Centre for Homelessness Research and Practice Annual Conference

Collaborative Commissioning

NHS England
National Healthcare Inequalities Improvement Programme

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Our vision in service of achieving government health mission aims is to achieve *exceptional quality healthcare for all through equitable access, excellent experience and optimal outcomes*



To do this, we need to make several cultural shifts among NHS leaders.

Shift from	Move to
Health inequalities on the ‘too difficult’ pile; believing change is someone else’s responsibility	Focusing on the things we can do within our spheres of influence Identifying practical steps we can all take in our work
Tick box, late-stage consideration of inequalities issues	Ongoing, proactive consideration of inequalities throughout programmes of work, particularly when faced with choices or decisions
Only describing the problem	Creating solutions through innovation and quality improvement
General statements of ambition	Explicit strategies, action plans and deliverables; demonstrable impact

Our approach to reducing healthcare inequalities

Healthcare Inequalities Improvement Programme

Vision: Exceptional quality healthcare for all; through equitable access, excellent experience and optimal outcomes

To support our vision, we have set five strategic priorities with associated support and initiatives



Restore NHS services inclusively
(supporting major delivery plans)

Inclusive reform in elective care, primary care and urgent care, and action on inclusion health



Mitigate against digital exclusion

Enabling people to fully engage with digital services, products and clinical pathways that are inclusive by design



Ensure datasets are complete and timely

Ensuring datasets, including ethnicity data, are complete to support high quality analysis, action and accountability



Accelerate preventative programmes

Using the Core20PLUS5 approach to address inequalities in clinical pathways and services



Strengthen leadership and accountability

Ensuring executive leadership and robust accountability mechanisms, including the role of the NHS as an anchor in place

REDUCING HEALTHCARE INEQUALITIES

NHS

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

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



Target population

CORE20 PLUS 5

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

Key clinical areas of health inequalities

1. **MATERNITY**
ensuring continuity of care for women from Black, Asian and minority ethnic communities and from the most deprived groups

2. **SEVERE MENTAL ILLNESS (SMI)**
ensure annual Physical Health Checks for people with SMI to at least, nationally set targets

3. **CHRONIC RESPIRATORY DISEASE**
a clear focus on Chronic Obstructive Pulmonary Disease (COPD), driving up uptake of Covid, Flu and Pneumonia vaccines to reduce infective exacerbations and emergency hospital admissions due to those exacerbations

4. **EARLY CANCER DIAGNOSIS**
75% of cases diagnosed at stage 1 or 2 by 2028

5. **HYPERTENSION CASE-FINDING**
and optimal management and lipid optimal management

SMOKING CESSATION
positively impacts all 5 key clinical areas

Inclusion health

Inclusion health groups are a priority 'PLUS' group within the Core20PLUS5 framework. Inclusion health is an umbrella term used to describe people who are socially excluded, who typically experience multiple interacting 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

They are likely to have the following experiences in common:

- Discrimination and stigma
- Violence and the experience of trauma
- Poverty
- Invisibility in health datasets

Which results in:

- Insecure and inadequate housing
- Very poor access to healthcare services due to service design
- Poor experience of public services
- Poorer health outcomes

The Case for Action:

People in inclusion health groups experience a range of poor health outcomes and live on average 20 year less than the general population.

This requires an explicit, tangible focus in system efforts to reduce healthcare inequalities.

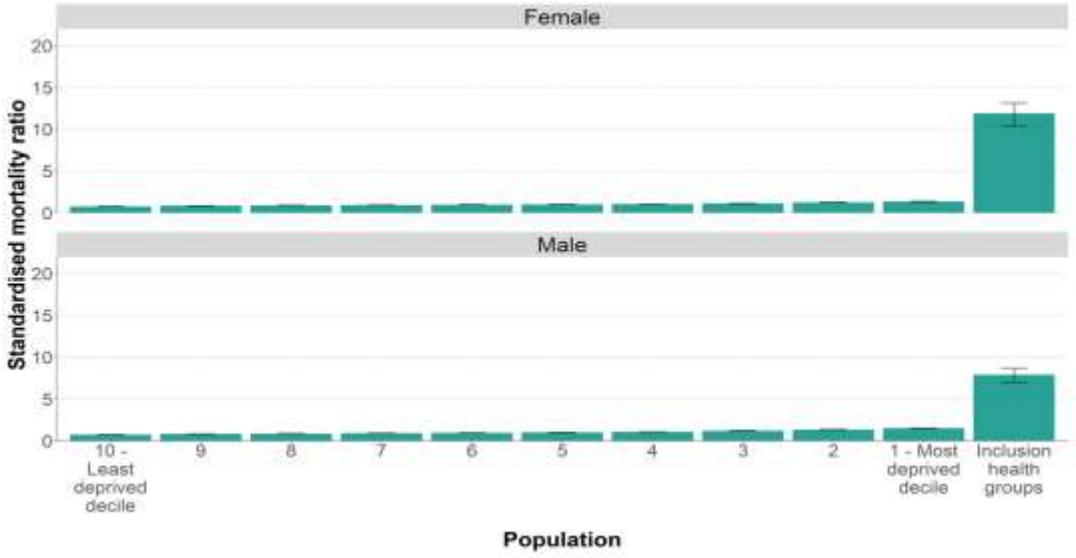


Figure 2: Standardised all-cause mortality ratio for inclusion health groups, compared to the general population by deprivation decile.

Principles for action on inclusion health

In October 2023, NHS England published the *A national framework for NHS – action on inclusion health.* This framework focuses on the role that the NHS plays in improving healthcare, and how partnerships across sectors such as housing and the voluntary and community sector play a key role in addressing wider determinants of health.

1. Commit to action on inclusion health	Ensure the ICB has a named lead for inclusion health to ensure ICP strategies and ICB plans tackle inequalities of access, experience and outcomes for people in inclusion health groups.
2. Understand the characteristics and needs of people in inclusion health groups	Proactively improve data and insights on the needs of people in inclusion health in your population. Use this to drive improvement.
3. Develop the workforce for inclusion health	Develop the workforce so all staff understand inclusion health and trauma-informed practice. Develop specialists in inclusion. Support employment of people in inclusion groups as NHS anchor organisations.
4. Deliver integrated and accessible services for inclusion health	Use best practice to commission sufficient specialist services for inclusion health groups. Raise the quality of all services to ensure equitable access, experience and outcomes for all
5. Demonstrate impact and improvement through action on inclusion health	Evaluate the impact of changes made. Ensure people with lived experience inform improvement and evaluation.

Policy levers

Delivering effective services that address the issues faced by inclusion health groups will play an important contribution to **national and local commitments** to address health inequalities.



Health and Care Act 2022

NHSE and ICBs have a legal duty to have regard to reducing inequalities associated with access to, and outcomes from NHS services.



Core20PLUS5

NHSE's Core20PLUS5 approach for adults and for children and young people to give systems a practical focus for action. Inclusion health groups can be prioritised as a PLUS group.



NHS Operational Planning Guidance

The 25/26 NHS Priorities and Operational Planning Guidance outlined the expectation of ICBs and trusts working together in line with the Core20PLUS5 approach.



Neighbourhood health

The Neighbourhood Health Guidelines priority for 25/26 is supporting individuals with complex health and care needs who require support from multiple services and organisations.



Draft Model ICB Blueprint

The ICB Blueprint lays the foundations for delivery of the 10 Year Health Plan and outline that areas to grow and invest include health inequalities and inclusion expertise.



Government Pledge

The government has committed to reducing health inequalities and improving healthy life expectancy for all by halving the gap between the poorest and richest regions of England.

Shift to strategic commissioning

The Model ICB outlines a refreshed system landscape, with ICB's taking responsibility for strategic commissioning to improve population health, reduce inequalities and ensure access to consistently high quality and efficient care.

Model ICB – System leadership for improved population health

1. Understanding local context
Assessing population needs now and in the future, identifying underserved communities and assessing quality, performance and productivity of existing provision

2. Developing long-term population health strategy
Long-term population health planning and strategy and care pathway re-design to maximise value based on evidence

3. Delivering the strategy through payer functions and resource allocations Oversight and assurance of what is purchased and whether it delivers outcomes required

4. Evaluating impact
Day-to-day oversight of healthcare usage, user feedback and evaluation to ensure optimal, value-based resource use and improved outcomes



What this means for inclusion health?

Learning from ICS Action Learning sets has highlighted the practical steps that systems are taking to embrace the shift towards strategic commissioning and maintain a clear focus on inclusion health.

1. Understanding local context:
Commissioning relies on good quality data and analysis. However, there is often a lack of robust data about inclusion health populations and how they interact with services.

Inclusion health needs assessments can draw on diverse quantitative, qualitative and 'grey' data sources across partners. Don't let lack of data be a barrier to action - what does a lack of data indicate about what needs to change?

2. Developing long-term population health strategy:
Effective strategic leadership will require an ability to work collaboratively to synthesise a range of data sources into actionable insights that support prioritisation and convene partners around a shared goal.

Inclusion health priorities should be embedded in system strategies, shifting focus from institutions to population outcomes. Co-production with communities, local authorities, VCSE sector and academia is key to refining strategic priorities.

3. Delivering the strategy through resource allocations:
To develop into intelligent healthcare payers, ICBs will need to invest in strategic purchasing – ensuring allocative efficiency. Inclusion health funding is often short-term and non-recurrent.

Payment mechanisms can be harnessed to shift towards outcome-linked service specifications and equitable payment models (e.g. blended payments linked to reducing inequalities)

4. Evaluating impact:
Evaluation is key to ensuring oversight of service use and unwarranted variation. However, inclusion health provision does not always align to traditional KPI's, service evaluations and cost-benefit analyses.

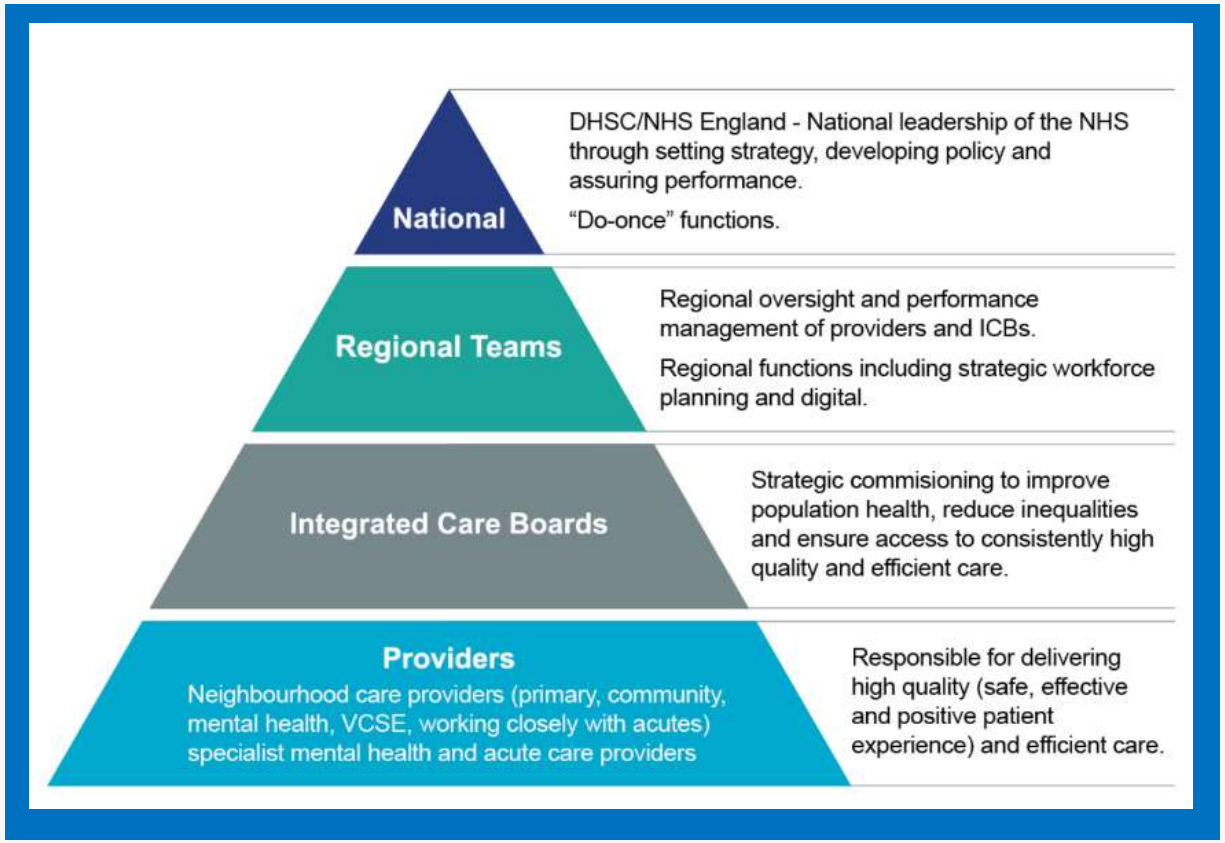
Before establishing a new service, work with colleagues to establish an approach to evaluation that speaks to local strategic priorities. Embed feedback from people and communities, staff and partners into evaluation approaches.

Looking ahead

We are entering a significant period of change across the health system. There are a number of factors which may shape the future of collaborative commissioning for inclusion health and homelessness.

Key challenges and opportunities in the refreshed system landscape:

- **The evolving system architecture** – national, regional and system
- **An increasingly tight financial envelope** and reductions in spend per head of population
- **Spending Review** allocations
- **How the 10 Year Health Plan** sets the strategic direction and delivers the three shifts
- **The upcoming Cross-Government Ending Homelessness Strategy**



Throughout this period of reform, it is critical the voice of inclusion health groups do not go unheard.