



**Integrated
Care System**
Nottingham & Nottinghamshire

Inclusion Health toolkit for Nottingham and Nottinghamshire

MAY 2025



Inclusion health

Inclusion health is a focus on the extreme and acute inequalities among the most vulnerable and marginalised. 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 'PLUS' population groups in NHS England's 'CORE20PLUS5' approach to reducing healthcare inequalities align closely with Inclusion Health groups

Inclusion health recognises and responds to the experiences of social exclusion and trauma and the multiple physical and mental health needs within these groups.



The **NHS Inclusion Health Framework** identifies 5 principles for effective partnership responses. For each principle there is guidance on what 'good looks like' and 'suggested practical actions'.

This matrix sets out some of the local examples and assets to support the use of the Inclusion Health framework within Nottingham and Nottinghamshire.

For each principle there are some prompt questions that you may wish to consider within your organisation.

[NHS England » A national framework for NHS – action on inclusion health](#)

Principle 1: Commit to action on inclusion health

‘Good’ looks like:

- Senior leaders commit to hearing and responding to the voices of people with lived experience and spend time within their communities to understand their needs.
- Strong cross sector strategic partnerships are established between NHS bodies, local authorities, VCSE organisations and wider partners with commitment to developing and implementing integrated approaches and services for people in inclusion health groups.

Suggested practical actions:

- Identify a named senior responsible officer at Integrated Care Board level.
- Identify a named senior responsible officer for health inequalities and inclusion health in each partner organisation within the ICS.
- Report on progress delivering inclusion health activity at board level.
- Use the VCSE Inclusion Health Audit Tool Document how engagement with people with lived experience has informed service delivery.
- Build leadership for inclusion health into leadership programmes.
- Use communication strategies to raise awareness of the needs of people in inclusion health groups and what good looks like.

Questions to consider:

- Who is leading on and championing health inequalities and inclusion health within your organisation?
- How are your services being shaped by people with lived experience?

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

‘Good’ looks like:

- Taking a co-ordinated and consistent approach to understanding the needs of inclusion health groups.
- Using current data on deprivation, inclusion health, learning disabilities, severe mental illness, substance use and proxy measures for social exclusion.
- Working with trusted community partners who hold a wealth of information about your population, as well as Local Authority public health teams and analysts.
- Listening to the voices of people with lived experience.

Suggested practical actions:

- Ensure that place-based plans and JSNAs reflect the needs of the people in your communities living in inclusion health groups.
- Work collaboratively with wider system partners to use Public Health Outcomes Framework indicators, to build an understanding of local needs.
- Improve methods of collecting routine data to build the inclusion health data profile in your area.
- Work with your data and Populations Health Management experts to draw on all available information to inform service provision.
- Develop a research approach with trusted community and academic partners to draw on rich qualitative measures.
- Use participative research approaches to support people with lived experience contribute to research and evidence.

Questions to consider:

- What data and insight are you collecting on the needs of people in inclusion health groups?
- Are there differences in access to services or the outcomes from your services for people from marginalised groups?
- How is this data and insight being used to drive improvement?

Principle 3: Develop the workforce for inclusion health

‘Good’ looks like:

Ensuring that training on inclusion health is mandatory for every worker. Training for staff on inclusion health covers:

- What inclusion health is and how to address health inequalities?
- How to develop and deliver culturally appropriate, compassionate, trauma -informed care.
- Digital inclusion and health literacy.
- Understanding people’s entitlement to services and feeling confident to support and refer individuals appropriately,
- Understanding where to access information to support people from inclusion health groups,
- How to use [Personalised Care](#).
- How the [‘Making every contact count’ \(MECC\) approach](#), can be adapted for inclusion health groups.

Suggested practical actions:

- Ensure training on inclusion health is accessible to all staff.
- Provide opportunities for leaders and specialist staff to develop expertise in meeting the needs of inclusion health groups.
- Share best practice and learning across the system at national, regional, and local levels.
- Offer paid and voluntary employment opportunities to people from inclusion health groups.

Questions to consider:

- What is your existing training offer and is it sufficient?
- Are there opportunities to link and work with other organisations to promote and support training on inclusion health topics?
- How are you supporting the employment of people in inclusion groups within your organisation?

Principle 4: Deliver integrated and accessible services for inclusion health

‘Good’ looks like:

Developing clear and achievable goals and monitoring the ICS performance against these. This means:

- Understanding the gap between inclusion health needs across the system and what is currently spent (this could include health inequalities, specialist services and generic primary, community acute and specialist services).
- Commissioning specialist services (such as outreach provision for excluded groups) that reflect best practice.
- Making generic services more accessible.
- Co-designing and delivering services with people in inclusion health groups in response to local needs.
- Working across organisations with both VCSE and wider partners to fund and sustain provision for inclusion health.
- Ensuring that safeguarding is an inherent part of all service design and delivery.

Suggested practical actions:

- Work with partners to implement the [NICE Guidelines on Integrated health and care for people experiencing homelessness](#).
- Use tools such as the [Health Equity Assessment Tool \(HEAT\)](#) and the [Safe Surgeries Toolkit](#) to consider health inequalities when designing and reviewing services.
- Set up mechanisms for co-designing services with people and communities, such as [strategic co-production](#).
- Develop integrated multidisciplinary teams which deliver proactive coordinated care.
- Ensure that roles such as healthcare navigators, care coordinators and social prescribing link workers are available to support people through the system.
- Recognise that general health service provision may not meet the needs of inclusion health groups and that specialist outreach services will need to be commissioned to address this.
- Identify a named lead for inclusion health on [Safeguarding Adults Boards](#).
- If a person in contact with NHS services is homeless/at risk of homelessness, ensure public sector [duty to refer](#) guidance is followed.

Questions to consider:

- How are you raising the quality of your services to meet the needs of people in inclusion health groups so they have equitable access, experience and outcomes?
- Are there opportunities to provide further specialist support?

Principle 5: Demonstrate impact and improvement through action on inclusion health

‘Good’ looks like:

- Identifying clear and achievable targets on inclusion health and monitoring the ICS’s performance against these. This includes:
- Embedding evaluation into your everyday work.
- Including people with lived experience in your evaluation.
- Giving words and stories equal weight to numbers.
- Using inclusive language – finding out what language and terminology makes sense to the people involved and using it.
- Communicating your learnings to others – enabling stakeholders to act themselves.

Suggested practical actions:

- Refer to [ESS principles for good evaluation](#).
- Set clear achievable outcomes (differences or changes you hope to make) and indicators (what you need to measure to see if you are achieving your outcomes).
- Develop a logic model to set out the steps to reach your outcome.
- Seek to collaborate with academic institutions such as universities to develop research and evaluate services.
- Work with your Patient Advice and Liaison Service (PALS) and complaints teams, who will have the skills needed to work with inclusion health groups and encourage feedback. Ensure that this information is fed into service improvement plans.
- Listen to VCSE organisations working with people in inclusion health groups.
- Audit services through mystery shopping, providing feedback on quality of care.

Questions to consider:

- How do you know the changes you are making are effective in improving the health and wellbeing of people in inclusion health groups?
- How are people with lived experience involved in evaluating your progress?
- Who are you sharing the learning with?

Examples of good practice in Nottingham and Nottinghamshire

To see case studies, scan the below QR code, or visit this link: <https://healthandcarenotts.co.uk/ics-inclusion-health-case-studies/>



This toolkit was developed by the planning group for the Inclusion Health Conference in May 2025. For further information please contact helen.johnston@nottinghamcity.gov.uk

Recommended resources and links for further information

The NHS England Inclusion Health Framework (2023) [NHS England » A national framework for NHS – action on inclusion health](#)

Policy

Groundswell Inclusion Health report (2023) <https://groundswell.org.uk/wp-content/uploads/2023/08/Pockets-of-Excellence.pdf>

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

Ending rough sleeping for good: cross-government strategy (2022) <https://www.gov.uk/government/publications/ending-rough-sleeping-for-good>

Pathway (2018). Homeless and inclusion health standards for commissioners and service providers. <https://www.pathway.org.uk/wp-content/uploads/Version-3.1-Standards-2018-Final.pdf>

Data

Office for Health Improvement and Disparities (2022) SPOTLIGHT: Improving inclusion health outcomes <https://analytics.phe.gov.uk/apps/spotlight/>

Research

Luchenski, S, et al (2018) 'What works in inclusion health: overview of effective interventions for marginalised and excluded populations' [The Lancet 391.10117 \(2018\): 266-280.](#)

Local strategy

Nottingham and Nottinghamshire integrated Care System Strategy 2023-2027 <https://healthandcarenotts.co.uk/integrated-care-strategy-2023-2027/>

Guidance for healthcare staff working with inclusion health groups

Gypsy, Roma, Traveller communities

Friends, Families & Travellers (undated). Working with Gypsies & Travellers. A brief note for Health Practitioners. https://www.gypsy-traveller.org/pdfs/working_health_gypsies_travellers_guide.pdf

Office for Health Improvement and Disparities (2022). Improving Roma health: a guide for health and care professionals. <https://www.gov.uk/guidance/improving-roma-health-a-guide-for-health-and-care-professionals>

Sweeney, S. & Matthews, Z. (2017). A guide for professionals working with Gypsies, Roma and Travellers in Children's Services. <https://www.gypsy-traveller.org/wp-content/uploads/2025/03/A-guide-for-professionals-working-with-Gypsies-and-Travellers-in-the-public-care-system-2.pdf>

The Queen's Institute of Community Nursing. Working with Gypsy, Roma, Traveller communities. <https://qicn.org.uk/nursing-in-the-community/homeless-and-inclusion-health-programme/workingwithgypsyromatravellercommunities/>

Sex workers

Basis Yorkshire (2021). *Working with sex workers: A guide for health professionals*. <https://basisyorkshire.org.uk/wp-content/uploads/2021/07/Sex-Workers-A-Guide-for-Professionals-2021.pdf>

Vulnerable migrants

British Medical Association. *Refugee and asylum seeker patient health toolkit. Unique health challenges for refugees and asylum seekers*. <https://www.bma.org.uk/advice-and-support/ethics/refugees-overseas-visitors-and-vulnerable-migrants/refugee-and-asylum-seeker-patient-health-toolkit/unique-health-challenges-for-refugees-and-asylum-seekers>

BSW Primary and Community Care Training Hub. *Health inequalities: Caring for vulnerable migrants*. <https://bswtraininghub.nhs.uk/webinars-and-resources/inequalities-caring-for-vulnerable-migrants/>

Office for Health Improvement and Disparities (2017). *Vulnerable migrants: Migrant health guide*. <https://www.gov.uk/guidance/vulnerable-migrants-migrant-health-guide>