Royal College of Physicians

Bridging the gap

A guide to making health inequalities a strategic priority for NHS leaders

Summary

Tackling health inequalities is key to improving the health of the country and reducing preventable demand on health services. Health inequalities are avoidable and unfair – all patients should receive equal access, outcomes and experiences of health services and everyone should be able to lead healthy lives. Addressing these inequalities should be a key focus for NHS organisations, and NHS leaders play an important role in pushing this forward.

This document recommends actions to make reducing health inequalities a strategic priority for NHS leaders. It sets out the existing statutory duties placed on NHS organisations and outlines current guidance on health inequalities.

It identifies barriers and enablers to systems that prioritise tackling health inequalities, and highlights actions that clinicians and clinical leaders should take to make overcoming health inequalities a central part of their core business.

While tackling health inequalities can seem like a huge task – especially when the factors that contribute to ill health often sit outside of the NHS – health systems, clinical leaders and clinicians have a key role to play. All physicians can help leaders and clinicians make tackling health inequalities a bigger priority in their organisation.

What are health inequalities and why do they matter?

Health inequalities are the avoidable, unfair and systematic differences in health between different groups of people in a population.[1] We know that health and health outcomes are not experienced equally.

In 2020–22, men in the most deprived areas of England were expected to live a decade less than men in the least deprived areas. For women it was 7.3 years.[2] When it comes to healthy life expectancy – the number of years a person is expected to live in 'full health' without major illness or conditions – the gap widens further. In 2018–20, there was an almost 20-year gap in healthy life expectancy between those living in the most and least deprived areas.[3]

A variety of factors contribute to health inequalities, including housing, education, employment opportunities, air quality and transport (often referred to as the wider determinants of health), as well as 'healthcare inequalities' such as access to the NHS, outcomes and overall encounters with health and care services. Both need to be addressed to improve health and tackle inequalities.

Lord Darzi's independent review of the NHS recognised that 'many of the social determinants of health…have moved in the wrong direction over the past 15 years with the result that the NHS has faced rising demand for healthcare'.[4] This comes 22 years after the Wanless report,[5] which examined healthcare needs and funding over the next 2 decades and argued that initiatives to improve public health and prevention and reduce health inequalities could result in reduced incidence of many conditions and therefore reduced demand for health services.

Physicians often see the impact of health inequalities in the diseases and health conditions they treat – from gastroenterologists and hepatologists seeing the impact of alcohol to diabetologists seeing the impact of obesity, geriatricians observing the development of frailty at a younger biological age for those living in socio-economically deprived areas, and respiratory physicians seeing the impact of smoking, air pollution and poor housing conditions.

According to the 2023 UK census from the three royal colleges of physicians, almost a quarter (24%) of consultant physicians said that more than half or almost all of their workload is due to illnesses or conditions related to the wider determinants of health.[6]

Projections suggest that by 2040, 2.5 million more people will be living with major illness in England – a projected 37% increase in the number of people living with a major condition, or almost one in five adults.[7] There is not only a moral but a financial imperative to improve the health of our nation and reduce avoidable ill health that puts additional pressure on the healthcare system. Reducing avoidable illness is critical to the sustainability of the NHS in the long term.

While there is some guidance in place for systems and clinicians, it does not always translate into practice. Despite a welcome recognition of health inequalities from NHS provider organisations in recent years, tackling and reducing those inequalities is still often seen as a 'nice to have' rather than a part of core business.

Reducing avoidable illness is critical to the sustainability of the NHS in the long term

Prioritising action on health inequalities has the potential to bring huge benefits to staff, patients and the system as a whole:

- **Moral:** Health inequalities are avoidable and unfair, often starting in childhood and lasting the life course. Action can and should be taken by the NHS at all levels to reduce them. This will lead to better general health and people living healthier and happier lives.
- **Financial:** Before the pandemic, health inequalities were estimated to cost the NHS an extra £4.8 billion a year.[8] Tackling inequalities can be cost saving in the long term.
- **Operational:** Worsening health inequalities are leading to more avoidable illness and greater demand on healthcare services, while reducing them can help to reduce demand in the long term. A bigger focus on primary and secondary prevention, as well as improving access and outcomes for those from deprived communities, will mean that conditions are prevented, delayed or diagnosed at a stage where a difference to their outcome is possible.

It is vital that health inequalities are a strategic priority for NHS systems, leaders and staff alike. Reducing them will improve the length and quality of life for the most disadvantaged, as well as limiting the impact on overstretched NHS resources.

By 2040, **2.5 million** more people will be living with major illness in England

What can I do as a clinician?

Clinicians have an important role in advocating for the importance of reducing health inequalities.

Learn

- **Listen** to RCP podcasts on health inequalities
- **Complete** the RCP e-learning on the social determinants of health

Ask

- **Ask** senior colleagues about what work is taking place to reduce health inequalities in your area
- **Find out** who is leading work on health inequalities

Advocate

- **Share** resources with colleagues
- **Raise** health inequalities as a topic in meetings
- **Make** the case for tackling health inequalities, drawing on statutory duties and the moral and financial benefits

Support

- **Analyse** population and health inequalities data for your specialty to inform service delivery
- **Speak** to patients about the wider factors that may affect their health
- **Signpost** patients to services that may help them to improve their health

Reducing health inequalities

What can I do as a leader?

People in leadership roles have a significant opportunity to make tackling health inequalities ‘business as usual’.

Educate

- **Host** training sessions or audit days focused on tackling health inequalities
- **Recruit** dedicated roles or assign responsibilities to staff members to lead and educate on health inequalities and monitor progress

Analyse

- **Identify** areas of need based on health inequalities data for your organisation
- **Engage** with public health teams and share data
- **Share** data across your organisation so that all staff evaluate how it informs their work

Collaborate

- **Participate** in partnerships and boards with a focus on health inequalities
- **Work** with the health inequalities lead in your organisation
- **Speak** to those with lived experience
- **Engage** with stakeholders at a place and system level to join up services

Communicate

- **Showcase** existing work to tackle health inequalities
- **Host** opportunities for shared learning, including forums and events
- **Promote** your organisation’s strategy for health inequalities in all staff inductions

Reducing health inequalities

What should be happening?

There are a range of statutory and non-statutory duties on NHS bodies focused on reducing health inequalities. It is important that clinicians are aware of these to support and encourage systems to design strategies to meet them.

Integrated care systems (ICS) have statutory duties on health inequalities

The 2022 Health and Care Act put ICSs on a statutory footing with four key aims:

1. Improving outcomes in population health and health care
2. Tackling inequalities in outcomes, experience and access
3. Enhancing productivity and value for money
4. Helping the NHS to support broader social and economic development.

The second aim makes explicit the responsibility of ICSs to improve healthcare inequalities, while the first and fourth aims underpin the role of ICSs in addressing wider health inequalities.

ICSs are made up of integrated care boards (ICBs) and integrated care partnerships (ICPs). ICBs have statutory responsibility for planning and funding most NHS services in their area. They have legal duties to:

- reduce inequalities between patients in ability to access health services
- reduce inequalities between patients with respect to the outcomes achieved from their interaction with the health services
- support partnership working, where this would help to tackle inequalities
- ensure that health services are integrated in a way that would reduce inequalities in access and outcomes.

ICBs are required to prepare an annual report setting out how they have discharged their functions and statutory duties in the previous financial year, including on health inequalities.

The 2022 Act also introduced a statutory duty for all NHS bodies to adhere to the 'triple aim' so that the planning, commissioning and delivery of services take into account:

- health and wellbeing, including inequalities in health and wellbeing
- the quality of services, including inequalities in benefits of those services
- the sustainable and efficient use of resources.

These legal duties combined mean action to tackle health and healthcare inequalities should be a prominent focus for all NHS ICSs, trusts and service providers – though the recent independent investigation into NHS performance by Lord Darzi highlighted ICBs' different interpretations of their population health duties, recommending that the roles and responsibilities of ICBs are clarified.[4]

Guidance for systems

NHS England (NHSE) has published a variety of guidance and framework documents to support systems to meet these duties.

Core20PLUS5 programme

Core20PLUS5 is a national approach to inform action to reduce healthcare inequalities that:

- targets interventions at those in the 20% most deprived areas of the population, and local groups who may have additional needs or complications, eg inclusion health groups
- focus on five clinical areas requiring accelerated improvement: maternity, severe mental illness, chronic respiratory disease, early cancer diagnosis, and hypertension case finding and optimal management.

While NHSE recognises that each system will have different needs and demographics, this approach provides focus in tackling health inequalities. ICSs are expected to understand their 'Core20PLUS' population and identify their healthcare needs and make informed decisions about how to ensure equitable access, experience and outcomes for these populations. Systems should target interventions for those populations through the five clinical areas.

NHSE has created a number of initiatives to help implement this framework, including an ambassador programme, accelerator sites, community connectors, and the Health Inequalities Improvement Dashboard.

Action to tackle health and healthcare inequalities should be a prominent focus for all NHS ICSs, trusts and service providers

NHS statement on information on health inequalities

The Health and Care Act 2022 required NHSE to publish a statement on the powers available to NHS bodies to collect, analyse and publish information and how that information should be used.

The current statement published under this section of the Act, spanning 23 April 2023 until 31 March 2025, states:

- NHS bodies are expected to gather and make use of available information on health inequalities to understand healthcare needs of the local population alongside health access, experience and outcomes.
- At a minimum, ICBs should be able to identify the demographic profile of their local population, their healthcare needs, and the wider social, environmental and economic factors affecting health and wellbeing. These data should be used to adopt population health management approaches.
- This information should be published in or alongside ICBs' annual reports.

NHS England operational guidance 2024/25

This included a focus on and targets for health inequalities, including that by the end of June 2024, systems should have published joined-up action plans to address health inequalities and implement the Core20PLUS5 approach. The operational guidance sets out what these plans should cover, including:

- implementing the inclusion health framework and mitigating against digital exclusion
- increasing the capacity and capability of the workforce to understand their role in reducing healthcare and wider inequalities.

Other guidance

NHS framework for inclusion health

Inclusion health is a term used to describe people who are socially excluded, typically experiencing or having experienced multiple overlapping risk factors for poor health, such as poverty, violence and complex trauma.

The framework is intended to help ICSs take steps to improve access, experience and outcomes for these groups and should be a focus for systems under the 2024/25 planning guidance.

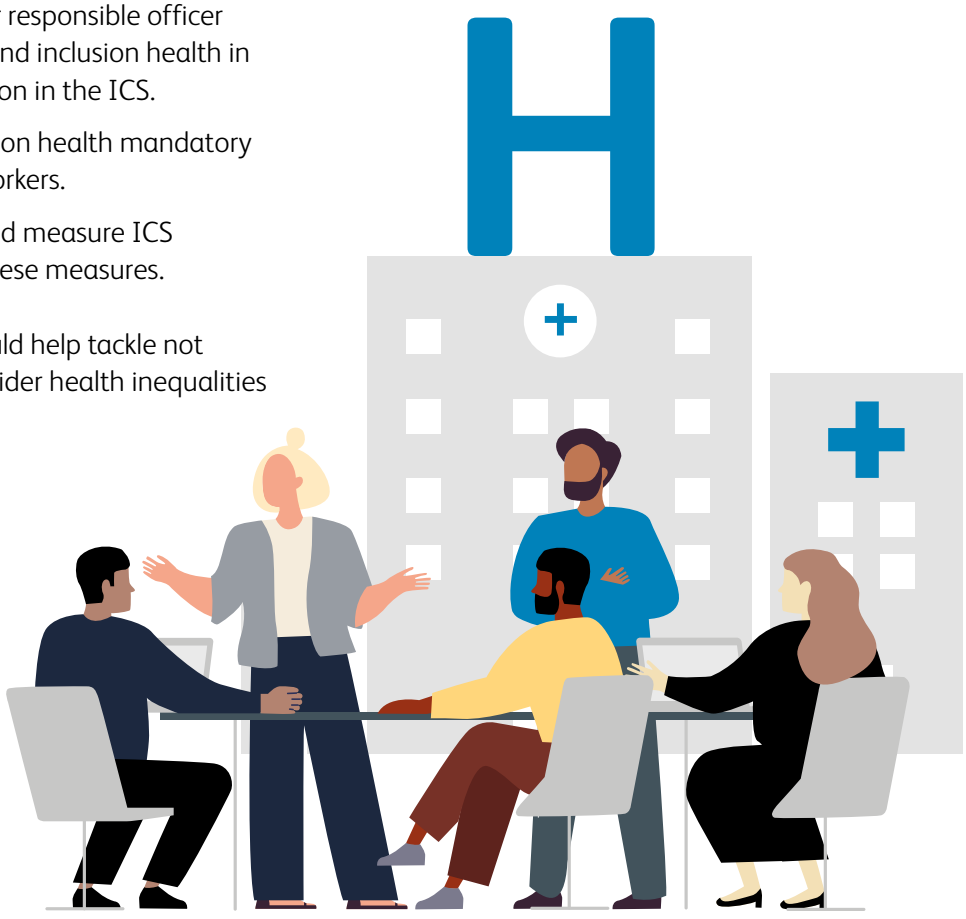
Systems should:

- have a named clinical lead on the ICB with clear responsibility for inclusion health to ensure that senior leaders have a responsibility for championing, challenging and driving action on health inequalities and inclusion health.
- identify a named senior responsible officer for health inequalities and inclusion health in each partner organisation in the ICS.
- make training on inclusion health mandatory and accessible for all workers.
- identify clear targets and measure ICS performance against these measures.

Many of these actions would help tackle not only inclusion health but wider health inequalities more generally.

Tackling inequalities in healthcare access, experience, and outcomes: actionable insights

- This NHSE document provides tangible actions for individuals to take, including strategies to raise awareness, engage leadership and keep healthcare inequalities high on agendas, such as:
  - asking questions at forums, boards and meetings to raise awareness on the importance of an issue
  - identifying system barriers and escalating where appropriate
  - when presenting a case for a healthcare equity issue, ensuring that it covers the statutory and legal responsibility, and the financial and moral case.



What is happening? The barriers and enablers

Despite the range of duties and guidance for systems, it can still be a challenge to prioritise reducing health inequalities at a leadership level.

Barriers

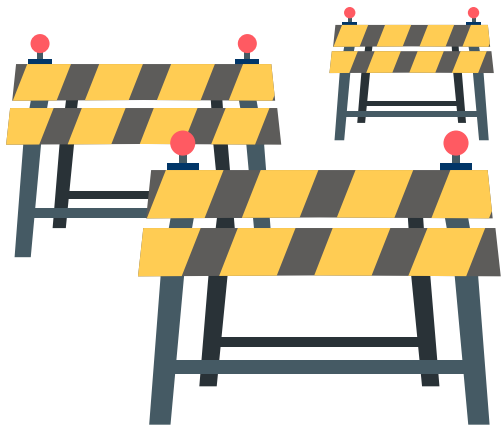
Operational pressures

Significant clinical pressures can divert clinicians' and leaders' time and focus away from health inequalities, despite it being part of ICSs' core functions. A recent survey from NHS Providers found that 73% of trust leads reported wider system pressures and operational challenges as barriers to prioritising health inequalities.[9]

Finding the time to advocate for tackling inequalities or to set up a new project is a barrier for clinicians with intense workload pressures.

Funding

Since 2023/24, funding for health inequalities stopped being ringfenced and now sits within core budgets. £200 million in additional funding for health inequalities, added to core funding allocations, was made recurrent in 2023/24. The 2024/25 NHS planning guidance states that ICBs are expected to demonstrate how they are using that money for health inequalities to target areas of highest need and premature morbidity and mortality in line with the Core20PLUS5 approach.[10]



NHS Confederation found that even when health inequalities funding was still ringfenced in 2022/23, only half of systems ringfenced the entire allocation for health inequalities. In fact, three systems put their whole allocation into the wider system budget instead.[11] With system-wide challenges such as workforce gaps, treatment backlogs and financial deficits, there is a risk that these are prioritised for funding over work on health inequalities. Such disparities in how funding is used can lead to variation in outcomes, potentially increasing inequalities in access and outcomes across services.

Funding is often decided annually, meaning pilots or initiatives have short timescales to develop their schemes and demonstrate or enact change. This limits the impact of initiatives in alleviating health inequalities or improving population health. Better funding streams are needed to address broader financial and operational pressures and to tackle health inequalities.

Prioritisation

The issues that are prioritised at a national level impact the focus given to health inequalities within organisations. NHS Confederation has heard from its members that there is a disconnect between the government and NHSE's priorities and ICSs' statutory role of tackling health inequalities.[11]

The need to tackle waiting lists, for example, can make it harder for other issues to get recognition. This means that there is variation in the action that different areas are taking to reduce health inequalities, and this lack of consistency can make it harder to create meaningful change.

Culture and understanding

A lack of understanding can be an issue. A 2023 RCP survey of members found that only 26% of respondents felt confident in their ability to reduce health inequalities in their medical practice and only 31% felt confident in their ability to talk to patients about the impact of inequalities on their health.[12]

Some RCP members report a lack of awareness across their organisation. NHS Confederation similarly found concerns that health inequalities could not become a central, system-wide issue because there was not a shared understanding of health inequality and the actions that different parts of the health service could take. This means that action to tackle health inequalities often remains in small clusters rather than becoming integrated across organisations or systems.

Similarly, a culture that doesn't prioritise tackling health inequalities can act as a barrier to the adoption of recommendations which could, if implemented, have significant positive impact on tackling health inequalities, but are not taken up because they're non-statutory. Findings by NHS Providers suggest that setting a culture of shared responsibility at the top of an organisation can lead to greater benefits and progress across the wider trust.

The 2024/25 NHS planning guidance set out expectations that systems' health inequalities plans should increase the capacity and capability of the workforce to understand their role in reducing both healthcare and wider inequalities.[10] Team and organisational culture can be both a barrier and an enabler – culture can encourage action or inhibit progress. Cross-organisational collaboration is essential to positive results.

Enablers

There are a number of levers that can support work to promote health inequalities and make them a bigger strategic priority.

Leadership

Leadership is key to making health inequalities a strategic priority in the NHS. Direction and engagement from senior leadership enables staff to prioritise reducing inequalities in their work. In turn, that can help to initiate and drive projects as well as empower staff to implement non-statutory NHSE guidance to tackle health inequalities, as there is clear direction to work beyond what is statutorily required to change outcomes.

Encouragingly, NHS Confederation found in a 2023 survey that tackling inequalities was the primary ambition ICS leaders wanted to achieve in 5 years' time.[11] NHS Providers recommends that board leadership should foster a positive culture on health inequalities across their organisation and take action to ensure awareness and robust accountability mechanisms are in place.[13]

Some NHS trusts have also invested in specific leadership roles focused on public health and population health and these roles can be a significant enabler in tackling health inequalities due to the knowledge, experience and additional capacity that they bring.

There are a number of resources and opportunities to help develop leadership on health inequalities:

- NHS Confederation's Leadership on Health Inequalities programme for system leaders and NHS board members is aimed at delivering practical approaches to tackle health inequality. It covers the evidence base for the benefits of tackling health inequalities, sustaining long-term change and embedding action across the system.

- The NHS Confederation Health Inequalities Leadership Framework board assurance tool provides actions that leaders should take to tackle health inequalities, including embedding it into core business, ensuring awareness and understanding across the organisation, and providing staff with the tools to empower them to tackle health inequalities in their role.

Expertise

Dedicated staff with health inequalities and public health expertise can help improve understanding and set the organisation's vision. NHS Providers found that health inequality leads or project managers working alongside steering groups or committees have been particularly effective in getting some trusts to embed health inequalities across their organisation.[13]

Established expert roles can also make it easier to share teaching and learning with wider teams. Building understanding and capability across an organisation can make it easier to gain traction and engagement in initiatives.

There are some initiatives already in place to help build population health and health inequalities expertise across the NHS. The NHSE population health fellowship gives healthcare professionals the opportunity to take action to reduce the occurrence of ill health and address the wider determinants of health. Work is currently underway to expand this programme so that there is a fellow in every ICS supporting the development of population health expertise.

Public health teams hold a wealth of data on local health inequalities

Data

Robust data can be a significant enabler in allowing teams and systems to understand the needs of their local population and the interventions that may be most effective. RCP members have expressed the importance of health inequalities data for getting buy-in from leaders and helping them in their roles.

Different systems are at different levels of maturity when it comes to health inequalities data. Studies show that systems with comprehensive data on their populations and services are often more likely to have developed solutions targeted at reducing health inequalities.[14] NHSE's statement on information on health inequalities provides a good first step – but these actions should be seen as a starting point rather than the ceiling.

Public health teams hold a wealth of data and intelligence on local health inequalities, which can help local systems and clinical leaders in highlighting potential ways of reducing health inequalities and prioritising actions. Strong channels of communication and working with public health teams can enable better flows of intelligence that can inform action on health inequalities.

What can be done?

There is a significant role for the healthcare system and those working in it to reduce inequalities.

While the following list of suggested actions is not exhaustive, it will help to ensure that health inequalities become a strategic priority for NHS leaders, embedded in clinical and organisational work.

What can I do as a clinician?

Clinicians have an important role in advocating for the importance of reducing health inequalities.

1 Improve your knowledge and understanding to make the case for prioritising health inequalities

There are a number of resources to help you build an understanding of health inequalities:

- **RCP:** Educational materials on health inequalities, ranging from podcasts to an e-learning module on an introduction to the social determinants of health. This module, which provides users with CPD points, covers how inequalities are shaped by the social determinants of health, what can be done to achieve good health and what health professionals can do to influence and take action
- **NHS Providers:** Making sense of health inequalities – a short document outlining some key stats and the role of NHS trusts
- **NICE:** Information on health inequalities
- **The King's Fund:** Health inequalities in a nutshell

2 Ask questions

Clinician-led advocacy will help to promote health inequalities as a priority.

- Ask who the health inequalities or population health lead is in your organisation
  - An NHS Providers survey found that around 85% of trusts have a board-level executive lead for health inequalities.[13] If your trust doesn't have a board-level executive lead, raising this is a good first step to making the case for why the organisation should have one.
  - If there is a lead, ask them about their work. This could be an opportunity to get involved, share information with colleagues, or suggest something that the lead should focus on.
- Ask if you have a clinical lead for inclusion health in your ICB, and a senior responsible officer for health inequalities and inclusion health in your organisation
  - The NHS Framework for Inclusion Health recommends that systems have these roles. However, an NHS Providers survey of trust leaders found that while 40% had either fully or partly embedded the framework, one in five trust leaders were not aware of the document.[14] If your organisation does not have these roles, share the NHSE framework with your leadership.

- Ask if your ICS is collecting data on health inequalities and if so, what these data are used for
  - NHS bodies are expected to collect and use data on health inequalities to understand the needs of the local population and to help take action to improve access, experience and outcomes. Data collected should also be published in annual reports – see if your organisation is doing this.
  - If you're not aware of your organisation collecting these data, ask if it can be more widely shared across all teams to improve awareness.
- Ask if health inequalities data are being collected in your specialty
  - If you're not aware of these data being collected or used, speak to colleagues to suggest it.
- Ask whether health inequalities are regularly discussed at board meetings
  - Regularly discussing health inequalities at board meetings will help them to become a strategic priority for leaders and part of core business. Herefordshire and Worcestershire ICS require health inequalities to be considered in every discussion of their board.[15]
  - Ask board members, medical directors or non-executive directors at your organisation whether health inequalities are routinely discussed, and if so, find out the content of those discussions through board papers, minutes or attending the meetings yourself if you can.

3 Think about what you can do in your role to make health inequalities a bigger priority

There are small steps you can take in your own work that help to address health inequalities and can have a positive impact on patients.

- Analyse data to better understand local population health. If there are data on health inequalities available, look at your specialty data to inform the services you provide.
- Consider the wider determinants of health in your conversations with patients. Where relevant, ask them questions – for example, where they live, their housing and work conditions, whether they can afford healthy food, whether they can travel to healthcare providers and other amenities easily, or whether they live in an area that has a lot of air pollution. Use simple cues to unlock this information so that questions do not cause discomfort:
  - Ask patients to explain their typical day and how they manage their health to get an understanding of their context.
  - Ask if there is anything in a patient's life that would inhibit them from following their treatment plan to find out what interventions would work best for them and to help them to manage their own health.
  - Ask if they have sought or received any support previously, and if this has helped them.
- These cues can help patients to better understand what shapes their health. You can then signpost to services that may help. Your system may have a list of public health and NHS-funded wellbeing services to which you can signpost patients – if not, you could suggest that one is created.

4 Raise awareness and advocate among your team and in your organisation

Once you feel you have a good understanding of inequalities in your area and the work of your organisation, begin to raise awareness among your colleagues and make the case for health inequalities to leadership, covering – as guidance published by NHSE suggests – a system's statutory and legal responsibilities and the moral and financial case.[16]

The actions you can take will depend on your organisation's progress on health inequalities and their plans. You could:

- regularly raise health inequalities as a topic at meetings you attend so that colleagues learn more about the issue and become used to hearing it as an agenda item
- share resources with colleagues and managers
- become a Core20PLUS5 ambassador. This is a 1-year programme run by NHSE to champion the Core20PLUS5 agenda, act as an advocate for those experiencing inequality and influence to create improvement and change.

NHSE guidance on Tackling inequalities in healthcare access, experience, and outcomes provides further useful actions, and the RCP recommends that all clinicians are aware of and make use of this document.

What can I do as a leader?

Those in leadership roles have a significant opportunity to make tackling health inequalities 'business as usual', not just in clinical care but in the wider running of a health system. NHS organisations as 'anchor institutions' can help to address the wider determinants of health – for example by providing high-quality jobs to the local population, using its buildings to support local communities, and purchasing goods and services from within the local community. Leaders can work across their organisation and in the local community to drive progress – involving partners and wider stakeholders is essential to whole system change.

Despite intense clinical workloads and many competing pressures, there is a strong case for leaders to prioritise health inequalities now in order to deliver improved population health in the future.

1 Educate clinicians on health inequalities and how their work can make a difference

Start with 'why'. Staff should understand why this matters and the connection to their everyday work. Ensure that your staff understand how to identify health inequalities issues and offer support.

- Hold training sessions in your organisation to teach about the impact of health inequalities on the provision of healthcare. A 2023 RCP survey of physician members found that 67% of respondents had not received teaching or training in health inequalities within a training programme or as part of their degree.[12]
- Help clinicians understand how tackling health inequalities contributes to the overall success of the ICS strategy so they feel motivated in their work.
- Set up audit days in your organisation that have a focus on health inequalities. This will get clinicians thinking about how health inequalities relate to their work and to demonstrate the impact they are making to address this.
- Assign responsibilities to individuals or small teams in the organisation to embed tackling health inequalities as part of business as usual. Dedicated roles can act as change agents, using their expertise, and backing from the organisation, to influence others and monitor progress.

2 Use data to inform practice and service provision

Good data on health inequalities for your region, organisation and specialties is key to establishing levels of need and where interventions would be most effectively targeted. Leaders should prioritise collecting the information required under the NHS statement to inform improvements. Clinicians should be made aware of this information and encouraged to use it in their work.

- Understand the data and identify areas of need. Provide clinicians and other health professionals with key metrics on how health inequalities can be measured and how this can be used in their own specialty. Linking it to their work will make it a more tangible issue.
- Speak to healthcare public health teams in your area – they hold a wealth of information on demographics and inequalities that may not be held in NHS systems.
- Share the data widely across the organisation, ensuring they are easily accessible for all healthcare staff. Take action to enable broad staff understanding of the data, for example through short training sessions.

- RCP members have told us that some local areas have created data dashboards, illustrating the links between health inequalities and services in the organisation. This is an example of good practice that should be replicated across the country.
- Ensure that health inequalities data is easy to access when clinicians are engaging with patients. For example, adding the Index of Multiple Deprivation (IMD) figure to patients' records based on their postcode can quickly give clinicians some context on the type of area their patient is living in. Some areas are already undertaking work like this – in Nottingham, all trust patients are allocated a national IMD decile, and Dorset ICS has set up dashboards that combine demographic socio-economic and deprivation data with patient data.

3 Communicate the vision and showcase examples of good practice

It is important that staff across the organisation are aware of and understand the work being done to address health inequalities. Promote any work that is already underway to tackle health inequalities. Many RCP members have told us that they've been unaware of any work in their area – some only became aware once reaching out to the appropriate colleagues and specifically asking.

- Ensure that the organisation's vision and strategy for health inequalities is in all staff inductions.
- Set up opportunities for shared learning, including forums or events where good practice and ideas are shared.
- Showcase existing work to highlight the organisation's commitment to addressing health inequalities, provide reassurance, and inspire staff to understand the work taking place and the potential for future work.
- Communicate updates and outcomes from initiatives to staff – either in newsletters or physically across the organisation.
- Collaborate with other organisations in your ICS or across ICSs to create a bank or repository of work taking place in each specialty that all NHS staff can access.

4 Work with colleagues and stakeholders across the system to build momentum

Action needs to be taken across the health system and beyond to truly have an impact on tackling health inequalities. There are many actions that can be taken to achieve this:

- Engage with existing partnerships. Participating in the many partnerships and boards related to your role will enable you to put health inequalities on the agenda if it is not already.
- Consider the role of your system as an NHS anchor institution and actions that can be taken to effect positive change locally. The Health Foundation has developed resources to support this work.
- Medical directors should ensure that they are linked in at system and place level to enable strategic discussions on health need and the types of services required to address health inequalities.
- Clinical leads also have a significant role to play in pushing projects forward and building momentum. If you don't have one already, consider making the case for a clinical lead for health inequalities.
- If there is one, speak to the health inequalities lead in your organisation or ICS to discuss ways of working together and how the work they are already doing can link into your work.
- Speak to those with lived experience to understand issues and where appropriate co-design solutions together. Engage with local authority public health teams to find out if work like this is already taking place, to avoid duplication.

Resources

Useful reading and listening

RCP podcasts on health inequalities

RCP e-learning module on an introduction to the social determinants of health

NHS Providers – making sense of health inequalities

The King's Fund – health inequalities in a nutshell

NICE – information on health inequalities

The Health Foundation – the NHS as an anchor institution

Existing guidance

Core20PLUS5 approach

NHS England statement on information on health inequalities

NHS England 2024/25 – operational guidance

NHS guidance on tackling inequalities in healthcare access, experience, and outcomes

NHS framework for inclusion health

Programmes and initiatives

NHS Core20PLUS5 ambassador programme

NHS Confederation – leadership on health inequalities programme

NHS Confederation – health inequalities leadership framework: board assurance tool

NHS England – population health fellowship

Further work on prioritising health inequalities in the NHS

NHS Providers – reducing health inequalities: a guide for NHS trust board members

NHS Confederation – exploring health inequalities funding across systems

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Get in touch

If you have any feedback or questions about the guidance, please get in touch. We would welcome hearing more about your experiences of reducing health inequalities in your area or any ideas you have to make this a bigger priority.

We also want to hear about the good work that is taking place in the physician community to reduce health inequalities. To get in touch, please email policy@rcp.ac.uk.

This guidance was developed through the RCP advisory group on reducing inequalities in health and wellbeing, which comprises the RCP academic and clinical vice presidents, special adviser on population health, external health inequalities and public and population health experts, and Patient and Carer Network representatives. The document was approved by RCP Council.

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