



Prifysgol Cymru
Y Drindod Dewi Sant
University of Wales
Trinity Saint David

Changemakers: Creativity and Value Creation

Professions (BMHP5014)

Component 1: Poster and Pitch

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HEALTH FOR ALL

A National Campaign to Reduce Health Inequalities and Improve Access to Health and Social Care in the UK

"Equal access. Better health. Stronger communities."



OUR VISION

A fairer UK where everyone, everywhere has the opportunity to live a healthy life, supported by accessible, inclusive and person-centred health and social care. Together, we can remove barriers, empower communities and build a healthier, more inclusive society for all.

1 INNOVATION OVERVIEW

Health for All is a nationwide, multi-platform public health campaign that combines community engagement, digital innovation, health literacy and partnerships to reduce health inequalities and improve access to health and social care across the UK.

The campaign will:

- Empower communities through co-design, local outreach and trusted partnerships.
- Use digital tools and AI to provide reliable, easy to understand health information and signposting.
- Improve health literacy and promote early help-seeking and self-care.
- Strengthen partnerships across NHS, local authorities, voluntary sector, education and community organisations.
- Address social determinants of health and tackle stigma, discrimination and exclusion.

2 THE ISSUE / GAPS IN HEALTH & SOCIAL CARE

Health inequalities in the UK are persistent, systematic and largely avoidable. They arise from differences in the conditions in which people are born, grow, live, work and age (OHID, 2024).

- Life expectancy at birth in the most deprived areas of England is on average 9.3 years lower for men and 7.7 years lower for women compared with the least deprived areas (OHID, 2024).
- Ethnic minority groups experience higher rates of diabetes (up to 2.5 times more likely) and maternal mortality (up to 4 times higher) compared with White British groups (NHS, 2024; OHID, 2024).
- People with severe mental illness die 15–20 years earlier on average than the general population (NHS Confederation, 2023).
- Cost of living pressures are causing 34% of adults to delay or avoid seeking medical help due to financial concerns (King's Fund, 2023).
- Disabled people are twice as likely to report unmet healthcare needs and face significant barriers in accessing services and reasonable adjustments (House of Commons Health Committee, 2023).
- Rural and coastal communities face GP shortages, longer travel times and reduced access to specialist services, digital connectivity and public transport (CQC, 2023).

These gaps lead to preventable illness, poorer outcomes and higher NHS and social care costs. Health for All will tackle these root causes through prevention, partnership and empowerment.

3 TARGET AUDIENCE

The campaign will focus on groups who experience the greatest inequalities and worst health outcomes:

- Older adults (65+)**
Higher risk of long-term conditions, social isolation and digital exclusion.
- Children and young people (0–19)**
Early intervention is essential for lifelong health and wellbeing.
- Ethnic minority communities**
Face discrimination, language barriers, cultural incompetence and lower uptake of preventive care.
- People with disabilities**
Experience physical, attitudinal and communication barriers in accessing care and information.
- Low-income households**
Struggle with affordability of healthy living, medication and transport to services.
- Rural and underserved communities**
Experience service shortages, long travel times, poor transport and digital exclusion.

4 OBJECTIVES & EXPECTED IMPACT

SMART OBJECTIVES (by Year 2 unless stated)

- Increase health literacy in target communities by 25%.
- Increase uptake of NHS Health Checks by 20%.
- Increase early detection of long-term conditions by 15%.
- Improve access to mental health support resources by 25%.
- Reduce avoidable A&E attendances by 10%.
- Reduce reported experience of health inequalities in target communities by 20%.

EXPECTED IMPACT

- Improved physical and mental health and wellbeing.
- Reduced health inequalities across the UK.
- Lower NHS costs through prevention.
- Stronger, healthier and more inclusive communities.

5 IMPLEMENTATION PLAN

- NHS Trusts & Integrated Care Boards:** Lead coordination, align with Local Health Priorities, share data insights and monitor outcomes.
- GP Surgeries & Primary Care Networks:** Promote the campaign, refer to services, deliver NHS Health Checks, and support data collection.
- Community Pharmacies:** Provide health advice, signposting, screenings (e.g., blood pressure, BMI) and campaign materials.
- Local Authorities & Community Hubs:** Host events, support outreach, improve local environments and address wider social determinants.
- Schools, Colleges & Universities:** Deliver health education, workshops and youth engagement to build healthy habits and reduce stigma.
- Charities & Voluntary Organisations:** Support vulnerable groups, provide peer support and extend reach through trusted networks and advocacy.

All partners will work together using co-design principles, cultural competence and community feedback to ensure the campaign is relevant, trusted and sustainable.

6 CAMPAIGN TIMELINE

- Months 1–3 RESEARCH & PLANNING**
Needs assessment, stakeholder engagement, resource mapping and co-design with communities.
- Months 4–6 CAMPAIGN DEVELOPMENT**
Develop campaign materials, digital tools, training for partners and community ambassadors.
- Months 7–9 PILOT PROGRAMME**
Implement in selected areas, gather feedback, refine approach and evaluate reach.
- Months 10–12 NATIONAL ROLLOUT**
Roll out the campaign across the UK with multi-channel promotion and local events.
- Year 2 and Beyond EVALUATION & IMPROVEMENT**
Monitor outcomes, measure impact against objectives and continuously improve services.

7 DEVELOPMENT, POLICIES & REGULATIONS

The campaign will be developed and delivered in line with:

- Health and Care Act 2022** – Promotes integrated care systems, prevention and reducing health inequalities.
- Equality Act 2010** – Protects against discrimination and promotes equality of access to services.
- UK GDPR & Data Protection Act 2018** – Ensures lawful, fair and transparent handling of personal data.
- NHS Constitution (2023)** – Everyone has the right to access high quality healthcare services, based on clinical need, not ability to pay.
- NICE Guidance** – Evidence-based recommendations to ensure safe, effective and equitable care (e.g., NICE PH42 on reducing health inequalities).
- We will also adhere to CQC standards for quality and safety in health and social care (CQC, 2023).**

All activity will follow ethical principles of respect, fairness, confidentiality and transparency.

8 TECHNOLOGY INTEGRATION

Technology will improve access, engagement and outcomes by providing accurate, accessible and personalised support.

- Health for All Mobile App** – Reliable health information, service locator, appointment reminders, health goals, self-management tools and push notifications.
- AI Health Information Chatbot** – Offers 24/7 trusted health information, signposting and guidance in multiple languages.
- NHS App Integration** – Links to the NHS App for appointments, prescriptions, test results and secure messaging.
- QR Code Health Education** – Quick access to short videos, infographics and resources in community settings and on printed materials.
- Secure Data Systems** – Data encrypted and stored securely in line with UK GDPR and NHS Digital standards.

Digital inclusion support (e.g., training, device access, community digital champions) will be provided to ensure no one is left behind.

9 DISSEMINATION STRATEGY

The campaign will be promoted through multiple channels using clear, consistent and culturally sensitive messaging.

- Social media campaign** – Instagram, Facebook, X, TikTok and YouTube using engaging content and real stories.
- NHS websites, newsletters & GP practice communications** – Regular updates and signposting to local services.
- Community events, health fairs & pop-up clinics** – Reaching people where they live, learn, work and socialise.
- Schools, universities & workplaces** – Talks, workshops and peer-led activities.
- Traditional media** – TV, radio, newspapers and posters for communities less active online.
- Partnerships with influencers, faith groups and local leaders** – Building trust and extending reach into seldom-heard groups.

All materials will be co-designed, available in multiple languages and accessible formats.

10 CONCLUSION

Health for All is more than a campaign; it is a movement towards a fairer, healthier and more inclusive society. By tackling the root causes of inequalities and working in partnership with communities, we can ensure that everyone in the UK has the opportunity to live a long, healthy and fulfilling life.



By working together across sectors and communities, we can build a healthier, stronger and more equal UK.

HEALTH IS A RIGHT, NOT A PRIVILEGE. TOGETHER, WE CAN MAKE HEALTH FOR ALL A REALITY.



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PITCH

Health for All: Reducing Health Inequalities through Community Partnerships and Digital Innovation

Introduction

Health inequalities continue to represent a major public health challenge in the United Kingdom, with avoidable differences in health outcomes persisting between population groups despite improvements in healthcare provision. These disparities are strongly associated with wider determinants of health, including socioeconomic deprivation, education, employment, housing, ethnicity and geographical location, resulting in increased rates of preventable disease, poorer mental health and reduced life expectancy (Office for Health Improvement and Disparities, 2024). Reducing health inequalities remains a national priority within NHS England, which emphasises proactive measures, timely support and equitable access to health and social care services as key components of improving population health (NHS England, 2024).

The **Health for All** campaign has been developed to address these challenges through a coordinated health promotion strategy that combines community engagement with digital innovation. The campaign seeks to improve health literacy, increase access to preventative healthcare and strengthen strategic alignment of healthcare providers, local government and voluntary sectors. By adopting a person-centred and community-based approach, the campaign aims to reduce barriers to healthcare while enabling people to make educated choices that improve their long-term holistic wellness.

Rationale for the Campaign

Health outcomes are influenced by a multifaceted interface. The social determinants of health are outcomes derive from integrated socio-economic and environmental influences. According to recent research, those who live in impoverished places had lower life expectancy, worse mental health, and disproportionately greater incidence of chronic illness than people who live in more prosperous areas. (Office for Health Improvement and Disparities, 2024). Furthermore, ethnic minority communities, people with disabilities and those living in rural areas continue to face barriers to accessing healthcare, including language difficulties, digital exclusion and limited availability of specialist services (NHS England, 2024).

Although national policy strongly supports integrated care, evidence suggests that implementation can vary considerably because of differences in local leadership, workforce capacity and resource allocation (Checkland et al., 2025). Furthermore, resource constraints and workforce shortages may limit implementation, highlighting the need for sustained investment alongside partnership working (Checkland et al., 2025). Consequently, the **Health for All** campaign adopts a partnership approach that promotes prevention, improves health literacy and strengthens collaboration between NHS organisations, Integrated Care Boards, local authorities and community organisations. This approach recognises that sustainable improvements in population health depend not only on healthcare provision but also on community participation and addressing the wider determinants of health.

How the Campaign Improves Health and Wellbeing

The campaign adopts a holistic approach by integrating face-to-face community engagement with digital health technologies to improve access to preventative healthcare. Community health events, mobile screening units and educational workshops will provide blood pressure monitoring, diabetes risk assessments, healthy lifestyle advice and signposting to local health services. These initiatives are designed to reach individuals who are less likely to access routine primary care, supporting earlier identification of health risks and reducing avoidable illness. In addition, a dedicated **Health for All** mobile application will provide evidence-based health information, appointment reminders and self-management resources. However, recognising that digital exclusion remains a significant challenge for some populations, digital services will complement rather than replace face-to-face support, ensuring equitable access to health promotion initiatives. By improving health literacy, encouraging positive lifestyle behaviours and strengthening community engagement, the campaign aims to improve health outcomes while contributing to the long-term sustainability of NHS services.

Policy, Legislation and Professional Practice

The **Health for All** campaign aligns with key UK health policies and legislation that promote health equity, integrated care and person-centred practice. The **Health and Care Act 2022** strengthens Integrated Care Systems (ICSs), encouraging collaboration between NHS organisations, local authorities and voluntary sector partners to reduce health inequalities (Department of Health and Social Care, 2025). Similarly, the **NHS Long Term Plan** prioritises prevention, early intervention and digital transformation to improve access to healthcare and reduce unwarranted variations in health outcomes (NHS England, 2024).

The campaign also complies with the **Equality Act 2010**, ensuring that services are inclusive and accessible to individuals with protected characteristics, while adherence to the **Data Protection Act 2018** and UK GDPR ensures that personal information collected through digital platforms and community activities is managed securely and confidentially (UK Government, 2018; UK Government, 2010). Furthermore, healthcare professionals delivering the campaign will practise in accordance with the **Nursing and Midwifery Council (NMC) Code**, which requires practitioners to prioritise people, preserve safety, practise effectively and promote professionalism (Nursing and Midwifery Council, 2018). Collectively, these frameworks ensure that the campaign is delivered ethically, legally and in accordance with national standards.

Implementation and Partnership Working

Successful implementation depends on effective partnership working between statutory, voluntary and community organisations. NHS Trusts, Integrated Care Boards, General Practitioners, community pharmacies, local authorities, schools, universities and voluntary organisations will work collaboratively to deliver health promotion activities tailored to local population needs. Community leaders and faith organisations will also play an important role in engaging underrepresented groups, helping to build trust and improve participation in preventative health initiatives.

Although national policy strongly supports integrated care, evidence suggests that implementation can vary considerably because of differences in local leadership, workforce capacity and resource allocation (Checkland *et al.*, 2025). This demonstrates that effective partnership working requires more than supportive policy; it depends on shared accountability, effective communication and sustained organisational commitment. To address these challenges, the campaign will adopt a phased implementation strategy involving stakeholder engagement, campaign development, pilot testing and national rollout. Continuous monitoring will enable partners to evaluate outcomes, identify areas for improvement and adapt interventions to meet changing community needs.

Public Engagement and Evaluation

Community engagement is fundamental to the success of the campaign. Health promotion messages will be disseminated through NHS websites, social media platforms, schools, workplaces, community centres and local radio to maximise public reach. Campaign materials will be available in multiple languages and accessible formats ensuring inclusivity and reduce communication barriers.

Evaluation will use both quantitative and qualitative measures, including attendance at community events, uptake of NHS Health Checks, mobile application usage, patient satisfaction surveys and community feedback. Longer-term outcomes will include improvements in health literacy, increased participation in preventative healthcare and reductions in avoidable hospital admissions. Continuous evaluation will support evidence-based improvements and demonstrate the campaign's effectiveness in reducing health inequalities over time.

Conclusion

The **Health for All** campaign promotes prevention, health education, community engagement and digital innovation to reduce health inequalities. Through partnership working, it aims to improve access to preventative healthcare for underserved populations. Aligned with UK policy, legislation and professional standards, the campaign supports equitable, person-centred care. Ongoing evaluation will ensure interventions remain effective and responsive to local needs.

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