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Health Inequalities and Deprivation: A policy lens on Community Nursing

Key Words:

Health inequalities. Deprivation. 10-year health plan. Community nursing. Homeless health.

Reducing health inequalities and deprivation are key priorities from a local, national and global perspective with a focus on ending poverty, improving health and education and bridging the digital divide (World Health organization, WHO, 2025). Health inequalities are often very complex and frequently arise from an interaction between different factors which may be social, economic, political, environmental or behavioural (Baguley & Wilson, 2024). From within the UK, the drive from the NHS is to plan a new model of care where ill health can be predicted and prevented, thus developing the services to be equipped to narrow health inequalities (Gov UK, 2025). It is really important for the health sector to work in collaboration with other services when creating policies and planning care delivery as integration optimises outcomes. It is vital that community nurses contribute to identifying individual and population health needs to inform at both the national and local levels (Baguley & Wilson, 2024)

FIT FOR THE FUTURE 10 Year Health Plan for England

The new NHS will be designed to tackle inequalities and outcomes and support individuals to engage with the services provided. One of the intended shifts is to move care from hospital to community to support those most failed by the systems via Neighbourhood Health Centres (Gov UK, 2025). There are opportunities for expansion of services that already exist within community teams, such as urgent community response team, rapid response, hospital at home, and hospital admission prevention teams; areas where nurses already evidence strong leadership and service delivery. However, there are questions over how community and district nursing services will fit into this vision and what their key role could be in reducing health inequalities and identifying those who have a lack of equity due to deprivation. Community nurses are often the main care co-ordinators working across health and social care services, however working in truly integrated ways can often present challenges and the infrastructure needs to be there to support this transformation.

Core20PLUS5

In 2021, The National Healthcare Inequalities Improvement Programme (HiQiP) was established to collaborate with other programmes and policy areas in NHS England. This initiative also embraced patients and communities to ensure the delivery of high-quality healthcare with equitable access for all. One such approach, the CorePLUS5 is a national approach to inform action that will reduce inequalities at both a system and national level. This focuses on the most deprived 20% of the national population in England as identified by the Index of Multiple Deprivation, and the PLUS population groups are identified at a local level and may include ethnic minority groups, those with a learning disability or those with multiple long-term conditions or experiencing social exclusion (NHS England 2021). The five clinical areas that the CorePLUS5 focuses on have clearly defined roles for the community and primary care nurses which include maternity care, severe mental illness, chronic respiratory disease, early cancer diagnosis and hypertension management. As the priorities are identified at local levels by the ICBs (Integrated Care Boards) there are obvious opportunities here for community nurses to work with local vulnerable populations, in deprived areas to identify those most at need and help plan the services that are required for disease management and prevention, advocating for patient groups and providing education where required. Population health is not new to community nurses, but it is probably not perceived as a major part of their day-to-day work. Nurses working in the community have unique access to patients' homes, their lives and critical life events which leaves them well placed to deliver population health management activities along the life course (Khumalo & Brown, 2022). To enable the workforce to achieve this, policy needs to support increasing awareness of frameworks, resource allocation, access to suitable training and educational materials.

Health inequalities usually refer to the status of peoples' health but can also refer to the differences that people receive in care (King's Fund, 2022). There are often variations in health profiles and risks within any given population groups which is often referred to as 'intersectionality'. It is anticipated that with greater investment on 'out-of-hospital' care and a focus on the needs of those living in the neighbourhood, that health needs

specific to these populations will be met. Going forward there will be great opportunities for community nurses together with general practice, as community services will be the cornerstone of neighbourhood health (Kings Fund, 2025). However, it would be naïve to think that this will be an easy process, as services are already very overstretched in some areas and under immense strain. Therefore, community nurses have some concerns around how these new initiatives are going to be resourced and how they might be supported to develop the new skills required to co-create these services. It has been suggested that there will a complete shift to a focus on improving the health of local populations rather than simply over stretching existing provision, but this is going to take time and refocusing of leadership (Kings Fund, 2025). There is also a lack of detail in the 10 Year Health Plan for England around how inequalities will be prioritised in order to halve the healthy life expectancy gap between England's richest and poorest regions.

Community nurses do have a level of awareness of the challenges that their local populations face, but they need to ensure they understand how the individuals access preventative and diagnostic services (Evans, 2024). Those working in their local communities have a grounded understanding of socioeconomic disadvantages, geographical isolation and cultural differences so their role is pivotal for making a change and supporting their patients and families (Monks & Clennell, 2024).

Homeless health and inequalities

Although current focus will be on developing the 10 Year Health Plan for England,

Inclusion health principles

1. Commit to action on inclusion health
2. Understand the characteristics and needs of people in inclusion health groups
3. Develop the workforce for inclusion health
4. Deliver integrated and accessible services for inclusion health
5. Demonstrate impact and improvement through action on inclusion health

NHS England 2023

previous frameworks have been based on five core principle (see box 1). One of the key

areas that community nurses can have a significant impact on is within homeless health. Homeless people live substantially shorter lives and often spend a lot of this time in poor health, with quite significant social and health needs (Mc Conalogue et al, 2019). Individuals who experience homelessness are within an 'Inclusion' health group which is an umbrella term used to describe those who might be socially excluded and often experience multiple different risk factors that increase poor health including stigma, poverty or discrimination (NHS England, 2023). Understanding the health issues and experiences these individuals face is key to enabling services to address the inequalities. This is a population group that has often experienced trauma, family breakdown, a lack of social support and potential exposure to substance abuse. Individual needs of these groups are often overlooked, and their voices unheard and community nurses have a key role to bridge this gap and act as advocates; frontline nursing care should be available for those individuals that experience homelessness.

In addition, there is variable provision for homeless health across the country and people often experience very practical barriers when trying to access health services (Queens Institute of Community Nursing, QICN, 2017). Unfortunately, it is also very common for people experiencing homelessness to end up in acute services and then endure a longer hospital stay because of the multiple unmet needs (NICE, 2022).

Therefore, it is imperative that government policy recognises the particular needs of this group. Homelessness has been explicitly highlighted as a driver of health inequalities in the 10 Year Health Plan, and it is anticipated that Neighbourhood Health services may be able to identify those that are at risk of homelessness and initiate early intervention, but the exact details of how these specialised services might be developed is quite limited (Homeless Link, 2025).

The changes anticipated over the next 10 years are going to be fast paced, innovative and radical and although there are still many uncertainties, it is without question there will be a major role for community nurses to help guide policy and shape services. Delivering care closer to home is part of everyday provision for those based in district nursing teams so the opportunity to develop these services and have a wider focus on reducing health inequalities and deprivation will be welcomed. However, the infrastructure will need to be in place to help develop this, with supportive leadership,

and appropriate digital technology which will empower nurses to take local decisions and scale up services (Royal College of Nursing, RCN, 2025). Community nurses will need to be afforded the time to make meaningful contributions to the decision making so that they can be recognised for their value, thus being instrumental to the changes in care provision for local populations.

References

Baguley F, Wilson D. Public health and the promotion of wellbeing. In Chilton S, Bain H. A Textbook of Community Nursing. 3rd edition. London: Routledge. 56-78. 2024.

<https://doi.org/10.4324/9781003347545>

Evans L. Nursing to bridge the gap: addressing healthcare inequalities in access to innovative treatments and diagnostic tools. *Br J Nurs*. 2024; 33 (6): 314-315. doi: 10.12968/bjon.2024.33.6.314.

Gov UK. FIT FOR THE FUTURE 10 Year Health Plan for England. 2025.

<https://assets.publishing.service.gov.uk/media/68760ad755c4bd0544dcae33/fit-for-the-future-10-year-health-plan-for-england.pdf>

Homeless Link. NHS 10 Year Plan acknowledges homelessness as driving health inequality. 2025. <https://homeless.org.uk/news/nhs-10-year-plan-acknowledges-homelessness-as-driving-health-inequality/>

Khumalo M, Brown N. The role of the community nurse in population health management. *Br J Community Nurs*. 2022; 27 (6): 302-304.

<https://doi.org/10.12968/bjcn.2022.27.6.302>

Monks S, Clennell J. Embedding diversity and inclusion in community nursing: insights from a unity in care event. *Br J Community Nurs*. 2025; 30 (1): 5-7.

[10.12968/bjcn.2024.0159](https://doi.org/10.12968/bjcn.2024.0159)

NHS England. Core20PLUS5 (adults) -an approach to reducing healthcare inequalities. 2021. [NHS England » Core20PLUS5 \(adults\) – an approach to reducing healthcare inequalities](https://www.nhs.uk/long-read/core20plus5-adults-an-approach-to-reducing-healthcare-inequalities/)

NHS England. A national framework for NHS – action on inclusion health. 2023.

<https://www.england.nhs.uk/long-read/a-national-framework-for-nhs-action-on-inclusion-health/>

McConalogue D, Maunder N, Areington A, Martin K, Clarke V, Scott S. Homeless people and health: a qualitative enquiry into their practices and perceptions. *J Public Health*.

2019; 43(2):287-294. <https://doi.org/10.1093/pubmed/fdz104>

NICE. Integrated health and social care for people experiencing homelessness. NICE guideline: NG214. 2022. <https://www.nice.org.uk/guidance/ng214>

Queens Institute of Community Nursing (QNI). Homeless and Inclusion Health Network. 2025. <https://qicn.org.uk/nursing-in-the-community/homeless-and-inclusion-health-programme/>

Royal College of Nursing RCN The NHS 10-Year Health Plan. Why nursing must be at the heart of the Westminster government's ambitions. <https://www.rcn.org.uk/Get-Involved/Campaign-with-us/NHS-10-year-plan#keytochange>

The King's Fund. What are health Inequalities? 2022.
<https://www.kingsfund.org.uk/insight-and-analysis/long-reads/what-are-health-inequalities>

The King's Fund. Truly fit for the future? The 10 Year Health Plan explained. 2025.
<https://www.kingsfund.org.uk/insight-and-analysis/long-reads/ten-year-health-plan-explained>

WHO (2025) The-Sustainable-Development-Goals-Report-2025.pdf.
<https://unstats.un.org/sdgs/report/2025/The-Sustainable-Development-Goals-Report-2025.pdf>