Health Innovation Network

Local change, national impact

Forging a more equitable healthy future through policy and partnership

Tackling Health Inequalities Through Innovation

Roundtable report

January 2025

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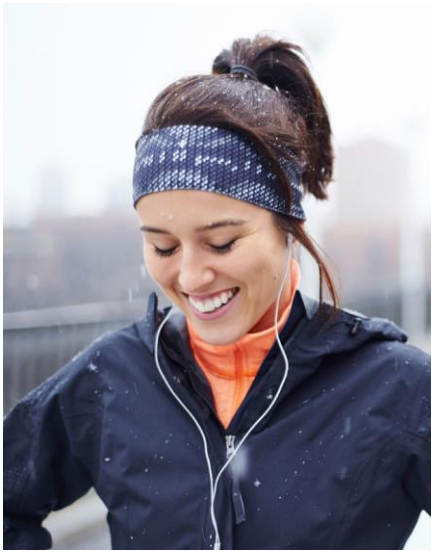

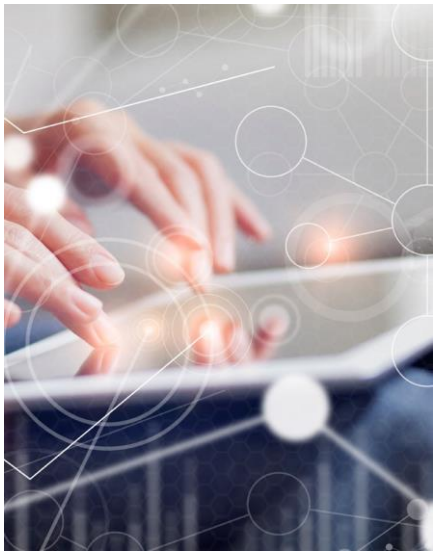

Foreword

Tackling health inequalities remains one of the greatest challenges facing the NHS and the wider health sector today. The Covid-19 pandemic exposed how deeply entrenched these disparities are, underscoring the urgent need for innovative and comprehensive approaches to address them. Advances in digital technologies, data analytics, workforce development, and community partnerships present a unique opportunity to reshape our health system to serve everyone, irrespective of their circumstances.

This report summarises a roundtable discussion held in December 2024, which convened senior clinicians, policymakers and community representatives. It highlights the essential role of policy and partnership in achieving equitable health outcomes. Central to our approach is the emphasis on place-based interventions, tailored to the specific needs of local communities.

A strong consensus emerged that innovation must be understood in its broadest terms. Beyond digital and data-driven solutions, effective innovation encompasses novel service delivery models, cultural competence, and cross-sector collaboration. Ensuring NHS staff are culturally competent, fostering partnerships across housing, education, social care, and the voluntary sector, and adopting service delivery models that meet communities where they are, are all critical to addressing the root causes of health disparities.

Without an explicit focus on equity, innovations risk marginalising the most vulnerable groups. However, when designed and implemented with equity at their core, these approaches can significantly reduce long-term pressures on the NHS and stimulate local economies. From an NHS perspective, investing in equity-focused interventions can deliver a measurable return on investment by reducing avoidable late-stage treatments, improving patient safety outcomes, and mitigating systemic costs.

The UK Government's ten-year plan presents a timely opportunity to align policy, funding, and practice around health equity. By leveraging this strategic framework, we can move beyond incremental improvements towards systemic transformation. We hope the lessons captured in this report will catalyse progressive action and inform policy development that prioritises fairness and inclusivity.

Our heartfelt gratitude goes to the many participants whose expertise shaped these insights - let us seize this moment to build a fairer, more inclusive future for our health services.

Through robust partnerships and informed policy-making, we can ensure that innovation uplifts every community, leaving no one behind.

Richard Stubbs
Chair Health Innovation Network
Chief Executive Health Innovation Yorkshire and Humber

Professor Bola Owolabi
Director of National Healthcare Inequalities Improvement Programme and GP NHS England

Contributions

Collaboration sits at the heart of this report. We are immensely grateful to the diverse range of individuals who took part in the roundtable discussions, each bringing unique insights and expertise. Their willingness to share experiences, challenges, and successes helped shape the rich dialogue and potential pathways for progress presented here. Without their collective input, this report would not have captured the depth and breadth of possibilities for tackling health inequalities.

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| Background

Below is a concise overview of the six areas that emerged from the roundtable as **potential pathways for progress**. These high-level recommendations serve as a quick reference for decision-makers and stakeholders. The subsequent sections of this report will delve into each pathway in greater depth, offering further context, practical examples, and considerations for implementation.

RECOMMENDATION

Ensure Sustainable, Multi-Year Funding

RECOMMENDATION

Enable Data Interoperability and Shared Evaluation

RECOMMENDATION

Encourage Cross-Sector Accountability and Partnerships

RECOMMENDATION

Empower Place-Based Innovation

RECOMMENDATION

Strengthen Workforce Competencies in Health Inequalities

RECOMMENDATION

Demonstrate Impact and Value

Background

Tackling health inequalities is a moral imperative. Currently, preventable diseases and disabilities are causing significant harm, leading to reduced years of good health and earlier deaths. According to the Office for National Statistics, there is an almost 10-year gap in life expectancy at birth between the most and least deprived areas of England.[1]

Addressing these inequalities would substantially support the government's ambitions to increase productivity within the NHS. Before COVID-19, health inequalities were estimated to cost the NHS an additional £4.8 billion annually, cost society around £31 billion in lost productivity, and lead to between £20 and £32 billion per year in lost tax revenue and increased benefit payments. [2] Health, therefore, emerges as a critical determinant of economic performance and prosperity.

By taking action on health inequalities, we not only improve the quality of life for individuals but also reduce the burden on the NHS and social care systems, while delivering benefits to the wider economy. Such efforts help to narrow both regional and within-region disparities, support population groups furthest from the job market in securing employment and contribute to lifting 13.5 million people in the UK out of poverty—55 per cent of whom (7.4 million) are in working families.[3]

National frameworks such as Core20PLUS5 focus on underserved populations and key clinical areas, while recent government white papers, including one on Devolution, offer new mechanisms for localised leadership. However, challenges such as short-term funding cycles, fragmented service delivery, and capacity gaps can limit progress.[4]

NHS England's Innovation for Health Inequalities Programme, established in 2022, is a collaborative effort between the Accelerated Access Collaborative (AAC), NHS England's National Healthcare Inequalities Improvement Programme, and the Health Innovation Network, delivered in partnership with integrated care systems (ICSs). This programme was designed specifically to embed the clinical interventions set out in Core20PLUS5 (adult and CYP), ensuring that projects align with national priorities and address health inequalities. It is essential to recognise the real-world impact of these interventions on patient outcomes. In its first wave, this programme reached over 34,000 individuals in underserved communities, showcasing the impact of targeted interventions and robust community partnerships. These achievements align with themes from the King's Fund report, Tackling Health Inequalities: Seven Priorities for the NHS, which advocates for transformative changes in community relationships, empowering place-based partnerships to influence spending decisions, and providing greater support for voluntary, community, and social enterprise (VCSE) organisations through flexible financial and commissioning practices. Collectively, these priorities emphasise the value of multi-sector collaboration, locally tailored solutions, and trust-building to drive meaningful and lasting change.

The government's ambition to enhance the nation's health, to be outlined in the 10-Year Plan, will centre on three strategic shifts: transitioning from sickness to prevention, moving care from hospitals to the community, and adopting digital innovations. Innovation will be a crucial component of delivering on this ambition.

In December 2024, NHS leaders, local government representatives, researchers, patient advocates, and community organisations convened to share insights and champion the place-based partnerships and policies needed to address health inequalities through innovative approaches.

This roundtable brought together 21 participants from across industry, academia, the voluntary and charity sectors, and healthcare providers. This report distils their insights, highlighting practical examples of innovation in action and offering recommendations for policymakers and decision-makers. By applying these collective learnings and directing resources more strategically, we can ensure that innovation reaches the communities most in need, laying the foundation for measurable and enduring improvements in population health.

The Health Innovation Network would like to thank all those who attended the roundtable and shared their valuable insights.

[1] https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthandlifeexpectancies/bulletins/healthstatelifeexpectanciesuk/between2011to2013and2021to2023
[2] https://www.rcp.ac.uk/policy-and-campaigns/our-public-health-alliances/inequalities-in-health-alliance/#:~:text=A%20healthy%20population%20and%20a,bn)%20of%20the%20NHS%20budget.
[3] https://assets.publishing.service.gov.uk/media/605c99f88fa8f545da1c2da1/Inclusive_and_sustainable_economies_-_leaving_no-one_behind.pdf
[4] https://www.nhsconfed.org/publications/state-integrated-care-systems-202324

Lessons from Practical Initiatives

Case study: Hosting events for opportunistic testing for atrial fibrillation and hypertension

Community-Led Cardiovascular Screening

The aim of this project was to identify un-diagnosed atrial fibrillation (AF) and hypertension (HTN) within African, Black Caribbean and South Asian communities in areas where high levels of deprivation exist. One of the goals was to encourage people who might not usually engage with the more traditional health service delivery venues and models, to get tested and learn about heart health.

Approach

Deploying AF and hypertension testing in accessible community settings.

Outcome

Detection rates improved among Black, Asian, and minority ethnic communities, due to higher trust and better access.

Key Insight

People-focused approaches, not just technology, make or break innovation.

Learning Use of community champions ensured the effective conversations and engagement with communities and connection with clinical teams. **89% of those who attended events heard about the events from community champions or community leaders.**

Lessons from Practical Initiatives

Case study: Identifying and treating paediatric asthma and smoking

Targeted Paediatric Asthma Management

This project focused on asthmatic children and young people (and their families), living in IMD deciles 1 and 2 who are of the White British, Pakistani and Bangladeshi ethnicities. The work supports access to Fractional Exhaled Nitric Oxide (FeNO) testing in the ward and in the community as well as access to asthma biologics (if appropriate). The team also aimed to improve paediatric asthma management by supporting young people and/or their families to quit smoking.

Approach

Integrating advanced diagnostics (FeNO testing) with family support (e.g., smoking cessation).

Outcome

Reduced hospital admissions and improved adherence to treatment, particularly among deprived families.

Key Insight

Comprehensive solutions that address clinical and social determinants yield better outcomes.

Learning A need for educational resources to aid asthma management was identified. This stemmed from anecdotal evidence of a **lack of understanding of parental smoking on their child's asthma, followed by a workshop, with key project partners, identifying a gap in educational resources** helping young people self-manage their asthma.

Lessons from Practical Initiatives

Case study: Partnering with a local community hub to improve access to qFIT testing and wider healthcare

Co-Located Cancer Screening in Deprived Areas

Uptake of faecal immunochemical test (qFIT), which can help detect cancer, is particularly low within deprived, rural and coastal communities, and those with severe mental illness and/or learning disabilities. This project aimed to increase access to health care and qFIT testing for these population groups in North Devon, a particularly deprived area.

Approach

Offering bowel cancer screening in community hubs alongside other support services.

Outcome

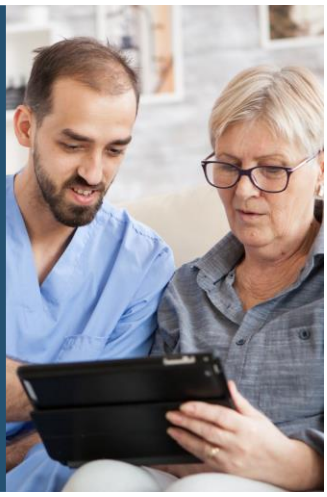
Markedly higher screening uptake in areas with historically low participation.

Key Insight

When health interventions are woven into **broader community services**, stigma and access barriers diminish.

Learning

Creating environments that **foster familiarity, build trust, promote acceptance**, and provide space for patients to feel heard during their healthcare appointments can contribute to the wellbeing of individuals seeking healthcare.



For further insights on these projects read the Health Innovation Network ***Innovation for Healthcare Inequalities Programme – Impact and learning report.***

Recommendations

Drawing together the learnings from local projects, policy reflections, and the roundtable's wide-ranging conversation, participants identified **six** areas where further developments and innovations can help embed health equity across the NHS. While these themes echo some existing recommendations and policies, the discussions offered new perspectives on **how** to implement them effectively and sustainably.

Recommendation 1: Ensuring Sustainable, Multi-Year Funding

Participants consistently raised **short-term funding** as a barrier to scaling proven solutions. Projects that deliver clear benefits—such as reduced hospital admissions or improved screening uptake—often face uncertain financial futures once initial grants end.

- **Refining the Business Case for Equity**
  Building on the King's Fund economic analyses, roundtable contributors suggested adopting a **multi-horizon return on investment (ROI)** perspective—accounting for immediate, medium-term, and long-term outcomes. For example, absences from work contribute to an overall cost to productivity of £100 billion per year.[5]
  By capturing the full social and economic value of interventions (e.g., reduced A&E attendances, improved workforce productivity, lower benefits expenditure), local teams can build stronger cases for stable funding.

- **Encouraging Creativity in Resource Allocation**
  Some areas leveraged a patchwork of grants, philanthropic support, and alignment with public health budgets. Participants found that **combining diverse funding streams** also stimulated cross-sector collaboration and innovative service design—useful lessons for systems seeking to maintain momentum even in challenging financial climates.

RECOMMENDATION:

Develop long-term investment models that capture social and economic returns on successful initiatives, preventing proven projects from stalling after initial funding cycles.

[5] Yerramilli, Pooja et al. "The cost of inaction on health equity and its social determinants." BMJ global health vol. 9,Suppl 1 e012690. 8 Apr. 2024, doi:10.1136/bmjgh-2023-012690

Recommendations

Recommendation 2: Enabling Data Interoperability and Shared Evaluation

A **data-rich environment** emerged as crucial for understanding community needs, targeting interventions, and demonstrating outcomes to commissioners and policymakers.

- **Developing Cross-Agency Data Collaboratives**
  Delegates discussed the potential of forming **regional data hubs** or collaboratives, where patient data from primary, secondary, and community care is systematically combined with local authority data on housing, education, and deprivation. This approach helps **pinpoint underserved populations** and measure the combined impact of health and non-health interventions.
- **Strengthening Local Capability**
  Many ICBs and provider trusts currently lack the analytics capacity or governance structures to manage complex datasets. Having **specialist roles** (e.g., data scientists or evaluation leads), guided by clear information governance protocols that maintain patient trust and privacy, can enhance how local systems integrate diverse data sources, enabling more targeted and impactful interventions.

RECOMMENDATION:

Create cross-agency data collaboratives and analytics capacity so local teams can link health, social, and economic metrics, monitor impact in real time, and refine interventions effectively.

Recommendations

Recommendation 3: Encouraging Cross-Sector Accountability and Partnerships

Discussions highlighted the necessity of **breaking down siloes**, since NHS action alone cannot address the socio-economic drivers of poor health.

- **Embedding Health Equity Targets Across Sectors**
  Examples from Oldham and Greater Manchester showed how local health teams worked with schools, social services, and voluntary organisations to tackle common risk factors like housing quality or smoking. Participants stressed the importance of **co-created targets and shared metrics**—for instance, measuring the reduction in asthma-related A&E attendances alongside improvements in housing conditions.

- **Anchor Institutions and Community Engagement**
  Leveraging **anchor institutions**—major local employers like NHS trusts or universities—to create local job opportunities and shape community health is integral to success. In parallel, involving **community champions** from faith groups or grassroots organisations helped build trust, reduce stigma, and spark sustained behavioural change among underserved groups.

RECOMMENDATION:

Establish shared targets across health, social care, housing, education, and community organisations, ensuring all stakeholders co-design programmes and jointly own outcomes.

Recommendations

Recommendation 4: Empowering Place-Based Innovation

Many roundtable voices echoed the idea that **one-size-fits-all solutions often fail** to address the diverse cultural and logistical barriers faced by specific population.

- **Localising Decision-Making and Resources**
  The Devolution White Paper provides a window for transferring powers and budgets to integrated care systems (ICSs), local mayors, and authorities—enabling them to adapt national priorities (like Core20PLUS5) to their specific demography. Roundtable participants welcomed an approach that allows **local leaders** to direct resources where the need is greatest.

- **Balancing 'Product and Approach'**
  Initiatives such as bringing handheld atrial fibrillation (AF) testing to community centres succeeded because they combined **appropriate technology** with **community-led outreach**. Attendees saw real value in **co-producing interventions** with local stakeholders, ensuring that innovations (both digital and social) align with cultural norms and practical realities.

RECOMMENDATION:

Use devolution levers to grant Integrated Care Systems and local leaders the authority and resources to tailor national priorities—such as Core20PLUS5—to local realities, ensuring culturally appropriate delivery.

The role of local champions

During the roundtable discussion, participants reflected on the Importance of local champions - whether community leaders, faith representatives, or grassroots advocates. Local champions play an essential role in encouraging participation and building trust.

Their involvement ensures that events and Initiatives such as the ones detailed above, are delivered in a culturally competent manner, and can significantly Increase uptake of services and sustain engagement over time.

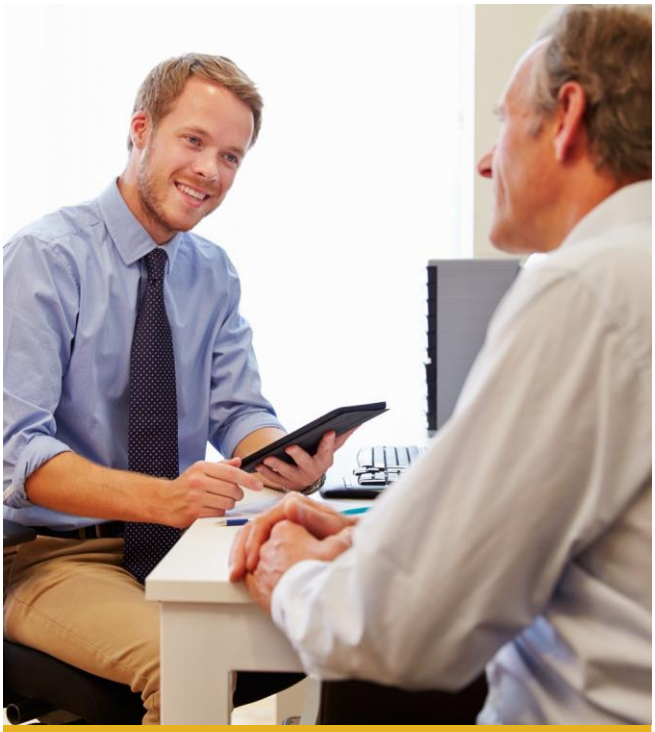
Recommendations

Recommendation 5: Strengthening Workforce Competencies in Health Inequalities

Finally, conversations repeatedly returned to the **role of people**—from senior NHS executives to frontline clinicians to administrative staff.

- **Building Cultural Competence**
  Participants described cases where clinicians lacked awareness about condition-specific disparities (e.g., sickle-cell disease in Black communities, or language barriers in migrant populations). Embedding **inequalities-focused training** in medical curricula and continuous professional development can fill these gaps, leading to more empathetic, effective interactions.

- **Supporting NHS Staff as Local Advocates**
  With 1.5 million employees, the NHS itself has a large workforce—many from the same communities that are underserved by healthcare. Roundtable attendees suggested programmes to **empower NHS staff** as ambassadors for health equity within their own neighbourhoods, further bridging the trust gap and engaging harder-to-reach populations.



RECOMMENDATION:

Integrate cultural competence and social determinants awareness into NHS training at all levels, enabling staff to better serve the needs of diverse and underserved communities.

Recommendations

Recommendation 6: Demonstrating Impact and Value

Given that the work being undertaken by the Integrated Care Boards, health Innovation networks, and front-line teams are tax-payer funded through various public sector funding mechanisms including the NHS, it is imperative that we routinely and consistently demonstrate the impact of our initiatives both from the perspectives of patient outcomes and return on investment. While the social benefits of these initiatives are often clear, their cost-effectiveness needs to be shown in ways that resonate with funders and policymakers, underscoring both immediate and longer-term gains.

- **Capturing Quantitative and Qualitative Data**
  Gathering robust "hard" data—such as reduced admissions, cost savings, or improved screening rates—is essential for establishing a project's impact on NHS service pressures. Equally important, however, is capturing the "soft" evidence of success, for instance patient testimonials or community feedback. These qualitative insights help ensure that local experiences and cultural nuances are properly acknowledged, strengthening public trust and support.

- **Demonstrating Impact to Sustain Support**
  In the current funding environment, programmes that fail to clearly evidence how they reduce service pressures, improve patient safety, or enhance other quality measures risk being deprioritised. Projects that articulate a clear return on investment—encompassing both traditional financial metrics and broader social outcomes—are more likely to secure continued support. By systematically tracking cost savings, patient-reported experiences, and prevention outcomes, local teams can build a compelling case for health inequalities interventions that benefit both the NHS and the communities it serves.

RECOMMENDATION :

Use comprehensive data collection to show clear returns on investment in health inequalities interventions, ensuring projects secure ongoing support from funders.

Additional Resources

Why Innovation Matters

All Innovation matters. A strong consensus emerged that innovation must be understood in the **broadest terms**. While digital tools and data-driven solutions hold transformative potential, participants insisted that **effective innovation** also includes:

- **Novel Service Delivery Models** – For instance, bringing cardiovascular or cancer screening into trusted community venues to reach those who rarely engage with traditional services.
- **Cultural Competence and Training** – Ensuring NHS staff can connect with, and better understand, the unique needs of underserved populations.
- **Cross-Sector Collaboration** – Recognising that housing, education, social care, and the voluntary sector must all work together to address the underlying drivers of poor health.

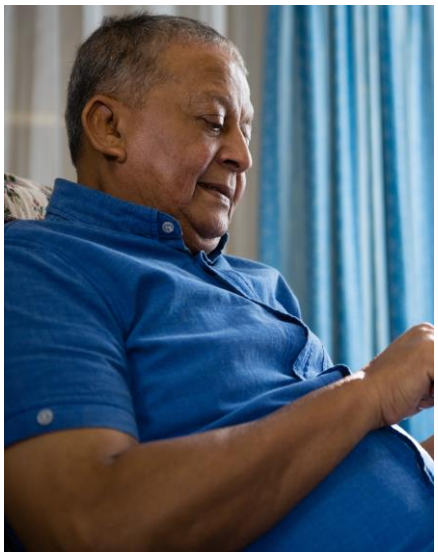
It was repeatedly noted that if these innovations are not applied with an explicit focus on **equity**, they risk leaving behind the very groups most in need of better care. Designed and delivered well, however, they can significantly reduce long-term pressures on the NHS and boost local economies.

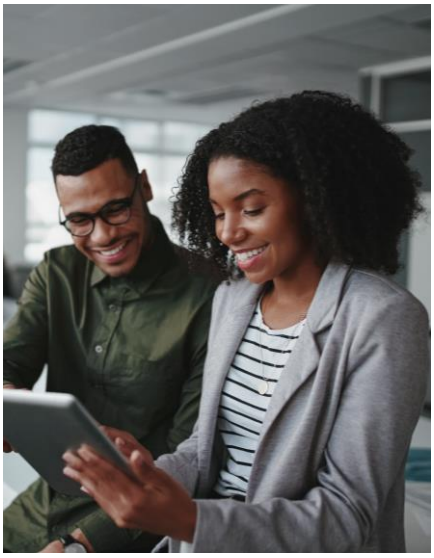
But it will only be successful in tackling health inequity if the right policies and partnerships are in place. While interventions are crucial, the biggest barrier often lies in "joining up" the narrative for political leaders. Efforts to tackle inequalities can be diluted if they are not communicated in ways that resonate with policymakers' economic priorities. Demonstrating how health equity measures also reduce public spending and boost productivity can help secure sustained support.

This report reflects a shared conviction that **innovation**—encompassing technology, service redesign, and community engagement—must be **strategically applied** to tackle the urgent challenge of health inequalities. The examples outlined here demonstrate that targeted interventions can achieve measurable impact, provided they are backed by stable funding, integrated data systems, inclusive service designs, cross-sector accountability, and a workforce equipped with the right skills.

The work required to reduce health inequalities is "not about reinventing the wheel" but about "removing the barriers" that prevent good practice from scaling. With deliberate policy focus, the NHS can move from pilot projects in isolated pockets to a truly systemic approach, driving improvements at scale and pace.

Leaders at every level—local authorities, ICSs, government ministers, and NHS executives—now have a critical opportunity to transform these principles into practice. With thoughtful implementation, strong partnerships, and sustained commitment, innovation can fulfil its promise of **improving health outcomes** and **reducing unfair disparities** across all regions and communities.





Additional Resources

Alongside this report, attendees have created resources on best practices, policies, and tools for addressing health inequalities, covering community engagement, data-driven decisions, and sustainable funding. Explore the links below.

Health Innovation Network | *Innovation for Healthcare Inequalities Programme: Impact and learning report* (link)

Kings Fund | *Tackling health inequalities: seven priorities for the NHS* (link)

Patients Association | *Improving health equity for patients living with cancer and/or blood disorders* (link)

Greater London Authority | *Health Inequalities Strategy* (link)

Nesta | What will it take to halve the gap in healthy life expectancy? (link)