Office for Health Improvement & Disparities

NHS England

UK Health Security Agency

Inclusion health and multiple disadvantage: Driving action in a new system landscape

6 July 2026

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- Slides and other resources will be circulated after the session
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Mentimeter

Agenda	
Welcome and introduction	Dr Justin Varney Bennett, Regional Director of Public Health, DHSC & NHS England (South West) Professor Maggie Rae CBE, Regional Deputy Director of Public Health, DHSC & NHS England (South West)
Driving action in a new system landscape to support inclusion health and multiple disadvantage	Cicely Ryder-Belson, Senior Policy and Programmes Manager, National Healthcare Inequalities Improvement Programme, NHS England
Suite of resources to support local work	Cathie Railton, Programme Manager (North East and Yorkshire), DHSC & Karen Simmonds, Health Improvement Programme Lead (South East), DHSC
Inclusive approaches and insight from people with lived experience	Leila Reid, Director of Research & Operations at The Hepatitis C Trust & James Rock, Senior Peer Practitioner, Find &Treat University College London Hospitals
Case Study 1: Health Inclusion Pathway – Plymouth	Charlotte Connell, Social Worker, Livewell, South West
Case Study 2: Neighbourhood Provider Collaborative – Wakefield	Natalie Knowles, Primary Care Partnership and Transformation lead at Wakefield Health and Care Partnership within the West Yorkshire ICB
Driving action - next steps	Dr Justin Varney Bennett, Regional Director of Public Health, DHSC & NHS England (South West) Professor Maggie Rae CBE, Regional Deputy Director of Public Health, DHSC & NHS England (South West)
Close	Professor Andrew Hayward, National Lead for Inclusion Health Health Equity and Inclusion Health Division, UKHSA

Welcome and introduction

Dr Justin Varney Bennett, Regional Director of Public Health, DHSC & NHS England (South West)

Professor Maggie Rae CBE, Regional Deputy Director of Public Health, DHSC & NHS England (South West)

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Driving action in a new system landscape to support inclusion health and multiple disadvantage

Cicely Ryder-Belson, Senior Policy and Programmes Manager, National Healthcare Inequalities Improvement Programme, NHS England

Context and background

Problem driver

Local system leaders flagging concern that competing priorities and incentives **had resulted in inclusion health loosing momentum within national policy**. In addition**, structural upheaval and leadership churn** may risk a loss of expertise and knowledge.

Solution

National partners from NHS England, OHID (DHSC) and UKHSA have come together, in partnership with local system leaders and the VCSE sector, **to co-design a suite on inclusion health resources.**

Overview of inclusion health resources

- **Inclusion health evidence and briefing pack**
- **Inclusion Health Data and Intelligence Dashboard**
- **Inclusion Health Self-Assessment Tool**
- **Inclusion Health Safeguarding Self-Assessment Tool**
- **Inclusion Health Services Mapping Tool**
- **Health Equity Assessment Tool (HEAT)**

Contents:

About inclusion health

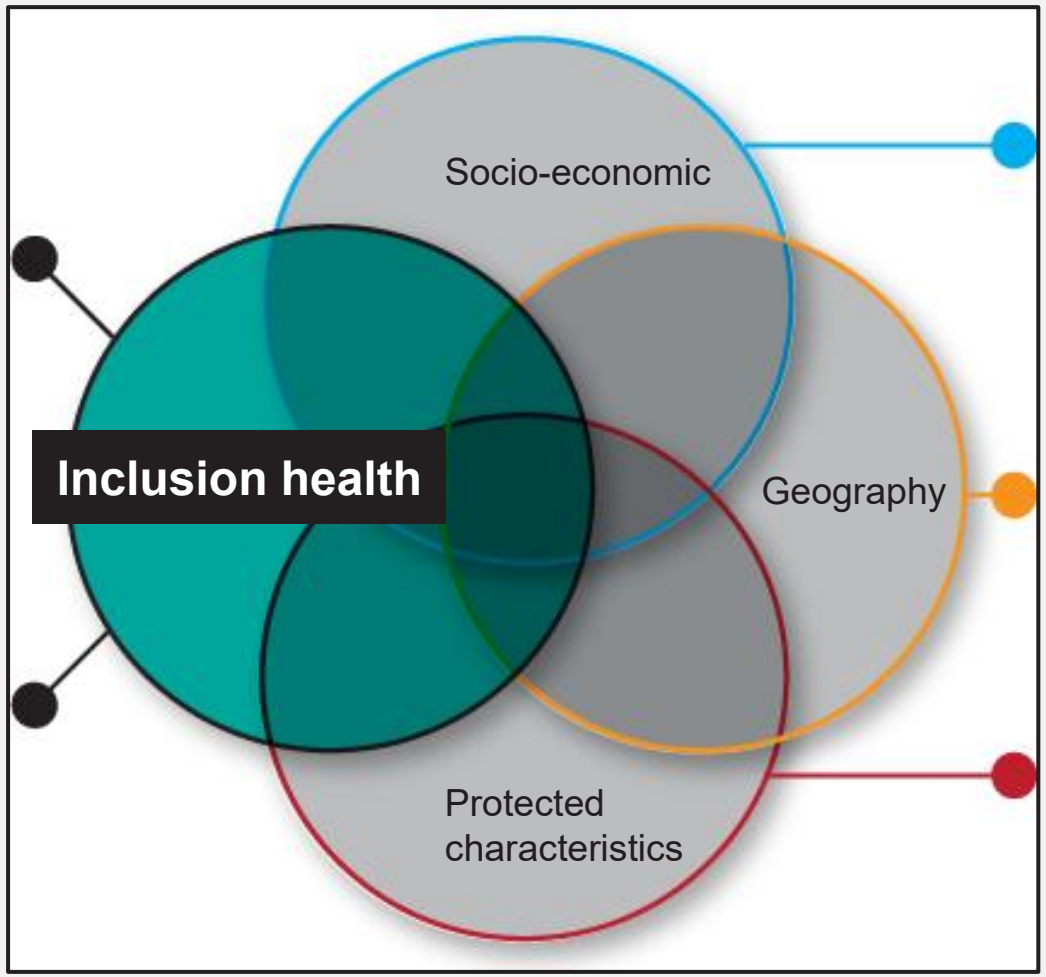
Inclusion health describes an approach to prevent and address extreme health inequities.

Populations are diverse but can share common experiences such as social exclusion, extremely poor health, and barriers in accessing services.

They are largely absent in electronic systems meaning their needs can be overlooked.

Inclusion health groups include:

- People experiencing homelessness
- Gypsy, Roma and Traveller communities
- Sex workers
- Migrants in vulnerable circumstances
- People subject to modern slavery
- People in contact with the justice system
- People experiencing drug and/or alcohol dependence
- Among others e.g. people with experience of the care system



The health inequalities experienced by belonging to inclusion health groups can be exacerbated if individuals also experience other domains of inequality above

Impact of wider determinants such as education, income, employment and housing

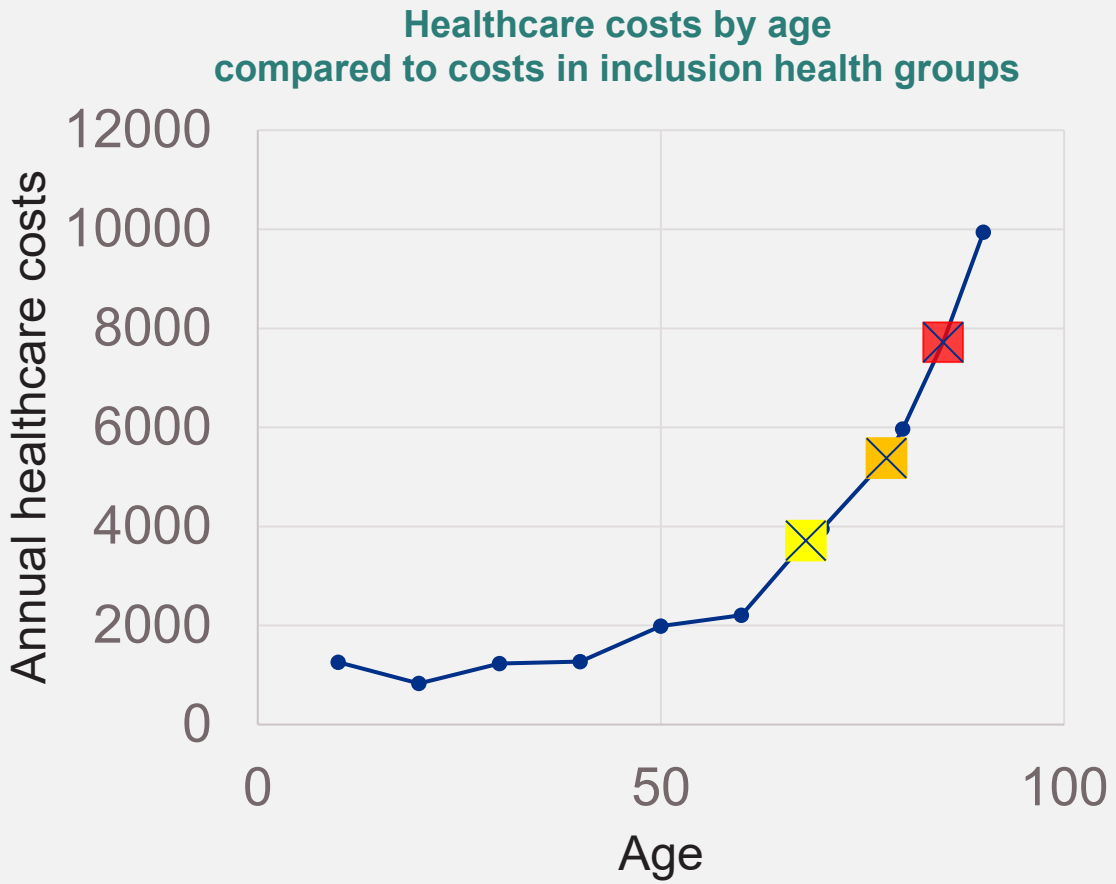
Area you live: Population composition, built and natural environment, levels of social connectedness, and features of specific geographies such as access to green spaces and transport

Personal attributes: Age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, sexual orientation

Making the economic case for change

In addition to the **moral imperative to ensure healthcare is equitable to all**, there is an **economic benefit** too. The unmet needs of inclusion health groups often results in **frequent use of emergency and crisis care**, rather than upstream, preventative approaches in primary care.

Making the economic case for change



Most people experiencing homelessness or in need of drug treatment services are aged between 25 and 55. However, their NHS costs are equivalent to people much older.

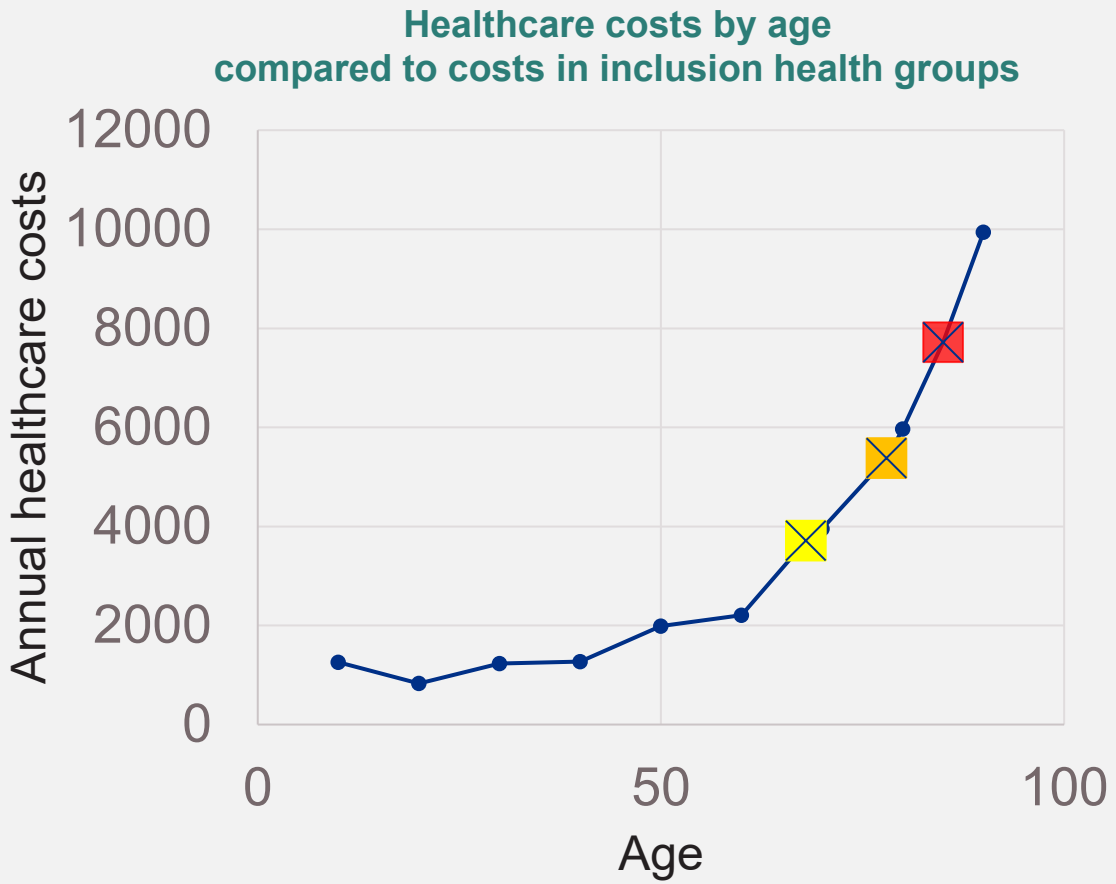
Average NHS costs of a single homeless person = costs of someone **age 85**

Average NHS costs of a person needing but not receiving drug treatment services = costs of someone **age 78**

Average NHS costs of a person in drug treatment services = costs of someone **age 65**

Key references:
OBR - Fiscal sustainability and public spending on health 2016
PHE - An evidence review of the outcomes that can be expected of drug misuse treatment in England. 2017
Crisis - Better than Cure – Testing the case for preventing single homelessness in England. 2017

Making the economic case for change



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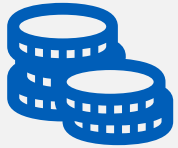
We know the return on investment

Evidence shows that implementing bespoke solutions for inclusion health - such as targeted health and social care pathways and providing accessible effective services - benefits patients and reduces the costs of public services.

Pathway's cost-benefit analysis **of** nationwide initiative to expand specialist intermediate care for people experiencing homelessness showed **for every £1 spent,** there was a **financial benefit of £1.20 and societal benefit of £4.30**



A cost-benefit analysis based on current experiences of Gypsy, Roma and Traveller families showed that an improved dementia and carer pathway was estimated at less than **half the cost of the current pathway**, **from £20,298 down to £8,884**.

The Groundswell homeless peer advocacy programme has been found to reduce missed health appointments by 68% with an average return on investment of **£2.43 for every £1 spent.**

Housing first pilots in Liverpool show an **average saving of £34,500 a year per person**, clients are x3.5 times more likely to sustain their tenancy than those without it

Wider policy levers

Health and Care Act 22

NHSE and ICBs have a legal duty to have regard to reducing inequalities. NHSE's joint reference document outlines the statutory equality and health inequalities duties that apply to commissioners and providers. The Medium-Term Planning Framework for 26/27-28/29 asks ICBs to demonstrate how they will reduce health inequalities in the exercise of their functions.

10 Year Health Plan

The 10 Year Health Plan sets out the government's plan to drive three fundamental shifts in how the NHS works and commits to the NHS to being a service equipped to narrow health inequalities and tackle injustice. It also restated the commitment to half the HLE between the poorest and richest regions of England.

Core20PLUS5

Core20PLUS5 is the national NHS England approach to support the reduction of health inequalities at both national and system level. Inclusion health groups can be prioritised locally as a PLUS group.

Inclusion health framework

The Inclusion health framework supports NHS organisations and wider system partners to plan, develop and improve health services to meet the needs of people in inclusion health groups – focused on five key principles for action.

Changing Futures

Changing Futures aims to improve outcomes for adults experiencing multiple disadvantage. The first programme ended in March 2026, and the second one is now in place until 2029.

Local Government Outcomes Framework

The Local Government Outcomes Framework guides local authority prioritisation and commissioning. It includes homelessness & rough sleeping, health and wellbeing, multiple disadvantage, neighbourhoods and child poverty

Wider policy levers

Strategic commissioning

The Strategic commissioning framework sets the expectation ICBs should, in line with Core20PLUS5, understand how cohorts (such as inclusion health groups) have inequalities in access, experiences and outcomes, and how population health improvement plans will address this.

Statement on information

NHSE's Statement on information on health inequalities supports NHS bodies to meet their legal duties and provides guidance on collecting, analysing and publishing information. It sets the expectation NHS bodies focus on inclusion health groups as a Core20PLUS5 cohort and collect housing status to increase visibility in health data.

Ethnicity recording improvement plan

This Ethnicity recording improvement plan sets out targeted actions to strengthen the quality, consistency and completeness of ethnicity data – including for Gypsy, Roma and Travellers, who are often invisible in datasets

Neighbourhood health

The **Neighbourhood Health Framework** provides guidance on the delivery of neighbourhood health. The priority for 26/27 should be supporting priority cohorts with complex health and social care needs who are at the highest risk of hospital admission. Inclusion health groups can be considered as a key cohort.

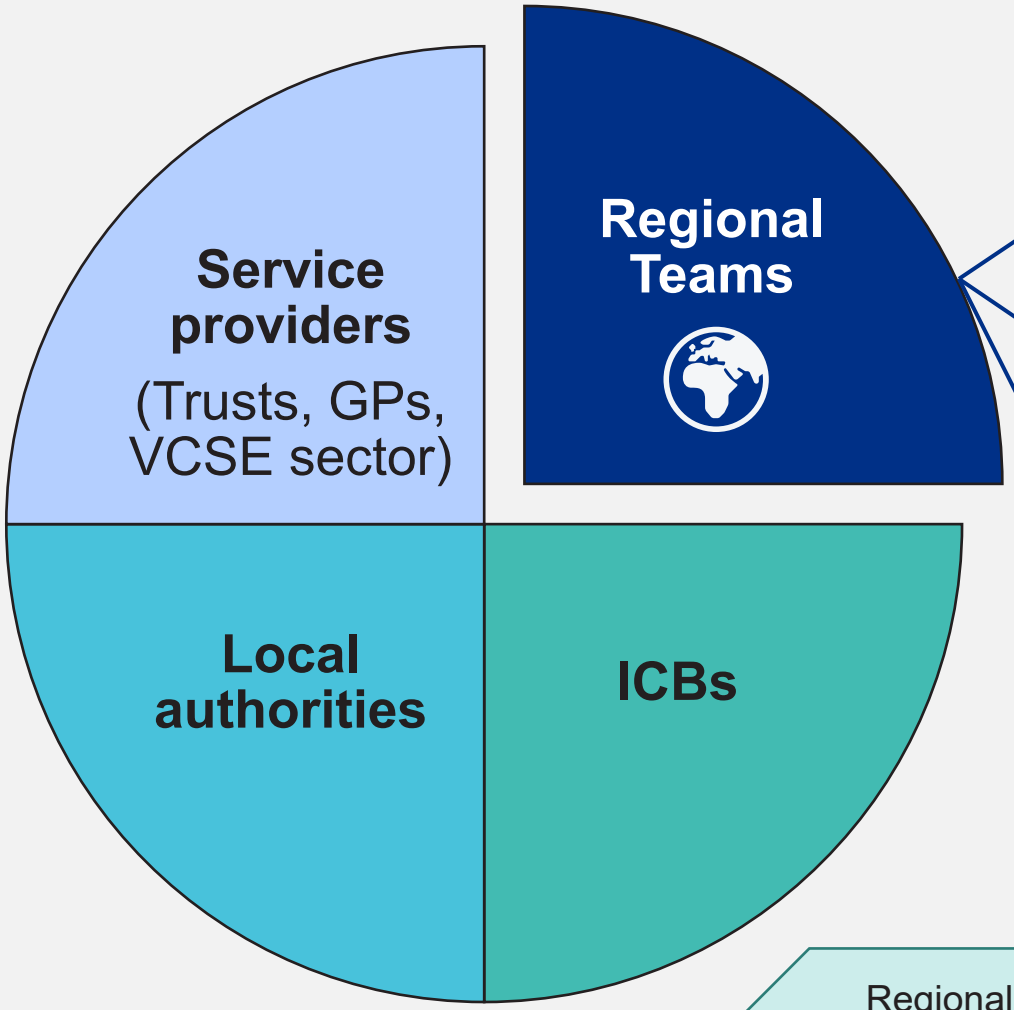
CMO Reports

The CMO review into the health of the criminal justice system emphasises people on probation as a key Core20PLUS5 group, championing the key role of the health and justice workforce in meeting inclusion health needs. The CMO's annual report into infections also has an explicit focus on vulnerable populations.

A National Plan to End Homelessness

The National Plan to End Homelessness is a comprehensive strategy to tackle the rising homelessness crisis, emphasising collaboration across government departments and local partners to deliver the vision, key actions include a commitment to end hospital discharge to the street.

Driving action across the system



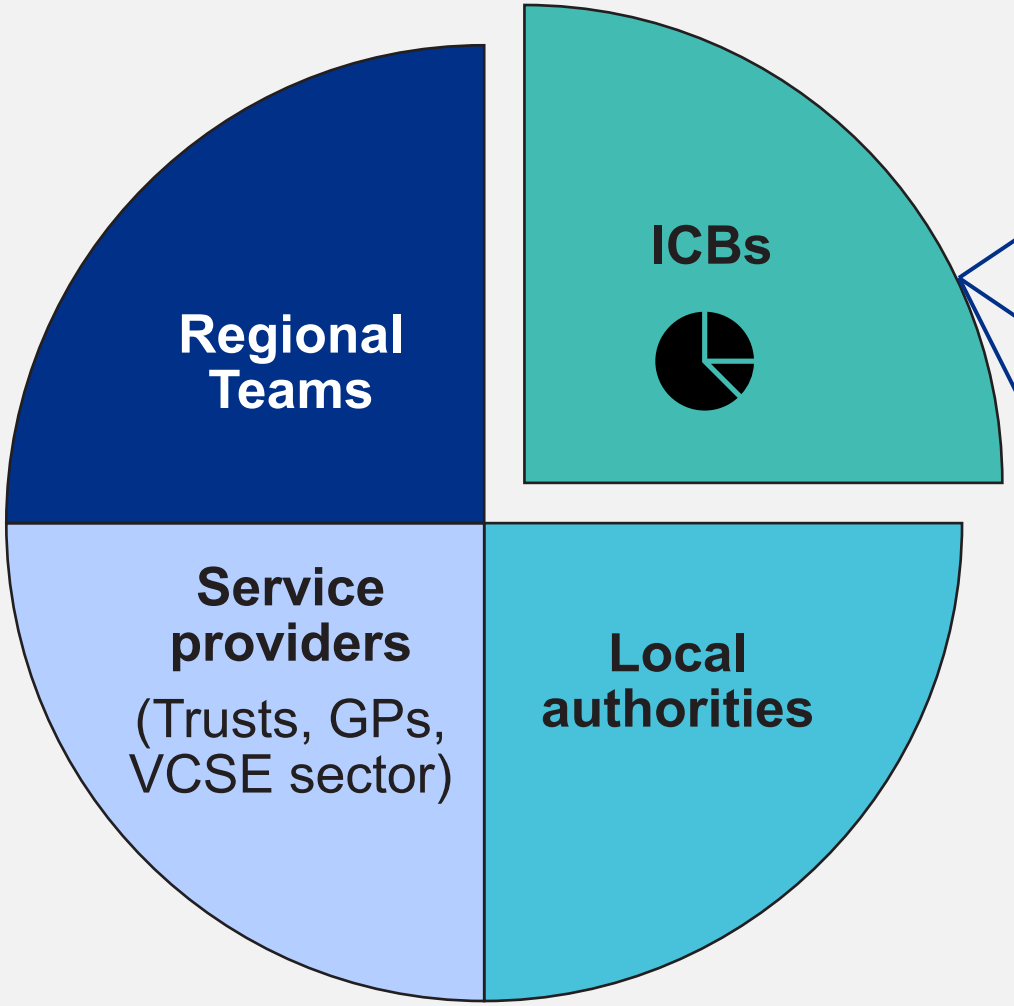
Regional leadership: Convene partnerships at a regional level, including NHS leaders, LA leaders, SA/CA mayors & VCSE leaders. Facilitate regional inclusion health networks focused on fostering peer learning and scaling practice.

Oversight & assurance: Provide strategic oversight of service reconfigurations & the development of neighbourhood health models, ensuring these have considered how these will support equitable access for inclusion health groups.

Strategic planning: Ensure strategic plans, workforce models and public health priorities explicitly consider future health & care needs for inclusion health groups, tackling inequalities, shifting to prevention and improving population health.

Regional teams will work closely with national organisations such as DHSC, NHSE and UKHSA to both deliver the priorities set out in the 10 Year Health Plan and inform future policy development.

Driving action across the system

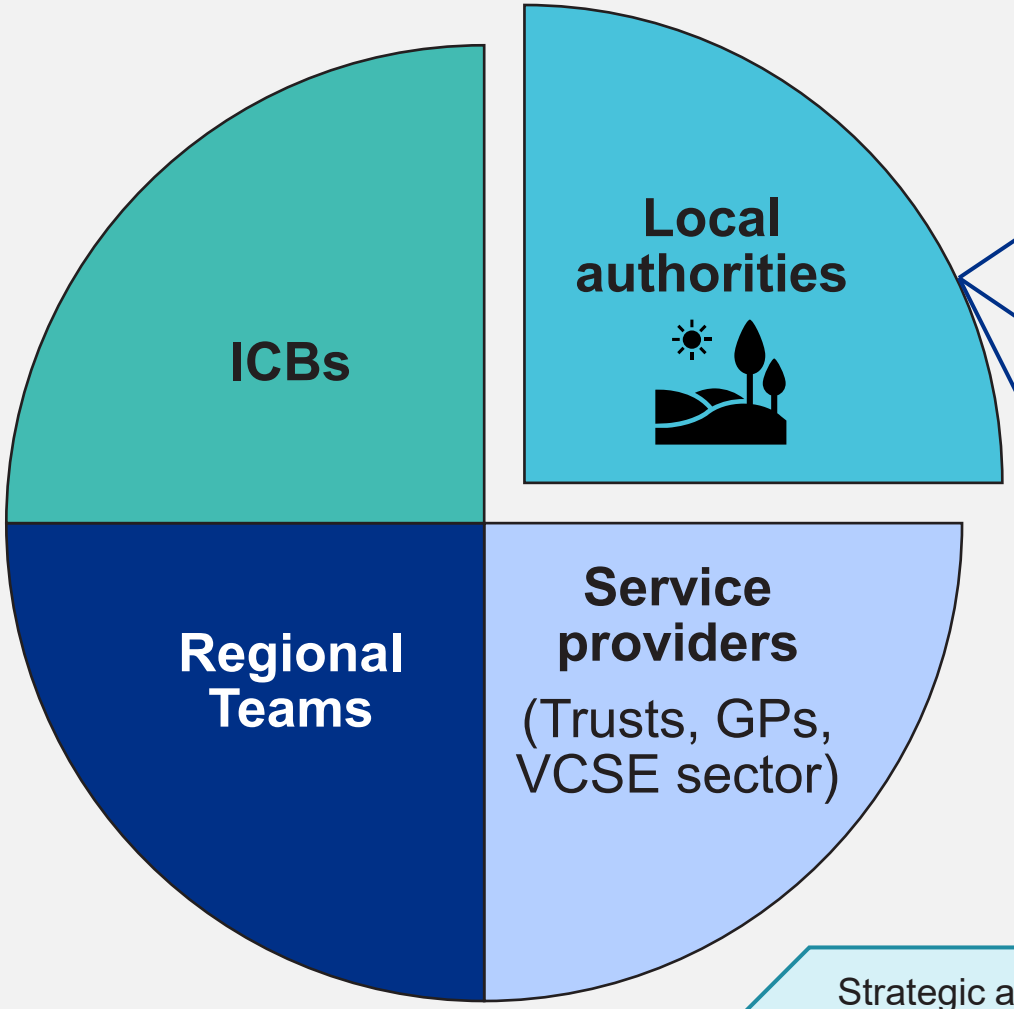


Understanding local needs: Work with local authorities to develop needs assessments that draw on quantitative data, qualitative insight and lived experience, reflecting the needs of inclusion health groups. Map service provision accordingly and evaluate impact.

Local strategy development: Appoint a named executive lead with overall accountability for inclusion health. Use PHM to understand risk & service utilisation, embedding explicit inclusion health priorities within strategic commissioning and neighbourhood health plans.

Equitable allocations and service planning: Use payment mechanisms to shift towards outcome-based service specifications and equitable payment models. Leverage multi-neighbourhood provider contracts and provider collaboratives to achieve efficiencies of scale.

Driving action across the system



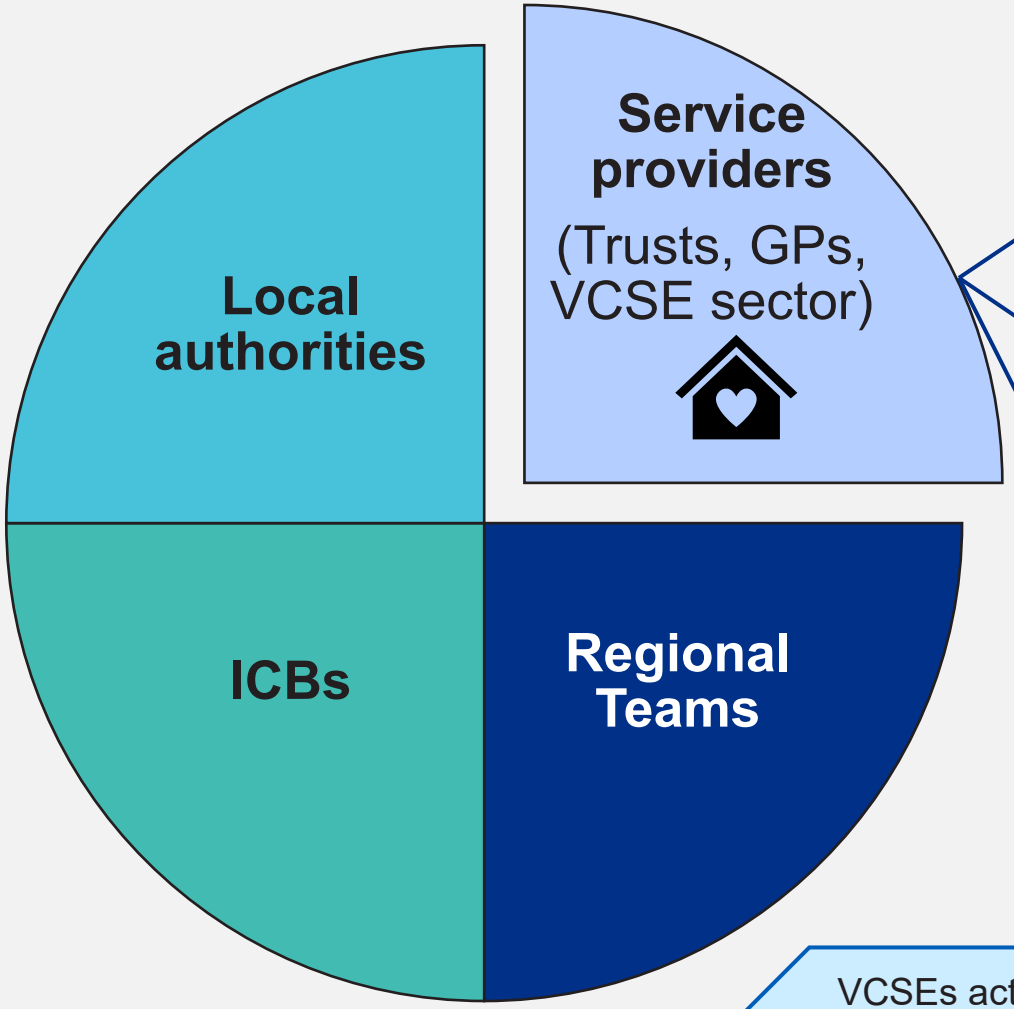
Commissioning and service integration: Use JSNAs to identify needs of inclusion health groups and lived experience. Commission or co-commission public health services (e.g. drug & alcohol services, sexual health services, health visiting and homelessness services)

Place-based partnerships: Convene HWBs to set strategic direction via the Joint Health and Wellbeing Strategy, align with partners across NHS, social care and VCSE to support development of neighbourhood health models, enabling outreach & multidisciplinary care.

Accountability & improvement: Monitor outcomes for inclusion health populations via Local Outcomes Framework and drive quality improvement with ICBs and providers.

Strategic authorities have an additional statutory duty to have regard to improve health and reduce health inequalities when exercising any of their functions, and will be able align investment, scale innovation and coordinate action across systems to address structural drivers of exclusion.

Driving action across the system



Equitable, high quality service provision: Harness flexible delivery models in non-traditional settings by either co-location or outreach e.g. hostels, streets, day centres. Remove access barriers & deliver coordinated services across physical/mental health, social needs & addiction.

Driving data quality & visibility: Focus on driving data quality through systematically improving methods of routine data collection and coding, such as recording housing status, and link data sets across system partners to identify inclusion health needs.

Workforce capability: Develop specialist roles alongside general staff training in inclusion health needs, safeguarding & complexity - supporting multidisciplinary approaches. Deliver trauma-informed, culturally competent care & tackle stigma & discrimination within services.

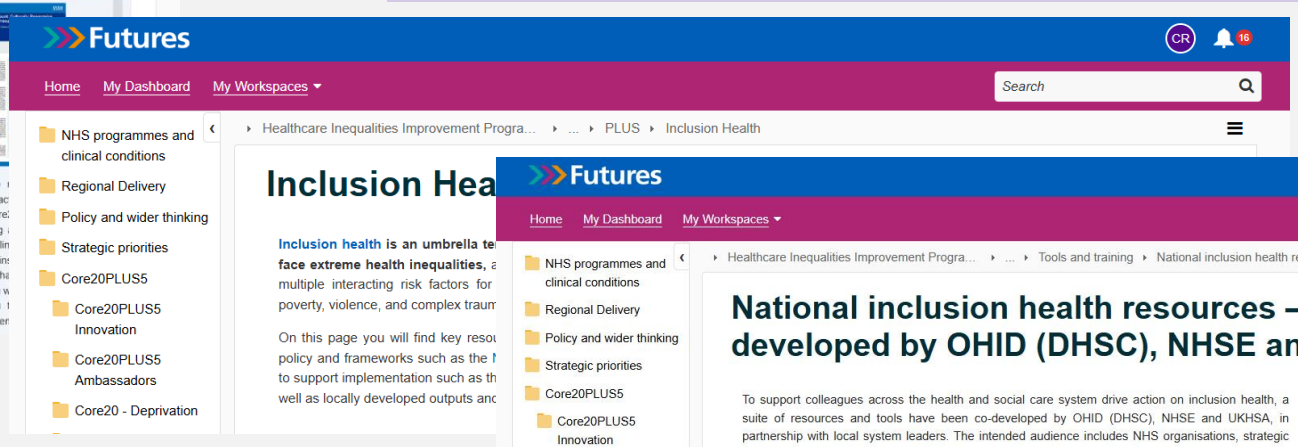
VCSEs act as a trusted interface for groups who may distrust statutory services and are key in embedding peer-led approaches which centre lived experience. They can also support individual to navigate complex systems, access services and advocate for individual needs.

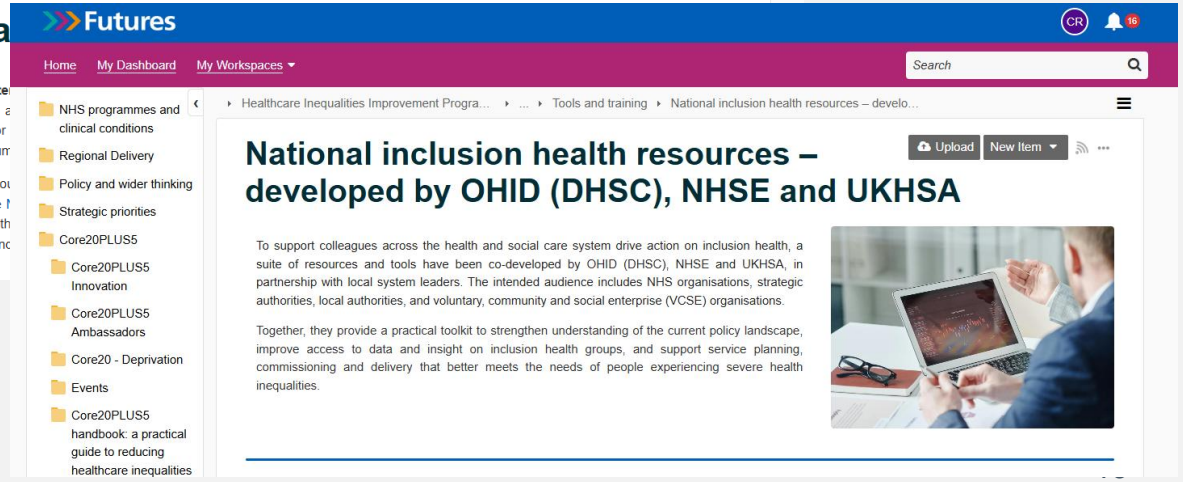
Supporting resources

The national inclusion health resources aims to provide a practical toolkit to strengthen understanding of the current policy landscape, improve access to data and insight on inclusion health groups, and support service planning, commissioning and delivery that better meets the needs of people experiencing severe health inequalities.

Inclusion Health Suite of Resources:

- Inclusion health evidence and briefing pack
- Inclusion Health Data and Intelligence Dashboard
- Inclusion Health Self-Assessment Tool
- Inclusion Health Safeguarding Self-Assessment Tool
- Inclusion Health Services Mapping Tool
- Health Equity Assessment Tool (HEAT)





Access here on **The Healthcare Inequalities Improvement Programme's Futures page**

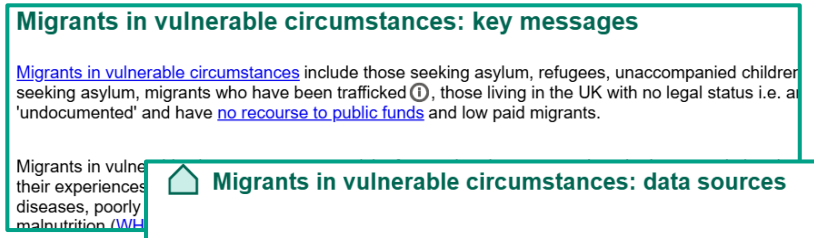
Office for Health Improvement & Disparities

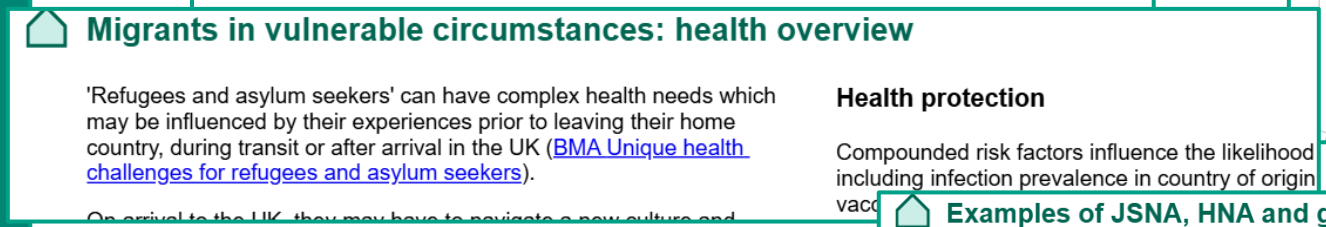
Suite of resources to support local work

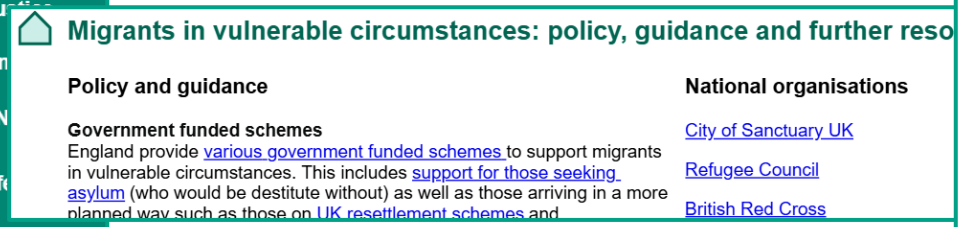
Cathie Railton & Karen Simmonds, OHID, DHSC

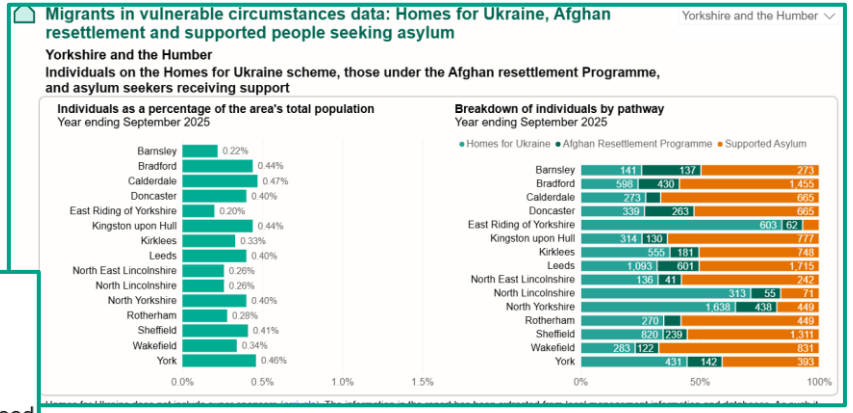
Inclusion Health Data and Intelligence Resource to support work at local level

- **Purpose:** To support informed decision-making and develop tailored solutions to the specific challenges these groups encounter.
- **Audience:** LA PH/other departments, NHS commissioners/providers, wider partnerships
- Contains a summary of statistics **already in the public domain** and brings these together into one place with accompanying narrative.



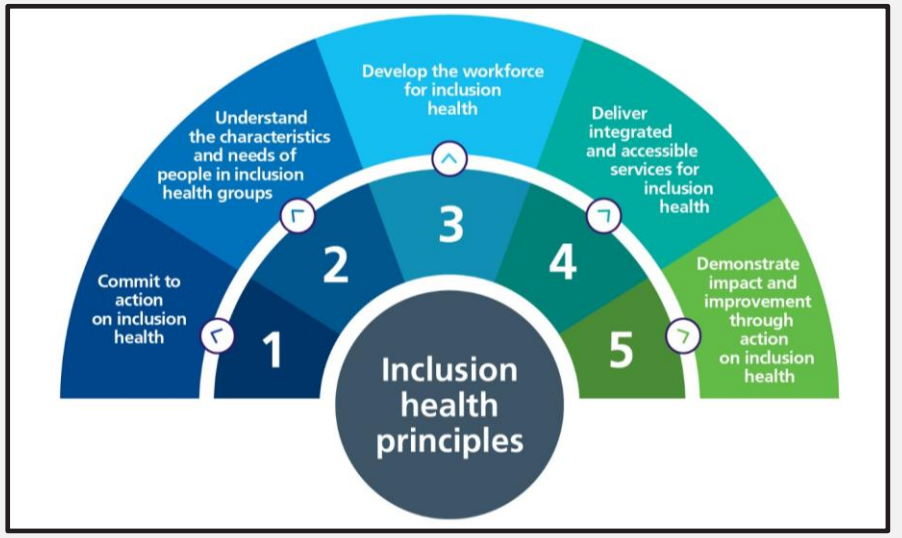






Index	Title	Link
1	Break The Cycle: Understanding multiple unmet needs in Hull, 2024	https://www.hulljsna.com/vulnerable-groups/multiple-unmet-needs/
2	East Riding of Yorkshire JSNA, inclusion health	https://eastridingjsna.com/inclusion-health/
3	Inclusion health HNA, North Central London, 2023	https://democracy.islington.gov.uk/documents/s33383/2a%20-%20NCL%20IHNA%20Islington.pdf

Inclusion Health Self-Assessment Tool



Purpose:

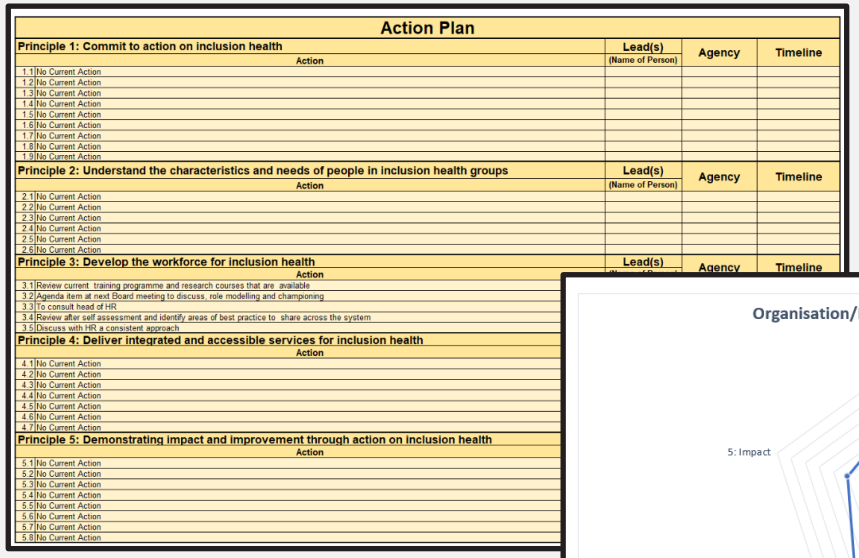
The Inclusion Health Self-Assessment tool is primarily an engagement tool designed to help ICBs and wider system partners, understand their achievements to date, review their actions and explore their readiness to implement the national inclusion health framework.

The tool is based on the five key principles in the inclusion health framework. While the framework calls for NHS action, the self-assessment tool is aimed at a broader audience. It allows systems to review themselves now, plan action for the future, and provides an opportunity to revisit and evaluate progress.

It was developed and piloted by the **OHID South East** Team, in response to requests for support in implementing the national framework.

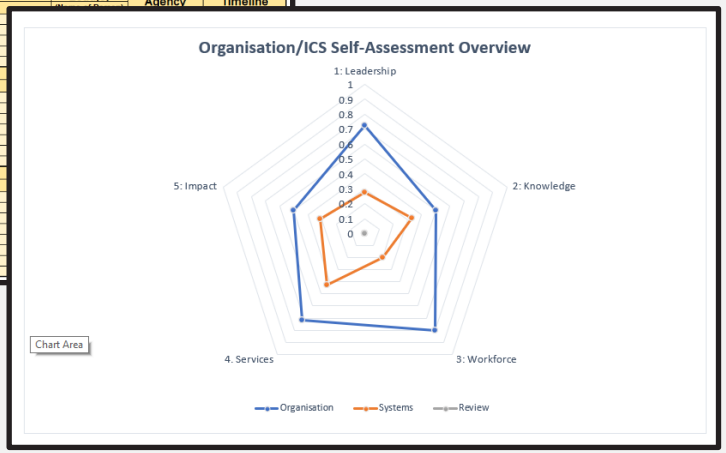
Audience:

- Local Authority public health and other services and departments, NHS commissioners and providers, and wider networks with police, probation, VCSEs



Action Plan

Principle 1: Commit to action on inclusion health	Lead(s) (Name of Person)	Agency	Timeline
Action			
1.1 No Current Action			
1.2 No Current Action			
1.3 No Current Action			
1.4 No Current Action			
1.5 No Current Action			
1.6 No Current Action			
1.7 No Current Action			
1.8 No Current Action			
1.9 No Current Action			
Principle 2: Understand the characteristics and needs of people in inclusion health groups	**Lead(s) (Name of Person)**	**Agency**	**Timeline**
Action			
2.1 No Current Action			
2.2 No Current Action			
2.3 No Current Action			
2.4 No Current Action			
2.5 No Current Action			
2.6 No Current Action			
Principle 3: Develop the workforce for inclusion health	**Lead(s)**	**Agency**	**Timeline**
Action			
3.1 Review current training programme and research courses that are available			
3.2 Agenda item at next Board meeting to discuss, role modelling and championing			
3.3 To consult head of HR			
3.4 Review after self assessment and identify areas of best practice to share across the system			
3.5 Discuss with HR a consistent approach			
Principle 4: Deliver integrated and accessible services for inclusion health			
Action			
4.1 No Current Action			
4.2 No Current Action			
4.3 No Current Action			
4.4 No Current Action			
4.5 No Current Action			
4.6 No Current Action			
4.7 No Current Action			
Principle 5: Demonstrating impact and improvement through action on inclusion health			
Action			
5.1 No Current Action			
5.2 No Current Action			
5.3 No Current Action			
5.4 No Current Action			
5.5 No Current Action			
5.6 No Current Action			
5.7 No Current Action			
5.8 No Current Action			



Inclusion Health Safeguarding Self-Assessment Tool

Purpose:

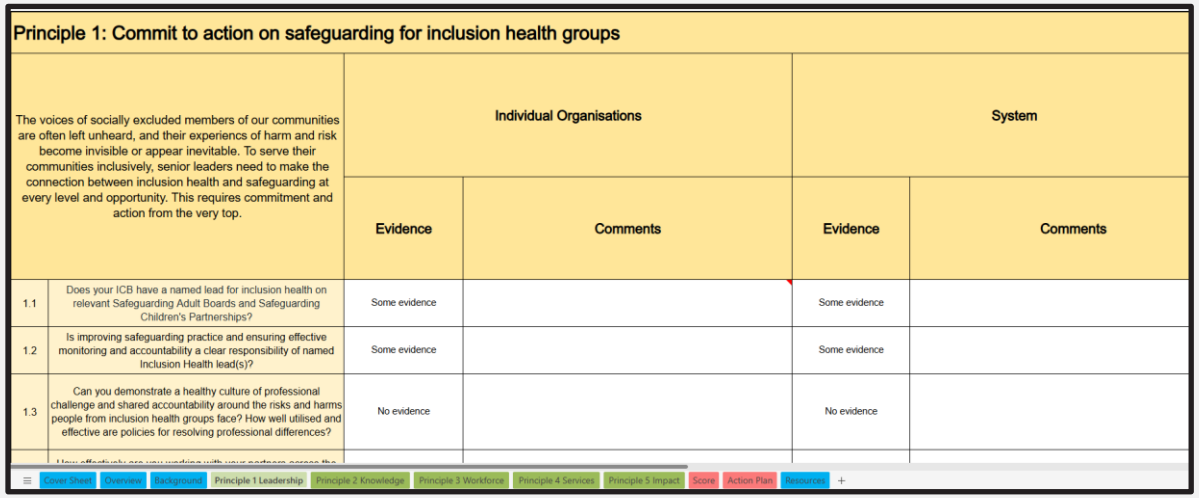
People in inclusion health groups face the same safeguarding risks as everyone else but they may also have discrete risks related to their circumstances and identities.

The Inclusion Health Safeguarding tool is intended to help local areas and systems to understand their safeguarding activity around inclusion health, evidencing achievements, reviewing actions arising from serious incidents and exploring their readiness to implement safeguarding elements from the national framework.

It is orientated around the five principles for action relating to safeguarding and was developed on behalf of **Transformation Partners in Health and Care, in collaboration with Pathway, NHSE London, London region ICBs and OHID**.

Audience:

- ICBs and other NHS and Care partners to support the implementation of the NHS Inclusion Health Framework
- LAs, VCSE organisations and other system partners.



Principle 1: Commit to action on safeguarding for inclusion health groups					
The voices of socially excluded members of our communities are often left unheard, and their experiences of harm and risk become invisible or appear inevitable. To serve their communities inclusively, senior leaders need to make the connection between inclusion health and safeguarding at every level and opportunity. This requires commitment and action from the very top.		Individual Organisations		System	
		Evidence	Comments	Evidence	Comments
1.1	Does your ICB have a named lead for inclusion health on relevant Safeguarding Adult Boards and Safeguarding Children's Partnerships?	Some evidence		Some evidence	
1.2	Is improving safeguarding practice and ensuring effective monitoring and accountability a clear responsibility of named Inclusion Health lead(s)?	Some evidence		Some evidence	
1.3	Can you demonstrate a healthy culture of professional challenge and shared accountability around the risks and harms people from inclusion health groups face? How well utilised and effective are policies for resolving professional differences?	No evidence		No evidence	

Cover Sheet | Overview | Background | Principle 1 Leadership | Principle 2 Knowledge | Principle 3 Workforce | Principle 4 Services | Principle 5 Impact | Score | Action Plan | Resources

Inclusion Health Services Mapping Tool

Purpose:

Inclusion health services work to improve the care and health outcomes of people facing extreme inequities.

Many local networks and partnerships exist between statutory, NHS, VCSEs and others.

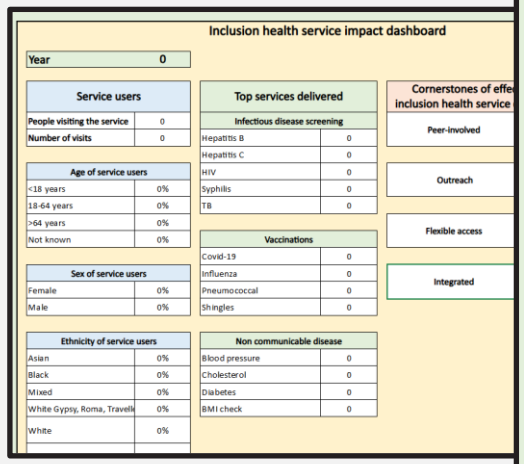
There is no national, or very often local, overview of the services available, who they support and how they operate.

Developed by **Find&Treat University College London Hospitals and UKHSA**, this tool is designed for use by local planners and commissioners of Inclusion Health services to improve understanding of services and their approaches to service delivery (including outreach and integrated services); strengthen links between services; and identify gaps in current provision.

The tool creates an impact dashboard.

Audience:

- Services explicitly providing health-related support to inclusion health groups in England.
- Health-related services includes testing or treating a specific disease, non-communicable diseases, reproductive health, health promotion and harm reduction.



Inclusion health service impact dashboard

Year 0

Service users	
People visiting the service	0
Number of visits	0

Age of service users	
<18 years	0%
18-64 years	0%
>64 years	0%
Not known	0%

Sex of service users	
Female	0%
Male	0%

Ethnicity of service users	
Asian	0%
Black	0%
Mixed	0%
White Gypsy, Roma, Travell	0%
White	0%

Top services delivered	
Infectious disease screening	
Hepatitis B	0
Hepatitis C	0
HIV	0
Syphilis	0
TB	0

Vaccinations	
Covid-19	0
Influenza	0
Pneumococcal	0
Shingles	0

Non communicable disease	
Blood pressure	0
Cholesterol	0
Diabetes	0
BMI check	0

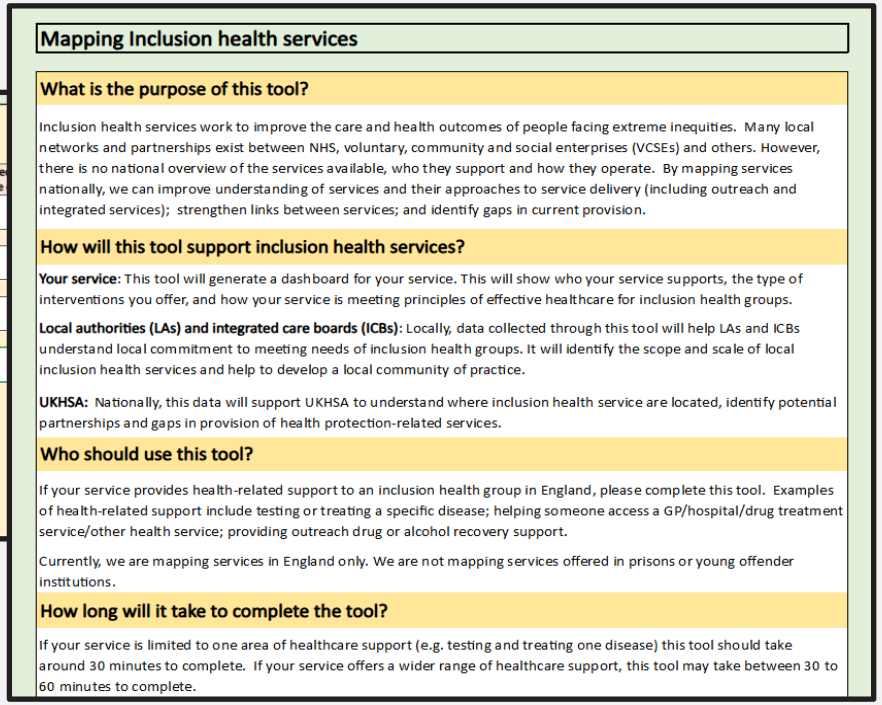
Cornerstones of effe inclusion health service

Peer-involved

Outreach

Flexible access

Integrated



Mapping Inclusion health services

What is the purpose of this tool?

Inclusion health services work to improve the care and health outcomes of people facing extreme inequities. Many local networks and partnerships exist between NHS, voluntary, community and social enterprises (VCSEs) and others. However, there is no national overview of the services available, who they support and how they operate. By mapping services nationally, we can improve understanding of services and their approaches to service delivery (including outreach and integrated services); strengthen links between services; and identify gaps in current provision.

How will this tool support inclusion health services?

Your service: This tool will generate a dashboard for your service. This will show who your service supports, the type of interventions you offer, and how your service is meeting principles of effective healthcare for inclusion health groups.

Local authorities (LAs) and integrated care boards (ICBs): Locally, data collected through this tool will help LAs and ICBs understand local commitment to meeting needs of inclusion health groups. It will identify the scope and scale of local inclusion health services and help to develop a local community of practice.

UKHSA: Nationally, this data will support UKHSA to understand where inclusion health service are located, identify potential partnerships and gaps in provision of health protection-related services.

Who should use this tool?

If your service provides health-related support to an inclusion health group in England, please complete this tool. Examples of health-related support include testing or treating a specific disease; helping someone access a GP/hospital/drug treatment service/other health service; providing outreach drug or alcohol recovery support.

Currently, we are mapping services in England only. We are not mapping services offered in prisons or young offender institutions.

How long will it take to complete the tool?

If your service is limited to one area of healthcare support (e.g. testing and treating one disease) this tool should take around 30 minutes to complete. If your service offers a wider range of healthcare support, this tool may take between 30 to 60 minutes to complete.

Health Equity Assessment Tool

Purpose:

The HEAT tool is a practical framework that enables multiple audiences to systematically identify and embed action on health inequity and equity in their work programme or service.

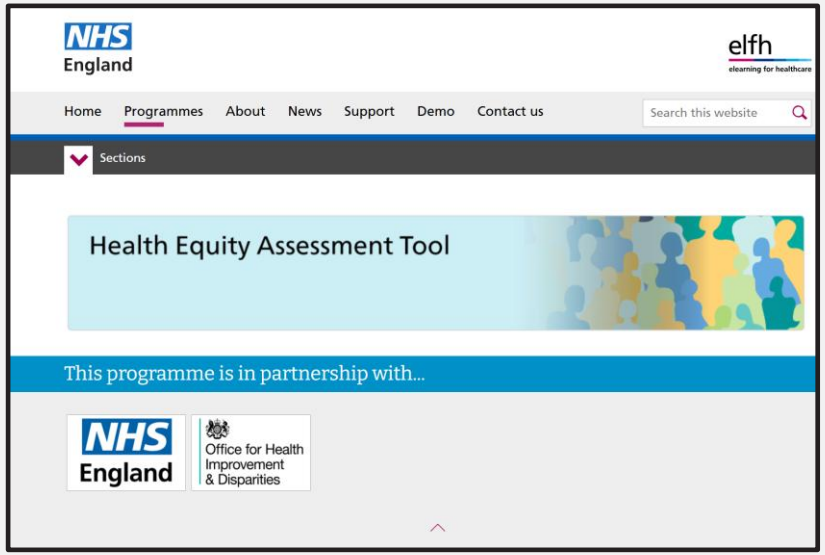
It consists of a series of questions and prompts designed to help assess impact on health inequalities and identify steps that can be taken to help reduce this. Considering the following:

- Equity issues in planning stages of programme or service development
- Equality Act 2010 requirements and demonstrate compliance with the public sector equality duty (PSED)

HEAT was originally published in 2020, and updated 2024 by **OHID**. It is supplemented by an e-learning module on the NHS Learning Hub.

Audience:

- The intended audience includes a wide range of professionals working at national and local level in public health, health and social care and other public sector duties such as housing and education, in service delivery as well as strategy and commissioning. The tool can also be of benefit to managers of VCSEs.



When and how to use the resources

Resource	Purpose	Possible outputs
Data and Intelligence dashboard	Inform and improve understanding of local picture; identify data gaps	Joint Strategic Needs Assessments (JSNA); service planning; strategy development; Data quality improvement
Inclusion Health Self Assessment tool	Stakeholder engagement, measuring KPIs, establishing local partnerships, local mapping	JSNAs; Strategy development; Partnership development; Assurance of National Framework
Inclusion Health Safeguarding self assessment	Responding to SARs; identifying good practice; identifying training needs	Service reviews; strategy reviews; responding to SARs and PFD reports.
Inclusion Health Services Mapping Tool	Understand services and approaches to delivery; strengthen partnerships; identify gaps	Service reviews; JSNAs; Evaluation, Data Quality
Health Equity Assessment (HEAT) Tool	Address equity issues; review Equality Act 2010 requirements and compliance	Service and programme development;

Where can you find the resources?

- Inclusion Health Data and Intelligence Resource – available on gov.uk
- Inclusion Health Self Assessment Tool
- Inclusion Health Safeguarding Self Assessment Tool
- Inclusion Health Services Mapping Tool
- Health Equity Assessment Tool

Futures

Inclusion Health landing page

- Inclusion health briefing pack: Driving action in a new system landscape

Inclusive approaches and insight from people with lived experience: IH Commissioning Toolkit

Co-produced by: VCSE, DHSC OHID, UKHSA, NHSE, NHS

Presented by:

Leila Reid, The Hepatitis C Trust and James Rock, Find&Treat UCLH

On behalf of: Doctors of the World, EP:IC, Expert Focus, Find&Treat UCLH, Groundswell, NUM, The Hepatitis C Trust, SJOG, Spectra, NHSE, DHSC OHID, UKHSA

Background to toolkit

- Co-produced report to address barriers to healthcare for inclusion health groups.
- 10 VCSE organisations were commissioned to engage with people with diverse experiences of social exclusion
- Aimed to seek views on barriers and facilitators to health interventions and explore how services could better meet their needs
- More than 200 people participated

Insights from people with lived experience to inform inclusive approaches to health protection - GOV.UK

Research and analysis

Insights from people with lived experience to inform inclusive approaches to health protection

Updated 5 November 2025

Recommendations

The Co-produced synthesis report generated five recommendations:

1. Build trust first

2. Provide integrated, holistic, people-centred approaches

3. Build in accessibility to increase engagement and uptake

4. Tailor approaches to increase relevance

5. Embed peer roles

Inclusion health commissioning toolkit

Aim

To support planning, development and delivery of effective inclusion health services, placing lived experience at the heart of commissioning.

Who is it for?

- Commissioners
- Local Authorities
- NHS organisations
- Voluntary, community and social enterprise (VCSE) organisations
- Health and social care practitioners

The toolkit helps readers to:

- Understand what effective commissioning looks like for inclusion health groups
- Understand why it matters, including links to relevant policy and frameworks
- Understand how it supports organisations in meeting statutory duties to reduce health inequalities under the Health and Care Act 2022 and public sector equality duties
- Apply these principles in practice, through clear and practical steps grounded in lived experience

What the toolkit adds

Bridging the gap between existing guidance and real-world implementation across all inclusion health groups

- **Bringing it all together** – synthesising guidance, policies, and duties into a single, practical resource
- **Focusing on "how", not just "what"** – translating high-level principles into clear, actionable steps for commissioning and delivery
- **Putting lived experience at the heart** – moving beyond consultation to show how to embed it meaningfully at every stage
- **Grounded in practice** – uses real-world examples to demonstrate what works, including challenges and solutions
- **Designed for system use** – tailored to commissioners and providers working across NHS and VCSE settings, reflecting real service constraints

How we are developing the toolkit

- Co-production workshops
- VCSE, NHS and patient lived experience and expertise translated into practical steps and case studies
- Informed by NHSE, DHSC and UKHSA expertise on current policies and guidance, using these as levers for meaningful change in service commissioning, design and delivery

Who is involved?

Public bodies/ government agencies
NHSE, UKHSA, DHSC

NHS service provider
Find&Treat UCLH

VCSE organisations with focus on:

- People experience homelessness
- Sex workers
- People subject to modern slavery & trafficking
- People with lived experience of Hepatitis C including people who use drugs
- Gypsy, Roma & Traveller communities
- People in contact with the justice system
- Refugees, people seeking asylum and other migrants in vulnerable circumstances

Toolkit recommendation example: 'Embed Peer Roles'

- **Why do it?**
  i. Involving peers - who are people with similar lived experience to the people they support - in service design and delivery can overcome barriers to care and build trust in services.

- **What commissioners and service providers should do:**
  i. Co-production should start before service design
  ii. Recognise Lived Experience as Expertise through a range of participation and employment models
  iii. Embed Peer Roles Structurally
  iv. Support and Develop Staff & Volunteers with Lived Experience

'Good peer services invest in people; they don't just recruit them'

The Hepatitis C Trust

Case studies, guidance & resources

Case study: 'How to recruit people with lived experience into NHS roles' - Find&Treat UCLH

Recruitment approaches
- From patient to peer
- VCSE collaborations

HR processes
- Recognising equivalence of lived and learned experience in Agenda for Change roles
- Sample job descriptions

Support for job retention
- Pastoral care
- VCSE links

Promoting career progression
- Training and competency development

Resources:

Lived Experience Charter:

- Health, social care and wider public sectors can apply to complete and receive this award
- Lived Experience Charter 'status' demonstrates that organisations have quality standards, best practices, and a commitment to improving the inclusive recruitment and retention practices of people with lived experience.

<u>Sample Job descriptions:</u>

- NHS Agena for Change roles: bands 3-7

Recommendation 5. Embed peer roles		
What to do	i. Pay Lived Experience as Expertise – *link to toolkit section* ii. Embed Peer Roles Structurally iii. Protect and Support People with Lived Experience iv. Co-production should start before service design	
How to do it	**Case studies**	Find&Treat UCLH: Embedding peer roles in NHS inclusion health services
		The Hepatitis C Trust: Lived experience in VCSE organisations
	Resources	• Lived Experience Charter • Example NHS/ VCSE job descriptions • Inclusion Health Self Assessment Tool
Why do it	**Policy & recommendations**	**Relevance**
	NICE guidance 214	Provides evidence reviews of peer approaches to health and social care delivery for people experiencing homelessness
	NHSE National Framework for Inclusion Health	Recommends integrated and accessible services for inclusion health, including: • Support employment of people in inclusion groups into local anchor organisations and develop peer-support roles
	Local Outcomes Framework	Priority outcome areas for commissioners include: • Health and wellbeing • Homelessness and rough sleeping • Multiple disadvantage Provides a policy mandate for focusing on inclusion health groups and people experiencing multiple disadvantage.

Next steps

- Finalise toolkit
- Case studies
- Resources
- Distribution
- Intended publication: NHSFutures

Thank you!

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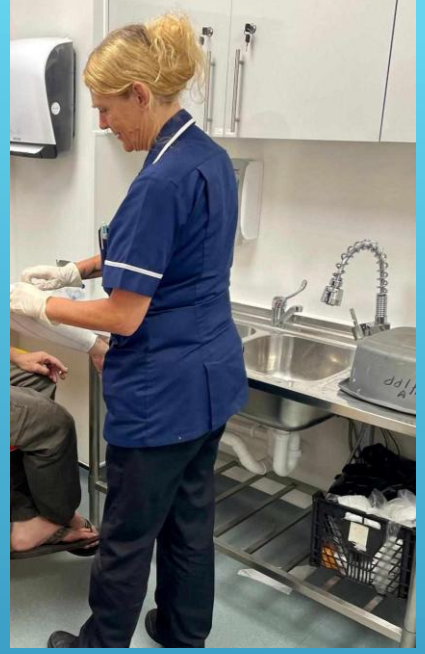
Leila Reid – Director of Research and Corporate Services

Dr. Alice Kociejowski – Consultant in Public Health Medicine, UCLH Find & Treat

Case Study 1: Health Inclusion Pathway – Plymouth

Charlotte Connell, Social Worker, Livewell, South West

HEALTH INCLUSION PATHWAY PLYMOUTH



MULTI-DISCIPLINARY TEAM

Consisting of:

- 1 x Mental Health Nurse
- 1 x Physical Health Nurse
- 1 x Healthcare Assistant
- 1 x Social Worker
- 1 x Occupational Therapist
- 1 x Support Worker
- 2 x GP
- 1 x Clinical Psychologist
- 1 x Team Administrator

What is inclusion health?

- Focuses on people excluded from mainstream healthcare.
- Common challenges: homelessness, poverty, substance misuse, and trauma.
- Life expectancy 45 years.
- High rates of mental and physical health conditions.
- HIPP was established following the PL1 report and we provide interim care and improves access to services.

OUR AIMS

- To provide expert advocacy, clinical guidance, and coordinated support throughout the patient journey—from admission avoidance, through inpatient care, to safe discharge—ensuring individuals receive the right care, in the right place, at the right time.

- **Admission Avoidance**
- Supporting individuals in the community to prevent avoidable hospital admissions.
- Providing early intervention, specialist advice, and coordinated support to address health and social needs before they escalate.
- Promoting access to appropriate community-based services to maintain health, wellbeing, and independence.

- **Inpatient Support**
- Delivering specialist clinical and emotional support during hospital admissions.
- Working collaboratively with multidisciplinary teams to ensure health needs are fully assessed and addressed during the inpatient stay.
- Using hospital admissions as an opportunity to complete episodes of care, improve health outcomes, and reduce the risk of unnecessary readmissions.

Our role in Derriford hospital

- Support patients who face barriers to accessing healthcare.
- Help reduce stigma and improve the patient experience during admission.
- Provide specialist advice on opiate substitution therapy (OST) and safe prescribing.
- Work to prevent withdrawal and reduce the risk of self-discharge.
- Facilitate access to community and primary care services.
- Collaborate closely with Derriford Drug, Alcohol Liaison Team and BCHA to ensure continuity of care.

- **Safe Discharge**
- Supporting safe and timely discharge from hospital to the community.
- Ensuring appropriate accommodation, support, and follow-up care are in place.
- Advocating for patients and coordinating access to health, housing, and community services.
- Working to prevent discharges to the street wherever possible.

Our role in the community

- We deliver a range of drop-in clinics at Shekinah and hostels for both physical and mental health nursing support.

- Outreach clinics are provided to improve access to physical and mental health care in the community and our ran by our physical health nurse, clinical psychologist and social worker

- Our Occupational Therapist supports individuals with meaningful activity, daily living skills, and mobility.

- Our support workers assist people to engage with the community and access local services and activities.

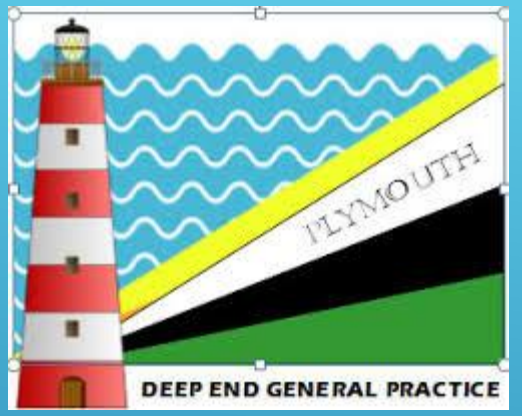
- **Working with Partner Services**
- We maintain strong working relationships with partner agencies, including the Rough Sleeper Team, Soup Run, and Safer Communities.
- We receive and act on referrals when concerns are raised about individuals.
- This collaborative approach ensures joined-up care and improves outcomes for a highly vulnerable population.

SPECIALS THANKS TO THE FOLLOWING SERVICES

PLYMOUTH CITY COUNCIL

Pathway

NHS University Hospitals Plymouth NHS Trust



Livewell Southwest

The Plymouth Alliance

NHS Devon

Health Inclusion and Neighbourhood Health: What this means in practice?

Natalie Knowles Primary Care Partnership and Transformation Lead WYICB

Our Approach – One System, One Vision

Wakefield's ambition is simple:

To create one single coordinated approach that applies neighbourhood health principles to support inclusion health populations across the district.

What makes our approach different?

- A shared district-wide vision across health, care, local authority, VCSE and wider partners.
- Strong strategic leadership and system coordination
- Building on existing strengths rather than creating new structures
- Ensuring people facing the greatest exclusion remain visible within wider system transformation.

Our role is to stitch the system together around people, not organisations

Applying the Neighbourhood Health Principles Through an Inclusion Health Lens

Neighbourhood Health Principles	Inclusion Health Application
Population Health Management	Understanding often hidden populations
Prevention	Tackling barriers before people reach crisis
MDT working	Coordinated responses around complex lives
Community based care	Taking services to where people are
Partnership working	Bringing organisations together around shared outcomes
Person-Centred Care	Trauma-Informed, flexible and accessible support

The Strategic Shift

Changing the System and Challenge the Status Quo

Our learning so far:

- The challenge is not a lack of services but that the system is often designed around organisations rather than people

Our focus therefore has been on:

- Breaking down organisational barriers
- Creating shared ownership/vision across partners
- Align commissioning and service delivery
- Strengthen pathways and relationships across health, social and voluntary sector partners
- Ensure Inclusion Health is a priority for the districts Neighbourhood Health plans.
- Move from isolated interventions to sustainable system change
- Supporting the system to stitch together and creating a strong Inclusion Health voice.

The Strategic Shift

Why this matters:

- If Inclusion Health is not intentionally designed into Neighbourhood Health, those with the most complex circumstance risk being left behind.

Our Approach has therefore been about:

- Brave leadership
- Challenging the status quo
- Holding a mirror up to the system
- Using a different lens to ensure Inclusion Health is not forgotten.

Final Thought

‘Inclusion health reminds us that the true measure of our system isn’t how it serves the easy to reach, but how it reaches those who’ve been left behind. Because behind every data point is a person with a story- someone who deserves to be seen, heard and valued. When we design care that meets people where they are, we restore dignity, rebuild trust and create a health and care system where everyone belongs.’

If we get it right for our most vulnerable populations, we get the system right for everyone.

Driving action - next steps

Dr Justin Varney Bennett, Regional Director of Public Health, DHSC & NHS England (South West)

Professor Maggie Rae CBE, Regional Deputy Director of Public Health, DHSC & NHS England (South West)

Instructions

Go to

www.menti.com

Enter the code

3222 6495

Or use QR code

Close

Professor Andrew Hayward, National Lead for Inclusion Health

Health Equity and Inclusion Health Division, UKHSA