



Health Equity Strategy

2026-2031

Foreword from the Chair and Chief Executive Officer

We are proud to share Cambridgeshire and Peterborough NHS Foundation Trust's Health Equity Strategy - a vital step in our commitment to fairness, inclusion and better health for all.

We are one of the very few NHS Trusts in England to develop a dedicated strategy to tackle inequalities. We have committed to do this because we believe that achieving meaningful change and improvement is our duty and we want to utilise our reach as a large organisation, with about 5000 staff and deep community roots to do all we can to make a difference.

We have a responsibility - and an opportunity - to use our resources, influence and partnerships to support local economic and social development, reduce poverty and promote sustainability.

We are also guided by the Marmot Principles. These focus on tackling the root causes of health inequalities, such as poor housing, education, employment and discrimination. By embedding these principles into our work, and having an absolute commitment to partner with other public bodies, the voluntary sector and local communities themselves, we aim to create healthier, fairer environments for everyone.

Through our commitment to social value, we ensure that our decisions - from procurement to recruitment - deliver positive outcomes for our staff, communities and the environment.

By working in partnership with people and communities we can drive the change we want to see, giving everyone a fair chance to live a healthy and happy life.



Eileen Milner
Chair of the Board of Directors



Steve Grange
Chief Executive Officer

Foreword from the Chief Medical Officer

Improving health equity is not an add-on — it is central to our core purpose at CPFT.

Health equity means removing avoidable and unfair differences in health outcomes. We know that health outcomes are not equal, and that some people face greater barriers to care simply because of where they live, who they are, or the circumstances they were born into. That's why this strategy focuses on practical, targeted actions to improve equity in access, experience and outcomes.

We are proud of the work already under way across our services — from trauma-informed care to inclusive recruitment — and we are committed to going further.

In this strategy we set out how we will continue to listen, learn and act, ensuring that fairness and inclusion are embedded in everything we do.

This strategy is rooted in evidence, shaped by lived experience and driven by our values. It reflects the voices of service users, carers staff and communities, and sets out clear, practical actions to improve equity in access, experience and outcomes.

We are proud of the part we can play in helping people everyone have the best chance to live a healthier and happier life, working in partnership with patients, service users and carers.



Dr Cathy Walsh
Chief Medical Officer
Executive lead for Health Equity

About us

Cambridgeshire and Peterborough NHS Foundation Trust (CPFT) provides joined-up mental health, learning disability and community services across Cambridgeshire and Peterborough.

We cover the six districts of South Cambridgeshire, East Cambridgeshire, Huntingdonshire, Cambridge City, Fenland and Peterborough.

We're proud to have more than 5,000 staff working across more than 50 sites, with major hubs at Fulbourn Hospital in Cambridge and the Cavell Centre in Peterborough.

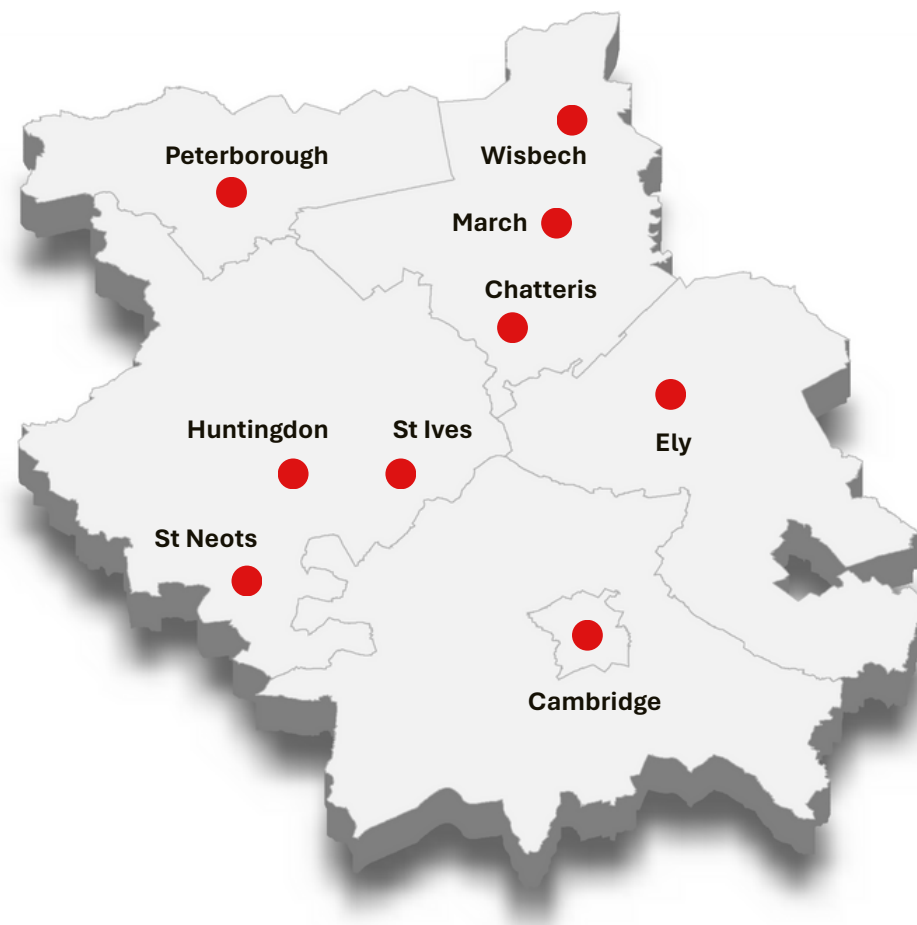
We are a University Teaching Hospital - one of only five community and mental Trusts in the country to achieve this - with the University of Cambridge. We also work closely with academic partners to lead research and innovation that improves care.

CPFT is the mental health partner for the new Cambridge Children's Hospital, working together with Cambridge University Hospitals NHS Foundation Trust and the University of Cambridge.

We're also part of the Cambridgeshire and Peterborough Integrated Care System, collaborating with GPs, hospitals, councils, schools, and voluntary organisations to make care more connected and responsive.

We work to deliver services in accordance with our Pride values of Professionalism, Respect, Innovation, Dignity and Empowerment.

Cambridgeshire and Peterborough



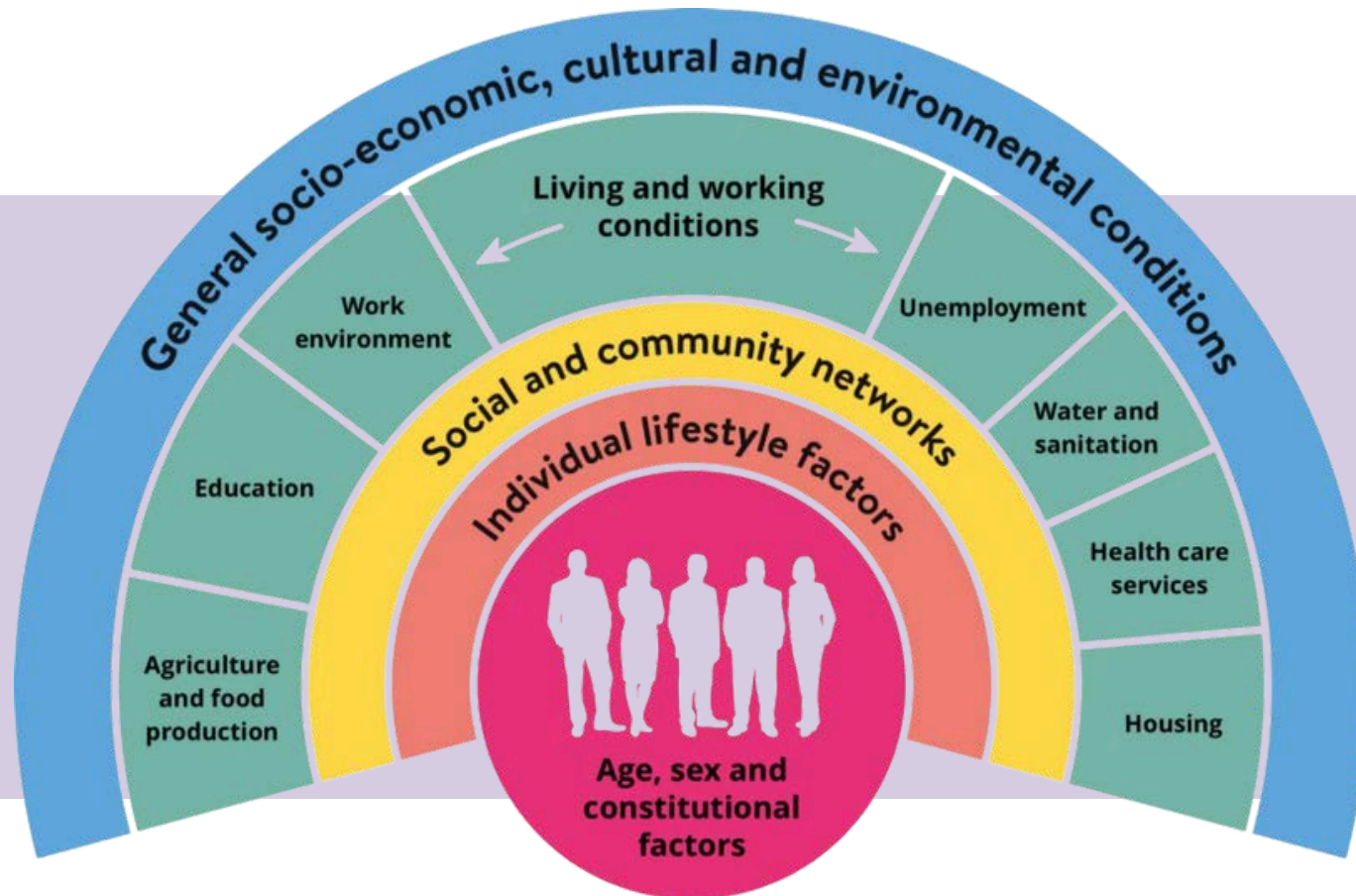
**What is health equity and
why does it matter?**

What is health equity and why does it matter?

Our physical and mental health are deeply connected to the circumstances of our daily lives. Stable housing, meaningful employment, quality education, food security and strong community connections have a big impact on our health and wellbeing. But not everybody has equal access to these; some people struggle more with their health simply because of where they live or the circumstances they were born in to. These differences lead to unfair and avoidable inequalities in health.

“Health equity is the removal of unfair and avoidable differences in health across the population, and between different groups within society. These include how long people are likely to live, the health conditions they may experience and the treatment and care that is available to them. By using our collective skills, resources, and partnerships, we will work to reduce these inequalities, so that everyone in our communities can achieve their full potential for health and wellbeing.”

Adapted from the [WHO](#) and [NHS England](#).



Influences on our health and wellbeing: reproduced from Göran Dahlgren and Margaret Whitehead (1991), Policies and Strategies to Promote Social Equity in Health. WHO Regional Office for Europe.

What is health equity and why does it matter?

Factors that lead to health inequities interact and overlap, [impacting](#) access, experience and outcomes.

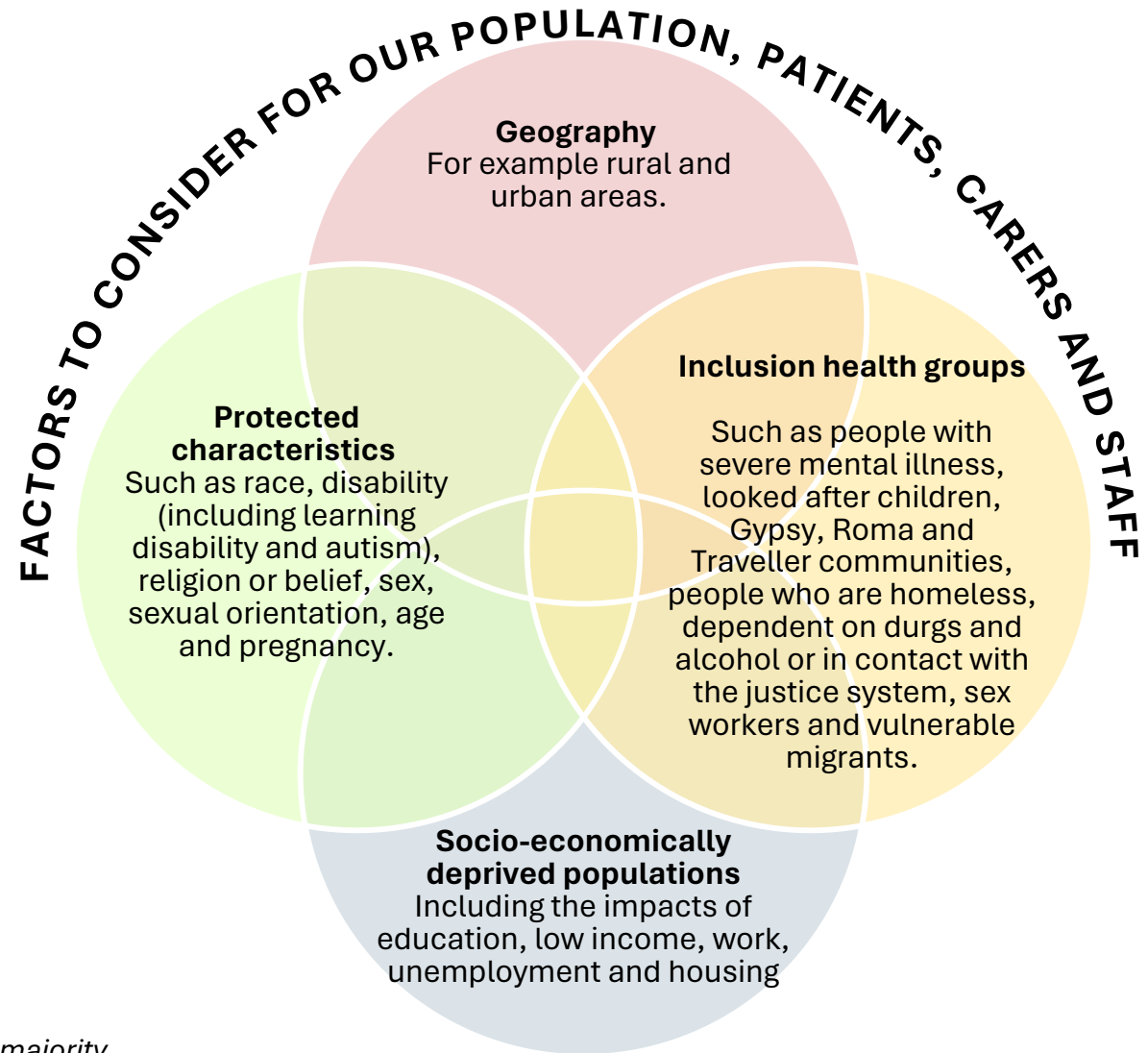
When thinking about the services we provide, we know some factors, such as [race](#) and [poverty](#), are key for all services to consider. It is also important to acknowledge the causes of [health inequities](#) across a person's life are multifactorial and intersect -for example people's circumstances [differ significantly](#) between and among racialised communities*.

Our mental and physical health is impacted by our experiences and situation from before our birth all through our lives. For example, children who experience an adverse childhood experience are [more likely](#) to have poorer physical and mental health and socio-economic challenges.

Our core business is ensuring that we provide high-quality, effective treatment, for those who need it most, at the right time. This means achieving health equity is at the heart of all we do - and we are already working hard, alongside service users and carers, to achieve this.

In CPFT we are proud of our many innovative services tackling inequities but we want to do more.

**We have chosen to use the terms racialised communities and global majority when talking about people from ethnic minority backgrounds. There are many terms that can be used - see [The Race and Health Observatory](#) for more information.*



Adapted from UK Gov: [Health disparities and health inequalities](#)

The bigger picture

We believe we are uniquely positioned to improve health equity in mental and physical health for people across Cambridgeshire and Peterborough — including those who could benefit, those who are current service users, carers and staff — through a public health approach.

Public health is the science and art of improving people's health by preventing illness, promoting health and reducing inequity. When people receive support and treatment at the right time, we improve the chances of people recovering, or maximise their wellbeing for as long as possible. We can also prevent further illnesses for people who are already unwell, by treating the whole person. Prevention and reducing inequity are a key part of every service across CPFT.

There are three key approaches that we are taking to help us address the factors that cause inequalities in the first place: embedding the Marmot Principles, maximising our social value and harnessing our power as an anchor institution.

Marmot Principles

- Reducing health inequalities by tackling social determinants of health, following these eight principles developed by the [Institute of Health Equity](#):
- Give every child the best start in life.
- Enable all children, young people and adults to maximise their capabilities and have control over their lives.
- Create fair employment and good work for all.
- Ensure a healthy standard of living for all.
- Create and develop healthy and sustainable places and communities.
- Strengthen the role and impact of ill-health prevention.
- Tackle racism, discrimination and their outcomes.
- Pursue environmental sustainability and health equity together.

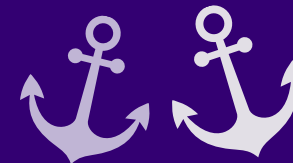


Anchor Institutions

Anchor institutions are large organisations whose sustainability is tied to the wellbeing of the people they serve. This means we play an important role in supporting growth and reducing poverty locally by:

- Employing large numbers of people.
- Spending on goods and services.
- Using our buildings and equipment for the benefit of all.
- Positively influence our local environment.

Through collaboration and collective action with other anchor institutions, our impact can be transformational.



Social value

Social value is a term for the positive impact we create for employees, communities and the environment. We aim to maximise our social value through our work as an anchor institution, and by embedding the Marmot Principles.



National and system-level policy

Our strategy reflects the importance given to reducing health inequalities as set out in a range of national and system-level policies and strategies.

Nationally, the NHS 10-Year Plan aims to improve health equity, for example through:

- Increasing neighbourhood-level provision of services, starting in the most deprived areas
- Increasing funding to more disadvantaged areas
- Targeting risk factors strongly correlated with socio-economic disadvantage, for example smoking.

The **National Healthcare Inequalities Improvement Programme** (HiQiP) is also working at national level to ensure health equity is considered as part of all policies, strategies, initiatives and programmes - with a focus on the [5 national strategic health inequalities priorities](#)

We are also building on a range of national initiatives and policies including:

- The [Core20PLUS5 approach](#) - targeting healthcare interventions at the most deprived 20% of the population, inclusion health groups and 5 clinical priorities
- [NHS patient safety healthcare inequalities reduction framework](#)
- [NHS national framework for NHS – action on inclusion health](#)
- [Inclusive digital healthcare: a framework for NHS action on digital inclusion](#)

Locally, our Integrated Care System is driving change through the **Health and Wellbeing Strategy, Joint Forward Plan and ICS Commissioning Strategy**. The Joint Forward Plan 2025-2030 includes a priority to reduce inequalities in health outcomes, focusing on CORE20PLUS5 populations and the 5 national strategic health inequalities.

Our Integrated Care System is also committed to:

1. A system-wide approach to addressing health inequalities, underpinned by population health management methodology
2. Addressing inequalities through needs-based commissioning through the allocation of NHS funding proportionate to need
3. Tackling inequalities in cardiovascular disease through targeted action on hypertension and diabetes

The 5 NHS national strategic health inequality priorities

1. **Restoring NHS services inclusively**
2. **Mitigating against digital exclusion**
3. **Ensuring datasets are complete and timely**
4. **Accelerating preventative programmes**
5. **Strengthening leadership and accountability.**



Our approach and population

How we wrote this strategy

While the importance of health equity is widely recognised, nationally health inequities continue to widen. But there is large evidence base of actions we can take to reverse this trend. We have taken this knowledge, and alongside data and feedback to understand where we need to focus and have identified priority actions. We also made sure that each action would be value for money, leading to an ambitious yet realistic strategy.



Service user and carer feedback

We have used existing feedback to CPFT and other organisations – such as Pinpoint, Family Voice, Healthwatch and the Sun Network – to draw out key themes around health equity. We have also worked in partnership with the Patient Participation Forum and our Youth Forum to develop the strategy.



Staff feedback

We held six staff engagement sessions and had over 180 responses to our staff survey. We developed the document in conversation with staff across all areas of the organisation.

Data



We looked at local and national data to better understand inequities faced by people living in Cambridgeshire and Peterborough. This has helped us identify key areas to target, Our [Mental Health Needs Assessment](#) developed in partnership with the Local Authority, VCSE and ICB has underpinned this work, as well as work and [data](#) on physical health.



What works? What are the priorities?

We looked at the evidence for what works to reduce health inequalities. We have prioritized actions which we know work and are cost effective. We have included high impact interventions relevant to all services, such as improving health literacy, increasing attendance in at-risk groups, poverty proofing and co-production.

CPFT's Youth Forum is a dynamic space where a diverse group of young people come together to shape the future of our services. A key area they are focussing on at the moment is tackling racial inequalities. The video on this page from the Young People's Forum explains why tackling health inequities is so important, and includes some of their suggestions which helped shape the strategy.



“Health equity matters because patients are not averages. When people are seen, heard and valued across language, culture and health need, care fits the person, not the problem. When a patient or carer's understanding of their own or loved one's needs is recognised, this can be transformative.” Chair, Participation and Partnership Forum

Our population



CPFT supports nearly one million people across six districts, covering both urban and rural areas.



Our population is ethnically diverse, and becoming more so, especially in our cities. People from the global majority [make up](#) 15% of the population in the east of England - ranging from 25% in Cambridge to 4% in Fenland.



[More than 80 languages](#) other than English are spoken in Cambridgeshire and Peterborough, In Cambridge, 38% of people living there were born outside the UK, and 28% in Peterborough.



Our population is [growing and ageing](#).— by 2031, the number of people aged 65+ will rise by 26%. The number of people living with dementia is expected to rise by 41% in Cambridgeshire and 47% in Peterborough by 2040.



[Increasing numbers](#) of people are living with one or more long-term conditions such as diabetes and cardiovascular disease.



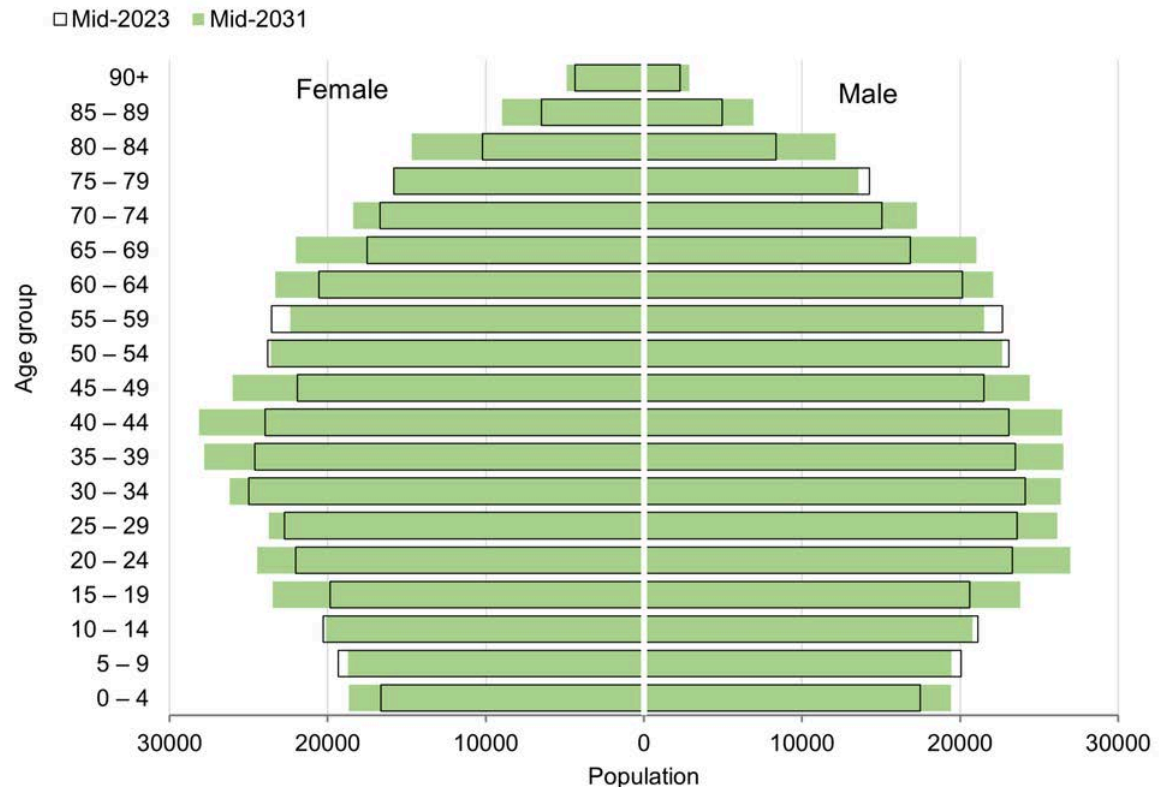
There are significant health inequalities with an eight-year gap between the lowest and highest [life expectancy](#) in our area.



There are more than 47,000 children in Cambridgeshire and Peterborough [living in poverty](#), ranging from 17% of children in East Cambridgeshire to more than 30% in Peterborough and Fenland.

Source: [Cambridgeshire and Peterborough Insight](#)

Cambridgeshire County Council's mid-2023 population estimates and 2023-based population forecasts for mid-2031 by sex and age group, Cambridgeshire



Our population



Rates of mental ill health have [increased](#) across age groups since 2017.



Around 39,000 children locally [are estimated](#) to have a mental health condition. 15,000 local children are estimated to have experienced four or more adverse childhood events, increasing their risk of poor physical and mental health.



There are about [30,000](#) armed forces veterans living in Cambridgeshire and Peterborough.



There are [significant inequalities](#) in mental health across our population with:

- Young people in more deprived areas two to three times more likely to have a mental health condition
- Poorer recovery from mental ill health in global majority populations
- Black people three times more likely to be detained under Mental Health Act



[More than one in three](#) NHS staff working in mental health and community trusts are carers, compared to one in 10 of the general population. Carers are more likely to live in poverty, be women and of older age.



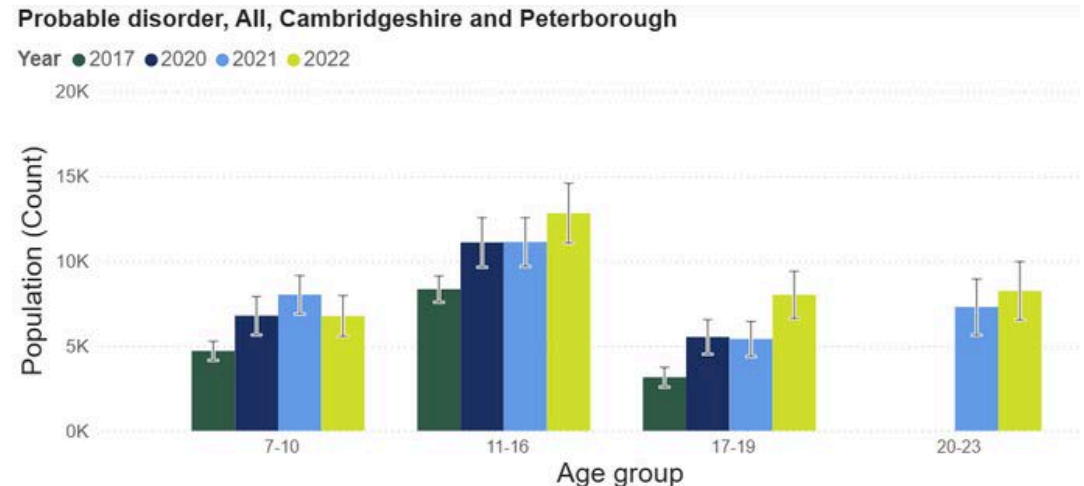
Around [three quarters](#) of staff with a long-term condition or illness said that we made reasonable adjustments to enable them to work in 2024.



[Around one in five](#) children in England has a special educational need and/or disability.



People with a disability [report challenges](#) managing their physical and mental health needs when admitted to hospital, and are more likely to have lower wellbeing scores people without a disability.



Source: [Cambridgeshire and Peterborough Insight](#)

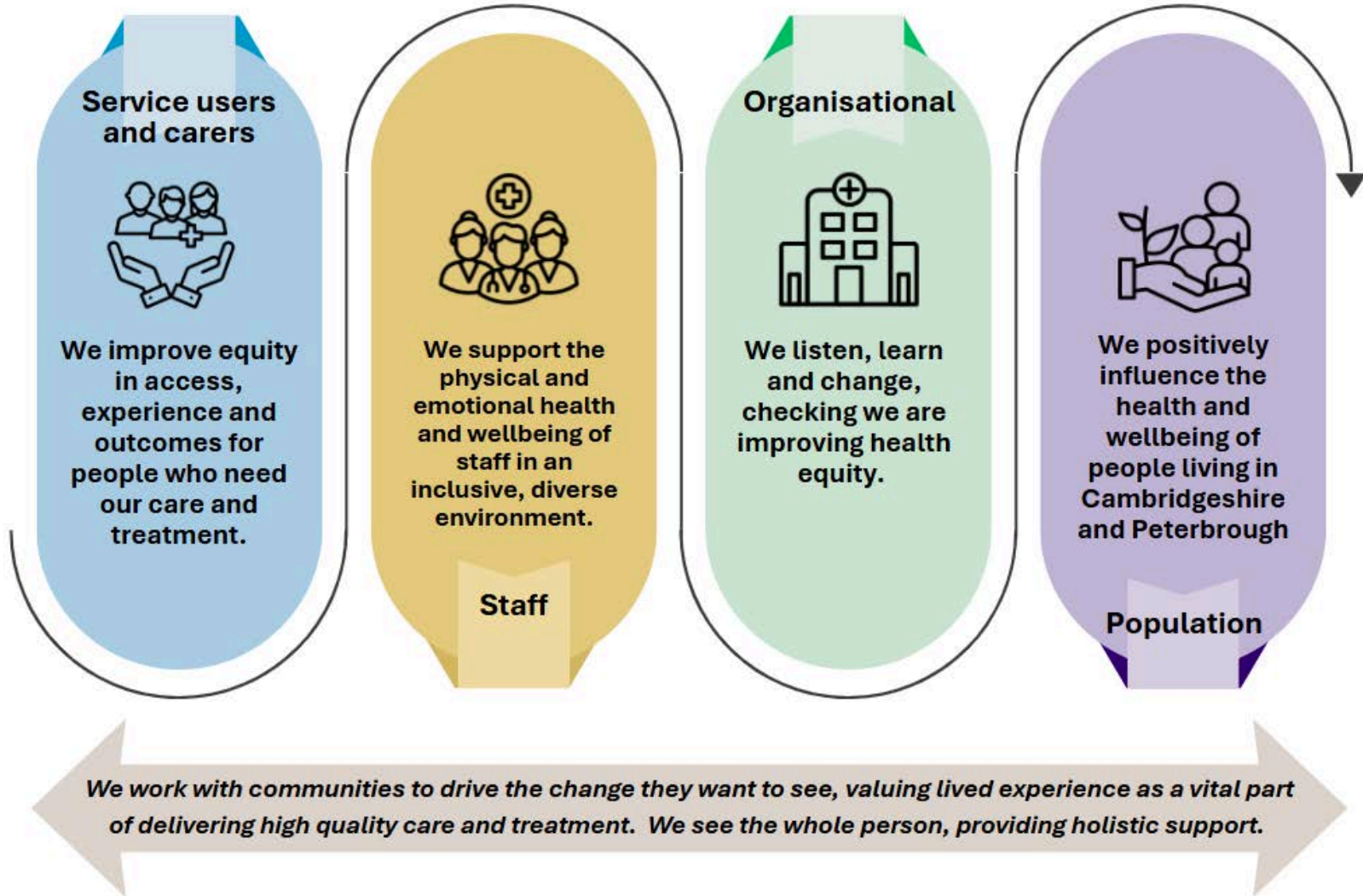
**Our vision, and how
we will get there**

HEALTH EQUITY STRATEGY

We follow the Marmot principles, which help us make life fairer for people so they can be healthier. We focus on those who need us most.

This is our vision for how we will improve health equity.

Underneath each of these high-level aims, there are priority areas with evidence-based actions, which we explain in the next sections.



We improve equity in access, experience and outcomes

Why is this important?

Access: [People](#) from the global majority are less likely to access services they need, at the right time – although there are differences between and within ethnic groups. In many of our non crisis services, Black and Asian people made up fewer of our service users than expected based on our population.

[Poverty](#) also plays a major role — nearly 47,000 children in our area are growing up in hardship. This ranges from 17% of children in East Cambridgeshire to more than 30% in Peterborough and Fenland. Emergency admissions to CPFT are [around two-thirds higher](#) for people living in the most deprived areas.

Experience: Nationally, Black people are 3.5 times more likely to be detained under the mental health act than white people. People experiencing co-occurring mental health and alcohol / drug use conditions [can face](#) high levels of stigma and often face specific barriers to accessing mental health care.

Outcomes: An estimated [42%](#) of deaths of people with learning disabilities are avoidable in England, compared to 22% in the general population. [Around half](#) of adults struggle to understand health content, and this is linked to worse health outcomes and increased hospital admissions.

We must do better — and we're committed to change.

What are we already doing?

Across our services, we're already working hard to improve equity in access, experience and outcomes. Some examples include the CAMHS Home Treatment Team, which brings intensive mental health support directly into young people's homes. CASUS meets young people affected by substance misuse wherever they feel safe. Our co-produced workshops in Peterborough empower and connect parents and carers of children with complex disabilities, while the high-risk and complex pathway in CAMHS ensures joined-up, multi-agency support for children with the most complex needs.

For adults, embedding GPs into wards and psychosis teams is closing the gap in physical health care for people with severe mental illness. The Dual Diagnosis Street Project reaches rough sleepers with trauma-informed support. Darwin Nurseries offers therapeutic work opportunities in a farm setting. We are actively engaged in the Culture of Care programme - reviewing inpatient care to insure it is actively anti-racist, autism and trauma informed.

The Joint Emergency Team provides rapid responses to older adults and those with long-term conditions, delivering care in their homes to prevent unnecessary hospital admissions and support independence. These examples show how frontline teams are driving equity through innovation and collaboration.

We improve equity in access, experience and outcomes

Our aims:

We are actively anti-racist.

We prevent illness when we can— especially for those most at risk — helping people stay well or avoid becoming more unwell.

Our services reach those who need us most.

We communicate in a way that everyone can understand.

How will we get there? **Equity Actions in our Clinical Strategy:**

- Implement the Patient and Carer Race Equality Framework (PCREF), following our local PCREF action plan.
- Tackle access, detention and restrictive practice inequities in partnership with racialised communities.
- Increase uptake of staff training relating to race and cultural competency at all levels.
- Work with external partners to support people in poverty.
- Help people in at-risk groups attend appointments, by understanding and addressing barriers through coproduction.
- Ensure all services offer reasonable adjustments taking a whole person assessment approach, considering poverty, trauma, capacity, dementia, learning disability, learning difficulties, autism, ADHD and other social factors that need to be taken into account. This will include targeted and relevant staff training.
- Advocate and work towards an equitable geographical location of services.
- Make sure there is “no wrong door” by bringing services to people, and making the most of each time we see someone – especially for drugs and alcohol, stopping smoking and weight management. This includes embedding Making Every Contact Count, partnership working and co-location of services.
- Take a co-produced health literacy and accessible approach for all our public facing materials and service user communications. Ensure our translation and advocacy services are fit for purpose.
- Embed digital inclusion across the whole organisation, including working with partners to increase access to digital services.

We support the physical and emotional health and wellbeing of staff in an inclusive, diverse environment

Why is this important?

Diverse teams bring a wide range of perspectives and experiences, fostering innovation and more effective problem-solving. Engagement in equality, diversity and inclusion ensures that a spectrum of viewpoints are heard and integrated into the Trust's practices and policies. We know that everybody benefits when we harness the skills, experience and knowledge of a diverse workforce, and realise the benefits of a firm organisational commitment to inclusion in all that we do. Our vision is that equality, diversity and inclusion is firmly embedded in the full breadth of the Trust's work.

Where are we now?

Our data and staff stories are telling us that we have challenges to overcome, and we need to tackle specific areas of work in the organisation. We're committed to creating an environment where every colleague feels safe, valued, and able to thrive.

For example, the RCE Wellbeing Hub offers free, accessible courses to help staff build emotional resilience, manage stress, and connect with others. Our staff networks—including Wearing 2 Hats (for those with long-term conditions), LGBTQ+, Menopause Group, Multicultural Staff Network, Parents and Carers, and Armed Forces — provide safe spaces for peer support and advocacy, helping shape practice across the Trust.

CPFT's commitment to inclusion is also reflected in our Disability Confident Leader status and work to embed anti-racism, reverse mentoring and staff training such as compassion in action and diverse interview panels into everyday practice. We've introduced cultural ambassadors – trained colleagues who support fair and inclusive employee relations processes. We support staff through the staff wellbeing service and rapid mental health service, providing support and treatment for those within CPFT and other local hospitals.

Our aims:

Our People, Equality, Diversity and Inclusion, and Wellbeing Strategies are instrumental in improving health equity for staff.

We foster a culture of respect, inclusion and equity, where all employees feel safe, valued, and empowered to thrive.

We value the unique and vital contribution staff with lived experience make.

How will we get there?

- Work with cultural ambassadors, we will ensure our disciplinary processes are fair, transparent and free from bias.
- Managers support staff using a whole person approach, applying reasonable adjustments where needed.
- Work with schools and education settings to increase the diversity of employment within CPFT.
- Proactively recruit staff from underrepresented communities, including those with relevant lived experience and from the global majority.
- Further embed fair and inclusive recruitment and career progression processes that target under-representation and lack of diversity, particular at senior levels.
- Build on the reverse mentoring programme, increasing uptake at senior levels.
- Continue our Anti-Racism group work, supporting and protecting staff who experience racism.
- Increase the use of staff data to target support for those who need it most, working with staff networks.

We listen, learn and change, checking we are improving health equity,

Why is this important?

The evidence tells us that when we work in partnership with, and give power to, people from disadvantaged and underserved communities our services become more equitable. We need to continually be open to change and improvement - based on triangulating evidence- if we want our services to be the best they can be. Strong leadership and governance is a critical component.

Where are we now?

Co-production, use of data and quality improvement are central to how we drive change. Across the Trust, staff are working alongside service users, carers, and communities to shape care that's inclusive, responsive, and rooted in lived experience. A powerful example is our Youth Forum, which reflects the diverse communities of Cambridgeshire and Peterborough. Young people shared personal experiences of health inequalities and their ideas of how to improve equity which were directly embedded into the Health Equity Strategy.

We're also equipping staff with tools to lead improvement. New interactive dashboards have been developed by the Performance and Analytics Team, providing live data on service use, outcomes, and inequalities. These dashboards will help teams identify gaps, monitor progress, and make informed decisions—supporting more equitable care at every level.

We are showing leadership in equity, such as integrating physical and mental health care in an integrated approach for the new children's hospital, with an ethos of seeing the whole family.

Our aims:

We work with communities to drive the change they want to see.

We proactively identify inequalities, making changes to reduce these.

We track our progress and hold ourselves to account.

How will we get there?

- Support services to embed co-production, developing meaningful relationships with people relevant to their work who experience inequities – staff, service users and carers. This work will start by prioritising areas identified for quality improvement projects.
- Embed a Quality Improvement (QI) culture, with an equity lens, celebrating and sharing success and learning.
- We will continue to improve our ethnicity coding, and work towards using our data to understand how intersectionality effects equity – such as poverty and race.
- Develop practical support mechanisms to help clinical staff interpret and act on data, such as a health equity learning plan.
- Ensure equity and equality are routinely part of impact assessments.

We positively influence the health and wellbeing of people living in Cambridgeshire and Peterborough

Why is this important?

As a large organisation that employs more than 5,000 people and spent £253 million in 2023-24, we have the power to maximise how this positively implements our communities. When we reduce inequities in the community, this improves the health and wellbeing of people living in Cambridgeshire and Peterborough, also making us more sustainable as an organisation.

Where are we now?

CPFT is helping to build healthier, fairer communities across Cambridgeshire and Peterborough—not just through clinical care, but through social impact. The Edge Café, based at Fulbourn Hospital, is a social enterprise run by people with learning disabilities and who are on the recovery pathway. It offers a welcoming space for patients, staff, and the public, and offers a free community food fridge. Similarly, Darwin Nurseries offers therapeutic day services for adults with learning disabilities and mental health challenges, combining horticulture, animal care, and retail work to promote wellbeing, independence, and inclusion.

As an Anchor Institution, CPFT is using its influence, resources, and partnerships to support local economic and social development. This includes fair employment practices, inclusive recruitment, and collaboration with the Integrated Care System to tackle health inequalities at a population level. Our Green Plan reinforces this commitment by embedding sustainability into everyday operations—reducing carbon emissions, promoting active travel, and creating healthier environments for all.

Our aims:

As an anchor institution, we commit to using our influence, resources and partnerships to help our local communities thrive.

We create social value.

We work in partnership with other organisations to improve health equity.

We take all reasonable steps to reduce our environmental impact; protecting the health of future generations.

How will we get there?

- Build on our power as an Anchor Institution, in partnership with local organisations through our Local Anchor System Charter.
- We will show leadership in how we increase and demonstrate our social value.
- Build on our existing work aligning with the Marmot Principles, check and challenge ourselves to go further.
- Strengthen partnerships to improve health equity, aligning with Integrated Neighbourhood Teams.
- Develop plans for embedding carbon-reduction principles in the way that all care is delivered, including digitally-enabled care, default preference for lower-carbon interventions where clinically equivalent, and reducing unwarranted variation in care delivery and outcomes resulting in unnecessary carbon emissions.

Making it happen

Governance

Governance is key in holding ourselves to account, measuring progress and changing strategic direction when needed. Health equity has implications for work at all levels of the Trust, from service user facing to the way that we use our estates.

Each action in the strategy has a measure of success allocated to the relevant governance structure, in an internal plan. The following additional governance measures will be put in place:

- The Chief Medical Officer is the executive lead for Health Equity, and the Chief Executive Officer is the Executive Sponsor.
- A Health Equity Advisory Group will be started, linked to PCREF. This will include service users, carers, staff and engagement with racialised communities.
- Annual board development session on health equity, including overview of progress made against strategy measures.
- Co-ordinate evolving governance, including PCREF, EDI, CPFT and clinical strategies.
- Include equity measures at Performance and Risk Executive, starting with selected measures for PCREF.
- Develop a mechanism to capture positive learning amongst communities of practice.
- Implement enhanced equality and equity impact assessments across the organisation including within quality impact assessments.



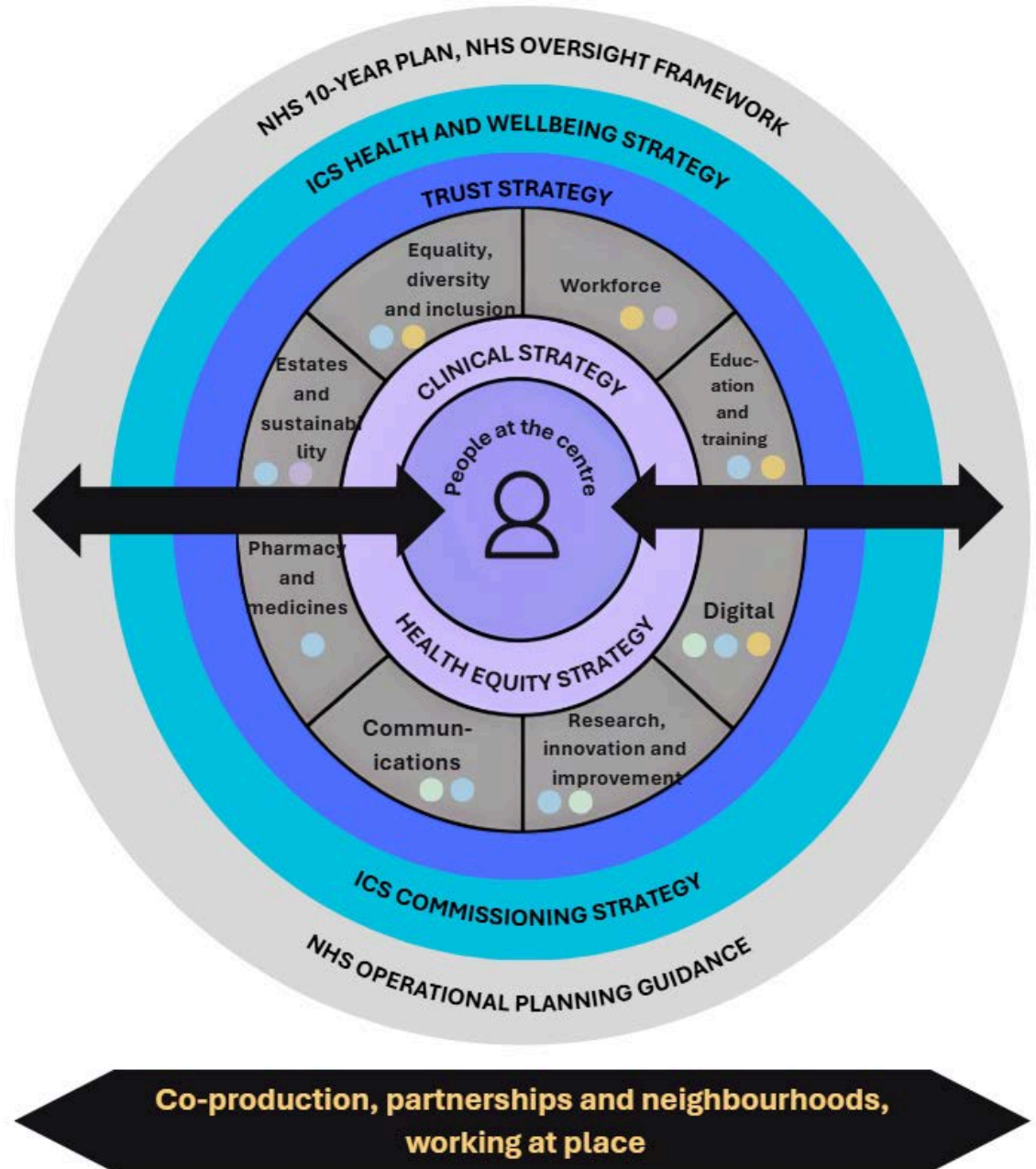
How does this strategy fit with other strategy and policies?

This image shows how the Health Equity, Clinical and Trust Strategies interact with other strategies and policies in the Trust, and wider across the footprint of the ICS.

The Health Equity Strategy highlights work and priorities from many different areas. Where an area is a critical issue in the implementation of the Health Equity Strategy, there is a circle with the colour of the section(s).

Key:

- Service users and carers
- Staff
- Organisation
- Population



What next

To ensure this strategy leads to real and lasting change, we are establishing a Health Equity Advisory Group — bringing together service users, carers, staff, and representatives from racialised and underserved communities. This group will play a vital role in holding us to account, guiding our progress, and ensuring transparency.

Working in partnership with communities, these steps will help us stay responsive and committed to delivering on our promise of a fairer, healthier future for all.




Helpful resources

- Cambridgeshire and Peterborough Mental Health Needs Assessment
- Cambridgeshire and Peterborough Insight
- Health Equity Evidence Centre
- Institute for Health Equity
- Learning from other Marmot places
- NHS - Race and Health Observatory
- NHS as an Anchor Institution - Health Foundation
- Patient and Carer Race Equality Framework
- Culture of Care

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