

A national framework for NHS – Action on inclusion health

Introduction

NHS England (NHSE) published a framework for improving health services to meet the needs of inclusion health groups on 9 October 2023 ([NHS England, 2023a](#)). This is not mandatory guidance but the document does outline five principles for action that services should consider when planning, designing, and delivering services. The framework has been developed in collaboration with the Office for Health Improvement and Disparities (OHID), the UK Health Security Agency (UKHSA), the Voluntary and Community Sector (VCSE) and those with lived experience.

On 24 October 2023 we hosted a [webinar](#) for NHS Providers members that explored NHSE's Core20PLUS5 framework for reducing health inequalities ([2023b](#)), in particular how to identify 'PLUS' population groups in local areas. During the webinar, NHSE provided a presentation on the content of the framework, detail of how it was developed and background information on why action is needed to reduce health inequalities experienced by inclusion health groups.

This briefing provides an overview of the framework, which was originally presented during the webinar. It highlights the key actions that are relevant for NHS trust leaders, to ensure that their services are equitable.

Overview of the framework

The Health and Care Act 2022 placed a legal responsibility on NHS services to reduce health inequalities specifically on the differential experiences between individuals around access to and experiences of services which contribute to disparities in health outcomes ([UK Government, 2022](#)). Inclusion health groups are more likely to experience health inequalities and so require targeted interventions and support from health services. NHSE's framework for action outlines specific steps NHS leaders can take to improve outcomes for inclusion health groups – it provides evidence and

data on the inequalities experienced and shares examples of good practice where systems have effectively implemented interventions.

Inclusion health groups

Inclusion health groups are defined as people who are socially excluded and experience a greater number of risk factors for poor health – such as stigma, discrimination, poverty, violence and complex trauma.

People in inclusion health groups include:

- People who experience homelessness
- People with drug and alcohol dependence
- Vulnerable migrants and refugees
- Gypsy, Roma and Traveller communities
- People in contact with the justice system
- Victims of modern slavery
- Sex workers
- Other marginalised groups.

The acuity of illness within inclusion health groups is high, resulting in high costs to healthcare systems. These groups often have undiagnosed and untreated long-term conditions and a range of morbidities arising from mental health and substance dependence. The mortality rate of inclusion health groups is extreme, far exceeding the rate of the most deprived populations in England.

Inclusion health groups are more likely to face barriers when accessing health services, leading to negative experiences and a greater risk of avoiding health services in the future. Common barriers include low literacy levels, limited access to translation services, opening hours and digital exclusion. These groups are often not captured within health datasets, meaning their needs are often unknown. Inclusion health groups are more likely to present in acute settings, such as emergency departments, and are more likely to be re-admitted over time.

Principles for action

NHSE's framework on inclusion health promotes equitable services to better meet the needs of inclusion health groups, signalling a shift towards personalised care and prevention of ill health. There is a strong focus on involving individuals with lived experience. The VCSE Inclusion Health Audit Tool is recommended as a guide for organisations to take action on reducing health inequalities experienced by inclusion health groups ([VCSE Health & Wellbeing Alliance, 2023](#)).

There are five principles for action within the framework.

1. Commit to action on inclusion health

This action aims to provide accountability and assurance for improving outcomes for inclusion health groups. NHS trusts are asked to identify a named senior responsible officer for health inequalities and inclusion health and to report on inclusion health activity at board level, forming part of a system-wide approach within integrated care systems (ICSs) where there is expected to be a broader strategy for inequalities and inclusion health.

NHS leaders are encouraged to involve the voices of inclusion health groups in discussions around service design and improvement. This could include leaders spending time within their local communities to hear directly from inclusion health groups and working collaboratively with partners in the VCSE sector and local authorities.

2. Understand the characteristics and needs of people in inclusion health groups

This action relates to data quality for inclusion health groups, recognising that they are often invisible within health datasets. NHS trusts are encouraged to improve their data collection and reporting on inclusion health groups by seeking wider sources of information – including from local authority public health teams, via OHID's Fingertips tool, and through population health management techniques. The framework recognises the value of collecting qualitative data from these groups where quantitative data may be lacking and encourages services to use participative methods that enable individuals to take part in research processes.

3. Develop the workforce for inclusion health

This action focuses on workforce development to ensure that staff understand inclusion health and are enabled to provide trauma-informed approaches in their practice. This includes providing inclusion health training as mandatory for all employees and ensuring that best practice is regularly circulated among the organisation and wider system.

NHS trusts are also encouraged to support individuals from inclusion health groups into employment opportunities, recognising their role as anchor institutions.

4. Deliver integrated and accessible services for inclusion health

This action highlights the need for balance between ensuring all services are high-quality and equitable and in providing targeted, specialist services for inclusion health groups. Health equity assessment tools could be used to embed an equity lens when designing health services ([Public Health England, 2020](#)). Ideally, services should be co-produced and designed with individuals with lived experience from inclusion health groups.

Where targeted interventions are adopted, they should be based on local need and should follow best practice guidance (such as National Institute for Health and Care Excellence (NICE) guidelines). Healthcare navigators, care coordinators and social prescribing link workers can provide personalised care pathways for individuals.

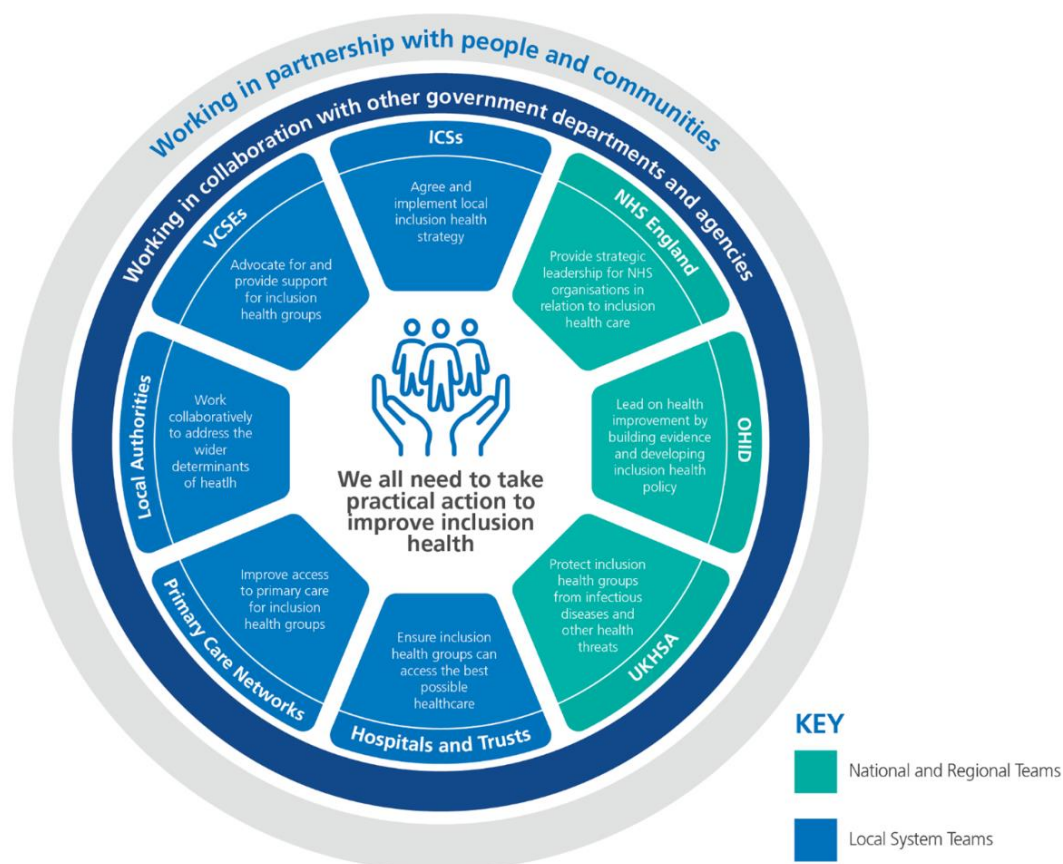
5. Demonstrate impact and improvement through action on inclusion health

This action focuses on the importance of evaluating service changes to monitor the impact and effectiveness of interventions. Evaluation processes should include feedback from individuals with lived experience of belonging to an inclusion health group. This could include working with patient advice and liaison service (PALS) and complaints teams (where there are existing skills engaging with communities and encouraging feedback). Alongside this, feedback from VCSE partners is a valuable source of information, as inclusion health groups may not make use of formal feedback routes. Learnings from evaluation processes could be communicated with wider stakeholders to foster an environment of improvement.

The role of trusts

The framework outlines the roles and responsibilities across ICSs and highlights that NHS leaders at all levels of the system need to act collaboratively to improve outcomes for inclusion health groups. NHS trusts have a specific role around improving the accessibility of services, ensuring staff have the skills and confidence to support inclusion health groups and that targeted interventions are delivered for these groups.

Overview of roles and responsibilities in relation to inclusion health:



About our Health Inequalities programme

Health inequalities have worsened over the past 10 years, and we have seen evidence of inequalities in how people access healthcare and the outcomes they experience as a result.

Trusts have a vital role to play in addressing the systemic challenge of health inequalities, embedding a focus on equitable access to and outcomes from care, alongside work to reduce waiting lists and transform services.

[Our programme for trust boards](#) aims to help trust leaders make sense of health inequalities and embed it as part of 'core business', with resources informed by our research and engagement with trust leaders, through webinars, briefings and peer learning forums.

References

NHS England (2023a). *A national framework for NHS – action on inclusion health*. Available at: <https://www.england.nhs.uk/long-read/a-national-framework-for-nhs-action-on-inclusion-health/>

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