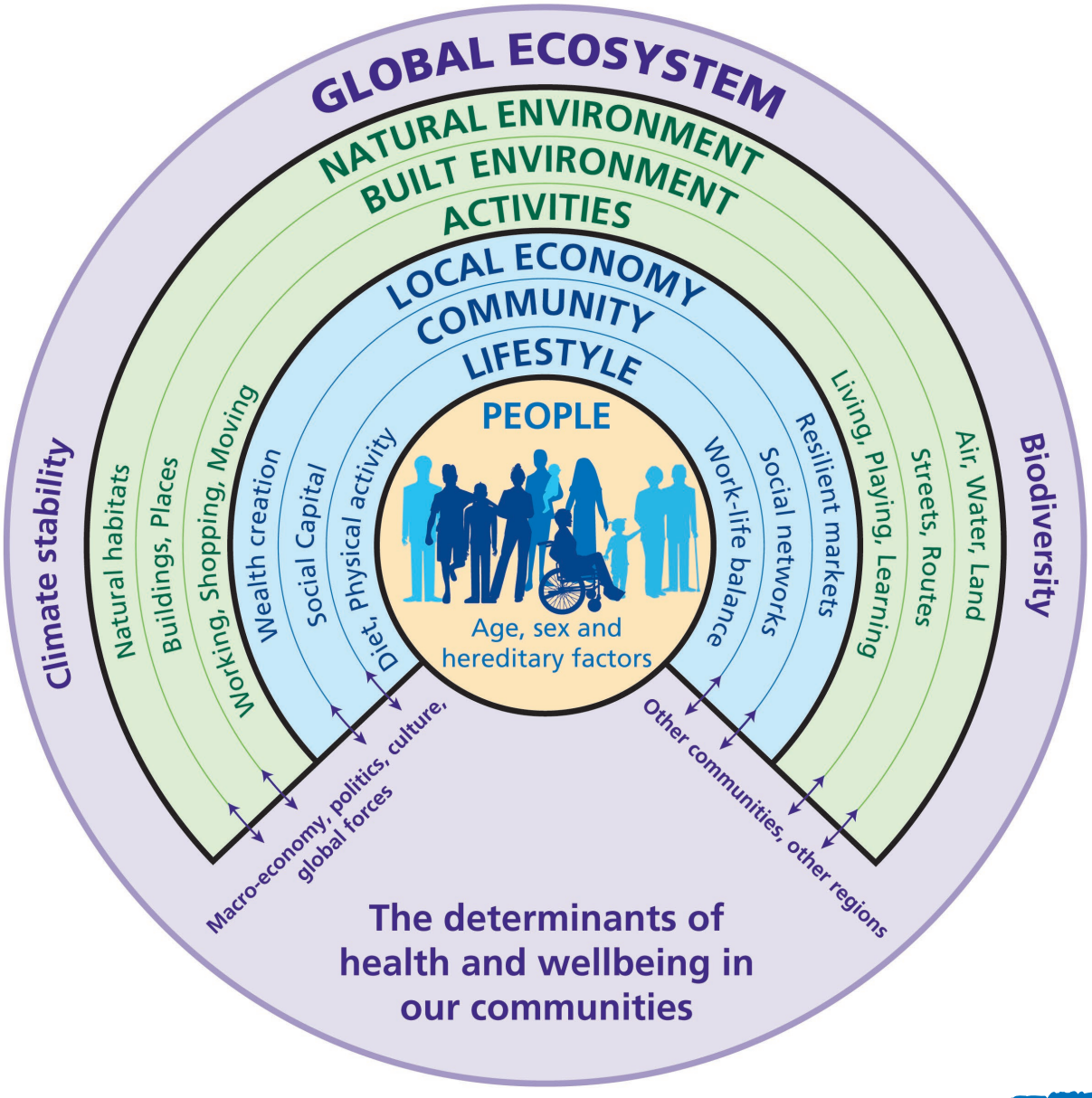
### for reducing health inequalities

In 2010, **Professor Sir Michael Marmot** highlighted that poor health outcomes are not exclusively the result of genetics, personal health choices or the availability of medical treatment, despite the significance of these aspects, but differences in health reflect the differing social, environmental and economic conditions of local communities.

**Professor Marmot set out eight principles for a fairer, healthier society:**

1. Give every child the best start in life
2. Enable all children, young people and adults to maximise their capabilities and have control over their lives
3. Create fair employment and good work for all
4. Ensure a healthy standard of living for all
5. Create and develop healthy and sustainable places and communities
6. Strengthen the role and impact of ill health prevention
7. Tackle racism and its outcomes*
8. Tackle climate change and health equity in unison*

**The image below is typically used to illustrate the various layers that impact on our health and wellbeing.**



We recognise that as a Trust our primary area of influence in reducing health inequalities is around ensuring equitable availability, outcomes and experience of the services we provide. However, we also recognise that up to 80% of health inequalities are linked to the wider determinants of health. We have developed our anti-racist strategy and are exploring plans to address inequalities through some of our day-to-day activities, such as developing more inclusive recruitment practices to address this.

The Government and Department of Health and Social Care have a national drive on reducing health inequalities through the CORE20+5 framework. The approach targets nationally known inequality areas and allows the local NHS to add 5 key local health inequality areas (the plus 5 areas). Berkshire Healthcare NHS Foundation Trust has an important role to play in contributing to these nationally defined areas and local plus 5 areas, but we have also set some Berkshire Healthcare NHS Foundation Trust priorities based on our data.

**Our strategy to reduce health inequalities has three elements**

| Area of focus | Why is this important? |
|---|---|
| Focussing on outcomes, access and experience of our services: focussing specifically on the variation in any of those three experiences by racialised groups and/or those from areas of income deprivation. | From a healthcare provider perspective, inequalities can manifest in various ways, such as uneven access to services, unequal availability of services and inconsistent experiences with services. All of these can lead to inequalities in health outcomes.<br>As an organisation committed to anti-racism is it important that we understand the impact of structural racism on the way our community access and experience our services. |
| Understanding the needs of our communities: co-produce our reducing health inequalities strategy, building the trust and resilience of our local communities to positively impact on health inequalities in Berkshire. | By actively involving communities in a process of co-production (and in particular communities we don't usually hear from because we don't engage in a way that empowers them to engage with us), Berkshire Healthcare NHS Foundation Trust will be better placed to provide services that meet the needs of the whole population. |
| Addressing the social determinants of health by generating social value through our core functions.<br>Efforts to create social value are closely linked with efforts to address health inequalities.<br>We are already undertaking activities to enhance our social value, such as the focus of school outreach in areas of deprivation and the creation of the award-winning gardens in West Berks Community hospital. | Many inequalities in health outcomes are a result of inequalities in the wider determinants of health, such as housing, employment and other social, economic and environment factors. We are one of the largest employers in Berkshire. By focusing on social value, we can effectively tackle the social determinants of health. |

# What we're already doing?

**We have a programme of work focussed on Mental Health Act (MHA) detentions.**

Recent data analysis shows that black individuals are 2.43 times more likely to be detained under the Mental Health Act than white individuals. In addition, there is significant variation across localities. Depending on which locality a black individual resides in, they may be significantly more/less likely to be detained under the MHA. (For example, black individuals in the Royal borough of Windsor and Maidenhead are 2.99 times more likely to be detained. In Bracknell Forest, they are 2.95 times more likely, in Wokingham 2.7 times, and in Slough 1.07 times.

The Berkshire Healthcare **Quality Improvement (QI) approach to reducing health inequalities.**

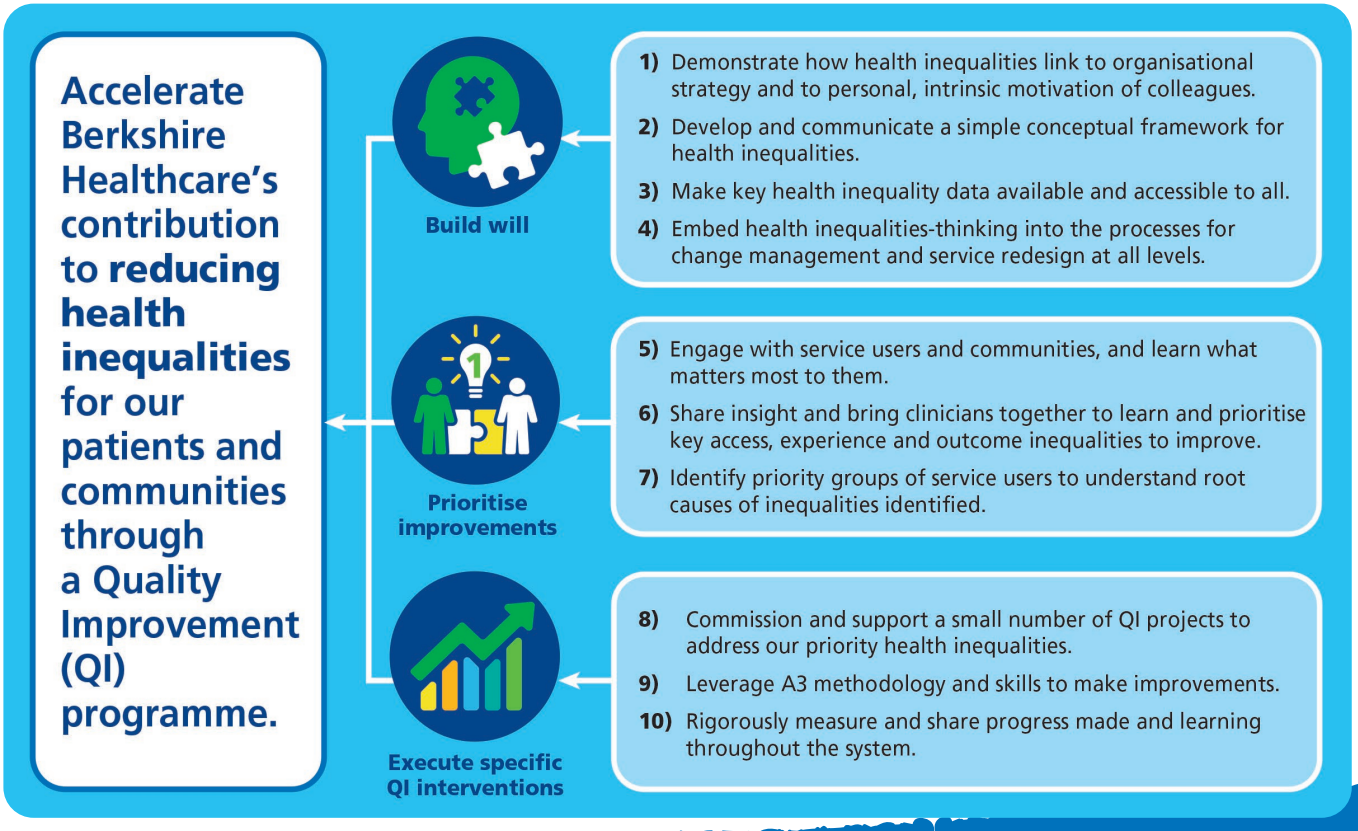
In 2017, the Trust decided to introduce a quality improvement programme into all its services. We adopted a proven way of working and it has been successfully used in many areas of work, as well as being instrumental in changing our services.

The Berkshire Healthcare board asked the quality improvement team to implement an approach to addressing our health inequalities. We are leading the way nationally in doing this.

We looked at the data that told us which population groups are most likely to be most in need, and those that may experience barriers to healthcare.

Having the data that sets out the inequalities and challenges, we then set about 'building will' within the Trust. We asked each team to build into their plan one page that sets out what they can do to contribute to reducing health inequalities.

Using the data we had, we held a health inequalities prioritisation workshop in September 2024 and prioritised the following six QI programmes of work.



**The QI initiatives currently cover:**

1. Improving physical health outcomes for people with severe mental illness (SMI)
2. Reducing DNAs for our physical health services for people from racialised communities
3. Improving access to Talking Therapies for people from culturally and ethnically diverse backgrounds
4. Improving Health Visiting contacts in Reading
5. Reducing suicide for people with autism
6. Improving access to child and adolescent mental health services (CAMHS) early help services for young people in Slough
7. Improving physical health outcomes for people with learning disabilities

# Social value

## Addressing inequality by generating social value in our activities

Social value initiatives can tackle health inequalities by addressing the underlying social factors that influence our health.

By enhancing social value, we positively influence critical factors such as access to education, employment opportunities, social networks and overall well-being. The following factors show social value actions that could be taken mapped against the key social determinants of health areas for action as recommended in the Marmot Review.

## Addressing inequality by generating social value in our activities

| Marmot policy objective | How we contribute |
|---|---|
| **Enable all people to have control over their lives and maximise their capabilities.** | Skill development programmes; Training and apprenticeships; Working with schools and young people, including curriculum support and careers.<br><br>Widening the net on apprenticeships. |
| **Create fair employment and good work for all.** | Employ local residents (in local labour market); Reduce unemployment through targeted recruitment; Employment of particular groups, for example, ex-offenders and those with long-term health conditions.<br><br>Defining inclusive recruitment. |
| **Ensure a healthy standard of living (income) for all.** | Pay living wage. |
| **Create and develop healthy and sustainable places and communities.** | Environmental improvements, including recycling, carbon reduction, energy efficiency and waste reduction; Stimulating demand for environmentally-friendly goods, services and works; Safety and anti-social behaviour projects; Community centres and hubs<br><br>Addressing social value through procurement. |
| **Strengthen the role and impact of ill-health prevention.** | Reduce sick absence of employees through improved health and wellbeing support. |
| **Tackle, discrimination, racism and their outcomes.** | Delivering our anti-racism strategy |

## Building the 2026 health inequalities strategy

The draft Berkshire Healthcare NHS Foundation Trust health inequalities strategy has been shared in several forums. Two important forums have been the Berkshire Healthcare NHS Foundation Trust and Berkshire VCSE Partnership Conference in April, and the Health Innovation Partnership event on tackling Health Inequalities in May 2023.

A very clear message from both events was the desire from community and VCSE partners to be better engaged and involved in the design and delivery of the Berkshire Healthcare NHS Foundation Trust health inequalities strategy.

This is an exciting and positive challenge. This strategy therefore presents the current work and plans for the next 12 to 18 months, which will include active engagement with our communities and VCSE to ensure that the health inequalities strategy for 2026 is genuinely more co-produced.

This represents a new way of working for Berkshire Healthcare NHS Foundation Trust. It aligns positively with the work we are taking forward under the anti-racism strategy and the patient and carer race equality framework (PCREF). We are currently working with our VCSE forums to understand how best we can engage in a sustainable way from now on.

We have made a commitment to engage our communities and VCSE in developing a health inequalities strategy for 2026 through co-production.

This will be a new way of working for us, but it builds on many existing but separate examples of engagement in Berkshire Healthcare NHS Foundation Trust.

We are currently working with our VCSE forums to understand how best we can build sustainable engagement that support the health inequalities and anti-racism commitments within the Trust.

Moving forward, we will take an integrated approach to health inequalities, equalities, diversity and inclusion, and the social value contribution Berkshire Healthcare NHS Foundation Trust can make.

## Our engagement plans

Identifying inequalities through community engagement is not a one-off process. It requires an ongoing process of relationship building, consultation and prioritisation.

We will develop a model of consultation with community and VCSE members to define and prioritise health inequality projects to be taken forward as part of developing a health inequalities strategy for 2026.