What do we mean by inclusion health?
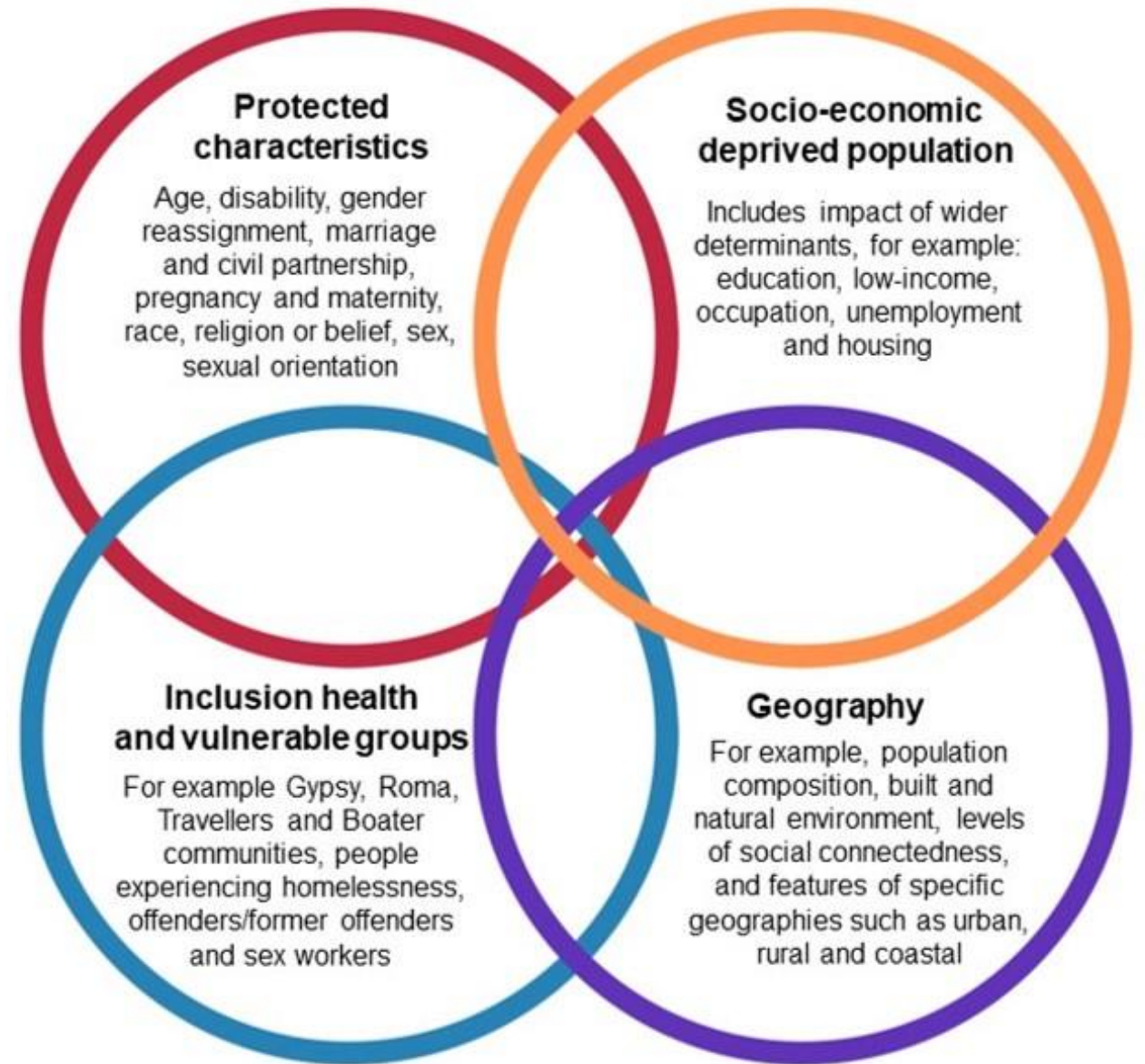
Reducing health inequalities through a focus on the most disadvantaged and excluded groups

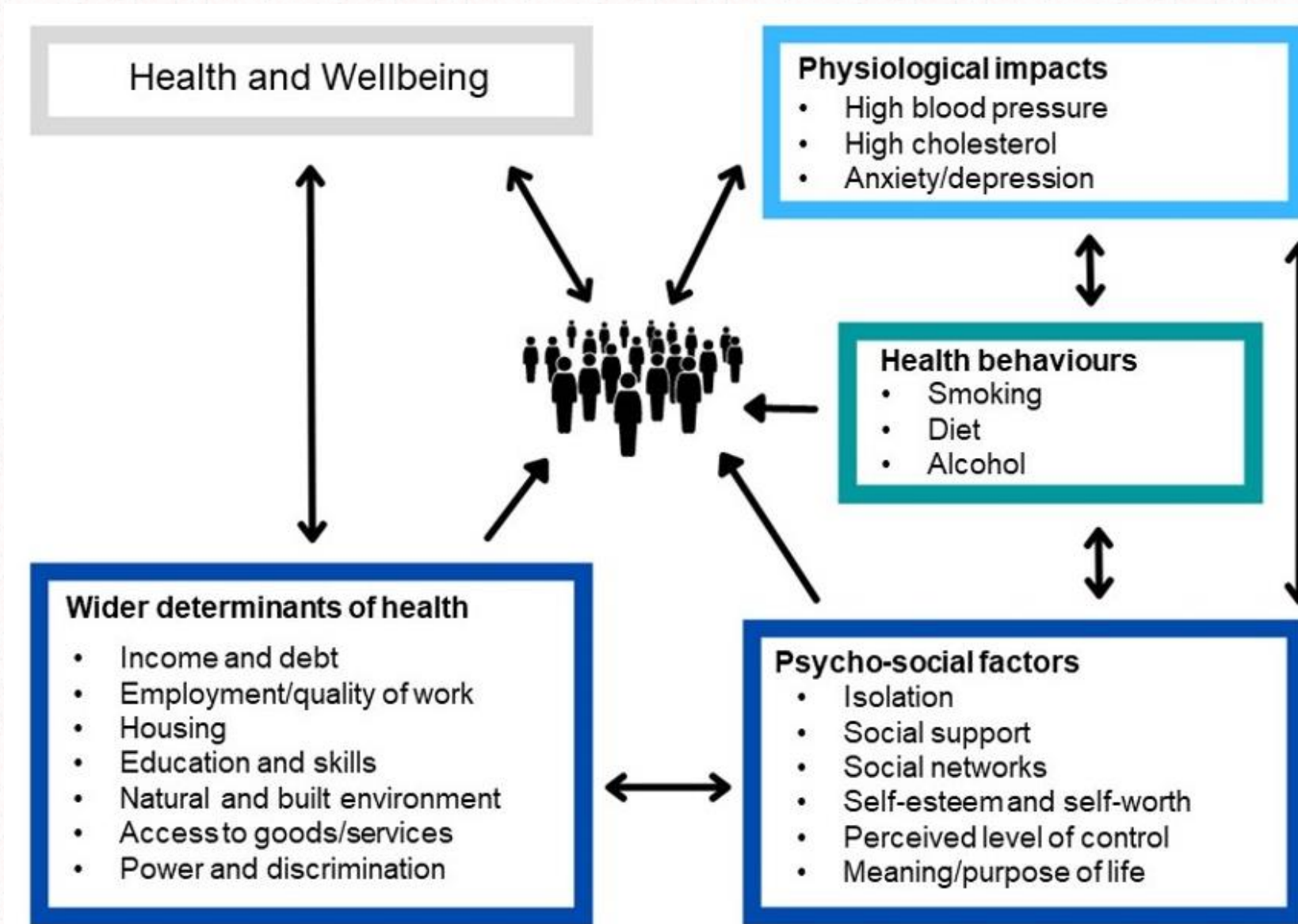Helen Johnston, Consultant in Public Health

Types of health inequalities

Health inequalities are **differences in people's health** that are **systematic, avoidable,** and **unfair**.

Promoting **equity** because 'one size doesn't fit all'

Inclusion health as one of the 4 domains of health inequality (OHID, 2022)

The causes of health inequalities

Health and Wellbeing

Physiological impacts
- High blood pressure
- High cholesterol
- Anxiety/depression

Health behaviours
- Smoking
- Diet
- Alcohol

Wider determinants of health
- Income and debt
- Employment/quality of work
- Housing
- Education and skills
- Natural and built environment
- Access to goods/services
- Power and discrimination

Psycho-social factors
- Isolation
- Social support
- Social networks
- Self-esteem and self-worth
- Perceived level of control
- Meaning/purpose of life

System map adapted from the Labonté model, PHE 2021

Adversity and trauma

Adverse experiences and childhood trauma

- associated with poorer mental and physical health[1]

- associated with lack of trust of healthcare professionals[2]

- associated with multiple disadvantage[3]

1. Young Minds; 2. Bellis et al. 2024;
3. Bramley et al., 2015.
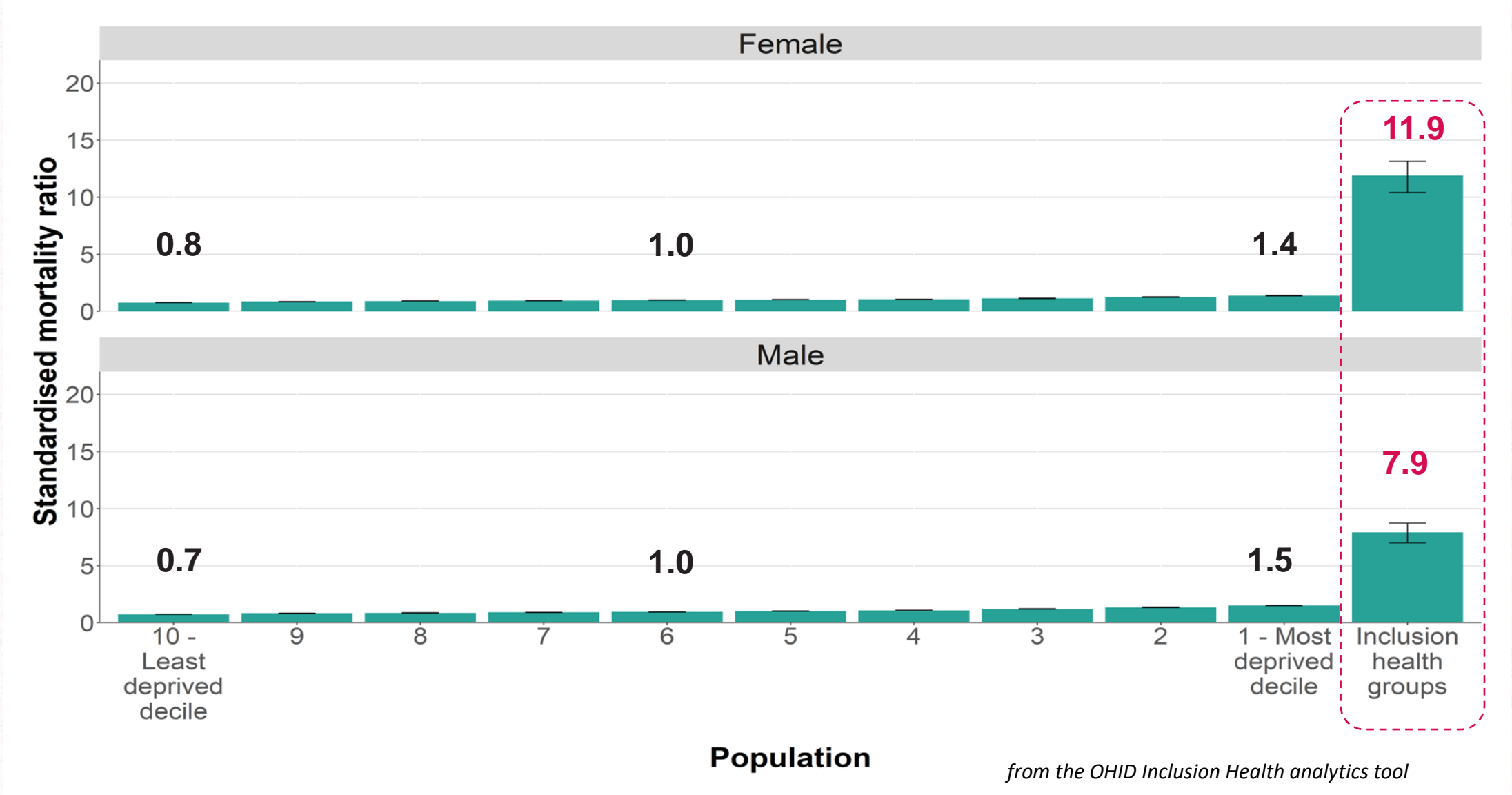
HOW DOES IT IMPACT THE LIVES OF YOUNG PEOPLE?

ACEs impact a child's development, their relationships with others, and increase the risk of engaging in health-harming behaviours, and experiencing poorer mental and physical health outcomes in adulthood.

Compared with people with no ACEs, those with 4+ ACEs are:

2x more likely to binge drink and have a poor diet

3x more likely to be a current smoker

4x more likely to have low levels of mental wellbeing & life satisfaction

5x more likely to have had underage sex

6x more likely to have an unplanned teenage pregnancy

7x more likely to have been involved in violence

11x more likely to have used illicit drugs

11x more likely to have been incarcerated

From Young Minds: Understanding trauma and adversity

Social exclusion and stigma

For example, drug and alcohol stigma:

- stops people who need treatment and support from getting help as they feel judged
- affects the friends and family of people struggling with an alcohol or drug problem
- affects organisations and people who provide treatment and recovery support

Adapted from NHS Borders, Drug and Alcohol Stigma

Inclusion health groups have higher mortality rates

from the OHID Inclusion Health analytics tool

And higher use of services and earlier age of death

People experiencing homelessness use about **4 times more** acute hospital services

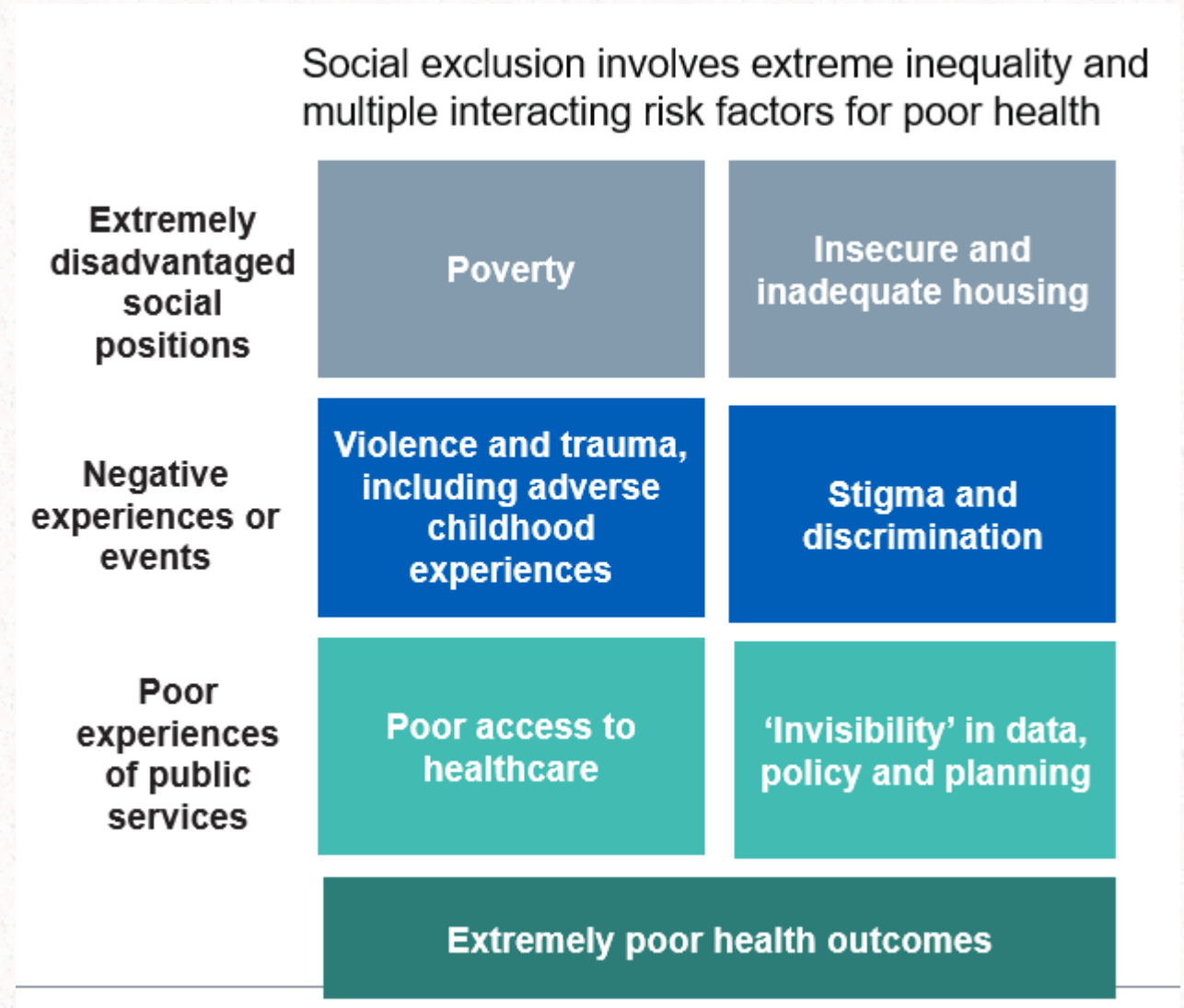The annual cost of public services is higher for people who are homeless
- £12,260 for a person sleeping rough
- £3,100 for an average adult

Average age at death of people experiencing homelessness compared to the general population
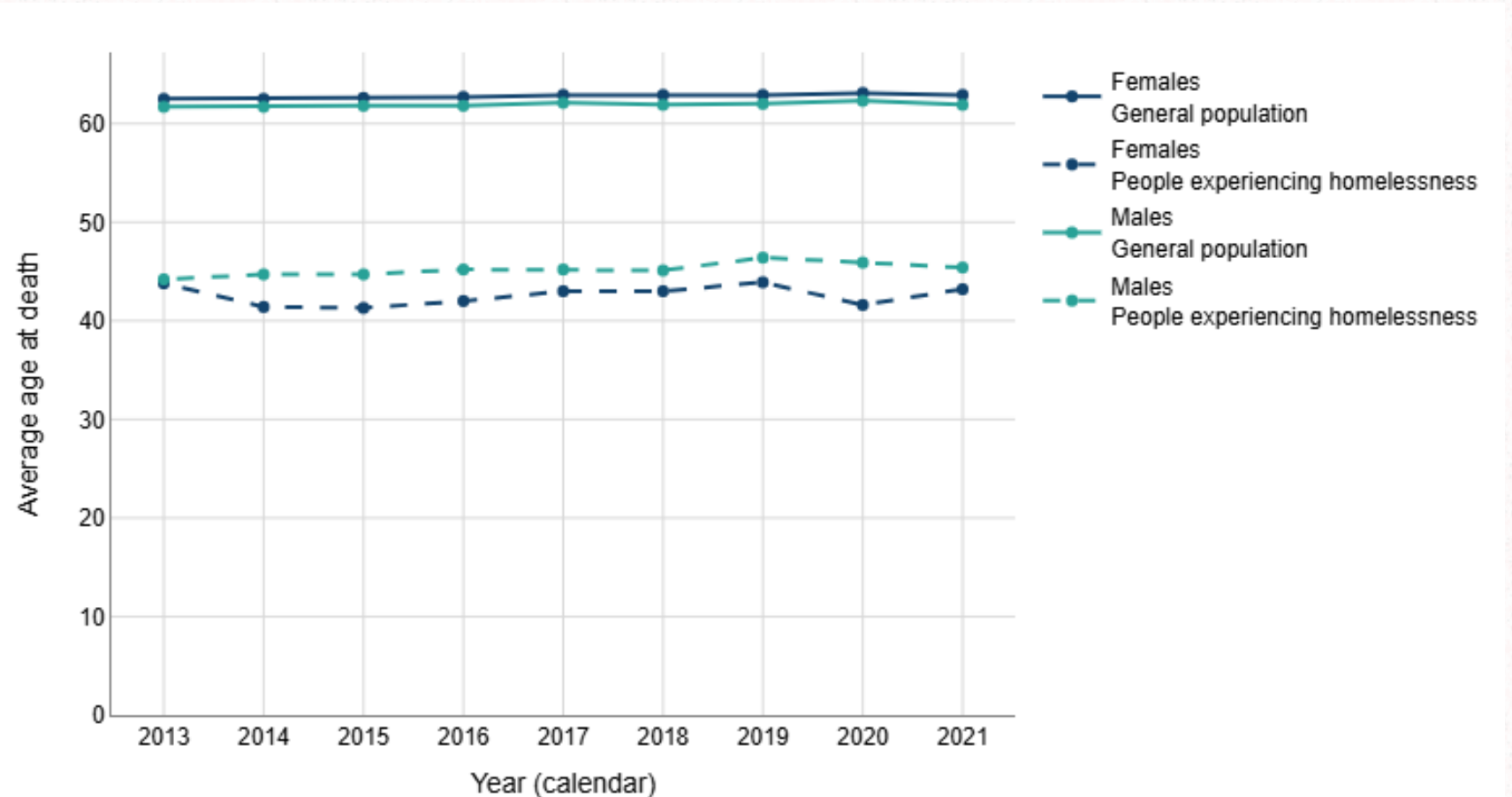
Who are our inclusion health groups?

- **People who experience homelessness and rough sleeping**
- **People in contact with the criminal justice system**
- **Vulnerable migrants**
- **People dependent on drugs or alcohol**
- **Gypsy, Roma, and Traveller communities**
- **Sex workers**
- **Victims of modern slavery**

Social exclusion involves extreme inequality and multiple interacting risk factors for poor health

Extremely disadvantaged social positions	Poverty	Insecure and inadequate housing
Negative experiences or events	Violence and trauma, including adverse childhood experiences	Stigma and discrimination
Poor experiences of public services	Poor access to healthcare	'Invisibility' in data, policy and planning
	Extremely poor health outcomes	

From the NHS Inclusion Health framework

REDUCING HEALTHCARE INEQUALITIES

The **Core20PLUS5** approach is designed to support Integrated Care Systems to drive targeted action in healthcare inequalities improvement

NHS

PLUS
ICS-chosen population groups experiencing poorer-than-average health access, experience and/or outcomes, who may not be captured within the Core20 alone and would benefit from a tailored healthcare approach e.g. inclusion health groups

REDUCING HEALTHCARE INEQUALITIES FOR CHILDREN AND YOUNG PEOPLE

The **Core20PLUS5** approach is designed to support Integrated Care Systems to drive targeted action in healthcare inequalities improvement

NHS

CORE20
The most deprived **20%** of the national population as identified by the Index of Multiple Deprivation

20%

PLUS
ICS-chosen population groups experiencing poorer-than-average health access, experience and/or outcomes, who may not be captured within the Core20 alone and would benefit from a tailored healthcare approach e.g. inclusion health groups

Target population

CORE20 PLUS 5

Key clinical areas of health inequalities

1 ASTHMA
Address over reliance on reliever medications and decrease the number of asthma attacks

2 DIABETES
Increase access to Real-time Continuous Glucose Monitors and insulin pumps in the most deprived quintiles and from ethnic minority backgrounds & increase proportion of children and young people with Type 2 diabetes receiving annual health checks

3 EPILEPSY
Increase access to epilepsy specialist nurses and ensure access in the first year of care for those with a learning disability or autism

4 ORAL HEALTH
Address the backlog for tooth extractions in hospital for under 10s

5 MENTAL HEALTH
Improve access rates to children and young people's mental health services for 0-17 year olds, for certain ethnic groups, age, gender and deprivation

HYPERTENSION CASE-FINDING
and optimal management and lipid optimal management

5 SMOKING CESSATION
positively impacts all 5 key clinical areas

Linking up the descriptions

Severe Multiple Disadvantage

A combination of **three or more disadvantages**: homelessness, problematic substance use, mental-ill health, domestic and sexual violence or abuse, and interaction with the criminal justice system.
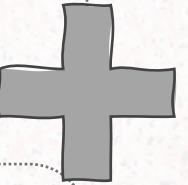
Multiple Exclusion Homelessness

The overlap between **homelessness and other forms of deep social exclusion:** 'a distinctive and exceptionally vulnerable subgroup within the broader homeless population'.

High Intensity (or Frequency) Users

A focus on **individuals aged 18 and over who attend an Emergency Department more than expected.**

How does a focus on inclusion health help locally?

Bringing together several together several population groups in the 'Inclusion Health' agenda allows a focus on

- the groups' **shared experiences** of exclusion
- the **similarities of the disease burdens** they face
- the common **psychological consequences of exclusion**
- the growing evidence base that **the most successful service responses to these needs themselves share a wide range of characteristics**

from Groundswell Pockets of Excellence report

Importantly,
❑ There may still be **specific tailored needs**
❑ There may be **intersectionality** with other personal characteristics
❑ And the list of groups isn't to be seen as exclusive: **inclusion health applies to any highly marginalised group with extremely poor health**

Drawing on data, evidence and guidance
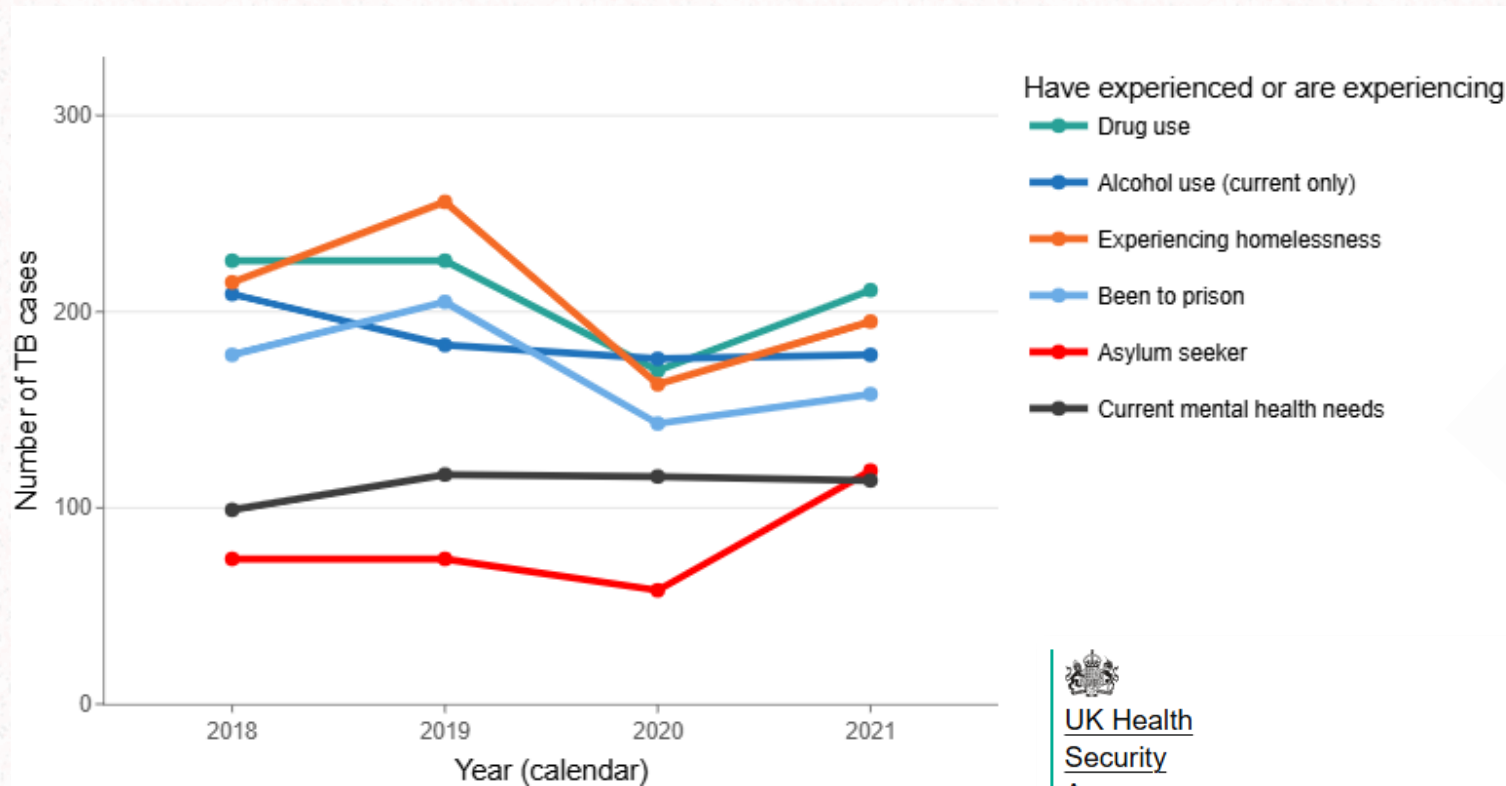
Percentage of tuberculosis (TB) cases in England occurring in people who have one or more social risk factors
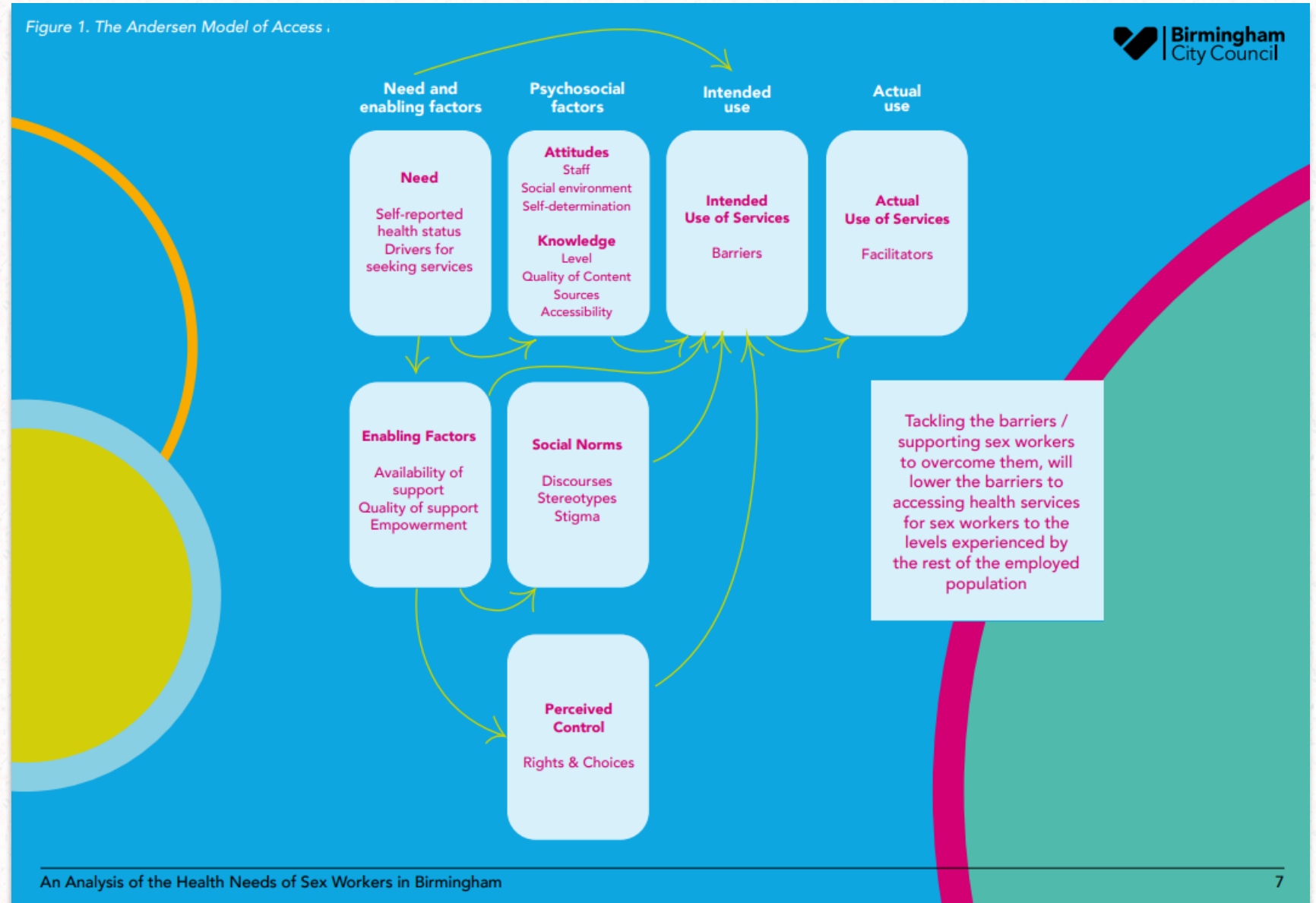
from the OHID Inclusion Health analytics tool

UK Health Security Agency

Guidance

Tackling TB in inclusion health groups: a toolkit for a multi-agency approach

Updated 8 July 2024

Developing local needs assessment

Figure 1. The Andersen Model of Access

Example from Birmingham's Health Needs Analysis for Sex Workers

Focusing on effective interventions

Pharmacological treatment

Psychosocial

Harm reduction

Case Management

Disease prevention

Wider factors: housing and work

Ingredients of success
- Trusting relationships
- Person-centred support
- Flexibility
- Small caseloads

DLUHC evaluation (2023)
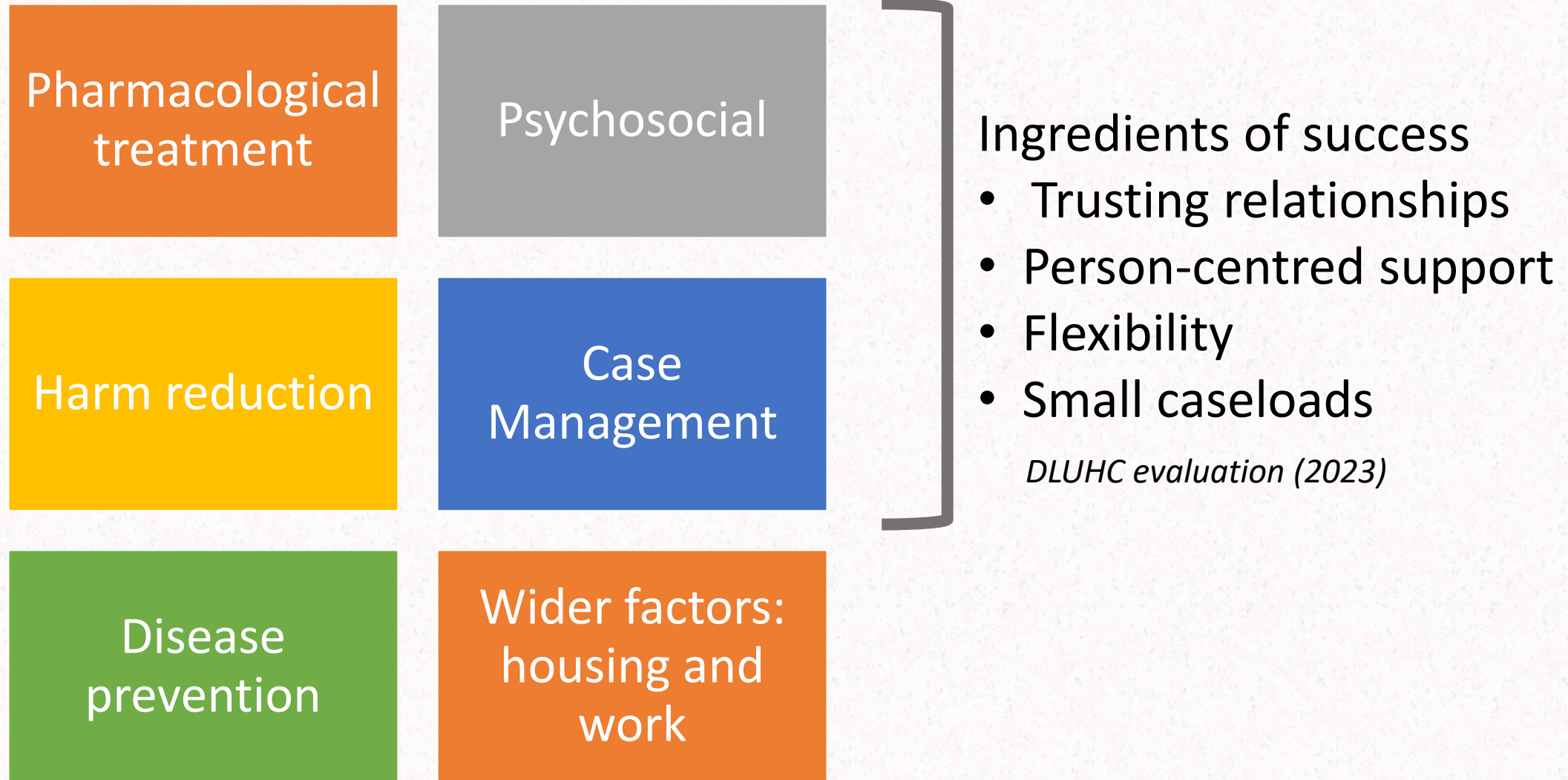
Detailed in Luchenski et al (2018)

Working differently to meet multiple needs

1. Bringing multiple services together

2. Offering preventative services for common conditions

3. Prioritising trauma informed support as an enabler of care

"there is evidence that **trauma-informed approaches improve people's experiences of services and enhance engagement** – a pre-requisite for achieving other outcomes."

DLUHC Rapid Evidence Assessment (2023)

4. Strengthening the focus on the most excluded children

Drawing this together: a definition of inclusion health

"Inclusion Health is **a research, service and policy agenda** that aims to redress the extreme health and social inequities among the most vulnerable and marginalised in a community.

Those who are living on the margins of society are too often poorly served. We believe that care must be tailored to reflect the particular needs of each patient, with clinicians addressing the patient's total health, care and social needs. Whilst **many people experiencing deprivation will face the health impact of inequality, this impact is particularly acute for the most marginalised.** People in this situation may include people experiencing homelessness, vulnerable migrants, sex workers, Gypsies and Travellers and those in contact with the criminal justice service."

Joint Statement, The Academy of Medical Royal Colleges and the Faculty for Homeless and Inclusion Health, 2017

Focussing on the NHS inclusion health principles

Understand the characteristics and needs of people in inclusion health groups

Develop the workforce for inclusion health

Deliver integrated and accessible services for inclusion health

Commit to action on inclusion health

Demonstrate impact and improvement through action on inclusion health

Inclusion health principles

1 2 3 4 5

The five principles offer a systematic approach to:
1. Commit
2. Understand
3. Develop
4. Deliver
5. Demonstrate

The opportunity is to apply these locally

This conference is an invitation

To consider…

❑ **Stories of change**

❑ **Change agents**

Make the most of the opportunity to:

❑ **Sustaining change**

❖ **Connect with others**

❑ **Ingredients of success**

❖ **Pose your questions**

❖ **Reflect on your learning**

❖ **Explore the actions that you can take**

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