NHS
South West
Yorkshire Partnership
NHS Foundation Trust





Social responsibility and sustainability strategy

2022-2027

"We want to be a truly sustainable organisation that is relevant, that people want to use, that can be accessed by all and that is financially sound."

With **all of us** in mind.

Contents

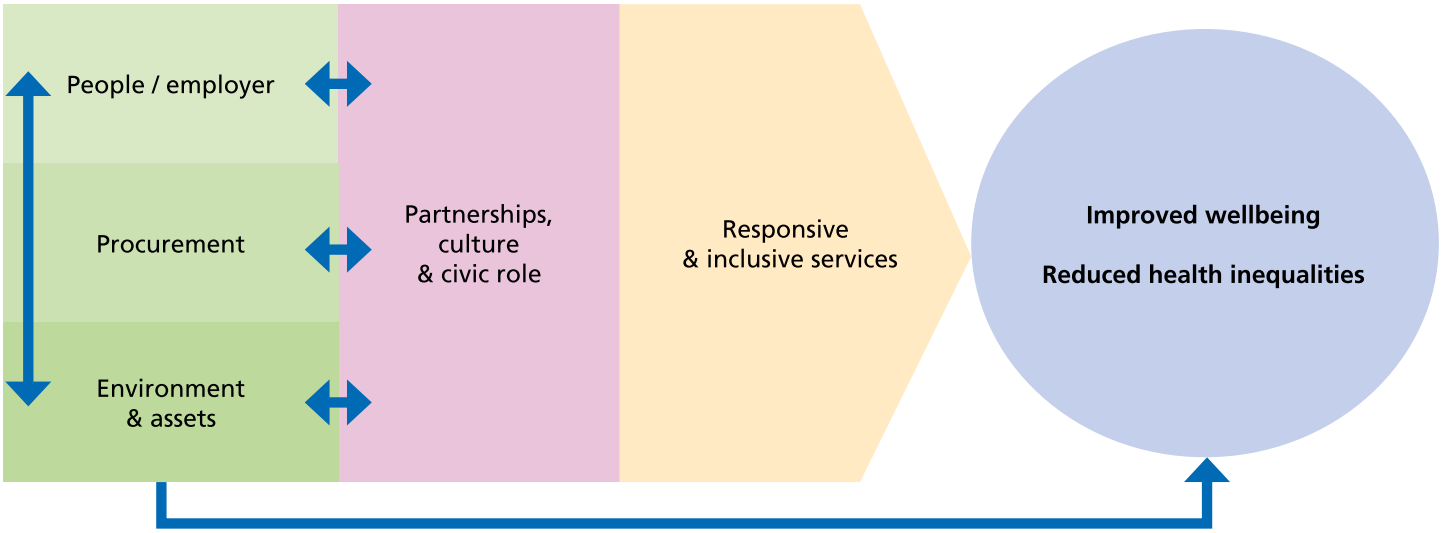
Executive summary

This social responsibility and sustainability strategy aims to use the levers we have to *maximise the benefits South West Yorkshire Partnership NHS Foundation Trust (the Trust) delivers to local people, communities and places, especially those facing challenge and disadvantage.*

It is about building on the Trust's core and current activities and role as an 'anchor organisation' rooted in the areas we serve, and strengthening the positive impact that comes from our:

- partnerships, culture and civic role
- role as an employer
- procurement of goods and services
- management of environmental impacts, our estate and assets
- engagement with less advantaged and diverse communities to maximise the responsiveness, value, inclusiveness and uptake or our services

Doing so will deliver social, economic and environmental benefits and reduce health inequalities. The Trust already has policies and approaches in place that support these goals, including through our green plan; our equality and inclusion action plan; and our equality, involvement, communication and membership strategy. This strategy builds on and integrates with these and adds value where opportunity arises but avoids duplication. The way in which it was produced and will be delivered – with wide input from internal stakeholders and external partners – aligns with our principles and values. This engagement, together with an assessment of our baseline position, assets and challenges has informed the five main opportunity areas for action we will focus on.



"We have made great progress on the green agenda but we know we need to go further."

Key opportunities across these areas include:

Partnerships, culture and civic role

- Reviewing our partnership, collaboration and engagement mechanisms and priorities, and getting involved in any key high-level partnerships in which we are not yet active.
- Embedding the principles of being an anchor organisation in our communications, behaviours and culture; prioritisation and resource allocations; and in our vision, values and key Trust documents when they are reviewed.
- Maximising our leadership role in influencing and achieving positive outcomes on key issues.
- Proactively engaging with staff in developing and raising awareness of this agenda, and winning hearts and minds so that everyone owns it and plays their part in delivering it.

Our people and employer role

- Recruit in ways which help to make our workforce more representative of the areas we serve and provide opportunities for those facing challenge to gain employment with us.
- Ensure clear progression routes for staff in lower paid roles as part of ensuring our Trust is inclusive, diverse and representative at all levels; and deliver our leadership and development programme to enable leaders at all levels to help make the Trust a great place to work.
- Full and proactive communication to encourage development, use and take up of resources that enable staff to stretch their take home pay in the context of the cost of living crisis including in respect to mental and physical health; financial wellbeing; and digital inclusion.

Our procurement

- Regularly monitor and analyse our spending and how much of it is local, with small and medium sized enterprises (SMEs) and with social enterprises; and use this data to track progress, spot opportunities and inform action.
- Review and revise our procurement system and communication and engagement around it to maximise opportunities for local businesses and social enterprises to bid for and win contracts.
- Increase the social value that stems from our procurement through defining and communicating the types of social value we seek, including that in how bids are assessed, and engaging with new and existing suppliers to promote and monitor social value.

Our environment and assets

Our green plan commitments and strategic objectives include:

- Reduce direct CO2 emissions by 80% by 2028 and become net zero by 2040.
- Reduce energy consumption across our estate through changing behaviours, proactive management and investment in more efficient technology.
- Adapt to climate change to ensure we are a resilient organisation.
- Maximise benefits from our green spaces and protect and enhance natural assets.

- Reduce business miles travelled by staff and promote more sustainable methods of transport

Our responsive and inclusive services

- Make our extensive data and intelligence more accessible and meaningful to those designing and delivering services and care pathways.
- Establish and build on partnerships and relationships – including with voluntary and community organisations - that facilitate an asset-based approach in each of our localities so multiple partners can pool capabilities to improve local outcomes.
- Co-design and deliver a series of exemplar demonstrators to improve health and wellbeing in communities, for example linked to creative and cultural activities, digital innovation, and social prescribing and medicines optimisation (to support recovery and avoid overprescribing).

Across the five priorities and the spread of actions within them, we have identified an initial set of **five headline initiatives** to take forward our social responsibility and sustainability goals as an anchor organisation. These are shown below and further detailed in section 4.

Initial headline initiatives

We will keep track of the actions we take and the difference that they make by tracking a suite of quantitative indicators, mapped against the five areas of activity. Additionally, as not everything that counts can be measured, we will also use qualitative approaches to assess progress.

1. Introduction to this strategy

1.1 Vision, purpose and guiding principles

South West Yorkshire Partnership NHS Foundation Trust (the Trust) is a large organisation rooted in the areas we serve – what is often described as an 'anchor organisation'. The care and services we provide make a vital contribution to the health and wellbeing of people and communities across those areas in line with our vision of providing outstanding physical, mental and social care in a modern health and care system.

But the difference we can make does not stop there.

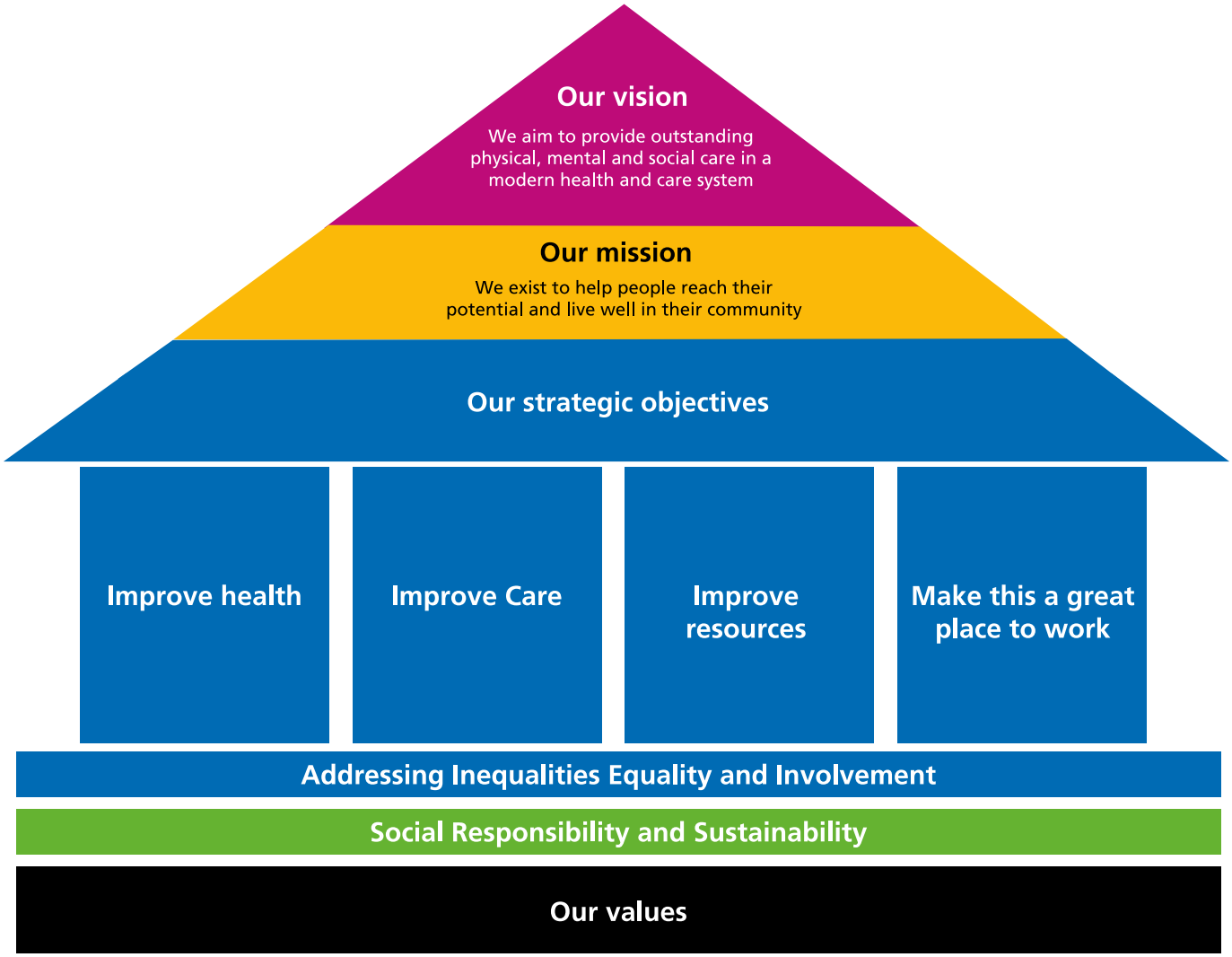
Every aspect of what we do can make a positive contribution to local people, economies and the environment. That includes how and where we procure goods and services; the people we employ; how we manage our buildings, land and resource use; and the way we interact with partner organisations and stakeholders across the public, private and third sectors. This social responsibility and sustainability strategy is about maximising the difference all those things make to reducing disadvantage and inequalities, improving our environmental impact, and achieving the Trust's mission of helping people to reach their potential and live well in their communities.

In short, its aim is to use the levers we have to *maximise the benefits the Trust delivers to local people, communities and places, especially those facing challenge and disadvantage.* It is important to stress that while this includes achieving progress on environmental and climate impacts, that is only one part of a focus that also spans far wider social and economic benefits and the drive to reduce health inequalities. Those facing 'challenge and disadvantage' include both those who fare worst in terms of health inequalities and economic/financial indicators (e.g. around employment and pay), and those who face disadvantage or challenges due to discrimination or other factors to do with their protected characteristics, for example ethnicity, age, disability, gender or sexual orientation. This interpretation of disadvantage is used throughout this strategy and its actions.

Naturally, the Trust's core activities already do this through the services and support we provide. This strategy is about building on that through considering how we can strengthen the positive impact that comes from our:

- partnerships, culture and civic role
- role as an employer
- procurement of goods and services
- management of environmental impacts, our estate and assets
- engagement with less advantaged and diverse communities to maximise the responsiveness, value, inclusiveness and uptake or our services

SWYPFT already has policies and approaches in place that support these goals, including through our green plan; our equality and inclusion action plan; our equality, involvement, communication and membership strategy; and our quality improvement strategy. This strategy aligns, builds on and integrates with these and adds value where opportunity arises but avoids duplication. It also adds value as a second cross cutting theme, alongside addressing inequalities / equalities and involvement - as shown in the diagram summarising our vision, mission and strategic objectives.



Our vision

To provide outstanding physical, mental and social care in a modern health and care system

Our mission

We help people reach their potential and live well in their community

Our values

We put the person first and in the centre

We know that families and carers matter

We are respectful, honest, open and transparent

We improve and aim to be outstanding

We are relevant today and ready for tomorrow

Our Trust mission and values were developed in co-production with our service users, carers, staff, partner organisations (e.g. local authorities, other NHS Trusts and commissioners) to understand from all these stakeholders what they expected from SWYPFT. Our mission states why we exist, and our values set out what should underpin our approach to achieving this.

This strategy and the way in which it will be implemented reflects and supports the realisation of our Trust values, as well the Trust's five strategic ambitions, which are to be:

- A **regional centre of excellence** for learning disability, specialist and forensic mental health services
- A **trusted provider** of general community and wellbeing services delivering integrated care
- A **strong partner in mental health and learning disability service** provision across South Yorkshire and West Yorkshire
- A **trusted host or partner** in our four local **integrated care partnerships**
- A **compassionate and innovative organisation** with **equality, co-production, recovery** and **creativity** at its heart

As a cross cutting theme, social responsibility and sustainability will influence other Trust strategies and approaches and include actions in its own right where needed. For example, further action as a good employer fits within the Trust's 'make this a great place to work' strategic objective, whereas action on the environment will need to both influence how all four strategic objectives are delivered and involve new actions that do not fit neatly into them. The strategy's influencing role also includes thinking about how the existing strategic objectives are interpreted, notably in terms of 'Improving use of resources' which this strategy supports by considering resources such as employees, spending and assets and how they can deliver local benefit.

The way in which this strategy was produced and will be delivered – with wide input from internal stakeholders and external partners as part of a co-design and delivery approach – backs up these principles and values.

1.2 Context and alignment

The Trust operates in an evolving context. We, like others and society as a whole, have experienced the profound shock brought by the pandemic – from the immediate impact to the long-tail of its aftermath. This has significantly impacted on the complexity and number of people requiring help from our services (particularly on mental health) and exposed and widened the health inequalities that were already prevalent in our geography (see section 2.1). This points to major implications for what we deliver, how and where we deliver it, and how we shape our organisation to respond. The imperative for action on social responsibility and sustainability for the Trust and the wider health and care system as a route to prevent and treat ill health and eradicate health inequalities is loud and clear.

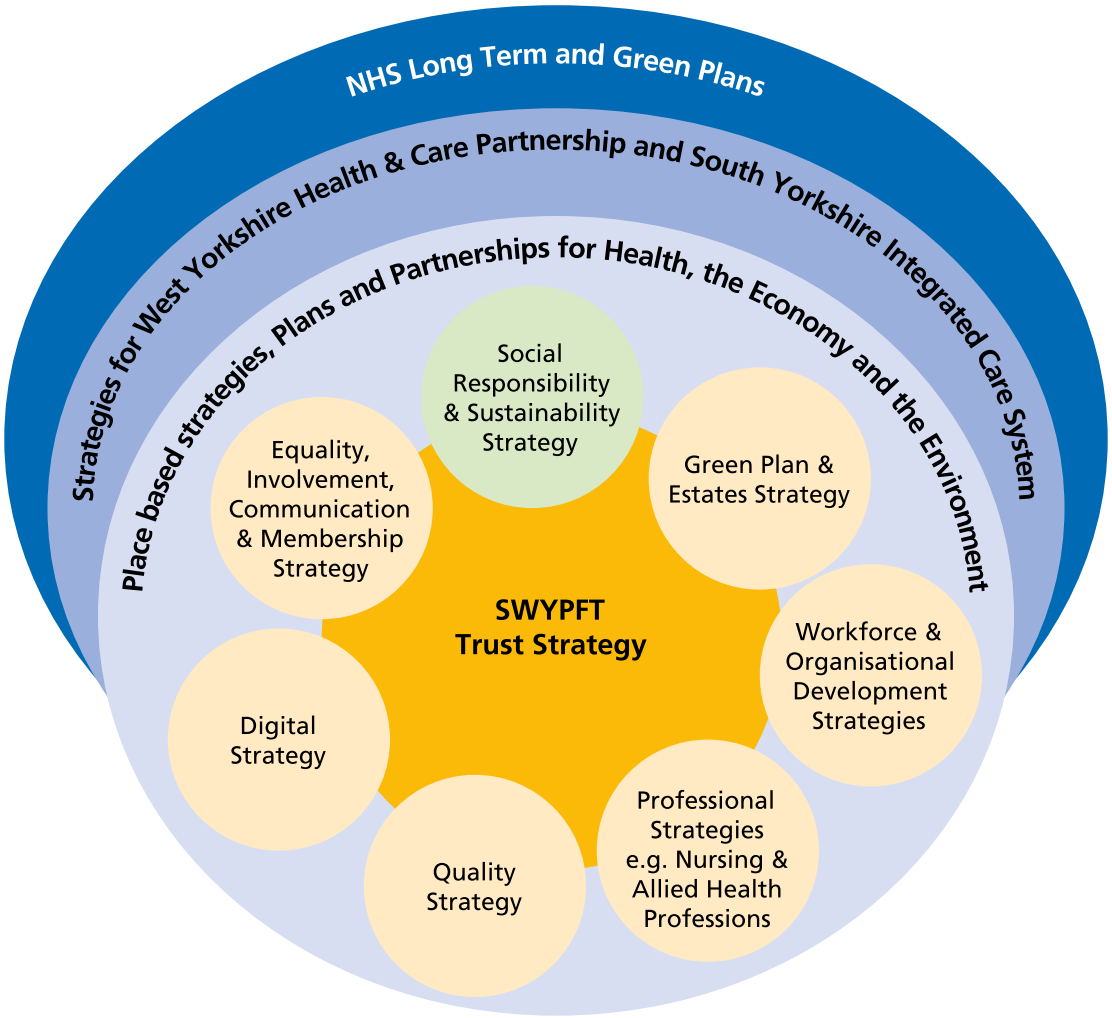
At a national level, we have carefully considered and aligned this strategy to the NHS's Long Term Plan and the 'Triple Aim' duty to consider the effects of our decisions on improving the health and wellbeing of the population; the quality of healthcare services; and the sustainable and efficient use of resources. We recognise the strengthened contribution to prevention and reducing health inequalities and the expectation that we will align closely with other relevant bodies in doing this. This strategy will also assist with broader goals – such as the Levelling Up agenda – given the high level of social and economic challenges locally, and its role in reducing inequalities.

We are proud of the strategic approach we have taken thus far and will continue to take in contributing to the systems in which we sit geographically – the West Yorkshire Health and Care Partnership and the South Yorkshire Integrated Care System – and in being a proactive partner in delivering associated five year plans. This strategy puts a spotlight on how we will help progress the ambitions of these bodies, through our own action and working with others to harness our power as major institutions and as such to maximise our impact.

At local level, building on our existing relationships, we have reached out to our place based partners – in health, local government, the voluntary and community sector and beyond – to understand their structures, priorities and the role they see us playing in contributing to their distinct needs and opportunities. This is the start of a dialogue that will continue as this strategy moves into implementation, recognising that it is in places that our greatest influence and impact on social responsibility and sustainability will be seen and felt. We will further align with local strategies and priorities as these evolve. We will use our relationships to have direct conversations with our communities, making sure that we further understand their needs and use this to design actions that will have the biggest impact on the health and wellbeing of citizens.

In essence, as a major organisation, rooted in our places and with the core purpose of population health improvement, we can act to influence the wider determinants that shape good physical and mental health – be they social, economic or environmental. The Trust is committed to being at the forefront of a movement that is doing the same and collaborating with others on this journey.

The diagram below demonstrates the strategic alignment of this strategy with others internally, locally, regionally and nationally.



2. Our start point

2.1 About our Trust

South West Yorkshire Partnership NHS Foundation Trust is a specialist NHS foundation trust with a turnover of approximately £342m that provides community, mental health and learning disability services to 1.22m people across Barnsley, Calderdale, Kirklees and Wakefield as shown in the map below. We also provide some medium secure (forensic) services to the whole of Yorkshire and the Humber.

All our services are focused on principles of recovery and co-production, working with the strengths of each person and those of their carers and wider community. We provide services that promote health-producing communities and prevention through supported self-care, recovery focused approaches, peer support and community involvement, volunteering and supported employment. The Trust's recovery colleges, linked charities Creative Minds, Spirit in Mind, Mental Health Museum, and significant volunteering services, as well as Altogether Better (a national organisation hosted by the Trust) further contribute to this.

Most of the care we provide is delivered in local communities. We work in all villages, towns, and cities from Todmorden and Hebden Bridge in the west, to Castleford and Pontefract in the east and to Hoyland and the Dearne Valley to the south of Barnsley – and all points in between.

Our daily mission is to help people reach their potential and live well in their communities. We employ over 4,500 staff, in both clinical and non-clinical support services, who work hard daily to make a difference to the lives of service users, families and carers. How we work is as important to us as what we do, and our values really matter to us.

2.2 Who we serve

Our geography is as large as it is diverse – an urban and rural mix that encompasses a population which is mostly White British overall, but which has significant and distinct black, Asian and minority ethnic communities (most notably in Kirklees) that are growing and characterised by a younger age profile. The area has rich industrial heritage and has seen substantial economic shift in recent decades. That has left a legacy for many communities where the opportunity to connect to economic growth has been missed and inequality has been locked-in and is likely to be even more so in a post-pandemic context. This is borne out in our area having almost four times as many lower super-output areas in the most deprived quintile (20%) as in the least deprived, with the town of Barnsley having 37% of its population living in the most deprived 20% of the country; and with long term unemployment – even pre-pandemic – higher than the England average and highest in Barnsley and Calderdale.

From a health perspective, average life expectancy for males and females in our area is a year lower than for the rest of England, but in our most deprived communities it is 8.3 years lower for men and 7.8 years lower for women than in our least deprived. It follows that our places are typified by health, across a range of measures, that is generally worse than the England average, and often worse than the Yorkshire and Humber average.

A complex mix of wider socio-economic, environmental and lifestyle factors play into this picture of health and wellbeing. For our places, much of this hinges on the extent to which people can access good, well paid work that affords them the ability to make positive choices, which influence wider determinants of health – for example around nutrition, physical activity, quality housing, access to green open space, meaningful connections with others, education and skills.

2.3 Our assets

We have many assets to build on in taking forward this strategy. These include:

- Our **linked charities and Recovery Colleges and the alternative capacity and opportunities they offer** for health and wellbeing improvements, partnership and local place-based solutions
- Our work on **creativity and arts in health** e.g. leading development of a system wide approach in Calderdale and partnering in a Europe wide challenge to empower communities through culture to improve their health
- **Partnership working with the third sector** strategically and in terms of delivery e.g. working with Nova and the Living Well Service in Wakefield
- A valuable resource of over 150 **volunteers** making a difference every day to the lives of our service users
- Our **focus on being a great place to work** – with a diverse board; established networks for REACH (race, equality and cultural heritage), LGBTQ+, disability and carer staff; excellent staff side relations; agile and flexible working; manager development pathways; and a commitment to staff health and wellbeing
- Significant investment in **modern and high-quality estates** with new hubs such Wakefield's Drury Lane and Fieldhead's Unity Centre, and investment in solar and air source heat at our Bretton Centre

- **Advancements in digital infrastructure** to facilitate new models of care and agile working, but also recognising the need to ensure no staff are digitally excluded

- Steps to support the **transition to net zero** with improvements including reducing use of single use plastics across all catering; electric car charging points added to Fieldhead and Kendray sites; Board-led sharing of best practice on sustainability; and a green champions group driving staff engagement and cultural change

2.4 Baselining our position

As part of developing this strategy we undertook a review of our current position in relation to the focus areas we are exploring. We used the established Progression Framework[1] assessment tool designed for use by inclusive anchor organisations to do this, which probes and facilitates discussion around current practice and future ambitions on five main dimensions of practice, split into 16 themes and covering over 40 aspects of policy and practice. The review scored each of those on a scale of 1 (minimal progress) to 4 (best practice) and benchmarked our position against other established anchor organisations. It identified opportunities for action that have helped to inform this strategy, and which will be integrated into subsequent action planning.

Overall scores from the review across four of the dimensions covered – procurement, environment and assets, service delivery, and corporate and civic – were between 2-3, which represents modest to good performance. That is a fair starting point and shows a mixture of positive action and scope to do more. For the employer dimension, performance was higher and scored 3.3. As set out in this strategy, we are aiming to make considerable progress across the majority of areas covered in the review, and aiming to have policies, approaches and practice that would be rated as at least good and often moving towards best practice.

Annex A provides further detail on the completed review and its results. We will combine the picture gained from the Progression Framework review with baseline data (when available) on the progress measures we adopt (see section 5) in further defining our starting position.

> *"We really welcome the Trust taking on a social responsibility agenda alongside sustainability. We brush poverty under the carpet at our peril – it is a really big topic that people at our coalface are dealing with."*

1. Progression Framework toolkit was devised and developed by Les Newby and Nicky Denison. It has been used by the Leeds Anchors network and elsewhere, including several NHS organisations in England and Scotland. Contact les@lesnewby.com or nicky@nickydenison.co.uk for details.

2.5 Challenges

There are a range of challenges in delivering this strategy that we will work proactively to overcome in order to make and maintain progress:

- Ensuring enough of the **right capacity and resource** to drive action and to do so in the context of a system that needs recuperation post-pandemic
- **Winning the hearts and minds** of a critical mass of people to create a social responsibility and sustainability movement that becomes business as usual and embedded in the organisation's culture and behaviours and in our new and integrated models of care and care delivery
- Building in **a diverse and representative voice** – across our workforce and our service users – that is reflected in decision making and that builds open and trusted routes for dialogue
- Establishing an **ethos of creativity, innovation and responsive decision making** that breaks down barriers to action and empowers staff and to do so at a pace that fosters momentum
- Recognising that this is not a static agenda nor a quick fix, but a **long term, continuous improvement approach that is agile** and has staggered actions towards priorities
- **Challenging preconceived notions of what is possible** – for cohorts of the workforce, for operational aspects of the business, for partners and for service users – with a focus on demonstrating the art of the possible, communicating clearly and 'selling' the benefits
- **Using technology to best effect** in communicating – with a focus on access, skills and culture
- Ensuring an **outward looking, partnership working approach** with this strategy embedded in the Trust's narrative across all engagement with partners and finding the right mix of formal and informal governance, systems and processes to push the agenda forward

> *"We want to get into communities to help people understand the roles we offer and what it is like to work in the Trust and then help them secure good jobs with us. Collaboration is key – we can't achieve this on our own."*

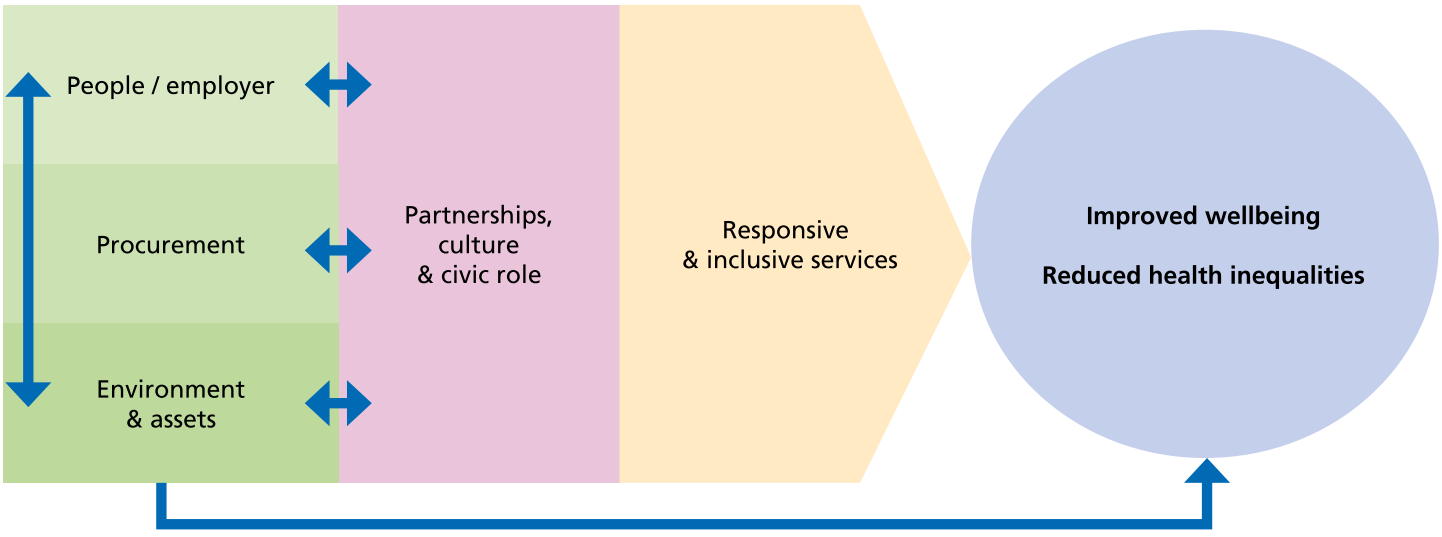
3. Our journey of change

3.1 An interconnected set of priorities

Engagement with partners and stakeholders confirmed five main opportunity areas for action based on our position as an anchor organisation, and which also fit with the Progression Framework review we completed and the actions emerging from it. These are:

- Our partnerships, culture and civic role
- Our people and our role as an employer
- Our procurement of goods and services
- Our environmental impacts and assets
- Our responsive and inclusive services

The key elements of each are set out individually in the subsections that follow for simplicity and clarity. However, it is important to stress that these five opportunity areas interconnect, and some are different in nature to others. The employer / people and procurement priorities are based on specific functions and teams, as is the environment and assets priority, but the latter needs to be applied across the whole organisation and its activities to be effective. The partnerships, culture and civic role priority is about a way of working and applies at organisational level, at specific function level and in respect to the organisation's outward looking relationships. Finally, the responsive and inclusive services priority is distinctive because it is about the design and delivery of core services and how that is shaped and then accessed by the diverse communities we serve. All five are about how the organisation can be a sustainable and inclusive anchor that benefits disadvantaged and diverse communities and reduces health inequalities through doing so.



Key aspects of Trust policy and strategy identified in the alignment review – including equalities, involvement, communications and membership; digital, quality improvement and workforce strategies – as well as the importance of financial sustainability, will underpin the approach.

3.2 Our partnerships, culture and civic role

Why this matters

To achieve our aims, awareness of and commitment to social responsibility and sustainability must run right through our organisation and permeate every aspect of how we operate – from our vision and values to our strategies, plans and resource allocations. And as a Trust covering a wide area with diverse communities and contexts, it is vital to engage and collaborate with stakeholders across the voluntary and community, public and private sectors. We can achieve far more through partnership working than we would be able to alone.

What we will do

We have a solid platform of partnership and collaboration, and although our role as an inclusive anchor organisation is not always explicit or communicated in those terms, we have some strong policies and activities in place that play that out for real. We are committed to an enabling, asset-based approach where we work with and alongside partners and communities as part of a co-production model that supports health producing communities. We will build on this base by:

- **Reviewing our partnership, collaboration and engagement mechanisms and priorities,** and getting involved in any key high-level partnerships in which we are not yet active – including at local authority level, with universities and other educational institutions, health partners and the voluntary and community sector.
- **Embedding the principles of being an anchor organisation** in our communications, behaviours and culture; prioritisation and resource allocations; and in our vision, values and key Trust documents when they are reviewed. In the interim, we will identify how the goals of this strategy may influence how other key strategies/plans (e.g. the Trust plan) are applied.
- **Maximising our leadership role** in influencing and achieving positive outcomes on key issues that affect our service users and local communities, including advocating on their behalf.
- **Proactively engaging with staff** in developing and raising awareness of this agenda, and winning hearts and minds so that everyone owns it and plays their part in delivering it.

What progress looks like

Our measures of success will be largely qualitative and focused on:

- Excellent partnership working, relationships and stakeholder engagement
- A positive culture, with enthused and aware staff who are keen to act and follow through on sustainability and social responsibility
- Our role as an inclusive anchor reflected in our communications, values and key documents

3.3 Our people and employer role

Why this matters

We want our Trust to be recognised as a great place to work, that supports and provides good jobs for all our 4,500 employees. We know that for our staff that means being able to work in a safe and supportive team, where people are supported to stay fit and well and to develop their potential and know that their voice counts. We have a responsibility to embody this ethos now more than ever for the health and sustainability of our organisation, helping us to attract and retain the talented, caring and compassionate people who are essential to successfully delivering our services at a time of high demand and intense pressure on the health and care system. It is also essential for society as a whole – we have a responsibility to ensure our workforce is representative of the populations it serves, and to act in the face of the cost of living crisis that will increase poverty and health inequalities and further intensify strain on the NHS.

What we will do

We will deliver our strategic priority to make the Trust a great place to work and have the plans in place to do that as set out in our workforce strategy, organisational development plan and equality, engagement, communication and membership strategy. In this strategy, we will drive focus on three areas that can truly connect us to and make a positive difference for the communities we serve, as well as help support and future-proof our workforce:

- **Representative employment**
  This is part of the progressive employment headline initiative further detailed in section 4. In summary, we will work with service leads to understand where our critical workforce challenges lie and any barriers to recruitment and to overlay that with data on diversity, demand and deprivation. We will then work in partnership to reach out to a wider pool of candidates and support them to gain employment with us, including removing barriers through inclusive recruitment techniques, proactive targeted engagement, awareness raising of the diversity of roles we provide, and using volunteering and our linked charities as routes into employment with us. We will use this strategy as a key differentiator of working in the Trust, using it and our values to appeal to new audiences who we know place value on this in choosing where to work. We recognise this is not a quick fix, but a long-term approach to tackling long term challenges in our communities and in our workforce.

- **Progression**
  This is also part of the progressive employment headline initiative further detailed in section 4. Here we will focus on enabling progression for new and existing staff in lower paid roles and from diverse and less advantaged backgrounds. That includes examining where formal entry level requirements are holding back recruitment and progression and finding solutions whilst maintaining essential standards; and developing a suite of clear, communicable pathways (backed by real staff examples and stories) for lower paid roles to attract new recruits and unlock progression for existing staff. This will be backed by our leadership and development programme to enable leaders at all levels to help make the Trust a great place to work.

- **Tackling poverty and financial health and wellbeing**
  We will develop an action plan for how we will play our part in the NHS's role in tackling poverty in the context of the cost of living crisis. This will include listening to staff to ensure we are aware of their concerns; and taking action to ensure we provide a great place to work. The latter will include developing and promoting take up of resources

that enable staff to stretch their take home pay; have good mental and physical health; have good financial wellbeing e.g. via supportive policies and access to credit unions and energy efficiency advice; and are digitally included. The plan will also look at how we can advocate for anti-poverty in our work and partnerships.

What progress looks like

Our measures of success will be achieving significant increases in:

- Diversity of our workforce in keeping with better representation of the communities we serve
- Proportion of our workforce recruited from disadvantaged communities in our area
- Levels of progression from lower paid roles as a way to retain and develop talent
- Digital inclusion to ensure access to support
- Employee mental, physical and financial health and wellbeing
- Reduction in number of vacant posts and increase in staff retention rate
- Staff engagement
- Staff survey sentiment of the organisation being inclusive and a great place to work

3.4 Our procurement

Why this matters

The Trust spends a large amount of money on goods and services each year. The way in which these are procured, and who and where they are bought from, has important impacts. For example, buying from local suppliers can help local businesses and social enterprises to grow, create more and better jobs in the process and recirculate wealth. Meanwhile, seeking 'social value' from suppliers can bring wide ranging community and environmental benefits. All of this can be achieved while still getting the right price and quality, and often with the added benefit of improved supplier responsiveness and relationships.

What we will do

We are committed to adopting a progressive and effective approach to procurement that maximises benefits for health and wellbeing, communities, the environment and the local economy of the area we serve. This builds on our green plan strategic objective to sustainably procure, use and dispose of its resources with the target of reducing cost and environmental impact and increasing social value.

To do this, we will focus on three actions:

- **Spend analysis**
  We will monitor and analyse our spending and how much of it is local, with SMEs and with social enterprises; and use this data to track progress, spot opportunities and inform action. We will do this annually, starting in 2022, using a consistent and comparable method to allow benchmarking and tracking of change. The primary focus will be on suppliers from Barnsley, Calderdale, Kirklees and Wakefield, with a secondary focus across West Yorkshire and South Yorkshire.

- **Enable more local procurement**
  We will review and revise our procurement system and communication and engagement around it to maximise opportunities for local businesses and social enterprises to bid for and win contracts. This will be in line with and go beyond national requirements/ guidance and include reviewing tender requirements and processes (e.g. around insurance requirements and payment terms) so that they do not deter microbusinesses, voluntary community sector (VCS) groups, cultural organisations and artists from becoming suppliers. As part of this, social value criteria (see c) will be introduced in a simple way that does not put larger suppliers at an advantage. Procurement opportunities and processes will be communicated and explained to potential local suppliers, including through representative organisations for the VCS sector and small businesses.

- **Social value procurement**
  This is a headline initiative which is further detailed in section 4. In summary, we will increase the social value that stems from our procurement, with focus on the communities we serve, principally in Barnsley, Calderdale, Kirklees and Wakefield and especially for those facing disadvantage. We will also seek environmental and wider benefits through using suppliers whose practice contributes to global sustainability, good employment, health and wellbeing. Our action to enable this to be applied in practice from the start of 2023 will include:

  » Defining the social value we will seek from suppliers and how it will be measured, including identifying a menu of specific measures under the broad themes of health and wellbeing; climate/environment; workforce, skills and education; and community benefits.

  » Agreeing how the policy will be applied, including which contracts it should apply to (e.g. above a value of £50,000) and the percentage of scoring social value should account for in tendering (10%+).

  » Engage with existing and prospective local suppliers (including via SMEs/VCS groups) to communicate what is required and collate existing examples of good practice by suppliers.

Most of this is about changes in internal policy and practice, but collaboration is also important, for example in working through and influencing procurement consortia to achieve our goals, aligning with national guidance, and working with other local organisations who are adopting progressive procurement approaches.

What progress looks like

Our measures of success will be achieving significant increases in:

- Proportion of our procurement spend with local suppliers (i.e. based in the area we serve)
- Proportion of our procurement spend that is with social enterprises and SMEs
- Social value associated with our spending, including contributions to health and wellbeing; environment/climate goals; workforce, skills and education; and local community benefits.

3.5 Our environment and assets

Why this matters

The Trust has a significant environmental impact, including through energy, resource and transport use, carbon emissions and waste. By aiming high on environmental quality and targets we can act on the climate emergency and support the health and wellbeing of local communities - including less advantaged ones often worst affected by poor environments. Additionally, how we design and manage our buildings and estate can contribute to staff wellbeing and efficiency, create positive environments for service users, and provide opportunities for community use of facilities.

What we will do

Our green plan sets out our commitment to embedding sustainability throughout the organisation and minimising carbon emissions, air pollution and waste; and to ensuring our operations and estate are sustainable, efficient and resilient. As well as broader intent about being a sustainable organisation with appropriate partnerships and processes, strategic objectives include:

- Reduce direct CO2 emissions by 80% by 2028 (from 2013 baseline) and become net zero by 2040 (in line with the NHS target)
- Reduce energy consumption across our estate through changing behaviours, proactive management and investment in more efficient technology
- Adapt to climate change to ensure we are a resilient organisation for service users, families, carers and staff
- Maximise the quality and benefits from our green spaces and reduce biodiversity loss by protecting and enhancing natural assets
- Reduce business miles travelled by staff and promote more sustainable methods of transport, including travel by service users, families, carers and friends

Additionally, we will explore how to enable greater use of our estate by local communities and seek to share expertise and work with partners to identify and deliver opportunities.

Early and specific action areas we will focus on include:

- **Produce a costed net zero road map**
  This headline initiative is further detailed in section 4. In summary, we will produce a costed net zero carbon road map by October 2022 that provides an evidence-based plan for how the Trust can best deliver the actions needed to achieve our net zero ambitions. Coverage will include scope 1 and 2 carbon emissions and all the relevant factors that influence these, including energy, transport, resource use and any offsetting of carbon emissions (e.g. through tree planting).
- **Active travel**
  We will work with local authority and other partners to plan and influence how our sites can be quickly, easily and safely accessed by cycling and walking (e.g. through being part of planned local cycle route networks) and we will put in place facilities, communications and policies that enable and encourage use of active travel (e.g. secure and covered cycle parking, showers, staff travel policies and incentive schemes). Wider work on green transport will include significantly increasing the size of our electric vehicle fleet (and

securing resources to enable that), putting in additional electric vehicle (EV) infrastructure in 2023, and incentivising carbon reduction from the 'grey fleet'.

- **Food growing and green space**
  We will explore and implement opportunities to enhance our green and natural spaces for both wellbeing and environmental benefits, including expanding our meadow space and planting more trees ourselves (we are planning to plant up to 500 trees across our sites) and through community partners. We will also explore opportunities to work with linked charities and VCS partners to develop food growing projects on our sites or that involve service users, and to increase availability of healthy and local food at our sites.

- **Waste management and minimisation**
  We will build on achievement of sending zero waste to landfill goal by also looking to reduce the proportion of waste that is incinerated. This will involve practices and procurement choices that reduce waste and working with and influencing our waste management contractors. One specific opportunity we will pursue is to make increased use of reusable PPE in collaboration with local health partners who have developed new ways for doing this.

- **Staff engagement, involvement and communications**
  Maximising the progress we make will in part depend on thousands of individual decisions and actions taken by individual members of staff, e.g. around energy use and travel choices. Hence mechanisms and communication to raise awareness, win hearts and minds and to fully involve staff in environmental sustainability and net zero initiatives will underpin all of our actions in this sphere. One specific and early initiative in this respect will be to introduce carbon literacy training, which will also have benefits in relation to the cost of living crisis and reducing fuel poverty.

We are committed to producing a sustainable action plan to agree actions to achieve our strategic objectives and targets, and Board commitment to making funding available to pursue sustainability and net zero investments as a priority will be important in supporting this.

What progress looks like

Our measures of success will include making good progress in:

- Reducing CO2 emissions in line with net zero and interim targets
- Reducing electricity, gas and water use and increased use of renewable energy
- Reducing transport use, air pollution from business mileage/fleet, and increasing active travel
- Reducing waste produced and increasing the proportion recycled
- Enhancing green spaces and their use, and integrating green infrastructure into new buildings

"It is music to our ears that other organisations are thinking broadly about their role as anchors."

3.6 Our responsive and inclusive services

Why this matters

Demand for our services is growing, and this is happening most starkly amongst the people and places that we know already are less advantaged meaning that health inequalities are becoming more profound and entrenched. We have an acute interest in understanding the determinants of this and using the levers at our disposal to intervene to transform lives. Deep understanding – gathered through proactive, inclusive engagement – of the make-up, needs and lived experiences of our communities will bring more intelligent design and targeting of services. It will also underpin a transformative approach to delivery, where we work across the health and care system to deliver a joined up response that will drive health improvements, help people reach their potential and live well in their communities, and manage demand for services – a triple win scenario and central to a sustainable model of care.

What we will do

We are working to design and deliver services that meaningfully impact on people's lives in a challenging and changing context. Our equality, involvement, communication and membership strategy and action plan defines our approach to engagement to ensure we put individuals, groups with shared interest, and communities at the centre and that we reach them in the right ways, at the right times and for the right reasons. Our focus will be on the following actions:

- **Data and intelligence to insight**
  Our Trust generates lots of powerful information. We must ensure that it is readily accessible and meaningful to those designing and delivering services and care pathways and nuanced to the needs of local population health management. This means ensuring we have the right analytical skills to turn intelligence to insight and helping our colleagues know what questions to ask so they can accurately target and deliver services in ways that make a difference to local needs. We will consider how we can reconfigure or bring in capacity to drive this action.

- **Establishing and building partnerships**
  We are committed to being a leader and partner in our places and to having positive impact locally. Internally, we will leverage our operational and strategic structures to maximise this; and externally, we will use our new focus on translating data to action to inform how and where we can build partnerships, including with voluntary and community organisations, and take an asset-based approach so multiple partners can pool capabilities to improve local outcomes.

- **Exemplar approaches and demonstrators in improving health and wellbeing in communities**
  We will co-design and deliver a series of exemplar demonstrators and approaches to showcase the art of the possible and improve health and wellbeing in communities:

  - **Medicines optimisation:** We will seek to provide health and wellbeing benefits, as well as waste reduction and environmental ones, from avoiding over-prescription and reducing inappropriate medicines use. This will cover aspects including deprescribing and reducing polypharmacy, in part through greater provision of alternatives such as social prescribing and self-management (which are integrated with medicines optimisation in a headline initiative detailed in section 4).

  - **Social prescribing:** This can be an effective alternative to medication and involves referring people to a range of local, non-clinical services to support their health

and wellbeing, using link workers as part of a holistic approach that addresses the 'whole person' and their life and challenges in the round (e.g. housing, financial, care or potential discrimination issues). We will strive to extend and enhance the social prescription offer across our area, working closely with local and VCS partners. Our role will include mapping, oversight, joining up and promoting the approach, and playing our part in delivery as appropriate. The approach will link strongly to creativity and culture and to the environment through more green social prescribing.

- **Cultural and creative collaborations:** This is part of the cultural and creative collaborations headline initiative further detailed in section 4. It recognises the vital role culture and creativity can play in in helping people to reach their potential and live well in their communities; and the strength of our existing partnerships, activity and linked charities as assets that make a valuable contribution in this respect. In brief, it focuses on delivering five exemplar projects to improve population and staff health and wellbeing through take up of cultural and creative activities and to enhance understanding of the positive impacts of such approaches, leading to greater signposting of these to service users to prevent and treat conditions e.g. in social prescribing.

- **Digital innovations:** Learning lessons from our COVID response, we will maximise the use of digital technology to support effective and efficient care and service delivery, backing this with service user engagement to be clear when and where this is an appropriate option e.g. as the first point of contact. There is significant scope for innovation here and hence it is a fast-changing area of work, often organically occurring in pockets around our Trust. We will identify a Trust-wide digital innovation lead to look across services to map and amplify excellent existing practice. Examples include the new app for observing child epilepsy in Barnsley to avoid patient admittance and the Virtual Ward pilot to remotely monitor patients and enable faster discharge from hospital. We will also seek to spot opportunities for innovation or new digital application; and look beyond our Trust for practice elsewhere that we can learn from and apply.

This will demand internal discipline and consistency, backed by tools including equality, health and social responsibility and sustainability impact assessments. Externally, it will drive us to be outward looking, agile and responsive, as well as ensuring our ambitions for social responsibility and sustainability are visible in all of our conversations with place and system partners.

What progress looks like

- Improvements in measures of patient outcomes and experience
- Reduction in admissions, less inappropriate medicines use, and more social prescribing
- Proportionate uptake of services across communities (including by those in less advantaged areas and with protected characteristics)
- Further engagement with target communities and with the voluntary and community sector
- Being recognised in the wider health and care system as an exemplar in co-production

4. Initial headline initiatives

The next phase of work will be about moving from strategy to delivery. As well as progressing all of the action points across the strategy, this will include focusing energy and resources on an initial set of five headline initiatives. These have been identified because they are of strategic importance, present opportunities to make a significant difference, span the ambit of the strategy and its goals, and resonate with the key messages from internal and external stakeholders. Their development so far has been underpinned by a co-design approach, and with content led by those with responsibility and expertise in the relevant areas. More detailed project development will continue this approach, with strong staff, stakeholder and community engagement and a focus on winning hearts and minds and culture change where appropriate.

For each of the initiatives, an initial description has been prepared setting out its:

- Aims and rationale
- Description of proposed activity/action
- Targeting
- Intended impacts
- Lead roles/responsibilities and partners

The five initial headline initiatives are:

It will be important to maintain interrelationships across the initiatives as they are an integrated set, not silos. So we will support linkages between the five areas and those working on them, and exploit opportunities to support them together where helpful, e.g. on communications, stakeholder engagement, sharing of learning and good practice.

Headline initiative 1: *Inclusive employment and progression*

Rationale and aims

We serve a wide and diverse population. Our workforce must, at all levels, represent that if we are to successfully deliver our services. Together this can impact on local population health and economies and support sustainable models of care. This action targets our recruitment and progression efforts at the people and places where we know we have gaps and barriers. Specifically, it aims to:

- Reach out to a wider pool of candidates and support them to gain employment with us, including by removing barriers and proactive engagement with target places and cohorts
- Enable progression for new and existing staff in lower paid roles and from diverse and less advantaged backgrounds

Description of proposed activity

This headline initiative involves four main steps:

- **Identifying the workforce areas and places that can trailblaze this approach.** The start point is to work with services to understand where our critical workforce challenges lie and any barriers to recruitment and to overlay that with data on diversity, demand and deprivation. That will give insight into where in our footprint we can best support local people to secure jobs in the Trust and at the same time address local demand and health inequalities. Simultaneous engagement with place partners, local authorities and the VCS in particular, will help us to prioritise an initial selection of locations where a new approach can be trialled alongside partners who are experts in delivering employment interventions and reaching diverse communities.
- **Designing our recruitment outreach approach.** A framework for how we will adopt and apply inclusive employment practices should be developed that includes how we:
  - Word job descriptions and adverts and advertise them widely and in accessible formats
  - Communicate our diversity of roles and opportunities and promote our values and great place to work ethos to attract and retain talented, compassionate people
  - Work in partnership and via our charities to reach candidates and be more visible locally
  - Use volunteering as a route into employment
  - Remove qualification and application bias and employ innovative interview techniques
  - Monitor and report on our impact and learn from others

  From this base, we will then develop localised recruitment plans that pinpoint how we will take forward a first wave of activity in identified locations.
- **Examine where entry requirements are holding back recruitment and progression.** Working with service leads, we will pinpoint specific entry level roles and how adjustments

can be made to formal qualification requirements – notably demands for GCSE English and Maths – whilst also ensuring non-negotiable essential standards are sought. This should be trailed as part of the localised recruitment activity set out in section b above. There are significant opportunities to collaborate with health system partners on this.

- **Pathways to progression.** Develop a suite of clear, communicable pathways to target lower paid roles. Use these in two ways for individuals from diverse and/or less advantaged backgrounds. Firstly, to demonstrate to potential candidates the range/scale of opportunity of working in the Trust. Secondly, to open up progression through promotion or additional responsibilities for existing staff. Back this up with proactive support such as mentoring, work shadowing, training opportunities and leadership development for front line managers.

Targeting

The short term initial focus will be on identifying and applying new and proactive recruitment processes in areas in the most deprived 20% that are close to or easily accessible from Trust sites with a good volume and range of appropriate employment opportunities. Having tested our approach we will, in the long term, roll out a place-based approach that targets the least advantaged communities across our geography.

Intended impacts and metrics

The core indicators and targets we will apply will cover:

- Increasing the diversity of our organisation in identified priority bands and roles
- Increasing the proportion of recruitment that stems from identified priority places
- Increasing the percentage of people who progress from lower paid roles and who live in parts of our geography that are in the 20% most deprived in England

Lead responsibilities, partners and engagement

Within the Trust

- The action will be led by the people directorate
- Overall responsibility will be with the chief people officer
- Significant interaction with directors of operations, nursing and medical on workforce needs; and the deputy chief executive/director of strategy and change on place partnerships for employment and skills support

Partnership and engagement

- Collaborate with our two ICSs to link this to system-wide workforce activity and to share practice on progressive employment
- Engage local authorities to understand and tap into employment and skills interventions
- Engage with the VCS to communicate the Trust's employment offer to a more diverse pool of candidates in target places and then to support people into employment with us
- Engage with the skills system to identify innovative approaches to addressing qualification based barriers to recruitment

Headline initiative 2: *Social value procurement*

Rationale and aims

Decisions about what to buy, how it is bought, and who it is bought from can make a big difference to local areas. This action is about procuring goods and services in ways which deliver increased social value, while still getting the right price and quality, along with good supply chain resilience, responsiveness and relationships. Specifically, it aims to:

- Heighten the social value that results from our procurement in the form of community, health and wellbeing, and environmental benefits
- Increase local procurement that supports local business and jobs and recirculates wealth

Description of proposed activity

This headline initiative involves three main steps:

- **Define the social value (SV) we will seek from suppliers and how it will be measured.** Building on national guidance and approaches we have already started to apply in tenders/contracts, we will further identify broad themes where we would seek benefits and suppliers should be able to make a difference. For each of these, a small selection of specific and where possible measurable benefits should be listed. Potential suppliers can then be asked about whether and how they will deliver any of these (or other benefits) through their company policies/practice and the goods/service supplied, with this monitored as work is delivered. This process could be done by collaborating with a body who has done the same already (e.g. Calderdale and Huddersfield NHS Foundation Trust, who work with Social Value Portal). Potential themes (and examples of measures for each) could include:
  - Health and wellbeing (e.g. health and wellbeing policies of suppliers, activity by the supplier to support mental health and wellbeing within the Trust's area)
  - Climate/environment (e.g. energy standards of goods, volume of waste associated with what is procured, transport impacts (e.g. food miles), net zero policies)
  - Workforce, skills and education (e.g. payment of real living wage to all employees, apprentices to be employed as part of large projects, help for local schools/colleges)
  - Community (e.g. action that supports local communities and those facing challenges)

  The task is to move from this illustrative position to a worked up and agreed one that can be applied in practice and monitored by the end of 2022.
- **Agree how the SV policy will be applied** to deliver the benefits sought. This should specify what types of contracts it should apply to (e.g. above a threshold value such as £50,000) and what % of scoring it should account for (e.g. 10% of total score). A short statement about SWYPFT values/goals in relation to SV procurement should also be included in tender documentation as standard – building on our existing practice in applying a sustainability value in tenders/contracts and aligning with national guidance.
- **Engage with existing and prospective local suppliers** (including via SMEs/VCS groups) to communicate what is required in the new policy and collate existing examples of good practice on SV by suppliers. This will help to connect work on SV with that to encourage use of local suppliers and procurement from social enterprises/SMEs.

Targeting

The focus is on creating social value in the communities we serve, principally in Barnsley, Calderdale, Kirklees and Wakefield, and especially for those facing disadvantage. Environmental and wider benefits will also be sought through seeking suppliers whose practice contributes to global sustainability, good employment, health and wellbeing. For local procurement, the primary focus will be on suppliers from Barnsley, Calderdale, Kirklees and Wakefield, with a secondary focus across West Yorkshire and South Yorkshire.

Intended impacts and metrics

The core indicators and targets we will apply will cover:

- Increasing the SV that stems from our procurement. Details of how we measure this will be defined as part of delivering this priority action, and will include measures that cover health and wellbeing, environment, workforce/skills, and community benefits – with suppliers asked to report on these where that is through or alongside delivery.
- Increasing the proportion of procurement[2] that is with:
  - suppliers within our primary local area (Barnsley, Calderdale, Kirklees, Wakefield)
  - suppliers within all of West Yorkshire and South Yorkshire
  - suppliers who are social enterprises or small and medium enterprises

  We will set a medium-term target for the scale of the increases once baselining of current spend has been carried out to inform target setting.

Lead responsibilities, partners and engagement

Within the Trust

- The action will be led by the head of procurement
- Overall responsibility will be with the director of finance, estates and resources
- All those involved in commissioning/procurement will have support roles
- Key interconnections include those with leads working on the environment and assets and responsive and inclusive services themes and actions
- Communication with staff should support awareness of our SV procurement approaches

Partnership and engagement

- There are collaboration opportunities with other local health bodies (e.g. ICSs/Boards who have adopted progressive procurement policies[3] such as shared approaches on measuring SV)
- Engage with local authorities in our core area to review/align with SV policies
- Engage with the VCS on defining SV and reducing barriers to VCS suppliers

2. Based on goods, services and infrastructure spend from our largest suppliers by value. There would be benefits in adopting the same spend analysis method used by others locally, such as Leeds Anchors network, West Yorkshire ICS or other health sector partners, as that would support benchmarking and collaboration.

3. e.g. with CHFT who have developed a social value policy and apply/monitor it through Social Value Portal.

Headline initiative 3: *Produce a costed net zero carbon road map*

Rationale and aims

The Trust has a significant environmental impact, including on carbon emissions. Our green plan commits us to reducing direct CO2 emissions by 80% by 2028 and to become net zero by 2040. Achieving this will be complex, challenging and will require evidence about how to deliver in practice and the resources required to do so. This headline initiative is focused on producing a costed net zero carbon road map that provides an evidence based plan for how the Trust can best deliver the actions needed to achieve our net zero ambitions.

Description of proposed activity

We will produce a costed road map for how the Trust can move to net zero carbon emissions by 2040, with milestones on the way to this, including for reducing direct CO2 emissions by 80% by 2028. Coverage will include scope 1 and 2 carbon emissions and all the relevant factors that influence these, including energy use and mix (including renewable energy generation), transport and resource use. It will also factor in any activity which offsets carbon emissions such as tree planting or any export of renewable energy generated.

Examples of measures that the road map could set out include:

- Reduce energy consumption across our estate through retrofit of buildings/investment in efficient technology, and high sustainability design specifications for any new build
- Proactive energy management, and behaviour change by staff to reduce energy demand
- Generation of renewable energy (including exploring potential around mine water heat)
- Enhancing the area/quality of green spaces and trees/woodland to act as carbon sinks
- Reducing waste and use of natural resources
- Reduce emissions from transport, including miles travelled by staff and service users, families, carers and friends; and those for logistics. Examples could include reducing travel demand (e.g. online meetings and appointments) and promoting sustainable modes of transport such as active travel, public transport and electric vehicles.
- Use of procurement policies and choices to reduce carbon footprint

Actions are likely to involve a combination of investment and behaviour changes, so winning hearts and minds, involving staff and good communication will be vital and underpin delivery. Some measures will also have a financial return on investment, and the plan will take this into account for different options to arrive at the most cost-effective way forward. Having suitable staff capacity in place to support the net zero road map and associated activity will be vital, hence this action includes the appointment of a green delivery lead to take forward and implement relevant work.

Targeting

The plan will be Trustwide in nature and cover emissions reduction across our sites and operations. Some of the benefits from implementation will be felt in the communities we serve e.g. reduced pollution from vehicles or enhanced green spaces. However, the prime benefits from playing our part to tackle the climate emergency will be global in nature. It will be important to involve staff in the plan as decisions and actions by individuals (e.g. on heating levels and transport choices) will be instrumental to success.

Intended impacts and metrics

The initial task is to complete a costed net zero carbon road map by October 2022. The road map will itself identify the metrics and milestones for how emissions will reduce between then and 2040 to meet the net zero target, associated with the measures that deliver them.

Lead responsibilities, partners and engagement

Within the Trust

- The action will be led by the associate director of estates and facilities
- Overall responsibility will be with the deputy chief executive/director of strategy and change, as well as at chief executive and Board level
- All staff have a role to play in delivering the plan through their decisions and actions, and staff involvement in the plan, and good communications with them, will be crucial
- Reflecting the above, the net zero road map and its delivery will involve teams across the Trust – it is not just the responsibility of estates and facilities

Partnership and engagement

- There are collaboration opportunities with other local partners who are working towards net zero, including health bodies and local authorities, both in preparing a net zero road map and the initiatives that may be covered within it. Opportunities include gaining insights from the Kirklees Climate Commission and the Barnsley route map to net zero, as well as opportunities linked to specific hospital trust and ICS green plans.
- Engagement with the VCS could help in identifying or delivering opportunities that could be part of the net zero road map.

"We can't do this by ourselves – we need to use our prime position to lead when it is right but also to influence and support others."

Headline initiative 4: *Cultural and creative collaborations*

Rationale and aims

Demand for our services is growing, and most starkly amongst less advantaged people and places, meaning that health inequalities are becoming more profound and entrenched. Culture and creativity can be vital levers in tackling this and helping people to reach their potential and live well in their communities. Through our existing partnerships, activity and linked charities, we already have assets that make a valuable contribution in this respect. This action focuses on delivering exemplar projects that will further utilise these assets and the potential of culture and creativity to support mental health and wellbeing and transform lives. Specifically, it aims to:

- Improve population (external) and staff (internal) health and wellbeing through take up of cultural and creative activities
- Enhance staff understanding of the positive impacts of culture and creativity leading to greater signposting of these to service users to prevent and treat conditions e.g. in social prescribing

Description of proposed activity

This headline initiative involves delivery of five culture and creativity demonstrators:

- **Reimagining Community Health Challenge.** In 2020, Creative Minds was selected to be part of a study by the University of Cambridge Institute of Sustainable Leadership commissioned by the Johnson & Johnson (J&J) Foundation to explore the role and opportunities of community health as a mechanism for delivering improved health and resilience in communities. Creative Minds was announced in summer 2022 as one of eight winners of a subsequent Europe-wide 'challenge' focused on different ways to empower communities to improve their health, set by Ashoka and sponsored by the Foundation, thereby:
  - » receiving a minimum prize award of £45,000
  - » being invited to explore the opportunity of a long-term partnership with the Foundation
  - » being part of building the first-of-its-kind network of Community Health innovators in Europe, embarking on a peer learning journey focused on scaling strategy, advocacy, and collective impact on achieving system change
  - » receiving workshops, peer exchange, expert pro bono support and mentoring, and system mapping provided by Ashoka and J&J partners
- **Staff creativity and wellbeing.** A new health and wellbeing practitioner post for one year will develop further opportunities for colleagues to participate in art/creativity as a way of supporting their resilience and mental wellbeing. As well as designing and co-producing a creative offer, a communications and engagement plan will raise awareness and share positive messages about the benefits of creativity in the workplace and in daily life. The project will leave a legacy of resources that enable managers and colleagues to actively promote physical and mental health and wellbeing initiatives.
- **Creativity and health app design.** Our staff are one of four groups testing a prototype app designed to provide people with online access to art and creative opportunities in their localities with a view to improving their health and wellbeing. This is an integral part of partnership work in Calderdale to demonstrate the impact of connecting art, culture and health that can be scaled across and beyond our geography once the concept has been proved.

- **Measuring the impact of culture and creativity in health.** A pilot project using and further developing existing projects and assets in Calderdale as a basis for increasing the visibility of creativity in health approaches; awareness of the benefits of creativity; and embedding creativity-based approaches in care settings, plans, pathways and communities. The project will monitor the impact of these approaches, include artists and people with lived experience, and link to our Recovery Colleges, Creative Minds and community partners.

- **Creative practitioners:** Creative Minds have two creative practitioners working across the Trust, one covering Calderdale and Kirklees and the other Barnsley and Wakefield. They are working directly with service users and their carers in in-patient and community settings and alongside community organisations to encourage staff and communities to get involved in creative approaches to supporting mental and physical health and wellbeing.

Targeting

Internally, targeting of creativity activity will include work with established staff networks such as for those for staff with a disability and with BAME backgrounds. Trials of the app will be open to all staff. Externally, targeting will be led by those already active in relevant communities and will include a focus in Calderdale for action to enhance the visibility of cultural/creative approaches.

Intended impacts and metrics

The core indicators and targets we will apply will cover:

- Increased staff engagement in creativity and cultural based wellbeing initiatives
- Improvements in staff wellbeing (recorded through staff surveys)
- Associated benefits for stress reduction, morale, productivity and absenteeism
- Greater community uptake of creative activities as a result of more creative referrals from social prescribing link workers
- Improved health outcomes in users and in targeted populations (e.g. in Calderdale)

Lead responsibilities, partners and engagement

Within the Trust

- These actions will be led by Creative Minds and the Trust's integrated change team
- Overall responsibility sits with the deputy chief executive/director of strategy and change
- Significant interaction across Creative Minds, Recovery Colleges, and linked charities
- Other key internal linkages will include teams/practitioners involved in operational delivery, social prescribing, occupational health, and in relevant external partnerships
- Open to, involve and depend on staff participation, so proactive staff communication is key

Partnership and engagement

- Relevant VCS and cultural groups and artists
- Local authorities, notably in Calderdale regarding relevant specific activities
- Peer led community groups that encourage participant to take ownership

Headline initiative 5: *Social prescription and medicines optimisation*

Rationale and aims

The College of Medicine's Beyond Pills campaign calls for Government intervention on over-prescribing, as nationally 10% of prescribed drugs are unnecessary and may cause harm.[4] There can be health, wellbeing and equalities benefits, as well as waste and environmental ones, from avoiding and addressing over-prescription. Social prescribing can provide an effective alternative and involves referring people to a range of local, non-clinical services to support their health and wellbeing, using link workers as part of a holistic approach. There is already good practice to build on locally; excellent links to the Trust's work on culture and creativity including via our linked charities and Recovery Colleges; and scope for a more integrated approach that is rolled out widely.

Description of proposed activity

The activity has two interconnected strands: medicines optimisation and social prescribing.

Medicines optimisation activity will involve:

- Agreeing policy and approaches on when and how best to reduce inappropriate medicines use.
- Implementing work to help those already taking medicines to reduce this where beneficial, including structured medicines review, deprescribing and reducing polypharmacy.
- Taking advantage of alternatives to medicines where appropriate (e.g. social prescribing) for those who are not yet taking medicines, or as complementary approaches.
- Reducing environmental impact and waste associated with what medicines are prescribed and how they are used, including from production and transport to use and disposal.

Social prescribing activity will involve:

- Identifying a best practice approach to adopt, including focus on supporting individuals to take greater control of their own health. The role of link workers is central to this in looking at the whole of the person's life (e.g. housing, benefits, debts, social care, equalities/discrimination issues) rather than just a medical/illness/conditions based perspective.
- Mapping social prescribing activity across the Trust's core area, including that led by the Trust in Wakefield in partnership with the local authority, Nova and others; as well as other approaches that are in place in Barnsley, Calderdale and Kirklees.
- Collaborating with local partners across the area to develop a joined-up picture and policy for promoting and delivering social prescription, with the Trust having an oversight role, taking a lead in promoting the approach, and in delivering it where appropriate.
- Identifying a wide and high quality range of support/activity/partners to refer to and working to ensure that there is good and open cross-referral across all partners – including strong connections to recovery colleges and cultural and creative bodies.

4. https://www.gov.uk/government/publications/national-overprescribing-review-report

- Ensuring that green social prescribing is a prominent and increasing component of the available offer, e.g. including green space, nature, gardening and horticulture.
- Establishing a social prescribing offer to support staff wellbeing, including designing, integrating and implementing creativity and creative approaches.

Targeting

The action will seek to ensure that high quality, joined-up social prescription offers are in place across Barnsley, Calderdale, Kirklees and Wakefield, whoever they are provided by. As evidence shows that those who are older, living in disadvantaged areas, from BAME communities, or who have learning disabilities are more likely to be overprescribed, these groups should be prominent amongst those who benefit. More widely, medicines optimisation approaches should be targeted to maximise benefits for individuals and the environment, as well as to deliver financial savings.

Intended impacts and metrics

The intended benefits and measures which should be used to track them should include:

- Reduction in inappropriate medicines use
- Reduction in polypharmacy
- Increased number of people supported through social prescribing
- Percentage of beneficiaries who say that the approach has met their needs/helped them
- Reduced admissions
- Reduced waste (and associated reduction in carbon emissions and costs)
- Benefits for staff wellbeing, retention and recruitment

Lead responsibilities, partners and engagement

Within the Trust

- Action on medicines optimisation will be led by the chief pharmacist and an overall lead will be identified on social prescribing across the Trust to back up current localised roles/ practice
- Overall responsibility for medicines optimisation will be with the medical director and the drug and therapeutics committee would oversee the action plan; the deputy chief executive/director of strategy and change will be the senior lead on social prescribing
- All staff involved in decisions about prescriptions and treatments have a role to play, as well as those working with local and community partners; communication with all staff will be important
- Staff will also be able to benefit via social prescription and links to employee wellbeing, connected to occupational health
- Close links will be maintained with those working on creative and cultural and net zero carbon/environmental action areas as there are helpful interlinkages with both

Partnership and engagement

- Collaboration with local authorities/public health teams and their local social prescribing approaches and resources will be important in achieving a joined-up approach
- Partnership with a wide range of voluntary and community sector groups who can provide services/offers that support social prescribing will be important
- Medicines optimisation links include health bodies who influence medicines use/ management such as community pharmacies, primary care networks, learning disability services and CCGs
- Using sounding mechanisms with new patients being prescribed medications and those who have been on them a while to discuss how we can try to reduce/cut their medication
- Communication with the public and service users will be important to raise awareness of and gain support for medicines optimisation and social prescribing

"Culture and creativity are vital routes for diverse engagement with our communities, they can open up so many avenues for improving people's health and wellbeing and transforming lives."

5. Measuring our success

We will keep track of the actions we take and the difference that they make by reporting against a suite of quantitative indicators, mapped against the five areas of activity. The schematic below sets out examples of the measures we will use.

Activity areas (and related strategic objectives)	Measures of progress
Employer / people (Make this a great place to work)	• % of employees/recruits who live in Trust area • % of local employees living in areas in the most deprived 20% in England (based on IMD data) • % of BAME employees • % of employees paid the Real Living Wage • Number of apprentices employed • Number of vacant posts • Staff retention rate • Staff progression (metric tbc – e.g. % from deprived areas and % who are BAME gaining a promotion) • Workplace health and wellbeing perceptions - based on % agreeing with statements in NHS staff survey on: » Does your manager take a positive interest in your health and wellbeing? » Does your organisation take positive action on health and wellbeing? • Wider 'Great place to work' metrics
Procurement (Improve resources)	• Value/% of procurement from Trust area suppliers • Value and % of procurement with social enterprises and with SMEs • Social value arising from procurement (metrics tbc)
Environment and assets (Improve resources)	• Total carbon emissions and reduction on previous year (tonnes and %) • Volume of waste (tonnes) • Business car mileage and associated emissions • Active travel (number of cycle/walk journeys and mileage) • Quality of and benefits from our green spaces
Responsive and inclusive services (Improve care, Improve health)	• Measures of patient outcomes and experience • Proportionate uptake of services by communities (including those in disadvantaged areas and from minority ethnic backgrounds) • Reduced admissions and inappropriate medicines use • Increase in social prescribing
Partnerships, culture and civic role (All strategic objectives)	Qualitative measures based on: • Strength of key partnerships and relationships • Staff feel empowered and are aware of support and involved in relevant activity • Engagement with target communities and VCS sector

Outcomes

- More and better jobs
- Reduced poverty and deprivation
- Opportunity across all communities
- Growing businesses and social enterprises
- Progress to net zero targets
- Resilient places and communities

Impact

- Improved health and wellbeing
- Reduced health inequality

By affecting determinants of health and wellbeing such as income, good jobs, a clean environment and supportive communities, the actions we take will contribute to longer term and strategic goals at societal level, such as reducing health inequalities. It is hard to measure this contribution exactly as so many other factors are involved in shaping those outcomes. However, alongside specific metrics, the table illustrates the type of contributions that would be expected.

The metrics listed here are complementary to and will dovetail with other monitoring that already takes place within the Trust, for example on workforce and diversity. Wherever possible, monitoring of beneficiaries across the measures described in the table will include demographic details that allows impact on inequalities and protected groups to be measured, especially where there are known gaps or inequalities.

The table sets out specific indicator measures to track progress where possible, as well as some areas where precise metrics will need to be defined based on further exploration of what data is available or can be assembled within SWYPFT. This exercise, and work to provide baseline numbers for each indicator, as well as around Headline Initiative progress measures should be completed in 2022. Once data is collated and further work has been done on the detail, scale and timing of actions, targets or other metrics on anticipated changes and impacts could be developed where this would have value.

It should be noted that although the metrics are presented for each of the five areas, as with the areas themselves, they interconnect. For example, progress on environment and assets measures will often be as a result in changes in policy and action in the other areas, such as resulting from changes in procurement or the way services are delivered.

As not everything that counts can be measured, we will also use qualitative approaches to assess progress towards some aims. Examples of these are set out under the partnerships, culture and civic role heading in particular. Specific ways to track these that provide qualitative insights and allow assessment of progress over time should be developed as further detail on the baseline is produced. For example, measures on the strength of partnerships could be based on an annual discussion at forums bringing together the Trust with health, local authority and voluntary and community sector partners to discuss how well partnership arrangements and collaboration are working and whether they are improving.

Finally, links should be made between the metrics framework presented here and the baselining and future ambition setting process conducted as part of our progression framework review (see annex A). Increases in scores on framework measures and positive changes in action and approaches could be used as part of a metrics framework alongside the measures included here. Both should be updated at regular interviews (e.g. annually for metrics indicators) and presenting updates in tandem will help in presenting a full and integrated picture of progress.

"We need to understand people's stories – they vary so much and we can't assume they will be the same when we are designing and delivering our services."

Annex A: Progression framework review baseline and ambitions

The Trust completed its first 'progression framework' self-assessment review between 18 February and 1 March 2022. This is a tool devised and developed by Les Newby and Nicky Denison to help anchor organisations review their position and set future ambitions and actions. It has been applied in a range of anchor organisations, including in the Leeds Anchors Network and in a spread of NHS organisations in England and Scotland. The table below presents results from the Trust's baseline progression framework review and how these compare to the average scores for ten other anchor organisations who recently completed reviews.

Scores on all criteria are allocated on a scale of 1-4, where 1 represents minimal performance in this area and 4 is best practice. Scoring on each criterion is based on a guided self-assessment process and provides a broad indication of the position rather than a precise and verified measure. The scoring is used to facilitate benchmarking and tracking of future progress, but its prime value is as a process which prompts internal discussion and thinking at a senior level and as a route to identify and catalyse future action to make progress as an anchor organisation on a journey of change.

Progression framework (PF) dimensions and themes	Benchmark - current position*	SWYPFT Current position	SWYPFT Future ambition	SWYPFT Change journey
Employer	**3.2**	**3.3**	**3.7**	**0.4**
Recruitment	2.9	3.2	4.0	0.8
Pay and conditions	3.2	2.5	2.8	0.3
Training and development	2.9	3.3	4.0	0.7
Healthy workplace	3.7	4.0	4.0	0
Procurement	**2.3**	**2.1**	**3.1**	**1.0**
Local supply chain	2.4	2.0	3.0	1.0
Social value	2.2	2.2	3.2	1.0
New developments	2.4	2.0	3.0	1.0
Environment and assets	**2.7**	**2.5**	**3.3**	**0.8**
Climate, targets, policy and management	2.8	2.0	3.0	1.0
Energy and waste	2.6	2.8	3.3	0.5
Transport, built and natural environment	2.4	2.7	3.5	0.8
Estate, design and community benefit	2.8	2.5	3.3	0.8
Service delivery	**2.8**	**2.7**	**3.8**	**1.1**
Reach disadvantaged communities	2.8	2.5	4.0	1.5
Links to community anchors	2.8	3.0	4.0	1.0
Links to local business and education	2.9	2.5	3.3	0.8
Corporate and civic	**3.1**	**2.4**	**3.3**	**0.9**
Inclusive anchor commitment	2.9	2.2	3.0	0.8
Collaboration	3.3	2.5	3.5	1.0

*The benchmark scores are based on the mean scores from ten anchor organisation PF reviews completed in 2021 and 2022. It should be noted that most of these organisations had already been working to deliver benefits as anchors for a year or more and hence the scores are relatively high.

Main points that emerge from the benchmarking analysis are:

- Overall *current* scores across most dimensions (except employer), and the themes within them are typically between 2-3, which represents modest to good performance. That is a reasonable starting point and shows a mixture of positive action and scope to do more.
- The scores – and hence policy and practice – within the Trust are generally just below the benchmark scores for anchor organisations. That is unsurprising given that the Trust is near the beginning of its anchor journey. However, the Trust's ambitions in all but one of the areas where it is significantly (0.4 or more) behind the benchmark is to surpass that benchmark in the future.
- There is significant variation across some of the dimensions covered. While three of them – environment and assets, service delivery and corporate and civic – have broadly similar current positions (scores of 2.4 to 2.7), the starting position for procurement is a little lower (2.1) while that for employment is notably higher (3.3). This pattern is typical for other anchors too.
- The Trust has ambitions to make considerable progress across most of the areas covered in the review, and is aiming to have policies, approaches and practice that would be rated as good and often moving towards best practice across all five dimensions of the progression framework.
- The overall scale of change journey is greatest for the service delivery dimension (+1.1) but is also sizeable for all other dimensions except employer, which has a higher current baseline and therefore less potential for change. The emphasis instead for the employer is on cementing strong practice and stretching to best practice behaviour.

There is benefit in repeating the progression framework assessment process at regular intervals (12-18 months apart) in the future to track and manage the progress being made towards our ambitions; to shine a light on good practice coming through as a result of action to deliver our commitment to social responsibility and sustainability; and to identify opportunities and actions to further make a difference for people, places and the environment.

Annex B: Equality Impact Assessment

Date of EIA: June 2022

Completed by: Tony Wright and Sue Barton

Questions	Answers and actions
1. What is being assessed? Prompt: what is the function of this document (new or revised)	A new Trust strategy for Social Responsibility and Sustainability
2. Description of the document Prompt: What is the aim of this document	This Social Responsibility and Sustainability Strategy aims to use the levers we have to maximise the benefits SWYPFT delivers to local people, communities and places, especially those facing challenge and disadvantage. The strategy makes clear that: The strategy makes clear that those facing 'challenge and disadvantage' include both those who fare worst in terms of health inequalities and economic/financial indicators (e.g., around employment and pay), and those who face disadvantage or challenges due to discrimination or other factors to do with their protected characteristics, for example ethnicity, age, disability, gender or sexual orientation. The strategy is about building on the Trust's core and current activities and roe as an 'anchor organisation' rooted in the areas we serve, and strengthening the positive impact that comes from our: • partnerships, culture and civic role • role as an employer • procurement of goods and services • management of environmental impacts, our estate and assets • engagement with less advantaged and diverse communities to maximise the responsiveness, value, inclusiveness and uptake or our services Doing so will deliver social, economic, and environmental benefits and reduce health inequalities. SWYPFT already has policies and approaches in place that support these goals, including through our Green Plan; our Equality and Inclusion Action Plan; and our Equality, Involvement, Communication and Membership Strategy. This strategy builds on and integrates with these and adds value where opportunity arises but avoids duplication. The way in which it was produced and will be delivered – with wide input from internal stakeholders and external partners – aligns with our principles and values.
3. Lead contact person for the Equality Impact Assessment	Tony Wright – Change Improvement Manager

Questions	Answers and actions
4. Who else is involved in undertaking this Equality Impact Assessment	Deputy Director of Strategy & Change Equality and Involvement (E&I) Manager E&I Project Officer Communication, Involvement, E&I Lead Head of Marketing and Communication Director of Strategy and Change Non-Executive Director
5. Sources of information used to identify barriers etc Prompts: service delivery equality data – refer to equality dashboards (BI Reporting - Home sharepoint.com) satisfaction surveys, complaints, local demographics, national or local research & statistics, anecdotal. Contact InvolvingPeople@swyt.nhs.uk for insight What does your research tell you about the impact your proposal will have on the following equality groups?	**Sources of information** **Data in relation to our communities** We have considered population statistics for our localities in respect of race equality, disability, gender, age and sexual orientation, religion and belief, marriage and civil partnership from census data. We also have access to JNA and public health profiles for our localities – links identified below last accessed June 2022 Joint Strategic Needs Assessment (JSNA) (barnsley.gov.uk) Joint Strategic Needs Assessment (JSNA) | Calderdale Council Kirklees Joint Strategic Assessment (KJSA) | Kirklees Council www.wakefieldjsna.co.uk Equality Impact assessment for Mental Health services dated 10.06.22 https://www.learningdisabilitytoday.co.uk/half-of-all-people-in-poverty-in-the-uk-are-disabled-or-carers (https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1019475/good-for-you-good-for-us-good-for-everybody.pdf) **Data in relation to our Workforce** We have considered data in relation to our workforce, link below (last accessed June 2022) https://swyt.sharepoint.com/sites/Equalityandinvolvement/SiteAssets/Forms/AllItems.aspx?id=%2Fsites%2FEqualityandinvolvement%2FSiteAssets%2FSitePages%2FCompleting-a-service-EIA%2FWorkforce-data-for-EIAs%2Epdf&parent=%2Fsites%2FEqualityandinvolvement%2FSiteAssets%2FSitePages%2FCompleting-a-service-EIA **Insight from a range of people** Between January and June 2022, the Trust undertook a huge engagement plan involving interviews with numerous key placed based external partners such as neighbouring LA's, NHS and the voluntary and community sector and beyond. This has enabled us to understand their structures, priorities and the role they see us playing in contributing to their distinct needs and opportunities.

Questions	Answers and actions
Question 5 continued	There was also extensive internal consultation focusing on the 5 key themes: - partnerships/culture and civic, people and employer, procurement, environment and assets and responsive and inclusive services. As part of the internal consultation, we met with established focus groups such as EMT, the Trust Partnership Forum, the Trust Volunteer bank and the Trust Members Council and have held open staff forums. We have spoken extensively with representatives from the Trust Charities. We recognise that this is the start of a dialogue that will continue as this strategy moves into implementation, understanding that it is in places that our greatest influence and impact on social responsibility and sustainability will be seen and felt. We will use our relationships and conversations with our communities to further understand the specific actions we can take to have the biggest impact. The Carers network and staff network groups representing those with protected characteristics within the Trust, will all be invited to input and contribute as the actions are worked up to inform delivery. **What this research has told us** The communities we serve: • In all communities the 2011 census tells us there is on average across all areas a 1% difference in the population reported as male and female, with female reporting higher. • Across all ages Calderdale has the highest 0-15 population at 19.6% and Barnsley has a higher working age population 30-44 at 26% and older population 60+ at 23.8%. • Christianity and Islam respectively are both the highest reported religion and belief. • We know that White British people make up 87% of our region's local authority population, more than the England average of 81%. The other main minority groups include Black or Black British people comprised 1%, less than the England average of 3%, while Asian or Asian British people comprised 8%, the same as the England average (2011 census). The local authorities with the largest proportions of Asian people are Kirklees (16%) and Calderdale (8%). This profile is likely to change significantly over the next 20 years with BME groups accounting for almost 80% of the UK's population growth (Policy Exchange, 2014). • We know that those who report having a disability that impacts them a lot is higher than the census 2011 national average of just over 4% in our local areas range from 8% to over 13% in the communities the Trust cover. **Our workforce** • The Trust currently employs 4,594 staff delivering a range of services including mental health, learning disability, forensic, some physical health and an extensive range of community services.

Questions	Answers and actions
Question 5 continued	• The Trust has seen a decrease in new starters compared to the previous year (611 compared with 664) and an increase in staff leaving, 650 this year compared to 543 leavers the previous year • The Trust staff profile has a comparable White British representation to the local demographic of the people that it serves collectively at just under 89%. Mixed race staff are under-represented by 0.05%, Black staff are over-represented by 2.40% and South Asian staff are under-represented by 2.67%. However, the Trust's local demographic has large variation in BAME representation and there is a significant under representation of South Asian staff in Kirklees/ Calderdale (exact figures not available due to mixed teams) • There continues to be improvements in the number of staff reporting their religion and sexual orientation. Currently 82% of staff have provided data regarding their religion and 86.4% of staff have provided data indicating their sexual orientation. • Gender – stable at 21% male 79% female – this is indicative of all NHS bodies. • The data shows that 38.9% of Trust staff are aged 50 or over. The Trust is mindful that staff are choosing to work longer, and an older workforce may require consideration from a health and wellbeing perspective regarding initiatives and support to maintain them in employment. **We therefore:** • Have developed a strategy to have a positive impact on all groups but with a particular focus on reducing inequalities for disadvantaged groups. • Have used our increased understanding of the structures, priorities, roles and relationships in each place to develop this strategy • Have opened up a dialogue with a wide range of people and groups which will continue as this strategy moves into implementation • Will use and strengthen our current relationships with communities to have conversations with our communities, particularly those who are disadvantaged. This will mean we can further understand the specific actions we can take to have the biggest impact. • Have identified specific actions to address how representative our staff profile is in relation to the communities we serve.

Questions	Answers and actions
5a. Disability Groups: Prompt: Learning Disabilities or Difficulties, Physical, Visual, Hearing disabilities and people with long term conditions such Diabetes, Cancer, Stroke, Heart Disease etc. Accessible information standard NB this includes data on groups who have mental health problems	**Data in relation to our communities** Day to day activities limited by disability Taken from 2011 census for each area England average Not at all - 47.2% A little - 13.2% A lot - 4.2% Kirklees average Not at all - 45.5% A little - 12.5% A lot - 13.7% Barnsley average Not at all - 76.1% A little - 11.3% A lot - 12.6% Calderdale average Not at all - 56.5% A little - 12.2% A lot - 13.8% Wakefield average Not at all - 77.93% A little - 9.33% A lot - 8.31% This data indicates that we have a higher than national average proportion of people whose day-to-day activities are limited 'a lot' by their disability. From the evidence we have considered, we also know that • People with autism and/or learning disabilities have much higher rates of mental health illness than the general population. • More than one in four LGBT disabled people (28 per cent) have self-harmed compared to 11 per cent of LGBT people who are not disabled. • People with long-term health conditions are two to three times more likely to experience mental health problems, with anxiety problems or mood disorders being particularly common. • In average, adults in England with a learning disability or autism face significant health inequality, poorer access to healthcare and die 16 years earlier than the general population. • Diagnostic overshadowing: mental health concerns can be wrongly perceived as being part of another condition, leading to difficulties accessing the right help for people with learning disabilities.

Questions	Answers and actions
Question 5a continued	• Across all places in West Yorkshire and Harrogate we have consistently higher number of adults with learning disability receiving long term support from Local Authorities, when compared to the rest of England. Yet as a proportion, fewer have a health-check with their GP, and more are likely to be involved in safeguarding enquiries. • Co-morbid mental health problems have a number of serious implications for people with long-term conditions, including poorer clinical outcomes and lower quality of life. • It is estimated that for people with SMI, 2 in 3 deaths are due to physical illnesses such as cardiovascular disease (CVD) and can be prevented. Recent analysis by PHE found that younger adults with SMI are 5 times more likely to have 3 or more physical health conditions compared to younger adults overall. • Compared with the general patient population, patients with severe mental illnesses are at substantially higher risk of obesity, asthma, diabetes, chronic obstructive pulmonary disease (COPD) and cardiovascular disease and make more use of urgent and emergency care. • Research has found that as many as nine out of ten people with mental health problems have experienced stigma or discrimination at one time of their life (either at work, in education, from professionals or at home). Experiencing stigma and discrimination can have a highly detrimental impact on those with mental health problems, creating further and significant barriers to accessing a good quality of life and achieving wellbeing. • People with mental illness are more likely to have higher rates of incarceration, unemployment, homelessness, poverty and experience social isolation. **Data in relation to our Workforce** The data shows that 8.4% of our staff consider themselves to have a disability, which is an increase from the previous year's figure of 6.4%. The total number of disabled staff is 384, this is an increase of 92 since last year. Staff survey data shows that disabled staff generally report a worse experience with regards to violence, bullying and harassment at work than non-disabled colleagues, however, the 2021 survey indicates improvements have been seen across all areas. **We therefore:** • Understand that, as an organisation we can play a significant part in addressing the health inequalities which are set out above. We have identified how we will take specific actions to do this in the actions contained within the strategy. This includes » How our services, which are focused on the principles of recovery and co-production, can work with the strengths of each person and those of their carers and wider community.

Questions	Answers and actions
Question 5a continued	» How we use our services that promote health-producing communities and prevention through supported self-care, recovery focused approaches, peer support and community involvement, volunteering and supported employment to maximum effect » Using the fact that most of the care we provide is delivered in local communities • Have identified within the strategy the assets that the organisation has to help address health inequalities and how we will make the most of these • Will be targeting work on identifying and applying new and proactive recruitment processes in areas in the most deprived 20% that are close to or easily accessible from SWYFT sites. Evidence shows that a disproportionately high number of people with disabilities live in deprived areas (42% of people living in families that rely on disability benefits are in poverty) and hence focusing on these areas will help to recruit and support more people with disabilities. • Action on social prescription and medicines optimisation is intended to benefit people with disabilities as evidence shows this group is one of the most affected by over prescription.
5b. Gender: Prompt: Female & Male issues should be considered Question – (staff) Question – (wider community)	**Data in relation to our communities** Taken from 2011 Census data England average Male - 49.2% Female - 50.8% Kirklees average Male - 49.4% Female - 50.6% Barnsley average Male - 49.1% Female - 50.9% Calderdale average Male - 48.9% Female - 51.1% Wakefield average Male - 49% Female - 51% In Wakefield, the rate of male suicide is 22.3 per 100,000 (2018-20), this is higher than the England average (15.9). Female suicide rate is 10.3 per 100,000, this has seen a very sharp increase over the last few years (2.6 in 2015-17). The current England average is 5.0. From the evidence we have considered, we also know that • Women have higher rates of depression than men. • Eating disorders (such as anorexia, bulimia, and others) are serious mental disorders that often develop in adolescence when people are developmentally sensitive. These conditions mainly affect females (90%)

Questions	Answers and actions
Question 5b continued	• Women are more likely than men to develop PTSD after a traumatic experience. • Men are less likely to be referred to IAPT services, and to enter IAPT treatment, than women. • Men are 32% less likely than women to visit the doctor – particularly during working age. • Women with dementia have fewer visits to the GP, receive less health monitoring and take more potentially harmful medication than men with dementia. • Women are at particular risk of staying on antipsychotic or sedative medication for longer, *probably due to the lower number of appointments where their treatment can be reviewed. • Men make up 75% of all death by suicide and it is the biggest cause of male death under 50. • Suicide is the leading cause of death in females between the ages of 5 and 34. • Men are also nearly three times more likely than women to become alcohol-dependent (8.7% of men are alcohol-dependent compared to 3.3% of women). **Data in relation to our Workforce** 21% male 79% female – this is reflective of all NHS bodies **We therefore:** *Have identified a headline initiative on social prescription and medicines optimisation and will feed in the data on the gender differences in prescribing, to this work and to the support offered through holistic social prescribing.
5c. Age: Prompt: Older people & Young People issues should be considered Question – (staff) Question – (wider community)	**Data in relation to our communities** Taken from 2011 Census data England average 0-15 18.9%, 16-29 18.6%, 30-44 20.3%, 45-64 22.4%, 65+ 16.9% Kirklees average 0-15 15.8%, 16-29 18.5%, 30-44 20.3%, 45-64 22.2%, 65+ 15.8% Barnsley average 0-15 18.5%, 16-24 10.8%, 25-44 26%, 45-59 20.9%, 60+ 23.8% Calderdale average 0-15 19.6%, 16-29 16.4%, 30-44 20.1%, 45-64 24.2%, 65+ 16.6% Wakefield average 0-15 18.4%, 16-29 17.2%, 30-44 19.6%, 45-64 24.2%, 65+ 17.6%

Questions	Answers and actions
Question 5c continued	The Trust provides services to children and young people through to older age adults. The table reflects the population age of the communities the Trust serve and there is increasing evidence that Barnsley represent a higher-than-average older population and Calderdale a higher-than-average age range of 0-15 age range. From the evidence we have considered, we also know that • Around 10% of older people experience loneliness which can be a symptom cause of depression. • One in eight 5- to 19-year-olds had at least one mental health problem. • Demand for support for eating disorders has risen dramatically over the course of the last year. The number of young people completing an urgent pathway for eating disorders has increased by 141 per cent between quarter four in 2019/20 and quarter one in 2021/22. • The rate of probable mental disorder has increased in five-to-16-year-olds, from one in nine in 2017, to one in six in 2020. • Older people are underrepresented in talking therapies. Older people are a fifth as likely as younger age groups to have access to talking therapies **but six times as likely to be on medication.** • Lack of adequate mental health support in schools for children and young people. • Referrals to children's mental health services are up 134% in 2021 from 2020 nationally and emergency crisis care presentations are up 80%. • On average more young people in Yorkshire have mental health disorders than the rest of the country and the same is true regarding school pupils with emotional and mental health needs. And we also have slightly more pupils with a learning disability. • Barnsley's 2017/18 emergency hospital admissions rate for intentional self-harm per 100,000 10-24 years population (695.2) is significantly higher than the England rate of 421.2 per 100,000. • In Wakefield, for children aged 15-19 the rate of self-harm is high and increasing; 775.6 per 100,000 in 2021, an increase from 692.9 in the previous year and higher than the national (664.7) and regional (608) averages in 2019/20. **Data in relation to our Workforce** 38.9% of Trust staff are aged 50 or over

Questions	Answers and actions
Question 5c continued	**We therefore:** • Have identified a headline initiative on social prescribing and medicines optimisation and will feed in the data on the age differences in prescribing to this work. This will include structured medicines use reviews, which will be expected to particularly benefit older people given that this group is far less likely to have access to talking therapies than younger age groups and six times more likely to be on medication. • Will ensure that within our work on culture and creativity we consider how we can target some work towards younger people
5d. Sexual orientation: Prompt: Heterosexual, Bisexual, Gay, Lesbian groups are included in this category	**Data in relation to our communities** From the evidence we have considered, we also know that: • Bisexual people are consistently reported to suffer poorer mental health than any other sexual orientation group. • A 2018 report from Stonewall found that 48% of LGBT people aged 18-24 said they had deliberately harmed themselves in the last year. • 52% of LGBTIQ+ have experienced depression • Non-binary people and trans people are also more likely to have felt that life was not worth living, 64 per cent and 60 percent, respectively. • 68 per cent of LGBT+ young people said that their mental health had worsened since the pandemic, compared to 49 per cent of their non-LGBT+ peers. • The Kirklees Joint Health and Wellbeing Strategy reports LGBT+ young people (aged 11-17) worry more than non-LGBT+ young people and demonstrate higher levels of risky behaviour in Kirklees. • In the 2018 Community Mental Health Survey LGB patients were less likely to rate their overall experience as 7 or above (48% vs 64% for heterosexuals). • LGB people experience poorer recovery outcomes in IAPT services than their heterosexual counterparts. • The rates of suicide are higher in the LGB population compared to their heterosexual counterparts. **We therefore:** • Will ensure that our work to tackle health inequalities considers the above information. • Our approach on medicines optimisation and social prescription is expected to have particular benefits for LGBT+ people given that they are disproportionately affected by poor mental health, and that action will take a holistic approach that supports individuals by looking at the whole of the person's life (e.g., housing, benefits, debts, social care and equalities/discrimination issues) rather than just a medical perspective.

Questions	Answers and actions
5e. Religion & Belief: Prompt: Main faith groups and people with no belief or philosophical belief issues should be considered	**Data in relation to our communities** Taken from 2011 Census data England average Christian 71.8%, Buddhist 0.3%, Hindu 1%, Jewish 0.5%, Sikh 0.7%, Muslim 10.1%, Other 0.2%, No religion 15.1% Kirklees average Christian 67.2%, Buddhist 0.2%, Hindu 0.3%, Jewish 0.1%, Sikh 0.7%, Muslim 10.1%, Other 0.2%, No religion 14% Barnsley average Christian 59.4%, Buddhist 0.5%, Hindu 1.5%, Jewish 0.5%, Sikh 0.8%, Muslim 5%, Other 0.4%, No religion 24.7% Calderdale average Christian 60.6%, Buddhist 0.3%, Hindu 0.3%, Jewish 0.1%, Sikh 0.2%, Muslim 7.8%, Other 0.4%, No religion 30.2% Wakefield average Christian 66.4%, Buddhist 0.16%, Hindu 0.25%, Jewish 0.04%, Sikh 0.12%, Muslim 2.0%, Other 0.3%, No religion 24.4% This data tells us that Calderdale and Kirklees require a focus on Muslim faith, with Christian faith representing a large proportion of people who use our services in all areas. From the evidence we have considered, we also know that: • Those who identified with no religion were significantly less likely to be satisfied with their health than those who identified as Christian, Hindu, or Jewish. • The presence of religious faith is associated with greater hope, increased sense of meaning in life, higher self-esteem, optimism and life satisfaction. • People of the Muslim faith experience poorer recovery rates in IAPT services than any other faith group. **We therefore:** Will ensure that our work to tackle health inequalities considers the above information

Questions	Answers and actions
5f. Marriage and Civil Partnership Prompt: Single, Married, Co-habiting, Widowed, Civil Partnership status are included in this category	**Data in relation to our communities** Taken from 2011 Census data England average Married 46.6%, Single 34.6%, In a [registered] civil partnership 0.2%, Divorced 9.0%, Widowed 6.9%, Separated 2.7% Kirklees average Married 48.4%, Single 32.4%, In a [registered] civil partnership 0.2%, Divorced 9.3%, Widowed 6.8%, Separated 2.8% Barnsley average Married 46.6%, Single 34.6%, In a [registered] civil partnership 0.2%, Divorced 9.0%, Widowed 6.9%, Separated 2.7% Calderdale average Married 46.7%, Single 32.1%, In a [registered] civil partnership 0.3%, Divorced 10.5%, Widowed 7.3%, Separated 3.0% Wakefield average Married 48.2%, Single 30.9%, In a [registered] civil partnership 0.18%, Divorced 10.5%, Widowed 7.5%, Separated 2.6%
5g. Pregnancy and Maternity Prompt: Currently pregnant or have been pregnant in the last 12 months should be considered	**From the evidence we have considered, we also know that:** • Around one in four women experience mental health problems in pregnancy and during the 24 months after giving birth. • 5-10% of fathers experience mental health difficulties during the perinatal period. • The Confidential Enquiry into Maternal Deaths and Morbidity shows that suicide remains one of the leading causes of maternal mortality in the UK.
5h. Gender Re-assignment Prompt: Transgender issues should be considered	**From the evidence we have considered, we also know that:** Transgender people frequently experience prejudice and lack of understanding when accessing services. **We therefore:** Will ensure that our work to tackle health inequalities considers the above information

Questions	Answers and actions
5i. Carers Prompt: Caring responsibilities paid or unpaid, hours this is done should be considered	**Data in relation to our communities** Within the local footprint of South West Yorkshire Partnership NHS Foundation Trust, there is an estimated 160,000 unpaid carers. From the evidence we have considered, we also know that: • The 2018 GP Patient Survey showed how 21% of young adult carers (aged 16-24) in West Yorkshire and Harrogate are almost twice as likely to live with a long-term mental health condition, compared to 13% of non-carers within the same age group. • Carers who care for more than 50 hours a week reported poorer health with 25% reporting bad or very bad physical health and 29% reporting bad or very bad mental health. • Carers who have been caring for over 15 years were more likely to report poorer health with 28% describing their physical health as bad or very bad and 27% describing their mental health as bad or very bad. • The most recent GP Patient survey in England found that carers are more likely to report having a long-term condition, disability or illness • Carers in the UK are nearly twice as anxious as the general population. Carers in the UK reported levels of happiness over a third (37%) lower than the general population. **We therefore:** • Will ensure that our work to tackle health inequalities considers the above information

Questions	Answers and actions
5j. Race Prompt: Indigenous population and BME Groups such as Black African and Caribbean, Mixed Heritage, South Asian, Chinese, Irish, new Migrant, Asylum & Refugee, Gypsy & Travelling communities.)	**Data in relation to our communities** Taken from 2011 Census data England average White 85.5%, Asian 5.1%, Black 3.4%, Mixed 2.2%, Chinese & Other 1.7% Kirklees average White 79.1%, Asian 15.7%, Black 1.9%, Mixed 2.3%, Chinese & Other 0.7% Barnsley average White 97.9%, Asian 0.7%, Black 0.5%, Mixed 0.7%, Chinese & Other 0.2% Calderdale average White 89.6%, Asian 7%, Black 0.9%, Mixed 1.3%, Chinese & Other 0.6% Wakefield average White 95.4%, Asian 2.6%, Black 0.77%, Mixed 0.9%, Chinese & Other 0.29% We know that White British people make up 87% of our region's local authority population, more than the England average of 81%. The other main minority groups include Black or Black British people comprised 1%, less than the England average of 3%, while Asian or Asian British people comprised 8%, the same as the England average (2011 census). The local authorities with the largest proportions of Asian people are Kirklees (16%) and Calderdale (8%). This profile is likely to change significantly over the next 20 years with BME groups accounting for almost 80% of the UK's population growth (Policy Exchange, 2014). From the evidence we have considered, we also know that: • 3% of Black men have experienced a psychotic disorder compared to less than 1% of white men. • More than 61% of asylum seekers are likely to experience serious mental distress, and asylum seekers are five times more likely to have mental health issues. • Ethnic health inequalities result from experiences of racism and racial discrimination which have a direct impact on health by causing physical and mental stress, and an indirect impact through their effect on socioeconomic status. • The emotional and psychological effects of racism have been described as consistent with traumatic stress and the negative effects are cumulative. • Children and young people from BAME communities are less likely to be able to access services which could intervene early to prevent mental health problems escalating. • Many Black-African and Caribbean people, particularly men, do not have access to psychological treatment at an early stage of their mental health problem.

Questions	Answers and actions
Question 5j continued	• People from Gypsy, Roma and Traveller communities face large barriers to accessing services. Barriers can include language and lack of interpreters, stigma, trust and concerns about discrimination. • Some people from BAME groups mistrust mental health services based on negative experiences. • Recovery rates following psychological therapies are higher among white ethnicities compared to all other ethnicities. • BAME groups are more likely to be diagnosed with mental health problems, be admitted to hospital, to experience poor outcomes and to disengage from services. • Suicide rates are higher among young men of Black African and Black Caribbean origin, and among middle-aged Black African, Black Caribbean and South Asian women, than among their White British counterparts. **Data in relation to our Workforce** The Trusts staff profile has a comparable White British representation to the local demographic of the people that it serves collectively at just under 89%. Mixed race staff are under-represented by 0.05%, Black staff are over-represented by 2.40% and South Asian staff are under-represented by 2.67%. However, the Trust's local demographic has large variation in BAME representation and there is a significant under representation of South Asian staff in Kirklees/Calderdale (exact figures not available due to mixed teams) **We therefore:** • Have identified a specific headline initiative in the strategy to address how representative our staff profile is in relation to the communities we serve. This initiative will seek to widen recruitment from diverse and disadvantaged communities and support the progression of individuals from underrepresented minority ethnic groups. Hence it will explicitly help to close ethnicity gaps in the workforce both in terms of share of the workforce and in terms of progression and seniority. • Will ensure that our work to tackle health inequalities considers the above information

Who will benefit from this action?	Action 1: This is what we are going to do	Lead/s	By when	Update - out-come	RAG
• Age • Disability • Gender re-assignment • Race • Religion or belief • Sex • Sexual Ori-entation • Pregnancy maternity • Carers	In the strategy under Headline **Initiative 1: Inclusive Employment & Progression,** we will include work on critical workforce challenge supporting local people into work and ongoing development with the Trust. We serve a wide and diverse population. Our workforce must, at all levels, represent that if we are to successfully deliver our services. Together this can impact on local population health and economies and support sustainable models of care. Evidence is clear that people in protected characteristic groups are much more likely to face barriers to employment, and that these barriers are often multiple and complex. It follows that these groups are more likely to suffer poor health linked to their economic inactivity and that this too is often complex and entrenched. Other groups facing barriers to employment include those from Black, Asian and Minority Ethnic communities, those living in areas of high deprivation and those with a learning disability. These barriers will have impacted over time on the diversity of our own organisation – something we are committed to addressing, for the good of people and places but also for the good of our long-term service design and delivery. Our partner organisations in places – particularly local government and the VCS – have expertise in designing and delivering interventions that can support target cohorts into good work. This action is about marrying our job opportunities with their expertise to make a difference for people who we know can otherwise find themselves cut off from opportunity and to do that in targeted places where we know inequality is concentrated because that is where we can make the biggest impact. The targeting section of the Headline Initiative is clear that firstly we will target areas in the most deprived 20% that are close to or easily accessible from SWYFT sites with a good volume and range of appropriate employment opportunities; then rolling out a place-based approach that targets the least advantaged communities across our geography. We will also place a key focus here on volunteering as we know that this is a viable route into employment for many people, including those with lived experience and previous service users, who have been disengaged in the past. This action targets our recruitment and progression efforts at the people and places where we know we have gaps and barriers. Specifically, it aims to: Reach out to a wider pool of candidates and support them to gain employment with us, including by removing barriers and proactive engagement with target places and cohorts Enable progression for new and existing staff in lower paid roles and from diverse and less advantaged backgrounds **This work will be targeted in areas in the most deprived 20% that are close to or easily accessible from SWYPFT sites**	Chief People Officer	In line with action plan		

Who will benefit from this action?	Action 2: This is what we are going to do	Lead/s	By when	Update - out-come	RAG
• Age • Disability • Gender re-assignment • Race • Religion or belief • Sex • Sexual Ori-entation • Pregnancy maternity • Carers	In the strategy under **Headline Initiative 4: Cultural and Creative Collaborations,** we will provide specific focus on 5 five culture and creativity demonstrators; - Reimagining Community Health Challenge, Staff creativity and wellbeing, Creativity and Health app design, Measuring the impact of culture and creativity in health and Creative Practitioners. Demand for our services is growing, and most starkly amongst less advantaged people and places, meaning that health inequalities are becoming more profound and entrenched. Culture and creativity can be vital levers in tackling this and helping people to reach their potential and live well in their communities. Through our existing partnerships, activity and linked charities, we already have assets that make a valuable contribution in this respect. There is a growing body of evidence showing that culture and creativity can unlock improvements in mental and physical health and wellbeing that other interventions (medical or not) struggle to reach, not least because it is a way to break down barriers that people from protected characteristic groups often face i.e., on language, communication, or access. We are very fortunate to have our linked charities that are already very active and established in supporting this type of intervention. We want to help take this to the next level of impact by through a more strategic approach that targets intervention where it can have the biggest impact. Elements include targeting specific cohorts of our own staff via established staff networks such as for those for staff with a disability and with BAME backgrounds; and having practitioners on the ground initially in Calderdale and Wakefield who will directly link to communities where we know health inequalities and demand on our services are most pronounced. This action focuses on delivering exemplar projects that will further utilise these assets and the potential of culture and creativity to support mental health and wellbeing and transform lives. Specifically, it aims to: • Improve population (external) and staff (internal) health and wellbeing through take up of cultural and creative activities • Enhance staff understanding of the positive impacts of culture and creative approaches leading to greater signposting of these to service users to prevent and treat conditions	Director of Strategy and Change & Chief Operating Officer	In line with action plan		

Who will benefit from this action?	Action 3: This is what we are going to do	Lead/s	By when	Update - outcome	RAG
• Age • Disability • Gender re-assignment • Race • Religion or belief • Sex • Sexual Orientation • Carers	In the strategy under **Headline Initiative 5: Social Prescription and Medicines Optimisation** The College of Medicine's Beyond Pills campaign calls for Government intervention on over-prescribing, as nationally 10% of prescribed drugs are unnecessary and may cause harm . There can be health and wellbeing benefits, as well as waste reduction and environmental ones, from avoiding and addressing over-prescription. Social Prescribing can provide an effective alternative and involves referring people to a range of local, non-clinical services to support their health and wellbeing, using Link Workers as part of a holistic approach. There is already good practice to build on locally, alongside scope for a more integrated approach that is rolled out widely. Overprescribing directly affects some protected characteristic groups, notably older people, who evidence shows are much more likely to be prescribed multiple and long-term medication and so are more likely to experience overprescribing (https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1019475/good-for-you-good-for-us-good-for-everybody.pdf). Other groups are also at heightened risk, including those from Black, Asian and Minority Ethnic communities, those living in areas of high deprivation and those with a learning disability. A focus on medicines optimisation and social prescribing as an alternative will therefore help to tackle inequalities faced by a number of protected characteristics groups including those based on age, ethnicity and religion (given its strong correlation to ethnicity in the south Asian community). The targeting section of the Headline Initiative follows on from this and states that those from less advantaged and/or BAME communities should be prominent amongst those who benefit. More widely the proposed approach to social prescription focuses on a holistic approach that supports individuals by looking at the whole of the person's life (e.g., housing, benefits, debts, social care and equalities/discrimination issues) rather than just a medical/illness/conditions based perspective. This is likely to pick up other pressures that are often greater for those facing disadvantage and inequality, including based on ethnicity, disability, being a carer or sexual orientation. The activity has two interconnected strands: medicines optimisation and social prescribing: **Medicines optimisation activity will involve:** • Agreeing policy and approaches. • Implementing work to help those already taking medicines to reduce this were beneficial. Focus on females and older people • Taking advantage of alternatives to medicines where appropriate **Social prescribing activity will involve:** • Identifying a best practice approach to adopt • Mapping social prescribing activity across the Trust's core area • Working with local partners across the area to develop a joined-up picture and policy for promoting and delivering social prescription • Identifying a wide and high-quality range of support/activity/partners to refer to, and working to ensure that there is good and open cross-referral across all partners • Establishing a social prescribing offer to support staff wellbeing	Medical Director & the Drug and Therapeutics committee	In line with action plan		

6 Involvement and Insight: New or Previous (evidence of activity)

- Documented conversations with key place-based partners from NHS, local authority and third sector organisations
  - Health partners in each place
  - local government covering multiple service areas and expertise including the economy, skills and employment, health, housing, environment, strategic partnerships
  - the voluntary and community sector
- Documented conversations with West and South Yorkshire Integrated Care Systems, including sustainability leads
- Open sessions with staff groups from across the Business Delivery Units and across a range of corporate support services
- Documented internal conversations with wide range of leaders for key themes including equality, involvement, communications, volunteering, medicines, general community services in Barnsley
- Documented internal conversations with the Trust Linked Charities and Recovery Colleges
- Attendance at Wider Trust groups including
  - Trust Board
  - Executive Management Team
  - Operational Management Group
  - Trust Partnership Forum

7 Methods of Monitoring progress on Actions

We will keep track of the actions we take and the difference that they make by reporting against a suite of quantitative indicators, mapped against the five areas of activity. The schematic below sets out examples of the measures we will use.

Activity areas (and related strategic objectives)	Measures of progress
Employer / people (Make this a great place to work)	• % of employees/recruits who live in Trust area • % of local employees living in areas in the most deprived 20% in England (based on IMD data) • % of BAME employees • % of employees paid the Real Living Wage • Number of apprentices employed • Number of vacant posts • Staff retention rate • Staff progression (metric tbc – e.g. % from deprived areas and % who are BAME gaining a promotion) • Workplace health and wellbeing perceptions - based on % agreeing with statements in NHS staff survey on: » Does your manager take a positive interest in your health and wellbeing? » Does your organisation take positive action on health and wellbeing? • Wider 'Great place to work' metrics
Procurement (Improve resources)	• Value/% of procurement from Trust area suppliers • Value and % of procurement with social enterprises and with SMEs • Social value arising from procurement (metrics tbc)
Environment and assets (Improve resources)	• Total carbon emissions and reduction on previous year (tonnes and %) • Volume of waste (tonnes) • Business car mileage and associated emissions • Active travel (number of cycle/walk journeys and mileage) • Quality of and benefits from our green spaces
Responsive and inclusive services (Improve care, Improve health)	• Measures of patient outcomes and experience • Proportionate uptake of services by communities (including those in disadvantaged areas and from minority ethnic backgrounds) • Reduced admissions and inappropriate medicines use • Increase in social prescribing
Partnerships, culture and civic role (All strategic objectives)	Qualitative measures based on: • Strength of key partnerships and relationships • Staff feel empowered and are aware of, support and involved in relevant activity • Engagement with target communities and VCS sector

Outcomes

- More and better jobs
- Reduced poverty and deprivation
- Opportunity across all communities
- Growing businesses and social enterprises
- Progress to net zero targets
- Resilient places and communities

Impact

- Improved health and wellbeing
- Reduced health inequality

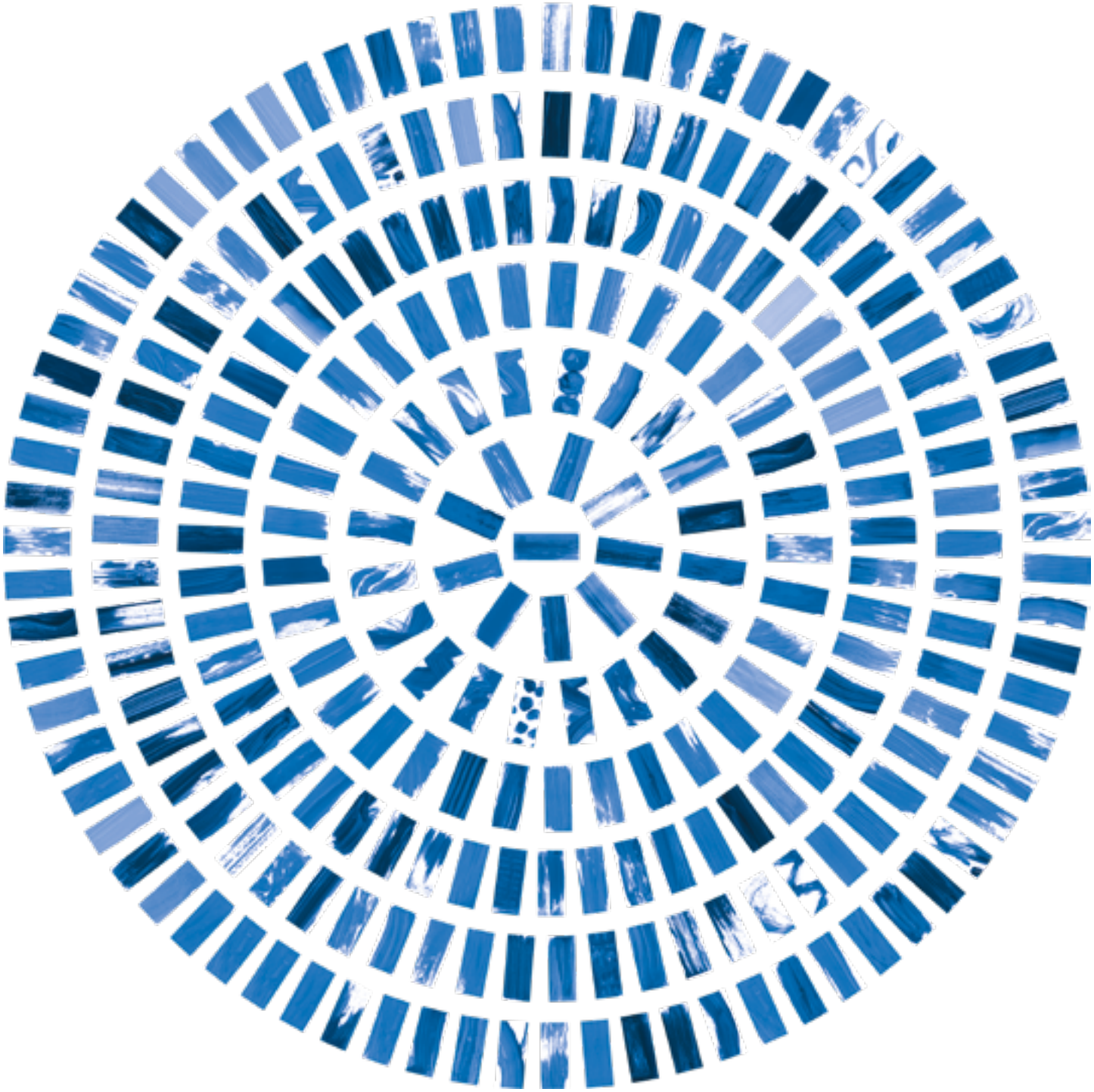
Our monitoring framework refers to equalities in specific areas such as recruitment and progression of staff from minority ethnic backgrounds. Additionally, it also makes clear that the metrics are complementary to and will dovetail with other monitoring that already takes place. For example, on workforce and diversity. Wherever possible, monitoring of beneficiaries across the measures described in the table will include demographic details that allows impact on inequalities and protected groups to be measured, especially where there are known gaps or inequalities.

8 Signing off Equality Impact Assessment:

Sue Barton

Deputy director of strategy and change

"We must drive culture change and system-wide ownership so everyone is active in its delivery, takes responsibility and is invested in the vision and motivated to contribute proactively to it."



"Social responsibility is often tokenistic, but this feels like it is going to address the full anchor concept comprehensively and that is good."

If you require a copy of this information in any other format or language please contact your line manager or your healthcare worker at the Trust.