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## Reducing Health Inequalities in the NHS: Strategic Approaches and Implementation Framework

Krishna Prasad Sharma\*

### Abstract

**Background:** Health inequalities across socioeconomic, ethnic, and geographic groups persist as a major challenge for the National Health Service (NHS), undermining operational effectiveness, financial sustainability, and public trust (NHS England, 2025; The Health Foundation, 2023). These disparities result in unequal access, poorer outcomes, and increased demand on healthcare resources.

**Objective:** This study develops a comprehensive, evidence-based strategy for reducing health inequalities in the NHS, integrating Core20PLUS5 priorities, place-based interventions, workforce equity, VCSE collaboration, and data-driven monitoring.

**Methods:** A structured search was conducted using PubMed, CINAHL, and Google Scholar to identify peer-reviewed articles, policy documents, and grey literature from governmental and health organisations (NHS England, 2022; The Health Foundation, 2023; Marmot, 2015). Data extraction focused on drivers of inequalities, structural interventions, and measurable outcomes. External and internal factors were analysed through a PESTLE framework, case studies, and policy review. SMART (Specific, Measurable, Achievable, Relevant, and Time-bound) objectives were developed across the clinical, workforce, community, and patient safety domains.

**Results:** Key interventions include increasing vaccination uptake by 15% among deprived populations, achieving 80% annual health check uptake in people with severe mental illness, ensuring 70% continuity of maternity care, increasing early-stage cancer detection by 10%, and managing 80% of undiagnosed hypertension cases. Workforce equity measures aim for 25% increased representation of under-represented groups and a 50% reduction in pay disparities. Community and VCSE (Voluntary, Community and Social Enterprise) engagement are projected to increase participation in preventive programs by 20%. Monitoring is facilitated by integrated dashboards within ICSs and a mixed-methods evaluation framework.

**Conclusion:** A coordinated, evidence-based, place-based approach integrating Core20PLUS5 priorities, workforce equity, and community partnerships offers a feasible pathway to reduce health inequalities in the NHS. Sustained leadership, cross-sector collaboration, and robust data collection are critical to achieving measurable improvements in population health, service quality, and equity.

**Key words :** Health inequalities , National Health Service (NHS), Core20PLUS5 framework, Integrated Care Systems (ICS), Workforce equity, Community engagement, Population health management, Health policy implementation, Socioeconomic disparities, Preventive healthcare strategies

\*Correspondence:

Krishna Prasad Sharma  
Nursing, Brunel University London, UK,  
BA, B.ED & MA , Tribhuwan University, Nepal

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## Introduction

Health inequalities remain a persistent strategic challenge for the National Health Service (NHS), affecting populations across socioeconomic, ethnic, and geographic lines (NHS England, 2025; The Health Foundation, 2023). Despite delivering comprehensive publicly funded healthcare to over 60 million people, disparities in access, outcomes, and experience threaten operational effectiveness, resource sustainability, and population health equity (NHS England, 2025). Health inequalities are recognised as one of the nine major strategic challenges confronting the NHS, as highlighted in the NHS Long Term Plan (2019), which commits to improving equity across diverse population groups.

Socioeconomic deprivation is a key driver of inequalities, restricting timely access to healthcare and contributing to higher disease burdens among disadvantaged populations. Ethnic and minority groups experience higher rates of chronic conditions and poorer outcomes, while regional variations in service provision create geographic disparities in access (The Health Foundation, 2022). These inequalities affect a broad range of stakeholders: patients experience delayed care and worse health outcomes, NHS staff must manage more complex needs with limited resources, policymakers are pressured to allocate services equitably, and community organisations are tasked with addressing wider social determinants of health (Morris & Robertson, 2024; England, 2023).

The COVID-19 pandemic further exposed structural inequalities, with mortality disproportionately affecting deprived and ethnic minority populations (Katikireddi et al., 2021; Williams et al., 2022). These findings underscore the urgent need for comprehensive strategies that embed equity at the core of NHS operations. The NHS's strategic vision is to reduce disparities in access, experience, and outcomes through a multifaceted approach integrating preventive interventions, place-based planning, workforce equity, and data-

driven performance monitoring (NHS, 2022; Marmot, 2015).

## Materials & Methods

A systematic literature and policy review was conducted to identify interventions, frameworks, and evidence supporting the reduction of health inequalities in the NHS. The search was performed using electronic databases including PubMed, CINAHL, and Google Scholar to identify relevant peer-reviewed articles, policy documents, and grey literature from governmental and health organisations (NHS England, 2022; The Health Foundation, 2023). Search terms included "health inequalities," "socioeconomic disparities," "ethnic disparities," "Core20PLUS5," "Integrated Care Systems," and "population health management."

Inclusion criteria were UK-focused studies, policy documents, and reports addressing health disparities, structural interventions, and measurable outcomes. Exclusion criteria included non-UK studies or those unrelated to healthcare delivery. Data were extracted regarding drivers of inequalities, clinical interventions, workforce initiatives, community engagement, VCSE partnerships, and monitoring frameworks.

External factors influencing inequalities were analysed using a PESTLE framework, including political, economic, social, technological, legal, and environmental determinants (CIPD, 2025). Internal organisational factors, such as leadership prioritisation, workforce diversity, staff training, and resource allocation, were assessed for their capacity to support equity-focused strategies (NHS England, 2022). Case studies including the Marmot Review and COVID-19 outcomes were examined to illustrate the impact of structural inequalities on population health (Faculty of Public Health, 2025; Katikireddi et al., 2021).

A **strategic framework** was developed, operationalised through SMART objectives targeting clinical care, workforce equity, patient

safety, and community engagement. Implementation planning included the creation of a Health Inequalities Steering Group within Integrated Care Systems (ICSs), formal engagement with VCSE organisations, and the use of population health management systems such as EMIS and SystmOne for monitoring and evaluation (NHS England, 2023; NHS Digital, 2025).

Evaluation used a mixed-methods approach, combining quantitative KPIs (clinical, workforce, and patient safety outcomes) with qualitative stakeholder feedback via surveys, focus groups, and case studies (Crowe et al., 2011; Taylor et al., 2014).

## Results

### Clinical Interventions

Implementation of targeted clinical interventions is projected to significantly improve outcomes for the Core20PLUS5 populations. Vaccination uptake for COVID-19, influenza, and pneumococcal disease is targeted to increase by 15% within 12 months. Annual health checks for people with severe mental illness are planned to reach 80% within 18 months. Continuity of maternity care in deprived areas is targeted at 70% within 24 months, while early-stage cancer detection is projected to increase by 10% within 36 months. Identification and management of undiagnosed hypertension is expected to cover 80% of cases within 18 months (Public Health England, 2022; NHS England, 2023).

**Figure 1** (Strategic Framework Diagram) illustrates the NHS approach, integrating clinical interventions, workforce equity, and community engagement under ICS governance, ultimately leading to reduced health inequalities.

### Workforce Equity

Workforce equity initiatives aim to enhance diversity and inclusion while improving morale and retention. Targets include a 25% increase in under-represented groups in leadership roles, a 50% reduction in pay disparities, and 90% staff

completion of health inequalities training (NHS Employers, 2023; Health Education England, 2023). Additional interventions address bullying, harassment, and international staff support (NHS People Plan, 2020; NHS EDI Improvement Plan, 2023).

### Community Engagement & VCSE Partnerships

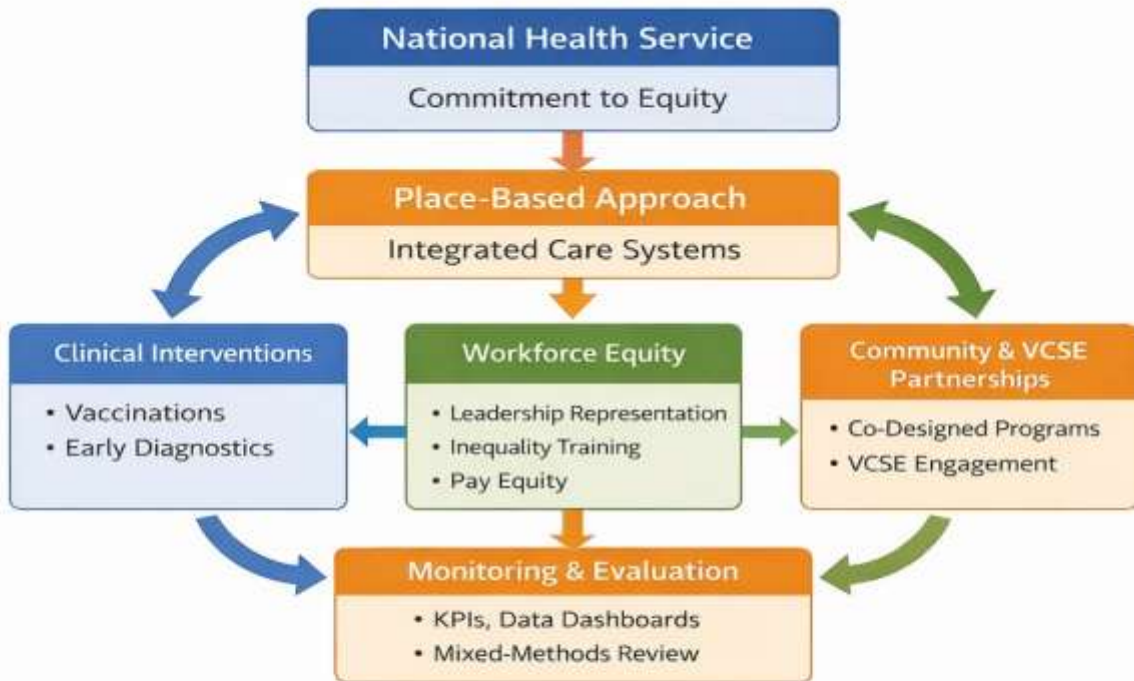
Community-based interventions focus on preventive health, outreach, and co-produced initiatives with VCSE organisations. Participation in health and wellbeing programs is projected to increase by 20% over two years. At least 50 VCSE organisations will be formally engaged, co-designing ten community-led programs and leading five research or advocacy projects. A minimum of 10% of prevention or inequalities funding will be directed toward VCSE delivery (LGA, 2023; How health and care systems can work better with VCSE partners, 2021).

### Patient Safety & Data Monitoring

Patient safety improvements target 95% completeness of ethnicity data, 80% recording of protected characteristics in incident reports, 90% staff training completion, and universal access to interpretation services (NHS, 2025; Health Education England, 2021). Mixed methods monitoring via ICS dashboards and quarterly reviews ensures ongoing assessment of clinical, workforce, and community outcomes (Taylor et al., 2014; CQC, 2025).

### Bar Chart of SMART Clinical Objectives

**Figure 2** shows the projected improvement for key clinical objectives: vaccination uptake (15%), annual health checks (80%), continuity of maternity care (70%), early-stage cancer detection (10%), and hypertension management (80%). Each bar represents target improvements across Core20PLUS5 populations, integrating both clinical and population health priorities.



**Figure 1:** Strategic Framework to Reduce Health Inequality in the NHS



**Figure 2:** SMART Clinical Objectives and Targets

## Discussion

Reducing health inequalities in the NHS requires a system-level, multi-dimensional approach. Place-based strategies delivered via ICSs allow interventions tailored to local populations while fostering partnerships with VCSE organisations (Naylor & Charles, 2022). Clinical improvements, workforce equity, and community engagement must be coordinated through robust governance and data infrastructure.

Upstream interventions targeting social determinants—housing, education, and income—provide long-term benefits but face challenges including funding constraints and political variability (Marmot et al., 2020; Department of Health & Social Care, 2022). Short-term, feasible strategies such as embedding lived experience, anti-racism initiatives, and co-production with communities can deliver measurable outcomes within existing structures (Bailey & West, 2022; The King's Fund, 2021).

Case studies, including COVID-19 mortality and Marmot Review findings, illustrate that structural inequalities directly shape health outcomes, highlighting the importance of integrated, evidence-based interventions (Faculty of Public Health, 2025; Katikireddi et al., 2021; Williams et al., 2022).

SMART objectives provide clarity, accountability, and measurable targets for clinical care, workforce diversity, and community engagement. Monitoring using mixed-methods evaluation captures both quantitative outcomes and qualitative experiences, ensuring interventions are culturally relevant and effective (Bodini & Gentilini, 2020; Crowe et al., 2011).

Financial sustainability and workforce morale are linked to reductions in inequity, as decreasing variation in access and outcomes alleviates acute service pressures, strengthens organisational legitimacy, and improves staff retention (Public Health England, 2017; Anderson et al., 2021).

## Conclusion

Persistent health inequalities challenge the NHS's ability to deliver high-quality, equitable care. This study demonstrates that a comprehensive, evidence-based, place-based approach integrating Core20PLUS5 priorities, workforce equity, VCSE partnerships, and data-driven monitoring can reduce disparities in access, outcomes, and patient experience. Effective implementation relies on strong ICS governance, leadership accountability, sustained investment in preventive care, and robust data collection on ethnicity and protected characteristics.

Embedding equity as a core organisational priority strengthens legitimacy, improves workforce morale, and ensures high-quality care across populations (Marmot et al., 2020; The Health Foundation, 2024). Sustained cross-sector collaboration and community engagement are critical for long-term, measurable improvements in population health and social justice. Through coordinated, multi-level interventions, the NHS can effectively reduce health inequalities while enhancing operational sustainability, patient outcomes, and public trust.

Domain	Intervention / Target	Timeframe	KPI / Outcome Clinical
<b>Clinical</b>	Increase vaccination coverage	12 months	(+)15% in Core20 populations
	Annual health checks (SMI)	18 months	80% coverage
	Continuity of maternity care	24 months	70% continuity
	Early cancer detection	36 months	+10% early-stage diagnosis
	Hypertension identification & management	18 months	80% cases managed
<b>Workforce</b>	Representation of under-represented groups	24 months	(+)25%
	Pay disparity reduction	24 months	-50%
	Staff completion of inequalities training	12 months	≥90%
<b>Community / VCSE</b>	Participation in health & wellbeing programs	24 months	(+)20%
	VCSE engagement & program delivery	18-24 months	≥50 organisations; ≥10 programmes
<b>Patient Safety</b>	Completeness of ethnicity and protected-characteristics data	24 months	≥95% ethnicity; ≥80% protected characteristics
	Access to interpretation services	24 months	100% availability

### **Clinical, Workforce, Community, and Patient safety Domains**

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